Seton Medical Center Harker Heights

2024 Community Health Needs Assessment
Bell County, Texas

Conducted July 1, 2024 to May 30, 2025

Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Bell County, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. 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 2024 Community Health Needs Assessment report was approved by the Board of Directors of HH/Killeen Health System, LLC on June 24, 2025, and applies to the following three-year cycle: July 1, 2025 to June 30, 2028. This report, as well as the previous report, 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 comments.

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Acknowledgements

The 2024 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Bell County. Seton Medical Center Harker Heights (SMCHH) is exceedingly 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 promote a healthier, more equitable place to live, work and play.

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

Executive Summary

The goal of the 2024 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. Ascension Seton is a 501(c)(3) nonprofit organization and is a minority owner of Seton Medical Center Harker Heights. These organizations collaborated to prepare this joint Community Health Needs Assessment.

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 community health needs assessment and adopt an implementation strategy (IS) every three years. The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an implementation strategy plan.

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 agreement.

Data Analysis Methodology

The 2024 CHNA was conducted from July 2024 to May 2025, and utilized processes which incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services. Seton Medical Center Harker Heights conducted 2 focus groups to gather feedback from the community on the health needs and assets of Bell County. Additional community focus groups, interviews and surveys were conducted by Baylor Scott and White Health. Secondary 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

Ascension Seton, with contracted assistance from Alpinista Consulting, analyzed secondary data of over 58 indicators and gathered community input through focus groups, interviews and surveys to identify the needs of the region. Through an analysis of this data, Ascension Seton and Seton Medical

Center Harker Heights determined significant needs, defined as the most crucial needs for community stakeholders to address, listed below.

- Healthcare Access and Quality
- Mental and Behavioral Health
- Social Determinants of Health
- Maternal and Child Health
- Health Promotion and Disease Prevention

Conclusion

The 2024 CHNA was presented to the Board of Directors of HH/Killeen Health System, LLC for approval and adoption on June 24, 2025. Seton Medical Center Harker Heights hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Bell County. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Ascension's public website (https://healthcare.ascension.org/chna).

Next Steps

Following the publication of this report, implementation strategies will be identified that describe how the hospital intends to respond to prioritized community health needs throughout the same three-year CHNA cycle: January 2026 - December 2028.

About Seton Medical Center Harker Heights

Seton Medical Center Harker Heights is an 83-bed acute care hospital opened in 2012 in Harker Heights, Texas offering an array of services such as a Cardiology, Emergency Services and a Level IV Trauma Designated Emergency Room, General Surgery, Orthopedic Surgery, Total Joint Replacement, Gastroenterology, Diagnostic Services and more. Seton Medical Center Harker Heights is Joint Commission Accredited, an Accredited Chest Pain Center, and Advanced Primary Stroke Center.

Mission Statement:
We are called to serve each patient with dignity and respect while always providing exceptional care. Our mission as a Catholic Health Care Ministry inspires us to provide care for and to improve the health of those we serve with a special concern for the poor and the vulnerable. We are called to be a sign of God's unconditional love for all and believe that all persons by their creation are endowed with dignity. We provide exceptional care through collaboration with our Associates, Physicians, Volunteers and Community Partners.

Ascension Seton is a 501(c)(3) nonprofit organization and is a minority owner of Seton Medical Center Harker Heights. These organizations collaborated to prepare this joint Community Health Needs Assessment. Seton Medical Center Harker Heights is governed by a local board of trustees represented by residents, medical staff, and sister sponsors.

For more information about Seton Medical Center Harker Heights, visit https://setonharkerheights.net/.

About Ascension

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 individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY 2024, Ascension provided $2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers and 136 hospitals, serving communities in 18 states and the District of Columbia.

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 health care 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.

Ascension Texas

Serving Texas for more than 120 years, Ascension operates 13 hospitals and 222 sites of care, employing 16,000 associates across Central Texas. Ascension operates Ascension Providence in Waco and Ascension Seton, which includes Dell Children's Medical Center, the region's only comprehensive children's hospital and pediatric Level I trauma center, and Dell Seton Medical Center at The University of Texas, the region's only Level I trauma center for adults. Ascension Seton partners with Dell Medical School at The University of Texas at Austin and shares a common vision of transforming healthcare through a focus on quality and value. On average, Ascension provides $562 million annually in charity care and community benefit across Central Texas. Visit www.ascension.org and www.dellchildrens.net.

About the Community Health Needs Assessment

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

Purpose of the CHNA

A CHNA is defined as "a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority 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 respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.[2] Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.[3]

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension's Mission calls us to be "advocates for a compassionate and just society through our actions and words"; therefore, health equity is a matter of great importance to Ascension.

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[1] Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022 (p.146)*.
[2] National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023 from https://www.cdc.gov/chronicdisease/healthequity/index.htm
[3] Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, *129*(Suppl 2), 5-8. https://doi.org/10.1177/00333549141291S203.

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 ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at https://setonharkerheights.net/policies-and-disclosures/chna/, and paper versions can be requested at the Seton Medical Center Harker Heights administrative offices.

Community Served and 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 agreement.

Located in Texas, Bell County has a population of 372,821 and is part of the Killeen-Temple Metropolitan Statistical Area. The United States Army post Fort Cavazos 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
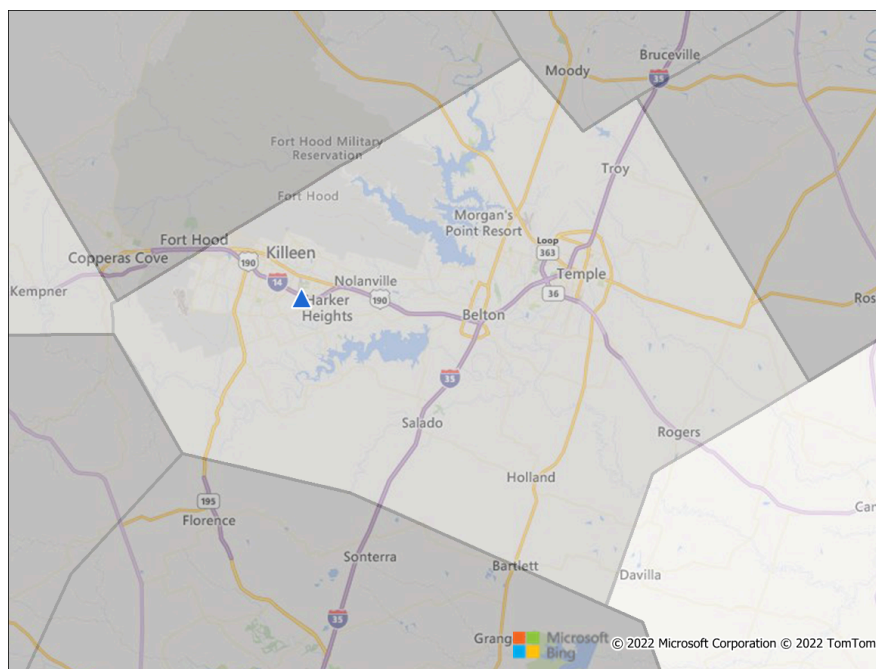
Source: Created by Ascension Texas for the 2024 Seton Medical Center Harker Heights CHNA

Demographic Data

Below are demographic data highlights for Bell County

- Eleven percent of the community members of Bell County are 65 or older, compared to 13% in Texas

Figure 2: Percent of Population that is 65 Years and Older
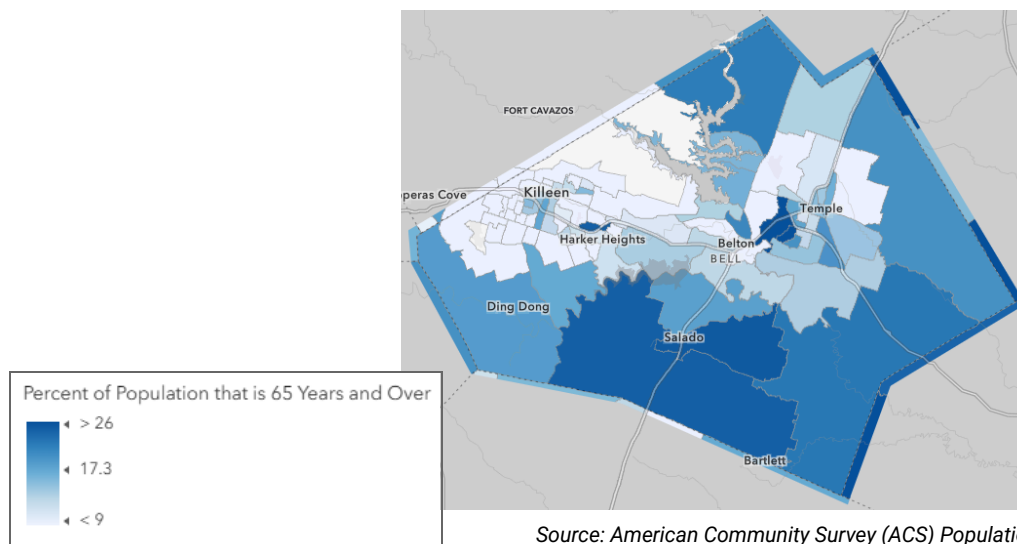
Source: American Community Survey (ACS) Population Variables
Link to interactive online map: https://tinyurl.com/65OrOlder

- Twenty-six percent are Hispanic or Latino (any race); 43% of community members are non-Hispanic white; 22% are non-Hispanic Black or African American; nearly 3% are Asian, and 0.2% are American Indian or Alaska Native. Figure 3 shows the distribution of Race and Ethnicity throughout Bell County.

Figure 3: Dot Density Map of Race and Ethnicity Distribution
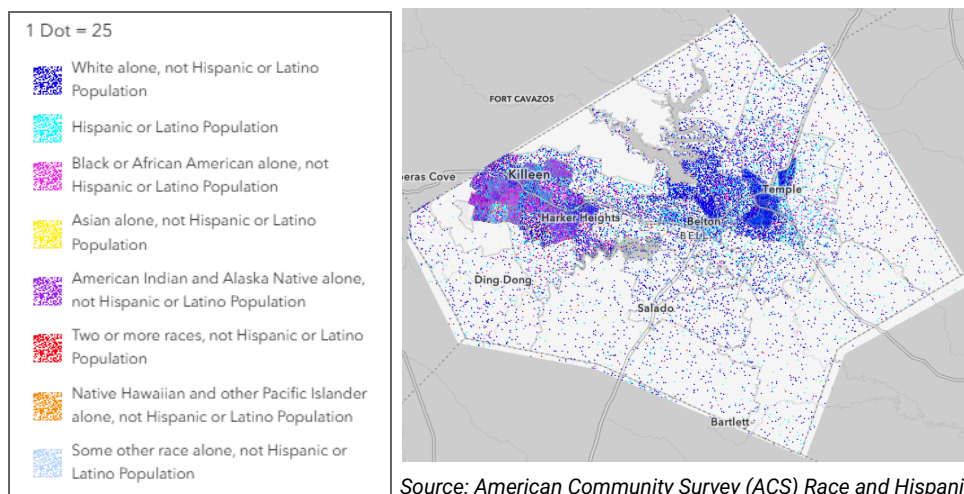
Source: American Community Survey (ACS) Race and Hispanic Origin Variables
Link to Interactive online map: https://tinyurl.com/RaceEthnicityDist

- The total population increase from 2013 to 2022 was 18%
- The median household income is below the state median income ($62,412 for Bell County; $72,279 for Texas). The percent of all ages of people in poverty was higher than the state (14.7% for Bell County; 13.9% for Texas). Figure 4 illustrates the distribution of poverty in the Bell County.

