Bell County Community Health Needs Assessment

June 2013

TABLE OF CONTENTS

INTRODUCTION

Health is a complicated term developed and impacted by components of genetics, lifestyle, environment and access to medical services. It is a product of where and how we work, play and live. By understanding the factors that influence these components of health, the community can create targeted implementations to address those areas that have the greatest need. In order to accomplish this, Seton Healthcare Family worked in partnership with Seton Medical Center Harker Heights, to conduct a community survey to understand the overall health status of the community. By conducting a community health needs assessment, community health needs can be identified and prioritized by those that are considered most pressing for the residents of Bell County.

The importance of community health needs assessments was reinforced by the 2010 Patient Protection and Affordable Care Act provisions, which require hospitals designated as tax exempt 501(c)3 non-profit organizations or tax exempt partners in a joint venture hospital to complete a community health needs assessment every three years. In addition, these non-profit hospital partners are required to adopt an implementation plan to address the needs identified in the report. These two documents, the CHNA and the Implementation Plan, will serve as the Seton Medical Center Harker Heights community benefit plan.

This effort was broken into two phases:
1) The collection and analysis of secondary data from publicly available data sources regarding Bell County and
2) A community survey with representation from community stakeholders, residents and public officials in an attempt to validate the data analysis and/or identify other community needs that were not revealed in the data. In addition, the survey provided participants the opportunity to prioritize the needs identified with the goal of ranking the health needs that are most important.

Contained within this report are the analysis and findings from both phases of the community health assessment process. This participatory and collaborative approach was conducted May 2013 – June 2013 and will serve as the basis for Seton Healthcare Family's Community Benefit Plan for Bell County.

When framing a community health needs assessment, it is necessary to place parameters on the community that will be defined. For the purposes of this report, the community was confined to the geographic boundaries of Bell County. While we recognize that within this

region there are sub-communities, each with its own unique needs and assets, the overall population, demographics, and other characteristics, provide the same challenges and health concerns for all residents.

A review of existing health care resources reveals multiple hospitals providing inpatient care facility in Bell County. In addition, the county also has six rural health clinics operated by Scott and White and Seton Healthcare that are available to respond to the health needs of the community

I. METHODS

Data Collection:

The Seton Healthcare Family's Community Health Needs Assessment began with a look at the demographics in our service area over the next 30 years. Demographics formed the framework for the other health data we collected and helped us think about patterns and questions we found in the data. Next, we used data collected by Texas Department of State Health Services. We began with broad measures of health such as causes of death, births and other vital statistics and winnowed our focus down to specific diseases such as HIV/AIDS and diabetes. Once the secondary data set was collected, we reviewed data points with our Senior Epidemiologist to identify areas where the data had notable patterns or discrepancies, and we identified gaps in the data. In areas where samples were small, we aggregated data for several counties to more easily understand the metric for a portion of our service area. We also incorporated data from other local Community Health Needs Assessments and other studies of health in our service area. Other studies used include Robert Wood Johnson Foundation's County Health Rankings and the Commonwealth Report Health Scorecard. These studies filled in gaps around metrics that impact health, but are not disease-based such as crime rates, access to healthy foods, and unemployment. Collaborating with other organizations creating CHNAs within our service area provided more nuanced data in certain areas because some groups approach the CHNA with a methodology based more on community input.

Community engagement and prioritization methods:

The Seton Healthcare Family, in collaboration with Seton Medical Center Harker Heights, conducted a virtual Community Health Needs Survey for Bell County. The survey was designed as a way to gain insight into the progress that has been made since the last CHNA and to provide participants an avenue to identify current needs. The two goals for the survey were for the community to express current needs effecting Bell County and then prioritize those needs in order of importance. The survey invitation was sent out through local collaborations, partnerships, and council list serves with targeted outreach to community members, public

health officials and other key community stakeholders. In response, there was representation from the public health department, hospitals, clinics, school district, community residents and other service providers that serve the community. A complete list of survey participants' occupations can be found in *Appendix 1,* in addition to the organizations those participants represent (only listed if participants choose to provide their organization).

This collaborative process created a list of needs that were prioritized by survey respondents and categorized by theme. These themes served as the overarching needs that were identified with subgroups within each category. Participants used a Likert scale to express their opinions as to which category was the highest priority need and which subgroup was most important within that need. The following information is a summation of the data analysis coupled with the feedback from the community.

II. BELL COUNTY DEMOGRAPHICS

The population in Bell County is growing older and more diverse with time. Bell County shows steady growth for the next 18 years, with the majority of that growth in the 15-44 age group.

