



EPISCOPAL HEALTH
FOUNDATION

COMMUNITY HEALTH

Needs and Assets Assessment

Beaumont, Texas

A Collaboration:
Episcopal Health Foundation
with



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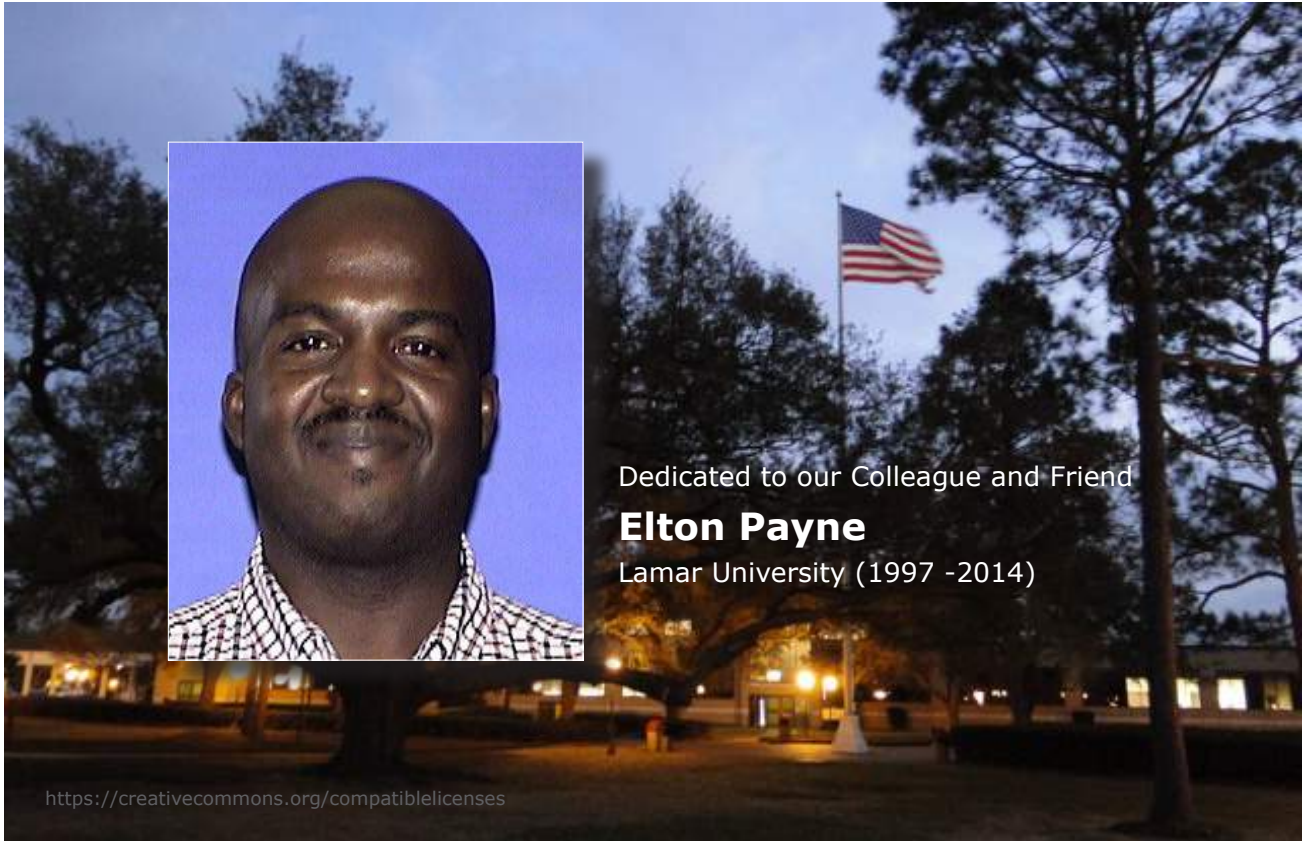
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Dedicated to our Colleague and Friend

Elton Payne

Lamar University (1997 -2014)

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Acknowledgments

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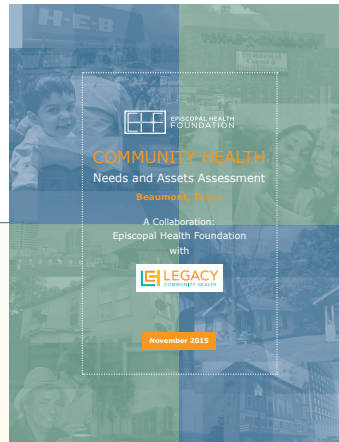


Table of Contents

Executive Summary	5
Introduction	16
Methods	19
How We Work in Communities	22
Quantitative Research	25
Qualitative Research	49
Key Informant Interviews	51
Participatory Groups	60
Themes and Recommendations	65
Photovoice	68
Themes	69
Conclusions	72
Conclusions and Recommendations	73
Appendices	76

Executive Summary

Purpose of Assessment

Legacy Community Health Services is interested in a better understanding of the needs and resources in Beaumont, Texas. Legacy invited the Episcopal Health Foundation to lead an independent community assessment study that includes quantitative profiles of this city, along with findings from the qualitative participatory research study and a Photovoice component. Using a mixed methods approach focused on the Social Determinants of Health (SDOH), we bring community voices to the table to help understand the socio-cultural and organizational structures and processes that promote or diminish the health of a defined community.



The goal is to create a healthier Beaumont – together with the community – by building on the unique resources embedded in the community to help address health and social needs.

Overview of Study Area and Demographics

Jefferson County is located in East Texas and is bordered to the north by Pine Island Bayou, and to the south and east by the Gulf of Mexico, and covers 1,111 square miles.¹ Beaumont is the county seat for Jefferson County, located in east Texas, contiguous to Orange and Hardin counties. Beaumont is a large geographic area with a population of 117,478² representing 46% of the county population of 252,157. Despite the population increase in Texas since 2000, the population remained the same in Jefferson County and only slightly increased for Beaumont between 2000 and 2013.

The diverse Beaumont population is represented with 47% Black residents, followed by 34% White, 14% Hispanic and 5% Asian and Other residents. Jefferson County has more White (44%) and Hispanic residents (18%) and the same Asian and Other residents (5%). There are fewer Black residents (33%) in Jefferson County than in Beaumont, but the proportion is considerably higher than Texas (11.5%).

Approximately 25% of the population in Beaumont and 24% in Jefferson County are under 18 years old. However, the racial/ethnic proportion is much different for children when we compare the overall Jefferson County population with the race/ethnicity for children, ages 0 – 17. As noted in the table below, the population for Jefferson County adults will begin to shift dramatically, with fewer Whites and more Blacks and Hispanics.

Population by Race/Ethnicity³

Race/Ethnicity	Beaumont		Jefferson	
	Total Population	Children	Total Population	Children
White	34.3%	22.1%	44.0%	32.1%
Black	47.2%	53.6%	33.3%	24.8%
Hispanic	13.8%	18.8%	17.6%	36.6%
Asian and Other	4.7%	5.5%	5.1%	6.5%

Educational achievement among individuals ages 25+ is significantly low, with 22% of the people in Beaumont and only 18% in Jefferson County holding a Bachelor's degree or higher. This is significantly lower than for Texas, at 27%.

However, according to the County Health Rankings and Roadmaps, when we compare Jefferson County high school graduation rates with Texas, the county rates are slightly better, with Jefferson County at 90% and Texas at 88%.⁴

The data for Pre-K enrollment statistics in Jefferson County are much better than for the state. Yet, when we compare the primary and middle school data, Jefferson County is lower for almost every indicator, specifically for reading and math proficiency. This is an area that needs improvement, since we know from the research that education leads to healthier indicators, and vice versa.

Twenty-two percent of Beaumont residents had a household income of less than 100% of the Federal Poverty Level (FPL).⁵ There are six census tracts in Beaumont that have a high proportion (41% - 60%) of people living in poverty. Children living in concentrated poverty in Jefferson County is significantly higher at 31%, when compared to Texas overall, which is 25%.⁶

According to the US Census Bureau, between 2000 and 2013, there has been a decrease (from 66% to 61%) in the number of family households in Beaumont, as well as a decrease in the number of family households in Jefferson County (69% to 64%). For Beaumont and Jefferson County, there is a very high percentage of occupied housing units (88% for both), which is the same percentage as for the State of Texas.

The median household income for Beaumont has increased from \$32,559 in 2000 to \$39,526 in 2013. The same is true for Jefferson County; median household income increased from \$34,706 in 2000 to \$42,568 in 2013 but is still considerably lower than the state average, which was \$51,900 in 2013.

Unemployment figures in 2014 for Jefferson County (10.7%) were significantly higher than the unemployment rate for Texas, which was 6.8%.⁷ Historically, the unemployment rates for Beaumont and Jefferson County have been hovering around 10%.

According to the County Health Rankings & Roadmaps, the number of reported violent crime offenses per 100,000 is higher in Jefferson County, with 652 crimes, than that of Texas overall, with 422 crimes.⁸

Unfortunately, Beaumont ranks higher than the U.S. in all crime categories, between the years 2001 and 2013.⁹

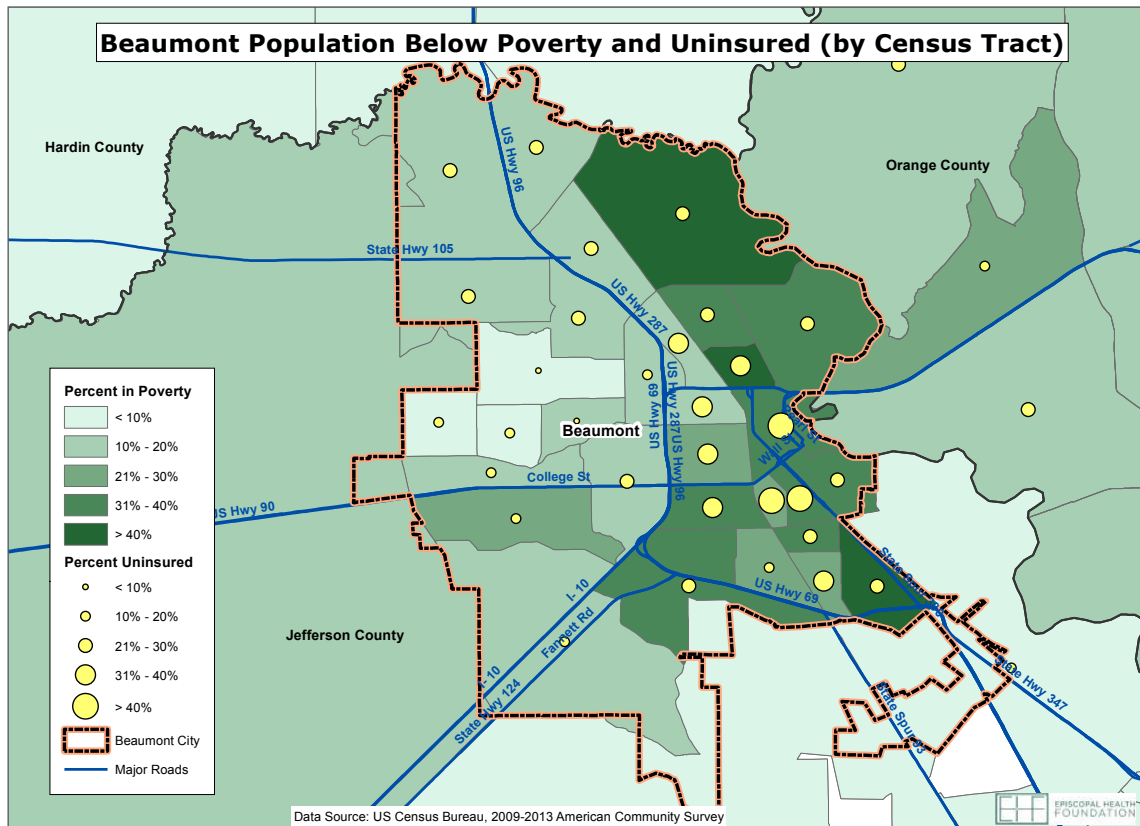
Air quality is a concern in the Beaumont area. According to the Environmental Protection Agency (EPA), the ratings for Particulate Matter 2.5 for Beaumont indicate that there is only one census block group that ranks in the highest percentile nationally (95th – 100), yet much of the area falls in the 70th percentile or higher.¹⁰ While there is not a census block group that ranks in the highest percentile for ozone levels, most of the area falls in the 70th percentile or higher.¹¹

The population without health insurance in Beaumont and Jefferson County was higher than in Texas, when we looked at five-year estimates between 2009 and 2013.¹² With the passage of the Affordable Care Act, we are beginning to see dramatic decreases across the country in the uninsured rates. However, according to the latest report released September 16, 2015, the uninsured rate in Texas has dipped below 20%, yet it still remains the highest rate in the U.S.¹³ The uninsured rate for the US fell from 15% to 12%.



The Uninsured

	Beaumont		Jefferson County		Texas	
	Count	Percent	Count	Percent	Count	Percent
Uninsured (2009-2013)	27,644	24.0%	55,752	23.4%	5,746,305	22.8%



Several census tracts show uninsured rates of 40% and higher.

Overview of Health Statistics

There is a limited amount of health data for the Beaumont area, which is consistent with the previously published Beaumont related Community Health Assessments that we reviewed. Those assessments reported data at the county or regional level.

However, because Beaumont is the largest city in Jefferson County, and the population is relatively low, the county data is much more meaningful, than say, for a much larger metroplex such as Harris County.

Most of the health data reported in this study is from the County Health Rankings & Roadmaps, which includes county-level data, with rankings. Jefferson County is comparable to most of the other Texas counties. The County Health Rankings & Roadmaps ranks Jefferson County at 162 out of 237 Texas counties.¹⁴

However, for Health Factors, the ranking drops to 217 out of 237. Health Behaviors, Social & Economic Factors and Physical Environment all rank in the *fourth* quartile for Texas. In contrast, Jefferson County ranks in the *first* quartile regarding Clinical Care. This is a good example of having a good supply of healthcare providers, but poor health factors.

There could be many explanations for this incongruity, and one possible explanation could be that there are barriers to healthcare access that must be addressed. A second possibility is that there are insufficient preventative initiatives, leading to the disease process being diagnosed at a later stage. A third explanation

could be that there are especially potent forces at work from economic and historical/cultural perspectives that prevent even relatively strong clinical care from achieving a net-positive impact. This is an area for further research.

The Texas Department of State Health Services looked at mortality causes and rates for all Texas Metropolitan Statistical Areas and Texas Counties. The following chart is a summary from the complete study, and lists the leading causes of death from 2013 for Jefferson County.



Jefferson County Snapshot¹⁵

Health Outcome	Jefferson Rank (of 237)	Jefferson Quartile
Health Outcome Overall	162	3
Length of Life	143	3
Quality of Life	191	4
Health Factors	217	4
Health Behaviors	218	4
Clinical Care	44	1
Social & Economic Factors	227	4
Physical Environment	189	4

Deaths (Mortality per 100,000) for Jefferson County¹⁶

Indicator	County (Total Number)	County Rate	Texas Rate
Deaths from all Causes	2,397	867.4	749.2
Heart Disease	597	213.5	170.7
Cancer (all)	488	176.1	156.1
Stroke	150	55.0	40.1
Chronic Lower Respiratory Disease	137	50.4	42.3
Accidents	118	44.6	36.8

For all leading causes of death, the Jefferson County rate is consistently higher than the Texas rate. According to the CDC, heart disease is the leading cause of death for every Texas and US county. For Jefferson County, we see that the overall death rate from heart disease is significantly higher than for Texas and the US. However, when we compare the rates among Jefferson County Hispanic and Asian populations, their rates are lower than both the Texas and the US death rates for Hispanic and Asian populations. *This is an area that deserves further research.*

This kind of health disparity is pervasive, and when we take a closer look, there are many areas for further research. For example, in the complete study we examine the Primary Care Providers in Jefferson County. We find that the race/ethnicity make-up of Primary Care Providers in Beaumont is not representative of the population.

Overview of Participatory Groups

The qualitative participatory research included findings from (a) 24 Key Informant Interviews and (b) five participatory group sessions, which included six trained, local investigators and 38 residents. The first four groups drew participants from across all of the low-income areas. The last group consisted exclusively of Spanish-speaking adults, most of whom resided in the “Avenues” area, located south of Highway US 90, north of Washington Avenue, west of MLK Parkway, and east of the Kansas City Southern rail corridor.

From the Key Informants and the participants’ perspective, there are many positive assets in this community, including cultural diversity; strong institutional affiliations, such as clinics and parks, and especially so with churches and schools; strong family ties, including grandparents’ involvement with grandchildren; and, to some degree, positive attachments to the neighborhoods, where residents feel pride and a sense of safety, though certainly there was a consistently-stated expectation that much more could be achieved in those aspects.

CHALLENGES THAT THE PARTICIPANTS IDENTIFIED INCLUDED:

- Crime, including prostitution and illegal distribution of controlled substances
- Need to beautify parks and neighborhoods, repair/maintain infrastructure
- Lack of education (general and health) and employment opportunities
- Void of community leadership and accountability, demonstrated by (but not limited to) recent school system turmoil
- Family challenges, particularly those related to how families succeed in optimizing child development.

SPECIFIC HEALTH CONCERNS INCLUDED:

- Mental health and substance abuse
- Deficits related to nutrition and exercise, especially obesity and diabetes
- People not seeking healthcare
- Physical environment, including road conditions and poor air quality.

Based on qualitative analysis of the interviews and participatory groups' input, the following themes arose:

1. **ADVOCACY/ENGAGEMENT**, defined as the need for a stronger voice, resulting from residents' improved capacity to advocate for themselves and from public servants' improved capacity to engage their constituents.
2. **INFORMATION/AWARENESS**, defined as the need for better systems for increasing individuals' knowledge of information important to maintain or improve their overall health.
3. **CHARACTER-BUILDING IN SUPPORT OF PRO-SOCIAL DECISION-MAKING AND BEHAVIORS**, as a source that so often was traced to so many of the neighborhood problems and the barriers that residents cited.
4. **HOUSEHOLD-TO-HOUSEHOLD CONNECTIONS**, or essentially, the value that residents placed on neighbors looking out for one other, which in turn, was perceived to create and maintain the sense of a healthy, thriving communities.
5. **CONDITIONS OF PHYSICAL ENVIRONMENT**, including concerns ranging from air quality to road conditions to availability of suitable parks/recreation facilities.
6. **THE PUBLIC ASSISTANCE DIALECTIC**, which is a concise term that attempts to convey the need to provide a system that, on one hand, is sensitive/responsive to legitimate needs of families due to lack of financial resources and, on the other hand, the need for that same system to not be so accommodating as to perpetuate reliance (some use the term "entrapment") on that system, but conversely, to promote personal responsibility and productivity.
7. **LEADERSHIP FROM INDIVIDUALS ASSOCIATED WITH HIGHEST-CAPACITY INSTITUTIONS**, based on the perception that Lamar University and several churches are exceptionally well-positioned to be prime movers in coalescing the continuum of stakeholders—including those from the government and business communities, as well as highly-invested agents of change like Episcopal Health Foundation and Legacy—in advancing all of these themes.

The qualitative researcher, Dr. S. Greg Thompson, composed a number of recommendations to address these themes, all of which were informed and guided by the participants' input. Those recommendations appear in the Conclusion Section of this report.

Overview of Photovoice

Dr. Kimberly Kay Lopez led and facilitated six Beaumont participants in the Photovoice component of the study. The residents documented, discussed and analyzed aspects of the community that helped to support or diminish health and wellbeing.

Following Photovoice training sessions, the local participants took photographs of their community and then identified four common themes as a group, as follows:

- History
- Hardships
- Progress/Growth
- Family Recreation

The Photovoice project resulted in the community participants selecting and organizing the most representative photographs from the project. They assigned captions to the selected photos and these will be published in a separate format on the EHF website and the Legacy website. The photos will also be featured in the Community Listening Tour to be held in the community during November 2015.



The Photovoice participants engaged in thoughtful, meaningful dialogue around these themes. The process gave them an opportunity to address complex issues, such as racial tensions and injustice, geographic inequities, growth in the “rich and poor” parts of town, and the importance of amenities such as parks, especially in the underserved neighborhoods. They offered many suggestions for possible next steps, which are included in the Conclusion Section of the complete report.



Conclusions and Recommendations

As noted in the quantitative and qualitative sections, there are positive assets present in the community that can be the starting place for recommending next steps. The participants described Beaumont as a traditional small city with longstanding residents that has already undergone several transformations. From the big oil boom and subsequent oil busts to the end of segregation to the continued population shifts and the built environment challenges caused by natural disasters or from city infrastructure neglect, the participants seemed inspired to develop action plans for improving their community's health.

