

# *2010 Community Needs Assessment*

August 2010

Mapping the Needs of the Community



**BELL COUNTY  
COMMUNITY  
NEEDS COALITION**

Listening to Your Needs.  
Improving Our Future.



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# 2010 COMMUNITY NEEDS ASSESSMENT

Mapping the Needs of the Community

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## EXECUTIVE SUMMARY

### BACKGROUND

The Bell County Community Needs Assessment is the product of a collaborative process. The Bell County Community Needs Coalition (the Coalition) consists of various health and human service stakeholders dedicated toward the development of a countywide health and human services needs assessment. The Coalition is funded by major organizations and agencies in Bell County, including:

- Bell County
- Metroplex Health System
- Scott & White Healthcare, including King's Daughters Hospital
- United Way of Central Texas
- United Way of Greater Fort Hood Area

Other Coalition partners included:

- Bell County Public Health District
- Central Counties Center Mental Health and Mental Retardation
- Central Texas Area Agency on Aging
- Texas AgriLife
- Tarleton State University
- Texas A&M University/Central Texas
- Texas Department of State Health Services
- Texas Health & Human Services Commission – Region 7 (Central Texas)
- Ill Corps and Fort Hood Health Promotion

The Community Needs Assessment is a process of systematic collection, analysis, and distribution of information on the health and human services needs of Bell County. The aim is to describe the health of the community, by presenting information on health status, community health needs, resources, and epidemiological and other studies of current local health and human services problems. The assessment will help the County, hospitals, human services organizations, non profits, employers, schools and other stakeholders to better understand the health and human services concerns of the residents of Bell County, prioritize the issues, and identify resources for addressing them.

The Coalition used different data collection tools and methods, both quantitative and qualitative to conduct a needs assessment of the factor that facilitate health and human services needs among Bell County residents.

The top priority of the Coalition was for the assessment to be as conclusive and inclusive as possible. The group spent several months deciding on the most important indicators to assess through the survey instrument, the focus groups and key informant interviews; as well as secondary data points from county, state and federal agencies. An effort was made to reach out to all members of the Bell County community and obtain perspectives across age, race/ethnicity, gender, profession, household income, education level and geographic location. In this process, the Coalition formed strong partnerships with healthcare providers, county and state agencies, Ft. Hood, nonprofits, media, faith-based groups, business and civic organizations. They distributed the paper survey to thousands of people, entered the data online and shared the web link for those people who preferred to fill out the survey electronically. The survey was conducted in three languages: English, Spanish and Korean.

The response to the survey far exceeded the goal of the coalition: to get about 1,200 responses from the community. Over the three months, 2,881 Bell County residents participated in the survey.

In addition, fourteen people were part of the key informant interviews and more than 60 people participated in focus groups.

For the analysis of the data, Central Texas Council of Governments (CTCOG) provided GIS expertise so the Coalition was able to understand the differences that exist between different parts of the county. CTCOG divided the county into five regions:

1. Western Bell County (Killeen, Fort Hood and Harker Heights areas)
2. Central Bell County (Belton, Nolanville, and Morgan's Point areas)
3. Eastern Bell County (Temple, Troy and Seaton areas)
4. Northern Rural Bell County (Moody and White Hall areas)
5. Southern Rural Bell County (Holland, Salado and Cedar Valley areas)

**KEY FINDINGS**

TOPIC	IMPACT	REGIONS AFFECTED	SOLUTIONS
<b>TOP CHALLENGES IN HUMAN SERVICES</b>	1. Unemployment	West Bell County East Bell County	<ul style="list-style-type: none"> <li>• Increase economic development</li> <li>• Improve transportation infrastructure</li> <li>• Provide more training opportunities</li> </ul>
	2. Family Violence and Child Abuse	Countywide	<ul style="list-style-type: none"> <li>• Research and implement evidence-based programs addressing family violence and child abuse.</li> </ul>
	3. Homelessness	Countywide, but higher in: East Bell County North Rural Bell County West Bell County	<ul style="list-style-type: none"> <li>• Improve mental health services</li> <li>• Increase employment</li> <li>• Provide more affordable housing</li> </ul>
	4. Senior services	Countywide	<ul style="list-style-type: none"> <li>• Provide aid for elderly</li> <li>• Develop adult daycare solutions</li> <li>• Explore the existing capacity for affordable home health</li> </ul>
<b>TOP CHALLENGES IN HEALTH SERVICES</b>	1. Affordable medical care	Countywide	<ul style="list-style-type: none"> <li>• Increase enrollment of eligible Medicaid and CHIP recipients</li> </ul>
	2. Low cost walk-in clinics for preventive care	Countywide	<ul style="list-style-type: none"> <li>• Expand Federally Qualified Health Centers and free clinics</li> </ul>
	3. Late clinic hours	Countywide	<ul style="list-style-type: none"> <li>• Expand primary care clinic hours evenings and weekends</li> </ul>
	4. Integration of mental and physical health	Countywide	<ul style="list-style-type: none"> <li>• Improve knowledge among primary providers and patients</li> <li>• Increase coordination among providers</li> </ul>

### **RECOMMENDATIONS FOR NEXT STEPS**

Based on the assessment and review of secondary data, the following next steps for Bell County are recommended:

1. Establish Workgroups Around Major Issues
  - Unemployment and economic development
  - Family violence and child abuse
  - Homelessness
  - Senior services
  - Mental health
2. Convene Stakeholders to Develop Comprehensive Action Plans
3. Mine Assessment Data to Better Understand Regional and Sub-population Needs
4. Prioritize Target Groups and Solutions
5. Identify Evidence-based Practices
6. Explore Local, State and Federal Funding Opportunities
7. Use Assessment Data as Baseline for Project Implementation

## **SECTION 1: COMMUNITY NEEDS ASSESSMENT METHODOLOGY**

The Bell County Community Needs Assessment is the product of a collaborative process. The Bell County Community Needs Coalition (the Coalition) consists of various health and human service stakeholders dedicated toward the development of a countywide health and human services needs assessment. The Coalition is funded by major organizations and agencies in Bell County, including:

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- Texas Health & Human Services Commission – Region 7 (Central Texas)
- III Corps and Fort Hood Health Promotion

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The Coalition desired to achieve a balance between data that described the demographic, social, and economic conditions from existing databases (secondary data) and the opinions of persons who live, work, and study in Bell County about the assets, needs, and gaps in health and human services (primary data). The Coalition decided to develop a public survey (available online and in paper form), to be supplemented by focus groups and key informant interviews,

to collect primary data. The Texas Health Institute (THI) collected secondary data according to a set of health and human service indicators determined by the Coalition.

### **PRIMARY DATA**

#### **SURVEY**

THI worked closely with Coalition partners and organizations to ensure that the survey would meet the specific planning and evaluation needs for their specific organizations, programs, and services. THI staff created the online survey in English, Spanish, and Korean with assistance from translators in Bell County. United Way of Central Texas provided the links to the surveys in Survey Monkey on their website. A one-page (front and back) paper survey was developed and translated into Spanish and Korean. Paper surveys were entered into the electronic survey system by volunteers.

The survey was conducted from the beginning of April 2010 through the end of June 2010, with a total of 2,881 respondents. The sampling of the respondents did not differ significantly from the county demographics; however, representation from the Korean and Hispanic communities was limited. Many attempts were made to increase the response from these communities without success.

The survey data was broken down by the following regions:

- Western Bell County (Killeen, Fort Hood and Harker Heights areas)
- Central Bell County (Belton, Nolanville, and Morgan's Point areas)
- Eastern Bell County (Temple, Troy and Seaton areas)
- Northern Rural Bell County (Moody and White Hall areas)
- Southern Rural Bell County (Holland, Salado and Cedar Valley areas)
- Out-of County – Respondents reside in other counties, but work, study, or receive services in Bell County

## **FOCUS GROUPS**

Additional information on reasons for lack of access to services and other information were gleaned through focus groups targeting areas of special needs, including:

- Senior Caregivers
- Caregivers for Children with Special Health Care Needs
- National Alliance on Mental Illness Chapter Members
- United Way of Central Texas Partner Agencies
- Representatives from Faith-based Organizations

These focus groups provided additional information on Bell County's strengths, gaps, and needs for specific services and supports.

## **KEY INFORMANT INTERVIEWS**

A total of 14 key informants were interviewed. These included a mayor, county commissioners, a city council member, a chief of police, a chamber president, several CEOs and agency directors. Interview questions focused on the best qualities of Bell County, along with the most needed health and human services. Additionally, key informants were asked about potential solutions and recommendations for improving the quality of life in Bell County.

## **SECONDARY DATA**

Health and human service indicator data for Bell County were obtained to supplement the primary data. With the help of the Honorable Judge Burrows of Bell County, THI enlisted the assistance of: Mike Gilliam, Jr., M.S.W., M.P.H., Centers for Program Coordination, Policy & Innovation, Texas Department of State Health Services (DSHS), in the collection of data specific to health in Bell County and utilized some of his previous community assessments in the design of the Bell County Survey.

DSHS prepared an epidemiological profile of Bell County. This profile provides the very latest data available for Bell County. Bell County data and comparison data with the State were obtained from the following sources:

- U.S. Census Bureau
- Bureau of Labor Statistics
- National KIDS COUNT Program
- Texas State Data Center
- Texas Department of State Health Services – Center for Health Statistics
- Texas Department of Family and Protective Services
- Texas Health and Human Services Agencies
- Texas Education Agency
- Texas Medical Board
- Centers for Disease Control and Prevention
- Texas State Board of Dental Examiners
- Annie E. Casey Foundation

### **LIMITATIONS**

Unfortunately, after much effort from Coalition members and THI, there were not enough responses from the Korean population to portray the responses as statistically significant.

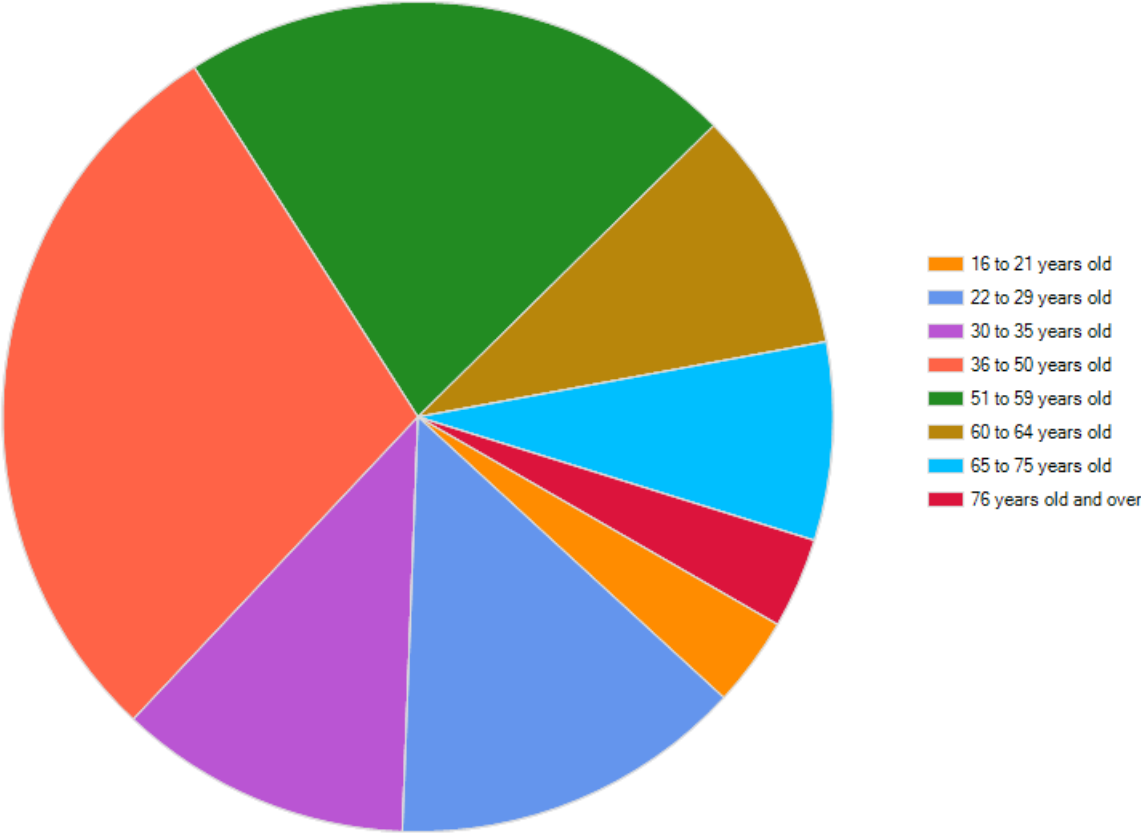
## SECTION 2: COMMUNITY NEEDS SURVEY

### AGE:

The Bell County survey received almost 3,000 responses from residents as of June 2010. According to respondents, they are predominately 36-59 years in age. The age distribution of Bell County residents is comparable to data collected by the State Demographer's office in 2007; however, there is a statistical difference between the age distributions in survey respondents compared to the State Demographer's numbers.

Question 1: What is your age?		
Answer Options	Response Percent	Response Count
16 to 21 years old	3.5%	99
22 to 29 years old	13.8%	391
30 to 35 years old	11.4%	324
36 to 50 years old	28.9%	821
51 to 59 years old	21.7%	615
60 to 64 years old	9.5%	269
65 to 75 years old	7.7%	219
76 years old and over	3.5%	100
	<i>answered question</i>	<b>2838</b>
	<i>skipped question</i>	<b>43</b>

What is your age?



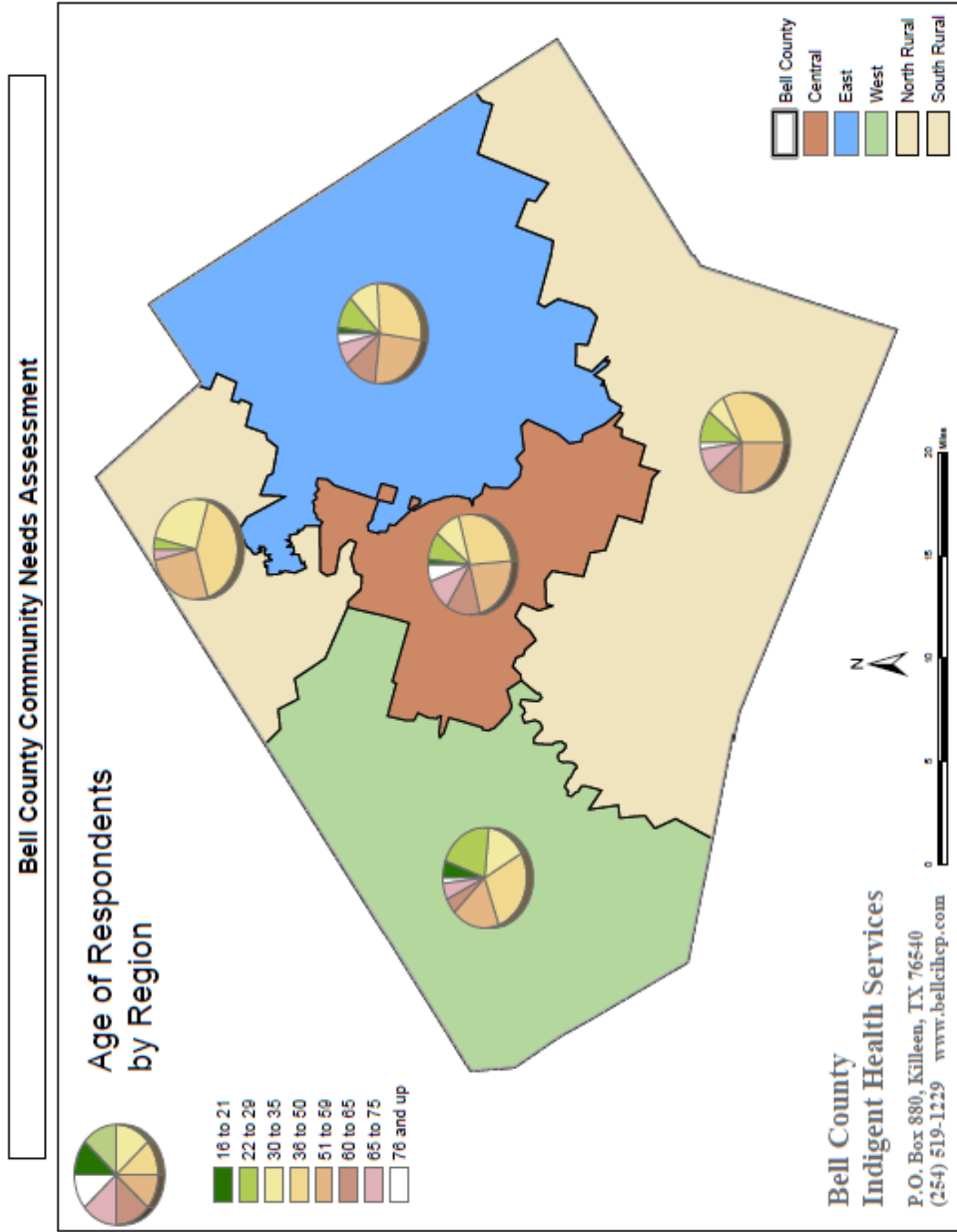
**REGIONAL DATA**

Among 16-35 year old residents, West Bell County had the greatest number of respondents, followed by East Bell. For residents 36 and older, East Bell County had the greatest number of respondents. Overall, East Bell County had the greatest number of respondents. North Rural Bell had the least. The greatest number of respondents was aged 36-50 years old.

**What is your age?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
16 to 21 years old	2.0% 10	2.3% 26	0.0% 0	6.2% 56	0.0% 0	7.0% 3
22 to 29 years old	9.8% 48	11.4% 131	11.7% 19	20.0% 179	4.2% 1	7.0% 3
30 to 35 years old	9.4% 46	10.4% 119	6.8% 11	14.6% 131	25.0% 6	11.6% 5
36 to 50 years old	27.4% 134	28.4% 325	31.5% 51	29.4% 264	41.7% 10	32.6% 14
51 to 59 years old	22.9% 112	24.1% 276	25.3% 41	16.5% 148	25.0% 6	30.2% 13
60 to 64 years old	11.7% 57	11.7% 134	13.0% 21	5.2% 47	0.0% 0	4.7% 2
65 to 75 years old	10.4% 51	7.8% 89	9.3% 15	6.0% 54	4.2% 1	4.7% 2
76 years old and over	6.3% 31	3.9% 45	2.5% 4	2.0% 18	0.0% 0	2.3% 1

P<0.01, the difference among different zones is significant



**GENDER**

Bell County respondents were overwhelmingly female (~75%). According to the State Demographer’s office, females represented 50.1 percent of the population. When compared, there is a statistically significant difference between the gender distribution of survey respondents and the State Demographer’s numbers.

Question 2: What is your gender?		
Answer Options	Response Percent	Response Count
Female	74.4%	2015
Male	25.6%	694
<i>answered question</i>		<b>2709</b>
<i>skipped question</i>		<b>172</b>

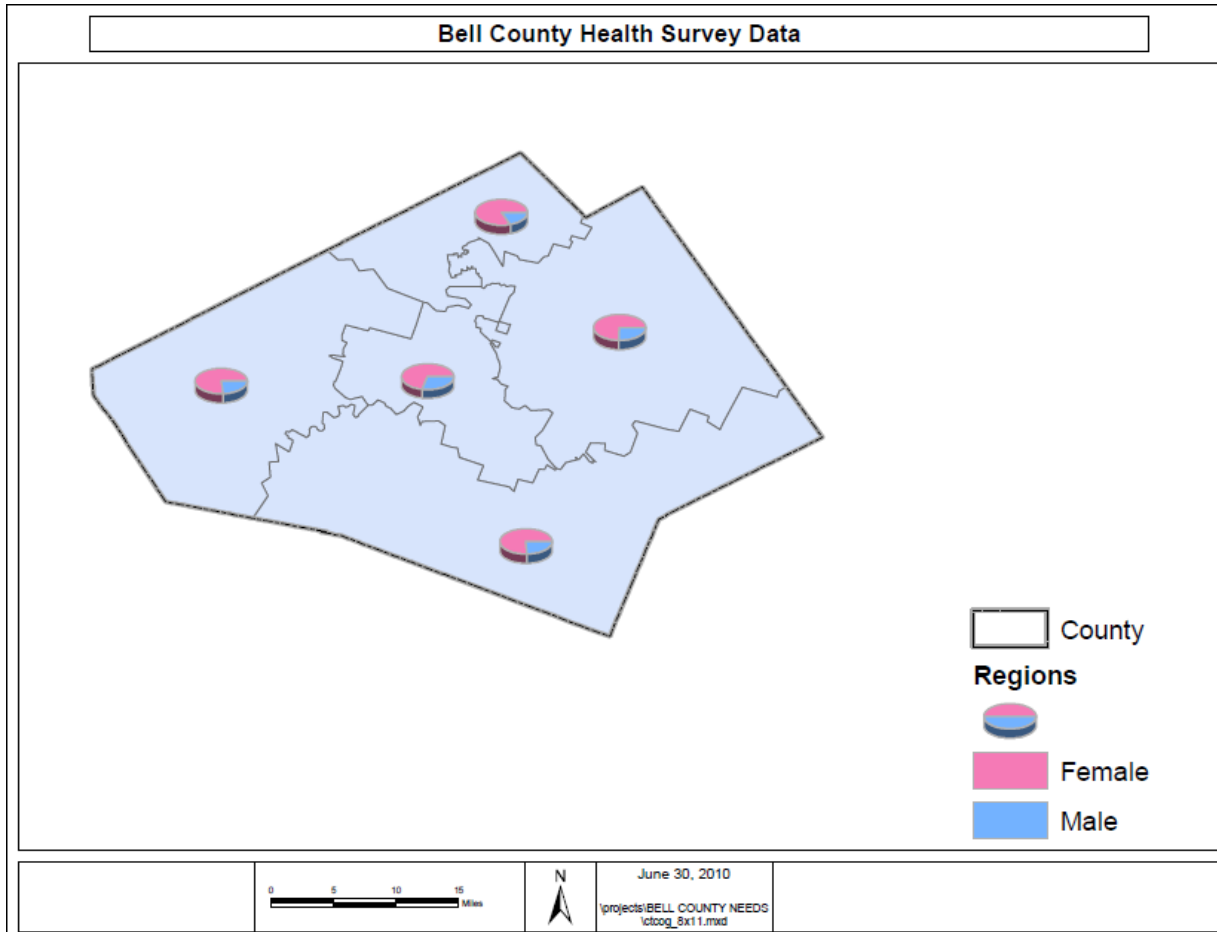
**REGIONAL DATA**

Respondents were overwhelmingly female and from either East or West Bell County. For male respondents, the least portion came from Northern Rural West Bell County.

**What is your gender?**

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Female</b>	70.3% 325	74.1% 817	75.9% 120	76.7% 649	82.6% 19	79.1% 34
<b>Male</b>	29.7% 137	25.9% 285	24.1% 38	23.3% 197	17.4% 4	20.9% 9

P>0.05, there is no significant difference among different zones

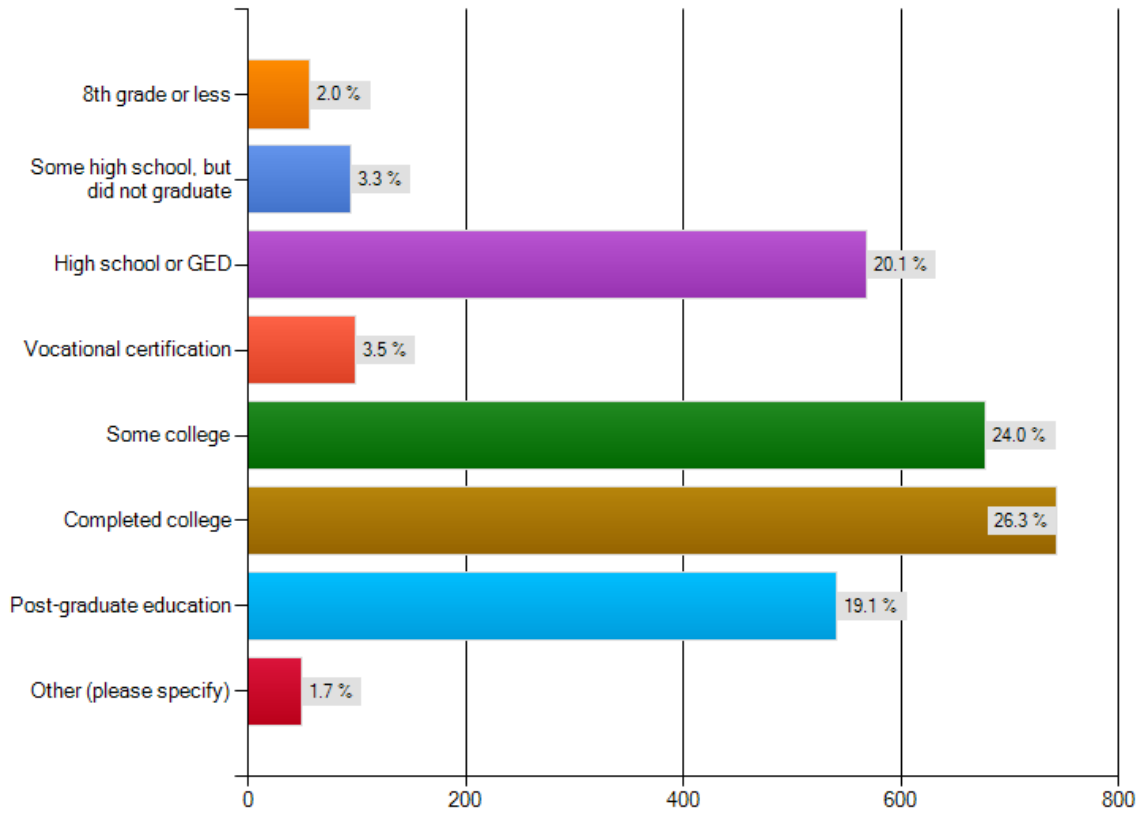


**EDUCATION**

Over 26 percent of survey respondents finished college. Twenty percent of respondents have a high school diploma or GED equivalent. According to the American Community Survey, only 15 percent of respondents had a bachelor’s degree while 28 percent had a high school diploma or GED equivalent. The survey estimates 68.8 percent of participants have completed some college or higher education, which is statistically higher than the rate of 61.3 percent (p<0.01) in Bell County for 2008.

<b>Question 3: What is the highest level of education you have completed? (Select one answer)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
8th grade or less	2.0%	57
Some high school, but did not graduate	3.3%	94
High school or GED	20.1%	568
Vocational certification	3.5%	98
Some college	24.0%	678
Completed college	26.3%	743
Post-graduate education	19.1%	541
Other (please specify)	1.7%	49
	<b><i>answered question</i></b>	<b>2828</b>
	<b><i>skipped question</i></b>	<b>53</b>

**What is the highest level of education you have completed? (Select one answer)**



**REGIONAL DATA**

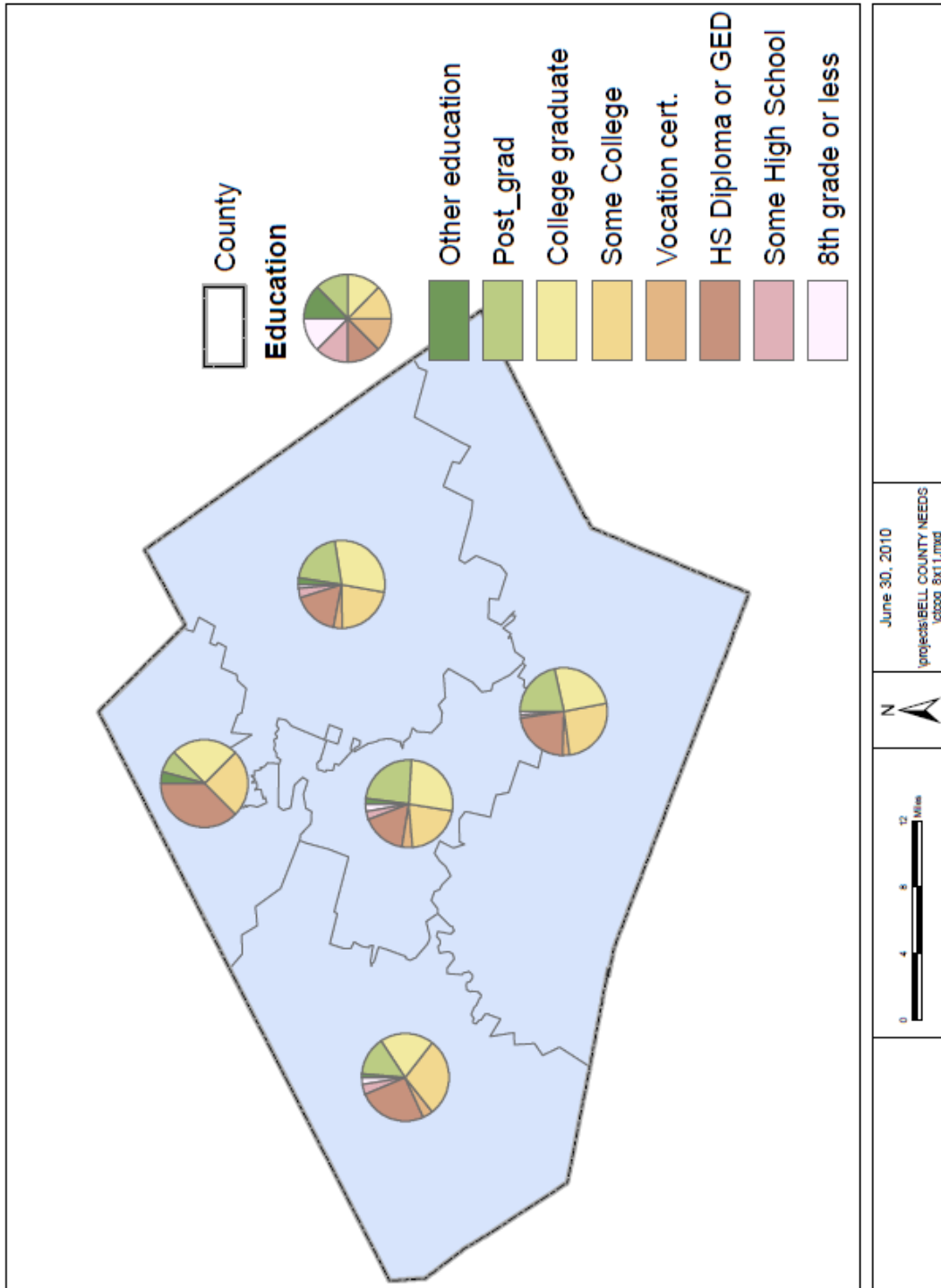
Out of County respondents had a higher percentage of persons with less than a high school diploma or GED than Bell County respondents as a whole. East Bell County and Out of County had the highest percentage of respondents with college and post-graduate degrees.

**What is the highest level of education you have completed? (Select one answer)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
8th grade or less	2.9% 14	1.4% 16	1.2% 2	2.6% 23	0.0% 0	4.8% 2
Some high school, but did not graduate	2.9% 14	3.5% 40	1.2% 2	3.9% 35	0.0% 0	4.8% 2
High school or GED	16.7% 81	17.2% 196	22.2% 36	25.4% 228	37.5% 0	9.5% 4
Vocational certification	3.7% 18	3.1% 35	2.5% 4	3.8% 34	0.0% 0	0.0% 0
Some college	21.3% 103	21.9% 250	25.9% 42	28.6% 256	25.0% 6	9.5% 4
Completed college	26.7% 129	30.4% 347	25.3% 41	20.0% 179	25.0% 6	52.4% 22
Post-graduate education	23.8% 115	20.1% 229	21.6% 35	14.5% 130	8.3% 2	19.0% 8
Other (please specify)	2.1% 10	2.4% 27	0.0% 0	1.2% 11	4.2% 1	0.0% 0

P<0.01, the difference among different zones is significant

Bell County Health Survey Data



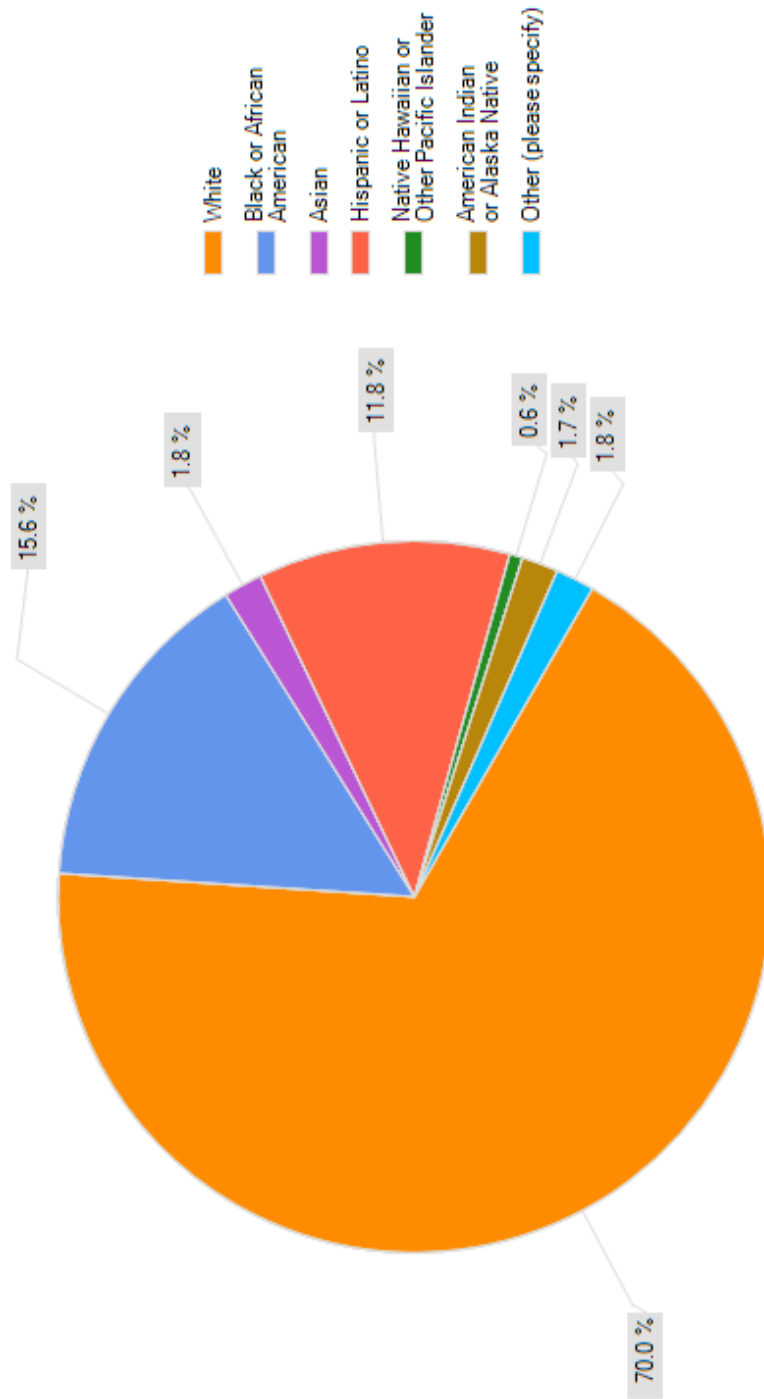
**RACE/ETHNICITY**

Respondents overwhelmingly identified themselves as White/Caucasian (71%) followed by Black or African American (15.1%) and Hispanic/Latino (11.3%). The American Community Survey (2008) reports Bell County as being 68 percent White/Caucasian, 21.2 percent Black or African American, and 19.7 percent Hispanic. The difference between respondents and the American Community Survey respondents for those who identified themselves as white or Black is statistically significant. In the "Other" category, two respondents listed German, two listed human, one listed Aztec Indian/Spaniard, one listed Puerto Rican, one listed Irish/English.

**Question 4: Which one or more of the following would you say is your race?**

Answer Options	Response Percent	Response Count
White	70.0%	1959
Black or African American	15.6%	436
Asian	1.8%	51
Hispanic or Latino	11.8%	331
Native Hawaiian or Other Pacific Islander	0.6%	17
American Indian or Alaska Native	1.7%	48
Other (please specify)	1.8%	51
	<i>answered question</i>	<b>2800</b>
	<i>skipped question</i>	<b>81</b>

Which one or more of the following would you say is your race?

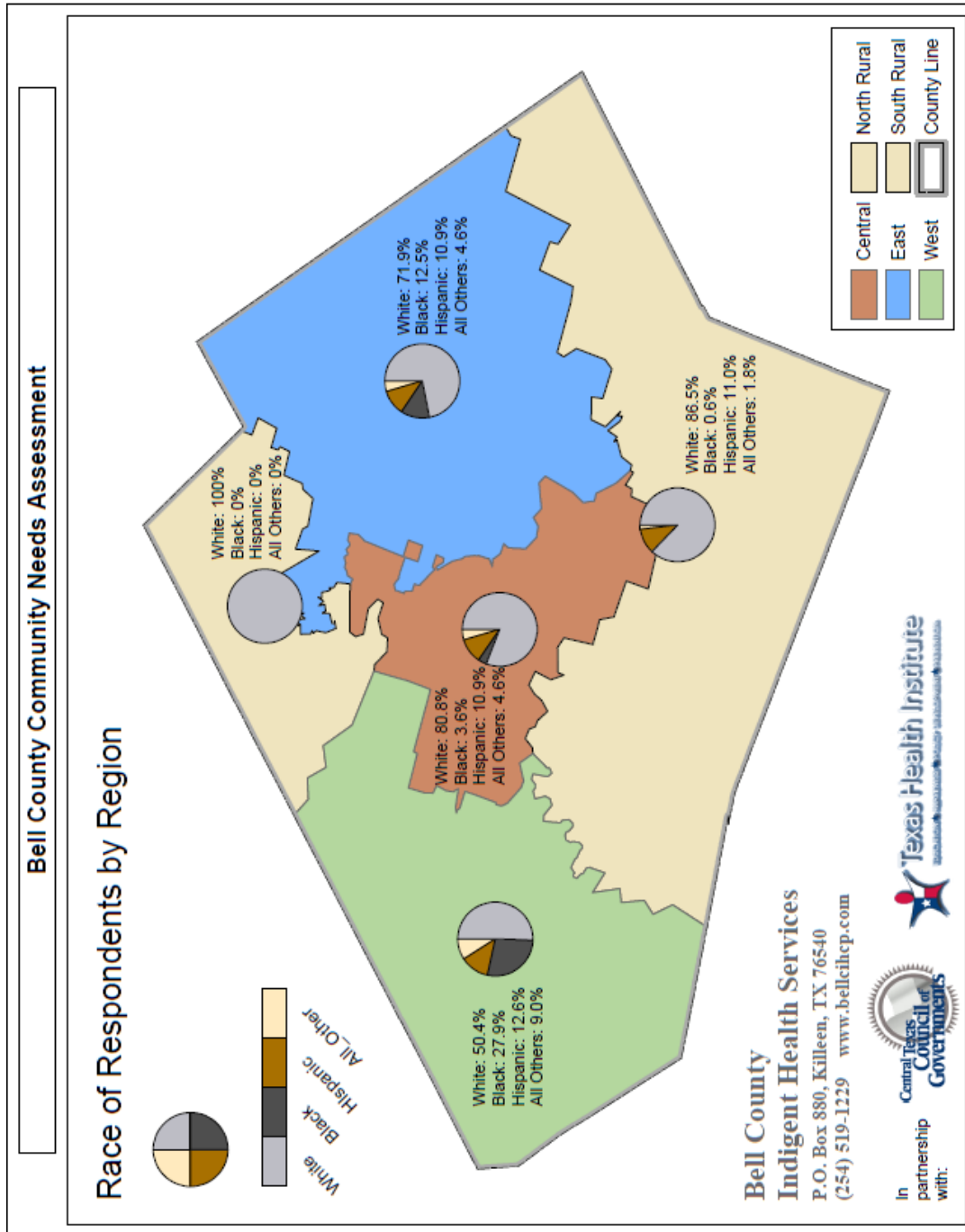


REGIONAL DATA:

Among those who listed themselves as Hispanic or Latino, Out of County residents were the largest percentage, with East and West Bell County having the greatest number. Respondents were overwhelmingly white. All respondents in North Rural Bell County were White. Respondents from West Bell County provided the greatest number and percentage of responses for African Americans. The highest number and percentage of Asian respondents was from West Bell County. Nearly all of the Native American or Other Pacific Islander respondents were from West Bell County. The highest number of American Indians and Alaska Natives reside in Central, East and West Bell County

**Which one or more of the following would you say is your race?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
White	80.8% 401	72.0% 842	86.5% 141	50.4% 471	100.0% 24	70.5% 31
Black or African American	3.6% 18	12.5% 146	0.6% 1	27.9% 261	0.0% 0	2.3% 1
Asian	0.8% 4	1.4% 16	0.6% 1	3.0% 28	0.0% 0	4.5% 2
Hispanic or Latino	10.9% 54	10.9% 127	11.0% 18	12.6% 118	0.0% 0	20.5% 9
Native Hawaiian or Other Pacific Islander	0.0% 0	0.1% 1	0.0% 0	1.7% 16	0.0% 0	0.0% 0
American Indian or Alaska Native	2.2% 11	1.7% 20	0.6% 1	1.8% 17	0.0% 0	2.3% 1
Other (please specify)	1.6% 8	1.5% 18	0.6% 1	2.5% 23	0.0% 0	0.0% 0

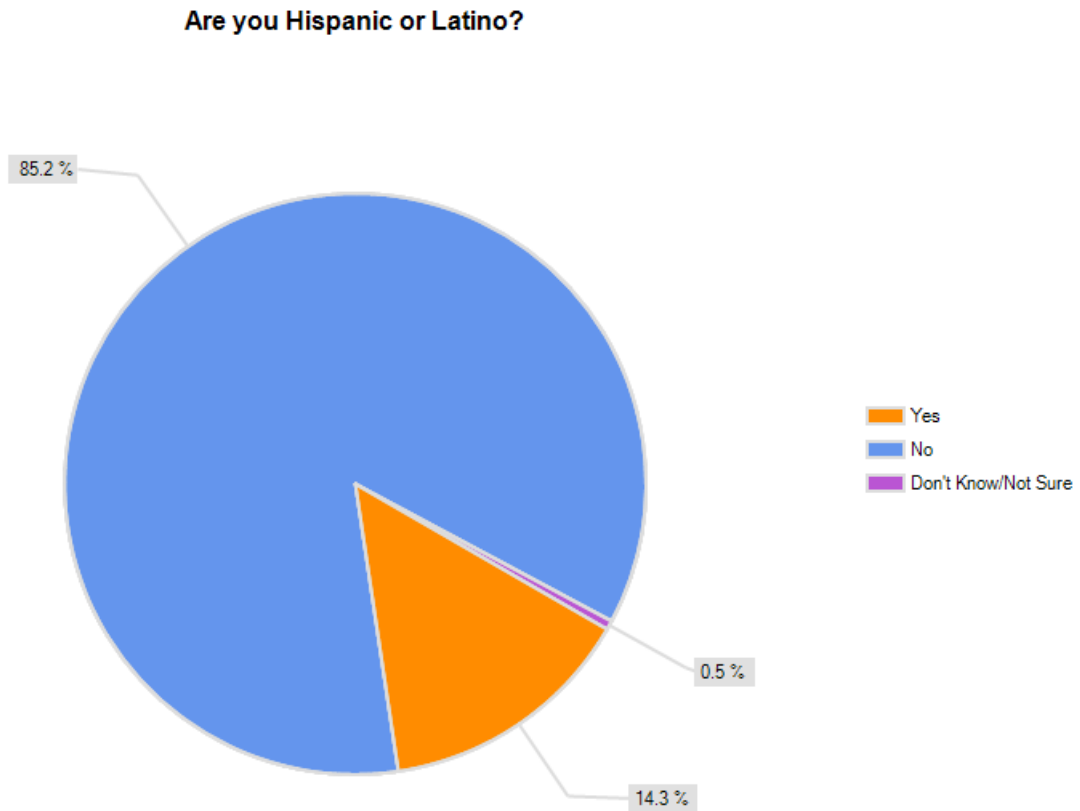


**HISPANIC**

The majority of respondents were not Hispanic or Latino (85.2%). The American Community Survey (2008) reports Bell County 19.7 percent Hispanic. The difference between the survey

respondents (14.3%) and the American Community Survey respondents for those who identified themselves as Hispanic indicates that the Hispanic population may be underrepresented in the survey results. However, the response volume of 395 still exceeds the minimum sample size for statistical validity.

Question 5: Are you Hispanic or Latino?		
Answer Options	Response Percent	Response Count
Yes	14.3%	395
No	85.2%	2352
Don't Know/Not Sure	0.5%	14
<i>answered question</i>		<b>2761</b>
<i>skipped question</i>		<b>120</b>



**REGIONAL DATA:**

The majority of respondents were not Hispanic or Latino. Hispanic or Latino was also listed as a race and may have caused some confusion among respondents who completed the previous question, hence the difference in numbers. This could be a result in the definition (self and societal) of what race and ethnicity are. While Out of County respondents had the highest percentage Hispanic, East and West Bell County had the largest number of Hispanic respondents. There was no significant difference among the different regions.

**Are you Hispanic or Latino?**

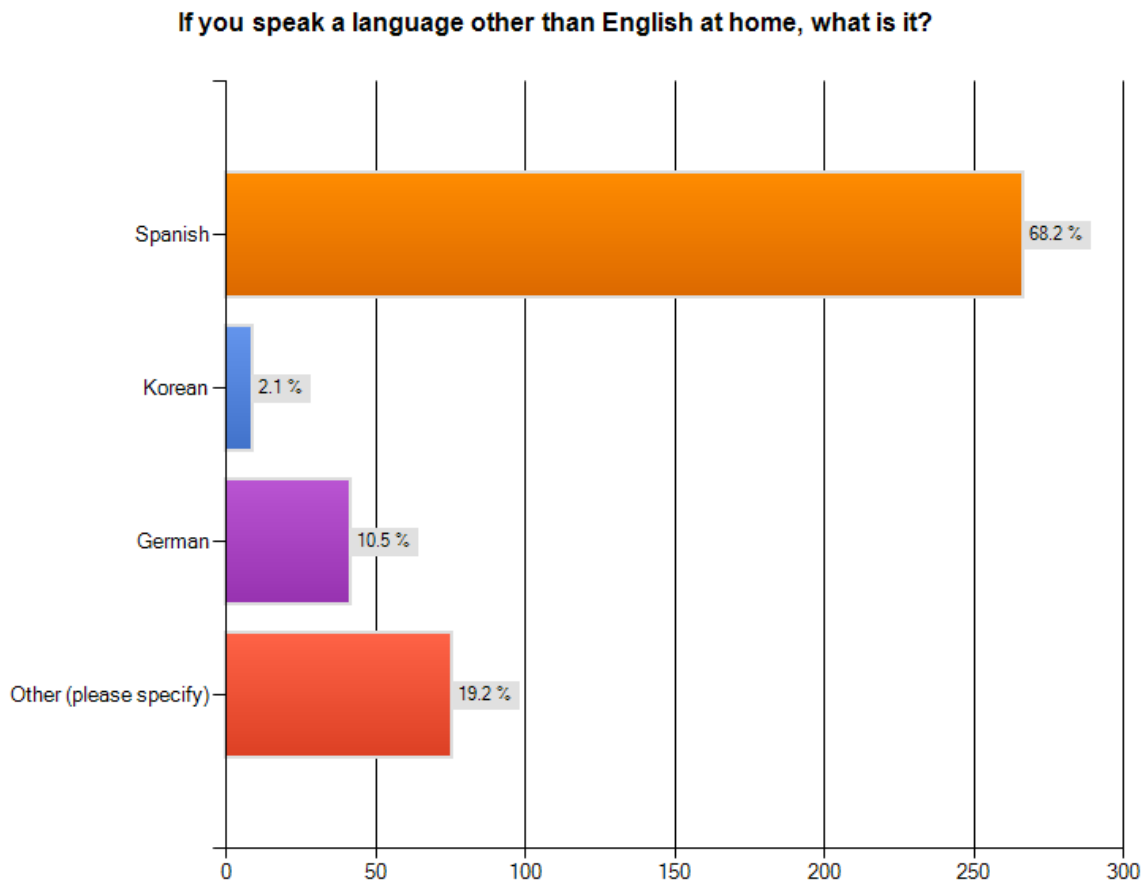
	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
Yes	14.1% 67	13.0% 146	11.3% 18	17.0% 150	0.0% 0	22.5% 9
No	85.1% 404	86.7% 971	88.8% 142	82.4% 728	95.8% 23	77.5% 31
Don't Know/Not Sure	0.8% 4	0.3% 3	0.0% 0	0.7% 6	4.2% 1	0.0% 0

P>0.05, there is no significant difference among different regions.

**LANGUAGE SPOKEN AT HOME OTHER THAN ENGLISH**

Spanish was the most dominant language among respondents if a language other than English was spoken at home. There were a large number of “other” languages spoken at home.

If you speak a language other than English at home, what is it?		
Answer Options	Response Percent	Response Count
Spanish	68.2%	266
Korean	2.1%	8
German	10.5%	41
Other (please specify)	19.2%	75
<i>answered question</i>		<b>390</b>
<i>skipped question</i>		<b>2491</b>



**REGIONAL DATA**

Spanish was the most dominant language among respondents if a language other than English was spoken at home in all regions. There were a large number of “other” languages spoken at

home, particularly in West and East Bell County. The greatest number of Korean and German speakers was in West Bell County. In the “Other” category, two respondents listed Chinese (Mandarin) and Filipino; one respondent each listed the following languages: Russian, Zapoteco, French, Tagalog, Laos, and English.

**If you speak a language other than English at home, what is it?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Spanish</b>	71.2% 42	71.2% 99	75.0% 15	62.9% 100	100.0% 2	85.7% 6
<b>Korean</b>	0.0% 0	1.4% 2	0.0% 0	3.1% 5	0.0% 0	14.3% 1
<b>German</b>	13.6% 8	6.5% 9	15.0% 3	13.2% 21	0.0% 0	0.0% 0
<b>Other (please specify)</b>	15.3% 9	20.9% 29	10.0% 2	20.8% 33	0.0% 0	0.0% 0

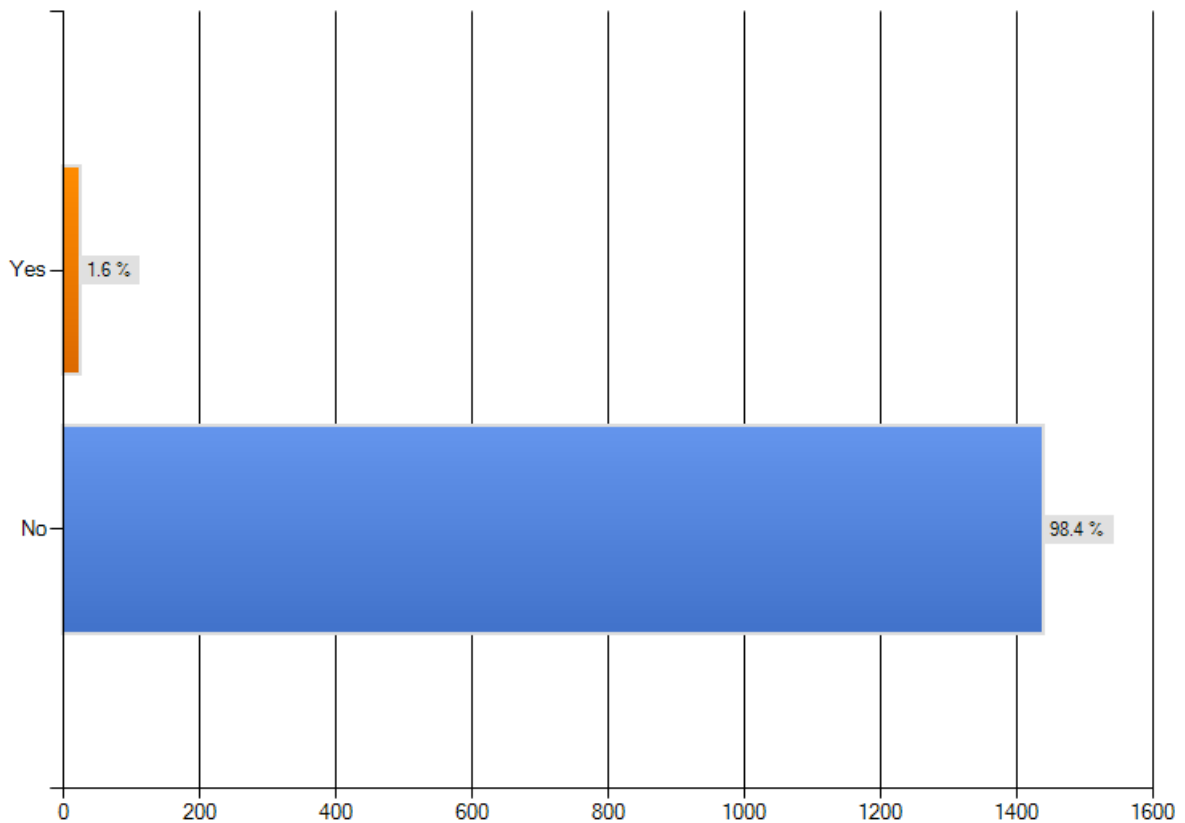
**SIGN LANGUAGE**

Only 1.6 % of the survey respondents indicated that if they were hearing impaired, they used sign language to communicate.

Caution should be taken in the interpretation of this data due to the fact that almost half of the survey respondents answered this question. Respondents that answered the question negatively may have misinterpreted the question and inaccurately identified themselves as hearing impaired rather than whether they were hearing impaired and not using sign language.

If you are hearing impaired, do you use sign language to communicate?		
Answer Options	Response Percent	Response Count
Yes	1.6%	23
No	98.4%	1438
<i>answered question</i>		<b>1461</b>
<i>skipped question</i>		<b>1420</b>

**If you are hearing impaired, do you use sign language to communicate?**



**REGIONAL DATA**

Among respondents, only 23 were hearing impaired and used sign language to communicate with others. Again, East and West Bell County had the largest number of respondents. Yet all areas had very few percentages of persons answering “yes” to this question.

**If you are hearing impaired, do you use sign language to communicate?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Yes</b>	0.4% 1	1.9% 10	1.4% 1	2.0% 11	0.0% 0	0.0% 0
<b>No</b>	99.6% 223	98.1% 522	98.6% 70	98.0% 551	100.0% 15	100.0% 32

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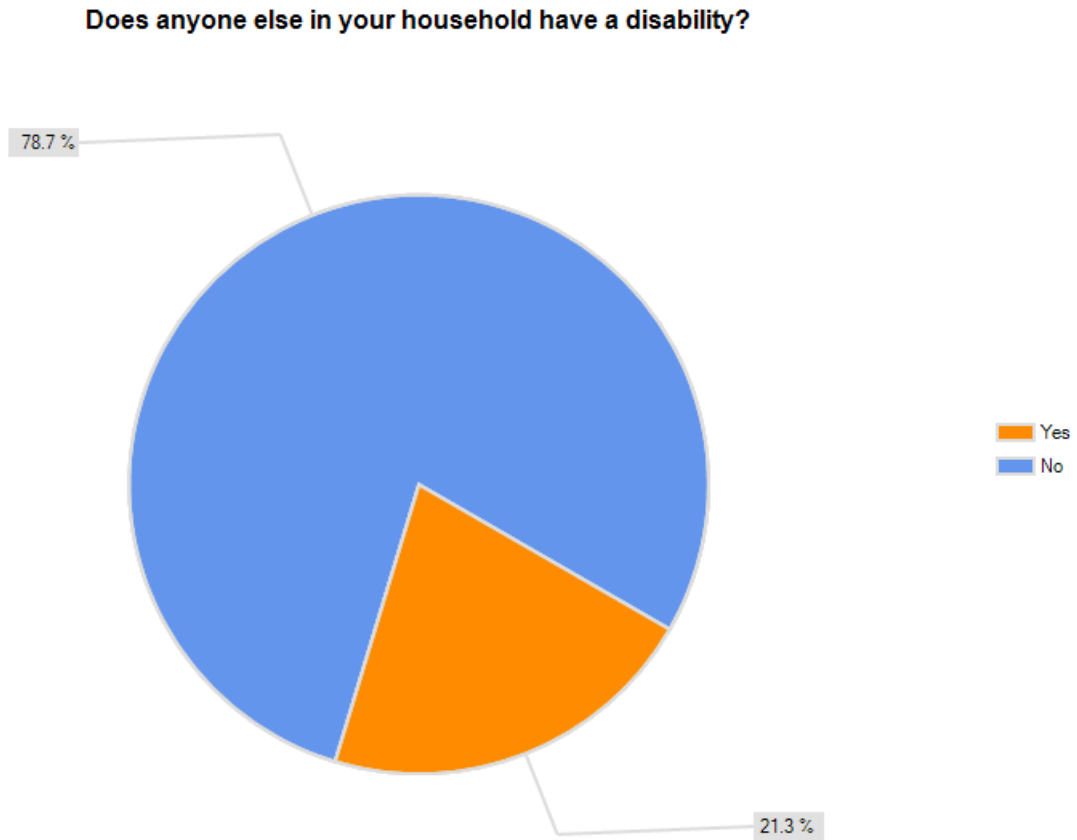
P>0.05, there is no significant difference among different zones

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**DISABILITY**

In answer to the question, “Does anyone else in your household have a disability?” 21.3 percent answered “Yes.” Caution should be taken in the interpretation due to the particular wording of the question.

Does anyone else in your household have a disability?		
Answer Options	Response Percent	Response Count
Yes	21.3%	564
No	78.7%	2079
<i>answered question</i>		<b>2643</b>
<i>skipped question</i>		<b>238</b>



**REGIONAL DATA**

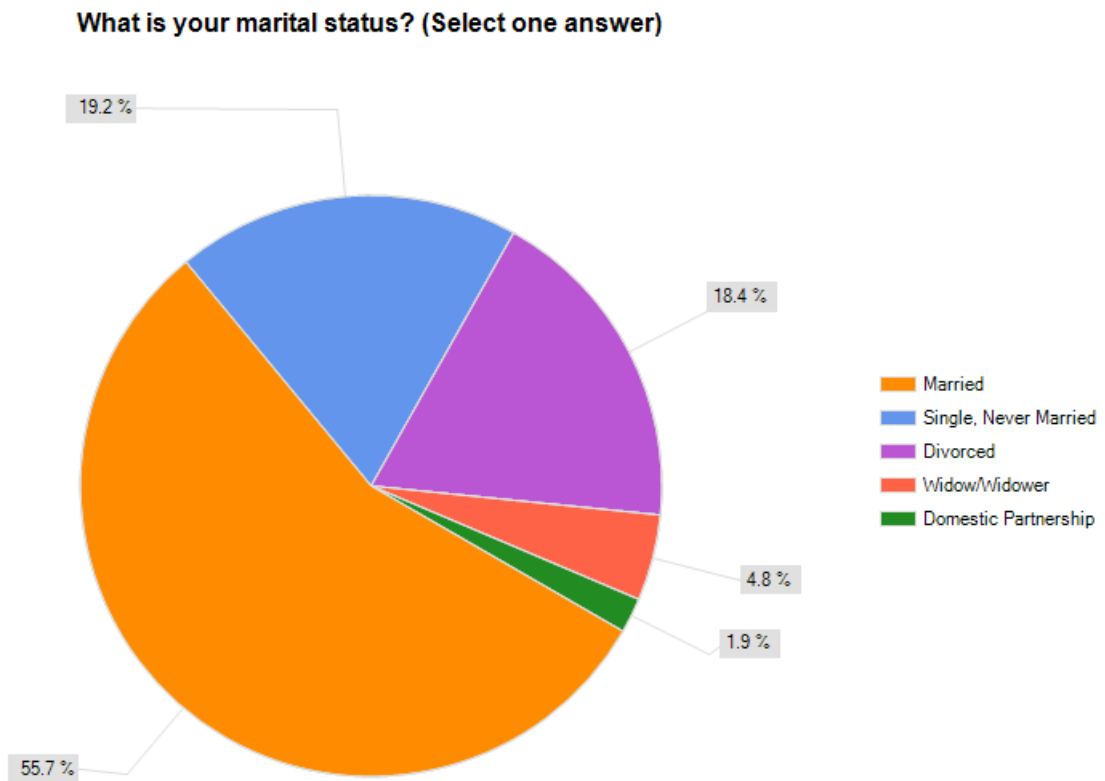
Households with disabilities were most prevalent in East Bell County. North Rural Bell had the least number of respondents noting someone in the household with a disability.

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Yes</b>	18.9% 87	21.3% 229	21.1% 32	22.8% 190	27.3% 6	12.8% 5
<b>No</b>	81.1% 373	78.7% 847	78.9% 120	77.2% 644	72.7% 16	87.2% 34

**MARITAL STATUS**

Among respondents, almost 56 percent listed themselves as married. Over 42 percent of respondents listed themselves as single, divorced, or widowed.

What is your marital status? (Select one answer)		
Answer Options	Response Percent	Response Count
Single, Never Married	19.2%	532
Domestic Partnership	1.9%	54
Married	55.7%	1546
Divorced	18.4%	512
Widow/Widower	4.8%	133
<i>answered question</i>		<b>2777</b>
<i>skipped question</i>		<b>104</b>



**REGIONAL DATA**

Among respondents, West Bell had the greatest number and percentage of single, never married respondents. East Bell had the largest number of domestic partnerships. Most respondents were married. East and West Bell County had the highest number and percentage of divorced and respondents.

**What is your marital status? (Select one answer)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>
Single, Never Married	10.8% 52	17.7% 200	7.1% 11	27.9% 246	12.2% 3
Domestic Partnership	0.8% 4	2.3% 26	0.6% 1	2.4% 21	2.4% 1
Married	64.2% 309	55.4% 627	75.0% 117	46.0% 406	78.0% 16
Divorced	17.7% 85	19.6% 222	14.1% 22	19.5% 172	4.9% 2
Widow/Widower	6.4% 31	5.0% 57	3.2% 5	9.1% 38	2.4% 1

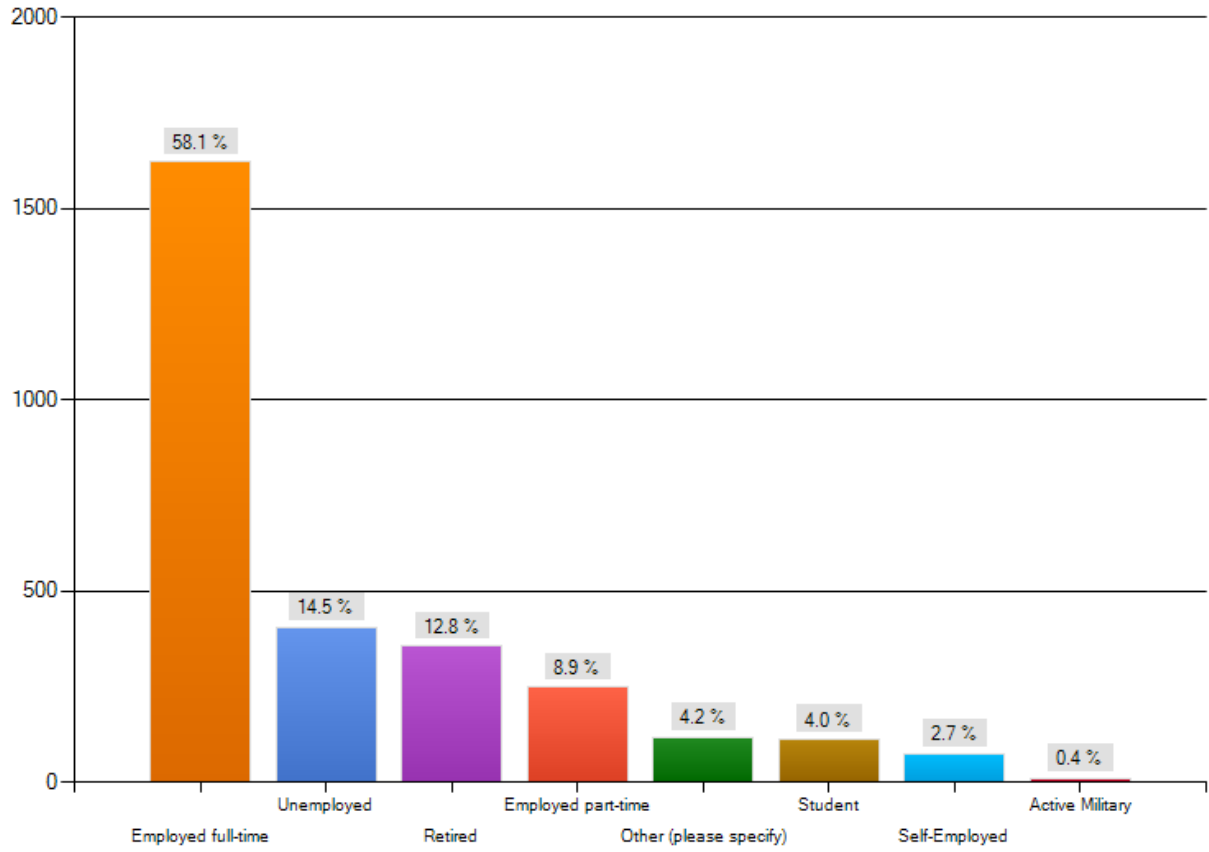
P<0.01, the difference among different zones is significant

## Employment

Almost 14 percent respondents reported themselves as being unemployed. In 2008, the American Community Survey reported only 3.8 percent unemployed. The unemployment among survey respondents is significantly different from unemployment reported by the American Community Survey for Bell County.

What is your employment status? (Select all that apply)		
Answer Options	Response Percent	Response Count
Employed full-time	58.1%	1622
Employed part-time	8.9%	249
Active Military	0.4%	10
Self-Employed	2.7%	74
Unemployed	14.5%	405
Student	4.0%	112
Retired	12.8%	356
Other (please specify)	4.2%	117
	<i>answered question</i>	<b>2791</b>
	<i>skipped question</i>	<b>90</b>

**What is your employment status? (Select all that apply)**



**REGIONAL DATA**

The majority of respondents were employed full time. West Bell County had the greatest number and percentage of respondents who were unemployed. The majority of retired respondents lived in East Bell. The greatest number of self-employed persons and students was in West Bell County. The greatest number of responses in the “Other” category indicated that the respondent was disabled and/or on SSI.

**What is your employment status? (Select all that apply)**

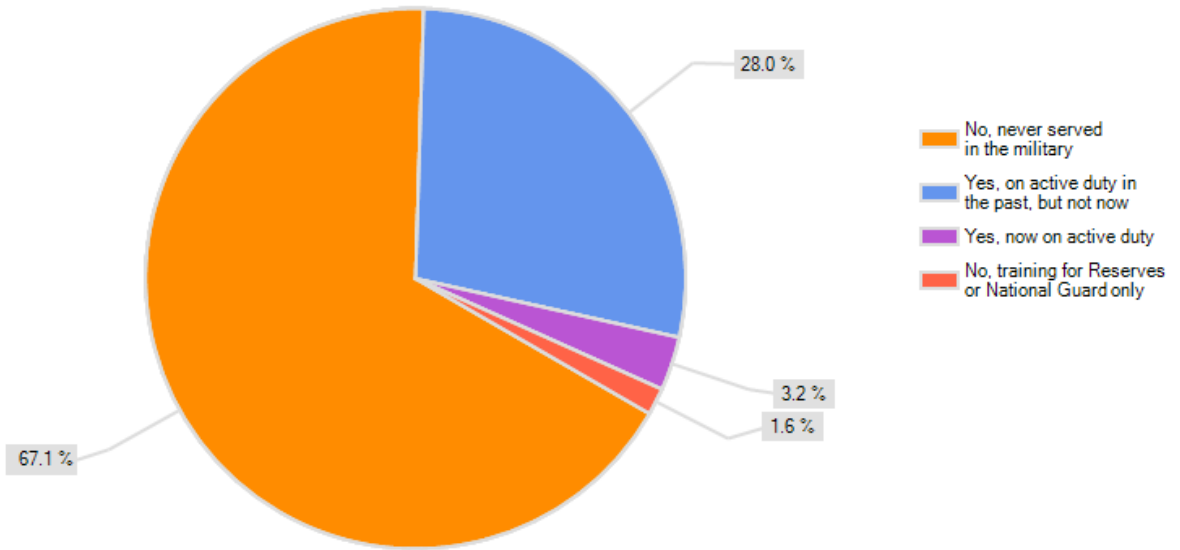
	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
Employed full-time	53.1% 275	62.0% 736	68.7% 114	43.0% 404	76.2% 16	71.1% 32
Employed part-time	9.1% 47	6.7% 79	6.0% 10	10.8% 102	9.5% 2	6.7% 3
Active Military	0.4% 2	0.1% 1	0.0% 0	0.9% 8	0.0% 0	0.0% 0
Self-Employed	3.7% 19	1.4% 16	2.4% 4	3.6% 34	4.8% 1	0.0% 0
Unemployed	8.0% 41	10.0% 119	8.4% 14	23.2% 219	4.8% 1	13.3% 6
Student	3.3% 17	3.2% 38	0.6% 1	5.5% 52	0.0% 0	4.4% 2
Retired	18.2% 94	13.1% 155	11.5% 19	8.9% 84	4.8% 1	0.0% 0
Other (please specify)	4.4% 23	3.7% 44	2.4% 4	4.6% 43	0.0% 0	4.4% 2

**SERVICE IN THE ARMED FORCES**

The majority (67.1%) of the respondents never served in the military. Those that are currently serving the Armed Forces or who have ever served constitute over 32.8 percent of the respondents.

<b>Have you or your spouse ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? (NOTE: Active duty does *not* include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Yes, now on active duty	3.2%	88
Yes, on active duty in the past, but not now	28.0%	765
No, training for Reserves or National Guard only	1.6%	44
No, never served in the military	67.1%	1833
	<i>answered question</i>	<b>2730</b>
	<i>skipped question</i>	<b>151</b>

Have you or your spouse ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? (NOTE: Active duty does \*not\* include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War).



**REGIONAL DATA**

Most respondents never served in the military. Over 700 respondents have been on active duty but are not currently serving. Only 89 respondents were on active duty; most of these were in West Bell County.

