

2016 Brazos Valley Health Status Assessment

# ASSESSMENT REPORT



Conducted and Prepared by  
The Center for Community Health Development  
School of Public Health  
Texas A&M Health Science Center

Angela Alaniz, B.A.  
James Burdine, Dr.P.H.  
Victor Rivas, M.P.H.  
Catherine Catanach, B.A.

# ACKNOWLEDGEMENTS

---

## 2016 Assessment Sponsors:

**CHI St. Joseph Health**

**College Station Medical Center**

**Brazos County Health Department**

**Mental Health Mental Retardation Authority of Brazos Valley**

**Brazos Valley Council of Governments**

## Special Thanks to Community Discussion Groups Hosts:

*Bellville Christian Food Pantry*

*Brazos Valley Council of Governments (Bryan)*

*Buffalo City Housing Authority*

*Calvert Years for Profit Senior Center*

*Centerville Senior Center*

*Christ Our Light Catholic Church (Navasota)*

*City of Somerville Senior Center*

*Clara B. Mounce Public Library (Bryan)*

*Elizabeth Lutheran Church (Caldwell)*

*Grimes CHI St. Joseph Health Center (Navasota)*

*HealthPoint (Hearne)*

*Immaculate Conception Catholic Church (Sealy)*

*Larry J. Ringer Library (College Station)*

*The Lincoln Center (College Station)*

*Madison Health Resource Center (Madisonville)*

*Madisonville Consolidated Independent School District Parent Center*

*St. Elizabeth Ann Seton Catholic Church (Madisonville)*

*Washington County Faith Mission Health and Service Center (Brenham)*

*Washington County Healthy Living Association (Brenham)*

*Workforce Solutions Brazos Valley (Hearne)*

## TABLE OF CONTENTS

---

<b>Acknowledgements</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>4</b>
<b>History of Health Assessment in the Brazos Valley</b> .....	<b>4</b>
<b>Overview of 2016 Brazos Valley Health Assessment</b> .....	<b>5</b>
Assessment Process.....	5
Community Input.....	5
<b>Findings: Secondary Data</b> .....	<b>6</b>
<b>Secondary Data Analysis</b> .....	<b>6</b>
<b>Population Characteristics</b> .....	<b>6</b>
Age and Gender .....	7
Race and Ethnicity .....	8
2020 Population Growth Projections .....	9
Household Composition .....	10
Education .....	11
Employment and Home Ownership .....	11
Household Income .....	11
Population Conclusions .....	13
<b>Mortality</b> .....	<b>13</b>
<b>Morbidity</b> .....	<b>14</b>
<b>Health Status</b> .....	<b>15</b>
<b>County Health Rankings Data</b> .....	<b>16</b>
<b>Risk Factors</b> .....	<b>17</b>
Smoking .....	17
Obesity and Food Environment .....	17
Physical Inactivity and Access to Exercise Opportunities .....	17
Alcohol Consumption, Alcohol-related Motor Vehicle Deaths and All Motor Vehicle Crash Deaths .....	18
<b>Health Care Resources</b> .....	<b>19</b>
Health Insurance.....	19
Health Resources and Medical Home.....	20
<b>Preventive Health Screenings</b> .....	<b>23</b>
Preventable Hospital Stays .....	23
Diabetic Monitoring.....	25
Mammography Screening.....	26
<b>Social Associations</b> .....	<b>27</b>
<b>Housing Issues</b> .....	<b>28</b>
<b>Child Abuse and Neglect</b> .....	<b>29</b>
<b>Human Sexuality</b> .....	<b>29</b>
<b>Violent Crime</b> .....	<b>30</b>
<b>Findings: Community Discussion Groups</b> .....	<b>34</b>
<b>Community Discussion Groups Methodology</b> .....	<b>34</b>
<b>Regional Findings</b> .....	<b>35</b>
Community Characteristics.....	35
Community Resources .....	36
Community Collaboration.....	36

Advice on How to Work in Communities.....	36
Community Issues.....	37
<b>County Findings .....</b>	<b>41</b>
Austin County.....	41
Brazos County .....	42
Burleson County.....	45
Grimes County .....	46
Leon County .....	48
Madison County.....	49
Robertson County.....	51
Washington County .....	52
<b>Appendix 1: Table Data Sources .....</b>	<b>54</b>
<b>Appendix 2: Brazos Valley Health Coalition - Member Organizations .....</b>	<b>56</b>

## INTRODUCTION

---

The Center for Community Health Development, (CCHD), at the Texas A&M University Health Science Center School of Public Health conducted the 2016 Brazos Valley Health Assessment in collaboration with the recently formed Brazos Valley Health Coalition. This effort marks the fifth multi-county regional assessment that CCHD has conducted since 2002 with support from local and regional health care systems, publicly funded agencies, and non-profit organizations. The 2016 assessment covers the Brazos Valley region, traditionally defined as the seven counties of Brazos, Burleson, Grimes, Leon, Madison, Robertson and Washington but also includes Austin County. Located to the immediate south of Washington County, Austin County is part of the service delivery area of organizations represented in the Brazos Valley Health Coalition.

### History of Health Assessment in the Brazos Valley

The 2002, 2006, 2010, and 2013 Brazos Valley Health Assessments provided locally collected health status and community data that have served as the basis for the planning and implementation of initiatives aimed at increasing regional access to care and improving population health. Local health care providers, ancillary service providers, and community leaders have been working together since the first assessment to continuously design new and enhance existing services, programs, facilities, and partnerships to improve the health of the region based on assessment findings. Those findings also provide the local data for grant proposals written to secure funding for local health improvement efforts and the benchmark for evaluating the impact of those initiatives when funded. (An estimated \$14 million has been secured to support local efforts since the 2002 assessment.) Community information gathered through the assessment offers insight as to how to work with and within local communities, shaping marketing and communication strategies and underscoring the importance of collaborating with local leaders. Finally, academic partners rely on assessment data to serve as the foundation for piloting of new interventions and/or other scholarly endeavors intended to expand the knowledge base of their academic field.

The objectives of the first assessment, completed in 2002, were to identify factors influencing population 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. The underlying community health development 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 non-profit corporation, the Brazos Valley Health Partnership (BVHP). The community-owned partnership has focused on the development and ongoing support of health resources centers in the rural counties and improving the health and well-being of rural Brazos Valley residents.

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.

The third assessment, conducted between January and July 2010, had objectives similar to the previous two and allowed for comparison of health status and various indicators across time. This process was intended to highlight progress, as well as continuing and emerging needs, concerns, issues, and opportunities for community health improvement.

The 2013 Regional Health Assessment expanded the assessment from the seven-county Brazos Valley region to also include Montgomery and Walker Counties. That nine-county area corresponds to Regional

Healthcare Partnership 17, one of twenty such partnerships created in 2012 as part of the Texas' 1115 Medicaid Waiver Program, also known as the Texas Healthcare Transformation and Quality Improvement Program. The 2013 assessment also initiated a new triennial assessment schedule rather than the every-four-years design used previously. This was largely due to the three-year cycle imposed on nonprofit hospitals to conduct "community health needs assessments" as required by the Patient Protection and Affordable Care Act. Assessment planning began in November 2012 and the final report was issued in September 2013. The process shared the objectives of earlier assessments, with the added goals of acquiring data from Walker and Montgomery Counties to serve as a baseline for future assessments.

## Overview of 2016 Brazos Valley Health Assessment

### Assessment Process

The 2016 Brazos Valley Health Assessment incorporates data from existing sources, also referred to as "secondary data", and qualitative data from community discussion groups held across the Brazos Valley region. The assessment team gathered secondary data from a variety of sources, such as the United States Census Bureau, the Texas Department of State Health Resources, and the Centers for Disease Control and Prevention. Collectively, this data illustrates current and projected population growth, the most prevalent local health conditions and issues, and the availability of health care resources. The information gathered in community discussion groups indicates: 1.) local issues seen as a priority; 2.) local resources available to help address these issues; and 3.) how and with whom to work with to address community issues and/or to take advantage of community opportunities.

In addition to the secondary data and community discussion group data, the four previous assessments also included a large-scale household survey completed by over 5,000 regional residents. The 2016 assessment did not include employ a household survey both for budgetary reasons and because the 2013 survey data was deemed to still be relevant in comparison to local and regional secondary data available.

This document presents the findings of the 2016 assessment. The reader is encouraged to examine the 2013 Assessment Report ([cchd.us/publications](http://cchd.us/publications)) for findings from the 2013 Household Survey as those data are still relatively contemporary and based on the previous assessments of the Brazos Valley, not subject to significant change over short periods. We have chosen to not repeat that information in this report for the sake of brevity.

As mentioned previously, the 2016 assessment includes Austin County in addition to the seven counties traditionally defined as the Brazos Valley. Throughout this report, we will refer to this eight county region as the "greater Brazos Valley".

### Community Input

In the fall of 2015, the Brazos County Health Department organized a group of local and regional health and health related organizations to serve as a steering committee to provide guidance to the health department in their pursuit of accreditation by the national Public Health Accreditation Board (PHAB). As part of this process, the steering committee would also work with the health department to establish a new regional health coalition, which the health department could collaborate through to address required components of the PHAB accreditation. The proposed coalition, the Brazos Valley Health Coalition, would act as a coordinated group to address health issues in the Brazos Valley; conduct a community health needs assessment; and create a "community health improvement plan".

Steering committee members initially worked on developing the framework for the Brazos Valley Health Coalition and the assessment design and timeline. Once the coalition's proposed mission, purpose, and membership were determined, committee members turned their focus to the assessment process.

Committee members provided feedback on the geographic scope and the components of the 2016 assessment and made recommendations on the population sectors to be included in the planned community discussion groups. Additionally, the committee identified the most useful type of secondary data to be gathered, analyzed, and reported on as part of the assessment.

In January 2016, the steering committee held the organizational meeting of the Brazos Valley Health Coalition to present and gather feedback the proposed collaboration and the planned 2016 assessment. Over fifty representatives of local and regional health and community organizations, (Appendix 2), were invited to the inaugural meeting of the Brazos Valley Health Coalition. Participants were supportive of the new coalition and offered input into the assessment format and process. As was the case in each of the previous assessments, the local input provided aid in the customization of the assessment process to maximize usefulness of the findings to those audiences.

## **FINDINGS: SECONDARY DATA**

---

### **Secondary Data Analysis**

Existing data previously collected for other purposes, known as secondary data, were compiled from a variety of credible local, state, and federal sources to provide context for analyzing and interpreting the survey data collected during the 2016 Brazos Valley Health Status Assessment. Sources of secondary data include the Texas Department of State Health Services (DSHS), the U.S. Census Bureau the Behavioral Risk Factor Surveillance System survey from the Centers for Disease Control and Prevention (CDC), data from the Texas Department of Public Safety, the County Health Rankings project at the University of Wisconsin (sponsored by the Robert Wood Johnson Foundation), the Community Health Status Indicators project from the CDC, as well as objectives and priorities set by *Healthy People 2020*, among others.

### **Population Characteristics**

While examining the factors impacting population health status, it is important to understand the dynamics of the population itself. Particularly when looking back across time to compare with previous assessments, it is important to understand if and how the population itself has changed. For example, does it describe an older group in the current assessment than in previous studies on average (where you might expect to see more health problems just because of aging)? Because population characteristics serve as the basis of the assessment findings, this report begins with a description of the region's population.

Based on the U.S. Census Bureau's 2014 estimate, the population of the greater Brazos Valley is 355,446 people, which represents an increase of 7,582 people or 2.2% since the 2010 Census. Individual county growth varied from -0.5% for Robertson County to 3.4% for Brazos County. During that same period, the state of Texas grew by 7.2% while the United States grew at about the same rate as Brazos County (3.3%).

**Table 1. 2010-2014 Population Estimates of Counties in the Greater Brazos Valley**

	2010	2014	% Change
<b>Austin County</b>	28,417	28,724	1.1%
<b>Brazos County</b>	194,851	201,534	3.4%
<b>Burleson County</b>	17,187	17,236	0.3%
<b>Grimes County</b>	26,604	26,812	0.8%
<b>Leon County</b>	16,801	16,784	-0.1%
<b>Madison County</b>	13,664	13,771	0.8%
<b>Robertson County</b>	16,622	16,546	-0.5%
<b>Washington County</b>	33,718	34,039	1.0%
<b>Greater Brazos Valley</b>	347,864	355,446	2.2%
<b>Texas</b>	25,145,561	26,956,958	7.2%
<b>United States</b>	308,745,538	318,857,056	3.3%

***Age and Gender***

Age and gender are among the factors that are most closely linked to health status. The median age for the region is 34.7 years, with variation by county from 45.6 years for Leon County to 25.0 years for Brazos County (the presence of Texas A&M University students can be assumed to contribute most substantially to this difference). When we examine differences in the region by gender, we find that 48.6% of the population are females, with Madison and Grimes counties as the only counties with significantly different male/female proportions (42.0% female and 45.5% female, respectively).

**Table 2. Median Age and Percent Female Population of Counties in the Greater Brazos Valley**

	Median Age	% Female
<b>Austin County</b>	40.7	50.4%
<b>Brazos County</b>	25.0	49.3%
<b>Burleson County</b>	43.3	50.3%
<b>Grimes County</b>	39.2	45.5%
<b>Leon County</b>	45.6	50.4%
<b>Madison County</b>	34.5	42.0%
<b>Robertson County</b>	41.0	50.5%
<b>Washington County</b>	41.6	50.7%
<b>Greater Brazos Valley</b>	34.7	48.6%
<b>Texas</b>	33.9	50.4%
<b>United States</b>	37.4	50.1%

Beyond median age, it is useful to examine specific age groups. Examining standard age groups across the region and among counties, there are few significant differences. Madison County, for example, has a lower proportion of children (less than 5 years) of 4.7%, compared with 6.2% for the region (Robertson County has the highest rate at 6.8%). Among other age groups with notable differences is Robertson County again with a larger proportion of 5-9 year-old children at 7.7% compared to the region at 5.9%. Austin County has the largest proportion of 10-14 year olds at 8.0% compared to the region at 6.1% (Brazos County is the lowest at 5.6%). Madison County has lowest proportion of 15-19 year olds (5.1% compared with the region at 8.8%) and Brazos County has 10.0% of their population in this age group. Among the 20-24 year-old and 25-34 years age groups, Brazos County has the highest proportion with 22.6% and 15.4% respectively, compared to the regional averages of 15.4% and 13.4%. The lowest rates are 4.6% in Leon County for the 20-24 age group and the 25-34 age group at 9.1%. In regard to the 55-64 year-old age group, Madison County has a significantly lower rate compared to the region at 5.6% compared to 9.9% (Leon County has the highest rate at 14.6%). Brazos County has the fewest residents in the older age group with 4.3% in the 65-74 age group 2.5% in the 75-84 age group and 0.9% in the 85 and older group. The highest rates were found in Burleson County for the 65-74 year group at 10.5% and 6.7% for the 75-84 group. Robertson County has the highest rate for persons in the 85 years and greater group at 3.1%. Interestingly, the Greater Brazos Valley region more closely resembles the United States overall than it does Texas in terms of age distribution. The Greater Brazos Valley has fewer children and elderly members of the population than the rest of the state.

