

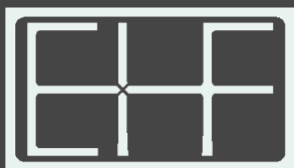
# TEXANS' VIEWS ON RACE AND SOCIAL DETERMINANTS OF HEALTH

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

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## EXECUTIVE SUMMARY

The Episcopal Health Foundation's *Texas Social Determinants of Health Survey* provides an understanding of how non-medical factors affect state residents by looking at residents' views through the lens of race and ethnicity. These non-medical factors are often referred to as Social Determinants of Health (SDOH) and are defined as 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." Recognizing the importance of social determinants of health and their influence on public health and health outcomes is critical to understanding how underlying, non-medical factors affect different groups of people.

Texas adults across racial or ethnic backgrounds agree that good air quality or clean water, safety of the area where a person lives, social support, and stress play essential or very important parts in a person's health. However, Texans' opinions split along racial/ethnic lines when it comes to other social determinants of health, such as the quality of a person's housing, a person's level of education, and a person's immigration status or legal residency.

Racial discrimination is a reality for many Texas adults. Nearly two-thirds (64%) of all Black and Hispanic adults in Texas say racial discrimination is a big or moderate problem for those living in the state today. Nearly half of Blacks and Hispanics (49%) say they have encountered this problem as an adult, and one in five Black and Hispanic residents (20%) think the racial or ethnic discrimination they experienced had a harmful effect on their health. In contrast, White Texans are more likely than their Black and Hispanic counterparts to say racial discrimination is a small problem or not a problem today.

Faced with these challenges, a plurality of Texans says the state government has a role to play in helping its residents with non-medical factors affecting their lives. This opinion is held most strongly by Black and Hispanic Texans as it relates to the economy and jobs, environmental pollution, reducing crime, and improving education. One of the ways in which residents want to see the state be more proactive is by spending more money on social determinants of health.

Texans think responsibility to address social determinants of health extends beyond the state government. Insurance companies and doctors can also help. But the public's views on the roles insurance companies and doctors should play are not uniform. Seven in 10 Black adults (73%) and Hispanic adults (70%) think health insurance companies should help to cover non-medical factors that affect health, compared with 46 percent of White adults.

Nearly all Texans (93%) say that it is at least somewhat important that doctors ask their patients about non-medical factors that might affect their health, a strongly held view with no differences by race (94% Black, 95% Hispanic, and 92% White). However, Black (87%) and Hispanic (84%) adults are significantly more likely than White adults (68%) to think it is a doctor's responsibility to act upon non-medical information they learn about their patients.

# SOCIAL DETERMINANTS OF HEALTH ARE VITAL TO HEALTH STATUS

Nearly six in 10 (57%) of all Texas adults say having good medical care is not enough for a person to live a healthy life. Other factors such as cleanliness and safety of living conditions are rated as impactful as well. Overwhelming majorities of White adults (94%) and Black and Hispanic adults (92%) say living in an area with good air quality or clean water is essential or very important to a person's health. Seven in 10 White residents (72%) and eight in 10 Black or Hispanic residents (81%) consider the safety of the area where a person lives to be of high importance to a person's health (Table 1).

Texans across racial and ethnic backgrounds also agree that interpersonal relationships are crucial to a person's health. The amount of social support a person has, such as a close circle of friends or family, is rated as essential or very important by 82 percent of White Texans and 75 percent of Black or Hispanic Texans. Further, residents regardless of race recognize a person's health is shaped by stress they experience (86% White, and 83% Black/Hispanic) and socioeconomic factors such as the amount of income they have (66% White, and 74% Black/Hispanic).

**Table 1: Views on Importance of Social Determinants of Health by Race**

| Essential/Very important responses                      | TOTAL | RACE/ETHNICITY |                   |
|---|-------|----------------|-------------------|
|   |       | White          | Black or Hispanic |
| Living in an area with good air quality and clean water | 92%   | 94%            | 92%               |
| How much stress a person has                            | 85%   | 86%            | 83%               |
| The amount of social support a person has               | 78%   | 82%            | 75%               |
| The safety of the area where a person lives             | 76%   | 72%            | 81%               |
| The quality of a person's housing*                      | 71%   | 62%            | 79%               |
| A person's level of income                              | 70%   | 66%            | 74%               |
| A person's level of education*                          | 66%   | 55%            | 79%               |
| A person's immigration status or legal residency*       | 56%   | 43%            | 65%               |

