

Community Health Needs Assessment Bell County

**Seton Medical Center Harker Heights -
A Joint Venture between Ascension Texas and
LHP/HH Killeen, LLC**

May 2019

**For questions, comments or to request a hard copy of this report,
please visit <https://www.seton.net/chna-feedback/>.**

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Introduction

Ascension Seton, formerly known as Seton Healthcare Family, 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 (CHNA). The term “Ascension Seton” refers to both Ascension Seton and Seton Medical Center Harker Heights in this report. Ascension Seton has a long-standing history of serving Central Texas not only as a health care provider, but as a leader and advocate for improving the health of the population as a whole.

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is a tool used to identify and prioritize health issues and develop targeted interventions to build healthier communities. A CHNA provides important information to policymakers, public health leaders, health care providers and the general public about the overall health status of a community and the unmet needs or challenges that warrant further attention and resources.

This CHNA provides a snapshot of local health care needs in Bell County and helps inform Ascension Seton’s decisions about how to best serve the community.

Why do a Community Health Needs Assessment?

A CHNA is used to gather diverse perspectives, mobilize resources and target those resources to areas of greatest need identified by the community and validated by data.

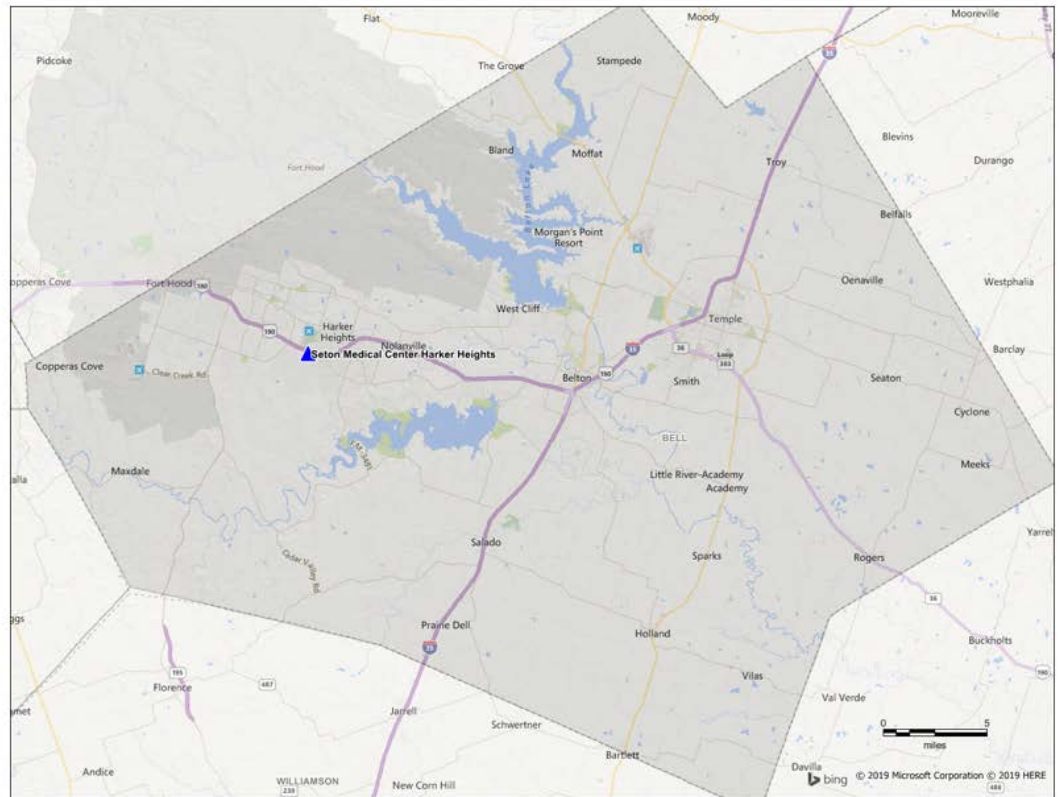
The 2010 Patient Protection and Affordable Care Act further reinforced the importance of CHNAs by requiring hospitals designated as tax exempt 501(c)(3) nonprofit organizations to complete an assessment every three years.

This CHNA is intended to meet the requirements for community benefit planning and reporting established in, but not limited to: Texas Health and Safety Code Chapter 311 and Internal Revenue Code Section 501(r).

How did we define the community?

This CHNA addresses the health care needs of 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 Seton Medical Center Harker Heights (through a joint venture).

CHNA – Bell County



Methodology

How did we conduct this Community Health Needs Assessment?

The Internal Revenue Service (IRS) allows local health care organizations to work together to avoid duplication of effort. In this spirit of collaboration, Ascension Seton and Baylor, Scott & White (BSW), which both have hospitals in Bell County, shared information collected during the CHNA process and then developed their own CHNA reports.

The CHNA process included two distinct but connected phases of analysis.

Phase One:

During the first phase of the project, Ascension Seton gathered and analyzed the most recent quantitative data available for Bell County. Ascension Seton used a Z-score methodology to compare Bell County to ten Central Texas counties, Texas, and the United States across 68 different health measures. Z-scores are a way to standardize different types of data for comparison purposes. This process helped identify and prioritize major health care needs highlighted in this report.

