

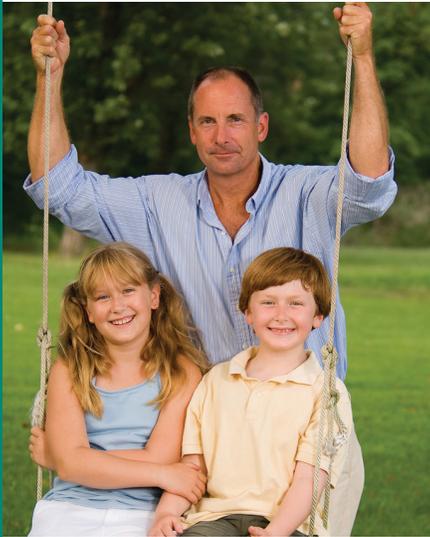


SCOTT & WHITE
Healthcare

Scott & White Memorial Hospital

Community Health Needs Assessment

Bell County, TX
2013



Prepared by Tara Stafford, Director of Community Benefit, Scott & White Healthcare

Approved by: Scott & White Memorial Hospital Board of Directors on August 8, 2013

Introduction

Scott & White Memorial Hospital, McLane Children's Hospital Scott & White, and the Scott & White Continuing Care Hospital, called by Scott & White Healthcare System's mission to provide the most personalized, comprehensive, and highest quality health care enhanced by medical education and research, engaged in a Community Health Needs Assessment in 2012-2013. The intent was to identify the most prevalent health needs in the community and to assess the health status of the population we serve, with special emphasis on those who are most vulnerable.

Scott & White Memorial Hospital (SWMH) is a 636 acute and specialty care hospital. Part of its academic mission as a teaching hospital, is to serve as the principal education and research campus for the Texas A&M Health Science Center College of Medicine. SWMH has a Level 1 Trauma Center and also encompasses the Scott & White Clinic, Center for Diagnostic Medicine, Scott & White Pavilion (outpatient surgery center, Eye Institute and Pain Clinic), Pediatric Ambulatory Clinic, Mental Health Clinic, Medical Research Building, Medical Education Building, the skilled nursing facility at Santa Fe Hospital and supporting labs and facilities.

McLane Children's Hospital Scott & White (MCH) has 112 inpatient beds including 64 private medical and surgical rooms, 16 private pediatric ICU rooms, and 48 neonatal ICU beds. It is a Level II Trauma Center, state-of-the-art facility, with equipment and accommodations designed especially for children. McLane Children's has highly skilled practitioners in 40 pediatric specialties and is the first stand-alone pediatric hospital in Texas between Dallas and Austin.

Scott & White Continuing Care Hospital (CCH) is a 50-bed, long-term acute care hospital. It is not a chronic care nursing home or skilled nursing facility but patients that stay at CCH are typically critically ill and have complex conditions. The average length of stay is 25 days and many depend on technology such as ventilators, special monitors or dialysis machines. This hospital was built in response to a need for patients in Central Texas to be closer to their family and friends while receiving long term acute care. The goals are to move patients to the next level of care and avoid readmissions to a general acute care hospital.

Scott & White Healthcare has a long-standing history of working in partnership with a number of other government and not-for-profit Bell County organizations. This project will serve as a platform to aid the continuation of those partnerships by giving representatives of local health and human service providers a better understanding of the critical health issues in Bell County.

This assessment and corresponding hospital specific implementation strategies are intended to meet the IRS community benefit reporting guidelines for 501(c)(3) tax-exempt hospitals as required by Internal Revenue Code 501(r)(3) and described in Notice 2011-52.

The priorities identified have been presented and approved by the governing boards of directors of Scott & White Memorial Hospital, McLane Children’s Hospital Scott & White and Scott & White Continuing Care Hospital. The assessment is available to the public at no cost on each hospital’s website. It can be easily accessed for viewing or for downloading at <http://CHNA.sw.org>. The assessment will also be provided in hard copy at each hospital location or upon request by calling 254-724-6847.

Being the most comprehensive healthcare provider in Central Texas is an honor and means that it is our responsibility to continually provide the highest quality of care for those we serve. The results of this needs assessment will serve as a guide in our community benefit strategic plans for the next 3 years to make a noticeable impact on the health of Bell County residents and especially for populations of the greatest need. The Implementation Strategies for each hospital are available in separate reports on the same website and explain the goals, strategies, and objectives that will address the significant needs identified.

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Scott & White Healthcare

Our Mission

To provide the most personalized, comprehensive, and highest-quality health care, enhanced by medical education and research.

Our Vision

Scott & White will be the most Trusted and most Valued name in American Health Care.

For more than a century, Scott & White Healthcare has assembled the right resources to diagnose and treat thousands of patients, earning our reputation as a comprehensive and dependable healthcare resource. We take very seriously our commitment to clinical patient care and academic advancement through medical training and scientific inquiry. In a rapidly changing healthcare environment, we bring each patient best-in-class medicine in convenient settings to ensure the best possible healthcare outcome and experience.

Yet, it's not enough to care for one person at a time. People are the very heart of the many communities Scott & White serves. So we must do all we can to preserve community health.

Executive Summary

As the largest non-profit organization and one of the largest employers in Central Texas, Scott & White Healthcare takes a leadership role in ensuring the health and well-being of our community.

We understand that the health of individuals is strongly influenced by personal behaviors, family and friends, and the broader environment in which they live. To promote health of individuals, we must also promote the health of our community.

The goal of the Scott & White Healthcare Community Benefit Program is to improve access to healthcare and empower citizens to make healthy life choices. To help people live healthier lives, Scott & White maintains ongoing relationships with our community; assessing and addressing local needs to improve the community's health profile. The purpose of the 2013 health needs assessment is to prioritize the current major health problems in the community, and to develop and implement action plans to improve the health of everyone we serve.

While there are numerous pressing health needs in the community. This report will include only the significant needs that have been identified as priorities in Bell County. That is not to say that other issues are not relevant or pressing, only that the identified needs have been selected as areas to target over the next 3 years.

We began the process by analyzing more than 100 different indicators that compare the status of our community to other counties throughout the state of Texas and the United States. Those areas where Bell County fell in the lowest quartile or did not meet the Healthy People 2020 goals were identified and then explored further. Each of these issues was gauged by a set of criteria in a prioritization process. Once the prioritized needs were selected, the community was surveyed and key informants questioned to get input that validated those findings as well as provided direction for possible interventions.

The responses guided the development of the hospitals' implementation strategies to address these 6 identified priority health needs:

1. Obesity
2. Breast Cancer Death Rate
3. Sexually Transmitted Diseases
4. Hospitalization due to Pediatric Asthma
5. Smoking
6. Linguistic Isolation

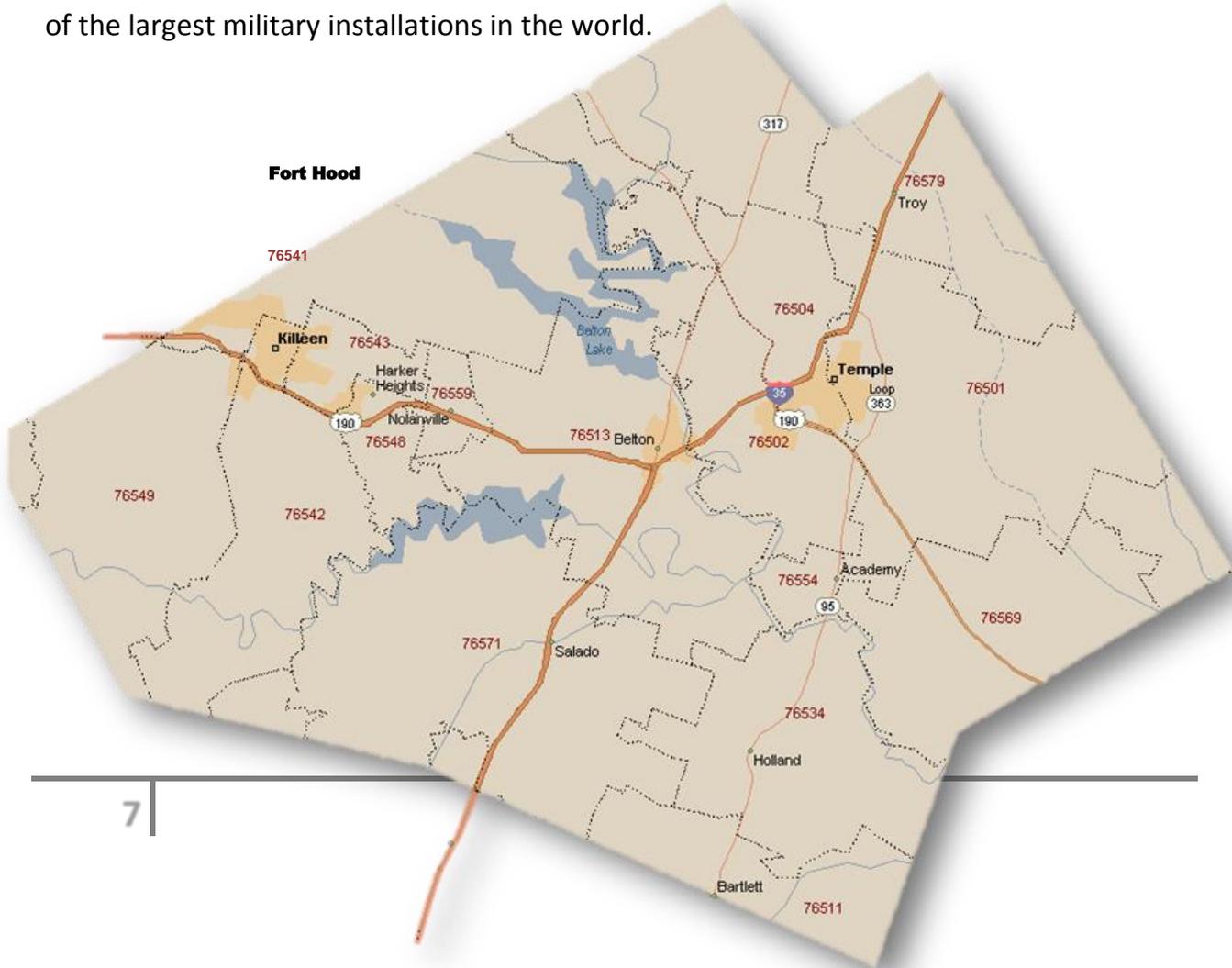
By leveraging our resources effectively, and by establishing a reliable process for evaluating our own as well as community programs that Scott & White supports, we expect to have a positive impact on the above identified needs. We strive, on a daily basis, to keep our promise to our patients and the community to provide high quality care and to serve as a mentor in their aspirations to live a healthy life. In addition, we ensure that we remain accountable to our external constituents in the stewardship of our resources and tax-exempt status. In the course of the next 3 years, we will implement new ways as well as enhance established practices to improve health information and services that are available to our community.

