Waller County Health Assessment

Executive Report

Center for Community Health Development

Texas A&M Health Science Center
School of Rural Public Health

http://www.cchd.us/

2010

2010 WALLER COUNTY ASSESSMENT DATA USER AGREEMENT

The Center for Community Health Development worked very hard to make the Waller County Health Assessment a comprehensive, valid, and reliable source of information for the entire county. The survey methodology, state-of-the-art instrument, and community discussion groups allowed us to measure public behavior, attitudes, perceptions, and characteristics at levels previously unavailable to local communities. A careful analysis of existing data collected by other groups and organizations (such as the U.S. Census, Texas Department of State Health Services, and the Centers for Disease Control and Prevention) was also a vital component of the community health assessment.

It is crucial for users to recognize that the comprehensiveness and depth of these data make them valuable. It is ***imperative*** for users to understand the information, including appropriate and inappropriate ways these data can be used. The user must understand that "associations" between factors does not necessarily indicate a "causal relationship" between those factors. For example, the tendency to smoke is not caused by low income, even though those two are frequently correlated. We are describing a broken health care system, and in order to remedy the situation, substantial effort was expended toward identifying problems. It would be easy to place the blame for this situation on certain groups and organizations based on data and comments taken out of context. Blaming either the recipients or the providers in this broken system contributes nothing toward the solutions desired by all.

The underlying goal upon which the community health assessment is based is collaboration to ***improve the health status of the population*** of Waller County. When using this information, we ask that you reflect upon that goal, and determine if the intended use of this information will help reach that goal or delay its achievement. References to the data contained in this report should include an appropriate citation.

Your acceptance of the data set carries with it tacit acceptance of the principles and concerns expressed above and a commitment to abide by these principles.

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Special thanks also to the residents, organizations, and communities who helped organize discussion groups, hosted meetings, and provided their opinions on Waller County issues.

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WALLER COUNTY HEALTH ASSESSMENT EXECUTIVE REPORT

INTRODUCTION

The Waller County Health Assessment, conducted in 2010, was sponsored by the Center for Community Health Development, Waller County, and the Texas Department of State Health Services, Region 6/5. Many representatives of local communities and organizations provided non-financial support through assistance in planning and organizing community discussion groups.

The objectives of this assessment were to identify factors influencing health status, to recognize issues and unmet needs of the local community, to inventory resources within the county, and to produce a source of reliable information that may be utilized in developing effective solutions.

METHODS

This assessment consisted of three components: secondary data analysis, community discussion groups/interviews, and a household survey.

Secondary Data Analysis

Existing data previously collected for other purposes, called secondary data, were compiled from a variety of credible local, state, and federal sources to provide a context for analyzing and interpreting the survey data collected specifically for this assessment. Sources of secondary data include the Texas Department of State Health Services (DSHS), the 2000 Census and more recent Census estimates, the Centers for Disease Control and Prevention (CDC), the Texas Workforce Commission, as well as objectives and priorities set by *Healthy People 2010* and its companion document *Rural Healthy People 2010*.

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Community Discussion Groups

Community discussion groups (CDGs), much like town hall meetings, were organized by the Center for Community Health Development (CCHD) staff assisted by personnel from the DSHS Region 6/5 Community Health Improvement Program. Staff members contacted local intermediaries to convene discussion groups with clinical and other service providers, community leaders, and general "consumers" in each of the counties. Throughout county, 61 individuals participated in 11 discussion group meetings and interviews. Each discussion group was guided by the following prompts:

- Describe your community.
- What are the most important issues and/or challenges your community is facing?
- What are the key resources in your community?
- How has your community come together in the past to address important issues?
- If a group were to try to address the issues you have identified, what advice would you have to help them be successful?

These meetings served to gain perspective on the health status of the community and to enlighten the analysis of the survey data. The discussion groups also allowed access to sectors of the population that may be underrepresented in the household survey.

Household Survey

A survey committee was assembled in preparation for a large regional health assessment concurrently being conducted in the Brazos Valley. This committee was made up of representatives of 28 organizations, including the DSHS Region 6/5 Public Health Improvement Program that serves Waller County. The Survey Committee developed the Brazos Valley survey while a separate but similar survey instrument was tailored for the Waller County Health Assessment. This committee met from September to December 2009 to create and refine the survey instrument to be used for the household survey. Participants in the process represented local primary care clinics, local hospitals, a broad range of community-based organizations, the local health department, educational institutions, and volunteer organizations. Committee members spent several meetings adapting the technical language of the survey to reflect common usage and understanding of local community members.

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The final instrument was a 32-page survey including items from the Centers for Disease Control and Prevention's Health Related Quality of Life scale, scales from the Medical Outcomes Study; the Carter Center; New England Medical Center, Inc.; Felix, Burdine and Associates; University of Washington Health Promotion Research Center; the International Physical Activity and Environment Network; the National Institute of Mental Health, as well as some original questions of interest developed by the committee.

ETC Institute, a research firm out of Olathe, Kansas, was contracted to collect the survey data. A target number of 425 surveys was set based upon the total population. From a comprehensive list of residential addresses, 2,500 households were randomly selected, and letters were mailed informing them of their selection. One week following the letter, potential participants began receiving phone calls. Respondents were randomized by asking for the adult resident of the household who had the birthday that would occur next. That person, then, was informed of the purpose of the survey and if they agreed to participate, a survey packet was mailed to them (including the survey instrument in English or Spanish, instructions, and a self-addressed stamped envelope). Of the 2,500 selected, 1,739 were reached by phone and 992 agreed to complete a survey (57%). Of those who agreed, 586 actually returned a completed survey (59%) for an overall response rate of 34 percent.

FINDINGS

This report presents the health assessment findings for all of Waller County. Comparisons are made to Texas and U.S. data where appropriate and where comparable data were available.

Community Discussion Groups

Community discussion groups (CDGs) were conducted in four incorporated areas within Waller County with individuals representing various sectors of the community: clinicians, human service providers, community leaders, and the general population. Extensive notes were taken by multiple observers at each meeting and were then compiled. Multi-stage thematic analysis was conducted that identified broad themes from each community and then sub-themes. The consolidated findings for the county are offered here.

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Community

Waller County residents described their community as friendly, welcoming, and a good place to raise a family. Many pointed out the rapid growth of the community and the rural to suburban transition in some parts of the county due to its close proximity to the Houston metropolis. However, residents also stated that Waller County is geographically spread out, with parts of the county still considered rural and comprised of small towns. The growth has also brought more young residents to the community, which has always had a predominantly older demographic. Residents also mentioned that Waller has subsequently seen an increase in diversity, especially from the Hispanic population. The growth was further described to have overcome local resources. Participants also mentioned that a majority of residents live within Waller but travel outside the county for work, making Waller more of a 'bedroom' or 'commuter' community. Transportation is convenient with Highway 290 and Interstate 10 both going through the county.

Disparities were elaborated between the communities throughout Waller County. Many residents stated that they feel as if there were "two counties in one" with Highway 529 as the divider and a resulting disconnection between both sides. There are perceived divisions along the lines of socioeconomic status, race, and geography. Residents commented that communities in the eastern part of the county commute to Cypress and Tomball and those in the southern region commute to Katy. Most residents stated that the many local business owners, executives, and Prairie View A&M University administrators and faculty choose to live in the suburban subdivisions of Katy, Cypress, and Tomball rather than in Waller County. The perception is that Waller County is predominately comprised of lower middle class and poor residents.

Community Issues

A number of community issues were discussed—some pertaining to the community context and some to issues and challenges facing residents.

The strain of the economic downturn was reflected in many residents' concerns. Lacking funds have negatively affected the availability of resources throughout the county, such as education, housing, and recreational facilities for children and adults. A lack of community unity, involvement, and leadership was consistently mentioned throughout the discussion groups. It was mentioned that organizations just do not work together and that there is a sense of distrust towards community leaders.

