

*Integrating Primary Care, Oral Health, and Community Supports in Texas
Webinar Series*

WHOLE-PERSON CARE DURING AND AFTER PREGNANCY

June 18, 2026 | Noon–1:00 P.M. CT



Texas Health Institute is an independent nonprofit public health institute dedicated to advancing the health of all Texans.

Texas Primary Care Consortium is a statewide collaborative with a mission to advance high-quality primary care for all Texans, co-led by Texas Health Institute and the Texas Medical Home Initiative.

Texas Oral Health Coalition is a statewide collaborative dedicated to improving oral health to advance the health of all Texans, led by Texas Health Institute.

Rural Texas Maternal Health Assembly is co-convened by Texas A&M Rural and Community Health Institute, Texas Health Institute, Texas Organization of Rural and Community Hospitals, Texas Academy of Family Physicians, and Texas Association of Community Health Centers committed to a shared framework for strengthening care in rural communities.



Oral Health and the Perinatal Journey Key Takeaways

1. Oral health is an essential part of maternal and infant health, not a separate issue.
2. Dental care during pregnancy is safe, recommended, and often underutilized.
3. Better integration between medical and dental care can improve outcomes.

Whole-Person Care During and After Pregnancy

Produced by Texas Health Institute in partnership with the Texas Primary Care Consortium, Texas Oral Health Coalition, and Rural Texas Maternal Health Assembly with support from BlueCross BlueShield of Texas.



Why This Matters

- Pregnancy is not just a maternal health issue - it is a whole-health opportunity.
- The months before, during, and after pregnancy can shape the long-term health and well-being of parents, children, and families.
- When healthcare and community supports work together, we move from treating episodes of care to supporting lifelong health.

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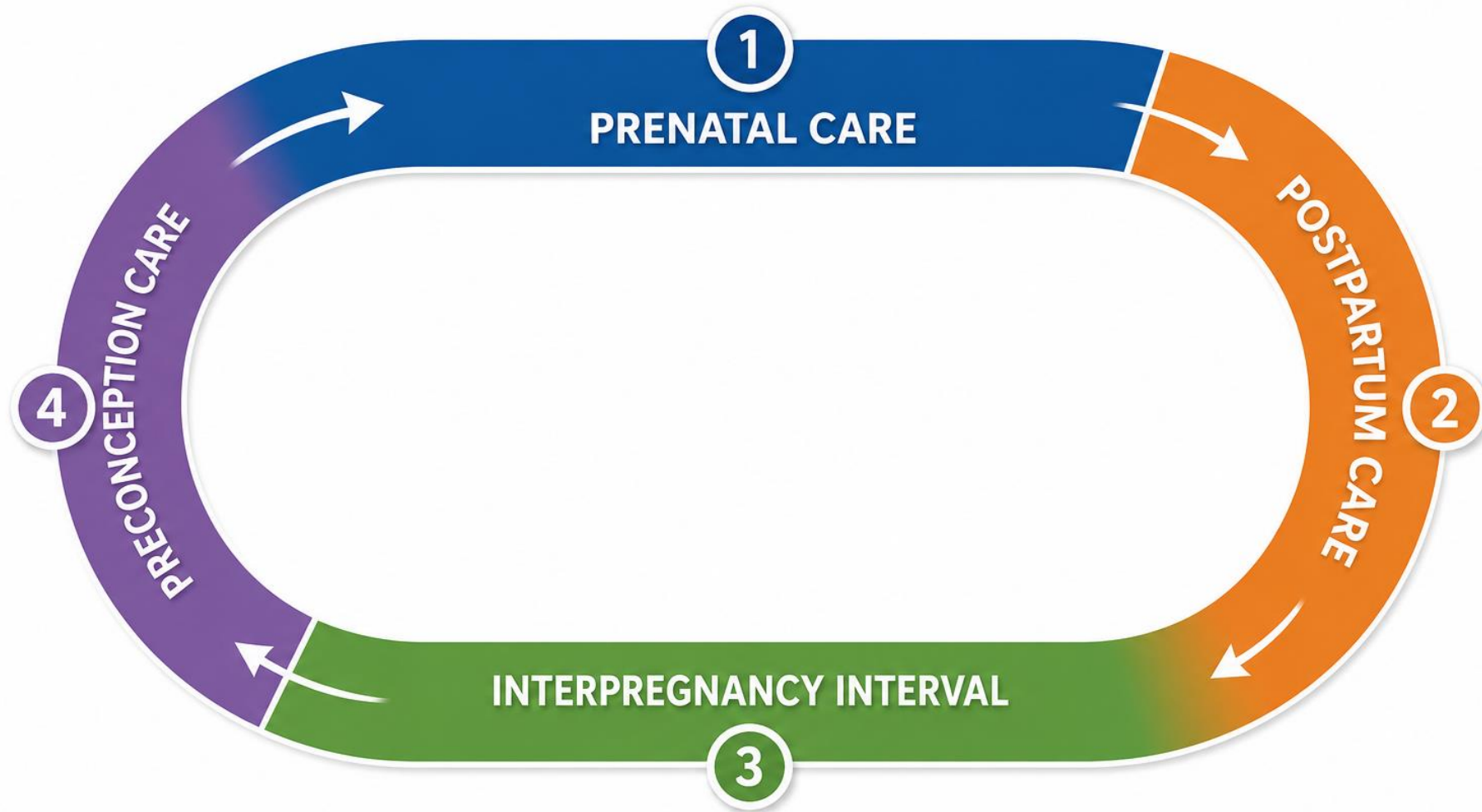