**Have you or your spouse ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Yes, now on active duty</b>	1.9% 9	1.5% 16	0.7% 1	7.1% 62	4.6% 1	2.4% 1
<b>Yes, on active duty in the past, but not now</b>	30.5% 145	24.1% 266	22.1% 34	33.6% 293	36.4% 8	19.5% 8
<b>No, training for Reserves or National Guard only</b>	2.1% 10	1.2% 13	1.2% 8	1.4% 12	0.0% 0	0.0% 0
<b>No, never served in the military</b>	65.5% 311	73.3% 810	72.1% 111	57.9% 504	59.1% 13	78.1% 32

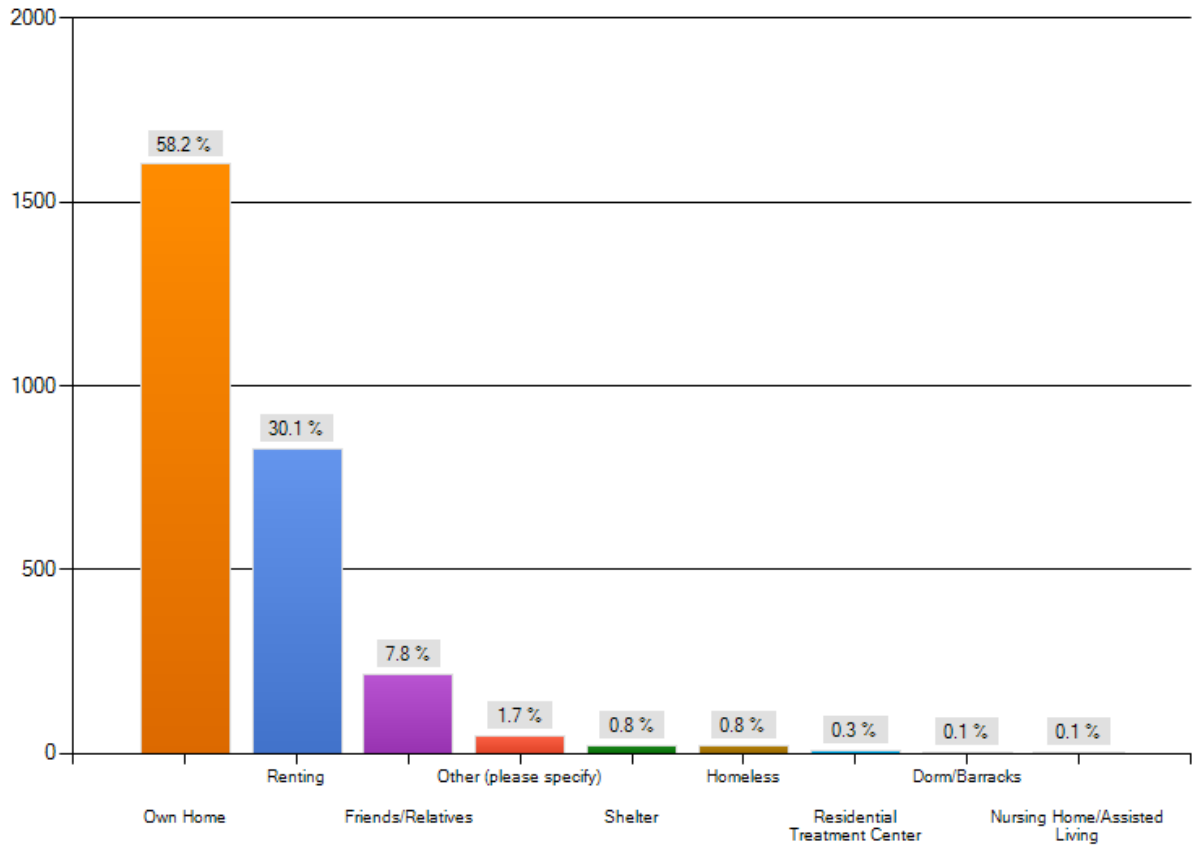
P<0.01, the difference among different zones is significant

**LIVING ARRANGEMENTS**

Most respondents own their own home or are renting (88.3%). Three persons indicated they are living in a nursing home or assisted living facility. Eight persons reside in a residential treatment center. There were 22 persons indicating they were homeless and lived in a shelter. Four respondents lived in a dorm or barracks.

<b>What are your current living arrangements? (Select one answer)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Own Home	58.2%	1602
Renting	30.1%	829
Friends/Relatives	7.8%	216
Nursing Home/Assisted Living	0.1%	3
Residential Treatment Center	0.3%	8
Shelter	0.8%	22
Homeless	0.8%	22
Dorm/Barracks	0.1%	4
Other (please specify)	1.7%	48
	<i>answered question</i>	<b>2754</b>
	<i>skipped question</i>	<b>127</b>

**What are your current living arrangements? (Select one answer)**



**REGIONAL DATA**

West Bell County reported the lowest percentage of home ownership. The highest number of renters was in East and West Bell County. Twenty-three respondents listed themselves as homeless; with 20 respondents in a shelter. Frequent responses to the “Other” category included living in RVs, mobile homes, public housing, military housing or with family.

**What are your current living arrangements? (Select one answer)**

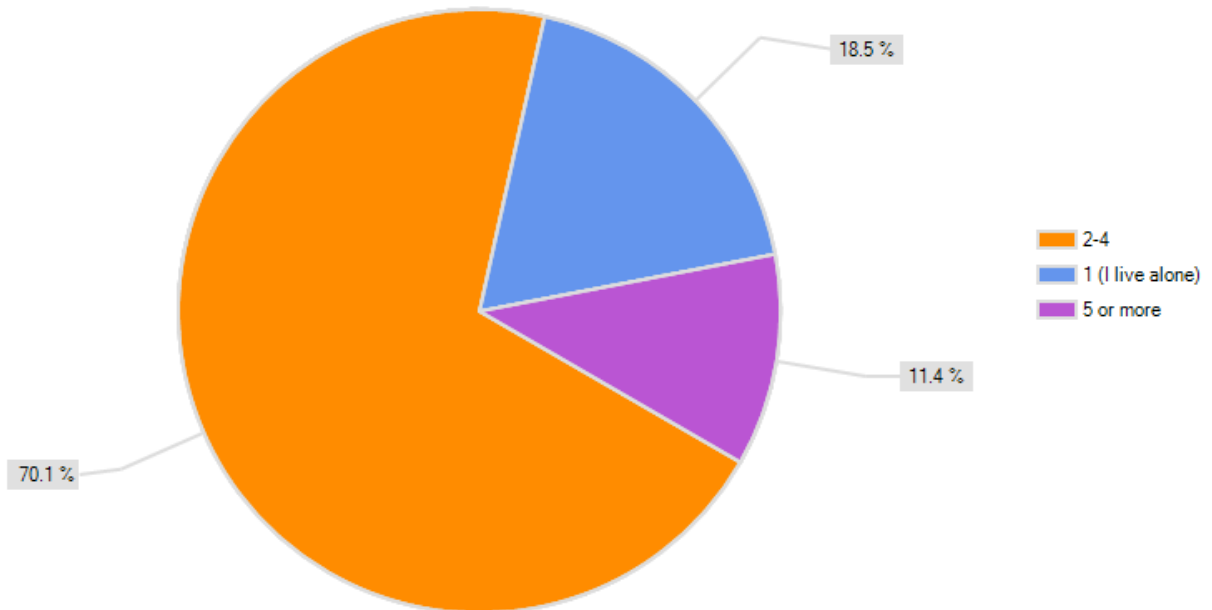
	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Own Home</b>	71.4% 339	59.5% 668	79.4% 123	43.8% 384	78.3% 18	80.5% 33
<b>Renting</b>	20.2% 96	32.4% 364	11.6% 18	37.1% 325	17.4% 4	14.6% 6
<b>Friends/Relatives</b>	5.1% 24	4.7% 53	6.5% 10	14.0% 122	4.4% 1	4.9% 2
<b>Nursing Home/Assisted Living</b>	0.0% 0	0.1% 1	0.7% 1	0.1% 1	0.0% 0	0.05% 0
<b>Residential Treatment Center</b>	0.2% 1	0.1% 1	0.0% 0	0.7% 6	0.0% 0	0.0% 0
<b>Shelter</b>	0.0% 0	1.1% 12	0.0% 0	1.0% 8	0.0% 0	0.0% 0
<b>Homeless</b>	0.2% 1	1.1% 12	0.0% 0	1.1% 10	0.0% 0	0.0% 0
<b>Dorm/Barracks</b>	0.2% 1	0.0% 0	0.0% 0	0.2% 2	0.0% 0	0.0% 0
<b>Other (please specify)</b>	2.7% 13	1.1% 12	23.1% 3	2.1% 18	0.0% 0	0.0% 0

### HOUSEHOLD COMPOSITION: SIZE

Respondents overwhelmingly had two to four individuals living in their household (70.1%). Those living alone constituted 18.5 percent; 11.4 percent indicated that there were five or more persons living in their household.

How many people (including yourself) live in your household?		
Answer Options	Response Percent	Response Count
1 (I live alone)	18.5%	513
2-4	70.1%	1945
5 or more	11.4%	315
<i>answered question</i>		<b>2773</b>
<i>skipped question</i>		<b>108</b>

How many people (including yourself) live in your household?



**REGIONAL DATA:**

Respondents overwhelmingly had two to four individuals living in their household. The greatest number of those that lived alone lived in East Bell County, but the greatest percentage was in East Bell County. West Bell County had the greatest number of homes with five or more people. Most households had two to four adults and no children. West and East Bell had the greatest number of households with children under the age of 18 years.

**How many people (including yourself) live in your household?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>
1 (I live alone)	17.7% 85	23.2% 261	6.5% 10	16.4% 145	4.9% 2
2-4	72.5% 348	66.9% 753	80.0% 123	70.1% 621	83.0% 19
5 or more	9.8% 47	10.0% 112	13.6% 21	13.5% 120	12.2% 4

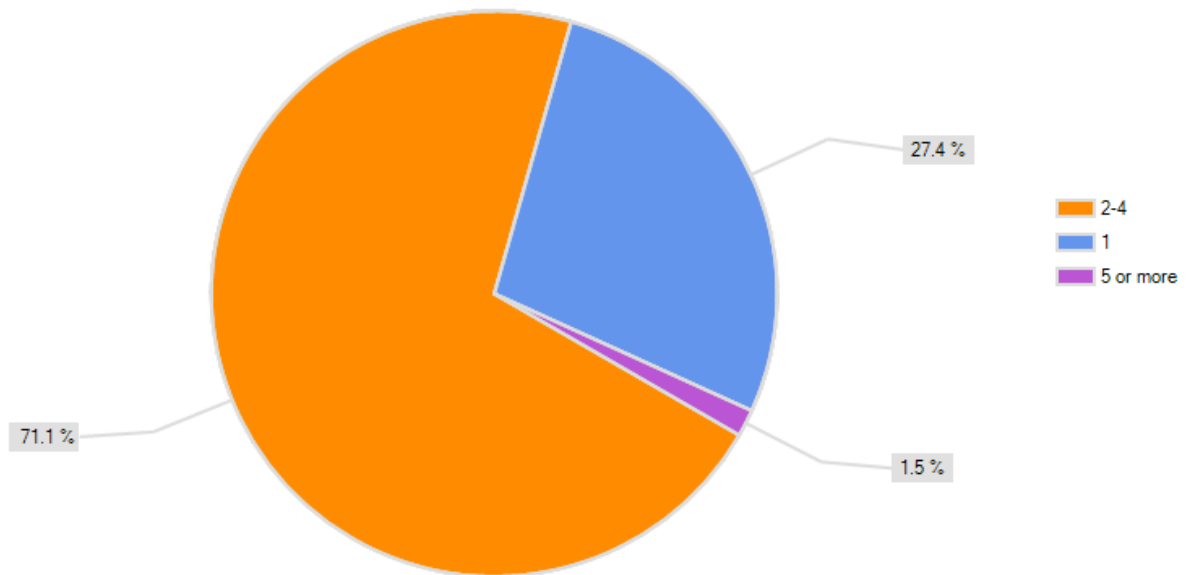
P<0.01, the difference among different zones is significant

### HOUSEHOLD COMPOSITION: NUMBER OF ADULTS

Only 1.5 percent of household had five or more adults living in their household. The overwhelming majority of households (71.1%) were composed of two to four adults. Single adult households were represented by 27.4 percent of the survey respondents.

How many adults including yourself, over the age of 18 years old, live in your household?		
Answer Options	Response Percent	Response Count
1	27.4%	749
2-4	71.1%	1942
5 or more	1.5%	42
<i>answered question</i>		<b>2733</b>
<i>skipped question</i>		<b>148</b>

How many adults including yourself, over the age of 18 years old, live in your household?



**REGIONAL DATA**

Most households in all six regions had 2-4 adults. The number of households with one adult was most prevalent in East and West Bell County. There was no significant difference among the regions with respect to the number of adults in each household.

**How many adults including yourself, over the age of 18 years old, live in your household?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>1</b>	25.4% 120	29.8% 329	11.0% 17	29.6% 259	19.1% 4	12.8% 5
<b>2-4</b>	73.2% 346	68.7% 759	87.1% 135	68.6% 601	81.0% 17	87.2% 34
<b>5 or more</b>	1.5% 7	1.5% 17	1.9% 3	1.8% 16	0.0% 0	0.0% 0

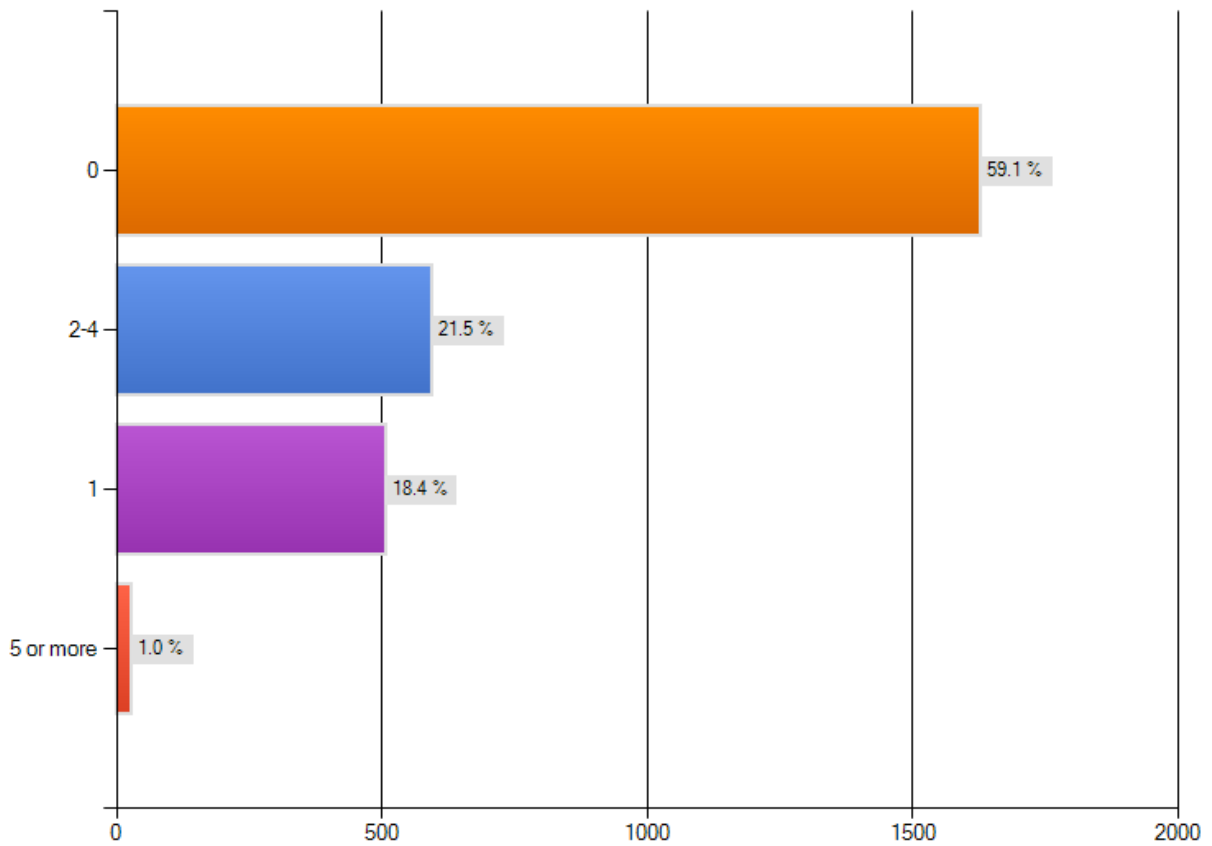
P>0.05, there is no significant difference among different zones

**HOUSEHOLD COMPOSITION: CHILDREN**

Over 60 percent of households among respondents had no children. Only 1 percent of households reported five or more children.

How many children, under the age of 18 years old, live in your household?		
Answer Options	Response Percent	Response Count
0	59.1%	1627
1	18.4%	505
2-4	21.5%	593
5 or more	1.0%	27
<i>answered question</i>		<b>2752</b>
<i>skipped question</i>		<b>129</b>

How many children, under the age of 18 years old, live in your household?



**REGIONAL DATA**

The majority of households had no children with the exception of Out of County respondents. The greatest number of households with 2-4 children was in East and West Killeen. The greatest percentage of households with one child was in Out of County responses. The greatest number of households with five or more children was in East Bell County.

**How many children, under the age of 18 years old, live in your household?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>0</b>	62.7% 296	63.5% 708	56.9% 87	52.7% 466	58.3% 14	40.4% 21
<b>1</b>	17.4% 82	16.0% 178	15.0% 23	21.4% 189	20.8% 5	42.3% 22
<b>2-4</b>	19.3% 91	19.4% 216	28.1% 43	25.0% 221	16.7% 4	15.4% 8
<b>5 or more</b>	0.6% 3	1.2% 13	0.0% 0	1.0% 9	4.1% 1	1.9% 1

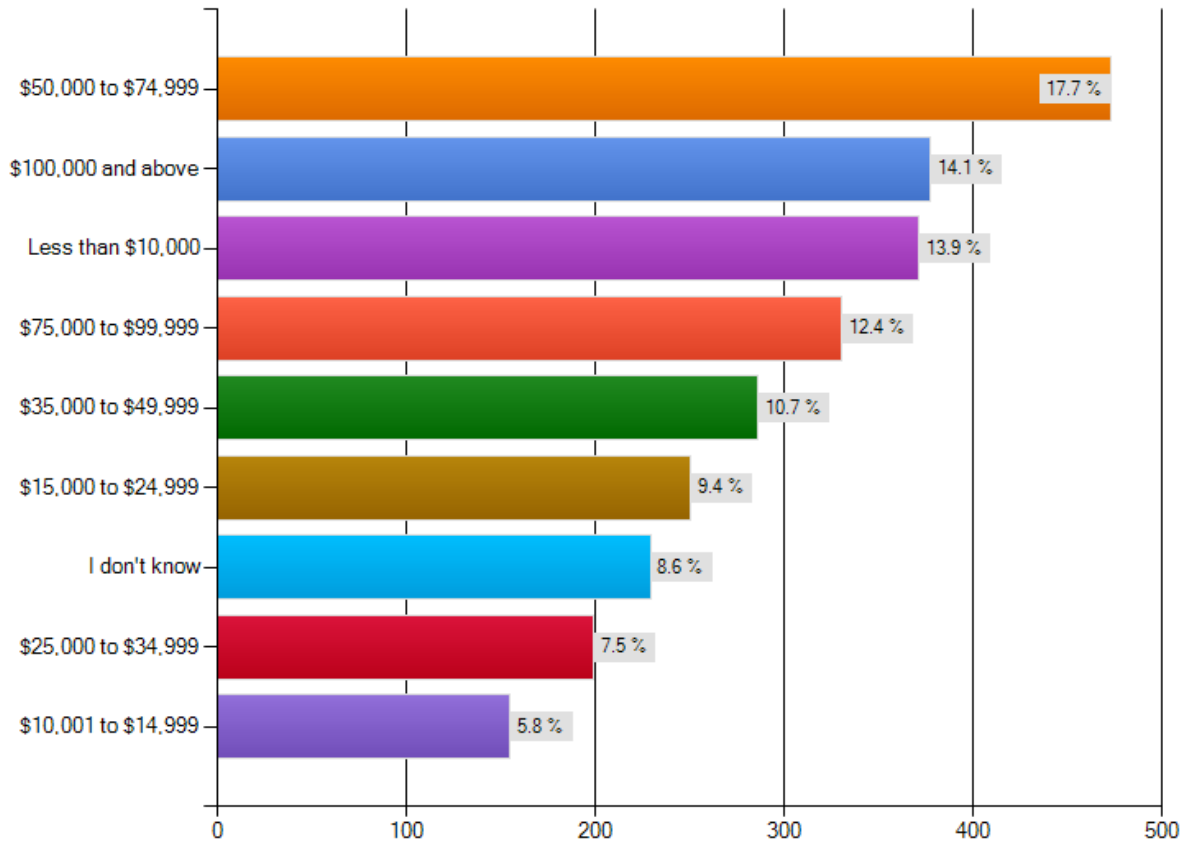
P<0.01, the difference among different zones is significant

**HOUSEHOLD INCOME**

The percent of respondents earning less than \$10,000 was more than twice the percentage recorded by the American Community Survey in 2008. The distribution of income between survey respondents and American Community Survey results is statistically significant. The majority of respondents had an annual household income of \$50,000- \$74,000.

<b>What is your annual household income? (Select one answer)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Less than \$10,000	13.9%	371
\$10,001 to \$14,999	5.8%	155
\$15,000 to \$24,999	9.4%	250
\$25,000 to \$34,999	7.5%	199
\$35,000 to \$49,999	10.7%	286
\$50,000 to \$74,999	17.7%	473
\$75,000 to \$99,999	12.4%	330
\$100,000 and above	14.1%	377
I don't know	8.6%	229
	<b><i>answered question</i></b>	<b>2670</b>
	<b><i>skipped question</i></b>	<b>211</b>

What is your annual household income? (Select one answer)



**REGIONAL DATA**

East Bell had the greatest number of respondents with an annual household income of \$50,000- \$74,000. Over 360 respondents had an annual household income less than \$10,000. West Bell had the greatest number of respondents with an annual household income of less than \$10,000. East Bell had the largest number of respondents with an annual household income of \$100,000 and above.

**What is your annual household income? (Select one answer)**

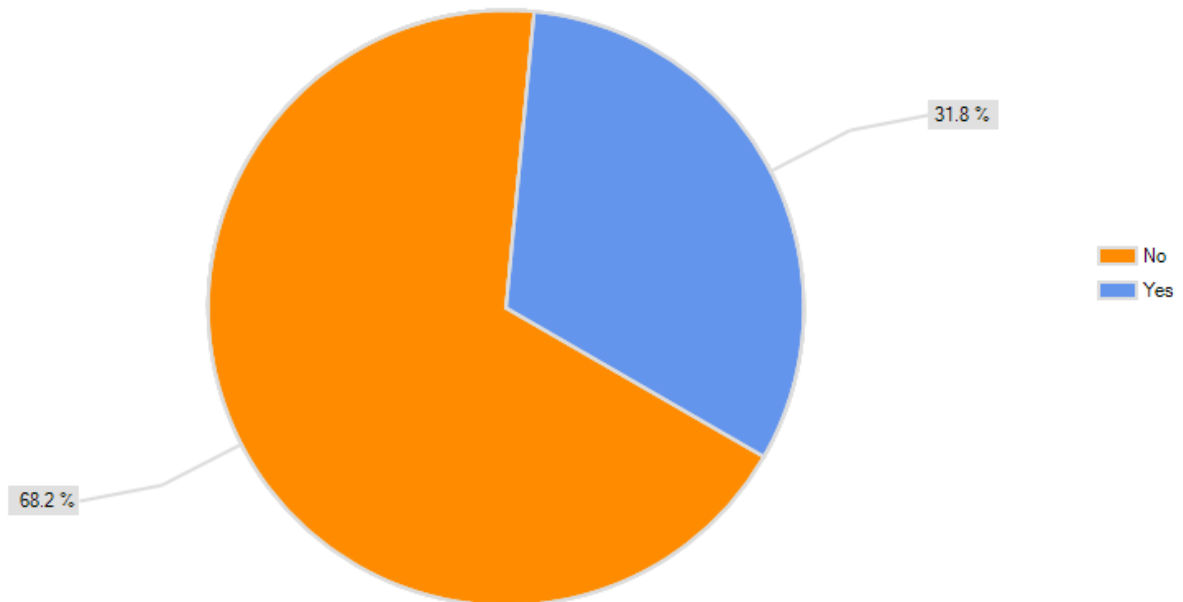
	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Less than \$10,000</b>	7.8% 36	11.6% 126	5.4% 8	22.2% 189	8.7% 2	4.9% 2
<b>\$10,001 to \$14,999</b>	3.9% 18	5.9% 64	4.7% 7	6.8% 58	4.4% 1	4.9% 2
<b>\$15,000 to \$24,999</b>	6.9% 32	10.2% 110	7.4% 11	10.2% 87	8.7% 2	0.0% 0
<b>\$25,000 to \$34,999</b>	8.2% 38	8.1% 88	6.7% 10	6.3% 54	13.0% 3	4.9% 2
<b>\$35,000 to \$49,999</b>	11.9% 55	13.1% 142	9.4% 14	7.4% 63	13.0% 3	9.8% 4
<b>\$50,000 to \$74,999</b>	19.3% 89	19.5% 211	18.1% 27	15.0% 128	26.1% 6	19.5% 8
<b>\$75,000 to \$99,999</b>	13.0% 60	12.7% 138	23.5% 35	9.1% 78	8.7% 2	26.8% 11
<b>\$100,000 and above</b>	19.1% 88	13.5% 146	18.8% 28	10.7% 91	13.0% 3	19.5% 8
<b>I don't know</b>	10.0% 46	5.4% 58	6.0% 9	12.3% 105	4.4% 1	9.8% 4

**EMPLOYMENT**

Of survey respondents, 31.8 percent indicated that at least one member of their household has had to find a job within the past year.

Have you or any member of your household had to find a job in the last year? If yes, answer question 19. If not, skip to question 20.		
Answer Options	Response Percent	Response Count
Yes	31.8%	825
No	68.2%	1767
<i>answered question</i>		<b>2592</b>
<i>skipped question</i>		<b>289</b>

Have you or any member of your household had to find a job in the last year?



**REGIONAL DATA**

West Bell had the greatest number of respondents who either they or someone else in the household has had to find a job in the last year. All, but Out of County respondents, had over 25 percent indicating they or someone else in the household has had to find a job in the last year.

**Have you or any member of your household had to find a job in the last year? If yes, answer question 19. If not, skip to question 20.**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Yes</b>	26.9% 119	28.3% 297	28.8% 42	39.6% 328	39.1% 9	21.1% 8
<b>No</b>	73.1% 323	71.7% 754	71.2% 104	60.4% 500	60.9% 14	78.9% 30

P<0.01, the difference among different zones is significant

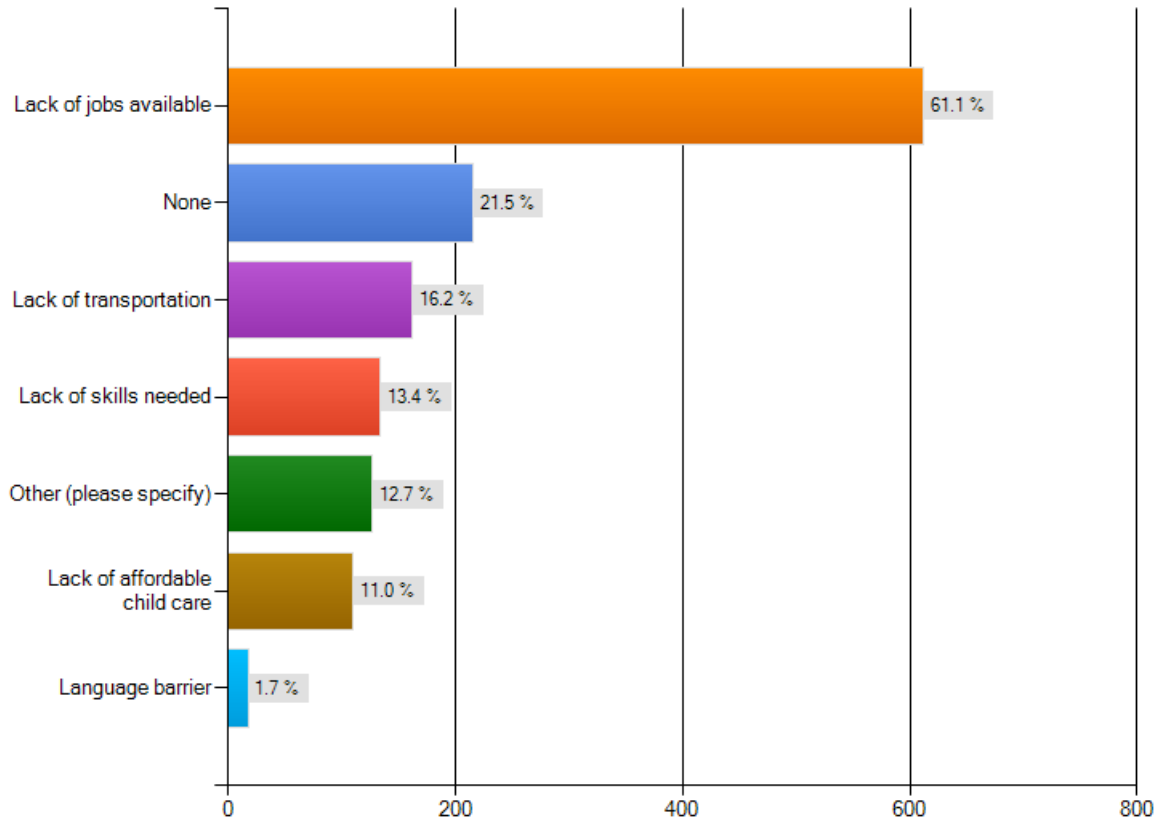
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**EMPLOYMENT: OBSTACLES TO FIND A JOB**

The most prevalent barrier to job seeking among those who had to find a job in the last year was the lack of jobs available. Over 21 percent of those responding indicated that they had faced no obstacles to finding a job. Among the most prevalent reasons given in the “Other” category included: physical disabilities, health issues, mental health issues, criminal background, and being overqualified or overeducated for the jobs available.

<b>If yes, what are some of the obstacles faced? (Select *all* that apply)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Lack of affordable child care	11.0%	110
Language barrier	1.7%	17
Lack of jobs available	61.1%	612
Lack of skills needed	13.4%	134
Lack of transportation	16.2%	162
None	21.5%	215
Other (please specify)	12.7%	127
	<i>answered question</i>	<b>1002</b>
	<i>skipped question</i>	<b>1879</b>

**If yes, what are some of the obstacles faced? (Select \*all\* that apply)**



**REGIONAL DATA**

Lack of jobs available was the overwhelming response to this question among all regions. Transportation in West Bell served as a significant barrier. Among East Bell residents, the lack of skills served as a barrier to seeking employment.

**If yes, what are some of the obstacles faced? (Select \*all\* that apply)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Lack of affordable child care</b>	7.1% 14	6.9% 34	8.8% 6	8.8% 49	13.3% 2	0.0% 0
<b>Language barrier</b>	1.5% 3	1.0% 5	1.5% 1	1.4% 8	0.0% 0	0.0% 0
<b>Lack of jobs available</b>	43.7% 86	45.4% 225	50.0% 34	41.7% 233	60.0% 9	72.7% 8
<b>Lack of skills needed</b>	9.6% 19	10.9% 54	8.8% 6	8.6% 48	13.3% 2	9.1% 1
<b>Lack of transportation</b>	7.1% 14	9.5% 47	8.8% 6	16.8% 94	13.3% 2	0.0% 0
<b>None</b>	19.3% 38	17.1% 85	14.7% 10	13.8% 77	0.0% 0	9.1% 1
<b>Other (please specify)</b>	11.7% 23	9.3% 46	7.4% 5	8.9% 50	0.0% 0	9.1% 1

P>0.05, there is no significant difference among different zones

**SOCIAL SERVICES**

During the past year, survey respondents indicated that they needed the most assistance with food and household items (45.3%), prescription and medications (30.5%), utilities (29%), affordable medical care (26.4%), rent and mortgage (24.1%), and clothing and shoes (22.9%). The most prevalent responses in the “Other” category related to help paying for college tuition, dental care, employment, and economic assistance.

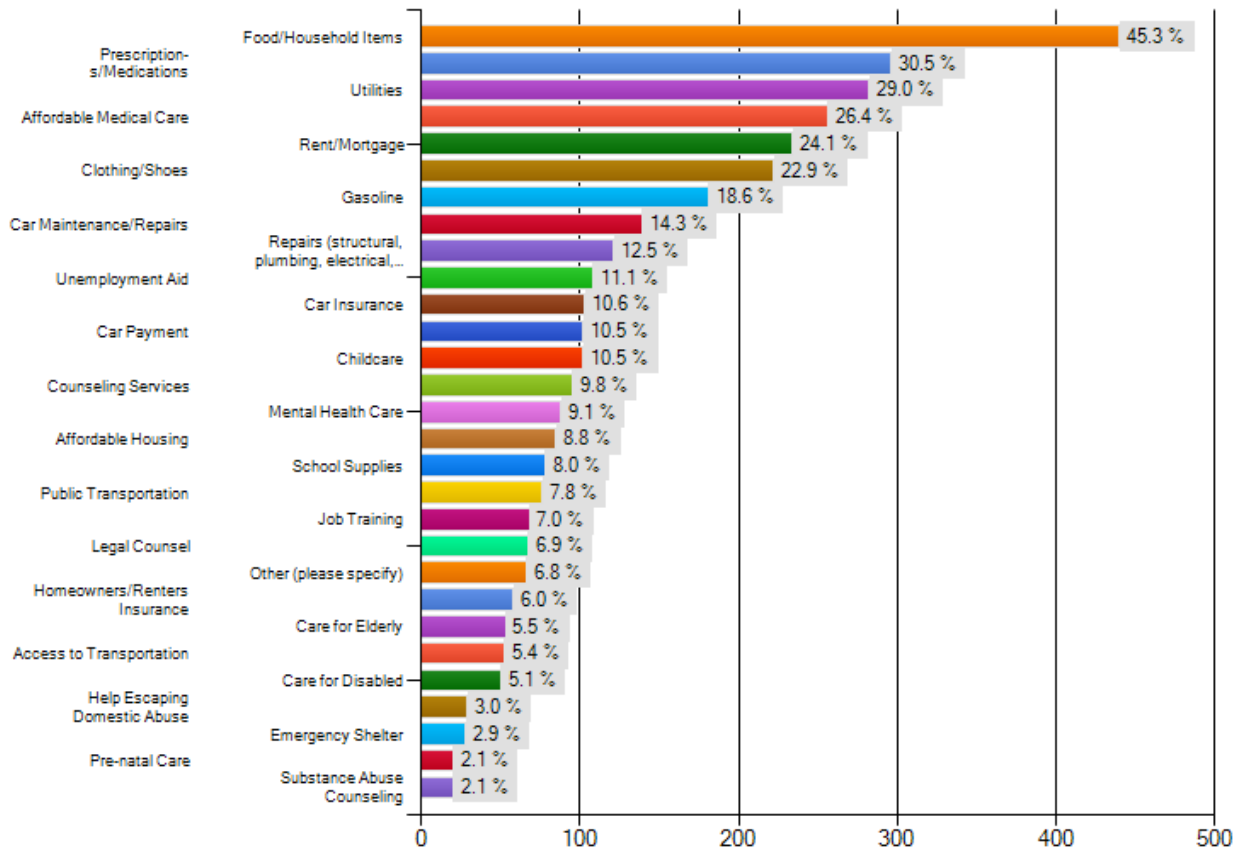
**In the past year, did you or anyone in your household need assistance that you were UNABLE to provide yourself? (If yes, please check all that apply).**

Answer Options	Response Percent	Response Count
Clothing/Shoes	22.9%	222
Food/Household Items	45.3%	440
Rent/Mortgage	24.1%	234
Utilities	29.0%	282
Prescriptions/Medications	30.5%	296
Affordable Medical Care	26.4%	256
Mental Health Care	9.1%	88
Pre-natal Care	2.1%	20
Homeowners/Renters Insurance	6.0%	58
Repairs (structural, plumbing, electrical, heating, A/C)	12.5%	121
Affordable Housing	8.8%	85
Emergency Shelter	2.9%	28
School Supplies	8.0%	78
Car Payment	10.5%	102
Car Insurance	10.6%	103
Gasoline	18.6%	181
Car Maintenance/Repairs	14.3%	139
Public Transportation	7.8%	76
Access to Transportation	5.4%	52
Childcare	10.5%	102
Care for Elderly	5.5%	53
Care for Disabled	5.1%	50
Legal Counsel	6.9%	67
Counseling Services	9.8%	95
Substance Abuse Counseling	2.1%	20
Help Escaping Domestic Abuse	3.0%	29
Unemployment Aid	11.1%	108
Job Training	7.0%	68
Other (please specify)	6.8%	66
<b>answered question</b>		<b>971</b>

*skipped question*

1910

**In the past year, did you or anyone in your household need assistance that you were UNABLE to provide yourself? (If yes, please check all that apply).**



**REGIONAL DATA**

A large number of residents in East and West Bell needed assistance with clothing, food/household items, rent/mortgage, utility payments, prescription drugs and affordable medical care. Over 100 respondents needed unemployment aid and almost 70 needed job training.

**In the past year, did you or anyone in your household need assistance that you were UNABLE to provide yourself? (If yes, please check all that apply).**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Clothing/Shoes</b>	4.9% 22	5.6% 83	5.4% 9	7.3% 100	5.9% 2	3.1% 1
<b>Food/Household Items</b>	12.1% 55	11.4% 159	12.0% 20	13.8% 188	11.8% 4	9.4% 3
<b>Rent/Mortgage</b>	6.6% 30	6.4% 89	6.0% 10	7.0% 96	5.9% 2	6.3% 2
<b>Utilities</b>	8.2% 37	7.7% 108	8.4% 14	8.2% 112	11.8% 4	12.5% 4
<b>Prescriptions/ Medications</b>	8.8% 40	8.8% 123	5.4% 9	8.3% 113	17.7% 6	6.3% 2
<b>Affordable Medical Care</b>	7.7% 35	7.2% 101	4.8% 8	7.6% 103	5.9% 2	6.3% 2
<b>Mental Health Care</b>	1.5% 7	2.4% 33	1.8% 3	3.0% 41	2.9% 1	6.3% 2
<b>Pre-natal Care</b>	0.2% 1	0.7% 9	0.6% 1	0.7% 9	0.0% 0	0.0% 0
<b>Homeowners/</b>	2.2%	2.0%	0.6%	1.4%	0.0%	0.0%

In the past year, did you or anyone in your household need assistance that you were UNABLE to provide yourself? (If yes, please check all that apply).

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Renters Insurance</b>	10	28	1	19	0	0
<b>Repairs (structural, plumbing, electrical, heating, A/C)</b>	6.6%	3.2%	5.4%	2.4%	5.9%	6.3%
	30	44	9	33	2	2
<b>Affordable Housing</b>	2.2%	2.8%	1.2%	2.0%	5.9%	0.0%
	10	39	2	28	2	0
<b>Emergency Shelter</b>	0.4%	0.7%	0.6%	1.1%	0.0%	0.0%
	2	9	1	15	0	0
<b>School Supplies</b>	1.3%	2.3%	2.4%	2.3%	0.0%	3.1%
	6	32	4	31	0	1
<b>Car Payment</b>	3.5%	3.1%	4.2%	2.4%	0.0%	3.1%
	16	43	7	33	0	1
<b>Car Insurance</b>	3.3%	2.4%	4.2%	3.2%	0.0%	3.1%
	15	34	7	43	0	1
<b>Gasoline</b>	4.2%	5.5%	7.8%	4.7%	2.9%	6.3%
	19	76	13	64	1	2
<b>Car Maintenance/ Repairs</b>	5.1%	3.7%	4.8%	3.4%	8.8%	6.3%
	23	51	8	46	3	2
<b>Public Transportation</b>	1.8%	2.2%	1.8%	2.6%	0.0%	0.0%
	8	30	3	35	0	0
<b>Access to Transportation</b>	0.4%	1.8%	1.8%	1.5%	0.0%	0.0%
	2	25	3	20	0	0

In the past year, did you or anyone in your household need assistance that you were UNABLE to provide yourself? (If yes, please check all that apply).

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Childcare</b>	2.4% 11	2.5% 35	4.8% 8	3.2% 44	2.9% 1	6.3% 2
<b>Care for Elderly</b>	2.4% 11	1.8% 25	1.2% 2	1.0% 14	2.9% 1	0.0% 0
<b>Care for Disabled</b>	1.1% 5	1.7% 23	0.6% 1	1.3% 18	5.9% 2	0.0% 0
<b>Legal Counsel</b>	1.3% 6	2.4% 33	4.2% 7	1.5% 20	0.0% 0	0.0% 0
<b>Counseling Services</b>	2.4% 11	3.0% 42	2.4% 4	2.4% 33	0.0% 0	6.3% 2
<b>Substance Abuse Counseling</b>	0.9% 4	0.6% 8	0.6% 1	0.5% 7	0.0% 0	0.0% 0

## ADEQUATE SERVICES

Nearly one-half indicated Bell County has adequate services in the following areas: low-income housing, healthcare access, crime and safety, early childhood education, and access to transportation. Approximately 40 to 60 percent of respondents said they didn't know if the services in the following areas were adequate: financial aid, substance abuse, homelessness, youth behavior, child abuse and neglect, domestic violence, mental illness, adult day care, poverty, services and care for the elderly, services and care for the disabled, English as a second language services, affordable counseling and therapy, and legal aid.

In your opinion, is adequate assistance available in our community for the following areas?			
Answer Options	Yes	No	Don't Know
Financial Aid	870	449	1051
Substance Abuse	825	408	1108
Homelessness	595	744	1015
Low-Income Housing	1089	501	782
Healthcare Access	1100	536	677
Crime and Safety	1129	432	755
Youth Behavior	619	675	1010
Child Abuse & Neglect	755	599	943
Domestic Violence	756	546	981
Mental Illness	797	522	1007
Adult Day Care	463	554	1292
Poverty	586	628	1100
Hunger	896	539	873
Services & Care for the Elderly	828	507	988
Services & Care for the Disabled	809	468	1048
Early Childhood Education	1131	296	841
Unemployment	915	529	877
Access to Transportation	1074	537	702
English as a Second Language	784	268	1225
Affordable Counseling/Therapy	521	646	1133
Legal Aid	674	496	1138
		<i>answered question</i>	<b>2514</b>
		<i>skipped question</i>	<b>367</b>

**REGIONAL DATA**

Respondents in East Bell consistently reported adequate assistance for services more frequently than West Bell respondents. In Central Bell, respondents felt that there were adequate crime and safety services. North Rural identified low-income housing, health care access, crime and safety, and early childhood education as being adequate in the County.

**In your opinion, is adequate assistance available in our community for the following areas?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Financial Aid</b>	4.6%	4.9%	5.0%	5.7%	3.9%	4.6%
	132	386	42	278	5	8
<b>Substance Abuse</b>	4.4%	4.9%	4.4%	5.0%	6.2%	3.5%
	127	383	37	243	8	6
<b>Homelessness</b>	3.0%	3.8%	2.5%	3.5%	2.3%	2.3%
	86	298	21	170	3	4
<b>Low-Income Housing</b>	6.6%	6.5%	6.0%	6.0%	7.7%	4.6%
	190	513	50	293	10	8
<b>Healthcare Access</b>	6.7%	6.5%	7.2%	5.8%	8.5%	6.9%
	193	516	60	284	11	12
<b>Crime and Safety</b>	7.4%	6.6%	7.2%	5.6%	7.7%	7.5%
	215	523	60	286	10	13
<b>Youth Behavior</b>	3.8%	3.4%	4.6%	3.7%	2.3%	3.5%
	110	266	38	179	3	6
<b>Child Abuse &amp; Neglect</b>	4.1%	4.2%	3.7%	4.9%	4.6%	5.8%
	121	332	31	237	6	10
<b>Domestic Violence</b>	4.0%	4.2%	3.5%	5.1%	3.9%	5.2%
	115	333	29	248	5	9
<b>Mental Illness</b>	4.6%	4.8%	4.7%	4.4%	6.2%	3.5%
	132	378	39	215	8	6

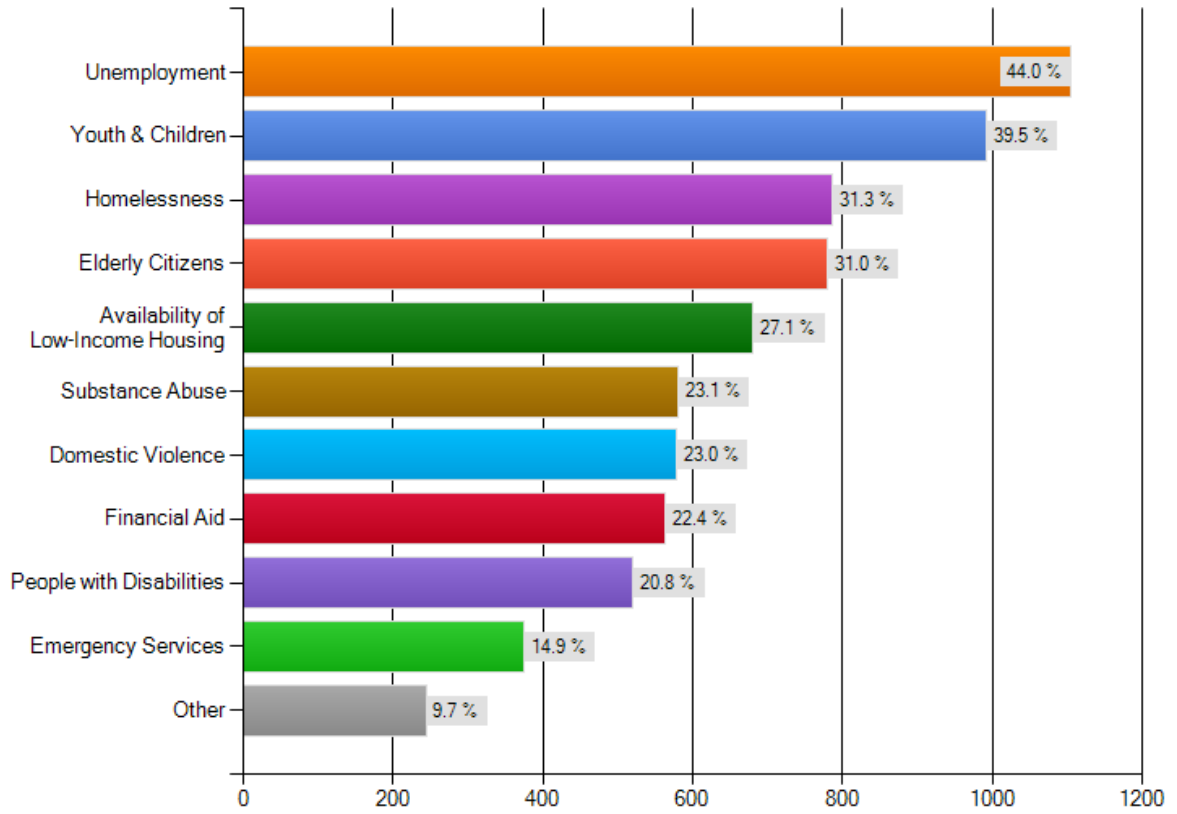
	<b>Central Bell</b>	<b>East Bell (Temple)</b>	<b>South Rural</b>	<b>West Bell</b>	<b>North Rural</b>	<b>Out of County</b>
<b>Adult Day Care</b>	2.8%	2.9%	3.1%	2.3%	3.1%	1.2%
	80	230	26	113	4	2
<b>Poverty</b>	3.6%	3.5%	3.5%	3.2%	3.9%	2.3%
	103	276	29	154	5	4
<b>Hunger</b>	5.1%	5.2%	4.7%	5.3%	3.9%	5.8%
	148	412	39	261	5	10
<b>Services &amp; Care for the Elderly</b>	4.9%	5.0%	4.8%	4.4%	4.6%	5.8%
	142	394	40	215	6	10
<b>Services &amp; Care for the Disabled</b>	4.5%	4.8%	4.8%	4.6%	4.6%	5.2%
	130	378	40	224	6	9
<b>Early Childhood Education</b>	6.8%	6.5%	7.0%	6.6%	7.7%	9.2%
	198	509	59	322	10	16
<b>Unemployment</b>	5.3%	5.0%	4.9%	5.9%	5.4%	6.3%
	154	392	41	289	7	11
<b>Access to Transportation</b>	6.0%	6.1%	4.9%	6.7%	5.4%	7.5%
	175	484	41	327	7	13
<b>English as a Second</b>	4.8%	4.4%	5.8%	4.4%	3.9%	4.6%
	139	349	48	214	5	8
<b>Affordable Counseling/</b>	3.0%	2.9%	3.1%	3.2%	2.3%	2.3%
	86	230	26	155	3	4
<b>Legal Aid</b>	4.2%	3.9%	4.6%	3.7%	2.3%	2.9%
	123	304	38	179	3	5

**HUMAN SERVICES**

Unemployment, youth and children, homelessness and elderly citizens were selected as the top human service challenges facing Bell County.

<b>In your opinion, what are the Top 3 human service challenges facing Bell County? (Please select 3 answers)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Financial Aid	22.4%	563
Youth & Children	39.5%	992
Elderly Citizens	31.0%	779
People with Disabilities	20.8%	521
Emergency Services	14.9%	375
Homelessness	31.3%	786
Domestic Violence	23.0%	578
Unemployment	44.0%	1105
Substance Abuse	23.1%	580
Availability of Low-Income Housing	27.1%	681
Other (please specify)	9.7%	244
	<b><i>answered question</i></b>	<b>2510</b>
	<b><i>skipped question</i></b>	<b>371</b>

**In your opinion, what are the Top 3 human service challenges facing Bell County?  
(Please select 3 answers)**



**REGIONAL DATA**

In Central Bell County, the top three challenges were youth & children, unemployment, and elderly citizens. Unemployment, youth and children, homelessness, and elderly citizens were listed as the top challenges in East Bell County. South Rural Bell County’s top challenges were youth and children, elderly citizens, and unemployment. In West Bell County, unemployment, youth and children, availability of low-income housing, and homelessness were listed as the top challenges. North Rural Bell County’s top challenges were listed as unemployment, availability of low-income housing, and youth & children. For respondents from Out of County, top challenges were listed as people with disabilities, availability of low-income housing, homelessness, and unemployment.

**In your opinion, what are the Top 3 human service challenges facing Bell County? (Please select 3 answers)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Financial Aid</b>	8.3% 102	7.8% 233	6.9% 28	7.9% 178	9.0% 6	6.1% 8
<b>Youth &amp; Children</b>	15.1% 184	13.9% 416	17.6% 71	12.5% 282	13.4% 9	9.8% 13
<b>Elderly Citizens</b>	12.8% 157	12.1% 361	16.4% 66	6.9% 155	11.9% 8	7.6% 10
<b>People with Disabilities</b>	6.2% 76	7.9% 236	7.2% 29	6.6% 148	9.0% 6	17.4% 23
<b>Emergency Services</b>	4.9% 60	4.0% 121	3.7% 15	7.3% 165	3.0% 2	2.3% 3
<b>Homelessness</b>	7.9% 97	12.2% 365	9.7% 39	10.9% 246	10.4% 7	11.4% 15
<b>Domestic Violence</b>	7.4% 90	7.7% 232	8.7% 35	8.5% 191	6.0% 4	8.3% 11
<b>Unemployment</b>	14.5% 177	14.5% 433	11.7% 47	17.6% 395	16.4% 11	11.4% 15

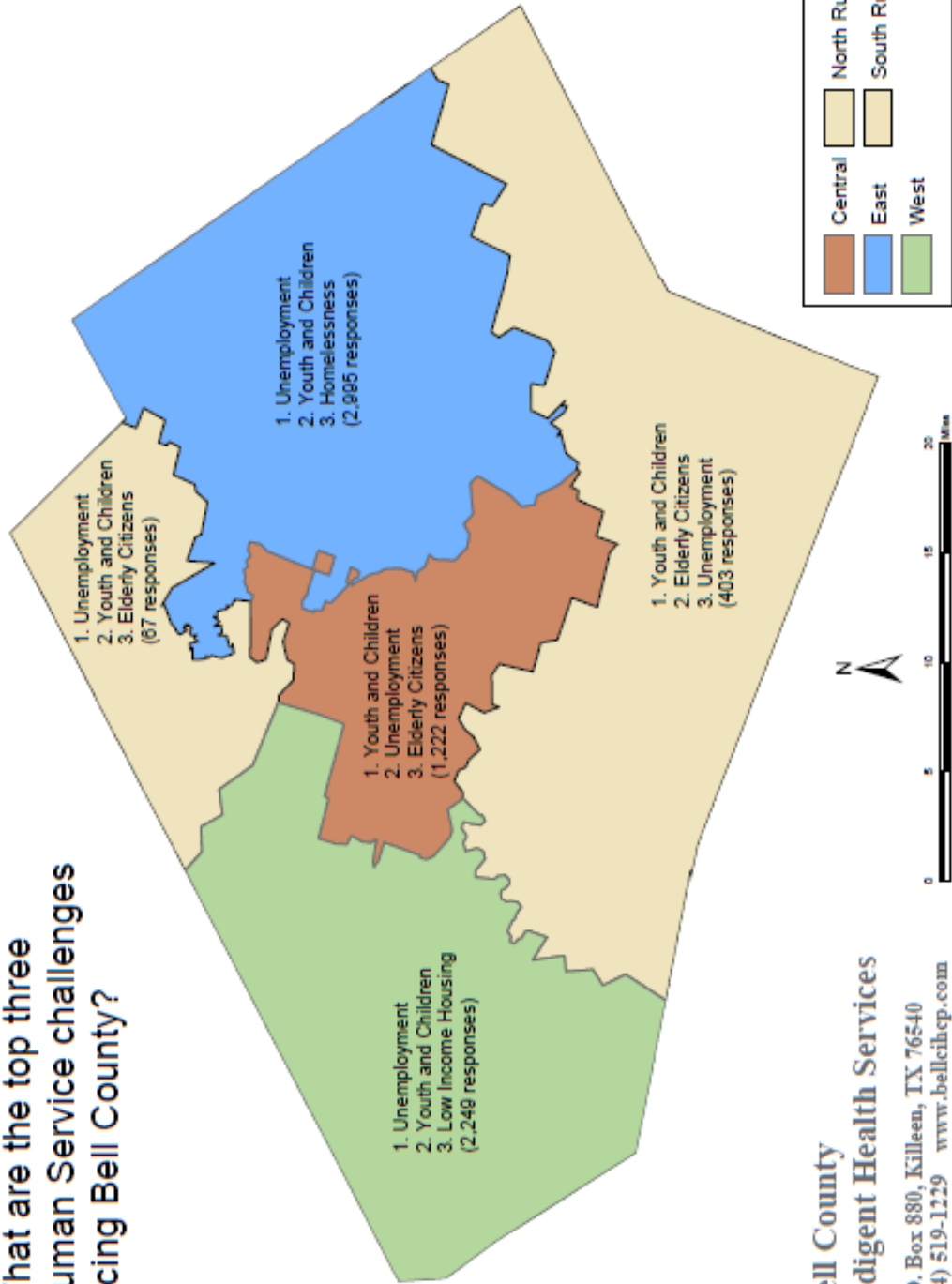
In your opinion, what are the Top 3 human service challenges facing Bell County? (Please select 3 answers)

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Substance Abuse</b>	9.7% 119	7.9% 238	9.9% 40	7.1% 159	4.5% 3	6.1% 8
<b>Availability of Low-Income Housing</b>	9.0% 110	8.7% 261	5.0% 20	11.5% 259	13.4% 9	17.4% 23
<b>Other (please specify)</b>	4.1% 50	3.3% 99	3.2% 13	3.2% 71	3.0% 2	2.3% 3

p<0.01, the difference among different zones is significant

**Bell County Community Needs Assessment**

**In Your Opinion,  
What are the top three  
Human Service challenges  
facing Bell County?**



**Bell County  
Indigent Health Services**  
P.O. Box 880, Killeen, TX 76540  
(254) 519-1229 [www.bellchcp.com](http://www.bellchcp.com)



**HEALTH SERVICES**

The most common reasons given for not accessing health services when needed were the lack of insurance and inability to pay the full costs, not knowing where to go to obtain services, and lack of ability to pay copay even with insurance.

**Within the last year, if you or someone in your household have needed the following health services, but did not get them, please identify the reason(s) why. (Select ALL that apply)**

<b>Answer Options</b>	<b>Health Care</b>	<b>Vision Care</b>	<b>Dental Care</b>	<b>Mental Health Care</b>	<b>Pre-natal Care</b>	<b>Medicine</b>	<b>Durable Medical Equip.</b>	<b>Resp. Count</b>
Don't know where to go	160	128	198	83	24	88	57	347
Doctor not accepting new patients	161	19	48	18	11	13	7	206
No insurance - unable to pay	465	323	438	147	54	299	68	610
Have insurance - unable to pay copay	165	86	134	46	13	92	29	252
Unable to leave work	98	40	52	30	9	17	9	126
Lack of childcare	28	12	15	11	7	7	6	43
Lack of transportation	80	38	42	23	12	28	14	97
Language barrier	21	12	10	9	5	11	6	36
Long office wait times	168	43	49	24	15	33	12	189
Waiting list	89	23	32	31	12	10	12	132
Shame/Embarrassment	59	25	49	46	11	21	10	115
Other	17	6	9	6	1	3	2	26
Other (please specify)								66
							<i>answered question</i>	<b>1024</b>
							<i>skipped question</i>	<b>1857</b>

### BARRIERS TO HEALTH CARE

Over 30 percent of survey respondents indicated that they did not have insurance and were unable to pay the costs associated with healthcare. Over 10 percent of respondents also reported difficulty knowing where to go for healthcare, that their doctors were not accepting new patients, that while they had insurance they were unable to pay the copay, and the long office wait times were prohibitive.

Answer Options	Percentage
Don't know where to go	10.6%
Doctor not accepting new patients	10.7%
No insurance - unable to pay	30.8%
Have insurance - unable to pay copay	10.9%
Unable to leave work	6.5%
Lack of childcare	1.9%
Lack of transportation	5.3%
Language barrier	1.4%
Long office wait times	11.1%
Waiting list	5.9%
Shame/Embarrassment	3.9%
Other	1.1%

### BARRIERS TO VISION CARE

Nearly 43 percent of survey respondents indicated that the reason they were unable to receive vision care was the lack of insurance and inability to pay the cost of vision care. Over 10 percent of survey respondents indicated they didn't know where to go for vision care, and that while they had insurance, they were unable to pay the copay.

Answer Options	Percentage
Don't know where to go	17.0%
Doctor not accepting new patients	2.5%
No insurance - unable to pay	42.8%
Have insurance - unable to pay copay	11.4%
Unable to leave work	5.3%
Lack of childcare	1.6%
Lack of transportation	5.0%
Language barrier	1.6%
Long office wait times	5.7%
Waiting list	3.0%
Shame/Embarrassment	3.3%
Other	0.8%

**BARRIERS TO MENTAL HEALTH CARE**

Over 30 percent of respondents to this question indicated that they had difficulty accessing mental health services due to lack of insurance and inability to pay cost of mental health care. Over 17 percent of the respondents indicated they didn't know where to go to access mental health services.

<b>Answer Options</b>	<b>Percentage</b>
Don't know where to go	17.5%
Doctor not accepting new patients	3.8%
No insurance - unable to pay	31.0%
Have insurance - unable to pay copay	9.7%
Unable to leave work	6.3%
Lack of childcare	2.3%
Lack of transportation	4.9%
Language barrier	1.9%
Long office wait times	5.1%
Waiting list	6.5%
Shame/Embarrassment	9.7%
Other	1.3%

**BARRIERS TO PRENATAL CARE**

Over 30 percent of respondents to this question indicated that they had difficulty accessing prenatal care due to lack of insurance and inability to pay cost of care. Over 13 percent of the respondents indicated they didn't know where to go to access prenatal care services.

<b>Answer Options</b>	<b>Percentage</b>
Don't know where to go	13.8%
Doctor not accepting new patients	6.3%
No insurance - unable to pay	31.0%
Have insurance - unable to pay copay	7.5%
Unable to leave work	5.2%
Lack of childcare	4.0%
Lack of transportation	6.9%
Language barrier	2.9%
Long office wait times	8.6%
Waiting list	6.9%
Shame/Embarrassment	6.3%
Other	0.6%

**BARRIERS TO OBTAINING PRESCRIPTION MEDICINE**

Over 48 percent of respondents to this question indicated that they had difficulty accessing prescription medicine due to lack of insurance and inability to pay cost of care. Over 14 percent of the respondents indicated they didn't know where to go to obtain medicines and while they had insurance, they were unable to pay the copay.

<b>Answer Options</b>	<b>Percentage</b>
Don't know where to go	14.1%
Doctor not accepting new patients	2.1%
No insurance - unable to pay	48.1%
Have insurance - unable to pay copay	14.8%
Unable to leave work	2.7%
Lack of childcare	1.1%
Lack of transportation	4.5%
Language barrier	1.8%
Long office wait times	5.3%
Waiting list	1.6%
Shame/Embarrassment	3.4%
Other	0.5%

**ACCESS TO DURABLE MEDICAL EQUIPMENT**

Over 29 percent of respondents to this question indicated that they had difficulty obtaining durable medical equipment due to lack of insurance and inability to pay the cost. Over 24 percent of the respondents indicated they didn't know where to go to obtain durable medical equipment and over 12 percent said that while they had insurance, they were unable to pay the copay.

<b>Answer Options</b>	<b>Percentage</b>
Don't know where to go	24.6%
Doctor not accepting new patients	3.0%
No insurance - unable to pay	29.3%
Have insurance - unable to pay copay	12.5%
Unable to leave work	3.9%
Lack of childcare	2.6%
Lack of transportation	6.0%
Language barrier	2.6%
Long office wait times	5.2%
Waiting list	5.2%
Shame/Embarrassment	4.3%
Other	0.9%

**REGIONAL DATA**

Lack of insurance and inability to pay for health care costs was the top reason for not receiving health care in all regions, except South Rural Bell County. In Central Bell County, other major reasons for lack of access to health care included having insurance, but not being to pay copay and long office wait times. Long office wait times, doctors not accepting new patients, and having insurance but inability to pay copay, were cited as the top reasons for not receiving health care in East Bell County. The top reason for not receiving health care in South Rural Bell County was having insurance but inability to pay copay, followed by lack of insurance, and long office wait times. In West Bell County, the other major reason than lack of insurance was that respondents indicated they didn't know where to go. Tied with lack of insurance, having insurance but inability to pay copay were the top reasons respondents from North Rural Bell County cited for lack of access to health care. For Out of County respondents, other top reasons included not knowing where to go, having insurance but inability to pay copay and inability to leave work.

**HEALTH CARE**

**Within the last year, if you or someone in your household have needed the following health services, but did not get them, please identify the reason(s) why. (Select ALL that apply)**

	Central Bell	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Don't know where to go</b>	8.5% 19	7.2% 44	9.1% 7	15.8% 84	10.0% 1	11.1% 2
<b>Doctor not accepting new</b>	9.4% 21	11.8% 72	11.7% 9	9.6% 51	10.0% 1	5.6% 1
<b>No insurance - unable to pay</b>	26.8% 60	29.7% 182	16.9% 13	35.8% 191	30.0% 3	27.8% 5
<b>Have insurance - unable to pay copay</b>	12.5% 28	11.6% 71	22.1% 17	7.9% 42	30.0% 3	11.1% 2
<b>Unable to leave work</b>	6.7% 15	7.0% 43	5.2% 4	5.4% 29	10.0% 1	11.1% 2

	Central Bell	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Lack of childcare</b>	4.5% 10	1.1% 7	1.3% 1	1.7% 9	0.0% 0	0.0% 0
<b>Lack of transportation</b>	5.8% 13	4.6% 28	5.2% 4	5.8% 31	0.0% 0	5.6% 1
<b>Language barrier</b>	1.3% 3	1.8% 11	0.0% 0	1.1% 6	0.0% 0	5.6% 1
<b>Long office wait times</b>	12.5% 28	12.4% 76	15.6% 12	8.6% 46	0.0% 0	5.6% 1
<b>Waiting list</b>	4.9% 11	7.0% 43	9.1% 7	4.7% 25	10.0% 1	5.6% 1
<b>Shame/ Embarrassment</b>	4.9% 11	4.9% 30	2.6% 2	2.6% 14	0.0% 0	5.6% 1
<b>Other</b>	2.2% 5	0.8% 5	1.3% 1	0.9% 5	0.0% 0	5.6% 1

p<0.01, the difference among different zones is significant

**Vision Care**

Lack of insurance and inability to pay for health care costs was the overwhelming top reason for not receiving vision care in all regions. In Central and East Bell County, other major reasons for lack of access to vision care included having insurance, but not being to pay copay and not knowing where to go for care. Long office wait times, and not knowing where to go for care, were cited as the top reason for not receiving health care in South Rural Bell County. In West Bell County, the other major reason than lack of insurance was that respondents indicated they didn't know where to go for vision care.

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Don't know where to go</b>	12.8% 15	14.1% 40	11.9% 5	22.6% 65	20.0% 1	11.1% 1
<b>Doctor not accepting new patients</b>	3.4% 4	2.5% 7	4.8% 2	1.7% 5	0.0% 0	0.0% 0
<b>No insurance - unable to pay</b>	39.3% 46	38.9% 110	31.0% 13	48.8% 140	40.0% 2	44.4% 4
<b>Have insurance - unable to pay copay</b>	10.3% 12	13.1% 37	21.4% 9	8.7% 25	0.0% 0	11.1% 1
<b>Unable to leave work</b>	6.0% 7	6.0% 17	2.4% 1	4.9% 14	20.0% 1	0.0% 0
<b>Lack of childcare</b>	3.4% 4	1.1% 3	0.0% 0	1.4% 4	0.0% 0	11.1% 1
<b>Lack of transportation</b>	6.0% 7	4.9% 14	7.1% 3	4.9% 14	0.0% 0	0.0% 0
<b>Language barrier</b>	2.6% 3	2.8% 8	0.0% 0	0.3% 1	0.0% 0	0.0% 0

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Long office wait times</b>	6.0% 7	6.4% 18	14.3% 6	3.5% 10	20.0% 1	11.1% 1
<b>Waiting list</b>	4.3% 5	3.5% 10	4.8% 2	1.7% 5	0.0% 0	11.1% 1
<b>Shame/Embarrassment</b>	4.3% 5	5.7% 16	2.4% 1	1.0% 3	0.0% 0	0.0% 0
<b>Other</b>	1.7% 2	1.1% 3	0.0% 0	0.3% 1	0.0% 0	0.0% 0

p<0.01, the difference among different zones is significant

**DENTAL CARE**

Lack of insurance and inability to pay for costs was the overwhelming top reason for not receiving dental care in all regions. In Central, East, and South Rural Bell County, other major reasons for lack of access to dental care included having insurance, but not being to pay copay and not knowing where to go for care. In West Bell County, the other major reason than lack of insurance was that respondents indicated they didn't know where to go for dental care. Not knowing where to go and having insurance, but inability to pay copay was cited as other reasons for not receiving dental care in North Rural Bell County. Out of County respondents cited that although they had insurance, inability to pay copay was another reason dental care was inaccessible.

	<b>Central Bell</b>	<b>East Bell (Temple)</b>	<b>South Rural</b>	<b>West Bell</b>	<b>North Rural</b>	<b>Out of County</b>
<b>Don't know where to go</b>	14.0% 22	16.0% 66	12.5% 8	23.8% 96	22.2% 2	8.3% 1
<b>Doctor not accepting new patients</b>	5.1% 8	3.1% 13	4.7% 3	5.0% 20	0.0% 0	8.3% 1
<b>No insurance - unable to pay</b>	38.2% 60	39.7% 164	28.1% 18	45.0% 182	33.3% 3	41.7% 5
<b>Have insurance - unable to pay copay</b>	13.4% 21	14.3% 59	26.6% 17	7.7% 31	22.2% 2	16.7% 2
<b>Unable to leave work</b>	7.6% 12	5.1% 21	3.1% 2	3.7% 15	0.0% 0	8.3% 1
<b>Lack of childcare</b>	3.2% 5	1.2% 5	0.0% 0	1.2% 5	0.0% 0	0.0% 0
<b>Lack of transportation</b>	3.2% 5	3.9% 16	6.3% 4	4.2% 17	0.0% 0	0.0% 0

	<b>Central Bell</b>	<b>East Bell (Temple)</b>	<b>South Rural</b>	<b>West Bell</b>	<b>North Rural</b>	<b>Out of County</b>
<b>Language barrier</b>	1.9%	1.5%	0.0%	0.2%	0.0%	0.0%
	3	6	0	1	0	0
<b>Long office wait times</b>	3.2%	4.8%	10.9%	3.5%	11.1%	8.3%
	5	20	7	14	1	1
<b>Waiting list</b>	2.5%	3.4%	3.1%	2.5%	0.0%	8.3%
	4	14	2	10	0	1
<b>Shame/Embarrassment</b>	6.4%	6.3%	3.1%	2.5%	11.1%	0.0%
	10	26	2	10	1	0
<b>Other</b>	1.3%	0.7%	1.6%	0.7%	0.0%	0.0%
	2	3	1	3	0	0

p<0.01, the difference among different zones is significant

**MENTAL HEALTH CARE**

Lack of insurance and inability to pay for costs was the overwhelming top reason for not receiving mental health care in all regions. In Central, East, and South Rural Bell County, other major reasons for lack of access to mental health care included having insurance, but not being to pay copay and not knowing where to go for care. In West Bell County, the other major reason than lack of insurance was that respondents indicated they didn't know where to go for mental health care. Three responses in North Rural Bell County cited not knowing where to go and having insurance, but an inability to pay copay as barriers to mental health care. Single responses recorded from Out of County respondents listed the following reasons for not receiving mental health care: not knowing where to go, unable to leave work, long office waits, waiting list, and shame and embarrassment.

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Don't know where to go</b>	17.6% 13	13.2% 25	20.8% 5	22.6% 38	33.3% 1	14.3% 1
<b>Doctor not accepting new patients</b>	5.4% 4	4.8% 9	4.2% 1	1.8% 3	0.0% 0	0.0% 0
<b>No insurance - unable to pay</b>	28.4% 21	27.5% 52	8.3% 2	37.5% 63	33.3% 1	28.6% 2
<b>Have insurance - unable to pay copay</b>	9.5% 7	10.6% 20	25.0% 6	6.5% 11	33.3% 1	0.0% 0
<b>Unable to leave work</b>	4.1% 3	6.3% 12	4.2% 1	7.1% 12	0.0% 0	14.3% 1
<b>Lack of childcare</b>	6.8% 5	1.6% 3	4.2% 1	1.2% 2	0.0% 0	0.0% 0
<b>Lack of transportation</b>	4.1% 3	4.8% 9	8.3% 2	5.4% 9	0.0% 0	0.0% 0

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Language barrier</b>	2.7% 2	2.1% 4	4.2% 1	1.2% 2	0.0% 0	0.0% 0
<b>Long office wait times</b>	2.7% 2	6.3% 12	12.5% 3	3.6% 6	0.0% 0	14.3% 1
<b>Waiting list</b>	8.1% 6	9.0% 17	4.2% 1	3.6% 6	0.0% 0	14.3% 1
<b>Shame/Embarrassment</b>	8.1% 6	12.2% 23	4.2% 1	8.9% 15	0.0% 0	14.3% 1
<b>Other</b>	2.7% 2	1.6% 3	0.0% 0	0.6% 1	0.0% 0	0.0% 0

P>0.05, there is no significant difference among different zones

**PRE-NATAL CARE**

Lack of insurance and inability to pay for costs were the top reasons for not receiving prenatal care in Central, East, and South Rural Bell County, followed by not knowing where to go.

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Don't know where to go</b>	10.7% 3	10.5% 6	0.0% 0	18.8% 13	50.0% 1	0.0% 0
<b>Doctor not accepting new patients</b>	3.6% 1	8.8% 5	0.0% 0	5.8% 4	50.0% 1	0.0% 0
<b>No insurance - unable to pay</b>	25.0% 7	24.6% 14	20.0% 2	40.6% 28	0.0% 0	33.3% 1
<b>Have insurance - unable to pay copay</b>	10.7% 3	5.3% 3	20.0% 2	5.8% 4	0.0% 0	0.0% 0
<b>Unable to leave work</b>	3.6% 1	3.5% 2	0.0% 0	7.2% 5	0.0% 0	0.0% 0
<b>Lack of childcare</b>	10.7% 3	3.5% 2	0.0% 0	2.9% 2	0.0% 0	0.0% 0
<b>Lack of transportation</b>	10.7% 3	8.8% 5	10.0% 1	4.3% 3	0.0% 0	0.0% 0
<b>Language barrier</b>	3.6% 1	7.0% 4	0.0% 0	0.0% 0	0.0% 0	0.0% 0
<b>Long office wait times</b>	10.7% 3	8.8% 5	20.0% 2	5.8% 4	0.0% 0	33.3% 1
<b>Waiting list</b>	3.6% 1	5.3% 3	20.0% 2	7.2% 5	0.0% 0	33.3% 1
<b>Shame/Embarrassment</b>	7.1% 2	12.3% 7	10.0% 1	1.4% 1	0.0% 0	0.0% 0
<b>Other</b>	0.0% 0	1.8% 1	0.0% 0	0.0% 0	0.0% 0	0.0% 0

**MEDICINE**

Lack of insurance and inability to pay for costs were the top reasons for not obtaining medicines in all regions except North Rural Bell County, followed by having insurance but inability to pay copay.