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The lack of affordable, dependable, and convenient public transportation has been a recurring problem throughout Waller County and was iterated in discussion groups. The Colorado Valley Transit System provides rides within a limited area within the county. Residents must schedule an appointment in order to get a ride from the local bus transit system, and the unreliability of the program makes residents further unable to access the already limited resources that they need.

During one discussion group, residents were frustrated by a lack of post secondary vocational and technical education available within the county. They felt as if the community college whose district encompasses Waller is more focused on offering courses in preparation of students transferring to a university rather than providing vocational and technical training.

Residents also described racial issues throughout their growing community. With the growing Hispanic population moving from Houston into Waller County, residents feel as if language and cultural barriers are a rising problem adding to the lack of a sense of community throughout the county. Some mentioned that there are very limited, if any, services for the growing Spanish speaking population.

Many residents and service providers throughout the county considered Brookshire as having a higher crime rate and more drug problems than the rest of the county. They also stated that Brookshire's racial demography of predominantly low income Black and Hispanic minority populations has deterred other county residents from getting involved with Brookshire's community. Other issues such as teen pregnancy, homelessness, substance abuse, and teen deaths and suicide were listed as problems across the Waller County. Illegal immigration and utilization of resources was also stated as a widespread problem.

Health Concerns

A specific health concern repeated throughout the community discussion groups is the lack of health care providers and access throughout the county. There is no hospital in Waller County and no urgent care center or clinic available, leaving residents without local emergency care. The growing elderly population has also highlighted a need for senior health care and long-term facilities that still has yet to be met. Any specialty care needs, from dialysis to prenatal and family care, requires a commute to Houston. The lacking health care has put a strain on the county's emergency medical service (EMS), which have been used as a source for primary care in many instances.

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Resources

The Waller County community discussion group participants readily identified significant resources in their community. Frequently mentioned key resources were the local EMS services, the ministerial alliances, local churches, AgriLife Extension, and United Way.

Due to the proximity of the county to Houston and the absence of many local resources in Waller County, residents listed Houston resources as significant in providing Waller County residents with access to a variety of goods and services.

Various local non-profit and volunteer organizations highlight the caring and compassionate residents of the community. Local civic clubs, churches, and ministerial alliances all were venues through which residents volunteer to impact their local community. Other valuable resources contributing to the overall face of the community were local businesses, the education system, faith community, and government assistance programs. Some participants listed the Chamber of Commerce as a resource, but there were mixed perceptions and issues with trust in the city council and officials in each of the cities.

With Prairie View A&M University within the community, Waller County residents recognized the school as a source of valuable resources, however, many agreed that Prairie View A&M is an underutilized asset to the community. Many indicated that county, local communities, and Prairie View could do a better job of collaboration.

Household Survey

Typical in survey research, those who actually responded to the survey disproportionately represented older residents, women, Caucasians, and those more educated and more affluent. To deal with some of this bias, the analysis was performed on scientifically weighted data, weighting the responses to match the age and gender distribution by county. 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; what the survey analysis indicates is likely a more positive reflection of the community than actually exists. Regardless, the data provide us a useful snapshot of what residents are currently experiencing.

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Demographics

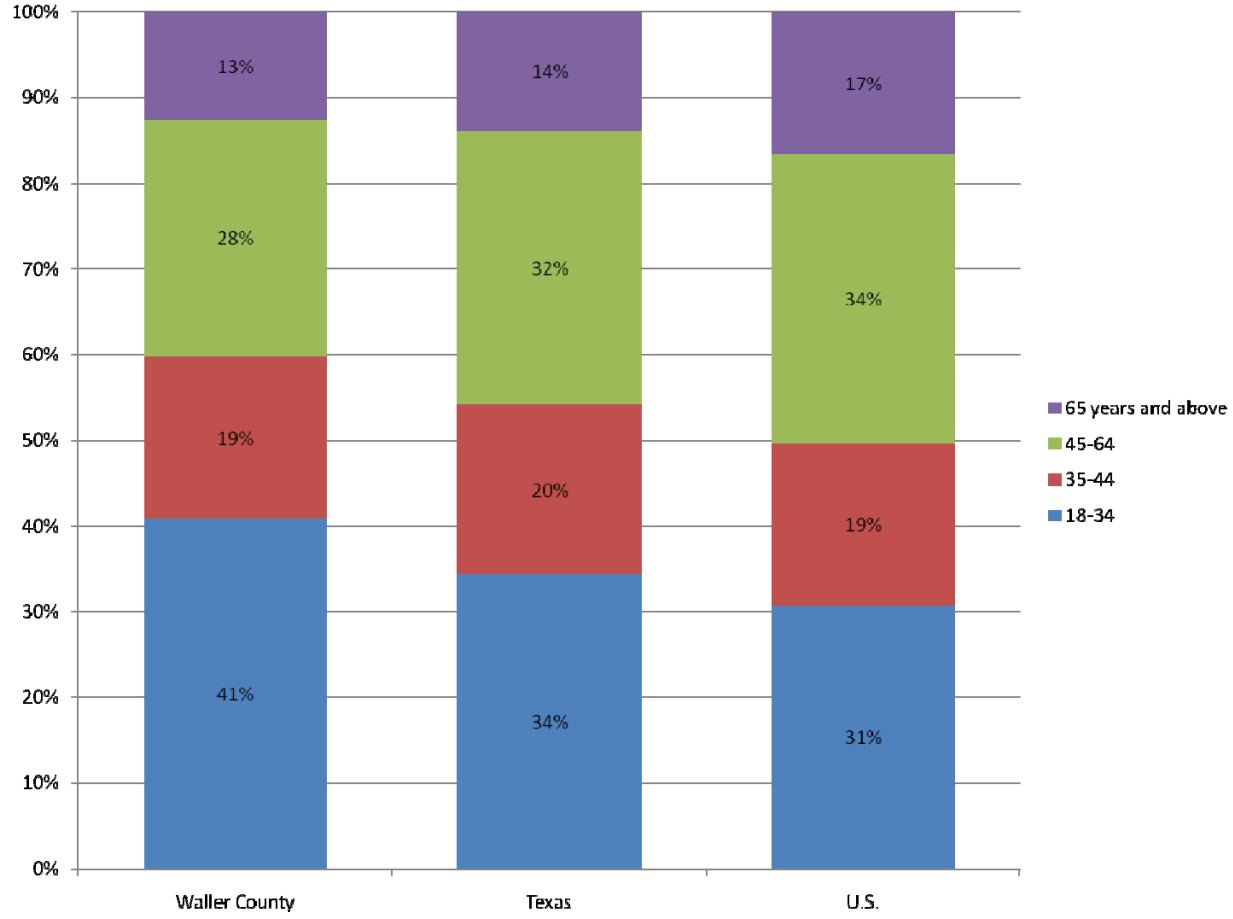
The U.S. Census estimates that the population of Waller County in 2009 was 36,530, which is up from 32,663 in 2000—an increase of 11.8 percent. Where possible in this section of the report, demographic comparisons are made to 2009 Census estimates.

Age and Gender

Because the data are weighted, the gender and age distribution of respondents closely matches the latest Census estimates for the population, with approximately equal numbers of men and women.

The mean age of survey respondents from Waller County was 44.7 years. Compared to Texas and the U.S., Waller County has a slightly younger population. Figure 1 illustrates the age distribution for Waller County compared Texas and the U.S.

Figure 1. Age distribution of Waller County, Texas, and U.S.



