

Annual Texas Health Tracking Survey – 2025

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Executive Summary

The Episcopal Health Foundation and SSRS conducted the eighth wave of the *Texas Health Tracking Survey* with a representative sample of Texas adult residents from October 15 through November 24, 2025. This study aimed to better understand health care access, affordability, and health outcomes in Texas. This year's study placed particular emphasis on the experiences and opinions of Texans with and about marketplace insurance, Medicaid, Supplemental Nutrition Assistance Program (SNAP), food insecurity, and government health policy.

Texas has the highest rate of uninsured adults under age 65 in the nation.¹ Results from this year's survey align with other estimates, showing that 22% of adults under 65 in Texas do not have health insurance. Just over one in ten are covered by marketplace insurance, and 7% are covered by Medicaid.

Similar to prior years, concerns over health coverage, access, and affordability remain high. These concerns are especially present among more vulnerable groups and those on Medicaid or with marketplace plans. The vast majority of Texans say health care affordability is a problem in the state today (92%), with most saying it is a major problem (74%). Similarly, 86% say availability of health insurance coverage is a problem (57% major problem; 28% minor problem). Most Texans also expressed concern about the impacts of recent federal spending cuts on the affordability of care (79%) and availability of healthcare facilities (80%) for themselves and their families.

Food insecurity rates remained similar to previous years, with nearly 3 in 10 Texans experiencing some level of food insecurity over the past 12 months (29%). This includes 13% of respondents who said their household sometimes or often did not have enough to eat over the past 12 months. Food insecurity has a wide-reaching impact on those affected: 89% of Texans that experienced food insecurity over the past year reported health implications for themselves or a household member. Results also showed the wide reach of the Supplemental Nutrition Assistance Program. Forty-three percent of Texas adults said at least one household member had benefited from SNAP benefits at some point in their life. Among those who had never personally received SNAP benefits, 1 in 3 knew someone close to them who had (33%). In all, 62% of Texans have a connection to the program, with their household or a close friend receiving SNAP benefits at some point.

Texans are widely supportive of government programs aimed at improving the health of Texans and are concerned about recent cuts to federal funding for many of these efforts. Favorability of

¹<https://www.kff.org/state-health-policy-data/state-indicator/adults-19-64/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Uninsured%22,%22sort%22:%22desc%22%7D>

Medicaid and Medicaid expansion remains consistent and high in the state, with 7 in 10 Texans favoring the program and the same proportion favoring expansion. Texans also express a desire for similar programs and efforts, with majorities supporting a variety of proposed health-related programs and favoring state and local health agencies playing a role in diabetes prevention, maternal health outcomes, food access efforts, and non-medical factors related to health.

Health Insurance Access and Costs

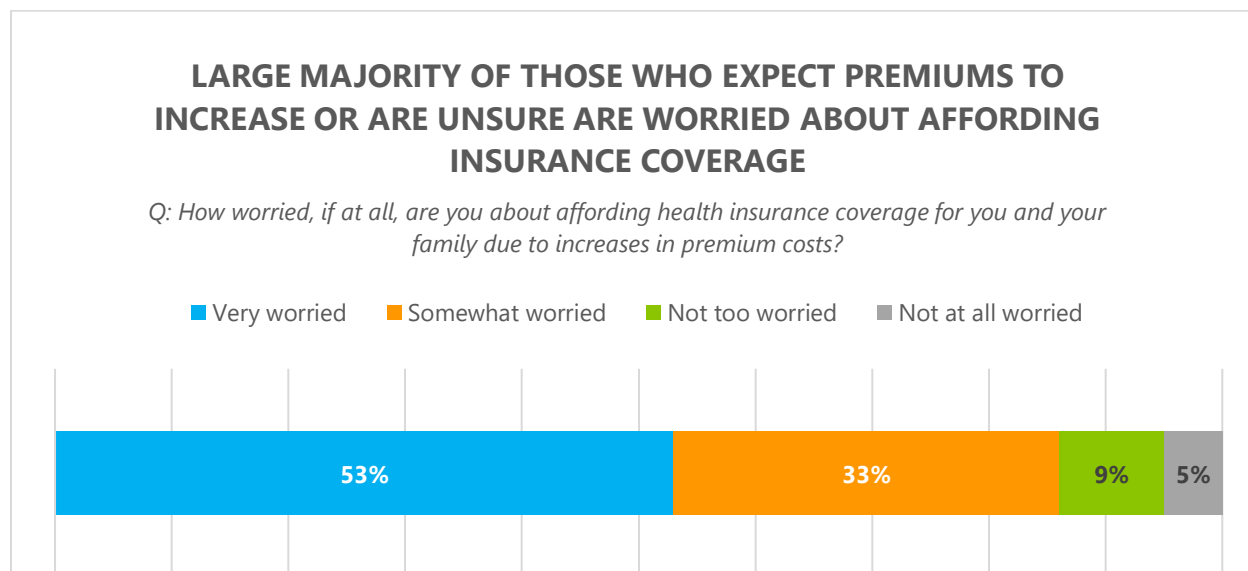
Experience with the Health Insurance Marketplace

The 2025 Texas Health Tracking Survey was fielded in October and November 2025 as open enrollment for Marketplace plans began and major debates in Congress about extending enhanced premium subsidies resulted in a 43-day government shutdown. When open enrollment closed on December 15, 2025, Congress had still not passed legislation to extend the enhanced premium subsidies.

Recent data from KFF estimates that nearly 4 million Texans are on a marketplace plan and projects that about 1.3 million of them will become uninsured in 2026 due to the expiring tax credits.² The current survey aligns with these estimates, with 15% of Texas adults reporting that they are currently covered by a marketplace plan. Additionally, 39% of those with a marketplace plan reported receiving premium tax credits and another 24% were unsure.

At the time of the survey, four in ten expected their health insurance premiums to increase in 2026 (41%). The same amount also said they were unsure (41%). Premium increases are a major concern for marketplace plan holders, with half saying they were very worried about being able to afford health insurance if premiums increased (53%). Another 33% said they were somewhat worried. Only 14% said they were not too or not at all worried.

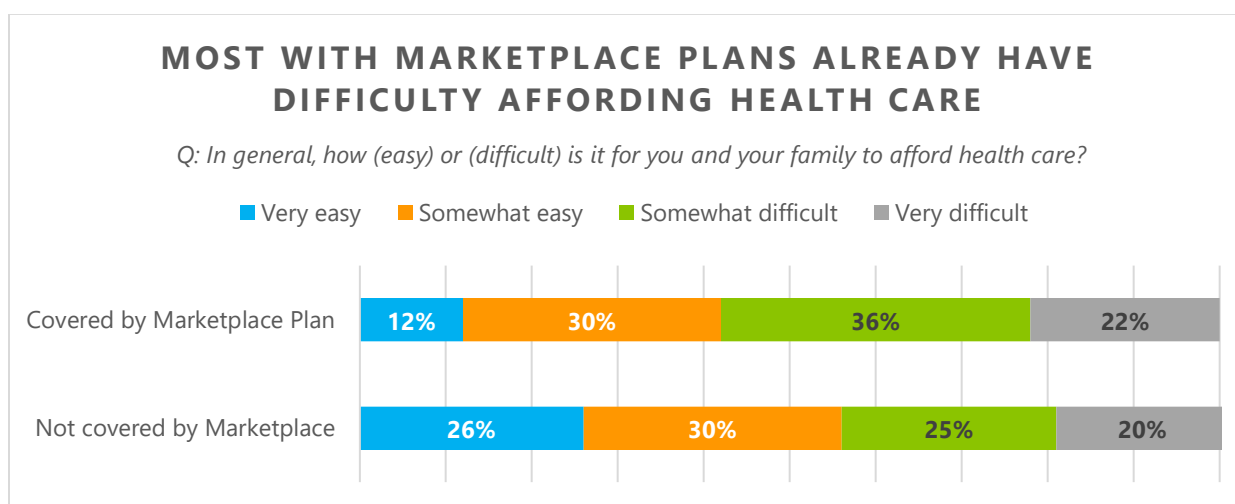
Table 01: Worry about Premium Hikes among Marketplace Enrollees Expecting Cost Increases



² (<https://www.kff.org/uninsured/how-will-the-2025-reconciliation-law-affect-the-uninsured-rate-in-each-state/>).

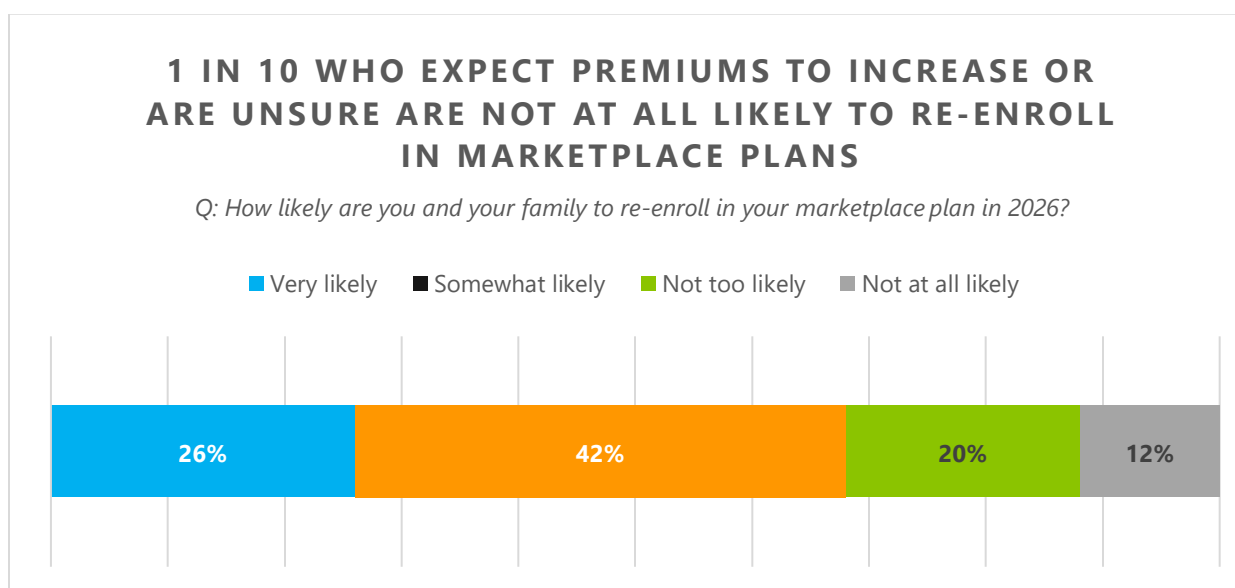
This increase comes at a time when the majority of those with marketplace coverage already find it difficult to afford health care. Fifty-eight percent of those with marketplace insurance say it is difficult to afford health care (36% somewhat difficult; 22% very difficult). This is significantly higher than the amount without a marketplace plan who say the same (45%).

Table 02: Level of Difficulty Affording Care among Marketplace Enrollees



The expected increase in cost also results in many Texans saying they would not re-enroll in marketplace coverage for 2026. Only 1 in 4 say they are very likely to re-enroll in their marketplace plan if premiums increase. One in ten Texas adults who expected an increase in premiums or were unsure said they were not at all likely to re-enroll. Another 20% said they were not too likely to re-enroll. However, a quarter say they are still very likely to enroll (26%).

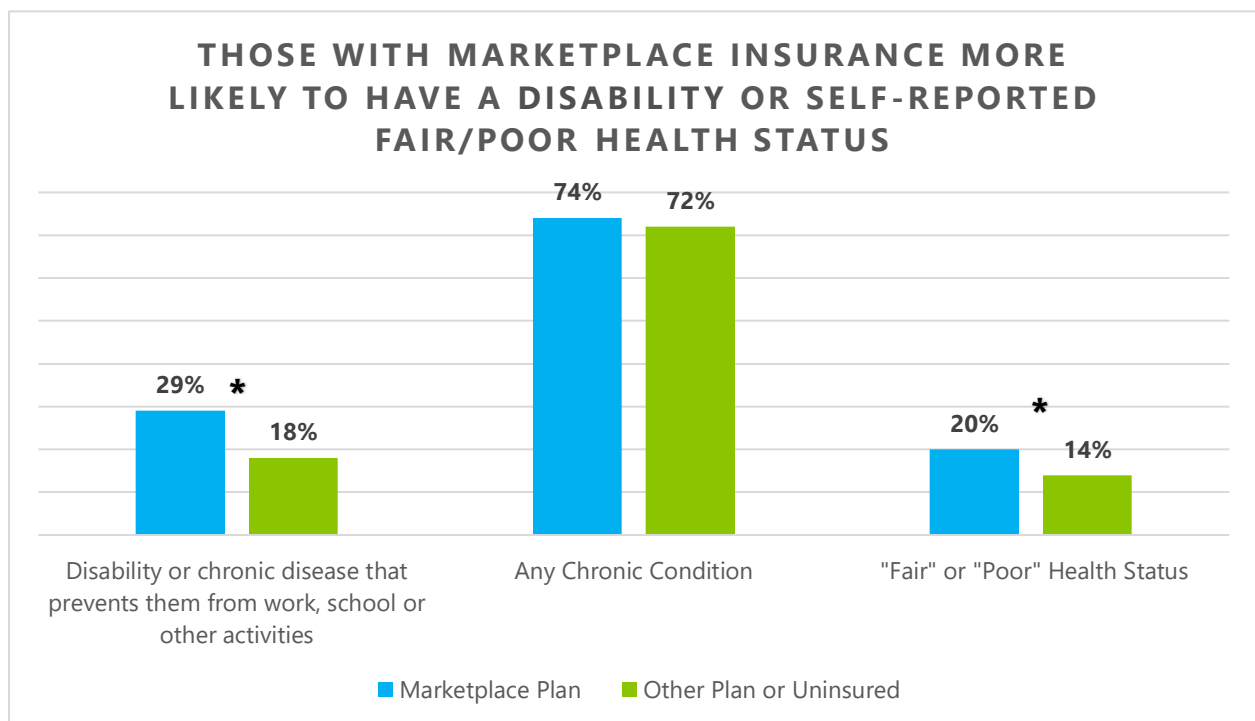
Table 03: Likelihood Marketplace Enrollees Expecting Premium Increases will Re-enroll in Plan



For most Texans covered by a marketplace plan, they have no other choices for insurance coverage. Seven in ten say they are not eligible for insurance through their or a spouse's employer (70%).

Additionally, the health care needs of this group make having coverage crucial. One in four Texans with marketplace coverage report having a disability or handicap that keeps them from participating fully in work, school, or other activities. This is significantly higher than the proportion of those without a marketplace plan (29% vs. 18%). Three quarters of those with marketplace insurance report having a chronic physical or mental health condition (74%). This includes 28% with diabetes or prediabetes. Moreover, Marketplace plan holders are more likely to rate their health status as "fair" or "poor" compared to those without a marketplace plan (20% vs. 14%).

