

Council on Health of the Public

Friday, April 4, 2025

2 – 4 p.m.

Location: Kalahari Resort, Nile Room

Zoom information:

<https://us02web.zoom.us/j/83654250081?pwd=ocjhPNBhAvZurZicDVQRemmLrSROkl.1>

Meeting ID: 836 5425 0081

Passcode: 850566

AGENDA

- 2:00 Call to order by Chair Li-Yu Mitchell, MD and introductions
- 2:07 Approval of report from November 7, 2024
- 2:09 Announcement: Member Assembly with Council Forums this evening at 6:30 p.m.
Includes our presentation on Walk With a Doc and a discussion from Dr. Ron Cook on the West Texas measles outbreak and vaccine hesitancy and education.
- 2:10 Task Force on Obesity
- Report on Annual Session workshop from Richel Avery, MD
 - Discussion on possible next steps/charge
- 2:25 Public health priorities survey for TAFP members – complete survey at <https://www.surveymonkey.com/r/68TVJ65> or scan this QR code
- 2:30 TAFP's new vaccine toolkit can be found at <https://www.tafp.org/healthy-practice/immunization-resources>
- 2:35 The new high school graduation cord project webpage can be found at <https://tafp.org/healthy-practice/wellness-grad-cords>
- 2:40 A legislative update from TAFP CEO Tom Banning
- Informational and resources and legislative one-pagers from the Texas Public Health Coalition are included in the agenda packet. Topics include CPAN/PeriPAN, infectious disease, maternal health, public health budget and infrastructure, tobacco and e-cigarettes, obesity, and behavioral health and suicide prevention.
- 2:55 Other business
- 3:15 Adjourn



Samantha White and Jessica Miley are the staff liaisons for this council.

COUNCIL ON HEALTH OF THE PUBLIC REPORT

Author: Samantha White

Meeting date: November 7, 2024

The following members attended the meeting in person: Li-Yu Mitchell, Sarah Ashitey, Richel Avery, Alex King, Priti Mody-Bailey, Nicolette Mojica, Rebecca Hart, Karen Smith, George Yang, James Mobley, Sarah Samreen, and Joaquin Villegas.

The following members attended the meeting on Zoom: Victoria Udezi, Deepalakshmi Rajakrishnan, Shae Castaneda, Isaac Perez, Judy Kim, Lesca Hadley, Zach Sartor, and Shadi Edalati.

The following staff and guests attended the meeting in person: Samantha White (staff), Jessica Miley (staff), Tom Banning (staff), Edgar Rios (Pfizer), Christina York (Pfizer), Lewis Foxhall, Shreya Mallena, and Jessica Glick.

MINUTES

1. The meeting was called to order by Li-Yu Mitchell, MD, vice chair.
2. The council report from April 12, 2024 was approved.
3. Pfizer representatives Edgar Rios and Christina York presented on facing patients with vaccine hesitancy.
4. Richel Avery, MD, gave an update on the recent work of the newly created Task Force on Obesity, including the obesity workshop that took place on November 9 during ASPCS.
5. The council reviewed resources from AstraZeneca and agreed that they were helpful and TAFP should continue publishing similar resources.
6. Joaquin Villegas, MD, presented on the family medicine research journal being launched by the Heart of Texas chapter. They would like to publish research from this year's TAFP Research Poster Competition and launch in spring 2025. The council saw no issues as long as the journal is peer-reviewed.
7. Council members continued the conversation on a vaccine toolkit to be published by TAFP and agreed that as a start, linking to AAFP's respiratory illness campaign resources was a good idea.
8. TAFP CEO Tom Banning discussed the upcoming legislative session with council members.
9. The council members discussed "Blue Zones" and would like to invite someone from Fort Worth to a future meeting to discuss the city's Blue Zone project.
10. The meeting was adjourned.



tcmhcc
Texas Child Mental
Health Care Consortium

CPAN
Child Psychiatry
Access Network

PeriPAN
Perinatal Psychiatry
Access Network

Child Psychiatry Access Network & Perinatal Psychiatry Access Network (CPAN & PeriPAN)

Mental health is complex. Texas CPAN and PeriPAN are free, simple, and trusted resources for Texas health care clinicians.



Enroll

In less than 5 minutes:
888-901-2726



Support

Rapid **peer-to-peer consults, vetted resources,
and one-time direct patient consults.**



Statewide

Available statewide to
pediatric and perinatal clinicians

No call is too small. Psychiatry experts are here to support you.

We connect frontline health clinicians to psychiatrists and specialists. Our child and reproductive psychiatrists and mental health experts help you expand your capacity to meet the standard of mental health care for your patients through real-time, no-cost, evidence-based support, including one-time patient-psychiatrist direct consults when indicated. Call for a rapid peer consultation and get the support you need.

Why CPAN and PeriPAN?

- » Texas children, youth, and perinatal patients are experiencing unprecedented mental health challenges and are facing a shortage of psychiatrists and other mental health clinicians.
- » Health clinicians report feeling more confident treating their patients' mental health needs after consulting with us.
- » Access programs, like CPAN and PeriPAN, improve mental health outcomes.

Why CPAN?

- » **One in five children** has a diagnosable mental, behavioral, or developmental disorder — and many more children and youth have persistent mental health symptoms.

Why PeriPAN?

- » **One in five perinatal women** has a mental health condition, and mental health needs are the leading underlying cause of pregnancy-related death in the U.S. and Texas.

How does it work?

- » It's simple to enroll and easy to use. **Call 888-901-2726 Monday-Friday, 8a.m.-5 p.m.** and speak directly to a mental health expert within 5 minutes and a psychiatrist within 30 minutes for a real-time consultation.
- » Leave a message anytime to schedule a convenient call-back time.
- » Enrolled providers can text us using your CPAN/PeriPAN team's unique texting number.

How do CPAN and PeriPAN help?

- » We provide the real-time support and mental health expertise you need to treat your patient.
- » Our team will vet and compile lists of local referrals and resources for you in 1 business day individualized to your patient.
- » When needed, our psychiatrists provide one-time direct patient consults at no cost to you or the patient/family.
- » We offer free CMEs, ethics credits, and collaborative learning opportunities.
- » Your time consulting with CPAN or PeriPAN may be billable via time or complexity-based coding and if outside the global window.



“

CPAN is an incredible partner. As a pediatrician, knowing that I have a strong referral base and quick access to peer consultation is invaluable.

—— Angela Moemeka, MD, MBA, Pediatrician

”

“

It was just a joy to be able to call my local PeriPAN hub and get a call back from a psychiatrist within 15 minutes. I collaborated with that psychiatrist for the betterment of my patient. It was just easy to use and so accessible.

—— Martin Hechanova, MD, OB/GYN

”

Find Your Regional Program Hub

Dial 4

West Region

- 1 Texas Tech University Health Sciences Center
- 2 Texas Tech University Health Sciences Center El Paso

Dial 3

Valley and Central Regions

- 1 Dell Medical School at The University of Texas at Austin
- 2 The University of Texas Health Science Center at San Antonio
- 3 The University of Texas Rio Grande Valley School of Medicine
- 4 Texas A&M University System Health Science Center

Dial 1

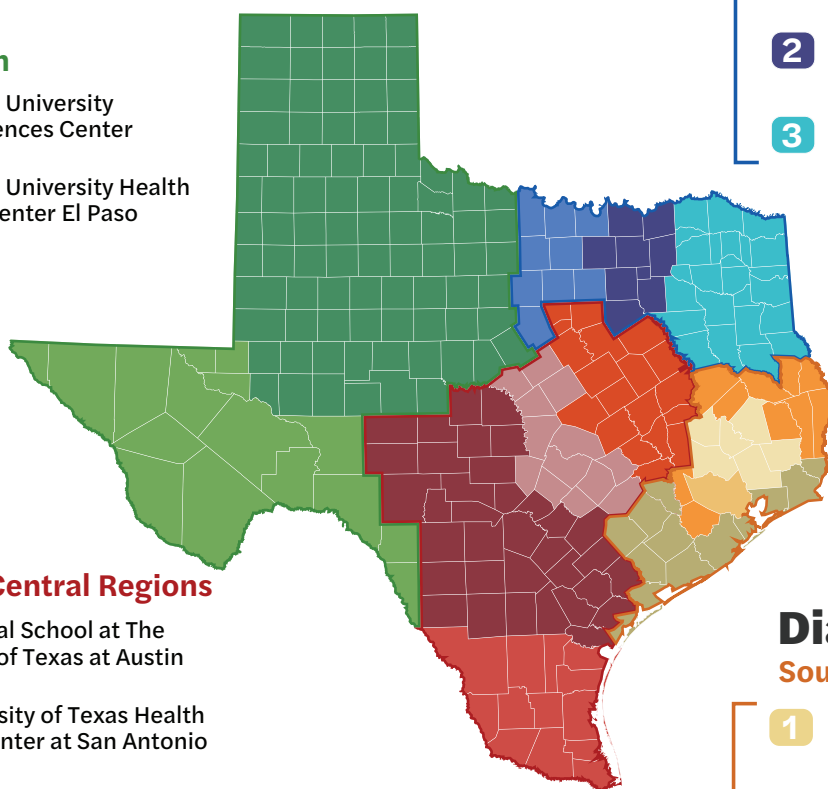
North and Northeast Regions

- 1 The University of North Texas Health Science Center at Fort Worth
- 2 The University of Texas Southwestern Medical Center
- 3 The University of Texas at Tyler Health Science Center

