

# TEXAS

*Juntos y Juntas*



## TEXAN HISPANICS HEALTH AND SOCIOECONOMIC PROFILE



FUNDACIÓN LATINOAMERICANA DE ACCIÓN SOCIAL, INC.



VALLEY AIDS COUNCIL

**COMING SOON**  
HEALTH & SOCIO-ECONOMIC PROFILES

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# ACKNOWLEDGMENTS

The Latino Commission on AIDS proudly presents "Texan Hispanics: Health and Socioeconomic Profile." This report has been produced by the Institute for Latinx Health Equity, our research and innovation program, and Latinos in the South, our Latino initiative in the southern region of the United States, in collaboration with AIDS Outreach Center (AOC), Borderland Rainbow Center (BRC), Fundación Latino Americana de Acción Social (FLAS), the Hispanic Health Network, Project CHAMPS (Community Action Health Access & Multi-Program Services), the San Antonio AIDS Foundation (SAAF), and the Valley AIDS Council.

## THE LATINO COMMISSION ON AIDS,

founded in 1990, seeks to address health disparities by spearheading health advocacy, promoting health education, developing and replicating evidence-based programs for PLWHA and high-risk communities, and building capacity across the public health sector, including CBOs, health departments, healthcare organizations, and universities.

## LATINOS IN THE SOUTH,

focuses on developing the capacity of stakeholders; enhancing the visibility of issues affecting Hispanic/Latinx, such as barriers to health care access; and mobilizing communities on advocacy and health policy work impacting the Southern region's realities.

**AIDS Outreach Center (AOC)** was founded in 1986 by volunteers to help HIV+ individuals in Fort Worth deal with end of life issues. Today, AOC stands as the largest non-profit AIDS service organization in Tarrant County. AOC provides a continuum of services from testing and prevention efforts.

**Borderland Rainbow Center (BRC)** was founded by 2015 due to the need of more resources from the LGBTQ community and their families. The BRC promotes healing and empowerment through support groups, therapy on a sliding-scale, casework and referrals, and by providing healthy social and educational events.

**Fundación Latinoamericana De Acción Social (FLAS)** was founded as Fundación Latino Americana Contra el Sida in 1994. FLAS provides education, HIV/STD's counseling & testing, treatment referrals for Latinos affected by HIV/AIDS.

**The National Hispanic/Latinx Health Leadership Network** is a collaborative of health community leaders. The network organizes national Hispanic / Latinx Health Leadership Summits and leads the development of a national health policy agenda.

**Project CHAMPS (Community Action Health Access & Multi-Program Services)** enhances access to a comprehensive continuum of high quality, community-based care for income-eligible individuals living with HIV and their families. It was established by South Plains Community Action Association (SPCAA), a non-profit founded in 1970 to promote individual economic growth and self-sufficiency.

**The San Antonio Aids Foundation (SAAF)** was founded in 1986 by Robert Edwards. SAAF is now the oldest and most comprehensive professionally managed organization that provides services for those affected by HIV/AIDS in Bexar County and 11 surrounding South Texas counties.

**Valley AIDS Council (VAC)** was founded in 1987 after health care leaders met in response of the growing incidence rate of HIV/AIDS in the area. VAC is the primary provider of HIV prevention, education and testing services in the region.




**The Latino Commission on AIDS would like to thank Gilead for providing funds for this project and reaffirming its commitment to creating healthier communities.**

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Texas (or Tejas) is the second-largest U.S. state by area (after Alaska) and population (after California). Houston is the fourth-largest in the U.S., and Harris County is one of the most diverse areas in the U.S. Due to its size and geology, Texas contains rich and varied ecosystems, including prairies, grasslands, piney forests, sand beaches, deserts, coastal swamps, and high mountains. Throughout history, many groups and nations have inhabited, colonized, and ruled the area. Hence, Texas is a rich blend of many cultures, some going back thousands of years.

One in five Hispanics in the U.S. live in Texas. Furthermore, Hispanics account for 40.2% of the 29.5 million Texans. While immigration toward Texas has slowed in the past decade, Hispanics are still a growing and young demographic group. Three-fourths (75%) of Hispanic households are families, and over a third (34.4%) of Hispanics are under 19.

Across the state, Hispanic communities present a tremendous racial diversity resulting from long histories of interracial and cultural mixing and migration. Furthermore, the diversity within the Hispanic community is increasing as new immigrants from Latin American countries other than Mexico call Texas their home.

As a young and diverse group, Hispanics constitute a vibrant cultural, social, political, and economic force. This socioeconomic and health profile seeks to highlight our strengths and challenges to live healthy lives and contribute to the future of our state. We hope this document helps develop health and socioeconomic programs and policies to foster our potential.

## **SOCIOECONOMIC STABILITY**

To realize our potential, we must ensure our communities achieve socioeconomic stability. We must also dispel misconceptions about our communities. For instance, more Hispanics than non-Hispanics participate in the labor force, and arrests and incarceration rates are lower among Hispanics.

Texas will benefit from enhancing educational and professional opportunities for one of its younger groups. Unfortunately, the gap in high school graduation between Hispanics and non-Hispanics increases in higher education. With 40.2% of the Texan population, Hispanics represented only 18% of the doctoral degrees awarded in 2020. This educational gap impacts our future socioeconomic stability.

Only a quarter of Hispanics hold a job in management, business, science, or the arts compared to almost half of non-Hispanic Texans. In addition, the average Hispanic household earns \$12,000 less than the median Texan household. Not surprisingly, Hispanic families are underrepresented in the higher income brackets and overrepresented among households needing SNAP, lacking regular care, or homeless.

*\* For simplicity of this document, we will use the pan-ethnic term Hispanic to refer to the diverse self-identifications within our communities, including those related to variations in race/ethnicity, family origin, cultural group, or gender expression (e.g., Hispanic, Latino, Cuban-American, or Latinx). The described populations are composed of various racial groups, so using them as racial categories is inaccurate.*

## HISPANIC HEALTH

While Texan Hispanics may have longer life expectancy than all Texans, several interrelated health concerns need attention. For instance, COVID-19 mortality rates have been much higher for Hispanics than their non-Hispanic counterparts. In addition, as in other parts of the country, Hispanics may present prior health conditions, be unable to enact social distancing, or fear seeking healthcare.

Behavioral health constitutes a particular concern among Hispanics. On the one hand, the rates of suicide and alcohol and drug-induced fatalities are lower among Hispanics. But on the other, the rates have increased since 2000, and there are serious concerns about the underscreening, underdiagnosing, and lack of treatment of behavioral disorders among all Texans.

Hispanics also present high rates of preventable diseases, including COVID-19, HCV, or HIV. Yet, at the same time, they have lower rates of COVID-19 vaccination or PrEP use. For instance, new HIV diagnoses have remained more or less constant in Texas for the last ten years, with still higher rates among Hispanics.

We must attend to how racism, xenophobia, classism, homophobia, or transphobia impact the health of different subgroups within our communities. The current sociopolitical landscape in the U.S. and Texas regarding LGBTQ+ individuals is troublesome as it increases their health and social risks. Hispanic gay, bisexual, or men who have sex with men represented 78.6% of the 2021 new HIV diagnoses among Hispanics. While Hispanic high school students reported lower rates of interpersonal violence, LGB Hispanics had higher rates than all Texas students across all types of interpersonal violence.

The impact of preventable diseases in our communities requires additional efforts to increase community education, prevention programs, screening programs, and healthcare access. For example, only 18.8% of high school students reported using birth control, and 46.8% used a condom during their last sexual intercourse.

Not surprisingly, the teen pregnancy rate among Texan Hispanics is twice the U.S. rate. In addition, after 30 years of the HPV vaccination not being required for youth, the cervical cancer rate is 11.6 among Texan Hispanic women, compared to 7.7 in the U.S.

The high rates of obesity and physical inactivity among Hispanic adolescents and adults result in high hospitalizations and deaths related to diabetes and heart diseases. Similarly, high rates of untreated mental health needs and alcohol and drug use among Hispanics result not only in related hospitalizations and fatalities but also in high rates of injuries and DUI arrests.

The data presented here reinforces the need for an integrated approach to health care and public policies. Efforts are also needed to enhance the effectiveness and credibility of current public health policy.





## TEXAS HEALTH INFRASTRUCTURE

The Texan public health system relies heavily on for-profit. For instance, there were 281 for-profit acute care hospitals in Texas in 2018, an increase from 257 in 2009. In contrast, there were 103 public hospitals in 2018, a decrease from 119 in 2009.

Healthcare expenditures have increased for all the states. But, the gap between the whole U.S. and Texas continues to grow. Texas had the 41st lowest healthcare expenditure per capita (per resident) in 1991. By 2020, Texas had the 47th lowest healthcare expenditure in the U.S.

Regardless of Medicaid Expansion, the percentage of uninsured has decreased for all the states. But the reduction has been much slower for Texas than in other states. Texas has historically had the most significant percentage of uninsured residents.

The shortage of health professionals is a critical issue impacting health outcomes across all Texas groups and geographies. For example, there is only one community health worker for every 7,172 Texans and one licensed clinical social worker for every 3,373 Texans. This shortage also impacts the future health of our youth. For example, despite the increase in youth suicide rates, there is one school psychologist for every 2,751 students, while the recommended ratio is 1 for 1,100 youth.



In addition, there is a more significant shortage of Hispanic health professionals. One out of 13 primary care providers and three out of seventeen licensed clinical social workers were Hispanic. This is not surprising given that Hispanics are underrepresented among public health faculty and those receiving higher education degrees from public health institutions. This will continue limiting our ability to provide culturally and linguistically appropriate services.

## OUR FRAMEWORK

We hope the data presented here illustrate the need to consider the synergistic relationship between social and economic conditions and health disparities and inequity. For example, income, education, language, occupation, or housing are social determinants shaping the social, economic, and physical environments in which people live and their health outcomes. We suggest going further and examining the fundamental causes of disease underlying health disparities and inequity simultaneously across a variety of health issues, populations, and geographies.

## OVERARCHING PRIORITIES

The following overarching priorities are aligned with efforts to increase human rights protections, economic justice, racial and ethnic justice, healthcare justice, language justice, and dignity for all Texans.

-  Mitigating discrimination and stigmatization (e.g., racism, xenophobia, homophobia, transphobia) within social, economic, and health systems
-  Increasing Texas health workforce's capacity to provide culturally and linguistically appropriate services to Hispanic communities
-  Ensuring availability, accessibility, and affordability of health care, prevention services, and insurance plans for all, regardless of immigration status, income, or geographic setting
-  Implementing structural change to increase social and economic stability as an effective strategy for improving health outcomes

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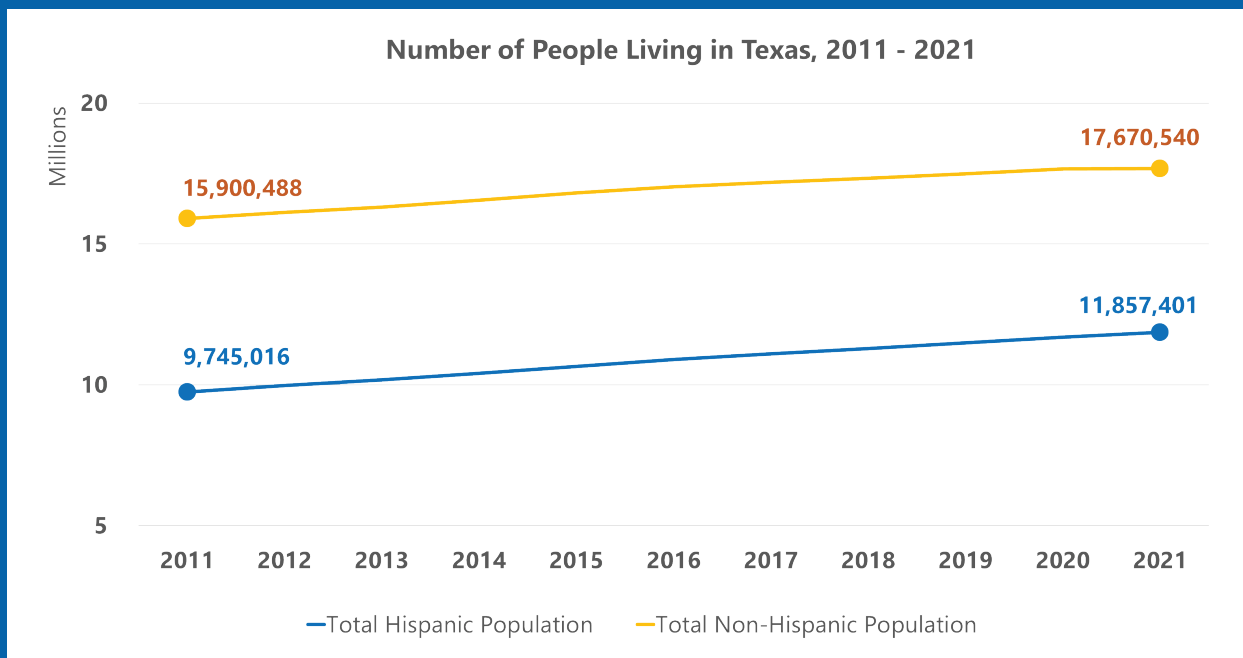
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# DEMOGRAPHICS OF TEXAN HISPANICS

## POPULATION GROWTH 2011 - 2021

Hispanics are the fastest-growing group in the U.S., and one in five Hispanics in the U.S. lives in Texas. While they account for 18.9% (62.7 million) of the 331.9 million people in the U.S., they account for 40.2% (11.8 million) of the 29.5 million people in Texas.



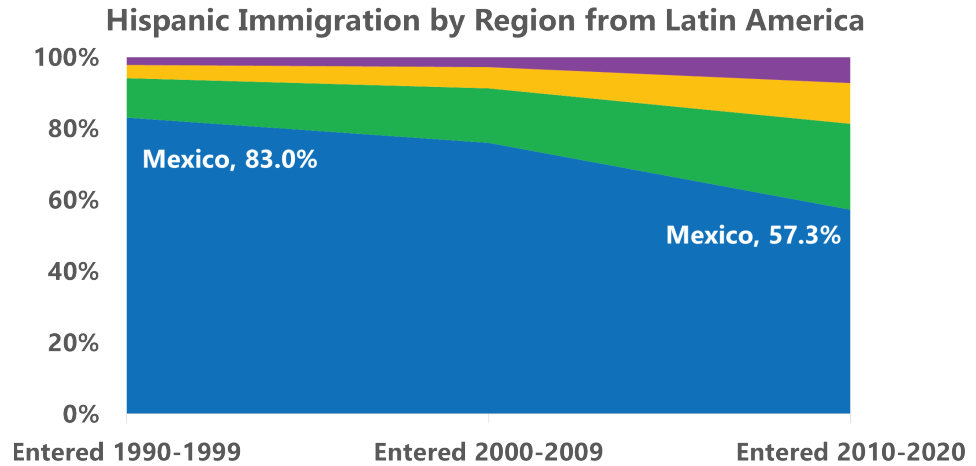
Data based on: Census Population Estimates, 2021

Hispanic communities present a great diversity resulting from long histories of interracial and cultural mixing and migration. This diversity must be considered when developing health and socio-economic policies as different subgroups experience the intersectionality of racism and xenophobia.

Percentage of Texans by Race, 2021						
	White	Black	American Indian or Alaskan Native	Asian or Pacific Islander	Other	Two or More Races
<b>Hispanic</b>	58.4%	0.9%	0.8%	0.1%	17.1%	22.6%
<b>Non-Hispanic</b>	67.6%	19.6%	0.3%	8.3%	0.4%	3.8%

Data based on: IPUMS USA, University of Minnesota, Census ACS Survey 2021, 5-Yr Estimates

## HISPANIC IMMIGRATION TO TEXAS



Caribbean	16,629	24,144	43,360
South America	29,291	51,794	68,219
Central America	86,807	134,359	144,388
Mexico	649,596	666,468	343,466
	<b>782,323</b>	<b>876,765</b>	<b>599,433</b>

Data based on: Census ACS Survey 2020, 5-Yr Estimates

Texas has historically been a state with a high number of Hispanic immigrants. Nonetheless, the percentage of Hispanics migrating to Texas has decreased in the last 10 years.

On the other hand, the socioeconomic and political upheavals across Latin America, particularly in Central and South America, have changed the overall share of Texan Hispanic immigrants by region.

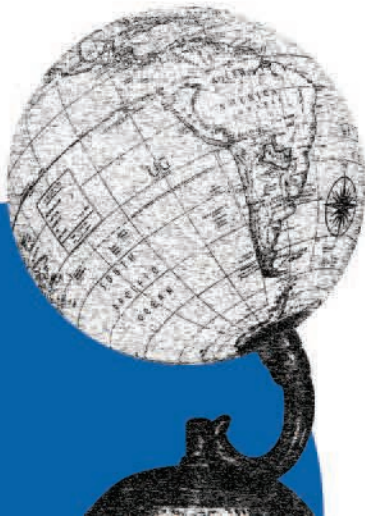
### TOP 10 HISPANIC ANCESTRY IDENTITIES

(Percentage and Number of Hispanics)

- 1 Mexican (83.7%) 9,605,740
- 2 Salvadorean (3.0%) 346,624
- 3 Puerto Rican (2.0%) 228,286
- 4 Honduran (1.6%) 182,720
- 5 Spanish (1.5%) 171,537
- 6 Guatemalan (1%) 115,263
- 7 Cuban (0.9%) 104,081
- 8 Colombian (0.7%) 91,562
- 9 Venezuelan (0.5%) 70,367
- 10 Peruvian (0.3%) 37,400

- Caribbean
- Central America
- South America
- Mexico

Data based on: Census ACS Survey 2021, 5-Yr Estimates





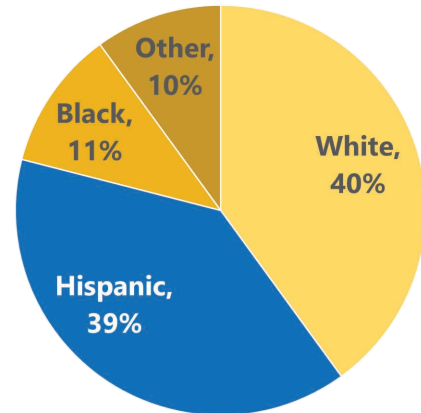


## SEXUAL ORIENTATION

Personal, social, and political norms shape the disclosure of sexual orientation to others. At the structural level, social and political views determine whether sexual orientation data will be collected.

While there is limited data on sexual orientation among Texans, it is estimated that 4.1% of Texans identify as LGBTQ+, below other populous states (Florida 4.6%, New York 5.1%, and California 5.3%).

## LGBTQ+ Texans by Race/Ethnicity



Data based on: UCLA Williams Institute, LGBT Data, 2019

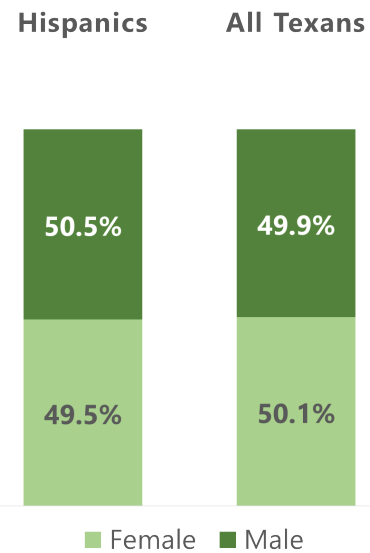
## SEXUAL IDENTITY

There is even more limited accurate data on transgender and non-conforming gender identities among Texans. This is particularly concerning as many health, social, and economic disparities are more pronounced among individuals who identify outside of the traditional gender categories.

