

# RURAL VOICES

HEALTH AND WELL-BEING IN SOUTH TEXAS

PREPARED FOR  
Methodist Healthcare Ministries

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SERVING HUMANITY TO HONOR GOD

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# Executive Summary

In 2025, Methodist Healthcare Ministries of South Texas, Inc. conducted listening sessions across **14 rural counties in South Texas** to better understand how residents experience health and well-being. A total of **143 participants**, including residents, service providers, and community leaders, shared their perspectives, generating more than **25 hours of dialogue and extensive qualitative data** on both community strengths and structural challenges.



Across counties, participants described communities defined by strong relationships, local pride, and a deep sense of belonging, alongside the realities of limited services, long distances, and constrained economic opportunities. A defining theme was an ethic of communal caring—a shared expectation that neighbors support one another—serving as an essential form of social infrastructure where formal systems are limited.

Despite differences across counties, participants described a consistent set of structural challenges. The following six key insights represent the most pressing conditions shaping daily life in rural communities today:

## Six Key Insights

### 1. Healthcare Access

Community members described a healthcare system shaped by cost barriers, insurance instability, provider shortages, and long travel distances, with many essential services unavailable locally and requiring frequent, costly travel. These conditions often lead residents to delay or forgo care.

### 2. Transportation

Transportation emerged as a foundational barrier affecting access to healthcare, employment, and food. With limited or nonexistent public transit, residents rely on personal vehicles, which are expensive to maintain. Those without reliable transportation face significant barriers to meeting basic needs.

### 3. Food Access

Participants described limited access to affordable, nutritious food, with many communities lacking full-service grocery stores. Residents often travel long distances for groceries or rely on convenience stores and food assistance programs that are insufficient to meet ongoing needs.

### 4. Cost of Living

Across communities, residents described a widening gap between wages and the rising cost of housing, food, transportation, and utilities. Limited job opportunities and low wages make it difficult for families to maintain financial stability, while housing is increasingly scarce and unaffordable.

### 5. Youth Challenges

Participants expressed deep concern about youth well-being, including rising mental health challenges, increasing substance use, limited recreational opportunities, and constrained pathways to education and employment. Schools are often the primary support system but lack sufficient resources to address these needs.

### 6. Mental Health and Substance Use

Community members described major gaps in mental health and substance use services, including limited providers, reliance on telehealth, and a lack of local crisis and treatment infrastructure. Stigma, distance, and cost further limit access to care, leaving many individuals without consistent support.



Participants also raised additional concerns, including **gaps in emergency services, unreliable and costly internet access, limited family supports, and unique pressures in border communities.** They emphasized priorities such as more equitable distribution of resources, expanded healthcare access, stronger infrastructure to support families, and greater opportunities for youth and economic mobility.

The listening sessions themselves were a meaningful outcome. Participants described them as **valuable opportunities to share experiences, learn from one another, and better understand conditions across their communities.** Many expressed interest in continuing similar dialogues and building stronger local connections.

These findings highlight both **the scale of structural challenges facing rural communities and the strength of the communities experiencing them.**

While many issues are longstanding, participants emphasized that they are not inevitable. Rural communities remain a vital part of Texas—home to the largest rural population in the nation—and require sustained, community-informed approaches to ensure they are supported and able to thrive.

Across counties, participants described communities defined by strong relationships, local pride, and a deep sense of belonging, alongside the realities of limited services, long distances, and constrained economic opportunities. A defining theme was an ethic of communal caring—a shared expectation that neighbors support one another—serving as an essential form of social infrastructure where formal systems are limited.

# 1 Introduction

Listening to the experiences and perspectives of community members is an essential part of strengthening health and well-being in rural communities. In 2025, Methodist Healthcare Ministries of South Texas, Inc. (MHM) launched a series of community listening sessions across rural South Texas as part of its ongoing commitment to learn from and partner with the communities it serves.



The initiative was designed to create space for residents and local leaders to share their perspectives on the assets, challenges, and lived experiences shaping health and well-being in rural communities across the region.

The sessions brought together community members from a wide range of backgrounds, including residents with lived experience navigating health and social services, as well as local service providers, community partners, and faith leaders. Participants spoke about the conditions that influence health and quality of life in their communities, from access to healthcare and transportation to housing, food access, and opportunities for youth.

Listening sessions were conducted between July and October 2025 in 14 selected counties across South Texas. In total, 143 community members participated in these discussions. The sessions generated extensive insights, including more than 25 hours of recorded conversations and more than 1,000 pages of transcripts. Together, these conversations provide valuable insight into both the strengths of rural communities and the shared structural challenges they face.

This report summarizes what was learned through this process and reflects the voices and experiences shared by participants. The insights gathered through these conversations are intended to help inform Methodist Healthcare Ministries' strategic planning and program development, understanding that rural communities require different approaches and solutions from more densely populated metropolitan or suburban areas. These findings contribute to identifying opportunities to deepen collaboration with community partners and address the root causes that shape health and well-being in rural communities.

## PURPOSE OF THE PROJECT

Methodist Healthcare Ministries serves communities across a large and diverse region of 74 counties in South and Central Texas. While MHM has long supported rural communities through its programs and grantmaking, the organization recognized an opportunity to deepen its understanding of the specific challenges and opportunities present in rural areas.

The listening sessions were designed to help MHM better understand how rural communities experience health and well-being and how the organization's work can more effectively support them." Insights gathered through the sessions are intended to inform MHM's work across departments, including direct services, community partnerships, and strategic grantmaking.

The process was grounded in MHM’s guiding principles, particularly its commitment to partnering with people with lived experience to co-design and improve solutions that strengthen community health and well-being. The listening sessions created opportunities for residents and community stakeholders to share their perspectives directly and to contribute ideas that may help shape future strategies and initiatives.

**Findings from these conversations are intended to help MHM:**

- Strengthen its understanding of the realities facing rural communities
- Identify gaps and opportunities related to health and well-being
- Inform internal strategy and program development
- Support more equitable approaches to serving rural communities

**ABOUT METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.**

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based, nonprofit organization dedicated to improving health and well-being in communities across South Texas. The organization serves 74 counties through a combination of direct services, community partnerships, and strategic grantmaking.

MHM’s mission, “Serving Humanity to Honor God,” guides its work to expand access to healthcare and address the broader social factors that influence health. In addition to operating low-cost clinics, MHM partners with community organizations and supports initiatives that address the root causes of poor health, including food security, housing stability, internet access, education, and economic opportunity.

Since its founding in 1996, MHM has played a significant role in supporting communities across South and Central Texas. As part of its ongoing work

to advance health equity, the organization continues to explore ways to better understand the experiences of residents in rural communities and strengthen its impact across the region.

The listening sessions described in this report were part of that effort, focusing on rural counties in the U.S.-Mexico border and mid-border regions. In MHM’s service area, these counties have the highest rates of chronic disease and the greatest social and economic disparities.

Since its founding in 1996, MHM has played a significant role in supporting communities across South and Central Texas. As part of its ongoing work to advance health equity, the organization continues to explore ways to better understand the experiences of residents in rural communities and strengthen its impact across the region.



## 2 Methodology

### PROJECT DESIGN AND COLLABORATION

The listening sessions were designed through a **collaborative process** involving Methodist Healthcare Ministries staff, community partners, and the external consultant team. In June 2025, MHM convened a **Listening Sessions Working Group** composed of staff working in rural community focus areas as well as community representatives from MHM's Community Councils in several service regions.



The working group met regularly throughout the planning and implementation of the project, participating in a series of virtual planning sessions facilitated by the consultant team. These meetings helped shape key aspects of the listening sessions, including the selection of counties, recruitment strategies, logistical considerations such as venues and language access, and design of the discussion guide.

The working group also provided ongoing input as the sessions progressed, reflecting on lessons learned from completed sessions and insights emerging from the conversations. This collaborative approach helped ensure that the listening sessions reflected issues relevant to rural communities and aligned with the goals of the project.

### SELECTION OF COUNTIES

The listening sessions focused on counties in three regions of MHM's service area, located in the U.S.-Mexico border and mid-border regions: Regions J, K, and L, which register some of the highest rates of chronic disease and social and economic disparities. Together, these regions encompass eighteen counties. Four of them were excluded due to their size (one is very small and three are more urban), resulting in sessions being conducted across the remaining fourteen counties.

South Texas counties where sessions were conducted were: **Brooks, Dimmit, Edwards, Jim Hogg, Kinney, La Salle, Maverick, Real, Starr, Uvalde, Val Verde, Willacy, Zapata, and Zavala.**

These counties represent approximately one-quarter of MHM's rural service region and include communities with diverse geographic and demographic characteristics.

### PARTICIPANT RECRUITMENT AND SESSION DESIGN

Recruitment for the listening sessions was coordinated by MHM staff and community partners who have established relationships within the participating communities.

Each listening session aimed to include approximately twelve participants. Recruitment prioritized residents with lived experience related to health and social services, including individuals navigating economic hardship or accessing community resources. The goal was for roughly two-thirds of the participants to be community residents.



A smaller number of participants (typically three or four per session) were local service providers or representatives of community institutions such as clinics, schools, faith organizations, or nonprofit organizations. Elected officials and law enforcement representatives were not included in order to create a space where participants could speak freely about community challenges and experiences.

Recruitment also sought to include participants from multiple communities within each county, including smaller towns outside of the county seat.

## SESSION FACILITATION AND DOCUMENTATION

The listening sessions were structured as facilitated conversations lasting approximately 90 minutes each. Participants were invited to share a meal together before the discussion began.

Each session opened with introductions and an overview of the purpose of the gathering, along with an explanation of confidentiality and recording practices. Participants were encouraged to share their perspectives openly and to speak in the language they were most comfortable using. Simultaneous English-Spanish interpretation, provided by RGV Language Justice Collaborative, was available when needed to support full participation.

The conversations followed a discussion guide exploring several aspects of community health and well-being, including community strengths, access to healthcare, transportation, food access, housing, employment and cost of living, internet access, emergency services, and supports for youth, families, and older adults. Participants were also invited to share their hopes for the future of their communities and ideas for how organizations such as MHM could support community well-being.

All sessions were audio recorded with participants' consent and later transcribed for analysis. Consultants reviewed transcripts and session notes to identify recurring themes, patterns, and insights across counties. The analysis focused on both shared challenges and local strengths that influence health and well-being in rural communities.

## COMMUNITY REVIEW OF PRELIMINARY FINDINGS

Following the listening sessions, several opportunities were created to share emerging insights with different groups and gather additional feedback.

These included a listening session with MHM staff who work in the participating counties, a virtual feedback session with listening session participants, and presentations to the Rural Health Initiative project team as well as top MHM leadership.

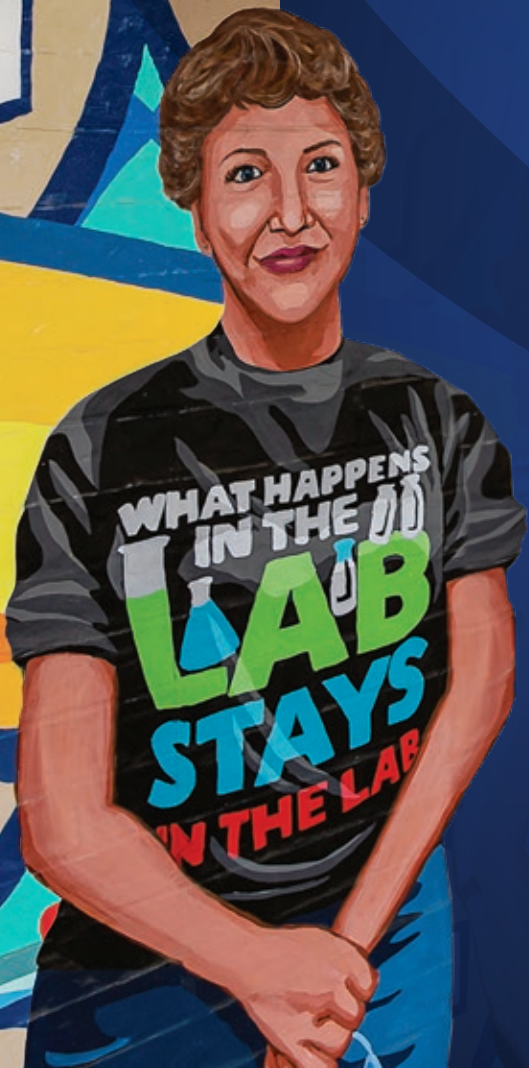
These discussions helped refine the interpretation of the findings and ensured that the report reflects both the perspectives shared by community members and the experiences of those working within rural communities.