Dial 2

South and Southeast Regions

- 1 Baylor College of Medicine
- 2 The University of Texas Health Science Center at Houston
- 3 The University of Texas Medical Branch at Galveston



For more information, call **888-901-2726**
email **COSH@bcm.edu**, or go to **TXCPAN.org** and **TXPeriPAN.org**



Enhance Texas' Immunization Registry for Emergency Preparedness

Defend Texans during a disaster or disease outbreak by improving communication between ImmTrac2 and electronic health records (EHRs).

Maintaining a voluntary, free, shareable vaccination history is critical during a disaster or disease outbreak. It helps ensure individuals receive only the vaccinations they need, when they need them.

- A robust system allows physicians, health departments, and other health professionals 24/7 access to identify what diseases an individual has been vaccinated against.
- An immunization registry keeps records stored safely, confidentially, and conveniently so a patient's physician or health care clinician can access them regardless of location or if a patient switches practices.

Obstacles to Optimal ImmTrac2 Function

- Texas' six consent types are not standard within common EHRs. This prevents an EHR from transferring patient consent and immunization data into ImmTrac2.
- The premature deletion of records of vaccinations administered during a disaster means a clinician may not know if patients have received necessary vaccinations. A fully functioning, modernized registry ensures current immunization records are stored securely in one place for easy access during an emergency.
- Knowing the vaccination status of first responders is critical to ensure they receive appropriate treatment in an emergency or disaster. Whether someone is employed as a first responder at the time of consenting for inclusion in the registry or becomes so after consenting, ImmTrac2 needs to be able to identify a first responder's role and what vaccines they and their family may need.

The Texas Public Health Coalition Recommends:

1. **Streamline consent** to a simple "yes or no" to ensure bi-directional interoperability between ImmTrac2 and EHRs; and create a user-friendly method for Texans to acknowledge and confirm consent.
2. **Ensure ImmTrac2 data are bidirectional and interoperable** with school health systems and consider a patient-facing portal.
3. **Use existing state medical record practices** to align disaster records retention with the standard seven-year retention as required by state law.
4. **Require the Texas Department of State Health Services (DSHS) to send at least two notifications about the impending deletion of a person's disaster immunization record.** This mirrors the DSHS practice for aging-out adolescents who must reconfirm for childhood records retention once they reach adulthood.
5. **Remove the need for a patient to be identified as a first responder** or the family of a first responder at the time of consent into ImmTrac2. Instead, DSHS should verify a person's vaccination status to an employer if the first responder consents to disclosure.



Shield Texas Children from Infectious Diseases

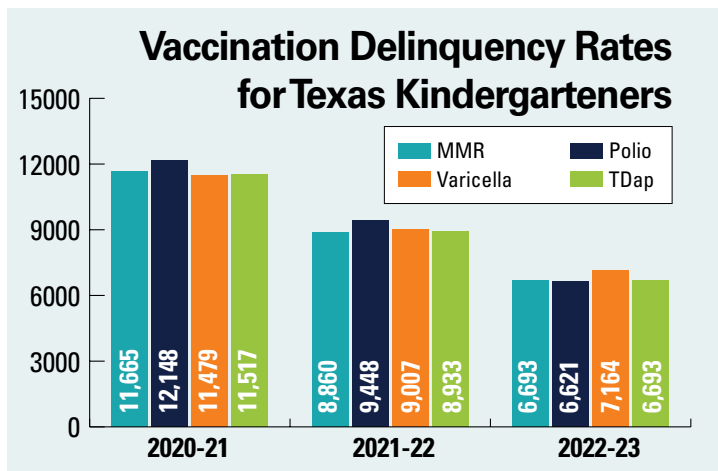
Texas' future generations are at risk. The Texas Legislature has the power to implement measures to defend children from preventable illness and disease.

Keep Kids Healthy and Prepared for School

Children's routine vaccination coverage is essential to maintaining health and safety. Texas' delinquency rates are high for most vaccines, indicating many students attend class despite not having met vaccination requirements.^{1,2}

Texas must help schools continue to prioritize and balance students' education, health, and safety

Children learn and thrive in schools. Vaccines are a crucial public health tool for preventing disease and keeping children healthy and in school.



School Vaccine Requirements Safeguard Communities

Without vaccines, communities are at risk for being exposed to harmful diseases that can lead to severe illness and poor health outcomes among vulnerable people of all ages.

- School-required vaccines are essential to prevent serious illnesses, reduce missed school days, and avoid long-term health issues.
- Communities with unvaccinated children can increase the risk of a resurgence in measles and polio, leading to dangerous outbreaks.^{3,4,5}
- Children without the vaccines required for school pose a greater risk to their own health and the health of their families and communities.

Vaccines for Children (VFC) Benefits



SAVES NEARLY

\$2.2 Trillion

due to the prevention of illness



PREVENTS

472 MILLION ILLNESSES

Childhood vaccination has dramatically reduced morbidity, mortality, and disability caused by vaccine-preventable diseases.

Children in Uninsured, Underserved Households are Most Affected

- Texas has the highest children's uninsured rate in the country, more than twice the national average.^{7,8}
- The CDC National Immunization Surveys report lower vaccination rates among uninsured, low-income, and Black and Hispanic children.⁶
- Barriers such as financial challenges, missed vaccination opportunities, low clinician participation in the VFC program, and higher vaccine hesitancy contribute to lower vaccination rates.

To protect all Texans from disease, ensure access to routine vaccinations through improved access to the medical home.

The Texas Public Health Coalition supports defending vaccination policies that have kept our children and communities safe for decades.

SOURCES

- 1 Vaccinations Administered, Texas Immunization Registry, ImmTrac2
- 2 <https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/22-23-Annual-Report-of-Immunization-Status-of-Students.pdf>
- 3 <https://www.dshs.texas.gov/vaccine-preventable-diseases/vaccine-preventable-disease-conditions/measles-rubeola>
- 4 <https://www.dshs.texas.gov/sites/default/files/IDCU/disease/measles/Measles-Cases-and-IR-in-Texas-by-Age-Group-2018-19.pdf>
- 5 <https://newsnetwork.mayoclinic.org/discussion/the-basics-of-polio-and-why-its-making-a-comeback/>
- 6 National Immunization Survey-Child (NIS-Child)
- 7 U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2021
- 8 <https://www.cdc.gov/vaccines-for-children/about/index.html>
- 9 <https://www.dshs.texas.gov/immunizations/data/school/coverage>
- 10 https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=adhoc.addispatch.sas&major=st&minor=e&charsln=120&linespg=60&loop=1&countykey=&oldnew=new&debug=0&endyear=24&selsumm=ss&key=TYPE+HERE&grouping=g+&format=W
- 11 https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=adhoc.addispatch.sas&major=st&minor=e&charsln=120&linespg=60&loop=1&countykey=&oldnew=new&debug=0&endyear=23&selsumm=ss&key=TYPE+HERE&grouping=g+&format=W
- 12 https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=adhoc.addispatch.sas&major=st&minor=e&charsln=120&linespg=60&loop=1&countykey=&oldnew=new&debug=0&endyear=22&selsumm=ss&key=TYPE+HERE&grouping=g+&format=W
- 13 https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/2023-2024_Annual_Report_of_Immunization_Status_of_Students.pdf
- 14 <https://www.dshs.texas.gov/immunizations/school/exemptions>
- 15 <https://publications.aap.org/pediatrics/article/150/3/e2021056013/188495/Impact-of-Routine-Childhood-Immunization-in?autologincheck=redirected>



The Texas Public Health Coalition is a coalition of health professional organizations and health-focused organizations dedicated to disease prevention and health promotion.

