A Matter of Life
The Tarrant County Healthcare Initiative

Allied Communities of Tarrant County, Texas
February 2007
This work is dedicated to the Men, Women and Children of Tarrant County who suffer for want of affordable health care.

"A decent provision for the poor, is the true test of civilisation."

Samuel Johnson, 1770

“When an alien resides with you in your land, you shall not oppress the alien. 34 The alien who resides with you shall be to you as the citizen among you; you shall love the alien as yourself, for you were aliens in the land of Egypt:"

Leviticus 19: 33-34

JPS will be recognized for its commitment to excellence in health care and medical education, delivered with sensitivity and compassion, on time, anytime, to anyone, in Tarrant County.

“Then the righteous will answer him, ‘Lord, when was it that we saw you hungry and gave you food, or thirsty and gave you something to drink? 38 And when was it that we saw you a stranger and welcomed you, or naked and gave you clothing? 39 And when was it that we saw you sick or in prison and visited you?’

40 And the king will answer them, ‘Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.’”
# Table of Contents

Section I: Purpose

Section II: Tarrant County’s Undocumented Residents

- How many undocumented individuals live in Tarrant County? 2
- Health Characteristics of the Undocumented Population 3
  - A. Tarrant County Undocumented Population 3
  - B. Health Surveys of Tarrant County Population 4
- C. Characteristics of the North Texas Immigrant Population 9
- D. Health Characteristics of Hispanics 9
- E. Health Characteristics of the Undocumented 10
- F. Healthcare Service Access and Cost for the Undocumented 10
- G. Health Insurance Coverage 12
- H. Undocumented Immigrant Self-sufficiency 12

Conclusions 13

Section III: The Low Cost of Providing this Care 14

Section IV: JPS Has Funds to Serve the Undocumented 17

Section V: Urban Counties Have Funds to Serve the Undocumented 21

Section VI: What Are the Costs NOT to Serve this Population? 27

- Failure to provide preventative care, early diagnosis and early leads to chronic leads to disease and higher death rates 27
- Absence of preventative care and early treatment wastes tax dollars 29
- Lack of healthcare access burdens charitable providers and prevents patients from receiving a consistent care regimen 31
- Lack of comprehensive clinic healthcare affects school attendance, performance, and completion 33

Conclusions 34

Section VII: Public Opinion Polls 36

- ACT’s Local survey 36
- Larger Polls of Public Sentiment Regarding the Undocumented 36

Section VIII: Conclusions and Recommendations 39

ACT Study Team 41

Bibliography and Partial List of Interviewees 42
Executive Summary: A Matter of Life

In October of 2006, the Allied Communities of Tarrant set out to determine whether enough academic and financial information exists to make an informed business decision on whether the Tarrant County Hospital District (the JPS Healthcare Network) should extend clinic treatments and preventive health care to low-income undocumented residents and to uninsured working citizen families who earn slightly more than the current federal guidelines. The answer has been a resounding YES. Here are our findings:

1. Fewer than 100,000 undocumented immigrants reside in Tarrant County.
2. Generally, these residents are younger, healthier and use health care less than their counterparts in the general population.
3. Using data from JPS and other counties we project an annual cost to include low income immigrants in the JPS Connection program to be $2 million to $4.2 million.
4. The cost to do nothing includes more costly chronic disease, higher overall costs and an impediment to student education.
5. With a $10 million appropriation, (approximately 2% of its operating budget) JPS could reinstate care for low-income immigrants and add significant clinic care for working families who earn slightly more than the federal guidelines for the JPS Connection program.
6. With over $160 million in profits in the last three years, JPS has the financial capacity to immediately expand its clinic system to (1) undocumented residents and (2) families earning slightly above the federal guidelines for assistance.

Population Size and Characteristics Using data from the Department of Homeland Security and the Census Bureau, we have determined that fewer than 100,000 (6%) of the 1.6 million residents of Tarrant County are undocumented immigrants. National and local health surveys and epidemiological studies show immigrants to be younger and in better health than the general population, since they are generally of working age and have families. For reasons of culture and fear of the system, undocumented residents tend to seek medical care and emergency care less than the general population, and are more likely to self-pay, even when subsidized care is available.

Unfortunately, when undocumented residents become ill or face chronic disease, the likelihood of serious illness is much more likely than in the general population. This includes routine contagious diseases common among school age children.
The only health category where undocumented residents require health care in greater amount than the general population is maternity care. This is attributable to the lower average age of immigrant families as well as family size (slightly more than two children per family). While these health costs are important to note, they should not affect any JPS decision on clinic and preventive care, since maternity care is already provided for all Tarrant County residents, regardless of federal residency status.

Cost of Care Using data provided to the JPS Board in 2004 and more recent data from Harris County’s programs to treat immigrants in its clinic system, we have determined the annual cost to treat low-income undocumented Tarrant County residents will be in the range of $2 million to $4.2 million. This amounts to less than 1% of JPS’s $500 million operating budget.

Effect on JPS Of the six Texas metropolitan counties (Bexar, Dallas, El Paso, Harris, Tarrant and Travis) only Tarrant County excludes low-income undocumented residents from clinic and preventive care. Examining the financial records of each system, we found five of the six county health systems to be financially sound (El Paso is the exception). We have provided detailed comparisons and ratios between the Tarrant, Harris, Bexar, and Dallas county systems. Our analysis shows no negative effect in treating undocumented residents. In fact, Harris County found it would have cost $23 million to $35 million more if it closed its clinic system.

JPS itself has an unprecedented capacity to fund this policy change. With accumulated operating surpluses (profits in the business world) of over $160 million in just three years, JPS had over $329 million in cash reserves (Aug. 2006). JPS surpluses come not only from paying customers but also from tax dollars dedicated for medical treatment. In the 2004-05 year, JPS made a $17 million profit from charity care—enough to provide 150,000 clinic visits to needy Tarrant County residents—without sacrificing its financial goals.

The Cost of Inaction Finally, health studies and interviews with local health professionals and educators disclosed the costs of doing nothing. Restricted healthcare access exacerbates chronic disease, creates heavy financial burdens for serious illness and disrupts students’ learning opportunities.

Conclusion The two most serious holes in the Tarrant County health system are clinic and preventive care for undocumented residents and for working uninsured families earning slightly more than the federal limits. The relatively small (1%) cost of including low-income undocumented residents and the financial strength of the JPS system allow a policy change to accomplish both. We recommend using $10 million increased healthcare access for these two populations. This will allow immediate reinstatement of low-income immigrants in the JPS Connection program and allow a pilot sliding scale fee structure to provide clinic access to working uninsured residents.

Allied Communities of Tarrant
P. O. Box 3565, Fort Worth, Tx. 76113
(817) 921-2228  act@alliedcommunities.org

Let Justice Flow Down Like Waters... Amos 5:24
A Matter of Life:  
The Tarrant County Healthcare Initiative

Section I: Purpose

On August 16, 2006, the leadership of the Allied Communities of Tarrant announced the beginning of an analysis of the Tarrant County Hospital District, operating as the John Peter Smith Health network. The analysis would gauge the impact of ACT’s Healthy Tarrant County Initiative. This analysis is designed to answer five central questions necessary for the adoption of the initiative:

1. What is the size and nature of the low-income undocumented immigrant population now precluded from obtaining clinic care in the JPS Connection program?
2. What would be the financial impact of including this population in the JPS Connection program?
3. Does the JPS Health Network have the financial strength to add low-income undocumented immigrants to the JPS Connection program?
4. What is the cost to Tarrant County of doing nothing?
5. If the JPS Board of Managers were to set aside $10 million (approximately 2% of its operating budget) for increased healthcare access, could the JPS Health Network simultaneously restore clinic care for low-income undocumented residents and begin a pilot program to provide affordable care for uninsured citizens who earn slightly more than the current income qualification guidelines?

About ACT

In the early 1980’s, a group of religious and civic leaders set out to create a broad-based community organization capable of initiating community change at a grassroots level. They chose to use the community organizing model taught by the Industrial Areas Foundation (IAF) in cities across the United States. A list of ACT’s past efforts is available on our website, www.alliedcommunities.org.

Today, the Allied Communities of Tarrant (ACT) continues to build this organization for community change. Our members come from local churches, synagogues, schools, neighborhood groups and other voluntary associations. We are intentionally composed of many religious beliefs, political philosophies, ethnicities and economic levels.

ACT is strictly non-partisan and accepts no financial support from governments, political candidates or political parties.
Section II: Tarrant County’s Undocumented Residents

How many undocumented individuals live in Tarrant County?

To estimate the cost of providing non-emergency services to otherwise eligible undocumented residents in Tarrant County, we need to know the size of the population. Until now, however, there were no reliable estimates of this population within the state of Texas.\(^1\)

After considerable study, we decided to construct estimates of the Tarrant County undocumented population using three different measures from two data sets.

The Statistics Division of the Immigration and Naturalization Service estimated that the January 2000 undocumented population in Texas was 1,041,000.\(^2\) However, the estimated size has increased annually since then.

The most reliable estimate of the current size of the undocumented population in Texas has just been released by the U.S. Department of Homeland Security (USDHS), containing state-by-state data as of January 2005.\(^3\) The USDHS estimates the size of this population in Texas to be 1,360,000 individuals, with an annual increase of 54,000, as of January 1, 2005.\(^4\)\(^5\) The mid-year projection, therefore, is 1,387,000.

The latest county-level data are from the 2005 American Community Survey published by the U.S. Department of the Census. It contains much demographic information, but none

\(^1\) Email communication from Cyndi S. Bird, Texas State Data Center, to Peter Fears August 25, 2006. Confirmed September 7, 2006, in email from Mary Seaborn of the Pew Hispanic Center to Ann Sutherland.


\(^3\) U.S. Department of Homeland Security, Office of Immigration Statistics, “Estimates of the Unauthorized Immigrant Population Residing in the United States: January 2005,” pp. 1, 7. Nationally, the number of unauthorized immigrants increased by 24% between 1/1/00 and 1/1/05. The total Texas population was 22,270,165 in 2005. (See also, U.S. Department of the Census, “2005 American Community Survey, Data Profile Highlights, Texas, General Characteristics.”) Thus, statewide, the unauthorized immigrant population in Texas is about 6.2%, a 25% increase in the number of the undocumented over five years.

\(^4\) Ibid. We updated the 1,360,000 USDHS estimate for January 2005 by 27,000 (1/2 of the 54,000 annual increase) to produce a mid-2005 year estimate of 1,387,000 undocumented individuals statewide.

