Caring for Indigent Children in Denton County in Relation to
Dallas and Tarrant Counties in Texas

Scott Grant

Dr. Susan Eve, Associate Dean, Honors College, University of North Texas

Dr. Gloria Cox, Dean, Honors College, University of North Texas
Caring for Indigent Children in Denton County in relation to Dallas and Tarrant Counties in Texas

ABSTRACT

Dallas, Denton, and Tarrant Counties are three of the most populous counties in the State of Texas. The rate of uninsured people in these counties is about the same, but the way in which they care for these citizens is very different. In Texas, it is left to each county to have a health care plan for its indigent population. A person is described as indigent if he or she is deficient or completely lacking in something. In this case, the thing they are lacking is health insurance to help pay for the health care they need. The Texas Legislature gives Texas Counties three choices from which to choose in order to offer health care to those who do not have insurance. Counties must choose to establish a hospital district, build a public hospital, or develop a County Indigent Health Care Plan (CIHCP). Dallas and Tarrant counties have the Parkland and John Peter Smith Hospital districts respectively. Denton County had a public hospital until 1986 when it was closed down to develop a CIHCP clinic system through the Health Department and then eventually the People’s Clinic of Denton County. We use the data about the demographics of the uninsured and the Behavioral Model for Vulnerable Populations to see which populations are most at risk due to lack of insurance. The groups most at risk are young people, specifically between the ages of 18-24, and African-Americans, Hispanics and those who describe their race as other. By analyzing data from the Texas State Health Department, we can see how Denton County stacks up against Dallas and Tarrant County when it comes to serving these specific populations. Denton County’s primary areas of concern include providing prenatal care to Hispanic and African-
American women, bringing down the African-American infant mortality rate, as well as mortality rates for young Hispanics and other minority races. Since the closing of Flow Memorial Hospital, the public hospital of Denton County, the Denton County Health Department and the People’s Clinic of Denton County, along with other small non-profit clinics, have taken responsibility for providing health care to the indigent population. More data will be needed to determine the efficiency of these clinics in providing these people with care and addressing the areas of concern among Denton County’s young people.

BACKGROUND

Dallas County, Denton County and Tarrant County

Dallas, Denton, and Tarrant Counties are three of the top ten counties in the state of Texas by population\(^1\) and together account for an estimated 20 percent of the population of the state (Dallas: ten percent, Denton: three percent, Tarrant: seven percent)\(^2\). The major cities in these counties are Dallas, Denton, and Fort Worth respectively and they are located in the northeast region of the State of Texas. The rates of uninsured people in these counties are comparable as are the rates of uninsured minors (ages 0-18). Dallas County has an uninsured rate of 23.7 percent, and a 24.4 percent uninsured minors rate. Denton County’s rates are 20.4 percent overall and 19.5 percent of minors. Tarrant County has an uninsured rate of 22.0 percent while 22.7 percent of minors in Tarrant County are uninsured. The State of Texas leaves indigent health care up to individual counties and allows for three possible ways to provide that care. In 1985, the Texas Legislature passed the Indigent Health Care and Treatment Act. This law stated that
counties have responsibility to, at a minimum, take care of those whose monthly income is below a certain level. Legally, this level is set at 17 percent of the national poverty line, but the bar is usually set by Legislature to be higher than this amount. The law requires counties to choose one of three options for the care of their indigent population: Hospital Districts, Public Hospitals or County Indigent Health Care Programs (CIHCP). In 1999, the Texas Legislature reformed the Act, giving counties more flexibility, more accountability, and new financial incentives to provide quality health care to their indigent populations. Of these options, Dallas and Tarrant County currently have hospital districts, while Denton County has a County Indigent Health Care Program.

Health Insurance in Texas

The other information necessary to understand how health care is provided to residents of these counties is to get a glimpse of how residents of Texas get insured. Health insurance can be divided into two categories, based on who pays. Private insurance, which is paid for by employers, individuals, or some combination of the two, has no government funding involved. Insurance purchased for people by the government using tax dollars is public insurance. In 1999, 56 percent of Texans were covered by private insurance. Public insurance is paid for primarily by government funds. Most public insurance also requires a small contribution to the cost of the coverage. However, the government will not provide insurance to all of its citizens. To receive public insurance citizens must meet certain eligibility requirements based on age, income, or disability. These “eligibility standards” are not the same for every government program. The two major public health insurance programs run by government are Medicaid and Medicare, and a third, the State
Children’s Health Insurance Program (SCHIP) is becoming more commonly used and could become a major government insurance program in coming years.