Among Texan Hispanics, there are slightly fewer females than males (49.5%) compared to the percentage of Hispanic females in the U.S. (50.5%).



## Sex



Data based on: Census Population Estimates, 2021

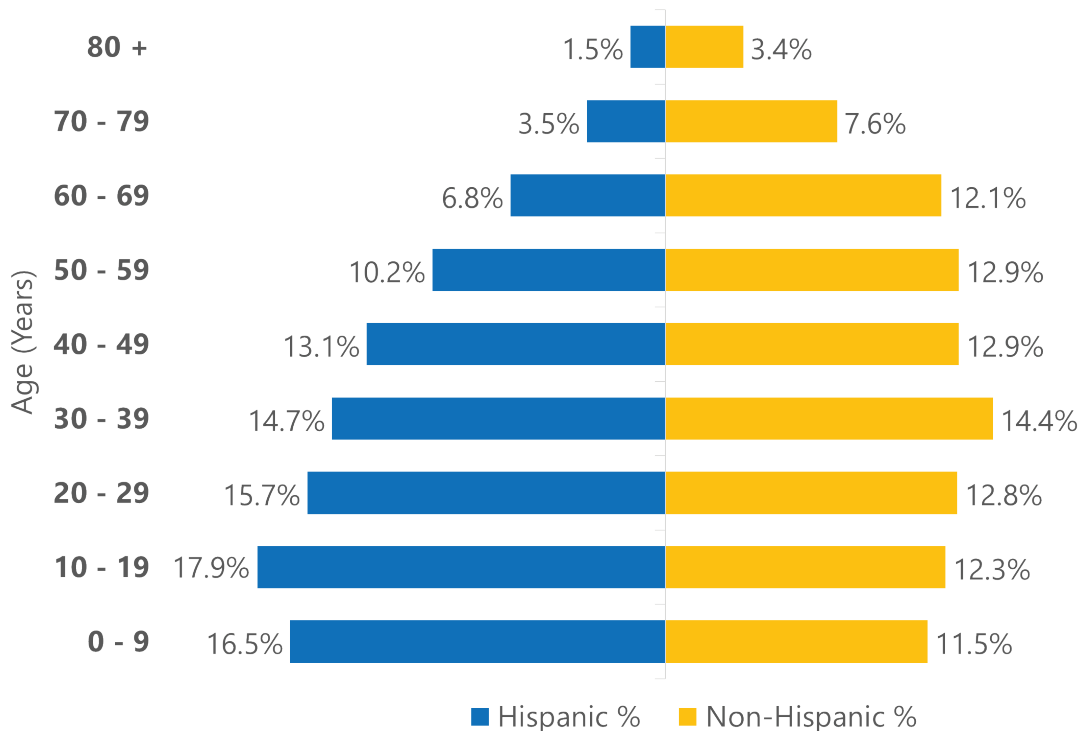


## POPULATION PYRAMID

Texan Hispanics are younger as a group than non-Hispanics. Over a third (34.4%) of Hispanics are 19 years or younger compared to under a quarter (23.8%) of non-Hispanics. Furthermore, half (50.1%) of Hispanics are under 29. In the upcoming decades, this young, vast workforce will create economic opportunities for Texas (“demographic dividend”).

As birth rates decrease and immigration toward Texas diminishes, the proportion of elderly Hispanics is expected to increase. Socioeconomic instability among Hispanic communities (see below) will likely result in high rates of chronic diseases among aging Hispanics.

**Population Percentage Per Age Group**



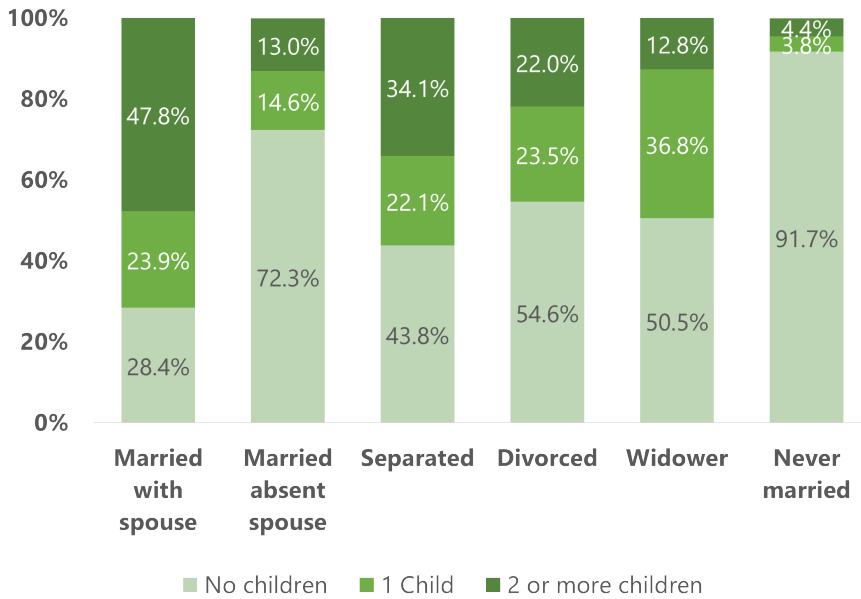
Data based on: Census ACS Survey 2021, 5-Yr Estimates





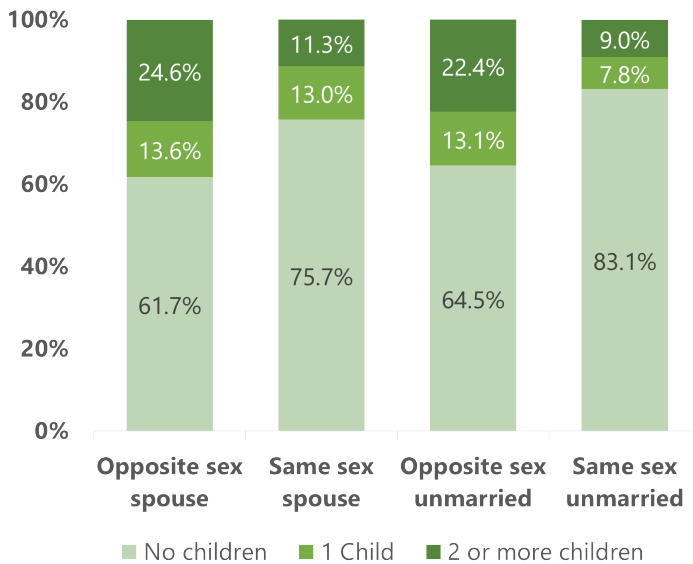
## HISPANIC HOUSEHOLDS AND FAMILIES

Presence of Children in Hispanic Households by Marital Status



Three of four Hispanic households consist of families (2.4M out of 3.2M). Half of all Hispanic households have a married-couple present (1.6M), and 18% are single households (579,652).

Presence of Children in Hispanic Households by Couple Status

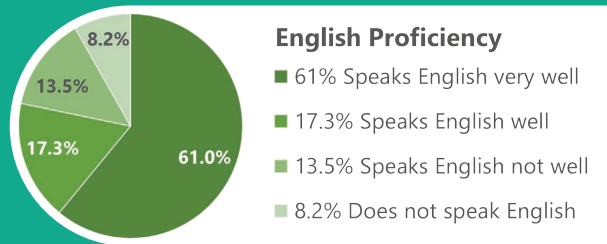


As a young group, it is not surprising that most Hispanic households are families with children, including same-sex families. About one in four same-sex married couples (24.3%) have children and close to 1 in 5 among same-sex unmarried couples (17.8%).

Data based on: IPUMS USA, University of Minnesota, Census ACS Survey 2020, 5-Yr Estimates

# SOCIO-ECONOMIC STABILITY

## ENGLISH PROFICIENCY AMONG HISPANICS THAT SPEAK SPANISH AT HOME



Data based on: IPUMS USA, University of Minnesota, Census ACS Survey 2020, 5-Yr Estimates

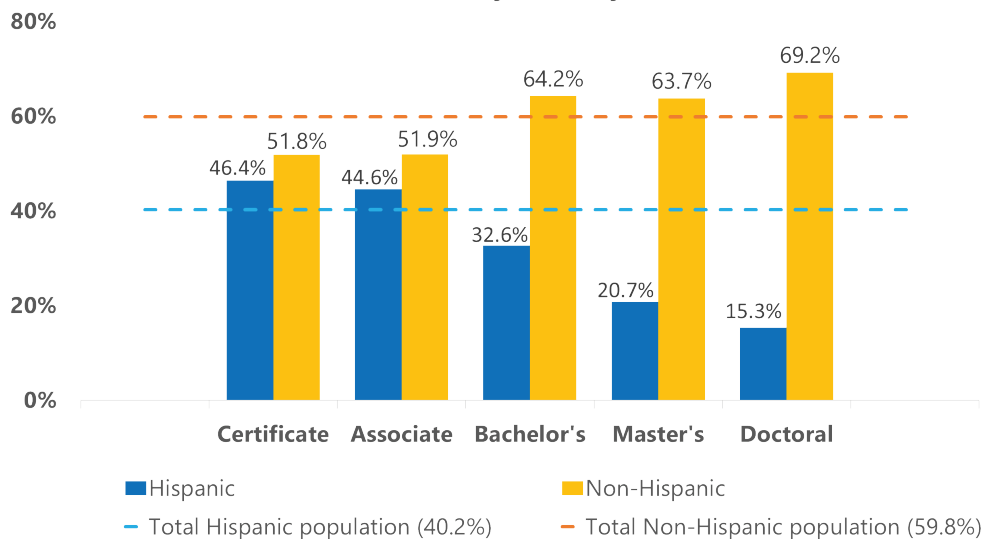
In 2020, 7.7 million Texan Hispanics (65%) spoke Spanish at home. Most of them also spoke English well or very well (78.3% or 6 million). On the other hand, 1 in 5 did not speak English well or at all (21.7% or 1.6 million). English proficiency has great implications for pursuing formal education, obtaining well-paid jobs, and obtaining quality health care.

## EDUCATIONAL ATTAINMENT

The Public School Class of 2021 had a four-year graduation rate of 88.1% and a drop-out rate of 6.9% for Hispanics compared to 90.0% and 5.8% for all Texan students. (TEA)

While the number of Hispanics pursuing advanced education continues to increase, Hispanics are still underrepresented in more advanced degrees. This limits the economic stability and mobility of Texan Hispanic families.

Percentage of Degrees and Certificates Awarded in 2020 by Ethnicity



Number of Degrees and Certificates Awarded, 2020					
	Certificate	Associate	Bachelor's	Master's	Doctoral
<b>Hispanic</b>	22,104	43,390	47,997	11,680	1,882
<b>Non-Hispanic</b>	24,689	50,540	11,680	35,927	8,536

\*International students not included  
 \*Doctoral degrees include Professional Practice and Research Scholarship

Data based on: Texas Higher Education Accountability System

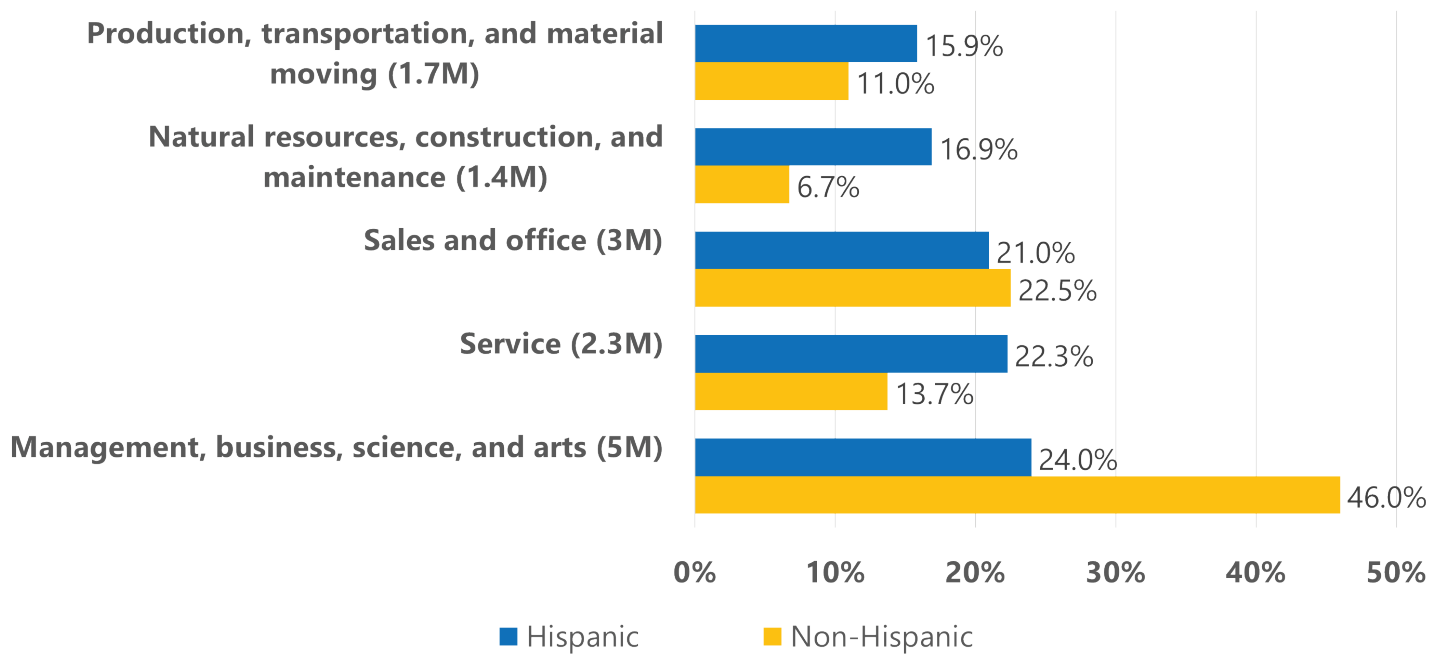


## LABOR AND EMPLOYMENT

In 2020, Hispanics comprise 37.5% (5.2 million) of the Texas labor force. However, the unemployment rate among Hispanics was 8.9, compared to Non-Hispanics at 6.7.

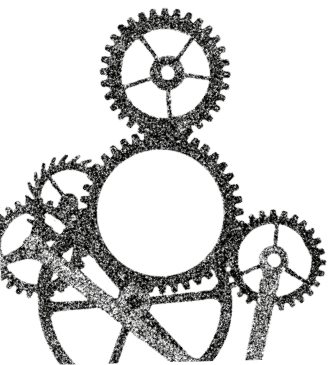
Data based on: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics

### Percentage of People Employed by Industry Occupation



Data based on: Census ACS Survey 2020, 5-Yr Estimates

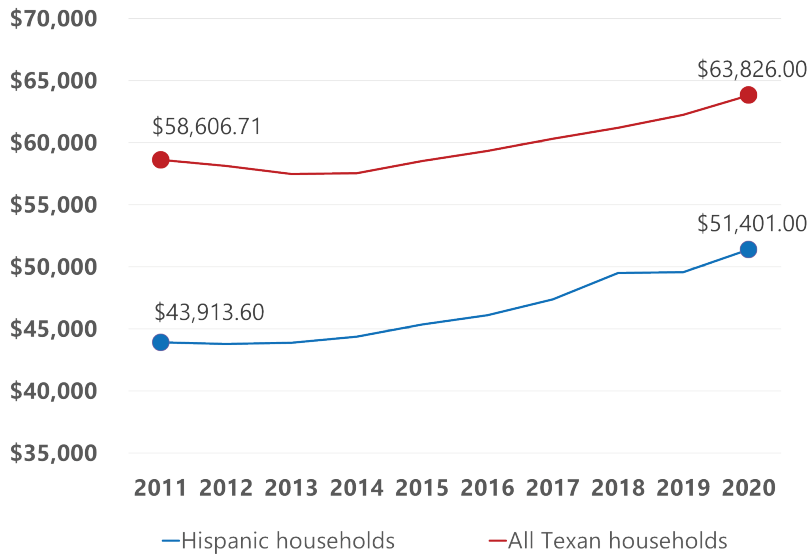
A slightly higher proportion of Hispanics (65%) participate in the labor force compared to non-Hispanics (62%). On the other hand, Hispanics are underrepresented in more managerial and professional occupations.



## HOUSEHOLD INCOME

The median household of \$63,826 for overall Texans tells us that half of all Texan households made less than this amount, and the other half made more.

Median Household Income, 2011-2020

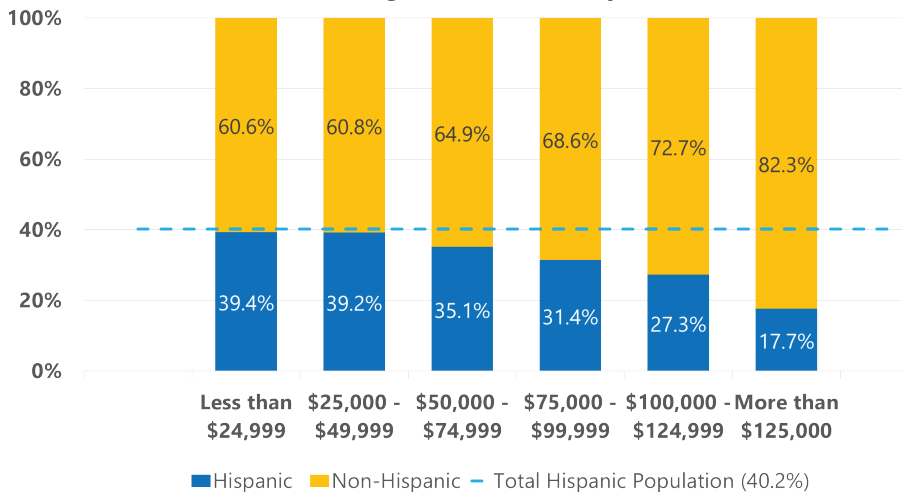


Over a \$12,000 gap in the median household income between all Texans and Hispanics

The income gap between Hispanics and all Texans decreased slightly in the last 10 years, from 25.0% in 2011 to 19.5% in 2020. However, Hispanic households continue to have a much lower median household income than the average Texan household.

Data based on: US. Federal Reserve, St. Louis FRED Data, and the Census ACS Survey 2020, 5-Year Estimates

Percentage of Households by Income



Hispanics are underrepresented in households with the highest incomes. For instance, they represent 17.7% of the households making over \$125,000

Hispanic Population (40.2%)

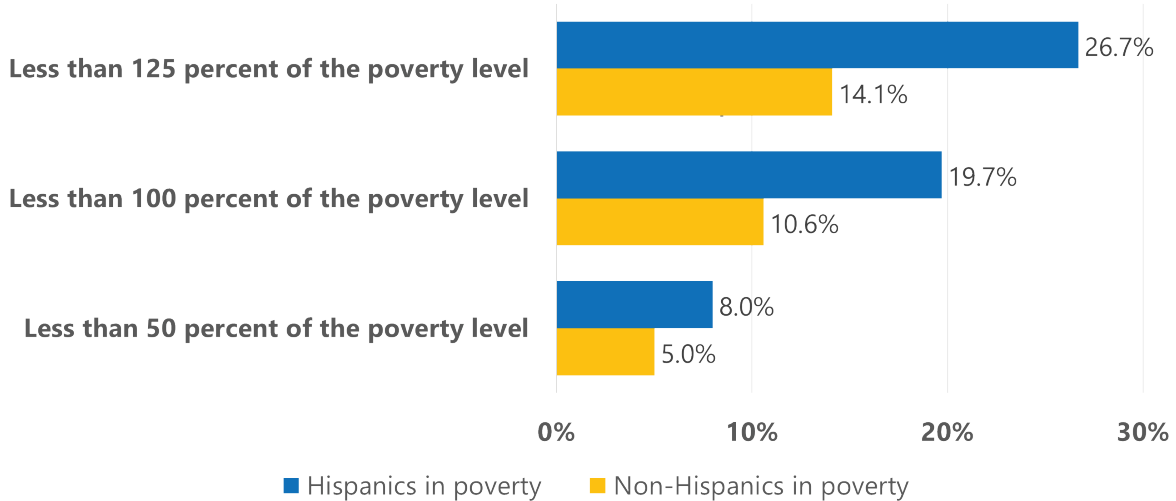
Data based on: Census ACS Survey 2020, 5-Yr Estimates



## HOUSEHOLD POVERTY

Hispanics are overrepresented among those experiencing poverty. For example One in four Hispanics (2.9 million) lives under 125% of the poverty level compared to one in seven of all Non-Hispanics (2.4 million).

