

# Better Together

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COMMON AGENDA BRAINSTORMING PROCESS: OVERVIEW & DISCUSSION

DECEMBER 4, 2020

# We are Better Together

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We are a group of residents who are working together to improve the health, mental health, and well-being of ***all*** residents of Nacogdoches County.

We are all members of the community, including city, county and school officials; law enforcement; business leaders; and health and human services organizations.

We are committed to a process that welcomes, includes, and listens to ***all*** members of the community.

To accomplish this, we need individuals from ***all*** communities in Nacogdoches County. ***We need you.***

***Funded by a Collaborative Approaches to Well-Being in Rural Communities Grant from the Hogg Foundation for Mental Health***

# Common Agenda

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PROCESS AND TIMELINE

# Generation of Action Statements

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The Common Agenda Brainstorming Committees are tasked with identifying specific actions that we can take in order to improve mental health, wellness, and well-being in Nacogdoches County. These action statements will form the basis of our common agenda.

As a committee member, we are asking you to participate in two meetings:

- Meeting 1 – All of the common agenda brainstorming committees will meet for an overview and discussion of the data collected to this point in order to prepare you for your committee discussion about ideas/solutions/actions relevant to the strengths and challenges identified via the following sources: community conversation cafés, focus groups, report from F. Marie Hall Institute, GIS mapping report, COVID-19 Committee report, and other relevant local data sources. *This meeting is scheduled for December 4, 2020 from 9 am to 11 am* and will be held via Zoom.
- Meeting 2 – Each common agenda brainstorming committee will meet individually to generate action statements that we will use to formulate the common agenda. This meeting will last 1 ½ to 2 hours. The committee chair will work with the committee members to set a date/time that works best for the committee. *We would like for this meeting to take place between December 9 and 20.* This meeting will most likely be held via Zoom.

# Subsequent Steps

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Finalizing the action statements (December 2020 – January 2021)

Sorting and rating action statements (Mid-January 2021 – February 2021)

- Sorting – This is an individual activity that can be completed via mobile device (phone or tablet), computer, or pen/pencil and paper. Sorting cannot begin until all of the action statements have been generated and finalized.
- Rating – This is an individual activity that can be completed via mobile device (phone or tablet), computer, or pen/pencil and paper. Rating cannot begin until all of the action statements have been generated and finalized. All individuals who participate in brainstorming and/or sorting will be asked to participate in rating. We will also ask additional community members to participate in rating.

Translating the action statements into the Common Agenda (March – April 2021)

- The Appreciative Inquiry Team will use the information collected from the sorting and rating processes to organize the action statements into a common agenda. We will most likely invite members of the brainstorming committees to participate in this process.

# Subsequent Steps

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## Community Listening Sessions for the Common Agenda (May 2021)

- Once we have a draft of the common agenda, we will host community listening sessions to present the draft to the community for the purpose of soliciting feedback from across the community.

## Finalizing the Common Agenda (June 2021)

- The Appreciative Inquiry Team will use the feedback collected via the community listening sessions to modify and finalize the common agenda, which will guide our activities during phase two of the grant. The common agenda will also inform the development of our structure and approach to governance.

# Nacogdoches County

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A SNAPSHOT BASED ON DATA FROM THE U.S. CENSUS BUREAU AND  
RELATED SOURCES

# Nacogdoches County

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Nacogdoches County covers 981.2 square miles and has a population density of 68.17 people per square mile (Texas Association of Counties, 2018).

## Demographic Information (U.S. Census Bureau, 2018)

- Race/Ethnicity - Caucasians (77.3%), African Americans (18.3%), Hispanics (19.3%), Asians (1.7%), and Native Americans and Alaska Natives (0.9%)
- Sex - 48% males and 52% females
- Age – 62.5% of the population is between the ages of 18 and 65; 13.8% of the population is 65 years of age or older; and 23.6% of the population is 17 years of age or younger

## Housing

- There are a total of 27,965 housing units with 85.6% of those being occupied (USCB, 2010).
- The homeowner vacancy rate is 1.3 and the rental vacancy rate is 7.9 (USCB, 2018).
- The median monthly expenses associated with home ownership (including the mortgage) is \$1,154 and the median value of owner-occupied homes is \$114,300 (USCB, 2018).
- The median rent for the county is \$745 per month (USCB, 2018).

