



Statewide Health Coordinating Council 2024 State Health Plan Update

**As Required by
Texas Health and Safety Code
Section 104.021-104.026**

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Executive Summary

The State Health Plan biennial update is prepared in compliance with the [Texas Health and Safety Code, Section 104.021 – 104.026](#) under the guidance of the Statewide Health Coordinating Council (SHCC). The State Health Plan must identify major statewide health concerns, the availability and use of current health resources, and future health service, information technology, and facility needs.

The 2024 update focuses on three topics, each with specific recommendations:

Supply and distribution of the health care workforce.

1. Support, enhance, and examine the effectiveness of programs that strengthen the supply of health professionals.
2. Support the use of creative staffing models and leverage technology to strengthen the supply of health professionals.

Incidence and prevalence of substance use disorders (SUDs).

3. Provide outreach, education, and connection to care regarding substance use disorders with a focus on children, young and older adults 60+ years old.
4. Assess and address gaps in existing data repositories on substance use disorders.
5. Exclude testing equipment and strips from the list of banned drug paraphernalia.
6. Require the reporting of the use and outcomes of allocated funds from Opioid Settlement Funds.

Interrelationship of non-medical health risk factors and access to care.

7. Implement strategies, and provide necessary resources, to expand access to existing state food programs.
8. Establish a task force to examine the availability of affordable housing and recommend strategies to increase access.
9. Enhance connections and coordination between state health and housing programs.

10. Invest in dedicated housing navigators and health benefits coordinators who assist individuals in locating and sustaining housing and applying for and maintaining social benefits.
11. Identify ways to expand access to telehealth services for underserved populations by creating spaces to access care in the community.

Introduction

Texas Health and Safety Code, [Chapter 104](#), establishes the SHCC and outlines requirements for the State Health Plan. The stated purpose of Chapter 104 is to ensure that health care services and facilities are available to all citizens in an orderly and economical manner.

Keeping this purpose in mind, the SHCC divided the 2024 State Health Plan Update into three sections, each with a specific focus.

- Availability of the health care workforce and strategies to strengthen the supply of health care professionals and address projected shortages.
- Incidence and prevalence of SUD and strategies to reduce drug-related deaths.
- Opportunities to close gaps in health services by expanding access, coordination, and connection between health and social programs.

The plan provides examples of programs and initiatives that have been implemented to address each of these focus areas.

Health Care Workforce

Two SHCC recommendations focus on the supply and distribution of the health care workforce. The availability of professionals impacts overall health. To address current and future health care workforce issues, the SHCC concentrated on ways to increase supply, as well as ways to use current staff more efficiently.

Recommendation 1: Support, enhance, and examine the effectiveness of programs that strengthen the supply of health professionals.

Projected shortages in the health care workforce have been identified at both the national and state levels.^{1,2} These shortages impact various areas, including allied health, primary care, nursing, oral health, and behavioral health. To address these gaps and enhance health care outcomes, several programs have been created.

- Loan repayment;
- Scholarships;
- Grant education; and
- Clinical education initiatives.

It is essential to secure sufficient funding and continually assess, refine, and enhance these programs to achieve their long-term objectives. Descriptions of a few programs are below. However, these are not the only strategies. Similar programs can be established and funded to address the shortages in health care professions.

Allied Health Programs

Allied health workers include therapists, radiologic technologists, and laboratory technologists. In 2021, health care facilities hired temporary allied health workers

¹ Texas Health Data - Workforce Supply & Demand Projections.

<https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/workforce-supply-and-demand-projections>. Accessed January 23, 2024.

² Projecting Health Workforce Supply and Demand | Bureau of Health Workforce.

<https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>. Accessed January 23, 2024.

to address increased demand for services, help existing staff, and lower turnover.³ The federal Health Resources and Services Administration (HRSA) projected national shortages through 2036 for respiratory therapists, physical therapists, pharmacists, and podiatrists.² However, there are no Texas specific HRSA projections for allied health professions. Because allied health and support staff play a vital role in the well-being and safety of providers and patients, it is important to assess their supply and demand.

Junior colleges offer credentialing programs for allied health professions. [House Bill 8](#), 88th Legislature, Regular Session, 2023, amended Texas Education Code, [Section 7.040](#), to increase the number of Texans pursuing allied health credentialing at junior colleges. Highlighting these professions could motivate students to pursue health care careers, ultimately contributing to the reduction of shortages.

Graduate Medical Education (GME) Programs

Overall, there is a projected unmet demand of physicians, particularly primary care specialties. The physician workforce can be strengthened through continued funding of GME. Currently, there are fewer residency training slots than graduating medical students. Focus on creating an equal number of graduates and residency slots would help address supply shortages for physicians. The GME system could be further enhanced by creating targeted programs that focus on high need specialties such as family practice or emergency trauma care.^{4,5,6}

Oral Health Programs

Over the next 15 years, projections show shortages in dental hygienists and general dentists, with shortages greater in nonmetropolitan areas.² A strategy used

³ AMN Healthcare. *AMN Survey of Temporary Allied Healthcare Professional Staff Trends 2021*. <https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-survey-of-temporary-allied-healthcare-professional-staff-trends-2021.pdf>. Accessed January 23, 2024.