The conversations followed a discussion guide exploring several aspects of community health and well-being, including community strengths, access to healthcare, transportation, food access, housing, employment and cost of living, internet access, emergency services, and supports for youth, families, and older adults.

3

# How Rural Counties See Themselves

This section reflects how residents describe their communities—their strengths, challenges, and the ways they stay connected in places with limited resources. Participants spoke about **strong relationships, local pride, and a deep sense of belonging**, alongside the realities of distance and limited services. They also emphasized that their communities are often misunderstood from the outside.



Across these perspectives, one defining feature emerged: a shared expectation that people look out for one another. Together, these qualities form what we describe as an ethic of communal caring—an informal but essential form of social infrastructure in rural communities.

## COMMUNITY STRENGTHS AND ASSETS

Participants consistently described rural communities as close-knit places defined by strong relationships, local pride, and a shared sense of identity.

Across counties, residents emphasized that these social connections—between neighbors, families, churches, and community institutions—are among the most important assets supporting community well-being.

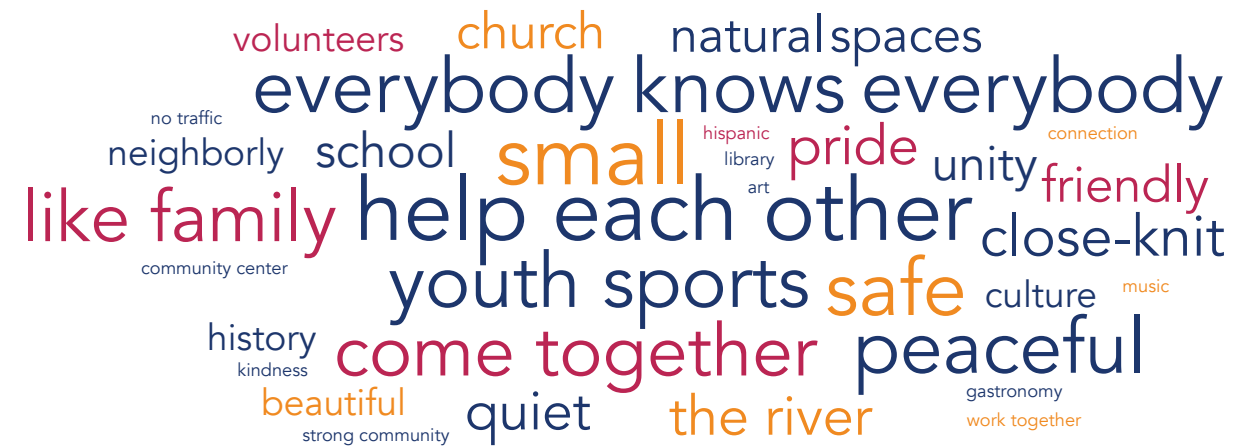


Figure 1. Words participants used to describe strengths in their communities during the listening sessions, with larger words reflecting terms mentioned more frequently across discussions.



Many participants described their communities as places where people know one another and look out for each other. Residents said that when families face illness, financial hardship, or other challenges, neighbors and community members often step in to provide support. This sense of mutual care helps people navigate difficult situations and contributes to a strong sense of belonging.

Participants also highlighted the role of shared traditions and community gatherings in sustaining community life. School sporting events, church activities, local festivals, and other community events were frequently mentioned as opportunities for residents to come together and maintain strong social ties. In many communities, informal communication networks and local organizations also play an important role in connecting residents to information and support.

**Participants described several key sources of strength in their communities:**

- Strong relationships among neighbors and families
- A culture of helping one another during times of need
- Local pride rooted in history, traditions, and schools
- Churches and community gathering spaces
- Community events that bring residents together
- Informal networks that help people share information and resources



Together, these strengths contribute to a sense of resilience in many rural communities, even as residents face significant challenges.

## CHALLENGES OF LIVING IN RURAL COMMUNITIES

**While participants expressed strong pride in their communities, they also described the realities of living in places with limited resources, long distances between services, and fewer economic opportunities.**

**Across counties, residents emphasized that the small size and remoteness of their communities can make it difficult to attract services, access care, and secure funding or investment.**

Participants frequently described rural communities as **under-resourced compared with larger towns and cities**. In many areas, residents must travel long distances to reach healthcare providers, grocery stores, employment opportunities, and other essential services. Small populations and geographic isolation can also make it difficult to attract professionals such as doctors, teachers, and counselors.

Participants also spoke about broader structural challenges shaping everyday life in rural areas. Many communities are **spread across large territories**, making it difficult for residents, particularly older adults or those without reliable transportation, to access services. Some residents described communities experiencing economic decline, aging populations, and the loss of local institutions such as hospitals or clinics.

**Several recurring challenges of rural life were raised across the listening sessions:**

- Limited availability of healthcare, services, and retail options
- Long distances between communities and essential services
- Difficulty attracting professionals such as doctors, teachers, and counselors
- Aging populations and younger residents moving away for opportunities
- Limited activities and programs for youth, families, and older adults
- Small populations that make it harder to attract funding or investment

These challenges often leave residents feeling that their communities are overlooked or left behind, even as they continue working to sustain and strengthen the places they call home.

## MISCONCEPTIONS ABOUT RURAL COUNTIES

**Participants said their communities are often misunderstood by people outside rural areas, who assume that small towns are unhappy, lacking opportunities, or defined by poverty and decline.**

**Residents emphasized that while rural communities face real challenges, they also offer strong social connections, pride of place, and a desire among many residents to remain and help their communities grow.**

Across the listening sessions, participants described how outsiders often view rural communities through stereotypes or incomplete information. Some residents said people assume that life in rural areas is inexpensive or easy, without recognizing the realities of **lower wages, higher travel costs, and limited access to services**. Others noted that media portrayals and public narratives can reinforce the idea that rural communities, particularly border communities, are unsafe or lacking opportunity.

Participants also pushed back against the assumption that people in rural towns lack ambition or want to leave. While some residents do move away for



## PARTICIPANT VOICES

“The Internet tells us all the time that we don’t exist.”

Edwards County

“If you need a teacher, you gotta go shake the bushes far and wide. It’s challenging because it is so remote . . . That remoteness is what we all, I think, would consider lovely, but it’s also sometimes our worst enemy because new people and new industry and all that is just not here.”

Real County

“There’s literally nothing here for any of us—the elderly, the kids—to do.”

Jim Hogg County



## PARTICIPANT VOICES

“Sometimes they think we’re living miserably or something, or we’re lacking ideals.”

La Salle County

“I think people have this misconception that everybody wants to leave a small town. And that’s true . . . You do have a lot of people who want to leave, but you do have the ones who have stayed because we want to see something happen and we want to be a part of that. So a lot of people come in here thinking that all you get is a small-town mentality and we’re not small. We don’t have a small-town mentality. You just want to see each other grow.”

La Salle County

education or employment, many others choose to stay or return because they care deeply about their communities and want to contribute to their future.

### Several common misconceptions were raised across the listening sessions:

- That rural communities are inexpensive places to live
- That residents lack ambition or want to leave for larger cities
- That small towns have little to offer because they are isolated or “desolate”
- That border communities are unsafe due to crime or trafficking
- That rural residents lack vision for growth or innovation

Together, these misconceptions can obscure the realities of rural life and overlook the commitment many residents feel toward strengthening and sustaining their communities.

## LOCAL COMMUNICATION NETWORKS

Participants described rural communities as places where information often travels quickly through both formal channels and informal social networks.

Across counties, residents emphasized that **word-of-mouth, social media, and trusted community institutions play an important role in helping people learn about events, services, and available resources.**

In many communities, participants said that **informal communication networks are among the most effective ways information spreads.** Because residents often know one another or share overlapping social circles, news about services, events, or community needs can move quickly through personal connections. Participants frequently described situations where someone “knows somebody” who can help connect residents to resources or information.

Participants also noted that **social media—particularly Facebook—has become a central communication tool** in many rural communities. Local governments,

schools, law enforcement agencies, and community organizations often maintain Facebook pages or groups where they post announcements, share resources, and coordinate assistance.

### Residents described several common ways information circulates in rural communities:

- Word-of-mouth communication through family, neighbors, and community networks
- Facebook pages and groups maintained by local governments, schools, and organizations
- Community institutions such as chambers of commerce that help connect residents to services
- Local businesses, banks, or schools that share announcements through flyers or television screens
- Community newspapers or other local publications

These communication channels help residents stay informed and connected, even in communities where formal information systems may be limited or unevenly distributed.

## ETHIC OF COMMUNAL CARING

**One of the clearest patterns that emerged across the listening sessions was a shared expectation that neighbors look out for one another and step in when someone is in need—an ethic of communal caring that shapes daily life in many rural communities.**

**Participants described communities where helping others is not simply an act of generosity but a widely shared norm, one that often functions as an informal support system when formal services are limited.**

Participants across counties described communities where people routinely check on neighbors, help families facing hardship, and come together quickly during moments of crisis. These acts of support often take practical forms: offering rides to medical appointments, preparing meals, helping with childcare, or raising funds for families experiencing illness, loss, or financial difficulty. Residents described these practices as part of the **everyday fabric of community life.**



In many cases, participants said this ethic of care is reinforced through **local institutions such as families, churches, schools, and community organizations.** These networks help mobilize support quickly when someone needs assistance, whether through community fundraisers, volunteer efforts, or informal acts of help among neighbors.

### Participants described several ways this ethic of communal caring is expressed in rural communities:

- Neighbors checking on one another and offering help during times of illness or hardship
- Community fundraisers, raffles, and plate sales to support families in need
- Informal support networks that provide rides, meals, childcare, or other assistance
- Local institutions—such as churches, schools, and civic groups—mobilizing support during crises
- A shared understanding that community members are responsible for helping one another

Together, these practices reflect a widely shared belief that community well-being depends on collective care and mutual responsibility. In many rural communities, this ethic of communal caring functions as **a form of social infrastructure** that organizations should recognize and work with when supporting community health and well-being.



## PARTICIPANT VOICES

“We can tell you that the newspaper only exists for the sake of saying it exists. When the newspaper comes out, it’s all the same things that were already in Facebook. They’re just transcribed and laid out with pictures. It’s like your newsletter of everything that happened on Facebook that week.”

Zapata County

“We all watch out for each other here.”

Uvalde County

“I think that this little town... it’s like everybody is either interrelated or somehow they’re all connected... even if I don’t like you, guess what? If something happens to you, I’m still going to come around and help you.”

Kinney County

“It’s like if somebody passes away and there’s no money for them, everybody unites and they’ll have fundraisers and people will show up to buy, to help the family.”

Brooks County

“But one good thing about the community is that when a person is sick... the community always comes together. They hold raffles, sell plates of food, car shows, whatever it takes.”

Zapata County



## 4

## Six Key Insights

Across all listening sessions, participants described a remarkably consistent set of challenges that, despite the uniqueness of counties, reveal the core structural conditions shaping daily life in rural communities. While each region has its own social, cultural, geographic and economic context, **residents spoke about these issues in strikingly similar ways, pointing to shared patterns of systemic challenges.**



These six key insights—spanning healthcare, transportation, food access, cost of living, youth well-being, and mental health—are not isolated concerns, but deeply interconnected challenges that shape whether people can meet basic needs, access opportunity, and maintain stability. Together, they represent the **most pressing conditions affecting rural communities** and the areas where sustained attention and coordinated action are most needed.

