

TEXANS' EXPERIENCES WITH AFFORDABILITY OF AND ACCESS TO HEALTH CARE

Selected Findings from the Episcopal Health Foundation
2020 Texas Health Policy Survey

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EXECUTIVE SUMMARY

Texas has the unique challenge of addressing the health care needs for a large diverse population in terms of urbanicity, income, race and ethnicity. Texas also has more uninsured residents than any other U.S. state. These challenges become even greater as the state seeks to address the needs of Texans during the COVID-19 pandemic. The global pandemic has also further highlighted issues surrounding affordability of and access to health care. In the **2020 Texas Health Policy survey**, Episcopal Health Foundation (EHF) and SSRS explored Texans' experiences with the affordability of health care and issues with access to quality care. This 2020 survey is the third iteration of a public opinion survey previously conducted by EHF and SSRS in early 2019, and by the Kaiser Family Foundation and EHF in 2018.

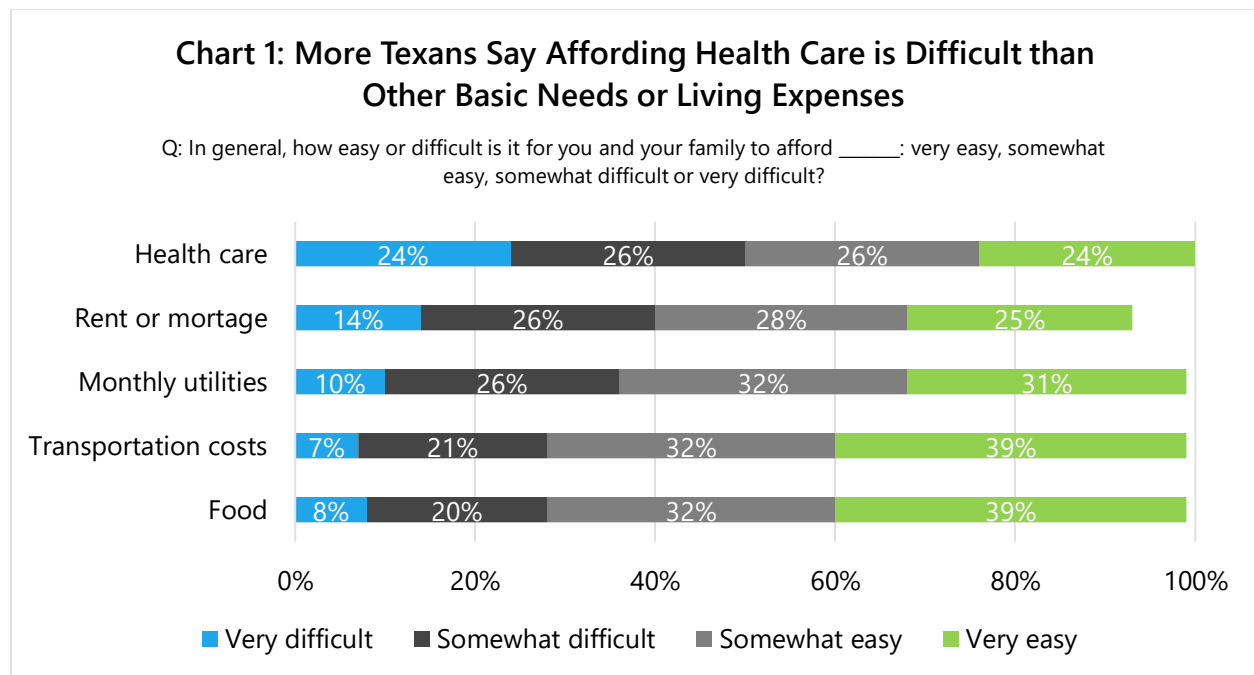
The new survey shows that affordability of health care continues to be a main concern for many Texans. Almost half of Texas adults (49%) say that it is difficult for them and their family to afford health care, with about one-quarter (24%) saying this is very difficult for them. A third of adults in the state (33%) say they or anyone in their household had problems paying any medical bills in the past 12 months. Low income, uninsured, as well as Black and Hispanic Texans experienced greater difficulty affording health care than other groups.

