

# Texans' Experiences with Health Care Access and Affordability

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Annual Texas Health Tracking Survey – 2024



EPISCOPAL HEALTH  
FOUNDATION

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## Executive Summary

The state of Texas continues to grow. Texas is the second most populous state in the nation and continues to gain more new residents reaching a state population of more than 31 million residents in 2024.<sup>1</sup> With this increase in population, the priorities and top issues in the state may experience a shift. Episcopal Health Foundation and SSRS conducted the sixth wave of the *Texas Health Tracking Survey* with a representative sample of Texas adult residents from November 11 through December 20, 2024 to understand opinions on state health policy, issues accessing and affording health care, and experiences with the non-medical drivers of health.

The vast majority of Texans say rising housing costs (85%), obesity (73%), mental health issues (68%), and prediabetes/diabetes (67%) were major health-related problems for the state.

Nearly half of Texas adults have difficulty affording health care (46%) with significant disparities by race and ethnicity as well as household income and age. The high costs of medical care leads many to skip or postpone getting the health care they need. Overall, almost two-thirds of Texas adults have skipped or postponed some sort of health care because of the cost (63%) in the past 12 months.

While direct access to and ability to afford health care are major drivers of health, there are a variety of non-medical factors that may also impact health such as affordable housing, transportation, availability of recreational spaces, and access to fresh and healthy food. These non-medical drivers of health (NMDOH) are important to many Texans. In fact, 70 percent believe it is very or extremely important for the state Medicaid program to address these non-medical factors for its enrollees.

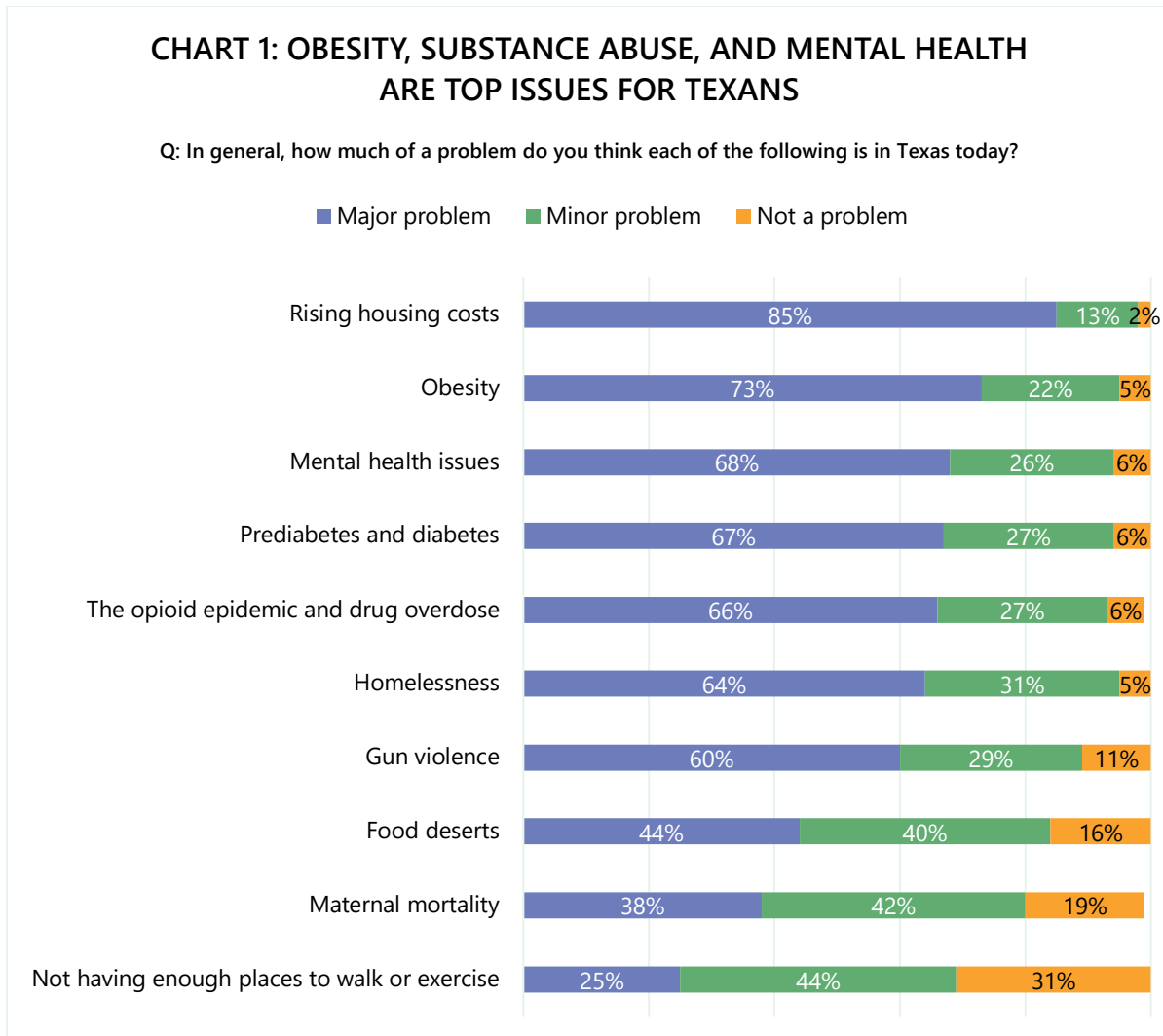
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<sup>1</sup><https://www.census.gov/newsroom/press-releases/2024/population-estimates-international-migration.html>

## Major Health Issues in Texas

The 2024 poll asked about a number of health priorities to determine which issues residents considered most important. Topping the list of major health-related problems were rising housing costs, obesity, the opioid epidemic, and prediabetes and diabetes. More than eight in 10 Texans say rising housing costs are a major problem in the state. Additionally, almost three-quarters of Texans say obesity is a major problem in the state (73%). Finally, just over two-thirds say mental health issues are a major problem (68%) and a similar amount report prediabetes and diabetes being a major problem (67%).

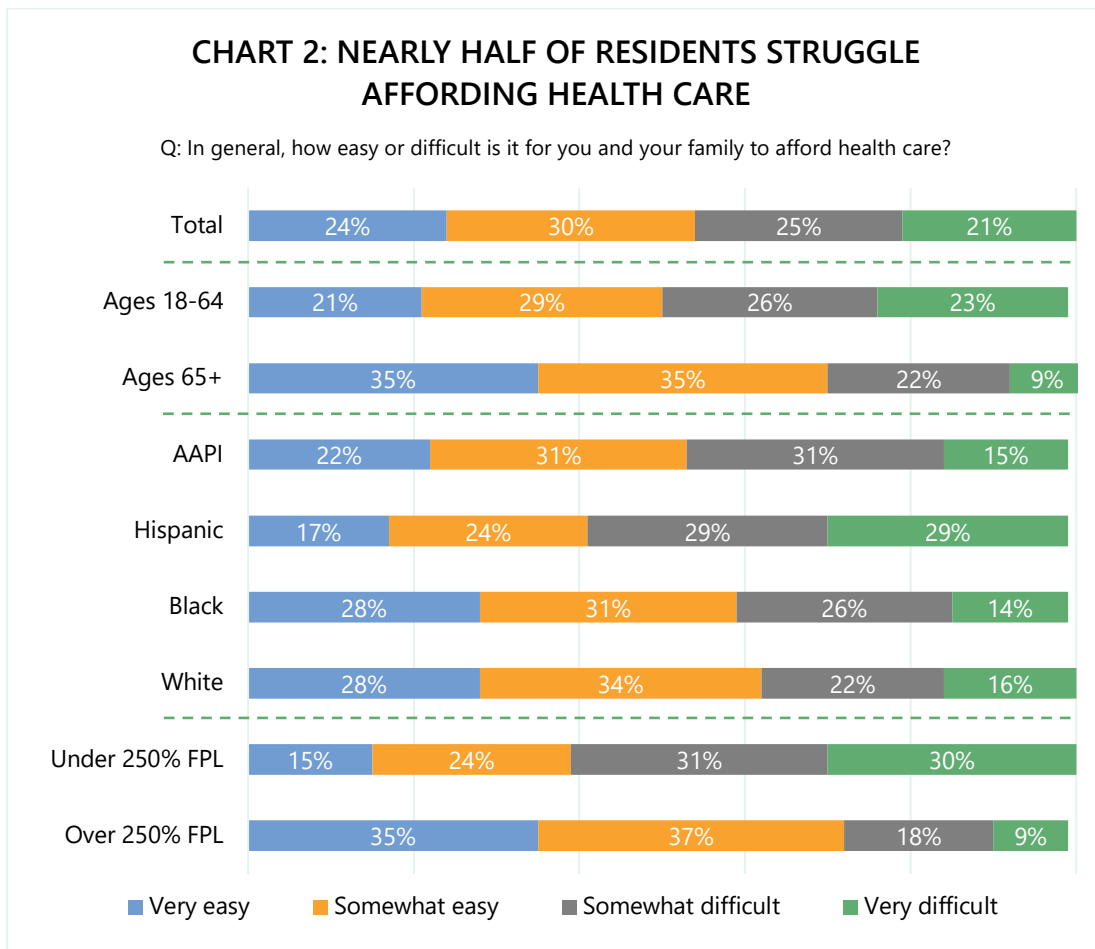
Majorities also recognize that the opioid epidemic (66%), homelessness (64%) and gun violence (64%) are major health-related problems in Texas today (chart 1).



