

Findings from the  
Episcopal Health Foundation  
**2022 Texas Health Tracking Survey**



# Texans' Experiences Affording and Accessing Health Care

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## Executive Summary

As the state continues to recover from the economic and health care implications of the COVID-19 pandemic at a period of high inflation, Texans face several issues when it comes to affording and accessing health care. Moreover, many report trouble with non-medical factors that influence health, such as employment, ability to afford basic necessities, having safe and affordable housing, and access to affordable and healthy food. The 2022 Texas Health Care Tracking Poll conducted by the Episcopal Health Foundation (EHF) and SSRS explored Texans' experiences with these issues. This report provides analysis of these data along with an exploration of how challenges have changed over the past five years.

Affording health care continues to be difficult for many Texas residents. In the 2022 survey, about half (52%) of Texans said it is difficult for them to afford health care. A similar number reported that it was difficult to afford health care in 2021 (48%) and 2020 (49%). Four in 10 say they had trouble paying medical bills in the past 12 months (43%) and almost a quarter have medical bills that have had a major impact on their household (23%). Additionally, more than two-thirds (68%) skipped or postponed care due to cost in the past 12 months.

Along with affording care, accessing care in the first place is a major concern for many. One in ten do not have a regular place that they receive medical care or rely on hospital emergency rooms (13%). Younger adults, Black Texans, and those with lower income levels are less likely to have a usual place where they receive medical care.

Furthermore, Texans have experienced a sharp decrease in their ability to afford other necessities as inflation continues to affect Texas households. Forty-one percent say it is difficult to afford food, an increase of more than 10 percentage points from 2021 when 29 percent said it was difficult to afford food. Similarly, 54 percent say it is difficult to afford gas and other transportation costs in 2022 compared to 42 percent in 2021.

Affording these basic necessities can have a major impact on individuals' health. Non-medical drivers of health such as having safe and affordable housing, access to affordable and healthy food, and having sufficient employment have impacted many. These problems also tend to be related to health status as those with chronic conditions, disabilities, or in only fair or poor health are more likely to report experiencing a non-medical factor that impacts health.

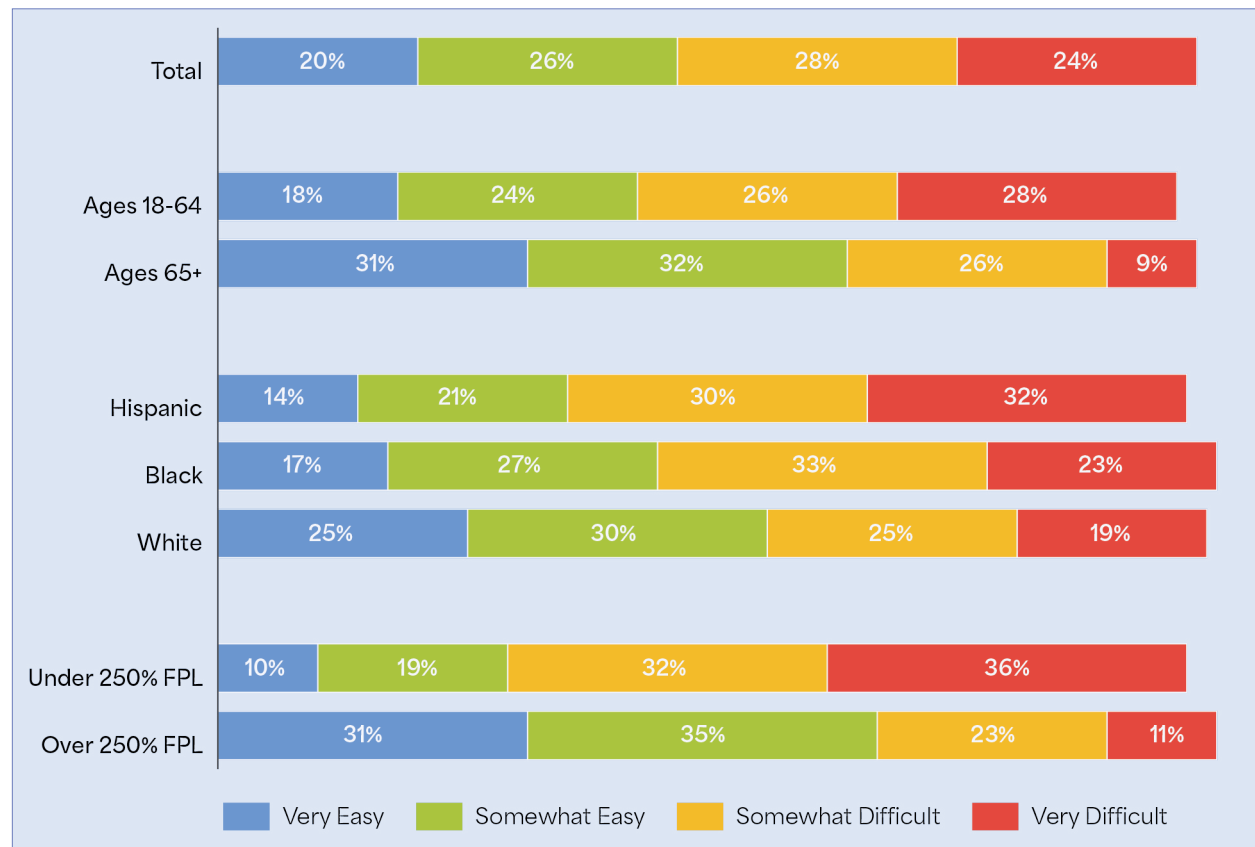
# Texans Continue to Struggle to Afford Health Care

