



BRUNCH & LEARN

Welcome!

- Today's room is sponsored by Rep. Ann Johnson. Thank you!
- About TX RPC
- New Health Policy Resources from the TX RPC
- Dr. Henry Brown
- Lee Spangler – Improving Health Through Data



Funding provided by:



Michael & Susan Dell
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Texas Research-to-Policy Collaboration (TX RPC) Resources



Lunch & Learn Sessions



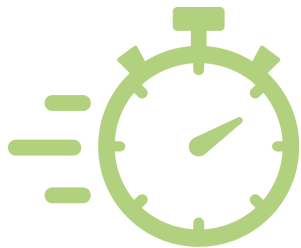
Collaboration Meetings



TX RPC Health Policy Reports



TX Child Health Status Reports



Rapid Response Requests



Center Webinars



TX RPC Newsletters



TX Legislature Bill Tracker

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Texas Research-to-Policy
Collaboration Project

UTHealth Houston
School of Public Health



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Texas Health Policy Resources

Impact of Technology Use on Adolescent Health

TX RPC Project Legislative Rapid Response Request

April 16, 2023

KEY TAKEAWAYS

- More than 65% of Texas 8th and 11th graders report spending more than 4 hours in front of a screen per day. Increased screen time has been associated with sedentary behaviors, and negative physical and mental health outcomes.
- Despite some negative outcomes associated with screen time, social media networking has helped adolescents discuss and seek advice for mental health questions. Clinicians and researchers have also utilized digital tools to reach adolescent populations.
- Recommended policies to address screen time include helping teenagers balance the positive and negative effects of technology, providing parents with resources to set consistent limits on their child's social media time and use, and supporting research on how to best use technology to reduce health inequities and increase positive health outcomes in adolescents.

PROBLEM

Teenagers are spending increased time online. Approximately 46% of U.S. teens say they are online almost constantly. (1-4)

Adolescent (ages 13-17) use of social media and cell phones has increased in recent years, with 85% of teens reporting owning or having access to a smartphone in 2022, compared to 73% of students from 2015-2016. (3)

There are concerns about how technology influences adolescent lives, including contribution to lower levels of physical activity, decreased interpersonal connection skills, and increased rates of depression and anxiety. (5-7)



Increased use of sedentary behavior with negative health outcomes

Social media exposes youth daily to thousands of images of celebrities and other leads to the internalization of unattainable beauty standards, resulting in higher risk body image. (8)



Body dissatisfaction has been linked to risk-factor health problems, with poor body image also predicting engaging in healthy behaviors. (9)

- Approximately 40% of adolescents say that images caused them to worry about their body image or
- As adolescents develop their own definition of media and other personal factors may contribute to feelings of depression, and the need to conform. (9)

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TX RPC Health Policy Reports



Paid Family Leave and Maternal & Infant Outcomes

TX RPC Project Legislative Rapid Response Request

February 17, 2023

Background

Enacted in 1993, the Family and Medical Leave Act (FMLA) is a federal policy implemented to support parental and family leave within the United States. The FMLA allows for 12 weeks of unpaid, job-protected leave to qualified workers with continuous health insurance coverage following the birth, adoption, or placement of a foster child. With Paid Family Leave (PFL), parents and infants have adequate time to receive postpartum medical care. Approximately 50% of workers in the U.S. qualify for FMLA, which excludes many parents who may earn lower wages and do not have the ability to take time off of work. (1-3)



Whom Does FMLA Impact?

FMLA and PFL primarily benefit higher-income individuals. (1) Since the FMLA only assists by riding unpaid leave to workers who qualify for the benefit, parents who earn lower wages may not be able to take time off because they will lose wages in order to take care of a child. (1-4)

Family Leave & Maternal and Child Wellbeing

PFL improves mothers' mental health by decreasing postpartum psychological distress.

- Mothers are 5% more likely to report positive mental health and 5% more likely to day-to-day demands of parenting. (5)

PFL improves both mother's and father's health by decreasing their risk of being overweight and decreasing their consumption of alcohol by an average of 12%. (6)

PFL fosters better child-parent relationships by allowing parents time to bond + positive caregiving skills, which leads to mothers spending more time with their babies together, or going on outings more frequently. (7-8)

PFL improves child health and development.

- Increases the likelihood of initiating breastfeeding, which builds stronger immunity, reduces infections, and reduces infant mortality. (9-11)
- Reduces the likelihood of low birthweight and preterm births (especially among Black mothers). (12)
- Decreases the likelihood of re-hospitalization within the first year of life by almost half (47%). (13)
- Increases timely immunizations and well-child visits for the infant. (14)
- Reduces rates of physical abuse in children below age 2. (15)
- Reduces the likelihood of asthma, overweight, Attention Deficit/Hyperactivity Disorder (ADHD), and communication delays through elementary school. (16-17)

U.S. HAV TIM

Maternal & Child Health

KEY TAKEAWAYS

- The quality of a mother's health before, during, and after pregnancy has lifelong implications for both mother and baby.
- The maternal mortality crisis is compounded in Texas by the number of maternal deaths after pregnancy.
- The best approach for preventing maternal death is ensuring adequate health care after pregnancy.
- Midwives, doulas, home-visiting nurses, and community health workers can improve maternal health outcomes, especially in rural communities.
- Ensuring adequate and timely data collection and analysis of state maternal and child health outcomes is important to monitor trends.

PROBLEM

The quality of a mother's pregnancy determines the well-being of her infant and is also the time when the foundations of a child's lifelong health are built. (1)

- Prenatal experiences like maternal malnutrition, elevated levels of stress hormones, or exposure to toxins are linked to disease outcomes later in life through fetal physiologic changes that can impact either the developing fetus directly or (2) the health of the mother, which in turn affects fetal development. (2,3)

PROBLEM

Pregnancy can also impact the health of the mother beyond the birth of her child.

