

---

# Health in the United Way Service Area

---

Strategy Measures - 2014

---

The Institute for Urban Policy Research  
At The University of Texas at Dallas

---



The Institute for  
Urban Policy Research  
at The University of Texas at Dallas

# Health in the United Way Service Area

---

*Strategy Measures - 2014*

## **Introduction**

This report presents analysis conducted by the Institute for Urban Policy Research (IUPR) to measure progress related to the community-wide goals of health set by the United Way of Metropolitan Dallas. The report uses publicly available data on health to produce estimates for Collin, Dallas, Denton and Rockwall Counties. Together, the area is referred to as the United Way of Metropolitan Dallas service area henceforth in this report.

A number of key indicators related to strategic health outcomes are analyzed, including access to care as measured by percentage of uninsured, enrollment in CHIP and Medicaid, CHIP renewal and disenrollment rates, percent of births resulting in low birth weight babies, and immunization coverage. Unfortunately, none of these indicators are available on an annual basis at a sub-county level; therefore, for the purposes of this report, Denton County refers to the entirety of the county rather than the southern portion that falls within the service area

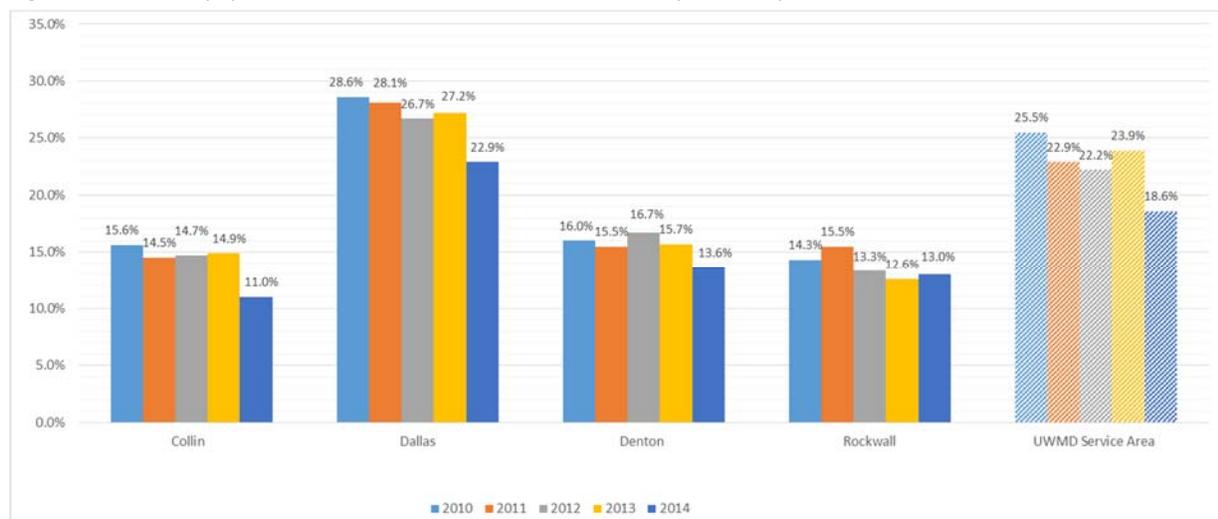
## **Access to Care**

### *Uninsured Rates*

According to data produced by the American Community Survey, there were just over five million uninsured persons in Texas in 2014, which amounts to 19.1% of the population. While the percent of people lacking health insurance is down from more than 22% in 2013, it is far higher than the national figure of 11.7% and higher than every other state.

Figure 1 shows the percent of uninsured in the United Way of Metropolitan Dallas service area. Over the last year, the uninsured rate in the United Way of Metropolitan Dallas service area dropped by more than five percentage points, from 23.9% in 2013 to 18.6% in 2014. The 2014 uninsured rate was a five-year low for the service area.