Phase Two:

For the second phase of the project, Ascension Seton and BSW worked with a consultant, IBM Watson Health, to gather qualitative input from the broader Bell County community using several methods, including one-on-one stakeholder interviews using a standardized interview guide and focus groups. IBM Watson Health (formerly Truven Health Analytics) is a nationally- recognized research firm with extensive experience conducting CHNAs.

The consulting team solicited input from individuals with a broad understanding of the community and its health needs. Key stakeholders included public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others.

During the interviews and focus groups, participants were asked to identify the health of their community, the most significant health needs facing their community, underlying barriers to meeting those needs and community strengths that may offer opportunities for improving community health.

In Bell County, Ascension Seton's consultant coordinated two focus groups in July 2018. The first focus group had 15 participants, including health agency administrators, faith-based service organizations, governmental agency representatives, and participants from various community organizations. Most of the participants worked with at-risk populations. The group at-large represented low-income populations, minorities, the medically under-served and populations with chronic diseases. A second focus group was held in Bell County at the Central Texas Council of Governments and attended by United Way of Central Texas Building Opportunities for Leadership Development (BOLD) meeting participants.

The consultant also conducted seven key informant interviews in the August 2018 to gather additional input. Individuals from the following entities participated in these interviews: Texas Christian Community Development Network, Belton ISD, Christ Episcopal Church, Bell County Public Health District, Central Texas Catholic Charities, Central Texas Food Bank, and Texas Department of State Health Services.

For more information on interviews and focus groups, please consult Appendix Two.

How were Community Health Needs Prioritized?

Ascension Seton worked with a highly experienced local health care consultant, Management Information Analytics (MIA), to analyze the quantitative and qualitative data gathered during phases one and two of this project. Since 1990, the firm has worked with a wide range of health care clients, including the Community Care Collaborative in Austin and the South Texas Crisis Collaborative in San Antonio. MIA has worked with Ascension Seton on CHNAs since the early 1990's and assisted with data collection and analysis for the 2016 CHNA report.

This report synthesizes the findings from both the quantitative and qualitative phases of the community health assessment process and identifies significant health care needs in Bell County where Ascension Seton, as a major health care system, can have the most influence and impact.

The prioritized needs that are described in the following report were either:

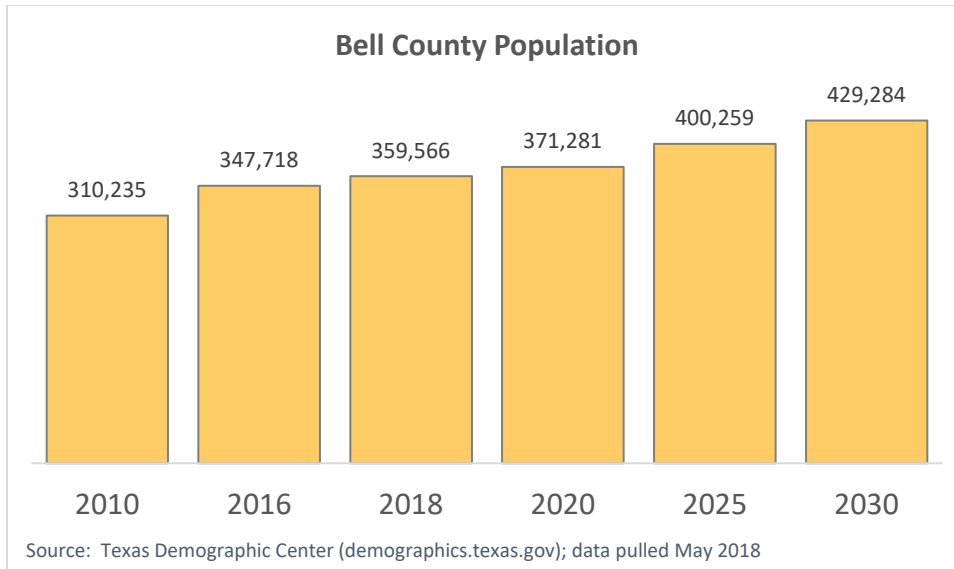
- (1) Raised consistently during focus groups and interviews as significant community concerns,
- (2) Identified in county-level health data as a glaring issue, or
- (3) Discussed by the community on some level and validated by county-level data.

The proposed prioritized health needs were presented on February 1, 2019 and February 11, 2019 to the Ascension Texas Executive Committee and President's Council respectively for input.