Beaumont has strong institutions and motivated individuals who can make change possible. This is important since *place matters* to health, a common theme that should pervade all recommendations. Regarding the needs and challenges of Beaumont, other common themes should remain a part of all of the recommended next steps and these include creating a *culture of health* and maintaining a *focus on prevention*.

When we study healthy communities through a SDOH lens, then the recommended solutions should also project a SDOH approach. We need to address root causes of poor health – for individuals and communities. We know that health is more than the absence of disease, and includes the following factors:

- Social and Economic Factors
- Health Behavior Factors
- Clinical Care
- Physical Environment
- Genes and Biology



The recommendations from this study will attend to the first four of the five determinants. While the overall intent for this study is to help guide next steps in healthcare service delivery, we acknowledge the need to take a wider purview. Our recommendations are broader than a healthcare focus since research tells us that there are many direct and indirect causes of health linked to the social, economic and built environments.



Our goal aligns with the *Healthy People 2020* vision for Beaumont to be a thriving community in which all people live long, healthy lives.

The following table includes an overview of the study results that are grouped by the type of evidence gained from the mixed methods research. These are not rank-ordered and there is not always alignment among the three study components.

Overview of Study Results by Component

Quantitative Research	Qualitative Research Community Voice	Qualitative Research Photovoice
1. Higher age-adjusted death rates	1. Chronic disease, including Obesity, Mental Health, Substance Abuse	1. Need to realize the health benefits of family recreation, e.g., exercise
2. Barriers to healthcare access and high uninsured rates	2. Not seeking healthcare; lack healthcare accessibility	2. Residents do not always know about community resources and providers; new Legacy clinic and HEB are both positive and elevate the neighborhood
3. Low educational indicators	3. Lack of education (general and health)	3. Conflict between history and progress, e.g., tear down old schools to build new state of the art schools
4. High poverty, low median income, high unemployment	4. Economic conditions, healthcare system causes health sacrifices; lack of financial resources/ "entrapment"	4. Hardships; residents feeling that socio-economic class/race dictates quality of infrastructure and services; lack of affordable housing
5. Built and physical environment; Poor air quality	5. Street repair; parks and neighborhood beautification; Air quality	5. Abandoned buildings and run down houses and apartments; difficult revitalization efforts; Post-Hurricane Ike effects
6. High crime	6. Crime, including prostitution	6. Focus on parks and amenities; good places to raise children
7. Unhealthy lifestyles and behaviors	7. Adults making bad decisions	7. Racial tensions regarding segregation
8. Health disparities	8. Racist attitudes, language barriers, culture shift; gap between "haves and have-nots"	8. Socioeconomic inequities; Racial injustices; geographic inequities

Prioritized Recommendations

For the quantitative and the qualitative research findings, all of these recommendations are linked with the following priorities:

- **Priority 1** – Address high death rates, chronic disease and access to health care
 - ▶ **Proposed Action:** Focus strategies to reduce heart disease for the White and Black population.

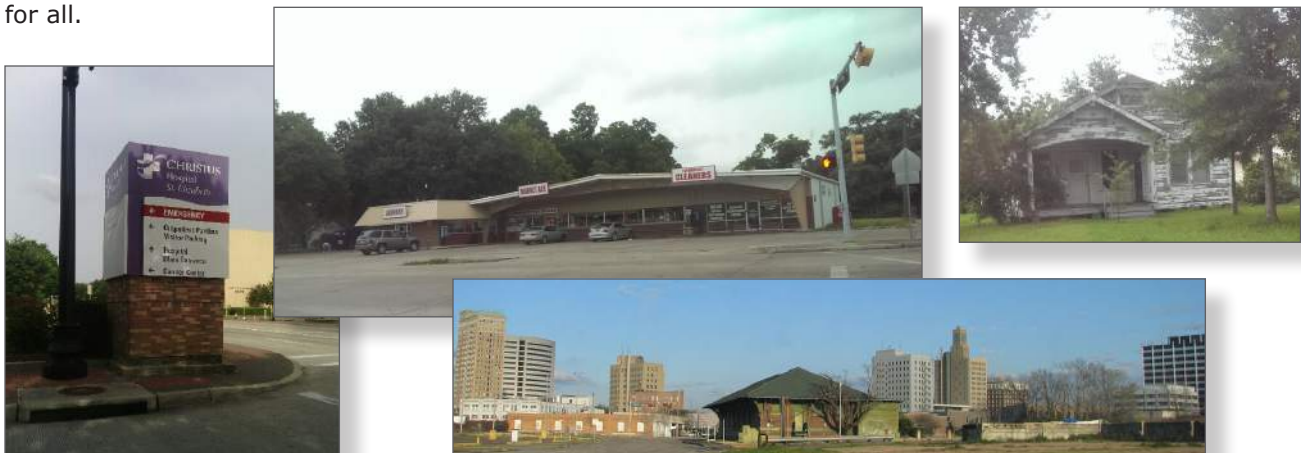
- **Priority 2** – Examine health disparities, racial injustice and geographic inequities and how that impacts health and well-being
 - ▶ **Proposed Action:** Address the residents' perception that socio-economic class/race dictates quality of infrastructure, community services and lack of affordable housing.

- **Priority 3** – Enhance the built and physical environment and how that impacts health and well-being
 - ▶ **Proposed Action:** Explore the possibility of replicating the community action successes emanating from Dr. William Doherty's Families and Democracy Project at the University of Minnesota, which attempts to move professionals into communities with new thinking and a new set of public skills for working on health, family, and social problems. In health care, this work is called Citizen Health Care.



Looking Forward

Looking forward we should continue engaging the affected community members, interested stakeholders, and by creating public, private partnerships between business and government. The participants in this study voiced their interest in organizing into a stakeholder group to continue to provide more information, feedback and ideas about future action. The many people who participated in the Beaumont study are very passionate about being a part of the decision making process in order to make Beaumont a healthier city for all.



Introduction



EPISCOPAL HEALTH
FOUNDATION

is a 501(c)3 not-for-profit corporation that operates as a supporting organization of the Episcopal Diocese of Texas. The Foundation works to improve the health and well-being of the 10 million people in the 57 counties of the Diocese. The Foundation embraces the World Health Organization's broad, holistic definition of health: a state of complete physical, mental and social well-being and not merely the absence of disease.

Vision

The Episcopal Health Foundation's vision is a diocese in which the people, parishes, institutions and community are all connected in service of transformation to healthy communities for all.

Mission Statement

The mission of the Episcopal Health Foundation is to advance the Kingdom of God with specific focus on human health and well-being through grants, research, and initiatives in support of the work of the Diocese.

Core Values

- **INFORMED ACTION.** Informed Action. Rigorous research is the foundation for actions and initiatives that have the potential to transform human lives and organizations.
- **COLLABORATION.** The most effective use of financial resources is often discovered in ministries that go beyond the limits of individuals or individual congregations. Broad-based communities galvanized around responses to particular human needs have a powerful potential to effect real and lasting change.
- **EMPOWERMENT.** The old adage is true: It is good to give a hungry person a fish; it is empowering to teach the same person to fish. Loving and compassionate people often need training to be effective change agents. Leadership development and training are central to empowerment.
- **STEWARDSHIP.** Good stewardship requires careful oversight and development of the abundance that God provides.
- **TRANSPARENCY.** All actions and decisions are open to the light of public scrutiny. Secrecy and confidentiality are not the same thing.
- **ACCOUNTABILITY.** The results of decisions and actions of EHF are audited and measured against reasonable benchmarks. Mistakes are made. When mistakes are treated with openness and honesty, lessons are learned. Public accounting and reporting are made on a regular basis.
- **TRANSFORMATION OF HUMAN LIVES AND ORGANIZATIONS.** The best good is good that lasts by effecting transformational changes in root causes.
- **COMPASSION FOR THE POOR AND POWERLESS.**

The Episcopal Health Foundation is a unique entity that grants funds, convenes initiatives and performs research within the 57 counties of the Episcopal Diocese of Texas.

The Foundation values local knowledge and local expertise, which is considered fundamental to our research approach. Community engagement in research is time-intensive qualitative work, which helps to assure that the Foundation is responsive and attuned to the local nuances of complex issues. Participating in community-based planning and research activities ensures that a voice for healthy communities is heard at multiple decision-making levels.



Legacy Community Health (Legacy) is a Federally Qualified Health Center (FQHC) and private 501(c)3 non-profit organization serving the Houston-Baytown-Sugarland and Beaumont–Port Arthur Metropolitan Statistical Areas (MSA). Legacy has grown from a small neighborhood clinic incorporated in 1981 to the region’s largest FQHC. As an FQHC, Legacy provides comprehensive health and wellness services to all patients, regardless of their ability to pay.

Legacy was formed in 2005 as a result of the merger of two leading Houston area community organizations—Montrose Clinic and The Assistance Fund—that had both been providing Houston and the Harris County area with quality health care and medication services for nearly 30 years.

Legacy’s strong reputation fueled significant growth in the mid to late 2000s. In 2006, the City of Houston awarded Legacy the opportunity to open a satellite location at 5602 Lyons Avenue, in part because of the reputation for quality health care and fiscal prudence. Legacy now occupies the entire building, providing health care and social services to any and all Houstonians with a focus on individuals and families living in the greater Fifth Ward.

In 2010, Legacy acquired the CHRISTUS Health clinic in Southwest Houston, a location that now sees more patients than any other Legacy campus. Later in the same year, Legacy opened a clinic in Neighborhood Center’s Baker-Ripley complex.

In 2012, Legacy acquired a behavioral health clinic located in Baytown, Texas, as well as The Center for AIDS. Shortly afterwards, Legacy received an invitation to partner with CHRISTUS Health to establish an FQHC in Beaumont, Texas. Legacy received funding from CHRISTUS Health and developed a partnership with the Ubi Caritas Family Medical Clinic in Beaumont, thus solidifying the provision of primary care and enabling services in Beaumont. Spring boarding off its successes in Baytown, Legacy was then invited to acquire the Houston Methodist San Jacinto Hospital Family Medicine clinic, thereby aligning the organization with the Family Medicine Residency Program which trains there.

Legacy’s history is grounded upon the provision of high quality health care to all patients. In its early years the clinic responded to the HIV/AIDS crisis of the 1980s and 1990s by initiating various programs and initiatives before offering full-scale comprehensive health care services by the early 2000s. Today, Legacy drives healthy change in its communities by offering premium primary care, dental care, vision services, behavioral health services for adults and children, family planning, health promotion and community outreach, wellness and nutrition, and comprehensive HIV/AIDS care regardless of the patient’s ability to pay.

Purpose of Assessment

Legacy Community Health Services is interested in a better understanding of the needs and resources in Beaumont, Texas. Legacy invited the Episcopal Health Foundation to lead an independent community assessment study that includes quantitative profiles of this city, along with findings from the qualitative participatory research study and a Photovoice component. Using a mixed methods approach focused on the Social Determinants of Health, we bring community voices to the table to help understand the socio-cultural and organizational structures and processes that promote or diminish the health of a defined community.

The goal is to create a healthier Beaumont – together with the community – by building on the unique resources embedded in the community to help address health and social needs.

The following report provides an overview of the methodology used; quantitative profiles; the community voice section, which includes the qualitative participatory research findings; the Photovoice findings; and recommendations and conclusions.



Methods

The assessment protocol was conducted in five phases for the Beaumont neighborhood study.

Phase	Components
1. Prior Assessment and Quantitative Data Review	Data from the Census', Vital Statistics, Behavioral Risk Factor Surveillance Survey; Maps; Asset Mapping; Meta-analysis of prior assessments
2. Key Informant Interviews	Stakeholders Interviewed; Social Networking Map
3. Community Participatory Groups	Resident Participatory Groups
4. PhotoVoice	Resident PhotoVoice
5. Dissemination of Results	Community Tour with PhotoVoice Results
6. Final Report	Findings and Recommendations; Printed Report; Website Report

Each phase is explained in more detail below.

Phase 1: Prior Assessments and Quantitative Data Review

Phase 1 of the research began with a review of the most recent assessments that have been completed for the study areas. The review was used to determine if there are results that are presented in more than one assessment. If there were, then those priority topics were incorporated into the qualitative portion of the study where appropriate.

This phase also included a detailed review of the demographic makeup of the study area, as well as the epidemiologic data. In order to build on the resources in the area, a formal asset mapping process is included in this study. This data helped to determine where to focus the qualitative phase of the study. For example, the "hot spots" identified included areas with a greater concentration of uninsured, people living below the poverty line and sparse resources. The quantitative data gathered is also included in this report.

Phase 2: Key Informants Interviews

Phase 2 of the research overlaps somewhat with Phase 1. This phase consisted of key informant interviews with area stakeholders, which was determined using a sector matrix¹⁶ (see Appendix 1). The interviews followed an interview script with specific questions¹⁷ (see Appendix 2). The results of the key informant interview questions enabled researchers to better develop the questions that were used for the community portion of the qualitative study. There were 24 interviews completed during the key informant interview portion of the study. Those interviewed were asked to recommend local residents to participate in the third phase of the study. An analysis of the interview data is included in this final report.

Phase 3: Community-Based Participatory Research

Phase 3 consisted of five community participatory groups, with a total of 38 individuals. The first four groups drew participants from across all of the low-income areas. The last group consisted exclusively of Spanish-speaking adults, most of whom resided in the “Avenues” area located south of Highway US 90, north of Washington Avenue, west of MLK Parkway, and east of the Kansas City Southern Rail corridor.

The residents identified by the key informants, as well those identified by other stakeholders and partners were asked to consider becoming a part of the local investigator team. Those selected from the application process attended a three-day training session. The training enabled the seven residents to lead the participatory exercises for the community listening tour. The local investigators were trained to perform the roles of the facilitator, co-facilitator or note-taker in the participatory groups.

Once trained, the local investigators were responsible for assisting researchers in recruiting residents for the participatory groups. The residents invited to participate are the people most affected by the health issues, with most of them living in low-income areas in Beaumont. The perspectives from the residents increased the local knowledge for this area and are reported in this study. That local knowledge will be useful information for Legacy, and should help to guide future decisions that are more reflective of the local community needs and gaps.

The participatory group format was guided by the results of the key informant interviews, as well as Legacy’s questions regarding the delivery of the most appropriate services (see Appendix 3). The participants also had an opportunity to add comments to discussion boards in order to define specific barriers (including cultural) and potential solutions to these barriers that helps to create a healthier community. The boards also help to highlight additional community assets.

The local investigators and researchers analyzed the data gathered from the participatory groups. This helped to ensure that the local knowledge assessed was interpreted and reported appropriately and accurately.

Phase 4: Photovoice

Photovoice refers to projects where participants generate their own photographic work that helps to illuminate a specific research question. A facilitator then works with the group, which is often marginalized

and/or disadvantaged, and teaches them to use a camera with the aim of defining, communicating and improving their health.^{18,19} Most participants used a digital camera in this study and some used film cameras. After a training session, they were asked to return to their communities and document through photographs how they viewed healthy or unhealthy neighborhoods. Participants then reconvened with researchers to review, categorize and select the most representative photos. The pictures expressed, usually with captions composed by the photographers, the realities of the photographers' communities. The photographs can be shared with the public and policy makers in order to create and to advocate for positive changes in the community, that lead to health.

Phase 5: Dissemination

Finally, the Foundation and Legacy will host a community listening tour, where the participatory photos and information gathered from the key informants and participatory interviews were presented.

It is the hope of the Foundation that the information compiled in this report will help to make transformational change in these underserved communities.



How We Work in Communities

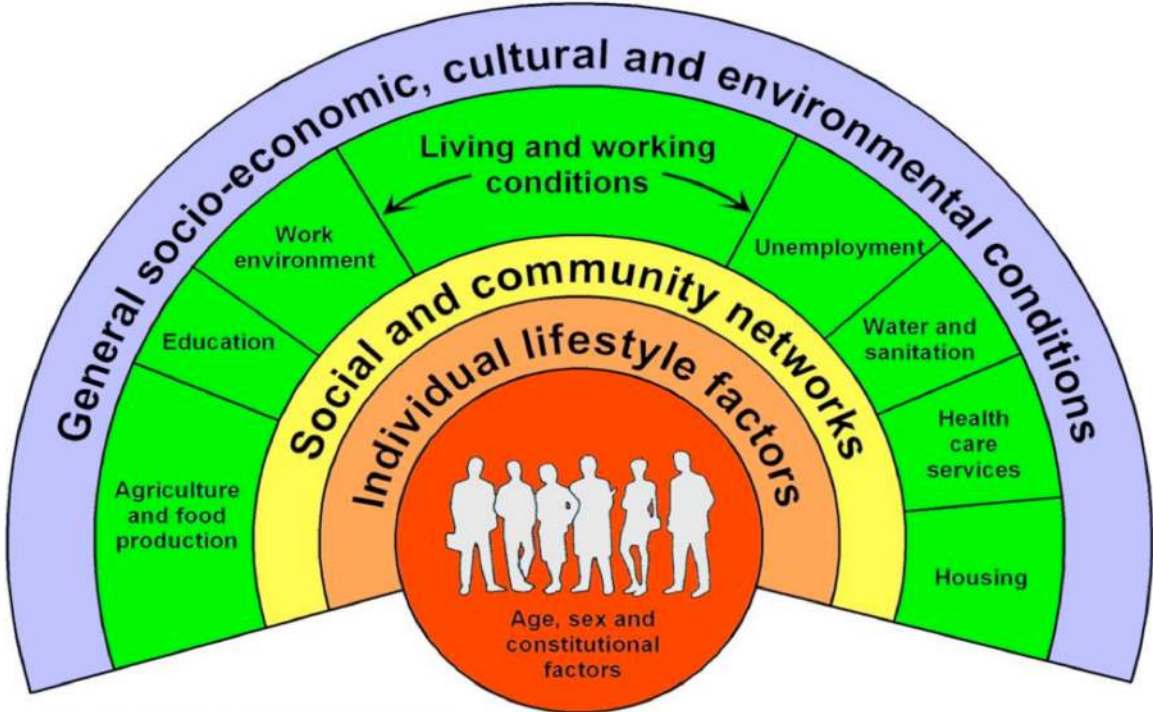
Social Determinants of Health

We acknowledge that health is about more than just the choices an individual makes.

The World Health Organization states: "The toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible...Social injustice is killing people on a grand scale."²⁰

Ecological models of health take into account multiple levels of influence on health including individual, social/cultural, physical environment, and policy contexts.²¹ This approach emphasizes the factors that impact individual health and form a complex web around the individual. The factors include living and working conditions, education of parents and unemployment, or as the Robert Wood Johnson Foundation states: health starts where we live, learn, work and play.²²

Although some social factors, like unemployment, may seem to be unrelated to health, this model requires that we consider all of the contextual factors illustrated here by Dahlgren and Whitehead.²³



Source: Dahlgren and Whitehead, 1991

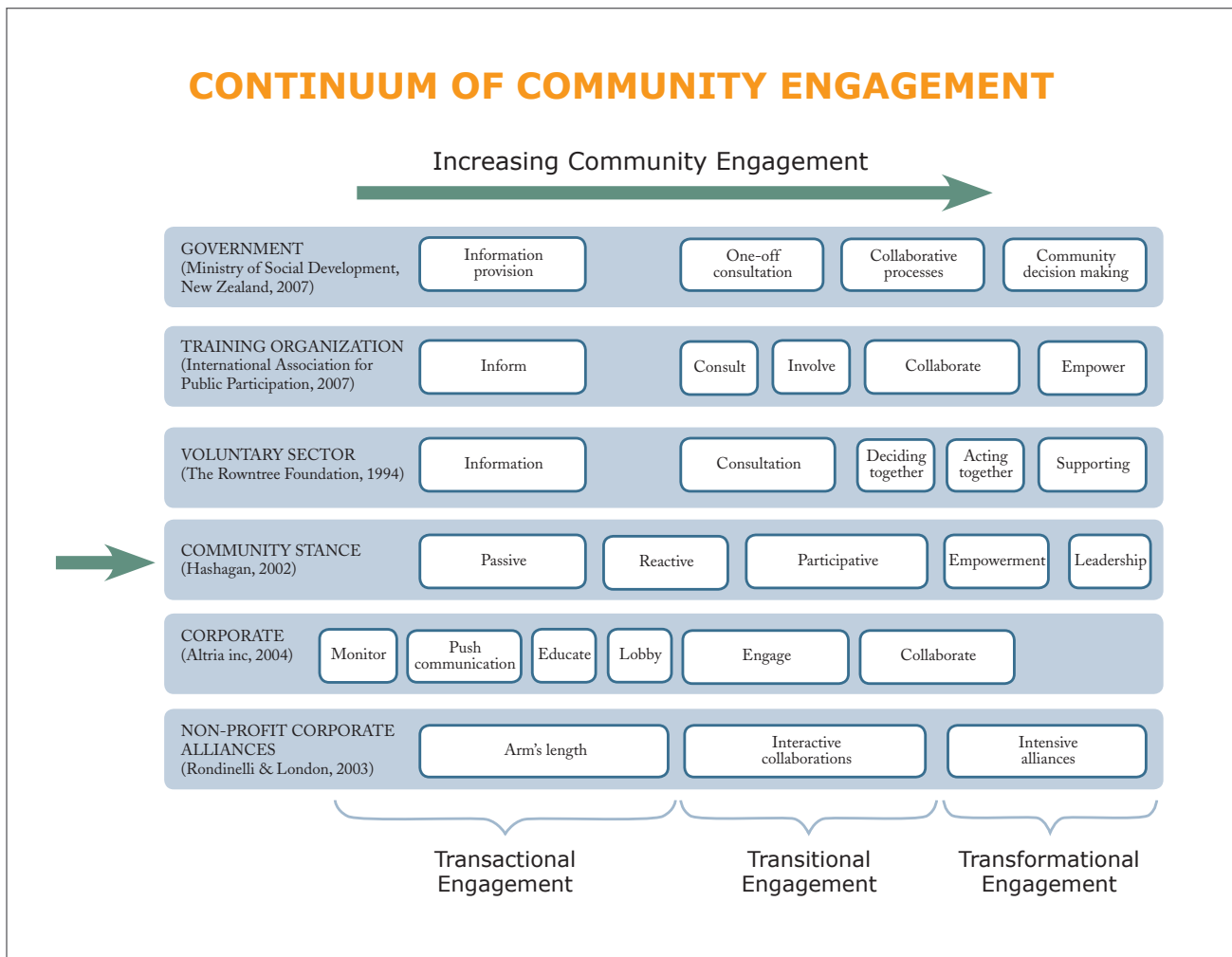
The social determinants of health are considered especially important when building community health in medically underserved, impoverished and disadvantaged neighborhoods.