\(^5\) An alternate estimate is very close to this. The Pew Hispanic Center Fact Sheet estimates the unauthorized (undocumented) Texas population as of March 2005 at 1.4-1.6 million, with the U.S. total estimated to be from 10.7 to 11.5 million. (Pew Hispanic Center, “Estimates of the Unauthorized Migrant Population for States based on the March 2005 Current Population Survey,” Author, April 26, 2006.
specifically listing the size of the undocumented population. In extrapolating these data to estimate the size of the undocumented population in Tarrant County, we used three different metrics:

- Tarrant County had 7.165% of the Texas population in 2005. If Tarrant County has the same proportion of undocumented residents, there were about 99,379 undocumented individuals in Tarrant County in 2005.

- We can also estimate the number of undocumented immigrants in Tarrant County by comparing the number of foreign born residents living here with the total in Texas. While the foreign born category in the Census tables includes naturalized citizens as well as non-citizens, the assumption is that undocumented non-citizens occur in Tarrant County in the same proportion as they do statewide. This calculation yields an estimate of 94,025.

- Third, we can compare the proportion of Tarrant County residents who are non-citizens with the number in Texas and apply that ratio to the number of undocumented persons estimated by the Department of Homeland Security in Texas, which yields an estimated 97,076 undocumented individuals.

These numbers are relatively close to each other, and they embrace the major available determinants of the undocumented population. We find no reason to choose any one over the other two, so our estimate will be based on their rounded average:

96,800 undocumented Tarrant County residents

Health Characteristics of the Undocumented Population

A. Tarrant County Undocumented Population. In 2002, a team from the University of North Texas Health Science Center interviewed 319 Mexican immigrants living in or near


7 See the ACS userguide at http://www.census.gov/acs/www/UseData/advance_copy_user_guide.pdf.

Fort Worth, both documented and undocumented. Of the 319 individuals interviewed, 130 were undocumented. A portion of the study findings are given in Table 1. About one fourth reported some form of health insurance; about one half obtained healthcare outside of the U.S. and about one third purchase medications outside of the United States.

This study also provided information about the economic condition of the undocumented population. Eighty-six percent reported incomes under $18,000 per year. This statistic is similar to a study of undocumented Hispanic immigrants in El Paso and Houston, which found over 90% of the reported incomes were under $20,000 per year. About 91% of the Tarrant County undocumented population lacks health insurance.

<table>
<thead>
<tr>
<th>Health Needs and Resources</th>
<th>Undocumented (%)</th>
<th>Documented (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>9%</td>
<td>41%</td>
</tr>
<tr>
<td>Has no usual source of care</td>
<td>75%</td>
<td>47%</td>
</tr>
<tr>
<td>Reports health status is poor</td>
<td>4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Seeks health care in U.S.</td>
<td>57%</td>
<td>42%</td>
</tr>
<tr>
<td>Purchases medications outside U.S.</td>
<td>30%</td>
<td>34%</td>
</tr>
</tbody>
</table>


B. Health Surveys of Tarrant County Population. The Office of Disease Prevention and Health Promotion, part of the U.S. Department of Health & Human Services, developed a set of goals, called Healthy People 2010, to serve as a framework for assessing the condition of the country’s populations. The Healthy People initiative sets out 28 specific indicators which communities use to measure the health status of their population. After making this measurement, the communities identify a “gap analysis” to provide a road map for the efforts to upgrade the community’s health status. The Tarrant County Health Department employs this framework to illuminate the condition of our health.


10 Ibid., pp. 10 & 12.


12 See “Healthy People 2010” at www.healthypeople.gov . The 28 indicators are available at that Web site.
1. The most significant statistic on health is the overall mortality rate. Recent county publications do not give an overall rate, but in January 1995, the Tarrant County Department of Public Health published a report of significant health concerns in Tarrant County, highlighting seventeen specific areas of concern. This report is the only one we have found which compares the mortality rate and incidence of ten other diseases of Tarrant County with that of Texas and the United States. In 1995, Tarrant County’s rate was lower than that of Texas itself, but higher than that of the U.S.

Recent studies report a wide variation in the mortality rate among Texas counties. Three border counties, Hidalgo, Cameron, and Starr, life spans of 80 years, while the average Texan lives 76.7 years. By 2001, Tarrant County’s mortality rate (927.2 per 100,000 residents) was higher than that of Texas (888.3 per 100,000).

2. A decade later, the Dallas-Fort Worth Hospital Coalition selected 4 of the 28 indicators to evaluate. They are diabetes, heart disease, motor vehicle accidents, and infant mortality. Data have been analyzed at the census tract level for these four conditions. The results are presented in Table 2. Tarrant County has a lower death rate than Texas in all areas except infant mortality. Compared to the nation, statistics are mixed, with infant mortality the leading problem.

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Tarrant County</th>
<th>National</th>
<th>State of Texas</th>
<th>Healthy People 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease (per 100,000)</td>
<td>232.4</td>
<td>217.5</td>
<td>237.3</td>
<td>166.0</td>
</tr>
<tr>
<td>Motor Vehicle Accidents (per 100,000)</td>
<td>12.1</td>
<td>15.0 (03)</td>
<td>18.1</td>
<td>9.0</td>
</tr>
<tr>
<td>Diabetes (per 100,000)</td>
<td>26.2</td>
<td>24.8</td>
<td>31.4</td>
<td>45.0</td>
</tr>
<tr>
<td>Infant Mortality (per 100,000 live births)</td>
<td>750</td>
<td>680</td>
<td>660</td>
<td>450</td>
</tr>
</tbody>
</table>


3. Tarrant County Commissioner Roy Brooks spearheaded the establishment of the Tarrant County Infant Mortality task force under the leadership of Tarrant County Public Health


Director Lou K. Brewer, RN, MPH, and City of Fort Worth Public Health Department Director Daniel Reimer, MPH. Their September 2005 report presents longitudinal data on the infant mortality rate in our county from 1993 through 2003, reproduced in Figure 1. Tarrant County’s rate fluctuates about the U.S. rate, but is higher than the Texas rate throughout the 11-year period.\(^\text{16}\) The Tarrant County rate is, however, increasing. In 2003, Tarrant County’s infant mortality rate was at 7.5 per 1,000, higher than that of Texas (6.9) or the United States (6.6). Especially disturbing (though not related to the question of the undocumented) is the very high rate for Black children: 16.1, higher than either the Hispanic rate of 5.5 or that of white non-Hispanic children, 5.8.\(^\text{17}\)

The most disturbing statistic reported in this study is the wide variation in rates across Tarrant County’s zip codes. Infant mortality rates for each zip code, reported in Figure 2, next page, indicate that in eight Tarrant County zip codes, the infant mortality rate is three times that of our zip codes with the lowest infant mortality rates. Indeed, these zip codes have a rate 1.5 times that of the federal Health Start Community Qualifying Rate and place Tarrant County among the very worst healthcare counties in the United States in infant mortality. This statistic has generated the concern of the National Association of Black County Officials, which has named Tarrant County as one of its ten target areas nationally.

4. **Availability of Health Professionals.** Whatever their location within Tarrant County, residents must have access to physicians and other medical support personnel. The federal

\(^{16}\) Lou K. Brewer, RN, MPH, Director, Tarrant County Public Health Department, and Daniel Reimer, MPH, Director, Fort Worth Public Health Department, “A Report of Infant Mortality in Tarrant County: A collaboration of Tarrant County Public Health, the Tarrant County Infant Mortality Task Force and the City of Forth Worth Public Health Department, September, 2005,” p. 1.

\(^{17}\) Ibid., p. 2.
government establishes criteria for Health Professional Shortage Areas (HPSAs) and medically Underserved Areas (MUAs). In 2006, the following areas were designated as HPSAs: Poly/Stop Six, nine census tracts; Diamond Hill, 12 census tracts; and JPS Hospital Primary Care Clinics in Census Tract 1040. MUA designations were given to 11 census tracts in East Tarrant, one census tract in West Tarrant, 13 Census tracts in Diamond Hill, and 10 census tracts in Central Tarrant County.

5. **In 2003, the City of Fort Worth conducted a comprehensive community assessment.** Among their major findings are the following:
   - 24.1% of the respondents had no health insurance.
   - 77.9% said their health status was either good, very good or excellent.
   - 52% said they use physicians’ offices for illness or injury while 32.7% received care from the Emergency Room.
   - The number of respondents having English as a primary language decreased from 88% to 81% between 1998 and 2003.
   - 33.7% reported having had a financial crisis in the previous year.
   - The top concerns of the respondents were asthma, allergies, and high blood pressure.
   - Tobacco use decreased from 26% to 22% of respondents.

6. **Tarrant County published a 237-page analysis of residents’ health risk factors, containing a wealth of information.** Among many findings are the following:
   - Approximately 15% of Tarrant County Residents could not see a doctor in the previous 12 months because of cost.
   - Approximately 24% of our residents have no health insurance whatsoever.
   - The absence of health insurance is related to age, race/ethnicity, and poverty status.
   - The majority of residents engage in one or more behaviors (such as smoking, being overweight or sedentary) which increase their risk of illness or disease.

---

18 “Primary Care Physician Availability: Tarrant County, 2006”, no author or publisher, pp. 10-12. Via email. The HPSA is designated where there is less than one primary care physician per 3,500 residents. A portion of an area which is not an HPSA is designated as a MUA if there are excessive aged or poor individuals or if the infant mortality rate is above a certain level.

19 Ibid., p. 12.


Figure 2
Tarrant County infant Mortality Rates, 2001-2003
By Zip Code

Source: Infant Mortality Task Force, 2005, p. 20. Data from TCHD and TDHS
7. Following the Healthy People 2010 format, the United Way of Tarrant County conducted a major study of Tarrant County residents in 2005 in order to identify disparities in healthcare. Their findings include the following:

- 25% of the community leaders interviewed indicated that accessible healthcare was one of their top four priorities.
- 5.3% percent of respondents, representing 29,500 households, reported experiencing discrimination in obtaining healthcare. Over one-third of these cited race or ethnicity as the primary reason for this discrimination.
- 21% reported belonging to a household where all members were not covered by health insurance. The percentage of Hispanics (27.6%) and of Blacks (24.1%) was higher than that of Whites (12.4%) or “Others (8.6%).
- 20% of Hispanics and Blacks reported they needed medical care in the previous 12 months but were unable to obtain it, and approximately the same percentage went without prescriptions due to cost.22

C. Characteristics of the North Texas Immigrant Population. Recent changes in border policies and increased security personnel have decreased the mobility of immigrants entering or leaving the state. Fewer undocumented persons are now entering Texas due to increased border security, while undocumented U.S. residents are less likely to return to their country of origin for fear of being unable to return to the United States. A large percentage of this population is Hispanic, and much of it is due to this recent immigration change.23

D. Health Characteristics of Hispanics. Because Hispanics are a large portion of the undocumented population, our review includes some information about this group. Hispanics, particularly immigrants, adopt lifestyle choices with lower incidence of mortality and morbidity from chronic diseases, and foreign born Hispanics are in general in better health than native born Hispanics.