401 W. 15th Street, Austin, Texas 78701 ■ www.texmed.org/PublicHealthCoalition ■ knowledge@texmed.org

MEMBERS

ALS Association	Society for Adolescent Health and Medicine	Texas Health Institute
Alzheimer's Association	Texas Academy of Family Physicians	Texas Hospital Association
American Cancer Society, Cancer Action Network	Texas Academy of Nutrition and Dietetics	Texas Medical Association
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Harris County Public Health	Texas Dental Association	Texas Renal Coalition
Healthier Texas		Texas School Nurses Organization
March of Dimes		The Immunization Partnership
Methodist Healthcare Ministries		United Ways of Texas

RESOURCES

BEXAR COUNTY MEDICAL SOCIETY
CANCER PREVENTION AND RESEARCH
INSTITUTE OF TEXAS
CPAN & TCHATT

MICHAEL & SUSAN DELL CENTER FOR
HEALTHY LIVING
PARTNERSHIP FOR A HEALTHY TEXAS
TEXAS DEPARTMENT OF STATE HEALTH
SERVICES

TEXAS PUBLIC HEALTH ASSOCIATION
TEXAS TOBACCO CONTROL COALITION
TEXAS VETERINARY MEDICAL ASSOCIATION
TRAVIS COUNTY MEDICAL SOCIETY

UT AUSTIN TOBACCO RESEARCH AND
EVALUATION TEAM

UT MD ANDERSON CANCER CENTER

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Improve Maternal Health in Texas

Improve Texas' maternal health by ensuring comprehensive health coverage for pregnant individuals.

The journey to motherhood carries risks from pregnancy complications to death, extending into the first year after birth. Many pregnancy-related deaths occur within the first year following delivery. The 2024 Texas Maternal Mortality and Morbidity Review Committee report found 80% of pregnancy-related deaths were preventable.¹

Comprehensive Coverage Matters

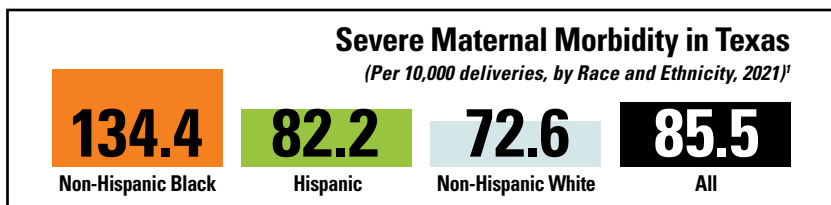
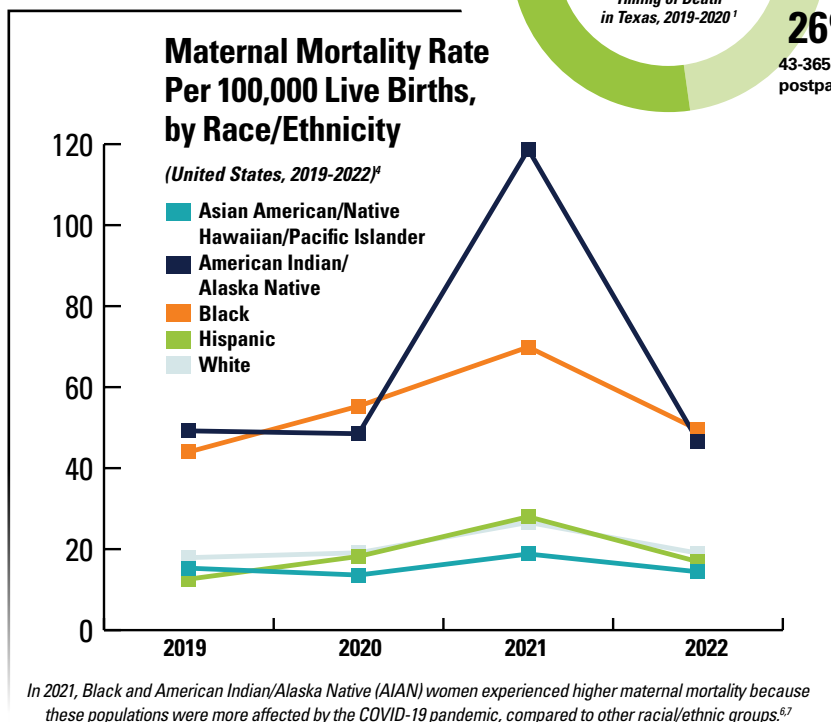
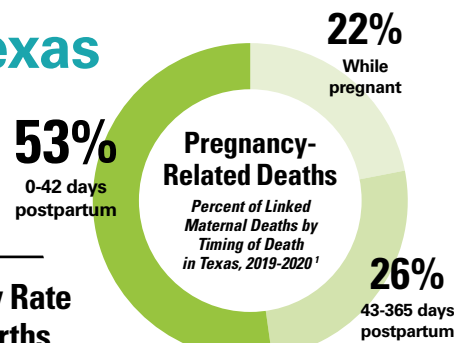
- Healthy pregnancies begin before conception with diagnosis and management of chronic health conditions, such as diabetes and hypertension. Managing chronic conditions becomes more challenging and costly once pregnancy begins.
- States with expanded Medicaid have lower maternal mortality rates.² Expanding Medicaid improves access to preconception care and reduces pregnancy-related deaths.³
- Ongoing care during the year following delivery – beginning with the “fourth trimester” immediately after birth – is critical to address conditions or complications that may arise.

What Texas Lacks

Texas has the highest percentage of uninsured women aged 15-44 (22.1%). State programs like the Family Planning Program, Healthy Texas Women (HTW), and HTW Plus fill important gaps, but offer limited benefits.

Maternal Health Disparities

In 2022, over 800 people died from maternal causes in the United States.⁵ Although maternal mortality rates decreased in 2021-22, Black women still experienced disproportionately higher rates. In 2022, the maternal mortality rate for Black women was over twice the rate for White and Hispanic women and three times the rate for Asian women.



The Texas Public Health Coalition Recommends:

1. **Broaden comprehensive coverage** to uninsured, low-income adults aged 19-64.
2. **Maintain robust funding** for women's health programs.
3. **Preserve funding for Texas AIM** (Alliance for Innovation on Maternal Health), a state-run quality improvement initiative that provides Texas' birthing hospitals with technical assistance and collaborative learning to implement best practices for safer births and improved maternal health outcomes.
4. **Address health inequities** by assessing unmet medical and environmental needs and referring patients to necessary care and resources.
5. **Fully invest in systems to collect and analyze key maternal and perinatal data** that can timely inform recommendations for improving quality of care.
6. **Support funding for initiatives that address maternal/perinatal mental health**, like PeriPAN and perinatal mental health screenings.
7. **Ensure existing postpartum care resources** are adequately available and can be accessed statewide.

1. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2024. September 2024. <https://www.dshs.texas.gov/sites/default/files/legislative/2024-Reports/MMMRC-DSHS-Joint-Biennial-Report-2024.pdf>
2. Eliason EL. Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. *Womens Health Issues*. 2020 May-Jun;30(3):147-152. doi: 10.1016/j.whi.2020.01.005. Epub 2020 Feb 26. PMID: 32111417.
3. Solomon, Judith. Closing the Coverage Gap Would Improve Black Maternal Health. *Center on Budget and Policy Priorities*. 2021 July 6. <https://www.cbpp.org/research/health/closing-the-coverage-gap-would-improve-black-maternal-health>.
4. Sara R. Collins et al., 2024 State Scorecard on Women's Health and Reproductive Care (Commonwealth Fund, July 2024). <https://doi.org/10.26099/6gr0-t974>.
5. Hoyert DL. Maternal mortality rates in the United States, 2022. *NCHS Health E-Stats*. 2024. DOI: <https://dx.doi.org/10.15620/cdc/152992>.
6. Maternal and Child Health. Texas Department of State Health Services. <https://www.dshs.texas.gov/maternal-child-health>
7. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2022. December 2022. <https://www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/2022-MMRC-DSHS-Joint-Biennial-Report.pdf>



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Stop Cuts to Texas' Public Health Infrastructure

Ensure our public health agencies have robust funding and a strong infrastructure to fulfill their lifesaving mission to prevent and eliminate disease.