- Some women will develop medical issues like pre-eclampsia or gestational diabetes during pregnancy. (4) These issues can lead to long-lasting impacts.
- Women with these conditions see higher lifelong risks for cardiovascular disease, type 2 diabetes, and stroke. (5)
- Pre-eclampsia, a serious form of high blood pressure during pregnancy, is linked to hemorrhaging, one of Texas's leading causes of pregnancy-associated deaths. (6,7)



The maternal mortality crisis in the U.S. is well documented.

- The most recent data published in 2022 by the National Center for Health Statistics show 23.8 maternal deaths for every 100,000 live births in 2020, up 30% in just two years from 17.4 per 100,000 in 2018. (8)
- Racial disparities in maternal mortality have persisted for years. (9) Black women in the U.S. are almost three times as likely to die from pregnancy complications than white women are, regardless of socioeconomic status. (8)

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Doula Services

TX RPC Project Legislative Rapid Response Request

March 22, 2023

KEY TAKEAWAYS

- Doulas can provide support and serve as a liaison between pregnant women and their medical care providers.
- Doula support can improve birth outcomes and reduce pregnancy savings.
- Nine states and the District of Columbia currently cover prenatal services for women enrolled in Medicaid.
- Pilot programs in Texas testing the effectiveness of doula-led pregnancy and delivery.

What are Doulas? What do they do?

Doulas are non-clinical health professionals who provide physical, emotional, and informational support to pregnant women before, during, and after labor and delivery. (1, 2) Doulas do not perform medical aspects of pregnancy and can play an important role on the birthing team.

PRENATAL

- Translate medical information
- Help mothers clarify their goals
- Communicate needs to their provider (1)

LABOR & DELIVERY

- Assist with pain relief, breathing techniques, and relaxation
- Facilitate communication with maternal healthcare team

Benefits of Receiving Doula Services

Having the extra support from a doula through pregnancy can prevent time spent outside the hospital, and ensure the mother and baby receive faster care. (3)

Studies show that doulas are associated with improved birth outcomes and:

- Shortened labor times
- Lower use of epidurals
- Lower rates of cesarean births
- Lower odds of postpartum depression
- Fewer low birthweight babies
- Increased satisfaction with care
- Higher breastfeeding rates

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Building Responsible and Resilient Youth

January 16, 2023

OVERVIEW

What is the problem? 1-3



Children who experience behaviors that negatively impact relationships, such as bullying, manipulation, and rumor spreading, are more likely to have emotional outbursts, be irritable, and display anger.

This can lead to a cycle, as students who exhibit frequent outbursts, anger, and spiraling emotions are more likely targets for bullies. In other words, bullying leads to emotional dysregulation which triggers further bullying.

How can schools and other youth organizations help to develop children's long-term mental health and overall well-being? Programs that incorporate Social Emotional Learning (SEL) can help to develop responsible and resilient youth.



Social Emotional Learning 4-7

SEL helps students learn how to apply knowledge and attitudes to manage emotions, improve personal and school outcomes, develop empathy for others, recognize supportive relationships, and engage in responsible decision-making.

SEL also teaches children about civility and citizenship. Asking students how they think they want to be treated and comparing it to how they should and should not treat others is similar to The Golden Rule.

The Golden Rule: Treat others the way you would like to be treated without expecting the same kindness back from them.

Helpful ways to learn to manage emotions:

- Practice deep breathing when upset
- Count to 10 to calm down
- Take a break from the situation - encourage students to grab a drink of water
- Ask them to identify what makes them happy, like reading a book, telling jokes, or playing outside. When students feel down, they can engage in mood boosters to help them cope with feelings

- Having discussions about managing emotions can help students learn what is making them sad or angry
 - Playing games that encourage mindfulness and movement activities, such as the [Calm app](#) or [GoNoodle.com](#)
 - Journaling or drawing to process emotions
 - Practicing problem-solving skills

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Texas Research & Policy Collaborative Program

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Rapid Request Responses

- Legislators complete the [Rapid Response Form](#)
- TX RPC Project team will conduct research and prepare report based on requested topic
 - Reports reviewed by TX RPC researchers, UTHealth Government Relations
- Provide requested information to legislator



Student Demographics^[1]

Most of today's college and other post-secondary students, about 71%, are considered "non-traditional" students. They may be financially independent from their parents, work full time, are enrolled part-time, are caretakers, or do not have a traditional high school diploma. The average age of college enrollment is 21, but 26 is the average age for all college students. More than one in five (22%) college students reported being parents or caring for a child dependent, with 14% stating they are single parents.

Food Insecurity Impacts Education^[1-3]

According to a 2020 survey, more than a fifth of research university students (22%) reported food insecurity. Students who are under 21 are less likely to report food insecurity, but students over 30 are more likely to be hungry. Despite these high rates of food insecurity, even before COVID-19, while more than one in six (18%) college students were eligible, only 3% of college students were receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

In a 2016 study:

- Nearly a third (32%) of food insecure students believed hunger impacted their education
- More than half (56%) reported that hunger kept them from buying textbooks
- A quarter (25%) of students who reported food insecurity also reported dropping a class
- More than half (53%) of students reported missing class in 2016 due to hunger

The Policy Landscape^[4]

In December 2020, the US House passed the Consolidated Appropriations Act (CAA). This act carved out an exception for higher education students enrolled at more than half time, who were previously ineligible to receive Supplemental Nutrition Assistance Program (SNAP) benefits if they met certain criteria: They must be eligible for Federal Work Study and have an expected family contribution of \$0. This exception will be in effect through the end of the declared COVID-19 Public Health Emergency (PHE), which is currently set to end on October 13, 2022, though it has been extended multiple times.