- Bell County is projected to maintain steady population growth over the next 18 years, from a population of 299,990 in 2012 to over 425,000 in 2030.
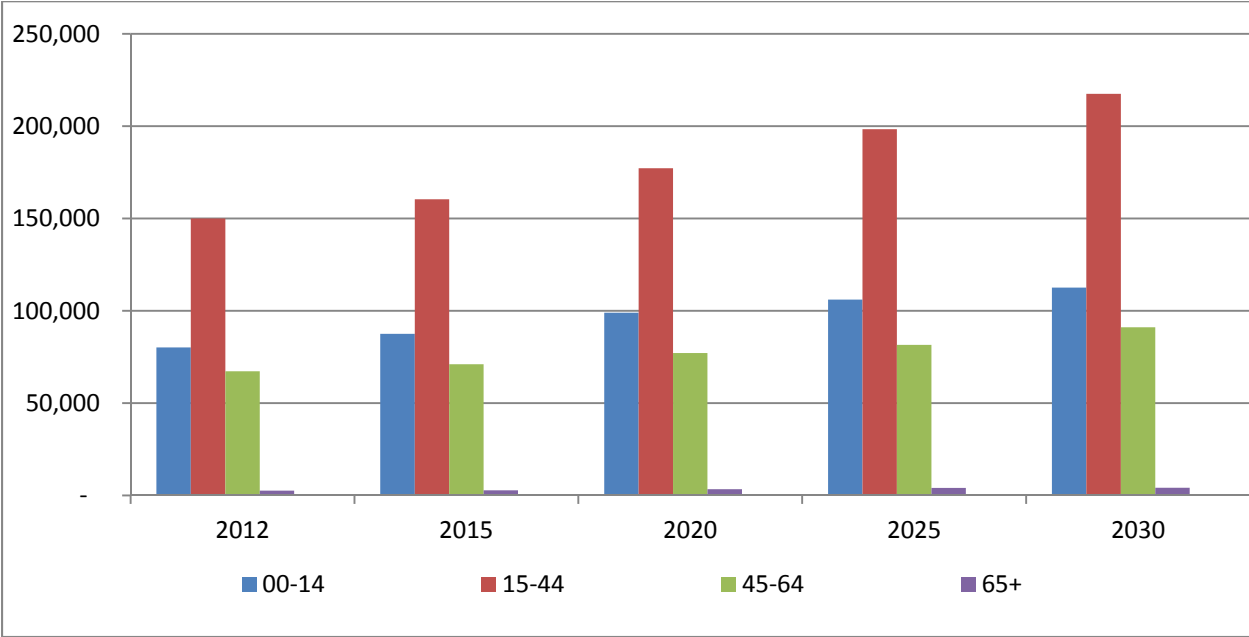
Figure II.1
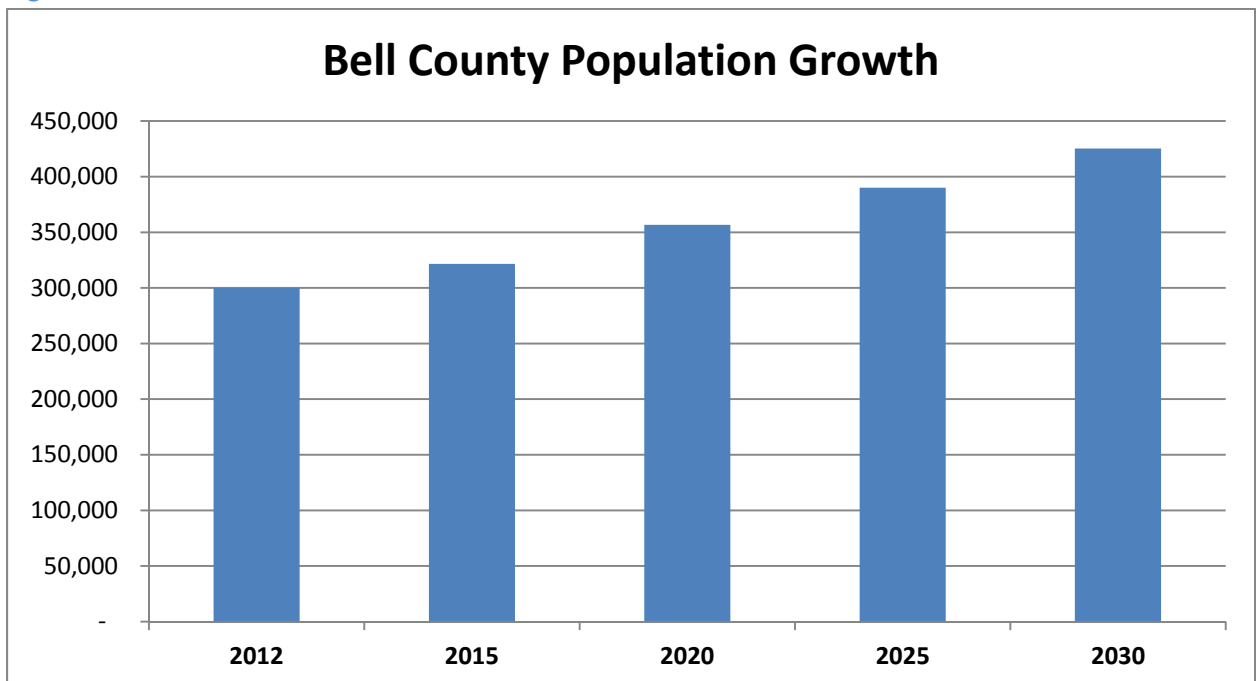
- This region is growing older and that trend is projected to continue through 2030. It is projected that the 15-44 demographic will increase the most with the other age brackets growing at a slower, yet steady pace over the same time period.

Figure II.2

Bell County Age Distribution

- Bell is near the national benchmark for the percentage of population with some college education. However, other environmental metrics for Bell County score below the national average. *(Appendix A)*

- The 8.00% unemployment rate is greater than the national 90th percentile but remains in line with the Central Texas average. In addition, 23% of children in Bell County live in poverty, which places it above the national median *(Appendix A).*

III. ACCESS TO CARE

Access to care was identified by survey participants as the highest priority health need for Bell County. This included specific concern for services for un- and underinsured residents as well as the need to increase access to primary care services.

Bell County participants listed access to care as the highest ranking health priority. Though a multitude of factors influence access to care, care for the un- and underinsured as well as improved access to primary care were the two areas of focus for survey participants. With twice the amount of population per primary care provider than the national average, it was no surprise that these two subgroups emerged. The fewer the primary care providers, the longer individuals have to wait to receive care and the fewer options available for un- and underinsured patients. As the population continues to grow in Bell County, opportunities exist to streamline avoidable hospital use and cost, especially among more vulnerable populations.

