

Non-Medical Drivers of Health in Texas

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Annual Texas Health Tracking Survey – 2025



EPISCOPAL HEALTH
FOUNDATION

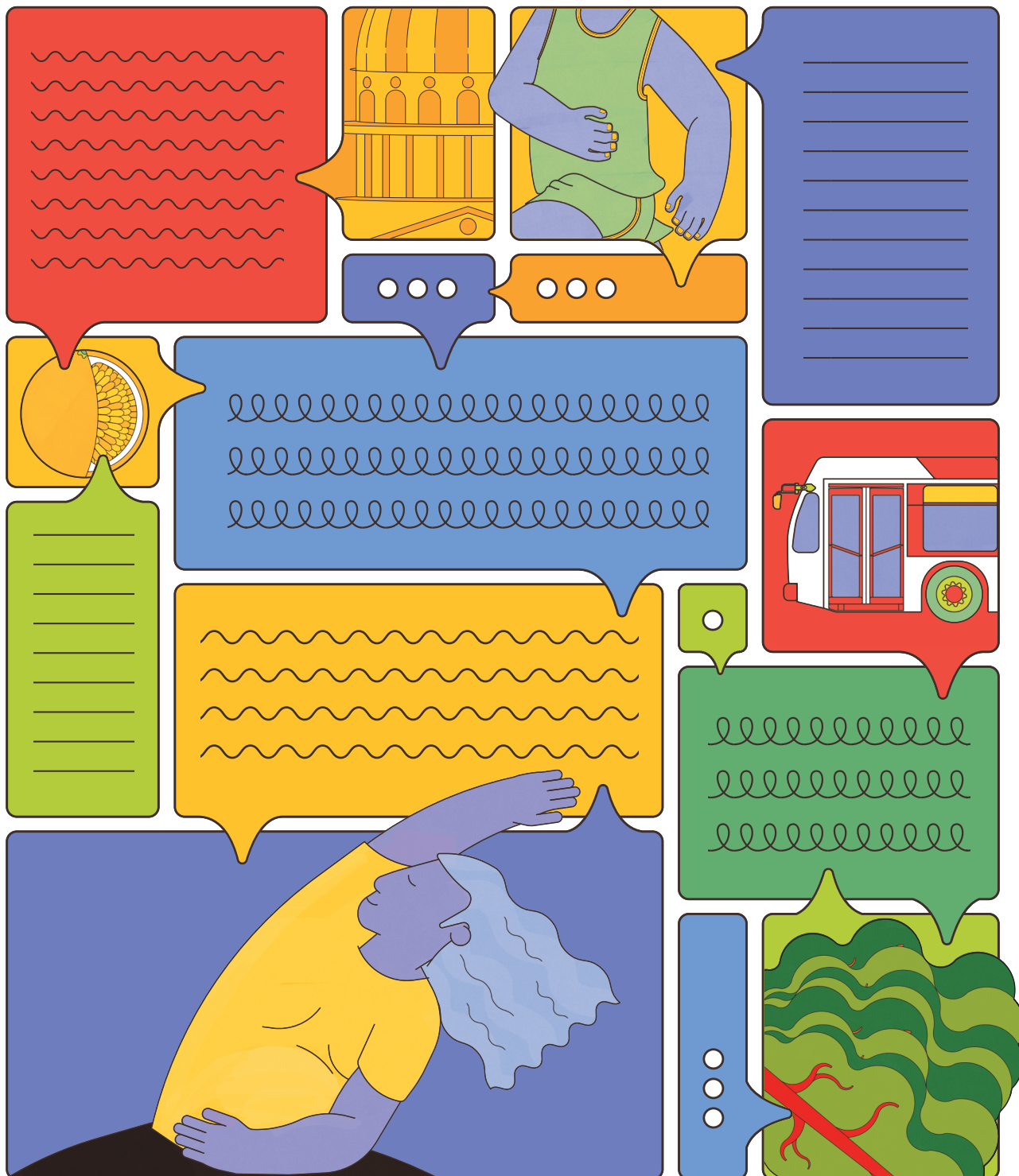


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Executive Summary

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. A major goal of the study was to understand non-medical drivers of health in Texas, with particular emphasis on geographic and socioeconomic factors contributing to health outcomes.

While Texas's relatively high uninsurance rate¹, reported difficulties affording care, and difficulties accessing care are major drivers of health outcomes in the state, a variety of non-medical factors similarly contribute to the health of Texas residents. Non-medical drivers, while less direct in their impacts on health outcomes, are nevertheless critical in the health of Texans and important to address as more Texans face rising health care costs and reduced access to care.

Texans indicated resounding support for addressing non-medical factors related to health. Ninety percent said it was at least somewhat important for the Texas Medicaid program to address non-medical factors like food access, housing, and transportation for those enrolled. This level of support has remained consistent since the 2024 survey. Residents also envision a major role for state and local officials in the prevention of major health concerns like diabetes and maternal mortality. This appetite for government assistance in addressing health issues is mirrored in Texans' concerns about the availability of non-medical resources in their communities that impact health like good paying jobs, affordable housing, and public transportation.

