
**RHP 17 REGIONAL
HEALTH ASSESSMENT
2013**

**SUPPLEMENTAL REPORT:
WALKER COUNTY**

PREPARED BY:

CENTER FOR COMMUNITY HEALTH DEVELOPMENT

TEXAS A&M HEALTH SCIENCE CENTER

SCHOOL OF RURAL PUBLIC HEALTH

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RHP 17 REGIONAL HEALTH ASSESSMENT

SUPPLEMENTAL REPORT: WALKER 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 Walker County. Most data and comparisons given will be compared to the region (the nine counties comprising RHP 17), 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 Walker County respondents.

FINDINGS

Community Discussion Groups

Six community discussion groups (CDGs) were conducted in Walker County with 69 total participants. Those participating represented the diversity of the county's population; attendees were 20.5 percent male and 79.5 percent female, and 83.6 percent White/Caucasian, 6.8 percent Black/African American, and 8.2 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 Walker County. Discussion groups were held at several donated locations throughout Walker County, including:

- Boys & Girls Club of Walker County,
- Huntsville YMCA,
- Huntsville Memorial Hospital,
- New Waverly Baptist Church,
- Riverside United Methodist Church,
- Huntsville Public Library.

Community

Located just outside of the Houston metropolitan area, Walker County residents describe their community as a small, conservative community that cares about its residents. Community members are viewed as friendly and as active supporters of local causes. As a result of its proximity to more metropolitan areas, the local population in Walker County is growing, specifically among older adults and retirees. However, this growth brings both changes and challenges, and residents recognized a widening divide between younger and older residents and between different socioeconomic groups. Residents also emphasized the stable local economy; the main employer within the county is the State of Texas, through facilities such as the Texas Department of Criminal Justice Prison System in Huntsville and Sam Houston State University.

Community Issues & Challenges

Discussion group participants highlighted several challenges facing the county. A large concern for residents was infrastructure and related development concerns. Despite population growth in the county, residents said that the county lacks adequate roads, water, affordable housing, and mail delivery systems to sufficiently accommodate the new residents. Participants also expressed concern that leadership and few incentives for new businesses acted as barriers to economic development and contributed to a lack of jobs for local residents.

Other local issues identified by discussion group participants related to the community's social dynamics. Residents perceived an overall decline in community engagement and participation. Residents said only a small group of people are involved in civic organizations or serve as volunteers for local causes. In addition, discussion group participants mentioned several social issues like poverty, racism, and poor school systems as community challenges. These social concerns were perceived to stem from the state of the economy, deep-rooted traditions within the community that make change very difficult, and a lack of overall resources.

Residents also noted that chronic diseases are a health concern for many community members. Heart disease, diabetes, hypertension, and other obesity-related issues were identified as common diagnoses within the local population. Unfortunately, residents managing these illnesses often struggle to access health services within the community. Discussion group participants emphasized that the majority of specialty care services utilized by Walker County residents are located in Conroe or The Woodlands, which required people to travel outside the county. Consistent with other counties across the region, residents said that affordable,

reliable public transportation is nonexistent within the county—making access to care even more difficult.

Resources

While community discussion groups revealed several prominent issues, residents were also quick to point out important resources within Walker County. Overall, residents considered the county's natural resources, like Huntsville State Park, to be an asset. The State Park was identified as a source of tourism that benefits the local economy, as well as a place for community members to be active and participate in recreational activities.

Residents said that social service and civic organizations are a resource to the community as well, specifically those related to youth development such as the YMCA and Boys and Girls Club. Discussion group participants acknowledged the collaborative nature of local organizations, which often results in joint activities like food drives and the soup kitchen. Residents also said local health care providers were an asset to Walker County, specifically the local hospital, pharmacies, and Emergency Management System.

Household Survey

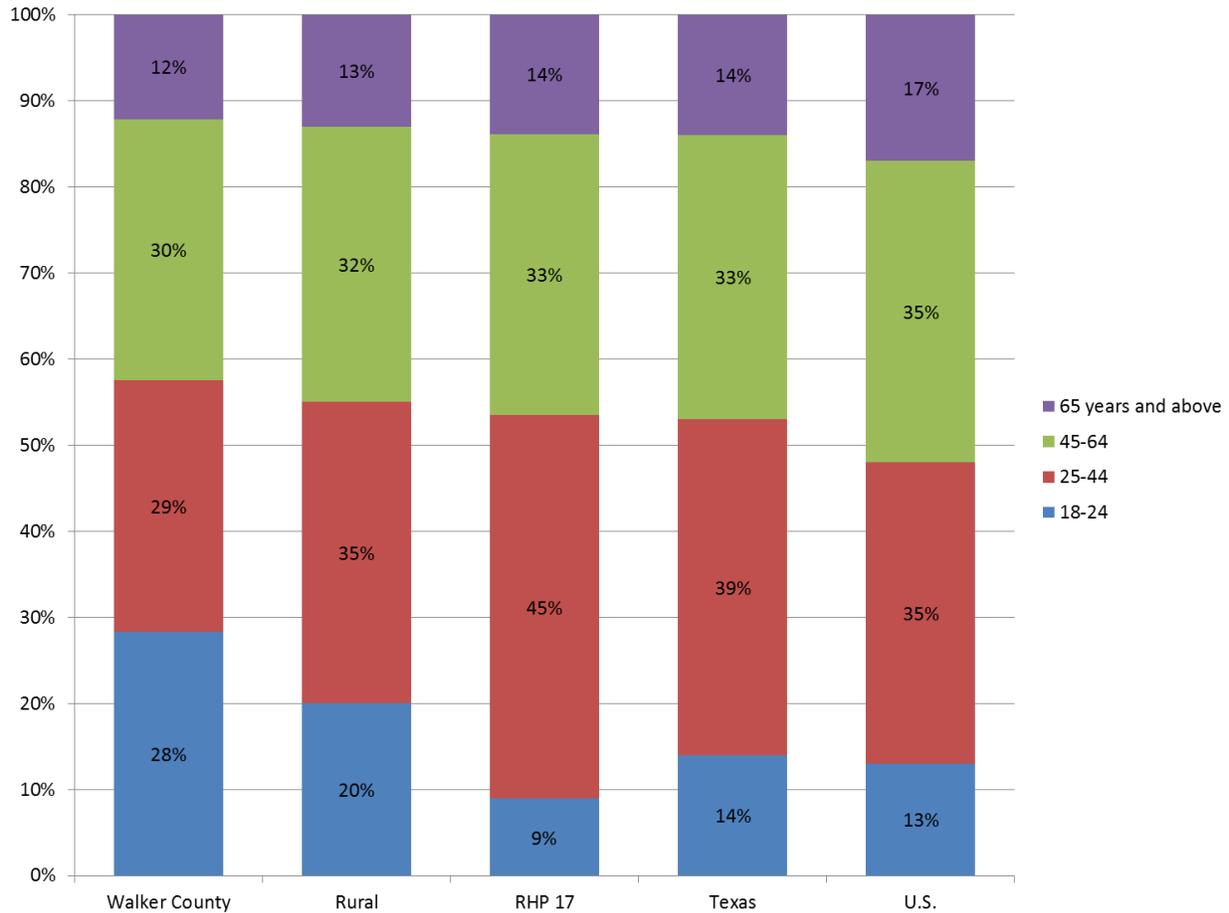
The household survey was developed and pilot tested by the Survey Committee (see Regional Report for more details). As typical in survey research, those who actually responded to the survey disproportionately represented older residents, Caucasians, and those more educated and affluent. To balance some 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 from a random sample of RHP 17 residents, with 396 surveys completed in Walker County. What follows are the results from those Walker County surveys.

