

# TEXANS' EXPERIENCES WITH AFFORDABILITY OF AND ACCESS TO HEALTH CARE

Selected Findings from the Episcopal Health Foundation  
2019 Texas Health Policy Survey

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## EXECUTIVE SUMMARY

Texas has the unique challenge of addressing health for a large, diverse population. From big cities to rural counties, Texans are diverse in income, race, ethnicity, and immigration status. The state has more uninsured residents than any other U.S. state. Together, these factors pose a serious challenge to policy makers across Texas. In the **2019 Texas Health Policy survey**, Episcopal Health Foundation and SSRS wanted to know Texans' opinions on a variety of state and national health policy issues. This is the second iteration of a public opinion study that was previously conducted by the Kaiser Family Foundation and sponsored by the Episcopal Health Foundation in 2018.

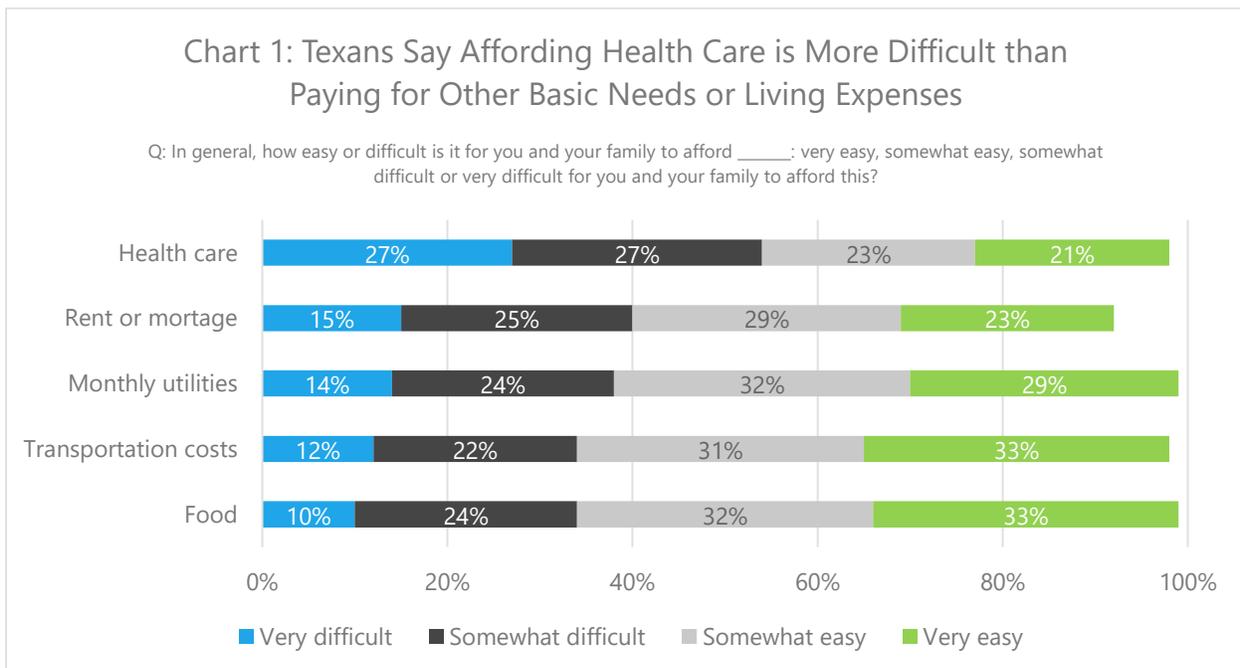
The new survey shows that affordability of health care continues to be a main concern for many Texans, particularly the most vulnerable. More than one half of Texas adults (55%) say that it is difficult for them and their family to afford health care, with about one-quarter (27%) saying this is very difficult for them. Four in 10 adults in the Lone Star State say they or someone in their household had problems paying or were unable to pay for any medical bills in the past 12 months.

The affordability of health care has challenged Texans in many ways. Faced with costs they cannot afford, 60 percent of Texas adults say they or a household member have skipped or postponed health care needs because of the cost implications, including things like putting off dental checkups, skipping recommended medical tests, or not filling a prescription medicine.

While three-quarters (76%) have a place where they usually go when they are sick or need health care advice, a sizable 24 percent of the Texas adult population say they do not have a usual place of care, or go to a hospital emergency room (5%) as the usual source for their health care needs. Overall, lower-income, Hispanics, immigrants, lower-educated, and uninsured Texans are more likely than their counterparts to say they have no usual place for medical care or they go to the emergency room. For the most part, most Texans who have a usual place for medical care (83%) say it is very (60%) or somewhat (23%) easy for them to travel to their facility to receive care. Just under two in 10 say they have difficulties traveling to their usual place of care (11% somewhat difficult and 6% very difficult). Among those with a usual place of care, those who report traveling to that place is a barrier for them are mostly low-income, in fair or poor health, or without health insurance.

