



COVID-19 in Texas: Uncovering Racial Inequities and Advancing Health Equity in Response and Recovery

**September 16, 2020
Webinar Q & A**

- 1. Is the data showing differential impacts on people of different genders (cis men, trans men, trans women, cis women, non-binary folks) by race as well?**

THI: Texas Health Institute released an issue brief entitled, *COVID-19 Response and Action in Understanding Transgender and Gender Diverse Health Experiences in Texas*, which can be accessed through this link: www.texashealthinstitute.org/covid19-series. The brief details the differential health, mental health, and socioeconomic impact of COVID-19 on people of different genders, including by race and ethnicity.

- 2. I wanted to ask if there will be a chance in the task force to look at the type of healthcare, such as African Americans receiving more amputations and cesarean deliveries than any other race, which may correlate to the disparities in African American deaths.**

Rep Thierry: The COVID-19 Racial Disparities Task Force I have called for would be limited in scope to the health disparities seen in relation to COVID-19. However, we know that there are many disparities in our medical systems, including maternal health. I am dedicated to health equity and plan to file several bills in the next session to require implicit bias and cultural competency training for medical professionals, establish an Office of Health Equity and address racial disparities throughout our healthcare system.

- 3. How do we increase the "trust" in our communities regarding the data and the actions to take regarding COVID-19?**

Rep Thierry: Firstly, we need transparent and accurate data collection on COVID-19 cases, including race and ethnicity data, to increase the trust in our communities. Additionally, we should use trusted messengers, such as community leaders, to communicate information about COVID-19 data and health precautions. Everyone should have a seat at the table as we engage with our communities in culturally appropriate ways to ensure everyone has the important information they need to keep themselves and others safe and healthy.

- 4. Can one of the speakers address the impact of existing critical shortages of healthcare providers, especially in primary care, rural areas, and by providers of color, is having on these inequities? Thank you.**

THI: Texas Health Institute and the Texas Primary Care Consortium released *A Call-to-Action For Consensus Based Approach on Primary Care & Health System Transformation in Texas*, which can be accessed through this link: <https://www.texashealthinstitute.org/covid19-series.html>. The brief highlights critical shortages of health care providers in Texas that has been made worse by the pandemic, and discusses short- and intermediate actions.

- 5. Were there any actions taken within the Harris County community to be aware of these resources?**

THI: As the webinar highlighted, initiatives by the HEALTH Reach Taskforce included community outreach to childcare places, businesses, ongoing public service announcements, the ASK HCPH campaign, faith-based outreach, apartment outreach, ongoing social media postings, and leveraging key partnerships in communities.

- 6. How is COVID-19's impact on communities varied by civic health indices, if there's any research on that?**

THI: Our issue brief entitled, *The COVID-19 in Texas: Uncovering Racial Inequities and Advancing Health Equity in Response and Recovery*, examines race and ethnic data across socioeconomic, environmental, healthcare access, and health outcomes indicators in Texas utilizing the Health Opportunity and Equity (HOPE) Initiative. The HOPE initiative data further provide evidence of systemic inequities among Black and Hispanic populations, which have further exacerbated the impact of COVID-19. To explore more specific data rates across select indicators for Texas please visit the issue brief.

- 7. Other states are finding that Asian Americans are being disproportionately impacted by COVID19 compared to Whites. Any insight into why the data does not show a similar pattern in Texas?**

THI: Texas has one of the poorest quality COVID-19 data by race and ethnicity in the country. More than 90% of case data by race and ethnicity are missing. Given the relatively smaller population size of Asian communities, this can be a limitation.

- 8. Maybe looking at how Medicaid Health Plans claims shows who is using services and who is not. This will tell us so much more about utilization.**

THI: Although this is something we did not explore in this issue brief, this would be interesting to examine in future analyses.