



Brazos Valley Health Assessment

# Executive Report



Center for Community Health Development

Texas A&M Health Science Center  
School of Rural Public Health

<http://www.cchd.us/>

2010

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# 2010 BRAZOS VALLEY ASSESSMENT DATA USER AGREEMENT

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The Brazos Valley Health Partnership and the Center for Community Health Development worked very hard to make the Brazos Valley Health Assessment a comprehensive, valid, and reliable source of information for the entire region. The survey methodology, state-of-the-art instrument, and community discussion groups allowed us to measure public behavior, attitudes, perceptions, and characteristics at levels previously unavailable to local communities in the Brazos Valley. A careful analysis of existing data collected by other groups and organizations (such as the U.S. Census, Texas Department of State Health Services, and the Centers for Disease Control and Prevention) was also vital component of the community health assessment.

It is crucial for users to recognize that the comprehensiveness and depth of these data make them valuable. It is *imperative* for users to understand the information, including appropriate and inappropriate ways these data can be used. The user must understand that “associations” between factors does not necessarily indicate a “causal relationship” between those factors. For example, the tendency to smoke is not caused by low income, even though those two are frequently correlated. We are describing a broken health care system, and in order to remedy the situation, substantial effort was expended toward identifying problems. It would be easy to place the blame for this situation on certain groups and organizations based on data and comments taken out of context. Blaming either the recipients or the providers in this broken system contributes nothing toward the solutions desired by all.

The underlying goal upon which both the Brazos Valley Health Partnership and the community health assessment are based is collaboration to *improve the health status of the population* of the Brazos Valley. When using this information, we ask that you reflect upon that goal, and determine if the intended use of this information will help reach that goal or delay its achievement. References to the data contained in this report should include an appropriate citation.

Your acceptance of the data set carries with it tacit acceptance of the principles and concerns expressed above and a commitment to abide by these principles.

## **SUGGESTED CITATION:**

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The 2010 Brazos Valley Health Assessment owes its success to the many individuals and organizations who contributed to the process.

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Brazos Valley Community Action Agency  
Brazos County Health Department  
Burleson St. Joseph Health Center  
City of Bryan  
City of College Station  
College Station Medical Center  
Mental Health Mental Retardation Authority of the Brazos Valley  
Madison St. Joseph Health Center  
St. Joseph Health System  
School of Rural Public Health  
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Texas A&M Health Science Center  
United Way of the Brazos Valley  
Workforce Solutions Brazos Valley

## SURVEY DEVELOPMENT COMMITTEE:

Brenda Allen  
Trish Buck  
Tiffany Carrethers  
Ann Clodfelter  
Dia Copeland  
Crystal Crowell  
Reed Edmundson  
JoLeen Eiklenberg  
Tom Foley  
Ronnie Gipson

Melissa Haussecker  
Mary Itz  
Haley Jackson  
Faith Kellar  
Vishal Kinra  
Steve Koran  
Rachel Kubala  
Theresa Mangapora  
Jeannie McGuire  
Sara Mendez

Brook Mikles  
Gina Neuendorff  
Kay Parker  
Brian Petter  
Albert Ramirez  
Robert Reed  
Camilla Viator  
Doug Weedon  
Stephanie Wehring  
Gentry Woodard

---

# ACKNOWLEDGMENTS

---

## ASSESSMENT CONDUCTED BY:

Angie Alaniz  
Tya Arthur  
Pattie Billingsley  
Jim Burdine  
Betsy Chapa  
Heather Clark  
Gwenetta Curry  
Keli Dean

Cassandra Johnson  
Brandy Kelly  
Kelly Morris  
Arin Robertson  
Robert Shaw  
Monica Wendel  
Laura Windwehen

and

Students of PHSB 610: Community Organization and Assessment

## EXECUTIVE REPORTS DEVELOPED BY:

Monica Wendel  
Kelly Morris  
Heather Clark  
Sydney Dickerson  
Christina Ly  
Lindsay Shea

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# BRAZOS VALLEY HEALTH ASSESSMENT

## EXECUTIVE REPORT

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### INTRODUCTION

The Brazos Valley Health Status Assessment, a joint effort of the Brazos Valley Health Partnership (BVHP) and the Center for Community Health Development (CCHD) at the Texas A&M Health Science Center School of Rural Public Health (SRPH), was conducted in the seven-county region of south-central Texas consisting of Brazos, Burleson, Grimes, Leon, Madison, Robertson, and Washington Counties.

The primary sponsors of the assessment were the Center for Community Health Development and the Brazos Valley Council of Governments. Fourteen additional organizations contributed to underwriting the cost of conducting the assessment:

**Figure 1. Map of the Brazos Valley**



- Brazos Valley Community Action Agency,
- Brazos County Health Department,
- Burleson St. Joseph Health Center,
- City of Bryan,
- City of College Station,
- College Station Medical Center,
- Mental Health Mental Retardation Authority of the Brazos Valley,
- Madison St. Joseph Health Center,
- St. Joseph Health System,
- School of Rural Public Health,
- Scott & White Hospital – Brenham,
- Texas A&M Health Science Center,
- United Way of the Brazos Valley, and
- Workforce Solutions Brazos Valley.

Many other regional health and human service providers and organizations provided non-financial support through assistance in planning and organizing community discussion groups and developing the final survey instrument.



This is the third comprehensive regional health assessment conducted in the past eight years. The objectives of the first assessment, completed in 2002, were to identify factors influencing health status, to recognize issues and unmet needs of the local community, to inventory resources within the region, and to produce a source of reliable information that may be utilized in developing effective solutions. That process brought together a variety of institutions and increased their ability to work collaboratively to catalyze constructive changes in the Brazos Valley, leading to the creation of the Brazos Valley Health Partnership.

The Brazos Valley Health Partnership (BVHP) is a non-profit corporation with a mission to *support the health resource commissions and their communities in improving health and well-being*. The partnership is focused on developing collective strategies that, implemented locally, will leverage and cultivate resources to improve access to services in the Brazos Valley. The BVHP is a community-owned organization whose board is comprised of county health resource commission representatives.

The second assessment, conducted in 2006, aimed to track progress in some specific areas of health and to reassess local health priorities. The results of the assessment provided information for local strategic planning and contributed to the acquisition of substantial grant funding for the region targeting health improvement activities.

This assessment, conducted between October 2009 and July 2010, has objectives similar to the previous two and allows for comparison of health status and various indicators across time. This process is intended to highlight progress, as well as continuing and emerging needs, concerns, issues, and opportunities for community health improvement.

## METHODS

This assessment consisted of three components: secondary data analysis, community discussion groups/interviews, and a household survey.

### Secondary Data Analysis

Existing data previously collected for other purposes, called secondary data, were compiled from a variety of credible local, state, and federal sources to provide a context for analyzing and interpreting the survey data collected specifically for this assessment. Sources of secondary data include the Texas Department of State Health Services (DSHS), the 2000 Census and more recent Census estimates, the Centers for Disease Control and Prevention (CDC), the Texas Workforce Commission, as well as objectives and priorities set by *Healthy People 2010* and its companion document *Rural Healthy People 2010*.

## Community Discussion Groups

Community discussion groups (CDGs), much like town hall meetings, were organized by CCHD staff assisted by students from the *Community Organization and Assessment* course at SRPH. Staff members contacted local intermediaries to convene discussion groups with clinical and other service providers, community leaders, and general “consumers” in each of the counties. Throughout the seven-county region, 604 individuals participated in 60 discussion group meetings. Each discussion group was guided by the following prompts:

- Describe your community.
- What are the most important issues and/or challenges your community is facing?
- What are the key resources in your community?
- How has your community come together in the past to address important issues?
- If a group were to try to address the issues you have identified, what advice would you have to help them be successful?

These meetings served to gain perspective on the health status of the community and to enlighten the analysis of the survey data. The discussion groups also allowed access to sectors of the population that may be underrepresented in the household survey.

## Household Survey

A survey committee was assembled, made up of representatives of 28 organizations. This committee met from September to December 2009 to create and refine the survey instrument to be used for the household survey. Participants in the process represented local primary care clinics, local hospitals, a broad range of community-based organizations, the local health department, educational institutions, and volunteer organizations. Committee members spent several meetings adapting the technical language of the survey to reflect common usage and understanding of local community members.

The final instrument was a 32-page survey including items from the Centers for Disease Control and Prevention’s Health Related Quality of Life scale, scales from the Medical Outcomes Study; the Carter Center; New England Medical Center, Inc.; Davies and Ware, and the Group Health Association of America; the Center for Health Services Research and Development, East Carolina University; Felix, Burdine and Associates; University of Washington Health Promotion Research Center; the International Physical Activity and Environment Network; the National Institute of Mental Health, as well as some original questions of interest developed by the committee.



ETC Institute, a research firm out of Olathe, Kansas, was contracted to collect the survey data. A target number of completed surveys was set for each county based on population; the selected number would allow for county-level data analysis. From a comprehensive list of residential addresses, 15,000 households were randomly selected, and letters were mailed informing them of their selection. One week following the letter, potential participants began receiving phone calls. Respondents were randomized by asking for the adult resident of the household who had the birthday that would occur next. That person, then, was informed of the purpose of the survey and if they agreed to participate, a survey packet was mailed to them (including the survey instrument in English or Spanish, instructions, and a self-addressed stamped envelope). Of the 15,000 selected, 10,501 were reached by phone, and 5,362 agreed to complete a survey (51%). Of those who agreed, 3,360 actually returned a completed survey (63%). Table 1 shows the surveys completed by county.

**Table 1. Surveys completed by county**

<b>County</b>	<b>Targeted # of Surveys</b>	<b>Completed Surveys</b>
Brazos	900	1,088
Burleson	250	346
Grimes	250	326
Leon	250	400
Madison	250	271
Robertson	250	359
Washington	425	570
<b>TOTAL</b>	<b>2,575</b>	<b>3,360</b>

## **FINDINGS**

This report presents the health assessment findings for the Brazos Valley region. Much of the data will be presented as “Brazos Valley” or “Brazos versus Rural Counties,” but several comparisons across counties will also be given where appropriate. For specific county-level data, please refer to the supplemental reports.

### **Community Discussion Groups**

Community discussion groups (CDGs) were conducted in all seven counties of the Brazos Valley with individuals representing various sectors of the community: clinicians, human service providers, community leaders, and the general population. Extensive notes were taken by multiple observers at each meeting, which were then compiled. Multi-stage thematic analysis

was conducted that identified broad themes from each community and then sub-themes. The consolidated findings for the region are offered here.

## ***Community***

Throughout the Brazos Valley, discussion group participants described the community as friendly and family-oriented, with a small-town atmosphere but access to big city amenities. Many perceived the Brazos Valley as a growing community, noticing the rise of certain issues due to population growth. In particular, the growth of the older adult population was highlighted as retirees continue to choose the Brazos Valley as their retirement destination. Other characteristics mentioned included a strong faith community and a spirit of generosity where neighbors often help each other out in times of need. Despite the positive aspects of the community offered, many residents expressed concern over the economy and the toll it is taking on local families. Extreme poverty exists in all reaches of the region, but in many cases is hidden.

## ***Community Issues***

As mentioned, the economy was one of the most repeated issues by discussion group participants. Unemployment and the lack of employment opportunities were a key concern, as well as the resulting financial struggles facing local families. Transportation was also brought up at every discussion group in every county as a critical issue for Brazos Valley residents. The lack of a reliable, affordable public transportation system that reaches the areas of need was cited as a major problem. With the growing population of older adults throughout the Brazos Valley, there is a prevailing concern that the current resources and services for this population and their caregivers are inadequate to meet the increasing needs. Finally, discussion group participants in every county conveyed frustration with poor communication—from communication among leaders and services providers to distribution of information to the general public. The general consensus was that poor communication across the region contributed greatly to confusion, duplication of effort, and wasted resources.

## ***Health Concerns***

In addition to broad community issues, Brazos Valley residents expressed great concern regarding the growing rate of obesity and related chronic diseases. With the economic situation, growing unemployment and underemployment, and rising cost of health care, local families are struggling to get the care they need. Access to mental health services and substance abuse services were themes repeated throughout the counties.

