

# **Southeast Georgetown Needs Assessment:**

## Documenting Resident Stories and Community Conditions

November 2015



# Southeast Georgetown Needs Assessment: Documenting Resident Stories and Community Conditions

Prepared for

The Georgetown Health Foundation

By

The Institute for Urban Policy Research and Analysis

**November 2015**

## Assessment Team

The Institute for Urban Policy Research and Analysis (IUPRA) is a policy research organization founded in 2011. The institute's mission is "to advocate for equality of access, opportunity, and choice for populations of color and the poor through applied policy research." The team was led by Shetal Vohra-Gupta, PhD, whose research areas include birth outcomes for low-income women of color and economic and labor policy as it related to women and families of ethnic minority groups. Other team members included:

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In addition, two long-standing members of the Georgetown community, Ms. Kathy Mendoza and Ms. Lisa Nava, were hired to act as community liaison workers. They offered valuable knowledge of the community and connections to community groups and community members who participated in the focus groups and completed the surveys. We acknowledge the valuable role that our community liaisons played in yielding such a high rate of focus group participants and a widespread distribution of the surveys.

## Acknowledgements

The project team extends deep gratitude and appreciation to all the individuals who shared their expertise, time, and insights into their lives. We especially want to thank Kathy Mendoza and Lisa Nava who served as community liaisons and without whose knowledge and passion for the research, this project would not have garnered the southeast Georgetown community as it did. We also thank the community leaders who gave us access to community members and community spaces so that we could hear as many voices from inside the community as possible. Finally, we thank the Georgetown Health Foundation and its board for valuing the voice of the southeast Georgetown community, for commissioning this project and for extending resources in order for us to conduct twice as many focus groups as originally planned.

## Table of Contents

Assessment Team .....	2
Acknowledgements .....	3
List of Tables .....	7
List of Figures .....	8
Executive Summary .....	9
Introduction, Impetus, and Voiced Research .....	11
Community Voice.....	11
Organization of the Report.....	12
PART I. Methodology .....	13
Mixed Methods Approach .....	13
Study Area .....	13
Beginning the Data Collection .....	14
Key Informant Interviews .....	15
Focus Groups.....	15
Demographic and Census Data Analysis.....	16
Surveys.....	17
PART II. Findings: Focus Groups .....	20
Prioritized Needs for Southeast Georgetown Community.....	20
Critical Need #1: Better public transportation options.....	20
Critical Need #2: Affordability and availability of quality housing .....	21
Critical Need #3: Access to college readiness programs .....	22
Critical Need #4: Accessibility of daycare, afterschool programs, and play for children .....	23
Critical Need #5: Equitable access to health foods and nutrition education.....	25
Critical Need #6: Greater economic security.....	26
Critical Need #7: Treatment at Georgetown health care facilities and affordability and access to dental care .....	28
Critical Need #8: Availability and accessibility of quality mental health services.....	29
Critical Need #9: Acknowledge and reframe power differentials in systems .....	31
Critical Need #10: The need for leaders to connect with the Southeast community .....	33
PART III. Findings: Survey.....	35
Community Needs .....	35
Health Care .....	36

Economic Hardship.....	38
Feelings About Georgetown.....	39
PART IV. Socio-demographic Profile of Southeast Georgetown Community.....	40
Demographic Growth .....	40
Income and Poverty.....	44
Housing.....	47
Employment.....	52
Food .....	52
Health Insurance .....	53
Teen Health.....	54
PART V. Recommendations .....	56
1. Address Structural Inequalities .....	56
Short-Term Recommendations.....	56
Mandate training for service-providing recipients of GHF funding .....	56
Expand college access support.....	57
Provide services in Spanish. ....	58
Provide adult English as a Second Language (ESL) courses for varying competency levels.....	58
Long-Term Recommendations.....	59
Advocate for policy changes that reduce disproportionate outcomes. ....	59
Install an affordable, public bus system. ....	59
Increase access to healthy food options.....	60
2. Increase Access to Services.....	60
Short-Term Recommendations.....	60
Increase partnerships to provide mobile services. ....	60
Provide options for transportation: Increase awareness, subsidies and car share. ....	60
Expand positive after-school and summer activities that include transportation. ....	61
Long-Term Recommendations.....	61
Establish a School-Based Health Center in a Southeast Georgetown school. ....	61
Increase mental health/behavioral health capacity. ....	62
3. Integration, Holistic Services .....	63
Short-Term Recommendations.....	63
Expand mental health training in GISD. ....	63
Strengthen connectedness within campuses and make it easy to report problems.....	63

Long-Term Recommendations .....	64
Increase prevention services.....	64
4. Integrate Community Voice .....	64
Short-Term Recommendations .....	64
Establish one or more community liaison positions. ....	64
Include a community voice element in GHF grant-funding requirements. ....	64
References .....	65
Appendix A. Key Informant Interview Protocol .....	68
Appendix B. Focus Group Protocol .....	71
Appendix C. Survey .....	74
Appendix D. Survey Consent Forms .....	78
Appendix E. Open Responses to Survey Questions .....	82

## List of Tables

Table 1. Focus group demographics. ....	16
Table 2. Demographic characteristics of survey respondents. ....	18
Table 3. Summary of unmet and met needs for survey participants. ....	35
Table 4. Summary of participants who needed to see a health care provider in the past 12 months, but did not go. ....	36
Table 5. Reasons given for not going to a health care provider (doctor, dentist, and mental health therapist). ....	37
Table 6. Population percentages for race/ethnicity, gender, and age for various geographies in the study area according to the 2009-2013 ACS 5-year estimates. ....	41
Table 7. Income and poverty formation on geographies surrounding Georgetown according to the U.S. Census, 2009-2013 American Community Survey (ACS) 5-year estimates. ....	45
Table 8. Housing information on geographies surrounding Georgetown according to the U.S. Census, 2009-2013 American Community Survey (ACS) 5-year estimates. ....	48
Table 9. Percentage and number of civilian, noninstitutionalized population without private or government health insurance coverage according to the ACS 2013 (5-Year estimates). ....	54
Table 10. Percent of high schools reporting being bullied either electronically or on school grounds for U.S. and for Texas. ....	55



## List of Figures

Figure 1. Map of Georgetown and surrounding areas, including approximate study outline. ....	14
Figure 2. Number of years survey respondents have lived in Georgetown .....	18
Figure 3. From where survey respondents reported moving to Georgetown .....	19
Figure 4. Percentages of survey respondents who missed or skipped appointments with service providers.....	37
Figure 5. Percentages of survey respondents who did not return to a service provider because of how they were treated .....	38
Figure 6. Percentages of survey respondents describing the availability of food in their household in the last four months. ....	38
Figure 7. Percentage of survey respondents who feel that people making decisions in Georgetown understand what they go through. ....	39
Figure 8. Population growth in Georgetown from 2000 to 2013.....	40
Figure 9. White alone, not Hispanic or Latino population growth from 2000 to 2013.....	42
Figure 10. Hispanic or Latino population growth from 2000 to 2013.....	42
Figure 11. Black or African American population growth from 2000 to 2013.....	43
Figure 12. Population changes for all other racial and ethnic groups between 2000 and 2010. ....	43
Figure 13. Population density in Georgetown census tracts from 2000 to 2013. ....	44
Figure 14. Median household income and per capita income in 2013 inflation adjusted dollars according to the 2009-2013 American Community Survey (ACS) .....	46
Figure 15. Median value of owner-occupied homes according to the American Community Survey 2013 (5-Year estimates) by census block.....	49
Figure 16. Median gross rent of renter-occupied units according to the American Community Survey 2013 (5-Year estimates) by census block.....	50
Figure 17. Percentage of occupied homes that are renter occupied versus owner occupied according to the American Community Survey 2013 (5-year estimates). ....	51
Figure 18. Worker inflow and outflow in 2013 for zip codes 78633, 78626, and 78628. ....	52
Figure 19. Tracts in southeast quadrant of Georgetown that qualify as food deserts. ....	53

## Executive Summary

The city of Georgetown is undergoing unprecedented demographic growth and demographic changes. The Texas demographer estimates that Georgetown, which experienced a 19% population increase from 47,400 in 2010 to 56,536 in 2014, will double in population by 2040 to over 114,000. This increase, while expanding the economic and civic base of the population, has also challenged the public and social service sector whose capacity for care has not always kept pace with the growth. In this situation, the Georgetown Health Foundation (GHF) commissioned a needs assessment of the southeast Georgetown community that *“explores the opportunities, challenges, wants, and needs facing low-income residents in Southeast Georgetown.”*

From April to September 2015, the Institute for Urban Policy Research and Analysis (IUPRA) conducted a needs assessment of the southeast Georgetown community that concentrated on the voices of the community. A multi-stage, mixed method was used to conduct the assessment. The first stage consisted of 14 interviews with key informants that worked directly with the community in public and social services. Following these interviews we conducted 13 focus groups with 94 community members. From responses to these focus groups, we created a survey that was taken by 157 people. At this final stage, we also met and interviewed five additional key informants who worked within an administrative capacity serving the Georgetown community. All of this primary data collection was then supported by secondary data analysis of census and other socio-demographic data at the city, census tract, and census block levels.

Findings from the focus groups and surveys suggested critical needs in the areas of public transportation, affordable and quality housing, access to health foods and nutrition programs, language access in schools, bullying and mental health, reframing of power differentials in services, and access to parks and affordable after school activities. In addition, gaps include disconnection between decision makers in Georgetown and residents of the Southeast community in Georgetown. The report will highlight these emerging critical needs as well as some others and the voices of the community in the form of quotes will serve as evidence.

In the last section of the report, the project team offers recommendations, both short-term and long-term. Some examples of recommendations include: expanding college access support; providing social services and school conferences and events in Spanish; affordable, public bus system, accessible farmer’s markets; culturally competent nutritional programs; and dental/health services in schools. The recommendation section is quite expansive and examples of existing programs are cited.

Georgetown is a thriving city with many acknowledged strengths. Within our study, we found that the low-income communities and communities of color especially appreciated the safety and community of the small town. With the positive good will generated through this project,

we hope that GHF and other city leaders will be able to continue to hold in mind the health of their most vulnerable citizens when making policy decisions.

## Introduction, Impetus, and Voiced Research

In January of 2015, the Georgetown Health Foundation opened a call for a needs assessment to be conducted for the Southeast Georgetown community. The call was for a project that could “access the voices of our most marginalized community members and to develop a comprehensive demographic profile of the area.” To achieve these objectives, the following research questions were explored:

- What are the needs facing low-income residents in Southeast Georgetown?
- What are the wants facing low-income residents in Southeast Georgetown?
- What are some of the challenges facing low-income residents in Southeast Georgetown?
- What are some of the opportunities facing low-income residents in Southeast Georgetown?

A needs assessment is a systemic set of procedures that are used to determine needs, examine their nature and causes, and set priorities for future action. A need is defined as the discrepancy or gap in “what is” and “what should be”. There are three parts to a comprehensive needs assessment: exploring “what is”, gathering and analyzing data, and making decisions. In the time allotted, the project team worked through the first two parts of a needs assessment. The hope is that the GHF along with collaborators and partnerships will work through the last part of a comprehensive needs assessment to set priorities and determine criteria for solutions based on resources.

## Community Voice

Based on the call to “access the voices of the most marginalized community members,” we centered our approach to this study in voiced research. Voiced research is a distinct form of qualitative research that is “committed to bringing into existence perspectives previously excluded, muted or silenced by dominant structures and discourses” (Smyth & Hattam, 2001, p. 407). We started by recognizing our own positionality – that our research group hails from a prominent research university located roughly 30 miles outside of Georgetown and that none of our team members have ever lived in Georgetown, although one team member had worked with low-income high school students and families in southeast Georgetown for nine years. To offset any ivory tower propensities, or a tendency to value academic knowledge over lived experiences, we adhered to the tenet that “neither the cause nor the solution is fully understood” (Smyth & Hattam, 2001, p. 402). In other words, we were careful not to assume that we fully understood the opportunities, challenges, wants or needs of the southeast Georgetown community, their cause or any solution. As such, we designed our data collection strategy in such a way that each phase was informed by voices from the community.

## Organization of the Report

The report that follows is organized in three major sections. The first section describes the methodology used to guide the needs assessment, giving a general overview of the theoretical and practical considerations that guided the methodology. Further details of the methodology are included in the appendices. The next section describes the findings of the study, including a socio-demographic overview of the study area, along with a prioritized list of needs identified by the various strands of research. Finally, the report offers a concluding section that offers both policy and financial recommendations for the Georgetown Health Foundation, as well as the wider Georgetown community.

## PART I. Methodology

### Mixed Methods Approach

The study was conducted using a mixed methods framework. Mixed methods combine data from both qualitative methods, such as interviews and focus groups, with data from quantitative methods, such as surveys and census data analysis. Combining the different methodologies allow for internal checks of validity of conclusions (Teddi & Tashakkori, 2009). In other words, if several strands of data point to the same conclusion, we can be more confident that the result is not an isolated occurrence, but a valid issue in the community.

The study followed guidelines for human research participants established by the Institutional Review Board at The University of Texas at Austin. Please see Appendix D for copies of the consent form used for interviews, focus groups, and surveys.

### Study Area

The initial call asked for a needs assessment of the southeast Georgetown community with a target population that included “low-income children, youth, elders and families, i.e., this community’s most vulnerable residents living at or below 200% of the Federal Poverty Level within Georgetown Independent School District boundaries.” Following clarifying conversations with GHF staff, we concentrated our data collection on areas east of I35 and south of the San Gabriel River that were within the confines of the Georgetown Independent School District (GISD) service boundaries (see Figure 1). The City of Georgetown has irregular city limits and many outlying areas, while not within city limits, use a Georgetown address, a Georgetown zip code, and are served by GISD. Additionally, many of the social service agencies working within Georgetown also serve these outlying communities, thus the voices of these unincorporated areas were included in our study.

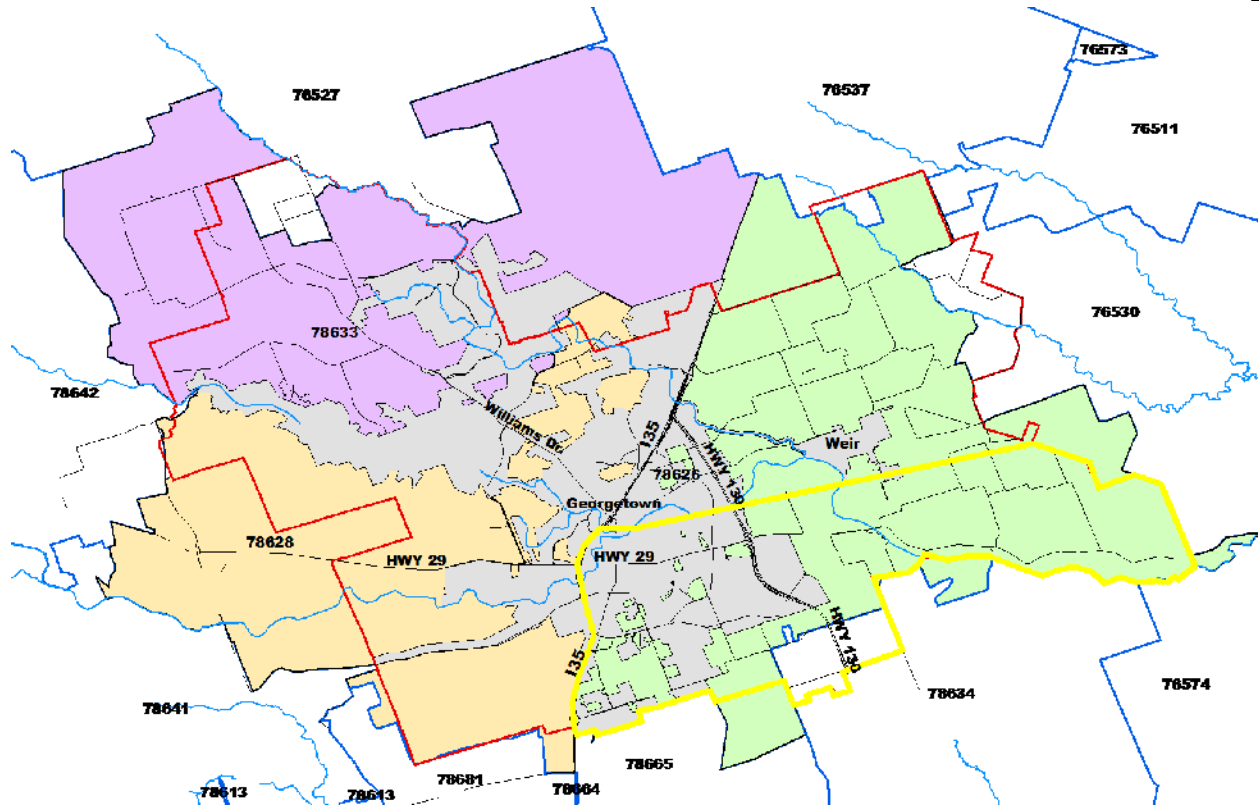


Figure 1. Map of Georgetown and surrounding areas, including approximate study outline. Georgetown and Weir city limits are in gray. Georgetown ISD boundaries are in red. Zip codes 78633, 78628, and 78626 are in purple, tan, and green respectively. The study area outline is yellow.

### Beginning the Data Collection

We began our research by meeting with Ms. Suzy Pukys, the Director of Community Resources at GHF and a long-time resident of Georgetown. Ms. Pukys provided names of key informants who work directly with the southeast Georgetown community and who were open to sharing their knowledge of the community’s opportunities, challenges, wants and needs. We also hired two community liaisons with deep roots in southeast Georgetown. Both of our community liaisons were current residents of the southeast Georgetown community, were born and raised in Georgetown, had graduated from Georgetown High School, and raised children who attended and graduated from Georgetown ISD schools. The community liaisons provided invaluable background knowledge of their own lived experience as residents of southeast Georgetown and provided access to the voices of many other southeast Georgetown community members. To further orient ourselves to the southeast Georgetown community, we participated in a driving tour of the southeast Georgetown area led by Ms. Pukys and one of the community liaisons. We viewed various neighborhoods in southeast Georgetown including Stonehaven, Quail Valley, The Ridge, and Riverside.

Data from key informant interviews were used to construct questions and a protocol for community focus groups. Our two community liaisons participated in a pilot focus group and provided critical feedback, which was integrated into all subsequent focus groups. Data that was collected via the focus groups were then used to create questions for the written survey. The two community liaisons again piloted the paper and online surveys and provided critical feedback, which were integrated into the final survey. By informing each phase of data collection with information gleaned from diverse community voices in previous phases and by integrating the knowledge base of our two community liaisons, we centered all aspects of this project in community voices.

### Key Informant Interviews

Key informants are people working within organizations that directly serve the southeast Georgetown community. A list of informants was generated using input from GHF staff. All contacted peoples agreed to participate for a total of 11 interviews, consisting of 14 people total. Key informants include school administrators and counseling staff, church staff, local hospital and clinic staff, public service staff, and charitable services staff. Actual names and positions are kept anonymous to protect confidentiality.

Interviews were conducted over two months, from April through the beginning of June. All interviews were audio recorded and transcribed. (See Appendix A for the interview protocol.) We then analyzed transcripts using grounded theory methodology (Corbin & Strauss, 1990) to identify key themes.

We started with interviewing key informants for several reasons. First, doing so provided access to the knowledge of a group of people that know what work has already been done with the community in the past and the success of this past work. Additionally, conducting interviews can elicit buy-in from these leaders early on regarding possible future program planning and implementation. Finally, connecting with key community members at the start of a project allows for a larger recruitment frame for subsequent focus groups and surveys.

### Focus Groups

While we initially proposed to conduct approximately four focus groups, the team in the end had the opportunity to host 13 community groups, consisting of 94 community members. For focus group member demographics, please see Table 1 and the focus group protocol is available in Appendix B. All groups, with two exceptions, were audio recorded, transcribed, and analyzed as described for the key informant interviews. One exception was at a senior center where the room layout did not allow for a recording device and the second exception was a recording of a group that was too faint to be transcribed. In both cases, researchers relied on their notes from the meetings for analysis. Focus group members were compensated with \$25 and snacks and child care were provided. Recruitment for focus groups were conducted largely



by the community liaisons and through snowball sampling, where members of a group then help recruit members for subsequent groups.

Within focus groups, members were asked to reflect on potential areas of community need based on information from the key interviews and discussion with the community liaisons. Focus group members were also asked to reflect on their community and how they saw themselves fitting within the community.

*Table 1. Focus group demographics. Demographic descriptions are based on 75 participants who completed an optional, anonymous demographic survey.*

<b>Dates</b>	Five groups held in May Seven groups held in June One group in July
<b>Locations</b>	Georgetown Public Library, Shotgun House, Boys and Girls Club (Stonehaven unit), Madella Hilliard Neighborhood Center, A local church, and the Riverside RV Community Center
<b>Total participants</b>	94 participants
<b>Gender</b>	80% female, 20% male
<b>Race/ethnicity</b>	64% Hispanic or Latino, 15% Black or African American, 13% White, 4% Native American, 4% more than one race/ethnicity
<b>Age</b>	17% 18 to 24 years old, 15% 25 to 34 years old, 17% 35 to 44 years old, 27% 45 to 54 years old, 5.3% 55 to 64 years old, 11% 65 to 74 years old, 8% over 75 years old
<b>Education</b>	38% middle school education or less, 24% completed high school, 18% had some college or an associate's degree/trade certificate, 20% had a college degree
<b>Work force participation</b>	38% had 5 hours or less of paid work a week, 21% worked 6 to 20 hours, 28% worked 21 to 40 hours, and 14% worked over 60 hours a week
<b>Primary care givers</b>	25% were primary care givers
<b>Children living at home</b>	58% had children living at home
<b>Zip codes for home address</b>	73% lived in 78626, 19% lived in 78628, 8% lived in other zip codes

### Demographic and census data analysis

We identified relevant social and demographic data from the U.S. Census Bureau, the Center for Disease Control (CDC), the Texas Water Board, and other public data sources. We used these data to create a demographic profile of southeast Georgetown. When available, we created maps of census data in Social Explorer and Simply Maps, online mapping tools. We also mapped data using ArcMap, a commercial mapping software. Maps were created to show all of Georgetown, but our analysis concentrated on the southeast quadrant of GISD borders.

The U.S. Census and other data gathering entities cluster data at various levels of geography. The largest area that we looked at for this project was the county, followed in decreasing area by school district, city, zip code, census tracts, and census blocks. Counties, school districts, city boundaries, and zip codes are all legal, geographic entities created by government entities either at the local or state level. Census tracts and census blocks are statistical geographic entities created by the U.S. Census to aid in the collection and presentation of census data. Tracts and blocks often follow visible features, such as roads or rivers, but may not map equivalently onto legal boundaries. For example, a census tract may include areas both inside and outside a city boundary line. Generally, census tracts contain between 1200 and 8000 people, while census blocks are smaller divisions of the tracts.