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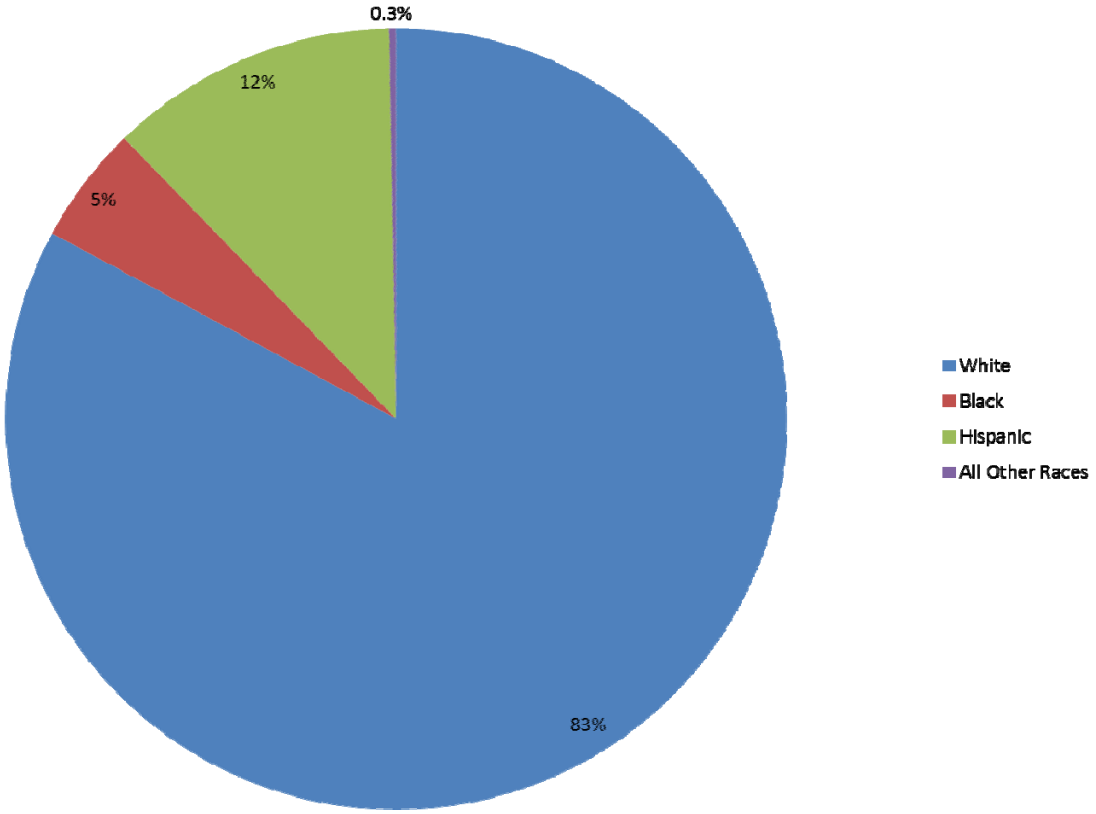
Race and Ethnicity

Survey respondents were asked to indicate the racial or ethnic group they felt best described them. A majority of Waller County survey respondents identified themselves as *White/Caucasian* (83.0%), 5.0 percent indicated *Black/African American*, and 12.0 percent *Hispanic*. Comparing these figures to 2008 Census estimates indicates that minority groups are underrepresented in this survey sample; Black/African Americans are estimated to comprise 24.5% of the population and Hispanics/Latinos 24.1%. Figure 2 shows the racial/ethnic distribution of Waller County survey respondents.

Figure 2. Racial/ethnic distribution of Waller County



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Marital Status

The majority of Waller County survey respondents reported being *married* (78.1%); 6.7 percent reported their marital status as *single (never married)*; 7.3 percent reported being *separated or divorced*; 5.4 percent were *widowed*; and 2.5 percent indicated they were *unmarried, living with a partner*.

Household Composition

The mean household size for Waller County survey participants was 3.3 persons, which is slightly higher than the Census estimate of 2.7 persons. Among respondents, 27.4 percent reported having children less than 18 years of age living in their household. A question in this assessment survey asked respondents how many people in their household earned wages that contributed to their household income. In response, 10.8 percent reported that **no one** living in the household was contributing to the household income, which reflects many of the concerns heard in the discussion groups about rising unemployment. Forty percent of respondents said that one person contributed all of the household income, 47.8 percent said two people contributed to the household income, 1.1 percent said three people contributed, and 0.6 percent said four people contributed.

Education

Education is an important social factor that influences health status. The mean years of education attained for survey respondents in Waller County is 13.9, the equivalent of a high school diploma plus almost two years of college. Among survey participants, 4.2 percent reported not completing high school, while 31.2 percent received their high school diploma, and 64.6 percent proceeded to complete at least some college credit. As can be seen in Figure 3, the educational attainment of survey respondents from Waller County is higher than that of the population of Texas and the U.S.

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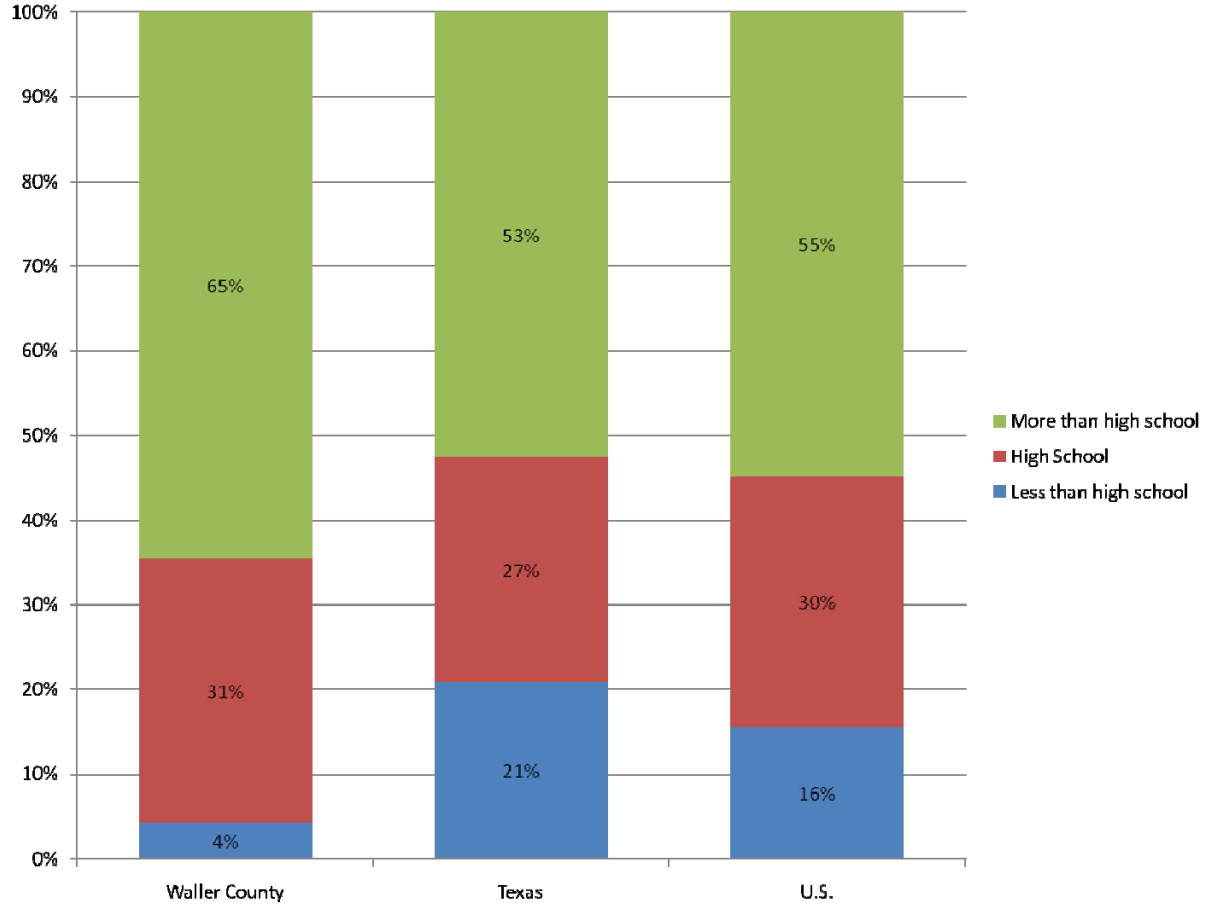
Figure 3. Educational attainment in Waller County, Texas, and U.S.