Part 1. Our Community

Scott & White Memorial Hospital, McLane Children’s Hospital - Scott & White and the Scott & White Continuing Care Hospital defined Bell County, Texas as the primary community served:

- 1) Based on examination of inpatient utilization data for fiscal year 2012
- 2) Of the 32,753 total discharges from the three hospitals, 61.6% live in Bell County.
- 3) Bell County is the single county from which each hospital serves the largest number of patients
- 4) All three hospitals are located in Bell County along with more than 30 other Scott & White facilities.

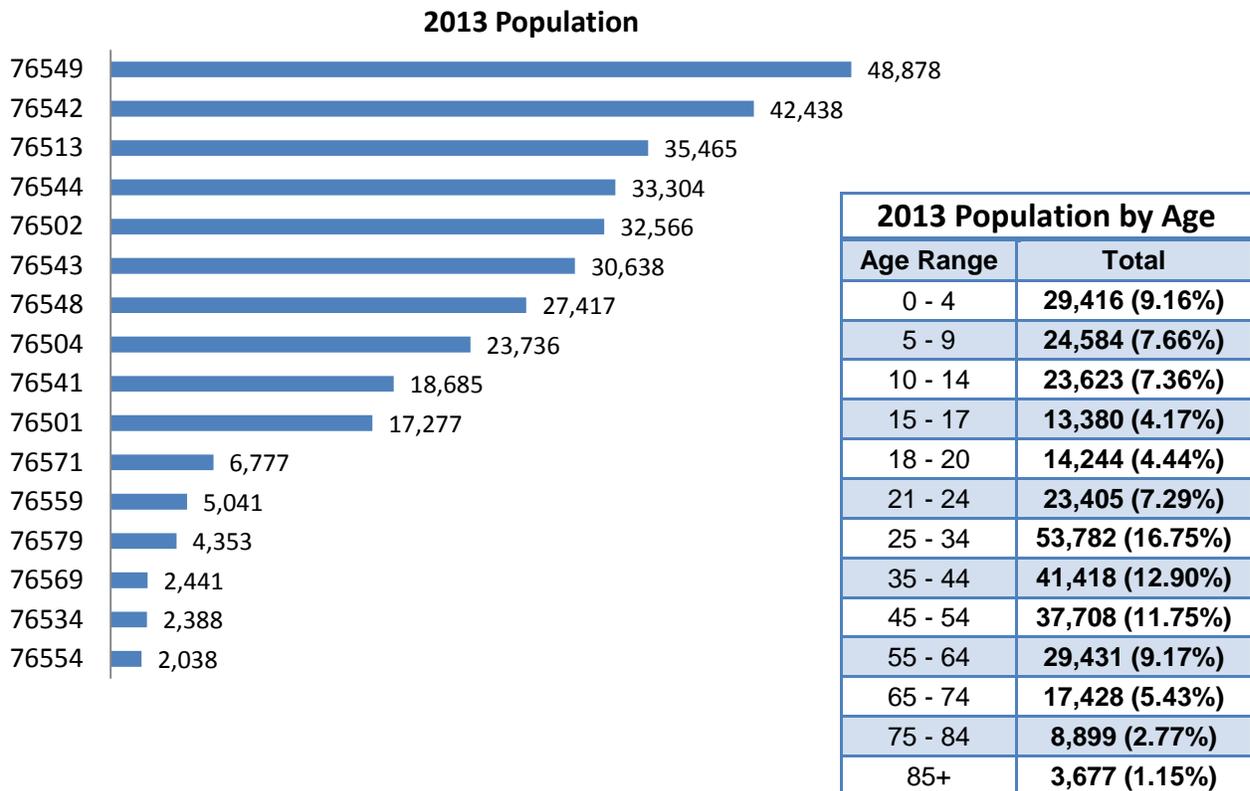
Bell County encompasses 16 zip codes in 11 cities which include Belton, Fort Hood, Harker Heights, Killeen, Moody, Morgan’s Point Resort, Nolanville, Rogers, Salado, Temple and Troy. Bell County is centrally located along the I-35 corridor, is serviced by two major railroads and is home to Fort Hood. With a capacity of 50,000 troops, it is one of the largest military installations in the world.



Population

The most recent census data shows that nearly 321,000¹ people live in Bell County which is nearly a 3.5 % growth over the last 3 years. The gender split is nearly even with 49.48% male and 50.52% female.

Bell County’s demographics are slightly altered as a result of the large military presence in Fort Hood. The base itself is fairly self-contained both as a community and in terms of healthcare services received. The base inflates the 25-34 age group which is the largest in Bell counting accounting for nearly 17% of the population.



¹ All subsequent Demographic data can be found on the Scott & White Healthcare HCI-CHNA System. Healthy Communities Institute. (2013) Claritas Inc., Retrieved on March 3, 2013. Retrieved from http://www.sw.org/community-benefit/community-health-needs-assessment?hcn=%2Findex.php%3Fmodule%3DDemographicData%26type%3Duser%26func%3Dddview%26varset%3D1%26ve%3Dtext%26pct%3D2%26levels%3D1%26hcembedredirect_%3D1

Percent (%) of Children Living in Zip Code by Age

City Name	Zip Code	0-4 years old	5-9 years old	10-14 years old	15 - 17 years old	Total % of Population under 18
Killeen	76544	*15.21	10.81	7.58	3.11	36.71
Killeen	76549	*11.33	8.65	7.87	4.49	32.34
Nolanville	76559	9.76	9.03	7.95	4.44	31.18
Killeen	76542	9.18	8.34	8.17	4.81	30.50
Harker Heights	76548	7.97	7.92	8.59	5.32	29.80
Killeen	76543	*10.19	7.83	6.7	3.59	28.31
Temple	76501	8.16	7.36	7.89	4.49	27.90
Rogers	76569	6.72	6.68	8.28	5.78	27.46
Little River Academy	76554	7.65	7.21	8	4.32	27.18
Holland	76534	6.32	6.83	8.5	5.15	26.80
Troy	76579	6.59	6.64	7.76	5.24	26.23
Belton	76513	7.17	7	7.41	4.46	26.04
Killeen	76541	9.91	7.13	6.15	2.84	26.03
Temple	76502	7.91	7.04	6.76	3.86	25.57
Temple	76504	8.33	7.06	6.58	3.47	25.44
Salado	76571	5.03	5.34	6.51	4.5	21.38

**more than 10% of the population in these zip codes is under 5 years old*

Source: Healthy Communities Institute. (2013) Claritas Inc., (2013 Population by Age) Retrieved on March 5 , 2013. Retrieved from http://www.sw.org/community-benefit/community-health-needs-assessment?hcn=%2Findex.php%3Fmodule%3DDemographicData%26type%3Duser%26func%3Dddview%26varset%3D1%26ve%3Dtext%26pct%3D2%26levels%3D1%26hcembedredirect_%3D1

The zip codes in Bell County with the highest percentage (27%+) of children (age 0-17) are:

- Killeen: 76544*, 76549*, 76543*, and 76542
- Rogers: 76569
- Nolanville: 76559
- Harker Heights: 76548
- Holland: 76534
- Little River Academy: 76554

Ethnicity

More than 60% of the residents living in the county are White. 21.63% are Black/African American, and just fewer than 23% of the population in Bell County claim to have Hispanic/Latino ethnicity. The zip codes with the highest Hispanic population (more than 28%) are 76501, 76504 in Temple, and 76541 in Killeen. More than 12% of the county’s population speaks Spanish at home including nearly 20% of the households in the 76504 and 76541 zip codes.

Income & Education

The median household income in the county is \$49,736 and the average household income is \$61,315. Nearly one-third of the population has at least an Associate Degree.

Poverty Status

The census reported that 9,341 families in Bell County live in poverty and of those, approximately 89% have children living with them.

2013 Families Living Below Poverty

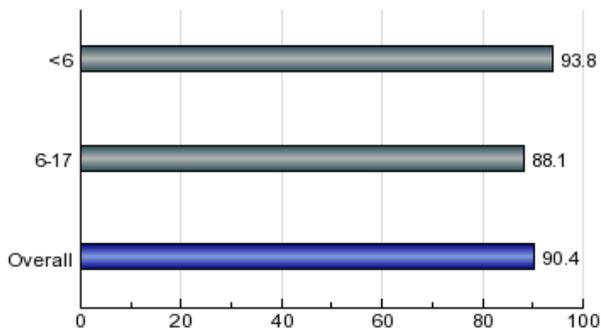
<u>Location</u>	<u>2013 Families Below Poverty</u>	<u>Families Below Poverty with Children</u>
76501	448	336
76502	495	432
76504	740	623
76513	882	786
76534	67	45
76541	867	723
76542	931	817
76543	1,068	961
76544	1,304	1,275
76548	687	654
76549	1,945	1,873
76554	47	31
76559	172	162
76569	63	46
76571	73	55
76579	63	54
Bell Total	9,341	8,337

Health Insurance

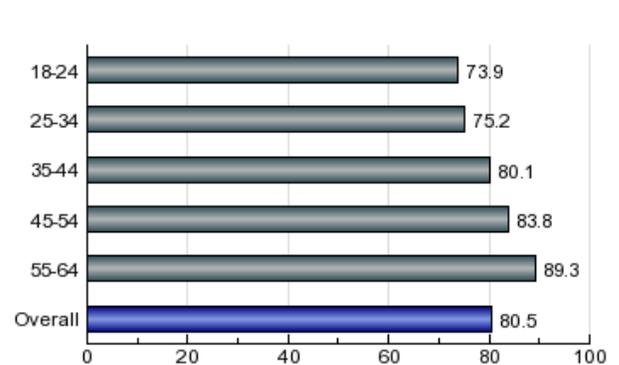
77.4 % of Adults and **90.4% of Children** in Bell County have some form of health insurance coverage. Medical costs in the United States are extremely high, and many people without health insurance likely cannot afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they are less likely to seek treatment until the condition is more advanced and therefore more difficult and costly to treat.

