VICTORIA COUNTY HEALTH ASSESSMENT REPORT

Public Health
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Victoria County Public Health Dept.

2024 VICTORIA COUNTY HEALTH ASSESSMENT RESULTS

Conducted and prepared by

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Texas A&M School of Public Health

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TABLE OF CONTENTS

Assessment Sponsors i

Acknowledgements i

Organizations which Helped Organize Community Discussion Groups i

Table of Contents i

Introduction 1

2024 Victoria County Health Assessment Overview 3

Social Determinants of Health 3

Assessment Process 4

Secondary Data Analysis 5

County Health Rankings 5

Healthy People 2030 5

U.S. Preventive Services Task Force Recommendations 6

Community Discussion Groups/Interviews 6

Household Survey 6

Survey Development 7

Survey Administration 8

Survey Respondents 10

Contextual Findings 11

Population Characteristics 11

Age and Gender 12

Race and Ethnicity 13

Household Composition 14

Education 16

Employment 18

Household Income 18

Home Ownership and Housing Issues 20

Population Conclusions 22

Social Associations 22

Neighborhood Characteristics 23

Violent Crime 24

Health Findings 24

Mortality 24

Morbidity 26

Health Status and Risk Factors 27

Health Related Quality of Life (HRQoL) 27

Risk Factors 29

Smoking 29

Obesity and the Food Environment 31

Physical Inactivity and Access to Exercise Opportunities 34

Alcohol Consumption, Alcohol-related Motor Vehicle Deaths, and All Motor Vehicle Crash Deaths 38

Health Care Resources 39

Health Insurance 39

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Health Care Accessibility 40
Respondents' Healthcare Usage 42
Transportation 45
Preventive Health Screenings 46
Dental Screening 47
Cholesterol Screening 47
Influenza Vaccinations 47
Preventable Hospital Stays 48
Diabetic Monitoring 49
Diabetes Screening 49
Human Sexuality 49
Opioid and Other Drug Use 51
Community Findings 51
Understanding Community Needs and Concerns 51
Community Discussion Groups 53
Community Characteristics 53
Community Issues & Challenges 53
Community Resources 54
Community's History of Working Together 54
Advice for Addressing Community Challenges 54
Summary of Key Findings 55

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ASSESSMENT SPONSORS

Victoria County Public Health Department
United Way of the Crossroads
City of Victoria Community Development Block Grant
Citizens Medical Center
DeTar Health Care Systems

ACKNOWLEDGEMENTS

The 2024 Victoria County Health Assessment owes its success to the many individuals and organizations who contributed throughout the process.

Organizations which Helped Organize Community Discussion Groups

Zach Wendel & Celeste Menchaca
Community Development Block Grant
Dawn Herolt (Citizens Medical Center)
United Way of the Crossroads
Victoria County Public Health Department
DeTar Health Care Systems

Telferner Methodist Church
Bloomington VFW Memorial Post 6074
Victoria Public Library
Meals on Wheels
University of Houston-Victoria

SPECIAL THANKS TO RESIDENTS WHO PROVIDED THEIR CANDID OPINIONS DURING COMMUNITY DISCUSSION GROUPS.

Additional contributions to research efforts include the Texas A&M University School of Public Health staff:
Dr. Angela Clendenin, Mercedes Duchicela, Dr. Sara Mendez, and Brandy Sebesta
School of Public Health student volunteers:
Maclane Abbott, Marlene Baez, Amanda Bowen, Bianka Diaz, Lauren Hillner, Heidi Huang, Ester Kim, G Lopez Ixta, Anas Nabil, Emma Nations, Viviana Ramos, Lilian Rodriguez, and Cecelia Thornbert,
as well as the Victoria County volunteers:
Donald Jirkovsky, Pat Tally, Kolby Janak, Kat Hickl and Valerie Adames
who assisted during the CASPER data collection weekend driving, collecting data, or both.

SUGGESTED CITATION:
Center for Community Health & Aging. (2024). *2024 Victoria County Health Assessment Report*. College Station, TX: Texas A&M School of Public Health.

INTRODUCTION

The Center for Community Health & Aging (CCHA) at the Texas A&M School of Public Health facilitated the 2024 Victoria County Health Assessment in collaboration with the Victoria County Public Health Department, United Way of the Crossroads, City of Victoria, Citizens Medical Center and De Tar Health Care Systems. The assessment would not have been possible without the support from local and regional health care systems, publicly funded agencies, and non-profit organizations.

Victoria County, located in the Coastal Bend region of Texas, is home to a diverse population with unique health needs. Victoria County serves as a regional hub for education, healthcare, and commerce.[1] This comprehensive health needs assessment utilized both primary and secondary data, including household surveys and community discussion groups, to develop an in-depth analysis of the health status and needs of Victoria County residents. The purpose of this assessment is to inform and guide local health initiatives and resource allocation to improve overall community health and well-being.

Located in southeastern Texas on the Coastal Plain, Victoria County is strategically positioned along the Texas Gulf Coast and is known as the "Crossroads of South Texas." The county's largest town and county seat, Victoria, lies approximately 120 miles from Houston, 102 miles from San Antonio, 110 miles from Austin, and 75 miles from Corpus Christi as shown in **Figure 1.** The county encompasses 887 square miles of nearly level to gently rolling coastal prairie, with elevations ranging from sea level to 300 feet.[2]

Figure 1. Crossroads of South Texas

Victoria County is bordered by Calhoun County to the south, Jackson County to the northeast, Lavaca County to the north, DeWitt County to the northwest, and Goliad County to the west as shown in **Figure 2**. This hub and spoke composition positions the county as the central hub of the surrounding area. Such positioning often results in many health and health-related services having a

[1] Roell, H., Craig. (March 24, 2021). Victoria County. Texas State Historical Association. https://www.tshaonline.org/handbook/entries/victoria-county

[2] Texas State Historical Association. (n.d.). *Victoria County*. Handbook of Texas Online. Retrieved from https://www.tshaonline.org/handbook/entries/victoria-county

regional service area with their primary office located in Victoria County, while serving other adjacent counties as well.

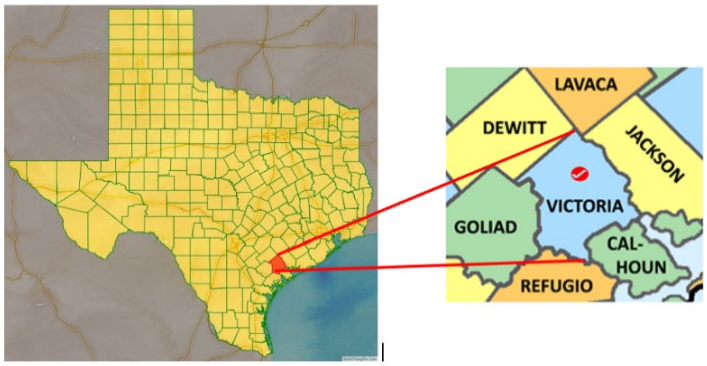


Figure 2. Victoria County and Neighboring Counties

2024 VICTORIA COUNTY HEALTH ASSESSMENT OVERVIEW

Social Determinants of Health

According to the World Health Organization (WHO), ***Social Determinants of Health*** are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a range of health, functioning, quality of life outcomes, and risk.[3] These social determinants impact quality of life and have a significant influence on health outcomes. Social determinants include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of toxins.[4] *Healthy People 2030* has identified five areas of the social determinants of health - economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. **Figure 3** depicts the five social determinants of health, although many others also exist. The social determinants served as a foundation for the development of the health assessment instrument and data collected.

Figure 3. Social Determinants of Health (SDOH) Framework

[3] Social determinants of health. (2018). Retrieved from https://www.who.int/social_determinants/en/.
[4] Healthy People 2030. (n.d.). Social Determinants of Health. Healthy People 2030. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

Assessment Process

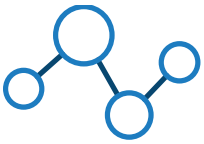
The 2024 Victoria County Health Assessment incorporates data from three sources (**Figure 4**): (1) secondary data (existing data available from public sources), (2) qualitative data from community discussion groups, and (3) household surveys from Victoria County residents. This data illustrates current and projected population growth, insight into local health conditions and issues, as well as reported availability of health care resources.

Figure 4. Victoria County Assessment Data Framework

Using multiple data sources documents and validates community perceptions of various issues, as well as validating findings from different perspectives. For instance, information gathered in community discussion groups identifies: 1) local issues seen as a priority; 2) local resources available to help address identified issues; and 3) how and with whom to collaborate with to address community issues and/or to take advantage of community opportunities. Discussion group data assists in providing context for secondary data found and can support and/or explain survey results. Thus, this three-pronged data analysis is considered a gold standard in community assessment[5].

[5] Burdine, J. N., **Clark, H. R.**, Shea, L. J. ^, Appiah, B. ^, & Hollas, C. N. ^ (2012). Health assessment in rural communities: A critical organizing and capacity building tool. In R. Crosby, R.C. Vanderpool, M.L. Wendel, and B. Casey (Eds.), *Rural Health & Populations* (pp. 171-190). San Fransico, CA: Josey-Bass.

Secondary Data Analysis



Secondary data compiles data from a variety of sources including the Texas Department of State Health Services (DSHS), the U.S. Census Bureau, the Behavioral Risk Factor Surveillance System survey from the Centers for Disease Control and Prevention (CDC), the Texas Workforce Commission, the City of Victoria Texas, the Texas Department of Public Safety, and the County Health Rankings project at the University of Wisconsin (sponsored by the Robert Wood Johnson Foundation). Additional national resources were also used to provide perspective as to the community's status compared to notable national health organization's goals, guidelines, and/or priorities, such as, objectives and priorities set by *Healthy People 2030*, County Health Rankings, and the U.S. Preventive Services Task Force Guidelines, among others. Background information on some of those sources appears in the following section.

County Health Rankings[6]

A widely used resource for understanding the factors impacting the health status of a population is the County Health Rankings project, sponsored by the Robert Wood Johnson Foundation and hosted by the University of Wisconsin. The County Health Rankings project compiles data from data sources to produce reports on a variety of health-related factors in a standardized format for essentially all United States counties. Within each state, all counties are ranked using a set of measures looking at either health outcomes or health factors. Only 244 of 254 Texas counties are included in the rankings. More information on the CHR ranking methodology and data limitations is available on their website.[6]

Healthy People 2030[7]

Healthy People 2030 is the 6th generation of the Healthy People project developed to provide comprehensive national goals and objectives to reduce preventable deaths and disease for improving the nation's health. The Healthy People initiative serves as a foundation to concentrate population health improvement efforts on specific areas for preventable issues, now called Leading Health Indicators. If a Healthy People 2030 goal is associated with the data presented in this report, we have provided it as a reference.

[6] County Health Rankings. (n.d.). Retrieved from http://www.countyhealthrankings.org/
[7] Healthy People. (n.d.). Retrieved from https://www.healthypeople.gov/

U.S. Preventive Services Task Force Recommendations[8]

The U.S. Preventive Services Task Force (USPSTF or Task Force) is an independent group of national experts in prevention and evidence-based medicine that work to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services or preventive medications. It is a standard to which local data can be compared to, as an indicator of how the county residents fare.

Community Discussion Groups/Interviews

Similar to town hall meetings, Community Discussion Groups (CDGs), provide opportunities for different community subgroups to provide their thoughts and ideas about community issues. This assessment could not have been possible without the assistance from local community contacts across the county to identify priority populations and organize discussion groups. Discussion groups convened three primary community subgroups to maximize participation yet minimize effects of differential status or power within groups. Subgroups include clinical and other medical/health/human service providers, community leaders, and community residents who are consumers of health and health-related care in Victoria County.

During the assessment, over 200 individuals participated in 12 discussion group meetings throughout the county. We also included Spanish CDGs for individuals who did not speak English or were not comfortable speaking English. All CDGs utilized the same format and questions with a facilitator, note taker, and an open forum to encourage discussion of the five key questions seen in **Figure 5**.

Community Discussion Groups provide insights into community perceptions of issues and concerns, but also thoughts regarding different approaches to solving local health problems. The questions purposefully do not ask specifically about health allowing for the identification of any social determinants of health and other community concerns that may directly or indirectly affect residents' health status.

Household Survey

A third component of the assessment process is the collection of household health status data. With the assistance of the project sponsors and other community

[8] U.S. Preventive Services Task Force. (n.d.). *An Introduction*. Retrieved from http://www.ahrq.gov/professionals/clinicians-providers/guidelines recommendations/uspstf/index.html.

organizations and stakeholders, we developed a survey to meet the purpose and needs of this health assessment by adapting a previously utilized health assessment survey. The tailored survey not only addresses local interests but incorporates local terminology and resources to encourage community ownership of the results.

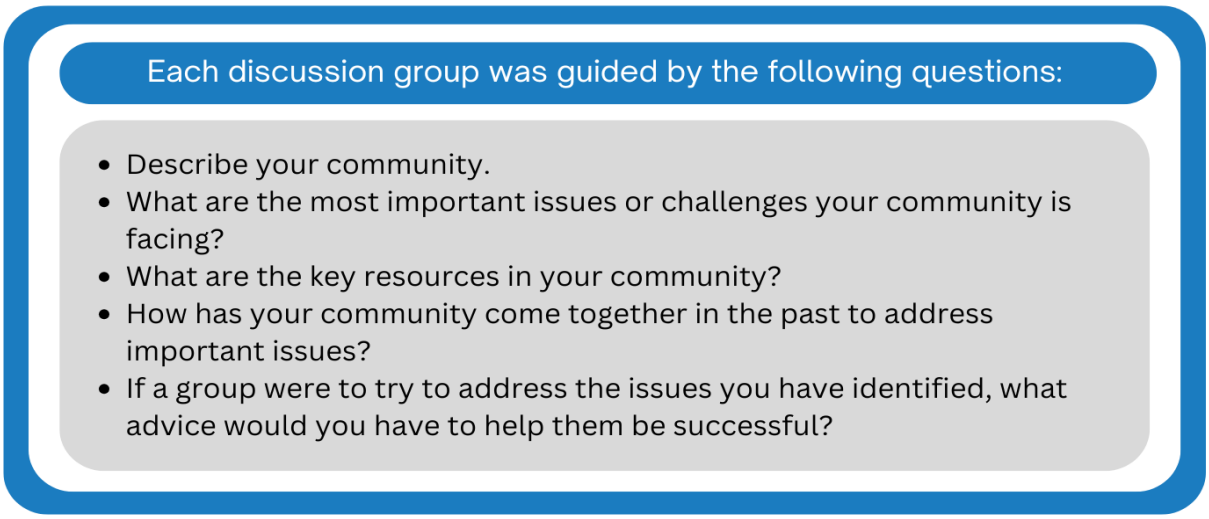


Figure 5. Community Discussion Group Guiding Questions

Survey Development

The adapted survey instrument has been utilized for nearly two decades in various forms in a variety of health status assessment projects by the Center for Community Health & Aging, who was contracted to facilitate the health assessment process.[9] The process began with an original and comprehensive survey which was reviewed and revised by representatives from health care, local hospitals, community-based organizations, local government, the local public health department, educational institutions, and volunteer organizations. Multiple rounds of survey revisions included removing questions not applicable to the general survey purpose, adding questions of interest not already included based on community organization needs, and final cuts to shorten the survey, as a significant concern was the length of the instrument. For the budget, planned administration, and maintaining participation by respondents, the instrument had to be shortened significantly. The final approved survey was translated to Spanish to be available as needed. The instrument and administration protocol was submitted to the Texas A&M Institutional Review Board and was deemed not-human subjects research (IRB #2024-0254).