Employment

Among Waller County survey respondents, 67.6 percent reported they were currently employed. Of those who were employed, the vast majority said they only had one employer (17.6%), 2.1 percent said they had two employers, and another one percent reported three or more employers.

According to the U.S. Bureau of Labor Statistics, in July 2010 when the survey was concluded, the unemployment rate for the State of Texas was 8.2 percent. The U.S. Bureau of Labor Statistics and the Real Estate Center at Texas A&M University report that the unemployment rate for Waller County in August 2010 was 9.6 percent.

A total of 32.4 percent of survey participants reported not being employed; this included 5.4 percent of the population indicating they were *disabled and unable to work*,

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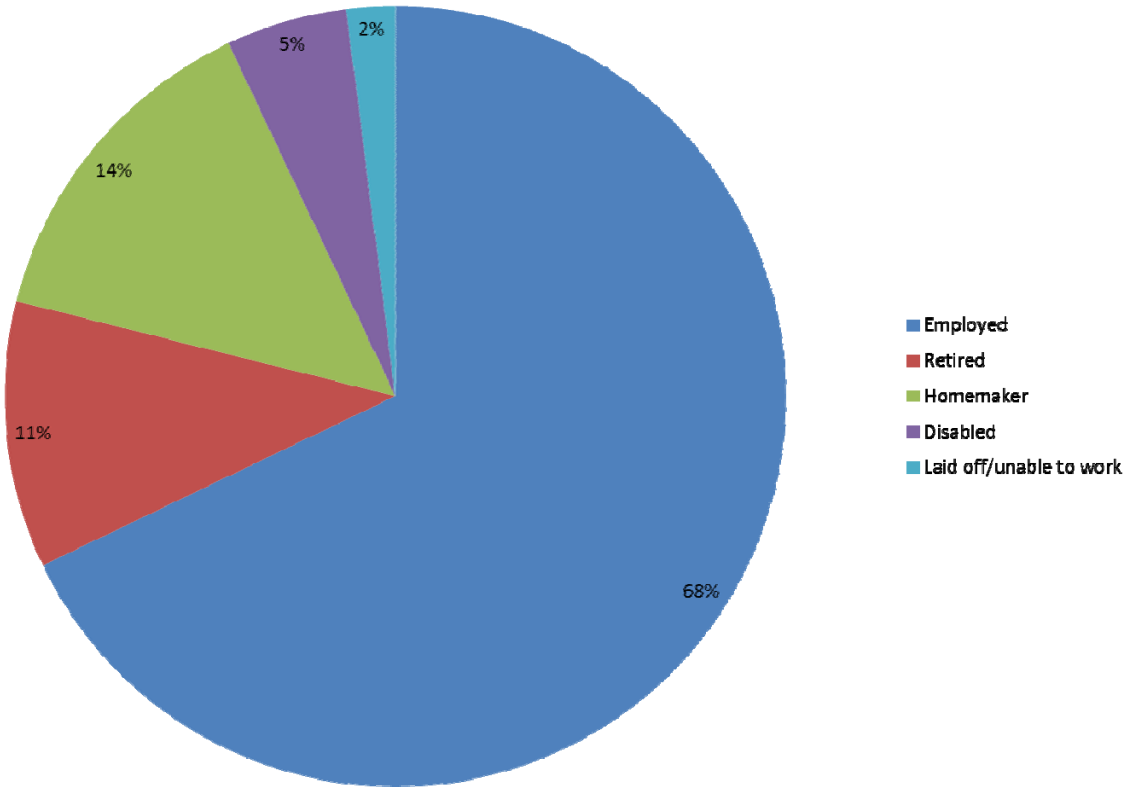
14.1 percent were *full-time homemakers*, 1.9 percent *laid off or unemployed*, and 11.0 percent *retired*. Figure 4 illustrates the employment status for Waller County residents.

Figure 4. Employment status in Waller County



Household Income

Among survey respondents in Waller County, the median household income was $70,000 for 2009, which is substantially higher than 2008 Census estimates ($46,382); this is not unusual for a sample survey, as lower income populations are often less likely to be reached or to agree to complete a survey. Again, this suggests that the community snapshot offered through the survey is likely more positive than the actual experience of many residents.

In 2009, the Federal Poverty Guidelines set the Federal Poverty Level (FPL) at $22,050 for a family of four. Among the survey respondents, 5.7 percent reported incomes at or below FPL, with another 18.2 percent between 101 and 200 percent FPL, which is

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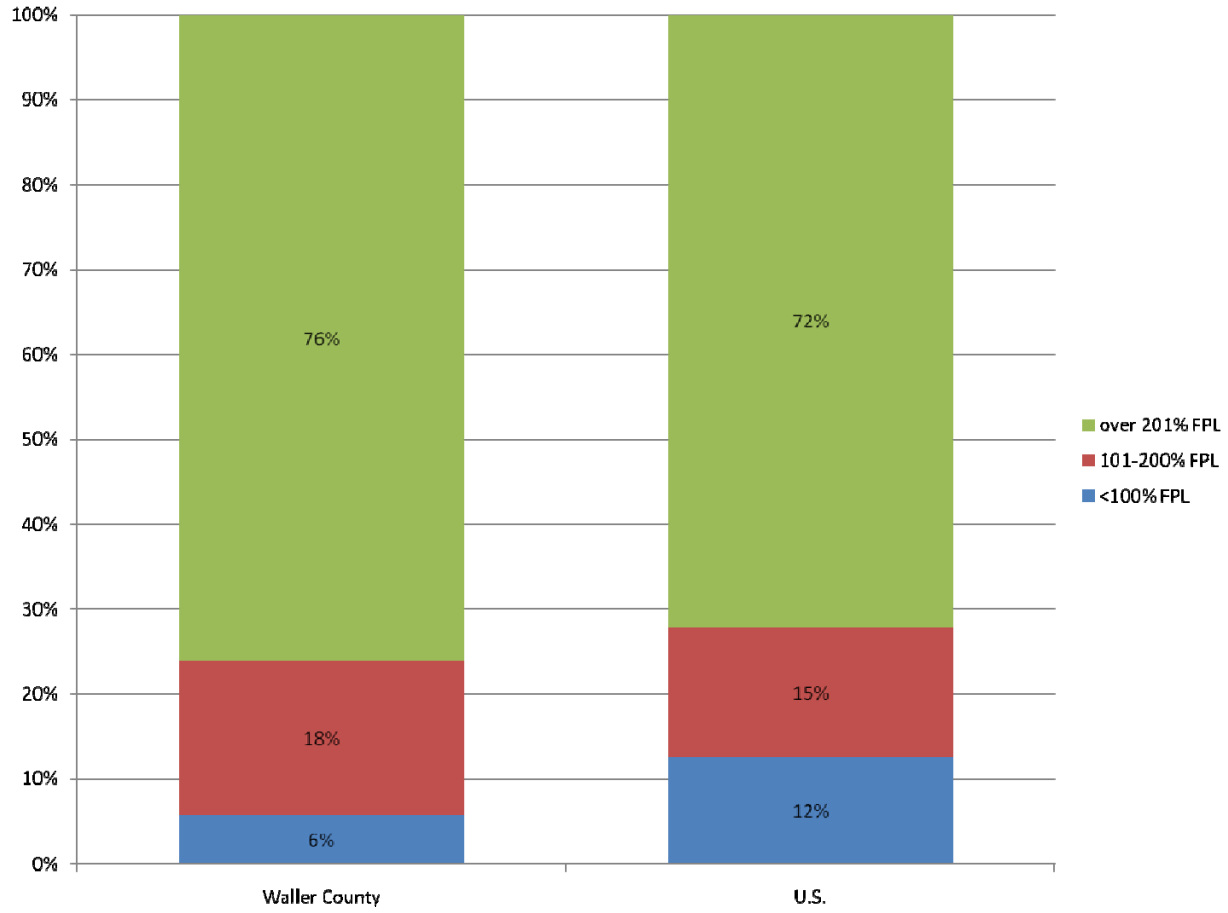
generally considered low-income. Figure 5 compares the poverty status for Waller County survey respondents compared to the U.S.