Table 04: Rates of Disability, Chronic Conditions, and Health Status in Marketplace Enrollees



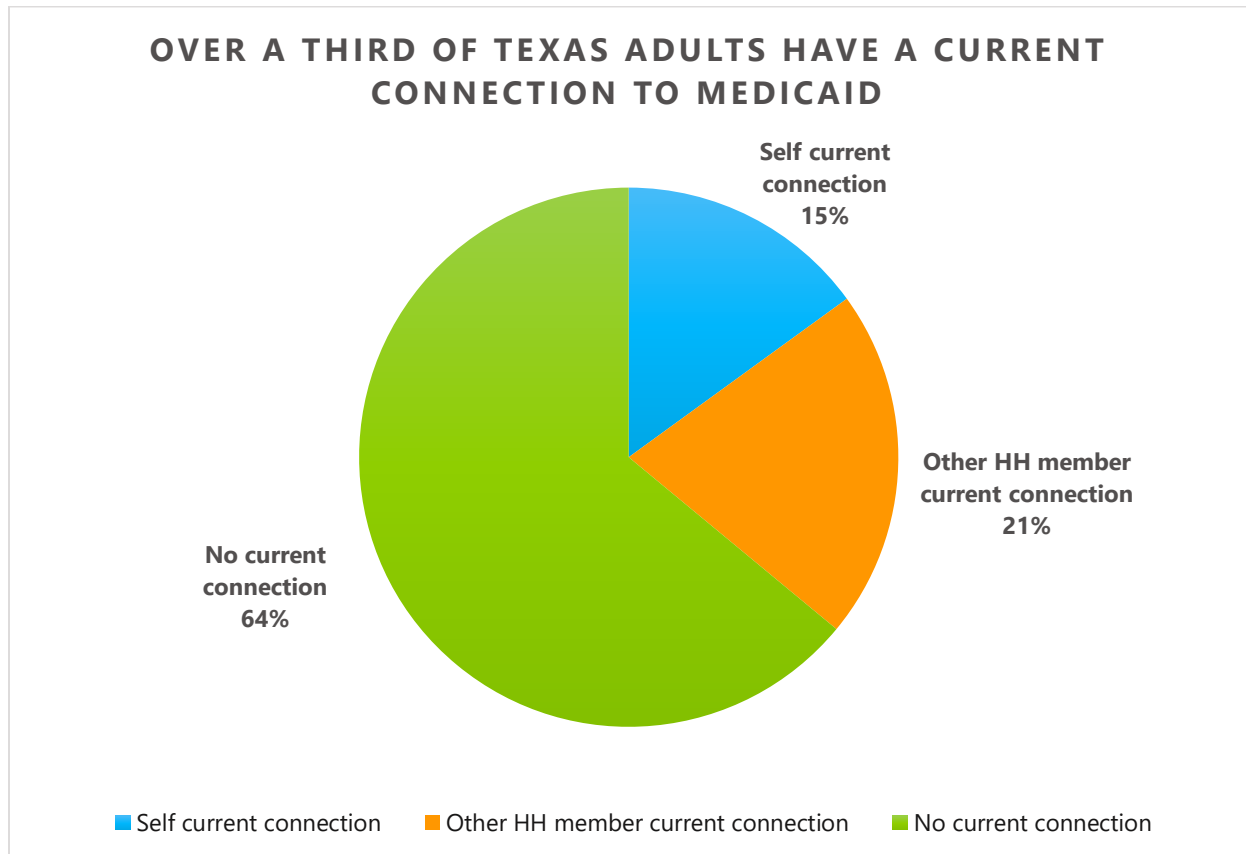
* Indicates statistically significant difference at $p < .05$

Medicaid Connection and Experiences

Like previous years, the 2025 Health Tracking Survey found that many Texans continue to rely on Medicaid for health insurance coverage and have favorable views of the program. One third of Texas adults say they or a family member have a current connection to Medicaid, meaning they or a family member receive health insurance, pregnancy-related care, home-health care, nursing

home care, or help paying Medicare premiums via Medicaid. This includes 15% who say they themselves receive some benefits through the Medicaid program.

Table 05: Current Medicaid Connection Rates among Texas Adults

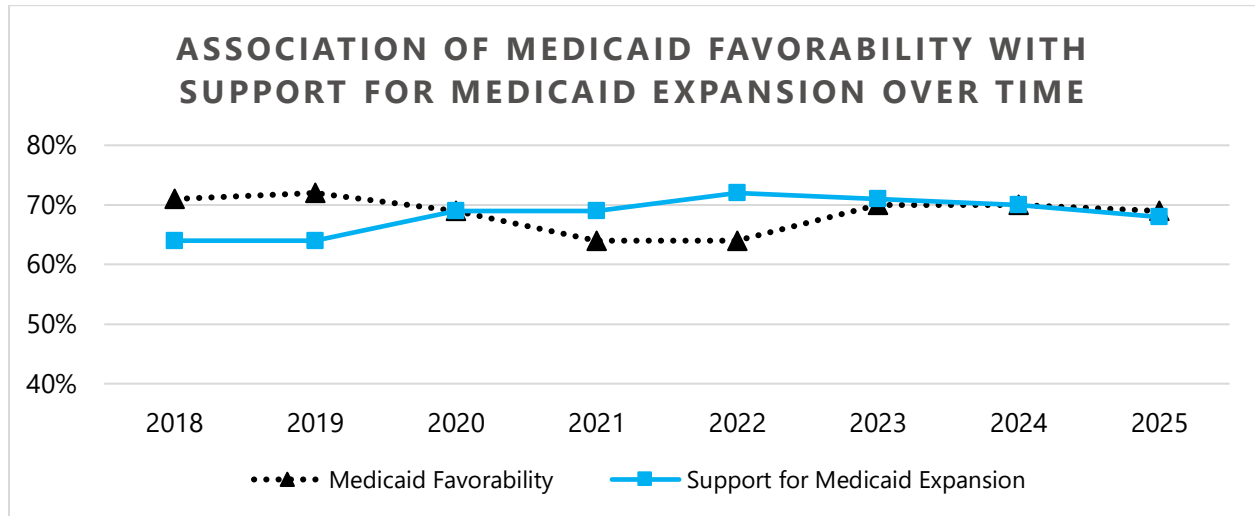


A large majority of Texas adults have a favorable opinion of Medicaid (69%). This is consistent with findings from the 2024 survey (71%). Favorability also remains high among those with and without a connection with the program. Seventy-four percent of those with a current connection have a favorable opinion, and 64% of those with no current connection have a favorable opinion.

Similarly, 68% of Texas adults support Medicaid expansion to cover more low-income adults under the ACA. This is also consistent with the 2024 survey where 70% supported expansion. Seventy-eight percent of those with a current connection support Medicaid expansion, 71% of those with a past connection support expansion and 61% with no current connection support expansion.

Moreover, seven in ten say the Texas state government is not doing enough to make sure low-income adults can get the health care they need (70%).

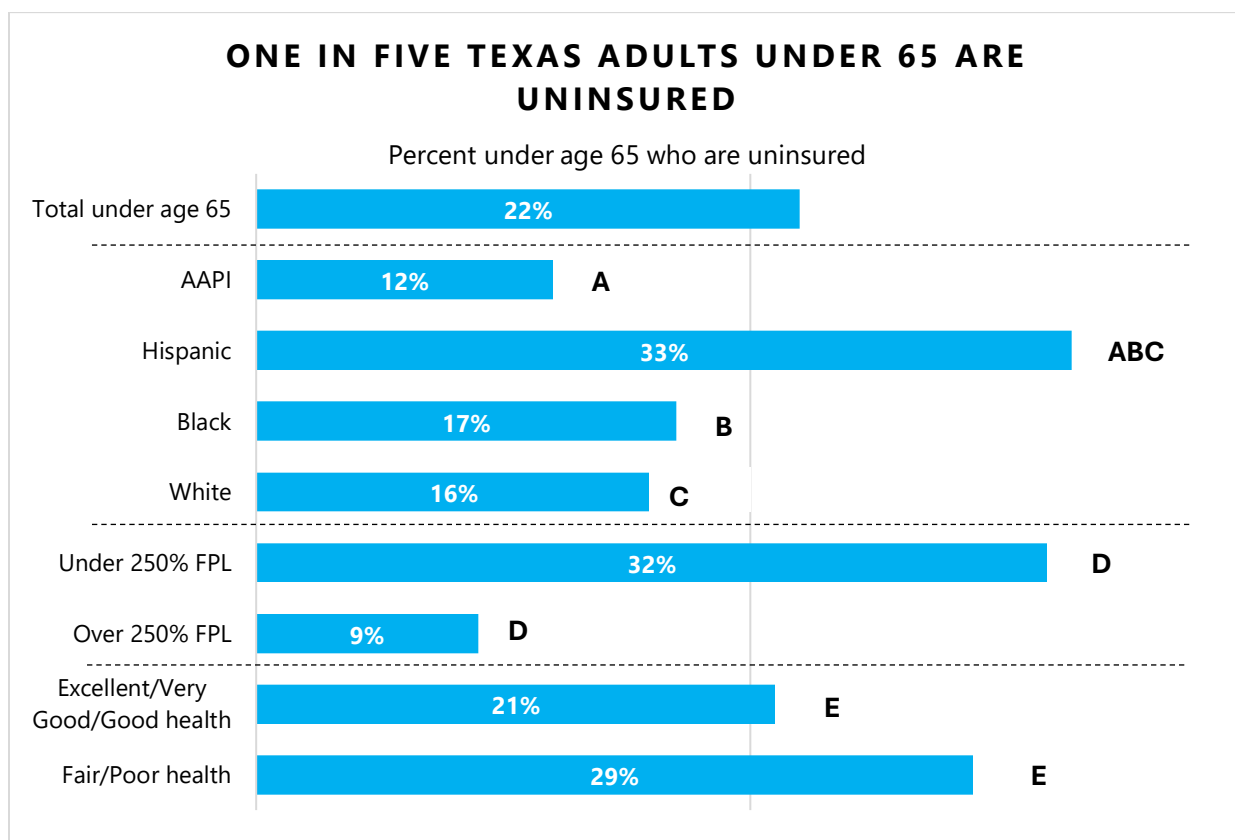
Table 06: Medicaid Favorability and Medicaid Expansion Support 2018-2025



Experiences of Uninsured Texans

More than one in five Texas adults under age 65 report being uninsured (22%). Those with lower levels of education attainment, lower incomes, and Hispanic residents are more likely to be uninsured. Additionally, those with self-reported fair or poor health are also more likely to be uninsured compared to those who report being in excellent, very good or good health.

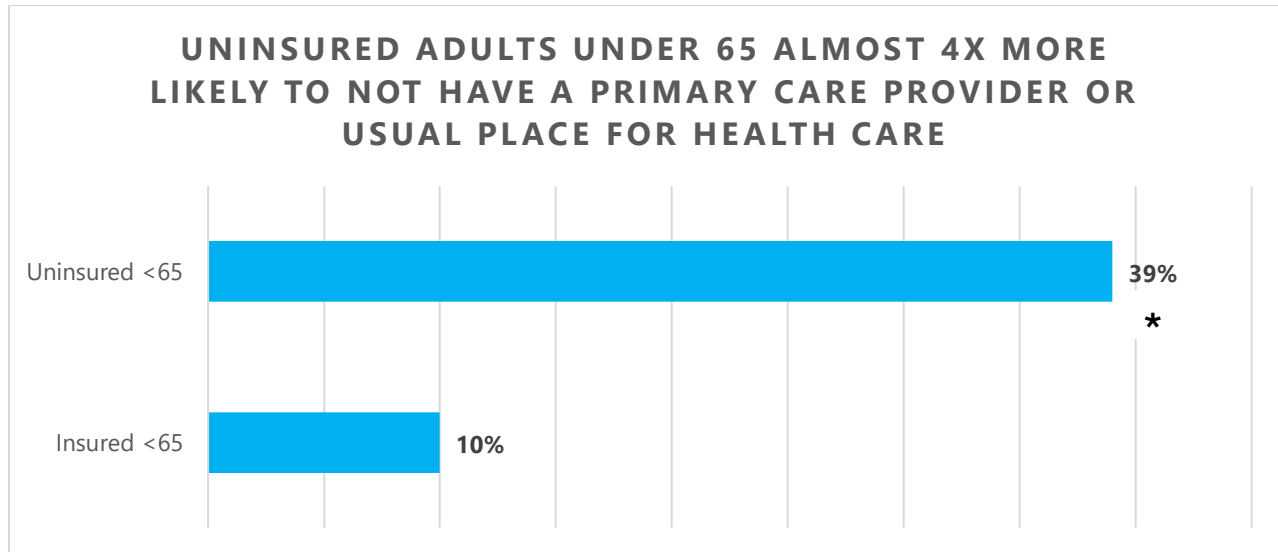
Table 07: Uninsurance Rates in Texas Adults Under 65 Years Old



Note: Bars with the same letter indicate a statistically significant difference at $p < .05$

Lack of health insurance impacts access to continuous care. Uninsured adults are less likely to have a usual source of health care compared to insured adults. Just under four in ten uninsured Texas adults under 65 do not have a primary care provider or usual place to get health care (39%). In comparison, just 10% of insured adults under age 65 say they do not have a usual place to get health care.

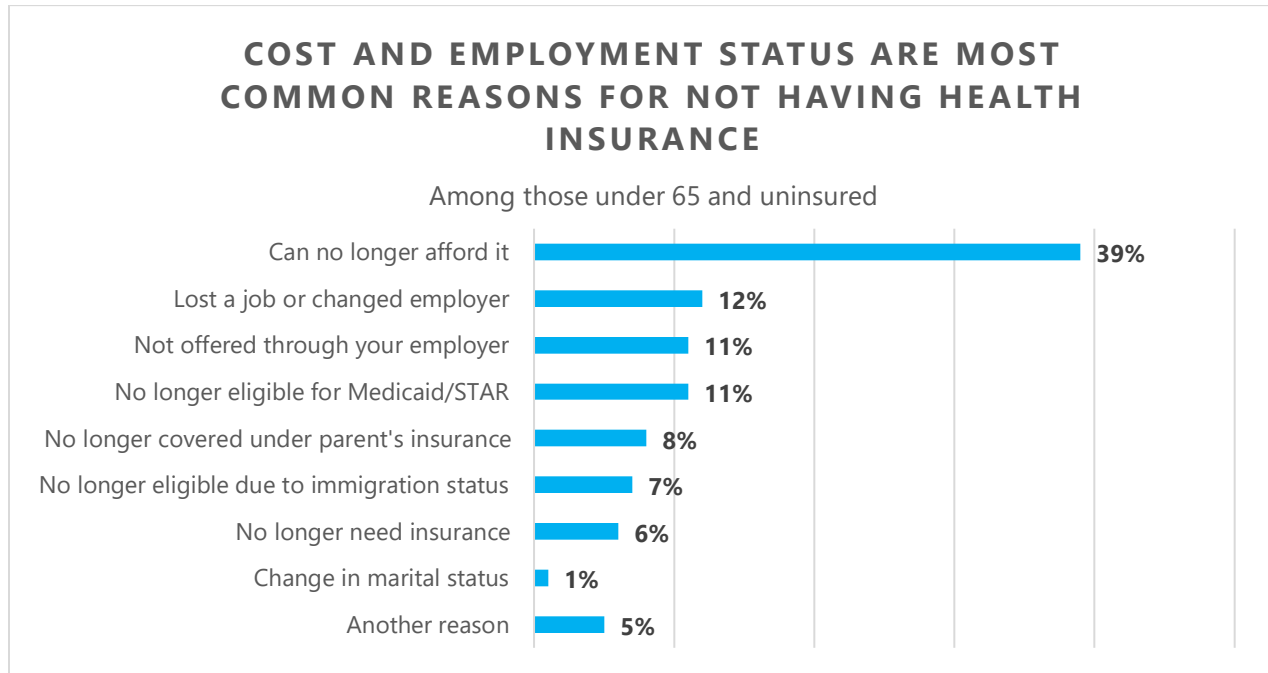
Table 08: Proportion of Texan Adults Under 65 Years Old with a Usual Source of Care



** Indicates statistically significant difference at $p < .05$*

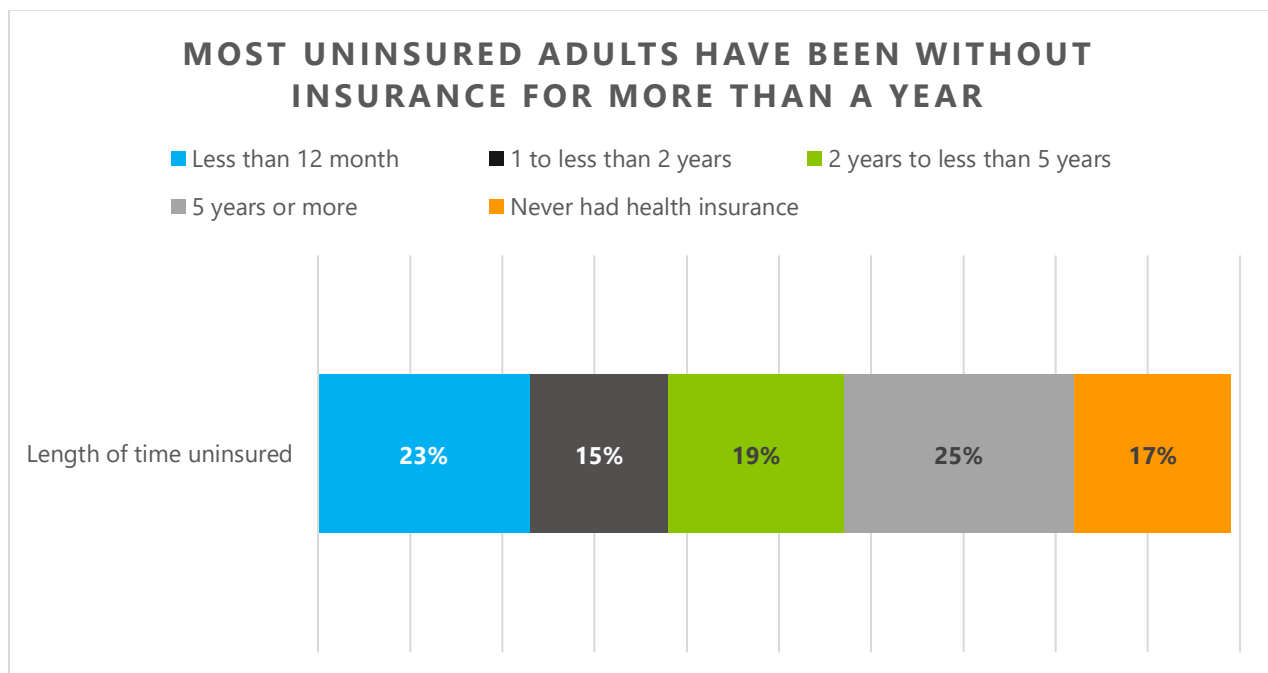
Most uninsured adults under 65 are employed (63%) either full-time (46%) or part-time (17%). However, the majority are also not eligible for insurance through their or a spouse's employer (68%). Despite maintaining employment, many working Texans that do not receive insurance through their employer cite cost as a significant barrier to coverage. Nearly 4 in 10 uninsured adults under 65 say they cannot afford insurance coverage. The next two most common reasons were employment related. Twelve percent say they lost a job or changed employer and 11% say their employer does not offer health insurance.

