
**RHP 17 REGIONAL
HEALTH ASSESSMENT
2013**

**SUPPLEMENTAL REPORT:
MADISON COUNTY**

PREPARED BY:

CENTER FOR COMMUNITY HEALTH DEVELOPMENT

TEXAS A&M HEALTH SCIENCE CENTER

SCHOOL OF RURAL PUBLIC HEALTH

ACKNOWLEDGMENTS

The Center for Community Health Development wishes to acknowledge the following individuals and organizations that provided invaluable assistance in promoting the health survey in their communities and in setting up, hosting, and promoting community discussion groups:

- ❖ Mr. Robert Shaw, Madison Health Resource Center
- ❖ Mr. Reed Edmundson, Madison St. Joseph Health Center
- ❖ Ms. Camilla Viator, City of Madisonville
- ❖ Ms. Sandra Guice, Madison County Health Resource Commission

This report was supported by Cooperative Agreement Number 1U48 DP001924 from the Centers for Disease Control and Prevention through the National Center for Chronic Disease Prevention and Health Promotion and the National Center for Injury Prevention and Control. The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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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 Madison 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 Madison County respondents.

FINDINGS

Community Discussion Groups

Six community discussion groups (CDGs) were conducted in Madison County with 73 total participants. Those participating represented the diversity of the county's population; attendees were 22.8 percent male and 77.2 percent female, and 46.8 percent White/Caucasian, 29.1 percent Black/African American, and 21.5 percent Hispanic/Latino. These discussion groups were conducted in January, February, and March 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 Madison County. Discussion groups were held at several donated locations throughout Madison County, including:

- The Parent Center, Madisonville,
- Kimbro Center, Madisonville,
- Madisonville ISD Administration Building,
- Madison St. Joseph Health Center, and
- Madison Health Resource Center.

Community

When asked to describe their community, residents said Madison County was small, friendly, and rural. Discussion group participants said the community is generous and supportive, characteristics that many attribute to the strong presence of faith-based organizations. Participants further emphasized that there is a growing older adult population within the community. Participants highlighted the county's deep-rooted history and traditions, while also mentioning that the community struggles with change as it grows and that residents are sometimes resistant to new ideas.

Community Issues & Challenges

While small town life has its benefits, residents expressed concerns with the status of the local economy and its impact on families. Lack of jobs and lack of educational opportunities were worrying to local residents. Discussion group participants also cited infrastructure as an issue, in particular the limited access to affordable housing and lack of businesses such as grocery stores within some areas of the county.

As in all counties in the Brazos Valley, Madison County residents identified transportation as a pressing issue. Participants said that the area lacks an affordable, reliable public transportation system. The lack of transportation options affects residents' access to health-related services as well as their ability to travel to and from work.

Though Madison County has a large number of health and human service organizations that provide services to the community, residents said it is still difficult to access health care, specifically affordable primary and specialty care. Residents also identified chronic diseases, such as high blood pressure and high cholesterol, as health concerns. Discussion group participants attributed the high incidence of chronic disease to the growing rate of obesity among residents. Furthermore, childhood obesity was mentioned a major issue within the community. The rise in childhood obesity was said to be a consequence of a lack of physical activity options and unhealthy diets among youth.

Social issues like poverty, juvenile crime, substance abuse, and racial tension were also identified as issues in Madison County. Residents said that youth risk behaviors, such as underage drinking, use of illegal drugs, abuse of prescription drugs, and teenage pregnancy were major concerns within the county. Discussion group participants identified the lack of recreational opportunities for youth as one driving factor behind these issues. In addition, discussion group participants highlighted an undercurrent of racial tension and division in the community across all age groups.

Lastly, residents said that communication within the county was an issue. Community members said they had trouble conveying information about local events, resources, and activities. More specifically, participants indicated that language and cultural barriers for the local Hispanic population represented a further communication challenge, making it more difficult for service providers to conduct outreach and disseminate information.

Resources

Madison County residents identified a variety of resources within the community. Overall, discussion group participants praised the local health and social services. Residents listed the Madison Health Resource Center as a place to access health-related services and information. They also identified existing health care providers as an asset within the community, especially the Madison St. Joseph Health Center.

Madison County residents said the faith community, civic organizations, and school districts are valuable assets to the county as well. Discussion group participants said these groups worked well together and collaborated on community-wide activities like the Mushroom Festival. Residents also praised local businesses and leadership, complimenting their investment in the community and its activities.

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 for this report 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 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 161 surveys completed in Madison County. What follows are the results from those Madison County surveys.

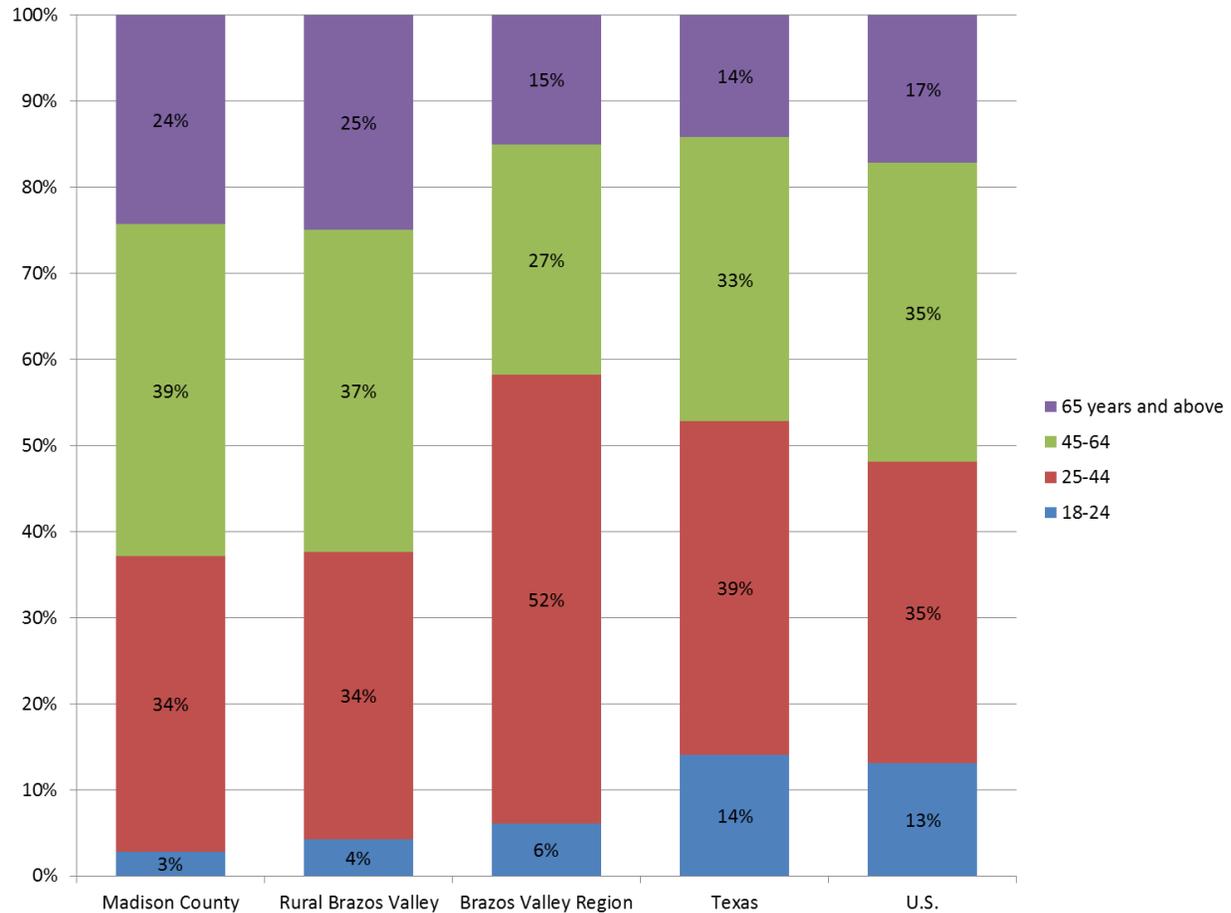
Demographics

Age and Gender

The mean age of survey respondents from Madison County was 52 years. Madison County has a population age distribution similar to other rural counties across the Brazos Valley. Compared to Texas and the U.S., Madison County has a larger proportion of adults 65 years and older, but a smaller proportion of young adults (18-24 years) compared to the region, state, and nation.