The Healthy People 2020 national health target is to increase the proportion of people with health insurance to 100%.

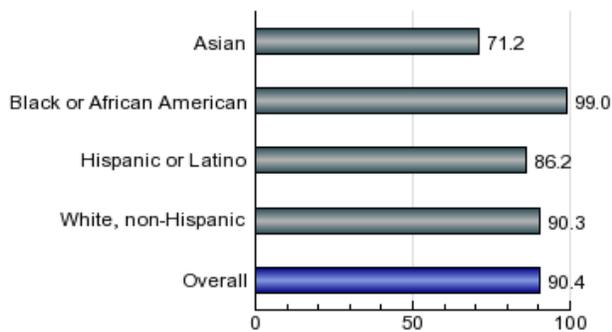
% of Children with Health Insurance by Age



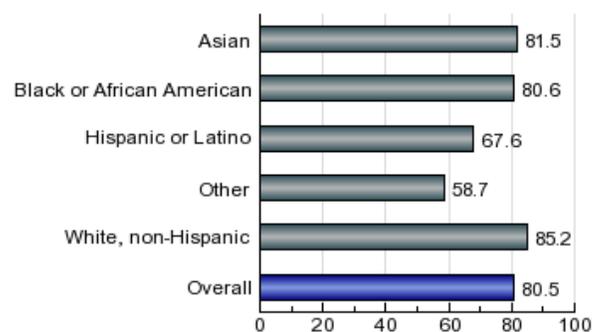
% of Adults with Health Insurance by Age



% of Children with Health Insurance by Race/Ethnicity



% of Adults with Health Insurance by Race/Ethnicity



Part II: Process & Methodology

The goal of this assessment is to find the most pressing health needs and to develop an implementation plan that would have a meaningful impact on those needs in the community. Our planned approach was designed to make an efficient use of time and resources. We used existing data to identify general areas of need then used targeted primary data collection to inform the implementation plan and further identify gaps in present services.

As a first step towards understanding the health needs of our community, Scott & White established a Community Health Needs Assessment (CHNA) Task Force to manage the process of assessing and reporting needs, set the framework for accountability both internally and externally to the local hospitals, and prioritize needs. The group was led by the Community Benefit Director and was made up of representatives from Community Benefit, Strategy, Quality & Patient Engagement, and Tax Departments and an Executive Sponsor, the Healthcare System’s President and Chief Executive Officer. The task force met numerous times over the course of the process to help guide the study and oversee the components of the CHNA for Bell County via the following activities:

- 1) Organization of data collection process
- 2) Review of all county data compiled by Healthy Communities Institute
- 3) Identification of indicators where, comparatively, the county was much lower than average
- 4) Comparison of indicators at county level to Healthy People 2020 markers
- 5) **Prioritization of health needs based on the following criteria:**

- a. **Severity or prevalence of the issue**
- b. **Notable health disparities in specific populations**
- c. **Feasibility of possible interventions to affect change**
- d. **Community population readiness to change**
- e. **Ability to evaluate outcomes**
- f. **Resources available to impact the need**

- 6) Collection of input from key community stakeholders
- 7) Community survey of potential impact of services in an implementation strategy

STEP 1: DATA COLLECTION

Early in the process, Scott & White contracted with Healthy Communities Institute (HCI) in Berkeley, California to collect and analyze more than 100 different indicators that compare the status of our community in relation to other counties throughout the state of Texas and the United States. The list was comprised of health, economy, education, environment, and social indicators to provide a complete profile of the community's current status.

The CHNA project began in the fall of 2012 with the assessment of this secondary data that is compiled into an easy to access format that is available to the public at no charge. A dashboard of all community health indicators can be found at <http://CHNA.sw.org>.

HCI manages the collection of the demographic and secondary data on health, health determinants, and quality of life topics. Data is typically presented in comparison to the distribution of counties, state average, national average, or Healthy People 2020 targets. Data is primarily derived from state and national public health sources.

Sources include: National Cancer Institute, Behavioral Risk Factor Surveillance System (BRFSS), Texas Department of State Health Services, American Community Survey, County Health Rankings, Fatality Analysis Reporting System, National Survey on Drug Use and Health, and U.S. Department of Agriculture (USDA). In addition, economic, educational, environmental and social data that affect overall health status was collected from U.S. Department of Housing and Urban Development, U.S. Bureau of Labor Statistics, Texas Education Agency, and The National Center for Education Statistics, County Business Patterns, Texas Secretary of State, Texas Department of Family and Protective Services, and the Environmental Protection Agency.

Health Indicators

The framework for indicator selection within the **Health** category is based on the Department of Health and Human Services (DHHS) Healthy People initiative.² Healthy People 2020 targets are science-based, 10 year national objectives established by the U.S. Department of Health and Human Services for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors

² U.S. Department of Health & Human Services. Retrieved on January 11, 2013. Retrieved from <http://healthypeople.gov/2020/about/default.aspx>

- Empower individuals toward making informed health decisions
- Measure the impact of prevention activities

The Health subcategories are based on the Healthy People framework, and multiple indicators across the health sub-topics that correspond with Healthy People targets were chosen (based on data availability, reliability and validity from the source).

Hospital Utilization indicators are based on the Agency for Healthcare Research and Quality (AHRQ)'s Prevention Quality Indicators (PQIs), which are a set of definitions for preventable causes of admission. These measures can be used with hospital inpatient discharge data to identify quality of care for “ambulatory care sensitive conditions.” These indicators are important for us to identify where prevention needs to be focused and can help lead to evidence-based community benefit planning. Ambulatory care sensitive conditions are also tracked by Healthy People.

Other Indicators

Indicators in the other categories were selected according to national consensus and feedback from a wide set of advisors, public health officials, health departments, and local stakeholders from various sectors in the community. For example, the **Education** indicators are based on the National Center for Health Research and Statistics and United Way of America, and the standards and goals they set forth to help track educational attainment in the United States. **Economic** indicators were selected in conjunction with economic development and chamber of commerce input. All of the selected indicators have gone through a vetting process where HCI's advisory board, as well as stakeholders in communities who have implemented HCI systems, provide feedback to refine the core indicators in order to best reflect local priorities.

The indicator selection process evolves over time with changing health priorities, new research models and national benchmarks. HCI continues to incorporate models and standards from nationally recognized institutions such as HHS's Healthy People, AHRQ's PQI's, EPA Air Quality standards, National Center for Education Research and Statistics' priorities, United Way, and United States Department of Agriculture's Food Atlas, among many others.

STEP 2: ANALYSIS

The task force members detected which of the indicators showed that Bell County fell in the lowest quartile, had a significant health disparity, or did not meet the Healthy People 2020 goals. Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”³ Once identified, each was explored further to assess what potential reasons for the issue could be and what measures of intervention might be made to affect change.

STEP 3: IDENTIFYING INFORMATION GAPS

This process generated a wealth of information about health in Bell County and was useful in identifying strategic issues related to a breadth of health issues and outcomes. However, there were gaps in what the Task Force identified as key health indicators for Bell County and in the information that was available to best determine methods of impact specific to age and ethnic disparities. There were also gaps in the information available at the sub-county level.

Age & Ethnicity

The following indicators were identified as important, but additional data were not available or accessible at the time of this CHNA.

- Communicable Disease (Sexually Transmitted Disease) infection rates by age
- Breast cancer death rate for Hispanic population. Data available only for African American and White
- Smoking occurrence by age and ethnicity

³ U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020. Section IV. Advisory Committee findings and recommendations. Retrieved on January 1, 2013. Retrieved from http://www.healthypeople.gov/hp2020/advisory/PhaseI/sec4.htm#_Toc211942917

There were also gaps in information that were available for analysis by race/ethnicity at the sub-county level. The Texas Departments of State Health Services is a major data source throughout this assessment and data was not available broken down to age and ethnicity for communicable disease. Both are critical indicators of disparities.

Geography

Geographically referenced data would have been informative as well. Understanding how health risks and common conditions vary by neighborhood can significantly impact where and how strategies are implemented to address health needs. Including geographic data elements – such as census tract or nearest intersection - into existing data collection systems would be extremely useful.

STEP 4: OTHER PARTNERS IN COLLABORATIVE EFFORT

Scott & White Healthcare was the convening body for this project. Individuals representing other organizations across the county contributed to obtaining community input and to the overall formation of the Bell County Community Health Needs Assessment:

- Scott & White Memorial Hospital
- McLane Children’s Hospital – Scott & White
- Scott & White Continuing Care Hospital
- Bell County Public Health District
- Bell County Health Services
- Bell County Human Services HELP Centers
- Greater Killeen Free Clinic
- Temple Community Free Clinic
- Helping Hands Ministry of Belton
- United Way of Central Texas
- Altrusa International Inc. of Temple

Part III: Community Input

Purpose

The Community Benefit Task Force identified methods, participants, questions, and procedures for gathering input from community members around issues of health in Bell County. It was critical that this report be developed with input from people representing the broad interest of the community and people with special knowledge or expertise in public health as well as those who understand the health needs of the medically underserved, low-income and minority population. Direct input from these sources in the form of community surveys and one-on-one interviews, strategically helped us to better understand how best to meet needs based on the community's readiness to change, ability to access, or willingness to access specific services and resources. This ensured that hospital resources would be put to the best use.

Survey Collection

Several specific locations and community populations were targeted based on the challenges they face acquiring healthcare and maintaining a healthy lifestyle due to lower income situations. For 3 weeks in February, Scott & White sought input from those that are medically underserved in an attempt to focus efforts reaching those who need it most. Clients at The Greater Killeen Free Clinic, located on the West side of the county, and the Temple Community Clinic, located on the East side, were surveyed. Clients seeking assistance at a local health and human service agency, the Bell County HELP Center, and a local food pantry, Helping Hands Ministry in Belton, also participated. To gain input from the broad community, surveys were completed at various health fairs, cultural activities and civic organization meetings across the county as well.

Primary data, collected through community survey, was then analyzed in conjunction with key informant interviews as part of the supporting data platform. Use of secondary data was also integral to affirming the health needs prioritization process.

Survey responses helped to validate the issues that data had already shown were areas of need as well as to provide direction for the best ways to implement change. A copy of the survey is included at the end of the assessment in **Appendix A**.

