

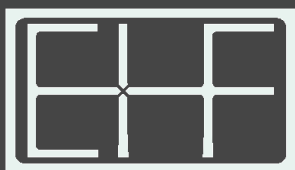
TEXANS' VIEWS ON SOCIAL DETERMINANTS OF HEALTH

Selected Findings from the Episcopal Health Foundation
2019 Texas Social Determinants of Health Survey

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EXECUTIVE SUMMARY

There is increasing awareness that social factors, not just quality medical care, impact people's ability to live healthy lives. These non-medical factors are often referred to as Social Determinants of Health (SDOH), which are the "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."¹

The majority of Texans (57%) think having good medical care is not enough for a person to live a healthy life. However, not all Texans feel the same way. Views on the matter diverge along race, immigration status, insurance coverage, and education.

When asked to identify problems that Texas residents face today, adults pinpoint multiple issues, many of which are social determinants of health. Health is top of mind for adults in Texas, with 58 percent saying the cost of health care is a big problem in the state. Additionally, 53 percent say the number of people who do not have health insurance is a big problem in Texas, the nation's second most populated state. Immigration is rated as a big problem by 48 percent, and a similar share of adults (47%) find the number of people who struggle financially to be a big problem. Other big problems singled out by Texans are income inequality (41%), racial discrimination (34%), climate change (34%), crime and public safety issues (32%), poor quality K-12 public schools (29%), and unemployment (25%).

When asked to rate the importance of factors that could affect people's health, residents ranked a number of social determinants of health high on the list, and a majority ranked every item on the list as essential or very important.

Many Texans have experienced problems as adults related to a number of social determinants of health. A majority of adults in the Lone Star state say they have lived in an area with poor public transportation (56%). More than half of Texans (55%) have had a job that pays insufficiently or been unemployed as an adult. Four in 10 adults say they have experienced racial or ethnic discrimination (41%), lived in a low-income area where resources were limited or lacking compared with other communities (41%), lived in an area with poor-quality schools (41%), or dealt with living conditions where there was air, water, or chemical pollution (40%). Just shy of four in 10 have experienced problems getting quality medical care from a doctor or hospital (38%), been unable to obtain affordable housing (37%), or lived in a high-crime area (36%). Nearly one-quarter (23%) report not having places to exercise at some point during their adult lives.

Sizable shares of Texans say their health has been harmed by adverse experiences with both medical and non-medical factors. Two-thirds of Texans who had trouble getting quality medical care from a doctor or hospital (67%) or who lived in an area with environmental pollutants (66%) say these experiences had a harmful effect on their health. Additionally, not having places to exercise (65%), employment or salary issues (64%), living in a high-crime area (55%), or living in a low-income area (54%) negatively affected the health of Texans who had to deal with these issues as adults.

¹ World Health Organization (WHO): https://www.who.int/social_determinants/en/

HAVING GOOD MEDICAL CARE IS GOOD BUT NOT ENOUGH

Having a clean bill of health extends beyond the doctor's office. There is increasing awareness that social factors, not just quality medical care, impact people's ability to live healthy lives. These non-medical factors are often referred to as Social Determinants of Health (SDOH), which are the "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."² Through initiatives like the U.S. Department of Health and Human Services' *Healthy People 2020*, recognition of the importance of social determinants of health is paving the way for government officials, community leaders, and medical professionals to consider how these factors influence the public's health and health outcomes. For example, people who have better quality education, consistent employment, and the ability to live in safe, low-crime areas tend to be healthier throughout their lives.³ Better understanding of SDOH can turn knowledge into action to improve people's overall health.

With a 19.6% uninsured nonelderly population, nearly 10-points higher than the national average (10.2%),⁴ and being one of the 14 states that have not expanded Medicaid under the Affordable Care Act, Texas has a unique set of challenges when it comes to addressing the health of its diverse population. The majority of Texans (57%) think having good medical care is not enough for a person to live a healthy life (Table 1).

Table 1: Views on Impact of Good Medical Care for Living a Healthy Life by Key Demographics

	TOTAL	GENDER		AGE				RACE/ETHNICITY		
		M	F	18- 29	30-49	50-64	65+	White	Black	Hisp.
Enough	42%	45%	38%	40%	40%	44%	45%	32%	39%	55%
Not enough	57%	53%	60%	60%	59%	53%	52%	65%	60%	45%
DK/Refused†	2%	2%	1%	0%	1%	3%	3%	2%	*	1%

†Don't know/Refused

* Denotes a value less than 0.5%.