*Note: Each item asked of an approximate random half sample.  
\* An asterisk denotes a statistically significant difference among groups at the 95% confidence level.*

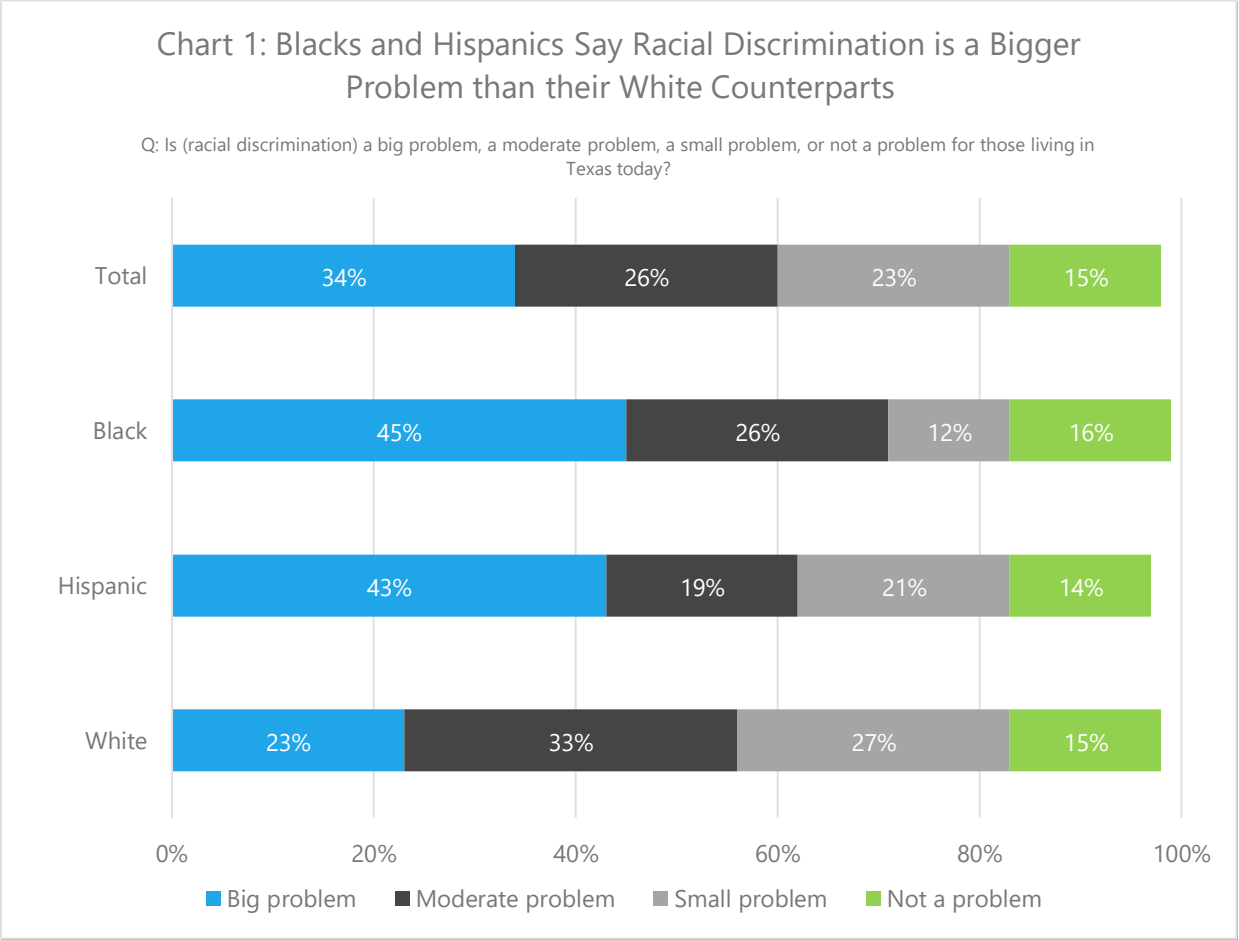
However, Texans' opinions split along racial/ethnic lines when it comes to other social determinants of health. While they agree that clean air and water and a safe home are basic non-medical tenets for health, significantly more Blacks and Hispanics (79%) than Whites (62%) rate the *quality* of a person's housing as essential or very important to their health. Moreover, a larger share of Black and Hispanic Texans (79%) think there is a strong relationship between a person's level of education and their health, compared with 55 percent of White Texans who hold this view.

