

LATINOS AND COVID-19 IN TEXAS: A SOCIAL DETERMINANTS PERSPECTIVE

INTRODUCTION

The COVID-19 pandemic in Texas exposed and worsened systemic racial, socioeconomic, and health inequities. Latino communities in particular experienced disproportionate COVID-19 cases, deaths, and economic consequences.

To address the ongoing effects of the COVID-19 pandemic, state and local policies must prioritize the health and economic well-being of Latinos, who soon will be the largest ethnic group in Texas. Addressing social determinants of health can facilitate access not only to healthcare, but to good jobs with fair pay, healthy food, safe environments, and other resources to thrive and live with dignity.

This report focuses on the Latino population in Texas and their experiences with COVID-19. We explore the social determinants of health that are critical to understanding the spread of COVID-19 across populations. We briefly explore factors that lead to severe COVID-19 illness and possible death, including age of the population, existence of underlying health conditions, and access to health care. We conclude with recommendations for public policies and further research needed to address the health inequities laid bare by the COVID-19 crisis.

Established in 2016, the Latino Research Institute's mission is to create and distribute quality information about issues affecting Latino populations in the region, state, and nation. We serve as a resource for communities, advocates, researchers, policymakers, and other stakeholders. To this end, at the beginning of the COVID-19 pandemic, the Latino Research Institute convened a research consortium to specifically explore the ramifications of the COVID-19 pandemic on Latino communities.

WHAT ARE SOCIAL DETERMINANTS OF HEALTH?

Social determinants of health (SDOH) are non-medical factors that influence health outcomes. They are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes (Centers for Disease Control and Prevention). Among Latinos, additional SDOH include national origin, immigration status, generation, acculturation, and language.



SOCIAL DETERMINANTS

COVID-19 has revealed and amplified the impact of social determinants of health on well-being, specifically among marginalized populations. Latinos represent 39% of the state's population; this is double the national share of Latinos (18% of the U.S. population).

Latinos are not a homogeneous population: their experiences differ across race, national origin, socioeconomic status, immigration status, and other characteristics. In addition, Latinos are diverse in their genetic ancestry and culture. The main unifying element is the shared history of Spanish colonization that results in similar cultural norms in language, religion, and family and social support networks.



Latinos in Texas are young. With a median age of 29 years, the Latino population is substantially younger than the Texas state population overall (35). Almost 17% of Latinos are under age 10, compared with 11% of the overall Texas population.



Texas Latinos have lower levels of educational attainment compared to the state average, and to Latinos nationally. In Texas, 31% of Latinos did not complete high school, compared to 16% of the state overall and 26% of U.S. Latinos. In Texas, 18% of Latinos completed a bachelor's degree or higher, compared to 31% of the state overall and 22% of U.S. Latinos. Latinas have higher educational attainment than Latino men; more Latinas completed a bachelor's degree or higher (22%), compared to Latinos (19%).



In Texas, Latinos are less likely to have health insurance (31%) compared to Latinos in the U.S. (19.5%). In addition, over 40% of uninsured Latino Texans are U.S. citizens.

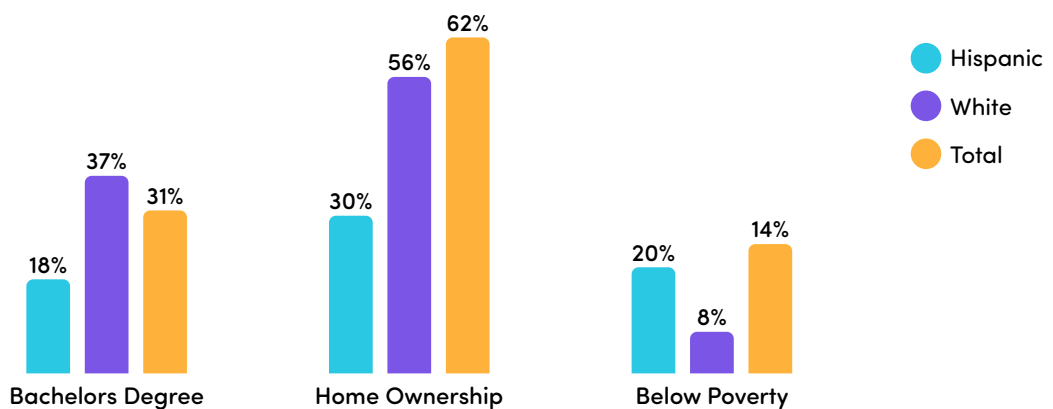


Only one third of Latinos own their home. Latinos in Texas have a 30% homeownership rate, which is far less than the 56% rate among White households. Latinos in Texas are also less likely to own their homes relative to U.S. Latinos (47%).