Table 1: Views on Impact of Good Medical Care for Living a Healthy Life by Key Demographics (continued)

	TOTAL	IMMIGRANT STATUS		EDUCATION			INCOME			INCOME	
		U.S. born	Foreign born	No coll.	Some coll.	Coll. grad	Below 138 % FPL	138%- 250%+	250%+	<250% FPL	250%+ FPL
Enough	42%	35%	64%	53%	42%	25%	46%	51%	34%	48%	34%
Not enough	57%	63%	34%	46%	57%	73%	53%	49%	65%	51%	65%
DK/Refused†	2%	2%	1%	1%	2%	2%	1%	*	1%	1%	1%

†Don't know/Refused

* Denotes a value less than 0.5%.

FPL: Federal Poverty Level.

² World Health Organization (WHO): https://www.who.int/social_determinants/en/

³ Office of the Surgeon General, HHS: <https://www.hhs.gov/sites/default/files/disease-prevention-wellness-report.pdf>

⁴ 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/>

Table 1: Views on Impact of Good Medical Care for Living a Healthy Life by Key Demographics (continued)

	TOTAL	PARTY ID			REGISTERED VOTER		INSURANCE STATUS (NONELDERLY)		CHRONIC CONDITION	
		Dem	Ind	Rep	Yes	No	Insured	Un-insured	Yes	No
Enough	42%	43%	36%	45%	37%	52%	36%	54%	43%	41%
Not enough	57%	56%	63%	52%	61%	48%	62%	45%	54%	58%
DK/Refused†	2%	1%	*	3%	2%	1%	2%	*	3%	1%

†Don't know/Refused

* Denotes a value less than 0.5%.

Similar shares of men (53%) and women (60%) say that having good medical care is not enough to live a healthy life, with women directionally more inclined to hold this view. A majority of Texans across age groups also subscribe to this opinion, as do those living with or without a chronic condition.