Figure 1 illustrates the age distribution for Madison County compared to the rural Brazos Valley counties, the Brazos Valley region, Texas, and the U.S.

Figure 1. Age distribution of Madison County, rural Brazos Valley counties, Brazos Valley region, Texas, and U.S.¹

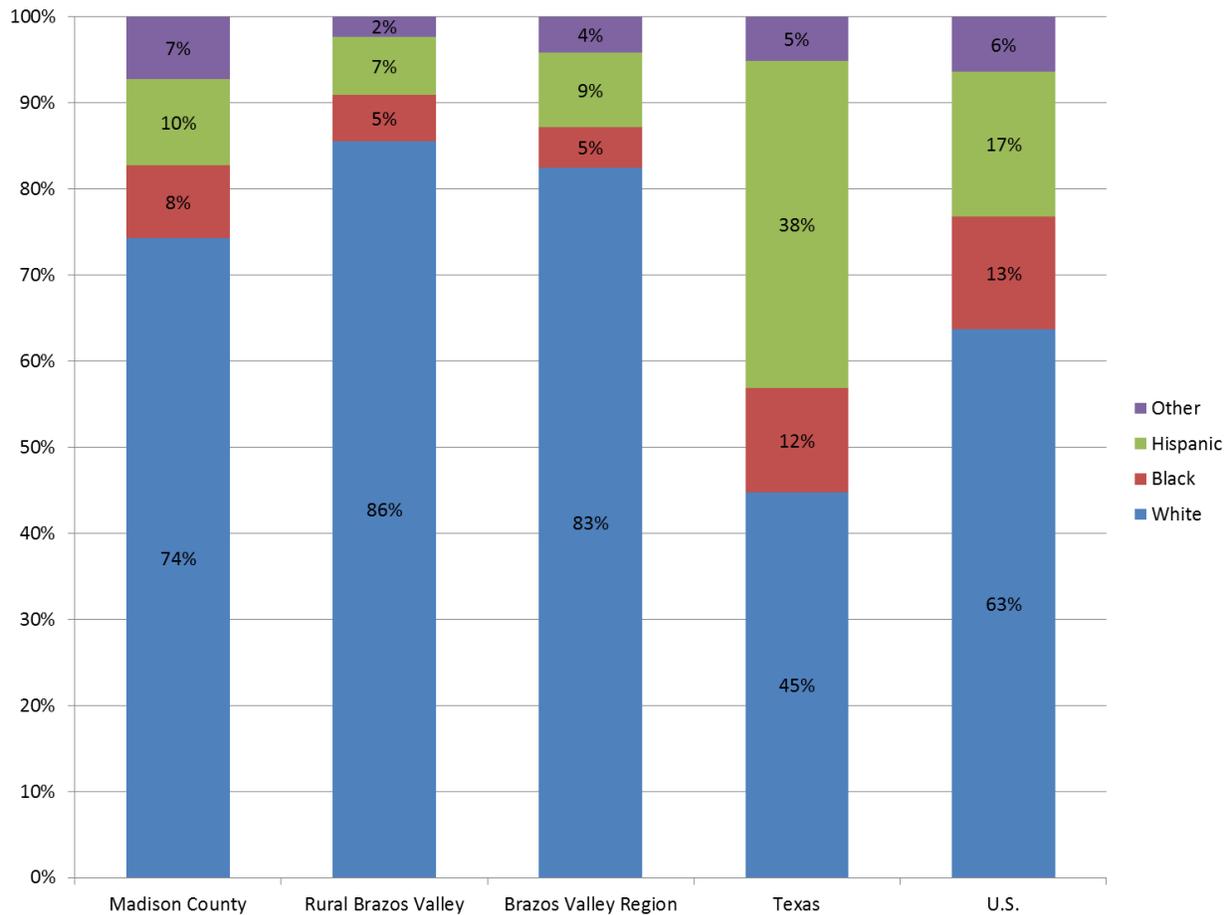


Race and Ethnicity

Survey respondents were asked to indicate the racial or ethnic group they felt best described them. The majority of Madison County survey respondents identified themselves as White/Caucasian (74.3%); followed by 8.4 percent indicating Black/African American and 10.1 percent Hispanic/Latino. Additionally, 7.2 percent of respondents identified themselves as other. Comparing these figures to 2011 Census estimates indicates that minority groups are underrepresented in this survey sample. Figure 2 shows the racial/ethnic distribution of Madison County survey respondents.

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

Figure 2. Racial/ethnic distribution of Madison County, rural Brazos Valley counties, Brazos Valley region, Texas, and U.S.²



Marital Status

The majority of Madison County survey respondents reported being married (73.1%); two percent (2.1%) reported their marital status as single (never married); 11.9 percent reported being separated or divorced; seven percent (6.5%) were widowed; and six percent (6.4%) 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 Madison County survey participants was 3.12 persons, a slight decrease from the previous assessment (3.5 persons), and slightly higher than Texas (2.8 persons) and the U.S. (2.6 persons). Among respondents, 44 percent reported having children

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

under 18 years of age living in their household. Statewide, 61.1 percent of households do not have children, and nationally, 64.4 percent of households are childless.

