



DOCTORS
FOR CHANGE

2016 County Judge Survey Report

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Executive Summary

Texas has both the highest number and highest percentage of uninsured residents in the United States. The state's uninsured rate increased from 16.6% (4.5 million) in 2016 to 17.3% (4.8 million) in 2017. As a result, millions of Texans continue to lack access to basic healthcare, resulting in a high burden on emergency rooms in hospitals as well as higher incidences of chronic diseases, such as diabetes and obesity. To evaluate the burden of indigent care in Texas, Doctors for Change (DFC), a non-profit organization based in Houston, Texas, conducted a survey of the 254 county judges in Texas. The county government is responsible for delivering many critical services, including administering indigent care. Therefore, the county judge, who presides over the county government represents a credible source for offering insight into the county's burden of indigent care. There was a 35% response rate. Of the 35% of county judge offices that responded, 63% were affiliated with the Republican party and 24% were affiliated with the Democratic party. The results of the 2016 DFC County Judge Survey affirm the negative impact of having a high indigent population in Texas counties, and further supports the need for a bipartisan solution to the problem of access to care in Texas.

Purpose

Texas has the highest rate of uninsured residents in the nation, leaving many Texans without access to basic healthcare. In order to assess the state of health in Texas, Doctors for Change sent out a survey in 2016 to the 254 Texas county judges. The results of this survey will help develop policy solutions to increase access to care for the indigent population in Texas.

Methods

The 2016 county judge survey is comprised of forty-six questions that consisted of open-ended questions and likert scales. Each of the 254 county judges was given a unique identification in order to maintain anonymity. An electronic survey using the Qualtrics software and a paper survey were mailed to each county judge offices in May of 2016. The recipients were asked in the survey to submit their responses within two weeks. If responses were not received within the deadline, up to two follow-up calls were made to the offices. During these follow-up calls, volunteers also collected responses over the phone. The survey was closed on November 17, 2016, and no additional responses were collected.

Texas Demographics

According to the U.S. Census Bureau, the total Texas population in 2017 was approximately 28,304,596, comprising 79.2% White alone, 12.7% Black or African American alone, 1.0% American Indian and Alaska Native alone, 5.0% Asian alone, 0.1% Native Hawaiian or other Pacific Islander alone, 2.0% two or more races, and 39.4% Hispanic or Latino (Figure 1). Although a majority of Texas counties are considered rural, most Texas residents are located in urban counties. Research by the United States Department of Agriculture (USDA) showed that of the total Texas population, 10.8% of Texans live in rural counties and 89.2% resided in urban counties (Figure 2).

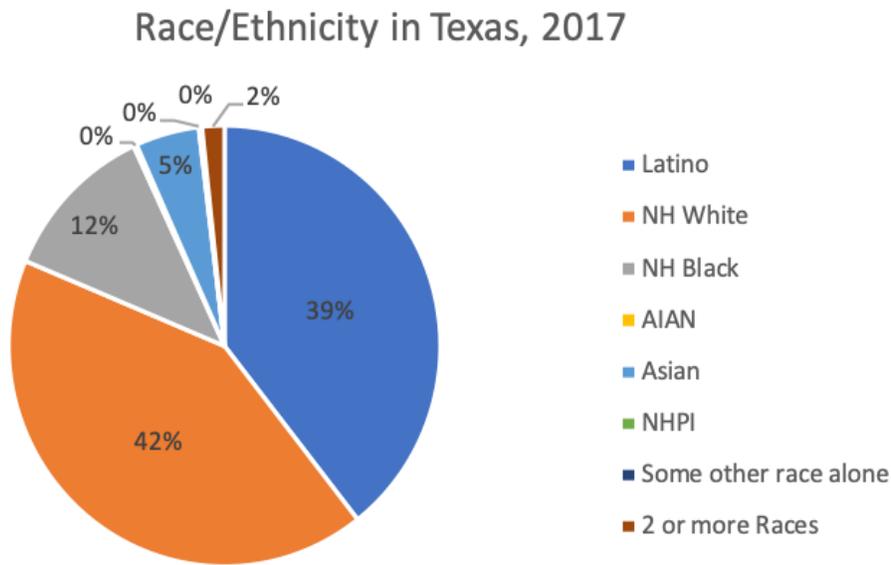


Figure 1. Race/Ethnicity breakdown in Texas.¹

¹ "U.S. Census Bureau QuickFacts: Texas." *Census Bureau QuickFacts*, www.census.gov/quickfacts/tx.

Rural vs Urban Population, Texas (2017)

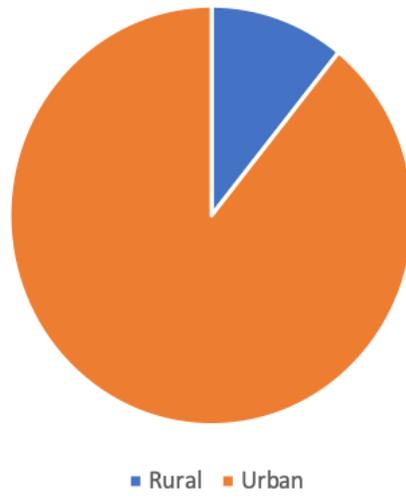


Figure 2. Rural versus urban populations in Texas.²

Access to Care for Uninsured Population

Background

In 2017, the U.S. Census Bureau reported that Texas was the state with the highest percentage of people without health insurance (17.3%).¹ Based on this report, Texas and Oklahoma were the only two states with an uninsured rate of 14.0% or more. Texas was one of 14 states in which the uninsured rate actually increased from 2016 (16.6%) to 2017 (17.3%). The report by the U.S. Census Bureau showed that the uninsured rate decreased for those with incomes below the federal poverty line (FPL) and increased for individuals above 400% of the FPL in states that expanded Medicaid. However, the uninsured rate increased for all income levels in states that did not expand Medicaid, including Texas. The 28 largest cities in Texas had a greater percentage of their population without insurance than the entire United States. These cities include Austin, Houston, Dallas, El Paso, and San Antonio.³

