



Health Reform Monitoring Survey -- Texas

RICE UNIVERSITY'S
BAKER INSTITUTE

The
★ Episcopal Health ★
Foundation

Issue Brief #4:

The Affordable Care Act and Hispanics in Texas

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A central goal of the Affordable Care Act (ACA) is to improve access to affordable health insurance coverage for millions of Americans. Hispanics make up 39% of the Texas population and account for a disproportionate share of the 6 million uninsured Texans. Census data from 2012 indicate that 39% of Texas Hispanics were uninsured, compared to 17% of Whites and 22% of Blacks. The ability of Hispanics to obtain affordable health insurance under the ACA is important if we are to reduce the overall rate of uninsured residents in Texas.

In September 2013, we surveyed Hispanic and non-Hispanic White Texan adults to assess their needs for the kinds of improved access to health care and health insurance promised by the ACA, and we surveyed them again in March 2014 to see if improvement had been realized. We find that during both periods, Texas Hispanics had more trouble accessing and affording health services than White Texans. On the eve of the opening of the Health Insurance Marketplace, Hispanics were more optimistic than Whites that their ability to obtain affordable health services would improve in 2014. Toward the end of the first open enrollment period, our data indicate that a significantly larger percentage of Texas Hispanics had enrolled in health plans through the Marketplace than their White counterparts.

About the Survey

The Health Reform Monitoring Survey (HRMS) is a quarterly survey of adults ages 18-64 that began in 2013. It is designed to provide timely information on implementation issues under the ACA and to document changes in health insurance coverage and related health outcomes. HRMS provides quarterly data on health insurance coverage, access, use of health care, health care affordability, and

AT A GLANCE

Hispanic adults in Texas experience more difficulty in affording health services than White adults and are three times as likely to be uninsured.

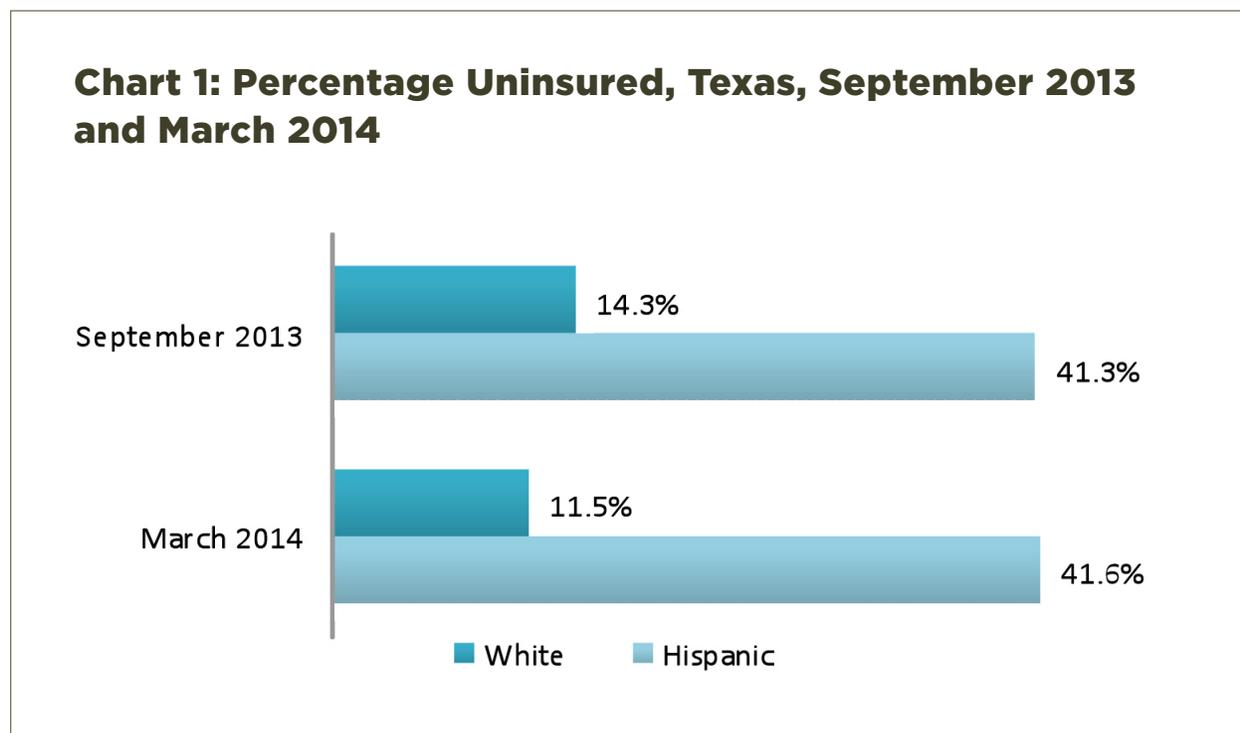
Hispanic respondents were more optimistic about the Affordable Care Act than their White counterparts.

