RHP 17 REGIONAL HEALTH ASSESSMENT 2013

SUPPLEMENTAL REPORT: MONTGOMERY 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:

- ❖ Ms. Suzanne Gorman, St. Luke's The Woodlands Hospital
- ❖ Dr. Peg Reiter, St. Luke's The Woodlands Hospital
- ❖ Ms. Janet Gammon, Conroe Regional Medical Center
- ❖ Mr. Tom Holt, Conroe Regional Medical Center
- ❖ Ms. Kelly Wortham, Memorial Hermann The Woodlands Hospital
- ❖ Ms. Penny Wilson, Montgomery County Hospital District
- ❖ Ms. Melinda Stephenson, Kingwood Medical Center
- ❖ Mr. Andy Dill, Community Chamber of Commerce of East Montgomery County
- ❖ Ms. Karen Hoylman, The Woodlands Chamber of Commerce
- ❖ Mr. Scott Harper, Conroe Chamber of Conroe
- ❖ Ms. Deborah Rose Miller, City of Magnolia
- ❖ Ms. Vicky Shelledy, Montgomery County United Way
- ❖ Ms. Nancy Heintz, First United Methodist Church in Conroe
- ❖ Ms. Darleta Moore, First Baptist Church in Willis
- ❖ Ms. Sharon Forester, Willis Lions Club
- ❖ Mr. Jeff Sanderford, Healing Hands Ranch
- ❖ Ms. Diana Trim, Friendship Center of Magnolia
- ❖ Ms. Nan Price, Friendship Center of Montgomery
- ❖ Dr. Michael Hayles, Coat of Many Colors Ministries
- ❖ Ms. Pam Dickson, Mission Northeast
- ❖ Ms. Paula See, Montgomery County Hospital District
- ❖ Ms. Mirhonda Hon, Montgomery County Hospital District

RHP 17 REGIONAL HEALTH ASSESSMENT

SUPPLEMENTAL REPORT: MONTGOMERY COUNTY

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 Montgomery County. Most data and comparisons given will be compared to the region (the nine counties comprising RHP 17), the state, and/or the nation. For specific regional-level data, please refer to the regional *Executive Report*. Unless otherwise noted, the data presented are for Montgomery County respondents.

FINDINGS

Community Discussion Groups

Twenty-two community discussion groups (CDGs) were conducted in Montgomery County with 237 total participants. Those participating represented the diversity of the county's population; attendees were 38.5 percent male and 61.5 percent female, and 84.1 percent White/Caucasian, 3.1 percent Black/African American, and 9.7 percent Hispanic/Latino. These discussion groups were conducted from February to 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 Montgomery County. Discussion groups were held at several donated locations throughout Montgomery County, including:

- St. Luke's The Woodlands Hospital,
- Conroe Regional Medical Center,

- Memorial Hermann The Woodlands Hospital,
- Kingwood Medical Center,
- Montgomery County Hospital District,
- East Montgomery County Improvement Building,
- The Woodlands Chamber of Commerce,
- Conroe Chamber of Commerce,
- Magnolia City Hall,
- Montgomery County United Way,
- First United Methodist Church – Conroe,
- First Baptist Church – Willis,
- North Montgomery County Community Center,
- Healing Hands Ranch,
- The Friendship Center – Magnolia & Montgomery,
- Lone Star Community Center,
- Mission Northeast.

Community

Montgomery County residents described their county as a growing, conservative community that is large in both population and geography. County residents further characterized their community as vibrant, unique, and a great place to live and raise a family. Discussion group members said that even as the county becomes more metropolitan, it still has a small town feel and is very close-knit and supportive. Growth within the county emerged as a theme in community discussion groups, as residents discussed both advantages and disadvantages to rapid growth. Residents said the population is steadily increasing as people continue to relocate to the county from the Houston area and other geographical regions; many discussion group participants mentioned an increase in the Hispanic and older adult populations in particular. Residents also discussed growth in relation to economic development, stating that growth has brought an influx of new businesses and jobs within the community as well.

Discussion group participants stated that the county's location was ideal, offering quick commutes to cities such as Houston and Bryan/College Station as well as close proximity to good hospitals and health care services. Some of the county's major attractions were the many recreational opportunities available, including Lake Conroe and its amenities, Sam Houston National Forest and other parks, as well as good shopping and dining options. While the county has numerous resources and attractions, there are still parts of the population that have difficulty accessing them due to socioeconomic barriers and geographic location.

Diversity emerged as another theme as residents discussed Montgomery County. Some participants said the county was culturally diverse with equal representation of ethnicities, while others stated that the community needed more cultural diversity. Participants pointed to the fact that there is a socioeconomic divide within the county, and that more affluent regions

have more resources and economic power than other areas of the county. It was also mentioned on several occasions that the county lacks a vibrant middle class, creating a significant gap between wealthy and low-income residents. This socioeconomic discrepancy was perceived as causing division within the community by some discussion group members. Participants also stated that each city within Montgomery County was its own community, creating a silo affect that accentuates divisions among county residents.

Community Issues & Challenges

Several community issues were brought up in discussion groups—some pertaining to the community context and others to issues and challenges facing residents.

Access to care emerged as a prevalent theme throughout the region. Montgomery County, though in close proximity to a variety of health care services, still experiences issues related to accessing care within the community. Residents discussed affordability of care as one of the main barriers to access, stating that some services are just too expensive and health care coverage too minimal. Health care providers also discussed the difficulties in working with payors, mentioning the increases in regulations and decreases in reimbursement. These payment challenges add to fiscal disparities related to health care within the community. The issue of affordability affects primary care, specialty care, mental health, and dental services. Residents discussed poor dental care options for all, but singled out uninsured residents or low-income residents as facing particular difficulty in accessing dental services.