## TEXANS WRESTLE WITH HEALTH CARE AFFORDABILITY

The 2019 Texas Health Policy Survey finds that affordability of health care tops the list of concerns for Texans, more so than the affordability of other basic needs or living expenses, such as rent or mortgage, monthly utilities, or food. More than one half of Texas adults (55%) say that it is difficult for them and their family to afford health care, with about one-quarter (27%) saying this is very difficult for them. A smaller number of Texans report difficulty affording housing (40%), utilities (38%), transportation (34%), or food (34%) (Chart 1). These findings are consistent with the 2018 survey.



Note: Don't know/Refused responses are not shown.: Adding individual percentages may not match NETS due to rounding.

Four in 10 adults in the Lone Star State say they or someone in their household had problems paying or were unable to pay for any medical bills in the past 12 months, including bills for doctors, dentists, medication, or home care (Chart 2a). Of those who say they struggled with paying medical bills in the past 12 months, 57 percent report that their medical bills had a major impact on their family (22% of all Texans) and another 36 percent say medical bills had a minor impact (14% of all Texans) (Chart 2b). Six in 10 adults have not had any problems paying medical bills.

Chart 2a: Four in 10 Say They've Had Problems Paying Medical Bills in the Past Year

Q: : In the past 12 months, did you or anyone in your household have problems paying or an inability to pay any medical bills, such as bills for doctors, dentists, medication, or home care?

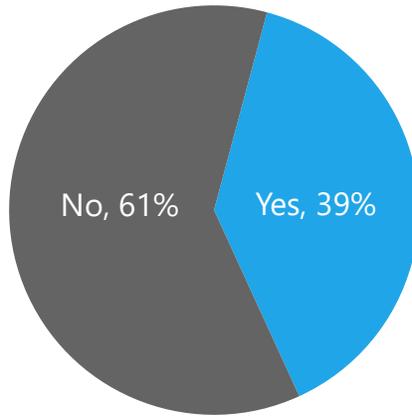
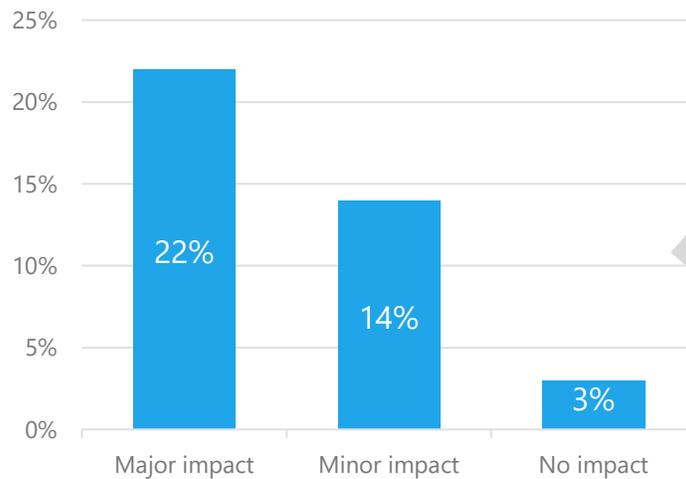