Faced with unaffordable costs, more than half (53%) of Texas adults say they or a household member have skipped or postponed needed health care because of the cost, which includes putting off dental checkups, skipping recommended medical tests, or not filling a prescription medicine.

Access to a usual place for medical care is strongly related to better health outcomes. However, a sizable 25 percent of Texans say they do not have a usual place of care and another five percent say they go to a hospital emergency room as the usual source for their health care needs. Overall, lower-income residents, Hispanics, immigrants, lower educated residents, younger residents, and uninsured residents are more likely than their counterparts to say they have no usual place for medical care. Most Texans who have a usual place for medical care (74%) say it is very (64%) or somewhat (23%) easy for them to travel to their facility to receive care. Among those with a usual place of care, those who report difficulty traveling to that place are mostly low-income, Black or Hispanic, or those without health insurance.

TEXANS WRESTLE WITH HEALTH CARE AFFORDABILITY

The 2020 Texas Health Policy Survey finds that more residents report difficulty affording health care than the amount reporting difficulty affording other basic needs or living expenses, such as their rent or mortgage, monthly utilities, or food. Almost half of Texas adults say that it is difficult for them and their family to afford health care (24% very difficult; 26% somewhat difficult). A smaller number of Texans report difficulty affording housing (14% very; 26% somewhat), utilities (10% very; 26% somewhat), transportation (7% very; 21% somewhat), or food (8% very; 20% somewhat) (Chart 1).

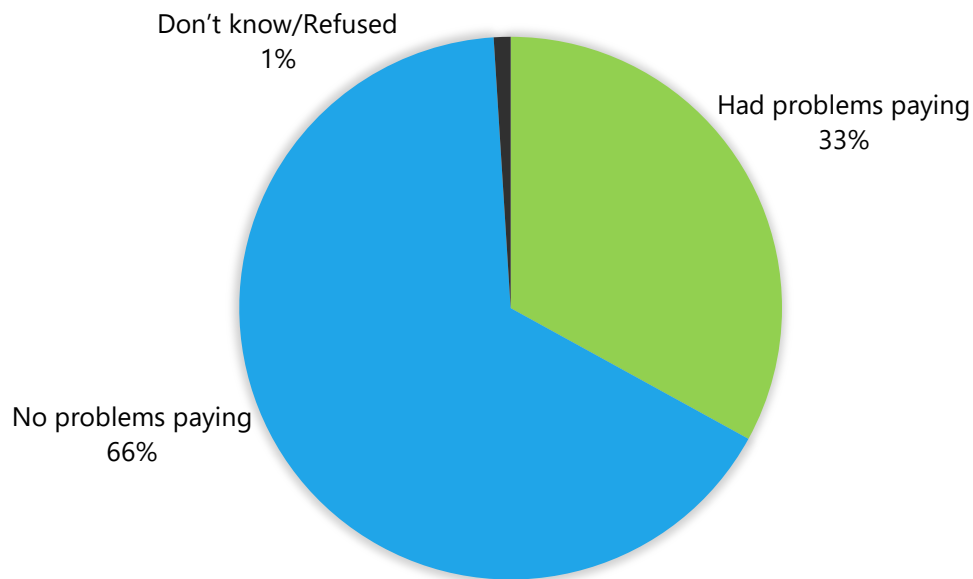


Note: Don't know/Refused and Not applicable responses are not shown.

A sizable share of Texans also report having trouble paying medical bills. This includes bills for doctors, dentists, medication, or home care (Chart 2). Of those who say they struggled with paying medical bills in the past 12 months, 56 percent report that their medical bills had a major impact on their family, and another 40 percent say medical bills had a minor impact.