Community Engagement

Community Engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.²⁴

Research has shown greater social capital and participation in health improvement activities using Community Engagement methods. Additionally, social capital builds social ties, networks and support, which is associated with better community health and well-being. Research shows that participatory decision-making can uncover and mobilize community assets, strengths and resources that would have been otherwise overlooked.²⁵

In Community Engagement approaches, there is a continuum that can be illustrated by sector. The diagram below shows on the left, a minimal investment called *transactional engagement* in community engagement, and as we move across the continuum, there is increasing investment to community engagement, ultimately identified as *transformational engagement*.



The Community Stance begins with a Passive response from the community, with limited community engagement. As you move along the continuum toward increased community engagement, the community response leads to *Reactive, Participative, Empowerment* and finally, *Leadership*. It is rare that the process is carried through to the transformational points, because of money, time and constraints on resources. Typically, in assessment and intervention design, we stop too soon, leaving the community with feelings of exploitation and fatigue.²⁶

Therefore, we acknowledge that community residents' wisdom and perception is critical to a better understanding of the needs and assets in the community. One method of community engagement is Community-Based Participatory Research.

Community-Based Participatory Research

Community-based participatory research (CBPR) is a ***collaborative, partnership approach that equitably involves...community members, organizational representatives, and researchers in all aspects of the research process.***²⁷

Community-based participatory research recognizes the community partner as a unit of identity:

- Building upon community assets
- Facilitating collaborative decision making
- Nurturing co-learning
- Balancing knowledge creation with direct community benefit
- Focusing on system level change
- Disseminating benefits to all partners
- Focusing on long-term commitment to social change.²⁸

Mixed Methods Research

We acknowledge multiple ways of knowing and mutual understanding.

Mixed Methods Research integrates perspectives of different disciplines such as biostatistics, historical analysis, and social and political theory.²⁹

Mixed Methods Research also combines two types of data: qualitative and quantitative.

- Qualitative data includes pictures, music and words, such as what people say in interviews.
- Quantitative data includes counts and amounts such as population counts, disease rates, and numbers of people served by a clinic.

We combine qualitative and quantitative data, bringing community voices to the table to contextualize scientific data. By doing so, we hope to understand the socio-cultural and organizational structures and processes that promote or diminish the health of a defined community.

Prevention Intervention Research

We acknowledge that it is best to start early.

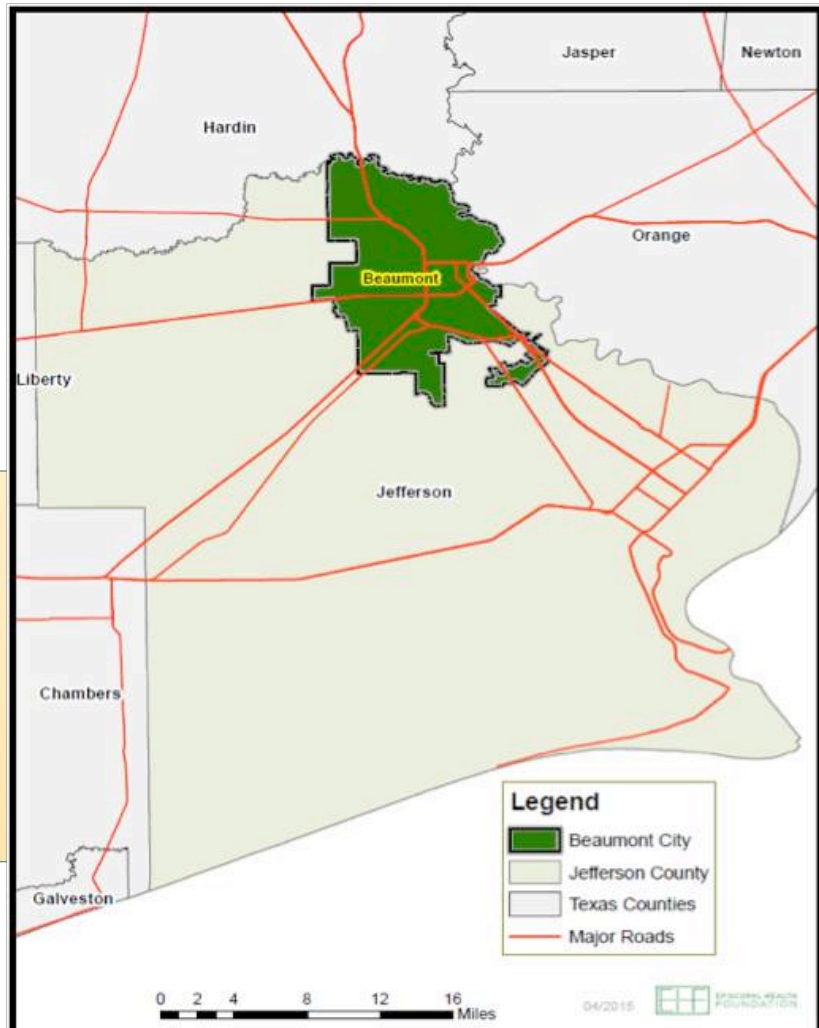
We focus on prevention of disease and building wellness. Prevention intervention research incorporates policy contexts and community wisdom to create health interventions with measurable outcomes.³⁰

Quantitative Data

Jefferson County is located in East Texas and is bordered to the north by Pine Island Bayou, and to the south and east by the Gulf of Mexico, and covers 1,111 square miles.³¹ Beaumont is the county seat for Jefferson County, and is contiguous to Orange and Hardin counties. Beaumont is designated as part of the Beaumont/Port Arthur Metropolitan Statistical Area of Texas. Some of the data gathered for this study includes the Beaumont/Port Arthur area and is indicated in this section.

To the right is a map of Jefferson County with Beaumont highlighted. This is a large geographic area with the population of 117,478³² representing 46% of the county population of 252,157.

Jefferson County and Beaumont, Texas



Despite the population increase in Texas since 2000, the population remained the same in Jefferson County and only slightly increased for Beaumont, between 2000 and 2013.

Prior Assessments – Beaumont and Jefferson County

There were four recent primary assessments completed for this region. A summary of the findings is listed below. Most of these studies include Jefferson County and other nearby geographic counties. Where possible, only Jefferson County data is reported here.

1. Baptist Hospitals of Southeast Texas - Beaumont: Community Health Needs Assessment and Implementation Plan³³

The study area for this assessment include both Jefferson County and Orange County.

Geographic Area(s)	Health Challenges ³⁴	Health Needs ³⁵
Jefferson County; Orange County	Jefferson and Orange have higher age-adjusted death rates	Access to primary and specialty care.
	Jefferson has higher mortality rates than Texas for all of the top ten causes of death	Unhealthy lifestyles
	Heart disease prevalence higher in Jefferson than Texas	Poor air quality
	Higher colon and rectum cancer incidence rates in Jefferson than Texas	Fragmented continuum of care
	Higher prostate cancer incidence rate in Jefferson than Texas	Access to mental healthcare services and providers
	Cerebrovascular disease and stroke	
	Alzheimer's and diabetes	
	Chlamydia, gonorrhea and AIDS	
	Obesity	
	Higher rates of binge drinking and smoking	
	Poor mental health	

Priority Focus Areas for Baptist Hospitals of Southeast Texas³⁶

- a. Access to Primary Care and specialist services
- b. High mortality rates for prominent diseases
- c. Access to mental health services
- d. Fragmented continuum of care
- e. Health disparities among specific populations
- f. Unhealthy lifestyles and behaviors in the community
- g. Poor air quality

2. CHRISTUS Hospital – St. Elizabeth and St. Mary, CHRISTUS Jasper Memorial Hospital: Community Health Implementation Plan³⁷

The Christus Community Health Assessment was performed at the regional level and the challenges, needs and priorities are reported for the region.

Geographic Area(s)	Health Challenges ³⁸	Health Needs ³⁹
Jefferson County; Hardin County; Jasper County; Newton County; Orange County; Tyler County	Ischemic Heart Disease	Barriers to Primary Care Access: Inability to pay for services
	Stroke	Barriers to Access: limited access
	Congestive Heart Failure	Barriers to Access: transportation
	High rates of Diabetes	Barriers to Access: language barriers and cultural differences
	High Blood Cholesterol	Barriers to Access: lack of employment opportunities
	High Blood Pressure	Barriers to Access: Increased number of residents with median income < \$25,000
	High Poverty Rate	Barriers to Access: Overutilization of ER
	High Uninsured Rate	Barriers to Access: Diminished Government Healthcare Infrastructure
	Undiagnosed and untreated chronic diseases	Geographic Disparities
	Higher Medicare reimbursement rates	Un/Underinsured/Working poor

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Geographic Area(s)	Health Challenges ³⁸	Health Needs ³⁹
Jefferson County; Hardin County; Jasper County; Newton County; Orange County; Tyler County	Higher preventable hospitalization rates	Prenatal Care
	Higher readmission rates	Chronic Disease, esp. Cardiovascular Disease, Respiratory Cancer, Diabetes
	High percentage of children in poverty	Senior Population without advocates for medical care
	High percentage of children receiving SSI and Food Stamps	45-64 year olds without primary care
	Higher low birth weights and preterm births	Mental health services

Priority Focus Areas for CHRISTUS⁴⁰

Priority Focus Area	Expected Program Objectives/ Outcomes (examples)
Community Clinics	Increased access to primary care; Support of Navigators; Establish an FQHC with an ED Diversion onsite.
Health Promotion/Disease Prevention Targeted	Change in awareness, knowledge, attitudes and skills by targeting 10% of Other Community Benefit Services specifically on Chronic Heart Disease and Diabetes in the community.
Disease Management	Efforts to decrease utilization rates associated with chronic diseases in community.
Health Care Access	Increased support of rural clinics in Jasper County

3. Perinatal Data for Southeast Texas⁴¹

Geographic Area	Health Challenges
Jefferson County	Entry in to 1st Trimester Prenatal Care 2005-2012 lower than Healthy People 2020 Goal for all races/ethnicities
	Preterm birth rate between 2005 – 2012 higher than HP 2020 Goal for all race/ethnicity, except Other race
	Infant Mortality Rate higher than HP 2020 for Blacks
	Higher Percent of Maternal Health Period of Risk

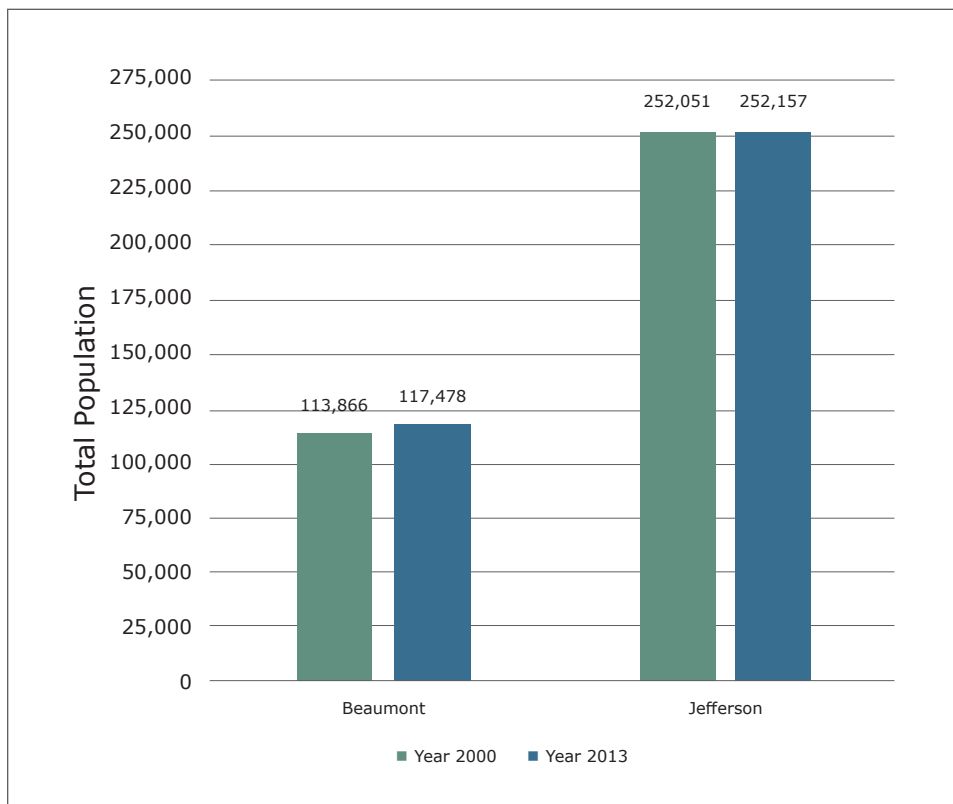
4. Texas Healthcare Transformation & Quality Improvement Program: Regional Healthcare Partnership (RHP) Plan for RHP 2⁴²

Geographic Area(s)	Health Challenges ⁴³	Health Needs ⁴⁴
16 County Area, including Jefferson County	Obesity	Access Barriers – Lack of Personal Resources
	Diabetes	Access Barriers – Lack of Insurance
	Disability	Primary Care Physician Shortage
	Hypertension	Specialty Care Physician Shortage
	Stroke	Mental/Behavioral Health Provider Shortage
	Asthma	Mental/Behavioral Health Facility Shortage
	Cancer	Dentist Shortage
	High tobacco use	Mid-level Provider Shortage
	Limited access to healthy foods	Pharmacist Shortage
	High rate of suicide	High ED Utilization Rates
	High rate of births to teen mothers	30 Day Readmission Rates
		Chronic Diseases: Diabetes
		Chronic Diseases: Obesity
		Chronic Diseases: Heart and Vascular Diseases and Disorders
	Chronic Diseases: Pulmonary	
	Mental/Behavioral Health Related Mortality	
	Mental/Behavioral Health Related Morbidity	
	Cancer Incidence (All)	

Socio-Demographic Data

In 2013, the population in Beaumont was 117,478, which is just slightly higher than the population in 2000 of 113,866. Jefferson County's population remained the same between 2000 and 2013. The population distribution by age in Beaumont is very similar to that of Jefferson County.

Population: Beaumont and Jefferson County



Source: US Census, 2000, American Community Survey, 2009-2013.

Population by Age: Beaumont and Jefferson County

	Beaumont	Jefferson County
Total Population	117,478	252,157
Persons Per Square Mile*	1,339	288
AGE GROUP		
Under 5 Years	8,128 (6.9%)	17,325 (6.9%)
5 - 19 Years	24,987 (21.2%)	50,244 (19.9%)
20- 64 Years	69,310 (59.0%)	152,234 (60.3%)
65 Years and over	15,053 (12.8%)	32,354 (12.8%)

Population by Race/Ethnicity

The Beaumont community is very rich with diversity and culture. For example, Beaumont has a significantly higher percentage of Blacks at 47.2% than the State of Texas overall, which has only 11.5%. The percentage of Whites and Hispanics is significantly lower in Beaumont, when compared with Jefferson County and the State of Texas. The proportion of Asians is about the same for Beaumont, Jefferson County and Texas, as seen in the table below.

Population by Race/Ethnicity for Beaumont and Jefferson County

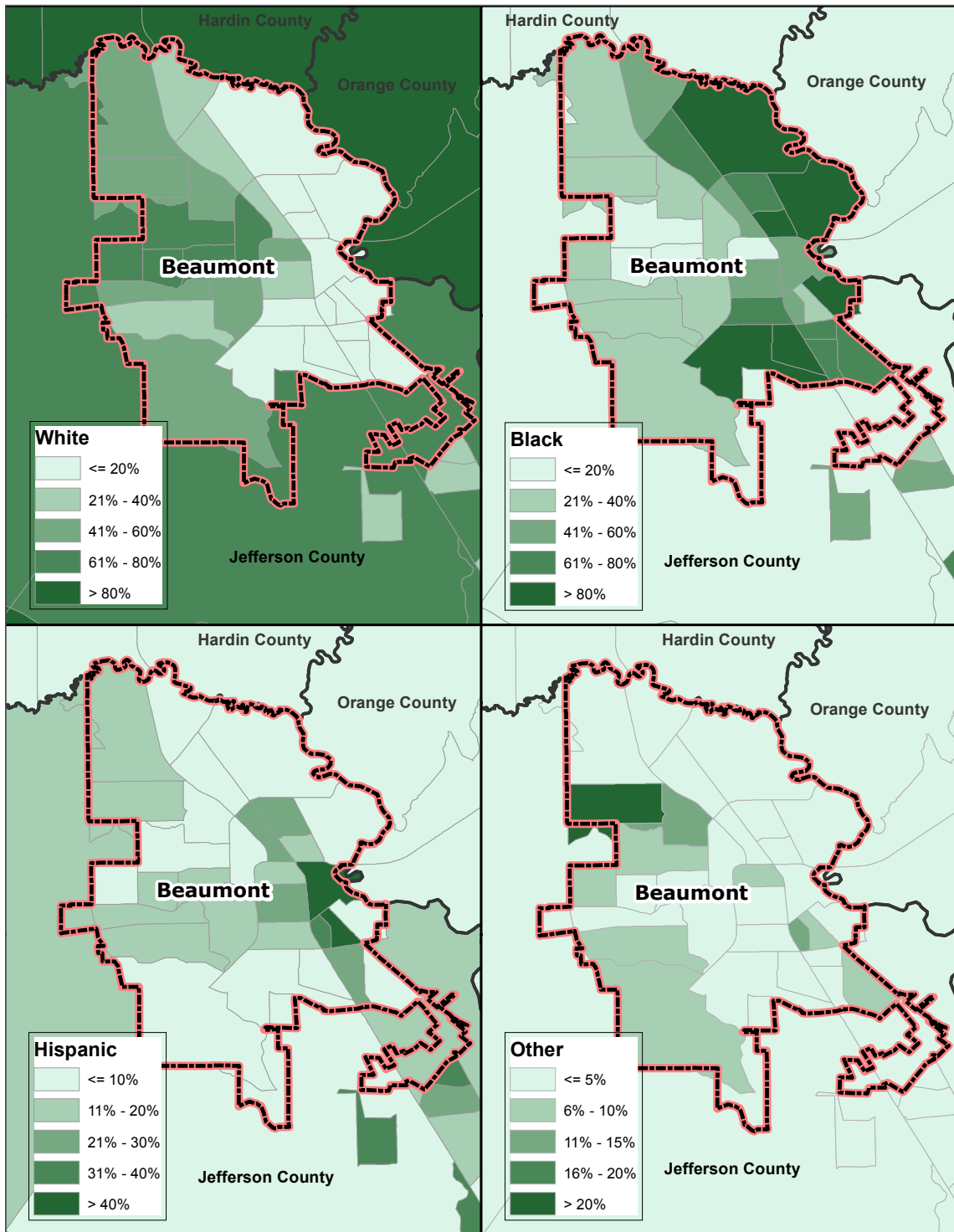
	Beaumont		Jefferson County		Texas	
	Total	Percent	Total	Percent	Total	Percent
White	40,313	34.3%	110,878	44.0%	11,488,269	44.8%
Black	55,431	47.2%	84,003	33.3%	2,956,545	11.5%
Hispanic	16,199	13.8%	44,342	17.6%	9,717,727	37.9%
Asian	3,522	3.0%	8,807	3.5%	1,005,797	3.9%
Other	2,013	1.7%	4,127	1.6%	471,035	1.9%
	117,478		252,157		25,639,373	

Source: American Community Survey, 2009-2013.