Demographics

Age and Gender

The mean age of survey respondents from Walker County was 41.6 years. Compared to the region, Walker County has a slightly younger population than the rural counties, Texas, and the U.S. Figure 1 illustrates the age distribution for Walker County compared to RHP 17, the rural counties, Texas, and the U.S.

Figure 1. Age distribution of Walker County, other rural RHP 17 counties, the RHP 17 region, Texas and U.S.¹

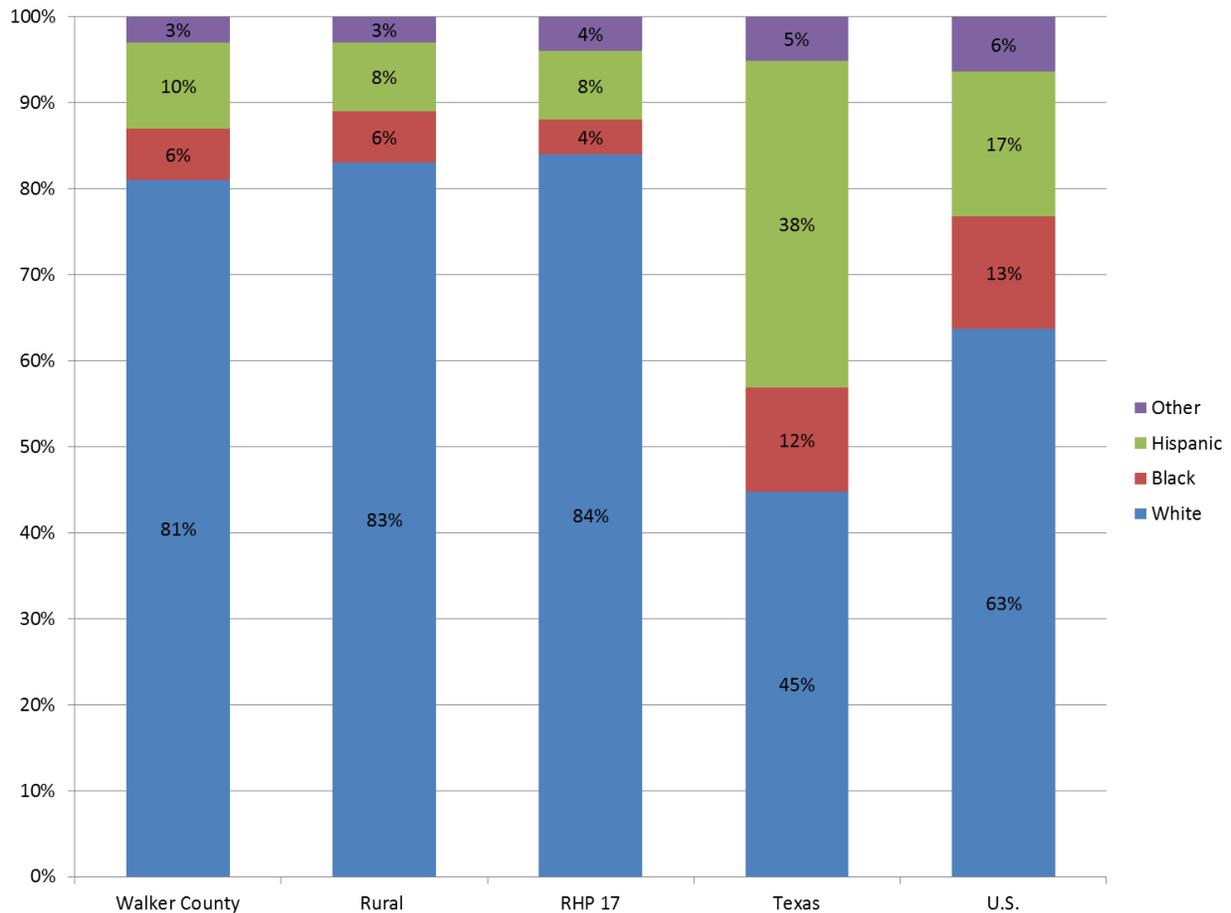


Race and Ethnicity

Survey respondents were asked to indicate the racial or ethnic group they felt best described them. A majority of Walker County survey respondents identified themselves as White/Caucasian (81.1%), 5.7 percent indicated Black/African American, and 10.2 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 3.1%); this label will be used throughout the report. Figure 2 shows the racial/ethnic distribution of Walker County survey respondents.

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

Figure 2. Racial/ethnic distribution of survey respondents in Walker County, other rural RHP 17 counties, the RHP 17 region, Texas and U.S.²



Marital Status

The majority of Walker County survey respondents reported being married (54.4%); 29.4 percent reported their marital status as single (never married); 8.1 percent reported being separated or divorced; 4.9 percent were widowed; and 3.5 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 Walker County survey participants was 2.9 persons. The average household size is 2.8 persons for Texas and 2.6 persons for the U.S. Among respondents, 43.2 percent reported having children under 18 years of age living in their household. Statewide,