Table 09: Primary Reason for Uninsurance among Texan Adults Under 65 Years Old



Most uninsured adults have been without coverage for a year or more (77%) indicating that insurance coverage is a constant issue for many in the state. Less than a quarter of uninsured adults under 65 say they have been uninsured for less than a year (23%).

Table 10: Length of Uninsurance among Texan Adults Under 65 Years Old

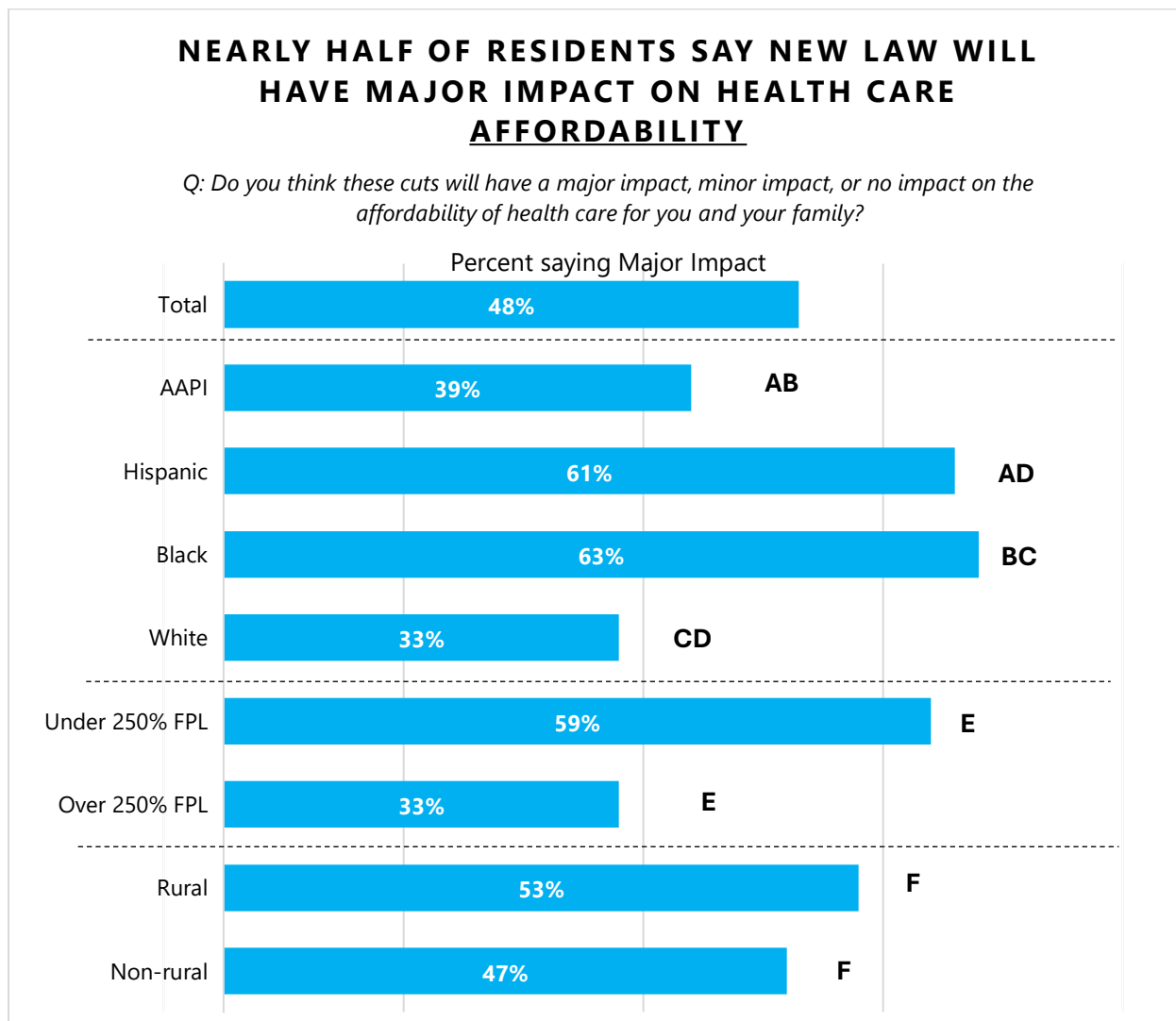


Health Care Affordability and Access Under New Federal Laws

The 2025 Reconciliation Law (formerly called the “One Big Beautiful Bill Act”), which was signed into law in July 2025, will result in significant changes to Medicaid coverage and Marketplace insurance plans.

Almost two-thirds of Texans say the new law will have a major impact on the affordability of health care for Texans (65%), and nearly half say it will have a major impact on them and their family specifically (48%). Hispanic and Black Texans as well as lower income and rural adults are more likely to report that the cuts will have a major impact on health care affordability for their families.

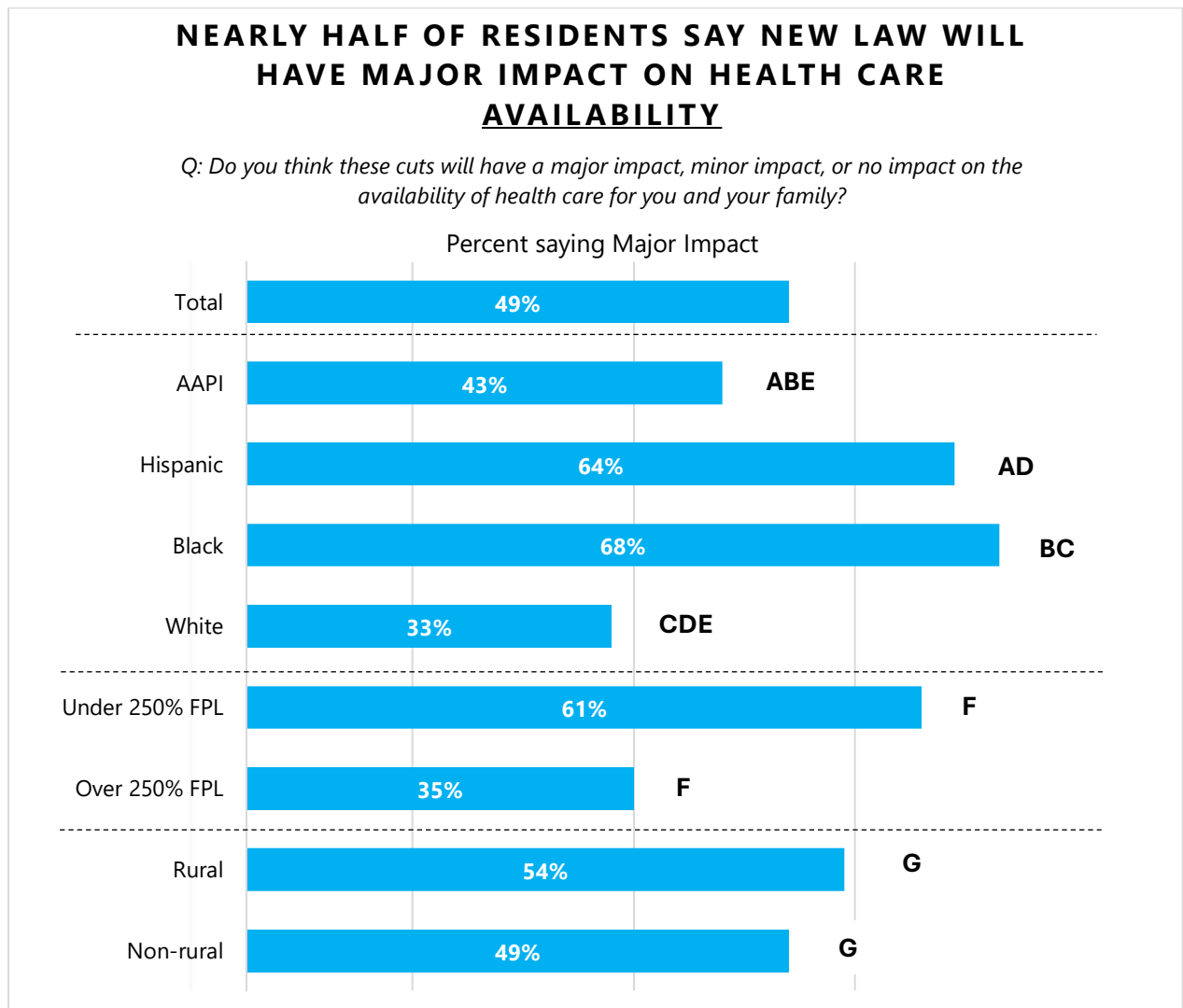
Table 11: Anticipated Impact of Federal Spending Cuts on Affordability of Health Care



Note: Bars with the same letter indicate a statistically significant difference at $p < .05$

In addition to affecting the affordability of care, the July 2025 law will also impact many hospitals and health care facilities that depend on Medicaid dollars for their operating expenses. This will mostly impact areas that are already underserved, such as rural and low-income areas. With upcoming federal cuts, these facilities may need to cut services or close altogether. Nearly half of Texans think these cuts will have a major impact on the availability of hospitals, clinics, and other healthcare facilities for them and their family (49%). Rural adults, Black and Hispanic adults, and lower income residents are also more likely to say the new law will have a major impact on the availability of health care facilities for them and their families.

Table 12: Anticipated Impact of Federal Spending Cuts on Availability of Health Care

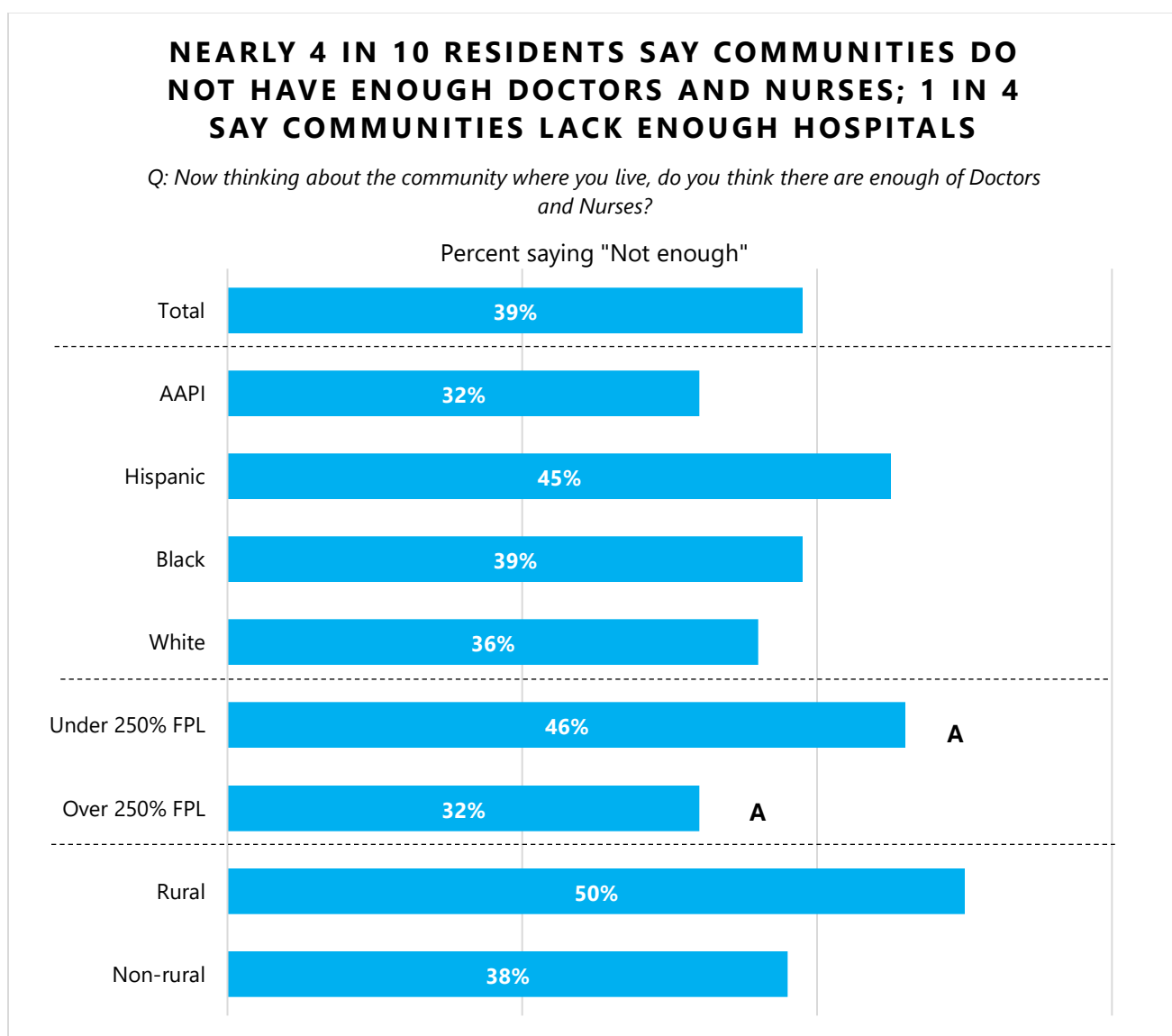


Note: Bars with the same letter indicate a statistically significant difference at $p < .05$