Chart 2: One Third Had Problems Paying Medical Bills In Past 12 Months

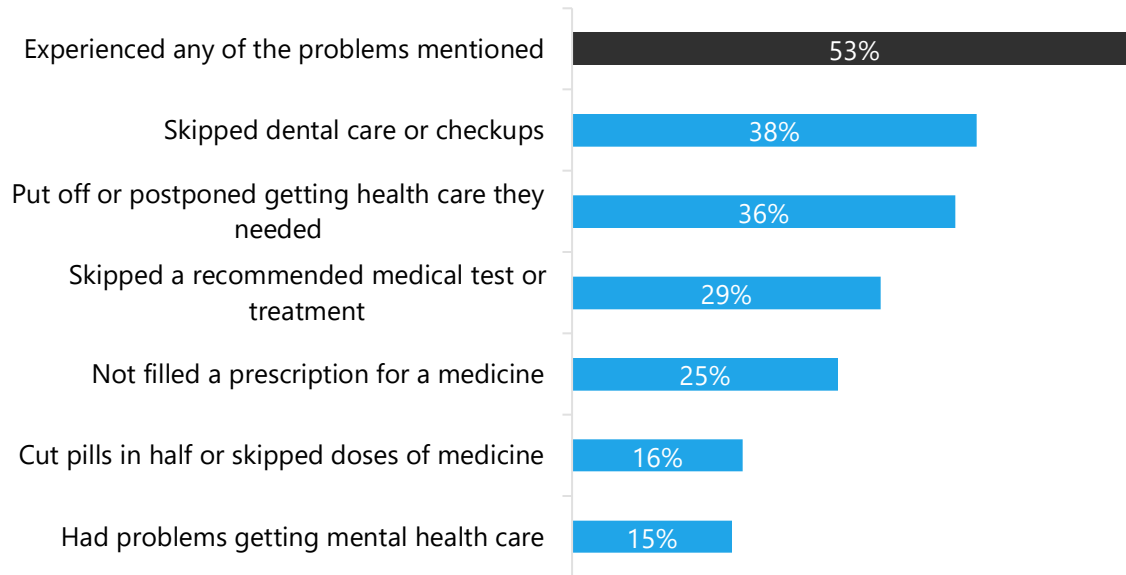
Q: In the past 12 months, did you or anyone in your household have problems paying or an inability to pay any medical bills?



Faced with unaffordable health care costs, significant shares of Texans report taking actions that could compromise their health in order to reduce their medical expenses. Almost four in 10 (38%) 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 (36%) say they have put off or postponed getting needed health care 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 (29%). One quarter have not filled a prescription due to cost (25%). Fewer report cutting pills in half or skipping doses (16%) and having problems getting mental health care (15%) due to cost. In total, more than half (53%) of Texas adults say they or a household member have done any of these things in the past year because of the cost of medical care (Chart 3).

Chart 3: Half of Texans Report They or a Household Member Skipped or Put Off Care in the Past 12 Months Due to Cost

Q: In the past 12 months, have you or another family member living in your household ____ because of the COST, or not?



Insurance Status and Income Strongly Related to Ability to Afford Health Care

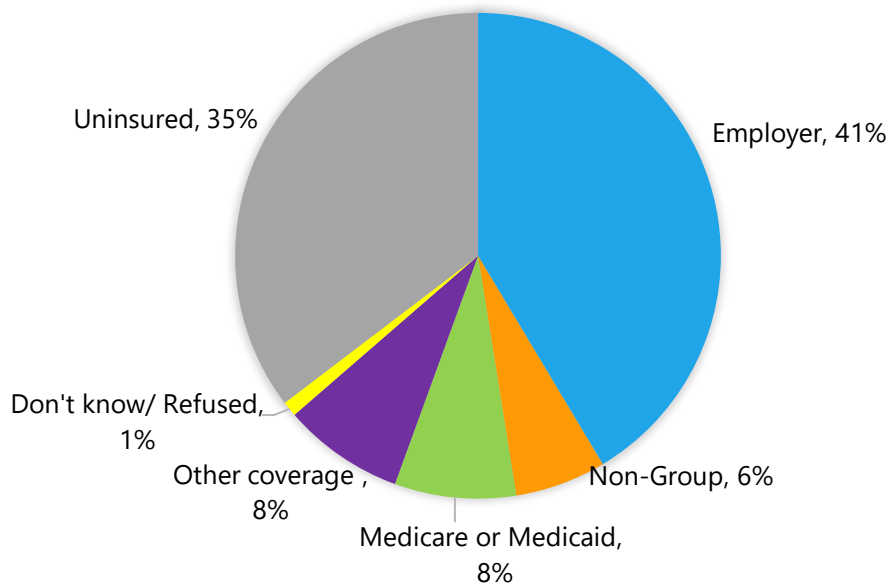
As the state with the highest share of nonelderly uninsured adults, Texas still has much work to do in providing affordable health care to its residents. Texas is also one of just 12 states that has not yet expanded its Medicaid program to cover more low-income adults under the Affordable Care Act. Findings from this survey show that 35 percent of adults under 65 are currently uninsured (Chart 4).¹ In contrast, 17 percent of US adults under 65 are without health insurance according to the December 2020 Health Tracking Poll conducted by the Kaiser Family Foundation.²