Figure 4: Percent of Families Living Below Poverty by Census Tract

Source: American Community Survey (ACS) Poverty Status Variables
Link to interactive online map: https://tinyurl.com/FamiliesPovertyDist
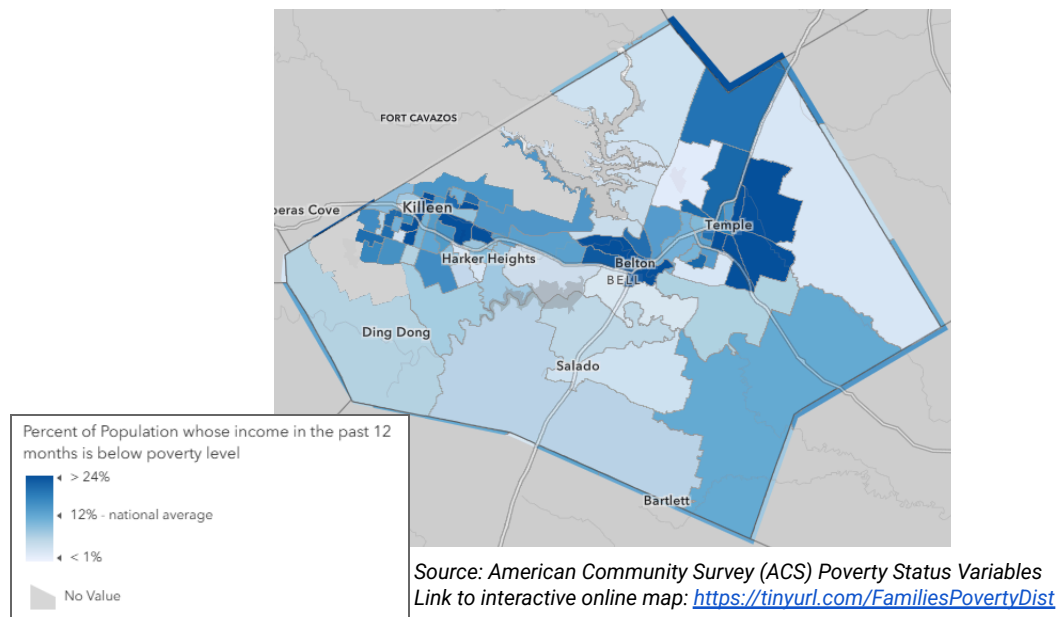
- The uninsured rate for Bell County is lower than the state (15.4% percent for Bell County; 20.3% for Texas)

Table 2: Description of the Community

Demographic Highlights			
Indicator	**Bell County**	**Texas**	**Description**
Population			
% Living in rural communities	13.7%	16.3%	Percentage of population living in a census-defined rural area, 2020
% below 18 years of age	27.5%	25.3%	Percent population below 18 years of age, 2022
% 65 and older	11.3%	12.9%	Percent population ages 65 and over, 2022
% Hispanic	26.2%	39.9%	Percentage of population that is Hispanic, 2022
% Asian	2.8%	5.1%	Percentage of population that is Asian, 2022
% Non-Hispanic Black	21.7%	11.8%	Percentage of population that is Non-Hispanic Black or African American, 2022
% Non-Hispanic White	43.2%	40.1%	Percentage of population that is Non-Hispanic White, 2022
% American Indian or Alaska Native	0.2%	0.2%	Percentage of population that is American Indian or Alaska Native, 2022
% Native Hawaiian or Other Pacific Islander	0.6%	0.1%	Percentage of population that is Native Hawaiian or Other Pacific Islander, 2022
Some Other Race	0.3%	0.3%	Percentage of population that is Non-Hispanic and Some Other Race than those listed, 2022
Two or More Races	5.0%	2.6%	Percentage of population that is Non-Hispanic and Two or More Races, 2022
Social and Community Context			
Limited English Proficiency	5.2%	13.0%	Proportion of community members that speak English "less than well," 2022
Median Household Income	$62,412	$72,279	Income where half of households in a county earn more and half of households earn less, 2022
Percent of Children in Poverty	19.5%	19.2%	Percentage of people under age 18 in poverty, 2022
Percent of Uninsured	15.4%	20.3%	Percentage of population under age 65 without health insurance, 2021
Percent of Educational Attainment	90.8%	85.2%	Percentage of adults ages 25 and over with a high school diploma or equivalent, 2022
Percent of Unemployment	4.4%	3.9%	Percentage of population ages 16 and older unemployed but seeking work, 2022

Data sources: All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted.
https://www.countyhealthrankings.org/health-data
Race and Ethnicity: American Community Survey 5-year Estimate 2022, Table DP05

To view community demographic data in their entirety, see Appendix B.

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

With the contracted assistance of Alpinista Consulting, SMCHH completed its 2024 CHNA in collaboration with Baylor Scott and White Health. Collaboration centered around collecting community input with the purpose to hear from a wide range of community stakeholders and reduce duplication of efforts.

Data Collection Methodology

Seton Medical Center Harker Heights collected and analyzed primary and secondary data for Bell County.

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). Over 58 indicators were reviewed to determine trends of persistent and poor indicators of health county by county. Data was reviewed at a census tract level when possible, using data available in ArcGIS mapping software through the LivingAtlas public data function. Census tract level data can help to narrow in on health disparities and areas of higher need within a county.

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 community input.

Community input data collection methods included focus groups, community surveys and stakeholder sensemaking. These methods provided additional perspectives on how to select and address top health issues facing communities within the SMCHH service area. See Appendix C, and the "Community Focus Groups" section below for detailed information about the collaboratives that contributed to data collection in Bell County.

The findings and themes identified in both qualitative and quantitative analyses were brought forward to the 2024 Ascension CHNA Steering Committee for discussion and prioritization. The 2024 Ascension CHNA Steering Committee consisted of internal Ascension Texas leaders and external

advisors. Prioritization was a two step process: rank-choice voting of identified needs using criteria including alignment with Ascension's mission and capacity to impact, followed by final discernment with the 2024 Ascension Steering Committee.

Summary of Community Input

Community input, which is one type of "primary data," is an integral part of a CHNA and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. 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, low-income, or considered among the minority populations served by the hospital; and 3) the community at large and those who represent the broad interests and needs of the community served.

Seton Medical Center Harker Heights, in collaboration with hospital partners at Baylor Scott and White Health solicited input from a range of public health and social service providers and community residents that represent the broad interests of the Ascension Providence service area. Ascension Providence and Baylor Scott and White Health engaged with the community to understand health needs through their own methods, and shared themes. Overall, many methods were utilized including key stakeholder focus groups and a community survey.

Focus Groups

Two focus groups were conducted by Alpinista Consulting to gather feedback from the community on the health needs and assets of Bell County. Three individuals participated in the focus groups, held between July and August of 2024.

Additional community focus groups and conversations were led by Baylor Scott and White.

Table 3: Focus Group Themes

Community Focus Groups
Key Summary Points
• Limited resources and availability of services at the Bell County health department. In particular, childhood vaccine appointments are limited. • People sometimes have to go to Waco for services (45 or more minutes away by car). Examples included sending families to Waco for vaccines and for diaper banks • Navigating the health system is a challenge • Bell county is spread out. Population centers that have healthcare resources include Belton, Temple and Killeen but it's difficult to get around and between them. Transportation barriers are a big problem. • Language barriers for people who speak Spanish or another non-English language are significant and cause people to go without appointments or care • The cost of living has increased a lot and this affects other things that impact health. More people have a need for food now. • There are long waitlists for affordable housing. Housing insecurity is a concern particularly for people with mental health concerns. • Recruitment of healthcare workforce can be challenging in Bell County, many people would prefer to work in Austin • Mental health services fill up, cannot meet the demand.

● Stigma exists around mental health conditions ● Older adults face challenges navigating online systems for healthcare services such as scheduling and results portals	
Sectors Represented	**Common Themes**
● Education ● FQHC ● Pregnancy & Parenting nonprofit	● Affordability concerns: food insecurity, housing ● Navigation of available services ● Coordination of care (between providers) ● Insurance and Medicaid gaps (what is covered and what is not) ● Transportation ● Language access needs are not met and growing ● Funding availability (or lack thereof)

Community Survey

A survey was conducted by Baylor Scott and White Health to gather the self-reported health status and concerns of the Ascension Seton region. Eighty-three individuals participated in the survey, held between January and June of 2024. The survey was distributed to community residents with an emphasis on underserved populations through email and QR code access, printed copies and in person distribution via community organizations. The survey data was used in combination with Ascension Seton community input to further illustrate and add emphasis to community health needs.

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 population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below.

For this report, secondary data was reviewed for Bell County against benchmarks of the United States and Texas averages to determine general performance on each indicator. Standard deviations to the Texas benchmark were calculated to indicate when Bell County had a statistically significant difference in either a negative or positive direction from the Texas average. This process revealed the indicators that the county as a whole either performs poorly or well on compared to the state. Indicators were reviewed by race and ethnicity where data was available to reveal disparities in health outcomes. Data was further reviewed on census-level maps where possible using available data through the LivingAtlas on ArcGIS.

The indicators available through the ArcGIS Living Atlas platform are sourced from publicly available datasets of trusted organizations such as the Centers for Disease Control. Maps do not always represent the same data as what is in the county tables due to differences in measurement by the sources available through ArcGIS and the sources used by County Health Rankings. Mapped data is used in conjunction with county level data from County Health Rankings to show more geographic detail when possible.

Below is a short summary for each of the data categories. If disparities, or differences in outcomes or circumstance were identified by race and ethnicity or by census tract, they are noted within the category of data where the indicator belongs. To view the secondary data and sources in their entirety, see Appendix D.

Health Outcomes

Why this is important: Health outcomes reflect how healthy a county is right now and are influenced by many factors such as health behaviors, social & economic factors, and the physical environment. Broadly, health outcomes are the length and quality of life, including the physical and mental well-being of members within a community.[4]

Bell County residents reported significantly more poor physical health days and poor mental health days than Texas residents on average. Figure 5 shows the prevalence of frequent physical health distress in Bell County by census tract and Figure 6 shows the prevalence of frequent mental health distress. Bell County also has a high rate of sexually transmitted infections (STIs) compared to the state of Texas average.

Figure 5: Frequent Physical Health Distress Crude Prevalence
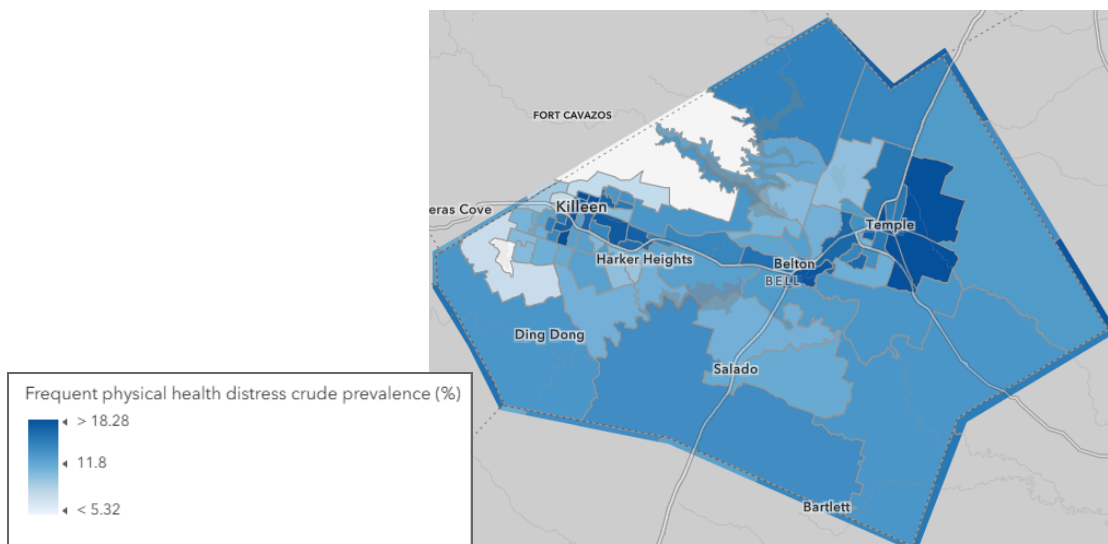
Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention
Link to Interactive online map: https://tinyurl.com/PhysicalHealthDistress