In discussing physical barriers to accessing care, many discussion group participants talked about their inability to travel to needed services due to a lack of reliable and affordable transportation. The region-wide demand for improved public transportation options was equally evident in Montgomery County. Discussion group participants further reported that residents in the eastern region of the county face economic disparities and are extremely limited in their ability to access resources and services. Many community members stated that this lack of development prevents people from getting jobs, keeping jobs, and accessing needed services.

Another frequently mentioned access-related issue is resource availability. Some residents perceived a lack of resources within the community, stating that resources either do not exist for particular community issues or are consumed by those who do not live within the county. Other participants felt that there are indeed resources available in the county, but the resources are unequally distributed. Many community members discussed their dissatisfaction with the concentration of the majority of services and resources in Conroe or The Woodlands. There was a consensus that community resources could be managed more carefully and that collaboration among cities would help leverage resources and prove beneficial for the county as a whole.

Social issues of varying degrees were discussed, namely poverty, homelessness, disparities, and concern for the needs of the Hispanic and special needs populations. Residents stated that there is a geographic divide within the community between the four regions of the county (northern, eastern, southern, and western), as well as a socioeconomic divide. Another concern is adequate resources and services for the county's growing Spanish-speaking population. Many participants feel that there are linguistic and cultural barriers to serving this population; currently, there are minimal resources to assist with overcoming these barriers.

Growth, as mentioned earlier, has advantages and disadvantages for the county. According to residents, while growth brings diversity, employment, and revenue, it also brings challenges. Residents stated that the rate of growth makes it difficult to maintain the county's infrastructure. Furthermore, though large retail businesses are moving in, small stores that have existed in the community for generations are hurting because of this development. Some residents who have lived in the community for years feel invaded because the growth has been so rapid.

In addition, the demand for housing has increased as more people move into the county; cities are building more and more infrastructure as they attempt to address the influx of people. Residents stated that housing is an issue across the county because there is not enough available, especially for low to moderate income families. Residents also mentioned that rental properties are expensive, and that the availability of nice, small, starter homes in decent neighborhoods is scarce. Other housing issues discussed included a lack of housing help, loan restrictions hindering affordability, and an increase in foreclosures throughout the county.

There was also some discussion among residents concerning a lack of resources and services for youth. Community members discussed an increase in local gang violence as well as teen pregnancy, attributing both issues to the lack of resources and services available for youth in the form of character development. Residents stated that while there are youth recreational opportunities such as sports and outdoor activities available, there are areas within the county that do not have physical or financial access to take part in these activities. Residents would also like to see more vocational training and other developmental opportunities for youth within the county, especially for those in low or moderate income areas. Finally, discussion group participants mentioned the need for services for teens aging out of foster care.

In describing specific health issues within the county, discussion groups mentioned drug addiction, diabetes, obesity, homelessness, cancer, and abuse of women and children on many occasions. Some residents believe that drug addiction problems are heightened by both the lack of available counseling and mental health services and the location of the county's major highways for drug trafficking. When discussing cancer, many participants said that it was a major health concern for Montgomery County residents because there is a perception that local services for individuals with cancer do not exist. Several participants stated that community

members feel that they must travel outside the county for any cancer-related needs beyond diagnosis.

Resources

While CDG participants identified many issues facing the community, residents named an extensive list of essential community resources as well. Many community based organizations and collaborations such as the Lions Club, YMCA, Friendship Center, United Way, food banks, Montgomery County Emergency Assistance, Montgomery County Women's Center, Mission Northeast, Tri-County Services, Montgomery County Youth Services, Chamber of Commerce, Family Promise, and the Homeless Coalition were mentioned as essential resources to the community. Because most of these organizations are non-profit, many require volunteers to function at maximum capacity. Montgomery County volunteers were described as part of the fabric of the community; they assist community based organizations and collaborative efforts to ensure services are provided to those who need them.

Many participants mentioned the strong support for youth and youth-related activities in the community, stating that residents are very collaborative and generous when it comes to youth initiatives. The faith-based community was also noted as an important sector of the community, with many active churches, good schools, and recreational activities associated with faith-based organizations, such as St. Vincent de Paul and Tomagwa Healthcare Ministries. These organizations house many of the community food pantries and provide a range of assistance programs for those in need. There is a strong network of churches within the community and their leadership and guidance is seen as an invaluable resource to community members.

Health care organizations were also mentioned as a community resource. The hospital district was said to provide quality services, good doctors, and a convenient location for certain community members, while community health clinics were said to be a good resource for medically indigent and low-income residents.

Schools are another resource within the community. Residents stated that some parts of the county have excellent school districts, with superb leadership and guidance counselors. Some high schools offer college credit or vocational training to students in an effort to prepare them for life after graduation. For college-bound students, local community colleges as well as universities such as Sam Houston State University or Texas A&M University are all within an easy commuting distance. Some residents also mentioned that Texas A&M University is a great resource for technical assistance as well.

Finally, the county's economic infrastructure was said to be a resource. Businesses within the community, such as Wal-Mart, Borden Milk, and Brookshire Brothers Grocery Store, were said to be giving and interested in community building activities. Local amenities such as Sam Houston National Forest and Lake Conroe bring people and revenue into the county. The

location of the county and its proximity to Houston is a resource frequently mentioned by community members 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 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 1,522 surveys completed in Montgomery County. What follows are the results from those Montgomery County surveys.

