

Addressing Rural Health Challenges and Disparities to Meet the Needs of Underserved Texas Counties:

An Episcopal Health Foundation and Texas A&M Partnership



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RESEARCH CENTER**

The Southwest Rural Health Research Center
School of Public Health
Texas A&M University Health Science Center

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the Needs of Underserved Texas Counties: An Episcopal Health
Foundation and Texas A&M Partnership**

**A Report to the
Episcopal Health Foundation**

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Addressing Rural Health Challenges and Disparities to Meet the Needs of Underserved Texas Counties: An Episcopal Health Foundation and Texas A&M Partnership

Final Report for the Period

June 1, 2016 – May 31, 2017

EXECUTIVE SUMMARY – YEAR ONE

In an effort to learn more about the distinctive health needs and priorities of rural communities in the Episcopal Diocese of Texas, the Episcopal Health Foundation selected the Southwest Rural Health Research Center at the Texas A&M School of Public Health to conduct a series of community planning and participatory meetings in the Brazos Valley region of Texas. Founded in 2000, the Southwest Rural Health Research Center has a long history of studying the challenges of rural, racial and ethnic health disparities, and developing initiatives that have successfully dealt with these challenges. The Center's emphasis on rural and underserved communities and its team of academic, clinical and community partners align well with the Episcopal Health Foundation's vision to connect people, parishes, institutions and organizations to support healthier communities.

Grimes, Madison and Robertson Counties were the sites for the first year of this project. The selected counties represent primarily rural areas with well-known health and socioeconomic disparities. However some resources exist, including the presence of Episcopal congregations, partnerships with Texas A&M, and some health partnerships. The goals of this project were:

1. To identify common challenges and goals toward establishing trust across groups with key stakeholders and community and clinical partners;
2. To prepare for and convene Community Participatory Groups for the purpose of identifying county-specific problems, assets and solutions, and strengthening capacity;
3. To better understand factors that may lead to improvement in individual and county-wide health indicators.

These goals are in direct alignment with the Episcopal Health Foundation's Transformation to Healthy Communities, particularly Strategy #5 - Support Capacity Building. Ultimately, results of this project may improve support for, and access to, essential health services – especially for vulnerable populations in the counties selected.

Drawing on their long history of community engagement in these counties, the Southwest Rural Health Research Center organized Health and Wellness Planning Committees for each of the three counties, comprised of individuals representing local government, education, health care, clergy, law enforcement, social services, recreation, and community champions. The Planning Committees advised on the location, organization and membership for this project's Community Participatory Groups (i.e., guided focus group discussions). Twelve of these geographically dispersed meetings were conducted, four in each county, with the research team serving as moderators.

Priority issues were determined by assessing moderator perceptions, combined with the frequency and context of comments made on a particular topic, and reviewing participants' responses via recorded transcripts Texas A&M IRB2016-0632D.

Overall, three topics surfaced as the most important overall issues for these counties: **lack of transportation, lack of youth activities** (comments included lack of opportunities for supervised, recreational, and/or youth activities), and **access to health care**. Related concerns about accessing health care were divided into three distinct areas: 1) infrastructure (lack of transportation, distance to facilities, lack of an urgent care facility, lack of emergency resources); 2) cost-related issues (no insurance, medical costs); and 3) quality-related complaints (inadequate primary care, primary care that does not include MDs, long wait times, Band-Aid solutions only).

Additional concerns, warranting significant discussion in the meetings, were **lack of mental health services and lack of jobs or vocational training**. Lesser, but often interrelated, concerns centered around **lack of childcare, lack of retail/grocery stores, and lack of community education** about available resources. Concerns about **drug and alcohol abuse** and other high-risk behaviors were also expressed.

After the last of the 12 meetings was held and as a result of the Community Participatory Group input, each county's Health and Wellness Planning Committee identified one or two health-related community projects to address their most critical issues.

In **Madison County**, the Planning Committee made a decision to focus on lack of recreational activities for the youth, but also want to develop an action plan to support a women's shelter for short-term, emergency housing of women and children seeking safety from domestic abuse.

In **Grimes County**, it was agreed that lack of education regarding available community resources was a pressing issue that was feasible to address.

Robertson County has chosen development of a Health Resource Center as their community health project, utilizing a model developed by the Texas A&M School of Public Health, which includes a Health Resource Commission for oversight.

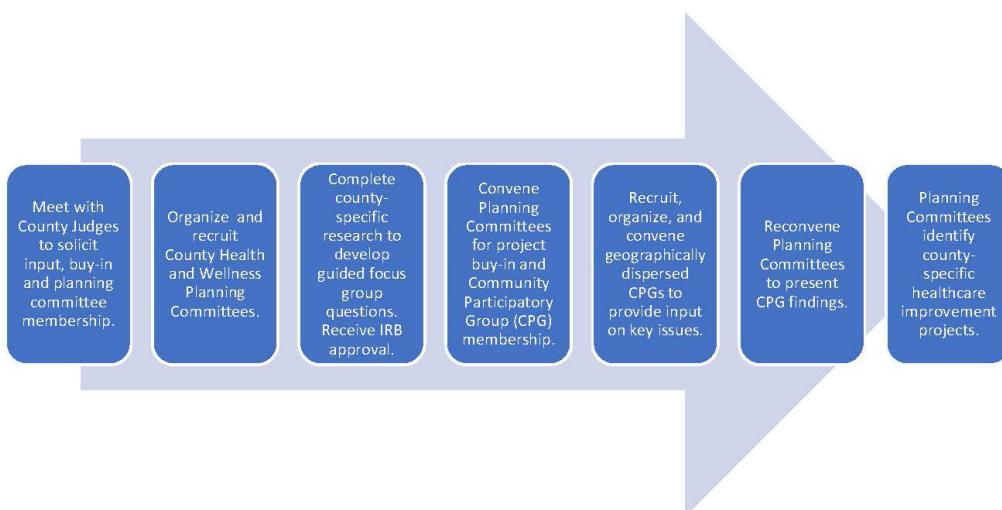
The Health and Wellness Planning Committees in each county will combine efforts with their local Health Resource Commissions to help aid and sustain the projects, once in place. Technical assistance will be provided by the Southwest Rural Health Research Center, as resources and external support mechanism are identified. In Year 2 of this project, the research team will support data collection for a social network analysis in each county, identify potential participants for community engagement leadership workshops, and work in partnership with the Episcopal Health Foundation to assist in bringing to fruition the specific health care projects identified by our county partners.

