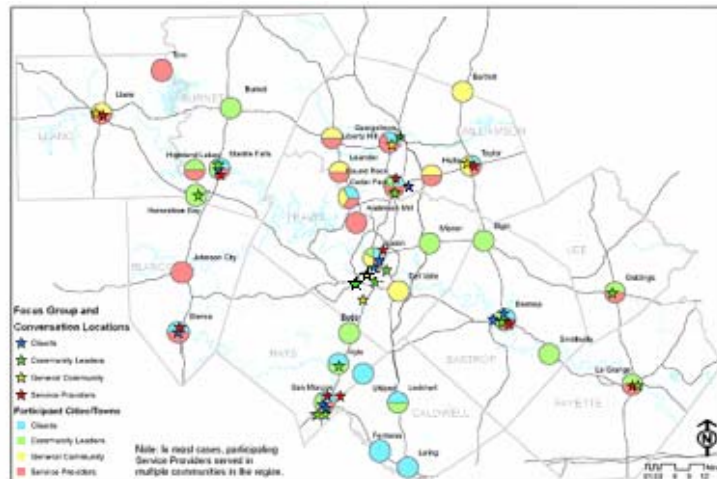


TOWARD EQUITY FOR ALL: FINDINGS FROM STAKEHOLDER INPUT ON THE CAPITAL AREA COMMUNITY AGENDA PROJECT

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Acknowledgement

The credibility of the Community Agenda Project for ten counties would first depend on how well issues, people and geography are represented. Achieving their balanced representation posed the greatest challenge to the research team from the beginning of this project. We believed that many community issues and their root causes might surface themselves, but others might be hidden or disguised by whatever factors at play. A cross-section representation of stakeholders and issue areas would ensure that many perspectives be captured and compared for a more accurate picture of a community.

The research team worked with many “connectors” and “conveners” who know the lay of the ten counties. We owe them all sincere appreciation for their time, information and good counsel to make the focus groups and conversations happen so seamlessly.

Our appreciation goes to Beverly Seffel of the Lower Colorado River Authority (LCRA) and LCRA regional representatives who provided us the first introduction to the “realities” of the counties. The two other United Way agencies in the Region, of Hays and Williamson County, gave us indispensable assistance by connecting us to other stakeholders in those counties. We want to thank all the regional organizations that helped the United Way Capital Area and us kick off the Community Agenda Project and gave us so many good ideas and advice. Lastly, Sandy Eastham, formerly United Way Capital Area/2-1-1 Texas coordinator and recently appointed outreach coordinator for United Way Capital Area, provided invaluable help in making additional connections and in setting up focus groups in the counties that are far-flung from Austin both in geography and in socio-economic reality.

In each county, the research team worked with two to five “conveners” of focus groups. These local conveners made every effort to help us recruit focus group participants. In some rural areas, service provider conveners had to invite participants by making individual phone calls (rather than using group email) while juggling to hand out meals to seniors, or made several attempts to find the right time and location. In one county, a service provider personally drove senior participants to a focus group. We wish we could name each and thank them properly for giving us so much support along the way. Unfortunately, we are bound by the University’s strict rules on human subject research and must protect their identities, as most of them were focus group participants themselves.

Several institutions gave support by offering their meeting facilities that were comfortable and neutral, even though their organizations were not represented in the particular focus groups. We especially want to thank the Bastrop Sheriff's Office, Austin Community College Eastview Campus, WorkSource — Greater Austin Area Workforce Board, Bluebonnet Trails MHMR in Round Rock, and Southside Community Center in San Marcos.

Needless to say, we owe a big thank-you to all the participants of the focus groups and conversations. Their open and honest input, and especially their insights, forms the essence of this report. We were privileged to meet them and be educated by them. Even though they shall remain anonymous, their voices are all over this report.

We also want to thank Bernardo Fernandez, a former 2-1-1 Texas employee, for acting as the Spanish facilitator of a focus group with members of a Hispanic community.

Finally, when we needed a good map to illustrate the features of the stakeholder input process, Jim Walker of Central Texas Sustainability Project offered his time and keen skills. His attention to details gave well-appreciated clarity to a map that conveys a sense of geographic and stakeholder balance for which we, the researchers, have strived.

Executive Summary

United Way Capital Area envisioned the development of a Community Agenda encompassing the ten counties in its Central Texas service area: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson. The goal of the Community Agenda Project was to understand and prioritize critical health and human service issues, root causes and priorities for action for the ten counties.

In November 2005, United Way Capital Area requested that the Ray Marshall Center conduct research to assist and inform the development of the Community Agenda. Specifically, the Ray Marshall Center was charged with conducting research in two phases, as follows:

Phase I: Identify, collect and analyze existing regional data on the state of major health and human services issues, indicators and demographic trend; and

Phase II: Gauge the perspectives of major stakeholders across the ten-county area regarding major issues, root causes, solutions and prospects for health and human services.

The Ray Marshall Center's Phase I work produced a report entitled *A Profile of the Capital Area Community: A Data Analysis Report for the United Way Capital Area*. The Phase I report synthesized existing information on demographic trends and community indicators and compiled major health and human services issues as reported by previous community needs assessment projects, issues studies and planning efforts.

Between February and May 2006, the Ray Marshall Center research team focused on the work of Phase II. The team conducted 37 focus groups and individual conversations in the ten counties with a total of 279 individuals including elected and civic leaders, social service providers, health and human services clients, volunteers and members of the general public. A cross section of the community was represented in the focus groups, including members of the Hispanic, Asian and Black communities, senior citizens, representatives of children, mentally ill, physically disabled and victims of violence. In order to solicit maximum input, researchers also surveyed over 2000 people online and received 302 responses, with 234 from Travis County.

The team developed a focus group protocol to guide the discussions, with the key questions as follows:

- What is your vision for a better community?
- What issues are in the way of achieving that vision?
- What are the most pressing issues?
- What are the root causes for these pressing issues?
- What are the actions would you suggest to address these pressing issues and root causes?

Based on the answers to these questions from the 279 participants, this report presents a summary of stakeholders' views on pressing issues, root causes and recommendations for action. Responses to the online survey are also summarized here. In addition, key findings from recent community needs assessments are included when appropriate and available.

A Shared Vision

In most focus groups and conversations, stakeholders generally did not readily provide a statement about their vision for a better community, much less a shared vision. Most started with a list of things that they wanted improved, described the pressing issues (e.g. more affordable housing, better education) and discussed root causes (e.g. low wages, inadequate transportation). There is a general feeling among stakeholders in the region that the focus group process forced them to think about a vision, and during the process, most stakeholders contributed important aspects of a more coherent vision for their communities.

Across all the ten counties and stakeholders, there were repeated concerns about the prospects of those who are struggling with limited means and resources, who are left further behind and are falling through the cracks of the existing health and human services systems. The prospects of the poor and the working poor, who make too much to qualify for most forms of public assistance but too little to sustain themselves and their families, were the focus of most conversations. Stakeholders generally felt that the rapid growth in income and wealth in the region in recent years has not benefited a substantial portion of the population who face price increases in health care, childcare, housing and other categories of daily necessities. What is more, their situations get considerably worse as they deal with stiff restrictions and requirements for public assistance and cuts by federal and state governments in health and human services programs. Further, their needs are factored into the mix and lead to competition for increasingly scarce resources with low-income immigrants and victims of natural disasters (e.g. Katrina evacuees).

In summary, the region's vision for a better community can be expressed simply as follows:

A community where people are self-sufficient and have equal opportunities for good health and for quality of life.

Patterns in Issues, Root Causes and Recommendations for Action

Overall, the patterns in pressing issues and root causes are very clear across the ten counties that make up the Capital Area region. Issues of job opportunities, health care, housing, transportation and other “typical” health and human services were heard in nearly every county and every focus group and conversation. Several issues and root causes were unique to localities, ethnic and language backgrounds.

However, one of the most important findings from this process was the wide consensus among stakeholders that many issues and root causes are intertwined and interconnected, that picking priorities does not make sense and that many issues are also root causes. For example, bad housing, mental health, drug and substance abuse, teenage pregnancy and lack of job skills are all intertwined issues, one compounding another.

Driving Factors

A few overarching forces emerged as the driving factors behind the pressing issues and root causes and appeared to have significant impact on life outcomes and community wellbeing. These factors go beyond the realm of typical health and human services and tend to across county boundaries as well.

The first driving factor is rapid growth in population and high-skill, high-paying jobs, which has created a core of economic strength along the Austin-Round Rock corridor, with decreasing demand for those with fewer skills and low earning capacity. This pattern sends a ripple effect, raising the cost of living for communities all around.

Secondly, the increasing devolution of social service responsibilities from the federal and state government to counties, cities and communities is driving up the demand for local resources and volunteerism.

The third driving factor stems from drastic cuts in funding for social service programs, which has made it much harder for the people in need to get assistance, to achieve

self-sufficiency or to attain a decent quality of life. Funding cuts have also created competition among social service providers, making them more protective of their turf.

The “Ring” Effect

Uneven growth has created a “ring” effect with significant ripples throughout the region. Communities on the first ring beyond Travis County — Bastrop, Hays, Burnet, parts of Williamson – send over fifty percent of their employed residents to work in Austin/Round Rock area. There are also some smaller “rings” within a county (Williamson) and between Hays and Caldwell counties. This work/residential pattern creates bedroom communities that have lower economic bases, lower-paying jobs, few sources for tax revenue, but increased needs for health and human services.

The second ring — Blanco, Caldwell, Lee, Fayette, Llano, rural and east parts of Williamson – has experienced increased costs of living and growing population, while the rural service infrastructure has remained largely unchanged or is even diminishing.

Cross-cutting Issues and Recommendations for Action

In the backdrop of these important demographic and economic changes, many issues and root causes identified need solutions that require concerted regional efforts, and collaborations outside the artificial boundaries of issues, and geographic, institutional and political divisions. Stakeholders brought forward the following key issues and recommendations that have implications for the region as a whole or, at the very least, for multiple counties. Any consideration for regional actions should incorporate and build on on-going efforts already underway in the communities.

Issue 1: Regional growth is increasing the equity gap. Declining demand for people with few skills, stagnant wages and lack of health insurance make it a constant challenge to keep up with the cost of living. Local governments and communities are challenged with fewer resources and exploding demands for services.

Recommendation: A regional collaborative effort is needed to have a common vision and strategy for balanced growth and development. Be less Austin-centric. “Bedroom” communities need to attract businesses and jobs to enhance their tax

base. Jobs that offer living wages and benefit, especially health insurance, should be part of the bargain in business recruitment in the region.

Researchers' note: The City of Austin Mayor's Equity Commission in 2001 produced its *Improving the Odds* report on major issues regarding social equity in the Austin/Travis County area. Stakeholders repeatedly said that most of the issues and recommendations are still pertinent today. CAPCOG, whose membership is drawn from communities of the Capital Area region, developed a "Comprehensive Economic Development Strategy: 2005-10" under the auspices of the Capital Area Economic Development District. This document outlines data analysis on key issue areas and a strategic plan to achieve "region-wide prosperity and economic equity through diversified business development, balanced growth and improved mobility."

Issue 2: Public and private funding strategies for health and human services are simplistically tied to the number of people served without factoring in location, geographic size or underlying community needs. This undermines service organizations' sustainability, and has negative impacts on the people they try to serve. While most service providers are in a "survival mode," this problem is particularly evident in rural counties (Caldwell, Lee, Fayette, Blanco, Llano and Hays) where the population is spread over large geographic areas.

Researchers' note: No specific recommendations were made by stakeholders on this issue. However, this issue was discussed at length in a Travis County focus group as more of a root cause. Participants said that a funding strategy tied to short-term outcomes harbors issue silos and hinders holistic approach to problem-solving.

Issue 3: The state's cutback on health and human services, especially the outsourced integrated eligibility call system, is a detriment to low-income individuals and families. This issue came up in every county.

Recommendation: Local one-stop shops are needed for eligibility determination and service provision to reduce bureaucratic red tapes and provide timely services.

This is particularly a need in rural areas where service accessibility is more of a problem.

Researchers' note: There were a few “one-stop shops” mentioned by stakeholders as good models, including Good Samaritan Center in Fredericksburg, El Buen Samaritano in Austin, and the Family Services Center in Marble Falls.

Issue 4: Mental health services have been cut and the criminal justice system has taken over as the alternative. As a result, this has the adverse effect of putting the mentally ill through revolving doors between jails and streets. This issues runs across many counties.

Recommendation: A regional task force should be convened to examine the root causes and the solutions carefully, and in conjunction with issues on drug and substance abuse.

Researchers' note: A number of initiatives are in practice in Travis and Williamson counties to address various aspects of the mental health issue including providing for prescriptions, counseling, and reentry services. There may be others. Should this be a regional priority for action, regional stakeholders should share information about best practices and community resources.

Issue 5: Lack of health insurance, inadequate services to the indigent and lack of service providers and health care infrastructure were identified as the most acute problems in health care. Health and health care were a pressing issue in all focus groups in all the counties. Dental care needs were often mentioned.

Recommendation: A coherent regional strategy is needed for health and wellbeing, to encourage physical movement, nutrition and preventive care and job creation with built-in health insurance.

Issue 6: Lack of information about what services are available and who may be eligible for them is a barrier to access services.

Recommendation: An information clearinghouse or a central location for information is needed locally, to allow service providers and potential clients to access accurate and current information about services in their communities.

Researchers' note: The Texas 211 information and referral system collects and updates information on an ongoing basis. There needs to be better understanding about how service information can be updated, accessed and utilized from a local community.

Issue 7: A regional public transportation system is needed to allow people to access services and be independent. Seniors and the indigent population are particularly stranded in the dichotomy of being most in need for services and inability to access them. Local good will and volunteerism is being taxed to the extreme. This issue runs across all the ten counties.

Recommendation: Partnerships and collaboration among the existing transportation providers needs to happen to provide a seamless linkage in routes and schedules.

Researchers' note: CAPCOG is addressing this issue in the region through its Capital Area Regional Transit Coordination. Local communities should make sure that their voices are heard in this process and that their unique needs are being addressed.

Issue 8: Affordable housing, both rental and owned, is seriously lacking, especially for seniors on fixed income, and for people in transition from less agreeable conditions to self-sufficiency. These people in transition include young adults just aging out of foster care, women in transition from shelters or young people starting a career. The definition of “affordability” needs to be meaningful to the low-income, disadvantaged population. This issue is a top concern in all counties.

Researchers' note: No specific recommendations were suggested by stakeholders other than “make more affordable housing available.” However, affordable housing should be part of a regional strategy for sustainable growth.

Issue 9: Senior isolation and needs for services, lack of supervision and constructive activities for young people were constant themes and were regarded as wearing away community fabric. Many young people are engaged in drugs, especially methamphetamine, with demand from Travis County and manufacturing bases in surrounding counties. These young people are from both poor, low-income families and from affluent backgrounds.

Recommendation: Create community centers and public spaces where people of all ages can gather; have organized activities for both seniors and youth; find ways to foster community involvement and civic responsibilities among young adults. Many stakeholders shared the belief that “creating something constructive for the kids” would alleviate the drug and isolation problems for young people. In the meantime, a regional effort is needed to disrupt the supply and demand chain in drugs between rural and urban areas.

Final Observations

The Community Agenda Project started a positive step to encourage dialogs within the ten counties to look at issues, root causes and solutions holistically. The stakeholder input process was especially energizing to the communities in the outlying counties, where many participants only looked at the interrelated issues of their communities *together* for the first time. In some counties, participants appreciated the process so much that they wanted to do a focus group “once a month.” Others started scheduling a planning meeting among themselves at the end of the focus group discussions. Participants showed a high degree of consensus about pressing issues, root causes and even ideas for action.

Travis County community leaders and service providers focused a great deal on systemic issues in focus groups, instead of repeating the many issues that have been identified in numerous community assessment projects. Their insights about political and institutional barriers that hinder community progress should be revealing and useful to the development of the Community Agenda.

In conclusion, the research team wishes to emphasize three critical points for consideration for the next steps.

1. A regional community agenda with a focus on priorities would require community stakeholders to coalesce, to share responsibilities, and to have a sense of joint ownership. Meaningful engagement of stakeholders from all the counties is critical to foster a regional partnership.
2. The findings outlined in this report may be important baseline information, but much exists in the counties to be explored. It would be necessary to further understand community resources and strengths, establish goals and outcome measures, and build on initiatives already underway.
3. Break issue silos; reach across artificial boundaries of geographic, institutional and political divisions for solutions that have long-lasting community impact.

Introduction

The United Way Capital Area (UWCA) has been a key player in providing support to address the needs of individuals, families and communities in Central Texas, especially in the Austin/Travis County metropolitan area, for many years. UWCA conducts fundraising campaigns and currently provides funding to 44 area health and human service providers. For the 2005-2006 fiscal year, all UWCA funded agencies are non-profit organizations, all but three of which are based in and primarily serve Travis County.

Additionally, UWCA operates important service programs, including 2-1-1 Texas and Hands on Central Texas, which serve the ten-county area. UWCA has expanded its involvement in community collaborations in recent years, including such initiatives as Success By 6, which focuses on early childhood.

UWCA attempts to align its program funding with a focus on outcomes measurement, requiring the service providers it funds to demonstrate how well they address health and human service priorities. Periodically, UWCA re-assesses the priorities that guide its investment of financial and staff resources. In that pursuit, UWCA is supporting the Community Agenda Project with the goal of understanding and prioritizing critical health and human service issues facing all ten of the counties that comprise its Central Texas service area: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties.

To assist and inform the process of developing the Community Agenda, UWCA selected the Ray Marshall Center for the Study of Human Resources, a research center of the LBJ School of Public Affairs at the University of Texas at Austin, to conduct research leading to a synthesis of existing information and stakeholder perspectives on the priorities in health and human services in the region. Specifically, the Ray Marshall Center is charged with conducting research in two phases, as follows:

Phase I: Identify, collect and analyze existing regional data on the state of major health and human services issues, indicators and demographic trend; and

Phase II: Gauge the perspectives of major stakeholders across the ten-county area regarding major issues, root causes, solutions and prospects for health and human services.

Each activity undertaken by the Ray Marshall Center research team inevitably affects one or more research purposes. Research designed to be inclusive of major stakeholder perspectives will likely yield quality information that UWCA staff and volunteers can use in setting UWCA priorities for focused work and investments in the future, to create buy-in from other stakeholders and to foster partnerships around the region.

The Ray Marshall Center's Phase I work produced a report entitled *A Profile of the Capital Area Community: A Data Analysis Report for the United Way Capital Area*. The Phase I report synthesized existing information on demographics trends and community indicators and compiled major health and human services issues as reported by previous community needs assessment projects, issues studies and planning efforts.

Between February and May 2006, Ray Marshall Center researchers focused on the Phase II work. They conducted a total of 37 focus groups and conversations with community leaders, social services providers, and health and human services clients, as well as members of the general public in the ten counties that comprise the Central Texas service area for UWCA. In addition, an online survey yielded 302 responses, with 234 from Travis County. Researchers asked stakeholders to describe their visions for a better community and their perspectives about pressing issues, root causes and possible solutions to address these pressing issues and root causes. Findings from these focus groups and conversations are discussed in this report.

The section, Regional Perspectives, provides an overview of the catalysts that changed in the region: the demographic and the economic growth. The section consolidates key findings, based on stakeholder input, about pressing issues, root causes and solutions that pertain to the region as a whole or at least to multiple counties. The Regional Perspectives section is followed by a section for each of the ten counties, in which pressing issues, root causes and solutions are discussed, with a summary list of all the input collected.

The analysis of the online survey responses of ten or more is treated in its own self-contained section to supplement the focus group analysis. The main reason is that the two approaches, even though guided by similar questions, led to two different deliberations. The

online survey required respondents to select only one "most pressing issue" at a time and then to identify the root cause and suggest potential solutions or priorities for action, before moving on to select the next most pressing issue, its root cause and solution. As such, the survey required a much more linear response than did the focus groups. Online survey respondents addressed one issue at a time, unless they decided to write in their own issue descriptions.

In comparison, participants in focus groups and conversations tended to identify "clusters" of pressing issues — e.g., employment, health care, transportation, childcare — that they felt were interrelated. In almost every focus group, participants selected multiple issues as "most pressing" and simultaneously discussed multiple root causes and solutions to demonstrate the interrelationship among issues and causes. They tended to make recommendations to address the interrelated, systemic issues that they had identified.

Methodology

Guidelines and Strategies for Stakeholder Input

The Ray Marshall Center researchers used a variety of channels to identify, recruit and convene stakeholders while aiming for balanced geographic, demographic and health and human service issues representation. Researchers established county points of contact through regional representatives of the Lower Colorado River Authority, other United Way agencies, representatives of organizations that have regional and county reach, and the UWCA/2-1-1 Texas Coordinator.

Researchers aimed to get input from three types of stakeholders: community leaders including elected and civic, social service providers and health and human services clients. A fourth type, the general community, was convened when it was not feasible to form a group of an exclusive type, or when it was a group with similar demographic features, such as seniors, Asians and Hispanics. Each focus group aimed to have from 8-12 participants. In most counties, the team conducted at least one focus group with service providers and another one with clients, and had at least one focus group or a conversation with an elected official who could address countywide issues. In large counties such as Travis and Williamson, more focus groups and conversations were held in order to capture a good cross section of the community. On one occasion where a large number of service providers attended, the research team broke them into four smaller groups by the geographic locations of their services and then monitored their discussions.

Focus groups were convened based on recommendations from the points of contacts and researchers' considerations of factors such as balanced representation and conflict of interest. The hardest to reach were clients of health and human services. Typically, clients were recruited with the help of service providers.

To the extent possible, the research team tried to minimize conflicts of interest. For example, researchers did not knowingly allow program funders to be in the same focus group with representatives of agencies that seek or receive their funding. In these situations, researchers would request a separate meeting or asked the funders to join a different focus group for input.

Total Number of Focus Groups and Conversations

Table 1 tallies the total number of focus groups and conversations conducted by the research team from February through May 2006. The map in Figure 1 shows the locations of these discussions, with color-coded stars indicating the types of stakeholders and their geographic locations. It should be noted that the locations for community leaders and service providers only reflect their bases, whereas their work and services often cover the whole county or even across multiple counties.

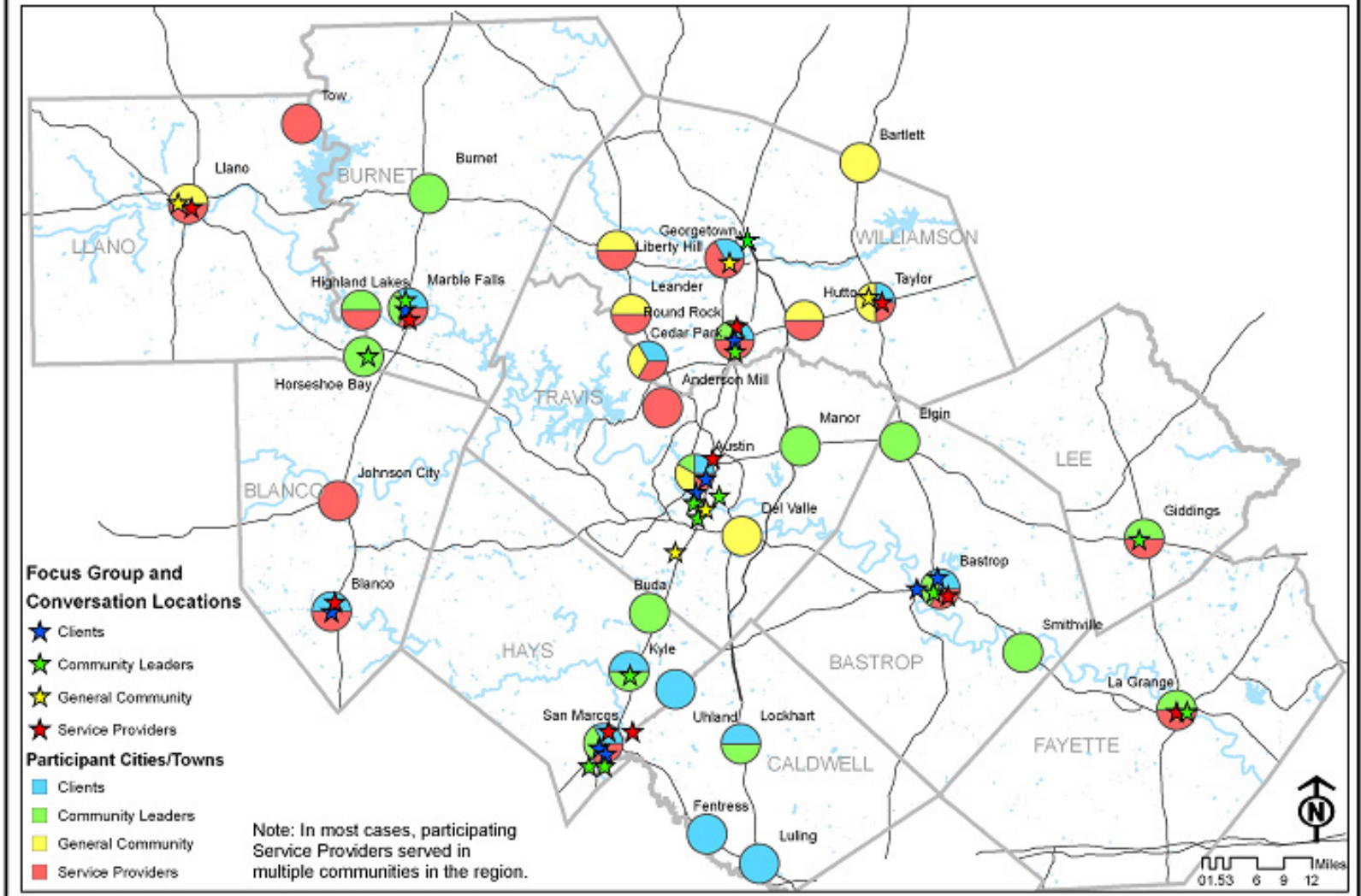
**Table 1. Focus Groups and Conversations
February – May 2006**

	Service Provider 1	service Provider 2	Clients 1	Clients 2	Community Leader 1	Community Leader 2	Community Leader 3	General Public 1	General Public 2	General Public 3	COUNTY TOTAL
Bastrop	1		1	1	1						4
Blanco	1		1								2
Burnet	1		1		1						3
Caldwell	1*		1*	1	1						2
Fayette	1				1						2
Hays	1		1	1	1	1					5
Lee	1**				1						1
Llano	1		1		1						3
Travis	1		1		1	1	1	1	1	1	8
Williamson	1	1	1		1	1		1		1	7
TOTAL FOCUS GROUPS & CONVERSATIONS	9		10		13			5			37

* Two client focus groups were held in San Marcos, with some residents from Hays and others from Caldwell.

** One service provider focus group was held with a joint Lee and Fayette Interagency Group.

**Figure 1. Community Agenda Project:
Geographic Distribution of Participants and Locations of Focus Groups and Conversations**



On-line Survey

An online survey was administered between May 16 and May 28, 2006, in order to solicit additional input from stakeholders who may like the opportunity. The online survey link was sent to over 2,000 stakeholders in the ten-county Central Texas area. A total of 302 responses were received, with 234 from Travis County.

Regional Perspectives

The People

The Capital Area region experienced unprecedented population growth between 1990 and 2000 census, with a net gain of 427,377 people, a 46 percent increase, as shown in Table 2 below. Looking across the ten counties, population growth was highly uneven during that decade: Williamson County grew by a staggering 79 percent, whereas Fayette County edged up by just about 9 percent. Six counties grew substantially, up by 41 – 51 percent, while two counties (Caldwell and Lee) gained solidly at 22 percent each.

By Census Bureau estimates, population growth slowed substantially between 2000 and 2004, but remained at 13 percent for the region as a whole. The biggest gains occurred in Hays and Williamson along the Interstate 35 corridor, at 22 and 27 percent, respectively, followed by Bastrop, Burnet and Caldwell, each between 13 to 19 percent. Travis County growth slowed substantially, and was in the group of five counties with a growth rate under 10 percent. However, the sheer size of the Travis County base means that the net gain in numbers is still quite large. The Texas State Data Center projections for the year 2010 suggest that regional population growth will continue, with similar trends during the 2000-2004 period for all the counties, except for Llano County, which may be the only county to experience a slight population decline.