## ***Resources***

Across the region, community discussion group participants were readily able to identify resources and assets to the community. Local hospitals, clinics, and community-based service providers were cited in each county as resources that help meet the needs of all community members. The churches, ministerial alliances, and faith-based organizations were seen as hubs for support, information dissemination, service delivery, and volunteers. In many of the

communities, local school districts were also key partners in local efforts; Blinn College and Texas A&M University were seen as both economic drivers and important resources for financial support, a volunteer base, and access to expertise. In some counties, strong leadership was a valuable asset; in others, the lack of leadership was cited as a concern.

Across the Brazos Valley, regardless of location, residents emphasized examples of successful collaboration in their communities as evidence that local efforts can be successful. Examples offered ranged from the development of new community facilities and services to support following an accident or fire. The most repeated example throughout the seven counties, though, was the collaboration to respond during Hurricanes Katrina, Rita, and Ike. Local emergency responders, churches, community-based and civic organizations, service providers, schools, and local businesses came together to contribute to the relief effort. These examples provide a foundation for building community collaboration to address other local priorities.

## **Household Survey**

As indicated in Table 1, a specific number of surveys was targeted in each county that would allow for both regional and county-level analysis. Typical in survey research, those who actually responded to the survey disproportionately represented older residents, women, Caucasians, and those more educated and more affluent. To deal with some of this bias, the analysis was performed on scientifically weighted data, weighting the responses to match the age and gender distribution by county. Even with the weighting, however, we also know by comparison to Census estimates that the current sample under-represents low-income residents. This should be considered when interpreting the results; what the survey analysis indicates is likely a more positive reflection of the community than actually exists. Regardless, the data provide us a useful snapshot of what residents are currently experiencing.

## **Demographics**

Where possible, demographic comparisons are made to 2008 or 2009 Census estimates. However, for Leon, Madison, and Robertson Counties, only actual 2000 Census data are available; counties with populations under 20,000 are not eligible for interim estimates besides total population. In these cases, the data sources are noted.

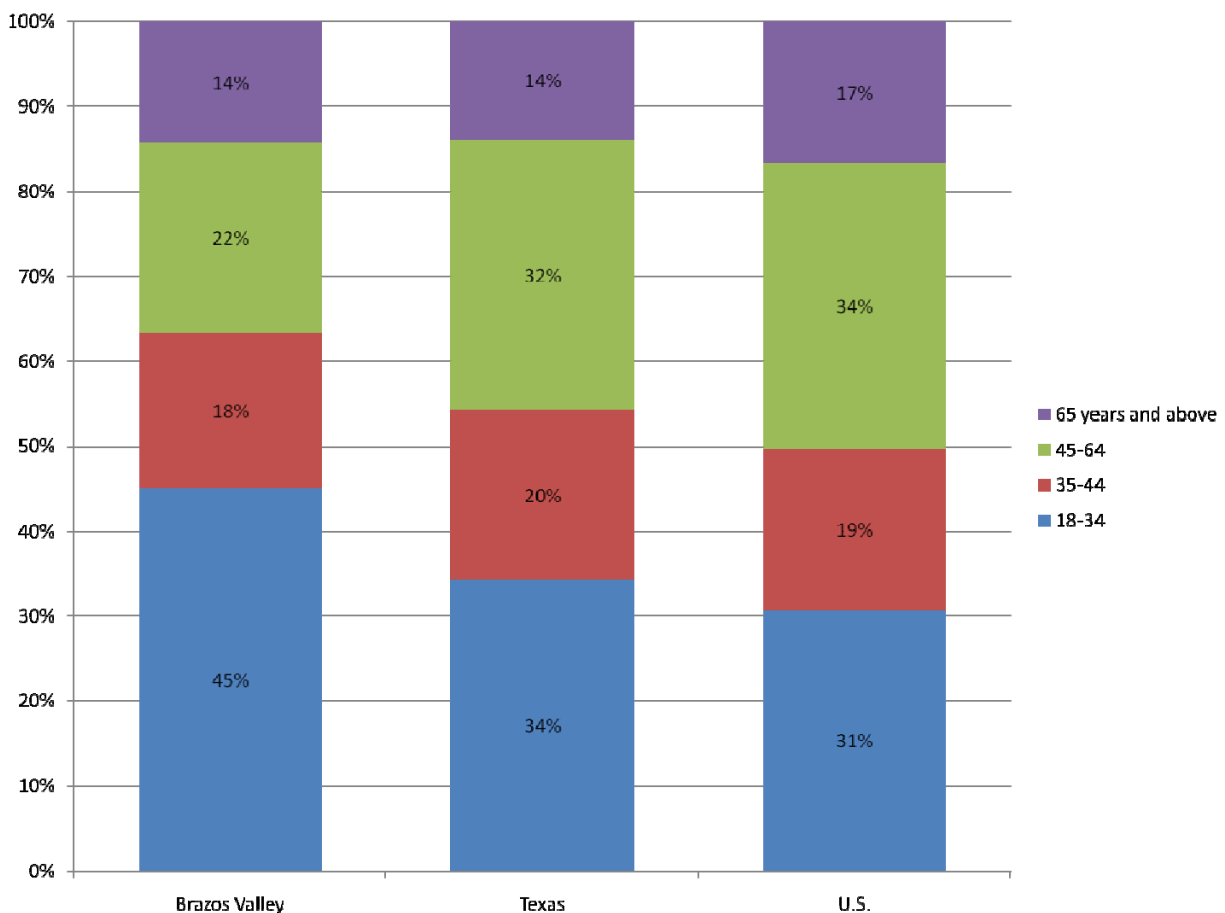
The total population of the Brazos Valley at the time of the last assessment (2006) was 280,681. The 2009 population estimates indicate a population increase of 1.06 percent to 296,467. The age distribution continues to shift towards a larger population of older adults as the baby boomers age and as an increasing number of retirees move into the region.

## Age and Gender

Because the data are weighted by age and gender, the gender and age distribution of respondents matches closely the actual population characteristics, with 50 percent male and 50 percent female.

The mean age of survey respondents was 46.1 years: 38.9 years in Brazos County and 49.6 years in the rural counties combined. Figure 2 below illustrates the age distribution in the Brazos Valley compared to Texas and the U.S.

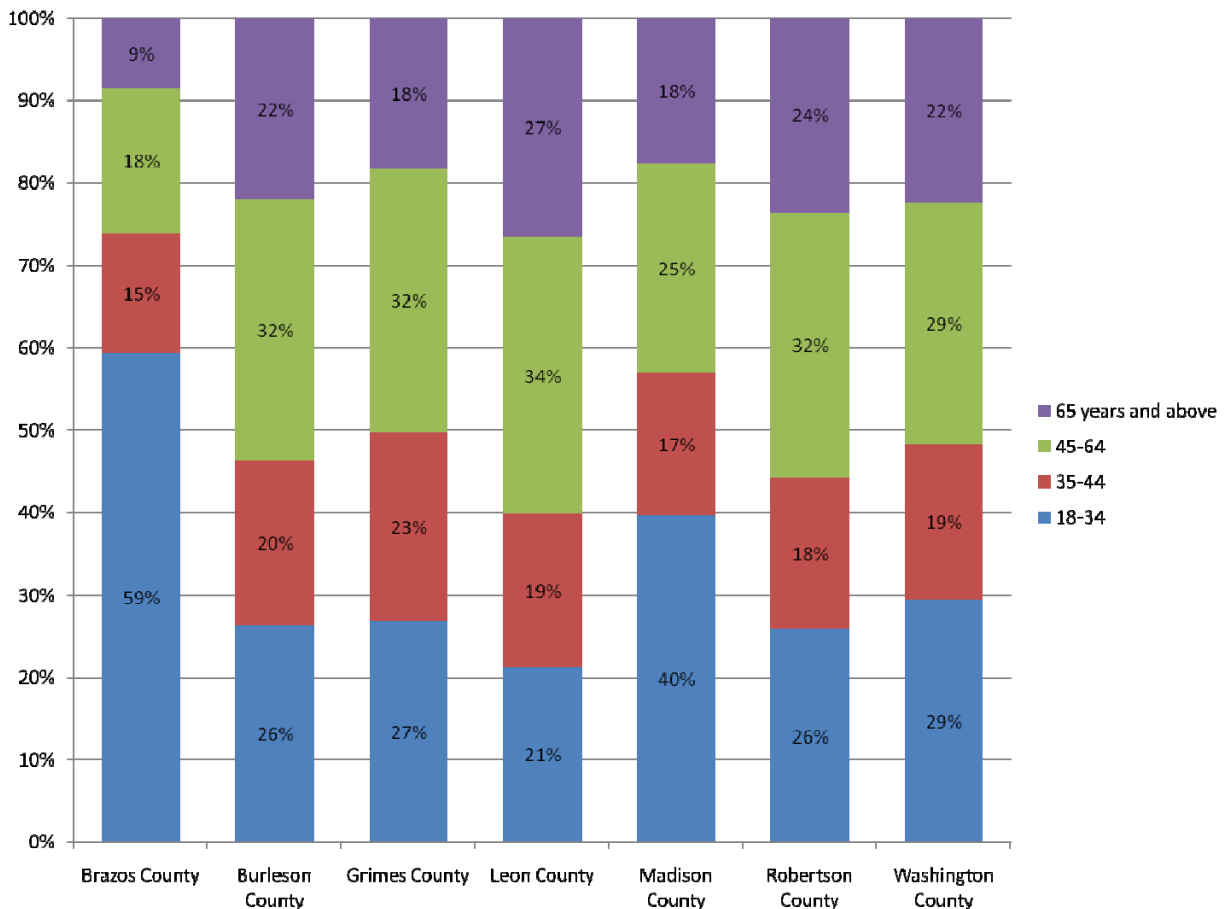
**Figure 2. Age distribution of the Brazos Valley, Texas, and U.S.**



Brazos County has more than twice the proportion of those 18 to 34 years of age (59.3%) compared to the rural counties (27.8%). Some of this can be attributed to the presence of Texas A&M University and Blinn College's Bryan Campus in Brazos County. Nevertheless, this is a statistically significant difference. In addition, Brazos County has a significantly smaller proportion of residents over the age of 65, with 8.5 percent compared to 22.1 percent in the rural counties; Leon County reports the highest proportion of adults over 65 at 26.5 percent. Understanding that older populations generally have more chronic disease, and also face more barriers in accessing care, the concentration of the aging population in the rural counties where

there are fewer services is potentially of great concern. Figure 3 shows the age distribution among each of the Brazos Valley counties.

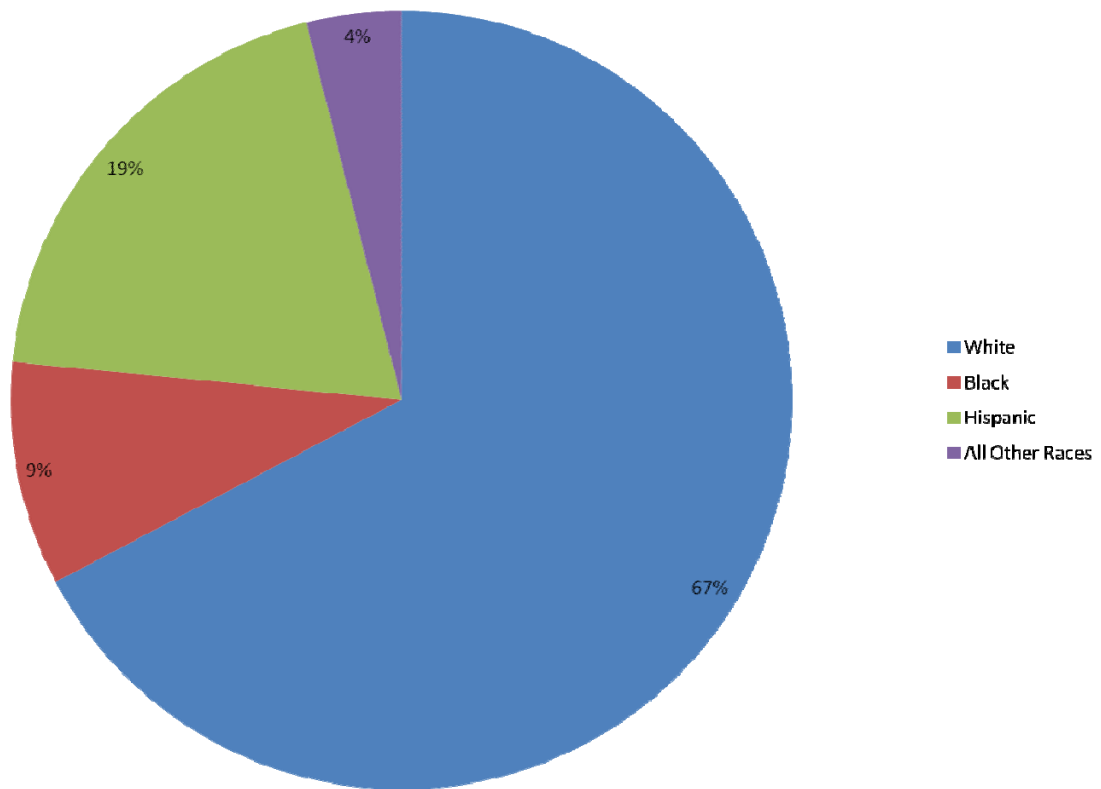
**Figure 3. Age distribution of the Brazos Valley by county**



### Race and Ethnicity

Respondents were asked to indicate what race best described them, and to indicate whether they were of Hispanic ethnicity. A majority of survey respondents identified themselves as White/Caucasian (67.1%), 9.3 percent indicated Black/African American, and 19.5 percent Hispanic. The percent of those identifying as other races was very small; thus, these categories have been combined as “All Other Races” for the purpose of analysis. Figure 4 shows the racial/ethnic distribution of Brazos Valley residents.