Addressing Rural Health Challenges and Disparities to Meet the Needs of Underserved Texas Counties: An Episcopal Health Foundation and Texas A&M Partnership

I. INTRODUCTION

Addressing the challenges of rural health disparities across the spectrum of rural population health, health care financing, and health care delivery are mission and vision core priorities of the Southwest Rural Health Research Center. Initially funded by the Health Resources and Services Administration's Federal Office of Rural Health Policy, the Southwest Rural Health Research Center is an approved Center of the Texas A&M University System based in its School of Public Health. The goals and aims of the Center have, since 2000, remained largely unchanged. These include: (1) conduct policy-relevant rural health research focused on addressing the health needs of rural, underserved and special populations; (2) reduce health disparities for these populations; (3) maintain and build the capacity of rural health systems; and (4) evaluate health services delivery to improve rural health. The Center has a 17-year history of evaluating the challenges of rural, racial and ethnic health disparities throughout Texas and the United States, and developing initiatives that have successfully dealt with these challenges.

In an effort to learn more about the distinctive health needs and priorities of rural communities in the Episcopal Diocese of Texas, the Episcopal Health Foundation selected the Southwest Rural Health Research Center to conduct a series of community planning and participatory meetings in the Brazos Valley area. The Center's emphasis on rural and underserved communities and its diverse team of academic, clinical and community partners aligned well with Episcopal Health Foundation's vision to connect people, parishes, institutions and organizations to support healthier communities. The Episcopal Health Foundation's priorities are especially critical in rural America for the 17% of rural-dwellers who experience increasing shortages of healthcare providers, decaying public health infrastructure, and rural health obstacles and disparities, all of which adversely impact their lives daily. The results of the Center's planning meetings, community-based focus groups, and evaluations yield timely and relevant rural research for Episcopal Health Foundation leadership and stakeholders, as well as all decision-makers who seek to improve the health of rural individuals and communities.



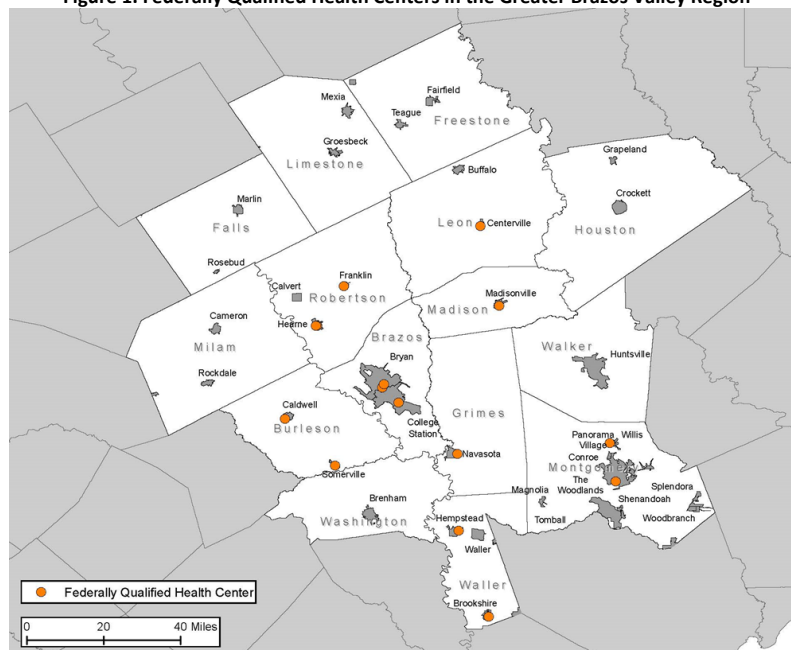
II. BACKGROUND

Madison, Grimes and Robertson Counties were the sites for Year 1 of this project to serve as the Episcopal Health Foundation’s “eyes and ears” in these rural and underserved counties. The selected counties represent primarily rural areas with well-known health disparities, but some emergent resources, including the presence of Episcopal congregations and health partnerships. **Figure 1** shows the location of federally qualified health centers in these three counties and their contiguous counties comprising the greater Brazos Valley region of Texas.

population of 13,792 with the county seat being located in Madisonville.¹ Madison County is identified by the 2010 census as a growing population, with the population for 2020 is estimated to grow by 3.7%.¹ The county’s racial and ethnic distributions consist of 57.3% White non-Hispanic; 18.8% Black/African American, non-Hispanic; 21.0% Hispanic; and 2.9% all other races.² Madison County has a current unemployment rate of 4.4% and the lowest median household income of all three counties at \$40,897.² Life expectancy for Madison County male residents is 73.2 years, while female residents live to 78.7 years on average.³ The leading causes of death in Madison County are heart disease, cancer and stroke.³ Over 8% of Madison County residents have type 2

Madison County: Madison County has a

Figure 1. Federally Qualified Health Centers in the Greater Brazos Valley Region



HealthPoint ABC	1602 Rock Prairie Rd. Ste. 300	College Station	77845
HealthPoint Bryan/College Station	3370 S. Texas Ave.	Bryan	77802
HealthPoint Memorial	1301 Memorial Dr.	Bryan	77802
HealthPoint Caldwell	1103 Woodson Dr.	Caldwell	77836
HealthPoint Somerville*	600 Memory Lane	Somerville	77879
HealthPoint Navasota	1905 Dove Crossing	Navasota	77868
Tejas Healthcare Center	898 E. Richmond St.	Giddings	78942
HealthPoint Centerville	607 Lassater	Centerville	75833
HealthPoint Madisonville*	100 W. Cross St.	Madisonville	77864
Lone Star Community Health Center, Inc.	201 Lincoln Ridge Dr.	Willis	77378
Lone Star Community Health Center, Inc.	605 S. Conroe Medical Dr.	Conroe	77304
HealthPoint Franklin*	808 W. Hwy. 79	Franklin	77856
HealthPoint Hearne*	709 Barton St.	Hearne	77859
HealthPoint Robertson Co. Community Health Ctr.	1002 W. Brown St.	Hearne	77859
Brookshire Center	533 FM 359 Rd. S.	Brookshire	77423
HealthPoint Hempstead	215 FM 1488	Hempstead	77445