Demographics
Age and Gender

The mean age of survey respondents from Montgomery County was 47 years. Compared to the region, Montgomery County has a slightly older population than the rural counties, Texas, and the U.S. Figure 1 illustrates the age distribution for Montgomery County compared to RHP 17, the rural RHP 17 counties, Texas, and the U.S.
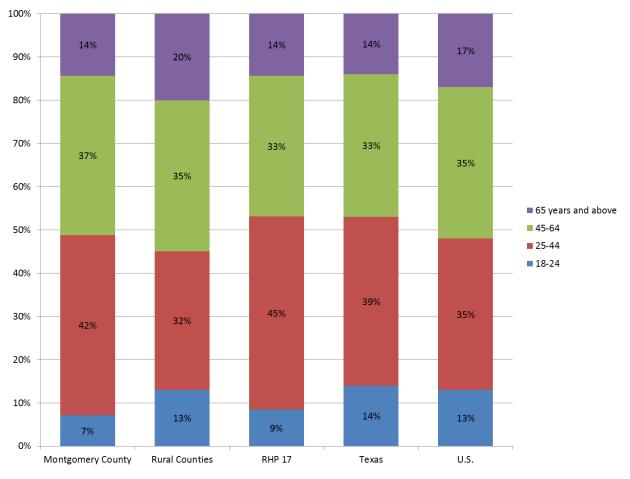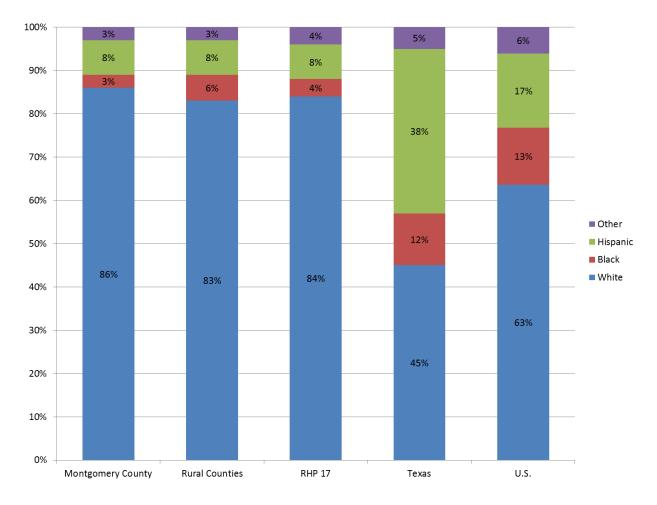
Figure 1. Age distribution of Montgomery County, rural RHP 17 counties, the RHP 17 region, Texas and U.S.[1]

Race and Ethnicity

Survey respondents were asked to indicate the racial or ethnic group they felt best described them. A majority of Montgomery County survey respondents identified themselves as White/Caucasian (86.4%), 2.7 percent indicated Black/African American, and 7.6 percent Hispanic/Latino. Comparing these figures to 2011 Census estimates indicates that minority groups are underrepresented in this survey sample. Because of relatively small numbers, the categories of Asian or Pacific Islander, Native American, and more than one race were combined into a single group called "All Other Races" for the purpose of analysis (total of 3.3%); this label will be used throughout the report. Figure 2 shows the racial/ethnic distribution of Montgomery County survey respondents in comparison to the rural RHP 17 counties, RHP 17, Texas, and the US.

---

[1] http://quickfacts.census.gov/qfd/states/48000.html

Figure 2. Racial/ethnic distribution of Montgomery County, rural RHP 17 counties, the RHP 17 region, Texas and U.S.[2]

Marital Status

The majority of Montgomery County survey respondents reported being married (77.4%); 12.2 percent reported their marital status as single (never married); 4.8 percent reported being separated or divorced; 3.5 percent were widowed; and 2.2 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 Montgomery County survey participants was 3.3 persons. The average household size is 2.8 persons for Texas and 2.6 persons for the U.S. Among

---

[2] http://quickfacts.census.gov/qfd/states/48000.html

respondents, 47.6 percent reported having children less than 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, 10.2 percent reported that **no one** living in the household was contributing to the household income. Just over a third of respondents said that one person contributed all of the household income (39.3%), 46.8 percent said two people contributed to the household income, and 2.7 percent said three people contributed.

Education

Education is an important social factor that influences health status. The mean years of education attained for survey respondents in Montgomery County is 14.8, the equivalent of a high school diploma plus over two years of college. Among survey participants, four percent reported not completing high school, while 14.9 percent received their high school diploma, and 81.1 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 percent.[3] Figure 3 presents a comparison of educational attainment for Montgomery County compared to the rural RHP 17 counties, RHP 17, Texas, and the U.S.

