

# **Seton Medical Center Harker Heights Community Health Needs Assessment May 2016**



***Prepared by Seton Family of Hospitals in collaboration with Seton Medical Center Harker Heights. Formally adopted by Seton Medical Center Harker Heights Board of Directors on June 30th, 2016.***

***For questions, comments or a hard copy of this report, please email [ekjohnson@seton.org](mailto:ekjohnson@seton.org).***

# Table of Contents

<b>1. Introduction</b>	2
<b>2. Methodology</b>	3
<b>3. Demographic Snapshot</b>	5
<b>4. Community Health Needs</b>	6
<b>4.1. Mental and Behavioral Health</b>	7
<b>4.2. Primary and Specialty Care</b>	8
<b>4.3. Chronic Diseases</b>	12
<b>4.4. Social Determinants of Health</b>	15
<b>4.5. System of Care</b>	16
<b>5. Conclusion</b>	17
<b>6. Appendix</b>	19
<b>6.1. Summary of Community Health Resources in Bell County</b>	19
<b>6.2. Robert Wood Johnson County Rankings</b>	20
<b>6.3. Sources for Community Input</b>	21

## **1. Introduction**

Seton Family of Hospitals (Seton) is a 501(c)(3) nonprofit organization. Its parent corporation, Ascension Health Texas (d/b/a Seton Healthcare Family), is a minority owner of Seton Medical Center Harker Heights. These organizations collaborated to prepare this joint community health needs assessment (CHNA) report and the term “Seton” refers to both Seton Family of Hospitals and Seton Medical Center Harker Heights in this report. 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. The joint CHNA presented in this report provides a snapshot of local health care needs and informs Seton’s decisions about how we can best serve the community.

### **What is a Community Health Needs Assessment?**

A 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, local public health leaders, health care providers and the general public about the overall health status of the community and the unmet needs or challenges that warrant further attention.

### **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 community health needs assessments by requiring hospitals

designated as tax exempt 501(c)(3) nonprofit organizations to complete such an assessment every three years.

### **How did we define the community?**

This joint CHNA addresses the health care needs of Bell County. Bell County represents one of the geographic regions Seton uses for planning in Central Texas.

## **2. Methodology**

### **How did we conduct the Community Health Needs Assessment?**

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

#### **Phase One:**

During the first phase of the project, Seton collaboratively gathered and analyzed the most recent data available for Bell County, including data from the U.S. Census, the American Community Survey, the Behavioral Risk Factor Surveillance System (BRFSS) and the Robert Wood Johnson Foundation Community Health Rankings. Seton used a Z-score methodology to compare the East Region to 10 Central Texas counties, Texas as a whole and the United States across 80 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, Seton collaboratively gathered community input using an online survey and focus groups conducted by Baylor Scott & White. The survey developed by Seton was distributed to a broad sector of the Bell County community, including local public health

officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators and others. *Appendix 6.3. of this report includes a list of the organizations Seton contacted to gather community input.*

### **How were Community Health Needs prioritized?**

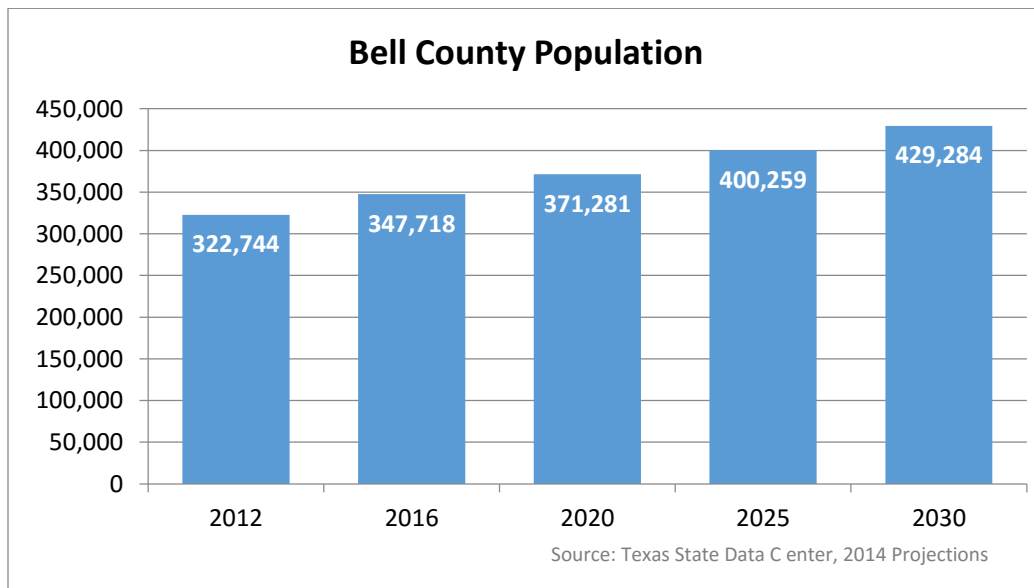
This report synthesizes the findings from both phases of the community health assessment process and identifies the most pressing health needs/priorities in Bell County. The prioritized needs that are described in the following report were either:

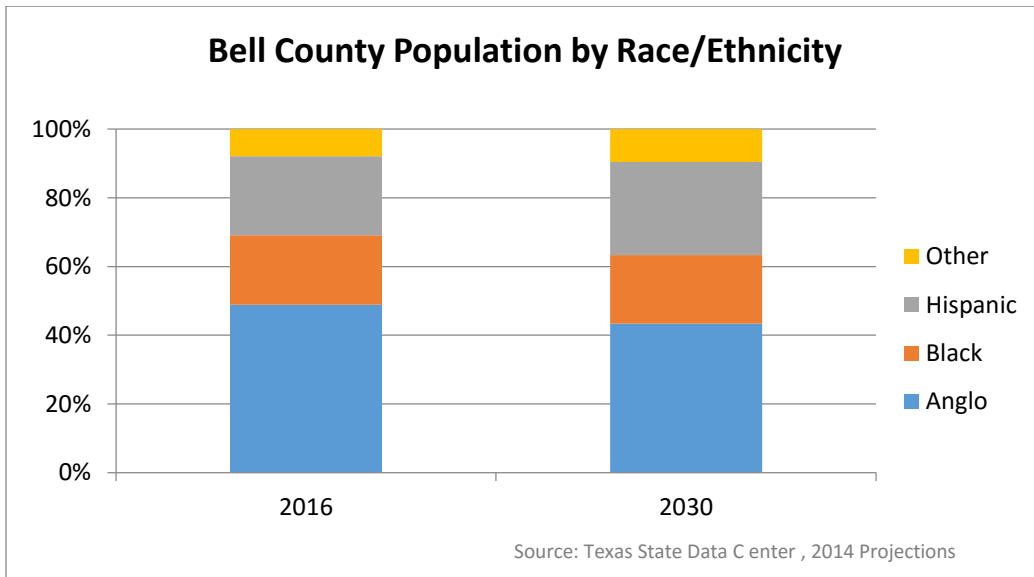
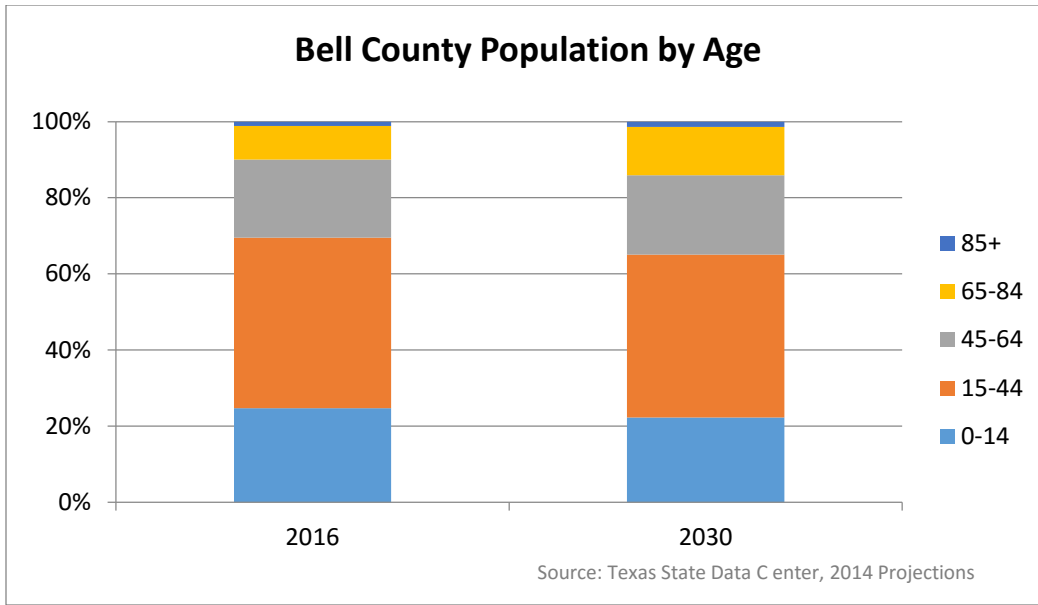
- (1) Raised in the survey and focus group research as significant community concerns,
- (2) Identified as a glaring issue in county-level health data or
- (3) Identified in the survey and focus group research on some level and validated by available quantitative data.

### 3. Demographic Snapshot

- Bell County is the home of Fort Hood, one of the largest military installations in the world.
- Bell County’s population is steadily growing and is expected to grow from 347,718 in 2016 up to 429,284 by 2030, a 24 percent jump.
- Between now and 2030, Bell County is projected to grow older and more ethnically diverse.

#### Demographic Data





## 4. Community Health Needs

After reviewing the data and community input, Seton identified five main health needs: (1) mental and behavioral health, (2) primary and specialty care, (3) chronic diseases, (4) social determinants of health and (5) system of care.

#### **4.1. Mental and Behavioral Health**

Both the survey and focus groups identified improving access to mental health, including both crisis and preventive services, as a significant community health need. One survey respondent characterized mental health as the most neglected area of medicine. Community members in Bell County stated that behavioral health resources were limited for adults and non-existent for seniors. Community members also raised concern about drug and alcohol abuse in the area and improved access to substance abuse treatment programs.

Although the data does not indicate a shortage of mental health providers, the community stated that there was a shortage of providers, psychiatrists and prescribers in both the public and private sectors.