[9] Formerly the Center for Community Health Development

Survey Administration

CASPER

The initial plan for administering the Victoria County health status assessment was to utilize the CDC's Community Assessment for Public Health Emergency Response (CASPER) method, which is based on Rapid Needs Assessments that provide household level information in a timely manner for public health officials and emergency managers with accurate information.

It includes a two-stage cluster sampling design where Census Tracks and Blocks are randomly chosen, followed by a random selection of households within the Census Tracks and Blocks accounting for variances such as single-family households, apartment complexes, duplexes, mobile homes, and other alternative housing structures to eventually strategically select seven homes within the selected area. A detailed description can be found in the CASPER handbook.[10] Originally designed for emergencies, CASPER assessments have been conducted throughout America since the introduction in 2001 and have been utilized for community health updates regarding diseases (i.e., Zika Virus, H1N1), assessing community opinions or awareness on public health concerns, and providing convenient manners for the public to express their needs.

Victoria County assessment data collection originally utilized the CASPER method during a weekend data collection event. Local volunteers and staff and students from Texas A&M University School of Public Health participated in a just in time training to conduct in field, household data collection. In this data collection, households were selected using the CASPER method. Selected households that had visual displays regarding "no trespassing," "beware of dog," or similar signage or dogs present were not approached for the safety of the volunteers. To randomly select a household resident, volunteers asked to speak with a resident over 18 with the next upcoming birthday.

Transition to online and paper survey

Our household data collection faced challenges which would be difficult to overcome to collect enough surveys for a statistically representative sample of Victoria County residents, therefore in June 2024, the assessment leadership team transitioned the

[10] Centers for Disease Control and Prevention (CDC, 2019). *Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Third edition*. Atlanta (GA): CDC.

survey data collection to an online survey format with a goal of obtaining 400 total surveys (a similar number that would be needed for statistical validity in a randomized sampling method (95% confidence level and 5% margin of error)). The primary concern of an online survey is sampling bias as participants self-select to participate in the survey.

The survey was developed into an online survey using QualtricsXM and advertised to Victoria County residents. Recruitment for the online survey utilized local news media, flyers, table tents at organizations, and social media promotion. In online surveys there is a concern regarding participation from certain groups such as those without or limited access to the internet, older populations, and those uncomfortable with technology. Given these concerns, several assessment stakeholders requested paper surveys to provide to their organizations' clients/participants. Paper surveys were provided to Meals on Wheels, Perpetual Help Home, Salvation Army, and Christ's Kitchen.

A survey eligibility screening question required participants to enter their zip code to restrict participation to Victoria County residents. The screening question utilized 11 valid zip codes in the County, additionally participants were asked to confirm they were over the age of 18.

Survey Validation

Online survey responses were validated using multiple methods that ensured respondents were valid in Texas to protect the integrity of the survey analysis. First, IP addresses were utilized and cross-referenced with multiple IP address software systems for a geologic estimation of response location. Responses determined to be from outside of the U.S. or Texas were not included in analysis. Due to challenges identifying public computers or shared technology to take the survey, multiple submissions from single IP addresses were not removed to not unintentionally remove specific populations where multiple people accessed the survey from public locations or through organizations which utilize Virtual Private Networks. Additionally, GIS mapping was also utilized through automatic collection of metadata from the online survey system, and all longitude and latitude estimations validated that respondents were in Texas.

Final Survey Sample

Following survey participant validation, during data cleaning and analysis, additional responses were removed if less than 70% of the survey was not completed. A total of 226 responses (2 paper surveys and 224 online surveys) were excluded from

analysis leaving a total of 605 responses completed, valid surveys for data analysis (**Table 1**).

Table 1. Final Survey Administration and Sample Count

Description	Number
Total Surveys Collected	831
Paper Surveys	160
Online Surveys	671
Invalid or Removed Surveys	226
Total Valid Surveys	**605 (after excluding 226 invalid)**

Limitations of administration method/convenience sampling

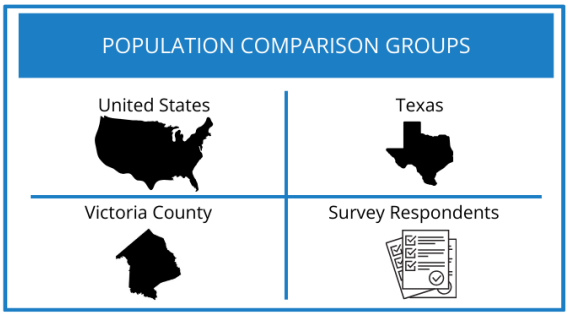
As mentioned, a necessary shift of administration method from a randomized sampling method to an online convenience sample method was necessary following challenges with the Casper method. In a convenience sample, limitations arise in various aspects of the results of the community health assessment primarily because it does not produce a representative sample of the population. People participate based on their availability and interest, leading to potential selection bias. This approach often excludes important subgroups and limits the generalizability of findings. Additionally, it may increase the risk of over-representing certain characteristics or opinions while under-representing others, potentially distorting study outcomes.

Therefore, we encourage this data to be shared but be clear in what it represents. Data for Victoria County is available via secondary data and included in this report. Survey respondent data should be referred to as such – survey respondents. These findings, while capturing a good picture of community resident information, are only representative of those who responded to the survey.

Survey Respondents

There was a total of 605 valid survey respondents. Respondents were more likely to be female (78%), between the ages of 45 and 64 (35.6%), and White (69%). Overall, participants were like Victoria County demographics found in secondary data sources.

As data is described throughout this report for various demographics, health conditions, risk factors, and community factors, it will be discussed referring to secondary data sources such as the U.S. Census Bureau, County Health Rankings, and other data sources to report information regarding the U.S., Texas, and Victoria County. Any data from the survey administered to Victoria County residents will be referred to as survey respondents. Survey data is a snapshot in time of current respondents. It is important to keep this in mind when reviewing survey results. Any future community assessments will present an opportunity to compare changes across time in survey respondents. In the meantime, secondary data sources are an excellent source of data, even though they may not contain all the questions of interest.

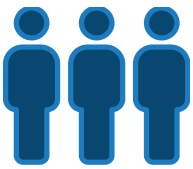


CONTEXTUAL FINDINGS

This report is organized into three sections. The first deals with the context – we describe the people and community characteristics that influence Victoria County residents' health status. The second section presents findings related to health, including risk factors, diseases, and access-to-care related issues. The third section reports on community perceptions, problems, and the need for and use of various health and human services.

The report presents the health assessment findings for Victoria County as a whole. In some charts or figures percentages may not add exactly to 100 due to rounding.

Population Characteristics



Understanding the dynamics of a population is critical to understand that population's health status. This is particularly important when the intention is to compare a current assessment with other data sources. For instance, understanding how the population changes over time with respect to demographics and other characteristics provides insight into possible social determinants of health that may influence the population's health status. For example, has the population had an age shift to an older population either through the aging process or an influx of people to the community after retirement? And, if that happens, what health problems might be

expected if the population is now generally older than the previous decade? Population characteristics are critical to understanding assessment findings, a profile of the region's population characteristics is presented first.

Based on the U.S. Census Bureau's 2023 estimate, Victoria County, Texas, has a population of 91,664 residents, reflecting a slight increase from the 2020 Census count of 91,319. Victoria County is considered an urban area (population greater than 50,000)[11] and is connected to the City of Victoria. However, 27.7% of the population lives in low population density, rural areas which is higher than the state average of 16.3%. The percentage of residents living below the poverty level and the socio-economic status is influenced by this rural-urban divide. Only 3% of the population is not proficient in English, compared to 7% statewide, indicating a relatively lower language barrier in the community.

Age and Gender

Age and gender are among the factors that are most closely linked to health status. The median age in the county is 37.2 years (±0.4 years), which is higher than the median age for the state of Texas at 35.6 years (±0.1 years), indicating a relatively mature population base about the same as in United States of 39 years.

Census Bureau data shows 25% of the Victoria County population is under 18 years, while 17% are 65 years and older, signifying a significant presence of both young and elderly residents. **Table 2** provides detailed age group distribution for Victoria County. Analysis of gender distribution reveals a balanced representation, with females comprising 50.6% of the population. This figure closely mirrors the gender distribution percentages observed at the state and national levels in Texas and the United States, respectively.

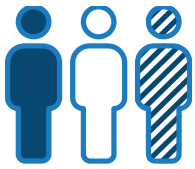
Survey respondents were primarily female (77.8%) and the median age was 52.5. The majority of survey respondents fell between 25 and 74 years of age, and were fairly evenly distributed across Census age categories, as illustrated in **Table 2**.

[11] United States Census Bureau. (2024, December 16). Urban and Rural. United States Census Bureau. https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html#:~:text=The%20Census%20Bureau's%20urban%2Drural,population%20of%20at%20least%205%2C000.

Table 2. Age Group Distribution for Victoria County[12]

	Survey respondents (N=534)	Victoria County	Texas	United States
Persons Under 5 (Age 4 or Less)	n/a	6.5%	6.3%	5.5%
Age 5-9	n/a	6.8%	6.9%	5.9%
Age 10-14	n/a	7.1%	7.2%	6.4%
Age 15-19	0.2%	7.6%	7.2%	6.5%
Age 20-24	2.1%	6.5%	7.1%	6.7%
Age 25-34	17.6%	5.9%	14.4%	13.6%
Age 35-44	18.0%	6.6%	14.1%	13.2%
Age 45-54	15.9%	7.3%	12.3%	12.1%
Age 55-64	19.7%	6.6%	5.5%	6.2%
Age 65-74	15.9%	5.7%	5.5%	6.5%
Age 75-84	8.4%	4.7%	8.2%	10.2%
Age 85 And Older	2.3%	6.1%	4.0%	5.3%

Race and Ethnicity

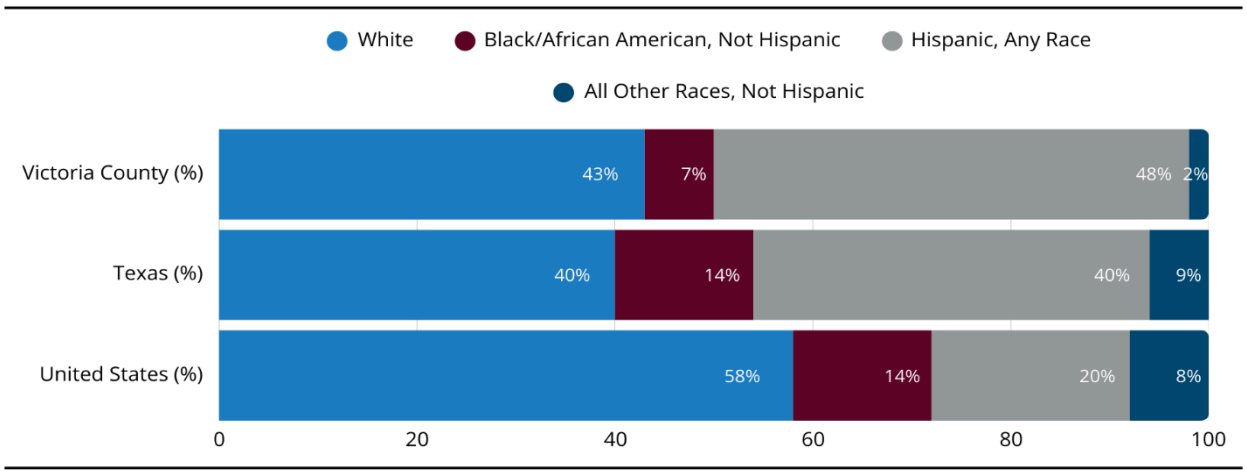


Another demographic characteristic important to examine in health assessments is the distribution of race and ethnicity. Because of the very small proportions of some racial/ethnic groups, and although not without its critics, we have used the set of U.S. Census Bureau race/ethnicity clusters to report population data: *White alone, Black or African American alone, American Indian and Alaska Native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, Two or More Races, Hispanic or Latino, White alone, not Hispanic or Latino.* In terms of racial and ethnic composition, Victoria County is diverse according to Census data. Hispanic or Latino individuals comprise approximately 48.4% of the population.

The majority, 89.1%, identify as White alone, while White alone, not Hispanic or Latino, accounts for 43.1% of the population. The Black or African American alone population is 6.5%. The Asian alone population is 1.4%. The American Indian and

[12] United States Census Bureau. (n.d.). USA – Census Bureau Tables. United States Census Bureau. https://data.census.gov/table?q=USA&y=2022&d=ACS%201-Year%20Estimates%20Data%20Profiles

Alaska Native alone group makes up 0.9%, and the Native Hawaiian and Other Pacific Islander alone group is the smallest at 0.1%. Additionally, 1.9% of the population identify as Two or More Races. **Figure 6** shows the racial and ethnic distribution of the county compared to the state and the nation.