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Don't know where to go</b>	8.1% 7	9.7% 23	12.8% 5	21.6% 50	16.7% 1	11.1% 1
<b>Doctor not accepting new patients</b>	4.7% 4	1.3% 3	5.1% 2	1.3% 3	0.0% 0	0.0% 0
<b>No insurance - unable to pay</b>	44.2% 38	48.5% 115	28.2% 11	52.2% 121	16.7% 1	44.4% 4
<b>Have insurance - unable to pay copay</b>	15.1% 13	17.7% 42	25.6% 10	9.1% 21	50.0% 3	11.1% 1
<b>Unable to leave work</b>	4.7% 4	1.7% 4	2.6% 1	3.0% 7	0.0% 0	11.1% 1
<b>Lack of childcare</b>	3.5% 3	0.8% 2	0.0% 0	0.9% 2	0.0% 0	0.0% 0
<b>Lack of transportation</b>	7.0% 6	3.8% 9	7.7% 3	4.3% 10	0.0% 0	0.0% 0
<b>Language barrier</b>	2.3% 2	3.0% 7	0.0% 0	0.9% 2	0.0% 0	0.0% 0
<b>Long office wait times</b>	5.8% 5	5.9% 14	10.3% 4	3.4% 8	16.7% 1	11.1% 1
<b>Waiting list</b>	1.2% 1	2.1% 5	2.6% 1	0.9% 2	0.0% 0	11.1% 1
<b>Shame/Embarrassment</b>	3.5% 3	5.1% 12	2.6% 1	2.2% 5	0.0% 0	0.0% 0
<b>Other</b>	0.0% 0	0.4% 1	2.6% 1	0.4% 1	0.0% 0	0.0% 0

**DURABLE MEDICAL EQUIPMENT**

Lack of insurance and inability to pay for costs was the top reason for not obtaining durable medical equipment in all regions except South Rural Bell County. Not knowing where to go was cited as the second most common reason for inability to obtain durable medical equipment for Central, East, and West Bell County. Respondents in South Rural Bell County listed not knowing where to go and having insurance, but not being able to pay copay as the top reasons for not obtaining durable medical equipment. Having insurance, but inability to pay copay was a major reason for not getting durable medical equipment in East, South Rural, and North Rural Bell County.

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Don't know where to go</b>	26.5% 9	20.2% 21	27.8% 5	31.3% 21	0.0% 0	0.0% 0
<b>Doctor not accepting new patients</b>	5.9% 2	3.8% 4	5.6% 1	0.0% 0	0.0% 0	0.0% 0
<b>No insurance - unable to pay</b>	26.5% 9	23.1% 24	16.7% 3	40.3% 27	50.0% 1	33.3% 1
<b>Have insurance - unable to pay copay</b>	2.9% 1	13.5% 14	27.8% 5	11.9% 8	50.0% 1	0.0% 0
<b>Unable to leave work</b>	5.9% 2	4.8% 5	0.0% 0	3.0% 2	0.0% 0	0.0% 0
<b>Lack of childcare</b>	2.9% 1	3.8% 4	0.0% 0	1.5% 1	0.0% 0	0.0% 0
<b>Lack of transportation</b>	8.8% 3	6.7% 7	5.6% 1	4.5% 3	0.0% 0	0.0% 0
<b>Language barrier</b>	2.9% 1	4.8% 5	0.0% 0	0.0% 0	0.0% 0	0.0% 0

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Long office wait times</b>	2.9% 1	5.8% 6	11.1% 2	3.0% 2	0.0% 0	33.3% 1
<b>Waiting list</b>	5.9% 2	4.8% 5	5.6% 1	4.5% 3	0.0% 0	33.3% 1
<b>Shame/Embarrassment</b>	8.8% 3	6.7% 7	0.0% 0	0.0% 0	0.0% 0	0.0% 0
<b>Other</b>	0.0% 0	1.9% 2	0.0% 0	0.0% 0	0.0% 0	0.0% 0

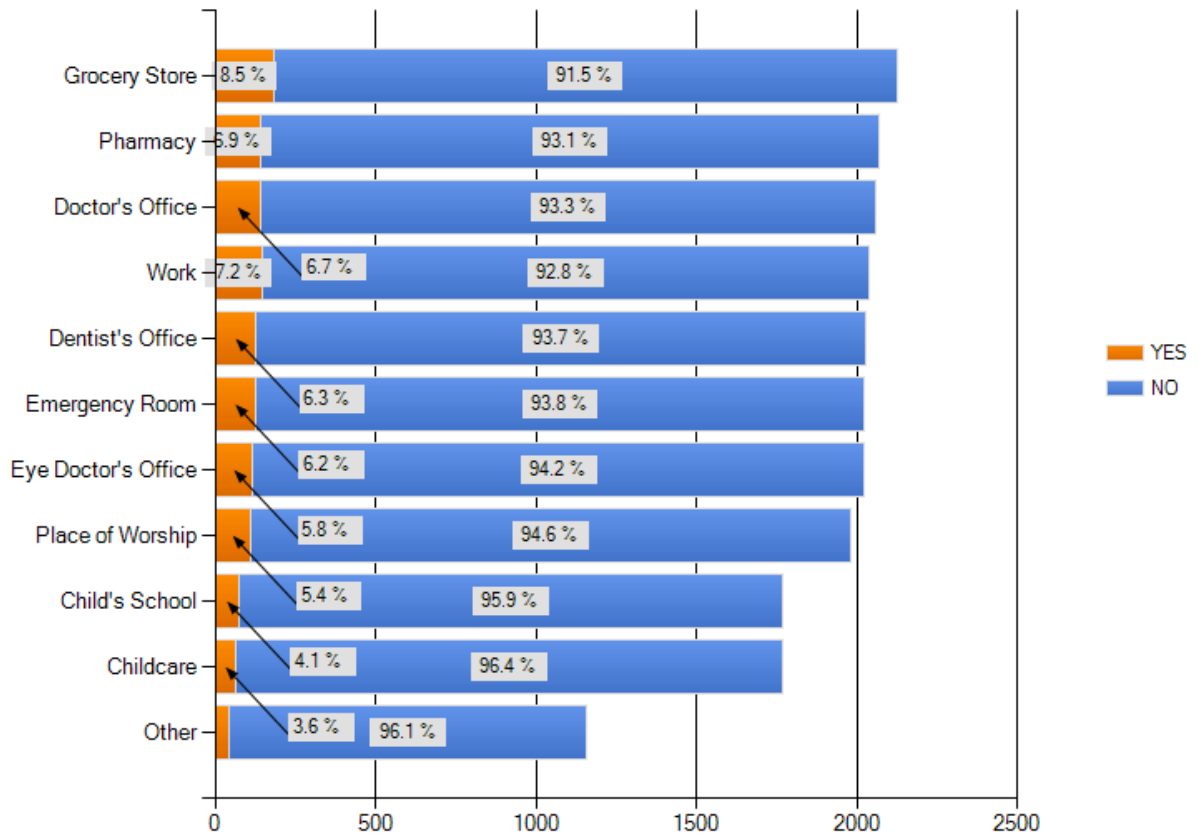
P>0.05, there is no significant difference among different zones

**TRANSPORTATION**

While the majority of respondents indicated that they had no difficulty with transportation, some respondents indicated that they had difficulty getting to the grocery store, pharmacy, doctor’s office, dentist’s office, eye doctor’s office and place of worship. Respondents from across the county acknowledged that if public transportation were available, they would use it.

<b>Do you have trouble getting transportation to the following? (Select ALL that apply)</b>			
<b>Answer Options</b>	<b>YES</b>	<b>NO</b>	<b>Response Count</b>
Work	146	1893	2039
Grocery Store	181	1943	2124
Pharmacy	143	1925	2068
Childcare	63	1705	1768
Child's School	72	1699	1771
Doctor's Office	139	1922	2061
Dentist's Office	127	1902	2029
Eye Doctor's Office	117	1907	2024
Emergency Room	125	1900	2025
Place of Worship	108	1874	1982
Other	45	1111	1156
	<i>answered question</i>		<b>2201</b>
	<i>skipped question</i>		<b>680</b>

**Do you have trouble getting transportation to the following? (Select ALL that apply)**



**REGIONAL DATA**

There were no significant differences between the regions with respect to their difficulty in arranging for transportation.

**Do you have trouble getting transportation to the following? (Select ALL that apply)**

**Yes Count**

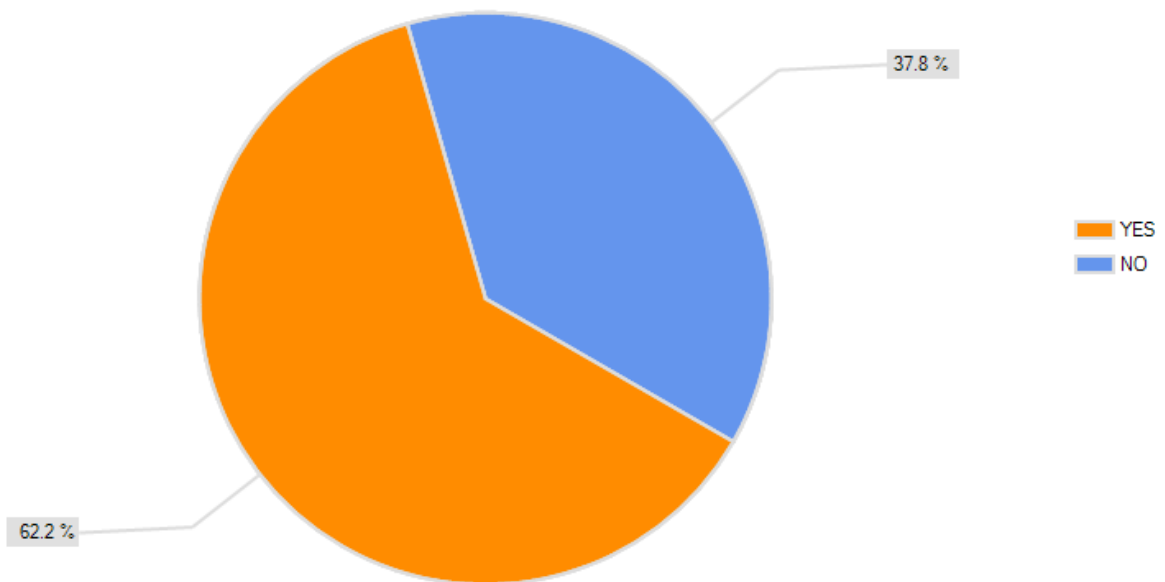
	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Work</b>	7.9% 14	11.2% 54	14.3% 2	12.6% 71	33.3% 2	100.0% 1
<b>Grocery Store</b>	14.6% 26	15.2% 73	14.3% 2	13.7% 77	0.0% 0	0.0% 0
<b>Pharmacy</b>	10.1% 18	12.3% 59	14.3% 2	10.8% 61	0.0% 0	0.0% 0
<b>Childcare</b>	3.9% 7	5.4% 26	7.1% 1	4.8% 27	16.7% 1	0.0% 0
<b>Child's School</b>	3.9% 7	5.6% 27	21.4% 3	5.5% 31	33.3% 2	0.0% 0
<b>Doctor's Office</b>	10.7% 19	10.8% 52	7.1% 1	11.0% 62	16.7% 1	0.0% 0
<b>Dentist's Office</b>	9.0% 16	9.8% 47	0.0% 0	11.2% 63	0.0% 0	0.0% 0
<b>Eye Doctor's Office</b>	11.2% 20	9.6% 46	0.0% 0	8.9% 50	0.0% 0	0.0% 0
<b>Emergency Room</b>	10.1% 18	10.0% 48	7.1% 1	9.9% 56	0.0% 0	0.0% 0
<b>Place of Worship</b>	11.8% 21	7.5% 36	7.1% 1	8.3% 47	0.0% 0	0.0% 0
<b>Other</b>	6.7% 12	2.7% 13	7.1% 1	3.2% 18	0.0% 0	0.0% 0

**TRANSPORTATION: WOULD YOU USE PUBLIC TRANSPORTATION IF AVAILABLE**

Less than half the total survey respondents answered the question about using public transportation; however, over 60 percent of those who did respond indicated they would use public transportation if it were available.

If you answered "yes" to any of the answer choices above, would you take public transportation if it were available?		
Answer Options	Response Percent	Response Count
YES	62.2%	554
NO	37.8%	336
<i>answered question</i>		890
<i>skipped question</i>		1991

If you answered "yes" to any of the answer choices above, would you take public transportation if it were available?



**REGIONAL DATA**

Most respondents to this question in all regions, except for South Rural Bell County, indicated they would use public transportation if it were available.

If you answered "yes" to any of the answer choices above, would you take public transportation if it were available?

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>YES</b>	63.5% 87	62.8% 219	47.2% 17	63.9% 211	62.5% 5	55.6% 5
<b>NO</b>	36.5% 50	37.2% 130	52.8% 19	36.1% 119	37.5% 3	44.4% 4

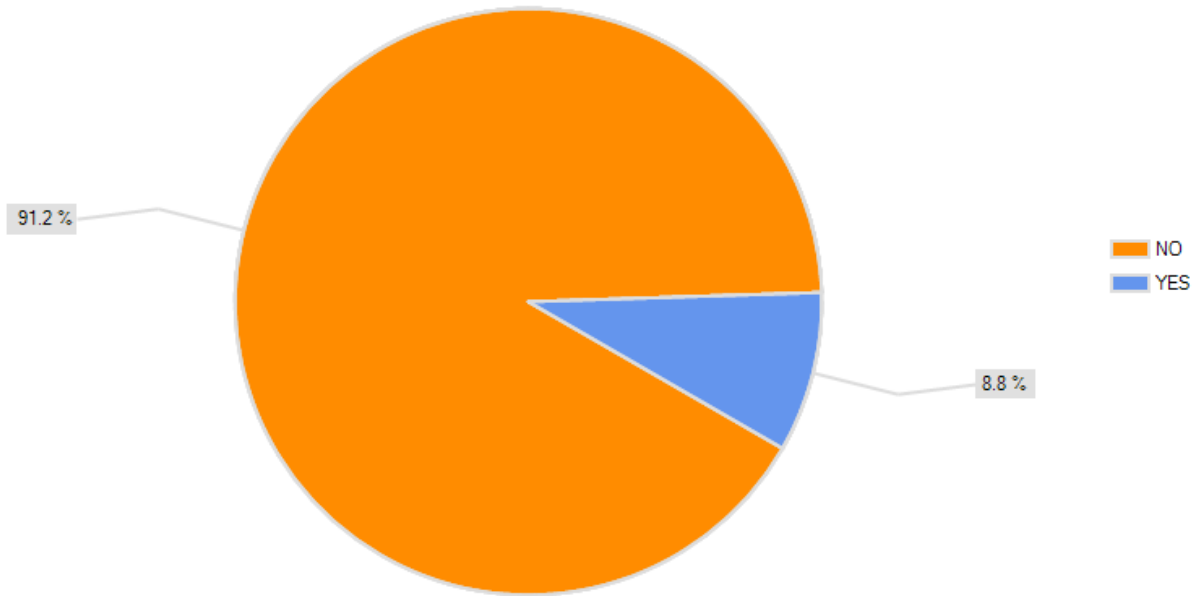
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**TRANSPORTATION: CURRENT USE**

Over 90 percent of survey respondents do not use public transportation.

Do you currently use public transportation?		
Answer Options	Response Percent	Response Count
YES	8.8%	217
NO	91.2%	2237
<i>answered question</i>		<b>2454</b>
<i>skipped question</i>		<b>427</b>

Do you currently use public transportation?



**REGIONAL DATA**

Respondents in all regions overwhelmingly indicated they did not currently use public transportation. The greatest number of respondents reporting the use of public transportation was in East and West Bell County.

**Do you currently use public transportation?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>YES</b>	2.6% 11	10.3% 105	2.1% 3	11.9% 92	0.0% 0	0.0% 0
<b>NO</b>	97.4% 411	89.7% 911	97.9% 139	88.1% 679	100.0% 20	100.0% 31

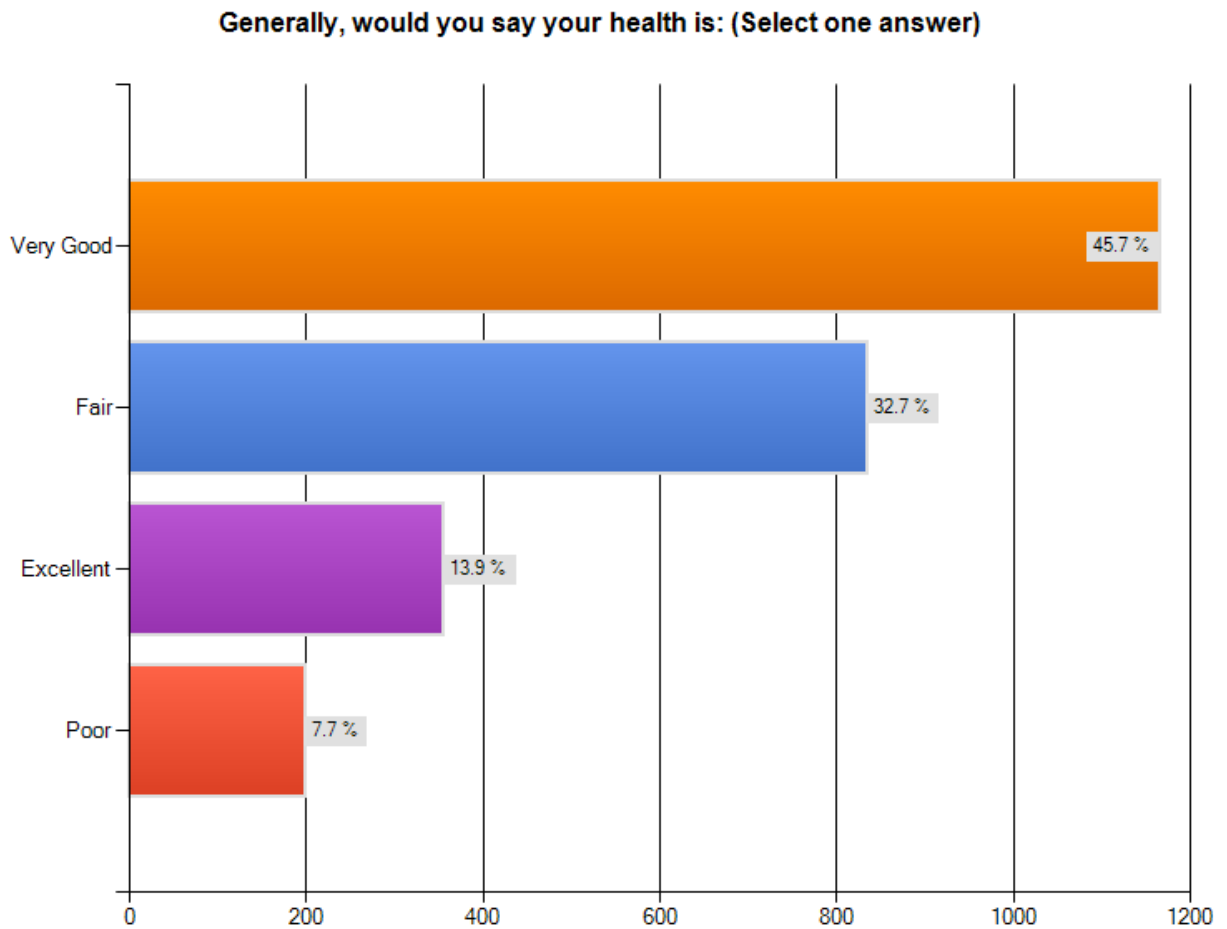
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**HEALTH STATUS**

Almost 60 percent of survey respondents say their health is very good or excellent, with the other 40 percent indicating their health as fair or poor.

Generally, would you say your health is: (Select one answer)		
Answer Options	Response Percent	Response Count
Excellent	13.9%	354
Very Good	45.7%	1165
Fair	32.7%	833
Poor	7.7%	197
<i>answered question</i>		<b>2549</b>
<i>skipped question</i>		<b>332</b>



**REGIONAL DATA**

The majority of respondents rated their health as very good or excellent in all regions.

**Generally, would you say your health is: (Select one answer)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Excellent</b>	16.5% 74	13.5% 142	17.0% 25	12.7% 100	8.0% 2	11.8% 4
<b>Very Good</b>	49.8% 223	47.6% 499	51.0% 75	38.8% 306	56.0% 14	58.8% 20
<b>Fair</b>	26.3% 118	31.6% 332	28.6% 42	38.6% 304	32.0% 8	26.5% 9
<b>Poor</b>	7.4% 33	7.2% 76	3.4% 5	9.9% 78	4.0% 1	2.9% 1

p<0.01, the difference among different zones is significant

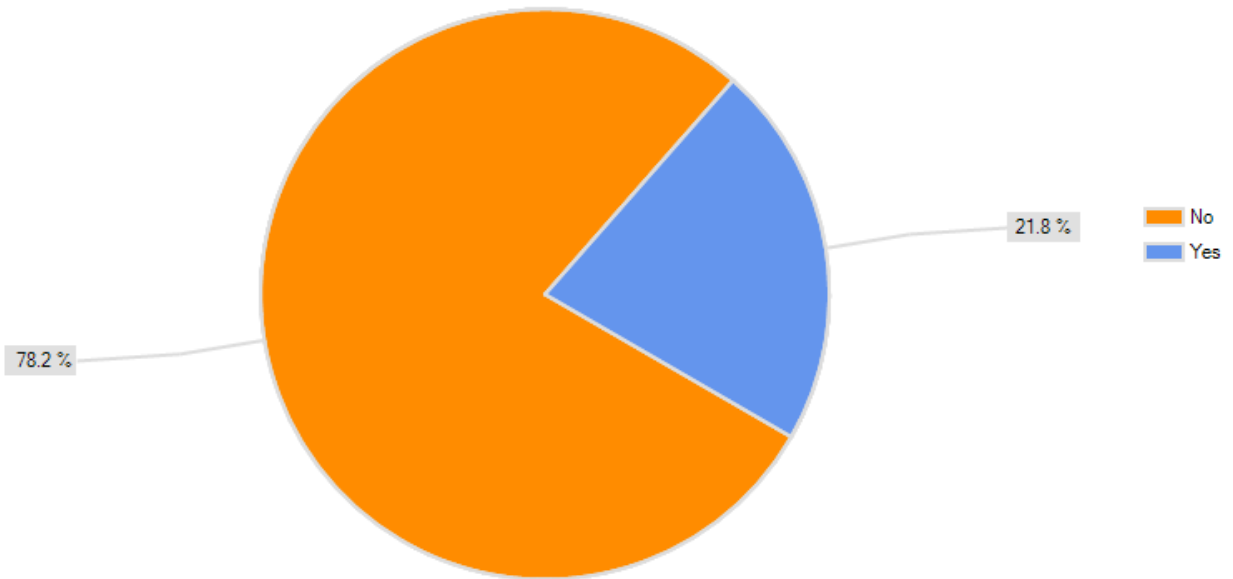
**BEHAVIORAL HEALTH**

Almost 22 percent of survey respondents report that they or another member of their household have problems with nervousness, stress, suicide, unpredictable outbursts of anger, addiction, alcohol consumption, and other behaviors that prevent full participation in work, school, housework, or other activities. This is consistent with national and state statistics regarding the prevalence of behavioral health problems in the population.

**Does any member of your household have problems with nervousness, stress, suicide, unpredictable outbursts of anger, addiction, alcohol consumption, or any other behavior that PREVENTS full participation in work, school, housework or other activities?**

Answer Options	Response Percent	Response Count
Yes	21.8%	550
No	78.2%	1969
	<i>answered question</i>	<b>2519</b>
	<i>skipped question</i>	<b>362</b>

Does any member of your household have problems with nervousness, stress, suicide, unpredictable outbursts of anger, addiction, alcohol consumption, or any other behavior that PREVENTS full participation in work, school, housework or other activities?



**REGIONAL DATA**

While most respondents indicated that no one in their household suffered from nervousness, stress, suicide, unpredictable outbursts of anger, addiction, alcohol consumption, or other behavioral issues, over 20 percent of respondents in all regions except Out of County reported that someone in their household did have these issues.

**Does any member of your household have problems with nervousness, stress, suicide, unpredictable outbursts of anger, addiction, alcohol consumption, or any other behavior that PREVENTS full participation in work, school, housework or other activities?**

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Yes</b>	20.3% 89	22.4% 234	21.1% 30	22.0% 171	23.8% 5	8.8% 3
<b>No</b>	79.7% 350	77.6% 812	78.9% 112	78.0% 608	76.2% 16	91.2% 31

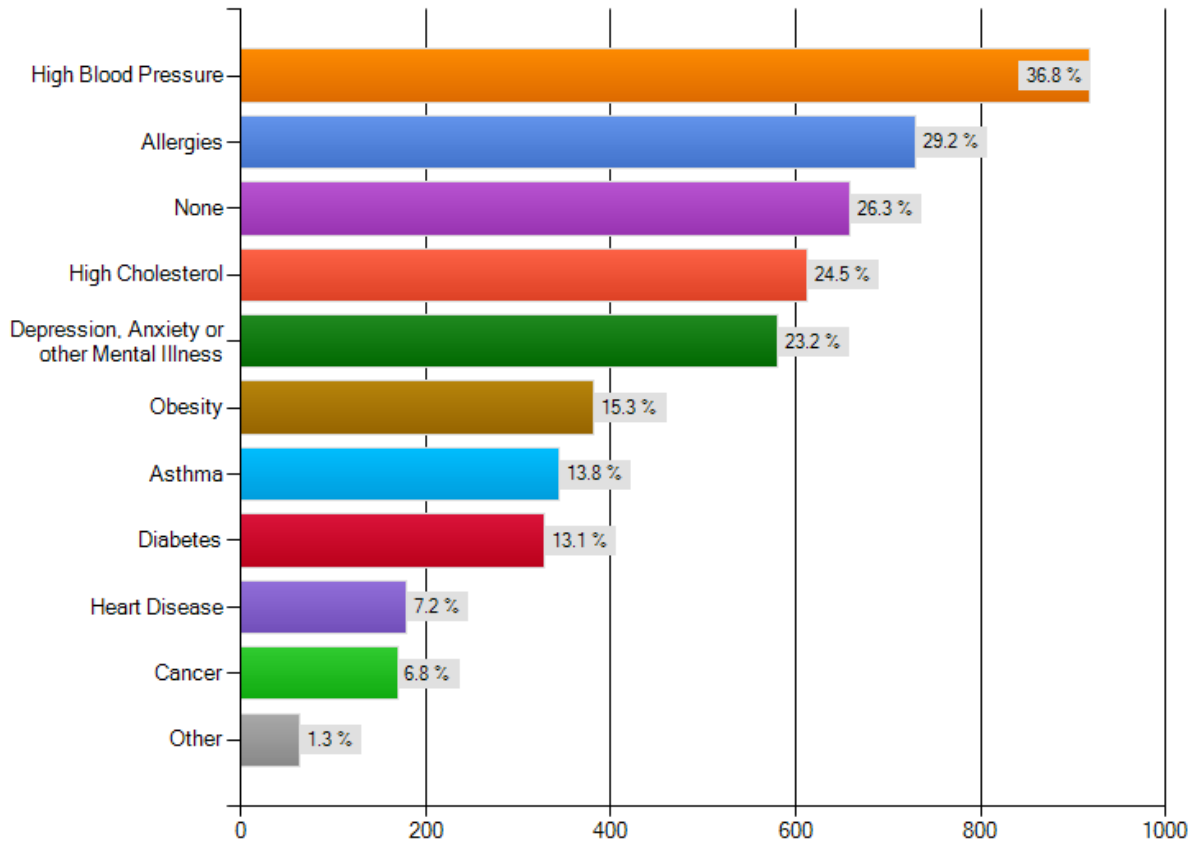
P>0.05, there is no significant difference among different zones

**CURRENT HEALTH DIAGNOSES**

The most common health conditions among survey respondents were: high blood pressure, allergies, high cholesterol, and depression, anxiety or other mental illness.

<b>Have you been diagnosed with any of the following conditions? (Select ALL that apply)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
High Blood Pressure	36.8%	919
High Cholesterol	24.5%	612
Allergies	29.2%	730
Asthma	13.8%	344
Cancer	6.8%	169
Diabetes	13.1%	328
Obesity	15.3%	382
Heart Disease	7.2%	179
Depression, Anxiety or other Mental Illness	23.2%	580
Alcohol and Substance Abuse Problems	1.9%	48
Intellectual and Development Disability (Mental Retardation)	0.6%	15
None	26.3%	658
	<i>answered question</i>	<b>2500</b>
	<i>skipped question</i>	<b>381</b>

Have you been diagnosed with any of the following conditions? (Select ALL that apply)



**REGIONAL DATA**

In Central Bell County, the top diagnoses were high blood pressure, high cholesterol, allergies, and mental illness. East Bell County respondents reported the following significant diagnoses: high blood pressure, high cholesterol, allergies, obesity, and mental illness. South Rural Bell County listed high blood pressure, high cholesterol, allergies, and mental illness as common diagnoses. Top diagnoses in West Bell County included: high blood pressure, high cholesterol, allergies, and mental illness. In North Rural County, high blood pressure, high cholesterol, allergies, diabetes, obesity, and mental illness were reported as significant diagnoses. Out of County respondents most often listed high blood pressure, high cholesterol, allergies, and mental illness as diagnoses.

**Have you been diagnosed with any of the following conditions? (Select ALL that apply)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>High Blood Pressure</b>	20.8% 188	18.5% 393	21.0% 61	17.0% 237	15.1% 8	14.3% 9
<b>High Cholesterol</b>	14.3% 129	12.2% 259	14.1% 41	10.8% 151	9.4% 5	15.9% 10
<b>Allergies</b>	15.5% 140	13.6% 288	15.9% 46	15.1% 211	20.8% 11	19.0% 12
<b>Asthma</b>	6.4% 58	6.6% 139	5.2% 15	7.9% 110	7.5% 4	6.3% 4
<b>Cancer</b>	4.0% 36	3.6% 76	3.1% 9	2.9% 41	0.0% 0	4.8% 3
<b>Diabetes</b>	5.2% 47	7.0% 148	7.2% 21	6.5% 91	15.1% 8	4.8% 3
<b>Obesity</b>	6.1% 55	9.3% 198	8.3% 24	6.0% 84	13.2% 7	6.3% 4

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Heart Disease</b>	4.8% 43	3.9% 83	4.5% B13	2.6% 37	0.0% 0	1.6% 1
<b>Depression, Anxiety or other Mental Illness</b>	9.9% 89	12.1% 257	10.0% 29	12.5% 175	13.2% 7	11.1% 7
<b>Alcohol and Substance Abuse Problems</b>	1.0% 9	1.0% 22	0.3% 1	1.0% 14	0.0% 0	0.0% 0
<b>Intellectual and Development Disability (Mental Retardation)</b>	0.2% 2	0.3% 7	0.3% 1	0.3% 4	0.0% 0	0.0% 0
<b>None</b>	11.8% 106	11.9% 252	10.0% 29	17.4% 243	5.7% 3	15.9% 10

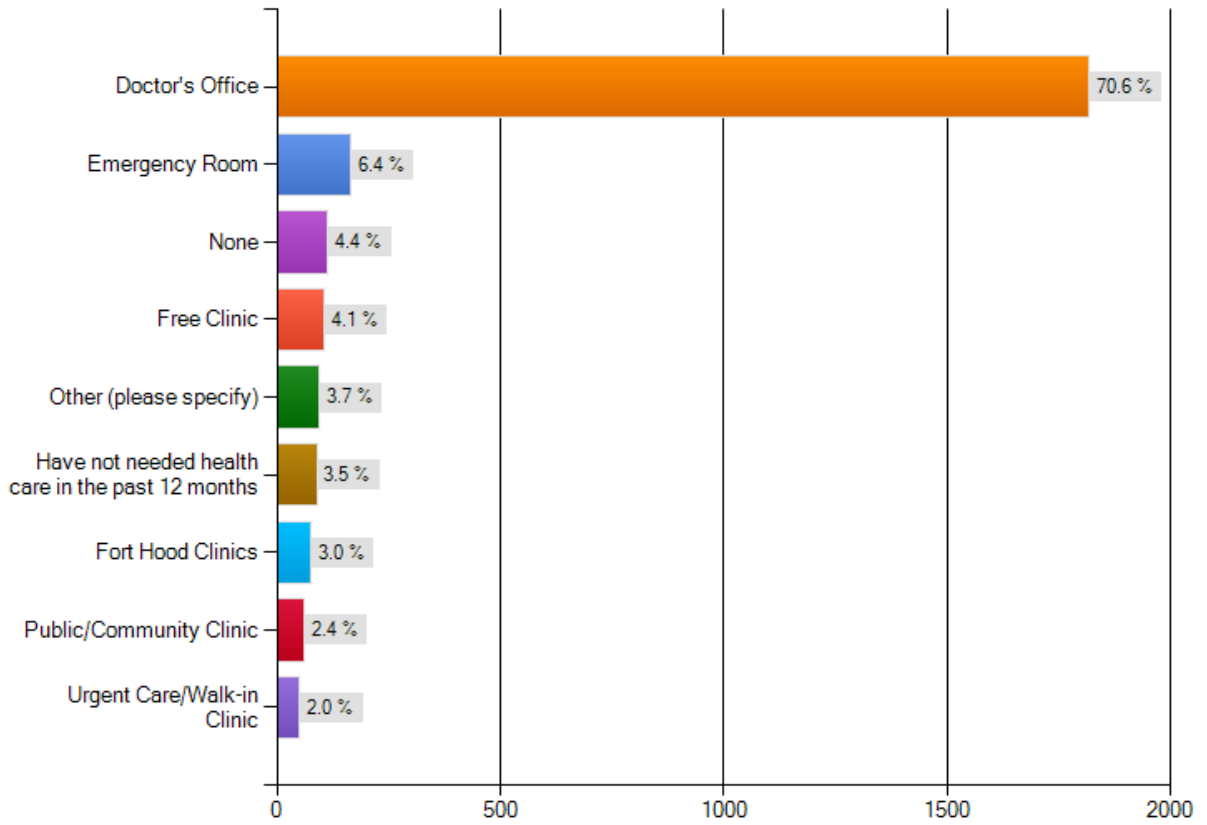
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**LOCATION FOR MOST REGULARLY RECEIVING HEALTH CARE**

Overwhelmingly, survey respondents indicated that they go to the doctor’s office regularly for health care. Six percent indicated they use the emergency department for obtaining regular medical care.

<b>Which one of the following choices best describes where you go most regularly for health care? (Select one answer)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Doctor's Office	70.6%	1817
Emergency Room	6.4%	164
Public/Community Clinic	2.4%	61
Free Clinic	4.1%	105
Fort Hood Clinics	3.0%	76
Urgent Care/Walk-in Clinic	2.0%	51
Have not needed health care in the past 12 months	3.5%	89
None	4.4%	114
Other (please specify)	3.7%	95
	<i>answered question</i>	<b>2572</b>
	<i>skipped question</i>	<b>309</b>

**Which one of the following choices best describes where you go most regularly for health care? (Select one answer)**



**REGIONAL DATA**

An overwhelming majority of respondents in all regions indicated that they received their regular health care in a doctor’s office, except for West Bell County. While over 50 percent of respondents in West Bell County chose doctor’s offices for their regular health care, there were also significant responses for emergency room, free clinic, and Fort Hood clinic.

**Which one of the following choices best describes where you go most regularly for health care? (Select one answer)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Doctor's Office</b>	79.6% 360	78.8% 834	85.6% 125	51.2% 407	84.0% 21	68.8% 22
<b>Emergency Room</b>	4.0% 18	4.3% 46	4.1% 6	11.1% 88	8.0% 2	3.1% 1
<b>Public/Community Clinic</b>	2.0% 9	2.3% 24	0.7% 1	3.0% 24	4.0% 1	3.1% 1
<b>Free Clinic</b>	2.9% 13	2.4% 25	2.7% 4	7.4% 59	0.0% 0	6.3% 2
<b>Fort Hood Clinics</b>	1.1% 5	0.9% 9	0.0% 0	7.3% 58	0.0% 0	6.3% 2
<b>Urgent Care/Walk-in Clinic</b>	1.5% 7	2.0% 21	1.4% 2	2.4% 19	0.0% 0	0.0% 0
<b>Have not needed health care in the</b>	3.5% 16	2.8% 30	2.1% 3	4.3% 34	0.0% 0	12.5% 4
<b>None</b>	2.4% 11	3.0% 32	2.1% 3	8.2% 65	4.0% 1	0.0% 0
<b>Other (please specify)</b>	2.9% 13	3.5% 37	1.4% 2	5.2% 41	0.0% 0	0.0% 0

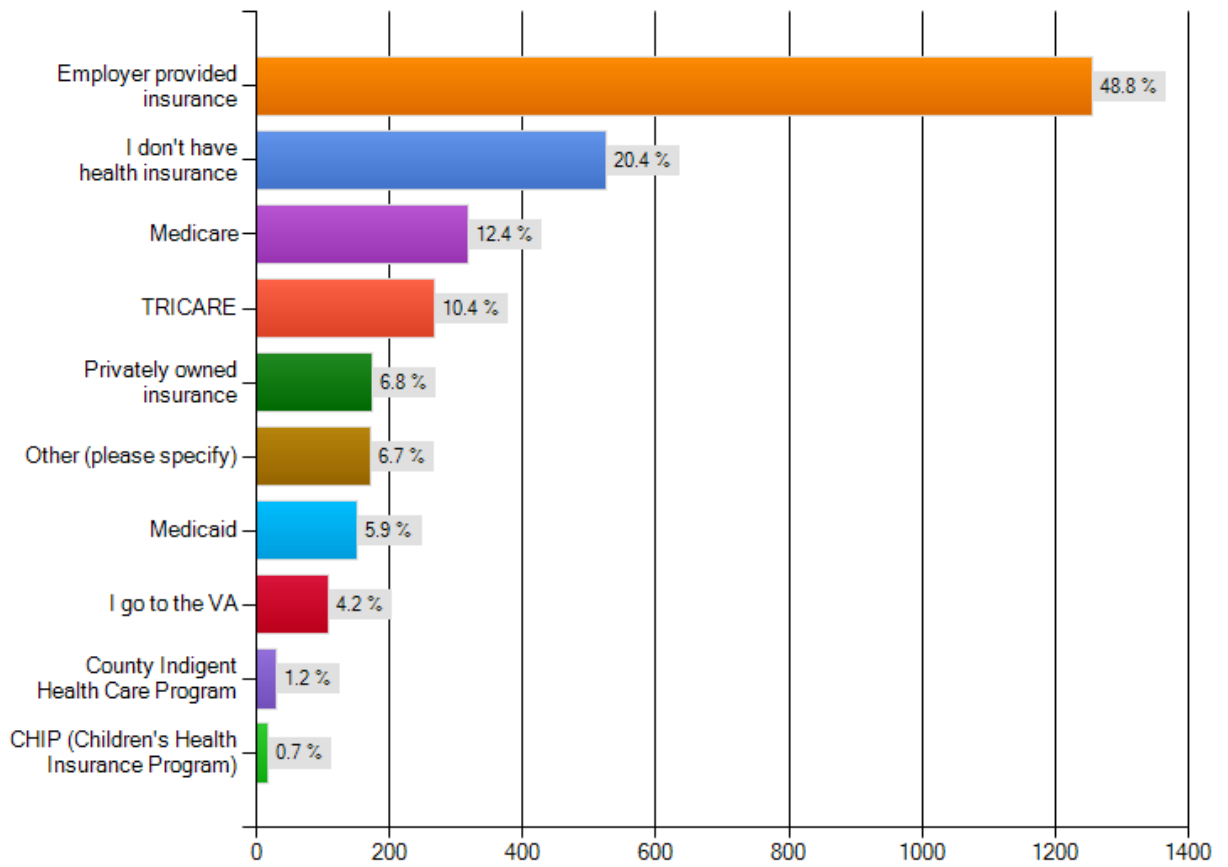
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**HEALTH INSURANCE**

Almost one-half the survey respondents indicated they had employer-provided health insurance; however, over 20 percent indicated they did not have health insurance. Over 10 percent of respondents indicated they had Medicare or TRICARE.

<b>What health insurance do you have? Select ALL that apply.</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
I don't have health insurance	20.4%	526
Employer provided insurance	48.8%	1255
Privately owned insurance	6.8%	174
Medicaid	5.9%	153
Medicare	12.4%	318
I go to the VA	4.2%	109
CHIP (Children's Health Insurance Program)	0.7%	18
TRICARE	10.4%	268
County Indigent Health Care Program	1.2%	30
Other (please specify)	6.7%	172
	<b><i>answered question</i></b>	<b>2573</b>
	<b><i>skipped question</i></b>	<b>308</b>

**What health insurance do you have? Select ALL that apply.**



**REGIONAL DATA**

The majority of respondents in East, South Rural, and North Rural Bell County as well as Out of County have employee provided insurance. More residents in West Bell did not have insurance. More residents in East Bell used Medicaid or Medicare. Only 28 respondents used the county indigent health care program.

**What health insurance do you have? Select ALL that apply.**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>I don't have health insurance</b>	10.4% 58	11.6% 141	9.1% 15	31.1% 292	16.0% 4	14.0% 6
<b>Employer provided insurance</b>	43.3% 241	51.1% 624	60.6% 100	23.3% 219	52.0% 13	53.5% 23
<b>Privately owned insurance</b>	8.6% 48	6.2% 76	6.1% 10	3.6% 34	8.0% 2	2.3% 1
<b>Medicaid</b>	3.1% 17	6.0% 73	2.4% 4	5.6% 53	0.0% 0	2.3% 1
<b>Medicare</b>	14.7% 82	11.5% 140	7.9% 13	7.5% 70	0.0% 0	4.7% 2
<b>I go to the VA</b>	2.7% 15	3.2% 39	1.8% 3	5.2% 49	0.0% 0	2.3% 1
<b>CHIP (Children's Health Insurance Program)</b>	0.7% 4	0.4% 5	1.2% 2	0.7% 7	0.0% 0	0.0% 0
<b>TRICARE</b>	8.1% 45	3.7% 45	2.4% 4	17.6% 165	4.0% 1	0.0% 0
<b>County Indigent Health Care Program</b>	0.9% 5	0.7% 9	1.2% 2	1.3% 12	0.0% 0	9.3% 4
<b>Other (please specify)</b>	7.4% 41	5.6% 68	7.3% 12	4.0% 38	20.0% 5	11.6% 5

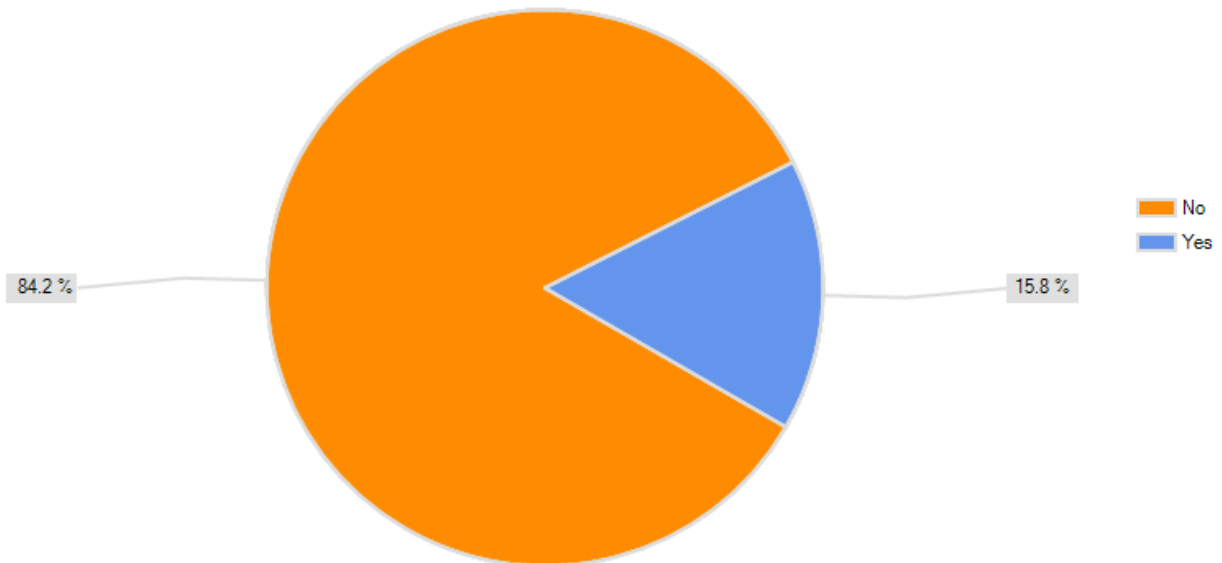
### CARE GIVING

About 16 percent of the respondents provide regular care or assistance to a family member or friend with a long-term illness or disability.

During the past month, did you or someone in your household provide regular care or assistance to a family member or friend with a long-term illness or disability? If yes, answer question 33. If not, skip to question 34.

Answer Options	Response Percent	Response Count
Yes	15.8%	387
No	84.2%	2061
<i>answered question</i>		<b>2448</b>
<i>skipped question</i>		<b>433</b>

During the past month, did you or someone in your household provide regular care or assistance to a family member or friend with a long-term illness or disability? If yes, answer question 33. If not, skip to question 34.



**REGIONAL DATA**

The vast majority of respondents were not providing care for someone in their household.

**During the past month, did you or someone in your household provide regular care or assistance to a family member or friend with a long-term illness or disability? If yes, answer question 33. If not, skip to question 34.**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Yes</b>	17.2% 74	17.3% 174	22.1% 31	11.8% 90	33.3% 7	8.3% 3
<b>No</b>	82.8% 355	82.7% 834	77.9% 109	88.2% 671	66.7% 14	91.7% 33

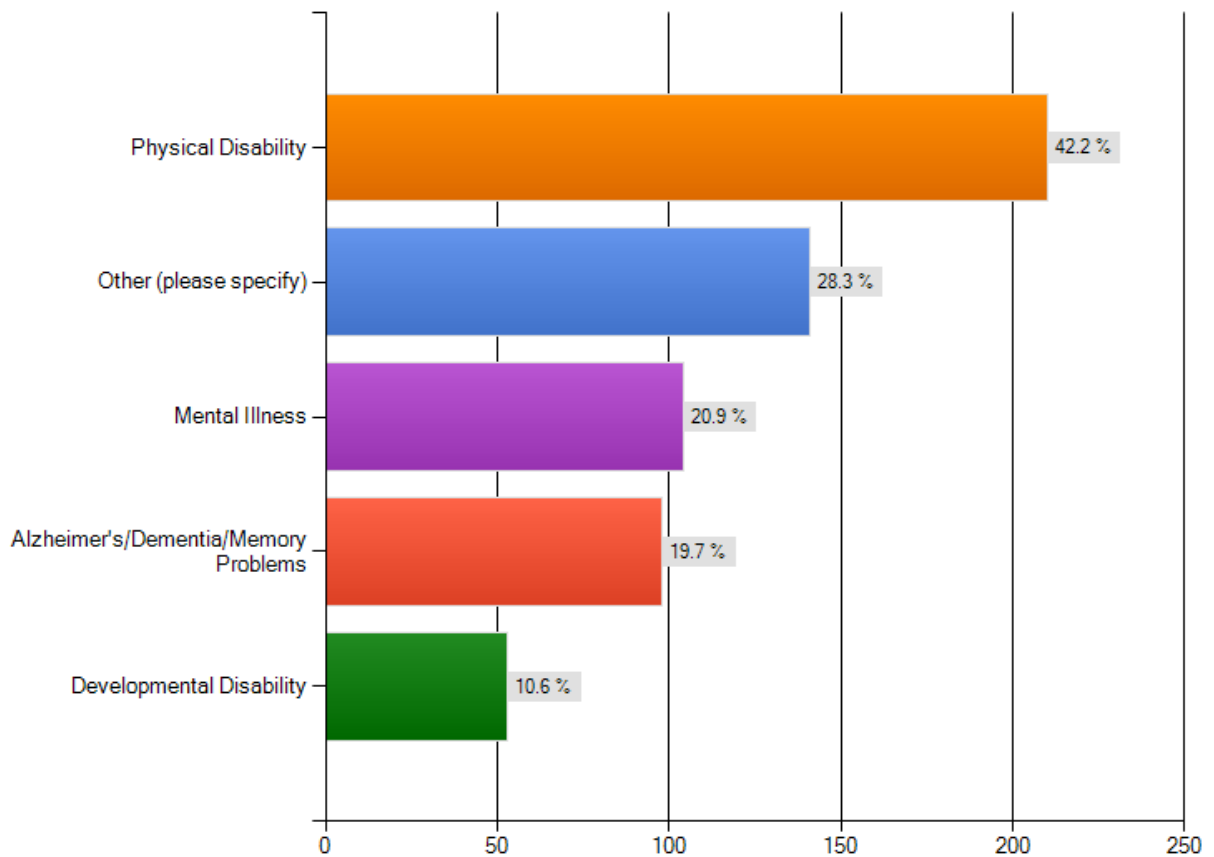
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**LONG TERM ILLNESS OR DISABILITY OF THE PERSON RECEIVING CARE BY CAREGIVER**

Physical disability, mental illness and Alzheimer’s/Dementia/Memory Problems account for three fourths of the long-term illnesses or disabilities with which the caregivers are assisting.

What is the long-term illness or disability? (Select ALL that apply)		
Answer Options	Response Percent	Response Count
Alzheimer's/Dementia/Memory Problems	19.7%	98
Physical Disability	42.2%	210
Developmental Disability	10.6%	53
Mental Illness	20.9%	104
Other (please specify)	28.3%	141
<i>answered question</i>		<b>498</b>
<i>skipped question</i>		<b>2383</b>

**What is the long-term illness or disability? (Select ALL that apply)**



**REGIONAL DATA**

The long-term illness or disability listed predominately for all regions was physical disability. There was no significant difference between the regions.

**What is the long-term illness or disability? (Select ALL that apply)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Alzheimer's/Dementia/Memory Problems</b>	18.8% 21	18.1% 47	20.0% 10	11.5% 18	9.1% 1	0.0% 0
<b>Physical Disability</b>	37.5% 42	36.7% 95	26.0% 13	33.1% 52	18.2% 2	33.3% 1
<b>Developmental Disability</b>	8.9% 10	6.6% 17	12.0% 6	8.9% 14	27.3% 3	0.0% 0
<b>Mental Illness</b>	10.7% 12	18.9% 49	20.0% 10	18.5% 29	18.2% 2	33.3% 1
<b>Other (please specify)</b>	24.1% 27	19.7% 51	22.0% 11	28.0% 44	27.3% 3	33.3% 1

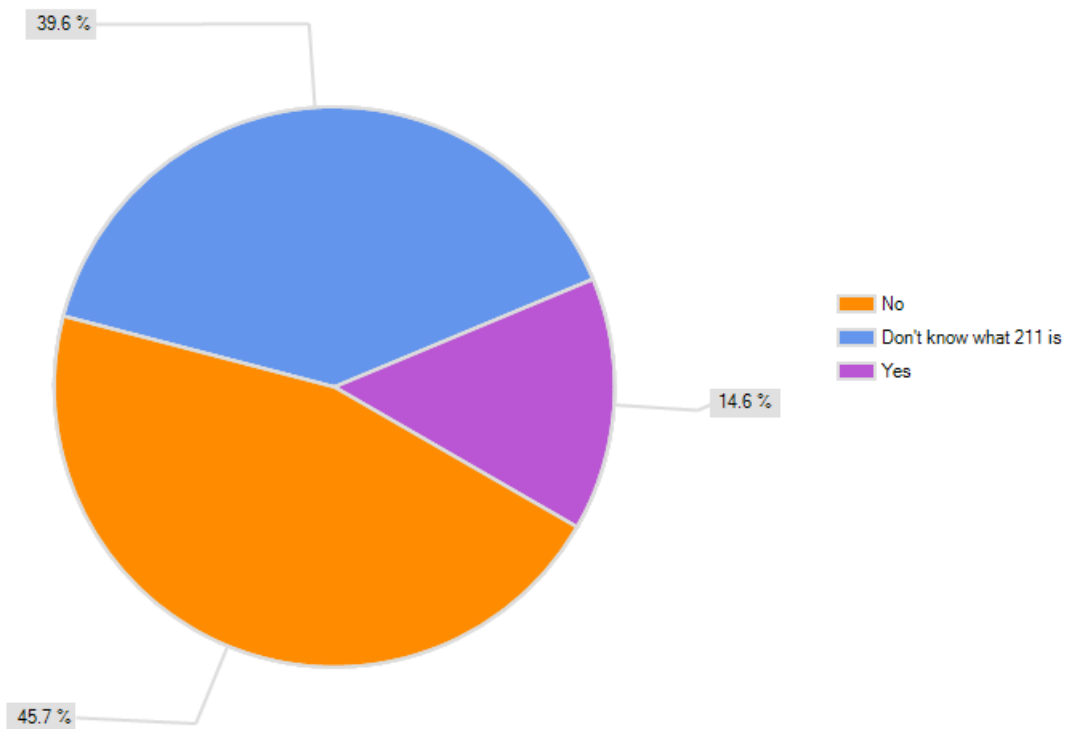
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### 211 INFORMATION AND REFERRAL SERVICE

Almost 40 percent of the respondents are not familiar with the 211 service that is used by less than 15 percent of the respondents.

Have you used 211 for information and referral within the last six months?		
Answer Options	Response Percent	Response Count
Yes	14.6%	373
No	45.7%	1167
Don't know what 211 is	39.6%	1011
<i>answered question</i>		<b>2551</b>
<i>skipped question</i>		<b>330</b>

Have you used 211 for information and referral within the last six months?



**REGIONAL DATA**

The vast majority of respondents in all regions either did not use 2-1-1 or didn't know about the service. The largest number of users of 2-1-1 was in East and West Bell County.

**Have you used 211 for information and referral within the last six months?**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Yes</b>	11.5% 51	11.0% 116	9.7% 14	22.6% 178	12.5% 3	8.1% 3
<b>No</b>	48.8% 217	49.4% 521	49.3% 71	38.9% 307	33.3% 8	40.5% 15
<b>Don't know what 211 is</b>	39.8% 177	39.6% 417	41.0% 59	38.5% 304	54.2% 13	51.4% 19

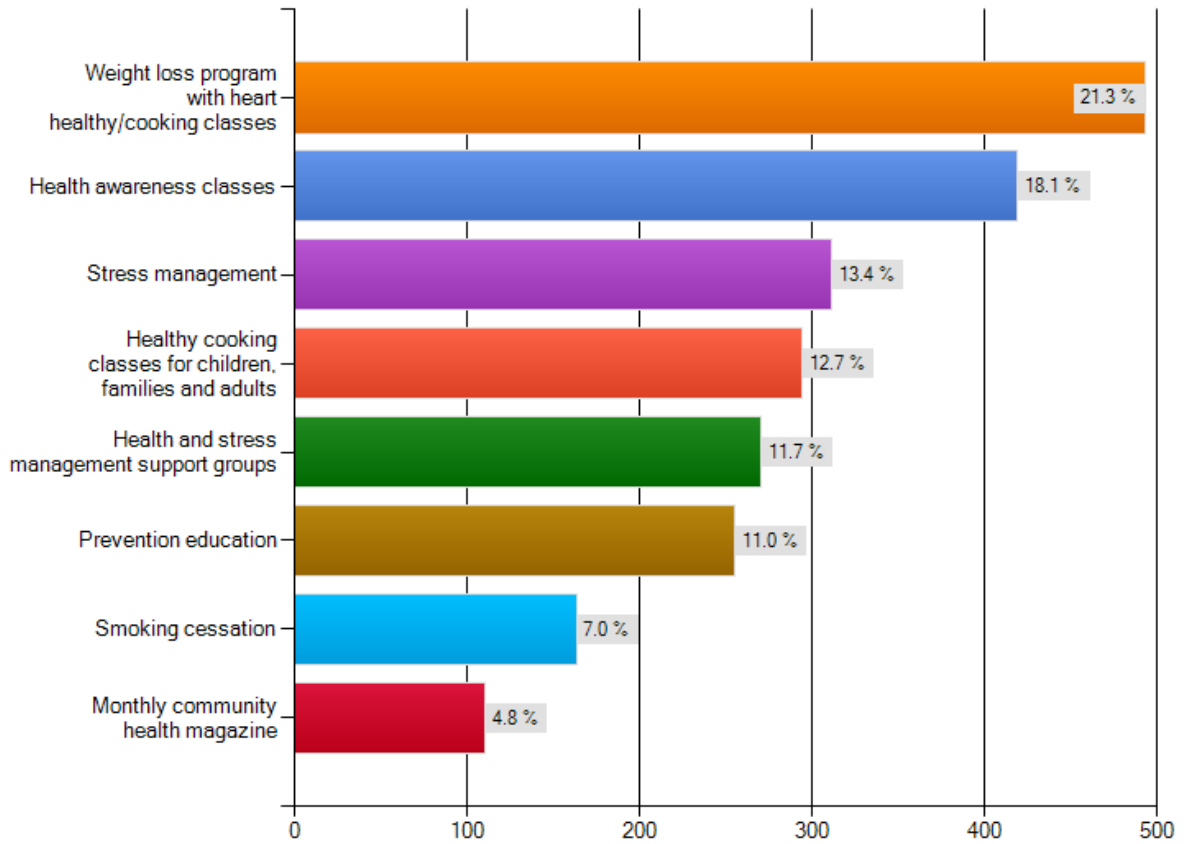
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### HEALTH EDUCATION PRIORITIES

Weight loss, health awareness and stress management are the top priorities when it comes to new health education initiatives.

Answer Options	Response Percent	Response Count
Health awareness classes	18.1%	419
Monthly community health magazine	4.8%	110
Weight loss program with heart healthy/cooking classes	21.3%	493
Healthy cooking classes for children, families and adults	12.7%	294
Stress management	13.4%	311
Prevention education	11.0%	255
Health and stress management support groups	11.7%	270
Smoking cessation	7.0%	163
	<i>answered question</i>	<b>2315</b>
	<i>skipped question</i>	<b>566</b>

Health Education (Check one)



**REGIONAL DATA**

In Central Bell County, the top health education priorities were weight loss programs with heart healthy/cooking classes, health awareness classes, and healthy cooking classes for children, families, and adults. Weight loss programs and health awareness classes were priorities in East Bell County. For South Rural Bell County, health awareness classes, weight loss programs, healthy cooking, and stress management were listed as priorities. Respondents from West Bell preferred health awareness classes, weight loss programs, and stress management. Health education preferences in North Rural Bell County included healthy cooking classes, stress management, and health and stress management support groups. Top priorities for Out of County respondents were health awareness classes, weight loss programs, and healthy cooking classes.

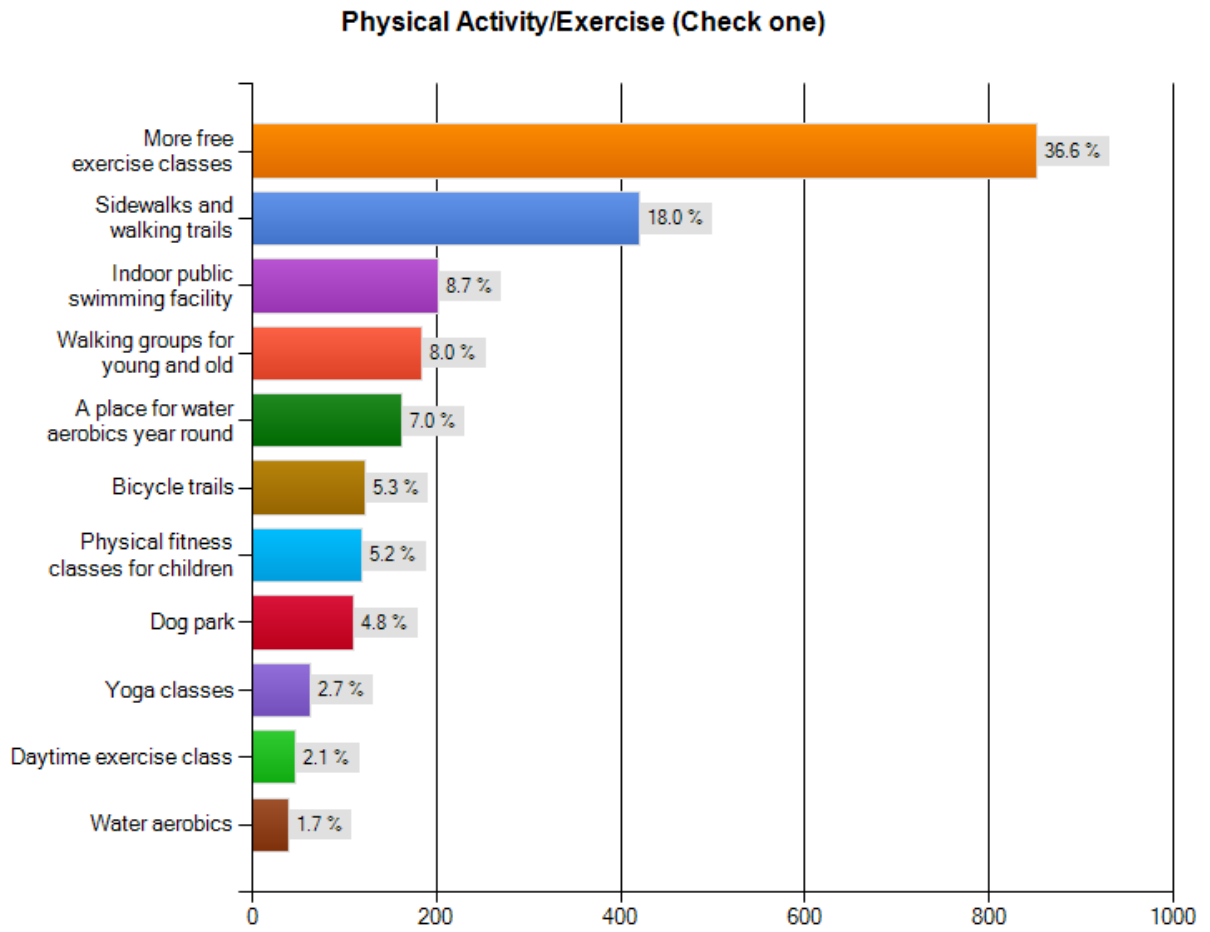
**Health Education (Check one)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Health awareness classes</b>	16.0% 65	16.1% 153	16.8% 22	22.0% 159	4.5% 1	20.6% 7
<b>Monthly community health magazine</b>	4.7% 19	4.7% 45	8.4% 11	4.3% 31	0.0% 0	2.9% 1
<b>Weight loss program with heart</b>	23.5% 95	23.4% 223	19.8% 26	18.8% 136	9.1% 2	17.6% 6
<b>Healthy cooking classes for children, families and</b>	16.3% 66	12.3% 117	16.8% 22	10.2% 74	22.7% 5	23.5% 8
<b>Stress management</b>	8.9% 36	12.0% 114	16.0% 21	17.6% 127	22.7% 5	5.9% 2
<b>Prevention education</b>	11.4% 46	12.3% 117	11.5% 15	8.9% 64	13.6% 3	11.8% 4
<b>Health and stress management support</b>	11.6% 47	12.2% 116	4.6% 6	11.3% 82	22.7% 5	8.8% 3
<b>Smoking cessation</b>	7.7% 31	7.1% 68	6.1% 8	6.9% 50	4.5% 1	8.8% 3

**PHYSICAL ACTIVITY / EXERCISE PRIORITIES**

Free exercise classes, built environment, and indoor swimming facility top the list of priorities for improving physical activity.

<b>Physical Activity/Exercise (Check one)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
More free exercise classes	36.6%	852
A place for water aerobics year round	7.0%	163
Daytime exercise class	2.1%	48
Physical fitness classes for children	5.2%	120
Walking groups for young and old	8.0%	185
Indoor public swimming facility	8.7%	202
Bicycle trails	5.3%	123
Sidewalks and walking trails	18.0%	420
Dog park	4.8%	111
Water aerobics	1.7%	40
Yoga classes	2.7%	63
	<i>answered question</i>	<b>2327</b>
	<i>skipped question</i>	<b>554</b>



**REGIONAL DATA**

The top priorities for physical activity/exercise were free exercise classes and sidewalks and walking trails in all regions. There were no significant differences between the regions with respect to physical activity/exercise priorities.

**PHYSICAL ACTIVITY/EXERCISE (CHECK ONE)**

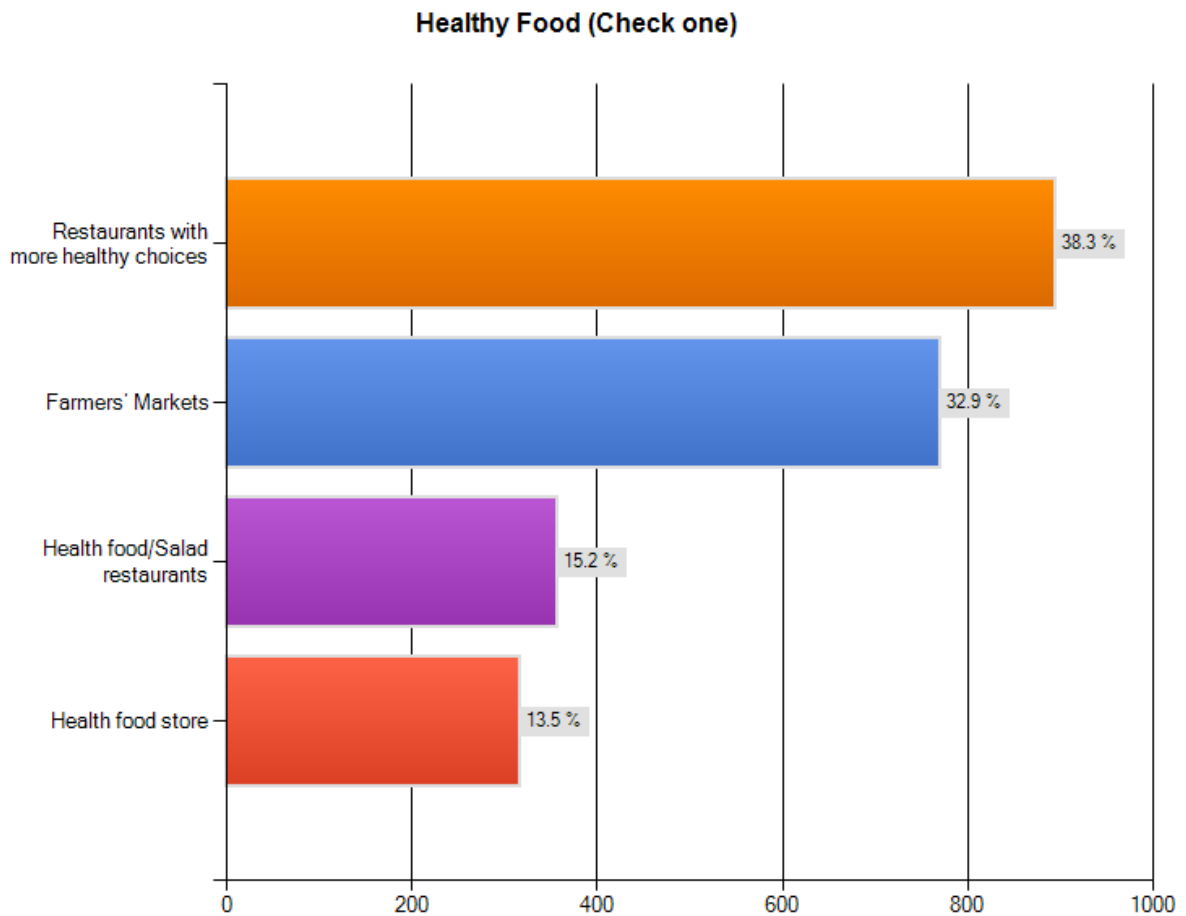
	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>More free exercise classes</b>	35.4% 144	36.1% 345	32.0% 41	38.7% 284	30.4% 7	47.1% 16
<b>A place for water aerobics year round</b>	7.4% 30	7.6% 73	7.8% 10	5.2% 38	8.7% 2	5.9% 2
<b>Daytime exercise class</b>	1.7% 7	1.8% 17	4.7% 6	2.3% 17	0.0% 0	2.9% 1
<b>Physical fitness classes for children</b>	4.2% 17	5.6% 54	3.9% 5	5.2% 38	4.3% 1	2.9% 1
<b>Walking groups for young and old</b>	9.1% 37	7.8% 75	7.0% 9	7.8% 57	8.7% 2	5.9% 2
<b>Indoor public swimming facility</b>	7.1% 29	9.0% 86	7.8% 10	9.0% 66	0.0% 0	8.8% 3
<b>Bicycle trails</b>	7.1% 29	4.9% 47	7.0% 9	5.0% 37	0.0% 0	0.0% 0
<b>Sidewalks and walking trails</b>	20.6% 84	16.9% 162	25.0% 32	17.2% 126	34.8% 8	17.6% 6
<b>Dog park</b>	4.2% 17	4.9% 47	3.9% 5	4.9% 36	13.0% 3	2.9% 1
<b>Water aerobics</b>	1.7% 7	1.9% 18	0.0% 0	1.9% 14	0.0% 0	2.9% 1
<b>Yoga classes</b>	1.5% 6	3.4% 33	0.8% 1	2.7% 20	0.0% 0	2.9% 1

P>0.05, there is no significant difference among different zones

### HEALTHY FOOD PRIORITIES

Restaurants with more healthy choices and farmers’ markets were perceived as the most important solutions to improved nutrition.

Healthy Food (Check one)		
Answer Options	Response Percent	Response Count
Restaurants with more healthy choices	38.3%	893
Health food store	13.5%	315
Health food/Salad restaurants	15.2%	355
Farmers’ Markets	32.9%	768
<i>answered question</i>		<b>2331</b>
<i>skipped question</i>		<b>550</b>



**REGIONAL DATA**

The top priorities for healthy food for all regions were restaurants with more healthy choices and farmer’s markets.

**Healthy Food (Check one)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Restaurants with more healthy choices</b>	39.4% 164	39.3% 374	45.9% 62	33.5% 243	42.9% 9	52.8% 19
<b>Health food store</b>	14.9% 62	13.2% 126	11.9% 16	13.6% 99	4.8% 1	16.7% 6
<b>Health food/Salad restaurants</b>	15.4% 64	18.1% 172	13.3% 18	12.9% 94	9.5% 2	0.0% 0
<b>Farmers’ Markets</b>	30.3% 126	29.3% 279	28.9% 39	39.9% 290	42.9% 9	30.6% 11

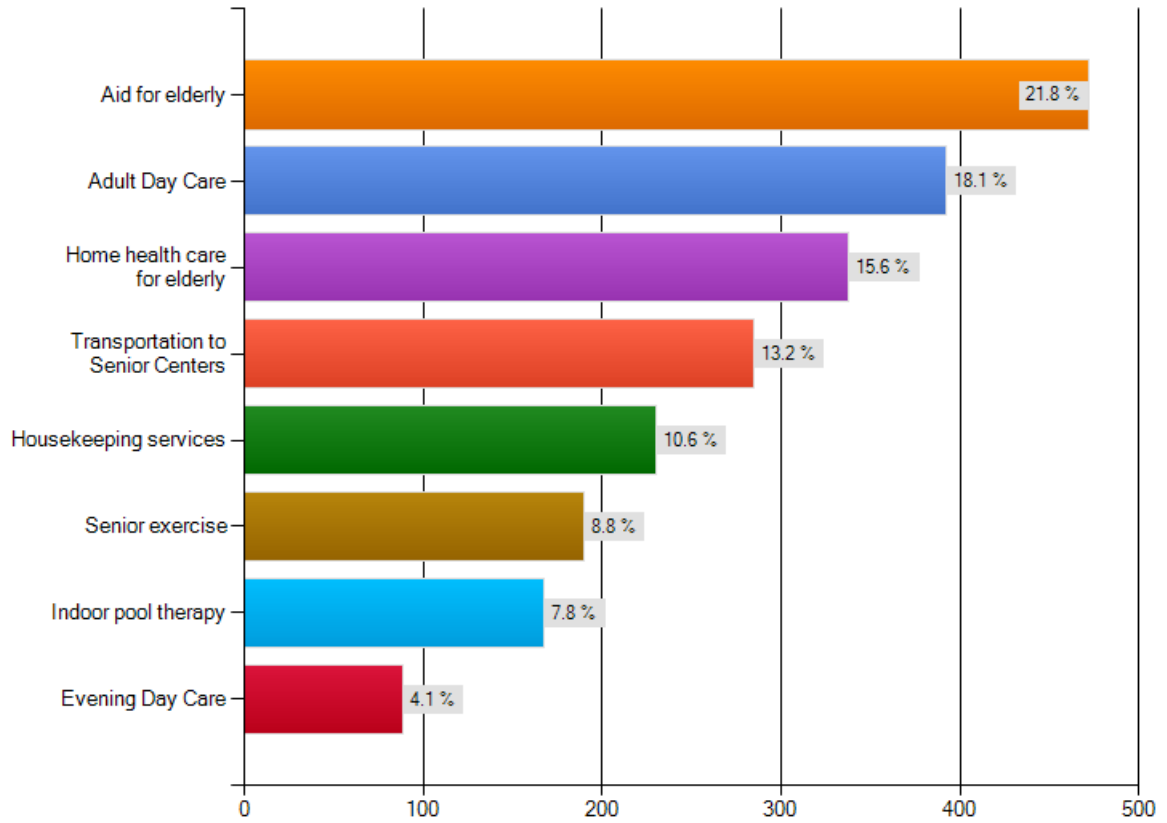
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**SENIOR SERVICES PRIORITIES**

Aid for elderly, adult day care and home health care were the most popular solutions to improve services for seniors.