- While the uninsured rate in Bell County (21%) is lower than the state average, it is nearly double the national benchmark (11%).
- Bell County has a significantly higher population-to-primary-care-provider ratio than the national benchmark. This means that Bell County has nearly double the number of residents per primary care provider as the national benchmark (631 to 1).

	National 90th Percentile	Bell County
Uninsured rate	11%	🔴 21%
Primary Care Physicians	631 to 1	1,232 to 1
Air-pollution ozone days	0	🟢 0

🟢 No more than 9% worse than national benchmark
🟠 10% - 49% worse than national benchmark
🔴 50% or more worse than national benchmark

- One of the key themes that was repeatedly cited by survey respondents were the challenges to low-income patients accessing primary care. Per the Texas Medical Association, the number of Texas physicians accepting new Medicaid patients has declined by 36% from 67% in 2000 to 31% in 2012 (Figure III.1). Over this same period, the number of physicians accepting new Medicare patients has declined 20%, from 78% to 58% (Figure III.2).

Figure III.1

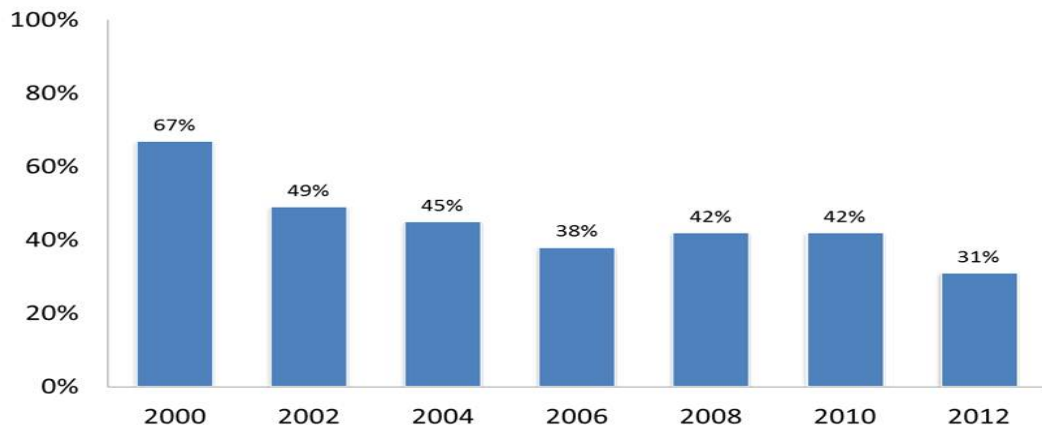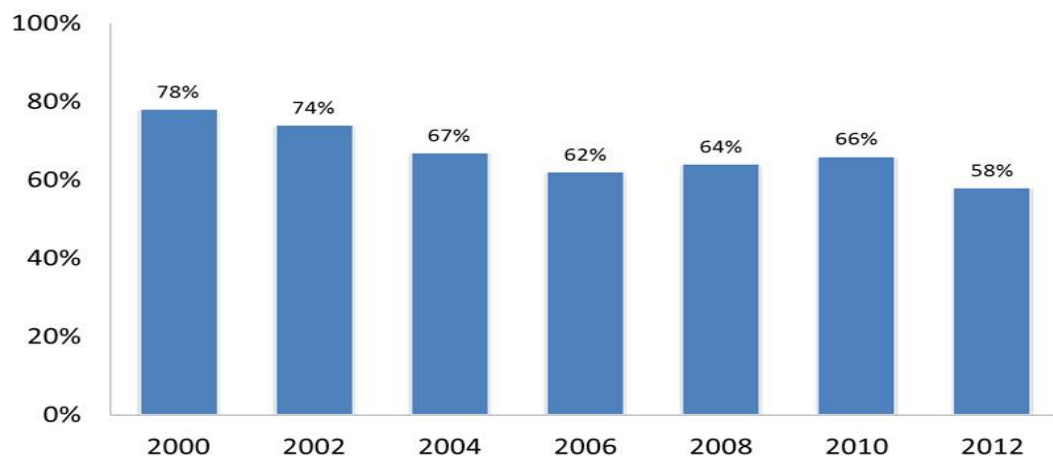**Percent of Texas Physicians Who Will Accept All New Medicaid Patients**

Figure III.2

**Percent of Texas Physicians Who Will Accept All New Medicare Patients**

IV. BEHAVIORAL HEALTH

Behavioral health services were identified by survey participants as the second highest priority need facing Bell County. As a subcategory in behavioral health, survey participants felt that the greatest need was for additional mental health services for adults and children.

With limited behavioral health providers in Bell County, the need for behavioral health services was noted as a high priority by community residents. According to a 2011 report created by the Department of State Health Services, 20 psychiatrists had their primary county of practice in Bell County. This equates to one psychiatrist per 14,833 residents. While this does not take into account the number of psychologists and/or counselors in Bell, or the number of psychiatrists who visit the county on a part-time basis, it supports the community perceived lack of mental health services.