* In partnership with CHI St. Joseph

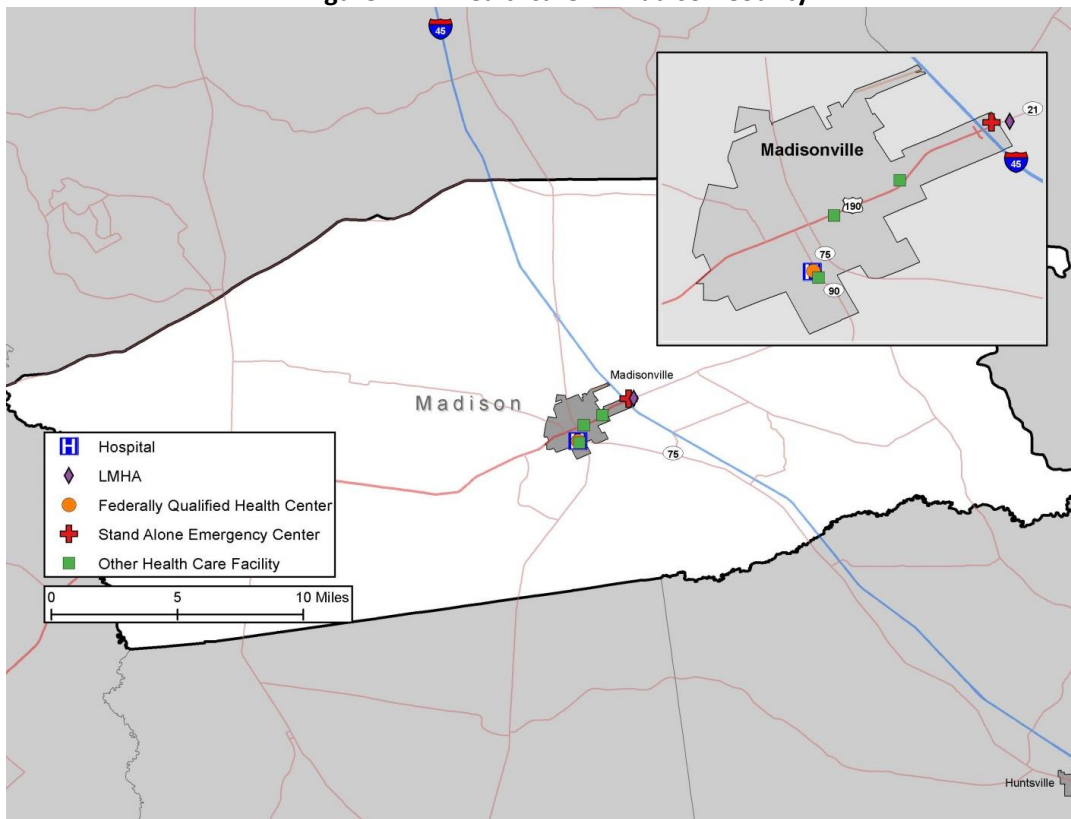
diabetes.⁴ Healthcare access and quality are perceived to be a major issue with 31% of residents identified as uninsured.² Madison County currently has a health professional shortage of primary care physicians and mental health specialists.⁴ A map developed by Southwest Rural Health Research Center personnel shows the location of healthcare facilities options in this 472-square-mile county (**Figure 2**).

Grimes County: Although Navasota is the largest city in Grimes County, the county seat is located 10 miles away in Anderson, Texas. Grimes County is also considered a growing population, likely due to its proximity to both north Houston and Texas A&M/College Station.¹ According to census estimates, the estimated population for 2020 is 27,928, a 4.2% growth in five years.¹ The county’s racial and ethnic distributions consist of 59.9% White non-Hispanic; 15.2%

Black/African American non-Hispanic; 22.1% Hispanic; and 2.8% all other races.² The current unemployment rate is the highest of the three counties at 5.8%, with the median household income reported as \$46,652 in 2014.² Life expectancy for male and female residents is 73.7 and 78.3 years, respectively.³ The leading causes of death in Grimes County are heart disease, cancer, and stroke.³ Nearly 9% of Grimes County residents suffer from type 2 diabetes;⁴ more than 28% of the population was uninsured in 2016.² **Figure 3** shows the location of current healthcare facilities options for Grimes County residents.

Robertson County: Located north of Texas A&M University, rural Robertson County has a population of 17,209.¹ Hearne, Texas, is the largest city in Robertson County, although Franklin – 13.4 miles away – is the seat of county government.¹ Robertson County’s

Figure 2. All Healthcare in Madison County



estimated population growth for 2020 is 3.7%.¹ Racial and ethnic distributions consist of 58.5% White non-Hispanic, 21.2% Black/African American non-Hispanic, 18.9% Hispanic and 1.4% all other races.² The current unemployment rate is 4.9% and median household income is \$43,371.² Life expectancy for male residents is 73.2 years, while female resident's life expectancy is

78.7 years.³ Over 8% of the population is identified as having type 2 diabetes⁴, while the leading causes of death in Robertson County are heart disease, cancer, and stroke.³ It is reported that 26.8% of Grimes County residents are uninsured.² Healthcare facilities options in Robertson are shown in **Figure 4**.

Figure 3. All Healthcare in Grimes County

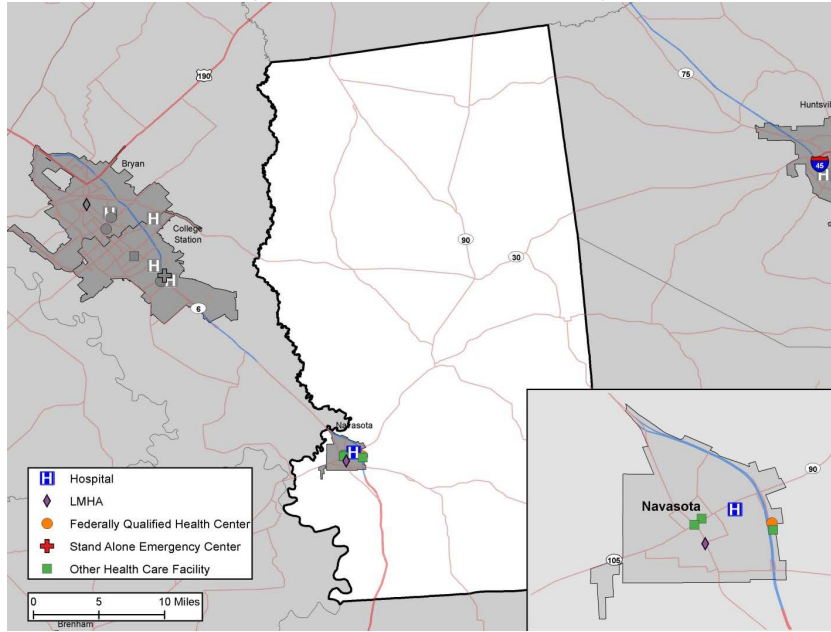
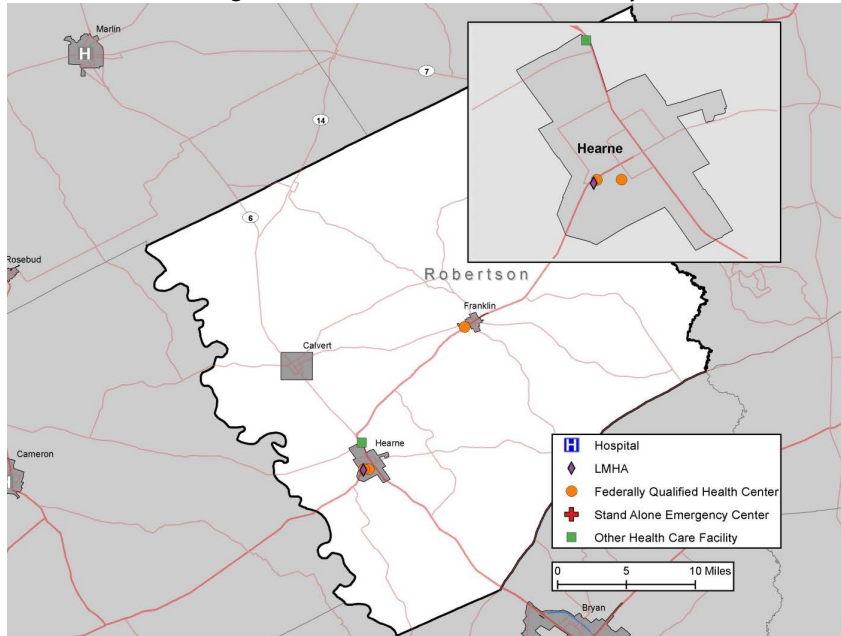