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

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

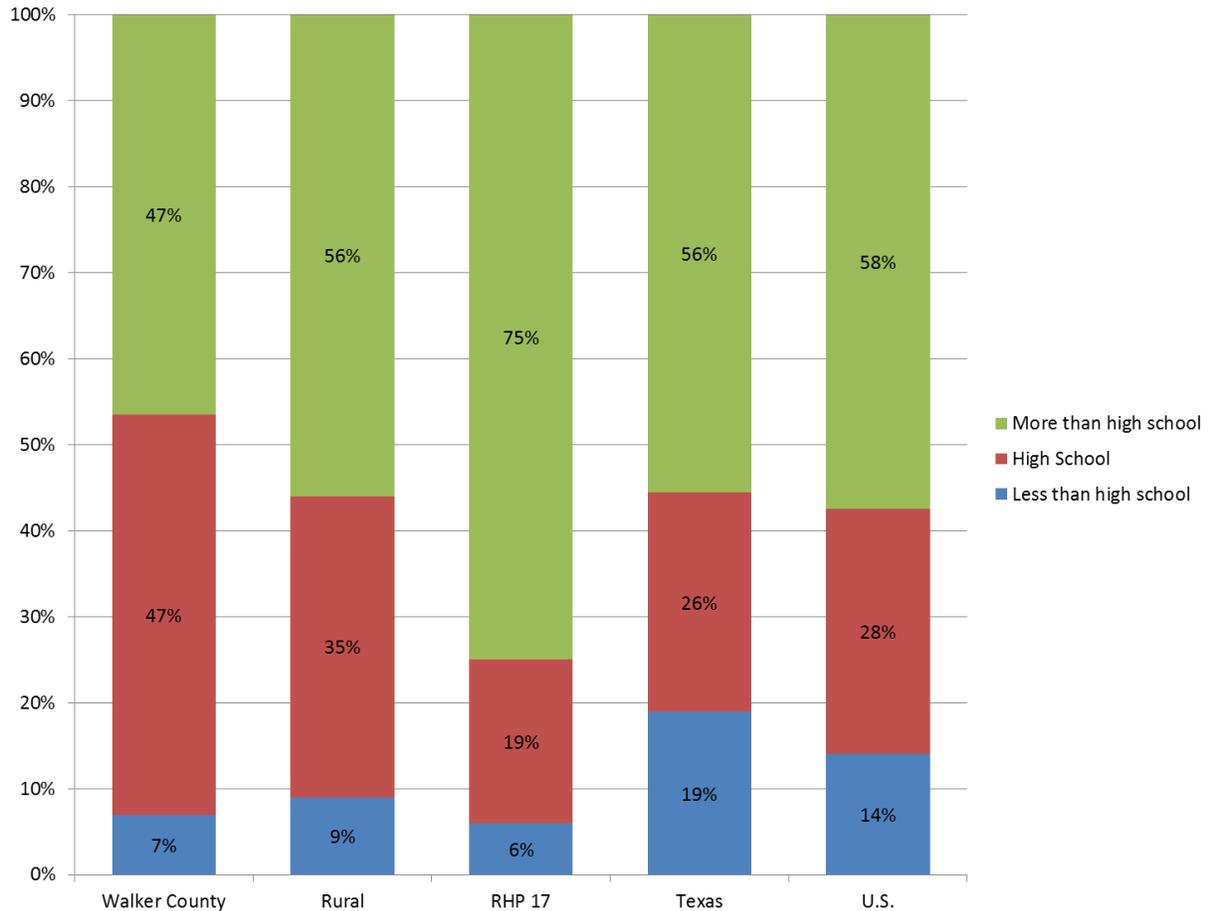
The survey asked respondents how many people in their household earned wages that contributed to their household income. In response, 10.9 percent reported that **no one** living in the household was contributing to the household income, which reflects many of the concerns heard in the discussion groups about rising unemployment. Nearly one third of respondents said that one person contributed all of the household income (28%), 58.7 percent said two people contributed to the household income, and 2.3 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 Walker County is 13.5, the equivalent of a high school diploma plus over one year of college. Among survey participants, 6.5 percent reported not completing high school, while 46.6 percent received their high school diploma, and 46.9 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 Walker County survey respondents compared to rural RHP 17 counties, the RHP 17 region, Texas, and the U.S.

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

Figure 3. Educational attainment in Walker County, other rural RHP 17 counties, the RHP 17 region, Texas and U.S.⁴



Employment

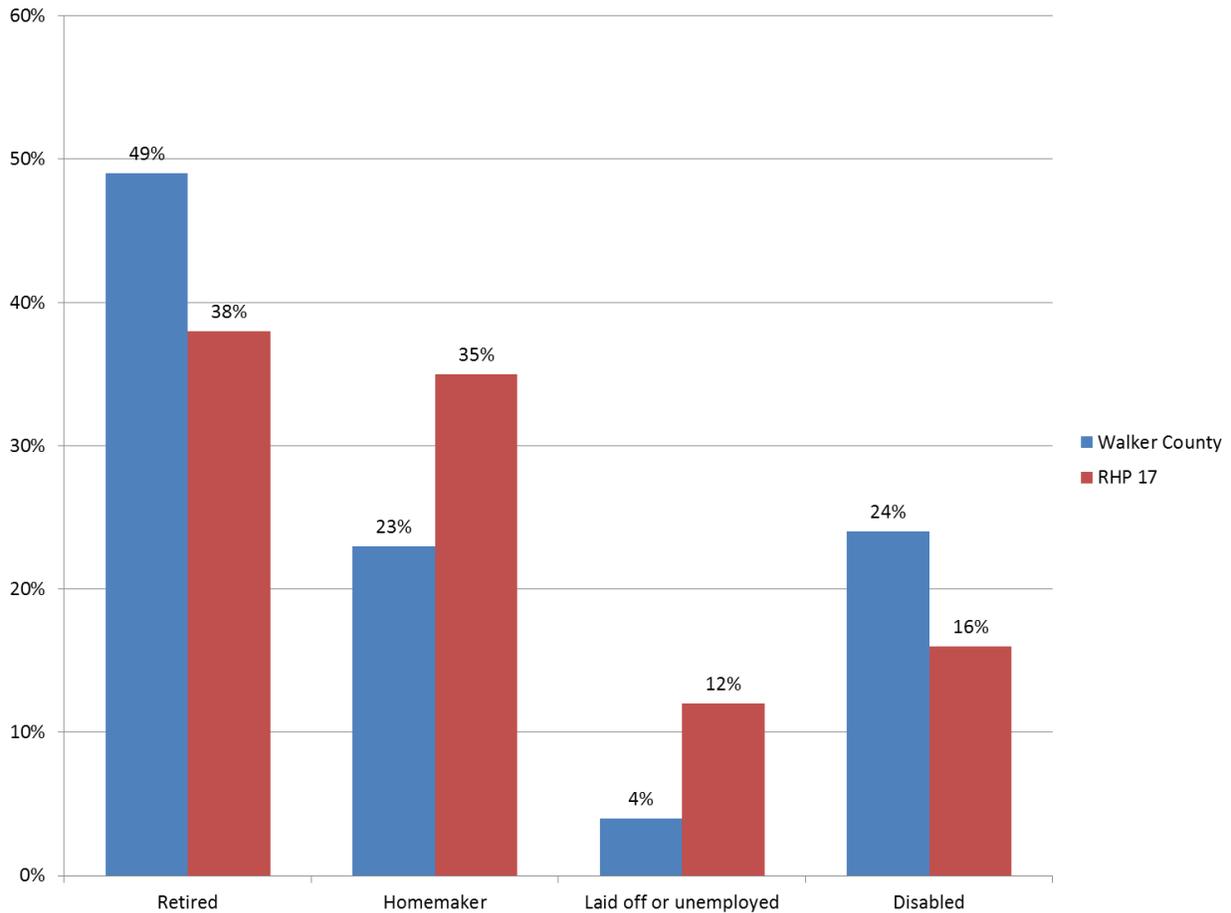
Among Walker County survey respondents, 60.3 percent reported they were currently employed. Of those who were employed, the vast majority said they only had one employer (94.3%), but 5.2 percent said they had two employers, and only 0.5 percent reported three or more employers.

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 Walker 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.

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

Of survey participants who reported that they were not employed, 48.6 percent indicated they were retired and not working, 24 percent were disabled and not able to work, 23.4 percent were full-time homemakers, and four percent laid off or unemployed. Figure 4 illustrates the responses of Walker County residents who were not currently employed.