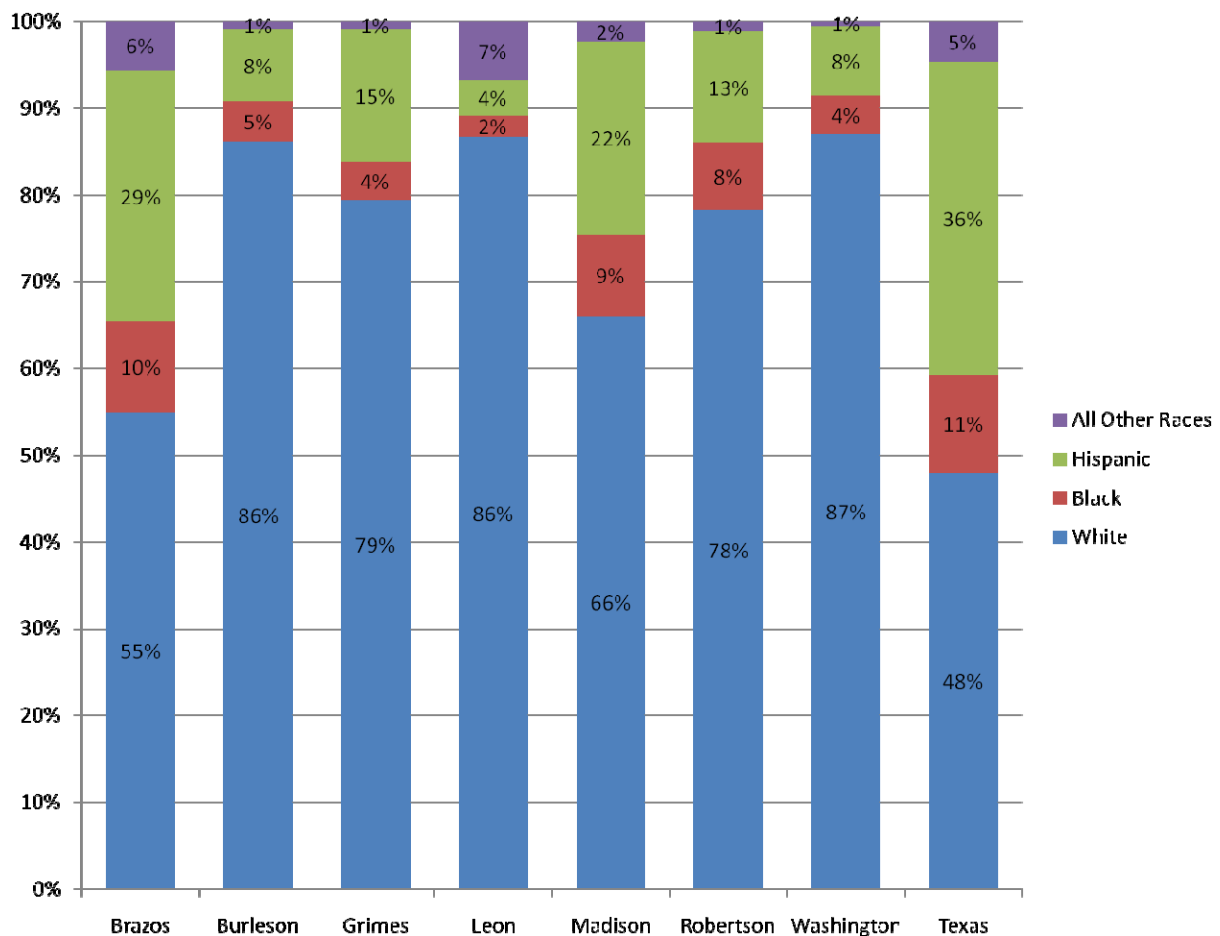
**Figure 4. Racial/Ethnic distribution of Brazos Valley residents**



In the 2006 assessment, significant variation was found among the seven counties, in that a larger proportion of respondents reporting their race/ethnicity as Black/African American lived in the rural counties, while a larger proportion of those indicating they were Hispanic resided in Brazos County. In 2010, however, the survey indicates more minority residents in Brazos County than anywhere else in the Brazos Valley. This should be interpreted with caution, however, as we know that racial/ethnic minorities are often underrepresented in survey research. Figure 5 compares the racial ethnic distribution of Brazos County and the rural counties, as well as Texas.



**Figure 5. Comparison of Racial/Ethnic distribution by county**



### Marital Status

Across the Brazos Valley, the majority of survey respondents reported being married (70.1%), while 10.3 percent indicated that they were single (never married), 9.1 percent separated or divorced, 6.0 percent widowed, and 4.4 percent not married and living with their partner.

### Household Composition

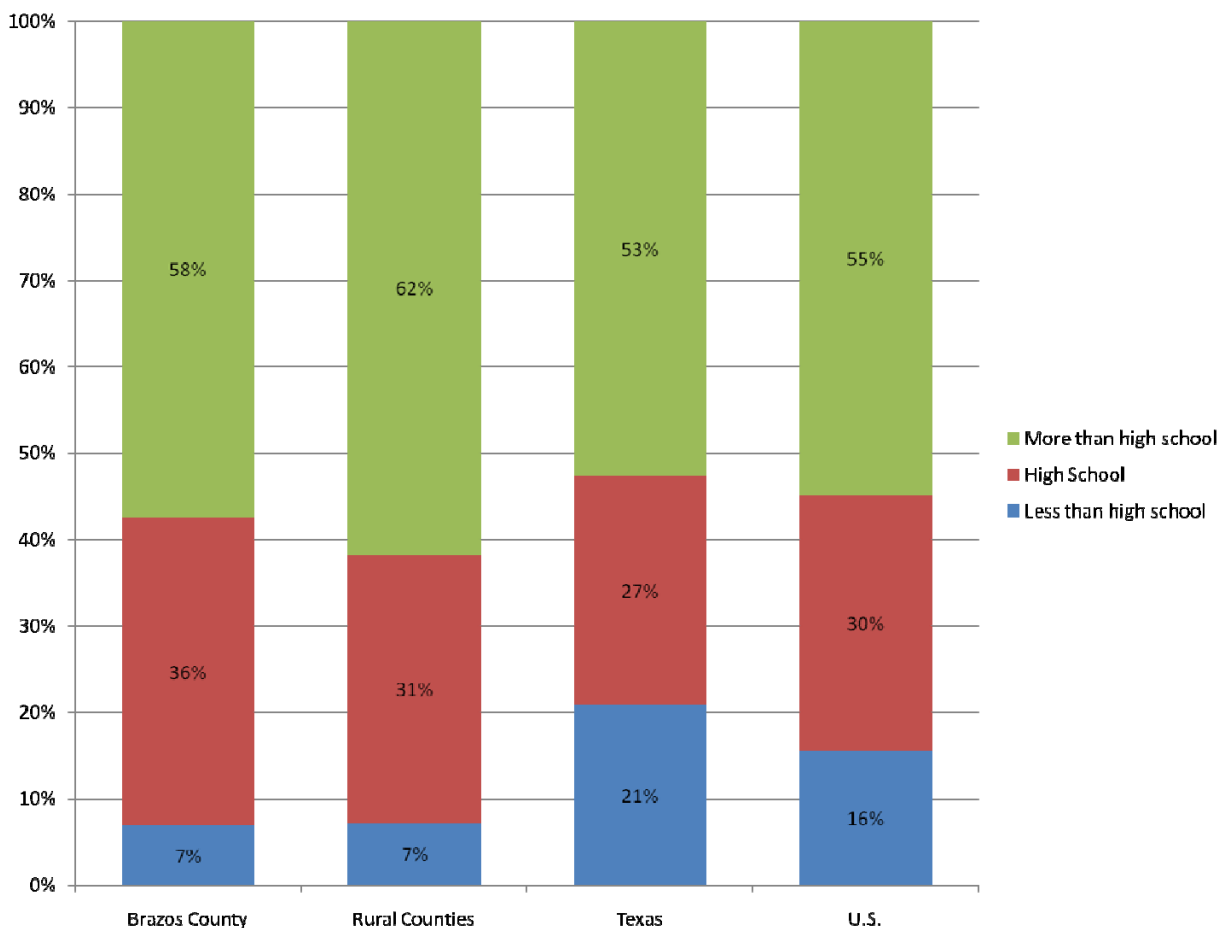
The mean household size in the Brazos Valley is 3.3 persons, ranging from 2.7 in Leon County to 3.5 in Brazos County. Regionally, 44.1 percent of households do not have children, compared to 45.8 percent in the rural counties.

## Education

Education is a social factor that influences health. The mean educational attainment in the Brazos Valley is 13.4 years, which is equivalent to a high school diploma, plus slightly over one year of college. In all seven counties, the mean educational attainment is more than a high school diploma.

Nearly two-thirds of respondents (60.4%) reported having completed some higher education, but this varies by county, as illustrated in Figure 5. The proportion of residents who did not complete high school also varies by county, ranging from 3.3 percent in Burleson County to 17.5 percent in Madison County. Figure 6 shows educational attainment of the survey participants by county.