<b>Senior Services (Check one)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Adult Day Care	18.1%	392
Senior exercise	8.8%	190
Indoor pool therapy	7.8%	168
Transportation to Senior Centers	13.2%	285
Aid for elderly	21.8%	472
Housekeeping services	10.6%	230
Home health care for elderly	15.6%	338
Evening Day Care	4.1%	89
	<i>answered question</i>	<b>2164</b>
	<i>skipped question</i>	<b>717</b>

Senior Services (Check one)



**REGIONAL DATA**

In Central and East Bell County, the top senior services priorities were aid for the elderly, adult day care, and home health. For South Rural and West Bell County, aid for the elderly, adult day care, housekeeping services, transportation, and home health were listed as priorities. Senior service preferences in North Rural Bell County included aid for the elderly, home health, and housekeeping services. Top priorities for Out of County respondents were adult day care, aid for the elderly, home health, and senior exercise.

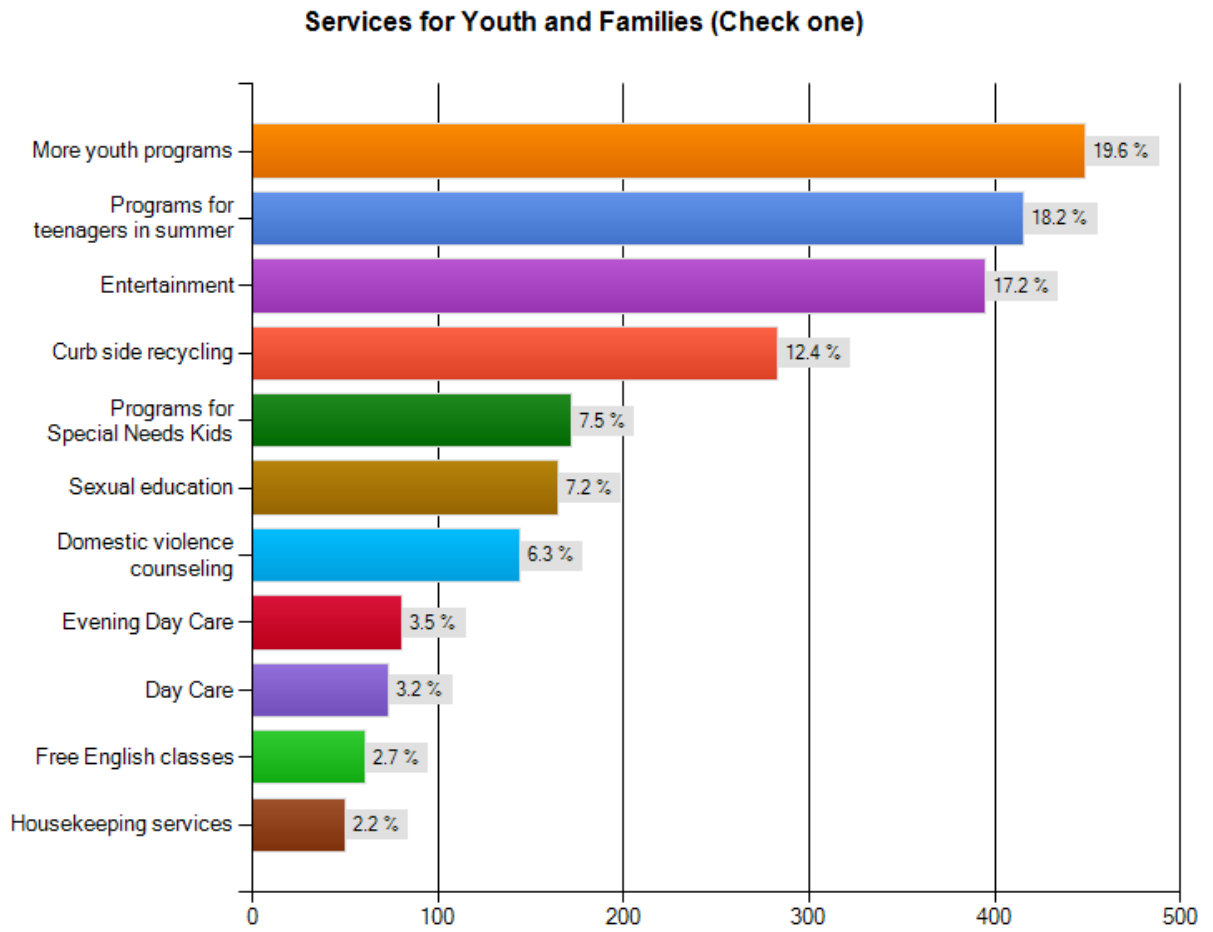
**Senior Services (Check one)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Adult Day Care</b>	20.6% 78	18.5% 167	17.6% 21	16.6% 111	4.3% 1	27.3% 9
<b>Senior exercise</b>	9.5% 36	8.1% 73	7.6% 9	9.0% 60	0.0% 0	15.2% 5
<b>Indoor pool therapy</b>	9.3% 35	7.3% 66	5.0% 6	8.2% 55	4.3% 1	0.0% 0
<b>Transportation to Sr. Centers</b>	11.9% 45	12.4% 112	14.3% 17	15.7% 105	8.7% 2	6.1% 2
<b>Aid for elderly</b>	22.0% 83	21.9% 198	21.8% 26	20.8% 139	43.5% 10	27.3% 9
<b>Housekeeping services</b>	10.1% 38	10.5% 95	16.0% 19	10.6% 71	13.0% 3	3.0% 1
<b>Home health care for elderly</b>	15.6% 59	16.3% 147	14.3% 17	14.7% 98	21.7% 5	18.2% 6
<b>Evening Day Care</b>	1.1% 4	5.0% 45	3.4% 4	4.3% 29	4.3% 1	3.0% 1

## YOUTH AND FAMILIES SERVICES PRIORITIES

When it comes to initiatives for youth and families, respondents indicated most interest in programs for teens during the summer, entertainment and more youth programs.

Services for Youth and Families (Check one)		
Answer Options	Response Percent	Response Count
Entertainment	17.2%	395
Programs for Special Needs Kids	7.5%	172
Programs for teenagers in summer	18.2%	416
Sexual education	7.2%	165
Housekeeping services	2.2%	50
Day Care	3.2%	74
Evening Day Care	3.5%	81
Domestic violence counseling	6.3%	144
More youth programs	19.6%	449
Free English classes	2.7%	61
Curb side recycling	12.4%	283
	<i>answered question</i>	<b>2290</b>
	<i>skipped question</i>	<b>591</b>



**REGIONAL DATA**

In Central, East, and South Rural Bell County, the top priorities for youth and families were summer youth programs, curbside recycling, entertainment, and more youth programs. Respondents from West Bell preferred more youth programs, summer youth programs, and entertainment. Youth and Families services preferences in North Rural Bell County included more youth programs, entertainment, domestic violence counseling, and curbside recycling. Top priorities for Out of County respondents were summer youth programs, entertainment, and more youth programs.

**Services for Youth and Families (Check one)**

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Entertainment</b>	16.9% 66	16.6% 159	21.5% 26	17.8% 127	14.3% 3	20.6% 7
<b>Programs for Special Needs Kids</b>	7.4% 29	8.7% 83	5.0% 6	6.4% 46	0.0% 0	8.8% 3
<b>Programs for teenagers in summer</b>	18.9% 74	16.6% 159	24.0% 29	19.2% 137	9.5% 2	32.4% 11
<b>Sexual education</b>	6.6% 26	6.6% 63	5.0% 6	9.1% 65	0.0% 0	0.0% 0
<b>Housekeeping services</b>	2.3% 9	2.3% 22	2.5% 3	1.7% 12	4.8% 1	0.0% 0
<b>Day Care</b>	1.5% 6	3.5% 34	5.8% 7	3.5% 25	4.8% 1	0.0% 0
<b>Evening Day Care</b>	3.6% 14	3.6% 35	3.3% 4	3.1% 22	9.5% 2	2.9% 1
<b>Domestic violence counseling</b>	7.7% 30	6.2% 59	6.6% 8	5.6% 40	14.3% 3	2.9% 1
<b>More youth programs</b>	15.1% 59	18.5% 177	11.6% 14	23.9% 171	28.6% 6	20.6% 7

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Free English classes</b>	2.8% 11	2.4% 23	2.5% 3	3.1% 22	0.0% 0	0.0% 0
<b>Curb side recycling</b>	17.1% 67	15.1% 145	12.4% 15	6.7% 48	14.3% 3	11.8% 4

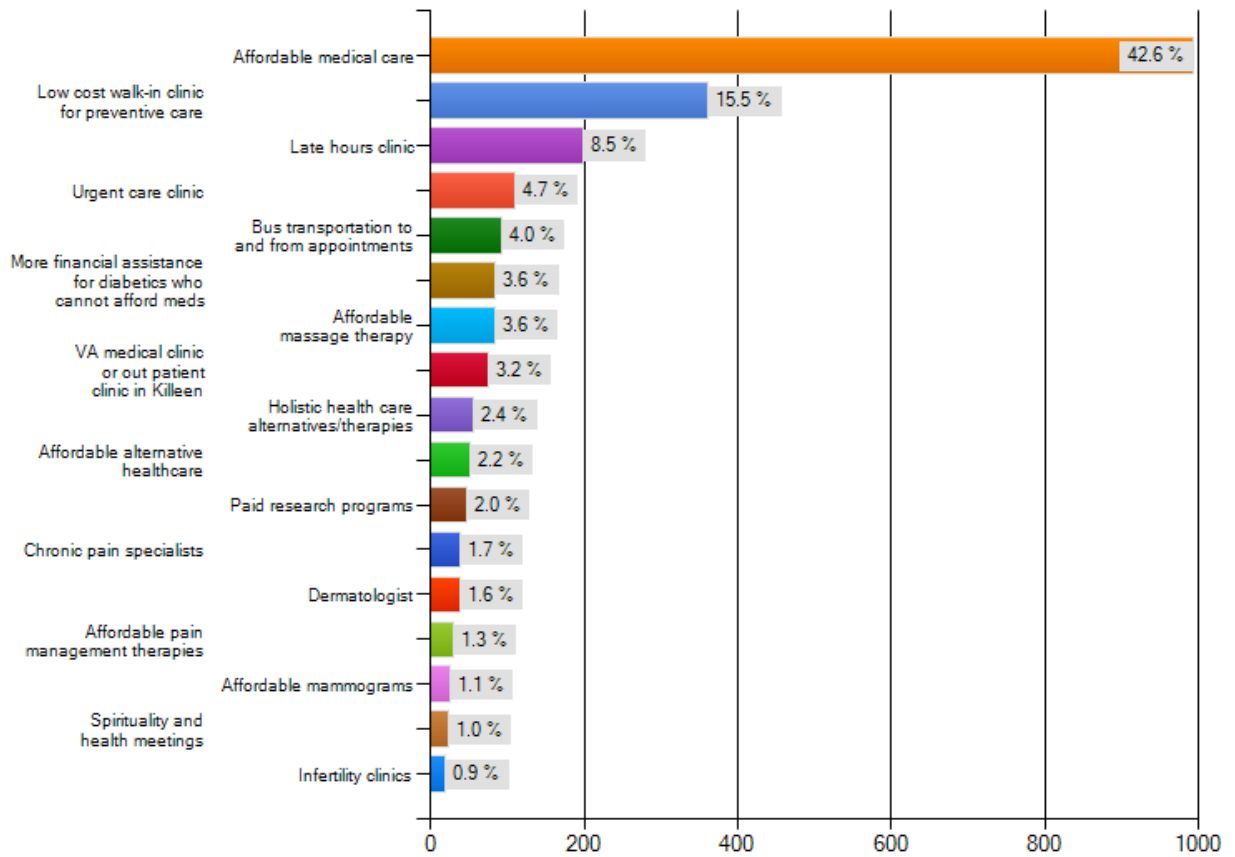
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**HEALTH SERVICES PRIORITIES**

By far affordable healthcare and low cost walk in clinics topped the ideas for improving health services among survey respondents.

<b>Health Services (Check one)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Affordable medical care	42.6%	993
Dermatologist	1.6%	38
Paid research programs	2.0%	47
Low cost walk-in clinic for preventive care	15.5%	362
Infertility clinics	0.9%	20
More financial assistance for diabetics who cannot afford meds	3.6%	85
Urgent care clinic	4.7%	110
Late hours clinic	8.5%	198
Chronic pain specialists	1.7%	39
VA medical clinic or outpatient clinic in Killeen	3.2%	75
Holistic health care alternatives/therapies	2.4%	57
Affordable mammograms	1.1%	26
Affordable alternative healthcare	2.2%	51
Affordable massage therapy	3.6%	84
Affordable pain management therapies	1.3%	30
Spirituality and health meetings	1.0%	24
Bus transportation to and from appointments	4.0%	93
	<i>answered question</i>	<b>2332</b>
	<i>skipped question</i>	<b>549</b>

Health Services (Check one)



**REGIONAL DATA**

In Central and East Bell County and Out of County respondents, the top health services priorities were affordable medical care and low-cost walk-in clinics for preventive care. For South Rural, West, and South Rural Bell County, affordable medical care, low-cost walk-in clinics, and late hours clinics were listed as priorities.

**Health Services (Check one)**

	<b>Central Bell (Belton)</b>	<b>East Bell (Temple)</b>	<b>South Rural Bell</b>	<b>West Bell (Killeen)</b>	<b>North Rural Bell</b>	<b>Out of County</b>
<b>Affordable medical care</b>	41.8% 168	41.9% 400	41.5% 54	43.6% 326	31.8% 7	50.0% 17
<b>Dermatologist</b>	1.8% 7	1.4% 13	1.5% 2	1.6% 12	0.0% 0	5.9% 2
<b>Paid research programs</b>	1.3% 5	2.1% 20	2.3% 3	2.1% 16	0.0% 0	0.0% 0
<b>Low cost walk-in clinic for preventive care</b>	18.9% 75	17.2% 164	16.9% 22	10.8% 81	22.7% 5	14.7% 5
<b>Infertility clinics</b>	0.3% 1	0.8% 8	0.8% 1	1.2% 9	0.0% 0	0.0% 0
<b>More financial assistance for diabetics who cannot afford meds</b>	3.0% 12	4.7% 45	2.3% 3	3.3% 25	4.5% 1	0.0% 0
<b>Urgent care clinic</b>	3.0% 12	4.0% 38	6.9% 9	6.6% 49	0.0% 0	0.0% 0
<b>Late hours clinic</b>	6.3% 25	8.2% 78	11.5% 15	9.4% 70	27.3% 6	5.9% 2
<b>Chronic pain specialists</b>	2.0% 8	1.8% 17	2.3% 3	1.6% 12	0.0% 0	0.0% 0
<b>VA medical clinic or out patient clinic in Killeen</b>	1.8% 7	1.0% 10	0.0% 0	7.5% 56	0.0% 0	2.9% 1

	Central Bell (Belton)	East Bell (Temple)	South Rural Bell	West Bell (Killeen)	North Rural Bell	Out of County
<b>Holistic health care alternatives/therapies</b>	4.5% 18	2.7% 26	1.5% 2	1.2% 9	0.0%	2.9% 1
<b>Affordable mammograms</b>	1.0% 4	1.4% 13	0.8% 1	0.9% 7	0.0% 0	2.9% 1
<b>Affordable alternative healthcare</b>	2.0% 8	2.1% 20	4.6% 6	1.5% 11	9.1% 2	2.9% 1
<b>Affordable massage therapy</b>	5.0% 20	3.9% 37	2.3% 3	2.9% 22	0.0% 0	2.9% 1
<b>Affordable pain management therapies</b>	2.0% 8	1.7% 16	0.0% 0	0.7% 5	0.0% 0	2.9% 1
<b>Spirituality and health meetings</b>	1.3% 5	0.9% 9	0.8% 1	1.1% 8	0.0% 0	0.0% 0
<b>Bus transportation to and from appointments</b>	4.0% 16	4.2% 40	3.8% 5	3.9% 29	4.5% 1	5.9% 2

p<0.01, the difference among different zones is significant

## **SECTION 3: QUALITATIVE DATA -- FOCUS GROUP AND KEY INFORMANT INTERVIEW SUMMARIES**

### **FOCUS GROUPS**

Four focus groups discussions took place between May and June 2010. Three focus groups focused on the qualities and resources in Bell County and how to improve the health and well-being of residents. One focus group focused specifically on services and resources in Bell County. Participants included county leadership, local business professionals, caregivers (for dementia or children with special health care needs) and Bell County residents. Over 50 participants participated in the focus group discussions.

### **THEMES**

When respondents were asked about the “strongest and best qualities of Bell County”, they often referred to it as a family oriented community with good schools, affordable housing, low-cost of living, access to health care, great churches and central location. Respondents also saw Bell County as “progressive” in growth with a stable economy.

Despite access to health care, respondents described a huge need for dental and mental health services. Respondents from the children with special health care needs focus group cited the need for more specialized care, improvements to the sliding fee scale for adults, activities for older individuals with special health care needs and a resource guide to assist in accessing health and social services.

Other public health concerns included substance abuse, particularly among adolescents and family violence, especially child abuse. Respondents were concerned with teen pregnancy and dropouts. Though respondents believed that Bell County had great schools, they also mentioned the need to improve the public school systems in Bell County.

Respondents perceived the biggest health and human service concerns to include affordable housing, dental care and access, mental health, child care, the county’s indigent population and affordable health care. One focus group specifically mentioned the Hispanic population of Bell County having specific food security, dental care, and language barrier concerns. This focus group also noted that agency “restrictions” such as hours, one-time services, and eligibility requirements make it difficult for Bell County residents to access and utilize services.

Respondents recommended the need to better understand the demographics of Bell County and to specifically talk to residents “at their level”, engaging them in relationships to build trust. County leadership respondents felt that public education and parental involvement was necessary to improve the health and well-being of Bell County residents. One county leader

expressed the need to improve the coordination of services between existing agencies. Suggestions to make community resources more effective included improving public awareness among residents, open communications among health and human service providers and collaborations that “influence the greater good.”

### **CAREGIVERS’ FOCUS GROUP**

The caregivers’ focus group, whose participants were all caregivers of dementia patients, indicated the need for more information and education on living options, how to care for persons with medical issues and what to expect as the dementia progresses. They felt that education on topics such as Medicare rules (what they will and will not pay for) and the community resources that are available in the area, such as Hospice, assistive devices and mental health counseling options for caregivers, would be extremely beneficial during a very stressful time. They agreed that the support groups are helpful for accessing information about available health and human services, but a comprehensive resource guide would be extremely useful as well. The members of this group expressed the importance of inclusion and participation of caregivers when deciding where the patient will be discharged as well as options for end-of-life care. By having the resources available and educating the public about them, they feel it would help improve the health and well-being of Bell County residents.

### **NATIONAL ALLIANCE ON MENTAL ILLNESS FOCUS GROUP**

The National Alliance on Mental Illness (NAMI) Focus Group indicated the need for a continuum of services, including affordable treatment options, supported housing, supported employment, financial supports, and broader case management services, for persons living with mental illness to have a more positive quality of life, to live independently, and to support their recovery. Additionally, there is a great need for respite and other caregiver supports, such as phone trees. The group expressed concerns about the lack of capacity for behavioral health treatment, with huge waiting lists for local psychiatrists, in-home care, and Medicaid transportation. Other issues raised were the need to help people navigate the system and to simplify applications and procedures for obtaining needed services and support (e.g., Medicaid).

### **UNITED WAY OF CENTRAL TEXAS PARTNER AGENCIES FOCUS GROUP**

The United Way of Central Texas Partner Agencies Focus Group indicated the following top priorities of need in Bell County: lack of living wage jobs, homelessness, high school dropout rate, family violence and child abuse, mental health resources, resources for the uninsured, dental care, transitional housing, services for children and elderly with physical disabilities, and financial stability education. Solutions proposed by this group included forming community collaboratives (including social services agencies, health agencies, media, churches, and

financial institutions) or advisory committees around specific issues; utilizing and improving information technology (conference calls, modernizing existing systems); establishing a community board, a centralized place for distribution of information about services and supports; and a public awareness campaign, using media, to make the public aware of issues and programs and services available to help.

**CAREGIVERS OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS FOCUS GROUP**

The Caregivers of Children with Special Health Care Needs focus group indicated the need for a resource guide, childcare for children 13+ years of age, and summer childcare options. This group expressed concern of lack of access for medical and developmental services, due to the limited workforce of specialists, developmental pediatricians, and particularly providers accepting Medicaid. This group also indicated the lack of services available in the Killeen/Copperas Cove area. Ideas for improvements to increase the health and safety of this particular group included: date nights, signs for front yards (similar to “service dog” notification); and bracelets with GPS for children with special health care needs.

**FAITH-BASED FOCUS GROUP**

The faith-based focus group felt that while Bell County has outstanding healthcare resources, that there is a lack of knowledge on the part of the citizens to know what resources are available and how to access these resources. Some of the major issues cited by the group were homelessness and unreached indigent populations, lack of dental care, transportation, drug issues, mental health, family violence and child abuse, and lack of good information systems. Solutions to some of these problems included collaboration between social service agencies and churches to foster better communication about what everyone does and to reduce duplication of services.

### KEY INFORMANT INTERVIEWS

Fourteen Bell County key informants were identified and contacted by coalition members between May and June 2010. Key informants included public safety officials, corporate entities, elected officials, county administrators, and executive directors of a health and a social service organization.

### THEMES

Key informants described Bell County as a “great place to live” with “diverse...fast growing” communities that feature affordable housing, good educational and transportation systems. Just like focus group respondents, key informants also liked the accessibility to good health care and the proximity to Austin, Dallas and Houston. There is a very strong military influence because of its closeness to Fort Hood. Similar to the focus group respondents, Bell County is viewed as a family oriented area with a low cost of living and strong economy.

One of the major themes among Bell County key informants is that Bell County is fractured. There is little engagement of the different sections of the county. Communities function independently with separate cultures.

Family violence, mental health and services, access to care especially among indigent populations, and poor coordination of health and human services among the most serious problems in Bell County. One key informant noted the county population growing at an “expedient rate” and the need for new infrastructure to support the county growth. Another key informant noted the need for more employment opportunities for the growing workforce that is very skilled and diverse. Barriers that prevent residents and county officials from addressing these problems include limited funding, strategies not comprehensive but fragmented, too many “players” with individual interests and the division among Bell County residents.

Key informants believed that the largest health and human service concerns of residents include services that are not as visible or proactive, duplicated services, limited access to care to uninsured/underinsured families, family violence, substance abuse, mental health services and resources for the evolving senior population. To improve the health and human services in Bell County, one key informant believed it was necessary to do a complete needs assessment and engage “individual[s] and groups that represent citizens at all levels, agencies, providers and government entities”. Another key informant suggested the development of a “comprehensive action plan” that includes all service providers. Another key informant suggested an “inventory of ALL the agencies/organizations” and include their hours and costs for service. This key informant suggested that this could facilitate the organization,

combination or elimination of duplicated resources. To improve the efficiency of current community resources, key informants suggested the need to create, sustain and expand successful programs, tailor fit services based on community need, develop a collaborative strategy to reduce redundant services and fill service gaps, improve communication across current resources, and search for ways to collaborate across current resources.

## **CONCLUSION**

There are many similarities in the perception and vision of Bell County Health and Human Services among the focus group respondents and key informants. Participants have expressed a need for a resource guide, improved communication among health and human service providers, and collaboration across agencies/organizations to eliminate duplicity and fill service gaps.



## SECTION 4: SECONDARY DATA

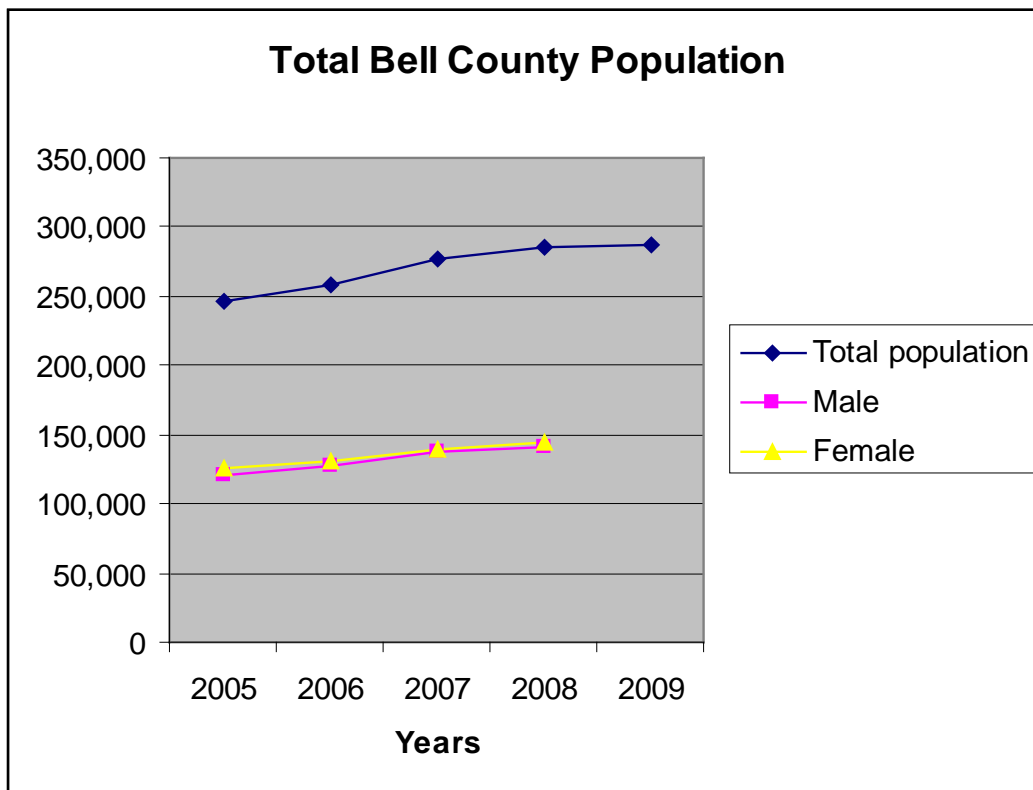
### POPULATION

In 2009, the total number of residence in Bell County was 286,456. Since 2005, the population has shown a steady incline according to the American Community Survey.

Bell County Total Population

	2009	2008	2007	2006	2005
<b>Total population</b>	286,446	285,084	276,975	257,897	246,592

Source: U.S. Census Bureau, American Community Survey



## 2010 Community Needs Assessment

Between 2005 and 2008, the median age of Bell County residents has remained around 30 years. The population is most dense between 25-44 years of age. Bell County also has a significant population of adults 62 years and older.

### Bell County Total Population, Age & Sex

	2008	2008 %	2007	2007 %	2006	2006%	2005	2005%
<b>Total population</b>	285,084		276,975		257,897		246,592	
<b>Male</b>	140,634	49.33%	137,114	49.50%	127,063	49.27%	121,232	49.16%
<b>Female</b>	144,450	50.67%	139,861	50.50%	130,834	50.73%	125,360	50.84%
<b>Under 5 years</b>	29,949	10.51%	27,879	10.07%	26,406	10.24%	28,400	11.52%
<b>5 to 9 years</b>	25,662	9.00%	22,709	8.20%	21,633	8.39%	20,530	8.33%
<b>10 to 14 years</b>	22,491	7.89%	23,874	8.62%	21,059	8.17%	20,593	8.35%
<b>15 to 19 years</b>	19,552	6.86%	19,866	7.17%	18,659	7.24%	15,698	6.37%
<b>20 to 24 years</b>	20,552	7.21%	19,169	6.92%	17,461	6.77%	15,622	6.34%
<b>25 to 34 years</b>	45,447	15.94%	46,189	16.68%	43,265	16.78%	42,263	17.14%
<b>35 to 44 years</b>	40,439	14.18%	39,145	14.13%	35,103	13.61%	35,243	14.29%
<b>45 to 54 years</b>	32,596	11.43%	31,485	11.37%	29,864	11.58%	28,019	11.36%
<b>55 to 59 years</b>	13,130	4.61%	12,781	4.61%	11,665	4.52%	9,936	4.03%
<b>60 to 64 years</b>	9,495	3.33%	9,029	3.29%	8,784	3.41%	8,391	3.40%
<b>65 to 74 years</b>	13,957	4.90%	12,868	4.65%	12,109	4.70%	11,309	4.59%
<b>75 to 84 years</b>	8,823	3.09%	9,798	3.54%	8,617	3.34%	9,235	3.75%
<b>85 years and over</b>	2,991	1.05%	2,183	0.79%	3,272	1.27%	1,353	0.55%
<b>Median age (years)</b>	30.4		30.4		30.6		30.2	

	2008	2008 %	2007	2007 %	2006	2006%	2005	2005%
<b>18 years and over</b>	194,878	68.36%	190,396	68.74%	177,593	68.86%	166,294	67.44%
<b>21 years and over</b>	183,393	64.33%	177,917	64.24%	166,509	64.56%	159,011	64.48%
<b>62 years and over</b>	30,505	10.70%	29,861	10.78%	29,087	11.28%	27,021	10.96%
<b>65 years and over</b>	25,771	9.04%	24,849	8.97%	23,998	9.31%	21,897	8.88%
<b>18 years and over</b>	194,878	68.00%	190,396	69.00%	177,593	69.00%	166,294	67.00%
<b>Male</b>	94,394	48.44%	92,480	48.57%	85,964	48.41%	80,146	48.20%
<b>Female</b>	100,484	51.56%	97,916	51.43%	91,629	51.59%	86,148	51.80%
<b>65 years and over</b>	25,771	9.00%	24,849	9.00%	23,998	9.00%	21,897	9.00%
<b>Male</b>	10,961	42.53%	10,349	41.65%	9,768	40.70%	9,053	41.34%
<b>Female</b>	14,810	57.47%	14,500	58.35%	14,230	59.30%	12,844	58.66%

## RACE AND ETHNICITY

Bell County has a small but distinct Korean population. The Hispanic population continued to grow substantially between 2005 through 2008.

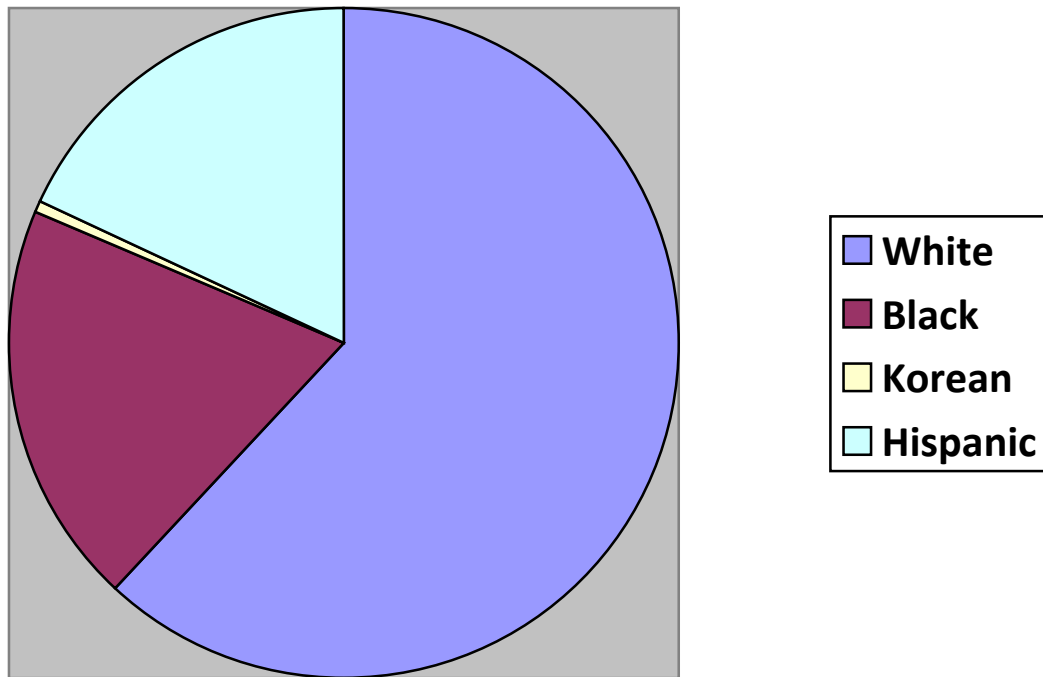
Bell County Race and Ethnicity

	2008	2007	2006	2005
<b>Total population</b>	285,084	276,975	257,897	236,185
<b>White</b>	193,937	187,126	248,986	164,747
<b>Black or African Amer.</b>	60,442	56,106	60,944	50,147
<b>Korean</b>	2,328	2,270	2,235	2,749
<b>Hispanic</b>	56,241	52,504	49,008	46,670

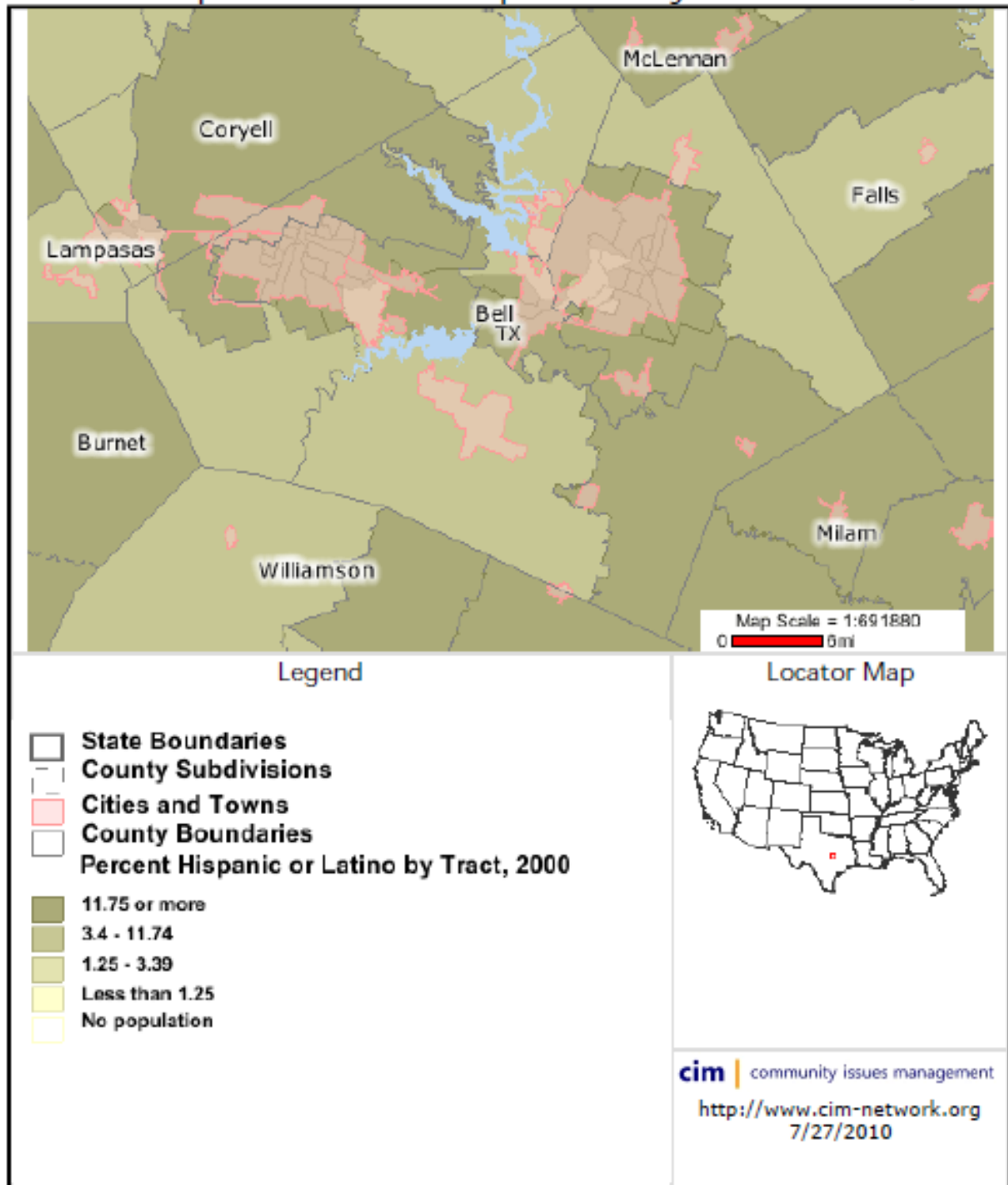
Source: U.S. Census Bureau, American Community Survey

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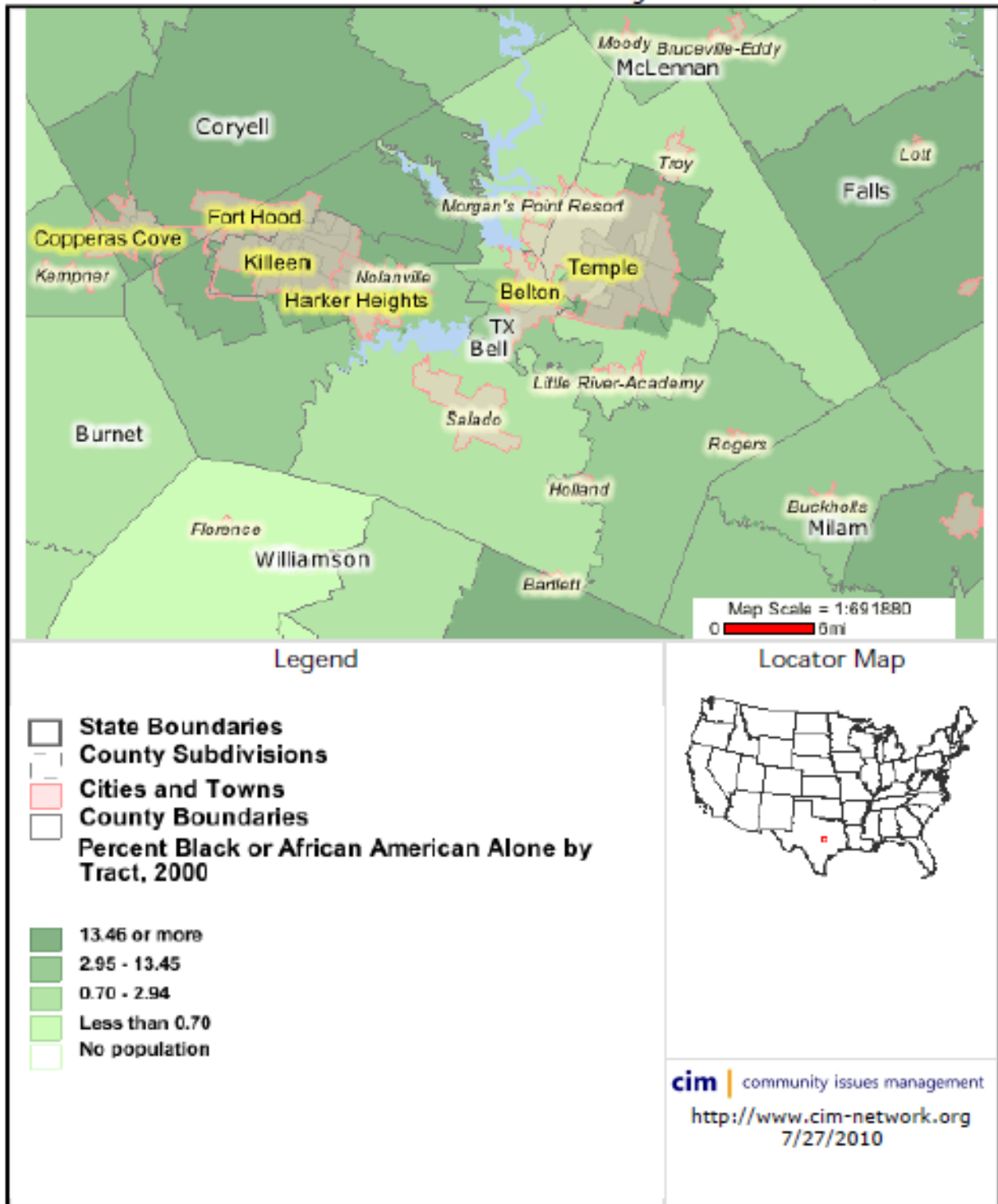
### Bell County Race and Ethnicity, 2008



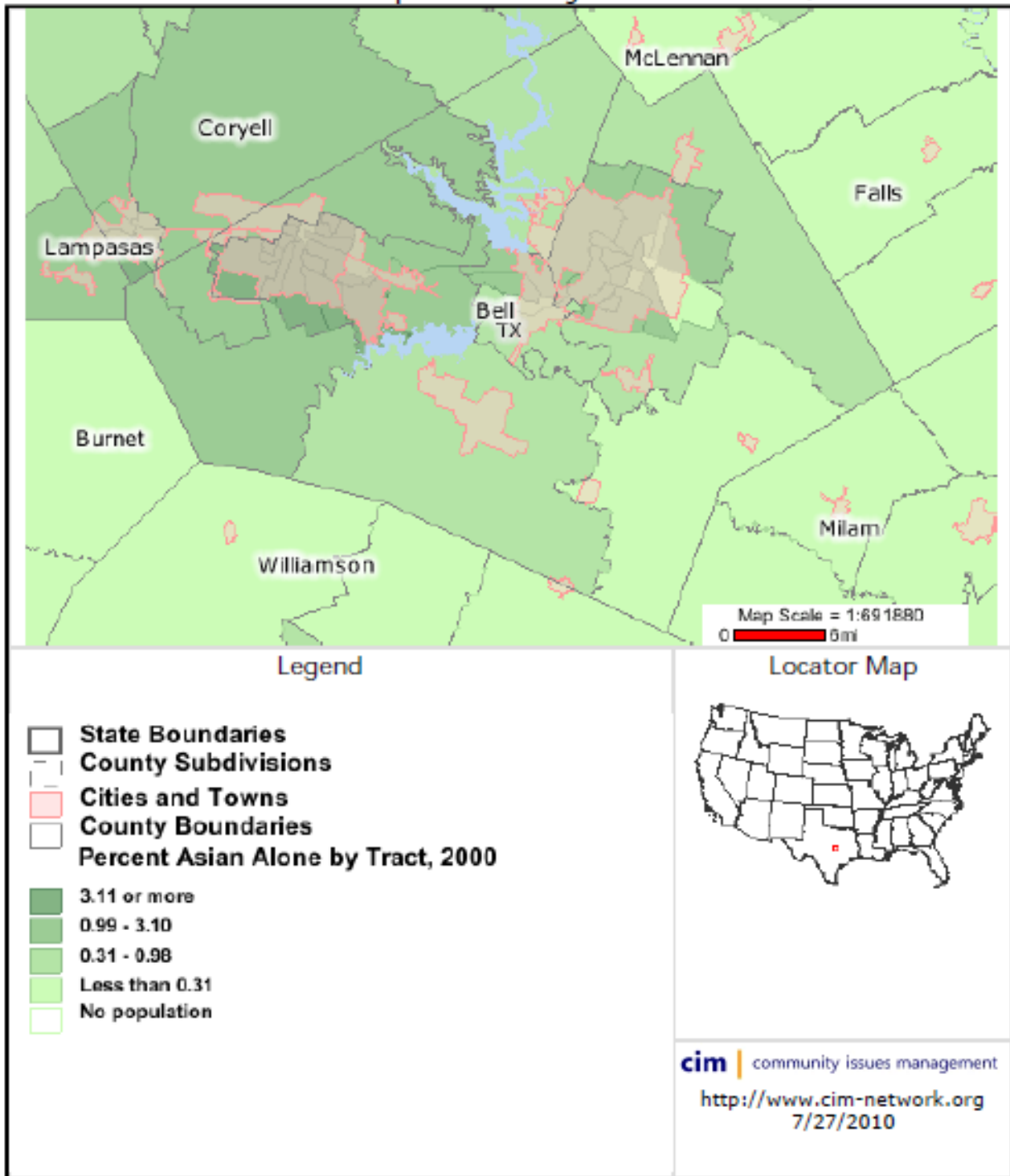
### Percent Hispanic or Latino Population by Census Tract, 2000



## Percent Black or African American by Census Tract, 2000



## Percent Asian Population by Census Tract, 2000



## FOREIGN BORN POPULATION

Despite the large white population in Bell County, there are significant numbers of residents born outside the U.S. that make up 7.3% of the total population. There are large numbers of Koreans, Filipinos, Mexicans, and Germans.

<b>Foreign Born Population in 2000</b>				
	<b>Bell County</b>		<b>Texas</b>	
<b>Total Foreign Born Population</b>	17,322		2,899,642	
<b>Total Foreign Born Population (%)</b>	7.30%		13.90%	
<b>Africa</b>	378	2.18%	64,470	2.22%
<b>Nigeria</b>	61	16.14%	20,927	32.46%
<b>Asia</b>	4,941	28.52%	466,218	16.08%
<b>China</b>	117	2.37%	38,813	8.33%
<b>Taiwan</b>	76	1.54%	23,026	4.94%
<b>Japan</b>	347	7.02%	13,070	2.80%
<b>Korea</b>	2,163	43.78%	35,986	7.72%
<b>India</b>	232	4.70%	78,388	16.81%
<b>Iran</b>	70	1.42%	15,581	3.34%
<b>Pakistan</b>	113	2.29%	26,981	5.79%
<b>Philippines</b>	1,183	23.94%	45,907	9.85%
<b>Vietnam</b>	276	5.59%	107,027	22.96%
<b>Australia and New Zealand Subregion</b>	17	0.10%	5,076	0.18%
<b>Caribbean</b>	953	5.50%	41,777	1.44%
<b>Cuba</b>	96	10.07%	16,011	38.32%
<b>Central America</b>	6,219	35.90%	2,064,076	71.18%
<b>Mexico</b>	5,171	83.15%	1,879,369	91.05%
<b>El Salvador</b>	88	1.42%	101,259	4.91%
<b>Guatemala</b>	91	1.46%	26,130	1.27%
<b>Honduras</b>	89	1.43%	33,655	1.63%
<b>Europe</b>	4,002	23.10%	152,327	5.25%
<b>United Kingdom</b>	220	5.50%	36,176	23.75%
<b>Germany</b>	3,181	79.49%	39,249	25.77%
<b>North America</b>	223	1.29%	37,165	1.28%
<b>Canada</b>	223	100.00%	36,802	99.02%
<b>South America</b>	433	2.50%	66,623	2.30%
<b>Colombia</b>	109	25.17%	22,070	33.13%
<b>Source: U.S. Census Bureau</b>				

## MIGRATION FOR BIRTH

Bell County residents overwhelmingly give birth in Bell County hospitals. Only a small number (25 births) occur outside a hospital.

Bell County Migration for Birth, 2006

	<b>Bell County</b>	<b>Texas</b>
<b>Births in Area</b>	7,546	405,845
<b>Births to Area Residents</b>	6,115	399,309
<b>Births in Area to County Residents</b>	5,886	312,922
<b>Birth Service Ratio (Resident Births in County)</b>	96.3	78.4
<b>Number of Hospitals Where Births Occurred</b>	4	287
<b>Number of Births Not in a Hospital</b>	25	3108
<b>Percentage of Births Not in a Hospital</b>	0.40%	0.80%

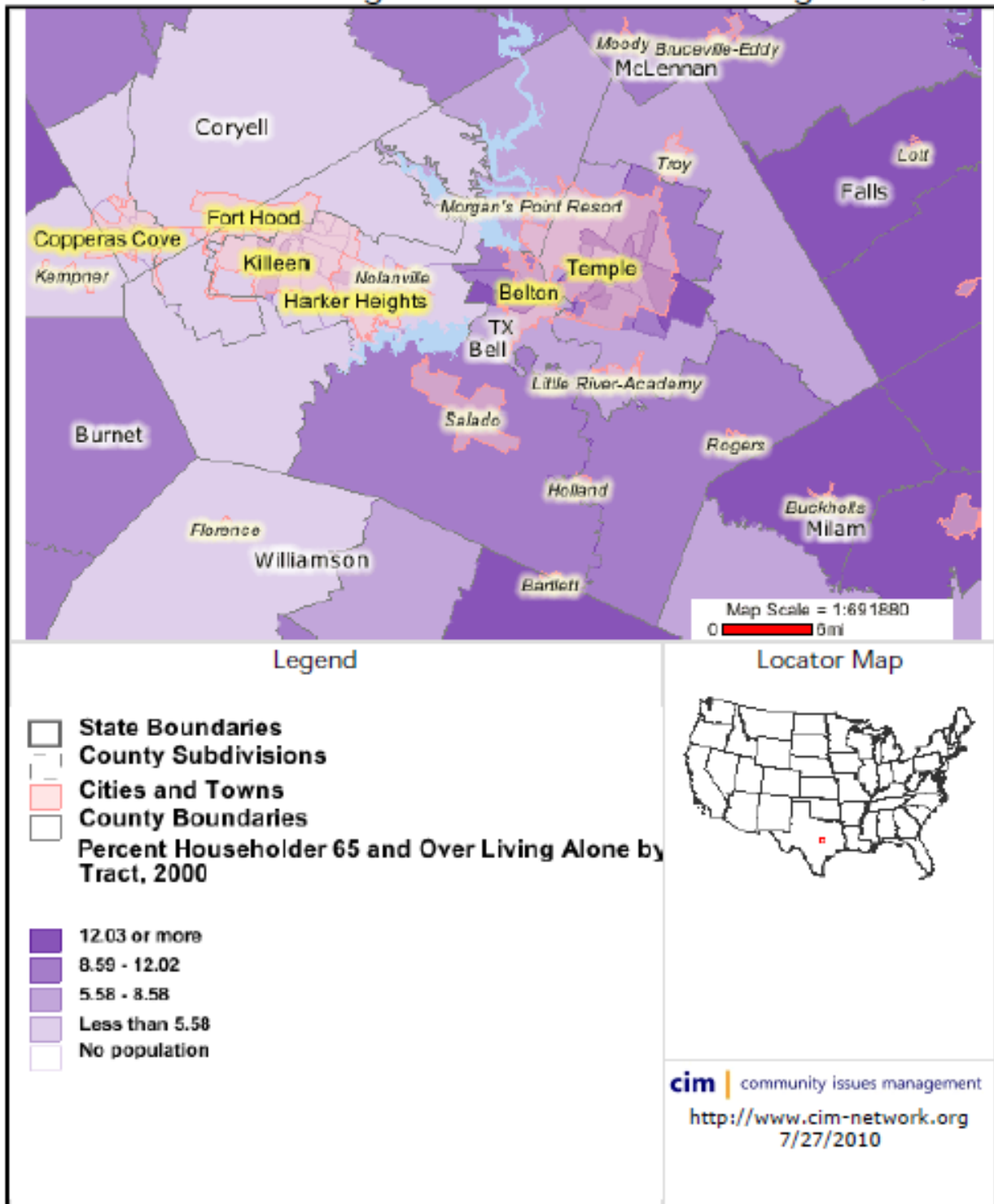
Source: DSHS Center for Health Statistics

## HOUSEHOLDS

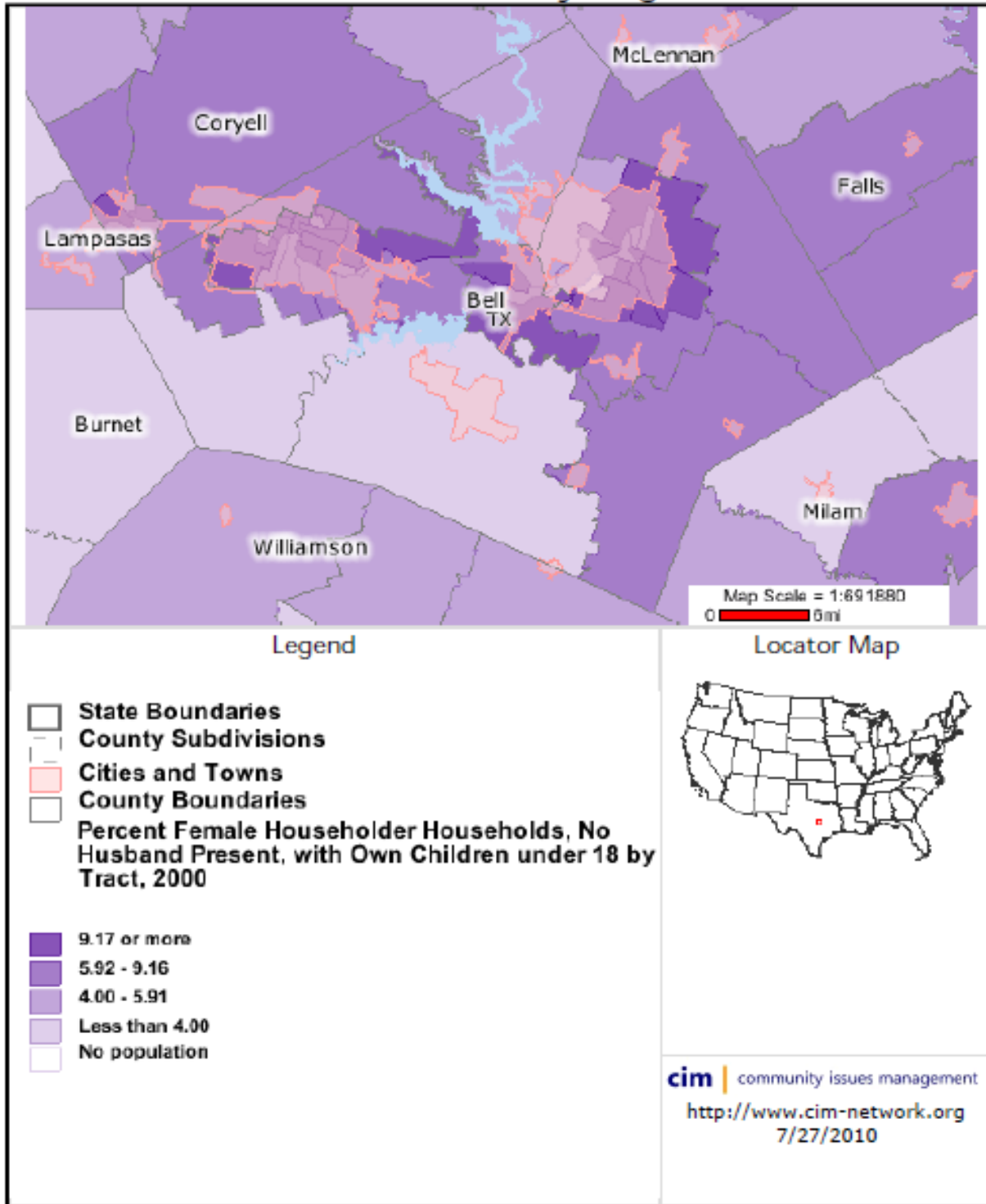
Family and married couple households are the dominant type of household in Bell County. Single householder are three times more likely to be female than male. The average family size has remained at three individuals between 2006 and 2008.

Bell County Households, type						
	2008	2008%	2007	2007%	2006	2006%
Total households	99,192		94,812		93,737	
Family households (families)	72,088	72.68%	69,907	73.73%	66,692	71.15%
Married-Married-couple families	52,234	52.66%	49,160	70.32%	49,711	53.03%
Male householder, no wife present	4,906	4.95%	5,129	10.43%	4,211	4.49%
Female householder, no husband present	14,948	15.07%	15,618	304.50%	12,770	13.62%
Nonfamily households	27,104	27.32%	24,905	159.46%	27,045	28.85%
Households with one or more people under 18 years	40,039	40.37%	41,794	44.08%	39,203	41.82%
Households with one or more people 65 years and over	17,415	17.56%	16,655	39.85%	17,884	19.08%
Average household size	2.79		2.80		2.67	
Average family size	3.32		3.29		3.20	
Source: U.S. Census Bureau, American Community Survey						

## Percent Householder Aged 65 and Over and Living Alone, 1999



### Percent Households Headed by Single Mothers, 2000



## MARITAL STATUS

Among males in Bell County, most are either married or single, never married. This trend remained consistent from 2005-2008. The same trend is also present for females; however, a larger number are divorced or widowed.

	2008	2008%	2007	2007%	2006	2006%	2005	2005%
<b>Males 15 years and over</b>	100,736		98,719		91,696		85,962	
<b>Never married</b>	27,009	26.81%	27,678	28.04%	24,289	26.49%	18,886	21.97%
<b>Now married, except separated</b>	60,482	60.04%	54,074	54.78%	54,397	59.32%	54,545	63.45%
<b>Separated</b>	1,964	1.95%	2,144	2.17%	1,824	1.99%	2,107	2.45%
<b>Widowed</b>	1,340	1.33%	1,955	1.98%	1,764	1.92%	1,841	2.14%
<b>Divorced</b>	9,941	9.87%	12,868	13.03%	9,422	10.28%	8,583	9.98%
<b>Females 15 years and over</b>								
<b>Never married</b>	20,561	19.35%	20,331	19.59%	19,966	20.56%	17,308	19.00%
<b>Now married, except separated</b>	58,691	55.24%	56,320	54.26%	53,910	55.52%	52,677	57.82%
<b>Separated</b>	2,738	2.58%	2,750	2.65%	2,011	2.07%	2,516	2.76%
<b>Widowed</b>	8,667	8.16%	9,035	8.70%	8,971	9.24%	7,493	8.22%
<b>Divorced</b>	15,589	14.67%	15,358	14.80%	12,245	12.61%	11,113	12.20%
Source: U.S. Census Bureau, American Community Survey								

## LANGUAGES SPOKEN AT HOME

In Bell County, many residents speak a language other than English in the home. Spanish has been the predominant language outside of English.

Language Spoken at Home

	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
<b>Language other than English</b>	42,977	44,701	41,621	34,415
<b>Spanish</b>	29,465	32,789	31,990	25,656
<b>Other Indo-European languages</b>	6,693	5,255	4,550	3,951
<b>Asian and Pacific Islander languages</b>	6,168	5,562	4,713	4,434
<b>Other languages</b>	651	1,095	368	374

Source: U.S. Census Bureau, American Community Survey

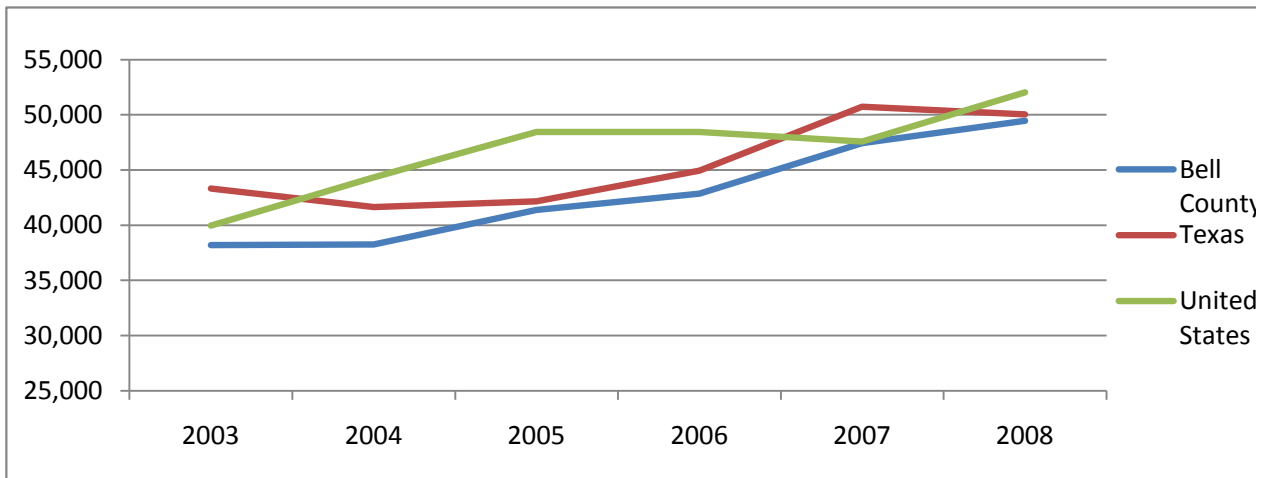
## MEDIAN INCOME

Since 2003, the median income of Bell County residents has been lower than the median income of Texans and of U.S. residents.

Median Income of Bell County Residents

	2008	2007	2006	2005	2004	2003
<b>Bell County</b>	49,448	47,434	42,849	41,386	38,253	38,203
<b>Texas</b>	50,049	50,740	44,943	42,165	41,645	43,318
<b>United States</b>	52,029	47,563	48,451	46,242	44,334	39,967

US Census Small Area Income and Poverty Estimates



## HOUSEHOLD INCOME

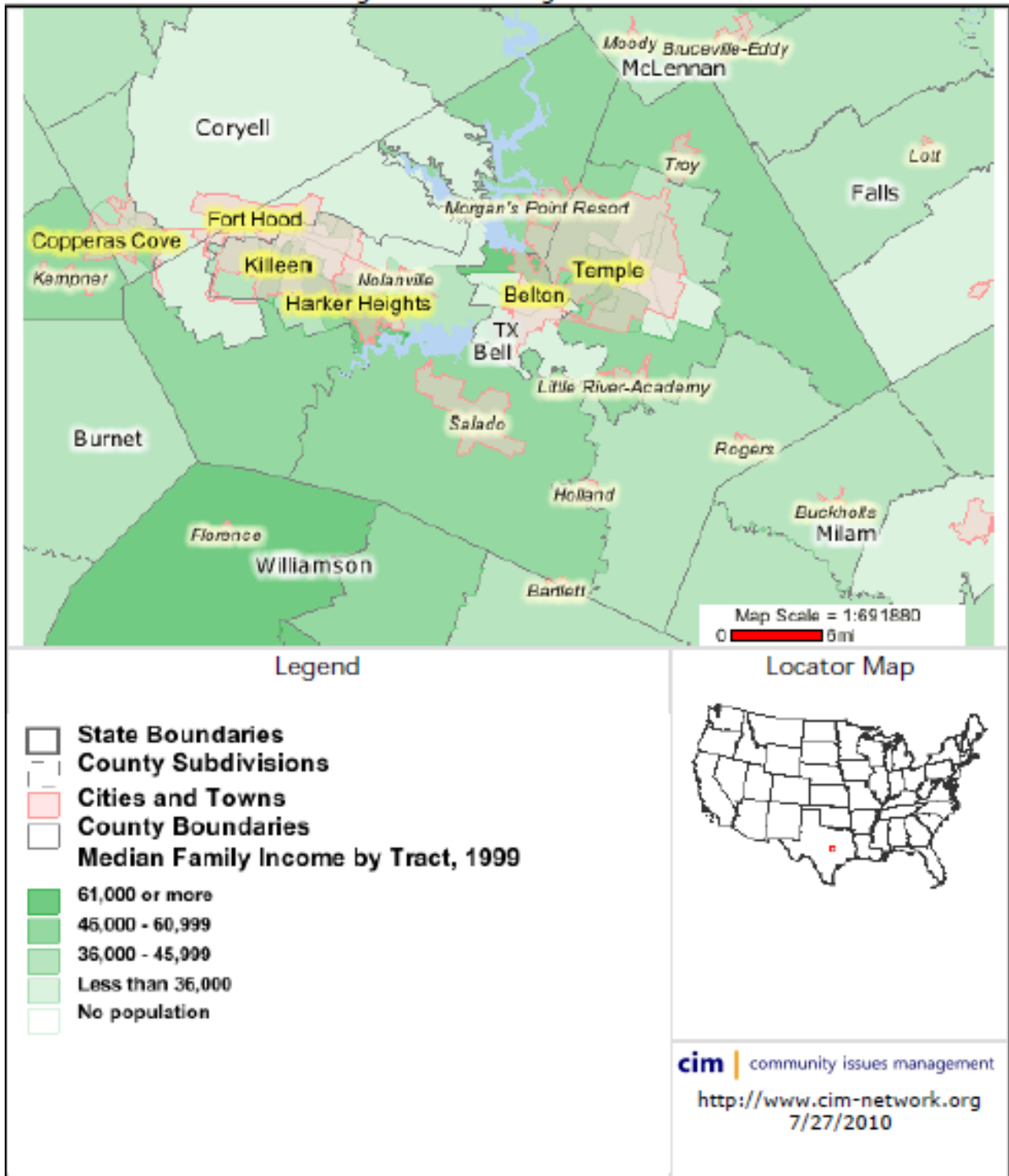
The majority of households in Bell County have a total household income (including benefits) of \$50,000-\$74,999. Both the mean and median income for residents increased between 2005 and 2008.

Bell County Income and benefits (in 2008 inflation-adjusted dollars)

	2008	2007	2006	2005
<b>Total households</b>	99,192	94,812	93,737	94,750
<b>Less than \$10,000</b>	6,479	6,339	6,219	6,732
<b>\$10,000 to \$14,999</b>	3,913	4,677	4,999	6,420
<b>\$15,000 to \$24,999</b>	10,594	9,720	12,317	10,081
<b>\$25,000 to \$34,999</b>	12,099	12,675	11,924	14,807
<b>\$35,000 to \$49,999</b>	16,549	16,485	17,376	17,856
<b>\$50,000 to \$74,999</b>	22,010	20,321	20,046	19,330
<b>\$75,000 to \$99,999</b>	12,018	11,199	9,861	10,362
<b>\$100,000 to \$149,999</b>	9,665	9,410	7,194	6,521
<b>\$150,000 to \$199,999</b>	3,402	1,432	1,648	1,272
<b>\$200,000 or more</b>	2,463	2,554	2,153	1,369
<b>Median household income (dollars)</b>	49,967	48,081	43,231	42,019
<b>Mean household income (dollars)</b>	64,553	59,146	56,299	52,527

Source: U.S. Census Bureau, American Community Survey

## Median Family Income by Census Tract, 1999



## PER CAPITA PERSONAL INCOME

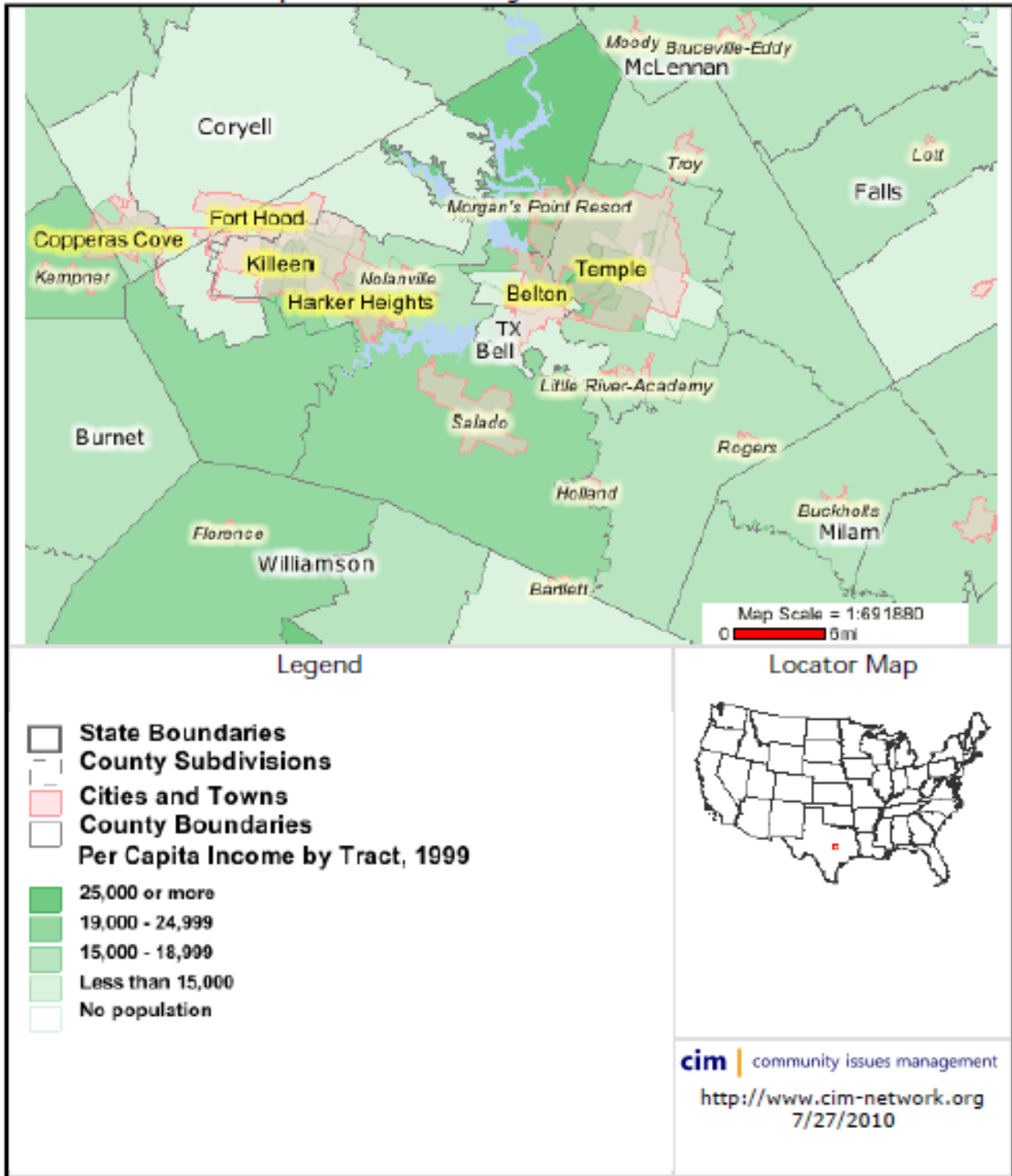
Since 2000, the per capita personal income of Bell County residents has been \$3,000-4,000 less than the average of all Texas residents.