- Suicide rates in the Bell County have decreased over time and are slightly lower than national, state and Central Texas averages. (Figure IV.1)

Figure IV.1
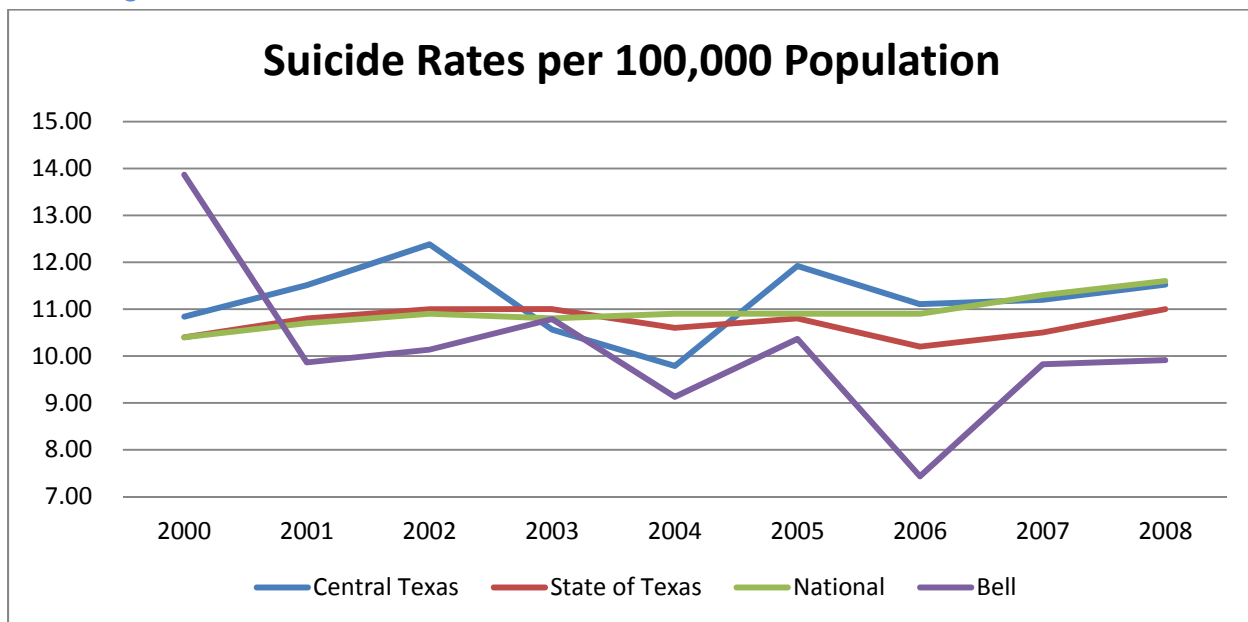
- The percent of Bell County adults reporting that they are in poor or fair health is well above the national benchmark. (Figure IV.2)
- Residents reported having 4 poor physical health days per month and reported 3.2 days of poor mental (in the past 30 days). Both of these put Bell County above the national 90th percentile benchmark. (Figure IV.2)

Figure IV.2

	National 90th Percentile	Bell County
Poor or fair health	10%	🔴 20%
Poor Mental Health Days	2.30	🟠 3.2
Poor Physical Health Days	2.60	🔴 4.0

- As of September 2011, there were 20 psychiatrists who made Bell County their primary county of practice. This ranks Bell County 25th in the state in terms of population-to-psychiatrist ratio.
- 15% of Bell County adults report excessive drinking compared to the national benchmark of 8%. Excessive drinking is defined as consuming an average of more than 2 drinks per day.
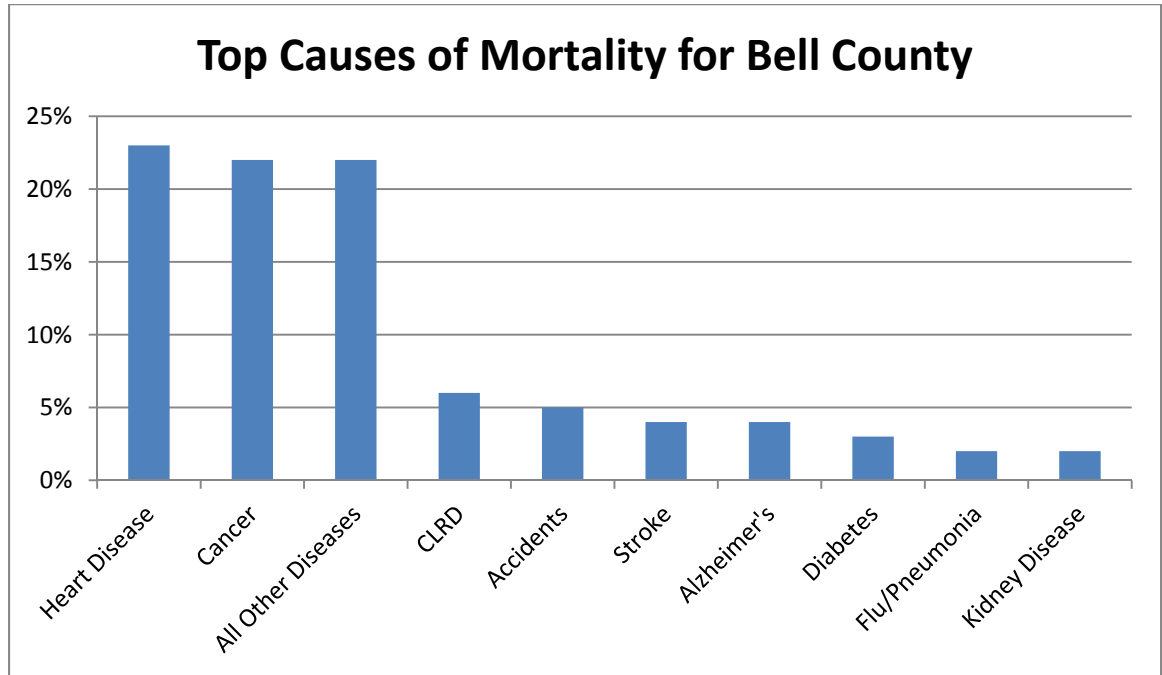
V. HEALTH OUTCOMES - DISEASE

Chronic diseases emerged as key concern among survey respondents and represent the leading causes of death not only in Bell County, but also for the state of Texas. The identified needs involving disease and health outcomes centered on the treatment of long-term health problems.