Texas' low spending on public health is evident in its health outcomes. Texas spends just \$17 per resident on public health – less than half of what several other southern states spend – and ranks 48th in the nation for spending.¹ Neglecting public health over time carries a high, avoidable price tag.

- **Public health saves money and lives.** When the state fails to invest in public health, Texans pay the price. A cut to the public health budget is a disinvestment against the health and well-being of our residents. By not spending money on public health, we only end up paying for it later in higher medical costs.
- **A public health infrastructure consists of a trained workforce, critical information systems, and diligent agencies that are the backbone of every public health service and response.** Studies show that even a \$10 increase in public health funding can result in a 7.4% decrease in infectious disease morbidity.² However, some public health agencies have a difficult time recruiting and retaining staff to support necessary services, such as disease data analysis and clinical program administration.
- **Disasters, disease outbreaks, and pandemics can severely test Texas' public health infrastructure.** Ongoing improvements to the data system and a fully-staffed and trained public health workforce can help ensure a strong public health infrastructure both day-to-day and in times of crisis.

TEXAS RANKS LOW ON HEALTH MEASURES COMPARED TO OTHER STATES³



43rd
Public Health
Funding



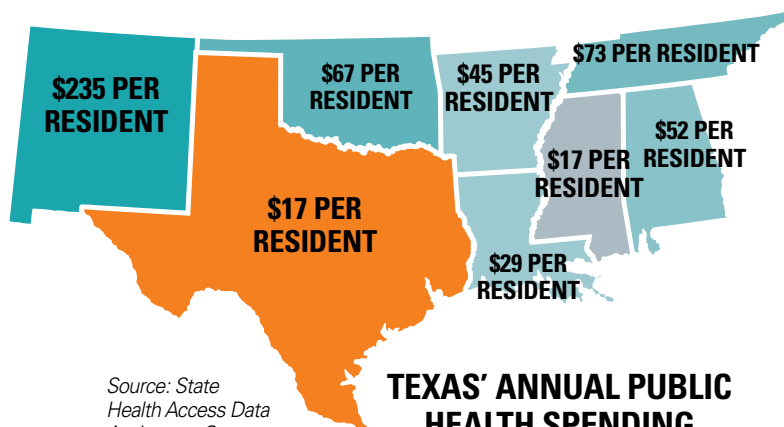
33rd
Obesity



42nd
Diabetes



31st
Mental
Distress



Source: State Health Access Data Assistance Center

TEXAS' ANNUAL PUBLIC HEALTH SPENDING FALLS FAR BELOW OTHER SOUTHERN STATES'

The Texas Public Health Coalition Recommends:

1. **Maintain agency operations and infrastructure by fully funding the Texas Department of State Health Services (DSHS) base budget.** This includes supporting efforts to recruit, hire, and retain staff, including trained epidemiologists, educators, community health workers, and more. The pillar of a strong health care system is a robust public health infrastructure. Given rising costs, appropriate budget increases are necessary.
2. **Fully fund DSHS' Exceptional Item Requests to:**
 - » Ensure Texas' staffing, epidemiology, and laboratory capacity keeps up with the state's growing population and demand.
 - » Protect Texas babies by fully funding all efforts to curb the congenital syphilis outbreak.
 - » Bolster regional and local public health services to meet the needs of Texas communities.
 - » Reduce the deleterious impact of tobacco-related cancers.
 - » Strengthen the timeliness and quality of maternal and child health data.

1. <https://statehealthcompare.shadac.org/rank/117/per-person-state-public-health-funding#2,5,20,26,33,38,44,45/a/76/154/false/lowest>
 2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3234401/>
 3. <https://www.americashealthrankings.org/explore/measures>



Increase Tobacco Prevention and Cessation Funding in Texas

Tobacco prevention is greatly underfunded in Texas.

Tobacco use remains Texas' leading cause of preventable death, disease, and disability.

Smoking causes about 20% of all cancers and about 30% of all cancer deaths in the United States.¹ Smoking during pregnancy increases the risk of negative health outcomes, including birth defects, low birthweight, and sudden infant death syndrome (SIDS).²

Texas ranks 48th among the 50 states and Washington, DC in tobacco prevention funding.³ The amount Texas spends is only 2.3% of the \$264 million spending recommended by the Centers for Disease Control and Prevention for tobacco prevention and cessation. Simultaneously, the tobacco industry spends \$635.5 million on marketing in Texas.

Prevention Pays Off

For every dollar spent on tobacco prevention, states can reduce tobacco-related health care spending and hospitalizations by \$55.⁴

- States with sustained, well-funded prevention programs have reduced youth smoking rates by at least half.⁵
- Unfortunately, prevention programs are not reaching women and adolescents.

Smoking Costs Texans⁶

- Texas spends \$10.29 billion each year for direct health care costs caused by smoking.
- Medicaid costs for smoking equal \$2.10 billion each year. If smoking was reduced in Texas, Medicaid could reinvest money in other vital programs.

WAYS TO COMBAT TOBACCO USE

1

Increase funds for tobacco prevention and enforcement

2

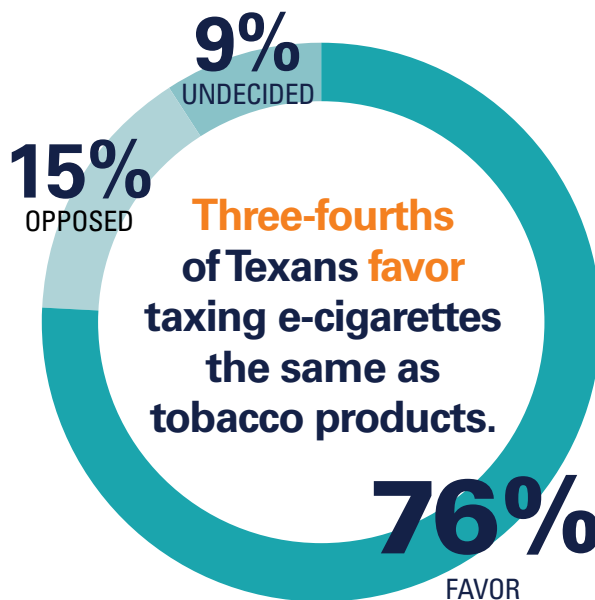
Close the e-cigarette loophole to create tax parity with cigarettes

3

Increase the cigarette tax to more than double the current rate

The result: At least \$624.34 million in new annual revenue for Texas, which would:

- ✓ Ensure access to the Texas Tobacco Quitline
- ✓ Increase youth access to prevention programs



E-cigarette products operate in an excise tax loophole that allows these dangerous products to be taxed the same as dental floss or candy.⁷

The Texas Public Health Coalition Recommends:

1. **Protect, restore, and increase Texas Department of State Health Services (DSHS) funding for tobacco prevention and enforcement of tobacco laws.**
2. **Close the excise tax loophole on e-cigarettes and tax at parity with all cigarettes**, including components such as tanks, mods, and liquids.
3. **Raise the cigarette tax** by \$1.50 per pack, from \$1.41 to \$2.91.
4. **Enhance enforcement of the Tobacco 21 law** prohibiting sales of tobacco and e-cigarette products to underage Texans, including increased compliance checks on retailers and enhanced penalties.
5. **Pass a statewide smoke-free air law.**
6. **Oppose any attempts by the tobacco industry to weaken tobacco laws.**

1 <https://www.cancer.org/cancer/risk-prevention/tobacco/health-risks-of-tobacco/health-risks-of-smoking-tobacco.html>

2 <https://www.marchofdimes.org/find-support/topics/pregnancy/smoking-during-pregnancy>

3 <https://www.tobaccofreekids.org/what-we-do/us/statereport/texas>

4 <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/index.htm#TX>

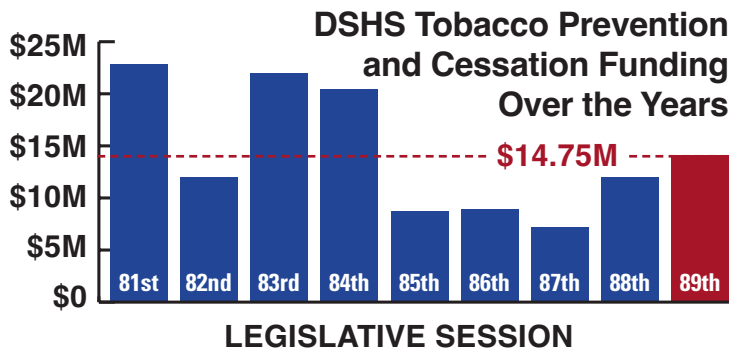
5 <https://www.tobaccofreekids.org/what-we-do/us/prevention-cessation>

6 <https://www.tobaccofreekids.org/problem/toll-us/texas>

7 <https://www.legis.state.tx.us/tlodocs/86R/handouts/C4902020072900001/9808abd9-7d25-4236-835d-1e89b49f4832.PDF>

Increase Lifesaving Tobacco Prevention and Cessation Funding in Texas

Tobacco prevention is greatly underfunded in the state. The Texas Legislature can increase funding and support the DSHS Exceptional Item request of \$2,750,000.