The racial divide is also present in the opinions expressed about a person's immigration or legal residency status and how it might impact a person's health. Nearly two-thirds of Black and Hispanic adults (65%) say immigration status or legal residency in this country is a critical component of a person's health, compared with less than half of White adults (43%).

# EFFECTS OF RACIAL DISCRIMINATION ON HEALTH

Racial discrimination is a reality for many Texas adults, and stark differences exist in the views about the presence of racial discrimination in today's society. Nearly two-thirds (64%) of all Black and Hispanic adults in Texas say racial discrimination is a big or moderate problem for those living in the state today, including almost half (44%) who think it is a big problem. Among Black Texans only, news is even more discouraging, with seven in 10 (71%) who think racial discrimination is a big or moderate problem (Chart 1).

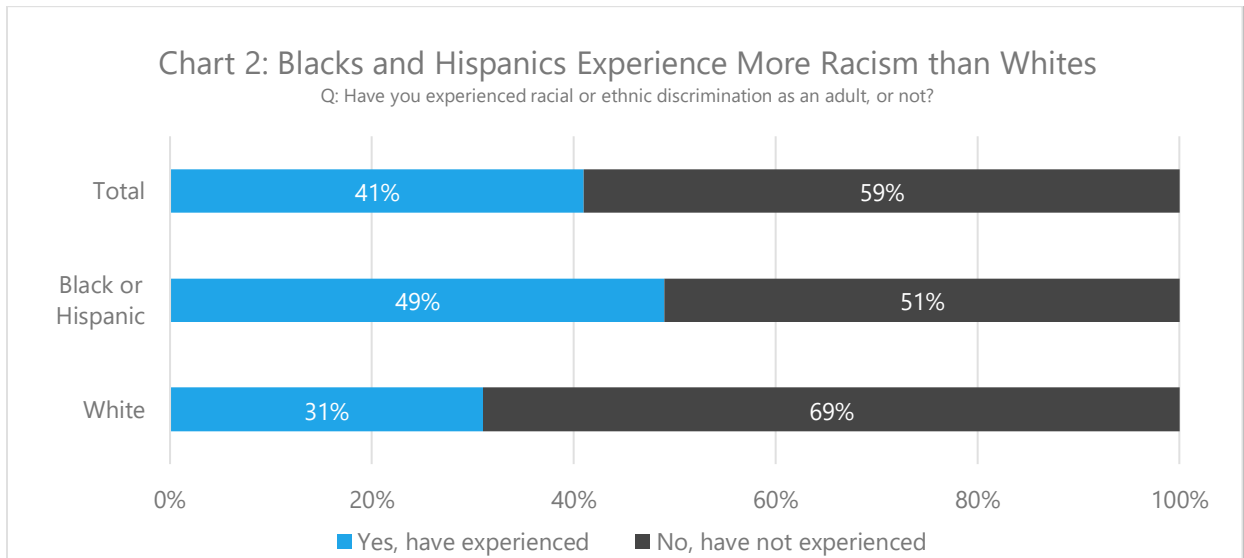
In contrast, White Texans are more likely than their Black and Hispanic counterparts to say racial discrimination is a small problem or not a problem facing the state today. Four in 10 White adults (42%) say racial discrimination is a small problem (27%) or not a problem (15%). Black Texans are much less likely to hold this opinion (12% small problem, 16% not a problem), while Hispanic Texans fall squarely in the middle (21% small problem, 14% not a problem).