The uninsured population of Texas is a diverse group that include people who cannot afford private health insurance, employees of small businesses that do not offer

² “Rural Health Information Hub.” *Rural Health for Texas Introduction*, www.ruralhealthinfo.org/states/texas.

³ Hegar, G. Texas Healthcare Spending Report Fiscal 2015. Texas Comptroller of Public Accounts.

insurance, individuals who choose not to purchase health insurance, and people who are eligible but not enrolled in government sponsored programs such as Medicaid and the Children’s Health Insurance Plan (CHIP), and recent immigrants.⁴ Another option is the County Indigent Health Care Program (CIHCP), which was created in 1985 by the 69th Texas Legislature, under Chapter 61, Health and Safety Code. It is for Texas residents who do not qualify for any other state or federal care assistance programs to be able to receive medical care through CIHCP from counties, hospital districts, or public hospitals. Their income should be 21% of the federal poverty level. Those receiving care get services such as immunizations, medical screenings, access to rural health clinics, and other basic medical services.⁵

Indigent healthcare in Texas

County judges were asked what percentage of their county populations are uninsured (Figure 3). They were given the following categories: Uninsured rates are less than 10%, 11-20%, 21-50%, 51-70%. Of these categories, only 9.2% of county judges said their uninsured population are less than 10%. One-third (35.4%) of respondents reported the uninsured population was between 11% to 20%. Another third (38.5%) reported 21% and 50% of the county population as uninsured. Less than a fifth reported 51% to 70% of their population as uninsured (16.9%) (Figure 3). These responses reveal that a shocking percentage of Texas residents are uninsured.

What percentage of your county population is currently uninsured?

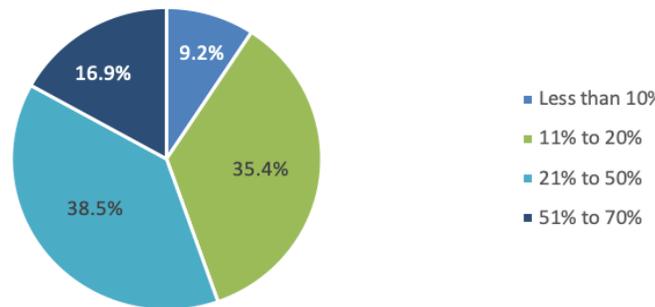


Figure 3. Percentage of uninsured in Texas counties.

When asked about the state of health in their counties, 11.3% of judges responded that the quality of healthcare for the indigent population is excellent. A little over half (52.5%) of all respondents reported it was good. A third of respondents (33.8%) replied that the quality of healthcare is fair. Only 2.5% responded that the

⁴ “Texas Medical Association.” Texmed.org.

⁵ “Texas Health and Human Services.” <https://hhs.texas.gov/>.

quality of care they county provides is poor. The responses to this question suggest that most responders feel that the quality of their healthcare system is fair or better (Figure 4). However, despite the overall good quality of healthcare present in Texas counties, the previous response concerning the percentage of uninsured residents suggests that most uninsured Texas residents are not able to access the benefits of their health care system. This conclusion is supported by the following response in which judges were asked about their level of concern for the accessibility of health care by their indigent populations (Figure 5). Almost half of county judges (43.8%) reported they are somewhat worried about the access to care for the indigent population. A little over one-third (38.8%) responded they were not very worried, 13.8% of respondents reported feeling very worried, a larger proportion compared to the 3.8% who responded they were not at all worried.

Quality of Health Care for the Indigent Population

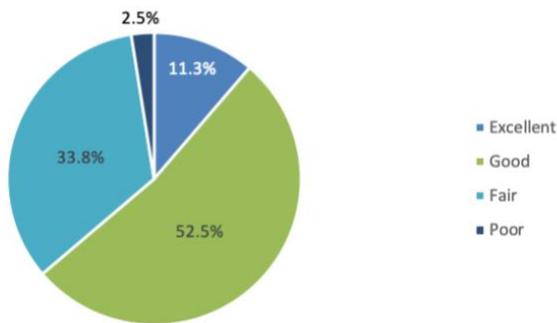


Figure 4. The quality of the healthcare system.

Concern for Indigent Residents and their Access to Care

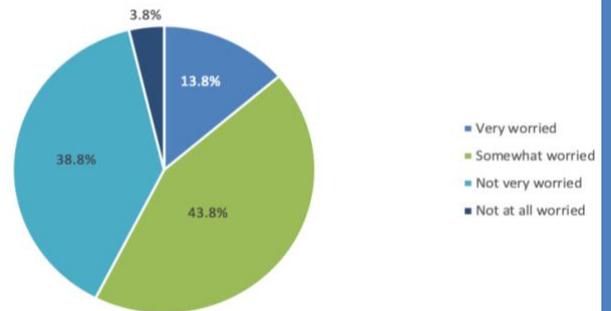


Figure 5. Concern for accessibility of healthcare for indigent population.