Figure 5. Poverty status in Waller County and the U.S.



Military Service

The Survey Committee felt this was an important piece of information to acquire given the growing number of veterans and soldiers residing in the Waller County and their unique health needs.

Among survey respondents, 9.7 percent reported being a *veteran of the armed forces*, and none of those who completed the survey identified themselves as currently being *active duty* in the military.

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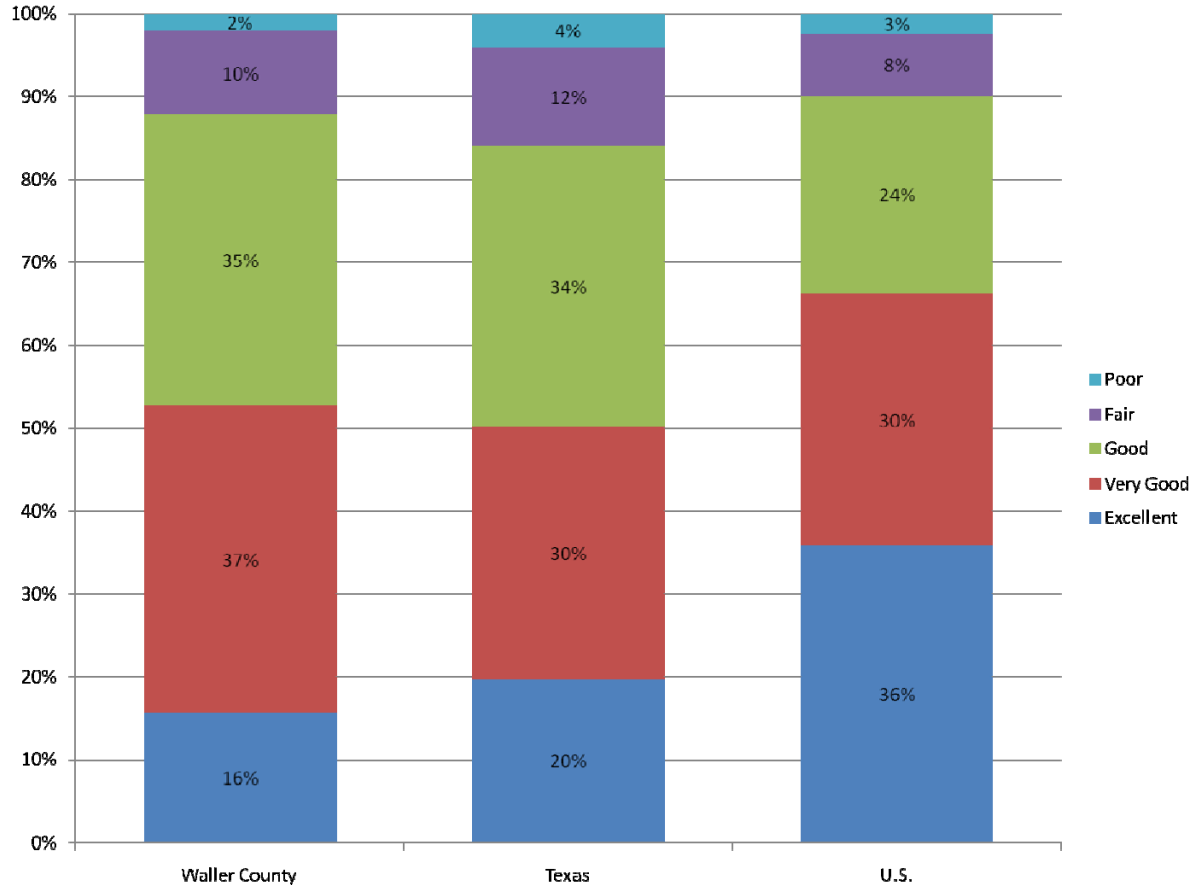
Health Status

The first four questions in the survey comprise 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 Waller County, 15.6 percent of respondents indicated their health was *excellent*, and 37.1 percent said their health was *very good*. In contrast, 10.1 percent indicated their health was *fair*, and 2.1 percent said their health was *poor*. Figure 6 compares self-reported health status for Waller County, Texas,[1] and the U.S.[2]

Figure 6. Self-reported health status in Waller County, Texas, and U.S.



[1] Texas data are taken from the BRFSS Survey, 2008.
[2] U.S. data are taken from the National Health Interview Survey, 2008.

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The second question asked how many days of the past 30 days was the respondent's physical health not good. Among Waller County respondents, the mean number of poor physical health days was 3.26. Over one-quarter of respondents (29.80%) reported between one and five days of poor *physical* health in the past month. Almost one in 10 respondents (9.2%) reported more than 10 days of poor physical health.

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 Waller County respondents, the mean number of poor mental health days was 2.59. Again, over one-quarter of respondents (27.7%) reported between one and five days of poor mental health in the past month. Almost one in 15 participants (6.8%) indicated more than 10 days of poor mental health. In addition, 16.5 percent reported having been diagnosed with depression and 15.0 percent with anxiety. These numbers are cause for concern given the persistent lack of mental health services available, which was also expressed in all of the Waller County community discussion groups.

The final question in this set sought to understand the extent to which physical and mental health limited one's daily activities. It asked how many days of the past 30 days did poor physical or mental health keep them from their usual activities. In Waller County, the mean number of days in which usual activities were limited by poor physical or mental health was 1.9. More than one-third respondents reported some interruption of their usual activities, with 23.5 percent indicating between one and five days, 2.5 percent reporting six to 10 days, and 5.3 percent reporting more than 10 days.

Family Health

Of particular interest in the Waller County Health Survey was family health, including parents' concerns for the issues facing their children. This survey did not include child participants, but simply asked parents to indicate their perceptions regarding the children living in their households.

Child Health

The first in this set of questions asked parents to rate the health of the children living in their household. In response, nearly two-thirds said the children's health was *excellent*, and another 30.7 percent reported the children's health as *good*. Only 6.4 percent indicated their health was *fair*, and no one answered *poor*.

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Beyond the household, the survey asked respondents how they would rate the health of children in their community. The response to this questioned varied. Only 15 percent indicated that children's health in their community was *excellent*, and 56.5 percent said it was *good.* Nearly one in four (24.1%) reported children's health as *fair*, and 4.5 percent said it was *poor*.

A third question asked respondents if they felt there was a need for increased health education in the schools in their community, to which 82.1 percent responded "yes."

Pandemic Influenza

To assess the perceived preparedness, the survey asked Waller County residents if they felt they would know what to do if Pandemic Influenza threatened their community, to which 70.5 percent responded they did.

Issues of Concern

The final set of questions related to family health asked parents to indicate their level of concern on 26 issues that their children might be facing. By adding the percent who reported they were *very concerned* or *concerned*, the top 10 issues were calculated. The issues that most concern Waller County parents regarding their children include:

1) Accidents/injuries (60.6%)
2) Hand washing (51.7%)
3) Crime (40.6%)
4) Bullying (38.4%)
5) Poor eating habits (31.9%)
6) Drug abuse—including prescriptions (31.3%)
7) Alcohol abuse (30.5%)
8) HIV/AIDS (30.4%)
9) Drinking and driving (29.7%)
10) Violence (28.8%)

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.

