

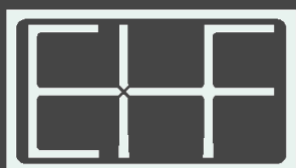
TEXANS' VIEWS ON HOW GOVERNMENT AND THE MEDICAL INDUSTRY CAN ADDRESS SOCIAL DETERMINANTS OF HEALTH

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

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EXECUTIVE SUMMARY

Social Determinants of Health (SDOH) are the non-medical "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." 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. 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. Better understanding of SDOH can become actionable, when knowledge leads to improvements in people's overall health.

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

Texans were asked about different priorities for the state legislature when it comes to improving the health of residents in the state. Six in 10 (62%) say that improving the economy and the availability of jobs should be a top priority for the state government to improve Texans' health. A similar share says that reducing crime and improving neighborhood safety (59%) and improving K-12 public schools (59%) should be top priorities for the Texas State Legislature. Six in 10 (60%) Texas adults would also like the state government to prioritize reducing air, water, or chemical pollution. Half of adults (51%) say improving access to high-quality child care and pre-kindergarten education should be a top priority for the state legislature to improve Texans' health, with just over one-third (36%) stating this should be an important but not top priority. Nearly half of Texans say top health priorities for the state are improving access to affordable healthy food (48%), reducing racial and ethnic discrimination (48%), and providing adequate paid individual and family sick leave at work (45%). About one quarter (26%) consider improving access to public transportation to be a top health priority for the state.

Two-thirds (66%) of adults say people in Texas would be healthier if the state spent more money on non-medical factors, more than twice as many who hold the opposite view (29%). However, while a majority of adults say that putting money towards non-medical factors would help improve public health, opinions shift slightly about whether the state should apply state health care funding towards these types of initiatives. Almost half of Texans (49%) say the Texas legislature should use a portion of the money the state already spends on health care to address non-medical factors that might affect people's health.

Nearly six in 10 (58%) say that health insurance should help to cover non-medical factors that might affect people's health. Four in 10 (40%) say health insurance companies should not cover non-medical factors. Nonelderly uninsured are particularly invested in the idea of health insurance companies providing coverage for non-medical factors. Two-thirds (67%) of those age 18-64 without insurance say insurance companies should provide this type of coverage, 10-points higher than the nonelderly population who have health insurance (57%).

Texans overwhelmingly say it is at least somewhat important (93%) for doctors to ask their patients about non-medical factors that might affect their health. More specifically, four in 10 (39%) say this is an essential part of care and another 37 percent say it is very important. Only a handful (6%) think it is not important for doctors to ask their patients about non-medical factors. Not only do state residents think doctors should ask about non-medical factors, three-quarters of adults (76%) say doctors have a responsibility to help their patients by acting upon non-medical information that affects their patients' health.

TEXANS SAY SDOH ARE IMPORTANT TO HEALTH

Social Determinants of Health (SDOH) are the non-medical "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." 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. 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. Better understanding of SDOH can become actionable, when knowledge leads to improvements in people's overall health.

Adults in the *Texas Social Determinants of Health Survey* recognize the importance of social factors on Texans' overall wellness. When asked to rate the importance of a number of factors that could affect people's health, residents ranked a number of social determinants of health as high on the list, and a majority ranked every item on the list as essential or very important (Chart 1).

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).