Change in Volume of Indigent Care

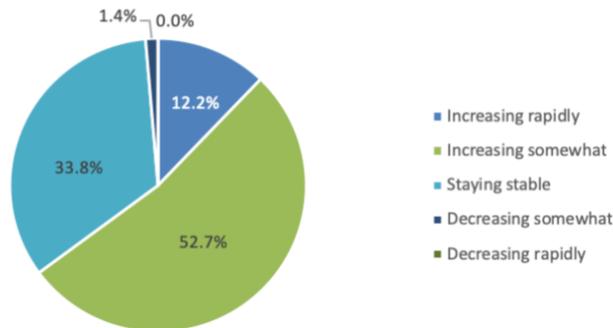


Figure 6. Change in volume of indigent care in Texas counties.

Overall, the majority (64.9%) of the judges surveyed reported the volume of indigent care the county delivers is increasing. Of this group, 12.2% reported the volume of indigent care the county delivers is increasing rapidly. A little over a third (33.8%) of judges reported the volume of care the county delivers to the indigent population has remained the same. Only 1.4% of judges reported that the volume of care delivered is decreasing somewhat. No judges reported a rapid decrease in the volume of care. Of the county judges who responded (Figure 7), the most reported type of health care system in place that serves the indigent population are hospitals (35.2%), followed by other forms of care (28.4%), contracts with private hospitals (22.7%), and county-based hospitals/clinics (13.6%).

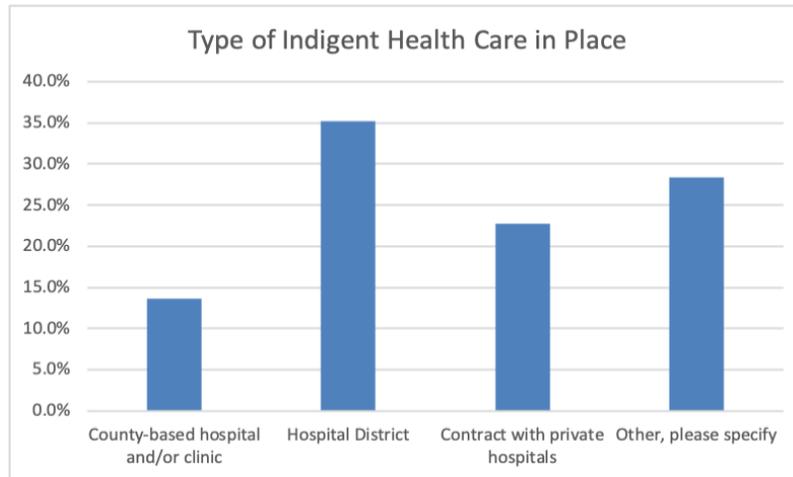


Figure 7. Types of health care facilities utilized most by indigent population.

Who is responsible for indigent care?

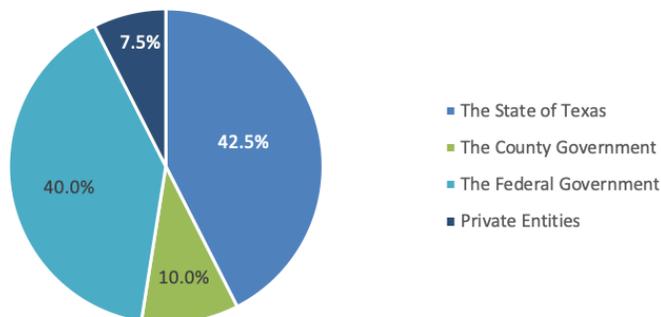


Figure 8. Responsibility for paying for indigent care.

As shown in Figure 8, an overwhelming percentage of respondents do not believe that the responsibility of caring for Texas' indigent population belongs to the county government. County judges were nearly split on who should be in charge of caring for the indigent population, but a slight majority (42.5%) reported it was the job for the State of Texas. Exactly 40% of county judges responded that it was a job for the federal government. While 10% reported it was the responsibility of the county, and 7.5% reported that they thought private entities should be responsible. Many of the respondents noted the county's expenditure is already limited without taking into account the cost of indigent care. Others cited Texas' refusal to participate in Medicaid expansion as the reason for their tight budget on spending for indigent care. As one respondent noted: *"The Affordable Care Act has offered the State of Texas the option of 100% federal funding for indigent healthcare. Because the state did not do this, and refuses to do so, care of indigents is left to burden local county property taxpayers and charitable organizations."*

If the Texas government were to pass a law to improve access to health care for medically underserved Texans with bipartisan support, I believe that this will improve health care outcomes in my county.

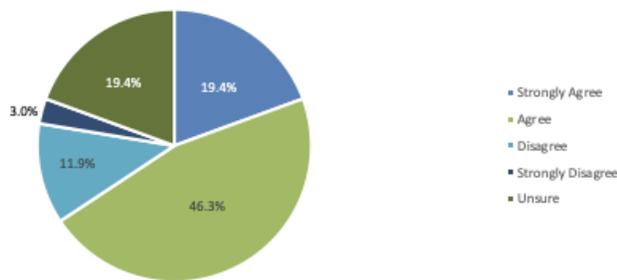


Figure 9. Bipartisan law to improve access to health care for underserved Texans.

