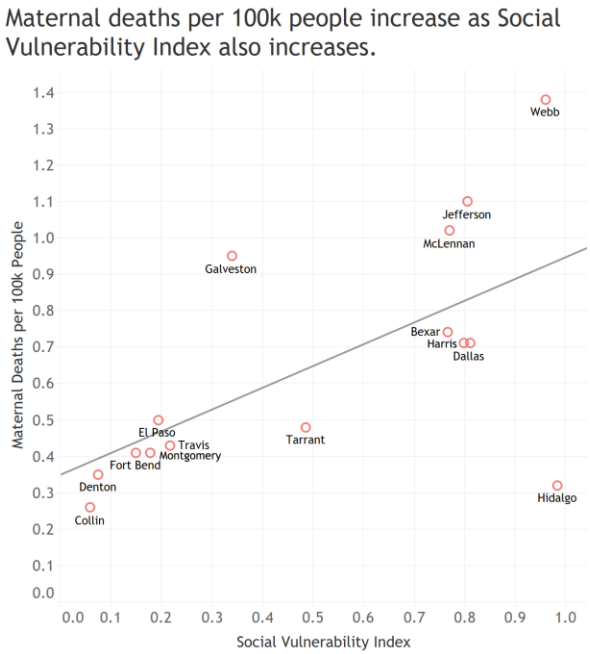
Border counties face high social vulnerability, correlates with high maternal mortality

By Allison Drinnon

SAN MARCOS, Texas – Higher maternal mortality rates correlate to higher social vulnerability in Texas border counties, according to data from the CDC collected by Texas Community Health News at Texas State University.

The CDC's Social Vulnerability Index (SVI) quantifies factors of socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation that adversely affect communities. On a zero to one scale, a higher score represents higher vulnerability. Pregnancy serves as a litmus test, according to Dr. Amy Raines-Milenkov, a pregnancy-death researcher on the Texas Maternal Mortality and Morbidity Advisory Review Committee.

"Even [for] a woman's own stress level, a pregnancy is this stress test," Dr. Raines-Milenkov said. "Well, it's kind of like that for a society as well, like how well society is able to handle pregnant people and care for them and their outcomes."



The graph compares Social Vulnerability Index (SVI) Scores with Maternal Deaths per 100k people in Texan counties. CREDIT: Allison Drinnon| SOURCE: Centers for Disease Control, National Center for Health Statistics, and U.S. Census Bureau 2020

The Texas Maternal Mortality and Morbidity Advisory Review Committee (MMMRC) published a joint biennial report with the Texas Department of Health Services on Sept. 1, 2024, analyzing maternal deaths from 2020. Maternal mortality refers to the pregnancy-related death of a woman during or within one year after pregnancy; maternal morbidity refers to health conditions caused or exacerbated by pregnancy and childbirth that are detrimental to the woman's well-being.

The review committee concluded that around 80% of the deaths in 2020 could have been prevented and that a "complex interaction of factors and characteristics contribute to a preventable death," including systems of care, the provider, facility, community, and patient and family domains. Dr. Monica Hughes, an associate professor at St. David's School of Nursing at Texas State University who specializes in community health and the social determinants of health, said that policy comes into play, especially at the Texas border.