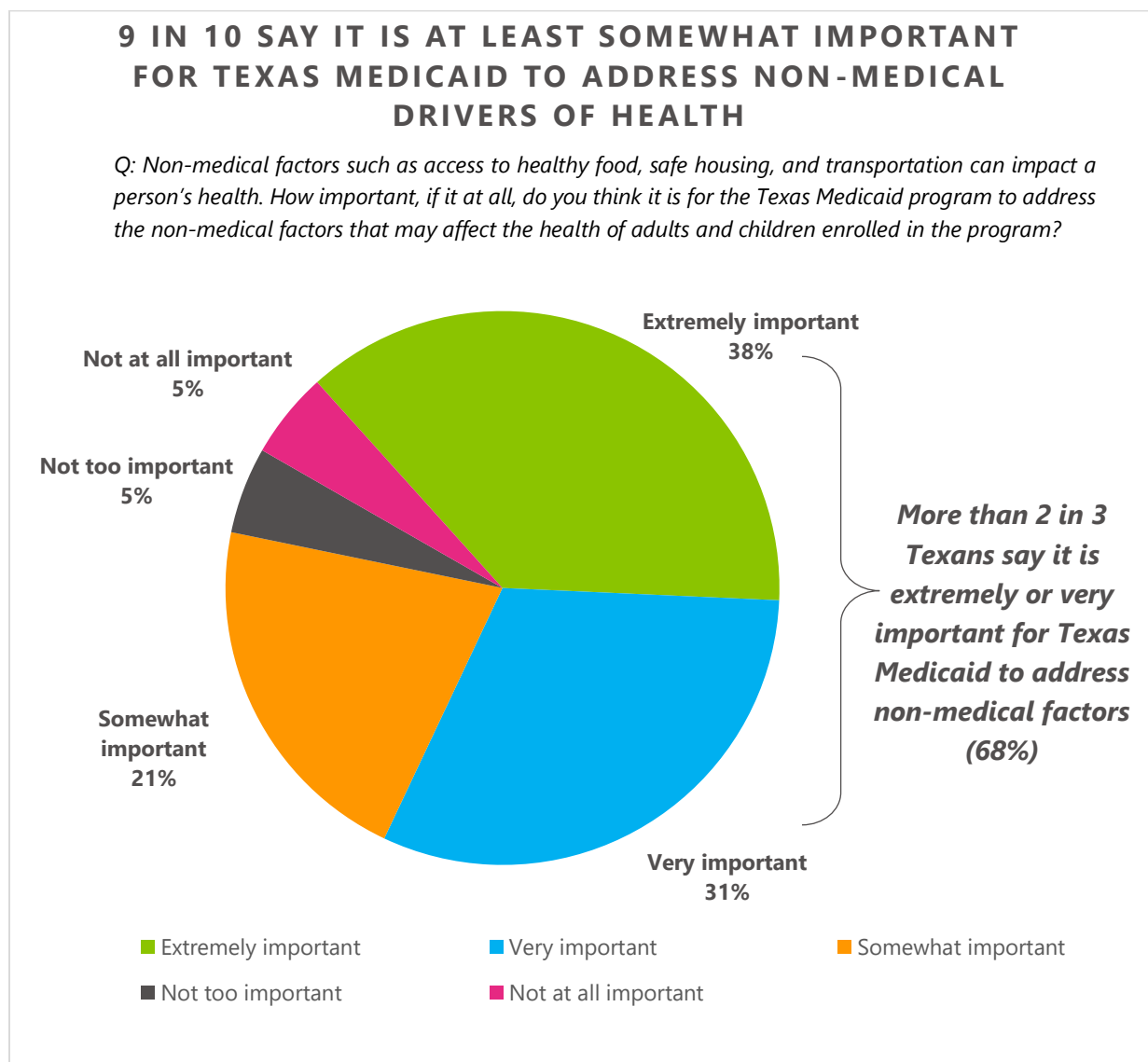
Beyond popular concern about these factors and support for government programs addressing non-medical factors, the results show a clear connection between access to these resources and overall health. A wide range of health outcomes—including diabetes, self-reported health status, and other chronic conditions—are associated with non-medical factors like education, ethnicity, income, gender, and rurality, as well as access to community resources like good paying jobs, affordable housing, public transportation, and recreational spaces. Furthermore, these issues are significantly related to demographic and socioeconomic factors such as race and ethnicity, educational attainment, income level, and rurality.

¹ Texas ranked first in the nation in uninsurance rates for adults aged 19-64 according to an analysis of 2025 American Community Survey data by KFF: <https://www.kff.org/state-category/health-coverage-uninsured/>

Attitudes and Opinions about Non-Medical Drivers of Health

Texans recognize the importance of addressing non-medical drivers of health. Residents nearly unanimously believe it is important for programs like Texas Medicaid addressing such factors, and a large majority says it is very or extremely important (68%). These proportions have remained steady since 2024, when the measure was first introduced to the *Texas Health Tracking Survey*.