Chart 2b: Two in 10 Say Bills Had a Major Impact

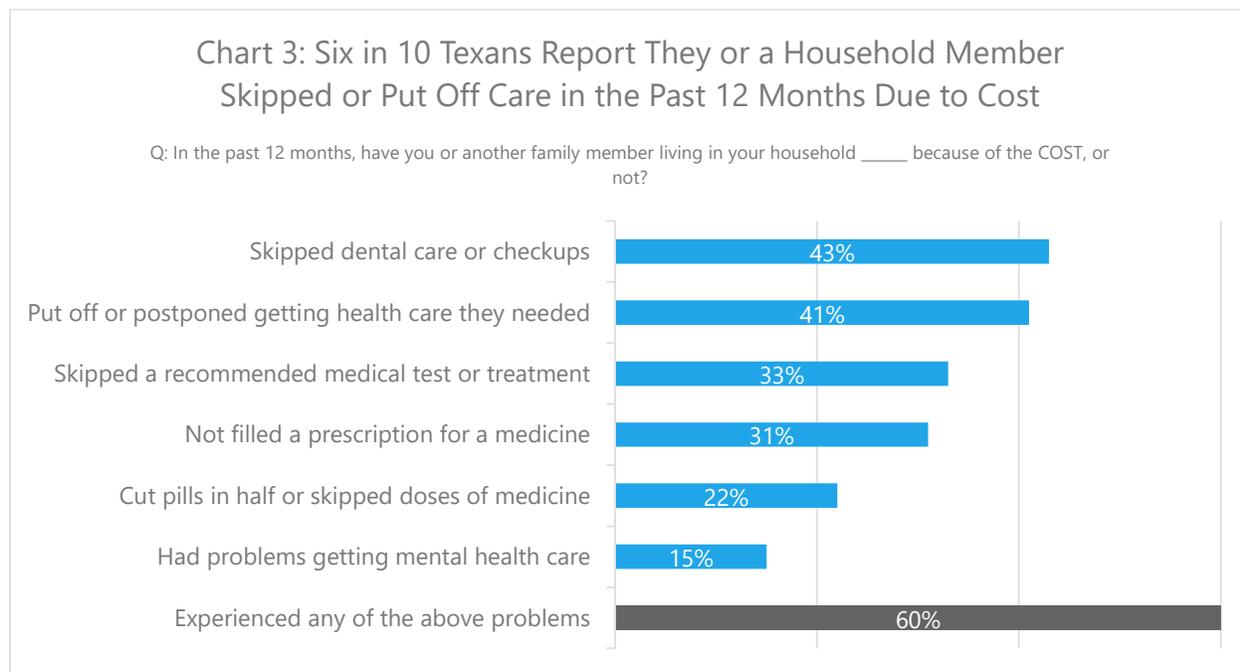
Q: Overall, how much of an impact have these medical bills had on you and your family? Have they had a major impact, a minor impact, or no real impact?



Note: Don't know/Refused responses are not shown. Question in second chart was asked of the 39% who had problems paying medical bills but percentages shown are based on Total.

The affordability of health care has challenged Texans in many ways. Faced with costs they cannot afford, significant shares of the Texas general public report taking certain actions to reduce their medical costs, actions that could inadvertently compromise their overall well-being. Four in 10 (43%) say they or a household member have skipped getting dental care or skipped a dental checkup in the past 12 months

because of the cost. A similar share (41%) say they have put off or postponed getting health care they needed because of the cost. Three in 10 Texans say the cost of health care has led them or members of their household to skip a recommended medical test or treatment (33%) or to not fill a prescription (31%), and nearly a quarter (22%) have cut pills in half or skipped doses of medicine. Fewer adults (15%) indicate they have experienced problems with getting mental health care in the past 12 months due to cost. In total, 60 percent of Texas adults say they or a household member have done any one of these things in the past year because medical costs were otherwise too prohibitive (Chart 3).



## NEGATIVE EXPERIENCES RELATED TO HEALTH CARE AFFORDABILITY BY KEY DEMOGRAPHIC GROUPS

Problems related to health care costs are reported by certain groups of Texans more than others. Overall, lower-income Texans, the nonelderly uninsured (under age 65), Hispanic residents, and those who report being in poorer health are more likely to say they experience troubles related to affordability of health care.

Some of the largest shares of Texans who say it is very or somewhat difficult for them or their family to afford health care are nonelderly uninsured (85%), those in fair or poor health (74%), those with a chronic health condition or disability (72%), and adults with no college education (67%).

A closer look at finances shows that income is one of the greatest divides when it comes to affordability of health care. Texans with family incomes under 250 percent of the federal poverty level (FPL) are more than twice as likely as those with higher incomes to indicate it is difficult for them or their family to afford health care, by a 73 percent to 31 percent margin. According to the 2019 survey, this low-income group of adults

are four times more likely than higher-income adults to say affording health care is *very difficult* for them (41% vs. 10% respectively). More than half of this low-income group (55%) say that they or someone in their household have had problems paying or were unable to pay for any medical bills in the past 12 months, nearly triple the amount as higher-income Texans (20%) (Table 1). About three-quarters of Texans with self-reported family incomes below 250 percent of the FPL (74%) have had someone in their family postpone or skip any type of medical care in the past 12 months because of the cost, compared with just under half of those with higher incomes (45%) (Table 2).