Survey Results Summary

Of the nearly 300 respondents that completed the community health survey for Bell County, 42% of people who completed the survey have health insurance, which means that 58% of participants do not. Of the participants, 23% are Hispanic, 29% are Black/African American, and 55% are White.

Access to Health Services

Access to health care services is an important determinant of health status and continues to be a central focus for health policy in Central Texas. There were 16 questions concerning access to health services covering topics from cancer screening to pregnancy to language barriers. The following provides a brief overview of the findings of the Bell County community survey.

ACCESS

- 85% of the survey participants say the wait time is too long to see their Primary Care Provider
- 96% of respondents agree that there is a need for more clinics for people who cannot pay for their health care
- 90% request more places to get low cost vaccines
- 36% of respondents who do not have health insurance do not have a regular place to go for health care
- 59% of insured participants do have a regular healthcare clinic

CANCER SERVICES

- 93 % of respondents claim they need more information on when and how they can get screened for cancer
- 87% of respondents believe the Central Texas area needs more affordable cancer screening services

PRENATAL CARE

- 89% of survey respondents said there is a need for physician services for pregnant women
- 84% say classes or information for women who are pregnant is needed

LINGUISTIC ISOLATION

- 84% of survey respondents say there is a need for more services for people who do not speak English

African-American survey participants had a higher positive percent response to every single one of the first 16 questions, with an average of 11.25 percentage points higher than the overall group. This can be interpreted as meaning that this population is either not aware of or cannot access services as well as some other populations and that outreach targeting this group is warranted.

Healthy Lifestyle

Participants were asked questions about their commitments to healthy activities, including their diet and exercise and what services, if available, would enable them to make healthier choices.

- 88% of respondents requested more services for people who want to quit smoking
- 93% of survey participants requested more services are needed for people who want to lose weight
- 66% of people who do not eat the recommended amount of fruits and vegetables each day say it is because they can't afford to buy them

The top 3 things that respondents said would help them be more active are:

1. Free access to gyms and fitness classes
2. Fixing sidewalks to make people feel safer walking on them
3. Make the trails we have now safer to use

Sexually Transmitted Disease

There were five questions concerning Sexually Transmitted Disease (STD) prevention. All five received positive responses above 70 percent that they would take advantage of the service if provided.

- 81% of respondents claim they would encourage others to go to a free class on sexual health if they thought they were at risk for STDs
- 76% said they would help someone get free condoms if they thought they would use them
- 74% of respondents said there is a need for more programs on preventing STDs

When asked if parents would be willing to get their teenage children vaccinated against the Human Papillomavirus (HPV), which can lead to cervical cancer, 60% said they would if it was affordable and 16% said they were not sure.

Health Literacy

The Task Force felt it was extremely important to assess the health literacy of our community members. Health care providers must know the ability patients and potential patients have to read, understand and use healthcare information to make decisions and follow instructions for treatment. Low health literacy impedes the success of treatment of patients, can increase the risk of medical error, and is also the primary factor behind health disparities. Knowing limitations can assist in the development of strategies to meet all of the needs identified.

Respondents were asked to rate their comfort level in reading hospital materials, learning about their medical condition and filling out medical forms. Respondents were, on average more than 83 % comfortable with all three. However, African American respondents averaged 78% confidence reading hospital materials and filling out medical forms, and 80% of Hispanics noted they have some difficulty learning about their medical condition and filling out medical forms.

Key Informant Interviews

Five key informants were selected and interviewed based on their special knowledge around local health issues or their service with medically underserved populations. Each key informant interview began with a description of the findings from the CHNA and an explanation of the needs that were identified as priorities in the community. During the interview, each was asked to comment on all of the needs to either verify or refute the issue as a major concern based on their experiences with serving community members. All 5 felt that the issues identified were indeed priority problems that needed to be addressed. Through their work in the community, they had first-hand knowledge of the impact these issues caused. Interviews were concluded by extending the discussion to learn what resources might currently be available in the community to address the identified needs. Following are the informants that participated in this portion of the community health needs assessment with justification of their selection based on credentials. A summary of the comments made during the interviews can be found in **Appendix B**.

February 11, 2013

Marlene DiLillo, Executive Director, Greater Killeen Free Clinic

Marlene DiLillo has served as the Killeen Free Clinic's Executive Director for 17 years. She is a spokeswoman for the underserved population with health needs. Marlene helped to found the Texas State Association of Charitable Clinics and has served at and mentored several charity clinics around Texas. She has a Master's degree in Human Resources, and holds certificates in non-profit management and volunteer management. DiLillo has also has served on many health related boards including the regional Susan G. Komen board.

February 13, 2013

Judy Morales, Executive Director, Bell County Help Centers Killeen and Temple.

Judy Morales currently serves as the District 2 representative on the City Council of Temple and was elected Mayor Pro-Tem in May 2013. She has a Master's degree in Education and has served as the Executive Director of the Bell County HELP Centers social service agency administrating, planning and implementing community based outreach services and programs since 1972. Judy also serves as the Vice Chair of LULAC Council #4971, and is a volunteer member of numerous community service organizations in the county including Work Force Solutions, the local NAACP Chapter, and Citizens for Progress, the Heart of Temple Angels Alliance and the EMBRACE (Embracing Mentoring Bridging Reaching Assimilating Caring and Educating) Task Force. She also serves on the Executive Boards of Catholic Charities, Family

Promise, Hill Country Community Action Association, Central Texas Homeless Alliance, and the Committee for Persons with Disabilities.

March 8, 2013

Dell Ingram-Walker, Administrator-Department of Pediatrics, McLane Children’s Hospital Scott & White.

Dell Ingram-Walker has served as the Administrator of Pediatrics for McLane Children’s Hospital and Clinics since 2012. For 5 years prior, she was the Director of Clinic Operations for the Children’s Hospital. Ingram-Walker holds a Bachelor of Science Degree in Health Care Management. Through her experience with pulmonary physicians and understanding of medical operations, she was able to provide justification of the need to address pediatric asthma hospitalization rates as well as an overview of the resources and procedures Scott & White has to implement change.

March 8, 2013

Rita Kelley, Department Head over Indigent Health Services in Bell County

Rita Kelley has worked with indigent health care since 1986 serving up to 5 different counties. She has been in her current role with the Bell County Indigent Health Services for nearly 8 years. Her position involves interaction, coordination and planning with other community organizations to address health and human service infrastructure and safety net services. She also monitors state and federal health and human service trends, policy and legislations to assure the county is best represented and served when changes are being considered. Rita was instrumental in the completion of the 2010 community needs assessment for Bell County and has been involved in a multitude of health service organizations including working for Central Texas Council on Alcohol and Drug Abuse, MHMR and the Bell County Human Services – Killeen HELP Center.

May 2, 2013

Bonnie Scurzi, BSN, RN, WHNP – BC; Bell County Public Health District, District Director

Bonnie Scurzi has been as a Registered Nurse and a Woman’s Health Nurse Practitioner with the Bell County Public Health District for more than 20 years. She also has a degree in Nursing Administration and served as the Nursing Director for the BCHD for over 12 years before becoming the District Director in the fall of 2012. She oversees the BCHD medical and nursing facilities that provide a variety of clinical, health counseling, and health educational services, focusing on treating and preventing disease and promoting healthy lifestyles.

Part IV: Needs Identified

After careful consideration of all data and prioritization criteria, the significant needs identified in Bell County by the Community Benefit Task Force are:

1. Obesity
2. Breast Cancer Death Rate
3. Sexually Transmitted Diseases
4. Hospitalization due to Pediatric Asthma
5. Smoking
6. Linguistic Isolation

Obesity

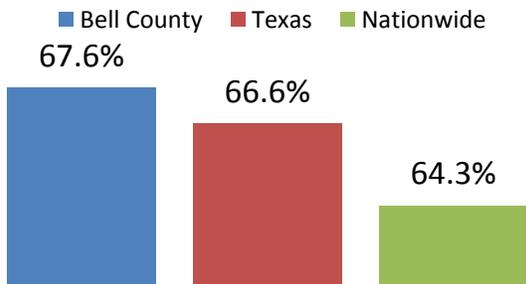
Adults

According to the Texas Behavioral Risk Factor Surveillance System, 67.6 percent of adults living in Public Health Region 7 are overweight or obese. Texas Public Health Region 7 is comprised of 31 counties including Bell County. The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases and health conditions, including heart disease, stroke, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings.

This measurement is based on the Body Mass Index (BMI) which is calculated by taking a person's weight and dividing it by their height squared in metric units. A BMI between 25 and 29.9 is considered overweight and a BMI greater than or equal to 30 is considered obese. Data show that there is a disparity among men between the ages of 45-64 who are either Black/African American or Hispanic.⁴

⁴ *Healthy Communities Institute. Community Dashboard. In Scott & White Healthcare HCI-CHNA System. Retrieved November 11, 2012. Retrieved from <http://chna.sw.org>*

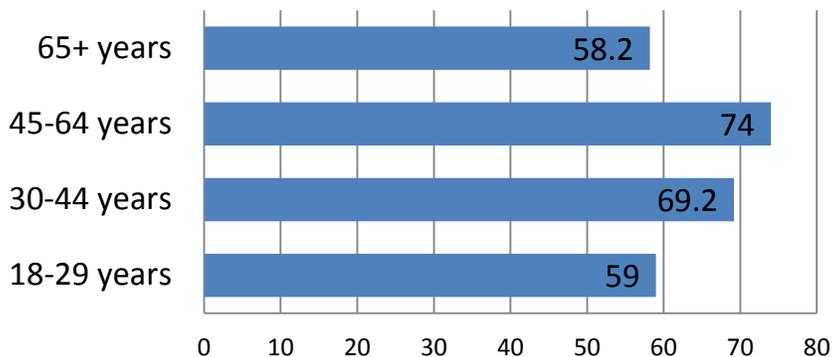
Adults Who Are Overweight & Obese



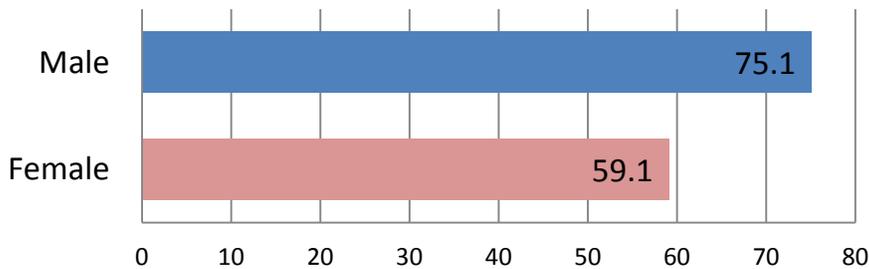
Source: Center for Health Statistics (CHS). *Texas Behavioral Risk Factor Surveillance System Survey Data*. Austin, Texas: Texas Department of State Health Services, [2010]. In Scott & White Healthcare HCI-CHNA System. Retrieved November 11, 2012. Retrieved from <http://CHNA.sw.org>