Table 01: Support for Texas Medicaid Program Addressing Non-Medical Drivers of Health



Texans also express concern about specific health outcomes and support local and state government involvement in addressing these challenges. In particular, residents of the state believe it is important to address non-medical factors related to diabetes and prediabetes,

maternal mortality and poor maternal health outcomes, and other health outcomes, which are examined in more detail in the following sections.

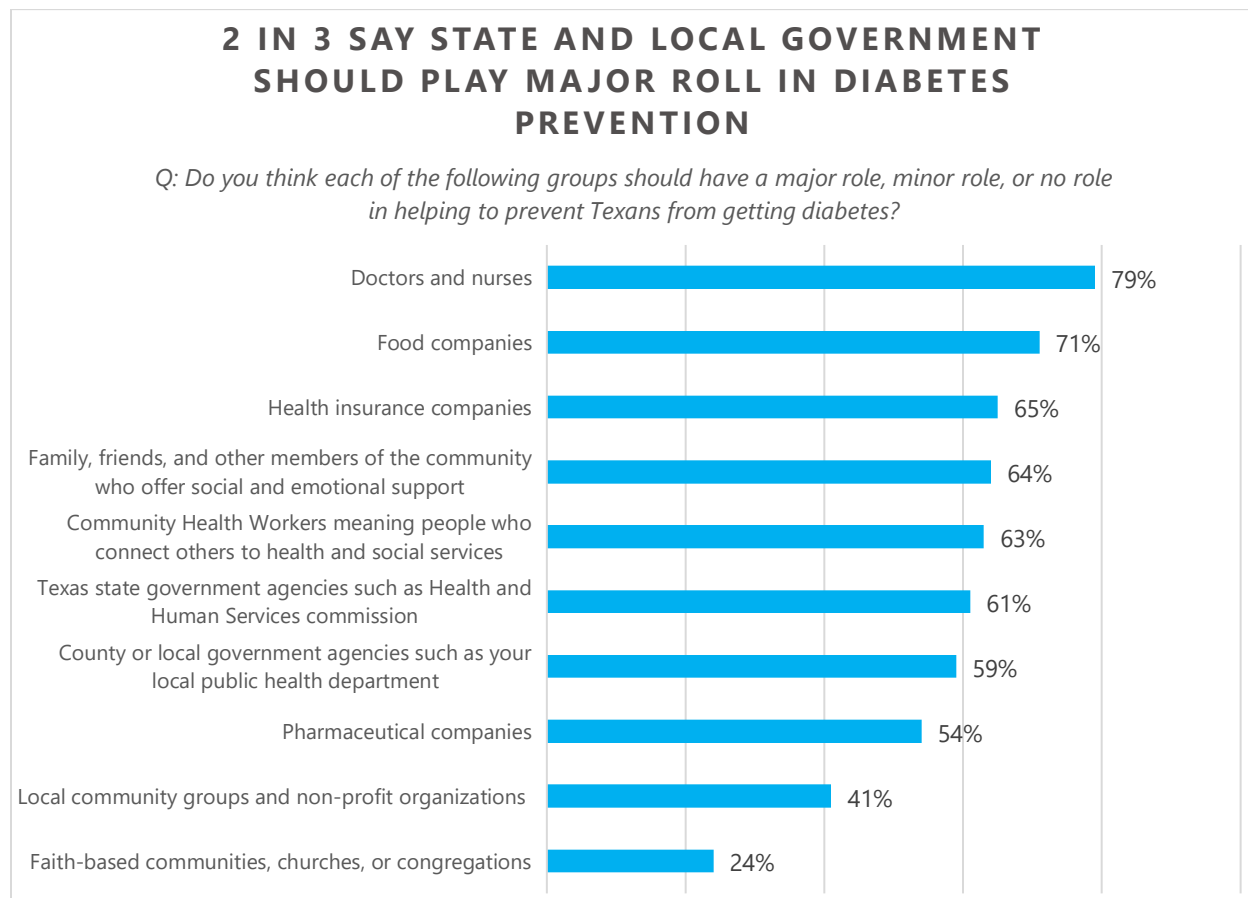
Diabetes and Prediabetes

Perceptions and Public Opinion

Texans are nearly unanimous in their agreement that diabetes is a problem in Texas today; 98% of adults in the state say it is a problem, with 3 in 4 citing it as a major problem (76%). The prevalence rate of diabetes in the state might explain this level of concern; nearly 1 in 3 Texas households have at least one member of the household who has been diagnosed with Type 2 Diabetes (32%). When combined with prediabetes rates, almost half of Texans live in a household with someone that has diabetes or prediabetes (49%).