Current Issues with Access to Health Care

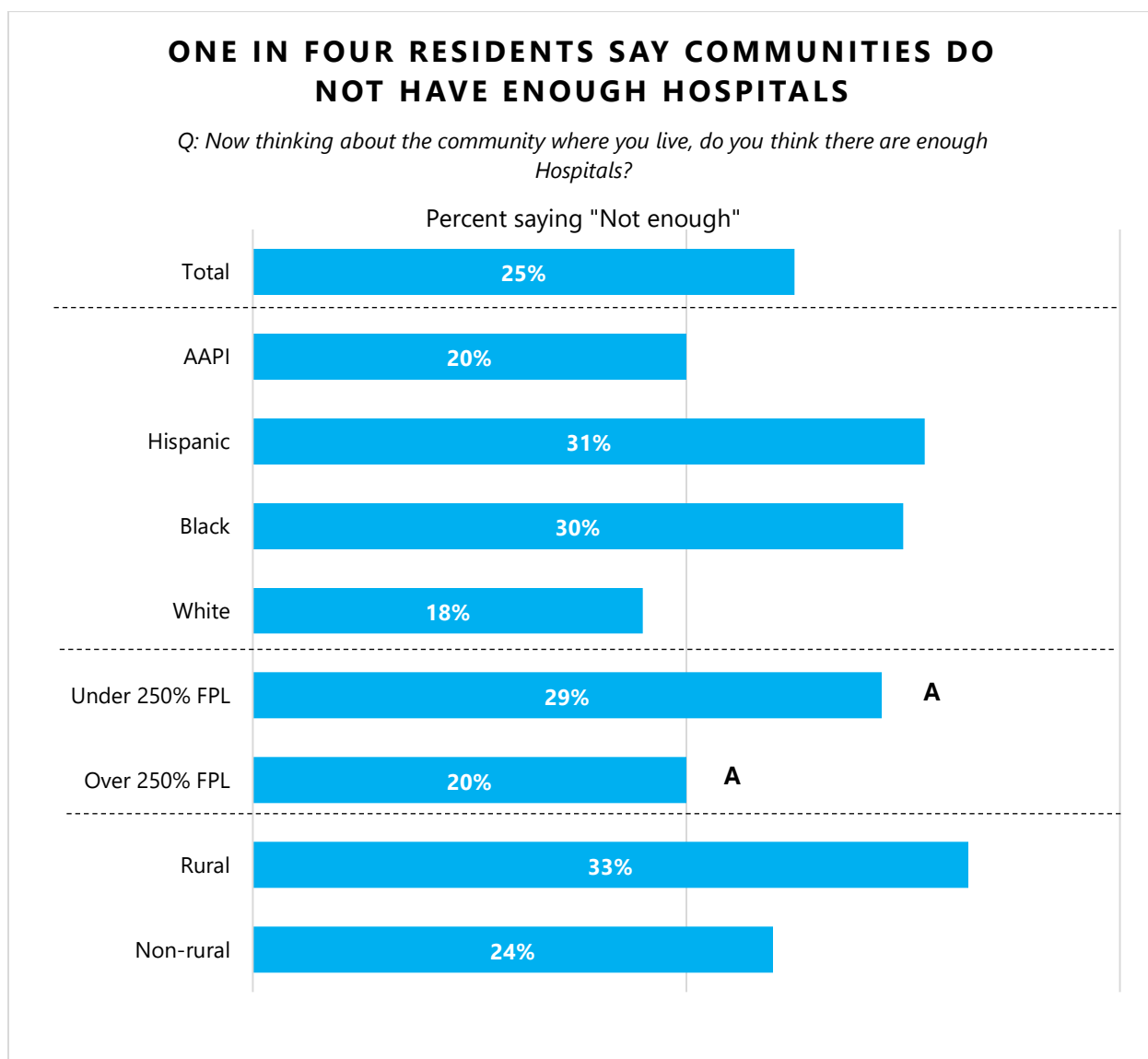
Even before these upcoming federal cuts to health care, Texas residents already experience issues accessing health care. Just under four in ten say there are not enough doctors and nurses in their community (39%), and a quarter say there are not enough hospitals (25%). Residents with incomes under 250% FPL are more likely to say their communities do not have enough doctors, nurses, and hospitals. Seventeen percent of Texans do not have a usual source of care, with 6% citing the emergency room and 11% citing no usual place at all. An additional 12% rely primarily on urgent care centers for their usual medical care.

Table 13: Percentage of Texas Adults Who Say Their Community Lacks Enough Nurses



Note: Bars with the same letter indicate a statistically significant difference at $p < .05$

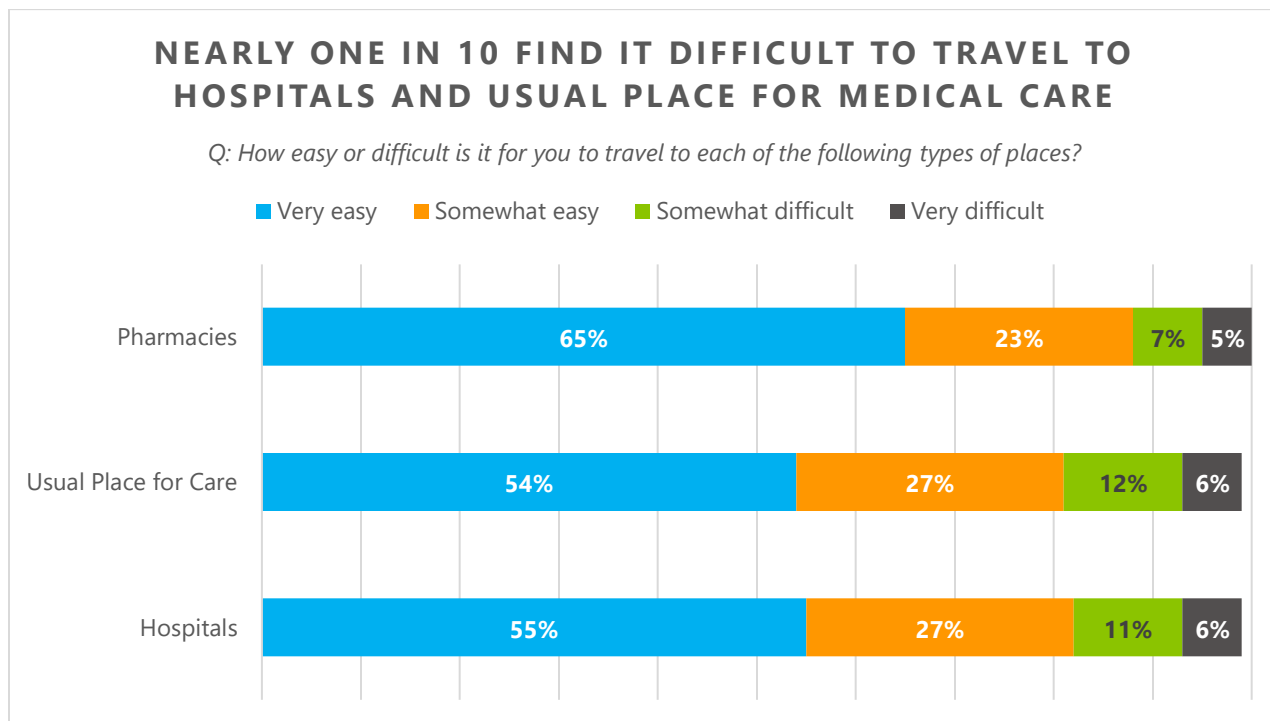
Table 14: Percentage of Texas Adults Who Say Their Community Lacks Enough Hospitals



Note: Bars with the same letter indicate a statistically significant difference at $p < .05$

Along with the lack of available healthcare facilities and providers, many Texans also face difficulty traveling to places to get care. One in ten say it is difficult to travel to a pharmacy (12%). Nearly two in ten say it is difficult to travel to a hospital (17%). A similar number also say it is difficult to travel to the place where they normally get medical care (18%). Those without a usual source of care are significantly more likely to report difficulty traveling to a pharmacy (17%) or hospital (24%).

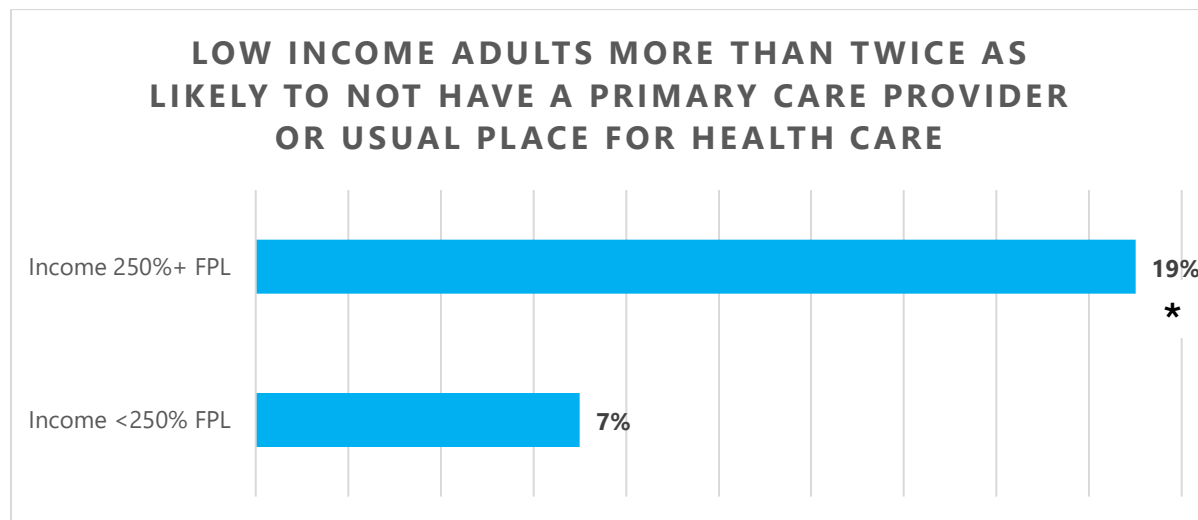
Table 15: Level of Difficulty Getting to Pharmacies, Hospitals, and Usual Place of Care



Income is the largest driver for difficulty getting to a place to receive care. While just 8% of those with income over 250% FPL say it is very or somewhat difficult to travel to the place where they usually get medical care, more than three times as many Texas adults with incomes under 250% FPL report this difficulty. Access to reliable transportation may contribute to this. Half of those with income under 250% FPL say it is difficult to afford gasoline or other transportation costs. Additionally, 58% of those with income under 250% FPL say their community does not have enough public transportation.

Low income also impacts access to a continued source for primary care. Nearly two in ten adults with income under 250% FPL do not have a primary care provider or usual place for care (19%). In comparison, just 7% of adults with income over 250% FPL do not have a primary care provider or usual source for care.

Table 16: Level of Difficulty Getting to Pharmacies, Hospitals, and Usual Place of Care

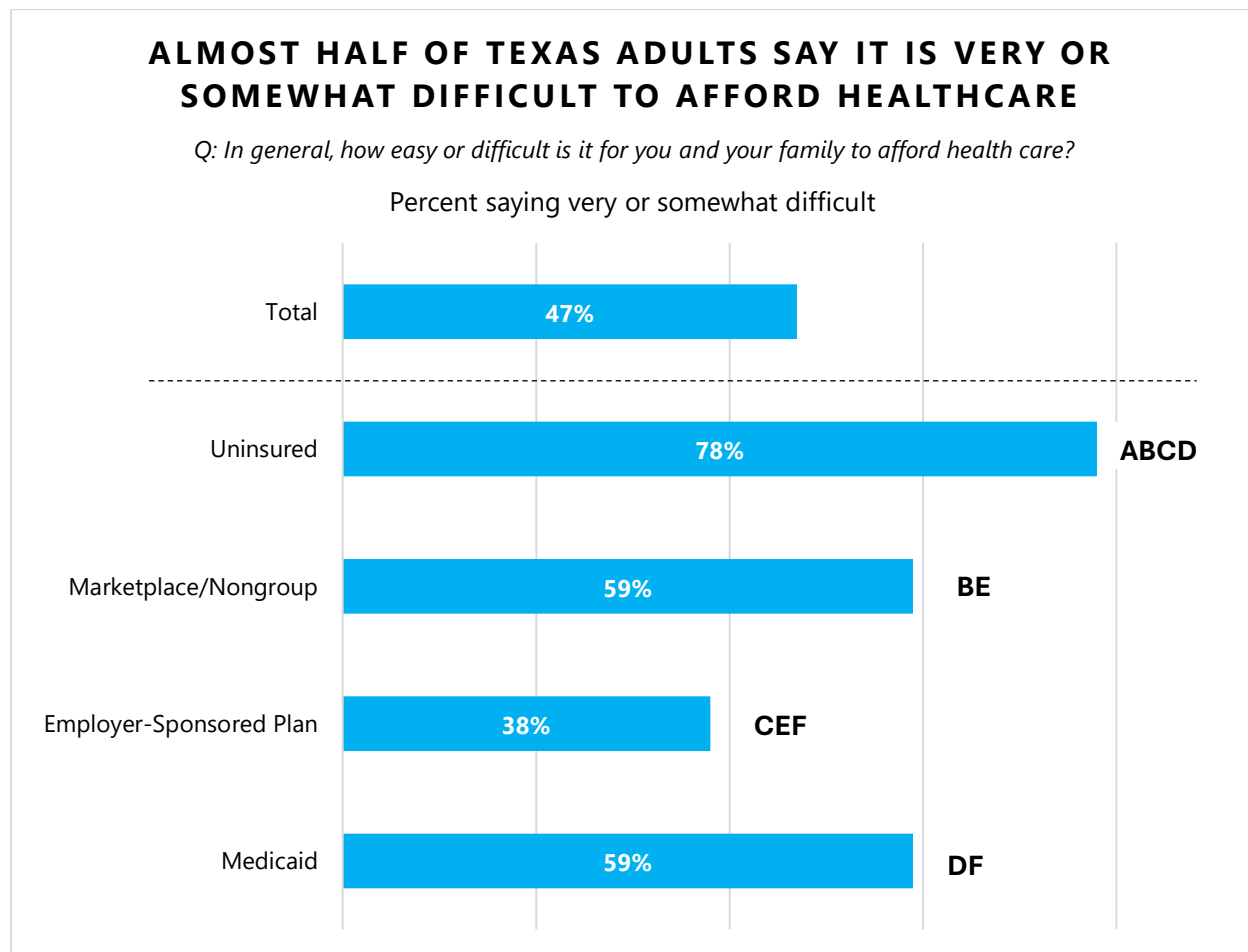


**Statistically significant at $p < .05$*

Affordability of Care

A major barrier to accessing health care for many in Texas is affordability. Nearly half of Texas adults say it is difficult to afford health care (47%; 20% very difficult; 20% somewhat difficult). Affording health care is most difficult for those who are uninsured, Medicaid recipients, and those with marketplace plans.

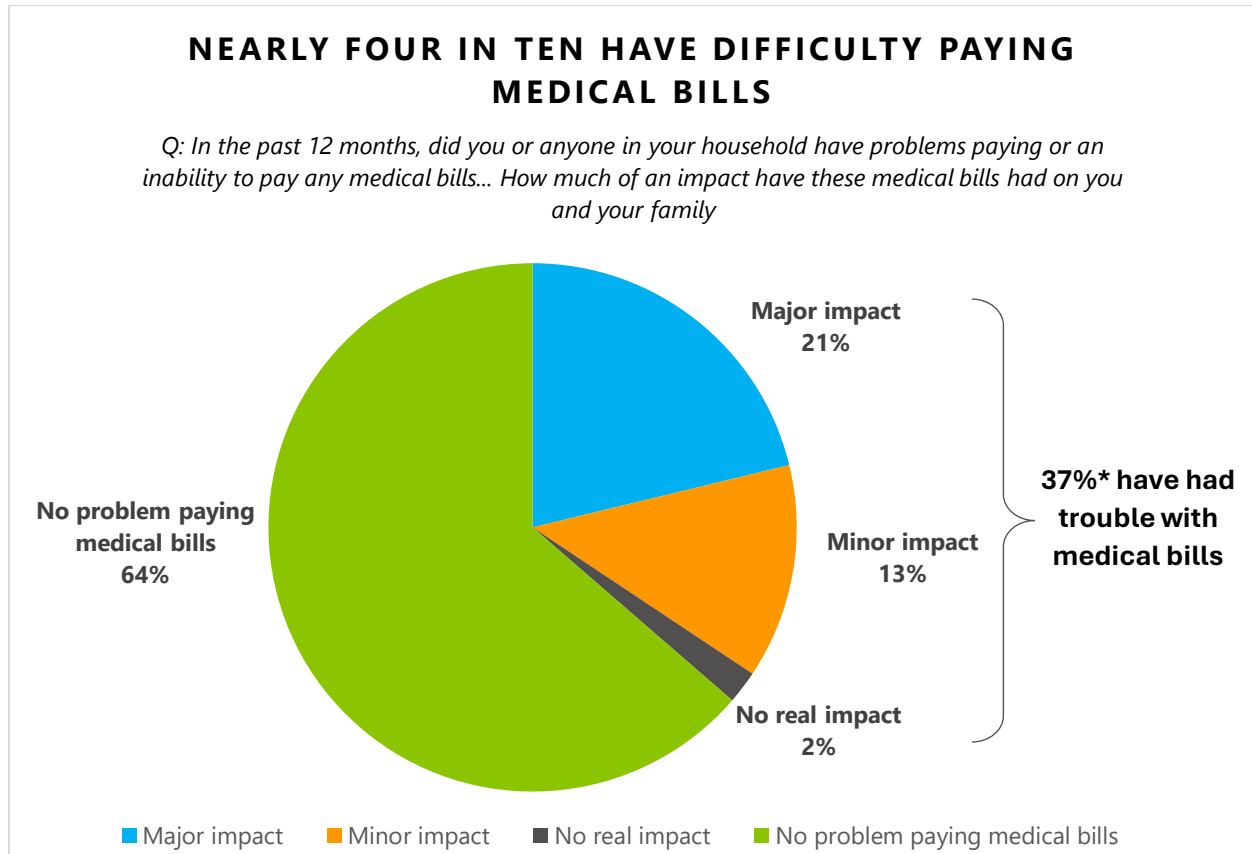
Table 17: Level of Difficulty Affording Health Care by Insurance Type



Note: Bars with the same letter indicate a statistically significant difference at $p < .05$

Nearly two in five Texas adults say they have had problems paying medical bills in the past 12 months (37%). For 21% of Texas adults, unaffordable medical bills have had a major impact on their family.