Half of Texans say it is difficult for them to afford health care with about a quarter saying this is very difficult (52% difficult; 28% somewhat; 24% very). Younger adults, those who are Black or Hispanic, as well those with lower income levels are more likely to have difficulty affording health care. While only about a third of those age 65 or older have trouble affording health care (35%), 56 percent of those 18-64 report difficulty. Similarly, 56 percent of Black Texans and 62 percent of Hispanics say it is difficult to afford health care compared to 44 percent of their non-Hispanic White counterparts. Finally, two thirds of adults in households with incomes under 250 percent of the federal poverty line (FPL) say it is difficult to afford health care (68%). This is more than double the number of adults with household income of 250 percent or more FPL who struggle to afford health care (33%) (chart 1).

A similar pattern is present for inability to pay medical bills. Four in 10 Texas adults say they have had problems paying medical bills in the past 12 months (43%) and almost a quarter (23%) say an inability to pay medical bills has had a major impact on them and their household (chart 2). Younger adults, Black and Hispanic Texans and those with lower income are more likely to say they have had trouble affording medical bills compared to their counterparts.

## Chart 1: Half of Residents Struggle to Afford Health Care

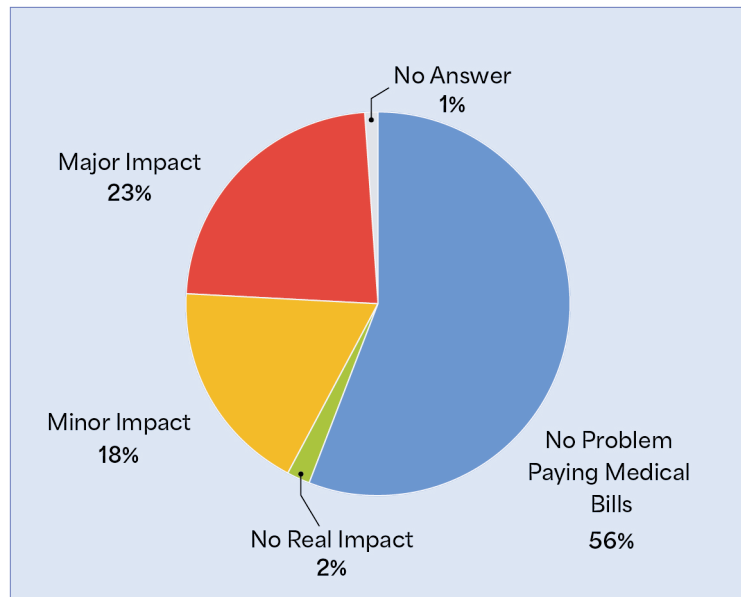
Q: In general, how easy or difficult is it for you and your family to afford health care?



\*\*“Don’t know/Refused” not shown

## Chart 2: Four in Ten Have Difficulty Paying Medical Bills

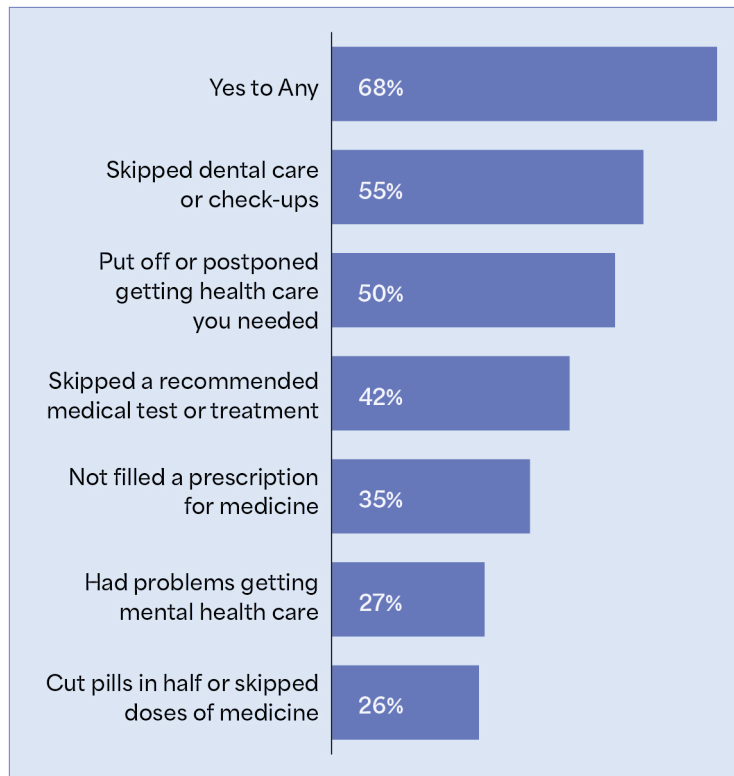
Q: In the past 12 months, did you or anyone in your household have problems paying or an inability to pay an medical bills; How much of an impact have these medical bills had on you and your family?