Nearly two-thirds (65.7%) of county judges reported that health care outcomes in their county would improve if the Texas Legislature were to pass a law to improve access to health care for the indigent (Figure 9). However, nearly 20% of county judges are unsure. One respondent noted: *"Passing a law does not [automatically] guarantee improved access to health care. To improve access to health care there needs to be an increase of resources. Resources being monetary, staff, and infrastructure to support local health departments, local transportation, and an increase in primary care providers."* There is, however, skepticism by some county judges. As one explained, *"I do not think it would [affect] rural counties. We cannot even get child [protective] services to respond to calls in rural areas of the panhandle."* These responses highlight the complexity of access to care. Improving access to care will involve not only providing affordable and quality health insurance to Texans, but also improving transportation, food insecurities, and increasing the number of health care providers to care for a growing indigent population.

State of health in Texas

In order to obtain a more representative picture of the state of health in all of Texas' diverse counties, county judges were asked to give an assessment of their counties' overall health. The majority of responses noted that lack of access was somewhat of a problem in their county (46.8%). The other 53% were split roughly even: 24.1% said lack of access was a big problem, and 29.1% reported lack of access was not a problem (Figure 10). Nearly three-quarters of all county judges perceived the uninsured rate in their county was too high (78.8%). About one-fifth of county judges reported the uninsured rate was just about right for their county (18.1%). Only 4.2% of all county judges surveyed reported their county's uninsured rate as too low (Figure 11).

How big a problem is lack of access to care in your community?

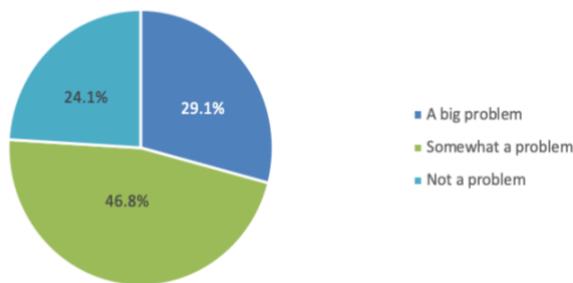


Figure 10. The problem of access to care in Texas counties.

How would you characterize your county's rate of uninsured?

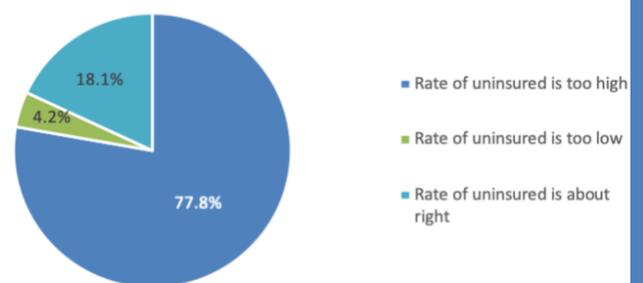


Figure 11. The rate of uninsured in Texas counties.

Half (50%) of the county judges reported recent mandates have not really reduced the number uninsured (Figure 12). The remaining 50% of county judges reported the number of uninsured had not been reduced (31.9%), had been somewhat reduced (13.9%) and had been significantly (4.2%). A little over half (53.5%) of county judges surveyed agreed that their voters were concerned for access to care among the indigent population. Among these judges, 8.4% strongly agreed their voters were concerned. A quarter (25.3%) of county judges disagreed their voters were concerned, with 2.8% reporting they strongly disagreed with the statement. A little over one-fifth (21.1%) of county judges reported they were unsure if their voters were concerned (Figure 13).

Recent mandates have:

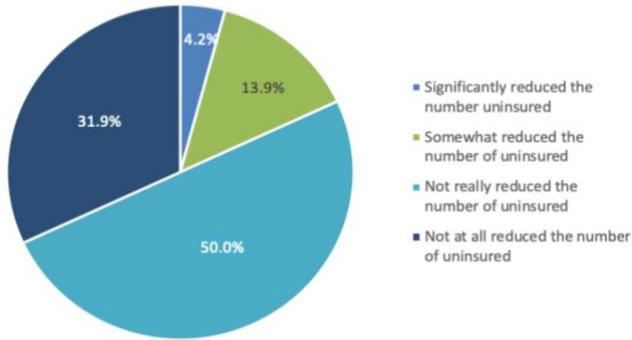


Figure 12. Affect of recent health care mandates.

Voters in my county are concerned about access to health care for medically underserved Texans.

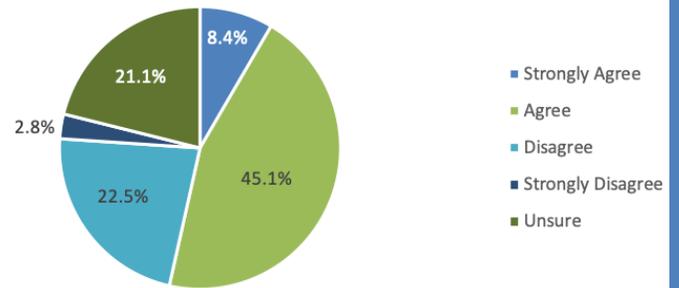


Figure 13. Voters' concern for access to health care for indigent populations.