⁴ Texas Hospital Association. 2023 Graduate Medical Education White Paper. <https://www.tha.org/wp-content/uploads/2023/03/2023-GME-White-Paper.pdf> Accessed April 16, 2024.

⁵ Texas Education Code, Section 61.9801. <https://statutes.capitol.texas.gov/Docs/ED/htm/ED.61.htm#61.9801>. Accessed April 26, 2024.

⁶ Texas Education Code, Section 61.501. <https://statutes.capitol.texas.gov/Docs/ED/htm/ED.61.htm#61.501>. Accessed April 26, 2024.

by the Texas Higher Education Coordinating Board (THECB) was the Dental Education Loan Repayment Program (DELRP). The intent of DELRP was to recruit and retain qualified dentists to provide services in areas of the state experiencing a shortage of oral health professionals. However, the Legislature has not appropriated funds for DELRP since fiscal year 2017. Reinstating funding for DELRP could help address oral health workforce shortages.⁷

Nursing Programs

The THECB administers programs that could be expanded to increase the supply of nurses. All these programs focus on enhancing different aspects of nursing education to address workforce shortages.

- The proportion of full-time faculty in professional nursing programs has been declining over time.⁸ The Nursing Faculty Loan Repayment Assistance Program focuses on strengthening the nursing workforce by reducing the shortage of nursing faculty.⁹
- The Professional Nursing Shortage Reduction Program provides grants to increase the number of nursing graduates. It aims to address the shortage of registered nurses in the state.¹⁰
- The Nursing Innovation Grant Program supports simulation capabilities and the availability of clinical training.¹¹ The program was set to expire in 2023 and was extended until August 31, 2027.

⁷ Texas Higher Education Coordinating Board. Dental Education Loan Repayment Program. <http://www.hhloans.com/index.cfm?objectid=A858D4F3-9091-10A5-7F8ECD234E5CE6CA>. Accessed April 16, 2024.

⁸ Texas Health Data - Professional Nursing Education. <https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/tcnws/professional-nursing-education>. Accessed April 16, 2024.

⁹ Nursing Faculty Loan Repayment Assistance Program. <http://www.hhloans.com/index.cfm?objectid=6EC88EE0-EF29-D582-723EFB6504F64C07>. Accessed May 22, 2024.

¹⁰ Nursing Shortage Reduction Program. Texas Higher Education Coordinating Board. <https://www.highered.texas.gov/our-work/supporting-our-institutions/institutional-grant-opportunities/nursing-shortage-reduction-program/>. Accessed April 16, 2024.

¹¹ Nursing Innovation Grant Program. Texas Higher Education Coordinating Board. <https://www.highered.texas.gov/our-work/supporting-our-institutions/institutional-grant-opportunities/nursing-innovation-grant-program/>. Accessed April 19, 2024.

- [Senate Bill \(SB\) 25](#), 88th Legislature, Regular Session, 2023, expanded the eligibility for scholarships and loan repayment through the Nursing Scholarship Program.
- [SB 25](#) also established four programs to support clinical training for nurses: the Clinical Site Nurse Preceptor Grant Program; the Clinical Site Innovation and Coordination Program; the Nursing Faculty Grant Program: Part-time Positions; and the Nursing Faculty Grant Program: Clinical Training. However, funding for these programs has not been allocated.

Behavioral Health Programs

HRSA projected national shortages from 2022 to 2036 in behavioral health occupations, including: addiction counselors, mental health counselors, psychologists, psychiatrists, marriage and family therapists, and school counselors.² In Texas, the projected unmet demand for all behavioral health providers was 16 percent in 2022 and is projected to increase to 28 percent by 2036.¹

The behavioral health workforce can be strengthened through the expansion of the Loan Repayment Program for Mental Health Professionals.¹²

Recommendation 2: Support the use of creative staffing models and leverage technology to strengthen the supply of health professionals.

During the COVID-19 pandemic, health care providers faced burnout, stress, and lack of support, leading many to leave the workforce.¹³ To address the challenges posed by increased demand and staff turnover, some employers turned to creative

¹² Texas Higher Education Coordinating Board. Mental Health Professionals Loan Repayment Program. <http://www.hhloans.com/index.cfm?objectid=E27A2130-C7DC-11EC-B45B0050560100A9>. Accessed April 16, 2024.

¹³ Johnson S. Staff Shortages Choking U.S. Health Care System | Healthiest Communities. <https://www.usnews.com/news/health-news/articles/2022-07-28/staff-shortages-choking-u-s-health-care-system>. Published July 28, 2022. Accessed April 29, 2024.

staffing models.^{14,15} These models can be evaluated and adapted to mitigate current workforce stress and burnout, as well as recruit and retain valuable staff.