As has been the case for many years, cancer and heart disease are the leading causes of death across the Central Texas region. While not prioritized as the highest need category, the need for more chronic disease education and treatment of long-term health problems was clear given survey responses. In addition, survey participants also prioritized the prevention of chronic disease in older adults as an area of improvement related to chronic disease. Participants understood that chronic disease health needs are intertwined. Because of this, many community members expressed the need for a multidisciplinary approach to care because; success would require addressing chronic disease with attendant behavioral health, lifestyle and cultural barriers.

- Consistent with the state and the nation, cancer (22%) and heart disease (23%) are the leading causes of mortality in Bell County. (Figure V.1)

Figure V.1

Top Causes of Mortality for Bell County

Categories (left to right): Heart Disease ~23%, Cancer ~22%, All Other Diseases ~22%, CLRD ~6%, Accidents ~5%, Stroke ~4%, Alzheimer's ~4%, Diabetes ~3%, Flu/Pneumonia ~2%, Kidney Disease ~2%.

- The age-adjusted diabetes rate in Bell County has increased over time and has recently surpassed the national and regional averages.

- Given the impact lifestyle choices have on chronic disease, lifestyle metrics are used to identify opportunities and needs. In Bell County, all of the healthy lifestyle metrics score below the desired national benchmarks. (Figure V.2)

Figure V.2

	National 90th Percentile	Bell County
Adult Smoking	14%	23%
Adult obesity	25%	29%
Physical Inactivity	21%	28%
Excessive Drinking	8%	15%
Motor Vehicle Crash Death Rate*	12	15
Sexually Transmitted Infections*	84	1,293
Teen Birth Rate*	22	68

*Rates per 100,000 population

- Sexually transmitted infection rates in Bell County are significantly higher than the national median.
- Bell County has strong rates of diabetic screening but has an opportunity for improvement regarding breast cancer screenings. (Figure V.3)

Figure V.3

	National 90th Percentile	Bell County
Diabetic Screening	89%	81%
Mammography Screening	74%	65%

VI. ACCIDENTS

With accidents representing a significant amount of the years of potential life lost in Bell County, residents expressed a need for increased discussion around road safety.

Survey participants commented on the need to increase road safety but identified the more rural nature of their county as the reason many residents spend increased time on the roads. While the survey responses did not produce any specific areas of need, it did promote the general consensus that collaboration regarding road safety is required.

- Accidents, (not limited to motor vehicle accidents) represent the fourth highest cause of death (5% total) for Bell County residents behind heart disease and cancer, and chronic lower respiratory disease (CLRD).

- The motor vehicle accident death rate for Bell County is higher than the national 90th percentile benchmark.

Figure VI.1

|	National 90th Percentile	Bell County
Motor Vehicle Crash Death Rate*	12	15

*Rate per 100,000 population

VII. OBESITY

A portion of survey respondents felt that obesity in Bell County was a pressing need for the community. Promotion of healthy eating and increased access to healthy foods were the top two obesity-related priorities identified by survey participants.

Within the region as a whole, obesity continues to increase and is consistently above the national average. The data points out that there is limited access to healthy foods and participants agreed that healthy eating education and access to healthy food were the areas of greatest need. It was noted by some stakeholders that while recreation outlets may be available in the community, the rural nature of the county may not allow residents to access them because they have to travel long distances to get to them.

- Obesity in Bell County is increasing and is slightly above the state and national averages. (Figure VII.1)

Figure VII.1
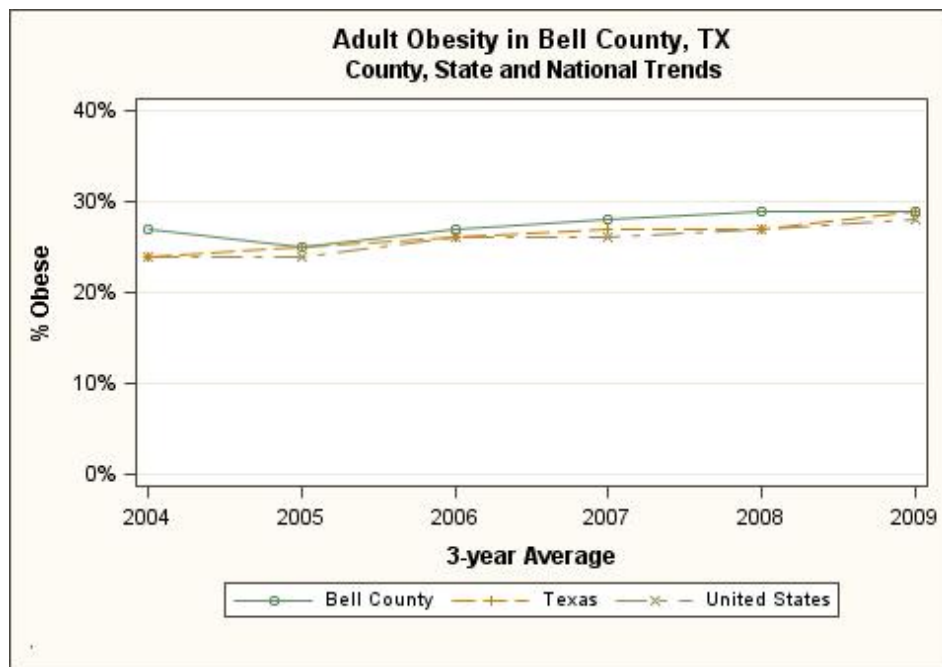
- On many social and physical environment metrics examined, Bell County falls below national benchmarks. These include obesity-related areas such as the percentage of restaurants that are considered fast food restaurants, access to recreational facilities and crime. (Figure VII.2)