## Health Care Access and Affordability

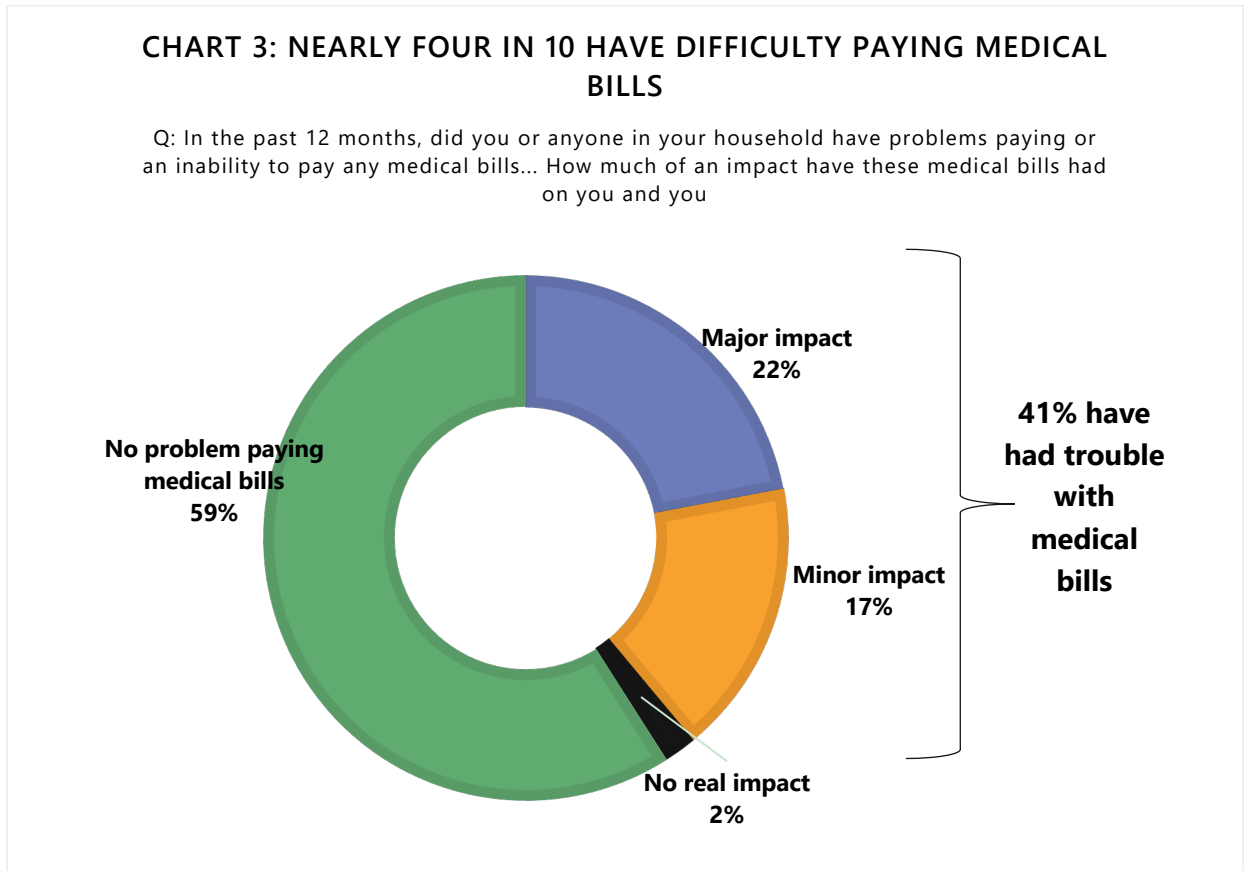
### Difficulty Affording Health Care

Nearly half of Texans (46%) have difficulty affording health care with two in 10 saying it is very difficult (21%). Younger adults, those who are Hispanic, as well those with lower income levels are more likely to have difficulty affording health care. While only 30 percent of those age 65 or older have difficulty affording health care, half of those ages 18-64 report difficulty (49%). Additionally, 58 percent of Hispanics say it is difficult to afford health care compared to just 37 percent of non-Hispanic White and 40 percent of non-Hispanic Black Texans. Finally, 61 percent of adults in households with incomes under 250 percent of the federal poverty level (FPL) say it is difficult to afford health care. This is more than double the number of adults with household incomes of 250% FPL or more who struggle to afford health care (28%) (chart 2).



A similar pattern is present for inability to pay medical bills. Nearly, four in 10 Texas adults say they have had problems paying medical bills in the past 12 months (41%) and one fifth (22%) say

