



A Statewide Survey Project  
Highlighting the Healthcare Needs of  
Texas Women and Families

## First Year in Review: Trends and Results

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# PROJECT OVERVIEW

*Healthy Women, Healthy Families* is a Texas coalition of more than 20 grassroots and nonprofit organizations that formed in the spring of 2008 to launch a statewide survey and story-sharing project. The coalition has two goals:

- 1. To use the results of this project to improve access to healthcare services for women and families in Texas based on areas of greatest need**
- 2. To improve the quality of existing healthcare services**

The coalition works to achieve these goals using a multi-level strategy that includes policy work, community education, and media outreach.

Coalition partner organizations (see p. 16 for the list of coalition partners as of September 1, 2009) are based throughout Texas and encompass a broad range of issue areas including social work, reproductive health, community development, LGBT rights, and civil liberties. As members of the coalition, these organizations work to distribute surveys and information about the project to their community via such avenues as targeted emails to their membership, outreach at local health fairs and festivals, mentions of the project in community newsletters, dissemination at low-income clinics, and public service announcements on community radio.

All Texans are invited to participate in this project by filling out a survey and sharing their story. Participants are asked to rank 20 women's healthcare services according to the level of need in their community. Each service may be ranked as "urgently needed," "much needed," "somewhat needed," or "no opinion." Participants are then asked to share a short personal story about a healthcare challenge they have faced. The survey may be filled out online at the coalition website or on paper; paper surveys are collected by coalition partners or mailed back by the individual participant.

This report is intended to provide an overview and brief analysis of the project's findings from its launch in Summer 2008 through September 1, 2009. We hope it will serve as a useful resource for policymakers and women's health advocates across Texas.

## Why We Created This Project:

As compared to other states, Texas has an extremely troubling track record with regard to the health of women and their families. According to recent statistics:

- ⇒ Texas has the nation's highest rate of women of childbearing age without health insurance<sup>1</sup>
- ⇒ 35% of babies in Texas are born to women who have received inadequate prenatal care<sup>2</sup>
- ⇒ 25% of Texas children live in poverty<sup>3</sup>
- ⇒ Texas is one of the ten states with the highest percentage of women over 40 who have not had a mammogram in the past ten years<sup>4</sup>

Moreover, it is clear that not all Texas women experience similar inequities. Certain populations – women of color, low-income women, and disabled women, to name just a few – are disproportionately affected by these inequities. For example:

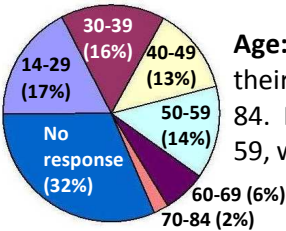
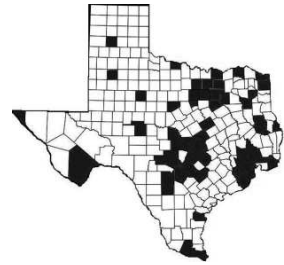
- ⇒ Black and Latina women have disproportionately high death rates from cervical cancer, and mortality is even higher for Latina women living near the Texas-Mexico border<sup>5</sup>
- ⇒ Half of all Texas women giving birth must rely on Medicaid to cover their child's birth<sup>6</sup>
- ⇒ Women with disabilities are often denied reproductive and other types of health care, or given substandard care compared to non-disabled women<sup>7</sup>

**It is crucial that health policy reflect the real experiences of a broad range of communities, not simply those who have the resources and institutional power to advocate for their own healthcare needs.** We believe it is essential to build a coalition around a wide range of issue areas in order to emphasize the fact that the health of Texas women and families affects *all* of us, no matter who we are, where we live, or what our organization's focus might be. As part of this commitment to raising the voices of real women across the state, we made the decision to collect personal stories, not just statistics. Too often, those with the fewest resources become just another number and their stories and lived experiences are ignored or overlooked. While statistics are important, we believe that our collective stories are what ultimately hold the power to make change.