Figure VII.2

	National 90th Percentile	Bell County
Violent Crime Rate	73	🔴 435
Access to recreational facilities	16	🔴 6
Limited access to healthy foods	0%	🟠 13%
Fast food restaurants	25%	🔴 56%

🟢 No more than 9% worse than national benchmark

🟠 10% - 49% worse than national benchmark

🔴 50% or more worse than national benchmark

- The percentage of Bell County residents who report physical inactivity (28%) is higher than the both the state and national averages. A sedentary lifestyle can contribute to increased levels of obesity. (Figure VII.3)

Figure VII.2

Physical Inactivity in Bell County, TX
County, State and National Trends
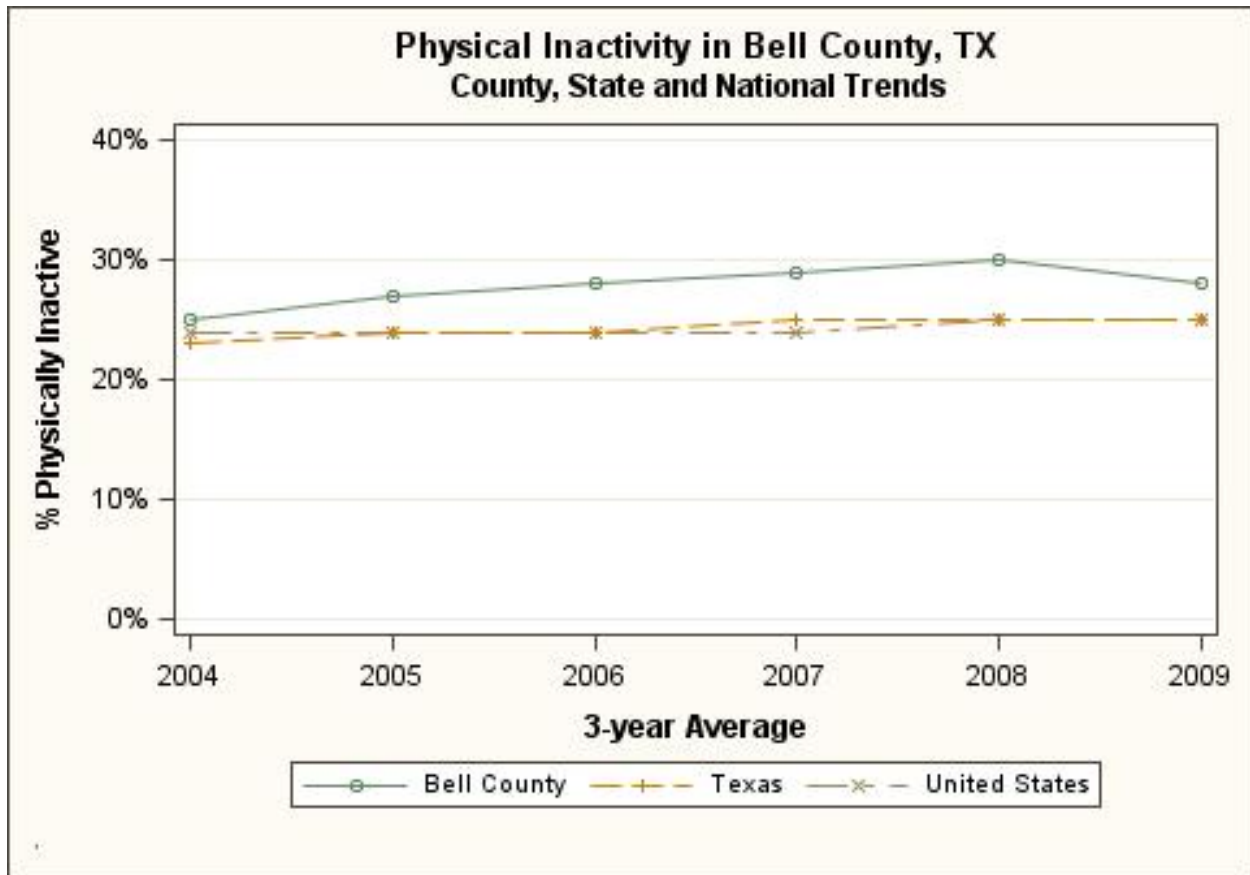
VIII. SUMMARIES: ASSESSMENT AND PRIORITIES

Through a review of secondary social, economic and public health data, coupled with the needs identification and prioritization from the Community Health Needs Survey, this assessment provides an overview of the social and economic environment of the Bell County, the health conditions and behaviors that most impact the population, and the community's perception of which needs are most pressing. Recognizing that the community is constrained by time and resources, and all of the needs identified are important for the community, the following list represents a synthesis of the overarching themes in the order they were prioritized by the community:

1) Access to care
2) Behavioral health
3) Health outcomes – Disease
4) Accidents
5) Obesity

IX. APPENDIX A: COUNTY HEALTH RANKINGS

Robert Wood Johnson Foundation's study of counties ranking counties within a state against each other based on data sources including National Center for Health Statistics, BRFSS, National Center for Disease Prevention and Health Promotion, Medicare/Dartmouth Institute, Bureau of Labor Statistics, and the US Environmental Protection Agency. 2012 rankings based on data from 2002-2010.