\*No answer includes "I don't know," refused, and skipped responses

## Chart 3: Two-Thirds Have Skipped or Postponed Care Due to Cost in Past Year

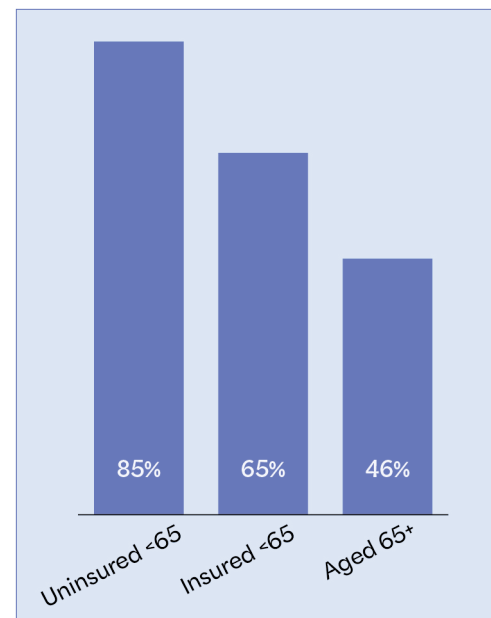
Q: In the past 12 months, have you or another family member living in your household postponed care because of the cost of care, or not?



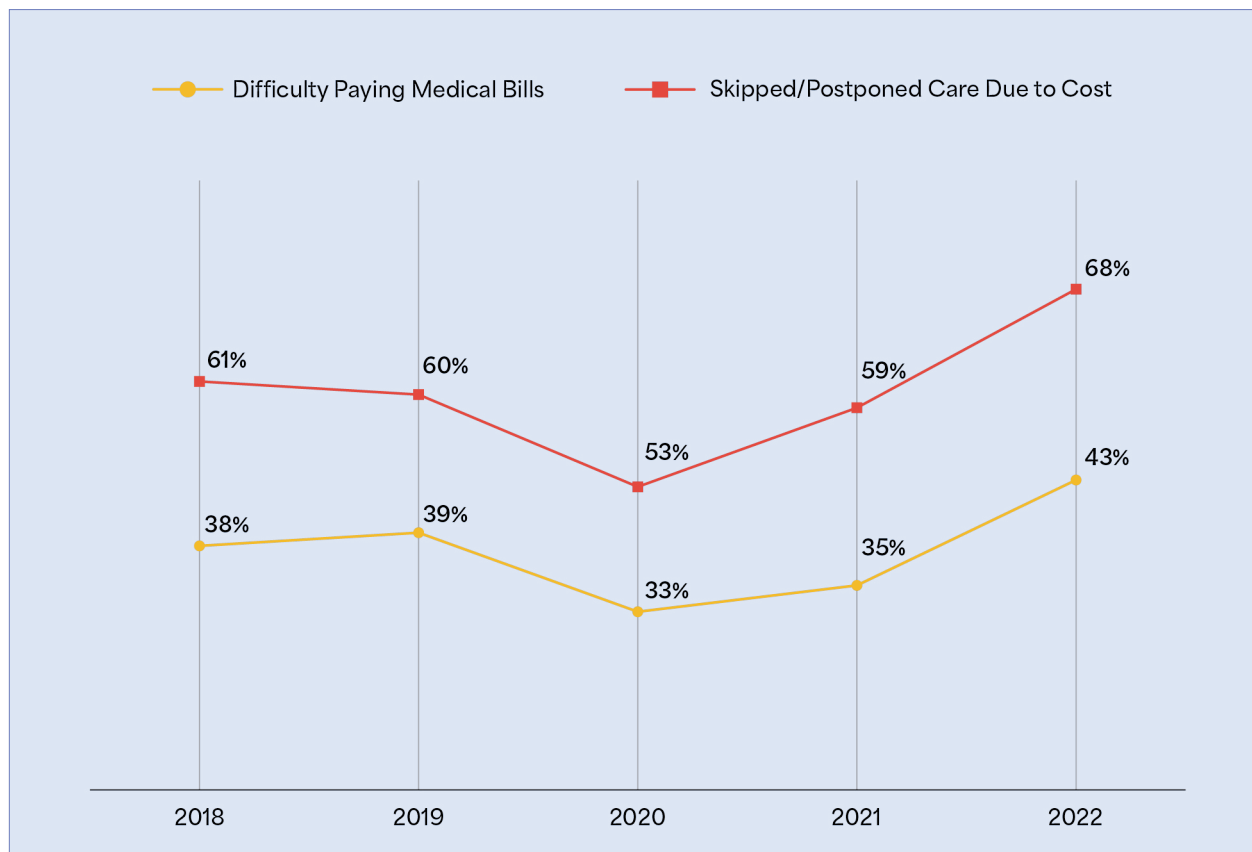
\*No answer includes "I don't know," refused, and skipped responses

## Chart 4: Uninsured More Likely to Skip or Postpone Health Care

Uninsured adults under age 65 are more likely to say skipped or postponed some sort of health care because of the cost (85%) compared to insured adults under age 65 (65%) and those age 65 or older who are usually on Medicare (46%) (chart 4).



**Chart 5: Trouble Affording Medical Care Remains an Issue Since COVID-19 Pandemic**



The high costs of medical care, leads many to skip or postpone getting the health care they need. More than half say they have skipped dental care or check-ups in the past 12 months due to cost (55%). Half have put off getting health care they need (50%). Forty-two percent have skipped a recommended medical test or treatment due to the cost. A third say they have skipped getting a prescription filled due to the cost (35%). Finally, a quarter say they have cut pills in half or skipped doses due to the costs (26%) or had problems getting mental health care because of the cost (27%). Overall, more than two-thirds of Texas adults have skipped or postponed some sort of health care because of the cost (68%) (chart 3).