In 2022, the Texas Department of State Health Services (DSHS), conducted a study on hospital nurse staffing.¹⁶ Among surveyed hospitals, nearly 40 percent implemented staffing model changes in response to the COVID-19 pandemic, including:

- Increasing or decreasing patient-to-staff ratios;
- Adopting team nursing;¹⁷
- Incorporating licensed vocational nurses (LVN); and
- Using nurse extenders (technical staff trained to assist nurses).

Most hospitals that adopted these changes expressed intent to continue them. Long-term care facilities also used strategies such as:

- Flexible hours; and
- Increased staff numbers.

Another staffing change used to address shortages includes using LVNs to their full scope, allowing acute and critical care nurses to focus on bedside care tasks.¹⁸ Legislative changes to reduce restrictions on independent practice for nurse

¹⁴ Schreiber Radis E. To Offset Nurse Burnout, One Health System gets Creative | Deloitte US. Health Forward Blog. <https://www2.deloitte.com/us/en/blog/health-care-blog/2023/to-offset-nurse-burnout-one-health-system-gets-creative.html> Published March 7, 2023. Accessed February 21, 2024.

¹⁵ American Hospital Association. Strengthening the Health Care Workforce. <https://www.aha.org/system/files/media/file/2022/09/Strengthening-the-Health-Care-Workforce-Complete-20220909.pdf> Published 2022. Accessed April 29, 2024.

¹⁶ Texas Center for Nursing Workforce Studies. 2022 Long Term Care Nurse Staffing Study - COVID-19. https://www.dshs.texas.gov/sites/default/files/chs/cnws/LTCNSS/2022/2022_LTCNSS_COV_ID.pdf Published 2022.

¹⁷ Kaiser Permanente. Team Nursing Model/Approach During a Pandemic Crisis. https://calhospital.org/wp-content/uploads/2021/04/kp_scal_team_nursing_overview_v4.pdf Published online 2021. Accessed July 16, 2024.

¹⁸ Chamberlain University. Rethinking Nurse Staffing Models. https://www.aonl.org/system/files/media/file/2021/05/Exec_Insights_Chamberlain_rev5_0.pdf Published 2021. Accessed February 21, 2024.

practitioners could strengthen the primary care workforce in rural areas facing acute shortages.

Other examples of creative staffing models include using internal staffing teams, like a substitute-teacher model. These teams support several locations in hospital systems allowing them to adjust to changes in demand. Although these examples of staffing models apply to nursing, creative and adaptive staffing models can be implemented in any profession.

Leveraging telemedicine and telehealth resources can be used as a tool to address workforce shortages. Virtual visits reduce the need for patients and providers to travel. Remote patient monitoring allows health care providers to track patient health from various locations. Integrating onsite care with virtual or remote delivery can optimize patient care. However, achieving seamless communication between electronic health records and patient monitoring equipment is essential.¹⁹ There needs to be interoperability across different vendors and implementation levels to ensure effective integration of technologies.²⁰

In addition, telehealth can be leveraged as a tool for remote supervision of clinician training. Some benefits of remote supervision are increased access to evidence-informed training and expert advice, reduced travel costs, elimination of geographical barriers, and greater scheduling flexibility.²¹ However, one barrier to remote supervision is the limit on supervised hours allowed via electronic means by some licensing boards and accrediting bodies. During the COVID-19 pandemic, this and other limitations were temporarily modified, removed, or lessened.²² These strategies could be evaluated to determine those that strengthened the health care workforce.

¹⁹ American Nurses Association. *Nurse Staffing Think Tank: Priority Topics and Recommendations*.

<https://www.nursingworld.org/~49940b/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-think-tank-recommendation.pdf> Published 2022. Accessed April 22, 2024.

²⁰ Bernstam EV, Warner JL, Krauss JC, et al. Quantitating and assessing interoperability between electronic health records. *J Am Med Inform Assoc*. 2022; 29(5):753-760. doi:10.1093/jamia/ocab289

²¹ Perle JG, Zheng W. A Primer for Understanding and Utilizing Telesupervision with Healthcare Trainees. *J Technol Behav Sci*. Published May 19, 2023. doi:10.1007/s41347-023-00322-5

²² American Psychological Association. COVID-19 Updates and Information. <https://accreditation.apa.org/covid-19> Accessed April 22, 2024.

Incidence and Prevalence of Substance Use Disorders

SUD occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment at work, school, or home.²³ Reducing the prevalence of SUD and drug-related deaths can have a significant impact on overall health.

Recommendation 3: Provide outreach, education, and connection to care regarding substance use disorders with a focus on children, young and older adults 60+ years old.