Figure 1. Percent of population without health insurance, United Way of Metropolitan service area, 2010-2014.<sup>1</sup>



### CHIP and Medicaid Enrollment

Both CHIP and Medicaid are joint state-federal programs that provide coverage to children and families in households at different income levels. The Affordable Care Act mandates a national minimum Medicaid eligibility level of 133 percent of the federal poverty line, which in 2014 was \$31,716 for a family of four. For the Children’s Health Insurance Program (CHIP), the minimum income eligibility level \$47,940 for a family of four in 2014. CHIP essentially picks up where Medicaid leaves off as it has higher income eligibility threshold than Medicaid and is meant for families with children that earn too much to qualify for Medicaid but cannot afford private health insurance.<sup>2</sup> However, while CHIP only covers children, Medicaid covers individuals of any age through its various programs.

Table 1 shows the average monthly enrollment in the Children’s Health Insurance Program (CHIP). The numbers for each year are a 12-month average, except for 2014 for which data was available only from January through April. In all counties, enrollment numbers peaked in 2013. The average monthly enrollment numbers in the United Way of Metropolitan Dallas service area were 91,859 per month in 2013 and 82,652 per month in 2014. Year-over-year changes in average monthly enrollments can result from changing demographics, changing economic conditions, or even policy and funding adjustments. That is, changes in the number of enrollments can result from changes in the population of eligible program participants or from changes in either program funding or program outreach that seeks to enroll new participants.

<sup>1</sup> Denton County is taken as a whole, rather than only the southern portion.

<sup>2</sup> Texas Health and Human Services Commission. (n.d.). *Income Guidelines for CHIP/Children’s Medicaid*. Retrieved from CHIP | Children’s Medicaid: Income Guidelines for CHIP/Children’s Medicaid

Table 1. Average monthly enrollment in CHIP, United Way of Metropolitan Dallas service area, 2010-2014.

County / Region	2010	2011	2012	2013	2014
Collin	9,127	10,044	10,955	11,516	10,005
Dallas	58,016	60,703	65,027	67,964	61,748
Denton	8,820	9,759	10,871	11,045	9,761
Rockwall	1,104	1,197	1,308	1,334	1,139
UWMD Service Area	77,067	81,702	88,162	91,859	82,652

Table 2 shows the average monthly new enrollees in the Children’s Health Insurance Program (CHIP). For all counties, the average number of new enrollees in CHIP peaked in 2012. The United Way of Metropolitan Dallas service area had an average of 5,769 new enrollees per month in 2012 and 5,321 new enrollees per month in 2014. Similar to overall enrollment, new CHIP enrollments can result from changing demographics, changing economic conditions, as well as policy and funding shifts, particularly with regard to outreach efforts to enroll new participants.

Table 2. Average monthly new CHIP enrollees, United Way of Metropolitan Dallas service area, 2010-2014.

County / Region	2010	2011	2012	2013	2014
Collin	596	678	703	655	605
Dallas	3,698	3,997	4,271	4,015	4,051
Denton	588	643	709	636	598
Rockwall	72	76	86	78	66
UWMD Service Area	4,954	5,395	5,769	5,383	5,321

While the Texas Health and Human Services Commission (HHSC) has provided updated county-level enrollment data for CHIP, it no longer provides estimates for renewal and disenrollment rates. As a result, Figures 2 and 3 reflect renewal and disenrollment from 2010 through 2013 and are identical to those found in the previous version of this report.

Figure 2. Average monthly renewal rate for CHIP recipients, United Way of Metropolitan Dallas service area, 2010-2013.