The number of Texans having trouble paying medical bills has fluctuated over the past five years. In 2018 and 2019, just under two in five had this issue (38% in 2018; 39% in 2019). With the COVID-19 pandemic in 2020 and 2021, fewer were seeking medical care at all as residents avoided medical offices under stay-at-home orders. But with most COVID-19 restrictions lifted in 2022, the number of Texans struggling to afford their medical bills has increased back to pre-pandemic levels. There is a similar pattern for skipping and postponing medical care. Just over half said they had skipped or postponed care in 2020 (53%) compared to 68 percent in 2022 (chart 4).

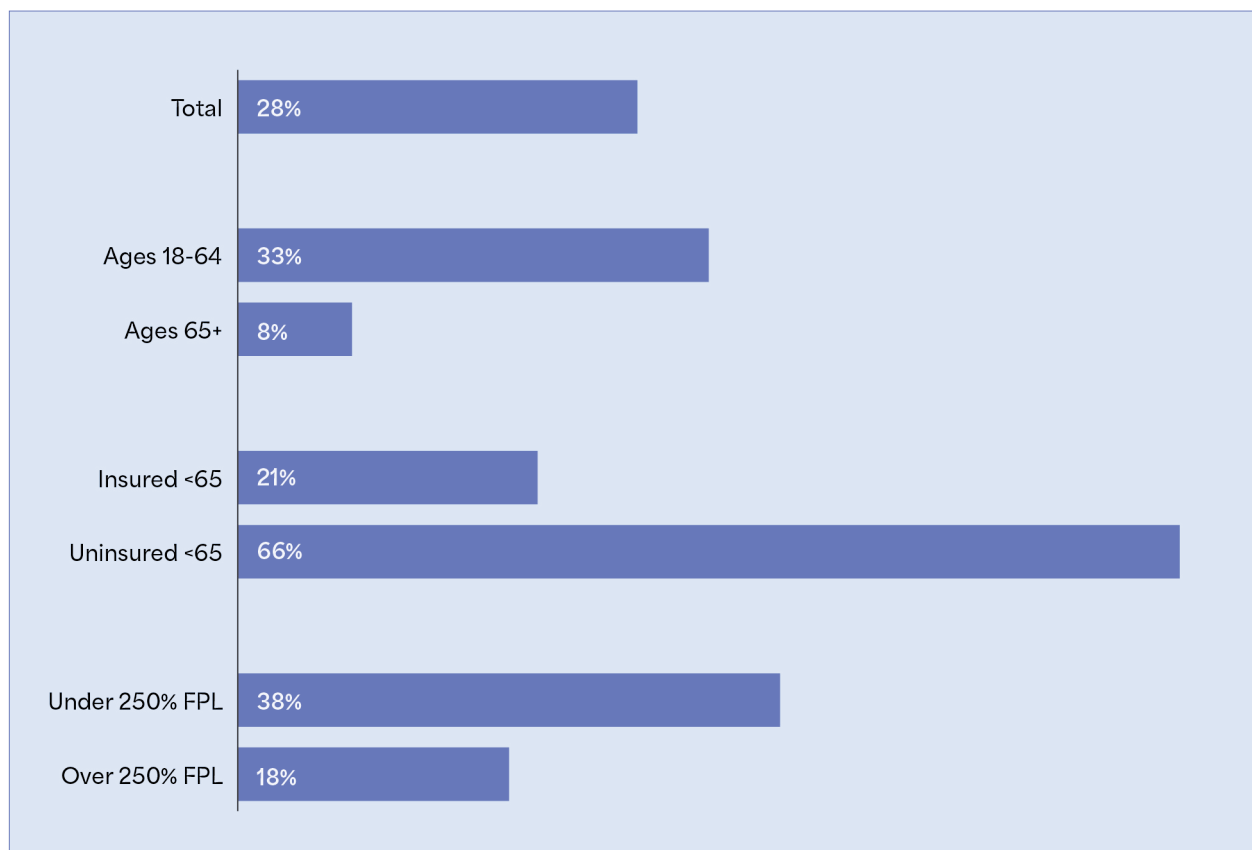
# Accessing Care

Along with affording care, many Texans face issues accessing care. More than a quarter (28%) say they do not have a primary care doctor or provider they usually see for regular check-ups, when they are sick, or when they need advice about their health. Two-thirds of those who are under age 65 and uninsured (66%) do not have a primary care provider compared to 21 percent of those who are under age 65 and insured. While just 18 percent of those with household income of 250% or more FPL do not have a primary care provider, more than double that amount with household incomes less than 250% FPL lack a primary care provider (38%) (chart 5).

## Chart 6: A Quarter of Texans Do Not Have a Primary Care Provider

Q: Do you have a primary care doctor or provider whom you usually see for regular check-ups, when you are sick, or when you need advice about your health, or not?