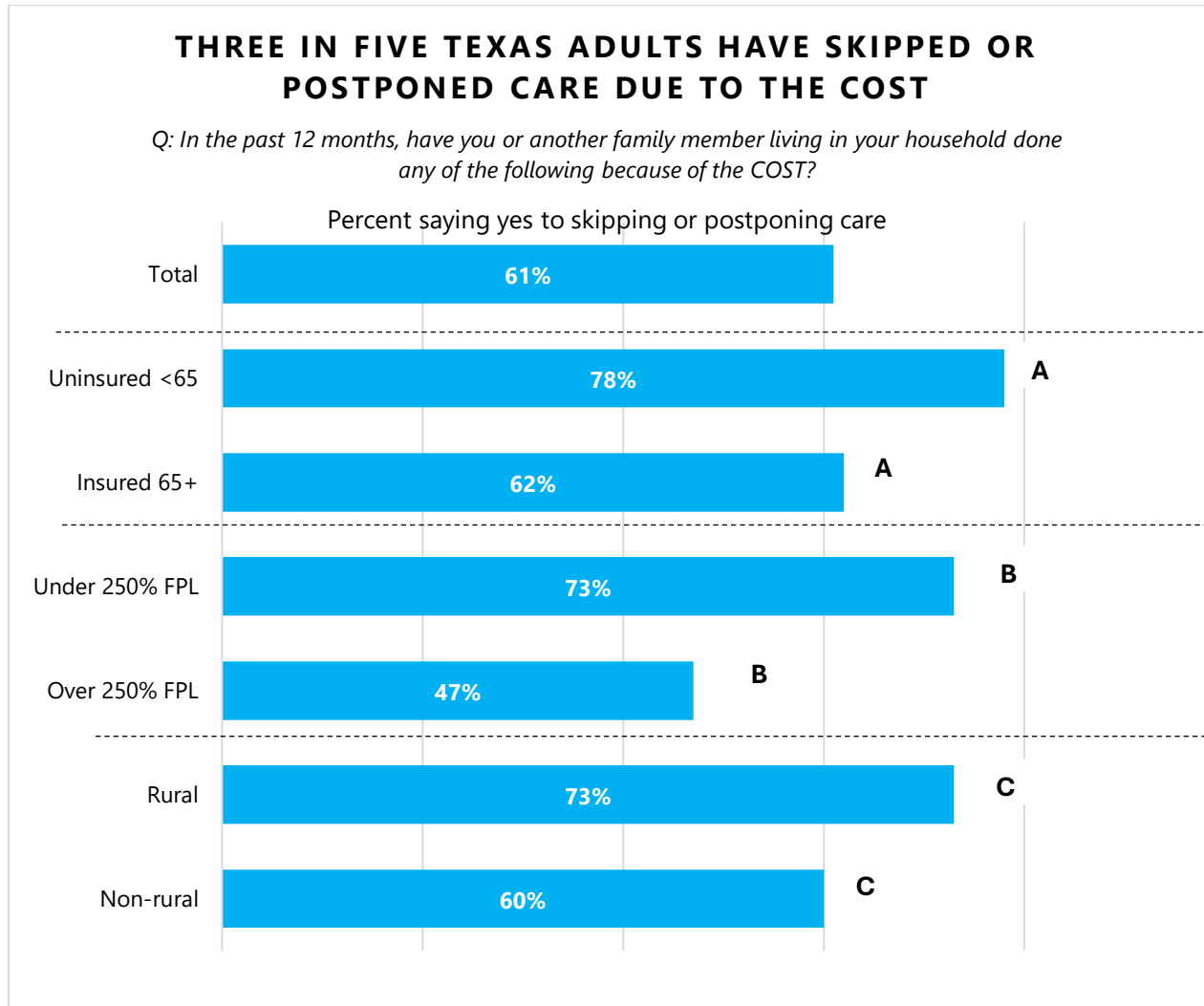
Table 18: Percentage of Texas Adults Who Had Difficulty with Medical Bills by Level of Impact



**This percent adds up higher than the sum of its parts due to rounding*

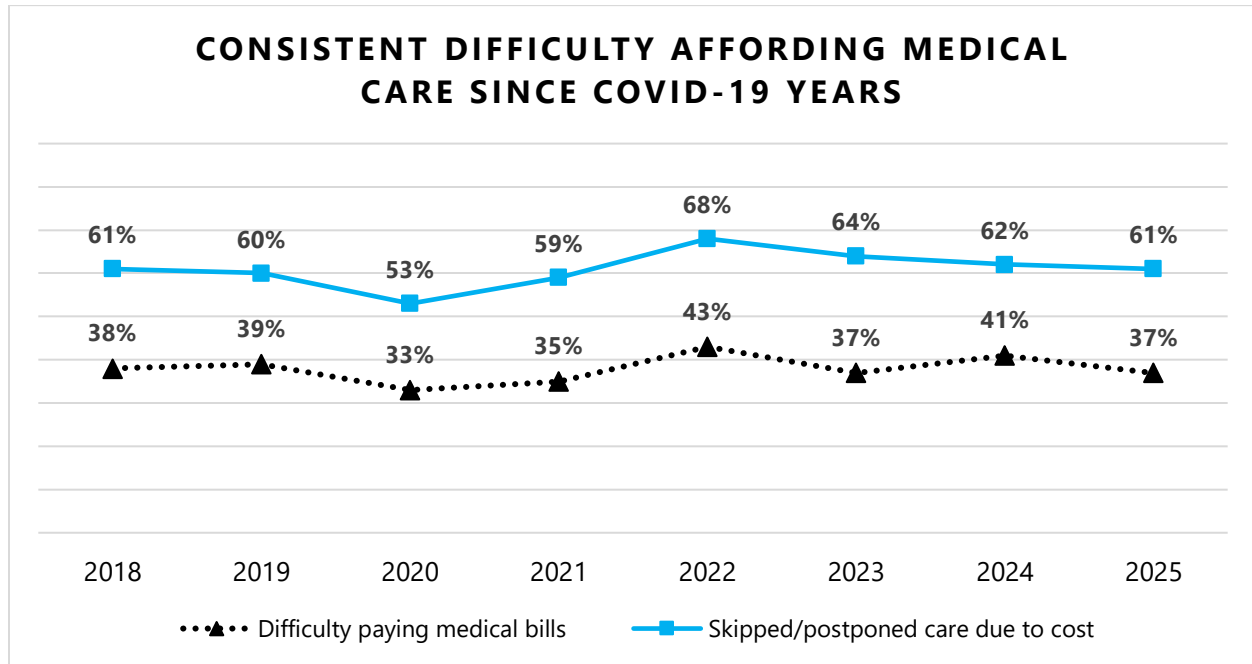
Additionally, most Texans have foregone health care at some point in the last 12 months due to the cost, with sixty-one percent saying they have skipped or postponed health care due to the cost in the past year (61%). This proportion is consistent from prior years. Rural adults, low-income residents, and uninsured adults are more likely to have skipped care in the last 12 months due to the cost.

Table 19: Percentage of Texas Adults Who Skipped or Postponed Care Due to Cost



This difficulty affording health care and skipping medical care due to costs is consistent with pre-COVID-19 numbers. While there was a noticeable decrease during the height of the pandemic in 2020, there was then a sharp uptick in 2021 and 2022. Since then, levels have been relatively stable. The spike during and right after the COVID-19 pandemic was likely due to residents not seeking care unless it was urgently needed to avoid putting further strain on the health care system or risking exposure. Additionally, COVID-era policies paused redetermination of Medicaid eligibility resulting in more people briefly being covered by the program. Unwinding of these policies began in April 2023, which may affect the affordability of care for many people losing Medicaid coverage.

Table 20: Proportion of Texas Adults Struggling with Medical Bills or Foregoing Care 2018-2025

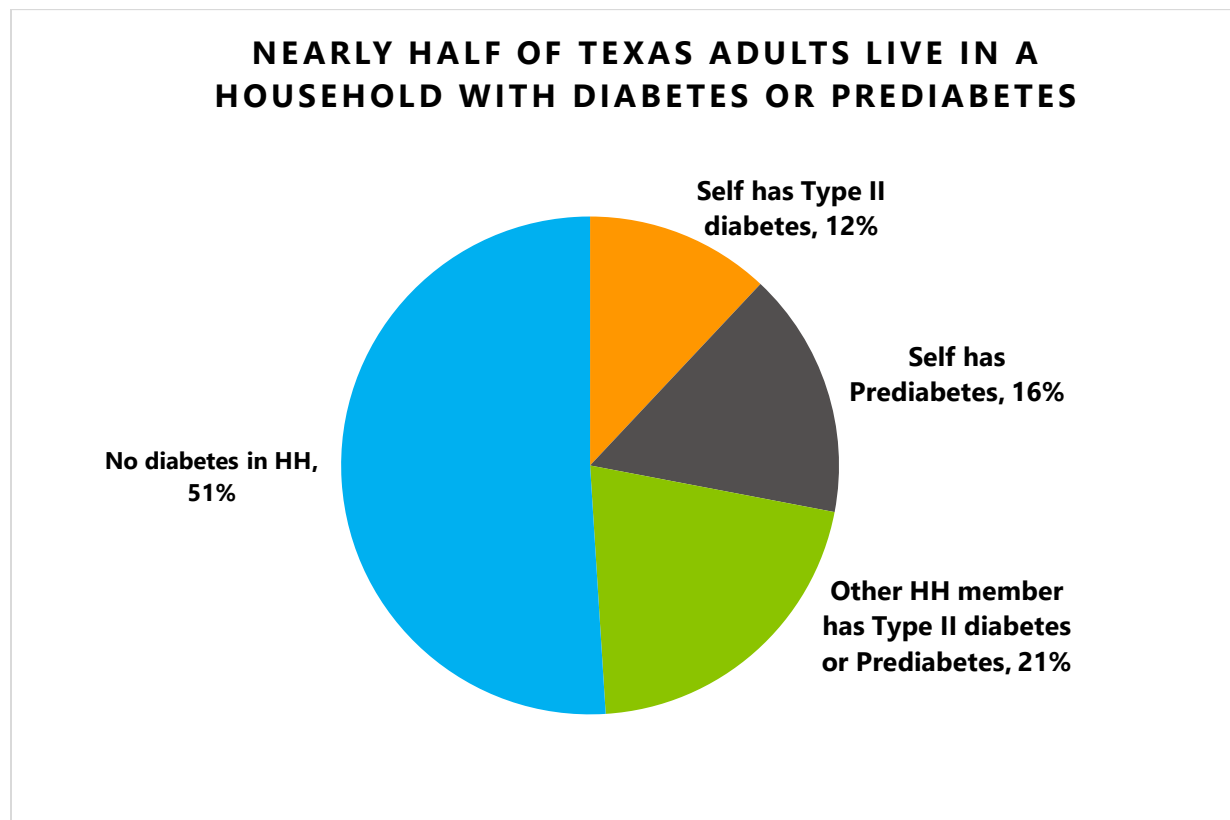


Major Health Issues in Texas

Diabetes and Prediabetes

More than three quarters of Texans view diabetes and prediabetes as a major problem in the state (76%), with another 22 percent viewing it as a minor problem. The high level of concern over diabetes reflects the significant percentage of households that have a connection to diabetes or prediabetes. Almost half of Texas households report they or someone in their household has diabetes or prediabetes (49%). This includes 12% who personally have diabetes and another 16% with prediabetes.

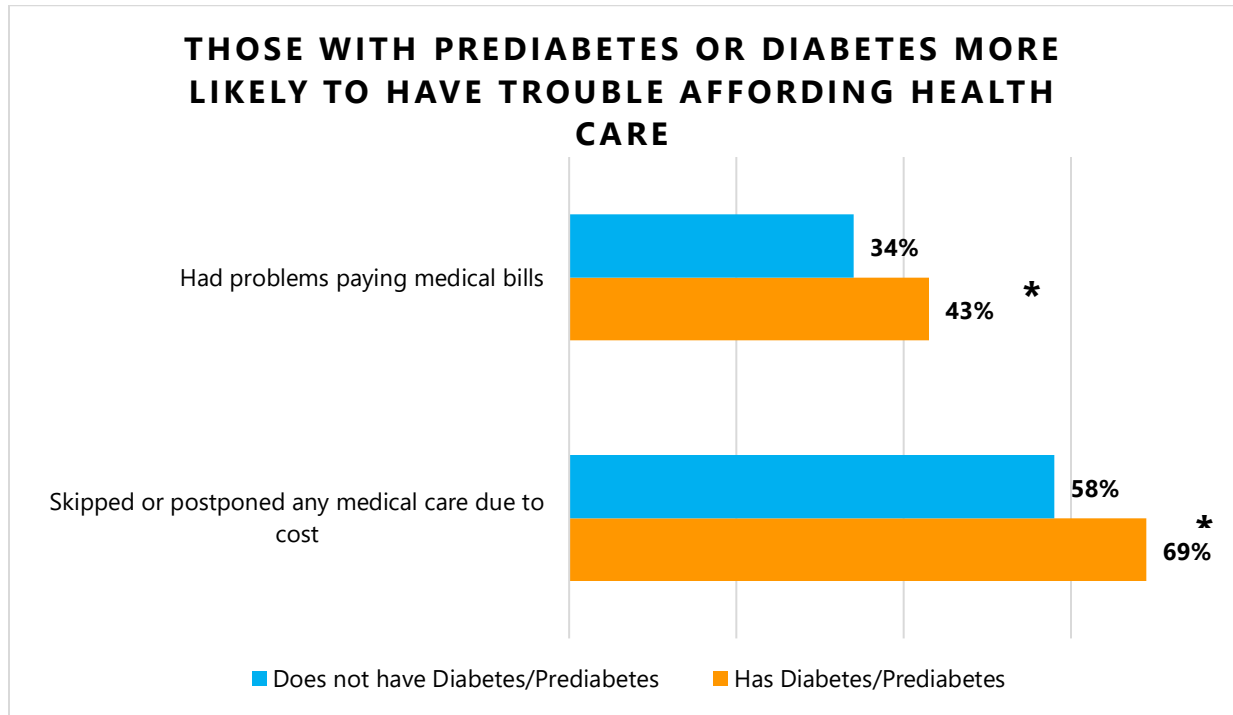
Table 21: Rates of Diabetes and Prediabetes among Households in Texas



Type II diabetes and prediabetes experience is prevalent across socioeconomic characteristics. Similar percentages of adults across income, rurality and educational attainment have prediabetes and Type II diabetes.

While there are similar numbers of adults with prediabetes and diabetes across income levels, those with these conditions are more likely to report issues with health care affordability. About a quarter of adults with prediabetes or diabetes say they have skipped or postponed health care due to the cost (69%) compared to 58% of those without prediabetes or diabetes. Similarly, 43% of those with these conditions say they have had problems paying medical bills compared to 34% of those without these conditions.