Table 2. Regional Population Change, 1990 – 2010

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Bastrop	38,263	57,733	50.88%	68,608	18.84%	76,195
Blanco	5,972	8,418	40.96%	9,101	8.11%	10,044
Burnet	22,677	34,147	50.58%	40,286	17.98%	42,694
Caldwell	26,392	32,194	21.98%	36,498	13.37%	40,312
Fayette	20,095	21,804	8.50%	22,513	3.25%	23,347
Hays	65,614	97,589	48.73%	119,359	22.31%	140,173
Lee	12,854	15,657	21.81%	16,536	5.61%	18,114
Llano	11,631	17,044	46.54%	18,143	6.45%	16,608
Travis	576,407	812,280	40.92%	869,868	7.09%	963,894
Williamson	139,551	249,967	79.12%	317,938	27.19%	344,892
Region	919,456	1,346,833	46%	1,518,850	13%	1,676,273

Source: U. S. Census Bureau; Texas State Data Center

In terms of racial and ethnic population change between 2000 Census and the 2004 estimate, the region experienced uneven gains in the main categories of Anglo, Black, Asian and people of Hispanic or Latino origin, as shown in Table 3.¹ In numeric terms, the Anglo population increased over 319,000, followed by Hispanic/Latino by about 80,000 and Asians and Blacks by 15,000 and 13,000, respectively. In terms of percentage growth, the Asian category had the largest increase (35%), followed by Anglo (32%) and the Hispanic/Latino origin (24%). The Black population also grew by 13 percent during these four years. In terms of each racial and ethnic category's share of the total population in the region, Anglo still constitute claimed an overwhelming majority, but people of the Hispanic/Latino origin were approaching about a third of the regional population. Asians gained one percentage point, while Blacks stayed at eight percent of the regional population.

Over the same four years, Travis County was the main destination for the Hispanic/Latino population, with a net gain of 43,000 people, or a 19 percent increase over the 2000 Census figure. This was followed by Williamson County with a net gain of 18,000, a 43 percent increase during the same period.

The Hispanic/Latino population in each county all gained substantial ground: over four out of ten people in Caldwell were Hispanic/Latino in 2004, as well as about a third of the population in Bastrop, Hays and Travis. The Hispanic/Latino share in the remaining counties ranged from seven percent in Llano County to 20 percent in Lee County. Although Llano's Hispanic/Latino population increased by the largest percentage, its share of the county's total population remained small.

¹ By Census definition, a person of Hispanic or Latino origin can be also of a race.

Table 3. County and Regional Population Change by Major Racial and Ethnic Groups, 2000 – 2004

County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	% of County Population	Percentage Change, 2000-2004
Bastrop					
Anglo	46,327	80%	60,759	89%	31%
Black	5,072	9%	6,007	9%	18%
Asian	268	0%	435	1%	62%
Hispanic/Latino	13,845	24%	18,635	27%	35%
Total	57,733		68,608		
Blanco					
Anglo	7,658	91%	8,851	97%	16%
Black	62	1%	93	1%	50%
Asian	16	0%	19	0%	19%
Hispanic/Latino	1,290	15%	1,557	17%	21%
Total	8,418		9,101		
Burnet					
Anglo	30,610	90%	38,780	96%	27%
Black	519	2%	677	2%	30%
Asian	95	0%	142	0%	50%
Hispanic/Latino	5,044	15%	6,342	16%	26%
Total	34,147		40,286		
Caldwell					
Anglo	22,577	70%	32,738	90%	45%
Black	2,735	8%	2,973	8%	9%
Asian	108	0%	206	1%	91%
Hispanic/Latino	13,018	40%	15,911	44%	22%
Total	32,194		36,498		
Fayette					
Anglo	18,442	85%	20,696	92%	12%
Black	1,528	7%	1,616	7%	6%
Asian	49	0%	57	0%	16%
Hispanic/Latino	2,786	13%	3,397	15%	22%
Total	21,804		22,513		
Hays					
Anglo	77,014	79%	110,902	93%	44%
Black	3,588	4%	4,908	4%	37%
Asian	722	1%	1,196	1%	66%
Hispanic/Latino	28,859	30%	37,297	31%	29%
Total	97,589	18%	119,359		

County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	% of County Population	Percentage Change, 2000-2004
Lee					
Anglo	11,992	77%	14,444	87%	20%
Black	1,892	12%	1,893	11%	0%
Asian	38	0%	42	0%	11%
Hispanic/Latino	2,848	18%	3,317	20%	16%
Total	15,657		16,536		
Llano					
Anglo	16,408	96%	17,777	98%	8%
Black	51	0%	87	0%	71%
Asian	64	0%	74	0%	16%
Hispanic/Latino	875	5%	1,310	7%	50%
Total	17,044		18,143		
Travis					
Anglo	554,058	68%	725,515	83%	31%
Black	75,247	9%	78,733	9%	5%
Asian	36,286	4%	46,005	5%	27%
Hispanic/Latino	229,048	28%	272,065	31%	19%
Total	812,280		869,868		
Williamson					
Anglo	205,994	82%	280,069	88%	36%
Black	12,790	5%	19,616	6%	53%
Asian	6,595	3%	11,508	4%	74.5%
Hispanic/Latino	42,990	17%	61,348	19%	43%
Total	249,967		317,938		
Region					
Anglo	991,080	74%	1,310,531	86%	32%
Black	103,484	8%	116,603	8%	13%
Asian	44,241	3%	59,684	4%	35%
Hispanic/Latino	340,603	25%	421,179	28%	24%
Total	1,346,833		1,518,850		

Source: U.S. Bureau of Census

The Economy and Community Wellbeing

The rapid population growth since 1990 accompanied remarkable economic growth in the region as well. Annual growth during the 1990-2000 decade was about six percent, well above the national and the state average. Growth was particularly strong along the Austin/Round Rock corridor. As a result, the region's workforce tended to commute a great deal between their county of residence and their county of work, with their main destinations in Travis, Williamson, and to some extent Hays. Over forty to 54 percent of employed residents in Bastrop, Caldwell, Hays and Williamson counties traveled to work in Travis County, while an additional 17 percent of employed Caldwell residents also went to Hays County for work. There has also been significant increase in the number of people traveling from their Travis County residence to work in Williamson County.

The downturn in the technology sector precipitated a period of economic decline in the early 2000s, causing a loss of 18,000 jobs. Since then, the Austin/Round Rock area has regained much of its economic strength, diversifying in other industries to offset the losses in the technology sector.

Employment and Income

Employment growth has been relatively even among the ten counties. However, income distribution among those employed tells a story of disparity. As shown in Table 4, while wage rates are quite similar at 50th percentile or lower across all the areas, wages at 75th percentile show a difference of \$6,506 between Travis County (which is the Capital Area LWDA) and the rest of the nine counties that form the Rural Capital Area LWDA. The difference between Travis County and the Austin/Round Rock MSA is smaller, by \$4,691, which shows the net effect of the low-wage counties such as Caldwell and the concentration of the high-earning category of "professional, scientific and technical support" in the Travis County.

Table 4. Wage Distribution, Industries and Employment

	Cash Wage	Industry of the Largest Number of Employees	Number of Employees	Share of Area Total Employees
Austin/Round Rock MSA (Bastrop, Caldwell, Hays, Travis, Williamson)			686,150	
Entry level wage	\$17,027	Accommodation & food services;	61,210	9%
Hourly rate	\$8.19			
25th percentile	\$20,020	Arts and entertainment; agriculture	8,120	1%
Hourly rate	\$9.63			
50th percentile	\$30,000	Retail trade; health care & social assistance; administrative support & waste management & remediation services	265,130	39%
Hourly rate	\$14.42			
75th percentile+	\$47,101	Educational services; public administration; manufacturing	359,730	52%
Hourly rate	\$22.64			
Capital Area LWDB (Travis)			499,630	
Entry level wage	17,214	Accommodations & food services	46,460	9%
Hourly rate	8.28			
25th percentile	20,233	Arts, entertainment & recreation	7,710	2%
Hourly rate	9.73			
50th percentile	30,220	Retail trade; Health care & social support; admin supp	194,280	39%
Hourly rate	14.53			
75th percentile+	\$48,916	Educational services; manufacturing; professional, scientific & technical support	233,330	47%
Hourly rate	\$23.52			
Rural Capital LWDA (Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Williamson)			220,180	
Entry level wage	\$16,200	Accommodations & food services; arts, entertainment & recreation	19,330	9%
Hourly rate	\$7.79			
25th percentile	\$18,838	Retail trade; construction; manufacturing	99,180	45%
Hourly rate	\$9.06			
50th percentile	\$28,172	Public administration; educational services; wholesale trade	117,240	53%
74th percentile+	\$42,410			
Hourly rate	\$20.39			

Source: *Texas Industry Profiles*, Texas Workforce Commission. <http://www.texasindustryprofiles.com/apps/win/>

Note: Data was collected between November 2003 and June 2006.

Across the region, per capita personal income paints a clear picture of economic disparity at the county level. For a local area, per capita personal income is a more accurate measure of economic wellbeing than simple wage-based or other income measures. Per

capita personal income is the sum of net earnings (wages), non-wage earnings (such as dividends, interest, and rent) and transferred payments (such as pension and public assistance).

Table 5 provides a comparison of per capita personal income (PCPI) between 2000 and 2004 across the ten counties, and shows how each fared compared to others in the region and others in the state. A number of patterns are clear.

1. Compared to all 254 Texas counties, all of the Capital Area counties ranked lower in 2004 than in 2000 in PCPI, except for Fayette County. Travis County lost one place in the rankings, whereas Bastrop, Hays and Caldwell lost 76, 58 and 36 places respectively. Fayette County gained four places, but its PCPI became a smaller portion of the Texas average. This seems to show that the Capital Area region was especially susceptible to the technology bust and the economic recession of the early 2000s.
2. All but one county lagged behind the Texas average PCPI in both years. Travis County was the only county to surpass the Texas average in both years, while Williamson County PCPI fell from 111 percent in 2000 to 94 percent of the state's average in 2004. Its ranking also slipped from 14th to 52nd among all Texas counties. Recession hurts!
3. In both years, Travis and Williamson had the highest PCPIs and the highest share of net earnings as an income source, indicating high wages in these two counties. All the other counties fell behind Travis and Williamson counties in PCPI, ranging from 56 to 64 percent of the Travis County PCPI. However, Blanco and Fayette seem to have gained some ground in 2004 compared to 2000.
4. Some counties adjacent to Travis and Williamson fared the poorest. Compared to Travis, Bastrop and Hays counties had similar shares of income from wages, but their PCPIs stayed around only two-thirds of the Travis PCPI, accompanied by rapid slippage in ranking among all Texas counties, indicating that a large proportion of the Bastrop and Hays workforce were low-income. Caldwell's PCPI was only about sixty percent of Travis County's and seventy percent of the state's average, making Caldwell the poorest county in the region. Caldwell also had the highest proportion of employed people getting their income from "transfers," which may mean public assistance.

**Table 5. Per Capita Personal Income,
2000 and 2004 Counties of the Capital Area Region**

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Bastrop	2000	\$ 22,422	75%	14%	12%	98th	79%
	2004	\$ 22,791	75%	11%	15%	174th	74%
Blanco	2000	\$ 25,299	62%	21%	17%	46th	89%
	2004	\$ 29,012	62%	20%	18%	48th	94%
Burnet	2000	\$ 24,336	54%	30%	16%	59th	86%
	2004	\$ 27,854	56%	27%	17%	64th	91%
Caldwell	2000	\$ 19,778	66%	15%	18%	168th	70%
	2004	\$ 21,221	69%	11%	20%	204th	69%
Fayette	2000	\$ 25,697	54%	26%	19%	41st	91%
	2004	\$ 29,794	55%	25%	20%	37th	97%
Hays	2000	\$ 23,467	74%	17%	10%	74th	83%
	2004	\$ 24,259	75%	13%	12%	132nd	79%
Lee	2000	\$ 22,227	66%	19%	15%	104th	79%
	2004	\$ 24,726	67%	16%	17%	119th	80%
Llano	2000	\$ 23,146	50%	27%	23%	78th	82%
	2004	\$ 25,449	50%	25%	25%	109th	83%
Travis	2000	\$ 35,213	78%	16%	6%	8th	124%
	2004	\$ 36,234	78%	15%	8%	9th	118%
Williamson	2000	\$ 31,449	83%	11%	6%	14th	111%
	2004	\$ 28,744	82%	10%	8%	52nd	94%

Source: U. S. Bureau of Economic Analysis.

Note: Per capital Personal income includes net earnings, dividends, rent, interest and personal current transfer receipts.

The “Ring” Effect

The uneven growth has created a “ring” effect with significant ripples throughout the region. Communities on the first ring beyond Travis – Bastrop and Hays in particular, as well as Burnet and parts of Williamson – send over fifty percent of their employed residents to work in Austin/Round Rock area. There are also some smaller “rings” within a county (Williamson) and between Hays and Caldwell. This work/residential pattern creates bedroom communities that have lower economic base, lower-paying jobs, few sources for tax revenue, but increased needs for health and human services.

The second ring — Blanco, Caldwell, Lee, Fayette, and Llano, rural and east parts of Williamson – has experienced increased costs of living and population, while the rural service infrastructure has remained largely unchanged or is even diminishing.

A Shared Vision

In the backdrop of these important demographic and economic changes, researchers from the Ray Marshall Center asked stakeholders to describe their visions for a better community, the most pressing issues in the way of achieving these visions and their root causes. Further, stakeholders were asked to suggest possible solutions to address these pressing issues and root causes. The overall patterns emerging from these discussions are discussed in this section.

In most focus groups and conversations with community leaders, stakeholders did not readily provide a statement about their vision for a better community. Most started with a list of things that they wanted improved, described the pressing issues (e.g. more affordable housing, better education), and discussed root causes (e.g. low wages, lack of information, inadequate public transportation). There is a general feeling among stakeholders in the region that the focus group process forced them to think about a vision, and during the process, most of them contributed important aspects of a more coherent vision for their communities.

Across all the ten counties and the whole spectrum of stakeholders, there were repeated concerns about the prospects of those who are struggling with limited means and resources. Many are being left further behind and are falling through the cracks of the existing health and human services systems. The prospects of the poor and the working poor, who make too much to qualify for most forms of public assistance but too little to sustain themselves and their families, were the focus of most discussions. Stakeholders generally felt that the growth in income and wealth in the region has not benefited a substantial portion of the population who face price increases in health care, childcare, housing and other categories of daily necessities. What is more, their situations get considerably worse as they deal with stiff restrictions and requirements for public assistance and cuts by federal and state governments in health and human services programs. Further, their needs are factored into

the mix and competition for increasingly scarce resources with low-income immigrants and victims of natural disasters (e.g. Katrina Evacuees).

In a simple expression, the region's vision for a better community can be *to be a community where people are self-sufficient and have equal opportunities for good health and for quality of life.*

Patterns in Issues, Root Causes and Recommendations for Action

Overall, the patterns in terms of pressing issues and root causes are clear across the ten counties that make up the Capital Area region. Issues of job opportunities, health care, housing, transportation and other “typical” health and human services were heard in nearly every county and in every focus group and conversation. Several issues and root causes were unique to localities, ethnic and language backgrounds.

However, one of the most important findings was the consensus among stakeholders that all issues are intertwined and interrelated, that picking priorities does not make sense and that many issues are also root causes. For example, bad housing, mental health, drug and substance abuse, teenage pregnancy and lack of job skills are all intertwined issues, one compounding another.

In summary, three overarching forces are driving many issues, and nine key issues are identified for the region as a whole or for multiple counties. In most cases, recommendations were also proposed.

Driving Factors

Three overarching forces emerged as the driving factors behind the pressing issues and root causes and appeared to have significant impact on life outcomes and community wellbeing. These factors go beyond the realm of typical health and human services, and tend to cross county boundaries as well.

The first driving factor is that rapid growth in population and high-skill, high-paying jobs has created a core of economic strength along the Austin-Round Rock corridor, with decreasing demand for those with fewer skills and low earning capacity. This pattern sends a ripple effect, raising the cost of living for communities all around.

Secondly, the increasing devolution of social service responsibilities from the federal and state government to counties, cities and communities is driving up the demand for local resources and volunteerism.

The third driving factor stems from drastic cuts in funding for social service programs, which has made it much harder for the people in need to get assistance, to achieve self-sufficiency or to attain a decent quality of life. Funding cuts have also created severe competition among social service providers, making them more protective of their issues and turf.

Cross-county Issues and Recommendations

From the stakeholder input, researchers identified the following nine issues and root causes that have implications for the region as a whole or, at the very least, for multiple counties. As such, many of the solutions that stakeholders suggested require concerted regional efforts and collaborations outside the “artificial boundaries” of issues or geographic, institutional and political divisions. Any consideration of issues and solutions should take into account community resources, strengths, on-going initiatives and best practice models in the counties.

Issue 1: Regional growth is increasing the equity gap. Declining demand for people with few skills, stagnant wages and lack of health insurance make it a constant challenge to keep up with the cost of living. Local governments and communities are challenged with fewer resources and exploding demands for services.

Recommendation: A regional collaborative effort is needed to have a common vision and strategy for balanced growth and development. Be less Austin-centric. “Bedroom” communities need to attract businesses and jobs to enhance their tax base. Jobs that offer living wages and benefit, especially health insurance, should be part of the bargain in business recruitment in the region.

Researchers’ Note: The City of Austin Mayor’s Equity Commission in 2001 produced its *Improving the Odds* report on major issues regarding social equity in the Austin/Travis County area. Stakeholders repeatedly said that most of the issues

and recommendations are still pertinent today. CAPCOG, whose membership is drawn from communities of the Capital Area region, developed a “Comprehensive Economic Development Strategy: 2005-10” under the auspices of the Capital Area Economic Development District. This document outlines data analysis on key issue areas and a strategic plan to achieve “region-wide prosperity and economic equity through diversified business development, balanced growth and improved mobility.”

Issue 2: Public and private funding strategies for health and human services are simplistically tied to the number of people served without factoring in location, geographic size or underlying community needs. This undermines service organizations’ sustainability, and has negative impacts on the people they try to serve. While most service providers are in a “survival mode,” this problem is particularly evident in rural counties (Caldwell, Lee, Fayette, Blanco, Llano and Hays) where the population is spread over large geographic areas.

Researchers’ Note: No specific recommendations were made by stakeholders on this issue. However, this issue was discussed at length in a Travis County focus group as more of a root cause. They said that a funding strategy tied to short-term outcomes harbors issue silos and hinders holistic approach to problem-solving.

Issue 3: The state’s cutback on health and human services, especially the outsourced integrated eligibility call system, is a detriment to low-income individuals and families. This issue came up in every county.

Recommendation: Local one-stop shops are needed for eligibility determination and service provision to reduce bureaucratic red tapes and provide timely services. This is particularly a need in rural and suburban areas where service accessibility is more of a problem.

Researchers' Note: There were a few “one-stop shops” mentioned by stakeholders as good models, including Good Samaritan Center in Fredericksburg, El Buen Samaritano in Austin, and the Family Services Center in Marble Falls.

Issue 4: Mental health services have been cut and the criminal justice system has taken over as the alternative. As a result, this has the adverse effect of putting the mentally ill through revolving doors between jails and streets. This issues runs across many counties.

Recommendation: A regional task force should be convened to examine the root causes and the solutions carefully, and in conjunction with issues on drug and substance abuse.

Researchers' note: A number of initiatives are in practice in Travis and Williamson counties to address various aspects of the mental health issue including providing for prescriptions, counseling, and reentry services. There may be others. Should this be a regional priority for action, regional stakeholders should share information about best practices and community resources.

Issue 5: Lack of health insurance, inadequate services to the indigent and lack of service providers and health care infrastructure were identified as the most acute problems in health care. Health and health care were a pressing issue in all focus groups in all the counties. Dental care needs were often mentioned.

Recommendation: A coherent regional strategy is needed for health and wellbeing, to encourage physical movement, nutrition and preventive care and job creation with built-in health insurance.

Issue 6: Lack of information about what services are available and who may be eligible for them is a barrier to access services.

Recommendation: An information clearinghouse or a central location for information is needed locally, to allow service providers and potential clients to access accurate and current information about services in their communities.

Researchers' note: The Texas 211 information and referral system collects and updates information on an ongoing basis. There needs to be better understanding about how service information can be updated, accessed and utilized from a local community.

Issue 7: A regional public transportation system is needed to allow people to access services and be independent. Seniors and the indigent population are particularly stranded in the dichotomy of being most in need for services and inability to access them. Local good will and volunteerism is being taxed to the extreme. This issue runs across all the ten counties.

Recommendation: Partnerships and collaboration among the existing transportation providers needs to happen to provide a seamless linkage in routes and schedules.

Researchers' note: CAPCOG is addressing this issue in the region through its Capital Area Regional Transit Coordination. Local communities should make sure that their voices are heard in this process and that their unique needs are being addressed.

Issue 8: Affordable housing, both rental and owned, is seriously lacking, especially for seniors on fixed income, and for people in transition from less agreeable conditions to self-sufficiency. These people in transition include young adults just aging out of foster care, women in transition from shelters or young people starting a career. The definition of “affordability” needs to be meaningful to the low-income, disadvantaged population. This issue is a top concern in all counties.

Researchers' note: No specific recommendations were suggested by stakeholders other than “make more affordable housing available.” However, affordable housing should be part of a regional strategy for sustainable growth.

Issue 9: Senior isolation and needs for services, lack of supervision and constructive activities for young people were constant themes and were regarded as wearing

away community fabric. Many young people are engaged in drug, especially methamphetamine, activities with demand from Travis County and manufacturing bases set up in surrounding counties. These young people are from both poor, low-income families and from affluent backgrounds.

Recommendation: Create community centers and public spaces where people of all ages can gather; have organized activities for both seniors and youth; find ways to foster community involvement and civic responsibilities among young adults. Many stakeholders shared the belief that “creating something else for the kids” would alleviate the drug and isolation problems for young people. In the meantime, a regional effort is needed to disrupt the supply and demand chain in drugs between rural and urban areas.

A number of stakeholders suggested that it is important for a community to have a sense of ownership about these issue and solutions. Further, they said that community leaders, funders, service providers, the private sector and non-profit organizations need to come together to develop a common agenda based on a shared vision. Given that many issues are related in the community but in competing need for attention individually, they argue for taking on an issue that can attract critical mass and mobilize the community around it.

A Note on Divergence

There is an important difference between the ways in which some Travis County stakeholders articulated their perspectives and those in other counties. Travis County stakeholders did not talk much about “regional” issues, root causes and solutions. The notion of “region” seldom came up in the discussions. Their discussions appeared to suggest that the county and the issues were fairly self-contained. In contrast, stakeholders in many different counties talked about cross-county and regional issues, root causes and solutions frequently. The theme about the ripple effects of growth in Travis County ran through many conversations in these counties. The need for a regional effort is often articulated or

suggested as necessary, for economic planning and for addressing the many intertwined issues related to health and human services.

Travis County community leaders and service providers focused a great deal on systemic issues in focus groups, instead of repeating the many issues that have been identified in numerous community assessment projects. Their insights about political and institutional barriers that hinder community progress should be revealing and useful to the development of the Community Agenda.

Final Observations from Researchers

The Community Agenda Project started a positive step to encourage dialogs among the ten-county community to look at issues, root causes and solutions holistically. The stakeholder input process was especially energizing to the communities in the outlying counties, where many participants only looked at the interrelated issues of their communities *together* for the first time. In some counties, participants appreciated the process so much that they wanted to do a focus group “once a month.” Others started scheduling a planning meeting among themselves at the end of the focus group discussions. Participants showed a high degree of consensus about pressing issues, root causes and even ideas for action.

Travis County community leaders and service providers focused a great deal on systemic issues in focus groups, instead of repeating the many issues that have been identified in numerous community assessment projects. Their insights about political and institutional barriers that hinder community progress should be revealing and useful to the development of the Community Agenda.

In conclusion, the research team wishes to emphasize three critical points for consideration for the next steps.

4. A regional community agenda with a focus on priorities would require community stakeholders to coalesce, to share responsibilities, and to have a sense of joint ownership. Meaningful engagement of stakeholders from all the counties is critical to foster a regional partnership.
5. The findings outlined in this report may be important baseline information, but much exists in the counties to be explored. It would be necessary to further

understand community resources and strengths, establish goals and outcome measures, and build on initiatives already underway.

6. Break issue silos; reach across artificial boundaries of geographic, institutional and political divisions for solutions that have long-lasting community impact.

Bastrop County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Bastrop	38,263	57,733	50.88%	68,608	18.84%	76,195

Source: U. S. Bureau of Census; Texas State Data Center

Major Racial and Ethnic Groups, 2000 – 2004

Bastrop County, Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
Anglo	46,327	80%	60,759	89%	31%
Black	5,072	9%	6,007	9%	18%
Asian	268	0%	435	1%	62%
Hispanic/ Latino	13,845	24%	18,635	27%	35%

Source: U. S. Bureau of Census

Top Three Industrial Sectors in Employment

Industrial Sectors	Number of Employees
Retail Trade	1,765
Health care and social services	1,229
Accommodation and food services	1,084

Source: U.S. Bureau of the Census, 2002 Economic Census

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Bastrop	2000	\$ 22,422	75%	14%	12%	98th	79%
	2004	\$ 22,791	75%	11%	15%	174th	74%

Source: U. S. Bureau of Economic Analysis. *Local BEARFACTS*.

Median Household Income (2003): \$43,633

Researchers conducted four focus groups in Bastrop County: one with leaders of the county, cities and school district; one with social service providers and their agency board members; another with clients seeking employment services, and the fourth with members of a Hispanic community who were also clients of a social service organization. Twelve responses to the online survey were received from Bastrop.

A Shared Vision

Community leaders, service providers and clients all envisioned a community that is economically strong and vibrant, where individuals can work at meaningful jobs, earn good wages with benefits including health insurance, and where “residents can meet their basic needs.” They envisioned workforce training, preparing local residents for high wage jobs, and good education in schools provided to all children, with extra help for children who need it, and more resources for teens. They envisioned a community where housing is affordable and wages keep up with the cost of living.

Pressing Issues and Root Causes

Of all the pressing issues and root causes that stakeholders identified, growth and the economy were overarching. They were perceived to be drivers behind many of the typical health and human services issues.

Growth, Transition and Stagnant Resources

All stakeholders described how the rapid population increase created unique challenges to providing services in this geographically large “rural” county. Community leaders cited that growth had a direct impact on EMS response time from one end of the county to another, taking as much as 20 minutes. They also noted the burden of growth on the school transportation system. The Bastrop Independent School District, for example, transports 4,000 school children everyday with the average trip taking 1.5 hours one way. Meanwhile, the shrinking state mileage reimbursement for school transportation compounds this problem.

All stakeholders felt that as the needs for more and better services increased in Bastrop, resources allocated to provide such services have been stagnant. Several reasons contributed to resource stagnation.

1. In the Bastrop County budget, roads take priority over health and human services, which always come last “with what money is left.”
2. State policymakers have no understanding about what is happening at the grass roots and who is being affected by funding cuts to health and human services, specifically through closing community services centers and replacing them with 211 call line. As Bastrop population is growing rapidly, Service Providers said that state funding cuts are more damaging for a rural county like Bastrop, because, unlike Austin, there are no corporate sponsors in the community. The state also gives local governments unfunded mandates. Now counties and cities must take on even more responsibilities as state funding is being slashed.
3. The different mentalities between some in retirement and traditional Bastrop residents and the new and the young moving in from Travis: the retired and the traditional residents do not want to pay more taxes whereas the young and newly arrived have higher expectations and want the same or improved standard of living with better education, roads, services, etc.

“Everything is so limited! For example, Lincoln Clinic (a sliding scale-to-free medical clinic) is only available from Monday-Thursday for just 10 people a day.”
— Client

Clients lamented that there was not enough investment in local residents because service had been given to individuals who recently arrived from Latin America or Louisiana. This did not seem fair to those who had paid taxes into the system but could not access similar benefit of services.

One important cause for stagnant public resources for health and human services is the pattern of growth itself. Being adjacent to Austin/Travis County, “people who can’t afford to live in Austin move to Bastrop County.” Yet, about 80 percent of people living in Bastrop and Elgin work in Austin, according to Community Leaders. “If people live here and work there, Bastrop and Elgin still need to provide health and human services, but tax dollars are spent in Austin.” They said that regional planning has been “very Austin centric,” citing “United Way statistics and other numbers are very Travis County driven” even though Bastrop is considered a bedroom community.

Economy, Employment and Income

Stakeholders were unified in expressing the urgent need for jobs with living wages and with benefits in Bastrop. Community leaders pointed out that most jobs in Bastrop are service jobs, and that an average employer cannot afford to pay for an employee’s health insurance. And yet, as more people move into Bastrop, they bring expectations for a higher standard of living and for better services. Greater awareness of health issues also created demands for better health care options. For the average employer, this meant high cost of benefits that the business could not sustain; for the average working people, it meant they were just going without health insurance.