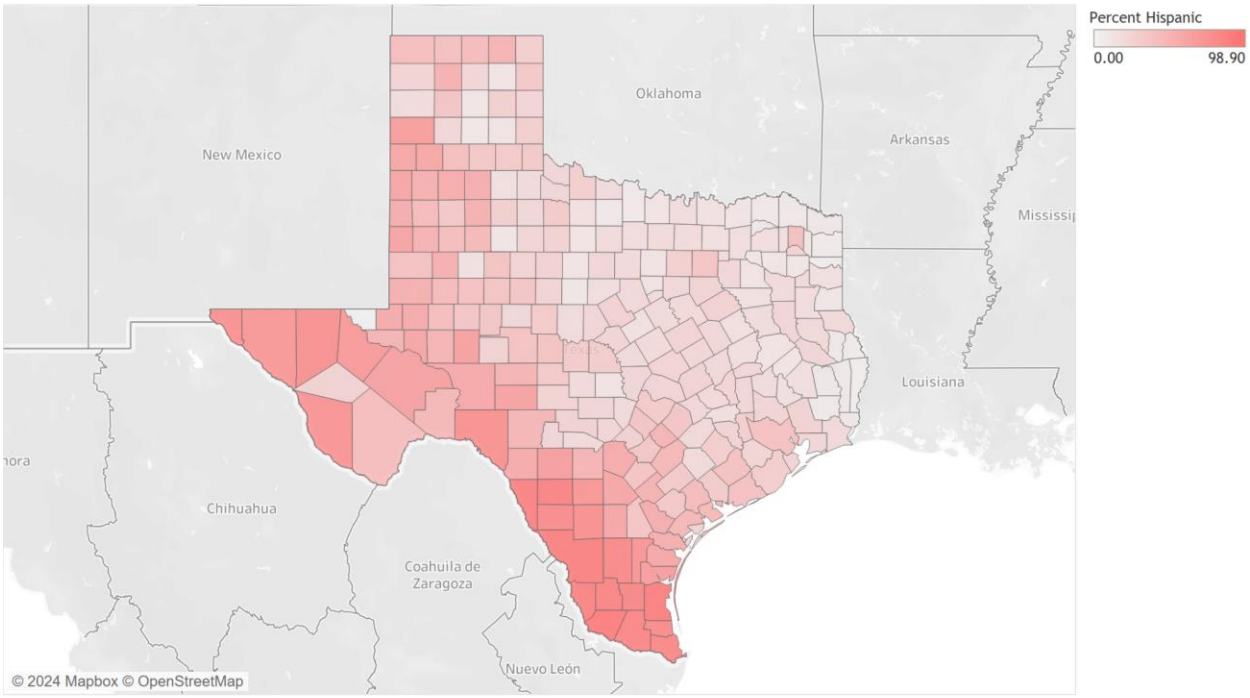
"There's a lot of very interesting things at play on the border, a lot that have to do with policies and our political environment," Dr. Hughes said. "We have people… who live south of the border who are trying to come north of the border to get access to care, but then we got those tremendous disparities with the rural and urban piece and just general lifestyle and what is available in terms of a healthy environment."

Research shows that migrant women experience worse outcomes during pregnancy and the year after due to structural, organizational, social, personal and cultural obstructions to healthcare access. Dr. Candance Robledo, an associate professor at The University of Texas Rio Grande Valley School of Medicine and the principal investigator for a grant to establish a maternal health research center in the Rio Grande Valley, believes that systematic racism affects maternal mortality and morbidity.

"If you're of a particular race or ethnicity, and you present with certain symptoms, you are less likely to receive evidence-based care." Dr. Robledo said.