### HEALTHCARE ACCESS

**Participants consistently identified healthcare access as the most significant issue affecting rural communities, raised by the vast majority of participants across counties.**

**Across counties, residents described a system shaped by cost barriers, insurance instability, provider shortages, and long travel distances that make it difficult to access affordable, timely and consistent care.**

Participants across the listening sessions described a healthcare landscape defined by limited local infrastructure, high costs, and gaps in coverage. Many residents experience unstable insurance or periods without coverage, making it difficult to access consistent care. At the same time, communities face shortages of local providers and high turnover, limiting both the availability and continuity of care. Even when services exist locally, capacity is often limited, resulting in long wait times or restricted access.

Key services—including specialty care, urgent care, diagnostic testing, dental and vision care, and labor and delivery—are often unavailable locally, requiring residents to travel outside their county for care, often several hours. These trips can be frequent, costly, and difficult to coordinate, particularly for older adults, families with limited transportation, or individuals managing chronic conditions. This is what is particularly unique to rural counties. Together, the combined pressures of cost, distance, and limited availability often lead residents to delay or forgo care altogether, with implications for both individual and community health.



### 1. HEALTH INSURANCE

Participants consistently described **health insurance as a major barrier to accessing care**, driven by both lack of coverage or the high cost of maintaining it. Many residents reported being uninsured or underinsured, while others described coverage as unstable due to changes in employment or income. Even when insurance is available, premiums, deductibles, and co-pays were frequently described as increasingly unaffordable, forcing families to make difficult trade-offs between healthcare and basic needs. It was clear that **the insurance barrier is no longer only about who has it—but how expensive and complicated it is to get proper medical care even while being insured**. Participants also noted challenges navigating enrollment processes and understanding benefits, as well as difficulty finding providers who accept certain plans, given the small selection of providers in rural communities. As a result, many residents delay care, rely on home remedies, or some seek more affordable services across the border in Mexico.

### 2. ACCESS TO DOCTORS

Participants across counties described **persistent shortages of physicians and limited local provider capacity**. Many communities rely on small clinics with

few staff, visiting providers, or an overreliance on nurse practitioners and physician assistants. While these providers are valued, participants noted that the absence of full-time, accredited physicians can limit the scope of care available locally. Residents also reported long wait times for appointments, limited clinic hours, and difficulty finding providers accepting new patients. **High provider turnover further disrupts continuity of care**, making it difficult for residents to build relationships or manage chronic conditions over time. These conditions often result in delayed care or the need to travel outside the county for routine services.

### 3. SPECIALTY CARE

Access to **specialty care was described as one of the most significant gaps in rural healthcare systems**. Participants reported that services such as cardiology, oncology, neurology, and behavioral health are rarely available locally, **requiring travel to regional or urban centers**. Depending on the location, these trips can range from under an hour to several hours, often requiring repeated visits for ongoing treatment. Residents described the financial and logistical burden of travel, including transportation costs, time off work, and caregiving responsibilities. These barriers can lead to missed or delayed appointments and, in some cases, discontinuation of treatment altogether. For individuals with **chronic or complex conditions**, the demands of traveling for care can be especially difficult to sustain.

### 4. URGENT AND EMERGENCY CARE

Participants described **limited access to urgent and emergency services** as a serious concern for community health and safety. Many rural counties lack hospitals, and those that do exist often serve to stabilize patients before transferring them to larger regional centers. Residents reported **long travel distances to emergency rooms** and the **absence of local urgent care clinics for non-life-threatening needs**. As a result, some individuals rely on emergency departments for routine issues, while others delay care due to distance and cost. Participants also noted limited ambulance availability and extended response times in some areas. These factors can significantly affect outcomes in situations where timely care is critical.



## PARTICIPANT VOICES

“There's people out there that don't have coverage and don't have Medicaid. So that's the hardest thing: Do you choose to buy your medication? Or do you choose to eat or pay a bill?”

Kinney County

“I've had a lot of people go to our place and say, 'I need a surgery right now... but my deductible is \$800. I only get \$400 on my monthly check.'”

Maverick County

“Everything is an hour away. Two hours for a specialist, an hour for just a general doctor.”

Edwards County

### 5. LABOR AND DELIVERY

Participants across several counties described **limited access to labor and delivery services as a major challenge for expectant mothers**. Many rural hospitals no longer offer maternity care, requiring women to travel to other counties or urban centers for prenatal care and delivery. These distances can make it difficult to attend regular prenatal appointments, particularly for women with limited transportation or work flexibility. Participants also described concerns about safety, including **situations where women must travel long distances while in labor**. In some communities, families plan early travel or scheduled inductions to avoid these risks. The loss of local maternity services was described as having **significant implications for both maternal and infant health**.

### 6. DENTAL AND VISION

Access to **dental and vision services was described as limited, inconsistent, and often unaffordable**. In some communities, there are few or no local providers, requiring residents to travel to other counties or cities for care. Participants noted that providers who once served these communities have retired or left without replacement. Cost was also a major barrier, particularly for families without insurance coverage for dental services. As a result, **residents often delay care, sometimes for years**, or attempt to manage conditions on their own. In border communities, some residents travel to Mexico for more affordable services, including dental care, vision services, and medications.

### 7. EXERCISE AND WELLNESS

Some participants also raised concerns about **limited access to exercise and wellness opportunities**, particularly in communities with few recreational facilities. Residents described a mix of conditions, including small gyms with restricted hours, facilities that have closed, or spaces that are too expensive for many residents. Access to parks, walking trails, and school facilities varies widely, and some spaces are poorly maintained or not open to the public. These limitations can make it **difficult for residents to engage in regular physical activity or preventive health practices**. While mentioned less frequently than other issues, participants emphasized the importance of accessible and affordable spaces for supporting overall community health.



## PARTICIPANT VOICES

“There’s a big lack of medical accessibility. There’s very few practitioners in our area... our elderly and our needy are having to leave the county for care.”

Dimmit County

“Babies are born on the way [when people drive themselves to the hospital in Laredo].”

Zapata County

“So what I’ve noticed about Texas is that they do offer a lot for children, but when it comes to the parents it’s like, ‘well, good luck.’”

Val Verde County

## CROSS-CUTTING CHALLENGES

Participants described several recurring barriers that shape access to healthcare across communities:

- Cost and insurance barriers limit access to care
- Frequent loss or gaps in insurance coverage
- Too few local doctors and high provider turnover
- Long travel distances for specialty care and key services
- Limited availability of dental, vision, diagnostic, and maternity services
- Delayed or avoided care due to cost, distance, and access barriers

These challenges often require residents to rely on informal support networks, including family members, neighbors, and community organizations, to navigate the healthcare system and access care.

## TRANSPORTATION

Next to health care, transportation emerged as a foundational barrier shaping access to medical care, employment, and food across rural communities.

In all counties, residents described long travel distances, lack of public transit, and the high cost of maintaining vehicles as persistent challenges that limit mobility and access to essential services.

Participants consistently described transportation as essential to meeting basic needs in rural communities. Unlike residents of urban areas, **rural community members must routinely travel long distances to access healthcare, employment, groceries, and other services**, which are often located in other towns or cities. Because public transportation is scarce or usually nonexistent—with no local buses, taxis, or rideshare options—households rely heavily on private vehicles to navigate daily life. Maintaining reliable transportation, however, places significant strain on already tight budgets, as families must cover the **cost of gas, insurance, and ongoing repairs**.

While some regional medical transportation services exist, such as SWART and Valley Metro, participants described them as limited, difficult to schedule, and

often requiring long, all-day trips. These challenges fall most heavily on **seniors, people with disabilities, and others with limited mobility or financial resources**, shaping their ability to access care, maintain employment, and meet basic needs.

### 1. LIVING WITHOUT A CAR

Participants consistently described **reliable personal vehicles as essential for daily life in rural communities**. Without a car, residents often struggle to access healthcare, employment, groceries, and other basic services, particularly in areas where essential destinations are located outside town. Public transportation options are limited or nonexistent in many counties, making personal vehicles the primary means of mobility. Even traveling short distances can be difficult without a vehicle, especially in extreme heat or for individuals with limited mobility. As a result, residents without cars rely heavily on family members, neighbors, churches, or informal ride networks, which are not always reliable for frequent or urgent needs. Participants also emphasized the financial strain of maintaining vehicles, noting that households often need multiple cars and must manage expenses such as fuel, insurance, and repairs within already tight budgets.

### 2. PUBLIC TRANSIT LIMITATIONS

Participants across the listening sessions described **public transportation as extremely limited or nonexistent in most rural communities**. In many counties, there are no local bus systems, taxis, or rideshare services, leaving residents without formal transportation options. As a result, individuals without access to a personal vehicle face significant barriers when trying to reach healthcare, employment, and other essential services. Some communities are served by **regional transportation programs** or other services operated through regional planning organizations, but these were described as **limited in scope and availability**. Participants noted that routes may be infrequent, service areas restricted, and capacity limited, making it difficult to secure rides when needed. In several counties, no regional transit options are available at all, leaving residents entirely dependent on personal vehicles or informal transportation arrangements.

### 3. TRANSPORTATION FOR MEDICAL APPOINTMENTS

Transportation to medical appointments was described as **one of the most complex and burdensome challenges facing rural residents**. Even when care is available in nearby cities, reaching appointments often requires extensive planning, long travel times, and significant financial resources. These challenges are **especially difficult for seniors, people with disabilities, and individuals managing chronic conditions who must travel frequently for care**. Participants described medical transportation programs as helpful but difficult to rely on, noting that services often require advance reservations, operate only on certain days, and involve shared routes that can turn short appointments into full-day trips. Scheduling constraints, eligibility requirements, and limited availability can further restrict access. As a result, some residents delay care, miss appointments, or depend on informal support networks, while others face accumulating costs for repeated trips to receive ongoing treatment.

## CROSS-CUTTING CHALLENGES

Participants described several recurring barriers that shape transportation across communities:

- Long-distance travel is required to access healthcare, food, and employment
- Reliable personal vehicles are essential but costly to maintain
- Households often need multiple vehicles to meet daily needs
- Public transportation is scarce or nonexistent in many counties
- Regional transit programs have limited routes, capacity, and availability
- Transportation barriers disproportionately affect seniors and people with disabilities

These challenges highlight how transportation functions as a core structural issue, shaping access to services and opportunities across rural communities.



## PARTICIPANT VOICES

“There is not a lot of transportation. I recently had a co-worker who had heatstroke because of how hot it's been... It might be a five-minute drive in a vehicle, but it would take about an hour to get back inside the town [on foot].”

Val Verde County

“I know we have one bus that comes to Sebastian to take people to Harlingen. But I remember when I was without a car for two weeks—oh my goodness! And I had to go see a doctor every week. So it was really difficult to find a ride.”

Willacy County

“Can you imagine? By the time you want to go buy something and call for transportation, they tell you, ‘Ma’am, there’s no transportation, it’s full.’”

Zapata County

“I had this certain case where a gentleman came in. He had been diagnosed with cancer and he needed to get to chemotherapy. And I called this company to try to set up transportation to get him to chemotherapy and back. They wouldn't budge...

It shouldn't be that way.”

Kinney County



## FOOD ACCESS

Participants consistently identified **access to affordable, nutritious food as one of the top three challenges affecting health and well-being in rural communities.**

**Across counties, residents described a food landscape shaped by long travel distances, limited and costly local options, gaps in assistance programs, and few supports for healthy eating.**

Participants consistently described **the need to travel outside their communities to access affordable, high-quality groceries**, often driving long distances to reach full-service stores in nearby cities. In many towns, local stores offer limited selections of fresh food, with higher prices and lower quality, leading families to rely on dollar stores and convenience stores for basic food needs. Food assistance programs such as food banks and pantries provide important support but are often infrequent and may not offer balanced or sufficient nutrition.