“The current and expected population increase for Bastrop does not match growth of wages, jobs.”
– Service provider

Except for the Hispanic focus group, almost every group made references to the new Grand Hyatt as a blessing to the county, with some guard optimism. Service providers

“There are few jobs that pay a living wage in our community.”
– Service provider

indicated that a client with \$14.75 an hour job at the new Grand Hyatt in Bastrop may not have enough to help her with the transition from unemployment during the first months, depending on her situation

at the beginning of employment. Clients needed more assistance with finding jobs. They said that the new Hyatt took advantage of the local oversupply of low-skilled labor and was primarily hiring young people to keep the wages low². At \$6.25 an hour, it was not enough to cover local housing or to support individuals and families. Seniors who had retired on very low, fixed incomes were also struggling to make ends meet, according to Service Providers.

The state minimum wage is \$5.15 an hour. At \$14.75 hourly rate, a full-time worker makes \$30,680 a year. A \$6.25 hourly rate leads to gross income of \$13,000 a year.

² All of the clients at the focus group appeared to be between ages 30 to 45.

Basic Needs

Stakeholders believed that basic needs, including food, clothing, emergency shelter, and utility assistance, were growing. They particularly noted the need for an emergency shelter, not only for battered women but for others as well. Service Providers cited the fiasco resulted from the closing of state health and human services centers: Outsourcing the Food Stamps program to call centers had led to a three-month wait because of the system’s problems³. This had driven many people to local food banks in order to meet their immediate needs, according to Service Providers, whilst Clients expressed strong disapproval and disappointment that “the Food Stamps office lost paperwork twice.” Seniors who had retired from minimum wage jobs have very modest fixed incomes and have a hard time taking care of basic needs.

Affordable Housing

Stakeholders described a serious problem with housing affordability, noting that home affordability was directly tied to jobs and wages and affects working people, teachers, the elderly and low-income individuals. Clients cited the minimum wage of \$5.15 an hour as a long shot from affordable housing. Service Providers said that the waiting period for Section 8 housing in Bastrop was currently about four years.

<u>Year 2000</u> Median housing price: \$93,400 Median rental price: \$549
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Transportation

Clients felt urgent needs for better public transportation due to the limited schedules of CARTS, fee increases due to the recent hikes in gas prices, and the requirement for

Over 50% of the Bastrop population travel between Bastrop and Travis. – Central Texas Sustainability Project, 2004

advanced booking by at least a week.
There is no efficient tie-in with Austin,
One cannot rely on CART for getting

³ The state outsourced most of the health and human services programs to Accenture, a private company that handles integrated eligibility determinations.

to work in Austin. High gasoline costs make reliance on private vehicles less feasible and the need for public transportation even more acute. Stoney Point residents cited transportation as a major barrier to access health clinics that are located “far away.”

Childcare

Shortage in childcare providers and the fact that many do not open early enough or stay open late enough for those who travel to work in Austin were cited as barriers to work. Service Providers also wanted better quality childcare services, where “kids can learn and be productive.”

Youth/Young Adults

Service Providers, Bastrop clients and Stoney Point residents emphasized the need for organized activities for children and young people after school and during summers, particularly for teenagers.

Services to non-English speakers

Service Providers felt strongly about the need for bi-lingual services in order to improve access and the services to the Spanish-speaking population. A translator was necessary to talk to victims. More resources for Spanish-only clients in schools would help non-English speaking individuals and families better navigate the school system or access resources, said Service Providers and Clients felt that . Stoney Point community members felt that they could be more involved in community issues if they knew English, in terms of getting information and communicating with county leaders. Language barrier and lack of unity in that community meant that “people don’t have their voices heard.” They also look to El Buen Samaritano in Austin as a good service delivery model, which offers several services on site including ESL classes and health clinics.

Health and Health Care

Stakeholders felt that health care was not accessible and attributed this problem to low insurance rates, program cuts and a shortage of providers. One participant described having to travel to Austin

“There is an increasing gap between the Haves and the Have-Nots regarding adequate health care. Those who do not have money are just going without.”
– Community Leader

In 2000, health insurance did not cover 23% of all persons under age 65 in Bastrop.

– Texas Department of State Health Services

to get a TB shot. Hispanic stakeholders said that they needed more health clinics as their current options were “too far away” without transportation means, that paperwork was onerous, and that “more attention and

professionalism” was needed in health care providers. Community Leaders spoke positively about a future hospital district for Bastrop County.

Crime and Public Safety

Service Providers talked extensively about drug manufacturing, substance abuse and violence such as child abuse and abandonment as pressing issues. Service Providers believed that some people turn to the drug trade because of lack of adequate alternatives to earn money, lack of education for young people and easy access to Travis County for drug sales. They decried funding cuts for rehabilitation programs by the state several years ago, saying that Bastrop County needs social workers and mental health programs for drug addict rehabilitation. “Otherwise they all end up in jails.”

The Hispanic community also repeatedly raised public safety concerns, citing gang activities and loose dogs as most immediate threat to community safety.

Recommendations for Action

Each type of stakeholders had a long list of recommendations for action. Some were geared to needs around specific services or populations, and others were “big picture” recommendations directed at the root causes or requiring a more holistic approach. Key recommendations are as follows.

1. Develop an economic development, marketing and recruitment plan for Bastrop County to attract businesses. Be prepared to inform businesses about what the county has to offer, and where Bastrop is going as a community.

- Recruit larger corporations to locate or set up satellite offices in Bastrop, particularly companies that offer jobs with benefits.
- Counter the portion of the community that does not want Bastrop to grow further and let them see that growth is already happening and will continue.
- Engage all levels of government and the media to help with business recruitment.

- Work to entice corporations to contribute to the community if they have an economic base here. (For example: Dell has many employees living in Bastrop and can dedicate a portion of its donations to Bastrop.) Educate the public and resolve the Travis County work/live in Bastrop County split in charitable giving, by saying “I want my United Way campaign donations to go to my Bastrop community.”
- Work with the existing new media (Fox, Time Warner, etc...) to educate about community issues and to obtain corporate donations in advertising.
- Many suggestions to make the area more attractive, such as make the existing Farmers Market larger and more attractive; start volunteer committees to help clean up downtown; increase advertising for local events such as Christmas in Bastrop; increase local commercial (shopping) and entertainment options; remove park fees to encourage more use by young people and others who can least afford it; build large baseball and soccer fields.

2. Actively facilitate community input and involvement, and public education about issues.

- Educate the public about services that are available, those that are lacking, and problems in the community.
- Get specific recommendations from the community; get them involved in the process. For example, the City of Elgin has open forums, and Bastrop has “Government on the Road” — traveling Town Hall meetings.
- Those from unrepresented communities and neighborhoods should be at the decision-making table, too.
- Build leaders from grassroots communities, such as Stoney Point.
- Work with employers in a coordinated way on problems in the county.

3. Foster joint planning, partnerships and coordination between the public and the non-profit sectors in Bastrop. Improve and increase information sharing.

- Establish a coalition of agencies that come together in numbers to identify community problems and bring awareness to elected officials, providing advocacy and networking.
- House Bastrop County nonprofits in a one-stop center where individuals can be evaluated for all services for which they are eligible. Reduce duplications of services and cut administrative costs. For example, there are now three separate food pantries, but there could be just one with substations in various communities.
- Pool resources between the cities in Bastrop County, and continue to build the strong working relationships between cities and the county. This could include dispersing existing EMS vehicles across the county.

- Create a Bastrop County Council of Governments and expand joint planning between various agencies and officials, to pull resources together, drive agendas, and have the right players at the table.
- Plan sensibly with a cooperative sense of regionalism that is not all about Austin/Travis County. Build stronger relationships between government, schools, and nonprofits. Regional planning must be less Austin-centric.

4. Forge new initiatives and high-level partnerships to address community needs, including:

- Market and disseminate information about services to help people.
- Seek a collaborative grant with/for CARTS. Provide tie-in transportation service for people who live in Bastrop and commute to work in Austin. Issue transportation vouchers for bus services.
- Establish a network or “bank” of Spanish-speaking counselors to assist current services, to reach the Spanish-speaking population, to help them navigate the school system or community resources.
- Create programs to attract and keep young people here over the long term, to counter the aging population.
- Expand the senior citizen center for Bastrop’s elderly.
- More activities for young people outside of school hours.
- Establish an emergency shelter like the Salvation Army for people who need shelters, not just for battered women.

Research Observations

Bastrop has been changing rapidly from a traditionally rural community due to its proximity to Travis County, one of the fastest growing metropolitan areas in the country. While the needs for services have also increased correspondingly, Bastrop has largely remained a rural county in terms of service infrastructures, mainly due to a weak economic base, stagnant public resources, and increasingly devolved responsibilities from the federal and the state government. The Capital Area Council of Governments has also identified the gap between available resources and growing needs.⁴

⁴ For a summary of issues identified by previous community assessment efforts, refer to *A Profile of the Capital Area Community: A data analysis report for the United Way Capital Area* (March 2006), at <http://www.utexas.edu/research/cshr/pubs/pubs.php?section=other>

Most stakeholders in focus groups seemed to want to prepare for, rather than resist, the impact of growth in Travis, while also desired to have a community development strategy to address the increasing disparity. The mentality of resisting growth was mentioned by several participants but did not seem to be actively represented in the focus groups.

Stakeholders showed a high degree of consensus about pressing issues and root causes, and some of the solutions. Their recommendations suggest an urgent need and desire for stakeholders within Bastrop to coalesce, with more community. Community Leaders and Service Providers emphasized the need for effective coalitions and collaborations to be instituted within the county for better resource allocation and service delivery, but also said that the many pressing issues presented here begged for a regional approach for solutions.

Different perspectives also emerged from the discussions. Clients and the Hispanic community felt that their voices were not heard by policy makers, while Community Leaders felt that the public did not want to pay for health and human services. It is also worth noting the contrasting perceptions between the Hispanic community of Stoney Point and the Community Leaders. While Stoney Point community members revealed their frustration about the lack of interest and “superficial” attention from the county government, participants of the community leader focus group cited Stoney Point as a fine example of good communication, education and service provision. While acknowledging that “people didn’t trust government,” Community Leaders praised the coordination among government, schools and the non-profit sector in community building, as a successful alternative to the traditional fee, fine and jail time penalty approaches.

The following table provides a synopsis of the breadth and the identifiers of issues, root causes and solutions heard by the researchers. Readers may find it of interest if certain themes run through all the stakeholders. However, readers should not conclude that issues not raised by certain stakeholders were not important to them, since the scope of the research was not designed to be comprehensive about issues, root causes and solutions within the prescribed timeframe.

Table 6. Summary of Data from Stakeholders in Bastrop County

Topic	Service Providers	Clients	Community Leaders
Issues and Root Causes:			
Public transportation: limited services, high gas prices	x	x	
Affordable housing	x	x	x
Mental health counseling and rehabilitation due to MHMR program cuts, no drug/alcohol resources, lack of education to kids and poor employment alternatives	x	x	
Language barriers for immigrants; services hard to access for non-English speakers	x	x	
Health care: hard to access due to lack of insurance, providers, facilities and overall affordability	x	x	x
Reduced nonprofit and government funding and programs, state services being outsourced to call centers and exasperate the needs for basic sustenance – food, shelters and clothing.	x	x	x
Public safety: Drugs; gangs; violence; child abuse; loose animals	x	x	
Trash and sanitation		x	
Economy; lack jobs with benefits and good wages; Growth and changing needs – services, jobs, wages – do not keep up; economic development/ employment options not enough for people to be self-sufficient	x	x	x
Childcare quality and availability(not open late enough parents who work in Austin)		x	
Hard to get information about services and programs		x	
Lack of positive activities/resources for youth and teens	x	x	
The voices of the less fortunate are not heard	x	x	x
Too much red tapes for clients to access services	x		
Adequate education for all children, esp. for those who have special needs			x
Lack of unity within the community/resistance to change doesn't keep growth from happening		x	x
Lack of individual responsibility		x	
Lack of corporate sponsors for community issues	x		
Service providers competing for the same sources of funding	x		
Small businesses are the majority of employers and who can't afford health care and benefits			x
Roads are priorities and HHS are always at the end			x
A public with retirees vs. the new and young about taxes and services			x
State policymakers are disconnected from grass root realities; lack of understanding about the implications of state HHS outsourcing and funding cuts			x
Large geographic area and increasing population upon service capacity, e.g. EMS response time			x
The have-nots lost hope in the system; don't trust government			x
Greater awareness of health issues; higher expectations			x
Shrinking state mileage reimbursement rates for school bus services put drain on school budget			x
Lack of civic responsibility: a minority (10%) who vote and dictate how taxes will be spent			x

Topic	Service Providers	Clients	Community Leaders
Suggested Solutions:			
Pull resources among cities and continue the strong, working relations between cities and county government.			x
Spacing EMS vehicles from one end to the other in the county			x
Better regional planning and creative collaboration and coordination to address challenges	x		x
One-stop for services; consolidate some agencies to conserve resources; publicize information about services	x		x
More resources for youth/education to discourage bad choices, drugs.	x	x	
Hold public forums with both elected officials and general public; educate the citizenry	x	x	x
Build on strong relations to have between government, schools and non-profit.			x
Build leaders from low-income communities			x
Activities and opportunities for young people		x	
Economic development for vibrant economy: good jobs with benefits; attract corporations	x	x	x
Entice corporate giving and charitable donations to Bastrop	x		
Work to entice corporations that have economic base in Bastrop to do their fair share;	x		
Educate the public about available services and community needs; use public opinions for persuasion	x		
Pool resources and reduce costs by consolidating administrative functions but maintaining service stations, e.g. Food Pantry	x		x
Access to affordable health care	x		
More affordable housing, on a sliding scale		x	
Additional resources for Spanish-only speakers; provide translators	x		
Establish a coalition of agencies for identifying community problems, advocacy, networking and joint planning; create a county council of government for coordination and collaboration	x		
Keep HHS funding equal to the rate of growth	x		
Commissioners' Court and service agencies should work together on an agenda	x		
Collaborate with CART to have an efficient tie-in with Austin, and around rural areas of the county	x		

Stakeholder Input via Online Survey

The twelve Bastrop online survey respondents identified themselves as health and human service providers (6), business people (4), “concerned community members” (4), health and human service client (1) and community leaders (2). Again, stakeholders may define themselves as more than one type. The following table indicates the number of Bastrop County respondents that rated the major issue categories as major, minor, or not an area of concern in their community.

Table 7. Responses to Online Survey from Bastrop County

	Not an Issue	Minor Issue	Major Issue
Economy/ Employment	0	0	12
Transportation	0	2	10
Basic Needs	0	2	10
Education	0	3	9
Health/ Healthcare	0	2	10
Early Childhood	2	4	6
Youth	0	2	10
Elders/Seniors	1	4	7
Crime/ Public Safety	0	5	7
Information/ Coordination	1	4	7

Most of the Bastrop County respondents to the online survey identified transportation, basic needs, education, and health care were major issues, with mixed responses about whether early childhood and youth issues were major, minor, or not issues of concern in the community. Responses were quite mixed about the most pressing issues in the county, but were unified about economy and employment as a “major issue.”

“We need better incentives at the city and county government level (tax abatements, etc.) to attract better businesses to locate to our community. Our city council is quite inflexible and the city permitting process is very cumbersome and expensive. Our city managers need pressure/incentives/ training/examples from outside of the community in order to ‘see the bigger picture’ and loosen the restrictions so that more businesses would want to locate in Bastrop.”
 — Business person, via online survey

They attributed economic problems to poor local government and employers taking advantage of the “undersupply” of jobs to limit wages and benefits; health care woes to lack of funding and Federal government policies; and problems with youth to familial problems related to economic issues.

As with the focus group participants, survey responders identified priorities for action focused on economic development to address problems associated with low income levels and lack of health benefits. They recommended actively seeking new employers that “can offer living wage jobs,” being “business friendly,” and starting an economic development zone.

Respondents also recommended more shelters, increasing mental health funding and services, more recreational and enrichment opportunities for youth, aggressive enforcement to stem methamphetamine production and sales to reduce related crime, and transportation vouchers for CARTS and bus services between smaller cities and Bastrop, among a wide variety of related suggestions to address the issues identified.

Blanco County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Blanco	5,972	8,418	40.96%	9,101	8.11%	10,044

Major Racial and Ethnic Groups, 2000 – 2004

Blanco County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
Anglo	7,658	91%	8,851	97%	16%
Black	62	1%	93	1%	50%
Asian	16	0%	19	0%	19%
Hispanic/ Latino	1,290	15%	1,557	17%	21%

Top Three Industrial Sectors by Number of Employment

Top Three Industrial Sectors	Number of Employees
Retail trade	238
Health care and social services	160
Accommodation and food services	116

Source: U. S. Bureau of Census. Economic Census, 2002

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Blanco	2000	\$ 25,299	62%	21%	17%	46th	89%
	2004	\$ 29,012	62%	20%	18%	48th	94%

Source: U. S. Bureau of Economic Analysis, *Local Area BEARFACTS*

Median Household Income (2003): \$41,574

Two focus groups were conducted in Blanco County. One had representation from health and human service providers, county agencies, a mayor, volunteers and a school district. The other group consisted of health and human service clients who varied widely in age and physical conditions. No responses to the online survey were received.

A Shared Vision

Discussions with clients, service providers, and community leaders revealed a shared hope for better opportunities for young people, better care for the elderly, easier access to health and human services locally, better support for volunteerism in the community and more open interactions to improve communication and share information among Blanco residents.

Pressing Issues and Root Causes

Youth, Young Children and Mental Health

According to stakeholders, Blanco County needs “something for all ages of youth.” Young people lacked supervised, “wholesome activities” after school and during the summer time. Children were left at home unsupervised or wander on the street, without structured after-school activities, until parents return from work. School district participants said that parent education is necessary to address youth issues and yet “working parents don’t have time to raise kids. Teachers

“Blanco is an elderly community with no children’s resources.”
— Service provider

have to raise the kids.” Others said that Blanco needed jobs for kids in the summer. Parents participating in the client focus group felt that the only outlet to engage kids is school sports,

“You pay \$100 a week per sport. With three kids I can’t do it.”

— Client

“There are a lot of young families. Children 9-11 are on the loose in town because their parents work elsewhere.”

— Service provide

which are often cost prohibitive, whereas parents still need advanced notice in order to “save up some funds to put kids in activities.” All stakeholders agree that it is necessary to “turn their energy into something positive,” to teach them civic responsibility.

Service providers were adamant about the need for family counseling and intervention for many young people with mental health issues “carried over from the family.” They perceived that the conditions often went unrecognized or undiagnosed due to lack of resources and services. The combination of

“The police department is currently handling the mental health issues. For treatment you must go to San Marcos or Marble Falls for MHMR service.” — Service provider

mental health problems and lack of positive after-school activities contributed to teen pregnancy issues in the community. According to service providers, there were about 2,000 school children in Blanco and Johnson City, and as many as twenty percent of them have varying degrees of mental health issues. Mental health issues were cited as a root cause of and were caused by other problems affecting families and youth.

Focus group participants desired a youth center for their communities and suggested a variety of activities ranging from mentoring programs to adopt-a-grandparent efforts for the mutual benefit of youth and the community in general. They believe that connecting youth and seniors would serve the dual purpose of teaching civic responsibility and reducing senior loneliness. Service providers, Leaders and volunteers brainstormed several ideas for intergenerational connection in the community, from an aquatic center, community center to parks. “Need to start some place.” This issue agrees with the City of Blanco’s call to address quality of life issues by having recreational amenities for all ages and creating a city-wide network of parks and open space to increase health and community involvement.⁵

Stakeholders also expressed deep concerns about the lack of childcare providers in Blanco, citing that in Blanco City, there were no licensed childcare providers to care for the very young children. “There is one mothers’ day out facility, whereas Head Start and Early Head Start programs are gone,” said Service Providers.

Elderly Services and Dwindling Service Capacity

Stakeholders in Blanco County felt that a significant portion of the senior population in Blanco lived in poverty and isolation, and often in substandard housing conditions. They said that Meals on Wheels provided valued services, but it is too hard to find volunteers to

⁵ Cited in Tang, et al., March 2006. p. 23

deliver meals to home-bound seniors. In general, service delivery became increasingly dependent upon volunteers, and the needs for services exceeded the current capacity of

In 2000, every one out of ten people living in poverty in Blanco County was an elderly (age 65 or over).
– U. S. Census

volunteers and available funds to deliver them. Volunteer “burnout” and “aging” were the reasons cited, and several volunteers at the focus group were senior citizens themselves.

Other reasons were also believed to stand in the way to improve the conditions of needy seniors: that many seniors resisted help because they did not like strangers to visit; that

In 2000, 19% of Blanco residents under age 65 did not have health insurance, while over 11% of the county’s residents lived in poverty.
– U. S. Bureau of Census

seniors had too much pride to request help; and that they worried that a request for help might lead to confinement in a nursing home.

Stakeholders proposed steps to address the problem of senior isolation, including more direct outreach services, increased Meals on Wheels and OARS (a transportation assistance program comprised of volunteer drivers), more affordable housing, assistance with home repair and opportunities to interact with youth and “younger” members of the senior population. Stakeholders also wanted to see better communication about available services in the community.

Health Care Access and Quality

The lack of healthcare providers and facilities was a crisis in Blanco, according to most focus group participants. The complete dearth of medical specialists forces residents to travel to San Marcos, Marble Falls, Fredericksburg or San Antonio to obtain needed care. Currently there are only two general practitioners and two dentists in the area, which means monopolistic practice and arrogance. “Doctors here just want money.” Several cited personal experiences of paying several visits and not getting effective treatment, and said that the doctors “won’t treat you unless you pay the previous balances.” What is more, indigent care did not exist in Blanco, forcing clients to travel to the Good Samaritan clinic in Fredericksburg where “doctors care” and where services were “simple” with a fixed co-payment of \$15. Clients had trouble affording *both* transportation *and* medical treatment.

Clients hoped for caring professionals, with more flexible payment option. One recommendation to improve healthcare access for Blanco County residents was the creation

of a medical center. Enabling residents to receive care locally would alleviate many concerns shared by clients, service providers and community leaders alike.

Prevalence of Bureaucracy and Lack of Local Services

Blanco County’s lack of social service providers concerned all stakeholders. The closing of health and human service offices due to state outsourcing were singled out as the main source of added bureaucracy at the expense of effective services, which compounded the fact that “there are fewer options to everything for the low-income,” according to service providers. Clients cited numerous personal experiences that ended in failure to get services. Answering machines, long hold on the phone line, unclear and inconsistent requirements about paperwork and documentation were common features in the new service delivery system.

An alternative to waiting on the phone or for someone to return the calls is to travel to San Marcos, more than 30 miles away, the closest place where services of Food Stamps, TANF and Medicaid are now located. Clients

“It’s difficult and expensive to get to services.”
– Clients

said that they would go to San Marcos and wait for the whole day, while having to find ways to compensate for the travel to receive basic needs services.

Overall, professional competence seemed lacking and getting services was “too much process.” What is more, “they are always asking more support materials; they degrade you and make you feel like they don’t really want to help you.” Such difficulty in communication between

“Service delivery can be done in a more respectful and helpful manner.”
— Client
“Personal service is needed.”
— Client

a client and a state health and human services officer some distance away was demoralizing, leaving many clients to give up trying and continuing to struggle on their own. One woman in the client focus group said she earned less than \$400 a month to support herself and her brain-damaged son, and was told that she was not eligible for Food Stamp. All client participants felt something was

“When you really need help they’re a hard egg to crack. They ask you to call this number and that number, call 211 and then call another number.”
– Client

wrong but there seemed to be no way for her to navigate over the phone and the distance to get to a competent service professional with the right information. When the researcher

handed her the \$10 gift as appreciation for her participation in the focus group, she said, “Oh good, that means my son can get his therapy in San Marcos on Monday.” Another young mother said that she would use the money to buy diapers for her baby.

To improve service delivery, clients suggested having a local contact person, who would be on duty on some regular basis, to address needs, concerns, questions, and complaints, possibly through a well-publicized “one-stop shop” to alleviate many of the current problems in accessibility and personal attention.

Affordable Housing

Subsidized housing has almost ceased to exist in Blanco County, according to many stakeholders, with the exception of one apartment complex for the elderly. Service providers pointed out that “almost nothing to rent was affordable,” with one-bedroom apartments going for \$450 + a month. This forced people to live in substandard housing because they had no resources for repairs, or fear that they may lose their homes or face higher rent.

Service providers attributed several causes to the dearth of affordable housing: that “people” in Blanco were afraid of growth and development; resistance to low-income housing; that the definition of affordability often meant a \$150,000 property — too upscale by the standard to the low-income people; and

In 2000 Median Housing price: \$93,000 Median rental price: \$479 — U. S. Census

increasing utility expenses and higher property taxes made home ownership less affordable.

Recommendations for Action

Focus group participants made the following recommendations to address the pressing needs and improve the conditions of Blanco County residents.

- 1. Improve access and affordability of health care services locally by establishing a medical center to provide medical specialties locally.**
- 2. Make health and human services accessible locally and improve “customer service” by health and human service agencies to clients.**
 - Provide clearer information about the requirements necessary to obtain assistance

- Employ a local contact person on some regular basis to address needs, concerns, and questions regarding several public assistance programs, rather than relying exclusively on phone-in requests.

3. Increase communication through open forums about community needs and life

4. Reduce isolation and enhance services to seniors. Engage youth. Create a sense of a shared community.

- Increase services to the elderly by direct outreach, expanding the Meals on Wheels program, arranging daily call-in and visits to “check in on” the elderly by members of the community including young people and the police.
- Expand opportunities and supports for youth through after-school activities and a youth center. Consider creating a community center for both youth and the elderly to encourage interactions and foster a sense of mutual care and responsibilities.

5. Provide safe, truly affordable housing options for the low-income and the elderly.

6. “Bring in” more retail stores to increase competition, which would provide some more jobs and “keep prices reasonable.”

Research Observations

Researchers noted the striking agreement among stakeholders about pressing issues and root causes, and their shared frustration about the lack of resources, locally available social services and increased living expenses. In contrast to Service Providers, Clients discussed at length the hurdles to social services. Bureaucracy and the lack of competence on the part of the people staffing the state’s health and human services operations are serious barriers to changing the harsh conditions for many low-income people. Lack of public transportation means also causes a barrier in service accessibility. As noted by Service Providers and Leaders, the county’s dual reality of increasing cost of living and decreasing level of health and human services is not desirable.

The fear of and resistance to growth were mentioned as a local root cause to the lack of social and economic vibrancy. The intention to keep the status quo for Blanco was cited as a root cause for higher costs of living due to lack of business competition and consumer choice. The increase in immigrants and their families’ needs for services in the county adds another straining factor to the county’s resources for health and human services. A debate

took off about whose responsibility it should be to provide services to immigrants who “do not contribute to the cost of services they consume.”

The group of service providers, volunteers and community leaders seemed to enjoy sharing ideas and benefit from the focus group discussions, and generally felt that it was a positive way to talk about their communities. When asked to give suggestions about next steps to address the issues and root causes, several people proposed to “have a focus group once a month,” meaning their desire to continue the conversations about the needs of the county on a regular basis.

The following table provides a synopsis of the breadth and the identifiers of issues, root causes and solutions heard by the researchers. Readers may find it of interest if certain themes run through all the stakeholders. However, readers should not conclude that issues not raised by certain stakeholders were not important to them, since the scope of the research was not designed to be comprehensive about issues, root causes and solutions within the prescribed timeframe.

Table 8. Summary of Data from Stakeholders in Blanco County

Topic	Service Providers, Community Leaders, Volunteers	Clients
Issues and Root Causes:		
Lack of public transportation	x	x
Lack of affordable housing, resistance to low-income housing, resistance to growth, unrealistic definition of “affordability” for low-income people	x	x
Lack of quality Childcare and licensed centers, Head Start and early Head Start were “gone”	x	
Senior isolation; living in substandard conditions, seniors resisting help because of several practical concerns	x	x
Mental health issues among young people, teen pregnancy and prevention	x	
Affordable health care; lack of providers and specialists; lack of indigent care; lack of medical facility	x	x
Youth opportunities and after-school care; lack of involvement by working parents; lack of structured activities for youth.	x	x
Information on available services	x	x
Mental health issues among young people; lack of resources	x	
Social services are hard to reach after outsourcing of state HHS service centers; staff incompetence and indifference		x
Need for more volunteers for all organizations	x	
Immigrants and their families competing for limited resources and services	x	
Volunteer burnout and aging	x	
Need a city fire department	x	
Suggested Solutions:		
More mental health service, family counseling and intervention	x	
Provide opportunities and activities for youth	x	x
Support for volunteers, who contribute greatly but have needs, too	x	x
Improve social service quality by way of customer services, clearer information about service requirement, and having a local service staff person and more local assistance		x
Establish a medical clinic for comprehensive care	x	
Expand Meals on Wheels for people throughout the county	x	x
Pull together services and supports for the elderly. Pay home visits to home-bound seniors; direct outreach; connect youth and senior through Adopt-a-Grandma; more activities for nursing home residents	x	x
Have open forums to allow community participation.	x	
Provide affordable housing, with safe, gated communities.		x
Need a youth center, with a mentoring program.	x	
Economic development especially by bringing in more stores/businesses for increased competition, keeping prices reasonable, increased consumer choices and creating jobs.	x	

Burnet County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Burnet	22,677	34,147	50.58%	40,286	17.98%	42,694

Major Racial and Ethnic Groups, 2000 – 2004

Burnet County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
Anglo	30,610	90%	38,780	96%	27%
Black	519	2%	677	2%	30%
Asian	95	0%	142	0%	50%
Hispanic/ Latino	5,044	15%	6,342	16%	26%

Top Three Industrial Sectors by Number of Employment

Top Three Industrial Sectors	Number of Employees
Retail Trade	1,762
Health care and social services	1,157
Accommodation and food services	752

Source: U. S. Bureau of Census. Economic Census 2002

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Burnet	2000	\$ 24,336	54%	30%	16%	59th	86%
	2004	\$ 27,854	56%	27%	17%	64th	91%

Source: U. S. Bureau of Economic Analysis, *Local BEARFACTS*

Median Household Income (2003): \$37,921

Researchers conducted three focus groups in Burnet County. One consisted of with leaders of county government, county agencies, a large health care provider and a non-profit organization. Another group consisted of representatives of key health and human services providers. In addition, the third group was with health and human services clients.

