

Seton Medical Center Harker Heights

2022 Community Health Needs Assessment

Bell County, Texas



Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Bell County, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

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The 2022 Community Health Needs Assessment report was approved by the Board of Directors of HH/Killeen Health System, LLC on April 26, 2022, and applies to the following three-year cycle: June 2022 to June 2025. This report, as well as the two previous reports, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comment

Table of Contents

Table of Contents	3
Acknowledgements	5
Executive Summary	6
About Seton Medical Center Harker Heights	8
About Ascension	8
About the Community Health Needs Assessment	10
Purpose of the CHNA	10
IRS 501(r)(3) and Form 990, Schedule H Compliance	10
Community Served and Demographics	11
Community Served	11
Demographic Data	12
Process and Methods Used	15
Collaborators and/or Consultants	15
Data Collection Methodology	15
Prioritization of Community Needs	24
Summary of Impact from the Previous CHNA Implementation Strategy	30
Approval by Board of Directors of HH/Killeen Health System, LLC	31
Conclusion	32
Appendices	33
Appendix A: Definitions and Terms	34
Appendix B: Community Demographic Data and Sources	36
Appendix C: Community Input Data and Sources	40
Appendix D: Secondary Data and Sources	49
Appendix E: Health Care Facilities and Community Resources	60
Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy	64

Acknowledgements

The 2022 community health needs assessment (CHNA) represents an effort to gain a meaningful understanding of the most pressing health needs across Bell County. Seton Medical Center Harker Heights and Ascension Seton are thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of Bell County.

Executive Summary

The goal of the 2022 Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across Bell County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a CHNA and adopt Implementation Strategies every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an Implementation Strategy.

Community Served

For the purpose of the 2022 CHNA, Ascension Seton and Seton Medical Center Harker Heights (SMCHH) have defined the community served by SMCHH as Bell County. Bell County is the focus of this CHNA because it represents one of the geographic regions Ascension Seton considers in its planning, as it delivers care through SMCHH (through a joint venture).

Data Analysis Methodology

The 2022 CHNA was conducted from July 2021 to January 2022, and utilized processes which incorporated data from both primary and secondary sources. Primary data sources, sometimes called qualitative data, included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. Together with the efforts of our collaborators, a total of 15 individuals participated in focus groups, held between July 2021 and November 2021 and 31 people responded to the survey in Bell County.

Secondary data, sometimes called quantitative data, was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

SMCHH, in partnership with Ascension Seton and with contracted assistance from Alpinista Consulting, analyzed secondary data of over 56 indicators and gathered community input through community focus groups to identify the needs in the Bell County service region. In collaboration with community partners, SMCHH used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- **Mental and Behavioral Health** - This need was selected because a number of key indicators reveal the significant and growing concerns over mental and behavioral health needs in our region. Many of these concerns are long standing, including reported numbers of poor mental health days and upward trending suicide rates and substance use and abuse. Coupled with the effects of the pandemic, concerns around isolation, anxiety and depression heightened needs around mental and behavioral health.
- **Access to Care** - This need was selected because both qualitative and quantitative data revealed significant and increasing needs around issues of accessing care, particularly regarding affordability and insurance coverage for care, transportation- especially in the rural parts of Ascension's service area, telemedicine and access to sufficient broadband infrastructures, and navigation of the complex medical system and services..
- **Social Determinants of Health** - This need was selected because many of the counties in the Seton Medical Center Harker Heights service area have multiple indicators related to social needs that are significantly worse than averages for Texas and the United States, including lower access to exercise opportunities, lower rates of home ownership, very high rates of childhood poverty and low median household incomes, among others. Focus groups also mentioned food security and housing as significant barriers to healthy living.
- **Health Equity** - This need was selected because significant gaps in health indicators and outcomes exist in the Seton Medical Center Harker Heights service region according to County Health Rankings data and focus groups revealed narratives of cultural and language barriers to receiving care.

About Seton Medical Center Harker Heights

Ascension Seton is a 501(c)(3) nonprofit organization and is a minority owner of Seton Medical Center Harker Heights (SMCHH). These organizations collaborated to prepare this joint Community Health Needs Assessment (CHNA). SMCHH is governed by a local board of trustees represented by residents, medical staff, and sister sponsors. SMCHH operates one hospital campus and employs more than 28 primary and specialty care clinicians.

Serving Texas since 2012, SMCHH continues the long and valued tradition of addressing health in Bell County. SMCHH offers services such as cardiology, emergency services, a Level IV Trauma center, general and orthopedic surgery, total joint replacement, gastroenterology, a dedicated Women's center, diagnostic services and more. Through collaboration with associates, physicians, volunteers and community partners, SMCHH provides care with dignity and respect.

For more information about SMCHH, visit <https://setonharkerheights.net/>

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

About Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 186 sites of care – including 146 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org/>.

About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with SMCHH’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

This report outlines the process and methods for the collection and analysis of data about community health, identifies the priority community health needs of Bell County for 2022 - 2025 and reflects the progress made on the prioritized health needs of the last CHNA, conducted in 2019.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://setonharkerheights.net/bell-county-chna> and paper versions can be requested at Seton Medical Center Harker Heights at the Administrative Offices..

¹ Catholic Health Association of the United States (<https://www.chausa.org>)

Community Served and Demographics

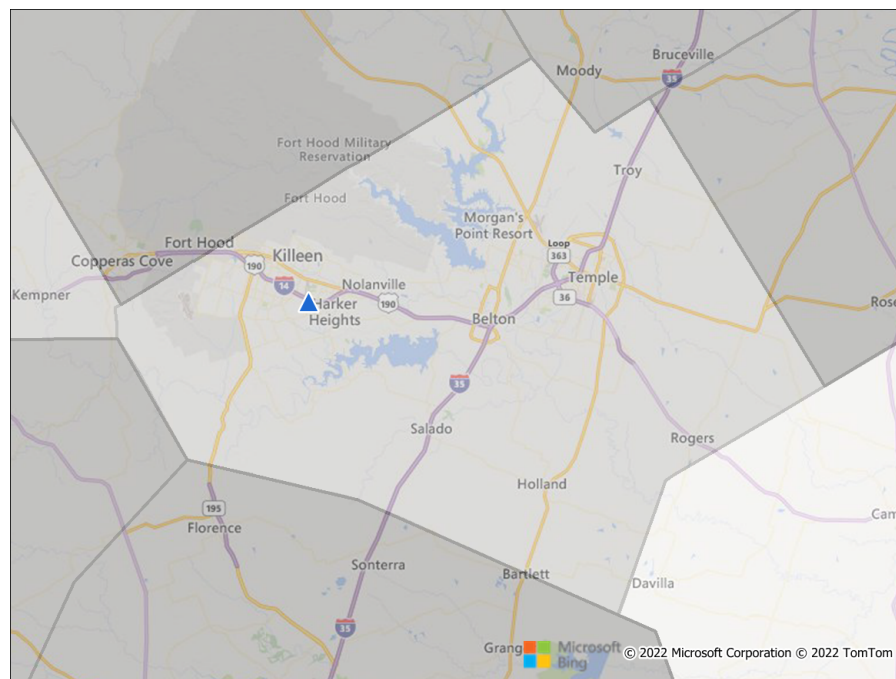
A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2022 CHNA, Ascension Seton and SMCHH have defined the community served by SMCHH as Bell County. Bell County is the focus of this CHNA because it represents one of the geographic regions Ascension Seton considers in its planning, as it delivers care through SMCHH (through a joint venture).

Located in Texas, Bell County has a population of 362,924 and is part of the Killeen-Temple Metropolitan Statistical Area. The United States Army post Fort Hood is partially located in Bell County, contributing to a higher concentration of active service members and veterans in the area and a unique healthcare environment in which many military personnel and families have access to military medical facilities and insurance that the general population does not have access to.

Figure 1: Map of Community Served



Demographic Data

Below are demographic data highlights for Bell County:

- Eleven percent of the residents of Bell County are 65 or older, compared to thirteen percent in Texas
- Twenty five percent of residents are Hispanic or Latino (any race)
- Sixty three percent of residents are White; 24 percent are Black or African American ; three percent are Asian
- The total population increase from 2010 to 2019 was 18 percent
- The median household income is below the state median income (\$54,831 for Bell County; \$64,044 for Texas)
- The percent of all ages of people in poverty was about the same as the state (14 percent for Bell County; 15 percent for Texas). Table 1 below shows the percentage of families living below poverty by Census block group in the region to illustrate the distribution of poverty
- The uninsured rate for Bell County is lower than the state, but higher than the United States (15 percent for Bell County; 20 percent for Texas; ten percent for the United States)

In Figure 2 below, see a map that reveals the geographic locations of families living below poverty. Block groups are statistical divisions of census tracts defined to contain between 600 and 3,000 people used to present data². Also below, see Table 1 for more details about the demographics of residents in Bell County.