Percent saying no:

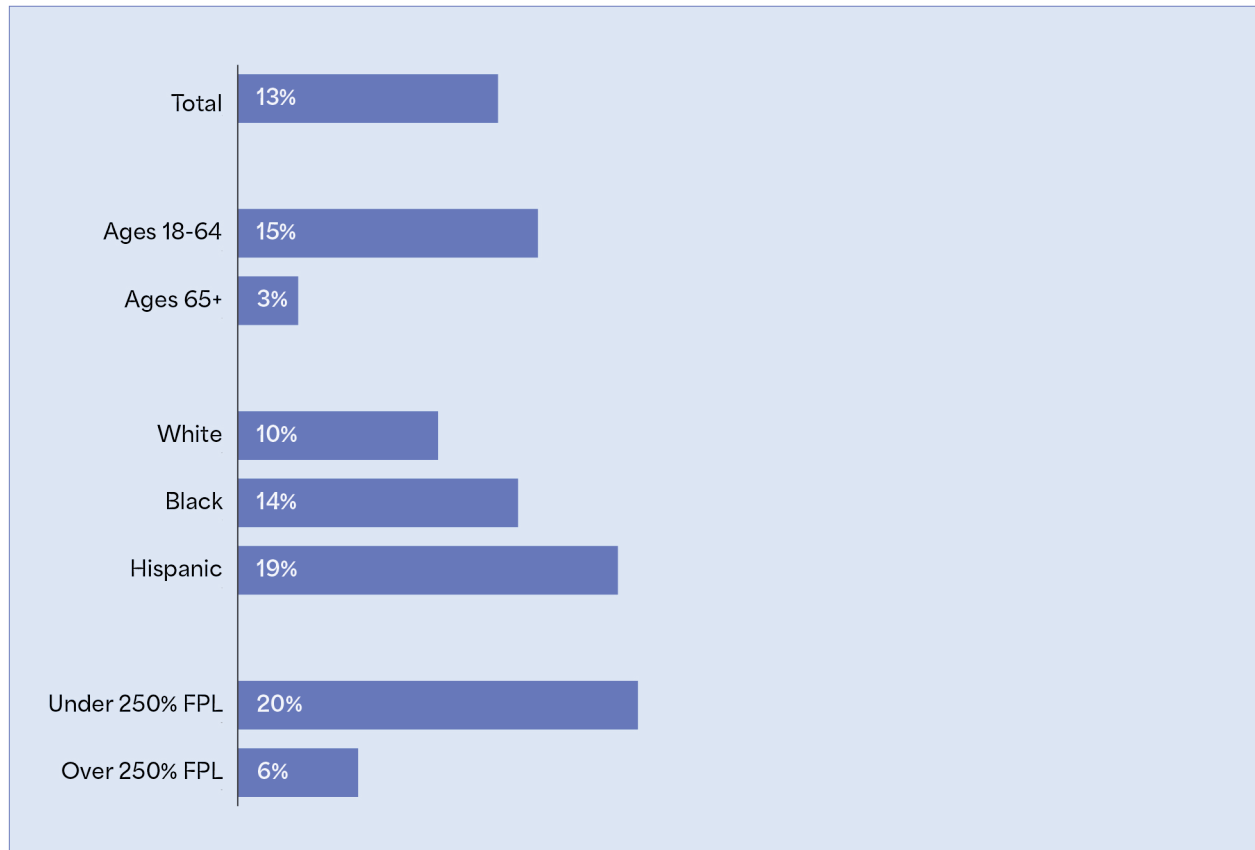


Additionally, even among those with a primary care provider, 16 percent say it is difficult to travel to the place where they receive medical care. Those with incomes under 250% FPL are more likely to face this challenge (26%) compared to those with household incomes of 250% FPL or more.

## Chart 7: One in Ten Do Not Have a Usual Place to Get Health Care

(Asked of those without a primary care provider) Q: What kind of place, if any, do you usually go to when you are sick or need advice about your health?

Percent saying No usual source of care:



Not having a primary care provider leaves many with no usual source for care or relying on the hospital emergency room. One in ten (13%) say they do not have a usual source of care or go to an emergency room when they are sick or need advice about their health. Those under age 65 (15%), Hispanic adults (19%) and those with income less than 250% FPL (20%) are more likely to not have a usual place of care or to rely on the emergency room (chart 7).