Summary of Search Results^[5-8]

Based on a preliminary search for legislation related to college students and SNAP, the TX RPC project team identified four states that have proposed or passed relevant legislation. Three states (Louisiana, Connecticut, and California) enacted laws related to this issue. One state (West Virginia) had Senate and House companion bills that appear to have stalled in committee.

It is important to note that no states have made the exception permanent because the rules about SNAP eligibility and college enrollment are set at the federal level and cannot be expanded at the state level.

Cost-Effectiveness of PRSS and Bystander Naloxone: Analysis and a Pilot Calculator

April 2023

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Funding from NIDA R24DA051988 Recovery Research Institute Pilot Grant


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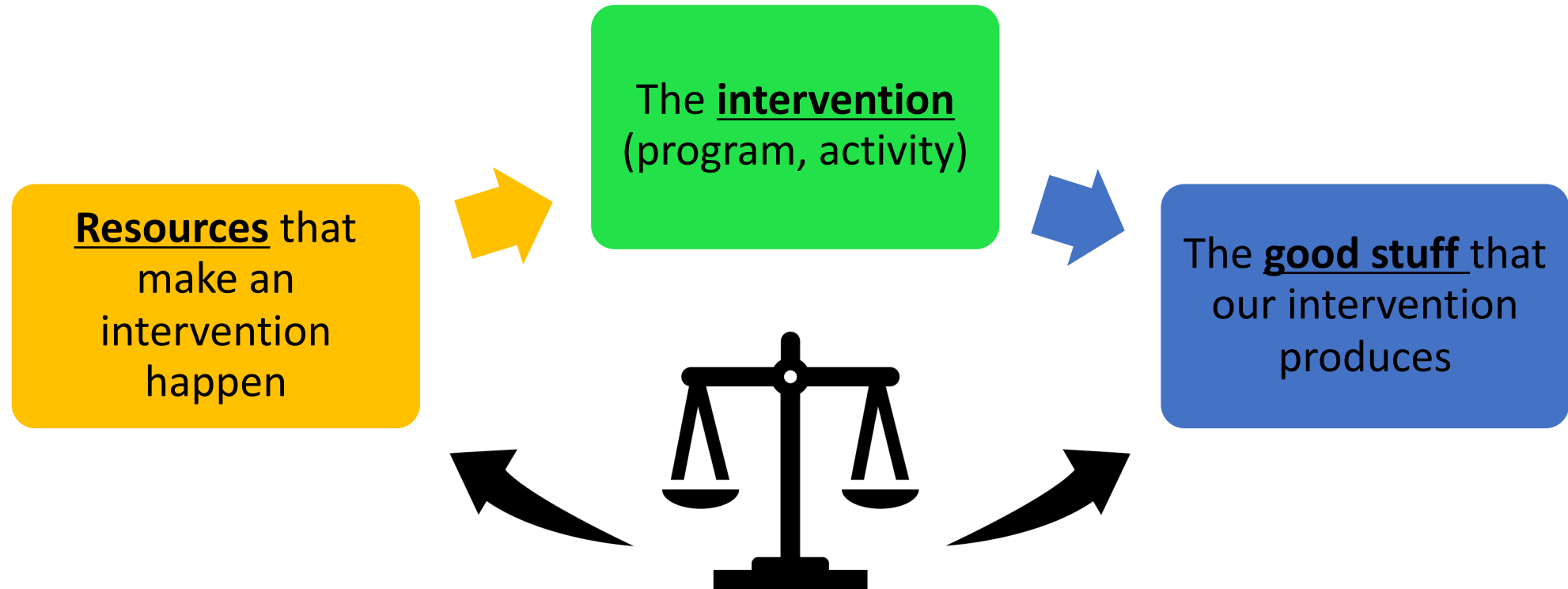
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The image features a vertical banner on the left side showing a building facade with the UTHealth logo and name. The main content is a white background with black text.


Background

- Our ultimate goal:
 - A free, web-based multi-faceted cost-effectiveness calculator that:
 - Empowers stakeholders (RCOs, advocates, community decision-makers) to use cost-effectiveness information
 - Increases support for existing programs, build support for the adoption of programs
- Texas is poised to get \$1.46 in Opioid Settlement Funds according to the Opioid Settlement Tracker
 - How to advocate for those funds and apply them most effectively

What is Cost-Effectiveness Analysis?



How balanced are resources to good stuff (and it is fine if good stuff outweighs resources used)?


$$\frac{\text{Cost of Intervention} - \text{Cost of Treatment as Usual}}{\text{Intervention Effect} - \text{Treatment as Usual Effect}} =$$

- The result is called an **Incremental Cost-Effectiveness Ratio (ICER)** and represents the cost of the intervention per unit of good stuff produced.
- Let's look at an everyday example!

- Grocery store metaphor:
 - Compare sticker prices, but packaging or product is not identical, so we can compare price per ounce (or other unit), instead.
 - Or for the exact same product and brand, but different sizes (economies of scale)