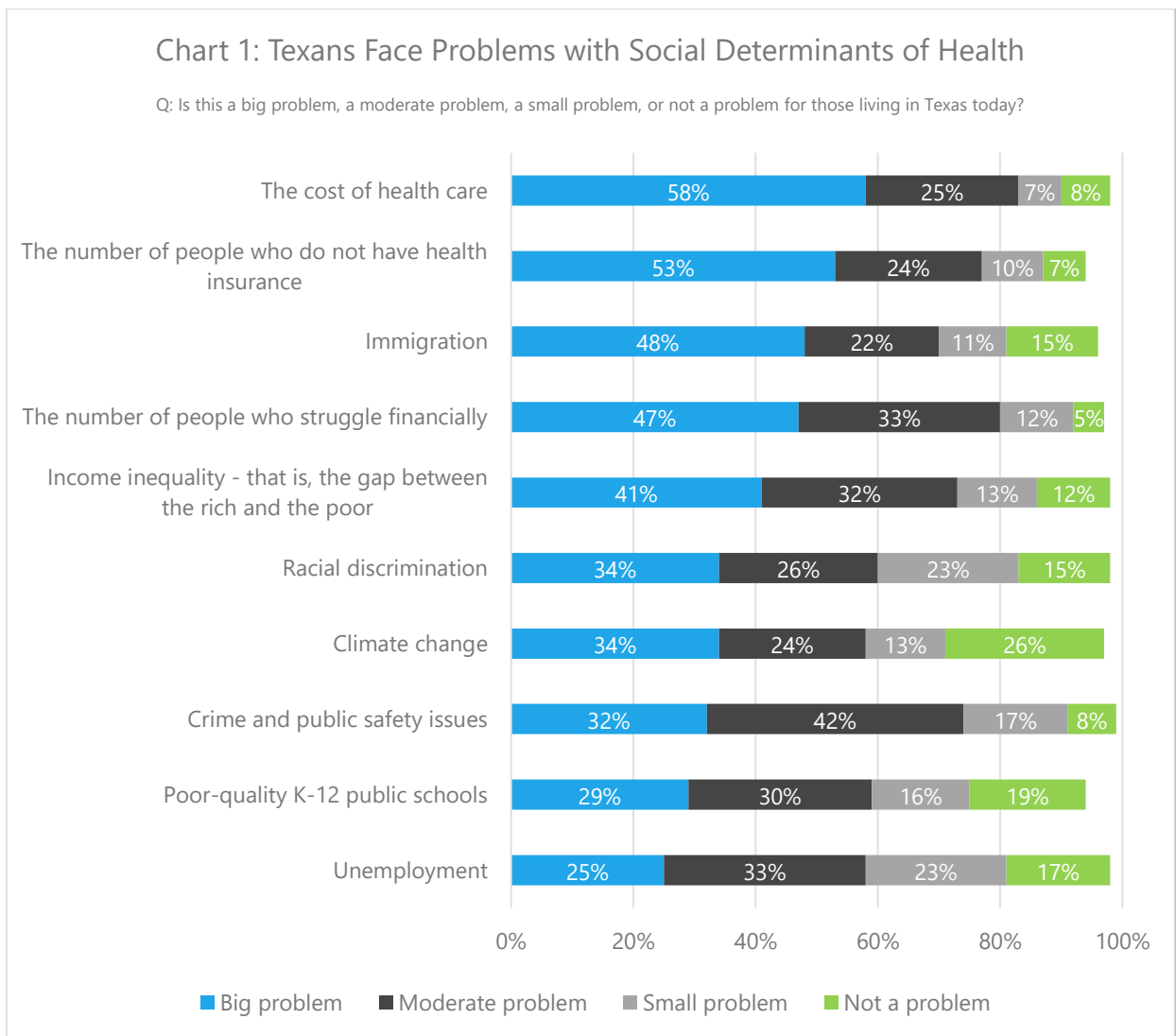
However, not all Texans feel the same way. Views on the matter diverge along race, immigration status, insurance coverage, and education. For example, Hispanics (55%) are more likely than whites (32%) or blacks (39%) to say that having good medical care is enough for living a healthy life. Likewise, Texans born outside of the United States (64%) are nearly twice as likely as residents born in the U.S. (35%) to believe quality medical care is sufficient to live healthy lives. More than half (54%) of nonelderly uninsured adults consider good medical care to be enough, compared with fewer than four in 10 (36%) of those with health insurance.

By education, Texans with no college education (53%) say good medical care is enough, compared with 42 percent of those with some college education but no degree, and 25 percent of those with a college degree. Conversely, those with some higher education are more apt than those with no college education to say good medical care is not enough for healthy living. This finding is consistent with reports by the U.S. Department of Health and Human Services that higher levels of education lead to a fuller understanding of how social factors can also promote healthier lifestyles.⁵

⁵ Office of the Surgeon General, HHS: <https://www.hhs.gov/sites/default/files/disease-prevention-wellness-report.pdf>

TEXANS TODAY SEE SOCIAL BARRIERS TO HEALTH

When asked to identify problems that Texas residents face today, adults pinpoint multiple issues, many of which are social determinants of health. Health is top of mind for adults in Texas, with 58 percent saying the cost of health care is a big problem in the state. Another 53 percent say the number of people who do not have health insurance is a big problem in Texas. Immigration is rated as a big problem by 48 percent of those surveyed, and a similar share of adults (47%) find the number of people who struggle financially to be a big problem. Other non-medical problems singled out by Texans are income inequality (41%), racial discrimination (34%), climate change (34%), crime and public safety issues (32%), poor quality K-12 public schools (29%), and unemployment (25%) (Chart 1).



Note: Don't know/Refused responses are not shown. Question wording abbreviated. See topline for full question wording.

However, issues identified as *big* problems only tell part of the story for Texans today. A majority of adults in the state rate each of the 10 matters asked about in the survey as *big* or *moderate* problems. Among the social determinants of health presented to adults in the survey, eight in 10 (80%) say the number of people who struggle financially is a big or moderate problem, followed closely by 74 percent who rate crime and public safety issues and 73 percent who rate income inequality as big or moderate problems. About six in 10 flag racial discrimination (60%), poor quality K-12 public schools (59%), and unemployment (57%) as big or moderate problems currently facing Texans today. These difficulties, along with other challenging experiences with non-medical factors, can have a negative impact on the overall health of Texans and subsequently on the medical care they might need.