**Figure 6. Educational attainment in the Brazos Valley**

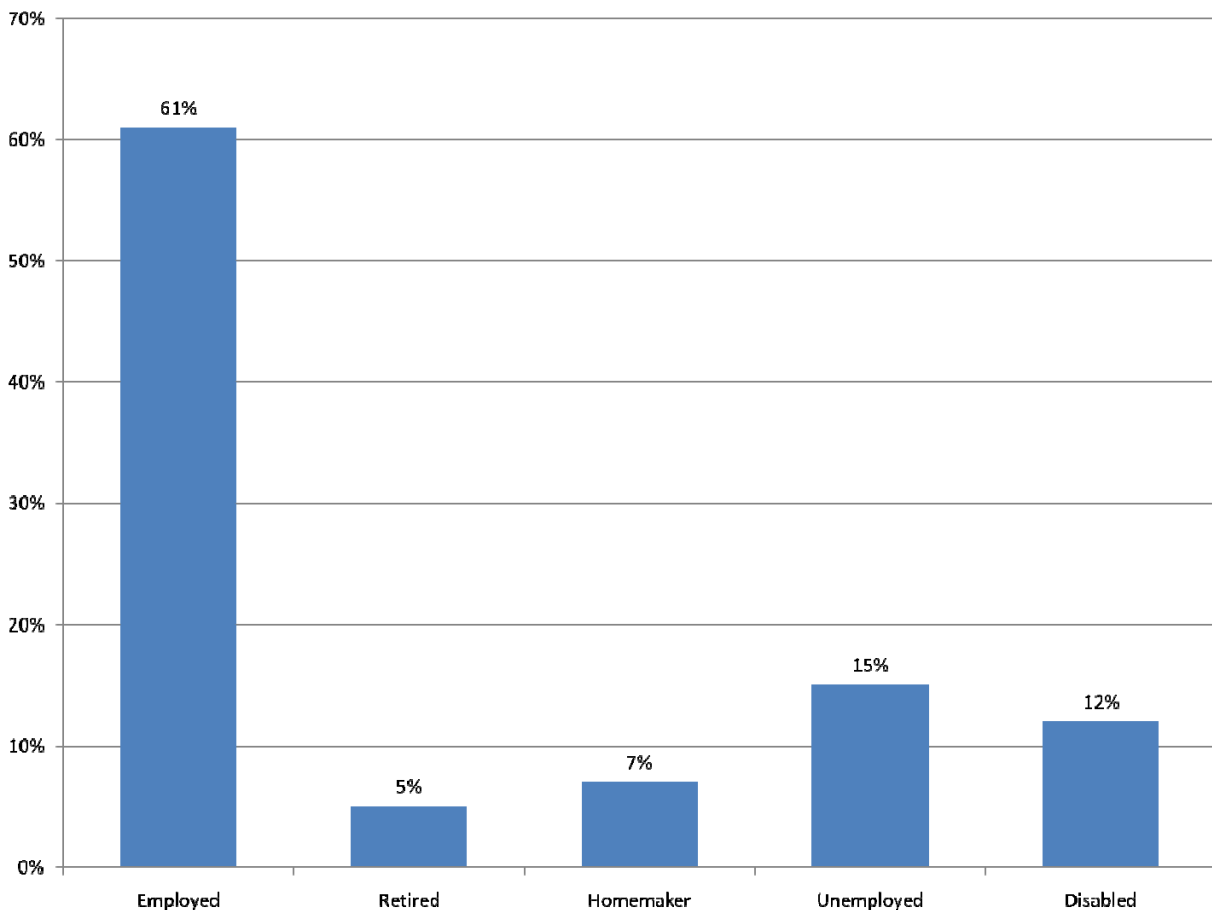


## Employment

With the state of the economy, employment emerged as a key issue in this assessment. Many of the community discussion group attendees expressed grave concerns over unemployment and the impact it was having on families throughout their communities.

Among Brazos Valley survey respondents, 61.4 percent reported being employed. Of those currently employed, 20.6 percent reported working part-time. The survey also asked how many employers individuals had; results varied significantly by county. The majority of those employed reported only having one employer—92.0 percent across the region, ranging from 79.4 percent in Grimes County to 96.5 percent in Madison County. Figure 7 illustrates the breakdown of employment status across the Brazos Valley.

**Figure 7. Employment status in the Brazos Valley**



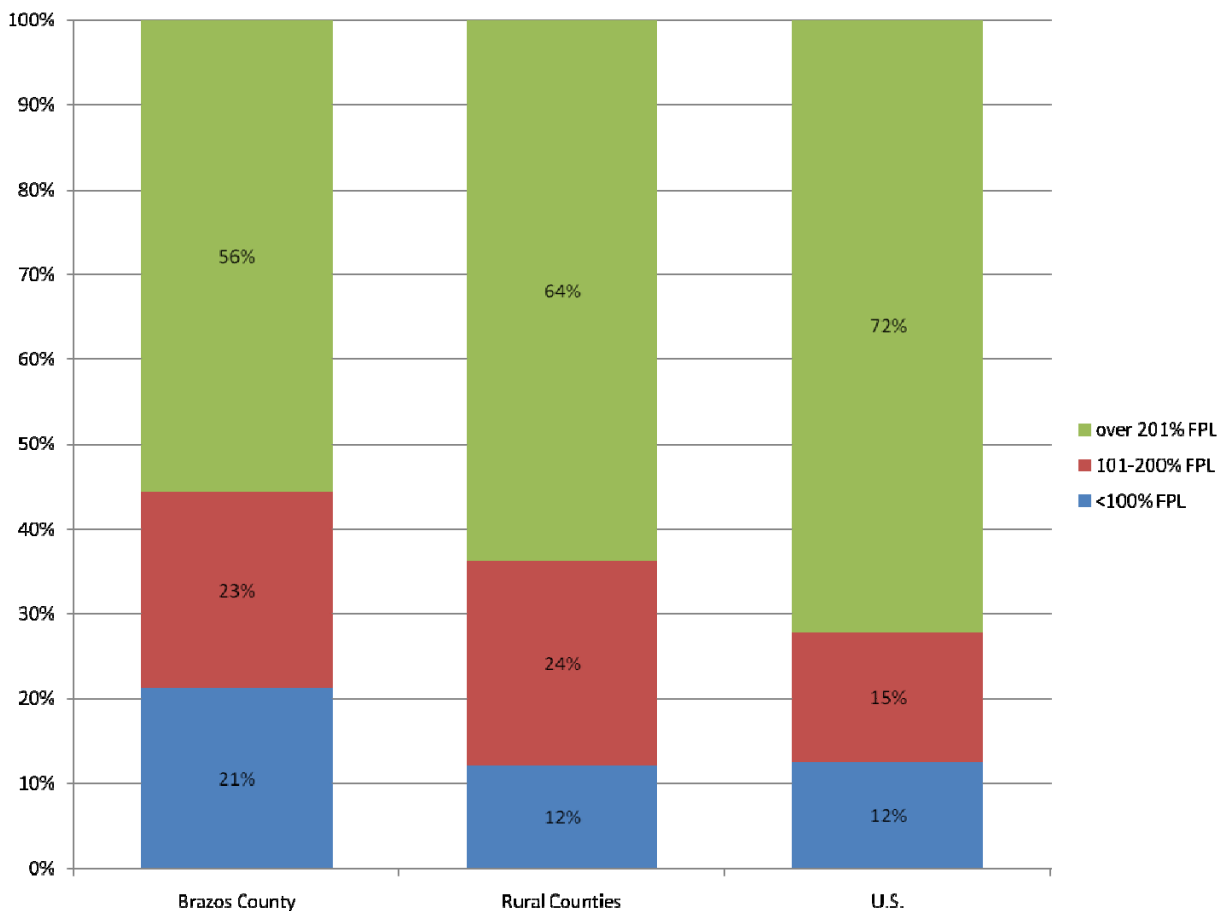
Across the region, only 9.8 percent of respondents reported being enrolled as a college student, ranging from 0.5% in Burleson County to 18.8 percent in Madison County. In addition, only 2.6 percent reported being a full-time farmer or rancher, which also varied greatly by county. In Brazos County, less than one percent of respondents indicated they were farmed or ranched full-time (0.4%) compared to 6.6 percent in the rural counties. The two counties with the highest proportion of full-time farmers and ranchers were Leon County (12.7%) and Robertson County (8.5%). In line with the age distribution across the region, Brazos County had the smallest proportion of retirees at 23.0 percent, while the rural counties had more than twice that at 56.1 percent.

## Household Income

Closely related to education and employment is household income. Survey respondents were asked to write in their total household income before taxes for 2009. The median household income for survey respondents across the region was \$48,000; this is slightly higher than census estimates.

The federal poverty level (FPL) for 2009 was \$22,020 for a family of four. Across the Brazos Valley, 16.9 percent of survey respondents were living at or below the poverty level, with another 24.8 percent in the low-income category (between 101 and 200 percent of FPL). Families in this low-income category are typically the ones who earn too much to qualify for assistance programs but earn too little to be able to afford to pay for services out-of-pocket. Given the state of the economy, this group is growing. Figure 8 presents income and poverty distributions for the Brazos Valley compared to the U.S.

**Figure 8. Income and poverty in the Brazos Valley**



## Military Service

With a growing number of veterans and their unique health needs, the Survey Committee thought it wise to ask about military service. Across the Brazos Valley, 8.3 percent of survey

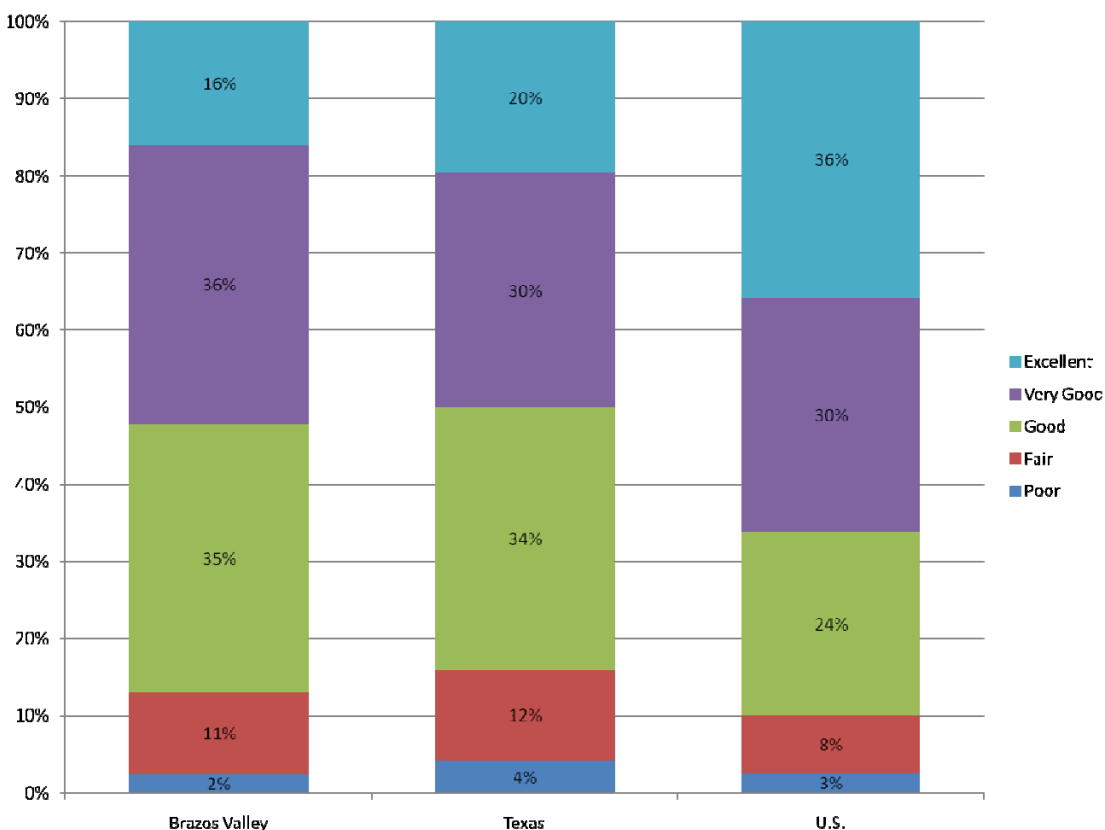
respondents identified themselves as veterans of the armed forces of the U.S., ranging from 5.1 percent in Brazos County to 26.4 percent in Madison County. The proportion for the rural counties combined was nearly three times Brazos County at 14.7 percent.

## Health Status

The first four questions in the survey comprise the Health Related Quality of Life scale developed and tested by the Centers for Disease Control and Prevention (CDC). These are simple but powerful indicators of functional health status and its impact on daily life.