Bell County Per Capita Personal Income

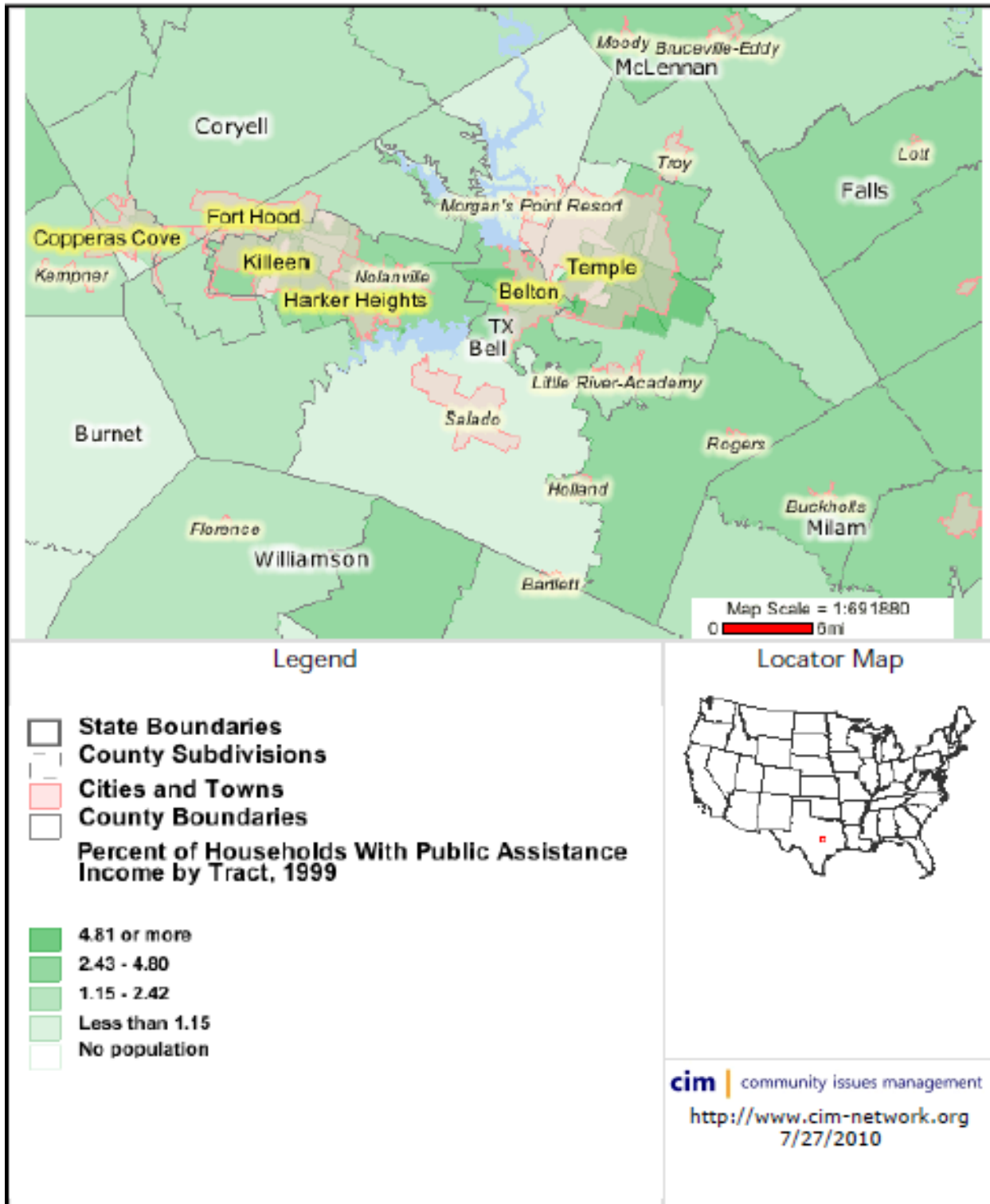
	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>	<b>2003</b>	<b>2002</b>	<b>2001</b>	<b>2000</b>
<b>Bell</b>	34,414	32,612	30,290	27,804	26,160	25,336	24,504	23,738
<b>Texas</b>	37,083	35,162	33,249	30,989	29,436	28,858	29,045	28,317

Source: Bureau of Economic Analysis (BEA), U.S. Department of Commerce

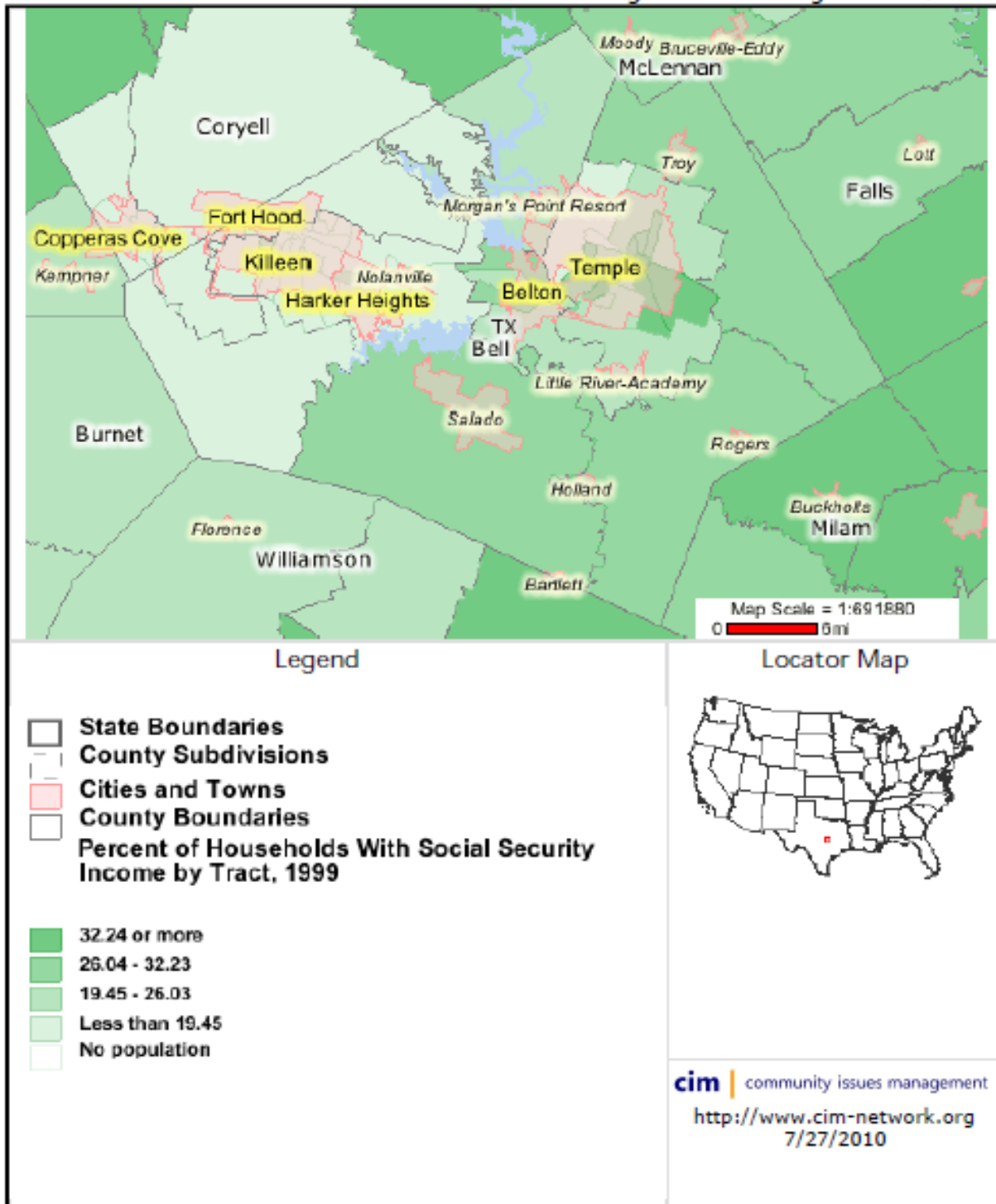
### Per Capita Income by Census Tract, 1999



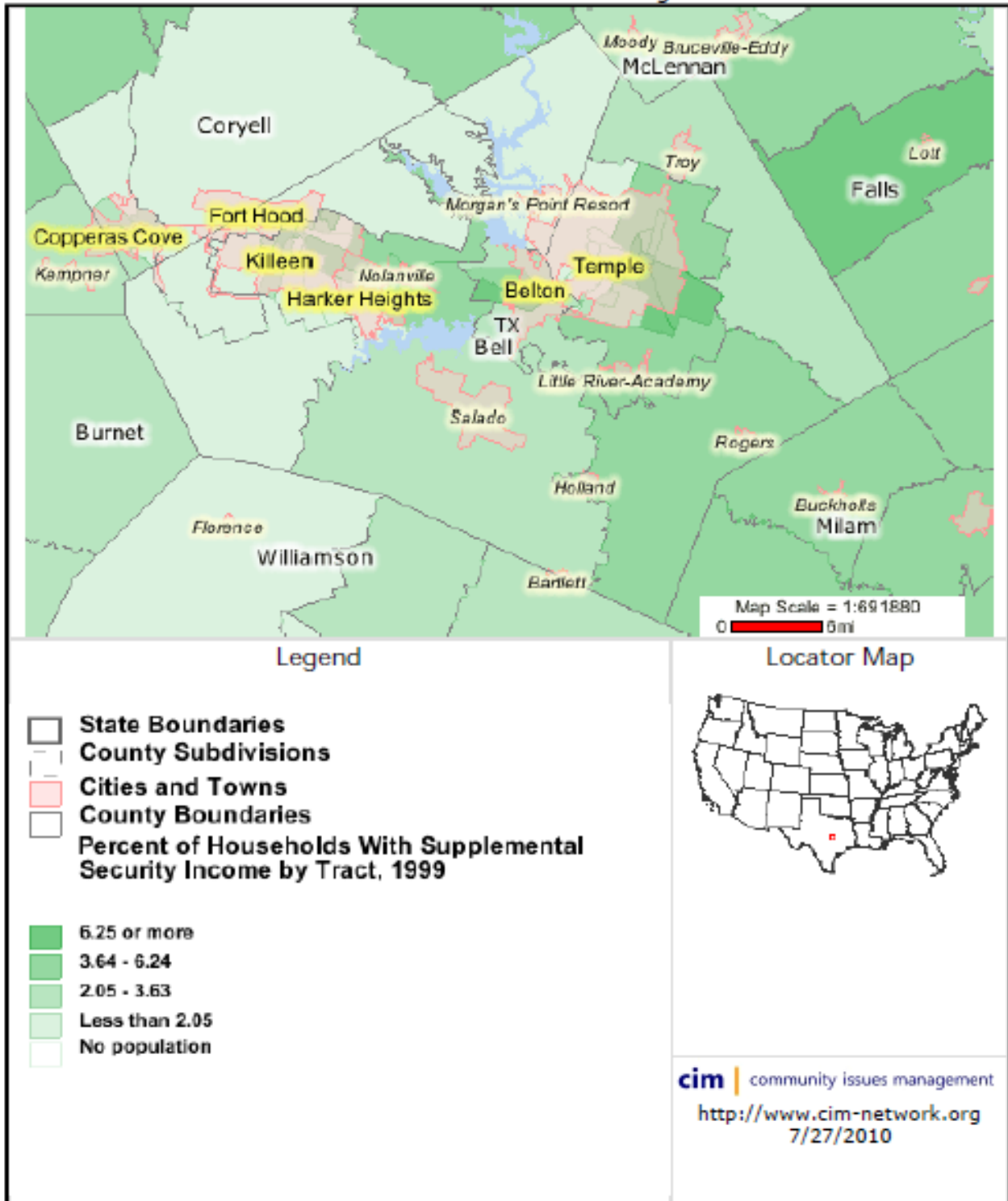
## Percent Families with Public Assistance Income, 1999



## Percent Households with Social Security Income by Tract, 1999



### Percent Households with SSI Income by Census Tract, 1999



## POVERTY

The total number of Bell County residents who live in poverty is 36,859. When Bell County residents are compared to Texas residents, there is a statistically significant difference ( $p < 0.01$ ) in the rate of poverty.

Total population in poverty

	2008	2007	2006	2005	2004	2003
<b>Bell</b>	36,859	36,167	31,989	33,102	32,572	35,472
<b>Texas</b>	3,755,944	3,787,071	3,862,741	3,886,632	3,610,126	3,563,162
Percentage of total population in poverty						
<b>Bell</b>	13.4	13.6	12.9	13.5	13.2	14.7
<b>Texas</b>	15.8	16.3	16.9	17.5	16.2	16.2

US Census Small Area Income and Poverty Estimates

## FAMILY POVERTY

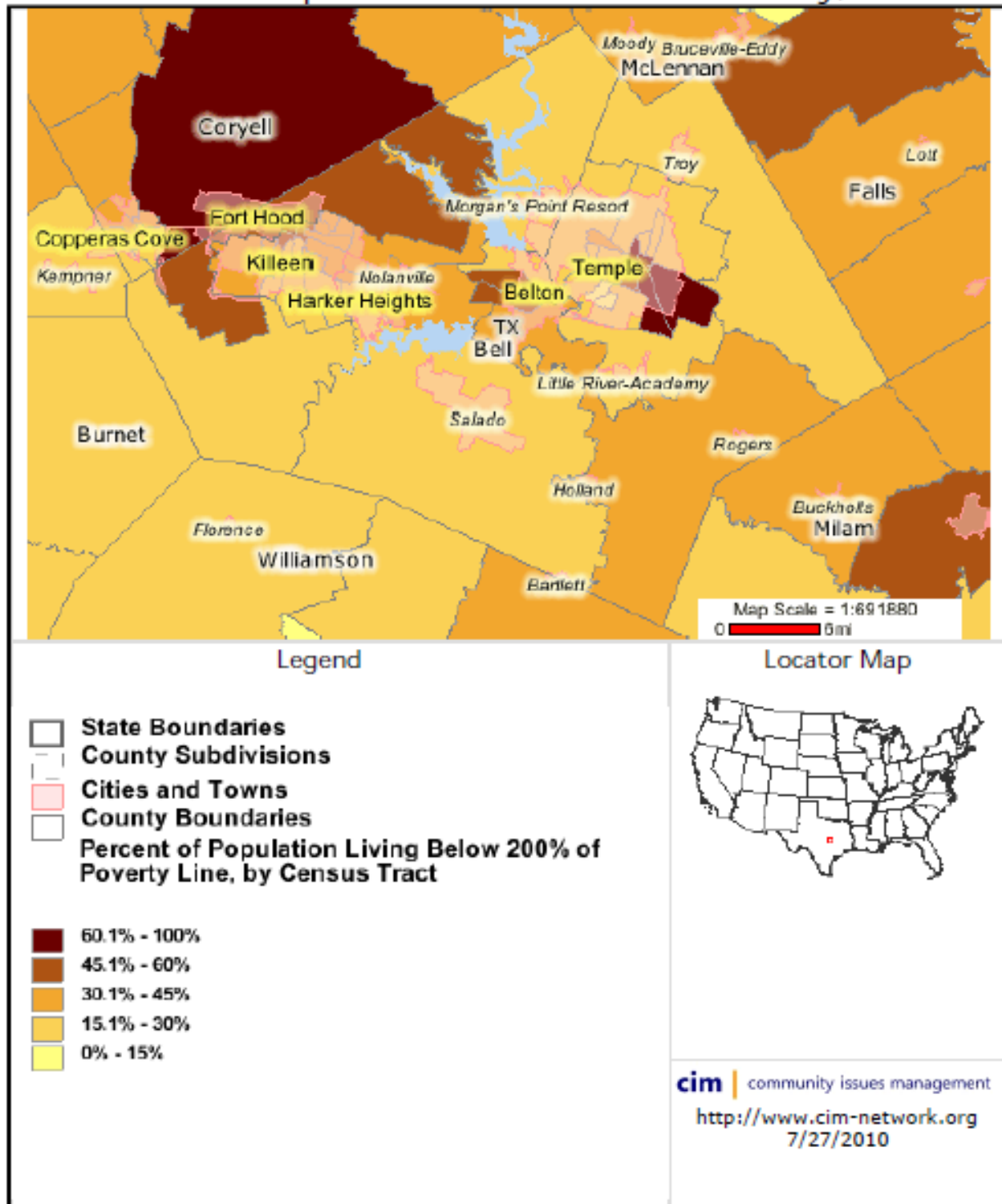
Approximately 10% of all families in Bell County had income over the last 12 months below the poverty level. Married couple families were less likely to be in poverty than families with a female householder. Between 2005 and 2008, 35-57% of families with a female householder, who had children under five years of age received an income below the poverty level.

Percentage of Bell County Families Whose Income in the Past 12 Months is Below the Poverty Level

	2008	2007	2006	2005
<b>All families</b>	10.90%	10.30%	9.90%	10.10%
<b>With related children under 18 years</b>	17.30%	15.70%	14.30%	14.60%
<b>With related children under 5 years only</b>	21.00%	12.30%	17.70%	17.80%
<b>Married couple families</b>	3.90%	4.90%	3.00%	4.60%
<b>With related children under 18 years</b>	6.20%	8.10%	3.40%	6.30%
<b>With related children under 5 years only</b>	6.30%	3.70%	6.50%	7.60%
<b>Families with female householder, no husband present</b>	34.50%	24.50%	36.20%	29.90%
<b>With related children under 18 years</b>	39.70%	27.80%	44.20%	33.80%
<b>With related children under 5 years only</b>	40.90%	35.70%	57.10%	57.80%

Source: U.S. Census Bureau, American Community Survey

## Percent of Population Below 200% of Poverty, 1999



## POVERTY BY AGE, <18 YEARS

The number of children 18 years or younger living in poverty in Bell County steadily increased overtime between 2006 and 2008. For the same time period, the number of children 18 years or younger living in Texas steadily decreased.

Bell County Poverty by age, <18 years

	2008	2007	2006
<b>Under age 18 in poverty</b>			
<b>Bell</b>	16,980	16,654	15,314
<b>Texas</b>	1,492,668	1,508,771	1,520,101
<b>Ages 5-17 in families in poverty</b>			
<b>Bell</b>	9,897	10,357	8,802
<b>Texas</b>	952,483	960,471	977,059

Source: Bureau of labor statistics: Small Area Income and Poverty Estimates

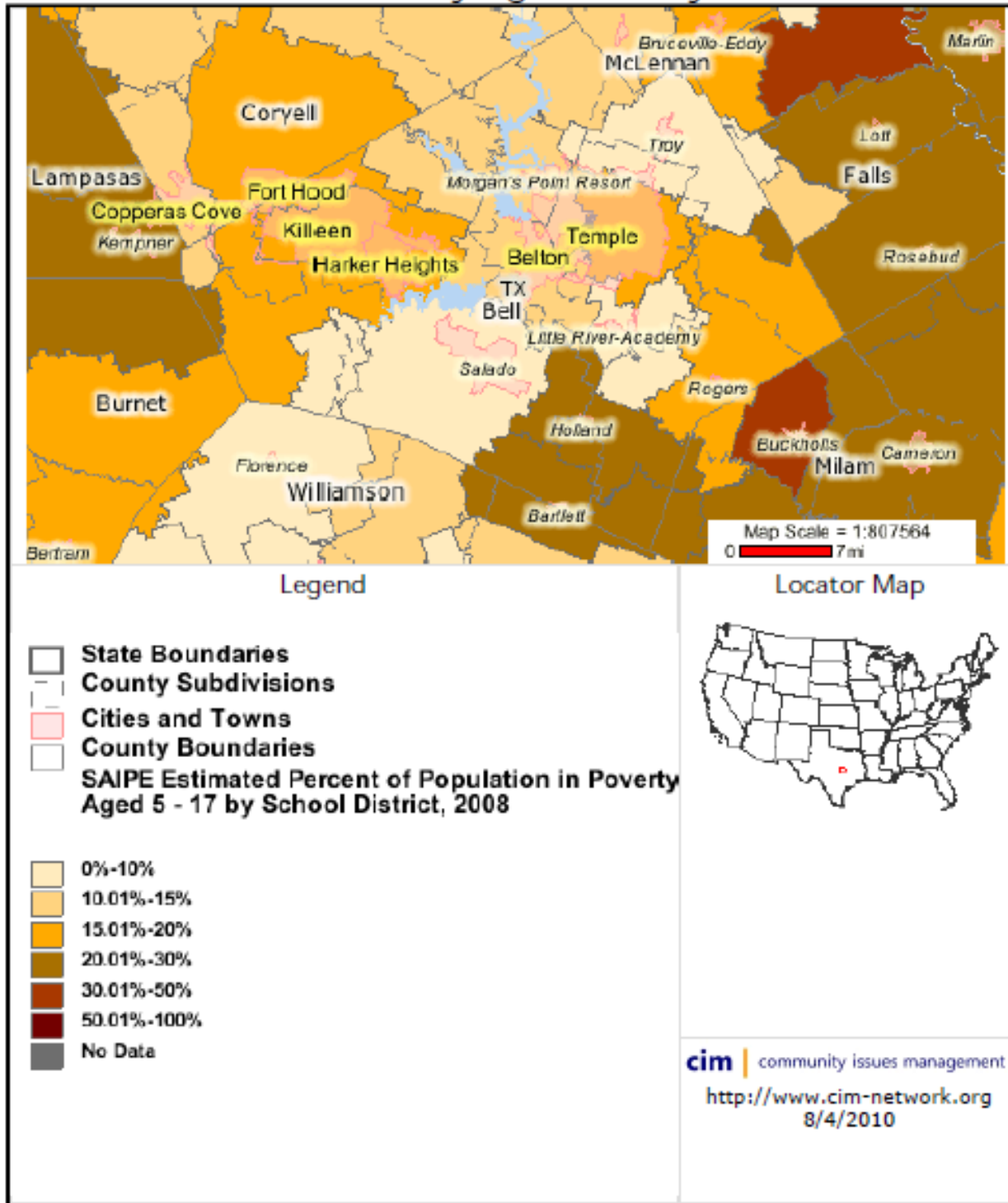
Data from the Texas Health and Human Services commission for 2004-2007 confirms the steady increase of the number of children living in poverty in Bell County.

Poverty by Children in Bell County, Age 0-17 years

	2007	2006	2005	2004
<b>Number</b>	16,654	15,314	15,001	14,061
<b>Rate</b>	19.60%	19.40%	19.00%	17.50%

Source: Texas Health and Human Services Commission

### Children in Poverty Aged 5-17 by ISD, 2008



## EMPLOYMENT STATUS

Approximately half of Bell County residents are in the labor force. Many are members of the armed forces. Residents indicating their employment status as “unemployed” have steadily increased since 2005, as has the number of residents in the labor force.

Employment Status, Bell County

	2008	2007	2006	2005
<b>Population 16 years and over</b>	203,856	197,994	186,054	173,127
<b>In labor force</b>	139,948	131,843	125,489	114,450
<b>Civilian labor force</b>	116,466	113,318	107,685	92,069
<b>Employed</b>	108,565	105,752	100,556	84,342
<b>Unemployed</b>	7,901	7,566	7,129	7,727
<b>Armed Forces</b>	23,482	18,525	17,804	22,381
<b>Not in labor force</b>	63,908	66,151	60,565	58,677

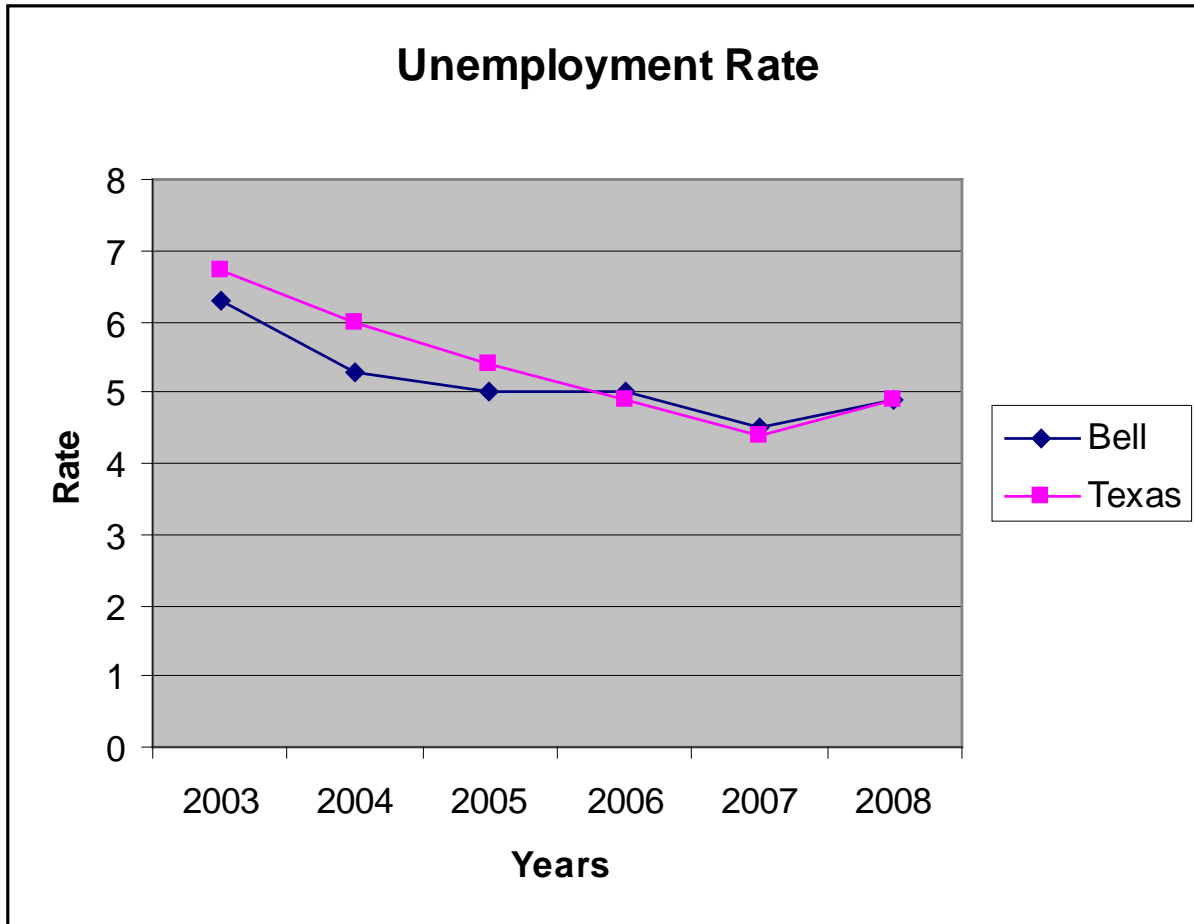
Source: U.S. Census Bureau, American Community Survey

The rate of unemployment in Bell County has mirrored the unemployment trend in Texas.

Rate of Unemployment in Bell County

	2008	2007	2006	2005	2004	2003
<b>Bell</b>	4.9	4.5	5	5	5.3	6.3
<b>Texas</b>	4.9	4.4	4.9	5.4	6	6.7

Source: Bureau of labor statistics



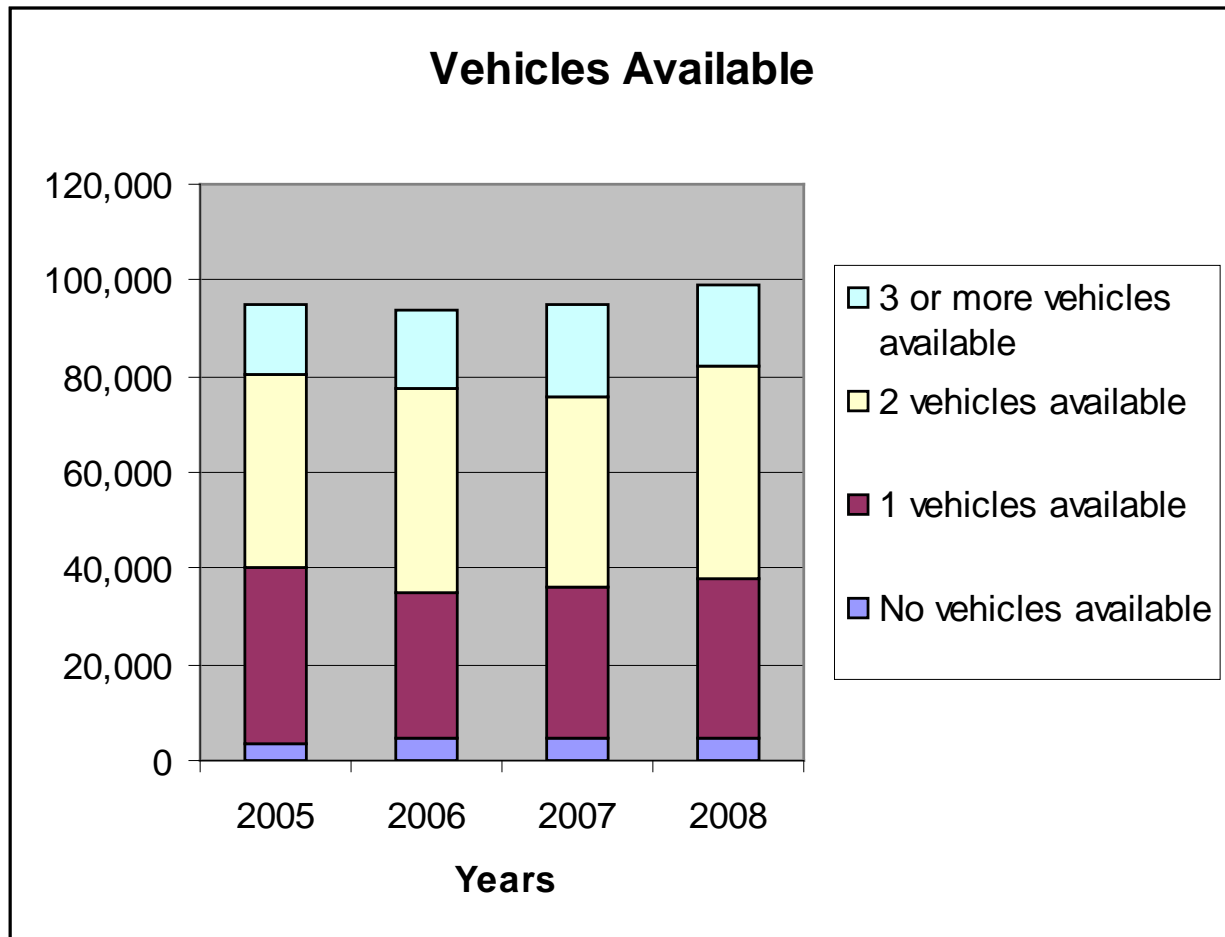
## TRANSPORTATION

Though the number of residents in Bell County without an available vehicle has continued to rise since 2003, a majority of residents have multiple vehicles available for use.

Vehicles available in Bell County

	2008	2007	2006	2005
<b>No vehicles available</b>	4,486	4,408	4,439	3,503
<b>1 vehicles available</b>	33,129	31,875	30,332	36,550
<b>2 vehicles available</b>	44,336	39,253	42,864	40,166
<b>3 or more vehicles available</b>	17,241	19,276	16,102	14,531

Source: U.S. Census Bureau, American Community Survey



## HOUSING

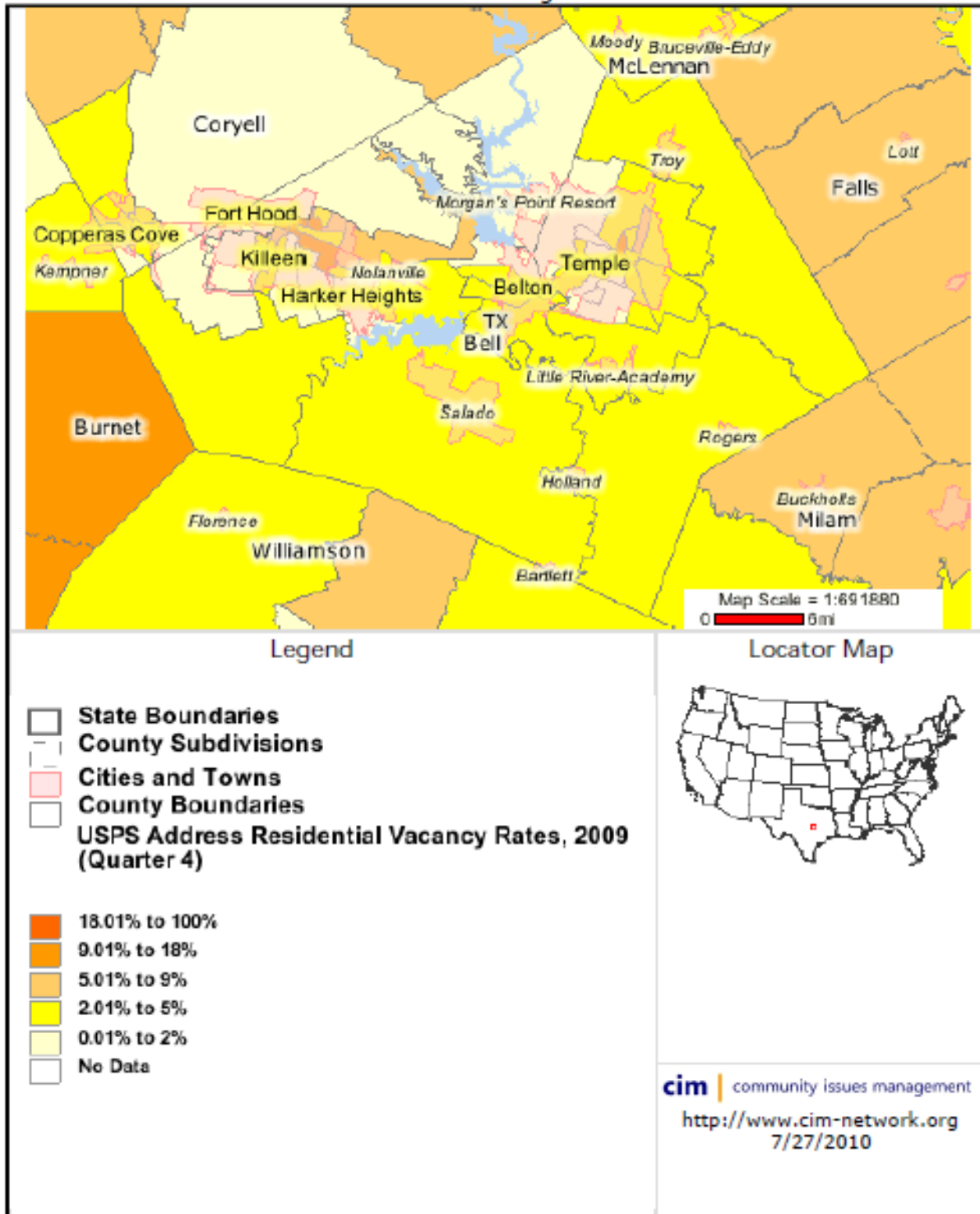
The number of housing units in Bell County has increased since 2005. Most housing units are owner-occupied.

### Housing in Bell County

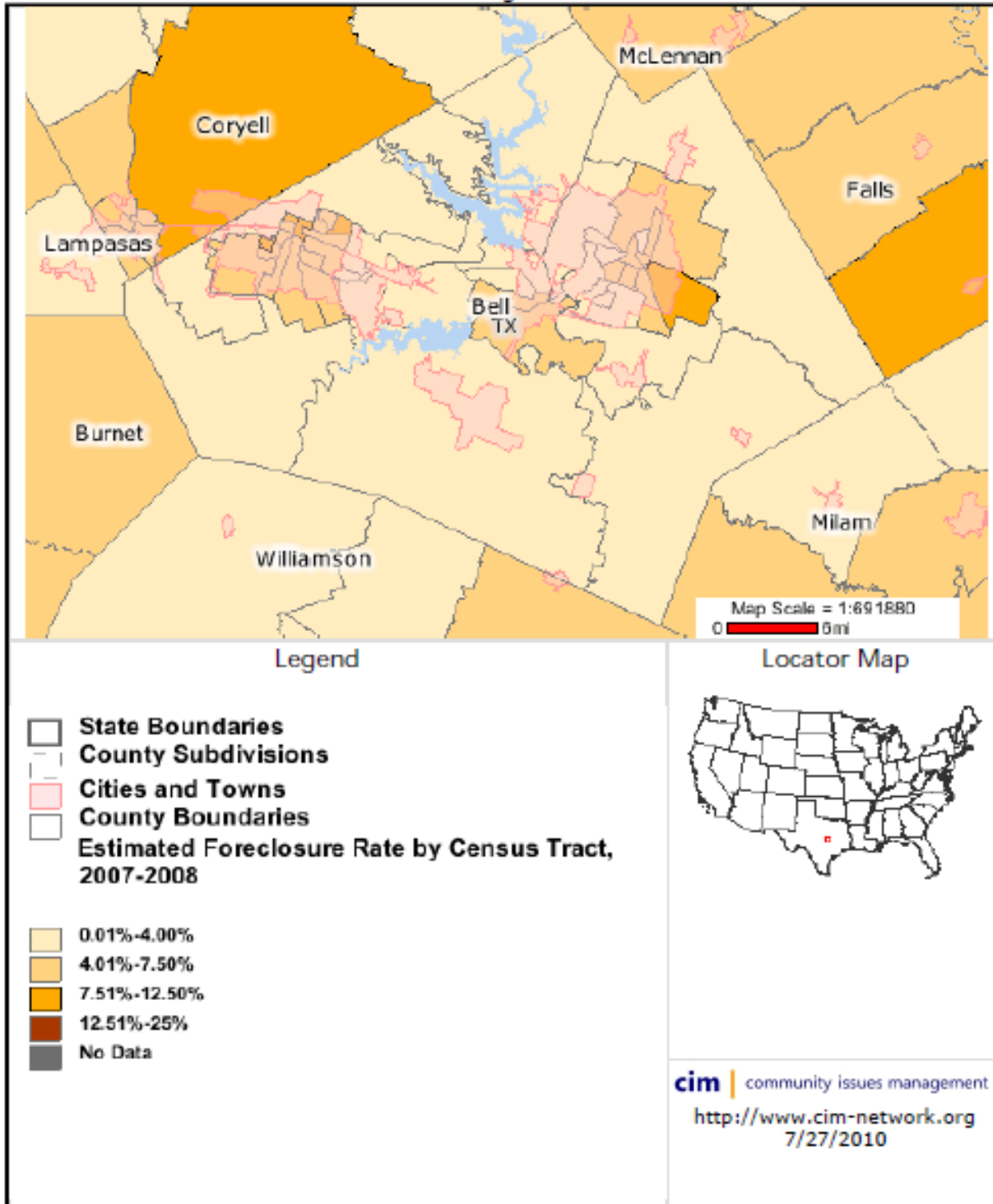
	2008	2007	2006	2005
<b>Total housing units</b>	133,306	113,546	109,641	105,980
<b>Occupied housing units</b>	116,249	94,812	93,737	94,750
<b>Vacant housing units</b>	17,057	18,734	15,904	11,230
<b>Vacancy Rate</b>				
<b>Homeowner vacancy rate</b>	3.1	3.1	2.3	2.9
<b>Rental vacancy rate</b>	16.6	18.8	15.8	10.9
<b>Occupied housing units</b>				
<b>Owner-occupied</b>	58,637	60,221	54,825	54,738
<b>Renter-occupied</b>	40,555	34,591	38,912	40,012
<b>Average household size of owner-occupied unit</b>				
<b>Average household size of owner-occupied unit</b>	2.83	2.92	2.71	2.61
<b>Average household size of renter-occupied unit</b>				
<b>Average household size of renter-occupied unit</b>	2.73	2.59	2.59	2.6

Source: U.S. Census Bureau, American Community Survey

## Residential Vacancy Rates, 2009



## Home Foreclosure Rates by Census Tract, 2007-2008



## FOOD BENEFITS

The number of Bell County residents using SNAP benefits has decreased since 2006 for both TANF basic and TANF state programs. Children dominate the number of recipients of food benefits in Bell County.

Monthly SNAP Food Benefit Cases and Recipients of Bell County

	April 2009	April 2008	April 2007	April 2006
<b>TANF Basic</b>				
<b>Cases</b>	1	337	477	529
<b>Recipients</b>	1	861	1,132	1,257
<b>Children</b>	1	685	860	974
<b>Adults</b>	0	176	272	283
<b>Payments</b>	\$86	\$60,300	\$78,415	\$82,433
<b>Avg Payment per Case</b>	\$86	\$160	\$164	\$156
<b>Avg Payment per Recipient</b>	\$86	\$70	\$69	\$66
<b>TANF State Program</b>				
<b>Cases</b>	0	7	8	13
<b>Recipients</b>	0	31	33	46
<b>Children</b>	0	17	17	20
<b>Adults</b>	0	14	16	26
<b>Payments</b>	\$0	\$1,847	\$2,198	\$3,217
<b>Avg Payment per Case</b>	\$0	\$264	\$275	\$247
<b>Avg Payment per Recipient</b>	\$0	\$60	\$67	\$70

Source: Texas Health and Human Services Agencies

In 2005, almost over 1,500 Bell County residents per month received TANF benefits.

The number of cases for TANF basic, state and one-time payments decreased significantly between 2006 and 2009. Most TANF cases utilize the TANF basic program.

TANF Case and Payment Summary

	April 2009	April 2008	April 2007	April 2006
<b>Basic</b>				
<b>Cases</b>	1	337	477	529
<b>Payments</b>	\$86	\$60,300	\$78,415	\$83,433
<b>State Program</b>				
<b>Cases</b>	0	7	8	13
<b>Payments</b>	\$0	\$1,847	\$2,198	\$3,217
<b>One-Time</b>				
<b>Case</b>	0	10	12	13
<b>Payments</b>	\$0	\$10,000	\$12,000	\$13,000
<b>Grandparents</b>				
<b>Case</b>	0	1	0	0
<b>Payments</b>	\$0	\$1,000	\$0	\$0
<b>TOTAL Payments</b>	\$86	\$73,147	\$92,613	\$98,650

Source: Texas Health and Human Services Agencies

March 2007 and 2008 saw declines in the number of Food Stamp cases and recipients between 2006 and 2009. In 2009, the total amount of Food Stamp payments and average payment per case has steadily increased from 2006-2009.

Food Stamp Cases and Recipients in Bell County

	<b>March 2009</b>	<b>March 2008</b>	<b>March 2007</b>	<b>March 2006</b>
<b># of cases</b>	10,269	8,976	9,407	10,464
<b># of recipients</b>	27,900	24,137	25,167	27,818
<b># &lt;5 years</b>	5,675	5,048	5,142	5,658
<b># 5-17 years</b>	9,611	8,513	8,987	9,755
<b># 18-59 years</b>	11,213	9,265	9,737	11,099
<b># 60-64 years</b>	443	338	327	333
<b># 65+ years</b>	958	973	974	973
<b>Total FS Payments</b>	\$2,854,669	\$2,273,271	\$2,275,758	\$2,506,587
<b>Avg. Payment per case</b>	\$287	\$254	\$242	\$243

Source: Texas Health and Human Services Agencies

In 2005, the average number of Bell County residents who participated in the Food Stamp program was 25,035.

## CHILDRENS' HEALTH INSURANCE PROGRAM (CHIP)

Total enrollment in CHIP began declining from 2004 to 2007. In 2008, the enrollment began a steady incline. The trend of CHIP rates varies across time. This may be related to the renewal of CHIP legislation or decreased funding over time.

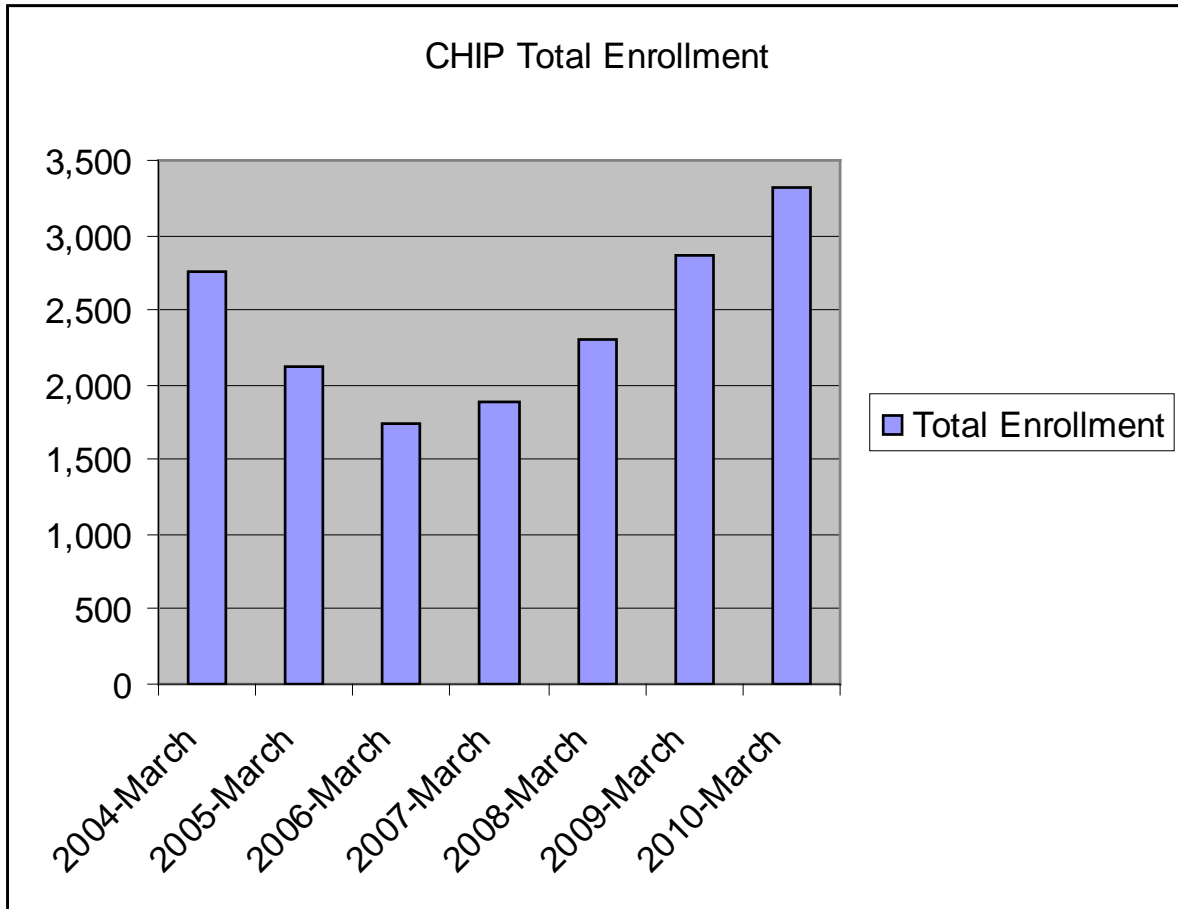
CHIP Enrollment, Renewal, and Disenrollment Rates in Bell County

	March 2010	March 2009	March 2008	March 2007	March 2006	March 2005	March 2004
<b>Total Enrollment</b>	3,311	2,862	2,302	1,887	1,747	2,118	2,763
<b>New Enrollment</b>	252	186	232	167	160	137	147
<b>Renewals</b>	70	40	0	99	93	164	249
<b>Completed Renewal – Deemed Ineligible</b>	25	23	0	16	19	49	56
<b>Total Disenrollment</b>	209	203	50	201	137	163	235
<b>Non-Renewals</b>	645	118	0	76	104	845	117
<b>Actual Renewal Rate</b>	58.4%	25.3%	n/a	56.6%	47.2%	66.1%	68.0%
<b>Attempted Renewal Rate</b>	65.5%	34.8%	n/a	60.2%	51.9%	71.7%	72.3%
<b>Total Disenrollment Rate</b>	5.5%	7.1%	2.2%	10.7%	7.8%	7.7%	8.5%

Source: Texas Health and Human Services Agencies

The number of children enrolled in CHIP has declined since 2007.

<b>Bell County Children Enrolled in CHIP</b>					
	2007	2006	2005	2004	2003
<b>Number</b>	1,682	1,905	1,874	2,386	3,452
<b>Rate</b>	20.90%	20.10%	19.90%	20.70%	19.40%
Source: National KIDS COUNT Program or Center for Public Policy Priorities					



## MEDICAID ENROLLMENT

Total Medicaid enrollment increased between 2006 and 2009. Temporary Assistance to Needy Families (TANF) enrollment by adults increased by 50 percent between 2008 and 2009. Medicaid enrollment by the medically needy dropped significantly from 351 in 2008 to 23 in 2009.

### Medicaid Enrollment in Bell County

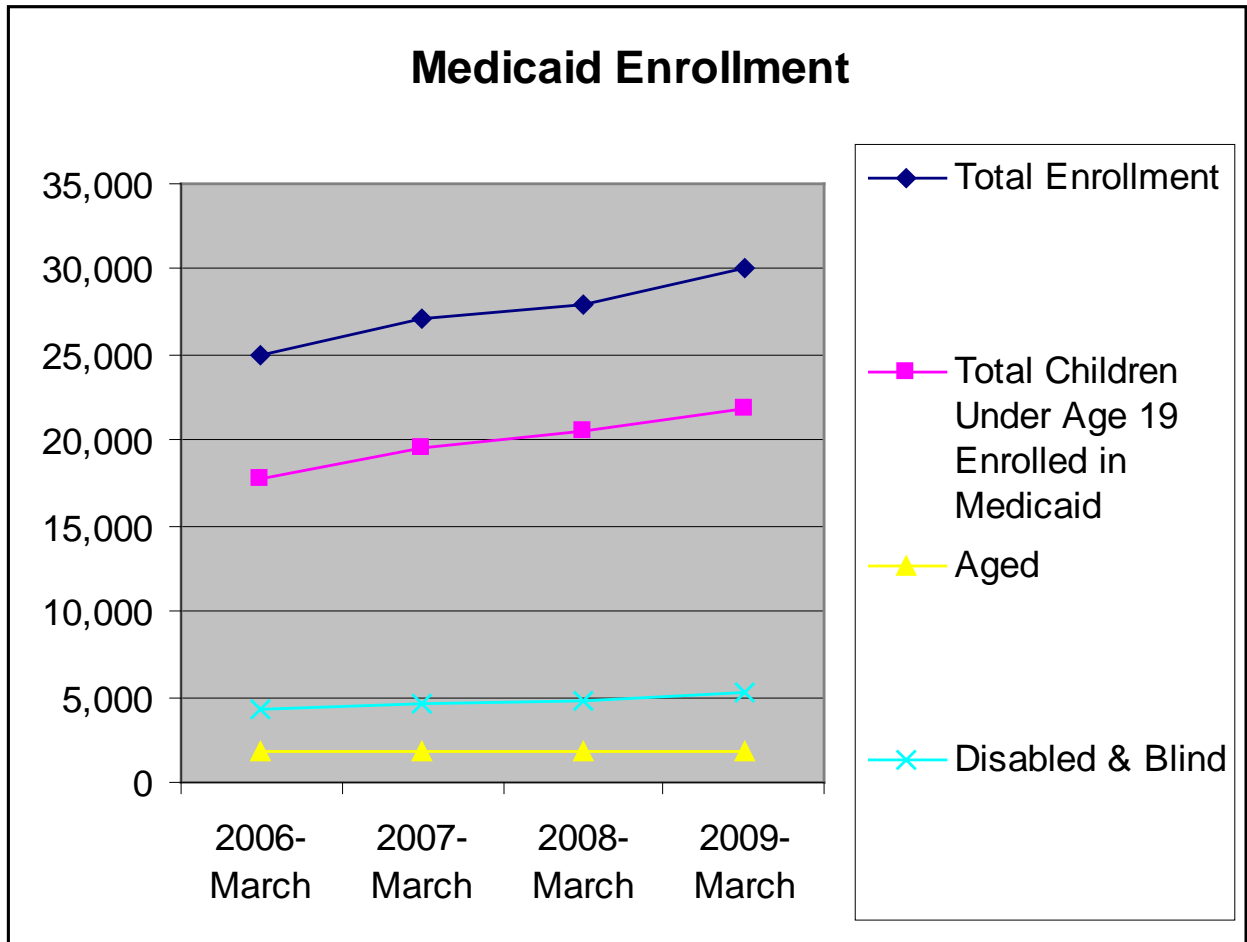
	March 2009	March 2008	March 2007	March 2006
<b>Total Enrollment</b>	29,998	27,946	27,061	24,963
<b>Total Enrollment in Children's Medicaid</b>	20,136	18,914	18,084	16,395
<b>Total Children &lt;19 years Enrolled in Medicaid</b>	21,779	20,483	19,616	17,752
<b>Aged</b>	1,812	1,804	1,848	1,818
<b>Disabled &amp; Blind</b>	5,259	4,845	4,630	4,247
<b>TANF Adults</b>	1,469	734	755	725
<b>TANF Children</b>	4,162	2,500	2,427	2,315
<b>Foster Care Children</b>	713	679	550	520
<b>Pregnant Women</b>	1,299	1,298	1,357	1,320
<b>Newborns</b>	1,892	1,756	1,696	1,606
<b>Children 1-5 years</b>	6,088	6,531	6,275	5,684
<b>Children 6-18 years</b>	7,281	7,448	7,136	6,270
<b>Medically Needy</b>	23	351	387	458

Source: Texas Health and Human Services Agencies

From 2003-2007 children enrollment in Medicaid has remained steady in Bell County.

Children Enrolled in Medicaid	2007	2006	2005	2004	2003
<b>Number</b>	16,890	16,007	15,407	15,557	14,614
<b>Rate</b>	20.90%	20.10%	19.90%	20.70%	19.40%
<b>Texas</b>	1,850,714	1,784,302	1,820,102	1,778,603	1,643,284
<b>Rate</b>	27.20%	26.50%	27.60%	27.30%	25.50%

Source: National KIDS COUNT Program or Center for Public Policy Priorities



## MEDICAID BIRTHS

Medicaid Covered Births, 2005

<b>Bell</b>	1,766
<b>Texas</b>	213,668

Source: DSHS – Center for Health Statistics

In Bell County, over 30 percent of all births are covered by Medicaid for 2008.

Medicaid Births, Bell County	2008	2006
<b>Medicaid Covered Births</b>	2,007	1,933
<b>Medicaid Covered Births, percent of All Birth</b>	31.4%	

Source: DSHS – Center for Health Statistics

## NUMBER UNINSURED

The number of Bell County residents under the age of 65 years who were uninsured dropped dramatically between 2005 and 2006. In 2005, 172,173 residents were uninsured, compared to only 53,661 uninsured in 2006.

Number of Residents under 65, Bell County

	2006	2005	2000
<b>Bell</b>	53,661	172,173	190,422
<b>Texas</b>	5,854,743		

Source: U.S. Census Bureau – Small Area Health Insurance Estimates

Over 21 percent of Bell County residents under the age of 65 are uninsured.

Percentage of Residents under 65, Bell County

	2006	2005	2000
<b>Bell</b>	21.8%	24.1%	17.6%
<b>Texas</b>	5,854,743		

Source: U.S. Census Bureau – Small Area Health Insurance Estimates

In 2005, the number of uninsured children (01-17 years) was 13,423 or 17 percent of the population. The State Demographer projects the number of uninsured children will increase to almost 19 percent of the population.

Uninsured Children ( 0-17), Bell County

	<b>2005</b>	<b>2010 (Projection)</b>
<b>Number</b>	13,423	13,849
<b>Rate</b>	17.0%	18.7%

Source: Texas State Data Center and the Office of the State Demographer

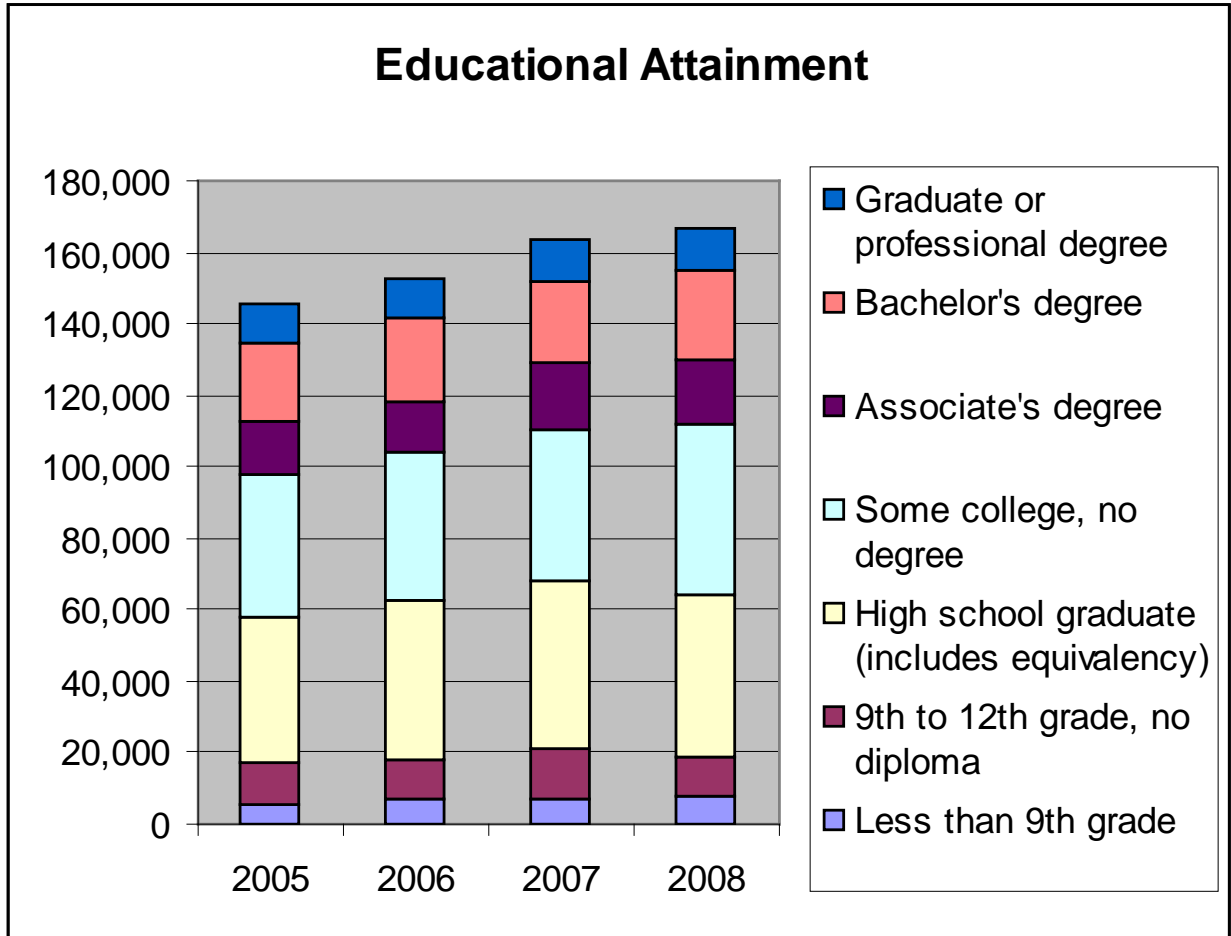
## EDUCATIONAL ATTAINMENT

Over 60 percent of Bell County residents have attained an education level higher than some college. Over 25,000 residents 25 years and older have a bachelor’s degree; however, over 45,000 residents have received a high school diploma (or equivalent).

Educational Attainment, Bell County

	2008	2007	2006	2005
<b>Population 25 years and over</b>	166,878	163,478	152,679	145,749
<b>Less than 9th grade</b>	7,792	7,091	7,420	5,447
<b>9th to 12th grade, no diploma</b>	10,799	14,254	10,661	11,717
<b>High school graduate (includes equivalency)</b>	45,913	47,062	44,671	40,643
<b>Some college, no degree</b>	47,461	42,239	41,024	40,161
<b>Associate's degree</b>	17,852	18,796	14,276	14,765
<b>Bachelor's degree</b>	25,134	22,254	23,927	21,553
<b>Graduate or professional degree</b>	11,927	11,782	10,700	11,463
<b>Higher than Some College</b>	102,374	95,071	89,927	87,942
<b>Percentage Higher than Some College</b>	61.3%	58.2%	59.0%	60.3%

Source: U.S. Census Bureau, American Community Survey



## SCHOOL EDUCATION

The number of high school graduates and dropouts has simultaneously increased since the 2005-06 academic year. Almost 80 percent of seniors in the 2007-08 academic year graduated. Approximately 12 percent of students dropped out of school for the same time period. Attrition in public high schools has increased since the 2003-04 academic year.

### School Education, Bell County

	2008-09	2007-08	2006-07	2005-06	2004-05	2003-04
High School Graduates		2,857	2,754	2,641		
High School Dropouts		427	377	314		
Continued High School		201	197	188		
Received GED		99	101	114		
Attrition in Public High Schools		1,794	1,850	1,564	1,565	1,417
Students in Bilingual/ESL Programs	3,772	3,257	3,042	2,765	2,597	
Special Education Students	6,953	7,455	7,994	7,747	7,739	

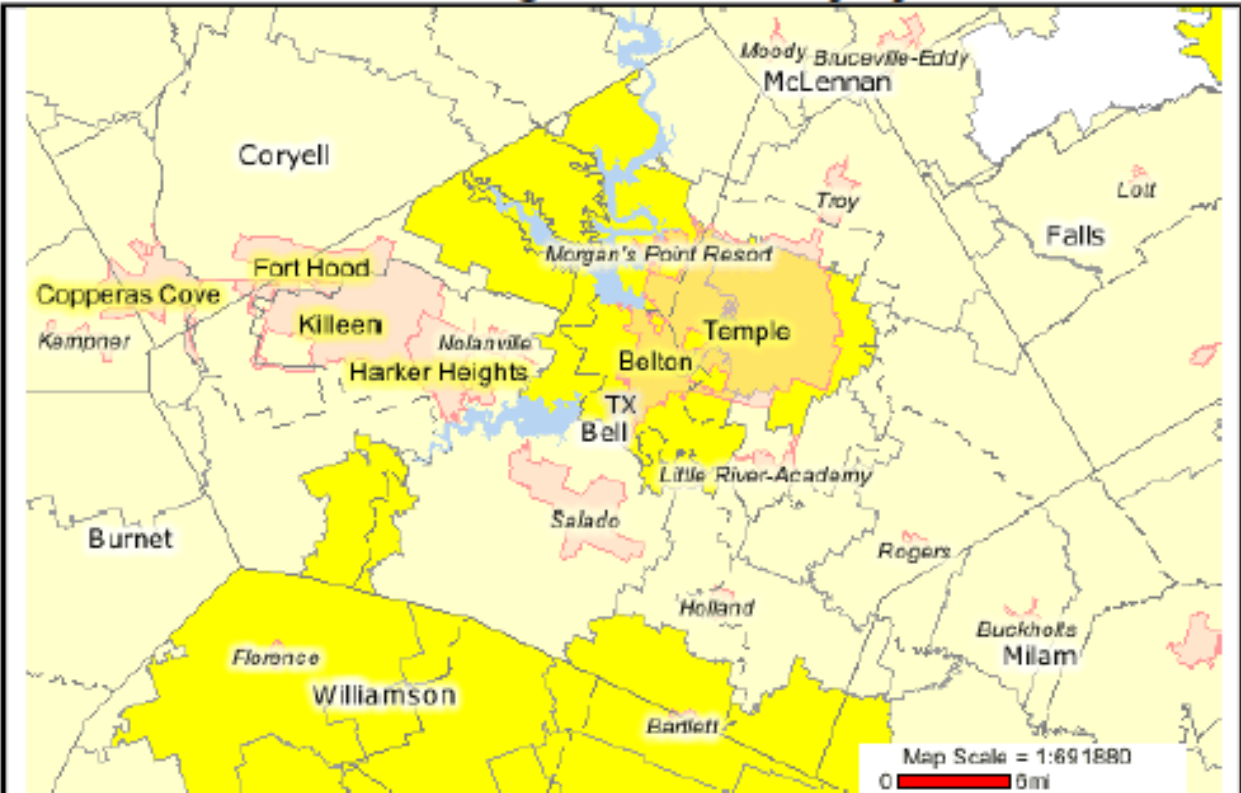
Source: The Annie E. Casey Foundation

### Percent School Education, Bell County

	2008-09	2007-08	2006-07	2005-06	2004-05	2003-04
High School Graduates		79.7%	80.3%	81.1%		
High School Dropouts		11.9%	11.0%	9.6%		
Continued High School		5.8%	5.7%	5.6%		
Received GED		2.8%	2.9%	3.5%		
Attrition in Public High Schools		36.0%	38.0%	36.0%	35.0%	33.0%
Students in Bilingual/ESL Programs	6.1%	5.3%	5.2%	4.9%	4.8%	
Special Education Students	11.3%	12.2%	13.6%	13.8%	14.3%	

Source: The Annie E. Casey Foundation

## Students with Limited English Proficiency by ISD, 2006-2007



### Legend

- State Boundaries
  - County Subdivisions
  - Cities and Towns
  - County Boundaries
- Percent of Students who are English language learners (ELL) or limited English proficient (LEP) by School District, 2006-2007**
- 70.1% - 100.0%
  - 50.1% - 70%
  - 20.1% - 50%
  - 5.1% - 20%
  - 0% - 5%

### Locator Map



**cim** | community issues management  
<http://www.cim-network.org>  
 7/27/2010

## EARLY EDUCATION

The number of Bell County children on state subsidized childcare has remained fairly steady since 2003. Pre-Kindergarten enrollment has steadily increased since 2002. Sixty-seven percent of children enrolling in pre-kindergarten are four years old. The number of Bell County children in Head Start has also remained steady.

### Early Education, Bell County

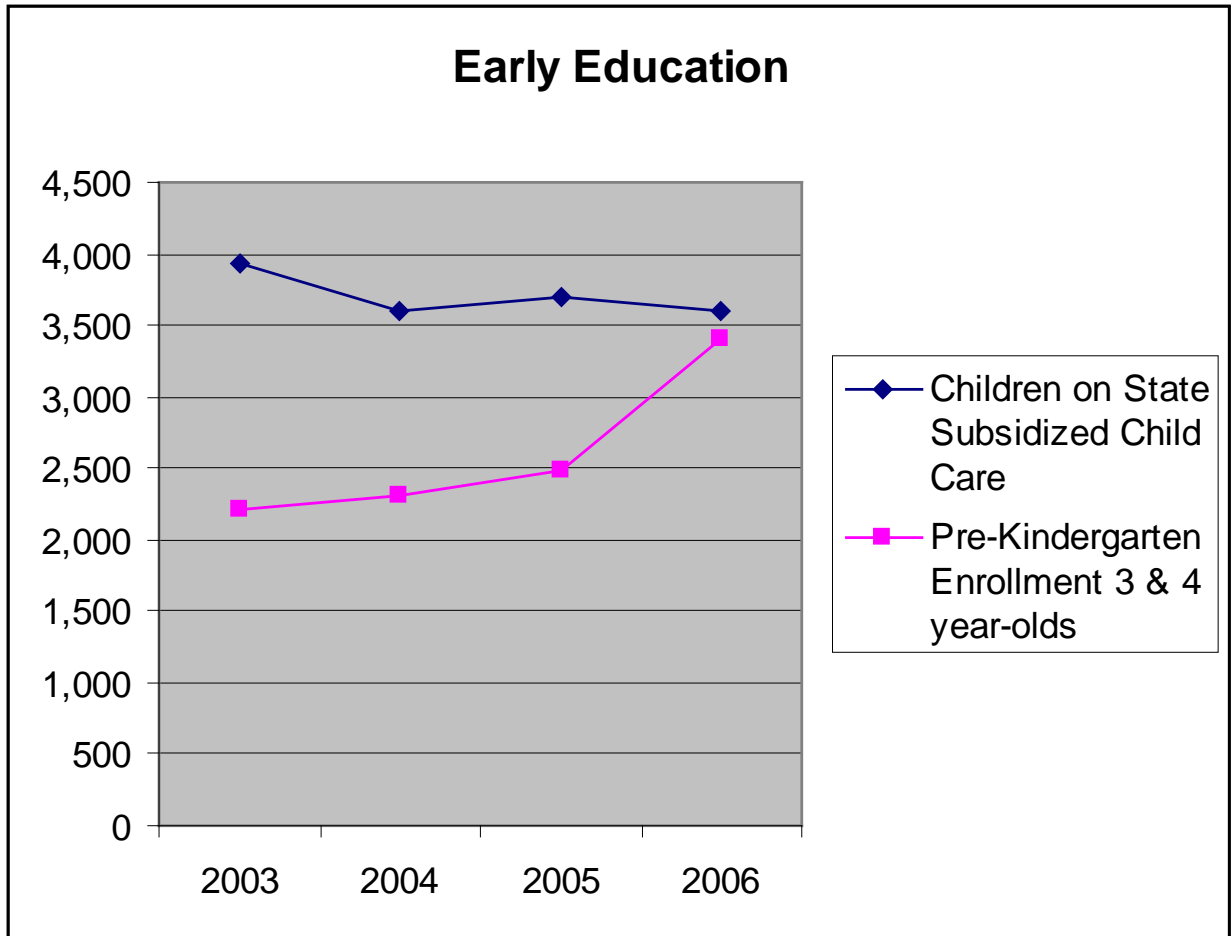
	2007	2006	2005	2004	2003	2002	2001	2000
<b>Children on State Subsidized Child Care</b>	3,941	3,592	3,699	3,592	3,941	N/A	N/A	N/A
<b>Pre-Kindergarten Enrollment (3 and 4 years)</b>	N/A	3,406	2,494	2,315	2,213	2,011	N/A	N/A
<b>Pre-Kindergarten Enrollment (3 years)</b>	N/A	70	N/A	N/A	N/A	N/A	N/A	N/A
<b>Pre-Kindergarten Enrollment (4 years)</b>	N/A	3,336	N/A	N/A	N/A	N/A	N/A	N/A
<b>Children in Head Start</b>	N/A	N/A	557	N/A	N/A	549	498	498

Source: The Annie E. Casey Foundation

### Percent Early Education, Bell County

	2007	2006	2005	2004	2003	2002	2001	2000
<b>Children on State Subsidized Child Care</b>	6.0%	5.4%	6.6%	6.6%	7.3%	N/A	N/A	N/A
<b>Pre-Kindergarten Enrollment (3 and 4 years)</b>	N/A	34.0%	25.4%	25.1%	25.8%	24.2%	N/A	N/A
<b>Pre-Kindergarten Enrollment (3 years)</b>	N/A	1.4%	N/A	N/A	N/A	N/A	N/A	N/A
<b>Pre-Kindergarten Enrollment (4 years)</b>	N/A	67.7%	N/A	N/A	N/A	N/A	N/A	N/A
<b>Children in Head Start</b>	N/A	N/A	5.7%	N/A	N/A	6.6%	6.1%	6.3%

Source: The Annie E. Casey Foundation



## INDEPENDENT SCHOOL DISTRICT SERVICE

Killeen Independent School District (ISD) is the largest school district in Bell County with over 38,000 students. Richard ISD has the largest percent of African American students, whereas Bartlett ISD has the largest percent of Hispanic students. Orenda Charter School has the largest percent of economically disadvantaged students. Attendance rates throughout Bell County ISDs are over 90 percent.

Education Service in Bell County 2009, Independent School District													
	ACADEMY	BARTLETT	BELTON	HOLLAND	KILLEEN	ORENDA CHARTER SCH	RICHARD	GOGERS	SALADO	TEMPLE EDU CTR	TEMPLE	TRANSFOR MATIVE CHARTER ACADEMY	TROY
<b>Total Students</b>	1,093	410	8,514	555	38,438	97	175	830	1,318	180	8,569	69	1,311
<b>% African American</b>	2	14	8	5	38	33	43	2	1	27	29	36	3
<b>% Hispanic</b>	18	61	28	26	21	22	26	22	19	23	35	30	21
<b>% White</b>	80	25	61	68	37	44	26	76	78	49	34	26	75
<b>% Other</b>	1	1	3	1	5	1	5	0	2	1	2	7	2
<b>% Economically Disadvantaged</b>	30.4	70.5	45.2	51.5	50.4	96.9	61.7	43	23.7	67.8	67	62.3	42.4
<b>% LEP</b>	2	13	7	3	7	0	0	4	6	1	7	0	2
<b>% Special Education</b>	8	10	11	9	12	56	15	10	9	12	9	3	12
<b>% Bilingual/ESL Education</b>	2	13	7	3	6	0	0	4	6	1	7	0	2
<b>% Career &amp; Technical Education</b>	23	29	18	30	15	0	45	26	32	0	18	26	26
<b>% Gifted &amp; Talented Education</b>	9	6	7	11	5	0	0	11	5	0	8	0	9
<b>Attendance Rate (2007-08)</b>	96.2	95	95.4	96.1	95.2	99.3	90.2	96.7	96.3	93.9	94.1	91	95.9
<b>Annual Dropout Rate Gr. 7-8</b>	0.6	0	0	0	0.2	1.6	.	0	0	0	0.5	.	0
<b>Longitudinal Dropout Rate Gr.</b>	1.4	3.7	7.6	0	11.8	81.8	15.7	1.9	3.5	0	19.6	22.6	3.7
<b>Annual Graduate Count (Class</b>	68	26	554	39	1,620	0	40	48	3.6	4	421	16	77
<b>Longitudinal Graduation Rate</b>	91.3	96.3	82.6	100	80.6	0	54.3	94.2	3.7	40	72.2	61.3	91.5
Source: Texas Education Agency													

## PRIMARY CARE PHYSICIANS

The number of primary care physicians in Bell County has remained steady since 2004. In 2009, Bell County had 226 primary care physicians. There are 79 primary care physicians per 100,000 Bell County residents compared to 67.7 primary care physicians per 100,000 Texas residents. There is a significant statistical difference between the number of primary care physicians per 100,000 in Bell County than in the State of Texas. In Bell County, for every primary care physician there are over 1,200 residents.

### Number of Primary Care Physicians

	Year					
	2009	2008	2007	2006	2005	2004
<b>Bell County</b>	226	223	208	220	217	218
<b>State</b>	16,830	16,528	16,120	15,895	15,718	15,360

Data Source: Texas Medical Board retrieved from

<http://www.dshs.state.tx.us/>.