In Texas, 20% of Latino households live below the federal poverty line -- six percentage points above the state average (14%) and twelve percentage points above White households (8%).

Economic Indicators in Texas



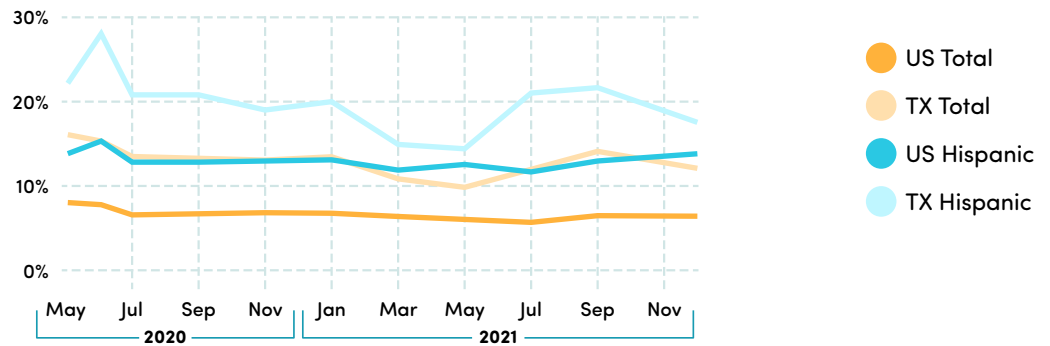
Source: American Community Survey 5-year estimates, 2020

HEALTH ACCESS

Texas has both the highest number and the highest proportion of uninsured residents in the nation. In Texas, Latinos are more likely than others to be uninsured. 31% of Latinos are uninsured, compared to 20% of the state overall—which is still twice the national average (10%). Texas Latinos are also less likely to have health insurance relative to U.S. Latinos (19.5%). Over 40% of uninsured Latino Texans are U.S. citizens. In Texas, 47% of Latino adults have no primary care provider, compared to 25% of non-Hispanic Whites and 33% of the state overall.

Children are far less likely to be uninsured than adults because they have access to Medicaid and CHIP—yet Texas still has the worst child uninsured rate in the nation. 17.8% Latino children in Texas are uninsured compared to 12.7% of the state overall –more than twice the U.S. average of 5.7%.

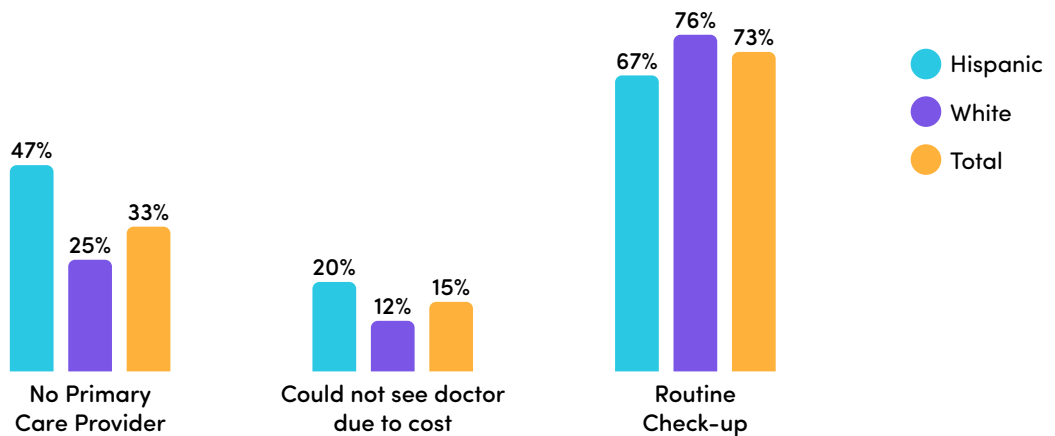
Current Uninsured Status



Source: Household Pulse Survey Data Tables 2020 & 2021

Health insurance is critical in helping people receive the preventive and medical care they need to achieve and maintain good health. In Texas, fewer Latinos reported having visited a doctor for a routine check-up in the last year (67%) compared to non-Hispanic Whites (76%) and to the state overall (73%). Lack of health insurance, high health care costs, and lack of primary care provider hinder a person’s decision to seek diagnosis and treatment for COVID-19. Confusion about and fear of violating U.S. citizen and immigration public charge requirements may prevent some Latinos from seeking health care.