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



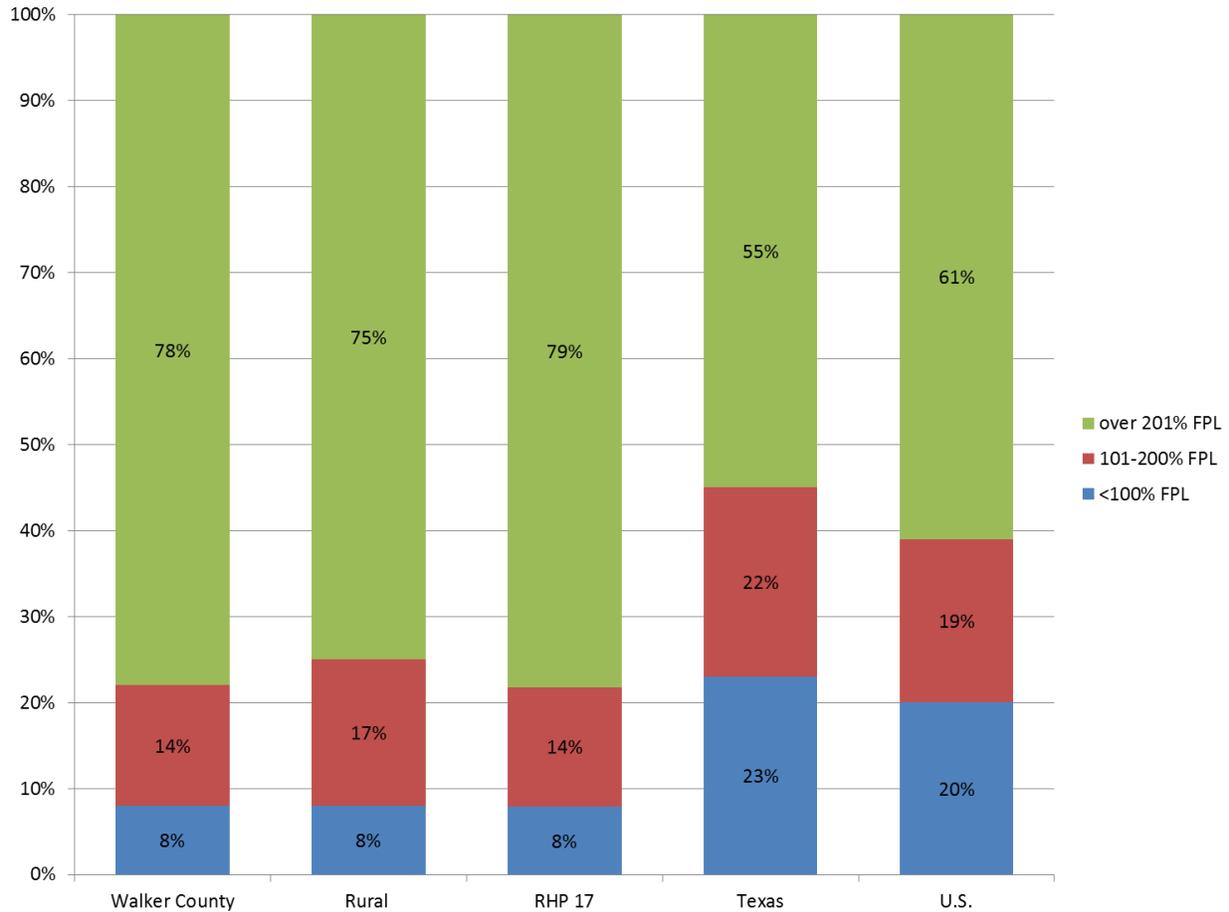
Household Income

Among survey respondents in Walker County, the median household income was \$71,867 for 2012, which is higher than census estimates for Texas (\$50,920) and the US (\$52,762). This is not unusual for a sample survey, as the low-income residents 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, 7.6 percent reported incomes at or below FPL, with another 14.2 percent between 101 and 200 percent FPL, which is generally considered low-income. The rate of poverty and low income for Walker County respondents is substantially lower than the U.S. (20% and 19%, respectively). The rate of poverty is about the

same in Walker County compared to the rural counties, and the figures for low-income are similar. Figure 5 compares the poverty status for Walker County survey respondents compared to RHP 17, Texas, and the U.S.

Figure 5. Poverty status for Walker County survey respondents, other rural RHP 17 counties, the RHP 17 region, Texas and U.S.⁵



Military Service

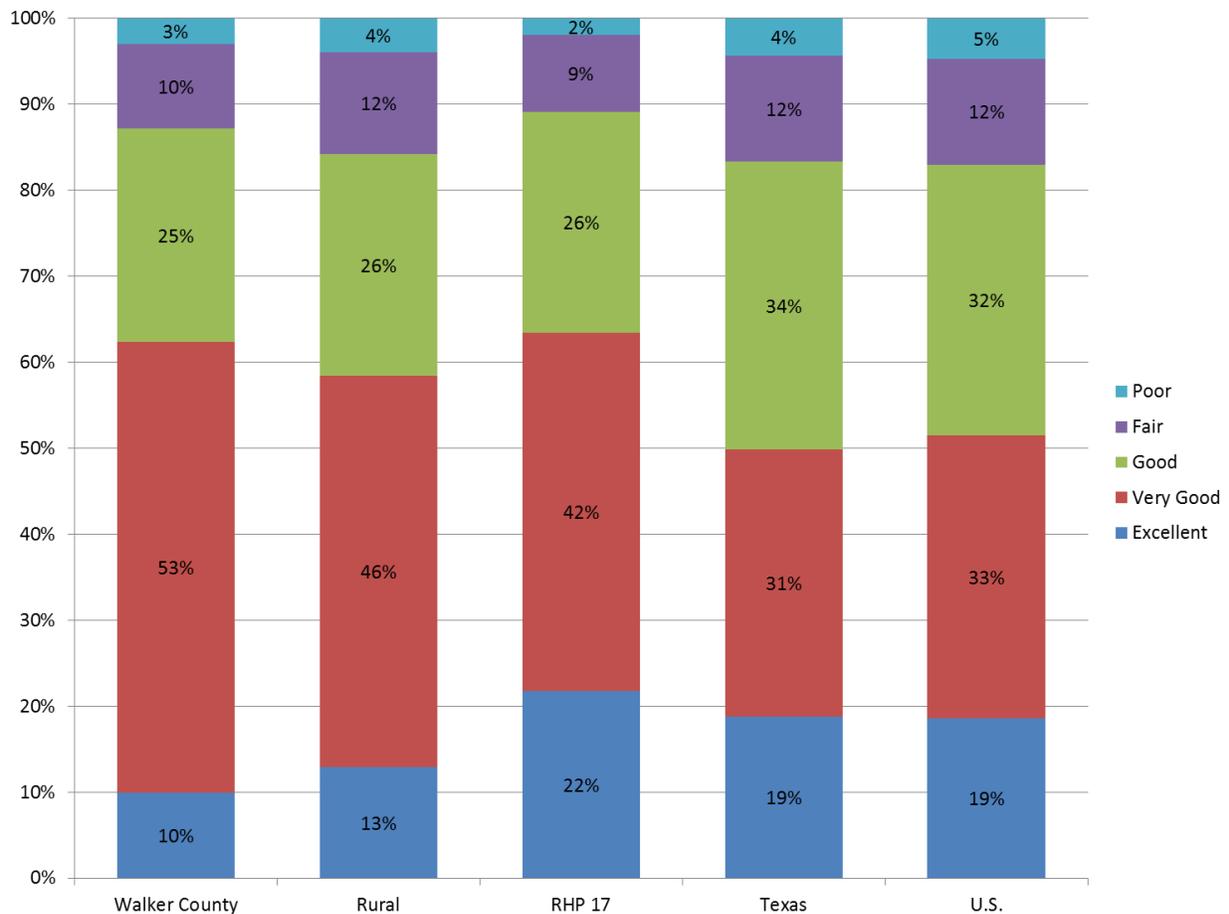
With a growing number of veterans and their unique health needs, the Survey Committee thought it wise to ask about military service. Among survey respondents, 10.7 percent reported ever having served in any branch of the United States Armed Forces, while 0.9 percent who completed the survey identified themselves as currently serving active duty in the military. Of Walker County residents who reported having served in the U.S. Armed Forces, 41.8 percent reported serving in an active duty war zone. There are 1,618,413 veterans in Texas, representing approximately six percent of the population.