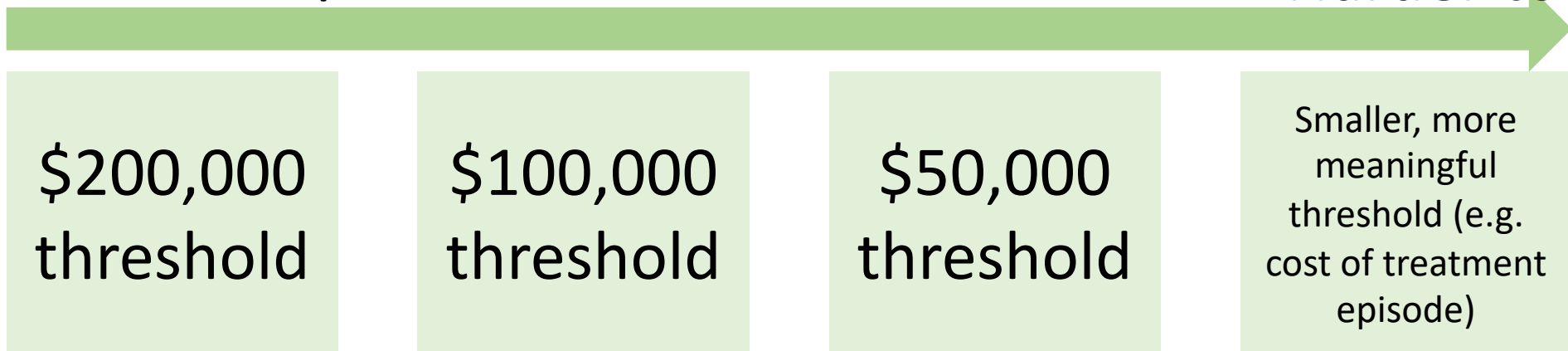

$$\frac{\text{Cost of Intervention} - \text{Cost of Treatment as Usual}}{\text{Intervention Effect} - \text{Treatment as Usual Effect}} = \text{ICER}$$

Interpreting ICER (the result)

- If ICER is **less than** the willingness to pay threshold, then it is **cost-effective!**

“Easier to pass”

“Harder to pass”




$$\frac{\text{Cost of Intervention} - \text{Cost of Treatment as Usual}}{\text{Intervention Effect} - \text{Treatment as Usual Effect}} = \text{ICER}$$

Interpreting ICER (the result)

Cost-effective to whatever threshold the number falls below

Cost-saving AND cost-effective

\$200,000
threshold

\$100,000
threshold

\$50,000
threshold

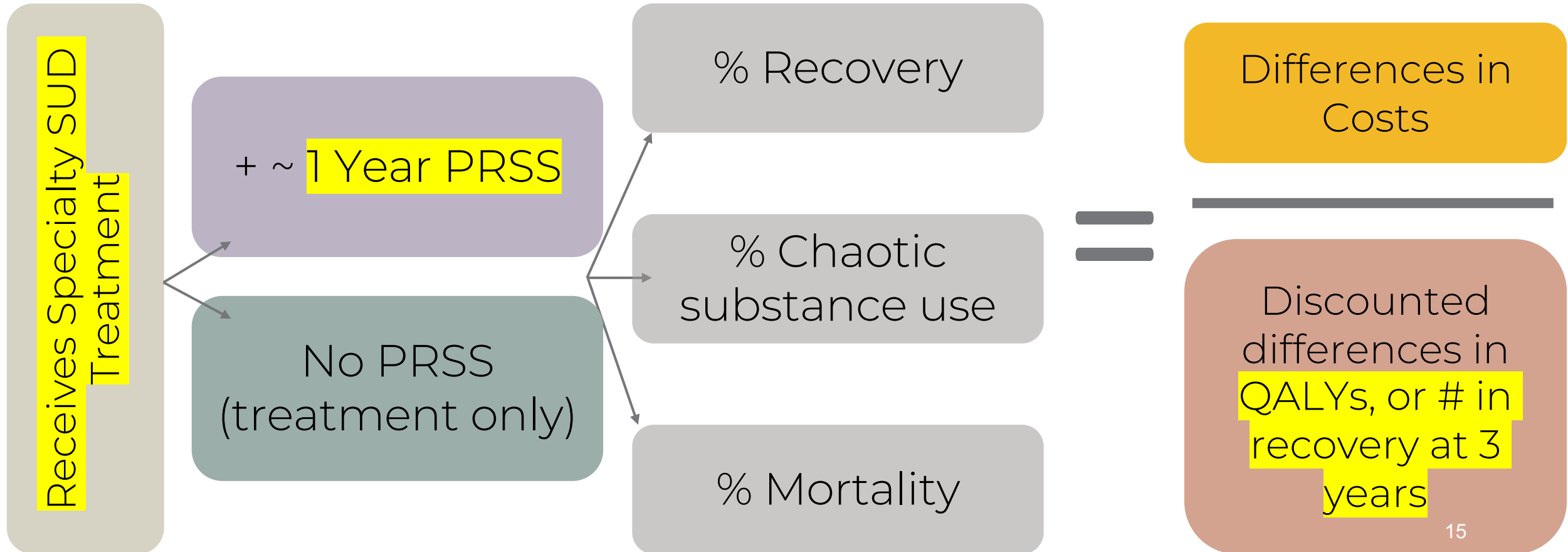
Smaller, more
meaningful
threshold (e.g.
cost of treatment
episode)

Below zero
(because costs are
less, but effects
are better)

PRSS Model

$$\frac{\text{Cost of Intervention} - \text{Cost of Treatment as Usual}}{\text{Intervention Effect} - \text{Treatment as Usual Effect}} =$$

Incremental Cost-Effectiveness Ratio



Key Take-Aways

- PRSS are cost-effective across wide variety of circumstances
- One-way sensitivity analysis reveals peer worker pay and service utilization has less effect on cost-effectiveness than factors like PRSS effectiveness and retention.
 - Impact efficiency through program improvement – not through depressing wages or limiting service utilization.