By March 2014, a significantly larger percentage of Texas Hispanics had enrolled in health plans through the Health Insurance Marketplace than their White counterparts.

self-reported health status. The HRMS was developed by the Urban Institute, conducted by GfK, and jointly funded by the Robert Wood Johnson Foundation, the Ford Foundation, and the Urban Institute. Rice University's Baker Institute and the Episcopal Health Foundation are partnering to fund and report on key factors about Texans obtained from an expanded, representative sample of Texas residents (HRMS-Texas). The analyses and conclusions based on HRMS-Texas are those of the authors and do not represent the views of the Urban Institute, the Robert Wood Johnson Foundation or the Ford Foundation. Information about the sample demographics of the entire cohort is available in Issue Brief #1. Demographic information about the Hispanic and White adults whose survey responses are described in this Issue Brief can be found on page 6. This Issue Brief is a summary of data extracted from the HRMS surveys in Texas that were administered in September 2013 and March 2014. The survey contains responses from 1,595 Texans in September 2013 and 1,538 in March 2014. The number of Hispanic and White survey respondents were 581 and 803, respectively, in September 2013 and 595 and 732, respectively, in March 2014. We will continue to report on survey data through additional Issue Briefs and future surveys.

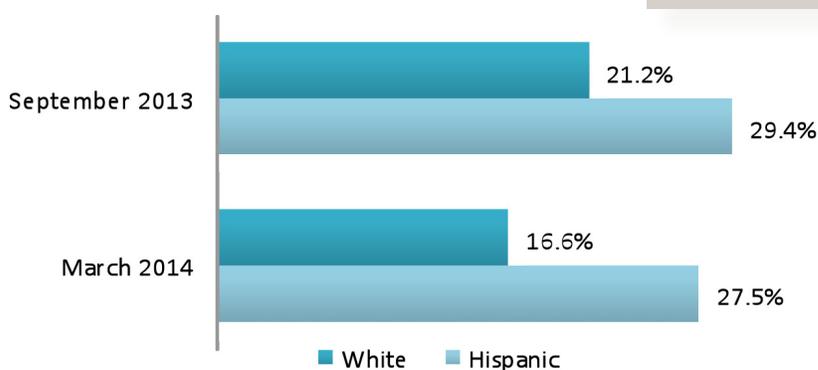
Insurance Status and Affordability of Health Services of Hispanics and Whites

Consistent with the 2012 census data cited above, HRMS-Texas respondents reported significant differences in the rates of insurance for Hispanics and Whites before and after the opening of the Marketplace, with Hispanics being three times as likely to be uninsured than their White counterparts. The reported changes in the rates of uninsured within each group between September 2013 and March 2014, shown in Chart 1 below, are not statistically significant.



As shown in Chart 2 below, Hispanics reported that they had trouble paying medical bills more often than their White counterparts in September 2013 and in March 2014. This is likely due to the differences in the two group's rates of insurance coverage. The reported improvement between September 2013 and March 2014 is statistically significant for the White population, but not for the Hispanic respondents.

