
**RHP 17 REGIONAL
HEALTH ASSESSMENT
2013**

**SUPPLEMENTAL REPORT:
BURLESON COUNTY**

PREPARED BY:

CENTER FOR COMMUNITY HEALTH DEVELOPMENT

TEXAS A&M HEALTH SCIENCE CENTER

SCHOOL OF RURAL PUBLIC HEALTH

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RHP 17 REGIONAL HEALTH ASSESSMENT

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INTRODUCTION

The 2013 Regional Health Assessment, conducted by the Center for Community Health Development (CCHD) at the Texas A&M Health Science Center School of Rural Public Health (SRPH), covers the nine-county region of south-central Texas consisting of Brazos, Burleson, Grimes, Leon, Madison, Montgomery, Robertson, Walker, and Washington Counties. The *Executive Report* provides comprehensive descriptions of methodology, as well as regional findings. The supplemental reports are intended to provide specific regional and county-level data.

This report presents the health status assessment findings for Burleson County. Most data and comparisons given will be compared to the Brazos Valley region (the seven counties comprising the Brazos Valley), the state, or the nation. For specific regional-level data, please refer to the regional *Executive Report*. Unless otherwise noted, the data presented are for Burleson County respondents.

FINDINGS

Community Discussion Groups

Six community discussion groups (CDGs) were conducted in Burleson County with 84 total participants. Those participating represented the diversity of the county's population; attendees were 42.9 percent male and 57.1 percent female, and 76.2 percent White/Caucasian, 9.5 percent Black/African American, and 14.3 percent Hispanic/Latino. These discussion groups were conducted from February through April 2013. Four audiences were targeted to attend these open meetings to provide a forum for community members to discuss various issues, challenges, and resources in their community related to health: key community leaders, health care providers, social service providers, and the general public (i.e., residents) of Burleson County. Discussion groups were held at several donated locations throughout Burleson County, including:

- Burleson Health Resource Center,

- Burleson St. Joseph Health Center,
- Elizabeth Lutheran Church, and
- Somerville Senior Center.

Community

Residents of Burleson County described their community as having a small, close-knit, and friendly atmosphere. Participants in the community discussion groups said that the community's close proximity to larger towns allows residents to enjoy their amenities and is a prime location in the state. The location has helped the county grow into a place for retirees who want to escape the city and retreat to a small town. While the community is seeing an influx of retirees, there are also multigenerational family structures that have deep-rooted history in the community.

Participants explained that there are three distinct communities within the county: Snook, Somerville, and Caldwell. Each of the communities is self-contained and provides support in the wake of tragedy or crisis, or whenever an opportunity to help arises. The communities come together and are either led by community members or the local churches. The communities were described as having a strong faith-base and good leadership throughout the county.

Community Issues & Challenges

Numerous community issues were discussed, but a recurring issue across all discussion groups was the lack of access to health care. Participants said that insurance coverage limits the services that can be provided to individuals in the community. Residents also explained that the need for mental health services has grown, but there are no affordable options for individuals who need the services. Furthermore, while there are dentists who have local offices in the county, residents tend to get most of their medical care in Bryan/College Station and therefore do not access local services. Residents feel that there is limited access to the local health clinic in Somerville because the clinic is staffed by a physician assistant rather than a medical doctor.

Many participants stated that they had to leave the county to access health care, and they mentioned that a barrier to accessing services was the lack of public transportation. Residents typically use informal means of transportation to get to their desired service location, but these methods often charge and often times are not affordable. This dependence on unreliable and informal transportation networks also makes it hard for residents to get to work or for the county to attract new businesses to the area.

The present state of the economy in Burleson County also poses a challenge for some residents. The lack of local job opportunities makes it hard to keep families in Burleson County, and residents are forced to travel outside of the county for work. With the existing transportation challenges, this makes it expensive to travel and decreases take-home income. Participants

also mentioned aging community infrastructure, such as county roads, as further affecting local conditions.

Communication in Burleson County is difficult because there are limited media sources in the area, with the local weekly newspaper being the primary outlet. Residents are often not aware of the resources available in the county due to this communication barrier, and this makes it difficult to know what is going on or services are available.

Another growing community issue identified by discussion group participants was the rise in both illegal and prescription medication substance abuse among residents. Other health disparities that concern residents include obesity and diabetes.

Resources

Throughout Burleson County, discussion group participants were proud to describe the resources in the community. Frequently mentioned key resources included the Burleson County Hospital District, Burleson St. Joseph Health Center, the Burleson Health Resource Commission, the Senior Center in Somerville, and local emergency personnel. Residents repeatedly mentioned that the transportation program at the Burleson Health Resource Center was a great asset to the community.

Strong community organizations are also valued resources to the residents of Burleson County. Participants identified local civic organizations such as the Lion's Club, Masons, and Rotary Club as resources in the community. Churches, the Ministerial Alliance, and faith-based charities also provide support and assistance to members of the community. Participants further noted that churches provide an informal support network, especially for older adults in the county who rely on the church for support and information. Informal networks created by residents have become a resource for the dissemination of information within the community.

Social service providers such as Somerville Area Assistance Ministries House, Community Emergency Response Teams, Brazos Valley Area Agency on Aging, Mental Health, Mental Retardation of the Brazos Valley, Services to At-Risk Youth, Twin City Missions, Project Unity, and Madison County Community Resource Coordination Group members were listed as vital resources to the community. The collaboration among these providers is evident throughout the county, especially through the services offered at the Burleson Health Resource Center. Participants further acknowledged that volunteers around the county are a valued resource. Burleson County's proximity to Bryan/College Station, Texas A&M University, and Blinn College provides access to more resources for residents and allows for collaboration on local projects.

Throughout every discussion group, participants explained that local businesses throughout the community were a great resource. Through the leadership of the Chamber of Commerce, businesses in the area are willing to give to local causes and help residents in the community. Participants were very vocal in acknowledging county and city leadership as a resource as well. They feel that their community leaders want to provide the best quality of life for residents,

and that these leaders truly care about community members. Law enforcement, fire departments, and EMS were cited as good resources in the community as well.

Household Survey

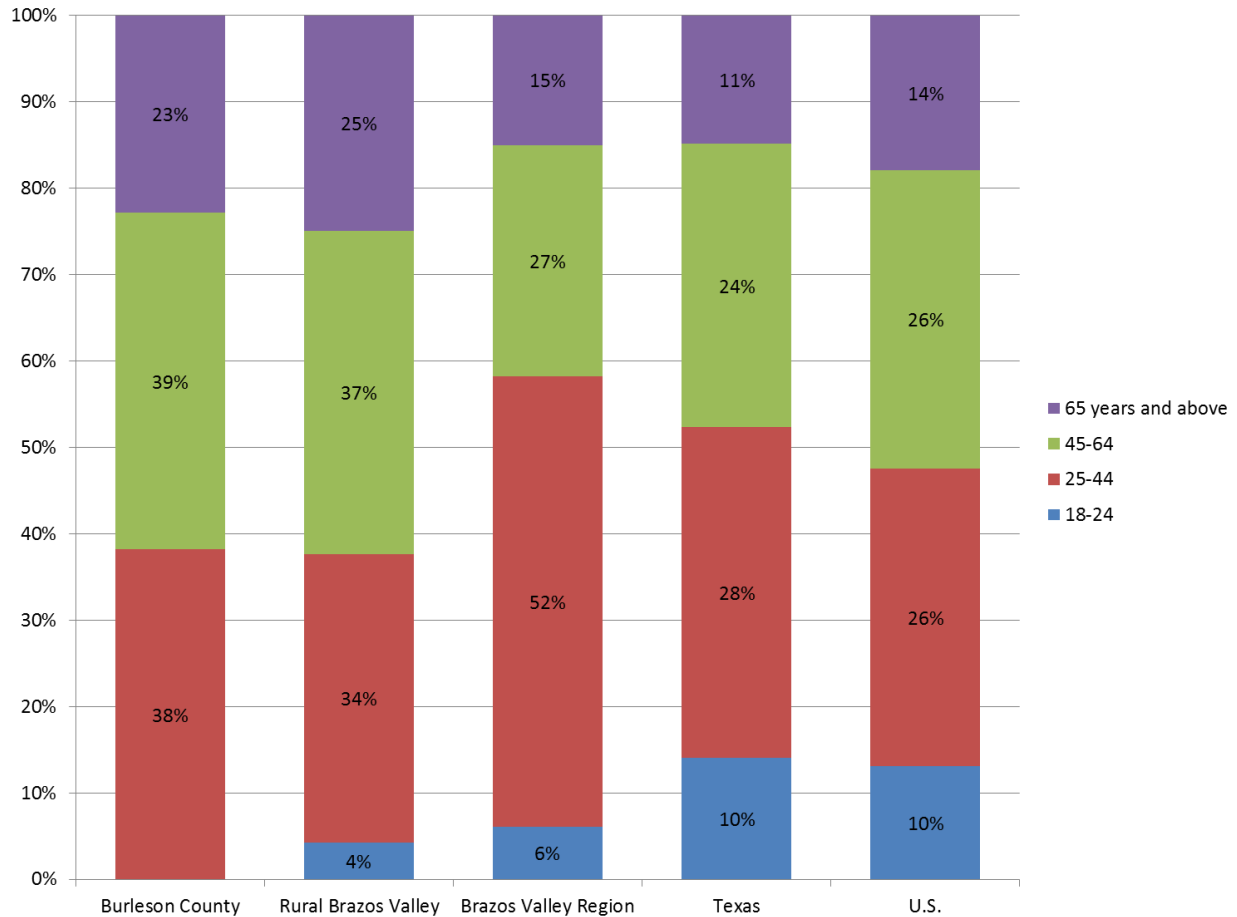
The household survey was developed and pilot tested by the Survey Committee (see Regional Report for more details). As typical in survey research, those who actually responded to the survey disproportionately represented older residents, Caucasians, and those more educated and affluent. To balance some of this bias, the analysis was performed on scientifically weighted data by weighting the responses to match the age and gender distribution by county based on current Census estimates. Even with the weighting, however, we also know by comparison to the Census estimates that the current sample under-represents low-income residents. This should be considered when interpreting the results; the survey analysis likely indicates a more positive reflection of the community than actually exists. Regardless, the data provides us a useful snapshot of what residents are currently experiencing. This survey was used to collect comprehensive information regarding factors affecting health status from a random sample of RHP 17 residents, with 239 surveys completed in Burleson County. What follows are the results from those Burleson County surveys.