Tobacco use remains the leading cause of preventable death, disease, and disability in Texas, contributing to about 20% of all cancers and about 30% of all cancer deaths in the United States.¹

The Texas Tobacco Prevention and Control Program at the Department of State Health Services (DSHS) funds tobacco prevention and cessation programs for youth, young adults, and adults. States with sustained, well-funded prevention programs have cut youth smoking rates by at least half.²

In FY 24 Texas spent only 2.3% of the CDC recommended level of tobacco prevention and cessation funding.³

Helping Texas Youth and Young Adults

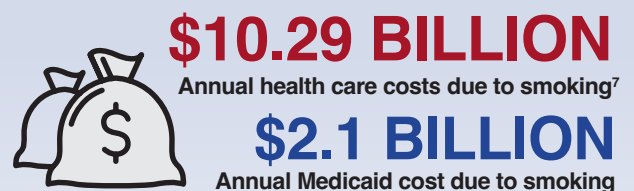
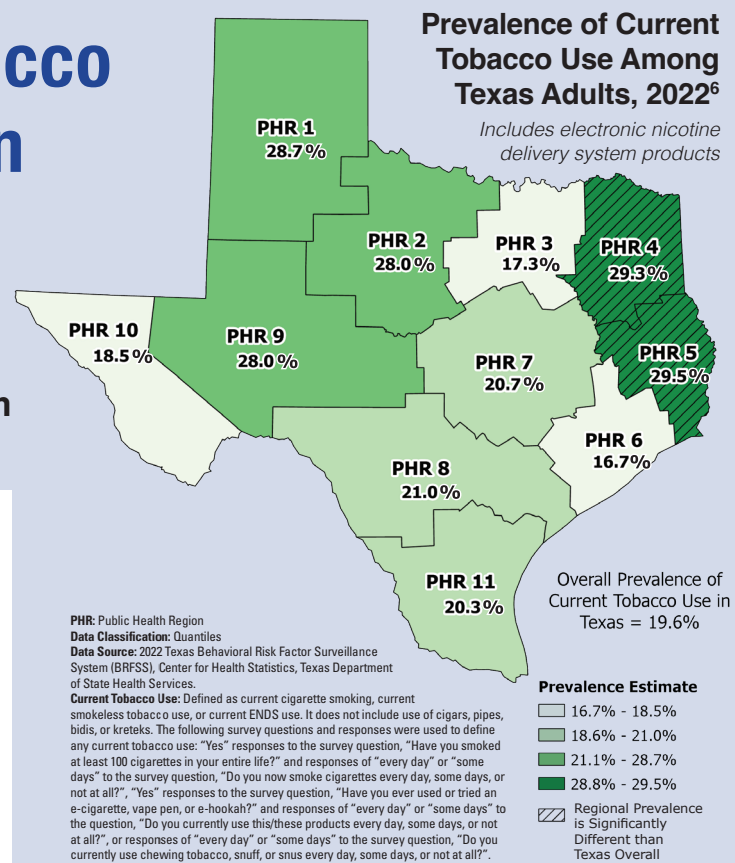
Say What!, the official statewide youth tobacco prevention program, and Peers Against Tobacco, aimed at college students, provide youth with the tools they need to prevent tobacco use and support to quit.⁴

Helping Texans Quit

The Texas Tobacco Quitline provides free cessation services to Texas residents ages 13 and older. Nicotine replacement therapy and quit coaching sessions are also available for adults ages 18 and older. For more information, visit yesquit.org or call 1-877-YES-QUIT.

Empowering Local Communities

Due to funding limitations, only three community coalitions receive state funding to prevent and reduce tobacco use in their communities. These coalitions only cover eight of the 254 counties in the state (only about 3%): Bexar, Ellis, Johnson, Nacogdoches, Houston, Jasper, Shelby, and Tyler. Every community needs local support.⁵



Children who have reported using tobacco products in the past 30 days⁸:



28,030
Texans die from smoking-related causes annually⁹



TEXAS TOBACCO CONTROL COALITION



[texastobaccocontrol](https://www.facebook.com/texastobaccocontrol)

¹ www.cancer.org/cancer/risk-prevention/tobacco/health-risks-of-tobacco/health-risks-of-smoking-tobacco.html

² www.tobaccofreekids.org/what-we-do/us/prevention-cessation

³ www.tobaccofreekids.org/what-we-do/us/state-report/texas

⁴ www.dshs.texas.gov/tobacco/tobacco-prevention-and-control/youth

⁵ www.dshs.texas.gov/tobacco/tobacco-prevention-and-control/community-coalitions

⁶ 2022 Texas Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Statistics, Texas Department of State Health Services

⁷ www.tobaccofreekids.org/problem/toll-us/texas

⁸ www.dshs.texas.gov/sites/default/files/tobacco/11-30-2023%20State%20Report.pdf

⁹ www.tobaccofreekids.org/problem/toll-us/texas



TEXAS TOBACCO CONTROL COALITION

STEERING COMMITTEE



**American
Heart
Association®**
life is why™



**American
Lung Association®**
Texas



**TEXAS MEDICAL
ASSOCIATION**

Physicians Caring for Texans



**TEXAS ACADEMY OF
FAMILY PHYSICIANS**



everychild.onevoice.®



**Texas
Pediatric
Society**

The Texas Chapter of the
American Academy of Pediatrics
INCORPORATED IN TEXAS

THE UNIVERSITY OF TEXAS

**MD Anderson
Cancer Center**

Making Cancer History®

PREVENTING TOBACCO ADDICTION FOUNDATION

**MD Anderson serves as an
educational resource to the coalition.*

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**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

*Dedicated to developing and promoting policies
and programs that prevent obesity in Texas.*

partnershipforahealthytexas.org

[X@txlegeobesity](https://twitter.com/txlegeobesity)

PRIORITIES FOR THE 89TH LEGISLATIVE SESSION





The Partnership for a Healthy Texas began in 2006 and has grown to a coalition of more than 50 organizations. We serve to improve the public health as a valued partner in the fight against obesity and continue to have a concerted influence on Texas policy.

We believe that by working together we can maximize our impact on the health of Texans and drive economic productivity by reducing the burden of chronic disease.

MISSION: To develop and promote state policies that prevent and reduce obesity in Texas.



**Find what works
for Texans**



**Set priorities for
the Legislature**



**Follow through
and track success**

Chair: David Lakey, MD

*Vice Chancellor for Health Affairs and
Chief Medical Officer
The University of Texas System*

Vice-Chair: Clayton Travis

*Director of Advocacy and Health Policy,
Texas Pediatric Society*

Legislative Chair: Joel Romo

Texana Public Affairs

Communications Co-Chair: Klaus Krøyer Madsen

*Managing Partner,
Klaus Madsen Health Solutions, LLC*

Communications Co-Chair: Kara Ihedigbo

*Health Promotion Manager,
Harris County Public Health*

Programs Co-Chair: Tiffni Menendez

*Senior Program Manager,
Michael & Susan Dell Center for Healthy Living
UTHealth School of Public Health Austin Campus*

Programs Co-Chair: Rachel Linton

*Program Manager, Michael & Susan Dell
Center for Healthy Living*

Partnership for a Healthy Texas Committee Membership:



American
Heart
Association.



American
Diabetes
Association.



children
atRisk



TEXAS IS
BEST WHEN
TEXANS ARE
HEALTHY



Healthier,
Happier,
Smarter.