Source: Center for Health Statistics (CHS). *Texas Behavioral Risk Factor Surveillance System Survey Data*. Austin, Texas: Texas Department of State Health Services, [2010]. In Scott & White Healthcare HCI-CHNA System. Retrieved November 11, 2012. Retrieved from <http://CHNA.sw.org>

% of Adults who are Overweight or Obese by Age



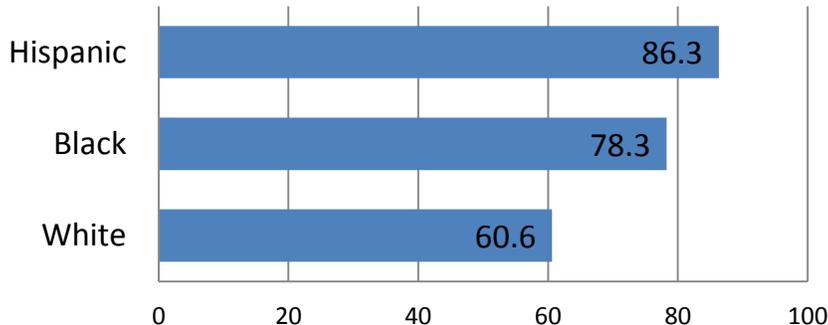
% of Adults Who Are Overweight or Obese by Gender



Source: Center for Health Statistics (CHS). *Texas Behavioral Risk Factor Surveillance System Survey Data*. Austin, Texas: Texas Department of State Health Services, [2010]. In Scott & White Healthcare HCI-CHNA System. Retrieved November 11, 2012. Retrieved from <http://CHNA.sw.org>

Source: Center for Health Statistics (CHS). *Texas Behavioral Risk Factor Surveillance System Survey Data*. Austin, Texas: Texas Department of State Health Services, [2010]. In Scott & White Healthcare HCI-CHNA System. Retrieved November 11, 2012. Retrieved from <http://CHNA.sw.org>

% of Adults Who Are Overweight or Obese by Race



Children

Data obtained from the U.S. Department of Agriculture revealed that 11.8 % of children in Bell County between the ages of 2 and 4 and living in households with an income less than 200% of the federal poverty level are obese. For children, obesity is defined as BMI-for age above 95th percentile.⁵

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem.

Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems.

Childhood obesity has more than doubled in children⁶ and tripled in adolescents⁷ in the past thirty years. Healthy lifestyle habits, including healthy eating and regular physical activity can lower the risk of becoming obese and developing related diseases.⁸

5 Healthy Communities Institute. Community Dashboard. In Scott & White Healthcare HCI-CHNA System. Retrieved September 21, 2012. Retrieved from <http://chna.sw.org>

6 Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010. *Journal of the American Medical Association* 2012;307(5):483-490.

7 National Center for Health Statistics. Health, United States, 2011: With Special Features on Socioeconomic Status and Health. Hyattsville, MD; U.S. Department of Health and Human Services; 2012.

8 Office of the Surgeon General. The Surgeon General's Vision for a Healthy and Fit Nation.[pdf 840K] Rockville, MD, U.S. Department of Health and Human Services; 2010. Retrieved from <http://www.surgeongeneral.gov/initiatives/walking/index.html>

Breast Cancer Deaths

The National Cancer Institute reports that the number of deaths due to breast cancer per year in Bell County is nearly 22.6 out of every 100,000 females.⁹ According to the American Cancer Society, breast cancer is the second leading cause of cancer death and the second most common type of cancer among women in the United States. The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.6 deaths per 100,000 females.

About 1 in 8 (12%) of women in the United States will develop invasive breast cancer during their lifetime. The American Cancer Society estimates that in the United States about 232,340 new cases of invasive breast cancer will be diagnosed in women, 64,640 new cases of carcinoma in situ (CIS) will be diagnosed (CIS is non-invasive and is the earliest form of breast cancer), and about 39,620 women will die from breast cancer by the end of 2013.

Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). The greatest risk factor in developing breast cancer is age. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.¹⁰

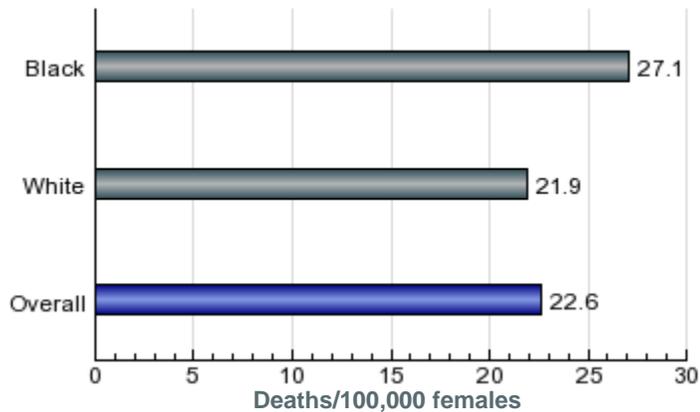
⁹ National Cancer Institute <http://statecancerprofiles.cancer.gov/incidencerates/>

¹⁰ *Healthy Communities Institute. Community Dashboard. In Scott & White Healthcare HCI-CHNA System. Retrieved September 21, 2012. Retrieved from <http://chna.sw.org>*

Health Disparities:

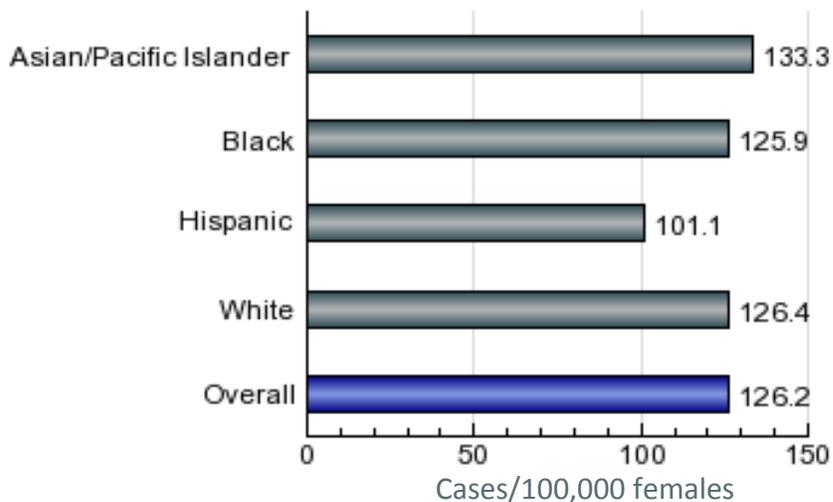
Age-Adjusted Death Rate due to Breast Cancer by Race/Ethnicity

(Available data did not include a death rate for Hispanic or Asian/Pacific Islander women.)



Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER Stat](#). Death rates are age-adjusted to the [2000 US Standard Population](#). (19 age groups: <1, 1-4, 5-9,...80-84, 85+). [2005-2009]

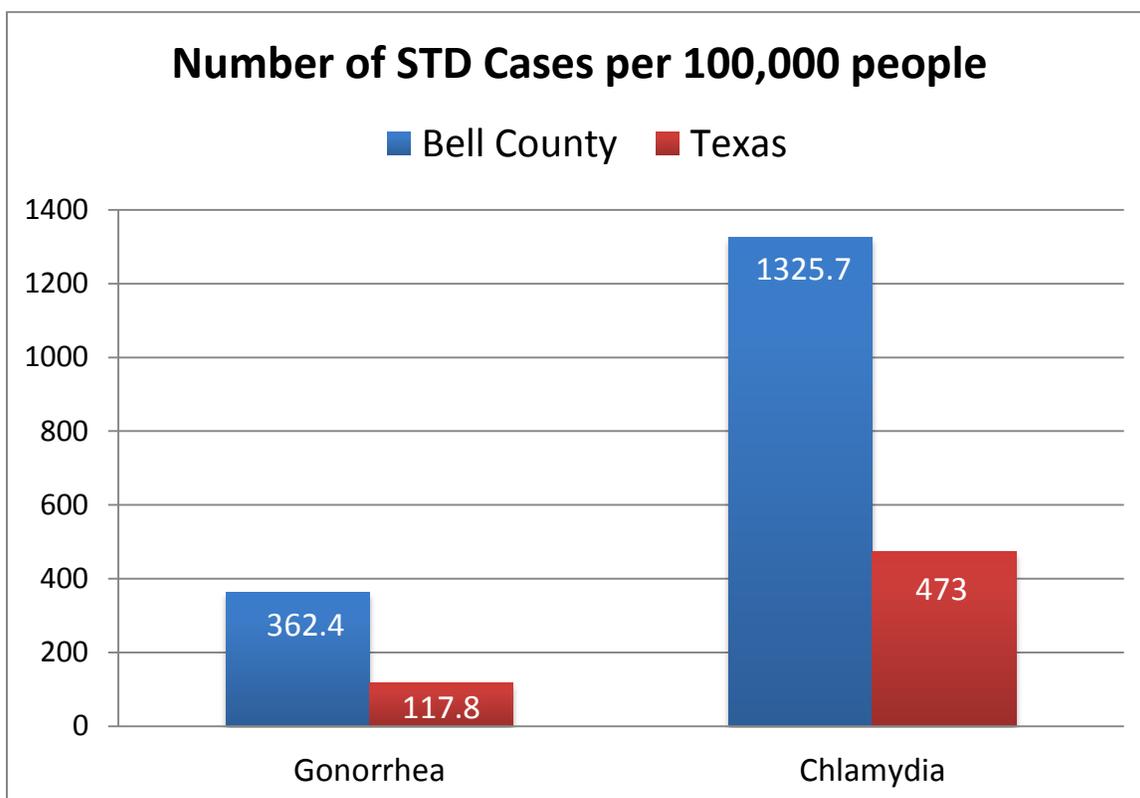
Breast Cancer Incidence by Race/Ethnicity



Source: National Cancer Institute (2006-2010). In Scott & White Healthcare HCI-CHNA System. Retrieved on November 12, 2012. Retrieved at <http://CHNA.sw.org>

Sexually Transmitted Diseases

Bell County is consistently among the highest **Chlamydia** and **Gonorrhea** rates in the state of Texas. Additionally, each of these disease rates is approximately three times the average rate of occurrences in Texas.