**Due to rounding, all rows do not add to 100%.*

Figure 6. Racial and Ethnic Distributions within the Victoria County[13]

Forty-three percent of all survey respondents reported being Latino or Hispanic origin. Survey respondents were primarily White with 78.5% reporting White as their race, however only about 56.1% percent were White alone, not Hispanic or Latino. Black or African Americans comprised 14.8% of the respondents. All other races comprised less than 2% of the survey respondents each.

Household Composition

According to the 2022 American Community Survey 1-Year Estimates, Victoria County had 34,188 households.[14] Married-couple households constituted the largest group, representing 48.5% of all households, closely aligning with the percentages in Texas (48.7%) and the United States (46.9%). Within this group, 17.9% of Victoria County households had children

[13] United States Census Bureau. (n.d.). Quick Facts: Victoria City, Texas; Victoria County; Texas, Texas; United States. United States Census Bureau. https://data.census.gov/table/ACSDP1Y2022.DP05?q=USA&y=2022&d=ACS%201-Year%20Estimates%20Data%20Profiles

[14] United States Census Bureau. (n.d.). USA – Census Bureau Tables. United States Census Bureau. https://data.census.gov/table/ACSDP1Y2022.DP02?q=Victoria%20County,%20Texas&y=2022&d=ACS%201-Year%20Estimates%20Data%20Profiles(used

under 18, slightly below Texas's 20.8% but comparable to the national percentage of 17.7%.

Cohabiting couple households in Victoria County accounted for 9.2% of all households, which is higher than Texas's 6.8% and the national average of 7.3%. Among these, 3% included children under 18, slightly above the state average (2.5%) and the national percentage (2.3%).

Male householders with no spouse or partner present represented 20.4% of households in Victoria County, higher than Texas (18.0%) and the United States (18.3%); see **Table 3**. Of these, only 1.5% had children under 18, consistent with state and national rates (1.2%). Conversely, female householders with no spouse or partner present made up 21.8% of households in Victoria County, slightly lower than Texas (26.5%) and the national average (27.4%). Of these, 3.7% had children under 18, below the state rate of 5.6% and the national figure of 4.8%. Householders living alone comprised 12.7% of households in Victoria County, aligning closely with Texas (12.4%) and the United States (13.0%).

Nearly one-third (30.4%) of households have one or more people under 18 years in Victoria County, slightly below the state average of 34.0% but similar to the national percentage of 29.1%. Additionally, 32.1% of households in Victoria County have one or more people 65 years and older, surpassing both the state (26.4%) and national averages (31.7%). The average household size in Victoria County was 2.6 persons, and the average family size was 3.20 persons.

Just over half of survey respondent households (52.9%) reported as either married or cohabitating with a partner, which is slightly higher than secondary data sources. About one in five (13.7%) respondents reported being divorced or separated from their partners and 54 (9.6%) of respondents stated being widowed. In total, 198 households responded having children under the age of 18; 45 households responded as having children under the age of 2, 76 households reported as having children between the ages of 2 and 5, and 157 households reported having children between the ages of 6 and 17. Households responding with children had an average of one child under 2, one child under 5, and two children between the ages of 5 and 17. Nearly one-third (31.1%) of respondent households reported at least one person over the age of 65 and one in five (18.3%) households ***only*** had residents over the age of 65. Twenty percent of all respondents stated they live alone. The average number of people living in respondents' home was between two and three people

(average: 2.9) and 78.4% of respondents reported living in single family household structures.

Table 3. Household Composition in Victoria County

	Total Households	Percent Male Householder, no Spouse Present with Children <18	Percent Female Householder, no Spouse Present with Children <18
Survey Respondents	605	1.08% (N=4)	9.7% (N=59)
Victoria County	34,188	1.5%	3.7%
Texas	11,087,708	1.2%	5.6%
United States	129,870,928	1.2%	4.8%

Education

Educational attainment is a key element in the social determinants of health.[15] Education increases options for employment opportunities, but also increases the capacity for better decision making in one's health. Health and education are intricately connected - education can create opportunities for better health; poor health can put educational attainment at risk (reverse causality); and conditions throughout people's lives beginning in early childhood can affect both health and education.[16] Additionally, in today's fast paced, global economy, postsecondary education is often a minimum requirement for securing employment, which provides economic, social, and personal resources that ultimately lead to better health. **Table 4** illustrates educational attainment for survey respondents and Victoria County residents compared to the state and nation.

Victoria County educational attainment in **Table 4** details the differences between the county when compared to Texas and the nation. According to the 2022 American Community Survey (ACS), 82.9% of Victoria County residents aged 25 and older have at least a high school diploma. This figure is slightly below that of Texas (86.1%) and the U.S. (89.6%).

[15] Shankar, J., Ip, E., Khaelma, E., Couture, J., Tan, S., Zulla, R., & Lam, G. (2013). Education as a social determinant of health: Issues facing indigenous and visible minority students in postsecondary education in Western Canada. *International Journal of Environmental Research and Public Health*, *10*(9), 3908-3929. Doi: 10.3390/ijerph10093908.

[16] Cutler D., & Lleras-Muney, A. (2014). Education and health. In A. J. Culyer (Ed.), *Encyclopedia of Health Economics* (pp.232-45). San Diego, CA: Elsevier.

Notably, 29.8% of Victoria County residents are high school graduates (including equivalency), which is higher than both Texas (24.2%) and the U.S. (26.1%). Additionally, 25.5% of residents have attended some college without earning a degree, surpassing the state (20.3%) and national averages (19.1%). The proportion of residents with an associate's degree in Victoria County is also higher than Texas (7.8%) and the U.S. (8.8%) with 9.4% holding an associate's degree.

Table 4. Educational Attainment for Survey Respondents, Victoria County, Texas, and the U.S.[13]

Educational Attainment	Survey respondents (N=556)	Victoria County (%)	Texas (%)	U.S. (%)
Less than 9th grade	2.1%	5.8%	7.2%	4.7%
9th to 12th grade, no diploma	5.9%	11.3%	6.7%	5.7%
High school graduate (includes equivalency)	20.4%	29.8%	24.2%	26.1%
Some college, no degree	22.9%	25.5%	20.3%	19.1%
Associate's degree	8.4%	9.4%	7.8%	8.8%
Bachelor's degree	22%	13.7%	21.6%	21.6%
Graduate or professional degree	11.1%	4.6%	12.3%	14.0%
High school graduate or higher	84.8%	82.9%	86.1%	89.6%
Bachelor's degree or higher	33.1%	18.3%	33.9%	35.7%

However, Victoria County trails Texas and the U.S. in higher education attainment. Only 18.3% of residents hold a bachelor's degree or higher, significantly below Texas (33.9%) and the U.S. (35.7%). Within this category, 13.7% hold a bachelor's degree, compared to 21.6% for both Texas and the nation, and only 4.6% have a graduate or professional degree, compared to 12.3% in Texas and 14.0% nationally.

While overall educational attainment in Victoria County may appear lower than Texas and the U.S., the county performs well in high school graduation rates, some college attendance, and associate degree attainment, highlighting areas of strength in its educational landscape.

Survey respondents had a higher level of education when compared to Victoria County residents. Most had a high school degree/equivalent or higher. Notably, survey respondents with at least a bachelor's degree (33.1%) when compared to Census data for Victoria County (18.1%). Fewer survey respondents reported their

highest level of education was below 9th grade, did not complete high school, or a high school graduate or equivalent.

Employment

Throughout the assessment, employment and affordable housing were notable issues of concern to the public. Victoria County **employment rate** of 58.0%, is slightly lower than Texas's 62.2%, the distribution across various sectors reveals unique patterns. A significant portion of the workforce, 72.1%, is employed by private companies, with a notable presence in manufacturing (16.6%) and educational services, health care, and social assistance (21.7%). However, the proportion of government workers is lower than the state average, comprising 9.7% of the workforce, indicating a more pronounced private sector influence in employment dynamics.[13]

Household Income

Closely related to employment and home ownership is household income. **The individual per capita income** in Victoria County, as reported by the 2022 U.S. Census Bureau, is $31,747. This figure represents approximately 85% of the Texas average ($37,514) and about 77% of the national average ($41,261), highlighting a notable income disparity between the county and broader state and national levels. Table 5 provides an unemployment, and overview of household income and home ownership.

Median household income, representing the middle of the income distribution (not the average). The median household income for Victoria County is $72,075. This figure is closely aligned with the Texas median household income of $75,780 but remains slightly below the national median of $77,719. One-third (34%) of Victoria County households earn under $50,000 and another third (33.3%) fall within the $50,000 to $100,000 range. At the extreme end of the income spectrum, a smaller percentage earn $200,000 or more in the county compared to Texas and the U.S. (7.9%, 11.6%, and 12.4%, respectively).

The **Federal Poverty Level (FPL)** is a measure of income used by the Department of Health & Human Services (HHS) to determine eligibility for various assistance programs and benefits such as Medicaid and CHIP. In 2023, the Federal Poverty Level (FPL) was set at $30,000 for a family of four; 13.1% of the Victoria County population

lived at or below the FPL.[17,18] The poverty rate varies by age, with 14.4% of those under 18, 13.8% of those aged 18 to 64, and 8.8% of those 65 and older living in poverty. The income and poverty data in **Table 5** highlight the potential economic challenges for county residents.

Table 5. Unemployment, Home Ownership, and Income Characteristics in Victoria County, Texas, and the U.S.[19],[20]

	Unemployment Rate	Owner Occupied Housing Rate	Per Capita Personal Income	Median Household Income	Persons Below 100% Federal Poverty Level	Persons Below 200% Federal Poverty Level
Victoria County	4.1%	67.6%	$31,747	$72,075	13.1%	25.2%
Texas	4.4%	62.6%	$37,514	$75,780	13.7%	31.2%
United States	4.3%	65.2%	$41,261	$77,719	12.5%	28.2%

Many health and human service agencies use 200% of the Federal Poverty Level (FPL) as a determinant of eligibility ($60,000 for a family of four in 2023). Families in this income bracket often earn too much to qualify for assistance programs but earn too little to afford health and health-related services out-of-pocket, and often lack employer health insurance coverage. Residents who fall within this income bracket face many challenges. For instance, many households struggle to access necessary health and human services, despite not qualifying for traditional assistance programs due to their income levels. This gap underscores the need for targeted support to ensure that all residents can afford essential services.

Survey respondents reported an average of 1.5 persons contributing to their household income with the greatest proportion of survey respondents (17.4%) reporting an income between $50,000 and $75,000. Household income levels of survey respondents are depicted in **Table 6.**

[17] HealthCare.gov. (n.d.). Federal Poverty Level. HealthCare.gov. https://www.healthcare.gov/glossary/federal-poverty-level-fpl/
[18] 2023 American Community Survey 1-Year Estimate
[19] United States Census Bureau. (n.d.). Victoria County, Texas. United States Census Bureau. https://data.census.gov/profile/Victoria_County,_Texas?g=050XX00US48469#income-and-poverty
[20] United States Census Bureau. (n.d.). Unemployment 2023 Victoria County, Texas. United States Census Bureau. https://data.census.gov/table?q=unemployment%202023%20Victoria%20County,%20Texas

Table 6. Reported Household Income of Survey Respondents

Reported Household Income	Survey Respondents (n=490)
<$15,000	13.4%
$15,000-$25,000	10%
$25,000-$35,000	11.5%
$35,000-$50,000	10.5%
$50,000-$75,000	17.4%
$75,000-$100,000	10.5%
$100,000-$150,000	11.6%
$150,000-$199,000	6.1%
$200,000+	2.7%

Home Ownership and Housing Issues

Housing issues include factors such as high living costs, affordability issues, housing deterioration, and inadequate maintenance. A healthy and stable living environment plays a crucial role in determining overall health and wellness. Severe housing issues are characterized by households experiencing overcrowding, high housing expenses, or lacking essential kitchen or plumbing facilities. Housing affordability in Victoria County was assessed using homeownership rates from the U.S. Census Bureau. The 2022 **homeownership rate** for Victoria County is 67.6%, a 5% increase from the Texas average (62.6%) and 2.4% above the national average (65.2%).

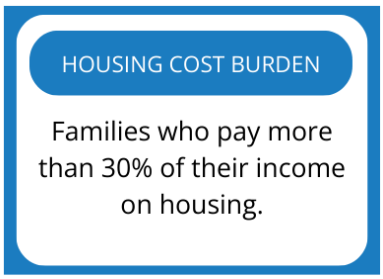
Median Gross Rent refers to the median monthly cost of rent plus essential utilities (such as electricity, water, and heating) for renter-occupied housing units. It represents the midpoint, meaning half of renters pay more and half pay less, according to the U.S. Census Bureau. Regarding rental affordability, the median gross rent in Victoria County is reported at $1,164, presenting a more affordable option compared to the statewide median of $1,413. This affordability aspect may influence housing choices and contribute to the county's relatively high homeownership rate.[21]
14

In Texas, the **housing cost burden**, defined as the *percent of families paying more than 30% of their income for housing*, is more prevalent in urban areas than in rural areas. One in 10 Victoria County households (12%) experience a housing cost burden.

[21]United States Census Bureau. (n.d) Victoria County, Texas. United States Census Bureau. https://data.census.gov/profile/Victoria_County,_Texas?g=050XX00US48469#housing

[22] [16] Housing cost burdens are linked to difficulty affording necessities such as food, clothing, transportation, and medical care.[23]

Housing burden is less common in rural subregions than in urban subregions, however, rural households often experience an increased cost of living (transportation, healthcare, food, etc.) compared to urban counterparts. For families with one full-time worker earning the minimum wage, affordability of a fair-market priced two-bedroom rental apartment in the U.S. is unlikely.[18] For example, about one in 10 households (12%) are severely burdened by housing costs, spending 50% or more of their income on housing. Additionally, 25% of households allocate at least 30% of their income to housing expenses, which is higher than the national median of 23%.[24]



While affordability is a substantial issue, the quality of housing in Victoria County is relatively good with few households lacking complete plumbing, (0.2%) compared to the nation at 0.3%, and the vacancy rate (12.7%) is better than the national rate of 16.3%, as depicted in **Table 7**.

Table 7. Housing Occupancy Rates in Victoria County, Texas, and the U.S.