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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 are 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 Waller County, only 28.2 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* (31.9%), nearly one in five was *obese* (18.3%), and alarmingly, 21.4 percent were *morbidly obese*. Given the number and types of conditions that are related to obesity, these statistics are cause for alarm in Waller County.

Nutrition

Nutrition is an important aspect of achieving and maintaining a healthy weight and overall health. The survey asked a variety of questions about individuals' grocery shopping and eating habits. The U.S. Department of Agriculture (USDA) recommends eating a variety of vegetables and fruits, lean meats, dairy, and whole grains as part of a healthy diet.

Across Waller County, 13.0 percent of residents said that the availability of a variety of fresh fruit was *poor*. Similarly, 11.1 percent of respondents said that the availability of a variety of fresh vegetables was *poor*. And regarding the availability of a variety of lean meat, poultry, and fish, 10.9 percent of survey participants indicated availability was *poor*.

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In Waller County, only 40.4 percent of residents do their grocery shopping in the community where they live. Reasons for shopping outside their community included poor availability of the foods they preferred and high prices in their community. The mean distance Waller County residents travel to buy groceries is 16 miles, with a mean travel time of 22 minutes.

As mentioned, concerns about the economy have vast impacts. Across Waller County, 20.9 percent of residents said that they *sometimes* or *often* worry whether their food will run out before they get money to buy more, and 17.3 percent said that *sometimes* or *often,* the food they bought just did not last and they did not have money to get more.

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. Across Waller County, only 53.2 percent of respondents meet this recommendation, while 26.3 percent reported that they do not exercise at all.

Specific community characteristics can influence perceptions of safety and the likelihood for community members to engage in activities outside their home. Table 1 summarizes the percent of the respondents who felt the statements below were true of their community.

Table 1. Community characteristics related to physical activity

Characteristic	Waller
Sidewalks on most streets in neighborhood	5.4%
See many people being physically active around neighborhood	35.6%
Many places to buy needed items within walking/biking distance	14.9%
Neighborhood has free/low-cost recreation facilities	17.3%
If I were to fall, there would be someone in my neighborhood to help	53.7%
Problems in neighborhood make it hard to go outside and walk	45.4%
Concerned that may be victim of crime if walked/ biked in neighborhood	11.6%

A set of questions in the 2010 survey sought to assess the amount of sedentary time Waller County residents are spending in front of a screen (i.e., TV, movies, video games). Across the county, one-third of residents (33.8%) report using a computer more

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than four hours daily. Almost one in four respondents (22.7%) report watching television for more than four hours a day on average. Time spent playing video games was considerably less, with over 95.2 percent in the county saying that they spend less than one hour in the average day (or do not play at all).

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

Cigarette Smoking

Lower than the State of Texas (18.6%) and the U.S. (20.6%), 11.6 percent of Waller County survey respondents report being a *current smoker*, with more than one-quarter (27.5%) smoking more than a pack of cigarettes a day.

Alcohol Consumption

When asked about their alcohol consumption habits, more than half of Waller County survey respondents (62.3%) reported that they do not drink alcohol in a typical week. One in five respondents (20.4%) said that they typically consume one to five alcoholic drinks in a week. Additionally, 10.1 percent of respondents reported having driven after drinking two drinks or more in the past month.

Distracted Driving

Given the rise of cell phone use throughout the population, the Survey Committee elected to include a set of questions related to cell phone use while driving. The vast majority of respondents (96.4%) said that they use a cell phone. When asked how often they talk on their cell phone while driving, 31.8 percent said that they talk on their phone *often* or *every time they drive*. Another one in three (29.8%) said that they *sometimes* talked on the phone while driving. Only 7.8 percent said that they *never* talk on their phone while driving.

When asked how often they send/receive text messages while they are driving, 59.8 percent said that they *never* text while they drive; 13.2 percent said that they *sometimes* or *often* text while they are driving.

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Chronic Diseases and Conditions

The survey asked residents to report if they had ever been diagnosed by a health care provider with a list of 21 common diseases/conditions. The six most frequently reported conditions across Waller County included:

1) Overweight/Obesity[3] 71.6%
2) Hypertension 33.7%
3) High Cholesterol 27.6%
4) Depression 16.5%
5) Arthritis 17.1%
6) Anxiety 15.0%

Table 2 summarizes the rates for 12 chronic conditions in Waller County compared to the national rates.

Table 2. Chronic condition rates in Waller County and U.S.

Disease/Condition	Waller County	U.S.[4]
Anxiety	15.0%	17%
Arthritis/Rheumatism	17.1%	22%
Asthma	13.6%	13%
Depression	16.5%	12%
Diabetes (type 2)	7.5%	8%
Cancer (not skin)	4.8%	8%
Congestive Heart Failure	2.1%	2%
Emphysema/COPD	4.1%	2%
High Cholesterol	27.6%	16%
Hypertension	33.7%	24%
Overweight/ Obesity	71.6%	62%
Stroke	2.5%	3%

The following points regarding chronic conditions in the Waller County are worth noting:

[3] Please note that the statistic used here for overweight/obesity was the actual calculation based on the height and weight recorded in the survey, rather than the "medically diagnosed" statistic, which was significantly lower (many clinicians will not tell a patient they have been diagnosed as overweight or obese).
[4] U.S. rates taken from Centers for Disease Control and Prevention from 2009 National Health Interview Survey. Report available at http://www.cdc.gov/nchs/data/series/sr_10/sr10_242.pdf.

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- The rate of obesity is higher than the national rate.

- High cholesterol and hypertension rates are also substantially higher than the national rate.

- The rate of depression is higher than the nation. Depression and anxiety affect nearly one in eight residents, and mental health is among the most significant unmet needs.

Preventive Screenings

This assessment also collected information regarding preventive screenings in addition to the previously reported information about risk factors and disease. Preventive screenings include medical tests or other services that are used to detect and possibly prevent onset of certain diseases. Screenings can catch conditions early and limit long-term impacts of certain conditions. The U.S. Preventive Screening Guidelines Task Force has established specific age and gender groups for a variety of screening activities. Figure 7 summarizes information regarding those who meet general preventive health guidelines.

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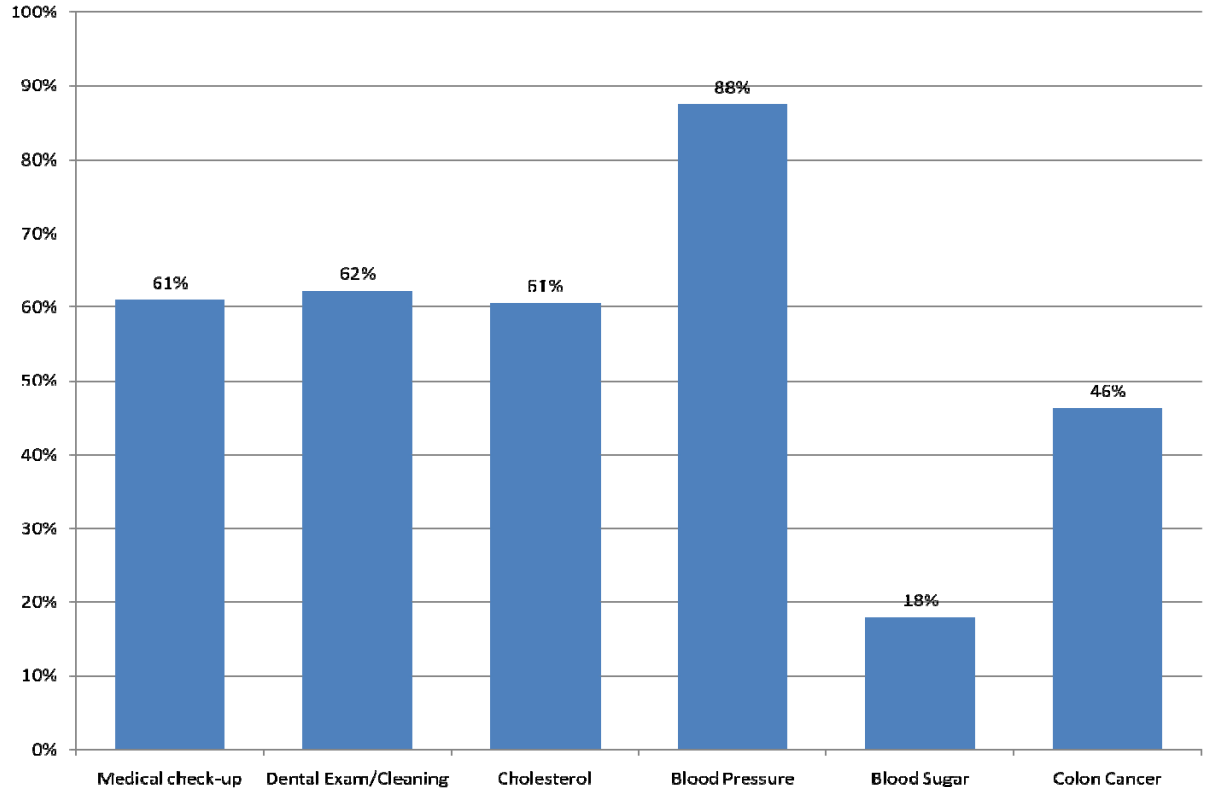
Figure 7. Percent of population meeting preventive guidelines in Waller County