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[4] *Health Outcomes.* County Health Rankings & Roadmaps. (2024). https://www.countyhealthrankings.org/health-data/health-outcomes

Figure 6: Frequent Mental Health Distress Crude Prevalence

Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention
Link to Interactive online map: https://tinyurl.com/MHDistressMap

The data show disparities in outcomes by race for low birthweight, infant mortality, premature death and injury death. Black residents in the county experience low birthweight, infant mortality and premature death more often than their peers and White residents experience higher rates of injury death than their peers.
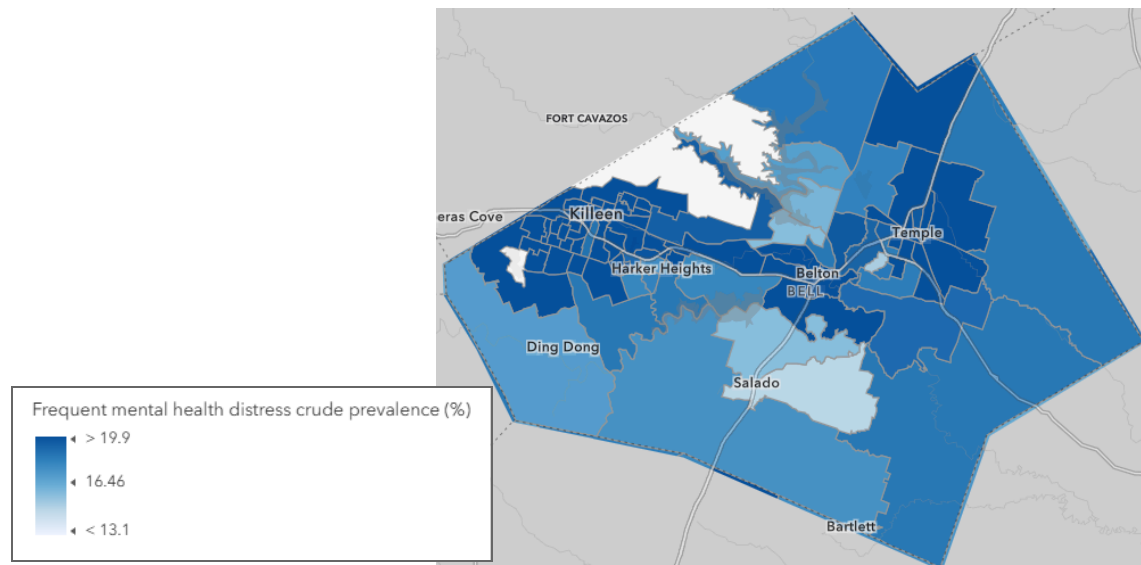
Social and Economic Factors

Why this is important: These factors have a significant effect on our health and include education, employment, income, family and social support, and community safety.[5] They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.

Generally, Bell County is aligned with Texas averages in this category. Income disparities exist by racial and ethnic groups in the county with American Indian and Alaska Native and Black children experiencing poverty at disproportionately higher rates than the Texas average and their peers and Black and Hispanic households earning disproportionately lower median household incomes than the Texas average and their peers.

Access to food, and particularly healthy foods, is an important component for maintaining health. The Central Texas Food Bank Food Access Dashboard (centraltxfoodsystem.org/food-access) presents data at the census level for various food access indicators in Bell County. The dashboard shows that Bell County has high household food insecurity, defined as access by all people at all times to enough food for active, healthy life. Geographically, household food insecurity is concentrated in the cities of

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[5] *Social & Economic Factors.* County Health Rankings & Roadmaps. (2024).
https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors

Temple, Belton and Killeen. Disparities are also present by race and ethnicity with Black and Hispanic households experiencing food insecurity more often than their peers.

Figure 4 in the Demographic Data section of this report demonstrates geographic disparities of poverty in the region.

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 aligned with the average Texan's experience related to physical and environmental factors. The rate of homeownership is lower in Bell County than in Texas.

Clinical Care

Why this is important: Access to affordable, quality care can help detect issues sooner and prevent disease, which can help individuals live longer and have healthier lives.[6]

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 higher in Bell County than for Texas and the United States, and the rate of flu vaccinations is lower than Texas and the United States. There are not significant disparities by race and ethnicity for the indicators in this section.

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.[7]

Bell County has higher rates of adult obesity and smoking than in Texas and the United States.

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[6] *Clinical Care*. County Health Rankings & Roadmaps. (2024). https://www.countyhealthrankings.org/health-data/health-factors/clinical-care
[7] *Health Behaviors*. County Health Rankings & Roadmaps. (2024).
https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors

Written Comments on Previous CHNA and Implementation Strategy

Seton Harker Heights's previous CHNA and implementation strategy was made available to the public and open for public comment via the website: https://healthcare.ascension.org/chna. No comments were received on the 2021 CHNA.

Data Limitations and Information Gaps

Although this report aims to be comprehensive, the community input and secondary data collection for this assessment cannot measure all possible aspects of health and cannot represent every possible population within SMCHH. This limits the ability to assess all the community's needs fully.

Despite the data limitations, SMCHH is 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 qualitative and quantitative methods, and engaged the hospital and participants from the community.

Community Needs

Seton Medical Center Harker Heights, with contracted assistance from Alpinista Consulting, analyzed secondary data of 58 indicators and gathered community input through focus groups and a survey to identify the needs in Bell County. In collaboration with community partners, Seton Medical Center Harker Heights used a phased prioritization approach to identify the needs.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.
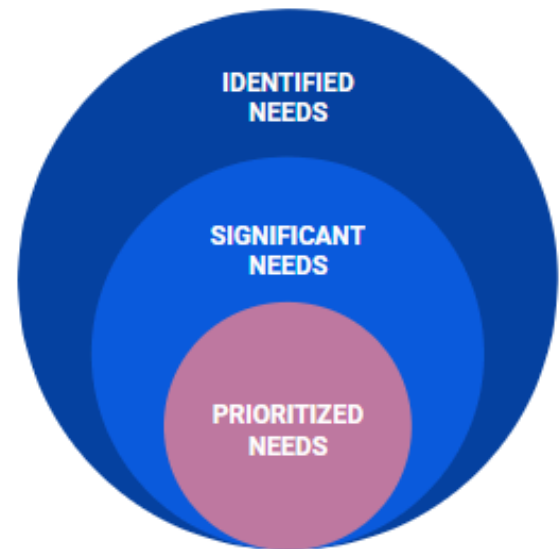
Following the completion of the CHNA assessment, Seton Medical Center Harker Heights will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

Identified Needs

The first phase was to determine the broader set of **identified needs**. Ascension has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Bell County. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In the second phase, identified needs were narrowed to a set of "significant needs." Ascension has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods.

To determine which of the identified needs are most significant Seton Medical Center Harker Heights employed a process which included data analysis and internal leader engagement. Health indicators and needs in the secondary data that showed significant variation from the Texas or United States benchmark and were also brought forward in conversations with the community were compiled in an initial list for consideration. The initial list was sent to internal leaders who were asked to rank their top

five significant needs for community health. Ranked results were further discussed through conversations with leaders to arrive at the final significant needs.

The significant needs identified through this process are broad and include overlapping themes.

Based on the synthesis and analysis of the data, the significant needs for the 2024 CHNA are as follows:

- Healthcare Access and Quality
- Mental and Behavioral Health
- Social Determinants of Health
- Maternal and Child Health
- Health Promotion and Disease Prevention

Workforce shortages, population growth and the ability for resources to meet the demand, general affordability and economic strain and navigation of systems were cross-cutting themes that are applicable to all of the significant needs identified.

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E.

The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

Table 4: Significant Need - Healthcare Access and Quality

Healthcare Access and Quality	
Significance	**Populations Most Impacted**
Access to quality healthcare is critical for addressing health needs that are acute, chronic or preventive. Access to quality healthcare can mean many things including location and open hours of clinics and other facilities, insurance status or ability to pay, wait times for specialty services compounded by limited providers who accept Medicaid or uninsured patients, access to a vehicle or availability of public transportation, health literacy, language access, ability to use digital scheduling and follow-up platforms, and more. A barrier in one or more of these areas can lead to individuals not obtaining needed healthcare services which impacts their ability to maintain health.	• Rural and/or not served by public transportation • Low-income • Hourly workers with regular business hours • People who speak a language other than English

Community Input Highlights
In focus groups and interviews participants discussed various issues related to access to quality healthcare. Bell County is in a unique part of Central Texas which participants noted is in-between health organization service areas, leaving many specialty or higher level of care services unavailable in the county. People either travel to Waco to the north or Round Rock and Austin to the south to get higher levels of care. People noted that the way the population is spread out in the county also contributes to access challenges because services that are available in the county are congregated in the two centers of activity in Killeen (including Harker Heights) and Temple. Transportation is a barrier in the region for many people, compounded by the unique geographic sprawl of services for residents of Bell County. Transportation barriers may look like not having a vehicle, having a vehicle that has to be shared by multiple family members, or living in an area that is not served by public transportation. Additionally, for people who work regular business hours it can be a challenge to find an appointment outside of that time. Having insurance and navigating what providers accept it, what it covers and how to use it was often brought forward as an access to care concern. For people who do not have insurance through an employer, it can be very expensive. For people who may qualify for Medicaid or an Affordable Care Act subsidy, the process for applying can be overwhelming and confusing. People sometimes fear using insurance because they have experienced unexpected charges. One issue around quality of care is related to continuity and coordination. Participants discussed a lack of coordination between providers which requires patients to translate information between different specialists. This challenge is amplified in individuals with lower education levels or people who do not speak English. Access and awareness of childhood vaccines was consistently discussed in focus groups. Children need certain vaccines to begin school on time, and it is critical that correct information is shared with families in a timely manner and that appointments are available and accessible so that children can be vaccinated and not delayed.

Secondary Data Highlights
Texas has the highest uninsured rate in the United States. Bell County has a higher rate of uninsured people than the United States for both adults and children. Figure 7 shows the geographic distribution of the population with no health insurance. Darker blue areas on the map show areas with higher uninsured rates.

Figure 7: Geographic Distribution of Population with no Health Insurance
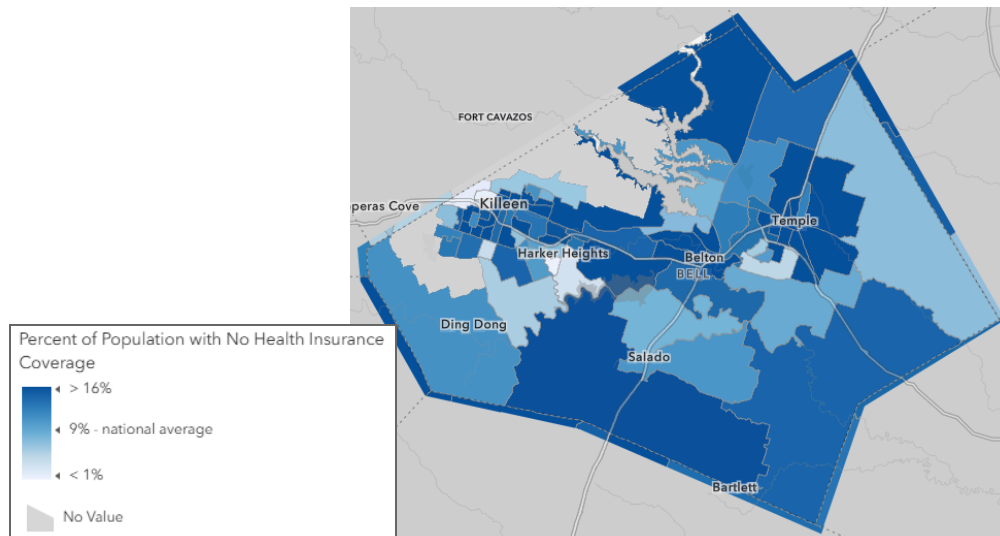
Source: American Community Survey Health Insurance Coverage Variables
Link to Interactive online map: https://tinyurl.com/UninsuredPopulation

The ratio of primary care physicians and mental health providers to people in Bell County is shown in Table D4. Bell County has more primary care providers per resident than the Texas benchmark and about the same as the United States benchmark. Bell County has more mental health providers per resident than the Texas benchmark and slightly less than the United States benchmark.