Housing Occupancy Rate	Victoria County	Texas	United States
Total	39,826	12,394,809	145,333,462
Occupied (%)	86.6%	90.8%	90.4%
Vacant (%)	13.4%	9.2%	9.6%

On the other hand, the county faces an affordable housing shortfall of -70.4, which highlights a significant gap between the demand for and the availability of affordable housing. Additionally, 3.6% of households in Victoria County are overcrowded, which is notably higher than the national average of 1.8% highlighting the need for continued efforts to improve housing affordability and availability in Victoria County while maintaining the high quality of existing housing stock.[16]

[22] County Health Rankings and Roadmaps. (n.d.). Health Data, Texas. County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/app/texas/2021/measure/factors/136/map
[23] Office of Policy Management and Research (PD&R). (2014, September 22). Rental Burdens: Rethinking Affordability Measures. PD&R Edge. https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html
[24] U.S. News. (n.d.). Public Safety. U.S. News. https://www.usnews.com/news/healthiest-communities/texas/victoria-county#housing

Population Conclusions

In summary, Victoria County population dynamics reflect a mix of age groups, with significant proportions of residents aged 65 and older (16.5%) and under 19 years (28%). Racial and ethnic diversity in Victoria County is strongly Hispanic and white. It is considerably less diverse than the state and the nation, with half the number of Black or African American residents and one-quarter of the population compared to Texas and the U.S. reporting as races included in “all other races, not Hispanic.”

Victoria County’s educational attainment varies, with 82.9% of residents having attained at least a high school diploma or equivalent, falling below the Texas rate of 86.1% and the national rate of 89.6%. The county's unemployment rate stands at 4.1%, slightly lower than Texas's 4.4%. The county's individual per capita income is $31,747, which is about 85% of the Texas average and 84% of the national average. The median household income is $72,075, which is also lower than that of the state and the national median. Despite these figures of lower income households, only 13.1% of the population lives below federal poverty level.

A substantial proportion of Victoria County residents live at or below 200% of the Federal Poverty Level (FPL), with 1 in 4 households facing significant economic challenges that reflect widespread financial struggles in the community. Although these residents earn too much to qualify for many assistance programs, they still find it difficult to afford essential services. This indicates a sizable population of working poor, who often rely on safety net programs to meet their needs.

Social Associations

The social capital or social support that individuals experience has been examined as a factor impacting health status. Social capital refers to the social resources an individual can rely on during times of crisis or need. The County Health Rankings system uses the number of social associations in an environment as a proxy for social capital or social support. Communities with higher rates of social associations (per 10,000 population) generally have better risk outcomes, likely due to having more available resources and networks that can mitigate the impact of crises. Essentially, it acts as a social safety net. Social associations include various organizations to which an individual may belong to or

turn to for assistance. Examples include political, labor, civic, religious, business, professional, and/or sports organizations.[25]

In Victoria County, Texas, there were 8.9 social organizations per 10,000 people in 2024. The rate per 10,000 people in the U.S. is 9.1, and is much lower for Texas at 7.4 social associations per 10,000. Social organizations include civic, political, religious, sports, and professional groups. While Victoria County is higher than the state, it falls short of the nation's rate. The number of social associations is an indicator of possible sources of social support within the county. Having networks that provide resources and assistance for residents in times of need is a hallmark of healthier communities. It is important to note that these figures can fluctuate over time as organizations come and go, therefore caution should be used when comparing them with data from previous years.[26]

Neighborhood Characteristics

The household survey also examined social capital which is described as both an individual and collective concept. As an individual concept it is the value of a person's positive social connections and relationships. However, as a collective concept it can be used to examine community and neighborhood characteristics that might influence health status by influencing behaviors, access to health services, and other social support. [27]

Overall, most respondents reported favorable neighborhood characteristics. Two questions asked about health promotive environmental characteristics. Forty-four percent of respondents *agreed* or *strongly agreed* they saw people being physically active in their neighborhood and 56.7% *agreed* or *strongly agreed* if they fell or got hurt on a walk someone would help them. Half of the respondents felt as if their neighborhood had problems that make it hard to walk or go outside and 26.8% were concerned if they biked or walked, they might be a victim of crime.

[25] Social associations | County Health Rankings & Roadmaps. Accessed May 2024. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health factors/social-and-economic-factors/family-social-support/social-associations

[26] County Health Rankings and Roadmaps. (n.d.). Victoria County, TX. County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/health-data/texas/victoria?year=2024

[27] Kawachi I, Berkman L. Social cohesion, social capital, and health. In: Berkman LF, Kawachi I, editors. Social epidemiology. NY: Oxford University Press; 2000. pp. 174–190.

Violent Crime

The Federal Bureau of Investigation (FBI) classifies violent crimes as murder and nonnegligent manslaughter, rape, robbery, and aggravated assault.[28] In 2022, Victoria County, Texas, reported 355 violent crime offenses per 100,000 population. This marks a decrease from 2014, when the rate was 426.5 per 100,000 population. This data indicates an improvement in public safety in Victoria County, aligning with broader efforts to reduce crime and enhance community well-being. Despite this decline, the current rate remains higher than the national rate of 377.1 per 100,000 but is lower than the state rate of 431.9 per 100,000. These statistics highlight the ongoing need for effective law enforcement and community safety measures in Victoria County.[29]

HEALTH FINDINGS

Morbidity and mortality provide an important perspective to understanding the health status and of a population. Understanding health status independent of disease is another perspective that can be used to assist in planning and intervening in communities. Health findings presented come from a variety of sources, examining existing data from reputable sources to be able to provide a comparison of Victoria County health outcomes to the state of Texas and the nation. This section also includes information from the 605 survey respondents with valid survey responses who were described in the previous section.

Mortality

The National Center for Health Statistics provides annual data regarding number and rates of deaths for the leading causes of death in the U.S.[30] The 10 leading causes of death in the U.S. account for almost three-quarters of all U.S. deaths in 2022; rates are reported per 100,000 population. From 2020 to 2021, the U.S. saw a significant increase in deaths primarily driven by the COVID-19 pandemic. Until 2020, the top 10 leading causes of deaths remained relatively the same with only the occasional switching of ranks between

[28] U.S. Department of Justice Federal Bureau of Investigation. (n.d.). Violent Crime. Crime in the United States. https://ucr.fbi.gov/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/violent-crime

[29] Texas Attorney General's Office, *Crime Victim Services Annual Report 2024* https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/crime-victims/annual-reports/Crime-Victim-Services-Annual-Report-2024.pdf

[30] Center for Disease Control and Prevention. (n.d.). National Center for Health Statistics. https://www.cdc.gov/nchs/data/databriefs/db492-tables.pdf#4

various diseases. Table 8 describes the seven leading causes of death for the U.S., Texas, and Victoria County for 2022, the most recent data available.

In Victoria County mortality rates reflect both the average life expectancy and the prevalence of premature deaths. The average life expectancy of Victoria County residents is 75.7 years, which is lower than the Texas and U.S. life expectancies of 77.2 years and 77.6 years, respectively. Another measure of mortality is that of premature deaths, measured as years of potential life lost if someone dies before the age of 75 (per 100,000 population). In Victoria County, 9,600 years of potential life were lost per 100,000 people due to such premature deaths, a rate notably higher than the state at 7,900 years of life lost and the national average of 8,000 years lost per 100,000 people.

Examining a variety of secondary data sources, national organizations have identified leading causes of death. As with other health-related data, statistics lag a few years. The most recent data from 2022 is reflected in **Table 8.** The leading causes of premature death in Victoria County include cancer, heart disease, accidents, and diabetes mellitus. These leading causes are presented as crude rates, which accurately depict the incidence of premature death within the county but may not be directly comparable to rates in other counties due to differences in age structures. Leading causes of death in the U.S. and Texas vary slightly. Texas' leading causes of death are heart disease, cancer, accidents, COVID-19, and stroke.

Table 8. 2022 Leading Causes of Death in Victoria County, Texas (per 100,000 population)[31]

	Heart Disease (per 100,000)	Cancer (per 100,000)	Accidents (per 100,000)	COVID-19 (per 100,000)	Stroke (per 100,000)	Respiratory Disease (per 100,000)	Alzheimer Disease (per 100,000)
Victoria County	178.4	156.4	42.7	47.0	18.3	29.5	22.2
Texas	172.3	140.8	51.1	49.0	42.3	34.0	38.8
United States	167.2	142.3	64.0	44.5	39.5	34.3	28.9

[31] HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. (n.d.). Texas Mortality - Table Chronic Lower Respiratory Disease. National Institute on Minority Health and Health Disparities. https://hdpulse.nimhd.nih.gov/data-portal/mortality/table?cod=253&cod_options=cod_15&ratetype=aa&ratetype_options=ratetype_2&race=00&race_options=race_6&sex=0&sex_options=sex_3&age=001&age_options=age_11&ruralurban=0&ruralurban_options=ruralurban_3&yeargroup=5&yeargroup_options=year5yearmort_1&statefips=48&statefips_options=area_states&county=48000&county_options=counties_texas&comparison=counties_to_us&comparison_options=comparison_counties&radio_comparison=areas&radio_comparison_options=cods_or_areas

Additionally, Victoria County exhibits significant disparities in health outcomes among different racial groups. In Victoria County life expectancy and age-adjusted mortality rates vary significantly by racial/ethnic group. The data from 2019-2021 reveals Non-Hispanic Blacks have the lowest life expectancy at 69.8 years and the highest age-adjusted mortality rate at 770 deaths per 100,000 people, significantly higher than Hispanics at 540 and 175% times higher than Non-Hispanic Whites at 440 deaths per 100,000 people. **Table 9** displays the rates for the population, as well as racial/ethnic groups. The Victoria County Public Health Department has identified that the chronic disease mortality rate in Victoria County is much higher than that of the state and the nation.[32] [33]

Table 9. Life Expectancy and Age-Adjusted Mortality Rates by Racial/Ethnic Groups in Victoria County[34]

Population Group	Life Expectancy (Years)	Age-Adjusted Mortality (deaths per 100,000)
Hispanic (all races)	74.9	540
Non-Hispanic Black	69.8	770
Non- Hispanic White	76.4	440

Morbidity

Morbidity refers to having a disease or symptoms of a disease. Examining the rates of diseases in a community provides health and health-related care providers with important information about the prevalence of disease within the population. It is important to also examine the rates of disease by different population groups to identify areas for more targeted interventions.

The assessment survey asked participants about diseases or conditions experienced by themselves or anyone in their household. Respondents were able to select all that apply from a list of 16 conditions. The five most common conditions reported by respondents include **hypertension** (57% of responses), **overweight or obesity** (47%), **high cholesterol** (45%), **anxiety or panic attacks** (40%), and **depression** (37%). When examining the number of conditions that were reported in any one household, eight percent of responses reported **no diseases or conditions** for their

[32] Institute for Health Metrics and Evaluation. (n.d.). US Health Map. https://vizhub.healthdata.org/subnational/usa
[33] Mora, O. (2021, Mar 31). Study: Chronic disease mortality rate in Victori much higher than state and nation. Crossroads Today. https://www.crossroadstoday.com/news/local-news/study-chronic-disease-mortality-rate-in-victoria-much-higher-than-state-and-nation/article_7b0f66f0-9d51-596f-ae35-ac163c2cfbc4.html
[34] County Health Rankings & Roadmaps. (n.d.). County Health Rankings Model. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model

household. As few as one condition and as many as 14 were reported, with an **average of 3.88 conditions reported per household**.

Health Status and Risk Factors

Health Status is a measure of how people perceive their health. Many factors influence a person's health status including genetics, health behaviors, risk factors, and environmental factors. In Victoria County, these outcomes are notably worse compared to the state average of Texas and align closely with national averages. This section discusses secondary and survey data regarding perceived health and other risk factors that affect health outcomes and well-being.

Health Related Quality of Life (HRQoL)

Health-related quality of life is a measure developed and used by the Centers for Disease Control and Prevention to describe the relative health of individuals and population groups. Data collected from the HRQoL helps characterize the burden of disabilities and chronic diseases in a population.[35] As life expectancy continues to grow, quality of life is often of concern, therefore measuring perceived quality of life is essential when looking at the health status of a population.

The HRQoL is a perceived measure of health status, meaning it is subjective. The scale asks respondents to rate their personal health, estimate the number of days out of the last 30 days that their physical health was poor and the same for their mental health, how often their physical or mental health impacted their daily activities, and how often pain affects normal activities. Because this is self-reported data, it reflects residents' perceptions of their health; when used in combination with other reported data (e.g., morbidity and mortality data) we can attempt to better understand health in populations.

According to national data sources, in Victoria County 21% of residents reported their health as *poor or fair* which is notably higher than the state (18%) and the nation (14%).33 The proportion of survey respondents reporting poor or fair health was even higher at 34% (see Table 10).

[35]County Health Rankings and Roadmaps. (n.d.). Quality of Life. County Health Rankings and Roadmaps. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life

Overall, Victoria County and survey respondents report more frequent physical and mental health challenges than the state and nation when it comes to number of days out of the past 30 in which they experienced poor physical or mental health. In the past 30 days survey respondents reported 0 to 30 days of *poor physical health*, with an average response of 7.5 days (SD=9.4 days). The average number of poor physical health days for Victoria County residents from national data sources is lower - 4.1 days over the past 30 days – whereas the state and national averages are even lower at 3.3 days. Similarly, *poor mental health* days in Victoria County average 5.7 days (SD=9.1 days) days, exceeding the state average of 4.6 days and the national average of 4.8 days. Survey respondents reported a higher average than the county, state, and nation with an average of 8.8 days of poor mental health. Respondents reported as few as 0 and as many as 30 days of poor mental health. **Table 10** displays the health outcomes for the population of Victoria County in comparison to station and national data. [37]

Table 10. Health Related Length and Quality of Life: Victoria County versus State and National data.[36]

Health Outcomes	Survey Respondents	Victoria County	Texas	United States
Premature Death (per 100,000)	n/a	9,600	7,900	8,000
Poor or Fair Health (%) (N=593)	34%	21%	18%	14%
Poor Physical Health Days (N=470)	7.5	4.1	3.3	3.3
Poor Mental Health Days (N=466)	8.8	5.7	4.6	4.8

The HRQoL questions also seeks to learn more about the conditions that may impact perceived physical and mental health days. In the survey, participants were asked if they or any member of their household had ever been told by a health professional that they had any health conditions; participants could select all applicable conditions from a provided list and/or write in other conditions not listed. The average number of conditions reported as affecting a respondent's household was 3.88, with a minimum of 0 and maximum of 14.