In addition, four responses to the online survey were received, with one saying that he or she had already taken part in a focus group on this project.

A Shared Vision

Community leaders, clients, and service providers all envisioned “a self-sufficient community,” where individuals are healthy and can take care of themselves, where amenities exist to meet the needs of and to promote the wellbeing of its residents, and where community issues are addressed through effective partnerships among the public, the private and the non-profit sectors.

Pressing Issues and Root Causes

Many issues surfaced during focus group discussions, but the most pressing one for realizing the county’s self-sufficiency vision was the availability of meaningful, living-wage jobs with benefits and services that provide support for employment and eventual self-sufficiency. Community Leaders particularly articulated that most pressing issues are intertwined, that one cannot address an issue without the others.

Economic Development, Employment and Training, Work Support

Substantial concurrence existed among Community Leaders, Service Providers and Clients on this topic while they discussed different aspects of the same issue. With over sixty percent of the county’s workforce travels to work for higher pays in Travis County, tourism, or “hospitality,” ranked as the county’s #1 industry for employment, which provides mostly service jobs with low wages. Jobs with \$50,000 or more in annual income were mostly out of the county or home-based businesses that did not generate additional employment. There was an oversupply of wait-people whereas positions that required mechanical skills went unfilled. Low-paying jobs were perceived as the driving force for many of Burnet County’s

issues, including health care accessibility. The Capital Area Council of Governments also stated in 2005 that rising prices and stagnant or even declining income growth was most noticeable in Burnet and other counties where a large percentage of residents lived on fixed income, such as retirees and welfare recipients.⁶ Community Leaders wanted large employers to come to the community to revitalize the economy. One of the online survey respondents cited economic development with companies offering good jobs as the most pressing issue.

As the most pressing need, Community Leaders and Clients wanted Burnet to have a much larger job base with a “diversified training program.” Illiteracy, lack of job skills, well-paying jobs and transportation were all barriers to self-sufficiency, Clients said. Clients felt strongly that programs designed to help with educational preparedness and skills training did not accommodate to their needs, or simply did not exist. For example, GED classes were offered at times that conflicted with their work schedules – there were no evening GED classes; they had to sign-up for the GED test in Fredericksburg or Austin, and return to take the test at a later date. “They won’t let you do it at once.” It took both time and gas for the travel. Job training programs for enhancing residents’ skills were perceived as unavailable. Clients wanted job training offered with built-in childcare.

Service providers echoed similar concerns, adding that low-paying jobs created a disincentive for single moms or dads to work. “There are lots of single moms and dads. They want to stay off social services, but at \$8 an hour, they can’t make it.” With childcare so expensive – believed to be about \$900 a month — little remains of their paycheck. There is also a waiting list with up to two years for a subsidized childcare slot. “Young women want to work, but there is no childcare,” said some clients.

“It made a big difference for me to move from welfare to a working member of the community.”
— client

⁶ Cited in Tang, et al, March 2006. p.29

**Median Childcare Market Rate,
Rural Capital Area Workforce Development Board, 2005**

Type of Care	Median Market Rate, per day
Infant Full-time	\$29.40
Infant Part-time	\$25.14
Toddler Full-time	\$21.68
Toddler Part-time	\$16.31
Preschool Full-time	\$22.12
Preschool Part-time	\$10.68
School age Full-time	\$26.88
School age Part-time	\$8.95

Source: Center for Social Work Research and Ray
Marshall Center, 2006

Solutions proposed by Clients included “Attack illiteracy,” more job opportunities, a job-training center that provides training for career advancement, with built-in childcare provision.

“It’s hard for young moms to work at minimum wage jobs and be able to afford Childcare. Why just work to pay the babysitter?”
— Client

Transportation

The issue of transportation came up frequently in discussions with all stakeholders, both as the most pressing issue and a leading root cause for many other issues. Services provided by CARTS were far from enough to meet the community’s needs: it did not link residential, service and work places, as people would like to drop off their kids at day care on their way to work; evening services were lacking; pick-up by appointment requires too much advanced notice. More and better public transportation has become increasingly needed as the ability to pay for high-priced gas dwindled for many people. Both clients and Community Leaders independently recommended a bus loop within Marble Falls to provide links between residential areas and work locations. “We need a bus service at least up and down Highways 281 and 1431. It would really help people get around and would help with employment, too,” said some clients. “But even then, it’s still not like in New Orleans where

the bus went everywhere,” said a Katrina evacuee. Seniors also needed transportation services to go to doctors’ appointments, grocery stores and other places. Residents outside of the county’s bigger towns found it even more difficult to move around without public transportation, an issue also echoed by Community Leaders. Among the four online survey respondents, transportation was cited as a major issue by two while one called it a minor issue and another one said it was not an issue in Burnet County.

Health, Healthcare and Dental care

Health and healthcare issues are very much intertwined with the county’s economic wellbeing and quality of jobs, as well as people’s knowledge and awareness of nutrition and wellness. Stakeholders identified the lack of specialty services for women and children in particular, with clients relaying stories of having to drive to Austin for a Caesarian section or to get medical help for a sick child. Also, many health care providers in Burnet were unwilling to take any form of payment other than private insurance, refusing

<p>“It would be nice to be able to have a baby in the county.” — Community Leader</p> <p>“Austin is a long way away when you’re in pain (with contractions).” — Service Provider</p>
--

to accept Medicare or Medicaid patients even if they were trying to access services by paying cash. According to Community Leaders, over half of the residents drove to Austin for medical care because the county lacked a central hospital to provide comprehensive services. This is in agreement with a 2003 assessment by the Indigent Care Collaboration that residents in Burnet traveled up to 40 miles to primary health care safety net providers located in Travis, Hays and Williamson counties.⁷ Three of the four respondents to the online survey said that health and health care was a major concern in Burnet.

Service Providers argued that much of the community’s health problems could be attributed to “unhealthy living” on the part of individuals. Unhealthy lifestyles, especially eating too much fast food in exchange for convenience, were detrimental to long-term health and exacerbated problems related to obesity and diabetes. Further, they argued that unhealthy lifestyles and choices were a function of several factors related to an individual’s

⁷ Cited in Tang, et al. March, 2006. p. 29

education about nutrition, sense of personal responsibility, and the expenses and the time required for shopping and preparing healthy foods.

Service Providers differed in how to address “unhealthy living.” While some suggested linking nutrition and wellness education with program benefits and participation, other providers argued that adults “should not be lectured about choices,” and that making another hoop for the benefit clients receive was not desirable. Community Leaders asked for better education directed at children on what to eat in school cafeterias and at seniors about alternatives to opening a can of high-sodium soup.

Stakeholders identified an acute need for dental care in the community, particularly for those without insurance. An effort led by the Sheriff Foundation and joined by service providers and dental care professionals led to a successful volunteer

Over 16 percent of children and nearly 14 percent of those under 65 years of age in Burnet County did not have any form of health insurance in 2000.
— U. S. Census Bureau

dental care fair in Fall 2005, known as the “Mission of Mercy.” More than seven hundred people received free dental services from dentists and hygienists who donated time and services. For those who received the *pro bono* service and even those who did not make it, the dental fair was a much appreciated event. Service Providers said that the effort took nearly two years to put together and that there were still people not being served despite the massive effort.

Education, Children and Youth

Several issues related to children and youth surfaced as most pressing. Service Providers and Clients were concerned that sex education in school was not comprehensive enough, that there were no discussions about family planning or about the consequences of premarital sex, leading to problems with teen pregnancy and disease. They felt there although schools offered childcare and parenting classes to youth parents, they were not doing enough to prevent teen pregnancy.

Clients also expressed concerns about the lack of teachers to provide education to students at multiple levels and to those with special needs. Parents, including surprised Katrina evacuees, were concerned about the lack of structured summer activities for children.

Drugs and Public Safety

Community Leaders and Clients alike identified methamphetamine as a big issue in Burnet County. Short of labeling it a pressing issue, Community Leaders said, “We don’t like to publicize it.” Community Leaders cited recent alarming statistics that there are around 30 methamphetamine labs in the county. These labs are easy to set up, the product is highly profitable, and Burnet is within easy access to Austin. According to Community Leaders, about 60 percent of drug transactions on Austin’s Sixth Street may have their origins in Burnet County. Leaders are determined to “focus our attention, not just throw money at the problem,” and acknowledged that, even though they had been spending money on a narcotics enforcement team, the problem seemed to be worsening. They felt that enforcement was the key because of the prevalence of habitual dealers or repeat offenders, who caused recurring problems. Health and human services clients said that there should be help for people to get off of drugs, “to stop the revolving door.”

Collaboration, Coordination and Connected Services

Community Leaders, Service Providers and Clients all pointed to the interconnection among many of the issues and their root causes and emphasized the need for systemic solutions to bring about “high-wage jobs with good benefits tied to a well-trained workforce and people who have access to quality health care, and transportation to support the economy and workers.”

“Marble Falls needs to have connected services for the community; otherwise the community will pay more. Need training for other jobs coming into this area.”
— HHS client

According to Community Leaders, Burnet County has come a long way fighting resistance to change. New retirees had brought talent and energy into the community.

Service Providers felt it essential to have good collaboration and information sharing about resources and services among providers and partners in the public and the private sectors. They talked about the need for “connecting the dots” – building on existing collaborations and maintaining good initiatives – both within the one-stop Family Services Center and with other providers in the larger community. There was also an expressed need for a new vehicle for communication and information sharing, especially through a

computerized information clearinghouse to which all service providers could access from their offices.

The Seriff Foundation, which relocated from Virginia to Marble Falls in 1996, has been a catalyst for community change. Propelled by its 33 success factors,⁸ the Foundation took on one problem at a time and built partnerships in the community. Since 2000, the Foundation’s strategic focus has shifted each year, from supporting the local Boys and Girls Club, to helping area non-profit organizations with the basics of communication and enhancing organizational management, incubating the Highland Lake Health Partnership, promoting cooperation between non-profits and government agencies and building an endowment fund to sustain non-profit service organizations.⁹ “We crumbled every time we tried to (just) involve the government. Now, people are engaging politicians and government.” Leaders said that they could not think of any issue in the community on which there is not already a task force. They identified “issue silos” as a continuing danger, exacerbated by the “40 different jurisdictions in our area.” They indicated that many problems are “not amenable to separate solutions” and called for cross-cutting strategies, collaboration and coordination to address intertwined problems. One logical next step, for example, may be to hold a countywide economic development planning conference to address the many issues rooted in the problems of the economy, employment and wages.

“The most pressing are these intertwined issues. You can’t address one without addressing the others.”
— *Community Leaders*

Recommendations for Action

Focus group participants proposed many recommendations to address the pressing issues and root causes, with the following key suggestions.

1. Knock down “issue silos” among specific task forces for better coordination.

- Continue with current issues task forces but facilitate partnerships among the issue-specific task forces to address interconnected issues and root causes;
- Build upon existing initiatives that are working but currently under funded;

⁸ The Seriff Foundation’s Success Factors, email from Marc Seriff,

⁹ The Seriff Foundation: A non-profit management support organization. Email from Marc Seriff.

- Hold a county economic development planning conference to address interrelated issues due to growth and the changing demographics of the area.
- 2. Build on successful collaborations and establish a computerized clearinghouse where service providers can share information in real time, from their own offices.**
 - Integrate information resources from 2-1-1, Medicaid software, and needs assessment data system provided through the Sheriff Foundation;
 - “Connect the dots more” within the one-stop Family Services Center and through outreach and partnerships with other organizations, both public and non-profit;
 - 3. Establish a bus route to connect residential and work places.**
 - Install public transit to transport people from the Marriott at Horseshoe Bay to several places, which would solve the problems for employers and employees;
 - Install public transit with stops on the main thoroughfares of Marble Falls to better connect homes, work places and childcare facilities.
 - 4. Make education and job training programs available and accessible.**
 - Adjust and expand existing education and job training opportunities, including technical/job training, so as to make access and participation easier. Offer GED and a testing center in every community, with schedules that meet the needs of the working people.
 - Offer childcare to participants of GED and job training programs.
 - 5. Improve health and health care by adding specialty care, providing transportation, and encouraging healthy living.**
 - Foster preventative care, especially for people who have no health insurance;
 - Have a hospital that offers comprehensive care, including specialty medical services;
 - Provide transportation to health services;
 - Provide dental care including dental procedures;
 - Educate the public, including school children, adults and seniors, about nutrition and the effects of unhealthy food choices. Include education about nutrition and health as part of program participation but keep it from becoming a barrier for program participation.

Research Observations

Community Leaders expressed considerable optimism about the challenges and the way they are confronted in Burnet County. “With growth comes a lot of problems and needs,

but we are above the curve. We are not behind,” concurred Community Leaders. They focused on community assets as success factors: involved retirees, active volunteerism, and collaborative spirit.

There was significant alignment among stakeholders about many of Burnet County’s most pressing issues and their root causes, while different groups may offer different insights into those issues. Community leaders discussed “issue silos” at length in the past, how there have been incremental steps taken to build successful partnerships, and the need to continue such collaboration among the public, private for-profit and non-profit sectors. Both community leaders and clients focused on the interconnections among the issues of economic development, high-wage jobs with benefits, skilled workforce, job training opportunities and transportation to employment and services. Service Providers had a more self-referential discussion about the need to improve coordination and communication among themselves and their clients not making healthy choices.

Drug issues were specifically mentioned and emphasized as a big problem by Community Leaders, but they did not delve into the issues nor offer specific proposals to address them, possibly due to the difficulty of the issues itself. Since the drug issue involves more than one county, a multi-county approach may be necessary to address it.

The following table provides a synopsis of the breadth and the identifiers of issues, root causes and solutions heard by the researchers. Readers may find it of interest if certain themes run through all the stakeholders. However, readers should not conclude that issues not raised by certain stakeholders were not important to them, since the scope of the research was not designed to be comprehensive about issues, root causes and solutions within the prescribed timeframe.

Table 9. Summary of Data from Stakeholders in Burnet County

Topic	Service Providers	Clients	Community Leaders
Issues and Root Causes:			
Insufficient and unreliable public transportation services;	x	x	x
Affordable housing; home repairs for seniors	x		x
Shelters that accommodate children		x	
Education, particularly for children at risk and/or with special needs	x	x	
Drug manufacturing and abuse			x
Disaster planning and emergency preparedness		x	
Health care for low and mid-income people; affordability and access; health care for children and the elderly; obstetrician/gynecology services; health care quality	x	x	x
Shortage of medication carriers	x		
Lack of a central hospital with comprehensive care and services	x	x	
Dental care for low and mid-income people	x	x	x
Mental health; psychiatric help	x		
Nutrition and healthy lifestyles	x		
Jobs with high pays and benefits; unemployment, diversified training services training for high skill, high wage jobs	x	x	x
GED classes not suitable for the working and the poor: inconvenient schedules, registration & tests out of town	x	x	x
Basic Needs	x	x	x
Childcare	x	x	x
Information on services available	x	x	
Senior care	x	x	
After-school programs; structured summer activities for school-age children	x	x	
Consumer credit counseling	x		
Issues are being worked on independently, which doesn't address interrelationships of the most pressing issues – economic, employment, health, education, transportation		x	x
Reduced resources/lack of money for services	x	x	
The Texas mentality of not wanting anyone's help	x		
Lack of family planning	x		
Republican government took away a lot of services		x	
No ethnics in medical care		x	
Suggested Solutions:			
Establish a bus loop for local transportation within Marble Falls; connecting major points where most people work		x	x
Expand health care specialties available locally;	x		
Provide technical job training and GED testing, with supportive services for participants (Childcare and transportation)		x	x
Better coordination among providers, including electronic information sharing, expanding connections through the "one stop", and continue to build on collaborations and to expand partnerships through task forces to reduce "issue silos"	x		x
Have a county economic development conference or county planning conference to address issues holistically			x
Build in education about nutrition and healthy lifestyles with the benefits clients received; teach about nutrition and healthy lifestyles	x		x
Need practical solutions to address the needs of the diverse population	x		
Need to get community input about needs and solutions	x		

Caldwell County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Caldwell	26,392	32,194	21.98%	36,498	13.37%	40,312

Major Racial and Ethnic Groups, 2000 – 2004

Caldwell County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
White	22,577	70%	32,738	90%	45%
Black	2,735	8%	2,973	8%	9%
Asian	108	0%	206	1%	91%
Hispanic/ Latino	13,018	40%	15,911	44%	22%

Top Three Industrial Sectors by Number of Employment

Industrial Sectors	Number of Employees
Health care and social services	929
Retail trade	770
Accommodation and food services	526

Source: U. S. Bureau of Census. Economic Census 2002

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Caldwell	2000	\$ 19,778	66%	15%	18%	168th	70%
	2004	\$ 21,221	69%	11%	20%	204th	69%

Source: U. S. Bureau of Economic Analysis, *Local Area BEARFACTS*

Median Household Income (2003): \$30,804

Researchers held three focus groups with social service providers and health and human service clients, and a conversation with a community leader who coordinated the work of a community needs assessment and coalition building for the Community Health Coalition of Caldwell County (CHCCC) in preparation for a federal grant for rural health services.

In addition to discussions with Caldwell stakeholders, researchers reviewed a number of recent community needs assessment and planning documents from two main sources. One source was the recent CHCCC’s documents in preparation for a grant from Health Resources and Serviced Administration (HRSA), U. S. Department of Health and Human Services. The other source was the results of the 2005 Caldwell and Hays community needs assessment under the Head Start program.

No one in Caldwell responded to the online survey.

A Shared Vision

Despite an overwhelming concern about Caldwell’s economic wellbeing and the challenges thereof, there was aspirations for a community that was more involved and better educated so that residents make good choices to succeed, a community with a strong tax base and public services, where people “watch out for each other and help each other out,” and where resources, services, and amenities are available and accessible. All aspired for a better or a sustainable economy.

“There is a vast difference between the Haves and the Have-Nots. We need to bring about awareness. People are in denial of how close they are to the exact same plight. You can’t look at the region without saying that the Anglos are getting old, Hispanics are younger, and that the current school systems don’t work for them. How competitive will Central Texas be, given those dynamics? If you don’t make an investment in the future, the Haves are toast, too.”

– Service Provider

Pressing Issues and Root Causes

An Economy in Severe Distress

Caldwell County has remained “a largely rural county with almost no economic base and very few jobs,”¹⁰ and has trailed every county in the Capital Area region by all the major

¹⁰ Community Action Inc., “Community Assessment for Community Action Head Start Program.” P.1

indicators. Caldwell’s per capita personal income in 2004 was 59 percent of that of Travis County, and ranked 204th among the 254 Texas counties. Average weekly wages for its employed residents, tracked from 2003 to 2005, represented only about half of that for Travis County. Caldwell’s economic performance consistently lagged behind the region, *even though* it is part of the five-county MSA.

Economic sustainability was the biggest concern and the root cause of many low indicators, according to the Community Leader and the

“How do you create sustainability? I don’t have the answer for that in Caldwell. You can’t do major fundraising because it is economically distressed. There is no self-sustaining way of generating the income to cover the costs here because people are poor.”

— Community Leader

Service Provider. Without an economic base, the community cannot raise funds to cover the costs of services.

According to the 2000 Census, the majority of Caldwell’s employed residents work outside of the county: 41 percent traveled to Travis County while another 17 percent went to Hays for work.

Demographic trends, rising poverty the need for everything

Caldwell has been a main destination in the region for Hispanic immigrants. The Hispanic share of the county’s total population is estimated to have increased by four percentage points between 2000 and 2004, from 40 to 44 percent. The trend is likely to be more and faster concentration of Hispanic immigrants in Caldwell, as the economic prosperity in the neighboring counties continues to displace low-income immigrant families and as new immigration continues. Additionally, it is worth noting that forty percent of young children in poverty in Caldwell live in unincorporated areas of the county.¹¹

Poverty is on the rise, due to the following consistent characteristics based on an analysis of Head Start families conducted by Community Action, Inc., a three-county social

“For the foreseeable future, it is likely that the great majority of Head Start children will have primary caregivers who are stuck in low wage jobs or bouncing from one low wage job to the next.” – Community Action Inc. *Community Assessment*

service organization based in San Marcos. First, over half of the children in Head Start live in single-parent working parents. Second, the overwhelming majority of Head Start

¹¹ Ibid.

children have working parents; two-thirds of these families are Hispanic. And third, about half of Head Start parents have less than a high school education.¹²

The economic and demographic realities of Caldwell County have created acute needs for almost everything. Caldwell residents considered literacy, affordable housing – both rental and owned, basic needs and home care for seniors, mental health because of poverty and lack of insurance and medication, work preparation and job placement and health care overall all among the top unmet needs in their community. Client participants cited, for example, that there is no evening childcare to enable them to work; wages do not cover childcare expenses; and they cannot hold jobs without arrangements for childcare.

**Median Childcare Market Rate,
Rural Capital Area Workforce Development Board, 2005**

Type of Care	Median Market Rate, per day
Infant Full-time	\$29.40
Infant Part-time	\$25.14
Toddler Full-time	\$21.68
Toddler Part-time	\$16.31
Preschool Full-time	\$22.12
Preschool Part-time	\$10.68
School age Full-time	\$26.88
School age Part-time	\$8.95

Source: Center for Social Work Research and Ray Marshall Center, 2005 Texas Childcare Market Rate Survey: Final Report. February 2006

Children and Youth

Due to the large share of immigrant population in Caldwell, Service Providers called for a strong commitment to bilingual education. Children with disabilities, especially the prevailing speech delays and/or impairment, require a “full continuum of services.”

¹² Ibid. p. 2-7.

Participants of a client focus group¹³ repeatedly expressed concerns about teen pregnancy. The causes and solutions were two-folds. On the one hand, they believed that lack of effective parental involvement was a root cause of the teen pregnancy, and therefore they believed that increased and enhanced parental involvement would be part of prevention and solution. On the other hand, they voiced the need for pregnancy education and prevention in schools and in the community, and remedial supports for teen parents to re-enter the education system, stay in school and do well. They said that there was no day care available in high schools and a general lack of parenting classes, counseling, or financial support to encourage teen parents to “get their education and get back on track.”

In 2000, births to adolescent mothers accounted for 10.3 percent of total live births in Caldwell, which doubled the rates of almost all the other counties in the region.

Health and Health Care

Caldwell stakeholders from across the spectrum ranked health insurance, affordable and accessible health and dental services, providers who accept Medicaid and prescription drug assistance among the “top ten greatest unmet community issues.” One the one hand, few jobs offer the benefit of health insurance. On the other hand, very few doctors in the area accept Medicaid, because Medicaid is “too low and too slow,” meaning that the reimbursement rate is too low and the processing time-consuming, which creates a disincentive for doctors to “stay in.”¹⁴ Many people, such as African American women with breast cancer, could not afford to stay on medications and had to choose between food and medicine, according to Service Providers.

“10,000 of the county’s 37,000 residents are uninsured or underinsured. Access to care is further complicated by the vast rural area with little transportation means and a high rate of poverty.
— CHCCC

few jobs offer the benefit of health insurance. On the other hand, very few doctors in the area accept Medicaid, because Medicaid is “too low and too slow,” meaning that the

Participants of the client focus groups also spoke in detail about personal experiences of being denied of medical service because of lack of insurance.

The gap between the need for health care and available services and resources is staggering in Caldwell. “There are 2,777 residents for every direct care physician in 2001,” compared to the resident/physician ratio of 889:1 in Hays just across the county border, or

¹³ The client focus group was conducted in San Marcos with residents from both Caldwell and Hays County.

the 661:1 ratio for the state of Texas. For example, the County Indigent Health Care Program, managed by the County Judge's office, "has an extremely limited budget," "treat approximately 75 to 100 patients enrolled in the program each year," many of whom "suffer from chronic diseases requiring ongoing care and consuming a large portion of the program's budget."¹⁵

Leaders, service providers and concerned citizens of Caldwell County had longed been aware of the health care crisis. In 2005, Caldwell was one of 12 rural communities in the U. S. to receive a federal planning grant, known as the HRSA Grant¹⁶, to develop a formal network with the purpose of improving the coordination of health services and strengthening the rural health care system as a whole. This was to be the first step to ready the community to apply for a three-year Network Development Implementation Grant, which was never approved.

The result of the HRSA grant planning process was the formation of Community Health Coalition of Caldwell County (CHCCC). CHCCC formed had thirty organizations represented on its board, work groups and community meeting. Four work groups examined the county in terms of community resources, collaborative health system, housing and transportation, and financing and leveraging. The HRSA process revealed a range of critical needs and systems problems in the delivery of health care services. Through the process, many opportunities were also identified to improve health care delivery through better coordination, a system of care infrastructure, electronic interfaces to share health records, common eligibility screening and coordinated case management, a centralized transportation network, and others. Caldwell stakeholders noted these priorities and recommendations are currently parked due to lack of resources to support their implementation, but they form a valuable body of information and, together with the synergy created during the HRSA grant process, should be incorporated in any future effort to address Caldwell's health care crisis.

¹⁴ Ibid, p.14.

¹⁵ CHCCC, *Assessment of the Current Delivery System and Resources*.

¹⁶ HRSA stands for the name of the grantor, the division of Health Resources and Services Administration (HRSA), U. S. Department of Health and Human Services.

Transportation

Stakeholders considered inadequate transportation a major problem in the spread-out county with depressed economy. Clients and service providers noted that people had difficulty “getting to and from places.” The CHCCC assessments also identified lack of transportation as a main obstacle to health care, with county residents reporting that they missed doctor appointments or were unable to pick up prescription medications due to lack of transportation.¹⁷ CARTS services are too limited, and there is no transportation for seniors who live “past the CARTS boundary.” On the other hand, twenty percent of adults and thirty percent of high-school students surveyed by CHCCC said that “CARTS is an unknown entity.”¹⁸

The Conundrum of Services

With a community in need of so many social services, two sources of confusion have made life even harder for Caldwell residents. Participants in the client focus groups spoke in detail about the lack of quality among the Texas Department of Health and Human Services local staff and those staffing the 211 line for eligibility determination, as well as some health care providers. Several described experiences with being put on long holds on the 211 phone line, staff rudeness and indifference, lost paperwork, “confusing systems with changing rules.”

“They need a better staff at HHS and deadlines; feel like things would go faster because it is a small town but here there is no accountability.” “Agencies and staff who are supposed to provide services or determine eligibility are not helpful.”
— Client

Some clients also acknowledged that some social service clients “work the system”

“A lot of people feel trapped in the system because when they start to do better they still can’t support themselves and then the system completely drops you.”
— Client

and take advantage, making it harder for others who really need help.

Other client participants in focus groups described service confusions in Caldwell County due to its boundary line with Hays

County, and that face that San Marcos sits on the border between both counties. Many clients described the need for better coordination for services on the “outskirts” of town, or

¹⁷ CHCCC, *ibid.*

¹⁸ CHCCC, *Executive Summary: Transportation Survey*, November 2004.

areas where some services are in Hays and some in Caldwell, including utilities and ambulances responding to 911 calls.

“It gets kind of hectic and confusing. Your address might be in Upland, but you have a Kyle zip code, but you go to Caldwell and get the runaround.... They send you to Hays. And Hays tells you to contact Caldwell. Also, it might be really close (geographically) but it’s ... across the boundary. It just makes it harder to do anything.”

— Client

Recommendations for Action

Stakeholders and community planning documents listed numerous suggestions for action to address the many issues in Caldwell. Client participants in focus group emphasized that the issues were all related. The main propositions are summarized as follows.