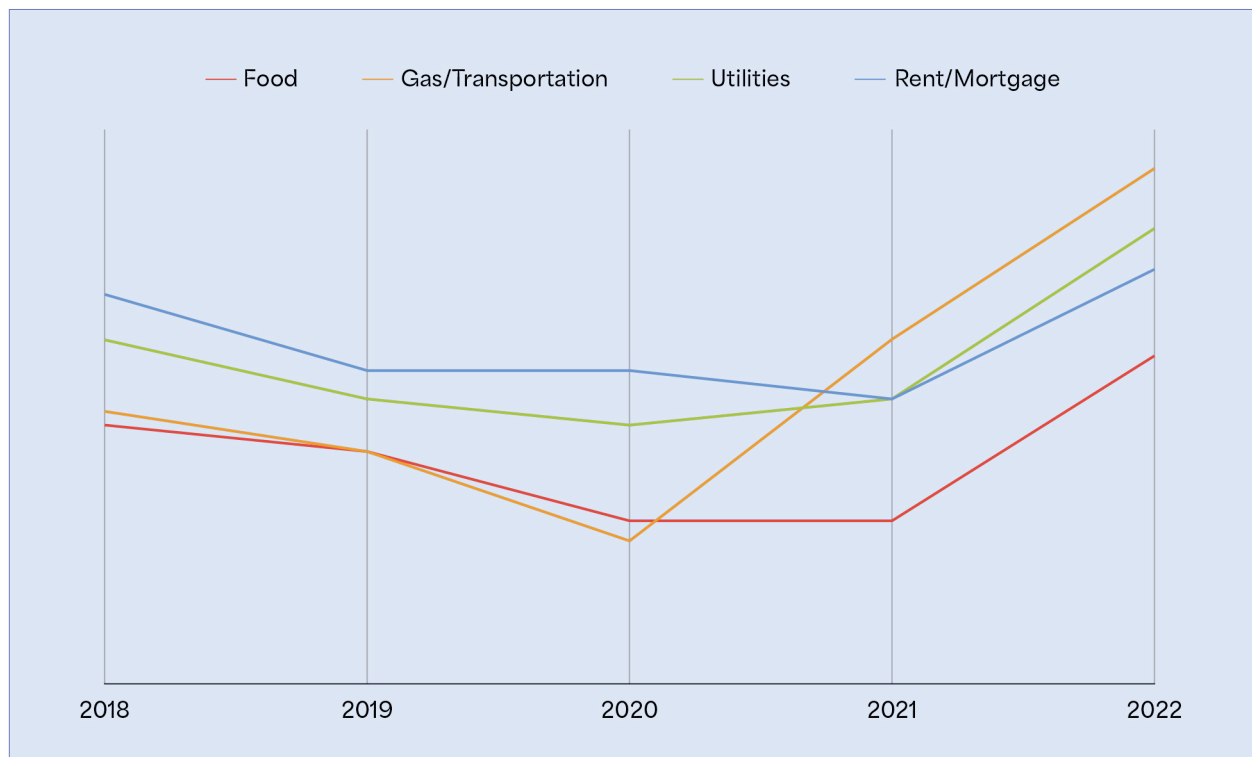


# Non-Medical Factors Connected to Overall Health of Texas Residents

Beyond issues of affordability and access to health care resources, many adults also struggle with difficulty affording and accessing other basic necessities that may impact their health such as food, utilities, transportation costs and their rent or mortgage. About half have had trouble affording gasoline or other transportation expenses (54%), utilities (50%) or their rent or mortgage (47%). Four in 10 have had trouble affording food (41%). Affording these necessities has become more difficult for Texans in 2022 as inflation continued to rise across the country. For example, 29 percent said it was difficult for them to afford food in 2021. This year there is a more than 10 percentage point increase in the number of Texans reporting this as difficult (chart 6).

## Chart 8: Texans Report More Difficulty Affording Basic Necessities Over Time

Percent who say each is very or somewhat difficult for them and their family to afford.