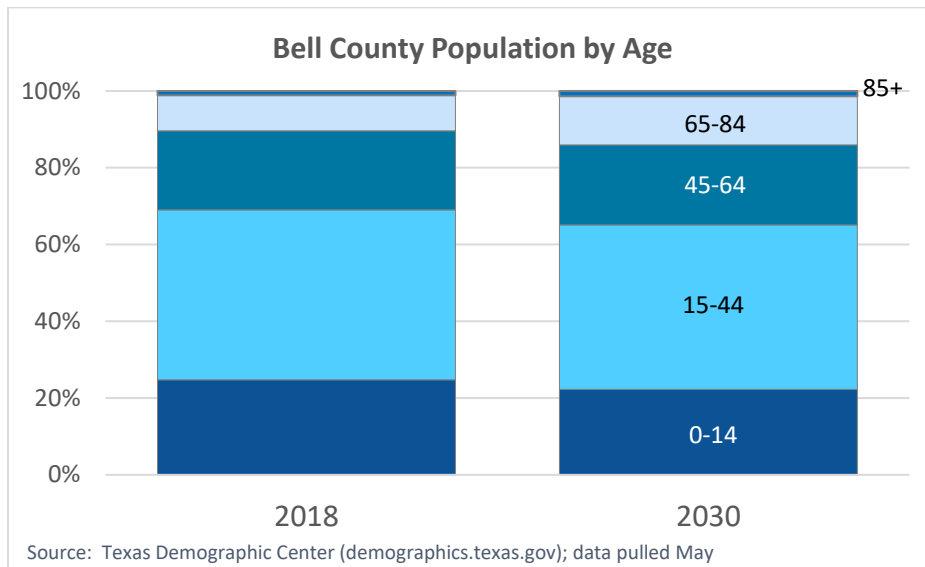
The prioritized list of significant health needs was presented and approved by the hospital's governing body and the final CHNA is available on each of Ascension Seton hospital's websites at www.seton.net.

Demographic Snapshot

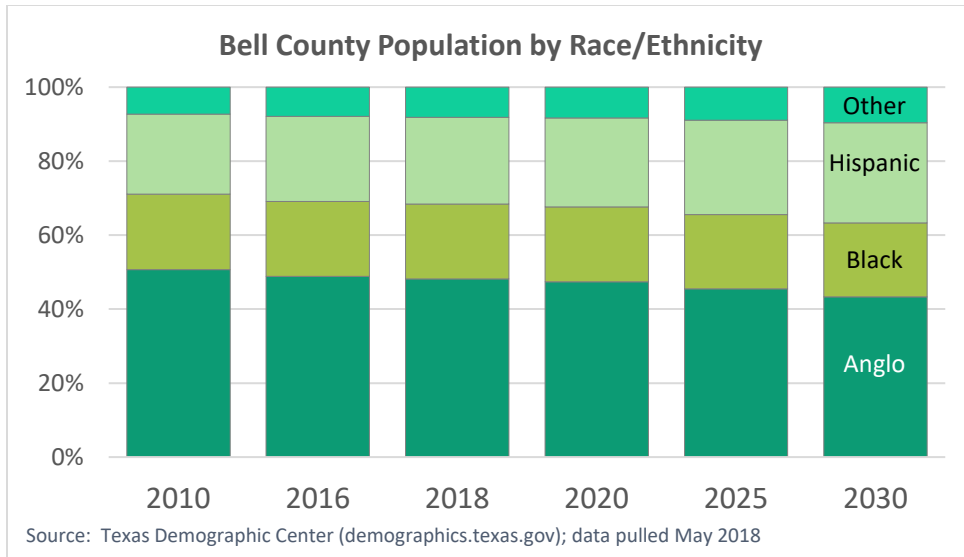
Bell County, the location of Fort Hood Military Base, has a large military population. The population of Bell County was 359,566 in 2018 and is projected to grow to 429,284 by 2030, a 19 percent increase.



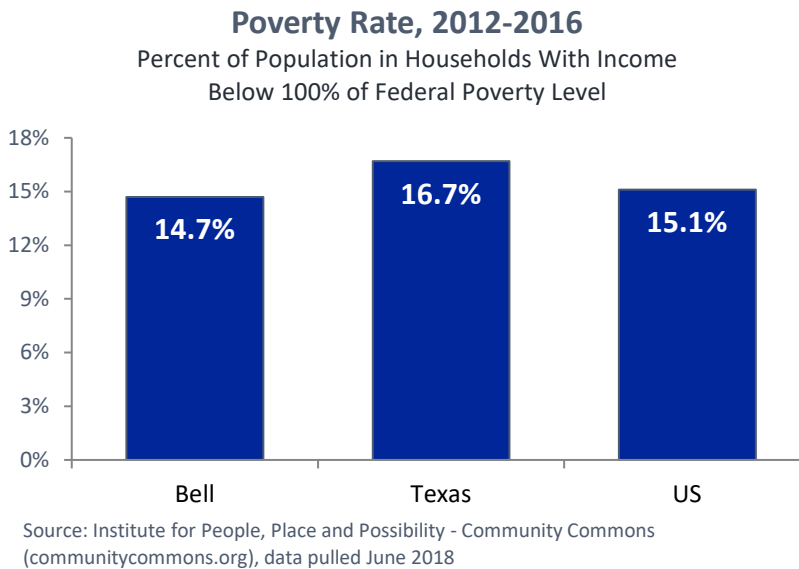
The overall population of Bell County is quite young with only 10.4 percent over 65 years of age in 2018. The percentage of the population over 65 is projected to grow slightly to percent 14.1 percent of the population by 2030.



In 2018, 48.2 percent of the population in Bell County was white, 20.2 percent was black, 23.5 percent was Hispanic and 8.1 was other. The Hispanic population in Bell County is growing at the fastest rate among all ethnic/racial groups in Bell County.