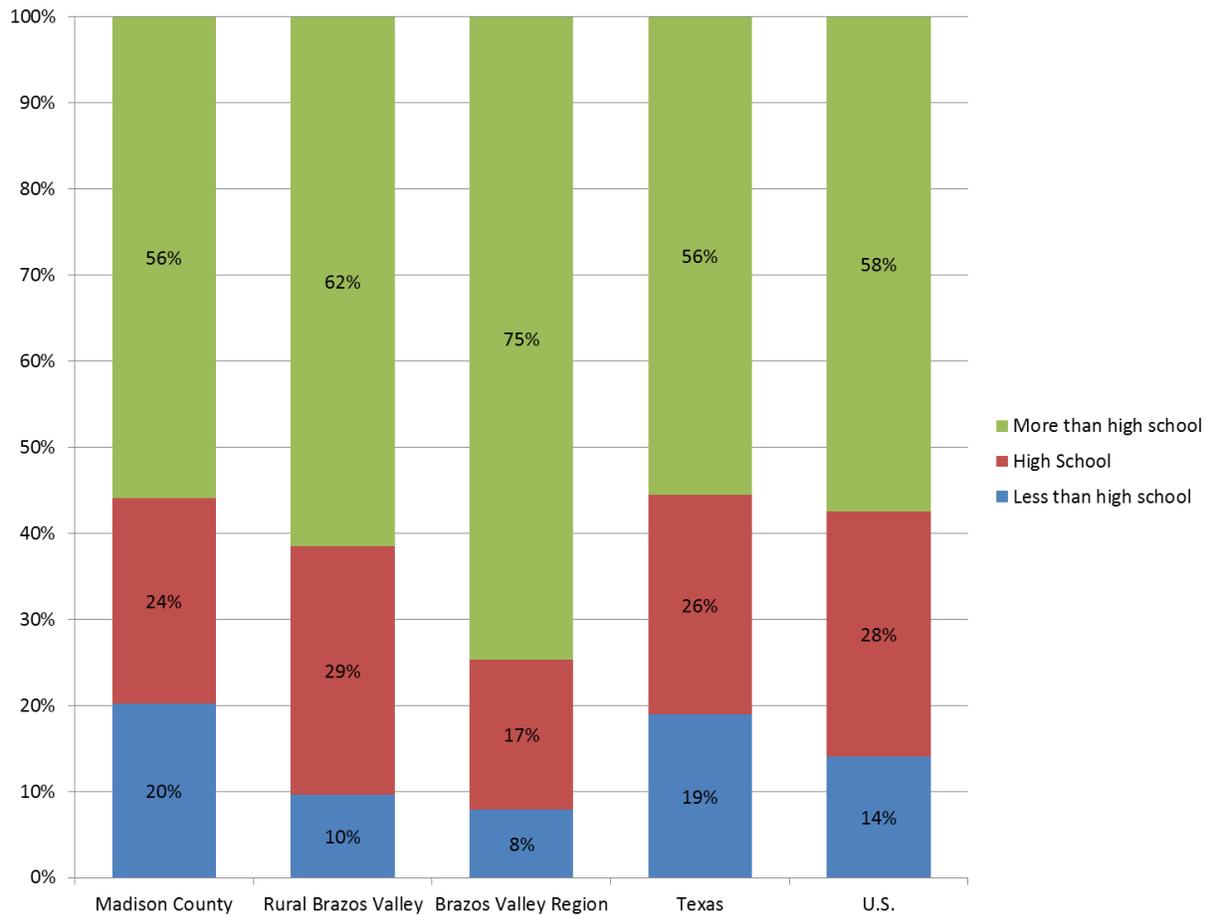
The survey also asked respondents how many people in their household earned wages that contributed to their household income. In response, 11.3 percent reported that **no one** living in the household was contributing to the household income, which reflects many of the concerns heard in the discussion groups about rising unemployment. Additionally, one third of respondents said that one person contributed all of the household income (32.6%), half of respondents said two people contributed to the household income (50.8%), and 3.7 percent said three or more people contributed.

Education

Education is an important social factor that influences health status. The mean years of education for survey respondents in Madison County is 13.2, the equivalent of a high school diploma plus one full year of college. Among survey participants, 20.2 percent reported not completing high school, while 23.9 percent received their high school diploma and 55.9 percent continued on 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 Madison County compared to the 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 in Madison County, rural Brazos Valley counties, Brazos Valley region, Texas, and U.S.⁴



Employment

Among Madison County survey respondents, 58.7 percent reported they were currently employed. Of those who were employed, the vast majority said they only had one employer (83.5%), but 4.9 percent said they had two employers, and another 11.6 percent reported three or more employers.

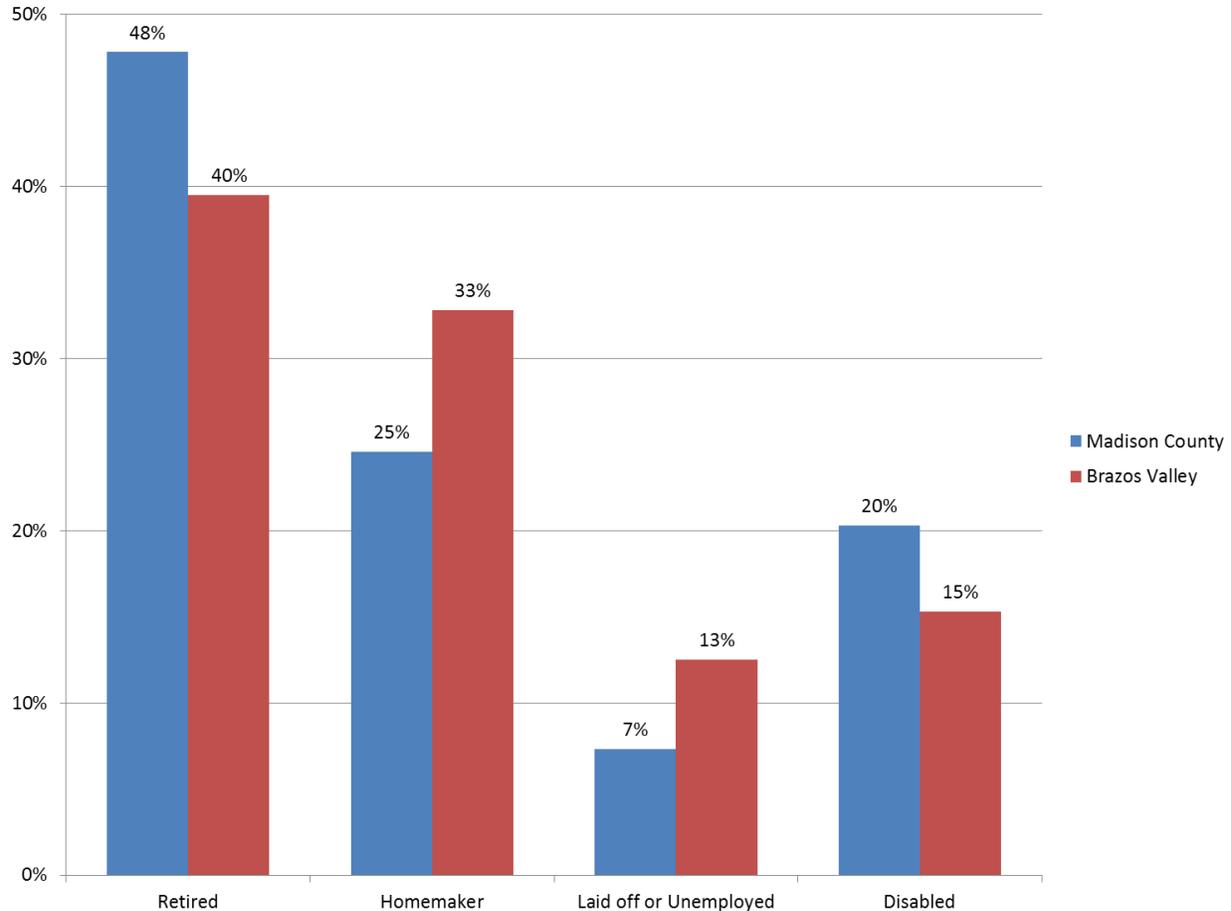
According to the U.S. Bureau of Labor Statistics, the unemployment rate for the State of Texas was 6.5 percent in May 2013. Locally, the Texas Workforce Commission reports that the unemployment rate for Madison County in May 2013 was 6.8 percent. May 2013 rates were used to provide a more accurate comparison to the survey data, collected between February and July.

Of the survey participants who reported they were not currently employed, 47.8 percent said they were retired, 24.6 percent were full-time homemakers, 20.3 percent were disabled and

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

unable to work, and 7.3 percent were laid off or unemployed. Figure 4 illustrates the employment status for Madison County residents who are not currently employed.