According to the Center for Disease Control, the reported number of cases is often significantly lower than the actual number of cases as many infected people are often unaware of or do not seek treatment for their infections. Bell County Public Health District reports over 586 clients were seen in STD clinics in 2011 and 618 in 2010.¹¹ In many clinical settings, routine testing is not practiced. Undetected and untreated sexually transmitted infections can result in serious and permanent health problems for both men and women such as poor pregnancy outcomes, ectopic pregnancy, neonatal infections, and sterility. In women, gonorrhea is a common cause of pelvic inflammatory disease.

¹¹ Scurzi, Bonnie. Bell County Public Health District, Interim District Director. Personal interview. May 5, 2013.

Health Disparities ^{12 13}	
The high majority of Chlamydia cases in Bell County are in people between the ages of	15-29
The high majority of Gonorrhea cases in Bell County are in people between the ages of	15-24
The highest reported rates of infection in the United States are among	Sexually active teenagers Young Adults African Americans

Cervical Cancer

According to data from the National Cancer Institute, the incidence rate of cervical cancer in women living in Bell County is 11.5 out of every 100,000 people. ¹⁴ This average places Bell County in the bottom 25% of all U.S. Counties.

- Human papillomavirus (HPV), which is transmitted through sexual contact, has been identified as the main cause of cervical cancer.
- In 2006, the FDA approved a new vaccine against HPV which prevents cervical cancer.
- In the United States in 2009, it is estimated that there were 11,270 new cases and 4,070 deaths from cervical cancer. ¹⁵

If detected, early cervical cancer can be cured by removing or destroying the pre-cancerous or cancerous tissue.

¹² Centers for Disease Control and Prevention. 2013. Texas 2011 STD Surveillance Report. Retrieved on January 23, 2013. Retrieved from <http://www.cdc.gov/std/chlamydia/default.htm>.

¹³ Healthy Communities Institute. Community Dashboard. In Scott & White Healthcare HCI-CHNA System. Retrieved August 6, 2013. Retrieved from <http://chna.sw.org>

¹⁴ National Cancer Institute (2009). Healthy Communities Institute. Community Dashboard. In Scott & White Healthcare HCI-CHNA System. Retrieved November 14, 2012. Retrieved from <http://chna.sw.org>

¹⁵ Healthy Communities Institute. Community Dashboard. In Scott & White Healthcare HCI-CHNA System. Retrieved September 12, 2012. Retrieved from <http://chna.sw.org>

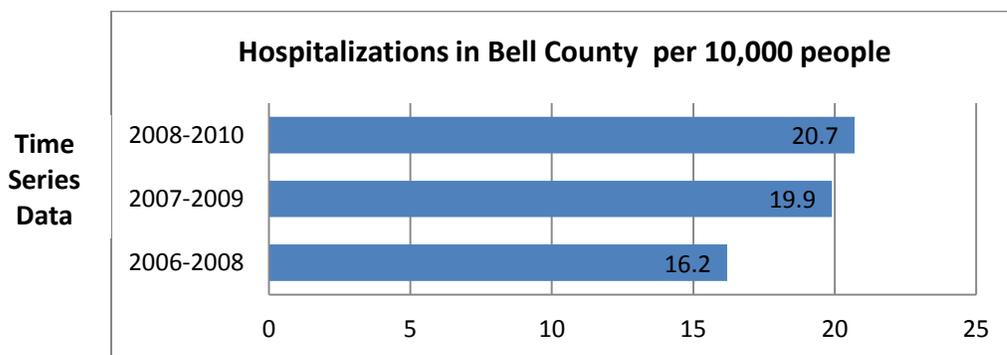
Hospitalization Rate due to Pediatric Asthma

Data from the Texas Department of State Health Services report that 20.7 hospitalizations occur annually per 10,000 children under the age of 18 in Bell County.

Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. In the past thirty years, asthma has become one of the most common long-term diseases of children, but it also affects 15.7 million non-institutionalized adults nationwide.

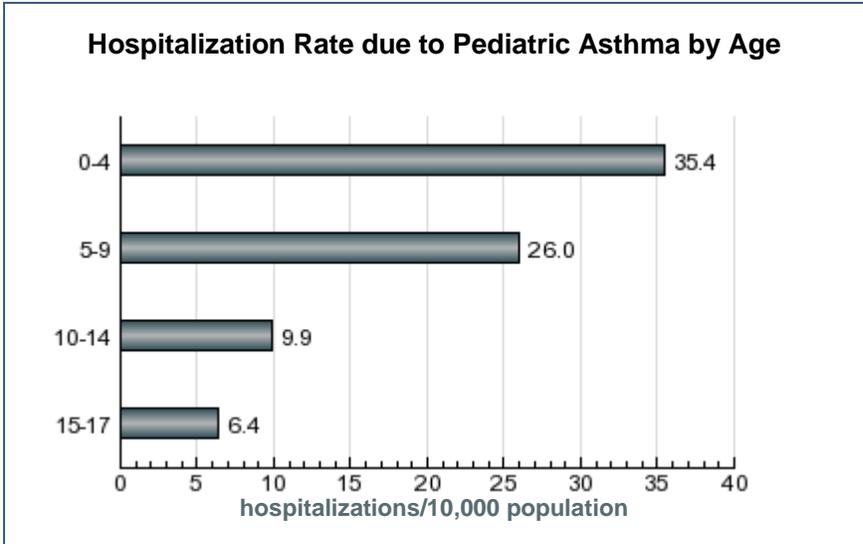
Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death.¹⁶

The number of hospitalizations in Bell County has been steadily rising over the past 5-7 years and there are clear disparities that can be found in the population of children affected. Male boys of Black or African American ethnicity that are between the ages of 0 and 4 are hospitalized more frequently than any other population.

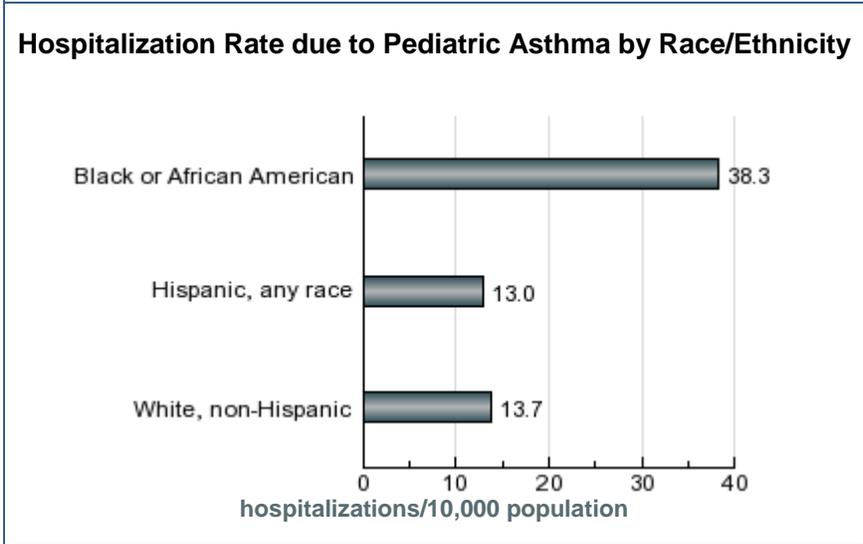
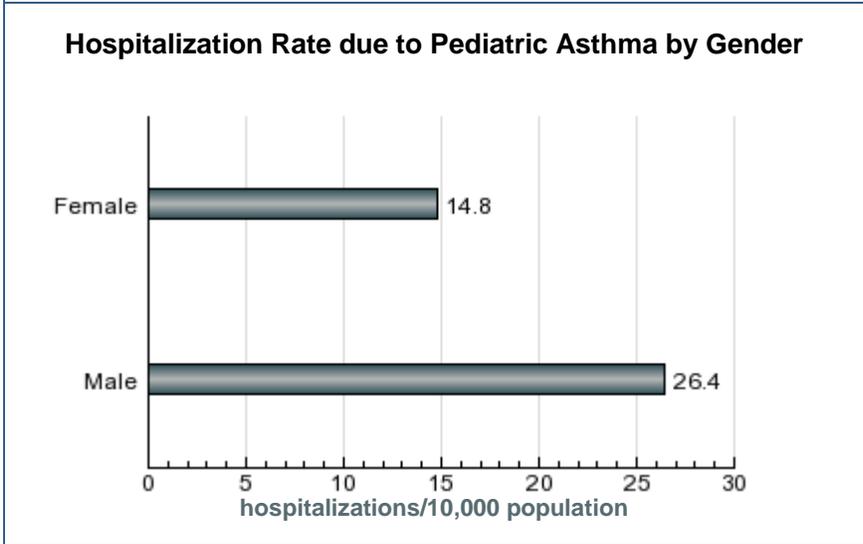


¹⁶ Healthy Communities Institute. *Community Dashboard*. In Scott & White Healthcare HCI-CHNA System. Retrieved September 12, 2013. Retrieved from <http://chna.sw.org>

Health Disparities:



Source: Department of State Health Services (2013) Texas Inpatient Public Use Data File (2012). In Scott & White Healthcare HCI – CHNA System. Retrieved October 18, 2012. Retrieved from <http://chna.sw.org>

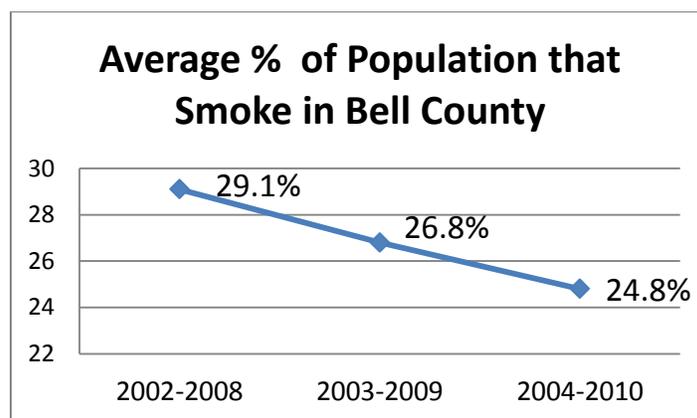


Smoking

The most recent available data show that an average rate of nearly 25% of the Bell County population has smoked more than 100 cigarettes or is currently smoking. Although the number is declining, that is a higher incidence of adults that smoke than the state average of 19%.