TEXANS SAY SDOH ARE IMPORTANT TO HEALTH

When asked to rate the importance of factors that could affect people's health, residents ranked a number of social determinants of health high on the list, and a majority ranked every item on the list as essential or very important (Chart 2).

Texans say that living conditions have great consequence on a person's health. More than half (53%) of state residents say that living in an area with good air quality and clean water is essential to a person's health and another four in 10 (40%) say this is very important. Three-quarters (76%) consider the safety of the area where a person lives to be essential (34%) or very important (43%) to a person's health. A similar share (71%) think that the quality of people's housing is essential (28%) or very important (43%) to their health.

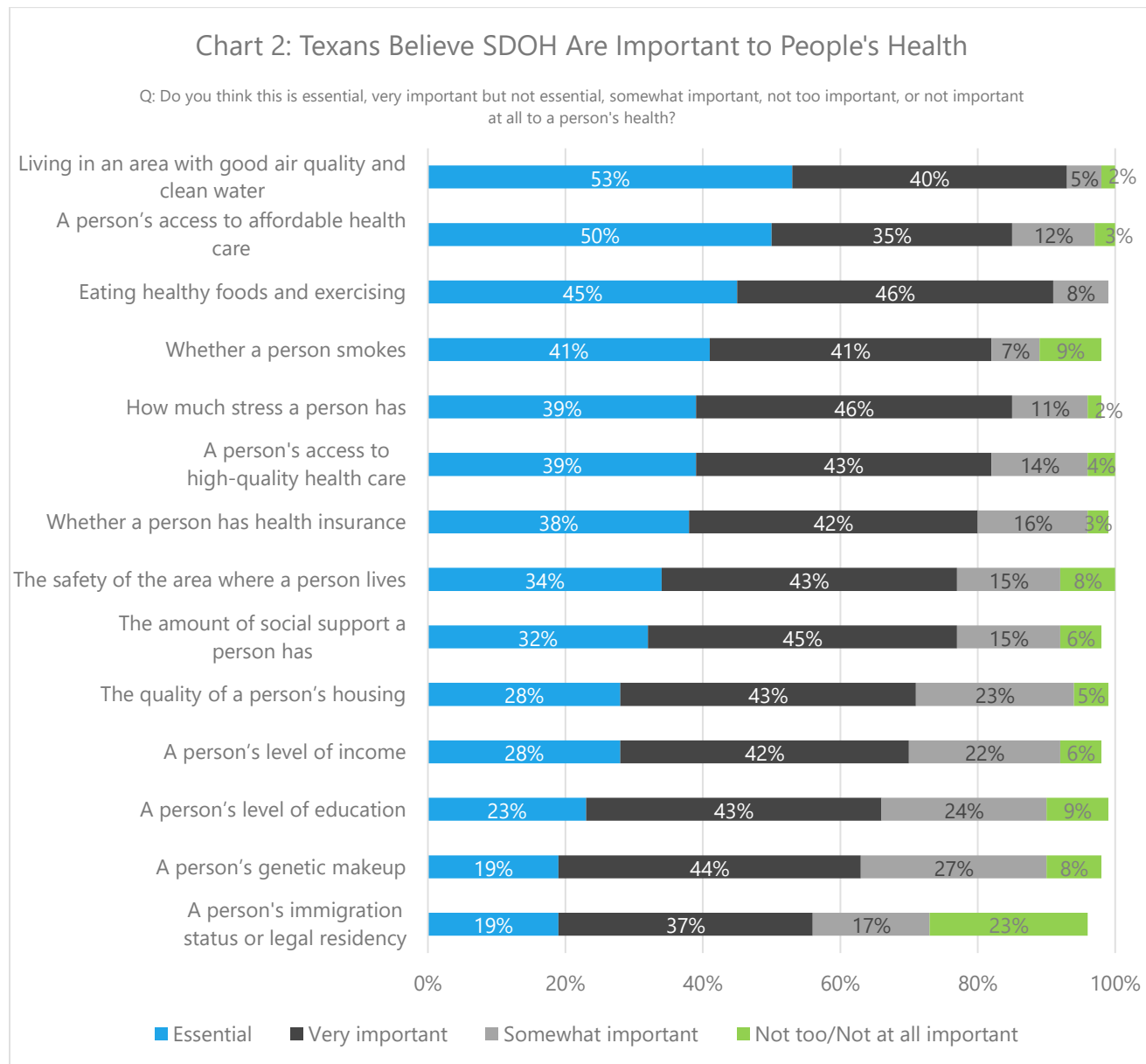
Adults in Texas today also cite the significance of socioeconomic factors on people's health. For example, nearly three in 10 (28%) consider income level to be essential to a person's health and another 42 percent say income level is very important to health. Those surveyed regard people's level of education as central to their health (23% essential and 43% very important).