Six in ten say Texas state government agencies such as Health and Human Services commission should play a major role in preventing diabetes in Texas (61%). A similar amount say local government agencies like local public health departments should play a major role in the prevention of diabetes (59%). Texans are about as likely to believe that state and local governments should play a major role in diabetes prevention as they are to believe health insurance companies (65%) or community health workers (63%) should play a major role.

Table 02: Who Texans Believe Should Play a Major Role in Diabetes Prevention

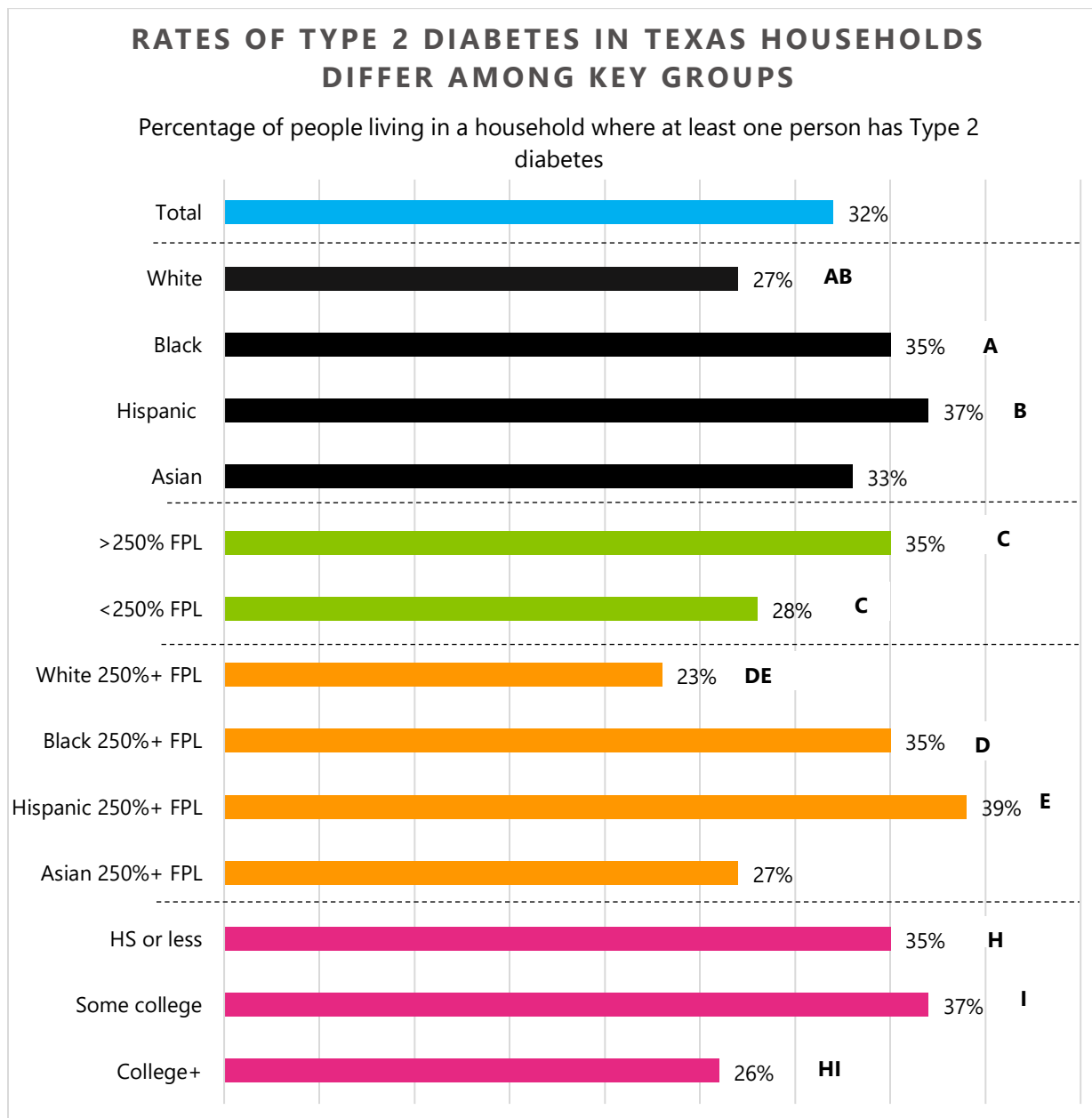


Beyond support for government assistance, Texans largely agree addressing non-medical factors related to health in the prevention of diabetes is an effective measure for state and local officials to take. Among measures Texans believe would be effective in diabetes prevention include increasing the number of recreational facilities for people to exercise (47% very effective, 36% somewhat effective) and increasing the number of grocery stores exercise and other places to buy healthy and affordable food (51% very effective, 32% somewhat effective).