Health Insurance

The *Healthy People 2010* goal for health insurance was that by 2010, every resident would have some type of health insurance. The passage of the health care bill[5] is intended to advance this goal, but currently, many residents still have no health insurance. In fact, the State of Texas ranks last among the 50 states in access to care, with a 28 percent uninsurance rate.

Among Waller County survey respondents, 9.6 percent reported not having health insurance of any kind. One in five (21.9%) indicated that they had been uninsured at least one month in the past three years. For those who are uninsured, 79.2 percent say that they are uninsured because health insurance is too expensive to purchase, and 5.4 percent reported that they found it cheaper to pay out of pocket. The only other identified reason for being uninsured was being unable to get coverage because of a pre-existing condition (1.6%). Figure 8 displays the types of health insurance coverage in Waller County.

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

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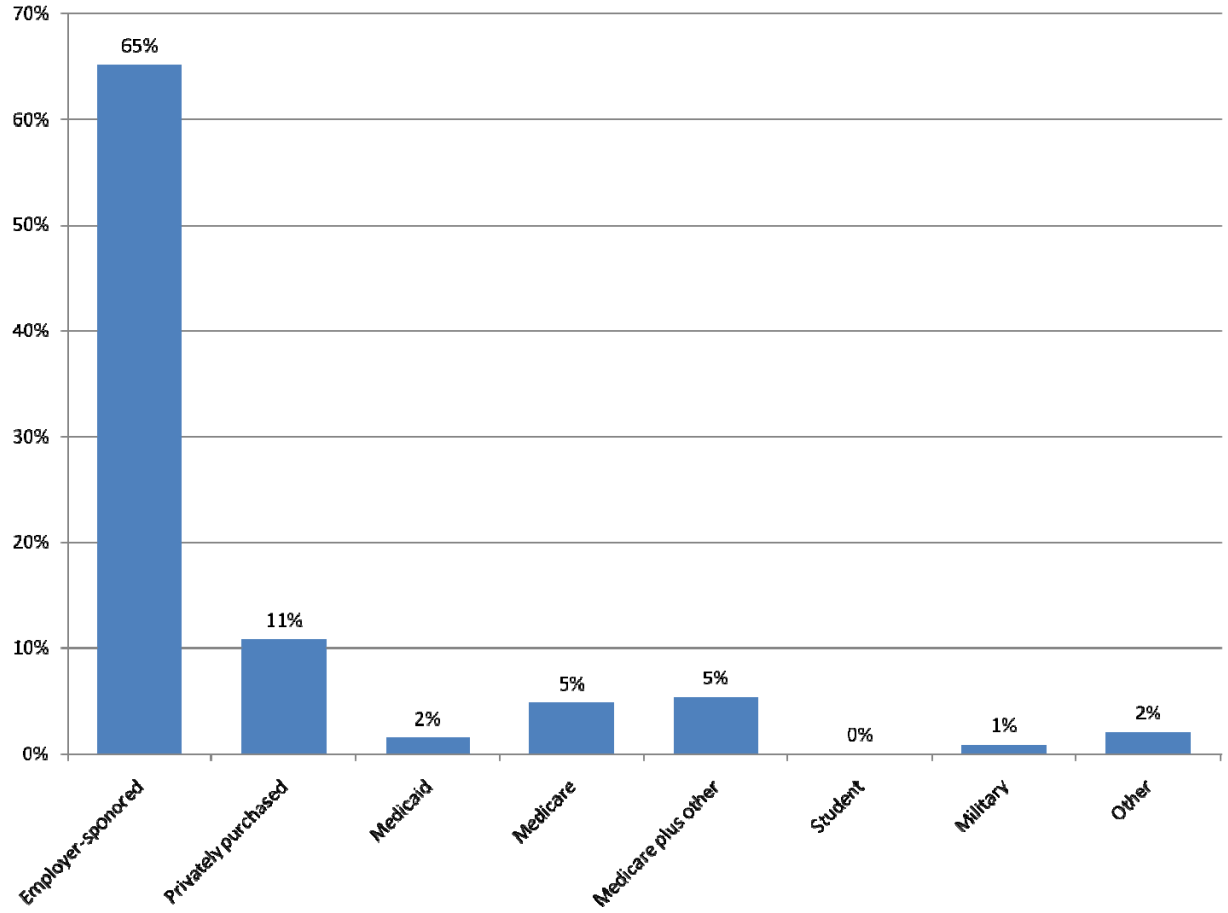
Figure 8. Health insurance coverage in Waller County[6]



As illustrated in Figure 8, 65.1 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

Availability of health resources and services is an important factor influencing health status. The overall health of Waller County residents is closely tied to resources in the Houston metropolitan area.

Waller County is designated by the federal Health Resources and Services Administration (HRSA) as a Health Professional Shortage Area (HPSA). In addition, the county is designated as a mental health professional shortage area.

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

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Survey participants were asked about their ability to get care when they needed it. Across Waller County, 52.4 percent said that their access to health care was *excellent* or *very good*, while 10.4 percent said their access was *poor* or *very poor*.

Outpatient Care

In terms of having a regular place for care, the majority of Waller County respondents (78.6%) reported having a provider they considered their regular health care provider. Although some did not indicate having a person they considered their regular health care provider, 87.8 percent indicating having a "medical home"—a place they considered their regular place to get care. For outpatient care, 77.6 percent named a private doctor's office, 5.0 percent said an urgent care clinic, and 2.8 percent named the emergency room of a hospital as their medical home. Of those respondents without health insurance, the number of respondents having a regular place for outpatient care drops to 45 percent. These numbers approximate national averages.

Inpatient Care

Although there is no hospital in Waller County, hospitals in surrounding counties provide inpatient care for residents. Nearly one in five residents (17.8%) named Tomball Regional Medical Center as their regular place for inpatient care, while 15 percent indicated the North Cypress Medical Center, and 13.4 percent said they used Memorial Hermann in Katy. Nearly one-third of respondents (29.9%) did not have a regular place for care.

Delayed Care

Community discussion groups revealed that many residents delay seeking care and filling prescriptions because of cost. The survey included questions to explore the extensiveness of this issue and found that 50.5 percent of all survey respondents put off seeking medical care because of cost. This information should be considered in light of survey demographics—survey respondents had a higher median income than the population.