Figure 4. All Healthcare in Robertson County



III. METHODS

Project Leadership

1. Jane Bolin, B.S.N., J.D., Ph.D. is the principal investigator for this project. Dr. Bolin is the Director of Southwest Rural Health Research Center and a professor in the Health Policy and Management Department at the Texas A&M School of Public Health. Dr. Bolin has extensive grant leadership experience in rural health research and policy, health care delivery in special populations, racial/ethnic health care disparities, and community-based interventions related to diabetes, cancer screening and chronic disease. Other areas of research expertise include legal and regulatory aspects of health care, cost-effectiveness evaluations, and community-based participatory research. She is assisted by **2. Janet Helduser, M.A.**, a Senior Program Coordinator in the Health Policy and Management Department at the Texas A&M School of Public Health who provides operational oversight to the project. Drawing on her experience working “boots-on-the-ground” in these three counties, Ms. Helduser offers advisement about community engagement and key stakeholders. **3. Daunte’ Cauley, M.S.** serves as the key Program Coordinator on this project, responsible for implementing all of the project’s community-related activities relative to the work plan and timeline. **4. Angie Alaniz, B.A.**, Associate Director for the Center for Community Health Development at Texas A&M’s School of Public Health facilitates community partner engagement, and co-chairs this projects’ County Health and Wellness Planning Committees. In her role at the School of Public Health, she has also led or co-led numerous projects on capacity building in rural counties. The team also receives input from **5. Katharine Nimmons, M.Sc., MPH, CHWI.** Ms. Nimmons is the Director for the National Community Health Worker Training Center located at the Texas A&M School of Public Health and has served on her local Episcopal church outreach committee.

1.



2.



3.



4.



5.



III.a. Areas of Concern

Using data from a 2016 Greater Brazos Valley Health Assessment Report produced by the Center for Community Health Development at the Texas A&M School of Public Health,² the research team pre-identified possible areas of concern in each county (See Table 1). This information was used as a guide to

develop the Institutional Review Board (IRB) protocol, consent for planning committee participation, recruitment scripts, and guided focus group questions. The project was approved as Texas A&M IRB2016-0632D on September 27, 2016.

III.b. County Health and Wellness Planning Committees

Table 1a. Initial Identified Areas of Concern by County

Identified Areas of Concern by County	County		
	Grimes	Robertson	Madison
Diabetes ¹	X		
Coronary Heart Disease ^{1,3}	X	X	X
Obesity ³	X	X	X
Unintentional Injuries ¹			X
Motor Vehicle Deaths ¹	X	X	X
Lack of Recreation Opportunities ¹	X		X
Crime Rate ¹ , including Family Violence and Violent Crimes ⁴	X	X	
Lack of Transportation ¹	X	X	X
Lack of Job Opportunities/Unemployment ¹	X	X	X
Poor Public Housing Maintenance ¹	X		
Teen Pregnancy Rate ⁴		X	X
Single Parent Households ⁴	X	X	X
Lack of Healthcare Specialists, including mental health services ¹	X		X
Access to Care Issues and Uninsured ^{1,4}	X	X	X
Participants Notes			
Ensure Senior Participation ¹	X		X
Ensure African American Leadership ¹	X	X	X
Ensure Hispanic Participation ¹		X	

1. The Center for Community Health Development <http://cchd.us/publications/>. Accessed July 26, 2016

2. Texas Department of State and Human Services <http://healthdata.dshs.texas.gov/HealthFactsProfiles>. Accessed July 26, 2016

3. Episcopal Health Foundation <http://www.episcopalhealth.org/en/research/county-health-map/>. Accessed July 26, 2016

4. County Health Rankings & Roadmaps http://www.countyhealthrankings.org/app/texas/2016/compare/snapshot?counties=48_185

Accessed July 26, 2016

5. United States Census Bureau <http://www.census.gov/quickfacts/table/PST045215/48185>. Accessed July 26, 2016

Table 1b. Initial Identified Areas of Concern by Health-related Topic

Identified Areas of Concern by Category	Health-related Topic			
	Chronic Disease	Infrastructure	Social Issues	Healthcare
Diabetes ¹	X		X	X
Coronary Heart Disease ^{1,3}	X		X	X
Obesity ³	X		X	X
Unintentional Injuries ¹		X	X	X
Motor Vehicle Deaths ¹		X	X	
Lack of Recreational Opportunities ¹	X	X	X	
Crime Rate ¹ , including Family Violence and Violent Crimes ⁴			X	
Lack of Transportation ¹		X	X	X
Lack of Job Opportunities/Unemployment ¹		X	X	
Poor Public Housing Maintenance ¹		X	X	
Teen Pregnancy Rate ⁴			X	X
Single Parent Households ⁴			X	
Lack of Healthcare Specialists, including mental health services ¹	X	X	X	X
Access to Care Issues and Uninsured ^{1,4}	X	X	X	X

In August of 2016, meetings were held with each County Judge serving in the three project counties in order to make them aware of the project and solicit their input, particularly for membership on a planning committee (later named Health and Wellness Planning Committee). Dr. Jane Bolin, Angie Alaniz, and Daunte' Cauley traveled to two of the respective counties and met with Judge C.E "Butch" McDaniel and Judge Charles L. Ellison. Due to schedule conflicts, Judge Ben Leman (Grimes County) requested that he receive the information by phone and email.