Non-Medical Factors Related to Diabetes

Diabetes disproportionately effects certain groups. Black and Hispanic Texas are significantly more likely have or live in a household with someone who has Type 2 Diabetes (35% and 37%) when compared to White Texans (27%). Notably, these differences by race and ethnicity remain even when accounting for household income, highlighting the complex and multi-faceted relationship between non-medical drivers of health and health outcomes. Households bringing in less than 250% of the federal poverty line and people without a college degree were similarly more likely to have diabetes compared to their more affluent or more educated peers.

Table 03: Rates of Type 2 Diabetes across Certain Demographic Groups in Texas



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

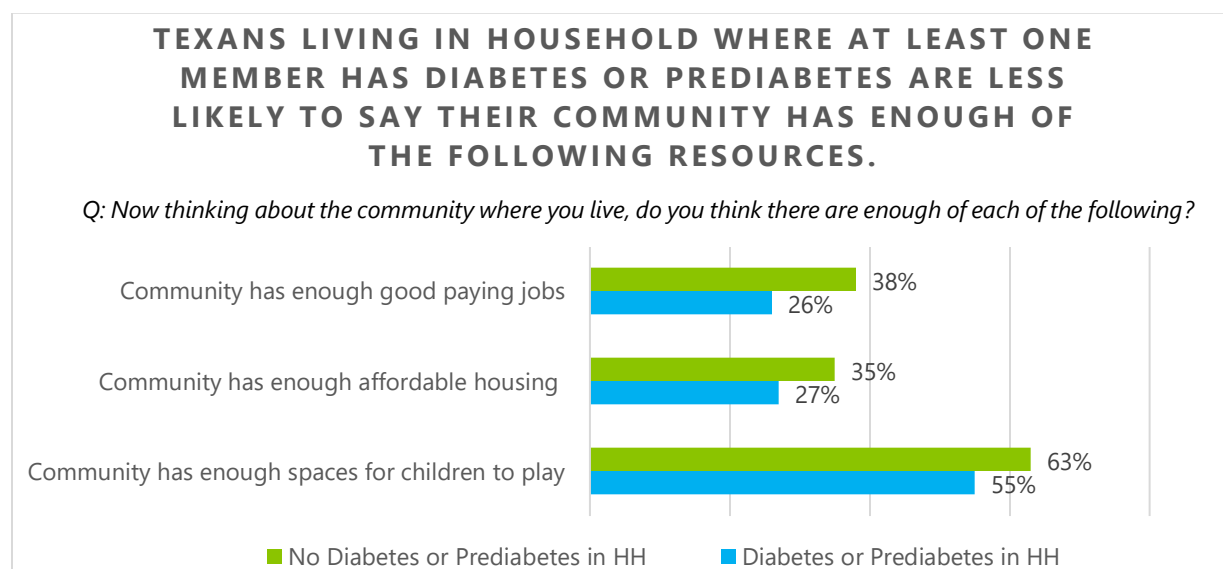
Besides demographic factors, more mutable factors like employment and education are significantly related to diabetes rates. Texans with diabetes are significantly less likely to be employed full-time, with 35% working full-time vs. 51% of those without diabetes. Likewise, while only 10% of those without diabetes do not have a high school diploma or GED, 18% of Texans with diabetes do not have a high school degree.

Community resources are another type of non-medical factor often related to health outcomes. Texans living in a household with diabetes or prediabetes were significantly more likely than those living in households without either condition to report a lack of good paying jobs in the community they live. Only 1 in 4 Texans in households with either diabetes or prediabetes report there are enough jobs that pay well in their community (26%), compared to almost 4 in 10 households without either condition (38%).

Things like housing, transportation, and rurality can also affect things like access to care and continuity of care, especially among those with chronic conditions like diabetes. Texans with diabetes are significantly more likely to live in rural areas than those without diabetes; 14% of those with the condition live in a rural area as compared to 9% without the condition. Rural communities typically have less access to reliable transit and require further distances to seek care, meaning those with diabetes may have more difficulty accessing care. Likewise, rural areas may lack access to places for community members to get exercise when compared to other areas.

In terms of recreational spaces, Texans living in a household where at least one member has diabetes or prediabetes are more likely to report that their community does not have enough spaces for children to play. Around half of Texans in households with diabetes or prediabetes say there are enough spaces for children to play in their area (55%), as opposed to nearly 2 in 3 households where neither condition is present (63%). A similar trend holds true for affordable housing, with only 27% of households with either condition reporting sufficient affordable housing in their area compared to 35% of households without a member with one of these conditions.

