The mission of Methodist Healthcare Ministries of South Texas, Inc. (MHM) is “Serving Humanity to Honor God” by improving the physical, mental and spiritual health of those least served in the Rio Texas Conference area of The United Methodist Church. These services include primary care medical and dental clinics, support services like counseling, case management and social services, family wellness and parenting programs and church-based community nursing programs.

MHM also works with similarly focused organizations and state government in developing more socially conscious public policy to change legislative perspectives and policies so that the root of the problems of the underserved is addressed for the long-term.

The mission also includes MHM’s one-half ownership of the Methodist Healthcare System—the largest healthcare system in South Texas.
Texas ranks 49th in overall mental health spending per capita at $38.99. The national state average is $120.56, with the highest state spending at $346.92 per capita. Investing in quality mental health care services and encouraging community collaborations which provide integrated delivery support systems will result in better social and integrated behavioral health outcomes for the community. The economic value of providing appropriate mental health services can be measured in avoided costs to hospitals and the criminal and juvenile justice systems.

Integration of physical and behavioral health care systems is also central to enhancing the quality, and lowering the cost, of health care in Texas. Approximately, 68% of adults with mental disorders also have medical disorders and 29% of adults with medical disorders also have mental health disorders. Individuals with both chronic physical health and mental health conditions have care costs that are 60-75% higher than those with physical health conditions alone. Successful integration requires local flexibility, committed ongoing collaboration between physical health and behavioral health providers, and incorporating cross payer coordination for reimbursement rates and services.

Recommendations:
• Support integrated behavioral health delivery systems.
• Increase funding and investment in behavioral health to accommodate population and caseload growth.
• Identify and invest in funding strategies to address the gap in mental health workforce shortage.

Women’s preventive health care—which encompasses well woman care, annual exams and screenings for cancer, mental illness, diabetes and other diseases—is a public health issue and should be included as part of basic healthcare services provided to all women.

In Texas, nearly 1.3 million low-income women age 20 to 44 need access to affordable, preventive care. At most, the state has the capacity to reach about 330,000 women. To respond to the demand, the Texas Women’s Healthcare Coalition (which MHM helped to establish and fund) estimates Texas will need to invest an additional $265 million per year—that’s more than twice what is currently appropriated. Access to resources that help plan the timing and size of families is essential to reducing poverty, improving education levels, addressing health disparities and strengthening Texas’ workforce.

Nationally, Texas is 1st in the percentage of women between the ages of 19 to 64 that do not have health insurance. Even for women with health insurance, accessibility and a shortage of providers creates obstacles to receiving care. This issue is exacerbated in the rural areas where primary care physicians are in short supply (24 counties), and where health care clinics are few and far between (47 counties). The majority of counties in Texas are rural which has a significant impact on access to basic health care services for communities already in need.

Recommendations:
• Reduce barriers and improve access for women’s preventive healthcare services.
• Increase and improve healthcare provider capacity by reducing barriers to participation.
• Maintain and strengthen the state’s three essential women’s health programs.

There are 26.5 million Texans, and each year the population continues to grow. According to Lloyd Potter, the current state demographer, one third of the top 40 fastest growing counties in the United States are in Texas. Estimates indicate Texas’ population increases by 1,000 people every single day.

There are 5.8 million Texans living in Health Professional Shortage Areas (HPSAs). Of the state’s 254 counties, 177 have an all or partial health professional shortage area designation as reported by the U.S. Health Resources and Services Administration—81% of those counties have shortages for mental health services.
The shortages are more significant in rural Texas.

**Recommendations:**

- Invest in academic institutions, with focus on those serving border and rural Health Professional Shortage Areas (HPSAs).
- Invest in all health and human service providers such as: primary and specialty care physicians, dentists and hygienists, registered and advanced nursing professionals and community health workers, psychiatrists, social workers, and counselors.
- Expand telemedicine to improve accessibility.

**By 2030, obesity will be responsible for thousands of new cases of cancer, diabetes, arthritis, stroke and hypertension, and will cost Texas businesses more than $30 billion. Children, youth and populations that typically have low rates of insurance coverage have some of the highest rates of obesity. This is particularly problematic in Texas as the state has the highest rate of uninsured in the nation.**

Diabetes affects 29 million Americans and costs the U.S. $245 billion annually. It is the 7th leading cause of death nationally, and the 6th in Texas. Nearly 2 million Texans live with diabetes. Texas leads the nation in the average inpatient annual costs associated with diabetes, with 27% of hospital stays related to diabetes.

According to the 2001-2003 National Comorbidity Survey Replication, 68% of adults with mental disorders also had at least one general medical disorder, and 29% of adults with medical disorders had a comorbid mental health condition. In 2008, *The Journal of the American Board of Family Medicine* identified the depression rate in South Texas among Hispanic patients with Type 2 diabetes at 39%.

**Recommendations:**

- Strengthen policies that support access to affordable and healthy foods, physical education, and lifestyle changes for communities and public schools.
- Strengthen policies that support evidence-based practices for co-morbidity, including A1C management.
- Fund public health initiatives that educate Texans about the relationship between sugary drinks, and Type II diabetes and obesity, as well as promote the consumption of water.

**Texas has the highest uninsured rate nationally, with 6 million Texans uninsured.**

Under the nation’s health law, every person could obtain health care coverage if their state accepted a coverage plan or if they qualify for the insurance marketplace. Texans in the Coverage Gap are uninsured adults who can’t get affordable health insurance from either Texas Medicaid or the Marketplace, and whose low-wages disqualify them for generous premium assistance. There are more than one million working Texans in the Coverage Gap.

Texas Medicaid for adults provides coverage to parents earning $313 a month for a family of three—that’s less than $4,000 annually (19% of the federal poverty level). Texans in the Coverage Gap include 66,000 veterans and their spouses, Texans living with a mental illness or disability, as well as those working full-time in industries such as retail, construction, child care, hospitality, health care, or food service.

**Recommendations:**

- Leverage federal healthcare funds to ensure low-wage Texans have options for affordable healthcare coverage.
- Close the coverage gap for working Texans at or near poverty incomes.
As a faith-based organization, Methodist Healthcare Ministries of South Texas, Inc.’s (MHM) public policy agenda and advocacy efforts are guided by the Social Principles of The United Methodist Church. The policy agenda is carried out by increasing the public’s understanding of how health policies impact their communities; strengthening and cultivating relationships with other groups concerned with health policy; and advocating for policies that enhance the health and well-being of families and their communities.

MHM supports legislative and advocacy initiatives that aim to: increase access to primary care and mental health services in the public and private sectors; increase state efforts at addressing the prevention of chronic illness—particularly obesity and diabetes; promote state policies that strengthen the social, educational and economic opportunities that improve health outcomes for families; and support policies that develop health information technology for organizations that serve low-income populations.

Other issues MHM supports and monitors include improved access to oral health treatment to low-income populations and the uninsured; and improved access to health care for immigrants.