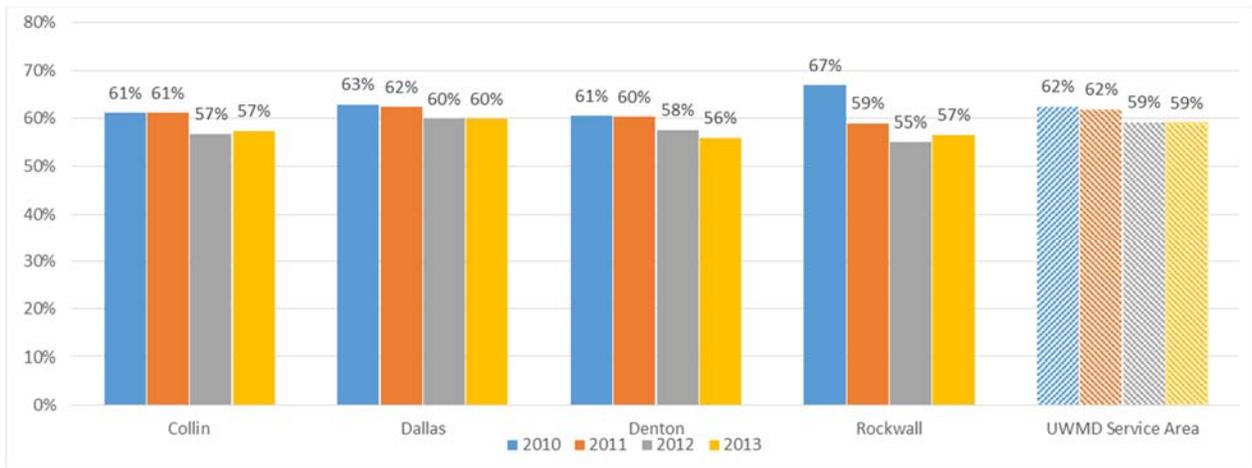


Figure 3. Average monthly disenrollment rate for CHIP recipients, United Way of Metropolitan Dallas service area, 2010-2013.