We were able to conduct small area analysis for most variables at the level of census tracts using data available from the U.S. Census, relying on the American Community Survey 5-year estimates (2009-2015). The 5-year estimates are not as current as the 1-year estimates, but they are conducted over a larger time frame, allowing for analysis at a smaller geographic level. The U.S. Census Bureau recommends the use of the 5-year estimates when analyzing small populations, usually defined as under 20,000 people (2015).

## Surveys

Survey items were created that specifically addressed identified needs and possible contributing factors. Using multiple-choice and short answer formats, respondents were asked about their access to current health services, their needs in specific areas identified by the focus groups, and demographic information related to race/ethnicity, housing, nativity, employment, and education. Some questions were created specifically for this study, while other questions are part of accepted and validated social service questionnaires. We estimated the survey took no more than 20 minutes to complete, with the mean online survey time as less than 10 minutes. Both Spanish and English online, tablet, and paper versions of the survey were available. See Appendix C for a copy of the paper surveys, in English and Spanish. Survey participation was incentivized with a drawing for \$25, \$50, and \$75 cash prizes.

Surveys were distributed by outreach efforts of our community liaisons, distribution at Head Start and Meals on Wheels, and participation in two community events. . We also distributed flyers advertising the online survey link to elementary and middle schools within the Southeast area. A total of 157 surveys were returned with at least 50% usable information. Summary demographic information about the survey respondents are listed in Table 2. It should be noted that this method of survey distribution resulted in a non-probability sample. We are not able to mathematically determine the chances of an individual in the sample area being in the survey and thus, cannot calculate margins of error, nor determine the true representation of the sample to the overall population. Therefore, we recommend caution in generalizing results from the survey as the survey respondents and the opinions they express may differ from the larger population.

Table 2. Demographic characteristics of survey respondents.

<b>Total participants</b>	157 participants
<b>Gender</b>	80% female, 20% male
<b>Race/ethnicity</b>	41% Hispanic or Latino, 10% Black or African American, 43% White, 3% Native American, 3% other ethnicities or more than one race/ethnicity
<b>Age</b>	15% 18 to 24 years old, 27% 25 to 34 years old, 16% 35 to 44 years old, 12% 45 to 54 years old, 5% 55 to 64 years old, 9% 65 to 74 years old, 16% over 75 years old
<b>Education</b>	17% middle school education or less, 26% completed high school, 36% had some college or an associate's degree/trade certificate, 21% had a college degree
<b>Work force participation</b>	38% had 5 hours or less of paid work a week, 12% worked 6 to 20 hours, 30% worked 21 to 40 hours, and 20% worked over 40 hours a week
<b>Average annual household income</b>	62% under \$30,000 a year, 28% between \$30,000 and \$60,000, 10% over \$60,000
<b>Children living at home</b>	73% had children living at home
<b>Zip codes for home address</b>	63% lived in 78626, 21% lived in 78628, 16% lived in other zip codes

The majority of survey respondents had lived in Georgetown over 10 years (see Figure 2). Twenty-nine percent reported living in Georgetown all their lives, while 47% moved to Georgetown from another city in Texas, 19% moved from another state, and five percent were from outside the country (see Figure 3).

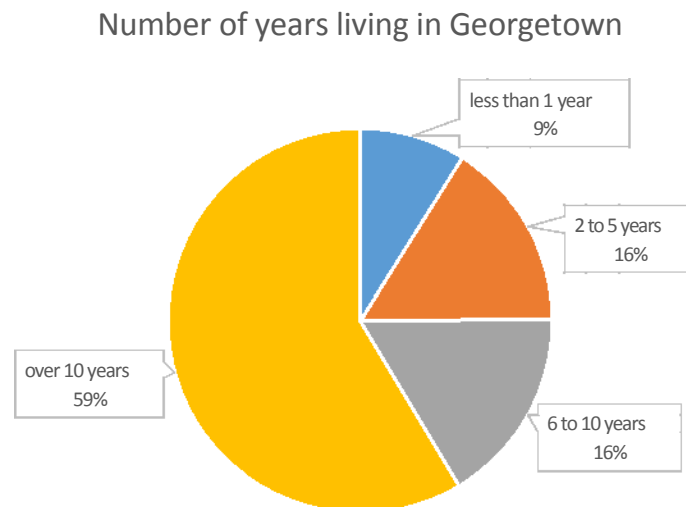


Figure 2. Number of years survey respondents have lived in Georgetown (N = 157).

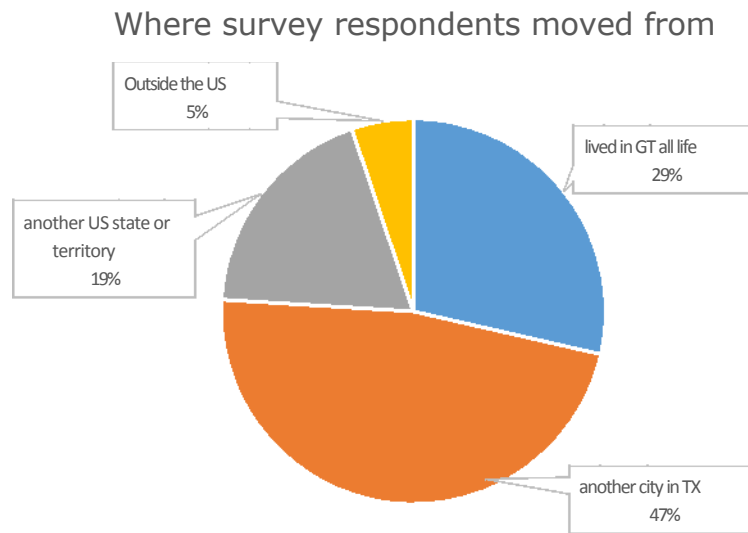


Figure 3. From where survey respondents reported moving to Georgetown (N=154).

## PART II. Findings: Focus Groups

### Prioritized Needs for Southeast Georgetown Community

Needs are defined as the difference between “what is” and “what should be”. The most prominent themes that developed through the focus groups are identified as the most critical needs.

#### Critical Need #1: Better public transportation options and a long-term investment in a public transportation system.

The single most discussed critical need that underlined all focus groups and interviews was transportation. The community members expressed frustrations about the lack of an effective public transportation system. The critical need was mentioned in not only the general public focus groups, but also the young adults and senior participants as well. The participants expressed inability to get to doctor’s appointments, picking up kids from school who are sick, making parent/teacher conferences, and difficulty in grocery shopping. One participant stated this about using [provider],

I try to look up like some transit place to take me to the doctor... "You had to pay with this. You have to buy this card, and it only stops here and there, and only at this time." And I'm like there's no convenience in any of this and I don't have money for a taxi [...] well, I can't go to the doctor, I guess.

...this is a [provider] system but it does not work. They say they will come anytime between 9am and 3pm...I can't wait for that, I have a doctor's appt.

Another participant stated:

...it's so hard because I have to take off work to take my mother to the doctor because she can't drive...or he [husband] has to take her and he works in Round Rock so it's too hard on us. We can't just leave work, it would be good to have a public transportation for this.

A few people did mention the use of public monies to install bicycles in the city center, but this was not generally viewed in a positive light.

Those stupid bicycles that I don't know how many thousand dollars they spent so you can ride around town. How about let's get a transit system? So we go to the doctor and stuff like that, but you spent thousands of dollars on bikes that are probably get stolen.

I know they have the bicycles now in the city but I can't ride no bike.

Participants talked about the lack of transportation as a problem particularly for those who could not drive, such as the elderly or children. Without a parent or adult child to drive them, residents reported that seniors and children have trouble accessing services and amenities.

I'd like to see more transportation for the elderly.

You have these places but if your kid doesn't live in that neighborhood, you can't take advantage of that.

The lack of an effective public transportation system also effects recreation and limits choices for the children to maintain healthy lifestyles.

But I think we need something like that [Rec Center] on this side of town...can't get all the way across town at the Rec Center where they have the little pool thingy in the basketball courts...

That's where transportation would come in, if there was a bus that could meet somewhere, or go around picking kids up, like [provider], what do they pay? A dollar to go somewhere? Something like that so that they don't have to sit at home all day long.

In addition, participants also discussed the frustration of having their children spend 45 minutes commuting to school one-way. This means that the children who live in certain neighborhoods and go to a particular school spend 1.5 hours each day in a school bus. The addition of more school buses or other avenues for the children's commute was part of the gap that parents and school administrators discussed.

### Critical Need #2: Affordability and availability of quality housing

The need for affordable and quality housing was a commonly mentioned concern for participants in the focus groups. Within this theme, a sub-theme that emerged from the data included feelings of mistreatment, discrimination, and disregard for safety by landlords.

They are raising the rent every month.

The lady above me-they kicked her out because of what she owed. And that was worse because she had children and she was looking for people to host her for a while, and she was pregnant as well. They kicked her out, locked her door and she could not get in anymore. She owed \$500.

Government subsidized housing was described as difficult to obtain. Participants who did have some type of government housing assistance also talked about the difficulty of moving out.

I think its qualifications are so hard to qualify. But like I said, you barely make minimum wage whatever can pay your bills and doesn't mean that you're high class or over income, you're just making it.

...sometimes I'm just wondering I should just move. But there's a waiting, there's like almost two year waiting list and then section eight, you can't ever get on.

Here there are very few places, and then there's a waiting list to get on housing because there's a lot of people that need help [...] But the more I make, the more I have to pay in housing because you're working overtime just to pay your bills. They use that as income.

Some participants, particularly those in the Spanish focus groups, also discussed unhealthy living conditions and discrimination. These Spanish-speaking residents felt targeted by landlords through misinformation and mistreatment.

Participant A: When two kids go into an accident here, they [the landlords] said they would put lights on the street, fix the pits that fill up with water, but nothing...

Participant B: They raised the rent and said they would fill it [pits] up and put in lights. That was a year ago and we haven't seen anything .

They [the landlords] are always asking for more money but not fixing anything! They fix nothing!

And if you ask for the landlord's number, they can't give it away. And sometimes the checks mysteriously get lost, but how is that possible if they are all taped together? I have an invoice saying that I payed my rent but they say that it didn't come. And I had to pay 700 dollars more. And letters came in saying that if I didn't pay they would take my house away from me. I went to talk to the man in charge and he didn't know anything about it.

The man in charge said this happens to us because we are Mexicans. And I tell him it's not true, because there are people from everywhere here.

I paid rent once and three months later a letter came in saying I owed the landlord \$800, from the December rent, but I had already paid for January and February. How is it possible that they didn't notice that and notify me before? And they wanted to kick me out. I got the money with interests to pay, and after taxes, I didn't have a cent left for me. I got a loan for that. And they told me I could not pay in installments.

### Critical Need #3: Access to college readiness programs

A common theme that emerged from the focus group participants was access to college readiness resources for students and parent engagement.

Probably giving the stuff together, knowing what you need to take to college. It's like helping you find the right books, helping you find the cheapest books... being here in Georgetown and trying to figure out all that stuff that's happening into a state is difficult, so having someone here to help me figure all that out would be better.

Because not every parent went to college and if they don't know, they need that guidance and I think that's what we need to focus on is not your income but focus on who needs that knowledge.

These programs they should still continue and even if like College Forward and [Upward Bound] like if they're going to stop I feel like other programs should be available at school for kids to go to college and especially for the Hispanic community they need to know your kids can go to college too.

I had no idea as a parent what paperwork needed to fill up. I didn't know that I needed my taxes. I didn't know I needed to fill up this form, and I needed to pay this much and I need to do this and that and that. And every time I call the counselor's offices, it was like very brief information or no information or they wouldn't call me back. And then I felt like I was depending on financial way that you needed to be blowing up their phone. And then I have to talk to the counselor. It's just like am I doing this right?

And they tell you to go on to apply in Texas and apply for these schools, and they don't tell you look up the schools, they don't tell you what you need to have to get into those schools because you're spending all this money paying for the applications when you don't even know the requirements for them so I feel like if they were more thorough, more specific with that stuff, it would help.

And so there's still people -- so I don't really think it should be limited to free and reduced -- your income, I think it should be anybody that needs help learning for what their kids -- because not every parent went to college and if they don't know, they need that guidance and I think that's what we need to focus on is not you're income but focus on who needs that knowledge.

Lack of information about scholarships for when they want to go to other school. It would be good to have that. And in Spanish.

#### Critical Need #4: Affordability, accessibility, and quality of daycare and afterschool programs and the accessibility for children to just have the choice to play in a safe location.

This critical need highlights the gap between the reality for those families living in Southeast Georgetown and families that have greater resources. The gap is the inability for Southeast Georgetown families to afford quality daycare for younger children as well as afterschool



programs for older children. While a strength that emerged under the large theme of education is the curriculum, it is the pre-school programs and the afterschool activities that are not accessible. This critical need affects children's health and well-being in a significant manner. Participants stated the following:

I had a job and had to stop working because of my kid, because I got there late sometimes and they asked me for more money.

A daycare is too expensive. That's why most moms prefer paying a neighbor to take care of the child for two or three hours, because daycares are too expensive.

But what other programs can we send them to after school? It's expensive. To keep them in school, to give them food is they're going to stay until 6pm, so we're going to spend.

I have neighbors who look after children and ask for 25 dollars to look after them from 8 to 5, but if I get there even a minute later they ask for 5 dollars more. And we noticed the kid had some marks near his head, and she told me it was the girl's fault. 'She never hits him, so how is she going to get her hand's marks?' But there's not much I can do. She has papers and we don't.

Participants did discuss robust use of existing programs such as Head Start and the Boys and Girls Club for childcare.

[My children] were 17 and 15 months apart so I was like, you know, I was changing diapers, feeding babies and so I was trying. But it was very helpful to have someone say 'Hey, why don't you try like this,' and it was just, it was the little things that they [Head Start] told me.

The Boys and Girls Club is a green sticker because the fact that we have a place like this is a plus for our community.

We don't really have a lot to help our children and out of school parents unless it's something they could pay for. I mean we have a few things, we have the programs where then kids could go part of the day on a sliding scale but then that's it.

A second theme to emerge was affordability and accessibility to just play. Parents often commented on the expense of afterschool and summer programs.

I would like for there to be programs for kids, for people like us who can't pay a lot. My son likes soccer a lot but I can't pay for it. I prefer paying for the dentist, which I also can't always afford. I'd like for there to be programs for young people, for teens too.

Participant A: It would also be nice if there was a park around here so they [kids] could play soccer, basketball, or run around.

Participant B: But if they build something here, then the rent would go up again!

People try to get their kids in there [local summer programs]. Every year, they take 100 or 200 kids a week or something. And it just feels that, but you don't know who's doing it. And you can't get the low-income kids and anything, because everybody else knows about it and then got their kids signed up. And that's another thing that needs to be affordable -- summer camps for working parents.

We have all these fields around Georgetown but you can't use them [...] and you actually have to go and rent them out.

The kids want to play and we have to pay a lot of money, or find a way to spend less, or just tell them they can't play... If we have to pay a lot, it's not really the moment for us to be paying a lot for stuff like that, so we have to tell them no. We need a place where a coach can volunteer to train the kids in the community.

We play soccer but as soon as it gets late we have to go near the baseball pitch, because they have light, and we don't have parks that are free where we can play soccer.

#### Critical Need #5: Equitable access to health foods and nutrition education

Another equally important theme that emerged from the data surrounds food and nutrition. First, participants were concerned about access to nutritious programs in the community and in schools. Several quotes from participants include:

Not all campuses have it where they have breakfast... that's ideal because it doesn't discriminate between those that don't have it.

People are just not ordering lunch and then money that their parents were putting into their lunch accounts started going just toward the school store.

I tell my kid not to take things he won't eat, but he says they just give it to him, and what the kids do is that they throw it away.

But one of the things I think we've seen a lot in the last few months is a lot of moms are coming and they want nutrition assistance. They want somebody to talk to them, sit them down and do nutrition and meal with them, and help their family...now [moms] are more concerned with healthy habits. What changes can I make, what healthy recipes, whatever maybe.

Participants also discussed their concern regarding affordable and equitable access to food options as well as the need for more culturally relevant nutrition education.

Sometimes I feel like better produce if I go to the [grocery store] in Round Rock than I do here.

Sometimes if they're on a budget, well it's cheaper for me to buy the sweets than it is to spend all this extra money to get fruit because I'm not going to get as much out of it, and so I think that's what makes it difficult for a lot of people that eat healthy.

There needs to be more awareness in different languages, or classes, or hopefully the kids were taking it home so that the parents will know.

My granddaughter said, "Did you see how much sodium that has?" She's eight years old, and so she was told she had cholesterol at age eight, and she said, "Now, when I saw what happened to you, I'm not going to --" and I said "Well, we need to change"

I think I'm becoming more aware of nutrition because a lot of Hispanic families deal with diabetes. Even though you go to a dietitian to tell you, it's not the same as our everyday life. But ever since I've gotten sick, my diet has changed.

I don't think I was ever raised on nutritional stuff, we really didn't know about that kind of stuff [...] I'm starting to read nutritional things on the boxes and these little things make a big difference. We were never raised like that.

Speaking about nutrition, alimentation, I wish there were classes to learn about that, by nutritionists, to teach parents.

What's better for you, I don't know what that is. I don't know what to cook, I'm always wondering if what they give them at school is better."

### Critical Need #6: Greater economic security, more specifically increased wages and increased local job opportunities

The data that emerged from this critical need involved concern about making a living wage that would allow them to prosper in an area where housing, food, and utilities were becoming increasingly expensive. There was also an awareness that many of the participants lived in Georgetown, but worked outside of Georgetown.

It is important to note that the data also pointed to a positive aspect in terms of jobs. Many participants were grateful to have jobs, but wanted better job choices.

I work by myself, I work at a hotel and on my off days I clean houses, but it's still not enough. I'd like to help fix my house, my bathroom, it's all in ruins. The land lord tell me she can't fix it. When it's cold, I have to put clothes on the door to stop the air from coming in and even the toilet freezes. I work like a donkey, have no free time, because

there's a lot to pay, rent, phone, insurance, things for my children, and it's a lot when you are alone like me.

Because a community needs money, but jobs are not paying more, for us who are getting paid per hour. But taxes are being raised—toll roads, car registration, house taxes. The taxes rise, but the pay doesn't.

It's difficult for those who haven't studied, for those who don't know English, and actually people who speak English but don't have papers still find it easier to get jobs, to get something better [...] My English is not perfect but it's good enough. I've been working for 8 years in the same place. I'd like something better.

When residents had economic needs, some talked about their experiences with applying for aid to churches and social service agencies. While most were thankful for any help, there were concerns about how they were treated by some staff members.

Then when you try to get help, [...] 50 questions. It's like, oh, my God. Sometimes they look at all your income. "Why can't you pay this?" Well, if I could, why am I asking you for help and why do you have to treat me like that? I don't ask you every time, and ask for help.

It depends on the person who's helping you. Some put in more effort than others, you have to be lucky.

They [The Caring Place] helped me once when I was doing really badly economically. I keep donating, food or clothes, because I know they help the community. I really like their program.

It was a good feeling for me that I was comfortable to come back [to the church], instead of going to [provider] and getting hassled, and let me see your checks then. It was just real personable and it was a good feeling, and I, into this day, I feel like when I go to church, I'm like, okay, I'm going to give back.

Communication between the community and the different organizations, because sometimes there are some established organizations, but we don't realize they exist until somebody speaks about them at a meeting or something.

At the Cinco de Mayo event, they would have community services coming like health and also -- because they had like little bitty kiosk, booths, and you can go and get a free little band aid or whatever it was and they would tell you about their services...

### Critical Need #7: Treatment at Georgetown health care facilities and affordability and access to dental care

Many of the concerns expressed about health care related to affordability as well as comfort with their treatment at Georgetown area facilities.

Because of the surgery, the emergency room, all the medicine we had to pay for... We had a house and we lost it. It got to a point where we were basically living out of our car.

[Wife] My husband had to take me to Mexico for surgery, since I didn't have insurance here [...]

[Husband] We went away early on a Friday, she had the surgery in the afternoon, we stayed on Saturday and Sunday and came back on Monday. I wanted her to stay longer but she didn't want to.

The man had to close his business, and start working as an employee for the only company that would give him the insurance he needed for his wife.

I feel like at one point I didn't have insurance either and they were just like "Oh, you don't have insurance." You're like last on the totem pole, we'll get to you when we can. It was awful.

When it's for scheduled surgery, there's no help, because you have to pay in advance. I had surgery to my vesicle, two years ago, and I paid like 20 thousand dollars for that one. And it was discounted. Because at the emergency room, just to stay there for a bit, it was like a thousand dollars. So I asked them for help, and they told me if I paid immediately I'd get a 50% discount. To avoid spending too much I paid immediately.

A thing [provider] does is that, for example, since I didn't send the papers for my kids one year, they wouldn't help them for that year. I don't know where to take my kids to the doctor anymore. I used the service for older people for my parents that are living here, but they don't have anything, no insurance. [Provider] works depending on what the person earns, and if my father works and earns 700 dollars, he doesn't qualify for [a specific program].

The community services, they ask for a lot of documents, they have what you earn, but if you don't have an ID, they can't help you. And in hospitals as well, people end up paying, because they're afraid if they go to the clinic they might find that they are illegal and be deported or arrested.

A lady I know, she had some problems, she had a tumor. At [provider] they told her it had to grow before they could help her.

The doctors just tell you to take pills, they never send you to get thoroughly checked.

The [provider] has a bad reputation here...I've had five kids, but I've never had them here, I've always been too scared.

[Referenced provider] —I don't want to be mean but I wouldn't take my dog there – reputation.

So our children know that if we get sick, if we die, on the way to Austin [...] I'd rather go that way.

As we get older at certain age and we need certain care, we have some facilities that help but not very much and it's usually again those that have the monies to pay for that and so all the nursing homes right now, even the best of the nursing homes are all full. They are all on waiting lists.

A common concern was the lack of dentists who treat low-income patients; however, even those who were able to access dental services recounted stories of mistreatment.

I was going to [provider] to be treated by the dentist, and every time I went they asked me for 300 dollars, 350, every time I'd go. In one of those times, I went to get a molar fixed, and I think the dentists there are still studying, because his bistoury broke and I still have the tip in my mouth and it hurts. On this side I can't eat and I feel like my head's exploding. But since I have no money or insurance I am enduring it until I can't bear it any more so I can get it taken out.