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

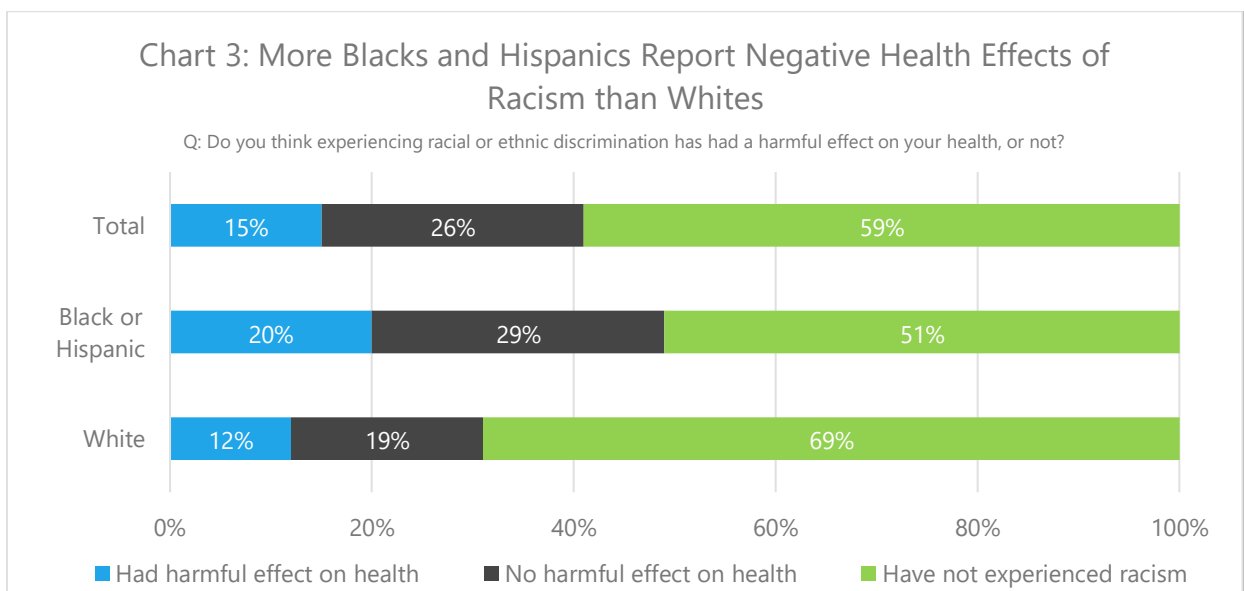
Many residents have experienced racism first-hand. When asked whether or not they have experienced racial or ethnic discrimination, nearly half of Blacks and Hispanics (49%) say they have encountered this

problem as an adult, compared with 31 percent of Whites. In contrast, about seven in 10 Whites (69%) say they have not experienced racial or ethnic discrimination in their adult life (Chart 2).



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

Not only do many Blacks and Hispanics in Texas report they have faced discrimination as adults, one in five Black and Hispanic residents (20%) think the racial or ethnic discrimination they experienced had a harmful effect on their health. Twelve percent of white residents say their health was harmed by racial discrimination, directionally lower than their minority counterparts (Chart 3).



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

## VIEWS ON THE ROLE OF GOVERNMENT, INSURANCE COMPANIES, AND DOCTORS

A plurality of Texans says the state government has a role to play in helping its residents work through challenges with non-medical factors affecting their lives. This opinion is held most strongly by Black and Hispanic Texans. When asked about different priorities for the state legislature when it comes to improving the health of residents, Blacks and Hispanics are more likely to rate seven out of 10 issues as top priorities compared with Whites (Table 2).

Shoring up the economy as a way to improve public health is top of mind for many Texans. About three-quarters of Blacks and Hispanics (74%) in Texas say it should be highest priority for the state to improve the economy and the availability of jobs, compared with less than half of Whites (47%).

Texans also think government should address environmental issues and other living conditions that affect the public's health, however with significant differences by race. Roughly two-thirds of Black and Hispanic Texans think reducing pollution (68%) and reducing crime and improving neighborhood safety (66%) should be top health priorities. In contrast, about half of White Texans rank these as chief issues for the state to tackle for the sake of residents' health (51% reducing pollution; 53% reducing crime and improving neighborhood safety).

Additionally, while many adults across the state say education and childcare should be top state priorities, more Blacks and Hispanics say these issues should be top non-medical health priorities for Texas to address. More than six in ten Blacks and Hispanics would like to see the state improve K-12 public schools (66%) and improve access to high-quality childcare and pre-kindergarten education (61%), compared with Whites (53% improve K-12 public schools and 42% improve access to quality childcare and pre-K education).

With almost half (49%) having experienced racial or ethnic discrimination, an even larger share of Black and Hispanic Texans (56%) say it should be a top priority for the state government to reduce racial and ethnic discrimination to better the health of its residents. Just 42 percent of White Texans think this issue should be a top item on the legislature's docket.

There is agreement among racial groups on just three issues asked about in the survey: increasing access to high-quality health care, improving access to affordable healthy food, and providing adequate paid individual and family sick leave at work.