Table 04: Access to Community Resources by Presence of Diabetes/Prediabetes in HH



Note: All results show statistically significant difference at $p < .05$

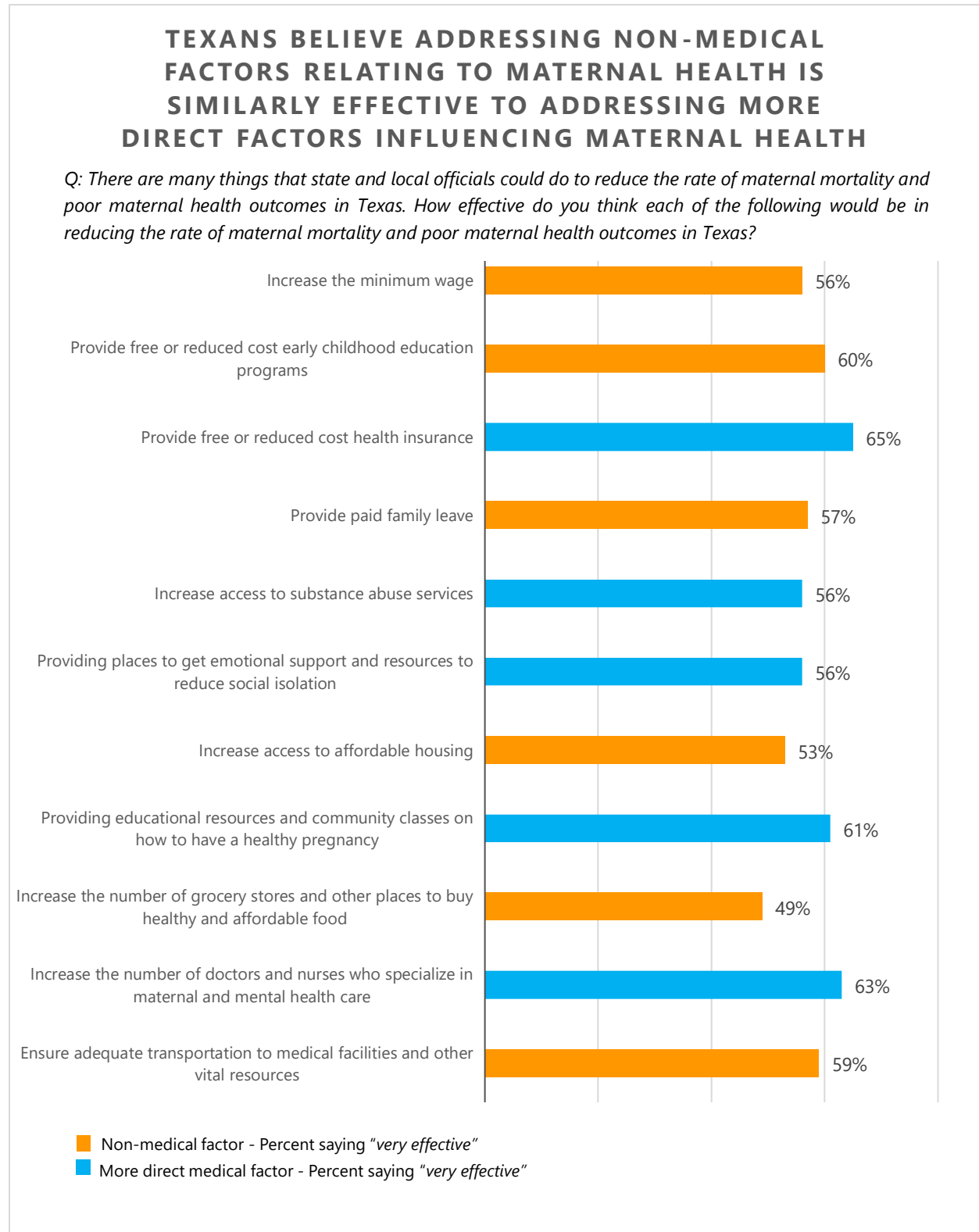
Chronic Conditions, Maternal Mortality, and Overall Health

Perception and Public Opinion

Texans are concerned about a wide range of other health-related conditions in the state today. When asked how much of a problem they thought obesity was in the state, 94% said it was a problem, with 72% indicating it was a major problem. Similar majorities of Texans called mental health a major problem (63%). Texans also want more from the state government when it comes to helping certain groups afford care. Seventy percent of Texans think the state government is not doing enough to make sure low-income adults get the health care they need, while most also say the same thing relating to children (59%), pregnant women (53%), and immigrants (50%).

Eighty-three percent of Texans call maternal mortality a problem in Texas today. Four in ten Texans say it is a major problem. Residents of the state believe state (62%) and local (60%) agencies and governments should play a major role in reducing maternal mortality and poor maternal health outcomes in Texas. When asked what actions from state and local governments would be most effective in improving maternal health, majorities said non-medical factors like providing free or reduced cost early childhood education programs (60%), ensuring adequate transportation to medical facilities and other vital resources (59%), providing paid family leave (57%), increasing the minimum wage (56%), increasing access to affordable housing (53%), and increasing access to affordable housing (53%) would be very effective. In the cases of increasing the minimum wage and providing free or reduced cost early childhood education programs, there has been a modest increase in the amount of people saying “very effective” compared to the previous cycle of this survey.