The following maps shows the distribution of the different race/ethnicities for Beaumont.

Beaumont - Race/Ethnicity by Census Tract



Jefferson County - Children Population

There are 60,266 children living in Jefferson County, which represents 24% of the population.

Children By Age/Gender⁴⁵

	Male	Female	Total	%
Ages 0-5	10,529	10,221	20,750	34
Ages 6-12	11,630	11,219	22,849	38
Ages 13-17	8,396	8,271	16,667	27
Total	30,555	29,711	60,266	

Children By Race/Ethnicity

We indicated above that the overall population in Jefferson County for Whites is 44%; for Blacks is 33%; for Hispanics is 18%; and for Asians and Other is 5.0%. When you compare the children's population by race/ethnicity to that of the overall population, the population for Jefferson County will begin to shift dramatically, with fewer Whites and more Blacks and Hispanics as noted in the table below.

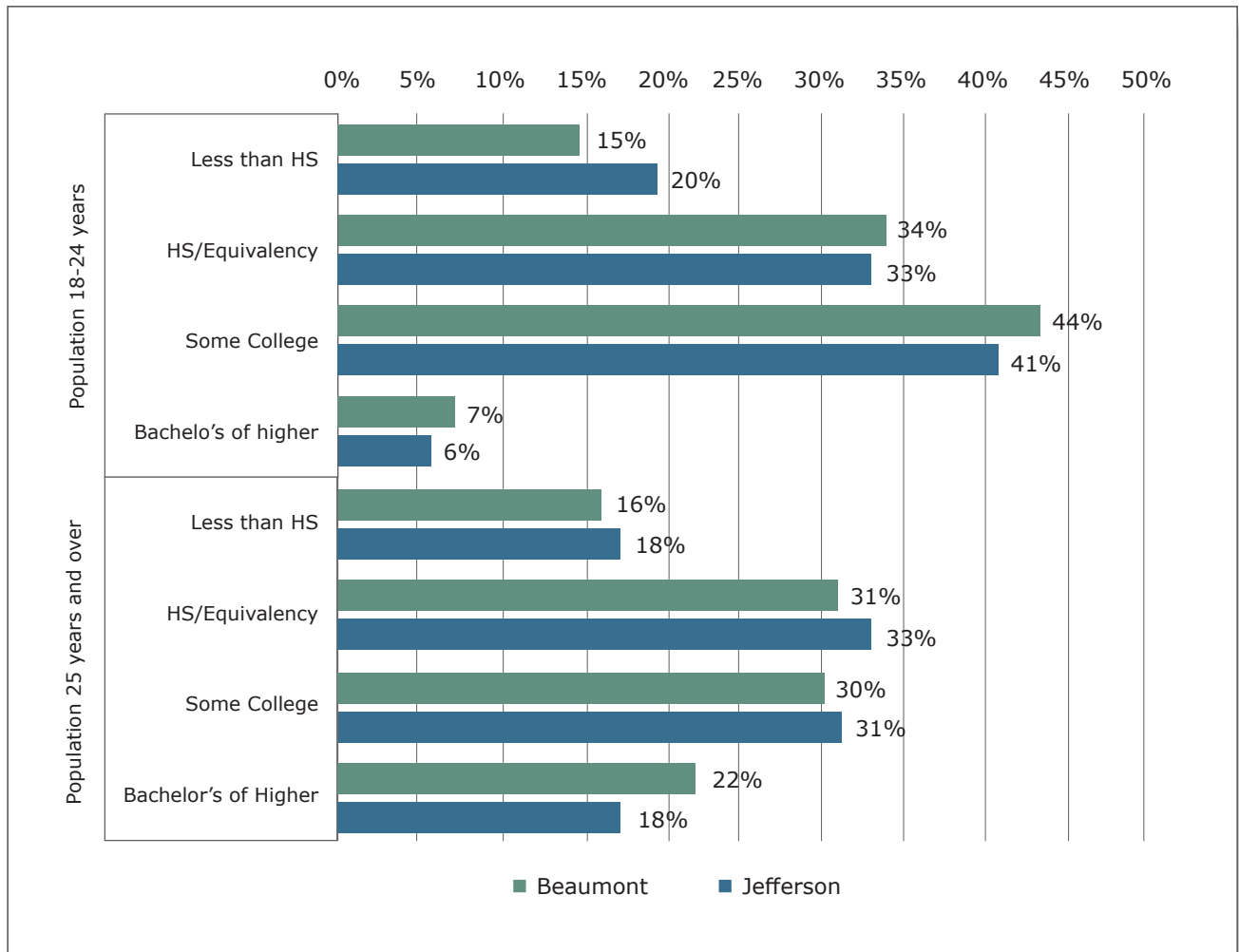
Jefferson County Race/Ethnicity	Total Population %	Children Population % ⁴⁶
White	44	32
Black	33	37
Hispanic	18	25
Asian and Other	5	6

Education

Educational achievement is significantly low, with 22% of the people in Beaumont and only 18% of the population 25 years and over in Jefferson County holding a bachelor's degree or higher. This is significantly lower than the educational rates for the State of Texas, at 25.8%.

However, according to the County Health Rankings & Roadmaps, when we compare Jefferson County high school graduation rates with the State of Texas, the county rates are better, with Jefferson County at 90% and Texas at 88%.⁴⁷

Educational Achievement for Beaumont and Jefferson County



Source: American Community Survey, 2008-2012.

Children's Education Indicators⁴⁸

When we look at the data for Pre-K enrollment in Jefferson County, the Pre-K statistics are much better than for the State of Texas. Yet, when we compare the primary and middle school data, Jefferson County scored lower for almost every indicator. This is an area that needs improvement, since we know through research that increased education leads to healthier indicators, and vice versa.

Child Education Indicators	Jefferson County	Texas
Head Start Enrollment	13.2%	8.4%
Pre-K enrollment (age 3)	11.1%	5.5%
Pre-K enrollment (age 4)	60.7%	51.8%
Fourth grade reading proficiency	36%	38%
Eighth grade math proficiency	30%	35%
Passing STAAR Reading – 3rd Grade	38%	40%
Passing STAAR Reading – 4th Grade	36%	38%
Passing STAAR Reading – 5th Grade	41%	47%
Passing STAAR Math – 3rd Grade	32%	32%
Passing STAAR Math – 8th Grade	30%	35%

Poverty

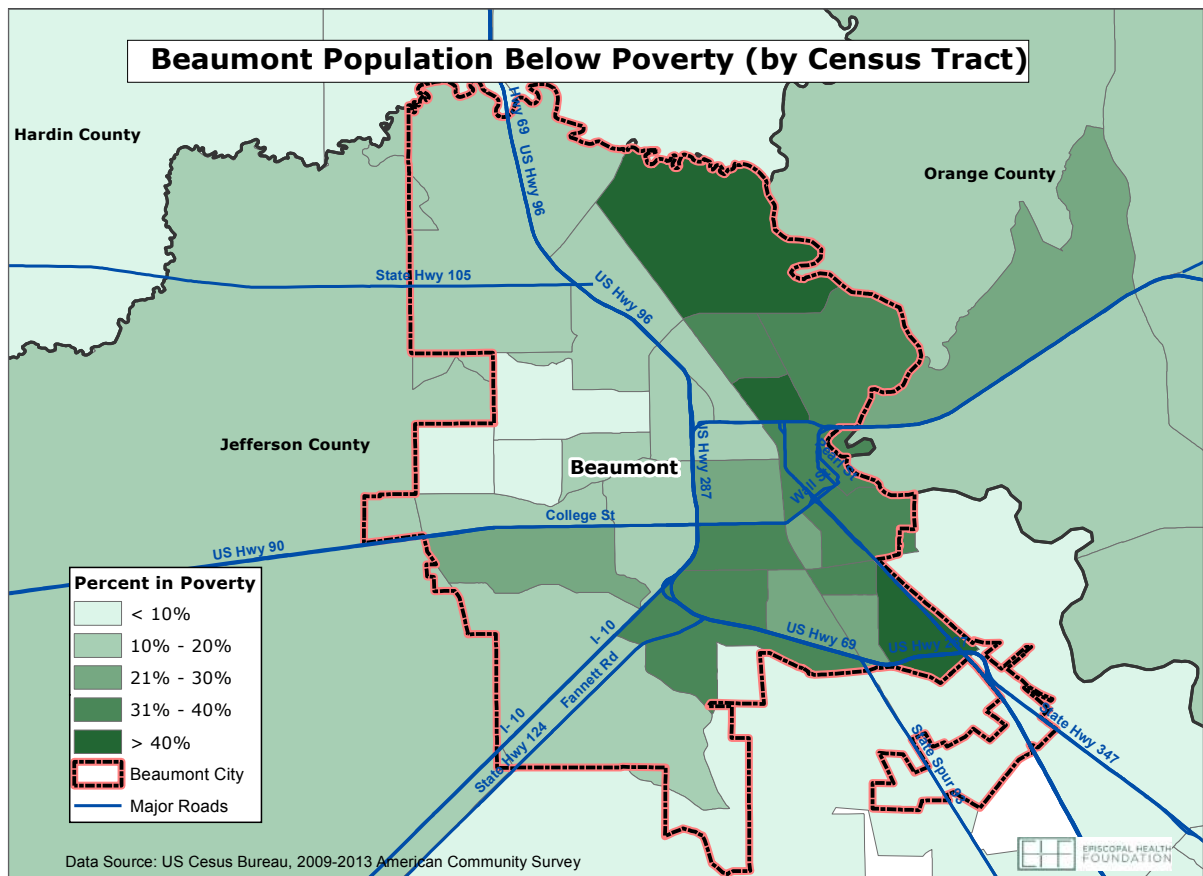
Twenty-two percent of Beaumont residents had a household income of less than 100% of the Federal Poverty Level (FPL).⁴⁹ The Department of Health and Human Services (HHS) identifies the federal poverty level as:⁵⁰

2015 Poverty Guidelines

Persons in family/household	Poverty Guideline
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890

* For families/households with more than 8 persons, add \$4,160 for each additional person.

The map below shows the highest concentration of the population living below the FPL. There are six census tracts that have a high proportion of people (41% - 60%) living in poverty.



Children in Poverty

Children living in areas of concentrated poverty in Jefferson County is significantly higher at 30.8%, when compared to the State of Texas overall, which is 17%.⁵¹

CHILDREN LIVING IN AREAS OF CONCENTRATED POVERTY (NUMBER & PERCENT)⁵²

	Number	Percent
Texas	1,120,000	17.0%
Jefferson County	18,562	30.8%

Medicaid and CHIP Indicators

Over one-half of the births in Jefferson County were Medicaid Births, at 54.3%, which is significantly higher than for the State of Texas at 40%.⁵³ However, there are fewer children without health insurance in Jefferson County than in the State of Texas, as indicated in the table below.

Medicaid and CHIP Indicators - 2012	Jefferson County	Texas
Average Monthly CHIP Enrollment	4,836	569,709
Count of Medicaid Clients	61,178	5,108,575
Medicaid Covered Births	1,846	152,019
Medicaid Births %	54.3%	40.0%
Without Health Insurance 0-17 years	11.6%	12.4%

Household Characteristics

According to the US Census Bureau, there has only been a slight increase in the number of households in Beaumont, and a slight decrease in the number of households in Jefferson County between 2000 and 2013. In both Beaumont and Jefferson County, there is a very high percentage of owner occupied housing units, which is a good indicator of stability.

The median household income for Beaumont and Jefferson County has increased significantly from 2000 to 2013, but is still considerably lower than the state average.

Household Indicators for Beaumont and Jefferson County

	Beaumont		Jefferson County	
	2000	2013	2000	2013
Households				
Total Households	44,361	45,190	92,880	92,634
Family Households	66%	61%	69%	64%
Housing				
Total Households	48,815	51,454	102,080	105,421
Occupied	91%	88%	91%	88%
Vacant	9%	12%	9%	12%
Income				
Under \$25,000	39%	34%	37%	31%
\$25,000-\$50,000	28%	26%	29%	25%
\$50,001-\$100,000	24%	25%	26%	27%
Over 100,001	9%	15%	8%	17%
Median Household Income	\$32,559	\$42,568	\$34,706	\$39,500

Source: U.S. Census Bureau, 2010. American Community Survey, 2008-2012.

Income Inequality

There is a higher proportion of people living in Jefferson County experiencing income inequality. When compared with Texas, Jefferson County's rate is 5.5 and Texas' rate is 4.9.⁵⁴ The rating represents the ratio of household income at the 80th percentile to income at the 20th percentile. A lower rank is healthier. Research indicates that we see lower measures of health with higher levels of income inequality.

Employment

Unemployment figures in 2013 for Jefferson County (10.5%) were significantly higher than the unemployment rate for Texas, which was 6.3%.⁵⁵ Historically, the unemployment rates for Beaumont and Jefferson County have been hovering around 10%, as seen in the table below.

	Beaumont		Jefferson County	
	Count	Percent	Count	Percent
Population 16 years and over	91,964		198,998	
In Labor Force	55,689	60.6%	114,248	68.1%
Civilian Labor Force	55,642	60.5%	114,137	68.0%
Employed	49,602	53.9%	101,918	62.3%
Unemployed	6,040	6.6%	12,219	5.7%
Armed Forces	47	0.1%	111	0.0%
Not in Labor Force	36,275	39.4%	84,750	31.9%
Percent Unemployed		10.9%		10.7%

Source: American Community Survey, 2007-2011.

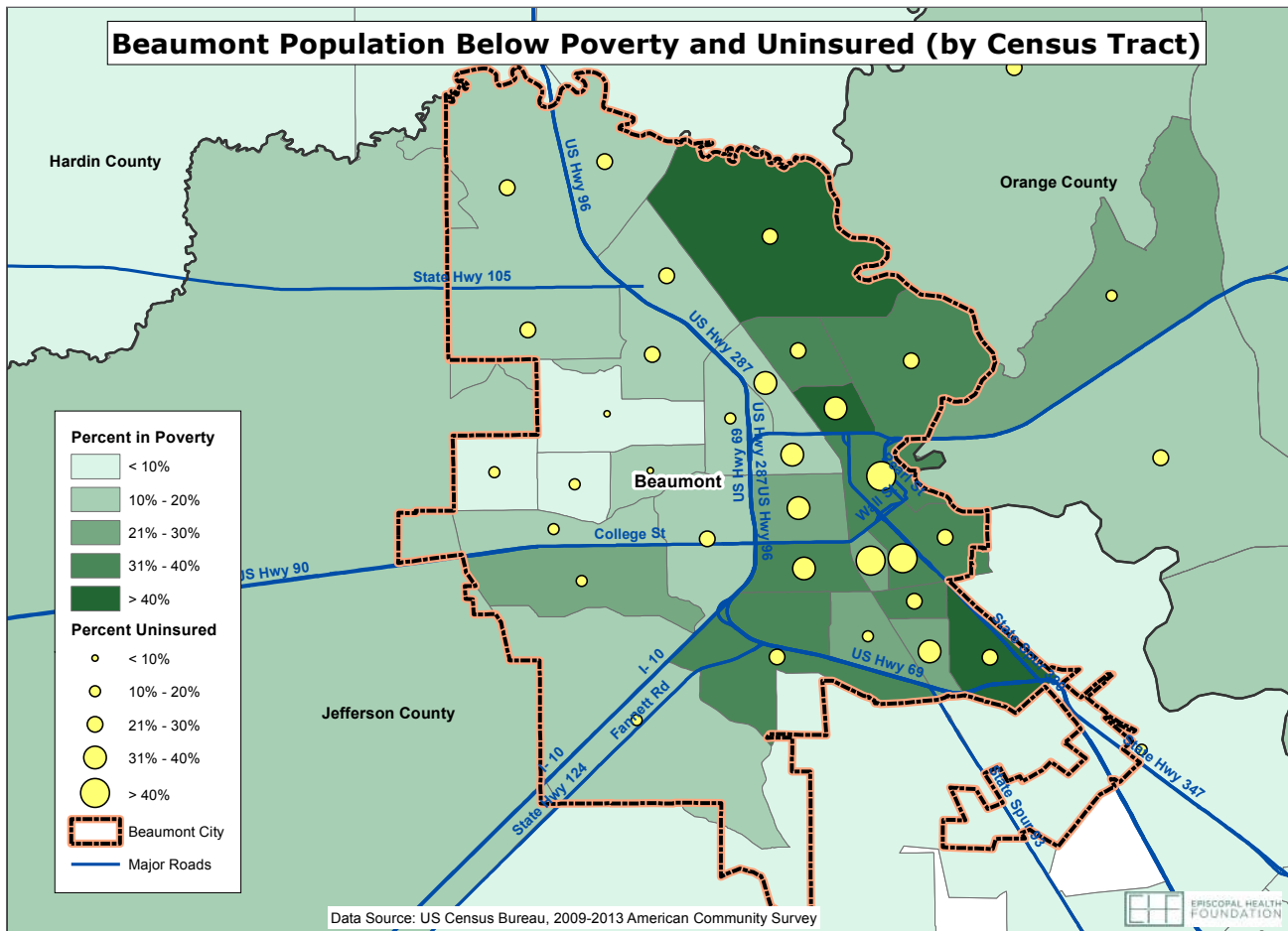
Uninsured

The population without health insurance in Beaumont and Jefferson County was higher than in Texas, when we look at five-year estimates between 2009 and 2013.⁵⁶ With the passage of the Affordable Care Act, we are beginning to see dramatic decreases across the country in the uninsured rates. However, according to the latest report released September 16, 2015, the uninsured rate in Texas has decreased below 20%, yet it is still the highest rate in the U.S.⁵⁷ The uninsured rate for the US fell from 15% to 12%.

Uninsured for Beaumont, Jefferson County and Texas

	Beaumont		Jefferson County		Texas	
	Count	Percent	Count	Percent	Count	Percent
Uninsured (2009-2013)	27,644	24.0%	55,752	23.4%	5,746,305	22.8%

The map below indicates the proportion of uninsured by census tract living in Beaumont. Several census tracts show uninsured rates of 40% and higher.



Crime Statistics

According to the County Health Rankings & Roadmaps, the number of reported violent crime offenses per 100,000 is higher in Jefferson County, with 652 crimes, than that of Texas overall, with 422 crimes.⁵⁸

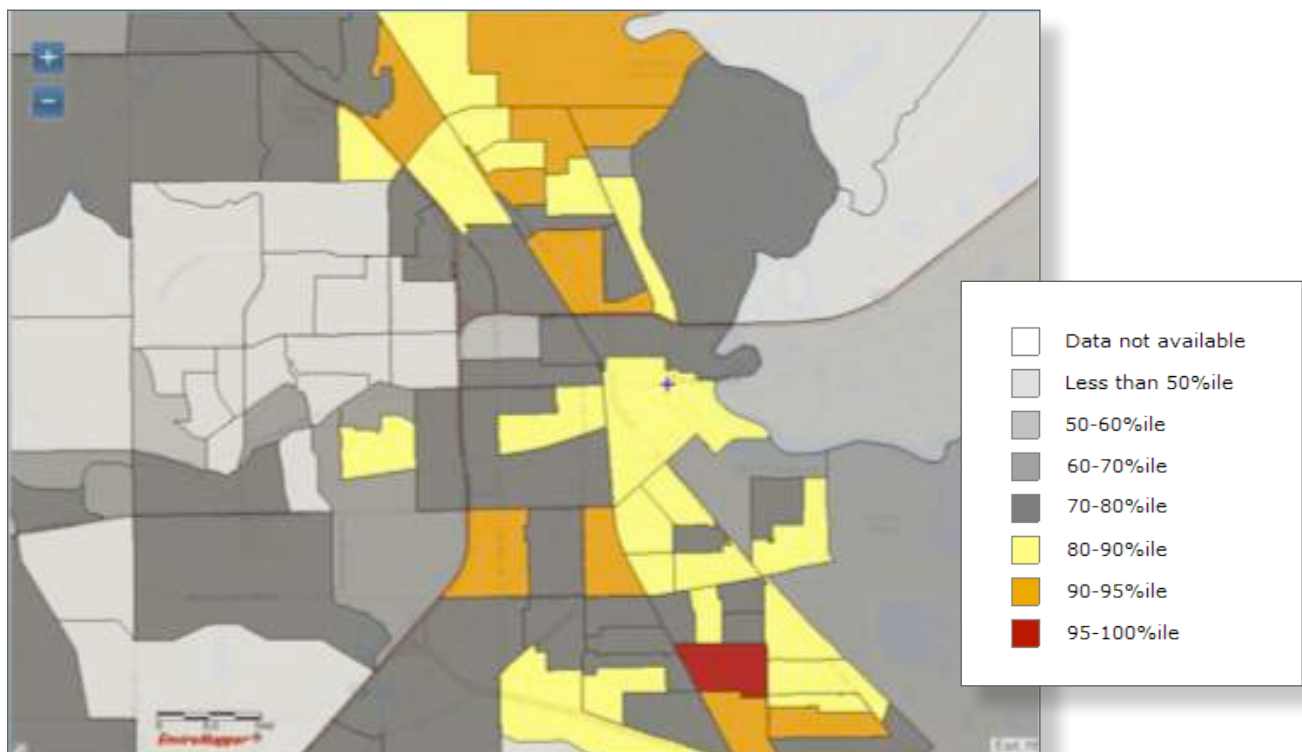
Unfortunately, Beaumont ranks higher than the U.S. in *all* crime categories, between the years 2001 and 2013.⁵⁹

Environmental Data

In June of 2015, the U.S. Environmental Protection Agency (EPA) introduced an on-line screening tool for communities concerned about environmental justice. The tool uses a mapping interface and displays a variety of pollution indicators that have been provided by the states but validated by the EPA. These indicators were adapted from EPA's internal screening process that was used in the past to guide legal enforcement actions. Across the five criteria pollutants affecting ambient air quality, Beaumont's levels of fine particulate matter (PM2.5) stand out, as seen in the map below. The program takes the ambient concentration and weighs it by demographic data and gives a better demonstration of the population exposure, especially in low income neighborhoods.