Full results, tables of parameters, and formulas here:

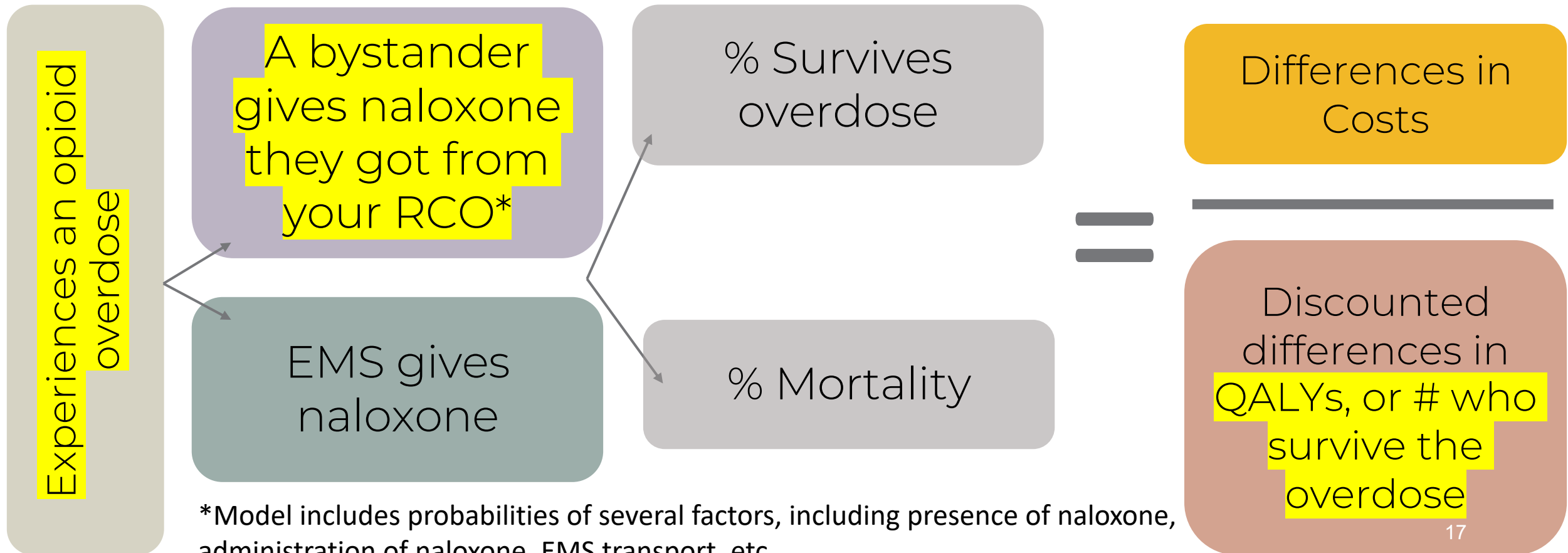
<https://bit.ly/SCM12023>



Bystander Naloxone Distribution Model

$$\frac{\text{Cost of Intervention} - \text{Cost of Treatment as Usual}}{\text{Intervention Effect} - \text{Treatment as Usual Effect}} =$$

Incremental Cost-Effectiveness Ratio



*Model includes probabilities of several factors, including presence of naloxone, administration of naloxone, EMS transport, etc.

Let's look at the calculator!

<https://go.uth.edu/cea>



Additional feedback or questions?

Please take our feedback survey!
<https://redcap.link/calculator>




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“IMPROVING HEALTH THROUGH DATA”

 **TX-APCD: A New Resource for Advancing Public Health and Transparency**

What is an All Payor Claims Database?

- An All Payor Claims Database is *exactly* what it sounds like...
 - A database that collects medical, dental, and pharmacy claims from “all” payors in a state.
 - The claims are obtained using a standardized format – the Common Data Layout.
 - The claims are then organized into a researcher accessible format and database.
- This is to aid in providing a comprehensive view of health care utilization, payments, and quality across the entire health care system.
- APCDs began to gain traction in the 1990s with a few states in New England implementing their own versions. Since then – almost 25 states (including Texas) have established APCDs. Some states have two (one voluntary, the second mandatory) although there is not likely any advantage to having two APCDs.

APCD Benefits

Transparency: The TX-APCD provides transparency in health care costs and utilization, which can help patients and providers to make better about their health care.

Quality Improvement: The TX-APCD can be used to track the performance of health care providers and systems, **in the aggregate**, which can help identify opportunities for quality improvement.

Research: The TX-APCD is a valuable resource for researchers to study health care trends and patterns, as well as evaluate the effectiveness of health care interventions.

Public Health: The TX-APCD can provide disease prevalence and incidence awareness to help identify potential health threats to Texans and track the spread of infectious diseases.

Policy Making: The data from the TX-APCD can be used to inform health policy decisions and help to identify areas of the health care system that may require additional resources or attention.

ERISA Plans and APCDs

- Fully Self-funded ERISA Plans are exempted from submitting claims nationwide.
 - ERISA is a federal law that regulates employer sponsored benefit plans. ERISA health plans are typically “self-funded” – which means they pay for the health services directly and do not buy insurance policies for that purpose. There is a very strong federal preemption provision in ERISA.
- Gobeille v Liberty Mutual Insurance Company
 - 6 -2 SCOTUS decision.
 - Liberty Mutual argued that Vermont’s APCD submission mandate interfered in its ability to administer benefits uniformly across the nation. Vermont argued that as a state they had authority over health and welfare of its citizens.
 - SCOTUS agreed with Liberty Mutual and that the submission requirements were not a traditional form of state regulation, but instead was regulating the administration of ERISA plans. Thus, states can not mandate the submission of claims to APCDs.

Which plans are
required to
submit in Texas?