Texas' Access to Health Care Challenges

Access to Mental and Behavioral Health Care

The issue of poor access to mental and behavioral healthcare has come to the forefront of Texas politics in recent years. Nationally, 46.4% of adults experience mental illness annually and more than 1.3 million Texas children (greater than 20%) are struggling with a mental health disorder nationally.⁶ Despite these dismal statistics, Texas continues to rank near the bottom in the United States per capita for spending on mental health, making Texas one of the worst states in the United States for accessing mental health care resources. In fact, most Texas counties are designated as shortage areas for mental health professionals.

As shown in Figure 14, a little more than a third (35.4%) of all judges reported the indigent population's access to mental health is very difficult. Roughly the same proportion of judges reported that mental health access was somewhat difficult (27.9%), and somewhat easy (29.1%). 95% of all county judges agreed that their community's mental health needs would be benefited if there was an increase in services and care. One county judge summed it up: *"One need only open the newspaper daily to see the impact of lack of mental health care, in terms of tragedies that result. In a way, those who commit terrible deeds are also the victims of lack of affordable and accessible mental health care."* All judges cited overcrowding of jails with people who need mental health care: *"Relieve the burden of making the jail a "defacto mental health facility"*

⁶ "National Institute of Mental Health." <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>.

Indigents' Access to Mental Health

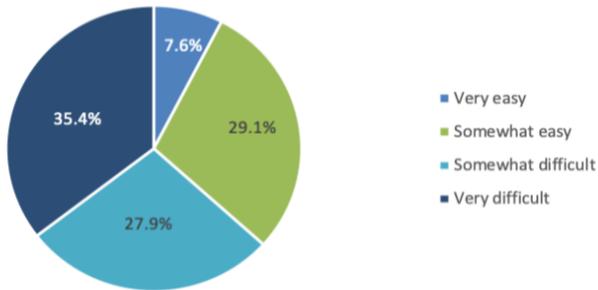


Figure 14. Access to mental health for indigent population.

Quality of Mental Health Care for the Indigent

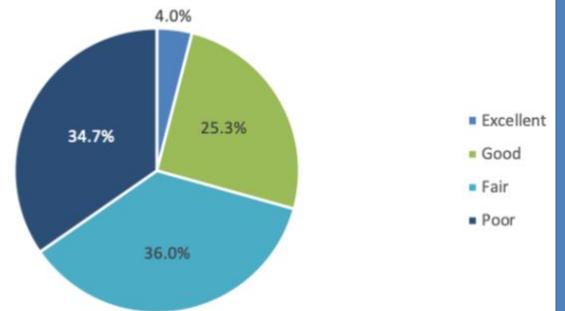


Figure 15. Assessment of the quality of mental health care for indigent population.

The quality of mental health care for the indigent was roughly divided into three opinions. A little over a third (34.7%) rated the quality as poor. Another third (36.0%) rated the quality as fair. A quarter of all judges rated their quality of mental health care as good. Only 4.0% of all judges surveyed rated their mental health care as excellent. Overall, a striking 34.7% of county judges surveyed believed that the quality of mental health care was poor in 2016, prompting an urgent need to address this existing crisis. As shown in Figure 16, a overwhelming majority (96%) of judges agree or strongly agree that increasing the care and services provided for their residents with mental health needs will benefit their counties.

Responses to "Increasing the care and services that are provided for residents with mental health needs will benefit my county."

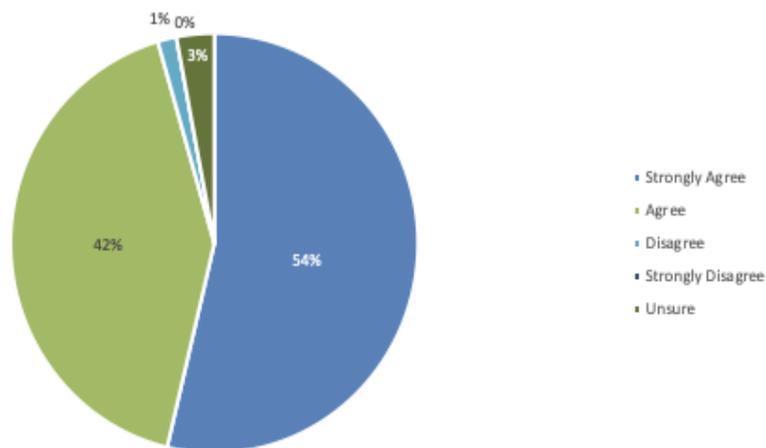


Figure 16. Response to increasing mental health care services in Texas counties.

Lack of Providers

County judges were asked to describe the biggest barrier that keeps more providers from coming into their jurisdiction. The top two barriers were rooted in finances, geography, and population. Many judges described how their counties are rural, making it difficult to attract providers. The small number of people living in their counties, and the lack of economic stimulation in these counties, are responsible for many residents driving to nearby cities for work, and subsequently these residents may rely on that city's healthcare network. Finances were tied to a lack of funding to build more healthcare infrastructure, such as clinics and hospitals, the cost of maintaining the existing facilities and potential facilities, and the inadequate Medicaid reimbursement policies made at the state and federal level. One judge noted that their county is primarily retired persons, who are all Medicare eligible but are not enrolled. They have noticed that many providers are reluctant to take on these persons because of the difficult and poor reimbursement process.