My tooth could have been fixed, but with the staff cuts it was a disaster, so it was easier to take it off. They were asking me if I felt okay and I said so, but it wasn't like that, and I fainted, they called the ambulance, and kept asking me if I was well again. I'm not going back there.

[My child] was losing teeth and molars. And they told me nothing could cover it and that when he grew up, he had to study and get a good job to pay for it. That was their reply.

I went and they wanted to anesthetize my daughter and I didn't want to, I felt pressured to even if it was a small thing.

**Critical Need #8: Availability and accessibility of quality mental health services in schools and the community**

Mental health services are a national epidemic. In Georgetown, the need is even greater as the town deals with losing its own children to suicide. A very pressing critical need of mental health services in schools came to the forefront. The youth focus group courageously tackled the issue of depression, bullying, and suicide upfront. They discussed the lack of school staff and administrators who are prepared to handle bullying as a major gap. In other words, the current procedures used to handle bullying, depression, and anxiety are not adequate, according to the youth interviewed. Along with addressing bullying in the school system through full time bilingual counselors separate for staff and students, the youth feel support groups and effective discipline for those who are bullies are needed to feel safe.

The data also showed the frustration for parents around the inaccessibility of mental health services in the community. Long waiting lists, unaffordable counseling sessions, and lack of counselors in Georgetown are several sub-themes that arise for this critical need.

And you see more and more kids in school that are suffering from depression, anxiety, than we've ever seen. It's like this whole new generation is some type of mental health issue.

My son just started going to therapy, he's 14, but I've been looking for decent help for years.

Maybe I just don't know any other places, but they couldn't find anywhere closer and it was so, so expensive per day.

Participants in the youth group reported on their own experiences of being bullied and parents reported on children's experiences. As stated above, participants also expressed concern surrounding school officials' responses to reports of bullying.

My daughter suffered from that recently... She came home three times crying. But I tell her to not think about it, and the last time she got her new sneakers all written on. They went below the seat. I went to the school to tell them to check it out on a video or something, because I want them to pay for the sneakers.

My kid has been bullied for a while, and he keeps it all in, he won't say anything. They've got cameras and they told us they would let us know, but we didn't get any call. I went back and told them I need to know, because my son tells me it's over and not to worry, but I do worry. Because of all these things that happen, kids killing themselves and all that. We need support, a program.

I feel like they're not taking the necessary precautions. In middle school. I don't know what they do, they have a program, but my daughter tells me it's not good enough. My son's best friend almost killed herself, she drank a bottle of pills.

### Critical Need #9: Acknowledge and reframe power differentials in social services, schools, and healthcare systems

In this project, one of the themes that rose to the top was participants' feelings of unequal treatment due to race, ethnicity, citizenship, education, and socioeconomic status. In other words, participants often discussed feelings of shame, anger, and exclusion within the healthcare system, school, and social services. Participants mentioned several problems that were specific to race or ethnicity.

But we go to the banks, you don't see [Black] tellers. You go to department stores, you don't see. And the list goes on and on. And the schools are still what we call Lily White.

You go to the [local festival] you don't see African-American vendors. ...the tables are often too expensive to get.

On Thanksgiving, you dress up all the kids like little Indians. I talked with one of the principals at one of the schools. How is it different dressing up like Indians, from on Martin Luther King Day, painting them all Black?

They told me I could renew it [driver's license], but there was that problem with the social security number I used, and I went there and got treated very badly. My daughter almost cried. She was translating, and she explained why she was there, and they told her she shouldn't even be in this country, that they could make her leave and be deported if they wanted to. My daughter told me we should leave the place.

Spanish-speaking immigrants discussed problems with not being able to adequately speak or read English. Several recounted stories of discrimination that resulted from this. Ultimately, the participants felt they were dismissed and misread as not caring [for their children] and due to the language barrier, they often felt uneasy and often unaware of how to communicate.

I don't go to lots of places because I can't speak English. When I go to school meetings I just sit there, or I ask my daughter but she can't explain. I go and don't know what for. We need them to understand us or have someone to translate for us.

The secretary had me sign a paper that she said was so they could keep visiting me, but when I went with the social worker they told us that the paper I had signed, in English, said it wouldn't make them liable for anything that happened. I understand a little but I can't read it. She hadn't told me that when I signed.

One sometimes doesn't even know what they're signing. I'm getting papers that I need to sign and my daughter has to translate them for me.



I wanted them to go to a bilingual school, but the teacher told me it wouldn't help. But there, I could at least talk to the teachers, in this new school there are no translators, nobody who can explain anything to me.

Other participants discussed the availability and quality of English as Second Language (ESL) classes.

And education for adults as well... There used to be this program which I loved, I wish it would come back. It was a summer program, for English as a second language, it was 4 or 5 hours or something like that. It was the only program where I think I learned some English, because I have gone to classes at church, and while I appreciate the work they put in, these are volunteers, they're not teachers. And it's an hour each week. I don't understand anything, so I don't even go anymore.

I do know there's a bilingual or ESL classes for adults, but I would like to see more of that as well.

Participant A: There are classes.

Participant B: Yes, there are, but they're always teaching you the same thing. The table, the chair, and all that. But I want to learn to write.

Moderator: Something more advanced.

Participant B: The table, the name, the last name. I know all that. I need classes to know what to do when I go to the doctor, to school, or such, conversations. But no, they only teach us easy things.

Legal services were another area of need for the Spanish-speaking community. Those who had accessed legal services recounted stories of discrimination.

The lady was talking about how much she have had to pay a lawyer to try to get herself legalized here in the United States, and I mean I hate to say but that lawyer was eating their bread and butter.

One of my kids qualifies for the Deferred Action Program, but I went to see a lawyer and it's too expensive. They want something like a thousand dollars.

Lawyers specialized in this [immigration] are unreachable, and we have to pay a lot to know easy things. We don't even have a service for this in Georgetown, we have to travel far and pay a lot of money, like thousands of dollars for very simple stuff.

We've had, no lie, three lawyers who have ripped us off. [...] But this one we went to, [...] we were told that for this job we'd have to pay a thousand dollars. He didn't do it. And during the same appointment the answer changed, he was changing the words to hide what he was doing. We realized when they took the first payment from our credit card, and we wanted an answer. And when the second payment was taken, I went there and the secretary was mean. I told her that I could sue them and they'd have to prove what they had done for this job. We'd really want a service in Georgetown to make this all better, a less expensive service. We are not the only ones, many people have asked me for a good lawyer and I have nobody to recommend. We really have to be informed.

#### Critical Need #10: The need for leaders and policy makers to connect with the Southeast community in meaningful ways

Most all focus groups came to the conclusion that there was a definite lack of connection between residents of southeast Georgetown and civic leaders. Participants felt that they had little voice in decisions, even those concerning their communities and neighborhoods.

There's more socio-economic differences and the people that are in positions of leadership authority in a community which they serve. They're thinking about what happens to them and their friends.

We're just wondering why authorities won't help us? We don't want them to solve the problem, to pay for but just to do something about it.

We want our voice to count. We need to pay our rent, I know, we need to find the money, but when we get abused, we never get help.

But I don't think there's an immigrant who works there [at the city] and fights for us. Those people don't live with us, and we don't live with them, because we are not in the same situation.

I think that it's not that they don't realize what we're living, they do, but they want to make things more difficult for us.

I would also like there to be some help, mostly for people who have been working here for a long time. ... We get here and have to work the worst, low paying jobs to survive. My worry is that people who get to be my age, they have no idea what will happen to them, with no benefits. I'd like for them [leaders] to see what goes on around here.

Other participants recognized this problem, but looked within their own community for empowerment and change.

We have to be willing to be vocal, we have to say what it is, what we feel, what we think and then we have a position. We have to be up to the challenge and provide a very good understandable ... supportable position.

I think our clergymen, in particular our white clergymen, too, are taking other responsibility of trying to activate change. And I see a mixture of coming together.

I think there should be a leader, somebody who understands the Hispanic needs. If there is no leader, I don't think that people who don't understand can represent us.

So there's no reason if we could get them all [churches] together just to do certain major things you can imagine. And they could probably move a mountain faster than most of the rest of us.

This disconnect was also acknowledged by some of the key informants who were in positions of power, but recognized that there were misunderstandings of the lives of low-income and working class residents.

Most of us come from a middle class background and we're serving students who come from a very low background, often with finances or even educational resources.

I think then the people who serve in our churches, they want to be part of the ministry, but I don't necessarily know they understand some of that either.

West Georgetown. East Georgetown. There's a pretty big disconnect....And I don't think it's intentional. It's just lack of understanding.

I think just finding ways that might not be the traditional way to give them a voice. What is it that we can do to help them feel like they have a voice?

## PART III. Findings: Survey

### Community Needs

Based on discussions in focus groups and interviews with key information, a list of 26 potential need areas were listed in the survey. Participants were asked to mark if they had an unmet need in an area, if their needs were being currently met, or if the area did not apply to them. The following table lists the summary responses to the needs list.

*Table 3. Summary of unmet and met needs for survey participants. (NOTE: Not all participants answered all prompts.)*

	Unmet need (#)	Met need (#)	Not sure/ Does not apply to me (#)	Unmet need (%)	Met need (%)	Not sure/ Does not apply (%)	Ratio of unmet to met need (#)
Dental services	52	80	12	36.11%	55.56%	8.33%	0.65
Transportation around Georgetown	43	67	33	30.07%	46.85%	23.08%	0.64
Bullying prevention	43	31	61	31.85%	22.96%	45.19%	1.39
Transportation outside of Georgetown	40	59	42	28.37%	41.84%	29.79%	0.68
Legal concerns/services	37	26	71	27.61%	19.40%	52.99%	<b>1.42</b>
Eye care	36	89	18	25.17%	62.24%	12.59%	0.4
Summer programs for children and teens	36	38	63	26.28%	27.74%	45.99%	0.95
Adult health care	35	84	19	25.36%	60.87%	13.77%	0.42
Housing	29	74	34	21.17%	54.01%	24.82%	0.39
Food and nutrition at home	29	70	42	20.57%	49.65%	29.79%	0.41
Afterschool programs	28	45	64	20.44%	32.85%	46.72%	0.62
Employment	28	52	56	20.59%	38.24%	41.18%	0.54
Food and nutrition in the schools	27	63	47	19.71%	45.99%	34.31%	0.43
Senior services/ Elderly concerns	27	47	63	19.71%	34.31%	45.99%	0.57
Neighborhood safety/Crime	27	71	36	20.15%	52.99%	26.87%	0.38
Immigration concerns/services	27	22	86	20.00%	16.30%	63.70%	1.23
School supplies	25	65	49	17.99%	46.76%	35.25%	0.38
Language translation services	24	34	79	17.52%	24.82%	57.66%	0.71

<b>Parks/Recreation</b>	24	80	30	17.91%	59.70%	22.39%	0.30
<b>English language classes for adults</b>	23	33	82	16.67%	23.91%	59.42%	0.70
<b>Mental/behavioral health</b>	21	45	68	15.67%	33.58%	50.75%	0.47
<b>Access to government- issued</b>	20	46	67	15.04%	34.59%	50.38%	0.43
<b>Domestic violence services</b>	18	31	84	13.53%	23.31%	63.16%	0.58
<b>Child health care</b>	16	74	47	11.68%	54.01%	34.31%	0.22
<b>Infant/toddler/ preschool child care</b>	15	46	76	10.95%	33.58%	55.47%	0.33
<b>Prenatal care</b>	9	49	80	6.52%	35.51%	57.97%	0.18

The area with the greatest number of participants reporting unmet need was for dental services. In order, the other top four unmet need areas were transportation around Georgetown, bullying prevention, transportation outside of Georgetown, and legal concerns/services.

Another way to look at the data is by examining a ratio of unmet to met needs. This calculation does not include participants who marked the area as not applying to them, concentrating instead on the ratio of those who have unmet needs compared to those who have met needs. In this case, the highest areas of need are legal concerns/services, bullying prevention, immigration concerns/services, summer programs for children and teens, language translation services, and English language classes for adults.

## Health Care

Participants reported on, if in the last year, they or someone in their family needed to see a health care professional (doctor, mental health provider, and dentist), but did not go. The results are presented in the table below.

*Table 4. Summary of participants who needed to see a health care provider in the past 12 months, but did not go. (NOTE: Not all survey participants responded to all prompts.)*

	Yes	No	Don't know/ Prefer not to answer	Total responses
<b>needed to see a doctor or go to a hospital but didn't go</b>	57 38.26%	87 58.39%	5 3.36%	149
<b>needed to see a mental health provider but didn't go</b>	26 18.06%	106 73.61%	12 8.33%	144
<b>needed to see a dentist but didn't go</b>	68 47.22%	69 47.92%	7 4.86%	144

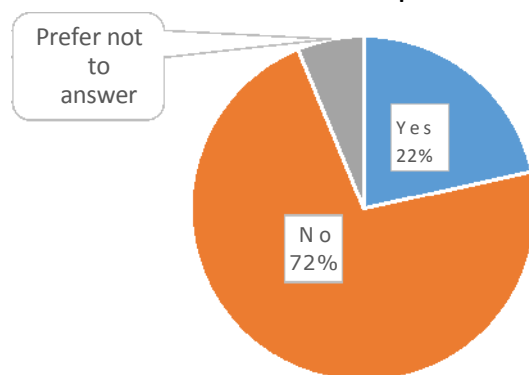
The largest number of respondents (N = 68, 47%) indicated that they or a family member needed to see a dentist but did not go, although relatively large numbers of people also reported not going to a doctor (N = 57, 38%) and a mental health therapist (N = 26, 18%). The follow up question asked participants to briefly report on why they did not go. The following table summarizes the responses.

*Table 5. Reasons given for not going to a health care provider (doctor, dentist, and mental health therapist).*

Reason	Number of responses
Insurance	30
Money	25
Transportation	5
Time	6
Other	4

The survey also questioned residents about their experiences missing or skipping appointments with service providers. Results are summarized in the following two figures. Twenty-two percent of respondents had missed or skipped an appointment, while 19% had not returned to a service provider because of how they were treated. When asked, those who had missed or skipped an appointment were most likely to cite problems with transportation (N = 13), followed by other reasons (N = 9), hours of operation (N = 8), and time off work (N = 7).

Have you ever missed or skipped an appointment with a service provider?



*Figure 4. Percentages of survey respondents who missed or skipped appointments with service providers (N = 144).*

### Have you ever not returned to a service provider because of how you were treated?

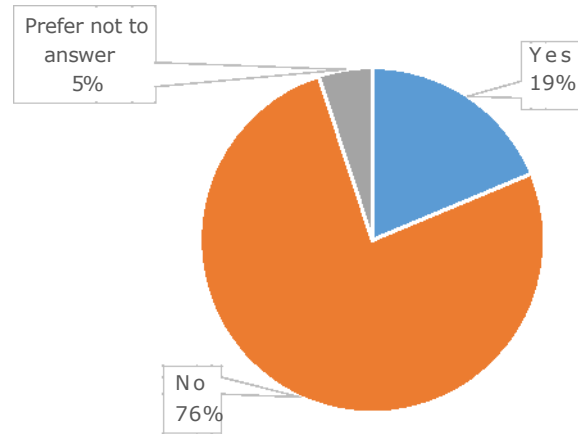


Figure 5. Percentages of survey respondents who did not return to a service provider because of how they were treated (N = 139).

### Economic Hardship

The survey also asked several questions related to economic hardship. In relation to food availability, the majority had enough to eat, but 15% reported some shortage of food within the last four months (see Figure 6).

### Which statement best describes the food eaten in your household in the last four months?

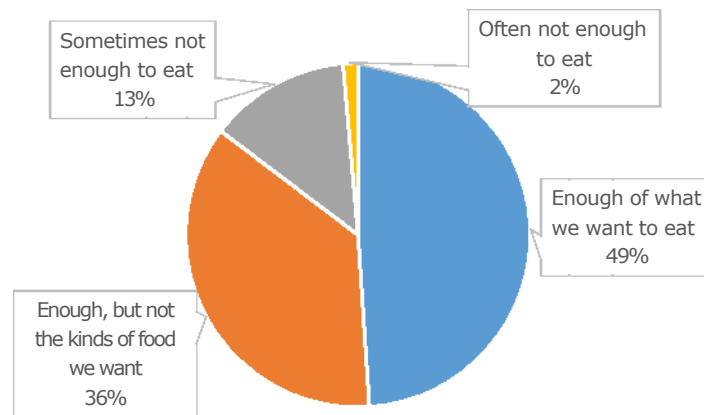


Figure 6. Percentages of survey respondents describing the availability of food in their household in the last four months.

Forty-one percent of participants had a problem with rent, mortgage, gas, oil, electricity, or phone bill in the past 12 months. Of those who reported a problem, 36% asked family for help,

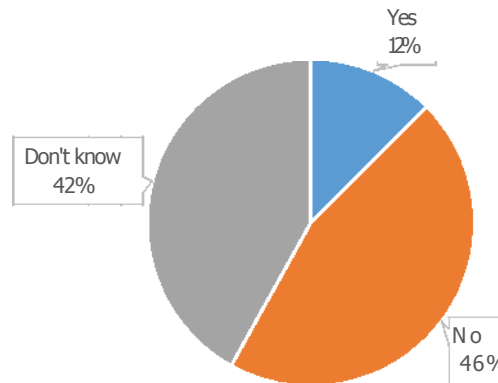
20% asked a non-profit or church in Georgetown for help, 19% asked no one, and the remainder turned to other options, such as the government or neighbors.

In terms of housing, the large majority of survey respondents reported no substandard conditions (64%). Of those that did report a problem, 9% reported problems with plumbing and 8% reported rats, mice, roaches, or other insects. No other condition was reported by more than eight participants.

### Feelings About Georgetown

When we asked survey respondents if they felt that people making decisions in Georgetown understood what they went through, only 12% answered “Yes” while 46% answered “No.” (See Figure 7.) The remainder were undecided.

Do you feel that people making decisions in Georgetown understand what you go through?



*Figure 7. Percentage of survey respondents who feel that people making decisions in Georgetown understand what they go through.*

We also asked survey respondents what they wanted the decision makers in their community to know. The full list of responses can be found in Appendix E. The most common answers concerned struggles with housing and transportation, including specific recommendations for unsafe or congested areas of the city. Other respondents discussed the needs of the elderly and for changes in the educational system.

Survey respondents also wrote about what they liked best about living in Georgetown and what their ideal vision would be for Georgetown. The list of full responses can be found in Appendix E. The majority of respondents to the first prompt discussed the small community size, the friendliness of people, the family-orientation, and safety. People also mentioned specific services such as the quality of schools, the recreation center, and the parks. To the second prompt, respondents discussed a wide variety of visions, but many were concerned with controlling growth so that Georgetown would be able to maintain the amenities and small-town feel that they liked.



PART IV. Socio-demographic profile of Southeast Georgetown community

Demographic Growth

According to the Office of the State Demographer, Williamson County is the second fastest growing county in Texas and Georgetown, as the third biggest city in the county, has experienced a large degree of that growth. Georgetown’s total population rose from 28,339 in 2000 to 47,400 in 2010. (U.S. Census Bureau, 2015) Current population estimates for Georgetown differ. According to 2014 U.S. Census estimates, the total population of Georgetown has grown to 59,102. However, the Planning Department of the City of Georgetown estimated the population to be only 52,914 in 2014 based on residential building permits and household size (City of Georgetown, 2015). Projections for future growth estimate that the population will double and be over 100,000 within the next 15 to 20 years (City of Georgetown, 2015; Texas Water Development Board, 2015).

The figure below illustrates the population growth in Georgetown between 2000 and 2013 (Social Explorer, n.d.). Each red mark represents 50 people. The largest pockets of growth have been in the northwest and the southeast quadrants of the city.

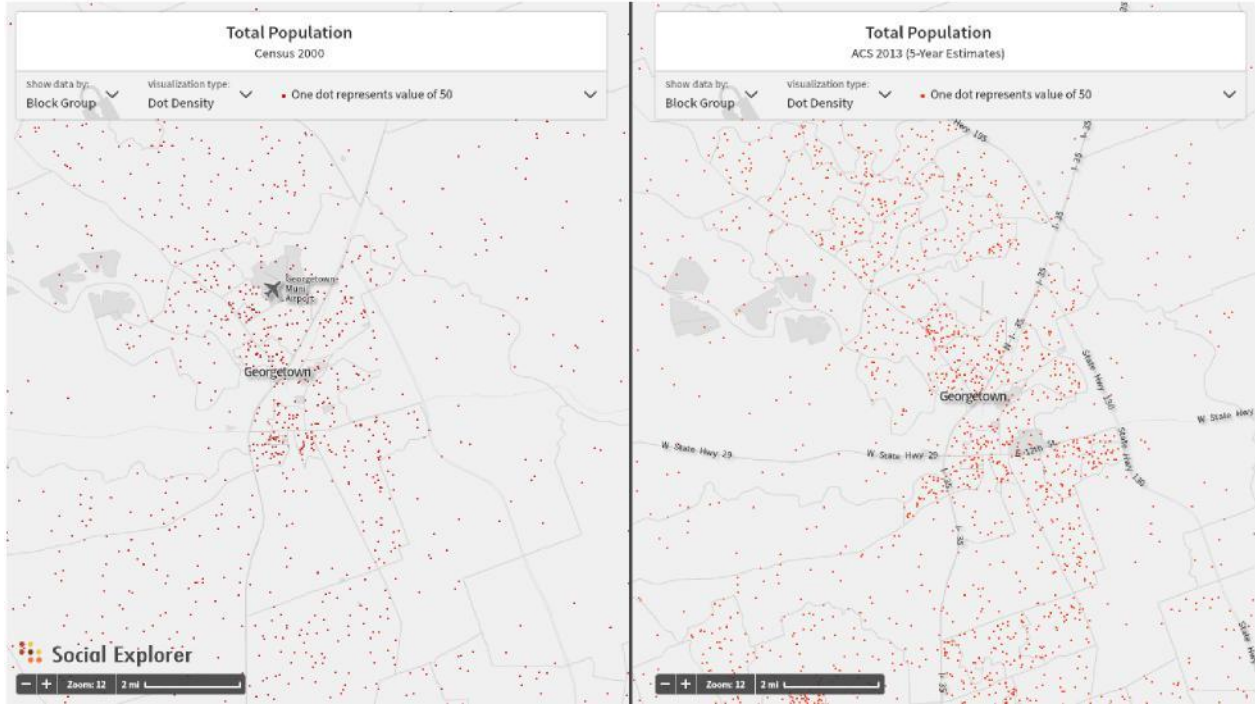


Figure 8. Population growth in Georgetown from 2000 to 2013.