Participants also described challenges with SNAP, noting that it can be very difficult to qualify for and easy to lose due to strict eligibility and administrative requirements. At the same time, communities have few broader nutrition supports, including **limited access to healthy restaurants, nutrition education programs, and concerns about the quality of school meals.** Together, these conditions shape what food is available, affordable, and realistic for families to access.

## 1. ACCESS TO GROCERY STORES

Participants described **limited access to full-service grocery stores as a central challenge shaping how families obtain food.** In many communities, whether residents have access to an H-E-B in their town largely determines the affordability, quality, and variety of food available to them. If they don't, residents must travel 30 minutes to an hour or more to reach larger grocery stores that offer better prices, quality, and variety. As a result, grocery shopping is often planned in advance and coordinated with other trips, sometimes occurring only once or twice a month. Smaller local markets and stores typically offer **limited selections of fresh foods**, and participants noted that produce and sometimes dairy can be expensive, low quality, or spoil quickly. In the absence of full-service grocery stores, many families **rely on dollar stores and convenience stores for everyday food purchases**, where options are often limited to packaged, frozen, or processed foods. These patterns shape not only where families shop, but what kinds of foods they are able to access regularly.

## 2. COST OF GROCERIES

Participants consistently described **the ever rising cost of groceries as a major strain on household budgets.** Even when food is available locally, **prices are often higher than in larger cities due to limited competition and supply.** Families frequently weigh the cost of groceries against the cost of travel, sometimes choosing to drive long distances to access lower prices and better selection. However, fuel costs and time can offset these savings, making frequent trips difficult. Participants also emphasized that nutritious foods are often more expensive than processed or fast-food alternatives, making it harder for families to maintain healthy diets. As a result, some households rely on lower-cost prepared foods or school meals to help meet basic needs.

## 3. FOOD BANKS AND PANTRIES

Participants described **food banks and local pantries as critical but limited sources of support** for families experiencing food insecurity. Many communities rely on regional food bank distributions (based in San Antonio, the Rio Grande Valley or Laredo) delivered through local partners such as churches, schools, or community centers. While these distributions provide



## PARTICIPANT VOICES

“Here in Sabinal we are in a food desert. We’re 20 miles to the nearest grocery store.”

Uvalde County

“Eating healthy is almost impossible, and it’s expensive. And you can’t meal plan... you just have to go to the grocery store and see what’s there.”

Edwards County

“I only go grocery shopping once a month... I prefer to put gas in the car and go look for cheaper food [in Laredo and] bring back a larger amount.”

Zapata County

essential assistance, they **often occur only once a month and may not last long enough to meet household needs.** Participants also noted that food distributions are not always balanced, with large quantities of very specific items and fewer protein or staple foods. In some communities, there was a sense that they were getting whatever had been left from the larger cities in any given month—sacks of potatoes, jalapeños, or hot dog buns were some examples given. Smaller, local, often volunteer-run pantries provide additional support but operate with limited resources and capacity. Together, these programs play an important role but are not sufficient to meet ongoing needs in many communities.

## 4. SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM)

Participants described SNAP as **an important but difficult program to access and maintain.** While the program provides essential support for some families, strict eligibility requirements make it difficult for others to qualify, even when they are experiencing financial hardship. Work requirements can be especially challenging in rural areas with limited employment opportunities or for individuals with health or caregiving responsibilities. Participants also described how benefits can be lost quickly due to small changes in income or administrative issues, creating instability for families who depend on assistance. The application and recertification processes were described as complex and difficult to navigate. As a result, some families facing food insecurity remain ineligible or lose access to support they rely on.



## PARTICIPANT VOICES

“It’s expensive to buy anything here in town... parents go to something easy like the ‘Hot-N-Readies’ or McDonald’s. That’s not very healthy. But that’s their only option.”

Zapata County

“This last week they had jalapeños [from the regional food bank]. There were so many jalapeños, I mean, we were giving them to the restaurants.”

Real County

## 5. NUTRITION AND HEALTHY FOOD ACCESS

Participants emphasized that food access is not only about availability, but also about the ability to access healthy and nutritious options. Many communities have **limited to no nutrition education programs**, and existing programs are often focused on specific populations, such as seniors, rather than families more broadly. Participants also raised concerns about the nutritional quality of some school meals, particularly those relying on processed or high-carbohydrate foods. During the summer months, when school meals are unavailable, families may face additional challenges providing consistent nutrition for children. In addition, many rural communities have few restaurants, and those that exist are often fast-food establishments or have limited hours, reducing access to healthier prepared food options. These conditions contribute to broader challenges related to diet, health, and long-term well-being.

### CROSS-CUTTING CHALLENGES

Participants described several recurring barriers that shape food access across communities:

- Long travel distances to reach affordable, full-service grocery stores
- Limited, expensive, and lower-quality food options in local stores
- Heavy reliance on dollar stores and convenience stores for everyday needs
- Infrequent and uneven food bank distributions that do not fully meet household needs
- SNAP eligibility rules and administrative barriers that limit access to assistance
- Limited availability of nutrition programs, healthy restaurants, and high-quality school meals

These conditions shape not only access to food, but also the quality of diets and long-term health outcomes for rural residents.

## COST OF LIVING

Participants consistently identified the rising cost of living—combined with low wages—as a major source of financial strain across rural communities.

Across counties, residents described a widening gap between income and expenses, shaped by limited job opportunities, housing challenges, and rising costs for basic needs.

Participants described a **growing mismatch between what people earn and what it costs to live in rural communities**. While rising costs for housing, utilities, food, and transportation are being felt across the country, participants emphasized that **these pressures are especially acute in rural areas, where wages are lower and employment opportunities are more limited**. In many communities, the price of groceries, fuel, rent, and utilities mirrors what people pay in larger cities, but incomes do not. This imbalance leaves households with far less flexibility to absorb rising costs and increases the risk of financial instability.

At the same time, most available **jobs are concentrated in a small number of sectors and often pay low wages**, making it difficult for families to meet basic expenses. As a result, many households rely on multiple jobs or commute long distances to access better-paying work. **Affordable housing is also increasingly scarce**, with limited rental options, rising rents, and home prices that exceed what many residents can afford. Property taxes and utility costs further strain household budgets, particularly for those on fixed incomes. Participants also described barriers to homeownership, limited employment support systems, and forms of hidden housing insecurity that compound these pressures.

### 1. TYPES AND AVAILABILITY OF JOBS

Participants described **limited job opportunities and low wages as central drivers of cost-of-living pressures** in rural communities. Most local jobs are concentrated in a small number of sectors—such as schools, government, retail, and service industries—and often offer relatively **low pay with limited opportunities for advancement**. Stable jobs with benefits, including positions in schools, healthcare, or local government, are highly sought after and difficult to obtain. Many available jobs are part-time, seasonal,



or low-wage service positions, contributing to financial instability for households. As a result, families often rely on multiple jobs, combine part-time work, or commute long distances to nearby cities to earn higher wages. In some cases, work in industries such as oil and gas requires extended time away from home, placing additional strain on families.

### 2. WAGES AND RISING COSTS

Participants consistently described a **widening gap between wages and the rising cost of living**, making it difficult for families to keep up with basic expenses. Even in communities where the cost of living is perceived as lower than in urban areas, **local wages often remain too low to cover housing, utilities, food, and transportation**. Rising prices for essential goods and services have increased financial pressure on households, forcing many to make difficult decisions about spending priorities. Some families take on multiple jobs or rely on extended family support to make ends meet, while others commute to larger cities for higher-paying work despite the added transportation costs. Limited opportunities for wage growth or career advancement further restrict the ability of residents to improve their financial situation. These conditions contribute to ongoing financial instability for many households.



### 3. HOUSING AVAILABILITY

Participants described **limited housing availability as a growing challenge affecting both residents and local workforce stability**. In many communities, there are few rental units available, with long waiting lists for apartments and limited options for low-income households. The existing housing stock is often aging and in need of repair, and demand for available units is high. In some areas, short-term rentals for tourists and other economic activity related to tourism or oil and gas have further reduced the supply of long-term housing. **Housing shortages can also make it difficult for communities to attract and retain workers**, including teachers and healthcare providers. In some cases, local institutions have had to create their own housing solutions to recruit employees.

### 4. HOUSING AFFORDABILITY

Participants emphasized that **housing is increasingly difficult to afford, even in communities where prices may appear lower than in cities**. Rents have risen in many areas, often outpacing local wages, making it difficult for families to maintain stable housing. Homeownership is also out of reach for many residents, as **rising construction costs and housing demand have pushed prices beyond what local incomes can support**. Property taxes and high utility costs further increase the financial burden on homeowners and renters alike. As a result, families often adjust by sharing housing, living in multigenerational households, delaying plans to purchase homes, or purchasing less expensive manufactured homes. These pressures affect both short-term housing stability and long-term financial security.

### 5. HOUSING CONDITIONS

Participants described **significant concerns about the condition of housing**, particularly for older homes and low-income households. **Many homes in rural communities are aging and require repairs that residents cannot afford**, leading to ongoing maintenance issues and, in some cases, unsafe living conditions. Access to home repair programs is limited, and available programs often have long waiting lists or strict eligibility requirements. Participants also noted a shortage of skilled contractors, making it difficult to complete repairs even when funding is available. Rising costs of materials further increase the difficulty of maintaining homes. In some communities, these conditions contribute to housing instability, with families doubling up or living in substandard conditions due to lack of alternatives.

### 6. ACCESS TO HOMEOWNERSHIP

Participants described **significant barriers to homeownership**, even for residents who would prefer to buy rather than rent. **Rising home prices have outpaced local wages**, making it difficult for many families, especially younger or first-time buyers, to afford homes. Even properties in need of major repairs are often priced beyond what local incomes can support. Participants also noted challenges related to credit access, down payments, and limited financing options, which prevent many households from qualifying for mortgages. In some communities, the supply of homes available for purchase is extremely limited, further constraining options. As a result, homeownership remains out of reach for many residents, limiting opportunities for long-term financial stability.



### PARTICIPANT VOICES

“Well, in reality, if you don't work for the city, you don't work for the county, you don't work for the school district or Border Patrol, you don't work. It's only fast foods and that's like the lowest paid.”

Brooks County

“It's just hard to find and when you get a job, you cling on to it as hard as you can because it's the only one you're going to have for a very long time.”

Dimmit County

“Rent and utilities are a lot, and if you work here in town, it's hard. It's a struggle. A lot of people do work multiple jobs here in town just to make ends meet.”

Edwards County



## 7. UNHOUSED POPULATIONS

Participants described **housing insecurity and homelessness as present but often less visible in rural communities**. Rather than large encampments, housing instability often takes the form of families doubling up, moving between households, or living in unsafe or deteriorating conditions. In some cases, individuals rely on extended family, neighbors, or community members for temporary shelter or support. Participants emphasized that **formal resources, such as emergency shelters or transitional housing, are extremely limited or nonexistent** in many counties. As a result, communities rely heavily on informal support networks to respond to housing crises. These conditions make housing insecurity harder to see but no less significant for those affected.

## 8. EMPLOYMENT SUPPORT SERVICES

Participants described **limited access to employment support services that help residents find jobs, build skills, or access better-paying opportunities**. While some regional workforce programs exist, many residents are unaware of these services or face barriers accessing them. In many communities, job opportunities are shared informally through word-of-mouth or social media rather than centralized systems. Participants also noted **limited access to workforce training, GED programs, and technical education**, often due to distance, cost, or lack of local availability.

Even when training programs are available, residents expressed uncertainty about whether better-paying jobs exist locally after completing them. These gaps limit pathways to economic mobility and reinforce the cycle of low wages and limited opportunity.