# Participant Data:

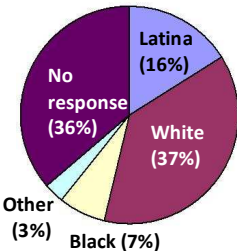
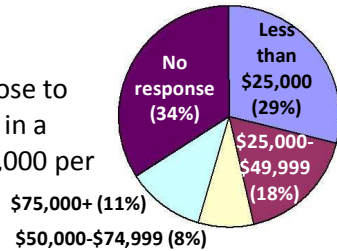
This report was compiled based on responses from 758 participants representing 60 Texas counties. Approximately 40% of all responses were submitted online through the project website; the remaining 60% were collected by coalition partners at meetings and events. Demographic information is optional; about one-third of participants do not choose to answer these questions. The following section takes a closer look at the demographic breakdown of survey participants.

Counties Represented:



**Age:** Of the 68% of participants who chose to share their age, the youngest was 14 and the oldest was 84. Most respondents fell between the ages of 20-59, with a fairly even distribution in this range.

**Income:** Of the 66% of participants who chose to share their income, 29% – nearly half – live in a household with an income of less than \$25,000 per year.



**Race/Ethnicity:** Of the 64% of participants who chose to share their race/ethnicity, most fell into three major categories: Hispanic/Latina(o), White/Caucasian, and Black/African-American. The remainder self-identified as Asian, Native American, Jewish, multiracial, or other.

**A note on demographics:** The *Healthy Women, Healthy Families* coalition places special emphasis on collecting the personal stories of those most affected by healthcare inequities, including the elderly, people of color, and low-income families. While we recognize that our demographic statistics are incomplete, we will continue to strive to ensure that these populations are well-represented in our final results.

# CURRENT SURVEY RESULTS

Below are the top ten most-needed services as ranked by participants who took the 20-question survey (followed by percentage of participants who indicated “urgently needed” or “much needed”):

1. Healthcare services for women and families with no (or limited) health insurance (88%)
2. Safe, affordable child care for families (85%)
3. Affordable, available family planning options (birth control, pregnancy testing, flexible education options for teen parents) for women and teens (85%)
4. Affordable, community-based long-term and preventive healthcare for elderly and disabled women and their families (85%)
5. Medically accurate sex education (82%)
6. Screening, diagnosis and treatment for breast and cervical cancer, and other long-term reproductive conditions such as endometriosis (82%)
7. Appropriate and respectful emergency and follow-up healthcare for survivors of sexual abuse, assault or rape (81%)
8. Testing, treatment, and prevention of sexually transmitted infections (Chlamydia, herpes, etc.) (80%)
9. Education about how pollution (smog, chemicals in the home/workplace, etc.) impacts reproductive and general health (78%)
10. Sterilization or other long-term birth control available without coercion, pressure, or judgment (74%)

The remaining ten services as listed by rank: HIV testing, treatment, and support resources; Healthcare services for women going through menopause (hormone treatments, counseling, etc.); Healthcare providers who understand the culture of the patient (including sexual orientation, gender expression/identity, etc.); Safe, affordable abortion services; Services for women and their partners who want to have a child (pre-natal care/vitamins, maternity leave, infertility treatments, artificial insemination, sperm donors, adoption services, etc.); Healthcare services in the language of the patient (Spanish, Vietnamese, American Sign Language, etc.); Transportation to clinics or social service offices; Healthcare services without burdensome restrictions such as I.D. requirements; Getting time off work for doctor's appointments or birth of a child; Healthcare services for women and families within the criminal justice system (prison, probation, detention, etc.).

## Survey Trends:

### **Participants indicated a clear need for the services listed in the survey:**

Out of all rankings given to healthcare services, participants marked “urgently needed” or “much needed” 75% of the time.