[36] County Health Rankings Model | County Health Rankings & Roadmaps. Accessed May 2024. https://www.countyhealthrankings.org/healthdata/texas/victoria?year=2024#health-outcomes

The top five conditions affecting respondent households were: **hypertension and/or high blood pressure** (57.2%), **obesity** (46.8%), **high cholesterol** (44.6%), **anxiety or panic attacks** (39.8%), and **depression** (36.9%). For those survey respondents reporting three or fewer conditions in their household, hypertension (16.7%), obesity (11.6%), and high cholesterol (10.7%) were the most common. Out of all respondents, the five *least likely* conditions to be reported included memory problems not including Alzheimer's (6.9%), addiction to alcohol or other drugs (6.6%), stroke (5.1%), heart attack (4.6%), and angina/coronary heart disease (4.6%).

Three-quarters of respondents (74.2%) reported five or fewer conditions when compared to those reported six or more household conditions (25.6%). Less than 5% of all respondents reported having 10 or more conditions as told by a health care provider in their households (3.5%).

Risk Factors

Overall health status is driven by both individual and social factors. Risk factors are health-related behaviors among the individual factors which contribute to the development of chronic diseases. Examples include smoking, obesity (as related to healthy eating and physical activity), and preventive screening participation, among others. Overall health status in Victoria County is influenced by a combination of individual behaviors and social determinants. The following sections outline key risk factors and health behaviors relevant to chronic disease development in the county.

Smoking

National smoking rates have declined dramatically over the past 40 years, yet there is still a significant proportion of adults who continue to smoke tobacco products.[37] In 2019, approximately 14 of every 100 adults had ever smoked, compared to 21 in 100 in 2005.[38] Despite the large decline, smoking (tobacco use) still costs the U.S. billions of dollars each year in health care costs. Smoking (tobacco use) continues to be the single most preventable cause of death in the world today contributing to nearly 1 in 5 deaths annually, and is the primary factor in most of the leading causes of death in the U.S.

[37] Smoking & Tobacco Use Fast Facts and Fact Sheets. (n.d.). Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm?s_cid=osh-stu-home-spotlight-001

[38] Current Cigarette Smoking Among Adults in the United States (n.d.). https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

Despite national declines, smoking remains a significant health concern. In 2021, 17% of adults in Victoria County were current smokers, compared to 13% in Texas and 15% nationwide as per county health ranking. During the assessment, the household survey inquired about respondent smoking behaviors; 186 participants (31.9%) reported smoking at least 100 cigarettes in their life. Three-quarters of these individuals (78.5%) reported smoking every day or some days.

Smoking is linked to numerous adverse health outcomes, including cancers, cardiovascular diseases, and respiratory conditions. Efforts to reduce smoking rates are crucial to improving overall health in the county.[39] Of the survey respondents who reported smoking, 12% of respondents reported stopping smoking for one day or longer during the past 12 months because they were trying to quit.

Current trends in e-cigarette use, also known as vaping, are currently under extensive study, but the use of e-cigarettes was not included in the above data sources when tobacco use was measured. According to the most recent data from the National Health Interview Survey (NHIS), 4.5% of U.S. adults aged 18 and over reported being current e-cigarette users in 2021, with usage highest among adults aged 18–24 (11%), decreasing with age to 6.5% among those aged 25–44, and 2% among those aged 45 and older (CDC, 2022).[40] The prevalence rates for e-cigarette use contrast with traditional tobacco smoking patterns, where older age groups typically have higher usage rates. Among adults aged 65 and older, e-cigarette use remains below 1%.

Data are concerning as the prevalence of e-cigarette use continues to rise, particularly among younger populations, while traditional cigarette smoking rates decline. In 2022, 7.1% of Texas adults reported current e-cigarette use, compared to the national average of 4.5% (CDC, 2022). Additionally, a 2021 survey indicated that 18.7% of Texas high school students had used electronic vapor products within the past 30 days, closely mirroring the national youth vaping rate of 18%. The survey asked respondents to indicate how often they used e-cigarettes or vaped; 8.3% reported using vaping products every day or some days. However, 91.4% of respondents reported not using vape products at all or have not used vaping products in their lives.

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[39] Kramarow, E.A., & Elgaddal, N. (2023, July 21). Current electronic cigarette use among adults aged 18 and over: United States, 2021. NCHS Data Brief, no 475. Hyattsville, MD: National

[40]Centers for Disease Control & Prevention. (2023). *Current Electronic Cigarette Use Among Adults Aged 18 and Over: United States, 2021*. NCHS Data Brief No. 475. Retrieved from: https://www.cdc.gov/nchs/products/databriefs/db475.htm#:~:text=Interview%20Survey%2C%202021.-,Summary,among%20adults%20aged%2025%E2%80%9344.

Overall tobacco use remains a public health concern across the nation. In 2021, 21.3% of U.S. adults aged 18 and over reported using at least one form of tobacco product, including cigarettes, cigars, e-cigarettes, pipes, and smokeless tobacco (CDC, 2022). The *Healthy People 2030* goal aims to reduce this figure to 17.4%. While some regions, such as Victoria County, appear to be meeting this target, disparities exist among different populations, indicating a need for further investigation and targeted interventions.

Obesity and the Food Environment

Obesity in the U.S. continues to be a public health concern impacting approximately 107 million adults (42.4%).[41] Obesity is a contributing factor for many of the leading causes of death such as heart disease, stroke, diabetes, and some cancers. Medical costs relating to adult obesity amount to about $173 billion annually, making it not just a public health issue but one of economic importance as well.[42]

For nearly 20 years (2000-2018), the age-adjusted prevalence of obesity increased significantly from 30.5% to 42.4%, and the prevalence of *severe* obesity nearly doubled from 4.7% to 9.2% of the U.S. population.[33] According to the National Health and Nutrition Examination Survey (NHANES), the most recent obesity data from 2020 reports that 41.8% of the nation is obese.

Obesity is a complex issue requiring similarly multifaceted interventions that address both physical activity, poverty, nutrition, and other factors. In previous years, U.S. counties with the ideal obesity rates, as reported in County Health Rankings, reported obesity rates as low as about one in four persons (26.0%). *Healthy People 2030* has set a national goal to decrease obesity rates for the nation from the more recent 41.8% to 36.0%.[43]

[41] Bipartisan Policy Center. (2020). *Expanding Access to Obesity Treatments for Older Adults*. Retrieved from https://bipartisanpolicy.org/report/expanding-access-to-obesity-treatments-for-older-adults/
[42] Centers for Disease Control and Prevention. (2020). *Adult Obesity Facts*. Retrieved from https://www.cdc.gov/obesity/adult-obesity-facts/index.html?
[43] Healthy People 2030. (n.d.). *Overweight and Obesity*. Retrieved from https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity

BMI, Overweight and Obesity

Obesity is also a critical health issue in Victoria County. County Health Rankings data reports 41% of adults in Victoria County as obese; a rate higher than both Texas (36%) and the nation (34%).

Body mass index (BMI) continues to be a commonly used data source to estimate obesity and is used as a screening tool for chronic disease.[44] The Victoria County health assessment survey asked participants for height and weight to calculate body mass index (BMI). Not all respondents provided height and weight; BMI was calculated for 540 participants. One in five respondents (20.4%) had a normal BMI, 24.4% were overweight, and 54.1% were obese.

The survey further sought to gather information on how respondents *perceived* their weight, asking respondents if they considered themselves underweight, overweight, or just about right. Few (4.5%) respondents considered themselves to be *underweight,* and 27.2% of participants considered their weight to be *just about right*. **Table 11** compares perceived weight to calculated BMI highlighting the differences between perception and reality for some respondents.

Table 11. Perceived Weight to Calculate BMI

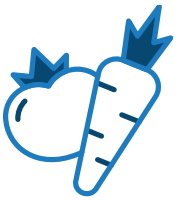
Perceived Weight	BMI	Calculated BMI
4.5%	Underweight	1.1%
27.2%	Normal	20.4%
64.6%	Overweight	24.4%
	Obese	54.1%

Two-thirds of participants (64.6%) perceived their weight as *overweight*, lower than the compared BMI outcome of true overweight and obese respondents. About 4% of respondents *did not know* how they perceived their weight. Across the *underweight* and *just about right* perception responses, participant true BMI categories (as calculated from height and weight data) 13.7% were obese by BMI. However, 98.9% of respondents who have an obese BMI accurately reported their weight perception as overweight.

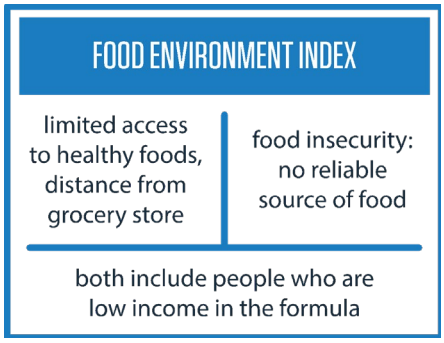
[44] BMI content retrieved from https://www.cdc.gov/bmi/adult-calculator/bmi-categories.html

Interventions addressing physical activity and nutrition are necessary to combat obesity, and the nationwide obesity epidemic, including interventions aimed at a variety of social determinants of health.[45] Just over half (55.66%) of the 424 respondents with a BMI classified as overweight or obese reported they have been told by a health provider they are obese, 262 (61.8%) have a hypertension diagnosis, and 206 (48.6%) reported high cholesterol. Based on locality, the three most populated zip codes (77901, 77904, and 77905) all had BMI averages over the obese benchmark of 30 kg/m^2.

Food Environment Index



The **Food Environment Index (FEI)** is a compound measure that considers two key factors: limited access to healthy foods and food insecurity. **Limited access to healthy foods** is defined by the percentage of the population that is low income and does not live close to a grocery store. The definition of proximity varies by location, with "proximity" defined for rural areas as living within 10 miles of a grocery store and non-rural areas within one mile. In Victoria County, 9% residents have limited access to healthy foods, slightly higher than the state average of 8% and the national average of 6%.[37] Socioeconomic status, particularly low income, plays a significant role in this measure, as families earning less than or equal to 200% of the federal poverty level are disproportionately affected by food deserts.[46]



Healthy People 2030 set a national goal to reduce household food insecurity to 6%. **Food insecurity**, as described by the County Health Rankings, refers to households lacking consistent access to sufficient food. This issue is linked to adverse health outcomes, including obesity, weight gain, and premature mortality.[47] In Victoria County, 15% of the population experiences food insecurity, which is comparable to the state rate of 14% and 1.5 times higher than the national average of 10%. This indicates that about one in six people in Victoria County's population struggles with access to adequate food.

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[45] Healthy People 2030/SDOH/https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health
[46] County Health Rankings & Roadmaps. (n.d.). *Limited Access to Healthy Foods*. Retrieved from https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/limited-access-to-healthy-foods
[47] Healthy People 2030. (n.d.). *Reduce household food insecurity and hunger — NWS-01*. Retrieved from https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/reduce-household-food-insecurity-and-hunger-nws-01

The household survey explored food insecurity and food access further asking respondents how often in the past 12 months did the food that you bought not last, and you did not have the money to get more. Thirteen percent of respondents stated that the food that they bought did not last either *always* or *usually*. Further, about one quarter of respondents (27.4%) reported during the past 12 months they had to choose between buying food, paying rent or bills, and paying for medications. One-third of respondents (33.7%) fell in both categories - they did not have food last *always* or *usually* **and** had to decide on whether to choose between buying food, paying rent or bills, and paying for medication.

Food pantries and food banks are available in Victoria County to assist residents with their food access needs. However, only 127 (21.9%) of survey respondents reported *using a food bank or pantry in the past six months*. Specifically, for those who have stated food insecurity and having to make financial decisions between food and basic necessities, only 22 respondents reported using a food bank or pantry in the past 6 months.

The Food Environment Index rates the food environment on a scale of 0 to 10, with 10 representing the best possible food environment. Texas has an overall FEI score of 5.9, significantly lower than the U.S. score of 7.7. In comparison, Victoria County performs better than the state, with an FEI score of 6.7.[48] While performing better than the state and lower than the nation, when examining both secondary data and survey results, the availability and distribution of quality food sources in Victoria County, along with the proportion of low-income families, food environment is an area for improvement that can impact important health outcomes.

Physical Inactivity and Access to Exercise Opportunities

Physical activity has many positive health benefits, while a lack of physical activity has been shown to be a risk factor to overall health. Physical activity is an important piece of the equation to preventing or lowering obesity rates. This survey examined levels of physical activity, as well as community characteristics that may influence the rate of participation in such activities,

[48]National Institute on Minority Health and Health Disparities (n.d.). Physical Environment Texas Food Environment Index – Table Food Environment Index. HD*Pulse*: An Ecosystem of Minority Health and Health Disparities Resources. https://hdpulse.nimhd.nih.gov/data-portal/physical/table?physicaltopic=030&physicaltopic_options=physical_2&demo=01007&demo_options=foodenvironment_1&race=00&race_options=raceall_1&sex=0&sex_options=sexboth_1&age=001&age_options=ageall_1&statefips=48&statefips_o

such as the percent of the population with adequate access to opportunities or locations for physical activity.

Few Americans meet the recommended physical activity guidelines.[49] The *Physical Activity Guidelines for Americans* states that even small amounts of moderate to vigorous physical activity throughout the day can have health benefits. Adults need at least 150-300 minutes of moderate intensity activity, such as brisk walking, each week for the most health benefits. To examine physical activity in Victoria County residents, survey respondents were asked if they completed any *vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate (running, football) for at least 10 minutes continuously*. Less than five percent (3.8%) of respondents engaged in the CDC's recommended level of physical activity, with an average time of one hour and 20 minutes of physical activity. The average number of days in which individuals engaged in vigorous-intensity sports, fitness or recreational (leisure) activities was between three and four days a week (3.89 days average).