# Nacogdoches County

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## Income and Poverty

- Median household income is \$38,915. Most common range for household income is \$50,000 to 74,999 (USCB, 2018).
- 25.4% of residents live in poverty and 30.0% of residents under 18 years of age live in poverty (USCB, 2018).
  - These rates are noticeably higher than the national and state rates for all residents, 12.7% and 16.7%, respectively (USCB, 2018).
  - We meet the EDA definition for persistent poverty (poverty rate of 20% or more over the last 30 years).
  - We have one of the highest and most persistent poverty rates in the DETCOG region.
- The percentage of K-12 students within the county who are identified as economically disadvantaged ranges from 37.2% to 89.7%, with five of the nine school districts above 50%.
  - These are students who qualify for free meals under the National School Lunch Program and School Breakfast Program, meaning that their household income falls at or below 130% of the federal poverty line.

# Nacogdoches County

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## Health Care

- Historically, the overall mortality rate for the county has been higher than the rate for the State (Texas Department of State Health Services)
- County rates for cancer, stroke, chronic lower respiratory distress, and accidents are higher than the rates for the State (TDSHS).
- County rates for communicable diseases are below the rates for the State, with the exceptions of tuberculosis, chlamydia, and gonorrhea.
- The rate of adolescent mothers in the County is higher than the rate for the State (TDSHS).
- The Health Services and Resources Administration (HRSA) has designated Nacogdoches County as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care (low income), dental (low income), and mental health care.
- 20.1% of our residents are without health insurance coverage (USCB, 2018). The rate is slightly higher among City residents, 22.1% (USCB, 2018). And, both rates are noticeably higher than the Texas and national rates, 18.6% and 10.1%, respectively (USCB, 2018).

# Appreciative Inquiry

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COMMUNITY CONVERSATION CAFÉS AND FOCUS GROUPS

# Community Conversation Cafés

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We held 35 community conversation cafés between January 2019 and July 2019.

A total of 435 residents of Nacogdoches County participated in the cafés. Demographics include:

- The average age of participants was 46.51 years of age.
- The average number of years of residence in Nacogdoches County was 22.37 years.
- Of the 435 participants, 244 reported their residence was within the city limits of Nacogdoches.
- Most participants were either employed full-time with benefits (43.7%) or retired (19.3%).
- In terms of gender, 68.8% of the participants identified as female, 30% as male, 1.2% as transgender, and .2% as other.
- Most participants had at least some technical or higher education, with 19% having some college without a degree, 23.9% having earned a bachelor degree, and 22.8% having earned a graduate or professional degree.

# Focus Groups

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The Appreciative Inquiry Team utilized data from the community conversation cafés to develop the key questions for the focus groups. We held the following ten focus groups during the summer of 2020:

- Economic development
- Environmental concerns
- Food insecurity
- Health care (providers)
- Housing
- Mental health (providers)
- Mental health (family/caregivers)
- Primary/secondary educators (two groups)
- Veterans

## Family



- Affordable health care and mental health care
- Jobs (Living Wage)
- Access to services
- Transportation
- Sidewalks
- Services/assistance (social services)
- Education
- Housing stability
- Food – food security and healthy food
- Activities and resources for children



- Health/Health Care
- Mental Health/Mental Health Care
- People
- Communication
- Access
- Limited Resources
- Health Insurance
- Employment/Living Wage



# Differences of Opinion

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## Health Care and Mental Health Care

- “The health care system does a good job”
- “The health care system is vulnerable”
- Health care services are not easily accessible

## Basic Needs

- “The city does a great job of meeting the basic needs of its residents”
- “We do a good job of meeting the basic needs of all our residents, but we could do better”
- “We do the minimum in terms of meeting the basic needs of all of our residents”
- “We have the ability to meet the basic needs of all our residents but are not doing so”

# Differences of Opinion

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## Diversity

- “Our community embraces diversity through faith-based organizations, schools, cultural groups, and Nacogdoches County Community Collaborative”
- “Embracing diversity is not a general cultural norm”
- “Legacy discrimination and segregation, history of civil rights problems are unacknowledged- cannot deal with it and/or heal without reconciliation”

## Safety

- “Yes, our community is safe”
- “Yes, we are safe in the community”
- “I am safe in my community as long as I do not go out after dark”
- “Police are community friendly”
- “Physical safety is a concern”
- “Worried about burglary”
- “Five or six meth houses within a 5 mile radius of the school”

# Differences of Opinion

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## Leadership

- “A lot of the officials have an open-door policy.”
- “They listen. They are always available for questions.”
- “They make the community feel warm and comfortable.”
- “City Hall was responsive when I called about potholes in the road.”
  