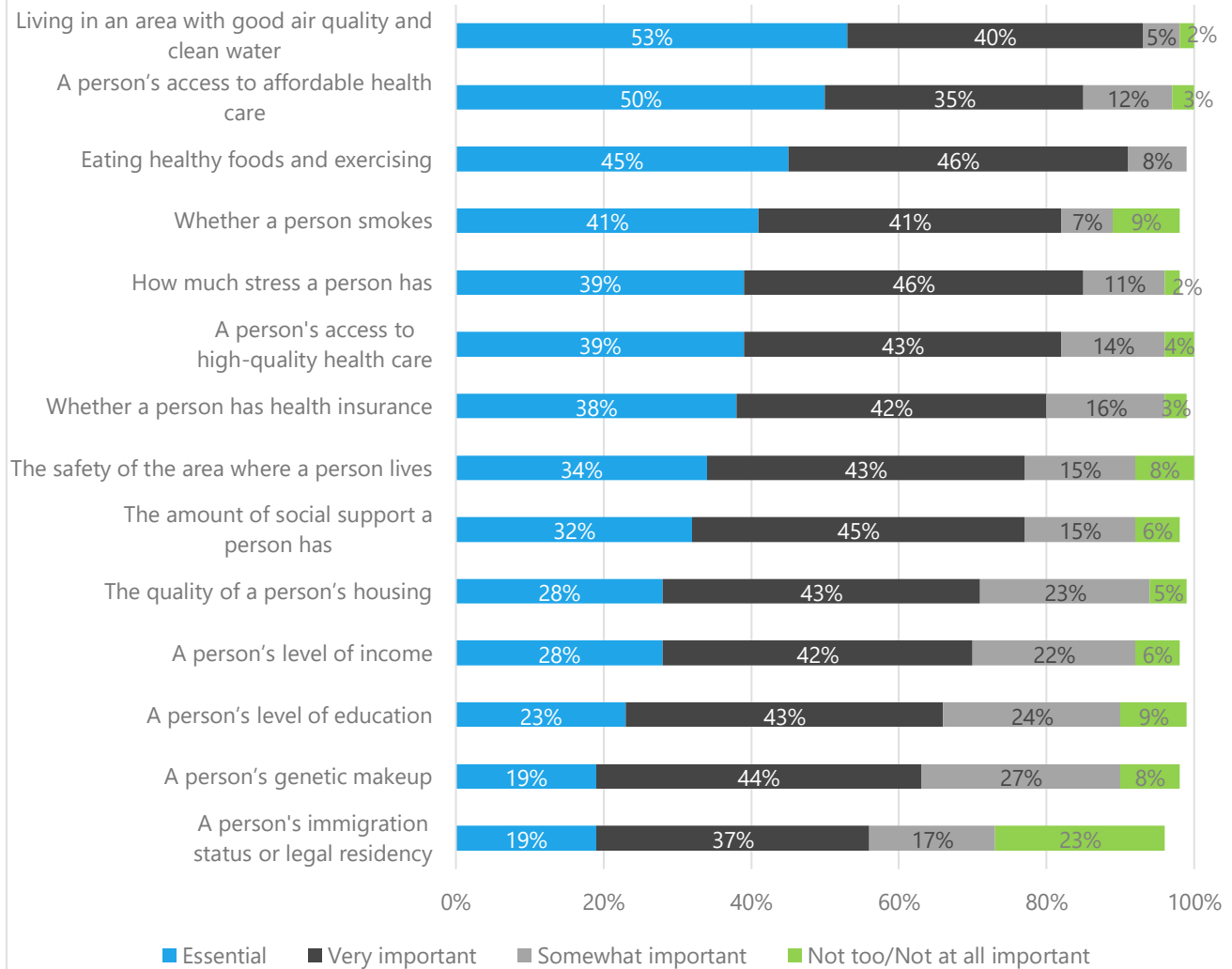
The amount of stress a person experiences is also considered critical to health by most Texans. About four in 10 (39%) say how much a stress a person has is essential to their health and an even larger share (46%) say stress levels are very important to health. State residents also recognize that social 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.

Chart 1: Texans Believe SDOH Are Important to People's Health

Q: Do you think this is essential, very important but not essential, somewhat important, not too important, or not important at all to a person's health?



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.

MANY TEXANS THINK SDOH SHOULD BE STATE PRIORITIES

Texans were asked about 10 different priorities for the state legislature when it comes to improving the health of residents in the state. At least three-quarters of adults viewed all issues as important, with six of the 10 ranked as top priorities by at least half of Texans.