## CROSS-CUTTING CHALLENGES

Participants described several recurring barriers that shape the cost of living across communities:

- Rising costs for housing, utilities, food, and transportation
- Low wages and limited availability of stable, well-paying jobs
- Families relying on multiple jobs or long commutes to make ends meet
- Limited housing supply, with rising rents and home prices
- Aging and deteriorating housing that many households cannot afford to repair
- Property taxes and high utility costs placing additional strain on already tight budgets

These challenges highlight how economic pressures are experienced as interconnected factors that shape financial stability, housing security, and long-term opportunity in rural communities.



## PARTICIPANT VOICES

“They can say the cost of living here is low, but we don’t have those \$20, \$30-an-hour jobs here. We’ve got \$8-an-hour jobs, and you can’t make ends meet.”

Edwards County

“It’s very expensive to live here. A one-bedroom apartment could go anywhere from \$700 to \$1,200 and the incomes don’t match up to be able to pay for that.”

Maverick County

“To buy a house, it’s hard... If you want a brand-new three-bedroom house, it’s over \$200,000. You really think people in the community can do that?”

Zapata County

## YOUTH CHALLENGES

Concerns about youth well-being emerged as one of the most urgent and consistently raised issues across rural communities.

In every county, residents described a troubling convergence of rising mental health challenges, increasing substance use, limited opportunities for education and engagement, and a lack of supports to help youth thrive.

Participants described a growing sense of alarm about the conditions facing youth in rural communities. While many of these challenges are also present nationally, residents emphasized that they are often more acute in rural areas, where resources are limited and support systems are thin. Young people face **limited opportunities for engagement**, with few activities beyond school sports and few spaces to gather safely. At the same time, participants described **rising mental health needs, increasing exposure to substance use, and limited access to services** that could intervene early. These issues are deeply interconnected, with isolation, lack of opportunity, and untreated mental health challenges reinforcing one another.

Participants also emphasized that the systems meant to support youth—particularly schools—are **stretched beyond their capacity**. Schools often serve as the primary point of contact for identifying and responding to youth challenges, yet they lack the clinical resources needed to address serious mental health needs. At the same time, **limited career pathways and local job opportunities** constrain long-term prospects for young people, raising concerns about their future in these communities. Together, these conditions create an environment where many youth face significant barriers to well-being, stability, and opportunity.

### 1. YOUTH MENTAL HEALTH

Participants described **rising concerns about youth mental health as one of the most serious and urgent issues facing rural communities**. Across counties, residents reported **increasing levels of depression, anxiety, bullying, self-harm, and suicide** among young people. Schools are often the first place where these issues surface, yet participants emphasized that school-based resources are limited. While counselors and social workers play an important role, they are

often not trained to provide clinical therapy and can only offer short-term support or referrals. Access to licensed mental health providers is limited, requiring families to travel long distances or rely on telehealth, which is not always effective for youth. Participants also described the role of trauma, family instability, and intergenerational patterns of abuse in shaping youth mental health. These combined factors make it difficult to provide timely and sustained support for young people in need.

### 2. SUBSTANCE USE

Participants expressed **growing concern about substance use among youth, particularly the early and increasing use of vaping, alcohol, and drugs**. In many communities, substance use begins in early adolescence and can escalate over time, especially when underlying mental health needs are not addressed. Participants emphasized the **close connection between substance use and issues such as trauma, depression, and family stress**. In some communities, substance use is normalized within social environments, exposing young people to drugs and alcohol at an early age. Limited recreational opportunities were also identified as a contributing factor, with few alternatives for youth to spend time in safe and structured ways. Participants noted that **prevention, counseling, and treatment resources for youth are extremely limited**, leaving schools and communities with few tools to respond effectively. Without early intervention, these patterns can lead to deeper challenges, including involvement with the justice system.

### 3. COLLEGE AND CAREER READINESS

Participants described **limited pathways to education and employment as a significant constraint on youth opportunity**. While some schools have expanded career and technical education programs, access to these opportunities is uneven, and not all students are aware of or encouraged to pursue them. Even when students complete training or certification programs, **local job opportunities that match these skills are often limited**, requiring young people to leave their communities to find work. Participants emphasized that this disconnect can discourage students from pursuing further education or training. In addition, access to higher education and workforce training programs is



## PARTICIPANT VOICES

“The youth here, I feel, there’s nothing there for them, and a lot of them are having children early, a lot of them are doing drugs or are in bad situations.”

Edwards County

“There’s nothing for those who don’t do sports... there’s no art, there’s no music... something so that the kids can go hang out on the weekends instead of getting involved with the wrong things.”

Dimmit County

“The youth don’t get help unless you have money, or else they go way far off the deep end and commit a crime and they get into the system that way.”

Real County



often constrained by distance, cost, and limited local availability. These conditions contribute to concerns about long-term economic mobility for young people in rural communities.

#### 4. RECREATIONAL OPPORTUNITIES

Participants consistently described a lack of recreational opportunities as a major gap affecting youth engagement and well-being. In many communities, **school sports are the primary structured activity available, leaving few options for youth who are not involved in athletics.**

Outside of sports, there are often limited programs, safe spaces, or community activities where young people can gather and spend time constructively. Participants noted that facilities such as pools, youth centers, or community spaces have closed or operate with limited hours due to funding constraints. As a result, young people may experience boredom, isolation, or increased exposure to risky behaviors. Residents emphasized **the need for more diverse opportunities, including arts, music, leadership programs, and afterschool activities.** Expanding these options was seen as critical to supporting youth development and preventing negative outcomes.

#### CROSS-CUTTING CHALLENGES

Participants described several recurring barriers shaping the experiences of youth:

- Limited activities beyond school sports, leaving many youth without constructive outlets
- Rising concerns about mental health, including depression, bullying, self-harm, and suicide
- Increasing substance use among youth, with limited prevention and treatment resources
- Schools serving as the primary support system but lacking capacity to address serious needs
- Limited access to career training and local job pathways for young people
- Few community resources and safe spaces to support youth development and engagement

These challenges highlight the urgency of strengthening systems that support youth well-being, mental health, and long-term opportunity in rural communities.



### PARTICIPANT VOICES

“A school counselor... you’re not trained to do true mental health therapy... serious mental health... it’s like the silent killer.”

Real County

“My son was at Robb [Elementary, where the Uvalde school shooting happened], and he was getting therapy but there was a lot of turnover and he didn’t want to tell his story anymore.”

Uvalde County

“Even for mental health... you have to choose whether driving all the way [for care] or doing it online... my daughter has a very hard time doing her counseling via remote.”

Val Verde County

## MENTAL HEALTH AND SUBSTANCE USE

Participants consistently identified access to mental health and substance use services as a major concern across rural communities, with significant gaps in care affecting individuals and families.

Across counties, residents described a system shaped by limited provider availability, social and cultural stigma, lack of local treatment infrastructure, and deep-rooted trauma that make it difficult to access timely and appropriate care.

Participants described a mental health system with **few low-cost providers and limited local capacity**, where most available services are delivered through telehealth rather than in-person care. While telehealth has expanded access, many residents prefer in-person services and struggle to engage with virtual care. At the same time, **stigma and concerns about privacy in small communities discourage many individuals from seeking help**, even when services are available. These barriers are compounded by the lack of specialized providers, including psychiatrists and psychologists, across most counties. Together, these conditions leave many residents without consistent or accessible mental health support.

Participants also emphasized that **crisis and treatment infrastructure is largely absent at the local level**, requiring individuals to travel long distances to access detox, inpatient care, or specialized services. In many cases, **people experiencing mental health or substance use crises are taken to emergency rooms or encounter law enforcement** rather than receiving appropriate care. Participants described how intergenerational trauma, substance use, and economic hardship contribute to ongoing mental health challenges within families and communities. Without local treatment options or follow-up care, individuals often cycle between crisis, temporary stabilization, and relapse. These gaps highlight the need for more comprehensive, community-based systems of mental care.

#### 1. MENTAL HEALTH SERVICES

Participants described **significant gaps in access to mental health services**, particularly in rural communities with few to no local providers. Affordable



services are limited, and the providers that do exist often serve large geographic regions, making regular access difficult. In most counties, there are no local psychiatrists or psychologists for private care, and residents rely on regional providers or nonprofit organizations. **Telehealth has become the primary mode of service delivery**, but many participants said it is not a sufficient substitute for in-person care. High provider turnover further disrupts continuity of care, making it difficult for residents to build trust and maintain treatment. These conditions limit access to timely and sustained mental health support.

#### 2. CRISIS RESPONSE AND INFRASTRUCTURE

Participants emphasized that **mental health crises are difficult to manage due to the lack of local facilities and services**. In most communities, there are no crisis centers, psychiatric facilities, or inpatient treatment options available locally. As a result, **individuals in crisis are often transported to hospital emergency rooms or facilities in larger cities**. Participants described these experiences as costly, fragmented, and lacking follow-up care once individuals return home. In some cases, **law enforcement becomes the default responder to mental health crises**, even when individuals need clinical care rather than intervention from the justice system. These gaps can lead to delays in treatment and, in some cases, the criminalization of individuals experiencing mental health challenges.



## PARTICIPANT VOICES

“If you’re going to have it [a mental health need], it better be Monday through Friday from 8 to 5.”

Val Verde County

“Mental health care is nearly impossible to access from here... the only place we can take them is to the E.R.”

Edwards County

“I think they [people with mental health needs] think of it in a different way, like, ‘You’re gonna think I’m crazy,’ instead of... this is something serious.”

Real County

“We don’t have the right professionals.”

Zapata County

“I did a detox in jail. I didn’t have access to detox medically.”

Val Verde County

“Usually... people have to get arrested to get help... ‘I’m just going to go get in trouble... because there is no one to help me.’”

Val Verde County



### 3. SUBSTANCE USE TREATMENT

Participants described **extremely limited access to substance use treatment services**, particularly detox and inpatient care. In most communities, there are no local treatment facilities, **requiring individuals to travel to larger cities such as San Antonio, Laredo, or Corpus Christi**. Even when individuals are able to travel, participants noted that treatment beds are often unavailable, creating delays that discourage people from seeking help. Local outpatient and recovery support services are also limited, with few to no consistent programs available in many counties. Participants emphasized that substance use is closely connected to trauma, mental health challenges, and economic stress, yet treatment systems remain fragmented. In some cases, individuals only access treatment through the criminal justice system after being arrested.

### CROSS-CUTTING CHALLENGES

Participants described several recurring barriers shaping mental health and substance use care:

- Few low-cost providers with limited capacity, with most services delivered through telehealth
- Stigma and lack of privacy discouraging individuals from seeking care
- No local crisis, detox, or inpatient treatment facilities
- Long travel distances required for treatment, with limited follow-up care
- Intergenerational trauma and substance use affecting families and communities
- Mental health and substance use crises often handled through law enforcement

These challenges highlight how gaps in infrastructure, access, and social support combine to limit effective mental health care in rural communities.

## 5

# Additional Community Insights

This section highlights additional issues raised by participants that, while not consistently discussed across all counties, are critical to understanding daily life in rural communities. These insights reflect **gaps in emergency services, internet access, family supports, and the unique conditions facing border communities**, along with other localized challenges that shape access, safety, and well-being.

## EMERGENCY SERVICES

**Participants described emergency services as uneven across rural communities, with serious gaps in emergency medical response in some areas.**

**In many counties, residents emphasized limited ambulance availability, long response times, and the absence of nearby hospitals as critical concerns affecting emergency care.**

Participants consistently described **emergency medical services (EMS) as a significant point of vulnerability** in some rural communities. In many areas, counties have only a small number of ambulances available, which can lead to **long wait times when multiple calls occur at once**. Response times vary widely, ranging from relatively quick in some communities to 30, 45, or even 90 minutes in others. As a result, **residents sometimes drive themselves or family members to emergency rooms in neighboring cities, even in serious medical situations**. These conditions can delay care and, in some cases, even be life-threatening.