As the city expanded, sections of Georgetown’s population experienced this growth differently. Please see Table 6 for percentages of the population of various geographies by race/ethnicity, gender, and age. Between 2000 and 2010, the majority of Georgetown’s population identified as White, representing around 86% of the population in both decennial censuses. ACS 2009-2013 estimates have the current percentage slightly lower at around 84%.

Table 6. Population percentages for race/ethnicity, gender, and age for various geographies in the study area according to the 2009-2013 ACS 5-year estimates. Numbers following  $\pm$  indicate the margin of errors for the estimates.

Population characteristics	Zip Code - 78633	Zip Code - 78626	Zip Code - 78628	Georgetown City, TX	Georgetown ISD	Williamson County, TX
% White	92.4% $\pm$ 2.5%	55.0% $\pm$ 3.2%	78.2% $\pm$ 3.5%	69.4% $\pm$ 2.4%	71.2% $\pm$ 1.9%	63.1% $\pm$ 0.1%
% Black	0.7% $\pm$ 0.7%	4.3% $\pm$ 1.9%	2.3% $\pm$ 1.1%	3.1% $\pm$ 1.2%	2.9% $\pm$ 1.0%	6.0% $\pm$ 0.1%
% Asian	1.2% $\pm$ 1.0%	0.9% $\pm$ 0.5%	1.1% $\pm$ 0.6%	1.0% $\pm$ 0.4%	1.1% $\pm$ 0.4%	5.0% $\pm$ 0.1%
% Latino	4.8% $\pm$ 2.3%	38.4% $\pm$ 3.0%	17.1% $\pm$ 3.5%	25.1% $\pm$ 2.3%	23.7% $\pm$ 1.8%	23.4% $\pm$ 0.5%
% other ethnicity	0.9% $\pm$ n/a	1.4% $\pm$ n/a	1.3% $\pm$ n/a	1.4% $\pm$ n/a	1.1% $\pm$ n/a	2.5% $\pm$ n/a
% male	47.4% $\pm$ 1.7%	49.9% $\pm$ 1.7%	49.1% $\pm$ 1.6%	48.4% $\pm$ 1.1%	48.8% $\pm$ 0.9%	49.2% $\pm$ 0.1%
% female	52.6% $\pm$ 1.7%	50.1% $\pm$ 1.7%	50.9% $\pm$ 1.6%	51.6% $\pm$ 1.1%	51.2% $\pm$ 0.9%	50.8% $\pm$ 0.1%
% under 18 years old	11.4% $\pm$ 2.3%	28.2% $\pm$ 1.7%	24.8% $\pm$ 2.2%	22.5% $\pm$ 1.3%	23.9% $\pm$ 1.1%	28.3% $\pm$ n/a
% 65 years old and over	51.4% $\pm$ 3.5%	10.6% $\pm$ 1.1%	17.5% $\pm$ 1.4%	26.6% $\pm$ 1.1%	21.4% $\pm$ 0.9%	9.5% $\pm$ 0.1%

However, the U.S. Census asks questions about race and ethnicity separately, so that people who identify as Hispanic or Latino on the ethnicity question may also mark “White” on the demographic question. Comparing the number of people who mark “White” along with “Not Hispanic or Latino” saw a change from 76% of the population in 2000 to 72% of the population in 2010. The ACS 5-year estimates from 2009 to 2013 put the current White, non-Hispanic population at 69%.

The White, non-Hispanic or Latino population growth largely occurred in the Northwest quadrant of the city, as well as the areas close to the city center. The Latino population growth was largely clustered in the center of the city, as well as the southeast quadrant of the city. Please see Figures 9 and 10 for population growth for the White, non-Hispanic population and the Hispanic/Latino population.

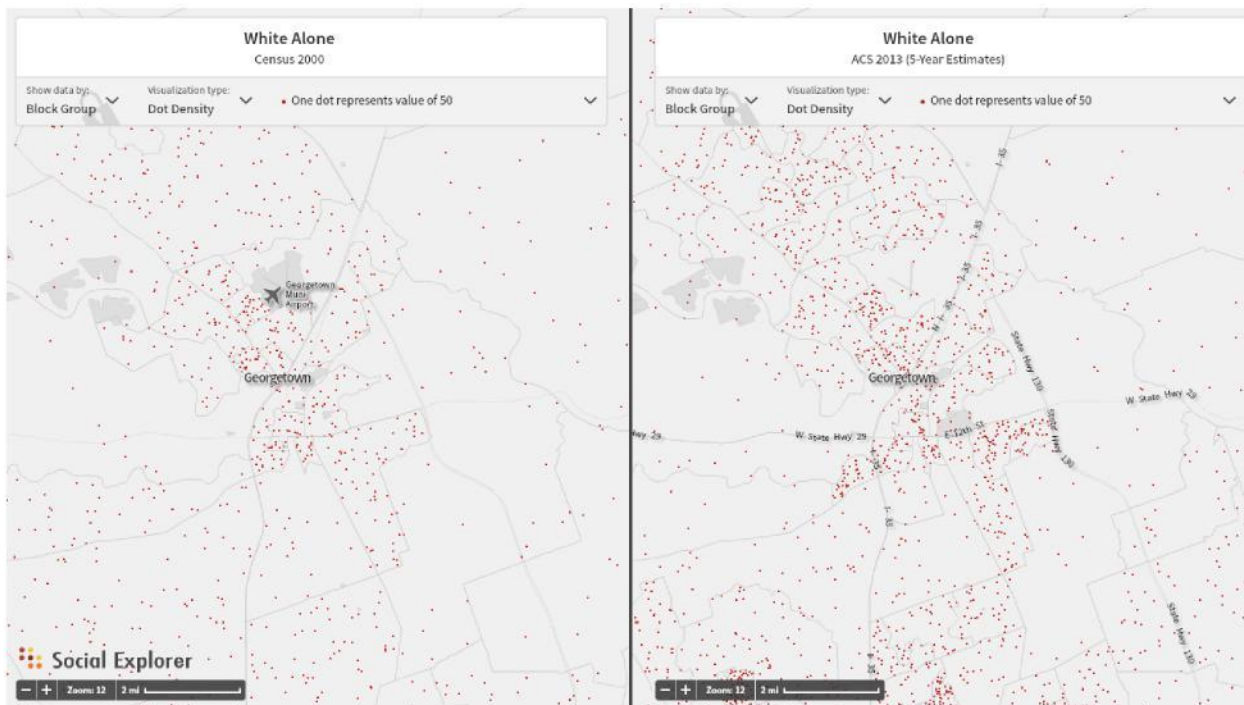
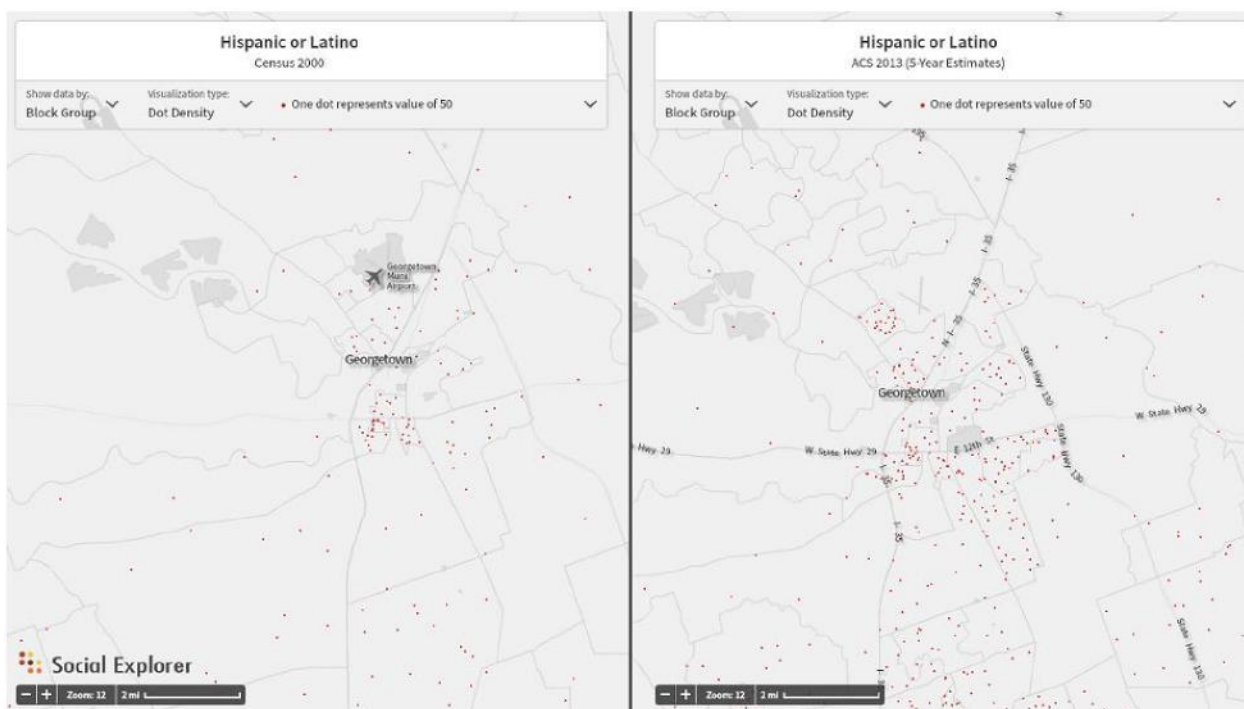


Figure 9. White alone, not Hispanic or Latino population growth from 2000 to 2013.



10. Hispanic or Latino population growth from 2000 to 2013.

Other racial and ethnic groups remain largely small in comparison to the White and Latino populations, with African-Americans, Asians, and American Indian or Alaskan natives together totaling around five percent of Georgetown's total population. Figures 11 and 12 below

illustrate the growth for the African American population and for other racial/ethnic groups using dot density mapping.

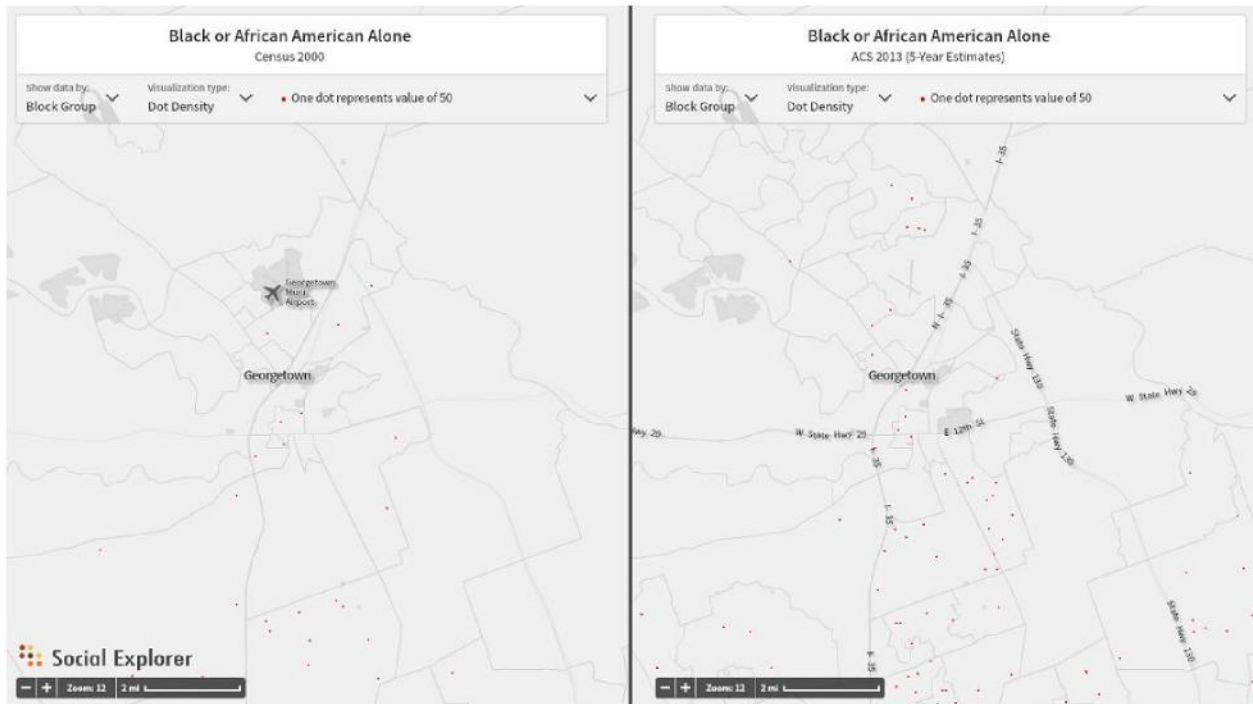


Figure 11. Black or African American population growth from 2000 to 2013.

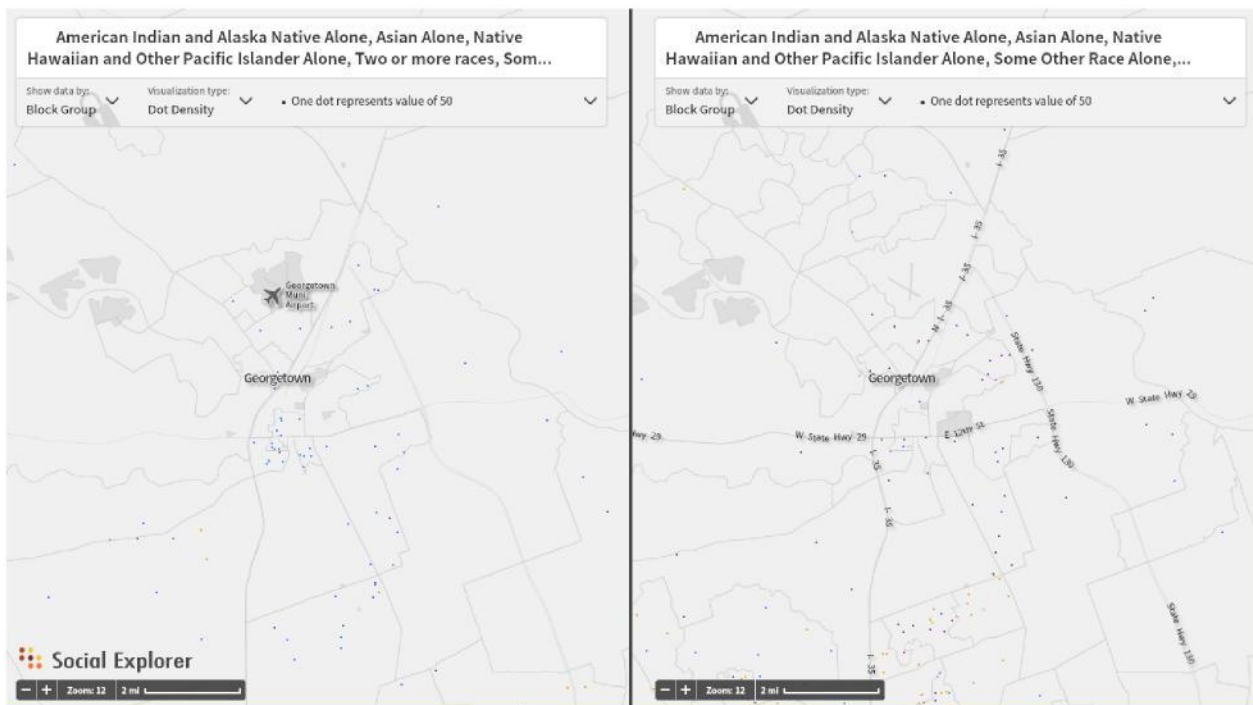


Figure 12. Population changes for all other racial and ethnic groups between 2000 and 2010.

Figure 13 shows the overall change in population density, measured in number of people per square mile between 2000 and 2013. Darker colors indicate greater density, or more people per square mile. All census block groups within the approximate study area either maintained a density of at least 1,000 people per square mile or increased the density. The block group with the greatest density across time remains the small square south of University Avenue and to the east of the river. This block group contains a number of apartment complexes and the Georgetown Housing Authority units.



Figure 13. Population density in Georgetown census tracts from 2000 to 2013. Darker colors indicate more people per square mile within the census block units.

Other data indicates that this segregation pattern contributes to linguistic isolation of non-English speaking residents. The ACS estimates that in zip code 78626, 4.3% of the households had adults who had difficulty speaking English. This was higher than the neighboring zip codes of 78628 (1.3%) and 78633 (0.5%) and was the fourth highest of all zip codes within Williamson County.

### Income and Poverty

The city of Georgetown has a median household income of \$63,381, greater than the national median of \$53,046, but less than the Williamson County median of \$71,803 (2009-2013 ACS 5-Year Estimates). Table 7 lists the median income for various geographies, along with information on poverty.

The range of median incomes is large when looked at by census block level (see Figure 14). The lowest median income areas are to the south of Hwy 29 and the immediate east of I35, which

correspond to the area that contains public housing. The next lowest median income areas surround the city center, border I35, or are to the south and east. High median income areas, including some blocks with median incomes over \$100,000 a year, are concentrated to the west and northwest of the city center. Per capita income shows a similar distribution, with the areas with the lowest averages surrounding the city center and in the southeast quadrant.

In 2015 the poverty guidelines list a family of four poverty level at \$24,250 annual income, as updated in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). This number, or a multiple of this number such as 125%, is used to determine eligibility for Head Start, Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, and Children's Health Insurance Program. The US Census estimates that approximately 18.8% of children in zip code 78626 live below this poverty level. This number is higher than the estimates for the other two zip codes in Georgetown and approximately double the Williamson county estimate. Zip code 78626 also has the highest percentage of people receiving SNAP benefits in the last 12 months.

*Table 7. Income and poverty formation on geographies surrounding Georgetown according to the U.S. Census, 2009-2013 American Community Survey (ACS) 5-year estimates. Number following  $\pm$  indicates the margin of error for estimates.*

	<b>Zip Code - 78626</b>	<b>Zip Code - 78628</b>	<b>Zip Code - 78633</b>	<b>Georgetown City, TX</b>	<b>Georgetown ISD</b>	<b>Williamson County, TX</b>
<b>Median household income</b>	\$57787 $\pm$ \$4875	\$80363 $\pm$ \$4016	\$74986 $\pm$ \$5438	\$63381 $\pm$ \$3475	\$69158 $\pm$ \$2242	\$71803 $\pm$ \$1037
<b>Percentage living below the poverty level:</b>						
<b>Children under 18 years old</b>						
	18.8% $\pm$ 6.2%	7.2% $\pm$ 2.9%	4.4% $\pm$ 4.9%	15.6% $\pm$ 3.9%	17.2% $\pm$ 3.6%	9.0% $\pm$ 1.0%
<b>People 65 years old and over</b>						
	6.9% $\pm$ 3.3%	4.0% $\pm$ 1.9%	2.7% $\pm$ 2.1%	4.0% $\pm$ 1.7%	6.5% $\pm$ 1.8%	4.7% $\pm$ 0.9%
<b>People in the civilian labor force 16 years old and older</b>						
	6.7% $\pm$ 1.9%	4.7% $\pm$ 1.7%	2.3% $\pm$ 1.8%	6.3% $\pm$ 1.6%	n/a	4.8% $\pm$ 0.4%
<b>Percentage receiving SNAP benefits</b>						
	7.9% $\pm$ 2.2%	3.7% $\pm$ 1.2%	1.1% $\pm$ 1.2%	4.5% $\pm$ 1.0%	4.7% $\pm$ 1.0%	6.7% $\pm$ 0.5%

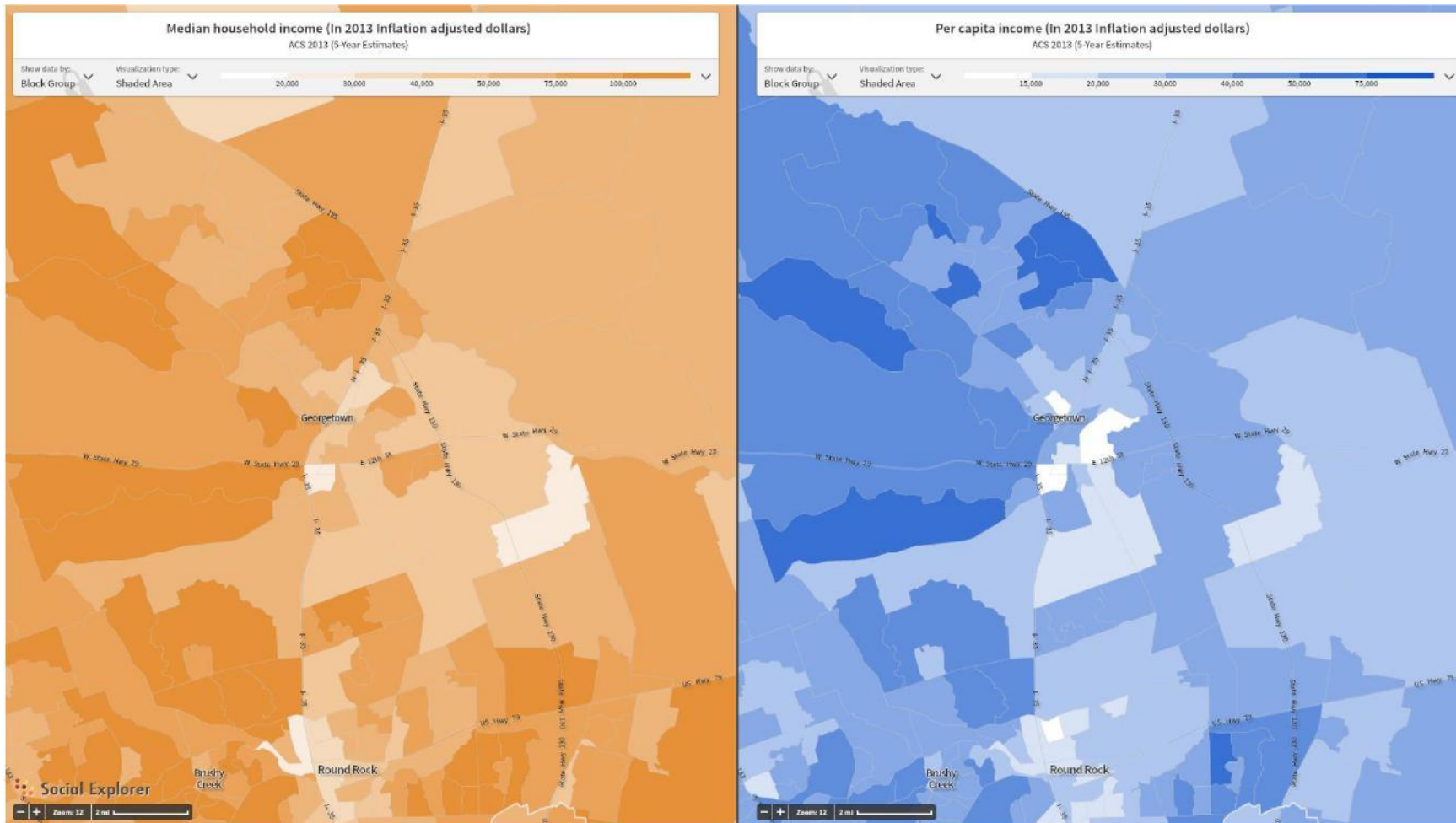


Figure 14. Median household income (on left) and per capita income (on right) in 2013 inflation adjusted dollars according to the U.S. Census, 2009-2013 American Community Survey (ACS) 5-year estimates. Darker colors indicate higher incomes.