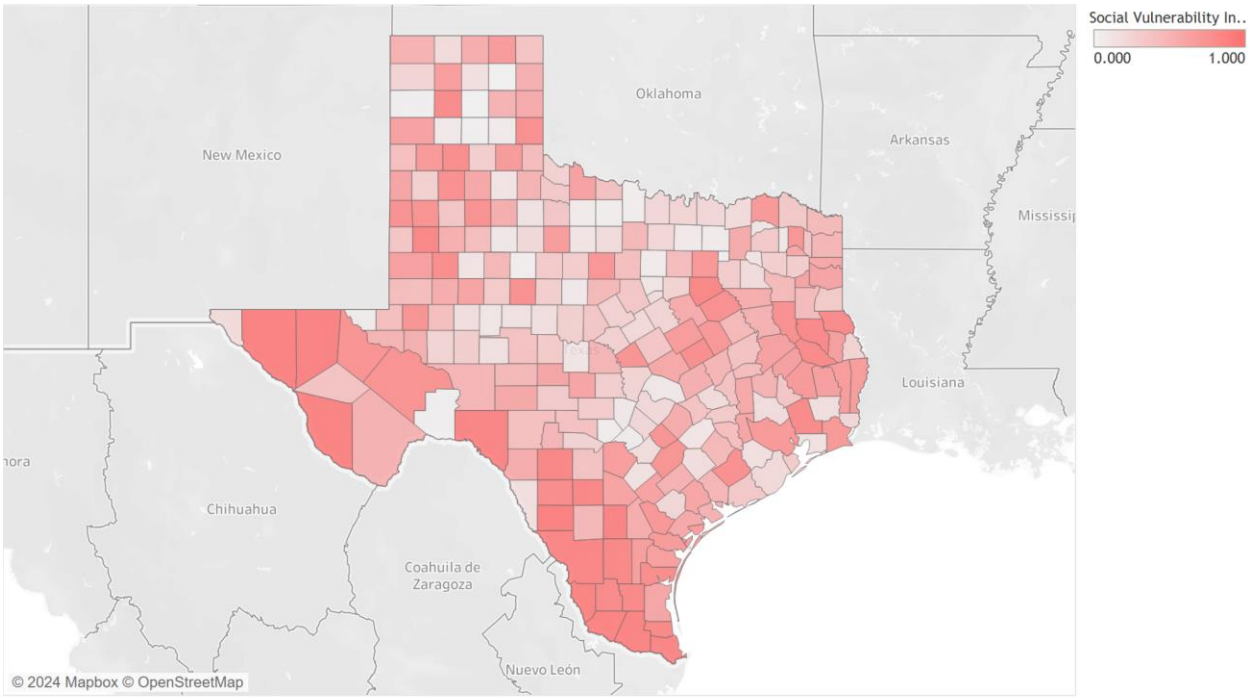
Data collected in 2020 from the US Census Bureau showcases that Texas border counties have the highest percentage of Hispanic populations. Texas border counties also have higher SVIs.

Texas border counties have higher percentages of Hispanic people.



Color shows percent of population that is Hispanic. Border counties have higher Hispanic populations. CREDIT: Allison Drinnon | SOURCE: U.S. Census Bureau 2020

Texas border counties have higher Social Vulnerability Index.



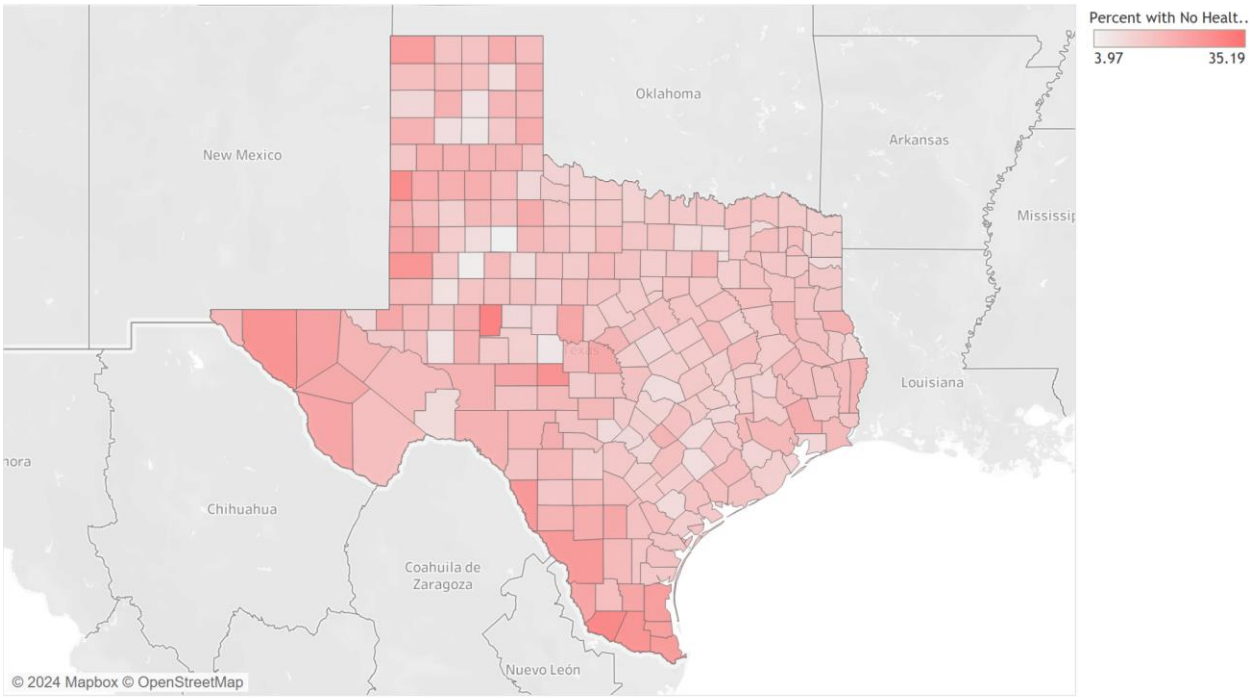
Color shows sum of Overall Social Vulnerability. Counties on the southern border have higher Social Vulnerability Indexes. CREDIT: Allison Drinnon | SOURCE: Centers for Disease Control