² United States Census Bureau, Glossary. Obtained March 2022 from:
https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_4

Figure 2: Percent of Families Living Below Poverty by Block Group

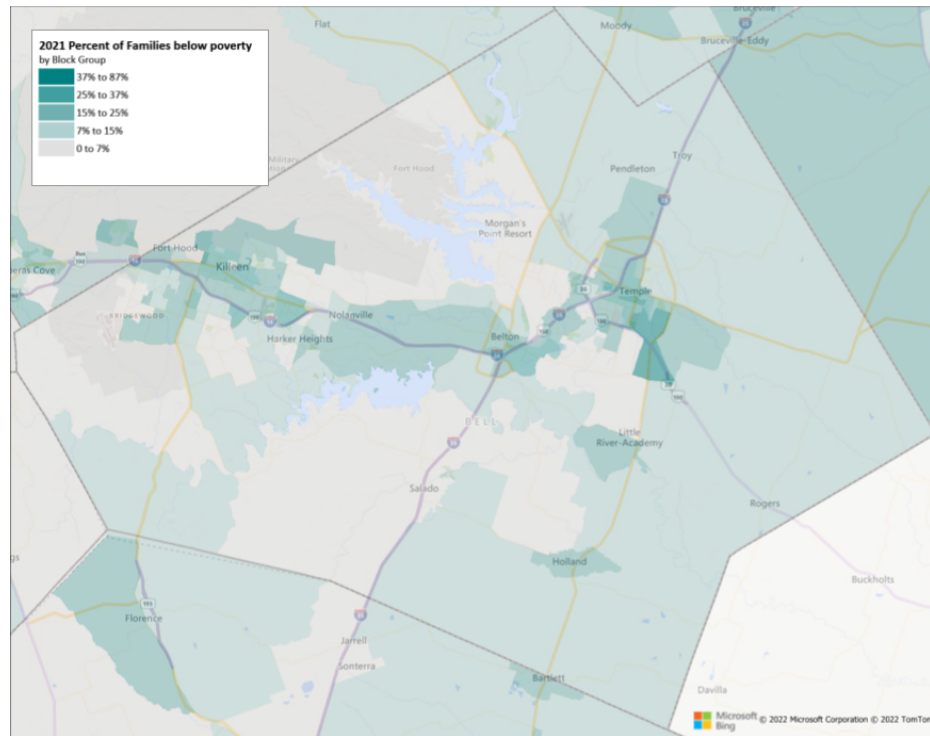


Table 1: Description of the Community

Demographic Highlights		
Indicator	Bell County	Description
Population		
% Living in rural communities	15.2%	Percentage of population living in a rural area, 2010
% below 18 years of age	27.8%	Percent population below 18 years of age, 2019
% 65 and older	10.6%	Percent population ages 65 and over, 2019
% Hispanic	24.8%	Percentage of population that is non-Hispanic Black, 2019
% Asian	2.9%	Percentage of population that is non-Hispanic White, 2019
% Non-Hispanic Black	24.2%	Percentage of population that is Hispanic, 2019
% Non-Hispanic White	63.4%	Percentage of population that is non-Hispanic Asian, 2019

Social and Community Context		
English Proficiency	5.2%	Proportion of community members that speak English "less than well"
Median Household Income	\$54,831	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	18.4%	Percentage of people under age 18 in poverty.
Percent of Uninsured	15.1%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	91.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	3.8%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B (page 36).

Process and Methods Used

SMCHH and Ascension Seton are committed to using national best practices in conducting the CHNA. Health needs and assets were determined using a mixed-methods approach which included a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

Collaborators and/or Consultants

SMCHHs, via its partnership with Ascension Seton, contracted with Alpinista Consulting to complete some of the qualitative data requirements, specifically with regard to focus groups.

Alpinista Consulting, founded in 2014, is based in Austin, Texas, specializes in facilitative work, collaborative learning, strategy development and implementation, capacity building, and program design. Consultants Anna Jackson and Fisher Qua work with a wide range of organizations in different geographies as they implement participatory approaches called Liberating Structures, which are aimed to draw forward ideas and insights from people across a wide range of roles. Jackson and Qua share backgrounds in social services, healthcare, government, and community-based organizational settings. Alpinista has worked with Ascension Seton on a variety of projects since 2014, including several DSRIP (Medicaid 1115 Waiver)-related initiatives, the Children's Comprehensive Care Clinic, and the Leadership Development Institute (LDFR).

Data Collection Methodology

Multiple methods were used to gather community input, including key stakeholder interviews, community focus groups and a community survey. These methods provided additional perspectives on how to select and address top health issues facing communities within the Bell County service area.

As noted in other parts of this report, quantitative data was organized by categories included in the County Health Rankings Report (Health Outcomes, Social and Economic Factors that Impact Health, Physical Environment, Access to Healthcare, and Health Behaviors, and Disparities), and then reviewed to determine trends of persistent and poor indicators of health county by county. A total of over 56 indicators were reviewed and analyzed. Once those trends and pockets of communities with poor health were identified, filters were established to highlight the greatest needs (e.g., long-term trends, significant statistical variances from experiences at the state and national level, and notable disparities due to geography, socio-economic status, race, and ethnicity).

Where possible, gaps and the resulting needs of communities were identified by reviewing which county indicators had gaps greater than one standard deviation, however, for cases where the standard deviation was not available, the absolute value of the indicator and the historical experience of that indicator was used to determine significance.

Results of the gaps, trends and themes that emerged from the quantitative data analysis were validated against the themes and feedback received from focus groups, interviews and survey data. Together with the efforts of our contractors, an estimated total of 15 individuals participated in the focus groups, held between July 2021 and November 2021. Populations represented by participants included medically underserved, low-income, minority groups, and rural, urban and suburban groups. Thirty-one residents of Bell County responded to the survey.

The validated themes and findings (that is, themes that were documented in both qualitative and quantitative analyses) were brought forward to a series of sensemaking sessions to identify the needs through targeted criteria (including which needs most align with the mission of SMCHH, and which it has capacity to impact), and then those needs were brought forward to the CHNA Steering Committee of Ascension Texas for final decisions about which needs would be prioritized.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, SMCHH, via its partnership with Ascension Seton, solicited input from a range of public health and social service providers that represent the broad interests of Bell County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key stakeholder interviews, community focus groups and a community survey. These methods provided additional perspectives on how to select and address top health issues facing communities within Bell County. A summary of the process and results is outlined below.



Community focus groups

SMCHH, via its partnership with Ascension Seton, conducted two focus groups with ten people to complete the qualitative analysis for this CHNA. Populations represented by participants included medically underserved, low-income, minority groups, and rural, urban and suburban groups.

Community Focus Groups	
Key Summary Points	
<ul style="list-style-type: none"> ● Access to Care: Important programs seem to be present across the county, but they do not have the staffing necessary to meet the demand on them. There was also a sense that healthcare organizations in the county do not seem to cooperate or coordinate very effectively. ● Income & High Uninsured Rate: Participants reported a lot of financial insecurity. People may not have jobs that offer health insurance (or if there is insurance, it's too expensive especially for people returning to work and who may be needing to spend extra income on getting caught up from the COVID downturn). ● Food Insecurity: Among both military families and other residents, people expressed concern about food insecurity in general and access to health foods specifically. ● Housing: In addition to the shortage of housing, there seemed to be agreement that the quality of housing available is also not high. Housing for veterans was named as particularly low quality/safety. There is also a lack of emergency shelter available in the county. ● Transportation: The existing public transportation does serve the healthcare facilities, but it isn't door-to-door and the county is pretty geographically dispersed so it's hard to make a wider system feasible financially. 	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> ● Survivors of Human Trafficking ● Chamber of Commerce ● Federally Qualified Health Center (FQHC) ● Immigration and Legal Services ● Community Clinic ● Church Deacon ● Women, Infants and Children (WIC) ● School Nurse 	<ul style="list-style-type: none"> ● Opportunities to optimize organizational partnerships ● Rural nature of many communities in this region leads to challenges particularly in transportation and housing. ● Access to care, including lack of insurance or being underinsured, physical distance and through telemedicine were noted as challenges.
Meaningful Quotes	
<ul style="list-style-type: none"> ● "In Temple, several patients I tried to help with the housing authority -- and you had to do everything online but they don't have access. And in the pandemic, don't have a library to go to to get any access." ● "The local churches do the food drives. They are the hubs, they're familiar. A lot of the churches are involved, doing light case management, and that's very helpful. We'll get phone calls, we'll refer them, [and] make a connection." 	

- “Capacity of service providers: the need is increasing, but not the capacity of providers. The programs are out there just not enough capacity in them.”