### **Participants also had the option of listing other services not included in the survey, and 12% of participants did so. Some responses appeared numerous times, including:**

- ⇒ Advocates to help families through care and treatment options
- ⇒ Breastfeeding support in the workplace
- ⇒ Cancer and pain management services
- ⇒ Dental care and eye care
- ⇒ Midwifery services
- ⇒ Reproductive health care and education for young males
- ⇒ Respectful and affordable mental health care
- ⇒ Support for single and teen mothers after they give birth

**A note on dental care:** Apart from the services listed in the survey, lack of access to dental care was the health challenge most often cited by participants in write-in responses and personal stories. While our survey does not directly address dental care we know that oral health problems are frequently an indicator of other health problems, especially for women, who can be more susceptible to many of these problems. Pregnant women also have heightened oral health needs.<sup>8</sup> The following story, received by the coalition from a 62-year-old woman in Travis County, echoes dozens of women across the state who told us that they or their families are struggling with oral health problems:

*I have been having pain in varying places on my face and head for several years. Being a retired teacher, my health insurance [doesn't] include dental coverage... my son gave me money for Mother's Day and I went to the dentist for the first time in 3 or 4 years. Three cavities were detected along with a need for a root canal and other procedures... to the tune of \$18,795. That amount is more than my annual income! Older women need affordable dental care. I don't know what to do. I can't even afford to have my teeth extracted. Please help.*

# STORIES

The following section spotlights 33 of the 350 personal stories that have been shared so far by *Healthy Women, Healthy Families* participants (note: slightly less than half of all survey respondents chose to share a personal story). These stories have been selected because they are representative of greater thematic trends across age groups and counties. They have been arranged according to the top survey result they most closely correspond with.

# 1. Healthcare services for women and families with no (or limited) health insurance

***“We had a clinic that had a wonderful doctor and due to finances the clinic and doctor was ripped out from under us leaving people in such need with nothing.*** I have high blood pressure and now with no doctor or money, I can't get the medication I need. I have a special needs son and with \$623 a month income, there is not enough money left after the bills to even think about doctors or medication. I thank God for the Wesley Nurse that has been helping me here at the soup kitchen.”

**M.J., age 51 (Tom Green Co.)**

***“I have moved into a friend’s house because my [medical] debt is too high to afford to rent an apartment... Sliding scale/ community clinics are full, and most do not accept new patients, nor do they have a walk-in clinic or a wait list. They refer you to MAP, [but I do not] qualify for MAP... I have not had a pap/breast check/wellness check in years [even though] the women in my family have a history of cancer... I feel as if I am, like so many, caught in the middle.”***

**C.B., age 34 (Travis Co.)**

***“There's a huge gap between 50 and the age at which one can get Social Security... I was laid off a good job with health benefits at 57 years old.*** Was unable to find comparable work and did not have health insurance the entire time until, at 62, I filed for Social Security benefits... but still have no health insurance and jobs at 62 are almost impossible to find.”

**Anonymous, age 62 (Dallas Co.)**

***“My wife has high blood pressure and only makes \$8 an hour. She [is] the one in our house with a job so she pays all the bills. We find ourselves not being able to afford to keep the meds she needs to regulate her blood pressure but she can't [get] Medicaid.”***

**Anonymous, age 27 (Travis Co.)**

"[When] I applied for HUD in my area, I was told I was turned down due to my credit report... I do not have bad credit, just medical bills, but I am unable to pay for medical services. ***I was told I have to pay for back medical bills before I can get HUD services. I am an unemployed single mom and in school full time. I do not have the financial means to make these payments.*** If I was able to make these payments to get caught up I wouldn't be in a situation where I needed HUD assistance."

A.T., age 32 (Caldwell Co.)

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***"I am challenged with trying to do preventive care of self... low-income healthcare [isn't a] consideration at this time due to economy of area being so low.*** [Other issues are] finding employment without use of credit cards, groceries, maximizing travel, escalation of credit card APR and change of due dates with \$30 late fees and finance charges... I can not control [the effects on my] body and stress levels."

E.H., age 57 (Gillespie Co.)

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***"My partner and I have had to maintain a household for 22 years that is not recognized by local, state or federal governments. Hence, we have each had to maintain our health insurance policies as individuals.*** We cannot get any type of financial break with a family policy. Now that we are both over 50, it has become a financial burden, since our combined health insurance premiums cost us more than \$1,000/month. We spend at least that much on alternative healthcare because we view our health insurance policies as insurance for emergencies and/or crises only, [but] our benefits continue to dwindle while our premiums continue to rise. We are getting to the point where we might not be able to afford health insurance for both of us."