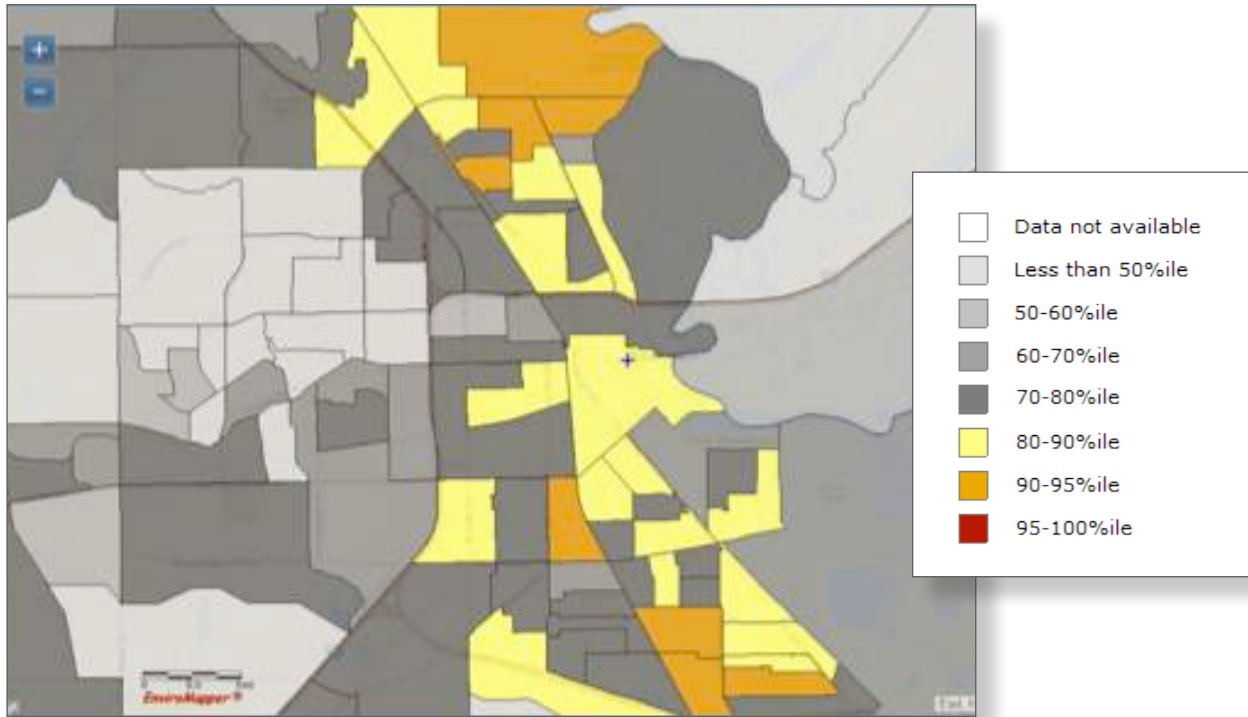
These levels are linked in the scientific literature to on-road and off-road diesel exhaust and open fires. The problem for communities tends to appear near highways, train lines and construction sites, as well as freight and port terminals. The map below shows the sections of Beaumont most seriously affected. While there is only one census block group that ranks in the highest percentile nationally, much of the area falls in the 70th percentile or higher.⁶⁰

Beaumont Particulate Matter 2.5 Index⁶¹



The map below shows the ozone levels index for Beaumont. While there is not a census block group that ranks in the highest percentile, most of the area falls in the 70th percentile or higher for ozone levels.

Beaumont Ozone Data - Index⁶²



Health Data

There is limited amount of health data for the Beaumont area. Much more data is available at the county and regional levels. However, because Beaumont is the largest city in Jefferson County, and the population is relatively low, the county data is much more meaningful, than say, for a much larger metroplex such as Harris County. The data reported below indicates the level of analysis.

County Health Rankings

The County Health Rankings & Roadmaps ranks Jefferson County at 162 out of 237 Texas counties.⁶³

However, for Health Factors, the ranking drops to 217 out of 237. Health Behaviors, Social & Economic Factors and Physical Environment all rank in the *fourth* quartile for Texas. In contrast, Jefferson County ranks in the *first* quartile regarding Clinical Care. This is a good example of having a good supply of healthcare providers, but poor health factors. There could be many explanations for this incongruity, and one possible explanation could be that there are barriers to access that must be addressed.

Jefferson County Overall Health Ranking in Texas

JEFFERSON COUNTY SNAPSHOT⁶⁴

Health Outcome	Jefferson County Rank	Jefferson County Quatrule
Health Outcome Overall	162	3
Length of Life	143	3
Quality of Life	191	4
Health Factors	217	4
Health Behaviors	218	4
Clinical Care	44	1
Social & Economic Factors	227	4
Physical Environment	189	4

HEALTH OUTCOMES (RANK 162/237)

Length of Life (143/237)

Quality of Life (191/237)

Indicator	Jefferson County	Texas
Premature Death (years of potential life lost before age 75 per 100,000 population age adjusted)	8,350	6,650
Poor of Fair Health	15%	18%
Poor Physical Health Days (past 30 days age adjusted)	4.3	3.7
Poor Mental Health Days (past 30 days age adjusted)	3.4	3.3
Low Birthweight	10.4%	8.4%

HEALTH FACTORS (217/237)

Health Behaviors (218/237)

Indicator	Jefferson County	Texas
Adult smoking	22%	17%
Adult Obesity	35%	29%
Food environment index (index 0 = worst to 10 = best)	4.9	6.4
Physical inactivity	29%	23%
Access to exercise opportunities	66%	84%
Excessive Drinking	12%	16%
Alcohol impaired driving deaths	33%	33%
Sexually transmitted infections (per 100,000)	520	488
Teen Births (per 1,000 female population ages 15-19)	55	55

CLINICAL CARE (44/237)

Indicator	Jefferson County	Texas
Uninsured	26%	25%
Primary Care Physicians	1,646:1	1,708:1
Dentists	1,897:1	1,940:1
Mental Health Providers	1,088:1	1,034:1
Preventable Hospital Stays (number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees)	65	63
Diabetic Monitoring	84%	83%
Mammography Screening	63.6%	58.95

SOCIAL AND ECONOMIC FACTORS (227/237)

Indicator	Jefferson County	Texas
High School Graduation	90%	88%
Some College	51.3%	58.6%
Unemployment	10.5%	6.3%
Children in Poverty	31%	25%
Income Inequality	5.5	4.9
Children in single-parent households	46%	33%
Social Associations	12.2	7.8
Violent Crime (per 100,000 population)	652	422
Injury Deaths (per 100,000 population)	66	55

PHYSICAL ENVIRONMENT (189/237)

Indicator	Jefferson County	Texas
Air Pollution – particulate matter	9.5	9.6
Drinking water violations	23%	7%
Severe housing problems	17%	18%
Driving alone to work	83%	80%
Long commute – driving alone	18%	35%

HEALTH OUTCOMES⁶⁴

Indicator	Jefferson County	Texas
Diabetes	13%	9%
HIV Prevalence	397	319
Premature age-adjusted mortality	432	341.2
Infant Mortality (within 1 year, per 1,000 live births)	7.5	6.2
Child Mortality (deaths among children under age 18 per 100,000)	66.2	53.1

JEFFERSON COUNTY HEALTH BEHAVIORS

Indicator	Jefferson County	Texas
Food Insecurity	23%	18%
Limited Access to Healthy Foods	11%	9%
Motor Vehicle Crash Deaths (per 100,000 population)	17	14
Drug Poisoning Deaths (per 100,000 population)	15	9

HEALTH CARE

Indicator	Jefferson County	Texas
Uninsured adults	32%	32%
Uninsured children	12%	13%
Health Care Costs	\$11,336	\$11,079
Could Not See a Doctor Due to Cost	20%	19%
Other Primary Care Providers	1207:1	1893:1

SOCIAL AND ECONOMIC FACTORS

Indicator	Jefferson County	Texas
Median Household Income	\$42,099	\$51,714
Children Eligible for Free Lunch	58%	44%
Homicides (per 100,000 population)	9	6

OTHER JEFFERSON COUNTY HEALTH INDICATORS

Life Expectancy⁶⁶

Life expectancy, in years	Jefferson County	Texas
Male	72.9	75.8
Female	78.7	80.4

CHILDREN HEALTH INDICATORS⁶⁷

Indicator	Jefferson County	Texas
Preterm Birth Rate	14.6%	13.2%
Low birthweight	10.4%	8.4%
Food Insecure Children	25.1%	27.6%
WIC Recipients	36.6%	40.9%
Confirmed Victims of Child Abuse (per 1,000 children ages 0-17)	10.9	9.1

COMMUNICABLE DISEASES – REPORTED CASES⁶⁸

Indicator	MSA Number	MSA Rate	Texas Rate
AIDS	41	16.2	9.2
Chlamydia	1,210	477.7	473.1
Gonorrhea	496	195.8	125.2
Pertussis (Whooping Cough)	<5	---	15.1
Primary and Secondary Syphilis	18	7.1	5.6
Tuberculosis	8	3.2	4.6
Varicella (Chickenpox)	<5	---	7.1

DEATHS (MORTALITY) FOR BEAUMONT, PORT ARTHUR MSA⁶⁹

Indicator	MSA Number	MSA Rate	Texas
Deaths from All Causes	2,397	867.4	749.2
Accidents	118	44.6	36.8
Motor Vehicle Accidents	53	20.6	13.4
Alzheimer's	112	39.4	24.4
Assault (Homicide)	33	13.2	5.1
Cancer (All)	488	176.1	156.1
Breast Cancer (Female)	30	19.9	20.1
Colon Cancer	53	19.1	14.6
Lung Cancer	151	54.5	38.4
Prostate Cancer	23	20.6	18.7
Stroke	150	55.0	40.1
Chronic Lower Respiratory Disease	137	50.4	42.3
Diabetes	73	26.4	21.6

Leading Cause of Death – Heart Disease⁷⁰

Heart disease is the leading cause of death for every Texas and US county. We see that for Jefferson County, the overall death rate from heart disease is significantly higher than for Texas and the US. However, when we compare the rates of the Jefferson County Hispanic and Asian populations, their rates are lower than both the Texas and the US death rates. *This is an area that deserves further research.*

(Note - The CDC definition for Heart Disease is all-inclusive, and thus, reports a different denominator with which to calculate rates. The purpose of this table is to show the racial/ethnic disparity.)

HEART DISEASE DEATH RATE PER 100,000, 35+, BLACK (NON-HISPANIC), ALL GENDER, 2011-2013

Race/Ethnicity	Heart Disease Death Rate (age adjusted)		
	Jefferson County	Texas	US
All Race	380.4	332.4	332.7
Black (Non-Hispanic)	471.1	427.7	421.3
White (Non-Hispanic)	366.9	347.6	337.5
Hispanic	179.1	267.5	238.8
American Indian and Alaskan Native	Insufficient Data	115.5	302.9
Asian and Pacific Islander	121.7	173.8	182.9

Medically Underserved Area (MUA) Designation⁷¹

Medically Underserved status is designated to areas or populations having a shortage of personal health services according to U.S. Department of Health and Human Services rules.

Eligibility for designation as an MUA is based on the demographics of the entire population in an area compared to national statistics for four health care demand/resource indicators:

- Percentage of population 65 years and over
- Poverty rate
- Infant mortality rate
- Ratio of primary care physicians per 1,000 population

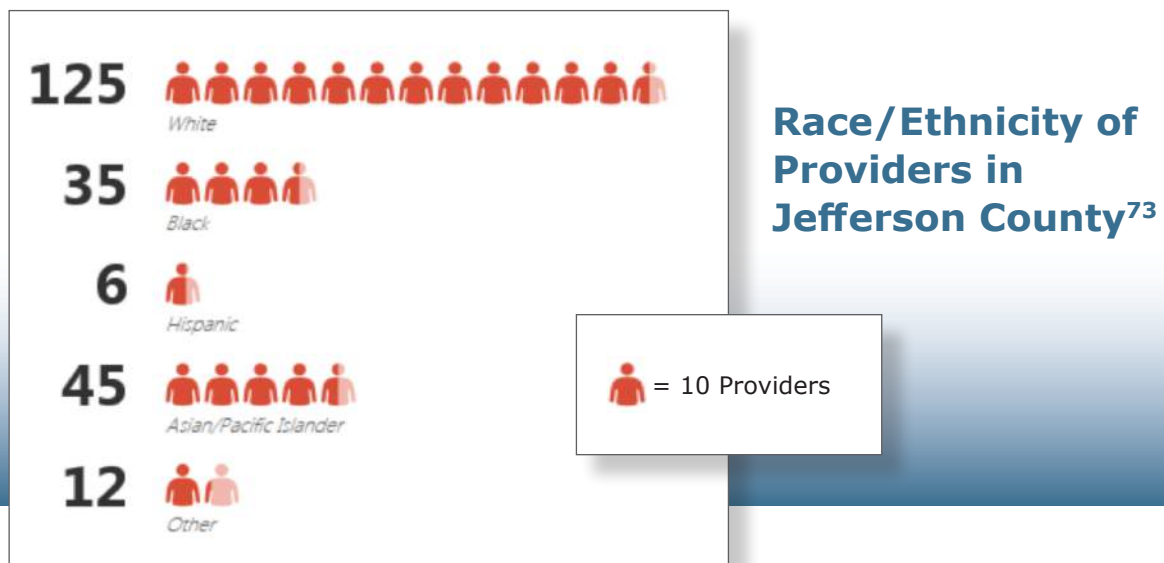
Only part of Jefferson County is considered to be a Medically Underserved Area.

Primary Care Physicians – Jefferson County⁷²

There are a total of 223 providers in Jefferson County and this includes emergency medicine providers. There are 142 providers in Beaumont alone. The table is stratified by race/ethnicity since there have been questions from the qualitative research component of this study regarding race/ethnicity of a primary

Providers in Jefferson County	Race/Ethnicity	MSA Rate
125	White	56%
35	Black	16%
6	Hispanic	3%
45	Asian/Pacific Islander	20%
12	Other	5%
Total 223		100%

care provider not being of the same race/ethnicity of the patient. Additionally, from this table, note that the Primary Care Providers in Beaumont do not represent the proportion of the race/ethnicity of the population.



Qualitative Research

Qualitative Community Health Assessment

PREPARED BY DR. S. GREG THOMPSON • JUNE - AUGUST 2015

I. Neighborhood/Area Specific Information and History^{74, 75}

First chartered by the Republic of Texas in 1838 to be the county seat of the newly-established Jefferson County, Beaumont eventually grew to become a center of lumber and rice milling in the late 1800s. The fortunes of the city—and, indeed the entire region—were forever changed with the success of an exploratory oil drilling venture in January 1901 at what was known as Spindletop Hill. The area experienced a rapid growth in population, doubling from about 10,000 in 1900 to 20,000 in 1910, as it emerged as a major hub of the nation's growing petroleum industry. Concurrent to that phenomenon, the city gained further economic stimulus by virtue of the development of waterways allowing for ship freight transport, and connecting with multiple railroads that had already linked Beaumont to the rest of the U.S. by the turn of the century. A second oil discovery boom in 1925 sparked another surge in the area's population, growing to almost 60,000 by 1930. World War II and a thriving automobile industry both intensified the viability of petroleum economies like Beaumont's, and in 1960, the city hit a population plateau at approximately 120,000, ranking it among Texas' largest cities at the time. In the 50-plus years since, the city's population has remained close to that plateau, most recently counting 118,000 in the 2010 census.

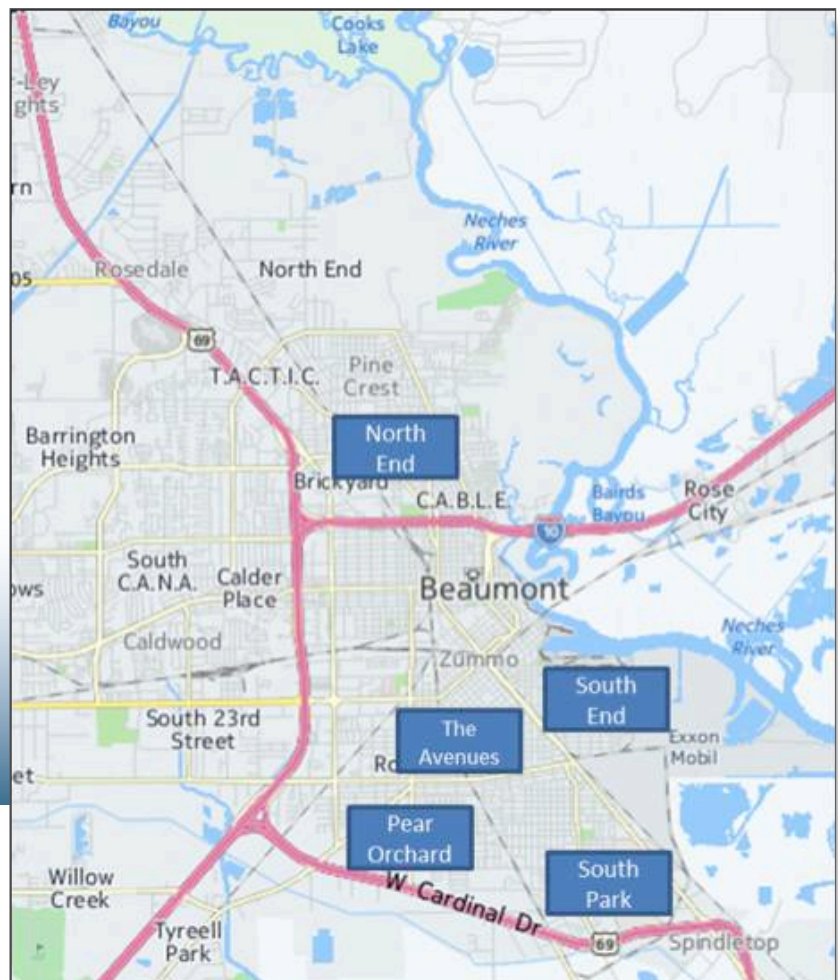
Besides its reputation as a petroleum hub, it is notable that the city also has a history as an epicenter for racial conflict, having been segregated for nearly 100 years following Reconstruction. Congruently, while the Ku Klux Klan thrived nationally for much of the early 1900s, the KKK is said to have virtually controlled local politics in Beaumont for a period during the 1920s. Racial tensions eventually gave rise to a riot in the city in June 1943 that made national news, and even prompted martial law for a short period. The civil rights movement began to take root not long after, and bore fruit in the mid-1950s when the local NAACP won two important court decisions mandating that desegregation should occur. (Incidentally, one of those decisions resulted in significant changes at a higher education institution that then was known as Lamar State College). While tensions have certainly cooled in the decades since, it still is difficult for the outsider moving into the area to not notice the strong concentration of Whites residing in neighborhoods to the west of the major freeway (I-10 and US Hwy 69/96/287) snaking through the city, and the strong concentration of Blacks on the other side of that freeway.

Today, to the degree that Beaumont thrives economically, it does so based on its petroleum and petrochemical industry, and also freight transportation through its port and rail infrastructure. Racially, the city has changed significantly since 1980, essentially transforming from a 60% to 35% ratio of White-to-Black population to, now, a 35% to 50% ratio. Therefore, effectively, the city experienced a complete reversal in racial majority/minority status over the course of three decades. Not to be overlooked in that transformation is that the Hispanic population today constitutes almost 15% of Beaumont's population,

thus, practically tripling in size over that same three-decade time period. Asian minorities, particularly Filipino and Vietnamese, make up most of the balance of the racial mix in the city.