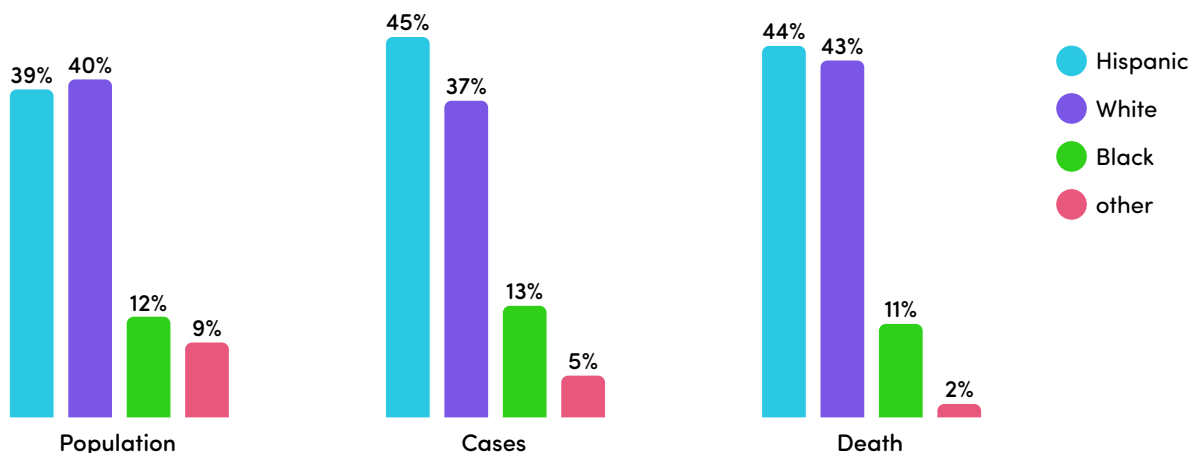
Access to Medical Care for Adults in Texas



Source: American Community Survey 5-year estimates, 2020

COVID-19

COVID-19 Confirmed Cases and Deaths, by Race and Ethnicity in Texas (3/7/2020 - 12/31/2021)



Source: Data as of December 31, 2021, from DSHS COVID-19 Dashboard. Cases and deaths calculated as a percent of total with known race and ethnic data only. Texas population estimates from U.S. Census Bureau 2020 Decennial Census.

Since the first Texas COVID-19 case was announced in March 2020, more than 38 million cases of COVID-19 have been reported by the Texas Department of State Health Services (TX DSHS). Latino residents comprise 39% of Texas population but account for a larger proportion of COVID-19 cases (45%) and deaths (44%) in the state. The true burden of COVID-19 on Texas' Latinos is likely higher for a couple of reasons. As of December 31, 2021, 42% of COVID-19 confirmed cases in Texas still did not have a race or ethnicity identification. Also, some portion of deaths due to COVID-19 may have been assigned to other causes of death, such as heart failure or dementia.