Texas
Hospital
Association



TEXAS MEDICAL
ASSOCIATION
Physicians Caring for Texans



Texas
Pediatric
Society
The Texas Chapter of the
American Academy of Pediatrics
Incorporated in Texas



Educational Resource Partners:





The Partnership for a Healthy Texas has identified three priorities and eight recommended policies for consideration by the 89th Texas Legislature. These policies are aimed at positively impacting the obesity epidemic in Texas.

Priorities for the 2025 Legislative Session:

Drive Systems Change to Meet the Needs of Texas Families

1. Address nutritional needs of low-income families and other non-medical drivers of health through Texas Medicaid.
2. Eliminate administrative hurdles to get enrolled in Medicaid and SNAP by:
 - Notifying parents about their child's eligibility for Medicaid when applying to SNAP
 - Boosting ex parte/administrative renewal rates
 - Fix all known system errors and glitches in TIERS
 - Increase Community Partner Program funding
 - Improved 211 capabilities.

Ensure Children Are Active and Healthy

1. Require school districts to create and institute recess policies that reflect best practices and strengthen physical education requirements.
2. Reinstate health education as a graduation requirement to ensure our children are learning healthy and safe habits for life.

Connect Families with Healthy Food Options

1. Create permanent funding for SNAP Incentives program, Double Up Food Bucks, to increase access to fresh fruit and vegetables by SNAP beneficiaries.
2. Automate 6-month SNAP eligibility checks to decrease burden on families.
3. Keep kids fed by implementing Summer EBT for 2025.

1 ADDRESSING NON-MEDICAL DRIVERS OF HEALTH IN MEDICAID

Adopt a statewide policy framework to better integrate clinical and community services in Medicaid and improve access to healthy foods.

Issue

Research indicates that nonclinical factors, such as where a person lives, works, and plays, contribute to as much as 80 percent of a person's health outcomes.¹ Food insecurity is one of those key drivers of health, and as a result, a driver of higher health care costs. The Center for Disease Control suggests that food insecurity adds about \$53 billion annually to health care cost in the U.S. and up to \$2 billion in Texas.² Access to healthy and nutritious foods can help prevent health issues, chronic diseases like obesity, and the associated health costs.³

Background

Across Texas and the nation, physicians, hospitals, managed care organizations (MCOs), and community entities have been working together to address these factors by connecting patients to services and food resources, recognizing that addressing these needs improves overall health outcomes and reduces costs. In 2022, Texas Medicaid released draft language for a policy allowing providers to be reimbursed for screening patients for food insecurity, among other needs. However, screening is only the first step; if a patient screens positive, connecting them with services, such as a food bank is the next step.

There are more than 4 million Texans who receive healthcare through the Medicaid program. Nearly all are enrolled in a managed care organization (MCO). MCOs have the flexibility to provide services, such as food as medicine programs, that are not formal Medicaid benefits, and many have experimented with pilot programs to provide these services as a cost-effective way of improving clients' care. However, MCOs do not get credit for these activities when rates are set, which discourages scaling of these programs. Texas can address this gap by categorizing food as medicine programs as "in lieu of services," which would allow states to consider the cost and utilization of these services when setting rates for MCOs.

Recommendation

1. Authorize the Health and Human Services Commission (HHSC) to pursue Medicaid financing for medically appropriate, cost effective, evidence-based solutions to address non-medical drivers of health. This could be accomplished via "in-lieu of services" or an 1115 waiver.

Issues at a Glance (a few fast facts/figures):

- Non-medical factors contribute up to 80 percent of a person's health outcomes.
- 4.3 million Texans are enrolled in Medicaid and the Children's Health Insurance Program.
- 32% of US Medicaid beneficiaries often purchase less-healthy food options than they otherwise would because of lack of money, compared to 13% of non-recipients⁴.

1 Magnan S. Social determinants of health 101 for health care: five plus five. NAM Perspectives. Washington, DC: National Academy of Medicine; 2017.

2 Berkowitz SA, Basu S, Gundersen C, Seligman HK. State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. *Prev Chronic Dis* 2019;16:180549. DOI: <http://dx.doi.org/10.5888/pcd16.180549>

3 Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of nutrition*, 140(2), 304–310. <https://doi.org/10.3945/jn.1109.112573>

4 2018 Food and Health Survey. (May 16, 2018) Food Insight. Retrieved from: <https://www.foodinsight.org/2018-food-and-health-survey>.

2 ELIMINATE ADMINISTRATIVE HURDLES FOR FAMILIES TO GET ENROLLED IN SNAP AND MEDICAID

Remove Medicaid and SNAP processing delays due to outdated systems and inefficient processes.

Issue

The Texas Health and Human Services Commission (HHSC) has been grappling with severe delays in processing applications for Medicaid and the Supplemental Nutrition Access Program (SNAP). These delays have persisted for over five years and pose a significant burden on working families. The situation is further compounded by inadequate system capabilities within the Texas Integrated Eligibility Redesign System (TIERS), which has suffered from significant neglect, leading to over-reliance on inefficient manual processes that delay service delivery. Additionally, the existing 211 system struggles to provide accurate support to families navigating the complexities of the application or appeals processes. Finally, most states can use data matching to process 55% or more of applications, saving taxpayers a lot of money in staff time and state resources used for outreach to applicants.¹ Meanwhile, Texas' administrative renewal rate hovers between 4% and 9%.² This means over 90% of applications require a costly and more burdensome process that is more prone to human error. The cumulative effect of these challenges underscores an urgent need for enhanced staffing, improved systems, and better workload management within HHSC.

Background

The end of the federal public health emergency initiated a redetermination of eligibility for millions of Texans, adding to the already substantial workload of HHSC. Although this redetermination process is largely complete, the aftermath continues to strain HHSC resources, predicting several more years of backlog and system inefficiencies. In addition to these challenges, Texas lags significantly behind other states in using data matching technologies that could streamline the eligibility determination process, relying instead on outdated and labor-intensive methods that increase costs and error rates. This inefficiency not only impacts the health outcomes of vulnerable populations but also represents a considerable financial burden on the state due to the inefficient use of resources.

Recommendations

1. Fully fund HHSC's 2026-2027 LAR exceptional item #2: Integrity of Eligibility Determinations.
2. Empower parents to support their children's health by notifying them about their children's eligibility for Medicaid or CHIP health coverage when reviewing their application for SNAP.
3. Invest in HHSC's Community Partner Program and outstationed eligible workers, initiatives designed to harness local organizations' knowledge of their own communities to connect eligible Texans to existing services and programs.

Issues at a Glance (a few fast facts/figures):

- Texas' administrative renewal rate hovers between 4% and 9%, which means over 90% of applications require a costly and more burdensome process
- Texas led the nation with the highest number of children disenrolled from Medicaid during the unwinding

1 Center on Budget and Policy Priorities. Unwinding Watch: Tracking Medicaid Coverage as Pandemic Protections End. (August 2024). <https://www.cbpp.org/research/health/unwinding-watch-tracking-medicaid-coverage-as-pandemic-protections-end?item=28549>

2 Texas Health and Human Services Commission. End of Continuous Medicaid Coverage Reports.

3 DOUBLE UP FOOD BUCKS/ SNAP HEALTHY FOOD INCENTIVE PROGRAM

Continue funding for implementation of the SNAP Incentives program, Double Up Food Bucks, to increase SNAP beneficiaries' access to fresh fruits and vegetables.

Issue

In a time of high inflation, especially for fresh fruits and vegetables, many Texans are having to make tough choices about how to feed their families. SNAP incentive programs help families stretch their food dollars and buy healthier options, which means that children are taught healthy behaviors, establishing lifelong habits that will support their overall health and wellness. SNAP incentives ensure that SNAP participants have greater access to nutritious foods and helps to encourage them to purchase more fruits and vegetables. Without these incentives, thousands of families would not be able to afford fruits and vegetables for their kids. Programs like Double Up Food Bucks implement this program at a local and regional level through federal grants and private funding, but there is a huge opportunity to expand these benefits to rural Texans and others who currently lack access.

Background

SNAP incentive programs like Double Up Food Bucks work by offering SNAP recipients discounts or matching coupons when they spend their benefits on healthy fruits and vegetables. This is a proven program that helps families eat healthier and maintain a healthy lifestyle. In addition to direct benefits for families, these incentives can also address the problem of food deserts by increasing economic activity, which encourages the opening of new stores or markets.

Recommendation

Appropriation of at least \$5 million to the Health and Human Services Commission to implement a SNAP incentive program that allows retailers to offer matching incentives to SNAP recipients who use their benefits to purchase healthy fruits and vegetables.