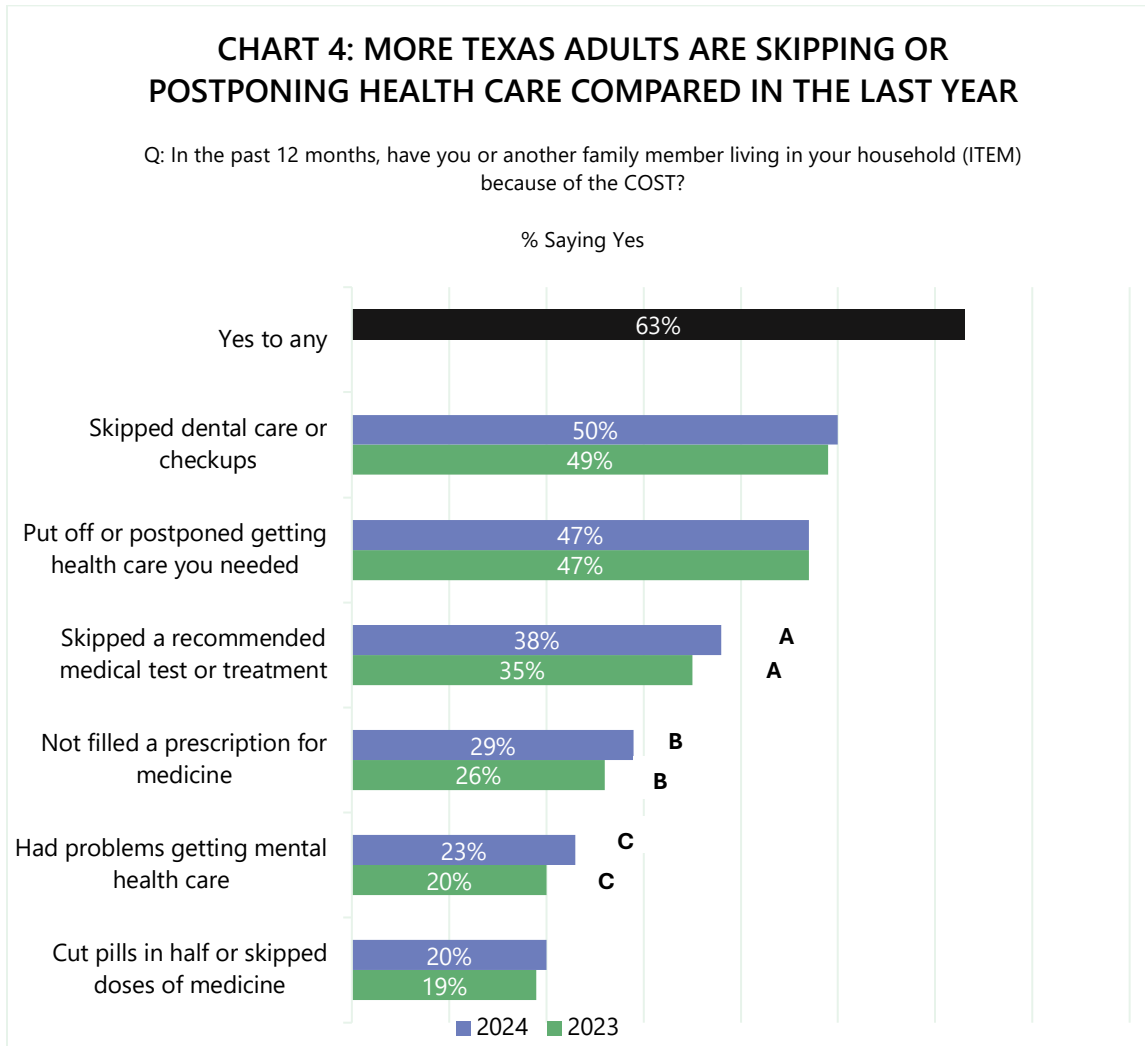
an inability to pay medical bills has had a major impact on them and their household (chart 3). Younger adults, Black and Hispanic adults, and those with lower income are more likely to say they have had trouble affording medical bills compared to their counterparts.



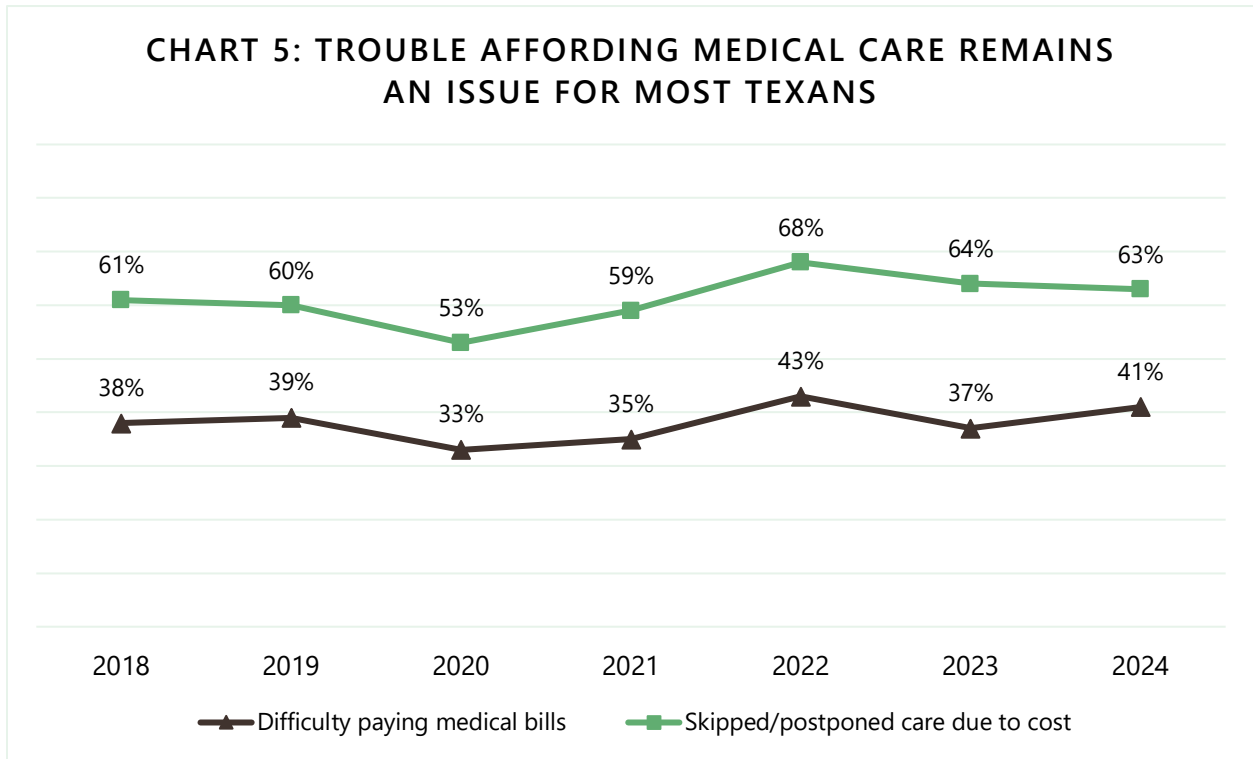
The high costs of medical care have led 63 percent of Texas adults to skip or postpone getting the health care they need over the past year. About half say they have skipped dental care or check-ups in the past 12 months due to the cost (50%) or put off getting the health care they need (47%). Nearly four in 10 have skipped a recommended medical test or treatment due to the cost (38%). Twenty-nine percent have not filled a prescription for a medicine due to the cost. Twenty-three percent say they have had problems getting mental health care because of the cost. And finally, 20 percent say that they have cut pills in half or skipped doses due to the cost (chart 4).

Overall, the number of Texans struggling to afford their medical bills has slightly increased over time. Thirty-eight percent have skipped recommended medical tests or treatment in 2024 relative to 35 percent in 2023. Similarly, three in 10 say they have skipped getting a prescription filled due to the cost (29%), a three-percentage point increase from 2023 (26%). Finally, more than a fifth

say they had problems getting mental health care in 2024 (23%) because of the cost, a three-percentage point increase from 2023 (20%) (chart 5).



*Note: Bars with the same letter indicate a statistically significant difference.*