## Housing

We examined several aspects of housing—home valuation, median rental and owner costs, and housing tenure. The U.S. Census estimates that there are 19,700 housing units in the city of Georgetown, with 71% of housing owner-occupied. Table 8 shows other housing numbers for the city, related zip codes, GISD, and Williamson County. Zip code 78626, which includes the focus area of southeast Georgetown, has the largest percentage of renters and renters that use 30% or more of their income on housing costs, a key indicator of housing cost burden. The area also has the highest percentage of new movers, people who moved into the area since 2010, at 20.6%, but this is coupled with an even larger share of the population that has lived in the same housing unit since 1999 or earlier at 27.1%.

Areas of low home valuation and high percentage of renters co-occur as can be seen in the maps below (Figures 15, 16, and 17). For example, the median housing value in the census tract containing the only public housing development for the city is \$66,000, where 91.2% of housing units are renter occupied. In comparison, 71% of housing in Georgetown is owner-occupied and the median home value is \$186,900.

Combined together, housing costs and transportation costs can be a significant burden on low-income families in Georgetown. One measure of affordability is the Location Affordability Index, created by the U.S. Department of Housing and Urban Development and the U.S. Department of Transportation. This tool estimates that a median-income family in Georgetown, consisting of two commuting parents and two children, would spend 51% of their income on housing and transportation combined. A single working individual, making approximately \$30,000 a year, would spend 70% of their income on housing and transportation and a single-parent family would spend 81% of her/his income on housing and transportation combined.



Table 8. Housing information on geographies surrounding Georgetown according to the U.S. Census, 2009-2013 American Community Survey (ACS) 5-year estimates. Number following  $\pm$  indicates the margin of error for estimates.

	Zip Code - 78626	Zip Code - 78628	Zip Code - 78633	Georgetown City, TX	Georgetown ISD	Williamson County, TX
<b>Total number of occupied housing units</b>	8797 $\pm$ 362	9320 $\pm$ 399	8936 $\pm$ 335	19700 $\pm$ 597	63335 $\pm$ 1812	154948 $\pm$ 1082
<b>Percentage renters of total housing units</b>	39.0% $\pm$ 3.7%	25.9% $\pm$ 2.6%	6.5% $\pm$ 2.2%	28.8% $\pm$ 2.3%	25.8% $\pm$ 1.9%	31.4% $\pm$ 0.8%
<b>Median rent for occupied units paying rent</b>	\$982 $\pm$ \$58	\$1015 $\pm$ \$53	\$1502 $\pm$ \$220	\$1015 $\pm$ \$46	\$1026 $\pm$ \$46	\$1050 $\pm$ \$20
<b>Occupied rental units paying rent <math>\geq</math>30% of household income</b>	41.7% $\pm$ 7.2%	55.1% $\pm$ 9.8%	39.7% $\pm$ 17.1%	47.4% $\pm$ 5.5%	47.8% $\pm$ 5.8%	44.3% $\pm$ 2.2%
<b>Median monthly owner costs for housing units with a mortgage</b>	\$1429 $\pm$ \$53	\$1754 $\pm$ \$87	\$1690 $\pm$ \$88	\$1565 $\pm$ \$46	\$1630 $\pm$ \$44	1656 $\pm$ \$14
<b>Housing units with mortgage costs <math>\geq</math>30% of household income</b>	27.9% $\pm$ 5.2%	20.8% $\pm$ 4.2%	38.4% $\pm$ 6.3%	30.9% $\pm$ 3.9%	27.3% $\pm$ 3.1%	28.5% $\pm$ 1.2%
<b>Year householder moved into unit - percent moved 2010 or later</b>	20.6% $\pm$ 3.3%	15.1% $\pm$ 2.4%	13.0% $\pm$ 2.4%	18.4% $\pm$ 2.3%	16.6% $\pm$ 1.9%	21.6% $\pm$ 0.7%
<b>Year householder moved into unit - percent moved between 2000-2009</b>	52.3% $\pm$ 4.0%	54.8% $\pm$ 3.4%	66.0% $\pm$ 3.4%	60.0% $\pm$ 2.6%	57.0% $\pm$ 2.4%	57.2% $\pm$ 0.9%
<b>Year householder moved into unit - percent moved on or before 1999</b>	27.1% $\pm$ n/a	30.2% $\pm$ n/a	21.1% $\pm$ n/a	21.7% $\pm$ n/a	26.4% $\pm$ n/a	21.2% $\pm$ n/a

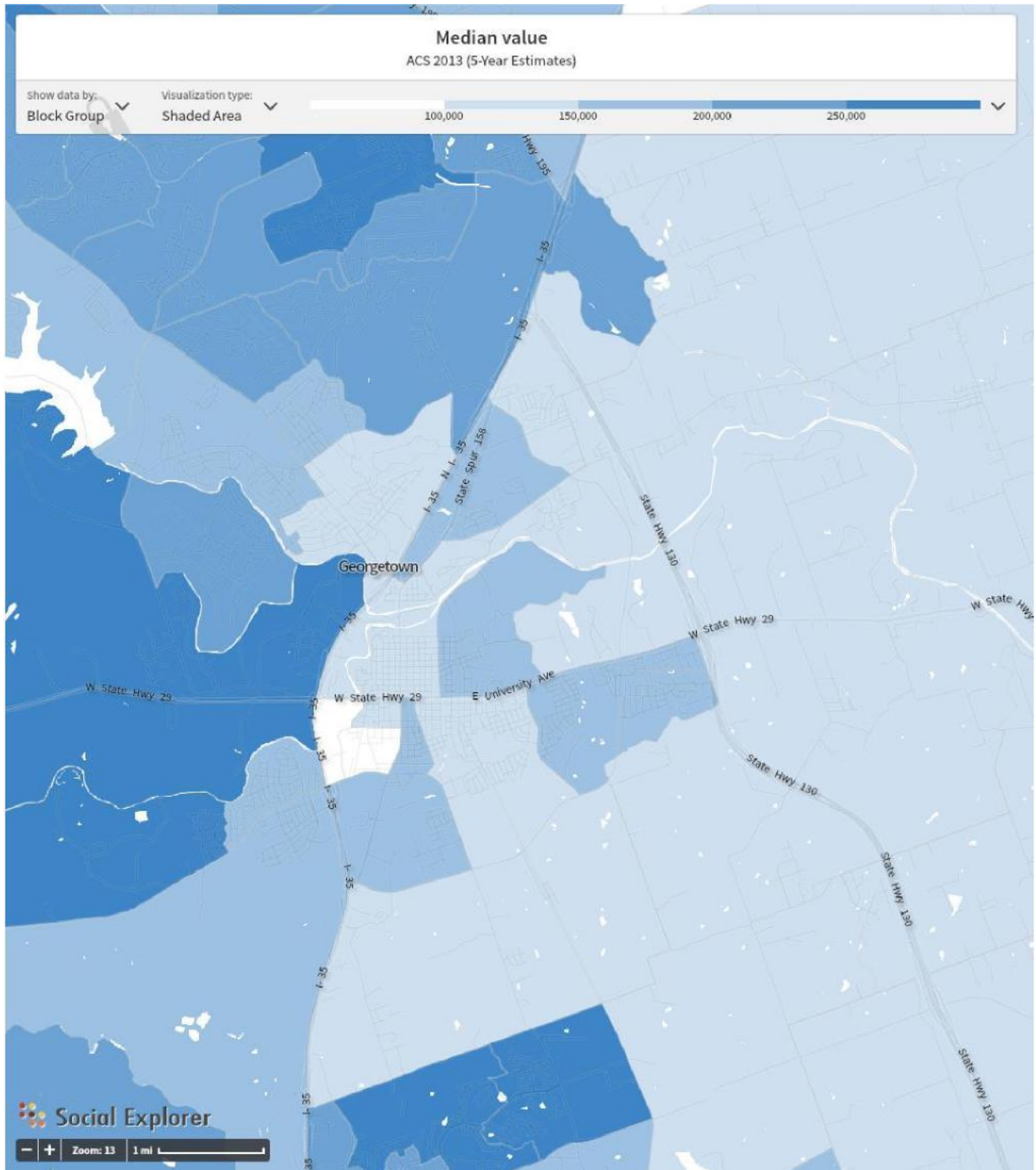


Figure 15. Median value of owner-occupied homes according to the American Community Survey 2013 (5-Year estimates) by census block.

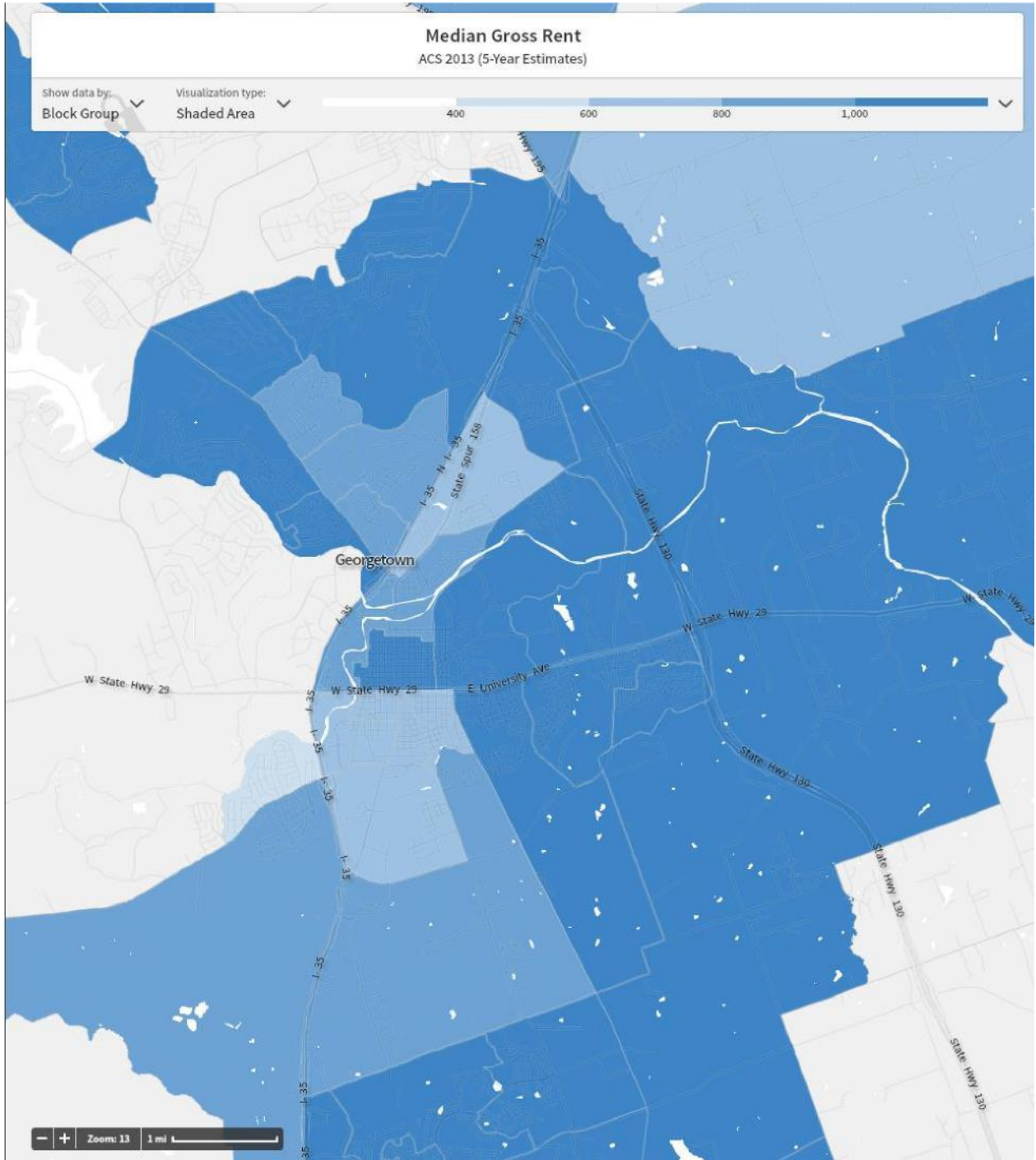


Figure 16. Median gross rent of renter-occupied units according to the American Community Survey 2013 (5-Year estimates) by census block. Gray areas do not have enough renters to calculate a reliable median rent.

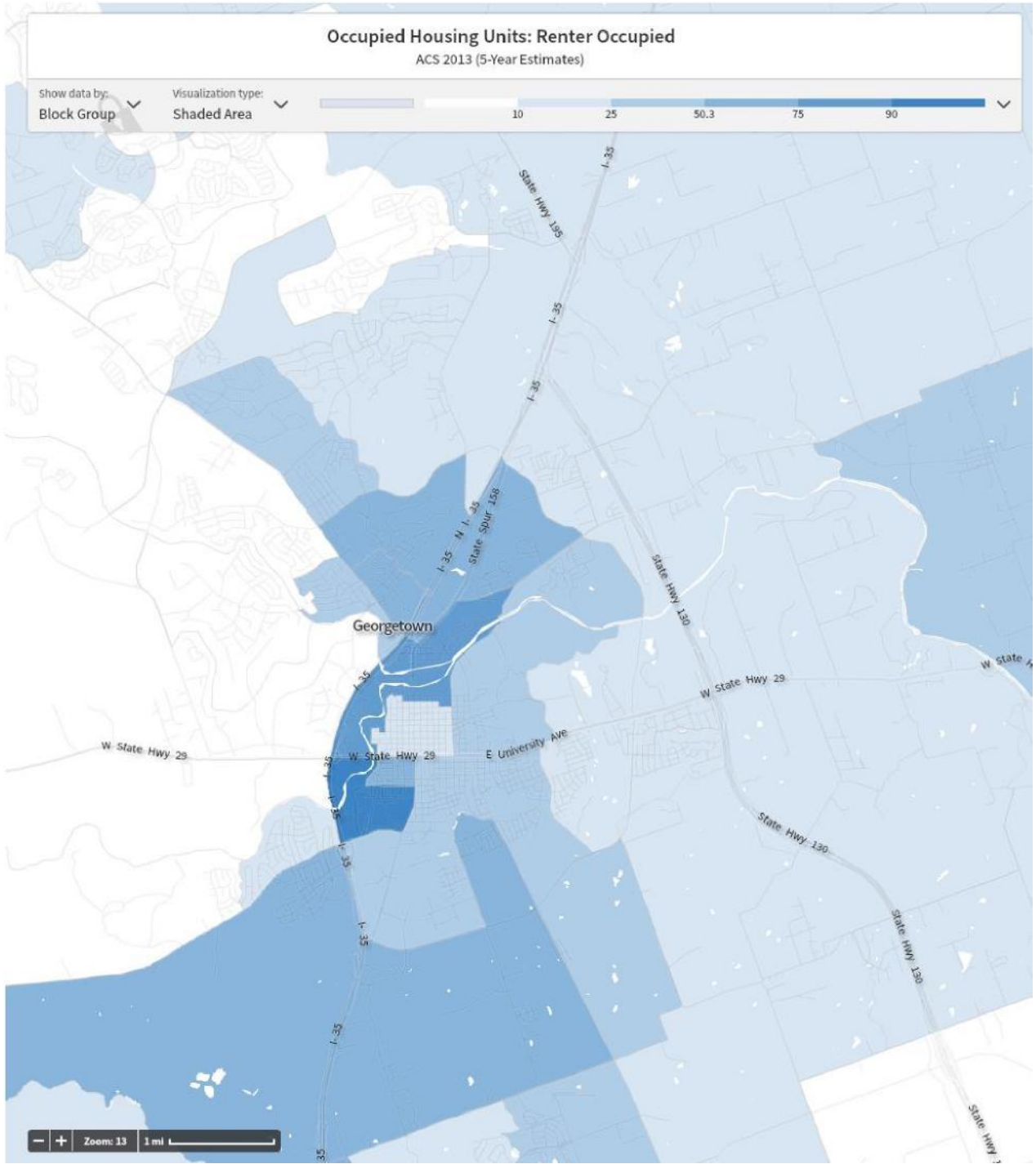


Figure 17. Percentage of occupied homes that are renter occupied versus owner occupied according to the American Community Survey 2013 (5-year estimates).

## Employment

For 2013, the U.S. Census estimates that while 25% of workers who live in Georgetown also work in Georgetown, another 34% commute to Austin and 10% to Round Rock. Those who earn less than \$1250 a month are more likely to both live and work in Georgetown (33%), although 34% still commute into Austin or Round Rock. Comparatively, 52.3% of workers earning over \$3,333 per month commute to Austin or Round Rock, with only 19% living and working in Georgetown.

Employment data was examined at the zip code level, where 78626 corresponds roughly to the southeast section of Georgetown. According to the work area profile for 78626, the three largest NAICS industry sectors by number of jobs are: public administration (19.2%); health care and social assistance (14.9%) and manufacturing (10.5%). Of all workers, 15.1% earn less than 1,250 per month, 39.7% earn between \$1,251 and \$3,333 per month, and 45.1% earn more than \$3,333.

Additional analysis of employment reveals an imbalance between individuals who live and work within the geographical area (see Figure 18). Compared to the other two zip codes covering Georgetown, 78626 had the largest number of people who work in the zip code boundaries, but do not live there. Of those who live in the Georgetown zip codes, 78626 also had the largest percentage that both live and work in the same zip code at 18%. In zip code 78628, 12% both live and work in the zip code, while the percentage falls to 5.4% for 78633.

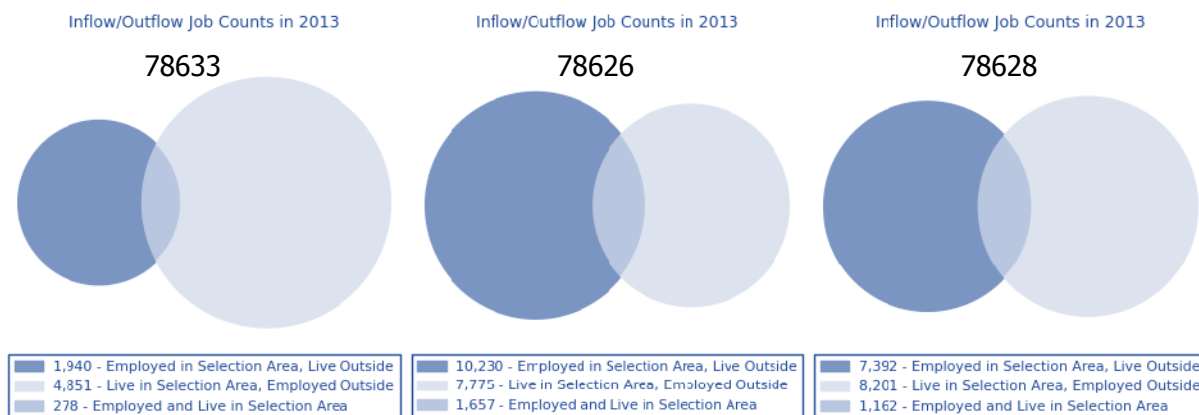
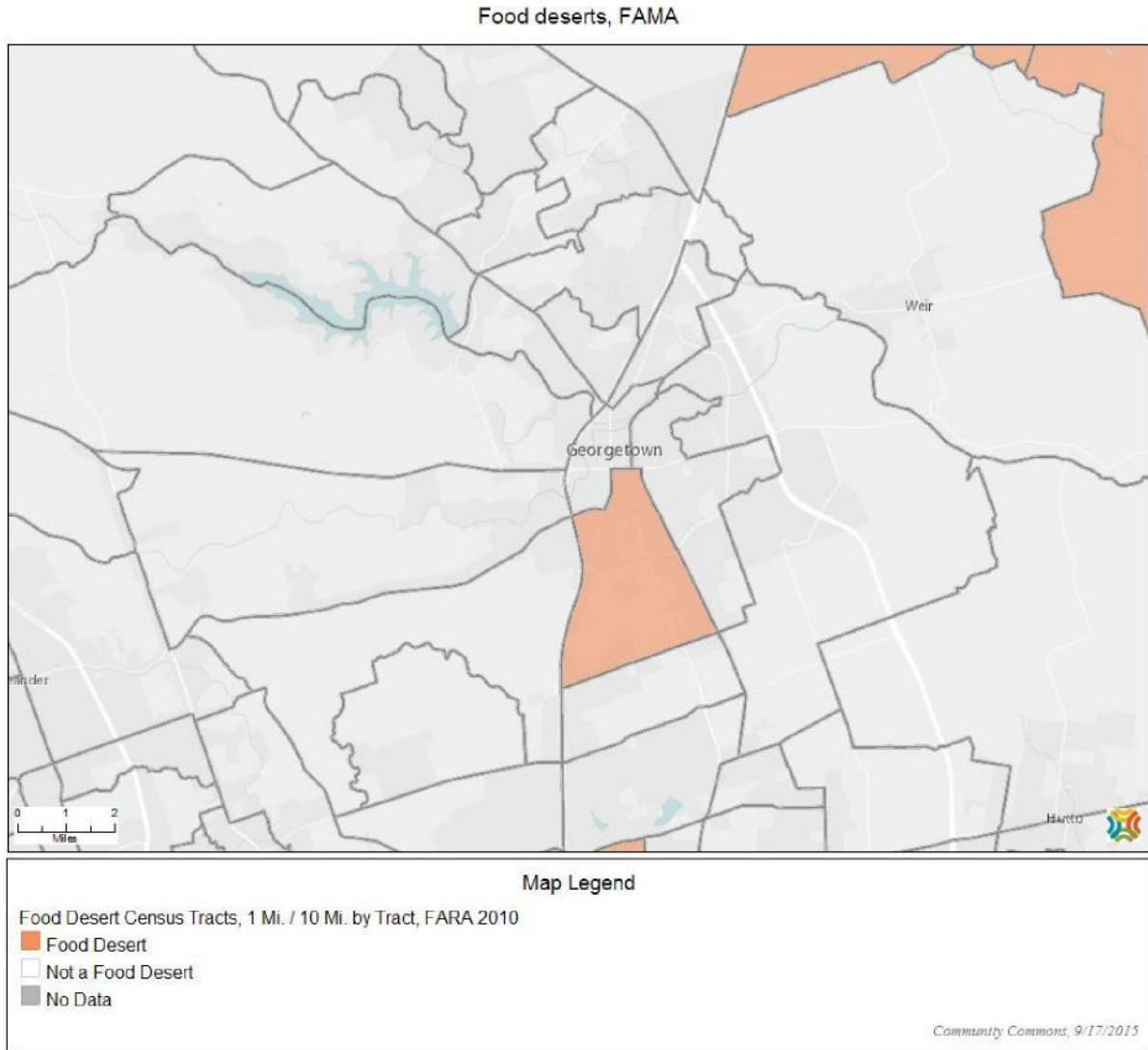


Figure 18. Worker inflow and outflow in 2013 for zip codes 78633, 78626, and 78628. Source: U.S. Census Bureau. 2015. OnTheMap Application. Longitudinal-Employer Household Dynamics Program. <http://onthemap.ces.census.gov/>

## Food

There are tracts in the southeast section of Georgetown that qualify as a food desert. In an urban area, a food desert is defined as a low-income area where at least 33% of the population is more than one mile from the nearest supermarket or grocery store. While there is an HEB in

the vicinity of tracts that qualify as a food desert, it is further than the one mile urban limit (see Figure 19 below).