Several characteristics encourage people to participate in physical activity. First, proximity and easy access to exercise opportunities, including recreational facilities with age-appropriate activities, are often hard to find in rural communities. Safety from traffic and crime is also important for youth and adults. Communities that improve the perception of traffic safety, including adequate crossing times and short distances between crossings, promote physical activity. Further, research indicates if the environment is aesthetically pleasing (i.e., the grass is cut, the park is well maintained) and sidewalks have continuity and strategically placed curb cuts influence participation in physical activity.

Two measures from the County Health Rankings data are useful in this context. The first reports on the percentage of adults who report **no leisure-time physical activities** in the past month and is measured as *physical inactivity*. Physical inactivity is a measure that looks at the percentage of those age 20 and over who report no leisure-time physical activity. The second measure is the percentage of the population with adequate **access to locations for physical activity**. This measure looks at distance to recreational activities (parks, schools, commercial recreational facilities, etc.), depending on urban or rural designation. Thirty percent of adults report *no leisure-time physical activity* in the past month for Victoria County which is

[49] U.S. Centers for Disease Control and Prevention. (n.d.). About Physical Activity. https://www.cdc.gov/physicalactivity/about-physical-activity/why-it-matters.html

higher than the *Healthy People 2030* target of less than 21.2% of the population reporting no leisure-time physical activity.[50] This is also higher than the rates of physical inactivity in Texas and the U.S., 25% and 23% respectively.

Survey respondents were asked if they participated in vigorous-intensity sports, fitness, or recreational (leisure) activities that cause large increases in breathing or heart rate for *at least 10 minutes* continuously. Two-thirds of survey respondents (66.4%) did not meet this threshold of vigorous-intensity physical activity. These participants were more likely to be female (78.7%), White identifying (71.5%), classified as overweight or obese (71.3%), Hispanic or Latino in Ethnicity (41.2%), and have an annual income below $35,000 (34.8%). Interestingly, nearly 200 participants reported engaging in vigorous-intensity sports, fitness, or recreational (leisure) activities. However, despite their reported physical activity levels, they were more likely to be overweight or obese (73.2%) and younger (under the age of 45; 48.9%).

Creating built environments that enhance access to, and the availability of, physical activity opportunities is a priority in *Healthy People 2030*, with objectives targeting transportation and travel policies that enhance access and opportunities such as sidewalks, bus routes, etc., as well as street-scale and community-scale policies.[51] Rural areas often face challenges with locations to participate in physical activity when compared to their urban counterparts. These types of policies are particularly poignant for rural communities where smaller county roads may not be well maintained or are dirt or gravel, which may present safety challenges for residents to be physically active near their home.[52] **Table 12** shows that 91% of the U.S. population and 81% of Texans have adequate access to locations for physical activity, compared to only 72% of Victoria County residents.

To better understand Victoria County residents' barriers to physical activity the survey asked about neighborhood characteristics that may influence outdoor physical activity. Responses may be useful when considering interventions aimed at improving residents' physical activity levels. Nearly half of all survey respondents *agree* (34.5%) or *strongly agree* (9.5%) with the statement [I] see many people being

[50] Healthy People 2030. (n.d.). Reduce the proportion of adults who do no physical activity in their free time — PA-01. Healthy People 2030. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity/reduce-proportion-adults-who-do-no-physical-activity-their-free-time-pa-01

[51] The Community Guide. (2017, May 2). Physical Activity: Community-Scale Urban Design and Land Use Policies (2004 Archived Review). https://www.thecommunityguide.org/media/pdf/PA-Community-Scale-Archive.pdf

[52] Chrisman, M. Nothwehr, F., Yang, G., & Oleson, J. (2014). Environmental Influences on Physical Activity in Rural Midwestern Adults: A Qualitative Approach *Health Promotion Practice*, *16*(1): 142–148. doi: 10.1177/1524839914524958

Table 12. Selected Risk Factors for Major Chronic Diseases in Survey Respondents, Victoria County, Texas, and the U.S.[Error! Bookmark not defined.]

	Smoking* (N=582)	Adult Obesity (N=540)	Food Environment Index	Physical Inactivity (N=566)	Access to Exercise Opportunities
Survey Respondents	32.4%	46.9%	7.5	32.7%	-
Victoria County	17.7%	33.8%	6.8	24.7%	69.6%
Texas	14.0%	34.0%	5.9	23.0%	81.0%
U.S.	14.0%	26.0%	8.6	20.0%	91.0%
Healthy People 2030 Target	6.1%[7]	36.0%[7]	-	21.8%[7]	-

*Adult smoking rates

physically active in [my] neighborhood. An even larger majority (56.7%) indicate they *strongly agree (11.5%)* or *agree (45.2%)* that if [I] were to fall down or get hurt on [my] walk there would be someone in the neighborhood who would help [me].

Respondents also provided insight into the challenges associated with their personal physical environment regarding safety and crime which are known to influence physical activity engagement in neighborhoods. Half of respondents *agree (31.1%)* or *strongly agree (18.9%)* that their neighborhood has problems that make it hard to walk or go outside, such as poorly maintained sidewalks, traffic, or loose dogs. However, only 26.8% of respondents reported agreement to the statement [I am] concerned that if [I] walked or biked in [my] neighborhood, [I] might be the victim of a crime.

Alcohol Consumption, Alcohol-related Motor Vehicle Deaths, and All Motor Vehicle Crash Deaths

Alcohol consumption is an additional risk factor that is necessary to review when defining a community's health status. Alcohol consumption is an important risk factor that examines the proportion of the population who consume excessive amounts of alcohol (i.e., binge drinking or heavy drinking), and due to its contribution to adverse health outcomes including hypertension, heart attacks, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days is defined as binge drinking. Heavy drinking is defined as drinking more than one (women) or two (men) drinks per day on average.[53]

As depicted in **Table 13**, Victoria County's **excessive drinking (binge or heavy drinking)** in the past 30 days aligns with rates for Texas and the U.S. at 18% of residents. It is also better than the *Healthy People 2030* target for the U.S. to reduce the proportion of persons aged 21 and over who engage in binge drinking to less than 25.4% in the past 30 days.

Drunk driving is the main cause of traffic related deaths in the U.S. **Alcohol-impaired driving deaths** for Victoria County account for 30% of motor vehicle crashes, and is higher than Texas' (25%) and U.S. (26%). This is also higher than the *Healthy People 2030* target goal to reduce the proportion of motor vehicle crash deaths that involve a drunk driver to less than 28.3%.

The overall **motor vehicle crash death rate** (fatalities per 100,000 population) for Texas is 13 per 100,000 and 12 per 100,000 for the U.S. Victoria County's rate is 18.0, 1.5 times higher than that of the U.S. **Table 13** displays the rates for Victoria County, Texas, and the U.S.

Approximately one-third (36.6%, n=214) of survey respondents reported having at least one drink of any alcoholic beverage such as beer, wine, malt beverage, or liquor in the past 30 days. When asked how many days per week, on average, participants drank, only 162 respondents responded to follow-up questions. In these responses from 162 respondents over one-third (38.3%) reported drinking ranged from 1 day

[53] U.S. Center for Disease Control and Prevention. (n.d.). Alcohol and Public Health. U.S. Center for Disease Control and Prevention. https://www.cdc.gov/alcohol/index.htm

Table 13. Excessive Drinking and Motor Vehicle Deaths in Victoria County, Texas, and the U.S.[Error! Bookmark not defined.]

	Excessive Drinking	Alcohol-impaired Motor Vehicle Deaths	All Motor Vehicle Crash Deaths (per 100,000)
Victoria County	18 %	30%	18.0
Texas	18%	25%	13.0
United States	18%	26%	12.0

to 7 days (4.3%); the majority reported one or two days (62.3%). Thirty-two percent of respondents reported **binge drinking** – consuming 5 or more drinks for males and 4 or more drinks for females on one occasion during the past 30 days. Approximately two-thirds (68.4%) reported binge drinking 3 times out of the past 30 days. Five percent reported binge drinking on 10 or more occasions.

Health Care Resources

Health Insurance

The *Healthy People 2030* goal for health insurance states that by 2030, 92.4% of Americans will have some type of health insurance. Without health insurance, "people are less likely to have a regular provider and more likely to skip routine medical care."[54] Skipping routine medical care increases risks for substantial health problems. Both Victoria County and the state of Texas have an uninsured rate of 20% for people under the age of 65, twice that of the U.S. overall (10%).

The survey asked questions about respondents' ***health insurance coverage***, a critical component to accessing health care. Only 7.3% of survey respondents reported *no health insurance* coverage, compared to Victoria County overall (20%). Among those survey respondents who do have health insurance, about half (45.8%) reported coverage by *employer insurance*; an additional 5.3% *self-insured* (purchase the policy themselves). Ten percent of Victoria County residents report *Medicare* coverage, which is lower than both the U.S. and Texas rates (18.4%, 14.0%).[6] Almost another 11% of survey respondents report *Medicaid* coverage, with an additional 18.2%

[54] Healthy People 2030. (n.d.). Increase the proportion of people with health insurance — AHS-01. Healthy People 2030. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-health-insurance-ahs-01

covered by *Medicare (only)*. *Medicare plus supplemental insurance* was reported by 6.3% of survey respondents. Few report coverage by State-Sponsored Health Plans (2.8%) and 2.3% report coverage by TriCare, VA, or Other Military sources as their insurer.

The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs.[55] In the United States, approximately 7.1 million children are enrolled in CHIP. In Texas about 325,215 children are enrolled and 399 children in Victoria County have CHIP coverage. The percentage of Texas children enrolled in Medicaid is 36.4%, which is three times the rate for the County, 10.1%. Whether or not a survey household with dependent children has coverage for the dependents was also explored in the survey. About half of survey households reported no children living in the household. Of those with children (n=199), 94.7% reported *all the children in your household [are] covered by some form of health insurance*.

Since insurance coverage can be delayed for various reasons, such as waiting periods between coverage even if continuously employed but by different employers, we asked respondents ***over the past three years (36 months) about how many total months did you have no health insurance?*** Nearly all participants (92.7%) indicate they had continuous coverage over the past three years. The largest group of those without continuous coverage (4.3%), spent a total of *13 months or more without health insurance*; another 0.7% reported *7-12 months with no insurance*, 0.8% with only *2-6 months with no insurance*, and 1.0% with only *one month without coverage*. Of the 44 respondents who reported not having insurance, 30 (68.2%) were female, 10 (22.7%) had children under the age of 18 in the household, and had an average of 3.83 diagnosed conditions in the household.

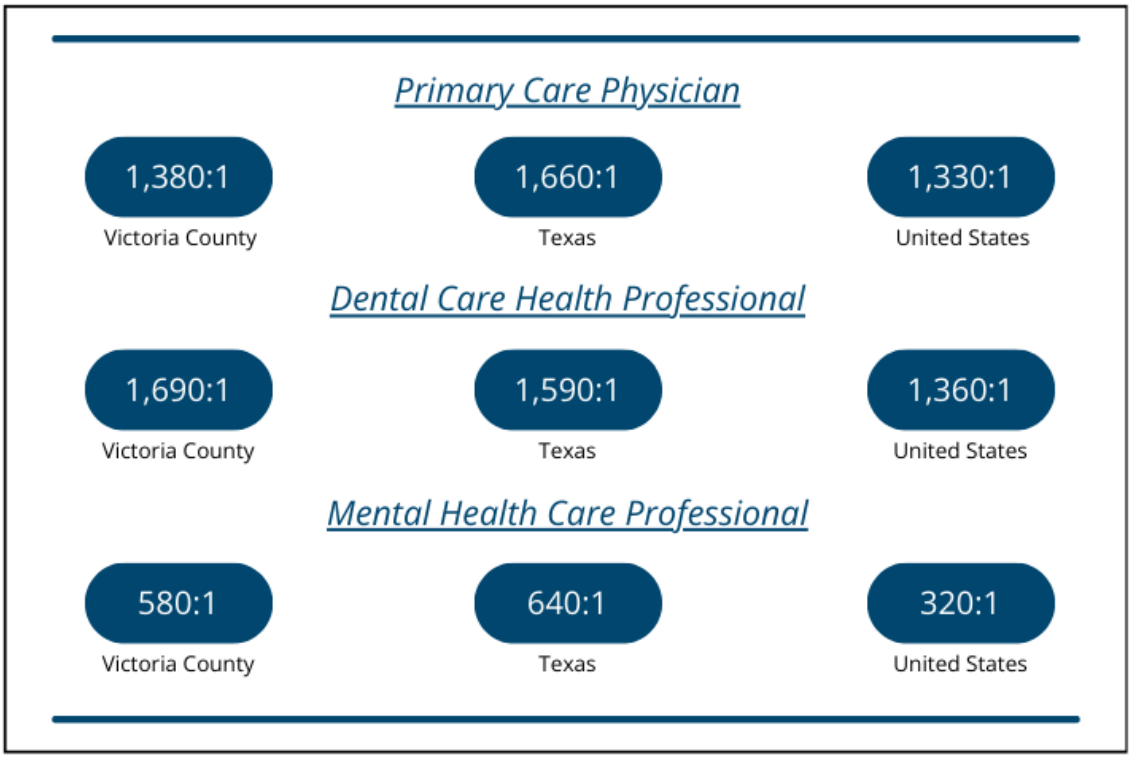
Health Care Accessibility

Issues with access to health care go beyond whether one is covered by health insurance or not. Provider availability, services, and the ability to obtain those services influence access and as a result, health status. Given the predominantly rural area of Texas in general, the number of available health professionals is rather low, designating many rural communities as health professional, mental health professional, or dental **health professional**

[55] Medicaid.gov Keeping America Healthy. (n.d.). Children's Health Insurance Program (CHIP). Medicaid.gov. https://www.medicaid.gov/chip/index.html#:~:text=9.6%20Million%20Children%20Enrolled*&text=The%20Children's%20Health%20Insurance%20Program,Medicaid%20and%20separate%20CHIP%20programs.

shortage areas. The following section addresses these healthcare provider shortages.