**Table 3. Age Group Distribution for Counties in the Greater Brazos Valley**

	Austin County	Brazos County	Burleson County	Grimes County	Leon County	Madison County	Robertson County	Washington County	Greater Brazos Valley	Texas	United States
<b>Persons under 5 (age 4 or less)</b>	6.4%	6.4%	6.2%	5.7%	6.4%	4.7%	6.8%	6.0%	6.2%	7.2%	6.3%
<b>Age 5-9</b>	5.9%	5.6%	5.6%	6.7%	5.9%	5.8%	7.7%	6.0%	5.9%	7.3%	6.4%
<b>Age 10-14</b>	8.0%	5.5%	7.2%	6.9%	6.3%	6.5%	6.1%	6.1%	6.1%	7.2%	6.5%
<b>Age 15-19</b>	7.4%	10.0%	7.2%	5.7%	6.4%	5.1%	7.5%	9.8%	8.8%	7.0%	6.7%
<b>Age 20-24</b>	5.7%	22.6%	4.8%	6.0%	4.7%	11.5%	5.6%	5.2%	15.4%	7.1%	7.0%
<b>Age 25-34</b>	9.3%	15.4%	9.5%	12.7%	9.1%	18.0%	10.9%	9.5%	13.4%	14.0%	13.3%
<b>Age 35-44</b>	12.4%	10.1%	10.9%	13.1%	10.9%	13.5%	10.7%	11.2%	10.8%	13.2%	12.8%
<b>Age 45-54</b>	14.1%	9.2%	15.5%	14.1%	13.5%	9.8%	13.6%	13.5%	11.1%	12.8%	13.9%
<b>Age 55-64</b>	14.3%	7.5%	14.0%	13.6%	14.6%	5.6%	12.7%	13.3%	9.9%	10.4%	12.1%
<b>Age 65-74</b>	9.7%	4.3%	10.5%	9.3%	13.4%	8.3%	10.2%	10.3%	6.9%	6.1%	7.5%
<b>Age 75-84</b>	4.6%	2.5%	6.7%	4.4%	5.9%	4.7%	5.7%	6.1%	3.7%	3.2%	4.2%
<b>Age 85 and older</b>	2.2%	0.9%	1.9%	1.8%	3.1%	1.6%	2.6%	3.0%	1.5%	1.2%	1.8%

**Race and Ethnicity**

Another demographic characteristic reported in the previous Brazos Valley assessments is the distribution of race and ethnicity. Because of the very small proportions of some racial/ethnic groups, and although

rather imprecise, we have used the set of U.S. Census Bureau race/ethnicity clusters to report population data: “White, Not-Hispanic,” “Black/African-American, Not Hispanic” “Hispanic, Any Race” and “All Other Races, Not Hispanic.” When we look at the region as a whole, 60.7% of the population are reported as “White, Not-Hispanic,” 12.2% reported as “Black/African-American, Not Hispanic” 22.0% as “Hispanic, Any Race” and 5.1% as “All Other Races, Not Hispanic.” The Greater Brazos Valley more closely reflects the racial/ethnic composition of the United States than it does the rest of the State of Texas (with 62.1% “White, Not Hispanic” for the U.S. and 43.5% for the State of Texas).

Among the counties in the region, significant variation in racial/ethnic categories can be found. The proportion of “White, Not Hispanic” population, for example, varies from 77.0% in Leon County to 57.3% in Madison County.

The “Black/African-American, Not Hispanic” population is found in higher proportions in Robertson, Madison and Washington Counties (21.2%, 18.8% and 17.5% respectively). Washington and Leon Counties have the lowest “Hispanic, Any Race” population rates at 14.4% and 13.8%, respectively. The higher proportion of “All Other Races, Not Hispanic” racial groups in Brazos County might be attributable to the presence of a university with a large number of international students.

**Table 4. Racial and Ethnic Distributions within the Counties of the Greater Brazos Valley**

	White, Not-Hispanic	Black/African-American, Not Hispanic	Hispanic, Any Race	All Other Races, Not Hispanic
<b>Austin County</b>	64.3%	9.0%	24.9%	1.8%
<b>Brazos County</b>	58.0%	10.6%	24.1%	7.3%
<b>Burleson County</b>	66.7%	11.8%	19.4%	2.1%
<b>Grimes County</b>	59.9%	15.2%	22.1%	2.8%
<b>Leon County</b>	77.0%	7.7%	13.8%	1.5%
<b>Madison County</b>	57.3%	18.8%	21.0%	2.9%
<b>Robertson County</b>	58.5%	21.2%	18.9%	1.4%
<b>Washington County</b>	65.6%	17.5%	14.4%	2.5%
<b>Greater Brazos Valley</b>	60.7%	12.2%	22.0%	5.1%
<b>Texas</b>	43.5%	12.5%	38.6%	5.4%
<b>United States</b>	62.1%	13.2%	17.4%	7.3%

**2020 Population Growth Projections**

As previously mentioned, the current estimate by the Census Bureau (2014) for the population of the Greater Brazos Valley 355,446. The Texas State Demographer’s Office has produced population growth estimates for Texas counties under various immigration scenarios. Using the most conservative of those estimates, the population of the eight county region for the year 2020 is estimated to grow to 372,668, an increase of 17,222 or 4.8%. However, that growth is not equivalent in all counties, with growth rates estimated from a high of 6.6% for Brazos County to 0.9% for Washington County.

**Table 5. Estimated Population in 2020 for Counties in the Greater Brazos Valley**

	2014	2020	% Change
<b>Austin County</b>	28,724	29,718	3.5%
<b>Brazos County</b>	201,534	214,735	6.6%
<b>Burleson County</b>	17,236	17,437	1.2%
<b>Grimes County</b>	26,812	27,928	4.2%
<b>Leon County</b>	16,784	17,082	1.8%
<b>Madison County</b>	13,771	14,282	3.7%
<b>Robertson County</b>	16,546	17,153	3.7%
<b>Washington County</b>	34,039	34,333	0.9%
<b>Greater Brazos Valley</b>	355,446	372,668	4.8%

**Household Composition**

In 2014 there were an estimated 128,961 households in the Greater Brazos Valley. Among these households, there are 2,504 with a male single head of household and children under the age of 18, while 8,031 have a female single head of household with children under 18. The highest rate for female single head of household with children under 18 was in Robertson County at 7.4% and the lowest rate was in Leon County at 4.4%. Both of these are less than the State and U.S. rates of 8.0% and 7.5%, respectively.

**Table 6. Household Composition for Counties in the Greater Brazos Valley**

	Female Single Head of Household with Children <18	Male Single Head of Household with Children <18	Total Households	Percent Female Single Head of Household with Children <18
<b>Austin County</b>	609	283	10,837	5.6%
<b>Brazos County</b>	4,542	1,168	71,739	6.3%
<b>Burleson County</b>	346	149	6,822	5.1%
<b>Grimes County</b>	555	241	8,902	6.2%
<b>Leon County</b>	303	143	6,896	4.4%
<b>Madison County</b>	308	103	4,187	7.4%
<b>Robertson County</b>	534	180	6,541	8.2%
<b>Washington County</b>	834	237	13,037	6.4%
<b>Greater Brazos Valley</b>	8,031.00	2,504.00	128,961	6.2%
<b>Texas</b>	715,758	224,804	8,922,933	8.0%
<b>United States</b>	8,365,912	2,789,424	116,716,292	7.2%

### Education

Education is recognized as one of the primary social determinants of health. The Greater Brazos Valley has a higher proportion of residents with a college degree, at 30.9%, than either the State of Texas at 27.0% or the United States at 29.3%. Within the region that rate varies from a low of 10.1% in Madison County to a high of 38.4% in Brazos County. The higher proportion of college degrees is likely driven by the presence of Texas A&M University in Brazos County. Austin County has the lowest percentage of population with less than a High School education at 14.0% and Robertson County has the highest rate at 22.4%.

**Table 7. Educational Attainment for Counties in the Greater Brazos Valley**

	Less than H.S.	H.S. Grad	Some College	B.S. or higher
<b>Austin County</b>	14.0%	33.8%	24.6%	27.7%
<b>Brazos County</b>	14.6%	21.5%	25.7%	38.4%
<b>Burleson County</b>	21.9%	35.6%	28.8%	13.8%
<b>Grimes County</b>	20.2%	37.1%	31.1%	11.6%
<b>Leon County</b>	16.1%	35.2%	31.7%	17.0%
<b>Madison County</b>	22.3%	39.6%	27.9%	10.1%
<b>Robertson County</b>	22.4%	36.9%	23.8%	17.0%
<b>Washington County</b>	19.1%	29.2%	28.5%	23.1%
<b>Greater Brazos Valley</b>	16.1%	26.5%	26.6%	30.9%
<b>Texas</b>	18.5%	25.2%	29.3%	27.0%
<b>United States</b>	13.6%	28.0%	29.1%	29.3%

### Employment and Home Ownership

Since the 2010 regional health status assessment, employment and affordable housing have been significant issues of concern to the public. Unemployment rates for Texas Counties in January 2016 were reported as shown in Table 8. The rate for the Greater Brazos Valley of 4.1% is slightly lower than the rate for the entire State at 4.5% and the nation at 4.9%. Among the counties, the lowest unemployment rate was reported for Brazos County at 3.3% and the highest in Leon County at 6.1%.

Affordable housing was examined by using the Home Ownership rate that is reported by the Census Bureau as a proxy for affordability of housing. The estimated 2014 rate for the Greater Brazos Valley is 58.5%, lower than the State rate of 62.7% and the national rate of 64.4%. Again, Brazos County is the outlier at 45.3% compared with the other counties, all in the range of 70-85%, which may be a reflection of the large student population affiliated with Texas A&M and Blinn College.

### Household Income

Closely related to employment and home ownership is household income. The per capita income reported by the Census Bureau's 2014 estimate is \$22,607 for the Greater Brazos Valley, varying among the counties from \$15,222 in Madison County to \$27,490 in Austin County. Austin County is the only county in the Greater Brazos Valley to exceed the State Per Capita Income rate of \$26,513. None of the counties exceeded the national Per Capita Income rate of \$28,555.

Median household income, which is the income representing the middle of the income distribution (not the numerical average) is reported to be \$43,100 for the Greater Brazos Valley. That amount is approximately nine thousand dollars (\$9,476) less than the State rate and approximately ten thousand dollars (\$10,382) less than the national Median Household Income rate. Variation among the counties of the Greater Brazos Valley may again be attributed to the large student population of Brazos County, shifting its median household income to the lowest in the region at \$39,060. The highest rate reported was for Austin County at \$54,603.

The federal poverty level (FPL) for 2016 is set at \$24,300 for a family of four. The Census Bureau estimates the percent of the population living at or below the Federal Poverty Level. That rate in 2014 for the Greater Brazos Valley was 21.9% of the population. Percentage of the population living at/below the FPL by county varied from a low of 11.2% in Austin County to a high of 26.4% of Brazos County.

Many health and human service agencies use 200% of the FPL as a determinant of eligibility for their services (approximately \$48,500 for a family of four in 2016). Families in this category often earn too much to qualify for assistance programs but earn too little to be able to afford to pay for services out-of-pocket.

The Greater Brazos Valley has a higher rate of residents with incomes at 200% of the FPL or lower when compared to the State and nation (40.9%, 36.6% and 33.2%, respectively). Among the counties, Brazos County holds the highest rate of 200% of the federal poverty level at 45.4%, while the lowest rate is in Austin County at 29.4%.

**Table 8. Unemployment, Home Ownership and Income Characteristics of Counties in the Greater Brazos Valley**

	Unemployment Rate	Home Ownership Rate	Per Capita Income	Median Household Income	Persons Below Federal Poverty Level	200% of FPL
<b>Austin County</b>	4.8%	75.6%	\$27,490	\$54,603	11.2%	29.4%
<b>Brazos County</b>	3.3%	45.3%	\$22,243	\$39,060	26.4%	45.4%
<b>Burleson County</b>	4.5%	81.3%	\$23,223	\$49,533	16.2%	34.9%
<b>Grimes County</b>	5.8%	75.4%	\$20,858	\$46,652	18.6%	36.7%
<b>Leon County</b>	6.1%	84.7%	\$25,946	\$48,763	13.5%	38.4%
<b>Madison County</b>	4.4%	70.7%	\$15,222	\$40,879	21.5%	32.9%
<b>Robertson County</b>	4.9%	71.1%	\$21,216	\$43,371	19.0%	41.4%
<b>Washington County</b>	5.1%	73.7%	\$23,727	\$49,236	15.0%	34.8%
<b>Greater Brazos Valley</b>	4.1%	58.5%	\$22,607	\$43,100	21.9%	40.9%
<b>Texas</b>	4.5%	62.7%	\$26,513	\$52,576	17.20%	36.6%
<b>United States</b>	4.9%	64.4%	\$28,555	\$53,482	14.80%	33.2%

### Population Conclusions

In summary, the Greater Brazos Valley has been growing steadily for the last decade at a rate slower than the State of Texas or the nation. There is some variation among counties with decreases in total population in Robertson and Leon counties. The distribution of age groups also varies among the counties with fewer children (less than 5 years) in Grimes, and Madison counties while Leon County has a larger proportion of 65 and older adults than the other counties. Racial/ethnic diversity is increasing across the region, but as a whole the Greater Brazos Valley is less diverse than Texas or the nation. The region is projected to grow by nearly 5% over the next five years. Given the larger trends in Texas, one can anticipate that the growth will not only be in numbers of individuals but in diversity as well.

Residents of the Greater Brazos Valley tend to be better educated than the State or the nation but per capita and median household incomes are lower than the averages for the State and the nation.

### Mortality

Data from the Community Health Status Indicators (CHSI) project were used to explore factors that impact health status during the end of life (major causes of death). CHSI takes data from a variety of sources, including the County Health Rankings<sup>1</sup>, and creates county-level “report cards” displaying **Better**, **Moderate**, and **Worse** comparison categories by using data from sets of peer counties. These are color-coded green, yellow and red in our Tables 9 and 10. Peer counties are identified on the basis of population characteristics – size, rurality, income, employment, poverty and housing factors that roughly match the target county. These peer groups are then used to compare where the target county’s score for a variety of indicators fall in the distribution of the peer counties.

Table 9 summarizes some of the key findings across all counties. Some differences exist among the counties. Looking at the first two rows, Female and Male Live Expectancy, the table notes that in general, the counties of the Brazos Valley, compared to their national peer groups, have **Better** or **Moderate** rates. The same is the case for Alzheimer’s Disease, Chronic Kidney Disease, Chronic Lower Respiratory Disease and Stroke death rates. Cancer death rates, however, indicate that Leon County has a **Worse** cancer death rate than its peer counties, at 207.9 per 100,000 population (among its peer counties, the range varies from 133 to 251 per 100,000). Cancer death rates in Austin, Brazos, Burleson and Washington counties are better than their peer counties.

Three of the eight counties in the Greater Brazos Valley have **Worse** rates for unintentional injury deaths: Burleson, Leon and Madison counties. All of the other counties have **Moderate** rates compared to their peer counties.

---

<sup>1</sup> Among the other resources used in the creation of CHSI reports are:

United Health Foundation’s America’s Health Rankings ([www.americashealthrankings.org](http://www.americashealthrankings.org))

State of the USA Health Indicators ([www.stateoftheusa.org](http://www.stateoftheusa.org))

The Health Indicator’s Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

Canadian Index of Wellness ([www.atkinsonfoundation.ca/ciw](http://www.atkinsonfoundation.ca/ciw))

Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

National Prevention strategy ([www.surgeongeneral.gov/priorities/prevention/strategy/index.html](http://www.surgeongeneral.gov/priorities/prevention/strategy/index.html))

Annie E. Casey Foundation’s KIDS COUNT ([datacenter.kidscount.org](http://datacenter.kidscount.org))

Coronary Heart Disease deaths reported for Austin and Roberson Counties were **Worse** than their peer counties, while Washington County has a **Better** rate than its peers. The remaining of Greater Brazos Valley counties scored in the **Moderate** range.

**Worse** than peers’ rates for diabetes deaths were found in Austin, Brazos and Grimes counties. While **Better** than peers’ rates were found in Burleson, Madison and Washington counties.

Finally, motor vehicle deaths are **Worse**, for all counties in the Greater Brazos Valley except for Washington. More information about motor vehicle accidents and deaths is presented later in this report.