Surveys

A survey was conducted in Bell County to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health care access, and social determinants of health for Bell County and the Seton Medical Center Harker Heights service area. Thirty-one individuals participated in the survey from Bell County, held between August 2021 and October 2021.

The data gathered and analyzed provides insight into the issues of importance to the community; however due to a small sample size these survey results cannot be generalized to represent community indicators or perceptions. The results of this survey should be used with caution and as a supplement to other reliable data sources including quantitative data and community stakeholder input.

The survey included 15 multiple-choice questions and was conducted online only. The survey was available in both English and Spanish and distributed by asking community stakeholders and leaders to share the survey with the individuals they served.

Surveys

Key Summary Points

- The most common reason selected for why individuals did not receive healthcare when needed was because they had trouble getting an appointment
- Participants ranked access to healthcare, safety from violence, and good jobs and a healthy economy as the top three factors that are important to a healthy community
- Participants ranked employment and job skills, mental health problems and suicide, and education as the most important factors to address to improve community health

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable.

Health indicators in the following categories were reviewed:

- Health Outcomes

- Social and Economic Factors that impact health
- Physical Environment
- Health Behaviors
- Access to Healthcare
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below. As noted in other parts of this report, quantitative data was organized in the categories noted above, and then reviewed to determine trends of persistent and poor indicators of health. Once those trends and pockets of communities with poor health were identified, filters were established to highlight the greatest needs (e.g., long-term trends, significant statistical variances from experiences at the state and national level, and notable disparities due to geography, socio-economic status, race, and ethnicity).

Where possible, gaps and the resulting needs of communities were identified by reviewing which county indicators had gaps greater than one standard deviation, however, for cases where the standard deviation was not available, the absolute value of the indicator and the historical experience of that indicator was used to determine significance.

To view secondary data and sources in its entirety, see Appendix (page 49).

As noted in Appendix D, data for over 56 indicators were analyzed for Bell County using data from County Health Rankings and Roadmaps in 2021. The summaries below represent a small portion of the analyses undertaken to produce this report.

A summary of the secondary data collected and analyzed through this assessment is outlined below. It is worthwhile noting that some of these indicators may be driven by the presence of Fort Hood, a large United State Army post, with a population of around 50,000. These averages reflect the experiences of residents throughout the county, including Fort Hood.

Health Outcomes

Why this is important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

As a whole, Bell County residents experience health outcomes on par with experiences across Texas on measures including infant mortality, life expectancy, and diabetes prevalence. Those outcomes vary significantly when broken down by race, as noted below in the Disparity section.

Residents have slightly higher (worse) rates of poor physical and mental days than Texas averages, but these differences are not statistically significant. The one indicator that showed a statistically significant worse experience in Bell County compared to Texas was in the incidence of sexually-transmitted infections.

Social and Economic Factors that Impact Health

Why this is important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

As with the health outcome indicators noted above, social and economic indicators show that Bell County residents experience social conditions that are close to averages across Texas. While no indicators showed statistically significant variations, educational attainment was somewhat higher as reported by high school completion and college attendance rates. Experiences related to access to healthy foods were somewhat lower (worse) than averages for Texas. Generally, the average household income was lower in Bell County than for Texas, but social indicators were mostly on par with Texas averages.

Physical Environment

Why this is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Bell County residents are generally on par with Texas experiences related to physical environmental factors. The rate of homelessness is lower in Bell county than in Texas, as is the rate of home ownership.

Access to Healthcare

Why this is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

The rates of uninsured adults and children in Bell County are lower than across Texas, but higher than average rates for the United States. The rate of preventable hospital stays is much higher in Bell County than for Texas and the United States, while not statistically significantly worse.

Health Behaviors

Why this is important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Bell County has higher rates of adult obesity and smoking than in Texas and the United States, while it has a lower rate of excessive drinking than both the U.S. and Texas. Bell also has a higher rate of teen births compared to the U.S. and Texas.

Disparities

Why this is important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improving health for everyone in the community.

As noted above, experiences of Black, Hispanic and White populations vary significantly within Bell County. Related to rates of premature death, Black populations (9.6/100,000) have over two times the rate of Hispanic populations (4.7/100,000), and also much higher than White populations (7.7/100,000). Similarly, rates of infant mortality are significantly higher for Black populations (10/1,000 live births) than Hispanic (4/1,000 live births) and White (6/1,000 live births) populations.

Black populations also have significantly lower median household incomes (\$49,836) than White populations (\$62,733), with Hispanic populations having the lowest (\$48,969).

Summary of COVID-19 Impact on Bell County

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths being in people age 65 or older. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection, and death compared to non-Hispanic White Americans.³

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- Non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact

³Centers for Disease Control and Prevention
(<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities>)

- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions⁴

The pandemic has drastically changed many elements of daily life. Stakeholders noted the ways in which work and the workforce have changed and have continued to change over the past two years and the dynamic and ongoing stress that these changes have caused. In March of 2020, many people were sent home from work and have still not returned, while others were asked to continue to work in-person in an environment of uncertainty and personal risk. Many workplaces were tasked with keeping employees safe in an environment of changing and emerging health safety recommendations and increasing displays of violence toward frontline workers.

Many of the stakeholders engaged in this CHNA represented healthcare and social service organizations, and the toll on clinical care and social workers was evident in their experience and observations. The ongoing stresses of caring for critically ill patients throughout multiple surges in infections has led to stress, anxiety, fear, and fatigue in the workforce.

COVID-19 Impact on Bell County (as of 3/25/2022)		
Indicator	Bell County	Description
Total Cases	66,776	
Confirmed Cases per 100,000	17,586	
Total Deaths	885	
Deaths per 100,000	233	
Case Fatality Percentage	1.32%	Percent of total confirmed cases of individuals who died of COVID-19

Source: New York Times, US Census Bureau (July 1, 2021)
<https://www.census.gov/quickfacts/fact/table/bellcountytexas/PST045221>
<https://www.nytimes.com/interactive/2021/us/bell-texas-covid-cases.html>

Written Comments on Previous CHNA and Implementation Strategy

Seton Medical Center Harker Heights' previous CHNA and implementation strategy were made available to the public and open for public comment via the website:

<https://healthcare.ascension.org/chna>.

SMCHH received no questions or comments on the 2019 CHNA.

⁴Centers for Disease Control and Prevention
 (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Bell County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and descriptive ability with groups as identified above.
- All focus groups and interviews were held virtually due to concerns around COVID-19. The virtual nature of these meetings, held via zoom, may have shaped the interactions and feedback received in a way that differs from in-person meetings.

Despite the data limitations, SMCHH and its partner Ascension Seton are confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Prioritization of Community Needs

Based on the data collected and presented in the previous sections, Seton Medical Center Harker Heights via its partnership with Ascension Seton, along with contracted assistance from Alpinista Consulting, applied a phased prioritization process, described below, to identify the priority needs in the Bell County region.

The first step was to gather data from a variety of quantitative and qualitative sources to understand the raw data in terms of trends, gaps, perceptions and opinions. Quantitative needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

From there, with guidance from Alpinista consulting, quantitative and qualitative data were reviewed and analyzed through a "validation" process, whereby themes that emerged from the qualitative data gathering process were matched against analysis of trends and stark gaps in key indicators of the County Health Rankings Data (the primary source of the quantitative data).

Specifically, SMCHH, in partnership with Ascension Seton, compared themes that emerged from the qualitative data gathering activities to various data “filters” of quantitative data, including: 1) Quantitative indicators of health and social needs that were worse by greater than one standard deviation compared to Texas and/or national indicators, 2) Analysis of trends over time that revealed worsening conditions related to health and social needs, 3) Analysis of significant gaps in health and social indicators in the county as well as socio-economic and demographic (including racial and ethnic) indicators.

Next, “sensemaking” teams were convened with stakeholders to review the validated data and identify which of the data points, or themes might be appropriate for prioritization. The sensemaking process asked participants to consider the identified needs through various criteria, including importance of the problem to the community and organizational resources available to address the problem.

Based on the results of the sensemaking sessions, the CHNA Steering Committee⁵ prioritized which of the identified needs were most significant.

Recognizing that SMCHH is part of a large network including Ascension Seton facilities, SMCHH has the same prioritized needs as the Ascension Seton service area, which will be used to develop their three-year implementation strategy. Although the hospital may address many more needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting.

Through the prioritization process for the 2022 CHNA, the prioritized needs are as follows:

- Mental and Behavioral Health
- Access to Care
- Social Determinants of Health/Social Needs
- Health Equity

SMCHH understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this CHNA, SMCHH has chosen to focus its efforts on the priorities listed above.