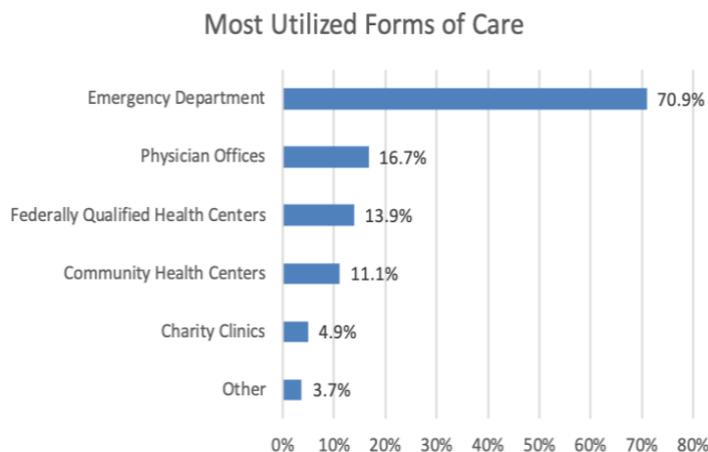


Figure 17. Most utilized forms of healthcare in Texas counties for indigent population.

The vast majority (70.9%) of county judges reported that the Emergency Department was the most used form of care the residents of the county use. Following emergency department, 16.7% answered Physician Offices, 13.9% answered Federally Qualified Health Centers, 11.1% answered Community Health Centers, 4.9% answered Charity Clinics, and 3.7% answered Other. Of the other sources of care, community outreach events, hospital district clinics, FQHCs, and charity organizations, to name a few. The data supports other sources that have reported over usage of the emergency department by indigent populations, leading to increased healthcare expenditures for state counties. This overuse of the emergency department is due to the lack of access to preventive care in the form of a primary care provider. Without access to routine primary care, indigent patients then have no option but to utilize the emergency department for minor to major healthcare needs. Therefore, overusage of the emergency department, which is costly for the counties, can be curbed by offering affordable and accessible alternatives sources of primary care for indigent populations.

Funding/County Expenditure Burden

Overall, in 2015, 41% or \$10.4 billion from state funds went into Texas Health and Human Commission Services. The other 59% or \$14.9 billion came from federal funds.³ Health spending rose by 26% in Health and Human Services between 2011 to 2015. The total budget spent on healthcare was \$42.9 billion on healthcare in fiscal 2015 in Texas. Medicaid and CHIP totaled 70% or \$30.3 billion of the Texas health funding.

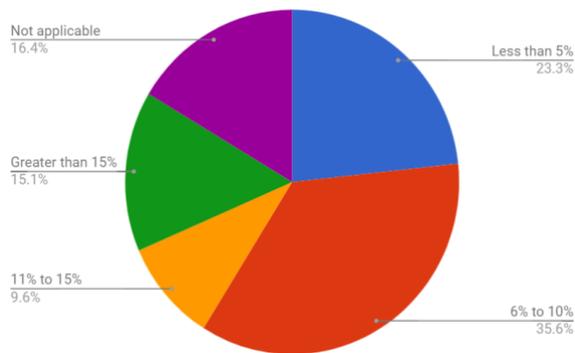


Figure 18. Healthcare expenditures in county budget.

When asked about the percentage of their county budget which is currently allocated to healthcare expenses in 2016, 23.3% of county judges responded that their counties spend less than 5% of their budget to health care expenses (Figure 18). About 35.6% of the judges responded that their counties spend between 6 to 10% of their budget, and 9.6% of the judges said that their counties spend between 11 to 15%. Finally, 15.1% of the county judges responded that their counties spend greater than 15% of their budget on health care expenses.

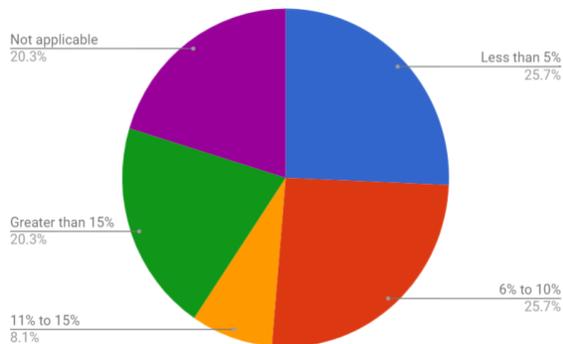


Figure 19. Percentage of healthcare expenses that are considered indigent care.

As shown in Figure 19, the percentage of their county's healthcare expenses are considered indigent care, 20.3% of the county judges said that greater than 15% their expenses are considered indigent care. Approximately 8.1% of the judges responded that between 11 to 15% of their expenses are considered indigent care, while 25.7% of the judges said 6 to 10%. 25.7% of the judges said less than 5% of the healthcare expenses are considered indigent care. About \$5.5 billion goes uncompensated to hospitals, where the substantial portion goes to indigent care.³ Every uninsured person in the US costs hospitals \$900 per patient per year. The results of the 2016 county judge survey highlights the fact that most of the county healthcare expenses are going towards supporting indigent care, which is negatively impacting the entire county as shown in Figure 20 and 21.