**Table 9. Selected Mortality-related Community Health Status Indicators for Counties in the Greater Brazos Valley**

CHSI Indicators	Austin	Brazos	Burleson	Grimes	Leon	Madison	Robertson	Washington
Female life expectancy	Green	Yellow	Green	Yellow	Yellow	Yellow	Green	Green
Male life expectancy	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green
Alzheimer’s death rate	Green	Yellow	Yellow	Green	Yellow	Yellow	White	Yellow
Cancer death rate	Green	Green	Green	Yellow	Red	Yellow	Yellow	Green
Chronic kidney deaths	Green	Green	White	Yellow	Yellow	White	Yellow	Yellow
Chronic Lower Respiratory Disease deaths	Green	Yellow	Green	Green	Yellow	Yellow	Yellow	Green
Stroke death	Green	Yellow	Green	Green	Yellow	Yellow	Green	Green
Unintentional injury deaths	Yellow	Yellow	Red	Yellow	Red	Red	Yellow	Yellow
Coronary heart disease deaths	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Green
Diabetes deaths	Red	Red	Green	Red	Yellow	Green	Yellow	Green
Motor vehicle deaths	Red	Red	Red	Red	Red	Red	Red	Yellow

**Morbidity**

The CHSI project also provides county-to-peer comparisons for a number of disease rates (morbidity). Looking at depression among older adults, there are **Worse** rates, than when compared to peer counties, for Grimes and Madison counties. **Better** than peer rates are found in Austin and Washington counties, leaving Brazos, Burleson, Leon and Robertson counties with **Moderate** scores.

Examining adult diabetes rates show **Worse** rates in Brazos and Grimes counties, **Better** rates for Burleson and Washington counties, and **Moderate** rates for the remaining counties.

The adult population diagnosed with Alzheimer’s Disease/dementia was **Worse** compared with peer counties for Grimes, Madison and Washington counties. All the other counties in the Greater Brazos Valley scored **Moderate** compared with their peer counties.

Finally, the incidence rates of cancer (all cancer sites) for the region show that compared with their peers there were no counties with **Worse** scores. Austin, Leon and Madison counties had **Moderate** scores compared with their peer counties while Brazos, Burleson, Grimes, Robertson and Washington counties had **Better** scores.

**Table 10. Selected Morbidity-related Community Health Status Indicators for Counties in the Greater Brazos Valley**

CHSI Indicators	Austin	Brazos	Burleson	Grimes	Leon	Madison	Robertson	Washington
Older adult depression	Green	Yellow	Yellow	Red	Yellow	Red	Yellow	Green
Adult diabetes	Yellow	Red	Green	Red	Yellow	Yellow	Yellow	Green
Alzheimer's disease	Yellow	Yellow	Yellow	Red	Yellow	Red	Yellow	Red
Cancer	Yellow	Green	Green	Green	Yellow	Yellow	Green	Green

### Health Status

The most current data we have regarding health status is from the 2013 Brazos Valley Health Survey (and the 2014 Austin County Health Survey). In the aggregated data from those surveys, respondents reported for the Greater Brazos Valley that 20.9% would describe their overall health status as “Excellent.” This is a larger proportion than reported by Texas residents overall (at 18.1%), but less than a national sample reported (at 35.5%). Within the region, Brazos County reported the highest proportion of respondents indicating “Excellent” overall health status. Burleson County at 8.9% reported the fewest “Excellent” responses. Respondents indicating their overall health status was “poor” were most commonly found in Robertson County with 6.5%. Austin County had no respondents indicating their health status was “poor.” The regional rate of 1.9% is better than the rates for Texas or the nation overall (5.3% and 2.4%, respectively).

When the “fair” and “poor” respondents are combined, a common practice with these data, a very different result can be observed. The Greater Brazos Valley rate of 14.3% is better than the State of Texas but not as good as the United States rate (19.5% and 10.3%, respectively). Among the counties in the region, the highest rate of “fair or poor” responses was found in Austin County (39.2%) and the lowest in Brazos County (9.3%). “Fair” overall health status scores are thought to indicate frailty in a population – people who do not yet have a significant impairment on their overall health status, but are at risk of moving into the “poor” health status range.

**Table 11. Overall Self-Reported Health Status for Residents of Counties in the Greater Brazos Valley**

	Excellent	Very Good	Good	Fair	Poor	Fair or Poor
<b>Austin County</b>	12.2%	37.8%	10.8%	39.2%	0.0%	39.2%
<b>Brazos County</b>	26.4%	38.8%	25.5%	8.4%	0.9%	9.3%
<b>Burleson County</b>	8.9%	48.9%	26.7%	11.5%	4.0%	15.5%
<b>Grimes County</b>	15.6%	44.8%	20.7%	16.0%	2.9%	18.9%
<b>Leon County</b>	12.3%	36.6%	31.3%	15.2%	4.6%	19.8%
<b>Madison County</b>	18.0%	29.8%	33.1%	13.3%	5.8%	19.1%
<b>Robertson County</b>	12.8%	33.2%	33.7%	13.8%	6.5%	20.3%
<b>Washington County</b>	15.8%	49.6%	23.8%	8.5%	2.3%	10.8%
<b>Greater Brazos Valley</b>	20.9%	40.0%	24.8%	12.4%	1.9%	14.3%
<b>Texas</b>	18.1%	28.0%	34.5%	14.2%	5.3%	19.5%
<b>United States</b>	35.5%	30.2%	23.9%	7.9%	2.4%	10.3%

### County Health Rankings Data

Some of the data reported in the next section of this report was obtained from the County Health Rankings project. Sponsored by the Robert Wood Johnson Foundation and hosted by the University of Wisconsin, the County Health Rankings project compiles data and produces reports on a variety of health-related factors in a standardized format for essentially all of the counties in the United States. Within each state, all of the counties are ranked on a set of measures looking at either health outcomes or health factors. More information on the ranking methodology is available on their website.<sup>2</sup> In addition to the individual county rankings, they identify what are called “U.S. Top Performers” (the top 10% of counties) as a frame of reference or goal for current best practices in population health.

Another approach to understanding health status is asking survey respondents to answer two questions: “Thinking about your (physical or mental) health, for how many days during the past 30 days was your (physical or mental) health not good?” The average rate for counties in the Greater Brazos Valley for physical health *poor* days is 3.6 per month, which is slightly higher than the rate for the State of Texas at 3.5 days. Comparing the counties of the Greater Brazos Valley for *poor physical health days* the range is from a high of 3.9 days for Brazos and Madison counties to a low of 3.2 for Austin County.

For mental health *poor* days a similar distribution is found with the region reporting 3.2 days compared with 2.9 for the State of Texas and 2.8 for U.S. Top Performers. Within the region the county with the highest number of *poor mental health days* is Brazos County (3.5 days) and again Austin County has the fewest reported *poor mental health days* at 2.9.

<sup>2</sup> <http://www.countyhealthrankings.org/our-approach>

## **Risk Factors**

Overall health status is driven by both individual and social factors. Among the individual factors are health-related behaviors, called “risk factors,” that contribute to the development of major chronic diseases are smoking, obesity, exercise, preventive screening participation, among others. Findings for selected risk factors are shown in Table 12.

### **Smoking**

While smoking has declined dramatically over the past forty years, there is still a significant proportion of adults who continue to smoke tobacco products. The “U.S. Top Performer” counties report a smoking rate of 14% while Texas has a slightly higher rate of 15%. For the Greater Brazos Valley, the rate is 15.5%, slightly higher than the state and higher than the U.S. Top Performers. Among the counties in the region, the rates vary from a low of 14% in Burleson County to a high of 17% in Grimes County.

### **Obesity and Food Environment**

Obesity among adults contributes to the development of and may complicate the treatment of most major chronic diseases. Nationally the U.S. Top Performer counties report obesity rates of 25.0%, while Texas’ rate of adult obesity is 28.0%.

The Food Environment Index is a measure that takes into consideration two factors: “limited access to healthy foods” and “food insecurity.” Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than ten miles from a grocery store whereas in nonrural areas, it means less than one mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

The Food Environment Index for the Greater Brazos Valley is 6.0 on a scale of one to ten, with ten as the best possible score. The State overall has a Food Environment Index of 6.4, while the U.S. Top Performers counties score at 8.3. Within the counties of the Greater Brazos Valley, the Food Environment Index scores range from a low of 4.3 for Brazos County to a high of 7.2 in Austin County. The proportion of low income families in Brazos County and the distribution of quality sources of food are the likely contributors to that low score.

### **Physical Inactivity and Access to Exercise Opportunities**

Among the other risk factors is the extent to which residents of the Greater Brazos Valley participate in physical activities as well as community characteristics that influence the rate of participation, specifically the percent of the population with adequate access to locations for physical activity. This measure looks at distance to recreational activities (parks, schools, commercial recreational facilities, etc.) depending on urban or rural designation. U.S. Top Performer counties have scores of 91.0% or higher while Texas counties’ scores average 84.0% and the Greater Brazos Valley county average is 50.0%. The variation across the counties in the region is from a low of 15.0% in Leon County to a high of 90.0% in Brazos County. The validity of this measure in rural areas is not without controversy. It is reported here because of its increasing use in planning and policy processes and warrants further discussion by the community.

**Table 12. Selected Risk Factors for Major Chronic Diseases for Counties in the Greater Brazos Valley**

	Smoking	Adult Obesity	Food Environment Index	Physical Inactivity	Access to Exercise Opportunities
<b>Austin County</b>	13.0%	28%	7.2	27.0%	58.2%
<b>Brazos County</b>	16.0%	26%	4.3	21.1%	89.6%
<b>Burleson County</b>	14.0%	30%	6.7	3.0%	43.2%
<b>Grimes County</b>	17.0%	32%	5.3	3.0%	44.2%
<b>Leon County</b>	15.0%	31%	6.3	3.2%	15.3%
<b>Madison County</b>	19.0%	31%	6.1	2.9%	39.0%
<b>Robertson County</b>	16.0%	31%	5.8	27.9%	36.0%
<b>Washington County</b>	15.0%	30%	6.4	26.8%	74.0%
<b>Greater Brazos Valley</b>	15.5%	30%	6.0	14.4%	49.9%
<b>Texas</b>	15.0%	28%	6.4	24.0%	8.4%
<b>U.S. Top Performers</b>	16.8%	34%	8.3	20.0%	91.0%

***Alcohol Consumption, Alcohol-related Motor Vehicle Deaths and All Motor Vehicle Crash Deaths***

The proportion of the population who consume excessive amounts of alcohol (defined as the percentage of adults that report either binge drinking, defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or two (men) drinks per day on average, is an important risk factor for a number of adverse health outcomes including hypertension, heart attacks, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.

The Greater Brazos Valley has an average county rate of 17.0% of adults reporting excessive drinking. That is the same rate as Texas overall. The U.S. Top Performers counties score is 12.0%. Within the region the rate varies only slightly from 19.0% in Brazos County to 16.0% in Burleson, Leon and Robertson counties.

Alcohol-impaired driving deaths account for 32.0% of all driving deaths in the State of Texas. U.S. Top Performer counties have 14.0% or fewer alcohol-related driving deaths. In the Greater Brazos Valley, the average rate for the counties is 25.0% with a range of 17.0% for Grimes County to 32.0% for Austin County.

The overall motor vehicle crash death rate (number of fatalities per 100,000 population) for the State of Texas is 13.1. The Greater Brazos Valley county average rate is 18.0. The rate varies across the counties from a low of 12.6 in Brazos County to a high of 31.6 in Leon County.

**Table 13. Alcohol Consumption and Motor Vehicle Deaths**

	Excessive Drinking	Alcohol-related Motor Vehicle Deaths	All Motor Vehicle Crash Deaths
<b>Austin County</b>	17	32	23.9
<b>Brazos County</b>	19	20	12.6
<b>Burleson County</b>	16	36	30.5
<b>Grimes County</b>	17	17	27.9
<b>Leon County</b>	16	22	31.6
<b>Madison County</b>	18	18	N/A
<b>Robertson County</b>	16	30	30.1
<b>Washington County</b>	17	28	17.4
<b>Greater Brazos Valley</b>	17	25	18
<b>Texas</b>	17	32	13.1
<b>U.S. Top Performers</b>	12	14	N/A

## Health Care Resources

### Health Insurance

The *Healthy People 2020* goal for health insurance stated that by 2020, every resident would have some type of health insurance. The 2010 Patient Protection and Affordable Care Act<sup>3</sup> was intended to advance this goal, but currently, many residents are still uninsured. U.S. Top performer counties have scores of 11% uninsured<sup>4</sup>; Texas' score was that of 25.0% while the Greater Brazos Valley County average is 26.4% in terms of those who lack health insurance. Within the Greater Brazos Valley, percentages were consistent with the Texas average, varying from 22.0% in Brazos County to 29.0% in Leon County. Additional county health rankings of uninsured residents are listed in Table 14 which follows.

<sup>3</sup>*Patient Protection and Affordable Care Act* (HR 3590) signed into law on March 22, 2010

<sup>4</sup>[http://www.countyhealthrankings.org/app/texas/2016/compare/snapshot?counties=48\\_015%2B48\\_041%2B48\\_051%2B48\\_185%2B48\\_289%2B48\\_313%2B48\\_395%2B48\\_477](http://www.countyhealthrankings.org/app/texas/2016/compare/snapshot?counties=48_015%2B48_041%2B48_051%2B48_185%2B48_289%2B48_313%2B48_395%2B48_477)

**Table 14. Percent of Population with No Health Insurance for Counties in the Greater Brazos Valley**

<b>Austin County</b>	25.0%
<b>Brazos County</b>	22.0%
<b>Burleson County</b>	28.0%
<b>Grimes County</b>	27.0%
<b>Leon County</b>	29.0%
<b>Madison County</b>	28.0%
<b>Robertson County</b>	28.0%
<b>Washington County</b>	24.0%
<b>Greater Brazos Valley</b>	26.4%
<b>Texas</b>	25.0%
<b>U.S. Top Performers</b>	11.0%

***Health Resources and Medical Home***

Issues with access to health care go beyond whether one is covered by health insurance or not. Provider availability, services and the ability to get obtain those services influence access. Given the predominantly rural area of the Greater Brazos Valley and Texas in general, the number of available health professionals is rather low in comparison to U.S. Top Performer reports. This segment focuses on the availability of healthcare providers which include: primary care physicians, dentists, and mental health specialists.

***Primary Medical Care***

According to the U.S. Top Performers, the top performing county in the nation with patients per primary care physician is 1,040.<sup>4</sup> Since Texas is categorized as a rural state with over 80.0% of the state designated as rural land<sup>5</sup>, the number of available primary care physicians in Texas is not sufficient to meet health care access needs. Currently, Texas has one physician per 1,680 patients, while the Greater Brazos Valley has a ratio of 5,418 patients per primary care physicians. Brazos County was the top performer given the presence of the Texas A&M Health Science Center, Baylor Scott & White, College Station Medical Center, the Physician’s Centre Hospital, and CHI St. Joseph’s Hospital in Bryan/College Station, resulting in a ratio of 1,260 patients per primary care physicians. Leon County’s ratio was noted as having a large disproportionate ratio of 16,740 patients per primary care physicians. This information can be viewed in Table 15.