**Medicaid**

Medicaid provides insurance for low-income citizens including children, parents receiving cash welfare, pregnant women, adults and children with severe disabilities, elderly in need of nursing home care. It is important to note that Medicaid does not provide nursing home care, but does provide assistance to those in need of nursing home care. Caron Fenz points out in “Providing Health Care to the Uninsured in Texas” that it is interesting to note a couple of groups not covered by Medicaid: low-income adults without children who are not blind or disabled, and low-income adults with children and who are not receiving cash welfare. The misconception that Medicaid covers everyone who is poor is therefore not true, and shows a gap in the coverage provided by the government. Low-income, non-disabled adults, whether they have children or not, are very rarely covered by Medicaid and those people form a significant percentage of the uninsured population. Counties are left responsible for filling those gaps in coverage. Medicaid cares for approximately 1.7 million Texans, nine percent of the state population, each month.

**Medicare**

Medicare is the other major government funded health insurance program. It is almost entirely federally funded and administered and provides health insurance for adults over age 65, regardless of income, and selected disabled adults at any age. Medicare
purchases coverage for approximately two million Texans per month, about ten percent of the State’s population. Medicare requires some of the cost be paid by the people being covered, which can cause problems for low-income elderly. The state helps over 300,000 low-income elderly pay for their Medicare costs. Apart from this assistance, the state doesn’t have any business with Medicare policy.

SCHIP

The State Children’s Health Insurance program was created by the federal government in 1997. SCHIP was designed to help states provide health insurance to children whose families have too much income to qualify for coverage through Medicaid. Children aged 0-19, with family incomes too high for Medicaid but below 200 percent of the federal poverty level, are eligible for the SCHIP. The Texas SCHIP program began on May 1, 2000 as part of the TexCare Partnership. The TexCare Partnership is a general outreach program that teaches citizens the importance of children’s health insurance and creates opportunities for eligible families to qualify for Medicaid and SCHIP programs. Initial projections indicate that once the SCHIP program develops over the next few years, close to 500,000 children and adolescents will be covered.

The Uninsured in Texas

To summarize, about 56 percent of Texans are covered by private insurance, a combined 19 percent are covered under public insurance programs like Medicaid, Medicare and the State Children’s Health Insurance Program. This leaves about 25 percent of the population of Texas without any health care coverage. The uninsured are roughly even in
terms of gender (52 percent male to 48 percent female), while younger age groups tend to be disproportionately represented in the uninsured population. People aged 18-24 and 25-34 make up almost 75 percent of the uninsured population of Texas with the 18-24 year olds making up the majority. In terms of race, Hispanics and African-Americans also represent a much larger percentage of the uninsured population than the general population. It is also interesting to note that among the population of uninsured Texans, the distribution among those under the poverty level, those between 100 percent and 199 percent of the national poverty level, and those above 200 percent of national poverty level is roughly equal. Most of the uninsured population is employed either part-time or full-time, while only one in four is described as being “not in the labor force.”

THEORETICAL FRAMEWORK AND METHODOLOGY

The Behavioral Model for Vulnerable Populations

I will be employing the Behavioral Model for Vulnerable Populations. The Original Behavioral Model was developed in the late 1960s to assist in understanding why people use health services. A revised and expanded Behavioral Model for Vulnerable Populations is called for because the factors that make homeless and other populations vulnerable might also affect their use of health services and health status. Vulnerability is defined as the risk of having poor physical, psychological, or social health. The model explains why people from various vulnerable populations do or do not seek health care for their health problems. The Behavioral Model for Vulnerable Populations uses three predictor variables—predisposing, enabling, and need variables. The Predisposing domain includes the social structure characteristics from the Traditional Model like
ethnicity, age, marital status, as well as characteristics added for the Vulnerable Model like immigration status. The Enabling variable takes into account personal resources such as insurance coverage, employment status, and the presence of a usual source of care as well as barriers to health care including transportation, or lack thereof, competing needs requiring people to choose such things as food, housing, or clothing over health care, as well as problems with the paperwork in the health care system. The need variable indicates general health status as perceived by the individual.