The first question simply asked respondents to rate their health; the possible responses were *excellent*, *very good*, *good*, *fair*, and *poor*. In the Brazos Valley, 16.0 percent of respondents indicated their health was *excellent*—similar to 2006, and 36.2 percent said their health was *very good*. In contrast, 10.6 percent indicated their health was *fair*, and 2.4 percent said their health was *poor*. Figure 9 compares self-reported health status for the Brazos Valley, Texas,<sup>1</sup> and the U.S.<sup>2</sup>

**Figure 9. Self-reported health status in the Brazos Valley, Texas and U.S.**

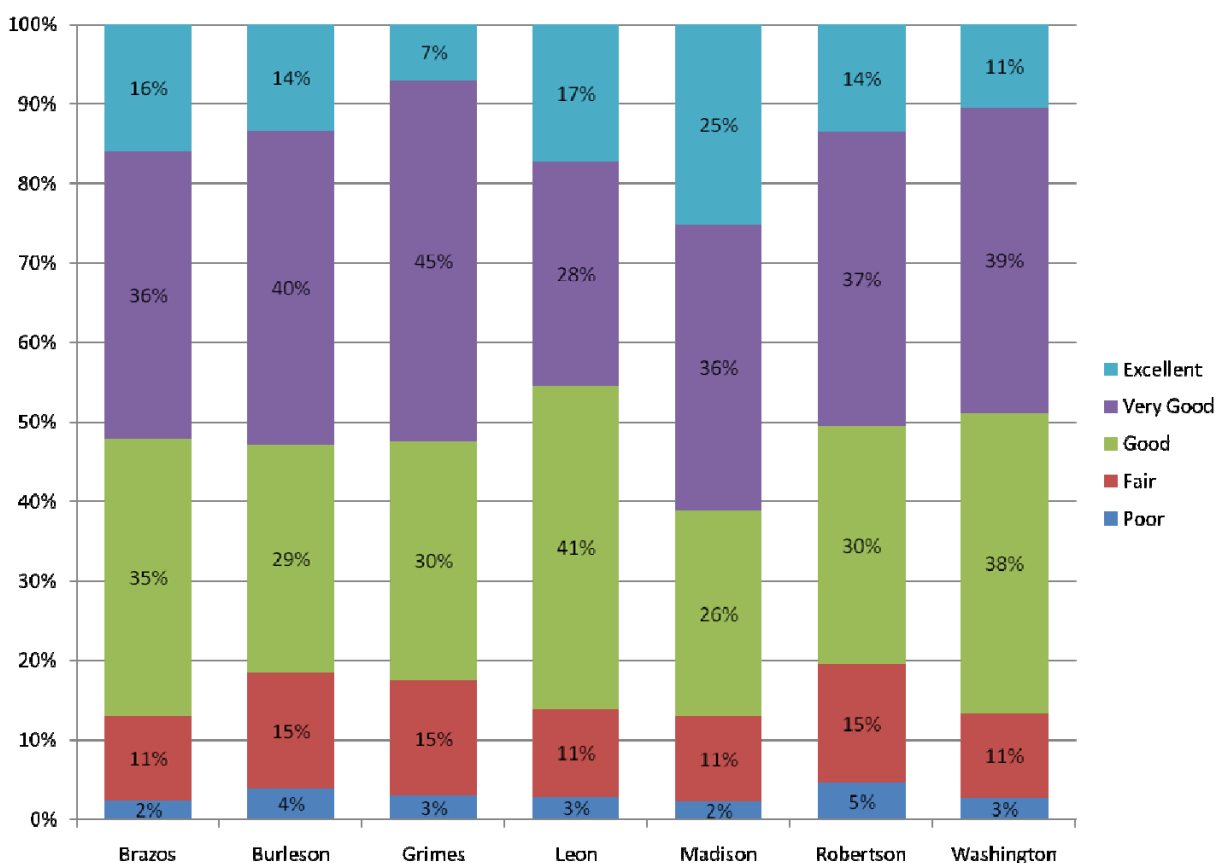


<sup>1</sup> Texas data were taken from the 2008 Behavioral Risk Factor Surveillance System (BRFSS) Survey.

<sup>2</sup> U.S. data were taken from the 2008 National Health Interview Survey.

Figure 10 illustrates the self-reported health status of the region by county.

**Figure 10. Self-reported health status in the Brazos Valley by county**



The second question asked how many days of the past 30 days was the respondent's physical health not good. Among Brazos Valley respondents, the mean number of poor physical health days was 3.6, ranging from 3.2 days in Brazos County to 4.3 days in Robertson County. The mean for the rural counties combined was 4.0 days. Over one-quarter of respondents (26.8%) reported between one and five days of poor physical health in the past month. Almost one in 10 respondents (9.3%) indicated *more than 10 days* of poor physical health.

Similar to the previous question, the next question asked how many days of the past 30 days was the respondent's mental health not good. Among Brazos Valley respondents, the mean number of poor mental health days was 3.9, ranging from 2.1 days in Madison County to 5.3 days in Burleson County. The mean for the rural counties combined was 3.4 days. One in five respondents (22.8%) reported between one and five days of poor mental health in the past month. Alarming, 12.2 percent indicated *more than 10 days* of poor mental health. In addition, 18.1 percent report having been diagnosed with depression and 15.8 percent with anxiety. Given the persistent lack of mental health services available in the region, these numbers are cause for concern.



The final question in this set sought to understand the extent to which physical and mental health limited one's daily activities. It asked how many days of the past 30 days did poor physical or mental health keep them from their usual activities. In the Brazos Valley, the mean number of days in which usual activities were limited by poor physical or mental health was 2.6, and was relatively similar across counties. Nearly one-third of respondents reported some interruption of their usual activities, with 19.3 indicating between one and five days, 4.8 percent reporting six to 10 days, and 7.8 percent reporting more than 10 days.

### ***Risk Factors***

Several sets of survey questions asked about health behaviors or characteristics that often place individuals at greater risk of disease or injury. The risk factors of interest are those that individuals can sometimes control or manage to prevent development of related illnesses or complications.

### **Obesity**

Being *overweight* or *obese* increases an individual's risk for developing many chronic diseases and other conditions such as depression and chronic pain. The way that overweight and obesity is typically assessed is through the calculation of the body mass index (BMI), which is a simple ratio of weight to height ( $\text{kg}/\text{m}^2$ ). This measure does not account for individual variations in bone or muscle mass, but are a good general indicator of weight status for the population.

The National Institutes of Health have published the following guidelines:

Underweight = BMI score < 18.5

Normal weight = BMI score between 18.5 – 24.9

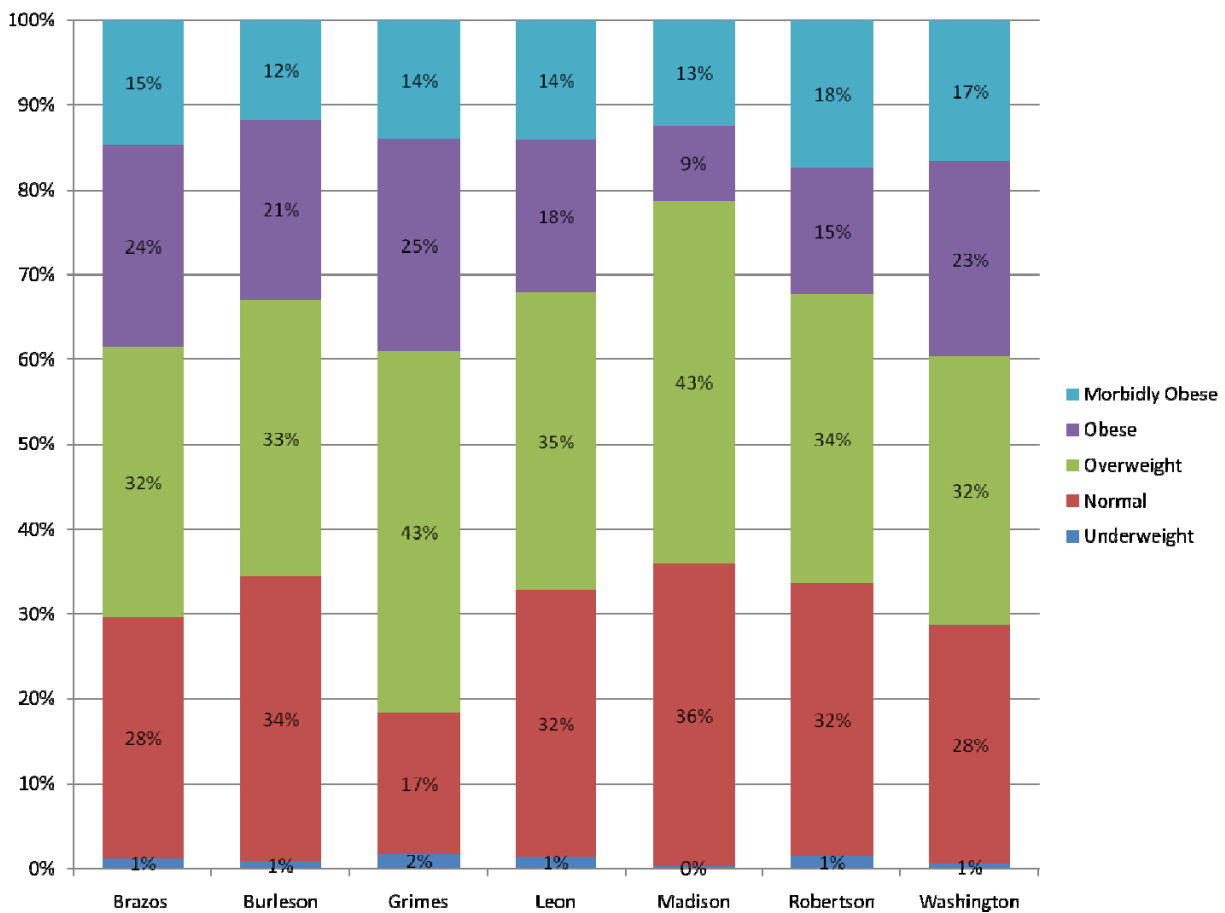
Overweight = BMI score between 25 – 29.9

Obese = BMI score between 30 and 34.9

Morbidly Obese = BMI score  $\geq$  35

Across the Brazos Valley, the rate of overweight and obesity is cause for concern. Regionally, only 30.3 percent of the adult population is within the "normal" weight range for their height. One-third of the population is overweight (32.0%), one in five residents is obese (22.0%), and 14.4 percent are morbidly obese. Figure 11 illustrates the BMI status for each county of the Brazos Valley.

**Figure 11. BMI status by county**



Individuals who are overweight or obese are at a higher risk for developing a variety of chronic diseases, including type 2 diabetes, hypertension, and heart disease. Table 2 illustrates the differences in disease state for those at a healthy weight compared to those who are obese/morbidly obese.

**Table 2. Chronic disease in the Brazos Valley by BMI status**

Disease/Condition	Healthy Weight	Obese/Morbidly Obese
Hypertension	19.7%	44.5%
High cholesterol	25.6%	28.6%
Diabetes	7.6%	15.3%
Congestive heart failure	2.2%	3.8%
Depression	18.6%	22.5%
Arthritis	13.2%	24.2%

It is interesting to note that the rate of high cholesterol is similar for those at a healthy weight and those who are obese throughout the Brazos Valley. However, for the other chronic diseases listed, those in the obese and morbidly obese BMI categories report substantially higher rates of disease.

### Nutrition

Nutrition is an important aspect of achieving and maintaining a healthy weight and overall health. The survey asked a variety of questions about individuals' grocery shopping and eating habits. The U.S. Department of Agriculture (USDA) recommends eating a variety of vegetables and fruits, lean meats, dairy, and whole grains as part of a healthy diet.

Across the Brazos Valley, the availability of a variety of foods differs greatly by county. While only three percent of Brazos County residents said that the availability of a variety of fresh fruit was *poor*, in the rural counties, it was 18.0 percent. Similarly, in Brazos County, 7.7 percent of respondents said that the availability of a variety of fresh vegetables was *poor*, while 18.0 of rural county residents felt it was *poor*. And regarding the availability of a variety of lean meat, poultry, and fish, in Brazos County only 1.9 percent of survey participants indicated availability was *poor* compared to 10.9 percent of rural respondents.

In Brazos County, 95.8 percent of residents do their grocery shopping in the community where they live; in the rural counties, only 56.5 percent grocery shop where they live. The mean distance Brazos County residents travel to buy groceries is 4.5 miles, compared to an average of 15.8 miles for rural county residents (ranging from 7.7 miles in Washington County to 25.6 miles in Leon County).

As mentioned, concerns about the economy have vast impacts. Across the Brazos Valley, 44.0 percent of residents said that they *sometimes* or *often* worry whether their food will run out before they get money to buy more, and 25.4 percent said that *sometimes* or *often*, the food they bought just did not last and they did not have money to get more.

### Physical Activity

Physical activity is also a key aspect of maintaining a healthy weight and good health. The National Institutes of Health recommend 150 minutes of moderate or 75 minutes of vigorous physical activity each week. Across the Brazos Valley, only 43.9 percent of respondents meet this recommendation, while 18.1 percent reported that they do not exercise at all.

Specific community characteristics can influence perceptions of safety and the likelihood for community members to engage in activities outside their home. Table 3 summarizes these perceived characteristics for each county of the Brazos Valley.