⁵ The CHNA Steering Committee is comprised of internal leaders Ray Anderson (Chief Strategy Officer), Lauren Baker (VP of Academic Integration & Chief of Staff), Derek Covert (Chief Mission Integration Officer and VP Canonical Affairs), and Kate Henderson (President - Regional Hospitals and Strategic Community Partnerships), and community partners Dr. Jewel Mullen (Associate Dean for Health Equity and Associate Professor, Department of Population Health at The University of Texas), and Dr. Andrew Springer (Associate Professor, Health Promotion and Behavioral Sciences at The University of Texas School of Public Health).

To view health care facilities and community resources available to address the significant needs, please see Appendix E (page 60).

A description (including data highlights, community challenges & perceptions, and local assets and resources) of each prioritized need is on the following pages.

Mental and Behavioral Health	
Why is it Important?	Data Highlights
<p>The individual and societal benefits of achieving mental wellness are significant. The need for mental health services is high. The economic value of providing appropriate mental health services can be measured in the avoided costs of hospital admissions, emergency department visits, criminal and juvenile justice involvement, homelessness, and more. Providing appropriate mental health services has been shown to reduce lost workdays and improve workplace productivity... access to the right services at the right time offers hope to individuals that they can achieve recovery and live meaningful lives.*</p>	<p>Bell County has statistically significantly higher experience with poor mental health days than experiences across Texas.</p> <p>The suicide rate in Bell County is higher than experiences across Texas.</p> <p>Community members report that mental and behavioral health is a significant barrier to a healthier community.</p> <p>According to U.S. News and World Report analysis⁶, Bell County residents have a slightly higher experience with Medicare Beneficiaries With Depression</p>
Local Assets & Resources	
<ul style="list-style-type: none"> • Central (Bell) County Services • Lone Star Circle of Care Behavioral Health at Harker Heights • Baylor Scott & White Mental Health Clinic • Depression Treatment Cedar Crest Hospital 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Lack of coordination for mental and physical health services. • Survey respondents (many of whom were from Bell County) indicated that mental health and suicide are among the most important conditions to address in improving community health. 	<p>Medicaid-eligible families</p> <p>Children and adolescents living in low-resource areas.</p> <p>Older adults with limited incomes and fewer social networks.</p> <p>Rural communities with limited access to health facilities coupled with limited broadband access that limits ability to use telehealth services.</p>

*Source: Hogg Foundation 2016 Report *The Texas Mental Health Workforce: Continuing Challenges and Sensible Strategies*

**Source: County Health Rankings Data

⁶ U.S. News and World Report Healthiest Communities, retrieved on 4/1/2022 from <https://www.usnews.com/news/healthiest-communities/texas/bell-county>

Access to Care	
Why is it Important?	Data Highlights
Together, health insurance, local care options and a trusted and ongoing source of care help to ensure access to health care. Access to care allows individuals to enter the health care system, find care easily and locally, pay for care and get their health needs met.*	<p>Focus groups reported that there's a lot of financial insecurity and people may not have jobs that offer health insurance.</p> <p>The rate of preventable hospital stays is much higher in Bell County than for Texas and the United States, while not statistically significantly worse.</p>
Local Assets & Resources	While lower than Texas experiences with the number of uninsured adults, 19% of Bell County adults are insured.
<ul style="list-style-type: none"> • Carl R. Darnall Army Medical Center • Central Texas Veterans Health Care System • Baylor Scott & White Clinics 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • The healthcare organizations in the county do not seem to cooperate or coordinate very effectively. • Important programs seem to be present across the county, but they do not have the staffing necessary to meet the demand. • Some needs are addressed through the churches and community groups, but not so much systemically. 	<p>Individuals and families with lower incomes.</p> <p>People with lower digital literacy skills and/or no access to devices</p> <p>Persons who live in rural areas.</p>

*Source: County Health Rankings definition of "Access to Care"

**Source: [Comptroller FiscalNotes](#): Broadband Expansion in Texas, published February 2021

Social Determinants of Health/Social Needs	
Why is it Important?	Data Highlights
<p>Social Determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age. These are important because these conditions have a major impact on a person's health, functioning and quality-of-life. SDOH also contributes to wide health disparities and inequities.*</p>	<p>Food Insecurity: Among both military families and other residents, people expressed concern about food insecurity in general and access to health foods.</p> <p>High school graduation rates are substantially lower in Bell County (74%) than rates for Texas (90%)</p> <p>Median household incomes are also much lower in Bell County (\$54k than across Texas).</p>
Local Assets & Resources	
<ul style="list-style-type: none"> • Indigent Health Services of Bell County • United Way of Central Texas • Performance Food Service Temple • Helping Hands Ministry of Belton • Harker Heights Food Center 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Multiple social and structural determinants of health contribute to poor health outcomes in Bell County. • The existing public transportation does serve the healthcare facilities, but it isn't door-to-door and the county is pretty geographically dispersed so it's hard to make a wider system feasible financially. 	<p>Populations who speak languages other than English, immigrants and persons unfamiliar with systems of care.</p> <p>Individuals and families with lower incomes.</p> <p>Children, adolescents and older adults living in low-resource areas.</p>

*Source: [Healthy People 2030, Social Determinants of Health](#)

Health Equity	
Why is it Important?	Data Highlights
Gaps in health are large, persistent and increasing. Health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live or how much money we make.*	<p>Significant gaps in social and health indicators exist in the Ascension Providence service region.</p> <p>Experiences of Black, Hispanic and White populations vary significantly within Bell County, including rates of premature death, infant mortality and median household incomes.</p>
Local Assets & Resources	<p>According to the U.S. News and World Report, the Premature Death Disparity Index is higher in Bell County (.07) than it is among peer counties (.04)⁷.</p>
<ul style="list-style-type: none"> • Innovation Black Chamber of Commerce • SHE Will Foundation • Centro Cristiano Moreh • Hispanic Health Coalition • Hispanic Chamber of Commerce 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Especially for children and people of color, there are gaps in lived experiences for social and health conditions. • Disparities appear most evident in the areas of income and educational attainment. 	<p>Populations who speak languages other than English, immigrants and persons unfamiliar with systems of care.</p> <p>Racial and ethnic groups who have experience racism and discrimination.</p>

* Source: [Robert Wood Johnson Foundation](#)

⁷ U.S. News and World Report Healthiest Communities, retrieved on 4/1/2022 from <https://www.usnews.com/news/healthiest-communities/texas/bell-county>

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from the SMCHH previous implementation strategy include:

- Chronic Conditions
- Coordination of Care

SMCHH has worked to address these needs in Bell County. The summary below includes a summary of the impact SMCHH has made on these community needs over the past three years.

COVID-19 had significant impacts on the ability of SMCHH to engage the community as intended with the strategies developed in 2019. As all in-person services, screenings, and education were put on hold, the organization quickly shifted to virtual opportunities. Despite these challenges, SMCHH worked to provide care to over 1,000 patients classified as low income/uninsured through their Greater Killeen Free Clinic and enrolled over 500 individuals in chronic disease programming.

In order to meet the goals associated with collaborative care, SMCHH leadership has worked to meet monthly with regional hospital leaders to address local health concerns including addressing the ongoing COVID-19 pandemic.

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2019-2022 CHNA can be found in Appendix F (*page 64*).

Approval by Board of Directors of HH/Killeen Health System, LLC

To ensure the Seton Medical Center Harker Heights efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 CHNA was presented to the Board of Directors of HH/Killeen Health System, LLC for approval and adoption on April 26, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities Ascension Texas serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Texas to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2022 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Seton and SMCHH hope this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Bell County. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.