---

<sup>5</sup> *State of Healthcare in Rural Texas*. (n.d.). Retrieved from Texas Department of Agriculture: <https://texasagriculture.gov/ReportsPublications.aspx>

**Table 15. Primary Care Physician to Population Ratio for Counties of the Greater Brazos Valley**

<b>Austin County</b>	4,810:1
<b>Brazos County</b>	1,260:1
<b>Burleson County</b>	2,860:1
<b>Grimes County</b>	3,360:1
<b>Leon County</b>	16,740:1
<b>Madison County</b>	4,590:1
<b>Robertson County</b>	8,240:1
<b>Washington County</b>	1,480:1
<b>Greater Brazos Valley</b>	5,418:1
<b>Texas</b>	1,680:1
<b>U.S. Top Performers</b>	1,040:1

Among the counties in the Greater Brazos Valley, several have been designated by the Health Resources and Services Administration (HRSA) as Health Professional Shortage Areas (HPSA). Using similar provider-to-population ratios and other considerations, counties or parts of counties can be designated on the basis of primary care providers, dental health providers and mental health providers as HPSAs. This designation provides for potential access to additional funding and/or access to health care providers. All of the counties in the Greater Brazos Valley are completely or partially designated as health professional shortage areas for at least two of the three categories, as can be seen in Table 16.

**Table 16. Health Professional Shortage Area Designation**

	<b>Primary Care Physicians</b>	<b>Dental Health Professionals</b>	<b>Mental Health Specialists</b>
<b>Austin County</b>	x		x
<b>Brazos County (partial)</b>	x	x	x
<b>Burleson County</b>	x	x	x
<b>Grimes County</b>	x		x
<b>Leon County</b>	x		x
<b>Madison County</b>	x		x
<b>Robertson County</b>	x	x	x
<b>Washington County</b>	x		x

### Dental Care

Given that dental insurance coverage is not required by the 2010 Patient Protection and Affordable Care Act<sup>6</sup>, and is considered a costly expense, many individuals forgo seeing a dentist on a regular basis. This is further compounded by the lack of dental specialists in rural areas, thus making accessibility even more of an issue. U.S. Top Performers report that the leading county ratio of patients to dentists in the nation is 1,340 patients per dentist. The average ratio in Texas of 1,880 patients per dentist is significantly below that of the U.S. Top Performers, as can be seen in Table 17.<sup>4</sup>

**Table 17. Dentist to Population Ratio for Counties in the Greater Brazos Valley**

<b>Austin County</b>	4,850:1
<b>Brazos County</b>	2,010:1
<b>Burleson County</b>	17,250:1
<b>Grimes County</b>	6,790:1
<b>Leon County</b>	5,620:1
<b>Madison County</b>	2,770:1
<b>Robertson County</b>	16,500:1
<b>Washington County</b>	3,130:1
<b>Greater Brazos Valley</b>	7,365:1
<b>Texas</b>	1,880:1
<b>U.S. Top Performers</b>	1,340:1

Access to dental care for residents of the Greater Brazos Valley is dramatically worse than the State when seeing the State's dentist-to-population ratio at 7,365 patients per dentist. Of the eight counties making up the Greater Brazos Valley, Brazos County again had a top ratio 2,010 patients per dentist, while Burleson County's ratio was considerably disproportionate when compared to other counties at 17,250 patients per dentist.

### Mental Health

With a greater emphasis being placed on mental health and wellness in recent years, demand for qualified mental health specialists has increased. However, there is a lack of qualified mental health specialists, which similarly contributes to a disproportionate amount of mental health specialists available to rural populations such as those in the Greater Brazos Valley. U.S. Top Performers noted that the leading national ratio of patients per mental health specialists was 370 patients per mental health specialist. Again, the Texas ratio of 990 patients per mental health specialist varied significantly from the Top Performer's ratio. Looking at the Greater Brazos Valley's overall mental health specialist-to-population ratio we find an average of 7,554 patients per provider. The best ratio among the counties in the Greater Brazos Valley was Brazos County with one mental health specialist for every 1,190 patients. Leon County had the lowest performing ratio of 16,860 patients per mental health specialists.<sup>4</sup> The reader is reminded that some of these ratios, given the size of the population, means there effectively are no mental health providers in an entire county. These ratios and additional county performance ratios can be viewed in Table 18.

---

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

**Table 18. Mental Health Specialist-to-Population Ratio for Counties in the Greater Brazos Valley**

<b>Austin County</b>	2,910:1
<b>Brazos County</b>	1,190:1
<b>Burleson County</b>	8,630:1
<b>Grimes County</b>	9,060:1
<b>Leon County</b>	16,860:1
<b>Madison County</b>	3,470:1
<b>Robertson County</b>	16,500:1
<b>Washington County</b>	1,810:1
<b>Greater Brazos Valley</b>	7,554:1
<b>Texas</b>	990:1
<b>U.S. Top Performers</b>	370:1

### **Preventive Health Screenings**

This assessment gathered additional information regarding preventive screening in addition to information reported about risk factors and disease. Preventive screenings include medical tests or other services that are used to detect and possibly prevent the onset of certain diseases. Screening has the capability to catch conditions early and limit long-term impacts of certain conditions. The U.S. County Health Rankings was used for the assessment of preventative health screenings with emphasis placed on the following: preventable hospital stays, diabetic monitoring, and mammography screening.

### **Preventable Hospital Stays**

Preventable hospital stays has become a focal point of health care in recent years and preventable hospital stays occur when care does not adequately anticipate the possibility of admission or re-admission for selected conditions. Preventable hospital stays divert hospital resources away from other cases, resulting in a more expensive and potentially less effective care for other patients, hospital providers, and insurers. The measure itself is the number of hospital stays for so-called ambulatory care sensitive conditions per 1,000 Medicare enrollees. Ambulatory care sensitive conditions include convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. This measure is age-adjusted.

U.S. Top Performers (the top 10% in the country) had preventable hospital stays of 38 per 1,000 Medicare enrollees. In comparison, Texas had an average of 58 preventable hospital stays per 1,000 as shown in Table 19.

**Table 19. Preventive Hospital Stays for Counties in the Greater Brazos Valley**

<b>Austin County</b>	63
<b>Brazos County</b>	53
<b>Burleson County</b>	70
<b>Grimes County</b>	70
<b>Leon County</b>	61
<b>Madison County</b>	84
<b>Robertson County</b>	89
<b>Washington County</b>	49
<b>Greater Brazos Valley</b>	67
<b>Texas</b>	58
<b>U.S. Top Performers</b>	38

The Greater Brazos Valley had an average number of 67 preventable hospital stays which was above the reported number for Texas at 58. The rate for individual counties varied from a low of 49 preventable hospital stays in Washington County to a high of 89 preventable hospital visits in Robertson County. Some factors may explain such a high number of hospital visits given that some counties in the Greater Brazos Valley lack adequate health care access; so conditions and diseases that could have been prevented through primary interventions would have deteriorated to the point of necessitating a hospital stay.

The Department of State Health Services has monitored potentially preventable hospitalizations at an additional level of detail that allows us to examine the payor-mix, defined as the source of funding, and average costs per preventable hospital admission. Tables 20 and 21 display this information.

**Table 20. Number of Potentially Preventable Hospitalizations by Payor Type**

	<b>Medicare</b>	<b>Private Ins</b>	<b>Medicaid</b>	<b>Other</b>
<b>Austin County</b>	256	48	16	35
<b>Brazos County</b>	974	95	93	345
<b>Burleson County</b>	227	12	18	38
<b>Grimes County</b>	286	35	16	65
<b>Leon County</b>	208	22	-	41
<b>Madison County</b>	124	12	-	18
<b>Robertson County</b>	178	14	21	33
<b>Washington County</b>	237	38	-	46
<b>Greater Brazos Valley</b>	2,490	276	164	621

**Table 21. Average Cost of Care for Potentially Preventable Hospitalizations for Counties in the Greater Brazos Valley**

	Bacteria Pneumonia	COPD	Cong. Heart Failure	Dehydration	Diabetes, LT Complications	Diabetes ST Complications	Hypertension	Urinary Tract Infection
Austin Co.	\$24,101	\$20,881	\$33,536	\$27,518	\$38,437	\$39,116	-	\$27,116
Brazos Co.	\$38,678	\$34,787	\$39,483	\$27,497	\$56,199	\$25,872	\$29,090	\$27,650
Burleson Co.	\$30,008	\$29,860	\$40,067	\$29,244	\$38,890	-	-	\$23,861
Grimes Co.	\$36,006	\$34,898	\$37,075	\$22,176	\$74,812	\$37,627	-	\$26,362
Leon Co.	\$37,046	\$30,400	\$31,611	\$26,340	\$56,735	-	-	\$25,000
Madison Co.	\$34,767	\$36,104	\$34,567	\$21,217	\$47,984	-	-	\$25,561
Robertson Co.	\$36,551	\$36,221	\$39,810	\$36,274	\$46,478	-	\$27,609	\$26,217
Washington Co.	\$28,187	\$35,346	\$40,531	\$23,467	\$72,301	-	-	\$24,381
Greater Brazos Valley Co. Average	\$33,168	\$32,312	\$37,085	\$26,717	\$53,980	\$34,205	\$28,350	\$25,769

As can be seen in Table 21, there is significant difference in average costs for various conditions among the different counties in the region. There are a number of factors producing these differences including the volume or frequency of occurrence, the local capacity to deal with particular problems, and real differences in costs of care.

**Diabetic Monitoring**

Diabetes is a chronic disease that is typically associated with other diseases such as obesity and heart disease. Type 2 diabetes is the most common type, but with proper diet, exercise, and monitoring, Type 2 diabetes can be managed without the use of insulin. Therefore, a great emphasis is placed on diabetic monitoring to prevent Type 2 diabetes from becoming Type 1 diabetes where regular insulin injections are required.

Nationwide, the U.S. Top Performers included counties in which 90.0% of reported cases of Type 2 diabetes followed through with regular diabetic monitoring. Texas had a statewide average of 84% which didn't vary much from the top performers in the U.S. The Greater Brazos Valley was also very consistent with the state wide average with 83.0% of consistent diabetic monitoring. Variation was also limited amongst the individual counties within the Greater Brazos Valley ranging from 87.0% in Leon County to Brazos and Madison County both tying at 80.0%.<sup>4</sup> This can be seen in greater detail in the Table 22.

**Table 22. Diabetic Monitoring Rates for Counties in the Greater Brazos Valley**

<b>Austin County</b>	85%
<b>Brazos County</b>	80%
<b>Burleson County</b>	81%
<b>Grimes County</b>	84%
<b>Leon County</b>	87%
<b>Madison County</b>	80%
<b>Robertson County</b>	81%
<b>Washington County</b>	82%
<b>Greater Brazos Valley</b>	83%
<b>Texas</b>	84%
<b>U.S. Top Performers</b>	90%

**Mammography Screening**

Mammography screening is an important preventative measure to prevent the advanced stages of breast cancer. According to the CDC, the breast cancer incidence rate among females was 122.2 per 100,000<sup>7</sup>; the Texas Cancer Registry reported a state incidence rate among females of 113.1 per 100,000.<sup>8</sup>

Nationally, counties with screening rates above 70.0% are considered “Top Performers” in the County Health Rankings system. The Texas rating for mammography screening varied greatly from the top performer standard with only 58.0% of eligible women participating in mammography screening. The Greater Brazos Valley rate is slightly worse than Texas at 54.0%. Upon further examination of the eight counties within the Greater Brazos Valley, there was significant variation with Brazos County having the highest rate of Mammography screening at 62.0% and Madison County having the lowest rate at 46.0%.<sup>4</sup>

These findings within the Greater Brazos Valley could be due to the lack of oncologists within the Greater Brazos Valley, as well the lack of adequate medical facilities equipped to conduct mammograms. Details presented in this portion are also available in Table 23.

---

<sup>7</sup> <https://nccd.cdc.gov/uscs/toptencancers.aspx>

<sup>8</sup> Texas Cancer Registry

**Table 23. Mammography Screening Rates Among Women in Counties of the Greater Brazos Valley**

<b>Austin County</b>	56%
<b>Brazos County</b>	62%
<b>Burleson County</b>	51%
<b>Grimes County</b>	50%
<b>Leon County</b>	58%
<b>Madison County</b>	46%
<b>Robertson County</b>	51%
<b>Washington County</b>	61%
<b>Greater Brazos Valley</b>	54%
<b>Texas</b>	58%
<b>U.S. Top Performers</b>	71%

### Social Associations

In previous assessment surveys the social capital or social support individual’s experience has been examined as a factor impacting health status. The County Health Rankings system uses the number of “social associations” in an environment as a proxy for social capital or social support - the amount of social resources an individual can depend on in moments of crisis. Those living in communities with larger numbers of social associations (per 10,000 population) have better risk outcomes due to available resources and networks that reduce the severity of impact that a crisis can have on one’s life. In essence, it acts as a social safety net. Social associations are defined as civic organizations, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.

The U.S. Top Performer counties for social associations reported an average rate of 22.1 per 10,000. The rate for Texas deviated greatly at 7.8 social associations. Overall, the Greater Brazos Valley had a better average rate than the state average at 13.3 as was reported by County Health Rankings.<sup>4</sup> As for the individual counties, they varied from 18.5 social association per 10,000 population for Leon County to 8.4 for Brazos County. Further figures for social association in the Greater Brazos Valley can be viewed in Table 24.

**Table 24. Social Association for Counties in the Greater Brazos Valley**

<b>Austin County</b>	12.5
<b>Brazos County</b>	8.4
<b>Burleson County</b>	14
<b>Grimes County</b>	8.6
<b>Leon County</b>	18.5
<b>Madison County</b>	10.2
<b>Robertson County</b>	16.4
<b>Washington County</b>	17.6
<b>Greater Brazos Valley</b>	13.3
<b>Texas</b>	7.8
<b>U.S. Top Performers</b>	22.1

### Housing Issues

Housing issues include high cost of living, unaffordability, dilapidation, and poor maintenance. A healthy, stable, living environment is a determinant of health which affects overall health and wellness.

Severe housing issues is defined as a problem with overcrowding, high housing costs or lack of kitchen or plumbing facilities. The U.S. Top Performers only reported 9.0% in regard to severe housing. In Texas, the average rate was twice the amount at 18.0% and the Greater Brazos Valley was below this state average with an average rate of 16.0%. In terms of the individual counties, Brazos County had the highest rate of reported housing issues at 18.0%, while the county with the lowest rate of reported housing issues was Leon County at 11.0%. <sup>4</sup> The data can be viewed in Table 25.

**Table 25. Severe Housing Problems Reported in Counties with in the Greater Brazos Valley**

<b>Austin County</b>	14%
<b>Brazos County</b>	30%
<b>Burleson County</b>	14%
<b>Grimes County</b>	18%
<b>Leon County</b>	11%
<b>Madison County</b>	12%
<b>Robertson County</b>	16%
<b>Washington County</b>	15%
<b>Greater Brazos Valley</b>	16%
<b>Texas</b>	18%
<b>U.S. Top Performers</b>	9%

## Child Abuse and Neglect

Because of data collection challenges, child-health related issues are not often included in community health status assessments. We have chosen to include data made available by the Department of Child and Family Protective Services because of the quality of that data. Across the Greater Brazos Valley there is an average rate of 23.5 child abuse investigations per 1,000 children. That rate is exceeded in five of the eight counties: Madison, (36.3), Burleson (34.7), Leon (32.2), Grimes (31.2) and Robertson (26.5). The lowest rates of child abuse investigations are found in Austin and Brazos Counties (21.3 and 21.0, respectively).

The rates of **confirmed** victims of child abuse or neglect average 8.4 per 1,000 children for the Greater Brazos Valley, lower than the overall State rate of 9.1. Counties exceeding the county average are Burleson (11.4), Grimes (10.8) and Madison County (9.1). The lowest rate in the region is found in Austin County. This data can be found in Table 26.