Undocumented immigrants tend to be younger and more active, with 96% of the adult male undocumented population participating in the workforce. However, as immigrants remain in the United States, they tend to adopt the unhealthy lifestyles of native residents. In addition, undocumented residents have more favorable rates for chronic disease including heart disease, cancer, and stroke. Finally, Latinos and immigrants in particular initially avoid many of the behaviors leading to chronic disease such as smoking (18% in Hispanics vs. 26% in non-Hispanic whites).24

Of particular interest concerning the overall health of Hispanics is the epidemiological data analyzed in the Tarrant County Public Health survey that compares the health of Tarrant


County residents with both those in Texas and U.S. residents nationally. This report indicates that cardiovascular diseases were significantly lower in the Hispanic population. Hispanics had a lower incidence of myocardial infarction (heart attack), hypertension, coronary heart disease, and stroke when compared to both the non-Hispanic Caucasian and African-American communities. 25, 26

E. Health Characteristics of the Undocumented. The lack of access to preventative healthcare for undocumented immigrants affects their overall health status. Because of untreated conditions, a higher percentage of undocumented immigrants report health as being “poor”, with Hispanic women more likely to report health as “poor” versus non-Hispanic and African-American females. Those individuals interviewed in the study who reported poor health were eleven times more likely to be undocumented as compared to those individuals who perceived their health as being “excellent”. Finally, undocumented immigrants tended to appear at healthcare services in a sicker state and received unequal treatment compared with Medicaid patients. Treatment of undocumented immigrants was characterized as including fewer procedures and tests, and a shorter stay for similar diagnoses. 27

F. Healthcare Service Access and Cost for the Undocumented. Emergency Room (ER) usage tends to be lower in communities with higher numbers of uninsured or undocumented residents because the undocumented population does not access ERs as often as the native-born population, with 4.4% of undocumented residents and 4.0% of naturalized citizens utilizing emergency room services versus 5.8% for native residents. 28 ER wait times often are higher in communities where more elderly reside. 29, 30

In addition to accessing the ER less, undocumented residents often forsake access to health treatment when they are ill, as shown in Table 3. Required documents and screening processes discourage undocumented residents for fear of INS reporting, even in systems which treat residents without regard to residency status. Undocumented Hispanic immigrants typically require lower levels of ambulatory care and hospitalization, with the major exception of hospitalization associated with childbirth. Finally, Hispanic immigrant females makes less use of reproductive services compared to non-Hispanic patients. 31, 32

25 Ibid.
27 Urutia-Rojas et al., op. cit.
31 Ibid.
This lower level of utilization for undocumented immigrants and naturalized citizens translates into lower costs for the immigrant population and is consistent across different types of healthcare (emergency care, office-based visits, outpatient visits, inpatient visits, and prescription drugs). In all areas, immigrant healthcare expenditures were significantly lower than those for U.S.-born natives except in the case of emergency care for children which were three times those for United States born native children, as shown in Table 4. Annual medical expenditures for immigrants are about one-half those of U.S.-born persons. This finding translates into lower costs for the immigrant population and is consistent across different types of healthcare (emergency care, office-based visits, outpatient visits, inpatient visits, and prescription drugs). In all areas, immigrant healthcare expenditures were significantly lower than those for U.S.-born natives except in the case of emergency care for children which were three times those for United States born native children, as shown in Table 4. Annual medical expenditures for immigrants are about one-half those of U.S.-born persons. Several recently released studies confirm this finding.34

### Table 3

<table>
<thead>
<tr>
<th>Population Group</th>
<th>% of population who use ER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undocumented Immigrants</td>
<td>4.4%</td>
</tr>
<tr>
<td>Immigrants who became Naturalized Citizens</td>
<td>4.0%</td>
</tr>
<tr>
<td>Native Born Citizens</td>
<td>5.8%</td>
</tr>
</tbody>
</table>


### Table 4

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>US-Born Persons</th>
<th>Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>$3117</td>
<td>$1747</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>$2524</td>
<td>$1030</td>
</tr>
<tr>
<td>Hispanic</td>
<td>$1870</td>
<td>$962</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>$1460</td>
<td>$1324</td>
</tr>
</tbody>
</table>


---

32 Urrutia-Rojas, *op. cit.*


G. Health Insurance Coverage. A study published by the Tarrant County Public Health Department provides an epidemiological analysis of the health disparities affecting the Hispanic community, of which the undocumented residents are a significant subset. Specifically, a survey of 2600 residents of Tarrant County found that although 73% of Tarrant County residents had some form of health insurance, 53% of Hispanic residents had no health insurance.35

A study of Fort Worth undocumented residents found similar uninsured rates for the undocumented. More Hispanics (documented and undocumented) are employed in jobs where employer-provided health insurance is not provided or is unaffordable. Because so many have no health insurance, a majority of working Hispanic families report “cost” as the primary barrier to healthcare access.36

H. Undocumented Immigrant Self-sufficiency. According to historical data from the JPS system, undocumented residents tend to pay for their own medical care more often than their non-immigrant counterparts. This occurs even when subsidized care is available. Whether this tendency to self-pay is a cultural phenomenon or comes from a desire to “avoid the system” and a possible problem with immigration authorities is not known, but the fiscal impact on JPS has been significant.

From November 2003 until August 2004, JPS policy allowed all qualifying low-income Tarrant County residents, regardless of immigration status, to participate in the JPS Connection program. In June 2004, JPS staff presented statistics to the Board of Managers regarding the types, frequencies and costs of the expanded access policy. Table 5 shows the level of self payment by various groups during this period. For example, 33% of outpatient admissions by undocumented users were self-pay, compared to only 12% of Documented and non-immigrant users.

35 Division of Epidemiology and Health Information, Tarrant County Public Health op.cit., pg v.
36 Urrutia-Rojas, op. cit.
Table 5. Percentage of Self-Paying Users of Emergency and Clinic Care, By Population Group

Table 6.1 Hospital Admissions April-June 2004

<table>
<thead>
<tr>
<th></th>
<th>Monthly Average Total Admissions</th>
<th>% Self Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undocumented</td>
<td>34.0</td>
<td>63%</td>
</tr>
<tr>
<td>Documented and Non-immigrant</td>
<td>490.3</td>
<td>41%</td>
</tr>
</tbody>
</table>

Table 6.2 ER Admissions April-June 2004

<table>
<thead>
<tr>
<th></th>
<th>Monthly Average Total Admissions</th>
<th>% Self Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undocumented</td>
<td>164.9</td>
<td>71%</td>
</tr>
<tr>
<td>Documented and Non-immigrant</td>
<td>2,530.3</td>
<td>60%</td>
</tr>
</tbody>
</table>

Table 6.3 Outpatient Admissions April-June 2004

<table>
<thead>
<tr>
<th></th>
<th>Monthly Average Total Admissions</th>
<th>% Self Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undocumented</td>
<td>954.7</td>
<td>33%</td>
</tr>
<tr>
<td>Documented and Non-immigrant</td>
<td>25,581.0</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: JPS Staff Presentation to JPS Board of Managers, June, 2004.

Section II: Conclusions

- Tarrant County is home to approximately 96,800 undocumented residents.
- These residents are likely to be younger and healthier than other residents.
- Undocumented residents tend to use healthcare and emergency services proportionately less than other residents.
- Undocumented residents tend to underutilize public programs, preferring to pay privately or avoid formal medical care.
- A notable exception to underutilization is maternity care, which is partially covered through JPS policies and Title V reimbursements.
Section III: The Low Cost of Providing This Care

Cost to JPS of providing non-mandated services to undocumented residents whose income is below 200% of the federal poverty level:

$2.0 to 4.2 million annually

This excludes physician and pharmaceutical costs.

Federal law, the Emergency Medical Treatment and Active Labor Act (EMTALA), requires all nonprofit hospitals to provide certain types of care to anyone irrespective of either their income or documentation. JPS provides not only these services but also provides prenatal care to undocumented women who would otherwise qualify because their family income is under the 200% of federal poverty level but cannot provide documentation. The problem for the undocumented individuals, then, is their inability to obtain ongoing and preventive care unless they have documentation. Our task is to quantify the additional cost to JPS to provide these additional services.

By using comparative data from other Texas counties and historical data from JPS’s 2004 experiment providing this additional clinic care for undocumented residents, we may determine the cost of providing additional services to low-income, undocumented residents. JPS provided non-federally mandated care to the undocumented during the period November 2003 through August 2004. These expenditures provide the best platform for predicting future costs.

To obtain an accurate cost estimate, one must separate the cost for the non-mandated services from the costs of those required by federal law. For example, costs of emergency services for undocumented residents are mandated by law, and will be incurred by JPS regardless of its policies for the JPS Connection program.

Similarly, JPS expenditures for undocumented residents under current policies must be excluded from any calculation of the cost of new policies. For example, JPS treats all students in its school-based clinics, regardless of immigration status. In the same way,

37 To obtain these, ACT sent a Freedom of Information Act request dated August 2, 2006 to JPS asking for the number of undocumented patients in the JPS Connection program. In its response, JPS indicated the cost was $30.2 million for the period January through December 2004, just for JPS Connection. It also indicated the total JPS Connection charges were $707.2 million. We sent a follow-up request dated August 10, 2006, suggesting these figures were in error, and were told the figures are taken from the Tarrant County Hospital District’s financial system. Knowing this figure was high, we sent further requests, and we met with CEO David Cecero and his top staff. We learned the published numbers were “charges” and not the actual costs of the system. We also learned that the original figures included redundant costs for maternity and emergency care – items independent of the 2004 board policy. In late October 2006 JPS provided the briefing materials given the JPS Board concerning JPS Connection costs for undocumented residents in 2004. Using this information, we have been able to create the cost estimate of $2.0 million for JPS Connection costs for undocumented residents.
maternity cases are accepted regardless of residency status and are partially reimbursed by the federal government through its Title V program.

It is important to remember that calculations of the additional cost of providing clinic care for low-income undocumented Tarrant County residents must exclude current costs for emergency, school-based, and maternity services.

JPS provided clinic care to the undocumented from November 2003 through mid-August 2004. Data for April, May, and June were provided to the JPS Board of Managers on June 10, 2004. Based on that data, the average monthly cost to serve the undocumented with non-EMTALA mandated services was $157,699. Extending this figure throughout a 12-month period, we find the 2004 annual cost is $1.89 million. This figure would have been approximately $2 million for services provided during the 2005-2006 fiscal year. These data are presented in Tables 6.1 and 6.2, below.