Demographics

Age and Gender

The mean age of survey respondents from Burleson County was 51.8 years. Compared to the region as a whole, Burleson County has a slightly older population. Figure 1 illustrates the age distribution for Burleson County compared to other rural Brazos Valley counties, the Brazos Valley region, Texas, and the U.S.

Figure 1. Age distribution of survey respondents in Burleson County, rural Brazos Valley counties, the Brazos Valley region, Texas, and U.S.¹

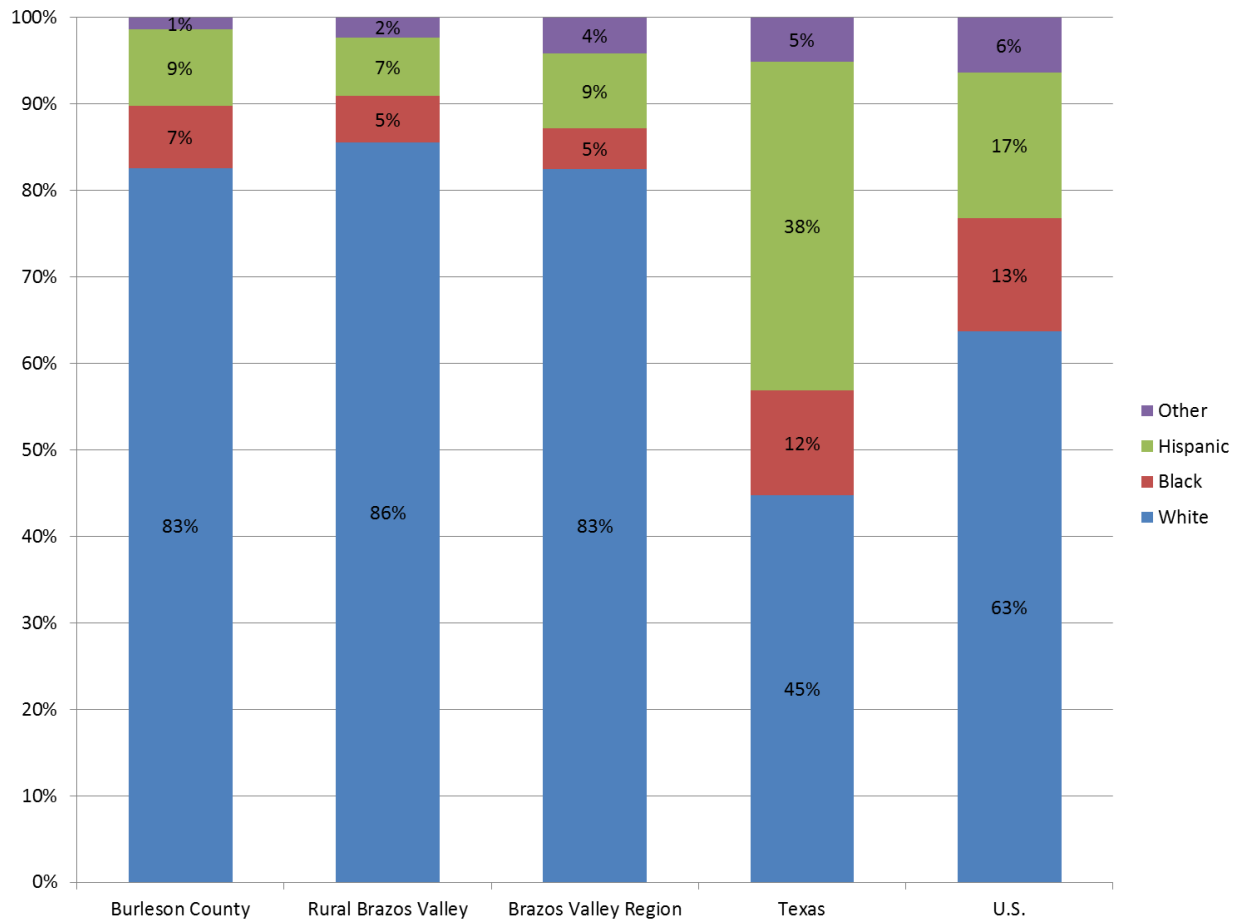


Race and Ethnicity

Survey respondents were asked to indicate the racial or ethnic group they felt best described them. A majority of Burleson County survey respondents identified themselves as White/Caucasian (82.5%), 7.2 percent indicated Black/African American, and 8.8 percent Hispanic/Latino. Comparing these figures to 2011 Census estimates indicates that minority groups are underrepresented in this survey sample. Less than two percent of respondents identified themselves as Native American, Asian or Pacific Islander, or more than one race. Figure 2 shows the racial/ethnic distribution of Burleson County survey respondents.

¹ <http://quickfacts.census.gov/qfd/states/48000.html>

Figure 2. Racial/ethnic distribution of survey respondents in Burleson County, rural Brazos Valley counties, the Brazos Valley region, Texas, and U.S.²



Marital Status

The majority of Burleson County survey respondents reported being married (77.6%); 6.7 percent reported their marital status as single (never married); 7.2 percent reported being separated or divorced; 6.3 percent were widowed; and 2.3 percent indicated they were unmarried, living with a partner. In comparison, 49.6 percent of Texas residents and 48.3 percent of U.S. residents are married; a third (31.4% in Texas and 32.5% in the U.S.) of residents are single, while 13.7 percent of Texas residents and 13.2 percent of U.S. residents are separated or divorced. The remaining proportion of residents in Texas and the U.S. are widowed (5.2% and 6%, respectively).

Household Composition

The mean household size for Burleson County survey participants was 2.5 persons. The average household size is 2.8 persons for Texas and 2.6 persons for the U.S. Among respondents, 25.5 percent reported having children less than 18 years of age living in their household. Statewide,

² <http://quickfacts.census.gov/qfd/states/48000.html>

61.1 percent of households do not have children, and nationally, 64.4 percent of households are childless.