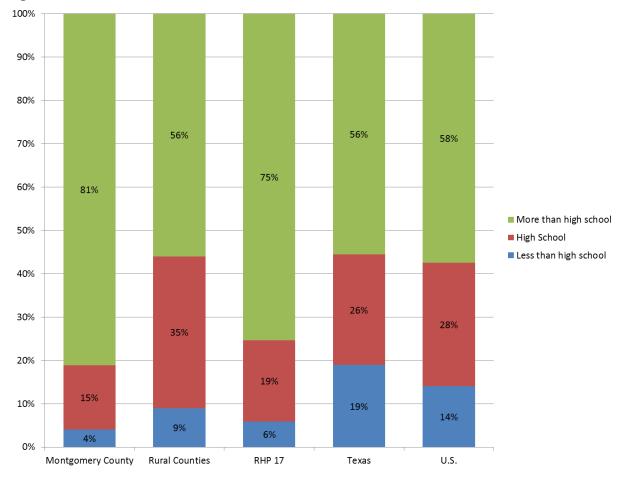---

[3] http://quickfacts.census.gov/qfd/states/48000.html

Figure 3. Educational attainment in Montgomery County, rural RHP 17 counties, the RHP 17 region, Texas and U.S.[4]

[4] http://quickfacts.census.gov/qfd/states/48000.html

Employment

Among Montgomery County survey respondents, 54.4 percent reported they were currently employed. Of those who were employed, the vast majority said they only had one employer (88.4%), but 8.4 percent said they had two employers, and another 3.1 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 Montgomery County in May 2013 was 5.5 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, 37.7 percent were full-time homemakers, 35.3 percent were retired, 14.7 percent of the respondents were disabled and unable to work, and 12.4 percent laid off or unemployed. Figure 4 illustrates the responses of Montgomery County residents who were not currently employed.
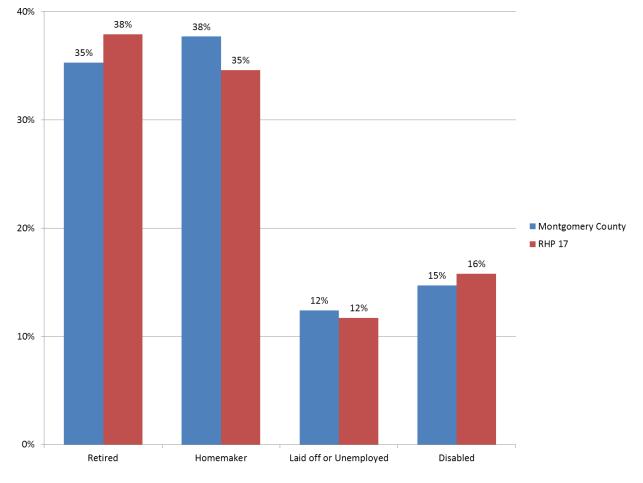
Figure 4. Percentage of responses regarding work situation if not currently employed

Household Income

Among survey respondents in Montgomery County, the median household income was $100,000 for 2012, which is close to double the census estimates for Texas ($50,920) and the US ($52,762). This is 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, 6.6 percent reported incomes at or below FPL, with another 9.8 percent between 101 and 200 percent FPL, which is generally considered low-income. The rate of poverty and low income in Montgomery County is lower than the U.S. rates (20% and 19% respectively). Figure 5 compares the poverty status for Montgomery County survey respondents compared to rural RHP 17 counties, RHP 17, Texas, and the U.S.
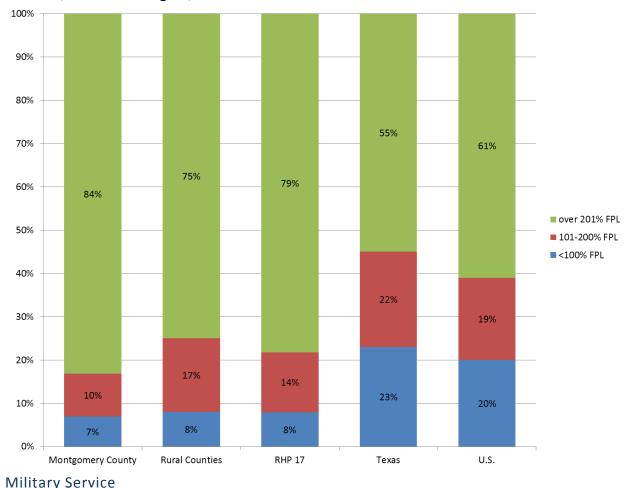
Figure 5. Poverty status for survey respondents in Montgomery County, rural RHP 17 counties, the RHP 17 region, Texas and U.S.[5]

Military Service

[5] http://quickfacts.census.gov/qfd/states/48000.html

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, 11.7 percent reported ever having served in any branch of the United States Armed Forces, while 13 percent who completed the survey identified themselves as currently serving active duty in the military. Of Montgomery County residents who reported having served in the U.S. Armed Forces, 44.5 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.

The first question simply asked respondents to rate their health; the possible responses were *excellent*, *very good*, *good*, *fair*, and *poor*. In Montgomery County, 23.3 percent of respondents indicated their health was *excellent*, and 40.9 percent said their health was *very good*. In contrast, 7.7 percent indicated their health was *fair*, and 1.7 percent said their health was *poor*. Figure 6 compares self-reported health status for Montgomery County with rural RHP 17 counties, RHP 17, Texas and the U.S.
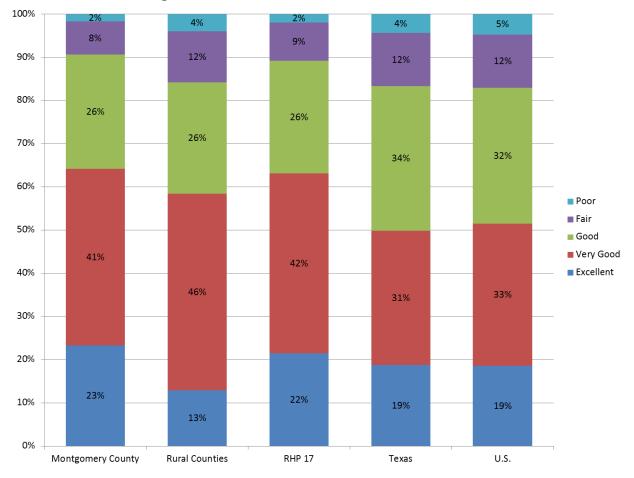
Figure 6. Compares self-reported health status in Montgomery County, rural RHP 17 counties, the RHP 17 region, Texas and the U.S.[6]