Medical plans

Dental plans

Behavioral Health plans

Medicare Advantage plans

Medicare Supplemental plans (voluntary)

Non-ERISA self funded plans

County and Municipal Sponsored Plans

State Plans

Managed Care Organizations/HHSC
(Medicaid)

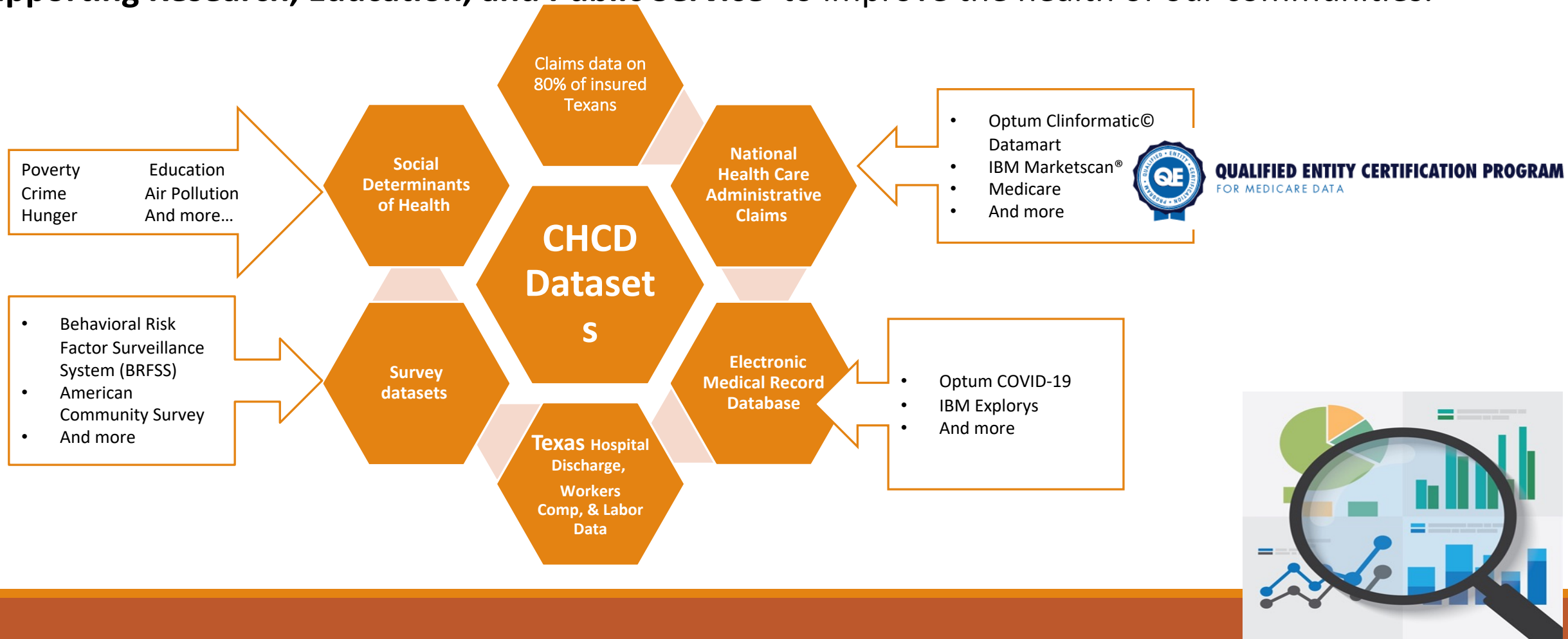
[Medicare available through CHCD]

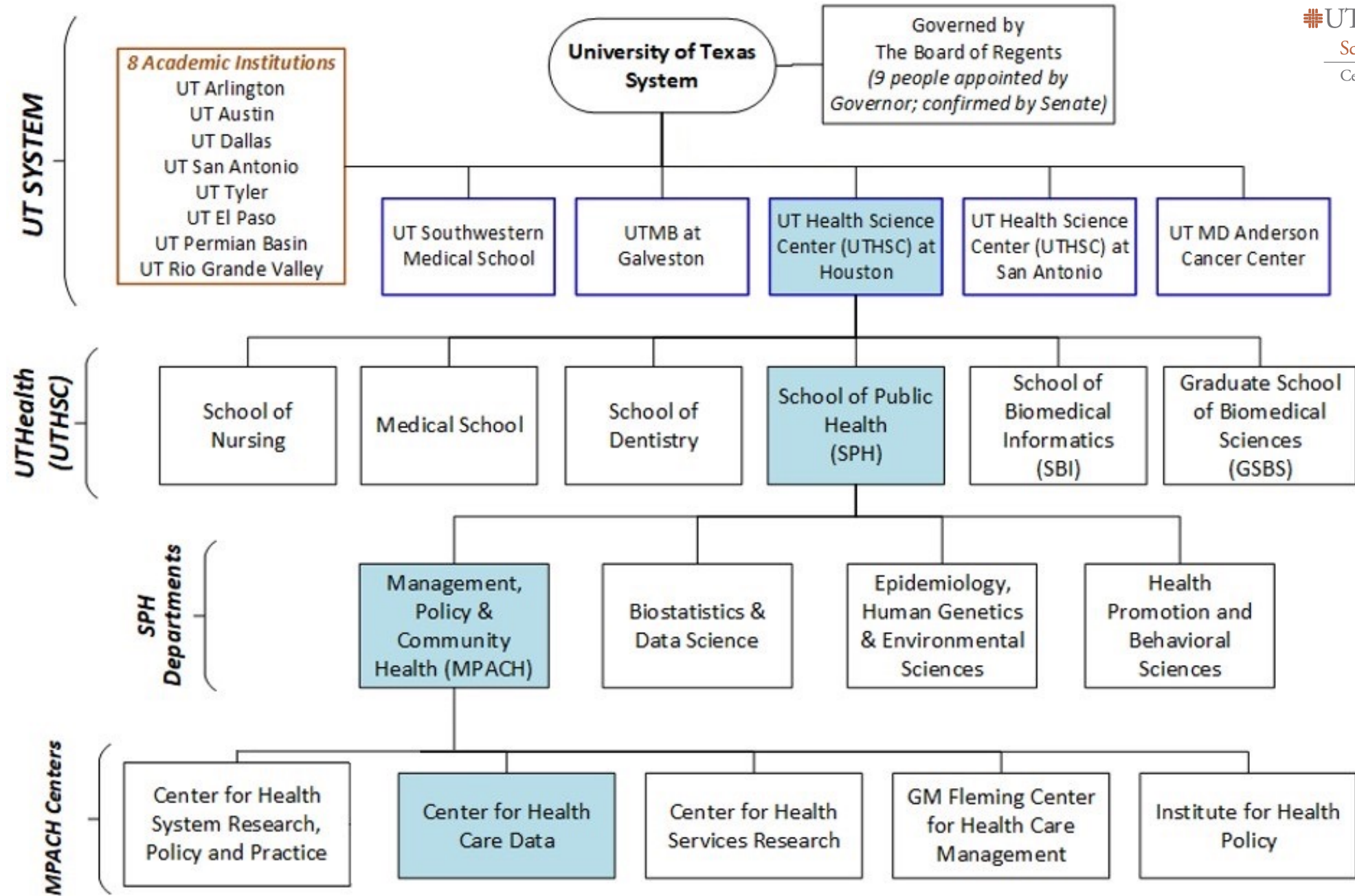
UTHealth Center for Health Care Data (CHCD)