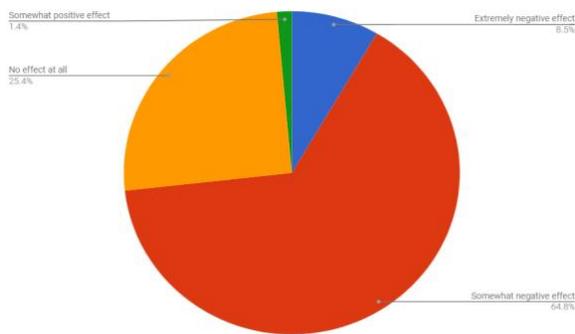


Figure 20. Effect of county spending on indigent care.

Figure 20 summarizes the impact spending on indigent care had on Texas counties' budgets in 2016. Overall, the amount of money that the county spends on indigent care affected their overall budget negatively. About 8.5% and 64.8% of the county judges said indigent care had an extremely negative and a somewhat negative effect, respectively. While 25.4% of the judges reported that money spent on indigent care had no effect at all on the overall budget, and 1.4% of the judges said that the money spent had a somewhat positive effect.

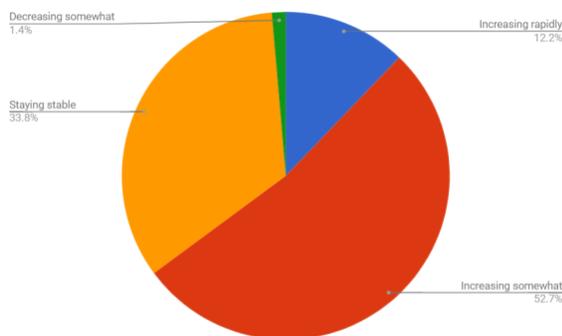


Figure 21. Burden of indigent care on counties.

Describing the overall burden of indigent care on their county and/or the hospital district budget, an overwhelming majority of the county judges responded that that indigent care was burdensome (Figure 21). Approximately 24% and 49.3% of the judges answered that indigent care was extremely burdensome and somewhat burdensome, respectively. About 21.3% reported indigent care was mildly burdensome, while only a small percentage, 5.3% of the judges reported that the county's indigent care was not burdensome at all. In 2015, there was a 19.7% increase in the state government health care spending, exceeding both the growth of inflation and the population of Texas, and the data from the 2016 county judge survey reflects this increasing pattern of spending for a growing indigent care population.³

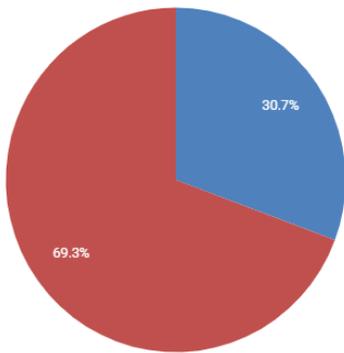


Figure 22. Affect of costs of indigent care on local taxes.

When asked whether the costs of indigent care on county budget forced a subsequent increase in local property taxes and/or local sales and use tax, a significant 69.3% of county judges responded “no” while 30.7% responded “yes” (Figure 22).

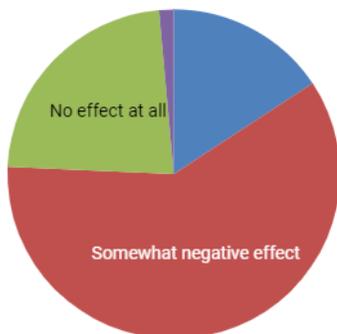


Figure 23. The effect of the rate of uninsured on the county budget.

The effect of the rate of uninsured had on the county budget resulted in the county the judges were mostly negative. 22.9% of county judges reported no effect on their overall economy. However, the majority (60%) answered that the rate of uninsured had a somewhat negative effect on their community's overall economy. In addition, 15.7% of county judges reported an extremely negative effect on their economy. Only 1.4% of county judges reported that the rate of uninsured had a somewhat positive effect and no county judges stated that there was an extremely positive effect on their overall economies.

To follow up, county judges were asked to write-in answers as to how the rate of uninsured has affected their their county's overall economy. Several responses highlighted the negative effects of having a high rate of uninsured residents, including increasing tax rates, increasing the county budget to compensate for increased spending, loss of jobs, unpaid medical bills, and an increasing burden on mucipal government and hospitals.

One judge commented that *"When our local taxpayers have to fund access to indigent healthcare at the most expensive point – the emergency room at our hospital district – it limits their ability to put their dollars into the economy in other ways."*

Another judge added that *"The county's economy does suffer from the high rate of uninsured population because these individuals are too sick to work and too poor to get the medical attention they need."*

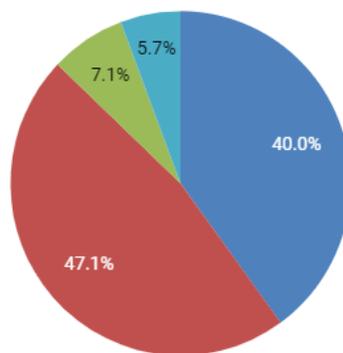


Figure 24. The effect of having uninsured residents on the county.