1. Use the in-depth and comprehensive information assembled during the HRSA grant process, start acting on them rather than using scarce resources for more needs assessments.

2. Make DHS and other government information and services more accessible and helpful.

- Use a single form to certify that a client is eligible for a number of benefits (Head Start, Food Stamps, and Medicaid).
- Establish more accessible and flexible hours such as staggering staff lunches to stay open while working clients have lunch breaks, and offer some evening hours so people can get there.
- Train staff on customer service so that they would at least “act like (they) care.”
- Give people better and clearer information about services, and make it convenient to access (many of these comments are directed at DHS). Examples were posting information in newspaper regarding rules and policy changes; giving new parents information on benefits to take home from the hospital after giving birth; sending information home through children (at school) and providing information at parent meetings.
- Make information on resources available to people through a one-stop shop; offer a village concept for information sharing and services. Service Providers in Hays and Caldwell have begun to act on the one-village concept.

3. Address health care priorities for action by:

- Implementing a system of care infrastructure;
- Expanding the Patient Pharmacy Assistance Program (PPAP);

- Implementing a network capacity building program with case management and care navigators specifically for the uninsured diabetes patients.
- Building interfaces for a shared, electronic health records;
- Strengthening and extending common eligibility screening for medical assistance;
- Implementing a centralized transportation network; and
- Expanding education regarding services available within the county.

4. Address transportation issues by extending CARTS or similar services to address multiple community needs.

- Extend CARTS boundaries and hours of service, as well as increasing the frequency and flexibility of service.
- Encourage and facilitate carpooling.
- Arrange for transportation for all kids to get to activities.

Research Observations

A large number of entities in Caldwell County had already participated in a community needs assessments, and many stakeholders were eager to start acting on the propositions. The biggest problem now they face is lacking the resources to implement them. Caldwell County focus group participants and community assessment documents talked a lot about the economy and poverty as the root cause for self-sufficiency, but seemed to be at a loss about options and solutions. Clients and Service Providers focused on the disincentives of the current social service system, and described how easily a slight improvement in employment can make people lose their benefits and paradoxically send them back to the cycle of poverty again. Caldwell clients spoke at length about how difficult they found it be on the outskirts of a town, or the border of a county, wasting time trying to obtain services and negotiate different systems with different governmental and other entities.

The following table provides a synopsis of the breadth and the identifiers of issues, root causes and solutions heard by the researchers. Readers may find it of interest if certain themes run through all the stakeholders. However, readers should not conclude that issues not raised by certain stakeholders were not important to them, since the scope of the research was not designed to be comprehensive about issues, root causes and solutions within the prescribed timeframe.

Table 10. Summary of Data Collected from Stakeholders in Caldwell County

Topic	Service Providers	Clients	Community Leader/ Members
Issues and Root Causes:			
Public transportation due to boundary		x	x
Affordable housing (owned and rental) and home buyer assistance	x	x	
Teen pregnancy and prevention, lack of parental involvement; no remedial measures for teen parents to stay in school;		x	
Senior care and services	x	x	x
Legal aid		x	
Drug and alcohol abuse and the need for counseling		x	
Language barriers/translation needs		x	
Health care affordability and access	x	x	x
Dental care	x	x	
Basic Needs	x	x	
Affordable Childcare with flexible hours		x	
Unprofessional social service staff online; conflicting rules		x	
Job/career counseling and training opportunities/OJT/computer literacy		x	
Systemic disincentives for clients to take steps toward self-sufficiency	x	x	
Interrelationship of many issues – economy, wage, employment, health, education	x		
Reduced resources - nonprofit and government funding	x	x	
National and state government picked wrong priority		x	
Suggested Solutions:			
Better coordination & information-sharing among providers	x		x
Implement CHCCC priorities to address health issues	x		x
One-stop centers in several areas throughout the county – convenient access for eligibility and sign-up, use a single form for eligibility determination	x	x	
Expand CARTS hours and service area, and other affordable and convenient transportation options	x	x	
Public education so that elected officials and general public know that people are struggling here	x		x
More professional training for HHS staff, need quality of services		x	
Expand Head Start service to reach more children	x		

Fayette County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Fayette	20,095	21,804	8.50%	22,513	3.25%	23,347

Major Racial and Ethnic Groups, 2000 – 2004

Fayette County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
Anglo	18,442	85%	20,696	92%	12%
Black	1,528	7%	1,616	7%	6%
Asian	49	0%	57	0%	16%
Hispanic/ Latino	2,786	13%	3,397	15%	22%

Top Three Industrial Sectors by Number of Employment

Industrial Sectors	Number of Employees
Manufacturing	1,081
Retail Trade	1,043
Health care and social services	1,021

Source: U. S. Bureau of Census. Economic Census 2002

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Fayette	2000	\$ 25,697	54%	26%	19%	41st	91%
	2004	\$ 29,794	55%	25%	20%	37th	97%

Source: U. S. Bureau of Economic Analysis, *Local Area BEARFACTS*

Median Household Income (2003): \$38,025

Researchers held a joint focus group discussion with the combined Lee and Fayette Interagency Group (Service Providers), with most of the participants serving both Lee and Fayette County, and had a conversation with a Community Leader. The results of a community assessment survey conducted in summer, 2005 by a multi-county service organization was reviewed. The following information is based on researchers' discussions with Service Providers and the Community Leader and a review of the community survey results. No one in Fayette County responded to the online survey.

A Shared Vision

Service providers envisioned a better community where individuals are healthy and are self-sufficient, where services are available to meet the needs of residents of this rural area where many seniors reside. The Community Leader did not articulate a vision for a better community, but wanted to make sure that indigent people were not “falling through the cracks” and that improving the lives of seniors was critical. In addition, the Community Leader said that a better community is one where immigrants can be better accepted by learning to speak English and becoming more like “Americans.”

Pressing Issues and Root Causes

Growth and Rural Living

Among the factors affecting Fayette as a community is rapid economic growth, according to the Community Leader, who considered it essential to talk about growth among regional players and to find a way to manage growth. The Community Leader also described growing economic disparity as an issue and pointed to growth as a leading cause. Land

Median housing price in 2000: \$129,400

values have appreciated due to retirees and others coming in to purchase properties. “In the next 10 years, land value will continue to appreciate, and only rich people – like those retired from Houston — can afford it. As a result, the poor are losing the quality of life there once was because they can no longer afford to buy or hold property.” Farm land was disappearing and rural quality of life eroding. Even as people talk about business

recruitment and job creation, the Community Leader is skeptical about its implications for the local folks. “I wish there were a study to see how many jobs are taken by the locals, and how many are filled by people from out of the area – Austin, San Antonio, etc.” He admitted that his views on this matter were “in the minority” among his counterparts in a regional organization, although it is not clear whether his views put him in the in the minority in Fayette County.

“People in their 30s and their 40s moved away to make their millions and left the industry lacking.”
— Service Provider

Service Providers, however, decried the lack of good jobs in Fayette County and that people, especially those in their 30s and 40s, leave to seek jobs elsewhere. This leads to greater stagnation in the local economy.

Rural Living and Service Delivery

The geographic spread and sparse population density of Fayette County pose unique challenges to service providers and their clients, similar to its adjacent Lee County. Although “rural living” was cited as an attractive way of life, it was also identified as the root cause creating barriers to services, as people live far apart from each other and from services. “Rural living” also makes information dissemination more difficult, as information travels mostly through word of mouth. They proposed advertising services in the newspaper were the next best way to get information to residents, according to Service Providers.

The barrier between service providers and needy clients has a practical implication for providers and eventually for clients. It takes a lot more time, effort and resources for people to reach services or vice versa, in a spread-out area like Fayette. Yet funding has been tied to units of service, disregarding local characteristics and needs and poses a real threat to service providers’ funding prospects and sustainability.

Community Leader was concerned about lack of information and coordination among existing programs. For example, Community Leader said that more than a dozen agencies in the area provide varying levels of assistance to seniors, but their efforts are not coordinated. The lack of interagency coordination resulted in unmet needs in some areas and duplication of resources in others, according to the Community Leader. He proposed to have a county-wide coordinator on health and human services.

Health, Indigent care, Prescription Drugs

One of the Community Leader’s biggest concerns was that indigent people are “falling through the cracks.” With state funding cuts for health services, serving the indigent population has become a major unfunded state mandate carried out by county governments. “County government is about to break.” This burden is exacerbated by another factor: increasing numbers of immigrants have arrived in Fayette County. As they use the emergency room for basic medical care, they put a greater strain on the already scarce services and resources. In addition, more hospital beds are needed for the mentally ill, according to the Community Leader.

In 2000, 21.1 percent of Fayette County residents under 65 were without health insurance, 18.6 percent of children were not insured.

Service providers and clients from the a community survey¹⁹ both ranked the lack of “affordable health insurance” as a top issue and a major barrier in the way of a healthy

The U. S. Census Bureau estimated a 22 percent gain in the Hispanic population in Fayette County between 2000 and 2004. The Hispanics will be 15% of the county population, up from 13% in 1990.

community. Lack of insurance affects community wellbeing as fewer people use preventative care, and many more people use emergency services, driving up the cost of care even further. “People in rural areas tend to

overuse the emergency room services – they don’t have insurance and they do not seek services until something happens that puts them in the emergency room,” according to Service Providers.

Service Providers particularly pointed out the shortage of health care providers and specialists. Many people had to go to Austin or Houston for medical services. On the other hand, there were also people who did not want to leave their home base to go to cities for services. Transportation was a critical need and a major barrier for people to access such services. CARTS was great but far from sufficient with its current service capacity, which runs about twice a week at a set schedule. Even when a bus is available to take a patient to a doctor’s appointment, it often cannot wait long enough for the patient to complete the procedures. This often means that patients must arrange for a transportation alternative to get

¹⁹ Combined Community Actions: “Top Ten List” and email from Rhoda Gersch, June 2006.

home. One of the solutions Service Providers proposed is to have minor emergency centers that treat people on a walk-in basis.

Another barrier to good health is the prohibitive cost of and lack of prescribed medicines locally. Both were causes for keeping people from filling their prescriptions.

Service Providers described nutrition, wellness and dental care as top needs for children. They also put a great deal of effort into educating the community about the importance of wellness. Two countywide health fairs have been held in recent months, one focusing on children's health.

Seniors

Lack of transportation and the limited capacity of existing service providers pose the greatest dilemmas for seniors, especially those who are homebound. Access to services, dealing with the routines of daily life and attaining some level of quality of life are affected by transportation and service capacity problems. The Community Leader noted that seniors needed assistance with prescription drugs, as well as household chores and home repairs. Ambulatory assistance was cited as a much better option than sending them to nursing homes.

Service Providers identified costs as a prohibitive factor barring assistance to the home-bound seniors who need the most help with health care services and prescription drugs. The immense confusion about Medicare Part D was cited as the main barrier keeping seniors from accessing services and meeting their needs. Combined Community Action has been working actively to make sure that seniors were signed up for the new Medicare program. Seniors need considerable one-on-one help, which puts even greater strain on service providers' limited resources.

English Language and Social Assimilation

With increasing numbers of Spanish-speaking immigrants, the Community Leader said that their lack of assimilation – citing not speaking English – keeps them from being fully accepted in the community. “Folks would accept a lot more if they spoke English.” This seems to suggest that the language barrier has made social segregation even more

pronounced between the Spanish and non-Spanish speaking populations and could have social implications when they both tap the same limited sources for services.

Recommendations for Action

Among the recommendations for action to address these issues and root causes in Fayette County were the following:

- 1. Create a county-wide coordinator in charge of all major health and human services to ensure interagency coordination and better allocation of resources and to avoid duplication.**
- 2. Enhance services to seniors by use a one-on-one approach or assigning a team of case workers to work with seniors, “to lead them by the hand.” Specifically, Combined Community Action continues to provide assistance with senior citizens for prescriptions and is actively working to make sure that “seniors were signed up for Medicare Part D.”**
- 3. Expand existing public transportation schedules and routes and increase mobile vans for dental services. Combined Community Action is part of a transportation coalition and coordinates with CARTS as much as possible.**
- 4. Expand Combined Community Action’s Affordable Housing Program.**
- 5. Organize able-bodied retirees around the ages of 55-65 to volunteer and help alleviate the problems associated with more needy seniors.**
- 6. Have a regional dialogue about growth management and issues related to the adverse outcomes of growth. This dialogue should consider abolishing tax incentives for businesses as a recruitment tool.**

Research Observations

There was an overwhelming focus on health issues and senior issues during discussions with Service Providers and not much else, despite considerable probing. Senior needs, health care access and communicating information have all been identified by CAPCOG as challenges in its planning document. The Community Leader’s discerning views on growth were surprising, but may reflect the thinking of a rural, retirement

community for controlled development in order to maintain its charm and quality of life. Although the Community Leader mentioned that his view on development is in the minority among his regional counterparts, it is not clear how prevalent that view is in Fayette County. Researchers have heard similar resistance to growth in other counties.

The following table provides a synopsis of the breadth and the identifiers of issues, root causes and solutions heard by the researchers. Readers may find it of interest if certain themes run through all the stakeholders. However, readers should not conclude that issues not raised by certain stakeholders were not important to them, since the scope of the research was not designed to be comprehensive about issues, root causes and solutions within the prescribed timeframe.

Table 11. Summary of Data Collected from Stakeholders in Fayette County

Topic	Service Providers	Clients	Community Leaders
Issues and Root Causes:			
Hospice care	x		
Indigent health care, including immigrants competing for health care resources			x
Affordable health insurance	x	x	
Shortage of health service providers, including dental programs	x		
Ambulatory assistance to the seniors, including prescription assistance, home repairs	x	x	x
Affordability of prescription medicines	x		
Inadequate funding tied to service delivery in rural areas	x		
Lack of public knowledge about existing services and where to go	x		
Affordable rental housing		x	
Good jobs, especially with living wages or benefits or both	x	x	
Career advancement opportunities		x	
Language barriers and social acceptance of immigrants			x
Losing quality of life as a rural community			x
Lack of adequate and reliable transportation	x		
Increasing number of immigrants put more strain on resources			x
Growth makes life less affordable for the poor			x
Rural way of living makes information sharing difficult and	x		
Suggested Solutions:			
Manage growth, including stopping the use of tax rebate as a business recruitment tool			x
Create a countywide coordinator to facilitate and ensure interagency coordination among major health and human services programs			x
Promote English speaking for better acceptance of immigrants			x
Advertise information about services on the newspaper	x		
Provide one-on-one or team approach to counsel hidden and challenged populations	x		
Create minor emergency centers and provide walk-in services	x		
Install mobile vans for dental services	x		
Expand current routes and services in public transportation	x		
Prescription drugs coverage and education to be done in a one-to-one setting	x		
Organize able-bodied retirees around the ages of 55-65 to volunteer and help alleviate the problems associated with more needy seniors.	x		

Hays County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Hays	65,614	97,589	48.73%	119,359	22.31%	140,173

Major Racial and Ethnic Groups, 2000 – 2004

County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
Anglo	77,014	79%	110,902	93%	44%
Black	3,588	4%	4,908	4%	37%
Asian	722	1%	1,196	1%	66%
Hispanic/Latino	28,859	30%	37,297	31%	29%

Top Three Industrial Sectors by Number of Employees

Industrial Sectors	Number of Employees
Retail trade	6,267
Health care and social services	4,274
Accommodation and food services	4,023

Source: U. S. Bureau of Census. Economic Census 2002

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Hays	2000	\$ 23,467	74%	17%	10%	74th	83%
	2004	\$ 24,259	75%	13%	12%	132nd	79%

Source: U. S. Bureau of Economic Analysis, Local Area BEARFACTS

Median household income (2003): \$45,822

Five focus groups were conducted in San Marcos and Kyle, of which two with social service providers, two with clients, and one with leaders of city government, the school district and activists in the Kyle/Buda area. Researchers also had an interview with a senior staff member of a county elected official and two leaders of social service organizations.

Twenty-one responses to the online survey were received and an analysis of the results is provided at the end of this section.

A Shared Vision

Hays County stakeholders described their visions for a better community as “a more involved and educated community so we can make good choices to succeed,” where “people could get the services they need,” a “healthy, happy community” where preventive care was available for all, and according to an online survey response, “a stable community in which individuals and families can co-exist without discrimination or distress.” “My vision is for people to be healthier, more responsible and productive, hopeful instead of downtrodden.”

Conversations in Hays County reinforced the comment by one participant, who spoke about the major highways crisscrossing the county as literal geographic and social dividers. A county elected official’s staff also revealed that “if you ask 13 mayors about their issues, you get 13 different answers.” They said that diversity of the county accounts for these varying perspectives.

Pressing Issues and Root Causes

Challenges Associated with Rapid Growth

As evident from the demographic statistics, Hays County population experienced a 49 percent growth during the 1990-2000 decade, and another 22 percent between 2000-2004. Service Providers and Community Leaders both exclaimed that resources and service capacity were not keeping up with the expanding needs. Meanwhile, “no one has satellite offices here because there is no funding,” referring to health and human services programs. They decry the lack of community involvement in growth, especially the small towns. Some stakeholders recommended “cautious, controlled growth, not developer-controlled.”

Hays County has a highly mobile workforce. In 2000, over 43 percent of Hays' employed residents traveled to Travis County to work, while Hays County was the work destination for almost 17 percent of employed Caldwell residents.

Demographically, thirty percent of Hays residents in 2000 were of Hispanic origin. For the next four years, Hays continued to be a major destination of Hispanic immigration, as their share of the county population grew 29 percent. In other words, 8,438 Hispanics were added during those four years.

Hays was a diversified place with a diverse pool of special interests, said a community leader. There were the traditional farmers and ranchers who "hate change," and new retirees who were very proactive in the Wimberley and Dripping Springs areas. "The college" (Texas State University) is a big variable from the rest of the county. San Marcos has become a settlement of poverty and Hispanic population, while Kyle has become a subdivision of Austin because of relative lower housing costs and proximity to work in Austin.

Workforce development, Employment, Childcare and the Economy

Community Leaders and Service Providers described the interconnection between education, workforce development, and the economy, as well as uneven growth between the San Marcos corridor and other more rural areas of the county. On the one hand, unemployment rate was low in San Marcos due to retail and service jobs. On the other, low wages and severely limited vocational training that is "close and affordable" were features of employment. Clients also described limited options for adult literacy and GED training, and that lack of available and affordable Childcare played into this picture as well, because if Childcare closes at 6:00 p.m. then "you can't get a job on the evenings, nights, or weekends." Childcare was also a problem for many clients who wanted to get education and move ahead, but it costs more than what they made.

**Median Childcare Market Rate,
Rural Capital Area Workforce Development Board, 2005**

Type of Care	Median Market Rate, per day
Infant Full-time	\$29.40
Infant Part-time	\$25.14
Toddler Full-time	\$21.68
Toddler Part-time	\$16.31
Preschool Full-time	\$22.12
Preschool Part-time	\$10.68
School age Full-time	\$26.88
School age Part-time	\$8.95

Source: Center for Social Work Research and Ray
Marshall Center, 2006

Other stakeholders said that it would be better for taxes to be “affordable” for small businesses to grow and strengthen the economy. Several respondents to the online survey identified conditions of the working poor and ability to earn a living wage as the most pressing issues in their community.

Many stakeholders expressed concern about “the working poor” and identified several factors and causes, including: “lack of real employment in the rural community,” lack of a strong safety net, and a reliance on immigrant populations for cheap labor.

Stakeholders expressed concern that, “With a high cost of living and no access to health care, any financial bump can mean ruin for a family.”

“It was a rural town, but now we have more urban problems.”
– Service Provider

The overall population growth and its strain on the capacity of social service was also identified as a pressing issue by CAPCOG.

Transportation

Stakeholders believed that transportation was sorely lacking to get people from place to place, especially with continued growth and increasing demand for transportation services. They emphasized that transportation needs to be accessible and affordable. Focus group participants, from community leaders to service providers to clients, said that “CARTS is really important but doesn’t get (the job) done” because the schedule and service areas were too limited, and CARTS cannot be used for “spontaneous” health problems where appointments are not scheduled well in advance. Other segments of the community believed that traffic and insufficient infrastructure were also issues for the county.

Affordable Housing

Service Providers in focus groups described a lack of affordable or low income housing, expressing concern that the San Marcos city plan does not include land or a place for low-income housing. They particularly raised concerns about the availability of affordable housing for seniors, and for families. One stakeholder suspected that the additional stock of affordable housings may have been offset by the large increase of student population at the Texas Sate University.

In 2000 Median housing price: \$129,400 Median rent: \$628
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Children, Youth and Families

Several groups of stakeholders described concern about youth issues and the need for more services for youth and particularly teenagers, including life skills training in schools “to teach kids money management and healthy eating,” and after-school enrichment activities.

Participants from one focus group generally described the root cause of this issue as, “Family

“Character has disappeared because families spend time earning a wage and parents expect school to teach the values, but they don’t agree on what values.” — Clients

structure in general is ‘shot to hell,’ causing kids to have emotional problems.” They also describe situations where tension was escalating in households due to multiple

families living together for economic reasons, young families with little money needing family counseling or “just a place to chill out” when tempers flare, or grandparents and great-grandparents raising children because of drug problems.

Teen pregnancy is of the greatest concerns among social service clients. They said that lack of parental supervision and involvement in teens’ lives is an important cause. At schools, there were no education about pregnancy, no parenting classes, no support for teen parents to return to school to finish their education, and no day care or counseling in high schools all make remedy. As such, clients spoke loud and clear about the need for prevention, more quality involvement of parents, and good role models.

In 2000, 5.8% of total live births in Hays were by teen mothers under 18.

Declining Quality and Accessibility of Health and Human Services

Social service clients decried the declining professional quality in social services overall on the part of the State health and human service staff. They attributed lack of professional training, bad customer service, and lack of accountability of employees to constant changes in the state health and human services rules and system. Constrained state budget led to low staff compensation and thus low staff morale. Service providers noted that growth of immigrant populations “is straining social services,” and many stakeholders described the need for bilingual staff at health and human service agencies.

There are substantial challenges with coordinating services and for clients to “get to” services, because “currently, agencies are scattered all over and clients have a hard time going from one place to another.” In an effort to make things easier for clients, several social service agencies in Hays and Caldwell worked together to design a one-stop shop with a “village” concept. They realized they could bring down costs and make services more accessible by coming under one roof. With financial support from the City of San Marcos and other sources, seven member agencies acquired 30 acres for a one-stop stop, which will be breaking ground within a year. It will have a community center, a youth sports center, a family justice system and a separate complex for victims.

Hays County stakeholders did believe that “interlocking issues defy isolated solutions,” either across geography or programs and issues. They believed that regional

disconnects and problems with coordination of services contributed to the challenging issues in the county. As with neighboring Caldwell County, stakeholders described an “overloaded” social service system and confusion by clients about why they are ineligible for nearby services that are “just over the county line” while they are eligible for services that are “far away” across the county, yet they have no transportation to register for or obtain those benefits. Nonprofit organizations have a patchwork of grants that cover some areas and not others. Others said that city governments do not want to work together and that it was “disheartening that we don’t know each other within our community, let alone in San Marcos.” Some community leaders felt that some agencies duplicated services and did not “really do what they say they do.”

Health and Health Care

All types of stakeholders, in focus groups, interviews and through the online survey, expressed concern about health issues and health care, and described how immigrants contributing to Hays County population growth were influencing the level of need. Service providers were concerned that the increasing numbers of immigrants and low-income population were straining limited resources.

In addition, retirees who are attracted by rural living are arriving too. All are adding new dimensions to the needs for health care

“I would like the children in my community to be insured and have access to quality health care.”
— Client

services. Stakeholders explained that local doctors are “swamped” with new clients who have insurance and other personal resources, so they no longer need to accept Medicare, exacerbating a gap in health services for low-income people. In addition, some community leaders believed that indigent care dollars were not being used wisely, while others believed that the red tape was the cause of the problem: the eligibility rules were too restrictive and reimbursement rates getting “slower and lower,” increasing the disincentives to serve Medicaid patients.

Hays leaders noted that the community had been relying on Central Texas Medical Center as the only local hospital, and specialists are in short supply. However, “Seton and MD Anderson are coming.” The next challenge is transportation, especially seniors. In

addition, service providers pointed out the need for a community to understand the relations between health and nutrition and adverse effect of cheap, easy fast foods.

Mental Health, Substance Abuse, Crime and Public Safety

Service providers discussed the intertwined problems of substance abuse, mental health issues, and crime and public safety, identifying gaps in services that they believed contributed to the problems. They described insurance caps for MHMR services, leaving needy clients untreated if they needed more extensive services, waiting lists to see psychiatrists, and a continuing cycle of people with mental health and substance abuse problems going from the medical center or MHMR facility to “jail, then the streets, and then jail again.” They also expressed concerns that “children are self medicating with drugs and alcohol for mental health issues, but potential mental health clients must “be clean for 4-6 weeks before they can be assessed,” and that there were no residential public treatments facilities for drug use in Hays County and “no places for kids over eighteen to live if they get kicked out due to drug use and mental health.” Providers also noted that they were identifying more severe mental health cases over the last four years, at increasingly younger ages.

As noted above, Hays stakeholders were concerned about the interaction between growing problems and inadequate service solutions for mental health issues and substance abuse, and the impact of those problems on public safety. Stakeholders discussed intergenerational cycles of drug users and worried that “methamphetamine use is fixing’ to get us in Hays County.”

Service providers expressed concern about domestic violence, noting that they were seeing an increase in teens and young adults assaulting their parents. They also expressed dismay that Hays County did not currently have sexual assault nurse examiners (SANE) nurses to conduct forensic evaluations, for at least another year, so sexual assault survivors must travel to another area for examinations.

Recommendations for Action

Hays County stakeholders also identified several specific priorities for action, and many general suggestions to improve health care, support a universal living wage, and other general recommendations.

1. Ensure better information and coordination of services and resources

- Simplify application and eligibility assessments through a common database, where a family applied in one area for assistance and that agency lets them know what they are eligible for.
- Establish multiple one-stop centers to help coordinate services and address the transportation problems for clients.
- Support the proposed Village project that is under development. Cluster services for crime victims in a specialized one-stop. (A Family Justice Center was mentioned as part of the plan for the Village project.)
- Kyle and Buda should come together to build a center with social services and funding supports for new programs, including: a food bank, an “information linkage center” with advocates and case managers so clients “don’t have to go all over creation to find them,” and support groups and counseling.
- Build on 2-1-1 as a resource for the community to use more effectively and update service information in real time.
- Pool and leverage resources through effective channels.

2. Establish priorities in the Kyle and Buda areas by assessing community needs and/or reviewing existing data, develop a clear plan.

3. Launch a social marketing campaign for getting citizens and community members more involved in social services and knowledgeable about problems in the community with specific things they could do to contribute to solutions.

4. Provide mental health inpatient respite care and substance use residential services..

5. Improve education and schools through:

- Strong bilingual education programs to interrupt the cycle of poverty
- Vocational program for skilled jobs and trades
- Educate teens about the risk of teenage pregnancy
- Provide parenting classes, Childcare support and help teens return to finish high school education

6. Extend county support for senior care services and health services

- Subsidize medication for people over age 65
- Expand county health system with clinics
- Support volunteer programs to assist elders, so that they can remain independent in their homes
- Address health care problems by focusing on preventive care
- Help the environment and health by building walking and bike paths, and cleaning up the sewage problems

7. Spend more on CARTS and local bus service. More routes and access are needed, particularly for seniors and people with disabilities.

Research Observations

Unlike a number of the other counties where the conversations seemed to be consistent reflections of each other, there seemed to be many different lenses through which different groups of stakeholders viewed issues in Hays County. While some counties (such as Travis, Caldwell, and Burnet) described well-established planning groups and processes, there did not seem to be clear plans and groups of stakeholders organized for collaboration to the same degree in Hays County. In fact, stakeholders in the different communities seemed to want to remain separate, with “satellite” centers for services in different areas to reflect the different community cultures. These attitudes will certainly make leveraging resources more difficult.

Stakeholders, especially community leaders, seemed to agree that a planning process needs to happen (e.g. members of the focus group in Kyle feels they would like the Kyle and Buda communities to come together), but one person stated that the city governments were currently too competitive to work together to make things happen. There were members in the group who did not know one another. They decided as a group that the Kyle and Buda communities needed to do a planning process together, but potential resistance due to the current competitive relationships between the two city governments were mentioned repeatedly as a challenge to collaboration. The needs of this particular group are very different from the rest of Hays county because they feel that they are completely separate from San Marcos in that there needs are different and they don’t have access to funding, support and services in San Marcos.

This table provides a synopsis of the breadth and the identifiers of issues, root causes and solutions heard by the researchers. Readers may find it of interest if certain themes run through all the stakeholders. However, readers should not conclude that issues not raised by certain stakeholders were not important to them, since the scope of the research was not designed to be comprehensive about issues, root causes and solutions within the prescribed timeframe.