Opioid misuse is a major public health issue. In 2022, almost 60 percent of drug-related deaths involved opioids. Texas opioid-related deaths increased from 936 in 2006 to 2,782 in 2022. In 2021, the highest rate of opioid-related emergency department (ED) visits was among 18 to 44 years olds (102.6 per 100,000 ED visits), followed by 65 to 74 year olds and 45 to 64 year olds (74 and 73.3 per 100,000 ED visits, respectively). Similarly, in 2022, the highest rate of drug-related deaths was highest for 18 to 44 year olds, followed by 45 to 64 year olds and 65 to 74 year olds (16, 10, and 4 deaths per 100,000 population, respectively).^{24,25}

There are treatment resources available. The website [mentalhealthtx.org](https://www.mentalhealthtx.org), sponsored by the Statewide Behavioral Health Coordinating Council, is a clearinghouse of information on behavioral health resources.²⁶ Also, there are resources focused on education and outreach in schools. The Texas School Health Advisory Committee developed [Opioid and Substance Use Prevention Resources for Texas Schools](#). This guide lists available federal and state resources to educate

²³ Substance Abuse and Mental Health Services Administration. Mental Health and Substance Use Disorders. <https://www.samhsa.gov/find-help/disorders> Published June 9, 2023. Accessed January 25, 2024.

²⁴ Texas Health Data – Opioid-Related Emergency Department Visits. [Texas Health Data - Opioid-Related Emergency Department Visits](#) Accessed June 10, 2024.

²⁵ Texas Health Data – Drug-Related Deaths. [Texas Health Data - Drug-Related Deaths](#) Accessed June 10, 2024.

²⁶ Texas Health & Human Services Commission. Find Resources or a Provider | You're Not Alone | Mental Health Texas. Mental Health TX. <https://mentalhealthtx.org/> Accessed May 7, 2024.

students, families, and school employees on substance use and overdose prevention.²⁷

Another valuable tool to reduce SUD and drug-related deaths is education and training on the use of naloxone. Naloxone is a medication designed to rapidly reverse opioid overdoses, which can reduce opioid-related deaths. [SB 629](#), 88th Legislature, Regular Session, 2023, amended Education Code, Chapter 38, to require schools serving students in grades 6-12 to adopt and implement policies related to opioid antagonists, including naloxone. Ensuring the availability and proper training in the use of opioid antagonists are essential for proactively preparing for emergencies.

The stigma, sometimes associated with misconceptions related to SUD, have a detrimental effect on the individuals experiencing it.²⁸ Community organizations can actively engage in de-stigmatization efforts through open discussions, awareness campaigns, and guest speakers.

Recommendation 4: Assess and address gaps in existing data repositories on substance use disorders.

[SB 1319](#), 88th Legislature, Regular Session, 2023, required Emergency Medical Services (EMS) personnel in each county to report overdose data into a centralized database only accessible to government agencies. While publicly accessible dashboards cover vital statistics, health care workforce information, and substance use trends, there is no singular repository for aggregated health outcomes, contributing factors, and behavioral data.^{29,30,31} This absence poses challenges to understanding the full scope of health-related issues.

²⁷ Texas School Health Advisory Committee. Opioid and Substance Use Prevention Resources for Texas Schools.

<https://www.dshs.texas.gov/sites/default/files/schoolhealth/TSHAC%20--%20Opioid%20and%20Substance%20Use%20Prevention%20Resources%20for%20TX%20Schools%202.15.24.pdf> Published April 2021. Accessed April 17, 2024.

²⁸ Stigma and Discrimination | National Institute on Drug Abuse (NIDA).

<https://nida.nih.gov/research-topics/stigma-discrimination> Published June 1, 2022. Accessed July 8, 2024.

²⁹ Texas Health Data - Home. <https://healthdata.dshs.texas.gov/> Accessed April 19, 2024.

³⁰ Overdose Detection Mapping Application Program. ODMAP: Statewide Implementation Strategies. <https://www.odmap.org:4443/Content/docs/ODMAP-State-Implementation-Still.pdf> Accessed April 22, 2024.

³¹ Overdose Detection Mapping Application Program.

<https://odmap.hidta.org/Account/Login?ReturnUrl=%2F> Accessed April 22, 2024.

Community organizations, local governments, and health services administrators would benefit from a publicly accessible standardized data source. Armed with accurate information, they can advocate for targeted interventions, allocate resources effectively, and tailor programs to meet community needs.

Recommendation 5: Exclude testing equipment and strips from the list of banned drug paraphernalia.

Allowing the use of equipment or strips that test substances for the presence of contaminants, can help individuals make informed decisions regarding substance use. Fentanyl is increasingly linked to opioid overdose deaths.³² Test strips, like those used for fentanyl, can detect contaminants in various drugs and offer a low-cost strategy to prevent drug overdoses.^{33,34} A 2017 study found that using test strips led to changes in substance use behavior and increased feelings of self-protection against overdose.³⁵

In Texas, test strips for controlled substances are classified as drug paraphernalia.³⁶ Statutory changes removing testing equipment and test strips, for all substances, from the drug paraphernalia list are still needed for this to be a viable strategy to reduce drug-related deaths.

