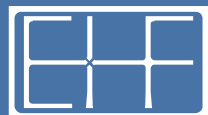


# Texans' Views on Race and Social Determinants of Health

Selected Findings from the **Texas Social Determinants of Health Survey**



EPISCOPAL HEALTH  
FOUNDATION

Citation: Sim, S., Marks, E., Ben-Porath, E., Hachey, E. Su, J. (2020). *Texans' Views on Race and Social Determinants of Health*. Retrieved from: <https://www.episcopalhealth.org/report-type/social-determinants-of-health/>

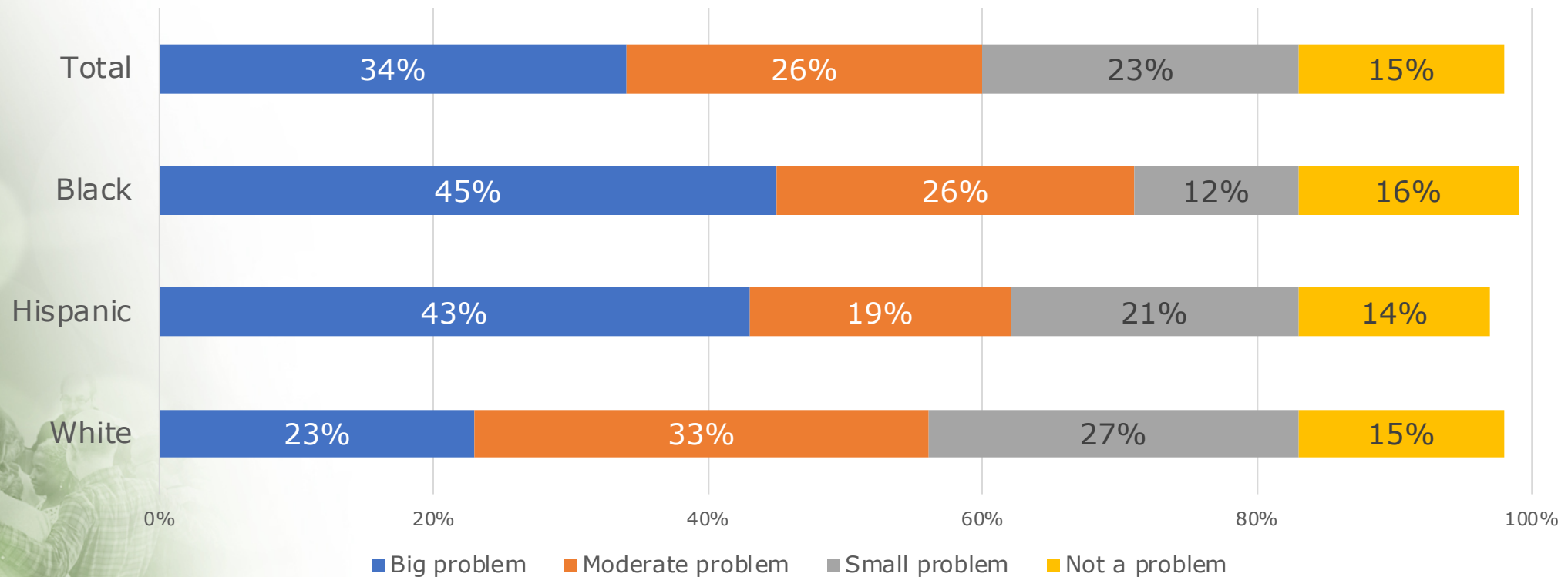
# Views on importance of Social Determinants of Health by race