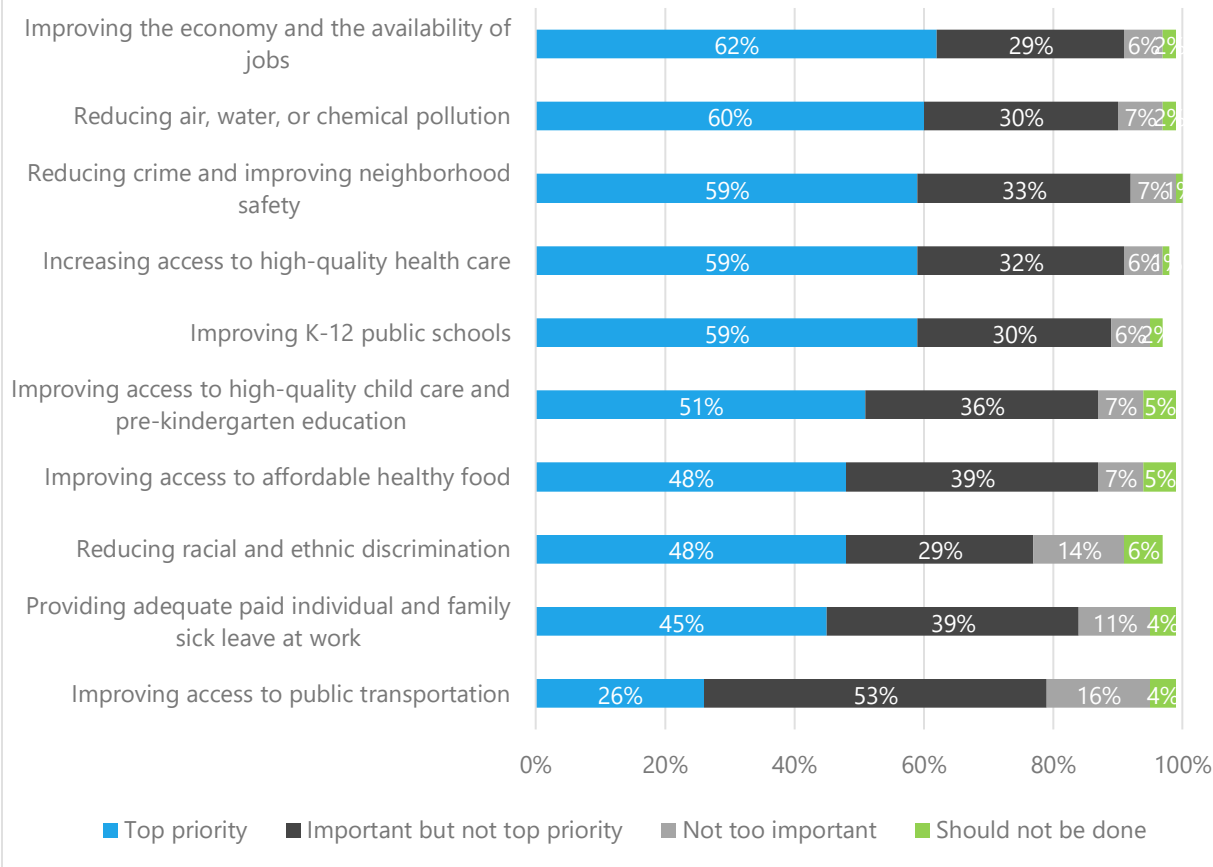
Considering most Lone Star state residents say quality medical care is not enough for people to live healthy lives, Texans also have a broad understanding that social factors like employment opportunities, low crime and increased neighborhood safety, and bettering public school systems can influence people's health. Six in 10 (62%) say that improving the economy and the availability of jobs should be a top priority for the state government to improve Texans' health. A similar share says that reducing crime and improving neighborhood safety (59%) and improving K-12 public schools (59%) should be top priorities for the Texas State Legislature (Chart 2).