**Table 1: Affordability of Health Care by Key Demographics**

	RACE/ETHNICITY			HISPANIC IMMIGRANT STATUS		INCOME	
	White	Black	Hisp.	U.S. born	Foreign born	<250% FPL	250%+ FPL
<b>NET Difficult for their family to afford health care</b>	<b>44%</b>	<b>60%</b>	<b>67%</b>	<b>61%</b>	<b>79%</b>	<b>73%</b>	<b>31%</b>
Very difficult	23%	26%	33%	29%	40%	41%	10%
Somewhat difficult	21%	35%	34%	31%	39%	32%	21%
<b>Someone in their household had problems paying or an inability to pay for medical bills in the past 12 months</b>	<b>32%</b>	<b>43%</b>	<b>46%</b>	<b>49%</b>	<b>43%</b>	<b>55%</b>	<b>20%</b>
<b>Paying medical bills has had a major impact on their family</b>	<b>18%</b>	<b>27%</b>	<b>26%</b>	<b>24%</b>	<b>28%</b>	<b>35%</b>	<b>7%</b>

Note: Adding individual rows may not match NETS due to rounding.

**Table 2: Skipping or Postponing Care by Key Demographics**

	TOTAL	GENDER		RACE/ETHNICITY			INCOME	
		Men	Women	White	Black	Hisp.	<250% FPL	250%+ FPL
Skipped dental care	43%	36%	49%	36%	48%	47%	57%	28%
Postponed needed care	41%	36%	45%	35%	46%	44%	53%	27%
Skipped recommended treatment	33%	27%	38%	28%	32%	36%	41%	23%
Not filled Rx	31%	24%	37%	26%	45%	32%	40%	20%
Cut pills or skipped doses	22%	18%	25%	17%	30%	23%	32%	10%
Problems getting mental health care	15%	n/a	n/a	10%	21%	18%	22%	8%
<b>YES TO ANY</b>	<b>60%</b>	<b>51%</b>	<b>68%</b>	<b>52%</b>	<b>70%</b>	<b>65%</b>	<b>74%</b>	<b>45%</b>

Note: Data for "Problems getting mental health care" by gender are not statistically significant and are therefore not reported.

Hispanic Texans (67%), particularly those born outside of the United States (79%), report it is difficult for their family to afford health care. Almost half of Hispanic adults in the Lone Star State (46%) say someone

in their household has had trouble paying medical bills in the past 12 months, directionally higher than the 43 percent of black residents and statistically significantly higher than the 32 percent of white residents who report the same. About one-quarter of Hispanics (26%) say problems paying medical bills have had a major impact on their family, an eight-point margin over whites (18%) (Table 1). Hispanics are also more likely than whites to have skipped dental care (47% vs. 36%), postponed getting needed health care (44% vs. 35%), skipped getting a recommended medical test or treatment (36% vs. 28%), and had problems getting mental health care (18% vs. 10%), all because of cost (Table 2).

Women outpace men when it comes to overlooking their health care needs because of cost concerns. Nearly half of women (49%) have skipped dental care or checkups, compared with 36 percent of men. By a nine-point margin, women (45%) are also more likely to postpone getting health care they actually need, whereas fewer men (36%) have done this. Almost four in 10 women (38%) have skipped recommended treatments or tests because they cost too much, 11 points higher than men who report the same (27%). Thirteen percent more women than men have chosen not to fill a prescription because of the cost (37% vs. 24%).

## THE UNINSURED AND SETBACKS WITH HEALTH CARE AFFORDABILITY

With a 19.6% uninsured nonelderly population, nearly 10-points higher than the national average (10.2%),<sup>1</sup> Texas continues to fight an uphill battle in providing affordable and accessible health care to its residents. Texas is also just one of 14 states that has not yet expanded Medicaid under the Affordable Care Act and also has comparatively stricter adult Medicaid eligibility requirements relative to other states.<sup>2</sup>

Unsurprisingly, nonelderly uninsured (under age 65) are among the largest segments of the Texas adult population who face difficulty with the affordability of their health care. The vast majority (85%) say affording health care is difficult for their family, including more than one-half (54%) who say it is very difficult. Three-quarters (75%) have skipped or postponed any health care in the past 12 months due to cost, including six in 10 (61%) who have skipped or postponed care they *needed*, skipped dental care (61%), or skipped a recommended medical test or treatment (46%).