The amount of stress a person experiences is also considered critical to health by most Texans. About four in 10 (39%) say how much a stress a person has is essential to their health and an even larger share (46%) say stress levels are very important to health. State residents also recognize that social support can impact health. One third (32%) say the amount of social support, such as a close circle of friends or family, is essential for health and 45 percent rate social support as very important.

At the bottom of the list are a person's genetic makeup that is inherited from their parents and a person's immigration status or legal residency. About two in 10 consider each of these to be essential to health (19%) and another four in 10 say they are very important (44%).

As critical as they consider SDOH, Texans understand social and other non-medical factors are only part of the whole picture. About eight in 10 say that access to affordable health care (85%), access to high-quality health care (82%), and health insurance coverage (79%) are essential or very important to a person's health.

The vast majority of state residents also believe that healthy behaviors such as eating healthy foods and exercising (92%) or abstaining from smoking (82%) are critical to living a healthy lifestyle.



Note: Each item asked of an approximate random half sample. Don't know/Refused responses are not shown. Question wording abbreviated. See topline for full question wording. Adding individual percentages may not match NETS in topline due to rounding.

Even though ratings of the importance of these factors on health are fairly uniform across major demographic groups, black or Hispanic residents and Texans with incomes below 250% FPL (Federal Poverty Level) are more likely than their counterparts to consider specific social determinants of health to be of utmost importance. Nearly eight in 10 (79%) blacks and Hispanics say that a person's level of education is essential or very important to their health, a 24-point margin over whites who indicate the same. Moreover,

79 percent of black or Hispanic adults surveyed think the quality of a person's housing is essential/very important, compared with 62 percent of white adults. Blacks and Hispanics are also directionally more likely than whites to think a person's level of income is essential/very important to their health (74% vs. 66% respectively).

Likewise, those with incomes below 250% FPL are more likely to consider these three non-medical factors to be essential or very important. Three-quarters (75%) of those below 250% FPL say a person's level of education is essential/very important, a nearly 20-point difference compared with higher-income adults (57%). Eight in 10 lower-income adults (83%) think the quality of a person's housing has an essential or very important impact on their health, compared with six in 10 adults with incomes 250% or more above the federal poverty line. On the importance of one's income level, 76 percent of lower-income adults, compared with 63 percent of higher-income adults, say that people's income level is essential or very important to their health (Table 2).

Table 2: Select SDOH by Race and Income

Essential/Very important responses	TOTAL	RACE/ETHNICITY		INCOME	
		White	Black or Hisp.	<250% FPL	250%+ FPL
A person's level of education	66%	55%	79%	75%	57%
The quality of a person's housing	71%	62%	79%	83%	60%
A person's level of income	70%	66%	74%	76%	63%

When it comes to pollution, almost all residents living in an urban community (94%) think living in an area with good air quality and clean water is essential (52%) or very important (42%) to a person's health. They are not alone though: 90 percent of those living in non-urban areas feel the same.