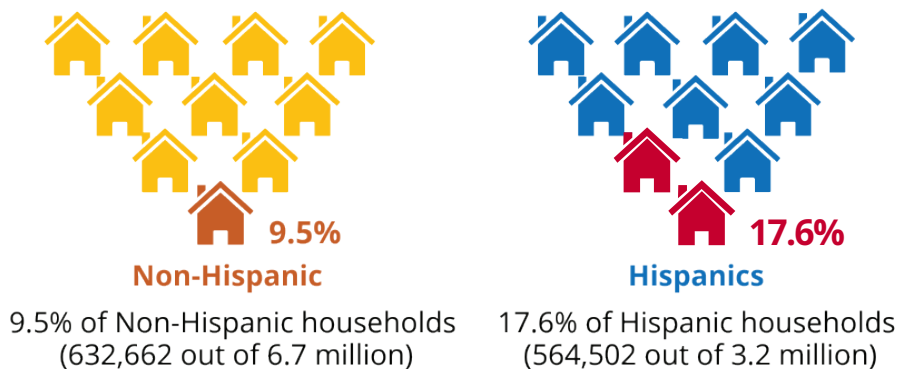
Percentage of Population Across Poverty Levels



Data based on: Census ACS Survey 2020, 5-Yr Estimates

### Households Receiving SNAP\*

Food insecurity impacts a great number of Texan households, particularly among Hispanics. In 2020, one in nine Texan households received SNAP assistance (1.2 out of 9.9 million).



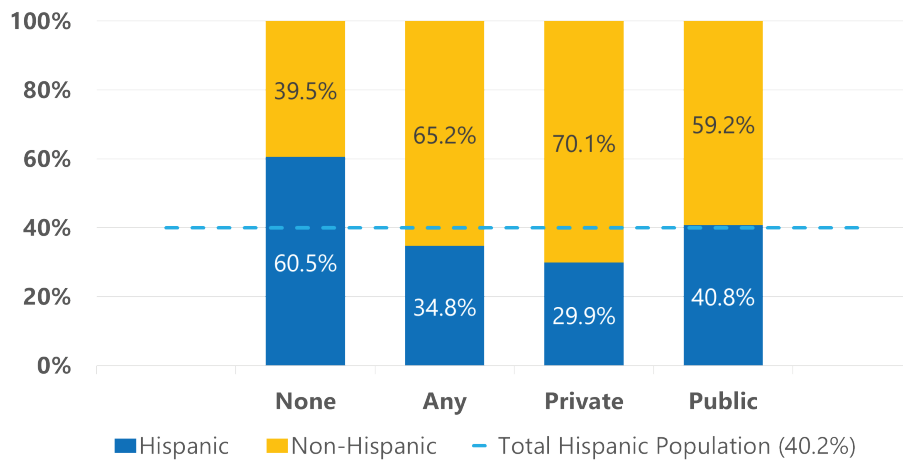
\* Receiving SNAP/Food Stamps or Public Assistance Income

Data based on: Census ACS Survey 2020, 5-Yr Estimates



## ACCESS TO HEALTHCARE

Percentage of Population with Health Insurance Coverage in 2020 by Type



Texas has the highest number and percentage of uninsured residents in the nation (see page below). Furthermore, three of five of those with no health insurance coverage are Hispanic (3.1 million out of 5.2 million).

**Hispanic Population (40.2%)**

Public insurance: Medicare, Medicaid/other government assistance, or VA Private insurance: employer/union, purchased directly, or TRICARE / other military

Data based on: IPUMS USA, University of Minnesota, Census ACS Survey 2020, 5-Yr Estimates



### UNINSURED CHILDREN HEALTH

There are about 330,000 uninsured Hispanic children in Texas. Over half (51.4%) are eligible for CHIP compared to 46.7% of Non-Hispanic children [Urban Institute].

### LACK OF CHILD CARE ASSISTANCE

The Child Care and Development Fund (CCDF) provides subsidies for child care assistance to low-income families. In 2020, the CCDF served a monthly average of 147,100 children, of which slightly over two-fifths were Hispanic children (43%). [Office of Childcare].

Data based on: U.S. Department of Health & Human Services, Office of Childcare, Use of Child Care and Development Fund Statistics, 2020

### NO SEEING A DOCTOR

Compared to 15.9% of all Texans, 22.6% of Hispanics reported not being able to see a doctor when needed within the last 12 months due to medical costs.

### NO ROUTINE CHECKUP

While 69.5% of all Texans reported having a routine checkup in the past year, 62.3% of Hispanics did so. (Ages 18 years and older)

### PROVIDING CARE TO FRIENDS OR FAMILY

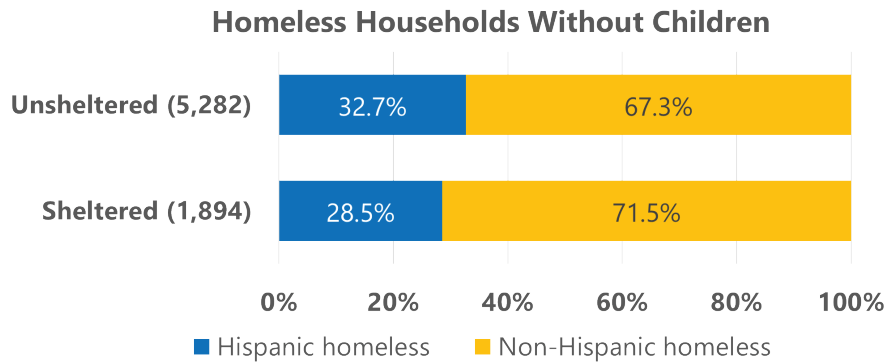
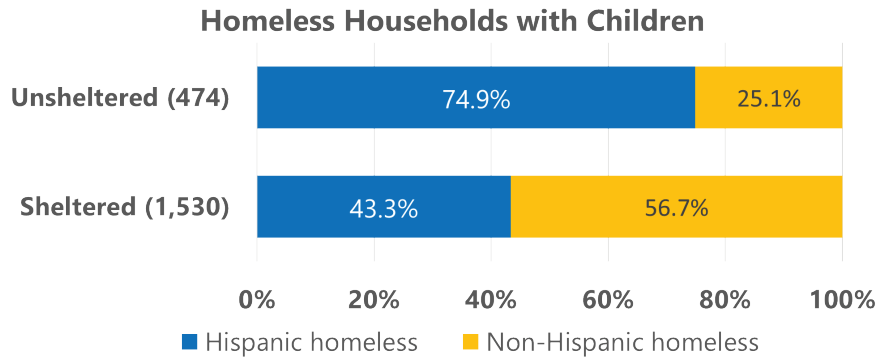
Compared to 20.9% of all Texans, 15.7% of Hispanics reported providing regular care to a friend or family member with a health problem or disability.

However, 26.8% of Hispanics that provided regular care reported 40 or more hours a week of assistance and care compared to 22.5% of Texans.

Data based on: Texas Department of State Health Services, Texas Health Data, Behavioral Risk Factor Surveillance System (BRFSS), 2021

## HOMELESSNESS

In 2020, an estimated 27,227 Texans experienced homelessness, 51.5% unsheltered and 48.5% sheltered. The majority were individuals (77.5%), and the rest were families with children (22.5%). [The 2020 Annual Homeless Assessment Report (AHAR) to Congress]



Data based on: Texas Homelessness Network, 2020 Texas Balance of State Point-in-Time (PIT) Count



### HOMELESSNESS IN RURAL AND SEMI-URBAN AREAS

The Texas Balance of State Continuum of Care (CoC), the largest among all CoC, is responsible for covering areas without resources to establish their own CoC for homeless services.

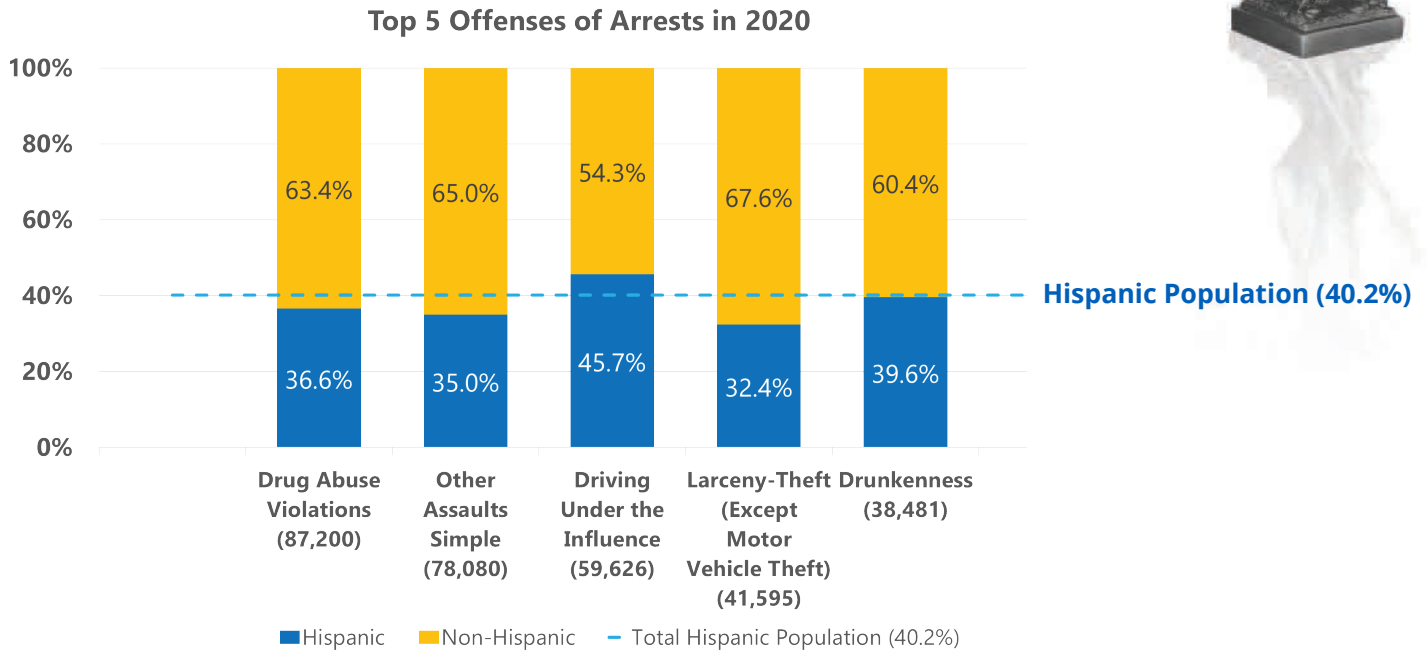
Their 2020 report of 215 of the 254 counties estimated that 9,198 Texans experienced homelessness; one-third of them were Hispanics (3,293).





## JUSTICE SYSTEM

In 2020, the rates for four of the top 5 offenses of arrests were lower among Hispanics. But drug and alcohol use constituted the leading cause for four of the top 5 offenses.



Data based on: Texas Department of Public Safety, Crime in Texas 2020 Annual Report

### Incarceration Cases and Rates, 2020

	Total Incarcerated Cases	Total Imprisonment Rate	Prison Rate	Jail Rate
<b>Hispanic</b>	39,990	354.1	345.6	5.3
<b>Non-Hispanic</b>	81,129	467.8	451.8	10.0
<b>All Texans</b>	121,119	423.0	409.9	8.1

In 2020, there were 121,119 people imprisoned in Texas. Hispanics experienced lower incarceration rates compared to Non-Hispanics and all Texans, including in prison and jail.

\*Federal imprisonment rates are not included  
 \*Rates are not adjusted and were estimated using populations from the ACS Survey 2020, 5 Year estimates



Data based on: Texas Department of Criminal Justice Statistical Report 2020

# HEALTH INDICATORS

## AVERAGE LIFE EXPECTANCY AND CAUSES OF DEATH

Despite the higher socioeconomic instability and challenges accessing health services, Texan Hispanics have longer life expectancy than all Texans. In particular, Hispanic women present a higher average life expectancy than the Texan population as a whole.

### AVERAGE LIFE EXPECTANCY

	Hispanics	All Texans
 <b>Men</b>	78.3 yrs	75.9 yrs
 <b>Women</b>	83.9 yrs	81.1 yrs

\*Average years a regular person is expected to live

Data based on: UT Southern Medical Center, Life Expectancy (2019)

In 2020, COVID-19 became the number one cause of death among Texan Hispanics, with more than twice the rate than non-Hispanics. Nonetheless, heart diseases, cancer, Alzheimer's disease, and diabetes remained the top causes of fatality among Hispanics.

### Top 10 Causes of Deaths and Death Rate in Texas (Age-adjusted rate per 100K population)

#### Hispanics

- 1 Covid-19 (196.0)
- 2 Diseases of the heart (142.8)
- 3 Malignant neoplasm (110.8)
- 4 Alzheimer's disease (39.9)
- 5 Diabetes mellitus (38.1)
- 6 Cerebrovascular diseases (38.1)
- 7 Accidents, unintentional injuries (35.7)
- 8 Chronic liver disease and cirrhosis (21.4)
- 9 Nephritis, nephrotic syndrome & nephrosis (18.3)
- 10 Chronic lower respiratory diseases (15.9)

#### Non-Hispanics

- 1 Diseases of the heart (185.1)
- 2 Malignant neoplasm (149.9)
- 3 Covid-19 (72.2)
- 4 Accidents, unintentional injuries (48.8)
- 5 Alzheimer's disease (46.0)
- 6 Chronic lower respiratory diseases (42.8)
- 7 Cerebrovascular diseases (42.3)
- 8 Diabetes mellitus (23.0)
- 9 Intentional self-harm (suicide) (16.1)
- 10 Nephritis, nephrotic syndrome & nephrosis (14.0)

Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, 15 Leading Causes of Deaths, 2020 on CDC WONDER Online Database



## HOSPITALIZATIONS

### TOP 10 REASONS FOR INPATIENT HOSPITALIZATIONS AMONG HISPANICS, 2020

In 2020, there were 2,758,876 inpatient hospitalizations in Texas, and about a quarter were Hispanics (26.9%). The table shows the top number of inpatient hospitalizations not related to pregnancy or birth among Hispanics.

#### Hispanic Men

- 1 Septicemia & disseminated infections (23,571)
- 2 Major respiratory infections & inflammations (8,939)
- 3 Heart failure (6,420)
- 4 Infections & parasitic diseases including HIV W.O.R. procedure (3,943)
- 5 Diabetes (3,883)
- 6 Other pneumonia (3,551)
- 7 Acute kidney injury (3,411)
- 8 CVA & precerebral occlusion W Infarct (3,319)
- 9 Respiratory failure (2,867)
- 10 Cellulitis & other skin infections (2,579)

#### Hispanic Women

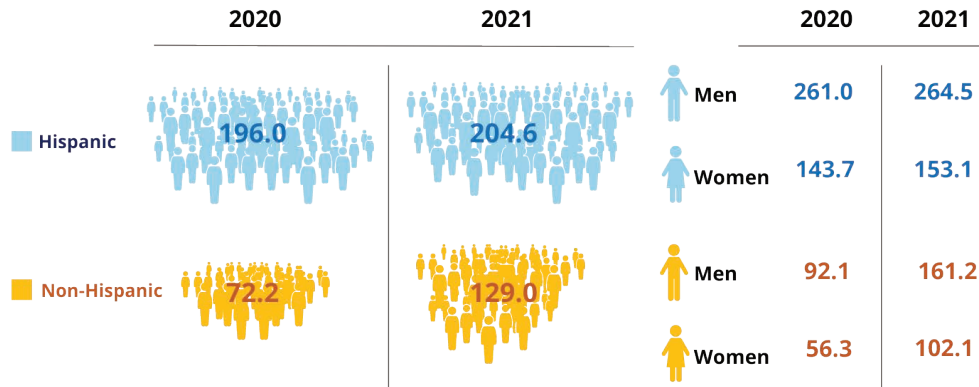
- 1 Septicemia & disseminated infections (23,776)
- 2 Major respiratory infections & inflammations (7,777)
- 3 Heart failure (6,430)
- 4 Kidney & urinary tract infections (5,730)
- 5 Cholecystectomy (5,532)
- 6 Major depressive disorders & other/unspecified psychoses (4,256)
- 7 Diabetes (3,841)
- 8 Other pneumonia (3,719)
- 9 Acute kidney injury (3,256)
- 10 CVA & precerebral occlusion W infarct (3,133)

Data based on: Texas Health Care Information Collection program (THCIC), Texas Department of State Human Services, Texas Health Data, 2020



## COVID-19

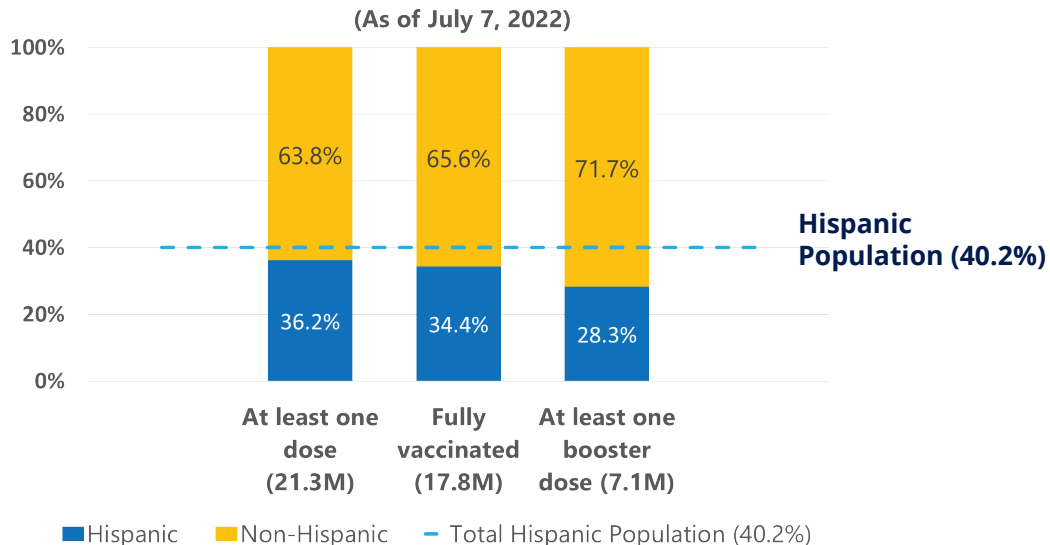
### COVID-19 Death Rates by Ethnicity and Gender, 2020 - 2021 (Age-adjusted rate per 100k of the population)



Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, Mortality, COVID-19 , 2020-2021 on CDC WONDER Online Database

In 2020-2021, COVID-19 mortality was higher among Hispanic men and women. At the same time, only slightly over one-third of people who were vaccinated with at least one dose were Hispanics. Furthermore, few Hispanics have become fully vaccinated, and even fewer have received a booster.