Smoking has been clearly linked to a number of diseases and is in fact the leading cause of preventable and premature death in the United States. Tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco.

Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma.¹⁷ Smoking is a preventable epidemic and one which, if prevented, would show positive returns in both healthcare dollars spent and in a healthier community. Bell County falls below the Healthy People 2020 national health target which is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%.



Source: Center for Health Statistics (CHS). *Texas Behavioral Risk Factor Surveillance System Survey Data*. Austin, Texas: Texas Department of State Health Services, [2004-2010]. Retrieved on March 5, 2013. Retrieved from http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm

¹⁷ Healthy Communities Institute. *Community Dashboard*. In Scott & White Healthcare HCI-CHNA System. Retrieved October 18, 2013. Retrieved from <http://chna.sw.org>

Linguistic Isolation

Linguistic Isolation describes the households in which no member 14 years old and over:

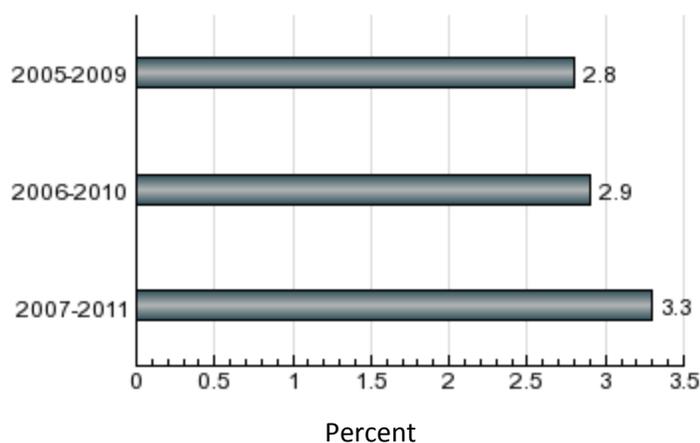
1. Speaks English or
2. Speaks a non-English language but also speaks English "very well."

In other words, all members 14 years old and over have at least some difficulty with English.¹⁸

The American Community Survey reports that 3.3 % of the population of Bell County is classified as linguistically isolated. The national average is 0.8%.¹⁹

Households that are linguistically isolated may have difficulty accessing services that are available to fluent English speakers. The language barrier may prevent such households from receiving transportation, medical, and social services, as well as limit employment and schooling opportunities. In cases of national or local emergency, linguistically isolated households may not receive important notifications. Achieving health equity, eliminating disparities, and improving the health of all groups is an overarching goal of Healthy People 2020²⁰.

Time Series Data



Source: United States Census Bureau. *American Community Survey*, U.S. Department of Commerce. [2007-2011] In Scott & White Healthcare HCI-CHNA System. Retrieved on November 12, 2012. Retrieved from <http://CHNA.sw.org>

¹⁸ U.S. Census Bureau. Census 2000

¹⁹ Healthy Communities Institute. Community Dashboard. In Scott & White Healthcare HCI-CHNA System. Retrieved March 21, 2012. Retrieved from <http://chna.sw.org>

²⁰ HealthyPeople.gov

Part V: Community Resources

Major Healthcare Providers in Bell County

Hospitals/Healthcare Systems

- Scott & White Healthcare
- Metroplex Health System
- Central Texas Veteran’s Health Care System
- Seton Medical Center Harker Heights
- Darnall Army Medical Center
- King’s Daughters Clinic

Community Clinics:

- Greater Killeen Free Clinic
- Family and Children’s Clinic at Clear Creek
- Temple Community Clinic
- Bell County Indigent Health Care Services
- Bell County Public Health District Medical & Nursing Clinics
- Body of Christ Community Clinic in Belton
- Family and Children’s Clinic at Harker Heights

This list includes entities and organizations, in addition to **Scott & White Hospitals and Clinics**, which are available to residents in Bell County and have the capacity to impact the priority needs. It is not meant to be exhaustive, but to highlight some of the key resources in the community.

Identified Community Need	Resources
Obesity	Scott & White Health Plan Metroplex Health Care Central Texas Veteran’s Health Care System Seton Medical Center Harker Heights Darnall Army Medical Center American Diabetes Association Temple Parks and Leisure Services Killeen Parks & Recreation Harker Heights Parks & Recreation Summitt Family Fitness Center (Local Gyms)

	<ul style="list-style-type: none"> Bell County Extension Office Central Texas Aging and Disability Resource Center Discover Natural Foods, Temple Central Texas Diabetes Coalition Area Agency on Aging of Central Texas
Breast Cancer	<ul style="list-style-type: none"> Scott & White Vasicek Cancer Center Metroplex Health Care Women’s Center Greater Killeen Free Clinic Temple Community Clinic American Cancer Society
Pediatric Asthma	<ul style="list-style-type: none"> McLane Children’s Hospital – Scott & White
Sexually Transmitted Diseases	<ul style="list-style-type: none"> Bell County Public Health District Central Texas Support Services Bell County Indigent Health Services Central Texas Aging and Disability Resource Center
Smoking	<ul style="list-style-type: none"> American Lung Association Central Texas Council on Alcohol and Drug Abuse American Cancer Society National Cancer Institute Website: SmokeFree.gov
Linguistic Isolation	<ul style="list-style-type: none"> Bell County Human Services HELP Center Bell County Public Health District St. Vincent de Paul Helping Hands Ministry of Belton CARE Network Our Lady of Guadalupe Catholic Church



SCOTT & WHITE
Healthcare

Bell County

Community Health Survey

Scott & White Healthcare is looking for ways to help people in Bell County be healthier. We know there are some health problems that affect people in Bell County more than other places in the U.S. Your answers to our questions will help us decide how to address these health problems to help make this community healthier.

Thank you for sharing your ideas and time.

***This survey is completely anonymous.**

1. How much do you think Bell County needs each service below to help people be healthier?

Affordable cancer screening	Not needed at all	Somewhat needed	Very needed	Not sure
Information on when and how to get screened for cancer	Not needed at all	Somewhat needed	Very needed	Not sure
Less wait time to see our usual doctors	Not needed at all	Somewhat needed	Very needed	Not sure
More clinics for people who cannot pay	Not needed at all	Somewhat needed	Very needed	Not sure
More places to get vaccines	Not needed at all	Somewhat needed	Very needed	Not sure
Low cost vaccines	Not needed at all	Somewhat needed	Very needed	Not sure
Classes or information for women who are pregnant	Not needed at all	Somewhat needed	Very needed	Not sure
Ways for pregnant women to get care from doctors	Not needed at all	Somewhat needed	Very needed	Not sure
Nurses to go to people's houses and help them learn to be healthy	Not needed at all	Somewhat needed	Very needed	Not sure
Doctors to treat mental health problems like depression	Not needed at all	Somewhat needed	Very needed	Not sure
Classes on how to prevent sexually transmitted infections	Not needed at all	Somewhat needed	Very needed	Not sure
Services for people who do not speak English	Not needed at all	Somewhat needed	Very needed	Not sure
Help for people who want to stop smoking	Not needed at all	Somewhat needed	Very needed	Not sure
Help for people who want to lose weight	Not needed at all	Somewhat needed	Very needed	Not sure
Classes for parents to prevent child abuse	Not needed at all	Somewhat needed	Very needed	Not sure
Trained workers to visit people with breathing problems and give advice on making homes safer for easy breathing	Not needed at all	Somewhat needed	Very needed	Not sure

2. What is one thing you want to see changed in Bell County to help people be healthier? _____

Problem 1: Early Prenatal Care

In the following list, *check all* the reasons that you know of why some women do not get prenatal care in Bell County. They could apply to you or someone you know.

- I don't know. (I have never been pregnant or known anyone seeking prenatal care in Bell County).
- She did not know she was pregnant
- She could not get an appointment at the desired time
- She did not know Medicaid or other insurance was available for prenatal care
- She did not have enough money or insurance to pay for doctor's visits
- She had problems on the phone when trying to make an appointment
- She did not have a way to get to the clinic or doctor's office
- She could not take time off from work to go to appointments
- Had problems getting the doctor or health plan to start care as early as I/she wanted
- She did not have a Medicaid insurance card
- She did not know where to go for prenatal care
- She did not have anyone to take care of her other children
- She was too busy with other things going on
- She did not want anyone to know about the pregnancy
- She did not feel prenatal care was important / Did not feel it was needed because of having other healthy births before
- She did not speak English and could not find health care from someone speaking in her native language

Problem 2: Eating Enough Fruits and Vegetables

Look at this chart to figure out if you usually eat the recommended amount of fruits and vegetables every day, then answer the questions below.

Type of Food	How much do most adults need?	Examples of 1 cup
Fruit	1 ½ to 2 cups a day	1 small apple 1 big banana 8 big strawberries 1 big orange
Vegetables	2 to 3 cups a day	1 cup cooked greens 12 baby carrots 1 big sweet potato

1. Which of these describes you best? (Circle)

- A. I have been eating enough fruits and vegetables for longer than 6 months
- B. I started eating enough fruits and vegetables in the past 6 months
- C. I don't eat enough fruits and vegetables now, but I plan to start in the next 6 months
- D. I don't eat enough fruits and vegetables, but I am thinking about starting sometime
- E. I don't eat enough fruits and vegetables. I don't have any plans to start

2. If you do not eat the recommended amount of fruits and vegetables each day, why?

- A. I can't afford to buy fruits and vegetables
- B. I don't like fruits and vegetables
- C. I am on a low-carb diet
- D. I do not care about eating enough fruits and vegetables
- E. Other: _____

Problem 3: Overweight or Obese Population

Being active is one way to help people get to and maintain a healthy weight as well as lower the risk for other health problems in the future.



1. Check the top four things that would help you or other people be more active in Bell County. Being active is any type of exercise or movement that gets your heart beating faster.