**Applicability to our Problem**

As we have already seen in our background research, the number of people in the uninsured population who are young and either Hispanic or African-American is disproportionately represented, indicating that age and race are the most important predisposing elements when analyzing health care access in the state of Texas. When we analyze the efficiency and effectiveness of health care access through the lens of the Behavioral Model of Vulnerable Populations, we can try to align the gaps in insurance coverage in our counties of interest with the care received by those populations which our research and the Behavioral Model indicates are most likely to be without health insurance and quality health care. The goal of the counties should be to ensure that through the countywide health care initiatives, each person is cared for regardless of age, gender, race, physical disability, or ability to pay. There is a significant gap in the number of people who are uninsured based on these demographics, so the county must work even harder in those groups that are overrepresented in the uninsured population of Texas to ensure that there is no inequity of care among these groups.
DATA AND RESULTS

Data Gathering Method

The information for this research was gathered from the Texas Department of State Health Services website Data and Reports Query System. Birth, Death, and Population Statistics are available from the years of 1999 to 2004. By analyzing this data for the three counties about which we are concerned, we can test the efficiency of the Denton County Indigent Health Care Program to fill the gaps of the people who fall within this population.

Results

We have seen that one of the largest gaps in the health insurance coverage statewide is for young people. This is the area that we will be examining more closely. Because my area of interest is young people without insurance, we looked exclusively at people less than 25 years of age. We can look at the other demographic variables that align themselves with the percentages of the population that our model indicates are more likely to be indigent.

Three major areas that we will discuss in our exploration of these county indigent health care programs are prenatal care, infant mortality, and general death statistics. Based on the data from the query system, we can analyze these statistics through the lens of the Behavioral Model.
Prenatal Care

Prenatal care is important to the well-being and continued growth of the people. Prenatal care is one of the most frequently used health services in the United States, according to data from the 1995 National Medical Ambulatory Care Survey. The National Medical Ambulatory Care Survey estimated that there were 23.3 million prenatal visits to physicians' offices, outpatient departments, or emergency departments in 1995. Moreover, after the general medical examination, prenatal care is the most frequently cited preventive health service. Figure 1. shows the percentage of births by race in Dallas County who were born with inadequate prenatal care, according to Kessner Adequacy of Prenatal Care Index. Figure 2. and Figure 3. show the same information for Denton and Tarrant County respectively.

Figure 1. Births with Inadequate Prenatal Care in Dallas County

![Graph showing percentage of births with inadequate prenatal care by race in Dallas County from 1999 to 2004.](image)
Figure 2. Births with Inadequate Prenatal Care in Denton County

Figure 3. Births with Inadequate Prenatal Care in Tarrant County
As seen in these figures, the percentage of births by mothers who have had inadequate prenatal care is much higher in the Hispanic and African-American communities where mothers are less likely to have health insurance. The average difference between African-Americans and White-Americans for Dallas County is 7.28 percent whereas the difference in Denton is 7.85 percent. Tarrant County, however, has a staggering 14 percent difference between the percentage of White Americans and African Americans having babies with inadequate prenatal care. The gap for Hispanics is much greater amounting to a difference of almost 12 percent in prenatal care in Dallas County, 18.02 percent in Denton County, and a little over 20 percent in Tarrant County. The widest gap between White Americans and African Americans was 16 percent gap in Tarrant County in 2000, and a 24 percent gap separating White Americans and Hispanics in Tarrant County in 2003.

Infant Mortality

The first year of life requires a series of important medical procedures and the laying of the basic groundwork for a lifetime of health care, including immunizations. Failure to get this care can lead to infant mortality. Infant mortality is not something that can be completely eradicated, but the goal should be, as with other death statistics, to make the statistics of those affected by the problem reflect the total population statistics. Unfortunately, this is not always the case as in Dallas, Denton, and Tarrant County. Table 1. shows the Infant Mortality rate for the years 1999-2004 by race in Dallas County.
The goal of public health officials analyzing these tables is to make the rates as low as possible. At a minimum, their goal is to make sure that rates among the races are as close as possible to one another. Dallas County has lower rates of mortality for white and Hispanic citizens and citizens who describe their ethnicity as other, presumably Asian and Native American populations. However, the infant mortality rate among African-Americans is almost double that of any other race.