¹ The 2019 U.S. Census American Community Survey finds that 25 percent of Texans ages 19-64 were uninsured. In contrast, data from the current survey were collected in December 2020 and find that 35 percent of Texans ages 18-64 are uninsured. Retrieved from: <https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.html>

² KFF Health Tracking Poll – December 2020: COVID-19 and Biden’s Health Care Agenda. Retrieved from: <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-december-2020/>

Chart 4. A Third of Non-Elderly Texas Adults Lack Health Insurance

Q: Are you, yourself, now covered by any form of health insurance or health plan or do you not have health insurance at this time?



Nonelderly uninsured (under age 65) residents are more likely to report facing difficulty affording health care than those who are insured. The vast majority (79%) of nonelderly uninsured residents say affording health care is difficult for their family, including one-half (51%) who say it is very difficult. In comparison 38 percent of nonelderly insured residents report difficulty affording health care.

Additionally, two-thirds (67%) of uninsured residents under age 65 have skipped or postponed any health care in the past 12 months due to cost compared to about half of insured nonelderly residents (51%). Finally, more nonelderly uninsured residents have had problems paying medical bills in the past 12 months (48%) than those with insurance (30%) (Table 1).

As to be expected, household income is also strongly related to difficulty affording health care. Almost three-quarters of Texans with family incomes under 138 percent of the federal poverty level (FPL) indicate it is difficult to afford health care (73%). This is significantly higher than the 61 percent with incomes between 138 percent and 250 percent of FPL. Additionally, only 30 percent of Texans with incomes above 250 percent FPL say they have difficulty affording health care. Similarly, almost two-thirds of residents with incomes below 250 percent FPL say they have skipped some type of health care due to cost (65%). In contrast, only 42 percent of residents with incomes above 250 percent FPL say the same. (Table 1).

Table 1: Problems Affording Health Care by Insurance Status and Household Income

	TOTAL	NONELDERLY INSURANCE STATUS		HOUSEHOLD INCOME		
		Insured	Uninsured	<138% FPL	138% - 250% FPL	250% + FPL
Skipped/ Postponed any care due to cost	53%	51%	67%	66%	62%	42%
Difficulty affording health care	49%	38%	79%	73%	61%	30%
Problems paying medical bills	33%	30%	48%	47%	43%	21%

Cost Leading Reason for Lacking Health Insurance

The majority of Texans under age 65 with insurance are insured through their or their spouse’s employer (63%). Additionally, the cost of employer sponsored health insurance continues to increase throughout the US.³ Therefore, it comes as no surprise that the main reason for being uninsured cited by almost half of Texans ages 18-64 is cost. Forty-five percent of nonelderly uninsured residents said the main reason they did not have health insurance coverage was because it was too expensive or they could not afford it. The next most common reason was due to employment issues (12%) (Chart 5).