Anonymous (Harris Co.)

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***"Since receiving cancer treatment I have been found to be infertile.*** But even though it is due to a medical reason it is not covered under insurance. But Viagra is covered. Makes no sense to me."

S.C. (Travis Co.)

“I am a single mother of one little girl, and although I feel very blessed to be able to have Medicaid services for her, I am... not able to pay for individual healthcare for myself. Being that I am a single mother, I have a responsible and overworked schedule in which I rarely have enough time to feed myself the right foods, much less get the amount of exercise I wish to achieve on a daily basis. I consider myself healthy, but do sometimes feel dizzy, don't get enough sleep, and other small health risks. I realize though, that as a mother, I am the only one the provides for my daughter and my 4 year old has for all of her life depended on my health to keep her healthy. ***If I were to pass out, from lack of sleep or anything, while grocery shopping or running other errands - who would watch over her? Now tell me exactly, who?***”

**Anonymous, age 27 (Hidalgo Co.)**

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“The application process for Medicaid is fine, [it's] just that I have to travel 10 miles or more [in order] to get anything done. When I had to do this gas prices were almost \$4 a gallon. I had stopped working before I had my baby in February '08; our budget was tight... Another thing that was a disappointment was I did not have the option to get dental care. I desperately need it. My wisdom teeth are pointed out toward my cheeks, my gums bleed to the touch - not just a little pink in the sink [but] bright red blood - too graphic? Sorry, it's my reality... ***Another thing that kills me is on WIC we don't have the option to buy organic. There are organic baby rice cereals, milk, eggs, and carrots but because I'm poor I have to feed my child junk.*** I watch TV and read up on healthy foods for babies and young children and I wish [I had] the option of providing these things for my child.”

**M.R., age 25 (Travis Co.)**

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“My 14 year old daughter is pregnant and her father and I are both hard-working people who pay into insurance each week. So when I found out she was pregnant I did not think twice about making her an appointment with my OB and that is when I found out she would not be covered. We make too much money for her to get Medicaid but not enough to get her medical attention. ***What kind of system is this that I cannot get my daughter and unborn grandchild medical assistance?***”

**A.N., age 32 (Harris Co.)**

## 2. Safe, affordable child care for families

## 3. Affordable, available family planning options for women and teens

“I don't have any insurance because I am single mom who works nights and goes to school during the day while my son is in school. If I would have [had] better access to birth control my son wouldn't be here. ***Trust me, I love my son more than anything in the world, but as a single mother it is really hard out here. I barely make enough to cover my bills but they say I still make too much for Medicaid.*** I have tried to get my son on Medicaid but I keep getting denied because I make too much even though his dad pays for Medicaid coverage in his child support payment. I am not asking for free services, just reduced services and help for young single mothers. As far as health care I am willing to pay, it's just I need help.”

M.N., age 23 (Harris Co.)

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“I work with teen mothers. One of the 16 year olds (who has a 2 year old) had unprotected sex but she couldn't get the morning after pill without parental consent. Her relationship with the lady she calls ‘Mom’ is delicate and tenuous. She did finally have her period but the entire episode was very stressful and detrimental to her. ***It may be easy for people on the outside to say, ‘Well, she should just be careful,’ but we must deal with people on their own level of maturity.*** Teens need access to birth control without parental consent and they need access to sexual health without consent of their parents!”

Anonymous, age 47 (Crane Co.)

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“A good friend of mine recently had a pregnancy scare and ***when I asked her why she did not take birth control it was because it is way too expensive.***”

M.E. (Travis Co.)

***"I had to give up my job in order to be eligible for Medicaid because otherwise I simply would not have been able to AFFORD to give birth to my son.***

This has forced my husband and I to live off one income and for now my son must also. Contrary to what some may believe it is not easy, fun or a "gift" to have to live off food stamps. At first I was limited to a clinic that was always dirty and often I would wait 2.5 hours past my scheduled appointments for my prenatal visits. I was even given an antibiotic that is NOT safe for a pregnant woman for a condition I did NOT have. So even after giving up my job it was still very difficult for me to find safe healthcare during my pregnancy."