Table 12. Summary of Data Collected from Stakeholders in Hays County

Topic	Service Providers	Clients	General Community	Community Leaders
Issues and Root Causes:				
Transportation	x	x	x	x
Affordable Housing	x	x		x
Economy, Employment, Wages – working poor	x		x	x
Social Service capacity don't match growth	x			
Mental health treatment program lacking; drugs and public safety	x			x
Basic health care, insurance and specialty care (prenatal in San Marcos & Kyle)	x	x		x
Basic Needs	x		x	
Knowledge of Available Services		x		
Ability to access services	x	x		
Affordable and good Childcare	x			
Lack of job training; education program schedules do not support working people	x	x		
Youth problems (teen pregnancy, teen activities, lack of common place, lack of Parental Involvement)	x	x		
Unhealthy diet	x			
Intergenerational poverty	x			
Interrelationship of many issues – economic, employment, health, education	x	x		
Reduced resources and nonprofit and Government funding	x	x		
Education disparity	x			
No mass media to give out information	x			
Resist providing services to the low-income as communist			x	
County not spending enough \$\$ on indigent care because of restrictive guidelines				x
Lack of coordination leading to service duplication			x	x
Need a one-stop shop in Kyle & Buda area			x	
Need city/county collaboration				
Form a regional perspective and set the target			x	
Community needs assessment for Kyle and Buda			x	

Topic	Service Providers	Clients	General Community	Community Leaders
Solutions:				
Provide medication subsidy to seniors over 65				x
Expand county health system with clinics				x
Better coordination & information-sharing among providers	x			
One-stop centers – the “Village” project with professionals on staff	x	x		x
Expand CARTS hours and service area	x	x		x
Public education so that elected officials and general public know that people are struggling here	x	x		
Offer parenting ad life skills classes in high schools; provide Childcare for teen parents in schools	x	x		
Educate the community about issues interconnections	x	x		
Need youth center and recreational facilities, with built in services			x	x
Need to have volunteer doctors and in Austin, Travis Physicians Association			x	x

Stakeholder Input via Online Survey

Twenty-one Hays County community members responded to the online survey. They identified themselves as health and human service providers (6), business people (3), concerned community members (9), and community leaders (9), with some providing additional context about their affiliations.

The following table indicates the number of Hays County respondents that rated the major issue categories as major, minor, or not an area of concern in their community.

Table 13. Responses to Online Survey from Hays County

	Not an Issue	Minor Issue	Major Issue
Economy/ Employment	0	9	12
Transportation	2	6	13
Basic Needs	0	9	12
Education	2	10	9
Health/ Healthcare	0	5	16
Early Childhood	2	9	10
Youth	0	7	14
Elders/Seniors	0	12	9
Crime/ Public Safety	2	13	6
Information/ Coordination	3	10	8

Survey respondents identified “conditions of the working poor” and the ability of people to earn living wages more frequently than any other single issue, also linking economic, employment, and transportation issues. Several respondents also identified affordability and accessibility of health and health care, basic needs, and the availability of care and services for children and youth as most pressing issues, consistent with the focus group responses. Online respondents also noted the environment and problems with heavy traffic and insufficient infrastructure, housing affordability, and senior citizens issues as among the most pressing.

As did focus group participants, online respondents counted social service funding shortfalls, the high cost of living, lack of employment in rural areas, economic growth attracting a non-English-speaking immigrant population, and lack of organized support for latchkey children among the root causes of challenges facing the community.

“(There is) too much uncontrolled growth.”
— Social service volunteer and
member of the general community

Respondents recommended a wide variety of changes they would like to see take place, from global policies such as “an overhaul of the system” and “single payer health care for all” to numerous specific suggestions such as improved transportation options to facilitate employment, funded volunteer programs to assist elders, after-school programs for youth to provide tutoring, homework help, and healthy activities, bilingual education, and walking/bike paths down Fitzhugh Road and Ranch Road 12 in Dripping Springs. Respondents also suggested more focus on preventative care, and to encourage social service clients to be involved in developing their own solutions so they will have “pride of ownership” and increased ability to face future challenges.

Lee County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Lee	12,854	15,657	21.81%	16,536	5.61%	18,114

Major Racial and Ethnic Groups, 2000 – 2004

Lee County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
Anglo	11,992	77%	14,444	87%	20%
Black	1,892	12%	1,893	11%	0%
Asian	38	0%	42	0%	11%
Hispanic/ Latino	2,848	18%	3,317	20%	16%

Top Three Industrial Sectors by Number of Employees

Industrial Sectors	Number of Employees
Retail trade	699
Health care and social services	400
Accommodation and food services	231

Source: U. S. Bureau of Census. Economic Census, 2002

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Lee	2000	\$ 22,227	66%	19%	15%	104 th	79%
	2004	\$ 24,726	67%	16%	17%	119 th	80%

Source: U. S. Bureau of Economic Analysis, *Local Area BEARFACTS*

Median household income (2003): \$37,336

Researchers held a joint focus group discussion with the combined Lee and Fayette Interagency Group (Service Providers), most of who provide services in both Lee and Fayette Counties. A conversation was held with a Community Leader. When requested to help identify and recruit health and human services clients for a similar discussion, service providers suggested using the results of a 2005 community needs assessment by a non-profit service organization based in Giddings (Lee County). The following information has been compiled based on researchers' discussions with Service Providers and the Community Leader and a review of the community survey. No responses to the online survey were received.

A Shared Vision

Service Providers envisioned a better community to be one where individuals are healthy and self-sufficient, where services are available and accessible to meet the needs of residents over such a large rural area with many senior residents. The Community Leader did not articulate a vision statement for a better community, but did commend the current harmony among different racial/ethnic and other groups, saying, "We have no gang problems despite all the drug and Internet problems, and no spray paintings. Everybody gets along well in Lee."

Pressing Issues and Root Causes

The Community Leader from Lee County focused primarily on two issues during his conversation: drug concerns and the Internet and its effects. Service Providers focused mainly on seniors and health service issues.

Drugs, the Internet and Community Fabric

The Community Leader decried the severity of drug activities in Lee County (mainly cocaine and crack). This problem, which was more pronounced in Giddings, was especially common among young people. Drug activities cut across social and economic lines. "I don't know why they do it. Some kids are among the wealthiest. It's like cancer, having no social or economic boundary."

The effort to curb drug activities faced a setback when the State’s drug task force budget was cut altogether. Instead, this became another unfunded mandate from the State to the local government. “The state keeps giving unfunded mandates to the locals. This puts a lot of burden on county governments. Something is about to break. We are stretching our tax dollars very thin,” said the Community Leader.

Parental ignorance about their children’s activities and their lack of supervision was another the reason for the drug activities, according to Community Leader. “Parents would say to me, ‘How dare you accuse my child of doing that?’” Parents often would not believe that their kids were dealing drugs until their heard their children admit it in court. “Young people become liabilities to the community when they end up in the detention centers and in court,” said the Leader. Juniors can be kept in a detention center for up to ten working days without a hearing.

Another major reason is that kids and young people do not have anything to do. “There wasn’t a movie theater when I was growing up; there still isn’t one today. There is one bowling alley in Giddings, and none in Lexington – the only two incorporated cities in Lee County.” Children need to be engaged. “We have a nursing home to visit, but don’t know how to get them to do that.”

Another pronounced issue in Lee County, according to the Community Leader, is the victimization of young people due to inappropriate exposure to the Internet. Internet predators lure young people into inappropriate things. “We caught a predator in downtown Giddings once, who was picking up a 13-year old girl. He had come from San Antonio and had a gun. Young people fall victims to Internet predators.” Again, the Community Leader attributed lack of parental awareness and supervision and lack of activities for young people as some of the main reasons for the Internet problem

“Rural Living” and Service Delivery

Similar to Fayette County, the geographic spread and sparse population density in Lee County pose unique challenges to service providers and their clients. Although “rural living” was cited as an attractive way of life, it was also identified as the root cause creating barriers to services, as

“It’s always about how many people you serve, so you don’t get funding because you can’t serve all the people in the outlying areas.”
— Service Providers

people live far apart from each other and from services. “Rural living” also makes information dissemination more difficult, as information travels mostly through word of mouth. Advertising services and rules changed on the local newspapers are the next best way to get information to residents.

The barrier between service providers and needy clients has a practical implication for providers and eventually for clients. It takes a lot more time, effort and resources for people to reach services or for providers to reach customers, especially seniors. Service Providers said that costs were prohibitive for assisting the home-bound seniors. This sometimes poses a real threat to a service provider’s funding prospects and sustainability, especially when funding is tied to service units.

Seniors

Service Providers expressed deep concerns about several barriers that keep seniors from accessing services and that keep services from reaching them. Seniors who are home-bound or those who do not drive suffer even more. Lack of transportation and the limited capacity of service providers to reach them simultaneously pose the greatest barriers to accessing services, dealing with the routines of daily life and attaining some level of social of life. Lack of transportation services was cited repeatedly by Service Providers as both an issue itself and as a barrier to services.

Seniors sometimes need “to be led by the hand,” with one-on-one service. A prime example is helping navigate through the immensely confusing Medicare Part D, to understand prescription drug coverage and get their prescriptions filled. Combined Community Action has been working actively to help seniors through this process and to make sure seniors get the prescription drugs they need.

However, affordability of prescription medicines and lack of local stock of prescription medicines often are in the way of getting the prescriptions filled. Clients who participated in the community needs assessment survey identified prescription drug assistance as a top need.²⁰

²⁰Combined Community Actions: “Top Ten List” and email from Rhoda Gersch, June 2006.

Health and Indigent Care

For Service Providers, a better community means wellness for its residents of all ages. In Lee County, too many people are medically uninsured. This drives up the cost of care because people in rural areas tend to overuse emergency room services – they do not have health insurance and do not seek services until something happens that puts them in the emergency room. A community needs assessment with emphasis on low-income and senior residents ranked “affordable health insurance” at the top above all other issues.²¹

In Lee County, 17 percent of children and nearly 22 percent of residents under 65 years of age lacked any form of health insurance in 2000.
— U. S. Census Bureau.

Service Providers in particular pointed out the shortage of health care providers and specialists. Many Lee County residents have to go to Austin or Houston for medical services. On the other hand, there are also people who do not want to leave their home base to go to cities for services. Transportation is a critical need and a major problem in the way for people to access services. CARTS is needed but its service capacity falls far short of needs, with scheduled runs only twice a week and by appointments. Even when a bus is available to take a patient to a doctor’s appointment, it often cannot wait long enough for the patient to complete the procedure. This often means that patients must arrange for a transportation alternative to get home. One of the solutions Service Providers proposed is to have minor emergency centers that treat people on a walk-in basis.

The Combined Community Action Inc., which provides services to five counties, conducted a survey on community needs by interviewing clients who received their services. The survey revealed that “prescription assistance” is one of their top concerns. Additionally, Service Providers said that affordability of prescription drugs and lack of local stock of medicines can often pose a direct threat to residents’ health.

Recommendations for Action

Lee County stakeholders made the following recommendations to address the pressing issues and root causes.

- 1. Form a team of caseworkers to work with seniors, “to lead them by the hand” and make sure that their needs are taken care of.**
 - Specifically, Combined Community Action continues to provide assistance to senior citizens for prescriptions and are actively working to make sure that “seniors were signed up for Medicare Part D.”

- 2. Expand the current public transportation schedules and routes and increase mobile vans for dental services.**
 - Combined Community Action is part of a transportation coalition and coordinates with CARTS as much as possible.

- 3. Expand Combined Community Action’s Affordable Housing Program.**

- 4. Organize able-bodied retirees around the ages of 55-65 to volunteer and help alleviate the problems associated with senior residents.**

- 5. Institute community and parent education programs to teach parents how to detect signs of change in their children – change of lifestyle, appearances – for potential drug effects. Parents should understand the implications of drugs to the future of their kids.**

- 6. Institute community and parent education programs, in schools and libraries, about Internet risks. Parents should be taught how to check the history of what their kids have been doing on the computer.**

²¹ Combined Community Actions: “Top Ten List” and email from Rhoda Gersch, June 2006,

Table 14. Summary of Data Collected from Stakeholders in Lee County

Topic	Service Providers	Clients	Community Leaders
Issues and Root Causes :			
Hospice care	x		
Affordable health insurance	x	x	
Shortage of health service providers, including dental programs	x		
Ambulatory assistance to the seniors, including prescription assistance, home repairs	x	x	x
Affordability of prescription medicines	x		
Inadequate funding tied to population density, but still it costs more to provide services in a spread-out area	x		
Lack of public knowledge about existing services and where to go	x		
Affordable rental housing		x	
Good jobs, especially with living wages or benefits or both	x	x	
Career advancement opportunities		x	
Lack of adequate and reliable transportation	x	x	
Drug (crack cocaine) use and transactions			x
Inappropriate Internet exposure of children and youth			x
Cut in state funding for narcotic reinforcement			x
Lack of adequate and reliable transportation	x		
Rural way of living makes information sharing difficult	x		
Lack of parental awareness, involvement and supervision			x
Lack of activities to engage youth	x		x
Lack of community education about consequences of drug and inappropriate Internet exposure			x
Suggested Solutions:			
Make information about services on the newspaper	x		
Provide one-on-one or team approach to counsel hidden and challenged populations	x		
Create minor emergency centers and provide walk-in services	x		
Install mobile vans for dental services	x		
Expand current routes and services in public transportation	x		
Prescription drugs coverage and education to be done in a one-to-one setting	x		
Parent education about possible signs of drug use			x
Parent and community education about Internet risks			x

Research Observations

Service Providers focused a lot of their discussions on community health issues and services to senior citizens, and the related issues about transportation as a barrier to service and challenge of communication in a rural area. They did not dwell on other issues despite considerable probing. Senior needs, health care access and communicating information have all been identified by CAPCOG as a great challenges in its planning document. Service providers gave the impression that Lee and Fayette, as well as Bastrop and other adjacent counties were just one big place.

The Community Leader seemed optimistic about the county's prospect, despite the drug and Internet problems. Researchers were somewhat surprised that the community leader did not discuss more root causes for the drug and Internet problems, or other pressing issues.

Llano County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Llano	11,631	17,044	46.54%	18,143	6.45%	16,608

Major Racial and Ethnic Groups, 2000 – 2004

Llano County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
Anglo	16,408	96%	17,777	98%	8%
Black	51	0%	87	0%	71%
Asian	64	0%	74	0%	16%
Hispanic/Latino	875	5%	1,310	7%	50%

Top Three Industrial Sectors by Number of Employees

Industrial Sectors	Number of Employees
Accommodation and food services	667
Health care and social services	626
Retail trade	493

Source: U. S. Bureau of Census. Economic Census 2002

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Llano	2000	\$ 23,146	50%	27%	23%	78th	82%
	2004	\$ 25,449	50%	25%	25%	109th	83%

Source: U. S. Bureau of Economic Analysis, *Local Area BEARFACT*

Median Household Income (2003): \$33,769

Researchers held one focus group with major service providers and another with members of the general public including church leaders, health and human service clients, and volunteers. A county elected official was interviewed over the phone. There were two responses to the online survey.

A Shared Vision

Llano stakeholders envisioned the county “working toward the well-being of everyone,” a supportive community with happy seniors and young people engaged in positive activities and volunteerism.

Pressing Issues and Root Causes

The Economy and Wages

Llano County population grew by almost fifty percent from 1990 to 2000, and almost all of the growth was in the Anglo population. From 2000 to 2004, growth rate was a mere six percent, and is projected to decline slightly between 2004 and 2010.

The east and the west part of Llano County have very different economic characteristics. While pockets of wealthy communities, such as Horseshoe Bay, drive up property value and the tax base, most of the county is engaged in either service jobs in the east side, due to tourism, and agricultural and ranching activities in the west. Low wages and lack of job opportunities overall were perceived as an acute issue and a root cause of other problems across most of the county. Stakeholders described that young people leave the county because they could not find good jobs and affordable housing, which “hurts the economy, making the problem even worse.”

Service Providers and General Community members attributed an important part of the economic problem to resistance on the part of local government officials and existing business owners who “do not want competition, and so they don’t make the environment friendly for new, needed businesses.” Others just wanted to keep Llano rural and to be “left alone.”

The Lost Youth

Issues confronting the county’s young people are of substantial concern to stakeholders. Some service providers said that young people wanted to “get out of Llano” since there was “nothing here for them.” Several major contributing factors are at play here.

There are no resources for their education — no Advanced Placement classes in school. “My daughter will be 12 hours behind the kids in Marble Falls when she graduates,” one Service Provider said. Some believed that a satellite program would be able to address this education gap. There is no after school care and there are no resources in sight to engage school-age children in meaningful activities.

“Young people are not taught to value their neighbors and are not connected with the rest of the society. There is no college program for workforce training, and there are no job prospects.” Teen pregnancy and drugs were big issues in the community. The Community Leader and Service Providers considered growing methamphetamine

manufacturing, trade and consumption a top issue in Llano County, as manufacturing

“Kids are lost.”
— Service Providers

gravitates toward less populated rural areas to avoid detection. “Many drug addicts have kids who are into drugs, too. Schools don’t do enough to educate kids about drugs.” Service Providers believed that intervention at early age would make a big difference.

Births to adolescent mothers under 18 was 6.6 percent of all live births in 2000.
– U. S. Bureau of Census

State funding cuts in narcotics programs contributed to this issue. Programs for substance abuse treatment and rehabilitation

would have been a more viable solution, compared to a rush to criminalize young people, concluded the Community Leader.

An online survey respondent expressed concerns about child abuse and family violence as well.

“(Our drug problem) ... is destroying lives. It covers all social and economic groups, but young people are especially willing to experiment.”
— Community Leader

The Deprived and Isolated Seniors

Llano has the region’s highest share of seniors in its population, with 31 percent older than age 65. Stakeholders spent considerable time talking about challenges faced by seniors.

Service Providers decried that “seniors don’t have anything,” that “everything has been taken away from them,” despite the fact that seniors “have paid taxes and taken care of businesses all their lives.” In brainstorming solutions to senior isolation, Service Providers also acknowledged that some seniors just did not want to come out and get involved in the community even though some services were free, and did not know what the solution would be.

The Community Leader explained that the east part of Llano County is growing much more rapidly than the rest of the county. As more seniors and retirees settling in the area, “we don’t have the services in place for them,” including health and dental care, adult day care and transportation. Many seniors cannot meet their basic needs. For example, some widows live on \$400 a month and could not even afford \$2 a meal from Meals on Wheels.

In 2000: 31 percent of total Llano population were seniors at age 65 or older; six percent of whom lived in poverty compared to 10 percent poverty rate overall.

Online survey respondents concurred these issues with senior, and added that seniors are also in need for affordable housing.

Affordable Housing

The majority of focus group participants expressed deep concerns about the shortage of affordable housing, especially for seniors and young people. Waiting lists are long for subsidized housing – over 60 people waiting for 11 subsidized units, and getting rid of vouchers made things a lot worse. They noted several contributing factors, perceiving that many people qualify for assistance due to low wages in the county, thus depleting the stock of low income housing; that landlords are not comfortable with

“I have a mother with 3 kids who called every day and needed a place to live. I’ve sent people to Los Angeles to live.”
– Service Provider

Median housing: \$102,100
Median rent: \$547

Section 8 housing. The root cause for housing affordability is low wages, according to Service Providers.

Information About Services

Service Providers and General Community members emphasized the difficulty for people to get existing services, primarily because there is no resource guide. They also praised the one-stop shop in Marble Falls, the Family Services Center, as a good solution for not only transportation, but for providing all services in one place. One Service Provider is already taking the lead to compile a social services guide modeled after the one recently developed in Marble Falls.

Transportation

Stakeholders described the urgent need for transportation in Llano, especially for seniors to get to the doctors and other services. There is no health care facility for seniors to access without driving. “Last year, they even took voting rights away. Now seniors have to drive 26 miles to vote,” according to Service Providers, several of them seniors themselves. They said that Hill Country Transit provides para transit assistance by reservation only for people who are age- and income-eligible, and if they could plan their appointments well in advance.

Older Adult Rural Services (OARS) is a group of community volunteers who offer transportation assistance with their own time, vehicle, insurance and gasoline. While the service is much needed, practical reasons increasingly stand in the way from making the program a viable solution: services would depend on the volunteers’ availability in schedule, hikes in gas price and costs for vehicle maintenance were cited as some of the major prohibitive factors. Young people who have a vehicle are likely taking jobs somewhere outside of the county and are not available. Transportation will become a bigger problem with the increasing gasoline price.

Basic Needs

Service Provider and Llano General Community Members were concerned that some seniors could not afford to meet even the most basic needs with their modest fixed income. “\$2 per meal is still too much when you only have \$400 a month income.” Programs that provide assistance with utility bills were needed, especially in anticipation of the summer months, when utility consumption is high but utility can be terminated if payment is not

made. Hill Country Community Action, a social service agency based in San Saba, used to offer utility assistance but has run out of money.

Health and Dental Care

Stakeholders perceived that, for many Llano County citizens, “getting to the doctor is tough.” While the rural hospital offers basic services, people must still travel to other counties for specialty care, and a full service hospital was a priority expressed by several stakeholders. In response to the increasing number of retirees coming into Llano, and with a vision for a regional hospital, the Community Leader expressed high hopes for the health care problem to be eased, with the creation of a regional hospital as currently being planned by the Llano County Hospital Authority. The new hospital will offer specialty care, while the rural hospital will continue to provide general procedures and emergency room services.

Dental services are very limited in Llano County as well, forcing people to drive a significant distance to the Good Samaritan in Fredericksburg for dental services. In addition to a need for more medical specialties and better facilities, stakeholders also expressed concern about affordability of health care for Llano residents.

Recommendations for Action

Stakeholders made the following key recommendations:

- 1. Establish a community activity center for all ages, so as to reduce isolation of the seniors and engage youth in their communities through volunteer work.**
- 2. Create a one-stop service center with better information about services and have shifts services for families, and for better coordination among providers.**
- 3. Move forward with the full-service hospital to ensure that specialists are available.**
- 4. Focus economic development efforts on jobs that raise wage levels.**
- 5. Address the drug problem and related family problems through stronger education, rehabilitation programs and enforcement. Engage young people in volunteerism. Show them role models.**

Research Observations

Focus group participants said that a one-stop shop would be useful but also said that many people in outlying areas did not have transportation and would need mobile services. They also said that more affordable services and an activity center were needed but that individuals, some among the most isolated seniors, in the community often choose to be not involved. Stakeholders were not split on these issues but rather agreed on both sides, offering additional challenges to the solutions they propose. All of the stakeholders appear to regard youth issues a high priority and think that getting youth more involved in the community would be an important objective.

There seems to be some uncertainty about economic development on the part of some service providers. On the one hand, many retirees are attracted to Llano because of its pristine environment, away from the hustle and bustle of an urban area. On the other hand, the depressed economy seems to generate many more problems. One Service Provider mentioned economic development and job creation, but only “to some degree,” to give young people some work opportunities and to keep the prices down.

There were only two Llano respondents to the online survey, a self-described community leader and a service provider. In many cases, the service provider identified issues as “major” where the leader did not believe them to be so, including public transportation, the economy, public safety and other areas. However, they were in agreement that health care and care for elders were major issues.

The following table provides a synopsis of the breadth and the identifiers of issues, root causes and solutions heard by the researchers. Readers may find it of interest if certain themes run through all the stakeholders. However, readers should not conclude that issues not raised by certain stakeholders were not important to them, since the scope of the research was not designed to be comprehensive about issues, root causes and solutions within the prescribed timeframe.

Table 15. Summary of Data from Stakeholders in Llano County

Topic	Service Providers	General Community	Community Leaders
Issues and Root Causes:			
Transportation –public transportation insufficient, high gas prices, aging volunteers	x	x	x
Affordable Housing in short supply due to local resistance,		x	
Lack of health care specialties and affordability, dental care	x	x	x
Basic Needs, including food and utility assistance		x	
Drugs and related problems, lack of treatment options, lack of education in school	x		x
Seniors – isolation, need for services, supports	x	x	x
Low Wages		x	x
Childcare		x	
Disparity within the county			x
Weak workforce, with no local advanced training options	x		
Youth problems, (teen pregnancy, drugs, lack of opportunities, lack of educational resources)		x	
Uneven growth, with services that do not keep pace with needs			x
Interrelated problem of poor economic opportunities mean that youth leave the community, resulting in low tax base	x	x	
Lack of good role models and positive development for youth	x		
Suggested Solutions:			
Better coordination & information-about services; develop resource guide; Llano Buzz can help	x	x	
One-stop and civic activity center for adults and youth	x	x	
Rehabilitation/substance abuse treatment to help people recover from drugs	x		x
Make community attractive to young people so they will stay/return and contribute to a vibrant economy		x	
Economic development for jobs with higher wages		x	x
Increase supply of low income housing	x	x	

Travis County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Travis	576,407	812,280	40.92%	869,868	7.09%	963,894

Major Racial and Ethnic Groups, 2000 – 2004

Travis County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
Anglo	554,058	68%	725,515	83%	31%
Black	75,247	9%	78,733	9%	5%
Asian	36,286	4%	46,005	5%	27%
Hispanic/Latino	229,048	28%	272,065	31%	19%

Top Three Industrial Sectors by Number of Employees

Industrial Sectors	Number of Employees
Professional, scientific & technical services	49,226
Health care and social services	48,446
Retail trade	47,442

Source: U. S. Bureau of Census. Economic Census 2002

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Travis	2000	\$ 35,213	78%	16%	6%	8th	124%
	2004	\$ 36,234	78%	15%	8%	9th	118%

Source: U. S. Bureau of Economic Analysis, *Local Area BEARFACTS*.

Median Household Income (2003): \$45,245

Seven focus groups and one conversation were conducted with stakeholders in Travis County: three focus groups with community leaders who are elected officials, chief executives or their deputies of large health and human services agencies, educational providers, community organizations and large employers; one focus group with social services providers; one with health and human service clients; one with Asian community members; one with Hispanic community members; and one conversation with a leader of the African-American community.

In addition, 234 people responded to the online survey. An analysis of the responses is tabulated at the end of this section.

A Shared Vision

Stakeholders aspired for Travis County to become a place with a beautiful physical environment, and a unified community that is progressive and intelligent, inclusive and caring, in which every person has real access to opportunities and quality of life, regardless of social and economic status, physical or mental conditions, age, race or ethnicity.

Pressing Issues and Root Causes

Discussions diverged substantially between Community Leaders and Service Providers on the one hand, and health and human services clients and members of racial and ethnic communities, on the other. Clients and ethnic participants described pressing health and human services issues and their root causes. Community Leaders, Service Providers and representatives of community organizations tended to move beyond issues discussions into a passionate debate about *why* so little progress has been made in addressing health and human service issues, in spite of multiple studies and assessments, and the amount of information generated from each process. The summary below attempts to report the pressing issues and their root causes, and the major political, social and institutional factors perceived to have hindered progress in addressing community needs.

Basic Needs, Homelessness and Self-sufficiency

Community Leaders, Service Providers and especially Clients expressed great concern about those residents who still lack the means to meet their basic needs (e.g., food, clothing, and shelter), including both income-eligible people and the working poor who make too much to qualify for public assistance but too little to have a decent quality of life. Stakeholders are especially distraught that, in spite of all the public good will and hard effort “the vast majority of our people are working poor and ... we have the hardest time getting services for them because they don’t qualify.” Cuts in Food Stamps and other public assistance programs hurt poor individuals and families even more; displaced Katrina evacuees and local low-income residents were going after the same limited sources of support and services, which led to tension.

“It’s one thing to have a man standing along the highway holding a sign. It’s quite another when you have a woman and a child there. What are we as a society?”
– Service Provider

Homelessness is increasing but hidden. “As a community we need to recognize and deal with homeless problem, not just push [homeless] individuals out of sight.” A homeless participant described the city’s crackdown on the homeless “prevents the homeless from

In Texas, a full-time minimum wage earner makes \$10,712 a year. In Austin, a family of two adults and two children needs a minimum of \$44,040 a year to be economically self-sufficient.
Source: Center for Public Policy Priorities, 2006.

doing what they need to do to survive,” that safe shelters for single women without children and for trans-gendered people are needed for added safety, as are shelters with improved, wrap-around services. In addition, homeless people had found it difficult to maintain any kind of communication

or find work since the removal of public pay phones. They suggested a community voice mail system as a solution.

Client participant also expressed that longer-term, reliable assistance would be more helpful to people in the gradual transition toward financial independence, rather than a patchwork of immediate services, all of which come with

“If you don’t have your basic needs and health care met, everything else gets so much harder.”
— Service Provider

restrictions on work, earnings or other disincentives for self-sufficiency. Clients felt that

“When you get a job you only get a bus pass for three months. After that you can’t afford to get to your job so you can’t keep it.”
— HHS Client

they were being penalized for taking positive steps toward self-sufficiency.