---

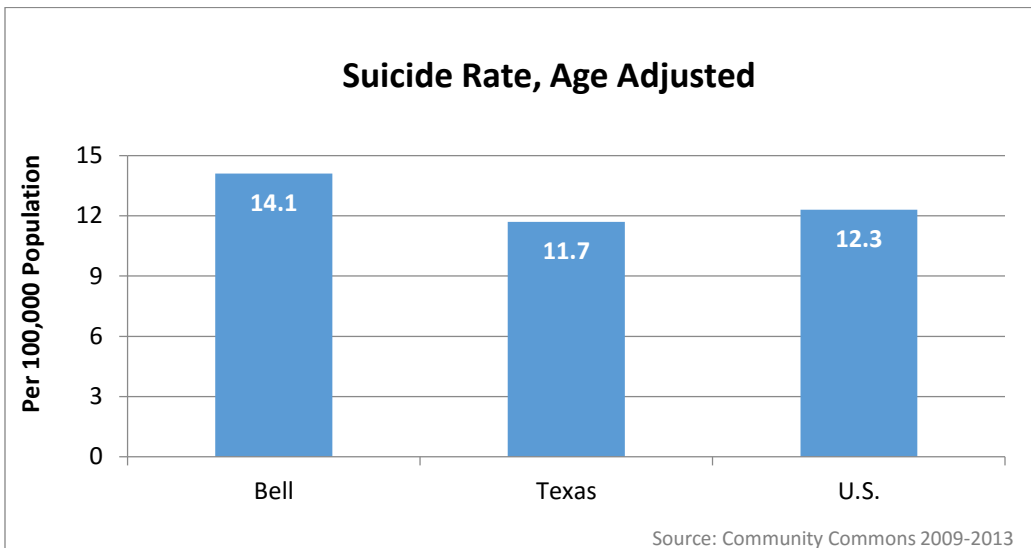
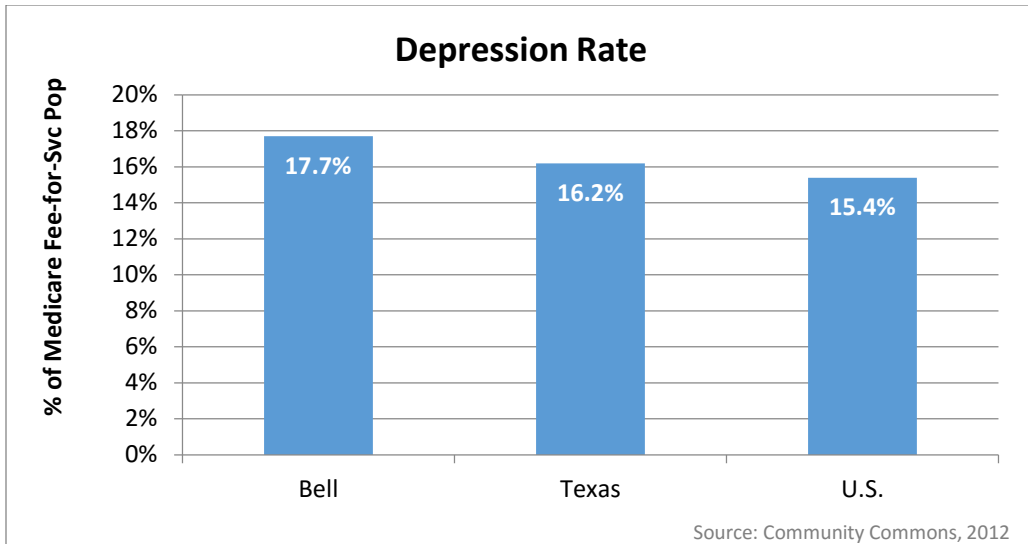
***"Substance abuse is a significant problem [that is] leading to other issues such as anxiety, aggression, family violence and bouts with the criminal justice system."***

***-Bell County Community Member***

---

Depression rates among the Medicare population are higher in Bell County than in Texas or the United States. Bell County also has a suicide rate of 14.1 per 100,000 population (age adjusted), which is higher than the Texas average.





## 4.2. Primary and Specialty Care

---

***"The health care infrastructure is challenged with getting the right resources to the residents at the appropriate time throughout the continuum of care."***