The second question asked how many days of the past 30 days was the respondent's physical health not good. Among Montgomery County respondents, the mean number of poor physical health days was 3.5, which is in line with the regional mean (3.6). Nearly one-third of respondents (26.9%) reported between one and five days of poor physical health in the past month. Almost one in 10 respondents (9.9%) 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 Montgomery County respondents, the mean number of poor mental health days was 4.4, which is higher than the region (2.9). Just over one-fifth of respondents (20.7%) reported between one and five days of poor mental health in the past month. Less than one in 10 respondents (7.8 %) indicated more than 10 days of poor mental health. In addition, 19.6 percent report having been diagnosed with depression

---

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

and 18.9 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. Self-reported mental health problems in Montgomery County

Type of Mental Health Problem	Percentage of Montgomery County Responses	Percentage of RHP 17 Responses
Becoming easily annoyed or irritable	44.2%	44.7%
Feeling nervous, anxious, or on edge	38.3%	38.8%
Trouble relaxing	38.0%	38.8%
Worrying too much about different things	37.5%	38.3%
Little interest or pleasure in doing things	24.8%	29.0%
Not being able to stop or control worrying	24.5%	24.9%
Feeling down, depressed, or hopeless	24.1%	24.7%
Being so restless that it is hard to sit still	21.5%	22.2%
Feeling afraid as if something awful might happen	14.2%	16.3%

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 Montgomery County, the mean number of days in which usual activities were limited by poor physical or mental health was 2.3, which is in line with the regional mean (2.9). Almost one-quarter of respondents reported some interruption of their usual activities, with 14.5 percent indicating between one and five days, 3.7 percent reporting six to 10 days, and 7.3 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 Montgomery County responses

Major Impairment or Health Problem	Percentage of Montgomery County Reponses
Back or neck problem	17.8%
Arthritis/rheumatism	13.0%
Other impairment/problem	12.5%
Fractures, bone/joint injury	9.2%
Cardiovascular issues (heart problems, hypertension, high blood pressure)	8.2%
Limited use of arm or leg	8.0%
Depression/anxiety/emotional problem	6.7%
Diabetes	6.1%

The most commonly reported impairments or health problems were related to joint and bone health issues – back or neck problems comprise 17.8 percent of the responses, followed by arthritis and rheumatism (13%) and fractures and bone or joint injuries (9.2%). Surprisingly, eight percent of responses indicated limited use of an arm or leg as the major impairment or health problem limiting daily activities.

For the given impairments and health problems, the duration of having limited activities varied among survey respondents. Most survey participants (66.6%) 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, 18.8 percent reported pain for between one and five days, 3.7 percent had pain between six to 10 days, and 11 percent reported more than 10 days of pain. One in five (20.3%) 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-third of respondents (32.8%). Another 26 percent reported limitations for the past six to 10 years and 21 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. Less than one-quarter of participants (22.8%) reported that they felt they had enough rest or sleep every night of the past 30 days. A largest percentage of participants (33.7%) reported not feeling rested between one and five days in the past month, 16.1 percent reported the same

for between six to 10 days, and 8.9 percent reported not having enough rest or sleep for between 11 and 15 days. Nearly one in five participants (18.5%) reported not feeling rested for at least half of the days for the past month.

Nearly thirty-two percent of participants reporting feeling healthy and full of energy for at least 21 days of the past month and one in five participants (22.7%) 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 12.7 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 ≥ 35

In Montgomery County, 33.5 percent of residents were assessed to be at a normal weight for their height. The majority of survey respondents were overweight or obese; nearly one-third were overweight (35.5%), nearly one in five was obese (17.3%), and 12.4 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 Montgomery County, 88.9 percent of residents do their grocery shopping within 10 miles of the community where they live; this is higher than the 82.8 percent reported in RHP17. The mean distance Montgomery residents travel to buy groceries is 5.6 miles compared to the regional average of 7.2 miles traveled for groceries.

Concerns about the economy have a pronounced impact on residents' overall nutrition. Across Montgomery County, 6.7 percent of respondents said that *sometimes* or *often,* the food they bought did not last and they did not have enough money to get more, and 3.6 percent reported not being able to afford to eat completely meals *sometimes* or *often*. One in 15 (6.3%) reported eating less than they should because there was not enough money for food, while 3.9 percent reported skipping meals because of financial concerns. These rates were lower than the rates reported for the region.

Less than three percent of residents reported receiving food from a food pantry or food bank in Montgomery County in the past six months (2.5%) compared to 3.6 percent of residents throughout the region.

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 Montgomery County, 43 percent of respondents meet this recommendation, while 15.7 percent reported they rarely do any physical activity. These rates are similar to the rates found across RHP17.

The survey also sought to assess Montgomery County residents' sedentary time. In a seven day period, respondents reported sitting an average of 373 minutes (6.2 hours) on weekdays and 327 minutes (5.5 hours) on weekends. Overall, Montgomery County residents reported sitting about the same 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
Much better than the State of Texas (19.2%) and the U.S. (19.3%), 9.8 percent of Montgomery County survey respondents report being a current smoker, most of whom (90.7%) smoke a pack or less per day. Less than two percent of residents reported using other tobacco products, including chewing tobacco, snuff, or dip.