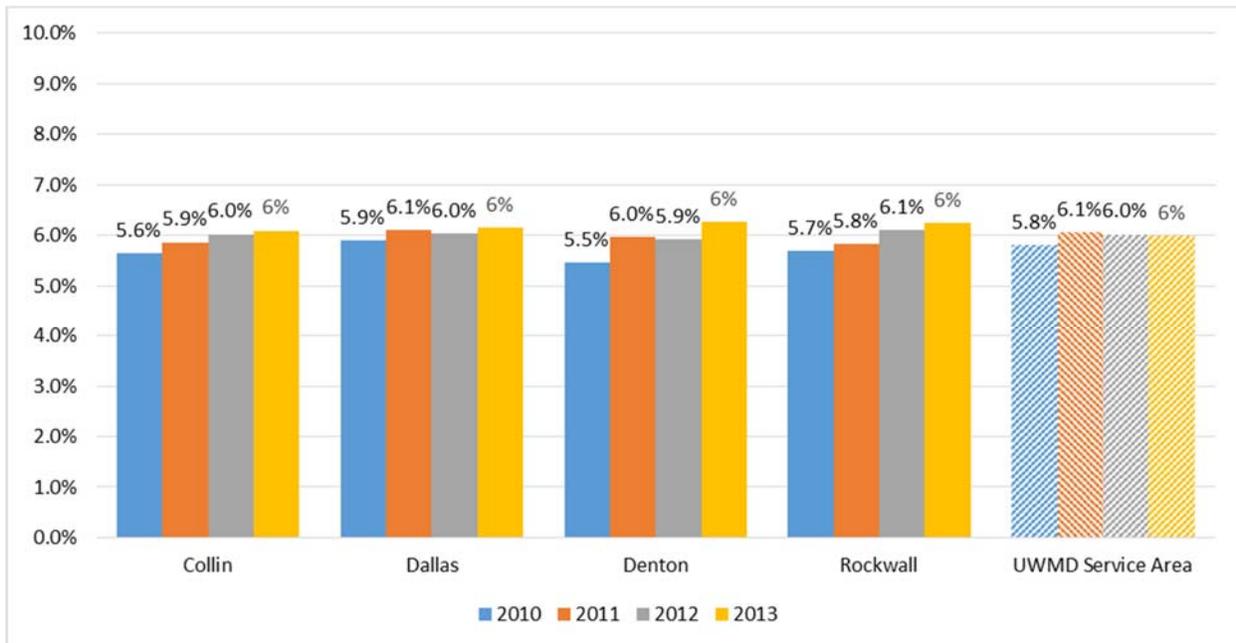


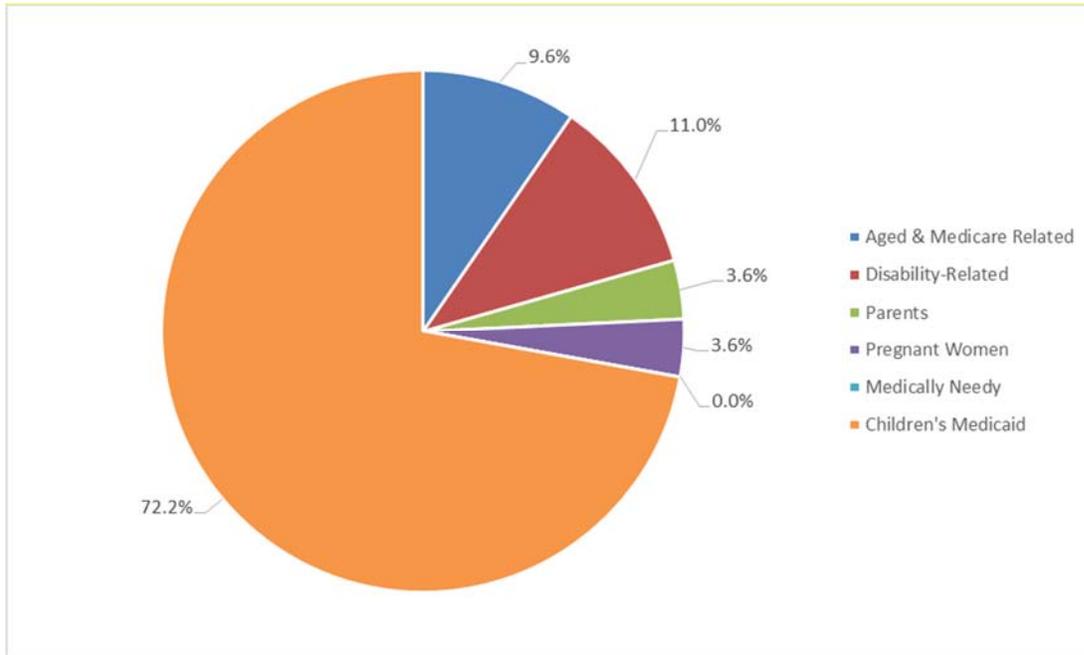
Table 3 presents the average monthly enrollment in Medicaid from 2010 to 2013 in the United Way of Metropolitan Dallas service area. The Texas HHSC has not up dated its county-level data regarding Medicaid enrollment beyond 2013. Since there has been no new data released, this table reflects the same information as the corresponding table in the previous version of this report. The HHSC has made no indication of future county-level data releases; furthermore, since the compilation of data for this report, data regarding CHIP enrollment has moved from the HHSC to the Department of State Health Services (DSHS) Center for Health Statistics (CHS). There is some indication that CHS intends to make this data available in some form, but a timeline is not clear.

Table 3. Average monthly enrollment in Medicaid, United Way of Metropolitan Dallas service area, 2010-2013.

County / Region	2010	2011	2012	2013
Collin	35,700	41,116	43,488	43,951
Dallas	355,228	382,142	395,677	396,015
Denton	34,668	39,831	42,758	43,784
Rockwall	4,713	5,139	5,154	5,220
UWMD Service Area	430,309	468,227	487,077	488,970

Although county-specific data are not available for 2014, the Texas HHSC has released statewide estimates for 2014. Figure 4 shows 2014 Medicaid enrollees by service type for the state of Texas. Consistent with 2013 data for the United Way of Metropolitan Dallas Service Area, Children’s Medicaid continues to represent the largest portion of Medicaid enrollees at 72.2%, while disability-related enrollees make up 11% and aged and Medicaid-related enrollees comprise nearly 10% of all Medicaid enrollees statewide.