**Anonymous, age 25 (Liberty Co.)**

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"I [don't] have insurance and I have a chronic depression that I am afraid will be found out by insurance. ***Also wanna get pregnant but I am afraid to since I don't have insurance.***"

**Anonymous, age 28 (Dallas Co.)**

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***"I am a 26 year old woman who has a beautiful 3 year old daughter and a wonderful fiancé. However, at the age of 19, I was drinking alcohol constantly and I had unprotected sex with my boyfriend at the time..."***

The result - I became pregnant. I had no idea what to do. I couldn't tell my mother, the guy took off, and the only place I could go was 2 and a half hours away from where I live to get an abortion. While it wasn't the best thing to do, I did it. I knew I was not ready to be a single mother and I had no idea how much pain I had caused to the fetus due to my alcohol consumption. I had taken a couple of sex education classes in a couple of different cities, but the city I was living in at the time did not offer one. I am happy with the choice I made and have no regrets. I do think there needs to be A LOT more sex education in schools as early as 6th grade! ***Birth control also needs to be made available to people at about 15 or 16 years old.*** That is a young age, but MOST 15-16 year olds ARE having sex. I would include a photo of myself, but I do not want to be judged by anyone for my actions. Thank you for your time."

**Anonymous, age 26 (Eastland Co.)**

## 4. Affordable, community-based long-term and preventive healthcare for elderly and disabled women and their families

“We are a family of four. My husband and I are teaching assistants in special ed classes. We are paid about \$10/hour. We have a disabled son over the age of 21 with Medicaid. ***After the age of 21 Medicaid pays for very little... we often feel as if the state of Texas assumes disabled children are miraculously healed or dead by the age of 21...*** My husband and I have health insurance through [work] but between the premiums and deductibles we spend at least 1/3 of our income on health care... Please someone help us.”

**P.C., age 51 (Bexar Co.)**

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“I am 71 years old and live on social security - \$542.00 a month with no health insurance other than Medicare. I have heart problems and can't afford to see a doctor, and was refused Medicaid since I have no children living at home. ***I get \$134.00 a month in food stamps, which does not last the month so I eat a lot of peanut and jelly sandwiches. We desperately need help for old people...*** My rent uses up my social security, my sister pays my electric for cleaning her bird cages, and my son pays my phone bill.”

**C.C., age 71 (Galveston Co.)**

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***“My mother is 73 years old and has not been to the doctor in over 10 years because she has no health insurance. Several years ago she was aware of a lump in her breast, but did not seek any health guidance because of a lack of insurance.*** Her limited Medicare has not proved to be beneficial. Affordable or, preferably, free services for routine care for the elderly on a limited income is a need for our families.”

**A.R., age 47 (Bexar Co.)**

***“Recently, my grandmother fell and due to her severe arthritis, she may not be able to walk on her own anymore. She is 84 [and] otherwise in absolute perfect health... however, she has now fallen into a depression because she cannot do what she used to do [and] is embarrassed and ashamed that we (her family) now have to do this for her... [The] situation has placed a lot of strain on our family, especially my mother. And it has been difficult to come across good organizations or individuals that can help us or refer us to others that can help facilitate this process. I believe every life is valuable, whether 4 or 84 years old. And having access to better health care for the elderly, including counseling, as well as for the family who is coping with this big life change, is essential.”***

**D.M., age 25 (El Paso Co.)**

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***“I am in charge of a senior citizen center. **It would be nice if we had someone come in at least once a week to check blood pressure and diabetics [as well as] transportation for persons to get to and from doctor appointments.** Most important, a pharmacy and someone who could do blood work., lab work, [and] x-rays here so we didn't have to go 25 miles just for this. We do have a clinic here in Lakehills but they won't do lab work unless you are one of their patients.”***

