



FAQ for HHSC study on the Impact of COVID-19 on Vulnerable Populations in Texas

Question: What is the purpose of this study?

Answer: As Texas and the nation respond to the COVID-19 pandemic, varying research and studies have noted impacts of the disease on different populations. The Health and Human Services Commission (HHSC) is studying the impact of COVID-19 on vulnerable Texans. The purpose of this study is to understand the impact of COVID-19 on Texas' most vulnerable populations.

Question: What data were collected in Phase 1 and how will it be used in Phase 2?

Answer: Data from several sources were included in Phase 1 (listed below). Dashboards were created to visualize the data, detect trends and patterns and to inform the research questions for Phase 2.

County-level Vulnerability and COVID-19 Measures Dashboard

Data from the Texas Department of State Health Services (DSHS) [COVID-19 dashboard](#), the US Census Bureau, the Texas Demographic Center, the Texas Workforce Commission, the Centers for Disease Control and Prevention's Social Vulnerability Index (SVI), and County Health Rankings and Roadmaps (CHR).

COVID-19 Fatalities Dashboard

Data from the Center for Health Statistics (CHS) and the Emerging & Acute Infectious Disease Unit (EAIDU) at DSHS, and the Texas Demographic Center.

Texas Medicaid and CHIP COVID-19 Service Utilization Dashboards, and Texas Medicaid and CHIP COVID-19 Demographics Dashboard

Data from the Texas Medicaid Healthcare Partnership's (TMHP's) Analytical Data Store, HHSC's 8-month and 24-month Medicaid eligibility files, TT Fee-for-service (FFS) file, and the Children's Health Insurance Program (CHIP) History file.

Question: How often will the data be updated?

Answer: The dashboards are updated quarterly. The date of the update will be stated on the dashboard. The data represented in this study are not tracking data for COVID-19 and should not be used for that purpose.

Question: What conclusions or findings were made in Phase 1?

Answer: Phase 1 consisted of data collection and review of relevant literature relating to the impact of COVID-19 on vulnerable populations. While it did not, nor was it intended to reach any conclusions, certain observations were made and can be found in the [Impact of COVID-19 on Vulnerable Populations in Texas study \(PDF\)](#).

Question: What progress has been made since Phase 1 was released?

Answer: Since releasing Phase 1 of the report HHSC has consistently updated data within its initial dashboards and worked to expand the depth and breadth of available information as data become available. The data and information collected in Phase 1 will be used in Phase 2 for an in-depth examination of the specific patterns and trends observed during the first year of the COVID-19 pandemic and the associated response.

In November 2021, HHSC expanded the dashboards to include views that illustrate preliminary data on Medicaid telemedicine use (e.g. Telemedicine, Telehealth, and Telemonitoring). These tools will help stakeholders understand the degree to which

increased availability and use of telemedicine services impacted individuals served by Texas Medicaid. The first dashboard displays overall Medicaid and CHIP use of teleservices while the second dashboard shows teleservices use among select service types.

These dashboards show increases in use of Medicaid teleservices during the pandemic. These tools will help HHSC understand the degree to which increased availability and use of these services impacted response to needs of people served by Texas Medicaid (e.g., allowing for access to and continuity of service delivery while keeping patients safe).

Question: When will the full study be complete?

Answer: The report on Phase 2 of the study is scheduled for release before the 88th Texas legislative session. The study will examine COVID-19 impacts on Texas populations during the first year of the COVID-19 pandemic. HHSC is focusing on this first year to capture the four distinct stages revealed by statewide COVID-19 data:

1. the onset of the public health emergency from March through May 2020,
2. the summer surge from June through September 2020,
3. the winter surge from October 2020 through January 2021, and
4. the beginning of vaccination rollout from February through March 2021.

Question: Why can't HHSC complete the study sooner?

Answer: This release timeline is related to challenges with the availability of some COVID-19 data required to examine the first full year of the COVID-19 pandemic. Specifically, lag times associated with key COVID-19 data sets limit HHSC's ability to analyze events, trends, and patterns across the full year sooner. For example, Medicaid claims data must be given approximately eight months lag (to allow for updates, delayed claims, corrections) before a given month of data can be considered finalized. Similarly, many broader health outcomes (i.e., hospital admissions, length of stay, ICU utilization) must be assessed using hospital discharge data, which requires a 12-month lag time. This means HHSC will not

have final health outcomes data necessary to begin portions of the study analysis until Spring 2022.