County judges were asked to rank the level that they agree or disagree with the following statement: *Having uninsured residents increases indigent care cost in my county.* The majority (87.1%) agreed with the statement, with 40% stating agree and 47.1% stating strongly agree. While 7.1% of county judges disagreed with the statement, but no county judges strongly disagreed. The remaining 5.7% were unsure. This data shows how the burden of supporting indigent care affects the entire county negatively, prompting an urgent need for alternative and affordable options for accessing healthcare for a growing population of uninsured or underinsured Texans.

Conclusions

In conclusion, the results of the Doctors for Change county judge survey paints an overall negative picture of the state of health in Texas in 2016. As described by the county judges who responded to the survey, the state of health in Texas can be summarized in the following main points:

- There is a high burden of indigent care that is increasing in most Texas counties polled;
- There is a significant need for improved access to mental and behavioral healthcare;
- There are limited resources, such as hospitals and providers in several Texas counties, especially in rural counties;
- There are limited funds for supporting healthcare infrastructure such as clinics and hospitals;
- The primary source of access to care for uninsured Texas residents is the emergency department;
- Several Texans have to commute very far to access care, and;
- The burden of caring for an increasing uninsured population is negatively impacting the entire county budget and increasing taxes.

Recommendations

The results of the 2016 survey highlight the existing and increasing healthcare crisis in Texas. Most of the responses from this survey expressed a need and desire from the various Texas counties for change in order to alleviate the burden of indigent care on Texas counties. The concerns of the judges were not limited to county finances, but also included a concern for the healthcare needs of their constituents. Therefore, there is an urgent need to address this growing issue of access to care for an increasing indigent population through health policy. Based on the healthcare issues identified by the 2016 county judge survey, Doctors for Change suggests the following health policy recommendations:

- Limit Medicaid funding cuts and cover as many low income adults as possible;
- Medicaid coverage of transportation;
- Continue to support the development of telemedicine to improve access of quality healthcare at an affordable cost for services such as mental health;
- Improve access to school-based mental health services, and;

- Maintain funding for Graduate Medical Education primary care through the Texas Higher Education Coordinating Board.

Limit Medicaid funding cuts and increase coverage for low income adults and services, such as transportation:

Doctors for Change strongly believes that reducing the uninsured rate will improve mental health, prevent maternal morbidity/mortality, help children grow into healthy adults, and alleviate several healthcare crisis that continue to increase every year in Texas. As shown in the 2016 survey, the burden of supporting a growing uninsured population is negatively impacting Texas counties. Additionally, transportation was identified as a barrier for accessing care for several Texans. Due to the lack of providers and financial support for maintaining healthcare infrastructure such as clinics, many Texans are forced to travel long distances to access basic healthcare services. Even in large Texas cities like Houston, transportation is still a problem because of lack of affordable public transportation.

Maternal morbidity is also on the rise in Texas. In 2014, Medicaid covered about 54% of births in Texas, but currently this coverage ends 60 days after delivery, leaving 54% of Texas moms without support for future healthcare needs.⁷ This high rate of Medicaid coverage for births was not exclusive to Texas, and most states showed similar numbers. Mental health disorders such as post-partum depression usually occur after the 60 day period, so it is essential to extend coverage for Texas mothers beyond 60 days in order to curb the growing maternal morbidity crisis.

Continue to support the development of telemedicine and other alternatives for increasing access to care in regions with provider shortages:

There has been great support for telemedicine from the Texas legislature. However, in order to make telemedicine a truly feasible alternative for accessing care in regions with limited resources and provider shortages, Texas needs to do the following: improve broadband access across Texas to accelerate telemedicine adoption and implementation, support innovative uses and applications, and ensure proper reimbursement for providers who utilize telemedicine, especially for those providers within the Medicaid program. In order to prevent abuse of telemedicine and protect both patients and providers, it is critical to define what telemedicine is and the scope of services that can be provided.

⁷ “Births Financed by Medicaid.” *Henry J Kaiser Family Foundation*. <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

In example, telemedicine has the potential to improve access to mental health by connecting patients in with mental health providers even in remote regions with provider shortages. Other alternatives to improving access to mental health include school-based mental health services. As mentioned earlier, greater than 20% of children are living with a form of mental health disorder. Unfortunately, mental health is still heavily stigmatized, preventing patients from seeking help. Also, it is at school that children and young adults experience social issues such as bullying that can cause or aggravate mental health disorders. Therefore, it is critical to connect children and young adults with quality mental health providers at school, where most children and young adults spend most of their time.

Maintain funding for Graduate Medical Education primary care through the Texas Higher Education Coordinating Board:

Texas has a severe physician shortage. Although, Texas is building more medical schools, and the number of graduating physicians is expected to increase, there is still a need to increase residency positions in Texas in order to retain physicians. Becoming a physician is a two-step process: (1) four years of medical school, (2) the completion of three or more years of residency or graduate medical education (GME). If Texas wants to keep their physicians, there also needs to be an increase GME slots available. Comments from the survey expressed a need for more access to primary care. In order for patients to stay healthy, it is important that patients have access to routine primary care.

Therefore, Doctors for Change recommends that Texas continue to fund the Primary Care Statewide Preceptorship Program, increase the permanent funding for residency positions to cover a ratio of 1.1 entry level residency slot/medical school graduates, and fully fund the Physician Education Repayment Loan Program to cover physicians in each of the key primary care areas: internal medicine, family medicine, pediatrics and obstetrics/gynecology, which will in effect help recruit more physicians to practice in rural areas of Texas.

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