## Health Insurance

Health insurance coverage for various geographies is shown in Table 9. Zip code 78626 has the largest percentage of uninsured people at 20.6%, almost double percentage in 78628 and eight times the percentage in 78633.

*Table 9. Percentage and number of civilian, noninstitutionalized population without private or government health insurance coverage according to the ACS 2013 (5-Year estimates).*

	Zip Code - 78626	Zip Code - 78628	Zip Code - 78633	Georgetown City, TX	Georgetown ISD	Williamson County, TX
<b>Percent civilian population without health insurance</b>	20.6% ± 2.9%	10.9% ± 1.8%	2.5% ± 1.1%	13.5% ± 1.7%	13.2% ± 1.5%	14.3% ± 0.8%
<b>Number of people without health insurance</b>	5427 ± 799	2662 ± 464	457 ± 207	6647 ± 822	8438 ± 973	62524 ± 3327

### Teen Health

For the state of Texas, the Centers for Disease Control (CDC) calculates the crude suicide death rate per 100,000 (95% Confidence Interval) for 10-14 year olds as 1.32 (.87-1.94), for 15-19 years old as 8.58 (7.26-9.91), and as 13.16 (11.56-14.76). The 2013 national Youth Risk Behavior Survey (YRBS), conducted by the CDC, reported that for children in grades 9<sup>th</sup> through 12<sup>th</sup> in Texas, approximately 16.7% seriously considered attempting suicide and 15.6% made a plan about how they would attempt suicide. Additionally, 10.1% reporting making a suicide attempt, and 3.5% reported making a suicide attempt that had to be treated by a doctor or nurse. Nationally, as students got older, the percentages decreased. For example, while 9.3% of 9<sup>th</sup> graders reported that they had attempted suicide, the percentages fell to 8.6% for 10<sup>th</sup> graders, 7.5% of 11<sup>th</sup> graders, and 6.2% of 12<sup>th</sup> graders.

The 2013 YRBS also reported on the percentage of high school students who were electronically bullied and who were bullied on school property. The national and Texas averages are shown in the table below. Girls, in general, reported being bullied more than boys. Younger high school students also reported being bullied more than older students.

Finally, the 2013 YRBS reported on healthy eating and behavior for 9<sup>th</sup> to 12<sup>th</sup> graders in Texas. Overall, 8.1% of Texas high school students reported that they did not eat vegetables, while 52.6% reported eating vegetables one or more times per day. Every day, 15.6% of high school students drank soda or pop two or more times and 13.3% did not eat breakfast on the day of the survey. Nationally, older students were more likely to report eating vegetables and to drink less soda. Hispanic students were also more likely to report not having eaten breakfast than non-Hispanic Whites and non-Hispanic Blacks, but were less likely to drink soda.

Table 10. Percent of high schools reporting being bullied either electronically or on school grounds for U.S. and for Texas. Reported in the Youth Risk Behavior Survey (2013) from the CDC. CI stands for confidence interval of the estimates.

	<b>Total Percent (95% CI)</b>	<b>Female Percent (95% CI)</b>	<b>Male Percent (95% CI)</b>
<b>National</b>			
<b>Electronically bullied</b>	14.8(13.7 – 15.9)	21.0 (19.2 – 22.9)	8.5 (7.7 -9.5)
<b>Bullied on school property</b>	19.6(18.6 – 20.8)	23.7 (22.3 – 25.3)	15.6 (14.2 – 17.0)
<b>Texas</b>			
<b>Electronically bullied</b>	13.8(11.8 – 16.2)	19.3 (16.3-22.6)	8.6 (6.7-10.9)
<b>Bullied on school property</b>	19.1(17.0 – 21.5)	22.9 (19.9 – 26.2)	15.5 (13.4 – 17.7)



## PART V. Recommendations

This section covers a comprehensive list of recommendations that are fully informed by the southeast Georgetown community voice. Based on the findings of this study, we present four overall recommendations with specific short-term and long-term suggestions. Our recommendations are grounded in research literature and we include local exemplars where applicable. We present this section with the caveat that none of these recommendations should be implemented without engaging the community voices of southeast Georgetown residents in all stages of planning, implementation, and evaluation.

### 1. ADDRESS STRUCTURAL INEQUALITIES

#### Short-Term Recommendations

Mandate training in cultural competence, anti-racism and customer service for service-providing recipients of GHF funding. We were impressed with the long history of charitable giving that uniquely characterizes the Georgetown community at large. From the Georgetown Ministerial Alliance's establishment of The Caring Place in 1985, to the life-affirming work of the student-initiated The Locker, to the well-attended Celebration Church Back-to-School Bags of Celebration backpack distribution event hosted by the Boys and Girls Club of Georgetown, we witnessed the genuine spirit of service, caring and generosity that is deeply embedded in the community.

The juxtaposition between this genuine community spirit, much of which is rooted in charitable giving, and the consistent accounts of structural inequality that emerged in all phases of data collection led us to consider the concept of charity. The Encyclopedia of Religion defines charity as a practice, specifically "the distribution of goods to the poor and the establishment and endowment of such social-welfare institutions as hospitals, homes for the aged..." (Constantelos, 2005). Charitable practice can contribute to a feeling of division between "haves" and "have nots," with those in the position to distribute charitable goods and services being positioned as the "haves" and those in the position to receive charitable goods and services positioned as the "have nots" at the moment that the charitable transaction takes place. Over time, this power differential can cultivate behavior wrought with microaggressions.

Microaggressions are "everyday verbal, nonverbal, and environmental slights, snubs or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership" (Sue et al., 2007). Not making eye contact, being short with answers and directions, verbalizing personal judgments, slamming paperwork around, making snide remarks, even silently viewing a person as less than yourself, these are just some examples of microaggressions. We heard accounts of microaggressions throughout the focus group process. Research has confirmed that

microaggressions have a negative effect on health care, education and employment and it is made clear in the following excerpt from Derald Wing Sue (2010, p.3):

The most detrimental forms of microaggressions are usually delivered by well-intentioned individuals who are unaware that they have engaged in harmful conduct toward a socially devalued group. These everyday occurrences may on the surface appear quite harmless, trivial, or be described as “small slights,” but research indicates they have a powerful impact upon the psychological well-being of marginalized groups (Brondolo et al., 2008; Swim, Hyers, Cohen & Ferguson, 2001; Szymanski, Kashubeck-West, & Meyer, 2008) and affect their standard of living by creating inequities in health care (Sue & Sue, 2008), education (Bell, 2002), and employment (Purdie-Vaughns, Davis, Steele, & Ditlman, 2008).

Given the deep effects that microaggressions have on individual outcomes and the evidence of its existence in the Georgetown community, it is critical to ensure that persons at all levels within social services—from front-line personnel to the Executive Director to the board members, and all persons in between—correct microaggressive behavior and become aware of any personal assumptions that may undergird possible microaggressions. Training in cultural competence and anti-racism can assist in the process. In addition, general customer service training can ensure that all clients and potential clients of social services are treated with dignity and respect, regardless of the personal opinions of the service provider.

*Local Exemplar:* Ms. Joyce James, LMSW and former Texas Assistant Commissioner for Child Protective Services, established a series of trainings to educate and empower state and social service workers at all levels to contribute to equitable outcomes for all people. Those trainings are offered free of charge by the Center for the Elimination of Disproportionality and Disparities in the Texas Health and Human Services Commission and provide continuing education credits ([http://www.hhsc.state.tx.us/hhsc\\_projects/cedd/regional-equity.shtml](http://www.hhsc.state.tx.us/hhsc_projects/cedd/regional-equity.shtml)). Ms. James is also available to train as a private consultant ([www.joycejamesconsulting.com](http://www.joycejamesconsulting.com))

*Expand college access support.* The process of successfully transitioning from high school to college can be daunting, even for those whose parents attended college. From navigating the federal financial aid application requirements to submitting a complete college application to narrowing which colleges to apply to, the process of gaining college admission and matriculating to college is a long and arduous one. While we heard positive feedback from youth and parents who participated in the federally-funded Upward Bound program at Southwestern University and those participating in the Austin-based College Forward program, we also heard feedback from several who could not access either program due to qualification requirements or lack of knowledge of the programs, yet wanted and needed college access support. The Upward Bound program at Southwestern University has the capacity to annually serve only 50 students across three school districts (Georgetown, Jarrell and Granger ISDs), resulting in an average of fewer than 25 GISD students being served per year. With 3,269 high schoolers enrolled at GISD in the 2013-2014 school year (Texas Education Agency, 2015), the Upward Bound program has the capacity to serve less than 1% of the GISD high school

population. Given the extremely limited capacity of the Upward Bound program and the recent exit of College Forward from the district, there is a prime opportunity to meet the need for greater college access support. College access support can be made available through school or outside of school. An educated populace results in a stronger, healthier, more independent and civically engaged Georgetown community.

*Local Exemplar:* Café College in San Antonio began as Mayor Julian Castro’s initiative to “fill in the gaps by providing information, technology resources and test preparation courses to better prepare students to enter college and ultimately create a stronger brainpower community in San Antonio” (Office of the Mayor, 2015). Conveniently located in downtown San Antonio, Café College is intended to be a “one-stop-shop for college access advice, guidance and workshops” (Café College, 2015). Café College offers free assistance to all community residents, from middle school age on up, to prepare and apply for postsecondary education (Office of the Mayor, 2015). Assistance is offered in English and in Spanish, in-person and on-line (Office of the Mayor, 2015). More information can be found at [www.cafecollege.org](http://www.cafecollege.org)

*Provide health, housing, education, legal, transportation and other social services in Spanish.* Given the large proportion of Hispanic residents living in southeast Georgetown and the statewide and national trend toward steady growth within the Hispanic population, providing written materials in Spanish and ensuring that information can be verbally communicated in Spanish by social service staff will increase accessibility for the Spanish-speaking population of Georgetown. This recommendation aligns with federal mandates, specifically Executive Order 13166 “Improving Access to Services for Persons with Limited English Proficiency” and “Enforcement of Title VI of the Civil Rights Act of 1964 – National Origin Discrimination Against Persons with Limited English Proficiency.” These mandates require all federal agencies and any agency that receives federal financial assistance, including agencies that provide health, housing, education, legal and transportation services, to “develop and implement a system to provide those services so Limited English Proficiency persons can have meaningful access to them” (Limited English Proficiency, 2015).

*Provide adult English as a Second Language (ESL) courses for varying competency levels.* Providing adult education ESL courses for varying competency levels can lead to various individual, family and community gains, including increased independence, increased parental involvement with schools, and an overall decrease in demand for social services that are provided in Spanish. For families where the parents’ primary language is not English but the child’s primary language is English, providing opportunities for parents to strengthen their English literacy skills can contribute to an overall increase in family literacy and a more cohesive family unit, where children can be relieved of the dual role of being child and family interpreter (Chao & Mantero, 2014; Tseng & Fuligni, 2000). It is important to specify that we recommend ESL course offerings that accommodate varying competency levels and that have practical applications. Data collected during focus groups included comments from participants who attended ESL classes previously offered in the community that covered only basic literacy skills such as identifying classroom furniture, introducing oneself and indicating personal hunger status. ESL instruction that includes the practical application of the English language, such as

reading and filling out government documents, conversing with school or health personnel, and reading street signage would have a dual benefit of increasing literacy while also strengthening the capacity for participants to more fully engage in the community.

## Long-Term Recommendations

### Advocate for policy changes that reduce disproportionate outcomes for marginalized people.

While the recommendations listed above can bring about positive change in the short-term, systemic change will allow for integrated support for Georgetown residents and can lead to a stronger, healthier community at large. Policy changes that promote a living wage, access to health and mental health services for all people, and affordable housing are just some ways to promote healthy, sustainable practices and lifestyles. What we heard over and over again is that southeast Georgetown residents want to help themselves and their families to live healthier, less stressful lives. Most of those we heard from hold at least one job. Some of them work multiple jobs to make ends meet. Some have crammed themselves with one or more families into single-family living spaces in order to make ends meet. Advocating for policy changes that support independent, healthy living will boost the overall health of the Georgetown community.

### Install an affordable, public bus system that increases access to resources promoting positive health.

Transportation is directly linked to positive health (U.S. Department of Transportation, 2015). Viable transportation systems improve access to health care, healthy food sources, recreational activities, and employment opportunities (U.S. Department of Transportation, 2015). The need for transportation around Georgetown was the second highest rated need in our findings. While many families do own at least one vehicle, often that vehicle is unavailable for most of the day as it is used for transportation to and from work, which is located outside of Georgetown for 82.5% of residents living in the 78626 zip code. We recommend the planning and implementation of an affordable public bus system that comprehensively connects southeast Georgetown residents with area businesses and institutions that promote positive health. We recommend that bus stops include: many southeast Georgetown neighborhoods including but not limited to Quail Valley, The Ridge, and Riverside; the local grocery store for access to fresh foods; health, dental and social service agencies like Lone Star Circle of Care, The Caring Place, and St. David's Georgetown Hospital for increased access to health and social services; the Georgetown Recreation Center, San Gabriel Park and other recreational locations to promote activity and recreation; all of the public schools to promote student participation in after-school activities as well as parental involvement in schools; the local Boys and Girls Club to improve child and youth access to positive out-of-school activities; the Georgetown Public Library to promote literacy, homework completion and recreational reading; the Georgetown Square to promote participation in downtown community activities; and to shopping areas to promote access to goods and services. Most of all, we recommend that the southeast community voice be strongly represented in all aspects of planning and implementing this public bus system.

**Increase access to healthy food options.** Our analysis of U.S. Census data confirms that most of southeast Georgetown is a food desert, meaning that the vast majority of the population, which is predominantly low-income, lives farther than one mile from a grocery store that sells fresh food. Compounded with the facts that comprehensive public transportation is non-existent in Georgetown and that recreation spaces are concentrated outside of the southeast Georgetown area, the structural challenge to accessing fresh and healthy foods can set off a snowball effect of poor nutrition and low exercise that leads to obesity and ultimately to serious negative health conditions like Type 2 diabetes, heart disease and cancer (Schafft, Jensen & Hinrichs, 2009) for the southeast Georgetown community. In order to prevent this snowball occurrence, we suggest that one or more retail locations that sell fresh foods be established in southeast Georgetown. This can be in the form of a grocery store, a market, a co-operative, a farmers market and/or the expansion of existing convenience store offerings to include fresh fruits, vegetables and other healthy, perishable foods.

## 2. INCREASE ACCESS TO SERVICES

### Short-Term Recommendations

**Increase partnerships to provide mobile services.** In light of the transportation needs that limit access to existing services, we recommend increasing partnerships with existing organizations to provide mobile health, mental health and dental services. Mobile services are often outfitted in vans or buses and are temporarily stationed at easily accessible locations in the target community. In southeast Georgetown, mobile service sites could include Annie Purl Elementary School, St. Helen's Catholic Church, and East View High School. The range of mobile services can include preventative care, routine care, follow-up care and/or crisis care. A 2001 study on the impact of community-based mobile crisis services found that usage of mobile services resulted in a lower rate of hospitalizations compared to users of hospital-based interventions (Guo, Biegel, Johnsen, & Dyches, 2014).

*Local Exemplar:* The St. David's Foundation Dental Program offers "free dental screenings, sealants and acute care to children at Title I elementary schools across six school districts in Central Texas. Each of the nine vans is equipped with two dental exam rooms, digital x-rays, and computer workstations. The vans are staffed by licensed dentists, hygienists, and dental assistants" (St. David's Foundation, 2015). For more information, visit <http://stdavidsfoundation.org/dental-program/overview>.

**Provide options for transportation: Increase awareness, subsidies and car share.** As noted in Section 1 above, access to transportation has a direct link to positive health. Our short-term recommendations to address the need for transportation in southeast Georgetown include increasing awareness of vehicle-for-hire-with-driver services like taxis and Uber, and providing subsidies to utilize these services to those in need. In addition, we recommend promoting car share options such as vehicle rentals as well as exploring the feasibility of implementing neighborhood-based vehicle rental options such as Zipcar and Car2Go.

**Expand positive after-school and summer activities that include transportation.** Studies have confirmed that youth participation in extracurricular activities and organized activities occurring outside of school is associated with positive adjustment to school (Holland and Andre, 1987), higher grades (Fredricks & Eccles, 2006; Cooper et al., 1999; Eccles & Barber, 1999), lower drug use (Fredricks & Eccles, 2006), and overall positive behavioral, academic and psychological outcomes (Fredricks & Eccles, 2006). Georgetown has a wealth of existing resources that can benefit the youth and promote healthy development and skills when they are made available to them. From the beautiful parks, to the popular Georgetown Recreation Center and pools, to the Georgetown Library, the Boys and Girls Club, and the Palace Theatre, there exists various options for positive youth development in town. However, due to their location, capacity and/or access fees, these options are not accessible to many youth living in southeast Georgetown. We recommend expanding or relocating after-school and summer activities to southeast Georgetown neighborhoods and providing transportation to activities located outside of southeast Georgetown.

### Long-Term Recommendations

**Establish a School-Based Health Center in a southeast Georgetown school.** School-based health centers (SBHC) are health centers located inside a school or on school grounds with the purpose of conveniently providing developmentally appropriate health services to children and youth who attend the school district (Keeton, Soleimanpour, & Brindis, 2012). The strategic location of SBHCs on school campuses, where most kids spend the majority of their waking hours, increases overall accessibility to health services and can serve as an extension for coordinated care for those who already receive medical care as well as a critical primary source of health care for those who have no other resources (Keeton, Soleimanpour, & Brindis, 2012). According to the U.S. Health and Human Services website, there are nearly 2,000 SBHCs nationwide that provide a full-range of health care services, including: primary medical care, mental/behavioral health care, dental health care, health and nutrition education, substance abuse counseling, and case management. There are 89 SBHCs in Texas, most of which are located in the Dallas and Houston areas (Texas Association of School-Based Health Centers, 2015).

A 2010 study of 444 high school student SBHC users found a significant association between SBHC use and attendance and grade point average (GPA) (Walker, Kerns, Lyon, Bruns, & Cosgrove). Specifically, SBHC medical use was associated with increased attendance and SBHC mental health use was associated with increased GPA (Walker, Kerns, Lyon, Bruns, & Cosgrove, 2010). Findings from this study also supported existing research that linked SBHC usage with decreased emergency and in-patient health service usage (Walker, Kerns, Lyon, Bruns, & Cosgrove, 2010), high satisfaction levels, increased access to health care, and improved health and education outcomes (Keeton, Soleimanpour, & Brindis, 2012).

The southeast area of Georgetown is geographically situated alongside a complex of recently established health education institutions, which may be a source of mutually beneficial health support for southeast Georgetown residents. Located in the immediate vicinity of southeast Georgetown at the intersection of FM 1460 and University Boulevard are the Texas A&M

University Health Science Center, which houses both a College of Medicine and a College of Nursing; the Texas State University – Round Rock Campus, which houses masters degree programs in professional counseling and family nurse practitioner; and Austin Community College – Round Rock Campus, which houses a registered nursing program. Establishing a school-based health center at a southeast Georgetown school like East View High School may be a cost-effective opportunity for supervised clinical internships staffed by students and professionals at the local health education institutions that provide low- or no-cost, high quality services to the residents of southeast Georgetown.

*Local Exemplar:* Del Valle ISD is one of two central Texas school districts that has a SBHC (Texas Association of School-Based Health Centers, 2015). Services are available Monday through Saturday to low-income and uninsured children attending the school district. Services are available in a portable building located at the high school and include well-child check-ups, sickness care, immunizations, labs and nutrition education. While the center does not offer permanent dental care services, it does coordinate with area dental care clinics and regularly hosts them on-site to provide dental services to district students. The SBHC at Del Valle serves 600 patients every month and offers a sliding fee schedule, charging \$25 to patients who do not have insurance or Medicaid/CHIP and waiving the \$25 fee for those who cannot afford it. (Amanda, personal communication, October 7, 2015). The clinic is a collaboration between Del Valle ISD, The University of Texas at Austin School of Nursing, the state health department and various health and private foundations and organizations.

*Increase mental health/behavioral health capacity.* According to the Centers for Disease Control, suicide is “the third leading cause of death among persons aged 10-14, the second among persons aged 15-34 years, the fourth among persons aged 35-44 years, the fifth among persons aged 45-54 years, the eighth among person 55-64 years, and the seventeenth among persons 65 years and older” (2015). In all age categories, males represent 77.9% of all suicides (Centers for Disease Control, 2015). We were saddened to learn at the onset of this project that there already had been three suicides among Georgetown ISD youth during the 2014-2015 school year. A fourth adolescent suicide took place during our data collection stage. Each of the four adolescents who took their lives were boys. One student attended East View High School, two students attended Georgetown High School and the fourth student attended Forbes Middle School. While two mental health treatment centers were recently opened in Georgetown, accounts from key informants and focus group participants indicate that both facilities are functioning at capacity, with little or no vacancies to meet the needs of additional community members. In addition, there is one mental health therapist on staff at East View High School who is functioning above capacity in order to meet the demands from students as well as informally serve as a support to school staff in need.