August 2, 2016
The Honorable C.E. "Butch" McDaniel
Madison County

August 5, 2016
The Honorable Charles L. Ellison
Robertson County

August 12, 2016
The Honorable Ben Leman via phone/email
Grimes County

The Texas A&M team then worked with community leaders in each county, many recommended by the County Judge, to organize a Health and Wellness Planning Committee. The Health and Wellness Committee consisted of individuals representing community sectors including local government, health care, clergy, education, law enforcement, social services, recreation, and community champions. The tables below identify the composition of the Madison, Grimes, and Robertson County Health and Wellness Planning Committees (**Table 2**). Each Health and Wellness Planning Committee helped the Texas A&M team identify 8-15 local residents who could offer a unique perspective of their community

Table 2. County Health and Wellness Committee Members

Madison	Robertson	Grimes
Administrative Assistant, City of Midway	Center Supervisor, Calvert Senior Center	Administrative Lieutenant, Grimes County Sheriff Office
Administrator, CHI St. Joseph Health Madison	Chief Deputy, Robertson County Sheriff Department	Administrator, CHI St. Joseph Health
Administrator, Madison County Judge's Office	Community Engagement Officer, St. Phillip's Episcopal Church	Administrator, CHI St. Joseph Health Navasota
Assistant Principal, Madisonville Elementary School	County Judge, Robertson County	Clergy, St. Paul's Episcopal Church
Center Manager, Madison Health Resource Center	Member, City Council	Coordinator, Grimes County Crime Victims' Services
Chief Probation Officer, Madison County	Member, First United Methodist Church	County Commissioner, Grimes County
City Manager, City of Madisonville, and Episcopal Church member	Nurse Practitioner, HealthPoint Franklin	Director, Christian Community Service Center
County Judge, Madison County	Pastor, St. Phillip's Episcopal Church	Executive Director, Grimes Health Resource Center
Director, Madisonville Parent CISD Parent Center	Retired Teacher, Hearne ISD	Executive Director, Navasota Grimes County Chamber of Commerce
Family Practice Physician, Trinity Family Medicine, Madisonville	School Board Member, Calvert ISD	Extension Agent, Texas A&M Agrilife Extension Service
Madison Health Resource Center	Superintendent, Mumford ISD	Mayor, Navasota
Mayor, City of Midway		Parish Administrator, St. Paul's Episcopal Church
North Zulch (Community Champion)		Photographer, Navasota Examiner
Owner, Walker's Café		Principal, Brule Elementary School
Police Chief, Madisonville		Senior Warden, St. Paul's Episcopal Church
Representative, Madison County Juneteenth Organization		
Representative, Madison County Juneteenth Organization		

through community participatory groups (CPGs), i.e., guided focus group discussions.

III.c. Community Participatory Group Meetings

After receiving input from the Health and Wellness Planning Committees, CPG meetings were held to gather information regarding the community's perception of local issues, resources, infrastructure,

leadership, and the community's ability to address local concerns. Each meeting was planned for no longer than one and half hours and included a light meal. At least four CPG meetings were held in each county to ensure comprehensive representation of the county. Below is **Figure 5**, identifying the geographic areas where each CPG was held.

Figure 5. Community Participatory Group Meeting Locations

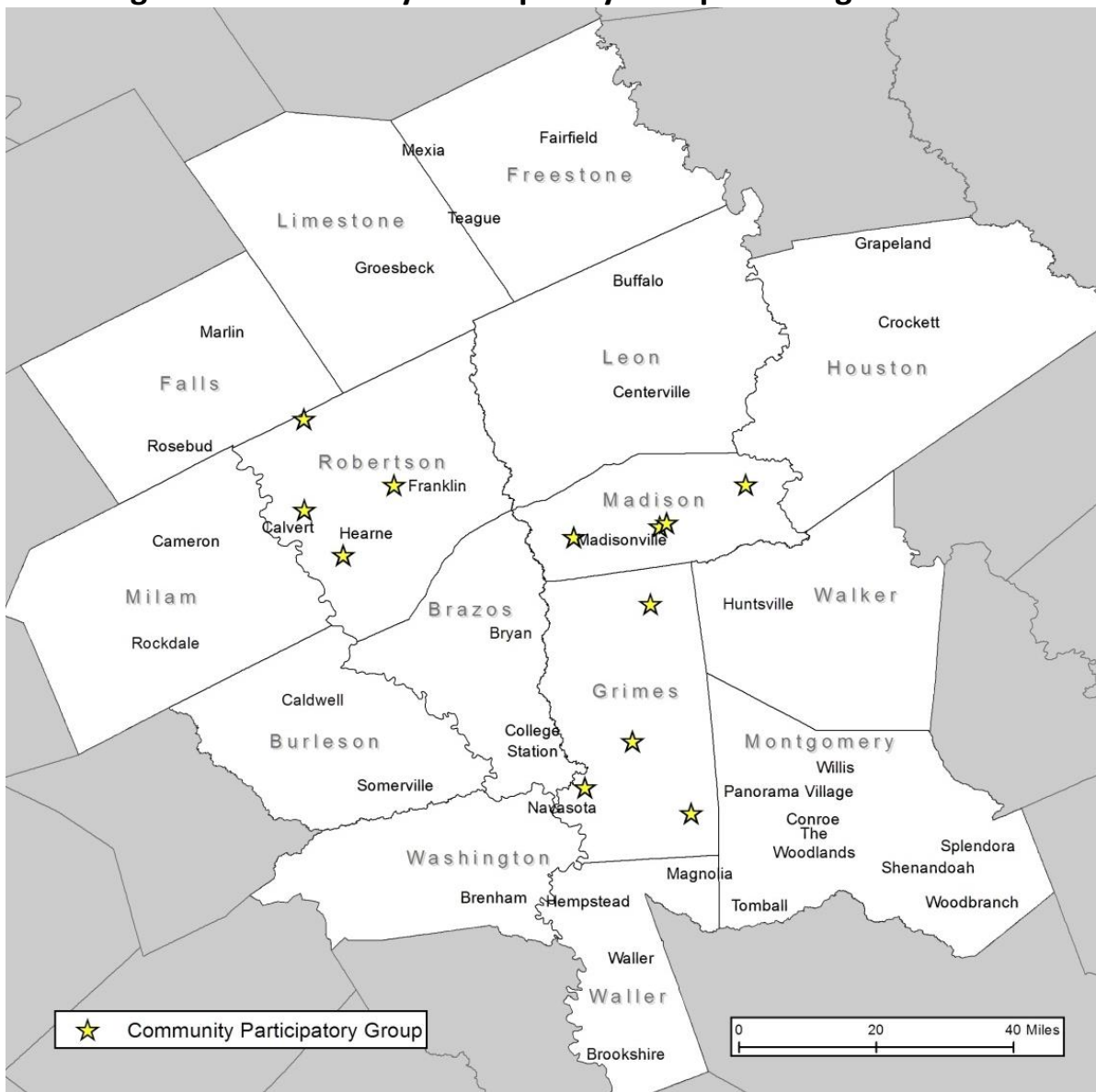


Table 3. CPG Location and Attendance

Madison County			
10/13/2016	Madisonville Senior Center	Madisonville, TX	8 attendees + 1 by phone
10/21/2016	Midway City Hall	Midway, TX	10 attendees
10/24/2016	North Zulch Fire Department	North Zulch, TX	4 attendees
11/29/2016	Madisonville First Baptist Church	Madisonville, TX	8 attendees
Robertson County			
11/1/2016	St. Phillip’s Episcopal Church	Hearne, TX	6 attendees + 2 by phone
11/2/2016	Epiphany Episcopal Church	Calvert, TX	7 attendees + 1 by phone
11/3/2016	First Baptist Church	Franklin, TX	7 attendees
12/13/2016	SouthStar bank	Bremond, TX	7 attendees
Grimes County			
10/25/2016	Iola & Bedias @ Bedias Civic Center	Bedias, TX	7 attendees
11/22/2016	Sunshine Center	Anderson, TX	8 attendees
12/7/2016	St. Paul’s Episcopal Church	Navasota, TX	9 attendees
12/15/2016	Town Hall	Plantersville, TX	9 attendees