**Table 3. Community characteristics related to physical activity by county**

Characteristic	Brazos	Burleson	Grimes	Leon	Madison	Robertson	Washington
Sidewalks on most streets in neighborhood	42.9%	13.2%	7.2%	2.6%	19.0%	9.0%	15.1%
See many people being physically active around neighborhood	65.1%	34.9%	20.5%	25.9%	52.0%	28.3%	46.5%
Many places to buy needed items within walking/biking distance	40.5%	13.1%	16.4%	5.4%	30.9%	16.6%	12.5%
Neighborhood has free/low-cost recreation facilities	57.8%	17.1%	18.2%	13.5%	10.6%	12.6%	28.6%
If I were to fall, there would be someone in my neighborhood to help	70.4%	47.0%	37.8%	36.8%	66.0%	44.6%	57.6%
Problems in neighborhood make it hard to go outside and walk	37.0%	27.9%	52.6%	32.6%	40.7%	42.2%	29.4%
Concerned that may be victim of crime if walked/ biked in neighborhood	28.0%	7.7%	25.5%	7.0%	8.8%	9.2%	10.7%

A new set of questions in the 2010 survey sought to assess the amount of sedentary time Brazos Valley residents are spending in front of a screen (i.e., TV, movies, video games). Across the region, more than one-third of residents (35.5%) report using a computer more than four hours daily. Almost one in four respondents (22.8%) report watching television for more than four hours a day on average. Time spent playing video games was considerably less, with over 88 percent in each county saying that they spend less than one hour in the average day (or do not play at all).

In addition to obesity, several other behavioral risk factors are key determinants of subsequent health and safety issues.

### Cigarette Smoking

Better than the rest of the nation, Brazos Valley respondents reported a smaller proportion of those who smoke. Nearly two-thirds of adults report having never smoked (63.7%), while another 21.6 percent used to smoke but have quit. Only 14.7 percent of adult respondents said that they currently smoke, ranging from 10.0 percent in Grimes County to 27.1 percent in Washington County. Among those who smoke, 57.8 percent say they smoke half a pack or less per day.

### Alcohol Consumption

Among Brazos Valley survey respondents, the average number of alcoholic drinks consumed in an average week was 2.5, ranging from 2.1 in Grimes and Madison Counties to 4.0 in Burleson County. While only 4.8 percent of respondents reported driving after drinking at least two drinks, the rate in Washington County was considerably higher at 8.5 percent.

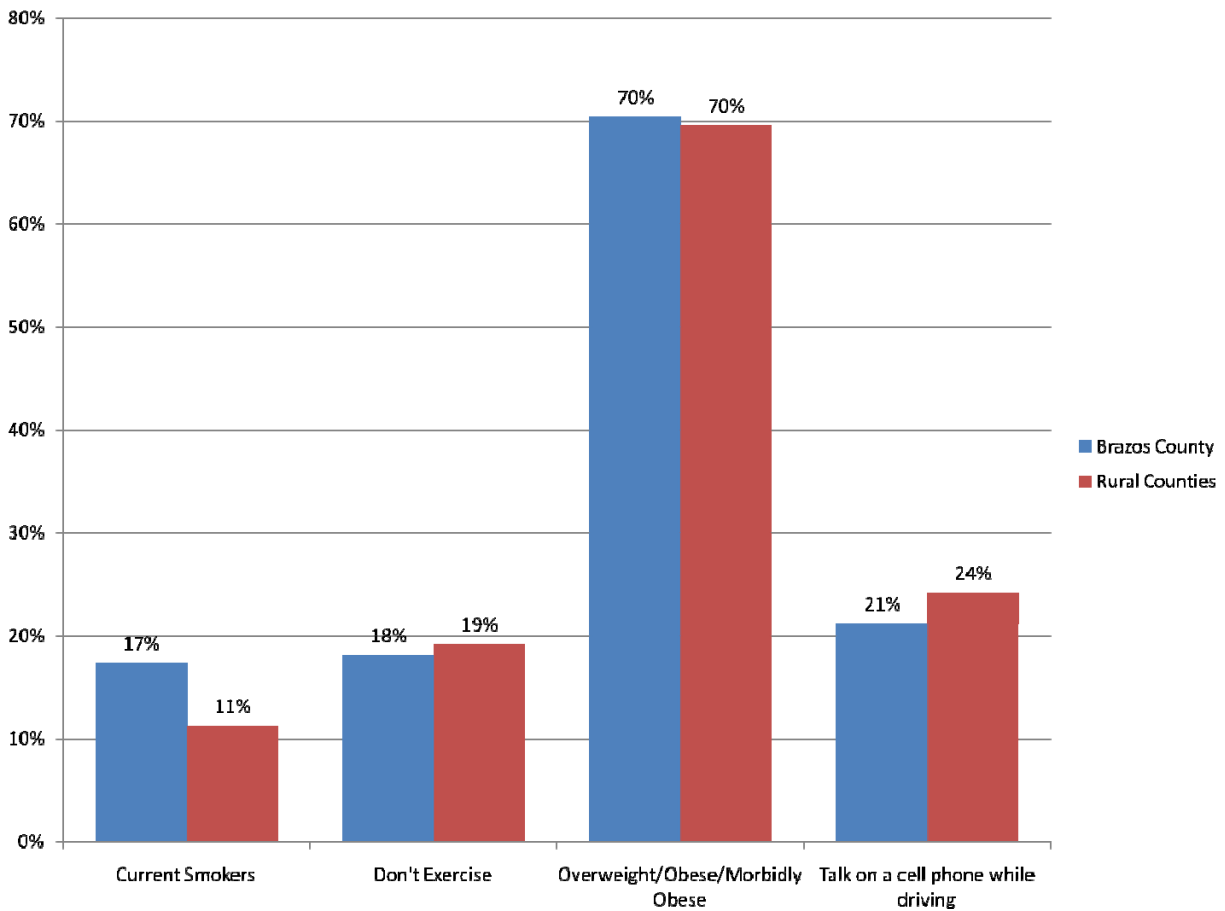
### Cell Phone Use While Driving

Given the rise of cell phone use throughout the population, the Survey Committee elected to include a set of questions related to cell phone use while driving. The majority of respondents (85.7%) said that they use a cell phone. When asked how often they talk on their cell phone while driving, nearly one-quarter of respondents (23.4%) said that they talk on their phone *often* or *every time they drive*. Another 25.2 percent said that they *sometimes* talked on the phone while driving. Only 15.2 percent said that they *never* talk on their phone while driving.

When asked how often they send/receive text message while they are driving, 64.0 percent said that they *never* text while they drive; 12.4 percent said that they *sometimes* or *often* text while they are driving.

Figure 12 below highlights the percentage of survey respondents in Brazos County and the rural counties who report several key risk factors or conditions.

**Figure 12. Percent reporting key risk factors in Brazos Valley**



### ***Chronic Diseases and Conditions***

The survey asked residents to report if they had ever been diagnosed by a health care provider with a list of 21 common diseases/conditions. The six most frequently reported conditions across the Brazos Valley included:

- |                                    |       |
|------------------------------------|-------|
| 1) Overweight/Obesity <sup>3</sup> | 68.5% |
| 2) Hypertension                    | 32.5% |
| 3) High Cholesterol                | 27.1% |
| 4) Depression                      | 18.1% |
| 5) Arthritis                       | 17.5% |
| 6) Anxiety                         | 15.8% |

<sup>3</sup> Please note that the statistic used here for overweight/obesity was the actual calculation based on the height and weight recorded in the survey, rather than the “medically diagnosed” statistic, which was significantly lower (many clinicians will not tell a patient they have been diagnosed as overweight or obese).



Table 4 summarizes the rates for 12 chronic conditions where substantial differences exist between Brazos County, the rural counties, and the nation. As found in both the 2002 and 2006 surveys, the rural counties reported higher rates of most chronic diseases compared to Brazos County, with the exception of asthma.

**Table 4. Chronic condition rates, comparisons by population**

<b>Disease/Condition</b>	<b>Brazos Valley</b>	<b>Brazos County</b>	<b>Rural Counties</b>	<b>U.S.<sup>4</sup></b>
Anxiety	15.8%	15.3%	17.5%	17%
Arthritis/Rheumatism	17.5%	13.9%	25.4%	22%
Asthma	12.2%	15.5%	10.6%	13%
Depression	18.1%	19.4%	17.6%	12%
Diabetes (type 2)	9.5%	9.4%	11.5%	8%
Cancer (not skin)	4.8%	2.6%	8.8%	8%
Congestive Heart Failure	3.6%	2.6%	4.9%	2%
Emphysema/COPD	5.6%	5.9%	5.4%	2%
High Cholesterol	27.1%	23.0%	34.1%	16%
Hypertension	32.5%	28.7%	39.2%	24%
Overweight/ Obesity	68.5%	70.5%	69.6%	62%
Stroke	2.3%	1.7%	3.1%	3%

The following points regarding chronic conditions in the Brazos Valley are worth noting:

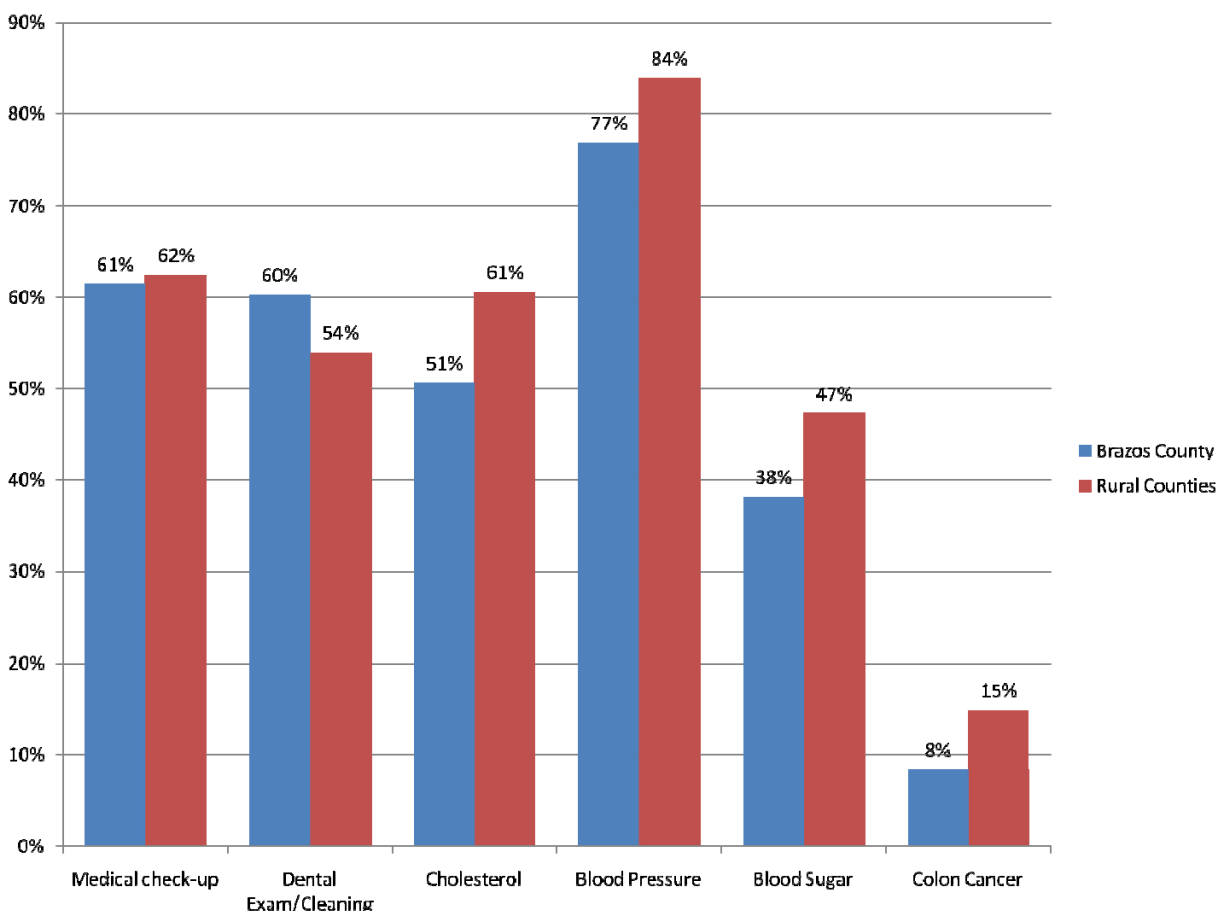
- The rate of obesity continues to increase, and is higher than the national rate.
- High cholesterol and hypertension rates are also substantially higher than the national rate. In addition, these rates are higher for the rural counties compared to Brazos County.
- Regionally, the rate of depression is higher than the nation. Depression and anxiety affect nearly one in five residents, and mental health is among the most significant unmet needs.