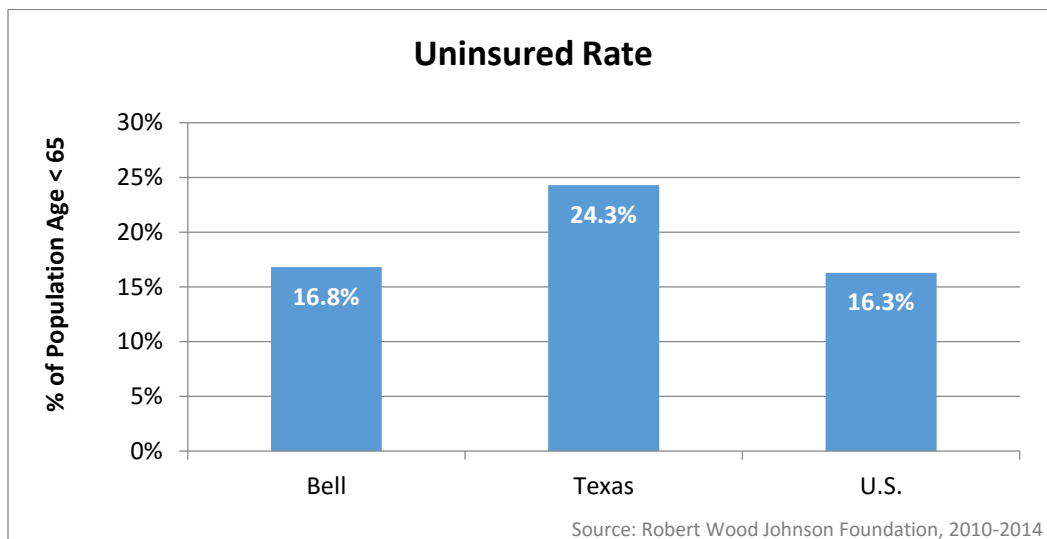
***- Bell County Focus Group report***

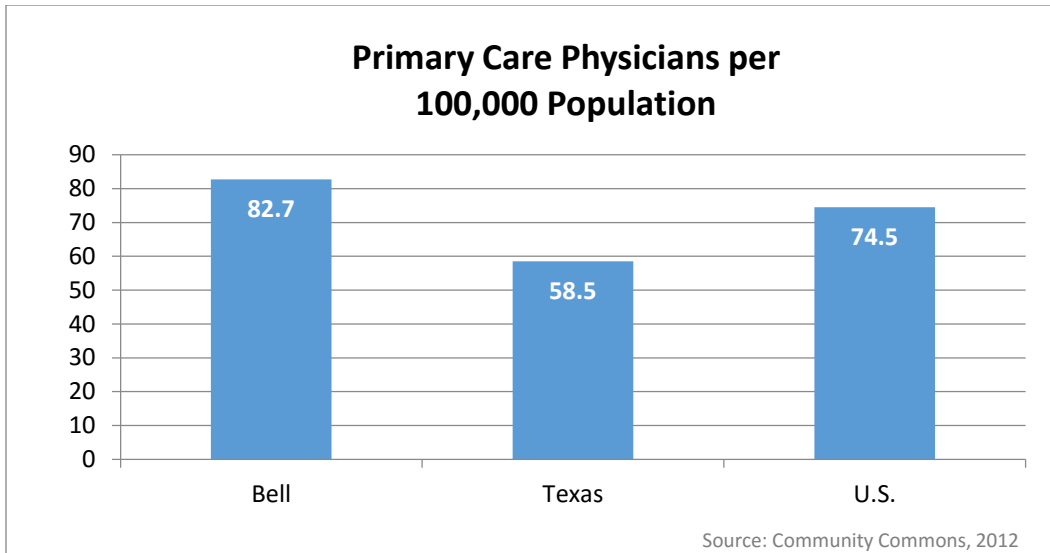
---

Access to primary care was ranked the second highest health care need by Bell County survey respondents.

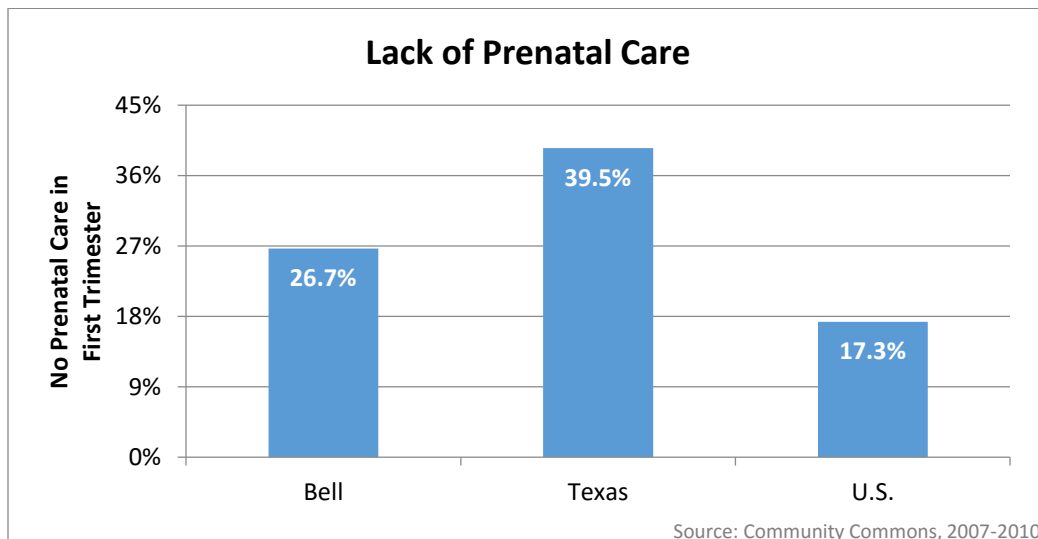
The data shows that Bell County has a lower share of uninsured residents than Texas as a whole and is about on par with the United States. The relatively high rate of insurance coverage in Bell County is likely related to the large military population (who are covered by federal health insurance). However, pockets of residents continue to live without insurance coverage.

Bell County also has a higher number of providers per 100,000 population than in Texas or the United States, possibly due to the large number of civilian and military hospitals in the area.





The lack of prenatal care and dental care are two challenges facing Bell County. Bell County residents lagged behind the U.S. in prenatal care during the first trimester of pregnancy.



Survey respondents also identified dental care as a top need that affects a large number of people in the community, regardless of socio-economic background. Bell County community members stated that the area is

experiencing a dental health crisis and explained that preventive dental care is not available for low-income residents since it is not covered by Medicaid. As a result, dental needs are addressed when they become urgent.