Recommendation 6: Require the reporting of the use and outcomes of allocated funds from Opioid Settlement Funds.

³² Centers for Disease Control and Prevention. What You Should Know About Xylazine. [What You Should Know About Xylazine | Overdose Prevention | CDC](#) Published May 16, 2024. Accessed July 15, 2024.

³³ Jones S, Bailey S. *Xylazine Test Strips for Drug Checking: CADTH Horizon Scan*. Canadian Agency for Drugs and Technologies in Health. <http://www.ncbi.nlm.nih.gov/books/NBK595122/> Published 2023. Accessed February 2, 2024.

³⁴ Centers for Disease Control and Prevention. Fentanyl Test Strips: A Harm Reduction Strategy. <https://www.cdc.gov/stopoverdose/fentanyl/fentanyl-test-strips.html> Published February 16, 2023. Accessed January 25, 2024.

³⁵ Peiper NC, Clarke SD, Vincent LB, Ciccarone D, Kral AH, Zibbell JE. Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States. *Int J Drug Policy*. 2019;63:122-128. doi:10.1016/j.drugpo.2018.08.007

³⁶ Texas Health and Safety Code, Chapter 481. <https://statutes.capitol.texas.gov/docs/HS/htm/HS.481.htm> Accessed April 16, 2024.

Texas receives funding through opioid-related settlement agreements with companies for their role in the opioid crisis.³⁷ The Texas Opioid Abatement Fund Council (OAFC) collaborates with the Texas Comptroller of Public Accounts to distribute these funds and publishes settlement records to the public.³⁸ While the OAFC has publicly available data on the receipt and distribution of settlement funds, there is currently no system in place to track how these funds are utilized.³⁹ Although the funds are intended to address opioid-related harms in the community, there is no statutory requirement to report the specific use of allocated funds.

³⁷ Programs | Texas Opioid Abatement Fund Council.

<https://comptroller.texas.gov/programs/opioid-council/settlements/index.php#glance>
Accessed December 4, 2023.

³⁸ Statewide Opioid Settlement Initiatives. <https://comptroller.texas.gov/programs/opioid-council/> Accessed December 4, 2023.

³⁹ Funds Disbursements. <https://comptroller.texas.gov/programs/opioid-council/funds/>
Accessed December 4, 2023.

Non-Medical Health Risk Factors and Access to Care

Housing instability, food insecurity, low educational attainment, and other non-medical risk factors influence the physical and mental health of individuals and their ability to access and navigate the health care system. Expanding strategies to address these risk factors and alleviate obstacles to health care access can help improve overall health outcomes.

Recommendation 7: Implement strategies and provide necessary resources to expand access to existing state food programs.

Food insecurity is a term used to describe inadequate access to necessary food. Remote locations, lack of transportation, limited financial resources, and insufficient education about healthy eating are factors that impact food insecurity.⁴⁰ In Texas, between 2020 and 2022, the average prevalence of food-insecure households was 15.5 percent, surpassing the national average of 11.2 percent.⁴¹

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has made commendable efforts to enhance accessibility by establishing over 500 sites across Texas.⁴² These sites operate in diverse settings, including local public health offices, community centers, and hospitals. WIC has further expanded access using mobile vans to serve more locations and to test new locations prior to investing in infrastructure. Many WIC offices offer evening and Saturday hours, ensuring that clients do not have to miss work to access essential services. Program innovation that supports streamlining eligibility, appointment scheduling, and virtual appointments would make it easier for participants to access the services and further improve program accessibility.

⁴⁰ What is Food Insecurity? | Feeding America. <https://www.feedingamerica.org/hunger-in-america/food-insecurity> Accessed January 19, 2024.

⁴¹ Trends in U.S. Food Security. Tableau Software. https://public.tableau.com/views/TrendsinU_S_FoodSecurity/FoodSecurityCharacteristics?:embed=y&;display_count=yes&&:showVizHome=n&:tabs=n&:toolbar=n&:apiID=host0#navType=0&navSrc=Parse Accessed January 19, 2024.

⁴² About WIC | Texas WIC. <https://texaswic.org/about-wic> Accessed January 19, 2024.

During the academic year, school-provided meals significantly contribute to the nutritional intake of students.^{43,44} Ensuring the continuation of these programs during the summer is vital. The Texas Department of Agriculture’s Summer Meals Program plays a critical role in addressing food insecurity by providing meals to children in low-income areas during school breaks.⁴⁵ Summer meal programs, community centers, and local organizations can collaborate to provide consistent access to nutritious food for children year-round.

Recommendation 8: Establish a task force to examine the availability of affordable housing and recommend strategies to increase access.