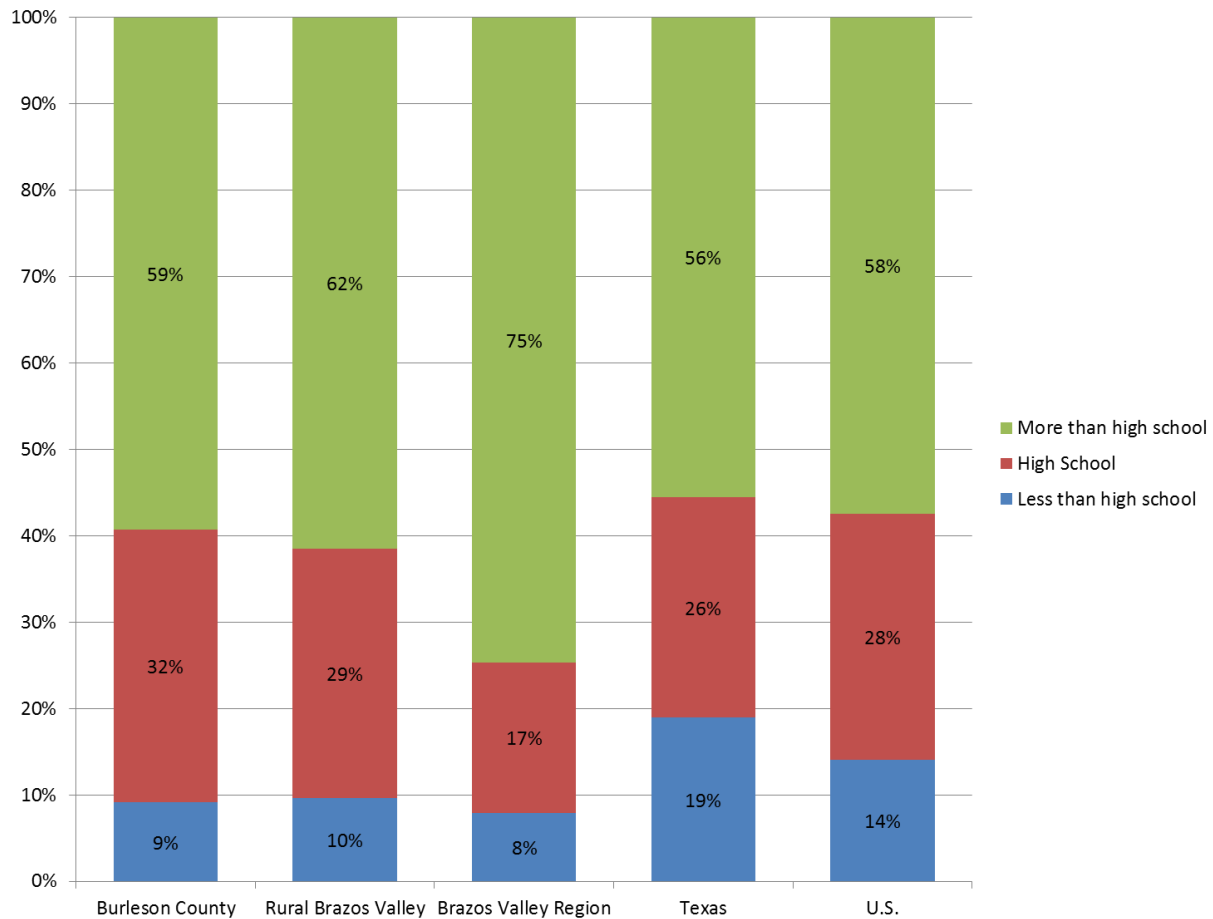
The survey also asked respondents how many people in their household earned wages that contributed to their household income. In response, 12.8 percent reported that **no one** living in the household was contributing to the household income, which reflects many of the concerns heard in the discussion groups about unemployment. About one-third of respondents said that one person contributed all of the household income (32%), 53.8 percent said two people contributed to the household income, and 1.4 percent reported three people contributed.

Education

Education is an important social factor that influences health status. The mean years of education attained for survey respondents in Burleson County is 13.7, the equivalent of a high school diploma plus over one year of college. Among survey participants, 9.1 percent reported not completing high school, while 31.6 percent received their high school diploma, and 59.3 percent proceeded to complete at least some college credit. In comparison, 19.6 percent of Texans over the age of 25 did not complete high school, and nationally, this figure is 14.6 percent³. Figure 3 presents a comparison of educational attainment for Burleson County compared to other rural Brazos Valley counties, the Brazos Valley region, Texas, and the U.S.

³ <http://quickfacts.census.gov/qfd/states/48000.html>

Figure 3. Educational attainment of survey respondents in Burleson County, rural Brazos Valley counties, the Brazos Valley region, Texas, and U.S.⁴



Employment

Among Burleson County survey respondents, 59.3 reported they were currently employed. Of those who were employed, the majority said they only had one employer (66.2%), but 28.8 percent said they had two employers, and another 1.8 percent reported three or more employers.

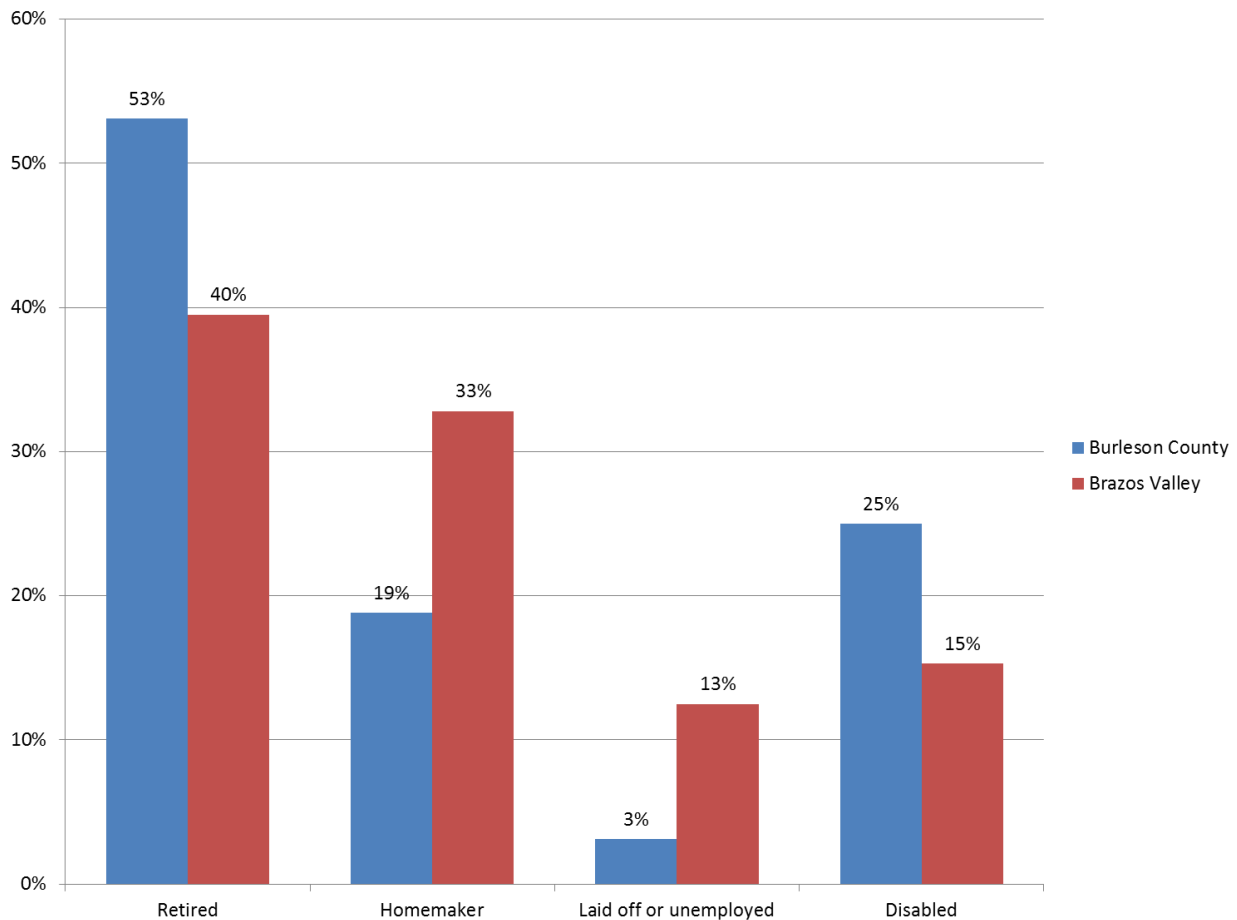
According to the U.S. Bureau of Labor Statistics, the unemployment rate for the State of Texas was 6.5 percent in May 2013. Locally, the Texas Workforce Commission reports that the unemployment rate for Burleson County in May 2013 was 6.2 percent. May 2013 rates were used to provide a more accurate comparison to the survey data, collected between February and July.

Of survey participants who reported that they were not employed, 53.1 percent were retired, 25 percent were disabled and unable to work, 18.8 percent were full-time homemakers, and

⁴ <http://quickfacts.census.gov/qfd/states/48000.html>

3.1 percent were laid off or unemployed. Compared to the region, Burleson County has the second largest proportion of the population that reported being retired and the smallest proportion that reported being laid off or unemployed. Figure 4 illustrates the responses of Burleson County residents who were not currently employed.