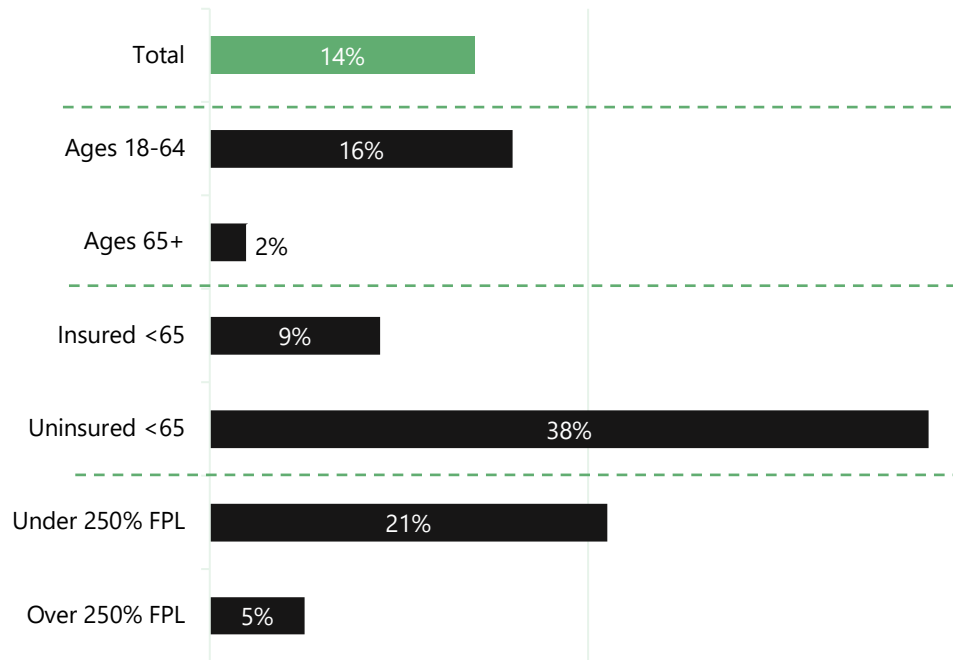
### Usual Source of Care

Having a usual place to receive health care makes it more likely that individuals will receive preventative care and identify chronic health issues early before they become more severe and costly. Nevertheless, many Texans lack this first line of defense for health care. Fourteen percent of Texans do not have a primary care provider or usual place they go for health care. Both insurance status and household income are related to access to a usual source of health care. Over a third of uninsured adults under 65 (38%) do not have a usual place of care compared to just nine percent of those who are under age 65 and insured. While just five percent of those with a household income of 250% FPL or more do not have a usual place of care, nearly four times that amount with household incomes less than 250% FPL lack a usual place for health care (21%) (chart 6).



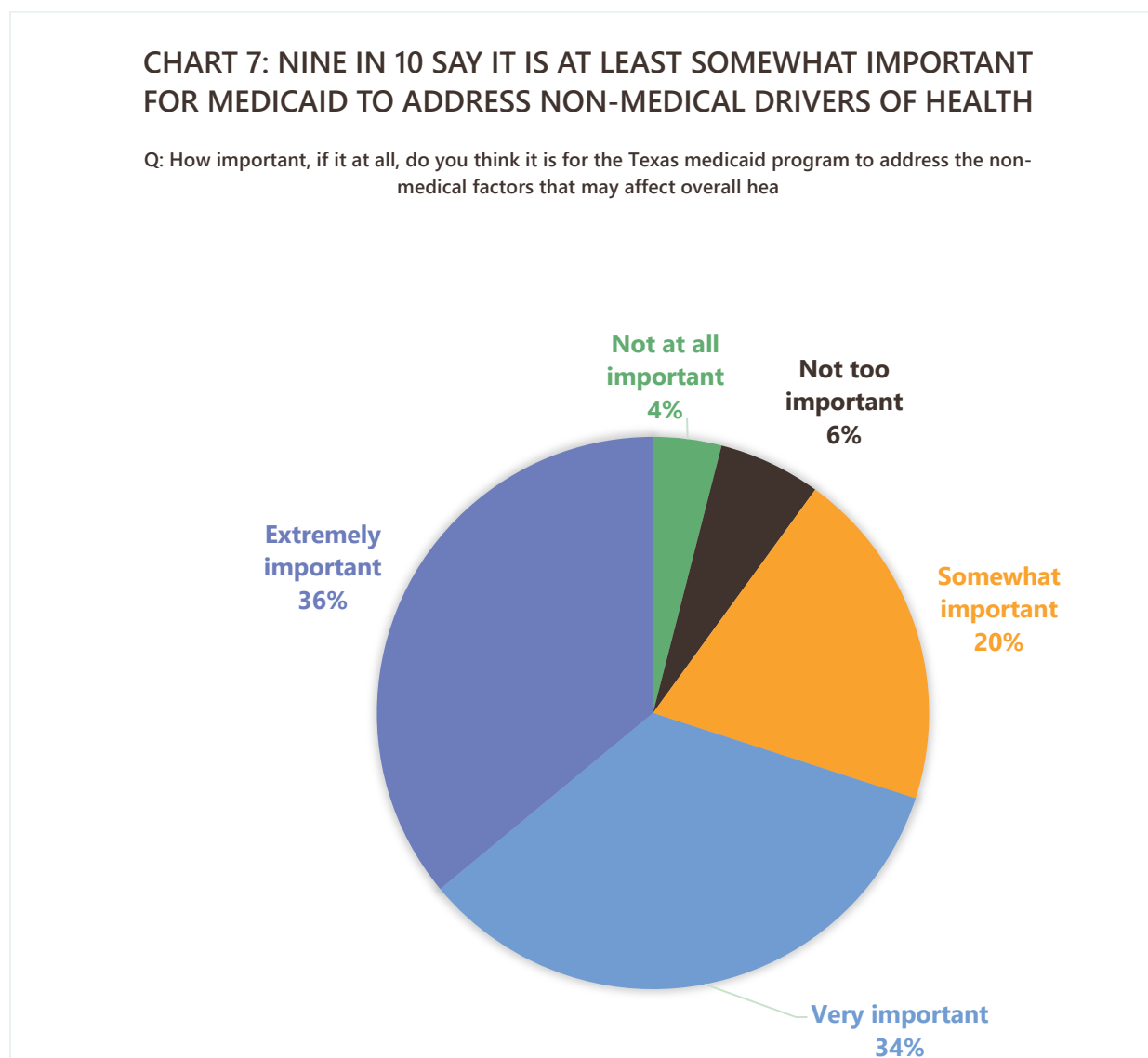
### CHART 6: ONE IN 10 TEXANS DO NOT HAVE A USUAL PLACE TO GET HEALTH CARE

Percent saying do not have a primary care provider, usual source of care, or usually go to an emergency room for care