Figure 4. Medicaid enrollees by service type, Texas, 2014



## Preventative Care

### *Low Birth Weight Babies*

Low birth weight is a major health risk as it reduces the chances of the infant surviving the first year of life and contributes to a variety of physical and developmental health problems later in life. The Texas Health and Human Services Commission (HHSC) provides yearly data on low birth weight by county and race or ethnicity. Figures 5 and 6 summarize this data for counties in the United Way of Metropolitan Dallas service area. The percentages include infants born at low birth weight (less than 2,500 grams or 5.5 pounds) and at very low birth weight (less than 1,500 grams or 3.25 pounds).

As shown in Figure 5, for the United Way of Metropolitan Dallas service area as a whole, the proportion of infants born at low birth weight remained fairly constant from 2010 to 2013. As per the latest data available for year 2013, 8.2% infants in the United Way of Metropolitan Dallas service area were born at low birth weight. Denton and Rockwall Counties fall within the target low birth weight rate of 7.8% set by the Healthy People 2020 initiative, while Collin and Dallas Counties do not.

Figure 4. Rates of low-birth weight, United Way of Metropolitan Dallas service area, 2010-2013.

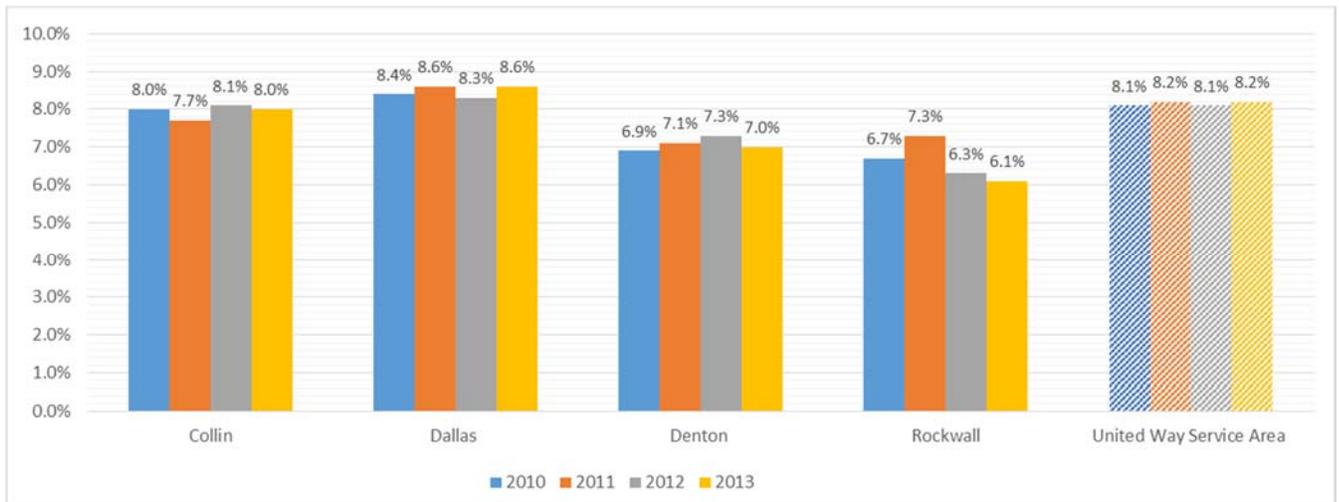
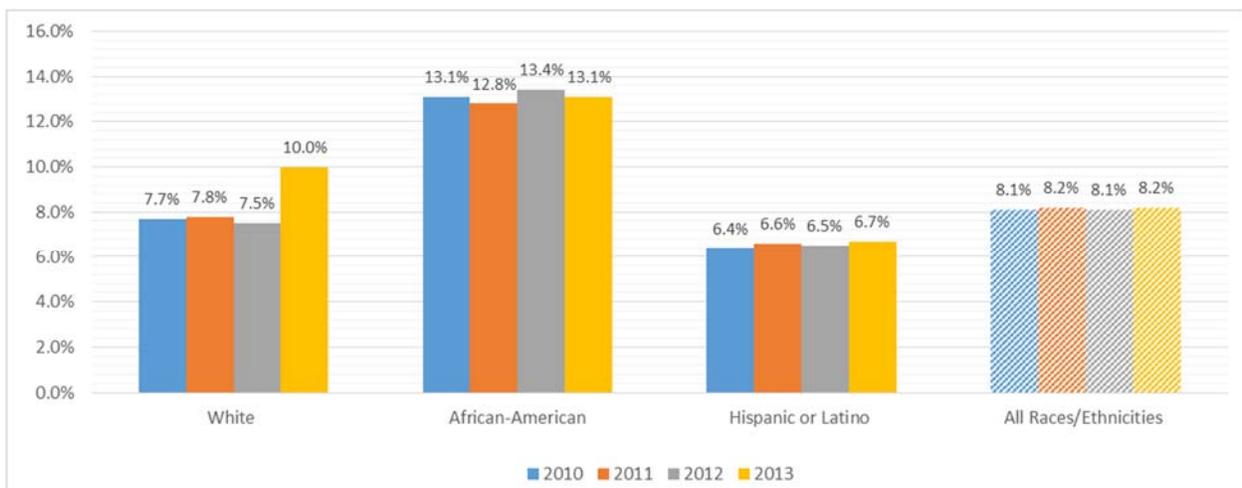