IV. RESULTS

When assessing moderator perceptions, combined with the frequency and context of comments on a topic, and reviewing participant responses via transcripts, three issues or concerns surfaced as the most important overall issues for these counties: **lack of transportation, lack of youth activities** (comments cover the spectrum of lack of supervised, recreational, or youth activities with parental involvement), and **access to health care**. Related concerns/comments about accessing health care were divided into three distinct areas: 1) infrastructure (lack of transportation, distance to facilities, lack of an urgent care facility, lack of emergency resources); 2) cost-related issues (no insurance, medical costs); and 3) quality-related complaints (inadequate primary care, primary care that does not include MDs, long wait times, Band-Aid solutions only).

“There’s not an urgent care of any kind. There was one in Hearne at one time, and it has turned into a primary care facility as well. You really do have to go all—when I hurt my wrist, I had to go all the way into Bryan.”

-Franklin, TX

A second tier of concerns, warranting significant discussion in the CPG meetings, was **lack of mental health services and lack of jobs or vocational training**. In fact, mental health services was the single topic introduced by participant comments in all twelve CPG meetings, while lack of transportation and lack of youth activities were discussed in eleven of the twelve meetings. Lesser, but often interrelated, concerns centered around **lack of childcare, lack of retail/grocery stores, and lack of community education** about available resources. Concerns about **drug and alcohol abuse**, and other high risk behaviors, were also expressed.

Additional concerns about childcare were somewhat masked in “lack of youth activities,” as comments on “youth” often reflected age groups from preschoolers through teens. To gain a better understanding of some of these issues, we studied the location of the twelve CPGs in relation to all licensed child care centers in the tri-county area. Many of these centers are licensed home day cares where educational programs may not be present. There is a Head Start program in Madisonville (Madison County) and Navasota (Grimes County), but none in Robertson County.

“I see a lot of the kids and the parents, but there’s the social standing that causes problems. Because some of these kids --- they will walk through there and their parents let them do this. They’re disrespectful. They’re rude.”

-North Zulch, TX

Zulch and Midway, and two CPGs were held in Madisonville where more than one-third of the county’s population resides. Participants in the North Zulch CPG stated that a socioeconomic “rift” divides the community, and that this has contributed to the disrespectful attitudes of the youth towards adults. The community of Midway felt that it is often overshadowed by Madisonville, and that they receive limited resources as a small town within Madison County. The Madisonville CPG stated that many resources are underutilized as members of the community just do not know what resources are available for them, with regard to health care and other services. Below is a table that illustrates items discussed in each CPG in Madison County. (See Table 4)

IV.a. Madison.

A total of 31 individuals participated in the four Madison County CPG meetings. The meetings were held in unincorporated North

Table 4. Participant-Driven Discussion Items in Madison County Community Participatory Groups

	Madisonville (Sr. Center)	Midway	North Zulch	Madisonville (1 st Baptist)
Infrastructure				
Lack of Transportation	X	X	X	X
Lack of Job Opportunities			X	X
Lack of Leadership			X	
Town Incorporation			X	
Unpaved Roads	X		X	
Lack of Affordable Housing				X
Need for Emergency Housing/Shelter				X
Emergency Services		X		
Lack of Retail/Grocery stores	X	X	X	X
Social Issues				
Broken Homes			X	
Social Standing			X	
Drug Use			X	
Lack of Parental Supervision			X	
Alcohol Abuse			X	
Lack of Recreational Opportunities		X	X	X
Lack of Youth Activities	X	X	X	X
Lack of Childcare	X	X	X	
Healthcare				
Lack of Healthcare Specialists	X	X		X
Lack of Mental Healthcare Services	X	X	X	X
Lack of Doctors				X
Lack of Urgent Care Facility	X			
Access to Care Issues and Uninsured	X	X	X	X
Lack of Information about Care				X
Distance to Health Facilities	X		X	
Cost of Healthcare			X	
Lack of Elder Care Facilities	X		X	

IV.b. Robertson.

A total of 30 individuals participated in the four Robertson County CPG meetings held in Calvert, Hearne, Franklin, and Bremond. Although Hearne is the largest city, Franklin is the county seat. Calvert and Bremond are towns of about 1,000 residents each. Several members of the Hearne CPG voiced a distinct mistrust of city and school governance. The members of the Calvert CPG emphasized that there is a lack of supervised and recreational activities for its

youth and would like to see more programs for youth to be involved in. A unique issue discussed at the Franklin CPG was that an impending layoff at the local power plant will affect families of the community. The Franklin clergy stated that they anticipate an increase in the number of families needing benevolent services. Members of the Bremond CPG stated that drugs are a real issue within the community and that, with no local jail; it is even more challenging to contain. Below is a table that illustrates items discussed in each

Table 5. Participant-Driven Discussion Items in Robertson County Community Participatory Groups

	Hearne	Calvert	Franklin	Bremond
Chronic Disease				
Diabetes		X		X
Coronary Heart Disease				X
Obesity				X
Infrastructure				
Lack of Transportation	X	X	X	X
Lack of Job Opportunities			X	X
Lack of Trust in Government	X			
Lack of Communication within Govt	X			
Unpaved Roads			X	
Lack of Affordable Housing	X		X	
Need for Emergency Housing/Shelter	X			
Poor Internet Service	X			X
Lack of Retail/Grocery stores		X		X
Social Issues				
Teen Pregnancy Rate		X		X
Single Parent Households				X
Lack of Income	X			
Crime				X
Drug Use	X	X	X	X
Litigation among community	X			
Alcohol Abuse	X		X	X
Lack of Recreational Opportunities	X	X		
Lack of Youth Activities	X	X		X
Education	X			
Lack Vocational Training		X		
Lack of Childcare			X	X
Healthcare				
Lack of Healthcare Specialists		X		X
Lack of Mental Healthcare Services	X	X	X	X
Lack of Doctors	X			X
Lack of Psychiatrists		X		
Lack of Hospital		X		
Lack of Urgent Care Facility	X	X	X	X
Financial Assistance for Medication			X	
Access to Care Issues and Uninsured	X	X	X	X
Distance to Health Facilities		X	X	X
Cost of Healthcare	X	X	X	X

CPG in Robertson County. (See Table 5)

IV.c. Grimes.