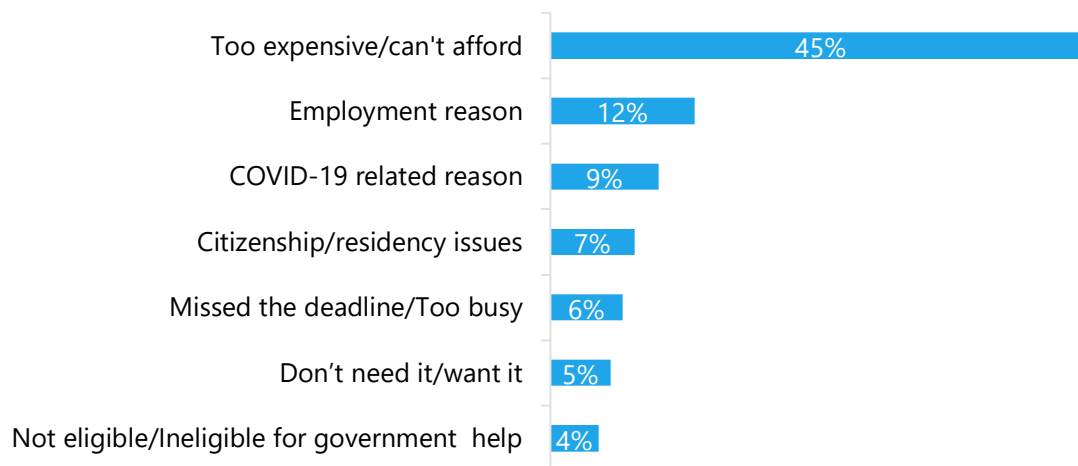
As the COVID-19 pandemic forced many businesses to shutter their doors, nearly one in 10 uninsured residents say they lost their coverage due to the pandemic (9%). Moreover, six percent of currently insured residents lost health coverage at some point during the year due to the pandemic.

Fewer uninsured respondents mentioned citizenship issues (7%), missing the deadline for enrollment (6%), not needing insurance (5%), ineligibility for government benefits (4%) as the main reason they do not have health insurance.

³ KFF 2020 Employer Benefits Survey. Retrieved from: <https://www.kff.org/health-costs/report/2020-employer-health-benefits-survey/>

Chart 5: Cost is Most Common Reason Texas Adults Under 65 Do Not Have Insurance

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



For the majority of nonelderly uninsured Texans, being uninsured is a problem beyond the scope of the COVID-19 crisis. Nearly three-quarters (73%) have been without health insurance a 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 eight percent who have been uninsured for less than three months and 19 percent for three to 12 months. Additionally, almost three-quarters (74%) of uninsured adults under 65 have not sought out health insurance in the past six months.

Health Care Affordability Varies by Race, Ethnicity, and Immigration Status

Differences in ability to afford health care are also observed across race and ethnic groups. While the majority of Hispanic (64%) and Black (57%) residents report it is at least somewhat difficult to afford health care only 37 percent of White residents report the same. Additionally, Hispanic adults born outside the US are more likely to report difficulty affording health care (82%) compared to those born in the US (52%).

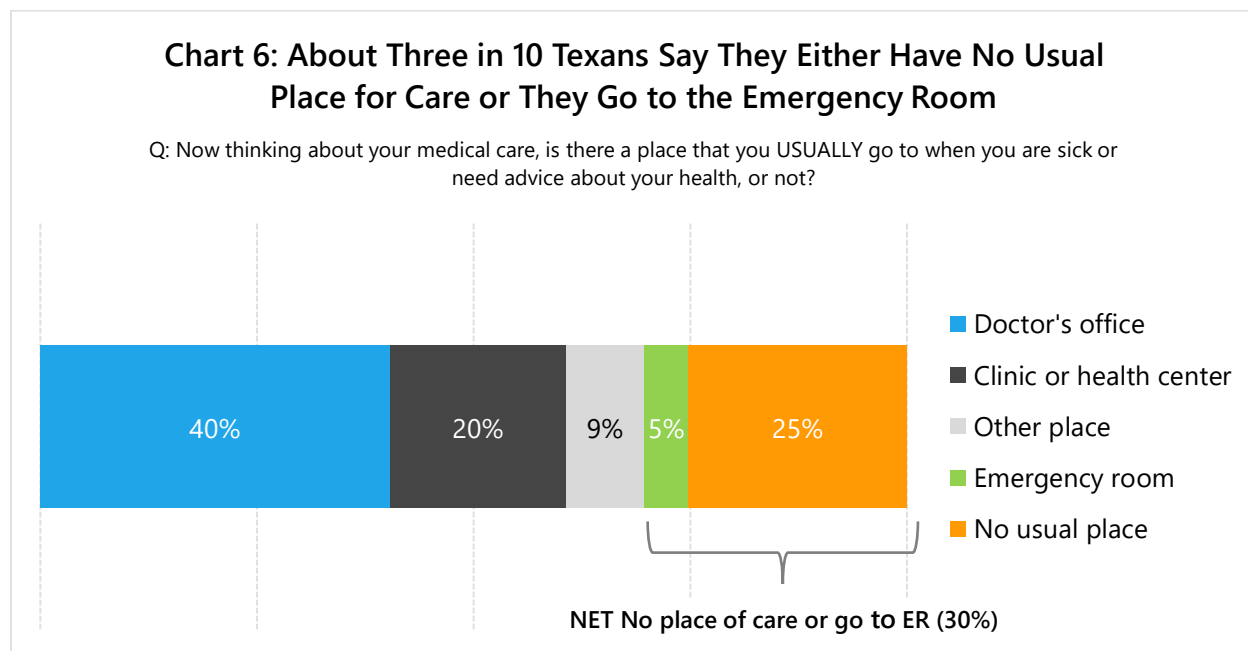
While one-quarter of White Texans say they have had problems paying medical bills in the past 12 months (26%), 44 percent of Black Texans and 38 percent of Hispanic Texans say the same. Hispanic and Black Texans are also more likely to say these medical bills have had a major impact on them and their families (13% White; 27% Black, 23% Hispanic). Skipping or postponing health care is also more common among Black residents. Sixty-two percent of Black residents say they have skipped or postponed some type of care due to cost compared to 49 percent of White residents. More than half of Hispanic residents have also skipped or postponed care (56%). While this is not significantly different from the share of White Texans who have skipped or postponed care, the results show a directionally higher share (Table 2).