Appendices

Table of Contents

- Appendix A: Definitions and Terms
- Appendix B: Community Demographic Data and Sources
- Appendix C: Community Input Data and Sources
- Appendix D: Secondary Data and Sources
- Appendix E: Health Care Facilities and Community Resources
- Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

Appendix A: Definitions and Terms

Acute Community Concern

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern.
Source: Ascension Acute Community Concern Assessment Framework

Collaborators

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations

Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3>

Prioritized Need

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

Significant Need

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods

Surveys

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Underinsured

A person whose health coverage is inadequate for various reasons including experiencing a gap in coverage in the prior year or high out-of-pocket costs and deductibles

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Bell County	Texas	U.S.	Description
Total	348,574	28,260,856	324,697,795	Resident population, 2019
Population Change 2010 - 2019	+18.2%	+16%	+7%	Calculated using ACS 5-year Estimates for total population in 2010 and 2019
Rural	15.2%	15.3%	19.3%	Percentage of population living in a rural area, 2010
Male	49.2%	49.7%	49.2%	Percentage of population that is female according to the Census, 2019
Female	50.8%	50.3%	50.8%	Percentage of population that is male according to the Census, 2019
<i>Data sources:</i> Total Population, M/F: American Community Survey 5-year estimate 2019, Table DP05 Population Change 2010 - 2019: Calculated from American Community Survey 5-year estimates 2010 and 2019, Table DP05 Rural: County Health Rankings pulled 2020, Census Estimates from 2010				

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race/Ethnicity	Bell County	Texas	U.S.	Description
White	63.4%	74.0%	72.5%	Percentage of population that is non-Hispanic Asian, 2019
Black / African American	24.2%	12.1%	12.7%	Percentage of population that is Hispanic, 2019
Hispanic / Latino	24.8%	39.3%	18.0%	Percentage of population that is non-Hispanic Black, 2019
Two or more Races	5.4%	2.7%	3.3%	Percentage of population that is non-Hispanic and Two or More Races, 2019

Asian	2.9%	4.8%	5.5%	Percentage of population that is non-Hispanic White, 2019
Some other race	2.8%	5.8%	4.9%	Percentage of population that is non-Hispanic American Indian & Alaska Native, 2019
Native Hawaiian and other Pacific Islander	0.7%	0.1%	0.2%	Percentage of population that is non-Hispanic and Two or More Races, 2019
American Indian & Alaska Native	0.6%	0.5%	0.8%	Percentage of population that is non-Hispanic and Some Other Race than those listed, 2019
<i>Data source: American Community Survey 5-year Estimate 2019, Table DP05</i>				

Language

Why it is important: The languages spoken in the community are important in understanding the cultural context of a community. The information can also be used to better identify and understand health access needs.

Language	Bell County	Texas	U.S.	Description
English Proficiency	5.2%	13.7%	8.4%	Population 5 years and over who speak a language other than English at home who speak English "less than very well". Census, 5 year estimate 2019
Spanish	4.0%	11.6%	5.3%	Percent of the population over 5 years old who speak Spanish at home and speak English "less than very well". Census, 5 year estimate 2019
Asian and Pacific Islander Languages	0.8%	1.3%	1.6%	Percent of the population over 5 years old who speak Asian and Pacific Islander languages at home and speak English "less than very well". Census, 5 year estimate 2019
Other Indo-European Languages	0.3%	0.6%	1.1%	Percent of the population over 5 years old who speak other Indo-European languages at home and speak English "less than very well". Census, 5 year estimate 2019
<i>Data source: American Community Survey 5-year Estimate, 2019, Table DP02</i>				

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population

with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Age	Bell County	Texas	U.S.	Description
Median Age	31.0	34.6	38.1	The age which half the people are younger than this and half are older, 2019
Under 18	27.8%	26%	22.6%	Percent population below 18 years of age, 2019
Age 65+	10.6%	12.3%	15.6%	Percent population ages 65 and over, 2019
<i>Data source: American Community Survey 5-year Estimate 2019, Table DP05</i>				

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Bell County	Texas	U.S.	Description
Median Household Income	\$54,831	\$64,044	\$65,712	The income where half of households in a county earn more and half of households earn less.
Per Capita Income	\$27,604	\$32,267	\$35,672	Per capita income and benefits in inflation-adjusted dollars, 2019
People with incomes below the federal poverty guideline	13.8%	14.7%	13.4%	Percentage of population living below the Federal Poverty Line, 2019 (ACS 5-year est)
ALICE Households	26%	30%	-	Asset Limited, Income Constrained, Employed households, 2018 (https://www.unitedforalice.org/)
<i>Data sources:</i> Median Household Income: County Health Rankings, 2021 - obtained from Small Area Population Estimates, 2019 Per Capita Income: American Community Survey 5-year Estimate 2019, Table DP03 Poverty: American Community Survey Table S1701, 2019 ALICE Households: Asset Limited, Income Constrained, Employed. United for ALICE. 2018. Obtained from UnitedforALICE.org				

Education

Why is it important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Income	Bell County	Texas	U.S.	Description
High School grad or higher	91.0%	83.7%	88.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Bachelor's degree or higher	25.2%	29.9%	32.1%	Percentage of adults ages 25 and over with a Bachelor's degree or higher.
<i>Data source: American Community Survey Table DP02. 5-year Estimate, 2019</i>				

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Bell County	Texas	U.S.	Description
Uninsured	15.1%	19.9%	10.4%	Percentage of population under age 65 without health insurance.
<i>Data source: County Health Rankings, 2021. Obtained from Small Area Health Insurance Estimates, 2018.</i>				

Appendix C: Community Input Data and Sources

Focus Groups

Focus Groups	Description of Participants	Organizations & Sectors Represented	Number of Participants	Number of Focus Groups
Bell County	Case manager & service provider for survivors of human trafficking; Executive director of a chamber of commerce; Federally Qualified Health Center administrator; Immigration & legal services provider at a social services agency; Executive director at a community clinic; Deacon at a church; Outreach coordinator for Women, Infants, and Children; Executive director of a community clinic; School nurse; Service provider at Women, Infants, and Children	Social services agency; Chamber of commerce; Community health center; Social services agency; WIC; Community clinic (x2); Faith-based organization; School district	10	2
Central Texas	School health director at a school district; Community health worker; Executive Director for a foster youth serving organization; Director for a county indigent healthcare system; Community relations & outreach coordinator at a large health system	School district; Health system (x2); Foster youth service organization; County indigent care program	5	2

Summary of Focus Groups

There were two focus groups held for Bell County with ten participants and one focus group that included representation from a larger Central Texas region, including Bell County which had five participants.

The dynamics of the (social, political) east-west divide within Bell County were reiterated in each of the focus groups facilitated about the area, but there was some conflicting information about how much willingness there is to coordinate across the area. There weren't clear dynamics about which part of the county had more resources, simply that it hasn't been typical to coordinate across the county. One exception to this rule was shared in something called the Commissioners Court, in which leaders from across the various Bell County cities come together regularly to coordinate. The county could end up with three different legislative representatives, which would exacerbate divisions.

Fort Hood is often viewed as having ample resources, but people at Fort Hood often need additional assistance. Further, anyone who lives in west Bell County who is not associated with the military cannot access those services.

Assets

Access to Care:

- Coordinated Entry: someone can get an assessment across a variety of domains, such as housing, financial, etc., and it can help people access services from one place, rather than having to reach each organization separately (Killeen).
- Baylor Scott & White's [Faith Community Health](#) program helps connect people and reduces isolation, has been an essential part of vaccine distribution, and coordinates around food distribution, gets the word out, etc.

Employment: There are several major employment sectors across the community, including a robust military and healthcare presence.

Exercise Opportunities: It was remarked that physical activity is low in the county, however, there are many parks and outdoor spaces that encourage people to get out and exercise (especially during COVID).

Commissioners Court: Members from all aspects of county government, described as "the nucleus that pulls the whole county together." Roads, healthcare, funding to nonprofits, intergovernmental transfer.

Fort Hood: Army Community Services & the Military Response to High Suicide and Domestic Violence Rates were remarked upon as excellent resources and/or responses.

Unique Challenges

Housing: In addition to the shortage of housing, there seemed to be agreement that the quality of housing available is also not high. Housing for veterans was named as particularly low quality/safety. There is also a lack of emergency shelter available in the county.

Transportation: The existing public transportation does serve the healthcare facilities, but it isn't door-to-door and the county is pretty geographically dispersed so it's hard to make a wider system feasible financially.

Access to Care: Important programs seem to be present across the county, but they do not have the staffing necessary to meet the demand on them.

- **Income and High Uninsured Rate:** This was a prominent theme in the focus group. There's a lot of financial insecurity and people may not have jobs that offer health insurance (or if there is insurance, it's too expensive - especially for people returning to work and who may be needing to spend extra income on getting caught up from the COVID downturn). It sounds like there's a lot of precariousness in the community that is addressed through the direct response of churches and community groups, but not so much systemically.
- The healthcare organizations in the county do not seem to cooperate or coordinate very effectively.

Food Insecurity: Among both military families and other residents, people expressed concern about food insecurity in general and access to health foods.

Military:

- **Breastfeeding and Family-Friendliness of Military:** The military does not have a legacy of providing space for breastfeeding soldiers, or generally having a culture that supports mothering/caregiving while also being a soldier. Women serving while also acting as a primary caregiver may face particular challenges.
- **Transient Nature of Military Families & Lack of Familiarity of Resources:** Since many families may be residents for short periods of time, it is hard to reach them and to get everyone familiar with the resources that might be available to them.

Community Survey

A survey was conducted in Bell County to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health care access, and social determinants of health for Bell County and the Ascension Seton Medical Center Harker Heights service area. Thirty-one individuals participated in the survey, held between August 2021 and October 2021.

The data gathered and analyzed provides insight into the issues of importance to the community; however due to a small sample size these survey results cannot be generalized to represent community indicators or perceptions. The results of this survey should be used with caution and as a supplement to other reliable data sources including quantitative data and community stakeholder input.