**Table 2: Top Priorities for the State Legislature by Race**

| Top priority responses   | TOTAL | RACE/ETHNICITY |                   |
|--|-------|----------------|-------------------|
|  |       | White          | Black or Hispanic |
| Improving the economy and the availability of jobs*                        | 62%   | 47%            | 74%               |
| Reducing air, water, or chemical pollution*                                | 60%   | 51%            | 68%               |
| Increasing access to high-quality health care                              | 59%   | 57%            | 63%               |
| Improving K-12 public schools*   | 59%   | 53%            | 66%               |
| Reducing crime and improving neighborhood safety*                          | 59%   | 53%            | 66%               |
| Improving access to high-quality childcare and pre-kindergarten education* | 51%   | 42%            | 61%               |
| Improving access to affordable healthy food                                | 48%   | 43%            | 54%               |
| Reducing racial and ethnic discrimination*                                 | 48%   | 42%            | 56%               |
| Providing adequate paid individual and family sick leave at work           | 45%   | 43%            | 48%               |
| Improving access to public transportation*                                 | 26%   | 20%            | 31%               |

Note: Each item asked of an approximate random half sample.

\* An asterisk denotes a statistically significant difference among groups at the 95% confidence level.

One of the ways in which residents want to see the state be more proactive in addressing non-medical factors is by spending more money on social determinants of health. Seven in 10 Black adults (73%) and Hispanic adults (71%) say people would be healthier if Texas spent more money on non-medical factors. Six in 10 White adults (61%) share this view, directionally lower than the share of Black adults and statistically lower than the share of Hispanic adults (Table 3).

In fact, more Blacks (61%) and Hispanics (59%) than Whites (39%) support the idea of the state government using existing health care funds to address social determinants of health.

**Table 3: Views on State Spending on Non-Medical Factors by Race**

|  | TOTAL      | RACE/ETHNICITY |            |            |
|--|------------|----------------|------------|------------|
|  |            | White          | Black      | Hisp.      |
| <b>Spending more money on non-medical factors would help people be healthier</b>             | <b>66%</b> | <b>61%</b>     | <b>73%</b> | <b>71%</b> |
| TX legislature should use a portion of the money the state already spends on health care     | 49%        | 39%            | 61%        | 59%        |
| TX legislature should NOT use a portion of the money the state already spends on health care | 15%        | 20%            | 12%        | 11%        |
| DK/Refused†  | 1%         | 2%             | *          | 1%         |
| <b>Spending more money on non-medical factors would not help people be healthier</b>         | <b>29%</b> | <b>33%</b>     | <b>22%</b> | <b>25%</b> |
| DK/Refused†  | 5%         | 5%             | 5%         | 5%         |

†Don't know/Refused

\* An asterisk denotes a value less than 0.5%.



Texans think responsibility to address social determinants of health extends beyond the state government. Insurance companies and doctors can also help. But the public's views on the roles insurance companies and doctors should play are not uniform. Based on findings from the 2019 SDOH survey, there is a difference in opinion along racial and ethnic lines about whether health insurance companies should provide coverage for social determinants of health like they do for medical conditions.

Seven in 10 Black adults (73%) and Hispanic adults (70%) think health insurance companies should help to cover non-medical factors that affect health, compared with 46 percent of white adults. In contrast, half of whites (51%) say insurance companies should not provide coverage for social factors, nearly twice as many as Blacks (27%) or Hispanics (28%) (Table 4).

**Table 4: Views on Health Insurance Companies Covering Non-Medical Factors by Race**

|   | TOTAL | RACE/ETHNICITY |       |          |
|---|-------|----------------|-------|----------|
|   |       | White          | Black | Hispanic |
| Health insurance should help to cover non-medical factors     | 58%   | 46%            | 73%   | 70%      |
| Health insurance should not help to cover non-medical factors | 40%   | 51%            | 27%   | 28%      |
| DK/Refused†   | 2%    | 3%             | *     | 2%       |

†Don't know/Refused

\* An asterisk denotes a value less than 0.5%.

Nearly all Texans (93%) say that it is at least somewhat important that doctors ask their patients about non-medical factors that might affect their health, a strongly held view with no differences by race (94% Black, 95% Hispanic, and 92% White). However, Black (87%) and Hispanic (84%) adults are significantly more likely than White adults (68%) to think it is a doctor's responsibility to act upon non-medical information they learn about their patients (Table 5).

**Table 5: Views on Doctors' Responsibility by Race**

|   | TOTAL | RACE/ETHNICITY |       |          |
|---|-------|----------------|-------|----------|
|   |       | White          | Black | Hispanic |
| Doctors have a responsibility to act upon non-medical information       | 76%   | 68%            | 87%   | 84%      |
| Doctors don't have a responsibility to act upon non-medical information | 16%   | 22%            | 7%    | 9%       |
| Not important for doctors to ask patients about non-medical factors     | 6%    | 6%             | 6%    | 4%       |
| Don't know/Refused  | 3%    | 4%             | 1%    | 2%       |

## 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](http://www.ssrs.com) for more information.