Since the present study focuses on residents of Beaumont's lower-income neighborhoods, it is useful to note that those neighborhoods are nearly entirely located to the east side of the freeway corridor, where the city's Black and Hispanic populations are concentrated. While there is nothing "official" evidently, and thus, some slight variance in how different residents define the boundaries of the primary low-income areas of the city, they are defined as follows:

- (a) The "North End" area encompasses everything within city limits to the north of U.S. 90 and to the east of U.S. 69/96/287;
- (b) The "South End" area encompasses everything to the south of U.S. 90, and to the east of the State Route 380, also known as the Martin Luther King Parkway;
- (c) The "Avenues" area encompasses the part of the city that lies to the south of U.S. 90, north of Washington Avenue, west of MLK Parkway, and east of the Kansas City Southern rail corridor that runs southeast out of the city to Port Arthur;
- (d) The "South Park" area (increasingly also references as "Charlton-Pollard") encompasses the area south of Washington Avenue, north of U.S. 69/96/287 as it curves toward Port Arthur, west of MLK Parkway, and east of the Kansas City Southern rail corridor;
- (e) The "Pear Orchard" area encompasses a triangular area bounded by Washington Avenue, U.S. 69/96/287, and the Kansas City Southern rail corridor.



II. Key Informants' Recruitment

The starting point for Dr. S. Greg Thompson as the lead researcher (based at Lamar University in Beaumont), was to review files from the University's Office of Community Outreach (OCO). The most active contained approximately 25 names of individuals who had a former relationship with neighborhood associations assisted by the OCO. From that pool, Dr. Thompson began making phone contacts that he hoped would facilitate a meeting with them face to face. The purpose of the first meetings would primarily be to acquire some commonly-understood knowledge about the historical and current conditions pertaining to the lower-income areas of the city, and to identify the names of people who appeared to be well-suited for participation in a *key informant* interview.

The first person who agreed to meet with Dr. Thompson was the Executive Director of People First, a non-profit organization that the former OCO Director had worked beside in establishing new neighborhood associations through the years. The second to meet with Dr. Thompson was the original person appointed OCO Director when the state appropriated funds for OCO's at public universities many years ago. And finally, Dr. Thompson was able to obtain the input of a local businessman who served as president of a South End-based neighborhood association.

Having gained the insights of these well-connected individuals, Dr. Thompson proceeded to make contacts for the distinct purpose of conducting key informant interviews. (Note, to be clear, the original discussions with the three individuals indicated in the preceding paragraph were *not* considered to be key informant interviews, as the focus was on providing the lead researcher with some orientation.) The original pool gleaned from the OCO files was supplemented significantly by the former OCO Director in particular. As new interviews were conducted, Dr. Thompson habitually sought names from those he interviewed to grow the contact pool even further, and with some success.

The following table provides the number of key informants that were considered to represent/inform each sector, bearing in-mind that one person may represent more than one sector:

Political: 2	Economic: 4	Public Health/Healthcare: 2
Police: 2	Communication: 2	Recreational: 1
Other Community Groups: 1	Individuals: 4	Education: 2
Religious: 2	Social Services: 3	Voluntary/Grassroots: 2

Key Informants

Dr. Thompson worked with two graduate students and two undergraduate students at Lamar to produce narratives of each key informant interview. According to the neighborhood(s) for which each key informant indicated s/he had greatest familiarity, Dr. Thompson sorted the information conveyed by those narratives

into the neighborhood-based table that is displayed under the Community Voice section. Further, Dr. Thompson incorporated this same information with the participatory groups' information in constructing the Recommendations section.

In total, 24 individuals agreed to participate in the study as key informants.

	Sex	Age	Race/Ethnicity	Occupation
Key Informant A	M	40s	White, Hispanic	Hispanic Ministry Director
Key Informant B	M	30s	Black	Pastor
Key Informant C	M	60s	Black	City Community Devel. Staff
Key Informant D	M	50s	White, Non-Hisp	City Community Devel. Director
Key Informant E	M	60s	White, Hispanic	(Retired) Latino Community Group Pres.
Key Informant F	M	60s	Black	Real Estate Agent
Key Informant G	F	50s	Black	Elected Off. Port of Beaumont
Key Informant H	F	30s	Black	Grade School Principal
Key Informant I	F	30s	Black	TV News Anchor
Key Informant J	F	60s	Black	Neighborhood Asso. President
Key Informant K	M	40s	Black	Recreation Center Director
Key Informant L	F	40s	Black	Social Worker/School Bus Driver (Part-Time)
Key Informant M	F	60s	Black	Church Secretary
Key Informant N	F	40s	Black	Community Development Staff
Key Informant O	M	50s	White, Non-Hisp	Police Officer
Key Informant P	F	40s	Black	Community Development Staff
Key Informant Q	M	20s	Black	Restaurant Assistant Manager
Key Informant R	M	30s	Black	Elected Official – Jeff Co (former City Council)
Key Informant S	F	50s	Black	City Public Health Director
Key Informant T	F	20s	Black	Public Relations & Marketing Administrator
Key Informant U	F	30s	White, Non-Hisp	Non-Profit Org Staff
Key Informant V	F	50s	Asian	Registered Nurse
Key Informant W	M	30s	Black	Police Officer
Key Informant X	F	40s	White, Non-Hisp	Teacher

III. Key Informants' Responses

1. Positive assets already present in the community that we can build from

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
<p>Churches: Emmanuel Baptist, Paradise Baptist, Cathedral of Faith, Cathedral in the Pines</p> <p>Schools</p> <p>Parks</p> <p>Recreation Centers</p> <p>Willard library</p> <p>PTAs</p> <p>True neighborhood feel</p>	<p>Churches</p> <p>Schools, including Charlton-Pollard Elem</p> <p>Grandparents in the family</p> <p>Food bank</p> <p>Health clinics, including Jeff Co Public Center</p> <p>Lions Club</p> <p>(getting children help with eyesight concerns especially)</p>	<p>Churches</p> <p>Schools</p>	<p>Churches of various denominations, incl Harvest for Lost Souls</p> <p>School system, incl South Park Middle</p> <p>Lamar University, incl orgs that do community service</p> <p>Parks such as Alice Keith, incl the pool and comm center</p> <p>Nonprofits like Gift of Life</p> <p>Strong togetherness</p> <p>Strong family ties</p> <p>Sense of pride and independence</p> <p>Desire to improve quality of life</p> <p>Long-time residents</p> <p>Baptist Hospital in relatively close proximity</p> <p>Public transportation options seem to be available</p> <p>Property is reasonably priced</p> <p>Some areas of the neighborhood are safe</p> <p>Residents are from multiple cultures</p>	<p>Churches, like Antioch Church</p> <p>Schools, like Odom Academy Middle</p> <p>True neighborhood feel</p> <p>More spread-out than North End, people not "clumped together"</p> <p>Open-minded leaders in community organizations</p>

2. Problems of the community

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
<p>Public facilities under-utilized</p> <p>Adults making bad decisions</p> <p>Kids need more structure</p> <p>Need more close-by safe recreational options</p> <p>Beautify neighborhood to look livable</p> <p>Fix streets</p> <p>Lack of businesses</p> <p>Need sidewalks</p> <p>People live too close together</p> <p>Not enough green space</p> <p>Dependency on social services b/c of broken homes</p> <p>Participation in drug dealing to make up for lost income due to broken homes</p> <p>Unemployment</p> <p>Lack of education</p> <p>Prison records which, in turn, contribute to unemployment</p> <p>Strong perception that it is the highest-crime area of Beaumont</p>	<p>Children's learning disabilities</p> <p>Obesity</p> <p>Lack of access to legitimate grocery stores w/ healthy foods</p> <p>Low self-esteem</p> <p>Depression</p> <p>People feel disconnected to community</p> <p>People lose identity b/c they want too badly to fit-in</p> <p>Educating people about the resources available</p> <p>Feeling safe</p> <p>Necessity of traveling to places like Galveston for some medical procedures (implication-- for undocumented families)</p> <p>Lack of educational attainment among adults</p> <p>High drop-out rate, especially among eldest male Hispanic children</p> <p>Not enough recreational opportunities for kids, which contributes to boredom, which contributes to risky behaviors</p> <p>Prostitution and drug dealing too close to schools</p>	<p>Housing</p> <p>Prostitution</p> <p>Community Development</p> <p>Inadequate parks/rec</p>	<p>City neglect—"neighborhoods being torn apart"</p> <p>Lack of courtesy/respect among residents</p> <p>People who don't care to keep it free of crime or free of litter—lack of "taking ownership" in comm</p> <p>Homes in poor condition</p> <p>Feels unsafe</p> <p>Youth disrespectful</p> <p>Breakdown of families</p> <p>Parent absence</p> <p>Unemployment</p> <p>Lack of education</p> <p>Prison records which, in turn, contribute to unemployment</p> <p>Lack of opportunities (employment?) in comparison to North End</p> <p>Neighborhood disputes and small-impact crimes (e.g., rocks through windows) that contribute to a negative reputation for community</p> <p>Busing schedule doesn't seem to meet needs of community—unreliable</p> <p>Adequate supervision of children</p> <p>Illegal gambling</p>	<p>Fix streets</p> <p>Beautify neighborhood to look livable</p> <p>Lack of education</p> <p>Lack of employment opportunities</p> <p>People working too man part-time jobs</p> <p>Business development—fast food, decent apartment complexes</p> <p>Entertainment venues other than parks that reduce prevalence of kids playing video games indoors</p>

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
			Lack of crisis shelters for women and children Housing—long list people seeking Section 8—particularly confounding for women who do not qualify as abused or drug addicted Facilities for dual diagnoses MH treatment Child neglect related to drug addictions	

3. Barriers to dealing effectively with the problems

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
Lack of sense of integrity Apathy for kids concerns, leading to kids' low self-worth Self-absorbed parents Lack of appreciation for what one has No pride in community Racist attitudes Gov't apathy for low-income neighborhoods Residents resistant to change Reputation as most dangerous area of city Too few owners, too many renters	Students from at-risk environments Shrinking churches Not enough civic organizations, incl. no YMCA in the city now Decline of the traditional two-parent family Absent parents Cultural shifts Lack of extended family residing close-by White flight to suburbs Inadequate access to transportation	Lack political influence Language barrier	Apathy Bad habits being passed down Collective ignorance Transportation Mentality that the white man is an enemy Religious lectures that are political in nature Lack of cohesion, cooperation, and accountability between neighbors—presumption that everyone should hold privacy paramount	Reactive instead of proactive mindset—seek healthcare only after something happens Public attitudes toward government assistance Jail too often alternative mental health facility Businesses skeptical of opening in the area Perception of more crime than actually exists there History of racial tension, though not as extant these days

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
<p>Ethnic mindset: “Do what you see” model Broken homes Lack of awareness about issues related to no family cohesion Unwillingness to trust authorities who could help otherwise Lack of recognition by government that throwing money at problems can be insufficient when population is uneducated Programs that fail to cater to different cultures equally Glaring gap between the haves and have-nots w/ regard to opportunities Lack of generosity among people w/ resources “Scattered” —not settled Mindset of being owed something Resignation Lack of instruction in family values due to young parents</p>	<p>Social media keeps youth occupied, decreasing interaction with family Pop culture (music esp) that push limits of obscenity Lack of school funding to efficiently diagnose learning disabilities Lack of funding generally Difficulty in changing cultural mindset Families too proud to utilize public resources Problems associated with being undocumented, including transportation Lack of smaller neighborhood schools Problems associated with being part of the working poor—too much income to qualify for public aid Maturity level of parents such that it is difficult to educate without being perceived as preaching Parents who do not adequately address situations in which their children disrupt other children’s learning</p>		<p>Attitude of complacency perpetuated from generation to generation, and no one yet to break the cycle Lack of efficacy (i.e., belief among residents that they can make a difference) More job training programs, and opportunities for individuals to open own businesses Lack of after-school programs Poor economy Poverty Funding Lingering racism Socio-economic prejudices Lack of compassion for families struggling Inordinate, unrealistic expectations put upon struggling families</p>	<p>Lack of knowledge Lack of education Lack of motivation to educate themselves Election/voting apathy Transportation, particularly as it relates to healthcare access Prevalence of young single parents—perpetuates a problem of identifying new leaders because of time constraints of parenting, and additionally, raising up next generation of leaders in the community</p>

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
	<p>Parents whose work schedules require older siblings to parent</p> <p>Cost of healthy foods</p> <p>People inclined to perceive discrimination when none is intended</p> <p>Distrust toward otherwise-genuine wealthy individuals' motives who are capable of helping</p> <p>Unwillingness to err on the side of helping those in genuine need due to preoccupation with those with less need who take advantage</p>			

4. Biggest health concerns of residents

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
<p>Stress-based—over money or being single parent</p> <p>Bad diets</p> <p>Lack of exercise</p>	<p>Obesity (one person said the problem is in decline)</p> <p>Depression</p> <p>Parents who too often do not comply with scheduled appointments for their children</p> <p>HBP</p> <p>Diabetes</p> <p>Dental problems</p>	<p>Mental health</p> <p>Lack of nutrition educ</p>	<p>Mental health, many undiagnosed but that are regularly seen by law enforcement</p> <p>Drug addictions, incl prescription drugs obtained through illegal means</p> <p>Having babies</p> <p>High blood pressure</p> <p>Unhealthy diets</p> <p>Diabetes</p> <p>Drug addictions</p>	<p>Exposure to healthcare</p> <p>People prioritizing work over obtaining healthcare</p> <p>Mental health: bi-polar, schizophrenia, dementia... and especially the stigma about MH within the black community</p> <p>Taking medication only until one feels better</p>

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
			<p>People will not go to the doctor—result of pride, or desire for privacy, or avoid rehab</p> <p>Cancer, attributable to proximity of industrial plants and smoking</p>	Homeless veterans addicted to drugs

5. Where do people get help

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
<p>Some Other Place</p> <p>Ubi Caritas</p> <p>Spindletop Center</p> <p>Churches</p>	<p>Clinics</p> <p>ERs</p> <p>Dr. Manuel</p>	Legacy/Ubi Caritas	<p>Mental health facility on Fannin</p> <p>Places for physical problems: one on 4th, the other East Tex (ERs?)</p> <p>Baptist Hospital</p> <p>ERs</p>	Gulf Coast Clinic

6. Who needs to be part of the effort to improve community's health and well-being

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
<p>Schools</p> <p>Recreation Center</p> <p>People who sincerely care</p>	<p>Schools</p> <p>Churches</p> <p>People respected in the community as "part of us" and perceived as genuinely interested in the good of the entire community</p>	Legacy/Ubi Caritas	<p>Grocery stores</p> <p>Churches</p> <p>Schools</p> <p>Library</p> <p>Health department</p> <p>Legacy</p> <p>Churches as "one-stop" empowerment centers that address critical needs</p> <p>Churches with collaborative nature</p>	<p>Government</p> <p>Parents</p> <p>Mayor</p> <p>City Council</p> <p>Pastors</p> <p>Media representative</p> <p>Business development expert—perhaps from Lamar, BBB or Chamber/Commerce</p> <p>"Regular" citizens from across the lifespan cohorts</p>

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
			People willing to step in to smelly, nasty homes and actually love other people with an enduring love—no pride, no ulterior motives People with executive skills—able to plan and organize to execute the plan Elected officials, incl city council members Police People who feel left-behind Aldwin Samuels (?) Dr. Colbert (?) Funding sources	

7. Where/how to start such an effort

NORTH END	SOUTH END	AVENUES	SOUTH PARK	PEAR ORCHARD
Community center to help w/ medical needs and screenings Remove intimidation factor and make people feel like they belong and they matter More education about healthy eating, and managing household budgets to eat cheaply	Focus on “extreme makeover” of families English-speaking	Community event to celebrate Mexican culture	Extend library hours More park activities Health education Gym to benefit kids Bring people together to unify and advocate for change Stronger HS education Spiritual awakening in the community to resuscitate morals and promote positive, encouraging messages	Teach preventative health Parents instilling in kids’ education, HS, vo-tech, or college

IV. Participatory Groups Phase

Though extensive efforts were made to gain the cooperation of all of the key informants to assist in identifying local investigators and/or potential participatory group members, ultimately only a few did so; and, of those who did, Dr. Thompson and Lamar students who assisted encountered little interest from the contacts provided by the key informants. One important exception was a resident of a low income neighborhood and also a recent Lamar graduate. This person successfully helped Dr. Thompson recruit three of her colleagues, all of whom were school bus drivers. As the deadline approached for the local investigator training, it occurred to Dr. Thompson that one former student and two others soon-to-be graduating lived in the target neighborhoods and possibly could be persuaded to help; and in fact, that notion proved to be the case. All said, seven individuals participated in the local investigator training, and the first six listed below actually gave leadership to the recruitment of people to the five participatory groups, as well as conducted the groups’ sessions:

	Sex	Age	Race/Ethnicity	Occupation
Facilitation Member 1	F	40s	Black	School Bus Coordinator
Facilitation Member 2	F	40s	Black	School Bus Driver, Social Worker (part-time)
Facilitation Member 3	M	20s	White (Hispanic)	Student
Facilitation Member 4	F	60s	Black	School Bus Driver
Facilitation Member 5	F	20s	White (Hispanic)	Student
Facilitation Member 6	M	20s	White (Non-Hispanic)	Staff Person – Apartment Complex
Facilitation Member 7	M	60s	Black	School Bus Driver

In sum, the local investigator team conducted five participatory group sessions. The first four drew participants from across all of the low-income areas, and the last group consisted exclusively of Spanish-speaking adults, most of whom resided in the Avenues area of the city.

Of the 27 recruited into the four non-Spanish-speaking groups, the local investigators themselves were responsible for recruiting 23 of them. The Spanish-speaking group numbered 11, and was populated as a result of the work of the Hispanic Ministry Director for the local Catholic Diocese. This individual originally became involved during the key informant phase.

Participatory Groups

Dr. Thompson and EHF Research Associate Troy Bush-DiDonato trained the Facilitation Team members to perform coding work on the notes that arose from the five participatory group sessions. Dr. Thompson, then worked the facilitation team members, meeting with a pair that reviewed the first two participatory group sessions, then another that reviewed the third and fourth sessions, and a fifth that reviewed the fifth

(Spanish-speaking) session. The purpose of the meetings was to study and aggregate their codes/findings into summary statements that captured the fundamental essence of the groups' responses. A final meeting brought together all six members to review, defend and deliberate those summary statements, and to modify as the group believed necessary to better reflect what they believed participatory group members intended to convey.

V. Participatory Groups' Aggregated Responses from Discussions

What is Community?

- Living in close proximity; coalesce around the purpose of optimal child well-being
- Group of people who come together in a neighborhood with similar interests and purposes
- Coexisting

What is Health?

- Health is body condition and what one chooses to do to improve within it.
- Being aware of your own body, and challenging yourself physically, mentally and spiritually
- Blessing that is fundamental to a fulfilling life

What is Healthy in the Community?

- Actively engaging in environments that help children thrive
- Healthcare services, educational opportunities, and recreational facilities
- General concern with dealing with outside influences that prevent healthiness, especially for kids

What is Unhealthy in the Community?

- Barriers to recreational and nutritional opportunities that would support healthy development in the family
- Poor maintenance, poor execution of city projects, poor air quality, and individuals' inclination toward addictions
- Outside influences that prevent health, prominently Beaumont schools

What Barriers Exist that Keep Us from Addressing What is Unhealthy in the Community?

- Economic conditions in concert with healthcare system force families to make sacrifices, and the lack of healthy activities further impede health in community
- Lack of accountable leaders results in multiple deficits in the community; individuals are not being adequately informed regarding what they ingest; common abuse of substances, illegal and prescribed
- Individuals not having sufficient involvement in community, having conflicting perspectives as to the adequacy of information and resources that could help people get on their feet; and lacking healthcare accessibility

What Do I Do that is Healthy?

- Everything I do that is healthy is a result of the focus on children’s cognitive, physical, and socio-emotional well-being
- Taking self-care measures, staying active and positive with family and others while utilizing facilities in neighborhood/city
- The community recognizes that regular physical, mental and spiritual activity promotes healthy living

What Do I Do that is Unhealthy?

- In maintaining corrosive habits and failing to be cognizant of good preventive routines, through my actions I teach my own children to repeat my same failures
- Risky behavior choices and poor time management skills
- Bad consumption and exercise habits, and overworked in stressful jobs

What Barriers Exist that Keep Me from Addressing my Unhealthy Behaviors?