### PERCENTAGE OF POPULATION RECEIVING COVID - 19 VACCINATIONS BY TYPE



Data based on: Texas Department of State Health Services, Covid-19 Data (July 7, 2022)

## CANCER

Compared to all Texans, Hispanics present lower incidence and mortality across most types of cancer, perhaps because of being a younger group. However, Hispanic men had higher rates of liver cancer incidence (27.9 vs. 18.3) and mortality (16.6 vs. 11.9). Hispanic women had higher mortality rates related to liver cancer (7.4 vs. 4.9).

### TOP 5 CANCER RATES AMONG HISPANIC MEN (Age-adjusted rate per 100K of the population)

#### Incidence

- 1 Prostate (79.7)
- 2 Colon and Rectum (45.7)
- 3 Lung and Bronchus (33.3)
- 4 Kidney and Renal Pelvis (28.9)
- 5 Liver and Intrahepatic Bile Duct (27.9)

#### Mortality

- 1 Lung and Bronchus (22.9)
- 2 Colon and Rectum (16.7)
- 3 Liver and Intrahepatic Bile Duct (16.6)
- 4 Prostate (14.7)
- 5 Pancreas (9.4)

Data based on: Texas Cancer Registry: Invasive Cancer Rates 2015-2019



### TOP 5 CANCER RATES AMONG HISPANIC WOMEN (Age-adjusted rate per 100K of the population)

#### Incidence

- 1 Breast (93.5)
- 2 Colon and Rectum (28.8)
- 3 Corpus Uteri (23.8)
- 4 Lung and Bronchus (19.0)
- 5 Thyroid (18.9)

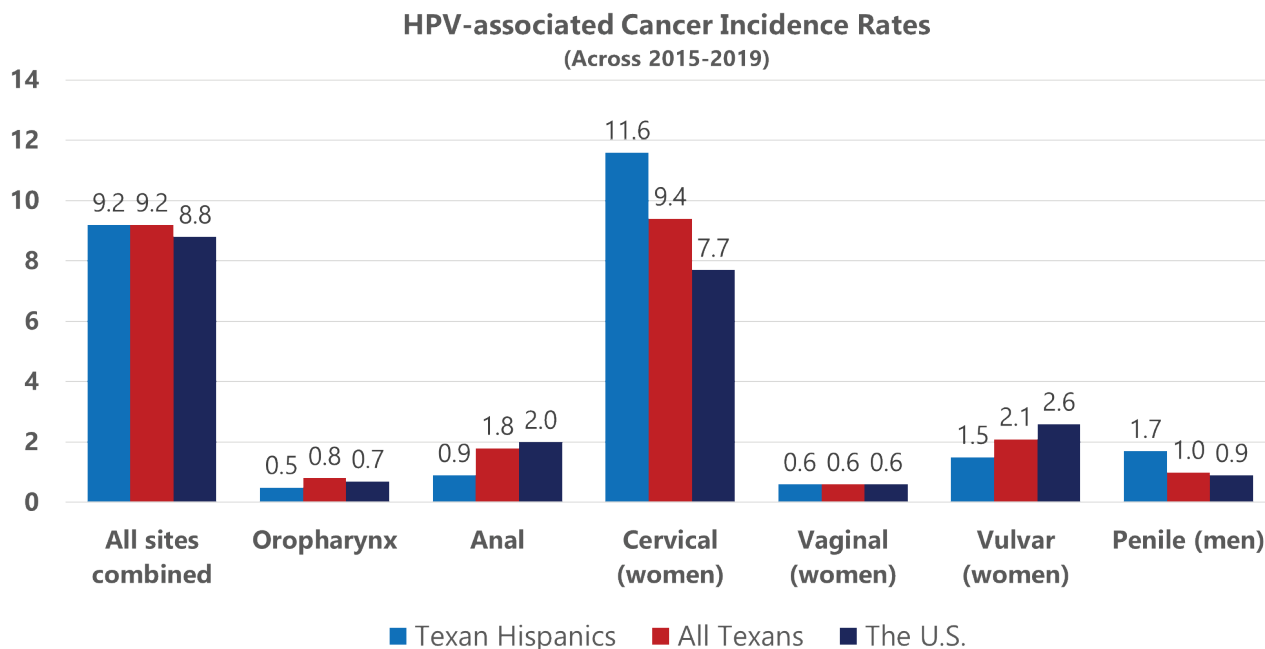
#### Mortality

- 1 Breast (15.2)
- 2 Lung and Bronchus (10.7)
- 3 Colon and Rectum (8.9)
- 4 Pancreas (8.2)
- 5 Liver and Intrahepatic Bile Duct (7.4)

Data based on: Texas Cancer Registry: Invasive Cancer Rates 2015-2019

## HUMAN PAPILLOMAVIRUS (HPV) AND CANCER

HPV-associated cancer in Texas was 11.7 per 100K residents in 2013 - 2017, below the U.S. rate of 12.3. However, the rate among Hispanic women was higher (13.7).



\*Note: Incidence Rates are age-adjusted

Data based on: CDC, United States Cancer Statistics-Incidence 2015-2019 on CDC WONDER Online Database

### According to the National Cancer Institute, HPV is the cause of:

- Virtually 100% of cervical cancers
- 70% of throat cancers
- Over 90% of anal cancers
- 60% of penile cancers
- 75% of vaginal cancers
- 70% of vulvar cancers



## ALZHEIMER'S DISEASE

**Alzheimer's Death Rates by Gender**  
(Age-adjusted rate per 100K of the population)

	Hispanic	Non-Hispanic	Texas
Women	45.1	52.4	50.7
Men	31.6	36.1	35.0

While Alzheimer's Disease is the number four cause of death among Hispanics, mortality rates are lower compared to other groups. But, across groups, women have higher Alzheimer's death rates.

Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, Mortality, Alzheimer's, 2020 on CDC WONDER Online Database





## NUTRITION AND EXERCISE

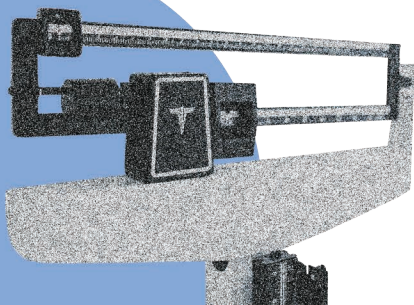
As of 2020, Texas is one of the 16 states with an adult obesity prevalence at or above 35%. [CDC]. In particular, Hispanic youth and adults in Texas present a higher prevalence of obesity and physical inactivity.

Prevalence of Obesity		
	HS Student (2019)	Adult (2020)
<b>Hispanic</b>	18.9%	40.3%
<b>All Texans</b>	16.9%	35.7%
*Obesity metric: (BMI ≥ 30 kg/m <sup>2</sup> ) *HS Student refers to high school students between grades 9 -12, *Adult refers to people 18 years or older		

Student data based on: CDC, High School Youth Risk Behavior Survey (2019)  
 Adult data based on: Texas DHHS, Obesity Data, BFRSS (2020)

Prevalence of Physical Inactivity		
	HS Student (2019)	Adult (2020)
<b>Hispanic</b>	21.6%	29.8%
<b>All Texans</b>	20.1%	25.6%
*Physical Inactivity measured within the past month *HS Student refers to high school students between grades 9 -12 *Adult refers to people 18 years or older		

Student data based on: CDC, High School Youth Risk Behavior Survey (2019)  
 Adult data based on: Texas DHHS, Physical Activity (2020)

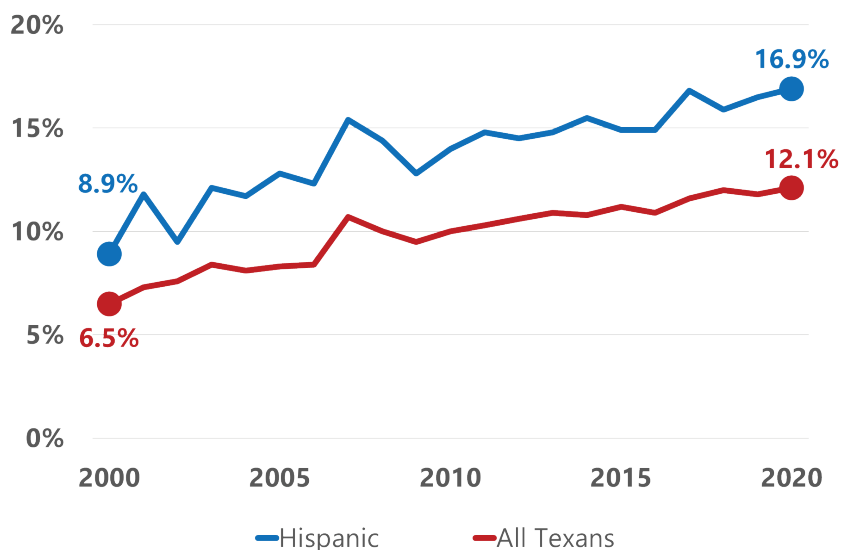




## DIABETES

**Diabetes is the fifth cause of death among Hispanics.**

**Percentage of Population Diagnosed with Diabetes, 2000-2020**



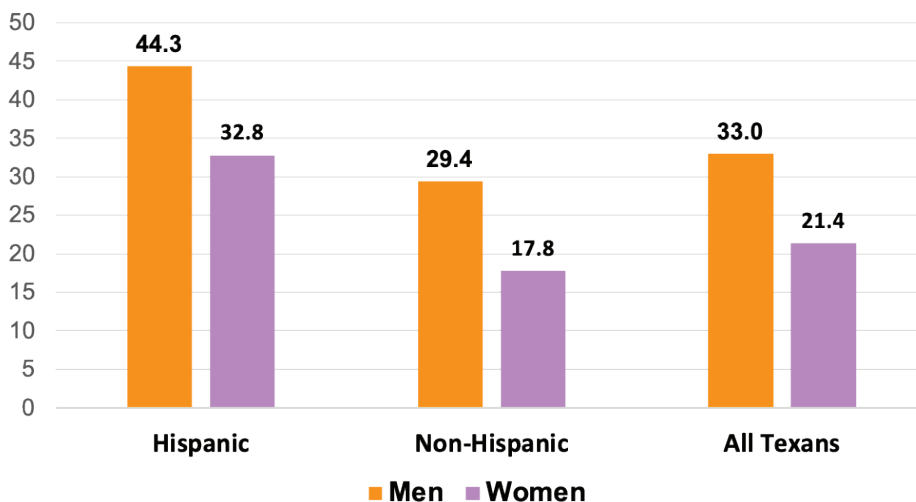
Since 2000, Hispanic adults have a higher prevalence of diabetes than overall Texans.

In fact, one in six Hispanics were told by a health professional that they had diabetes in 2020.

Mortality rates due to diabetes are much higher among Hispanics, particularly among Hispanic men.

Data based on: CDC: US Diabetes Surveillance System, Behavioral Risk Factor Surveillance System (BRFSS), 2000-2020

**Diabetes Death Rates by Gender and Race/Ethnicity, 2020**  
Age-adjusted rate per 100k of the population

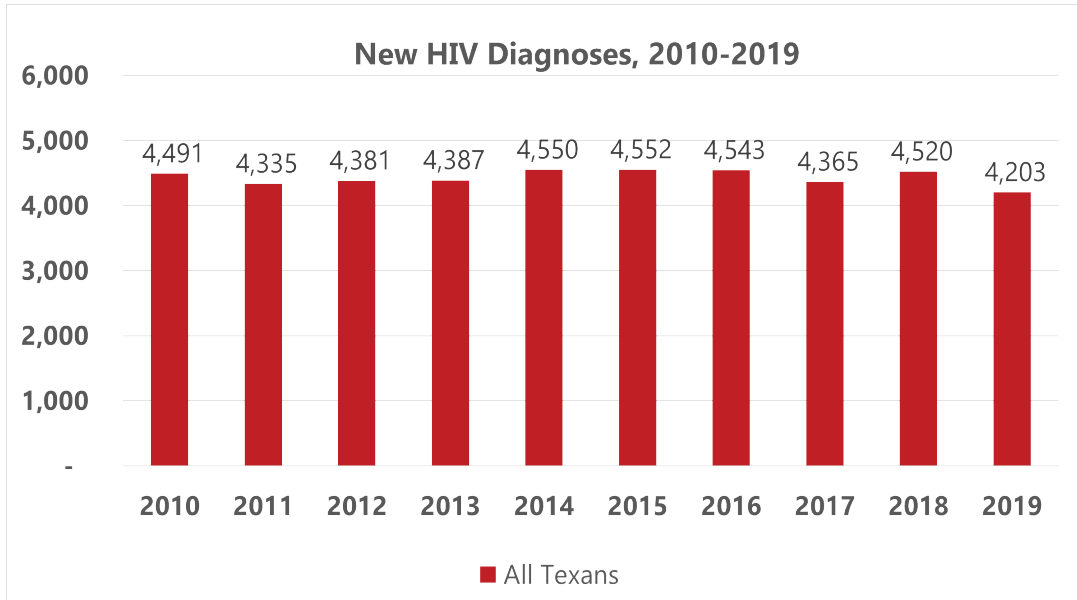


Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, Mortality, Diabetes, 2020, on CDC WONDER Online Database

## NEW HIV DIAGNOSES

The last year for HIV data from the Texas Department of State Health Services is 2019.

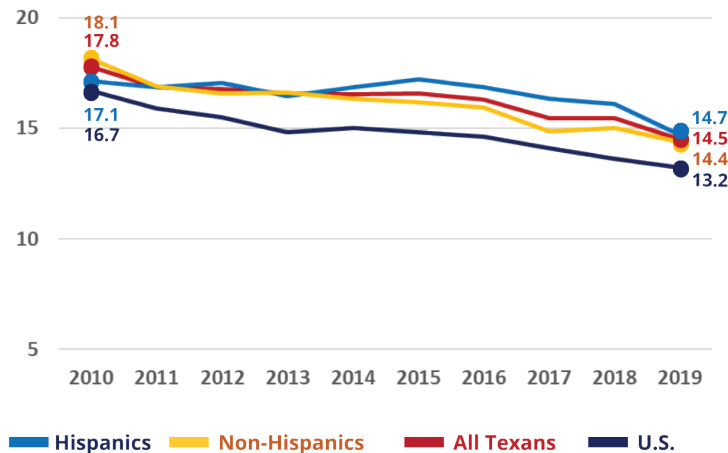
In the last decade, the number of total new HIV diagnosis cases yearly in Texas has remained consistent between 4,000 to 5,000 cases.



Data based on: Texas Department of State Health Services, Texas Health Data, DSHS HIV Surveillance Program, 2010- 2019

New HIV diagnosis rates have slightly decreased for all groups. However, all Texan groups had higher rates than the U.S. across all years.

### NEW HIV DIAGNOSIS RATE (Rate per 100k of the population)



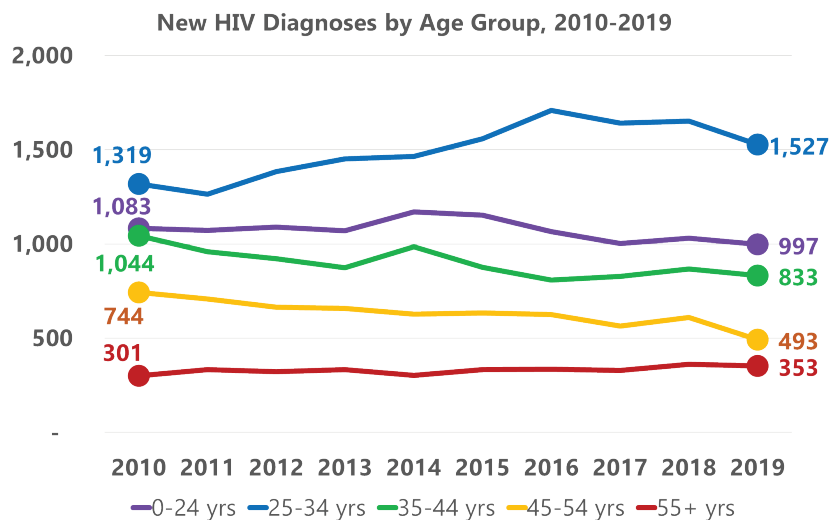
Data based on: Texas Department of State Health Services, Texas Health Data, DSHS HIV Surveillance Program, 2010- 2019

U.S. Data based on: CDC ATLAS Plus , HIV, Hepatitis, STD, TB, Social Determinants of Health Data, 2011-2019





## NEW HIV DIAGNOSES



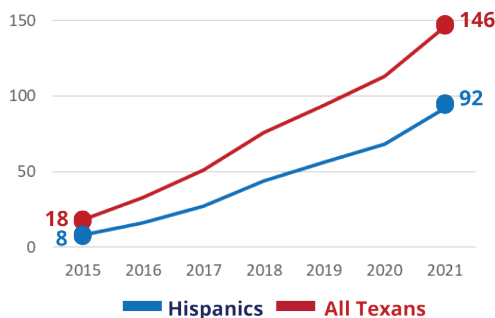
Data based on: Texas Department of State Health Services, DSHS HIV /STD Epi Profile, 2010- 2019

The highest number of new HIV cases continues to be among young adults ages 25 to 34 years, who also experienced a larger increase compared to other age groups.

The CDC reported 4,349 new HIV diagnoses in Texas in 2021. Of those, 1,871 (43.0%) were Hispanics, and 1,538 (35.4%) were Hispanic gay, bisexual, and MSM.

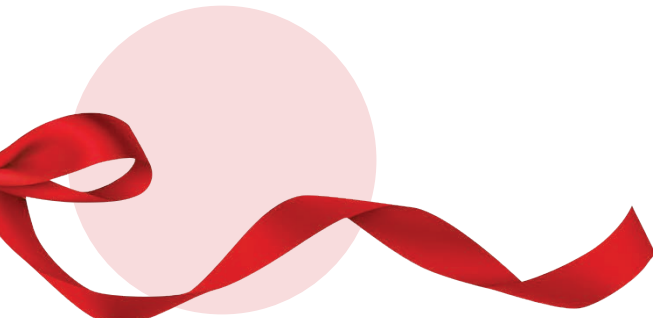
## PRE-EXPOSURE PROPHYLAXIS (PREP)

PrEP USAGE RATES, 2015 -2021  
(Rate per 100K of Population)

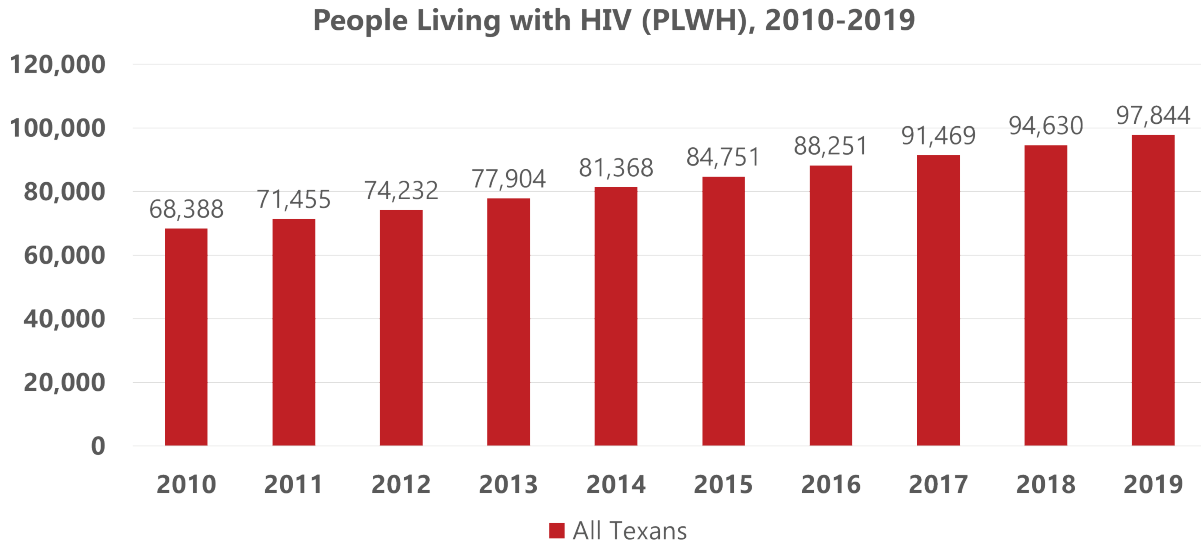


In 2021, 34,635 Texans were using PrEP, a rate of 146 per 100K people. On the other hand, 10,569 (30.5%) Hispanics were utilizing PrEP, a rate of 92.