<table>
<thead>
<tr>
<th>Table 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>JPS Total and Per-Patient Costs to serve Undocumented Residents April, May, and June 2004</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 6.1. Total Direct Costs to JPS per month, by population (in $)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Undocumented, JPS Conn.</td>
</tr>
<tr>
<td>Undocumented, Self Pay</td>
</tr>
<tr>
<td>Undocumented. Title V (maternity)</td>
</tr>
<tr>
<td>Non-Immigrant JPS Connection</td>
</tr>
<tr>
<td>Non-Immigrant Self Pay</td>
</tr>
</tbody>
</table>

---


39 This is based on the annual increase in the Texas population of 4% for one year but does not include increasing costs in health care at JPS.

40 We were surprised at the small size of this number. The only other information we had was based on an August 13, 2004, *Fort Worth Star-Telegram* article which quoted then-JPS Board of Managers member Neal Adams who was quoted as saying the cost to treat the undocumented was $250,000-$300,000 per month. We sent a Freedom of Information Act request to JPS asking them to confirm this figure. JPS refused, saying they had no information about it. Adams’ statement is incorrect, as we later learned via our FOIA requesting all documents transmitted to the Board between June and August 2004. Not only did JPS have a figure, but it is significantly less than Trustee Adams’ statement. The cost of $250,000-$300,000 per month includes both income-eligible and other undocumented individuals seeking service during this period. It is not clear whether Mr. Adams was aware of this discrepancy at the time.
### Table 6.2
**Direct Costs to JPS per patient, by population (in $)**

<table>
<thead>
<tr>
<th></th>
<th>Inpatient</th>
<th>ER</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undocumented (incl. maternity) JPS Conn.</td>
<td>$5,336</td>
<td>$375</td>
<td>$113</td>
</tr>
<tr>
<td>Undocumented Self Pay</td>
<td>$2,566</td>
<td>$108</td>
<td>$108</td>
</tr>
<tr>
<td>Undocumented Title V (maternity)</td>
<td></td>
<td></td>
<td>$79</td>
</tr>
<tr>
<td>Non-Immigrant JPS Connection</td>
<td>$4,606</td>
<td>$277</td>
<td>$106</td>
</tr>
<tr>
<td>Non-Immigrant Self Pay</td>
<td>$3,011</td>
<td>$232</td>
<td>$81</td>
</tr>
</tbody>
</table>

Source: JPS Board of Managers Presentation, July 2004.

This $2 million estimate is supported by a 2006 Harris County study. Harris County recently completed an evaluation of the medical costs for outpatient services for the undocumented. In 2005, the cost for community clinic services was $9.9 million for 133,814 community clinic visits, an average cost of $74 per visit. Pharmacy costs added $6.9 million. Even if we assume all of this $6.9 million was for non-mandated (non-emergency) outpatient visits, that means an additional pharmacy cost of $52 per visit is incurred. The total cost for undocumented patients served totals $126 per visit.41

To reach a comparable number for Tarrant County in light of the Harris County experience, it is necessary to prorate Harris County’s costs over its total undocumented immigrant population, and then compare that to a population the size of Tarrant County.

Using the same estimation techniques employed previously (see pp. 8-9 of this study), the number of undocumented residents for Harris County can be estimated to be 227,200. Using the $9.9 million Harris County cost to serve 227,200 individuals, we can estimate the cost to serve the 96,800 undocumented Tarrant County residents at $4.2 million. We believe this $4.2 million estimate is at the high end of the cost range, since Harris County’s cost of care per visit is substantially higher than the cost per visit at JPS.

The cost of providing non-mandated services to Tarrant County residents whose income is below 200% of the federal poverty level but who have no documentation is extremely low, compared to the resources of the JPS Network. The best estimate is $2 million- $4.2 million annually.

---

41 David S. Lopez, President & CEO, Harris County Hospital District. “Patient Utilization Analysis of Undocumented Residents of Harris County.” Memo to The Honorable County Judge Robert Eckels, et al., June 9, 2006. Harris spends $123 per clinic visit compared to $113 in Tarrant County.
Section IV: JPS Has Funds to Serve the Undocumented

According to the 2004-05 audit, JPS expenditures were $409.4 million with revenues of $462.8 million, leaving a surplus of funds of $53.5 million, or 12% of its revenue.

Table 7 shows the available funds in the 2005-06 fiscal year, just concluded. JPS posted a $58 million surplus, 13% of its annual expenditures. Added to operating cash remaining in various accounts, JPS’s available cash totaled $329 million in surplus accumulation, 76% of expenditures.

| Table 7 |
| JPS Health Network |
| Available Funds, 9/30/2006 |
| End-of-year Surplus……………… $58,000,000 |
| (13% of expenditures) |
| Available Cash ……………………...$329,000,000 |
| (76% of expenditures) |

Source: Tarrant County Hospital District, “FY 2007 Business Plan and Budget,” presented to Tarrant County Commissioners Court, August 29, 2006. Available Cash includes funds earmarked for expansion.

Annual surpluses have accumulated over the last ten years while many Tarrant county residents—who are paying for this care—remain in need. Table 8 shows the consistent JPS profit margin from fiscal years 1998 to 2007. Surpluses tended to increase annually.

---


43 Annual budgets, presented and approved early in the year, do not reflect these large surpluses; they accumulate during the year because actual income is greater than budgeted and/or expenses are less. An egregious example is the surplus for Fiscal 2004, the year in which JPS tried serving the undocumented for eight months and then, in August, reversed its position partly for fiscal reasons. In that year, the JPS budget projected a $6 million surplus at the year’s end. The final surplus was $48 million, eight times this figure.
Table 8
Annual Surpluses, Tarrant County Hospital District
1999-2005

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount of Surplus (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal 1998 (1997-98)</td>
<td>$15.5</td>
</tr>
<tr>
<td>Fiscal 1999</td>
<td>$10.4</td>
</tr>
<tr>
<td>Fiscal 2000</td>
<td>$22.6</td>
</tr>
<tr>
<td>Fiscal 2001</td>
<td>$22.9</td>
</tr>
<tr>
<td>Fiscal 2002</td>
<td>$25.9</td>
</tr>
<tr>
<td>Fiscal 2003</td>
<td>$25.0</td>
</tr>
<tr>
<td>Fiscal 2004</td>
<td>$49.8</td>
</tr>
<tr>
<td>Fiscal 2005</td>
<td>$53.5</td>
</tr>
<tr>
<td>Fiscal 2006</td>
<td>$58.0</td>
</tr>
<tr>
<td>Fiscal 2007 (Budgeted)</td>
<td>$26.2</td>
</tr>
</tbody>
</table>

Source: Tarrant County Hospital District, “Combined Financial Statements and Other Financial Information as of and for the Years Ending 1998-2005. Fiscal 2006 and 2007 are from the 7/29 budget presentation by the JPS staff to its Board of Managers.

These surpluses come partly from JPS’s denial of service to the working poor and the undocumented. These surpluses come not only from JPS’s “paying” clients, but also because funds allocated to serve charity clients remain unspent. JPS, in effect, profits not only from the “paying customers” but also by turning away low-income patients—principally the working poor and the undocumented who are ineligible for subsidized non-emergency services under current JPS rules—while banking the surplus. In effect, JPS is making money by not serving the medically indigent. Last year, JPS made a $17 million profit from charity care while sick people were turned away.

This $17 million would have provided 150,000 clinic visits to the undocumented, the sick and those with chronic diseases.

The Myth of Charity Care Losses

Tarrant County, like some other county-based hospital systems, presents its financial information in a manner which implies that it operates charity care at a loss. For example, when JPS celebrated its 100th anniversary a year ago, a major portion of its publicity highlighted the services paid for by Tarrant County taxpayers. A JPS brochure and an accompanying handout provide similar incorrect data over the most recent five-year period.44 These documents assert, wrongly, that “tax revenue” is less than “charity care provided.” Table 9 summarizes these inaccuracies concerning the cost of charity care.

---

Table 9
Charity Care: The Real Story

As Reported to the Public:
Charity Care……………………………$275 million
“Tax Revenue”……………………………$213 million
“Shortfall”……………………………..$62 million

What JPS actually receives:
Local Property Tax Revenue……………$213 million
Texas Disproportionate Share Revenue…. $73 million
Tobacco Funds…………………………. $6 million

ACTUAL SURPLUS INCOME FOR CHARITY CARE:
$17 MILLION
$17 MILLION BUYS 150,000 CLINIC VISITS.

Sources:
JPS Health Network, “100 Years of Caring,” 2005 Report to the Community,” 2005; Tarrant County Hospital District, “Combined Financial Statements and Other Financial Information as of and for the Years Ended September 30, 2005 and 2004” and same report for year ended September 30, 2004. 150,000 clinic visits calculated at $113 per visit (from presentation to JPS Board, June, 2006).

Sources of Funds to Serve Charity Cases

Texas has the lowest proportion of residents with health insurance in the United States, about one in four, or 50% higher than the national average. A coalition composed of all ten major academic health institutions in Texas calls for an overhaul of a system in so critical a condition.45

Local Property Taxes. Like other county hospitals, JPS Health Network receives taxpayer funds. In 2005, it received $213.4 million from property taxes paid by county residents and businesses. These are considered local funds and may be used (1) for clinic care for undocumented residents and (2) to provide affordable care for citizens whose earnings exceed the federal Medicaid guidelines.46

Tobacco Revenues. JPS also receives funds pursuant to an agreement made in the U.S. District Court for the Eastern District of Texas. In 2005, the district received $6.3 million in such funds.47 According to the agreement, the funds are transferred directly to the Permanent Trust Account.

Tobacco Settlement funds cannot be subject to state legislative appropriation, and are made “to the Political Subdivisions [including the Tarrant County Health District] in recognition of their non-reimbursed healthcare expenses for providing healthcare services to the general public.” These are considered local funds and may be used for (1) clinic care for undocumented residents and (2) to provide affordable care for citizens whose earnings exceed the federal Medicaid guidelines.

NOTE: Federal and state tax dollars, enumerated below, are for charity care. However, they may not be spent for non-emergency services to the undocumented.

The Texas Disproportionate Share Revenue. This is a pass-through of federal funds, designed to assist hospitals serving large numbers of poor, uninsured and/or Medicaid recipients. It may not be used to fund services for undocumented residents. States have wide discretion in defining Disproportionate Share Hospitals and the level of reimbursement each receives. At present, Texas medical providers have not accessed all of Texas’ annual appropriation.