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

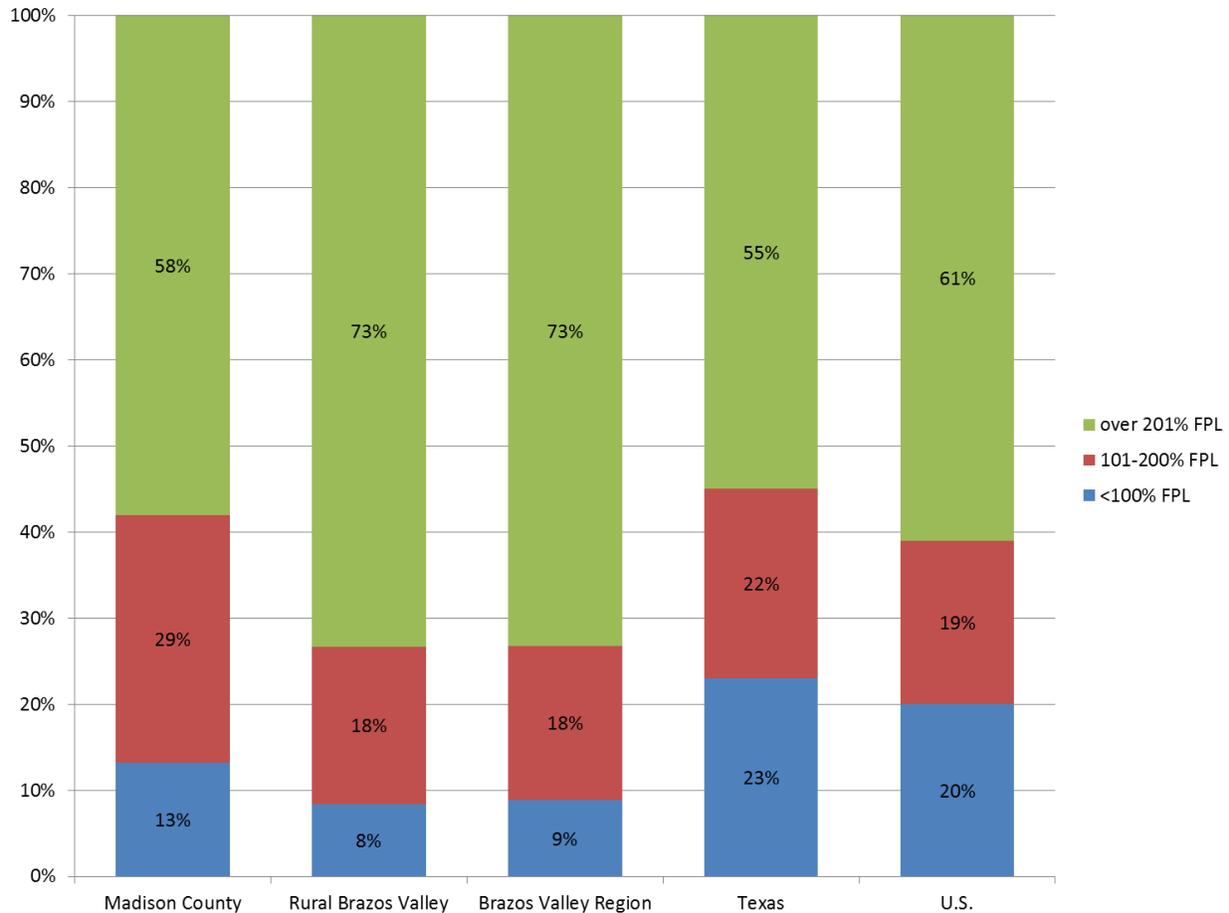


Household Income

Among survey respondents in Madison County, the median household income was \$52,195 for 2013, which is slightly higher than census estimates for Texas (\$50,920) and slightly lower than the US (\$52,762). Respondents with high incomes are not unusual for a sample survey, as the low-income are often less likely to be reached or to agree to complete a survey.

The Federal Poverty Guidelines set the federal poverty level (FPL) for 2012 at \$23,050 for a family of four. Among the survey respondents, 13.2 percent reported incomes at or below FPL, with another 28.8 percent between 101 and 200 percent FPL, which is generally considered low-income. The proportion of people in Madison County living below FPL and the low-income are higher than the region and the U.S. figures. Figure 5 compares the poverty status for Madison County survey respondents compared to the rural Brazos Valley counties, the Brazos Valley region, Texas, and the U.S.

Figure 5. Poverty status for Madison County survey respondents, rural Brazos Valley counties, 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 survey respondents, 12.8 percent reported having served in any branch of the United States Armed Forces; however, no one who completed the survey in Madison County identified themselves as currently being active duty in the military. Of Madison County residents who reported having served in the U.S. Armed Forces, 36.5 percent reported serving in an active duty war zone. There are 1,618,413 veterans in Texas, representing approximately six percent of the population.