Table 5: Significant Need - Mental and Behavioral Health

Mental and Behavioral Health	
Significance	**Populations Most Impacted**
Mental health is a key component of overall health and is closely linked to physical health. Mental health conditions are among the most common health conditions in the United States.[8] Behavioral health is sometimes used interchangeably with mental health and refers to a state of mental, emotional and social well-being or behaviors and actions that affect wellness.[9] Access to mental healthcare includes similar components as access to physical healthcare, however there are also unique aspects. Some of the unique concerns of mental healthcare access include: appropriate reimbursement for services, growing and maintaining a qualified and specialized workforce and the ability to meet the demand for appropriate levels of care including long-term care.	• All ages • Post-partum • Trauma survivors
Community Input Highlights	
Mental health affects all ages and is consistently elevated as a significant concern among community health leaders. Respondents of the community survey rated adult mental health, adolescent mental health, stress among children and depression among children as some of the most important health-related challenges in the community. Participants in focus groups discussed the need to normalize, or de-stigmatize, mental health as another component of overall health that is interlinked with physical health. Many participants discussed the lack of specialized mental health services and long wait times to get into services as well as a lack of residential or inpatient options for people who need higher levels of mental healthcare. Emergency departments are serving as the frontline for people in crisis who may need inpatient care. Many emergency departments end up holding patients for a long time until they find placement and it is acknowledged that the emergency department is not the right place for the level of care needed. Additionally, those emergency beds are needed for other emergencies. A challenge often discussed is maintaining a trained mental health workforce who accepts patients with Medicaid or who are unfunded. There is constant attrition and it is common for psychiatrists to not accept any form of insurance.	
Secondary Data Highlights	
On average people in Bell county experience more poor mental health days in the past 30 days than people in Texas, as seen in Table D1. Figure 8 shows the geographic distribution of the population experiencing frequent mental health distress, defined as 14 or more mentally unhealthy days during the past 30 days. Darker blue areas on the map show areas with higher rates of frequent mental health distress. As seen in the Access to Care section, Bell County has more mental health providers than Texas to each resident, and less than the United States. Mental health services can be provided by people who hold various licenses, mental health providers in this measure are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care.	

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[8] Centers for Disease Control and Prevention. (August, 8 2024). About Mental Health. https://www.cdc.gov/mental-health/about/index.html#:~:text=Mental%20health%20is%20a%20key,before%20they%20develop%20or%20worsen.
[9] Centers for Disease Control and Prevention. (August 8, 2024). *Mental Health: About Behavioral Health.* https://www.cdc.gov/mental-health/about/about-behavioral-health.html

Figure 8: Frequent Mental Health Distress Crude Prevalence
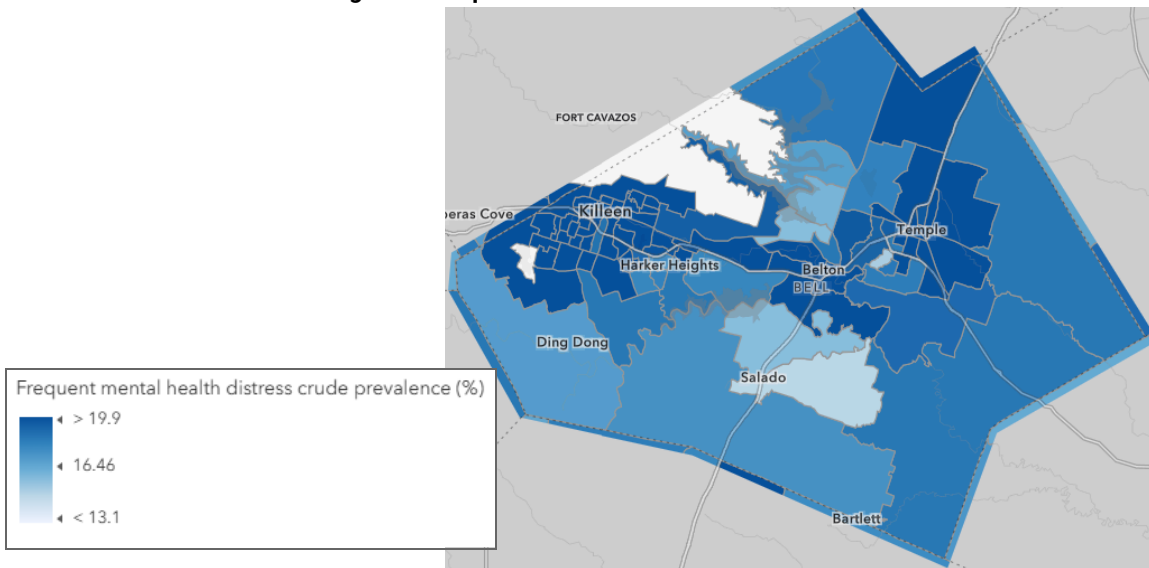
Frequent mental health distress crude prevalence (%)
- > 19.9
- 16.46
- < 13.1

Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention
Link to Interactive online map: https://tinyurl.com/MHDistressMap

Table 6: Significant Need - Social Determinants of Health

Social Determinants of Health	
Significance	**Populations Most Impacted**
Social determinants of health (SDOH), sometimes referred to as nonmedical drivers of health, are the conditions in the environment where people are born, live, learn, work, play, worship and age that affect a wide range of health outcomes. They are grouped into five categories: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.[10] SDOH can affect health outcomes in varied ways. Some SDOH include the ability to meet immediate needs and engage in health maintenance behaviors such as access to job opportunities that pay a living wage, access to healthy food and safe spaces to exercise. Other SDOH can affect longer-term and even generational health outcomes such as educational attainment, racism and discrimination, and localized environmental pollution.	• Low-income • Rural or otherwise underserved geographic areas • People who speak languages other than English
Community Input Highlights	

Bell County is growing rapidly, and with growth comes new challenges. One focus group participant noted that resources have not caught up to the rapid growth in population. A focus group participant stated that even though the county is building homes, they remain unaffordable for most people.

A non-medical driver that consistently rose to the forefront of focus groups and interviews was affordability and economic strain. Affordability was discussed as a primary barrier to the community maintaining health. Many things circle back to the ability to afford maintaining health whether that is affording safe and stable housing, healthy food, insurance or healthcare, childcare and more.

Other non-medical social determinants of health discussed in focus groups include neighborhood characteristics such as limited access to healthy food retailers, limited access to exercise opportunities and ability to access online services or accurate information, among others.

Fear of engaging with healthcare services can be a social determinant of health. Undocumented individuals often feel fear of engaging with any service due to their status, leading to not obtaining needed care.

Language access and cultural awareness were commonly discussed in focus groups with regards to all community members receiving high quality healthcare. Language access is critical for ensuring that people who do not speak English can receive high quality care. Part of quality is ensuring that all patients can understand their diagnoses, prescriptions and doctors' recommendations. While Spanish is the most in demand language in Central Texas, it is also critical that service providers are able to meet the needs of people who speak languages other than English and Spanish.

"The language barrier is significant and causes people to go without appointments or care. The summary from the doctor is in English and then they can't understand it."

Meeting the cultural needs of growing diverse populations is recognized as an area of opportunity. There are also population groups who have been historically underserved by health and social systems; part of addressing health equity is learning the ways that discrimination has persisted and building trust with underserved communities.

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[10] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Priority Areas: Social Determinants of Health.* Retrieved February 12, 2025 from: https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

Secondary Data Highlights

County Health Rankings data show Bell County has a higher rate of food insecurity than Texas. Additionally, data on the Central Texas Food Bank Food Access dashboard shows disparities in food insecurity by race and ethnicity with Black and Hispanic residents experiencing food insecurity at higher rates than their peers.[11] The map of central Texas food insecurity on the CTFB Food Access dashboard shows higher concentration of food insecurity in the cities of Killeen and Temple.

Neighborhood access to exercise opportunities is a factor in engaging in physical activity. County Health Rankings data show Bell County has lower access to exercise opportunities than both Texas and the United States. A recent Physical Activity Landscape Assessment conducted in Travis County, to the south of Bell County, shows that in Travis County and other populated counties in Texas, there are disparities in leisure time physical activity engagement by income with higher earners engaging in more leisure time physical activity.[12]

Higher education levels are linked to healthier and longer lives.[13] There are many factors that may contribute to this relationship including access to higher paying jobs. Obtaining higher education can have long-term impacts on multiple generations of a family by improving income and access to health insurance through an employer. Bell County residents attend some college more often than in Texas and at about the same rate as the United States.

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[11] Central Texas Food Bank. *Food Access.* https://www.centraltxfoodsystem.org/food-access
[12] Springer, A. *Travis County Physical Activity Landscape Assessment: Exploring Needs, Assets & Opportunities for Active Living in Travis County.* October 15, 2024. Pg. 19.
[13] U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. *Healthy People 2030: Education Access and Quality.* https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality

Table 7: Significant Need - Maternal and Child Health

Maternal and Child Health	
Significance	**Populations Most Impacted**
Improving the well-being of mothers, infants and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can impact future public health challenges for families, communities, and the healthcare system.[14]	• Perinatal women • Infants & children

Community Input Highlights
Focus group participants noted that there were limited obstetricians and pediatricians, particularly those that accept Medicaid. Pregnancy and childhood are periods of time when increased frequency of doctors visits is recommended, exacerbating the access issue for individuals living far from services, particularly those with limited access to personal or public transportation. Supporting teen mothers can be a challenge because if they do not have an actively engaged and supportive parent, they cannot access many services whether that is because of needing parental consent or not having access to transportation to get to care. Young mothers are also often at risk of coercive relationships and abuse when they have little personal resources and struggle to remove themselves from such relationships without the ability to access affordable housing or finish their own education. There are well known and persistent disparities in birth outcomes for Black mothers and babies. Another concern related to regular child-checkups is vaccine access. Children who are not connected to a pediatrician for regular child visits may not receive the recommended schedule of vaccines, putting their start date at school at risk. There are opportunities related to both education and awareness of what vaccines are required and access to appointments for vaccines. Affordability of childcare is a major concern for families with young children. It can also be a compounding issue if parents have to choose between income and childcare. Mental health is something that needs to be addressed in both mothers and children. Pregnancy and postpartum is a critical time period for addressing maternal mental health, which can affect both mother and her baby. Additionally, child mental health often presents in schools who have limited resources and training to respond in conjunction with overall community capacity to respond not meeting the demand. Evidence-based methods for preventing childhood injury and death exist, but the availability of education, services and resources around key causes of injury and death is limited throughout the community, particularly around car seats, safe sleep for infants and drowning prevention.