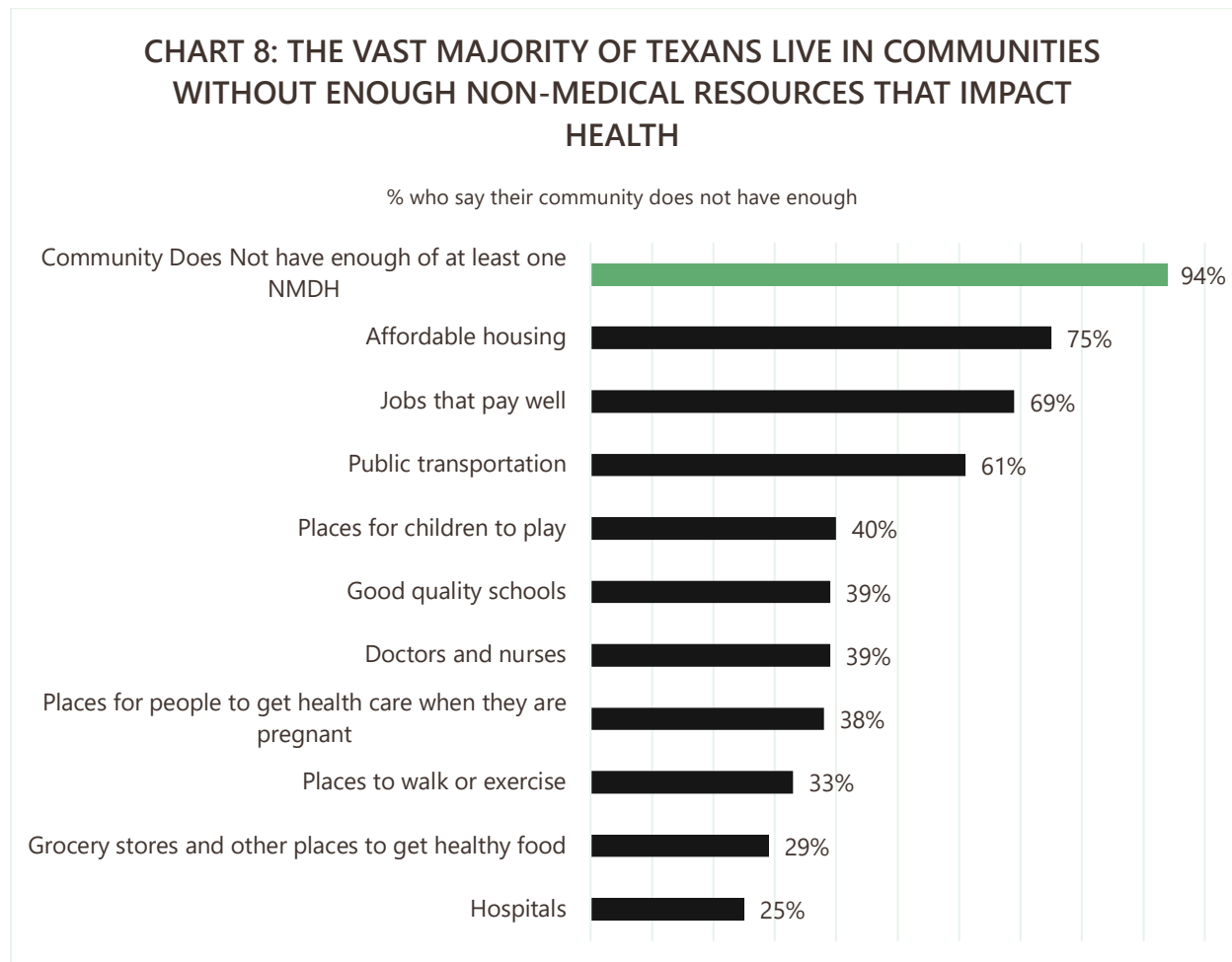


## Non-Medical Drivers of Health

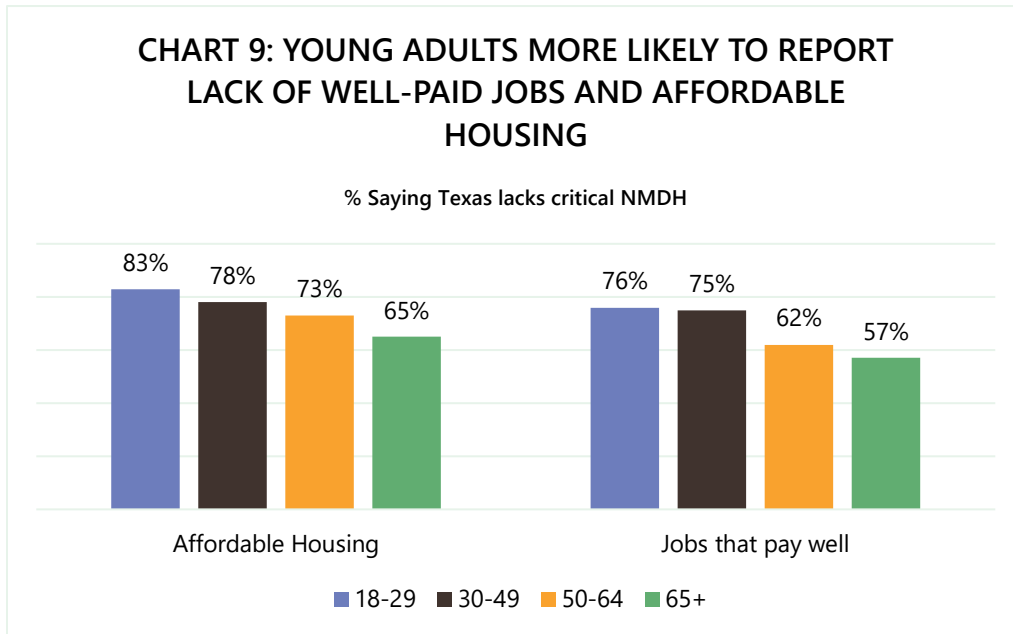
Growing evidence suggests that the conditions under which people live affect a wide range of health outcomes. Addressing deficiencies in these areas may improve health outcomes for individuals and communities. Texans recognize the connection between these non-medical factors and health outcomes. A vast majority of Texas adults think it is at least somewhat important for the Texas Medicaid Program to address Non-Medical Drivers of Health (NMDOH) for those enrolled in the program (90%) with 36 percent saying it is extremely important (chart 7). Support for this tends to be high across many socio-demographic groups.



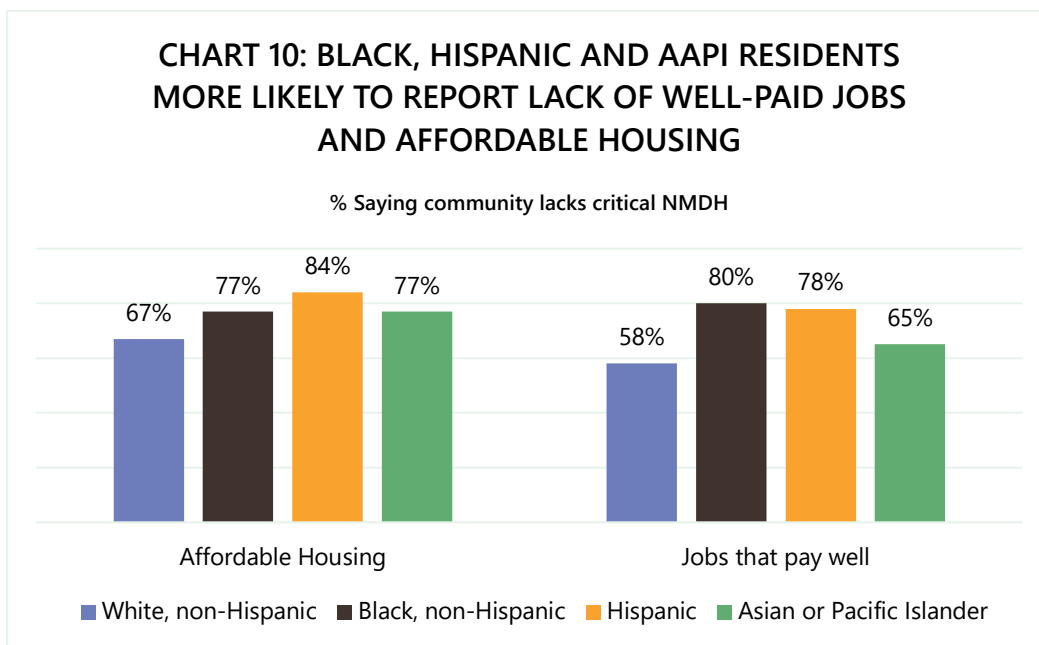
Additionally, the vast majority of Texans recognize that their communities lack at least one non-medical resource that impacts health (94%). The top three resources that are considered lacking by Texans are affordable housing (75%), well-paying jobs (69%), and public transportation (61%) (chart 8).



Young adults and people of color across the state are more likely to see affordable housing and lack of well-paying jobs as issues in their community. Eighty three percent of young adults ages 18 to 29 say there is not enough affordable housing in their community compared to 65 percent of those who are 65 or older. Similarly, 76 percent of adults under 30 say there aren't enough well-paid jobs relative to 57 percent of those over 65 who say the same (chart 9).

