



EVERY TEXAN

Every Texan supports HB 4139 relating to the Office for Health Equity.

The COVID-19 pandemic is disproportionately burdening Black and Hispanic Texans and has magnified long-standing health inequities for communities of color. Texas should take meaningful actions to reduce racial, ethnic, and other inequities. To build the foundation for that work, the state should equip an Office for Health Equity within HHSC, as HB 4139 does, to develop and implement strategies to reduce health inequities in partnership with state agencies and communities.

This Office could implement programs and strategies to address the factors underlying racial and ethnic inequities in access to health care and coverage. Key facts laid out in our recent Health Equity for Every Texas Child report (<https://everytexan.org/kids-count-2021/>) show Texas has the worst rate of child health insurance coverage in the nation—one in four uninsured U.S. children live here. Hispanic children are twice as likely as others to be uninsured. Texas holds the largest share of the nation’s uninsured Hispanic children, at 36 percent of the national total. Successfully enrolling Hispanic and Latino families in health insurance requires targeted Medicaid and CHIP outreach, conducted in individuals’ primary languages and by trusted community members, especially for mixed-immigration-status families. These are the types of needs an Office for Health Equity can help address.

Much of Texas data we used in our health equity report came from national sources like the U.S. Census Bureau – Texas is in great need of a central state effort to provide reliably disaggregated data, including demographic reporting by race and ethnicity, age, gender, region, language, socioeconomic status, and more.

Texas lacks sufficient real-time data to know the full story of COVID-19’s disproportionate impact on different communities. Early on during the pandemic, the state struggled to reconcile reporting from different local health agencies to present complete demographic data on the DSHS COVID-19 dashboard. Data lagged behind on-the-ground confirmation that, for example, Hispanic communities are disproportionately likely to face early death from COVID-19. Estimates from Texas demographer Rogelio Saenz show that of “person-years” lost due to early death from COVID-19 (the difference between a person’s age at death and their life expectancy), 60% of the loss came from Hispanic families, although they make up only 40% of the state’s population. Even as recently as 4/2/2021, over 1 in 10 confirmed COVID-19 cases have unknown racial/ethnic demographic data reported. Inconsistent data collection makes it difficult to track equitable application of our ongoing vaccine rollout. HB 4139 directs the Office for Health Equity to study COVID’s disproportionate impact and prepare the state to advance health equity more effectively in future public health emergencies and disasters.

We urge your support for HB 4139.