Chart 2: Percentage Having Problems Paying Medical Bills, Texas, September 2013 and March 2014



Question asked: *In the past 12 months did you or anyone in your family have problems paying or were unable to pay any medical bill? Include bills for doctors, dentist, hospitals, therapists, medication, equipment, nursing home, or home care. (Yes/No)*

Expectations about the ACA

Prior to the launch of the Health Insurance Marketplace, we asked survey respondents about their expectations in the coming year for their ability to access and afford health care. As Chart 3 shows, Hispanic respondents were consistently more optimistic than White respondents about changes that might occur in 2014. This difference is understandable considering the significantly greater difficulty Hispanics had in obtaining and affording health insurance and health care. While some Whites had similar difficulties, on the whole they were better off than Hispanics and did not

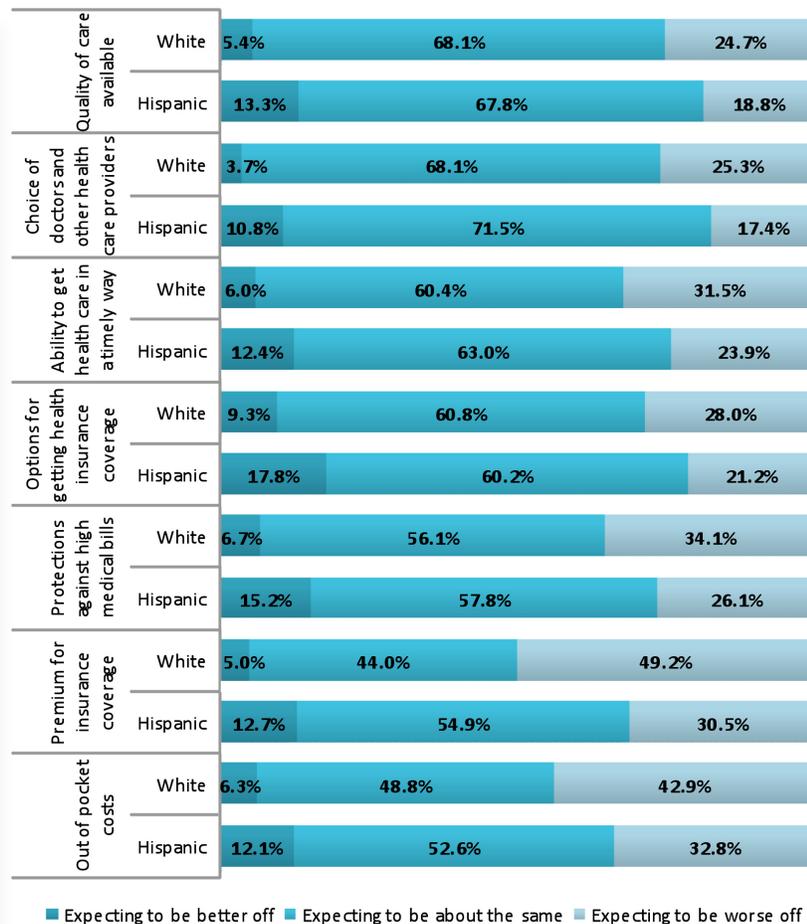
see the need for change, and had lower expectations of the ability of the ACA to improve their circumstances. We cannot rule out the possibility that Hispanics' optimism for 2014 was due to higher expectations of finding jobs that offer health insurance, and may or may not be related to their expectations regarding the ACA.