Build more gyms or health clubs

Build more trails for walking or running

Make the trails we have now safer to use

Start clubs for walking, running, biking or other activities

Have free gym memberships for people who can't afford to pay

Make it easier for people to walk to work or school

Fix our sidewalks so people feel safe walking on them

Have free classes like dancing and yoga

Start more sports teams for people to play in

Do challenges at work with prizes for teams that do the most activity

Start support groups online to help people keep exercising

Build more parks

Have community walking times at malls or other places inside

Have more things to do at our parks like bikes to rent or community events

Make it easy to find places to be active

Advertise about how being active makes you healthier

Start classes on being active when someone has a health problem

Provide "coaches" to help people make a plan to be active

2. What do you think is the best way to help people get more physical activity?

Problem 4: Sexually Transmitted Diseases, also known as STDs

Questions	Circle Your Answer				
1. Would you encourage someone to go to a free class on sexual health if you thought they were at risk for STDs?	No	Probably Not	Not Sure	Maybe	Yes
2. Would you help someone get free condoms if you thought they would use them to prevent STDs?	No	Probably Not	Not Sure	Maybe	Yes
3. Do you think there should be more programs on how to keep from getting STDs?	No	Probably Not	Not Sure	Maybe	Yes
4. Would you be offended by advertisements about ways to prevent STDs?	No	Probably Not	Not Sure	Maybe	Yes
5. Some gynecologic cancers are caused by a very common STD called the human papillomavirus (HPV). Would you be willing to vaccinate your child(ren), once they reached 11 years of age, against HPV if it was affordable?	No	Probably Not	Not Sure	Maybe	Yes

6. **How do you think we should lower the number of people with sexually transmitted diseases in Bell County?**

About You: These questions help us know about the people who gave us answers. We want to make sure we talk to many types of people so we get opinions from different groups. We will not ask your name.

1. **What is your age range?**
- | | | | |
|---------|-------|-------|-------------|
| 18 – 24 | 25-29 | 30-39 | 40-49 |
| 50-59 | 60-69 | 70-79 | 80 or older |

2. **Do you have one place where you usually go for health care?**
- No
 - Yes, I usually go to a clinic
 - Yes, I usually go to a free clinic
 - Yes, I usually go to the hospital emergency room (ER)
 - Yes, I usually go to an urgent care/express care clinic
 - Yes, I usually go to see my regular healthcare provider/doctor's office
 - Yes, I usually go to a different type of place for health care: _____

3. **Do you have any type of health insurance?** No Yes

4. **Are you Hispanic or Latino origin?** Yes No

5. **Which category best describes your race?**
You can circle more than one.

Asian	Black or African American	Native Hawaiian or Other Pacific Islander
Native American or Alaska Native	White	Other: _____

- | | | | | | |
|--|------------------|----------------------|------------------|------------------|-----------------|
| 6. How often do you have someone help you read hospital materials? | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
| 7. How often do you have problems learning about your medical condition because of difficulty reading hospital materials? | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
| 8. How confident are you filling out forms by yourself? | Extremely | Quite a Bit | Somewhat | A Little Bit | Not at All |

Key Informant Interview Summaries

Marlene DiLillo, Executive Director, Greater Killeen Free Clinic

- **Smoking:** DiLillo perceives that the use of tobacco in the youth population is increasing. Smoking is a difficult health condition to address because it's one where you typically do not see the effects it can have on your health immediately. Many clinic patients who are smokers do so as a way to deal with stressors like paying rent/utility bills, being laid off of work, etc. DiLillo believes interventions need to be more involved than just education. Perhaps case management and support to address the behavior and deal with stress in different ways would be beneficial.
- **Breast Cancer:** The Killeen Free Clinic schedules free mammograms for their patients but has learned that one-third to one-half of them do not show up for appointments. It's believed the reasons include inability to pay for gas and family stresses that arise and keep women from getting to the appointment or from calling to reschedule. The clinic is currently researching this issue further.
- **Linguistic Isolation:** There is a large Korean population in Killeen but less than 1% of the Clinic patients are Korean which is much lower than they expect. DiLillo believes targeting areas of high Korean population is necessary to provide information on healthcare access and services. Additionally, it is very typical to see a child translate information between the medical provider and the parent who speaks Spanish. This creates many obstacles when trying to coordinate care for the patient.
- **Sexually Transmitted Disease:** The average age of the Killeen population is 27 which is within the age range of highest rates of STDs. This could be a reason for the elevated numbers in Bell County. STDs by nature affect more than just one person and the cost for treatment can be a challenge for populations that need it.
- **Overweight/Obese:** most clients of the Killeen Free Clinic are on food stamps or get their food from the Food Care Center. Education is needed on "how to" change their eating habits and to reinforce healthy behaviors which is very hard to do. The clinic population is often asked to make many major lifestyle changes and incentives to do so are helpful.
- **Pediatric Asthma Hospitalization Rate:** DiLillo does not have direct experience with this but would be curious to see a breakdown of military vs. non-military hospitalizations.
- **Other comments:** DiLillo sees a need for establishing an enhanced prescription assistance program especially for the medications for chronic conditions. It is not uncommon for a clinic patient to need 5 or more prescriptions filled regularly.

Judy Morales, Executive Director, Bell County Help and Human Service Agencies

- Smoking: Morales certainly sees many clients that are smokers. It tends to be used as a stress release and because of that, many are not willing to quit.
- Breast Cancer: Morales sees this as a cause for other needs in clients. They have had to make other sacrifices because of health diagnoses. In order for prevention activities like mammogram screenings to be well-received, it should be tied to something else like a English as Second Language (ESL) class. Rather than asking them to come to something else, go to where the population is already gathered.
- Linguistic Isolation: Morales believes that if you want information to get to the Hispanic population, you have to involve their children. The best way to do that is through schools and churches. Dental care is also a big issue. Many low-income Hispanics don't even know they need it.
- Sexually Transmitted Diseases: The only programs in the community Morales is aware of for treatment are through the Bell County Public Health System and Central Texas Support Services. Messaging about STD prevention should include focus on building self-esteem and respect.
- Overweight/Obese: Morales says she definitely agrees this is an issue in the County. Speaking for clients of the HELP Center, they are more focused on paying bills than buying healthy foods which they believe are more expensive. It would be helpful to have information on cooking with or purchasing healthy ethnic foods.
- Pediatric Asthma: not familiar with this issue.
- Other comments: Mental Health (housing and services) is a need Morales sees in the community.

Dell Ingram-Walker, McLane Children's Hospital – Scott & White, Administrator Department of Pediatrics

- Sexually Transmitted Diseases: McLane Children's Hospital has a new adolescent medicine physician who is starting a Teen/Tot program. This would include a well-child check for both parent and child and could be used as a good resource for intervention.
- Overweight/Obese: when dealing with Children who are obese, usually diabetes is the bigger issue.
- Pediatric Asthma: Ingram-Walker says this issue is one that has become a major focus for the hospital as the rates of hospitalization have increased. Because of this, the McLane Children's Hospital has hired an asthma educator and coordinator for inpatient and outpatient services. An Asthma committee meets regularly to discuss potential interventions with hospitalized patients as well as outreach in the community. Their goals include identifying at risk people who need

special attention. The disparity in young African American children can be explained in part if they are not seeing a pediatrician regularly. That would catch earlier signs of asthma and could help prevent attacks. Under-insured populations also do not seek regular care and often wait until a situation becomes emergent before getting treatment. This would cause the number of hospitalizations to increase. Intervention should include social worker to help apply for Medicaid and ensure prescriptions for asthma medications are filled before they leave the hospital. Also, it is important to educate parents on how and when to treat asthma symptoms, including the importance of using prescribed inhalers.

Rita Kelley, Department Head of Indigent Health Services in Bell County

- **Smoking:** Kelley has seen first-hand how hard it is to quit. People will do it as a personal decision once they realize how it can impact you. Most smokers will agree that they need to stop but they are not sure how to do it. Laws against smoking will protect the people who don't want to be around it, but it's not going to get people to stop. It's important to keep educating parents on the dangers of 2nd-hand smoke and the effects it can have on their children. Also, demonstrating how not buying cigarettes frees up finances to purchase other needs/wants.
- **Breast Cancer:** Kelley expressed concern over new protocols and changing guidelines for when a woman should get a mammogram. Additionally, there seems to be a mixed message on what health plans will cover. Education and encouragement for women to be proactive and to ask questions of their providers can help. Patient advocacy would help in dealing with this issue.
- **Linguistic Isolation:** Kelley sees this issue represented more as a lifestyle or cultural barrier than just a language barrier. It's important to be mindful of how health literature is phrased. In addition to language, literacy is also part of the problem. Especially with the older population that comes in for care.
- **Pediatric Asthma:** Education will help. Many community members do not understand that second-hand smoke, roaches and dust are a few of the common asthma triggers.
- **Sexually Transmitted Disease:** Kelley says she does not have much experience with this. She usually refers to the Bell County Public Health District.
- **Overweight/Obese:** With the indigent population that Ms. Kelley sees regularly, they are dealing with 3 major illnesses that have to do with lifestyle: diabetes, respiratory diseases and circulatory diseases. She has been receiving more requests for BiPAP and CPAP machines which are very expensive. These conditions could be impacted by weight loss. Organizations targeting weight loss/obesity issues include: Bell County, Area Agency on Aging, Agri-Life, Temple Community Clinic

Bonnie Scurzi, RN, BSN, WHNP-BC, Director of Bell County Public Health District (BCPHD)

- **Linguistic Isolation:** Scurzi sees this as a major issue. Ensuring there is staff available for non-English speaking clients is a priority. When clients do not understand the language spoken by medical professionals or agency workers, it makes it very hard for them to access medical and social services as well as transportation; and also limits employment and schooling opportunities. The Bell County Public Health District ensures there are 2 interpreters on staff at each nursing clinic and they also intend to hire more Spanish speaking staff at all 4 WIC clinics.
- **Sexually Transmitted Disease:** the public health district tests for gonorrhea, chlamydia, syphilis and HIV in their clinics. Treatment is also provided. They do provide outreach material for all organizations that request it.
- **Overweight/Obese:** the Bell County Public Health District provides education in the schools on healthy weight and nutrition.
- **Smoking:** Scurzi suggests a best practice of the clinic is providing smoking cessation information in clinics but that prescription medications have been the most effective.
- **Breast Cancer:** the BCPHD does clinical breast exams on patients. But then clients must be referred elsewhere if a diagnosis is positive. They do not do any specific outreach for prevention or awareness other than including it in the description of family planning services that are provided.