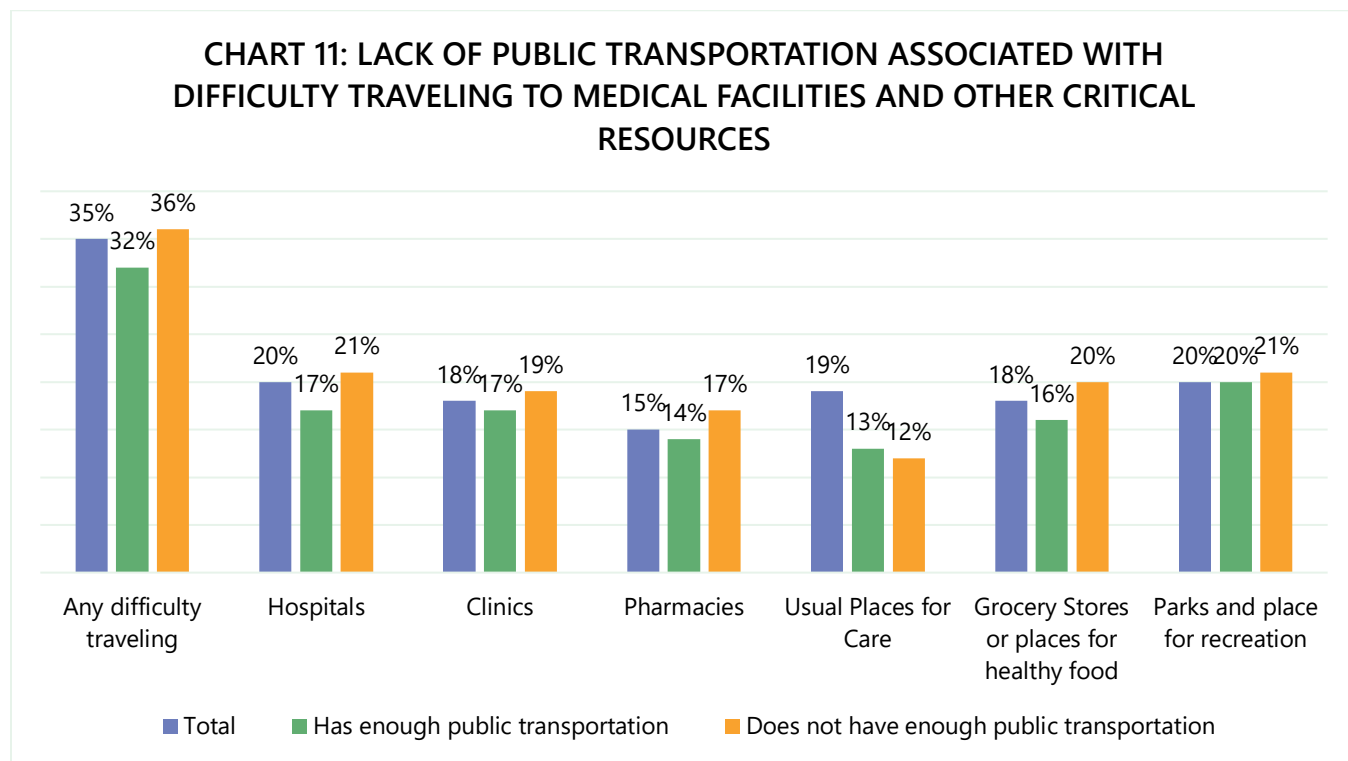


Compared to 67 percent of White residents who say there is not enough affordable housing, 77 percent of Black residents, 84 percent of Hispanic residents, and 77 percent of Asian and Pacific Islander residents say there is not enough affordable housing in their community. A majority across these socio-demographic characteristics say their community lacks well-paying jobs as well. Compared to 58 percent of White residents, 80 percent Black and 78 percent Hispanic residents are more likely to say their community lacks well-paying jobs (chart 10).



A majority also say their communities lack enough public transportation (61%). Transportation is a major issue for Asian and Pacific Islander residents among which seven in 10 say their community does not have enough transportation (70%). Those in rural areas are also more likely to note their communities do not have enough public transportation (71% rural vs. 60% nonrural).

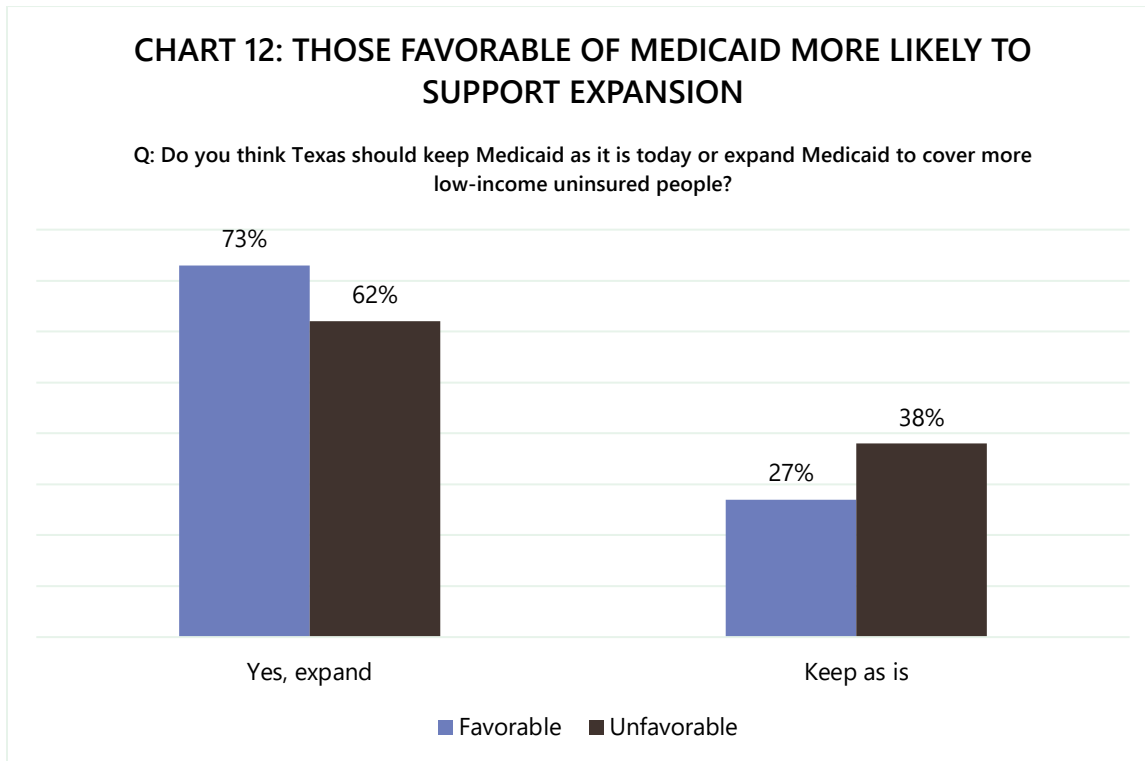
A lack of affordable or easily accessible public transportation can have impacts on individuals' ability to get needed health care. More than one-third of Texas adults say it is difficult to travel to at least one type of medical facility or other needed resource (35%). Additionally, those who say their community does not have enough public transportation are also more likely to say it is difficult for them to reach medical facilities including hospitals, clinics, pharmacies, and the places people usually go for medical care (chart 11).



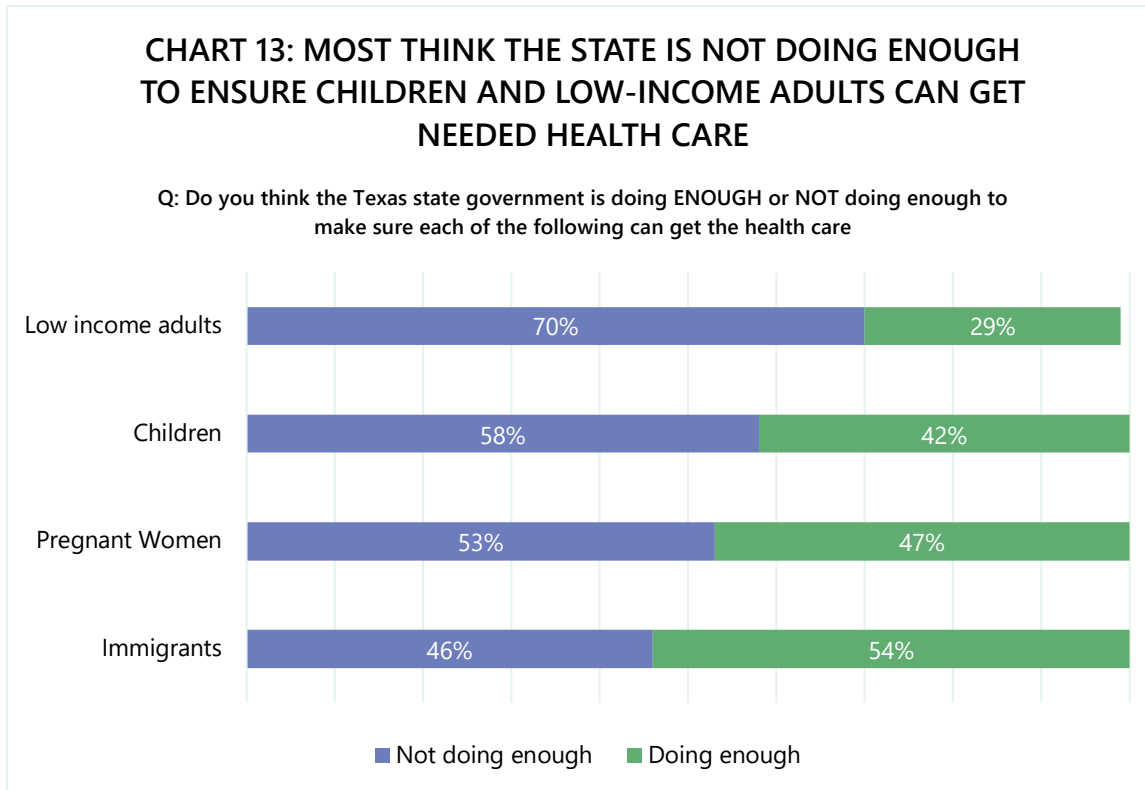
## Medicaid and the Role of State Government in Health Care