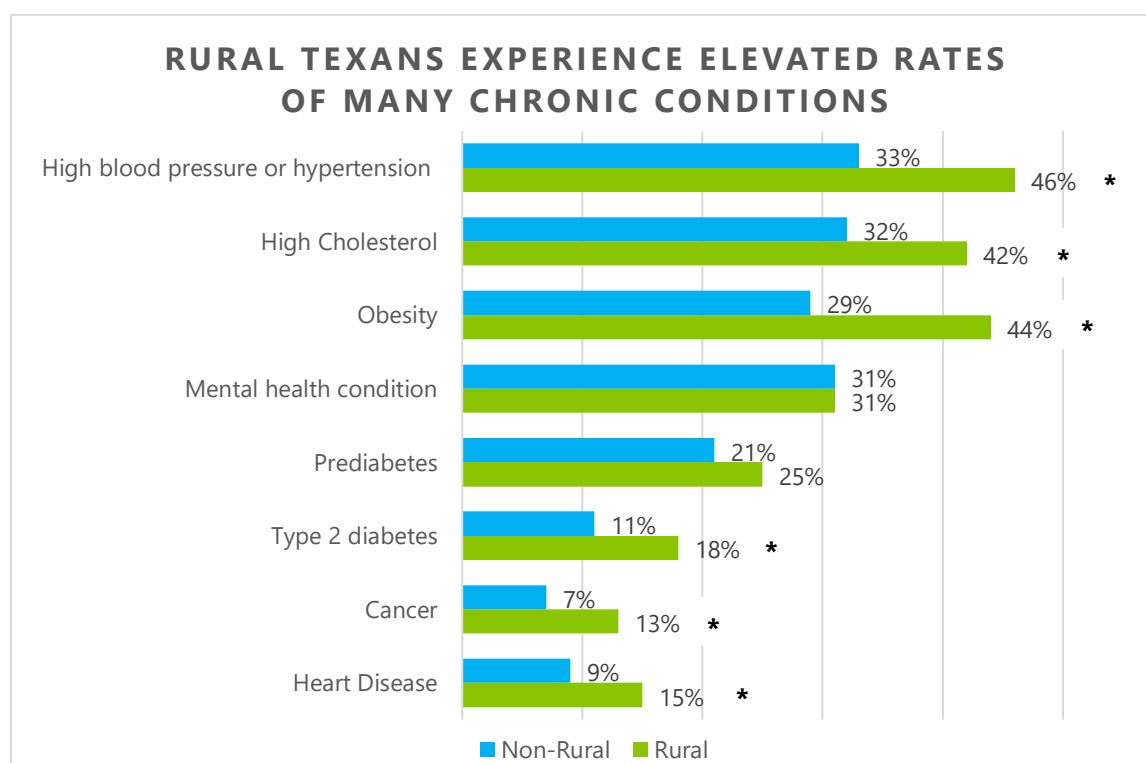
Table 05: Efficacy in Addressing Maternal Health Through Medical and Non-Medical Factors



Non-Medical Factors Related to Chronic Conditions and Overall Health

The prevalence of certain health conditions and health metrics are significantly related to a variety of non-medical factors. Fifteen percent of Texans living in rural areas report being diagnosed with heart disease. The prevalence is significantly elevated in rural areas compared to non-rural areas, where only 9% of Texans report having heart disease. Similarly, mental health conditions vary considerably among different groups. Those with an elevated incidence of diagnosed mental health conditions include women, working age adults, and those without a college degree. Living in a rural area is significantly related to higher rates of many other health conditions compared to non-rural Texans, including high blood pressure or hypertension, high cholesterol, obesity, and cancer.