Section 1011 of the Medicare Modernization Act. In 2003, Congress and the President included funding to assist hospitals in providing emergency health services to undocumented individuals, totaling $250 million per year to states. Two-thirds of the funding is apportioned to all states on the basis of the estimated number of undocumented residents as of the 2000 census. The remainder goes to the five states with the highest number of illegal alien apprehensions. Calculation of the amount of funding within states is left up to the individual states. Full funding was not available until the 2005 year, when Texas received $46.0 million. The 2006 allocation is $47.0 million. We are unaware of the level of §1011 funding actually received by JPS, and did not see it specified in any fiscal documents provided. If the percentage of funding received by JPS is proportionate to Tarrant County’s percentage of the state population, we estimate that Tarrant County should have received approximately $2.3 to $4 million in each of these years.

Title V Maternal and Child (MCH) Services Block Grant. This program was initiated in 1981 through Title V of the Social Security Act of 1935 and is the only Federal program focusing solely on improving the health of all mothers and children. The proposed funding for Fiscal 2007 for Texas is $100 million, composed of $35.2 million in federal funds. The remainder is state and local funding.

---

52 U.S. Dept. of health & Human Services / Centers for Medicare and Medicaid Services, “Final FY 2006 State Allocations for Section 1011 of the Medicare Modernization Act: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens.” Retrieved 12/1/06. See also “What is the Maternal and Child Health Block Grant,”
V: Urban Counties Have Funds to Serve the Undocumented

Texas has six major urban counties, and all of which have county hospital systems. They are, in addition to JPS in Tarrant County,

- Bexar County, operating the University Health System,
- Dallas County Hospital District (DCHD), operating Parkland Memorial Hospital,
- Harris County Hospital District (HCHD, which operates Ben Taub General Hospital,
- El Paso County, operating Thomason General Hospital, and
- Travis County, which operates a newly created Healthcare District providing services through the Seton Healthcare Network.

The Tarrant County Hospital District (JPS) is the only urban county hospital district in Texas that does not include all low-income residents, regardless of residency status, in affordable clinic care. All hospital districts are funded similarly, yet these other hospital districts provide care to all county residents which Tarrant County withholds. How does their financial picture differ from that of JPS? This section presents answers to this question. Our review includes audits from all six systems as well as supplementary information from JPS.54

Overall findings

All six of these county hospitals are operating in the black. Five of them, including JPS, are thriving, as evidenced by their cumulative net assets and their recurring multi-million net incomes. The sixth, the El Paso County Hospital District, currently enjoys a small surplus from its operations, although it showed small losses in the 2003-04 and 2004-05 years.55 This hospital district, located directly on the US-Mexico border, operates under somewhat different conditions than the other five. It is clear that fully serving the undocumented immigrant population has not seriously impacted the financial strength of the other five county hospital systems.

Following is an intensive review of four of these five hospital districts. We are excluding Travis County because this hospital district was formed only in the last year. Travis has posted a healthy surplus in its first year of operation ($29 million, compared to revenue of $107 million),56,57 however, because the district is newly formed, its audit trail is short. In

https://performance.hrsa.gov/mchb/mchreports/LEARN_More/Block_Grant_Program/block_grant_program.asp

56 Email, Christie Garbe to Ann Sutherland and Mickey Braden, 9/15/06; conference call between Trish Young Brown, CEO and Christie Garbe, communications manager, both of the Travis County Healthcare District and Ann Sutherland and Mickey Braden of ACT, September 6, 2006.
addition, the formation was accompanied by transfers of assets from the previous district and thus the data are not directly comparable.

We focus on the comparative financial status of these hospital systems, as follows:

a. Cash position and number of days of operating cash on hand
b. Cumulative net income resulting in increased net assets in excess of liabilities
c. Cash reserved by hospital Board of Managers
d. Cost of serving undocumented immigrants in 2004
e. Net patient revenue versus gross patient services by Texas public hospitals

Finally, we will show that JPS has ample cash reserves and that providing clinic care to the undocumented at between $2 and $4.2 million annually is an affordable and justifiable expense and requires NO tax increase.

A. All four hospital systems have very positive Cash Position and Number of Days of Operating Cash on Hand, irrespective of whether they serve the undocumented.

All hospitals, county or private, need an adequate supply of cash to operate. The number of days of operating cash on hand is a benchmark that measures the liquidity and financial strength of a hospital system.

County hospitals such as JPS rely on county residents and businesses for property-tax revenue to make up any short fall in operating costs. The number of days of operating cash on hand can make a difference in the local ad valorem tax rates assessed residents and businesses. Further, the number of days of operating cash on hand has a significant bearing on the ability of JPS to sell bonds offered by its bond underwriters when needed.

Merritt Research Services provides municipal and hospital credit related data, and has since 1986. Merritt cites the following “Days Cash on Hand” as a significant part of its published “Hospital Median Benchmarks”58. In Table 10, Table 10.1 gives these medians and Table 10.2 presents data for JPS, Parkland and Ben Taub hospital systems.59

59 Data for each hospital system is taken from annual audits. They are:
Table 10
Cash on Hand for Hospitals

Table 10.1. Recommended Days Cash on Hand – Merritt Research

<table>
<thead>
<tr>
<th>Years</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days Cash on Hand</td>
<td>117.1</td>
<td>115.7</td>
<td>120.4</td>
<td>126.8</td>
<td>135.8</td>
</tr>
</tbody>
</table>

Table 10.2. Days Cash on Hand by Hospital District

<table>
<thead>
<tr>
<th>Hospital District</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>JPS</td>
<td>130</td>
<td>152</td>
<td>189</td>
<td>**</td>
</tr>
<tr>
<td>Parkland</td>
<td>17</td>
<td>10</td>
<td>79</td>
<td>**</td>
</tr>
<tr>
<td>Ben Taub</td>
<td>167</td>
<td>153</td>
<td>135</td>
<td>164</td>
</tr>
<tr>
<td>University</td>
<td>99</td>
<td>104</td>
<td>97</td>
<td>**</td>
</tr>
</tbody>
</table>

** - Financial data not yet published.
Source: Annual Audits, 2003-04 and 2004-05;

The number of days of operating cash for JPS is well above the Merritt Research Services published industry benchmarks. JPS would still have achieved the recommended benchmarks if it had served non-emergency low-income undocumented immigrants at a cash cost of $2 million to $4.2 million in each of the years 2004 and 2005. Even if JPS had served undocumented immigrants for all of 2004 and 2005, its cash position would have been above the Merritt figures.

B. All four hospital systems have comparable ratios of cash to revenue, again irrespective of whether they serve the undocumented.

Another way to judge hospital fiscal stability is by measuring the ratio of available cash to revenue. According to 1996 guidelines, Operating Cash reserves at Parkland must equal four to six months of net patient revenues. Using this similar guideline we compared operating cash for the Parkland, Ben Taub, University and JPS systems as follows:
- Parkland operating cash at 9/30/05 is $267 million, while six months of net patient revenues is $159.9 million, a 1.67 to 1 ratio.
- Ben Taub operating cash at 02/28/2006 is $389 million, while six months of net patient revenues is $128.2 million, a 3.03 to 1 ratio.
- University Hospital System’s operating cash as of 12/31/05 was $333.5 million, while six months of net patient revenue was $297.7 million, a 1.12 to 1 ratio.
- JPS operating cash at 9/30/05 was $128.7 million or $201 million when a reserve of $72 million in cash is added. The $128.7 million reserve alone constitutes a 1.76 to 1 ratio of cash to six months’ revenue. Including the additional $72 million in reserve yields a 2.75 to 1 ratio. Even without the $72 million reserve, JPS’s ratio exceeds two of the three other systems.
C. **JPS and the three comparison hospital districts all have increasing cash balances, irrespective of whether they provide services to the undocumented.** Public hospitals in Tarrant, Dallas, Bexar, and Harris Counties have the following recent history of net income and positive cumulative net assets in excess of liabilities. See Table 11.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior</td>
<td>275</td>
<td></td>
<td>370</td>
<td></td>
<td>328</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>24</td>
<td>292</td>
<td>8</td>
<td>378</td>
<td>76</td>
<td>404</td>
<td>455</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>50</td>
<td>342</td>
<td>26</td>
<td>405</td>
<td>34</td>
<td>438</td>
<td>31</td>
<td>486</td>
</tr>
<tr>
<td>2005</td>
<td>53</td>
<td>395</td>
<td>50</td>
<td>455</td>
<td>26</td>
<td>464</td>
<td>44</td>
<td>531</td>
</tr>
<tr>
<td>2006</td>
<td>58</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>68</td>
<td>532</td>
<td>**</td>
<td>**</td>
</tr>
</tbody>
</table>

**Not Available**

Source: Hospital District Audits, various years.

Based solely on the issue of treating undocumented immigrants at all Parkland and Ben Taub facilities, and excluding undocumented immigrants at JPS Connection clinics, it is apparent that all of the hospitals have prospered under their respective patient treatment policies whether exclusive or inclusive.

D. **A final measure, comparing net patient revenue to gross patient services by Texas public hospitals, further confirms our finding that the cost of serving medically indigent undocumented individuals does not substantially change the fiscal situation of Texas urban public hospitals.** In fact, the hospitals which serve the undocumented are obtaining a higher proportion of their billings than the comparison hospitals which provide these services.

Public hospitals make disclosure annually of their Gross Patient Services (amounts billed to patients), adjusted for

1. Forgone patient billings where charity care is required
2. Medicare, Medicaid, and other insurance companies is agreed upon by allowances or adjustments
3. Write-offs of patient billings due to bad debts, an inability to collect or an inability to find the patient to pay the charges

The net result of these factors is shown as “Net Patient Service Revenue” by the hospital systems. A comparison of the four major public hospital systems in Texas is presented in
Table 12 below. As indicated, JPS collects a lower percentage of its billings than other public hospitals.

<table>
<thead>
<tr>
<th>Hospital System</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>JPS</td>
<td>15.03%</td>
</tr>
<tr>
<td>Parkland</td>
<td>16.88%</td>
</tr>
<tr>
<td>Ben Taub</td>
<td>17.38%</td>
</tr>
<tr>
<td>University</td>
<td>26.83%</td>
</tr>
</tbody>
</table>

Source: annual audits, 2004-5 for each hospital district

The figures in Table 12 show that the Parkland, Ben Taub, and University hospital systems, which treat all patients, are able to collect a higher portion of net patient service revenue in their most recent fiscal years. We conclude that if JPS adopted similar practices, JPS could provide clinic services to the undocumented without significant adverse impact on its percentage of revenue to billings.

E. JPS has ample cash reserves even after setting aside $102 million in its Healthcare Fund and $29 million for renovations to the JPS hospital after the move to the new tower addition is accomplished.