Each section of the tables below shows how Hays County compared to National Benchmark Scores in this study and uses the scoring system below:
- No more than 9% worse than national benchmark
- 10% - 49% worse than national benchmark
- 50% or more worse than national benchmark

	National 90th Percentile	Bell County
Some college	68%	63%
Unemployment	5%	8.00%
Children in poverty	13%	23%
Children in single parent households	20%	37%

	National 90th Percentile	Bell County
Uninsured	11%	21%
Primary Care Physicians	631 to 1	1,232 to 1
Preventable Hospital Stays	49	59
Diabetic Screening	89%	81%
Mammography Screening	74%	65%

	National 90th Percentile	Bell County
Premature Death (per 10,000)	5,466	7,326
Poor of fair health	10%	20%
Poor physical health days	2.6	4.0
Poor mental health days	2.3	3.2
Low birth weight	6.00%	8.60%

Causes of Death: 2009
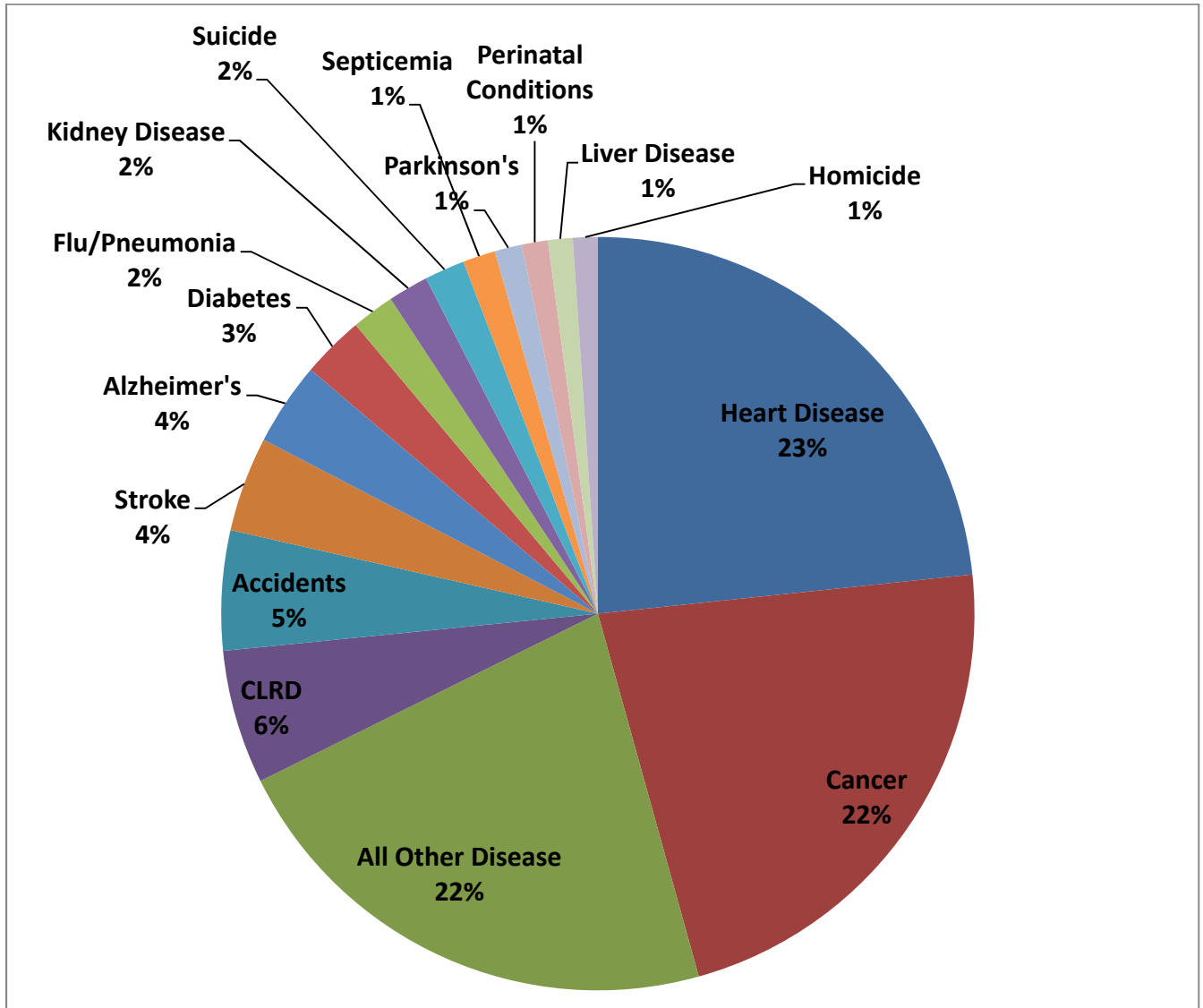
APPENDIX C: GLOSSARY AND REFERENCE MATERIAL

Data was pulled from state sources, national studies and needs assessments conducted by other parties as available (i.e. Travis County).

County Health Rankings: Robert Wood Johnson Foundation's study of counties ranking counties within a state against each other based on data sources including National Center for Health Statistics, BRFSS, National Center for Disease Prevention and Health Promotion, Medicare/Dartmouth Institute, Bureau of Labor Statistics, and the US Environmental Protection Agency. 2012 rankings based on data from 2002-2010.