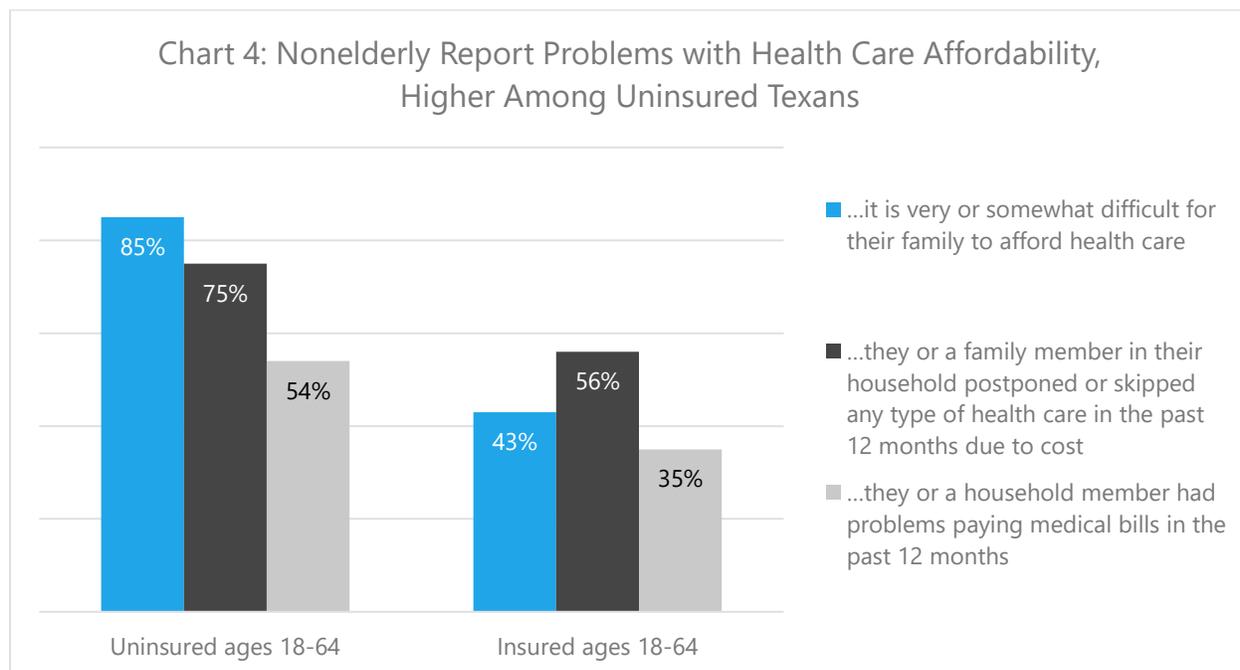
As was the case in the 2018 survey, results this year highlight that the affordability of health care in Texas is a trouble spot even for those with insurance. Four in 10 (43%) of the nonelderly insured say it is difficult for their family to afford health care. Just over one-third (35%) report that they or a household member had problems paying medical bills in the past 12 months, and more than half (56%) have delayed or skipped any health care in the past 12 months because of cost (Chart 4).

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<sup>1</sup> Kaiser Family Foundation's report "Key Facts about the Uninsured Population," estimates based on analysis of the 2017 American Community Survey: <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

<sup>2</sup> Kaiser Family Foundation, Where Are States Today? Medicaid and CHIP Eligibility Levels for Children, Pregnant Women, and Adults, March 2018, <https://www.kff.org/medicaid/fact-sheet/where-are-states-today-medicaid-and-chip/>

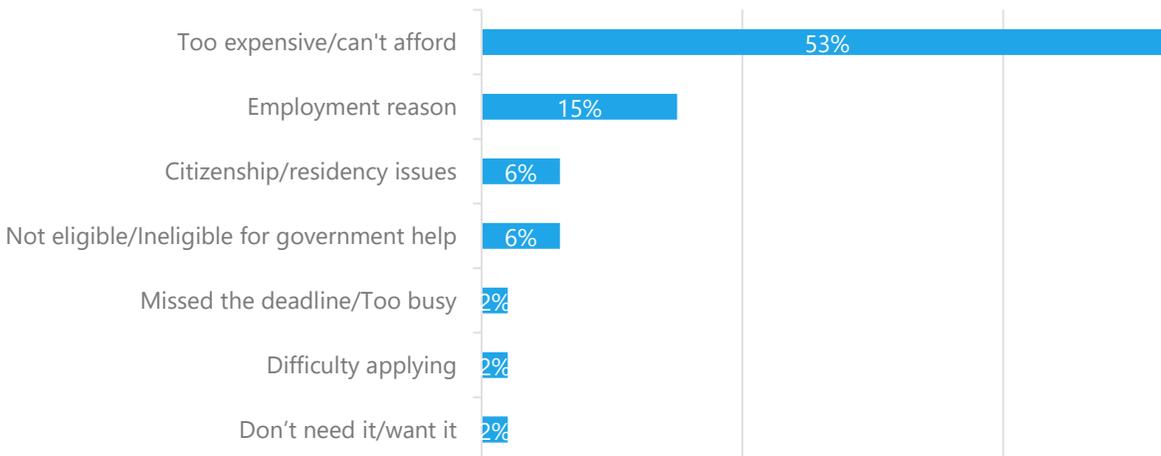
Chart 4: Nonelderly Report Problems with Health Care Affordability, Higher Among Uninsured Texans