The survey, included on the following pages, had 15 multiple-choice questions and was conducted online only. The survey was available in both English and Spanish and distributed by asking community stakeholders and leaders to share the survey with the individuals they served.

CHNA Community Survey 2021

Dear Residents of Hays, McLennan, Bastrop, Burnet, Caldwell, Coryell, Fayette, Lee, Llano, Gonzales, Hill, Limestone, Freestone, Blanco, Bosque, Falls and Hamilton Counties,

Ascension Texas is currently conducting a Community Health Needs Assessment. We would like to invite you to answer some questions about your community. Your perception and opinion about the strengths and areas of opportunity of your community is important to us and we would highly appreciate your input. The information you provide will be used to develop a plan that will help address the community health needs.

It will take about 10 minutes to complete the survey. The first part of the survey will focus on collecting some demographic information that will help identify characteristics of your community. The second part will collect your opinion about health issues.

By taking this survey you certify that you are 18 years of age and have read this form, and are freely and voluntarily willing to participate in this survey.

Demographic Questions

Please type in the 5 digit zip code where you live

Which category includes your age?

- ☐ 18 - 24
☐ 25 - 34
☐ 35 - 44
☐ 45 - 54
☐ 55 - 64
☐ 65 and over

What gender do you identify with? Select all that apply.

- ☐ Female
☐ Male
☐ Non-binary
☐ Transgender
☐ Intersex
☐ Gender non-conforming
☐ Prefer not to answer
☐ Other

If Other, we welcome you to enter what best describes your gender identity here (not required)

Which of the following best describes your race?

- ☐ Black / African American
☐ American Indian / Alaska Native
☐ Asian
☐ Hawaiian / Pacific Islander
☐ White
☐ Multi-racial
☐ Prefer not to answer
☐ Other

If Other, we welcome you to enter what best describes your race and ethnicity here (not required)

Which of the following best describes your ethnicity?

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown
☐ Prefer not to answer

Access to Care

How do you pay for most of your healthcare?

- ☐ Pay cash (no insurance)
- ☐ An insurance plan that you or someone else buys on your own
- ☐ Health insurance through my employer
- ☐ Health insurance through someone else's employer
- ☐ Medicaid
- ☐ Medicare
- ☐ Veterans' Administration
- ☐ Indian Health Services
- ☐ Cobra
- ☐ Other

If you selected Other, please explain:

In the past 12 months, have you seen a medical doctor, dentist, nurse or other health professional?

- ☐ Yes
- ☐ No
- ☐ Don't know / not sure
- ☐ Prefer not to answer

Was there a time in the past 12 months when you needed medical care but did NOT get it?

- ☐ Yes
- ☐ No
- ☐ Don't know / not sure
- ☐ Prefer not to answer

If you struggled to access necessary medical care in the past 12 months, what is the main reason?

- ☐ Can't afford it / costs too much
- ☐ I don't have a doctor
- ☐ I had trouble getting an appointment
- ☐ I had transportation problems
- ☐ I don't know where to go
- ☐ I don't have health insurance
- ☐ Other

If you selected Other, please explain:

Community Health

In case of an emergency, my household has enough money saved up for how many months of expenses (rent, utilities, groceries, basic supplies)?

- ☐ Do not have enough saved for one month
- ☐ One month
- ☐ Two months
- ☐ Three months
- ☐ More than three months
- ☐ Not sure

In the following list, what do you think are the three most important factors for a healthy community?

- ☐ Good place to raise children
- ☐ Safety from violence
- ☐ Low level of child abuse
- ☐ Good schools
- ☐ Access to health care
- ☐ Parks and recreation
- ☐ Walkability and bikeability
- ☐ Clean environment
- ☐ Affordable housing
- ☐ Access to grocery stores that sell fresh foods
- ☐ Transportation options
- ☐ Arts and cultural events
- ☐ Excellent race / ethnic relations
- ☐ Good jobs and healthy economy
- ☐ Strong family life
- ☐ Healthy behaviors and lifestyles
- ☐ Low adult death and disease rates
- ☐ Low infant deaths
- ☐ Religious or spiritual values
- ☐ Emergency preparedness
- ☐ Other

If you selected Other, please describe the other factor you think is important for a healthy community:

What are the top 3 things you think should be addressed to improve the health of your community?

- ☐ Aging problems (for example: difficulty getting around, dementia, arthritis)
- ☐ Cancers
- ☐ Child abuse / neglect
- ☐ Dental problems
- ☐ Diabetes / High blood sugar
- ☐ Domestic violence / rape / Sexual assault
- ☐ Gun-related injuries
- ☐ Mental health problems including suicide
- ☐ Substance use
- ☐ Heart disease / stroke / high blood pressure
- ☐ Access to healthy foods
- ☐ Housing
- ☐ HIV / AIDS / Sexually transmitted diseases (STDs)
- ☐ Homicide
- ☐ Infectious diseases
- ☐ Motor vehicle crash injuries
- ☐ Infant death
- ☐ Respiratory / lung disease
- ☐ Teenage pregnancy
- ☐ Tobacco use / E-cigarettes / Vaping
- ☐ Education
- ☐ Employment and job skills
- ☐ Parks / Green space
- ☐ Other

If you selected Other, please describe what else you think is important to address to improve the health of your community:

What are three strengths in your neighborhood or community?

- ☐ Access to health care (e.g. family doctor)
- ☐ Access to public transportation
- ☐ Affordable housing
- ☐ Access to healthy foods
- ☐ Arts and cultural events
- ☐ Clean environment
- ☐ Community resources (e.g. non-profits, libraries, food pantries)
- ☐ Good jobs and healthy economy
- ☐ Good place to raise children
- ☐ Good relationships between different race/ethnic groups
- ☐ Good schools
- ☐ Health behaviors and lifestyles
- ☐ Overall good mental health
- ☐ Low crime / safe neighborhoods
- ☐ Parks and recreation
- ☐ Community emergency preparedness
- ☐ Religious or spiritual values
- ☐ Other

If you selected Other, please tell us what you think are other strengths in your community:

How would you rate the overall health of your community?

- ☐ Very unhealthy
- ☐ Unhealthy
- ☐ Somewhat healthy
- ☐ Healthy
- ☐ Very healthy
- ☐ Not sure

Has the COVID-19 (coronavirus) pandemic made any of these more difficult for you? Please select all that apply for each of the given time frames.

	March 2020 - February 2021	March 2021 - Present
Access to Food	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>
Job security	<input type="checkbox"/>	<input type="checkbox"/>
Paying bills	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving duties	<input type="checkbox"/>	<input type="checkbox"/>
Other basic needs	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>

How has your employment status changed since the COVID-19 pandemic (after March 1, 2020)?

- ☐ I am still going to my workplace for the same number of hours as before the pandemic
- ☐ I am still going to my workplace but am working reduced hours
- ☐ I am working from home
- ☐ I lost my job
- ☐ I had to quit my job to take care of people who depend on me
- ☐ Other

If you selected Other, please explain:

Have you experienced stress related to the pandemic?

- ☐ No, no stress at all
- ☐ Yes mild stress such as occasional worries or minor stress-related symptoms such as feeling a little anxious, sad, angry, or mild trouble sleeping
- ☐ Yes moderate stress with frequent worries, often feeling anxious, sad, or angry, or some trouble sleeping
- ☐ Yes severe stress with constant worries or feeling extremely anxious, sad, or angry, or frequent trouble sleeping

Have you been vaccinated for COVID-19?

- ☐ Yes fully vaccinated
- ☐ Yes partially vaccinated
- ☐ No

Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares it with the public in March. The data below is from the 2021 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to the state.

Top US Counties: The best 10 percent of counties in the country. It is important to compare not just with Texas but important to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

" - ": Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

" * " : Indicators marked with a * indicate that standard deviation was not available for the given metric

Shading & Graphics Key:

Equal or greater than one standard deviation worse than Texas
Equal or greater than two standard deviations worse than Texas
Equal or greater than one standard deviations better than Texas
Equal or greater than two standard deviations better than Texas


- = trending better for this measure
- = staying the same for this measure
- = trending worse for this measure

Trends data obtained from County Health Rankings

Health Outcomes



Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.