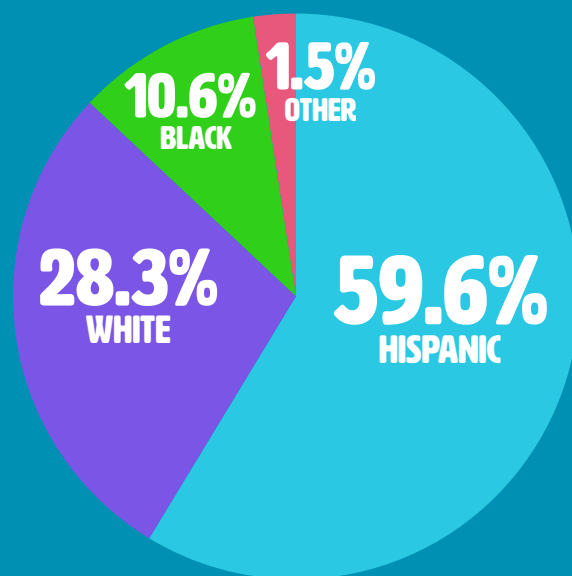
According to the TX DSHS, unvaccinated people comprised 85% of COVID-linked fatalities in the state between January 15 and October 1, 2021. In Texas, only 30% of Latinos who were fully vaccinated received a booster dose, the lowest level in the state in comparison to 40% of non-Hispanic Whites and 34% of Blacks. Given these ongoing COVID-19 disparities, increased efforts to reduce gaps in vaccination rates are warranted.

YEARS OF LIFE LOST TO COVID-19 AS A PERCENTAGE OF THE TOTAL TEXAS POPULATION

In Texas, Latino individuals on average lost 20 years of life due to early death from COVID-19 and all together Latinos lost over 240,000 years of life.

Latinos lost more than twice as many life years as Whites and about six times as many as Blacks. These estimates reflect the size and youth of the Texas Latino population and also of the disproportionate toll COVID-19 has taken on Latinos.

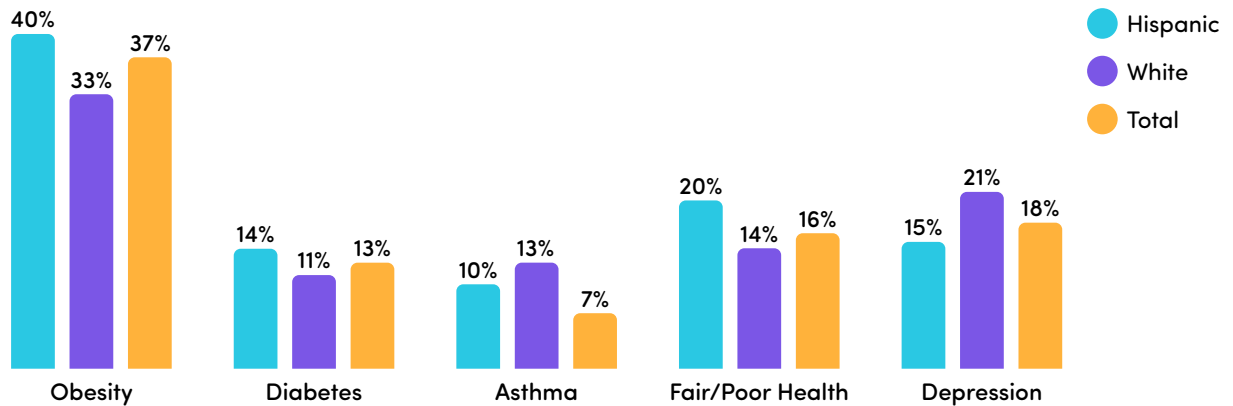
Source: Dr. Rogelio Saenz, Dallas Morning News, 2021, July 11.



HEALTH INDICATORS

Individuals who have chronic health problems, such as obesity, diabetes, and asthma, are at increased risk of infection and death from COVID-19. We used data from the CDC Behavioral Risk Factor Survey (BRFSS, 2019 & 2020) to assess several chronic disease indicators. Texas Latinos report higher rates of diabetes, obesity, and asthma compared to the state overall, and higher rates of obesity and diabetes compared to non-Hispanic Whites. Latinos report worse health (20% report fair or poor general health) compared to non-Hispanic Whites and the state overall.

Chronic Health Conditions in Texas



Source: CDC Behavioral Risk Factor Survey Prevalence and Trends Data 2019 and 2020

Texas Latinos report less depression than non-Hispanic Whites and the state overall. Yet, in a recent Household Pulse Survey (HPS, 2020), 51% of Latino respondents from Texas reported experiencing symptoms of depression and 47% symptoms of anxiety, in the past two weeks, compared to 44% and 42% for the state and 38% and 42% for the nation. (These rates of depression are likely underreported because they reference physician-diagnosed depressive disorders and Latinos have less access to the health care system.)