Data based on: AIDSVMU, Local Data, 2015 - 2021



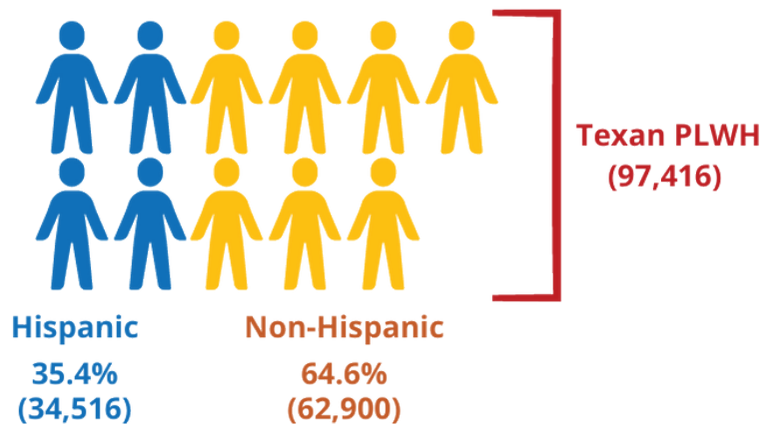
## PEOPLE LIVING WITH HIV (PLWH)



Data based on: Texas Department of State Health Services, Texas Health Data, DSHS HIV Surveillance Program, 2010- 2019

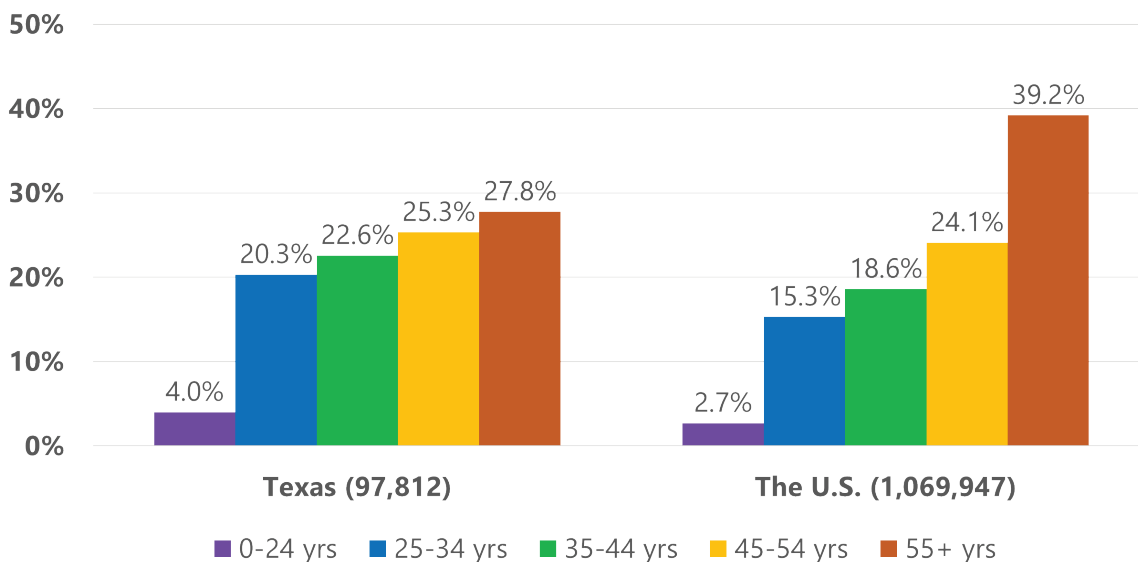
Like in the rest of the country, access to HIV care and improving HIV treatment have reduced HIV-related mortality. In 2019, 97,844 people were living with HIV in Texas. However, this number will increase as the annual number of new HIV diagnoses remains stable or increases.

### People Living with HIV (PLWH), 2020



Data based on: CDC ATLAS Plus , HIV, Hepatitis, STD, TB, Social Determinants of Health Data, 2020

### Percentage of People Living with HIV (PLWH) by Age Group, 2019



Data based on: Texas Department of State Health services and AIDSvu, 2019

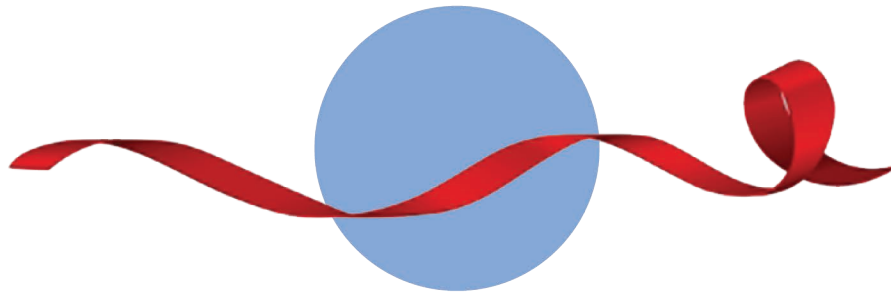
As a group, Texan PLWH are younger than those in the U.S. However, the proportion of aging PLWH will continue to increase, requiring the integration of aging, geriatric, and HIV services in the next decade.

Among Texan Hispanics living with HIV, four out of five men attribute their transmission to male-to-male sexual contact (MSM). Similar to women, four out of five attribute it to heterosexual contact.

Texan Hispanics Living with HIV (PLWH) by Transmission Category, 2020						
Transmission Category	Men		Women		Total	
Heterosexual contact	2,083	7.1%	4,251	<b>82.9%</b>	6,334	<b>18.4%</b>
Injection drug use (IDU)	1,526	5.2%	755	14.7%	2,281	6.6%
Male-to-male sexual contact (MSM)	23,766	<b>80.9%</b>	-	-	23,766	<b>68.9%</b>
MSM & IDU	1,870	6.4%	-	-	1,870	5.4%
Other	145	0.5%	121	2.4%	266	0.8%
<b>Total</b>	29,390	85.1%	5,127	14.9%	34,517	100%

\*Number of cases and percentages

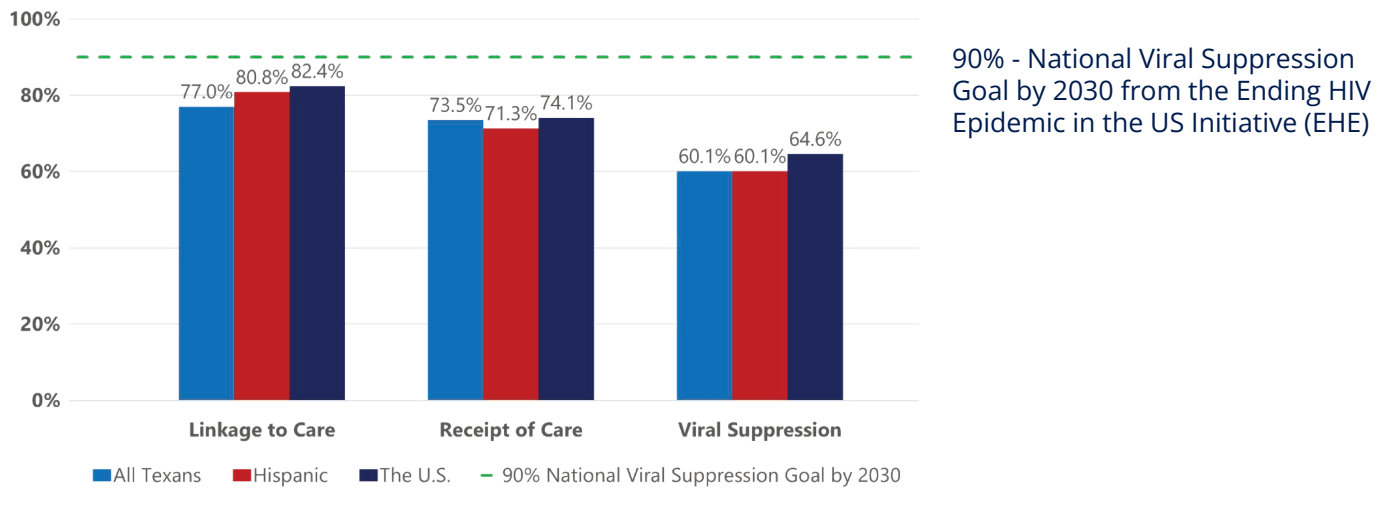
Data based on: CDC ATLAS Plus , HIV, Hepatitis, STD, TB, Social Determinants of Health Data, 2020



## VIRAL SUPPRESSION & THE HIV CONTINUUM OF CARE

In 2020, Texas reported 56,378 cases of people reaching viral suppression (60.1%), below the national level. Hence, there is a need to increase linkage to care and engagement in HIV treatment to increase viral suppression.

### HIV CONTINUUM OF CARE, 2020



Data based on: CDC ATLAS Plus , HIV, Hepatitis, STD, TB, Social Determinants of Health Data, 2020

Among Hispanics living with HIV, more than one in five had NO linkage to care (23.0%), slightly higher than among all Texans (19.2%). Nonetheless, Hispanics reported higher engagement in HIV medical care (73.5%) and similar viral suppression (60.1%) than all Texans.





## SEXUALLY TRANSMITTED DISEASES

Between 2010 to 2020, the rates for Chlamydia among Hispanics went down, while they remained the same for Texans. However, both Gonorrhea and Syphilis rates increased for Hispanics and overall Texans.

### Selected Sexually Transmitted Diseases (STD) Rates, 2010 and 2020

STD	2010		2020	
	Hispanic	All Texans	Hispanic	All Texans
Chlamydia	502	457	289	454
Gonorrhea	84	122	103	196
Primary and Secondary Syphilis	3	5	9	9

\*Rates per 100k of the population

Data based on: Texas Department of State Health Services, Texas Health Data, Texas Sexually Transmitted Diseases Surveillance Program, 2010, 2020

Except for Gonorrhea, the percentage of cases are proportional to the Texas population between Hispanics and Non-Hispanics.

### Percentage of Selected Sexually Transmitted Diseases (STD), 2020

STD	Hispanic	Non-Hispanic
Chlamydia (81,303)	41.5%	58.5%
Gonorrhea (57,401)	29.5%	70.5%
Primary and Secondary Syphilis (2,716)	39.3%	60.7%

\*Number of total cases and percentages

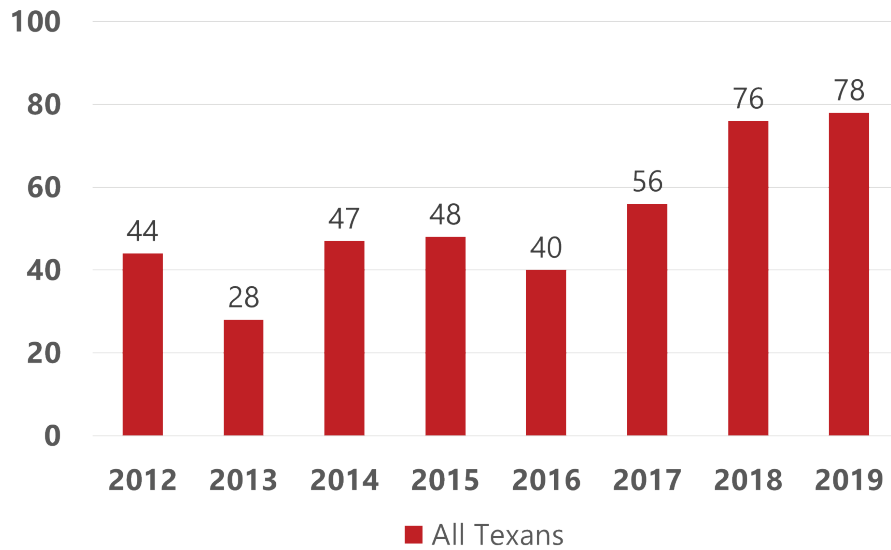
Data based on: Texas Department of State Health Services, Texas Health Data, Texas Sexually Transmitted Diseases Surveillance Program, 2010, 2020



## HEPATITIS C VIRUS (HCV)

HCV is not reportable by law, statute, or regulation in Texas. Hence, the CDC does not report on it. Texas HHS has scarce data available to the public. An analysis of NHANES for 2013-2016 estimated 202,500 Texans were living with HCV. Texas had the second-highest prevalence after California. [Rosenberg et al, 2018]

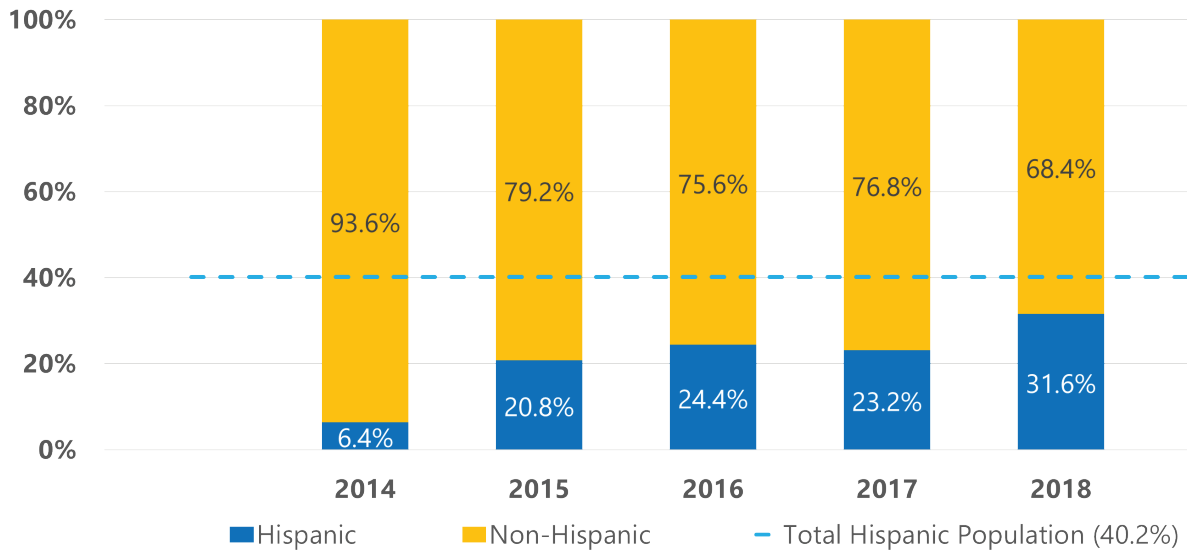
**Number of Acute Hepatitis C Cases, 2012-2019**



Data based on: Texas Department of State Health Services, HIV/STD Program

In 2014, Hispanics accounted for slightly over one-twentieth of all HCV cases reported but experienced a jump to one-fifth of all cases the following year. As recent as 2018, Hispanics account for slightly less than one-third of all HCV cases.

**Percentage of Population with Hepatitis C, 2014-2018**

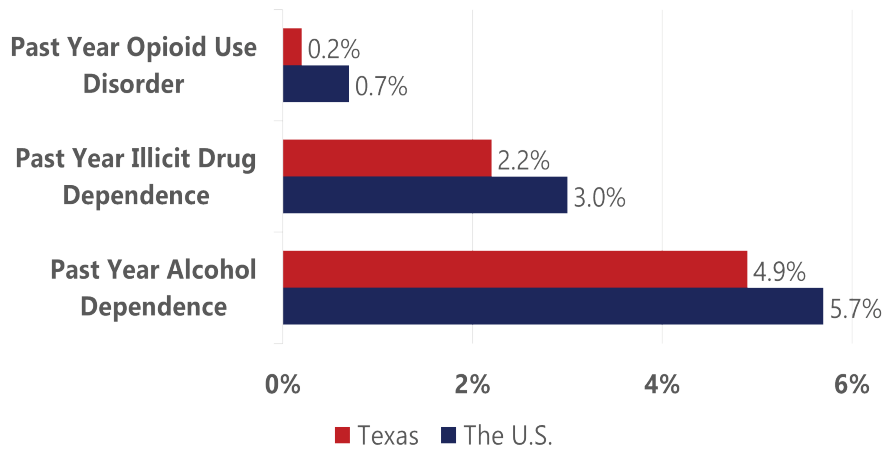


Data based on: Texas Department of State Health Services presentation. Hepatitis C Surveillance in Texas



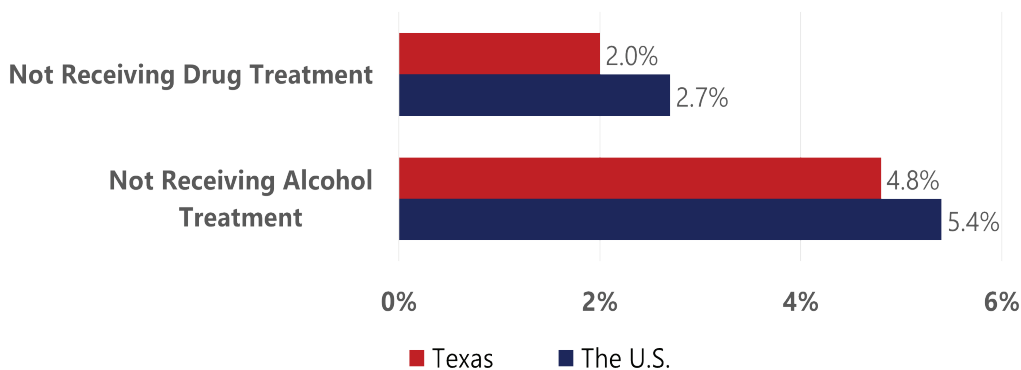
## ALCOHOL & SUBSTANCE USE

Adults and Substance Use Disorder Behaviors, 2018-2019



A smaller proportion of Texans reported having a substance use disorder in the past year and not receiving treatment for a given disorder compared to the U.S.

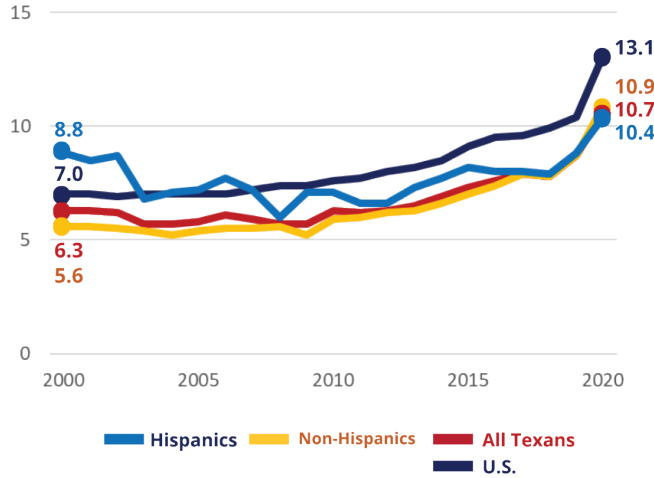
Adults Not Receiving Treatment for Substance Use, 2018-2019



Data based on: KFF analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)'s Data

## ALCOHOL & SUBSTANCE USE IMPACT

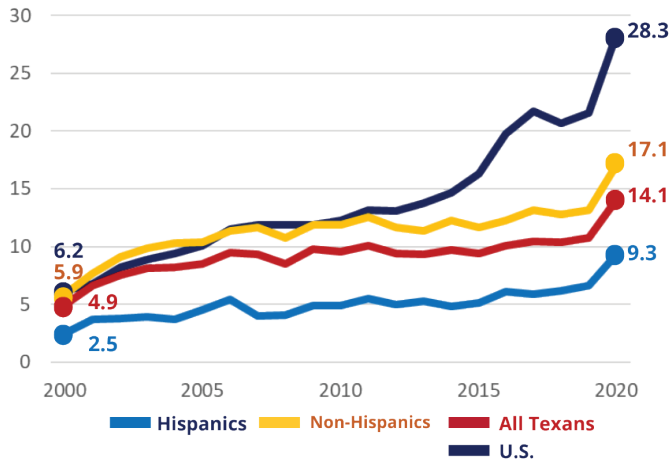
**ALCOHOL-INDUCED MORTALITY RATES**  
(Age-adjusted rates per 100K of the population)



In 2020, 3,298 Texans died because of alcohol-induced causes; close to one-third (1,035) were Hispanic. In the early 2000s, Hispanics in Texas had higher alcohol mortality rates than the U.S. While all groups steadily increased followed by a jump in recent years, Hispanics ended up with a lower rate by 2020. Across two decades, all Texans remained with a lower alcohol mortality rate compared to the U.S.

Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, Mortality, Drug/Alcohol Induced Deaths 1999-2020 on CDC WONDER Online Database

**DRUG OVERDOSES MORTALITY RATES**  
(Age-adjusted rates per 100K of the population)



In 2020, 4,172 Texans died because of drug overdoses, and one-fourth of them (1,058) were Hispanic. In contrast to alcohol mortality trends, Non-Hispanics in Texas experienced higher overdose rates than the U.S. in the early 2000s. The U.S. rate began increasing exponentially by 2015 while Texas groups steadily increased. Hispanics in Texas remained to have lower rates of drug overdoses across all years.

Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, Mortality, Drug/Alcohol Induced Deaths 1999-2020 on CDC WONDER Online Database

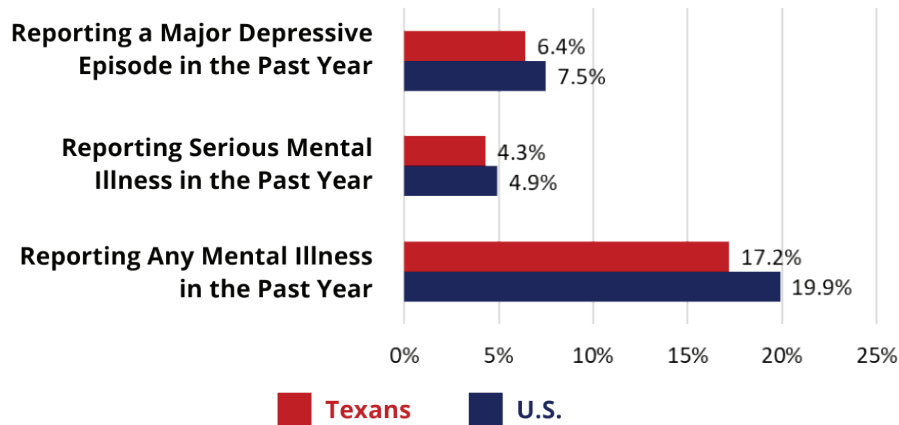




## MENTAL HEALTH IN TEXAS

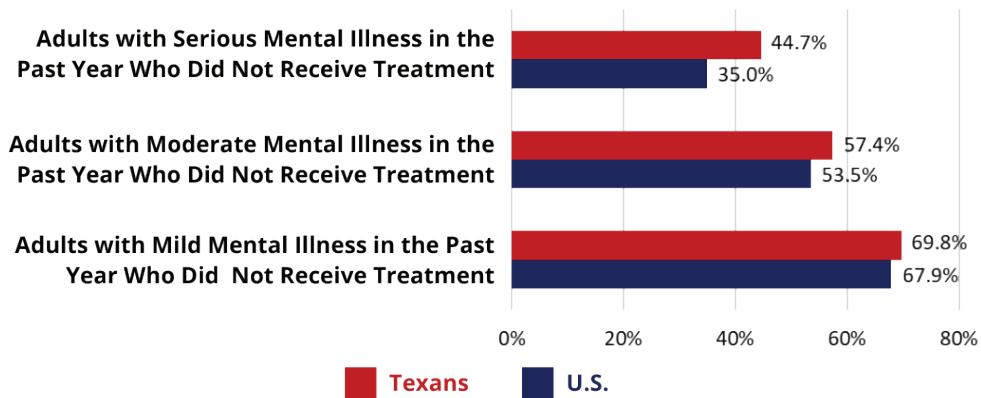
Slightly over one-sixth of Texans reported having a mental illness within the past year compared to one-fifth of people in the United States. Overall, Texans proportionally reported less of its population with mental illness and major depression in the past year than the U.S.

### TEXAN ADULTS (AGES 18+) AND MENTAL ILLNESS



Data based on: KFF analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)

### TEXAN ADULTS NOT RECEIVING MENTAL HEALTH TREATMENT

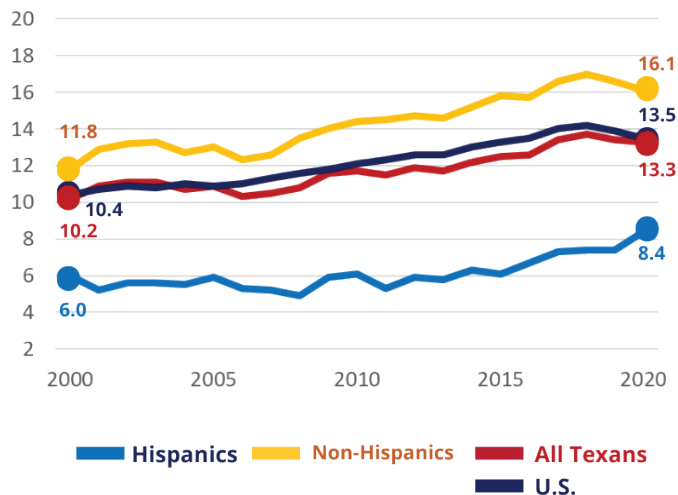


Data based on: KFF analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)

Texas and the U.S. reported over two-thirds of its population not receiving treatment for mild mental illness. Texas, by proportion, has more people not receiving treatment across all severity levels of mental illness compared to the U.S.



### SUICIDE RATES (Age-Adjusted Rates Per 100K of the Population)



While suicide rates are lower for Hispanics, there has been an increase in the past few years. In 2020, 3,924 Texans committed suicide, and one-fourth (977) were Hispanics.

Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, Suicide Mortality 1999-2020

### Injury-Related Deaths, 2020

	Total Injuries	Unintentional	Suicide	Homicide
Hispanic	46.7	35.7	8.4	6.1
Non-Hispanic	78.5	48.8	16.1	8.6
All Texans	65.9	44.2	13.3	7.6

\*Age-adjusted rates per 100k of the population  
\*Crude rates for Total Injuries  
\*Does not include legal intervention/operations of war

While Hispanics in Texas experienced lower suicide rates by a greater margin, Non-Hispanics in Texas maintained higher suicide rates than the U.S. across two decades. However, all groups experienced an increase, especially Non-Hispanics in Texas. Furthermore, Non-Hispanics experienced higher mortality rates for all injuries listed in 2020.

Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, Mortality, Injury-Intent, 2020

### Top 5 Offenses of Arrests among Hispanics

(By count of offenses)

High rates of untreated mental health needs and alcohol and drug use among Hispanics result not only in related hospitalizations and fatalities but also in high rates of injuries and DUI arrests.

- 1 Drug Abuse Violations (31,873)
- 2 Other Assaults (Simple) (27,328)
- 3 Driving Under the Influence (27,229)
- 4 Drunkenness (15,249)
- 5 Larceny-Theft (Except Motor Vehicle Theft) (13,464)

Data based on: Texas Department of Public Safety, Crime in Texas 2020 Annual Report

## PREGNANCY CARE

In 2020, Hispanic women received prenatal care below the recommended 15 prenatal care visits with the doctor during pregnancy [OASH].

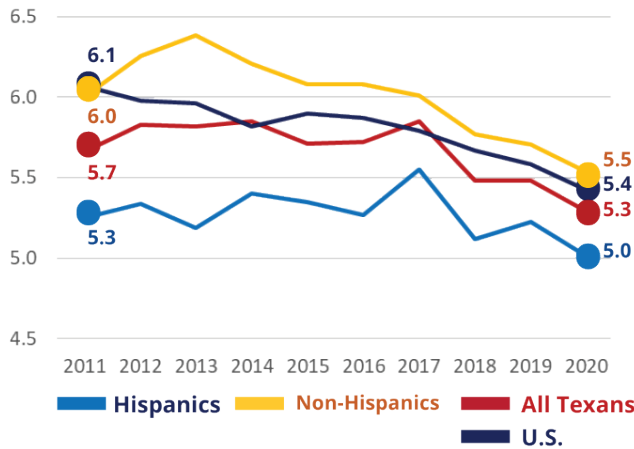
### Prenatal Care Visits, 2020

	Hispanic	Non-Hispanic
Total Births	165,395	181,873
No Care	4.6%	3.7%
1 to 5 visits	9.0%	7.6%
6 to 15 visits	<b>85.3%</b>	<b>87.0%</b>
More than 15 visits	5.7%	5.4%

\*Prenatal care visits from mothers that gave birth

Data based on: CDC Wonder: National Vital Statistics System, Natality, 2020

### Infant Mortality Rate (Rate per 1000 births)



Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, Infant Mortality, on CDC WONDER Online Database

### Top 5 Mortality Causes among Hispanic Infants (Rate per 1000 births)

- 1 Congenital malformations, deformations, and chromosomal abnormalities (1.33)
- 2 Disorders related to short gestation and low birth weight (0.81)
- 3 Sudden infant death syndrome (0.38)
- 4 Newborn affected by maternal complications of pregnancy (0.27)
- 5 Accidents, unintentional injuries (0.19)

Data based on: CDC, National Center for Health Statistics. National Vital Statistics System, Infant Mortality, on CDC WONDER Online Database

While Hispanics in Texas experienced lower infant mortality rates, Non-Hispanics in Texas experienced higher rates than the U.S. for the majority of the decade. However, all groups have decreased their infant mortality rates since 2011.

## VACCINATIONS

HPV vaccination is not mandated in Texas, and there is scarce information on vaccination among young adults or Hispanics. As recent as 2020, Texas has lower HPV vaccination coverage among teens than the U.S.

### Up-to-date HPV Vaccination Coverage among 13-17 yrs, 2020

All Texan youth	Texan Girls	Texan Boys	All U.S. youth
54.9%	57.0%	52.9%	58.6%

\*Youth in this instance refers to 13-17 year old's  
 \*Coverage is measured by percentage of the population

Data based on: Texas Department of State Health Services, Immunization Unit

### Vaccination Coverage of Children by Age 24 mo.

Type of Vaccine	Hispanic	All Texans
Combined 7 Series	67.8%	67.1%
Influenza	45.7%	50.6%
Rotavirus (8 mo.)	72.7%	72.9%

\*Vaccination coverage of children born 2014-2017

The CDC recommends 9 vaccines for children 12 to 23 months old. However, almost a third of children had not received the combined 7 series and over half, the influenza vaccine.

Data based on: CDC ChildVaxView, National Center for Immunization and Respiratory Diseases, National Immunization Survey (NIS)

### Hepatitis Vaccination Coverage of Children by Age 35 mo.

Type of Vaccine	Hispanic	All Texans	
Hepatitis A	≥ 1 Dose	88.9%	87.3%
	≥ 2 Doses	82.5%	80.1%
Hepatitis B	≥ 1 Dose (given at birth)	83.1%	77.9%
	≥ 3 Doses	90.1%	88.6%

\*Vaccination coverage of children born 2014-2017  
 \*Hepatitis B ≥ 1 Dose refers to 3-day birth dose

The CDC recommends a Hep A 2-dose series vaccination for ages 12 - 23 months. A Hep B 3-dose series is recommended commencing at birth. Hispanic children have slightly higher vaccination coverage compared to all Texan children overall.

Data based on: CDC ChildVaxView, National Center for Immunization and Respiratory Diseases, National Immunization Survey (NIS)



CDC VACCINE APP FOR PROVIDERS





## SEXUAL BEHAVIORS AMONG TEXAN YOUTH

**PERCENTAGES OF BEHAVIOR ACTIVITY IN 2019**  
(Selected Sexual Activities)

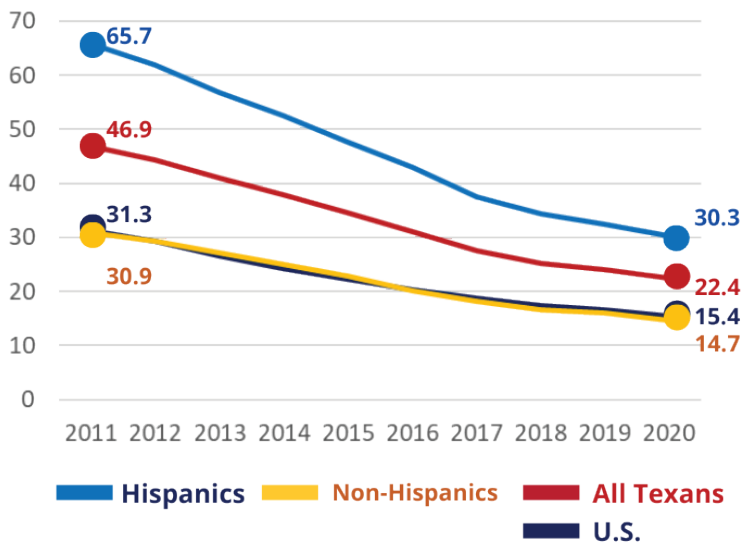
Sexual Behavior	Hispanic	Texas
Who were currently sexually active	28.2%	29.3%
Who used a condom during last sexual intercourse	46.8%	49.0%
Who used Birth Control	18.8%	22.0%

Data based on: CDC, High School Youth Risk Behavior Survey (2019)



## TEEN PREGNANCY

**PREGNANCY RATES, AGES 15-19**  
(Rate per 1000 Births)



Teen pregnancy is still higher among Hispanics. In 2020, Hispanic teens gave birth to 15,008 babies (30.3 pregnancy rate) compared to 7,541 for Non-Hispanics (14.7 rate). Within the decade, all groups decreased their pregnancy rate by half.

Data based on: CDC Wonder: National Vital Statistics System, Natality, 2011-2020, on CDC WONDER Online Database





## SEXUALLY TRANSMITTED DISEASES AMONG TEXAN YOUTH

Texan youth experienced higher STD rates than other age groups by large margins. In 2019, Hispanic men and women youth had lower STD rates than Texan youth. Young women, in general, had higher rates of Chlamydia compared to their male counterparts and lower rates of Primary and Secondary Syphilis. Hispanics accounted for slightly over one-fifth of Chlamydia and Gonorrhea cases and two-fifths of all Primary and Secondary Syphilis cases.

### Selected Sexually Transmitted Diseases (STD) Rates Among Youth, 2019

STD	Hispanic		All Texans	
	Men	Women	Men	Women
Chlamydia	448.0	1,653.2	1,091.0	3,066.6
Gonorrhea	215.3	253.3	514.6	543.8
Primary and Secondary Syphilis	21.5	5.9	23.9	7.5

\*Age-adjusted rate per 100k of the population  
\*Youth refers to 15-24 year old's

Data based on: Texas Department of State Health Services,  
Texas Health Data, Texas Sexually Transmitted Diseases Surveillance Program, 2019

### Percentage of Selected Sexually Transmitted Diseases (STD) Among Youth, 2019

STD	Hispanic	Non-Hispanic
Chlamydia (83,727)	23.9%	76.1%
Gonorrhea (22,151)	20.3%	79.7%
Primary and Secondary Syphilis (652)	41.0%	59.0%

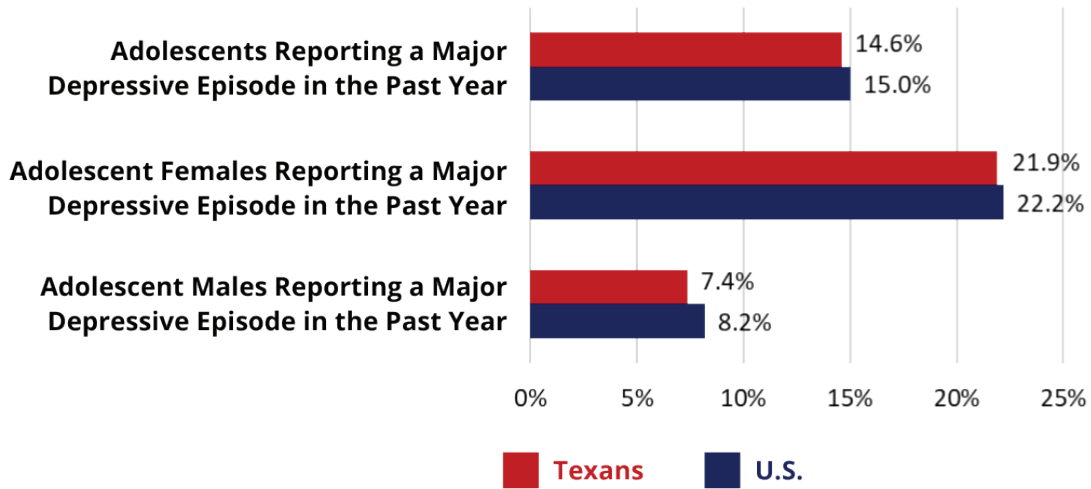
\*Number of total cases and percentages  
\*Youth refers to 15-24 year old's

Data based on: Texas Department of State Health Services,  
Texas Health Data, Texas Sexually Transmitted Diseases Surveillance Program, 2019

## YOUTH MENTAL HEALTH

One in five adolescent Texan women had reported a major depressive episode in the past year compared to one in fourteen adolescent Texan men.

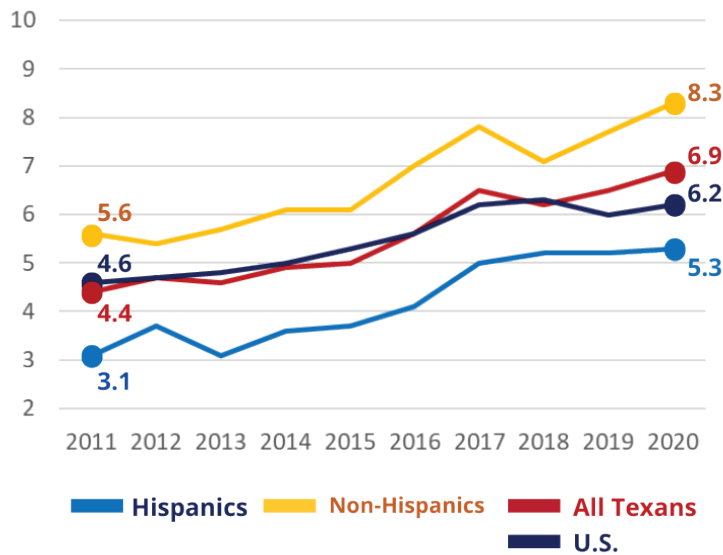
### TEXAN ADOLESCENTS AND MENTAL ILLNESS



Data based on: KFF analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)

### YOUTH SUICIDE RATES

(Ages under 25, Age-adjusted rate per 100K deaths)



Despite Hispanic youth experiencing lower suicide rates, all groups have presented higher rates since 2011. In 2020, 716 Texan youth committed suicide; over a third were Hispanic (264).