Largest, research accessible, healthcare data repository in Texas

Applying expertise in analytics, clinical medicine, public health, management, and public policy &

Supporting Research, Education, and Public Service to improve the health of our communities.





Purpose and Protection

- Legislative Purpose:
 - Controlling health care costs and improving affordability
 - Improving Population Health
 - Improving Health Care Quality and Outcomes
 - Increasing transparency of costs, utilization, and access
 - Establishes the TX-APCD

Texas HB 2090

What data
FILES must
payors
submit?

Enrollment data file identifying data about a person who receives health care coverage from a payor.

Provider file information about the individuals and entities that submitted claims that are included in the medical or dental claims file;

Medical claims file medical claims and other encounter information.

Pharmacy file data about prescription medications and claims filed by pharmacies and retail dispensaries.

Dental claims file dental claims and other encounter information.

These are not medical or dental records! They are claims for payment.

Purpose and Protection of APCD

- **Reporting/Research must be for “non-commercial” purposes**
- **Research must conform to data privacy and security requirements**
- **Some PHI identifiers are segregated.**
 - Accessible Databases do not contain fully identifiable information
 - Identifiable information must be maintained separately.
- **Research is performed by CHCD & Qualified Research Entities**
 - Public Interest Research Organization (501(c)(3))
 - Institution of Higher Learning
 - Health Care Provider engaged in improving the quality and cost of health care.

Required Activities

- **Monitor integrity of data submitted**
 - Test the quality of data reported to the center “to ensure that the data is accurate, reliable, and complete.”
- **Report to the Legislature**
 - Analysis of the data submitted to the database
 - Information regarding the submission of data to the center
 - Recommendations from the center to further improve the transparency, cost-effectiveness, accessibility, and quality of healthcare
 - Analysis of the trends of health care affordability, availability, quality and utilization.
- **Portal for the Public (Establish and Maintain)**
 - May not identify patients, providers, plan issuer or other payor. Aggregate – not specific.
 - Statewide, regional and zip code reports on:

Cost	Quality
Utilization	Outcomes
Disparities	Population health
Access to healthcare	