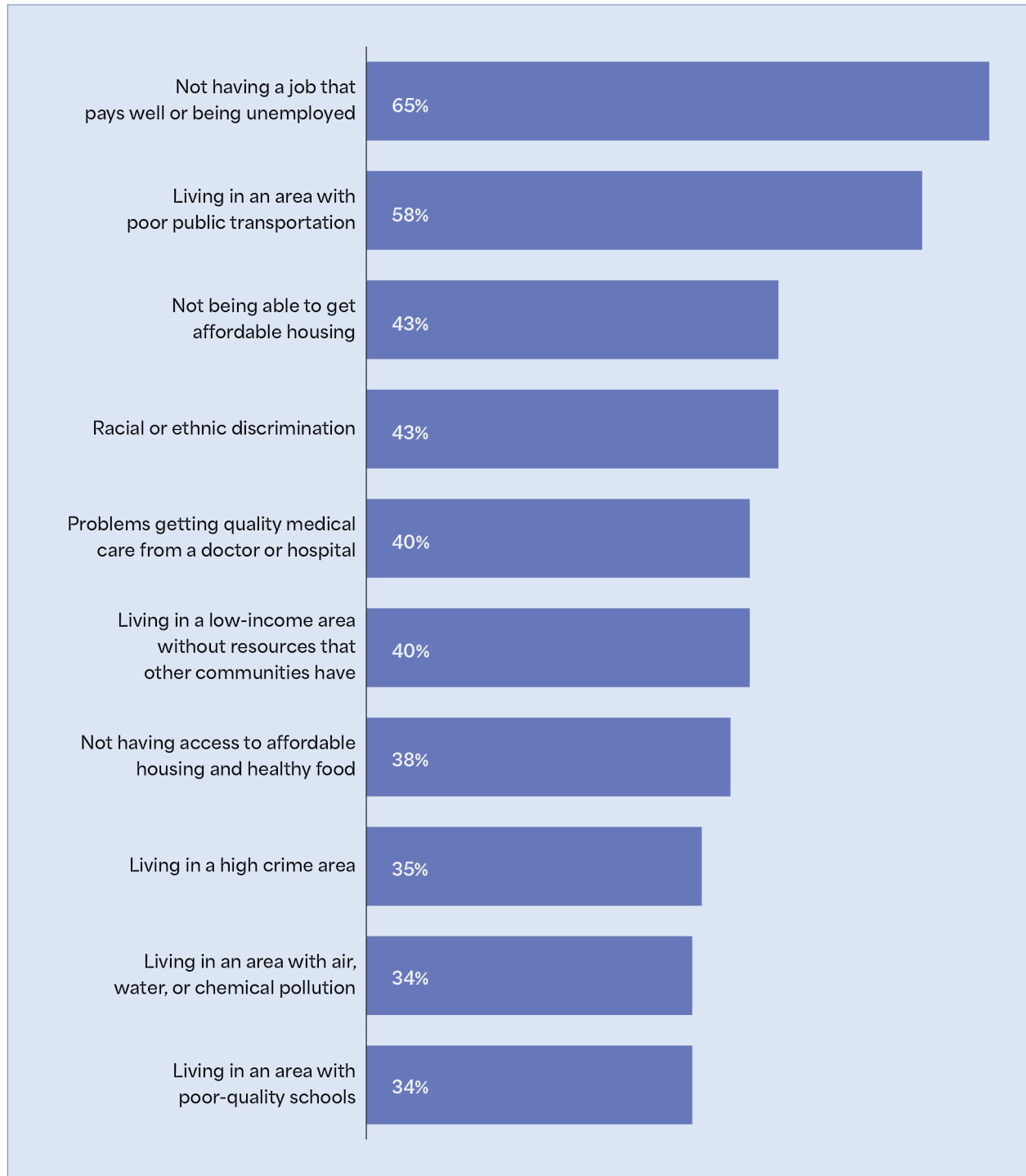


Along with difficulty affording these basic necessities, many Texans have experienced other non-medical factors that impact health such as having a job that pays enough, not having a place to exercise, living in an area with poor air or water quality (chart 7).

## Chart 9: Three Quarters of Texans Experienced a Non-Medical Factor that Impacts Health

Q: For each of the following, please indicate whether or not you have experienced this problem as an adult.

Percent saying yes:

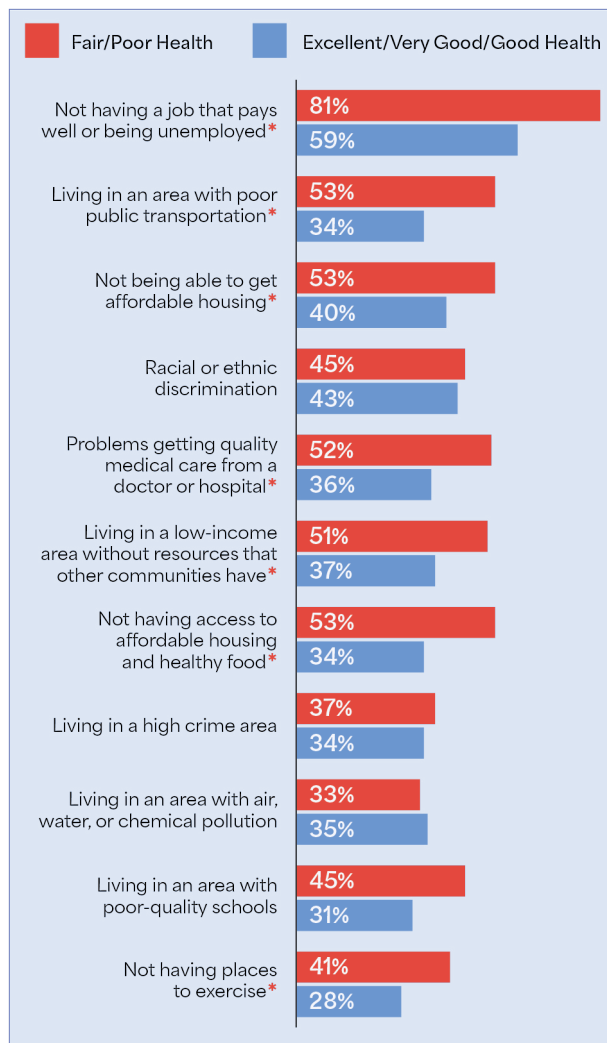


These non-medical drivers of health (NMDOH) are associated with a number of health outcomes. For example, those who rate their personal health as only fair or poor are more likely to say they have not been able to afford housing (53%) than those with excellent, very good, or good health (40%). Half of those in only fair or poor health have experienced not having access to healthy and affordable food (53%) compared to just 34 percent of those with excellent, very good, or good health. Similarly, those with a chronic condition or disability are more likely to live in a high crime area (47%) than those without a chronic condition or disability (31%) (charts 8 & 9).

## Chart 10: Those in Fair or Poor Health are More Likely to be Impacted by Non-Medical Factors

Q: For each of the following, please indicate whether or not you have experienced this problem as an adult.

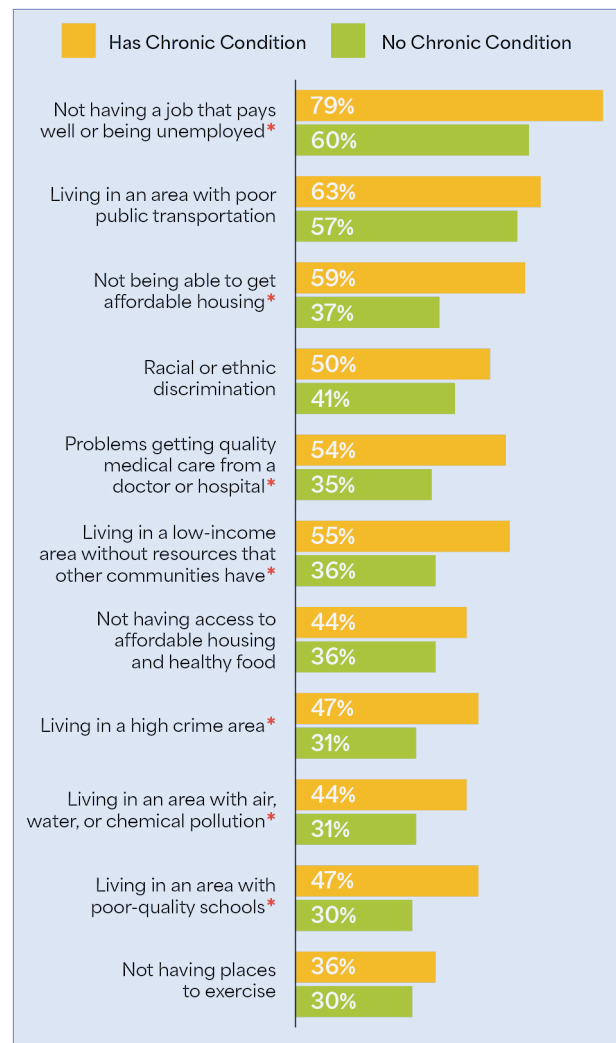
Percent saying yes:



## Chart 11: Those with Chronic Conditions are More Likely to be Impacted by Non-Medical Factors

Q: For each of the following, please indicate whether or not you have experienced this problem as an adult.

Percent saying yes:



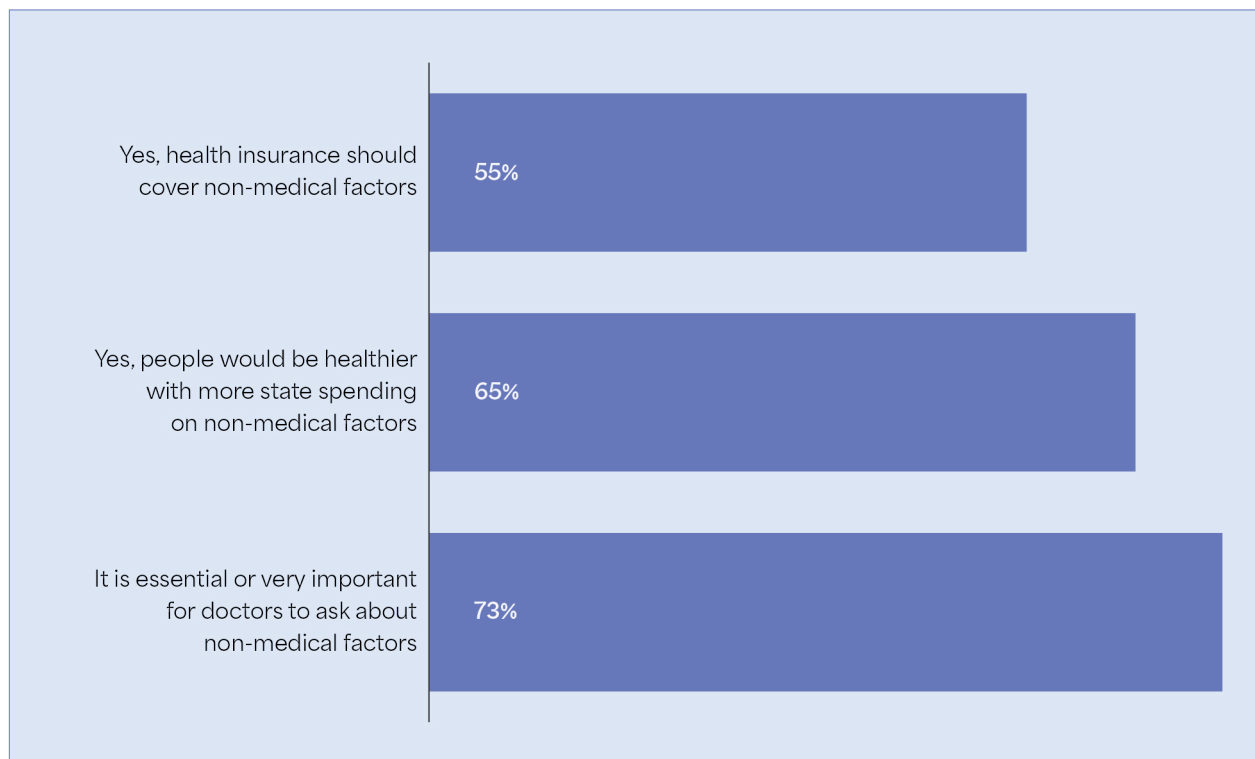
\*Indicates statistically significant difference

# Adressing Non-Medical Factors

Not only do the majority of Texas residents recognize that they have experienced these non-medical factors, about two-thirds (65%) also acknowledge that people in the state would be healthier if the state spent more money on non-medical factors.

Additionally, over half (55%) think that insurance providers should cover non-medical factors that affect people's health and seven in ten (73%) say it is very important or essential for doctors to ask about non-medical factors (chart 10).

Chart 12: Most Texans say People Would be Healthier if State Spent on Non-Medical Factors



# Methodology

SSRS conducted the **2022 Texas Health Tracking Survey** on behalf of Episcopal Health Foundation (EHF) from September 27 through October 31, 2022. Similar studies have been run on behalf of the Episcopal Health Foundation (EHF) since 2018. The 2022 Texas Health Policy Survey, was conducted online and by telephone with a representative sample of 1,201 Texas adults (age 18 or older). Interviews were administered in English (n=1,102) and Spanish (n=99). The sample includes 601 Texas adults reached through the SSRS Opinion Panel<sup>11</sup> and another 600 reached from a random digit dial telephone sample of landline (n=169) and cell phone (n=431) numbers.

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 percentage points for results based on the total sample.

## About EHF

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