Data based on: CDC, National Center for Health Statistics, National Vital Statistics System, Mortality, Suicide 1999-2020

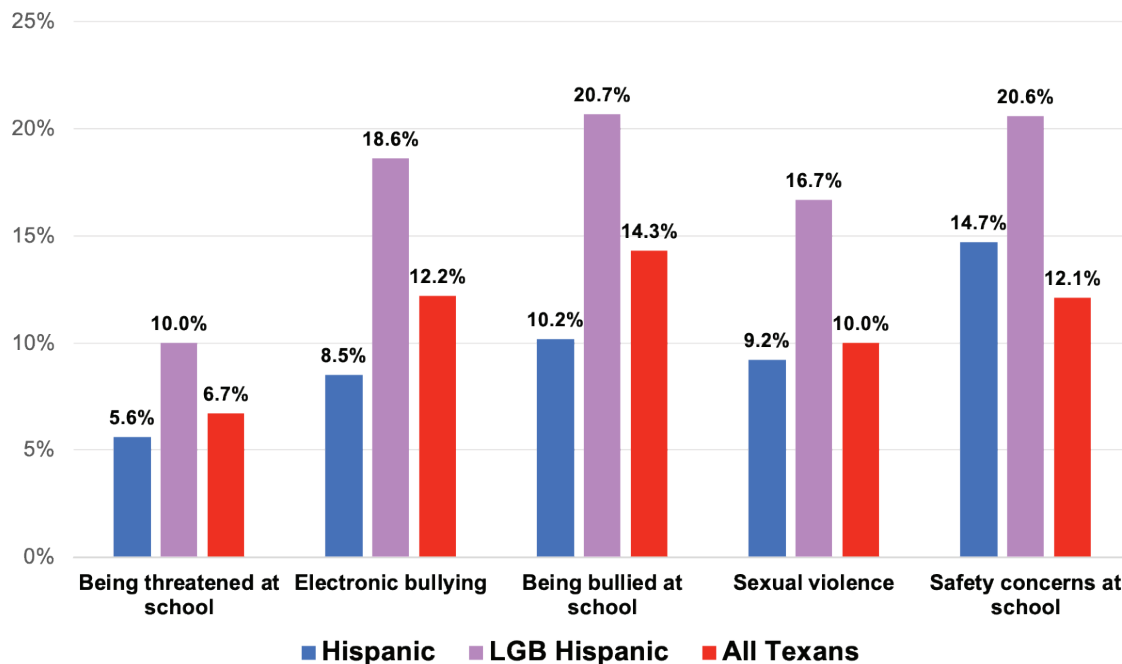


CDC YOUTH RESOURCES

## INTERPERSONAL VIOLENCE

In 2020, there were 231,029 victims of family violence in Texas (Texas Department of Public Safety). Unfortunately, Hispanic data was not available in 2020. In 2018, however, it was reported that slightly below two-fifths of victims were Hispanic (39%).

**PERCENTAGES OF INTER-PERSONAL VIOLENCE AMONG HIGH SCHOOL STUDENTS, 2019**



Data based on: CDC, High School Youth Risk Behavior Survey (2019)

Overall, Hispanic high school students reported less interpersonal violence at school than all Texan students. However, lesbian, gay, and bisexual (LGB) Hispanic students reported higher interpersonal violence. Unfortunately, there is no adequate data on transgender youth.



## ALCOHOL & DRUG USE AMONG HS STUDENTS

### PERCENTAGES OF RISK BEHAVIOR ACTIVITY IN 2019 (SELECTED ALCOHOL & DRUG ACTIVITIES)

Risk Behavior	Hispanic	Texas
Who currently drank alcohol	26.6%	27.8%
Who currently used marijuana	19.0%	17.7%
Who were offered sold, or given an illegal drug on school property	30.1%	27.6%

Data based on: CDC, High School Youth Risk Behavior Survey (YRBS) (2019)

## TOBACCO USE AMONG HS STUDENTS

### PERCENTAGE OF SMOKING BEHAVIOR IN 2021 (SELECTED SMOKING ACTIVITIES)

Smoking Activity	Hispanic	Texas
Students who smoked cigarettes or cigars in the past 30 days	4.7%	5.1%
Students who have used an electronic vapor product in the past 30 days	16.7%	18.7%

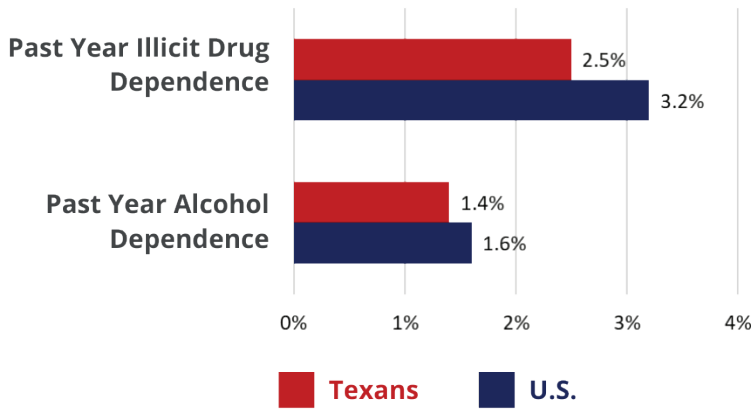
Data based on: Texas Health Data, High School Youth Behavior Survey (2021)



## YOUTH SUBSTANCE USAGE AND TREATMENT

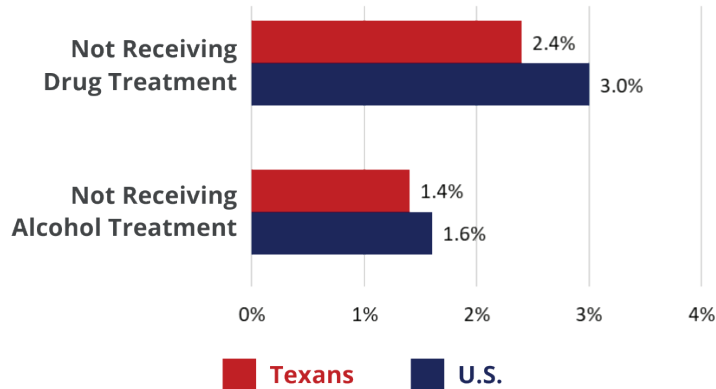
A lower percentage of Texan adolescents, aged 12 -17 years, are reported with drug and alcohol dependence in the past year compared to all adolescents in the U.S. Similarly, there is a lower percentage of adolescents in Texas not receiving treatment for drug and alcohol use compared to the U.S.

### Texan Adolescents and Substance Use Disorder



Data based on: KFF analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)

### Texan Adolescents Not Receiving Treatment



Data based on: KFF analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)

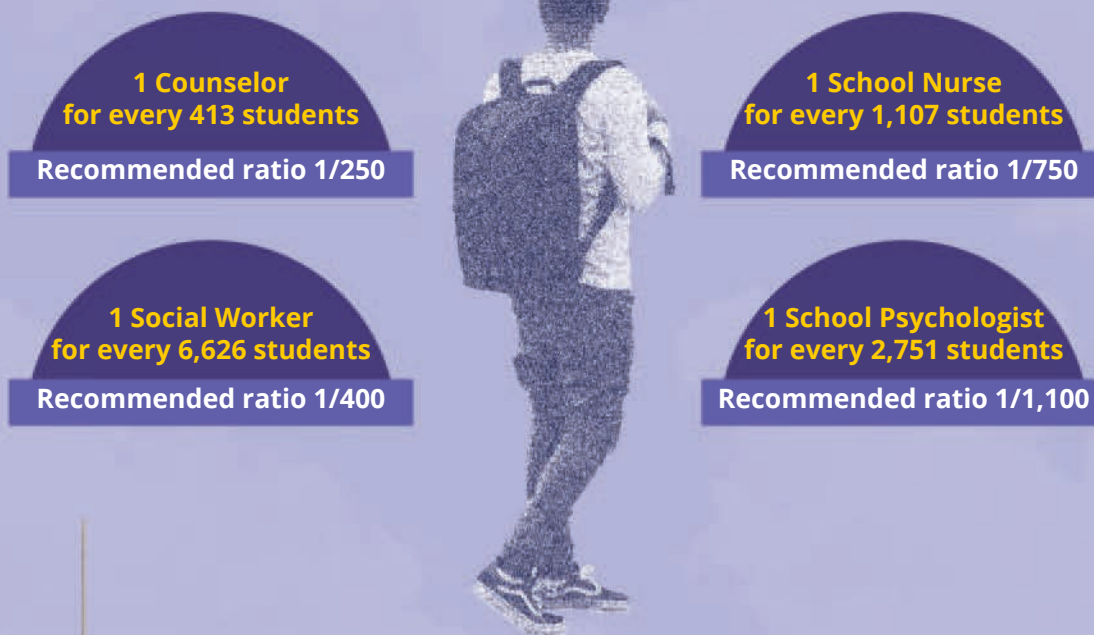


# TEXAS HEALTH WORKFORCE

## PROFESSIONAL HEALTH OCCUPATIONS IN THE TEXAS SCHOOL SYSTEM

The workforce shortage within the public school system limits our ability to address mental health, alcohol/drug use, HIV/STI, and other concerns of high school students.

### SHORTAGE OF SCHOOL HEALTH PROFESSIONALS 2019-2020



Data based on: Statewide Plan for Student Mental Health, Senate Bill 11, December 2020

### SHORTAGE OF SCHOOL NURSES IN TEXAS

In the 2019-2020 school year, an estimated 6,242 school nurses worked in Texas public and charter schools (K-12). One in five school nurses was Hispanic (23.3%). However, 27 counties out of 254 had no nurses employed in their schools.

Data based on: Texas Department of State Health Services, Texas Center For Nursing Workforce Studies



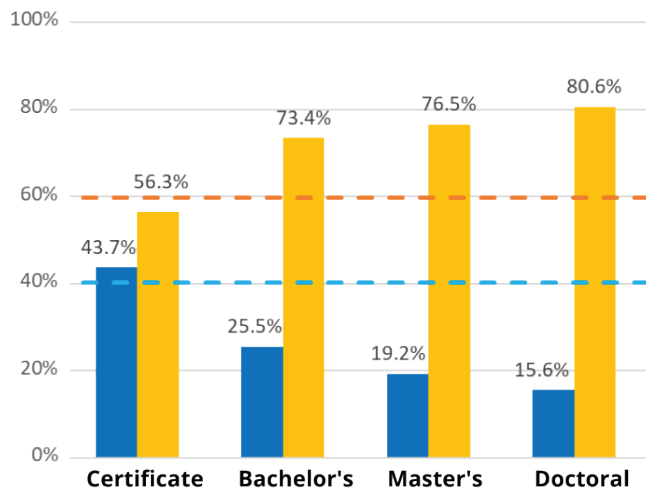
## PUBLIC HEALTH EDUCATION

In 2020, one in ten faculty members from a public health institution was Hispanic (1,365).

YEAR	HISPANIC
2018	9.2%
2019	9.7%
2020	10.0%

Data based on: Texas Higher Education Accountability System, 2020

### Certificates and degrees awarded from public health institutions in 2020\*



Hispanics are underrepresented among those receiving undergraduate and graduate degrees from a public health institution. This limits the ability of the public health system to provide culturally and linguistically appropriate services.

	Certificate	Bachelor's	Master's	Doctoral
<b>Hispanic</b>	69	811	522	471
<b>Non-Hispanic</b>	89	2,339	2,076	2,440

— Hispanic Population (40.2%)  
— Non-Hispanic Population (59.8%)

\* International students are not included

Data based on: Texas Higher Education Accountability System, 2020

### Percentages of professional practice doctoral degrees awarded by school in 2020

	Medical School (1,416)	Dental School (311)	Pharmacy (357)	Other (502)
<b>Hispanic</b>	16.8%	21.9%	13.4%	14.1%
<b>Non-Hispanic</b>	82.9%	76.2%	86.0%	85.1%

In 2020, 425 Hispanics received professional practice doctoral degrees across Texas schools. However, they represented only 16.4% of Texans receiving a professional practice doctoral degree from medical schools.

\*Note: Percentages of international students are not included

Data based on: Texas Higher Education Accountability System, 2020

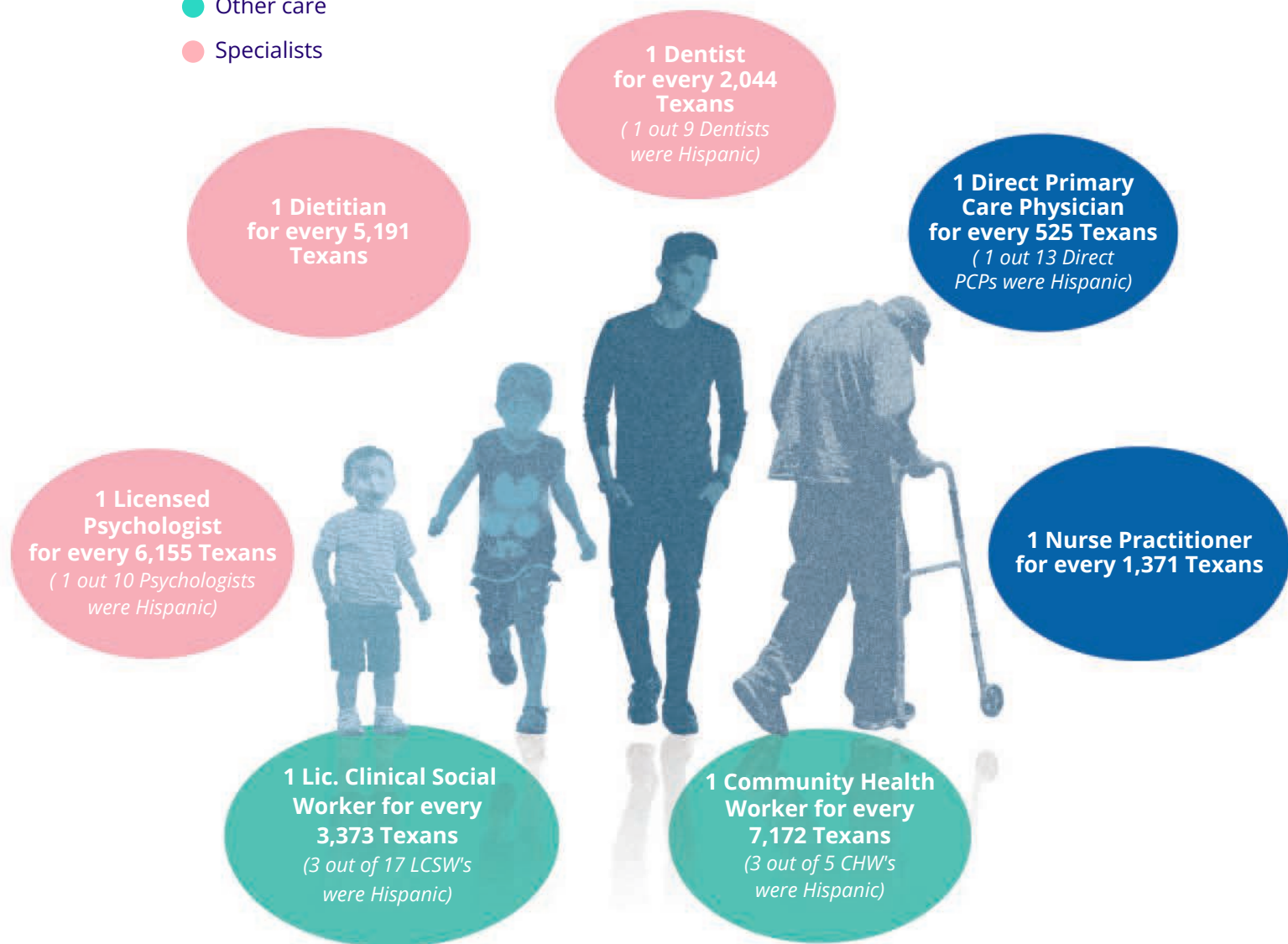


## PROFESSIONAL HEALTH OCCUPATIONS

The current Texas health workforce across all health professionals is inadequate to address the health needs of Texans. In particular, the lack of community health workers and clinical social workers, gatekeepers for health services, impacts engagement in a variety of health and social services. In addition, comprising 40.2% of Texans, Hispanics are underrepresented in all health professions, limiting the provision of culturally and linguistically appropriate services.

### HEALTH PROFESSIONALS SUPPLY, 2020

- Primary Care
- Other care
- Specialists



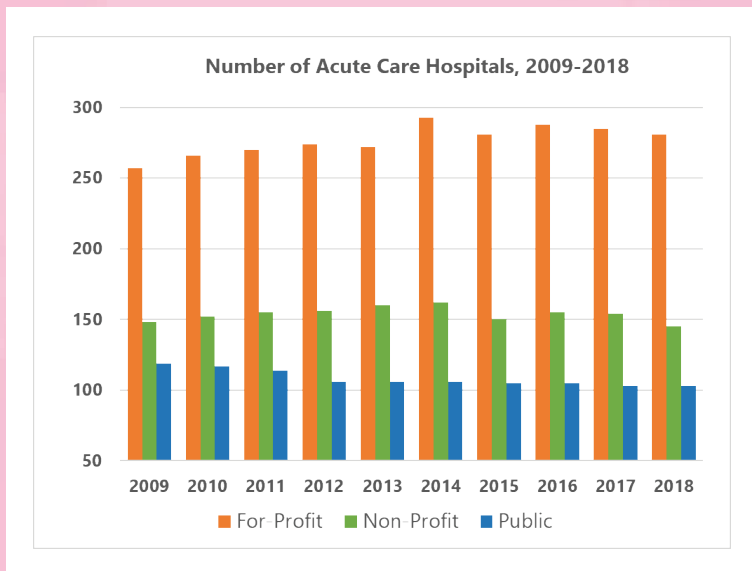
Data based on: Texas Department of State Health Services, Health Professions Resource Center, 2019, 2020





# TEXAS HEALTH INFRASTRUCTURE

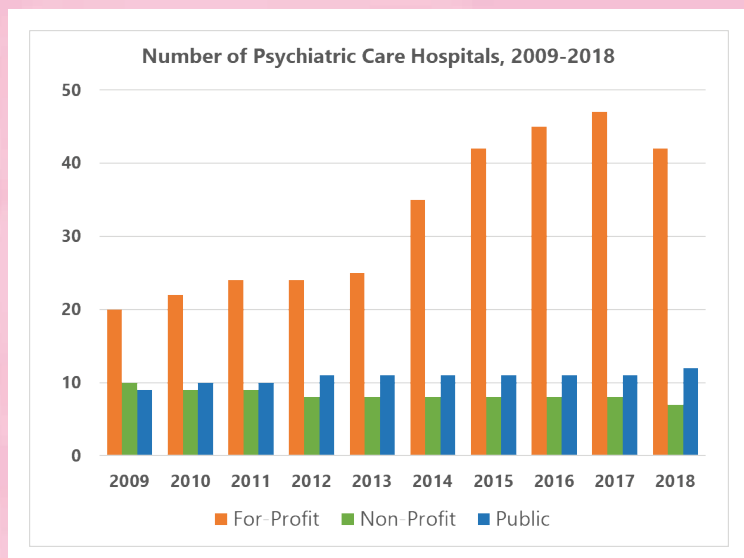
## NUMBER OF ACUTE CARE HOSPITALS, 2009 - 2018



As of 2018, there were 281 for-profit acute care hospitals in Texas, an increase from 257 in 2009. In contrast, there were 103 public hospitals in 2018, a decrease from 119 in 2009.