Table 1. Infant Mortality Rate* by Race in Dallas County

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>African-American</th>
<th>Hispanic</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>5.3</td>
<td>10.5</td>
<td>5.9</td>
<td>2.5</td>
</tr>
<tr>
<td>2000</td>
<td>4.1</td>
<td>10.1</td>
<td>5.0</td>
<td>0.9</td>
</tr>
<tr>
<td>2001</td>
<td>3.7</td>
<td>10.6</td>
<td>6.4</td>
<td>3.2</td>
</tr>
<tr>
<td>2002</td>
<td>5.3</td>
<td>11.8</td>
<td>5.7</td>
<td>3.0</td>
</tr>
<tr>
<td>2003</td>
<td>6.6</td>
<td>13.8</td>
<td>6.8</td>
<td>5.3</td>
</tr>
<tr>
<td>2004</td>
<td>3.9</td>
<td>12.4</td>
<td>6.1</td>
<td>3.5</td>
</tr>
</tbody>
</table>

*rate is deaths per 1000 live births

Table 2. shows the information for Denton County residents. Denton County shows a situation similar to that of Dallas County.

Table 2. Infant Mortality Rate* by Race in Denton County

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>African-American</th>
<th>Hispanic</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>4.4</td>
<td>12.9</td>
<td>6.3</td>
<td>2.9</td>
</tr>
<tr>
<td>2000</td>
<td>4.0</td>
<td>10.4</td>
<td>2.2</td>
<td>4.8</td>
</tr>
<tr>
<td>2001</td>
<td>3.2</td>
<td>17.0</td>
<td>5.6</td>
<td>3.6</td>
</tr>
<tr>
<td>2002</td>
<td>2.9</td>
<td>16.6</td>
<td>8.4</td>
<td>0.0</td>
</tr>
<tr>
<td>2003</td>
<td>5.4</td>
<td>13.6</td>
<td>6.3</td>
<td>3.3</td>
</tr>
<tr>
<td>2004</td>
<td>5.1</td>
<td>19.1</td>
<td>4.0</td>
<td>3.2</td>
</tr>
</tbody>
</table>

*rate is deaths per 1000 live births
The rates of infant mortality among whites and Hispanics, with the exception of 2002 when the Hispanic rate spiked, are extremely low. Again African-Americans are highly overrepresented among the infant mortality rate in Denton County.

Table 3. Infant Mortality Rate* by Race in Tarrant County

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>African-American</th>
<th>Hispanic</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>5.6</td>
<td>17.0</td>
<td>8.0</td>
<td>4.4</td>
</tr>
<tr>
<td>2000</td>
<td>4.8</td>
<td>14.1</td>
<td>5.5</td>
<td>3.8</td>
</tr>
<tr>
<td>2001</td>
<td>6.5</td>
<td>12.6</td>
<td>7.1</td>
<td>3.7</td>
</tr>
<tr>
<td>2002</td>
<td>5.4</td>
<td>14.6</td>
<td>5.8</td>
<td>4.5</td>
</tr>
<tr>
<td>2003</td>
<td>7.0</td>
<td>16.1</td>
<td>5.5</td>
<td>3.6</td>
</tr>
<tr>
<td>2004</td>
<td>4.5</td>
<td>12.5</td>
<td>6.7</td>
<td>3.5</td>
</tr>
</tbody>
</table>

*rate is deaths per 1000 live births

Table 3. is the infant mortality information for Tarrant County. The trend of the African American population being overrepresented in the infant mortality population is continued in Tarrant County. Using our behavioral Model, this would bring us to the question of whether this is because they are less likely to have health insurance because they are African American, or if since the Hispanics and other races do not have a similar problem if there is perhaps some other enabling factors in our model that causes African-Americans to either not receive or not seek out adequate health care for their infants. Whatever the cause, it leads to higher infant mortality rates across the board as compared to Hispanics and other populations overrepresented in the uninsured populations.
General Mortality Rates

Denton County had the highest infant mortality rate for our counties of interest among African-Americans in 2001, 2002, and 2004, with a close second to Tarrant County in 2003. It is a bit of irony that Denton County has the lowest mortality rate amongst young African-Americans between the ages of one and 24 every year from 1999-2004 with the exception of 2003 when it came in a close second behind Tarrant County. Figure 4. shows the mortality rates per 10,000 residents who describe themselves as white.

![Figure 4. Mortality Among White Americans (Age: 1 - 24)](image)

As you can see, Denton County does relatively well with its white citizens when compared to Dallas and Tarrant County. Similarly, Denton County has a low mortality rate amongst African-American residents between the ages of one and 24. Figure 5. shows the mortality rates from this demographic.
The primary concern for Denton County public health officials should be the steady incline that has occurred in the mortality rate over the six year period. While it may not be practical to expect a mortality rate of 0.00 as in 1999, it is a goal worth aiming for. This could perhaps be attributed to an increased African-American population in Denton County.