Six in 10 (60%) Texas adults would also like the state government to prioritize reducing air, water, or chemical pollution, which would improve the environment in which Texans live their daily lives. Another three in 10 (30%) say this is important but not a top priority. Though not a social determinant of health, rounding out the top five most important priorities for Texas to address to improve the health of Texas residents is simply increasing access to high-quality health care (59%).

Half of adults (51%) say improving access to high-quality child care and pre-kindergarten education should be a top priority for the state legislature to improve Texans' health, with just over one-third (36%) stating this should be an important but not top priority. Nearly half of Texans say top health priorities for the state are improving access to affordable healthy food (48%), reducing racial and ethnic discrimination (48%), and providing adequate paid individual and family sick leave at work (45%). About one quarter (26%) consider improving access to public transportation to be a top health priority for the state.

Chart 2: Improving the economy and Reducing pollution are Top Health Priorities for Texans

Q: Should that be a top priority for the Texas legislature, important but not a top priority, not too important, or should it not be done?



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.

Texans with incomes below 250% FPL (Federal Poverty Level) are particularly interested in the state legislature prioritizing social determinants of health. Nearly seven in 10 (69%) with incomes below 250% FPL say improving the economy and availability of jobs should be a top priority for Texas to improve the health of its residents, compared with 55 percent of those with higher incomes. Two-thirds (65%) of this lower-income group would also like to see the state address crime and neighborhood safety, a 12-point edge over residents with higher incomes (53%). Over half (58%) of lower-income Texans rate as a top health priority the reduction of racial and ethnic discrimination, more than 1.5 times the share of adults (37%) with incomes 250% or more of the Federal Poverty Level. Lower-income adults in Texas are also more likely than higher-income adults to say improving access to high-quality child care and pre-K education (58% vs. 43%) and improving access to public transportation (34% vs. 17%) are top social determinants of health that the state should consider top priorities (Table 1).