**B.B., age 82 (Gonzales Co.)**

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***“I work with families whose children are blind or visually impaired and often have additional health issues. **Last weekend in a group of 9 families from near Central Texas, 2 described having to divorce in order to become eligible for Medicaid for their medically involved children.** Others talked of the difficulty of finding day care options for children who have disabilities. A few mentioned how long they had to look to find doctors who would take the time to investigate troubling health concerns. The disability community is sorely lacking in access to quality medical care!”***

**C.M., age 53 (Travis Co.)**

## 5. Medically accurate sex education

***“My high school had such bad sex education that a friend and I started passing out our cell phone numbers trying to get sexually active kids to call us for contraceptive information.*** The calls I fielded were unbelievable (e.g. someone wanted to know if she could pregnant from swallowing semen, since ‘the stomach is connected to the vagina’).”

**Anonymous (Travis Co.)**

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“My daughter is 16 and while she knows that she really was not ready to have sex, she and her boyfriend did. ***They have both attended the abstinence stuff they show them at the schools here but that really did not give them the skills to resist temptation.*** I thought I had talked enough that maybe she would be able to be strong. Well anyway she did finally come to me and tell me that they had had protected sex a few times and once unprotected. We called the local women’s clinic and made an appointment for a pelvic. She is on CHIPS since I am single parent and low income (her father is in prison and there is no child support). They paid for the exam but not the birth control [so] I am paying even though it hurts us some to do so. I do not want an unplanned pregnancy for her.”

**M.P., age 43 (Erath Co.)**

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“As a teacher in an alternative high school... one of the areas of greatest concern for me, aside from prevention of unwanted pregnancy, is the lack of adequate, appropriate prenatal information for low-income pregnant teens [who] cannot afford to buy books or magazines to learn about nutrition, biological changes, warning signs, etc... ***For many, their only source of information is family and friends who are often grossly misinformed.*** We need to provide ALL low-income mothers with easy-to-read information, preferably along with regular counseling, so they will have the basic knowledge necessary to give birth to healthy babies and care for them correctly. Ideally, we also need to provide the same basic, easy-to-read information regarding birth control choices and STD's, and make sure these materials can be accessed privately, even in rural communities.”

**R.U., age 40 (Fisher Co.)**

## 6. Screening, diagnosis and treatment for breast and cervical cancer, and other long-term reproductive conditions such as endometriosis

## 7. Appropriate and respectful emergency and follow-up healthcare for survivors of sexual abuse, assault or rape

“After menopause women are required to have a yearly mammogram. ***Even with the Komen Foundation Health Bus, it is still too expensive.***”

D.W., age 51 (Dallas Co.)

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“I didn't have health insurance, and was too old for Medicaid. I hadn't had a pap smear in years... ***Finally my mom paid for me to get a pap smear, and I had cervical cancer.*** I was lucky that it wasn't worse than it was; a hysterectomy would take care of it. But the hospital wanted money up front since I didn't have insurance. I qualified for the Medicaid spin-down, but [that would] only be paid after I paid my part, which I couldn't afford. I got lucky and I had family in other states that chipped in [to pay so] the hospital would do the surgery and I didn't die. But I never could pay the remainder and it ruined my credit.”

Anonymous, age 42 (Travis Co.)

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***“When I was younger I was not ready for sex but I was never educated that no means no.*** As the relationship continued, my partner forced me to have sex. I got pregnant and I had to go it alone. Now I know I was being raped.”

A.A. (Bell Co.)

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***“As a woman I am very afraid that if I'm raped I will be mistreated by the police and health care provider who are not trained to deal with my rape.*** Sometimes I think it would be better not to tell anyone.”

H.K. (Dallas Co.)

“I am a 45 year old women who cannot afford health insurance... Right now I need to see my gynecologist (nurse practitioner) because I am having intermittent pain from endometriosis. I have had this for a very long while but as I get older and the pain gets worse I know I will eventually have to have treatment for this condition. **Anyway, I cannot see the gynecologist because I am paying off a dental bill in which I still owe \$1,000.** I will pay this off and then try to see the gyno... All I can say is thank God I have not had any serious illnesses or accidents.”