Housing instability describes challenges such as having trouble paying rent, overcrowding, having to spend most of the household income on housing, and moving frequently.⁴⁶ In 2022, almost half of Texas renter households spent over 30 percent of their income on rent. Additionally, over 25 percent spent more than half their income on rent.⁴⁷ Housing instability may eventually result in homelessness.⁴³ In Texas, approximately 66,243 people experienced homelessness from January to September 2023. Over one in ten Texans experiencing homelessness were children under 18 years of age.⁴⁸

Lack of stable housing is associated with various health issues. Conditions like obesity, hypertension, diabetes, and cardiovascular disease are more prevalent among those experiencing housing instability.⁴⁹ Children facing housing instability

⁴³ School Meals | Healthy Schools | CDC.

<https://www.cdc.gov/healthyschools/nutrition/schoolmeals.htm> Published October 19, 2022. Accessed July 8, 2024.

⁴⁴ Benefits of School Lunch. Food Research & Action Center.

<https://frac.org/programs/national-school-lunch-program/benefits-school-lunch> Accessed July 8, 2024.

⁴⁵ Summer Meal Programs. <https://www.squaremeals.org/Programs/Summer-Meal-Programs>. Accessed April 19, 2024.

⁴⁶ Housing Instability - Healthy People 2030. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability> Accessed January 19, 2024.

⁴⁷ United States Census Bureau. B25070: Gross Rent as a Percentage of Household Income in the Past 12 Months.

<https://data.census.gov/table/ACSDT1Y2022.B25070?t=Renter%20Costs&g=040XX00US48> Accessed January 19, 2024.

⁴⁸ THDSN Data Dashboard. Texas Homeless Network. Published March 9, 2022.

<https://www.thn.org/thdsn/data/> Accessed January 19, 2024.

⁴⁹ Gu KD, Faulkner KC, Thorndike AN. Housing instability and cardiometabolic health in the United States: a narrative review of the literature. *BMC Public Health*. 2023; 23(1):931.

doi:10.1186/s12889-023-15875-6

are at higher risk of chronic conditions, poor physical health, and mental health problems. They are also less likely to have insurance.^{50,51} People in unstable housing often live in substandard conditions and may face exposure to mold, vermin, and other toxicants. This can lead to chronic respiratory issues, poor mental health, allergic diseases, cardiovascular problems, and even cancer.^{52,53,54} Sharing living spaces increases stress and susceptibility to communicable diseases like influenza.^{55,56}

Texas has several rental assistance and affordable housing programs. The Texas Department of Housing and Community Affairs (TDHCA) helps Texans through the Section 811 Project Rental Assistance program and the Texas Rent Relief Program. Also, it provides information on community-based opportunities and fair housing and administers the Section 8 Housing Choice Voucher program.⁵⁷ Local Housing Authorities oversee subsidized and non-subsidized housing programs. For example, the Housing Authority of the City of Austin owns and operates over 1,800 units of public housing.⁵⁸

However, there is an inadequate supply of affordable housing to meet the needs of the Texas population. In 2022, there was a shortage of 674,648 rental homes that were affordable and available for extremely low-income renters.⁵⁹ Increasing

⁵⁰ Busacker A, Kasehagen L. Association of Residential Mobility with Child Health: An Analysis of the 2007 National Survey of Children's Health. *Matern Child Health J.* 2012; 16(1):78-87. doi:10.1007/s10995-012-0997-8

⁵¹ Hatem C, Lee CY, Zhao X, Reesor-Oyer L, Lopez T, Hernandez DC. Food insecurity and housing instability during early childhood as predictors of adolescent mental health. *J Fam Psychol.* 2020; 34(6):721-730. doi:10.1037/fam0000651

⁵² Rauh VA, Landrigan PJ, Claudio L. Housing and Health. *Ann N Y Acad Sci.* 2008; 1136(1):276-288. doi:10.1196/annals.1425.032

⁵³ Sharpe RA, Taylor T, Fleming LE, Morrissey K, Morris G, Wigglesworth R. Making the Case for "Whole System" Approaches: Integrating Public Health and Housing. *Int J Environ Res Public Health.* 2018; 15(11):2345. doi:10.3390/ijerph15112345

⁵⁴ Suglia SF, Duarte CS, Sandel MT. Housing Quality, Housing Instability, and Maternal Mental Health. *J Urban Health.* 2011; 88(6):1105-1116. doi:10.1007/s11524-011-9587-0

⁵⁵ Mehdipanah R. Housing as a Determinant of COVID-19 Inequities. *Am J Public Health.* 2020; 110(9):1369-1370. doi:10.2105/AJPH.2020.305845

⁵⁶ Marathe A, Lewis B, Chen J, Eubank S. Sensitivity of Household Transmission to Household Contact Structure and Size. *PLOS ONE.* 2011; 6(8):e22461. doi:10.1371/journal.pone.0022461

⁵⁷ Programs | Texas Department of Housing and Community Affairs. <https://www.tdhca.texas.gov/programs> Accessed April 18, 2024.

⁵⁸ Residents | Housing Authority City of Austin. <https://www.hacanet.org/resident/> Accessed April 18, 2024.