- General community’s failure to understand and respond appropriately to cultural gaps result in limitations on economic development and insufficient flow of information regarding community resources
- Poor time management, economic challenges and lack of education
- Lack of balance between everyday stressors and motivation/commitment to being productive

VI. Participatory Group Individuals’ Responses to Written Questions

Where do I go when I am sick?

- 8 - My family physician
- 5- Dr. Holmes (Medical Plus)
- 5- Doctor (unspecified)
- 3 - Baptist Hospital
- 2 - St. Elizabeth Hospital
- 2 - Beaumont VA Outpatient Clinic
- 1- Stay home and self-diagnose
- 1- Home remedies
- 1- Houston doctor
- 1- Legacy
- 1- Pharmacy
- 1- Victory Hospital
- 1- Baptist Hospital ER

- 1- Brandon in Liberty
- 1- Natural healing remedies
- 1- Hospital (unspecified)
- 1- Doctor in Port Arthur
- 1- Clinic in Port Arthur

Where do I go to when my children are sick?

- 6 – Dr. Luis Taylor
- 3- My family physician
- 3- Doctor (unspecified)
- 2 - Local pediatrician
- 2- St. Elizabeth
- 2- Baptist ER

- 2 - Baptist Hospital
- 2 - Dr. Rafiq
- 1 - Never Baptist Hospital
- 1 - Hospital (unspecified)
- 1 - TX Children's Pediatric Associates
- 1 - Brandon in Liberty
- 1 - Natural healing remedies
- 1 - Dr. Holmes
- 1 - Medical Plus
- 1 - Beaumont Pediatric Center
- 1 - Dr. Alvin

Where do I refer friends to when they are sick?

- 8 - Doctor (unspecified)
- 5 - St. Elizabeth
- 4 - Baptist Hospital
- 3 - ER (unspecified)
- 3 - Family practitioner
- 3 - Dr. Holmes
- 3 - Medical Plus (on weekends)
- 2 - Local clinic
- 2 - My doctor
- 1 - Houston hospitals
- 1 - Their doctor
- 1 - Their hospital
- 1 - Pray about it
- 1 - Natural healing remedies
- 1 - Hospital (unspecified)
- 1 - Doctor in Port Arthur

Where do I refer friends to go when their children are sick?

- 8 - Doctor (unspecified)
- 4 - St. Elizabeth
- 4 - Baptist
- 3 - Dr. Luis Taylor
- 3 - Their doctor

- 3 - Family pediatrician
- 2 - Baptist ER
- 2 - Their hospital
- 2 - ER (unspecified)
- 1 - Pray about it
- 1 - Dr. Rafiq
- 1 - Houston hospitals
- 1 - Medical Plus

Where do I go when I have a toothache?

- 16- Dentist (unspecified)
- 3 - Take something for the pain
- 2 - Local dentist
- 1 - Dentist (most affordable)
- 1 - Dental clinic (unspecified)
- 1 - Mexico
- 1 - Houston dental clinic
- 1 - Dr. Latham
- 1 - ABC Dental
- 1 - King Dental
- 1 - Doctor (unspecified)
- 1 - Dentist on Highland
- 1 - Dr. Nora Mosely
- 1 - Beaumont Dental

Where do I go to when my children have a toothache?

- 10- Dentist (unspecified)
- 1 - Dental clinic (unspecified)
- 1 - Local dentist
- 1 - ER (unspecified)
- 1 - Southern Oaks Dental Care
- 1 - Texas Smiles
- 1 - ABC Dental
- 1 - King Dental
- 1 - Beaumont Dental
- 1 - Gulf Coast Dental

- 1 - Huffman
- 1 - Dr. Nora Mosely
- 1 - Dr. Calwood

Where do I refer friends to when they are having a toothache?

- 14- Dentist (unspecified)
- 2 - Doctor (unspecified)
- 1 - Houston hospitals
- 1 - ER (unspecified)
- 1 - Family Smiles
- 1 - Dr. Nora Mosely
- 1 - Beaumont Dental
- 1 - Dentist on Highland
- 1 - Gulf Coast Clinic
- 1 - Southern Oaks Dental Care

Where do I refer friends to go when their children are having a toothache?

- 12- Dentist (unspecified)
- 1 - Houston hospitals
- 1 - Hospital (unspecified)
- 1 - William White Dental
- 1 - Dr. Nora Mosely
- 1 - Beaumont Dental
- 1 - Southern Oaks Dental Care
- 1 - Texas Smiles

Where do I go when I need help with my feelings?

- 6 - Pray
- 3 - Pastor
- 3 - God
- 2 - Me
- 2 - Counselor
- 2 - Read Bible

- 2 - Sisters
- 1 - Church
- 1 - Prayer closet
- 1 - Friend
- 1 - The Lord
- 1 - Lamar
- 1 - Psychiatrist

Where do I go when my children need help with their feelings?

- 14- Me
- 3 - God
- 2 - Pray
- 2 - Read Bible
- 2 - Dr. K
- 1 - Church
- 1 - Their pastor
- 1 - Psychologist
- 1 - Referral from primary care physician
- 1 - Psychiatrist
- 1 - Dr. Cokie
- 1 - Seek help/referral

Where do I refer friends to when they need help with their feelings?

- 5 - Me
- 4 - God
- 4 - Professional help/therapist
- 2 - We pray
- 2 - Dr. K
- 1 - Church
- 1 - The closet
- 1 - Someone who can help them
- 1 - Family services counselor
- 1 - Lamar
- 1 - Our pastor
- 1 - Their pastor
- 1 - Psychiatrist

Where do I refer friends to go when their children need help with their feelings?

- 5 - Me
- 3 - Parents
- 3 - God
- 2 - Advisor
- 2 - Close relative
- 2 - School counselor
- 1 - Therapist through Legacy
- 1 - Doctor (unspecified)
- 1 - Church
- 1 - Counselor
- 1 - Pray
- 1 - Referral from primary care physician
- 1 - Psychiatrist
- 1 - Samaritan Counseling Center
- 1 - There are none in Spanish

VII. Prevailing Foundational Themes and Corresponding Recommendations

Design, construct and implement initiatives that address the following overarching concerns:

A. ADVOCACY/ENGAGEMENT

The need for a stronger voice, resulting both from residents' improved capacity to advocate for themselves and from public servants' improved capacity to engage their constituents

Proposed Response: Community workshops facilitated by Lamar faculty and involving government and business leaders.

B. INFORMATION/AWARENESS

The need for better systems for increasing individuals' knowledge of information important to maintain or improve their overall health

Proposed Response: Connect Lamar faculty and students related to life quality sciences with neighborhoods through a mobile facility that visits different neighborhoods through each semester.

C. CHARACTER-BUILDING IN SUPPORT OF PRO-SOCIAL DECISION-MAKING AND BEHAVIORS

Trace many of the neighborhood problems and the barriers that prevent remedy to matters related to personal character and decision-making

Proposed Response: Construct a multi-layered strategy informed by national expertise from organizations like Foundation for a Better Life and The Search Institute, as well as local expertise from churches and other values-focused organizations designed to encourage and sustain high-character decisions and behaviors.

D. HOUSEHOLD-TO-HOUSEHOLD CONNECTIONS

Neighbors looking out for each other and creating/maintaining the sense of local community

Proposed Response: Promote the use of new technologies to assist in growing connections, such as the use of neighborhood-based social media pages that allow communication about common concerns and interests

E. CONDITIONS OF PHYSICAL ENVIRONMENT

Concerns ranging from air quality to road conditions to availability of suitable parks/recreation facilities

Proposed Response: Explore the possibility of replicating the community action successes emanating from Dr. William Doherty's Families and Democracy Project at the University of Minnesota, which attempts to move professionals into communities with new thinking and a new set of public skills for working on health, family, and social problems. In health care, this work is called Citizen Health Care.

F. THE PUBLIC ASSISTANCE DIALECTIC

The need to provide a system that is sensitive/responsive to legitimate needs of families due to lack of financial resources and the need for that same system to not be so accommodating as to perpetuate reliance (some use the term "entrapment") on that system, but conversely, promote personal responsibility and productivity

Proposed Response: See Conditions of Physical Environment, above


G. LEADERSHIP FROM INDIVIDUALS ASSOCIATED WITH HIGHEST-CAPACITY INSTITUTIONS

Perception that Lamar University and several churches are exceptionally well-positioned to be prime movers in coalescing the continuum of stakeholders—including those from the government and business communities, as well as highly-invested agents of change like Episcopal Health Foundation and Legacy—in advancing all of these themes.

Proposed Response: See all of the above

VIII. Conclusion

Elevating life quality in Beaumont, Texas is a challenge, particularly for those who have lesser financial resources. Of particular concern is putting into place and maintaining structures that allow the most fundamental needs to be met, such as individual and family. It is on one hand advantageous that the city's economy is intimately connected to an industry as substantial as the energy sector. It is, on the other, encumbered by the environmental concerns that arise directly from that industry's presence. Similarly, it is considered advantageous by many, if not most, that the city enjoys the cultural diversity that it does, and yet that same condition also presents challenges directly related to the potential for biases and bigotry to thrive. Moreover, some have taken notice of the frequency over the last few years that Beaumont has appeared in a less-than-desirable light by popular magazines and websites. Often, obesity has been among the leading factors for that. The current study represents an exceptional step by Legacy Community Health Services and Episcopal Health Foundation to discover authentic, unbiased, and salient insights from those that live in Beaumont as to what low-income residents perceive to be the most pressing challenges. And simultaneously, the study unpacks options generated by all involved as to what can be done to best advance well-being in their households, their neighborhoods, and the city as a whole.



*Of particular concern is putting into place
and maintaining structures that allow
the most fundamental needs to be met,
such as individual and family.*

Photovoice in Beaumont

**Prepared by Kimberly Kay Lopez, DrPH,
for Episcopal Health Foundation**

-----Summer 2015-----



Background

Legacy Community Health partnered with the Episcopal Health Foundation (EHF) to conduct a community health assessment in Beaumont, Texas. As part of the assessment, EHF sponsored a Photovoice project within the community. The purpose of the Photovoice project was to document facilitators and barriers to health identified by residents of Beaumont and to provide a platform for change within the community. The photographs tell a story and the goal of Photovoice is that the story is captured and shared publicly with change agents, policy makers and community advocates to impact change.

As part of the assessment in Beaumont, community members were trained to facilitate participatory groups with the community. For Photovoice, the community facilitators recruited participants from the participatory groups to take part in Photovoice. Six community members were recruited for Photovoice and five community members submitted photos and participated in the analysis. There were two women and three men, ages ranged from 20-65. All participants spoke English, and had lived in the community from 2-60 years. There were three African-American participants, one Latino participant, and one white participant.

Photovoice Process

For the Photovoice project, participants attended three group sessions. The first session consisted of gathering informed consent to participate, an overview of the community health assessment process, an introduction to Photovoice, photography, cameras, and a review of personal safety and ethics. Participants had the option to use a disposable film camera or to use their cell phone camera. Two participants used disposable cameras and three participants used their cell phones. Participants had two weeks between the first and second sessions to take photos that answered the questions: a) what is healthy in my community and b) what is unhealthy in my community. After two weeks, participants texted their cell phone photos

or returned the cameras for processing. Duplicate prints were made of all the images so that participants would be able to have a copy of all their photos. During the second session, participants received training on data sorting, coding and theme identification. They used this information to code and sort more than 300 photos. The Photovoice group met a third and final time to review their coded photos and themes and to write captions for their photos. At each of the three sessions, participants were provided refreshments and a \$25.00 gift card for their time.

Participants reviewed all photos and coded each photo as to the meaning and significance of the photo. Once the photos were coded, the group collated similarly coded pictures, discussed commonalities of the photos, and identified a theme for the photos. After all the photos were coded and themed, the group condensed the categories of photos several times. They were mindful to not collapse into too few categories as maintaining the granular context is important.

Results

The Photovoice participants identified four key themes: history, hardships, progress/growth, and family recreation. The theme of history was represented by photos depicting architecturally significant buildings that have now fallen into disrepair or are abandoned. These photos sparked conversations about how some areas of town were once vibrant, actually a bustling port and business hub during the early Texas oil boom, but are now abandoned. Homeless encampments have taken up some of these buildings making revitalization efforts more difficult. There were photos depicting public pools and parks that were once only for use by whites. There were also photos documenting the new Dr. Martin Luther King Memorial Park. The discussion of these particular photos was intense, as they brought back strong memories for some participants. Several older participants shared their memories of watching the pool complex being built only to learn that it was for whites only. Another member recalled going to the pool as a very small child but not realizing it had been segregated until he was much older. The group spent time talking about this part of Beaumont history and how it was relevant again given the racial injustices that recently occurred nationally. Examples of the types of photos with the theme of history is in Exhibit A.



Photo/Dan L.



Photo/Fernando M.

Exhibit A

There was much discussion on the theme of hardships. The participants characterized this theme to mean hardships that residents endure either directly or indirectly. This was represented by numerous photos of dilapidated houses and apartment complexes. Despite the poor conditions, some of the properties were occupied. There was also documentation of damage from Hurricane Ike (2008). Many homes still have blue tarps on the roofs and others are boarded up. Residents that were uninsured or underinsured for flood or homeowner's insurance were forced to abandon their properties. These abandoned properties become dumping grounds for illegal trash disposal. There were also photos depicting landlord neglect of rental properties and apartments. But there is a lack of affordable housing for those with limited resources. The group discussed how the abandoned or run down properties impact neighboring properties making property values go down or hindering enjoyment of their property. Participants documented areas that quickly flood during rainstorms impeding traffic and flooding low lying structures. The participants also documented damaged streets and torn up easements, especially near schools and compared that with photos from a more affluent section of town with streets in very good conditions with accessible sidewalks. This led to a discussion about geographic inequities, as in some areas of town having newer schools and more retail options including grocery stores. Exhibit B displays sample hardship photos.



Exhibit B

The Photovoice participants identified progress and growth as a predominant theme. This theme refers to enhancements within the community that were seen as positive and indicative of good things to come for Beaumont. Photos in this grouping include documentation of new bus stations, paved streets in neighborhoods that previously had dirt roads. New construction projects were documented at Lamar University, and Beaumont Public Health. New schools were recently built in areas that had not had new construction in many years. This theme also depicted new things in Beaumont, like Legacy Community Health Services offering residents expanded health care services; and HEB grocery stores. Participants noted that the stores were located in what they called "rich and poor" parts of town. Exhibit C below shows photos from the progress and growth theme, such as new paved roads, grocery stores and parks.



Exhibit C

Participants identified family recreation as a theme. They were especially proud of the activities and services available to families that make Beaumont a good place to raise children. Photos included parks, pools, gardens, and libraries. There were photos of a new skate park and accessible playground that was built with input from community members and stakeholders. Participants discussed the appeal that public park spaces have for residents as there are many things to do for all ages and levels of ability. Participants were proud the amenities available in Beaumont and discussed promoting these features especially in underserved areas to foster more pride for neighborhoods and to encourage residents to be part of the solution to better the neighborhoods. Photos depicting family recreation are below in Exhibit D.

Exhibit D



CONCLUSIONS

Community participants provided detailed discussions and photo analysis, and were able to identify four themes depicted in their photo documentation of community health in Beaumont. These themes provide a framework for addressing health in this community. The participants demonstrated the importance of the history of Beaumont. They described Beaumont as a traditional small city with longstanding residents that has undergone several transformations. Historically, there was transformation from small town to small city after the big oil boom in the early 20th century and the subsequent oil busts that followed. Beaumont went through transition as segregation came to an end in the mid-20th century. In the latter part of the 20th century, Beaumont has experienced changing population shifts, such as increasing numbers of Hispanic immigrants. Most recently, there has been transition following Hurricane Ike and what could be rebuilt and what was left as is and how the community recovered. In terms of the health of the community, the Photovoice participants discussed there being good resources and providers in the community but that not everyone knew about the services or if they would qualify for services. Participants' photos and discussions around hardships were intertwined with some of these transitions. Such as abandoned properties and displaced residents and business because of Hurricane Ike; racial tensions regarding segregation, and residents feeling the quality of streets, schools, housing, and community services are dictated by their socio-economic class and or race. They were able to document these inequities through their photos. The participants were eager to document progress and growth in Beaumont. For example, there was much discussion about a new HEB located in a neighborhood that did not have that type of store before and residents expressing that the addition of the store elevates their neighborhood. The participants also documented and discussed the conflict that can occur when history and progress collide. For example, residents discussed the building of a new school in an area that hadn't had new school construction in many years. The new school would be state of the art and would be able to accommodate the growing number of children in that neighborhood. Unfortunately, the school district had to tear down the old historic school to make room for the new school. This caused some conflict in the community as there were residents for and against demolition and reconstruction. In the end, the old school was demolished and a new school was built, however, the neighborhood association was able to provide community voice and historical context to the new construction process. The neighborhood association maintains an archive of artifacts of the old school. Residents documented the formally segregated pool in juxtaposition to the opening of a Dr. Martin Luther King, Jr., Memorial Garden.

Participants stressed the importance of having family recreation activities available. They discussed not only the health benefits to playing outside or other physical activities but the importance of families having places that allow them to be together. They documented a building complex of services including a senior center, library, and park all in one location. Participants documented several new parks or attractions that were stakeholder driven. This includes the construction of a skate park and of a playground designed to accommodate children with disabilities. Both of these projects were grassroots in origin and stakeholders were actively involved throughout the process.

As the final part of the Photovoice process a public display is planned for the community. The public display of photos is critical to engage community members, stakeholders, elected officials and other advocates in a dialogue about the issues identified by the community. The participants want to invite city

officials, school district leader, state elected officials, religious leaders and area health and human services providers to the public display. However, there was much discussion about how local leadership may no longer directly reflect the majority of constituents and that is something that needs to be addressed. Participants also recommended inviting a local radio host who is actively involved in community organizing to the display. They want decision-makers at the display so that change could occur both from the top level down and from grassroots advocacy. Through conversations from the public display and findings from the needs assessment, stakeholders can move forward with developing action plans for improving community health in a sustainable way in Beaumont.

Conclusion & Recommendations

As noted in the quantitative and qualitative sections, there are positive assets present in the community that can be the starting place for recommending next steps. The participants described Beaumont as a traditional small city with longstanding residents that has already undergone several transformations. From the big oil boom and subsequent oil busts to the end of segregation to the continued population shifts and the built environment challenges caused by natural disasters or from city infrastructure neglect, the participants seemed inspired to develop action plans for improving their community's health.

Beaumont has strong institutions and motivated individuals who can make change possible. This is important since *place matters* to health, a common theme that should pervade all recommendations. Regarding the needs and challenges of Beaumont, other common themes should remain a part of all of the recommended next steps and these include creating a *culture of health* and maintaining a *focus on prevention*.

When we study healthy communities through a SDOH lens, then the recommended solutions should also project a SDOH approach. We need to address root causes of poor health – for individuals and communities.

We know that health is more than the absence of disease, and includes the following factors:

- Social and Economic Factors
- Health Behavior Factors
- Clinical Care
- Physical Environment
- Genes and Biology

The recommendations from this study will attend to the first four of the five determinants. While the overall intent for this study is to help guide next steps in healthcare service delivery, we acknowledge the need to take a wider purview. Our recommendations are broader than a healthcare focus since research tells us that there are many direct and indirect causes of health linked to the social, economic and built environments.

Our goal aligns with the *Healthy People 2020* vision for Beaumont to be a thriving community in which all people live long, healthy lives.

The following table includes an overview of the study results that are grouped by the type of evidence gained from the mixed methods research. These are not rank-ordered and there is not always alignment among the three study components.

Quantitative Research	Qualitative Research Community Voice	Qualitative Research Photovoice
1. Higher age-adjusted death rates.	1. Chronic disease, including Obesity, Mental Health, Substance Abuse	1. Need to realize the health benefits of family recreation, e.g., exercise
2. Barriers to healthcare access and high uninsured rates	2. Not seeking healthcare; lack healthcare accessibility	2. Residents do not always know about community resources and providers; new Legacy clinic and HEB are both positive and elevate the neighborhood
3. Low educational indicators	3. Lack of education (general and health)	3. Conflict between history and progress, e.g., tear down old schools to build new state of the art schools
4. High poverty, low median income, high unemployment	4. Economic conditions, healthcare system causes health sacrifices; lack of financial resources/ "entrapment"	4. Hardships; residents feeling socio-economic class/race dictates quality of infrastructure and services; lack of affordable housing
5. Built and physical environment; Poor air quality	5. Street repair; parks and neighborhood beautification; Air quality	5. Abandoned buildings and run down houses and apartments; difficult revitalization efforts; Post-Hurricane Ike effects
6. High crime	6. Crime, including prostitution	6. Focus on parks and amenities; good places to raise children
7. Unhealthy lifestyles and behaviors	7. Adults making bad decisions	7. Racial tensions regarding segregation
8. Health disparities	8. Racist attitudes, language barriers, culture shift; gap between "haves and have-nots"	8. Socioeconomic inequities; Racial injustices; geographic inequities

Prioritized Recommendations

For the quantitative and the qualitative research findings, all of these recommendations are linked with the following priorities:

- **Priority 1** – Address high death rates, chronic disease and access to health care
 - ▶ **Proposed Action:** Focus strategies to reduce heart disease for the White and Black population.