Table 1: Top Priorities for State Legislature Among Texans Below 250% FPL

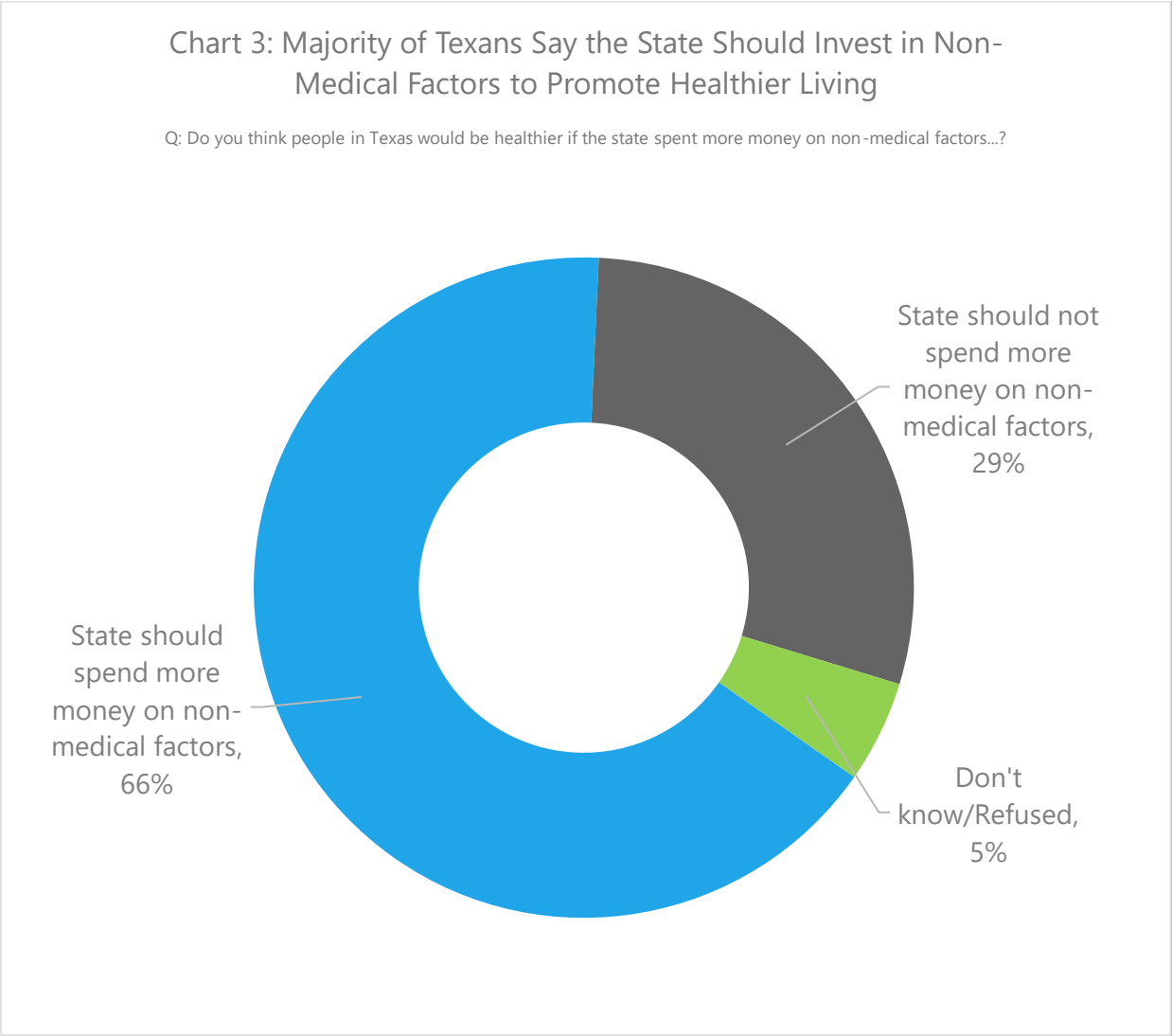
Top priority responses	INCOME	
	<250% FPL	250%+ FPL
Improving the economy and the availability of jobs	69%	55%
Reducing air, water, or chemical pollution	62%	59%
Increasing access to high-quality health care	63%	56%
Reducing crime and improving neighborhood safety	65%	53%
Improving access to affordable healthy food	55%	44%
Reducing racial and ethnic discrimination	58%	37%
Improving K-12 public schools	61%	58%
Improving access to high-quality child care and pre-kindergarten education	58%	43%
Improving access to public transportation	34%	17%
Providing adequate paid individual and family sick leave at work	47%	47%

[^] FPL: Federal Poverty Level.

By gender, age, education, race, insurance status, and voter registration status, Texans are largely in agreement about the top priorities for the state legislature to improve Texans' health. On the issue of reducing racial and ethnic discrimination, 56 percent of blacks and Hispanics see this as a top health priority, compared with 42 percent of whites. When it comes to opinions regarding adequate paid individual and family sick leave at work, there is a notable gender divide. More than half of women (54%) think this should be a top health priority for the Texas state legislature, compared with 37 percent of men.

RESIDENTS SAY SPENDING ON SDOH IMPROVES HEALTH

With a wide variety of issues seen as top priorities by the general public, the Texas legislature must determine how best to fund programs and initiatives that Texans consider most important to improve their health. Two-thirds (66%) of adults say people in Texas would be healthier if the state spent more money on non-medical factors, more than twice as many who hold the opposite view (29%) (Chart 3).



Note: Question wording abbreviated. See topline for full question wording.

Demographically, women, younger adults, and non-whites think people in Texas would be healthier if the state provided more funding towards non-medical factors. Seven in 10 women (71%) compared with six in 10 men (60%) hold this view. The youngest cohort of Texans - those age 18 to 29 - are more likely than older adults to say allocating more money to social determinants of health would improve Texans' health (81% vs. 67% age 30-49, 57% age 50-64, and 57% age 65 or older). By race, compared with whites (61%),

more Hispanics (71%) think spending money on non-medical factors leads to a healthier Texas. Conversely, whites (33%) are more likely than Hispanics (25%) to say spending more state funds on social determinants of health would not make Texans healthier. Black residents more closely aligned with Hispanic residents on this matter but do not differ statistically from white residents (Table 2).