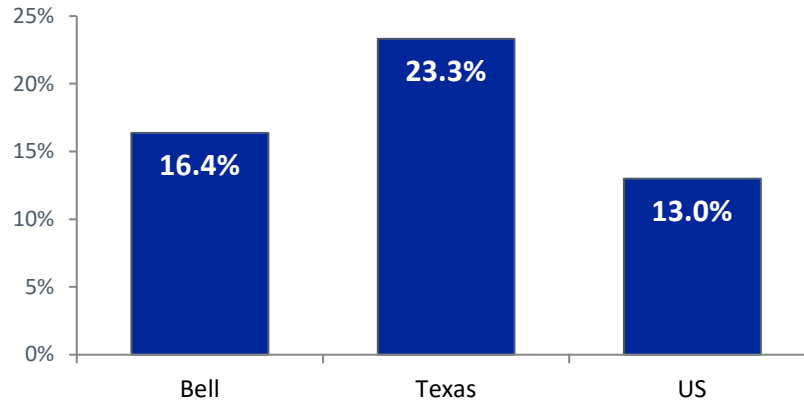
The poverty rate in Bell County is close to the state average at 14.7 percent of the adult population, decreasing slightly from 2015 to 2018.



The percent of adults and children in Bell County without insurance is lower than the state average, but above the national average.

Health Insurance Coverage: Adults, 2015

Percent of Adults Under Age 65 Without Health Insurance



Source: RWJ Foundation/Univ of Wisconsin Institute County Health Rankings (countyhealthrankings.org), data pulled June 2018

Community Health Needs

After reviewing both the data and community input and using the methodology outlined above, Ascension Seton identified four main categories of health priorities for Bell County: (1) inequitable health care access, (2) coordination of care, (3) mental health and (4) chronic diseases.

Inequitable Health Care Access

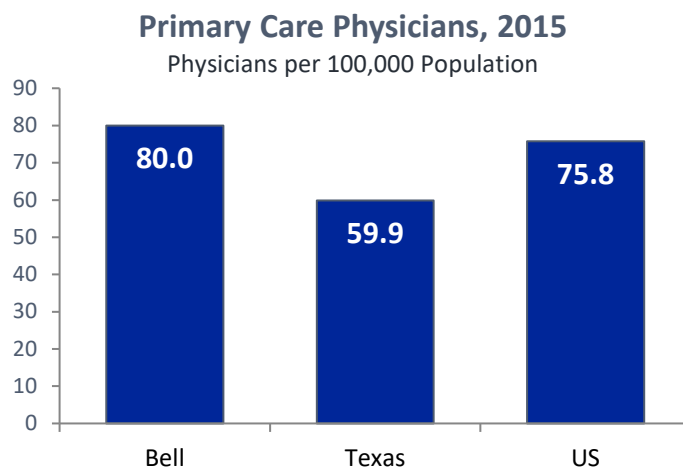
Participants at the Bell County focus group stated that there was significant inequality in access to health care and services in the community, often dependent on ability to pay and access to transportation. Although focus group participants recognized that the area's four local hospitals provide good access to acute care, some expressed concern that many community members were falling through the cracks. One focus group member stated: "We need a safety net plan for the whole community and then to communicate it, which hasn't been a priority."

This perception among community members that certain segments of the population are underserved is validated by the fact that the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, has designated Bell County a Low-Income Health Care Professional Shortage Area in the areas of primary care and mental health. This official designation means that while access to care among the general population may be adequate, access to care for the poor and vulnerable is problematic.

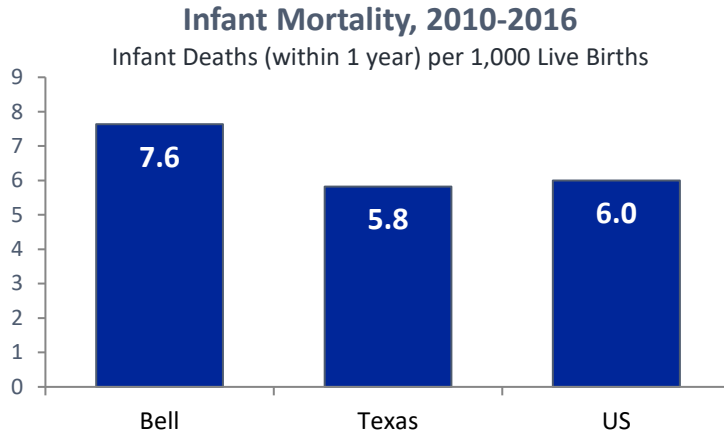
Coordination of Care

Another issue consistently raised during the focus groups held in Bell County was the lack of coordination among health care providers, non-profits and faith-based groups. Focus group participants noted that the region has many health care services spread throughout the county, but that there were “many missed opportunities to coordinate services and transportation.” One focus group member stated: “We need to establish a community collaboration to help people access health care, identify available community resources...and communicate them on a widespread scale.”