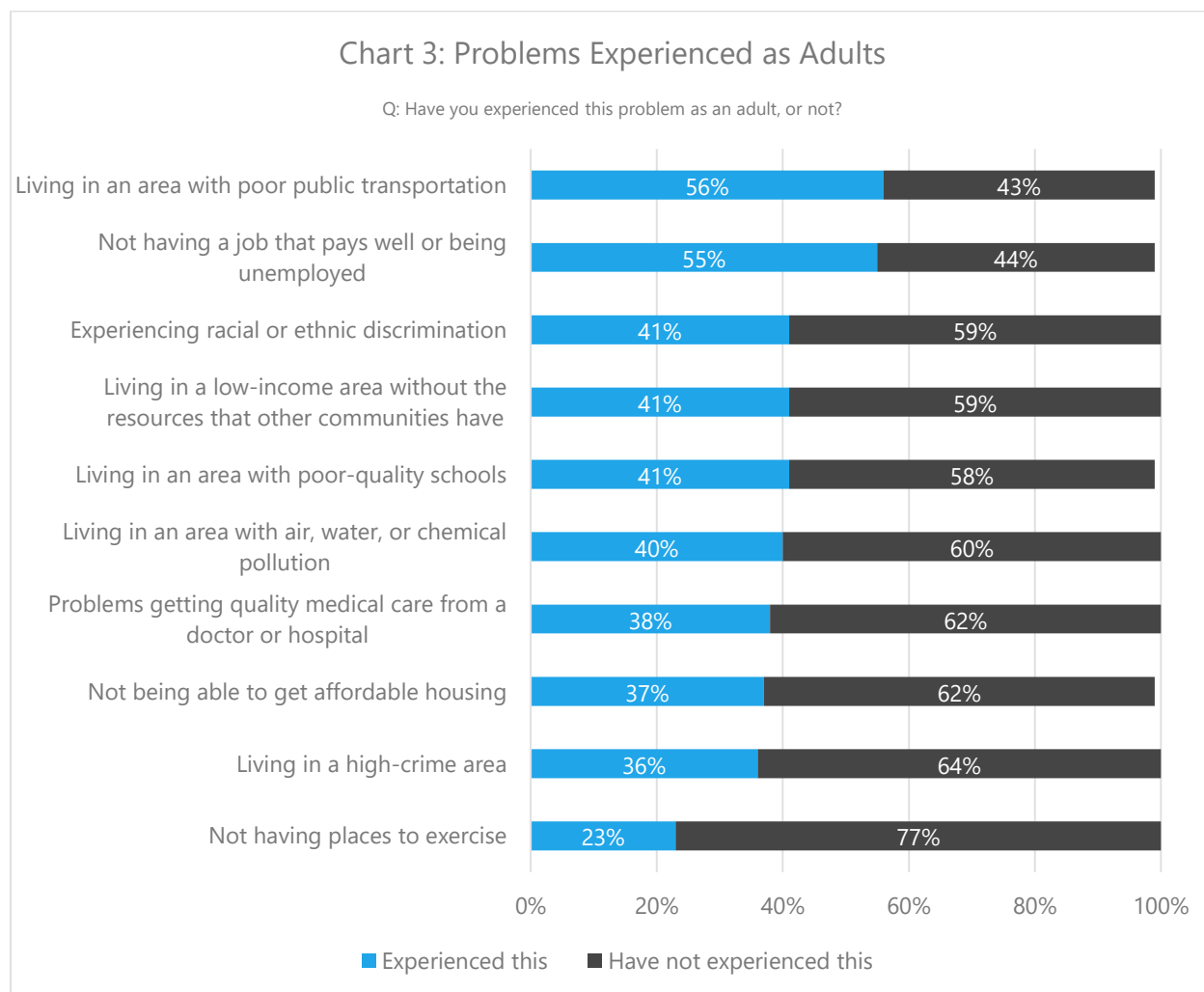
MANY HAVE DEALT WITH PROBLEMS RELATED TO SDOH

Many Texans have experienced problems as adults related to a number of social determinants of health. For instance, a majority of adults in the Lone Star state say they have lived in an area with poor public transportation (56%). As previous research has shown, minorities and lower-income adults rely more heavily on public transit than whites or those with higher annual household incomes.⁶

Texans have encountered a multitude of other medical and non-medical problems during adulthood that could impact their health. More than half of Texans (55%) have had a job that pays insufficiently or been unemployed as an adult. Four in 10 adults say they have experienced racial or ethnic discrimination (41%), lived in a low-income area where resources were limited or lacking compared with other communities (41%), lived in an area with poor-quality schools (41%), or dealt with living conditions where there was air, water, or chemical pollution (40%). Moreover, just shy of four in 10 have experienced problems getting quality

⁶ TTI's Transportation Policy Research Center's 2016 Texas Transportation Poll: <https://static.tti.tamu.edu/tti.tamu.edu/documents/PRC-16-16-F.pdf>

medical care from a doctor or hospital (38%), been unable to obtain affordable housing (37%), or lived in a high-crime area (36%). Nearly one-quarter (23%) report not having places to exercise at some point during their adult lives (Chart 3).