⁵⁹ Texas | National Low Income Housing Coalition. <https://nlihc.org/housing-needs-by-state/texas> Accessed January 19, 2024.

subsidies and incentives, such as tax credits, to develop and preserve dedicated affordable housing may alleviate affordable housing shortages.⁶⁰ Preserving existing affordable housing is critical to avoid worsening the disparity between the supply and demand for affordable housing, and results in several benefits:

- Prevents displacement of vulnerable communities;
- Is generally cheaper than new construction; and
- Preserves and aligns with existing land-use patterns.

Affordable housing is a lifeline for vulnerable communities. It provides tangible shelter, stability, and a sense of belonging. Having access to appropriate housing reduces stress and anxiety and positively impacts mental and physical health. Having a home allows individuals to access health care services effectively. A system that combines housing stability, rental assistance, and health support can create a safety net that uplifts those in need.^{61,62}

Recommendation 9: Enhance connections and coordination between state health and housing programs.

Homelessness is associated with severe health risks. Nearly 25 percent of people experiencing homelessness in Texas suffer from severe mental illness, three in 20 struggle with chronic SUD, and over ten percent have experienced domestic

⁶⁰ Cole A, Greenberg S, Pedigo S, et al. Affordable Housing: Challenges and Opportunities in Texas. Published online February 2023. <https://hdl.handle.net/2152/117495> Accessed January 19, 2024.

⁶¹ Martin P, Liaw W, Bazemore A, Jetty A, Petterson S, Kushel M. Adults with Housing Insecurity Have Worse Access to Primary and Preventive Care. *J Am Board Fam Med*. 2019; 32(4):521-530. doi:10.3122/jabfm.2019.04.180374

⁶² Kushel MB, Gupta R, Gee L, Haas JS. Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans. *J Gen Intern Med*. 2006; 21(1):71-77. doi:10.1111/j.1525-1497.2005.00278.x

violence.^{63,64} Homeless individuals face mortality rates three-and-a-half times higher than their housed peers.^{65,66,67}

In addition, people experiencing housing instability often delay seeking medical care due to competing needs like rent, temporary shelter, food, transportation, or childcare. Homeless individuals rely more on acute care services compared to the general population.⁶⁸ Other factors like stigma concerns, inadequate transportation, lack of insurance, and cost also affect health care access.^{69,70,71} Additionally, homeless individuals have higher annual readmission rates compared to patients with housing.⁷²

Permanent supportive housing is one strategy to address housing insecurity. The Texas Health and Human Services Commission (HHSC) Permanent Supportive

⁶³ Heidi Gilroy, John Maddoux, Cris M. Sullivan. Homelessness, housing instability, intimate partner violence, mental health, and functioning: A multi-year cohort study of IPV survivors and their children. *J Soc Distress Homeless*. doi:10.1080/10530789.2016.1245258

⁶⁴ United States Department of Housing and Urban Development. *HUD 2022 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations*. https://files.hudexchange.info/reports/published/CoC_PopSub_State_TX_2022.pdf Accessed January 19, 2024.

⁶⁵ Richards J, Kuhn R. Unsheltered Homelessness and Health: A Literature Review. *AJPM Focus*. 2023; 2(1):100043. doi:10.1016/j.focus.2022.100043

⁶⁶ Funk AM, Greene RN, Dill K, Valvassori P. The Impact of Homelessness on Mortality of Individuals Living in the United States: A Systematic Review of the Literature. *J Health Care Poor Underserved*. 2022; 33(1):457-477. doi:https://doi.org/10.1353/hpu.2022.0035.

⁶⁷ Meyer BD, Wyse A, Logani I. Life and Death at the Margins of Society: The Mortality of the U.S. Homeless Population. https://bfi.uchicago.edu/wp-content/uploads/2023/03/BFI_WP_2023-41-1.pdf Published November 2023. Accessed January 19, 2024.

⁶⁸ Reid KW, Vittinghoff E, Kushel MB. Association between the Level of Housing Instability, Economic Standing and Health Care Access: A Meta-Regression. *J Health Care Poor Underserved*. 2008; 19(4):1212-1228. doi:10.1353/hpu.0.0068

⁶⁹ Chelvakumar G, Ford N, Kapa HM, Lange HLH, McRee AL, Bonny AE. Healthcare Barriers and Utilization Among Adolescents and Young Adults Accessing Services for Homeless and Runaway Youth. *J Community Health*. 2017; 42(3):437-443. doi:10.1007/s10900-016-0274-7

⁷⁰ Kim MM, Swanson JW, Swartz MS, Bradford DW, Mustillo SA, Elbogen EB. Healthcare Barriers among Severely Mentally Ill Homeless Adults: Evidence from the Five-site Health and Risk Study. *Adm Policy Ment Health Ment Health Serv Res*. 2007; 34(4):363-375. doi:10.1007/s10488-007-0115-1