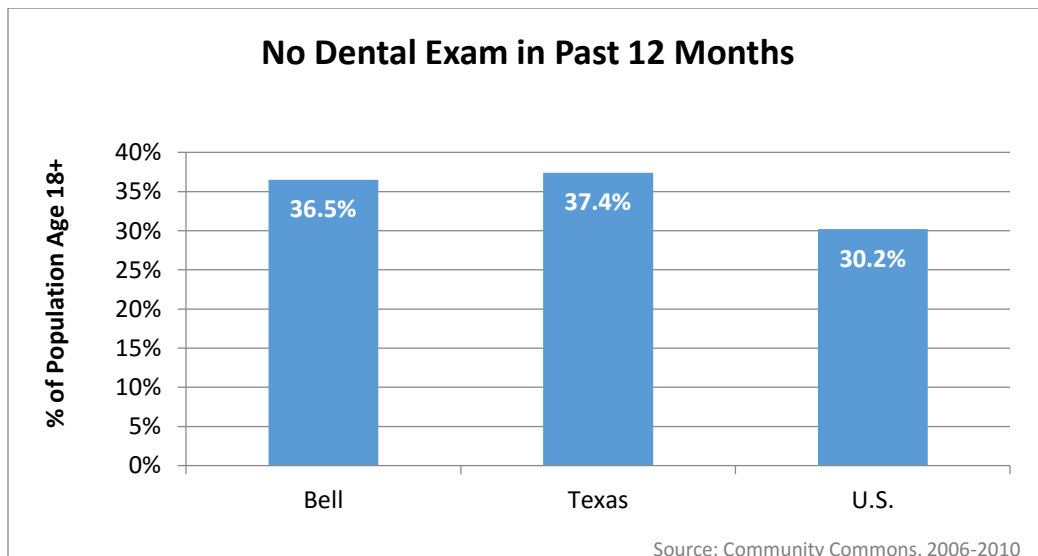
---

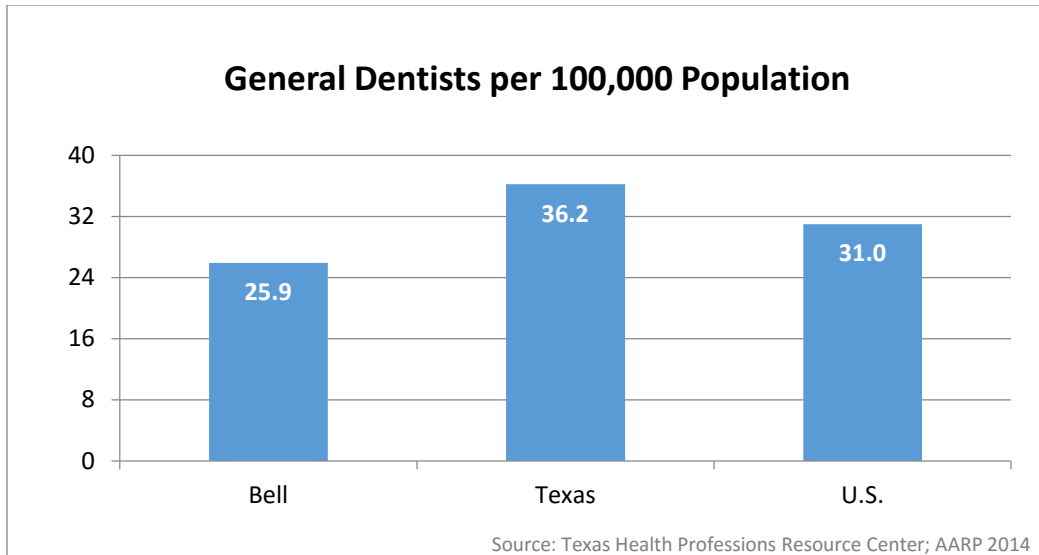
***"There is a dental health crisis [in the region] due to challenges around eligibility and lack of awareness about the importance of dental health."***

***- Bell County Community Member***

---

The data appears to validate the community's concerns. The percent of Bell County residents (age 18 and older) who reported not having a dental exam in past 12 months is 36.5 percent, compared to the U.S. average of 30.2 percent. In addition, the county has fewer general dentists per 100,000 population than the state or national averages.





### 4.3. Chronic Diseases

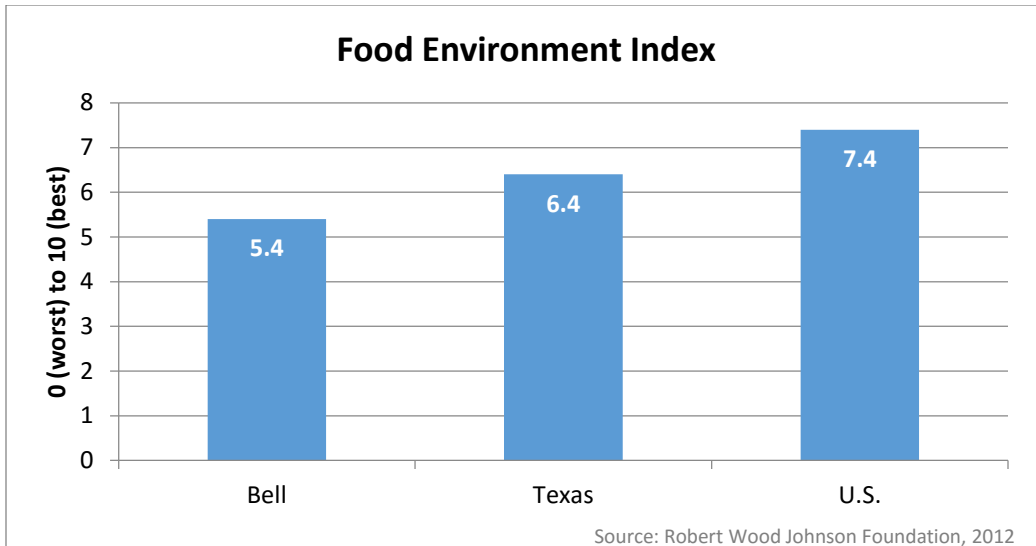
Chronic diseases are long-term conditions that require active health management. Common examples include obesity, diabetes and high blood pressure (hypertension).