Given the growth of generic and $4 prescriptions at many retailers, this provides one option for residents to get the medications they need. Across Waller County, 55.8 percent of survey respondents said that in the past six months, they have switched to a less expensive medication or used a prescription discount program. However, even with these programs, some medications are not covered or are still cost-prohibitive even

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with assistance. Throughout the county, 13.5 percent of residents said that in the past six months, they have experienced days when they had to choose between buying food, paying rent, and paying for medications. This continues to be an issue for many residents.

Sources of Health Information

When asked what source they relied on most often for health information, less than half of Waller County respondents (45.1%) said that they relied on their health care provider. Over one in five respondents (22.9%) relied on health information they got from the internet, and 17.8 percent reported relying on their family members.

Transportation

As one might expect, transportation continues to arise as a formidable issue 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 there is a substantial amount of health resources nearby in the Houston area (i.e., Tomball, Cypress, Katy), it is not a surprise that the average distance for someone to travel for medical care is approximately 29.8 minutes. Among Waller County survey respondents, the median travel distance to medical care was 20 miles, and median travel time was 30 minutes. Similar distances were reported for dental care, and slightly shorter distances were indicated for pharmacy.

Community Issues

Survey respondents were asked to rate a list of issues on their perception of the seriousness of the issues in their community. The top five rated issues across the county were as follows:

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1) Poor or inconvenient public transportation (45.3%)
2) Lack of recreational and cultural activities (32.6%)
3) Access to safe places to exercise or be physically active (30.0%)
4) Unemployment (28.0%)
5) Illegal drug use (24.3%)

The issues identified as top community concerns are consistent with what was heard during community discussion groups throughout Waller County and may provide direction for prioritizing local efforts.

Community Information and 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 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*. The top 7 community services needed (this included *needed and used* and *needed but did not use*) as reported by Waller County survey respondents were:

1) Care of a medical specialist (31.9%)
2) Financial assistance or welfare (12.7%)
3) Mental health services (12.0%)
4) Early childhood programs (11.9%)
5) Work-related or employment services (help with finding work or job training; 10.8%)
6) Life skills, money management, and/or parenting classes (10.0%)
7) Financial assistance for auto, appliance, or home repair or weatherization (9.3%)

While identifying the services most in demand is important, examining the differences between what services people said they needed and used and needed but did not use shows gaps in service delivery. These data offer a clearer picture of **unmet needs** in Waller County. Table 3 below presents the significant gaps identified.

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Table 3: Gaps in Service Delivery in Waller County

Service Category	Percent Who Needed and DID NOT Get
Adult day care	87.5%
Child care services (information & referral or assistance with payments/subsidy)	85.2%
Affordable after school or summer day programs for children	83.8%
Alcohol/drug abuse services	78.6%
Housing services (such as rental or purchase assistance)	61.9%
Transportation assistance services	61.8%
Work-related or employment services (help with finding work or job training)	51.9%
Financial assistance or welfare	46.5%

Given the data provided through the analysis of secondary data, the community discussion groups and interviews, and the household survey, several key findings are clear for Waller County.

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SUMMARY OF KEY FINDINGS

The findings of this assessment emphasize the need to develop additional resources for children, families, and older adults within Waller County, as well as some of the barriers that challenge this development.

- **Transportation is a significant challenge for residents.**
  - In every community, the lack of reliable, affordable public transportation was cited as a key barrier for residents to meet their needs.
  - Half of all rural residents travel more than 20 miles to obtain medical care, and the median travel time was 30 minutes.

- **The rate of obesity is alarming, particularly those who are morbidly obese. Chronic diseases linked to obesity are also of concern.**
  - Across the county, 71.6 are overweight, obese, or morbidly obese. Only 28.2 percent of the population is at a healthy weight.
  - The rate of morbidly obese is 21.4 percent.
  - Only 53.2 percent of respondents meet national physical activity recommendations, while 26.3 percent reported that they do not exercise at all.
  - Across Waller County, only 17.3 percent of residents reported that their neighborhood had free/low-cost recreation facilities, and nearly half (45.4%) said that there were problems in their neighborhood that made it hard to go outside and walk. Access to safe places to exercise or be physically active was the third ranked community issue by survey respondents.
  - One in three Waller County residents (33.8%) spends more than four hours at a computer in an average day, and 22.7 percent spend more than four hours a day watching television.

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- **Residents need access to health services locally.**

  - In community discussion groups throughout the county, participants reported a need for local health services, including urgent care and specialty care.

  - Emergency medical services (EMS) are being utilized inappropriately for primary care and for transportation to care.

- **In Waller County, there is a need for increased services for children.**

  - Among the community issues mentioned in the survey, early childhood services was among those most needed; child care services and affordable after-school programs for children were among the highest unmet needs, with over 80 percent of those who needed services not receiving them.

  - Residents also identified a lack of recreational and cultural activities as a concern; this was ranked second among community issues.

- **Communities are experiencing inadequate communication at all levels, which contributes to inefficiency and dissatisfaction.**

  - Residents feel that Waller County as a community is divided, and that the communities within the county are not working together. Community discussion group participants indicated divisions by location, by socioeconomic status, and by race.

  - Communication among organizations that provide services is not organized; many do not know what other organizations provide. From residents' perspective, there is little communication with them regarding services coming in or leaving, causing confusion about what is available.

- **Substance abuse is a significant concern that many residents feel are unaddressed.**

  - One in 10 (10.1%) admit to driving after drinking two or more drinks.

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- Almost two-thirds of residents in Waller County (61.9%) feel that alcohol abuse is *somewhat a problem*, a *serious problem*, or a *very serious problem*.

- Almost half of those surveyed (62.1%) feel that illegal drug use in Waller County is *somewhat a problem*, a *serious problem*, or a *very serious problem*.

- Of those needing drug and alcohol abuse services, 78.6 percent did not receive those services.

COMMUNITY ADVICE

In light of the issues identified through the assessment process, substantial resources were also identified, and the community provided valuable advice to guide efforts aimed at addressing these issues. Across Waller County, the repeated recommendations included the following:

- **Be aware of the history and dynamics of the county, and consider that when planning activities.** Community discussion group participants made clear that the divisions in the county were both important to understand and to keep in mind. They indicated that activities planned in one part of the county would not likely attract residents from another part.

- **Take time to understand what is already going on and what resources are available.** Throughout Waller County, there was a clear directive to get educated about what is already being done to address an issue before taking action. Residents were frustrated by services that have come and gone without knowing what was happening, and recommended that activities be well thought out.

- **Communicate clearly, frequently, and through different channels to reach the entire community.** Frustration with poor communication was pervasive throughout Waller County. In every community discussion group, participants recommended clear and timely communication with all community stakeholders, recognizing the need to use different forms of communication—from face-to-face to flyers in the water bill, from newspapers and radio to working through the churches and schools. It was also strongly recommended that efforts be made to improve communication among the leadership within the county to promote more unity and collaboration.

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- **Get the support of local leaders before you plan.** Discussion group participants suggested a variety of leaders who would be instrumental in supporting local initiatives, including the county judge and commissioners, mayors, the Ministerial Alliance, the Economic Development Board, and the Chambers of Commerce.

These findings and recommendations are intended to provide accurate, timely local data that communities and organizations can use for planning and resource development to improve the health and quality of life for residents of Waller County.

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FIGURES AND TABLES

Figure 1 Age distribution of the Waller County, Texas and U.S.

Figure 2 Racial/ethnic distribution of Waller County residents

Figure 3 Educational attainment in Waller County

Figure 4 Employment in Waller County

Figure 5 Poverty status in Waller County and U.S.

Figure 6 Self-reported health status in Waller County, Texas, and U.S.

Figure 7 Percent of population meeting preventive guidelines in Waller County

Figure 8 Health insurance coverage in Waller County

Table 1 Community characteristics related to physical activity by county

Table 2 Chronic condition rates in Waller County and U.S.

Table 3 Gaps in service delivery in Waller County

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