Issues at a Glance

- Incentive programs benefit some of the most vulnerable populations in our country, reducing food insecurity. Nearly two-thirds of all SNAP participants are children, elderly, and people with disabilities.
- HHSC's 2020 Study on SNAP Fruit and Vegetable Incentives in Texas found that a 30-cent incentive per \$1.00 spent on fruits and vegetable purchases would save \$1.21 billion in healthcare costs over 5 years by preventing 38,782 cardiovascular disease events and gaining 18,928 quality-adjusted life years.

4 AUTOMATE SNAP ELIGIBILITY CHECKS AT 6 MONTHS

Require 12-month certification in SNAP.

Issue

The Texas Health and Human Services Commission (HHSC) is struggling with an overwhelming backlog of SNAP and Medicaid applications, leaving thousands of eligible households in hardship due to delayed access to critical benefits. Despite federal intervention requiring improved timeliness, the backlog persists, with an average wait time of 144 days for new SNAP applications as of August 2024.

Background

As of July 2024, HHSC faced a backlog of around 215,000 SNAP applications and over 310,000 Medicaid applications. The federal government placed HHSC under a Corrective Action Plan, mandating faster processing times. One proposed solution is to implement an automated, six-month eligibility check for SNAP recipients. This periodic reporting system would streamline processing, reduce workload, and allow HHSC to allocate resources more effectively.

Recommendations

1. Adopt a periodic reporting system that utilizes verified data sources to simplify mid-certification checks and reduce processing workload.
2. Following Georgia's model, Texas could achieve a 25% workload reduction, potentially saving over \$33 million annually by instituting periodic reports.
3. Periodic reporting will minimize the risk of human error in data handling and eligibility determination. Fewer errors result in fewer costly corrections and adjustments.

Issues at a Glance

- 2215,000 SNAP applications, 310,000 Medicaid applications as of July 2024.
- 144 days for new SNAP applications as of August 2024.
- Estimated savings of over \$33 million annually with automated periodic reporting.
- Federal Corrective Action Plan mandates improved processing timeliness.

5 RECESS POLICIES FOR SCHOOLS

Require school districts to create and institute recess policies that reflect best practices and strengthen physical education requirements.

Issue

Recess provides children with health, social, and academic benefits, yet no statewide policy recommendations exist.

Since 2003, Texas Education Code has required local school health advisory councils (SHACs) to make policy recommendations concerning daily recess for elementary school students, but the state provides no specific guidance to build these recommendations, nor any expectation that the boards adopt a district policy. Regular activity breaks in the school day are necessary for student success. State guidance is needed to ensure districts provide all students adequate recess time for their academic, social, and mental wellbeing.

Background

Recess is considered unstructured time for physical activity during the school day, and should not be considered as part of a comprehensive physical education program. Recess allows children the opportunity to practice life skills such as cooperation, taking turns, following rules, sharing, communication, negotiation, problem solving, and conflict resolution. Recess also provides the creative social and emotional benefits of play.

The National Association for Sport and Physical Education (NASPE) recommends at least 20 minutes of recess each day for all children. According to a study, *The Status of School Recess in Texas School Districts*, high-performing school districts were twice as likely to have a recess policy safeguarding the minimum amount of time students have for recess. Guideline compliance depends on awareness, enforcement, and implementation guidance.

Recommendations

1. Direct TEA to develop model policies on recess periods during the school day that encourage unstructured, age-appropriate outdoor playtime for at least twenty minutes daily. Model policies should state that physical activity cannot be withheld from a student as a form of punishment.
2. Require each school district board to implement a model recess policy based on the TEA model policies and recommendations from the local SHAC. Districts shall report their policies to TEA and include on their district website.

Issues at a Glance (a few fast facts/figures):

- 80.4% of Texas Youth do not meet the daily recommended 60 minutes of physical activity.
- 93.27 % of the 684 ISDs responding to the 2022-2023 TEA School Health Survey stated there was no policy regarding withholding physical activity from students as punishment.



6 RESTORE HEALTH EDUCATION AS A GRADUATION REQUIREMENT

Reinstate health education as a graduation requirement to ensure our children are learning healthy and safe habits for life.

Issue

Texas students are not receiving consistent information throughout their education to make healthy decisions as they progress through adolescence.

A comprehensive skills-based health education program is a critical component to a high school student's well-rounded education and is needed to support healthy and academically successful students.

Various state mandates require schools to implement specific topics such as bullying prevention, tobacco prevention, suicide prevention, Parenting and Paternity Awareness (PAPA), and CPR instruction, yet the avenue for implementation (Health Education) is not required. Of the 663 school districts responding to the School Health Survey for the 2022-23 academic year, 49% do not require health education as a graduation requirement.

Background

In 2009, the Texas Legislature cut health education as a high school graduation requirement. This greatly decreased the number of students exposed to critical information around drug use, healthy relationships, mental health, infectious disease control, suicide awareness and prevention, and even topics like responsibility and compassion.

Adolescents who participate in health education are better able to access, understand, and advocate for health information and services. This can help students maintain or enhance their health and influence the health behaviors of those around them or in their care.

Health education can enhance efforts to decrease absenteeism, reduce risky behavior, promote social and emotional health, prevent disease, increase suicide awareness, and increase students' ability to be college and career ready.

Recommendation

1. Restore the requirement that all Texas high school students receive the 0.5 health education credit as a graduation requirement.

Issues at a Glance

- 0 credits in Health Education are required for high school graduation in Texas
- 1 venue (Health Education) for a variety of REQUIRED state health topics; 0.5 credits should be restored as a high school graduation requirement.
- 49% of ISDs reporting in the 2022-23 TEA School Health Survey do NOT require health ed as a grad requirement.
- Rate of calls concerning suspected suicide in young women 13 -19 (high school age) DOUBLED from 2005-2021.



7 KEEP KIDS FED BY IMPLEMENTING SUMMER EBT

Summer EBT Implementation & Funding to feed kids during the summer.

Issue

Millions of children lose access to essential nutrition during summer when school meals are unavailable, creating a seasonal spike in child hunger. Texas, home to the highest number of food-insecure children in the U.S., missed out on federal food aid from Summer EBT in 2024, underscoring the urgent need for action.

Background

During the summer, many children face increased hunger as they lose access to school-provided meals. The USDA's Summer EBT (Electronic Benefit Transfer) program aims to address this issue by providing food benefits to low-income families with school-aged children when school is out.

Summer EBT is entirely federally funded for benefits, with administrative costs shared between state and federal sources. To qualify for Summer EBT, families must meet the income requirements for the National School Lunch Program or be directly certified through SNAP or Medicaid.

Number of Household Members	Total Household Income	
	Free	Reduced
1	\$19,578	\$27,861
2	\$26,572	\$37,814
3	\$33,566	\$47,767
4	\$40,560	\$57,720

Issues at a Glance

- In Texas, where 1 in 4 children experience hunger, an estimated 3.75 million children would be served by Summer EBT.
- USDA estimates that Texas would receive approximately \$450 million in federal food aid through Summer EBT, which would positively impact local economies, especially in rural areas.

Families of children not enrolled in one of these programs can apply for Summer EBT by submitting an application. Summer EBT provides families with \$120 in food benefits per eligible child on an EBT card, which families can use like a debit card to purchase groceries.

In Texas, where 1 in 4 children experience hunger, an estimated 3.75 million children stand to benefit from approximately \$450 million in federal food aid through Summer EBT, which could also positively impact local economies, especially in rural areas. However, Texas missed out on the program in 2024 due to a lack of state action.

Recommendations

1. Texas Legislature should act promptly to direct HHSC to implement Summer EBT, enabling program launch by summer 2025.
2. Improve awareness among eligible families about Summer EBT and streamline enrollment to maximize participation.
3. Emphasize the dual benefit of Summer EBT in combating child hunger and boosting local businesses, particularly in rural areas where the economic impact can be significant.



Prevent Suicide and Support Texans' Mental Health

Suicide rates in Texas increased by 36.7% from 2000-22.¹ Preventing suicide must be a priority.

Open discussions about mental health and suicide prevention can reduce stigma and save lives.² Symptoms of depression and anxiety can make suicide seem like the most logical and appropriate option, making it less likely that people in crisis will reach out for support.