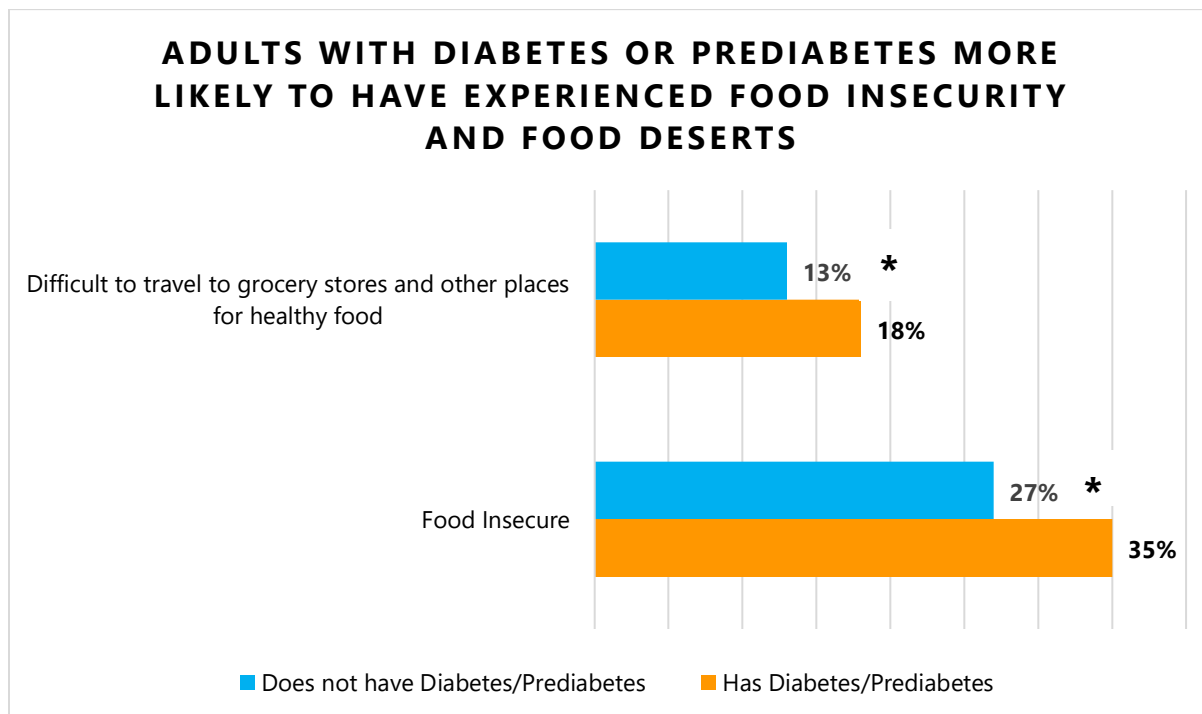
Table 22: Proportion of Texas Adults Struggling with Medical Bills or Foregoing Care by Diabetes/Prediabetes Status



**Statistically significant difference at $p < .05$*

Amidst these issues affording health care, those with prediabetes and diabetes also find it difficult to maintain lifestyle changes to manage their condition. Half of those with Type II diabetes say it is difficult to make lifestyle changes (50%) and 47% of those with prediabetes say the same. This difficulty making lifestyle changes may be associated with non-medical factors such as food insecurity and difficulty travelling to grocery stores and other places for fresh and healthy food. Over a third of adults with prediabetes or diabetes say their household has experienced food insecurity at some point (35%) compared to 27% of those without these conditions. Additionally, more adults with these conditions are more likely to say it is difficult to travel to grocery stores and places for healthy food (18% vs. 13%).

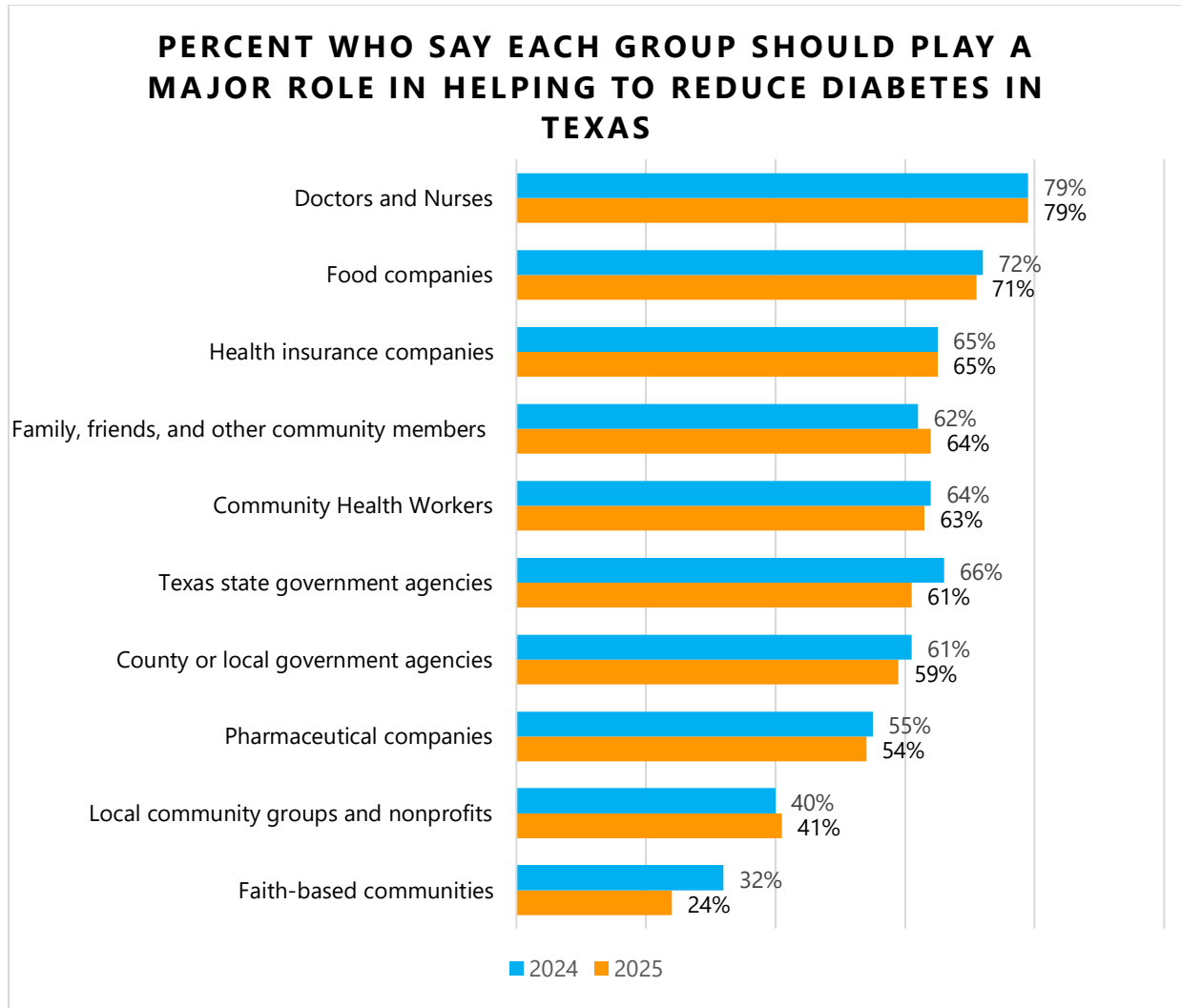
Table 23: Rate of Food Insecurity by Diabetes/Prediabetes Status



**Statistically significant difference at $p < .05$*

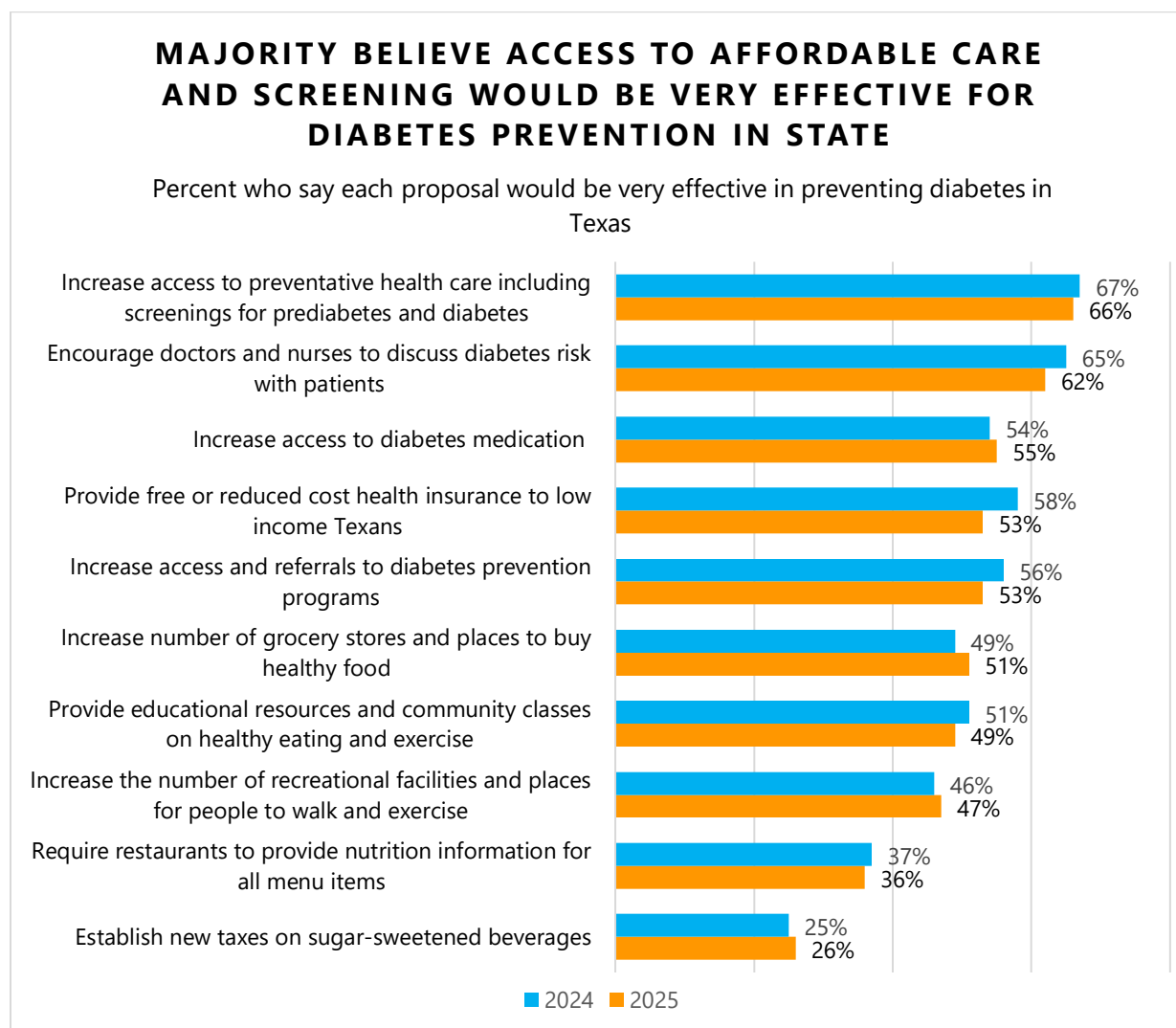
When it comes to the groups and organizations in the state that may have an impact on reducing rates of diabetes, the majority of Texas residents believe that doctors and nurses (79%), food companies (71%), health insurance companies (65%), family and friends (64%), community health workers (63%), Texas state government agencies (61%), county and local government agencies (59%), pharmaceutical companies (54%) should all have a major role. The only groups that did not have majority say they should play major role are local community groups and nonprofits (41%) and faith-based communities, churches, or congregations (24%). These results speak to the support for large institutional and public sector solutions to the issue. These results are consistent with the 2024 wave of the Texas Health Tracking Survey.

Table 24: Who Texans Believe Should Play a Role in Diabetes Prevention, 2024 vs 2025



When asked about a number of actions officials could take to prevent diabetes in Texas, those involving expanded access to health care and screening were more likely to receive votes of being very effective actions to take. Two thirds say increasing access to preventative health care including screenings for diabetes would be very effective (66%). More than half of Texans also agree that encouraging doctors and nurses to discuss diabetes risk with patients would be very effective (62%). Fifty-five percent say increasing access to diabetes medication would be very effective. These measures have similar levels of report compared to the 2024 study.

Table 25: What Texans Think Would Be Effective in Preventing Diabetes, 2024 vs 2025



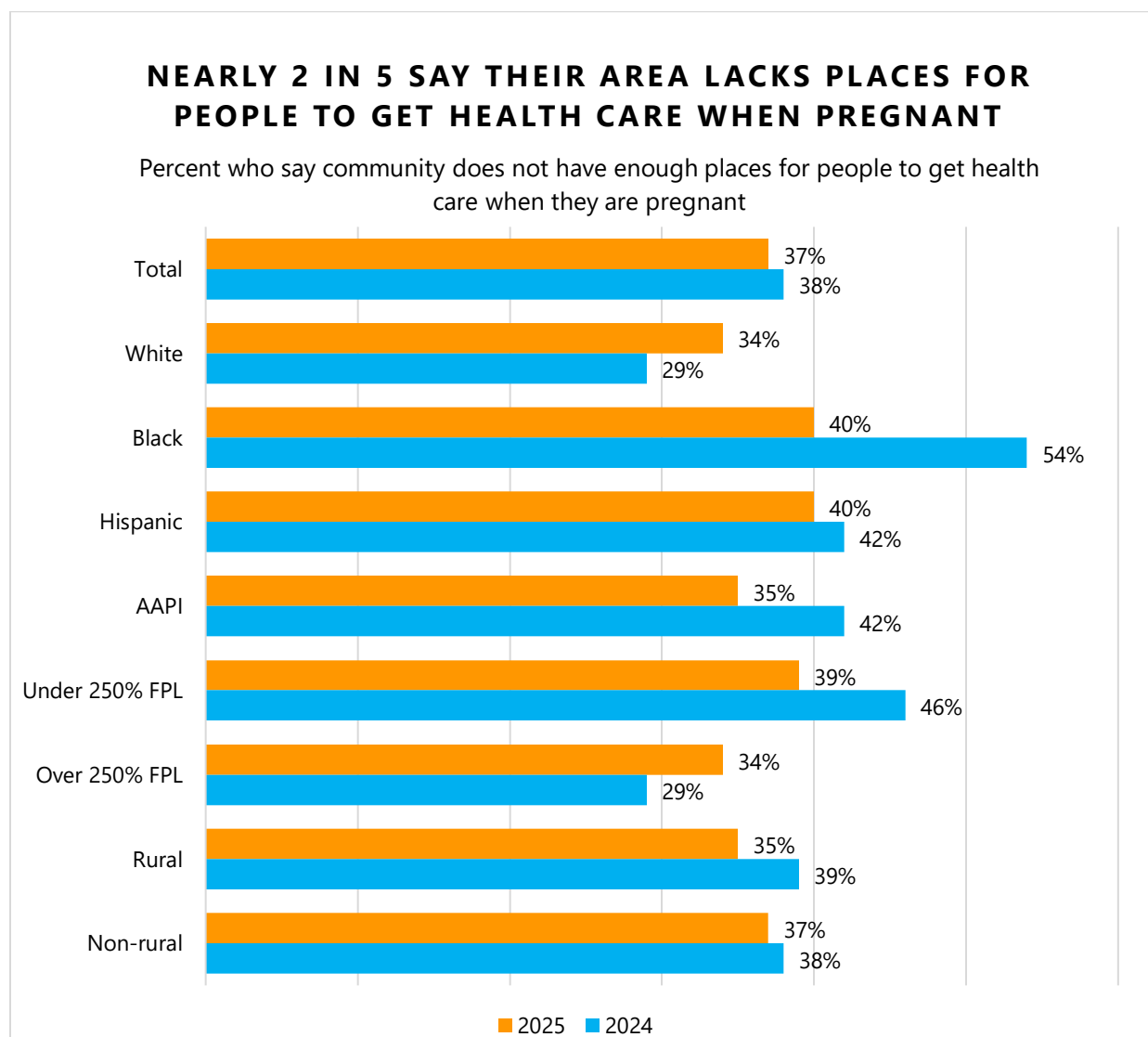
Maternal Health and Mortality

A 2025 report from the March of Dimes ranks Texas 48th out of 52 US states and territories for adequate prenatal care and 40th out of 52 for pre-term births. The state was also ranked 34th for maternal mortality.³ These rankings highlight a crisis in maternal health care in the state. The 2025 Texas Health Tracking Poll finds that Texans feel this crisis acutely. Eight in ten (83%) say maternal mortality is a major problem in the state (39% major problem; 45% minor problem). Large majorities across income levels, rural status and race and ethnic groups see maternal mortality as a problem in the state.