⁷¹ Martins DC. Experiences of Homeless People in the Health Care Delivery System: A Descriptive Phenomenological Study. *Public Health Nurs*. 2008; 25(5):420-430. doi:10.1111/j.1525-1446.2008.00726.x

⁷² Buck DS, Brown CA, Mortensen K, Riggs JW, Franzini L. Comparing Homeless and Domiciled Patients' Utilization of the Harris County, Texas Public Hospital System. *J Health Care Poor Underserved*. 2012; 23(4):1660-1670. doi:10.1353/hpu.2012.0171

Housing Providers Program helps individuals at high risk of homelessness find safe, affordable housing. To qualify, individuals must be 18 years or older and eligible for services through the local mental health authority or local behavioral health authority.⁷³ The program provides stable housing along with supportive services to address health, mental health, and other needs. It allows individuals enrolled in the program to have a single coordinated plan of care.

Enhancing programs like Permanent Supportive Housing and expanding access to programs that integrate housing supports with health services could significantly improve overall well-being.

Recommendation 10: Invest in dedicated housing navigators and health benefits coordinators who assist individuals in locating and sustaining housing and applying for and maintaining social benefits.

The Healthy Community Collaborative (HCC) program at HHSC promotes collaboration between public and private sectors to integrate services for people experiencing homelessness and mental illness or SUD. HCC provides grants to build communities and collaboratives to enhance the recovery and housing stability of individuals experiencing homelessness or those at risk of homelessness. By bringing together public and private sectors, this program aims to support recovery and reintegration into the community. Initiatives like these prioritize community collaboration and holistic support for mental health and housing stability.

Community collaborators utilize a housing first approach, which prioritizes establishing permanent housing before addressing other needs. Providing ongoing support for the expansion of community collaborators, particularly in less densely populated areas, could be an effective way to ensure access to services is maximized.

⁷³ Permanent Supportive Housing Providers | Texas Health and Human Services. <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/permanent-supportive-housing-providers> Accessed April 18, 2024.

Recommendation 11: Identify ways to expand access to telehealth services and other innovative approaches for underserved populations by creating spaces to access care in the community.

Telemedicine can play a crucial role in improving access to health care for underserved populations. Lack of access to the technology needed to take part in telemedicine services is a barrier for many people.⁷⁴ Telemedicine kiosks have been used successfully in providing mental health services to homeless veterans in transitional housing and shelters. Through these kiosks, case workers conducted virtual visits, ensuring regular care without missed appointments.⁷⁵

This same model can be extended to primary care services and oral health. Placing additional telehealth service options in community and public spaces can broaden access to health care services for more people without access to technology.

⁷⁴ Heaslip V, Richer S, Simkhada B, Dogan H, Green S. Use of Technology to Promote Health and Wellbeing of People Who Are Homeless: A Systematic Review. *Int J Environ Res Public Health*. 2021; 18(13):6845. doi:10.3390/ijerph18136845

⁷⁵ Eric Wicklund. Telehealth Kiosks Give Homeless Veterans a Link to Healthcare, Other Services. <https://mhealthintelligence.com/news/telehealth-kiosks-give-homeless-veterans-a-link-to-healthcare-other-services>. Published August 17, 2020. Accessed January 19, 2024.

Conclusion

The 2024 update to the State Health Plan focuses on three areas impacting the availability and use of current health resources.

- Supply and distribution of the health care workforce;
- Incidence and prevalence of SUDs; and
- Interrelationship of non-medical health risk factors and access to care.

The 11 recommendations developed by the SHCC address challenges within the current health care system. They highlight some of the actions that could be taken to improve access to quality care now and in the future.

Appendix A. Statewide Health Coordinating Council Roster

Gubernatorial Appointees	Role
Carol Boswell, Ed.D., R.N., C.N.E., A.N.E.F., F.A.A.N.	University Representative
Kimberly Haynes, D.M.D, C.A.G.S., F.I.D.I.A.	Health Care Professional
Kenneth Holland	Public Member
Emily Hunt, D.N.P.	Hospital Representative
David V. Lewis, CFA, CFP	Public Member
Quincy C. Moore III, Ph.D.	University Representative
Elizabeth Protas, P.T., Ph.D.	Public Member, Presiding Member
Tamara Rhodes, M.S.	Nurse Representative
Melinda Rodriguez, P.T., D.P.T.	Health Care Professional
Cheryl Sparks, Ed.D.	Community College Representative
Cheletta Watkins, M.D.	Health Maintenance Organization Representative
D. Bailey Wynne, M.H.A., R.Ph., C.H.E.S.	Public Member
Yasser Zeid, M.D.	Health Care Professional

State Agency Members	Representing
Jimmy Blanton, M.P.Aff.	Texas Health and Human Services Commission
Lillian Nguyen, M.A.	Texas Health and Human Services Commission
Elizabeth Mayer, M.P.Aff.	Texas Higher Education Coordinating Board
Stephen Pont, M.D., M.P.H.	Texas Department of State Health Services