- “Not one elected official has gone to the community to ask what the issues are.”
- “The County Commissioner was not responsive to concerns.”
- “County commissioners should listen to citizens.”

# Comparison to Other Data Sources

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TRIANGULATION OF THE DATA



# Rural Health Report Card\*

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Nacogdoches County clearly has challenges with access to health care

- Our premature death rate is 21% higher than the rate for the State of Texas
- Our stroke mortality rate and injury related deaths are higher than those for the State of Texas
- Our preventable hospitalization rate is 200% above the national average
- We have high uninsured rates and low utilization rates for preventative health care

## Social Determinants of Health

- Our food insecurity is higher than the average for the State of Texas
- Our STDs/STIs rates are higher than those for the State of Texas
- We have an extremely wide wealth disparity
- We are 10% above the baseline on the RHRC's measure for stress
- We are 4% below the average educational attainment for rural Texas counties
- Our childhood poverty rate is higher than the rate for the State of Texas

Sources of the Issues are: Lack of health insurance, socioeconomic conditions, and provider supply (access)

\*Scott Phillips, F. Marie Hall Institute for Public Health, Texas Tech University

# Comparison of the Sources

| Health and Human Services                                                          | AI | RHRC | NMH |
|------------------------------------------------------------------------------------|----|------|-----|
| Inadequate access to health care services                                          | ✓  | ✓    | ✓   |
| Lack of preventative health care services                                          | ✓  | ✓    | ✓   |
| Lack of health care specialists (often requires travel to DFW, Tyler, or Houston)  | ✓  | ✓    | ✓   |
| Lower income residents are especially concerned with affordable health care        | ✓  | ✓    | ✓   |
| Uninsured residents are unusually common                                           | ✓  | ✓    | ✓   |
| Inadequate access to mental health care                                            | ✓  | ✓    | ✓   |
| Inadequate/inconsistent/inaccessible/outdated information about available services | ✓  |      |     |

# Comparison of the Sources

| Other Areas/Aspects of Community                                    |                                               | AI | RHRC | NMH |
|---------------------------------------------------------------------|-----------------------------------------------|----|------|-----|
| Access to reliable transportation                                   |                                               | ✓  |      |     |
| Infrastructure (sidewalks and community spaces, such as parks)      |                                               | ✓  |      |     |
| Affordable childcare                                                |                                               | ✓  |      |     |
| Clear sense of a disconnect between elected officials and residents |                                               | ✓  |      |     |
| Food related concerns                                               |                                               |    |      |     |
|                                                                     | Access to grocery stores                      | ✓  |      |     |
|                                                                     | Access to healthy grocery stores/food options | ✓  |      |     |
|                                                                     | Poor nutrition                                | ✓  | ✓    | ✓   |
|                                                                     | Food insecurity                               | ✓  | ✓    | ✓   |