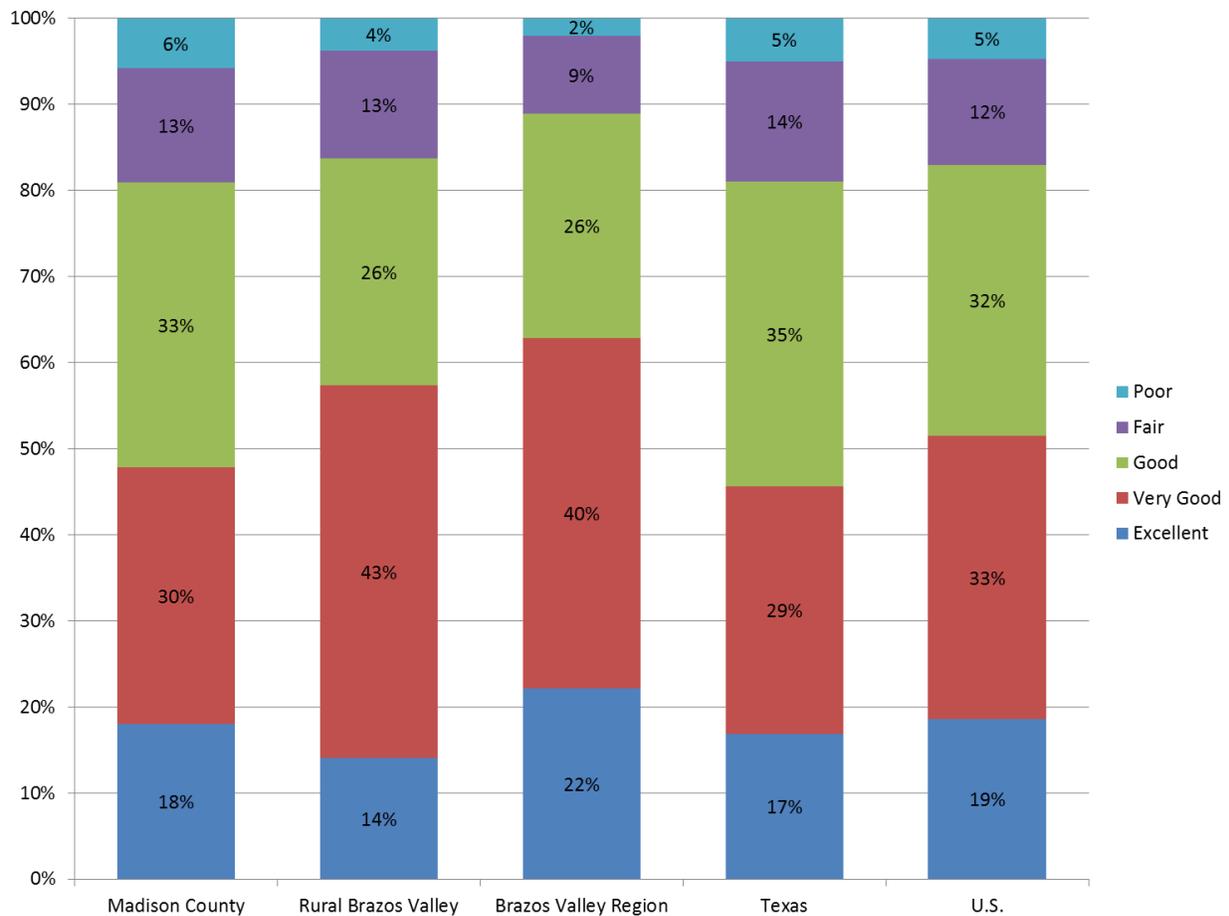
Health Status

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.

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

The first question simply asked respondents to rate their health; the possible responses were *excellent*, *very good*, *good*, *fair*, and *poor*. In Madison County, 18 percent of respondents indicated their health was *excellent*, and 29.8 percent said their health was *very good*. In contrast, 13.3 percent indicated their health was *fair*, and 5.8 percent said their health was *poor*. In comparison to the 2010 health assessment, the proportion reporting their health as *excellent* or *very good* is significantly larger, with fewer saying their health was *good*. The 2010 numbers for *fair* and *poor* are larger compared to 2006. Figure 6 compares self-reported health status for Madison County with the other rural Brazos Valley counties, the Brazos Valley region, Texas, and the U.S.

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



The second question asked how many days of the past 30 days was the respondent's physical health not good. Among Madison County respondents, the mean number of poor physical health days was 3.6, which is around the same as the region (3.7 days). Nearly one-fourth of

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

respondents (22.4%) reported between one and five days of poor physical health in the past month. One in 10 respondents (10.5%) 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 between 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 Madison County respondents, the mean number of poor mental health days was 4.3, which is slightly higher than the regional mean (4 days). Thirteen percent (13.1%) reported between one and five days of poor mental health in the past month, and 13.8 percent indicated more than 10 days of poor mental health. In addition, 17.3 percent report having been diagnosed with depression and 20.3 percent with anxiety. The self-reported depression rates are 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 Madison County respondents

Type of Mental Health Problem	Percentage of Madison County Respondents	Percentage of Brazos County Respondents Reporting	Percentage of Brazos Valley Region Respondents Reporting
Worrying too much about different things	40.4%	44.9%	41.7%
Trouble Relaxing	39.1%	44.2%	42.2%
Becoming easily annoyed or irritable	38.8%	43.2%	41.6%
Not being able to stop or control worrying	36.8%	38.7%	37.2%
Feeling nervous, anxious, or on edge	33.5%	31.1%	31.1%
Feeling down, depressed, or hopeless	29.5%	25.4%	23.7%
Feeling afraid as if something awful might happen	28.3%	25.1%	25.1%
Little interest or pleasure in doing things	22.6%	24.7%	25.8%
Being so restless that it is hard to sit still	20.1%	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 Madison County, the mean number of days in which usual activities were limited by poor physical or mental health was 3.3, which is slightly higher than the regional mean. Less than one in five respondents reported some interruption of their usual activities, with eight percent indicating between one and five days, 2.3 percent reporting six to 10 days, and 12.1 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 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 Madison County responses

Major Impairment or Health Problem	Percentage of Madison County Responses
Arthritis/rheumatism	13.0%
Back or Neck problem	13.0%
Limited use of arm or leg	13.0%
Fractures, bone/joint injury	10.9%
Cardiovascular issues (heart problems, hypertension, high blood pressure)	8.8%
Problems with balance or falling	8.7%
Eye/vision problem	8.7%
Cancer	8.7%

The most commonly reported impairments or health problems were related to arthritis and rheumatism, back or neck problems, and limited use of arm or leg, with each category representing 13 percent of the responses. An additional 10.9 percent of respondents reported fractures and bone/joint injuries as major health impairments. Almost nine percent of responses were related to cardiovascular health, problems with balance or falling, eye/vision problems, and cancer respectively.

For the given impairments and health problems, the duration of having limited activities varied among survey respondents. Pain contributed to respondents’ reduced ability to complete their

usual activities, with 34.2 percent of respondents saying they experienced pain once or more in the past 30 days. Of those who did experience pain that impacted activity during the past 30 days, 13.7 percent reported pain for between one and five days, 3.3 percent had pain between six to 10 days, and 17.2 percent reported more than 10 days of pain. Twelve 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 half of respondents (57%). Another 16.7 percent reported limitations for the past six to 10 years, and 14 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. Nearly one-third of participants (29.1%) reported that they felt they had enough rest or sleep every night of the past 30 days. Twenty percent reported not feeling rested between one and five days in the past month, 15.4 percent reported the same between 26-30 days, and 12.9 percent reported not having enough rest or sleep for between six and 10 days.

Forty percent of respondents reported feeling healthy and full of energy for more than half (between 16 to 30 days) of the days in the month. Disturbingly, 22 percent of respondents said they never felt very healthy or energetic.

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 Madison County, only 25.4 percent of residents were assessed to be at a normal weight for their height. The majority of survey respondents were overweight or obese; close to one-half were overweight (41.8%), nearly one fifth was obese (19.3%), and shockingly, 13.5 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 Madison County, 57.1 percent of residents do their grocery shopping within 10 miles of their community; this is lower than the 76.8 percent reported in the Brazos Valley. The mean distance Madison County residents travel to buy groceries is 16.1 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 Madison County, 19.7 percent of respondents said that *sometimes* or *often*, the food they bought did not last and they did not have money to get more, and 17.6 percent reported not being able to afford to eat complete meals *sometimes* or *often*. Thirteen percent reported eating less than they should because there was not enough money for food, while 5.6 percent reported skipping meals because of financial concerns. These rates were higher than the rates reported for the Brazos Valley.

Additionally, food pantries and food banks serve a number of members in the community; 10 percent of residents reported receiving food from a food pantry or food bank in Madison County in the past six months, compared to 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 Madison County, 42.6 percent of respondents meet this recommendation, while 19.5 percent reported they rarely do any physical activity. These rates are higher than the rates found across the Brazos Valley.

The survey also sought to assess Madison County residents' sedentary time. In a seven day period, respondents reported sitting an average of 285 minutes (4.75 hours) on weekdays and 291.8 minutes (4.9 hours) on weekends. Overall, Madison County residents reported sitting less amount of time 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

In Madison County, 24.7 percent of survey respondents report being a current smoker, most of whom (75.3%) smoke a pack or less per day. This percentage is slightly higher than the State of Texas (19.2%) and the U.S. (19.3%).

Additionally, only 6.1 percent of Madison County residents reported using other tobacco products, including chewing tobacco, snuff, or dip.

Substance Use & Abuse

When asked about their alcohol consumption habits, more than half of Madison County survey respondents (62.3%) reported that they do not drink alcohol in a typical week. Less than one-fourth said that they typically consume one to five alcoholic drinks in a week. Another 9.5 percent of respondents reported having driven after drinking at least two drinks in the past month.