<sup>4</sup> U.S. rates taken from Centers for Disease Control and Prevention from 2009 National Health Interview Survey. Report available at [http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_242.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_242.pdf).

## Preventive Screenings

This assessment also collected information regarding preventive screenings in addition to the previously reported information about risk factors and disease. Preventive screenings include medical tests or other services that are used to detect and possibly prevent onset of certain diseases. Screenings can catch conditions early and limit long-term impacts of certain conditions. The U.S. Preventive Screening Guidelines Task Force has established specific age and gender groups for a variety of screening activities. Figure 13 below illustrates use of recommended preventive screenings by Brazos Valley survey respondents.

**Figure 13. Percent receiving recommended screening in Brazos Valley**



The rate of those participating in routine medical screenings was slightly lower in 2010 compared to the 2006 survey. In 2006, for screening activities like check-ups, cholesterol, and blood pressure, the majority of respondents (70-90%) fell within the national guidelines. In 2010, only 60.4 percent reported having a medical check-up in the past year; 58.1 percent reported having a dental check-up/cleaning in the past year; 54.6 percent had a cholesterol check in the past year; and 39.9 percent had their blood sugar tested in the past year. Over three-fourths of respondents (79.3%) indicated they had a blood pressure check in the past year.

Only 28.2 percent of residents over the age of 50 reported having colon cancer screenings, and 57.5 percent of male respondents over 50 reported having a prostate cancer screening in the past year.

Screening for cancer among women is a significant opportunity to reduce morbidity and mortality. Clinical guidelines for preventive screenings among women suggest that women aged 50 years or over (40+ until November 2009) obtain a mammogram every one to two years. In the Brazos Valley, 60.4 percent of women 40 and older reported having a mammogram in the past year. Women 18 years of age or older should also receive a pap test at least every three years. Across the region, 55.2 percent of women reported their last pap test was within the past year, and another 23.6 percent said it was between one and three years ago.

### ***Prenatal Care***

Adequate prenatal care has been a concern in the Brazos Valley for several years. At the time of the 2006 assessment, the College Station Medical Center has just opened their Neonatal Intensive Care Unit. The Kessner Index guidelines establish the criteria for adequate prenatal care as having received care before the 14<sup>th</sup> week of pregnancy (i.e. during the first trimester).<sup>5</sup>

Among Brazos Valley survey respondents, 16.8 percent reported having given birth within the past two years. Of those, 89.9 percent reported receiving prenatal care by the 14<sup>th</sup> week of pregnancy. The *Healthy People 2010* goal for adequate prenatal care was 90 percent, which the Brazos Valley has nearly attained.

### ***Health Insurance***

The *Healthy People 2010* goal for health insurance was that by 2010, every resident would have some type of health insurance. The passage of the health care bill<sup>6</sup> is intended to advance this goal, but currently, many residents still have no health insurance. In fact, the State of Texas ranks last among the 50 states in access to care, with a 28 percent uninsurance rate.

Among Brazos Valley survey respondents, 19.3 percent reported not having health insurance of any kind, ranging from 10.8 percent in Grimes County to 25.2 percent in Brazos County. Over one-quarter (27.9%) indicated that they had been uninsured at least one month in the past three years. For those who are uninsured, 85.1 percent say that they are uninsured because health insurance is too expensive to purchase. Other reasons for being uninsured include being unable to get coverage because of a pre-existing condition (1.4%), being in the waiting period

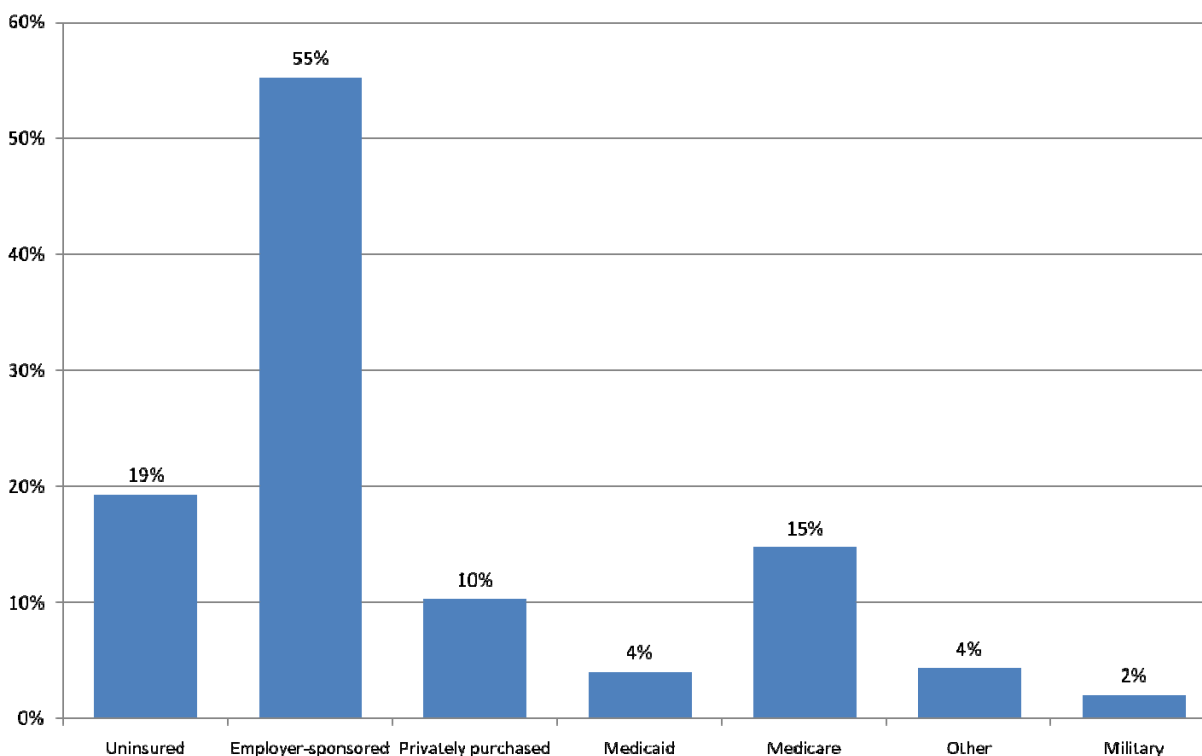
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<sup>5</sup> Kessner Index guidelines available at <http://hit.state.tn.us/Reports/Picofpres/Picofpres96/aii1.pdf>.

<sup>6</sup> *Patient Protection and Affordable Care Act* (HR 3590) signed into law on March 22, 2010

before benefits begin (2.9%), and finding it cheaper to pay for health care out of pocket (10.7%). Figure 14 displays the distribution of health insurance coverage in the Brazos Valley.

**Figure 14. Health insurance coverage in Brazos County<sup>7</sup>**



As illustrated in Figure 12, 55.2 percent of survey respondents reported being covered by a health insurance plan through a current or former employer or union. Medicare and Medicare Plus cover 15 percent of the population, and 10 percent purchase their own coverage. Relatively small proportions of the population report other sources of coverage.

### ***Health Resources and Medical Home***

Availability of health resources and services is an important factor influencing health status. The overall health of the Brazos Valley is closely tied to resources in Bryan/College Station—the metropolitan hub of the region. In the past several years, though, local efforts in several of the rural counties have focused on developing health resources locally as well. New services are being offered in some rural communities, including additional primary care, prenatal care, case management, substance abuse counseling, transportation, and others. Access to specialty care

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<sup>7</sup> Note that some individuals are covered by more than one plan.

continues to be a persistent issue for rural residents, particularly the uninsured and underinsured.

Every county of the Brazos Valley is designated by the federal Health Resources and Services Administration (HRSA) as a Health Professional Shortage Area (HPSA) wholly or in part. In addition, **every county is fully designated as a mental health professional shortage area.** Table 5 below outlines designations in the region.

**Table 5. HPSA designations for Brazos Valley by county<sup>8</sup>**

County	Primary Care HPSA	Mental Health HPSA	Dental Care HPSA
Brazos	Partial	Yes	No
Burleson	Yes	Yes	Yes
Grimes	Partial	Yes	No
Leon	Yes	Yes	No
Madison	Yes	Yes	No
Robertson	Yes	Yes	Yes
Washington	Partial	Yes	No

Survey participants were asked about their ability to get care when they needed it. Across the region, 56.7 percent said that their access to health care was *excellent* or *very good*, while 7.5 percent said their access was *poor* or *very poor*. Burleson County reports the best perceived access with 62.2 percent indicating access is *excellent* or *very good*, and Madison County reports the worst perceived access with only 32.6 percent saying *excellent* or *very good* and 21.7 percent saying *poor* or *very poor*.

### Outpatient Care

In terms of having a regular place for care, two-thirds of Brazos Valley respondents (67.7%) reported having a provider they considered their regular health care provider—down from 75 percent in 2006. Although some did not indicate having a person they considered their regular health care provider, 84.4 percent indicating having a “medical home”—a place they considered their regular place to get care. For outpatient care, 61.8 percent named a private doctor’s office, 10.0 percent said a community health center, and 2 percent named the emergency room of a hospital as their medical home. Of those respondents without health insurance, the number of respondents having a regular place for outpatient care drops to 45 percent. These numbers approximate national averages.

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<sup>8</sup> HPSA designations taken from HRSA website at <http://hpsafind.hrsa.gov/HPSASearch.aspx>

### Inpatient Care

Seven hospitals in the region provide inpatient care for Brazos Valley residents. One-third of the survey respondents (34.5%) identified St. Joseph Regional Health Center in Bryan as their regular place for inpatient care; 10.0 percent identified College Station Medical Center. Even with hospitals in four of the rural counties, 34.2 percent of rural residents still travel to Bryan/College Station for inpatient care. Nearly one-third of respondents (3.06%) did not have a regular place for care.

### *Delayed Care*

Community discussion groups revealed that many residents delay seeking care and filling prescriptions because of cost. The survey included questions to explore the extensiveness of this issue and found that 13.5 percent of all survey respondents put off seeking medical care because of cost. This information should be considered in light of survey demographics—survey respondents had a higher median income than the population. Table 6 below compares overall survey respondents to those who reported having no health insurance in delaying different types of care.

**Table 6. Percentage of residents delaying care for any reason**

Type of Service Delayed	Brazos Valley	Uninsured
Medical care	38.6%	48.8%
Medication/treatment	17.7%	28.4%
Dental care	40.9%	59.1%
Mental health care	16.9%	11.6%

Since the 2006 assessment, few Brazos Valley residents appear to be delaying medical and dental care and medications, but a higher proportion are delaying mental health services. Given the growth of generic and \$4 prescriptions at many retailers, this provides one option for residents to get the medications they need. Across the Brazos Valley, 43.6 percent of survey respondents said that in the past six months, they have switched to a less expensive medication or used a prescription discount program. However, even with these programs, some medications are not covered or are still cost-prohibitive even with assistance. Throughout the region, 16.9 percent of residents said that in the past six months, they have experienced days when they had to choose between buying food, paying rent, and paying for medications. This continues to be an issue for many residents.

### *Transportation*

Poor transportation can be a formidable barrier to accessing health care services for many residents of the Brazos Valley. This issue was repeatedly discussed in community discussion



groups across the region and is highlighted in the survey findings. The average distance traveled by Brazos Valley residents for medical services is 16.7 miles (23.5 minutes). The median distances were 5 miles for Brazos County residents and 20 miles (30 minutes) for residents of the rural counties. Similar distances were reported for dental care, and slightly shorter distances were indicated for pharmacy.

Other transportation issues were also raised during the community discussion groups and interviews, including poor roads, increasing traffic, and the need for more reliable regional air transportation to attract and retain new businesses.

### ***Community Issues***

Survey respondents were asked to rate a list of issues on their perception of the seriousness of the issues in their community. The top five rated issues across the region were as follows:

- 1) Illegal drug use (25.1%)
- 2) Teen pregnancy (24.0%)
- 3) Unemployment (21.4%)
- 4) Lack of jobs for unskilled workers (21.1%)
- 5) Poor or inconvenient public transportation (21.0%)

These results represent an interesting shift from the 2002 and 2006 assessment results, indicating the extent to which the economy is a concern for Brazos Valley residents. In 2006, the top five issues were transportation, illegal drug use, alcohol abuse, poverty, and teen pregnancy.