Figure 4. Percentage of Burleson County responses regarding work situation if not currently employed



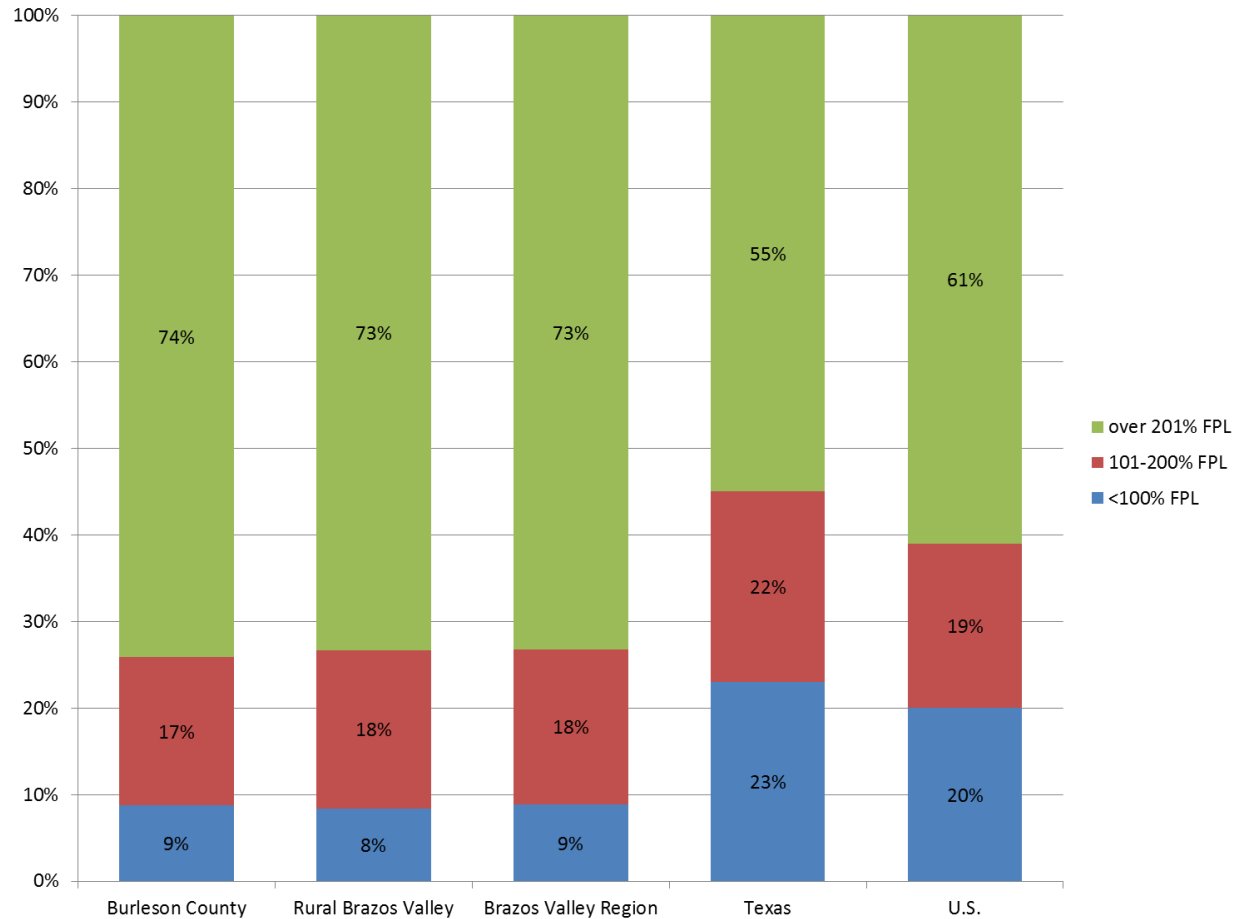
Household Income

Among survey respondents in Burleson County, the median household income was \$77,546 for 2012, which is substantially higher than census estimates for Texas (\$50,920) and the U.S. (\$52,762). This is not unusual for a sample survey, as lower income populations are often less likely to be reached or to agree to complete a survey. Again, this suggests that the community snapshot offered through the survey is likely more positive than the actual experience of many residents.

The Federal Poverty Guidelines set the federal poverty level (FPL) for 2012 at \$23,050 for a family of four. Among the survey respondents, 8.8 percent reported incomes at or below FPL, with another 17.1 percent between 101 and 200 percent FPL, which is generally considered

low-income. Figure 5 compares the poverty status for Burleson County survey respondents compared to other rural Brazos Valley counties, the Brazos Valley region, Texas, and the U.S.

Figure 5. Poverty status for survey respondents in Burleson County, rural Brazos Valley, the Brazos Valley region, Texas, and U.S.⁵



Military Service

With a growing number of veterans and their unique health needs, the survey committee thought it wise to ask about military service. Among Burleson County survey respondents, 14.7 percent reported ever having served in any branch of the United States Armed Forces, while none of those who completed the survey identified themselves as currently being active duty in the military. Of Burleson County residents who reported having served in the U.S. Armed Forces, 50.3 percent reported serving in an active duty war zone. There are 1,618,413 veterans in Texas, representing approximately six percent of the population.

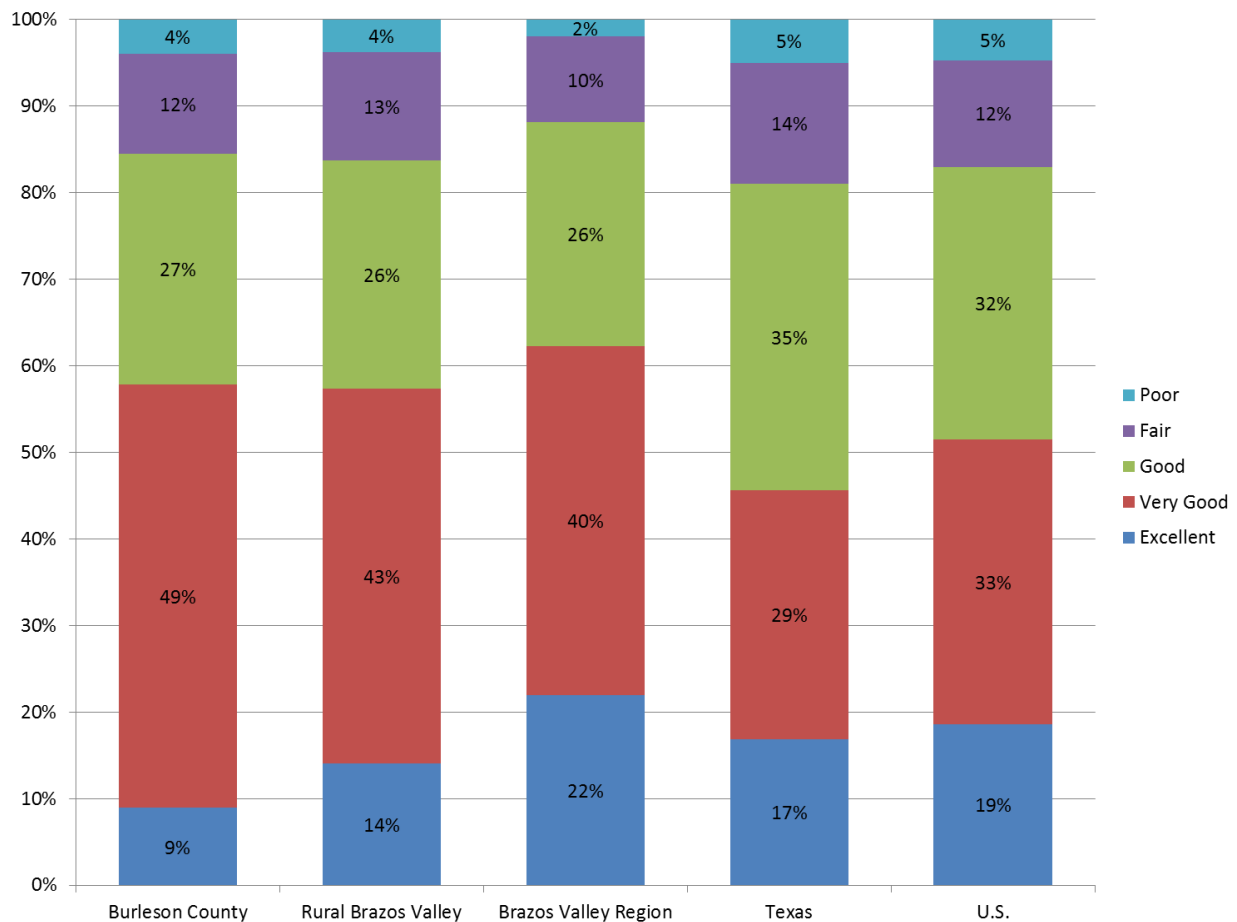
⁵ <http://quickfacts.census.gov/qfd/states/48000.html>

Health Status

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

The first question simply asked respondents to rate their health; the possible responses were *excellent*, *very good*, *good*, *fair*, and *poor*. In Burleson County, 8.9 percent of respondents indicated their health was *excellent*, and 48.9 percent said their health was *very good*. In contrast, 11.5 percent indicated their health was *fair*, and four percent said their health was *poor*. In comparison to the 2010 health assessment, the proportion reporting their health as *excellent* or *very good* is slightly higher, while the 2013 numbers for *fair* and *poor* were slightly lower compared to 2010. Figure 6 compares self-reported health status for Burleson County with the other rural Brazos Valley counties, the Brazos Valley region, Texas, and the U.S.