Victoria County is designated by the Health Resources and Services Administration (HRSA) as Health Professional Shortage Areas (HPSA). Using **population to provider** ratios and other considerations, counties or parts of counties can be designated based on primary care providers, dental health providers, and mental health providers as HPSAs. This designation provides potential access to additional funding and/or access to health care providers. **Figure 7** depicts the *population to health care provider ratios* for primary care physicians, dental care professionals, and mental health care professionals.



*2021 Data

Figure 7. Population to Primary Care Physician Ratio for Victoria County, Texas, and the U.S. Region[Error! Bookmark not defined.]

Primary Medical Care Access

Nearly 70% of Texas counties are designated as rural.[56] The current number of available primary care physicians in Texas is not sufficient to meet health care access needs. Currently, Texas has one physician for 1,660 persons in the population, while Victoria County has a ratio of 1,380 persons per one primary care physician, which is better than the state's ratio, but slightly worse than the U.S. (1,330 to 1). There is no significant trend regarding the county's change in access to primary care physicians over time, but there is a slight increase over the past five years from a ratio of 1,230 people to one provider.

Dental Care Access

Dental care is often under covered and considered a costly expense, therefore many individuals forgo seeing a dentist on a regular basis. This is further compounded by the lack of dental specialists in rural areas, thus making accessibility even more of an issue. Additionally, oral health is a significant contributor to health problems. The Texas ratio of 1,590 persons per dentist in 2022 is better than that of the U.S. ration of 1,360 persons per dentist.**Error! Bookmark not defined.** Access to dental care for Victoria County is better than both Texas and the U.S. with 1,690 persons per dentist.

Mental Health Access

In 2018, the top performing U.S. counties reported 290 persons per mental health specialist. However, the demand for qualified mental health specialists continues to increase, thus increasing the number of persons seeking qualified mental health specialists. Victoria County's mental health professional shortage designation in 2023 is based on 580 persons per mental health specialist.**Error! Bookmark not defined.** While Victoria County is doing better than the nation overall, the ratio of persons to provider falls behind that of Texas.

Respondents' Healthcare Usage

Survey respondents were asked several questions to describe access to and use of medical care services. When asked to rate their ability to access health care when needed, one in five reported their ability to do so was *fair* or *poor,* whereas 60% reported *very good* or *good*. Specialty

[56] Texas Department of Agriculture Commissioner Sid Miller. (n.d). State of Healthcare in Rural Texas. https://texasagriculture.gov/ReportsPublications.aspx

care had similar responses with 22.7% reporting their ability to access a specialist was *fair* or *poor*. Over three-quarters (85%) of the region report *yes* to the survey question, ***do you have one person (or a group of doctors) that you think of as your personal health care provider?*** Of these participants, 53% responded to having one personal healthcare provider while the remaining reported using more than one provider as their personal care team.

Survey respondents were also asked about their own or their households' accessibility ***to getting healthcare, making appointments with and seeing a specialist, seeking hospital care, and seeing a mental health specialist***. Over half of respondents (59%) reported having *excellent* or *very good* access to getting broad healthcare when needed, along with a similar percentage (57%) reporting the same access for an appointment with and seeing a specialist if needed. In terms of hospital care access, nearly two-thirds of respondents (67.4%) reported ease of access.

Access to mental health care was reported as the health care type with the lowest accessibility of the four listed in the survey, with less than half of respondents (48.6%) reporting *excellent* or *very good*. Accessibility issues for mental health care most identified by survey respondents included cost, knowing where to go, and underinsured or not insured. The survey asked respondents what they believe are the ***most common reasons people (friends, family members, coworkers, or others) do not seek help for mental health problems*** to understand perceptions about why people do not access mental health services locally. Nearly two-thirds of respondents responded it *costs too much* (64.2%), *no insurance* (53.5%), and the people they thought about *don't know where to go* (52.4%).[57] Other issues included *fear of what others might think* (36.5%), *insurance is not accepted or does not cover mental health* (33.1%), and *work or other obligations* prevent them from going (25.3%). However, even with these identified perceptions, 56.5% reported they *didn't know* why other people do not seek help with mental health problems, selecting only this response option or in combination with other response options.

Delaying Care

Despite the proportion of residents with a regular health care provider, nearly half (40.3%, n=528) of survey respondents report ***putting off going to [their] healthcare provider when [they] felt [they] needed to***.

[57] Respondents were able to select more than one option, therefore percentages may add to more than 100%.

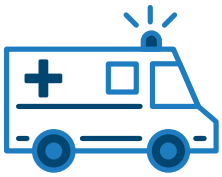
Examining reasons why respondents **delayed care**, 19.3% of respondents reported they *could not afford the cost of care*. Other reasons for delaying care included:

- *could not miss work* (19.6%),
- *did not have transportation* (19.9%),
- *could not get an appointment* (6.7%),
- *did not know where to go* to obtain the care they needed (5.9%), and
- other reasons including *lack of insurance*, *distrust of or frustration with provider(s)*, and *inability to schedule an appointment* (10.8%).

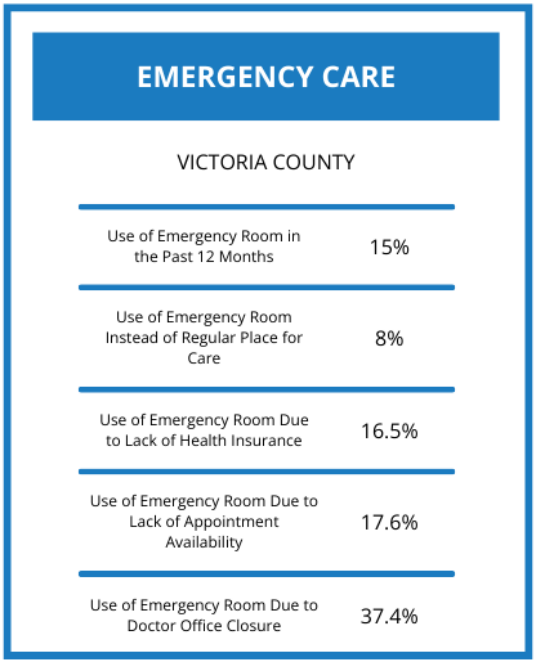
Other types of health and health-related care that are often delayed or not sought out include mental health and dental care, as well as delaying or skipping medication or treatments. The healthcare most delayed was dental care; almost half (47.0%) of survey respondents reported *putting off dental care* and 27.8% put *off mental health care*. The most reported reason for delaying dental care was *cost* (65.1%). *Not being able to miss work* was a distant second reason at 22.3%. Other reasons for missing dental care included *anxiety or fear of dentist, time constraints,* and *lack of dental insurance.*

For mental health care, respondents report delaying care less frequently than for dental care, but still more than half of those indicating they had skipped care did so because of *costs* (53.4%). The next most common reason for skipping mental health care is that they *could not miss work* (27.4%). Other reasons for missing mental health care were *inability to get an appointment, stigma,* or *unable to find a provider.* Over a quarter of respondents (26.4%, n=491) stated they *missed medications* in the previous 12 months. Over half of respondents (60.8%) reported putting off their medication or treatment due to *costs,* followed by *not being able to miss work* (16.8%). Other reasons for missing medication or treatments included *forgetting to take medication, the medication was out of stock,* or *side effects causing harm.*

Emergency Care



Additional questions inquired about respondents' **emergency room utilization** during the past 12 months. Fifteen percent of respondents reported *going to an emergency room in the past 12 months for their own medical care* (not as a driver or companion to someone seeking care). Almost one-half (48.4%) indicated they *sought care in the emergency room because they had an injury or were very sick*.



Yet, other reasons for emergency room use can be tied to barriers to accessing care. For example, among the survey respondents who reported having used an emergency room in the last 12 months, 8.8% did so because they *do not have a regular place to go for health care*. More than twice as many respondents (16.5%) reported using an emergency room because they *do not have health insurance*. A similar number of respondents reported using an emergency room because *it took too long to get an appointment at the doctor's office* (17.6%), or they *did not have enough money for a doctor's visit* (18.7%). The largest group report using an emergency room because *their doctor's office was closed* (37.4%).

When asked about **usual sources of medical care**, the majority (78.3%) of survey respondents reported using a *private doctor's office or clinic*, despite having 8.3% reporting they *do not have a regular place for medical care*. Other usual sources of care reported included *community health centers* (6.4%), *urgent care clinics* (not an emergency room) at 9.9%, and *hospital emergency rooms* (15.0%). Respondents were allowed to write in other usual sources of care. Few (3.3%) reported usual sources of care such as *other forms of care such as telehealth,* or *specialty clinics not located in Victoria County,* and *walk-in clinics*.

Transportation

Given a portion of Victoria County is rural, and often people travel out of the county for various care and services, transportation is a topic examined using secondary data.

County Health Rankings includes data regarding the *average percentage of the workforce that usually drives alone to work*. In Victoria County, 80% drive alone compared to the state and the nation (75% and 72%, respectively). Additionally, 23% of workers driving alone to work commute for *more than 30 minutes each way*, which is lower than Texas and the U.S. (39% and 36%, respectively).

Transportation issues or a lack of transportation collectively can create challenges in accessibility in many areas of life, including getting to provider or specialist appointments, getting groceries, or traveling safely. When respondents were asked about their **household's primary mode(s) of transportation to get to places such as work or school, grocery store, doctor's office, etc.**, respondents stated overwhelmingly that they *get there on their own* (76.3%), along with *friends and family* (11.9%), and *public transport or agency* (6.8%). When asked if a **lack of transportation created assess issues**, most respondents (87.0%) stated that a lack of transportation has not created access issues. Interestingly, the age category with the most transportation issues were 45- to 64-year-olds, making up 39.7% of the 77 people who reported transportation issues. Further, of those with transportation issues, a lack of transportation impacted more men (19.5%, n=118) than women (11.8%, n=432), as well as households that made less than $35,000 per year (64.9%).

When asked about if **access to public transport was an issue for Victoria County**, approximately half (45.2%) of the respondents reported perceiving access to public transportation was *slightly* or *definitely* a problem in the county. While agencies and public transportation have been identified as solutions for transportation issues in Victoria County, access can create boundaries to utilization for specific populations.

Preventive Health Screenings

This assessment gathered additional information regarding preventive screening in addition to information reported about risk factors and disease. Preventive screenings include medical tests or other services that are used to detect and possibly prevent the onset of certain diseases. Screening has the capability to detect conditions early and limit long-term impacts of certain conditions. The U.S. County Health Rankings was used for the assessment of preventative health screenings with emphasis placed on the following: preventable hospital stays, diabetic monitoring, and mammography screening.

Survey responses provide insight into how well Victoria County is adhering to the recommended guidelines for minimizing risk of major diseases through participation in preventive screenings. Responses are compared to the recommended guidelines from the United States Preventive Services Task Force which reflect the most current recommendations by age and gender for a variety of screening and preventive services. Because guidelines change because of new research studies and changing technology, it is hard to make direct comparisons from year to year. However, we

examined the County's survey responses in light of the most current guidelines and report to what extent the Victoria County population is following those guidelines.

Dental Screening

When asked about having a **dental exam and or teeth cleaning**, 66.1% of respondents reported doing so *in the past year*. An additional 12.6% reported their last dental exam/cleaning *between 1 and 2 years* ago; and 5.5% reported their last exam *between 2 and 3 years* ago. In other words, 84.2% of survey respondents had a dental exam and/or cleaning in the last three years. While there is no U.S. Preventive Service Task Force recommendation for dental and periodontal disease, the American Dental Association recommends "regular" exams, with the frequency determined in consultation with one's dentist.[58]

Cholesterol Screening

Since 2017 the U.S. Preventive Services Task Force no longer recommends screening for high cholesterol among the general public. However, national health organizations recommend cholesterol screenings every 4-6 years in generally healthy adults, more frequently for individuals with family history.[59] The survey asked respondents when they had their last **cholesterol screening**. Nearly 90% (88.4%) of respondents had blood tests for cholesterol levels over the past three years, meeting national organizational recommendations. Over three quarters (78.5%) report having a cholesterol screening *in the past year*, 7.1% doing so *in the past 1 to 2 years*, and 2.9% *in the past 2 to 3 years*.

Influenza Vaccinations

An annual flu vaccine is the best way to help protect against influenza and may reduce the risk of flu related hospitalizations, deaths, and illnesses. According to County Health Rankings, flu vaccinations is the percentage of fee-for-service Medicare enrollees that had a reimbursed flu vaccination during the year. In Victoria County, 48% of individuals were vaccinated, which is higher than the Texas rate of 43% and the national rate of 46%.[60]

[58] American Dental Association (n.d.) *MouthHealth: Oral Health Recommendations.* https://www.mouthhealthy.org/oral-health-recommendations

[59] National Heart, Lung, and Blood Institute. (n.d.) *Blood Cholesterol.* https://www.nhlbi.nih.gov/health/blood-cholesterol/diagnosis

[60] Texas Department of State Health Services|2022–2023| CDC NIS Flu Report https://www.cdc.gov/fluvaxview/

Preventable Hospital Stays

Preventable hospital stays have become a key focus in healthcare, as they indicate instances where appropriate outpatient care could have reduced the need for hospitalization. These unnecessary admissions divert hospital resources, leading to higher costs and potentially less effective care for other patients, healthcare providers, and insurers. This measure is assessed by the number of hospital stays per 100,000 Medicare enrollers for conditions classified as **ambulatory care-sensitive**—conditions that could often be managed with timely and effective outpatient treatment. These conditions include convulsions, chronic obstructive pulmonary disease (COPD), bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney or urinary infections, and dehydration. The measure is age-adjusted to account for differences in population demographics.[61] Age adjusting allows us to compare groups fairly, without the results being skewed by one age group having more people.

As per 2021 data, Victoria County had an average of 3,515 preventable hospital stays per 100,000 population, slightly higher than the reported rates for both Texas (2,933 per 100,000) and the U.S. (2,681 per 100,000), as shown in **Figure 8**. Several factors may contribute to the higher number of hospital visits in the region, including limited access to adequate healthcare. As a result, conditions and diseases that could have been prevented with primary interventions may have worsened, leading to hospital admissions.