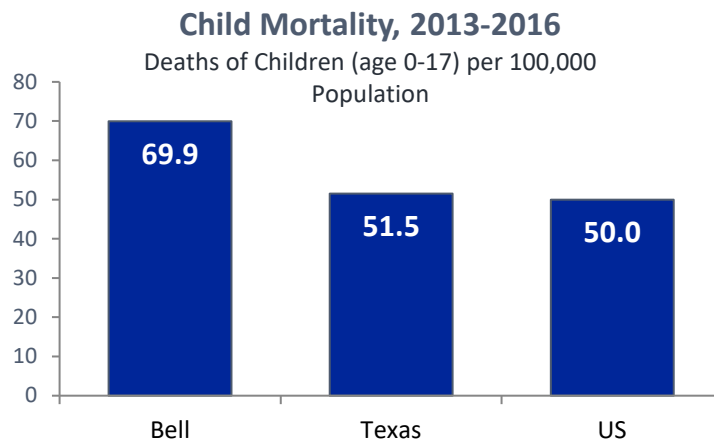
The lack of coordination of health care services may help explain why Bell County exhibits several poor health outcomes, such as high rates of infant and child mortality, despite having an ample supply of health care providers and facilities in the region and above state average levels of health insurance coverage.



Source: RWJ Foundation/Univ of Wisconsin Institute County Health Rankings (countyhealthrankings.org), data pulled June 2018



Source: RWJ Foundation/Univ of Wisconsin Institute County Health Rankings (countyhealthrankings.org), data pulled June 2018



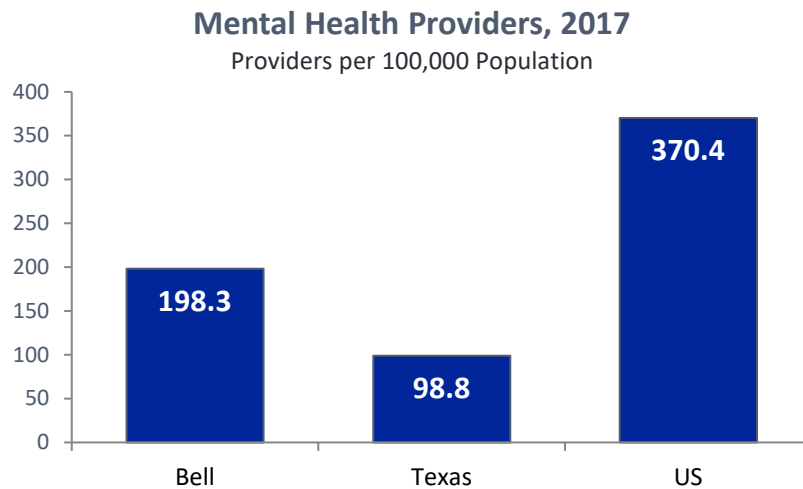
Source: RWJ Foundation/Univ of Wisconsin Institute County Health Rankings (countyhealthrankings.org), data pulled June 2018

Mental Health

Both the qualitative and quantitative data also highlight the need to prioritize mental health in Bell County. When asked to rank the top barriers to good health in Bell County, focus group participants selected access to mental health care services. The perception among focus group participants is that access to mental health services is limited in Bell County and that more resources are needed, especially for low-income and uninsured populations. One focus group member highlighted the need to address the stigma of mental health and to educate the community on the high prevalence of mental health conditions.

Although the number of mental health providers in Bell County per 100,000 population is nearly double the state average, it remains significantly lower than the U.S. average. Additionally, Bell County is

considered a Low-Income Health Professional Shortage Area for mental health providers. In other words, although access to mental health providers among the general population is considered adequate, it is less than desirable among low-income persons. Focus group participants suggested that although individuals may succeed in accessing acute mental health care services such as during a crisis, they often do not pursue follow-up care.



Source: RWJ Foundation/Univ of Wisconsin Institute County Health Rankings (countyhealthrankings.org); data pulled June 2018

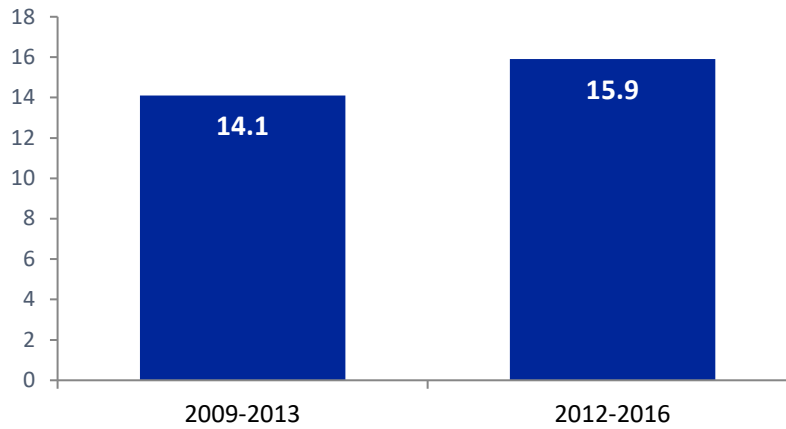
The quantitative data also highlights mental health as a significant need. The suicide rate in Bell County, for example, is high and has increased over the past decade. Bell County also performs worse than Texas as a whole on other mental health indicators such as poor mental health days.