Figure 5 shows the proportion of low weight births by race or ethnicity in the United Way of Metropolitan Dallas service area. African-Americans mothers are almost twice as likely to give birth to a low weight baby compared to Hispanic or Latino mothers. The low birth weight ratio for White women unusually spiked in 2013, rising by almost 2.5 percentage points from the preceding year to 10.0%.

Figure 5. Rates of low-birth weight by race and ethnicity, United Way of Metropolitan Dallas service area, 2010-2013.



Racial and ethnic disparities can be, in part, explained by other indicators of maternal and prenatal health. For example, nearly 70% of babies born to White mothers receive prenatal care during the first trimester; this compares to just over 50% for babies born to African-American mothers. That could account for some of the difference, but it fails to explain the comparatively low percentage of low-birth weight babies born to Hispanic mothers who only receive first trimester prenatal care about 53% of the time. Still, 15.5% of babies born to African-American mothers are premature, compared to 10.5% for those born to White mothers and 12.2% for those born to Hispanic mothers. It is possible that these differences contribute to the racial and ethnic disparities shown in Figure 5.

More difficult to explain is the sudden increase in low-birth weight babies born to White mothers; there have been no major changes to either prematurity or first trimester prenatal care from 2012 to 2013,

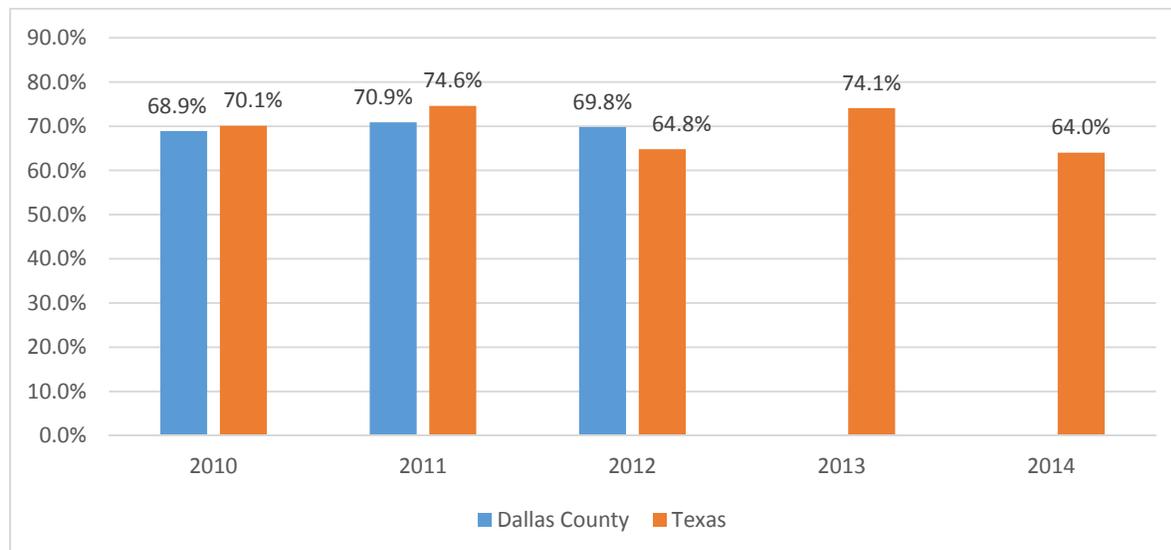
which should be the biggest drivers of low-birth weight. The only noticeable change experienced by White mothers from 2012 to 2013 was a 1.5 percentage point increase in the proportion of White mothers who smoked while pregnant – from 9.2% in 2012 to 10.7% in 2013.