An interesting contrast can be seen when comparing the top five issues for respondents from Brazos County to those of the rural counties. In 2002, several of the issues were the same but prioritized in a different order; in 2006, different issues emerged between Brazos and the rural counties. In the current assessment, even more changes are evident in the issues perceived as most critical in the community. Table 7 shows the top five issues rated by Brazos County respondent versus those of the rural counties.

**Table 7. Top community issues for Brazos County and Rural Counties**

<b>Brazos County</b>	<b>Rural Counties</b>
Teen Pregnancy (25.6%)	Transportation (43.4%)
Property Crime (24.5%)	Illegal Drug Use (28.6%)
Illegal Drug Use (24.4%)	Lack of Jobs for Unskilled Workers (27.5%)
Lack of Jobs for Unskilled Workers (21.9%)	Unemployment (26.0%)
Unemployment (21.7%)	Lack of Recreational and Cultural Activities (23.4%)

It is important to recognize the percentages of respondents ranking these issues as the percentages indicate the perceived degree of seriousness. Several of the common issues may hold potential for regional strategies to address those issues.

### ***Community Information and Services***

Discussion regarding the health of a community should never be limited to only medical services or health insurance. Numerous social and community issues impact health, and various organizations exist in the community to address these issues.

The current survey included a set of questions asking about individuals' need for and utilization of a broad range of services with response options of did not need, needed and used, and needed but did not use. The top 10 community services needed (this included *needed and used* and *needed but did not use*) as reported by survey respondents were:

- 1) Care of a medical specialist (33.6%)
- 2) Financial assistance or welfare (18.5%)
- 3) Work-related or employment services (17.2%)
- 4) Early childhood programs (16.0%)
- 5) Utility assistance (14.5%)
- 6) Literacy training, GED, or ESL courses (14.0%)
- 7) Legal services (12.8%)
- 8) Mental health services (11.7%)
- 9) Information and referral services (10.5%)
- 10) Affordable after school or summer day programs (10.3%)

While identifying the services most in demand is important, examining the differences between what services people said they needed and used and needed but did not use shows gaps in

service delivery. These data offer a clearer picture of **unmet needs** in the Brazos Valley. Table 8 below presents the significant gaps identified and how they have changed from the 2002 assessment.

**Table 8: Gaps in Service Delivery in Brazos Valley**

Service Category	Percent Who Needed and <u>DID NOT</u> Get
Respite care	79.1% (7.7% worse than 2006)
Adult day care	69.2% (not asked in 2006)
Assistance for victims of violent crime/abuse	56.0% (34.7% worse than 2006)
Literacy training, GED, or ESL courses	54.3% (6.9% better than 2006)
Financial assistance for auto, appliance, or home repair or weatherization	53.8% (not asked in 2006)
Utility assistance	53.8% (not asked in 2006)
Alcohol/drug abuse services	51.9% (4.8% better than 2006)
Childcare services	49.5% (same as 2006)
Transportation	49.0% (15.8% better than 2006)
Housing assistance	47.0% (same as 2006)
Specialty care	8.3% (47.4% better than 2006)

Given the data provided through the analysis of secondary data, the community discussion groups and interviews, and the household survey, several key findings are clear for the Brazos Valley region.

## SUMMARY OF KEY FINDINGS

The findings of this assessment emphasize the impact of the current economic situation on residents and families in the Brazos Valley. Several contextual issues emerged as being key contributors to the current problems in this community:

- **The state of the economy is making it difficult for families to maintain financial stability.**
  - ❖ Increasing poverty is a growing concern.
  - ❖ Unemployment and underemployment places families in situations where they cannot afford to meet their basic needs.
  - ❖ The lack of safe, affordable housing, particularly for the low-income, is problematic.
  
- **The rural communities, the low-income, and those of a minority population continue to face substantial disparities in access to resources and services, as well as in health outcomes.**
  - ❖ Despite the fact that 40 percent of the population resides in the rural counties of the Brazos Valley, the vast majority of health resources continues to be centralized in Bryan/College Station.

**Table 9. Disparities in the Brazos Valley**

	Brazos Valley	Rural Counties	Minority	<High School Education	Uninsured	<Poverty
<i>Fair or Poor</i> health status	13.0%	15.6%	17.2%	50.5%	17.0%	28.4%
No regular health provider	32.0%	24.0%	54.3%	44.1%	66.1%	55.8%
Delayed medical care because of cost	13.5%	14.7%	17.1%	15.7%	30.3%	20.5%
<i>Fair/Poor/Very Poor</i> access to medical care	21.1%	21.3%	29.5%	51.0%	55.9%	46.8%

➤ **Communities throughout the Brazos Valley are recognizing rapid population growth without the infrastructure and capacity necessary to accommodate it.**

- ❖ Many residents say that the infrastructure (roads, buildings, utilities) in their community is aging.

➤ **Communities are experiencing inadequate communication at all levels, which contributes to inefficiency and dissatisfaction.**

- ❖ Residents feel that there is not enough communication between them and the decision-makers in their communities—either to obtain input or to inform them about decisions that have been made.
- ❖ Communication among organizations that provide services is not organized; many do not know what other organizations provide.
- ❖ Community leaders see a need for better information distribution about available services to those who may need them.

With this understanding of the communities' concerns, the assessment data indicate six high priority community issues that warrant attention.

➤ **Transportation is a significant barrier to access to care for residents and to economic growth for communities.**

- ❖ In every community, the public transportation system was described as unreliable and inadequate.
- ❖ Across the region, 90.6 percent report most often traveling in their own vehicle to get to services.
- ❖ Half of all rural residents (49.5%) travel more than 20 miles to obtain medical care.
- ❖ The mean distance to medical care is 16.7 miles—10.2 miles in Brazos County compared to 45.2 miles in Leon County.

- ❖ Road and highway infrastructure are not keeping up with population growth.
- ❖ Reliable air transportation is needed to attract and retain new business.

➤ **The rate of obesity continues to rise.**

- ❖ Across the region, 68.4 are overweight or obese. This is up from 65.0 percent in 2006 and 60.9 percent in 2002. The lowest rate is 64.1 percent in Madison County, and the highest is 81.7 percent in Grimes County.
- ❖ The rate of morbidly obese is 14.4 percent—ranging from 11.8 percent in Burleson County to 17.5 percent in Robertson County.
- ❖ In the rural communities, 44.5 percent say the availability of fresh fruit is *fair* or *poor*, and 41.2 percent say the availability of fresh vegetables is *fair* or *poor*. One in three residents (34.0 percent) worry whether their food will run out before they have money to buy more.
- ❖ Only 43.9 percent of respondents meet national physical activity recommendations, while 18.1 percent reported that they do not exercise at all.
- ❖ Across the Brazos Valley, one in three residents spends more than four hours at a computer in an average day, and 22.8 percent spend more than four hours a day watching television.

➤ **With the obesity crisis and a growing population of older adults, the rate of chronic disease in the Brazos Valley is alarmingly high.**

- ❖ Across the region, the rates of several diseases far exceed the national rates.

**Table 10. Chronic disease rates, Brazos Valley vs. U.S.**

<b>Disease</b>	<b>BV Rate (Rural Rate)</b>	<b>Highest BV Rate</b>	<b>U.S.<sup>9</sup></b>
Arthritis/rheumatism	17.5% (25.4%)	29.5% Robertson	17%
Congestive Heart Failure	3.6% (4.9%)	6.5% Robertson	2%
Emphysema/COPD	5.6% (5.4%)	7.7% Burleson	2%
Diabetes	9.5% (11.5%)	14.6% Grimes	8%
High cholesterol	27.1% (34.1%)	38.8% Robertson	16%
Hypertension	32.5% (39.2%)	43.6% Leon	24%

➤ **Mental health needs are growing, and there are not enough resources to meet the needs.**

- ❖ Across the region, 18.1 percent report being diagnosed with depression, and 15.8 percent report being diagnosed with anxiety.
- ❖ 41.7 percent report having at least one poor mental health day in the past month; 19.9 percent reported more than five poor mental health days.
- ❖ One in four (25.6%) who needed mental health services did not receive them—41.7 percent in the rural counties.

➤ **Alcohol and substance abuse are significant concerns that many residents feel are unacknowledged and unaddressed.**

- ❖ Across the region, 47.1 percent reported consuming alcohol at least once a week; 24.7 percent reported consuming alcohol daily during the week, and 44.2 percent reported consuming alcohol on the weekend.
- ❖ One in twenty (4.6%) admit to driving after drinking two or more drinks; almost double this proportion (8.5%) reported driving after drinking in Washington County.

<sup>9</sup> Data taken from the National Center for Health Statistics at the Center for Disease Control and Prevention.

- ❖ One-third of residents in the Brazos Valley (22.7%) feel that alcohol abuse is *somewhat a problem, a serious problem, or a very serious problem*.
  - ❖ Almost half of those surveyed (47.0%) feel that illegal drug use in the Brazos Valley is *somewhat a problem, a serious problem, or a very serious problem*.
  - ❖ Of those needing drug and alcohol abuse services, 51.9 percent did not receive those services.
- **The proportion of older adults is increasing, and the current resources and services available for the older adult population are inadequate.**
- ❖ In community discussion group in EVERY county, residents, community leaders, and service providers expressed concern for the unmet needs of older adults:
    - Gaps in coverage/services
    - Medication assistance
    - Lack of adult day care and respite care for caretakers
    - Poor social support systems
    - Persistent housing disrepair
    - Inadequate financial resources forcing a choice among basic needs

## COMMUNITY ADVICE

In light of the issues identified through the assessment process, substantial resources were also identified, and the community provided valuable advice to guide efforts aimed at addressing these issues. Across the Brazos Valley, the repeated recommendations included the following:

- **Take time to build relationships and earn trust.** It was emphasized that communities in the Brazos Valley were frustrated with efforts of people and organizations unknown to the community that would come and go. Discussion group participants clearly pointed out the need to spend time in the community establishing relationships locally and earning the trust of the community.



Subsequently, this recommendation also assumes that anyone working with the community should be willing to commit long-term.

- **Build on existing efforts.** Across all seven counties, there was an explicit directive to get educated about what is already being done to address an issue before taking action. Brazos Valley residents were not supportive of starting something new when efforts were already underway in the community.
- **Promote collaboration and coordination.** To ensure efficient use of resources and continuity of services for Brazos Valley residents, it was evident that any local efforts to address the issues identified through the assessment should promote partnership among organizations.
- **Communicate with all stakeholders clearly and systematically.** Frustration with poor communication was pervasive throughout the Brazos Valley. In every community discussion group, participants recommended clear and timely communication with all community stakeholders from the beginning of any initiative. The need for better communication was emphasized both within groups and between them.
- **Only implement activities that are sustainable.** Community leaders and service providers in each of the counties expressed concern regarding numerous instances where projects or programs have been brought into a community only to be withdrawn when funding ended. This was seen to do more harm than good. Strong recommendations were made that prior to implementation of any activities, a thorough sustainability plan be developed.

These findings and recommendations are intended to provide accurate, timely local data that communities and organizations can use for planning and resource development to improve the health and quality of life for residents of the Brazos Valley.

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## **OVERVIEW OF COUNTY REPORTS**

Each county of the Brazos Valley is unique. With generous support of each of our sponsoring partners as well as local residents and leaders within each community, the Center for Community Health Development was able to collect data that allows for county-level analysis.

The supplemental reports that follow contain a series of reports with data specific to each county and relevant comparisons to regional, state, and national data. Survey data as well as community discussion group findings present valuable information and insight that we hope will be utilized for planning, prioritizing, and leveraging resources to improve the health of all residents of each community.

The regional report presents an overview of the assessment process, an explanation of the methodology, and a comprehensive analysis comparing the region to other state and national indicators. The county reports are intended to focus on each county individually; thus, the analysis provided compares the county alone to the region, state, or nation.

## **SUPPLEMENTAL REPORTS**

Brazos County

Burleson County

Grimes County

Leon County

Madison County

Robertson County

Washington County