Participants also described structural challenges within EMS systems, including **low pay, staffing shortages, and reliance on nonprofit funding models**. In some counties, EMS departments depend on fundraising

to cover a portion of their operating costs, while staff are often underpaid and difficult to recruit and retain. While fire departments and law enforcement were generally described as stable or adequate in most communities, EMS stood out as an area where capacity and reliability vary significantly. Together, these conditions highlight uneven access to emergency care across rural communities.

## CROSS-CUTTING CHALLENGES

**Participants described several recurring barriers shaping emergency services:**

- Limited number of ambulances serving large geographic areas
- Long and inconsistent EMS response times across communities
- Residents sometimes driving themselves to emergency care due to delays
- Low pay, understaffing, and reliance on fundraising in some EMS systems

These challenges underscore how gaps in emergency medical services can affect timely access to life-saving care in rural communities.



## PARTICIPANT VOICES

“I will share this, people don’t make it... by the time they get to Laredo to get help, it’s too late.”

Zapata County

“I had blood clots in my lung... they told me that they didn’t have any ambulances available for me... they didn’t know if I was going to make it.”

Zapata County



## PARTICIPANT VOICES

“Yes, it’s a struggle... sometimes calls don’t come through because there’s no signal.”

Willacy County

“The whole town can go down at one time.”

Edwards County

## BROADBAND AND INTERNET ACCESS

Participants described internet access as a **persistent challenge in rural communities, shaped by high costs in some areas, unreliable service, and limited infrastructure.**

Residents reported relying on **inconsistent connections and workarounds such as phones or hotspots, while many—particularly seniors—struggle to keep up as essential services move online.**

Participants described internet service as often expensive, unreliable, or limited, even in communities where many or most people have access. While many households have internet at home, others rely primarily on cell phones, hotspots, or shared connections. **Monthly costs are high relative to local incomes, with many residents paying between \$60 and \$100 or more for service. At the same time, infrastructure gaps and inconsistent service quality affect reliability,** particularly in more remote or underserved areas. These challenges shape how residents access information, services, and opportunities.

Participants also emphasized that digital access is increasingly essential for everyday life, from schoolwork and healthcare to government services and employment. However, **many residents, especially older adults, face barriers navigating online systems,** completing digital forms, or using devices. Limited access to computers, training, and digital literacy programs further widens this gap. While some public spaces such as libraries offer internet access, these resources are often limited in scale or outdated. Together, these conditions contribute to uneven digital access across communities.

### 1. ACCESS TO HIGH-SPEED INTERNET

Participants described **uneven access to reliable, high-speed internet at home,** with some households lacking service entirely or relying on alternatives. **Many residents access the internet primarily through their phones rather than computers,** limiting their ability to complete tasks such as schoolwork or applications. Others rely on hotspots, shared connections, or satellite services such as Starlink, particularly in more remote areas where traditional



providers are unavailable. Some communities have multiple providers, but access and quality vary widely. In certain areas, students have lost access to hotspots distributed during the pandemic, leaving households without reliable connections. These conditions create disparities in how residents can access online resources.

### 2. COST OF INTERNET

Participants consistently described **internet service as expensive relative to local incomes,** even when access is available. **Monthly costs commonly range from \$55 to \$100 or more,** with some households paying higher rates depending on location or provider. In more remote areas, satellite services such as Starlink can cost over \$100 per month, placing them out of reach for many families. Participants also noted that prices often increase over time, particularly after initial promotional rates expire. For households on fixed incomes or with limited financial flexibility, these costs can be difficult to sustain. As a result, some residents rely on lower-cost hotspots or go without service entirely.

### 3. RELIABILITY AND INFRASTRUCTURE

Participants described **inconsistent and unreliable internet service as a major barrier,** even in communities where connections exist. Service interruptions can affect entire areas at once, and **reliability can vary significantly within the same community.** In some locations, internet service is affected by weather or infrastructure issues, leading to dropped calls or outages. Some residents reported that outdated infrastructure limits service quality, with

a few households still relying on older technologies. These issues can affect communication, access to services, and the ability to stay connected to schools or workplaces. Participants emphasized the need for more dependable infrastructure and consistent service.

### 4. DIGITAL ACCESS AND LITERACY

Participants emphasized that **many residents face barriers navigating digital systems,** particularly older adults. As more services move online, **individuals without computer skills or access to devices struggle to complete forms, access benefits, or communicate with institutions.** While some libraries, schools, or community organizations offer computer access or training, these resources are often limited or inconsistently available. In some communities, efforts to provide digital literacy classes or distribute hotspots have had low participation or have been discontinued. Participants noted that even when access exists, lack of familiarity with technology can prevent people from fully using it. These gaps contribute to a sense that some residents are being left behind, and they consistently voiced interest in community centers or service providers who could assist residents with navigating digital forms or applications.

### CROSS-CUTTING CHALLENGES

Participants described several recurring barriers shaping internet access across communities:

- Internet service is often expensive, unreliable, or limited
- Many households rely on phones or hotspots rather than high-speed connections
- Infrastructure gaps contribute to inconsistent service and outages
- Monthly costs are high relative to local incomes
- Limited access to computers and digital literacy support
- Seniors and others struggle as services increasingly move online

These challenges highlight how digital access has become an essential but uneven resource across rural communities.



## PARTICIPANT VOICES

“Especially people that have daycare issues, to work and get paid \$10 an hour? You're not even going to make enough money to pay daycare.”

La Salle County

## FAMILY SERVICES

Participants described significant gaps in services that support families across the life course, from early childhood through aging.

Residents emphasized limited access to childcare, early childhood programs, family support services, and care for seniors and individuals with disabilities, placing sustained pressure on families.

Participants described family life in rural communities as shaped by **limited formal support systems and heavy reliance on informal care networks**. Across counties, families often fill gaps left by the absence of services, with **grandparents, relatives, and neighbors providing childcare, transportation, and caregiving**. At the same time, many parents struggle to balance work and caregiving responsibilities due to limited options. Participants also described **challenges accessing information, navigating benefits, and connecting with agencies that once provided in-person support**. These conditions place ongoing strain on families and limit their ability to meet basic needs.

Participants emphasized that **gaps in services affect multiple generations within the same household**, with families often caring for both children and aging parents. Limited access to specialized services, particularly for children with disabilities and older adults, requires families to travel long distances or go without care. In some cases, residents described leaving jobs or reducing work hours to meet caregiving demands. At the same time, some community members, including undocumented residents, may avoid seeking services due to eligibility barriers or fear. Together, these challenges highlight the limited infrastructure available to support families across rural communities.

### 1. CHILDCARE

Participants described **a shortage of affordable and available childcare as a major barrier for working families**. In many communities, there are few daycare facilities, and available options are often expensive relative to local wages. **Parents, especially single and young mothers, frequently must choose between working and caring for their children**. Costs increase with multiple children, and affordable care often depends on informal arrangements or extended family



support. In some cases, parents leave jobs to manage childcare needs. These conditions make it difficult for families to maintain stable employment.

### 2. EARLY CHILDHOOD EDUCATION

Participants emphasized that **the loss or limited availability of early childhood programs has reduced support for young children and families**. In some communities, Head Start programs have been eliminated, leaving few alternatives for early education and care. Participants described how these gaps affect children's development and readiness for school. Limited access to early childhood programs also places additional pressure on families to provide care at home. These challenges are especially significant in communities with fewer resources and higher levels of need.

### 3. PARENTS AND FAMILY SUPPORT

Participants described **limited access to family support services and information**, making it difficult for parents to navigate available resources. In some communities, agencies that once provided in-person support—such as health education, WIC, or benefit navigation—are no longer consistently available. Across the counties where sessions were held, participants did not identify any local parenting programs or similar supports for families. Parents often rely on word-of-mouth or must travel to access services. Some residents described **falling into gaps where they do not qualify for assistance but still struggle to meet basic needs**. These barriers can make it difficult for families to access timely support and information.



### 4. ELDER CARE

Participants described rural communities as **“hard places to age,” with limited services to support older adults**. Many seniors face challenges accessing medical care, transportation, and in-home support services. Families often take on caregiving responsibilities, with some adults balancing care for both children and aging parents. In smaller communities, **some seniors live alone or have limited family support**, increasing isolation and vulnerability. While most communities offer senior centers or meal programs, access can be limited by distance or transportation barriers. These conditions place significant strain on both older adults and their families.

### 5. CHILDREN AND PEOPLE WITH DISABILITIES

Participants emphasized **major gaps in services and support for children and individuals with disabilities**. Many families must travel out of town multiple times per week to access therapies, specialists, and medical care. **Schools often lack sufficient staff or resources to support students with disabilities**, particularly those with more complex needs. Participants also described challenges finding childcare providers equipped to care for children with disabilities. In some cases, families seek services outside the region due to limited local options. These gaps create ongoing challenges for families trying to meet the needs of children with disabilities.



## 6. ACCESS AND ELIGIBILITY

Participants described **barriers to accessing services based on eligibility, availability, and trust**, particularly for undocumented residents. Some individuals avoid seeking services due to fear or uncertainty about eligibility, leaving gaps in support. Even among eligible residents, **limited availability of programs and long wait times can restrict access**. In some cases, services are available only in larger towns within the county, requiring travel that is not always feasible. These barriers contribute to uneven access to family support across communities.

## CROSS-CUTTING CHALLENGES

Participants described several recurring barriers shaping family services:

- Limited availability and high cost of childcare
- Loss or reduction of early childhood programs in some communities
- Limited access to family support services and benefit navigation
- Rural communities are “hard places to age,” with limited access to medical care, transportation, and in-home support services
- Gaps in services and supports for children and people with disabilities
- Barriers to accessing services based on eligibility, availability, or fear

These challenges highlight how gaps in family services place sustained pressure on households across rural communities.



## PARTICIPANT VOICES

“My mom lives with me. I take care of my husband. So a lot of us are tied down here because we do take care of our parents.”

Zavala County

“My son has autism and he's non-verbal... it's very hard to find school support or daycare that understands his needs. I've been turned away because they don't know how to help and label him as 'angry,' but they don't understand how his mind works.”

Jim Hogg County





## PARTICIPANT VOICES

“We had a situation where a parent... the child had fallen, and because they didn’t have papers... she was afraid to take the child to Laredo... the child didn’t get the services that he needed.”

Zapata County

“There are many people... who need their diabetes medicine... but it still costs me \$400 here. So I go to Mexico... and get three or four months’ worth.”

Zapata County

“Here, unfortunately, it’s about who you are and who you know. If they know you, they’ll help you.”

Zapata County

## BORDER COMMUNITIES

Participants described border communities as facing a distinct set of conditions that shape daily life, access to services, and community well-being.

Residents emphasized that federal and state enforcement of the border, immigration dynamics, cross-border reliance, and local political structures create unique conditions and sometimes additional pressures on already limited systems.

Participants described how **federal law enforcement presence and immigration dynamics shape everyday life in border communities.** In some regions, **the presence of Border Patrol and other federal agencies contributes to rising housing costs and adds to daily stress.** In one county, high-speed pursuits were raised as a serious safety concern, with reports of accidents, school shutdowns, and vehicles crashing into homes, ranches, and fences. Participants in areas near internal checkpoints also described concerns about smuggling activity and law enforcement chases creating unsafe conditions. At the same time, residents emphasized that these communities are often mischaracterized as unsafe, despite being places where families feel secure and connected.

Participants also described how cross-border access and legal status shape how residents meet basic needs and access services. Many families **regularly cross into Mexico for dental care, medications, and some medical services,** even when insured, due to significantly lower costs. **Undocumented residents face major barriers to accessing services, and some avoid seeking care altogether** due to fear of deportation or inability to pay. Participants emphasized that immigration and asylum dynamics place additional strain on local systems that are already limited. Language gaps create further challenges, as Spanish is widely spoken locally but many systems require English to access benefits, healthcare, and legal processes.