**Table 26. Confirmed Child Protective Services Victims and Investigations Among Counties in the Greater Brazos Valley**

	Child Population	Child Abuse Investigations	Child Abuse Investigations per 1,000 Children	Confirmed Victims of Child Abuse/Neglect	Confirmed Victims of Child Abuse/Neglect per 1,000 Children
<b>Austin County</b>	7,706	164	21.3	36	4.7
<b>Brazos County</b>	49,385	1038	21.0	378	7.7
<b>Burleson County</b>	4,120	143	34.7	47	11.4
<b>Grimes County</b>	6,126	191	31.2	66	10.8
<b>Leon County</b>	3,913	126	32.2	22	5.6
<b>Madison County</b>	3,082	112	36.3	28	9.1
<b>Robertson County</b>	4,269	113	26.5	36	8.4
<b>Washington County</b>	7,718	144	18.7	62	8.0
<b>Greater Brazos Valley</b>	86,319	2031	23.5	675	8.4
<b>Texas</b>	7,311,923			66,721	9.1

## Human Sexuality

Three factors related to human sexuality were included in this assessment. The percent of low birthweight babies is related to overall infant mortality and is largely preventable through adequate and timely prenatal care. The State of Texas reports a low birthweight rate of 8% of total live births. Within the Greater Brazos Valley, the rate is slightly lower at 7.3%. Among the counties in the region, the rate varies from a low of 6.7% in Madison County to a high of 8.1% in Burleson County, just slightly higher than the State rate.

The teen birth rate was also examined for this assessment. The State of Texas reports a teen birth rate of 52 births per 1,000 females ages 15-19. The Greater Brazos Valley region rate is 29 with variation among the counties ranging from a low of 26 births per 1,000 females 15-19 years of age to a high of 69 in Robertson County. The reader is cautioned to consider that low frequency events, such as low birthweight or teen births in smaller counties can vary widely from year to year because even small changes in the absolute numbers of these events can appear as large percent changes or differences.

Finally, the rates of sexually transmitted infections was examined for the region. The County Health Rankings project uses the number of newly diagnosed Chlamydia cases per 100,000 population as representative of sexually transmitted infections. The State of Texas rate is 498 (per 100,000) and the rate for the Greater Brazos Valley is lower at 475. Among the counties in the region, the rate varies from 224/100,000 in Austin County to 671/100,000 in Robertson County.

**Table 27. Low Birthweight, Teen Births and Sexually Transmitted Infections Among Counties in the Greater Brazos Valley**

	Percent Low Birthweight	Teen Birth Rate	Sexually Transmitted Infections
<b>Austin County</b>	7.3	43	224
<b>Brazos County</b>	7.3	26	530
<b>Burleson County</b>	8.1	53	434
<b>Grimes County</b>	7.2	55	478
<b>Leon County</b>	7.3	64	274
<b>Madison County</b>	6.7	64	358
<b>Robertson County</b>	7.1	69	671
<b>Washington County</b>	7.7	40	449
<b>Greater Brazos Valley</b>	7.3	29	475
<b>Texas</b>	8.0	52	498

### Violent Crime

The criminal acts that are designated by the Federal Bureau of Investigation as violent crimes include: rape/sexual assault, murder, aggravated assault, and robbery.<sup>9</sup> The Texas Department of Public Safety expands upon these designations to include criminal counts of family violence and hate crimes.<sup>10</sup> Tables 28 and 29 display the 2014 criminal counts of violent crime for the United States, Texas, and the counties that make up the Greater Brazos Valley for the purposes of this report.

As shown in Table 28, the leading violent crime reported was that of family violence at 2,128, followed by rape/sexual assault at 278 counts, assault at 163, robbery at 125, and murder at 2<sup>10</sup>. By looking at County

<sup>9</sup> <https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/offenses-known-to-law-enforcement/violent-crime>

<sup>10</sup> [http://dps.texas.gov/administration/crime\\_records/pages/crimestatistics.htm](http://dps.texas.gov/administration/crime_records/pages/crimestatistics.htm)

Health Rankings, U.S. Top performing counties were ranked at 59 total counts of violent crime.<sup>11</sup> Given its significantly larger population, Brazos County had the highest average count of violent crime recorded at 387, while Leon had the lowest average count at 111. <sup>11</sup>

**Table 28. Counts of Violent Crimes in the U.S., Texas and the Greater Brazos Valley**

Criminal Acts	U.S.	Texas	Greater Brazos Valley
Family Violence	N/A	185,817	2,128
Hate Crime	N/A	166	1
Rape/Sexual Assault	84,041	18,756	278
Murder	14, 249	1,187	2
Assault	741,291	65,338	163
Robbery	325,802	30,857	125

**Table 29. Counts of Violent Crime for the Greater Brazos Valley**

Austin County	202
Brazos County	387
Burleson County	174
Grimes County	342
Leon County	111
Madison County	207
Robertson County	289
Washington County	231
Texas	422
U.S. Top Performers	59

Data from the Texas Department of Public Safety was also made available for each of the counties included in the Greater Brazos Valley. The data for each individual county is consistent throughout the Greater Brazos Valley with the exception of Brazos County given its larger population that is continuously growing. Individual violent crime reports for each county can be viewed in the following eight tables.

<sup>11</sup>[http://www.countyhealthrankings.org/app/texas/2016/compare/snapshot?counties=48\\_015%2B48\\_041%2B48\\_051%2B48\\_185%2B48\\_289%2B48\\_313%2B48\\_395%2B48\\_477](http://www.countyhealthrankings.org/app/texas/2016/compare/snapshot?counties=48_015%2B48_041%2B48_051%2B48_185%2B48_289%2B48_313%2B48_395%2B48_477)

**Table 30. Counts of Violent Criminal Acts, Austin County**

<b>Violent Criminal Act</b>	<b>Austin County</b>
<b>Family Violence</b>	105
<b>Hate Crime</b>	N/A
<b>Rape/Sexual Assault</b>	20
<b>Murder</b>	0
<b>Assault</b>	9
<b>Robbery</b>	9

**Table 31. Counts of Violent Criminal Acts, Brazos County**

<b>Violent Criminal Act</b>	<b>Brazos County</b>
<b>Family Violence</b>	1479
<b>Hate Crime</b>	1
<b>Rape/Sexual Assault</b>	179
<b>Murder</b>	0
<b>Assault</b>	48
<b>Robbery</b>	90

**Table 32. Counts of Violent Criminal Acts, Burleson County**

<b>Violent Criminal Act</b>	<b>Burleson County</b>
<b>Family Violence</b>	55
<b>Hate Crime</b>	N/A
<b>Rape/Sexual Assault</b>	7
<b>Murder</b>	0
<b>Assault</b>	18
<b>Robbery</b>	1

**Table 33. Counts of Violent Criminal Acts, Grimes County**

<b>Violent Criminal Act</b>	<b>Grimes County</b>
Family Violence	85
Hate Crime	N/A
Rape/Sexual Assault	20
Murder	0
Assault	26
Robbery	7

**Table 34. Counts of Violent Criminal Acts, Leon County**

<b>Violent Criminal Act</b>	<b>Leon County</b>
Family Violence	42
Hate Crime	N/A
Rape/Sexual Assault	8
Murder	0
Assault	5
Robbery	1

**Table 35. Counts of Violent Criminal Acts, Madison County**

<b>Violent Criminal Act</b>	<b>Madison County</b>
Family Violence	66
Hate Crime	N/A
Rape/Sexual Assault	11
Murder	0
Assault	20
Robbery	3

**Table 36. Counts of Violent Criminal Acts, Robertson County**

<b>Violent Criminal Act</b>	<b>Robertson County</b>
<b>Family Violence</b>	68
<b>Hate Crime</b>	N/A
<b>Rape/Sexual Assault</b>	14
<b>Murder</b>	0
<b>Assault</b>	3
<b>Robbery</b>	4

**Table 37. Counts of Violent Criminal Acts, Washington County**

<b>Violent Criminal Act</b>	<b>Washington County</b>
<b>Family Violence</b>	228
<b>Hate Crime</b>	N/A
<b>Rape/Sexual Assault</b>	19
<b>Murder</b>	2
<b>Assault</b>	34
<b>Robbery</b>	10

## **FINDINGS: COMMUNITY DISCUSSION GROUPS**

---

### **Community Discussion Groups Methodology**

Community Discussion Groups (CDG) are a group interview methodology similar to a town hall meeting but with a structured agenda of discussion questions. More appropriate than focus groups for soliciting a broad array of responses from participants, CDGs are facilitated by a team including a group moderator and a flip-chart recorder.

The agenda for each CDG is the same, beginning with an introduction describing the purpose and expected outcomes of the group. The agenda consists of the following questions:

- Describe your community (“tell us about the community you live in”)
- What are the most important issues or challenges facing your community?
- 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 and address any of the issues you have identified, what advice would you have for them to help them be successful?

These meetings serve to gain perspective on the health status of the community and to provide context for understanding secondary data. Meeting notes are compiled and examined through a multi-stage thematic analysis to identify broad themes and subthemes for specific groups.

As has been the case with the previous regional assessments, community discussion groups were organized by CCHD staff with assistance from local contacts in many communities across the eight-county region. For this assessment, the Brazos Valley Health Coalition members requested that community discussion groups focus on three population sectors that were underrepresented the previous assessment: Latinos (both English and Spanish-speaking), low income residents, and senior citizens. As can be seen in Table 38, nineteen different CDGs were conducted: five with Latino participants (facilitated in Spanish and English), eight with low income participants, and five with senior citizen participants. Throughout the eight-county region, over 270 individuals participated.

**Table 38. Community Discussion Group Types by Counties in the Greater Brazos Valley**

	Spanish	Low Income	Seniors	Total
<b>Austin County</b>	1	1		2
<b>Brazos County</b>	2	1	1	4
<b>Burleson County</b>		1	1	2
<b>Grimes County</b>	1	1		2
<b>Leon County</b>		1	1	2
<b>Madison County</b>	2	1		3
<b>Robertson County</b>		1	1	2
<b>Washington County</b>		1	1	2
<b>Greater Brazos Valley</b>	6	8	5	19

**Regional Findings**

**Community Characteristics**

Across all eight counties, participants most often described their communities as friendly, generous, and family-oriented. The seven rural communities also perceived their communities to be rural, close-knit, quiet, peaceful, and growing with an emphasis on diversity. A majority of the rural communities also noted that their residents were hard-working, honest, and faithful. Other communities acknowledged being a “bedroom” community to Bryan-College Station while others felt that their community was more of a retirement community. Most rural communities described their economic base as agriculture and/or industrial.

Brazos County residents described Bryan-College Station as a growing community although it is still predominantly a college town where businesses and community activities mostly revolve around Texas A&M University and the student population. Most participants enjoy living in the area, calling it a friendly, conservative town. However, residents feel that the growth has not been managed well, with too many neighborhoods having to deal with the negative effects of being overcrowded with students and the subsequent devaluation of some neighborhoods. In neighborhoods where new housing is being built for students, the higher valuation of the property is driving up taxes on existing homes. On the other hand, the

university and the number of students have been attractive to retailers who have expanded quickly into the area which has been a benefit to all residents.

### **Community Resources**

Both Brazos County and rural residents frequently listed churches, ministerial alliances, local non-profit organizations, community leadership, public facilities, health clinics, hospitals, and urgent care clinics as community resources. In rural communities, churches were often noted as the first place to go when seeking social services assistance and information about available services. Of the social services available in rural communities, food pantries, health resource centers, and local non-profits were considered the most helpful organizations outside of the churches. These organizations offer assistance with bills, clothing, transportation, and food among other services. Social services agencies and organizations were also seen as significant resources in Bryan-College Station, particularly the food bank and local pantries. Workforce Solutions Brazos Valley was specifically named in multiple counties as a resource for finding jobs and enrolling in GED classes. Rural community leadership, particularly elected county and city officials, were highly praised as community resources. Public facilities such as libraries, community centers, senior centers, and parks were appreciated by local residents in both rural areas and Bryan-College Station. Farmer's markets were also considered a valuable resource in rural communities.

Some resources that were mentioned in rural communities were also listed as issues within some discussion groups. Most residents quickly mentioned that local hospitals, urgent care facilities, and primary care clinics were vital community resources. As noted in the community issue section, however, primary care clinics were also considered to be lacking in that most employed mid-level practitioners rather than physicians and the quality of care was in question. In multiple communities, law enforcement, fire departments, and EMS were listed as resources. Yet, law enforcement was stated to be an issue in some communities especially related to treating all residents fairly. Finally, the decreasing number of volunteers was a concern in some communities, other communities felt their volunteer base was strong.

### **Community Collaboration**

Churches were the primary entity most often cited as the facilitator of community collaboration across the region. Churches served as places where communities came together to provide resources and support in times of crisis as well as a place to host community celebrations. Examples of churches leading collaborative efforts included working with the Federal Emergency Management Agency (FEMA) to provide support and shelter to residents affected by flooding; hosting meals for vulnerable populations during the holiday; serving as a site for community education; and hosting community meetings to address local issues. Other collaborative efforts named were local businesses and chambers supporting local non-profits and sponsoring youth activities; residents raising funds, providing meals, and prayers to those in need; and local governments working together to jointly address county/city needs. Collaborative fundraising efforts, e.g. Angel Tree and food drives, to help less fortunate residents were frequently mentioned. Residents also pointed to community events such as National Night Out, sporting events, and festivals that were a culmination of local collaboration. Lastly, local community non-profits and agencies are seen as regular collaborators who work together to provide comprehensive resources to those in need.

### **Advice on How to Work in Communities**

When asked for advice on how to work in their community, the majority of residents across the region advised that organizations should work with churches, local non-profits, and elected officials, and chambers of commerce. Participants in every discussion group emphasized the need to learn more about the community and, most importantly, to be physically present and become involved in the community. Newcomers are encouraged to know what others are already doing so as not to duplicate efforts. Residents

said that groups that wanted to work within their community should “Ask what we want, don’t tell us what we need.”

Organizations or groups working in rural communities should promote their purpose and the services they offer. When questioned about how to promote or advertise in rural communities, a large number of residents suggested using Facebook to share information in addition to advertising in the local newspaper and posting flyers. Word of mouth is still a common way of disseminating information in rural communities, so meeting with people “face- to-face” was also mentioned in multiple discussion groups. Brazos County residents also emphasized utilizing radio and television, including Spanish language stations, to promote activities.

Finally, listening to and engaging all residents in the community was a sentiment expressed in every community. Residents felt that people who want to work in the community should make a better effort to meet and gather input from all racial, ethnic, and socioeconomic groups. Participants stated that organizations offering to work in the community must keep an open mind and be sensitive to different cultures and perspectives. Furthermore, groups should ask community members to be involved in their efforts, especially young adults and youth. Residents want to contribute to their community and are willing to partner with others to do so.

### Community Issues

Over the 14-year history of community health status assessments being conducted in the Brazos Valley (2002-2016), community discussion group participants have reported a similar list of concerns. Common issues across assessments have included unemployment, a lack of affordable public transportation, limited access to health care and social services, health concerns (obesity, mental health, substance abuse), and poor communication among health and human service providers as well as between those providers and the public. However, some issues are more prominent than others in any given year, depending on the current community context. For example, the economic downturn across the nation was evident as communities expressed their concerns about unemployment and increased financial instability in 2010. Improving upon emergency preparedness and response was central to most residents’ thoughts in early 2006 following the havoc caused by Hurricanes Katrina and Rita in late 2005.

In reporting the 2016 community discussion group findings, it is most useful to review this information in comparison to the 2013 community discussion group data. The 2016 assessment confirmed ongoing regional issues documented in the 2013 assessment as well as new concerns that were common across the region. Continuing regional issues included lack of access to primary care; inadequate infrastructure; lack of affordable housing; poverty; lack of public transportation; lack of recreational and/or leisure activities; and unemployment/lack of jobs. Several issues also emerged that were not priority issues in 2013 including accessibility/availability to affordable, healthy food; access to specialty care; need for assisted living and nursing home facilities; rise in crime rates; lack of after school and summer activities for youth; limitations on insurance and uninsured; poor communication; little coordination related to available health and social services; racial inequality; difficulties with the local educational system; and a dwindling number of community volunteers.