Chart 3: Expected Changes in Health Care Quality, Access and Cost, Texas, September 2013

Question asked:

Compared to today, do you think you will be better off, worse off or about the same next year in term of:

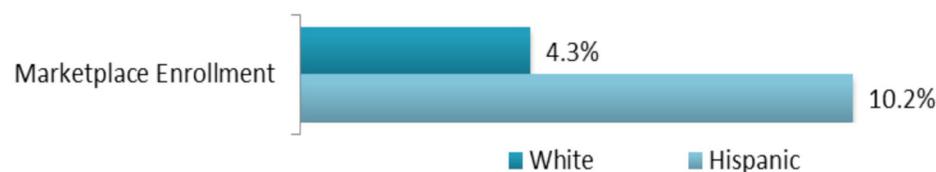
- a) *The quality of health care available to you;*
- b) *Your choice of doctors and other health care providers;*
- c) *Your ability to get health care in a timely way;*
- d) *Your option for getting health insurance coverage;*
- e) *The protections you have against high medical bills;*
- f) *The premium you pay for insurance coverage;*
- g) *Your out-of-pocket cost when you see a doctor or other health care provider.*



Enrollment in Health Plans through the Marketplace

Prior to the opening of the Marketplace, Hispanics were three times as likely to be uninsured as their White counterparts and almost twice as likely to have trouble paying medical bills. Not surprisingly, they had higher hopes for the future than Whites. In March 2014, we asked both groups whether they had enrolled in insurance plans through the Marketplace. As shows in Chart 4, Hispanics were more than twice as likely as Whites to enroll. This is a statistically significant difference and is consistent with the relative problems experienced by the two groups prior to the ACA as well as the relatively optimistic expectations of Hispanics.

Chart 4: Health Insurance Enrollment through the Marketplace in Texas, March 2014

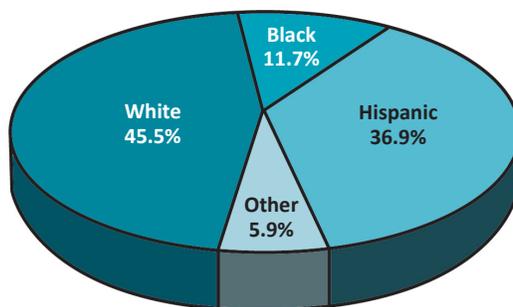


Looking Ahead

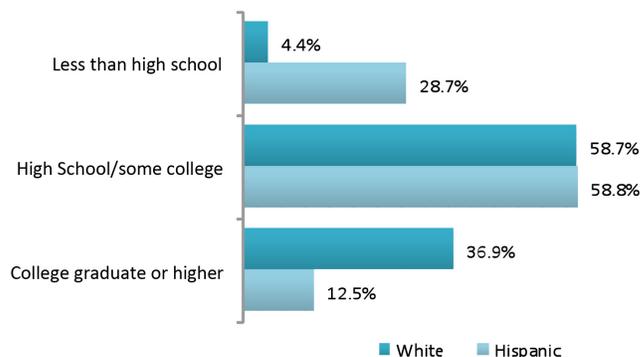
The full impact of the ACA on the Hispanic population will not be known for some time. As the implementation of the ACA continues and a second enrollment period begins later this year, the coverage gap between Hispanic and White adults may be reduced. We will continue to survey and report on the HRMS-Texas survey panel to examine these changes in the future.

Characteristics of Hispanic and White Survey Participants - September 2013

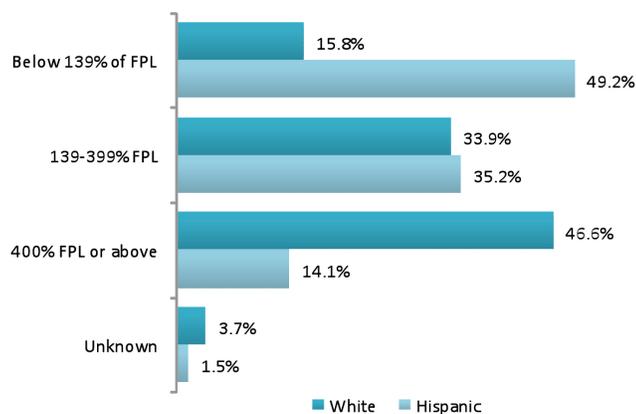
(Characteristics of March 2014 participants are not significantly different)