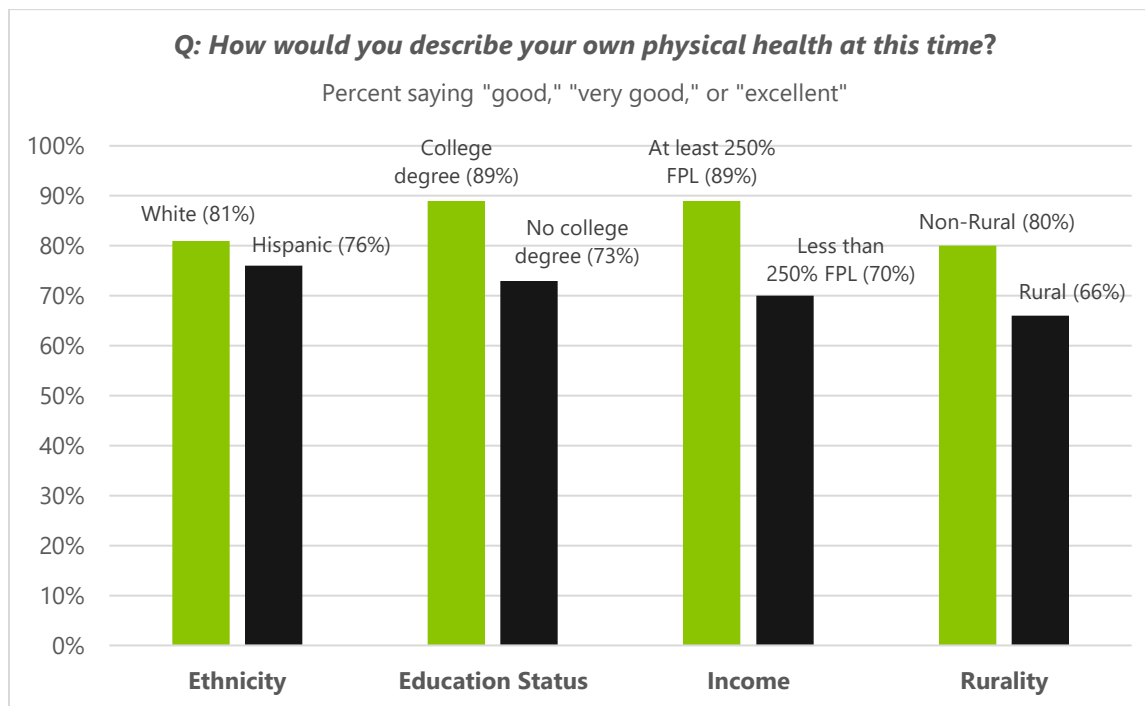
Table 06: Rate of Medical Conditions Diagnosed among Rural vs. Non-Rural Texans



*Note: * indicates a statistically significant difference between categories at $p < .05$*

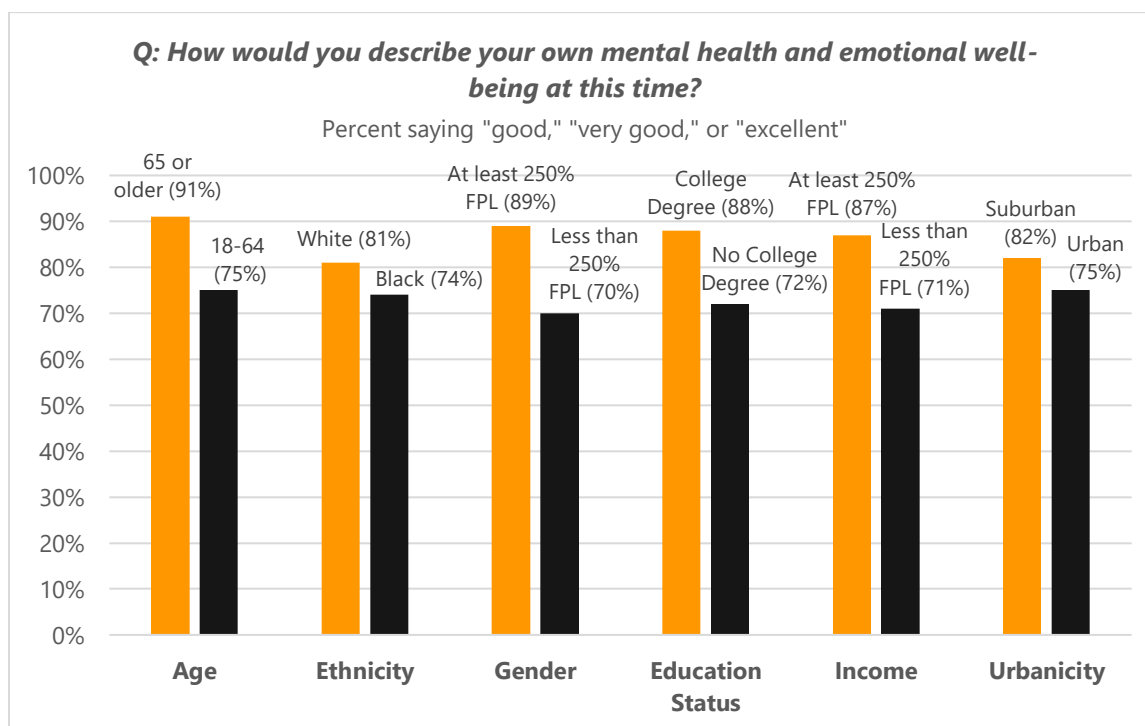
Self-rated health status correlates with many non-medical factors as well. White, college educated, higher income, and non-rural Texans are all significantly more likely to rate their physical health as good or better than Hispanic, non-college educated, lower income, and rural Texans, respectively. Older, white, male, college educated, higher income, and suburban Texans were also more likely than young, black, female, non-college educated, lower income, and urban Texans to report their mental health as good or better.

Table 07: Self-Reported Physical Health Status of Good or Better by Key Groups



Note: All results show statistically significant difference at $p < .05$

Table 08: Self-Reported Mental Health Status of Good or Better by Key Groups



Note: All results show 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 Panel² 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.

² <https://ssrs.com/ssrs-solutions/ssrs-opinion-panel/>