Figure 6. Self-reported health status in Burleson County, rural Brazos Valley counties, the Brazos Valley region, Texas, and U.S.⁶



⁶ <http://apps.nccd.cdc.gov/brfss/display.asp?cat=HS&yr=2011&qkey=8001&state=UB>

The second question asked how many days of the past 30 days was the respondent's physical health not good. Among Burleson County respondents, the mean number of poor physical health days was 6.0, which is higher than the region (3.6). One-fourth of respondents (25.4%) reported between one and five days of poor physical health in the past month. Another quarter of respondents (24.4%) indicated more than 10 days of poor physical health. In contrast, 63.3 percent of Texans reported no days of poor physical health, with a 19.5 percent reporting more than five days of poor physical health each month.

Similar to the previous question, the next question asked how many days of the past 30 days was the respondent's mental health not good. Among Burleson County respondents, the mean number of poor mental health days was five, which is higher than the region (3.4). More than one-fifth of respondents (22.5%) reported between one and five days of poor mental health in the past month. Alarming, 20.9 percent indicated *more than 10 days* of poor mental health, more than twice the regional rate (10.2%). In addition, 20.2 percent report having been diagnosed with depression and 30.2 percent with anxiety. The self-reported depression rates are much higher than the overall depression rates for Texas (8.6%). Among Texans, 66.3 percent reported no days of poor mental health, and 14.4 percent reported experiencing between one and five days of poor mental health. Given the persistent lack of mental health services available in the region, these numbers are cause for concern.

Feelings of anxiety and depression are also important indicators of residents' mental health. Table 1 shows common problems that residents reported bothering them over the past two weeks.

Table 1. Common mental health problems among Burleson County respondents

Type of Mental Health Problem	Percentage of Burleson County Respondents	Percentage of Brazos County Respondents	Percentage of Brazos Valley Region Respondents
Worrying too much about different things	57.1%	44.9%	41.7%
Becoming easily annoyed or irritable	52.5%	44.2%	42.2%
Trouble relaxing	51.8%	43.2%	41.6%
Feeling nervous, anxious, or on edge	47.3%	38.7%	37.2%
Little interest or pleasure in doing things	42.0%	31.1%	31.1%
Feeling down, depressed, or hopeless	41.6%	25.4%	23.7%
Not being able to stop or control worrying	41.1%	25.1%	25.1%
Being so restless that it is hard to sit still	37.6%	24.7%	25.8%
Feeling afraid as if something awful might happen	33.0%	21.2%	19.7%

The fourth question in this set sought to understand the extent to which physical and mental health limited one’s daily activities. It asked respondents how many days of the past 30 days did poor physical or mental health keep them from their usual activities. In Burleson County, the mean number of days in which usual activities were limited by poor physical or mental health was 4.6, which is almost two days more than the regional mean. More than one in three respondents reported some interruption of their usual activities, with 10.7 percent indicating between one and five days, 7.1 percent reporting six to 10 days, and 21.1 percent reporting more than 10 days. In comparison, 27.7 percent of Texans reported between one and five days of limited activities and 12.2 percent reported six or more days of limited activities due to poor physical or mental health.

Many residents reported being limited in their activities due to an impairment and/or health problem. Commonly reported issues are listed in Table 2. Participants could identify more than one impairment; therefore, percentages in the table below are the percentages of the total number of *responses* instead of the percentage of respondents who reported the impairment.

Table 2. Major impairments or health problems among Burleson County responses

Major Impairment or Health Problem	Percentage of Burleson County Responses
Fractures, bone/joint injury	19.6%
Back or neck problems	15.0%
Cardiovascular issues (heart problems, hypertension, high blood pressure)	12.8%
Arthritis/rheumatism	11.3%
Other impairment/problem	6.0%
Depression/anxiety/emotional problems	3.0%

The most commonly reported impairments or health problems were related to joint and bone health issues – fractures and other bone and joint injuries comprised 19.6 percent of the responses, followed by back or neck problems (15%) and arthritis/rheumatism (11.3%). A substantial portion of responses were also related to cardiovascular health (12.8%).

For the given impairments and health problems, the duration of having limited activities varied among survey respondents. Half of survey participants (51%) did not experience pain that impacted their daily activities during the past 30 days. Of those who did experience pain that impacted activity during the past 30 days, 17.2 percent reported pain for between one and five days, 3.8 percent had pain between six to 10 days, and 28.1 percent reported more than 10 days of pain. Forty percent of participants reported their daily activities were limited for less than one year. Daily activities were reported as limited for one to five years by over one-fifth of respondents (20.9%). Another 19.1 percent reported limitations for the past six to 10 years and 19.4 percent had limitations to their daily activities for more than 10 years.

In the final question about residents’ overall health, respondents listed a range days in the past month that they got a sufficient amount of sleep and felt very healthy and full of energy. One-third of participants (33.8%) reported that they felt they had enough rest or sleep every night of the past 30 days. One-quarter of participants (26.6%) reported not feeling rested between one and five days in the past month, 15.8 percent reported the same for between six to 10 days, and 7.4 percent reported not having enough rest or sleep for between 11 and 15 days. Nearly one in five participants (16.3%) reported not feeling rested for at least half of the days for the past month.

Thirty-two percent of participants reporting feeling healthy and full of energy for at least 21 days of the past month and another thirty percent of participants reported feeling good for 11 to 20 days of the past month. Disturbingly, nearly one-quarter of participants (23.3%) did not

feel very healthy and full of energy for at least one third of the month, and an additional 15.3 percent reported never feeling healthy or full of energy.

Risk Factors

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

Obesity

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

The National Institutes of Health have published the following guidelines:

Underweight = BMI score < 18.5

Normal weight = BMI score between 18.5 – 24.9

Overweight = BMI score between 25 – 29.9

Obese = BMI score between 30 and 34.9

Morbidly Obese = BMI score \geq 35

In Burleson County, only 32.6 percent of survey respondents were assessed to be at a normal weight for their height. The majority of survey respondents were overweight or obese; over one-fourth were overweight (27.7%), nearly one-fourth were obese (22.9%), and 16.2 percent were morbidly obese. Given the number and types of conditions that are related to obesity, these statistics are cause for alarm in this community.

Nutrition

Nutrition is an important aspect of achieving and maintaining a healthy weight and overall health. Accordingly, the survey asked questions about individuals' grocery shopping and eating habits.

In Burleson County, 38.2 percent of residents do their grocery shopping within 10 miles of their community; this is much lower than the 76.8 percent reported in the Brazos Valley. The mean distance Burleson County residents travel to buy groceries is 16.3 miles compared to the regional average of 8.9 miles traveled for groceries.

Concerns about the economy have a pronounced impact on residents' overall nutrition. Across Burleson County, 23.2 percent of respondents said that *sometimes* or *often*, the food they bought did not last and they did not have money to get more. Also, 7.1 percent reported not being able to afford to eat complete meals *sometimes* or *often*. Ten percent reported eating less than they should because there was not enough money for food, while 5.2 percent reported skipping meals because of financial concerns. These rates were similar to the rates reported for the Brazos Valley.

Fewer than five percent (3.9%) of residents reported receiving food from a food pantry or food bank in Burleson County in the past six months, similar to the 4.7 percent of residents throughout the Brazos Valley.

Physical Activity

Physical activity is also a key aspect of maintaining a healthy weight and good health. The National Institutes of Health recommend 150 minutes of moderate or 75 minutes of vigorous physical activity each week, in addition to engaging in strengthening exercises twice weekly.

Across Burleson County, only 25.2 percent of respondents meet this recommendation, while 24.9 percent reported they rarely do any physical activity. These rates are similar to the rates found across the Brazos Valley.

The survey also sought to assess Burleson County residents' sedentary time. In a seven day period, respondents reported sitting an average of 344 minutes (5.7 hours) on *weekdays* and 364 minutes (6.1 hours) on *weekends*. Overall, Burleson County residents reported sitting about 30 minutes more in a week on average compared to the region.

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

Cigarette Smoking

Slightly better than the State of Texas (19.2%) and the U.S. (19.3%), 11.8 percent of Burleson County survey respondents report being a current smoker, the overwhelming majority of whom (92%) smoke a pack or less per day. Only five percent of Burleson county residents reported using other tobacco products, including chewing tobacco, snuff, or dip.

Substance Use & Abuse

When asked about their alcohol consumption habits, nearly half of Burleson County survey respondents (48.1%) reported that they do not drink alcohol in a typical week. One-third said that they typically consume one to five alcoholic drinks in a week. Seven percent of respondents reported having driven after drinking at least two drinks in the past month.

In the past 30 days (3.6%) and in the past year (3.4%), few Burleson County residents reported using prescription medications for nonmedical reasons or not as prescribed. Reported rates of consumption of marijuana (4.2%) and other illegal drugs (2.1%) were also low across the county in the past 30 days.