---

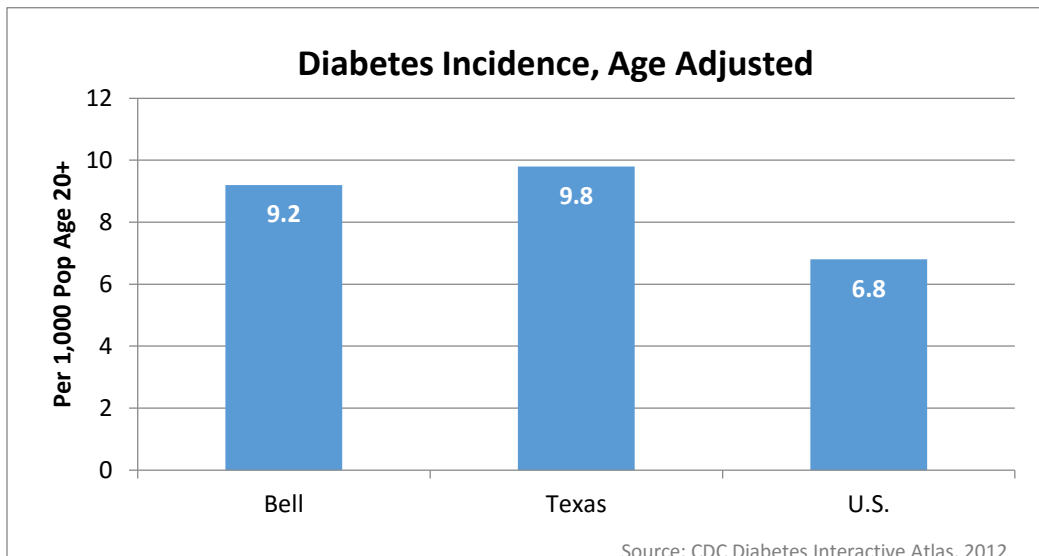
***"The lack of focus on community health and wellness plays a significant role in chronic disease management."***  
***-Bell County community member***

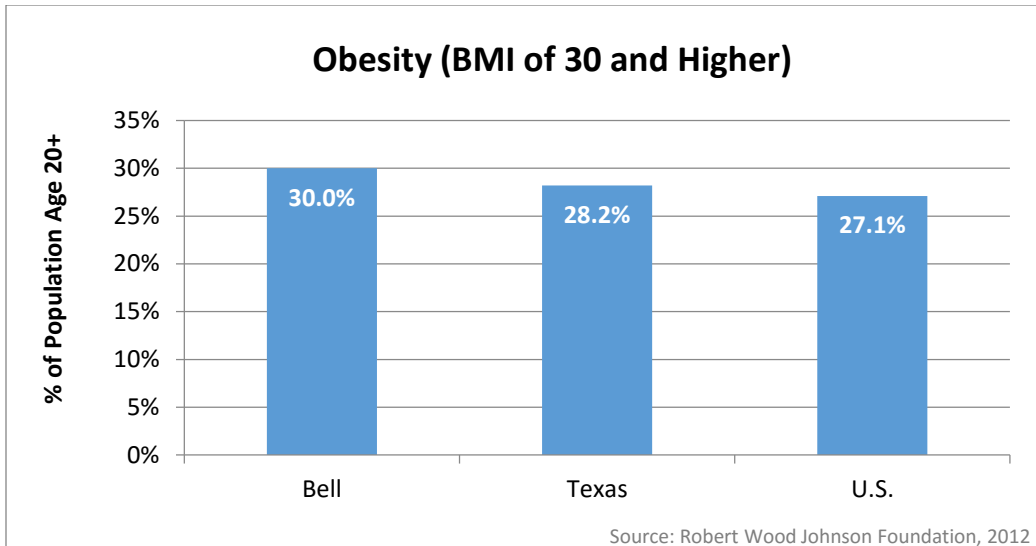
---

One of the two focus groups held in Bell County identified preventive services focusing on obesity and healthy eating as the top need in the community. Members of the community raised concerns about the lack of healthy food options in the area. This concern is validated by the Robert Wood Johnson's Food Environment Index which rates Bell County with a score of 5.4 out of 10 (with 10 being the best).

