



Hogg Foundation for Mental Health

Comments in Response to Request for Information Public Health Committee Interim Charge 1 Rural Health – SB 633

SB 633 provides the authority to assemble local mental health authorities (LMHA) in rural areas into groups in order to ensure access to mental health services in those areas. The bill conducts oversight of the process of grouping individual LMHAs and the development of a plan for each group to increase capacity and access.

The Hogg Foundation for Mental Health has a strong interest in the outcomes of the All Texas Access project created from SB 633 and the report expected in December. Over the past three years, the foundation has invested significant grant funding to five rural Texas communities to build diverse collaboratives to develop plans to address mental health and wellness in their communities. These rural communities include Brooks County, Nacogdoches, Morris County, Bastrop County, and Victoria. Additionally, the Hogg Foundation provided funding for Dr. Lailea Noel, UT School of Social Work, to conduct the needs modeling exercises in each of the SB 633 regions in collaboration with HHSC. We believe strongly that the mental health and wellness of rural Texas communities lies in addressing the social and political determinants of health.

Studies provide the evidence of the need to further this work. The U.S. Department of Health & Human Services, National Advisory Committee on Rural Health and Human Services issued a policy brief in August 2018 that stated:

Over the past decade, the Committee has examined a number of rural issues that touch upon the social determinants of health. Through its reports and policy briefs to the Secretary, the Committee has consistently documented the unique health barriers experienced by individuals residing in rural areas. Some of these barriers include inadequate access to primary and behavioral health care, rural hospital closures, health professional workforce shortages, lack of transportation services, food insecurity, housing instability, and diminished economic opportunities. Compounded by the already limited rural infrastructure, each of these determinants contributes to existing rural health disparities, which in turn, affect life expectancy, morbidity, and mortality.¹

Political determinants of health

The movement to bolster health equity has heavily focused on health disparities – differences in health outcomes among population groups. Not as much attention has been given to understanding the factors, systems, or structures (laws and policies) that create, perpetuate, or exacerbate these differences, many of which are unfair, avoidable, and remediable...

Girding all of the health determinants is one that rarely gets addressed but which has power over all aspects of health: the political determinants of health.

Daniel E. Dawes, The Political Determinants of Health

The intent of the All Texas Access community conversations was to identify the diverse needs of rural communities. While this included historically marginalized populations, the issues around systemic racism, racial inequities, and racial disparities in our mental health systems were not directly addressed. The All Texas Access modeling exercises conducted with the LMHAs and the town hall events took place prior to the recent events highlighting the need to identify racial disparities and develop local and statewide strategies to address them. The foundation is hopeful that the work doesn't stop with the SB 633 Report. It is our hope that HHSC and the Statewide Behavioral Health Coordinating Council will take a deeper look at racial disparities in rural areas of Texas and develop strategic initiatives to address the outcomes related to those disparities. This gap should be identified in the Statewide Behavioral Health Strategic Plan and data collection should be an important next step for Texas.

The data and research show significant systemic inequities and disparities in health care exist throughout the nation between urban and rural areas. However, while the studies recognize the geographic disparities, little attention has been paid to the racial/ethnic disparities experienced within rural communities. According to a study funded by CDC:

Researchers often refer to the differences between rural and urban communities when discussing disparities in rural health; less frequently discussed are the racial/ethnic disparities experienced within rural communities. The results of this study indicate that assessing rural data at only the population level prevents identification of important disparities. These results underscore that race/ethnicity should be considered when assessing differences within rural communities.²

The University of Minnesota Rural Health Research Center provides significant data on the differences in health care offered to rural residents based on race and ethnicity.³ Studies conducted in other areas of the country can help formulate a plan for Texas.

Overall, findings signal concerning disparities in access to care by race and ethnicity among rural residents...To ensure racial and ethnic health equity in rural America, programs and policies to improve health require attention to the intersection of race and geography in order to effectively reduce risks.⁴

Evidence shows that communities of color have been more negatively impacted by the consequences of the COVID-19 pandemic.⁵ This is caused by social/political determinants such as the lack of access to health care, lack of an adequate healthcare workforce, socio-economic factors, lack of transportation, and much more. As we move forward, it is our hope that HHSC is directed to work with diverse partners to identify systemic inequities and develop strategies to remedy practices and policies creating or fostering those inequities.

Recommendations:

- **Collect health data on racial and ethnic disparities specific to rural Texas communities.**
- **Continue efforts to identify, analyze, and develop strategies to correct health and mental health disparities in rural communities with a specific focus on racial and ethnic inequities.**
- **Include strategies in the Texas Statewide Behavioral Health Strategic Plan to address identified disparities.**
- **Provide the resources needed to implement identified strategic plan strategies.**

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¹ US Department of Health & Human Services. Exploring the Rural Context for Adverse Childhood Experiences (ACES). Policy Brief and Recommendation. August 2018.

² James, C.V, Mooneshinghe, R., Wilson-Frederick, S.M., Hall, J.E., Penman-Aguilar, A., Bouye, K. Racial/Ethnic Health Disparities Among Rural Adults – United States, 2012-2015. MMWR Surveillance Summary 2017; 66 (No. SS-23):1-9. Retrieved from <http://dx.doi.org/10.15585/mmwr.ss6623a1>.

³ Henning-Smith, C., Ramirez, M., Hernandez, A, Hardeman, R., Kozhimannil, K. Differences in Preventaive Care Among Rural Residents by Race and Ethnicity. University of Minnesota Rural Health Research Center, Policy Brief, November 2019. https://3pea7g1qp8f3t9ooe3z3npx1-wpengine.netdna-ssl.com/wp-content/uploads/2019/11/UMN-preventive-services-disparities-policy-brief_11.8.19.pdf

⁴ Henning-Smith, C., Ramirez, M., Hernandez, A, Hardeman, R., Kozhimannil, K. Differences in Preventaive Care Among Rural Residents by Race and Ethnicity. University of Minnesota Rural Health Research Center, Policy Brief, November 2019. https://3pea7g1qp8f3t9ooe3z3npx1-wpengine.netdna-ssl.com/wp-content/uploads/2019/11/UMN-preventive-services-disparities-policy-brief_11.8.19.pdf

⁵ Center for Disease Control and Prevention. (October 14, 2020). CDC COVID Data Tracker. Retrieved from <https://covid.cdc.gov/covid-data-tracker/#demographics>