The Bell County focus group included an in-depth discussion of mental health issues facing the region. The following are some of the key perceptions of community members, health leaders and experts who participated in that discussion:

- Lack of mental health resources in the community results in utilization of jails and acute care health facilities.
- Lack of mental health resources leads to untreated depression and undiagnosed mental health conditions.
- Individuals suffering from mental health issues spiral downward as there are no resources to break the pattern.
- Mental health patients may receive acute mental health care, but patients often do not pursue follow-up care.
- Lack of formal tracking system for mental health patients to ensure continuity of care.
- Many mental health patients could not seek treatment due to having to pay “out-of-pocket” for those services.

Suicide Mortality

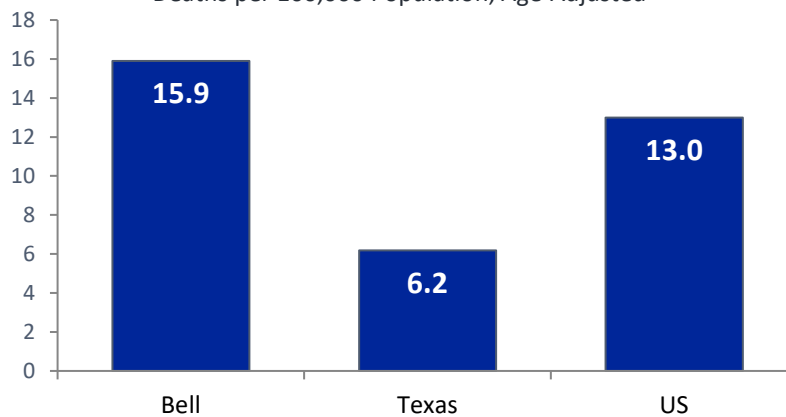
Deaths per 100,000 Population, Age-Adjusted



Source: Institute for People, Place and Possibility - Community Commons (communitycommons.org), data pulled June 2018

Suicide Mortality, 2012-2016

Deaths per 100,000 Population, Age-Adjusted

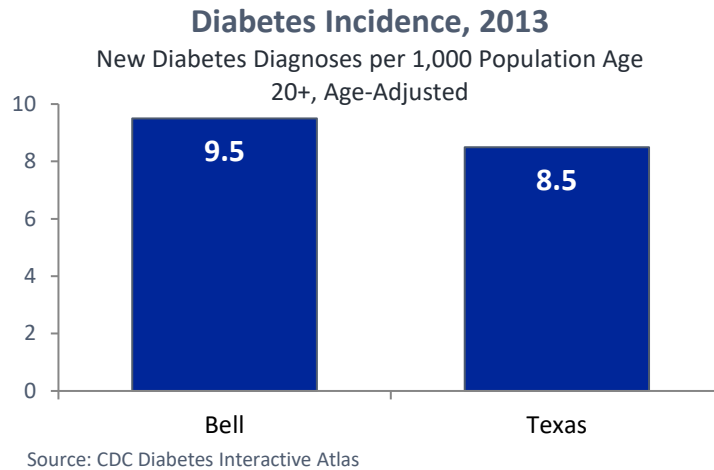


Source: Institute for People, Place and Possibility - Community Commons (communitycommons.org), data pulled June 2018

Chronic Diseases

Focus group participants identified increasing prevalence rates of chronic diseases as a challenge in Bell County. One participant cited the following causes for this trend: lack of information, low physical activity, unhealthy lifestyles and low compliance. Another focus group member stated that lack of health insurance severely limited access to post-acute care.

The quantitative data on Bell County also indicates a need to focus on chronic diseases. Although Bell County has a relatively young population, the incidence of new diabetes diagnoses per 1,000 people ages 20 and above is higher in Bell County than in Texas as a whole.



Other Issues

Focus group participants and key informants identified several other key issues in their community that Ascension Seton recognizes as important, including social determinants of health, health literacy, transportation and affordable housing. However, these issues did not raise to the level of prioritized health need for the purpose of this CHNA report.

The Centers for Disease Control and Prevention define the “social determinants of health” as “conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes.”

Ascension Seton’s primary role in the communities we serve is delivering quality health care. However, our mission as an organization is far-reaching. As part of Ascension, the largest nonprofit health care provider in the country, Ascension Seton is committed to improving the social and economic conditions that affect the diverse populations we serve. We provide financial and in-kind resources to many community partners seeking to address these needs.

In addition, Ascension Seton leaders, physicians and associates are active participants in community-led strategic discussions about the most pressing social and economic issues affecting the communities we serve (e.g., transportation, education, affordable housing).

Focus group participants in Bell County highlighted limited access to transportation services as a key issue, especially among the poor. In fact, focus group participants ranked transportation as the second biggest barrier to good health in Bell County (after access to mental health services). Another social determinant of health that was raised was improving education to break the cycle of poverty.

Focus group participants in Bell County also identified the need for health education to improve health literacy. Focus group participants in Bell County stated that improving health literacy was especially important among poor and rural residents and that interventions were needed to address generational lifestyle habits and “break the cycle and prevent disease.”

Conclusion

Ascension Seton recognizes it takes the entire community, working together, to improve the health and the wellbeing of individuals. As we have for more than 100 years, we will continue to collaborate and partner to address the needs in our communities.