Data based on: Texas Department of State Health Services, Texas Health Data, Hospital Data 2009-2018

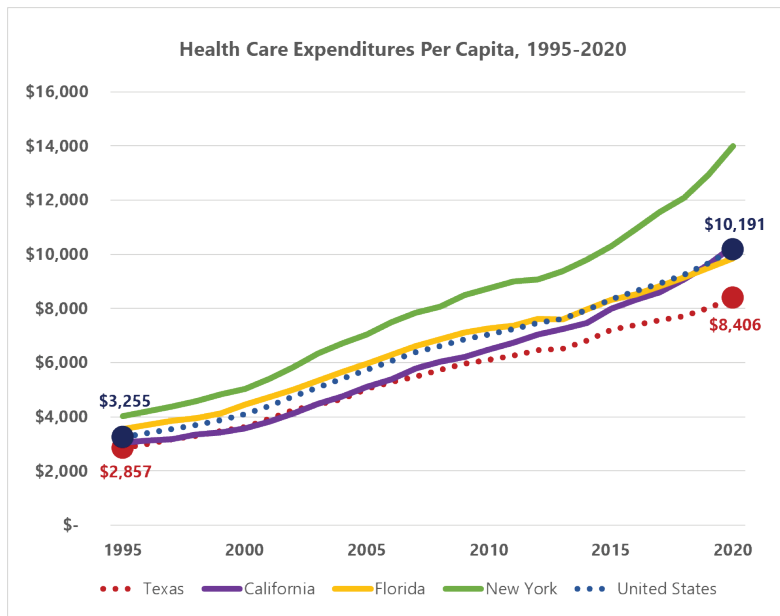
## NUMBER OF PSYCHIATRIC CARE HOSPITALS, 2009 - 2018



As of 2018, there were 42 for-profit psychiatric care hospitals in Texas, an increase from 20 in 2009. In contrast, there were 12 public hospitals in 2018, an increase from 9 in 2009.

Data based on: Texas Department of State Health Services, Texas Health Data, Hospital Data 2009-2018

### HEALTH CARE EXPENDITURES PER CAPITA, 1995 - 2020

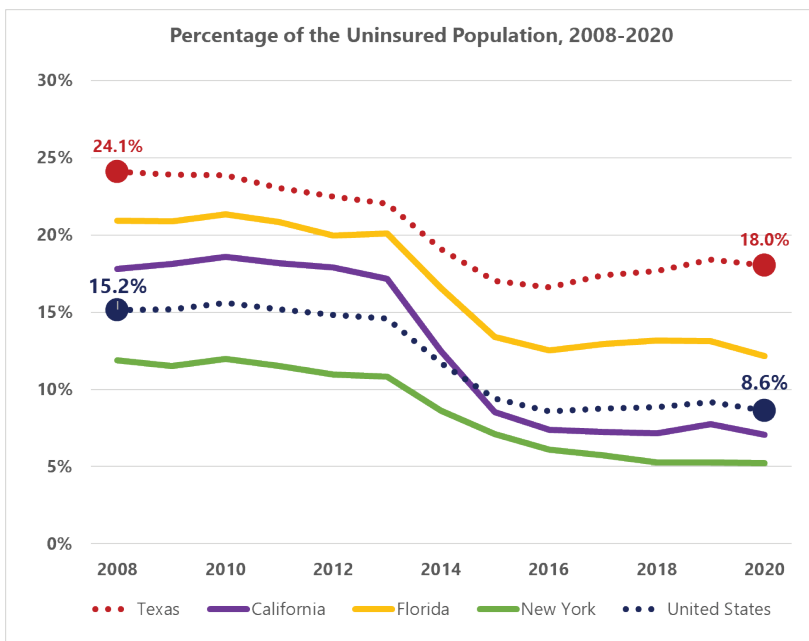


Data based on: Kaiser Family Foundation (KFF), The Centers for Medicare and Medicaid Services (CMS) Office of the Actuary, 1995-2020

Texas has the 47th lowest health care expenditure per capita (per resident) in 2020 and the 41st in 1991.

Expenditures have increased for all the states. But, the gap between the whole U.S. and Texas continues to increase.

### PERCENTAGE OF UNINSURED POPULATION, 2008 - 2020



Data based on: Kaiser Family Foundation (KFF), American Community Survey 2008-2021

Texas has historically had the largest percentage of uninsured residents. While the percentage of uninsured has decreased for all the states, the gap between the average percentage for the U.S. and Texas has slightly increased.

# TECHNICAL NOTES

The information illustrates health and socio-economic indicators from trusted institutions like the U.S. Census Bureau, the Center for Diseases and Prevention Control, and the Texas Department of State Health Services.

The data attempt to provide a good representation of Texan Hispanics. To remain consistent with the terminology from the U.S. Census, the term "Hispanic" was used to describe people reported as Latinx, Latinos, Latinas, Chicanos, Hispanics, and other similar identities.

Data from Hispanics and overall Texans are commonly available from these public sources. To present a complete illustration of Texas, Non-Hispanic data, if not already provided, were usually estimated through simple deductions from grand totals or populations not reported as "Hispanic."

Some tables or graphs may not present consistent Hispanic data. This reflects one of the limitations of this profile. For example, sources may not have Hispanic data for specific years or conditions. Reasons include suppressed data due to confidentiality, data collection not required by law or statute, or data without racial/ethnic breakdown.

Additionally, there is insufficient information to calculate estimates, or data are reported by racial groups (White, Black, Asian, Other), plus Hispanics.

With this state-wide and the upcoming regional profiles, the contents and information will change to reflect updated data and include new data.

This profile aims to serve as a tool for our community leaders, service organizations, health advocates, policymakers, and others to understand further, aid, and support the Hispanic community to achieve its potential.

Thank you to our partners, AIDS Outreach Center (AOC) - Fort Worth, Borderland Rainbow - El Paso, Fundación Latinoamericana de Acción Social (FLAS) - Houston, San Antonio AIDS Foundation (SAAF) - San Antonio, SPCAA Project CHAMPS - Lubbock, and Valley AIDS Council - Harlingen, for enabling us to discover and learn more about Texan Hispanics.



# DATABASES

## THE U.S. CENSUS BUREAU

We used the U.S. Census Bureau for population estimates and detailed information about the population. The U.S. Census Bureau uses the Decennial Census to count every person in the U.S. (states, District of Columbia, and territories).

The Census Bureau also conducts The American Community Survey (ACS), a survey distributed monthly and yearly to a sample of about 3.5 million households within the states, District of Columbia, and Puerto Rico. The ACS survey asks for more detailed information, such as education and employment, not seen in the Decennial Census.

The ACS can provide estimates with more demographic information about communities at the local level in the U.S. Many policymakers and community leaders can use this data to understand local demographic and economic conditions and adjust their plans or programs to reflect the needs of their communities.

Data collected from both surveys are adjusted and modified by the Census Bureau to provide estimates in various tables and datasets. Therefore, population estimates between both surveys may be different from one another.

### TOPICS COVERED FROM THE CENSUS DATA

- General population data
- Immigration
- Race/ethnicity
- Sex/gender
- Language
- Occupation
- Income
- Health insurance
- SNAP

## Annual County Resident Population Estimates

Texas population estimates are derived from the decennial Census 2010 and 2020, which is part of the official count.

## The U.S. Census, American Community Survey, 2016 - 2020 / 2017 - 2021, 5-Year Estimates, Subject Tables

These multi-year estimates reflect better, more precise ones than single-year ones and can provide data from less populated geographic areas.

Population numbers from the ACS survey are different estimates from the Decennial Census.

The subject tables are readily available for the public through the links provided or at [data.census.gov](https://data.census.gov).

## Integrated Public Use Microdata Series (IPUMS), U.S. Census: ACS, 5-Year Estimates

IPUMS USA preserves and harmonizes data from the U.S. Census Bureau, including the ACS 5-Year Estimates.

When subject tables were insufficient, the IPUMS Online Data Analysis System was an excellent tool for finding specific information of interest.



## CENTER FOR DISEASE & PREVENTION CONTROL

Most data regarding health indicators were gathered through the CDC's various databases and health dashboards.

### TOPICS COVERED FROM CDC DATA

- Births, fertility rates, prenatal care
- Deaths, mortality rates
- Prevalence of risk behaviors
- Cancer incidence rates
- HIV cases and rates
- Vaccination coverage

### CDC WONDER Online Database

This database is a user-friendly integrated information system providing a wide range of public health information. Although collected through the CDC Wonder, natality and mortality data were sourced from compiled data from 57 vital statistic jurisdictions through the Vital Statistics Cooperative Program.

### CDC Youth Risk Behavior Survey (YRBS)

The CDC conducts its own YRBS national survey on high school student samples measuring the prevalence of specific health behaviors. We focused on the state-level data from the Texas Youth Behavior Risk Survey, which is accessible through the CDC as well. The majority of the funding for the Texas YRBS comes from the CDC.

### CDC Behavior Risk Factor Surveillance System (BRFSS)

The BRFSS is the nation's leading health survey system collecting data from all states (District of Columbia and three U.S. territories) on people's health-related risk behaviors, chronic conditions, and use of preventative services. Established and supported by the CDC, state health departments conduct the survey annually.

### CDC ATLAS PLUS, HIV, Hepatitis, STD, TB, Social Determinants of Health Data

The NCHHSTP Atlas Plus is an interactive dashboard that can provide customized datasets and tables of surveillance data on HIV, viral hepatitis, sexually transmitted diseases (STDs), and Tuberculosis (TB). Depending on the health condition, various indicators can be broken down by demographic characteristics and geographic location. About half of the HIV-related data was collected from Atlas Plus.

### CDC Child VaxView Interactive Dashboard

This interactive dashboard provides data about vaccination coverage among children (0-35 months) from the National Immunization Surveys (NIS). The CDC National Center for Immunization and Respiratory Diseases (NCIRD) conducts the NIS.

Vaccination coverage estimates from all 50 states may be broken down by demographic characteristics. Vaccination coverage estimates for the Combined 7 series, Influenza, Rotavirus, Hep A, and Hep B were collected from this dashboard.







## TEXAS DEPARTMENT OF STATE HEALTH AND SERVICES

The Texas Department of State Health and Services publishes data at <https://healthdata.dshs.texas.gov>. This site has many user-friendly dashboards depicting different health outcomes from different surveys and surveillance programs.

### TOPICS COVERED FROM TEXAS DSHS DATA

- Prevalence of risk behaviors
- HIV cases and rates
- Vaccination coverage
- Hospital Data
- Healthcare Workforce

### Texas Youth Risk Behavior Survey (YRBS)

CDC-funded, the survey is conducted by the Texas DSHS under CDC guidelines to provide comparable estimates of youth health behavior. The YRBS provides information for the benefit of DSHS, the Texas Education Agency (TEA), and other private and public health institutions. It is also used to monitor Healthy People 2030 objectives.

### Texas Behavior Risk Factor Surveillance System (BRFSS)

The Texas BRFSS collects data about Texans and their health-related risk behaviors, chronic conditions, and the use of preventive services. The surveillance system helps the DSHS and public health and community leaders determine the health needs of their communities. Like the YRBS, the BRFSS can help monitor goals from the Healthy People 2030 objectives.

### Texas Sexually Transmitted Diseases Surveillance Program

The Texas STD surveillance program collects demographic data and clinical and lab information to report cases to the DSHS HIV/STD Program. By law, Texas health providers and laboratories are required to report information on HIV/AIDS, Syphilis, Chlamydia, Gonorrhea, and Chancroid.

### Texas HIV/STD Surveillance Program

The Texas HIV surveillance program collects demographic data, clinical, lab, and risk-related information on people diagnosed or living with HIV. Data are also reported to the DSHS HIV/STD Program. By law, Texas health providers and laboratories are required to report information on HIV/AIDS.

### Texas Health Care Information Collection Program (THCIC)

By law, the THCIC has health facilities reporting requirements and provides quality hospital performance data. It helps Texan consumers make informed decisions on their healthcare and helps health institutions influence Texas healthcare quality and cost. For example, information on inpatient diagnosis in Texas was collected from the THCIC.

### Texas Health Professions Resource Center (HPRC)

The HPRC is responsible for collecting and analyzing information on the healthcare workforce in Texas. Tracking and monitoring the supply of over 40 healthcare professions in Texas helps Texas public health leaders and policy-makers understand current health workforce trends. Data on the Texas healthcare workforce can be found by county and demographic characteristics.

### Texas Hospital Data, Health Facilities Licensing

The count of acute care and psychiatric care hospitals came from the 2009-2018 DSHS/AHA/THA Annual Survey of Hospitals. Texas law requires state-licensed hospitals to provide relevant financial and utilization data to DSHS.

## OTHER TEXAS SOURCES

Below are other Texas institutions, agencies, and organizations that provided additional information to this profile.

### Texas Education Agency (TEA)

High school graduation and dropout four-year rates were collected from the TEA's Completion, Graduation, and Dropout Data. School districts are required to provide information and data to the TEA each year.

### Texas Higher Education Accountability System

Texas Higher Education Data (THED) provides statistics on higher education and includes data by geographic location, selected institutions, and demographic characteristics.

### Texas Department of Public Safety (DPS)

The Texas DPS collects crime statistics from local law enforcement and reports them to the Federal Bureau of Investigation (FBI). We used the Texas DPS annual Crime in Texas Report for the years 2020 and 2018.

### Texas Department of Criminal Justice (TDCJ)

The TDCJ published data on the incarcerated in their 2020 Fiscal Year Statistical Report. Because only the total number of people was provided, we used the Census 2020 ACS 5-year population estimates to calculate unadjusted incarceration rates per 100k of the population.

### Texas Homelessness Network, Texas Balance

The Texas Balance of State Continuum of Care collects data on people experiencing homelessness among 215 counties in Texas, usually reporting on rural areas. Other metropolitan areas have their own CoC with their own Point-in-Time (PIT) count of individuals and families experiencing homelessness.

### Texas Cancer Registry (TCR)

The TCR is a statewide registry collecting cancer data, including incidence and mortality, primarily sourced from Texas acute care hospitals. In addition, the TCR provides data by county and demographic characteristics. The registry is funded by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program and the CDC and Prevention's National Program of Cancer Registries (NPCR).



## ADDITIONAL SOURCES

Other third-party institutions and agencies were relied upon to provide supplemental data that may not be provided by our primary sources mentioned above.

### UCLA Williams Institute, LGBT Data

Sexual orientation and gender identity data were limited, especially for Hispanics. Therefore, we relied on the UCLA Williams Institute, which provided an interactive system with state comparisons.

### UT Southern Medical Center, Life Expectancy

Reports and interactive maps are available with life expectancy estimates by gender, race/ethnicity, and county. Data was published by scientists from the UT Southwestern Medical Center but sourced from the Texas DSHS Center for Health Statistics (2005-2014).

### AIDSVu.org

AIDSVu has an interactive platform presenting HIV-related data at the local and national levels. HIV surveillance data for AIDSVu is sourced from the CDC's national HIV surveillance databases. AIDSVu can also provide PrEP usage data from IQVIA with the support of Gilead Sciences, Inc., and researchers from the Rollins School of Public Health at Emory University.

### Kaiser Family Foundation (KFF)

KFF publishes various dashboards and graphics on several health outcomes and indicators. State comparisons on health care expenditures, the uninsured, and mental health and substance indicators were accessible through KFF. Health expenditures per capita data were sourced from the Centers for Medicare and Medicaid Services (CMS) Office of the Actuary.

Health insurance coverage data was sourced from the 2008-2021 American Community Survey, 1-Year Estimates. Mental health indicators for adolescents and adults came from the 2018-2019 National Survey on Drug Use and Health (NSDUH) provided by Substance Abuse and Mental Health Services Administration (SAMHSA)'s restricted online database system (RDAS).

### U.S. Department of Health & Human Services, Office of Childcare

The Child Care and Development Fund (CCDF) works in partnership with state governments to serve low-income families by subsidizing eligible child care programs. Texas data on the number of children served by the CCDF is reported to the program by the state.

### U.S. Bureau of Labor Statistics (BLS), Local Area Unemployment Statistics

Unemployment rates are published by BLS. The data comes from the Current Population Survey (CPS) conducted by the U.S. Census Bureau for BLS, and sponsored jointly by both institutions. The CPS provides information and data on economic measures like the labor force, employment, and earnings based on a sample of about 60,000 households across the country.

### U.S. Federal Reserve Bank of St. Louis, FRED

FRED stands for Federal Reserve Economic Data. It is an interactive database that gives access to a multitude of economic time series data from national, international, public and private sources.

The annual consumer price index of the Dallas CBSA from 2010 to 2020 was used to calculate 2020-adjusted dollar estimates of the median household income across the years. The CPI is an economic index that can be used to measure inflation.

Although published by FRED, CPI data is from the U.S. Bureau of Labor Statistics (BLS). Median household incomes came from the U.S. Census 2020 ACS 5-Year estimates.

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For more information on the sources and databases of the information provided on this profile, please refer to the Contact Info.

## ADDITIONAL REFERENCES

- Alvarez, C. R. Hepatitis C Surveillance in Texas [PowerPoint slides]. Texas Department of State Health Services. Retrieved from [https://aetc.uthscsa.edu/wp-content/uploads/sites/48/2021/02/Session-4\\_Carlos-Vittoria\\_compressed.pdf](https://aetc.uthscsa.edu/wp-content/uploads/sites/48/2021/02/Session-4_Carlos-Vittoria_compressed.pdf) on March 14, 2023
- Caraveo, C.A., Basurto, L.E., Gonzalez, Dulce., and Pan, Clare. (Feb 2021). Barriers to Medicaid and CHIP Coverage for Eligible but Uninsured Latinx Children: A Texas Case Study. Urban Institute. Retrieved from [https://www.urban.org/sites/default/files/publication/103471/barriers-to-medicaid-and-chip-coverage-for-eligible-but-uninsured-latinx-children-a-texas-case-study\\_1.pdf](https://www.urban.org/sites/default/files/publication/103471/barriers-to-medicaid-and-chip-coverage-for-eligible-but-uninsured-latinx-children-a-texas-case-study_1.pdf) on January 2, 2023.
- Centers for Disease Control and Prevention. Vaccines at 12 to 23 Months. National Center for Immunization and Respiratory Diseases. Retrieved from <https://www.cdc.gov/vaccines/parents/by-age/months-12-23.html> on March 10, 2023
- Henry, M., De Sousa, T., Roddey, C., Gayen, S., and Bednar, T.J., Abt Associates (Jan 2021). The 2020 Annual Homeless Assessment Report (AHAR) to Congress. The U.S. Department of Housing and Urban Development, Office of Community Planning and Development. Retrieved from <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf> on March 10, 2023
- HIV.Gov. Key EHE Strategies. U.S. Department of Health & Human Services. Retrieved from <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/key-strategies/> on March 14, 2023.
- Office on Women's Health. Prenatal Care. Office of Assistant Secretary for Health at the U.S. Department of Health and Human Services. Retrieved from <https://www.womenshealth.gov/a-z-topics/prenatal-care> on March 10, 2023
- Rosenberg ES, Rosenthal EM, Hall EW, et al. Prevalence of Hepatitis C Virus Infection in US States and the District of Columbia, 2013 to 2016. JAMA Netw Open. 2018;1(8):e186371. doi:10.1001/jamanetworkopen.2018.6371
- Simonton, D. K. (2013). The mad-genius controversy [PowerPoint slides]. College of Education, University of Iowa. <https://simonton.faculty.ucdavis.edu/wp-content/uploads/sites/243/2015/08/IowaDeltaMadGenius.pdf> on March 14, 2023
- Texas Education Agency (Dec 2020). Statewide Plan for Student Mental Health. (SB: 11 86(R) and TEC § 38.254). Retrieved from <https://tea.texas.gov/sites/default/files/sb11mhsp.pdf> on March 14, 2023







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