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

Health Status

The first four questions in the survey are taken from the Health Related Quality of Life scale developed and tested by the Centers for Disease Control and Prevention (CDC). These are simple, but powerful indicators of functional health status and its impact on daily life. The first question simply asked respondents to rate their health; the possible responses were *excellent*, *very good*, *good*, *fair*, and *poor*. In Walker County, 9.9 percent of respondents indicated their health was *excellent*, and 52.6 percent said their health was *very good*. In contrast, 9.7 percent indicated their health was *fair*, and 3.1 percent said their health was *poor*. Figure 6 compares self-reported health status for Walker County with other rural RHP 17 counties, the RHP 17 region, Texas, and the U.S.

Figure 6. Compares self-reported health status in Walker County with other rural RHP 17 counties, the RHP 17 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 Walker County respondents, the mean number of poor physical health days was 3.8, which is slightly higher than the region (3.6). Nearly one-fifth of respondents

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

(19.6%) reported between one and five days of poor physical health in the past month. Almost one in 10 respondents (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 Walker County respondents, the mean number of poor mental health days was 3.4, which is slightly higher than the region (2.9). Nearly one-quarter of respondents (21.4%) reported between one and five days of poor mental health in the past month. Another 11 percent indicated more than 10 days of poor mental health. In addition, 14.3 percent report having been diagnosed with depression and 14.4 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 Walker County survey respondents

Type of Mental Health Problem	Percentage of Walker County Respondents	Percentage of RHP 17 Respondents
Becoming easily annoyed or irritable	58.5%	44.7%
Feeling nervous, anxious, or on edge	47.6%	38.8%
Not being able to stop or control worrying	44.7%	38.8%
Worrying too much about different things	32.9%	38.3%
Feeling down, depressed, or hopeless	26.2%	29.0%
Trouble relaxing	23.6%	24.9%
Little interest or pleasure in doing things	20.9%	24.7%
Being so restless that it is hard to sit still	19.8%	22.2%
Feeling afraid as if something awful might happen	12.5%	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 Walker County, the mean number of days in which usual activities were limited by poor physical or mental health was 2.5, which approximates the regional mean. Almost one-quarter of respondents reported some interruption of their usual activities, with 16.2 percent indicating between one and five days, 1.5 percent reporting six to 10 days, and 10 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 impairment or health problems among Walker County responses

Major Impairment or Health Problem	Percentages of Walker County Responses
Cardiovascular issues (heart problems, hypertension, high blood pressure)	14.1%
Back or neck problem	12.4%
Arthritis/rheumatism	11.5%
Lung/breathing problem	10.7%
Limited use of arm or leg	7.7%
Eye/vision problem	7.3%
Problems with balance or falling	7.3%

The most commonly reported impairments or health problems were related to back or neck problems with 12.4 percent of the responses, followed by arthritis/rheumatism (11.5%) and lung/breathing problem (10.7%). Surprisingly, 7.7 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 (74.2%) 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, 14.6 percent reported pain for between one and five days, 3.2 percent had pain between six to 10 days, and 3.6 percent reported more than 10 days of pain. Just about one in 10 (11.8%) 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 (35.8%). Another 26.4 percent reported limitations for the past six to 10 years and 24.4 percent had limitations to their daily activities for more than 10 years.

In the final question about residents' overall health, respondents listed a range days in the past month that they got a sufficient amount of sleep and felt very healthy and full of energy. Less than one-quarter of participants (24.4%) reported that they felt they had enough rest or sleep every night of the past 30 days. A majority of participants (45.7%) reported not feeling rested between one and five days in the past month, 11 percent reported the same for between six to 10 days, and 1.5 percent reported not having enough rest or sleep for between 11 and 15 days. Just over one in 10 participants (12.8%) reported not feeling rested for at least half of the days for the past month.

Thirty percent of participants reporting feeling healthy and full of energy for at least 21 days of the past month and one in five participants (18.3%) reported feeling good for 11 to 20 days of the past month. Disturbingly, nearly one-third of participants (30.6%) did not feel very healthy and full of energy for at least one third of the month, and an additional 11.3 percent reported never feeling healthy or full of energy.

Risk Factors

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

Obesity

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

The National Institutes of Health have published the following guidelines:

- Underweight = BMI score < 18.5
- Normal weight = BMI score between 18.5 – 24.9
- Overweight = BMI score between 25 – 29.9
- Obese = BMI score between 30 and 34.9
- Morbidly Obese = BMI score \geq 35

In Walker County, 51 percent of residents were assessed to be at a normal weight for their height. However, nearly half of survey respondents were overweight or obese: one-fifth were

overweight (20.2%), just over one in 10 was obese (12.8%), and alarmingly, 13 percent were morbidly obese. Given the number and types of conditions that are related to obesity, these statistics are cause for concern 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 Walker County, 77 percent of residents do their grocery shopping within 10 miles of the community where they live; this is lower than the 82.8 percent reported in the RHP 17 region. The mean distance Walker residents travel to buy groceries is 8.6 miles, compared to the regional average of 7.2 miles.

Concerns about the economy have a pronounced impact on residents' overall nutrition. Across Walker County, 11.7 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 7.3 percent reported not being able to afford to eat complete meals *sometimes* or *often*. Almost one in 10 (8.8%) reported eating less than they should because there was not enough money for food, while 5.3 percent reported skipping meals because of financial concerns. These rates were higher than the rates reported for the RHP 17.

Nearly five percent (4.6%) of residents reported receiving food from a food pantry or food bank in Walker County in the past six months, compared to 3.6 percent of residents throughout RHP17.

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 Walker County, 40.9 percent of respondents meet this recommendation, the highest proportion in the region. Furthermore, only 10 percent of Walker County respondents reported they rarely do any physical activity, the lowest rate in the region.

The survey also sought to assess Walker County residents' sedentary time. In a seven day period, respondents reported sitting an average of 400 minutes (6.7 hours) on *weekdays* and 308 minutes (5.1 hours) on *weekends*. On average, Walker County residents reported sitting nearly 20 minutes more each week when 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

Better than the State of Texas (19.2%) and the U.S. (19.3%), 8.1 percent of Walker County survey respondents report being a current smoker, most of whom (71.2%) smoke a pack or less per day. At 97.7 percent of respondents, Walker County matched the RHP 17 rate of residents who reported never using other tobacco products, including chewing tobacco, snuff, or dip.

Substance Use and Abuse

When asked about their alcohol consumption habits, two-thirds of Walker County survey respondents (69.2%) reported that they do not drink alcohol in a typical week. One-fifth (20.9%) said that they typically consume one to five alcoholic drinks in a week. Less than two percent of respondents reported having driven after drinking at least two drinks in the past month.

In the past 30 days (3.8%) and year (7.7%), slightly more Walker County residents than regional respondents reported using prescription medications for nonmedical reasons or not as prescribed. Reported county rates of consumption of marijuana and other illegal drugs in the last 30 days (2.4%) and year (2.7%) approximated regional rates.