³ <https://www.marchofdimes.org/peristats/reports/texas/report-card>

Additionally, over half say the state government is not doing enough to ensure pregnant women get the health care they need (53%). Over a third say their community does not have enough places for people to get health care when they are pregnant (37%). Similar amounts of adults across race and ethnic groups as well as income levels and rural status say their communities lack this vital resource. This is consistent with previous polls. In 2024, 38 percent of Texas adults said their community did not have enough places for people to get health care when they are pregnant. However, there are early signs of improvement among some groups. In 2024, over half of Black adults said their community lacked this resource (54%). In the 2025 survey, this decreased to 40%. Similarly, 46% of adults with income less than 250% FPL said their area lacked this resource compared to 36% in 2025.

Table 26: Proportion of Texans Who Believe Their Community Has Enough Places for Pregnancy-Related Care, 2024 vs 2025

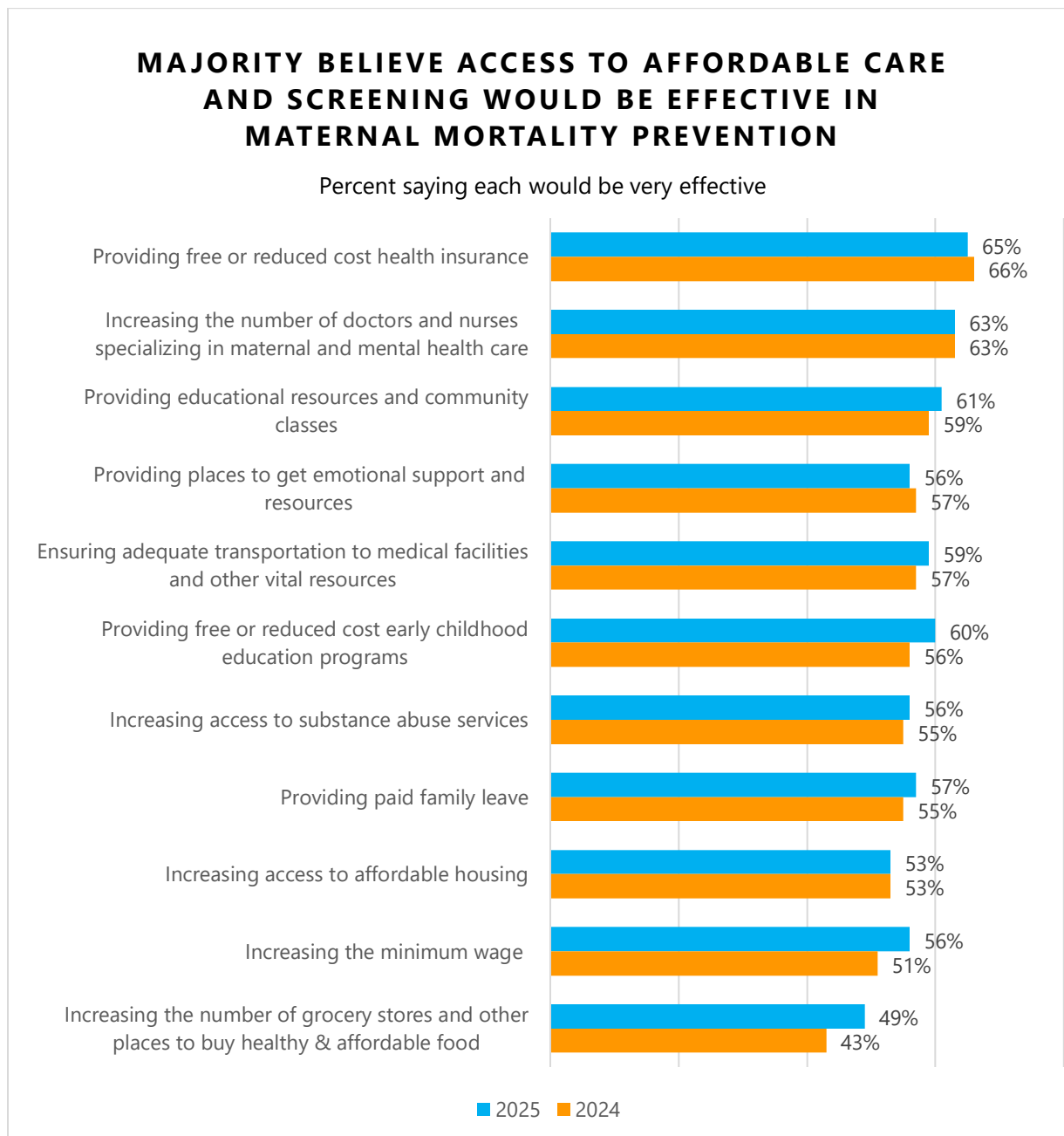


Beyond simply having places available to get health care when pregnant, a variety of other factors in the health care system may impact maternal health. When asked about a variety of actions that officials could take to reduce rates of maternal mortality and morbidity, public sector and institutional changes ranked highest. Almost two-thirds of Texas adults say providing free or reduced cost health insurance would be very effective (65%). Additionally, just under two-thirds say that increasing the number of doctors and nurses who specialize in maternal and mental health care would be very effective (63%).

A majority of adults also say that providing educational resources and classes on healthy pregnancy (61%), providing places to get emotional support and resources to reduce social isolation (56%), and ensuring adequate transportation to medical facilities and other resources (59%) would be very effective.

Fewer say that increasing the number of grocery stores and other places to buy healthy food would be very effective (49%). However, this amount has increased since 2024 when 43% said access to places for health food would be very effective in improving maternal health outcomes. This may be an early indicator of broader support in the state for food and nutrition programs for pregnant people.

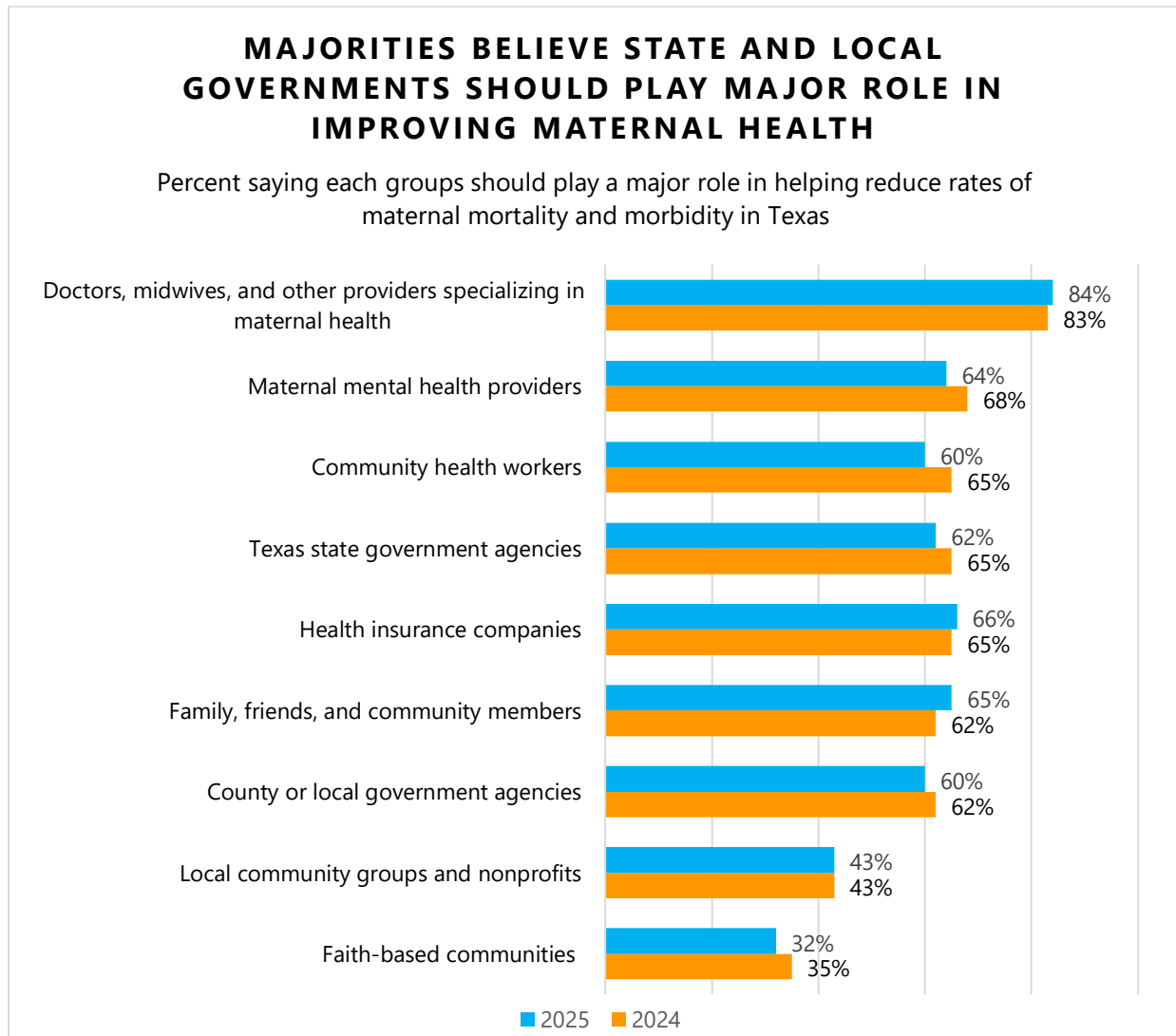
Table 27: What Texans Think Would Be Effective in Preventing Maternal Mortality, 2024 vs 2025



When it comes to the groups who should play a major role in working to reduce rates of maternal mortality and morbidity in Texas, eight in ten say doctors and nurses have a major role to play (84%). However, large majorities also think maternal mental health providers such as psychiatrists, therapists and social workers (64%) and community health workers (60%) should have a major role.

A similar number also sees a major role for Texas state government agencies (62%), health insurance companies (66%), and county or local government agencies (60%). Less than half say local community groups and non-profits (43%) and faith-based communities (32%) should play a major role (50%). These numbers are consistent with findings from 2024.

Table 28: Who Texans Believe Should Play a Role in Reducing Maternal Mortality, 2024 vs 2025



Food Insecurity, SNAP, and Health

Food insecurity remains an issue for many Americans across the country, and Texas is no different.⁴ Twenty-nine percent of Texas adults say their household experienced food insecurity in the past year. Food insecurity was defined as any household who said:

1. Those who said their household sometimes or often did not have enough food to eat in the past 12 months.
OR
2. Those who said one or more of the following was “often true” for them and their household in the past 12 months:
 - a. *You worried whether your food would run out before you got money to buy more.*
 - b. *The food that you bought just didn't last, and you didn't have money to get more.*
 - c. *You couldn't afford to eat balanced or healthy meals.*

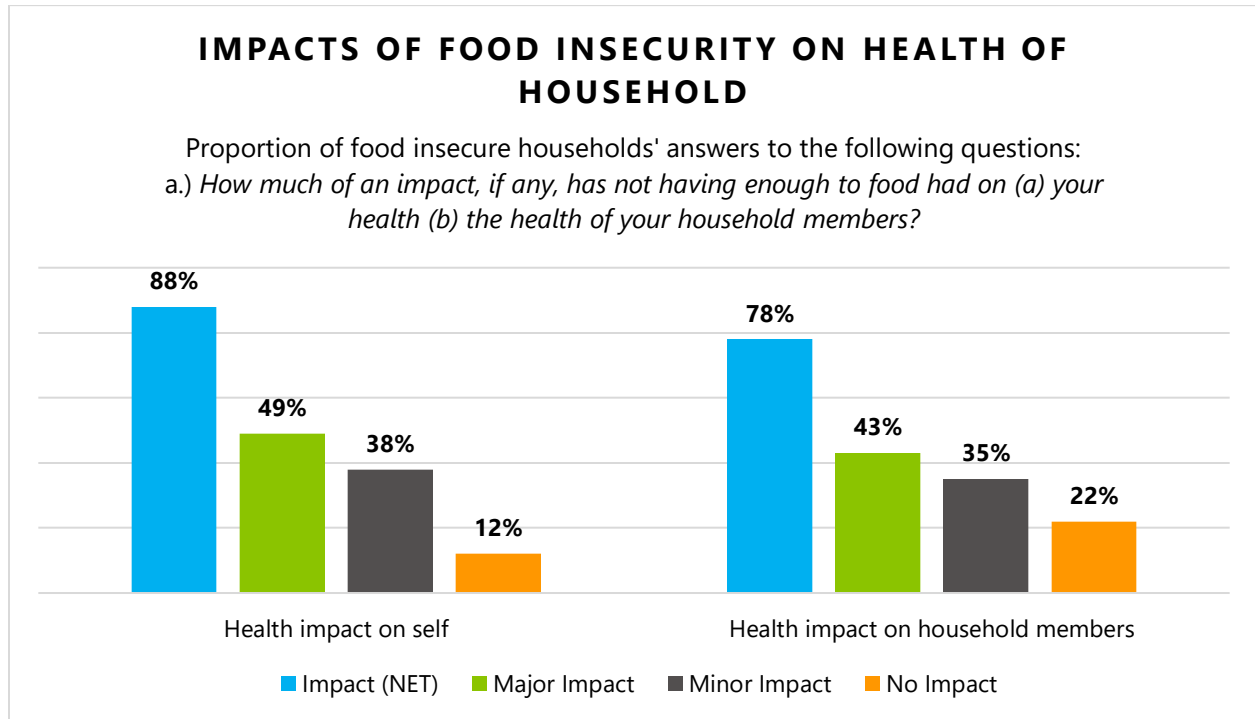
Levels of food security have stayed relatively unchanged in the state over the past two years. Despite these persistent rates of food insecurity and widespread public support for food and nutrition programs, the Reconciliation Law (formerly known as the “One Big Beautiful Bill”), which was passed by Congress and signed into law by President Trump in July 2025, significantly cuts funding for SNAP which provides food assistance to low-income families across the country. This year’s survey explored Texans’ experiences with food insecurity, the effects of food access on their and their family’s health, their perceptions of food access in their communities, and their opinions on government programs designed to alleviate food insecurity.

Food Insecurity and Food Access

A variety of health outcomes are associated with food insecurity. Texans living in a food insecure household were more likely to report having a disability (28%) than those living with more food security (16%). Similarly, food insecurity correlates with a significantly lower self-reported health status. Texans who lived in a household that was food insecure were about twice as likely to rate their physical health as “fair” or “poor” (32%) compared to those who lived in a food secure household (17%). Texans also attributed health implications directly to their experiences with food insecurity. Among those who struggled with food security, 89% of adults experienced a health impact as a result. Table xx outlines the breakdown of these effects on Texas households.