Health and Health Care

Community Leaders and Service Providers spoke broadly about the systemic problems with health care, including funding, access, insurance and various ‘hidden’ health issues. Most stakeholders believed that preventative care was critical and “much cheaper” than resorting to emergency rooms, and that prevention should be a larger part of the community’s wellness and health care strategy, stakeholders said. Asian participants recommended greater acceptance of holistic approaches and alternatives to Western medical practices. Service Providers and Clients discussed problems for people who qualify for Medicaid but face a situation where “many health care providers don’t take Medicaid. People wait all day in clinics to access services.”

In one focus group with Asian-Americans about City of Austin’s community clinics, several problems were identified about health care services in the community. First, Asians said that they had never heard about the community clinics before, and suggested that a lot more needed to be done to “inform people what’s there for them,” such as advertising the services on Asian newspapers once in a while. Secondly, the community clinics’ web site was too cumbersome and unfriendly to potential customers who need some basic information about eligibility in order to access service.²² They said that the current web site and the eligibility screening process were designed to confuse and deter people from getting immediate service. In particular, they said that having to describe “everything you have in your house” on the phone to an eligibility specialist when you needed to see a doctor right away and *then* learned that you were either poor enough to use the service or not poor enough to qualify for tem simply made no sense, and was outright insulting. This could turn away many Asians from seeking service until problems had deteriorated further. Asian focus group participants made several suggestions to simplify the eligibility determination process,

²² Some Asian participants, after being invited to the focus group, went the Internet to learn about the City’s services before coming to the discussion.

to provide clearer information to the public and to improve accessibility through language, schedules and staffing. When asked about their knowledge about the 211 service, only one out of 17 participants raised hand. Asian-Americans envisioned a community health care system to encompass availability (services), accessibility (transportation and language) and acceptability (holistic options and respect for the customers).²³

Housing, Neighborhood and Community

With the rising cost of living, affordable housing has become a major factor changing neighborhoods and communities. The African-American community in east Austin has been dispersing – many residents, including the Community Leader who was interviewed about this project, have either moved or are moving, to “where people can still afford it,” due to rising property values. The traditional network of neighborhood support is disappearing for African-Americans. In Manor, “affordable housing does not exist” and families have “doubled up” in households. Indigent clients said that there was not enough affordable housing, which increases homelessness. Asians of Vietnamese, Chinese, Indonesian, Korean and Japanese origins described the disconnection within neighborhoods. Neighbors act like strangers rather than looking out for each other, Asians said. Several participants suggested that affordable housing, transportation, senior day care and activity centers in a streamline may be solutions to seniors isolation and associated mental and physical health problems.

In 2004, median housing price in Travis County: \$165,858; Median rent: \$757/month
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Transportation

African American Community Leader, Service Providers and Clients all believed that the lack of convenient public mass transit poses a substantial barrier for low-income people trying to get to jobs. Katrina newcomers found Austin hard to adjust to without the kind of convenient mass transit system in New Orleans. “One woman was suicidal when she got a

²³ This focus group was conducted in a joint session with City of Austin staff who were seeking community input with regard to the city’s community clinics. Some Asian participants went online to learn about the clinics after being invited to the focus group. Many of their comments were made based on that information and on what they learned about the eligibility process during the focus group.

job and then learned that there was no public transportation to get her to the job,” said the Community Leader. For low-income focus group participants,

other barriers included “bus fare is expensive” and the three-month free pass is not sufficient to tie them over during this period when they were

“You can get a job, but you can’t get **to** it.”
— HHS Client

making the transition from indigence to economic self-sufficiency. Buses are too slow due to route cutbacks. Clients want smaller buses that run more frequently. Lack of public transportation was also noted as a concern in Manor, where “individuals have to walk long distances or get taxis.”

Language Barriers

Different groups of stakeholders – Community Leaders, Service Providers, general community members and Clients – all believed that English literacy was critical, but that more translation services were also necessary to facilitate communication and address community needs. Language assistance was especially necessary in health care (to ensure that people fill out paperwork correctly and use medication appropriately), in schools (in order to for parents to understand the information regarding their kids’ education), and sometimes in employment services. Mexican immigrants attending an ESL classes said that one of the best ways to learn English was through workplace literacy programs sponsored by employers.

Mental Health, Substance Abuse and Public Safety

Service Providers and General Community members lamented the policy of criminalizing the mentally ill. They proposed that people with mental health issues be diverted into a therapeutic environment before being sent to jails, because incarcerated individuals are cut off from the community and will face harder struggles later in life, in order to access credit, jobs

“Limited or eliminated mental health services have made Travis County Jail is the largest mental health provider.”
– Service Provider

and housing, etc.. Following through with after-care services and helping these “inmates” reenter the community is absolutely critical, according to some Service Providers. “Giving more money to public safety” is not a viable solution and no crime can be solved until we get

to the roots. Low-income Clients also suggested that more medical clinics and mental health treatment for homeless and psychiatric patients would cut down on these and related problems.

Barriers to Upward Mobility

A great deal of concern still exists about the continued disparity in education in terms of resources, quality and opportunities between schools “in the east vs. the west side” of the city. Community Leaders and general community members emphasized the need to educate children well across the whole pre-K through college continuum. Several Community Leaders emphasized the need for benchmarks to measure outcomes; another said that schools teach too much to the test.

Social service clients described the need for more jobs, more job training and easier access to GED services as part of attaining self-sufficiency. Service providers particularly noted issues for people with disabilities around job training, employment and mobility to get to employment.

Discussions about Systemic Issues and Root Causes

As mentioned earlier, much of the focus group discussions among Travis County Community Leaders and Service Providers tended to focus on issues related to political, social and institutional factors that impact the current culture in health and human services and community wellbeing.

Overall, there was a shared feeling among Travis County Community Leaders and Service Providers that many efforts have been devoted to issues identification and studies, but insufficient actions or results have ensued. Many participants in different focus groups viewed the work by the City of Austin Mayor’s Equity Commission in 2001 as still a highly valid source for overall issues and recommendations. Since then, numerous studies and community assessments have been conducted and are still on-going by public and community entities about specific issues of health and human services. Many of the

community leaders and social service providers participating in this project have been part of the studies and assessments.²⁴

Despite the knowledge, stakeholders felt frustrated about insufficient action and progress. “A barrier is too much over-analysis – we don’t hold our feet to the fire and take action” was a typical comment. “We keep planning and planning – twelve studies going on all the time,” but they lack follow-through and implementation. They identified the following barriers to action and progress:

1. There is no shared vision for the community because eroding public leadership at the federal and state level has created a competitive environment for local communities. Funding strategy for health and human services is largely driven by immediate results along single issues.

“As a nation, there is no coherent public policy about basic rights and how to pay for it.”
— Community

- Continuing to cut federal and state funding and giving unfunded mandates to local communities are making problems worse.
- Social service organizations are trying to meet the growing demand for services, while competing with each other for the same sources of funding.
- All the issues are connected but are dealt with in “silos,” leaving the community further divided and a single vision hard to develop. “Funding is so issue-specific” that it defies a unified approach. Service Providers felt that the division and competition along issues were a particularly big challenge to action and progress. “People are locked in issue silos and cannot form a critical mass.”
- Service providers also felt a need to educate and involve funders in the discussion for community improvement. “Without funders at the discussion table, we will continue to have a pushed delivery system rather than a strategic one. If there is a unified goal, we could bring issues together more and stop reinventing the wheel. Funders really don’t support collaborative work. We need to change the piecemeal funding

approach.” Other providers and community leaders suggested that issues needed to be addressed at three levels – immediate need, intervention and prevention. The current reality is, by the time the immediate

“We accept the issues are all huge and interrelated but what can we do TOGETHER to make it work? There is no real mechanism in place to collaborate to maximize resources – we have the competitive model. If we are more strategic with funding and collaboration perhaps more money will come. What kind of social organism can we put together to make the resources count? ”
—Service Provider

²⁴ For a summary of the issues identified by the previous assessments, see *A Profile of the Capital Area Community: A data analysis report for the United Way Capital Area*.
http://www.utexas.edu/research/cshr/pubs/pdf/final_analysis_report.pdf

needs and interventions were addressed, little funding remained for prevention. Service Providers felt that they could always agree on the interrelations among issues and agree that they ought to be addressed together, but they current political and funding environment do not support that.

- 2. Service Providers also indicated that there was insufficient program coordination between Travis County, City of Austin and local non-profits to end duplication and fragmentation and to have a more concerted effort to fill the gaps. There was a need for specialized “niche” organizations, as well as larger organizations providing “comprehensive” services, but that the work had to be coordinated more effectively community-wide.**

- 3. Artificial boundaries hinder regional and holistic solutions.**
 - Stakeholders believed that artificial boundaries between counties and parts of the community (public, private and non-profit) discouraged regional solutions and holistic approaches on interrelated issues. Others noted that “regionalism is important” but were concerned that, by focusing on the ten-county area, “you omit paying attention to the pressing concerns in Travis County.” Another contending view was held that Travis County needed to resolve its internal problems first before a regional approach could be explored. “If it isn’t even working in Travis County, so how are we going to lead others to regional solutions?” said one Community Leader who is also a service provider.

- 4. There may be a need for a concrete physical symbol to mobilize the community around it.**
 - Community Leaders pointed to the many successes in Austin/Travis County and pondered why it has been so hard to move ahead on social issues. They pointed to the need to do relationship building and understand how people and issues are related to each other. They also suggested the need to appeal to people’s self-interest and educate the community about these needs and their impacts, helping people in the community connect to each other.

Recommendations for Action

The following recommendations from the focus group discussions in Travis County address both program improvements and systemic changes.

Specific program recommendations:

- Use smaller businesses and run buses on routes more frequently; extend the period covered by bus passes; extend bus operating hours.

- Install more shelters for single women and trans-gendered people in geographically diverse areas of the city/county, with built-in amenities and wrap-around services.
- Create a city-wide voice mail system for the homeless and the indigent.
- Provide easier access to GED classes.
- Offer more job training programs.

Systemic change recommendations:

- Take action based on existing recommendations that already have buy-in. Use existing recommendations and planning structures, pick some projects that are manageable to implement that address these systems/intertwined issues. Use resources for action rather than further research at this point.
- Implement the recommendations and plans in the 2001 Mayor of Austin Social Equity Commission report, and other recent assessment documents. “This report means more because it wasn’t just a reaction to a particular incident or problem (e.g. the African-American Quality of Life Report).”
- Better public education about the strengths of diversity and how to promote it.
- Focus budgetary resources more on root causes and intertwined issues.
- Help funders understand that they work against their own interests in bettering the community with a piecemeal approach to funding that does not support true collaboration or support for a unified vision and plan.
- Create a collaborative body to set new funding expectations and plan a community wide continuum of care to address interrelated issues and that builds on the strengths of different types of organizations across different issues.
- As a region, articulate a vision for what we want to be or to produce over the next ten years, then get all organizations signed on and organized around meeting those goals.
- Promote a comprehensive community plan for wellness, prevention and health care.
- Develop better information and collaboration mechanisms to support work on intertwined issues, using technological solutions with real-time updates and web-based information; information has to be able to be updated quickly and easily; address inconsistent information about resources; make the information-gathering process easy and not time-consuming.

Research Observations

The most revealing observation about Travis County focus groups is that most community leaders and social service providers automatically went into passionate

discussions about systemic issues rather than specific health and human services needs, and attributed inaction and slow progress to lack of a shared vision in Travis County. This was not because these stakeholders did not have specific health and human services issues to discuss. Rather, they felt that the systemic issues were more at the root of hindering collaboration and community progress, despite the depth of knowledge and good will in the community.

Therefore, the specific health and human services issues captured here are not the totality of issues that could have been brought forward. Readers should look to other recent community assessment documents — e.g., the 2001 Social Equity Commission report and the 2006 African-American Quality-of-Life report — for a more complete picture. A summary of many issues in Travis County can be found in the first report under the Community Agenda Project.

This table provides a synopsis of the breadth and the identifiers of issues, root causes and solutions heard by the researchers. Readers may find it of interest if certain themes run through all the stakeholders. However, readers should not conclude that issues not raised by certain stakeholders were not important to them, since the scope of the research was not designed to be comprehensive about issues, root causes and solutions within the prescribed timeframe.

Table 16. Summary of Data Collected from Stakeholders in Travis County

Topic	Service Providers	Clients	General Community	Community Leaders
Issues and Root Causes:				
Public transportation	x	x	x	x
Affordable Housing	x	x	x	
Dispersion of traditional community and support network; lack of social connection within neighborhoods			x	x
No incentive for work and effective support for self-sufficiency		x		
Lack of health care	x	x	x	x
Education – equity, quality	x			x
Basic needs, including shelter with wrap-around services	x	x		
Police “crackdown” on immigrants/ homeless		x	x	
Communication – access to phones/ messages		x		
English literacy and help to get it	x	x	x	x
Need more state hospitals		x		
Lack of Commitment to diversity			x	
Safe places (for homeless, for youth)		x		
Wages, job training, job opportunities		x	x	x

Topic	Service Providers	Clients	General Community	Community Leaders
Mental health service gaps, over-criminalizing things through more funding for public safety, lack of help for reentry	x	x	x	x
No process for understanding how health care utilization would be managed				x
Cultural and language barriers; prejudice	x	x	x	
Overwhelmed by needs – hard to prioritize	x		x	x
Bogged down in planning; no action or follow-through	x		x	x
Leadership void. Wrong priorities such as emphasis on war in Iraq, not domestic services. No public policy about basic rights.		x	x	x
Funders prioritize intervention, not prevention or systemic approaches	x			
Lack of strategic and systemic approaches based on common vision	x		x	x
Division along issues and not address the system	x			x
Suggested Solutions:				
Apartment complexes sped 1% of rent on kids programs		x		
Have more 24 hour medical clinics for homeless and psychiatric patients		x		
Extend length of support time for bus passes and expand bus service – use smaller buses that run more often		x		
Better coordination between county, city and non-profits			x	
Systemic approaches to education based on common vision				x
Literacy training - in the workplace	x	x		
Better access to job training, jobs, GED		x		
Take action and get beyond talking, needs assessments, and planning	x		x	x
Funding to support strategic collaborative approaches, not only direct service, for big systems problems like affordable housing, education, healthcare etc.	x		x	
Create a community health and wellness plan and implement it			x	x
Implement Mayor of Austin Equity Commission recommendations	x		x	x
Empower grass-root organizations and common people; political actions by citizens, teach the disenfranchised how to be involved			x	
City-wide voice mail system so homeless and indigent can access communications		x		
Cultural training for providers/translation	x	x	x	x
Build relationships, education the community			x	x

Stakeholder Input via Online Survey

A total of 234 Travis County individuals responded to the online survey, with 75 self-identifying as service providers, eighty as business people, more than one hundred as “concerned community members,” five clients, 34 community leaders, and almost thirty who characterized themselves as “other,” which may include funders, media representatives and people working in the nonprofit field. Twelve respondents indicated that they had participated in a focus group under this project.

As with the focus groups, online survey respondents identified numerous issues as “the most pressing” rather than coming to a consensus on two or three. Larger numbers of respondents identified health and healthcare, education and youth issues, transportation, economic and employment issues, and basic needs as most pressing. The following table indicates the number of respondents that rated the issue categories as major, minor or not an area of concern in their community.

Table 17. Responses to Online Survey from Travis County

	Not an Issue	Minor Issue	Major Issue
Economy/ Employment	17	81	136
Transportation	17	81	136
Basic Needs	35	66	133
Education	12	60	162
Health/ Healthcare	14	49	171
Early Childhood	27	83	124
Youth	11	92	131
Elders/Seniors	20	108	106
Crime/ Public Safety	18	127	89
Information/ Coordination	46	119	69

Consistent with the responses of focus group participants, survey respondents also emphasized the interrelationship of different issues. There was great variety as well as

circularity in the responses, indicating that selecting one pressing issue and one root cause did not convey the complexity that many respondents wanted to express. As one stated, “Accessibility of affordable housing, jobs that pay living wages, (and) affordable Childcare all contribute to issues around basic needs.” Others viewed lack of education as influencing the ability of people “to make a decent living;” low wages (and low minimum wage) as a root cause of other problems. Respondents cited poverty, poor parenting skills and pressures on parents as possible root cause of youth issues, while lack of Childcare resources and providers was seen as a cause of the problems with Childcare. Several respondents cited a lack of spiritual values and morals and “screwed up priorities” as root causes of various issues, and others expressed concerns that discrimination, historical segregation, and lack of opportunity were the root cause of other issues related to employment and being able to afford health care and insurance.

Larger numbers of respondents identified their top priorities for action as more affordable housing; transitioning to a “living wage”; focus on youth, education, and expanding safe youth recreation options; more people engaged as “part of the solution”; and broadening health care coverage through workplaces.

There were numerous detailed recommendations for action as well. While some respondents advocated for more resources for prevention and rehabilitation as opposed to incarceration and enforcement, others believed that enforcing current laws would provide better results. Some respondents recommended better public education about the issues and people affected, perceiving that the general public was largely unaware of the level of need. A number of respondents urged a return to more traditional values and stricter accountability. Some recommendations called for an end to discrimination and greater equity in many different types of services, from schools to police protection, across the city.

“If I was 'in charge', I guess I would create more community events that bring people of different backgrounds together to create an atmosphere where we learn and appreciate our differences and our similarities.”

Online respondents tended to focus on either the issues themselves or funding for services, but less on the “systems” that dominated some of the focus group discussions, particularly among providers.

Williamson County

Population

County	1990 Census	2000 Census	1990-2000 Change	2004 Census Estimate	2000-2004 Change	2010 State Data Center Projection
Williamson	139,551	249,967	79.12%	317,938	27.19%	344,892

Major Racial and Ethnic Groups, 2000 – 2004

Williamson County Race/Ethnicity	2000 Census	Percent of County Population	2004 Census Estimates	Percent of County Population	Percentage Change, 2000-2004
Anglo	205,994	82%	280,069	88%	36%
Black	12,790	5%	19,616	6%	53%
Asian	6,595	3%	11,508	4%	74.5%
Hispanic/Latino	42,990	17%	61,348	19%	43%

Top Three Industrial Sectors by Number of Employees

Industrial Sectors	Number of Employees
Retail trade	13,502
Accommodation and food services	7,342
Manufacturing	7,199

Source: U. S. Bureau of Census. Economic Census 2002

Per Capita Personal Income, 2000 and 2004

County	Year	Sources of Income				PCPI Rank among 254 Texas Counties	PCPI of Texas average
		PCPI	Net earnings	Dividends, interest, rent	Transfers		
Williamson	2000	\$ 31,449	83%	11%	6%	14th	111%
	2004	\$ 28,744	82%	10%	8%	52nd	94%

Source: U. S. Bureau of Economic Analysis, *Local Area BEARFACTS*

Median Household Income (2003): \$61,436

Researchers held five focus groups with service providers, seniors, health and human services clients, members of the general community in Round Rock, Georgetown and Taylor, and had a conversation each with a county elected official and a business leader.

In addition, 29 respondents were received from the online survey. A summary of the results is included at the end of this section.

A Shared Vision

Five focus groups and two conversations with Williamson County stakeholders revealed a high degree of consensus about the health and human service issues facing county residents and recommendations to address them. Stakeholders envisioned a better community to be one that promotes health and wellness through shared public spaces and physical mobility, that is friendly and supportive to children and seniors, that offers accessible health care services to all residents and has an economy that offers “good jobs” with benefits.

Pressing Issues and Root Causes

Economic Security and Community Vibrancy

Social service providers and clients expressed significant concern about the prospect for jobs to keep in pace with the cost of living in this fast growing county along the I-35 and 183 corridors. In the more sluggish east Williamson County, stakeholders expressed concerns about small towns dying out and the implications of a declining manufacturing base. Participants from the Taylor area noted that people could not find equivalent jobs after layoffs, and that “good” employment – “jobs that pay a living wage” — and job training opportunities were limited. Taylor community members expressed disappointment that certain City Council policies aimed to raise and collect more taxes ended up driving local, family-friendly businesses out of business.

Clients felt the acute pain due to the lack of any safety net or community assistance during an economic downturn or a job loss, as five of the participating clients experienced a job loss either themselves or by their family members – all were at professional positions.

One woman had a self-sufficient family before her husband was laid off from his \$80,000+ a year job a few years ago. The family was sent into despair, when the layoff was coupled with losing health insurance and big medical bills. “It was a choice between groceries and co-pay.” The

“They kick you when you’re down. If you are in a crisis and get your utilities cut off, even if you just couldn’t temporarily handle your bill, then when you can get the money together, you have to pay a bigger deposit and get charged a higher rate. There need to be something in the community to help people get of the situation. There is got to be a place to go.”

– HHS Client

The family’s accumulated assets during the good years meant ineligibility for many public assistance until family assets were drained out. “We exhausted all of the savings and are drawing down our pensions, until we reached the point of being indigent.” Meanwhile, her husband has taken a job in Indiana with substantial pay reduction, so that the family can have health insurance. Clients explained that there seemed to be no way to avoid a free-fall.

Clients also described the difficulty of identifying resources and services. One said, “It’s hard to find out information on what resources ARE available to help. I’ve wasted precious personal time and resources trying to find help. Gas is expensive. I can’t afford to go somewhere if I can’t get help there.” They felt that maybe “the government wants to keep the information from you because they are afraid you’ll dip into it.”

Competing Interests

Clients and seniors expressed more concerns about competing priorities, explaining that “community leaders and general public don’t seem to truly understand some of the extreme ‘basic’ needs in the community.” They felt that the issues were hidden because so much of the county is affluent, and that “elected officials have closed minds to the needs of people who do not have ‘clout’ – seniors and people who are struggling. Elected officials would rather focus on infrastructure and growth.” They also felt that Williamson County’s strict enforcement policies helped to hide problems, or simply shift them temporarily across county lines. Homelessness was cited in more than one group discussions as a pressing yet hidden community problem, because Williamson County is “the most non-tolerant county.”

Interagency Cooperation and Collaboration

Many Service Providers felt that there was a general lack of awareness and collaboration regarding resources and services, despite the fact that they were funded, at varying levels, through a common community funder. They passionately went into a debate about the need to coordinate efforts and lamented about insufficient collaboration at the current level. As they searched for some solutions to this problem, they also found an explanation to this problem, “Many people talk about collaboration. What they mean is that ‘you ought to collaborate with *me*’ and do not even realize that is part of the problem.”

Transportation

Stakeholders were extremely concerned about the lack of public transportation to get where they needed to go for work, for medical care, and for “just getting around.” They regarded insufficient transportation means as a root cause as well as an issue itself, particularly for low income and elderly residents. In east Williamson County and rural areas around Liberty Hill, focus group participants said that CARTS was necessary and used regularly by many residents but that the services were not available at the frequency, hours, or geographic scale needed. Seniors in the Bartlett community are even more isolated due to its geographic distance from any major economic and cultural hubs.

“CARTS is good, but they only come to your area once a week. You’d better make sure to only get sick on Monday. If you get sick on Wednesday, you’re out of luck!”
— Community Member

Affordable Housing

All the stakeholders identified the lack of affordable housing as a pressing issue . Community Leader and Taylor General Community members pointed to affordable housing as being in especially urgent need for people in transition: foster children transitioning from foster homes but have no credit history; women moving out of shelters and beginning a difficult path to independency; young adults who just begin to earn their first pay checks at minimum wage; and seniors who rely on fixed income.

In addition, several participants from different focus groups decried the definition

of “affordable housing,” saying that they cannot afford to live in most of the housing that is deemed “affordable.” Clients said that emergency housing is a huge issue – there is none in Williamson County.

In 2004, median housing price: \$153,817
Median rent: \$793

Childcare

Childcare availability and cost was cited as a major barrier for low-wage earners from seeking and staying in employment. Focus group participants described long waiting lists for Childcare subsidy, and that Head Start and Even Start programs were at capacity but were limited from expanding further by federal mandate.

**Median Childcare Market Rate,
Rural Capital Area Workforce Development Board, 2005**

Type of Care	Median Market Rate, per day
Infant Full-time	\$29.40
Infant Part-time	\$25.14
Toddler Full-time	\$21.68
Toddler Part-time	\$16.31
Preschool Full-time	\$22.12
Preschool Part-time	\$10.68
School age Full-time	\$26.88
School age Part-time	\$8.95

Source: Center for Social Work Research and Ray Marshall Center, 2006

Youth/Young Adults

Stakeholders expressed significant concerns about youth in Taylor/East Williamson County. They described a cycle of problems with young people dropping out of school and then having trouble finding jobs, widespread underage drinking and teen pregnancy, and “parents who don’t seem to care.” Many people registering for work assistance are dropouts. Service Providers believed that

Births to adolescent mothers (under age 18) of all live births (2000): 2.6 percent
Source:

intergenerational poverty and lack of appropriate parental involvement were root causes of the problem. Breaking intergenerational poverty, therefore, is key to true long-term solutions to youth issues.

Service Providers also felt that remedial measures to address the dropout problem were extremely limited, citing lack of alternative schools for dropout recovery in Taylor, although GED classes were available. What is more, few recreational activities or after-school programs exist in east Williamson as alternatives to drugs. Young adults aging out of foster care have no support or places to live, as many landlords refuse to rent to individuals who are under 21 or lack credit history.

Seniors

Most focus group participants, in addition to seniors or providers who work with seniors, identified the needs of senior citizens as a community issue. They raised concerns that seniors lacked access to needed health care or other services; could not afford housing, especially with rising property taxes; and were isolated and lonely, exacerbating existing health and mental health issues, particularly in rural parts of the county. Recommendations included community facilities for seniors to gather for activities and transportation to these senior centers and other health and human services. The Williamson County and Cities Health District supports numerous programs for seniors in different parts of the county.

Several seniors who participated in focus groups felt that they had lived well, paid taxes, volunteered in their communities – in short, had contributed richly to their communities - and were now being “tossed aside,” no longer able to get around due to physical problems and transportation barriers, and frightened about not being able to afford housing or medical care. They praised social service agencies that provided transportation to get to services, as well as faith communities that helped isolated seniors by providing “food, clothing, and support.” However, seniors lamented what they perceived as declining quality of service – Meals on Wheels are now serving frozen food rather than offering choices of fresh food and condiments they like.

Health Care and Mental Health Services

Clients, Service Providers, and Community Leaders described issues related to basic medical and dental care, and the affordability insurance. Stakeholders specifically expressed concern about the implications of this low level of health insurance for their desire for Williamson to be a “healthy community.” Lack of insurance leads to inadequate use of preventative care, and more costly hospitalizations and trips to the emergency room.

“Even the agencies that have touted “free” medical services charge for their services and preventative services are limited to immunizations ... there are no low cost or no cost screening for heart disease, colon cancer, bone density testing, basic preventative care.”

— Community Leader,
via the online survey

A Community Leader and Service Providers attributed the low rate of health

In 2000, 17.5 percent of all children and 19 percent of adults under 65 in Williamson County had no health insurance.

insurance in part to the fact that over half of the employers in the county, especially in Georgetown, are small business owners, who

cannot afford health insurance for their employees.

Specialty doctors are lacking in certain communities of the county and services are scarce for the indigent population. Doctors often opt to serve the more affluent clients, who also may have private insurance. Low rates of reimbursement rates from the state and the county certainly contributed to this

preferential choice. Williamson County is in the process of adding three hospitals. The Community Leader believes that these additional new hospitals will alleviate some of the challenges facing indigent care. For example, non-profit hospitals are more

Background on county expenditures on indigent care:

Under state law, counties are mandated to spend up to 8 percent of the general revenue tax on medically necessary treatment for county residents who are eligible under program rules. Those whose resources are within program guidelines, and who are not eligible for Medicaid may be eligible for this program.

likely to consider providing services to the indigent population as part of the hospital mission, and the new hospital in Georgetown is expected to be more accessible to east Williamson County residents as a road is being constructed to connect Hutto and Taylor area with Georgetown.

Mental health is an issue with very much the same characteristics as health care for the indigent population, only that it is an even more challenging problem. A large number of people on medication are stable, but they need to have regular maintenance visits and be able to refill their prescriptions timely. Currently, few practitioners would accept these people if payment is an issue. The few psychiatrists in Williamson County only take cash in exchange for prescriptions.

People with severe mental illness are taken by officers — or “committed” — to the hospital, but the nearest hospital is the Austin State Hospital and often full. They can be taken to state mental hospitals as far as Lubbock and El Paso. Committing these to mental hospitals is very costly to the county, and highly traumatizing for the patients/victims. Wherever they are sent, there is no transportation to help them return to Williamson County later on. Currently, County government is offering some alleviation to this problem through two programs — the “Crisis Intervention Team” and the “Mobile Outreach Team” — that offer onsite counseling and emergency medications.