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 Walker County survey respondents were:

1) High Cholesterol	28.2%
2) Hypertension	28.2%
3) Arthritis or rheumatism	23.8%
4) Obesity/overweight	23.7%
5) Anxiety	14.4%
6) Depression	14.3%

Only 23.7 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, 30.2 percent of respondents are overweight or obese. Twenty-one percent of undiagnosed respondents were overweight, 5.2 percent were obese, and 3.7 percent were morbidly obese. This raises serious concern regarding doctor patient communication with respect to health weight, overweight and obesity.

Of the nine counties, Walker County reported the lowest rates for a number of chronic diseases compared to the other rural counties which included obesity/overweight, hypertension, depression, and anxiety. Walker County also reported some of the lowest rates for congestive heart failure, high cholesterol, diabetes, asthma, and arthritis or rheumatism. Though Walker County reported the highest rate of Human Immunodeficiency Virus (HIV/AIDS) in the region, this number was still less than one percent.

Table 3 provides the rates of several commonly reported chronic conditions, with comparisons to other rural counties in RHP 17, the RHP 17 region, and the U.S.

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

Disease/Condition	Walker County	Rural	RHP 17	U.S. ^{7,8,9}
Anxiety	14.4%	19.1%	20.4%	17%
Arthritis/Rheumatism	23.8%	27.0%	20.5%	22%
Asthma	9.5%	12.2%	13.1%	13%
Cancer (all kinds)	6.6%	7.4%	6.2%	8%
Congestive Heart Failure	3.0%	4.1%	2.4%	2%
Depression	14.3%	17.9%	21.1%	12%
Diabetes	9.6%	12.0%	9.1%	9%
Emphysema, chronic bronchitis, or COPD	5.3%	6.8%	4.7%	2%
High Cholesterol	28.2%	33.5%	33.2%	13%
Hypertension	28.2%	36.6%	32.8%	24%
Overweight/ Obesity ¹⁰	46.0%	30.0%	32.3%	62%
Stroke	2.5%	2.6%	1.6%	3%

The survey asked residents if their health care providers had ever referred them to a chronic disease management program. Less than one in 10 respondents said yes (9.1%), and 7.1 percent reported attending a program to prevent or manage a chronic illness.

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

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

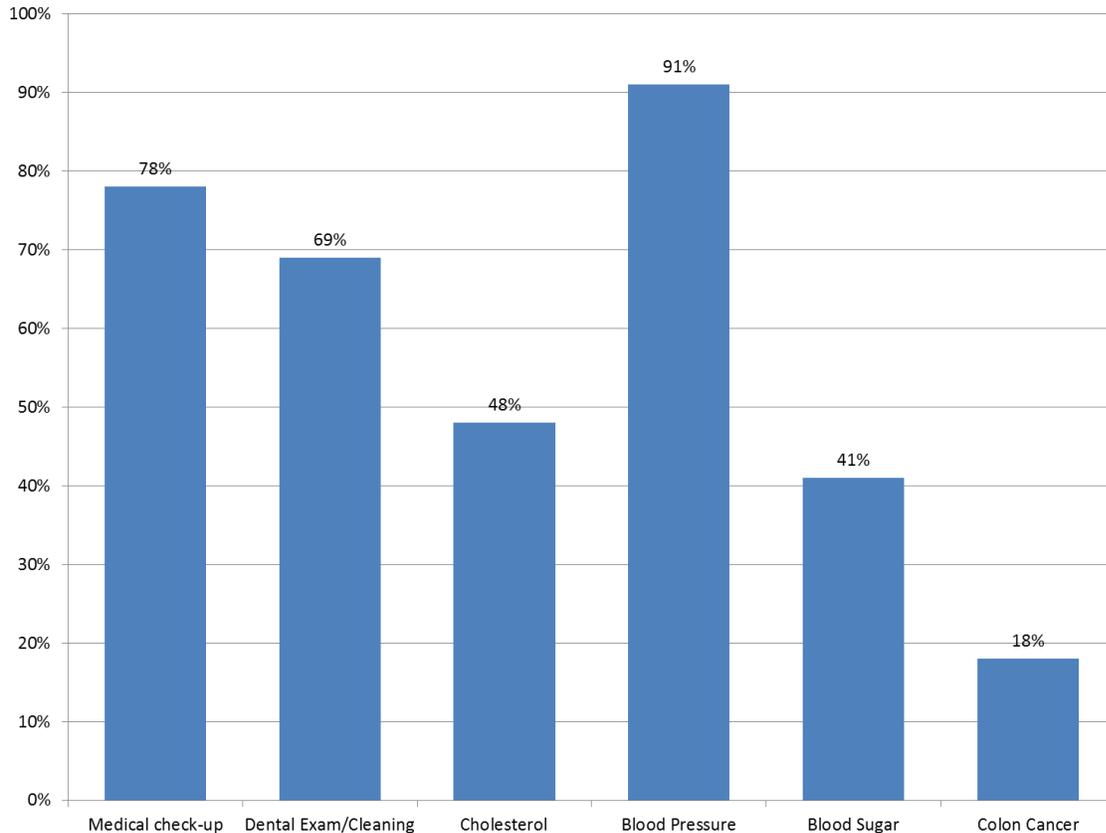
⁹ http://apps.nccd.cdc.gov/NCVDSS_DTM/LocationSummary.aspx?state=United+States

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.

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.

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



For women, a test for cervical cancer (“Pap test”) is recommended every three years beginning at 21 years of age. In Walker County, only 50.2 percent of women report having had a Pap test in the past year, and 24.5 percent indicated their last Pap test between one and three years ago. Almost one in twenty women (5.3%) reported having had their last Pap test more than five years ago. Among survey respondents 40 years of age and older, 56.5 percent reported having had a mammogram in the past year.