Chronic Diseases and Conditions

Survey respondents were asked to report if they had ever been diagnosed with a list of chronic diseases/condition by a health care provider. The six most frequently reported conditions for Burleson County survey respondents were:

- | | |
|---------------------------------------|-------|
| 1) High Cholesterol | 36.9% |
| 2) Hypertension (high blood pressure) | 35.8% |
| 3) Overweight/obesity | 34.6% |
| 4) Anxiety | 30.2% |
| 5) Arthritis or Rheumatism | 27.8% |
| 6) Depression | 20.2% |

Only 34.6 percent of respondents reported being told by a health care professional that they were overweight or obese, yet when calculating BMI from reported heights and weights of respondents who had not been diagnosed as such, over half (51%) of respondents are overweight or obese. Thirty percent of undiagnosed respondents were overweight, 18.6 percent were obese, and two percent were morbidly obese. This raises serious concern regarding doctor-patient communication with respect to health weight, overweight and obesity.

Of the nine counties, Burleson County reported the highest rates of stroke and anxiety in the region. In addition, Burleson County was higher than the regional rate for all chronic conditions except asthma, depression, and skin cancer.

Table 3 provides the rates of several commonly reported chronic conditions, with comparisons to the region, and the U.S. where applicable.

Table 3. Chronic condition rates for Burleson County, Brazos Valley, and U.S.

Disease/Condition	Burleson County	Brazos Valley	U.S. ^{7,8,9}
Anxiety	30.2%	23.7%	17%
Arthritis/Rheumatism	27.8%	19.9%	22%
Asthma	8.7%	17.3%	13%
Cancer	7.3%	6.0%	8%
Congestive Heart Failure	5.7%	2.9%	2%
Depression	20.2%	24.6%	12%
Diabetes (type 2)	16.0%	8.4%	9%
Emphysema/COPD	8.8%	5.5%	2%
High Cholesterol	36.9%	30.3%	13%
Hypertension	35.8%	33.9%	24%
Overweight/ Obesity ¹⁰	61.0%	64.5%	62%
Stroke	4.6%	1.8%	3%

The survey asked residents if their health care providers had ever referred them to a chronic disease management program. The majority of respondents (90%) said no, and only 8.5 percent reported attending a program to prevent or manage a chronic illness.

Preventive Services

The survey also collected information regarding individuals' participation in recommended preventive screenings. Figure 7 summarizes information regarding those who meet general preventive health guidelines.

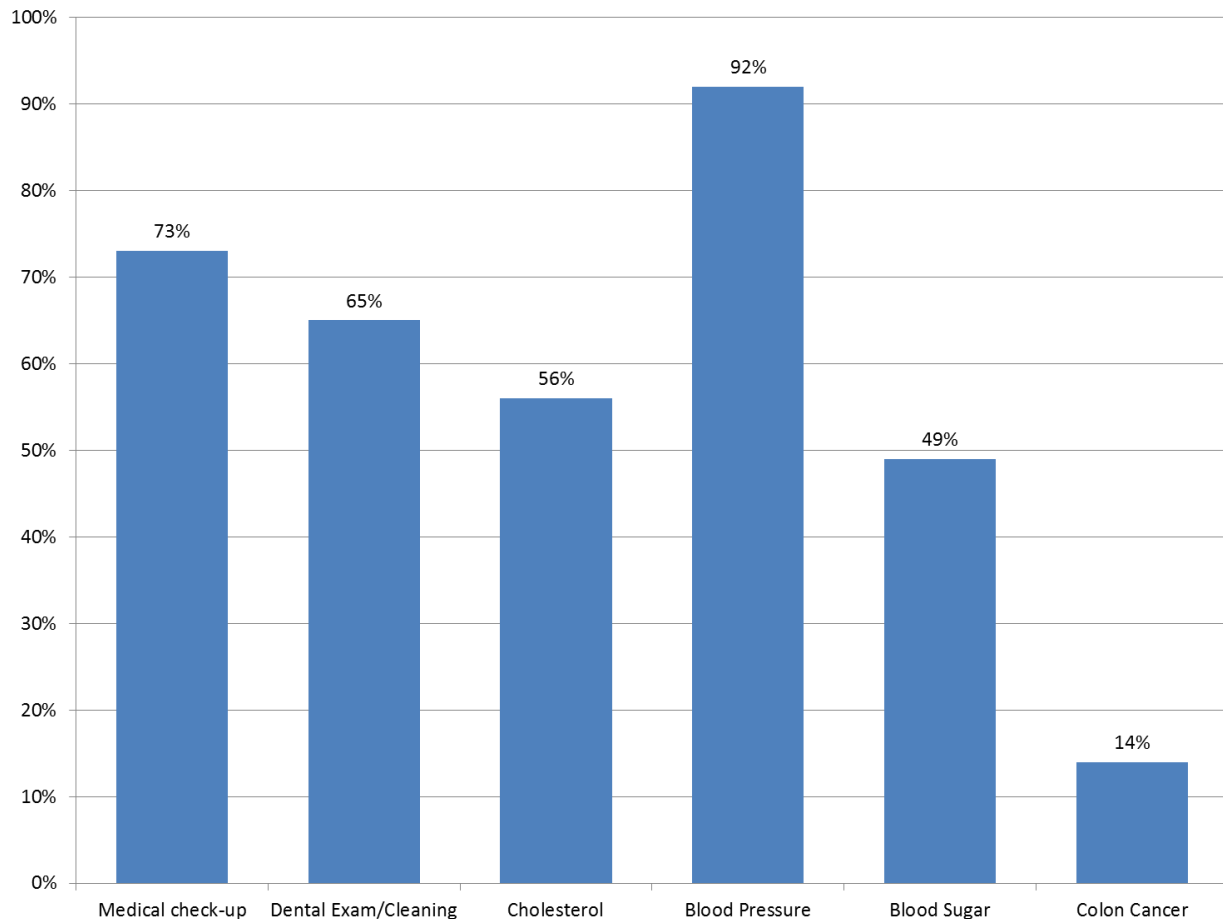
⁷ http://www.cdc.gov/nchs/data/series/sr_10/sr10_242.pdf.

⁸ <http://www.cdc.gov/nchs/data/databriefs/db92.pdf>

⁹ http://apps.nccd.cdc.gov/NCVDSS_DTM/LocationSummary.aspx?state=United+States

¹⁰ Overweight/obesity percentages reported in Table 3 are calculated from reported height and weight of survey participants NOT the percentage who reported being diagnosed by a health care professional.

Figure 7. Percent of survey respondents meeting preventive screening guidelines in Burleson County



For women, a test for cervical cancer (“Pap test”) is recommended every three years beginning at 21 years of age. In Burleson County, 43.7 percent of women report having had a Pap test in the past year, and 20.9 percent indicated their last Pap test between one and three years ago. More than one in 10 women (13.4%) reported having had their last Pap test more than five years ago. Among survey respondents 40 years of age and older, 53.3 percent reported having had a mammogram in the past year.

Health Insurance

The *Healthy People 2020* goal for health insurance was that by 2020, every resident would have some type of health insurance. The 2010 Patient Protection and Affordable Care Act¹¹ was intended to advance this goal, but currently, many residents are still uninsured. Eighteen percent of Americans under the age of 65 lack health insurance¹², and Texas ranks last among the 50 states in access to care, with a 24 percent overall uninsurance rate¹³.