Based on the recent prevalence of suicide in the Georgetown community, we recommend a three-pronged approach to addressing the mental health needs of the community. First, we recommend increasing the capacity for serving the mental health needs of the entire Georgetown community, including southeast Georgetown as well as all other areas of the community. Increasing the number of mental health therapists located at the schools will help

to address the needs of adolescents. Increasing the capacity of community-based mental health organizations such as Bluebonnet Trails and the existing private institutions can help to meet the needs of the overall community. Secondly, we recommend increasing general awareness of the significance of mental health and the supports that exist for all community members. We recommend this awareness campaign to target community members at large as well as those who work directly with community members such as church leaders, educators, and those working in social service offices. Doing so can help to ensure that community members in need receive preventative help and can normalize the often difficult act of asking for help. Thirdly, we recommend that mental health support services are available at all levels in both English as well as Spanish, in order to meet the needs of the significant Spanish-speaking population.

### 3. INTEGRATION, HOLISTIC SERVICES

#### Short-Term Recommendations

**Expand Mental Health Training in GISD.** Given the disproportionately high number of suicides that occurred among Georgetown ISD students in the past 12 months, the high concern over bullying, and that research has shown a link between suicide and bullying (Klomek & Schonfeld, 2007), we recommend that training on mental health awareness and bullying prevention is offered specifically to GISD staff members. The intent of this training would be to equip all staff who come in contact with students, including teachers, cafeteria workers, bus drivers, administrators, etc., with the knowledge of the resources available to students as well as effective ways to refer students to those resources. Training should include awareness that not all students are prone to seeking help and that there are cultural and gender differences in how students view and seek help around suicide (Goldsten et al., 2008).

**Strengthen connectedness within campuses and make it easy to report problems/issues.** The Centers for Disease Control cites 30 years of research in their promotion of positive connectedness between individuals, families, community, and social organizations as a protective factor from suicide (2008). In other words, when individuals feel connected to others, their likelihood of committing suicide is reduced. The Centers for Disease Control define connectedness as “the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups” (2008, p. 3). Schools are social organizations where adolescents spend most of their waking hours and as such are ideal for promoting a sense of connectedness. Ensuring that students have a connection with at least one other person on a school campus, via student organizations, extracurricular activities, connections with teachers or service providers, and/or connections with a peer, can help to prevent tendencies toward suicide. Because some students are already on a path that may lead them toward suicidal thoughts or behaviors, we recommend finding ways to normalize and simplify the often difficult act of asking for help.



## Long-Term Recommendations

**Increase prevention services.** While there are certainly students in crisis who need immediate attention and support, there are a vast majority of students who may benefit from support that can prevent them from entering crisis all together. Social and Emotional Learning (SEL) is a widespread movement in the field of education that promotes understanding and managing one's own emotions, setting and achieving positive goals, feeling and showing empathy for others, establishing and maintaining positive relationships, and making responsible decisions (Collaborative for Academic, Social, and Emotional Learning, 2015). With a foundation in self-awareness and a focus on relationships and self-responsibility, SEL curriculum has been found to improve social and emotional skills, behavior and academic outcomes (Durlak, Weissberg, Dymnicki, Taylor, Schellinger, 2011). In order to stem crisis and support students' resiliency and healthy development, we recommend integrating SEL curriculum and methods into the school system. We also recommend implementing positive disciplinary practices in schools. School-based restorative justice is "an approach to discipline that engages all parties in a balanced practice that brings together all people impacted by an issue or behavior" (Gonzalez, 2012, p.281) that has been growing in popularity among school districts nationwide. One of the strengths of restorative justice practices is it provides the opportunity for connection between adolescents who might otherwise be marginalized for their maladaptive behavior by their peers, adults, and family members.

### 4. INTEGRATE COMMUNITY VOICE

#### Short-Term Recommendations

**Establish one or more community liaison positions.** To maintain an open pathway of communication after this project concludes, we recommend that GHF establish and train one or more community liaison positions who will serve as a conduit of information from the community to GHF and from GHF to the community. We recommend that at least one of the liaisons is bilingual in English and Spanish, that liaisons have deep roots in the southeast community, and that they are connected to a variety of networks that represent the various segments within the southeast Georgetown community. In addition to serving as a conduit of information for GHF, the liaison(s) could also represent the southeast Georgetown community voice at City Council meetings and other significant meetings where decisions are made that affect the southeast Georgetown community.

**Include a community voice element in GHF grant-funding requirements.** To ensure that community voice continues to inform future social service practices toward effective use of resources, we recommend that GHF require grantees that offer social services to integrate community voice into their practice and to report evidence of doing so as part of the grant-making process.

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## Appendix A. Key Informant Interview Protocol

Introduction script: We are researchers from the University of Texas at Austin working with the Georgetown Health Foundation to investigate the needs of the Southeast Georgetown community. We asked to talk with you because of your expertise and your work with the community. We are particularly interested in hearing about the community from the community's perspective and will be using information from our interviews to inform our future work with community members. (Show time line of project).

### Introduction (5 minutes)

1. Please state your name and title.
2. In 2 minutes, tell us about your work with the Georgetown community.

### Community Changes (5 minutes)

3. What changes have you seen in the Southeast Georgetown community?
4. How does the community see those changes?

### Community Challenges (20 minutes)

5. What challenges or problems do you see facing the communities?
6. Please circle 3 to 5 other areas of challenges in the community. (see attached)
7. Please elaborate on the reasons for your choices.

### Disparities (10 minutes)

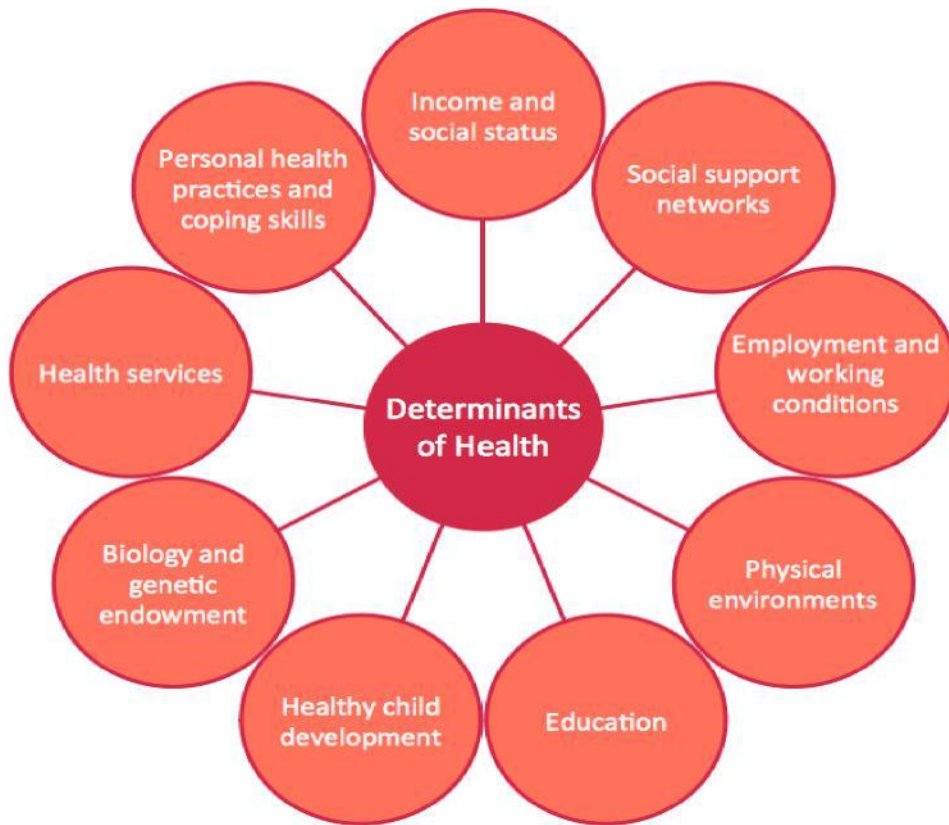
8. What organizations or agencies do you see as critical to reduce gaps in services in the community?
9. What strategies or programs do you think could be implemented to address these disparities?
10. How aware is the community about these potential strategies?
11. What organizations or agencies already exist for these potential strategies?

### Ending (10 minutes)

- What successful services or initiatives can you identify as it relates to meeting the needs of residents in Southeast Georgetown?
12. What questions do you have for the community?
  13. What would help you be effective in your job?
  14. If you had all the money and resources, what would your ideal vision be for the Southeast Georgetown community?
-

Health Care  
Mental/behavioral health  
Food  
Housing  
Transportation  
Education  
Out-of-school programs  
Child care

Senior services  
Crime  
Employment  
Neighborhood safety  
Parks/Recreation  
Immigration Other



## Projected time line

April – May	<ul style="list-style-type: none"><li>• Key Informant Interviews (10-12 interviews)</li></ul>
May – June	<ul style="list-style-type: none"><li>• Community Focus Groups (8 focus groups of 8-12 participants) Practitioner Interviews (6-10 interviews)</li></ul>
June	<ul style="list-style-type: none"><li>• Community Survey (Available online and in paper form; Target = 200 responses)</li></ul>
July – August	<ul style="list-style-type: none"><li>• Data Analysis</li></ul>
September – October	<ul style="list-style-type: none"><li>• Final Report &amp; Community Presentations</li></ul>

## Appendix B. Focus Group Protocol

### Protocol for Community Focus Groups

#### **Introductions for facilitators:**

Hello. My name is \_\_\_\_\_ and I work at The University of Texas at Austin. We are working with the Georgetown Health Foundation to do a project that about the needs of the community in Southeast Georgetown. The purpose of this project is to explore the opportunities, challenges, wants and needs facing residents in Southeast Georgetown.

#### **Consent/Permission form:**

Before we start talking, I need to get your permission that you agree to participate in this project. (Go over consent form) Please sign here if you are still willing to participate.

**Demographic Information** (Distribute the “Demographic Information” questionnaire for participants to complete.)

**\$25:** (Hand each participant \$25 in cash.)

#### **Introduction activity:**

You should have three blue and three pink stickers. Around the room are posters titled with different areas of concerns or services. Please, place a blue sticker under areas that you think are going well in your life and a pink sticker under areas that are most difficult.

#### **Questions: When everyone is back in their seats, ask the following.**

1. Please state your first name and how long you have lived in Georgetown.
2. Tell us about one of your green stickers? Why do you see that as a positive for Georgetown?
3. What do you want for yourself and your family?
  - a. Do you have it and what would help you to get it?
  - b. (If health is not mentioned: Thinking about you and your family, how is your health and wellbeing? What would help your health and wellbeing?)
4. Who or where do you go to for help or support? a.
 

Can you describe that experience?
5. What services (programs, resources) have not been helpful? Why?



6. Do you feel like the people who make decisions in Georgetown know what you go through? When have you felt like that?
  - a. If you could tell people who make decisions in Georgetown one thing, what would like them to know?
7. If you had all the money and resources, what would your ideal vision be for the southeast Georgetown community?

**Poster headings:**

Health care

Mental/behavioral health

Food and nutrition

Housing

Transportation

Education

Youth

Child care/out of school programs

Senior services/Elderly concerns

Employment

Neighborhood safety/Crime

Parks/Recreation

Immigration concerns/services

Legal concerns/services

Other

---

ACCESSIBLE LANGUAGE

Consent Form

Thank you again for being here. Before we get started with the focus group, we need your permission. So we will begin by reviewing this consent form that outlines why we are doing the focus group, how it will affect you, what we will do with the information, and how you can contact us after today. After we review the information on this form, if you still would like to participate today, and we hope you do, then please sign the bottom of the form.

### Privacy, Confidentiality, De-identification

- Even though we will record this conversation, we will not reveal who said what to us. We will not reveal your name or describe you in any way. We will have someone listen to the recording and type out what was said and then the recording will be erased. We will not keep the recording.
- Also, your name will not be attached to any of our records. If we ever talk about something you said, we will use a fake name, or a pseudonym.

### Data Analysis

- When we say we will “analyze” your answers, what we are really doing is looking for themes and trends. We are not going to judge what you say or be critical of your answers at all. In fact, it’s the opposite. We see you as the experts of Georgetown and we are here to learn from you. We want to know what you see and what you experience in Georgetown. So all your answers are good answers, all answers are right answers. There are no wrong answers.
- We do plan to do at least 7 more focus groups in addition to this one here today with you. We will look at everyone’s answers from all the focus groups and look for themes and trends. Maybe we’ll find that a lot of you are having similar experiences. Maybe we’ll find that there are specific things in Georgetown that can be changed to make it an even better place to live. We will take all the information that all of you share with us and put it together in themes and then write a final report. That is how we will use the answers and information that you give us today.

### Compensation

We want to thank you for the time you have taken out of your busy lives to be with us today. We want to thank you for participating in this focus group and thank you for the information that you will share today. To show our appreciation, we have an envelope for each of you with \$25 cash inside of it. The money is for you to use however you choose.

Appendix C. Survey

**Georgetown Health Foundation: Needs Assessment Survey**

Your opinion matters. All answers are welcome. There are no right or wrong answers to these questions.

**How many years have you lived in Georgetown?**  
 less than 1 year     6 to 10 years  
 2 to 5 years     over 10 years

**Where did you move from?**  
 I have lived in Georgetown all my life.  
 From another city in Texas  
 From another US state or territory  
 From outside the US

**In what ZIP CODE is your home located?**  
 78626     78633  
 78628     78634  
 other \_\_\_\_\_

**What neighborhood do you live in?** \_\_\_\_\_

**What is your gender?**  
 Male     Female

**What is your race/ethnicity/ethnic origins? (CHECK ALL THAT APPLY.)**  
 White or European American  
 Black or African American  
 Hispanic, Latino, or Spanish origin or Mexican, Central or South American  
 American Indian or Alaskan Native  
 Asian  
 Native Hawaiian or other Pacific Islander  
 Other race or origin \_\_\_\_\_

**How long have you lived in the United States?**  
 I was born in the US.  
 Less than 5 years.     More than 10 years

**What is your age?**  
 18 to 24 years old     55 to 64 years old  
 25 to 34 years old     65 to 74 years old  
 35 to 44 years old     75 to 84 years old  
 45 to 54 years old     85 years old and over

**How many children under the age of 18 live at your home?**  
 0     1     2  
 3     4     5 or more

**Are you a primary caregiver of a family member?**  
 Yes     No

**Do you rent or own your residence?**  
 Rent     Own     Prefer not to answer

**In the past 12 months, has there been a time when someone in your household:**

	Yes	No	Not sure/Prefer not to say
needed to see a doctor or go to a hospital but didn't go?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
needed to see a mental health provider but didn't go?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
needed to see a dentist but didn't go?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain if you answered "YES": \_\_\_\_\_

**Where do you go for medical services for you and for your children? (CHECK ALL THAT APPLY.)**  
 A private medical practice in Georgetown  
 A clinic or hospital in Georgetown  
 A practice, clinic or hospital in Round Rock  
 A practice, clinic or hospital in Austin  
 Other \_\_\_\_\_

**Have you ever missed or skipped an appointment with a service provider?**  
 Yes     No     Prefer not to answer

**What provider(s)?** \_\_\_\_\_

**Why did you miss or skip an appointment? (CHECK ALL THAT APPLY.)**  
 problems with child care.  
 problems with transportation.  
 problems getting time off work  
 problems with appointment times/hours of operation  
 language difficulties.  
 how I was treated previously by the provider.  
 other reasons: \_\_\_\_\_

**Have you ever not returned to a Georgetown service provider or changed providers because of how you were treated?**  
 Yes     No     Prefer not to answer

**What provider(s)?** \_\_\_\_\_

**In general, would you say your health is....**  
 Excellent     Very good     Good     Fair     Poor

Listed below are areas of life where people sometimes need a little extra help. Please mark if you or a family member has a **met** or **unmet need** in that area. You may mark **unmet need** if you are unhappy with existing services or you need more services beyond what you currently have.

	Unmet need	Met need	Not sure/Don't apply
Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/behavioral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation around Georgetown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation outside of Georgetown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language transition services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English language classes for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and nutrition at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and nutrition in the schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant/toddler/preschool child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afterschool programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer programs for children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior services/Elderly concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood safety/Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration concerns/services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal concerns/services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to government-issued ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks/Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which statement best describes the food eaten in your household in the last four months:	Comments
<input type="checkbox"/> Enough of the kinds of food we want <input type="checkbox"/> Enough but not always the kinds of food we want to eat <input type="checkbox"/> Sometimes not enough to eat <input type="checkbox"/> Often not enough to eat	Do you feel that people making decisions in Georgetown (mayor, elected officials, etc.) understand what you go through? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
During the past 12 months, was there a time when you were not able to pay the full amount of your rent, mortgage, gas, oil, electricity or phone bill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	What would you want the decision makers in your community to know? _____ _____ _____
In the last 12 months, if you had a problem with bills, food, housing or medical care, who did you ask for help? (CHECK ALL THAT APPLY) <input type="checkbox"/> I did not have any of these problems in the last 12 months. <input type="checkbox"/> No one <input type="checkbox"/> A family member or relative <input type="checkbox"/> A friend, neighbor or other non-relative <input type="checkbox"/> A non-profit or church group in Georgetown <input type="checkbox"/> A non-profit group outside Georgetown <input type="checkbox"/> A social services department or other government agency <input type="checkbox"/> Other	What do you like best about living in Georgetown? _____ _____ _____
Are any of the following conditions present in your home? (CHECK ALL THAT APPLY) <input type="checkbox"/> a leaking roof or ceiling <input type="checkbox"/> toilet, water heater, or other plumbing that doesn't work <input type="checkbox"/> broken windows <input type="checkbox"/> exposed electrical wires <input type="checkbox"/> rats, mice, roaches, or other insects <input type="checkbox"/> holes in floor large enough to trip in <input type="checkbox"/> open cracks or holes in the walls or ceiling <input type="checkbox"/> none of the above	What would your ideal vision be for Georgetown? _____ _____ _____
Your highest education level completed is:	Any other questions, concerns, or comments? _____ _____ _____
<input type="checkbox"/> less than middle school <input type="checkbox"/> completed middle school <input type="checkbox"/> completed high school <input type="checkbox"/> completed associate's degree/trade school/certificate <input type="checkbox"/> completed some college <input type="checkbox"/> completed bachelor's degree <input type="checkbox"/> completed some graduate school <input type="checkbox"/> completed graduate school (master's, PhD, or equivalent)	Thank You!  Thank you for taking our survey and sharing your thoughts. Your response is very important to us and we appreciate your time.
On average, how many hours for pay do you work per week? <input type="checkbox"/> 0 to 5 hours <input type="checkbox"/> 6 to 20 hours <input type="checkbox"/> 21 to 40 hours <input type="checkbox"/> 41 to 60 hours <input type="checkbox"/> Over 60 hours	Thanks again!  Thanks again!
Approximately how much is your total annual household income? <input type="checkbox"/> Under \$30,000 per year <input type="checkbox"/> \$30,000 to \$60,000 <input type="checkbox"/> \$60,000 to \$90,000 <input type="checkbox"/> over \$90,000	

## Georgetown Health Foundation: Evaluación de Necesidades

Su opinión es muy importante. Todas sus respuestas son bienvenidas. No hay respuestas correctas o incorrectas.

¿Cuánto tiempo tiene viviendo en Georgetown?

- menos de 1 año
- 1 a 5 años
- 6 a 10 años
- más de 10 años

¿Antes de vivir en Georgetown donde vivía usted?

- He vivido en Georgetown toda mi vida.
- En otra ciudad en Texas.
- En otro estado o de otro territorio de los Estados Unidos.
- Afuera de los Estados Unidos.

¿Cuál es el código postal de su domicilio?

- 78626  78633  78628  78634
- otro: \_\_\_\_\_

¿En cuál vecindario vive usted?

\_\_\_\_\_

Su sexo:

- hombre
- mujer

Su país de origen/raza/etnicidad: (Marque todas las opciones que apliquen.)

- Raza blanca/Europeo
- Raza negra o Africo-Americano
- Hispano, latino u originado en España, México, Centro América, o América del Sur
- Indio Americano o Nativo de Alaska
- Asiático
- Nativo de Hawaii u otras islas del Pacífico
- Otra raza u origen

¿Cuánto tiempo ha vivido en los Estados Unidos?

- Nació en los Estados Unidos ( 5 a 10 años)
- Menos de 5 años
- Más de 10 años

¿Qué edad tiene?

- 18 a 24 años de edad
- 25 a 34 años de edad
- 35 a 44 años de edad
- 45 a 54 años de edad
- 55 a 64 años de edad
- 65 a 74 años de edad
- 75 a 84 años de edad
- 85 años y más

¿Tiene hijos menores de 18 años viviendo en casa?

- 0
- 1
- 2
- 3
- 4
- 5 o más

¿Está usted a cargo del cuidado de un miembro de su familia?

- Si
- No

¿Es usted inquilino o dueño de su residencia?

- Alquiló
- Soy dueño de casa
- Prefero no contestar

En los últimos 12 meses, alguien en su casa:

	Si	No	No se/ Prefero no contestar
Ha necesitado ver un doctor o ir a un hospital, pero no fue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ha necesitado ver a un proveedor de salud mental, pero no fue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ha necesitado ver un dentista pero no fue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Por favor, brevemente díganos porque contestaste "Si" en alguna de las preguntas de arriba: \_\_\_\_\_

¿Ha dónde va para recibir servicios médicos para usted y para sus hijos? (Marque todas las opciones que apliquen)

- Un consultorio privado en Georgetown
- Una clínica u hospital en Georgetown
- Un consultorio, clínica, u hospital en Round Rock
- Un consultorio, clínica, u hospital en Austin
- Otro \_\_\_\_\_

¿Alguna vez ha faltado a una cita con una agencia de servicios sociales o de salud?

- Si
- No
- Prefero no contestar

¿Cuáles organizaciones? \_\_\_\_\_  
¿Porque faltó a su cita? (Marque todas las opciones que apliquen.)

- no tenía quien me cuidara los niños
- problemas con transporte
- no me dieron permiso de salir de mi trabajo
- problemas con los horarios disponibles para citas/las horas de operación
- dificultades con el idioma
- la manera de la cual me trataron en una visita anterior
- otras razones \_\_\_\_\_

¿Ha habido ocasiones en que usted no ha vuelto a una agencia en Georgetown por el trato que recibió?

- Si
- No
- Prefero no contestar

¿Cuáles organizaciones? \_\_\_\_\_

En general, ¿usted diría que su salud es?

- Excelente
- Muy Buena
- Buena
- Regular
- Mala

La lista debajo muestra áreas de la vida en las cuales a veces se necesita alguna ayuda. Por favor marque si usted o un familiar ha recibido o no ha recibido la ayuda que necesita en las áreas mencionadas. Si usted no está satisfecho o necesita más servicios de los servicios que están disponibles puede marcar "NO he recibido la ayuda que necesito."