The 2003, 2004, and 2005 audited JPS statements disclose that $72,772,000 of restricted cash has been designated “to increase access to healthcare within the community.” This amount was increased to $102 million and an additional $29 million has been set aside for renovations to the hospital. In contrast, Parkland and Ben Taub have no cash restricted for such purposes.

The following comparisons include information from the years 2004-05 and those immediately preceding it. We have considered the JPS $72.8 million in cash designated “to increase access to healthcare within the community” as operating cash.

On Thursday, November 9, 2006 JPS announced it completed the 2005-06 fiscal year with a record $58 million in excess income, more than 10% of its costs. After awarding its executives with sizable bonuses, the JPS Board of Managers set aside $18 million in the

---

60 Anthony Spangler, op. cit.
Healthcare Fund, a savings account now holding $102 million in cash, and another $29 million earmarked for renovations to the existing JPS facility.\textsuperscript{62}

As indicated above, the available funds far exceed the anticipated cost of $2 to $4.2 million for serving the undocumented.

**Conclusion: No tax increase is needed to serve the low-income undocumented population.** We previously showed that the cost to JPS for providing clinic care to the undocumented is between $2 and $4.2 million annually. We also showed that JPS has ample, and increasing, funds to provide this service. The analysis presented in this section makes it clear that the JPS Health Network can easily afford the additional cost of preventive healthcare for all Tarrant County residents, regardless of documentation status using current revenue sources. **NO TAX INCREASE IS NEEDED.**

Section VI. What are the costs NOT to serve this population?

Failure to provide preventive care, early diagnosis and early treatment leads to chronic disease and higher death rates.

Economists began calculating the costs and benefits of various medical procedures several decades ago, and the value of many types of preventive care are well enough established. As the value of preventive services has become better understood, Congress has amended the Medicare law in an effort to expand coverage of preventive benefits.

Four of the major causes of death in Tarrant County are heart disease, cancer, cerebrovascular disease and diabetes. The literature shows that small efforts can provide measurable results in preventing death from these diseases and improving the health of those who have symptoms of the diseases.

By controlling risk factors such as high blood pressure, high blood cholesterol, tobacco use, diabetes, physical inactivity and poor nutrition, heart disease and stroke could be greatly reduced. Early detection of cancer and proper treatment also reduces the death rate

Diabetes is projected to become one of the world’s main disablers and killers within the next twenty-five years. For most countries, the largest single item of diabetes expenditure is hospital admission for the treatment of long-term complications, such as heart disease and stroke, kidney failure and foot problems. Many of these complications are preventable, with

---


66 [Link](http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/cvh.htm).
prompt diagnosis of diabetes, effective patient and professional education and comprehensive long-term preventive care.\textsuperscript{67}

Of Texans in 2003, diabetes killed 52 per 100,000 Hispanics, compared to an average of 31 per 100,000 in the general population.\textsuperscript{68}

Better access to preventive care, more widespread early diagnosis, more intensive disease management and the advent of new medical technologies could significantly improve the quality of life for people with diabetes and their families. At the same time, this would have the potential of reducing national expenditures for healthcare services and increasing productivity in the U.S. economy.\textsuperscript{69}

For example, individuals with no medical coverage are less likely to get preventive care such as mammograms.\textsuperscript{70}

\begin{center}
\textbf{We estimate that in Tarrant County}
\textbf{140 to 150 people die each year solely because they have no insurance.}
\textbf{Many of these could have been saved using the $17 million profit JPS received from taxpayer funds, which would have provided 150,000 clinic visits.}
\end{center}

The absence of health insurance has huge effects on the uninsured population. A major assessment of the available literature completed in 2002 by the National Academy of Sciences estimates that the total number of annual deaths in the population aged 25-64 years which occurs solely because of the absence of health insurance is “in the range of 18,000.”\textsuperscript{71}


\textsuperscript{71} National Academy of Science, Institute of Medicine, Care Without Coverage: Too Little, Too Late. (2002), p. 57. Retrieved September 15, 2006, from http://www.nap.edu. Children under age 25 and adults 65 and over are excluded from this figure. This study encompasses virtually all relevant research literature and has been cited extensively since its publication.
This increase in the death rate by 25 percent for the uninsured population is solely related to these individuals having no insurance.

Texas has 5.4 million uninsured, one of the highest rates of uninsured in the nation. Based on this proportion of uninsured individuals, approximately 2100 Texans die annually solely because they have no health insurance. Tarrant County’s rate of uninsured is slightly less than that for Texas as a whole (23.6%) . The number of people who die in Tarrant County each year because they have no insurance is between 140 and 150. Based solely on their proportion in the population, we can estimate that about 20 of these are undocumented immigrants. Many others are medically indigent individuals who are native-born or who are legal immigrants but who cannot obtain the preventive care which would enable them to survive. One who died in 2005 was the husband of a member of our study team. More to the point, many of these 140 to 150 people died needlessly while JPS’s charity funds—provided to serve the medically needy, as required by the JPS charter—went unspent.

Individuals with serious chronic diseases, including diabetes, cardiovascular disease, end-stage renal disease, HIV infection and illness suffer the greatest hardship if they lack health insurance. All these groups have worse clinical outcomes than insured patients. Chronic conditions are the leading causes of death, disability and illness in the United States and account for one-third of the potential lives lost before age 65.

Improving the health of women before they become pregnant holds the most promise in reducing infant mortality in Tarrant County. Improved pregnancy outcomes in the United States have slowed, in part, because of inconsistent delivery and implementation of interventions before pregnancy to detect, treat and help women modify behaviors, health conditions and other risk factors.

The absence of preventive care and early treatment also wastes tax dollars.

Uninsured people in Tarrant County die at a higher rate than residents with insurance in large part because they have chronic diseases which do not have ongoing treatment.

- High blood pressure, one of the major risk factors for heart disease and stroke, can be and is often treated with medication. Three common medicines are angiotensin


73 Estimate based on proportion of the U.S. uninsured living in Tarrant County.

74 Ibid., pp. 57-71. Almost 100 million Americans, one-third of our population, have chronic conditions.


converting enzyme inhibitors (ACE-inhibitors), angiotensin receptor blockers (ARBs) and diuretics. Each costs less than $60 a month. Diuretics cost only $9 a month.\textsuperscript{77}

- The American Heart Association estimates that the direct and indirect costs of stroke are $53.6 billion a year.
- The large financial costs incurred because of inadequate primary or secondary prevention justify detection and treatment of cardiovascular risk factors.\textsuperscript{78}
- The average cost to traditional health insurers for the first 90 days following a heart attack is $38,501.\textsuperscript{79}
- For every $1 spent on diabetes self-management education, $2 in hospital costs are saved.\textsuperscript{80}

The lack of widespread, easily accessible clinic care leads people to use the emergency room as their primary source of care. Many emergency room visits (about 20 percent) are not for emergency conditions, and another 30 percent are for urgent conditions that could have been prevented or treated with primary care.\textsuperscript{81}

The Harris County (Texas) Hospital District provides an example of the significantly higher financial cost of emergency care. If it had routed the 133,814 community clinic visits through the emergency centers, the additional cost incurred would have been between $23.6 million and $35.6 million in the 2004-05 fiscal year.\textsuperscript{82} However, if some of these people had chosen to stay home rather than seek medical attention, the savings would have been smaller.

Indeed, the savings from providing early treatment for these individuals has become well known. The Seton hospital in Austin, Texas, contracts with the Travis County Hospital District to provide charity care to medically indigent individuals (regardless of documentation status). The contract is a fixed amount contract, so Seton has discretion in its provision of preventive services, but the hospital is at risk if patients become seriously ill.

For this reason, Seton decided to provide preventive, early diagnostic and early treatment incentives for patients identified with diseases such as diabetes, hypertension, congestive

\textsuperscript{82} David S. Lopez, President & CEO, Harris County Hospital District. “Patient Utilization Analysis of Undocumented Residents of Harris County.” Memo to The Honorable County Judge Robert Eckels, et al., June 9, 2006.
heart failure and asthma, and who have no health insurance. They made a profit-driven
decision to provide the care because it saves them money.83 This brand-new hospital system
is mirroring the tactics of “a handful of visionary hospital systems around the country,”
according to one foundation which concentrates on healthcare.84

Using JPS clinics for treating the infectious diseases of undocumented residents makes sense
for the system’s Emergency Services departments, as well as for the affected patients. A
study of infectious diseases in emergency departments found that infectious diseases are a
burden on public health and emergency rooms. Three of the leading infectious disease
diagnoses at emergency room visits are upper-respiratory infections, otitis media and lower-
respiratory infections. These are best treated by primary care physicians. The study states
improved access to providers would help manage these conditions.85

The lack of healthcare access burdens current charitable providers and
prevents patients from receiving a consistent care regimen.

In addition to various church and community health fairs, the Tarrant County Public Health
Department offers many health screenings. The Tarrant County Public Health Main Campus
offers clinical breast exams, pap smears, mammograms, sexually transmitted disease and
HIV tests, tuberculosis tests, cholesterol and glucose testing and also provides
immunizations.86

Because JPS does not offer non-emergency treatment to low-income undocumented
residents, chronic diseases discovered at health screenings must be referred to one of several
small-scale area clinics, including the four below.

The Cornerstone Community Center in North Richland Hills, offers free healthcare to those
without insurance, including the undocumented.87 It is open on Saturdays from 9:00 a.m. to
12:00 p.m. The clinic has a lab and offers medicine samples. Cornerstone has one pediatric
doctor, one gynecologist and eight internal-medicine doctors. The doctors volunteer once a
month on Saturdays, and the pediatrician volunteers once a month during the week. The

pagewanted=print
85 Adekoya, Nelson. “Infectious Diseases Treated in Emergency Departments: United States, 2001.” Journal of
http://www.tarrantcounty.com/ehealth/cwp/browse.asp?a=763&bc=0&c=43675&ehealthNav=|7266|
87 See http://www.canetwork.org/clinic/medical_clinic.htm

34
Mobile Unit from Harris does mammogram and pap screening twice a month. It is free.\textsuperscript{88} This clinic is one of 82 organizations belonging to Tarrant County Access.\textsuperscript{89}

The Alberto Galvan Health Clinic is a Federally Qualified Health Center (FQHC) whose mission is to provide comprehensive, affordable, quality primary and preventive healthcare to underserved communities in Fort Worth and Tarrant County. The clinic serves all patients, regardless of documentation. They estimate that some 80 percent of the patients are not documented. Patients requiring specialty care without third-party coverage (Medicaid, Medicare or other insurance) are a major problem, since outside physicians are reluctant to accept self-pay patients. Clinic CEO Eddy Herrera indicated that local clinics, by themselves, constitute a “drop in the bucket” of needed care. Herrera believes that as the designated county hospital, John Peter Smith should be serving all residents of our community (personal communication, September 20 and 26, 2006).\textsuperscript{90}

Mission Fort Worth is open three to four hours on Wednesdays and Thursdays, two Tuesday mornings a month and one Saturday morning a month, offering free primary healthcare. The Mission sees approximately 100 patients a month in a facility provided by Southwayside Baptist Church.\textsuperscript{91} “There are times we have people who need surgery. It is difficult to make arrangements for undocumented patients to get an x-ray, MRI or biopsy,” said Dr. Dwain McDonald.\textsuperscript{92}

The owner of Integrated Family Healthcare and a family nurse practitioner, Ingrid Hinojosa, states that the lack of clinic care for the undocumented at JPS is a problem for her clinic because she can’t refer undocumented patients who need further care anywhere else. JPS was here to be a service to the community. Instead, in a practice repeated across the county, she must call other clinics and individual doctors to find someone to take a patient.\textsuperscript{93}

The above community clinics provide valuable services for the uninsured population. For some residents, however; these clinics are either inaccessible or of limited access hindered by location, limited hours of operation, or lack of capacity. They may simply being ill-equipped to handle the need for comprehensive therapeutic non-emergency care.