Texas is one of 10 states that has not expanded Medicaid health insurance coverage to include more low-income adults under the 2010 Affordable Care Act. However, residents have relatively favorable views of the program and its ability to help low-income people. Just under a quarter have a very favorable opinion of the program (22%) and 47 percent have a somewhat favorable opinion.

Additionally, there is a strong relationship between Medicaid favorability and support for expansion (chart 11). Overall, 70 percent support expanding Medicaid to cover more low-income uninsured people. Almost three quarters of those with a favorable opinion of the program support Medicaid expansion (73%) compared to only 62 percent among those who have an unfavorable opinion (chart 12).



Moreover, 70 percent say the state is not doing enough to ensure low-income adults can get the health care they need (chart 13). A majority also think the state is not doing enough for children (58%) and pregnant women (53%). Nearly half say the state is not doing enough for immigrants (46%).

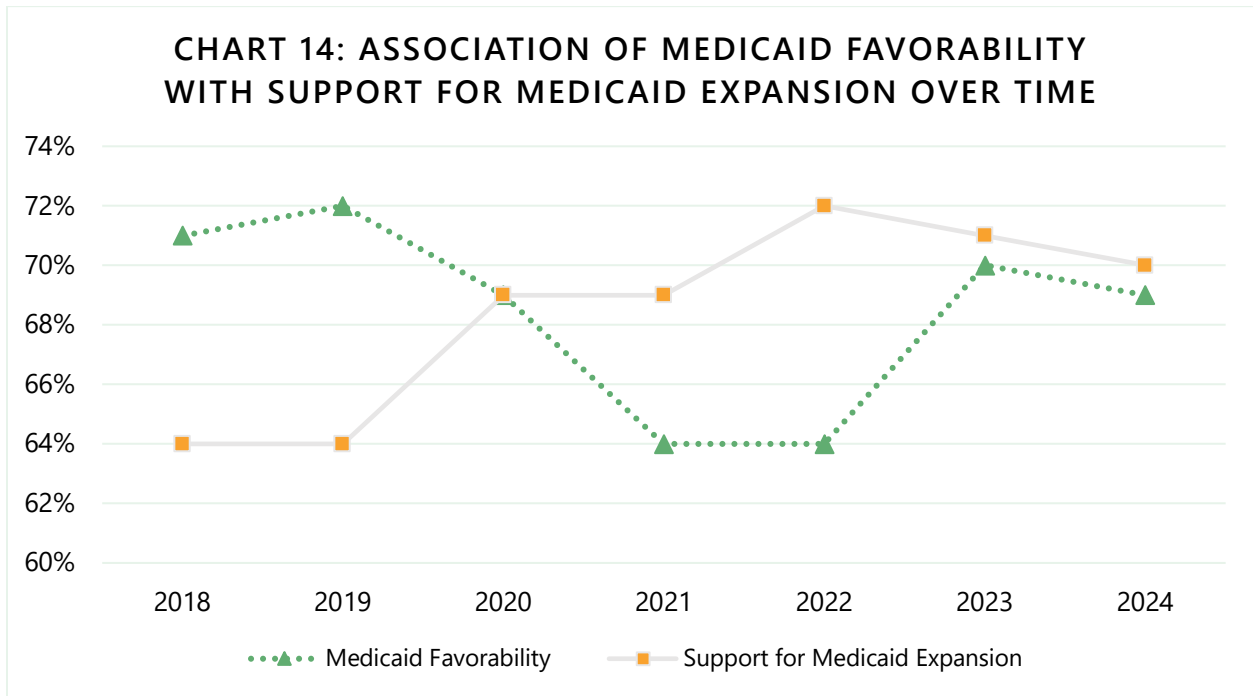


### Medicaid Expansion Favorability Over Time

When the COVID-19 pandemic began in 2020, eligibility checks for Medicaid enrollment were paused allowing individuals to be continuously enrolled and not dropped from coverage. When the public health emergency ended in Spring 2023, Texas began disenrolling individuals. According to estimates from KFF, 1.7 million Texans have been disenrolled as of October 2024 resulting in a 29 percent decline in enrollment in the state.<sup>2</sup> The higher enrollment rates as a result of the pandemic-era pause followed by the large number disenrollments may have impacted respondents experiences and views of the program resulting in stabilized level of favorability and support for expansion under the ACA.

Since EHF began measuring Texas Medicaid favorability and support for expansion annually in 2018, opinions have continued to be positive. In 2018, 71 percent had a favorable view of the program. Medicaid favorability has stayed consistent with 70 percent of Texans saying they have very or somewhat favorable views of the program in 2023 and 69 percent saying the same in 2024. Similarly, 71 percent supported expansion in 2023 and 70 percent supported expansion in 2024 (chart 14).

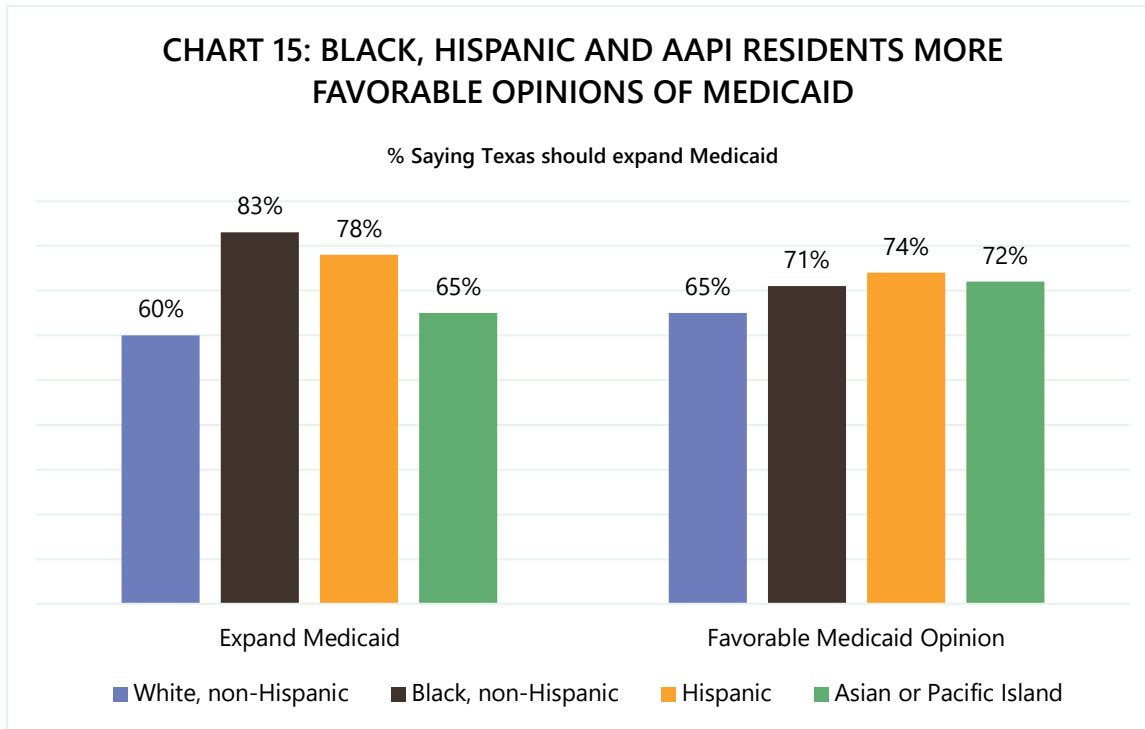
<sup>2</sup> <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>