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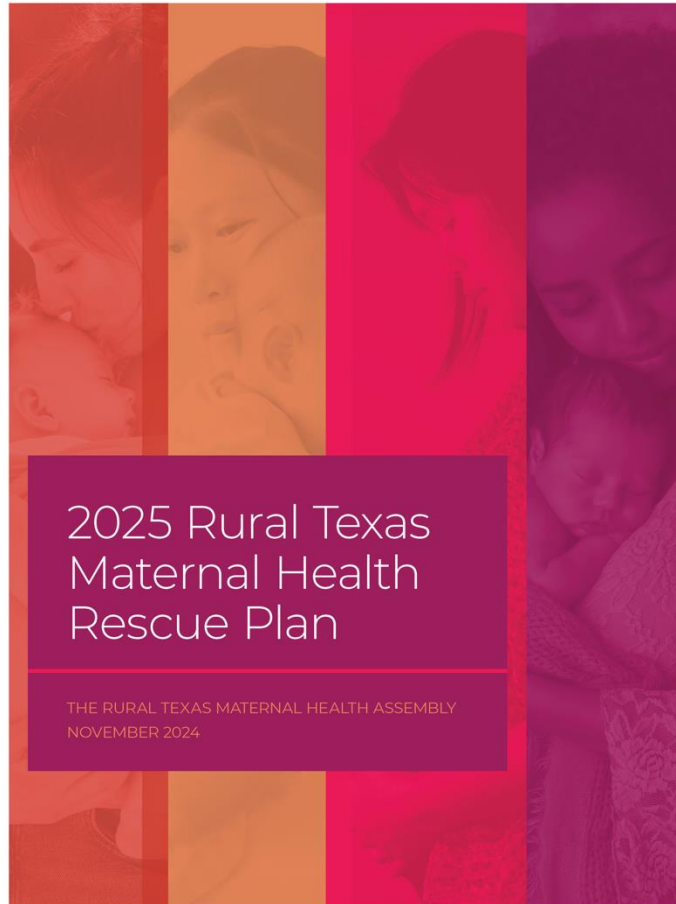


Maternal Health Pathway

A Continuous System of Care Throughout the Reproductive Years



Rural Texas Maternal Health Assembly



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Texas Health Insights: Data Dashboard

Demographics

Data on community characteristics—such as age, sex, race and ethnicity, and rurality—are essential for understanding health trends, identifying disparities in health outcomes, allocating resources effectively, and planning targeted health interventions.

▼ Show

Access to Care

Access to care are measures related to health care and families, communities can identify disparities.

Health Needs & Outcomes

Health needs and outcomes are measures of health factors. Measuring them is essential for evaluating requiring improvement.

Non-Medical Drivers of Health

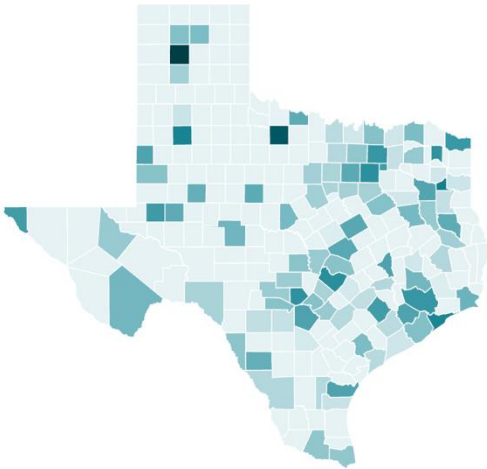
Non-medical drivers of health are factors outside such as educational attainment, civic participation health of populations, often contributing to health.

Risk & Protective Factors

Risk and protective factors are characteristics at health problems. Risk factors increase vulnerability resilience.

Texas County Map

Click to add counties, click again to remove.



Rate of OB/GYN Physicians

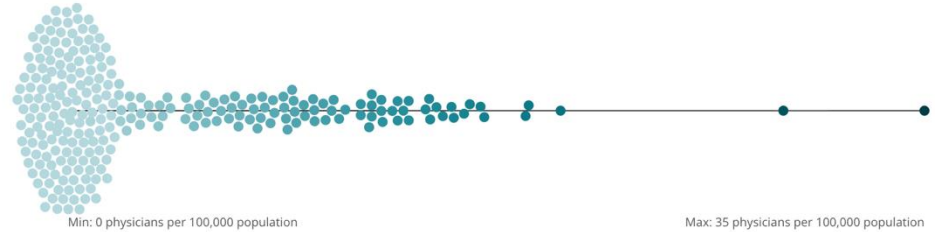
Min: 0 physicians per 100,000 population Max: 34.6 physicians per 100,000 population

Rate of OB/GYN Physicians

Texas

This indicator is defined as the rate of OB/GYN Physicians (MDs and DOs) per 100,000 population. Data Source: Health Resources and Services Administration, 2022. Obstetrics and gynecology physicians (OB/GYN) physicians play a dual role in health care, serving as primary care physicians for many women and also providing specialty care for expectant mothers. HRSA projects that by 2037 only 87% of the need for OB/GYNs will be met, with greater shortages in nonmetro areas. Texas is predicted to be one of the states with the most significant shortages by 2030. Communities can increase the rate of OB/GYN physicians by supporting recruitment and retention efforts, offering incentives for physicians to practice in the community, improving work and community environments for physicians, and investing in innovative practices like grow-your-own models with local school systems.

i Higher values indicate better outcomes



Min: 0 physicians per 100,000 population Max: 35 physicians per 100,000 population



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