In the past 30 days (4.4%) and in the past year (5.8%), few Madison County residents reported using prescription medications for nonmedical reasons or not as prescribed.

Reported rates of smoking marijuana were higher for Madison County than any other county in the region, with 12.5 percent of residents reporting use of marijuana in the past year (4.5% in the past 30 days). There was no reported use of other illegal drugs.

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 Madison County survey respondents were:

1) Hypertension (high blood pressure)	45.3%
2) High Cholesterol	35.1%
3) Overweight/obesity	31.3%
4) Arthritis or rheumatism	29.8%
5) Anxiety	20.3%
6) Asthma	19.4%

Only 31.3 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, 65.1 percent of respondents are overweight

or obese. Almost half of undiagnosed respondents were overweight (49.2%), 12.7 percent were obese, and 3.2 percent were morbidly obese. This raises serious concern regarding doctor-patient communication with respect to health weight, overweight and obesity.

These disease rates are not surprising given the proportion of obesity and older adults in Madison County. Table 3 provides the rates of several commonly reported chronic conditions, with comparisons to the region and the U.S.

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

Disease/Condition	Madison County	Brazos Valley Region	U.S. ^{7,8,9}
Anxiety	20.3%	23.7%	17%
Arthritis/Rheumatism	29.8%	19.9%	22%
Asthma	19.4%	17.3%	13%
Cancer (not skin)	6.4%	6.0%	8%
Congestive Heart Failure	4.8%	2.9%	2%
Depression	17.3%	24.6%	12%
Diabetes (type 2)	14.6%	8.4%	9%
Emphysema/COPD	10.3%	5.4%	2%
High Cholesterol	35.1%	30.3%	13%
Hypertension	45.3%	33.9%	24%
Overweight/ Obesity ¹⁰	74.6%	64.5%	62%
Stroke	0.6%	1.8%	3%

Preventive Screenings

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

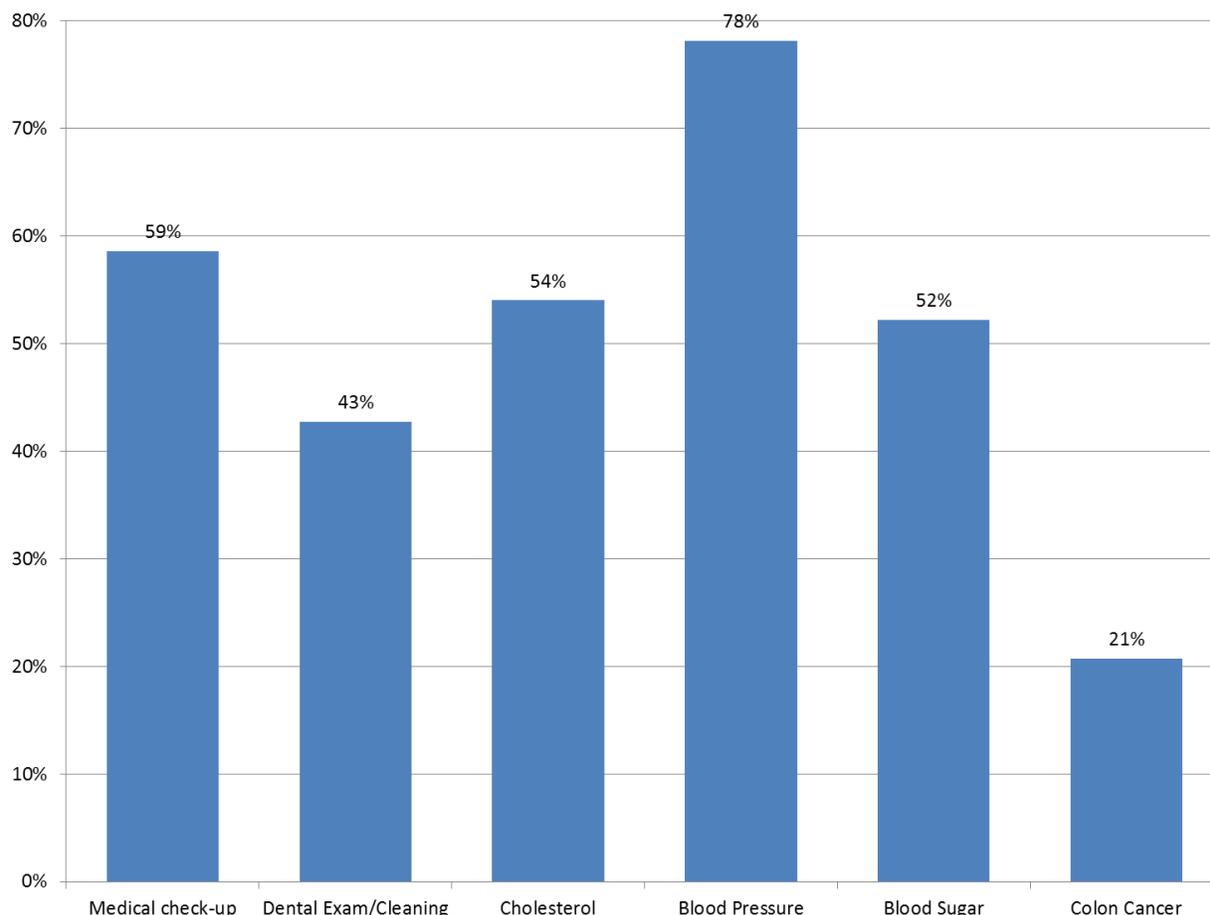
⁷ http://www.cdc.gov/nchs/data/series/sr_10/sr10_242.pdf.

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 guidelines in Madison County



For women, a test for cervical cancer (“Pap test”) is recommended every three years beginning at 21 years of age. In Madison County, 41.1 percent of women report having had a Pap test in the past year, and 27.8 percent indicated their last Pap test between one and three years ago. An additional 20 percent reported having had their last Pap test more than 5 years ago. Among survey respondents 40 years of age and older, 55.9 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 were 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 uninsured rate¹³.