Problems with the affordability of health care is also related to the ability to acquire health insurance, according to the 2019 survey. Among Texans ages 18-64 who are uninsured, the main reason for being uninsured cited by a majority of Texans ages 18-64 (53%) is simply because it is too expensive or they cannot afford it. Fifteen percent give reasons related to employment, such as being unemployed (6%) or their employer not offering it (2%). Some cite citizenship or residency issues (6%) or not being eligible for government help (6%). A handful say the main reason they are currently uninsured is because they had difficulty applying for insurance or they were too busy to obtain it (2% each). Just two percent of those without coverage say they are uninsured because they don't want insurance or feel they don't need it, down from seven percent in the 2018 survey. Overall, these findings are remarkably consistent with 2018 study, especially considering those surveyed were asked an open-ended question and could have given any top of mind reason (Chart 5).

Chart 5: More than Half of Nonelderly Uninsured Say Cost is the Main Reason They Do Not Have Health Insurance

Q: What's the MAIN reason you do not currently have health insurance?



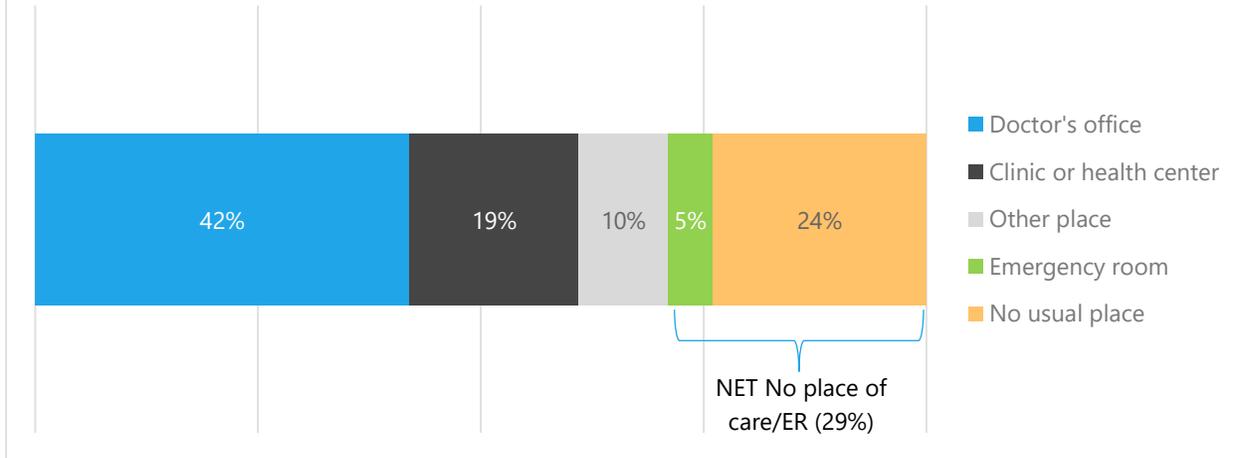
For nonelderly uninsured Texans, being uninsured is a chronic problem. Nearly three-quarters (73%) have been without health insurance for one year or longer, including six in 10 (60%) who have not had health insurance for two years or more. Another quarter (26%) have not had health insurance for less than a year, including 11 percent who have been uninsured for less than three months and 16 percent for a period of 3-12 months. When asked whether they had tried to get health insurance for themselves in the past six months, one third (32%) say they have tried and roughly two-thirds (68%) say they have not.

## TEXANS' USUAL SOURCE OF CARE

Affordability is only one layer to the challenges that Texans face in meeting their health care needs. Having easy or regular access to medical care is also an obstacle for many. While three-quarters (76%) have a place where they usually go when they are sick or need health care advice, a sizable 24 percent of the Texas adult population say they do not have a usual place of care, or go to a hospital emergency room (5%) as the usual source for their health care needs. The plurality cite a doctor's office (42%) as their usual place of care. One in five (19%) typically turn to a clinic or health center and fewer (5%) usually go to an urgent care center (Chart 6).

### Chart 6: About Three in 10 Texans Say They Either Have No Usual Place for Care or They Go to the Emergency Room

Q: Now thinking about your medical care, is there a place that you USUALLY go to when you are sick or need advice about your health, or not? / What kind of place is it that you usually go?



When it comes to the places that Texans report receiving their medical care, the survey finds racial/ethnic, immigration status, income, insurance status, and educational disparities. Overall, lower-income, Hispanics, immigrants, lower-educated, and uninsured Texans are more likely than their counterparts to say they have no usual place for medical care or they go to the emergency room. Hispanic, immigrant, and lower-educated adults are also more likely to report receiving their medical care from a clinic or health center (Table 3).