Of the issues cited in both 2013 and 2016, residents felt that some efforts had been made to address the ongoing problems, while other issues had worsened. Community members acknowledged the free transportation options offered through local resource centers and senior centers but stated that additional affordable transportation options were needed for daily transportation to Bryan-College Station. Community members also agreed that the number of primary care clinics had increased in recent years, but were frustrated by the lack of primary care doctors working in the clinics. Additionally, frustration related

to lengthy clinic intake processes, lack of bilingual staff, and perceived lack of quality staff and facilities were frequently noted. Community infrastructure, particularly poor road conditions, abandoned and dilapidated housing and public facilities were mentioned in seven of eight counties. The availability of housing in general, and affordable housing or subsidized housing, was mentioned in most of the groups in all eight counties. Unemployment and lack of jobs were cited in every county. Relatedly, limited local job training, adult education including GED training and English as a Second Language classes were needs expressed in multiple counties. Finally, the desire for more recreational opportunities and places to be physically active were again a top concern for most communities. Residents cited the need for local, affordable entertainment and recreational options, especially for families and seniors.

A surprising number of new concerns were expressed in 2016 in addition to concerns that reemerged after not being noted in the 2013 discussion groups. While lack of recreational activities has been frequently mentioned over the years, there was a particular emphasis on the lack of youth recreational and leisure activities. While most residents were able to easily list a limited number of youth activities that were available in their communities, the same residents stated that a lot of activities were unaffordable for many families. The need for after-school care and activities was the primary concern, followed by the lack of summer programs for youth. Surprisingly, one completely new issue mentioned in five of the eight counties was frustration with local school districts. School-based issues included bullying, (frequently cited in Latino discussion groups); lack of quality teachers; disinterested administrators or teachers not responding to parental and/or student concerns; and focus on athletics rather than academics. Access to affordable and healthy food was a prominent theme in multiple discussion groups in four counties. Of those counties, the smaller communities have little or no grocery store competition to drive down pricing. This issue is compounded when residents have limited affordable public transportation options to neighboring communities where lower cost food is available.

Some issues highlighted in the 2016 discussion groups, but not in the 2013 discussion groups, have been issues in previous assessments. Access to specialty care within the community continues to be a top priority, especially for rural senior residents, women, and children. Many older residents must travel one to two hours to meet with cardiologists, ophthalmologists, and gerontologists to name a few specialties. Young women repeatedly noted the need for women's services (such as obstetrics and gynecology), and resources, (birth control), to be available in their local community. The lack of a local hospital in general and/or specifically the lack of a hospital for delivering babies was a repeated issue. Additional health related concerns included the limited coordination of health care and social services; lack of assisted living and nursing home facilities; the high number of people who continue to be uninsured; and limitations related to what services are covered partially, fully, or not at all through insurance or other health coverage.

Other concerns that reemerged in the 2016 discussion groups included a rise in crime rates, racial inequality, poor communication; and a decrease in the number of volunteers. Crime was perceived to be a growing issue in all but one county. Racial inequality was cited as an issue in more communities than in 2013 or in previous assessments. Racism was brought up most often in the context of dealing with local law enforcement. Despite the increased mobile, real-time options for accessing information, the lack of communication has reappeared as a major issue that was voiced in every discussion group. The most prevalent complaint related to communication was by far the lack of information about "what is going on in the community and what services are available". Community leaders, health care providers, social services agencies and organizations, and schools were all mentioned as groups who were not doing a "good job of communicating" with the local residents. Finally, multiple communities articulated that they were facing a shortage of volunteers. Some residents suggested that there was a lack of younger volunteers to replace the older volunteers. Others felt that communities needed to recruit and train more volunteers and better communicate volunteer opportunities.

Table 39 displays the major findings of the 2013 and 2016 assessments, illustrating commonalities and differences. In the table, issues that were brought up in a community in 2013 or 2016 only are indicated by the year. Table cells with a “B” indicate topics that were expressed in both years. Looking at the continued expression of concern and/or at new issues presented allows some insight into changing perceptions around major community concerns. The table also clearly shows common concerns across the region.

**Table 39. Major Health Concerns from Greater Brazos Valley Community Discussion Group Participants**

	Austin County	Brazos County	Burleson County	Grimes County	Leon County	Madison County	Robertson County	Washington County
Access to dental care		2016	2016					
Access to mental health care	2016	2016				2016		2016
Access to primary health care/quality of care	2016	B	B	B	B	B	B	2013
Access to specialty care	2016	B	B	2016	2016	2016		2016
Affordable housing	2016	B	2016	2016	B	B	2016	2016
Affordable, healthy food		B			2016	B	B	
Assisted Living /Nursing homes		2016	2016		2016		2016	
Crime	2016	2016	B		2016	2013	2016	B
Education /vocational training		B				2016	B	2016
Inadequate infrastructure	2016	B	B	B	B	2016	B	2016
Lack of (Affordable) Youth Activities	2016	2016	2016	2016	2016	2016	2016	2016
Lack of local retail			2016	2016	2016	2016	2016	
Limitations of health insurance/No insurance	2016	2016	2016	2016				
Poor communication/lack of information and coordination	2016	2016	B	2016	2016	2016	2016	2016
Poverty		B		B	B	B		2013
Public transportation (limited, unaffordable)	2016	2016	B	2016	2016	B	B	B
Racism/Discrimination, (law enforcement)	2016	2013	2016			B	2016	
Recreational/Leisure activities (lack of)		2016	2016	B	B	B	2016	2013
School Issues	2016	2016	2016	2016			2016	
Unemployment/Lack of Jobs	2016	B	B	B	B	B	B	B
Volunteers (too few)			2016	2016	2016			

## County Findings

### Austin County

#### *Community Description*

Austin County residents described their community as a small but growing rural area whose residents are friendly, close knit, caring, and giving. Residents of Bellville and Sealy further stated that their community was family-oriented, quiet, and peaceful. German and Czechoslovakian immigrants first settled in the area years ago. Today, in addition to a growing Hispanic population born and raised in the area, there is a growing Hispanic immigrant community from Mexico and Central America. Among the immigrants are professionals whose degrees and professional certifications which are non-transferrable or not recognized in the United States. Community discussion group participants also feel that there is a large low income population whose needs are not adequately being addressed.

#### *Community Issues*

The top issues which emerged from community discussion groups included lack of jobs/unemployment, unavailability of public transportation options; school related issues; racial inequality and discrimination and few publicly funded health and social services. Community discussion group participants noted that most people had to travel outside of the county for employment. Most jobs within the county paid minimum wage or below minimum wage for undocumented day laborers. Public transportation options were said to be unavailable or severely limited, with most people relying on the generosity of family or neighbors to transport them within and outside of the county.

Participants were especially frustrated with challenges experienced by students attending local public schools, particularly bullying of Hispanic students who second language is English and the lack of available translators at school who could communicate with parents. Other residents suggested that teachers were not always fair in their treatment of students from different backgrounds and cultures. Racial and ethnic prejudice was a common issue in a variety of community settings, including schools.

Other community issues raised by Austin County discussion group participants were the lack of affordable housing, crime, lack of free or low-cost recreational activities for youth, and an aging infrastructure (e.g., poor roads) not keeping up with population growth.

Finally, of the social and health care services that were available, many were still too costly for the low income population to access. Access to primary, specialty, oral, and mental health care was particularly a challenge for uninsured. Additionally, residents mentioned the need for after hours and weekend clinics staffed by physicians in addition to mid-level practitioners.

#### *Community Resources*

Participants cited churches, health care, food pantries, civic organizations, social services agencies and parks as important community resources. Bellville residents consider the Bellville Christian Food Pantry, the Area Agency on Aging and the community action agency out of Galveston as helpful social services. Local organizations such as the Bluebonnet Club, the Lions Club, the Boy Scouts, and the Bellville United Methodist Church were appreciated as well as donations from local businesses such as the Bellville Market and the volunteers who donated their time to local causes.

Sealy residents praised the efforts of local churches that are an informational resource regarding local health and social services; are a meeting place for community support; and home for local activities. The churches provide information and referrals to those seeking access to care and social services and often

provide resources directly, such as food and transportation. Local churches rotate serving holiday meals for those in need, provide facility space for community activities such as group exercise, and as a classroom for community education.

Other community resources included health care providers, local parks and gyms, and college courses offered locally by Blinn College.

#### *Community Collaboration*

Churches were considered the lead facilitator of most community collaboration efforts including fundraising, coordination of care during a crisis, provision of youth activities, and uniting community members to address community issues. Examples of collaboration included churches hosting holiday meals for low income families, churches coordinating with FEMA to provide relief to flood victims, businesses contributing to the local food pantry, and managers of low income housing working with local organizations to find support for tenants when in need.

#### *Advice on How to Work in the Community*

Residents in both Bellville and Sealy agreed that more services addressing the needs for the working poor should be a focal point of any efforts to work in the community. Along with the type of services needed, community discussion group participants also urged people to work through the churches, meet with community leaders, and get to know the community in order to work more effectively in the area. They also advised organizations to utilize social media, particularly Facebook, in addition to the newspaper and churches to promote the work being done.

### **Brazos County**

#### *Community Description*

As noted earlier in the regional overview, Brazos County residents described Bryan-College Station as a growing community although it is still predominantly a college town where businesses and community activities mostly revolve around Texas A&M University and the student population. Most participants enjoy living in the area, calling it a friendly, conservative town. However, residents feel that the growth has not been managed well, with too many neighborhoods having to deal with the negative effects of being overcrowded with students and the subsequent devaluation of some neighborhoods. In neighborhoods where new housing is being built for students, the higher valuation of the property is driving up taxes on existing homes. On the other hand, the university and the number of students have been attractive to retailers who have expanded quickly into the area which has been a benefit all residents.

#### *Community Issues*

The cost of living, the lack of jobs, accessibility and availability of health care, activities for youth, challenges in public schools, limited public transportation options, and barriers specific to Hispanic immigrants were leading issues expressed by participants. The lack of affordable housing and rising property taxes were a major concern to local residents who perceived both issues to be driven by the student population. Participants felt the cost of rental properties was higher because college students who often shared housing could afford the higher rent. Property owners near new housing developments targeting students stated that while the value of their property was rapidly increasing, their property taxes also increased which was becoming a burden for some to bear. Residents fear that gentrification in Bryan and College Station will force them to move out of their long-time neighborhoods. Relatedly, parking issues are a continual concern in neighborhoods with student housing. More housing is needed for residents who are physically disabled and temporary housing, as well as shelters and affordable transitional housing. Participants said that, at any given time, numerous people are on long waiting lists to obtain subsidized housing, leaving them homeless in the interim.

Participants are increasingly discouraged by the increases in cost of living because local salaries and the availability of professional jobs have not increased. People feel like it is hard to obtain a job in the area without “knowing someone” to connect an individual to employment opportunities. There appear to be more part-time jobs available than full-time jobs. There is also a perception that a high number of full-time employees are also working part-time jobs resulting in even fewer available part-time jobs. Furthermore, participants feel that most jobs pay lower wages because students will accept work at lower wage rates which are not living wages for others. More job training and adult education, including continuing education for older adults, is also needed in the area.

A number of issues related to the health care coverage, access to care, and coordination of services were mentioned by participants. Despite the availability of insurance through the insurance marketplace established as the result of the Affordable Care Act, participants stated that the cost of insurance and co-pays is high and numerous plans do not include dental or other specialty care coverage. Others suggested that there are still many people who are uninsured. Inadequate health coverage results in residents inappropriately using local emergency rooms for primary care. The lack of local specialists and mental health care providers is seen as an ongoing problem. Participants feel that they must travel to Houston for appointments with a wide variety of specialists. People also perceived that there were very few mental health care providers in the area. CDG participants indicated that there was an absence of coordination and communication between health care providers. Some participants surmised that this was the result of high turnover of medical office staff. Finally, both the quality of office staff and local providers were also of concern to participants.

The need for more youth activities was brought up by several participants. Parents felt like there were not enough affordable after school and summer activities available for kids. Others wanted to see more recreational facilities and parks being built in their neighborhoods. Residents also desire to have more recreational options for families, like a water park or other attractions. Some participants said that there was also a need for more affordable and/or free recreational family activities.

A few participants felt that local schools needed more resources to address student needs and better ways to communicate with working parents. Participants overwhelmingly stated that both Bryan and College Station had good schools. However, some felt that schools needed more resources to support pre-K programs, children with special needs such as autism, and immigrant children, especially those with trauma, social, and economic issues. More tutoring, especially after school tutoring offered for free, was a prevalent topic of need. Working parents also note the difficulty of being able to meet with teachers during the day to be able to discuss their children’s needs. Taking off work is not an option for some parents who are concerned about their children, which results in a lack of coordination of effort between teachers, students, and parents.

The lack of reliable, affordable public transportation continues to be a major issue as it has been mentioned in all previous assessments. Public transportation that is available through The District is not affordable according to participants and the buses do not run on weekends. Compounding the issue is that residents who must resort to riding bicycles or walking are faced with a lack of sidewalks, poorly maintained streets, and the absence of street lighting in certain areas of town.

CDG participants provided an array of challenges faced by local immigrants. Of foremost concern is that there is no local resource for obtaining documentation as consulates are located in Houston. Without documentation, housing resources are non-existent and people do not qualify for primary care and mental health services, leaving emergency rooms as the only choice for accessing care. Additionally, most immigrants are only able to work as day laborers which generally does not provide a living wage.

Language is also a barrier to accessing health care and other supportive services. However, there are few English as a Second Language and literacy classes for Spanish speakers locally available.

Although stated less directly, there was a recurring theme of racial and class inequality expressed in all discussion groups. Statements such as “not everyone is treated equally and not everyone has access to all resources” were often made. Participants perceived both local police departments of not treating all residents fairly, particularly low income and minority residents. Some participants even felt that code enforcement officers were more apt to write citations for code violations in neighborhoods populated by minorities than in predominately white neighborhoods where the same code violations may exist.

Other issues mentioned by discussion groups included poor communication between community leaders and organizations and the general public; the need for more affordable grocery stores; rising crime in both cities and the need for more resources to address financial stability issues. Of these remaining issues, participants were particularly frustrated with the lack of information communicated to them by key leaders and organizations. Residents were particularly bothered by the fact that city council members do not seem to come speak with residents where they are – in their neighborhoods and at public facilities such as the Lincoln Center. As with previous assessments, residents also continue to be frustrated with the lack of information about available health and social services and local community programs and activities.

### *Community Resources*

In addition to local health care providers, recreational facilities, and churches, CDG participants predominantly named local non-profit organizations and agencies as resources. The local hospitals, the Brazos County Health Department, The Prenatal Clinic, Health for All, the Hope Clinic, and HealthPoint were all mentioned as key health resources. Participants also appreciated the parks departments, community sports leagues, and recreational facilities such as the Lincoln Center and public pools offering swimming lessons. Churches were also often cited for their generosity and support. Many non-profit organizations were listed as resources including Habitat for Humanity, Catholic Charities of the Brazos Valley, Brazos Interfaith Immigration Network, the St. Vincent de Paul Society, United Way of the Brazos Valley's 2-1-1 Call Center, the Brazos Valley Food Bank and local pantries, the Labor Rights Center, the Women, Infants, and Children Program, Habitat for Humanity, Brazos Valley Hospice, the Bryan Housing Authority, Brazos Valley Council of Governments, the Salvation Army, Brazos Valley Community Action Agency, and Workforce Solutions. Free tax preparation offered through the local library system, the local unemployment office, The District bus system, the Mexican consulate, promotores de salud, and locally offered English as a Second Language classes were also included as resources. Texas A&M University, the Texas A&M Health Science Center, Blinn College, local public schools, and the George Bush Presidential Library were all considered significant community resources as well.