When asked about their alcohol consumption habits, more than half of Montgomery County survey respondents (42.3%) reported that they do not drink alcohol in a typical week. Over one-third (37.4%) said that they normally consume one to five alcoholic drinks in a week. Only 4.2 percent of respondents reported having driven after drinking at least two drinks in the past month.

In the past 30 days, 2.5 percent of Montgomery County respondents reported using prescription medications for nonmedical reasons or not as prescribed. This rate increases to 4.9 percent in the past year. Reported rates of consumption of marijuana and other illegal drugs in the last 30 days were about the same (1.4%) when compared to RHP 17 (1.5%).

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 Montgomery County survey respondents were:

1) High Cholesterol   36.2%

2) Obesity   36.0%

3) Hypertension (high blood pressure)   32.6%

4) Arthritis or rheumatism   20.3%

5) Depression   19.6%

6) Anxiety   18.9%

Thirty-six percent of respondents reported being told by a health care professional that they were overweight or obese, <u>yet when calculating BMI from reported heights and weights of respondents who had not been diagnosed as such, 48.1 percent of respondents are overweight or obese.</u> Over one-third of undiagnosed respondents were overweight (37.9%), 8.9 percent were obese, and 1.3 percent were morbidly obese. This raises serious concern regarding doctor patient communication with respect to health weight, overweight and obesity.

Of the nine counties, Montgomery County reported higher rates of diabetes, high cholesterol, and overweight/obesity in comparison to rural counties. However, Montgomery County reported lower rates for a number of chronic diseases than rural counties including arthritis/rheumatism, asthma, congestive heart failure, cancer (all kinds), emphysema/COPD, hypertension, stroke, and diabetes.

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

Table 3. Chronic condition rates for Montgomery County, rural RHP 17 counties, the RHP 17 region, and the U.S.

Disease/Condition	Montgomery County	Rural Counties	RHP 17	U.S.[7,8,9]
Anxiety	18.9%	19.1%	20.4%	17%
Arthritis/Rheumatism	20.3%	27.0%	20.5%	22%
Asthma	10.4%	12.2%	13.1%	13%
Cancer (all kinds)	6.4%	7.4%	6.2%	8%
Congestive Heart Failure	1.9%	4.1%	2.4%	2%
Depression	19.6%	17.9%	21.1%	12%
Diabetes	9.5%	12.0%	9.1%	9%
Emphysema, chronic bronchitis, or COPD	3.9%	6.8%	4.7%	2%
High Cholesterol	36.2%	33.5%	33.2%	13%
Hypertension	32.6%	36.6%	32.8%	24%
Overweight/ Obesity[10]	65.2%	61.8%	63.3%	62%
Stroke	1.4%	2.6%	1.6%	3%

The survey asked residents if their health care providers had ever referred them to a chronic disease management programs. While 7.9 percent said yes, eight percent reported attending a program to prevent or manage a chronic illness.
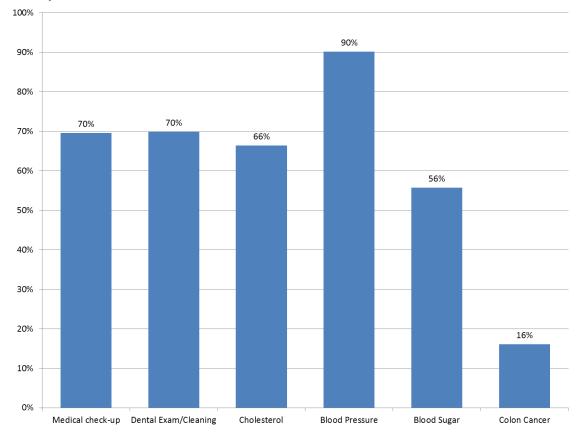
Preventive Screenings

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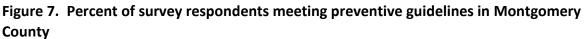
---

[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 Montgomery County

For women, a test for cervical cancer ("Pap test") is recommended every three years beginning at 21 years of age. In Montgomery County, only 61.7 percent of women report having had a Pap test in the past year, and 23 percent indicated their last Pap test between one and three years ago. Almost one in 10 women (8.9%) report having had their last Pap test more than five years ago. Among survey respondents 40 years of age and older, 64.7 percent report 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 Act[11] was intended to advance this goal, but currently, many residents are still uninsured. Eighteen percent of Americans under the age of 65 lack health insurance[12], and Texas ranks last among the 50 states in access to care, with a 24 percent overall uninsurance rate[13].

---

[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 Montgomery County survey respondents, 7.2 percent reported not having health insurance of any kind. A small percentage (1.7%) 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 Montgomery County.
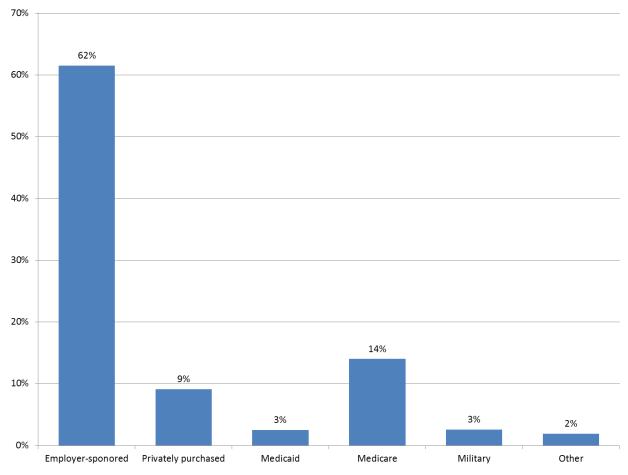
Figure 8. Health insurance coverage in Montgomery County[14]

As illustrated in Figure 8, 61.5 percent of survey respondents reported being covered by a health insurance plan through a current or former employer or union. Relatively small proportions of the population report other sources of coverage.