Participants also described how **economic and political structures shape access to resources and opportunities in border communities.** In some border counties, concerns about patronage, concentrated power, and the influence of a small number of families were very acute and raised repeatedly as factors determining who receives support. Participants



described **systems where access to services, jobs, or assistance can depend on relationships rather than need.** Some also expressed frustration that their communities do not receive a proportional share of resources, despite high levels of need. In addition, participants highlighted **infrastructure gaps in colonias,** including limited access to paved roads, lighting, water, and basic services.

## CROSS-CUTTING CHALLENGES

Participants described several recurring challenges shaping life in border communities:

- Federal law enforcement presence contributing to housing pressures and daily stress
- High-speed Border Patrol chases creating safety risks, including crashes into homes and community spaces
- Reliance on Mexico for more affordable healthcare, medications, and dental services
- Immigration and asylum dynamics placing additional strain on already limited local systems
- Undocumented residents facing barriers to services and fear of seeking care
- Economic and political structures, including patronage and concentrated local power, shaping access to resources and opportunities
- Language gaps complicating access to services, benefits, and legal systems
- Infrastructure gaps in some areas, including colonias lacking roads, lighting, and basic services

These challenges highlight how border dynamics create additional layers of complexity for communities already facing limited resources.



## OTHER ISSUES RAISED

Participants raised a range of additional issues that were important within specific communities but did not emerge consistently across counties. While these concerns were not a primary focus of the questions asked in the sessions, they nonetheless reflect meaningful conditions that shape daily life in certain communities. In some cases, they point to localized gaps in infrastructure, services, and support systems.

### 1. INFRASTRUCTURE

In some communities, participants described **ongoing infrastructure gaps**, particularly in smaller towns and colonias. Residents reported limited access to paved roads, street lighting, and basic services, as well as concerns about water availability in certain areas. Some also expressed skepticism about how local resources are distributed and whether smaller or more remote communities are prioritized.

- Limited paved roads, street lighting, and basic infrastructure in some communities
- Water access challenges, including wells drying up or water being diverted
- Concerns about how county resources are allocated across communities

### 2. WATER QUALITY AND AVAILABILITY

Participants in some areas described **concerns about water quality and long-term availability**, particularly in smaller or rural communities.

- Water quality issues, including regulatory violations in some areas
- Declining water supply linked to environmental and population pressures
- Local concerns about water access for both residents and agriculture



### 3. UTILITIES

Participants in some counties described **high and rising utility costs** as a financial strain, with limited support available to offset these expenses.

- High monthly utility bills reported in some communities
- Limited or no assistance programs to help cover utility costs

### 4. DOMESTIC VIOLENCE

Participants in several communities described **domestic violence as a serious concern**, with limited resources available to support those experiencing it. While some services exist, participants emphasized gaps in emergency housing, education, and long-term support.

- Limited access to emergency shelters; some residents informally provide housing
- Lack of education around domestic violence and healthy relationships
- Connections between domestic violence, stress, and substance use
- Counseling identified as an important but limited support



## 5. CHILD ABUSE

In some communities, participants raised concerns about **child abuse and exploitation**, noting that these issues can be difficult to discuss openly.

- Reports of child abuse within families
- Challenges addressing and discussing abuse due to stigma

## 6. ANIMAL CONTROL

Participants in a few communities described **challenges related to animal control**, including safety concerns and limited services.

- Loose or abandoned animals creating safety risks in neighborhoods
- Limited access to affordable spay/neuter services
- Lack of local animal control services in smaller communities

## 7. ADMINISTRATIVE SUPPORT AND ACCESS TO RESOURCES

Participants described **persistent challenges navigating services and completing applications**, particularly in the absence of in-person support. In

some communities, assistance that was previously available is no longer accessible, leaving residents without guidance on how to apply for benefits or respond to official correspondence. Participants expressed a strong need for **trusted, local support to help them understand eligibility, complete applications, and access available resources**. Many also described **a desire for a central location, such as a community or services center**, where residents could learn about available programs and receive help in one place. In many cases, residents reported that services may exist, but remain difficult to access without help navigating systems.

- Need for assistance completing applications for benefits and services
- Limited access to in-person support for navigating programs
- Loss of local assistance that previously helped residents access services
- Desire for a central location where residents can learn about programs and receive help
- General lack of awareness about available resources

Participants expressed a strong need for trusted, local support to help them understand eligibility, complete applications, and access available resources.

## 6

# Community Case Studies

The following case examples highlight specific conditions observed in individual counties that offer important lessons for how resources, services, and economic activity are experienced uniquely on the ground. Each example focuses on a distinct issue—**access to mental health care after trauma, the concentration of services in county seats, uneven development within counties, and the impact of external economic forces on local costs and opportunities.**



These cases illustrate how structural factors such as geography, economic development, and access to services can shape daily life in ways that are not always visible in broader summaries of shared rural challenges.

## UVALDE COUNTY: SUSTAINED MENTAL HEALTH NEEDS AFTER COMMUNITY TRAUMA

**Participants described mental health as one of the most pressing concerns in Uvalde County, shaped by the lasting impact of the Robb Elementary school shooting.**

**Residents emphasized that while initial support was available, ongoing access to consistent and trusted care remains a challenge for families.**

Community members in Uvalde County described how trauma from the Robb Elementary school shooting in May 2022 continues to affect children, parents, and the broader community more than three years later. Many families initially received counseling services in the aftermath, including support from organizations that came into the community to provide care in person or through telehealth. However, participants reported



that many of these services are now winding down or leaving, and ongoing support has become more limited, remote, or difficult to access. **For families navigating trauma, consistency in care is critical.** One parent described how frequent turnover among counselors disrupted their child's progress, stating, "My son was at Robb and he was getting therapy, but there was a lot of turnover and he didn't want to tell his story anymore."

Participants also highlighted the broader challenges of accessing mental health care in a small community. **Stigma and concerns about privacy can discourage individuals from seeking support,** particularly when "everyone knows each other." Transportation barriers further complicate access, especially for residents in surrounding towns such as Sabinal and Knippa, who must travel to Uvalde, the county seat, or beyond for services. At the same time, participants noted that trusted local institutions—such as churches, schools, and community organizations—play an important role in providing informal support and connection for families navigating difficult experiences.

This example underscores that in rural communities, **mental health recovery after trauma requires sustained, locally accessible, and trusted systems of care,** rather than short-term crisis response alone.



## REAL COUNTY: UNEVEN ACCESS BETWEEN COUNTY SEATS AND OUTLYING COMMUNITIES

Participants described how the location of services within a county can create uneven access, with resources concentrated in county seats and limited availability in smaller communities.

Residents emphasized that in Real County, services are largely centered in Leakey, leaving communities such as Camp Wood with fewer options and greater barriers to care.

In Real County, **geography and service distribution shape how residents access healthcare and other resources.** Leakey, the county seat, serves as the primary hub for many services, while smaller communities such as Camp Wood often have fewer local options. Participants described how residents in these areas must travel to access care, often along a hilly, winding 30-minute route that can be difficult or unsafe to navigate, particularly at night or for older adults. While some services exist locally in Camp Wood, others require travel to Leakey or to nearby cities such as Uvalde or Kerrville. These distances create additional challenges for residents without reliable transportation.

Participants also described a sense that **smaller communities must work harder to secure resources and are often considered after the needs of the county seat are addressed.** Camp Wood residents have pushed persistently to establish services such as a local nutrition center, and many continue to advocate for improved access to healthcare and infrastructure. Despite these efforts, participants expressed frustration that their community remains overlooked. One community member shared, “Our county judge... she tries hard to help us, but we’re always last... we’re still always last.”

At the same time, residents described a strong commitment to advocating for their communities and improving access to services. However, their experiences reflect a broader challenge in rural counties, where **the concentration of services in a single town can leave outlying communities with fewer resources and greater barriers to care.**

This example reflects a broader pattern described in most counties, where **services are concentrated in county seats,** leaving smaller and more remote communities with fewer resources and greater barriers to access.

## MAVERICK COUNTY: GROWTH ALONG THE BORDER AMID PERSISTENT INFRASTRUCTURE GAPS

Participants described Maverick County as experiencing visible economic growth tied to its position along the U.S.–Mexico border, particularly in and around Eagle Pass.

At the same time, residents emphasized that this growth has not reached many smaller communities and colonias, where basic infrastructure and services remain limited.

While Eagle Pass has experienced significant growth in recent years, driven in part by its proximity to an international port of entry, residents from smaller communities across Maverick County described a very different reality. Participants from towns such as El Indio and Quemado, as well as the colonia of Normandy, said that development and investment remain concentrated near Eagle Pass. One resident explained that local leaders have indicated that improvements will follow outward from the city: “We need to build out from Eagle Pass because Eagle Pass is growing...we’ll get to your community eventually.” For residents in outlying areas, this has meant **waiting for the most basic improvements as growth continues elsewhere.**

Participants described how **some communities still lack consistent access to basic infrastructure and services,** despite broader economic activity in the county. Residents reported limited access to grocery stores, transportation, and other essential resources, with some relying on monthly food pantry distributions and informal support networks for basic needs. In colonias and smaller communities, concerns included lack of paved roads, lighting, and reliable services that are more readily available closer to Eagle Pass. These conditions stand in contrast to the growth occurring in the county’s main economic center.

At the same time, participants expressed pride in their communities and a strong desire to be included in the county’s future growth. However, their experiences reflect a broader dynamic in some border counties, where **economic expansion tied to trade and location coexists with persistent poverty and underinvestment in smaller and unincorporated communities.**

This example highlights how **economic growth at the county level does not necessarily translate into equitable development,** and underscores the importance of ensuring that infrastructure, services, and investment reach all communities—not only those closest to economic centers.



## LA SALLE COUNTY: EXTERNAL ECONOMIC GROWTH DRIVING LOCAL COST PRESSURES

**Participants described how oil and gas development in La Salle County has brought increased economic activity while also reshaping housing, wages, and daily life for local residents.**

**Residents emphasized that this growth—driven largely by outside industry and workers—has increased the cost of living without corresponding gains for many local households.**

La Salle County sits at the center of the Eagle Ford Shale energy region, where oil and gas development has brought an influx of workers and economic activity. Participants described how this growth has significantly altered local conditions, particularly during periods of peak industry activity. The arrival of **higher-wage, out-of-county workers increased demand for housing, filled hotels, and placed new pressure on local services and infrastructure.** At the same time, residents noted that much of this economic activity operates alongside, rather than within, the existing local economy.

Participants described how **rising costs have outpaced local wages**, creating challenges for long-

term residents. Housing prices increased during the boom and remain high relative to local incomes, with rents for a three-bedroom duplex reaching \$1,400–\$1,600 and home prices often exceeding \$150,000. While higher-paying jobs are associated with oil and gas activity, participants noted that many of these positions are filled by workers from outside the county. Local employment remains concentrated in lower-wage sectors such as retail, trucking, and food service, leaving **many residents unable to benefit from the economic growth occurring around them.**

Residents also described how local businesses have adapted to these conditions, with some restaurants bussing in workers from Laredo or Eagle Pass to meet staffing needs. These dynamics reflect a local economy shaped by external demand, where the industries driving growth do not fully align with the local workforce. As a result, **long-term residents face rising costs without corresponding increases in income or access to new opportunities.**

This example highlights how **external economic forces—such as energy development, tourism, or federal activity—can reshape rural communities by increasing costs and demand without proportionate benefits for local residents**, underscoring the importance of aligning economic growth with local affordability, workforce needs, and community stability.

Local employment remains concentrated in lower-wage sectors such as retail, trucking, and food service, leaving many residents unable to benefit from the economic growth occurring around them.

## 7

# Community Priorities and Aspirations

This section reflects what participants identified as most needed to improve conditions in their communities, **including both immediate priorities and longer-term aspirations**. Residents emphasized the need for **more equitable access to resources, expanded healthcare services, and stronger infrastructure**, while also describing a vision for more opportunity, stability, and connection. They also outlined **how organizations can better support rural communities** through sustained, locally responsive, and accessible approaches.