### *Community Collaboration*

Many examples of community collaboration were noted by CDG participants, most of which are facilitated by local non-profits and civic organizations. Local blood drives, holiday toy drives, (e.g. Angel Tree), and school supply drives (e.g. Stuff the Bus), were commonly acknowledged as examples of collaboration. Entities such as Brazos Valley Hospice, Salvation Army, Habitat for Humanity, Twin City Mission, Phoebe's Home, Family Promise, Project Unity, the Lincoln Center, and the African American Museum were seen as organizations that lead local collaborative efforts. The Texas A&M Health Science Center was also seen as a local entity that leads collaborative efforts amongst local health care providers. Community events that were dependent upon coordination by local partners included the 4<sup>th</sup> of July celebration at the George Bush Presidential Library, the Big Event, the Senior Expo and National Night Out. Local media outlets were also considered as facilitators of collaborative events such as the Food for Families Food Drive sponsored by KBTX as well as fundraisers and promotion of community events by Radio Alegria.

### *Advice on How to Work in the Community*

Participants advised that organizations should first and foremost get to know the residents of the community and not just cater to Texas A&M faculty and students. Groups should be sensitive to different cultures and learn how to best support and work with all ages from children to seniors. Be able to communicate clearly and articulately with various audiences including Spanish speakers. (La Voz Hispana and Radio Alegria were mentioned as methods for outreach to Latino communities). Residents urge organizations to have an open mind and embrace the diversity of the community and note that they should work with existing partnerships and form alliances to leverage resources.

### **Burleson County**

#### *Community Description*

Somerville and Caldwell residents consider their communities rural, peaceful, safe, bedroom communities to Bryan-College Station. The Somerville area is seen as a retirement community which thrives on tourists visiting Lake Somerville. Community discussion group participants in both communities feel that residents are strong in their faith, generous, compassionate, caring, and friendly. The county is close knit and there is a tremendous amount of community pride among residents. Agriculture and industry are perceived to be the foundation of the local economy.

#### *Community Issues*

Lack of jobs; limited public transportation options; poorly maintained city streets; limited availability of primary and specialty care providers; a need for affordable housing; and the lack of social activities and elder care for seniors were primary community concerns. Other issues specific to Somerville included infrastructure issues such as poor drainage in neighborhoods; aging school facilities; the need for a nursing home; a desire for more youth summer programs; and the lack of local professionals such as carpenters, plumbers, and painters. The lack of local physicians was noted as a longstanding concern. Issues noted by Caldwell group participants also included expansion of class separation; increased incidence of domestic violence; alcoholism/substance abuse; crime; homelessness; uninsured residents; lack of awareness of community issues; little knowledge about available services; and maintaining and expanding the local volunteer base.

#### *Community Resources*

Residents in both communities stated that they were fortunate to have so many local resources in their community. People, community agencies and non-profit organizations, local businesses, and churches were the most commonly mentioned resources. Both communities acknowledged that county and city elected officials and staff were excellent leaders who continuously sought opportunities to improve and promote the cities and the county. Lake Somerville was noted as a major asset as well as city parks. Local residents whose families had lived in the area for generations were considered particularly generous in donating their time and investing financial resources back into the community. Churches and the ministerial alliance were repeatedly mentioned as key resources. Specific organizations such as Somerville Area Assistance Ministries, the local senior centers, the Burleson Health Resource Center, Celebrate Recovery, the Somerville Parks Association were also often noted in the discussion as well as Burleson CHI St. Joseph Health Center, HealthPoint, and the Burleson County Hospital District. Locally owned businesses, the chambers of commerce, the Army Corp of Engineers that manage Lake Somerville, and local schools were brought up as valuable community entities.

### *Community Collaboration*

Discussion groups provided several examples of community collaboration that have occurred in times of crisis; in the coordination and provision of health and social services; and in the planning and hosting of community activities. In Somerville, local businesses provided bottled water and churches served meals to those displaced by a hurricane. Churches in Caldwell offered facility space to hold classes when the school temporarily shut down due to mold issues. Local non-profits and publicly funded agencies regularly come together through the Community Resource Coordinating Group (CRCG) and the Child Protection Board to coordinate care for shared clients and vulnerable populations. The Burleson Health Resource Centers are also seen as a collaborative effort of multiple local and regional service providers. Coordinated emergency response efforts were highlighted as a successful collaboration in both Somerville and Caldwell. Residents also gave an example of a recent community event, National Night Out, which was the result of several months of community planning and coordination.

### *Advice on How to Work in Communities*

Residents emphasized that people or organizations who want to work in the community should spend time in the community, “be physically present”, meet with people “face to face”, and be accessible. “Ask us what we want; do not tell us what we need.” Organizations should involve the community in their efforts as well as recruit and train volunteers and join the interagency CRCG group. Residents suggested that organizations work with the cities and county leadership and also “know your lane” and beware of mission creep – do not try to do what others are already doing. Furthermore, CDG participants urge that organizations stay within their original organizational mission.

## **Grimes County**

### *Community Description*

Community discussion group participants consider residents of Grimes County to be friendly, welcoming, helpful, and generous. The county is growing but is still described as rural, peaceful place to live with communities spread out across the area.

### *Community Issues*

The primary community issues noted by participants included lack of public transportation options, challenges with accessing primary and specialty care, unemployment, the need for more youth activities, poor maintenance of publicly subsidized and rental housing, local infrastructure and environmental problems, and concerns about local school leadership and quality of education. Participants appreciated the free transportation provided by Grimes Health Resource Center vans traveling to county destinations and to Bryan-College Station. However, they stated that additional, inexpensive, public transportation options were needed both for trips outside the Brazos Valley and to outside destinations, like Houston, where many residents must travel for specialty care.

Participants listed access to care challenges at local clinics, the lack of local physicians practicing at local clinics, and the unavailability of local clinics in some parts of the county as major concerns. Several participants stated that local clinics required multiple visits before seeing a patient to address their actual health care needs with co-pays being required each visit, even if care was not provided at a visit. Long wait times for appointments was also brought up in regard to health care issues. Many participants felt like they were not receiving quality care because clinics employed mid-level providers rather than physicians. Moreover, some suggested that financial incentives were needed to attract and retain physicians. Still others were unhappy with the lack of specialists, e.g. cardiologists, willing to provide care within the community. Furthermore, health care services are mostly provided in Navasota, with no clinics providing care in Bedias and Anderson. A helipad in Bedias was a specific resource needed in that community. The

perceived rate of uninsured individuals was considered high and participants also suggested that more medical volunteers were needed to meet the health care demands in the community.

A majority of participants stated that more activities for youth were a significant community need. Although some acknowledged a few youth programs in the community, others said that most of the youth activities were costs prohibitive for families.

The lack of quality and well maintained housing was mentioned frequently. Residents of public and subsidized housing felt like owners did not make an effort to maintain safe, healthy housing. They encouraged more timely and routine inspections of these dwellings. Complaints of mold and flooding were prevalent among one groups. Other participants suggested that more affordable housing was a need for local senior citizens.

Poor street conditions inside the city limits of Navasota and outside the city were a top issue as well as the disposal of large items and recyclables seen strewn throughout the county. Disposal of major appliances was a huge concern as residents often observe old refrigerators and microwaves abandoned in the ditches near local roads. Potholes were the most often cited road concern and the lack of street lighting was also considered a pressing community issue.

Parents expressed unhappiness with local public schools, particularly with the schools' emphasis on athletics rather than education. Parents felt that students were not challenged enough as evident by the lack of homework required. Other concerns are that school is often perceived as nothing more than a daycare for younger students.

Less repeated community issues included the need for more retail options, resources for immigrants, better communication related to promoting local services, challenges with recruiting volunteers and the availability of more local jobs.

#### *Community Resources*

Residents provided a long list of community resources that included churches, state and local agencies and organizations, health care facilities and services, community parks, public facilities, local leaders, and media. Churches provide information and referrals to social supportive service as well as provide resources to those in need. State and local resources that were recognized by participants included the Texas Department of Agriculture, (the rural field office is located in Bedais); AgriLife Extension, 4H, Grimes Health Resource Center, 2-1-1, the Senior Meals Program, local food pantries, the Farmer's Market, and the Resale Shop. Grimes CHI St. Joseph Health Center, Health for All, and local EMS were noted as health resources. Local parks and public facilities such as the Grimes County Fairgrounds and the Navasota Airport were all mentioned as well as public services provided by volunteer fire departments and the City of Navasota. Available youth activities offered through Boy Scouts, Girl Scouts, Young Life, and local sports associations were also highlighted. City and county leaders were repeatedly named as significant community assets. Finally, the Navasota Examiner, the local radio station, and the Community Newsletter of Bedias were all considered important resources.

#### *Community Collaboration*

In the past, the community has come together to address a crisis or other community issue, develop a community plan, fundraise, and to coordinate volunteer activities. First responders from different jurisdictions routinely come together to take care of victims of natural disaster or highway accidents. The county and the cities recently completed a joint strategic plan which they are committed to implementing across the county. Churches collaborate often as do civic clubs and other organizations in order to take

care of community needs. Crime Stoppers, Red Cross, and local food pantries were identified as successful collaborative efforts. The City of Navasota was also cited as a coordinator of local volunteers.

#### *Advice on How to Work in Communities*

Participants in both discussion groups said that individuals and/or groups that wanted to work in the community should become involved in the community. Residents suggested that groups should partner with local schools and include a focus on the youth population. Also suggested was that individuals ask how they can be involved and how to help. Discussion group participants urge people trying to work in the community to be proactive and meet with community leaders such as the mayors and chamber members, and the Grimes Health Resource Center director. It is important for groups and/or individuals to make sure that people know what you are doing by hosting focus groups, for both English and Spanish speaking residents, to gain feedback on local issues.

### **Leon County**

#### *Community Description*

Leon County residents describe the community as peaceful, slow paced, close knit, safe, and family oriented. The people who live there are friendly, caring, generous, helpful, and prayerful. The area is centrally located near I-45 and the weather is generally mild, making it a haven for retirees.

#### *Community Issues*

Participants cited the need for public transportation and improved roads, recreational activities for youth and young adults, affordable grocery stores, nursing homes/assisted living facilities, affordable housing, and a local hospital as the most pressing community issues. Both discussion groups were particularly concerned with the lack of nursing homes, assisted living facilities, and retirement housing as families had to place loved ones in facilities an hour or more away from their hometown, friends, and families. Another critical issue mentioned in both groups was the need for a local hospital. A critical hospital is located 20 miles away in Madisonville while the closest large hospitals are in Palestine and Bryan, which are over 50 and 70 miles from parts of Leon County. Also, a lack of local physicians is frustrating for local residents, who either have to travel outside the county or see one of the physicians who travel to town two to three days per week. Public transportation is limited in Centerville, while the rest of the county is said to have no public transportation. Many roads in the local cities are in need of repair as well. The only recreational activities available for youth are primarily team sports offered through the school or organized in the summer, so there is a need for more youth activities. Additionally, more recreational and entertainment options are desired for young adults. Residents emphasized the need for an affordable grocery store in the county, as the few that are available are too expensive. Affordable housing, including multi-family rentals and single family home are needed throughout the county. Lastly, participants stated that the downturn in the oil and gas industry had a profound effect on the community with many people being laid off from their jobs. This compounded the fact that the local area already suffered from a lack of jobs, contributing to an increasing concern about poverty.

Leon County CDG participants also spoke about the challenges of finding and keeping community volunteers and of problems with communication between and among providers as well as with the public at-large.

#### *Community Resources*

Churches, city police departments, social service agencies, local businesses, community leaders, and public facilities were all considered key community resources. Similar to other Brazos Valley communities, participants were quick to name local churches as a critical resource. Churches were seen as a source of donations supporting various individual and community needs. Participants spoke appreciatively of the

Buffalo and Centerville police departments. Health and social services offered through HealthPoint, Mental Health and Mental Retardation Authority of the Brazos Valley, the Leon Health Resource Center, the Centerville Senior Center, public housing programs, Leon County Social Services Program, and the area's five food pantries were listed as assets. County leaders, first responders, and community volunteers were mentioned often as valuable resources. The library and area community centers were added to the resources list as well as community support provided by local business.

#### *Community Collaboration*

Participants stated that the community comes together often in times of need. Community members cited the local response in helping victims of past hurricanes who traveled through or briefly took respite in Leon County. Community members also came together to organize local emergency services district to ensure that EMS was available across the county. Churches were noted as primary facilitators of collaborative local activities. The county judge also coordinates many community efforts in Leon County and the local economic development corporations were also mentioned as an example of collaborators.

#### *Advice on How to Work in Communities*

Most participants advised that those wanting to address local issues should first meet with key leaders such as the county judge, mayors, the chambers of commerce, and the Leon Health Resource Center staff. Groups working in the county should communicate what they are doing through Facebook, flyers posted in buildings, public service announcements on Madisonville and Fairfield radio stations, and Waco and Bryan news stations.

### **Madison County**

#### *Community Description*

Community discussion group participants described Madison County as a small, rural community made up of honest, hard-working, generous, caring, and supportive people. Being a small community, it is fairly close-knit and united as well. There is also a growing population of immigrants from Mexico and Honduras.

#### *Community Issues*

Participants cited lack of public transportation, poor road conditions, the shortage of local jobs, need for a public pool, lack of affordable food, the desire for more youth activities, better access to health care, the unavailability of local job training and adult education, the need for temporary housing, and financial assistance as primary concerns. Participants noted that the Madison Health Resource Center offered free transportation in town and to Bryan-College Station but additional affordable transportation was needed to travel to Bryan. Potholes were stated to be a problem within and outside city limits. Even when roads are repaired, heavy rains wash away the temporary fixes leaving potholes again.

Residents expressed frustration over the need for more local jobs and job training. No job training is locally offered leaving many residents no option but to travel or move from Madisonville to learn new job skills. Relatedly, participants felt like more adult education, including college courses, should be locally offered. The adult education classes that are locally available are offered at times when many adults are not able to attend.

The need for more youth activities was mentioned multiple times as an issue. Although public parks were a resource identified by participants, the need for a local, public swimming pool where kids can learn to swim was mentioned multiple times. Although there are some youth activities available, some are very costly and unaffordable for families. One example given was the local youth basketball league which is required to charge a high registration rate due to the high cost of renting the school gymnasiums. Also, there are no local entertainment venues for kids, such as movie theatres.

Participants in each discussion group underscored the need for affordable grocery stores and the desire for additional retail options. The local grocery store is too expensive, especially for those on a fixed income. There is a limited availability of fresh fruit, leaving little or no access to quality healthy food. Residents also decried the fact that there are few retail options for clothing and household items.

While there are available primary care clinics in the community, participants were often discouraged by the challenges presented when trying to access care at the clinics. Long wait times, sometimes weeks or even months, were a particular source of frustration. Residents were also displeased with the fact that most clinics do not have physicians on staff but rather mid-level providers who are perceived as not having the same expertise as a physician. Female participants cited the lack of women's and children's specialty care as an issue. There are no local gynecologists or obstetricians and women must travel to Huntsville or Bryan to deliver their babies. Pediatricians are not available locally nor are child psychologists. (However, the school district does have a child psychologist on campus once a week as noted by one participant.) Local dentists and optometrists are also needed. Other issues included the need for bilingual staff and providers as well as a clinic that will see people without a social security number and those without the ability to pay for care.

Concerns around financial stability were also voiced by participants, including the need for temporary shelter and support for paying bills in times of personal crisis. Related issues included in this category are the need for quality, affordable housing and more knowledge about available housing resources.