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.

---

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

In Montgomery County, satisfaction rates for access to primary care are higher than the rural RHP 17 counties, with 47.6 percent of Montgomery County respondents rating their access as *excellent*, in comparison to 24.4 percent of the rural county respondents.

Outpatient Care

In terms of having a regular place for care, almost all of respondents (93.6%) reported having a provider they considered their regular health care provider. Although some did not indicate having a regular health care provider, 87 percent reported a private doctor's office or clinic as the place where they usually go for medical care. For outpatient care, 1.7 percent listed a community health center and 2.2 percent listed an urgent care clinic 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 drops to 56.7 percent. Nationwide, 53 percent of uninsured adults had no usual source of care[15].

Health Care Utilization

During the past 12 months, Montgomery County residents accessed a range of venues for their own health care. A majority of residents (87%) reported using a doctor's office or clinic for their health care. In the same time frame, 15.3 percent respondents reported visiting a hospital emergency room for their own medical care. Reasons given for visiting an emergency room included having an injury or being very sick (9.3%), the doctor's office was closed (3.3%), and not having health insurance for doctor's visits (1.8%).

The survey also asked about residents' health literacy and preparation for medical visits. Among Montgomery County respondents, only 17.8 percent *very often* or *always* prepare a list of questions for their healthcare 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).

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

Behavior	Never/Almost Never	Sometimes	Fairly Often/Very Often/Always
Ask questions about meds	15.0%	14.9%	70.2%
Ask questions about treatment	10.2%	19.5%	70.3%
Discuss personal problems	19.3%	22.0%	58.5%
Prepare a list of questions	42.9%	28.8%	28.2%

---

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

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 Montgomery County, over one-third of respondents (36.5%) report delaying seeing their health care provider, and 33.6 percent put off obtaining dental care. Less than one in 10 respondents (7.8%) 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 in 10 residents of Montgomery 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, 13.4 percent of respondents reported providing care for at least one person.

A majority of the people being cared for was aged 65 or older (59.6%); 20.6 percent of respondents reported caring for someone between the ages of 45 and 64. Less than 10 percent of respondents (7.8%) reported caregiving for a child between the ages of one and 17. Across Montgomery County, 46.9 percent reported caring for a parent or spouse's parent. The other most commonly reported relationship between caregiver and the person they cared for was caring for a spouse (17.9%), child (14.2%), and non-relative (9.5%).

The survey also asked caregivers how many hours they provided care weekly, how long they had provided care, which areas in which the person they care for most requires help, and how much difficulty they faced in caregiving. Most (76.8%) caregivers reported providing care between one and two days per week (one-47 hours), while 12.9 percent reported providing care between three and six days per week (48-167 hours). Ten percent of respondents said they provided care every day of the week (168 hours). Nearly three-quarters of participants had cared for their charge for less than five years (32.4% reported one to five years; 36.6% reported less than one year). Less than five percent of caregivers reporting caring for someone for more than 20 years. Caregivers most commonly reported their charge needing assistance in taking care of themselves (27.3%) with respect to activities of daily living (for example, bathing, eating, and getting dressed), because of learning, memory or confusion problems (23.4%), and with mobility (22.6%).

Across the region, 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 Montgomery County resident caregivers.

Table 5. Reported difficulties associated with caregiving

Difficulties associated with caregiving	A lot	Some	A little
Affects family relationships	20.6%	31.1%	48.3%
Creates/aggravates health problems	9.4%	33.1%	57.5%
Creates stress	37.1%	30.8%	32.1%
Financial burden	16.0%	29.6%	54.4%
Interferes with work	10.4%	26.6%	63.3%
Not enough time for family	13.5%	28.8%	57.6%
Not enough time for self	23.5%	30.9%	45.6%
Other difficulty	39.8%	23.3%	36.9%

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 used by residents are headquartered in Montgomery County, the travel times and distances for Montgomery County residents are substantially less than their rural regional counterparts. Among Montgomery County survey respondents, the median travel distance to medical care was about 12 miles, and median travel time was 21 minutes. For dental care, the median distance was also about 12 miles, and travel time was 20 minutes. To fill a prescription, the median distance was about five miles and travel time was 10 minutes.

Housing

For the first time in 2013, the survey asked residents about the condition of their housing. Respondents across Montgomery County reported primarily living in a one-family home (87.5%) or a mobile home (5.7%). Figure 9 illustrates housing situations for Montgomery County survey respondents.
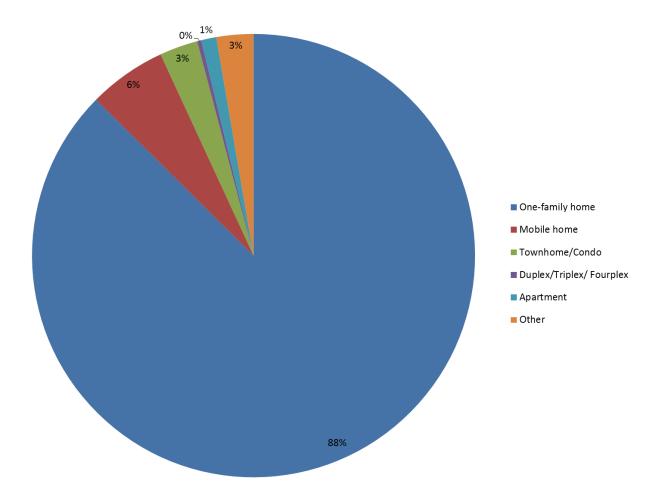
Figure 9. Type of housing in Montgomery County