Secondary Data Highlights
The maternal mortality rate in the U.S. is more than three times the rate in most other wealthy countries, causing many to label the situation a maternal mortality crisis.[15] This trend may be worsening over time as the maternal mortality rate in the U.S. has been reported by some sources to be on the rise since 2000. The Centers for Disease Control and Prevention found that 4 in 5 pregnancy-related deaths in the U.S. are potentially preventable.[16] Within the U.S., disparities in maternal health outcomes based on race and ethnicity reflect profound care inequalities. Black women are reported to be more than 3 times

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[14] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Maternal, Infant and Child Health Workgroup. https://odphp.health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup

[15] Gunja, M. Z., Gumas, E. D., & Williams , R. D. (2022). The U.S. maternal mortality crisis continues to worsen: An international comparison.: https://www.commonwealthfund.org/blog/2022/us-maternal-mortality-crisis-continues-worsen-international-comparison

[16] CDC Newsroom. (2022). Four in 5 pregnancy-related deaths in the U.S. are preventable.

https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html

more likely than White women to die from a pregnancy-related cause.[17]

The leading causes of maternal death in Texas between 2016-2019 were cardiac events (17% of maternal deaths), drug poisoning (16%), homicide (15%) and suicide (10%) and the majority of maternal deaths occur 61+ days postpartum (61% of maternal deaths) followed by 0-7 days postpartum (15%) and 8-42 days postpartum (13%).[18] Some risk factors for maternal mortality include birth spacing, mental health, pre-pregnancy weight status, hypertension and diabetes and smoking.

Severe maternal morbidity (SMM) is the unintended outcome of labor and delivery that results in significant consequences to a mothers health. In 2021, the most recent year reviewed, the Texas SMM rate was 85.5 cases per 10,000 hospital deliveries. Black women experience the greatest burden of SMM in Texas at 134.4 cases per 10,000 hospital deliveries compared to Hispanic (82.6 cases per 10,000) and White women (72.6 cases per 10,000).[19]

Bell County has a higher rate of births to teenage mothers than both Texas and the United States. In Bell County there are 27.6 births per 1,000 females aged 15-17 years old, while in Texas there are 24.3 and in the U.S. there are 17.

Injury is a leading cause of death for children over one year of age with top mechanisms of injury including motor vehicle crashes, drowning, and sleep related deaths. Nationally, about half of car seats are not installed correctly in vehicles, leading to many children traveling unsafely.[20] Drowning is the leading cause of death for children age 1-4 and the second leading cause for children 5-14 years of age behind motor vehicle crashes.[21]

As seen in Table D1 infant mortality in Bell County is higher than Texas and the United States. Black families in Bell County experience infant mortality at much higher rates than their peers. This pattern is consistent with data at the State and National level. As shown on the Texas Infant Mortality dashboard the infant mortality rate for Black infants has slightly declined since 2012, but is still notably higher than any other race or ethnicity group. In 2021 the Black infant mortality rate was 9.4, compared to 4.5 for White infants, 4.9 for Hispanic infants, and 5.2 overall for Texas.[22] Black infants are also more likely to be born with low birthweight, as shown in the data in Appendix D.

The rate of uninsured children is higher in Texas than in any other state. Insurance status of children in Texas is a barrier to accessing regular child development visits as well as vaccinations against preventable diseases. Bell County has a lower rate of uninsured children than the rate of uninsured children in Texas, but still notably higher than the United States.

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[17] Njoku, A., Evans, M., Nimo-Sefah, L., & Bailey, J. (2023). Listen to the whispers before they become screams: Addressing black maternal morbidity and mortality in the United States. https://pubmed.ncbi.nlm.nih.gov/36767014/

[18] Texas Department of State Health Services. 2023. Texas Health Data, Maternal Health, Maternal Death Causes and Timing. https://healthdata.dshs.texas.gov/dashboard/maternal-and-child-health/maternal-health/maternal-health

[19] Texas Department of State Health Services. 2024. *Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2024.* https://www.dshs.texas.gov/sites/default/files/legislative/2024-Reports/MMMRC-DSHS-Joint-Biennial-Report-2024.pdf

[20] *National Highway Traffic Safety Administration. 2020. NHTSA Highlights Importance of Car Seats and Child Passenger Safety.* https://www.nhtsa.gov/press-releases/nhtsa-highlights-importance-car-seats-and-child-passenger-safety.

[21] *Centers for Disease Control. 2024. Drowning Prevention Drowning Data.* https://www.cdc.gov/drowning/data-research/index.html#:~:text=More%20children%20ages%201%2D4,4%2C000A%20unintentional%20drowning%20deaths.

[22] Texas Department of State Health Services. 2023. Texas Health Data, Infant Mortality and Morbidity, Mortality Rate. https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/infant-mortality-and-morbidity

Table 8: Significant Need - Health Promotion and Disease Prevention

Health Promotion and Disease Prevention	
Significance	**Populations Most Impacted**
Health promotion and disease prevention focuses on keeping people healthy and reducing risk of illness and injury. There are various aspects of health promotion and disease prevention including vaccinations that prevent specific infectious diseases, lifestyle choices that prevent or slow chronic disease and safety measures that prevent injury.	• All people
Community Input Highlights	
Getting kids vaccinated on time before starting school remains a persistent challenge. It's understood that there are various reasons for this including access to vaccines, awareness of vaccine requirements and vaccine hesitancy. Uninsured children are less likely to have access to regular well-child visits with a pediatrician where vaccinations are introduced and administered. Along with vaccine access, challenges exist around effectively communicating vaccine education to vaccine hesitant patients. Evidence-based methods for preventing adult injury and death exist, but the availability of education, services and resources around key causes of injury and death is limited throughout the community. Accessible and culturally relevant information can help people know how to prevent and or manage chronic disease. Pregnancy is a time during which access to information can play a critical role in improving birth outcomes, for instance teaching women to monitor their blood pressure during pregnancy to know their baseline and how to recognize when to seek care and use the data to advocate for themselves.	
Secondary Data Highlights	
Injuries are a leading cause of death for adults age 1-44 and are primarily due to motor vehicle crashes for individuals aged 5-24 years, drug poisonings for 25-74 years of age, and older adult falls age 75 and older.[23] Vaccines prevent serious illness, hospitalizations and deaths from vaccine-preventable disease.[24] Vaccine schedules are available from the Centers for Disease Control and Prevention and Texas Health and Human Services for recommended timing of vaccines. For children who go to school, vaccines are required by certain grade levels in accordance with vaccine schedules. While there are some qualified reasons for vaccine exemption as regulated by the State of Texas, the goal of the childhood vaccines program is to reach a level of vaccine coverage high enough within school-aged children to prevent an outbreak of a vaccine-preventable disease from spreading through a school and into the community. Figure 17 shows vaccination coverage levels for Kindergarten students by Ascension Seton County for the 2023-24 school year against a trendline representing 95% coverage, the CDC recommended coverage levels for measles vaccines.[25] Within Ascension Seton, Blanco, Burnet and Travis Counties fall well below the recommended 95% coverage rate.	

[23] National Safety Council. 2023. *Top 10 Preventable Injuries*.
https://injuryfacts.nsc.org/all-injuries/deaths-by-demographics/top-10-preventable-injuries/.
[24] Texas Health and Human Services. (2025). *Vaccines*. https://www.dshs.texas.gov/immunizations/public/vaccines
[25] Centers for Disease Control and Prevention. 2024. *Morbidity and Mortality Weekly Report: Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten - United States, 2023-2024 School Year*.
https://www.cdc.gov/mmwr/volumes/73/wr/mm7341a3.htm#:~:text=Nationwide%2C%20vaccination%20coverage%20among%20children,to%2014%20in%202023%E2%80%9324.

Figure 9: School Vaccination Coverage Levels at Kindergarten 2023-2024 School Year
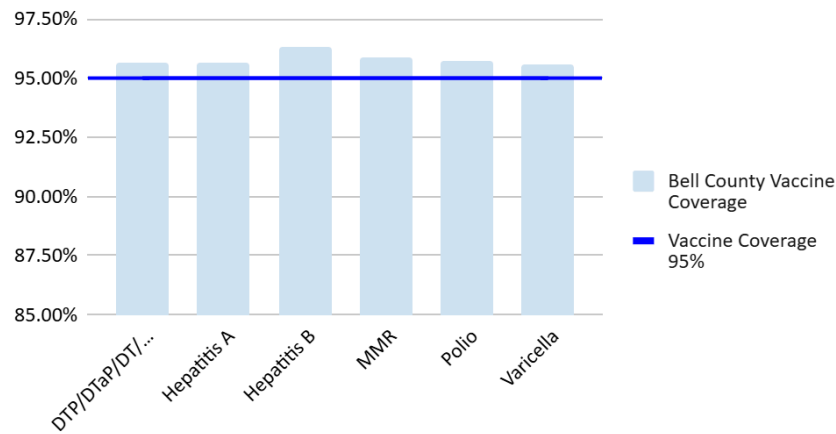
Data from Texas Health and Human Services

According to data from Texas Health and Human Services, the rate of vaccine exemptions has been slowly increasing over the past 10 school years with a dramatic increase in vaccine exemptions in the 2023-2024 school year, as shown in Figure 18. If vaccine exemptions remain high the result would be lower overall vaccination coverage rates over time.

Figure 10: Percent of Students with Conscientious Exemptions by School Year
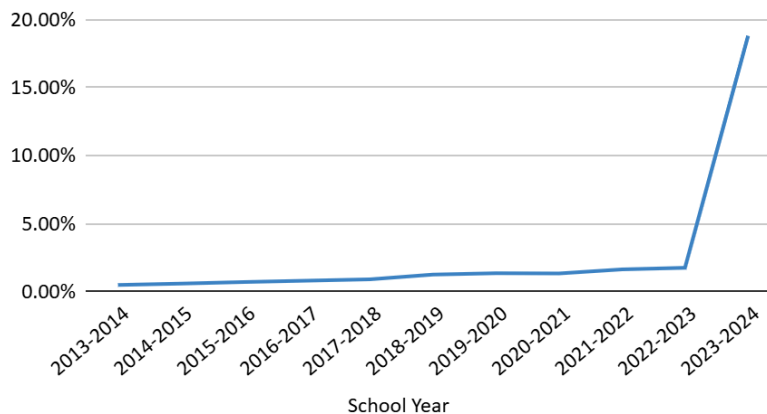
School Year
Data from Texas Health and Human Services

Preventive screening, such as cancer screenings and blood cholesterol checks can identify diseases before there are active symptoms, leading to earlier intervention and better treatment outcomes. Mammography rates in Bell County are lower than the U.S. benchmark and about the same as the Texas benchmark. Differences in mammography screening rates by race and ethnicity are not majorly pronounced, however Hispanic women obtain mammography screenings at a slightly lower rate than their peers in Bell County.

Figure 11 shows the geographic distribution of adults over 18 years of age in the Ascension Seton service area who have received a blood-cholesterol screening in the previous five years. The dark blue represents where the need is highest, and in this case lower prevalence of screening.

Figure 11: Cholesterol Screening Prevalence
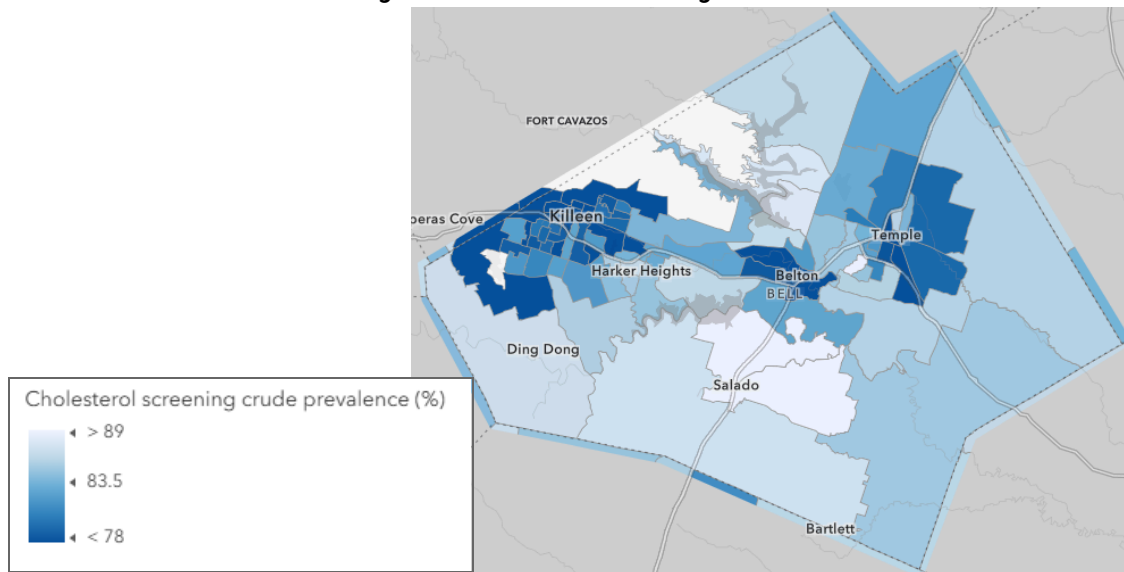
Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention
Link to Interactive online map: https://tinyurl.com/cholesterolscreenings

Next Steps

In the third phase, which will take place following the completion of the community health needs assessment as outlined in this report, Seton Medical Center Harker Heights will narrow the significant needs to a set of prioritized needs. Ascension defines "prioritized needs" as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy. The implementation strategy will detail how Seton Medical Center Harker Heights will respond to the prioritized needs throughout the three-year CHNA cycle: January 2026 to December 2028. The implementation strategy will also describe why certain significant needs were not selected as prioritized needs to be addressed by the hospital.