The COVID-19 pandemic, has highlighted the impact that social determinants of health have on health conditions for the Latino community. Economic disparities that Latinos experience contribute to emotional and financial stress. According to the American Psychiatric Association, Latinos experience additional stressors such as anxiety from not being able to follow stay-at-home recommendations to protect themselves from COVID-19, inability to connect with health care workers due to language barriers, emotional stress of close living situations, and ongoing difficulty accessing health care services and technology. Other stressors that may contribute to symptoms of depression and anxiety for the Latino community include the fear of losing housing due to loss of income and inability to pay rent, social isolation from family and faith-based communities, concerns regarding health and safety of family members considered essential workers, and finding care for children out of school or managing remote school responsibilities.



PSYCHOLOGICAL DISTRESS

Source: Errisuriz, V. LRI Internal Report-Texas COVID College Survey, 2021

1/4
2X

1/4 Latinx young adults (18-25) experienced serious psychological distress

Low income students were 2x more likely to report psychological distress

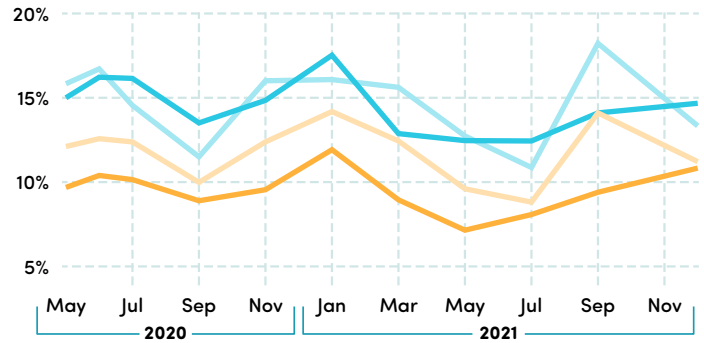
ECONOMIC IMPACT

Health disparities in the U.S. follow well-established patterns, structured by economic disinvestment and institutional racism that shape access to critical resources necessary to maintain health. This holds true for COVID-19: Latinos face a disproportionate economic burden as a result of the pandemic. Data from the U.S. Census Bureau’s Household Pulse Survey show that Latinos in Texas and the U.S. face higher rates of food insufficiency, unpaid rent, and loss of employment income compared to the total Texas population.

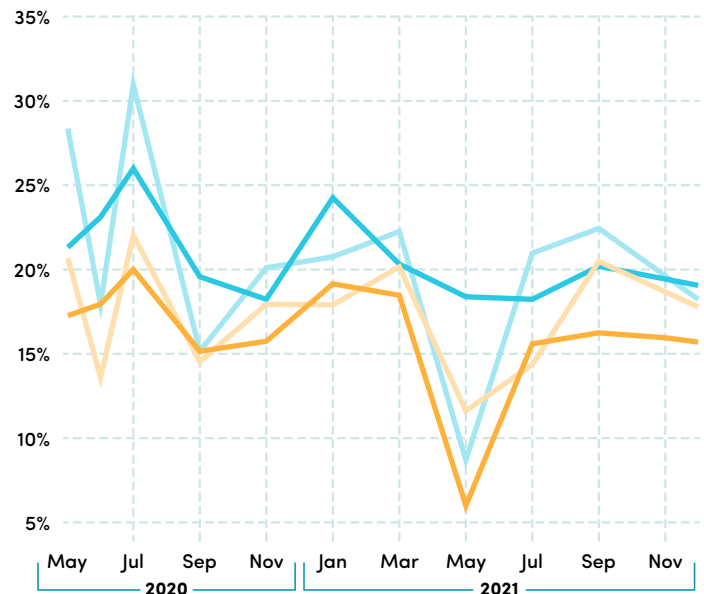
Whether or not Latinos contracted COVID-19, they were at higher risk of infection due to their overrepresentation in occupations considered “essential”. As such, they perform a range of operations and services that were essential to bolster critical infrastructure required to maintain the country’s economy, including activities that could not be suspended, or were unfeasible to complete from home. Due to inequities in education, income, and housing that Texas Latinos experienced prior to the pandemic, Latinos were at a greater risk of experiencing severe illness or death once infected.