### Number of Primary Care Physicians per 100,000 population

	Year					
	2009	2008	2007	2006	2005	2004
<b>Bell County</b>	79.0	84.8	80.0	85.0	85.0	86.5
<b>State</b>	67.7	68.4	67.9	67.7	68.3	68.1

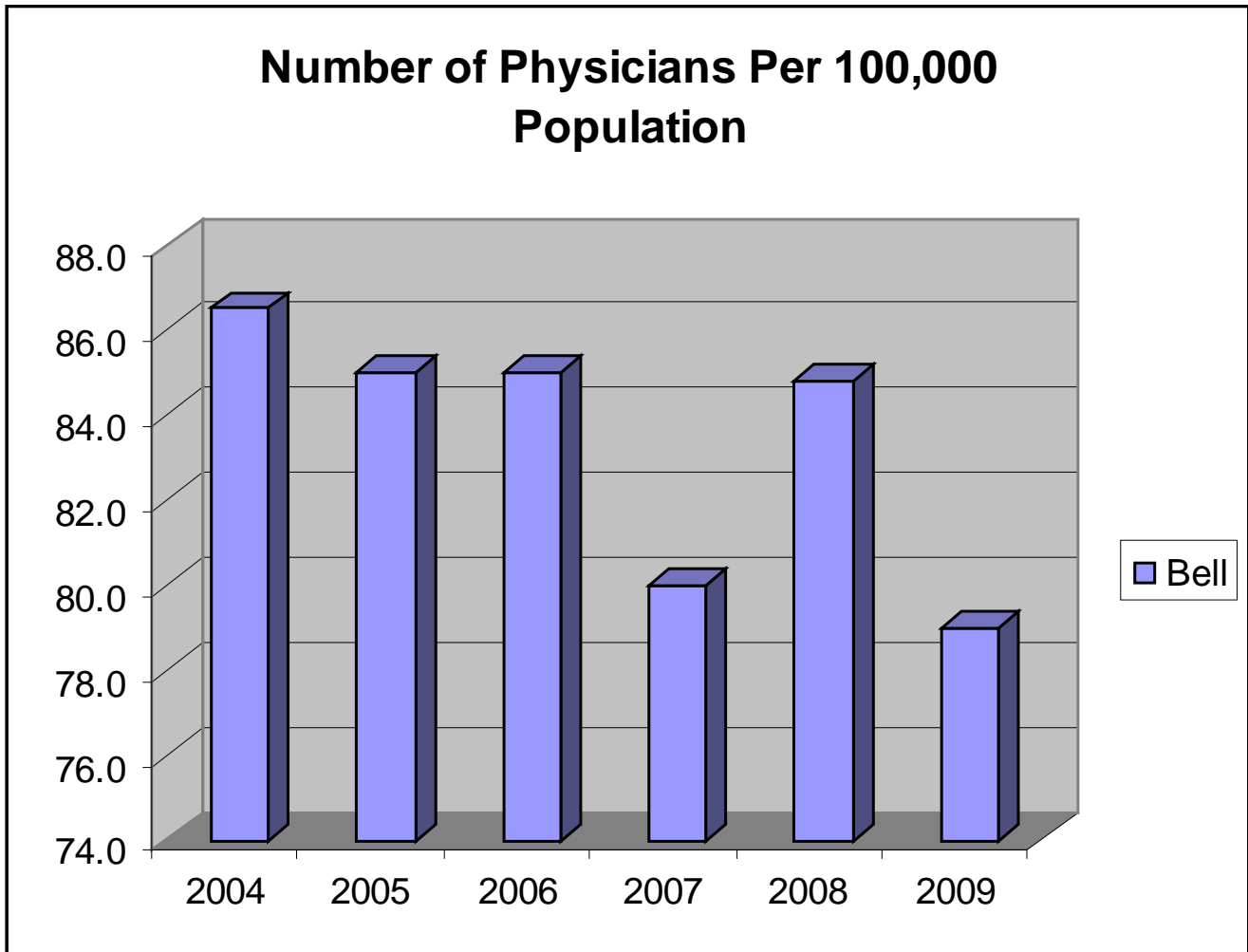
Data Source: Texas Medical Board retrieved from

<http://www.dshs.state.tx.us/>.

### Population per Primary Care Physicians

	Year					
	2009	2008	2007	2006	2005	2004
<b>Bell County</b>	1266	1180	1251	1177	1177	1155
<b>State</b>	1478	1463	1472	1476	1463	1468

Data Source: Texas Medical Board retrieved from <http://www.dshs.state.tx.us/>.



## PHYSICIAN TYPE

Pediatricians in Bell County increased from 46 in 2007 to 53 in 2009. Bell County lost two obstetrics and gynecology physicians and one gynecologist between 2008 and 2009. The primary care physicians are diverse when compared to the state. There is a significant statistical difference ( $p < 0.01$ ) in the types of primary care physicians in Bell County than the State of Texas.

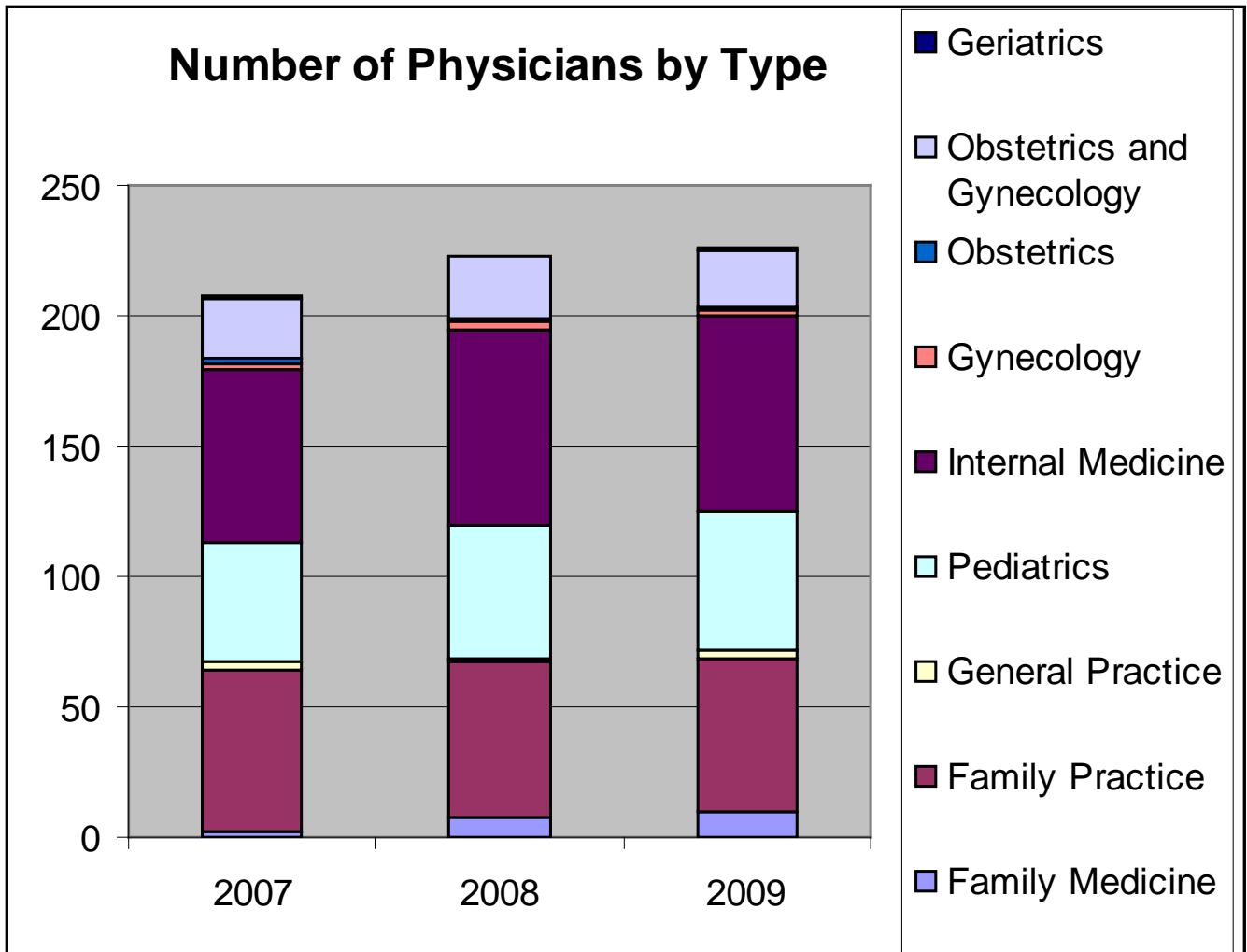
### Physician Type, Bell County

	YEAR		
	2009	2008	2007
Family Medicine	10	8	2
Family Practice	59	59	62
General Practice	3	2	3
Pediatrics	53	51	46
Internal Medicine	75	75	66
Gynecology	2	3	3
Obstetrics	1	1	2
Obstetrics and Gynecology	22	24	23
Geriatrics	1	0	1
<b>Total</b>	<b>226</b>	<b>223</b>	<b>208</b>

Texas Medical Board – Texas Department of State Health Services

Physician Type, Bell County			
	2009	2008	2007
Family Medicine	4.42%	3.59%	0.96%
Family Practice	26.11%	26.46%	29.81%
General Practice	1.33%	0.90%	1.44%
Pediatrics	23.45%	22.87%	22.12%
Internal Medicine	33.19%	33.63%	31.73%
Gynecology	0.88%	1.35%	1.44%
Obstetrics	0.44%	0.45%	0.96%
Obstetrics and Gynecology	9.73%	10.76%	11.06%
Geriatrics	0.44%	0.00%	0.48%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Texas Medical Board – Texas Department of State Health Services



**PRIMARY CARE DENTISTS**

The number of primary care dentists has increased since 2004 from 88 to 115 in 2009. In 2009, there were 40.2 primary care dentists per 100,000 Bell County residents compared to 37.8 primary care dentists per 100,000 State of Texas residents.

**Number of Primary Care Dentists**

**YEAR**

	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
<b>Bell County</b>	115	99	106	97	82	88
<b>State</b>	9401	8987	8671	8453	8213	8057

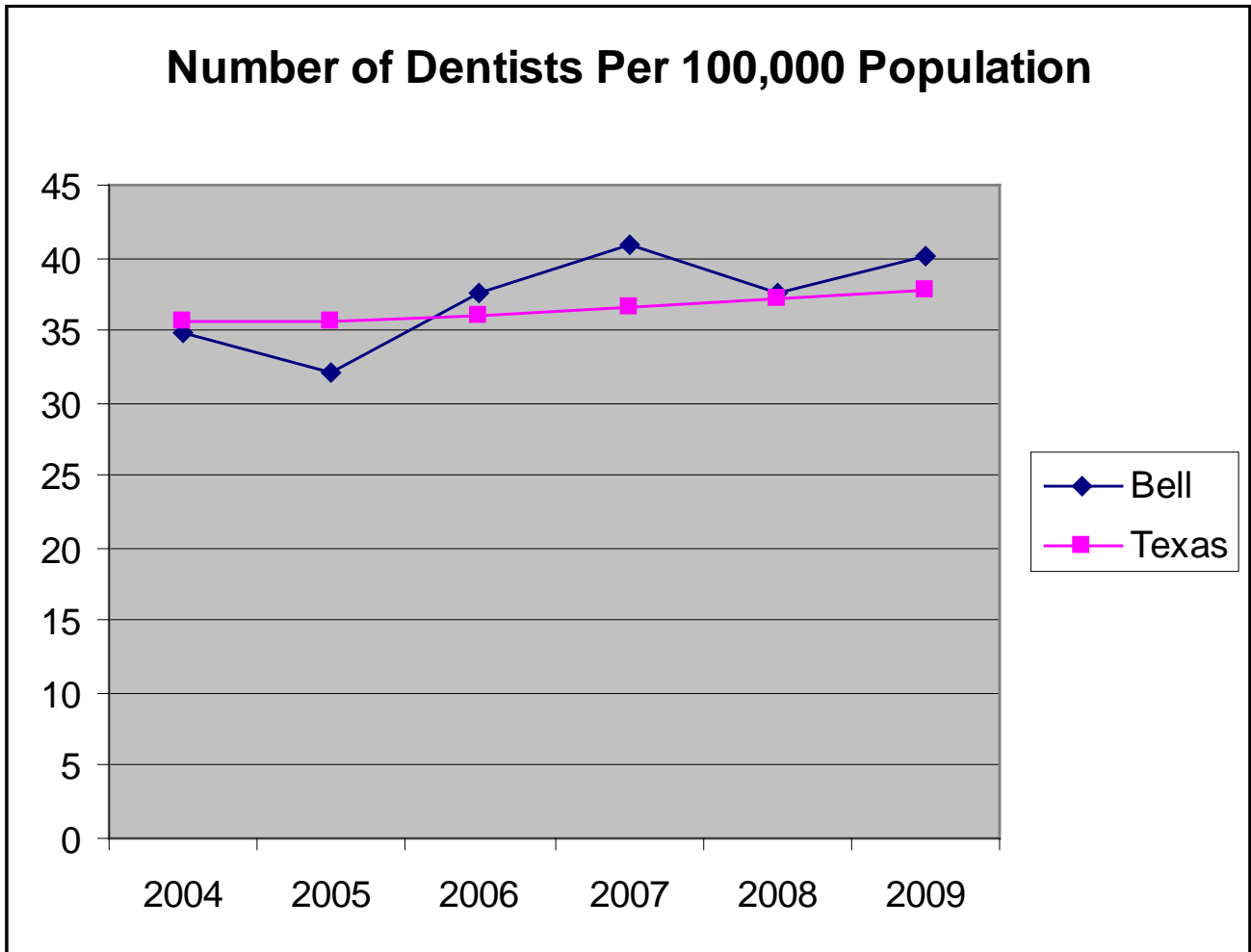
Texas State Board of Dental Examiners

**Number of Primary Care Dentists Per 100,000**

**YEAR**

	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
<b>Bell County</b>	40.2	37.6	40.8	37.5	32.1	34.9
<b>State</b>	37.8	37.2	36.5	36.0	35.7	35.7

Texas State Board of Dental Examiners



## HOSPITAL RESOURCES

There are only four acute care non-profit hospitals in Bell County. One psychiatric hospital is available in the county to care for the psychiatric needs of Bell County residents; however, this hospital only has 20 beds. The four acute care hospitals have over 1,000 beds.

Hospital Resources, 2007
--------------------------

	Bell County	Texas
<b>Acute Care Hospitals</b>	4	531
<b>Psychiatric Hospitals</b>	1	42
<b>Acute Care For-Profit Hospitals</b>	0	252
<b>Acute Care Non-Profit Hospitals</b>	4	154
<b>Acute Care Public Hospitals</b>	0	125
<b>Beds Setup and Staffed for Acute Care</b>	836	62,895
<b>Beds Setup and Staffed for Obstetrics Care</b>	91	5,969
<b>Acute Care Licensed Beds</b>	1,044	76,857
<b>Psychiatric Care Licensed Beds</b>	20	5,196

Center for Health Statistics - DSHS

## BIRTHS, AGE

Live births by mothers aged 17 or younger was significantly high in 2003 with 497 births compared to only 212 births in 2006. There is a statistical difference rate of births to younger mother in Bell County than the State of Texas. The percentage of births to mothers aged 17 and younger is statistically significant when compared to Bell County births to mothers aged 17 and younger. The number of births to mothers aged 40 and older has remained fairly steady.

### Number of Births by Age of Mother, <17 years

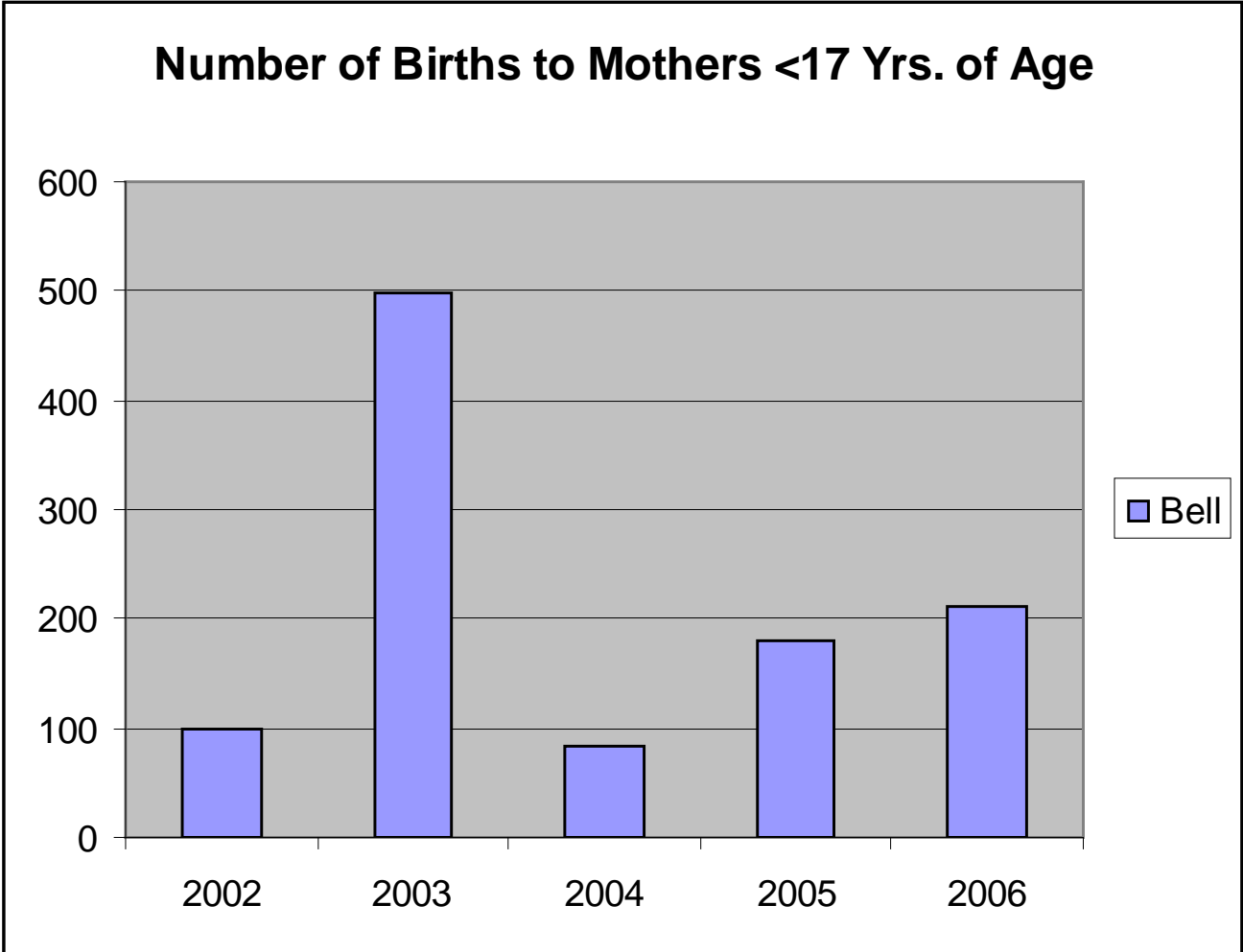
	YEAR				
	2006	2005	2004	2003	2002
<b>Bell County</b>	212	179	83	497	98
<b>Bell County Percentage</b>	1.09%	0.94%	0.43%	2.58%	0.50%
<b>Texas</b>	19453	18988	19247	19237	19730

Center for Health Statistics - Texas Department of State Health Services

### Number of Births by Age of Mother, > 40 years

	YEAR		
	2005	2004	2003
<b>Bell County</b>	57	54	58

CDC Wonder Database - CDC and National Center for Health Statistics - Division for Vital Statistics



**BIRTHS, UNMARRIED MOTHER**

Live births to unmarried mothers have increased since 2002. Thirty-one percent of births in Bell County are to unmarried women compared to 34 percent in the State of Texas.

**Number of Births to Unmarried Mothers**

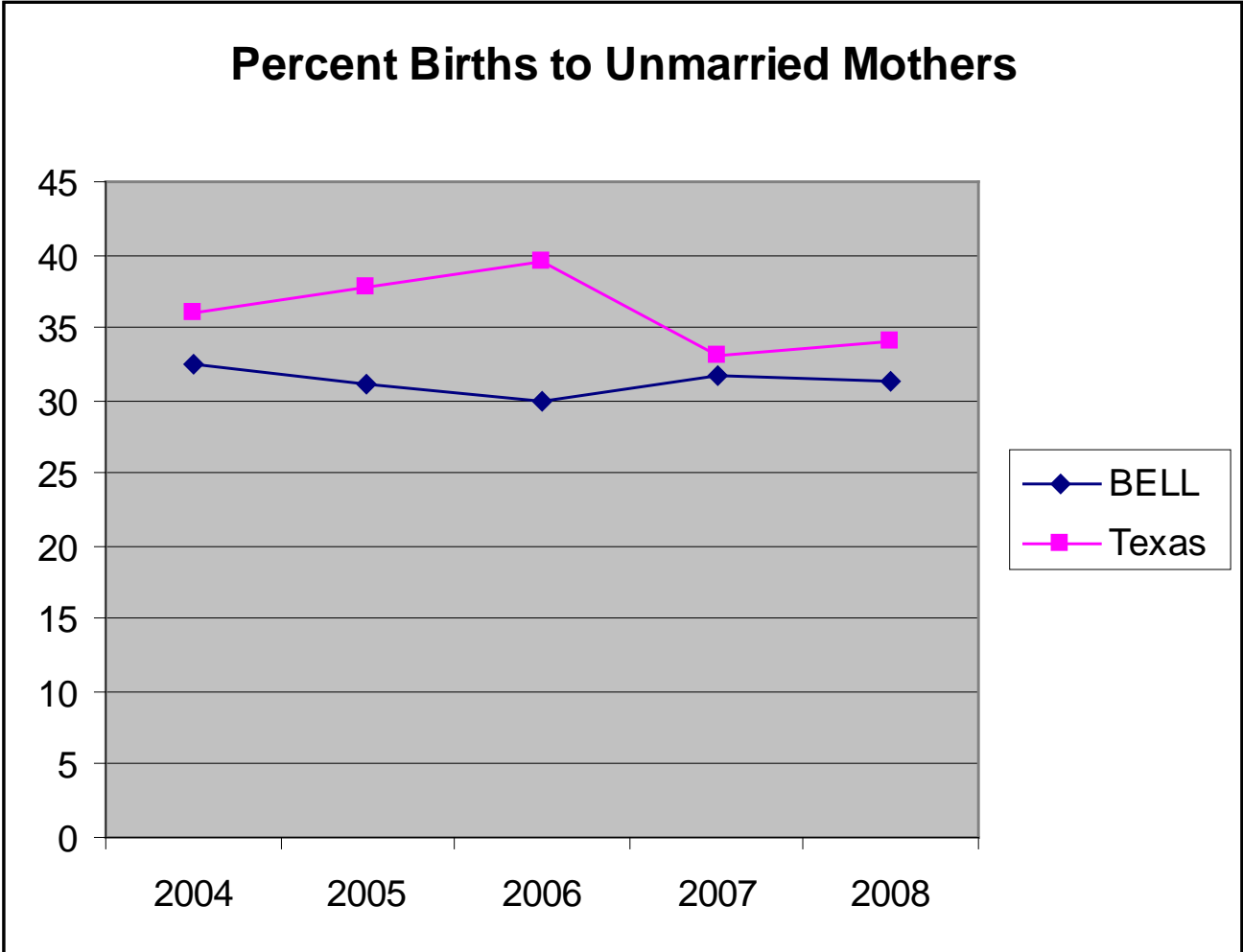
	2008	2007	2006	2005	2004	2003	2002
<b>Bell County</b>	1,747	1,771	1,836	1725	1,586	1,638	1,470
<b>Texas</b>	142,550	128,166	157,929	145,836	137,008		

Source: U.S. Census Bureau, American Community Survey (2007-2008); DSHS – Center for Health Statistics (2002-2006)

**Percent of Births to Unmarried Mothers**

	2008	2007	2006	2005	2004	2003	2002
<b>Bell County</b>	31.3	31.7	30	31.1	32.4	28.5	26.4
<b>Texas</b>	34.1	33	39.6	37.8	36		

Source: U.S. Census Bureau, American Community Survey (2007-2008); DSHS – Center for Health Statistics (2002-2006)



## BIRTHS, EDUCATIONAL STATUS OF UNMARRIED MOTHER

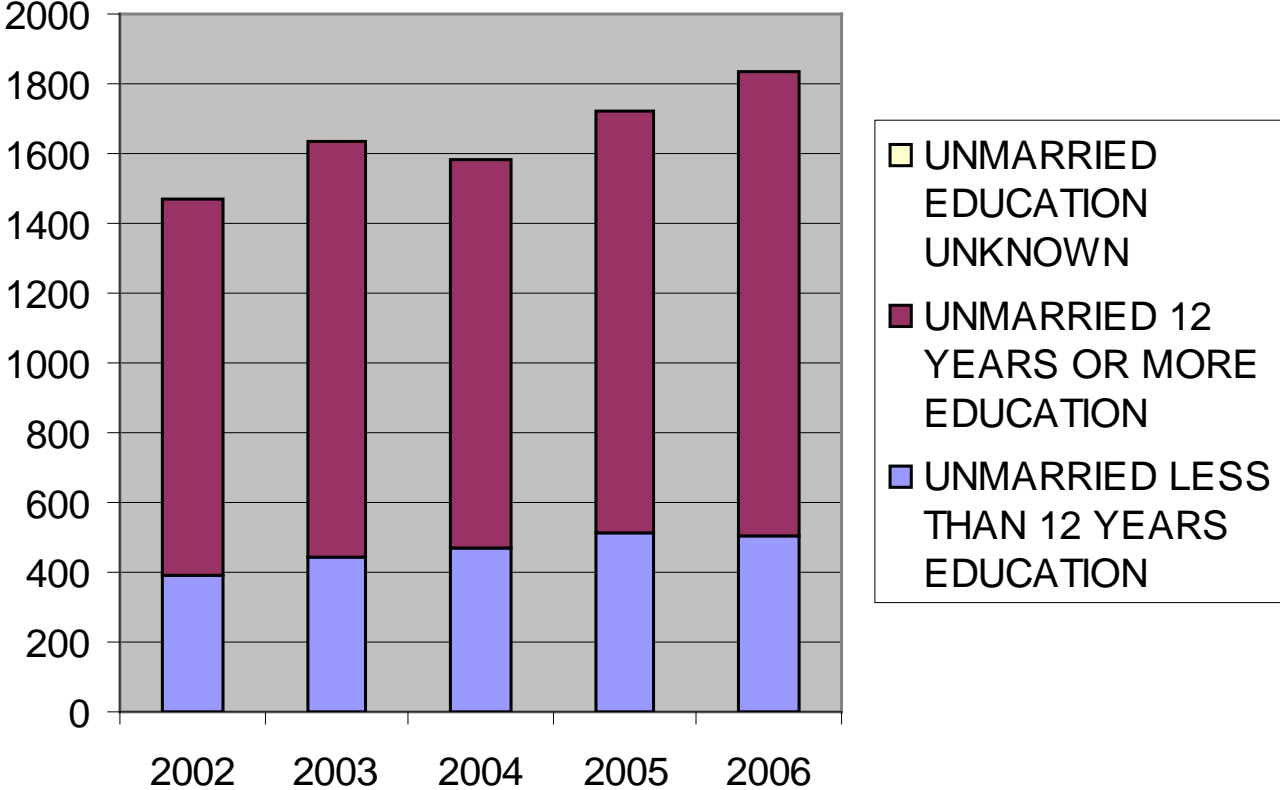
Unmarried mothers make up 30 percent of all mothers. Over 70 percent of unmarried mothers had 12 or more years of education from 2002-2006.

Educational Status of Unmarried Mothers, Bell County

	2006	2005	2004	2003	2002
<b>Total Unmarried</b>	1,836	1,725	1,586	1,638	1,470
<b>% of All Mothers</b>	30.0%	31.1%	32.4%	28.5%	26.4%
<b>Less than 12 yrs of Education</b>	505	511	466	440	391
<b>% of Unmarried</b>	27.5%	29.6%	29.4%	26.9%	26.6%
<b>12 yrs or more of Education</b>	1,331	1213	1118	1,193	1,078
<b>% of Unmarried</b>	72.5%	70.4%	70.6%	72.8%	73.3%
<b>Education Unknown</b>	0	1	2	5	1
<b>% of Unmarried</b>	N/A	0.1%	0.1%	0.3%	0.1%

Source: DSHS – Center for Health Statistics

### Educational Level of Unmarried Mothers



## PRENATAL CARE, FIRST TRIMESTER

In 2006, 4,695 Bell County mothers sought prenatal care within the first trimester of pregnancy. There is a significant statistical difference ( $p < 0.01$ ) in the rate of all mothers that sought prenatal care within the first trimester between Bell County and Texas. In 2006, 77 percent of Bell County mothers sought prenatal care during their first trimester compared to 61 percent of Texas mothers.

Numbers of Mothers that Sought Prenatal Care within 1st Trimester

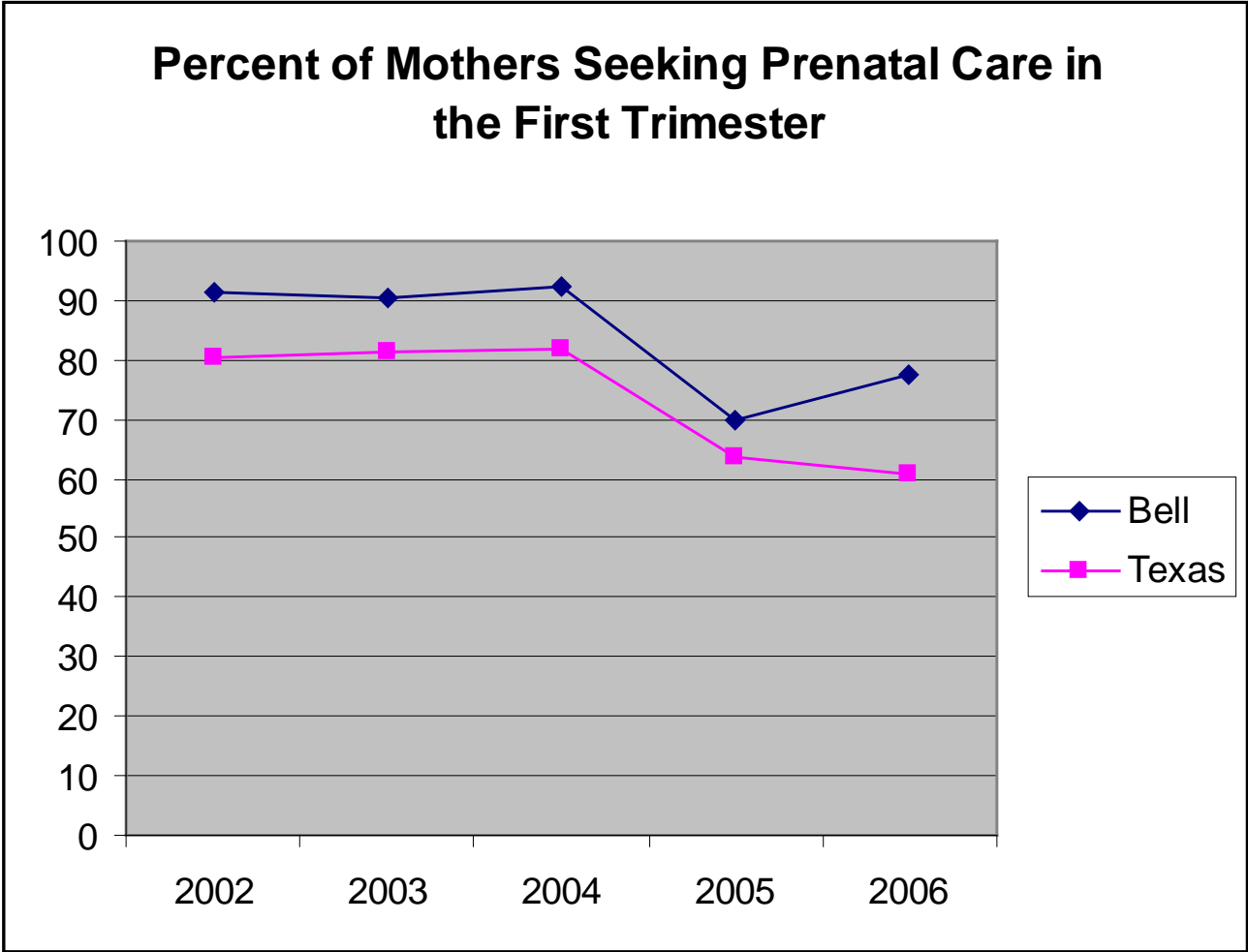
	YEAR				
	2006	2005	2004	2003	2002
<b>Bell County</b>	4695	3858	4508	5189	5100
<b>Texas</b>	237,243	238,556	307,106	300,927	295,284

Center for Health Statistics - Texas Department of State Health Services

Percentage of All Mothers that Sought Prenatal Care within 1st Trimester

	YEAR				
	2006	2005	2004	2003	2002
<b>Bell County</b>	77.4	70	92.2	90.6	91.4
<b>Texas</b>	61	63.7	81.8	81.3	80.5

Center for Health Statistics - Texas Department of State Health Services

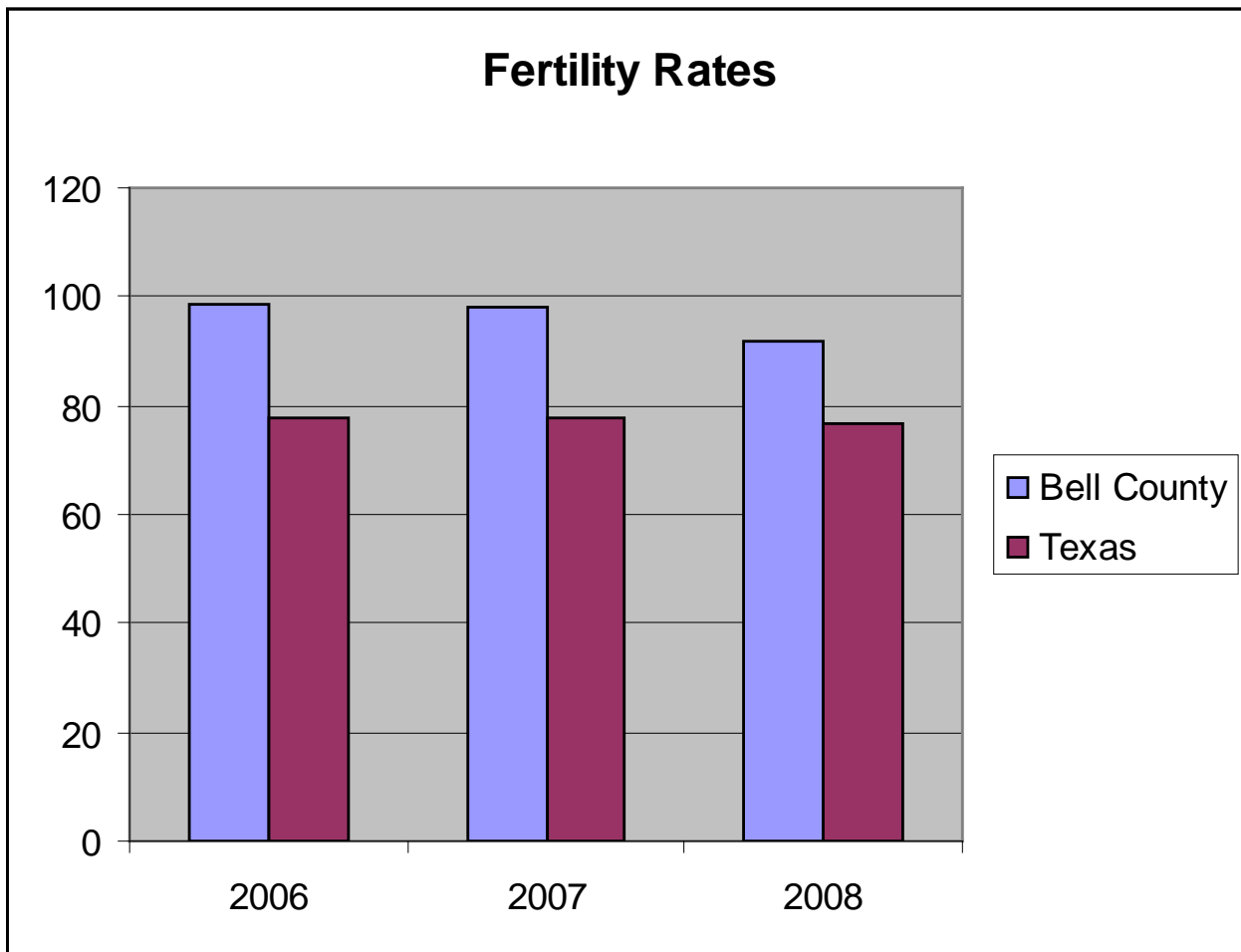


### FERTILITY RATE

Bell County has a higher fertility rate than the state of Texas. Fertility rate is calculated as number of live births/women aged 15-44 years \* 1,000.

Fertility Rate			
	2006	2007	2008
Bell County	98.60%	98.0%	91.6%
Texas	77.60%	78.00%	76.5%

Center for Health Statistics - DSHS



## LIVE BIRTHS

The number of live births in Bell County steadily increased since 2002, from 5,593 to 6,124 in 2006.

### Live Births, 2002-2006

	Year				
	2006	2005	2004	2003	2002
<b>Bell County</b>	6124	5561	4923	5769	5593
<b>Texas</b>	339309	384249	380056	376014	370983

Center for Health Statistics – Texas Department of State Health Services

## LOW BIRTH WEIGHT

The number of low-birth weight births has also increased since 2002. The trend has remained similar in the state of Texas. In 2006, eight percent of Bell County births were low birth weight births compared to 8.5 percent of State of Texas births.

### Number of Low Birth Weight Births (<5.5 lbs)

	Year				
	2006	2005	2004	2003	2002
<b>Bell County</b>	491	447	469	497	428
<b>Texas</b>	33749	32006	30647	29727	28649

Center for Health Statistics – Texas Department of State Health Services

### Percentage of Total Low Birth Weight Births (<5.5lbs)

	Year				
	2006	2005	2004	2003	2002
<b>Bell County</b>	8	8	9.6	8.7	7.7
<b>Texas</b>	8.5	7.8	8.8	7.8	8.5

Center for Health Statistics – Texas Department of State Health Services

## INFANT MORTALITY

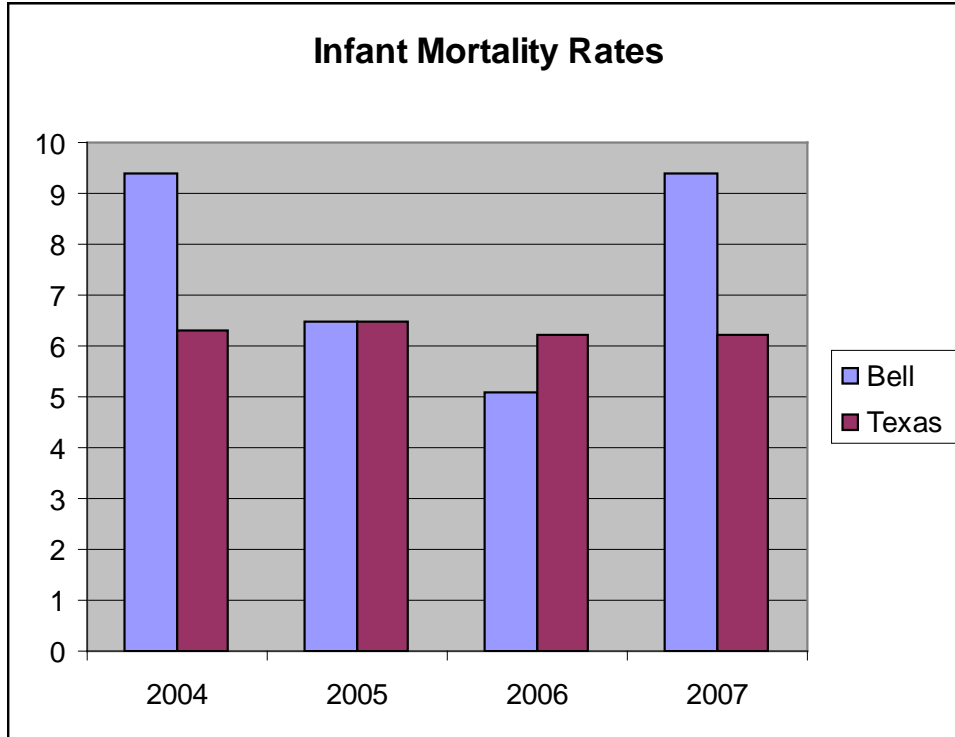
Infant mortality has increased since 2006 after several years of decreased mortality among infants. In 2004, infant mortality decreased from 46 births per 1,000 births to 34 births per 1,000. In 2007, the infant mortality rate in Bell County was 9.4 per 1,000 compared to 6.2 per 1,000 in Texas.

Number of Infant Mortality Per 1,000 Live Births				
	Year			
	2007	2006	2005	2004
<b>Bell</b>	58	34	36	46
<b>Texas</b>	2541	2476	2515	2398

DSHS – Center for Health Statistics

Infant Mortality Rate Per 1,000 Live Births				
	Year			
	2007	2006	2005	2004
<b>Bell</b>	9.4	5.1	6.5	9.4
<b>Texas</b>	6.2	6.2	6.5	6.3

DSHS – Center for Health Statistics



**CHILDREN, DEATHS**

The number of deaths to children decreased from 16 in 2005 to 11 in 2006. Violent teen deaths also decreased.

**Children Deaths, Bell County**

	2006	2005
<b>Child Deaths</b>	11	16
<b>Teen Violent Deaths</b>	7	11
<b>Child Deaths( Rate per 100,000 children ages 1-14)</b>		
	18.5	27.7
<b>Teen Violent Death (Rate per 100,000 teens ages 15-19)</b>		
	38.5	61.6

Source: National KIDS COUNT Program or Center for Public Policy Priorities

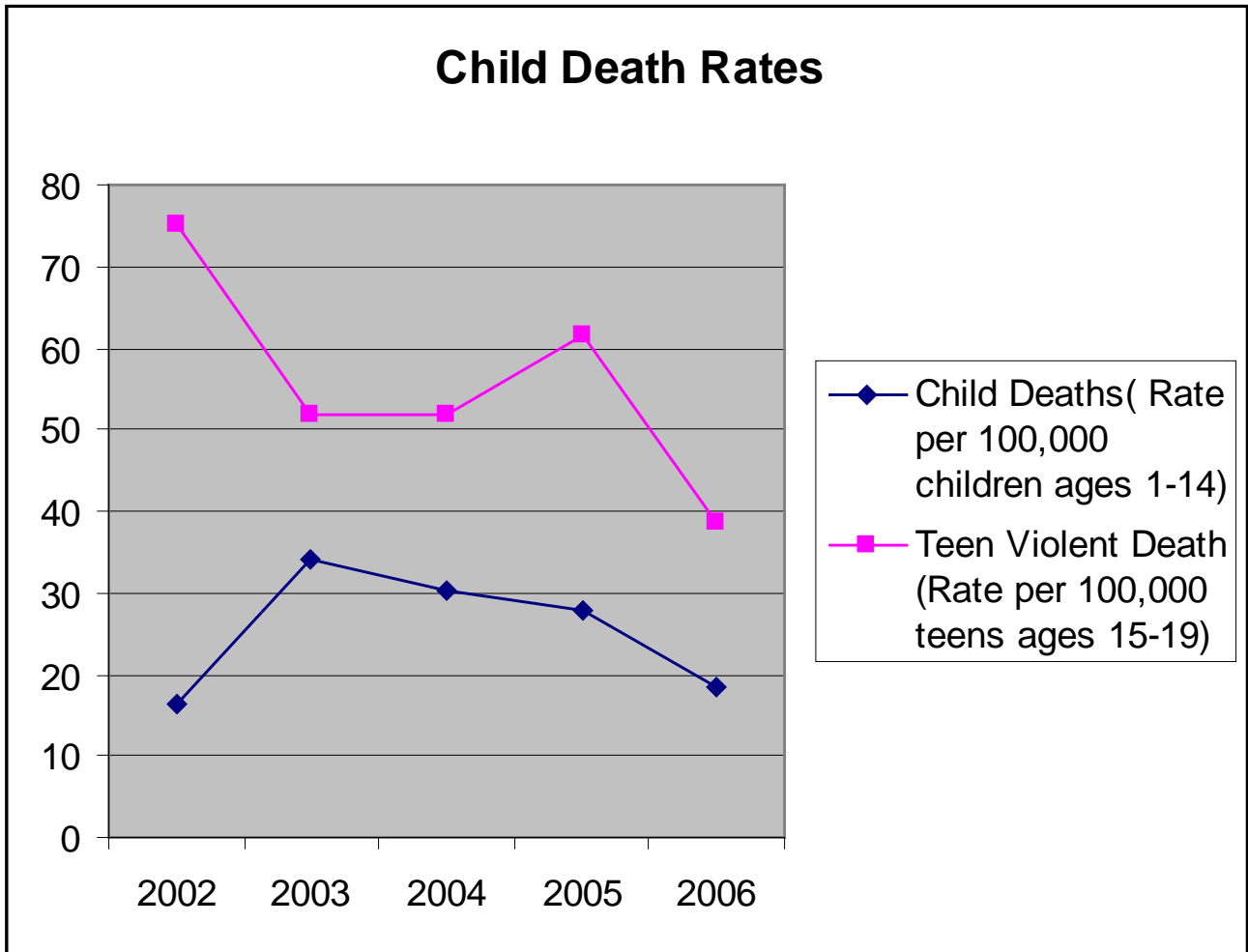
**CHILDREN, HIGH RISK**

The rate of violent juvenile crime dropped from 195.6 per 100,000 in 2006 to 89.9 per 100,000 in 2007.

**Juvenile Violent Crime, Bell County**

	2007	2006	2005	2004	2003
<b>Juvenile Violent Crime</b>	30	30	30	30	30
<b>Rate per 100,000 (age 10-17 years)</b>	89.9	195.6	130.7	105.4	105.4

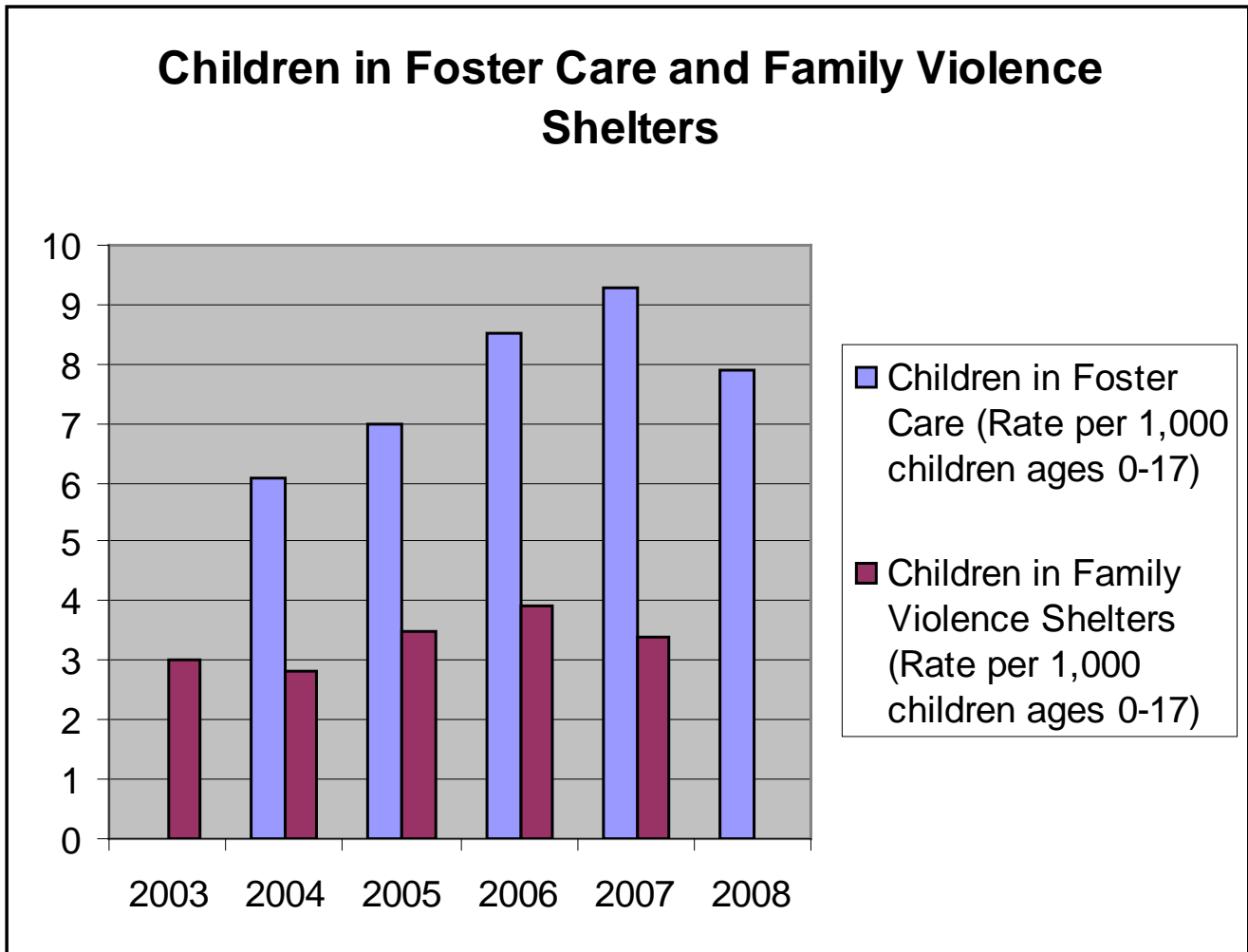
Source: National KIDS COUNT Program or Center for Public Policy Priorities



The rate of children in foster care fluctuated between a low of 6.1 per 1,000 in 2004 to a high of 9.3 per 1,000 in 2007. The number of children in family violence shelters remained steady, then fluctuated between 2.8 and 3.9 per 1,000 from 2004-2007.

<b>Children in Foster Care or Family Violence Shelters</b>					
	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
<b>Children in Foster Care Bell County</b>	583	686	618	510	443
<b>Children in Foster Care (Rate per 1,000 children ages 0-17) Bell County</b>	7.9	9.3	8.5	7	6.1
<b>Children in Foster Care Texas</b>	3053 8	3309 2	3385 3	3205 1	27565
<b>Children in Foster Care (Rate per 1,000 children ages 0-17) Texas</b>	4.7	5.2	5.4	5.1	4.5
<b>Children in Family Violence Shelters Bell County</b>		234	214	256	281
<b>Children in Family Violence Shelters (Rate per 1,000 children ages 0-17) Bell County</b>		3	2.8	3.5	3.9
<b>Children in Family Violence Shelters Texas</b>		15,2 12	16,7 64	1710 5	17619
<b>Children in Family Violence Shelters (Rate per 1,000 children ages 0-17) Texas</b>		2.4	2.6	2.7	2.9

Source: National KIDS COUNT Program or Center for Public Policy Priorities



## CHILDREN, CHILD ABUSE

In 2008, there were 1,130 confirmed child abuse cases in Bell County. The number of confirmed child abuse cases has increased since 2004.

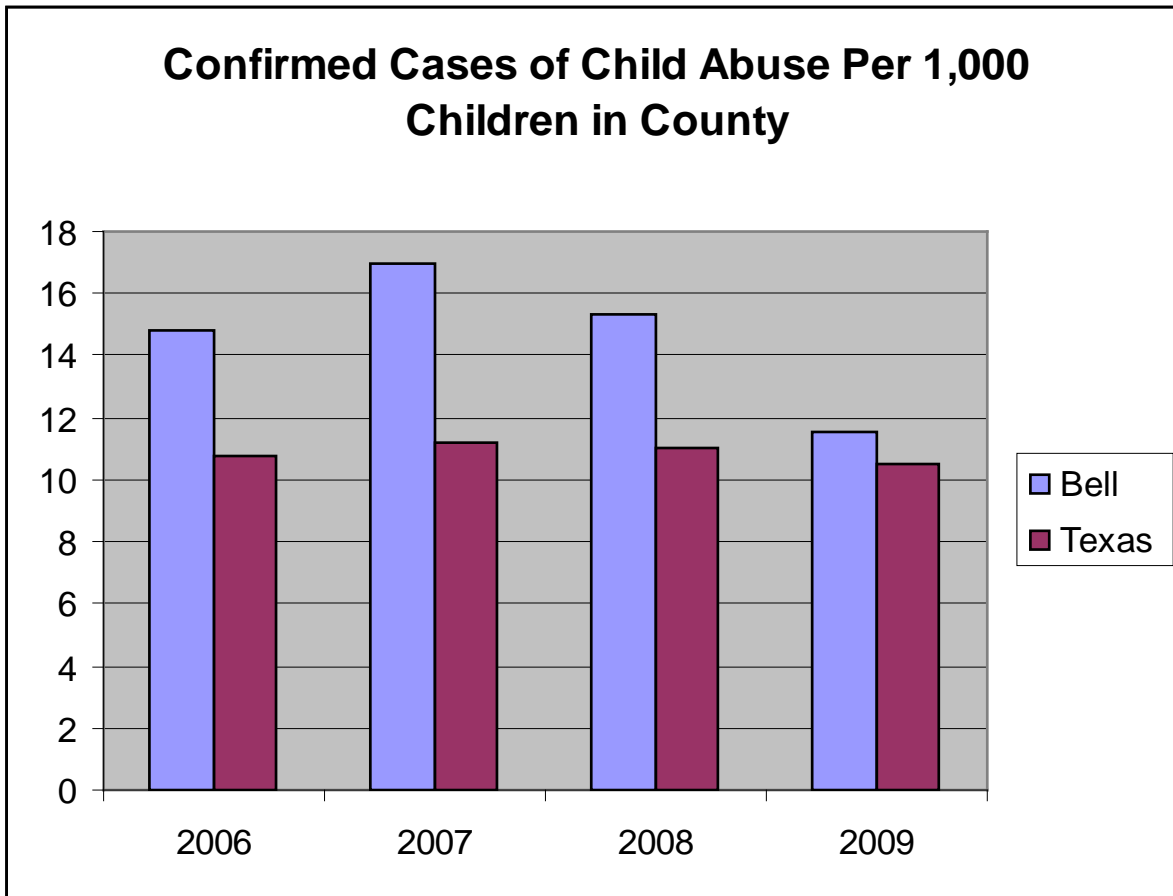
<b>Total number of confirmed cases of child abuse</b>				
	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>
<b>Bell</b>	850	1130	1247	1081
<b>Texas</b>	68,326	70,589	71344	67737

Texas Department of Family and Protective Services Databooks

The rate of confirmed child abuse cases is 15.3 per 100,000 residents. This is a 1.7 drop compared to 2007.

<b>Total number of confirmed cases of child abuse per 1,000 children in country</b>				
	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>
<b>Bell</b>	11.5	15.3	17.0	14.8
<b>Texas</b>	10.5	11.0	11.2	10.8

Texas Department of Family and Protective Services Databooks



In 2004, almost 600 children were served in Family Based Safety services. Among those, 129 were reconfirmed as victims between 2004 and 2009.

<b>Five year Outcome for Children Returned Home from Substitute Care or Served in Family Based Safety Services in Bell County, FY 2004</b>	
<b>Total Children Served</b>	594
<b>Subsequent Confirmed Victims FY 2004-2009</b>	129
Texas Department of Family and Protective Services Databooks	

In 2009, there were 10 child abuse or neglect related fatalities in Bell County.

<b>Child Abuse / Neglect Related Fatalities in Bell County, FY 2009</b>	
<b>Child Abuse / Neglect Related Fatality</b>	10
<b>Child Abuse Related Fatalities in Foster Care</b>	0
Texas Department of Family and Protective Services Databooks	

In Bell County, there are over 500 foster care clients that are subsidized. According to the Texas Department of Family and Protective Services, over \$5 million in foster care expenditures are made.

<b>Foster Care Expenditures</b>	
<b>Paid Foster Care Clients</b>	516
<b>Foster Care Expenditures</b>	\$5,354,868.19
<b>Average per Child</b>	\$10,377.65
Texas Department of Family and Protective Services Databooks	

In 2009, there were almost 74,000 Bell County children (0-17 years) in foster care. Of those children, 850 were confirmed victims of abuse or neglect. Only 72 were waiting for adoption.

<b>Foster Care by Race/Ethnicity, FY 2009</b>						
	<b>Race / Ethnicity</b>					
	<b>African American</b>	<b>Anglo</b>	<b>Hispanic</b>	<b>Native American</b>	<b>Other</b>	<b>Total</b>
<b>Texas Child Population (0-17 years)</b>	19,263	32,630	18,467	203	3,406	73,969
<b>Removals</b>	130	136	67	1	12	346
<b>Confirmed Victims of Abuse / Neglect</b>	271	343	164	2	70	850
<b>Children Waiting for Adoption</b>	33	29	9	0	1	72
Texas Department of Family and Protective Services Databooks						

Over 600 children were served in the juvenile delinquency prevention program in 2009.

<b>Youth Served in the Juvenile Delinquency Prevention Program, FY 2009</b>	
<b>Services to At-Risk Youth (STAR)</b>	511
Community Youth Development (CYD)	0
Statewide Youth Services Network (SYSN)	129
Youth Resiliency Program (YRP)	2
<b>TOTAL</b>	<b>642</b>
Texas Department of Family and Protective Services Databooks	

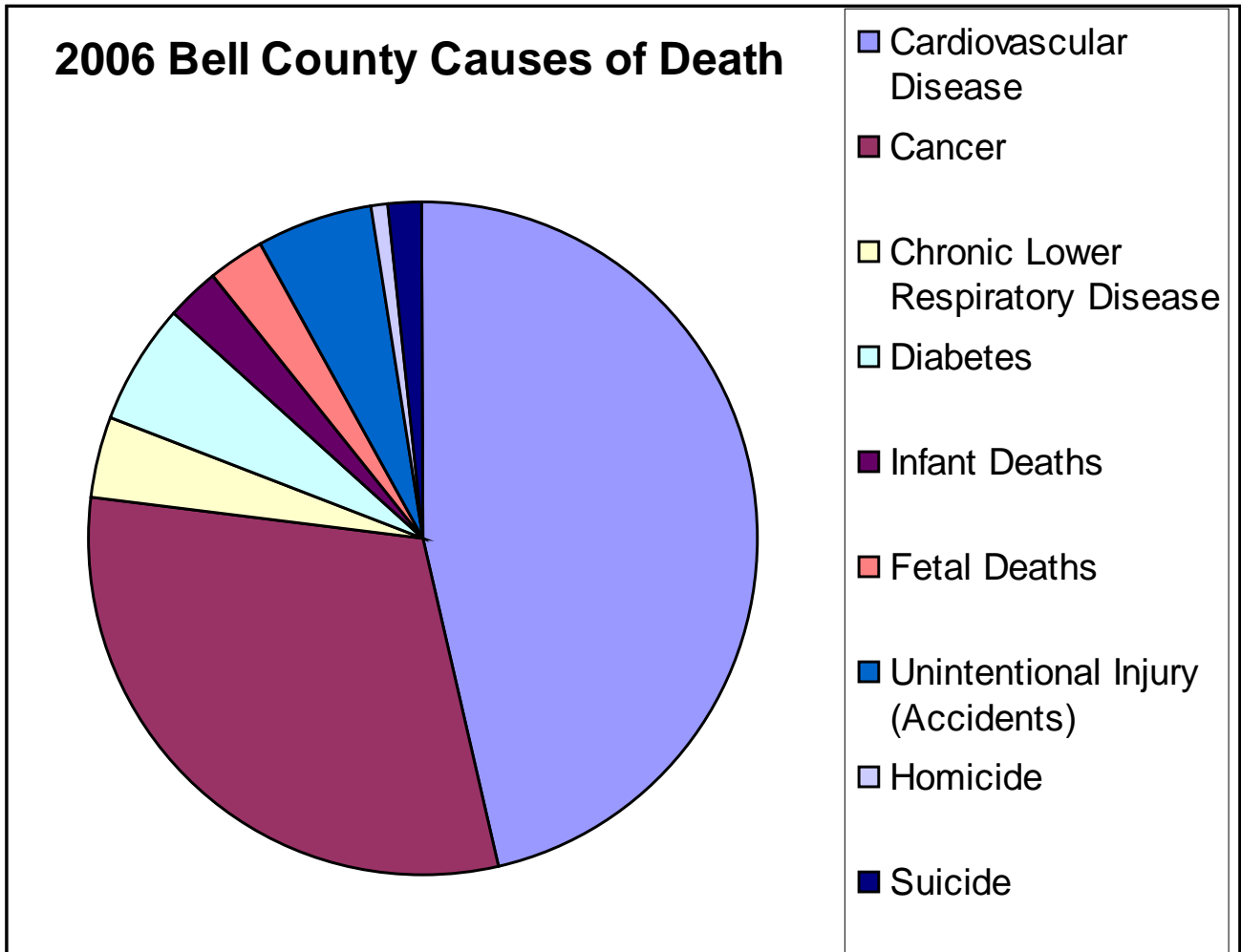
**MORTALITY**

In Bell County, the majority of deaths are caused by cardiovascular disease, specifically heart disease and Cancer. Lung cancer makes up for almost one-third of all cancer deaths.

Deaths by Cause, 2006

	<b>Bell Co.</b>	<b>Texas</b>
<b>Deaths from All Causes</b>	1,691	156,525
<b>Cardiovascular Disease Deaths</b>	604	50,892
<b>Heart Disease Deaths</b>	483	38,487
<b>Stroke Deaths</b>	91	9,332
<b>All Cancer Deaths</b>	399	34,776
<b>Lung Cancer Deaths</b>	122	9,677
<b>Female Breast Cancer Deaths</b>	31	2,563
<b>Chronic Lower Respiratory Disease Deaths</b>	53	7,599
<b>Diabetes Deaths</b>	74	5,180
<b>Infant Deaths</b>	34	2,476
<b>Fetal Deaths</b>	35	2,216
<b>Unintentional Injury (Accidents)</b>	73	9,006
<b>Motor Vehicle Injury</b>	40	3,781
<b>Homicide</b>	13	1,450
<b>Suicide</b>	20	2,332

Source: Center for Health Statistics- DSHS



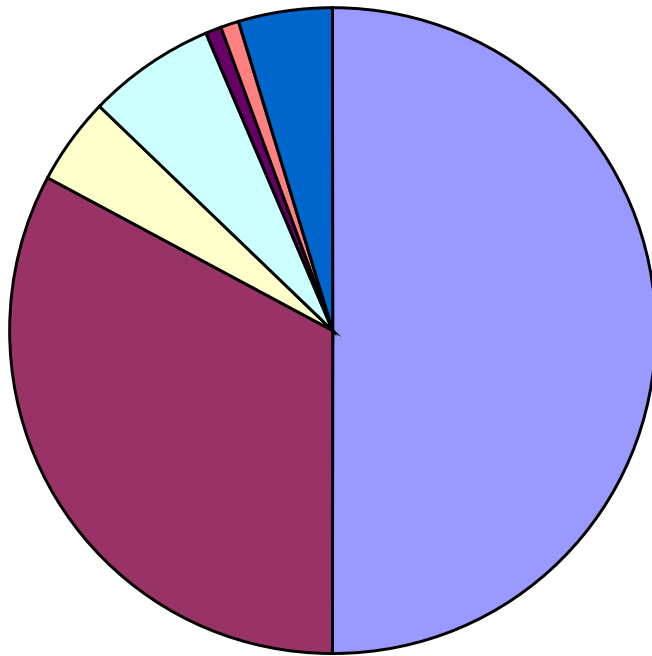
When adjusted for age, cardiovascular disease, especially heart disease, and cancer still remained the leading causes of deaths in Bell County for 2006.

**Age Adjusted Death Rates by Cause, 2006**

	<b>Bell Co.</b>	<b>Texas</b>
<b>Deaths from All Causes Rate</b>	849	805.1
<b>Cardiovascular Disease Death Rate</b>	311.6	270.3
<b>Heart Disease Death Rate</b>	249.4	203.6
<b>Stroke Death Rate</b>	47.1	50.2
<b>All Cancer Death Rate</b>	203.9	176.7
<b>Lung Cancer Death Rate</b>	64.4	49.5
<b>Female Breast Cancer Death Rate</b>	26.9	22.8
<b>Chronic Lower Respiratory Disease Death Rate</b>	27.9	40.9
<b>Diabetes Death Rate</b>	39	26.5
<b>Infant Death Rate</b>	5.6	6.2
<b>Fetal Death Rate</b>	5.7	5.5
<b>Unintentional Injury Rate</b>	28.9	40.7
<b>Motor Vehicle Injury Rate</b>	15.2	16.2
<b>Homicide Rate</b>	--	6
<b>Suicide Rate</b>		10.2

Source: Center for Health Statistics- DSHS

### Age-adjusted Causes of Bell County Deaths, 2006



- Cardiovascular Disease
- Cancer
- Chronic Lower Respiratory Disease
- Diabetes Death Rate
- Infant Death Rate
- Fetal Death Rate
- Unintentional Injury Rate

## PREVALENCE OF CARDIOVASCULAR DISEASE (CVD)

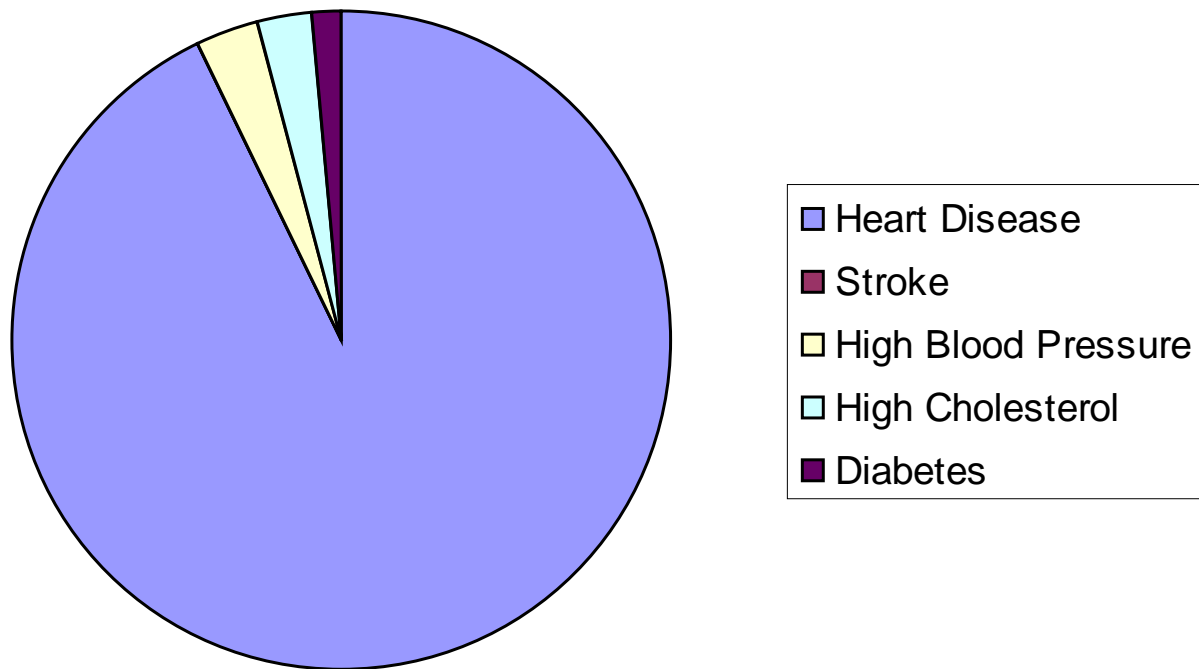
Eleven percent of Bell County residents have CVD compared to only 8.3 percent of Texas residents. In Bell County, almost 32 percent of residents have high blood pressure compared to 28 percent of Texas residents. The percentage of Texas residents with high cholesterol is ~10 percent higher than Bell County residents. The percentage of residents with diabetes in Bell County is approximately three percent higher when compared to Texas residents.

Prevalence Rates, Adults (>18) in 2007

	<b>Bell Co.</b>	<b>Texas</b>
<b>CVD</b>	11.0%	8.3%
<b>Heart Disease</b>	9.6%	6.7%
<b>Stroke</b>	2.4%	2.8%
<b>High Blood Pressure</b>	31.8%	27.8%
<b>High Cholesterol</b>	28.8%	38.5%
<b>Diabetes</b>	13.2%	10.4%

Source: Center for Health Statistics- DSHS

### Prevalence of Cardiovascular Disease in Bell County, 2007



### DEATHS, CEREBROVASCULAR DISEASE

The number of deaths due to cerebrovascular disease has remained steady in Bell County.

#### Death due to Cerebrovascular Disease

	2006	2005	2004	2003
<b>Bell County</b>	91	86	86	94
<b>Texas</b>	9,332	9,342	9,831	10,286

Center for Health Statistics - DSHS

### DEATHS, ACCIDENTS

Deaths caused by accidents decreased in Bell County from 87 in 2003 to 73 in 2006. In Texas, the trend is opposite where accidental deaths have increased.

#### Death due to Accidents

	2006	2005	2004	2003
<b>Bell County</b>	73	79	89	87
<b>Texas</b>	9,006	8,504	8,270	8,341

Center for Health Statistics - DSHS

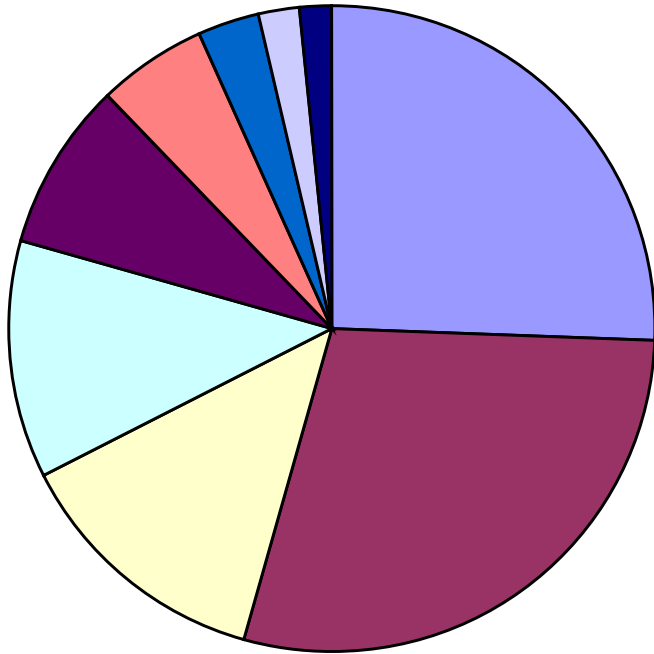
## PREVENTABLE HOSPITALIZATION

In Bell County, most residents needing hospitalization needed it for congestive heart failure (2,587) and bacterial pneumonia (2,349). The most expensive hospital charges are derived from treating complications of chronic or long-term diabetes; however, over \$45 million of total hospital charges are the result of treating congestive heart failure. The treatment of congestive heart failure has an average \$246 impact on all Bell County residents.

### Potentially Preventable Hospitalizations of Adult Residents of Bell County, 2005-2008

	Number of Hospitalizations	Average Hospital Charge	Total Hospital Charges	Avg \$ Impact for All Adult County Residents
Bacterial Pneumonia	2,349	\$16,706	\$39,242,312	\$214
Dehydration	425	\$10,948	\$4,652,700	\$25
Urinary Tract Infection	1,051	\$12,330	\$12,958,899	\$71
Angina (without procedures)	201	\$13,672	\$2,748,128	\$15
Congestive Heart Failure	2,587	\$17,395	\$45,001,310	\$246
Hypertension (High Blood Pressure)	229	\$13,254	\$3,035,215	\$17
Asthma	671	\$12,577	\$8,439,246	\$46
Chronic Obstructive Pulmonary Disease	1,064	\$17,310	\$18,418,098	\$101
Diabetes Short-term Complications	420	\$13,834	\$5,810,187	\$32
Diabetes Long-term Complications	716	\$19,674	\$14,086,820	\$77
<b>TOTAL</b>	<b>9,713</b>	<b>\$15,895</b>	<b>\$154,392,915</b>	<b>\$842</b>

### Total Hospital Charges by Potentially Preventable Condition, 2005-2008



- Bacterial Pneumonia
- Congestive Heart Failure
- Diabetes
- Chronic Obstructive Pulmonary Disease
- Urinary Tract Infection
- Asthma
- Dehydration
- Hypertension (High Blood Pressure)
- Angina (without procedures)

## TUBERCULOSIS

The rate of tuberculosis in Bell County was three times less than the state of Texas from 2006-2008.