Table 2: Views on State Spending on Non-Medical Factors by Key Demographics

	TOTAL	GENDER		AGE				RACE/ETHNICITY		
		M	F	18-29	30-49	50-64	65+	White	Black	Hisp.
Spending more money on non-medical factors would help people be healthier	66%	60%	71%	81%	67%	57%	57%	61%	73%	71%
Spending more money on non-medical factors would not help people be healthier	29%	34%	25%	16%	27%	40%	37%	33%	22%	25%
DK/Refused†	5%	6%	4%	3%	6%	3%	7%	5%	5%	5%

†Don't know/Refused

A slightly larger share of Texans with incomes below 250% FPL (70%) say Texans would be healthier if the state spent more money on non-medical factors, compared with 63 percent of higher-income adults. Those with higher incomes (34%) are more apt than lower-income groups (25%) to hold the opposing view.

Historically, Democrats typically support state funding for public initiatives at a higher rate than their Republican counterparts. When it comes to views on whether putting state money towards non-medical factors would benefit residents' health, 77 percent of Democrats, compared with 48 percent of Republicans, believe this would lead to a healthier Texas. Independents look similar to Democrats on this issue, with nearly three quarters (73%) saying this would improve health of Texans today. Republicans are more divided on the subject (48% would help people be healthier vs. 47% would not help people be healthier) (Table 2).

Table 2: Views on State Spending on Non-Medical Factors by Key Demographics (continued)

	TOTAL	INCOME		PARTY ID		
		<250% FPL	250%+ FPL	Dem	Ind	Rep
Spending more money on non-medical factors would help people be healthier	66%	70%	63%	77%	73%	48%
Spending more money on non-medical factors would not help people be healthier	29%	25%	34%	20%	25%	47%
DK/Refused†	5%	5%	3%	3%	2%	6%

†Don't know/Refused

However, while a majority of adults say that putting money towards non-medical factors would help improve public health, opinions shift slightly about whether the state should apply state health care funding towards these types of initiatives. Faced with competing health priorities for state funding, skyrocketing health care costs, and a high nonelderly uninsured population, almost half of Texans (49%) say the Texas legislature should use a portion of the money the state already spends on health care to address non-medical factors that might affect people's health. Fifteen percent say the state should not take a portion of money earmarked for health care costs and spend it on social determinants of health, and three in 10 (29%) do not think spending on non-medical factors would make people healthier.

MAJORITY SAY HEALTH INSURANCE SHOULD COVER SDOH

The mammoth task of improving Texans' health by addressing funding for social determinants of health does not rest squarely on the shoulders of the state government, according to residents surveyed. Nearly six in 10 (58%) say that health insurance should help to cover non-medical factors that might affect people's health. Four in 10 (40%) say health insurance companies should not cover non-medical factors.

Unsurprisingly, the same groups who say state spending on social determinants of health would help people lead healthier lives are also the same groups of Texans who say insurance companies should cover non-medical factors. This includes women, younger adults, non-whites, lower-income, and Democrats (Table 3).

Nonelderly uninsured are particularly invested in the idea of health insurance companies providing coverage for non-medical factors. Two-thirds (67%) of those age 18-64 without insurance say insurance companies should provide this type of coverage, 10-points higher than the nonelderly population who have health insurance (57%).

Table 3: Views on Health Insurance Companies Covering Non-Medical Factors by Key Demographics

	TOTAL	GENDER		AGE				RACE/ETHNICITY		
		M	F	18-29	30-49	50-64	65+	White	Black	Hisp.
Health insurance should help to cover non-medical factors	58%	55%	60%	66%	58%	58%	48%	46%	73%	70%
Health insurance should not help to cover non-medical factors	40%	42%	38%	33%	41%	40%	45%	51%	27%	28%
DK/Refused†	2%	2%	2%	1%	1%	2%	6%	3%	*	2%

†Don't know/Refused

* An asterisk denotes a value less than 0.5%.