#### *Community Resources*

Local non-profits, health care providers, churches, public facilities, law enforcement, schools, and retailers are a few of the resources participants listed. The Madison Health Resource Center, the Senior Meals Program, the Sonshine Center, and the House of Hope were considered key local resources. HealthPoint, CHI St. Joseph Hospital – Madisonville, the Huntsville Memorial Hospital Clinic and Emergency Department, and the local nursing home are appreciated as critical community benefits. Churches, as in many other communities, are a primary community resource. (The Methodist church in Madisonville was commended for their after school program.) Facilities such as libraries, senior centers, local parks, the VFW, and the fire department in North Zulch, which hosts many community activities, were confirmed as community assets. The City of Madisonville Police Department and specifically, the new chief of police, were mentioned multiple times as a valuable resource. (Several participants mentioned the police chief's commitment to the community, with one example being the National Night Out event he organized.) Participants also spoke appreciatively of the local school districts and the services they provide to the students and families. Finally, local retailers and restaurants were cited as resources.

#### *Community Collaboration*

CDG participants noted that community volunteers are the catalyst for most of the community collaboration that takes place throughout the county. The North Zulch community often comes together to fundraise and provide other types of support to those in need. Community volunteers recently worked with the Madisonville Chief of Police to organize a very successful National Night Out. Additionally, Bedias has organized volunteers on occasions to help support the community.

#### *Advice on How to Work in Communities*

Participants advised that individuals and/or groups should meet with community leaders such as the mayor, chief of police, city manager, chamber of commerce director, and the hospital administrator to figure out how to work within the community. The Madison Health Resource Center office manager was also acknowledged as an individual who people should meet with because of her knowledge about local

resources and collaborative activities. Residents also suggested that groups promote activities through Facebook, the Workforce Solutions Brazos Valley office, the library, and the North Zulch school call list.

### **Robertson County**

#### *Community Description*

Residents described the county as a quiet community with a nice environment that is family oriented and generally a good place to live. People are considered friendly, fair, and kind.

#### *Community Issues*

Participants named several pressing community issues which included lack of jobs, no local hospital, illegal drug activity/crime, poor quality police departments, local public schools, lack of local retail, entertainment, and youth activities, and need for affordable groceries. Additional concerns included the need for a senior center in Hearne, public transportation, maintenance on local infrastructure and elimination of substandard housing, and more educational opportunities. The availability of local jobs was of primary concern to most participants who noted that many have to travel outside the county for work.

Residents were repeatedly vocal about the need for a local hospital. While local health care providers were considered a resource, the lack of a local hospital was a chief concern for those who had to travel to 30-40 minutes to a Bryan hospital or to a Marlin or Waco hospital for acute and emergency care.

Crime appears to be a growing issue, especially illegal drug activity and domestic disturbances. Relatedly, participants in each discussion group noted local city police departments as employing officers that were not able to secure jobs in larger communities, creating a perception of having a less experienced and less qualified police force. (The county sheriff's office was seen as a resource, however.) Another issue associated with local police forces was the perception that officers did not treat all races and ethnic groups equitably.

Both residents with children currently attending local schools and those who did not have school children mentioned that local schools were challenging to deal with on most occasions. School administrators were a source of frustration as were some teachers who participants felt were not quality teachers. Parents especially expressed disappointment with trying to work with schools to address issues such as student discipline, inappropriate teacher attitudes when dealing with students, and the high teacher turnover rates. In light of these issues, participants felt like local school districts were working hard to improve the school environment.

The lack of affordable grocery stores, retail, entertainment, and youth activities were also big issues for Robertson County residents. Grocery stores with affordable, healthy food is especially desired. More retail options, restaurants, and entertainment, such as a movie theatre, were also very much wanted by local residents who mostly travel to Bryan-College Station to access these amenities. Also, the need for more local and inexpensive youth activities was repeatedly stated as a need. Seniors would also like to see a senior center built in Hearne.

Issues around housing, utilities and public infrastructure were prevalent. The need for more affordable housing across the county was noted. High residential utility costs were seen as a significant issue as well. Numerous potholes in city streets, standing water, and dilapidated or substandard housing were specific infrastructure issues that were voiced.

Lastly, some participants voiced concern over the lack of information being disseminated to all residents and the negative perceptions of Robertson County that continue to exist. Most participants feel uninformed

about local governmental decisions made and about available community resources. Others felt as if the community should do more to change the negative perception of Robertson County, especially how the City of Hearne is perceived in local media, which affects how residents begin to feel about their community. One participant noted that “no one focuses on the positive aspects of Hearne.”

#### *Community Resources*

CDG participants recognized local churches, city parks, non-profit social services organizations, local leaders, health care facilities, schools, and community leaders as primary community resources. Churches were mentioned most often, with many examples of collaboration provided. City parks in general and the Eastside and West Side parks in Hearne were specifically named as valuable community assets. Public libraries and local fire stations were also added to the list. Non-profit organizations and public agencies such as the Women, Infants, and Children (WIC) Program, food pantries in Hearne and Calvert, the Health and Human Services Office and Workforce Solutions Brazos Valley, and the GED classes offered there, were appreciated by participants. Participants included health care services provided by CHI St. Joseph Express and HealthPoint and the care provided at the nursing home in Hearne as resources. While some participants listed local public schools as an issue, others felt like new administrators were working to improve schools. Additionally, school coaches were considered a significant resource in serving as mentors for young men. Participants also praised their county law enforcement. Though the lack of retail was considered an issue, residents cited several local retail establishments as resources.

#### *Community Collaboration*

Participants noted that many of the local collaborative efforts happen through churches, governmental entities, and informal community leaders. Examples of collaboration include clothing drives and fundraisers to support residents dealing with a family crisis. The community collectively prays and provides support for families who have experienced tragic losses. Local response to emergency situations is another example of collaboration amongst first responders and neighbors. In the summer, local churches coordinate Vacation Bible School, scheduling the event sequentially so that local kids have a safe, supportive activity to participate in most of the summer. Local officials also work together to plan and hold community events at local parks.

#### *Advice on How to Work in Communities*

Robertson County discussion group participants advised individuals and groups wanting to work to address community issues to partner with local mayors and county government, but communicate your intent to all residents in the area and gain a consensus to support your work. To promote these efforts, communicate through local newspapers, Facebook, direct mail, and in face-to-face meetings with residents.

### **Washington County**

#### *Community Description*

Discussion group participants described the community as safe, family oriented, historic, and centrally located between Houston and Austin. It was further noted that Brenham is a college town, as it is where Blinn College is headquartered. Residents are described as friendly, open minded, respectful, and charitable.

#### *Community Issues*

CDG participants considered the lack of public transportation, limitations with receiving health care locally, and the need for more youth activities as major community issues. Both discussion groups stated that public transportation services were especially needed for the elderly population. Specialty care, particularly gerontologists, are not available in Brenham. Other participants noted that some local

physicians do not admit patients to the local hospital but rather to a College Station hospital which is burdensome to both the patient and their families. The need for more affordable and/or free after school and summer youth programs were presented as an issue for parents. Although the community offers some youth activities through Faith Mission and Mission Brenham, parents stated that many of the recreational sports leagues are cost prohibitive, especially for parents who wish to enroll multiple children in these activities. Other concerns mentioned were the lack of jobs, the need for a trade school, crime, affordable housing poor infrastructure such as roads with several potholes and poor drainage when the community receives heavy rain, and the need for improved communication and coordination among service providers and with the public.

#### *Community Resources*

Faith Mission, the local churches, private businesses, Blinn College, and first responders were listed as top community resources. Many discussion group participants pointed to Faith Mission as the most comprehensive support system for community members in need. Faith Mission has multiple locations in Brenham, operating a free clinic, behavioral health counseling, and the Medication Assistance Program in one location. Participants stated that Faith Mission also provides tutoring and youth mentoring activities. The Boys and Girls Club was mentioned as a youth resource as well. Mission Brenham was considered a youth resource, too, because of the six week summer program and after school tutoring they offer. Private businesses such as HEB and Brenham National Bank were noted for their donations to various community non-profits. Blue Bell was appreciated for their support of the Aquatic Center which allows for rehab patients to use the pool at no charge. Both the police force and the fire department were stated as resources in both discussion groups. Residents named Blinn College as a significant local resource, as an employer and an educational institution. Participants also listed health care facilities as a local asset, acknowledging the variety of health systems serving the area. Finally, the people suggested that the availability of local job training was an important benefit.

#### *Community Collaboration*

Participants felt like most local collaboration occurred between the churches and through Faith Mission. Another example given was the free clinic housed at the Washington County Faith Mission Health and Service Center. Participants noted that local doctors volunteer their time at the clinic which is a collaboration between Baylor Scott and White Hospital – Brenham, Faith Mission, and the county. Residents also come together to provide support to those in need.

#### *Advice on How to Work in Communities*

Residents stated that people or organizations who want to work in their communities should learn more about the community first, getting to know people and finding out more about existing collaborations. Many suggested meeting with the local chamber and with Faith Mission. The discussion group participants underscored the need to communicate with the community through the local radio station's Country Store, the Brenham Banner Press, Facebook, flyers, schools, the senior center, and word of mouth. Finally, the participants advised people to invest in the community, be honest, and work hard.

## APPENDIX 1: TABLE DATA SOURCES

Table	Source
<b>Table 1. 2010-2014 Population Estimates of Counties in the Greater Brazos Valley</b>	American FactFinder, 2010-2014 American Community Survey Five-Year Estimates
<b>Table 2. Median Age and Percent Female Population of Counties in the Greater Brazos Valley</b>	County Health Rankings
<b>Table 3. Age Group Distribution for Counties in the Greater Brazos Valley</b>	American FactFinder, 2010-2014 American Community Survey Five-Year Estimates
<b>Table 4. Racial and Ethnic Distributions within the Counties of the Greater Brazos Valley</b>	American FactFinder, 2010-2014 American Community Survey Five-Year Estimates
<b>Table 5. Estimated Population in 2020 for Counties in the Greater Brazos Valley</b>	U.S. Census Bureau, 2014 National Population Projections
<b>Table 6. Household Composition for Counties in the Greater Brazos Valley</b>	American FactFinder, 2010-2014 American Community Survey Five-Year Estimates
<b>Table 7. Educational Attainment for Counties in the Greater Brazos Valley</b>	
<b>Table 8. Unemployment, Home Ownership and Income Characteristics of Counties in the Greater Brazos Valley</b>	American FactFinder, 2010-2014 American Community Survey Five-Year Estimates
<b>Table 9. Selected Mortality-related Community Health Status Indicators for Counties in the Greater Brazos Valley</b>	Community Health Status Indicators, CDC
<b>Table 10. Selected Morbidity-related Community Health Status Indicators for Counties in the Greater Brazos Valley</b>	Community Health Status Indicators, CDC
<b>Table 11. Overall Self-Reported Health Status for Residents of Counties in the Greater Brazos Valley</b>	2013 Brazos Valley Health Survey; 2014 Austin County Health Survey
<b>Table 12. Selected Risk Factors for Major Chronic Diseases for Counties in the Greater Brazos Valley</b>	County Health Rankings
<b>Table 13. Alcohol Consumption and Motor Vehicle Deaths</b>	Community Commons
<b>Table 14. Percent of Population with No Health Insurance for Counties in the Greater Brazos Valley</b>	County Health Rankings
<b>Table 15. Primary Care Physician to Population Ratio for Counties of the Greater Brazos Valley</b>	County Health Rankings
<b>Table 16. Health Professional Shortage Area Designation</b>	<a href="http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx">http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx</a>
<b>Table 17. Dentist to Population Ratio for Counties in the Greater Brazos Valley</b>	County Health Rankings
<b>Table 18. Mental Health Specialist-to-Population Ratio for Counties in the Greater Brazos Valley</b>	Community Health Rankings
<b>Table 19. Preventive Hospital Stays for Counties in the Greater Brazos Valley</b>	County Health Rankings
<b>Table 20. Number of Potentially Preventable Hospitalizations by Payor Type</b>	Texas Department of State Health Services, Center for Health Statistics

<b>Table 21. Average Cost of Care for Potentially Preventable Hospitalizations for Counties in the Greater Brazos Valley</b>	Texas Department of State Health Services, Center for Health Statistics
<b>Table 22. Diabetic Monitoring Rates for Counties in the Greater Brazos Valley</b>	County Health Rankings
<b>Table 23. Mammography Screening Rates Among Women in Counties of the Greater Brazos Valley</b>	County Health Rankings
<b>Table 24. Social Association for Counties in the Greater Brazos Valley</b>	County Health Rankings
<b>Table 25. Severe Housing Problems Reported in Counties with in the Greater Brazos Valley</b>	County Health Rankings
<b>Table 26. Confirm Child Protective Services Victims and Investigations Among Counties in the Greater Brazos Valley</b>	Department of Family and Protective Services, 2015 Annual Report and Data Book
<b>Table 27. Low Birthweight, Teen Births and Sexually Transmitted Infections Among Counties in the Greater Brazos Valley</b>	County Health Rankings
<b>Table 28: Counts of Violent Crimes in the U.S., Texas and the Greater Brazos Valley</b>	FBI Violent Crime Report and Texas Department of Public Safety
<b>Table 29. Counts of Violent Crime for the Greater Brazos Valley</b>	County Health Rankings
<b>Table 30. Counts of Violent Criminal Acts, Austin County</b>	Texas Department of Public Safety
<b>Table 31. Counts of Violent Criminal Acts, Brazos County</b>	Texas Department of Public Safety
<b>Table 32. Counts of Violent Criminal Acts, Burleson County</b>	Texas Department of Public Safety
<b>Table 33. Counts of Violent Criminal Acts, Grimes County</b>	Texas Department of Public Safety
<b>Table 34. Counts of Violent Criminal Acts, Leon County</b>	Texas Department of Public Safety
<b>Table 35. Counts of Violent Criminal Acts, Madison County</b>	Texas Department of Public Safety
<b>Table 36. Counts of Violent Criminal Acts, Robertson County</b>	Texas Department of Public Safety
<b>Table 37. Counts of Violent Criminal Acts, Washington County</b>	Texas Department of Public Safety
<b>Table 38. Community Discussion Group Types by Counties in the Greater Brazos Valley</b>	2016 Brazos Valley Health Status Assessment
<b>Table 39. Major Health Concerns from Greater Brazos Valley Community Discussion Group Participants</b>	Greater Brazos Valley 2016 Assessment Community Discussion Group Participants

## APPENDIX 2: BRAZOS VALLEY HEALTH COALITION - MEMBER ORGANIZATIONS

---

- Aggieland Pregnancy Center
- Amigos del Valle de Brazos
- B/CS Chamber of Commerce
- Baylor Scott & White
- Blinn College
- Boys and Girls Club
- Brazos County Health Department
- Brazos Valley Council of Governments
- Brazos Valley Council on Alcohol & Substance Abuse
- Bryan HeadStart
- Bryan Independent School District
- Bryan Parks & Recreation
- Bryan Police Department
- Brazos Valley Center for Independent Living
- BV Food Bank
- Catholic Charities
- CHI-St. Joseph Health
- City of Bryan Community Development
- City of Bryan-Wellness Coordinator
- College Station HeadStart
- College Station Independent School District
- College Station Medical Center
- City of College Station Parks and Recreation
- City of College Station Police Department
- Early Childhood Intervention
- Faith Advisory Network
- Health For All
- HealthPoint
- Hope Pregnancy Center
- Lincoln Center
- Meals on Wheels
- MHMR Authority of Brazos Valley
- Neal Recreation Center
- The Prenatal Clinic
- Project Unity
- Scotty's House
- Sexual Assault Resource Center
- Single Moms Created 4 Change
- St. Teresa's Catholic Church
- Texas A&M Telehealth Counseling Clinic
- Texas A&M AgriLife Extension
- Texas A&M Evidence Based Programs
- Texas A&M Physicians
- Texas A&M School of Public Health
- Twin City Mission
- United Way of the Brazos Valley
- Women, Infants, and Children (WIC) Program
- Workforce Solutions
- YMCA