Education



Family Income



About the Authors

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Methodology

Each quarter's HRMS sample of nonelderly adults is drawn from active KnowledgePanel® members to be representative of the US population. In the first quarter of 2013, the HRMS provides an analysis sample of about 3,000 nonelderly (age 18–64) adults. After that, the HRMS sample was expanded to provide analysis samples of roughly 7,500 nonelderly adults, with oversamples added to better track low-income adults and adults in selected state groups based on (1) the potential for gains in insurance coverage in the state under the ACA (as estimated by the Urban Institute's microsimulation model) and (2) states of specific interest to the HRMS funders.

Although fresh samples are drawn each quarter, the same individuals may be selected for different rounds of the survey. Because each panel member has a unique identifier, it is possible to control for the overlap in samples across quarters.

For surveys based on Internet panels, the overall response rate incorporates the survey completion rate as well as the rates of panel recruitment and panel participation over time. The American Association for Public Opinion Research (AAPOR) cumulative response rate for the HRMS is the product of the panel household recruitment rate, the panel household profile rate, and the HRMS completion rate—roughly 5 percent each quarter.

While low, this response rate does not necessarily imply inaccurate estimates; a survey with a low response rate can still be representative of the sample population, although the risk of nonresponse bias is, of course, higher.

All tabulations from the HRMS are based on weighted estimates. The HRMS weights reflect the probability of sample selection from the KnowledgePanel® and post-stratification to the characteristics of nonelderly adults and children in the United States based on benchmarks from the Current Population Survey and the Pew Hispanic Center Survey. Because the KnowledgePanel® collects in-depth information on panel members, the post-stratification weights can be based on a rich set of measures, including gender, age, race/ethnicity, education, household income, homeownership, Internet access, primary language (English/Spanish), residence in a metropolitan area, and region. Given the many potential sources of bias in survey data in general, and in data from Internet-based surveys in particular, the survey weights for the HRMS likely reduce, but do not eliminate, potential biases.

The September 2013 HRMS has a design effect of 1.47 for nonelderly adults, and a sampling margin of error for a 50 percent statistic with 95 percent confidence of +/- 1.3 for the nonelderly adult sample. The March 2014 HRMS has a design effect of 2.53 for a 50% statistic with a 95 percent confidence of +/- 4.0%.

Founded in 1993, the **JAMES A. BAKER III INSTITUTE FOR PUBLIC POLICY** has established itself as one of the premier nonpartisan public policy think tanks in the country. The institute ranks 11th among university-affiliated think tanks worldwide, 20th among U.S. think tanks and fifth among energy resource think tanks, according to a 2013 study by the University of Pennsylvania's Think Tanks and Civil Societies Program. As an integral part of Rice University, one of the nation's most distinguished institutions of higher education, the Baker Institute has a strong track record of achievement based on the work of its endowed fellows, Rice faculty scholars and staff. Located in Houston, Texas, the nation's fourth-largest city and the energy capital of the United States, as well as a dynamic international business and cultural center, the Baker Institute brings a unique perspective to some of the most important public policy challenges of our time.

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THE EPISCOPAL HEALTH FOUNDATION is a new entity established through the recent sale of the St. Luke's Episcopal Health System to Catholic Health Initiatives. The Foundation supports the work of the Episcopal Diocese of Texas (the Diocese) and has assets of \$1 billion. The mission of the Foundation is to advance the Kingdom of God with specific focus on human health and well-being through grants, research, and initiatives in support of the work of the Diocese. The Foundation embraces the World Health Organization's broad, holistic definition of health: a state of complete physical, mental and social well-being and not merely the absence of disease. We will focus on improving the health of the 10 million people who live within the 57 counties of the Diocese.

Contact information can be found at:

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