Summary of Impact of 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 respond to the prioritized 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.

The needs identified in the Seton Medical Center Harker Heights 2022 CHNA include:

- Healthcare Access and Quality
- Mental and Behavioral Health
- Social Determinants of Health
- Health Equity

Seton Medical Center Harker Heights published Implementation Strategies in 2022 to respond to Access to Care through expanding access to urgent care facilities, providing chronic disease education and support groups, and improving collaboration with local healthcare networks.

Seton Medical Center Harker Heights did not address Mental and Behavioral Health, Social Determinants of Health and Health Equity in the most recent Implementation Strategy. Other hospitals in the Ascension Seton network addressed these identified needs.

A report of the actions taken to address Access to Care can be found in Appendix F.

Approval by Board of Directors of HH/Killeen Health System, L.L.C.

To ensure Seton Medical Center Harker Heights efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 CHNA was presented to the Board of Directors of HH/Killeen Health System, L.L.C. for approval and adoption on June 24, 2025. 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 reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

Conclusion

Seton Medical Center Harker Heights hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Bell County. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other SMCHH community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2024 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

Ascension eton and Seton Medical Center Harker Heights 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 Ascension's public website (https://healthcare.ascension.org/chna) to submit any comments or questions.

Appendices

Table of Contents

Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) "is recognized nationally as a leader in community benefit planning and reporting."[26] The definitions in Appendix A are adapted from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II,* which can be found at chausa.org.

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

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, members of the community, or other key stakeholders.

Interviews
A method of obtaining input one-on-one. Interviews can be conducted in person or over the telephone (including computer/video calls). 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 Stakeholder
Individuals with 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. Key informants may include leaders of community organizations, service providers, and elected officials.

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.

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.

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[26] Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II.*

Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community's demographics. The descriptions of the data's importance are largely drawn from the County Health Rankings & Roadmaps website.

Table B1: 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	United States	Description
Total Population	372,821	29,243,342	331,097,593	Resident population, 2022
Population Change 2013 - 2022	+17.9%	+14.1%	+6.3%	Calculated using ACS 5-year Estimates for total population in 2013 and 2022
Rural	13.7%	16.30%	25%	Percentage of population living in a census-defined rural area, 2020
Female	50.0%	50.0%	50.4%	Percentage of population that is female according to the Census, 2022
Male	50.0%	50.0%	49.6%	Percentage of population that is male according to the Census, 2022
Veteran	19.7%	6.5%	6.6%	Percentage of population that are civilian veterans over age 18 according to the Census, 2022
Data sources: Total Population, M/F: American Community Survey 5-year estimate 2022, Table DP05 Population Change 2013 - 2022: Calculated from American Community Survey 5-year estimates 2013 and 2022, Table DP05 Rural: County Health Rankings pulled 2024				

Table B2: Population by Race and Ethnicity

Why it is important: The racial and ethnic 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	United States	Description
White	43.2%	40.1%	58.9%	Percentage of population that is non-Hispanic White, 2022
Hispanic	26.2%	39.9%	18.7%	Percentage of population that is Hispanic, 2022
Black	21.7%	11.8%	12.1%	Percentage of population that is non-Hispanic Black, 2022
Some Other Race	0.3%	0.3%	0.4%	Percentage of population that is non-Hispanic and Some Other Race than those listed, 2022
Asian	2.8%	5.1%	5.7%	Percentage of population that is non-Hispanic Asian, 2022
Two or More Races	5.0%	2.6%	3.5%	Percentage of population that is non-Hispanic and Two or More Races, 2022
American Indian & Alaska Native	0.2%	0.2%	0.6%	Percentage of population that is non- Hispanic American Indian & Alaska Native, 2022
Native Hawaiian & Pacific Islander	0.6%	0.1%	0.2%	Percentage of population that is non-Hispanic Native Hawaiian & Pacific Islander, 2022
Data source: American Community Survey 5-year Estimate 2022, Table DP05				

Table B3: 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	United States	Description
English Proficiency	5.2%	13%	8.2%	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 2022
Spanish	4.1%	10.8%	5.2%	Percent of the population over 5 years old who speak Spanish at home and speak English "less than very well". Census, 5 year estimate 2022
Asian and Pacific Islander Languages	0.7%	1.3%	1.1%	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 2022
Other Indo-European Languages	0.3%	0.6%	3.7%	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 2022
Data source: American Community Survey 5-year Estimate 2022, Table DP02				

Table B4: 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 and childcare needs, while an older population may have greater healthcare needs.

Ages	Bell County	Texas	United States	Description
Median Age (Years)	49.5	35.2	38.5	The age which half the people are younger than this and half are older, 2022
Under 18	27.5%	25.3%	22.1%	Percent population below 18 years of age, 2022
65+	11.3%	12.9%	16.5%	Percent population ages 65 and over, 2022
Data source: American Community Survey 5-year Estimate 2022, Table DP05				

Table B5: 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 as well. 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	United States	Description
Median Household Income	$62,412	$72,279	$74,755	The income where half of households in a county earn more and half of households earn less.
Per Capita Income	$31,822	$37,514	$41,261	Per capita income and benefits in inflation-adjusted dollars, 2022.
Poverty	14.7%	13.9%	12.5%	Percentage of population living below the Federal Poverty Line, 2022 (ACS 5-year est)
ALICE Households	27%	29%	29%	Asset Limited, Income Constrained, Employed households, 2021 (https://www.unitedforalice.org/)
Data sources: Median Household Income: County Health Rankings, 2024 - obtained from Small Area Population Estimates, 2022 Per Capita Income: American Community Survey 5-year Estimate 2022, Table DP03 Poverty: American Community Survey Table S1701, 2022 ALICE Households: Asset Limited, Income Constrained, Employed. United for ALICE. 2021. Retrieved from UnitedforALICE.org.				

Table B6: 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 helps create opportunities for healthier choices.

Education	Bell County	Texas	United States	Description
High School Completion	90.8%	85.2%	89.1%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Bachelor's Degree or Higher	26.8%	20.7%	20.9%	Percentage of adults ages 25 and over with a Bachelor's degree or higher.
Data source: American Community Survey 5-year Estimate 2022, Table DP02				

Table B7: 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.

Education	Bell County	Texas	United States	Description
Uninsured	15.4%	20.3%	10%	Percentage of population under age 65 without health insurance.
Data source: County Health Rankings, 2024. Obtained from Small Area Health Insurance Estimates, 2021.				

Appendix C: Community Input Data and Sources

Focus Groups

Focus Group Participants

The table below represents focus groups conducted on behalf of Seton Medical Center Harker Heights by Alpinsta Consulting. Additional community input was collected through two regional focus groups held by Baylor Scott and White Health and shared with Ascension for analysis.

Focus Groups	Description of Participants	Number of Participants	Number of Focus Groups
Bell County	Belton ISD, St. Gabriel's Pregnancy & Parenting Program, Lone Star Circle of Care	3	2
Maternal Health	WIC staff, Austin Public Health, Any Baby Can, Belton ISD, Community Doulas of Waco, El Buen Samaritano, The United Way, Community Health Worker, Greater Killeen Free Clinic, Dell Medical School, Catholic Charities, Waco Family Medicine, Blanco ISD	8	2
Children's Health	Austin Child Guidance Center, Austin Public Health, Dell Medical School at The University of Texas, Lirios Pediatrics, Catholic Charities, Jarrell ISD, Blanco ISD, Revolution Youth & Family Recovery, Burnet County Official, Community Health Workers, VELA, WIC Hays County, Colin's Hope, Todos Juntos Learning Center, Any Baby Can, Greater Killeen Free CLinic, Foundation Communities, Georgetown Health Foundation, Blanco County EMS, Dell Children's Injury Prevention, Dell Children's hospital staff	21	3

Focus Group Outline

The purpose of each focus group was to add valuable information to the CHNA data for Bell County and to understand the ways community members and leaders experience and talk about health. Focus groups always started with introductions and an opportunity to reflect on the strengths and assets in the community and what makes their community unique or similar to other communities. Focus group participants were asked questions to elicit conversation around emerging health needs in the community that are both longer-range and more immediate. Questions focused on aspects of community health where participants were most involved, community strengths and assets that support health, persistent community health challenges, complex health issues that exist in the community, and where there are opportunities for investment that would have a positive impact on community health and well-being.

Participants were encouraged to engage in open conversation while listening and responding thoughtfully. Diverse opinions and experiences were invited to be shared without judgment. After all focus groups concluded, participants were invited to subsequent sensemaking sessions where themes were discussed and reflected back to participants to ensure what was shared was accurately captured.

Community Survey

A community survey was distributed by Baylor Scott and White Health to community residents with an emphasis on underserved populations through email and QR code access, printed copies and in-person distribution via community organizations. Data was shared with Ascension Seton and Seton Medical Center Harker Heights as part of a collaborative effort to share community input between local hospital partners to reduce duplication and survey fatigue. The survey asked participants to report their experience with a range of chronic diseases and health behaviors as well as what they perceived are the top community health issues for children and adults in the community. Demographic information was collected in order to stratify responses by demographic groups.

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 annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

The data in the following tables were rounded to the nearest tenth where possible. Numbers rounded by the original data source remain whole numbers.

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.
- **County vs. State:** Describes how the county's most recent data for the health issue compares to state.
- **Top US Counties:** The best 10 percent of counties in the country. This metric allows for additional comparison between Central Texas counties and the best performing US counties.
- **Description**: 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

Table D1: 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 members within a community.