Perhaps more important, clinic patients who need follow-up care or laboratory work suffer because there is no available service after clinic care is offered.\textsuperscript{94}

\textsuperscript{88} Interview, Jimmie Jones, medical coordinator at Cornerstone Community Center, on September 18, 21 and 27, 2006.
\textsuperscript{89} See http://tcaccess.org/members.htm
\textsuperscript{90} Interview, Eddy Herrera, CEO of Albert Galvan Health Center, on September 20 and 26, 2006.
\textsuperscript{91} Interview, Harriet Menchaca, nurse manager at Mission Fort Worth, on September 21 and 26, 2006.
\textsuperscript{92} Interview, Dr. Dwain McDonald, volunteer at Mission Fort Worth, on September 20, 2006.
\textsuperscript{93} Ingrid Hinojosa, owner and family nurse practitioner at Integrated Family Healthcare, on September 20, 2006.
Particularly where health insurance is lacking for so many, it is important to remove barriers that interfere with access to high-quality screening and medical care.95

**The lack of comprehensive clinic healthcare affects school attendance, performance and completion.**

If children are unable to obtain medical care, they tend to miss school more frequently. Those who do not miss school when ill tend to spread the illness to their peers and teachers. Student absence reduces the funds allocated to school districts by the state, because individual students are counted to measure the average daily attendance (ADA) on which funding is based. These absences result in decreasing the funding to school districts.96

“Children with chronic illnesses such as asthma do not have ongoing medical care (primary care physicians, emergency room services, meds), and they also tend to miss school quite frequently until the spell passes. They are not well enough to go to school but not sick enough to go to the ER,” said Principal Ronnita Carridine.97

All students, even those from other schools, can be referred to a clinic at Glen Park Elementary, but the school nurse must make the appointment. The program is underutilized because many parents aren’t aware of the facility and don’t have transportation.98

With 98 percent of his 900 children at D. McRae Elementary eligible for free and reduced lunch, Principal Carlos Vasquez sees the impact of the lack of healthcare. In two-and-a-half years, three children at his school were diagnosed with brain tumors—and two of those students were undocumented. It was very hard to find someone to help, and one student eventually had to go to Dallas for care. Absences are a big problem as sometimes parents wait for an illness to go away because they don’t have insurance. There is no school clinic in the area, and the Forest Oak Clinic is difficult to access for the parents without reliable transportation.99

The lack of preventive care for undocumented students also creates extra work for the school nurse or teachers as they search for places where parents can take their children or themselves for medical treatment. Sometimes parents deliberately send their children to school when they are sick because parents hope they will be treated at school or just because they want their children to have two hot meals a day. In addition to the school possibly


96 Interview, Ronnita Carridine, principal at West Handley Elementary School, September 15, 2006.

97 Ibid.

98 Sarah Weeks, principal at McLean 6th Grade, on September 14, 2006.

99 Interview, Carlos Vasquez Ed.D., principal at D. McRae Elementary, on September 22, 2006.
losing money because of high absenteeism, there is also a cost to teachers and the district. If students come to school sick and infect the teacher, the teacher has increased medical bills and the district has to pay for a substitute.\textsuperscript{100}

The Forest Oak Clinic is a one-month old school-based clinic run by JPS. It offers physicals, immunizations and sick visits to any student in the Fort Worth Independent School District regardless of insurance or documentation status. Visits cost $5, which covers all lab work and immunizations during that visit. Necessary referrals are to the Main Street/Urgent Care Clinic at JPS. A school-based clinic is invaluable because students may stay sick or be treated with home remedies when parents are afraid to seek care because of their immigration status or because they have no time off from work or no health insurance.\textsuperscript{101}

**Conclusions**

Providing greater access to non-emergency medical care at JPS, particularly for medically indigent undocumented residents, would reduce the impact of chronic disease which leads to premature death. Providing this care to these groups can save taxpayer dollars. It will reduce absenteeism in schools and at work.

There are several private clinics in Tarrant County, one FQHC and six JPS school-based clinics which offer services to the undocumented at a reasonable cost. But while these clinics can provide physicals and immunizations as well as treat minor ailments, there are not enough facilities to offer the services to the extent they are needed.

Clinic staffs are frustrated when a patient is diagnosed with an illness but cannot refer that patient to an appropriate healthcare facility. While clinic-based health practitioners believe they are providing a needed service to Tarrant County, they also believe it is important for JPS to offer low-income families without documents access to comprehensive non-emergency care.

Principals know what happens in their schools when children have inadequate medical care. The costs are seen not only in the school attendance, performance and drop-out rates but also in reduced funding to educate all students.

Preventive and therapeutic measures, early detection and treatment of illnesses, and school-based clinics are three health interventions JPS can provide to all low-income residents of Tarrant County.

\textsuperscript{100} Vanessa González-López, a teacher in Tarrant County, on October 2, 2006.
\textsuperscript{101} Edna Frade, a registration representative at Forest Oak Clinic, on September 22, 2006.
Tarrant County and JPS will lose the opportunity to reduce serious chronic disease, save lives, save healthcare dollars, provide continuity of follow-up care to seriously ill patients and support healthy families, students and schools unless the JPS policy is changed to include all low-income Tarrant County residents in the JPS Connection.
VII. Public Opinion Polls.

Some policymakers have told us they believe the public is opposed to the addition of non-emergency healthcare for medically indigent undocumented individuals. We believe this sentiment may be misplaced, and offer the following surveys of public opinion in support of the wealth of other facts pointing to the advisability of providing this service.

**ACT’s Local Survey**

In the same vein, ACT interviewed over 2200 persons who attended local health fairs from August 2004 – August 2006. The results favored not discriminating in healthcare access for low income county residents. While many of the persons attending the health fair were non-citizens and some were undocumented, it is important to note that the response from registered voters paralleled those who did not vote.

<table>
<thead>
<tr>
<th></th>
<th>% Yes</th>
<th>% No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Believe county should restore policy to treat every resident for disease, regardless of immigration status</td>
<td>98.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Willing to assist ACT to restore policy</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Do you have health insurance?</td>
<td>31.3%</td>
<td>68.7%</td>
</tr>
<tr>
<td>I or a family member have gone without treatment because of the county’s policy</td>
<td>41.6%</td>
<td>58.4%</td>
</tr>
<tr>
<td>I am a registered voter</td>
<td>36.3%</td>
<td>63.7%</td>
</tr>
</tbody>
</table>

**Larger Polls of Public Sentiment Regarding the Undocumented**

Polling Americans over the last year has shown the public considers the issue of immigration to have two components. Americans overwhelmingly want their borders secure, but they also recognize that it is important for immigrants who now reside in the United States to join the mainstream of American society.
For example, Gallup polls taken in April-June, 2006 found

"Which comes closer to your view? Illegal immigrants mostly take jobs that American workers want. OR, Illegal immigrants mostly take low-paying jobs Americans don't want." Options rotated

<table>
<thead>
<tr>
<th>Jobs Americans Want</th>
<th>Jobs Americans Don't Want</th>
<th>Neither/ Both (vol.)/Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>6/8-25/06</td>
<td>17</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

"Which comes closest to your view about what government policy should be toward illegal immigrants currently residing in the United States? Should the government deport all illegal immigrants back to their home country, allow illegal immigrants to remain in the United States in order to work but only for a limited amount of time, or allow illegal immigrants to remain in the United States and become U.S. citizens but only if they meet certain requirements over a period of time?" Options rotated

<table>
<thead>
<tr>
<th>Deport All</th>
<th>Remain for Limited Time</th>
<th>Remain if Meet Certain Requirements</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>6/8-25/06</td>
<td>16</td>
<td>17</td>
<td>66</td>
</tr>
<tr>
<td>5/5-7/06</td>
<td>21</td>
<td>15</td>
<td>61</td>
</tr>
<tr>
<td>4/7-9/06</td>
<td>18</td>
<td>17</td>
<td>63</td>
</tr>
</tbody>
</table>

The Los Angeles Times, polling in June 2006 found the following:

"Compared to other problems facing the country, how big a problem is illegal immigration? Would you say it is one of the most important problems facing the country, or is it an important problem but not one of the most important, or is it not all that important, or is it not important at all?"

<table>
<thead>
<tr>
<th>One of Most Important</th>
<th>Important</th>
<th>Not All That Important</th>
<th>Not Important At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>6/24-27/06</td>
<td>32</td>
<td>55</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

"Do you think illegal immigrants mostly take jobs that nobody wants or do they mostly take jobs away from Americans who need them?"

<table>
<thead>
<tr>
<th>Jobs Nobody Wants</th>
<th>Take Jobs Away</th>
<th>Both (vol.)</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>6/24-27/06</td>
<td>51</td>
<td>27</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

"One proposal is to create a 'guest worker' program that would give a temporary visa to non-citizens who want to work legally in the United States. The program would provide a path to permanent resident status if certain requirements were met. Do you support or oppose this, or haven't you heard enough about it to say?"

<table>
<thead>
<tr>
<th>Support</th>
<th>Oppose</th>
<th>Haven't Heard</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
"One proposal would allow undocumented immigrants who have been living and working in the United States for a number of years, and who do not have a criminal record, to start on a path to citizenship by registering that they are in the country, paying a fine, getting fingerprinted, and learning English, among other requirements. Do you support or oppose this, or haven’t you heard enough about it to say?"