Indicators	Bell County	Texas	United States	Top US Counties	Description
Length of Life					
Premature Death	7,426 ●	6,620	6,900	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Data from 2017-2019. Smaller is better.
Life Expectancy*	78.2	79.2	79.1	-	How long the average person can expect to live. Data from 2017-2019.
Infant Mortality	6	6	6	-	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2013-2019.
Physical Health					
Poor or Fair Health	20%	19%	17%	12%	Percent of adults reporting fair or poor health. Data from 2018.
Poor Physical Health Days	4.1	3.8	3.8	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted). Data from 2018.
Frequent Physical Distress*	13%	12%	12%	-	Percent of adults 14 or more days of poor physical health per month. Data from 2018.
Low Birth Weight	9%	8%	8%	6%	The percent of babies born too small (less than 2,500 grams). Data from 2013-2019.
Mental Health					
Poor Mental Health Days	4.2 ●	3.8	4.0	3.4	Average number of mentally unhealthy days self-reported in the past 30 days. Data from 2018.
Frequent Mental Distress*	14%	12%	12%	-	Percent of adults reporting 14 or more days of poor mental health per month. Data from 2018.
Suicide	18	13	14	-	Number of deaths due to suicide per 100,000. Data from 2015-2019.
Morbidity					
Diabetes prevalence	11%	10%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes. Data from 2017.
Cancer Incidence*	486	410	449	-	New cases of cancer for every 100,000 people. Data from 2018.

Communicable Disease					
HIV Prevalence	266	393	366	-	Number of people aged 13 years and over with a diagnosis of HIV per 100,000. Data from 2018.
Sexually Transmitted Infections	963.1 	517.6	524.6	161.4	Number of newly diagnosed chlamydia cases per 100,000. Data from 2018.
Data Sources: - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Cancer Incidence Data: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz , released in June 2021.					

Social and Economic Factors


Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Bell County	Texas	United States	Top US Counties	Description
Economic Stability					
Median Household Income	\$54,831	\$64,044	\$57,600	-	The income where half of households in a county earn more and half of households earn less. Data from 2019.
Unemployment*	3.8% 	3.5%	3.7%	2.6%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2019.
Poverty	14%	14.7%	13.4%	-	Percentage of population living below the Federal Poverty Line. Data from 2015-2019.
Childhood Poverty	18% 	19%	18%	11%	Percentage of people under age 18 in poverty. Data from 2019.
Income Inequality	4.0	4.8	4.9	3.7	Ratio of household income at the 80th percentile to income at the 20th percentile. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum. Data from 2015-2019.
Educational Attainment					
High School Completion	91%	84%	85%	96%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2015-2019.
Some College	70%	62%	66%	73%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2015-2019.
Social/Community					
Children in single-parent homes	28%	26%	33%	20%	Percentage of children that live in a household headed by a single parent. Data from 2015-2019.
Social Associations	7.6	7.5	9.3	18.4	Number of membership associations per 10,000 population. Data from 2018.

Disconnected Youth*	8%	8%	7%	-	Percentage of teens and young adults ages 16-19 who are neither working nor in school. Data from 2015-2019.
Juvenile Arrests*	18%	17%	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2018.
Violent Crime	411 	420	386	63	Number of reported violent crime offenses per 100,000 population. Data from 2014 & 2016.
Firearm Fatalities*	17	12	12	-	Number of deaths due to firearms per 100,000 population. Data from 2015-2019.
Access to Healthy Foods					
Food Environment Index	6.5	5.9	7.6	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2015 & 2018.
Food Insecurity	16%	15%	13%	-	Percent of the population who lack adequate access to food. Data from 2018.
Limited Access to Healthy Foods	13%	9%	6%	-	Percent of population who are low-income and do not live close to a grocery store. Data from 2015.
Data Sources for Social and Economic Factors Tables: <ul style="list-style-type: none"> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021. https://www.countyhealthrankings.org/explore-health-rankings - Poverty: American Community Survey 5-year Estimates 2019, Table DP03 					

Physical Environment

Why they are important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.







Indicators	Bell County	Texas	United States	Top US Counties	Description
Physical Environment					
Severe housing cost burden*	13%	13%	15%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2015-2019.
Severe Housing Problems*	15%	17%	18%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Data from 2013-2017.
Homelessness*	331 ^A	27,229	580,466	-	The number of people experiencing homelessness on one particular night in 2020 as counted by a Point in Time count. This count includes both Bell and Coryell Counties.
Air Pollution - Particulate Matter	8.3 	7.3	8.6	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2016.
Homeownership*	54%	62%	64%	-	Percentage of occupied housing units that are owned. Data from 2015-2019.


Data Sources and Notes

- All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted.
<https://www.countyhealthrankings.org/explore-health-rankings>
- Homelessness data: 2020 Point-in-Time Count Reports from Texas Homeless Network, PIT Count Reports by County. Obtained in 2021 from: <https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/>
- ^AThe Homeless Count for Bell County includes both Bell and Coryell Counties

Clinical Care






Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Bell County	Texas	United States	Top US Counties	Description
Healthcare Access					
Uninsured	15% 	20%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2018.
Uninsured Adults	19%	24%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2018.
Uninsured children	7% 	11%	5%	-	Percentage of children under age 19 without health insurance. Data from 2018.
Primary Care Physicians	1270:1 	1,642:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2018.
Mental Health Providers	445:1	827:1	400:1	290:1	Ratio of the population to mental health providers. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. Data from 2020.
Psychiatrists*	9,931:1	12,804:1	No Data	-	Ratio of the population to psychiatrists in 2020. Source: Texas Primary Care Physicians & Psychiatrists
Dentists	1214:1 	1,677:1	1,450:1	1,240:1	Ratio of population to dentists. Data from 2019.
Hospital Utilization					
Preventable Hospital Stays	6,324 	4,793	4,535	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Data from 2018.
Preventative Healthcare					
Flu Vaccinations*	38% 	46%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2018.

Indicators	Bell County	Texas	United States	Top US Counties	Description
Mammography Screenings	37% 	37%	42%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2018.
Data Sources <ul style="list-style-type: none"> All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings Psychiatrists Data: Texas Department of State Health Services, Health Professions Resource Center, Psychiatrists, 2020. Obtained in 2021 from: https://www.dshs.texas.gov/chs/hprc/tables/2020/psych20.aspx 					

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Bell County	Texas	United States	Top US Counties	Description
Healthy Life					
Adult Obesity	33% 	31%	29%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. Data from 2017.
Physical Inactivity	24% 	23%	23%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity. Data from 2017.
Access to Exercise Opportunities	78%	81%	84%	91%	Percentage of population with adequate access to locations for physical activity. Data from 2010 & 2019.
Insufficient Sleep*	38%	34%	34%	-	Percentage of adults who report fewer than 7 hours of sleep on average. Data from 2018.
Motor Vehicle Crash Deaths	14.6	13	11	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2013 - 2019.
Substance Use and Misuse					
Adult Smoking	18% 	14%	17%	14%	Percentage of adults who are current smokers. Data from 2018.
Excessive Drinking	17% 	19%	19%	13%	Percentage of adults reporting binge or heavy drinking. Data from 2018.
Alcohol-Impaired Driving Deaths	26% 	26%	28%	11%	Alcohol-impaired driving deaths. Data from 2015-2019.
Drug Overdose Mortality Rate	11	11	21	-	Number of drug poisoning deaths per 100,000 population. Data from 2017-2019

Opioid Hospital Visits*	67.2	77.7	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2020 (DSHS)
Sexual Health					
Teen Births	37	31	23	13	Number of births per 1,000 female population ages 15-19. Data from 2013-2019.
Data Sources <ul style="list-style-type: none"> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Opioid Hospital Visits data: Texas Department of State Health Services (DSHS), 2020. Obtained in 2021 from https://healthdata.dshs.texas.gov/dashboard/drugs-alcohol/opioids/opioid-rel-ed-visits 					

Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improving health for everyone in the community. Any indicators compared using standard deviation are compared to the overall Texas metric.