### Tuberculosis Cases

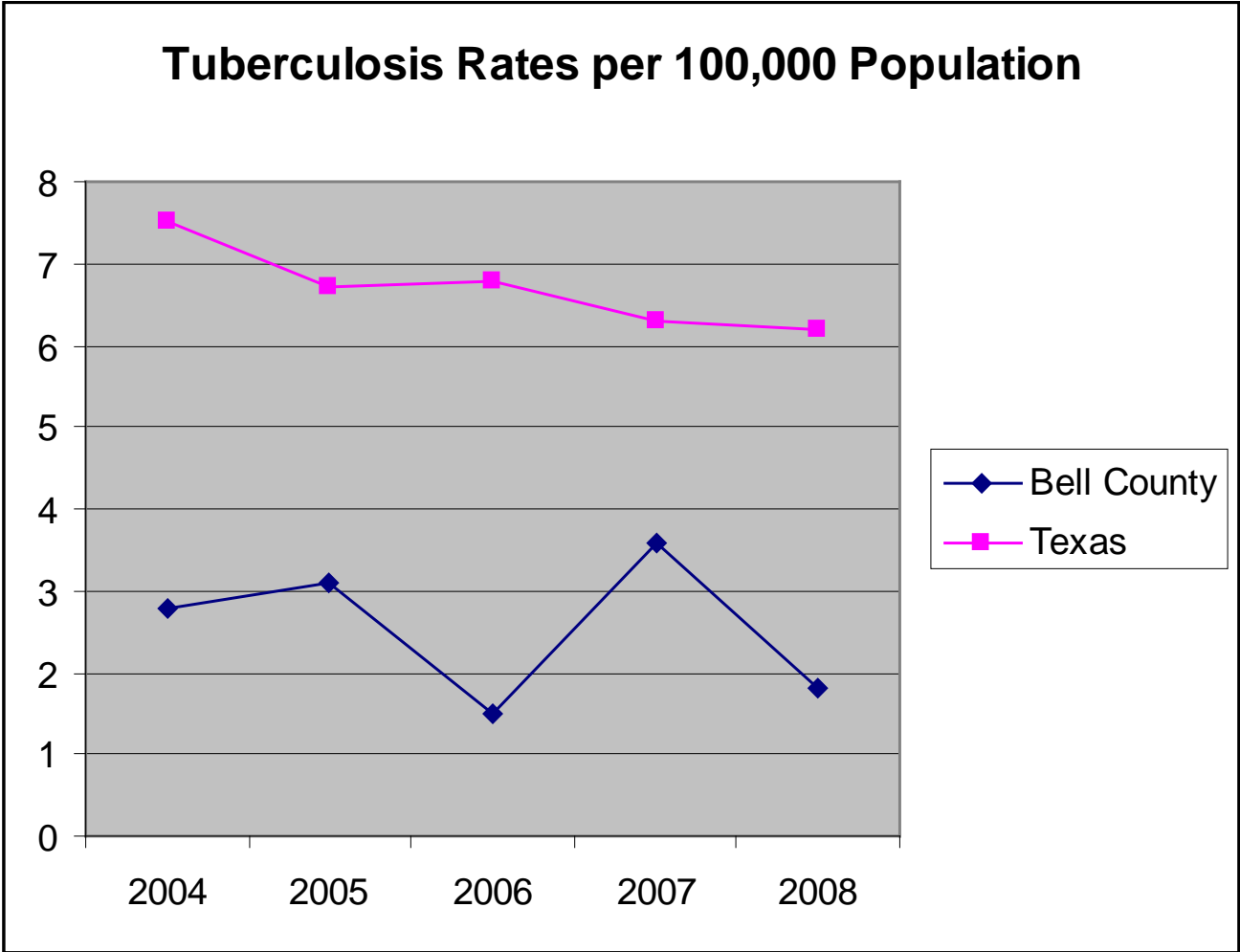
	2008	2007	2006	2005	2004
<b>Bell County</b>	5	10	4	8	7
<b>Texas</b>	1501	1507	1566	1524	1670

Source: DSHS – Center for Health Statistics

### Tuberculosis Rates per 100,000

	2008	2007	2006	2005	2004	Average (2006- 2008)
<b>Bell County</b>	1.8	3.6	1.5	3.1	2.8	2.3
<b>Texas</b>	6.2	6.3	6.8	6.7	7.5	6.5

Source: DSHS – Center for Health Statistics



## HIV/AIDS

In 2008, there were 29 new cases of HIV and eight cases of AIDS in Bell County. There are 317 Bell County residents living with HIV/AIDS

**HIV/AIDS Cases and People Living with HIV in Bell County, 2008**

	HIV (Non-AIDS)		AIDS		People living with HIV/AIDS
	Cumulative Cases	Cases	Cumulative Cases	Cases	
<b>Bell County</b>	157	29	321	8	317
<b>Texas</b>	28,593	3,353	75,697	2,865	63,700

Source: Center for Health Statistics- DSHS

## STDs

Chlamydia continues to have the largest number of cases in both Bell County and Texas. The Chlamydia rate in Bell County is triple the state rate: 1,210.5 per 100,000 compared to 408.2 per 100,000 in the State of Texas. The Gonorrhea rate is four times higher in Bell County than in the state of Texas.

**STD cases in Bell County, 2008**

	Chlamydia	Gonorrhea	Primary and Secondary syphilis	Early Latent	Total Syphilis
<b>Bell County</b>	3,161	1,198	5	1	28
<b>Texas</b>	98,707	31,569	1,405	1,732	6321

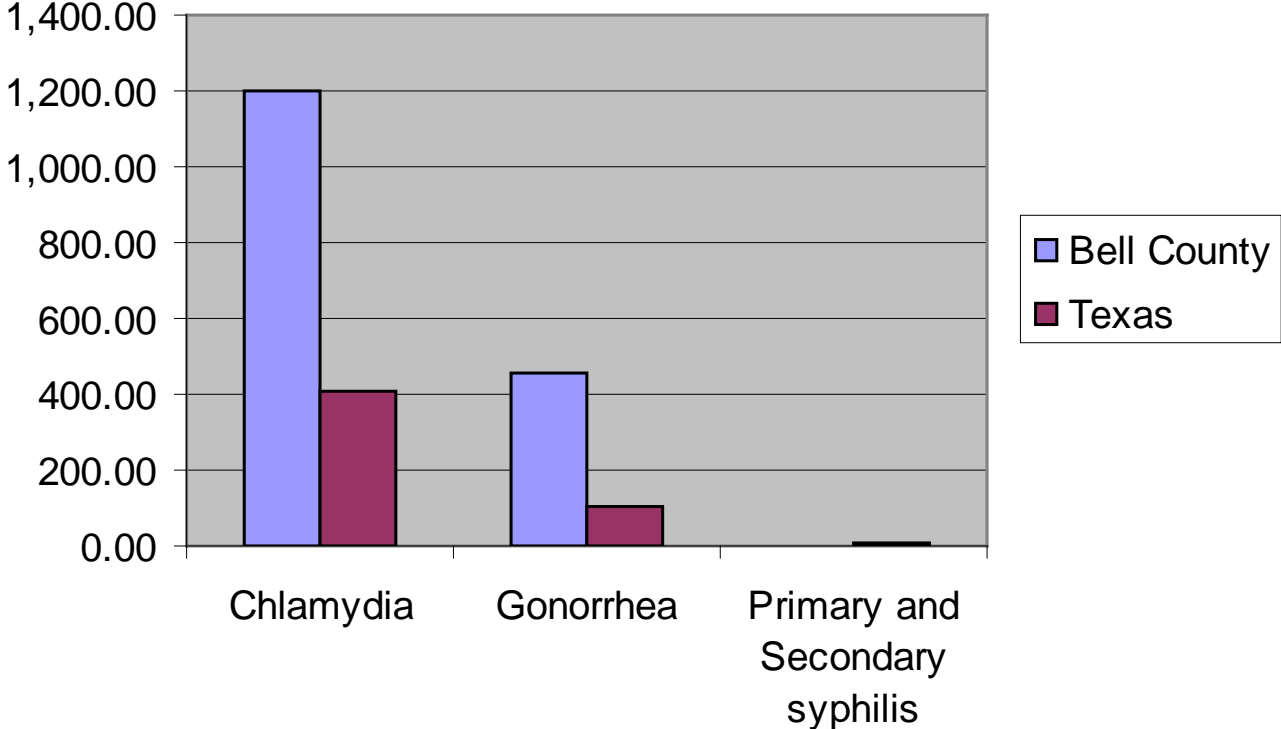
Source: DSHS – Center for Health Statistics

**STD rate per 100,000 in Bell County, 2008**

	Chlamydia	Gonorrhea	Primary and Secondary syphilis	Early Latent
<b>Bell County</b>	1,201.50	455.4	1.9	0.4
<b>Texas</b>	408.2	103.6	5.8	7.2

Source: DSHS – Center for Health Statistics

### Sexually Transmitted Disease Rates Per 100,000 Population, 2008



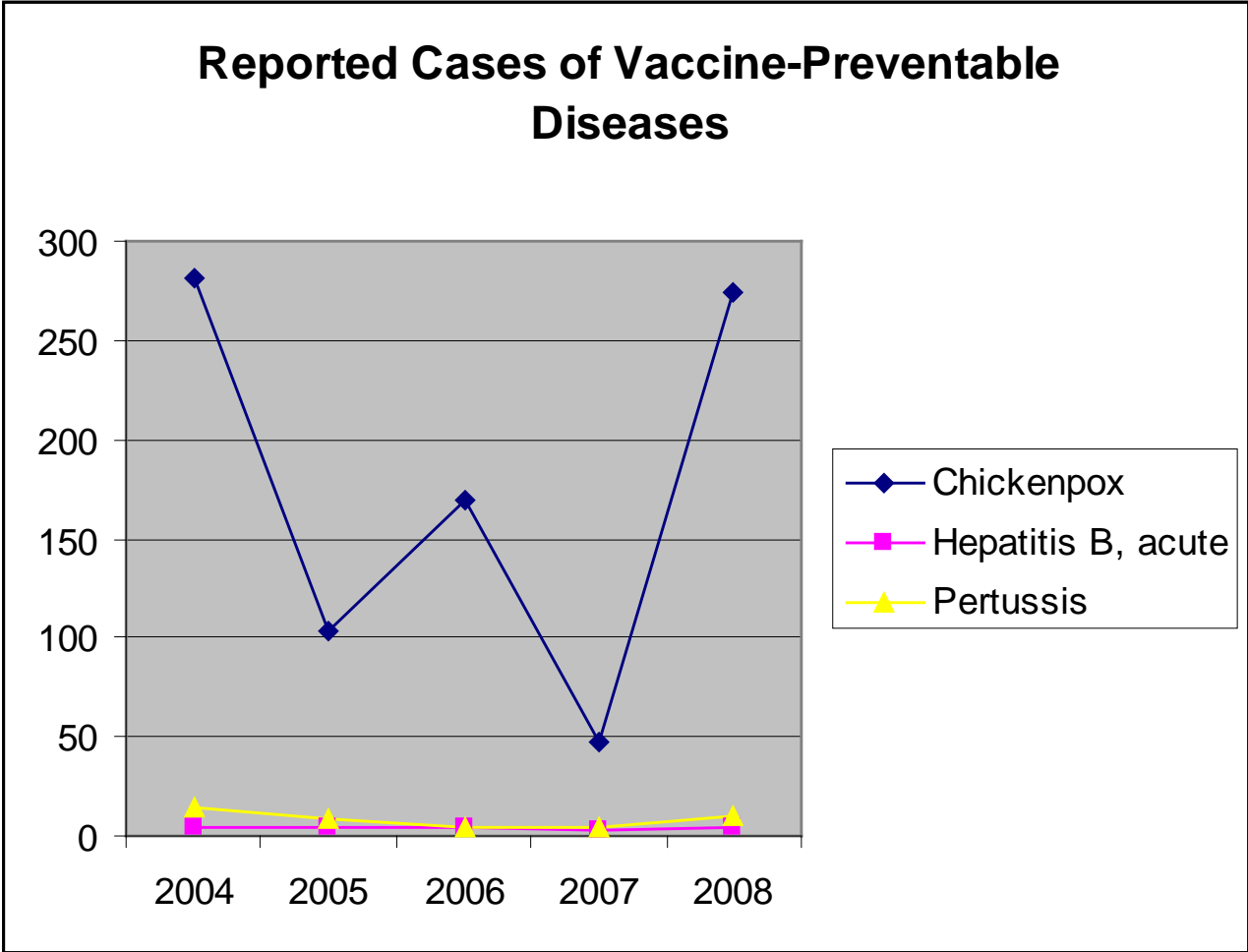
## VACCINE PREVENTABLE DISEASE

In Bell County, there were 274 cases of chickenpox and 10 cases of pertussis.

### Reported Cases of Selected Vaccine-Preventable Diseases in Bell County

	2008	2007	2006	2005	2004
<b>Chickenpox</b>	274	48	170	103	281
<b>Hepatitis B, perinatal</b>	0	0	0	N/A	N/A
<b>Hepatitis B, acute</b>	4	3	4	5	4
<b>Hib*</b>	0	0	0	0	0
<b>Measles</b>	0	0	0	0	0
<b>Mumps</b>	0	0	0	0	0
<b>Pertussis</b>	10	5	4	9	14
<b>Rubella</b>	0	0	0	0	0
<b>Tetanus</b>	0	0	0	0	0

Source: Center for Health Statistics- DSHS



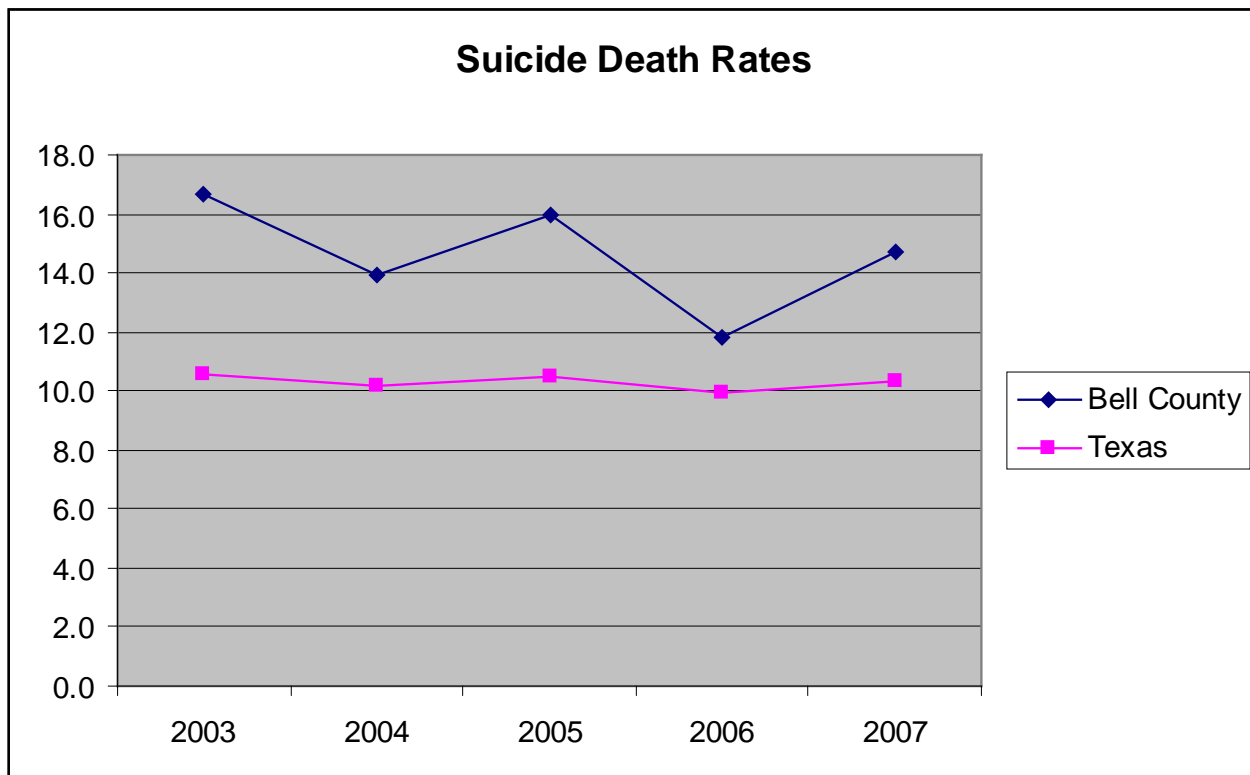
## DEATH, SUICIDE

The number of deaths by suicide has remained steady in Bell County.

### Death Due to Suicide

	2007	2006	2005	2004	2003
<b>Bell County</b>	27	20	27	23	27
<b>Rate</b>	14.7	11.8	16.0	13.9	16.7
<b>Texas</b>	2470	2355	2400	2290	2355
<b>Rate</b>	10.3	9.9	10.5	10.2	10.6

Source: DSHS – Center for Health Statistics



## DEATH, HOMICIDE

The number of deaths by homicide peaked in 2005 with 22 deaths. In 2006, 13 deaths were attributed to homicide.

Death Due to Homicide

	2007	2006	2005	2004	2003
<b>Bell County</b>	20	13	22	16	12
<b>Rate</b>	10.9	7.7	13.0	9.7	7.4
<b>Texas</b>	1,503	1,450	1496	1403	1519
<b>Rate</b>	6.3				

Source: DSHS – Center for Health Statistics



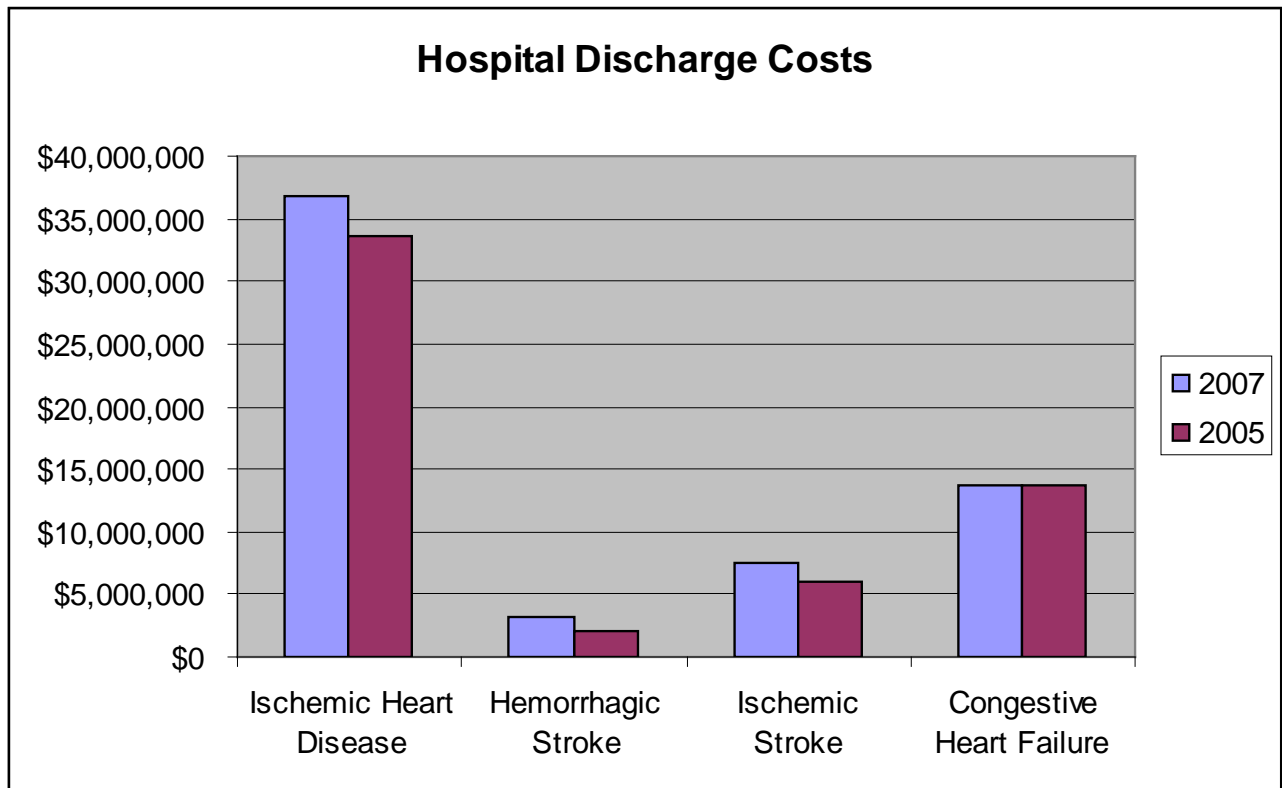
## HOSPITAL DISCHARGE

Ischemic Heart disease led to the largest number of hospital discharge costs in Bell County. Among cardiovascular disease, the hospital discharge costs increased for all diseases, except congestive heart failure between 2005 and 2007.

**Hospital Discharge Costs in Bell County, Cardiovascular Disease**

	2007	2005
Ischemic Heart Disease	\$36,827,651	33,533,410
Hemorrhagic Stroke	\$3,184,232	2,102,579
Ischemic Stroke	\$7,552,686	5,916,554
Congestive Heart Failure	\$13,649,120	\$13,649,120

Center for Health Statistics - DSHS



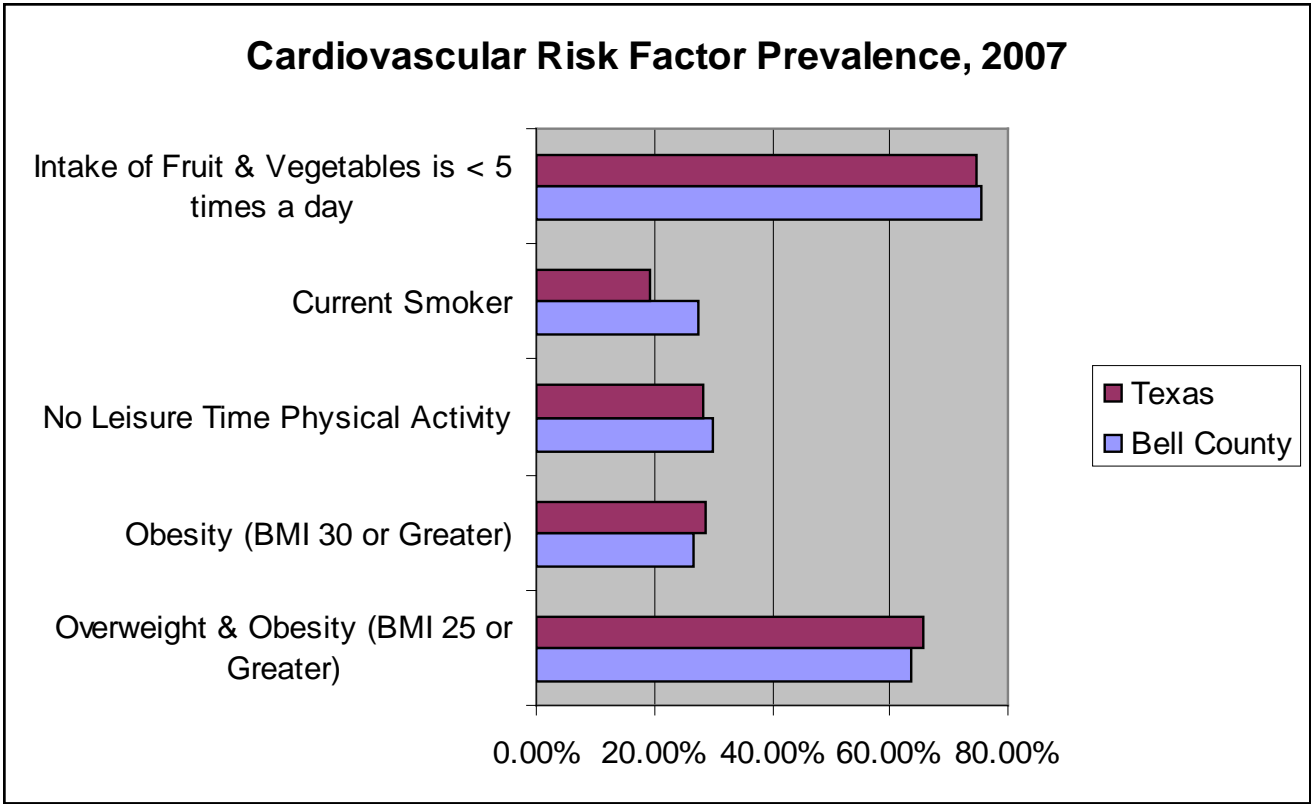
### RISK FACTORS FOR CVD

In Bell County, almost 30 percent of adults do not participate in leisure time physical activity. Over 75 percent of adults in Bell County eat less than five fruits and vegetables a day. Twenty-seven percent of Bell County residents are smokers. These risk factors place residents at risk for CVD.

Percent of Adults at Risk for CVD, 2007

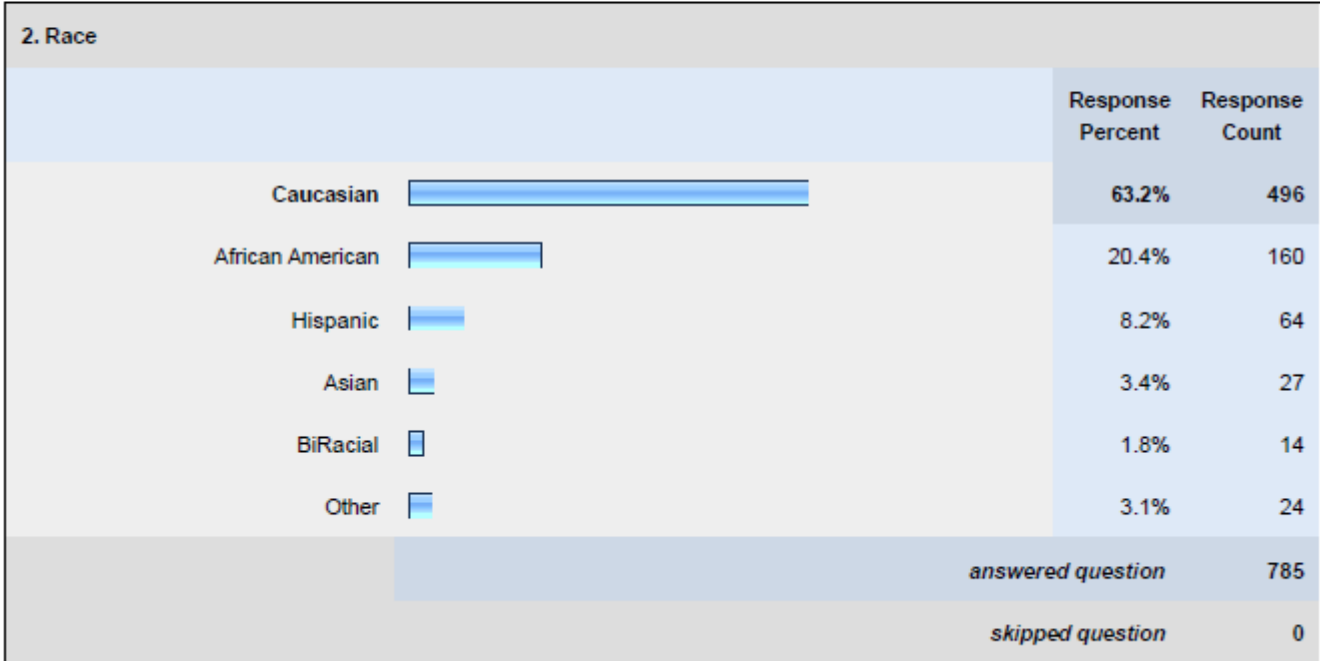
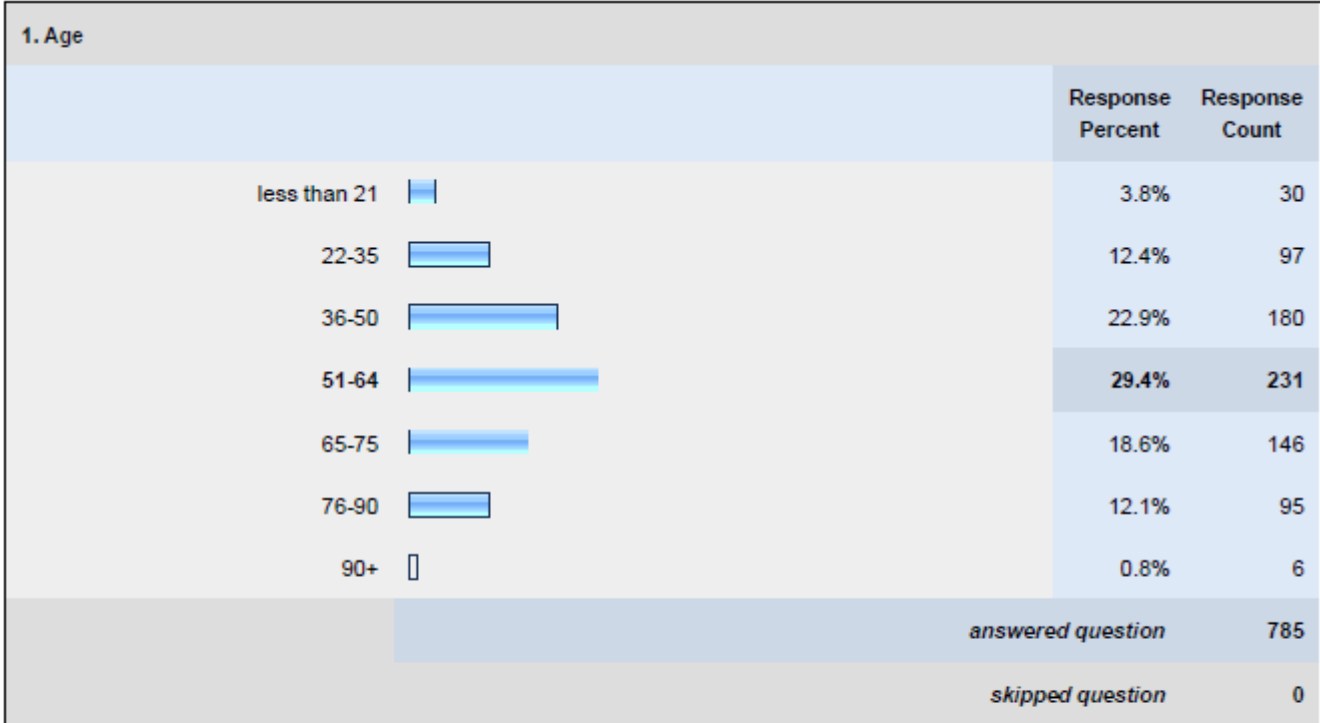
	Bell County	Texas
Overweight & Obesity (BMI 25 or Greater)	63.4%	65.7%
Obesity (BMI 30 or Greater)	26.8%	28.6%
No Leisure Time Physical Activity	29.9%	28.3%
Current Smoker	27.4%	19.3%
Intake of Fruit & Vegetables is < 5 times a day	75.4%	74.8%

Center for Health Statistics - DSHS





**SECTION 5: METROPLEX HEALTH CARE SYSTEM ASSESSMENT**

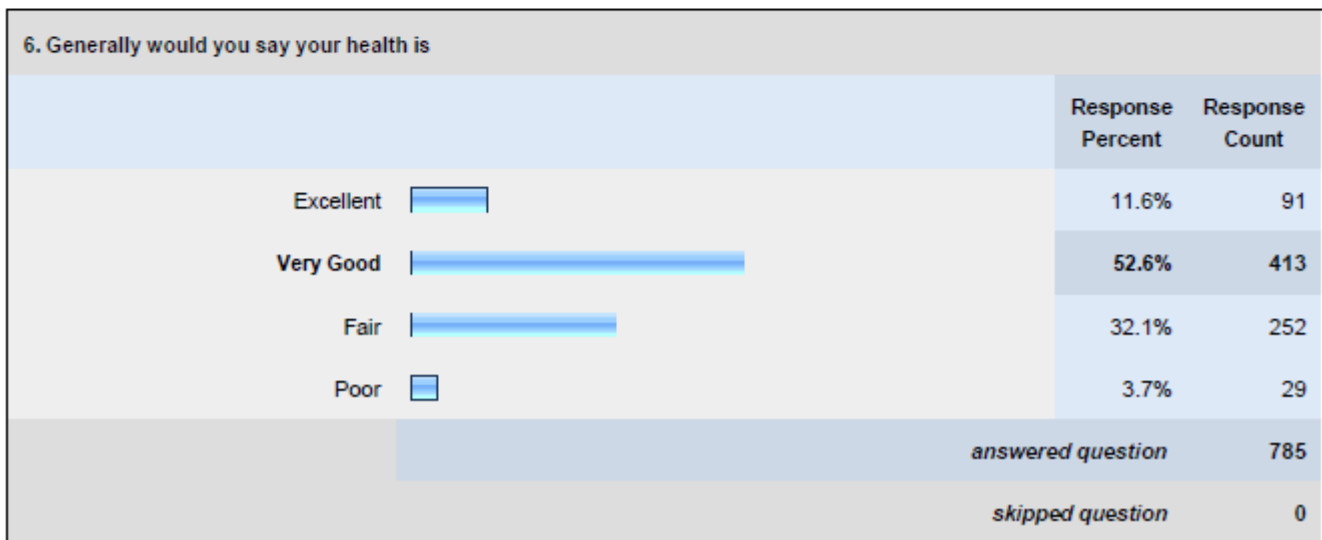
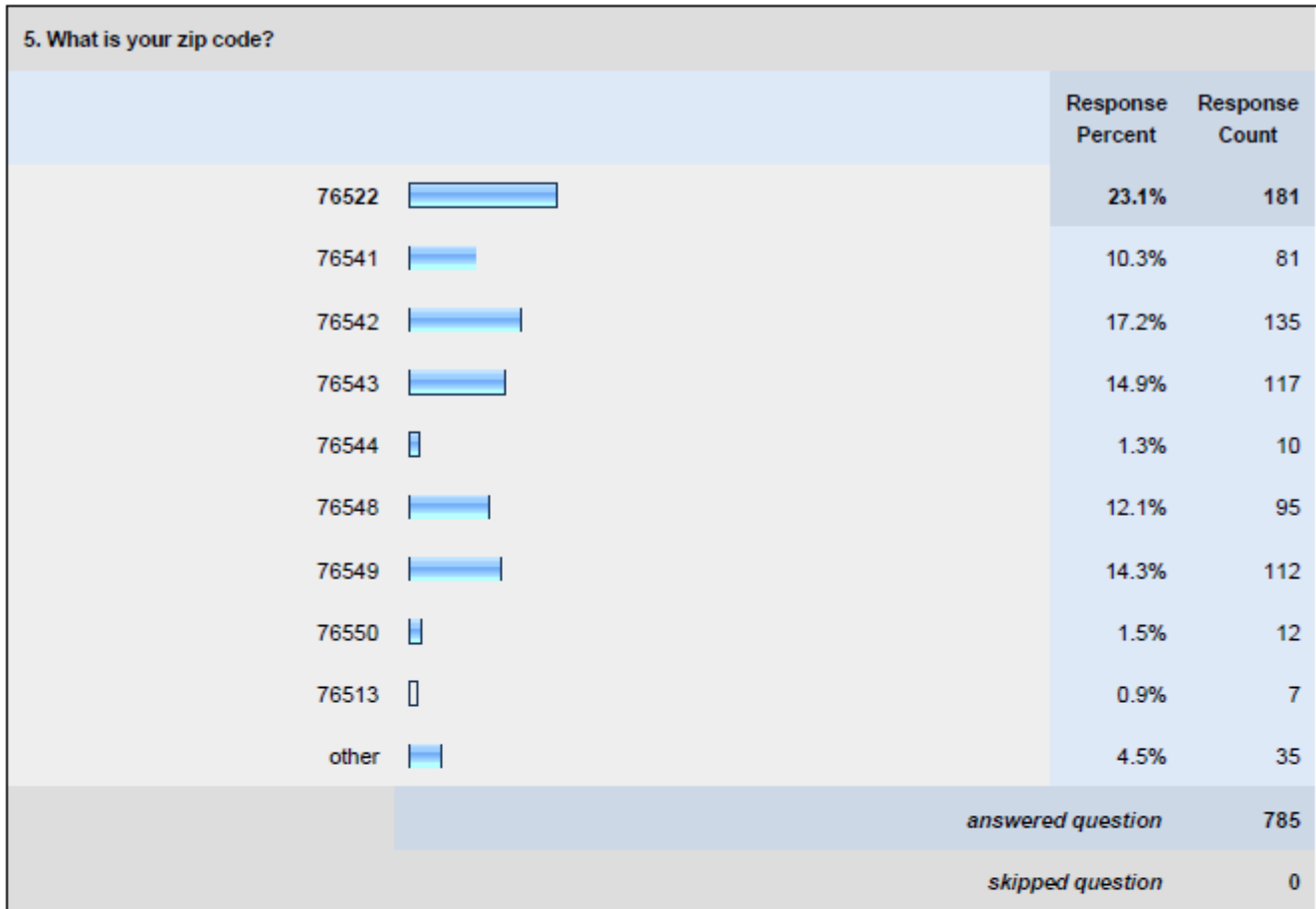


3. Gender				
			Response Percent	Response Count
Female			67.0%	526
Male			33.0%	259
<i>answered question</i>				785
<i>skipped question</i>				0

4. Household Income				
			Response Percent	Response Count
less than \$25,000			23.9%	188
\$25-45,000			29.0%	228
\$46-65,000			19.7%	155
\$66-85,000			12.5%	98
\$86-100,000			7.0%	55
\$101-250,000			7.0%	55
\$251,000+			0.8%	6
<i>answered question</i>				785
<i>skipped question</i>				0

3. Gender				
			Response Percent	Response Count
Female			67.0%	526
Male			33.0%	259
<i>answered question</i>				785
<i>skipped question</i>				0

4. Household Income				
			Response Percent	Response Count
less than \$25,000			23.9%	188
\$25-45,000			29.0%	228
\$46-65,000			19.7%	155
\$66-85,000			12.5%	98
\$86-100,000			7.0%	55
\$101-250,000			7.0%	55
\$251,000+			0.8%	6
<i>answered question</i>				785
<i>skipped question</i>				0



**7. What is your height?**

	Response Count
	785
<i>answered question</i>	785
<i>skipped question</i>	0





**8. What is your weight?**

	Response Count
	785
<i>answered question</i>	785
<i>skipped question</i>	0


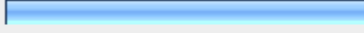
**9. What language do you use most**

	Response Percent	Response Count
English	98.1%	770
Spanish	4.1%	32
Korean	1.1%	9
German	1.9%	15
Japanese	0.1%	1
Vietnamese	0.4%	3
Other (please specify)		9
<i>answered question</i>		785
<i>skipped question</i>		0

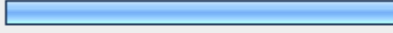
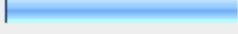
**10. Which one of the following best describes where you go most regularly for medical care?**

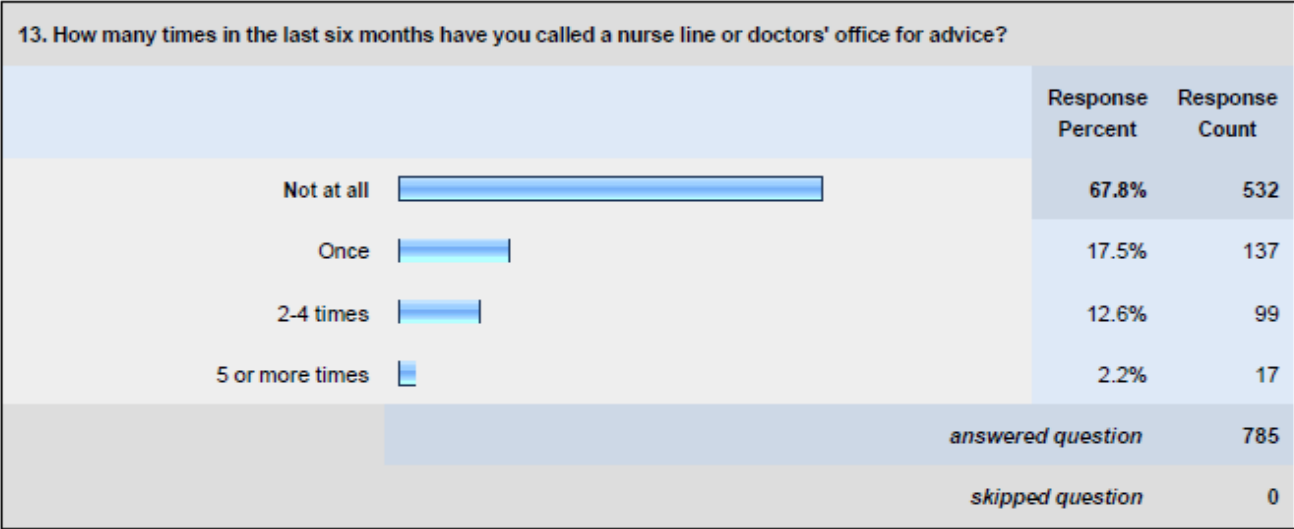
	Response Percent	Response Count
Doctor's office 	76.7%	602
Emergency room 	2.7%	21
Military Clinic 	14.4%	113
Public/Community Health Clinic 	2.4%	19
Walk in Clinic 	3.8%	30
<i>answered question</i>		785
<i>skipped question</i>		0

**11. Would you use the internet for your health needs?**



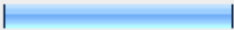



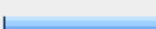


	Response Percent	Response Count
Yes 	41.8%	328
No 	58.2%	457
<i>answered question</i>		785
<i>skipped question</i>		0

**12. Do you have health or medical reference books in your home?**


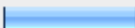
	Response Percent	Response Count
Yes 	62.8%	493
No 	37.2%	292
<i>answered question</i>		785
<i>skipped question</i>		0

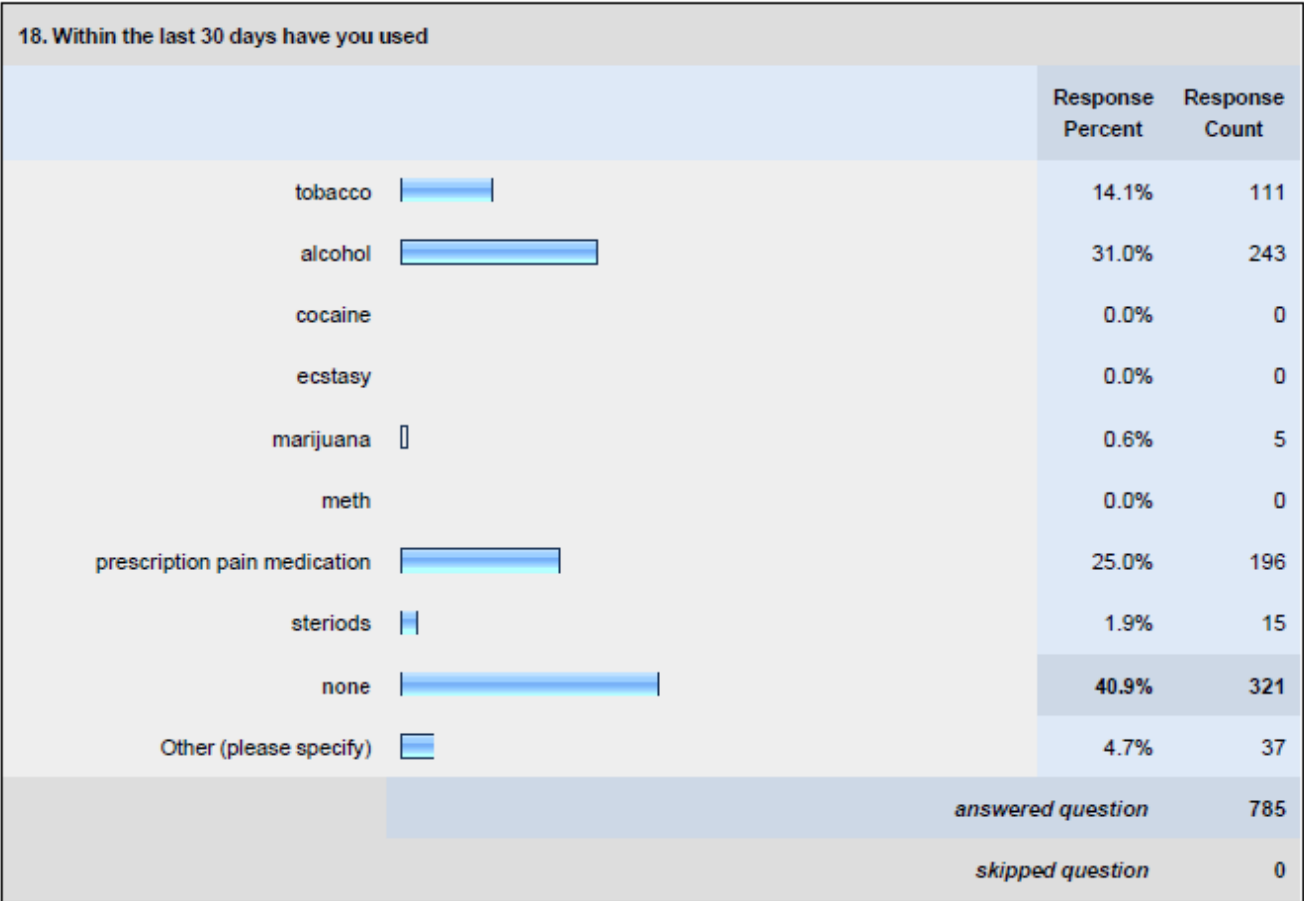
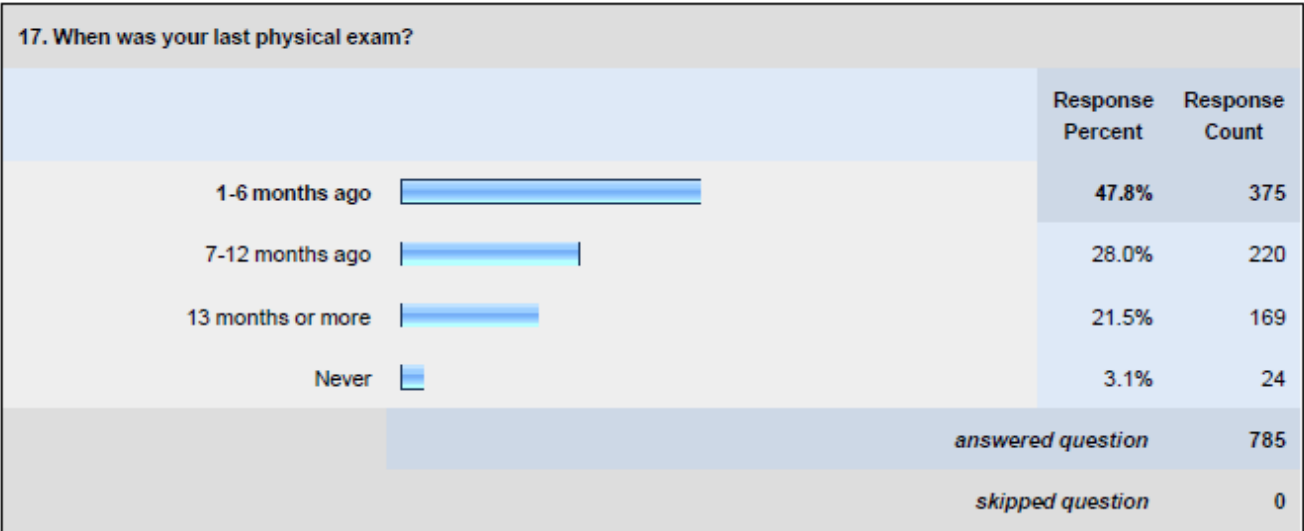


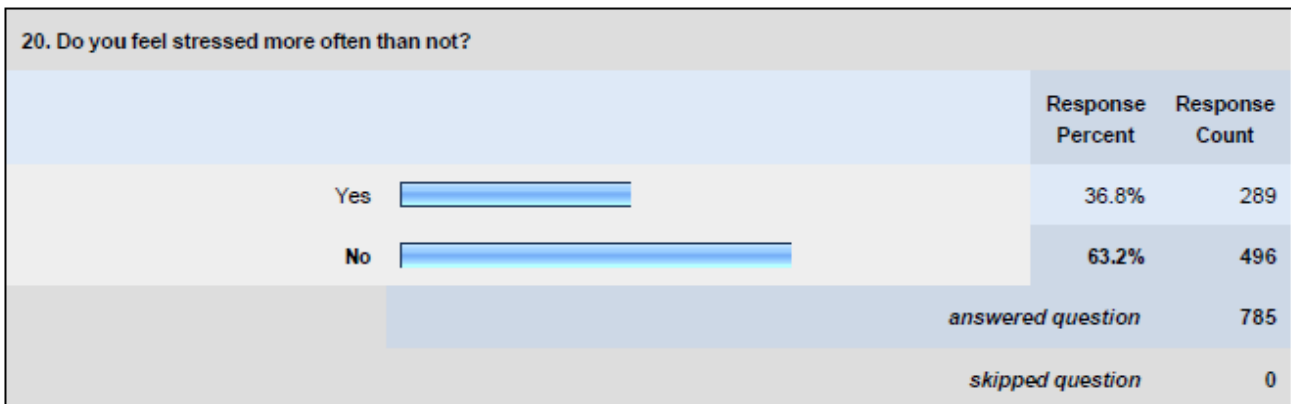
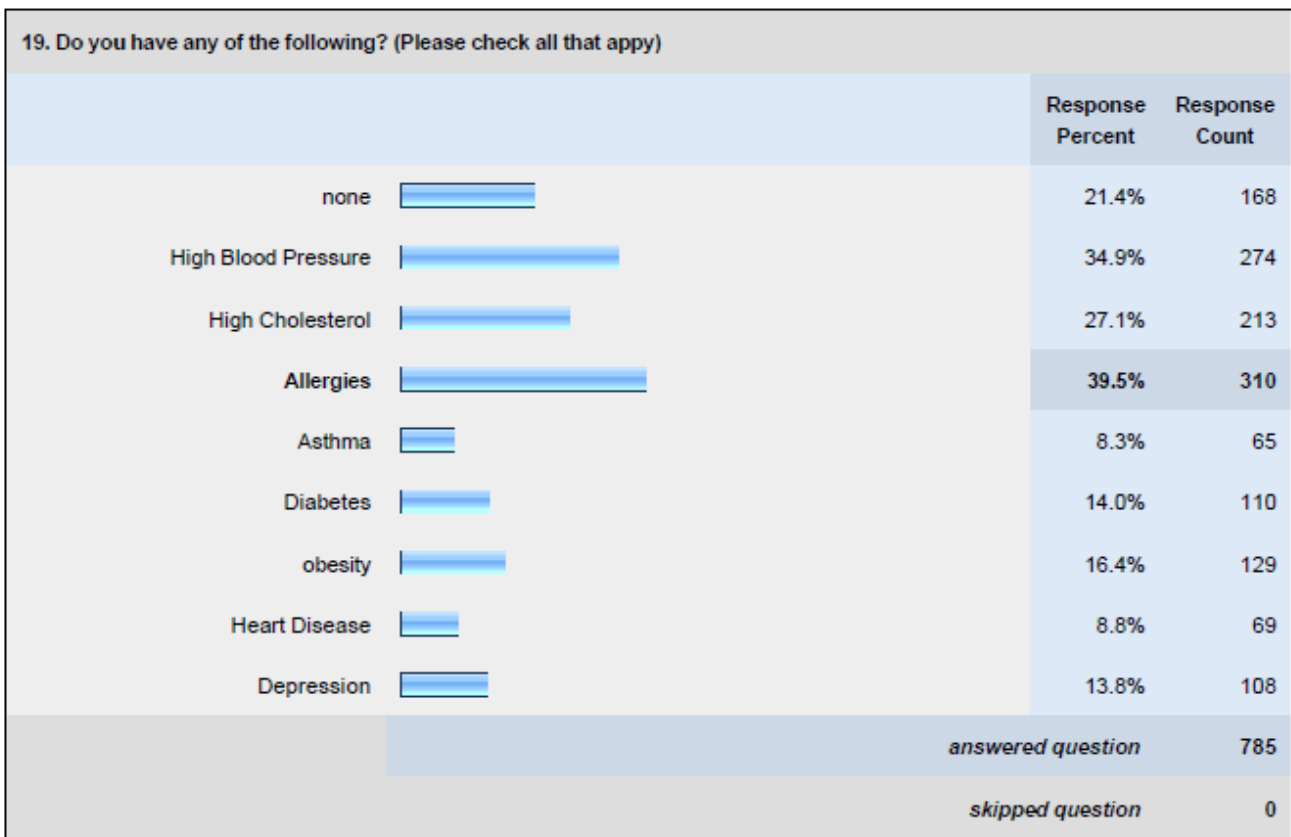
**15. What health promotion classes would you attend if offered for free? Please check all that apply.**

	Response Percent	Response Count
Heart Disease 	17.3%	136
Exercise 	45.5%	357
Weight Loss 	35.8%	281
Smoking Cessation 	7.1%	56
Diabetes Management 	16.2%	127
Stress Management 	30.4%	239
Wellness Supper(Dinner with Guest speaker) 	24.2%	190
Grief Support 	1.7%	13
Other 	22.5%	177
Other (please specify)		120
<i>answered question</i>		785
<i>skipped question</i>		0

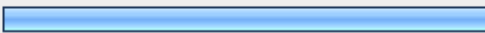
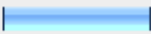
**16. Do you feel your spiritual well being affects your overall health?**

	Response Percent	Response Count
yes 	79.6%	625
no 	20.4%	160
<i>answered question</i>		785
<i>skipped question</i>		0

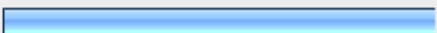



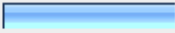




**21. Do you sleep at least six hours a night?**

	Response Percent	Response Count
Yes 	77.1%	605
No 	22.9%	180
<i>answered question</i>		785
<i>skipped question</i>		0

**22. Do you take: (Please check all that apply)**

	Response Percent	Response Count
Vitamins 	68.7%	539
Minerals 	16.1%	126
Herbal remedies 	14.3%	112
Homeopathic remedies 	5.2%	41
None 	27.0%	212
<i>answered question</i>		785
<i>skipped question</i>		0

23. I use or have used within the last six months		
	Response Percent	Response Count
Emergency Room	15.3%	120
Emergency Mental Health	1.7%	13
Ambulance	3.9%	31
Flu Shots	17.1%	134
Infant immunizations	1.4%	11
Childrens immunizations	4.3%	34
Immunizations for myself	7.8%	61
<b>N/A</b>	<b>60.8%</b>	<b>477</b>
<i>answered question</i>		785
<i>skipped question</i>		0

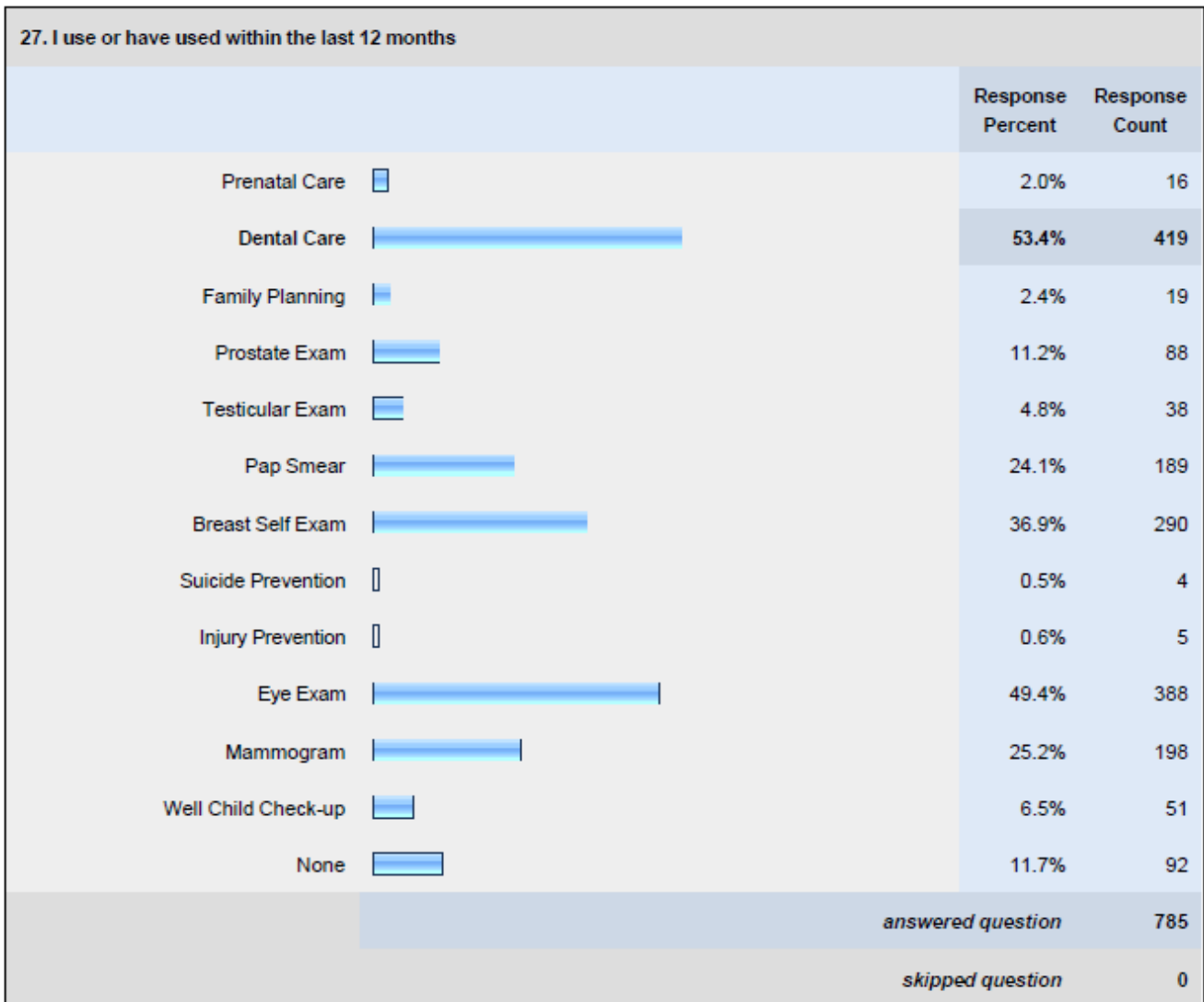
24. I use or have used		
	Response Percent	Response Count
Smoke Alarm	78.9%	619
Carbon Monoxide Detector	17.6%	138
Fire Extinguisher	47.1%	370
Personal Medical Alert	4.2%	33
Medical Equipment	14.3%	112
None	14.1%	111
<i>answered question</i>		785
<i>skipped question</i>		0

**25. I use or have used assistance for: (Please check all that apply)**

	Response Percent	Response Count
Hospice <input type="checkbox"/>	2.0%	16
Public Transportation <input type="checkbox"/>	7.3%	57
Legal <input type="checkbox"/>	3.2%	25
Food Bank <input type="checkbox"/>	4.3%	34
Food Stamps <input type="checkbox"/>	8.4%	66
Meals on Wheels <input type="checkbox"/>	0.6%	5
Domestic Violence Counseling <input type="checkbox"/>	1.0%	8
Credit Counseling <input type="checkbox"/>	5.4%	42
<b>None</b> <input type="checkbox"/>	<b>76.4%</b>	<b>600</b>
<i>answered question</i>		<b>785</b>
<i>skipped question</i>		<b>0</b>

**26. I use or have used the following services in my community**

	Response Percent	Response Count
<b>None</b> <input type="checkbox"/>	<b>85.6%</b>	<b>672</b>
Adult Day care <input type="checkbox"/>	0.4%	3
Child Day Care <input type="checkbox"/>	9.6%	75
Elderly Day Care <input type="checkbox"/>	0.6%	5
After School Program <input type="checkbox"/>	6.2%	49
Special Needs Care <input type="checkbox"/>	2.2%	17
Other (please specify)		6
<i>answered question</i>		<b>785</b>
<i>skipped question</i>		<b>0</b>


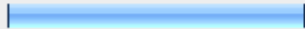



28. I use or have used		
	Response Percent	Response Count
Massage Therapy	16.6%	130
Water aerobics	8.7%	68
Walking trails	37.3%	293
Parks	29.7%	233
Yoga	7.6%	60
Exercise programs	32.2%	253
Gyms	24.3%	191
Chiropractor	16.4%	129
Accupuncture	2.5%	20
Non Traditonal Health care	2.5%	20
None	27.8%	218
<i>answered question</i>		785
<i>skipped question</i>		0





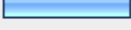


29. I use or have used within the last six months		
	Response Percent	Response Count
Weight loss program	11.8%	93
Heart Healthy cooking class	1.1%	9
Diabetes Management	5.1%	40
Tobacco Cessation	0.9%	7
Adult Healthy Eating class	2.0%	16
Children Healthy Eating	1.4%	11
None	81.4%	639
<i>answered question</i>		785
<i>skipped question</i>		0

30. What services do you need that are not available in this community?		Response Count
		785
	<i>answered question</i>	785
	<i>skipped question</i>	0


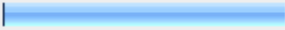
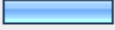

31. How do you locate medical care in our community?		Response Count
		785
	<i>answered question</i>	785
	<i>skipped question</i>	0

32. Have you used 211 for information and referral within the last six months?		
	Response Percent	Response Count
Yes 	4.3%	34
No 	46.6%	366
Don't Know what 211 is 	49.0%	385
	<i>answered question</i>	785
	<i>skipped question</i>	0

33. Do you have any of the following health insurances?

	Response Percent	Response Count
Tricare 	37.6%	295
Medicaid 	3.6%	28
Medicare 	15.3%	120
VA 	4.1%	32
Scott & White 	20.3%	159
Blue Cross Blue Shield 	7.4%	58
Other _____ 	11.8%	93
<i>answered question</i>		785
<i>skipped question</i>		0

34. How often do you exercise?

	Response Percent	Response Count
None 	23.1%	181
1-3 times a week 	45.5%	357
4-6 times a week 	17.3%	136
Everyday 	14.1%	111
<i>answered question</i>		785
<i>skipped question</i>		0

35. Is there anything regarding health care, prevention education or health promotion in our community you would like to comment on?

	Response Count
	785
<i>answered question</i>	785
<i>skipped question</i>	0



# SECTION 6: BELL COUNTY POINT-IN-TIME HOMELESS SURVEY



## BELL COUNTY REPORT

Report by Eric Samuels and Kraig Fiero of the Texas Homeless Network



### DEMOGRAPHICS

- The median age of respondents is 49.
- The gender breakdown is 76% male and 23% female
- Most respondents reported race as White (50%)
- African-Americans are over-represented in this survey (38%) as compared to the overall population 20.5% (U.S. census Bureau)
- The majority of respondents are single, 14% were one and two parent families with children.
- Eighty-one children were identified in the survey with an median age of 5.
- Veterans made up 65% of the sample.
- 28% were Veterans of Vietnam, 14% of Kuwait (Desert Storm) and 7% of Iraq.
- Veterans average length of service was four years.

### Inside this issue:

Homeless Population Estimates	2
Length of Homelessness	2
Reasons for Homelessness	3
Employment and Income	3
Treatments and Institutions	4
Housing Needs	5

# POINT-IN-TIME SURVEY

The Texas Homeless Network annually coordinates a Point-in-Time homeless survey during the last week in January for communities in the Texas Balance of State Continuum of Care. The "known location" methodology is used with volunteers surveying everyone found at sites identified by the community where persons suffering from homelessness are known to congregate. The resulting survey sample is represented by people in homeless situations and persons who are at risk of becoming homeless. The number of survey responses does not represent the total population suffering from homelessness, so estimates are provided in this report. This information is used by local communities in the development of short and long-term strategies to alleviate homelessness.

In the week of January 28, 2010 several volunteers canvassed Temple and Bell County. Despite the wintry weather, 275 surveys were completed, representing 376 people.

Bell county has a total of 286,446 people with 62,613 of those living inside the city limits of Temple and 117,143 in Killeen. The median family income is \$54,000. However, the overall poverty rate is 13.4% (American community survey) and the unemployment rate was 7.6% as of January 2010 (U.S. Bureau of Labor Statistics).

Unfortunately, some of those in poverty and unemployed suffer from homelessness in Bell

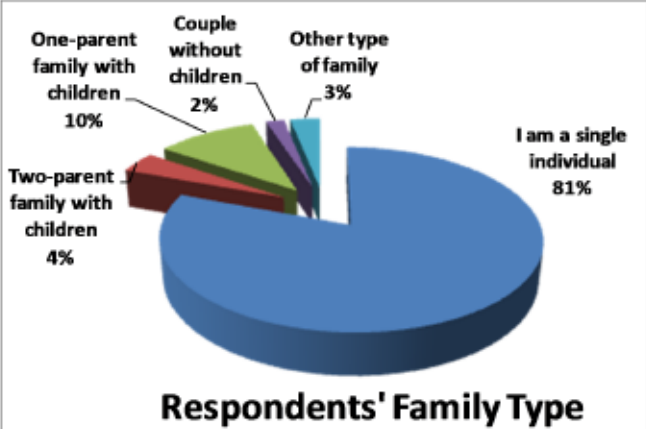
County. Advocates conduct surveys to ascertain their characteristics and needs to develop better strategies for assisting people out of homelessness.

A survey like this has been conducted over the past four years. Each year the sample size has increased and the quality of data has improved.

Communities gain important information through

this initiative such as the demographic statistics listed on the left side of this page and the findings outlined throughout this report.

The chart below illustrates that the majority of respondents are single (81%) but a significant percentage (14%) are heads of families with children. Members of these families make up 35% of all people reported on this survey.



**BELL COUNTY**

**HOMELESS POPULATION ESTIMATES**

The statistics to the right represent the overall homeless population estimates for Bell County at a point-in-time level and annually. "Point-in-Time" estimates are representative of the population on any single day during the year. The annualized estimate is larger because it contains persons who fall into and exit out of homelessness throughout the year. Some of these people enter and exit homelessness multiple times annually so one person or family may be duplicated in this estimate.

Point-in-time homeless population estimate for Bell County: **715**  
(Texas Homeless Network, 2010)

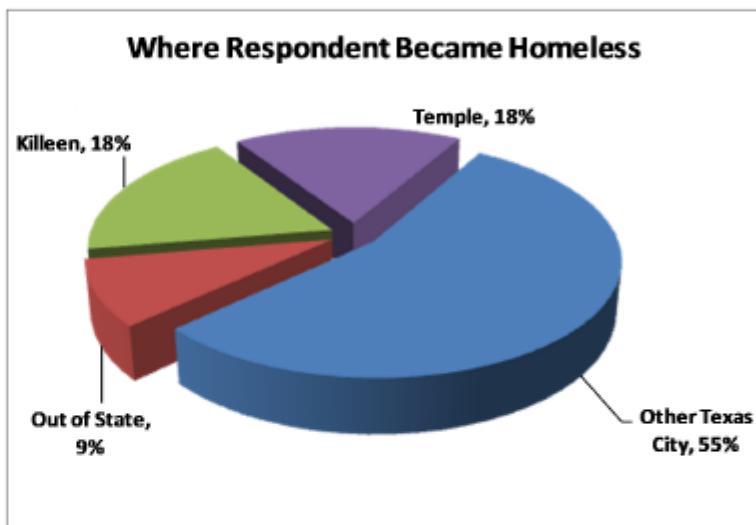
Annualized homeless population estimate for Bell County: **966**  
(Texas Homeless Network, 2010)



**WHERE ARE THEY? WHAT IS THE LENGTH OF HOMELESSNESS?**

Significant findings on location and duration of homelessness:

- 18% of respondents were living in Temple and 19% in Killeen when they became homeless. The remaining 63% lived in another Texas city or outside the state.
- 25% of respondents stayed in an Emergency Shelter.
- 55% meet the HUD definition of homelessness<sup>4</sup>, all respondents meet the definition used by Texas school districts.
- The median length of homelessness reported by respondents is 12 months.
- For 50% of respondents, this is the first time they've experienced homelessness in the past three years.

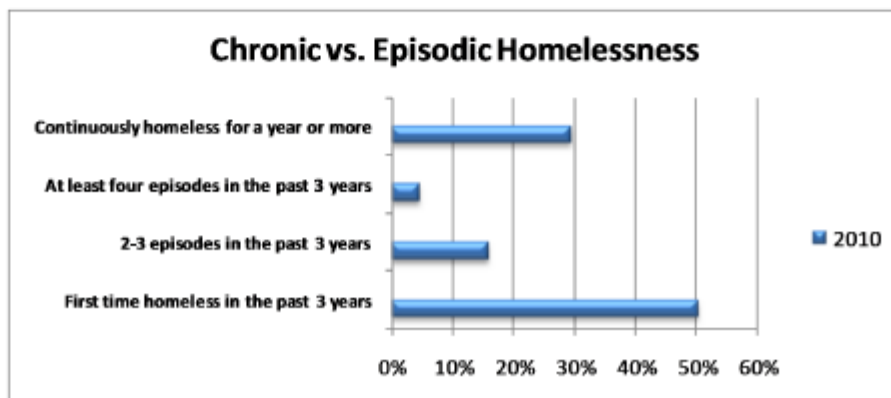


- However, 16% reported being homeless 2-3 times in the past three years and during that same time period 5% reported being homeless at least four separate times.
- 29% reported being continuously homeless for a year or longer.
- 38% reported experiencing another, separate homeless episode within the past 12 months.