### Immunizations

The Centers for Disease Control and Prevention (CDC) conducts the National Immunization Survey annually, and reports estimated immunization coverage data for children aged 19-35 months. Because state and local health agencies are not required to record or report immunization coverage, this survey represents the best estimate of coverage currently available. Still, it is only available for limited geographies due to the limited size of the survey. Within the UWMD service area, data is available for Dallas County until the implementation of the 2013 National Immunization Survey when Dallas County was no longer included as a focus area of the study.<sup>3</sup> Immunization data for the state of Texas as a whole is available throughout.

Figure 6 shows the estimated immunization coverage for Dallas County over the three year period from 2010 to 2012, as well as for Texas from 2010 to 2014. The rates refer specifically to the recommended 4:3:1:3:3:1:4 series of immunizations, which includes four doses of Diphtheria, Tetanus, and Pertussis (DTaP), three doses of Polio, 1 dose of Measles, 3 doses of Hepatitis B, 3 doses of Haemophilus influenzae type B (Hib), one dose of Varicella (chicken pox), and 4 doses of Pneumococcal.<sup>4</sup> Over the three year period from 2010 to 2012, the immunization coverage rate, according to the above schedule, remained fairly constant around 70% in each year, although significant fluctuations have occurred in the statewide rate from 2012 to 2014.

Figure 6. Estimated immunization coverage for children 19-35 months of age, Dallas County and Texas, 2010-2014.



<sup>3</sup>Inclusion in the NIS is only guaranteed for urban areas receiving specific federal grants for immunization outreach programs. Of the urban areas in Texas included in the NIS since 2010, Dallas County was the only non-grantee; therefore, its inclusion has always been at the greatest risk of losing funding.

<sup>4</sup>Centers for Disease Control and Prevention. (2013, September 19). *Immunizations Managers: Technical Notes for NIS Surveillance Tables*. Retrieved from CDC.gov: <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html>

## Conclusion

Within the UWMD service area, the percent of individuals lacking health coverage declined to its lowest level in five years – at 18.6% in 2014. The average monthly enrollments in both CHIP and Medicaid peaked in 2012, while the percent of new born babies with low birth weight stayed fairly constant over the years. Racial disparities in low birth weight persisted as the proportion of African-American women giving birth to low weight infants was twice that of Hispanic or Latino women, and higher than that for White women. Besides this, the state of Texas witnessed an almost 10 percentage-point drop in the 4:3:1:3:3:1:4 series of immunizations' coverage from 2013 to 2014. The change in immunization coverage in Dallas County over the same period is unknown.



The Institute for  
**Urban Policy Research**  
at The University of Texas at Dallas

800 W Campbell Road WT 20

Richardson, Texas 75080

Phone: 972-883-5430

Fax: 972-883-5431

[iupr.utdallas.edu](http://iupr.utdallas.edu)

[iupr@utdallas.edu](mailto:iupr@utdallas.edu)