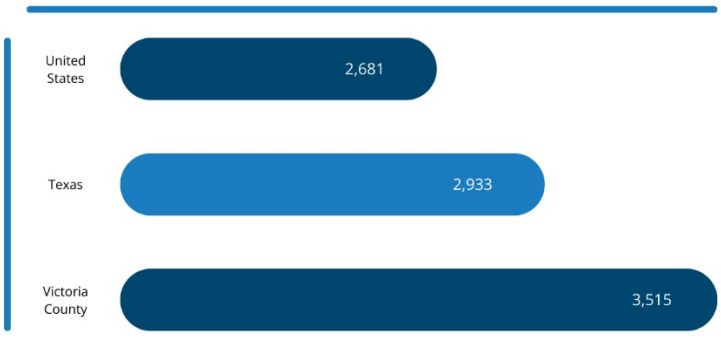


Figure 8. Preventable Hospital Stays for Victoria County, Texas, and the U.S. (per 100,000 population)[62]

[61] AHRQ Quality Indicators—Guide to Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions. Rockville, MD: Agency for Healthcare Research and Quality, 2001. AHRQ Pub. No. 02-R0203.
[62] County Health Rankings & Roadmaps. (2022). Texas county health rankings. University of Wisconsin Population Health Institute. Retrieved from- https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2022_TX_0.pdf

Diabetic Monitoring

Diabetes is a chronic disease that is typically associated with other diseases such as obesity and heart disease. Type 2 diabetes is the most common type, but with proper diet, exercise, and monitoring, Type 2 diabetes can be managed without the use of insulin. Therefore, a great emphasis is placed on diabetic monitoring. County Health Rankings measure the prevalence of diabetes by the percentage of adults aged 20 and above with diagnosed diabetes in a county.[63] As per 2021 data, 12% of adults aged 20 and above in Victoria County were living with a diagnosed case of diabetes. This is higher than the Texas state average of 11% and the U.S. national average of 10%. The data is age-adjusted, with an error margin of 11% to 14%. The reader is cautioned to consider when Comparison with prior years due to potential variations in reporting methods.

Diabetes Screening

USPSTF recommends diabetes screenings of adults aged 40 to 70 who are overweight or obese every three years.[64] Participation rates for **diabetes screening** in Victoria County are much higher at 77.8% *in the past year*, 7.2% *between 1 and 2 years,* and 1.1% *between 2 and 3 years*, for a total of 86.1% of residents who report a screening within the last three years. Three-quarters of overweight or obese survey respondents aged 40 to 70 (91.2%; n=196) report being screened within recommended guidelines; nearly all (94.3%) reported being screened for diabetes *in the past year.* Approximately 1 in 20 (5.1%) were screened *between 1 and 2 years* ago, and less than 1% (0.5%) report being screened *between 2 and 3 years* ago.

Human Sexuality

Three factors related to human sexuality were included in this assessment and appear in **Table 14**. The **percentage of low birthweight babies**[65] is related to overall infant mortality and is largely preventable through adequate and timely prenatal care. The percentage of low birthweight babies in Victoria County is 8%, which is similar to the state and national averages.

[63] County Health Rankings & Roadmaps. (n.d.). Diabetes Prevalence. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/health-factors/clinical-care/diabetes-prevalence

[64] U.S. Preventive Services Task Force. (2021). *Screening for Type 2 Diabetes Mellitus in Adults: U.S. Preventive Services Task Force Recommendation Statement*. JAMA, 326(8), 723-732. https://doi.org/10.1001/jama.2021.10161

[65] Centers for Disease Control and Prevention (CDC). (2021). *Low Birthweight*. National Center for Health Statistics. https://www.cdc.gov/nchs/fastats/low-birthweight.htm

In Victoria County, the teen birth rate stands at 32 births per 1,000 females aged 15-19, surpassing both the state average of 24 and the national average of 17 births per 1,000 females in the same age group. This translates to 3.2% of females aged 15-19 giving birth in Victoria County, which is higher than the state (2.4%) and national (1.7%) averages. While Victoria County's rate is just above the Healthy People 2030 target of 31.4 per 1,000 females, the reader is cautioned to consider that low-frequency events, such as low birthweight or teen births in smaller counties, can vary widely from year to year because even small changes in the absolute number of cases can appear as large percent changes or differences.

An additional measure of human sexuality is the **rate of sexually transmitted infections (STI)**, which serves as a risk factor impacting the region's health. County Health Rankings uses the *number of newly diagnosed Chlamydia cases* per 100,000 population as representative of STI rates, as Chlamydia is a reportable STI as opposed to other STIs. In 2021, Victoria County reported 527.7 newly diagnosed cases of chlamydia per 100,000 people, a rate higher than both the Texas state average of 506.8 and the national average of 495.5 per 100,000. This figure highlights the ongoing prevalence of STIs in the county.

While these rates may seem concerning, it is important to remember when comparing rates from year to year, changes in data reporting, diagnostic practices, and population composition could create the appearance of increases or decreases.

Table 14. Healthy Sexuality Indicators in Victoria County, Texas and the U.S

	Percent Low Birthweight (%)	Teen Birth Rate (per 1,000)	Sexually Transmitted Infections (per 100,000)
Victoria County	8	32	527.7
Texas	8	24	506.8
U.S.	8	17	495.5
Healthy People 2030 Target	N/A	31.4	N/A

Opioid and Other Drug Use

Drug overdose deaths remain a critical public health concern in Victoria County. From 2019 to 2021, the county reported a drug overdose death rate of 9 deaths per 100,000 people, which is 35.7% lower than the Texas state average of 14 per 100,000 and 66.7% lower than the national average of 27 per 100,000. However, the error margin ranges from 6 to 13 deaths per 100,000, indicating some variability in reporting.[66]

When broken down by racial and ethnic groups, Hispanic (of all races) residents had a drug overdose death rate of 9 per 100,000, with an error margin of 5 to 16, while non-Hispanic White residents had a slightly higher rate of 10 per 100,000, with an error margin of 5 to 18. This represents a 11.1% higher overdose death rate among non-Hispanic Whites compared to Hispanics. Caution should be exercised when comparing this data with prior years due to potential differences in reporting methods and data collection practices.

Survey respondents were asked about their marijuana or cannabis use and prescription drug misuse over the past 30 days. Less than 5% of respondents reported using marijuana, with an average usage of 13 days within the past month. Individual responses varied, ranging from as few as 1 day to daily use. Among those who reported marijuana use, slightly over half identified as White, while 33.33% were of Hispanic or Spanish descent. For prescription drug misuse, defined as using medication for non-medical reasons or not as prescribed, 5% of respondents reported misuse, with an average use of 15 days within the past 30 days. Similar to marijuana use, reported misuse ranged from 1 day to daily use.

COMMUNITY FINDINGS

Understanding Community Needs and Concerns

National, state, and local statistics gathered systematically provide results when multiple covariates and measures are considered. However, they only tell a part of the story, often leaving questions unanswered. Therefore, additional data collected in the survey was included to provide insight into the values and perceptions of the community members. In this community assessment, respondents were asked in their opinion ***what extent do you feel/perceive each of the following topics to be an***

[66] County health ranking 2024 – https://www.countyhealthrankings.org/health-data/texas/victoria?year=2024

issue for residents in Victoria County with 5-point Likert scale response options of *definitely not a problem, not a problem, unsure if a problem or not a problem, slightly a problem,* and *definitely a problem*. Survey respondents were asked to select one option for each of the 22 issues facing many American communities.

Out of the 22 issues surveyed, the top six were identified by over 200 respondents as 'definitely a problem.' These were: homelessness (54.3%, n=551), quality and affordable housing (51.3%, n=550), living wage (50.9%, n=546), drug abuse/misuse (48.7%, n=548), mental health (43.9%, n=549), and food insecurity or access to affordable healthy foods (38.4%, n=554). Following these, four additional topics were identified by nearly 200 respondents as significant issues, including access to adult mental health services (35.9%, n=548), the need for shelters for victims of domestic violence, child abuse, or elder abuse (35.2%, n=549), access to youth mental health services (34.3%, n=548), and property crime (such as fraud, burglary, vandalism, etc.) (32.6%, n=549) as shown in **Table 15.** With many characteristics being parallelled in the top six issues in Victoria County (i.e. the Determinants of Health leading to Homelessness being due to the built and physical environments and a lack of livable wages), the topics show similar viewpoints of what Victoria County residents see as the most pressing issues in the community. Many overlaps exist between the mentioned topics, providing first-hand data for change.

Table 15. Survey Responses to Community Issues in Victoria County

Rank	Issue	Percentage (%)	Number of Respondents (n)
1	Homelessness	54.30%	551
2	Quality, affordable housing	51.30%	550
3	Living wage	50.90%	546
4	Drug abuse/misuse	48.70%	548
5	Mental health	43.90%	549
6	Food insecurity or access to affordable healthy foods	38.40%	554
7	Access to adult mental health services	35.90%	548
8	Need for shelters for those seeking help with domestic violence, child abuse, or elder abuse	35.20%	549
9	Access to youth mental health services	34.30%	548
10	Property crime (fraud, burglary, vandalism, etc.)	32.60%	549

The top three community issues considered as *definitely not a problem* included access to public transportation (12.4%, n=555), lack of outdoor recreational spaces (12.3%, n=546) and access to medical services (12.1%, n=553). Interestingly, access to adult mental health (9.5%, n=548) and access to youth mental health (9.1%, n=548) round out the top five issues considered *definitely not a problem*. These two also appeared in the top community issues that were considered *definitely a problem* by survey respondents. This potentially shows disparities within Victoria County perceptions of mental health.

Community Discussion Groups

Community Discussion Groups (CDGs) collected qualitative data to supplement survey data and secondary statistics information. CDGs were held throughout Victoria County with three different audiences as described in the Methodology section of this report. The summaries below present findings for Victoria County.

Community Characteristics

Throughout Victoria County, discussion group participants described their community as a rural community with a diverse population. Some participants described the community as an area where those that are doing well financially do not always recognize those in need. Victoria County was described as a poor, marginalized community with a growing Hispanic population. Additionally, participants stated that Victoria County has a lot of opportunities for business and economic growth, education, community events, and physical activity. Although some participants felt there is a lack of trust among community members, others stated that there is collaboration and cooperation in the community.

Community Issues & Challenges

Though there were numerous positive characteristics associated with the region, residents highlighted several concerns as well. Transportation was mentioned at a majority of the CDGs, especially the need for affordable public transportation and reliable transportation for seniors. Participants also identified a lack of livable wage jobs and affordable housing as challenges in Victoria County. These issues were seen as a primary catalyst that increases poverty levels in the community.

Participants stated that there are community resources available. However, concerns over a lack of awareness were voiced - either awareness of the service itself among the intended service population but also limited knowledge of how to access the

services. Additionally, respondents expressed many of the services were limited in their ability to serve Spanish speaking clients. Lack of healthcare, specialty medical care, medication assistance, substance abuse services, and mental healthcare providers were also cited as issues in Victoria County.

Drug use, homelessness, and safety concerns with stray dogs were identified as challenges in the community, which were also identified as issues by survey respondents. Participants also expressed the local community lacks activities for seniors, youth, and college students, citing a limited number of parks, nature areas, and bike trails.

Community Resources

Across the county, Community Discussion Group participants were readily able to identify resources and assets to the community. Churches and faith-based ministries were continuously cited as prominent resources in the community, providing food and other basic need services. Non-profits and social service organizations, such as Christ's Kitchen, United Way, Victoria Christian Assistance Ministry, Salvation Army, and Mid-Coast Family Services were cited as good community resources for those in need. Some participants mentioned educational entities as resources, including Victoria ISD and University of Houston-Victoria, for their educational and job training services, as well as a resource for collaboration with other organizations.

Community's History of Working Together

Victoria County has a strong history of working together, especially in times of disasters, such as Hurricane Harvey and COVID. Participants stated that community members also engage in numerous community-wide events, such as Bootfest, a suicide awareness walk, the Christmas Parade, Keep Victoria Beautiful Clean-Up event, Outdoor Expo, Feast of Sharing, and National Night Out. Churches and faith-based organizations also work closely together to assist those in need.

Advice for Addressing Community Challenges

Participants in the CDGs stated that listening to community members to determine needs is the most effective way to address challenges in Victoria County. Engaging with and encouraging collaboration with schools and other community organizations are also essential to addressing challenges. Participants also stated that using outreach, such as social media, local news, and radio stations is a way to promote resources and events.

SUMMARY OF KEY FINDINGS

The 2024 Victoria County Health Status Assessment was the first collaborative and comprehensive effort in Victoria County examining a variety of health issues, including associated determinants of health.

Financial Stability & Related Issues

- Poverty is among the most well documented social determinants of health; in fact, it is *directly related to health outcomes*. Victoria County's per capita income rate falls well below the state and national rates.
- The most reported problems facing the community in the survey included issues related to poverty: jobs for unskilled workers, lack of living wages, unemployment, homelessness, availability of quality, affordable housing, access to public transportation, and food insecurity (access to affordable healthy foods).
- Unemployment and underemployment places families in situations where they cannot afford to meet their basic needs, much less health-related needs.
- A common concern expressed during discussion groups was a lack of jobs with livable wages, compounding the high cost of gas, utilities, and groceries for residents.

Lack of reliable, affordable public transportation was reported as a significant issue.

- Transportation issues present barriers to accessing needed resources and services such as medical care, groceries, jobs.
- Although public transportation is available in Victoria County, it was reported to be costly.
- About 1 in 5 residents do not have a personal form of transportation
- Reliable transportation for seniors was a particular concern.

Access to Health-related Care

- Unfortunately, many residents have access issues related to accessing health care – both real and perceived
- Victoria County is considered a health professional shortage area for primary medical care and mental health care.

- Survey respondents believed mental health care was not sought primarily for reasons related to cost (out of pocket costs or insurance related reasons).
- Victoria County falls short of the *Healthy People 2030* goal of 92.4% of residents having some form of insurance.
- Residents in every discussion group expressed concern with residents not being aware of services and/or knowing how to access services. Use of a variety of media outlets (social media, radio, local news, etc.) to promote available resources and events was encouraged.

Mental Health

- Survey respondents in every discussion group expressed concern regarding mental health in Victoria County.
- Few survey respondents reported zero days of poor mental health and county-wide the average is 5.7 days of poor mental health out of the past 30.
- Stress and emotional problems were reported to rarely keep survey respondents from doing their usual activities *most* or *all of the time*.