**G.T., age 45 (Travis Co.)**

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“I am a 37-year-old woman with Polycystic Ovarian Syndrome. While the condition is manageable, I am, at my age, struggling with various severe symptoms that are greatly hindering my health, and thus also my ability to maintain a job and care for my family... Although PCOS is a fairly common condition, many doctors are unaware of how severely it can impact a woman's health and her life if not properly managed. There are only a few doctors here in El Paso who understand this condition, but without affordable health care and insurance that will cover this “pre-existing” condition, I cannot afford to see these doctors for treatment for my symptoms. **Because I cannot afford to see the doctors who understand [Polycystic Ovarian Syndrome], I do not have the necessary documentation to qualify for disability benefits.** More importantly, I have a very diminished quality of life, and at my age, I am honestly terrified for my future. I have an elderly mother who I help care for, and I am currently unable to support myself. My job history is erratic due [to] my health, and despite being well-educated and possessing many work skills, I have great difficulty finding work when I am healthy enough to work. And all because I cannot get the proper treatment for a manageable condition.”

**A.B., age 37 (El Paso Co.)**

**8. Testing, treatment, and prevention of sexually transmitted infections (Chlamydia, etc.)**

**9. Education about how pollution (smog, chemicals in the home/workplace, etc.) impacts reproductive and general health**

**10. Sterilization or other long-term birth control available without coercion, pressure, or judgment**

“I am friends with [a woman] who has 2 young children, one of whom is autistic. She and her husband have decided that she should have her tubes tied, as they do not want more children, are on Medicaid, and need to focus on their autistic son. ***At [the hospital], she was seen by a female doctor who told her she was too young and too fat to have the procedure.*** She is devastated, does not know where to turn, and is angry that she was denied the procedure she needs and wants. She cannot take the chance of getting pregnant again, and having a vasectomy is against her husband's religion. This is so wrong - she made a well-informed choice, and should not be denied treatment.”

**M.S., age 53 (Dallas Co.)**

- <sup>1</sup> *Census Data on Uninsured Women and Children: September 2009*. March of Dimes Foundation. Accessed 1 Nov. 2009. [http://www.marchofdimes.com/files/Uninsured\\_Highlights09.pdf](http://www.marchofdimes.com/files/Uninsured_Highlights09.pdf)
- <sup>2</sup> *The State of Texas Children 2008*. The Center for Public Policy Priorities. Accessed 1 Nov. 2009. <http://www.cppp.org/factbook08/index.php>
- <sup>3</sup> Ibid.
- <sup>4</sup> *Mammogram Rate for Women 40+, 2006*. StateHealthFacts.org. Kaiser Family Foundation. Accessed 1 Nov. 2009. <http://www.statehealthfacts.kff.org/comparemactable.jsp?ind=479&cat=10>
- <sup>5</sup> *Barriers and Facilitators of Cervical Cancer Screening Among Hispanic Women*. Byrd, Chavez, Wilson. *Ethnicity & Disease*, Vol. 17. 2007.
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***Healthy Women, Healthy Families***  
**Coalition Partners as of September 1, 2009:**

Association for the Advancement of Mexican Americans, Inc.  
ACLU Foundation of Texas  
allgo: A Statewide Queer People of Color Organization  
Austin Women's Health Center  
Bridge Breast Network  
Center for Research on Women with Disabilities  
Health Care for All Texas  
Jane's Due Process  
League of Women Voters of Texas  
The Lilith Fund  
Mothers for Clean Air  
NARAL Pro-Choice Texas Foundation  
National Association of Social Workers/Texas  
National Council of Jewish Women  
Planned Parenthood of Central Texas  
Planned Parenthood of the Texas Capital Region  
Planned Parenthood of West Texas  
PODER (People Organized in the Defense of Earth and Her Resources)  
Religious Coalition for Reproductive Choice - Texas  
Sun Dragon Martial Arts & Self Defense  
Texas Equal Access Fund  
Transgender Education Network of Texas  
Women's Health and Family Planning Association of Texas  
YWCA Paris and Lamar County

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