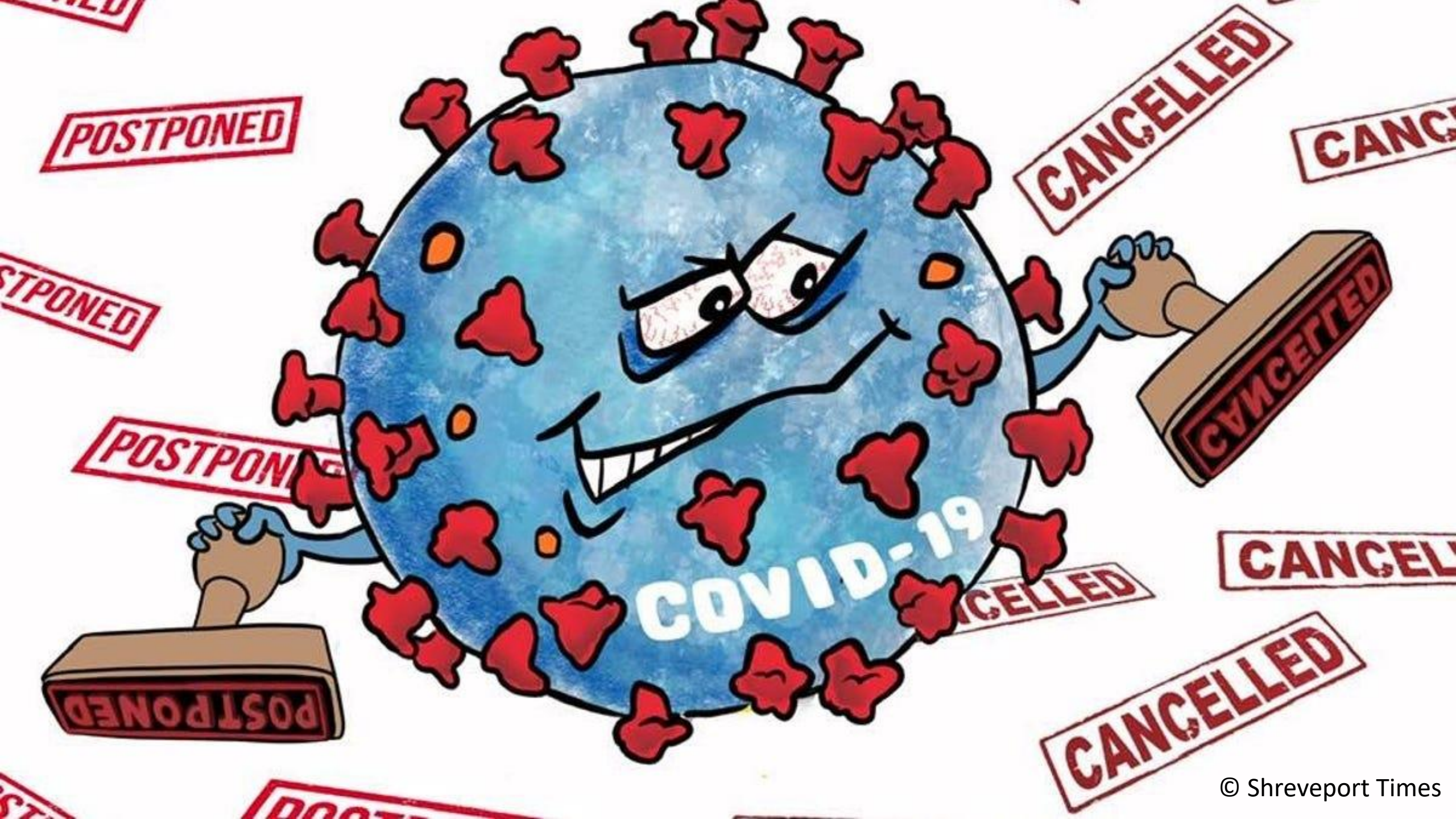
# Comparison of the Sources

| Strengths                                                            | AI | RHRC | NMH |
|----------------------------------------------------------------------|----|------|-----|
| Churches                                                             | ✓  |      |     |
| Schools                                                              | ✓  |      |     |
| Firefighters                                                         | ✓  |      |     |
| Law Enforcement Officers/Agencies (also a notable source of concern) | ✓  |      |     |
| Local businesses                                                     | ✓  |      |     |
| Local non-profits                                                    | ✓  |      |     |
| Health and human service organizations                               | ✓  |      |     |

# COVID-19

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HOW HAS COVID-19 IMPACTED OUR COUNTY?



# COVID-19

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COVID-19 highlighted social and economic injustices, as well as issues with access to broadband and technology

- Disparities among racial/ethnic and socioeconomic groups
- NISD Survey of parents (August 2020) – approximately 21% of NISD students do not have access to broadband

Health Care and Mental Health Care

- Increased demand for services
- Importance of telehealth (broadband and technology)

Families

Employment and Economy

- Job loss
- Supply chain disruptions
- Highlighted the need for diversification of the local and regional economies so that we can recover from the pandemic and weather future economic downturns

COVID 19 has forced us to "pivot" and find a "new normal." In doing so, it has reminded us

- of the importance of creativity, flexibility, and community
- that social distancing does not have to mean social isolation - We are all BETTER TOGETHER!

# Discussion & Questions

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# Contact Information

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For more information about Better Together, our common agenda, and our other initiatives, as well as how to get involved, please contact:

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