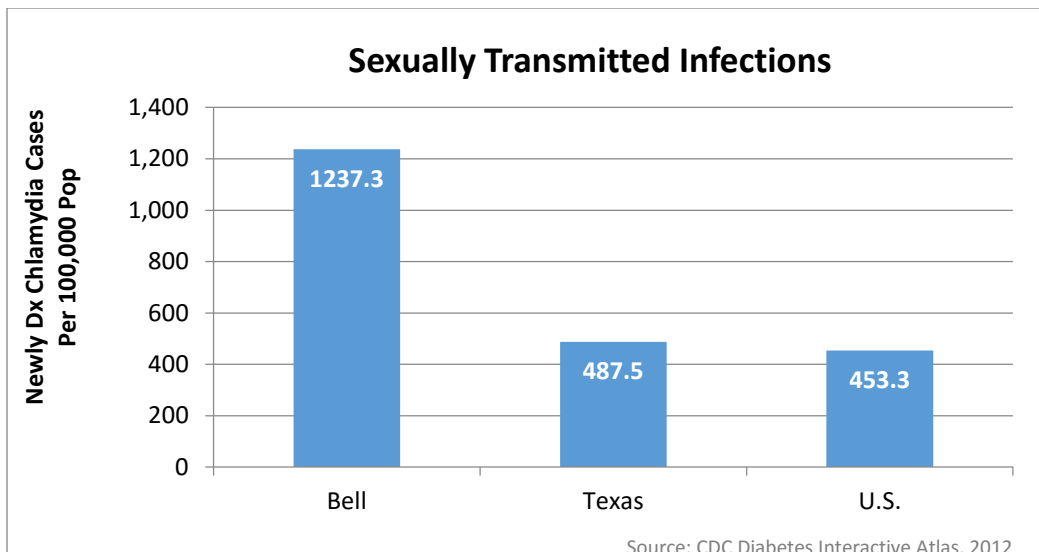


Diabetes rates in Bell County (9.2 percent) are slightly lower than the state average, but above the U.S. average of 6.8 percent. Obesity rates are above both the state and national averages with nearly 1 in 3 Bell County residents over the age of 20 considered obese.





Community members also expressed concern over the prevalence of Sexually Transmitted Infections (STIs) in Bell County and stated that STI rates are on the rise. The data shows that Bell County does indeed have an alarmingly high rate of STIs, as illustrated in the chart below.



#### **4.4. Social Determinants of Health**

The Centers for Disease Control and Prevention defines 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.”

Bell County residents identified many barriers to health including high levels of poverty, lack of affordable housing and limited transportation options. All of these factors make it more difficult for people to lead healthy lives and access medical care at the right time and in the right place.

#### **Seton and Social Determinants of Health**

Seton’s primary role in the communities we serve is delivering quality health care. However, our mission as an organization is far-reaching. As a member of Ascension Health, the largest nonprofit health care provider in the country, Seton Family of Hospitals is actively involved in social justice and is committed to improving the social and economic conditions that affect the diverse populations we serve.

In addition, Seton leaders, physicians and associates are active participants in strategic discussions about the most pressing social and economic issues affecting the communities we serve (e.g., transportation, education, affordable housing). Many of Seton’s associates are members of policy committees, task forces and nonprofits boards.



---

**Seton Healthcare Family’s mission statement:**

**Our mission inspires us to care for and 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. Seton continues the Catholic tradition of service established by our founders: Vincent de Paul, Louise de Marillac and Elizabeth Ann Seton.**

---

#### **4.5. System of Care**

Community members in Bell County stated that the region has expansive health care resources, but that care coordination has been a challenge. Community members also highlighted the growing Spanish-speaking population (including undocumented individuals) and the need for more bilingual resources.

---

***“The system is built to be reactive...we don’t see people with no or limited access [to health care] until they are very sick.”***  
***-Bell County focus group report***

---

## **Seton's Commitment to Improving the Health Care System**

As a leading provider of health care in Central Texas, Seton also recognizes the need to improve the system of care. Seton is a part of Ascension, the largest nonprofit health system in the United States and the largest Catholic health system in the world. Ascension has adopted four strategic goals, known internally as the "quadruple aim":

- Improved patient outcomes
- Enhanced patient experience
- Enhanced provider experience
- Lower overall cost of care

Ascension's quadruple aim is based on the "triple aim" developed by the Institute for Healthcare Improvement (IHI) for "optimizing health system performance." The IHI is a nonprofit organization established in 1991 with the mission of improving patient care. The IHI Triple Aim includes the following three goals:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations; and
- Reducing the per capita cost of health care.

## **5. Conclusion**

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 joint CHNA was a collaborative effort. Seton wishes to acknowledge and thank the many organizations, individuals and experts who participated in the 2016 CHNA process. We appreciate your partnership and look forward to working together to improve the health of the communities we share.

## 6. Appendix

### 6.1. Summary of Community Health Resources in Bell County





















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 nonprofit 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. *The list is not intended to be exhaustive.*

<b>Acute Care</b>	<b>Primary &amp; Specialty Care</b>	<b>Mental Health</b>	<b>Other</b>
Seton Medical Center Harker Heights	Lone Star Circle of Care (clinics)	Central County Services	Women, Infant and Children Program (WIC)
Baylor Scott & White hospitals	Temple Community Clinic	Mental Health and Mental Retardation	Public Housing Authority
Veterans Administration	Greater Killeen Free Clinic	STARRY Counseling	County Indigent Health Care Program
		Central Texas Youth Service	Catholic Charities

## 6.2. Robert Wood Johnson County Rankings

The Robert Wood Johnson *County Health Rankings* measure the health of nearly all U.S. counties and rank them within states. The rankings are compiled using county-level measures from many different national and state data sources. These measures are standardized and combined using scientifically-informed weights.