Service Providers described problems of mental health, but in the contexts of crimes such as child and elderly abuse, sexual assaults and substance abuse.

Recommendations for Action

Many stakeholder groups emphasized that the issues were so intertwined that they were all root causes of the others. Therefore, solutions ought to be coordinated. Different groups of stakeholders proposed overlapping, and largely consistent, recommendations.

- Raise awareness of pressing issues in community and increase community ownership of issues and solutions through long-term planning. Clearly communicate with community leaders and legislators about the true needs of the community and its people.
- Incorporate economic security of employees as a component of economic development strategy. Create a community safety net plan to help people from slipping into despair due to the acute impact of a single event.
- Provide better coordination of services through an umbrella entity and ensure equal access to information and resources by all service providers. Bridge the east and west Williamson County divide. Create one-stop centers of services.

“The Interagency Council for East Williamson County is separate from West. There should be a steering committee to bridge between the two ... for whole -county coordination.”
— Service Provider

- Collaborate across agencies to expand early intervention, improve positive parental involvement, introduce positive activities and role models, and engage youth in helping others in their communities through volunteerism.
- Institute a reliable transportation system by expanding CARTS services that connects east and west parts of the county.
- Improve health and increase health care services by adding specialty services, promoting healthy lifestyles and setting higher professional standards for care providers.

Research Observations

The economic and social divide along Interstate Highway 35 was repeated several times by different groups and individuals. “Williamson is like two separate counties,” some said. The disparity within the county is vast. On the one hand, it is a vibrant community infused with new wealth, new ideas and new people, and on the other, a place where the less fortunate still struggle with basic needs, isolation and face the danger of falling through the cracks. Issues for the working poor came across loud and clear, and do not *seem* to fit the generally known picture of Williamson County. Clients in particular emphasized the need to address issues in a holistic way, as they see them all as interrelated.

The degree of consensus about the ways to address pressing issues and root causes was striking to researchers. In one large session with several breakout groups, participants were assigned to each table by their geographic affiliations. After wide-ranging discussions about their geographic areas of the county, the groups came up with almost identical sets of recommendations to address pressing issues and methods. That level of consensus may suggest a prime opportunity for collaboration, with the recognition that the solutions need to be customized to the regional needs within the county.

The following table provides a synopsis of the breadth and the identifiers of issues, root causes and solutions heard by the researchers. Readers may find it of interest if certain themes run through all the stakeholders. However, readers should not conclude that issues not raised by certain stakeholders were not important to them, since the scope of the research was not designed to be comprehensive about issues, root causes and solutions within the prescribed timeframe.

Table 18. Summary of Data from Stakeholders in Williamson County

Topic	Service Providers	Clients	General Community	Community Leaders
Issues and Root Causes:				
Transportation, connection between east and west part of county	x	x	x	x
Affordable housing	x	x	x	
Lack of health insurance, medical and dental facilities; indigent care lacking due to disincentives in the system for providers	x	x	x	x
Mental health care (similar to indigent care issue)	x		x	x
Education quality lacking, dropouts and teen problems due to lack of parental involvement and lack of opportunities	x	x	x	x
Language barriers and needs to serve immigrants	x		x	
Reduced government and nonprofit funding	x	x		
Basic needs & lack of a “safety net” for crises	x	x	x	
Information about & coordination of services	x	x		
Employment – good jobs that keep pace with cost of living	x	x	x	
Affordable Childcare	x			
Lack of job training	x	x		
Supports and care for Senior Citizens	x	x	x	
Rapid population growth outpaced capacity	x		x	x
Intergenerational poverty	x			
Interrelationship of issues – economy, health, employment, education, childcare, transportation – where one problem can cause others to escalate	x	x	x	x
Suggested Solutions:				
Economic development for good jobs/businesses that pay living wage and benefits	x	x	x	
Job training	x	x		
Better access to medical facilities and providers	x	x		x
Provide housing that low-income people can afford	x	x	x	
More opportunities/healthy activities for youth	x		x	x
Coordinated services & resource guide	x	x		x
One-stop centers throughout the county	x	x		
Public spaces that promote physical mobility and healthy lifestyles; and support preventive services	x		x	x
Volunteerism	x	x	x	
Work with legislators to increase reimbursement rate for providing indigent care				x
Seek health insurance for employees through trade associations				x
Expand CARTS and add other public transport	x	x	x	
Public education so that elected officials and general public know that people are struggling here	x	x		
A strong county-wide plan to address “regional” needs within the county				x

Stakeholder Input via Online Survey

Twenty-nine Williamson County respondents completed the online survey, with ten identifying themselves as health and human service providers, thirteen identifying themselves as a business person or “concerned community member,” and three or fewer identifying themselves each as community leaders, clients, or “other,” respectively. (Respondents could identify themselves by more than one category.) One respondent indicated that he or she had also participated in a focus group under this project.

The following table indicates the number of respondents who rated the major issue categories as major, minor, or not an area of concern in their communities.

Table 19. Responses to Online Survey from Williamson County

	Economy/ Employment	Transportation	Basic Needs	Education	Health/ Healthcare	Early Childhood	Youth	Elders/ Seniors	Crime/ Public Safety	Information/ Coordination
Not an Issue	2	2	4	1	2	4	0	0	4	3
Minor Issue	12	8	10	15	7	20	13	18	19	19
Major Issue	15	9	15	13	20	5	16	11	6	7

Respondents, in selecting one issue each as “the most pressing,” identified a wide range of issues with little overlap, including economic/employment/workforce issues, education and youth issues including child abuse and neglect and a lack of positive activities and opportunities for young people, affordability and availability of health care and mental health services, heavy traffic and other transportation issues, changing demographics straining resources, and other effects of growth. The scattered distribution of responses illustrates the complexity of and interrelationship among key issues, as well as differences of opinion about the issues. Respondents considered root causes to be everything from “too much dependence on government solutions” — several respondents alluded to rising tax

burdens and people being “enabled” by government — to a “fundamental value shift” of the American public to be more materially-oriented. Many respondents said that a root cause of problems was poor government planning to respond appropriately to the high growth rate, and that resources were inadequate as a result, but the responses were as varied as “too much reliance on roads and cars” to “overcrowded schools resulting in poor quality of instruction” to “poor investment by companies in training their employees,” depending on which issue they had selected as most pressing.

The solutions suggested ranged from providing more night shelters “as a short term fix” to providing better public transportation to “help with many issues.” While some Williamson respondents advocated for “national healthcare for all citizens” and “adequate funding, adequate funding, adequate funding,” others said that the solution was to “eliminate most government programs” or to “close the borders and enforce the laws.”

Appendix A: Focus Group Protocol

Focus Group Protocol Community Agenda Project

Introduction

We are from the Ray Marshall Center for the Study of Human Resources, the University of Texas at Austin. We are conducting research on the Community Agenda Project sponsored by United Way Capital Area. We are collecting stakeholder perspectives on pressing issues, root causes and possible solutions related to health and human service issues in your community across the 10 counties in the capital area.

Rules and IRB Signature

1. Your participation is voluntary.
2. If you decide to participate, we will include your input in our report, but your identity will not be linked to what you tell us.
3. We will ask you to sign in on a separate piece of paper, so that we can demonstrate that we talked to real people. However, no one will use your sign-in information to contact you and it will not be linked to what you say.
4. We will use a tape recorder. This is in case we didn't take good notes or when we have questions. The tape recorder will not record your names, only what you say about issues and about your community.
5. If you do participate, we'd like you to stay through the whole time, about 1 — 1.5 hours.
6. Once we have explained the above rules and answered your questions, we'll ask you to sign the IRB sheet, indicating your understanding of the confidentiality rules.

The Process

1. The researcher will guide the conversation with questions.
2. Everyone talks.
3. Everyone should feel free to agree or disagree.
4. There is no right or wrong comments.

TOPICS/QUESTIONS

1. You are here because you are a (community leader, service provider, HHS client, a community member). Could everyone take a turn to say briefly which community you represent – a community can be a place, an entity or a part of the population.
2. What is your vision for your community?
3. What issues are in the way for your community to achieve that vision?
4. Of the issues that you just described, are there 2 or 3 that you think are most pressing? Which ones are they?
5. Why do you think these pressing issues exist? What do you think are at the root of these issues?
6. Now that you've thought about the issues and their root causes, what do you think should be done about these issues and causes?
7. What actions should be taken first to deal with these pressing issues and root causes?
8. So do you think that if we take these actions and deal with the issues and causes, we'll get closer to the kind of community that you envisioned?

Appendix B: Online Survey Questionnaire

Zoomerang

http://www.zoomerang.com/members/print_survey_body.zgi?ID=L22...

Community Agenda on Health & Human Service Issues

1. Have you participated in a focus group about your community in the past two months?

- Yes, a Community Agenda Project focus group facilitated by the Ray Marshall Center.
- No, I have not participated in any focus groups.
- Not sure.
- Yes, the focus group in which I participated was:

2. How would you describe yourself, according to these categories?
(You may choose more than one, if applicable.)

- Health and human services provider
- Business person
- Concerned community member
- Client/recipient of health or social services
- Leader in my community
- Other, please specify:

3. Please tell us your age group.

- Youth (under 18)
- Young adult (18-25)
- Adult, but not a senior citizen
- Senior citizen/elder

A better description for me is _____

4. What is your gender?

- Male
- Female
- Trans-gendered

5. How would you describe your race/ethnicity?

- White/Caucasian
- Black/African-American
- Hispanic/Latino
- Asian-American
- Native American
- Multi-racial

Other, please specify: _____

6. In which county is your community located?

- Bastrop
- Blanco
- Burnet
- Caldwell
- Fayette
- Hays
- Lee
- Llano
- Travis
- Williamson

7. Please tell us more about how you define your community. (Please fill in any areas that apply to you; you may leave the others blank.)

- Location:
- Demographic
- Group:
- Organization:
- Other:

8. How do you envision what your community would be like if health and human service issues there were addressed? Please describe your vision for your community.

9. Is TRANSPORTATION an important issue or concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

10. When thinking about the issue of TRANSPORTATION, which of these are issues in your community? (check all that apply)

- Public transportation to get to work, services, and handle daily life tasks
- Capital Area Rural Transportation Services (CARTS) is good, but too limited to meet the needs (issues with boundary lines, frequency/availability, service hours)
- Heavy traffic/insufficient infrastructure

Other, please specify: _____

11. Are issues related to the ECONOMY or EMPLOYMENT important or of concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

12. When thinking about the ECONOMY or EMPLOYMENT, which of these are issues in your community? (check all that apply)

- Attracting companies with good jobs (high wages, benefits)
- Economic development
- Transportation for employees
- Childcare for employees
- Educated/skilled workforce
- Poverty/Conditions of working poor
- Securing good jobs and being able to earn living wages
- Managing personal finances
- Cost of living too high
- Other, please specify:

13. Are BASIC NEEDS issues important or of concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

14. When thinking about BASIC NEEDS, which of these are issues in your community? (check all that apply)

- Housing affordability
- Housing availability, particularly for at risk populations
- Crisis services
- Food
- Emergency shelters
- Homelessness
- Utility assistance

Other, please specify: _____

15. Are EDUCATION issues important or of concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

16. When thinking about EDUCATION, which of these are issues in your community?
(check all that apply)

- Quality in schools
- Equity in schools
- Integration of morality and ethics in curriculum
- Overcrowding
- High standards/student achievement
- Higher education - affordability
- Higher education - access
- Other, please specify: _____

17. Are HEALTH or HEALTHCARE issues important or of concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

18. When thinking about HEALTH or HEALTHCARE, which of these are issues in your community? (check all that apply)

- Affordability
- Access to healthcare in general
- Access to healthcare for specific groups (special populations by age, race, ethnicity, etc.)
- Availability/affordability of insurance, in general
- Availability/affordability of insurance for specific groups (special populations by age, race, ethnicity, etc.)
- Denial of service due to lack of treatment or inability to pay
- More quality healthcare professionals
- Doctors who don't accept Medicare/Medicaid patients
- Healthcare services inadequate, low quality, and/or unfriendly
- More medical specialties available
- Better facilities
- Disease prevention/care
- Transportation to healthcare
- Eligibility requirements/red tape
- Availability of substance abuse treatment
- Availability of information about healthcare options
- Availability of mental health services
- Family support services for the infirm
- Family planning

- Unhealthy lifestyles (fitness, nutrition)
- Healthy eating too expensive/difficult
- Lack of holistic wellness options
- Availability/convenience of obtaining information on public health and services
- People in stress due to balancing medical needs and other life issues
- Need translation of healthcare information for non-English speakers/readers
- Other, please specify:

19. Are EARLY CHILDHOOD issues important or of concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

20. When thinking about EARLY CHILDHOOD or YOUNG CHILDREN, which of these are issues in your community? (check all that apply)

- Affordable pre-school and childcare
- Quality childcare providers
- Availability of childcare
- Parenting skills
- Access to healthcare for children
- Insurance for children
- Lack of parental involvement
- Other, please specify: _____

21. Are YOUTH issues important or of concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

22. When thinking about YOUTH, which of these are issues in your community? (check all that apply)

- Availability/quality of after-school programs
- Opportunities for recreation/entertainment
- Community service opportunities
- Mental health issues
- Suicide prevention
- Teen pregnancy
- Services for pregnant/parenting teens
- Drug abuse prevention/treatment
- Youth behavior problems
- Dropouts
- Lack of parental involvement and skills lead to youth at risk
- Job training and employment opportunities
- Juvenile crime

- Gangs
- Other, please specify:

23. Are issues for ELDERS / SENIOR CITIZENS important or of concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

24. When thinking about ELDERS / SENIOR CITIZENS, which of these are issues in your community? (check all that apply)

- Access to healthcare
- Affordable housing for seniors
- Elders must care for grandchildren
- Dependent care/day care for seniors
- Isolation
- Other, please specify:

25. Are CRIME or PUBLIC SAFETY issues important or of concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

26. When thinking about CRIME or PUBLIC SAFETY, which of these are issues in your community? (check all that apply)

- Relationship between community and law enforcement
- Adequate number of law enforcement officers
- Training and resources for law enforcement officers to protect vulnerable populations (children, elderly, homeless, deaf, immigrants, etc.)
- Recidivism/habitual criminals
- Ease transition from incarceration to society
- Link between crime and substance abuse/mental health
- Legal and support services for victims
- Sensitivity in victim support services
- Child abuse/neglect
- Domestic violence
- Sexual assault
- Violent crime
- Changes in profile of criminals (gender, demographics, etc.)
- Disaster preparedness/assistance
- Other, please specify:

27. Are INFORMATION or COORDINATION issues important or of concern in your community?

- Not an issue in my community
- Minor issue in my community
- Major issue in my community

28. Which INFORMATION or COORDINATION issues are important or of concern in your community? (check all that apply)

- Public information about services and resources
- Efficiency/effectiveness/coordination of services, among service organizations
- Other, please specify:

29. Are there OTHER issues related to growth, change and personal interaction that are important or of concern in your community?

- No, I have covered the ones that concern me
- Yes, I may want to note some other issues

30. Which of these OTHER issues related to growth, change and personal interaction are important or of concern in your community? (check all that apply)

- Managing growth/population expansion
- Preservation of community lifestyle
- Discrimination
- Promotion of family/spiritual values
- Ability to serve the needs of immigrants
- Changing demographics put strain on community resources
- Space/facilities for community events
- People are not involved in the community
- Not enough volunteers
- Other, please specify:

31. YOU ARE ALMOST FINISHED! Now we'll ask you to identify your three top issue priorities, your thoughts on root causes and the actions you would recommend to address the issues.

32. Which issue do you think is the MOST PRESSING or IMPORTANT in your community?

- Take me to a list of identified issues from which to choose
- No pressing or important issues

The MOST pressing issue is:

33. Which issue do you think is MOST PRESSING or IMPORTANT in your community?
(select only one)

TRANSPORTATION ISSUES in general

- Public transportation
- C.A.R.T.S. is too limited
- Heavy traffic/insufficient infrastructure

ECONOMIC/EMPLOYMENT ISSUES in general

- Economic development/companies with good jobs
- Workforce issues due to limited transportation or childcare for employees
- Educated/skilled workforce
- Conditions of working poor/ability to earn living wages
- Poverty
- Managing personal finances

HOUSING ISSUES in general

- Housing affordability
- Housing availability, for at risk populations

BASIC NEEDS ISSUES in general

- Crisis services
- Food/hunger
- Nutrition
- Emergency shelters
- Homelessness
- Utility assistance

EDUCATION ISSUES in general

- Education/school quality
- Educational equity in schools
- Integration of morality and ethics in classroom
- Overcrowding in schools
- High standards/student achievement
- Higher education - affordability
- Higher education - access

HEALTH & HEALTHCARE ISSUES in general?

- Affordability and access
- Access to healthcare for specific populations
- Availability/affordability of health insurance
- Availability/affordability of health insurance for specific populations
- Denial of healthcare service
- More quality healthcare professionals
- Doctors don't accept Medicare/Medicaid

- _____ -Healthcare services inadequate, unfriendly
- _____ -Medical specialties not available
- _____ -Better healthcare facilities
- _____ -Disease prevention/care
- _____ -Transportation to healthcare
- _____ -Eligibility requirements/red tape
- _____ -Availability of substance abuse treatment
- _____ -Availability of info about healthcare options
- _____ -Availability of mental health services
- _____ -Family support services for the infirm
- _____ -Family planning
- _____ -Unhealthy lifestyles (fitness, nutrition)
- _____ -Healthy eating too expensive/difficult
- _____ -Lack of holistic wellness options
- _____ -Stress balancing medical & other life needs
- _____ -Healthcare information for limited English proficient

CHILD CARE ISSUES in general

- _____ -Affordable pre-school and childcare
- _____ -Quality childcare providers
- _____ -Availability of childcare
- _____ -Parenting skills

CHILD and YOUTH ISSUES in general

- _____ -Access to healthcare for children
- _____ -Insurance for children
- _____ -Lack of parental involvement in lives of children/youth
- _____ -Availability/quality of after-school programs
- _____ -Youth recreation/community service opportunities
- _____ -Youth mental health issues
- _____ -Suicide prevention for youth
- _____ -Teen pregnancy
- _____ -Services for pregnant/parenting teens
- _____ -Drug abuse prevention/treatment for youth
- _____ -Youth behavior problems
- _____ -Dropouts
- _____ -Job training/employment options for youth
- _____ -Juvenile crime
- _____ -Gangs

ISSUES for SENIOR CITIZENS/ELDERLY in general

- _____ -Access to healthcare for seniors
- _____ -Affordable housing for seniors
- _____ -Elders must care for grandchildren
- _____ -Dependent care/day care for seniors
- _____ -Isolation of seniors

CRIME & PUBLIC SAFETY ISSUES in general

- ___ -Relationship between community and police, sensitivity
- ___ -Adequate number of law enforcement officers
- ___ -Recidivism/habitual criminals
- ___ -Ease transition from incarceration to society
- ___ -Crime linked to substance abuse/mental health
- ___ -Sensitivity & services for victims
- ___ -Child abuse/neglect
- ___ -Domestic violence
- ___ -Sexual assault
- ___ -Violent crime
- ___ -Disaster preparedness/assistance

MANAGING GROWTH/population expansion in general

- ___ -Preservation of community lifestyle
- ___ -Ability to serve needs of immigrants
- ___ -Changing demographics strains resources

COMMUNITY VALUES in general

- ___ -Discrimination
- ___ -Family/spiritual values lacking
- ___ -Facilities for community events
- ___ -People are not involved in the community

INFORMATION AVAILABILITY & COORDINATION of SERVICES

34. What do you believe are the root causes of this issue? (Is there something else at the source of the problem?)

35. What are the main actions that should be taken to address this issue? If you were "in charge," what actions would you take or recommend?

36. What issue do you think is the SECOND MOST PRESSING or IMPORTANT in your community?

- _____ Take me to a list of identified issues from which to choose
- _____ No other pressing or important issues

The SECOND MOST PRESSING issue is:

37. Which issue do you think is the SECOND most pressing or important in your community? (select only one)

TRANSPORTATION ISSUES in general

- _____ -Public transportation
- _____ -C.A.R.T.S. is too limited
- _____ -Heavy traffic/insufficient infrastructure

ECONOMIC/EMPLOYMENT ISSUES in general

- _____ -Economic development/companies with good jobs
- _____ -Workforce issues due to limited transportation or childcare for employees
- _____ -Educated/skilled workforce
- _____ -Conditions of working poor/ability to earn living wages
- _____ -Poverty
- _____ -Managing personal finances

HOUSING ISSUES in general

- _____ -Housing affordability
- _____ -Housing availability, for at risk populations

BASIC NEEDS ISSUES in general

- _____ -Crisis services
- _____ -Food/hunger
- _____ -Nutrition
- _____ -Emergency shelters
- _____ -Homelessness
- _____ -Utility assistance

EDUCATION ISSUES in general

- _____ -Education/school quality
- _____ -Educational equity in schools
- _____ -Integration of morality and ethics in classroom
- _____ -Overcrowding in schools
- _____ -High standards/student achievement
- _____ -Higher education - affordability
- _____ -Higher education - access

HEALTH & HEALTHCARE ISSUES in general?

- _____ -Affordability and access
- _____ -Access to healthcare for specific populations
- _____ -Availability/affordability of health insurance

- _____ -Availability/affordability of health insurance for specific populations
- _____ -Denial of healthcare service
- _____ -More quality healthcare professionals
- _____ -Doctors don't accept Medicare/Medicaid
- _____ -Healthcare services inadequate, unfriendly
- _____ -Medical specialties not available
- _____ -Better healthcare facilities
- _____ -Disease prevention/care
- _____ -Transportation to healthcare
- _____ -Eligibility requirements/red tape
- _____ -Availability of substance abuse treatment
- _____ -Availability of info about healthcare options
- _____ -Availability of mental health services
- _____ -Family support services for the infirm
- _____ -Family planning
- _____ -Unhealthy lifestyles (fitness, nutrition)
- _____ -Healthy eating too expensive/difficult
- _____ -Lack of holistic wellness options
- _____ -Stress balancing medical & other life needs
- _____ -Healthcare information for limited English proficient

CHILDCARE ISSUES in general

- _____ -Affordable pre-school and childcare
- _____ -Quality childcare providers
- _____ -Availability of childcare
- _____ -Parenting skills

CHILD and YOUTH ISSUES in general

- _____ -Access to healthcare for children
- _____ -Insurance for children
- _____ -Lack of parental involvement in lives of children/youth
- _____ -Availability/quality of after-school programs
- _____ -Youth recreation/community service opportunities
- _____ -Youth mental health issues
- _____ -Suicide prevention for youth
- _____ -Teen pregnancy
- _____ -Services for pregnant/parenting teens
- _____ -Drug abuse prevention/treatment for youth
- _____ -Youth behavior problems
- _____ -Dropouts
- _____ -Job training/employment options for youth
- _____ -Juvenile crime
- _____ -Gangs

ISSUES for SENIOR CITIZENS/ELDERLY in general

- _____ -Access to healthcare for seniors
- _____ -Affordable housing for seniors
- _____ -Elders must care for grandchildren

- _____ -Dependent care/day care for seniors
- _____ -Isolation of seniors

CRIME & PUBLIC SAFETY ISSUES in general

- _____ -Relationship between community and police, sensitivity
- _____ -Adequate number of law enforcement officers
- _____ -Recidivism/habitual criminals
- _____ -Ease transition from incarceration to society
- _____ -Crime linked to substance abuse/mental health
- _____ -Sensitivity & services for victims
- _____ -Child abuse/neglect
- _____ -Domestic violence
- _____ -Sexual assault
- _____ -Violent crime
- _____ -Disaster preparedness/assistance

MANAGING GROWTH/population expansion in general

- _____ -Preservation of community lifestyle
- _____ -Ability to serve needs of immigrants
- _____ -Changing demographics strains resources

COMMUNITY VALUES in general

- _____ -Discrimination
- _____ -Family/spiritual values lacking
- _____ -Facilities for community events
- _____ -People are not involved in the community

INFORMATION AVAILABILITY & COORDINATION of SERVICES

38. What do you believe are the root causes of this issue? (Is there something else at the source of the problem?)

39. What are the main actions that should be taken to address this issue? If you were "in charge," what actions would you take or recommend?

40. Which issue do you think is the THIRD MOST PRESSING or IMPORTANT in your community?

Take me to a list of identified issues from which to choose No other pressing or important issues

The THIRD MOST PRESSING issue is:

41. Which issue do you think is the THIRD most pressing or important issue in your community? (select only one)

TRANSPORTATION ISSUES in general

- Public transportation
- C.A.R.T.S. is too limited
- Heavy traffic/insufficient infrastructure

ECONOMIC/EMPLOYMENT ISSUES in general

- Economic development/companies with good jobs
- Workforce issues due to limited transportation or childcare for employees
- Educated/skilled workforce
- Conditions of working poor/ability to earn living wages
- Poverty
- Managing personal finances

HOUSING ISSUES in general

- Housing affordability
- Housing availability, for at risk populations

BASIC NEEDS ISSUES in general

- Crisis services
- Food/hunger
- Nutrition
- Emergency shelters
- Homelessness
- Utility assistance

EDUCATION ISSUES in general

- Education/school quality
- Educational equity in schools
- Integration of morality and ethics in classroom
- Overcrowding in schools
- High standards/student achievement
- Higher education - affordability
- Higher education - access

HEALTH & HEALTHCARE ISSUES in general?

- _____ -Affordability and access
- _____ -Access to healthcare for specific populations
- _____ -Availability/affordability of health insurance
- _____ -Availability/affordability of health insurance for specific populations
- _____ -Denial of healthcare service
- _____ -More quality healthcare professionals
- _____ -Doctors don't accept Medicare/Medicaid
- _____ -Healthcare services inadequate, unfriendly
- _____ -Medical specialties not available
- _____ -Better healthcare facilities
- _____ -Disease prevention/care
- _____ -Transportation to healthcare
- _____ -Eligibility requirements/red tape
- _____ -Availability of substance abuse treatment
- _____ -Availability of info about healthcare options
- _____ -Availability of mental health services
- _____ -Family support services for the infirm
- _____ -Family planning
- _____ -Unhealthy lifestyles (fitness, nutrition)
- _____ -Healthy eating too expensive/difficult
- _____ -Lack of holistic wellness options
- _____ -Stress balancing medical & other life needs
- _____ -Healthcare information for limited English proficient

CHILDCARE ISSUES in general

- _____ -Affordable pre-school and childcare
- _____ -Quality childcare providers
- _____ -Availability of childcare
- _____ -Parenting skills

CHILD and YOUTH ISSUES in general

- _____ -Access to healthcare for children
- _____ -Insurance for children
- _____ -Lack of parental involvement in lives of children/youth
- _____ -Availability/quality of after-school programs
- _____ -Youth recreation/community service opportunities
- _____ -Youth mental health issues
- _____ -Suicide prevention for youth
- _____ -Teen pregnancy
- _____ -Services for pregnant/parenting teens
- _____ -Drug abuse prevention/treatment for youth
- _____ -Youth behavior problems
- _____ -Dropouts
- _____ -Job training/employment options for youth
- _____ -Juvenile crime
- _____ -Gangs

ISSUES for SENIOR CITIZENS/ELDERLY in general

- ___ -Access to healthcare for seniors
- ___ -Affordable housing for seniors
- ___ -Elders must care for grandchildren
- ___ -Dependent care/day care for seniors
- ___ -Isolation of seniors

CRIME & PUBLIC SAFETY ISSUES in general

- ___ -Relationship between community and police, sensitivity
- ___ -Adequate number of law enforcement officers
- ___ -Recidivism/habitual criminals
- ___ -Ease transition from incarceration to society
- ___ -Crime linked to substance abuse/mental health
- ___ -Sensitivity & services for victims
- ___ -Child abuse/neglect
- ___ -Domestic violence
- ___ -Sexual assault
- ___ -Violent crime
- ___ -Disaster preparedness/assistance

MANAGING GROWTH/population expansion in general

- ___ -Preservation of community lifestyle
- ___ -Ability to serve needs of immigrants
- ___ -Changing demographics strains resources

COMMUNITY VALUES in general

- ___ -Discrimination
- ___ -Family/spiritual values lacking
- ___ -Facilities for community events
- ___ -People are not involved in the community

INFORMATION AVAILABILITY & COORDINATION of services

42. What do you believe are the root causes of this issue? (Is there something else at the source of the problem?)

43. What are the main actions that should be taken to address this issue? If you were "in charge," what actions would you take or recommend?

44. Please specify any other community issues needing improvement:

Thank you for sharing your perspective! When all surveys have been collected they will be incorporated in a report that will be posted on the following webpage:

http://www.utexas.edu/research/cshr/current/comm_agenda.html

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