<table>
<thead>
<tr>
<th></th>
<th>Support</th>
<th>Oppose</th>
<th>Haven't Heard</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/24-27/06</td>
<td>46</td>
<td>22</td>
<td>28</td>
<td>4</td>
</tr>
</tbody>
</table>

"Another proposal is to toughen immigration laws by making it a felony to be in the United States illegally. It also establishes mandatory prison sentences for reentering the United States illegally after having already been deported. Do you support or oppose this, or haven’t you heard enough about it to say?"

<table>
<thead>
<tr>
<th></th>
<th>Support</th>
<th>Oppose</th>
<th>Haven't Heard</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/24-27/06</td>
<td>67</td>
<td>18</td>
<td>12</td>
<td>3</td>
</tr>
</tbody>
</table>

"Now that you have heard some of the immigration legislation proposed by some members of Congress, which would you prefer: an approach that only focuses on tougher enforcement of immigration laws, or an approach that includes both tougher enforcement of immigration laws and also creates a guest worker program that allows undocumented workers to work legally in the U.S. on temporary visas?"

<table>
<thead>
<tr>
<th>Only Tougher Enforcement</th>
<th>Tougher Enforcement/Guest Worker Program</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>6/24-27/06</td>
<td>32</td>
<td>58</td>
</tr>
</tbody>
</table>

"If Congress does not pass an immigration bill this year, would you be pleased, or disappointed, or not care one way or the other?"

<table>
<thead>
<tr>
<th>Pleased</th>
<th>Disappointed</th>
<th>Not Care</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>9/11/06</td>
<td>6</td>
<td>60</td>
<td>27</td>
</tr>
</tbody>
</table>
Section VIII. Conclusions and Recommendations

In mid-2006, several groups spoke to the JPS Board of Managers, asking JPS to begin handling requests for treatment from the undocumented in the same manner as for those having documentation. ACT specifically asked, in addition, that JPS set aside $10 million, or 2% of its operating budget, to expand health care in Tarrant County. When the Board of Managers responded that they would need a study prior to making any decision, we offered to provide just such a study.

We believe the foregoing study provides the data JPS requires to make the decision. Following are the conclusions and recommendations which derive from this study.

Conclusions

1. The size, health characteristics and use patterns of the undocumented resident population of Tarrant County predict a relatively small increase in the size of the JPS Connection system. At the same time, for those requiring care, access to early detection, treatment, preventive care, and consistent follow-up care will have a major impact on those who use the JPS Connection system. Historically, in 2004, after an initial two month boom in enrollments, the JPS Connection program received an additional 250-300 patients a month as a result of its policy to extend eligibility to all Tarrant County low-income residents.

2. From a financial viewpoint, the JPS staff is to be commended for serving the public, being the “hospital of last resort” and still making a profit. Accumulating a cash reserve of over $200 million in five years speaks to sound fiscal management.

3. On the other hand, given the relative low cost of clinic and preventive care, we question whether accumulating public monies exceeding financial benchmarks at an institution pledged to serve the public’s interests fulfills the mission of John Peter Smith Hospital, or honors the traditions of its namesake.

4. Apart from the personal suffering of the patients and their families who were excluded from the JPS Connection program, we believe the public has paid in higher healthcare costs for serious disease, higher exposures to contagious disease and the diminished effectiveness of students in our schools.

---

Recommendations

1. The Allied Communities of Tarrant recommends the JPS Board allocate $10 million for the 2007 fiscal year to increase healthcare access to the poor and working poor, as follows:

2. Immediately reinstate the 2003-2004 policy to open the JPS Connection program to all low-income residents of Tarrant County.

3. Structure a pilot program, using sliding scale fees, for the working poor who earn slightly more than the amounts allowed under federal Medicaid guidelines of 200% of poverty.

4. Work with local immigrant and direct care providers to determine the best ways to establish income for persons working in the informal economy.

5. Create partnerships with ACT and other community groups to educate Tarrant County residents on the newly created eligibility requirements of the JPS Connection program as well as when treatment at an emergency room is necessary and when treatment in the clinic system is best. Use community groups to promote clinic schedules, so that clinic use may be optimized before new facilities are required.

6. Designate patient ombudsman positions to advocate on behalf of patients negotiating the healthcare maze. These positions shall have primary loyalty to quality patient care and serve as advocates for healthcare access.
BIBLIOGRAPHY

Section II. Tarrant County’s Undocumented Residents


Appleby, “Though Uninsured Put Off Care, a Study Finds That They Do not Overcrowd ERs.” USA Today, 7-18-06. A part of USA Today’s Cover the Uninsured Week.


City of Fort Worth, Planning Department. “2006 Comprehensive Plan.”
www.fortworth.gov.org/planningcomprehensiveplan/06. Retrieved 11-3-06.

City of Fort Worth Public Health Department, Epidemiology and Assessment Division. “2003 Community Needs Assessment Summary Report”
______________, “2006 Draft Strategic Plan.”

Committee on the Consequences of Uninsurance, Board on Health Care Services, Institute of Medicine, “Care Without Coverage: Too Little, Too Late.” Washington, D.C., National Academy Press, National Academy of Sciences.


Dallas-Fort Worth Hospital Coalition. “Our Community Health Checkup, 2006, for Tarrant County.”

http://signonsandiego.printthis.clickability.com/pt/cpt? action=cpt&title=Health+insurance or

Dunkelberg, Anne. “Update: Children’s Health Care and More.” LBJ School of Public Affairs, University of Texas at Austin, 2-14-06.


http://www.iom.edu/?id=4333&redirect=0. Retrieved 10-16-06.

Iwata, Edwin. “Immigrants Courted as Good Customers.” USA Today. 5/10/06.


http://select.nytimes.com/search/restricted/article?res=F70D1FFF3A5B0C728CDDAC0894. Retrieved 8-6-06.


Pew Hispanic Center. Email from Mary Seaborn of the Pew Hispanic Center to Ann Sutherland.


________________. “Unauthorized Migrants: Numbers and Characteristics.” By Jeffery S. Passell. 9-7-06.


“Primary Care Physician Availability: Tarrant County.” Sent from Tarrant County Department of Public Health via email. No source availability.


____________. Groups want to expand care to illegal immigrants.” Fort Worth Star-Telegram, July 13, 2006.

____________. “Change in JPS policy is sought.” Fort-Worth Star-Telegram, June 14, 2006.


______________. Email communication from Cyndi S. Bird, Texas State Data Center, to Peter Fears August 25, 2006.


“Tarrant County, Texas.” http://factfinder.census.gov/servlet/ADPTable?_bm=y&-context=adp&-qr_name=ACS_200. Retrieved 8-8-06.


University of North Texas School of Public Health. “Study to Focus on Uninsured Working Adults in Tarrant County.” Dr. Susan Eve, principal investigator, and Dr. Kenneth Koelln, associate professor of Economics, are the principal investigators of the two-year study. http://www.unt.edu/soci/Faculty/eve/eveuninsured.htm. Retrieved 6-5-06.


Section III: The Low Cost of Providing this Care
Section IV: JPS Has Funds to Serve the Undocumented
Section V: Urban Counties Have Funds to Serve the Undocumented


______________. “Our Focus is on Your Health: FY 2004 Annual Report.”


Floyd, Gary W., M.D. and Norman, James M., M.D. Letter to David Cecero. October 24, 2005. Dr. Floyd wrote as president of the Tarrant County Medical Society and Dr. Norman as Chair, Ad Hoc Task Force on Indigent Care, Tarrant County Medical Society.


Interfaith Education Fund. Email, Kathleen L. Davis to Allied Communities of Tarrant, July 27, 2006.


“JPS Community Case Management Services: Expect the Best.” Flyer.


Request for Proposal to Provide Market Analysis and Impact Assessment of Increased Charity Care within Tarrant County. Release Date: September 22, 2006.”

“100 Years of Caring.” 2005 Report to the Community.

“FY 2007 Budget Report.”


“Financial Statements, July 31, 2006.”


Meeting of the TCHD Board of Managers, May 13, 2004.

Minutes of the Meeting of The TCHD Board of Managers, August 12, 2004.


________________. “Medicaid At-a-Glance, 2005, A Medicaid Information Source.”


University Health System, Bexar County, Texas. “Combined financial Statements and Other Financial Information. Years Ended December 31, 2005 and 2004.”


Section VI. What Are the Costs NOT to Serve this Population?


52


INTERVIEWS

Name: Carridine, Ronnita, Principal
Employer: FWISD, West Handley Elementary School
Date of Interview: September 15, 2006
Kind of Interview: Email
Contact: rcarr@fortworthisd.net

Name: Frade, Edna
Employer: JPS
Date of Interview: September 22, 2006
Kind of Interview: In person
Place of Interview: Forest Oak Clinic
Contact: emfrade@sbcglobal.net

Name: Herrera, Eddy
Employer: Albert Galvan Health Center
Date of Interview: September 20, 2006
Kind of Interview: Telephone
Name: Hinjosa, Ingrid  
Title: Owner  
Employer: Integrated Family Healthcare  
Date of Interview: September 20, 2006  
Place of Interview: Integrated Family Healthcare  
Contact: 817-903-8383, www.integratedfamilyhelathcare.com

Name: Jones, Jimmie  
Title: Medical Coordinator  
Employer: Cornerstone community Center  
Date of Interview: September 18, 2006  
Kind of Interview: Telephone  
Contact: 817-336-1922, jones@canetwork.org

Name: Menchaca, Harriet, RN  
Title: Nurse Manager  
Employer: Volunteer at Mission Fort Worth  
Date of Interview: September 21, 2006  
Kind of Interview: Telephone  
Contact: 817-924-2182, hwmwings@aol.com

Name: Vasquez, Carlos, Ed.D.  
Title: Principal  
Employer: FWISD, D. McRae Elementary  
Date of Interview: September 22, 2006  
Place of Interview: D. McRae Elementary School  
Contact: 817-814-0500, cvasquez@fortworthisd.net

A Matter of Life 2/07/07
ACT Study Team

Except for some advice and consultation offered by Peter Fears, ACT organizer, this study has been produced entirely with volunteer labor. All costs of research were donated by the members of our study team and our member congregations.

We hope you will find the results informative and helpful.


Not pictured: John Barnes, Esq.; Lorraine Braden, M.S.W.; Sharon Darnell, L.B.S.W.; Rosa Diaz de Miranda, Esq.; Anna Marie Fears; Pastor Daniel Flores, Ph.D.; Thelma Flores, M.A.R.; Wayne Hesser; Johnny Lewis; Teodora M. Lockridge, M.Ed.; José Martin Tolentino; Dennis Webb; and George Wiederaenders, C.P.A.

In addition to the volunteers who actively participated in research and drafting, many other ACT leaders assisted with field surveys, interviews and research. Many others have graciously given their advice and insight. The many members of congregations and residents of neighborhoods who have shared their health stories and fought for justice make Tarrant County a community.