Residents reported their buildings' estimated ages as well as how long they had lived there. Almost half of the participants reported their buildings to have been built in the year 2000 or later, 35 percent indicated theirs was built between the years of 1980-1999, and 15 percent reported it being built in 1979 or before. Only 31.6 percent had lived in their buildings for less than five years. Approximately 30 percent of respondents said they lived in their building between five to nine years. Another 38.8 percent said they lived in their homes 10 years or longer. Additionally, the condition of respondents' homes varied. 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 residents' homes was related to plumbing, heating/cooling, or electricity (going more than 24 hours without service).

Table 6. Severe housing problems reported in Montgomery County and RHP 17

Housing problems	Montgomery	RHP 17
Broken plaster or peeling paint (interior)	4.9%	8.2%
Broken windows	3.2%	3.7%
Holes in the floor	0.9%	2.5%
Mice, rats, or cockroaches	8.8%	9.8%
Mold	3.8%	5.3%
Plumbing, heating/cooling, electricity	15.7%	18.5%
Roof (such as holes, leaks, or sagging)	7.8%	9.9%

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 (44.1%)

2) Financial assistance or welfare (13.1%)

3) Work-related or employment services including job training (12.1%)

4) Mental health services (10.8%)

5) Early childhood programs (7.7%)

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 Montgomery County. Table 7 summarizes the data for the top 10 services of those who needed a service but could not get it.

Table 7. Unmet needs in Montgomery County

Service Category	Percent Who Needed and **DID NOT** Get
Food, meal, and nutrition services (Meals-On-Wheels)	64.8%
Financial assistance for auto, appliance, or home repair; or weatherization	61.5%
Literacy training, GED, or English as a second language courses	53.5%
Work-related or employment services	49.5%
Information and referral services (such as 211)	49.1%
Affordable after school or summer day programs for children	47.8%
Utility assistance	43.0%
Services for the disabled or their families	41.3%
Respite care (a break from caring for a dependent with a disability	39.1%
Child care services (such as information and referral or assistance with payments for child care or child care subsidy)	32.5%

Community Characteristics

Specific community characteristics can influence perceptions of safety and the likelihood for community members to engage in activities outside their home. Montgomery County respondents varied in their perception in how closely their fellow community members shared their values. Almost two-thirds (62.8%) of Montgomery County residents felt that their community had shared values. Out of RHP 17, Montgomery County residents reported the highest level of trust among fellow community members. Table 8 summarizes these perceived characteristics of Montgomery County, listing the percentage of respondents who reported *agree* or *strongly agree* with each statement.

Table 8. Montgomery County community characteristics

Community Characteristics	Percentage of Montgomery County Respondents
People in this community are willing to help their neighbors	92.5%
Neighbors would help someone who fell	88.2%
People in this community can be trusted	87.4%
Many people are physically active in local neighborhoods	80.9%
This is a close knit community	70.6%
Problems in neighborhoods make it hard to go outside and walk	17.7%
People are concerned they will be a victim of crime if they walk/bike in their neighborhood	5.9%

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 Montgomery County, the top 10 issues rated as a *serious problem* or a *very serious problem* were as follows:

1) Poor or inconvenient public transportation (43%)

2) Abuse of drugs, including prescription drugs (24.7%)

3) Risky youth behaviors (such as alcohol use, drug use, truancy, etc.) (21.9%)

4) Alcohol abuse (18.7%)

5) Lack of jobs for unskilled workers (16.8%)

6) Teen pregnancy (14.9%)

7) Unemployment (14.8%)

8) Property crime (such as fraud, burglary, vandalism, etc.) (10.1%)

9) Poverty (10%)

10) School drop-out rate (9.6%)

COMMUNITY ADVICE

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

- ➢ **Communicate.** Make your presence in the community public, as well as what you plan to do and how community members can get involved. The best ways to communicate are by word of mouth and local media.

- ➢ **Be a part of the community**. Get involved in the community and existing community initiatives. Have an attitude that shows you want to be in the community and that you care about the community beyond the accomplishment of your agenda.

- ➢ **Engage community stakeholders and be inclusive**. Network in the community and recruit community members to help. Make sure to include the whole county and find ways to reach out to those who may not be well-connected. Ensure that your community representation is ethnically diverse. Listen to the feedback from the community and adapt your plans and ideas to include their input where feasible.

- ➢ **Work with local champions.** Key leaders and local businesses are seen as champions for different issues in the county and were suggested as essential partners in local efforts. The Chamber of Commerce, county commissioners, and city officials were mentioned specifically as important people to partner with for any initiative. If these leaders are unable to help directly, they can connect you to those who can.

- ➢ **Do your homework**. Make sure you know the community history. Understand the culture and the community values. Know who does what, and always engage others respectfully.

- ➢ **Leverage Resources.** Collaborate over resources because they are scarce. Use local resources but do not deplete them. If possible, join your efforts to an existing initiative so as not to re-invent the wheel.

- ➢ **Do Something.** Do not just talk; if you initiate something, then be sure to follow through. Make sure your process can be measured to show impact and benefit to the community.

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.