Health Behaviors

Indicator	Bell County	Texas
Premature Death: Years of potential life lost before age 75 per 100,000 population (age-adjusted). Smaller is better.		
Overall	7,426	6,620
Asian*	5,666	3,002
Black	9,639	9,892
Hispanic	4,773	5,471
White	7,743	7,097
Infant Mortality Rate: Number of all infant deaths (within 1 year) per 1,000 live births.		
Overall	6	6
Black	10	11
Hispanic	4	5
White	6	5
Source: County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings		

Social and Economic Factors

Indicator	Bell County	Texas	United States
Childhood Poverty: Percentage of people under age 18 in poverty.			
Overall	18%	19%	17%
Asian*	20%	10%	-
Black	27%	27%	-
Hispanic	26%	26%	-
White	10%	10%	-
Median Household Income: The income where half of households in a county earn more and half of households earn less.			
Overall	\$54,831	\$64,044	\$65,712
American Indian and Alaskan Native*	\$54,526	\$56,394	\$43,825
Asian*	\$52,589	\$88,486	\$88,204
Black	\$49,836	\$46,572	\$41,935
Hispanic	\$48,969	\$49,260	\$51,811
White	\$62,733	\$75,879	\$66,536
Source: County Health Rankings & Roadmaps in 2021. https://www.countyhealthrankings.org/explore-health-rankings			

Physical Environment

Indicator	Bell County	Texas	United States
Homelessness* : The 2020 Point in Time Count provides a snapshot of the number of people experiencing homelessness on one particular night.			
Overall Count	151	27,229	-
Black	43%	36.7%	-
Hispanic	12%	27.7%	-
White	40%	57.9%	-
Homeownership* : Percentage of occupied housing units that are owned.			
Overall	54%	62%	64%
American Indian or Alaskan Native	47%	59%	54%
Asian	51%	63%	60%
Black	42%	41%	42%
Hawaiian or Pacific Islander	46%	43%	41%
Hispanic	48%	57%	47%
White	60%	66%	70%
<p>Sources: Homeownership: County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Homeownership by Race: Calculated using data from American Community Survey 2019, Table DP04. Calculation: owner occupied/total occupied households by race Homelessness data: 2020 Point-in-Time Count Reports from Texas Homeless Network, PIT Count Reports by County. Obtained in 2021 from: https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/ - The Homeless Count for Bell County includes both Bell and Coryell Counties</p>			

Clinical Care

Indicator	Bell County	Texas
Preventable Hospital Stays*: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.		
Overall	6,324	4,793
Asian	4,153	7,270
Black	6,363	7,202
Hispanic	5,105	5,237
White	6,547	4,422
Source: County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings		

Health Behaviors

Indicator	Bell County	Texas
Teen Births: Number of births per 1,000 female population ages 15-19.		
Overall	37	31
Asian	23	5
Black	35	32
Hispanic	44	43
White	33	19
Source: County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings		

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Seton Medical Center Harker Heights has cataloged resources available in Bell County, Texas that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive.

Access to Care

Organization Name	Phone	Website
Seton Medical Center Harker Heights	(254) 690-0900	https://setonharkerheights.net/
AdventHealth Central Texas	(254) 526-7523	https://www.adventhealth.com/hospital/adventhealth-central-texas
Baylor Scott & White Temple Santa Fe Hospital	(254) 899-8650	https://www.bswhealth.com/find-care?utm_source=google-mybusiness&utm_medium=organic#?loc=29.4457446,-99.5450974&dist=10&sD=NextAvailableAppointment
Baylor Scott & White Temple	(254) 724.2111	https://www.bswhealth.com/locations/temple?utm_source=google-mybusiness&utm_medium=organic&utm_campaign=9479&y_source=1_MTM0MTE3MDctNzE1LWxvY2F0aW9uLndlYnNpdGU%3D
Cedar Crest Hospital and Residential Treatment Center	(844) 667-8801	https://www.cedarcresthospital.com/?utm_source=Google&utm_medium=organic&utm_campaign=listing&utm_term=brand
Baylor Scott & White Continuing Care Hospital- Temple	(254) 215-0900	https://www.bswhealth.com/locations/continuing-care-hospital?utm_source=google-mybusiness&utm_medium=organic&utm_campaign=

		9494&y_source=1_MTM0MTE3MTktNzE1LWxvY2F0aW9uLndlYnNpdGU%3D
Carl R. Darnall Army Medical Center	(254) 288-8000	https://darnall.tricare.mil/
V.A. Hospital	(800) 423-2111	https://www.va.gov/directory/guide/state_SUD.cfm?STATE=TX
Central Texas Veterans Health Care System	(254) 778-4811	https://www.va.gov/central-texas-health-care/
Baylor Scott & White Clinic-Temple Professional Plaza II	(254) 771.8100	https://www.bswhealth.com/locations/temple-professional-plaza-ii-clinic?utm_source=google-mybusiness&utm_medium=organic&utm_campaign=9928&y_source=1_MTM0MTE1OTktNzE1LWxvY2F0aW9uLndlYnNpdGU%3D
Cedar Crest Outpatient Clinic	(855) 660-6189	https://www.cedarcresthospital.com/
Baylor Scott & White Palliative Care- Temple	(254) 724-6859	https://www.bswhealth.com/specialties/palliative-care/?utm_source=google-mybusiness&utm_medium=organic&utm_campaign=221863&y_source=1_MTgyNTY0OTYtNzE1LWxvY2F0aW9uLndlYnNpdGU%3D
Baylor Scott & White Clinic Belton	(254) 933-4000	https://www.bswhealth.com/locations/belton-clinic?utm_source=google-mybusiness&utm_medium=organic&utm_campaign=9614&y_source=1_MTM0MTE2MjctNzE1LWxvY2F0aW9uLndlYnNpdGU%3D
Webster Family Clinic	(254) 690-8887	https://wellstonepartners.org/provider/dave-e-webster-do
Body of Christ Community Clinic	(254) 939-9500	https://bodyofchristclinic.org/

Mental and Behavioral Health

Organization Name	Phone	Website
Central County Services	(254) 298-7000	https://centralcountiesservices.org/our-services/adult-mental-health/
Lone Star Circle of Care Behavioral Health at Harker Heights	(877) 800-5722	https://lonestarcares.org/location/lone-star-circle-of-care-behavioral-health-at-harker-heights/
Baylor Scott & White Mental Health Clinic	(254) 953-7600	https://www.bswhealth.com/locations/harker-heights-mental-health-clinic
Beacon Health Options Treatment Centers in Bell County	(844) 298-8974	https://www.psychologytoday.com/us/treatment-rehab/beacon/tx/bell-county
Depression Treatment Cedar Crest Hospital	(855) 771-9649	https://www.psychologytoday.com/us/treatment-rehab/depression/tx/bell-county/206166?sid=6217b8f776514&ref=2
Georgetown Behavioral Institute	(512) 357-7671	https://www.psychologytoday.com/us/treatment-rehab/depression/tx/bell-county/381468?sid=6217b8f776514&ref=3
Depression Treatment Cross Creek	(855) 842-0166	https://www.psychologytoday.com/us/treatment-rehab/depression/tx/bell-county/233158?sid=6217b8f776514&ref=4

Chronic Conditions

Organization Name	Phone	Website
Greater Killeen Community Clinic	(254) 618-4211	https://gkfcclinic.org/services
Baylor Scott & White Vasicek Cancer Treatment Center	(254) 724-5918	https://www.bswhealth.com/locations/temple-vasicek-cancer-treatment-center/
Bell County Family and Community	(254) 933-5305	https://agrilife.org/bellcountyfcs/

Health		
Temple Community Clinic	(254) 771-3374	https://templecommunityclinic.org/AboutUs

Social Determinants of Health

Organization Name	Phone	Website
Indigent Health Services of Bell County	(254) 519-1229	https://www.bellcountytexas.com/departments/indigent_health_services/index.php
United Way of Central Texas	(254) 778-8616	https://www.uwct.org/
Area Agency on Aging of Central Texas	(254) 770-2330	https://aaact.org/
CTLC and Feed My Sheep		https://tlcvr.org/feed-my-sheep
Performance Food Service Temple	(254) 778-4519	https://www.performancefoodservice.com/
Central Texas Food Bank	(512) 282-2111	https://www.centraltexasfoodbank.org/news/food-assistance-resources-bell-county
Helping Hands Ministry of Belton	(254) 939.7355	https://www.helpinghandsbelton.org/
Harker Heights Food Center	(254) 768-2061	

Health Equity

Organization Name	Phone	Website
Hispanic Chamber of Commerce	(254) 634-7441	http://www.haccctx.org/
Hispanic Health Coalition	(713) 666-5644	https://hispanic-health.org/
Centro Cristiano Moreh	(254) 251-9423	https://ccmoreh.org/
SHE Will Foundation	(254) 383-8802	https://www.shewillfoundation.org/
Innovation Black Chamber of Commerce	(254) 415-9951	https://innovationbcc.org/

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

SMCHH's previous CHNA implementation strategy was completed in 2020, and addressed the following priority health needs: coordination of care and chronic disease.

The table below describes the actions taken during the 2020-2022 CHNA to address each priority need and indicators of improvement.

Note: At the time of the report publication (e.g., Spring), the third year of the cycle will not be complete.

PRIORITY NEED	Chronic Conditions	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Provide Care to 1,000 low income uninsured individuals annually.	Ongoing	<ul style="list-style-type: none"> Provided care for over 1,000 low income/uninsured individuals throughout the Greater Killeen Free Clinic
Enroll 350 low income individuals in the chronic disease program annually	Ongoing	<ul style="list-style-type: none"> Enrolled over 500 in chronic disease programming

PRIORITY NEED	Coordination of Care	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Ten planning staffing meetings annually	Ongoing	<ul style="list-style-type: none"> Seton Medical Center Harker Heights leadership attended monthly meetings with regional hospital leaders to address local health concerns including addressing the ongoing COVID-19 pandemic.