Unfortunately, Denton County does not serve the residents who identify their race as Hispanic or Other, which we again can infer includes those of Asian, Native American, and biracial decent. Figure 6. and Figure 7. show the mortality rates for residents of Hispanic and other racial heritages, respectively.
Figure 6. Mortality Among Hispanics
(Age: 1 - 24)

Figure 7. Mortality Among "Other" Races
(Age: 1 - 24)
Denton County has fallen short in recent years of taking care of Hispanic young people and has never done particularly well caring for young people who are not white, African-American, or Hispanic. Although there is some indication that in 2004 Denton County improved among other races, we would need more official information to see if that was actually a trend for the better or just a single good year.

DISCUSSION

Implications and Consequences of Data

Our results indicate that there are many areas where Denton County excels above and beyond Dallas and Tarrant Counties, but there are also many areas where Denton County public health officials should be concerned and should focus their efforts. In some of these situations, there are minimal options given the constraints of current health care policy. The county, for example, is not in a position to directly solve the problem existing with the lack of health insurance among certain populations of the county. The county does however have the responsibility to ensure that all of its residents have a high-quality health care program. This is important for both humanitarian and economic reasons. Uncompensated care makes up an average of 33.3 percent (40.7 billion dollars annually in 2004). 8 We want to make sure that those who do not have insurance, and those that do, are able to work as much as possible. This allows them to make more money, allowing them to get raises to full-time jobs with health benefits for themselves and their families. Even if they are not able to get these promotions, allowing people to work more will allow them to be able to pay for their insurance out-of-pocket, which makes up 26 percent of health care payment among uninsured residents. 8 Having a health
care program that fully serves as much of the county as possible leads to happier workers and happier voters. This allows your citizens to live a comfortable lifestyle and gives them the opportunity to focus more time on their families, work, and home life. Perhaps the first step to “reclaiming traditional American values” is to make it possible for Americans to take their focus off of things like how they will afford the health care they need for their family, and allow them to put their focus on what they will have at the family dinner table tonight and spending more time with their children.

The Situation in Denton County

Denton County must take steps to make access to prenatal care more equitable. Hispanic and African-American mothers have inadequate prenatal care at rates close to 25 percent higher than white mothers. More specific research would need to be done following the Behavioral Model for Vulnerable Populations to see if there are other enabling factors that prevent these groups from having access to prenatal care excluding the possession of health insurance. This research would be necessary because it is interesting to note that those who identify their race as something other than white, Hispanic, or African-American have access to prenatal care at about equal rates as white residents in Denton County. The county should take responsibility for making sure that everyone has adequate prenatal care so that every child who is born in Denton County has an equal chance at a successful life. The infant mortality rates mirror the rates of inadequate prenatal care in some ways. While Hispanics were typically among the worst groups in terms of prenatal care, their infant mortality rates are comparable to their birth rates. Denton County still has a major problem with infant mortality among the African-
American community. While accounting for an average of 5.9 percent of births in Denton County between 1999 and 2004, African-Americans accounted for 17.7 percent of deaths among residents less than one year of age. It seems, however, if an African-American person makes it through the first year of life, he or she is in a pretty good position. Despite being overrepresented in the infant mortality rates, African-Americans in Denton County between the ages of one and 24 had the lowest mortality rates among the races, including white residents, in 1999, 2000, 2001, and 2002. It is perhaps an uneasy fact that they had the highest rate in 2004, but without more data, we cannot say whether this is a negative trend or simply an anomaly. On the other hand, mothers and children of “other” races in Denton County seem to have adequate access to prenatal care and health care in the first year of life, but have high mortality rates between the ages of one and 24, having the highest percentage of our researched counties in 2001, 2002, and 2003 when it reached a rate of over five deaths per 10,000 residents. In addition to these trends, the rates for Hispanics vary widely from year to year making it hard to gauge whether it is an area that needs attention of the health care side or not. Sitting at a rate of over four in 2000, falling to less than two in 2002, and then climbing close to six in 2003, it requires us to take a closer look to see if there is a way that we can better serve this population of young people in our county. So as we look at our data with the Behavioral Model for Vulnerable Populations in mind, we see that there is a relation between those groups that are more likely to have inadequate health care and some of the telling statistics among young people in our counties. We see this magnified in certain populations of Denton County and it leads to questions about what the county can do with official policy solutions and what the citizens of Denton County can do to help their fellow citizens.
The Solution in Denton County