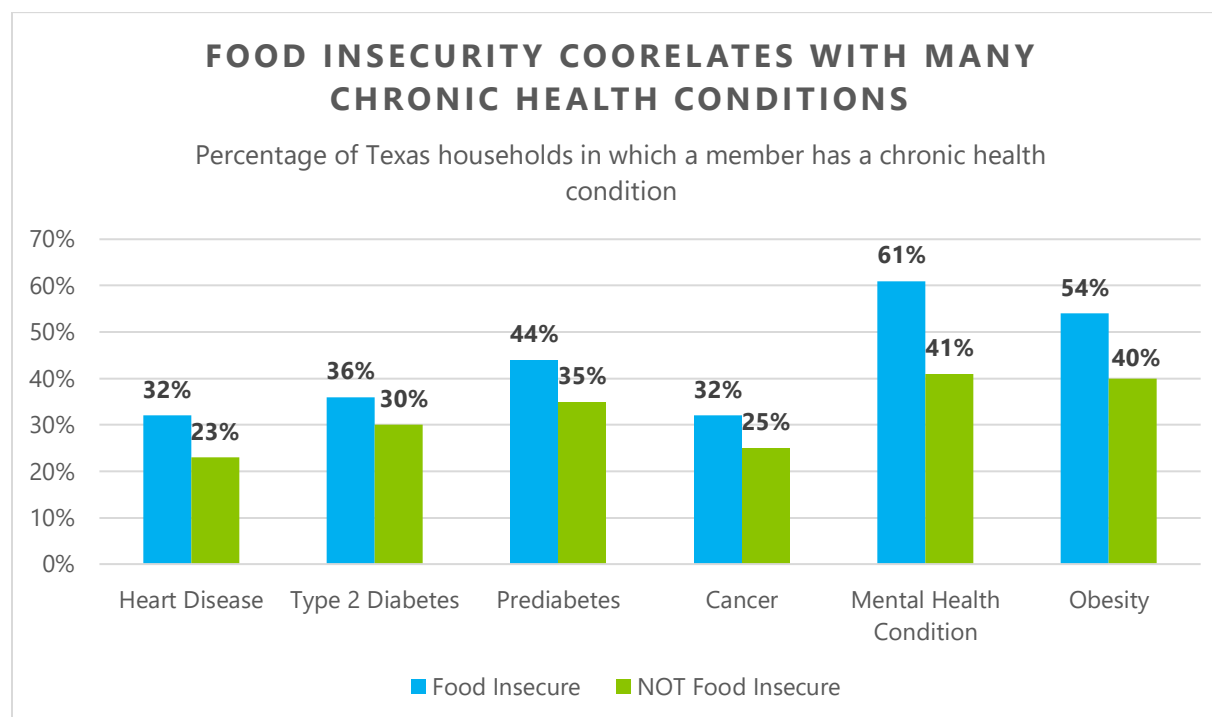
⁴ Rabbitt, M. P., Reed-Jones, M., Hales, L. J., & Burke, M. P. (2024). *Household food security in the United States in 2023* (Report No. -RR-337). U.S. Department of Agriculture, Economic Research Service. <https://doi.org/10.32747/2024.8583175.ers>

Table 29: Self-Reported Health Impacts of Food Insecurity



Households experiencing food insecurity were also significantly more likely than food secure households to have a member diagnosed with a range of medical conditions. Table [xx](#) details the rates of these conditions as compared to food secure households.

Table 30: Rates of Chronic Conditions for Food Secure and Food Insecure Households in Texas

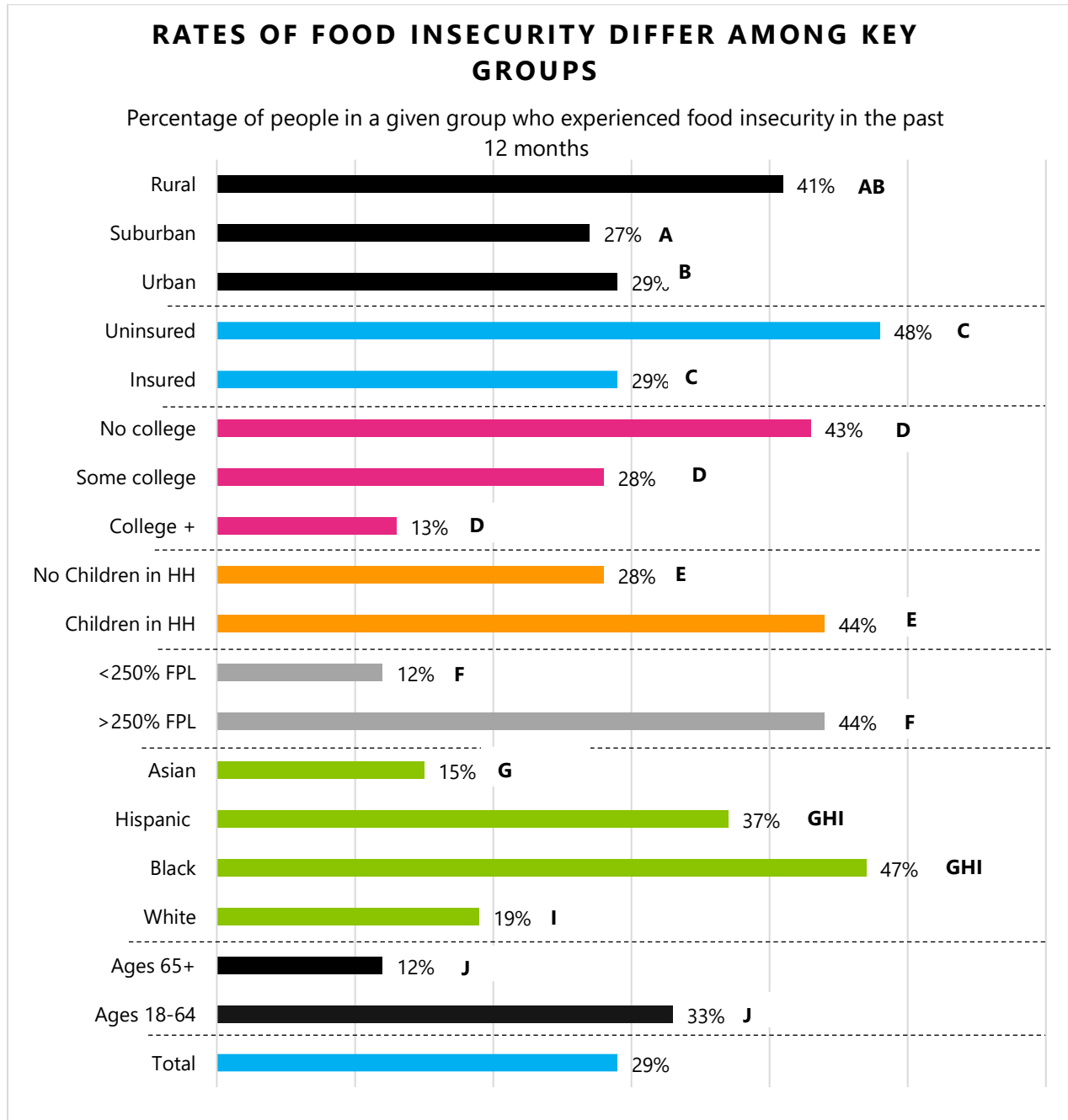


Note: All compared rates showed a statistically significant difference at $p < .05$

In addition to difficulties affording food, many food insecure Texans also note difficulty getting to a grocery store or other place to buy fresh and healthy food. Food insecure adults in the state were more than 4.5 times more likely to say they personally have difficulty getting to a grocery store or other place to get fresh, healthy food (32%) as compared to those who are food secure (7%). These individuals were also significantly more likely to say their community does not have enough grocery stores and other places to get healthy food in their community (45%) when compared to those who had not experienced food insecurity (23%).

Food insecurity rates are elevated for working age adults (ages 18 to 64), Black and Hispanic Texans, those with a household income level below 250% of the federal poverty line, those with children living in the household, those without a college degree, and those living in rural areas. Texans who are food insecure were also less likely to have health insurance (48%) compared to their food secure counterparts (29%). Notably, there are statistically equal rates of employment among food secure and insecure Texans. Adults living in food insecure households were also much more likely to report difficulty traveling to pharmacies, hospitals, parks and recreation facilities, and their usual place of medical care than those not facing food insecurity, potentially complicating efforts to treat some of the negative health effects associated with food insecurity. Table xx charts the differences between these groups.

Table 31: Rates of Food Insecurity among Key Population Groups



Note: Bars with the same letter indicate a statistically significant difference at $p < .05$

Food Policy and SNAP

Eight out of ten Texans said they considered food access a problem in the state today (80%), with around 4 in 10 saying it was a major problem (38%). Twenty-nine percent of Texans reported too few grocery stores in their community. Additionally, 15% said they personally have difficulty getting to a grocery store or other place to get fresh, healthy food. Levels of support for government programs for food access reflect this concern, with 83% of Texans indicating support for a program providing food assistance as a Medicaid benefit. Additionally, nearly 3 in 4 Texans say they are very or somewhat concerned about federal spending cuts for SNAP affecting the affordability of food in the state (72%).

Despite notable concern about food access in the state and consistent and high levels of support (90%) for state and local efforts to address non-medical factors relating to health in the state,⁵ current federal spending cuts will reduce funding for nutrition benefits for low-income families.

In Texas, there is an overall awareness of federal spending cuts to nutrition benefits across the state. Eighty-three percent say they have heard something about these federal spending cuts, and 63% say they have heard more than a little. These cuts are also broadly concerning to Texans. Over half of Texans say they are worried about the impact of these cuts on themselves and their family (54%). Nearly 3 in 4 say they are concerned about the affordability food for Texans because of changes to the SNAP program, with almost half saying they are very concerned (47%). Among current and previous SNAP recipients, almost 4 in 5 say they are concerned about the affordability of food for themselves and their families because of cuts to SNAP funding, with 51% saying they are very concerned.

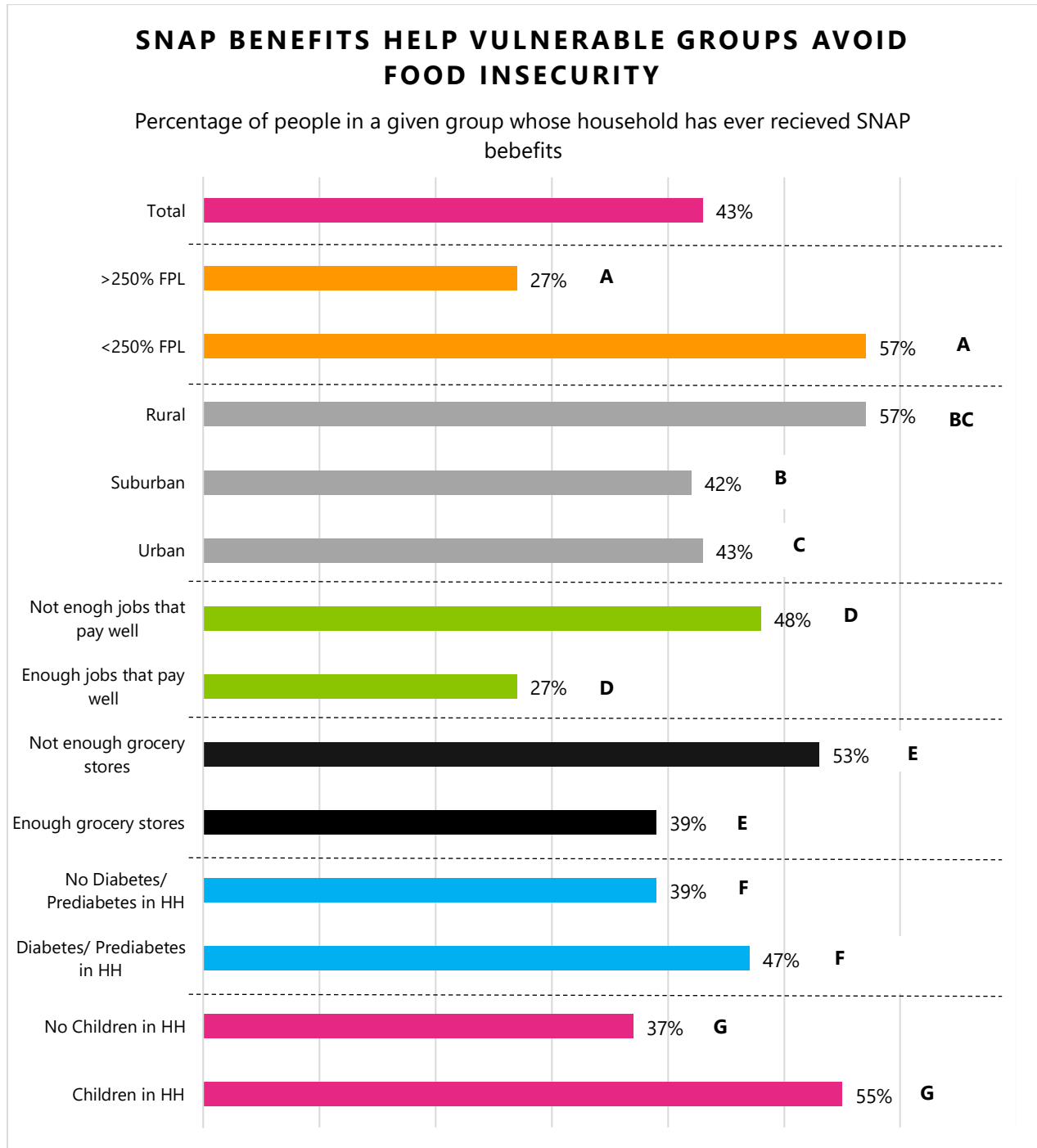
Texans widely agree that access to affordable and healthy food is an issue across the state, with 80% of residents saying this was a problem in Texas today. Texans also largely believe that state and local officials can make effective changes to health outcomes across the state by addressing food access. Eighty-two percent of Texans say that increasing the number of grocery stores and other places for residents to buy healthy and affordable food would be effective at preventing Texans from developing diabetes, and 80% say increasing the number of these places would be effective at improving poor maternal health outcomes in the state. This concern about food access and belief in the efficacy of state and local action extends to support for other government programs and policies providing food assistance. More than 4 in 5 Texans support a Texas Medicaid program that would provide food assistance to adults and children enrolled in the program (83%).

⁵ Since it was first asked in 2024, there has been no statistically significant change to the percentage of Texans answering “extremely”, “very”, or “somewhat important” to the question “Non-medical factors such as access to healthy food, safe housing, and transportation can impact a person’s health. How important, if it at all, do you think it is for the Texas Medicaid program to address the non-medical factors that may affect the health of adults and children enrolled in the program?”

More than 4 in 10 Texans say they or a household member has ever received SNAP benefits (43%). In addition, 33% of those without a personal SNAP connection know someone close to them who has benefitted from SNAP. In total, nearly 2 out of 3 Texans live with someone, have a close friend, or themselves have ever received SNAP benefits (62%). Unsurprisingly, households experiencing food insecurity were more likely to have utilized the program at some point; 64% of households that were food insecure have benefitted from SNAP, whereas only 35% of households that did not struggle with food insecurity in the past year had ever received SNAP benefits.

Despite a wide reach and broad support, funding for SNAP is set to be significantly reduced over the coming years. Those who receive SNAP are particularly vulnerable to the effects of food insecurity, and a lack of funding could impact their ability to attain or maintain food security. Texans who live in a household that has ever received SNAP benefits are more likely to report a lower income, live in a rural area, live in a community without enough well-paying jobs, live in a community without enough grocery stores, live in a household where one member has diabetes or prediabetes, and have at least one child in the household under the age of 18. Table xx below compares SNAP support among these vulnerable groups as compared to the general population of the state.

Table 32: Rates of SNAP Connection among Key Population Groups



Note: Bars with the same letter indicate a statistically significant difference at $p < .05$

ABOUT THE SURVEY

SSRS conducted the *2025 Texas Health Tracking Survey* on behalf of the Episcopal Health Foundation (EHF) from October 15 through November 24, 2025. Similar studies have been fielded on behalf of the EHF since 2018. The 2025 Texas Health Policy Survey was conducted online and by telephone with a representative sample of 2,054 Texas adults (age 18 or older). Interviews were administered in English ($n=1,942$), Spanish ($n=87$), Chinese ($n=16$), and Vietnamese ($n=9$). The sample includes 1,029 Texas adults reached through the SSRS Opinion Panel⁶ online ($n=955$) and by phone ($n=74$) as well as adult 1,025 Texas residents reached through an address-based sample (ABS) and completed the survey online ($n=948$) or by phone ($n=77$).

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 match the sample demographics to 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

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.

⁶ <https://ssrs.com/ssrs-solutions/ssrs-opinion-panel/>