As a result of the third iteration of President Biden’s March 2021 American Rescue Plan, financial relief was extended to families of mixed immigration status. This allowed children who are citizens or lawful permanent residents to get critical financial support. Although the supplemental income offered much needed economic relief, many Texas residents did not benefit from this policy. Unauthorized residents that filed taxes with Individual Taxpayer Identification Numbers were not eligible to receive the payment nor supplemental unemployment benefits as they do not have employment authorization. In Texas, approximately 6% of the total population are unauthorized residents – among them, the majority are Latino (85%) and workforce participants (64% employed).

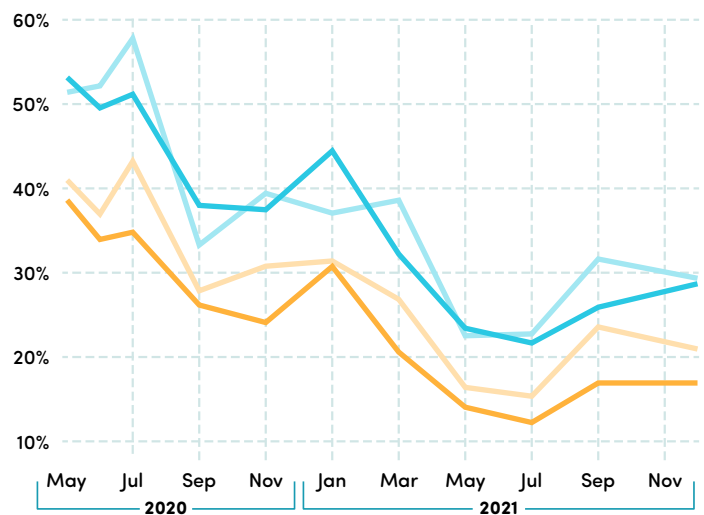
Food Insufficiency



Unpaid Rent



Loss of Income



● US Total ● TX Total ● US Hispanic ● TX Hispanic

Source: Household Pulse Survey Data Tables 2020 & 2021

TEXAS LATINO COLLEGE STUDENTS



21.9% reported running out of money



12.3% reported running out of food

Source: Errisuriz, V. LRI Internal Report-Texas COVID College Survey, 2021

POLICY RECOMMENDATIONS

Conduct research studies guided by inquiries of critical social determinants such as gender, race, ethnicity, generational status, educational attainment, and English proficiency to allow for intersectional analyses.

Increase the state's capacity to collect high-quality data by race, ethnicity, age, and gender. Such disaggregated data will improve the state health authority's capacity to **identify disparities** in specific subpopulations and provide targeted solutions to problems like testing, hospitalizations, and vaccine distribution.

Reinstate the state's Office of Minority Health Statistics and Engagement (defunded since September 1, 2018) to **centralize information** about health disparities and work with local and federal offices to promote access to care for all Texas residents.

Improve health care access for all, including lawfully present and undocumented immigrants that reside in Texas. Texas is notably one of only six states in the nation that currently excludes this population. Policymakers should protect health and human services funding, expand Medicaid, and remove enrollment barriers so every Texan can access the health care they need to thrive. Priority actions to lowering the uninsured rate for Latinos include:

Expand Medicaid to cover all lawfully present adult immigrants that reside in the state.

Promote insurance enrollment taking into consideration the existing barriers such as technological, legal and others.

Expand health services coverage by targeting Latinos with culturally aware and bilingual communication strategies focusing on eligibility, enrollment, and benefits.

Inform undocumented immigrants of their limited but existing benefits, such as perinatal care, emergency care, and other select programs using federal grants.

Extend unemployment benefits for workers in leisure, hospitality and other industries most affected by social distancing guidelines.

Pursue policies that ensure that everyone has a chance at prosperity. Address gender pay equity and raise the minimum living wage for all workers in Texas.

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- US Census Bureau; Household Pulse Survey Data tables; Food Table 2b, Housing Table 1b, Employment Table 1, Health Table 1, Health Table 1a, Health Table 2a, Health Table 2b, Health Table 3; generated by Latino Research Institute; using [census.gov](https://www.census.gov); <<https://www.census.gov/programs-surveys/household-pulse-survey/data.html>>; (February 25, 2022)
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This research was supported by the *Al Frente* COVID Consortium, Latino Research Institute, College of Liberal Arts, The University of Texas at Austin.

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