Table 2: Problems Affording Health Care by Race/Ethnicity and Immigration Status

	TOTAL	RACE/ETHNICITY			HISPANIC IMMIGRATION STATUS	
		White	Black	Hispanic	US Born	Foreign born
Skipped/ Postponed any care due to cost	53%	49%	62%	56%	55%	59%
Difficulty affording health care	49%	37%	57%	64%	52%	82%
Problems paying medical bills	33%	26%	44%	38%	35%	44%

HOW TEXANS ACCESS HEALTH CARE

Along with the ability to afford health care, another barrier to Texans getting the health care they need is easy and regular access to a usual source of care. Having a usual source of care or a primary care provider is strongly associated with better health outcomes.⁴ While seven in 10 (69%) have a place where they usually go when they are sick or need health care advice, a sizable 25 percent of the Texas adult population say they do not have a usual place of care and another five percent go to a hospital emergency as their usual source of health care. The most common place mentioned as a usual place of care is a doctor's office (40%). One in five (20%) typically turn to a clinic or health center and fewer usually go to an urgent care center (4%) or hospital outpatient department (3%) (Chart 6).



⁴ Shi, L. (2012). The impact of primary care: a focused review. *Scientifica*. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/24278694/>

When it comes to having a usual place of care, findings from the survey reveal disparities across race/ethnicity, immigration status, income and insurance status. Overall, lower-income, Hispanics, immigrants, 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 and immigrant 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		INSURANCE STATUS (NON-ELDERLY)	
	White	Black	Hispanic	U.S. born	Foreign born	<250% FPL	250%+ FPL	Insured	Uninsured
NET Have a usual place for medical care (not ER)	78%	71%	59%	74%	54%	58%	80%	76%	49%
<i>Doctor's office</i>	54%	43%	21%	46%	19%	22%	60%	49%	14%
<i>Clinic or health center</i>	12%	15%	29%	17%	31%	27%	11%	17%	26%
<i>Urgent care/ Outpatient/Other</i>	10%	12%	8%	11%	4%	9%	9%	10%	8%
NET No usual place of care/ER	21%	28%	41%	25%	45%	41%	19%	22%	51%
<i>Emergency room</i>	3%	14%	4%	5%	4%	8%	2%	3%	9%
<i>No place for care</i>	18%	14%	37%	21%	41%	33%	17%	20%	42%