## ACCESS TO AND DISTRIBUTION OF RESOURCES

**Participants described persistent concerns about how resources are secured, distributed, and accessed within rural counties.**

**Residents emphasized that smaller communities often receive fewer resources, face barriers to funding, and lack transparency around how decisions are made.**

Participants described a strong perception that **resources are unevenly distributed within counties, with many concentrated in county seats or larger towns**. Residents in smaller or unincorporated communities reported paying taxes while receiving limited access to services, infrastructure, or public investments. Some service providers acknowledged that they were not fully aware of the needs in outlying communities within their own counties, further contributing to gaps in support being equitably distributed. Participants also described frustration that resources that are announced or discussed do not always materialize locally.

Community members also emphasized **barriers to securing funding and resources, particularly for smaller organizations and communities**.

These included limited grant-writing capacity, eligibility requirements that exclude small or unincorporated areas, and a lack of proactive efforts by local leadership, including elected officials, to pursue available funding. In several counties, participants expressed concerns about transparency and fairness, including perceptions of political patronage and limited accountability in how resources are allocated. Together, these conditions contribute to a sense that communities must compete for limited resources without equal access or opportunity.

- Perception that resources are concentrated in county seats or larger communities
- Smaller or unincorporated communities face barriers to funding and services
- Limited grant-writing capacity and eligibility challenges for small organizations
- Concerns about political patronage and lack of transparency and fairness in resource distribution
- Frustration that announced resources do not always reach local communities

These challenges reflect ongoing concerns about equitable access to resources within and across rural communities.

## COMMUNITY PRIORITIES FOR WELLNESS

In looking to the future and how they want to see their communities improve and transform, participants identified access to local, affordable, and comprehensive healthcare services as the top priority across communities.

Community members emphasized the need for stable, nearby care that reduces travel burdens and meets the needs of families, older adults, and vulnerable populations.

Participants consistently described the need for **expanded healthcare services within their communities, including primary care, specialty care, dental and vision services, and mental health support.** Many residents expressed frustration at having to travel long distances for basic services such as lab work, imaging, or specialist visits. Participants also emphasized the importance of having consistent providers who understand their patients and remain in the community over time.

They highlighted the need for **affordable and accessible care for all populations,** including children, older adults, and individuals without insurance or documentation. In addition to clinical services, residents described the need for support systems such as **emergency services, detox and recovery centers, and guidance for families navigating end-of-life planning.** Across communities, participants emphasized that improving access to care requires **not only more services, but also better coordination, affordability, and continuity.**

- More local clinics, hospitals, and emergency services
- Expanded access to dental, vision, and specialty care
- Reduced need to travel for routine tests and procedures
- Affordable care for all populations, including uninsured and undocumented residents
- Access to mental health services, including for children
- Support for substance use treatment and recovery



These priorities highlight the importance of building healthcare systems that are local, accessible, and responsive to community needs.

## VISIONS FOR COMMUNITY TRANSFORMATION

As they looked ahead, participants shared a clear vision for stronger, more connected communities with expanded opportunities for youth, families, and local economies.

Residents emphasized the importance of investments that support everyday life, strengthen local infrastructure, and create pathways for future generations to remain and thrive.

Participants described a desire for **more opportunities for youth and families,** including activities, programs, and spaces that support engagement beyond school and work. Many emphasized the need for **recreational facilities, community centers, and programs that provide safe and productive outlets for young people.** Participants also expressed a strong hope that younger generations will be able to stay in or return to their communities, supported by improved local opportunities.

Participants also highlighted the need for **stronger local infrastructure and economic opportunity,** including **affordable housing, childcare,**



## PARTICIPANT VOICES

“The county as a whole is fabulous, but it stops at Uvalde. Yeah, we are a part of Uvalde County, but these resources are not here [in Sabinal], are not provided to us.”

Uvalde County

“Although we are a very culturally rich town, there is a lack of knowledge for applying for federal grants... this is supposed to be something that our community leaders are supposed to get together and [do].”

Uvalde County

“I understand there's some grants. But it [El Indio] doesn't get any.”

Maverick County

“There's been a lack of transparency in governmental things...”

Zavala County



**transportation, and job pathways, and a general investment by local leaders in economic development.** Residents described the importance of reliable access to groceries, services, and everyday necessities, as well as **better communication about available programs and resources.** Across communities, there was a sense that investment in these areas could strengthen quality of life and support long-term stability.

- More youth programs, activities, and community spaces
- Expanded recreational opportunities and places for community gathering
- Affordable housing, childcare, and transportation options
- Greater access to jobs, job training, career pathways, and economic development for communities
- Improved access to groceries, goods, and essential services
- Better communication and awareness of available programs

These visions reflect a desire for communities that offer opportunity, stability, and a strong sense of belonging.

## HOW ORGANIZATIONS CAN HELP

Participants identified a need for more consistent, sustained, and locally responsive support from external organizations and partners that invest in their communities.

Residents emphasized that effective support requires long-term commitment, stronger relationships, and approaches that are informed by and reflect the true realities of rural communities.

Participants described the importance of **reliable and sustained engagement**, noting that some organizations enter communities briefly and then leave, making it difficult to build trust. They emphasized the need for organizations to **work in partnership with local communities, understand local conditions, and remain committed over time**. Participants also highlighted the importance of improving communication and awareness of available services.

Community members emphasized the need for **support that strengthens local capacity and addresses structural barriers**, including funding, transportation, and access to technology. This includes **providing support for grant writing, offering flexible funding opportunities, and ensuring that smaller communities are not excluded from resources**.

Participants also suggested investing in community-

based approaches, such as training community health workers, and voiced **a strong desire for creating shared spaces, such as community or service centers, where residents can receive help navigating and applying for services**.

- Provide consistent, long-term support and engagement
- Improve communication and awareness of available services
- Support transportation and access to services
- Invest in local capacity, including grant writing and staffing
- Offer funding that is accessible to smaller communities
- Support community-based solutions and shared service spaces

These priorities highlight the importance of building partnerships that are sustained, equitable, and authentically responsive to local needs.



## PARTICIPANT VOICES

“We hear a lot about resources that are going to be made available in the rural communities, but we never see them.”

Uvalde County

“We have potential to grow to be a great city... I saw how the community came together... there's a lot of potential here.”

Val Verde County

“I always say, we're hard to serve. It's like, you have to intentionally want to serve us...”

Edwards County

“Everybody's traumatized enough, for so long, from people [partnering organizations] coming and leaving.”

Edwards County

“We're overflowing with underfunded, generous people in this community... if people just had more gas money, they would give more rides.”

Real County

## 8

## Conclusion

### THE IMPORTANCE OF LISTENING AND COMMUNITY DIALOGUE

The listening sessions themselves were a meaningful outcome of this project. Across counties, participants described *the opportunity to come together, share experiences, and hear from others in their community as both valuable and, in many cases, rare.*



Residents, service providers, and community leaders engaged in conversations that surfaced not only challenges, but also new understanding of the conditions facing different parts of their counties. In some cases, participants noted that they learned about needs in smaller or more remote communities that had not been fully visible to them before.

Participants also described these conversations as **empowering**. Bringing together individuals from different towns, roles, and perspectives created space for **collective reflection and problem-solving**. In several communities, participants shared that the sessions helped them recognize shared challenges, build on one another's experiences, and begin thinking more critically about the issues affecting their communities. Some likened the sessions to a kind of support group and expressed interest in continuing these conversations, envisioning **ongoing spaces where residents could come together, share information, and support one another**. Others described feeling newly motivated to organize, advocate for resources, or engage more directly with local leadership.

Across communities, participants emphasized how meaningful it was simply to have space to listen to one another. Some described feeling that they were part of something larger, while others expressed appreciation for the opportunity to share their experiences and be heard. These sessions not only surfaced important insights, but also demonstrated the value of bringing communities together in structured, inclusive conversations.

These experiences underscore the importance of **deep, ongoing listening as a core component of community-based work**. For organizations, this means not only engaging communities at a single point in time, but **building sustained relationships and feedback loops that inform program design, resource allocation, and long-term strategy**. Listening in this way can help ensure that efforts are grounded in lived experience and responsive to the realities of rural communities.



## THE FUTURE OF RURAL COMMUNITIES

Rural communities remain a vital part of Texas. While the state continues to urbanize, it is **home to the largest rural population in the nation, and more than half of its counties—52 percent of the state’s 254 counties—are considered rural.** At the same time, many of these communities face significant challenges, including economic decline in some areas, limited access to services, and ongoing barriers to infrastructure and investment.

The findings in this report highlight both the scale of these challenges and the strength of the communities experiencing them. Across counties, participants described structural barriers that shape daily life, from access to healthcare and transportation to housing, food, and economic opportunity. At the same time, they also described strong social ties, local leadership, and a shared commitment to supporting one another and improving their communities.

Looking ahead, the future of rural communities will depend on **how effectively these structural challenges are addressed, how organizations and funders collaborate to address them, and on whether investments reach the full range of communities within each county.** It will also depend on whether organizations, policymakers, and partners continue to engage communities directly, listen closely, and **respond to what residents themselves identify as most needed.** Sustained attention to both systems and relationships will be essential to ensuring that rural communities are not only supported, but able to thrive.



## PARTICIPANT VOICES

“Oh my goodness! That was the most beautiful, beneficial thing I have ever sat through... it was so amazing to hear so many people that would normally never be sitting and having extended conversations just advocate and discuss the needs of our community.”

Edwards County

“So, personally, I really liked this meeting. I don’t know if they’ll hold another one or how we’ll continue this, but these are very important issues that, if we aren’t given the space to do so, we don’t discuss, so we can end up taking them beyond this room.”

Starr County





## About the Consultants



### MARÍA A. FERNÁNDEZ, ED.M.

Founder and CEO, Destino Strategy Consulting LLC

María A. Fernández, Ed.M., is the Founder and CEO of Destino Strategy Consulting LLC, where she partners with nonprofit, public, and philanthropic leaders to strengthen governance, leadership, and organizational strategy. With 28 years of experience as an organizational strategist, senior nonprofit executive, researcher, and leadership coach, she supports leaders in building the clarity, alignment, and capacity needed to advance community-centered change. Her work integrates strategic planning, board development, and facilitation of community engagement processes that elevate diverse voices and inform effective action. María holds a bachelor's degree from Stanford University and a master's degree from the Harvard Graduate School of Education, along with certifications in Diversity & Inclusion from Cornell University and Nonprofit Board Governance Consulting from BoardSource®. A native of Los Angeles, California, María has called San Antonio, Texas, home for the past 13 years, where she works locally and nationally to help organizations move from vision to sustained impact.

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### CECILIA BALLÍ, PH.D.

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Cecilia Ballí, Ph.D., is the Founder and Principal of Culture Concepts, LLC, where she partners with nonprofit, philanthropic, academic, and public organizations and agencies to support community-centered research, engagement, and storytelling. With 27 years of experience as a cultural anthropologist, journalist, and former university professor, she brings extensive experience in qualitative and ethnographic research, community and stakeholder engagement, storytelling and narrative strategy, and cultural analysis. Her work focuses on helping organizations center deep listening in their work to better understand the communities they serve, and translate those insights into effective approaches, programs and initiatives. She holds a bachelor's degree in American Studies and Spanish from Stanford University and a Ph.D. in anthropology from Rice University. A native of Brownsville, Texas, and based in San Antonio, she works locally and nationally to help organizations deepen their understanding of communities and align their strategies with lived realities.

**For more information, please visit**

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“Do all the good you can,  
by all the means you can,  
in all the ways you can,  
in all the places you can,  
at all the times you can,  
to all the people you can,  
as long as ever you can.”

**JOHN WESLEY**  
FOUNDER OF METHODISM