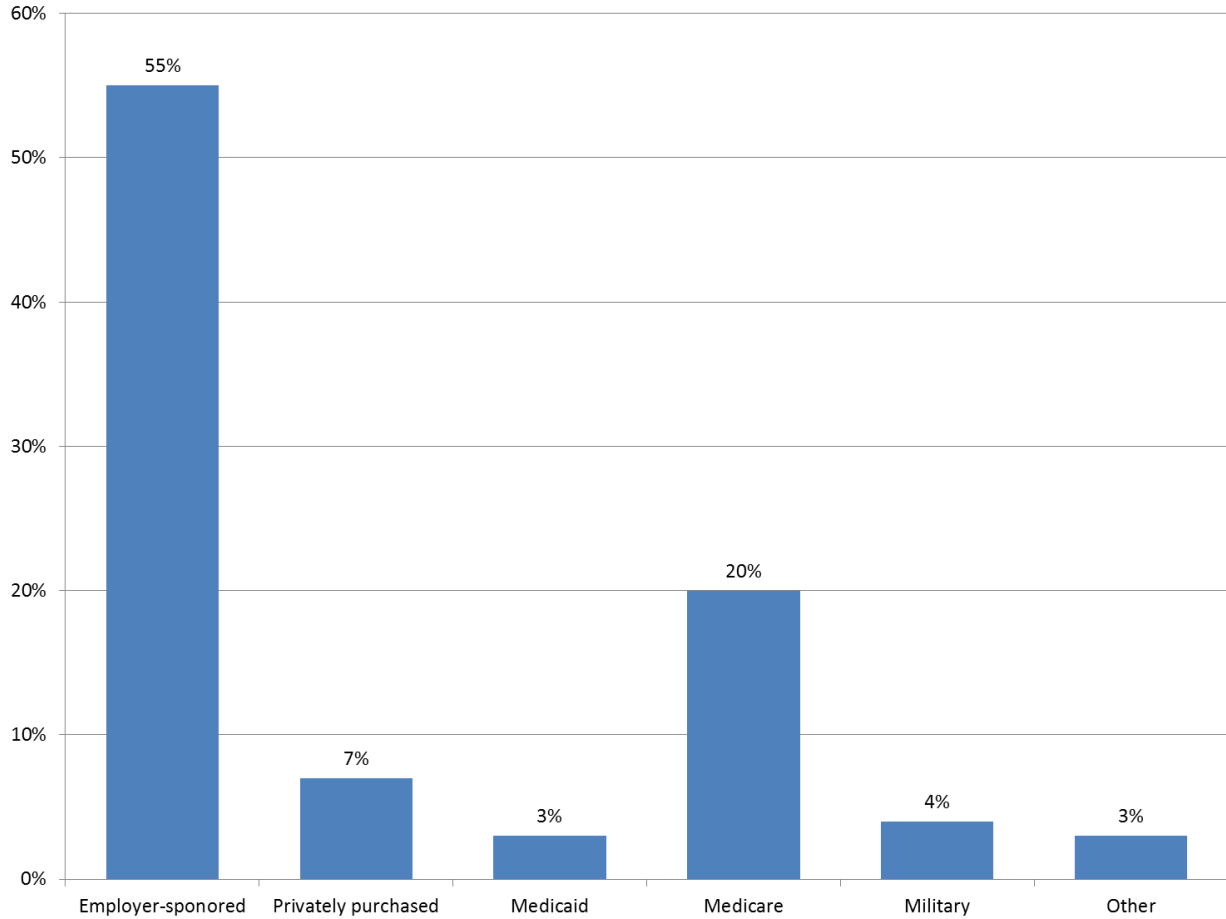
¹¹ *Patient Protection and Affordable Care Act* (HR 3590) signed into law on March 22, 2010

¹² <http://kff.org/state-category/health-coverage-uninsured/>

¹³ <http://kff.org/other/state-indicator/total-population/>

The survey question “What type of health insurance do you have?” allowed for multiple response options to be selected. Seven percent of Burleson County respondents indicated that they did not have health insurance of any kind, a slightly lower rate than the region overall. Only 5.7 percent indicated that they had been uninsured at least one month in the past three years. Figure 8 displays the types of health insurance coverage in Burleson County.

Figure 8. Health insurance coverage in Burleson County¹⁴



As illustrated in Figure 8 above, 54.6 percent of survey respondents reported being covered by a health insurance plan through a current or former employer or union. With 14.4 percent of responses indicating Medicare plus other insurance, relatively small proportions of the population report other sources of coverage.

¹⁴ Note that the percentages add up to more than 100 percent because some individuals are covered by more than one plan.

Health Resources and Medical Home

Issues with access to health care go deeper than whether one is covered by health insurance or not. The availability of providers and services and the ability to get to those services also influence access. In Burleson County, 39.3 percent of respondents rated their access to health care as *excellent*, slightly lower in comparison to 42.8 percent of Brazos Valley respondents.

Outpatient Care

The vast majority of Burleson County survey respondents (87.7%) indicated they have someone they consider their regular health care provider. Although some did not indicate having a regular health care provider, 82.3 percent reported a private doctor's office or clinic as the place where they usually go for medical care. For outpatient care, 4.7 percent of respondents said they visited a community health center, 1.8 percent said an urgent care clinic, 2.2 percent said a Veterans Affairs clinic, and 1.7 percent named the emergency room of a hospital as a place they usually go for medical care. Of those respondents without insurance, the percent with a medical home and the percent with a regular health care provider each dropped to 69.2 percent. Nationwide, 53 percent of uninsured adults had no usual source of care.¹⁵

Health Care Utilization

During the past 12 months, Burleson County residents accessed a range of resources for their health care. A majority of residents (85.6%) reported using a doctor's office or clinic for their health care. In the same time frame, 14.5 percent of respondents reported visiting a hospital emergency room for their own medical care. The most common reasons given for visiting an emergency room included having an injury or being very sick (8.1%) and the doctor's office being closed (5.2%).

The survey also asked about residents' health literacy and preparation for medical visits. Among Burleson County respondents, only 14.1 percent *fairly often, very often, or always* prepare a list of questions for their health care provider. Most residents appear to communicate well with their health care providers, asking questions about medications and treatment, and discussing personal problems (see Table 4).

¹⁵ <http://kff.org/health-reform/fact-sheet/the-uninsured-and-the-difference-health-insurance/>

Table 4. Communication with health care providers among Burleson County respondents

Behavior	Never/Almost Never	Sometimes	Fairly Often/Very Often/Always
Ask questions about medications	15.5%	28.7%	43.3%
Ask questions about treatment	12.6%	38.2%	49.2%
Discuss personal problems	19.6%	37.9%	42.6%
Prepare a list of questions for health care provider	47.9%	37.9%	14.1%

Delayed Care

With numerous barriers that inhibit access to care, the survey asked respondents about occasions in which they delay seeking the care they need. Specified reasons for delaying care included cost, not being able to miss work, and not having transportation. The most common reason for putting off going to a health care provider among Burleson County respondents was cost (16.5%). In Burleson County, one-third of respondents (32.2%) report delaying seeing their health care provider, and 46.2 percent put off obtaining dental care. One in 10 (11.5%) indicated that they had experienced times when they had to choose between buying food, paying rent or bills, and paying for medications.

Caregiving

Many residents in the region act as caregivers, providing regular care or assistance to a friend or family member at home who has a long-term health problem or disability. During the past month, 15.7 percent of residents in Burleson County reported providing care for at least one person.

The majority of the people being cared for were aged 65 or older (84.9%); 15.1 percent of respondents reported caring for someone between the ages of 25 and 64. No Burleson County respondents reported caregiving for a child between the ages of one and 17. Across the county, 50.2 percent reported caring for a parent or spouse's parent. Other relationships between caregiver and the person they cared for included caring for a spouse (12.3%), a grandparent (9.9%) and a non-relative (14.4%).

The survey also asked caregivers how many hours they provided care weekly, how long they had provided care, the areas in which the person they provide care for most requires help, and how much difficulty they faced in caregiving. Most (83%) caregivers reported providing care between one and two days per week. Seven percent of respondents reported providing care between three and six days, while the remaining 10 percent provided care every day of the week. Three-quarters of participants had cared for someone for less than five years (48.8%

reported one to five years; 24.7% reported less than one year). Thirteen percent of caregivers reported caring for someone for more than 20 years. Caregivers most commonly reported caring for someone needing assistance with taking care of themselves (29.3%) with respect to activities of daily living (for example, bathing, eating, and getting dressed), with mobility (36.6%), and because of learning, memory or confusion problems (22%). This was true across the Brazos Valley as well.

Caregiving for another person affects residents of Burleson County in a variety of areas. Table 5 displays the reported impact of caregiving on the life of Burleson County resident caregivers.

Table 5. Reported difficulties associated with caregiving

Difficulties associated with caregiving	A lot	Some	A little
Affects family relationships	1.9%	26.9%	71.2%
Creates/aggravates health problems	1.8%	18.1%	80%
Creates stress	20.1%	27.4%	52.6%
Financial burden	8.0%	9.9%	82.1%
Interferes with work	8.4%	18.3%	73.3%
Not enough time for self	15.9%	27.2%	56.9%
Not enough time for family	6.4%	31.5%	62%
Other difficulty	24.6%	17.5%	57.9%

Transportation

Transportation continues to pose a formidable challenge for all segments of the population and can be a significant barrier when it comes to accessing health care and related services. This issue was mentioned in every community discussion group, regardless of community sector represented.