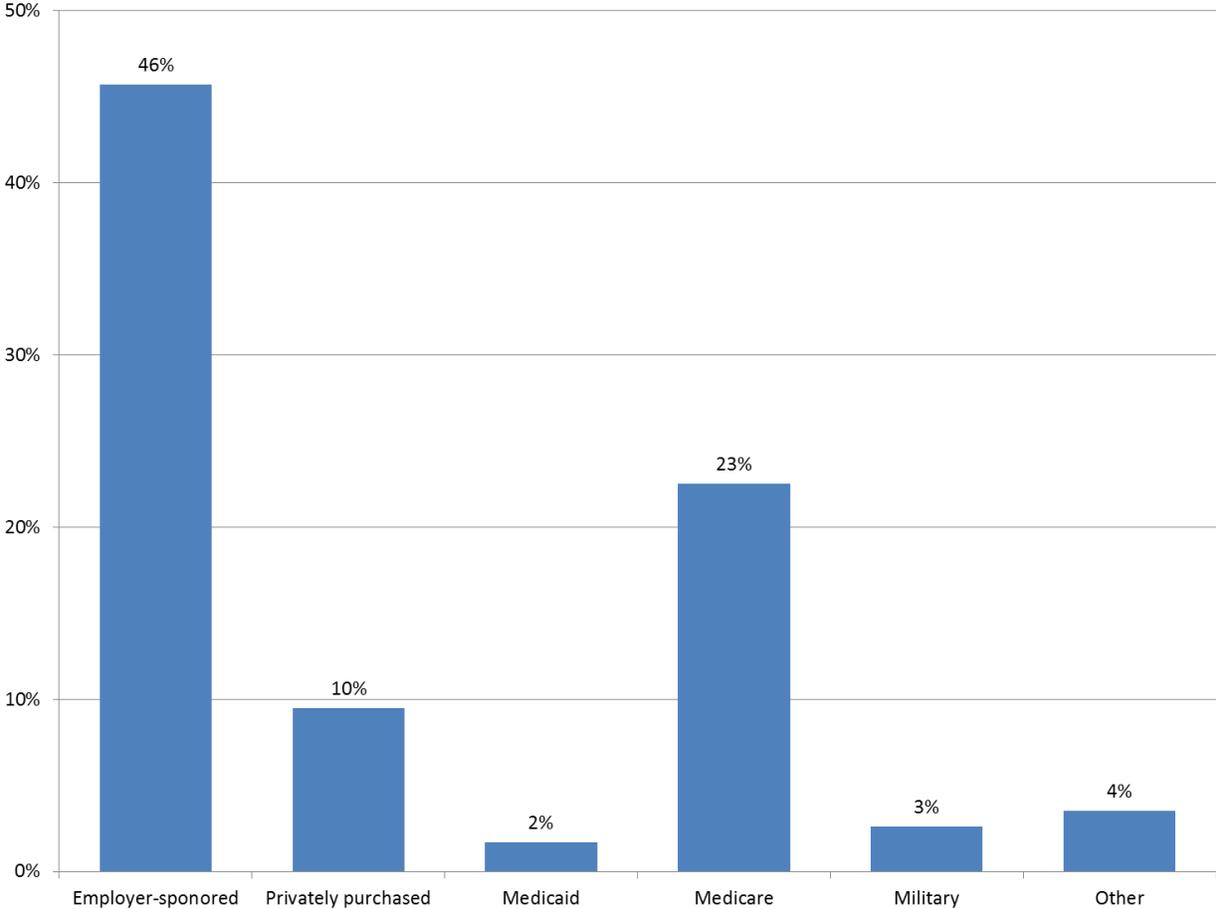
¹¹ *Patient Protection and Affordable Care Act* (HR 3590) signed into law on March 22, 2010

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. Among Madison County survey respondents, 14.7 percent reported not having health insurance of any kind—the second highest rate of uninsured in the Brazos Valley. Figure 8 displays the types of health insurance coverage in Madison County.

Figure 8. Health insurance coverage in Madison County¹⁴



As illustrated in Figure 8, 46 percent percent of survey respondents reported being covered by a health insurance plan through a current or former employer or union and 15 percent of survey respondents reported being insured by Medicare plus other insurance (Medicaid, Medigap, other). 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 Madison County, satisfaction rates for access to primary care are lower than the region, with 35.8 percent of Madison County respondents indicating their access to health care *excellent*, versus 42.8 percent of the rural Brazos Valley region respondents. This may be attributed to Madison County's rural location.

Outpatient Care

In terms of having a regular place for care, three-quarters of Madison County respondents (76.9%) reported having a provider they considered their regular health care provider. Although some did not indicate having a regular health care provider, 78.4 percent reported a private doctor's office or clinic as the place where they usually go for medical care. For outpatient care, 7.8 percent said a community health center, 1.7 percent said a Veterans Affairs clinic, and 5.9 percent named the emergency room of a hospital as a place they usually go for medical care. Of those respondents without health insurance, the number of respondents having a regular place for outpatient care increases to 93.7 percent. Nationwide, 53 percent of uninsured adults had no usual source of care¹⁵.

Health Care Utilization

During the past 12 months, Madison County residents accessed a range of venues for their own health care. A majority of residents (87.8%) reported using a doctor's office or clinic for their health care. In the same time frame, 21 percent respondents reported visiting a hospital emergency room for their medical care. Reasons given for visiting an emergency room included having an injury or being very sick (12.3%), the doctor's office was closed (6.1%), not having enough money for a doctor's visit (6.1%), and not having health insurance coverage for a doctor's visit (4.4%).

The survey also asked about residents' health literacy and preparation for medical visits. Among Madison County respondents, only 15.3 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 Madison County respondents

Behavior	Never/Almost Never	Sometimes	Fairly Often/Very Often/Always
Ask questions about medications	15.2%	17.2%	67.6%
Ask questions about treatment	11.4%	16.2%	72.3%
Discuss personal problems	20.5%	17.2%	62.3%
Prepare a list of questions for health care provider	58.6%	26.0%	15.3%

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. In Madison County, under half of respondents (43.9%) report delaying seeing their health care provider, and 39 percent put off obtaining dental care. Nearly one in seven respondents (13.8%) 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 of Madison County 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, 21.9 percent of respondents reported providing care for at least one person.

Majority of the people being cared for were aged 65 or older (49.8%); 48.4 percent of respondents reported caring for someone between the ages of 45 and 64. Less than two percent of respondents reported caregiving for a child between the ages of one and 17. Across the county, 29 percent reported caring for a parent or spouse's parent. The other relationships between caregiver and charge most commonly reported were caring for a spouse (29.4%), non-relative (20.2%), and grandparent (17.8%).

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 care for most requires help, and how much difficulty they faced in caregiving. Almost three-quarters (73.6%) of caregivers in Madison County reported providing care between one and two days (1-47 hours) per week. While 18.8 percent care for someone between three and six days and 7.7 percent care for someone for seven days per week. In Madison County, 15.6 percent of caregivers reported caring for someone between 72-83 hours per week; this is the highest rate reported across the counties. Nearly 70 percent of participants had cared for someone for less than five years (48.4% reported one to five years; 22% reported less than one year). Five percent of caregivers

reported caring for someone for more than 20 years. Caregivers most commonly reported the person they cared for needing assistance with mobility (31.4%), with taking care of themselves (28.6%) with respect to activities of daily living (for example, bathing, eating, and getting dressed), and with communicating with others (17.1%).

Across Madison County, survey participants reported on caregiving’s impact on personal finances, time, family, work, relationships, creating stress and health problems. Table 5 displays the reported impact of caregiving on the life of Madison County resident caregivers.

Table 5. Reported difficulties associated with caregiving

Difficulties associated with caregiving	A lot	Some	A little
Affects family relationships	7.3%	6.7%	86%
Creates/aggravates health problems	0.0%	6.6%	93.4%
Creates stress	22.6%	38.0%	39.4%
Financial burden	39.4%	26.3%	34.4%
Interferes with work	3.9%	17.5%	78.6%
Not enough time for family	4.6%	33.6%	61.8%
Not enough time for self	2.2%	36.3%	61.5%
Other difficulty	21.6%	60.8%	17.6%