The Role of Insurance Limitations

Many women, especially immigrants, have difficulty accessing care due to costs and insurance.

“If you're not employed or between jobs or maybe you work for an employer that doesn’t offer health insurance, then you're sort of having to go buy health insurance on your own,” Dr. Robledo said.

Texas border counties have more people without health insurance.



Color shows sum of Percent with No Health Insurance. Border states have higher percentages of no health insurance. CREDIT: Allison Drinnon | SOURCE: U.S. Census Bureau 2020

“Insurance, of course, is the gateway to [treatment] and having a relationship with health providers where you can make decisions together about your health,” Dr. Raines-Milenkov said. “All those opportunities that we generally recommend to people are lost if you don’t have consistent insurance or access to care.”

According to the Texas Department of Health and Human Services, Medicaid will provide health insurance to low-income mothers who are legal citizens or a qualified non-citizen for the duration and one year after pregnancy. Children’s Health Insurance Program (CHIP) provides limited coverage for Texas residents regardless of citizenship during pregnancy and two visits after birth within 60 days.

“Texas has the highest number of uninsured women of reproductive age... What it translates into is that women of childbearing age may have health conditions that are unidentified and not treated until they’re able to access Medicaid or CHIP,” Dr. Raines-Milenkov said.

Excluding COVID-19 maternal deaths, the report states that the Texas maternal mortality ratio would be about 24 per 100,000 live births in 2020 and about 23 per 100,000 live births in 2021, an increase from 2018 and 2019.

The Future of Healthcare Access

The advisory committee listed a dozen recommendations, including improving access to comprehensive and continuous health services.

“One of the things that is recommended is women be connected to resources,” Dr. Raines-Milenkov said. “Well, that assumes that resources exist.”

However, the development and expansion of technology into healthcare have allowed doctors to visit with patients remotely via telemedicine, which reduces barriers caused by transportation and distance that rural areas predominantly face. Policy Director Natalia Vega at Gender Equity Policy Institute called telemedicine a major breakthrough for healthcare access.

“Women have different care responsibilities... so telemedicine allows them to have [healthcare access],” Vega said.

A narrative review analyzed 15 studies on telehealth interventions in rural areas. Overall, the studies reported positive outcomes and decreased costs for both patients and healthcare providers. Providers saw improved recruitment and retention and increased training opportunities. Patients overall saw improved access to care.

“We know where the problem is in the communities affected,” Dr. Robledo said. “We just need to act now and design solutions and start them.”