Indicators	Bell County	TX	US	Top US Counties	Description
Length of LIfe					
Premature Death	8,915.5	7,874.7	8,000	6,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Data from 2019-2021. Smaller is better.
Life Expectancy*	76.0	77.2	77.6	-	Average number of years people are expected to live. Data from 2019-2021.
Infant Mortality	6.5	5.6	6	-	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2015-2021.
Physical Health					
Poor or Fair Health	19.1%	17.9%	14%	13%	Percent of adults reporting fair or poor health (age-adjusted). Data from 2021.
Poor Physical Health Days	4.0	3.3	3.3	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted). Data from 2021.
Frequent Physical Distress*	12.1%	10.4%	10%	-	Percentage of adults reporting 14 or more days of poor physical health per month. Data from 2021.
Low Birthweight	9.0%	8.5%	8%	6%	Percent of babies born with low birthweight (less than 2,500 grams). Data from 2016-2022.
Mental Health					
Poor Mental Health Days	5.0	4.6	4.8	4.4	Average number of mentally unhealthy days self-reported in the past 30 days. Data from 2021.
Frequent Mental Distress*	17.3%	14.1%	15%	-	Percent of adults reporting 14 or more days of poor mental health per month (age-adjusted). Data from 2021.
Suicide	18.1	13.6	14	-	Number of deaths due to suicide per 100,000 population (age-adjusted). Data from 2017-2021.
Community Safety					
Injury Death Rate	66.6	63.0	80	64	Number of deaths due to injury per 100,000 population.
Homicides	8.1	6.3	6	-	Number of deaths due to homicide per 100,000 population.
Firearm Fatalities*	18.4	13.4	13	-	Number of deaths due to firearms per 100,000 population.
Motor Vehicle Crash Deaths	14.2	13.5	12	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2015-2021.
Morbidity					
Diabetes prevalence	12.1%	11.0%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes (age-adjusted). Data from 2021.
Cancer Incidence*	482.8	424.5	444	-	New cases of cancer for every 100,000 people. Data from 2017-2021.
Communicable Disease					
HIV Prevalence	291.4	415.3	382	-	Number of people aged 13 years and over with a diagnosis of HIV per 100,000 population. Data from 2021.

| Sexually Transmitted Infections | 810.6 | 506.8 | 495.5 | 151.7 | Number of newly diagnosed chlamydia cases per 100,000 population. Data from 2021. |

Data Sources for Health Outcomes Tables:
- *All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted. https://www.countyhealthrankings.org/health-data*
- *Cancer Incidence Data: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in November 2023. *CDC note: use caution when interpreting 2020 data. COVID-19 disrupted health services, leading to delays and reduction in cancer screening, diagnosis and reporting on some central cancer registries*

Table D2: 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.

Indicator	Bell County	TX	US	Top US Counties	Description
Economic Stability					
Median Household Income	$62,412	$72,279	$74,755	-	The income where half of households in a county earn more and half of households earn less. Data from 2022.
Unemployment	4.4%	3.9%	3.7%	2.3%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2022.
Poverty	14.7%	13.9%	12.5%	-	Percentage of population living below the Federal Poverty Line. Data from 2018-2022.
Childhood Poverty	19.5%	19.2%	16%	10%	Percentage of people under age 18 in poverty. Data from 2022.
Income Inequality	4.4	4.8	4.9	3.7	Ratio of household income at the 80th percentile to income at the 20th percentile. Data from 2018-2022
Educational Attainment					
High School Completion	90.8%	85.2%	89%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2018-2022.
Some College	68.3%	64.2%	68%	74%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2018-2022.
Social/Community					
Social Associations	7.5	7.4	9.1	18	Number of membership associations per 10,000 population. Data from 2021.
Disconnected Youth*	7.4%	8.3%	7%	-	Percentage of teens and young adults ages 16-19 who are neither working nor in school. Data from 2018-2022.
Juvenile Arrests*	10.3	10.1	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2024.
Family and Social Support					
Child Care Cost Burden	23.5%	26.4%	27%	-	Child care costs for a household with two children as a percent of median household income. Data from 2022-2023.
Access to Healthy Foods					
Food Environment Index	6.8	5.9	7.7	8.9	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2019 & 2021.
Food Insecurity	14.1%	13.7%	10%	-	Percentage of population who lack adequate access to food. Data from 2021.
Limited Access to Healthy Foods	10.6%	8.3%	6%	-	Percentage of population who are low-income and do not live close to a grocery store. Data from 2019.

Data Sources for Social and Economic Factors Tables:

![Ascension logo] Ascension

![Seton Medical Center Harker Heights logo] Seton Medical Center Harker Heights
A partner of the Seton Healthcare Family

- *All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted.*
  https://www.countyhealthrankings.org/health-data
- *Poverty: American Community Survey Table DP03 5-year Estimates, 2022*

Table D3: 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.

Indicator	Bell County	TX	US	Top US Counties	Description
Physical Environment					
Severe housing cost burden	14.2%	14.1%	14%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2018-2022.
Severe Housing Problems	15.7%	17.2%	17%	8%	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 2016-2020.
Homelessness*	372	27,337	653,104	-	The number of people experiencing homelessness on one particular night in 2023 in Bell, Coryell and Lampasas Counties as counted by a Point in Time count.
Air Pollution - Particulate Matter	8.4	8.6	7.4	5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2019.
Homeownership*	54.5%	62.4%	65%	-	Percentage of occupied housing units that are owned. Data from 2018-2022.
Broadband Access	89.2%	88%	88%	-	Percentage of households with broadband internet connection. Data from 2018-2022.

Data Sources for Physical Environment Tables:
- *All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted.*
  https://www.countyhealthrankings.org/explore-health-rankings
- *Homelessness data: 2024 Point-in-Time Count Reports from Texas Homeless Network, PIT Count Reports by County. Data for Bell County also includes Coryell, Hamilton, and Lampasas counties.*
  https://www.thn.org/wp-content/uploads/2023/05/Bell-Coryell-Hamilton-Lampasas-Final-2023.pdf
- *Texas and United States PIT Count: The U.S. Department of Housing and Urban Development, Office of Community Planning and Development, The 2023 Annual Homelessness Assessment Report (AHAR) to Congress.*
  https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf

Table D4: 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.

Indicator	Bell County	TX	US	Top US Counties	Description
Healthcare Access					
Uninsured	15.4%	20.3%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2021.
Uninsured Adults	18.8%	24.1%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2021.
Uninsured children	8.6%	11.7%	5%	-	Percentage of children under age 19 without health insurance. Data from 2021.

Primary Care Physicians	1,385:1	1,657:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2021.
Mental Health Providers	379:1	638:1	320:1	230:1	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 2023.
Psychiatrists*	9,161.5:1	11,758.9:1	-	-	Ratio of the population to psychiatrists in 2023. Source: Texas Primary Care Physicians & Psychiatrists
Dentists	1,191:1	1,590:1	1,360:1	1,180:1	Ratio of population to dentists. Data from 2022.
Hospital Utilization					
Preventable Hospital Stays	3,176	2,933	2,681	1,558	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Data from 2021.
Preventative Healthcare					
Flu Vaccinations*	31%	43%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2021.
Mammography Screenings	40%	39%	43%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2021.

Data Sources for Clinical Care Tables
- All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted.
  https://www.countyhealthrankings.org/explore-health-rankings
- Psychiatrists Data: Texas Department of State Health Services, Health Professions Resource Center, Psychiatrists, 2023.
  https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/health-profession-supply

Table D5: 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.

Indicator	Bell County	TX	US	Top US Counties	Description
Healthy Life					
Adult Obesity	40.1%	36.2%	34%	32%	Percentage of adults that report BMI >= 30
Physical Inactivity	27.0%	24.9%	23%	20%	Percentage of adults that report no leisure-time physical activity.
Access to Exercise Opportunities	72.4%	81.8%	84%	90%	Percentage of the population with access to places for physical activity
Insufficient Sleep*	38.8%	33.4%	33%	-	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). Data from 2020.
Substance Use and Misuse					
Adult Smoking	17.3%	13.3%	15%	14%	Percentage of adults who are current smokers (age-adjusted). Data from 2021.
Excessive Drinking	17.7%	18.3%	18%	13%	Percentage of adults that report excessive drinking.
Alcohol-Impaired Driving Deaths	29.1%	25.2%	26%	10%	Percentage of driving deaths with alcohol involvement
Drug Overdose Mortality Rate	12.4	14.0	27	-	Number of drug poisoning deaths per 100,000 population. Data from 2019-2021.

Opioid Hospital Visits*	58.6	71.9	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2021 (DSHS)
Sexual Health					
Teen Births	27.6	24.3	17	9	Births per 1,000 females ages 15-19

Data Sources for Health Behaviors Tables:
- All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted.
  https://www.countyhealthrankings.org/explore-health-rankings
- Opioid Hospital Visits data: Texas Department of State Health Services (DSHS), 2021. Obtained in 2024 from
  https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioids/opioid-related-emergency-department-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 improve health for everyone in the community. For each Indicator, if data are unavailable for a particular race or ethnicity in all listed counties, that race or ethnicity is removed from that section of the table.

Table D6: Health Outcomes

Indicator	Race/Ethnicity	Bell County	Texas
Premature Death: Years of potential life lost before age 75 per 100,000 population (age-adjusted). Smaller is better	Overall	8,915.5	7,875
	Asian	6,430.0	-
	Black	11,628.7	-
	Hispanic	6,430.2	-
	White	9,105.0	-
Low birthweight: Percentage of live births with low birthweight (<2,500 grams)	Overall	9.0	8.5
	Asian	8.5	-
	Black	13.4	-
	Hispanic	7.9	-
	White	7.2	-
Infant Mortality Rate: Number of all infant deaths (within 1 year) per 1,000 live births	Overall	6.46	5.6
	Black	11.1	-
	Hispanic	5.24	-
	White	5.03	-
Injury Deaths: Injury Mortality Rate per 100,000 population	Overall	66.6	63.0
	Asian	54.6	-
	Black	70.7	-

	Hispanic	36.3	-
	White	86.1	-
Motor Vehicle Crash Deaths: Number of motor vehicle crash deaths per 100,000	Overall	14.2	13.5
	Black	15.7	-
	Hispanic	9.1	-
	White	18.0	-

Table D7: Social and Economic Factors

	Indicator	Bell County	Texas
Poverty: Percentage of population living below the Federal Poverty Line. Data from 2018-2022.	Overall	14.7%	13.9%
	Black	18.0%	-
	Hispanic	19.8%	-
	White	12.9%	-
Childhood Poverty: Percentage of people under age 18 in poverty	Overall	19.5%	19%
	American Indian and Alaskan Native	51.0%	-
	Asian	19.4%	-
	Black	23.5%	-
	Hispanic	30.1%	-
	White	12.4%	-
Median Household Income: The income where half of households in a county earn more and half of households earn less	Overall	$62,412	$72,279
	American Indian and Alaskan Native	$60,345	-
	Asian	$64,919	-
	Black	$53,611	-
	Hispanic	$54,167	-
	White	$71,154	-

Table D8: Clinical Care

	Indicator	Bell County	Texas
Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	Overall	3,176	2,933
	Asian	2,283	-
	Black	4,232	-
	Hispanic	2,717	-
	White	3,038	-
Mammography screening: Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening	Overall	40%	39%
	Asian	34%	-
	Black	37%	-
	Hispanic	35%	-
	White	42%	-
Flu Vaccinations*: Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination	Overall	31%	43%
	Asian	27%	-
	Black	23%	-
	Hispanic	28%	-
	White	34%	-

Table D9: Health Behaviors

	Indicator	Bell County	Texas
Teen Births: Number of births per 1,000 female population ages 15-19	Overall	27.6	24.3
	Asian	5.8	-
	Black	29.6	-
	Hispanic	31.2	-
	White	23.7	-

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Seton has cataloged resources available in the region that respond to the significant needs identified in this CHNA. This list aims to provide contact information for resources that may be in high demand, however it is non-exhaustive. This resource guide may be printed as a reference for healthcare providers, community organizations, or for individual use.

The resources in this guide were generated from Neighborhood Resource, an online tool where people can search for local programs, resources and support. **Click here** or scan the QR code below to search for more resources by zip code.

The final pages of the resource guide include printable flyers for Neighborhood Resource in both English and Spanish.