Note: Each item asked of an approximate random half sample. Don't know/Refused responses are not shown. Question wording abbreviated. See topline for full question wording.

When it comes to three non-medical factors, some interesting demographic differences emerge. Though a majority (55%) of all state residents have had a job that does not pay well or experienced unemployment, minorities, those with less education, and those with lower incomes are disproportionately more affected. Black or Hispanic adults (59%) are directionally more likely than white residents (51%) to have experienced employment troubles in their adult lives. Six in 10 Texans (61%) with no college education have also had employment issues, significantly more than the 44 percent of college graduates who have. Seven in 10 (69%) lower-income adults say they have experienced unemployment or meagerly paying jobs, 26-points more than higher-income adults who are 250%+ FPL (43%) (Table 3).

Having lived in a low-income area that lacks resources found in other communities is also more likely to have occurred in the adult lives of these same groups. Half (51%) of blacks or Hispanics have lived in a low-income area, compared with three in 10 (31%) of whites. Nearly half of those with no college education (48%) have lived in a poor area, while 31 percent of college graduates have shared this life experience. About half of those with incomes below 250% FPL (49%) found themselves living in a low-income area during their adulthood, compared with just under one-third of higher-income adults (32%). Fifty-six percent of nonelderly uninsured Texans have also found themselves in the same situation, 16-points more than the four in 10 nonelderly insured Texans who have lived in a low-income area that lacked adequate community resources.

Table 3: Experiences with Non-Medical Factors by Key Demographics

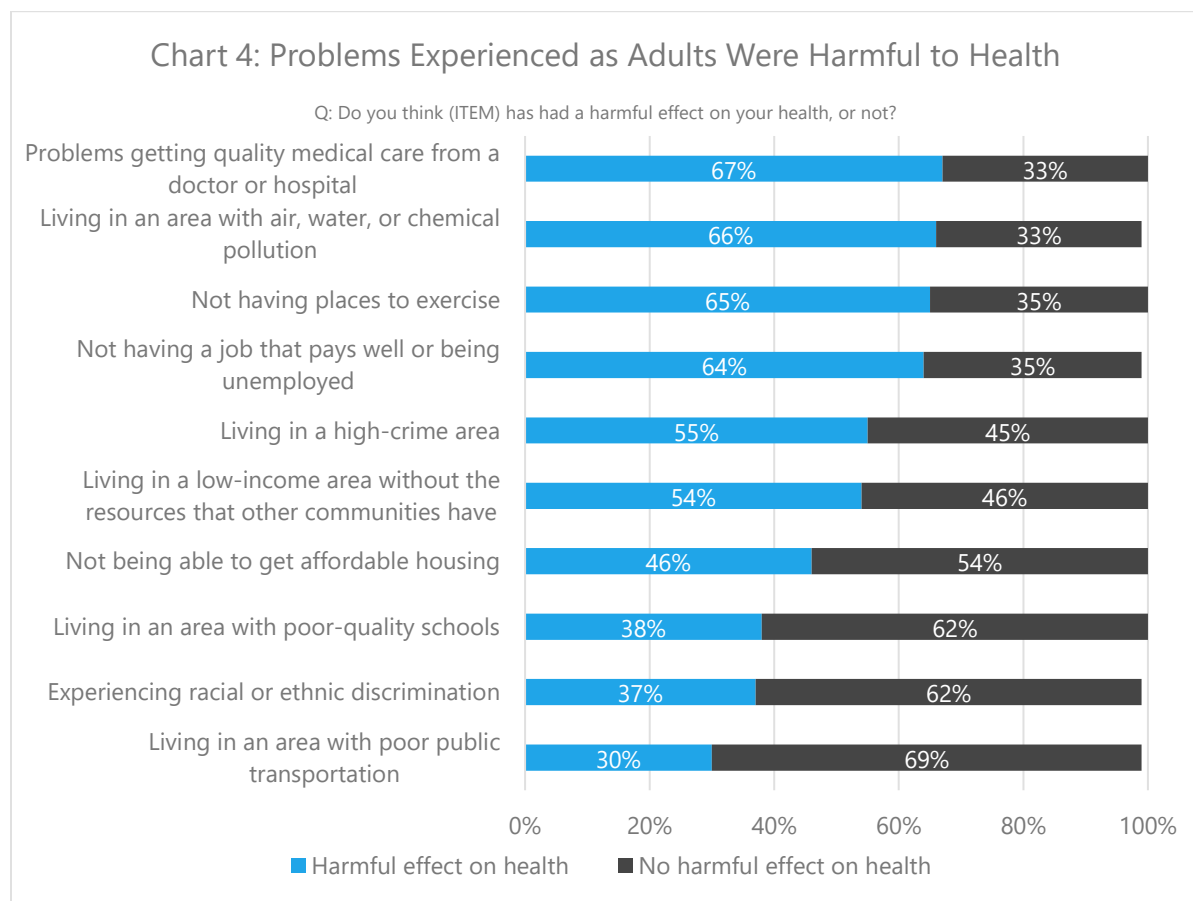
Have experienced this as an adult	TOTAL	RACE/ETHNICITY		EDUCATION			INCOME		INSURANCE STATUS (NONELDERLY)	
		White	Black or Hisp.	No coll.	Some coll.	Coll. grad	<250% FPL	250%+ FPL	Insured	Un-insured
Not having a job that pays well or being unemployed	55%	51%	59%	61%	58%	44%	69%	43%	54%	65%
Living in a low-income area without the resources that other communities have	41%	31%	51%	48%	42%	31%	49%	32%	40%	56%
Not being able to get affordable housing	37%	28%	45%	48%	37%	19%	51%	19%	34%	58%