**Table 3: Usual Source of Care for Texans**

	RACE/ETHNICITY			IMMIGRATION STATUS		INCOME		EDUCATION			INSURANCE STATUS (NONELDERLY)	
	Wht.	Black	Hisp.	U.S. born	Foreign born	<250 % FPL	250% + FPL	No coll.	Some coll.	Coll. grad	In-sured	Unin-sured
<b>NET Have a usual place for medical care (not ER)</b>	<b>83%</b>	<b>60%</b>	<b>56%</b>	<b>75%</b>	<b>53%</b>	<b>58%</b>	<b>86%</b>	<b>56%</b>	<b>79%</b>	<b>81%</b>	<b>77%</b>	<b>46%</b>
Doctor's office	58%	30%	23%	47%	19%	28%	58%	26%	47%	59%	48%	18%
Clinic or health center	18%	8%	26%	17%	28%	20%	18%	22%	19%	13%	19%	21%
Urgent care/Outpatient/Other	7%	23%	7%	10%	7%	10%	10%	8%	13%	9%	10%	7%
<b>NET No usual place of care/ER</b>	<b>16%</b>	<b>39%</b>	<b>44%</b>	<b>25%</b>	<b>47%</b>	<b>41%</b>	<b>14%</b>	<b>43%</b>	<b>21%</b>	<b>18%</b>	<b>23%</b>	<b>53%</b>
Emergency room	3%	18%	6%	6%	3%	8%	2%	8%	5%	3%	5%	8%
No place for care	13%	21%	38%	18%	44%	33%	12%	36%	16%	15%	18%	45%

Note: Adding individual rows may not match NETS due to rounding.

For the most part, most Texans who have a usual place for medical care (83%) say it is very (60%) or somewhat (23%) easy for them to travel to their facility to receive care. Just under two in 10 say they have difficulties traveling to their usual place of care (11% somewhat difficult and 6% very difficult).

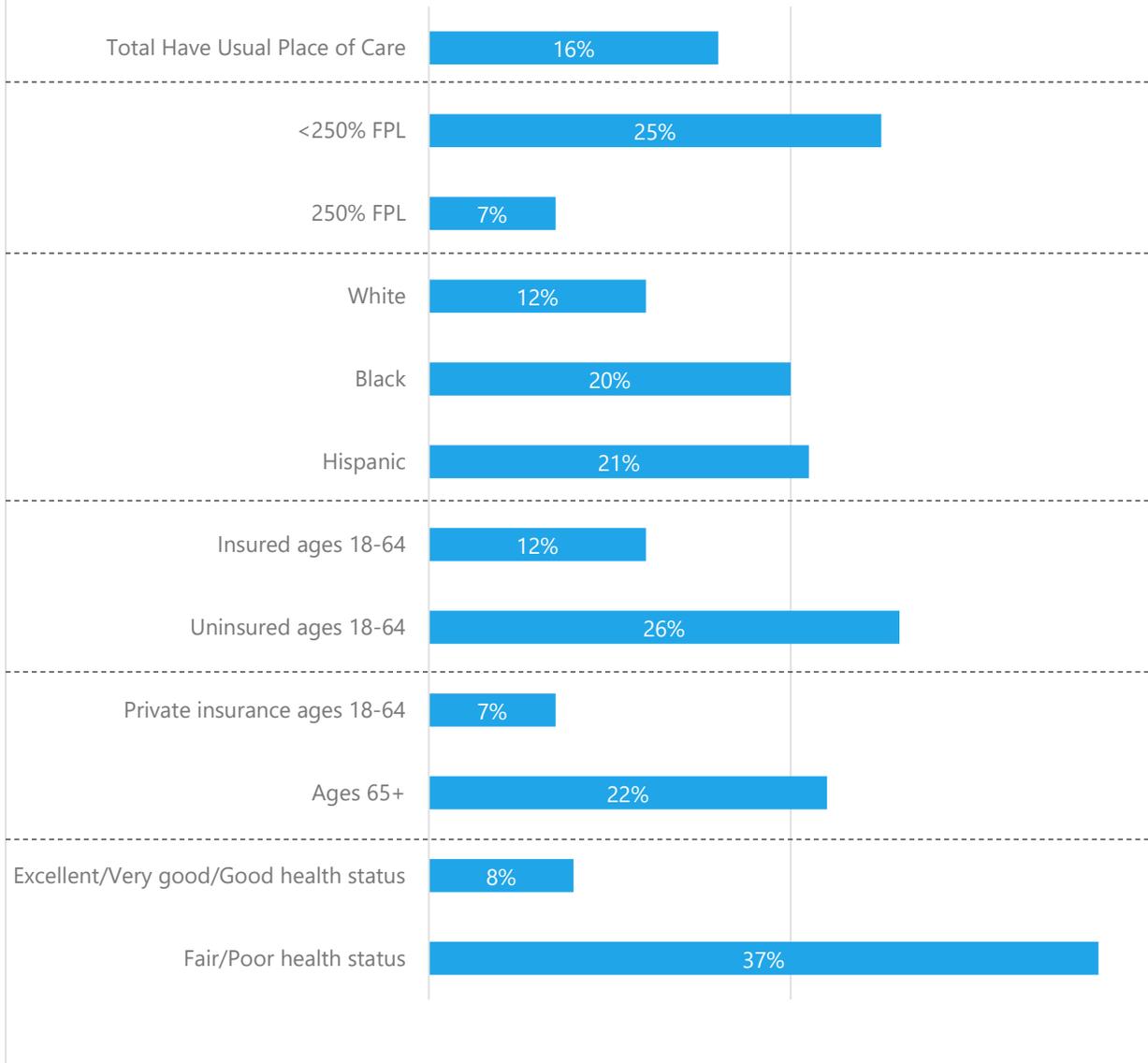
Among those with a usual place of care, those who report traveling to that place is a barrier for them are mostly low-income, in fair or poor health, or without health insurance. Seniors age 65 or older and black and Hispanic Texans are also more likely than their younger or white counterparts to report challenges with getting to their place of medical care. For instance, those with incomes below 250 percent of the FPL are more than three times as likely as higher-income Texans to say it is difficult for them to travel to their place of care (25% vs. 7%). Those in poorer health are nearly five times as likely as those in better health to report travel is a barrier (37% vs. 8%) (Chart 7).