Table 3: Views on Health Insurance Companies Covering Non-Medical Factors by Key Demographics (continued)

	TOTAL	INCOME		PARTY ID			INSURANCE STATUS (NONELDERLY)	
		<250% FPL	250%+ FPL	Dem	Ind	Rep	Insured	Uninsured
Health insurance should help to cover non-medical factors	58%	68%	48%	69%	62%	41%	57%	67%
Health insurance should not help to cover non-medical factors	40%	30%	50%	29%	37%	55%	41%	32%
DK/Refused†	2%	2%	2%	2%	*	4%	2%	1%

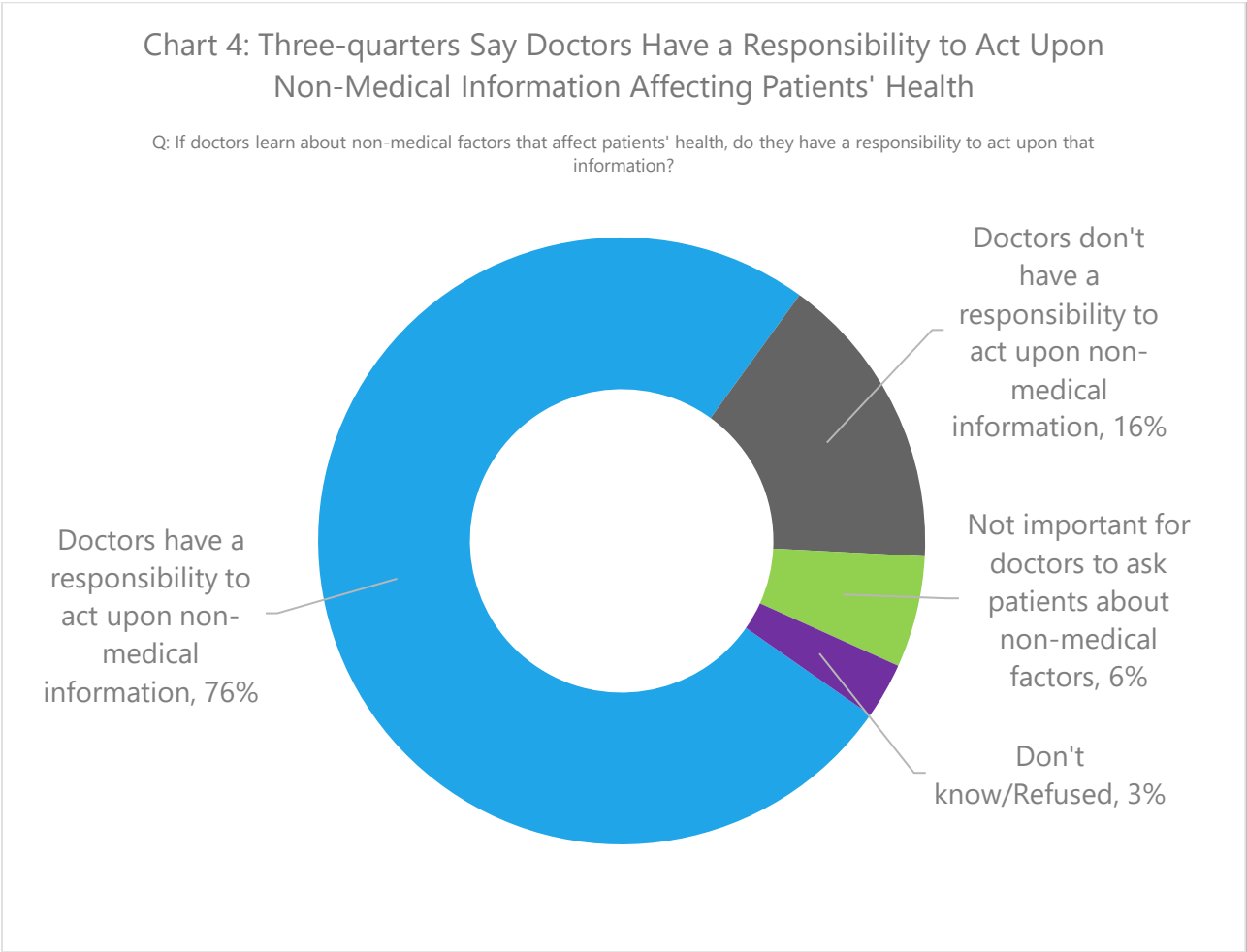
†Don't know/Refused

* An asterisk denotes a value less than 0.5%.

DOCTORS SHOULD ASK ABOUT NON-MEDICAL FACTORS AND ACT UPON THAT INFORMATION

Texas residents want their physicians to know what is happening in their lives if it affects their health. With the understanding that non-medical factors can impact people's health and some stating their own well-being has been harmed by problems related to social determinants of health, Texans overwhelmingly say it is at least somewhat important (93%) for doctors to ask their patients about non-medical factors that might affect their health. More specifically, four in 10 (39%) say this is an essential part of care and another 37 percent say it is very important. Only a handful (6%) think it is not important for doctors to ask their patients about non-medical factors.

Not only do state residents think doctors should ask about non-medical factors, three-quarters of adults (76%) say doctors have a responsibility to help their patients by acting upon non-medical information that affects their patients' health (Chart 4).



Note: Question wording abbreviated. See topline for full question wording. Total may exceed 100% due to rounding.