A total of 33 individuals participated in four Grimes County CPG meetings held in Anderson, Plantersville, Navasota and in Bedias for the Bedias/lola communities. Although Navasota is the largest city in Grimes County, nearby Anderson is the county seat. Participants in the Navasota CPG stated that lack of community participation is an important concern; that is, the same group of individuals are doing everything – a small number of people wearing many

different hats within the community. In Bedias and lola, residents stated that they have to tap into resources in other counties, because this is actually closer than going to Navasota (Grimes County). Participants in the Anderson CPG stated that there is a lack of jobs and vocational training, which forces members of the community to leave and not return until retirement age. The Plantersville CPG stated that they felt as if they are getting absorbed by larger communities. They are fearful that construction of the state’s bullet

Table 6. Participant-Driven Discussion Items in Grimes County Community Participatory Groups

	Bedias/lola	Anderson	Navasota	Plantersville
Infrastructure				
Lack of Transportation	X		X	X
Lack of Job Opportunities		X		X
Unpaved Roads	X			
Poor Internet Service	X			X
Emergency Services	X			X
Lack of Fitness Center	X			
Lack of Retail/Grocery stores	X			X
Social Issues				
Lack of Community Participation			X	
Crime				X
Drug Use	X			X
Alcohol Abuse				X
Lack of Recreational Opportunities		X	X	X
Lack of Youth Activities	X	X	X	X
Education			X	X
Lack of Childcare		X	X	X
Healthcare				
Lack of Healthcare Specialists	X		X	X
Lack of Mental Healthcare Services	X	X	X	X
Lack of Doctors			X	
Lack of Psychiatrists	X			
Lack of Hospital		X		
Lack of Urgent Care Facility	X	X		
Financial Assistance for Medication				
Access to Care Issues and Uninsured	X	X	X	X
Lack of Information about Care	X	X	X	X
Distance to Health Facilities	X	X		X
Cost of Healthcare	X			
Lack of Elder Care Facilities	X			

train through its city will significantly disrupt the quality of life that they enjoy. Below is a table that illustrates items discussed in each CPG in Grimes County. (See Table 6)

IV.d. Health and Wellness Planning Committees -Second Meetings & Follow-up

Activities conducted in Quarter 3 centered on hosting the second meeting of each County Planning Committee to report CPG findings and seek stakeholder feedback. Invitations were extended to all members of the County Planning Committee and one representative from each CPG held in that county. A powerpoint presentation was developed and presented to summarize the CPG results specific to each county. Copies of the presentation for Madison, Grimes, and Robertson Counties can be found on the Southwest Rural health Research Center website (<https://srhrc.tamhsc.edu>) after 6/1/2017. The dates and location of these meetings were:

January 31, 2017
Madison County Courthouse -14 attendees
Madisonville, TX

February 1, 2017
Grimes County Courthouse - 16 attendees
Navasota, TX

February 24, 2017
Robertson County Courthouse -16 attendees
Franklin, TX

Madison. A total of 14 individuals participated in the second Madison County Health and Wellness Planning Committee meeting held at the Madison County Courthouse Annex Building. Present at the meeting from the project team were Dr. Jane Bolin, Dr. Shao-Chee Sim, Vice President for Applied Research of Episcopal Health Foundation, Cindy Lucia, Angie Alaniz, and Daunte' Cauley. Results of the Madison County CPG meetings were presented. Three topics had

surfaced as the most important overall issues for Madison County: lack of transportation, lack of youth activities (all ages, and all levels of supervision), and access to health care. Health care concerns were further classified as: 1) infrastructure (lack of transportation, distance to facilities, lack of an urgent care facility, lack of emergency resources); 2) cost-related issues (no insurance, medical costs); and 3) quality-related complaints (inadequate primary care, primary care that does not include MDs, long wait times, Band-Aid solutions only). Lack of mental health services and lack of jobs or vocational training were also important concerns. No additional or new concerns were expressed by the Madison County Planning Committee.

Following the presentation, a discussion was held regarding next steps for the project. Community members from Midway stated that after the Midway CPG was held, the members of the group immediately started to work together to increase accessible resources for the community. They now have Traditions Home Health care, located in Madisonville, coming to the Midway community to do monthly health screenings for the residents of the community. They also have senior wellness programs coming to the area to provide mental health education. The Midway representatives also spoke about the positive effect of the Midway Youth Council and how the youth are making an impact by participating in highway clean-up projects, and facilitating an after-school tutoring program twice a week at the Midway City Hall. As a result of this joint SRHRC-EHF project, the Madison County Planning Committee was asked to focus on the top one or two priorities within the county and to continue to work with the A&M project team.

The SRHRC team reconvened the Madison County Health and Wellness Planning Committee on March 29, 2017 to determine which one or two county-specific community solutions were proposed to address an

identified priority. In Madison County, the members of the Health and Wellness Planning Committee made a decision to focus on a solution to the lack of recreational activities for the youth of the community. Members of the committee also want to develop an action plan to support a women's shelter for short-term, emergency housing for women and children seeking safety from domestic abuse.

Grimes. A total of 16 individuals participated in the second Grimes County Health and Wellness Planning Committee meeting held at St. Paul's Episcopal Church in Navasota. Present at the meeting from the project team were Dr. Jane Bolin, Project PI; Dr. Shao-Chee Sim, Vice President for Applied Research of Episcopal Health Foundation and Elena Marks, President and CEO of Episcopal Health Foundation; and Project Coordinators Angie Alaniz and Daunte' Cauley, both of Texas A&M SRHRC. The Grimes County CPG data were presented via powerpoint and were discussed. As previously reported in Quarter 2, Grimes County had identified many of the same priority concerns as in the other two counties including: lack of transportation, lack of youth recreational services, lack of access to primary care, a high uninsured population, and lack of mental health services. Secondary concerns noted by most of the CPGs had included: lack of childcare, lack of retail/grocery stores, and lack of community education about available resources. Concerns about drug and alcohol abuse, and other high risk behaviors, were also expressed. Several of the smaller-town CPGs in Grimes County had also noted that Navasota "gets everything," while their smaller communities do not benefit from these same programs.

The Grimes County Health and Wellness Planning Committee acknowledged these key issues, and a discussion about "next steps" was initiated. Members stated that a lack of marketing plays a role when addressing the issue of education about

community resources. Representatives from the Grimes County AgriLife Extension Office stated that they provide services that may have been underutilized, but will do a better job at marketing to reach the members of the community. There was also conversation about further engaging with members of the community to help them access the resources of the county. An elected official made comments that she will aid in engagement efforts in the community.

In Grimes County, members of the Health and Wellness Planning Committee met on April 4, 2017 and agreed that lack of education regarding available community resources was an issue that was feasible to address. Members stated that services like 2-1-1 are difficult to use, and that additional communication/dissemination services were needed for the area. An education and awareness project should ensure that all communities in Grimes County are reached, not just Navasota.