Utilization Dashboard

Year: © 2019

County or State Senate District: County

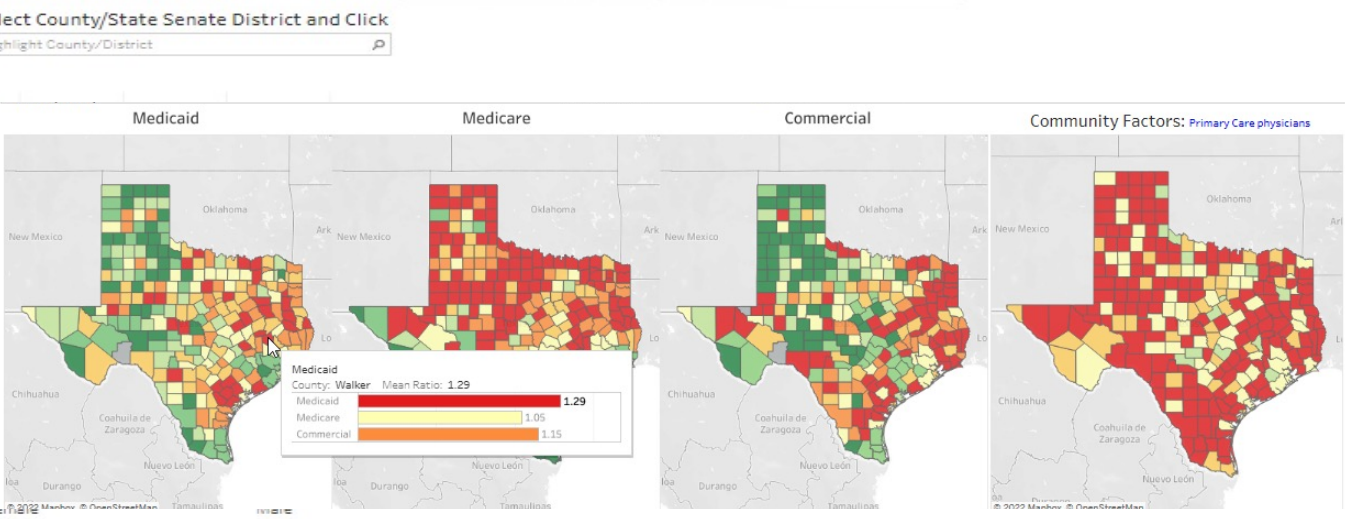
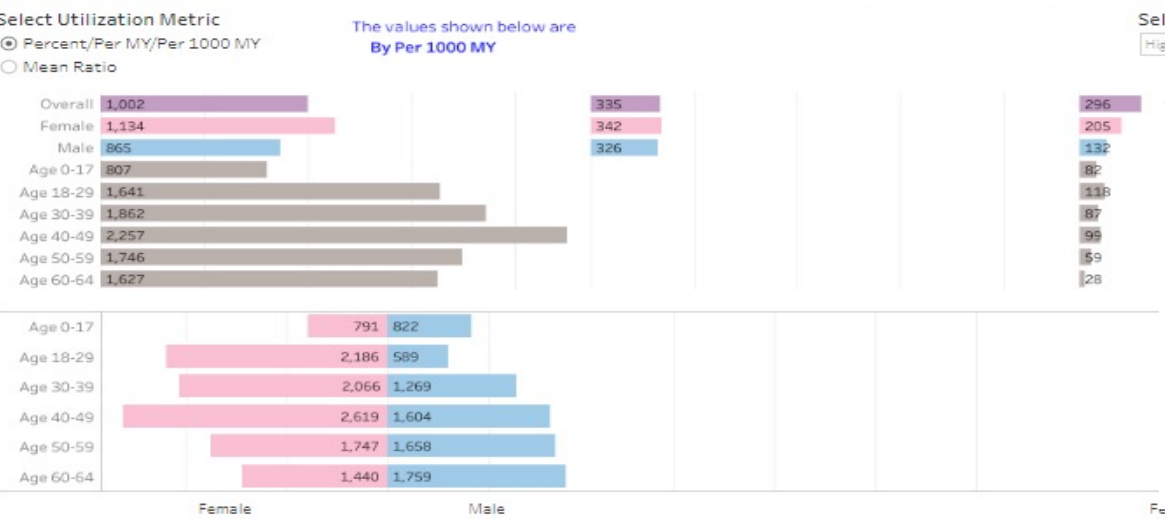
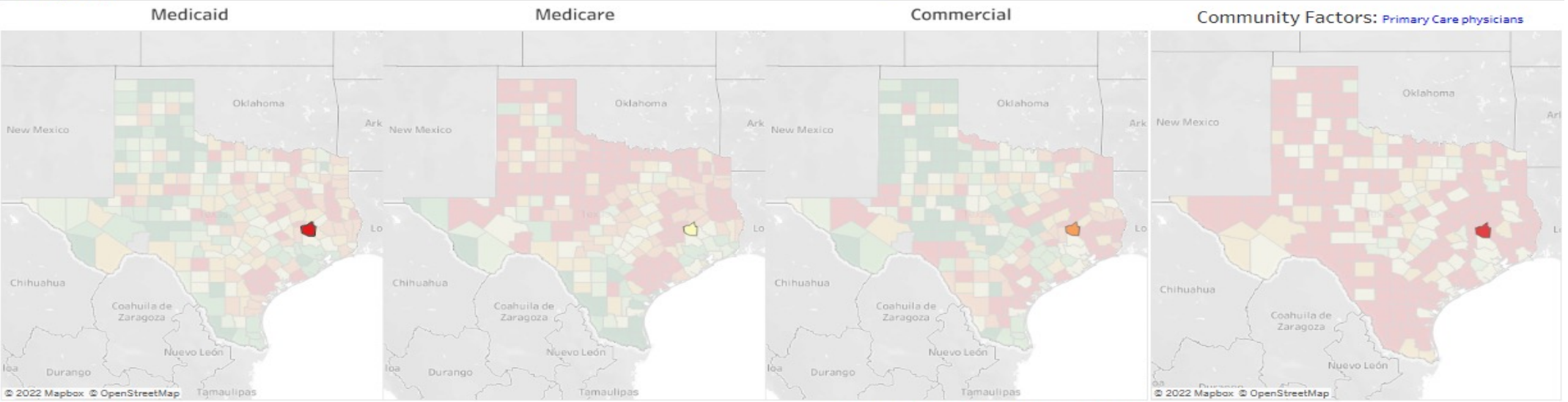
Utilization Measure: **ER Visits**

Variation from the Texas Mean:

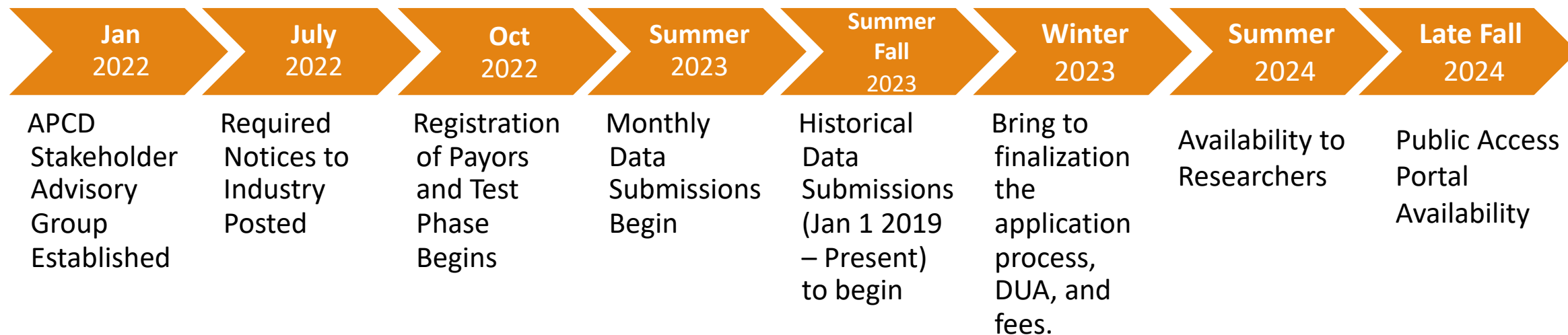
- < 0.75
- 0.75 - 0.84
- 0.85 - 0.94
- 0.95 - 1.04
- 1.05 - 1.14
- 1.15 - 1.24
- > 1.24

Select Community Factor: Primary Care physicians

Community Factors: Favorable (1-3) Hazardous (4-5)



Milestones and Roadmap



Questions?

Legislative Initiative Resources

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Funding Agency: Michael & Susan Dell Foundation



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