Interestingly, since the 2018 survey, the share of nonelderly uninsured with a usual source of care who report difficulty in getting to that place has risen from 17 percent who face travel obstacles to 26 percent in the 2019 survey. This finding highlights not just the continued barriers that Texas' most vulnerable face but the possibility that travel has become increasingly challenging over the last several months.

### Chart 7: Low-income, Uninsured, Poorer Health More Likely To Say Traveling to Place of Care is Difficult

Q: How easy or difficult is it for you to travel to the place where you receive your medical care? Is it...?

AMONG THOSE WHO HAVE A USUAL PLACE FOR MEDICAL CARE



## METHODOLOGY

SSRS conducted the second wave of the *Texas Health Policy Survey* on behalf of Episcopal Health Foundation (EHF) from January 3 through January 25, 2019. The goal of this survey was to detail the attitudes and experiences of Texas adults regarding their health care, with a comparison to a similar study completed in 2018.<sup>3</sup> For the *Texas Health Policy Survey*, SSRS interviewed a representative sample of 1,210 Texas adults (age 18 or older), reached via landline (n=345) and cell phone (n=865) random digit dialing (RDD). Interviews were conducted by live professional telephone interviewers in English or Spanish based on the respondent's language preference.

Weighting is generally used in survey analysis to compensate for sample designs and patterns of non-response that might bias results. The survey data are weighted to balance the sample demographics to match estimates for the Texas adult population. The margin of sampling error for this study is +/- 3.6 percentage points for results based on the total sample.

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<sup>3</sup> [https://www.episcopalhealth.org/files/1515/2908/8060/Topline-Texas\\_Health\\_Policy\\_Survey.pdf](https://www.episcopalhealth.org/files/1515/2908/8060/Topline-Texas_Health_Policy_Survey.pdf)

## ABOUT EHF

The [Episcopal Health Foundation \(EHF\)](#) is committed to transforming the health of our communities by going beyond the doctor's office. By providing millions of dollars in grants, working with congregations and community partners, and providing important research, we're supporting solutions that address the underlying causes of poor health in Texas. EHF was established in 2013, is based in Houston, and has more than \$1.2 billion in estimated assets. **#HealthNotJustHealthcare**

## ABOUT SSRS

SSRS is a full-service market and survey research firm managed by a core of dedicated professionals with advanced degrees in the social sciences. Service offerings include the Omnibus Survey, Probability Panel and other Online Solutions as well as custom research programs – all driven by a central commitment to methodological rigor. The SSRS team is renowned for its multimodal approach, as well as its sophisticated and proprietary sample designs. Typical projects for the company include complex strategic, tactical and public opinion initiatives in the U.S. and in more than 40 countries worldwide. SSRS is research, refined. Visit [www.ssrs.com](http://www.ssrs.com) for more information.