Transportation

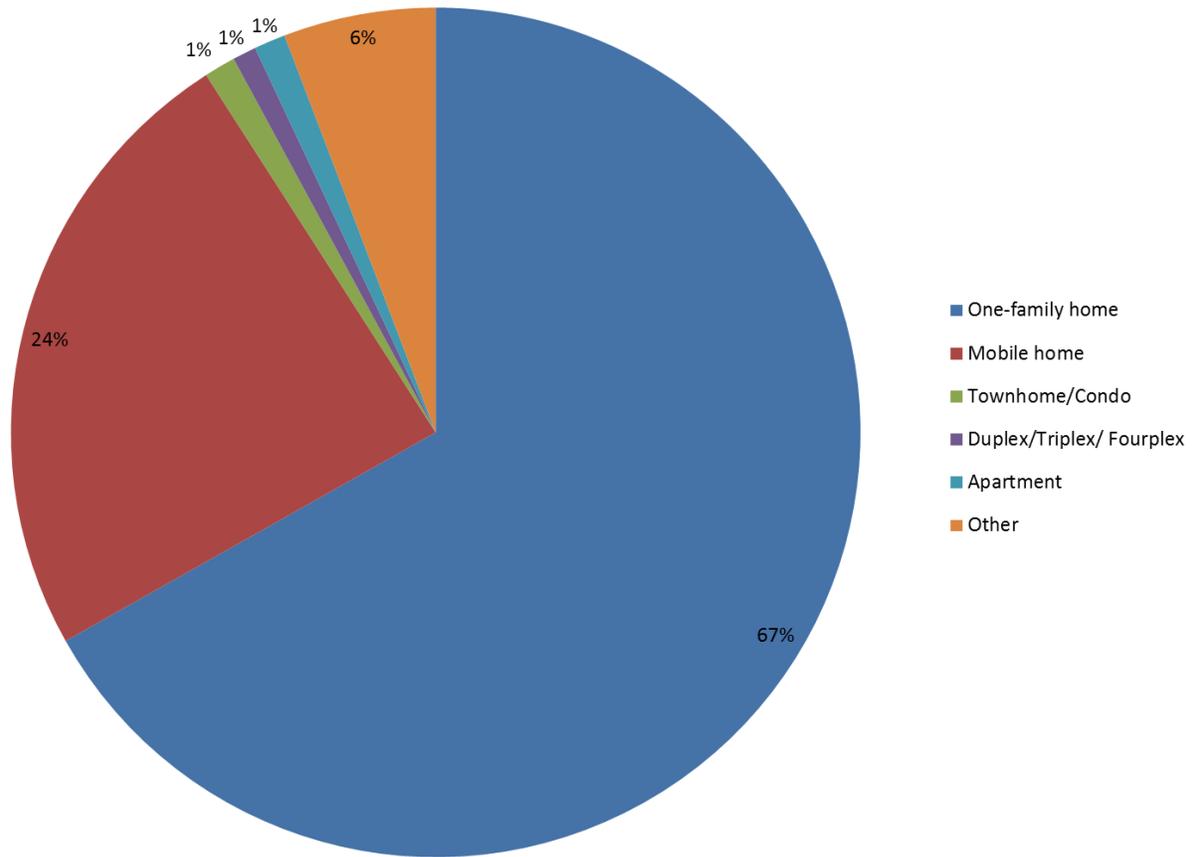
Transportation continues to pose a formidable challenge for all segments of the population and can be a significant barrier when it comes to accessing health care and related services. This issue was mentioned in every community discussion group, regardless of community sector represented.

Among Madison County survey respondents, the median travel distance to medical care was 25.6 miles, and the median travel time was 32 minutes. For dental care, the median distance was 22 miles, and travel time was 29 minutes. To fill a prescription, the median distance was 14.2 miles, and travel time was 24 minutes.

Housing

For the first time in 2013, the survey asked residents about the condition of their housing. Madison County respondents reported primarily living in a one-family home (66.9%), followed by 24.1 percent living in a mobile home. One 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 Madison County.

Figure 9. Type of housing in Madison County



Residents reported their buildings' estimated ages as well as how long they had lived there. Most residents (41.3%) lived in housing that was built in 1979 or before. Additional 32.9 percent live in houses built between 1980 and 1999, and while the remaining 25.8 percent lived in housing built in 2000 or later. Across Madison County, the average number of years residents have lived in their housing is 13 years. 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 Madison County

Housing Problems	Percentage of Madison County Respondents
Plumbing, heating/cooling, electricity	32.5%
Mice, rats, or cockroaches	17.0%
Broken plaster or peeling paint (interior)	16.5%
Mold	8.6%
Roof (such as holes, leaks, or sagging)	7.9%
Holes in the floor	6.0%
Broken windows	3.4%

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 (28.5%),
- 2) Financial assistance or welfare (23.5%),
- 3) Financial assistance for auto, appliance, or home repair; or weatherization (19.4%),
- 4) Utility assistance (15.9%) and
- 5) Work-related or employment services including job training (10.2%).

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 Madison County. Table 7 summarizes the data of those who needed a service, but could not get it.

Table 7. Unmet needs in Madison County

Service Category	Percent Who Needed and <u>DID NOT</u> Get
Food, meal, and nutrition services (such as Meals-On-Wheels)	91.7%
Financial assistance for auto, appliance, or home repair; or weatherization	89.5%
Services for the disabled or their families	84.6%
Affordable after school or summer day programs for children	75.0%
Services for children with emotional problems or delinquent behavior	66.7%
Literacy training, GED, or ESL courses	61.5%
Utility assistance	53.3%
Early childhood programs (pre-school)	50.0%
Information and referral services (such as 211)	50.0%
Work-related or employment services	32.3%

Community Characteristics

Specific community characteristics can influence perceptions of safety and the likelihood for community members to engage in activities outside their home. Madison County respondents varied in their perception in how closely their fellow community members shared their values. A little more than half (51.5%) of Madison County respondents felt that their community had shared values. Table 8 summarizes these perceived characteristics of Madison County, listing the percentage of respondents who reported *agree* or *strongly agree* with each statement.

Table 8. Madison County community characteristics

Community Characteristics	Percentage of Madison County Respondents
People are willing to help their neighbors	84.2%
This is a close knit community	73.8%
Most people can be trusted in the community	73.7%
Neighbors would help someone who fell	61.3%
Problems in neighborhoods make it hard to go outside and walk	34.2%
Many people are physically active in local neighborhoods	26.0%
People are concerned they will be a victim of crime if they walk/bike in their neighborhood	12.4%

Community Issues

Survey respondents were asked to rate a list of issues on their perception of the seriousness of the issues in their community. In Madison County, the top five issues rated a *serious problem* or *very serious* problem were as follows

- 1) Abuse of drugs, including prescription drugs (63.2%)
- 2) Poor or inconvenient public transportation (62.4%)
- 3) Unemployment (55.9%)
- 4) Alcohol abuse (55.9%)
- 5) Lack of jobs for unskilled workers (54%)
- 6) Teen pregnancy (52.2%)
- 7) Risky youth behaviors (such as alcohol use, drug use, truancy, etc.) (47.5%)
- 8) Poverty (47.1%)
- 9) Lack of recreational and cultural activities (39.1%)
- 10) Access to affordable healthy food (34.8%)

Community Advice

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

- **Learn local history.** Community discussion groups said that people attempting to work within Madison County must get to know the community. They suggested that individuals not from the county first learn about the community, its history, and what is going on in the community, and then get involved.
- **Engage community stakeholders.** Residents suggested that *before* taking action, it is critical to engage stakeholders within the community.
- **Communicate early and often.** As with most of the Brazos Valley, Madison County discussion group participants identified communication as a vital element of outreach. They said that the best way to communicate within the community was through word of mouth, local churches, and media. Residents suggested that communication begin early and continue during any local outreach activities.
- **Bring in resources.** The stress of the recovering economy still affects local residents, and it is important for new initiatives to bring in outside resources and funding. Residents place importance on collaboration, leveraging resources, and not duplicating services.

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.