Evidence-based strategies to reduce suicide risk:³



Create safe environments: Reduce access to lethal means, promoting safe firearm storage, and preventing substance use disorders.



Improve access to care: Encourage health insurance plans to cover more mental health conditions and services, including crisis intervention, and grow the behavioral health workforce, including psychiatrists and other professionals.



Support school-based health clinics and education programs: These promote skill building to handle bullying and conflicts, problem solving, developing healthy peer relationships, and engaging in activities to prevent suicide and substance use.⁴



Prevent future risk: Support programs that intervene after suicidal behavior to support individuals, families, schools, and communities.

Models that improve behavioral health care delivery:

- **Integrative Behavioral Health (IBH) and Collaborative Care:** These care models bring together primary care physicians and other providers, psychiatrists, psychologists, social workers, case managers, and other specialists in a single setting. They are able to assess and utilize measurement tools to improve treatment outcomes, effectively reducing depression and suicidal thoughts.^{5,6}
- **Telemedicine and telehealth in Texas:** A proven care option that strengthens behavioral health care access, improves care timeliness, leverages communication tools, saves costs, and enhances integrative models. Programs like Child Psychiatry Access Network (CPAN), Perinatal Psychiatry Access Network (PeriPAN), and Texas Child Health Access Through Telemedicine (TCHAT) support mental health.

The Texas Public Health Coalition Recommends:

1. Support and help initiate school-based health clinics throughout Texas.
2. Support high quality state mortality data that is accessible for suicide prevention researchers.
3. Support access to telemedicine and telehealth services. CPAN has been an excellent provider-to-provider tool to identify and treat behavioral health issues; continued funding will support access.
4. Support payment parity for telemedicine and telehealth-delivered behavioral health care and access to the continuum of care.



**ADULTS AGES 25-29
EXPERIENCED THE GREATEST
INCREASE IN SUICIDE MORTALITY
(69%) FROM 2000-2022**

Source: Texas Department of State Health Services, Texas death certificate data, healthdata.dshs.texas.gov/dashboard/mental-health/mental-health

SOURCES

1. <https://www.hhs.texas.gov/sites/default/files/documents/leg-report-suicide-prevention-tx-nov-2022.pdf>
2. <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-crisis-services/suicide-prevention>
3. <https://www.cdc.gov/suicide/pdf/preventionresource.pdf>
4. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3770486/>
5. <https://www.apa.org/health/behavioral-integration-fact-sheet>
6. <https://www.nimh.nih.gov/health/topics/suicide-prevention>
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Additional Resources on Suicide Prevention and Mental Health in Texas



We can all help to recognize the signs of a crisis, ask direct questions about suicide risk, and provide support and resources.

PREVENTION STRATEGIES

- Talk openly about mental health and suicide prevention to reduce stigma and save lives by encouraging those with symptoms of depression and anxiety to reach out to support systems.
- Prevention emphasizes the importance of recognizing crisis signs, asking direct questions about suicide risk, and providing information about available resources. This better equips the community to support those in need.
- **Understand the risk factors:**¹
 - » Adverse Childhood Experiences (ACEs)
 - » Historical trauma and discrimination
 - » Depression, anxiety, and substance/alcohol use disorders
 - » Chronic pain
 - » Previous suicidal behavior
 - » Hopelessness
 - » Family history of suicidal behavior
- **Recognize warning signs:**²
 - » *Talking about:*
 - › Wanting to die
 - › Great guilt or shame
 - › Being a burden to others
 - » *Feeling:*
 - › Empty, hopeless, trapped, or having no reason to live
 - › Extremely sad, more anxious, agitated, or full of rage
 - › Unbearable emotional or physical pain
 - » *Changing behavior, such as:*
 - › Making a plan or researching ways to die
 - › Withdrawing from friends, saying goodbye, giving away important items, or making a will
 - › Taking dangerous risks such as driving extremely fast
 - › Displaying extreme mood swings
 - › Eating or sleeping more or less
 - › Using drugs or alcohol more often
- **Utilize evidence-based strategies to reduce suicide risk:**³
 - » **Create safe environments** by reducing access to lethal means, promoting safe firearm storage, and reducing substance use.
 - » **Improve access to care** by encouraging health insurance plans to cover more mental health conditions and services, including crisis intervention, and grow the behavioral health workforce, including psychiatrists and other professionals.
 - » **Support school-based health clinics and education programs**, which promote skill building to handle bullying and conflicts, problem solving, developing healthy peer relationships, and engaging in activities to prevent suicide and substance use.⁴
 - » **Offer training** to a wide range of professionals and community members so they can identify and respond to those at risk.
 - » **Prevent future risk** by intervening after suicidal behavior to support individuals, families, schools, and communities.
 - » **Provide broad messaging about evidence-based prevention practices** such as Safety Planning Intervention.^{5,6}
 - » Support and strengthen families' **financial security**.

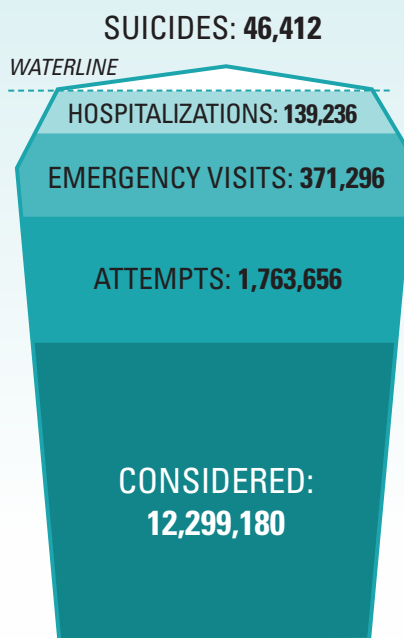
Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, 2023⁸

36.8%

TEXAS

32.3%

UNITED STATES



The iceberg diagram represents the different aspects of suicidal behavior.⁹ The tip of the iceberg represents the number of suicides among adults in the U.S. in 2021, while the larger numbers below the waterline show the other impacts, such as hospitalizations for self-harm, emergency department visits related to suicide, self-reported suicide attempts, and serious considerations of suicide in the past year.

TECHNOLOGY USE AND MENTAL HEALTH

Current evidence suggests that excessive or 'problematic' use of **social media/internet** increases suicide risk.⁷ Take steps to address the harmful impacts of addictive social media or internet use.

- Promote established guidelines for families, physicians, and other providers on the healthy use of technology, such as those developed by the American Psychological Association, the American Academy of Pediatrics, and others.
- Support more research and education on the growing impacts of social media, smartphone use, and overall technological advancements on physical, developmental, and mental health.



Additional Resources on Suicide Prevention and Mental Health in Texas

We can all help to recognize the signs of a crisis, ask direct questions about suicide risk, and provide support and resources.



FURTHER RESOURCES ON SUICIDE PREVENTION:

- Responsible reporting (media guidelines for discussing suicide): <https://afsp.org/safereporting/>
- American Foundation for Suicide Prevention (AFSP) policy recommendations: <https://afsp.org/public-policy-priorities/>
 - › AFSP risk factors and warning signs: <https://afsp.org/risk-factors-protective-factors-and-warning-signs/>
 - › AFSP suicide statistics: <https://afsp.org/suicide-statistics/>
 - › AFSP "After a Suicide School Toolkit": <https://afsp.org/after-a-suicide-a-toolkit-for-schools/>
- 988 Suicide and Crisis Lifeline: a new telephone code that provides 24/7, free and confidential support to people in suicidal crisis or emotional distress (<https://www.samhsa.gov/find-help/988>)
- Mental Health First Aid (MHFA): <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/behavioral-health-services/mental-health-first-aid-training>



SOURCES

1. <https://www.cdc.gov/suicide/pdf/preventionresource.pdf>
2. <https://www.nimh.nih.gov/health/publications/warning-signs-of-suicide>
3. <https://www.cdc.gov/suicide/pdf/preventionresource.pdf>
4. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3770486/>
5. Stanley B, Brown GK, Brenner LA, Galfalvy HC, Currier GW, Knox KL, Chaudhury SR, Bush AL, Green KL. Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department. JAMA Psychiatry. 2018 Sep 1;75(9):894-900. doi: 10.1001/jamapsychiatry.2018.1776. PMID: 29998307; PMCID: PMC6142908. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2687370#google_vignette
6. <https://suicidesafetyplan.com/>
7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6791504/#sec12>
8. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/texas>
9. <https://www.cdc.gov/suicide/facts/index.html>