Having doctors share some of the responsibility for acting on information related to SDOH resonates more with some Texans than others. Women (81%) are more likely than men (70%) to say doctors have a responsibility to act upon non-medical information affecting their patients' health. Younger Texans are also more likely to share this view than older Texans (86% of those ages 18-29 and 76% of those ages 30-49 v. 68% of those ages 65 or older). Black (87%) and Hispanic (84%) adults say doctors should shoulder some responsibility to act on non-medical information on behalf of their patients, compared with 68 percent of white adults.

Opinions diverge along education, income, and insurance status as well. Those with no college education (80%) say doctors should act upon non-medical information they learn about their patients, 12-points higher than college graduates (68%). A larger share of lower-income adults (81%) hold this view than higher-income adults (71%), as do the nonelderly uninsured (88%) compared with the nonelderly insured (73%) (Table 4).

Table 4: Views on Doctors' Responsibility by Key Demographics

	TOTAL	GENDER		AGE				RACE/ETHNICITY		
		M	F	18-29	30-49	50-64	65+	White	Black	Hisp.
Doctors have a responsibility to act upon non-medical information	76%	70%	81%	86%	76%	72%	68%	68%	87%	84%
Doctors don't have a responsibility to act upon non-medical information	16%	18%	14%	9%	17%	17%	18%	22%	7%	9%
Not important for doctors to ask patients about non-medical factors	6%	8%	3%	3%	5%	7%	7%	6%	6%	4%
Don't know/Refused	3%	4%	2%	2%	1%	4%	8%	4%	1%	2%

Table 4: Views on Doctors' Responsibility by Key Demographics (continued)

	TOTAL	EDUCATION			INCOME		INSURANCE STATUS (NONELDERLY)	
		No coll.	Some coll.	Coll. grad	<250% FPL	250%+ FPL	Insured	Un-insured
Doctors have a responsibility to act upon non-medical information	76%	80%	76%	68%	81%	71%	73%	88%
Doctors don't have a responsibility to act upon non-medical information	16%	10%	16%	24%	12%	20%	18%	8%
Not important for doctors to ask patients about non-medical factors	6%	5%	5%	6%	5%	6%	6%	2%
Don't know/Refused	3%	4%	2%	3%	2%	3%	2%	1%

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.