Behavioral Risk Factor Surveillance System (BRFSS): A phone survey given monthly on a random basis that asks about lifestyle risk factors that contribute to leading causes of death. Data through 2010

Travis County Health Indicators: Austin/Travis County Health and Human Services' inaugural report to show the overall burden of disease in the community and highlight areas for improvement, especially around health disparities in the community. Data through 2010

Commonwealth Report: A scorecard for the Austin region relating Austin to the top 1 percent of hospital referral regions for the selected indicators. Data through 2010

Years of potential life lost (YPLL): Estimated number of years lost by premature death, assuming 65 is the standard age of death. Data through 2008

Data in this assessment are generally incidence rates per 100,000 population, but prevalence rates are included when relevant.
- **Incidence** - Number of new cases per population in a given time period.
- **Prevalence** - Proportion of population found to have a condition

APPENDIX F: METRICS FOR COUNTY HEALTH RANKINGS

Health Outcomes				
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
Mortality (50%)	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	Vital Statistics, National Center for Health Statistics (NCHS)	2006-2008
Morbidity (50%)	Poor or fair health (percent of adults reporting fair or poor health)	10%	Behavioral Risk Factor Surveillance System (BRFSS)	2004-2010
	Poor physical health days (average number in past 30 days)	10%	BRFSS	2004-2010
	Poor mental health days (average number in past 30 days)	10%	BRFSS	2004-2010
	Low birth weight (percent of live births with weight < 2500 grams)	20%	Vital Statistics, NCHS	2002-2008

	Clinical Care (20%)			
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
Access to care (10%)	Uninsured (percent of population < age 65 without health insurance)	5%	Census/American Community Survey (ACS)—Small Area Health Insurance Estimates (SAHIE)	2009
	Ratio of population to primary care physicians	5%	Health Resources and Services Administration, Area Resource File (ARF)	2009
Quality of care (10%)	Preventable hospital stays (rate per 1,000 Medicare enrollees)	5%	Medicare claims/Dartmouth Atlas	2009
	Diabetic screening (percent of diabetics that receive HbA1c screening)	5%	Medicare claims/Dartmouth Atlas	2009
	Mammography screening	5%	Medicare claims/Dartmouth Atlas	2009

Social and Economic Environment (40%)				
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
Education (10%)	High school graduation	5%	State sources and the National Center for Education Statistics	Varies by state, 2008-2009 or 2009-2010
	Some college (Percent of adults aged 25-44 years with some post-secondary education)	5%	ACS	2006-2010
Employment (10%)	Unemployment rate (percent of population age 16+ unemployed)	10%	Local Area Unemployment Statistics, Bureau of Labor Statistics	2010
Income (10%)	Children in poverty (percent of children under age 18 in poverty)	10%	Census/CPS—Small Area Income and Poverty Estimates (SAIPE)	2010
Family and social support (5%)	Inadequate social support (percent of adults without social/emotional support)	2.5%	BRFSS	2004-2010
	Percent of children that live in single-parent household	2.5%	ACS	2006-2010
Community safety (5%)	Violent crime rate per 100,000 population	5%	Uniform Crime Reporting, Federal Bureau of Investigation –*State data sources for Illinois*	2007-2009

Physical Environment (10%)				
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
Environmental quality (4%)	Air pollution-particulate matter days (average number of unhealthy air quality days)	2%	CDC-Environmental Protection Agency (EPA) Collaboration *Data not available for Alaska and Hawaii*	2007
	Air pollution-ozone days (average number of unhealthy air quality due to ozone)	2%		
Built environment (6%)	Limited access to health foods (percent of population who lives in poverty and more than 1 or 10 miles from a grocery store)	2% (all but AK & HI)	United States Department of Agriculture, Food Environment Atlas *Data not available for Alaska and Hawaii*	2006

	Access to healthy foods (percent of zip codes with healthy food outlets) *for Alaska and Hawaii*	*2% (AK & HI)*	Census Zip Code Business Patterns	2009
	Access to recreational facilities	2%	Census County Business Patterns	2009
	Fast food restaurants (percent of all restaurants that are fast food)	2%	Census County Business Patterns	2009

Health Outcomes

Focus Area	Measure	Weight	Source	Year(s)
Mortality (50%)	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	Vital Statistics, National Center for Health Statistics (NCHS)	2006-2008

APPENDIX D: SURVEY PARTICIPATION LIST

Community Segments Represented	Percentage of Survey Representation
Non-profit	16%
Business	28%
Health Care	13%
Education	9%
Public Service	14%
Public Health	8%
Retired/Unemployed	12%

Survey Participants Place of Work (if provided)	
Bell/Lampasas Counties Community Supervisions and Corrections Dept.	University of Mary Hardin-Baylor
Bell County Mental Health Indigent Defense	United Way of the Greater Fort Hood Area
Unemployed	Temple ISD
Central Texas College	Central Counties Center for MHMR Services
Bell County Indigent Health Services	Body of Christ Community Clinic
Texas A&M University – Central Texas	Scott and White Healthcare
Retired	Bell County Public Health
Bell County	Heritage House of Central Texas
United States Post Office	Temple Daily Telegram
LifeWay Fellowship	Applied Training Solutions
State of Texas	Central Texas Council on Alcoholism & Drug Abuse
Self-employed	Workforce Solutions of Central Texas
Central Counties Services	Bettye Gourmet Burgers
HOCTIL	Harker Heights Lions Club
KPLE – TV	Department of the Army
Texas Department of State Health Services	Harker Heights Chamber of Commerce
Harker Heights Fire/EMS Department	Professional Contract Services, Inc.
Community member	Greater Killeen Free Clinic
City of Killeen	Stoney Brook Assisted Living

Cont'd Survey Participants Place of Work (if provided)

Woodhouse Day Spa – Nolan Creek	
First National Bank Texas	
City of Harker Heights Parks and Recreation	
City of Harker Heights	
AUSA	
Killeen ISD	
First Community Mortgage	
Courtyard Marriott	
Community Bank	
KPA Engineers	
Temple Community Clinic	
Seton Medical Center Harker Heights	
Spectrum Printing	
Heartland Payment Systems	
ERA Colonial Real Estate	
Big Chief Distributing	