Developing this CHNA was a collaborative effort. Ascension Seton wishes to acknowledge and thank the many organizations, individuals and experts who participated in the 2019 CHNA process. We appreciate your partnership and look forward to working together to improve the health of the communities we share.

Approval

Prepared by Ascension Seton. Formally adopted by the Seton Medical Center Harker Heights Board on June 21, 2019.

Appendix One: County Health Rankings from Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

- Top 5% of US counties
- Top 25% of US counties
- Average
- Bottom 25% of US counties
- Bottom 5% of US counties

Comparison of Bell County to Texas and US

Mental and Behavioral Health

	Texas	US	Bell County	
Suicide mortality rate per 100,000 age adjusted	6.2	13.0	●	15.9
Poor mental health days avg past 30 days age adjusted	3.4	3.8	●	3.6
Depression prevalence	17.0%	16.7%	●	19.1%
Mental health providers per 100,000	98.8	370.4	●	198.3

Data pulled June 2018

Comparison of Bell County to Texas and US

Coordination of Care

	Texas	US	Bell County	
Residents living in a HPSA	16.8%	33.1%	●	0.0%
Adults without health insurance	23.3%	13.0%	●	16.4%
Children without health insurance	10.0%	5.0%	●	6.1%
Primary care physicians per 100,000	59.9	75.8	●	80.0
Preventable hospital stays per 1,000 Medicare enrollees	53.2	49.0	●	55.1
General dentists per 100,000	55.9	67.6	●	77.8
No dental exam past 12 months age 18+	37.4%	30.2%	●	36.5%
Infant mortality w/in 1 yr per 1,000 live births	5.8	6.0	●	7.6
Child mortality deaths < 18 per 100,000	51.5	50.0	●	69.9
Mammography screening % Medicare age 67-69	57.9%	63.0%	●	60.2%

Data pulled June 2018

Comparison of Bell County to Texas and US

Chronic Diseases

	Texas	US	Bell County	
Diabetes prevalence	9.7%	10.0%	●	9.9%
Diabetes incidence	8.5	No Data		9.5
Obesity prevalence	28.4%	28.0%	●	29.3%
Physical inactivity % age 20+ no leisure time physical activity	24.3%	23.0%	●	25.8%

Data pulled June 2018

Appendix Two: Organizations Represented in Focus Groups and Interviews

As required by the IRS, input was solicited from individuals with a broad understanding of the community and its health needs. The focus groups and/or interviews included public health officials and individuals or individuals representing medically underserved, low-income, chronically disabled and minority communities. Input was also solicited from public officials, educators and community/faith-based organizations.

IBM Watson Health, on behalf of Ascension Seton and Baylor, Scott & White Coordinated two focus groups with representation from the following entities:

Organization	Community Input Sector
Bell/Lampasas Counties Community Supervision and Corrections Department	Populations with chronic disease needs
Christ Episcopal Church	Low-income populations
Workforce Solutions of Central Texas	Low-income populations
LULAC Council 4971	Minority populations
Texas A&M AgriLife Extension Service	Low-income populations; populations with chronic disease needs
United Way of Central Texas	Public health; medically underserved, low-income and populations with chronic diseases; minority populations
Area Agency on Aging of Central Texas	Medically underserved, low-income and populations with chronic disease needs; minority populations
Body of Christ Community Clinic	Public health; medically underserved, low-income and populations with chronic disease needs; minority populations
Baylor Scott & White Health	Public health; medically underserved, low-income and populations with chronic disease needs; minority populations
Bell County Indigent Health Services Department	Public health; medically underserved, low-income and populations with chronic disease needs; minority populations
Greater Killeen Community (Free) Clinic	Medically underserved, low-income and populations with chronic disease needs; minority populations
CTLC and Feed My Sheep	Medically underserved and low-income populations; minority populations
Texas Department of State Health Services Region 7	Public health; medically underserved, low-income and populations with chronic diseases

United Way of Central Texas BOLD meeting participants	Public health; medically underserved, low-income and populations with chronic diseases
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IBM Watson Health, on behalf of Ascension Seton and Baylor, Scott & White conducted key informant interviews with individuals representing the following organizations:

Organization	Community Input Sector
Christ Episcopal Church	Low-income populations
Bell County Public Health District	Public health; medically underserved, and low-income populations
Texas Department of State Health Services	Public health; medically underserved, low-income and populations with chronic disease needs; minority populations
Belton ISD	Public health; medically underserved, low-income and populations with chronic disease needs; minority populations
Central Texas Foodbank	Medically underserved, low-income and populations with chronic disease needs; minority populations
Central Texas Catholic Charities	Public health; medically underserved, low-income and populations with chronic disease needs; minority populations
Texas Christian Community Development Network	Low-income populations

Appendix Three: Summary of Community Health Resources

The chart below provides a high-level overview of the health care resources available in the Bell County, including acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers and other services that address the social determinants of health such as transportation, affordable housing and poverty. Many of the facilities and organizations listed below are potential resources to address the health needs identified in this CHNA. In addition to the resources listed below, the following government resources are available in each Texas county: Women, Infant and Children (WIC) nutrition program, Texas Health and Human Services Commission programs, Texas Workforce Commission, Texas Mental Health and Mental Retardation (MHMR) offices.