Health Insurance

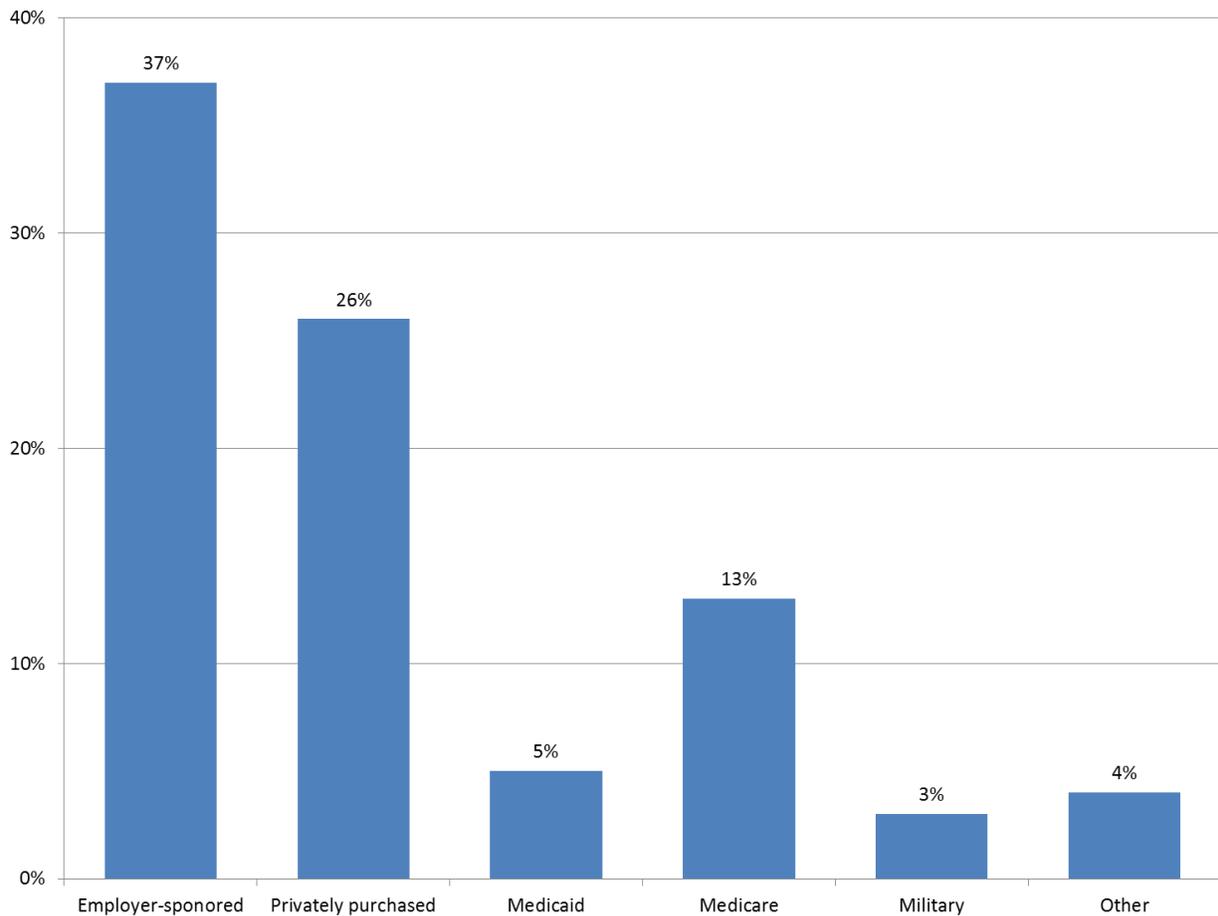
The *Healthy People 2020* goal for health insurance was that by 2020, every resident would have some type of health insurance. The 2010 Patient Protection and Affordable Care Act¹¹ was intended to advance this goal, but currently, many residents are still uninsured. Eighteen

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

percent of Americans under the age of 65 lack health insurance¹², and Texas ranks last among the 50 states in access to care, with a 24 percent overall uninsurance rate¹³.

The survey question “What type of health insurance do you have?” allowed for multiple response options to be selected. Among Walker County survey respondents, 11.9 percent reported not having health insurance of any kind, which is higher than the regional rate (8.9%). Less than one percent indicated that they had been uninsured at least one month in the past three years. Figure 8 displays the types of health insurance coverage in Walker County.

Figure 8. Health insurance coverage in Walker County¹⁴



As illustrated in Figure 8, 36.5 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.

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

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

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 Walker County, satisfaction rates for access to primary care are slightly lower than the rural counties, with 24.6 percent of Walker County respondents reporting their access to health care as excellent, compared to 32.2 percent of the other rural RHP 17 county respondents.

Outpatient Care

The majority of Walker County respondents (86%) reported having a provider they considered their regular health care provider. Although some did not indicate having a regular health care provider, 84.9 percent reported a private doctor's office or clinic as the place where they usually go for medical care. For outpatient care, 1.3 percent said a community health center, 2.8 percent said a free clinic, another 2.8 percent said a hospital emergency room, 1.5 percent said a Veterans Affairs clinic and less than one percent said an urgent care clinic. Of those respondents without health insurance, the number of respondents having a regular place for outpatient care drops to 69.2 percent. Nationwide, 53 percent of uninsured adults had no usual source of care¹⁵.

Health Care Utilization

During the past 12 months, Walker County residents accessed a range of venues for their health care. A majority of residents (84.9%) reported using a doctor's office or clinic for their health care. In the same time frame, 2.8 percent of 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 (11.8%) and their doctor's office was closed (3.9%).

The survey also asked about residents' health literacy and preparation for medical visits. Among Walker County respondents, only 10.6 percent *very often* or *always* prepare a list of questions for their health care provider. However, 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 Walker County respondents

Behavior	Never/Almost Never	Sometimes	Fairly Often/Very Often/Always
Ask questions about meds	30.7%	11.0%	58.4%
Ask questions about treatment	31.5%	12.8%	55.7%
Discuss personal problems	38.1%	11.1%	50.8%
Prepare a list of questions	56.6%	27.0%	16.4%

Delayed Care

With numerous barriers that inhibit access to care, the survey asked respondents about occasions in which they delay seeking the care they need. Specified reasons for delaying care included cost, not being able to miss work, and not having transportation. The most common reason given for delaying care among Walker County respondents was cost (12.1%). In Walker County, over one-third of respondents (37.8%) report delaying seeing their health care provider, and 36.6 percent put off obtaining dental care. More than one in 10 respondents (12.3%) indicated that they had experienced times when they had to choose between buying food, paying rent or bills, and paying for medications.

Caregiving

Almost one 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, 11.1 percent of respondents reported providing care for at least one person.

A majority of the people being cared for was aged 65 or older (50.4%); 38.3 percent of respondents reported caring for someone between the ages of 45 and 64. A small percentage of respondents (2.8%) reported caregiving for a child between the ages of one and 17. In Walker County, 47.5 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 (26.0%), child (7.9%), and non-relative (10.9%).

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 caregivers (78.7%) reported providing care between one and two days per week (1-47 hours). Ten percent reported providing care between three and six days per week (48-167 hours), while the remaining 10.6 percent said they provided care every day of the week (168 hours). Over three-quarters of participants had cared for their charge for less than 5 years (59.5% reported one to five years; 24 percent 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 provide care for needing

assistance with mobility (22.7%) and because of learning, remembering, or confusion problems (21.3%). Another twenty percent of respondents reported helping the person they care for with taking care of themselves, such as eating, dressing, bathing or toileting.

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 Brazos County resident caregivers.

Table 5. Reported difficulties associated with caregiving

Difficulties associated with caregiving	A lot	Some	A little
Affects family relationships	21.2%	14.9%	63.9%
Creates/aggravates health problems	23.3%	17.3%	59.3%
Creates stress	40.2%	26.9%	32.8%
Financial burden	27.3%	24.7%	48.0%
Interferes with work	25.7%	11.9%	62.4%
Not enough time for family	10.6%	21.7%	67.7%
Not enough time for self	18.1%	22.2%	59.8%
Other difficulty	43.5%	6.4%	50.1%