- **Priority 2** – Examine health disparities, racial injustice and geographic inequities and how that impacts health and well-being
 - ▶ **Proposed Action:** Address the residents’ perception that socio-economic class/race dictates quality of infrastructure, community services and lack of affordable housing.

- **Priority 3** – Enhance the built and physical environment and how that impacts health and well-being
 - ▶ **Proposed Action:** Explore the possibility of replicating the community action successes emanating from Dr. William Doherty’s Families and Democracy Project at the University of Minnesota, which attempts to move professionals into communities with new thinking and a new set of public skills for working on health, family, and social problems. In health care, this work is called Citizen Health Care.

Looking Forward

Looking forward we should continue to engage the affected community members, interested stakeholders and to look to creating public private partnerships between business and government. The participants in this study requested that they organize into a stakeholder group so that they can provide more information, feedback and ideas about future action. The many people who participated in the Beaumont study are very passionate about being a part of the decision making process in order to make Beaumont a healthier city for all.

Appendices

APPENDIX 1

Key Informant Interview Matrix

Community Interviews By Sectors		
Political	Economic	Health
Police	Communication	Recreational
Other Community Groups	Individuals	Education
Religious	Social Services	Voluntary/Grassroots

APPENDIX 2

Guide to Key Informant Interviews

Interviews with Key Informants in the community are semi-structured. Questions serve to guide a conversation and participants are encouraged to elaborate on their thoughts and feelings on any of the topics. The following questions guide the interview:

1. If a family you knew wanted to move into this neighborhood what would you tell them about this neighborhood?
2. What would you say are the strongest and best qualities of this community? What are some of the good things about living in this community for you? (You may want to consider social, spiritual, political, economic, or other aspects of life here.)
3. Think about the problems you see in the community. If you had the power to solve all the problems in your community in a short time what problems would you address? What would you say are the most serious needs in this community?
4. What would you say stands in the way of dealing with these needs and issues?
5. When you think about the people who live and work in this neighborhood, what do you think are the biggest health concerns for them?
6. When there is a health problem, either mental or physical, where do people in the neighborhood get help? (Think about different age groups, and different health needs such as preventative care, medical, dental, mental health, etc.)
7. If individuals, groups or agencies could work together to improve the health and well-being of this community, who do you think should participate in that effort?
8. If you were advising a group interested in improving the health and well-being of this community, where would you recommend that they begin their work in further developing the potential of this neighborhood?

APPENDIX 3

Episcopal Health Foundation

PARTICIPATORY GROUPS / FACILITATOR GUIDELINES

*** You have 4 hours, plan a break when time is right for group (or signal from Supervisor). A meal is planned but not scheduled, so it will need to be added depending on time of day. ***

I. WELCOME

30 minutes

- Greet participants as they arrive at the table
- Once seated ask them to fill out the demographic forms and read the consent
- Read Consent Form (attached)
- Ask if anyone has any questions!

Ask each person to sign each consent form, collect both
Introductions (including staff) can include mini ice-breaker
Review Ground Rules.

II. ICEBREAKER EXERCISE

30 minutes

- Facilitator begins Icebreaker Exercise
1. *Using the map in front of you of your community.*
 2. *Place a star on the map where you live.*
 3. *Now circle all the "important places" in your community.*
 4. *Is everyone done, would anyone like to add anything else?
Remember you can always go back later and add things.*
 5. *Go around the room and share the most "important place"*

III. HEALTH ASSET DIAGRAM

15 minutes

1. *Now turn the map over, and write down for us all the places that you would go for help if you were sick, had a toothache or had emotional problems.*
2. *Then think about where you would take your child if they need this kind of help.*
3. *Then think about where would you send a friend if they need this kind of help.*
4. *Finally, share with us where you would send a friend if their child need this kind of help.*

IV. "WHAT IS A COMMUNITY?"

5 minutes

Yellow Balloon

extra probes –

V. "WHAT IS HEALTH?"

5 minutes

Green Balloon

extra probes –

-
- VI. "WHAT IS UNHEALTHY IN THIS COMMUNITY?"** ***10 minutes***
Blue Balloon
 extra probes-
- VII. "WHAT IS HEALTHY IN THIS COMMUNITY?"** ***10 minutes***
Pink Balloon
 extra probes -
- VIII. "WHAT KEEPS THIS COMMUNITY FROM BEING HEALTHY?"** ***10 minutes***
Orange Balloon
 extra probes-
- IX. "WHAT DO YOU DO THAT IS UNHEALTHY?"** ***10 minutes***
Red Balloon
 extra probes-
- X. "WHAT DO YOU DO THAT IS HEALTHY?"** ***10 minutes***
Purple Balloon
 extra probes-
- XI. "WHAT KEEPS YOU FROM DOING THINGS THAT ARE HEALTHY?"** ***10 minutes***
Maroon Balloon
 extra probes-
- XII. BOARD WORK** ***30 minutes***
 Place the list of what is unhealthy in the community, what keeps this community from being healthy, and what keeps you from doing things that are healthy. With stickers place prioritization to select top 3 issues. With those issues selected brain-storm on what could be done to remedy the issues or barriers.
- XIII. CONCLUSION** ***5 minutes***
 Summarize what has been shared. Ask if there are any further thoughts or comments. Remind everyone that everything is confidential. Thank everyone, distribute gift cards, and collect receipts for same. Make sure everyone has a copy of their signed Consent Form.

APPENDIX 4

Community Assets

CLINICS IN BEAUMONT⁷⁶

Altus Healthcare	Maxim Healthcare Beaumont
Beaumont Health Care Center	Perrylee Home Health Care Services Inc.
Beaumont Health and Wellness Clinic	Professional Health Care
Christus St. Elizabeth Minor Care	Southeast Texas Community Health Clinic
Christus St. Elizabeth Outpatient	Standard Medical Clinic, PA
Direct Medical Health Care	Synergy Home Care
Girling Health Care Inc.	Texas Home Health
Gulf Coast Health Center	VA Beaumont Clinic
Harbor Healthcare System	Village Choice Healthcare
Legacy Community Health	

BEAUMONT HOSPITALS⁷⁷

- ▶ **Baptist Hospitals of Southeast Texas**
3080 College Street
Beaumont, Texas 77701

Baptist Cancer Care, Cardiovascular Services, Children's Services, Imaging Services, Emergency Services, Behavioral Health Services, Surgical Services, Faith and Values, Women's Services. Additional Services Include: Outpatient Physical Medicine, Speech-Language Pathology Services, School of Radiology Technology, Reaud Guest House, Pulmonary Rehabilitation, Diabetes Management, Rehabilitation Services, Parish Nursing, Chaplaincy Services, Wound Healing Care, Joint Replacement Surgery, Interventional Radiology

- ▶ **CHRISTUS Hospital-St. Elizabeth**
2830 Calder Street
Beaumont, Texas 77702

Breast Care, Cancer Care, Emergency and Urgent Care, Health and Wellness Center, Heart Care, Imaging and Radiology, Joint Replacement and Orthopedics, Maternity and Birthing, Pain Management, Robotic Surgery, Spine, Sports Medicine, Surgery, Weight Loss, Women's Services. Additional Services Include: Communication, Speech and Swallowing Disorders, Diabetes Management, Endoscopy, Forensic Nurse Examiner, Gastroenterology, Palliative Care, Pediatrics, Plastic, Cosmetic and Reconstructive Surgery, Rehabilitation, Senior Services, Wound Care and Hyperbaric Center

Beaumont Independent School District⁷⁸

NAME/ADDRESS	WEBSITE
ELEMENTARY SCHOOLS	
Amelia Elementary 656 Major Drive, Beaumont, TX 77707	http://www.edlinesites.net/pages/Amelia_Elementary
Bingman Headstart 5265 S. Kenneth Street, Beaumont, TX 77705	http://www.edlinesites.net/pages/Bingman_HeadStart
Blanchette Elementary 2550 Sarah Street, Beaumont, TX 77705	http://www.edlinesites.net/pages/Blanche=e_Elementary
Caldwood Elementary 102 Berkshire Lane, Beaumont, TX 77706	http://www.edlinesites.net/pages/Caldwood_Elementary
Charlton-Pollard Elementary 1695 Irving Street, Beaumont, TX 77701	http://www.edlinesites.net/pages/CharltonPollard
Curtis Elementary 6225 North Circuit Drive, Beaumont, TX 77706	http://www.edlinesites.net/pages/CurSs_Elementary
Dishman Elementary 3475 Champions Drive, Beaumont, TX 77707	http://www.edlinesites.net/pages/Dishman_Elementary
Fehl-Price Elementary 3350 Blanchette Street, Beaumont, TX 77705	http://www.edlinesites.net/pages/Fehl-PriceElementary
Fletcher Elementary 1055 Avenue F. Beaumont, TX 77701	http://www.edlinesites.net/pages/FletcherElementary
Guess Elementary 8055 Old Voth Road, Beaumont, TX 77708	http://www.edlinesites.net/pages/Guess_Elementary
Homer Primary 8950 Homer Drive, Beaumont, TX 77708	http://www.edlinesites.net/pages/HomerDriveElementary
Jones-Clark Elementary 3525 Cleveland Street, Beaumont, TX 77703	http://www.edlinesites.net/pages/JonesClark
Lucas Pre-K Center 1750 E. Lucas Drive, Beaumont, TX 77703	http://www.edlinesites.net/pages/LucasPre-KCenter
Martin Elementary 3500 Pine Street, Beaumont, TX 77703	http://www.edlinesites.net/pages/Martin_Elementary
Pietzsch-MacArthur Elementary 4301 Highland Avenue, Beaumont, TX 77705	http://www.edlinesites.net/pages/Pietzsch-MacArthurElementary
Regina-Howell Elementary 5850 Regina Lane, Beaumont, TX 77706	http://www.edlinesites.net/pages/ReginaElementary

Source: Beaumont Independent School District, http://www.bmtisd.com/pages/BeaumontISD/About_Us/Schools_By_Grade_Level, Accessed 06/2015

Continued from page 82

Beaumont Independent School District⁷⁸

NAME/ADDRESS	WEBSITE
MIDDLE SCHOOLS	
King Middle School 1400 Avenue A, Beaumont, TX 77701	http://www.edlinesites.net/pages/KingMS
Marshall Middle School 6455 Gladys Avenue, Beaumont, TX 77706	http://www.edlinesites.net/pages/MarshallMS
Odom Academy 2550 West Virginia Street, Beaumont, TX 77705	http://www.edlinesites.net/pages/OdomAcademy
Smith Middle School 4415 Concord Road, Beaumont, TX 77703	http://www.edlinesites.net/pages/SmithMS
South Park Middle School 4500 Highland Avenue, Beaumont, TX 77705	http://www.edlinesites.net/pages/SouthParkMS
Vincent Middle School 3500 Eldridge Street, Beaumont, TX 77707	http://www.edlinesites.net/pages/Vincent_Middle_School
HIGH SCHOOLS	
Central Medical Magnet High School 88 Jaguar Drive, Beaumont, TX 77702	http://www.edlinesites.net/pages/Central_HighSchool
Ozen Fine Arts and Technology Magnet School 3443 Fannett Road, Beaumont, TX 77705	http://www.edlinesites.net/pages/Ozen_High_School
Taylor Career Center 2330 North Street, Beaumont, TX 77702	http://www.edlinesites.net/pages/Taylor_Career_Center
West Brook High School 8750 Phelan Boulevard, Beaumont, TX 77706	http://www.edlinesites.net/pages/WestBrookHighSchool

Source: Beaumont Independent School District, http://www.bmtisd.com/pages/BeaumontISD/About_Us/Schools_By_Grade_Level, Accessed 06/2015

COLLEGES/UNIVERSITIES IN BEAUMONT

LAMAR UNIVERSITY⁷⁹

Bachelor's Degree	Master's Degree	Doctoral Degrees	Certificate Programs
Accounting	Accounting	Audiology, AuD	Graduate Certificate in Educational Administration
Advertising Communicaiton	Applied Psychology	Chemical Engineering, PhD	Graduate Certificate in Technology Application
American Sign Language	Biology	Deaf Studies/ Deaf Education, EdD	Graduate Professional Program of Study for the Superintendentcy
Applied Arts & Sciences	Business Administration and MSA Accounting	Educational Leadership, EdD	Autism
Biochemistry	Business Administration and Nursing Administration	Engineering, DE	Counseling and Development
Biology	General Studies		English as a Second Language
Business Education	Chemical Engineering		Special Education
Chemistry	Chemistry		
Communication	Civil & Environmental Engineering		
Computer Information Science	Mexican-American Studies		
Computer Science	Clinical Mental Health Counseling		
Construction Management	Computer Science		
Criminal Justice	Criminal Justice		
Earth Science	Deaf Studies/Deaf Education		
Economics	Educational Technology Leadership		
Education	Electrical Engineering		
Engineering	Environmental Studies		
English	Experiential Business and Entrepreneurship		
Environmental Science	Family and Consumer Sciences		
Exercise Science and Fitness Management	Financial Management		
Family and Consumer Sciences	Health Promotion		
Finance	Healthcare Administration		
Forensic Chemistry	History		
General Business	Industrial Engineering		
General Business - Industrial Engineering	Kinesiology		
General Studies	Leadership		
Geology	Mathematics		
Graphic Design	Mechanical Engineering		
Health	Music		
History	Nursing Administration		
Human Resource Management	Nursing Education		
Kinesiology	Public Administration		
Management	Service Mangement and Marketing		
Management Informaiton Systems	School Counseling		
Mathematics	Special Education		
Modern Languages	Special Education/ Educational Diagnostician		
Music	Speech-Language Pathology		
Nursing	Teacher Leadership		
Political Science	Thematic		
Psychology			
Physics			
Retail Management			
RN to BSN			
Social Work			
Sociology			
Speech and Hearing Science			
Studio Art			
Teacher Education			
Theatre and Dance			

COLLEGES/UNIVERSITIES IN BEAUMONT

KAPLAN COLLEGE⁷⁹

Associates Degree	Diplomas & Certifications	Continuing Education	Trades
Allied Health	Allied Health	Advanced Cardiac Life Support	Computer Numerical Control Technology
Business Administration	Applied Business Fundamentals	Basic Life Support for Healthcare Providers (CPR)	Electrical Technician
Criminal Justice	General Practice Paralegal Certificate	Certified Clinical Medical Assistant Exam Prep	Heating, Ventilation, Air Conditioning and Refrigeration
Paralegal Studies	Computer Support Technician	Certified Professional Coder Test Prep	
Photographic Technology	Nurse Aide	Commissioned Security Officer Level II-IV	
Computer Networking Technology	Practical Nursing	Concealed Handgun Course	
Nursing Associate	Vocational Nursing	Coronal Polishing Course	
		CPR Renewal Certification	
		Customer Service Course	
		Dementia Capable Care	
		Dental Assistance Infection Control	
		Dental Radiology	
		Digital Dental Technique	
		Emergency Telecommunicator	
		Handcuffing Course	
		Home Health Aide Course	
		Intro to Microsoft Word	
		IV Thereapy amd Blood Withdrawal	
		Mediation and Conflict Resolution	
		Microsoft Office Specialist	
		Monitoring Nitrous Oxide	
		NISM Social Media Strategist	
		Nurse Aide	
		Nurse, Nursing Assistant	
		Oil Field Operator	
		OSHA 10 Hr. General Industry	
		OSHA 30 HR. Construction	
		OSHA 30 HR. General Industry	
		Pediatric Advanced Life Support	
		Personal Trainer Certification	
		Phlebotomy Technician	
		Pit and Fissure Sealants	
		RDA Written Law and Ethics Review	
		Respiratory Examination Review	
		Sealant Application	
		Spanish for Health Care Workers	
		State Tested Nursing Assistant	

BEAUMONT CITY PARKS⁸⁰

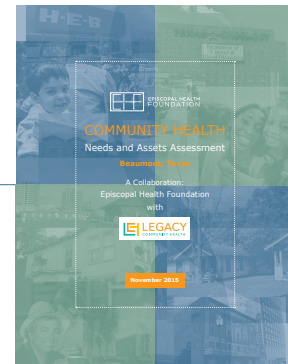
- **ROGERS PARK**
1455 Dowlen Road 1750
Beaumont, TX 77706
- **LEFLER PARK**
6755 Comstock Road
Beaumont, TX 77708
- **GUSEMAN PARK**
8150 Park North Drive
Beaumont, TX 77708
- **COTTONWOOD PARK**
200 Cottonwood Street
Beaumont, TX 77703
- **CENTENNIAL PLAYGROUND**
600 Crockett Street
Beaumont, Texas 77701
- **MCLEAN PARK**
2255 Pecos Street
Beaumont, TX 77701
- **PERLSTEIN PARK**
800 Block of Landis Street
Beaumont, TX 77706
- **PINE STREET PARK**
3410 Pine Street
Beaumont, TX 77701
- **ROBERTS PARK**
2755 Avenue C
Beaumont, TX 77701
- **SPROTT PARK**
4325 Usan Street
Beaumont, TX 77705
- **WIESS PARK**
255 Magnolia Street
Beaumont, TX 77701
- **COLLIER'S FERRY**
5390 Pine Street
Beaumont, TX 77703
- **BEAUTIFUL MOUNTAIN SKATE PLAZA**
999 Laurel Ave
Beaumont, TX 77701
- **BABE D. ZAHARIAS PARK**
Interstate 10 East
Beaumont, TX 77702
- **IDA REED DOG PARK**
2348 Louisiana Street
Beaumont, TX 77702
- **PIPKIN PARK**
1350 Pennsylvania
Beaumont, TX 77701
- **GULF TERRACE HIKE & BIKE TRAIL**
9310 Phelan Blvd
Beaumont, TX 77706
- **ALICE KEITH PARK**
4050 Reed Street
Beaumont, TX 77705
- **CALDWOOD PARK**
250 E. Caldwood Drive
Beaumont, TX 77707
- **CENTRAL PARK**
640 Fourth Street
Beaumont, TX 77701
- **CHAISSON PARK**
1305 Harriot Street
Beaumont, TX 77705
- **CHARLTON POLLARD PARK**
2025 Sabine Pass
Beaumont, TX 77701
- **COMBEST PARK**
3395 Blackmon Lane
Beaumont, TX 7770
- **FLETCHER MINI PARK**
1090 Avenue C
Beaumont, TX 77701

BEAUMONT CITY PARKS⁸⁰

- **PARK FOREST PARK**
380 Potter Drive
Beaumont, TX 77701
- **GILBERT PARK**
2813 Calder Avenue
Beaumont, TX 77702
- **DOORNBOS PARK**
2301 Avenue H
Nederland, TX 77627
- **CITY OF BEAUMONT
MUNICIPAL TENNIS CENTER**
6455 College St
Beaumont, TX 77707
- **MAGNOLIA PARK**
2855 Magnolia Street
Beaumont, TX 77703
- **WUTHERING HEIGHTS PARK**
3650 Delaware
Beaumont, TX 77706
- **VETERANS MEMORIAL PARK & BRIDGE**
Hwy 87
Port Arthur, TX 77642
- **BEAUMONT RIVERFRONT PARK**
805 Main Street
Beaumont, TX 77701
- **TYRRELL PARK**
5305 Tyrrell Park Rd
Beaumont, TX 77705
- **HALBOUTY PARK**
5780 Gober Road
Beaumont, TX 77708
- **JACOBS STREET PARK**
2320 Jacobs Street
Beaumont, TX 77701
- **KEITH PARK**
275 N. Main Street
Beaumont, TX 77701
- **KLEIN PARK**
6530 Major Drive
Beaumont, TX 77706
- **LIBERIA PARK**
2305 Ollie Street
Beaumont, TX 77705
- **MARTIN LUTHER KING, JR. PARK**
1050 College Street
Beaumont, TX 77701
- **CATTAIL MARSH**
5305 Tyrrell Park Rd
Beaumont, TX 77705

Source: Beaumont Convention and Visitors Bureau, <http://www.beaumontcvb.com/>, (accessed 09/2015)

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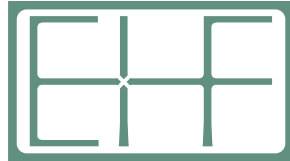
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EPISCOPAL HEALTH
FOUNDATION

Episcopal Health Foundation

Research Division

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Houston, TX 77002

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We extend a special thanks to the residents for their
time, talents, knowledge and their participation in
the community groups and Photovoice activities.

Without you there would be no report.

THANK YOU!