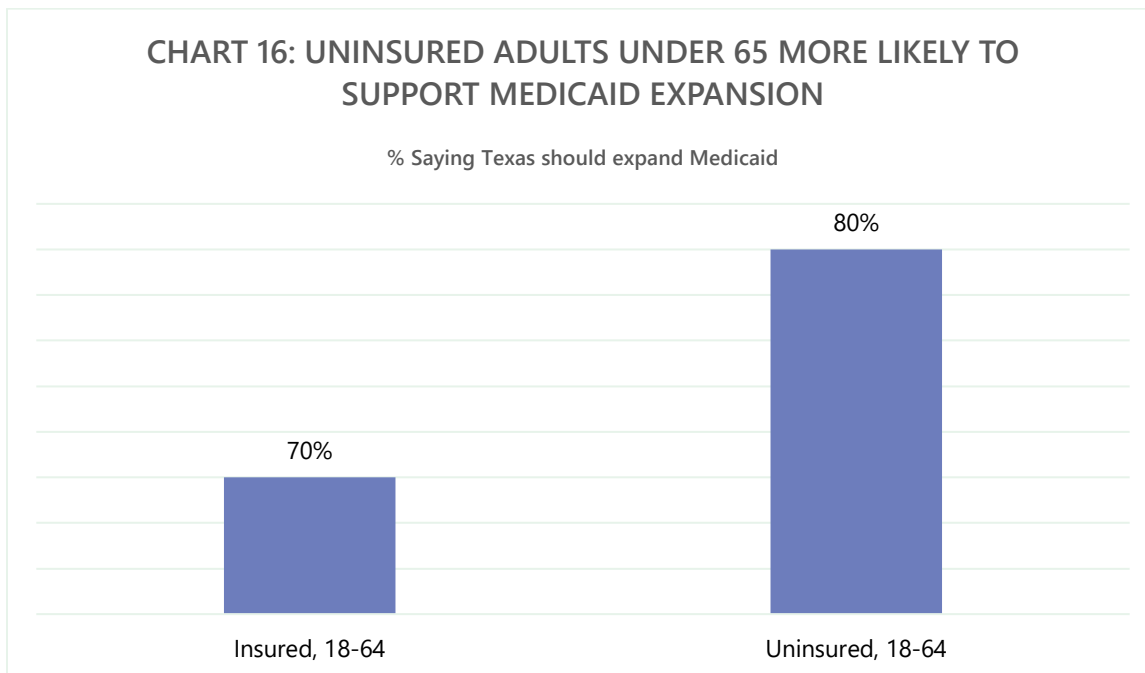
### Differences By Key Demographic Factors

Medicaid favorability tends to be relatively high among racial and ethnic minority groups with 71 percent of Black residents, 74 percent of Hispanic residents and 72 percent of Asian and Pacific Island residents having very or somewhat favorable opinions of the program. Support for expansion is highest among Black (83%) and Hispanic (78%) residents. However, a majority of residents support expansion across race and ethnic groups (chart 15).

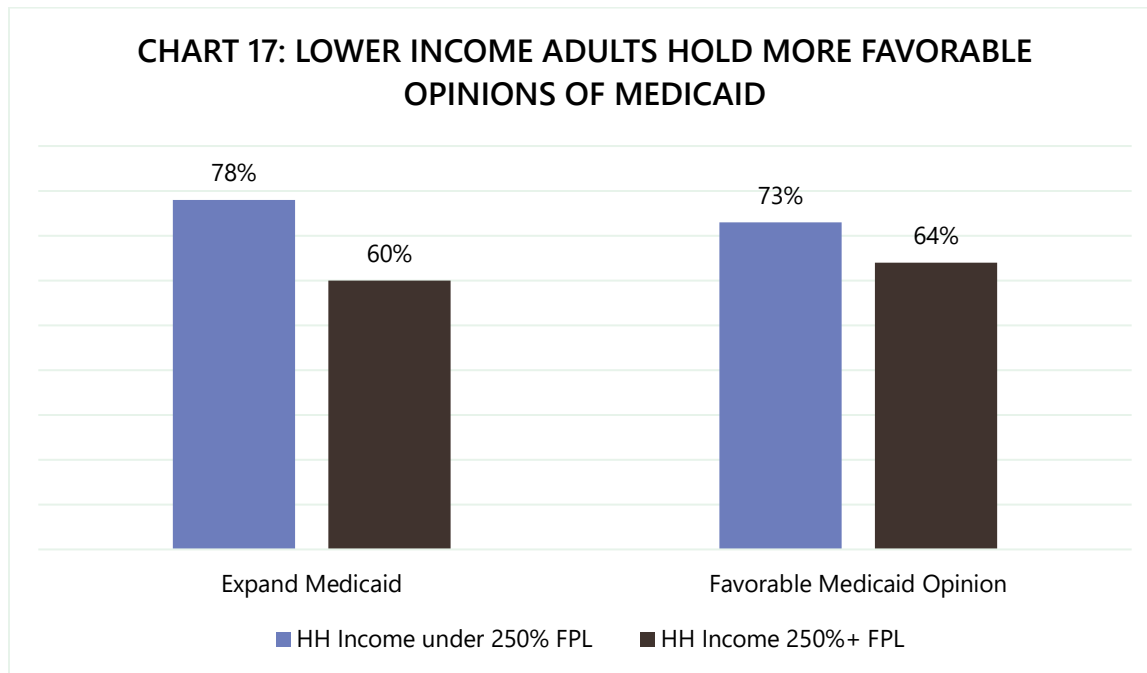




Additionally, those under 65 and uninsured are more likely to support Medicaid expansion (80%) than those under 65 and insured (70%) (chart 16). However, insured and uninsured adults under age 65 have similar levels of Medicaid favorability (70% uninsured 18-64; 69% insured 18-64).



Those with household incomes under 250% FPL have higher levels of favorability of Medicaid and also are more likely to support Medicaid expansion. Seventy eight percent of adults in households with income under 250% FPL support Medicaid expansion compared to 60 percent of those in households above this income threshold (chart 17).



## ABOUT THE SURVEY

SSRS conducted the *2024 Texas Health Tracking Survey* on behalf of Episcopal Health Foundation (EHF) from November 11 through December 20, 2024. Similar studies have been fielded on behalf of EHF since 2018. The 2024 Texas Health Policy Survey was conducted online and by telephone with a representative sample of 2,008 Texas adults (age 18 or older). Interviews were administered in English ( $n=1,855$ ), Spanish ( $n=126$ ), Chinese ( $n=13$ ) and Vietnamese ( $n=14$ ). The sample includes 869 Texas adults reached through the SSRS Opinion Panel<sup>3</sup> online ( $n=789$ ) and by phone ( $n=80$ ) as well as adult Texas residents reached through an address-based sample (ABS) and completed the survey online ( $n=1092$ ) or by phone ( $n=47$ ).

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

[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. **#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.

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<sup>3</sup> <https://ssrs.com/ssrs-solutions/ssrs-opinion-panel/>