There are also race, education, and income differences in Texans' ability to get affordable housing. More than four in 10 blacks and Hispanics (45%) have experienced trouble getting affordable housing, while 28 percent of whites report the same. Lower levels of education are also tied to housing difficulties, with 48 percent of those without college education and 37 percent of those with some college education reporting these types of experiences, significantly more than college graduates (19%). As expected, those with lower incomes (51%) are more likely than those with higher incomes (19%) to report they were not able to obtain affordable housing at one point or another.

SOME SAY NON-MEDICAL PROBLEMS HAVE HARMED HEALTH

With notable portions of the state population reporting they had first-hand experience with a variety of non-medical, social drivers of health, the natural next question was whether adults' health endured damage from those experiences. Among those who have dealt with these hardships, sizable shares of Texans say their health has been harmed by adverse experiences with both medical and non-medical factors.

Two-thirds of Texans who had trouble getting quality medical care from a doctor or hospital (67%) or who lived in an area with environmental pollutants (66%) say these experiences had a harmful effect on their health. Nearly two-thirds of adults who cite problems with having places to exercise (65%) or employment or salary issues (64%) indicate those troubles harmed their health. More than half of Texans who have lived in a high-crime area (55%) or lived in a low-income area (54%) say their health took a turn for the worse because of those living conditions. Just under half of Texans (46%) who faced challenges with affordable housing say the experience damaged their health. Almost four in 10 who lived in an area with poor-quality schools (38%) or experienced racial or ethnic discrimination (37%) report their health was harmed by these troubles. Lastly, three in 10 of those who have lived in a community with poor public transportation (30%) say harmful effects on their health were a consequence of inadequate public transit (Chart 4).



Note: Each item asked only of those who experienced the problem. Don't know/Refused responses are not shown. Question wording abbreviated. See topline for full question wording.

METHODOLOGY

The Episcopal Health Foundation (EHF) *Texas Social Determinants of Health Survey* was conducted by telephone October 10 – November 19, 2019 among a random representative sample of 1,200 adults age 18 and older living in the state of Texas (note: persons without a telephone could not be included in the random selection process). Interviews were administered in English and Spanish, combining random samples of both landline (356) and cellular telephones (844, including 653 who had no landline telephone). Sampling, data collection, weighting and tabulation were managed by SSRS in close collaboration with Episcopal Health Foundation researchers.

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. A multi-stage weighting design was applied to ensure an accurate representation of the Texas adult population. The margin of sampling error for this study is plus or minus 4 percentage points for results based on the total sample. For results based on subgroups, the margin of sampling error may be higher.

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, the SSRS Opinion 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 for more information.