In 1966, Flow Memorial Hospital opened in Denton County as a public hospital to serve the people of Denton County. It had 166 beds and was designed to serve as a short term hospital for Medicare and Medicaid recipients. The hospital provided a variety of services ranging from coronary care to inpatient surgery facilities and occupational and recreational therapy. A staff of forty-two registered nurses provided care to the indigent population of Denton County. In 1986, Denton County allowed the accreditation certificate to expire for the hospital and switched government funding to a County Indigent Health Care Program. The primarily Republican county officials believed that citizen tax dollars would be better spent by closing the hospital and providing care through the health department than raising taxes in order to improve the existing hospital or fund the building of a new hospital. The County Health Department started offering indigent health care, and eventually the People's Clinic of Denton County was created.

Denton County Health Department

Without a public hospital in the county, the indigent population of Denton County turned to the Denton County Health Department. Sexually Transmitted Disease Testing and Care, Tuberculosis Testing and Care as well as federally mandated vaccines are also offered for a small fee comparable to the copay a person with insurance would pay at a general practitioner for similar services. There is a free prenatal clinic and child care clinic for those families who live at less that 200 percent of the Federal Poverty Level. The primary care and dental services are free to those residents who make less than 150 percent of the Federal Poverty Level. WIC Food and Nutrition Services are available to
citizens who make less than 185 percent of the Federal Poverty Level. These are very important services offered to some of our fellow citizens who are most in need. However, in our dissection of the uninsured population in the State of Texas, we discovered that roughly a third of the indigent population make more than 200 percent of the Federal Poverty Level. For this reason, more must be done to provide quality care to those people who make more than 200 percent of the Federal Poverty Level but are unable to receive health care due to lack of insurance or some other limiting factor. The Denton County Health Department also provides free Health Education and Environmental Education to all of its citizens to allow them to make better decisions about lifestyles and build a culture of preventive care by educating citizens about choices they can make to have a better health situation regardless of whether they have insurance or not. Some of the problems that emerged as Denton County Health Department attempted to provide these services to residents of Denton County were long wait times and too much work for the doctors and nurses. In the early 2000s, health workers in Denton County started to recognize a need for a clinic outside of the Health Department building in order to better serve the people of Denton County. A commission was put together to come up with a plan to develop this clinic and figure out how it should be run. From this idea came the People’s Clinic of Denton County. The Peoples’ Clinic of Denton County started out as a branch of the Denton County Health Department but by 2005, the Peoples’ Clinic had become its own entity with an independent board of directors and a full time staff of physicians and nurses.
People’s Clinic of Denton County

The People’s Clinic operates on a sliding scale fee system to fund the clinic in addition to the funding it receives from the county. The advantage of this clinic is that it serves not only those live below 200 percent of the Federal Poverty Level, but also those above that level that do not have insurance. The clinic began as an extension of the Health Department in Denton County to serve more of the indigent and underserved of Denton County. In 2005, the People’s Clinic of Denton County separated from the Health Department and established a board of directors. The People’s Clinic has a doctor, a Chief Financial Officer, nurses, a social worker, a Family Nurse Practitioner and a pharmaceutical assistance program coordinator on the staff and the board of directors is made up of Denton County residents who have experience in the health care field or desire to help underserved citizens or the county. Board members are local hospital executives, local business leaders, and patients who use the clinic for their healthcare. The People’s Clinic of Denton County provides primary care to those who previously had to receive that care after long waits at either the Health Department Clinic or the emergency room at local hospitals. They provide preliminary testing and diagnostic tests for pregnant women, but must send them to Family Health Care, Inc. to receive prenatal care. Family Health Care, Inc. is a non-profit clinic that has been providing women’s health care to Denton County for about twenty years.

SUMMARY AND FUTURE RESEARCH

When compared to Dallas County and Tarrant County, Denton County does well in many areas of the population, but there are certain areas where it needs to focus its energy on
better serving its residents. African-American infant mortality and mortality rates among Hispanics and other minorities are a growing concern in Denton County. Prenatal Care still needs to be addressed for African-American and Hispanic residents. Denton County officials and residents seem to have recognized the areas where they need to focus, and have taken action to resolve some of the issues that face their constituents. Data taken after 2004 will be needed in order to determine whether the changes made at the Denton County Health Department and the establishment of the People's Clinic of Denton County have made an impact on the indigent population of Denton County.
Works Cited