As part of the CHNA process, Ascension Seton along with community partners identified resources that currently support health. This list is not meant to be exhaustive.

Acute Care	Primary & Specialty Care	Mental Health	Other Resources
Seton Medical Center Harker Heights	Lone Star Circle of Care	Central Counties Services (MHMR)	Catholic Charities of Central Texas
Baylor, Scott & White Temple	Temple Community Clinic	STARRY Counseling	County Indigent Health Care Program (CIHCP)
Veterans Administration	Greater Killeen Community Clinic	Ascension Seton Shoal Creek	Helping Hands Ministry
Metroplex Health System	Body of Christ Community Clinic	Central Texas Youth Service	Feed My Sheep
	Freedom Urgent Care	Bell County H.E.L.P. Center	Churches Touching Lives for Christ
		Cedar Crest Behavioral Health	
		Central Counties Mental Health	
		Texas A&M Central Texas Community Counseling Center	

Appendix Four: Evaluation of Impact of Actions Since 2016 CHNA

Ascension Seton conducted its last CHNA for Bell County in 2016. The CHNA identified the following prioritized needs for FY 2016-FY 2018.

1. Mental and behavioral health
2. Primary and specialty care
3. Chronic diseases
4. Social determinants of health
5. System of care

Ascension Seton and Seton Harker Heights have worked to address these needs in Bell County. The summary below includes a summary of the impact Ascension Seton has made on these community needs over the past three years.

Ascension Seton operates the primary teaching hospital where Dell Medical School at The University of Texas (DMSUT) undergraduate and graduate medical students train. Ascension Seton and DMSUT have collaborated on medical resident training as medical students and residents have completed rotations in different specialties at many of the Ascension Seton facilities, including Dell Seton Medical Center at The University of Texas, Ascension Seton Medical Center Austin, Dell Children's Medical Center, and Ascension Seton Shoal Creek.

Ascension's national access and care coordination center, called AscensionConnect, supports the 11 counties that Ascension Seton serves. This innovative center provides comprehensive access to health and innovative solutions all under one roof. By utilizing one number patients are able to schedule primary and specialty care appointments, access 24/7 nurse advice, utilize the digital urgent care for minor illnesses, access behavioral health through an iPad, and enroll in comprehensive remote care management programs. The center is staffed by teams of multidisciplinary professionals with both clinical and administrative backgrounds that utilize digital technology to extend access to services that traditionally have been very difficult to find.

AscensionConnect's remote care program serves an average of 800 patients per month. Clinicians work with individuals suffering from chronic illness or individuals who are preparing for surgery. Our navigators tailor each care pathway based on the individual's personal needs. This program has been

live for three years and has demonstrated a reduction in readmissions to as low as 2.59% for participants of the intervention.

Seton Harker Heights made the previous CHNA reports available online. The public was invited to submit comments via email. No comments were received on the 2016 CHNA.

Seton Medical Center Harker Heights

Prioritized Need	Action	Actual Impact
Mental and Behavioral Health	Behavioral health referrals, assessment and treatment (collaboration with MHMR).	<p>An algorithm was created to assist Emergency Department (ED) staff with behavioral health patients.</p> <p>ED Case Manager networked with several organizations to increase transfers to Psychiatric needs facilities.</p> <ul style="list-style-type: none"> • Georgetown Behavioral Health • Rocksprings • Cedar Crest • Seton Shoal Creek • Continue using Austin State Hospital (ASH). <p>Use of tele psychiatry along with collaboration with the above providers mean patient’s stay in the ED is shortened which assists throughput time. Tele psychiatry also prescribe medications that stabilize patients for outpatient behavioral health follow up.</p>
Primary and Specialty Care	Primary care and preventive screenings for low-income residents (Greater Killeen Community Clinic).	<p>Enhanced person to person contacts through Wellstone with \$25.00 onetime fee, including patients with a military background.</p> <p>Continue making appointments at discharge from acute and emergency department for patients.</p> <p>Increase number of patients seen via acute transfers to Ascension Seton Medical Center Harker Heights from Killeen, especially from Freedom Urgent Care.</p>
Chronic Disease	Educate community members on healthy eating and exercise habits (Seton Food and Fitness Forum).	Collaborated with Home Health Care and Skilled Nursing Facilities with the implementation of the Zone management tool for chronic care conditions.
	Educate the community on symptoms and how to self-manage their diseases and	Reduced readmissions when patients are engaged and learn zone management tool along with aligning patient with Primary Care Provider.

	reduce risks of hospitalization.	
	Educate community members on the presentation of stroke and recognition using BE FAST (Balance Eyesight's, Facial Drooping, Arm Weakness, Speech Slurred, Time to act fast) Model.	Ongoing community education to local clubs, civic groups and at community events. Advanced Stroke Certification achieved in 2018.
	Health screenings to community members at local health fairs, including balance screenings, handgrip strength screening, and blood pressure.	Continued community outreach through health fairs and community events, including the Harker Heights Farmer's Market and at the Armed Services YMCA.
Social Determinants		Collaborated with various community agencies and groups to meet identified health needs of the community.