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%

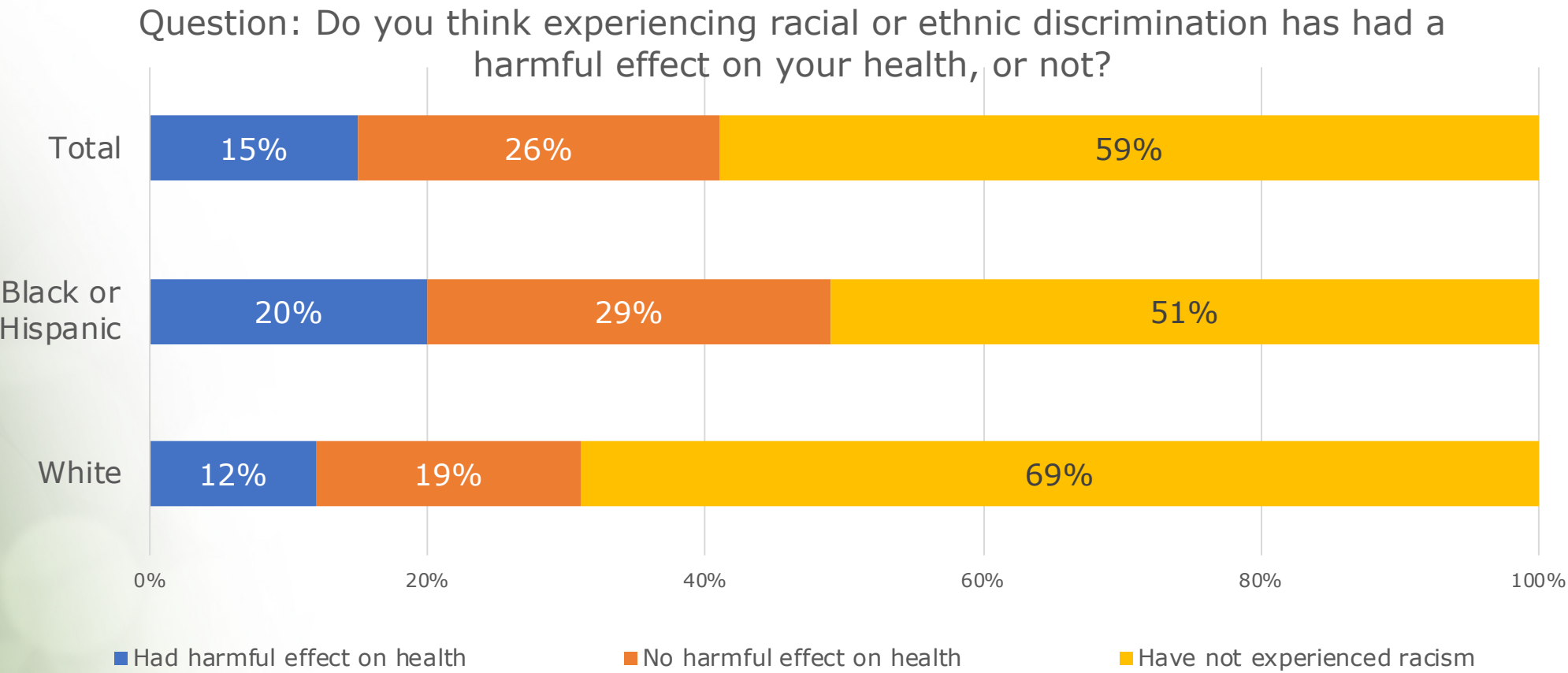
*\*An asterisk denotes a statistically significant difference among groups at the 95% confidence level.*

# Blacks and Hispanics say racial discrimination is a bigger problem than their White counterparts

Question: Is racial discrimination a big problem, a moderate problem, a small problem, or not a problem for those living in Texas today?



# More Blacks and Hispanics report more negative health effects of racism than Whites



## Views on doctors' responsibility by race

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

## Top health 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-K 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:* \*An asterisk denotes a statistically significant difference at the 95% confidence level.

## Views on state spending on non-medical factors by race

	TOTAL	RACE/ETHNICITY		
		White	Black	Hispanic
<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>
<i>TX legislature should use a portion of the money the state already spends on health care</i>	49%	39%	61%	59%
<i>TX legislature should NOT use a portion of the money the state already spends on health care</i>	15%	20%	12%	11%
<i>DK/Refused†</i>	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>
<b>Don't know/Refused</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>

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

## 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%
Don't know/Refused	2%	3%	*	2%

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



# Methodology

SSRS (Glen Mills, PA) conducted the *Texas Social Determinants of Health (SDOH) Survey* on behalf of the Episcopal Health Foundation (EHF) from October 10 through November 19, 2019. The goal of this survey was to detail the beliefs and experiences of Texas adults regarding the various causes, physical and social, shaping people's health.

For the *Texas SDOH Survey*, SSRS interviewed a representative sample of 1,200 Texas adults (18 or older), reached via landline (n=356) and cell phone (n=844) random digit dialing (RDD). Interviews were conducted by 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. 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 3.9 percentage points for results based on the total sample. For results based on subgroups, the margin of sampling error may be higher.