Transportation

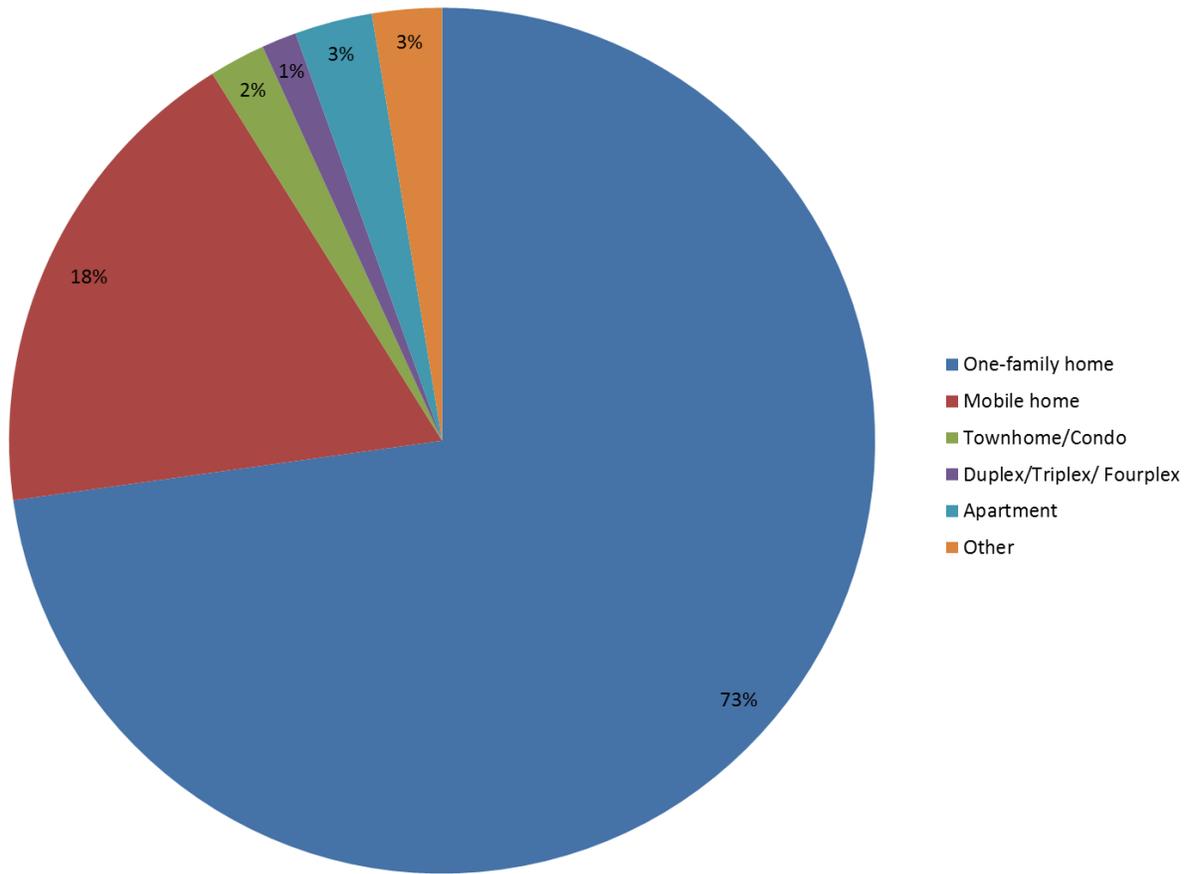
Transportation continues to pose a formidable challenge for all segments of the population and can be a significant barrier when it comes to accessing health care and related services. This issue was mentioned in every community discussion group, regardless of community sector represented.

Given that the most local health resources are headquartered in Huntsville, the travel times and distances for Walker County residents are substantially less than their rural counterparts. Among Walker County survey respondents, the median travel distance to medical care was five miles, and median travel time was 10 minutes. For dental care, the median distance was five miles, and travel time was also 10 minutes. To fill a prescription, the median distance was also five miles, and travel time was 10 minutes.

Housing

For the first time, the 2013 survey asked residents about the condition of their housing. Respondents across Walker County reported primarily living in a one-family home (72.8%) or a mobile home (18.3%). Figure 9 illustrates housing situations for Walker County survey respondents.

Figure 9. Type of housing in Walker County



Residents reported their buildings' estimated ages as well as how long they had lived there. Some participants (14%) reported their buildings to have been built in the year 2000 or later, but a majority (63.7%) indicated their homes were built between the years of 1980-1999, and 22.3 percent reported it being built in 1979 or before. Only 18.3 percent had lived in their buildings for less than five years. Approximately one in six respondents (16.3%) said they had lived in their dwelling between 5-9 years. Another 65.4 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 listed a range of issues 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 Walker County

Housing problems	Walker	RHP 17
Broken plaster or peeling paint (interior)	15.2%	8.2%
Broken windows	6.5%	3.7%
Holes in the floor	8.3%	2.5%
Mice, rats or cockroaches	12.6%	9.8%
Mold	11.9%	5.3%
Plumbing, heating/cooling, electricity (24hrs w/out service)	22.7%	18.5%
Roof (such as holes, leaks, or sagging)	12.4%	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) The care of a medical specialist (29.5%)
- 2) Financial assistance or welfare (15.3%)
- 3) Work-related or employment services (14.6%)
- 4) Literacy training, GED, or English as a second language courses (11.1%)
- 5) Mental health services (10.3%)

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 10 categories of unmet needs in Walker County. Table 7 summarizes the data of those who needed a service but could not get it.

Table 7. Unmet needs in Walker County

Service Category	Percent Who Needed and <u>DID NOT</u> Get
Literacy training, GED, or English as a second language courses	76.0%
Financial assistance for auto, appliance, or home repair; or weatherization	62.5%
Utility assistance	59.1%
Food, meal, and nutrition services (Meals-On-Wheels)	56.0%
Work-related or employment services	53.8%
Alcohol/drug abuse services	50.0%
Respite care (a break from caring for a dependent with a disability)	46.7%
Child care services (such as information and referral or assistance with payments for child care or child care subsidy)	42.9%
Mental health services	37.0%
Services for the disabled or their families	36.1%

Community Characteristics

Specific community characteristics can influence perceptions of safety and the likelihood for community members to engage in activities outside their home. Walker County respondents varied in their perception in how closely their fellow community members shared their values. Almost two-thirds (63.7%) of Walker County residents felt that their community had shared values. In contrast, Walker County respondents (77.7%) rated the trust among fellow community members lower than the overall RHP 17 rating (84%), though this rating was similar to the other rural RHP 17 counties (76.8%). Table 8 summarizes these perceived characteristics of Walker County, listing the percentage of respondents who reported *agree* or *strongly agree* with each statement.

Table 8. Walker County community characteristics

Community Characteristics	Percentage of Montgomery County Respondents
People in this community are willing to help their neighbors	91.4%
Neighbors would help someone who fell	82.0%
People in this community can be trusted	77.7%
Many people are physically active in local neighborhoods	62.5%
This is a close knit community	42.1%
Problems in neighborhoods make it hard to go outside and walk	27.4%
People are concerned they will be a victim of crime if they walk/bike in their neighborhood	5.7%

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

- 1) Lack of jobs for unskilled workers (61.5%)
- 2) Poor or inconvenient public transportation (59.7%)
- 3) Unemployment (53.4%)
- 4) Risky youth behaviors (42.6%)
- 5) Abuse of drugs, including prescription drugs (28.1%)
- 6) Alcohol abuse (25.7%)
- 7) Teen pregnancy (24.6%)
- 8) Poverty (23.7%)
- 9) Access to affordable healthy food (20.6%)
- 10) School drop-out rate (19.1%)

Community Advice

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

- **Get involved in the community.** Learn the local history and get to know the community before beginning a new project.
- **Communicate with everyone from the beginning.** Communication is essential for any initiative to succeed in Walker County. Let people know what you are doing early on and be consistent with updates to keep people current on the project's progress. In addition, talk with key stakeholders, such as city and county officials, local businesses, and law enforcement, to make sure they know your intentions.
- **Have a plan.** Investigate what you are trying to do and have a well thought out plan for implantation and sustainability. Make sure you know how things work within the community and then follow through.
- **Collaborate.** Work with others to accomplish your goal. Do not duplicate services, and when possible, try to leverage resources. Be inclusive and transparent in your operations.

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.