Quick Resource Guide/Guía Rápida de Recursos

Bell and Surrounding Counties

Categories/Categorias:

Behavioral Health/Recursos de Salud Mental

Intimate Partner Violence/Violencia de Pareja

Transportation/Transporte

Utilities/Servicios Públicos

Food / Meals/Servicios de Comidas

Housing / Eviction/Servicios del Alojamiento/Desalojos

Maternal / Child Health/Salud Maternoinfantil

Pest Control/Control de Plagas

Primary & Specialty Care: Federally Qualified Health Centers (FQHCs)

Stress/Estrés

Financial Resources/Recursos Financieros

Employment Resources/Recursos de Empleo

Education (GED)/ Recursos de Educación (GED)

Homeless Services/Servicios Para Personas Sin Hogar

Health & Human Services/Salud y Servicios Humanos

Behavioral health		Recursos de Salud Mental	
English		*Spanish*	
Suicide Hotline	Text 988 800-273-TALK (8255)	Linea de Prevencion del Suicidio	Texto 988 800-273-TALK (8255)
Crisis Text Line	Text TX to 741741	Línea de Texto de Prevención de Crisis	Texto TX a 741741
LGBTQ Crisis Intervention	866-488-7386 Text START to 678-678	Línea de Prevención de Crisis LGBTQ	866-488-7386 o Texto START a 678-678
Heart of Texas Behavioral Health Network (Bosque, Falls, Freestone, Hill, Limestone, McLennan counties)	(254) 752-3451 Crisis Hotline: 1-866-752-3451	Heart of Texas Behavioral Health Network (Bosque, Falls, Freestone, Hill, Limestone, McLennan counties)	(254) 752-3451 Línea de ayuda en crisis 1-866-752-3451
Central Counties Services (Bell, Coryell, Hamilton, Lampasas, Milam counties)	254-298-7000 Crisis Hotline: 800-888-4036	Central Counties Services (Bell, Coryell, Hamilton, Lampasas, Milam counties)	254-298-7000 Crisis Hotline: 800-888-4036
Bluebonnet Trails (Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee & Williamson counties)	800-841-1255	Bluebonnet Trails (Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee & Williamson)	800-841-1255
National Alliance on Mental Illness (NAMI)	800-950-6264	National Alliance on Mental Illness (NAMI)	800-950-6264
SAMHSA's National Helpline (Substance Use)	800-662-HELP	Línea Nacional de SAMHSA (Consumo de Sustancias)	800-662-HELP
Texas Quit Line (Smoking)	877-YES-QUIT (877-937-7848)	Texas Quit Line (Fumar)	877-YES-QUIT (1-877-937-7848)

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Primary & Specialty Care: Federally Qualified Health Centers (FQHCs)

English

Waco Family Medicine (Waco, McGregor, Hillsboro, Temple)	New Patients: 254-313-4610 Extended Hours: 254-313-4123 Pediatrics hotline: 254-313-5437
Lone Star Circle of Care (Killeen, Harker Heights, Temple)	1-877-800-5722
LGBTQ Crisis Intervention	866-488-7386 Text START to 678-678

Primary & Specialty Care: Federally Qualified Health Centers (FQHCs)

Spanish

Medicina Familiar de Waco (Waco, McGregor, Hillsboro, Temple)	Pacientes nuevos: 254-313-4610 Horario extendido: 254-313-4123 Linea directa pediátrica: 254-313-5437
Lone Star Circle of Care (Killeen, Harker Heights, Temple)	1-877-800-5722
Línea de Prevención de Crisis LGBTQ	866-488-7386 o Texto START a 678-678

Intimate Partner Violence

English

24 Hour Hotline/Family Abuse Center	800-283-8401
National Domestic Violence Hotline	800-799-SAFE (7233) Text START to 88788
Rape, Abuse, Incest, Sexual Assault Hotline (RAINN)	800-656-HOPE (4673)
Human Trafficking	888-373-7888 Text 233733

Violencia de Pareja

Spanish

Línea directa las 24 Hras./Centro de Abuso Familiar	800-283-8401
Línea Directa Nacional contra la Violencia Doméstica	800-799-SAFE (7233) Texto START a 88788
Linea de Ayuda de Abuso Sexual (RAINN)	800-656-HOPE (4673)
Línea Directa de Tráfico Humano	888-373-7888 Texto 233733

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Stress

English

Managing Stress Tips	LINK
Caregiver Support Groups	LINK

Estrés

Spanish

Consejos para manejar el estrés	ENLACE
Grupo de apoyo para cuidadores	ENLACE

Transportation

English

Medicaid Blue Cross Blue Shield (ModivCare)	866-824-1565
Medicaid Dell Children's Health Plan (Access2Care)	844-867-2742
Medicaid Superior (SafeRide)	855-932-2318
Waco Transit System	254-750-1620

Transporte

Spanish

Medicaid Blue Cross Blue Shield (ModivCare)	866-824-1565
Medicaid Dell Children's Health Plan (Access2Care)	844-867-2742
Medicaid Superior (SafeRide)	855-932-2318
Sistema de tránsito de Waco	254-750-1620

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Financial Resources

English

Non Profit Credit Counseling	800-388-2227
Prosper Center	737-717-4000
Catholic Charities	512-651-6100

Recursos Financieros

Spanish

Fundación Nacional de Consejería de Crédito	800-388-2227
Prosper Center	737-717-4000
Catholic Charities	512-651-6100

Food / Meals

English

For the latest information on food help in Central Texas, go to the Central Texas Food Bank website at https://www.centraltexasfoodbank.org/get-help.

If you need more information about food or other community services, call 2-1-1 Texas by dialing 211 or 877-541-7905.

Servicios de Comidas

Spanish

Para obtener la información más reciente sobre la ayuda para adquirir alimentos en el centro de Texas, visite el sitio web del *Central Texas Food Bank* en https://www.centraltexasfoodbank.org/get-help.

Si necesita más información sobre los alimentos u otros servicios comunitarios, llame al 2-1-1 Texas marcando el 211 o el 877-541-7905.

Education (GED)

English

McLennan Community College Continuing Education	254-299-8888
Temple College Adult Education and Literacy	254-298-8282

Recursos de Educación (GED)

Spanish

McLennan Community College Educación Continua	254-299-8888
Educación alfabetización de adultos de Temple College	512-735-2400

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Housing / Eviction

English

Caritas of Waco (McLennan County)	254-753-4593
Compassion Waco (McLennan County)	254-755-7640
Helping Hands Ministry of Belton Inc (Bell County)	254-939-7355
211 Texas	211 or www.211texas.org

Servicios del Alojamiento/Desalojos

Spanish

Cáritas de Waco	254-753-4593
Compassion Waco	254-755-7640
El Ministerio Manos Amigas de Belton	254-939-7355
211 Texas	211 or www.211texas.org

Homeless Services

English

Compassion Waco (McLennan County)	254-755-7640
Families in Crisis, Inc. (Bell County)	888-799-7233
If you need immediate help finding shelter	Call 211

Servicios Para Personas Sin Hogar

Spanish

Compassion Waco (McLennan County)	254-755-7640
Familias en Crisis, Inc. (Bell County)	888-799-7233
Si necesita ayuda immediate para encontrar refugio	Llame al 211

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Utilities

English

Family Support Services	512-854-2130
Caritas of Waco (McLennan County)	254-753-4593
Comprehensive Energy Assistance Program (McLennan, Limestone, Hill, Freestone, Falls, Ellis, Bosque counties)	254-756-0954
Helping Hands Ministry of Belton Inc (Bell County)	254-939-7355

Servicios Públicos

Spanish

Family Support Services	512-854-2130
Cáritas de Waco	254-753-4593
El Programa Integral de Asistencia Energética (McLennan, Limestone, Hill, Freestone, Falls, Ellis, Bosque counties)	254-756-0954
El Ministerio Manos Amigas de Belton	254-939-7355

Employment Resources

English

Workforce Solutions for the Heart of Texas (McLennan, Limestone, Hill, Freestone, Falls, Bosque counties)	1-866-982-9226
Workforce Solutions of Central Texas (Bell, Coryell, Hamilton, Lampasas, Milam, San Saba and Mills counties)	254-200-2000

Recursos de Empleo

Spanish

Soluciones Laborales para el Corazón de Texas (McLennan, Limestone, Hill, Freestone, Falls, Bosque counties)	1-866-982-9226
Workforce Solutions of Central Texas (Bell, Coryell, Hamilton, Lampasas, Milam, San Saba and Mills counties)	254-200-2000

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Maternal / Child Health		Salud Maternoinfantil	
English		*Spanish*	
Care Net Pregnancy Center of Central Texas (McLennan county)	254-772-6175	Centro de Embarazo Care Net del Centro de Texas	254-772-6175
St. Gabriel's Pregnancy & Parenting Program (Bell, Coryell, Falls, Hamilton, Limestone, McLennan and more counties)	512-651-6100	Programa de Embarazo y Crianza de St. Gabriel (Bell, Coryell, Falls, Hamilton, Limestone, McLennan and more counties)	512-651-6100
State Lactation Support Hotline	855-550-6667	Línea Directa del Apoyo de Lactancia	855-550-6667
Healthy Texas Women Program (Family Planning)	866-993-9972	Healthy Texas Women Program (planificación familiar)	866-993-9972
Women, Infants & Children (WIC)	800-942-3678 Text 855-960-4551	Women, Infants & Children (WIC)	800-942-3678 Texto 855-960-4551
Safe Riders (Car Seats)	800-252-8255	Safe Riders (asientos infantiles)	800-252-8255
Postpartum Support International	800-944-4773	Postpartum Support International	800-944-4773
National Maternal Mental Health Hotline	833-852-6262	Línea Directa Nacional de Salud Mental Materna	833-852-6262
Texas Child Care Services (CCS)	800-628-5115	Servicios de Cuidado Infantil (CCS)	800-628-5115
Texas Parent to Parent	512-458-8600	Texas Parent to Parent	512-458-8600
Texas Parent Helpline	833-680-0611	Línea de Ayuda para Padres de Texas	833-680-0611

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Health and Human Services

English

Waco-McLennan Public Health	254-750-5452
Bell County PUblic Health District	254-232-9800

Salud y Servicios Humanos

Spanish

Waco-McLennan Public Health	254-750-5452
Bell County PUblic Health District	254-232-9800

Pest Control

English

ABC Home & Commercial Services	512-837-9500
A-Tex Pest Control	512-714-3383

Control de Plagas

Spanish

ABC Home & Commercial Services	512-837-9500
A-Tex Pest Control	512-714-3383

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Healthcare   Transit   Food   Work   Financial assistance   Housing

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

Seton Medical Center Harker Heights's previous CHNA implementation strategy was completed in May 2022 and responded to the following priority health needs: Access to Care.

The tables below describe the actions taken during the 2022-2025 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication (June 2025), the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Access to Care		
STRATEGY	ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Improve and expand community access to comprehensive, quality health care providers and programs and reduce barriers to accessing health care	Support the expansion of community access to comprehensive, quality health care providers and programs and reduce barriers to accessing healthcare through strengthening operational alignment with urgent care partners to support neighboring primary care clinic model, evaluating expansion of access points, increasing recruiting efforts of primary care providers, using virtual technology, and assisting uninsured patients with enrollment into publicly funded programs.	Ongoing	Seton Medical Center Harker Heights remains focused on expansion of services and access across the community, working on plans to open two additional urgent cares in 2024. One of the new locations will be paired with an imaging center in a community that currently has no advanced imaging offerings while the other location will be paired with a primary care clinic.
Reduce the risk of injury and chronic diseases by providing appropriate care facilitating prevention strategies and educational engagement tools	Promote and provide chronic disease prevention education, wellness activities and support groups, provide education and self management tools for specific conditions, and coordinate focused activities through hospital programs with various community organizations (helmet safety, car seat challenge, back to sleep)	Ongoing	Seton Medical Center Harker Heights offered educational opportunities throughout the community and added a new Stroke and Trauma programs manager who has been very active in Senior Expos and other community events to educate our community on risk factors associated with Stroke and Trauma. Seton Medical Center Harker Heights also had a Stroke Survivors Support Group meeting in partnership with a local Inpatient Rehab. This group meets bi-monthly at the hospital.
Improve communication among healthcare providers.	Improve collaboration and communication among healthcare providers through active participation with the FHRHPO and through training community EMR's.	Ongoing	Leaders at Seton Medical Center Harker Heights continue to meet quarterly with community healthcare organization leaders to discuss the opportunities for collaboration and communication.