Robertson. A total of 16 individuals participated in the second Robertson County Health and Wellness Planning Committee meeting held at the Robertson County Courthouse Building in Franklin. Present at the meeting from the project team were Dr. Jane Bolin, Project PI; EHF guests Dr. Shao-Chee Sim, Jo Carcedo, Vice President for Grants; Cindy Lucia, Program Officer; Brian Sasser, Director of Communications; and Project Coordinators Angie Alaniz, and Daunte Cauley both of Texas A&M Southwest Rural Health Research Center. The Robertson County CPG data were presented via powerpoint and subsequently discussed. As previously reported in Quarter 2, Robertson County had identified many of the same priority concerns as in the other two counties including: lack of transportation, lack of youth recreational services, lack of access to primary care, a high uninsured population, and lack of mental health services. Secondary concerns noted by most of the CPGs had included: lack

of childcare, lack of retail/grocery stores, and lack of community education about available resources. An issue unique to the Hearne CPG was voiced – a distinct mistrust of city and school governance.

The Robertson County Health and Wellness Planning Committee discussed the impact of not having a hospital, or emergency care facility in their county and how it affects the residents. Lara Thibodeaux, who is the Nurse Practitioner for Healthpoint Clinic located in Franklin, stated that it is difficult to sustain the hospital without the providers to support it. Discussion also involved the utilization of the health care facilities in Robertson County, and how underutilization causes facilities to close, which leads to residents traveling out of the county for their health care needs. There was also discussion about trying to establish a Robertson County Health Resource Center, like those modeled in Grimes and Madison County, to help serve as a resource for residents of the county.

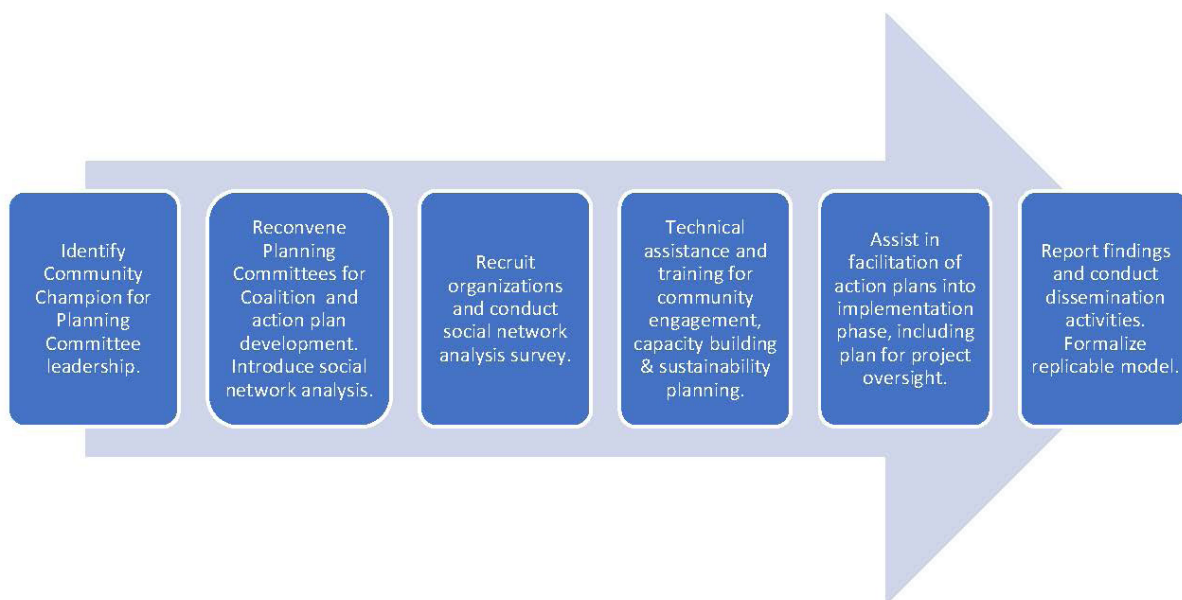
In Robertson County, the Health and Wellness Planning Committee met on April 5, 2017 and expressed its desire to establish a health resource center, which could improve both access to care and health status for Robertson County residents through

collaboration and coordination of services. A model for the health resource center has been developed previously by the A&M Center for Community Health Development. Facilitated by Angie Alaniz and SPH more than a decade ago, county health resource centers were developed and established in neighboring Burleson, Madison, Grimes, Leon, and Washington Counties.

V. IMPACT

Rural counties in Texas operate differently from county to county, and communities within those counties likewise have their own unique sets of problems. Strategies for working in rural communities require processes and skill sets that often differ significantly from engagement strategies for urban communities.

Facilitating appropriate stakeholder buy-in, through County Health and Wellness Planning Committees, provided opportunities to bring to the table the key personnel needed to identify critical health issues and propose countywide solutions. Using proven methods of community-based participatory research, input gained from focus groups allowed each County Health and Wellness Planning Committee to identify health-related



priority projects needed in their counties. The Episcopal Health Foundation and the Southwest Rural Health Research Center will partner for Phase II of this project – to assist in bringing to fruition, or at least into implementation phase, the specific projects identified by our county partners.

The first year of this project has provided a template that could be beneficial to any organization involved or interested in rural community engagement and development. It is our hope that the procedures developed for this EHF-SRHRC partnership may serve as a model for working with other rural communities to improve their overall community health. Also, the information provided in this report is replicable and of particular benefit to other counties of the Episcopal Diocese of Texas, where assessment of rural community health needs is essential to the Episcopal Health Foundation mission of supporting healthier communities.

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5. County Health Rankings & Roadmaps http://www.countyhealthrankings.org/app/texas/2016/compare/snapshot?counties=48_185 Accessed May 18, 2017

Additional Copies of this report can be obtained from the Southwest Rural Health Research Center, 364 School of Public Health Administration Building, 1266 TAMU, College Station, Texas 77843-1266 and website at (<https://srhrc.tamhsc.edu>)



“Letting the community know of the resources; community education [is needed]. You’ve got people in this room that work in the health and wellness, family and consumer science, ag, hospitals, admin, nurses, food nutrition, strength and family wellness who’ve got a wealth of knowledge and everything else, but nobody knows we’re here.”

-Navasota, TX

“I just had an injury in June where I required a wheelchair and my doctors are in College Station and the place that you rent stuff there wouldn’t service Midway area. If we had been less able to travel, my husband, trying to find that, it was a big problem.”

-Midway, TX



“Oh, yeah. Lack of Internet. We have Internet, but a squirrel’s faster [than] where I live. I think it’s better in town here, but where I live...”

-Bedias, TX

“I think the healthcare needs are gonna skyrocket. We just had 500 people laid off of Luminant plant. It’s in the area, and that’s gonna affect a lot of people around. We expect at our church to see an increase in people needing help.”

-Franklin, TX