	NO he recibido la ayuda que necesito	SI he recibido la ayuda que necesito	No estoy seguro/no se aplica a mi
Servicios dentales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuidado de los ojos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios de salud prenatales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios pediátricos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios médicos para adultos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salud mental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vivienda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transporte en el área de Georgetown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transporte afuera de Georgetown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios de traducción	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clases de Inglés para Adultos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimentación y nutrición en su casa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimentación y nutrición en las escuelas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escuela o guardería pre-escolar para niños o infantes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Útiles escolares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programas para después de la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programas de verano para niños y adolescentes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevención de bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problemas/servicios para personas mayores de edad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empleo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seguridad/crimen en la vecindad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servicios contra la violencia domestica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preocupaciones/servicios de inmigración	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preocupaciones/servicios legales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceso a tarjeta de identificación del estado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parques/recreación	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Comentarios

¿Cuál de estas opciones mejor describe la comida que se ha comido en su hogar en los últimos cuatro meses?

- Una cantidad suficiente de los tipos de comidas que queremos  
 Suficiente, pero no siempre del tipo de comida que queremos  
 A veces no hay lo suficiente para comer  
 Frecuentemente no hay lo suficiente para comer

¿En los últimos 12 meses, hubo alguna ocasión en la cual no pudo hacer el pago completo para el cobro de la renta, hipoteca, gas, combustible, electricidad, o teléfono?

- Sí  No  Prefero no contestar

¿En los últimos 12 meses, si ha tenido un problema con cobros, comida, servicios médicos o de la casa, a donde acudió para recibir ayuda? (Marque todas las opciones que apliquen)

- No tuve ninguno de estos problemas en los últimos 12 meses  
 A nadie  
 A un miembro de mi familia o otro pariente  
 A un amigo, vecino, o alguien que no es pariente mío  
 A una iglesia o una organización de ayuda en Georgetown  
 A una iglesia o una organización de ayuda fuera de Georgetown  
 A un departamento de servicios sociales u otra organización del gobierno  
 Otro

¿Tiene su casa alguna de estas condiciones? (Marque todas las opciones que apliquen)

- un techo que se llueve  
 un baño, calentador de agua, u otro tipo de plomería que no sirva  
 ventanas quebradas  
 cables eléctricos expuestos  
 ratas, ratones, cucarachas, u otros insectos  
 pozos en el piso lo suficiente grandes para que alguien se tropiece  
 agujeros o hoyos en las paredes o techo  
 ninguna de estas condiciones

Es nivel escolar más alto que usted ha completado es:

- menos de la secundaria (hasta el grado 6)  
 complete la secundaria (hasta el grado 9)  
 complete la preparatoria (hasta el grado 12)  
 complete estudios técnicos o superiores  
 complete algún tiempo en la universidad  
 recibí mi licenciatura  
 estudie parte de un posgrado  
 complete una maestría o doctorado

¿Mas o menos cuántas horas semanales trabaja con paga?

- 0 a 5 horas  
 41 a 60 horas  
 6 a 20 horas  
 Más de 60 horas  
 21 a 40 horas

Aproximadamente, ¿cuánto es el ingreso total anual en su hogar?

- Menos de \$30,000  De \$60,000 a \$90,000  
 De \$30,000 a \$60,000  \$90,000 o más

¿Cree usted que las personas que hacen las decisiones en Georgetown (el alcalde, otras autoridades electas) entienden los problemas que usted y su familia enfrentan?

- Sí  No  No se

¿Si pudiera comunicarle una cosa a los que toman las decisiones en Georgetown, que le gustaría que ellos supieran?

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¿Que es lo que más le gusta de vivir en Georgetown?

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¿Que es lo que más quisiera para la comunidad de Georgetown?

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Por favor escriba cualquier pregunta, preocupaciones, o comentarios que tenga sobre Georgetown o sobre esta encuesta.

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Muchas Gracias!

Gracias por tomar la encuesta y compartir su punto de vista con nosotros. Sus respuestas son muy importantes para nosotros y apreciamos su tiempo.

Muchas Gracias!

## Appendix D. Survey Consent Forms

**ERB USE ONLY**  
**Study Number: 2015-02-0101**  
**Approval Date: 07.31.2015**  
**Expires: 03.26.16**  
**Name of Funding Agency: Georgetown Health Foundation**

### Consent to Participate in Survey Research

#### Identification of Investigator and Purpose of Study

You are invited to participate in a research study, entitled "Southeast Georgetown needs Assessment." The study is being conducted by Shetal Vohra-Gupta, PHD, Principal Investigator and Research Scientist of the Institute for Urban Policy Research and Analysis of The University of Texas at Austin, 210 W. 24th Street, E3600, Austin, TX 78712, 512471-3645. iupra.ut@austin.utexas.edu

The purpose of this research study is to examine the needs of residents of Southeast Georgetown. Your participation in the study will contribute to a better understanding of challenges facing the community of Southeast Georgetown. You are free to contact the investigator at the above address and phone number to discuss the study. You must be at least 18 years old to participate.

If you agree to participate:

- The survey will take approximately twenty minutes of your time.
- You will be asked questions about your community and yourself.
- You will be eligible for a drawing to win \$25, \$50, or \$75 cash. Three people among the participants of the survey will win a prize.

#### Risks/Benefits/Confidentiality of Data

There are no known risks. There will be no costs for participating, nor will you benefit from participating. You are eligible to be entered into a drawing for \$25, \$50, or \$75 if you consent to participate in this study. You are asked to send your name and contact information to the research team email, [gtneeds@gmail.com](mailto:gtneeds@gmail.com) to participate in this drawing. Your email is not connected in any way to your survey results. Approximately one week after the end of survey collection (anticipated before September 1, 2015), three names will be drawn by a research team member with other team members present. At least three attempts will be made to contact the winners within a two-week period. If a winner cannot be reached, an alternate name will be drawn. A limited number of research team members will have access to the data during data collection. If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to you will be protected to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with you, or with your participation in any study.

#### Participation or Withdrawal

Your participation in this study is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time. Withdrawal will not affect your relationship with The University of Texas in anyway. If you do not want to participate either simply stop participating or close the browser window.

**Contacts**

If you have any questions about the study, contact the researcher Shetal Vohra-Gupta at 512-471-3645 or send an email to [sgupta@austin.utexas.edu](mailto:sgupta@austin.utexas.edu). This study has been reviewed by The University of Texas at Austin Institutional Review Board and the study number is 2015-02-0101

**Questions about your rights as a research participant.**

If you have questions about your rights or are dissatisfied at any time with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at (512) 471-8871 or email at [orisc@uts.cc.utexas.edu](mailto:orisc@uts.cc.utexas.edu).

If you agree to participate, please turn the page.

Thank you.

**Please ask for a copy of this consent form for your records.**



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 Fecha de Aprobaci&: 07/3112015 Fecha  
 de Vencimiento: 03+26+2016

### Consentimiento para participar en el estudio de investigación

#### Identificación del investigador y propósito del estudio

Le invitamos a participar en un estudio de investigación titulado "Evaluation of necesidades del sureste de Georgetown." El estudio está siendo conducido por Shetal Vehra-Gupta, PHD, Investigadora Principal y Científica de Investigaciones para el Instituto de Investigación y Análisis de Política Urbana de la Universidad de Texas en Austin, 216 W. 241b Street, E3600. Austin, TX 78712, 512-171-3645, [iupra ut@atstim.utexas.edu](mailto:iupra_ut@atstim.utexas.edu).

El propósito del estudio de investigación es analizar las necesidades de los residentes del sureste de Georgetown. Su participación en el estudio contribuirá a mejorar la comprensión de los desafíos que enfrentan los residentes de la comunidad del sureste de Georgetown. Se puede poner en contacto con la investigadora para discutir el estudio a la dirección y número telefónico proporcionados arriba. Usted debe tener un mínimo de 18 años para participar.

Si usted está de acuerdo con participar:

- La encuesta tomará aproximadamente veinte minutos de su tiempo
- Se le harán preguntas acerca de su comunidad y de usted
- Usted será elegible para un sorteo para ganar \$ 25, \$ 50 o \$ 75 en efectivo. Tres personas entre los participantes de la encuesta ganarán el premio.

#### Riesgos/Beneficios/Confidencialidad de los Datos

No hay riesgos predecibles con su participación en el estudio. No hay un costo asociado con su participación y tampoco le beneficiará el participar en el estudio. Si usted acepta participar en el estudio será elegible para tomar parte en un sorteo con premios de \$25, \$50 o \$75. Para participar en el sorteo, por favor envíe su nombre e información de contacto al equipo de investigación a [gmeedagmaitcom](mailto:gmeedagmaitcom). Su correo electrónico no tendrá conexión alguna con los resultados de la encuesta. Aproximadamente una semana después del final de la encuesta (la cual se anticipa para antes del 1 de septiembre de 2015), tres nombres serán sorteados por un miembro del equipo de investigación en presencia de otros miembros del equipo. Se realizarán al menos tres intentos para ponerse en contacto con los ganadores durante un plazo de dos semanas. Si los ganadores no se pueden localizar, se escogerá un nombre alternativo. Solo un número limitado de los investigadores tendrán acceso a los datos durante la recolección. Si llega a ser necesario que la Sunia de Revisión Institucional (IRB) revise los registros del estudio, la información que pueda ser ligada a usted será protegida. Basta la medida permitida por la ley. Sus registros del estudio no serán divulgados sin su permiso al menos que sea requerido por ley o por un mandato judicial. Los datos que resulten de su participación pueden ser usados por otros investigadores en el futuro para proyectos de investigación no detallados dentro de esta forma de consentimiento. En estos casos, los datos no contendrán información de identificación que se pueda asociar con su hijo(a), o con su participación en cualquier estudio.

#### Participación o Separación

Su participación en el estudio es voluntario. Puede decidir no participar, o, si comienza el estudio, puede dejar de participar en cualquier momento. El hecho de negarse o dejar de participar no afectará su relación con la Universidad de Texas en Austin de ningún modo. Si decide no participar simplemente puede cerrar la ventana de Internet.

Si ya no desea recibir más recordatorios, nos puede contactar vía correo electrónico a [gtneed@gmail.com](mailto:gtneed@gmail.com).

#### **Contactos**

Si tiene preguntas acerca del estudio o necesita actualizar su correo electrónico contacte a la investigadora Shetal Vohra-Gupta al 512-471-3645 o le puede mandar un correo electrónico a [sgupta@austin.utexas.edu](mailto:sgupta@austin.utexas.edu). Este estudio ha sido revisado por el Consejo de Revisión Institucional de la Universidad de Texas en Austin y el número del estudio es 2015-02-0101.

#### **Preguntas sobre sus derechos como participante.**

Si tiene preguntas sobre sus derechos o no está satisfecho con cualquier aspecto de esta investigación en cualquier momento puede contactar, anónimamente si así lo desea, al Consejo de Revisión Institucional por teléfono al (512) 471-8871 o por correo electrónico a [orsc@uts.cc.utexas.edu](mailto:orsc@uts.cc.utexas.edu).

Si esta acuerdo con participar, por favor voltea la página.

Gracias.

**Por favor imprima una copia de este documento para sus records.**

## Appendix E. Open Responses to Survey Questions

### What would you want the decision makers in your community to know?

that we need transportation options and grocery and food places on our side of town  
need affordable housing and public transportation

go to areas they have low income visit with community in those areas

How hard life is and what people go through on a day to day basis

Immigration assistance, after school programs, teenager support, child care, tutoring

Need to advertise and help please know where to get information on low cost dental and health insurance.

There is a problem in our education system and it needs a change. I feel that kids are becoming "less smart" and need more attention than what is given to them. They are our future and we need to start by changing some of the ways they think, to create a better future.

My child is an adult with a disability. I think the community needs more for her and for all our young adults with disabilities

There is a lack of transportation for the elderly who are poor and the indigent

I want to focusing on helping the community as a whole versus who has the biggest checkbook

1. Minimum wages need to increase, it is very difficult to rent a home or apartment when the rent is above \$700 making 7 or 8 dollars an hour, to sustain a family of 3 or more, provide food, school supply, medical health insurance, dental, vision, child care or any other service they might need.

2. Childcare is very expensive! 3. Hispanic families are suffering do to all the issues that are going on with immigration. 4. More immigration support services are needed.

People with lower income should get more help with health care financial needs (paying for medicine, appointments).

I think that there should be more financial help with health care needs (paying for medicine, doctor visits) for people who really can't afford it. My mom should not have to not get a medicine she NEEDS just because she can't afford it even after insurance. Also, college programs for high schoolers should be funded more so there is a bigger opportunity to learn more and be able to actually prepare for college.

Needs are not met for women and single mothers as well as many minorities.

Teach the youth about what it take to live on own. Public school systems do not ensure that students know how to handle the necessities of life: balancing a budget, how to save, why to save, importance of volunteering, resume building workshops, mock interviews. Unfortunately this lack of knowledge is also noted in University.

That many of us would love to work, need to work but can't afford the second car. We need better transportation; bus stops in neighborhoods. Also that there are many, and I mean most of the residents. Who want to grow their own food and have more sustainable yards. Sun and wind power is a great first step, now let's look in to buses and money to help people become more economically responsible and environmentally sustainable.

That some of their residence are not getting information regarding the political actions happening in and to Georgetown and how it effects them.

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Georgetown needs more dining and shopping establishments on the northwest side of town

That there needs to be No Engine Braking signs on Highway 130 like there are in town. Make Highway 29 four lanes from the 130 bridge to the East View High School. We need a Post Office Mail box at East View High school. Fire Hydrants on East view Drive, especially near the trailer park

Not any day care east of town.

medical, more help with housing

needs sidewalk on timber, fast speed limit in neighborhood

children with disabilities have very little support or after school things

need more affordable housing

regardless of a persons income bracket, they are still people and should be treated as such

lots of people need help

needing more affordable housing, need more housing for senior citizens that is affordable and available

Just because I live in an area with lower income does not mean we do not deserve to be safe.

Riverside community mobile home has pit bulls killing animals and hurting people, no one does anything.

that we all struggle

more sports activities for us who cannot afford to pay

its great

single parents struggle a lot and need support to provide for needs

being a single mother is financially difficult

That there needs to be a arrow to turn into Southwestern when going east at Maple Street.

Traffic can back up 10 cars or more vehicles waiting for a vehicle to turn left into Southwestern!

That on Berry Creek we get to much noise from 130 especially engines roaring going down the hill, got to be noisy at the schools on the inner loop near Katy's crossing also.

The cost of housing and electricity are extremely high, but we prefer the schools here so we're trying to stay until they finish high school.

That less money should be spent on yet another traffic light that really wasn't needed, and more should be spent on making sure the roads have proper drainage. Also, having the lights on timers only isn't always a good idea. The traffic lights on University in Georgetown near HEB cause a huge traffic holdup every day during heavier traffic times because the timers aren't synchronized correctly.

That there isn't any homeless shelter or anything of the sort for crisis situations like fires or floods

It costs more to educate a student who is an immigrant, low socioeconomically or with limited English proficiency skills. More staff and resources are needed to educate these kind of At-Risk kids.

I don't know

look out for people in the "middle" - those above getting government help and above the ones who can make it on their own

transportation for elderly

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No Jay Walking Downtown Widen 7th Street for Parking More Policing (Visual) in Neighborhoods

that seniors need more affordable housing, not these expensive apartments or houses. That local buses are needed and less cars needed

how it feels to not able to go almost anywhere especially meetings, special events, evening, weekends without transportation. Very Frustrating!

the concerns of the elderly

understand the needs of the lower and middle class

try to live it

how to deal with poverty

lower rent!!!

help elderly as much as possible; be fair and honest; it's too political now

more free parks

1. bus system needed 2. place speed bumps in my neighborhood (stone haven)

no jay walking downtown, clean neighborhood streets, policing neighborhood

creo que ay rasismo en las autoridades aki

better transportation

address traffic now

gender discrimination against fatherhood

we need affordable housing transportation affordable child care

I go to school at ACC round rock. It is ridiculous that I have to pay an out of district fee when i live not even five minutes away.

que ayudaran alas personas nescitadas

---

### **What do you like best about living in Georgetown?**

Small community

Not very many people

parks and rec. public library.

parks and rec and public library

It's calm and the respect

friendly, most people know each other. families go way back.

They are friendly and willing to help in time of need.

I feel safe here. I've lived here all my life and my whole family lives here. Georgetown is my home. And I'm happy that my parents choose to live here. Mostly everybody that lives here are friendly. And respect your space.

The fact that even at night I feel safe to walk around my neighborhood.

The people.

The small town feeling

Very calm, low crimes

It's relatively quiet and a good place to raise children.

Schools, parks and other recreational activities it has, library, and new shopping centers.

It is a small town and I know everyone since I have lived here all my life.

It's small and the people are friendly.

Close-knit community

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Georgetown has a unique vibe to it. It is a growing town with a small town spirit. I enjoyed growing up here because of a High School program I was a part of, Upward Bound. The message being spread to all that college is an option was an empowering moment for me. I am the first person in my family to attend and graduate from a 4 year university. I wish there was more of this empowerment of the youth within our community.

I love that small Texas town feel, with just enough "Big City" entertainment to not feel left in the dust so to speak.

Small community

The people are kind and the neighborhoods are nice.

Community spirit, and the diverse experiences found here

Crestview Baptist Church

Friendliness

small town, lots to do, close proximity to Austin, schools, nature

small town

everything

its quiet, i have lived in the same place

love the county and police

my church and family is here

the town is great

the school system and its close to major city

schools

The trails and parks

the friendly people

I really like Georgetown, the people and my job have been in business for 35 years the shopping mall is closer now.

a lot

community

safe

everything

community programs, churches

schools and parks

Community is very caring and helpful. Schools are a great resource to help ME get the care and needs met of my children.

Community. Feel.

The Georgetown Recreation Center I wish the family rate was lower so my out of town friends could afford to join

city small feeling

Most people are very nice and friendly

The schools, low crime, the parks & re and the people/community.

I like how a lot of attention is paid to the needs of families, children, and the elderly. It feels like a very family-friendly place to live.

Everything is close by

I live in Round Rock but work in Georgetown. I like general feel of the community.

Quiet, calm, hardly no crime.

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small and friendly

calmest city in Texas that we have every lived in

Everyone in this town is very nice and mostly helpful.

environment people

Smaller community, very helpful social services (i.e. Caring Place, AI (with the clothing))

Peaceful for the most part

friendliness of the people in general

friendly folks and senior center, WOW in my neighborhood

Georgetown is very family oriented and they always have activities

safety

the community I feel pretty safe living here

small town, great schools, housing, lots of outdoor activity parks and trails, lots of stores

close by

community events

the people

friendly, location, activities

all the services available

I have lived here all my life

small town attitude

safe and quiet sun city

light traffic

the beauty of the hill country

almost everything!

good neighbors

no comment at this time

peaceful, inexpensive ambulance

people

esta pasifice

que creo que es un buen lugar para criar a mis hijos no ay andillas es muy segura

community and neighbors

people and community

beats living in the middle east

downtown lakes historical areas

the schools

family friendly

seeing family

traditional, very calm

safety, family oriented, quiet

me gusta por que ay mas tranquilidad y me brindan mas apollo a mi a mis hijos

por la ayuda y la escuela etc.

Es tranquilo

que es muy tranquilo para mi it is very quiet for me

que la ciudad es muy limpio

tranquilo y seguro

me gusta por que ay mas tranquilidad y me brindan mas apollo a mi a mis hijos  
por la ayuda y la escuela etc.

Es tranquilo

que es muy tranquilo para mi it is very quiet for me

la seguridad

### **What would your ideal vision be for Georgetown?**

Community that offers affordable housing, more groceries and Restaurants in southeast  
Georgetown and transportation.

Equal opportunities

not sure

One day the city of Georgetown will embrace that we have more than 1 high school. Have more  
community event bringing all together.

Accommodating to how the community is growing.

Less drugs being distributed around teenagers.

Again, a wonderful community that continues to grow. I just want the community to be more  
aware of our population with disabilities. My vision is that even with our growth, we keep our  
sense of community.

One where there are thing to do for teenagers and youth

For wealth to be more distributed throughout all communities.

Not sure!

Georgetown is a small but growing friendly community

Public transportation and reflection of more universal values

Ideal vision of Georgetown is the youth. Empowering of the youth and spreading general  
knowledge of the youth. Helping them understand what it takes to be successful in society. More  
teen programs geared toward developing the next generation of leaders of our community and  
nation at large.

The same as anywhere else. A place where it's safe and fun to raise children and grow up in.  
Where intelligence, creativity, history, morals, and hard work matter. Where your word still  
means something and strangers smile and help strangers.

I would like to see a Georgetown with public transit and incentives for people to reduce their  
negative impact on the environment.

To continue to grow to meet the needs of the community while maintaining the "small town"  
spirit

More eating places near the East View High School

controlled growth

no one else move here :)

great place to raise your children

slow the growth

more programs for kids love the boys and girls club

people treating others the way they would want to be treated

more caring

safe

more help with low income families



more kind things

more housing

more access to medical/dental/mental health providers

to not get bigger

Planned growth east of town to balance the community.

n/a

People in the EJT be charged the same as residents

Georgetown is really wonderful as it is, except the outrageous cost of housing and electricity.

not sure

That there be acknowledgement, acceptance and action taken to address the growing Hispanic population and all of the needs that come with this.

That it continue to be that way. If it grows, that it will always remain the same.

continued with what it is now

better transportation for elderly

Keep it smaller, more rural

Less Taxes More Pleasant City Officials in Tax Office and other City and County Offices Better Downtown Shopping Better & Safer Parking Downtown Widen 7th Street Encourage City Officials and Police to not be rude

to stay as it is a family town. Some way to cut down traffic

I'll leave that to the visionaries

try to keep up with the rapid growth

traffic is getting bad so adding a train system to connect to Austin

communities of different classes and incomes making Georgetown an exemplary place to live

safe town

kindness throughout

to keep growing

that it never loses what we are, a friendly community which is there when people need them

to be crime free; too much growth and sun city residents

slow growth, this is enough at this time

more free space, cheap electric and gas, more lakes, lake Georgetown with more fun

better transportation

have a senior community swimming pool closer to my neighborhood (stone haven)

less taxes, better shopping, nicer police officers - most are rude, widen 7th street, better and safer parking around square

same

mas transportation

mas oportunidades en guarderia para los ninos porke muchas persona rieren trabajar pero no ay con quien dejar a sus ijos es muy caro pagar una guarderia

keep it spaced out with green belts

stay small town feeling

more activities for families

Porqués recreación al es para los niños

megorar mas