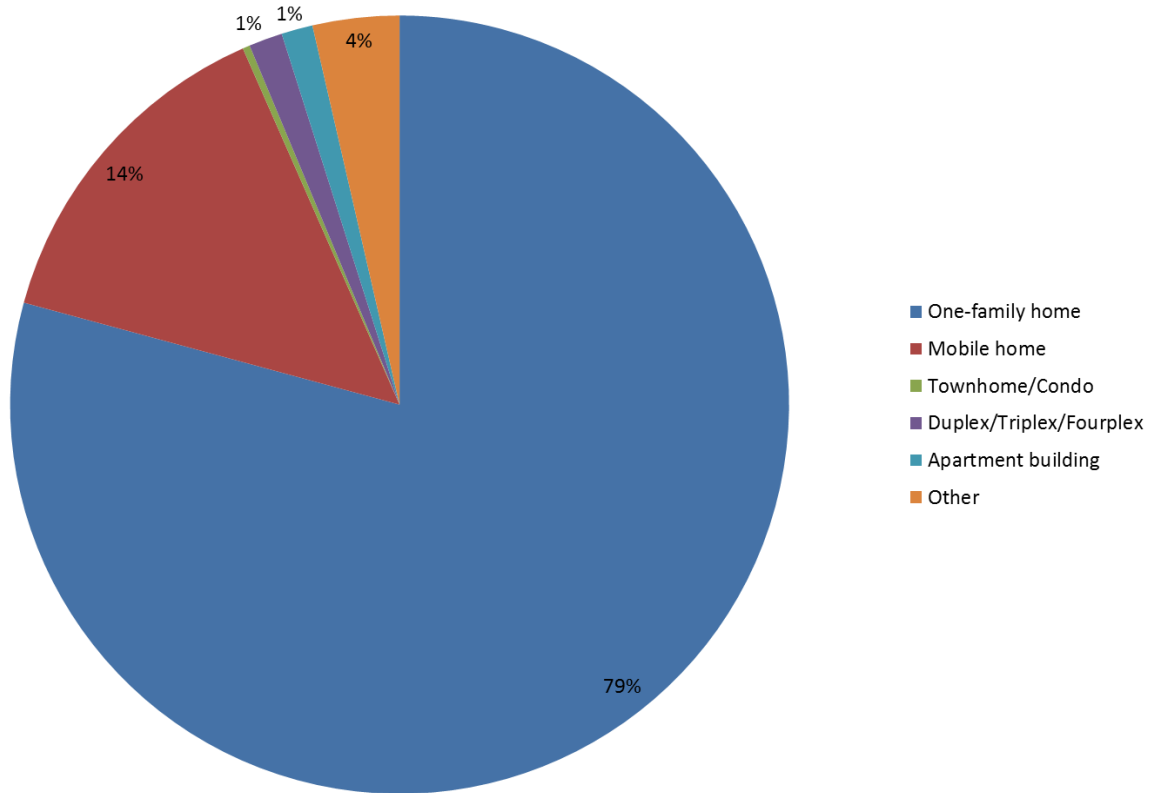
Given that the vast majority of health resources are headquartered in Brazos County, the travel times and distances for Burleson County residents are substantially higher than the corresponding numbers from Brazos County. Among Burleson County survey respondents, the median travel distance to medical care was 16.1 miles, and median travel time was 22.4 minutes. For dental care, the median distance was 28 miles, and travel time was 30 minutes. To fill a prescription, the median distance was 11 miles, and travel time was 20 minutes.

Housing

For the first time, the 2013 survey asked residents about the condition of their housing. Burleson County respondents reported primarily living in a one-family home (79.3%), followed by 14.2 percent living in a mobile home. Three percent of respondents combined reported

living in a duplex, triplex, or four-plex, an apartment building with more than four units, or a townhome or condominium. Figure 9 illustrates the housing situation for Burleson County.

Figure 9. Type of housing in Burleson County



Residents reported their buildings' estimated ages as well as how long they had lived there. Most residents (47.8%) lived in a building built between 1980 and 1999. Additionally, the condition of respondents' homes varied. Over one-quarter of residents (25.8%) reported living in a building constructed prior to 1980, and a similar number of residents have lived in their current home for less than 10 years (32.8%) as between 20 and 30 years (35.6%). When asked if their residence had experienced a severe problem in the past 12 months, survey respondents described a range of issues listed in Table 6. Across the county, the most reported problem with resident's homes was related to plumbing, heating/cooling, or electricity (going more than 24 hours without service).

Table 6. Severe housing problems reported in Burleson County

Housing problems	Percentage of Burleson County Respondents
Plumbing, heating/cooling, electricity	28.4%
Roof problems (such as holes, leaks, or sagging)	22.2%
Broken plaster or peeling paint (interior)	21.1%
Mice, rats, or cockroaches	11.0%
Mold	6.7%
Broken windows	4.2%
Holes in the floor	5.6%

Community Services

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

The current survey included a set of questions asking about individuals' need for and utilization of a broad range of services with response options of *did not need*, *needed and used*, and *needed but did not use*. Although the survey did not gather information on the reasons why people did not get the services they needed, information about needs is still useful.

The top five community services needed (this included *needed and used* and *needed but did not use*) as reported by survey respondents were:

- 1) Care of a medical specialist (44.2%),
- 2) Financial assistance or welfare (16%),
- 3) Utility assistance (11.3%)
- 4) Financial assistance for auto, appliance, or home repair or weatherization (10.4%),
- 5) Work-related or employment services including job training (9.6%).

While identifying needs is important, examining gaps in service delivery when people do not get the needed services is also critical. These data offer a snapshot of the top unmet needs in Burleson County. Table 7 summarizes the data of those who needed a service but could not get it.

Table 7. Unmet needs in Burleson County

Service Category	Percent Who Needed and <u>DID NOT</u> Get
Child care services (such as assistance with payments for child care or child care subsidy)	75.0%
Literacy training, GED, or English as a second language courses	66.7%
Alcohol/drug abuse services	66.7%
Financial assistance for auto, appliance, or home repair; or weatherization	61.1%
Services for children with emotional problems or delinquent behavior	60.0%
Information and referral services (such as 211)	50.0%
Work-related or employment services	50.0%
Services for the disabled or their families	46.2%
Utility assistance	42.1%
Mental health services	36.4%

Community Characteristics

Specific community characteristics can influence perceptions of safety and the likelihood for community members to engage in activities outside their home. Burleson County respondents varied in their perception in how closely their fellow community members shared their values. Over half (55.2%) of Burleson County residents felt that their community had shared values. Burleson County residents also reported relatively lower levels of trust among fellow community members, with 31.1 percent saying that you can't be too careful in dealing with people, the highest rate in the Brazos Valley. Table 8 summarizes these perceived characteristics of Burleson County, listing the percentage of respondents who reported *agree* or *strongly agree* with each statement.

Table 8. Burleson County community characteristics

Community Characteristics	Percentage of Burleson County Respondents
People are willing to help their neighbors	90.2%
This is a close knit community	78.0%
Most people can be trusted in the community	69.0%
Neighbors would help someone who fell	57.3%
Many people are physically active in local neighborhoods	41.4%
Problems in neighborhoods make it hard to go outside and walk	35.6%
People are concerned they will be a victim of crime if they walk/bike in their neighborhood	11.3%

Community Issues

Survey respondents were asked to rate the severity of a list of community issues, on a scale ranging from *not at all a problem* to a *very serious problem*. In Burleson County, the top 10 issues rated as a *serious problem* or a *very serious problem* were as follows:

- 1) Poor or inconvenient public transportation (44.5%)
- 2) Risky youth behaviors (such as alcohol use, drug use, truancy, etc.) (40.3%)
- 3) Lack of jobs for unskilled workers (37.9%)
- 4) Teen pregnancy (36.5%)
- 5) Access to affordable healthy food (31.7%)
- 6) Unemployment (31.6%)
- 7) Lack of recreational and cultural activities (29.1%)
- 8) Illegal drug use (26.9%)
- 9) Alcohol Abuse (21.9%)
- 10) Poverty (18.2%)

Community Advice

Community discussion group participants were asked to offer advice for anyone attempting to address issues in Burleson County. The following recommendations were offered in most of the discussions:

- **Get to know the community.** Participants have a great sense of pride for their community. It is important to learn the community's history, structure, and challenges. Get to know what is already going on in the community and avoid duplication of services. Instead, build upon what is already going on. Respect the unique rural characteristics of the community. Lastly, do not come in just for a short time but take the time to build something sustainable.
- **Get involved in the community.** Before you begin to bring a service to the community, get involved in local organizations. Form relationships with community members and local leaders. They can provide guidance and help deliver the service to those in need.
- **Get the support of local leaders.** In Burleson County, residents were quick to express the need to involve local community leaders in planning. For business related services, approach the Chamber of Commerce and the Economic Development Council. When bringing health care services, partner with the hospital district and medical providers (primarily St. Joseph) for support.
- **Communicate.** Communication was mentioned in almost every community discussion group. In Burleson County, participants expressed the importance of personal communication and always following up. Since there are limited media outlets in the county, participants said the best way to get information out is by word of mouth and through places residents frequently attend, including Mama's Kitchen, the post office, churches, city hall, and other high traffic local stores.

Regional analysis yielded a set of key findings that are presented in the regional Executive Report. It is important to understand that the data contained in this supplemental report should be considered as a whole; that is, the statistics should be interpreted with the insights offered by the community discussion groups. These reports are intended to be utilized for planning and resource development to benefit all members of the community.