For more information, visit: [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

Comparison of Bell County Stats to Texas and U.S. (Tables)				
	Top 5% of U.S. counties			
	Top 25% of U.S. counties			
	Average			
	Bottom 25% of U.S. counties			
	Bottom 5% of U.S. counties			
 <i>Table 1</i>				
		Texas	U.S.	Bell
High school graduation rate		89.1%	82.2%	 89.2%
Some college		58.6%	63.0%	 63.8%
Unemployment		5.5%	6.6%	 5.7%
Children in poverty		25.3%	21.6%	 22.0%
Children in single parent households		33.2%	33.0%	 34.6%
 <i>Table 2</i>				
		Texas	U.S.	Bell
Uninsured rates		25.2%	17.0%	 19.0%
Rate of primary care physicians		58.5	74.5	 82.7
Preventable hospital stays		62.9	59.3	 53.0
Diabetic monitoring (HbA1c)		83.3%	85.0%	 85.1%
Mammography screening		58.9%	63.0%	 63.8%
 <i>Table 3</i>				
		Texas	U.S.	Bell
Premature death		6,650	6,622	 7,518
Poor or fair health		17.8%	16.0%	 18.9%
Poor physical health days		3.7	3.7	 4.3
Poor mental health days		3.3	3.4	 3.8
Low birthweight		8.4%	8.0%	 8.8%

### 6.3. Sources for Community Input

#### Organizations Contacted for Online Survey

- Lone Star Circle of Care
- Bell County Indigent Care
- Seton Healthcare Family – Harker Heights Hospital
- Temple Community Clinic
- Baylor Scott & White Healthcare
- Greater Killeen Free Clinic
- Central Counties Services (Early Childhood Intervention)

#### Baylor Scott & White Participant Organizations

##### Organizations and Populations Represented

The following table identifies the participating organizations and the required categories for solicited input they may represent

Organization	Public Health	Medically Underserved	Low Income	Chronic Disease Needs	Minorities
Area Agency on Aging				X	
Central Counties Services		X			
Temple Community Clinic		X	X	X	X
Greater Killeen Free Clinic		X	X		
Texas Department of State Health Services	X			X	
Central Texas 4C, Head Start		X	X		
Body of Christ Community Clinic		X	X		
Temple City Council, District 2					
Temple Independent School District					X
Central County Services, MHMR		X	X		
Central Texas United Way		X	X	X	
Helping Hands Ministry			X		
Bell County Indigent Health Services	X	X	X		

Source: Truven Health Analytics, Baylor Scott & White Community Health Needs Assessment, Central Texas Division, Zone 5, September 22, 2015.

## 6.4 Previous CHNA Efforts & Progress

### 2013 CHNA Prioritized Needs

The first CHNA for the Bell County was conducted in 2013. The CHNA identified the following prioritized needs for FY 2014-2016:

1. Access to Care
2. Behavioral Health
3. Chronic Disease
4. Accidents
5. Obesity

Seton Medical Center Harker Heights (SMCHH) has worked to address these needs in Bell County. This appendix includes a summary of the impact SMCHH has made on these community needs from July 1, 2013 to June 30, 2016.

### Additional Methodology- Comments on the 2013 CHNA

Seton Medical Center Harker Heights (SMCHH) made the previous CHNA report available online at [http://setonharkerheights.net/wp-content/uploads/2013/12/Final-Bell-County-CHNA-Written-Report-06\\_24\\_13.pdf](http://setonharkerheights.net/wp-content/uploads/2013/12/Final-Bell-County-CHNA-Written-Report-06_24_13.pdf). The public were invited to submit comments via email to [kabney@seton.org](mailto:kabney@seton.org). No comments were received on this CHNA.

### Progress & Impact on Community Health Needs

Need	Strategy	Progress & Impact
Access to Care	<ol style="list-style-type: none"><li>1. Increased Providers through SMCHH Physician Group</li><li>2. Collaboration with Greater Killeen Free Clinic</li></ol>	<p>SMCHH is increasing access to care in Bell County by expanding the SMCHH Physician Group, which added 12 new physicians and 7 new nurse practitioners from 7/1/2013 to 6/30/2016.</p> <p>SMCHH partnered with Greater Killeen Free Clinic, which provided acute care services, chronic disease management, and women's health screening for low-income, uninsured residents. The clinic had 2,311 patient encounters in 2014 and 2015.</p>
Behavioral Health	<ol style="list-style-type: none"><li>1. Collaboration with Central Counties MHMR</li></ol>	<p>SMCHH referred approximately 350 SMCHH patients to Central Counties MHMR for behavioral health services in 2014 and 2015.</p>

<p>Chronic Disease and Disease Management</p>	<p>1. Diabetes Lunch Bunch Academy</p> <p>2. Additional Internal Medicine Physicians</p>	<p>For the past three years, Diabetes Lunch Bunch has provided a diabetes educational series with support from a diabetes educator and hospital clinical dietitian. From 7/1/2013 to 6/30/2016, a group of approximately ten patients per month received healthy snacks and physician guidance on diabetes management.</p> <p>SMCHH increased access to internal medicine providers by adding two new physicians in FY 14-16.</p>
<p>Accidents</p>	<p>1. CPR and First Aid classes</p>	<p>SMCHH trained approximately 220 individuals in CPR and First Aid in FY 14-16.</p>
<p>Obesity</p>	<p>1. Community Fitness and Rehabilitation Facility in collaboration with the Armed Services YMCA</p> <p>2. Healthy eating education with Clinical Dietician/Nutritionist</p>	<p>The new AYMCA facility opened in May 2016 thanks to strong community collaboration. In FY 16 SMCHH prepared a therapy area inside the AYMCA facility, which will open for patients in August 2016.</p> <p>In FY 14-16, SMCHH's dietitian education approximately 10 outpatients per month in developing healthier eating habits.</p>