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

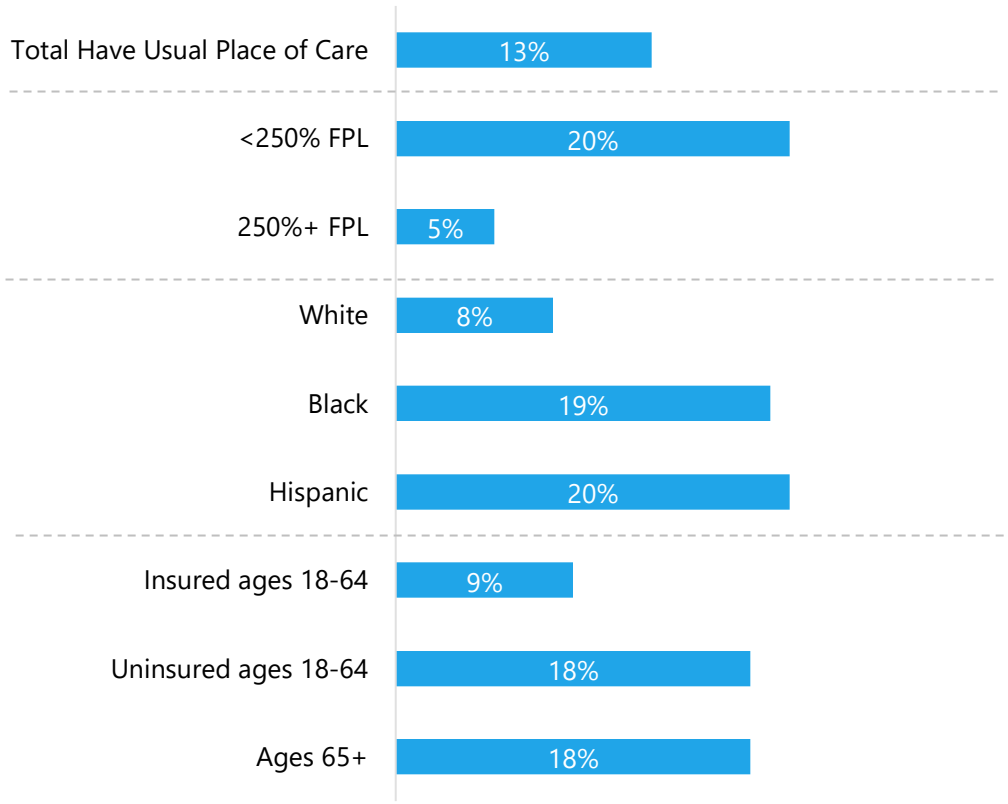
For Texans who say they have a usual place of care (74%), most Texans say it is very (64%) or somewhat (23%) easy for them to travel to the doctor's office or other facility to receive care. Just over one in 10 (13%) report having difficulty traveling to their usual place of care (9% somewhat difficult and 3% 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 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 usual place of medical care (Chart 7). For instance, those with incomes below 250 percent of the FPL are four times as likely as higher-income Texans to say it is difficult for them to travel to their place of care (20% v. 5%).

Chart 7: Low-income and Uninsured 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...?

PERCENT REPORTING DIFFICULTY AMONG THOSE WHO HAVE USUAL



METHODOLOGY

SSRS conducted the third wave of the *Texas Health Policy Survey* on behalf of Episcopal Health Foundation (EHF) from November 30 through December 9, 2020. The goal of this survey was to understand the perspectives and experiences of Texas adults regarding their health care and health care policies in the state, with a comparison to similar studies completed in 2018⁵ and 2019⁶. For the 2020 Texas Health Policy Survey, SSRS interviewed a representative sample of 1,204 Texas adults (age 18 or older), reached via landline (n=296) and cell phone (n=908; including n= 747 who could not be reaching via landline) 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 +/- 3.5 percentage points for results based on the total sample.

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 for more information.

⁵ Hamel, L., Wu, B., Brodie, M., Sim, S., Marks, E. (2018). *Texas Residents' Views on State and National Health Policy Priorities*. Retrieved from: <https://www.episcopalhealth.org/research-reports/>

⁶ Sim, S., Mark, E., Ben-Porath, E., Hachey, E., Su, J. (2019). *Texas Residents' Views on State and National Health Policy Priorities*. Retrieved from: <https://www.episcopalhealth.org/research-reports/>