"We think sometimes that poverty is only being hungry, naked and homeless. The poverty of being unwanted, unloved and uncared for is the greatest poverty. We must start in our own homes to remedy this kind of poverty."  
Mother Teresa



**Chronic vs. Episodic Homelessness**



<sup>4</sup> §11302. General definition of homeless individual: (a) In general For purposes of this chapter, the term "homeless" or "homeless individual or homeless person" includes- 1. an individual who lacks a fixed, regular, and adequate nighttime residence; and 2. an individual who has a primary nighttime residence that is - A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); B. an institution that provides a temporary residence for individuals intended to be institutionalized; or C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

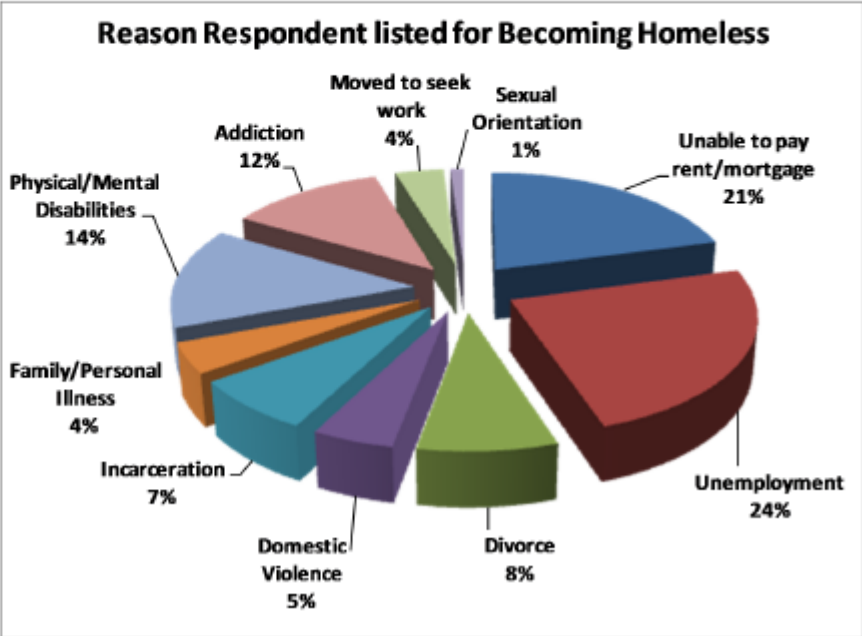
**WHAT ARE THE REASONS FOR BECOMING AND REMAINING HOMELESS?**

Respondents were asked to identify the factors contributing to homelessness:

The most identified reasons for becoming homeless are (see chart):

- 24% Unemployment
- 21% Unable to pay rent/mortgage
- 14% Physical/Mental Illness
- 12% Addiction
- 8% Divorce

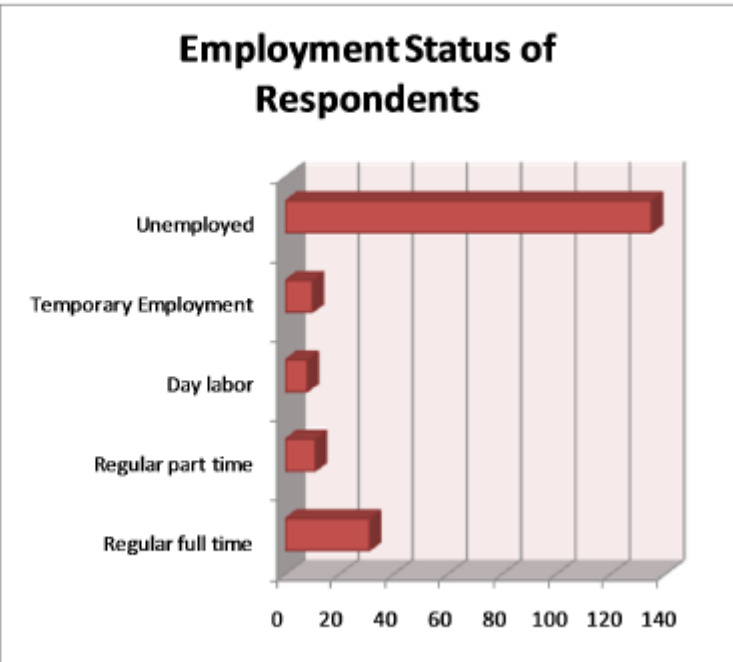
The most common factors cited for remaining homeless were Unemployment and inability to pay rent/mortgage.



**EDUCATION, EMPLOYMENT AND INCOME**

A set of questions were designed to elicit information about employment and income from respondents:

- 88% of all Bell County residents graduated high school and 85% of respondents report attaining a high school diploma or higher degree in this sample.
- 15% did not graduate high school and 6% of those did not pass 8<sup>th</sup> grade.
- 65% of respondents indicated that they were able to work and 31% are working (16% full time).
- Those that work average 31 hours per week and their median monthly income was \$900.
- However, 69% are unemployed and the median length of unemployment is nineteen months.
- When asked why they were unemployed the three most frequently cited reasons were "No Transportation" (14%), "Mental Health problem" and "Permanent physical disability" (15%).
- When asked where they get income the top three responses in order were: Unemployment Benefits, Employer Wages, and SSDI/SSI.





"We have come dangerously close to accepting the homeless situation as a problem that we just can't solve." Aloha Kishinami



### Treatment received, institutional history and services

Respondents provided information on treatment received, history in institutions and their service needs:

When asked what they are receiving treatment for, the most frequent responses were:

- 27% Mental illness
- 21% Drug Abuse
- 21% Alcohol Abuse
- 17% Other physical condition
- 13% Have not or do not receive treatment
- 2% HIV/AIDS related illness

▶ 40% reported having been in Foster Care and 45% in Drug/Alcohol Abuse Treatment, the most common responses to the ques-

tion about institutional history.

▶ Prior to entering institutions, 61% of respondents were homeless while only 32% of those reported having shelter upon institutional discharge.

▶ 65% of respondents had health insurance and 87% were able to get medical care when needed.

▶ When asked where they received treatment the most common source was VA Benefits.

▶ 74% needed dental care but only 44% received it.

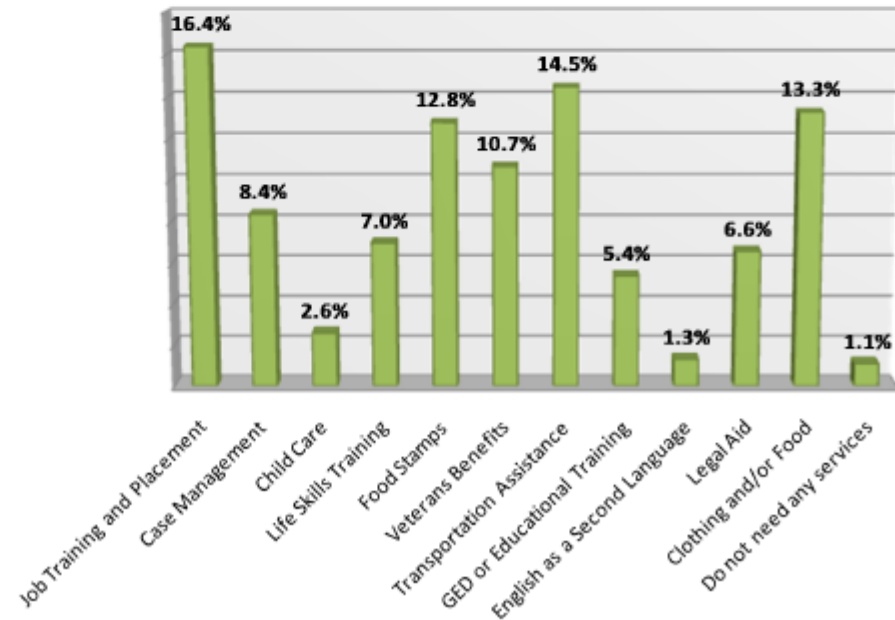
▶ 57% of respondents needed Mental Health Care and 74% of those stated that they received it.

When asked what supportive services respondents needed the top seven responses were:

1. Job Training and Placement
2. Transportation Assistance
3. Clothing and/or Food
4. Food Stamps
5. Veterans Benefits
6. Case Management
7. Life Skills Training

(See chart below for all results to this question)

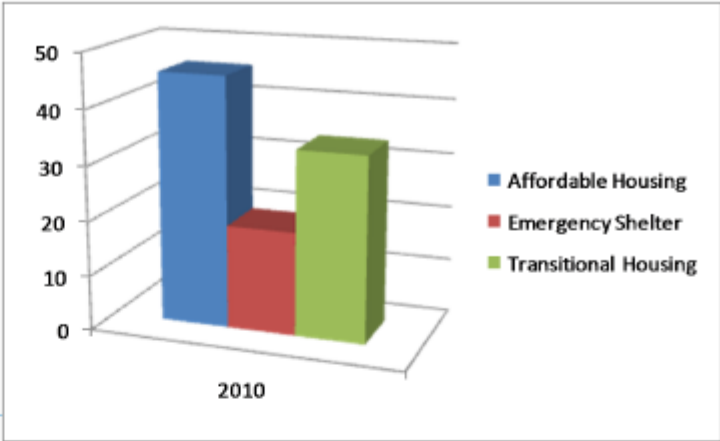
### Services Respondents Need



**HOUSING NEEDS**

Respondents were asked what type of housing they needed most:

- In 2010, 46% reported needing Affordable housing followed by Transitional Housing (34%) and Emergency Shelter (19%)



**Annual Events**

Point in Time Homeless Survey and Count – Last week in January as part of a Statewide effort.



**Special thanks to our Coalition Members**

*Bell County HELP Center, Our Lady of the Angels Maternity Shelter, BISD Project Heartbeat, Salvation Army, Family Promise, CTCOG Housing Division, Veteran’s Affairs, City of Killeen, City of Temple, United Way of Central Texas, Central Texas Youth Services, Central Texas Homeless Alliance, Altrusa International, Central Texas Housing Consortium, HOT Angels Campfire, Dove Project, Jail Ministries, Families in Crisis, Habitat for Humanity.*

*And a very huge Thank You to all of the members of the community who are working diligently to support our cause.*

*The Central Texas Homeless Alliance meets on the 3rd Wednesday of every other month at 12 noon. It will be held at the Helping Hands Community Clinic which is located at 2210 Holland Road*



**TEXAS HOMELESS  
NETWORK**

1713 Fortview Road  
Austin, TX 78704

Phone: 512-482-8270  
Fax: 512-478-9077  
E-mail: Eric@thn.org ;  
Kraig@thn.org



**Helping those who help the homeless**

**www.THN.org**



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## Bell County, Texas

Further information

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People QuickFacts	Bell County	Texas
Population, 2011 estimate	NA	25,674,681
Population, 2010	310,235	25,145,561
Population, percent change, 2000 to 2010	30.4%	20.6%
Population, 2000	237,974	20,851,820
Persons under 5 years, percent, 2010	9.1%	7.7%
Persons under 18 years, percent, 2010	28.4%	27.3%
Persons 65 years and over, percent, 2010	8.7%	10.3%
Female persons, percent, 2010	50.5%	50.4%
-----		
White persons, percent, 2010 (a)	61.4%	70.4%
Black persons, percent, 2010 (a)	21.5%	11.8%
American Indian and Alaska Native persons, percent, 2010 (a)	0.8%	0.7%
Asian persons, percent, 2010 (a)	2.8%	3.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.8%	0.1%
Persons reporting two or more races, percent, 2010	5.0%	2.7%
Persons of Hispanic or Latino origin, percent, 2010 (b)	21.6%	37.6%
White persons not Hispanic, percent, 2010	50.7%	45.3%
-----		
Living in same house 1 year & over, 2006-2010	73.3%	81.5%
Foreign born persons, percent, 2006-2010	8.3%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	17.7%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	88.6%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	21.2%	25.8%
Veterans, 2006-2010	39,775	1,635,367
Mean travel time to work (minutes), workers age 16+, 2006-2010	18.7	24.8
Housing units, 2010	125,470	9,977,436
Homeownership rate, 2006-2010	58.2%	64.8%
Housing units in multi-unit structures, percent, 2006-2010	27.6%	24.1%
Median value of owner-occupied housing units, 2006-2010	\$113,800	\$123,500
Households, 2006-2010	101,433	8,539,206

Persons per household, 2006-2010	2.80	2.78
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$22,722	\$24,870
Median household income 2006-2010	\$48,618	\$49,646
Persons below poverty level, percent, 2006-2010	14.1%	16.8%
Business QuickFacts		
	Bell County	Texas
Private nonfarm establishments, 2009	4,698	519,028 <sup>1</sup>
Private nonfarm employment, 2009	81,198	8,925,096 <sup>1</sup>
Private nonfarm employment, percent change 2000-2009	7.9%	11.2% <sup>1</sup>
Nonemployer establishments, 2009	12,992	1,844,130
-----		
Total number of firms, 2007	16,333	2,164,852
Black-owned firms, percent, 2007	9.1%	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	1.0%	0.9%
Asian-owned firms, percent, 2007	S	5.3%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	8.7%	20.7%
Women-owned firms, percent, 2007	S	28.2%
-----		
Manufacturers shipments, 2007 (\$1000)	1,924,972	593,541,502
Merchant wholesaler sales, 2007 (\$1000)	4,202,739	424,238,194
Retail sales, 2007 (\$1000)	3,349,957	311,334,781
Retail sales per capita, 2007	\$12,035	\$13,061
Accommodation and food services sales, 2007 (\$1000)	401,438	42,054,592
Building permits, 2010	1,914	88,461
Federal spending, 2009	8,688,950	216,379,449 <sup>1</sup>
-----		
Geography QuickFacts		
	Bell County	Texas
Land area in square miles, 2010	1,051.02	261,231.71
Persons per square mile, 2010	295.2	96.3
FIPS Code	027	48
Metropolitan or Micropolitan Statistical Area	Killeen-Temple-Fort Hood, TX Metro Area	

1: Includes data not distributed by county.

[Download these tables - delimited](#) | [Download these tables - Excel](#) | [Download the full data set](#)

Population estimates for counties will be available in April, 2012 and for cities in June, 2012.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 100 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

[What do you think of QuickFacts?](#)

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report

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	<b>Bell County</b>	<b>Error Margin</b>	<b>National Benchmark*</b>	<b>Texas</b>	<b>Rank (of 221)</b>
<b>Health Outcomes</b>					<b>96</b>
<b>Mortality</b>					<b>79</b>
Premature death	7,867	7,508-8,226	5,466	7,186	
<b>Morbidity</b>					<b>136</b>
Poor or fair health	21%	17-25%	10%	19%	
Poor physical health days	4.2	3.4-4.9	2.6	3.6	
Poor mental health days	3.1	2.4-3.8	2.3	3.3	
Low birthweight	8.5%	8.2-8.8%	6.0%	8.2%	
<b>Health Factors</b>					<b>68</b>
<b>Health Behaviors</b>					<b>214</b>
Adult smoking	25%	20-30%	14%	19%	
Adult obesity	29%	24-34%	25%	29%	
Physical inactivity	28%	23-33%	21%	25%	
Excessive drinking	14%	11-19%	8%	16%	
Motor vehicle crash death rate	18	16-20	12	17	
Sexually transmitted infections	1,200		84	435	
Teen birth rate	79	77-81	22	63	
<b>Clinical Care</b>					<b>5</b>
Uninsured	20%	18-21%	11%	26%	
Primary care physicians	700:1		631:1	1,050:1	
Preventable hospital stays	59	56-63	49	73	
Diabetic screening	83%	80-87%	89%	81%	
Mammography screening	66%	63-71%	74%	62%	
<b>Social &amp; Economic Factors</b>					<b>71</b>
High school graduation	84%			84%	
Some college	63%	61-66%	68%	56%	
Unemployment	7.5%		5.4%	8.2%	
Children in poverty	20%	17-24%	13%	26%	
Inadequate social support	16%	13-21%	14%	23%	
Children in single-parent households	37%	34-39%	20%	32%	
Violent crime rate	438		73	503	
<b>Physical Environment</b>					<b>157</b>
Air pollution-particulate matter days	0		0	1	
Air pollution-ozone days	0		0	18	
Access to recreational facilities	6		16	7	
Limited access to healthy foods	18%		0%	12%	
Fast food restaurants	57%		25%	53%	

\* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

**2012**



## Bell County POTENTIALLY PREVENTABLE HOSPITALIZATIONS

[www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph)

From 2005-2010, adult residents (18+) of **Bell County** received **\$241,806,737** in charges for hospitalizations that were potentially preventable. Hospitalizations for the conditions below are called “**potentially preventable**,” because **if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred.**

Potentially Preventable Hospitalizations for Adult Residents of <b>Bell County</b>	Number of Hospitalizations							2005-2010		
	2005	2006	2007	2008	2009	2010	2005-2010	Average Hospital Charge	Hospital Charges	Hospital Charges Divided by 2010 Adult County Population
Bacterial Pneumonia	634	494	594	627	492	485	3326	\$17,980	\$59,800,719	\$269
Dehydration	147	92	100	86	76	87	588	\$11,426	\$6,718,541	\$30
Urinary Tract Infection	218	237	282	314	244	264	1559	\$13,224	\$20,616,383	\$93
Angina (without procedures)	56	36	55	54	27	28	256	\$14,501	\$3,712,208	\$17
Congestive Heart Failure	661	586	681	659	588	573	3748	\$18,521	\$69,417,337	\$313
Hypertension (High Blood Pressure)	42	29	64	94	85	107	421	\$14,666	\$6,174,564	\$28
Asthma	175	123	175	198	178	171	1020	\$13,787	\$14,063,217	\$63
Chronic Obstructive Pulmonary Disease	218	243	256	347	329	261	1654	\$17,740	\$29,342,211	\$132
Diabetes Short-term Complications	90	94	114	122	130	114	664	\$14,301	\$9,496,097	\$43
Diabetes Long-term Complications	154	184	207	171	172	168	1056	\$21,274	\$22,465,457	\$101
<b>TOTAL</b>	<b>2,395</b>	<b>2,118</b>	<b>2,528</b>	<b>2,672</b>	<b>2,321</b>	<b>2258</b>	<b>14292</b>	<b>\$16,919</b>	<b>\$241,806,737</b>	<b>\$1,089</b>

Source: Center for Health Statistics, Texas Department of State Health Services

**The purpose of this information is to assist in improving healthcare and reducing healthcare costs.**

This information is not an evaluation of hospitals or other healthcare providers.

**Bacterial Pneumonia** is a serious inflammation of the lungs caused by an infection. Bacterial pneumonia primarily impacts older adults. [Communities can potentially prevent hospitalizations by encouraging older adults and other high risk individuals to get vaccinated for bacterial pneumonia.](#)

**Dehydration** means the body does not have enough fluid to function well. Dehydration primarily impacts older adults or institutionalized individuals who have a limited ability to communicate thirst. [Communities can potentially prevent hospitalizations by encouraging attention to the fluid status of individuals at risk.](#)

**Urinary Tract Infection (UTI)** is usually caused when bacteria enter the bladder and cause inflammation and infection. It is a common condition, with older adults at highest risk. In most cases, an uncomplicated UTI can be treated with proper antibiotics. [Communities can potentially prevent hospitalizations by encouraging individuals to practice good personal hygiene; drink plenty of fluids; and \(if practical\) avoid conducting urine cultures in asymptomatic patients who have indwelling urethral catheters.](#)

**Angina (without procedures)** is chest pain that occurs when a blockage of a coronary artery prevents sufficient oxygen-rich blood from reaching the heart muscle. [Communities can potentially prevent hospitalizations by encouraging regular physical activity; smoking cessation; controlling diabetes, high blood pressure, and abnormal cholesterol; maintaining appropriate body weight; and daily administration of an anti-platelet medication \(like low dose aspirin\) in most individuals with known coronary artery disease.](#)

**Congestive Heart Failure** is the inability of the heart muscle to function well enough to meet the demands of the rest of the body. [Communities can potentially prevent hospitalizations by encouraging individuals to reduce risk factors such as coronary artery disease, diabetes, high cholesterol, high blood pressure, smoking, alcohol abuse, and use of illegal drugs.](#)

**Hypertension (High Blood Pressure)** is a syndrome with multiple causes. Hypertension is often controllable with medications. [Communities can potentially prevent hospitalizations by encouraging an increased level of aerobic physical activity, maintaining a healthy weight, limiting the consumption of alcohol to moderate levels for those who drink, reducing salt and sodium intake, and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy food.](#)

**Asthma** occurs when air passages of the lungs become inflamed and narrowed and breathing becomes difficult. Asthma is treatable, and most flare-ups and deaths can be prevented through the use of medications. [Communities can potentially prevent hospitalizations by encouraging people to learn how to recognize particular warning signs of asthma attacks. Treating symptoms early can result in prevented or less severe attacks.](#)

**Chronic Obstructive Pulmonary Disease** is characterized by decreased flow in the airways of the lungs. It consists of three related diseases: asthma, chronic bronchitis and emphysema. Because existing medications cannot change the progressive decline in lung function, the goal of medications is to lessen symptoms and/or decrease complications. [Communities can potentially prevent hospitalizations by encouraging education on smoking cessation and minimizing shortness of breath.](#)

**Diabetes Short-term Complications** are extreme fluctuations in blood sugar levels. Extreme dizziness and fainting can indicate hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar), and if not brought under control, seizures, shock or coma can occur. Diabetics need to monitor their blood sugar levels carefully and adjust their diet and/or medications accordingly. [Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.](#)

**Diabetes Long-term Complications** include risk of developing damage to the eyes, kidneys and nerves. Risk also includes developing cardiovascular disease, including coronary heart disease, stroke, and peripheral vascular disease. Long-term diabetes complications are thought to result from long-term poor control of diabetes. [Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.](#)

For more information on potentially preventable hospitalizations, go to: [www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph).

## Bell County Health Environment Notes & Related Data

### Bell County Health Clinics

<u>Name/Location</u>	<u>Providers</u>	<u>Type of Facility</u>
<b>The Greater Killeen Free Clinic</b>		<b>Non-profit; free clinic</b>
<b>Scott &amp; White Clinic</b> 3801 Scott & White Drive Killeen, Texas 76543	1 Family Medicine PA-C 1 Allergy MD 4 Family Medicine DO 10 Family Medicine MD 1 Pediatric MD	
<b>Family &amp; Children's Clinic</b> 200 Nola Ruth Harker Heights, Texas 76548  2300 South Clear Creek Suite 105 Killeen, Texas 76549	4 Pediatrics MD 1 Adolescent MD	<b>FQHC</b>
<b>King's Daughters Clinic</b> 401 West Jasper Drive Killeen, Texas 76542	6 Family Practice MD 1 Family Practice DO 2 Orthopedic Surgery MD 4 Pediatrics MD 4 Neurosurgery MD 4 Gynecology MD 2 Neurosurgery PA-C 1 Urology MD 1 Allergy MD 2 Podiatry DPM 2 Internal Medicine MD 2 General Surgery MD 1 Gastroenterology MD	<b>Physician-owned, multi-specialty</b>

---

**Elms Creek Family & Urgent Care**

3816 S. Clear Creek Road Ste E  
Killeen, Texas 76549

**2 Family Medicine MD**

---

**Killeen Family Health & Urgent Care**

4520 E Central Texas Expy  
Killeen, Texas 76543

**1 Family Medicine MD**

---

## **Scott & White Memorial Hospital – Temple (King’s Daughters)**

*2401 S. 31<sup>st</sup> Street • Temple, Texas*

Located on the Scott & White campus in Temple, TX, the hospital offers complimentary valet parking at several convenient entrances. Refer to the parking map for more information about patient parking and valet locations. More about the hospital: 636-bed specialty care and teaching hospital, Level 1 Trauma Center, accepts all major insurance plans, has advanced imaging, featuring Dual Definition 128-slice CT, 64-slice CT, fixed PET CT, 3T MRI, IMRT, da Vinci Surgical System, NICU ranks among the top in survival of these fragile newborns.

### **Hospital Services**

- Allergy and immunology
- Anti-coagulation clinic
- Bariatric surgery
- Bone and Joint Institute
- Cancer Institute
- Cardiology
- Children's Hospital
- Colorectal surgery
- surgery
- Neurology
- Neuropsychology
- Neuroscience Institute
- Neurosurgery
- Obstetrics/gynecology
- Ophthalmology
- Oral surgery
- Orthopedics
- Otolaryngology - head and neck surgery
- Complementary and alternative medicine
- Dentistry
- Dermatology
- Diabetes Education Center
- Endocrinology
- Epilepsy center
- Gastroenterology
- Pathology
- Pediatric surgery
- Physical medicine and rehabilitation
- Plastic surgery
- Podiatric medicine and surgery
- Psychiatry
- Pulmonary/critical care
- Radiation oncology
- Radiology
- General surgery
- Genetics
- Hand center
- Headache center
- Heart and Vascular Institute
- Hematology/oncology
- Infectious disease
- Reproductive endocrinology
- Rheumatology
- Special coagulation laboratory
- Surgical oncology
- Trauma center
- Travel medicine
- Urology
- Vascular surgery
- Women's Health Services
- Infertility
- Interventional radiology
- InVitro fertilization center
- Molecular pathology
- Movement disorders center
- Nephrology

## **Metroplex Health System**

*2201 S. Clear Creek Road •Killeen, Texas*

Metroplex Health System is the primary healthcare provider for West Bell, Coryell, and Lampasas counties, offering a wide array of medical and wellness services. The 245-bed, multi-campus facility is a not-for-profit Christian organization operated as a community service by Adventist Health System, which manages 42 hospitals and employs over 55,000. Adventist Health System is the 10th largest hospital system in the country. Metroplex also serves as the largest community health care provider to the military in the nation.

### **Hospital Services**

- Allergy/Immunology
- Anesthesiology
- Anesthesiology/Pain Management
- Cardiology
- Cardiology, Interventional
- Cardiology, Cardiac EP
- Ear, Nose & Throat
- Family Medicine
- Neurology
- Obstetrics/Gynecology
- Ophthalmology
- Oral/Maxillofacial Surgery
- Orthopedic Surgery
- Otolaryngology
- Pain Management
- Pathology
- Pediatric Dentistry
- Pediatrics, Developmental
- Pediatrics, Infectious Disease
- Physical Medicine & Rehab
- Plastic Surgery
- Podiatry
- Psychiatry, Adult
- Psychiatry, Child & Adolescent
- Pulmonary Medicine
- Radiation Oncology
- Radiology
- Rheumatology
- Sleep Disorders
- Urology
- Women's Services (Digital Mammography, DEXA Bone Density)
- Wound Care & Hyperbaric Medicine

## **Scott and White Continuing Care Hospital**

*546 North Kegley Road •Temple, Texas*

The Scott & White Continuing Care Hospital (CCH) in Temple is an acute care hospital, not a chronic care nursing home or skilled nursing facility, and the average length of stay is 25 days. Patients cared for are critically ill with complex conditions. Many of these patients depend on technology such as ventilators, special monitors or dialysis. Scott & White's tradition of comprehensive, multispecialty care extends to the Continuing Care Hospital. Our team, which includes physicians, nurses, respiratory therapists, pharmacists and specialists in physical, occupational and speech therapy, utilizes its skills and experience to individualize care for our long-term patients.

### **Hospital Services**

- Physicians available 24 hours/day
- Specialized nursing care
- Nutritional therapy
- Case management and social services
- Respiratory therapy 24 hours/day
- Physical medicine and rehabilitation
- Laboratory, radiology and pharmacy
- Dialysis
- Cardiac monitoring

## UTILIZATION DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

<i>Hospital</i>	<i>Metro-Status</i>	<i>Ownership</i>	<i>Days Open</i>	<i>Staffed Beds</i>	<i>Admissions</i>	<i>Inpatient Days</i>	<i>Medicare Inpatient Days</i>	<i>Medicaid Inpatient Days</i>	<i>Average Daily Census</i>	<i>Average Length of Stay</i>	<i>Staffed Occupancy Rate%</i>
<i>Scott &amp; White Memorial Hospital</i>	<i>Metro</i>	<i>NP</i>	<i>365</i>	<i>640</i>	<i>29,249</i>	<i>152,467</i>	<i>52,951</i>	<i>20,134</i>	<i>417.7</i>	<i>5.2</i>	<i>65.3</i>
<i>Metroplex Hospital</i>	<i>Metro</i>	<i>NP</i>	<i>365</i>	<i>154</i>	<i>8,675</i>	<i>29,771</i>	<i>11,973</i>	<i>3,706</i>	<i>81.6</i>	<i>3.4</i>	<i>53</i>
<i>Scott &amp; White Continuing Care Hospital</i>	<i>Metro</i>	<i>NP</i>	<i>365</i>	<i>50</i>	<i>432</i>	<i>13,234</i>	<i>8,953</i>	<i>156</i>	<i>36.3</i>	<i>30.6</i>	<i>72.5</i>
<i>King's Daughters Scott &amp; White</i>	<i>Metro</i>	<i>NP</i>	<i>365</i>	<i>29</i>	<i>1,326</i>	<i>3,213</i>	<i>810</i>	<i>1,045</i>	<i>8.8</i>	<i>2.4</i>	<i>30.4</i>
<b><i>County Totals</i></b>			<b><i>365</i></b>	<b><i>873</i></b>	<b><i>39,682</i></b>	<b><i>198,685</i></b>	<b><i>74,687</i></b>	<b><i>25,041</i></b>	<b><i>544.3</i></b>	<b><i>5.0</i></b>	<b><i>62.4</i></b>

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospitals Tracking Database

## CHARITY CARE CHARGES AND SELECTED FINANCIAL DATA FOR TEXAS ACUTE CARE HOSPITALS BY COUNTY, 2010

<i>Hospital</i>	<i>Ownership</i>	<i>Bad Debt Charges</i>	<i>Charity Charges</i>	<i>Total UC Care</i>	<i>Net Patient Revenue</i>	<i>Gross Inpatient Revenue</i>	<i>Gross Outpatient Revenue</i>	<i>Total Gross Patient Revenue</i>	<i>UC Care as % of Gross Patient Revenue</i>
<i>Scott &amp; White Memorial Hospital</i>	<i>NP</i>	\$37,437,410	\$162,794,591	\$200,232,001	\$743,713,961	\$879,872,296	\$1,242,765,481	\$2,122,637,777	9.4
<i>Metroplex Hospital</i>	<i>NP</i>	\$5,693,268	\$36,000,363	\$41,693,631	\$110,687,711	\$170,240,410	\$232,053,171	\$402,293,581	10.4
<i>Scott &amp; White Continuing Care Hospital</i>	<i>NP</i>	\$242,145	\$5,290,862	\$5,533,007	\$18,724,436	\$53,044,848	\$0	\$53,044,848	10.4
<i>King's Daughters Scott &amp; White</i>	<i>NP</i>	\$4,299,026	\$4,460,587	\$8,939,613	\$21,634,642	\$16,747,475	\$34,822,606	\$51,570,081	17.3
<b>County Totals</b>		<b>\$47,671,849</b>	<b>\$208,726,403</b>	<b>\$256,398,252</b>	<b>\$894,760,750</b>	<b>\$1,119,905,029</b>	<b>\$1,509,641,258</b>	<b>\$2,629,546,287</b>	<b>9.8</b>

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital Tracking Database

## Bell County Health and Community Data DSHS Health Currents System

[www.dshs.state.tx.us/chs/healthcurrents](http://www.dshs.state.tx.us/chs/healthcurrents)

	Year	Bell County	Region 7	Texas
Acute Care Hospitals	2009	4	57	553
Psychiatric Hospitals	2009	1	6	43
Acute Care For-Profit Hospitals	2009	0	18	279
Acute Care Non-Profit Hospitals	2009	4	33	151
Acute Care Public Hospitals	2009	0	6	123
Beds Setup and Staffed for Acute Care	2009	957	5,630	64,022
Beds Setup and Staffed for Obstetrics Care	2009	91	659	5,961
Acute Care Licensed Beds	2009	1,076	6,708	78,368
Psychiatric Care Licensed Beds	2009	30	652	

### Hospital Resources

	Year	Bell County	Region 7	Texas
Direct Care Physicians	2010	608	5,185	41,191
Primary Care Physicians	2010	253	2,252	17,526
Physician Assistants	2010	118	622	4,943
Registered Nurses	2010	2,810	19,024	176,498
Licensed Vocational Nurses	2010	1,352	7,690	71,141
Nurse Practitioners	2010	109	724	6,162
Dentists	2010	137	1,376	11,301
Pharmacists	2010	262	2,288	20,428
Chiropractors	2010	41	639	4,767
Veterinarians	2010	66	1,151	5,734
EMS Personnel	2010	764	7,779	56,381

### Health Occupations

	Year	Bell County	Region 7	Texas
Direct Care Physicians Ratio	2010	208.7	177.0	162.3
Primary Care Physicians Ratio	2010	86.8	76.9	69.1
Physician Assistants Ratio	2010	40.5	21.2	19.5
Registered Nurses Ratio	2010	964.4	649.5	695.6
Licensed Vocational Nurses Ratio	2010	464.0	262.5	280.4
Nurse Practitioners Ratio	2010	37.4	24.7	24.3
Dentists Ratio	2010	47.0	47.0	44.5
Pharmacists Ratio	2010	89.9	78.1	80.5
Chiropractors Ratio	2010	14.1	21.8	18.8
Veterinarians Ratio	2010	22.7	39.3	22.6
EMS Personnel Ratio	2010	262.2	265.6	222.2

**Ratio of 2009 Population per Health Care Professional**

	Year	Bell County	Region 7	Texas
18 Years and Younger, Without Health Insurance	2007	12,222	132,294	1,375,714
18 Years and Younger, Without Health Insurance (%)	2007	13.0%	17.3%	19.5%
Younger than 65 Years, Without Health Insurance	2007	51,812	611,604	5,765,126
Younger than 65 Years, Without Health Insurance (%)	2007	20.4%	24.7%	26.8%

**Health Insurance**

	Year	Bell County	Region 7	Texas
Average Monthly TANF Recipients	SFY2009	151	2,788	104,693
Average Monthly SNAP (food stamp) Participants	SFY2009	29,487	271,789	2,819,469
Unduplicated Medicaid Clients	SFY2009	49,380	476,113	4,760,721
Unemployment Rate	2010	7.5%	7.2%	8.2%
Per Capita Personal Income	2010	\$39,839	\$36,225	\$38,609
Average Monthly CHIP enrollment	FY2008	2,975	37,184	466,242

**Socioeconomic Indicators**

	Year	Bell County	Region 7	Texas
Total Persons Living Below Poverty	2009	42,158	442,754	4,143,077
Total Persons Living Below Poverty (%)	2009	15.3%	15.9%	17.1%
Related Children 0-17 Years, Living Below Poverty	2009	17,337	144,890	1,655,085
Related Children 0-17 Years, Living Below Poverty (%)	2009	20.7%	20.3%	24.3%
18 Years and Over, Living Below Poverty	2009	24,821	297,864	2,487,992
18 Years and Over, Living Below Poverty (%)	2009	12.9%	14.4%	14.3%

**Poverty**

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## Health Professional Shortage Area Designations – Bell County

Source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>

- 0 HPSAs in this county

# Epidemiological & Demographic Profile

## BELL COUNTY

August 18, 2009

Prepared by:  
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Centers for Program Coordination, Policy & Innovation  
Texas Department of State Health Services



## EPIDEMIOLOGICAL & DEMOGRAPHIC PROFILE

The “Epidemiological & Demographic Profile” represents a variety of population and health data/information on Bell County, surrounding counties and Texas.

### Census Information

	Population (2008)	Population Change (04/01/00 – 07/01/08)	Persons under 5 Years (2007)	Persons Under 18 Years (2007)	Persons 65 Years and Older (2007)	White (2007)	Black (2007)	American Indian and Alaskan Native (2007)	Asian (2007)	Hispanic or Latino (2007)
<b>Bell</b>	<b>285,084</b>	<b>19.8%</b>	<b>10.3%</b>	<b>31.3%</b>	<b>9.0%</b>	<b>70.5%</b>	<b>21.6%</b>	<b>1.0%</b>	<b>3.0%</b>	<b>19.0%</b>
Burnet	44,488	30.3%	6.1%	22.1%	22.2%	95.5%	2.3%	0.7%	0.5%	17.0%
Coryell	72,654	-3.1%	6.0%	24.7%	6.6%	72.4%	20.8%	1.2%	1.5%	13.0%
Falls	16,900	-9.0%	5.8%	25.2%	16.1%	71.4%	26.9%	0.7%	0.2%	18.6%
Lampasas	21,197	19.4%	6.0%	23.8%	16.2%	92.8%	3.7%	0.7%	1.1%	16.3%
McLennan	230,213	7.8%	7.5%	25.8%	12.3%	81.6%	15.1%	0.6%	1.5%	21.3%
Milam	24,892	2.7%	7.2%	25.9%	16.6%	87.5%	10.7%	0.6%	0.5%	21.5%
Williamson	394,193	57.7%	8.3%	28.6%	8.5%	87.3%	6.5%	0.6%	4.1%	20.8%
<b>Texas</b>	<b>24,326,974</b>	<b>16.7%</b>	<b>8.3%</b>	<b>27.7%</b>	<b>10.0%</b>	<b>82.6%</b>	<b>12.0%</b>	<b>0.7%</b>	<b>3.4%</b>	<b>36.0%</b>
<b>USA</b>	<b>304,059,724</b>	<b>8.0%</b>	<b>6.9%</b>	<b>24.5%</b>	<b>12.6%</b>	<b>80.0%</b>	<b>12.8%</b>	<b>1.0%</b>	<b>4.4%</b>	<b>15.1%</b>

Source: U.S. Census Bureau

### Cities/Towns in Bell County

2008	2000 Census	Population Estimate 07/01/07	Population Estimate 01/01/08	Numerical Change 2000-07	Numerical Change 2000-08	Percent Change 2000-07	Percent Change 2000-08
Bartlett	1,675	1,928	1,974	253	299	15.1%	17.9%
Belton	14,623	16,823	16,953	2,200	2,330	15.0%	15.9%
Copperas Cove	29,592	32,054	32,365	2,462	2,773	8.3%	9.4%
Harker Heights	17,308	23,895	25,160	6,587	7,852	38.1%	45.4%
Holland	1,102	1,119	1,127	17	25	1.5%	2.3%
Killeen	86,911	110,390	112,998	23,479	26,087	27.0%	30.0%
Little River-Academy	1,645	1,716	1,718	71	73	4.3%	4.4%
Morgan's Point Resort	2,989	4,357	4,597	1,368	1,608	45.8%	53.8%
Nolanville	2,150	2,831	3,015	681	865	31.7%	40.2%
Rogers	1,117	1,144	1,145	27	28	2.4%	2.5%
Salado	3,475	3,743	3,786	268	311	7.7%	8.9%
Temple	54,514	59,413	59,786	4,899	5,272	9.0%	9.7%
Troy	1,378	1,396	1,400	18	22	1.3%	1.6%
Fort Hood	33,711	32,559	32,560	-1,152	-1,151	-3.4%	-3.4%

Source: Texas State Data Center

### County in Context

2008	Bell	Burnet	Coryell	Falls	Lampasas	McLennan	Milam	Williamson	Texas
*Median Age	29	40	28	37	37	32	38	32	33
*Avg. Household Size	2.7	2.5	2.9	2.5	2.7	2.6	2.6	2.8	2.7
*Rural Population (%)	18.4	54.7	17.8	57.1	61.0	24.9	52.2	16.5	17.5
*Home-Ownership Rate (%)	55.7	78.4	54.8	71.7	74.0	60.2	73.0	74.2	63.8
*Language Other Than English Spoken at Home (%)	17.7	13.5	15.3	13.9	15.9	15.6	17.3	17.2	31.2
*Adult Population with High School Diploma (%)	84.7	77.8	81.1	66.2	78.8	76.6	70.9	88.8	75.7
*Adult Population with Bachelor's Degree (%)	19.8	17.4	12.4	9.6	16.2	19.1	11.6	33.6	23.2
**High School Graduation Rate (%)	80.3	88.6	81.8	81.9	89.3	80.3	88.1	82.0	78.0
***Births to Teens Ages 13-19 (%)	12.2	16.9	12.3	19.1	16.1	17.2	21.7	7.3	13.5
***Births to Women Who Received Inadequate Prenatal Care (%)	29.7	38.4	31.0	37.7	41.0	37.4	35.4	22.2	35.3
***Total Poverty (%)	13.5	11.4	14.8	23.7	17.6	18.9	18.3	6.0	17.5
***Child Poverty (%)	19.0	20.0	17.4	33.7	27.5	24.1	26.8	8.2	24.7
**Unemployment (%)	4.5	3.5	5.7	5.4	3.6	4.2	4.2	3.7	4.3

Source: *The State of Texas Children (2008-2009)*, Center for Public Policy Priorities

\*2000

\*\*2007

\*\*\*2005

## Population Projections

<b>Bell County</b>					
Year	TOTAL	ANGLO	BLACK	HISPANIC	OTHER
2000	237974	138933	49800	39701	9540
2005	260492	144168	57038	47552	11734
2010	281866	147288	64386	56107	14085
2015	302108	148527	71940	65077	16564
2020	321188	148160	79162	74688	19178
2025	340892	147434	86289	85137	22032
2030	361039	146409	93186	96304	25140
2035	380155	144359	99596	107735	28465
2040	397741	141009	105517	119209	32006

<b>Burnet County</b>					
Year	TOTAL	ANGLO	BLACK	HISPANIC	OTHER
2000	34147	28258	551	5044	294
2005	38144	31015	574	6237	318
2010	42675	34037	597	7701	340
2015	47639	37271	618	9391	359
2020	52851	40570	630	11283	368
2025	58167	43769	640	13374	384
2030	63445	46665	635	15751	394
2035	68662	49192	628	18443	399
2040	73892	51424	615	21452	401

<b>Coryell County</b>					
Year	TOTAL	ANGLO	BLACK	HISPANIC	OTHER
2000	74978	46287	16723	9424	2544
2005	81820	49566	18182	11050	3022
2010	89082	52809	19762	12895	3616
2015	96518	56005	21274	14942	4297
2020	104006	58886	22784	17228	5108
2025	111426	61500	24245	19674	6007
2030	118192	63570	25573	22096	6953
2035	124249	65062	26728	24503	7956
2040	129334	65983	27551	26821	8979

Source: Texas State Data Center and Office of the State Demographer

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**Population Projections**

<b>Falls County</b>					
Year	TOTAL	ANGLO	BLACK	HISPANIC	OTHER
2000	18576	10451	5094	2941	90
2005	19045	10354	5228	3375	88
2010	19656	10338	5363	3867	88
2015	20264	10285	5482	4409	88
2020	20766	10181	5554	4942	89
2025	21230	10037	5585	5520	88
2030	21651	9850	5607	6106	88
2035	21967	9613	5580	6688	86
2040	22270	9323	5579	7289	79

<b>Lampasas County</b>					
Year	TOTAL	ANGLO	BLACK	HISPANIC	OTHER
2000	17762	14280	554	2677	251
2005	18967	15089	585	3033	260
2010	20333	15999	627	3438	269
2015	21724	16912	671	3860	281
2020	22995	17684	709	4319	283
2025	24135	18362	727	4765	281
2030	25064	18905	731	5153	275
2035	25890	19349	724	5552	265
2040	26549	19654	701	5944	250

<b>McLennan County</b>					
Year	TOTAL	ANGLO	BLACK	HISPANIC	OTHER
2000	213517	139187	32735	38233	3362
2005	221426	137417	34454	45822	3733
2010	231538	136374	36196	54705	4263
2015	241694	134660	37744	64422	4868
2020	251078	131889	39025	74673	5491
2025	259851	128056	39966	85682	6147
2030	268466	123541	40650	97524	6751
2035	277042	118599	41029	110136	7278
2040	285484	113355	41123	123245	7761

Source: Texas State Data Center and Office of the State Demographer

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**Population Projections**

<b>Milam County</b>					
Year	TOTAL	ANGLO	BLACK	HISPANIC	OTHER
2000	24238	16878	2669	4516	175
2005	25101	16912	2845	5166	178
2010	26081	17015	3014	5869	183
2015	27092	17134	3176	6596	186
2020	28014	17161	3306	7359	188
2025	28729	17061	3330	8149	189
2030	29328	16856	3349	8940	183
2035	29883	16567	3390	9751	175
2040	30334	16228	3411	10532	163

<b>Williamson County</b>					
Year	TOTAL	ANGLO	BLACK	HISPANIC	OTHER
2000	249967	185788	13185	42990	8004
2005	295615	214653	15804	55181	9977
2010	344667	243786	18803	69941	12137
2015	398544	274097	22181	87711	14555
2020	458587	306538	25845	108938	17266
2025	526035	341411	29838	134222	20564
2030	599805	377433	34039	164039	24294
2035	678352	412966	38458	198623	28305
2040	760632	446967	43078	238248	32339

<b>Texas</b>					
Year	TOTAL	ANGLO	BLACK	HISPANIC	OTHER
2000	20,851,820	11,074,716	2,421,653	6,669,666	685,785
2005	22,556,054	11,327,875	2,588,604	7,820,854	818,721
2010	24,330,612	11,533,974	2,754,744	9,080,436	961,458
2015	26,156,715	11,694,533	2,913,063	10,436,536	1,112,583
2020	28,005,788	11,796,493	3,052,401	11,882,998	1,273,896
2025	29,897,443	11,830,579	3,170,986	13,448,469	1,447,409
2030	31,830,589	11,789,298	3,268,616	15,140,100	1,632,575
2035	33,789,668	11,682,014	3,345,684	16,934,444	1,827,526
2040	35,761,201	11,525,112	3,403,169	18,804,298	2,028,622

Source: Texas State Data Center and Office of the State Demographer

### Uninsured Estimates

2005	Anglo (%)	Hispanic (%)	Black/Other (%)	Total (%)
<b>Bell: 0-17 Yrs.</b>	<b>11.8</b>	<b>27.6</b>	<b>20.9</b>	<b>18.2</b>
<b>Bell: 18-34 Yrs.</b>	<b>18.5</b>	<b>43.8</b>	<b>29.1</b>	<b>26.8</b>
<b>Bell: 35-44 Yrs.</b>	<b>9.9</b>	<b>28.2</b>	<b>21.2</b>	<b>16.3</b>
<b>Bell: 45-64 Yrs.</b>	<b>14.8</b>	<b>24.9</b>	<b>21.1</b>	<b>17.6</b>
<b>Bell: 65+ Yrs.</b>	<b>1.2</b>	<b>4.1</b>	<b>4.4</b>	<b>1.9</b>
<b>Bell: TOTAL</b>	<b>12.5</b>	<b>31.4</b>	<b>22.6</b>	<b>18.7</b>
Burnet: 0-17 Yrs.	15.2	26.7	20.1	18.4
Burnet: 18-34 Yrs.	25.6	41.6	33.2	29.6
Burnet: 35-44 Yrs.	17.4	37.7	27.5	21.6
Burnet: 45-64 Yrs.	16.0	37.2	22.0	18.2
Burnet: 65+ Yrs.	1.1	2.9	4.5	1.2
Burnet: TOTAL	14.2	33.4	24.2	17.6
Coryell: 0-17 Yrs.	11.8	27.6	20.9	16.7
Coryell: 18-34 Yrs.	18.5	43.8	29.1	25.7
Coryell: 35-44 Yrs.	9.9	28.2	21.2	15.8
Coryell: 45-64 Yrs.	14.8	24.9	21.1	17.0
Coryell: 65+ Yrs.	1.2	4.1	4.4	1.6
Coryell: TOTAL	13.2	33.7	23.9	18.8
Falls: 0-17 Yrs.	15.2	26.7	20.1	19.8
Falls: 18-34 Yrs.	25.6	41.6	33.2	31.5
Falls: 35-44 Yrs.	17.4	37.7	27.5	23.6
Falls: 45-64 Yrs.	16.0	37.2	22.0	20.0
Falls: 65+ Yrs.	1.1	2.9	4.5	1.9
Falls: TOTAL	14.7	32.4	23.2	20.2
Lampasas: 0-17 Yrs.	15.2	26.7	20.1	19.8
Lampasas: 18-34 Yrs.	25.6	41.6	33.2	31.5
Lampasas: 35-44 Yrs.	17.4	37.7	27.5	23.6
Lampasas: 45-64 Yrs.	16.0	37.2	22.0	20.0
Lampasas: 65+ Yrs.	1.1	2.9	4.5	1.9
Lampasas: TOTAL	15.7	32.4	23.2	20.2
McLennan: 0-17 Yrs.	11.8	27.6	20.9	18.2
McLennan: 18-34 Yrs.	18.5	43.8	29.1	26.4
McLennan: 35-44 Yrs.	9.9	28.2	21.2	15.8
McLennan: 45-64 Yrs.	14.8	24.9	21.1	17.2
McLennan: 65+ Yrs.	1.2	4.1	4.4	1.8
McLennan: TOTAL	12.4	31.4	21.9	17.9

*Source: Texas State Data Center*

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**Uninsured Estimates**

2005	Anglo (%)	Hispanic (%)	Black/Other (%)	Total (%)
Milam: 0-17 Yrs.	15.2	26.7	20.1	19.5
Milam: 18-34 Yrs.	25.6	41.6	33.2	30.8
Milam: 35-44 Yrs.	17.4	37.7	27.5	22.6
Milam: 45-64 Yrs.	16.0	37.2	22.0	19.4
Milam: 65+ Yrs.	1.1	2.9	4.5	1.6
Milam: TOTAL	14.8	32.4	22.4	19.3
Williamson: 0-17 Yrs.	11.8	27.6	20.9	16.8
Williamson: 18-34 Yrs.	18.5	43.8	29.1	26.1
Williamson: 35-44 Yrs.	9.9	28.2	21.2	14.7
Williamson: 45-64 Yrs.	14.8	24.9	21.1	16.7
Williamson: 65+ Yrs.	1.2	4.1	4.4	1.7
Williamson: TOTAL	12.8	31.9	22.7	17.7
Texas: 0-17 Yrs.	13.0	32.4	23.6	23.3
Texas: 18-34 Yrs.	22.4	50.0	35.3	36.0
Texas: 35-44 Yrs.	14.9	41.9	25.7	25.9
Texas: 45-64 Yrs.	13.6	37.5	25.0	21.2
Texas: 65+ Yrs.	1.1	5.5	5.3	2.4
Texas: TOTAL	13.9	38.5	26.2	24.5

Source: Texas State Data Center

## Economically Disadvantaged and At-Risk Students

<b>Bell County (2007-2008)</b>	<b>*Economically Disadvantaged Students (%)</b>	<b>**At-Risk Students (%)</b>
<b>Academy ISD</b>	<b>27.5</b>	<b>38.4</b>
<b>Bartlett ISD</b>	<b>73.3</b>	<b>44.3</b>
<b>Belton ISD</b>	<b>43.3</b>	<b>41.2</b>
Belton HS	31.3	39.8
Henry T Waskow HS	48.8	87.6
Bell County JJAEP	55.6	44.4
Belton MS	51.4	43.0
Lake Belton MS	34.2	40.5
Leon Heights Elem	49.8	27.9
Miller Heights Elem	76.3	40.4
Southwest Elem	83.5	71.9
Lakewood Elem	22.7	32.8
Sparta Elem	41.5	32.1
Joe M Pirtle Elem	29.9	31.6
Tyler Elem	81.1	63.9
Tarver Elem	43.4	26.9
<b>Holland ISD</b>	<b>48.9</b>	<b>26.6</b>
<b>Killeen ISD</b>	<b>48.8</b>	<b>45.5</b>
Audie Murphy MS	59.7	45.3
Bell County Juvenile Detention Ctr.	14.3	100.
Bellaire Elem	66.8	44.3
Brookhaven Elem	55.9	36.8
Cedar Valley Elem	40.6	28.9
Clarke Elem	67.4	34.1
Clear Creek Elem	71.2	47.5
Clifton Park Elem	62.4	29.4
Duncan Elem	49.7	37.1
East Ward Elem	80.3	48.7
Eastern Hills MS	40.3	42.7
Elem Alternative Learning Ctr.	76.9	100.
Ellison HS	37.3	57.0
Fairway MS	68.0	58.5
Fowler Elem	74.0	37.4
Harker Heights Elem	73.7	49.0
<i>(Killeen ISD Continued on Next Page)</i>		
<b>Texas</b>	<b>55.3</b>	<b>48.4</b>

Source: Texas Education Association

\* Students eligible free or reduced-price lunch or eligible for other public assistance

\*\*Students at risk of dropping out of school

<b>Bell County (2007-2008)</b>	<b>*Economically Disadvantaged Students (%)</b>	<b>**At-Risk Students (%)</b>
<i>(Killen ISD Continued from Previous Page)</i>		
Harker Heights HS	20.9	55.1
Hay Branch Elem	65.4	33.2
Haynes School (HS)	62.4	99.1
Haynes School (MS)	75.0	99.1
Iduma Elem	46.3	38.7
Ira Cross, Jr. Elem	66.9	42.9
Killeen HS	44.0	63.6
Killeen JJAEP	62.2	100.
Liberty Hill MS	34.1	42.0
Live Oak Ridge MS	46.7	46.2
Manor MS	56.9	56.7
Maxdale Elem	53.2	33.6
Meadows Elem	37.2	22.5
Metroplex School	29.4	82.4
Montague Village Elem	72.3	35.6
Mountain View Elem	20.9	29.0
Nolan MS	48.1	47.4
Nolanville Elem	37.4	24.4
Oveta Culp Hobby Elem	71.0	37.5
Palo Alto MS	49.1	52.5
Pathways Learning Ctr.	39.1	98.3
Peebles Elem	74.7	60.9
Pershing Park Elem	53.5	49.4
Rancier MS	54.0	49.8
Reeces Creek Elem	50.1	34.1
Saegert Elem	41.7	43.7
Shoemaker HS	38.8	65.1
Skipcha Elem	33.7	29.1
Smith MS	59.9	46.3
Sugar Loaf Elem	66.5	47.4
Tiber Ridge Elem	38.5	30.0
Trimmier Elem	61.2	36.4
Union Grove MS	19.1	33.0
Venable Village Elem	53.3	40.8
West Ward Elem	79.1	52.1
Willow Springs Elem	55.2	32.9
<i>(Continued on Next Page)</i>		
<b>Texas</b>	<b>55.3</b>	<b>48.4</b>

Source: Texas Education Association

\* Students eligible free or reduced-price lunch or eligible for other public assistance

\*\*Students at risk of dropping out of school

## Economically Disadvantaged and At-Risk Students

<b>Bell County (2007-2008)</b>	<b>*Economically Disadvantaged Students (%)</b>	<b>**At-Risk Students (%)</b>
<b>Orenda Charter School</b>	100.	100.
<b>Richard Milburn Alternative HS</b>	47.2	87.6
<b>Rogers ISD</b>	44.0	28.2
Rogers HS	33.7	28.7
Rogers MS	45.7	32.0
Rogers Elem	50.1	25.8
<b>Salado ISD</b>	24.8	27.0
Salado HS	19.9	25.4
Salado Intermediate	21.9	24.9
Thomas Arnold Elem	32.0	30.4
<b>Temple Education Ctr.</b>	69.7	76.8
<b>Temple ISD</b>	63.9	50.3
Temple HS	45.4	53.8
Wheatley Alternative Education Ctr.	73.3	100.
Lamar MS	64.5	52.1
Travis MS	64.1	50.2
Bonham MS	57.4	50.4
Bethune Early Childhood Ctr.	96.5	39.1
Caler Elem	60.4	56.6
Jefferson Elem	70.3	56.3
Scott Elem	74.0	42.4
Thornton Elem	56.3	45.6
Western Hills Elem	68.2	38.6
Meredith-Dunbar Elem	91.7	54.3
Raye-Allen Elem	79.3	41.2
Kennedy-Powell Elem	43.1	37.7
Hector P Garcia Elem	90.3	67.0
<b>Transformative Charter Academy</b>	66.1	100.
<b>Troy ISD</b>	39.5	30.4
Troy HS	23.9	37.7
Troy MS	39.2	35.8
Troy Elem	40.8	30.5
Edna Bigham Mays Elem	49.8	4.4
<b>Texas</b>	<b>55.3</b>	<b>48.4</b>

Source: Texas Education Association

\* Students eligible free or reduced-price lunch or eligible for other public assistance

\*\*Students at risk of dropping out of school

## Health Facts

2005	Total Live Births	Adolescent Mothers (%)	Unmarried Mothers (%)	Low Birth Weight (%)	Received Prenatal Care in First Trimester (%)	Medicaid Covered Births (%)
<b>Bell</b>	<b>5553</b>	<b>3.2</b>	<b>31.1</b>	<b>8.0</b>	<b>70.0</b>	<b>33.3</b>
Burnet	492	4.9	31.9	6.7	61.3	61.9
Coryell	962	2.6	28.8	7.8	68.7	32.5
Falls	204	7.8	45.1	9.3	59.9	55.4
Lampasas	249	4.4	33.3	6.4	58.7	45.4
McLennan	3408	6.2	34.0	9.0	59.6	59.0
Milam	322	7.1	43.2	9.3	64.4	53.5
Williamson	5470	2.4	20.7	7.3	77.7	27.4
<b>Texas</b>	<b>385537</b>	<b>4.9</b>	<b>37.8</b>	<b>8.3</b>	<b>63.7</b>	<b>55.6</b>

Source: Center for Health Statistics, Texas Department of State Health Services

- In 2005, the cost of prenatal care, delivery, postnatal care and infant care for the first year averaged **\$9,327 per Medicaid-funded delivery**. (Source: Texas Health & Human Services Commission)
- In 2006, **59.6% of pregnancies in Texas were unintended pregnancies**. (Source: Office of Program Decision Support, Texas Department of State Health Services)

### Birth Data

2004	Bell	Burnet	Coryell	Falls	Lampasas	McLennan	Milam	Williamson	TEXAS
4 or More Prior Births (%)	6.6	5.9	5.8	6.0	4.2	5.7	6.5	5.7	7.3
No Prenatal Care (%)	0.4	0.7	0.4	2.2	0.4	1.2	0.8	0.5	2.1
Inadequate Prenatal Care (%)	14.8	33.5	19.0	26.4	23.7	38.7	23.4	20.3	26.7
Care Began First Trimester (%)	92.2	79.0	88.8	78.3	83.6	69.9	84.5	90.6	81.8
Mothers Weight Gain Less than 15lbs (%)	7.5	11.9	6.5	14.4	9.3	20.7	9.1	9.6	12.1
Mothers Weight Gain More than 44 lbs (%)	13.1	12.5	17.6	9.8	16.9	9.4	9.4	13.9	13.3
Smoking During Pregnancy (%)	8.7	14.2	15.5	7.2	14.6	6.9	9.1	5.6	5.6
Cesarean Section (%)	19.6	24.5	26.6	20.2	24.7	26.4	19.9	29.2	31.9
Vaginal Birth after Cesarean (%)	8.0	11.9	7.9	10.0	4.2	10.2	6.2	10.8	5.8
Spacing Less than 18 Months (%)	14.8	10.0	12.8	18.7	12.0	15.8	17.9	10.4	13.6
Low Birth Weight (%)	9.5	7.0	8.2	12.0	6.7	7.8	11.6	6.3	8.0
Very Low Birth Weight (%)	1.7	1.4	2.0	3.4	0.8	1.4	1.3	1.0	1.4
Premature (%)	18.2	11.5	14.4	18.3	15.5	9.9	20.2	11.8	12.7
<b>TOTAL BIRTHS</b>	<b>4916</b>	<b>485</b>	<b>796</b>	<b>208</b>	<b>239</b>	<b>3264</b>	<b>396</b>	<b>5409</b>	<b>381441</b>

Source: Center for Health Statistics, DSHS

### Death Data

2005	Bell	Burnet	Coryell	Falls	Lampasas
Heart Disease (%)	26.3	24.7	26.5	29.4	30.2
Stroke (%)	5.1	5.1	6.6	5.0	3.9
Cancer (%)	22.1	23.5	19.4	21.9	23.9
Alzheimer's Disease (%)	2.8	5.3	2.3	1.5	2.4
Influenza & Pneumonia (%)	2.6	2.8	1.0	1.5	2.9
Chronic Lower Respiratory Diseases (%)	5.1	8.1	7.1	4.0	6.3
Diabetes (%)	2.8	2.5	4.0	3.0	4.4
Unintentional Injury (Accidents) (%)	4.7	6.9	6.1	5.0	4.4
Chronic Liver Disease & Cirrhosis (%)	1.2	0.7	0.8	0.0	1.0
Kidney Disease (%)	1.4	0.9	0.8	2.0	2.0
Homicide (%)	1.3	0.7	0.3	0.5	0.0
Suicide (%)	1.6	1.8	3.0	1.5	2.0
<b>Deaths from all Causes</b>	<b>1691</b>	<b>434</b>	<b>396</b>	<b>201</b>	<b>205</b>

Source: Center for Health Statistics, DSHS

### Death Data

2005	McLennan	Milam	Williamson	TEXAS
Heart Disease (%)	24.3	24.1	20.1	25.7
Stroke (%)	7.8	5.8	6.5	6.0
Cancer (%)	21.5	20.9	22.9	21.9
Alzheimer's Disease (%)	3.8	5.1	4.6	3.0
Influenza & Pneumonia (%)	2.7	4.2	2.5	2.3
Chronic Lower Respiratory Diseases (%)	4.6	6.8	5.2	5.1
Diabetes (%)	4.4	1.9	2.5	3.6
Unintentional Injury (Accidents) (%)	4.3	6.4	5.7	5.5
Chronic Liver Disease & Cirrhosis (%)	0.7	0.6	1.4	1.6
Kidney Disease (%)	1.4	1.3	2.5	1.7
Homicide (%)	0.6	0.6	0.3	1.0
Suicide (%)	1.2	0.3	1.5	1.5
<b>Deaths from all Causes</b>	<b>2012</b>	<b>311</b>	<b>1465</b>	<b>155924</b>

Source: Center for Health Statistics, DSHS

### 6 Year Average Age-Adjusted Mortality Rates

1999-2004 DEATHS	Bell	Burnet	Coryell	Falls	Lampasas
Heart Disease	Statistically significantly higher than state rate	Significantly lower than state rate	Statistically significantly higher than state rate	Statistically significantly higher than state rate	Statistically significantly higher than state rate
Stroke	Significantly lower than state rate	Lower, but not statistically significant than state rate	Significantly lower than state rate	Lower, but not statistically significant than state rate	Lower, but not statistically significant than state rate
Diabetes	Statistically significantly higher than state rate	Significantly lower than state rate	Higher rate, but not statistically significant than state rate	Lower, but not statistically significant than state rate	Higher rate, but not statistically significant than state rate
Lung Cancer	Statistically significantly higher than state rate	Higher rate, but not statistically significant than state rate	Statistically significantly higher than state rate	Statistically significantly higher than state rate	Statistically significantly higher than state rate

1999-2004 DEATHS	McLennan	Milam	Williamson	Texas (per 100,000)
Heart Disease	Statistically significantly higher than state rate	Lower, but not statistically significant than state rate	Significantly lower than state rate	179.5
Stroke	Higher rate, but not statistically significant than state rate	Higher rate, but not statistically significant than state rate	Significantly lower than state rate	62.5
Diabetes	Higher rate, but not statistically significant than state rate	Significantly lower than state rate	Lower, but not statistically significant than state rate	31.0
Lung Cancer	Statistically significantly higher than state rate	Higher rate, but not statistically significant than state rate	Significantly lower than state rate	54.4

Source: *Chronic Disease in Texas* (February 2008), Texas Department of State Health Services

### Cancer Rates

2002-2006	Bell	Burnet	Coryell	Falls	Lampasas	McLennan	Milam	Williamson	Texas
Cancer Death Rates (per 100,000)	491.4	387.0	502.9	491.8	562.8	473.5	499.99	472.5	449.4
*Prostate	143.5	135.0	144.5	111.6	164.4	140.2	148.0	163.0	142.5
*Lung & Bronchus	75.9	58.7	92.8	98.8	93.6	78.8	78.7	70.3	66.8
*Breast	65.2	55.2	59.7	63.2	60.9	63.1	57.8	58.7	62.8
*Colon & Rectum	21.2	31.1	57.8	58.5	59.0	58.7	52.0	42.1	47.2

Source: Texas Cancer Registry, Texas Department of State Health Services (Age-Adjusted)

\*Invasive Cancer Incidence Rates (per 100,000)

### Obesity Estimates

	Bell	Burnet	Coryell	Falls	Lampasas	McLennan	Milam	Williamson	Texas
Percent Obese 2010	29.4	25.4	28.8	29.1	25.6	27.8	27.2	26.9	28.8
Percent Obese 2020	32.8	26.7	31.8	31.5	27.3	31.4	29.3	29.3	31.7
Percent Obese 2030	37.2	30.1	36.2	36.4	30.9	37.5	33.8	34.1	36.7
Percent Obese 2040	42.1	34.8	41.0	43.4	35.3	44.8	39.9	40.0	42.6

Source: Texas State Demographer

### Estimates of Serious Mental Illness & Substance Abuse

	2008 Population Estimate	Estimated Population with SMI 1 in 17 (.06)	Estimated Population Needing But Not Receiving Treatment For Alcohol Use 1 in 17 (.06)	Estimated Population Needing But Not Receiving Treatment For Illicit Drug Use 1 in 51 (.02)
<b>Bell</b>	285084	17105	17105	5702
Burnet	44488	2669	2669	890
Coryell	72654	4359	4359	1453
Falls	16900	1014	1014	338
Lampasas	21197	1272	1272	424
McLennan	230213	13813	13813	4604
Milam	24892	494	494	498
Williamson	394193	23652	23652	7884
<b>Texas</b>	24326974	1459618	1459618	486539

Source: National Institute of Mental Health, National Institutes of Health

- Serious mental illness include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post traumatic stress disorder, and borderline personality disorder.
- Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogenics, inhalants, or prescription-type psychotherapeutics used non-medically.

**Preventable Adult Hospitalizations** “Hospitalizations that should not have occurred had the individual had access to (and complied with) appropriate outpatient healthcare.”

2007	Bell	Burnet	Coryell	Falls
Bacterial Pneumonia	627 (3.32) \$16,340 \$10,245,633 (\$54.25)	164 (4.95) \$19,762 \$3,241,056 (\$97.96)	203 (3.52) \$15,203 \$3,086,310 (\$53.58)	98 (7.32) \$11,023 \$1,080,343 (\$80.77)
Dehydration	105 (0.55) \$13,724 \$1,441,068 (\$7.63)	29 (0.87) \$9,528 \$276,312 (\$8.35)	42 (0.72) \$9,490 \$398,580 (\$6.91)	19 (1.42) \$6,094 \$115,795 (\$8.66)
Urinary Tract Infection	320 (1.69) \$12,746 \$4,078,756 (\$21.60)	109 (3.29) \$11,228 \$1,223,886 (\$36.99)	93 (1.61) \$11,084 \$1,030,841 (\$17.90)	29 (2.16) \$7,933 \$230,046 (\$17.20)
Perforated Appendix	35 (0.18) \$28,053 \$981,887 (\$5.20)	16 (0.48) \$32,807 \$524,923 (\$15.86)	Less than 5	Less than 5
Angina (without procedures)	60 (0.31) \$14,078 \$844,734 (\$4.47)	5 (0.15) \$9,140 \$45,700 (\$1.38)	24 (0.41) \$16,719 \$401,266 (\$6.96)	5 (0.37) \$23,674 \$118,374 (\$8.85)
Congestive Heart Failure	756 (4.00) \$20,142 \$15,227,353 (\$80.63)	146 (4.41) \$34,304 \$5,008,468 (\$151.37)	158 (2.74) \$20,974 \$3,313,921 (\$57.53)	81 (6.05) \$16,302 \$1,320,464 (\$98.72)
Hypertension	68 (0.36) \$14,227 \$967,484 (\$5.12)	34 (0.96) \$16,078 \$546,661 (\$16.52)	36 (0.62) \$12,445 \$448,051 (\$7.77)	Less than 5
Adult Asthma	186 (0.98) \$11,703 \$2,176,824 (\$11.52)	32 (0.96) \$14,027 \$448,877 (\$13.56)	42 (0.72) \$18,381 \$772,022 (\$13.40)	16 (1.19) \$6,667 \$106,682 (\$7.97)
Chronic Obstructive Pulmonary Disease	322 (1.70) \$15,978 \$5,144,957 (\$27.24)	95 (2.87) \$19,059 \$1,810,608 (\$54.72)	123 (2.13) \$13,141 \$1,616,434 (\$28.06)	21 (1.57) \$10,294 \$216,191 (\$16.16)
Diabetes Short-term Complication	125 (0.66) \$13,688 \$1,711,000 (\$9.06)	11 (0.33) \$16,984 \$186,825 (\$5.64)	26 (0.45) \$11,566 \$300,732 (\$5.22)	5 (0.37) \$19,185 \$95,926 (\$7.17)
Diabetes Long-term Complication	217 (1.14) \$21,195 \$4,755,718 (\$25.18)	48 (1.5) \$36,678 \$1,760,560 (\$53.21)	62 (1.07) \$17,030 \$1,055,876 (\$18.33)	15 (1.12) \$6,249 \$93,747 (\$7.00)
Uncontrolled Diabetes	16 (0.08) \$10,043 \$160,701 (\$0.85)	14 (0.42) \$8,022 \$112,317 (\$3.39)	17 (0.29) \$7,331 \$124,643 (\$2.16)	Less than 5

Source: Center for Health Statistics, DSHS

For Example: In 2007, adult county residents of Bell County had 627 hospitalizations for Bacterial Pneumonia (hospitalization rate of 3.32 per 1,000 adult county residents): the average hospital charge was \$16,340, and the total hospital charges were \$10,245,633 (financial impact of \$54.25 per each adult county resident).

For more information about Preventable Hospitalizations in Texas, including ways to reduce preventable hospitalizations, please go to [www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph).

**Preventable Adult Hospitalizations** “Hospitalizations that should not have occurred had the individual had access to (and complied with) appropriate outpatient healthcare.”

2007	Lampasas	McLennan	Milam	Williamson
Bacterial Pneumonia	135 (8.49) \$18,454 \$2,491,357 (\$156.74)	474 (2.82) \$19,355 \$9,174,438 (\$54.77)	104 (5.50) \$18,339 \$1,907,208 (\$100.87)	697 (2.63) \$23,129 \$16,121,397 (\$60.92)
Dehydration	93 (5.85) \$10,090 \$938,416 (\$59.04)	118 (0.70) \$12,433 \$1,467,159 (\$8.76)	16 (0.84) \$11,277 \$180,434 (\$9.54)	90 (0.34) \$16,924 \$1,523,248 (\$5.76)
Urinary Tract Infection	48 (3.01) \$10,728 \$514,958 (\$32.39)	210 (1.25) \$14,349 \$3,013,363 (\$17.98)	114 (6.02) \$10,220 \$1,165,193 (\$61.62)	408 (1.54) \$16,537 \$6,747,295 (\$25.49)
Perforated Appendix	Less than 5	34 (0.20) \$24,927 \$847,551 (\$5.05)	11 (0.58) \$30,181 \$331,999 (\$17.55)	67 (0.25) \$35,461 \$2,375,899 (\$8.97)
Angina (without procedures)	24 (1.50) \$14,542 \$349,009 (\$21.95)	47 (0.28) \$23,703 \$1,114,052 (\$6.65)	34 (1.79) \$10,905 \$370,788 (\$19.61)	43 (0.16) \$12,768 \$549,036 (\$2.07)
Congestive Heart Failure	123 (7.73) \$18,544 \$2,281,019 (\$143.50)	655 (3.90) \$25,359 \$16,610,272 (\$99.15)	117 (6.18) \$21,321 \$2,494,627 (\$131.94)	623 (2.35) \$35,442 \$22,080,873 (\$83.44)
Hypertension	12 (0.75) \$10,353 \$124,243 (\$7.81)	66 (0.39) \$11,250 \$742,547 (\$4.43)	13 (0.68) \$13,455 \$174,915 (\$9.25)	75 (0.28) \$14,908 \$1,118,141 (\$4.22)
Adult Asthma	21 (1.32) \$14,681 \$308,305 (\$19.39)	152 (0.90) \$17,027 \$2,588,168 (\$15.44)	29 (1.53) \$11,437 \$331,675 (\$17.54)	109 (0.41) \$18,709 \$2,039,377 (\$7.70)
Chronic Obstructive Pulmonary Disease	52 (3.27) \$13,891 \$722,376 (\$45.44)	238 (1.42) \$16,482 \$3,922,734 (\$23.41)	78 (4.12) \$12,405 \$967,648 (\$51.17)	306 (1.15) \$26,536 \$8,120,063 (\$30.68)
Diabetes Short-term Complication	13 (0.81) \$11,246 \$146,202 (\$9.19)	104 (0.62) \$13,284 \$1,381,627 (\$8.24)	5 (0.26) \$7,742 \$38,711 (\$2.04)	94 (0.35) \$18,820 \$1,769,083 (\$6.68)
Diabetes Long-term Complication	21 (1.32) \$23,923 \$502,394 (\$31.60)	150 (0.89) \$24,242 \$3,636,308 (\$21.70)	29 (1.53) \$47,261 \$1,370,574 (\$72.49)	201 (0.75) \$36,577 \$7,352,041 (\$27.78)
Uncontrolled Diabetes	Less than 5	30 (0.17) \$11,396 \$341,905 (\$2.04)	9 (0.47) \$8,982 \$80,841 (\$4.27)	21 (0.07) \$13,279 \$278,866 (\$1.05)

Source: Center for Health Statistics, DSHS

For Example: In 2007, adult county residents of Lampasas County had 135 hospitalizations for Bacterial Pneumonia (hospitalization rate of 8.49 per 1,000 adult county residents): the average hospital charge was \$18,454, and the total hospital charges were \$2,491,357 (financial impact of \$156.74 per each adult county resident).

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**Preventable Adult Hospitalizations** “Hospitalizations that should not have occurred had the individual had access to (and complied with) appropriate outpatient healthcare.”

2007	Texas
Bacterial Pneumonia	63,248 (3.66) \$29,638 \$1,874,544,224 (\$108.46)
Dehydration	16,274 (0.94) \$17,665 \$287,480,210 (\$16.63)
Urinary Tract Infection	36,059 (2.09) \$21,092 \$760,556,428 (\$44.01)
Perforated Appendix	4,297 (0.25) \$38,433 \$165,146,601 (\$9.56)
Angina (without procedures)	4,076 (0.24) \$18,726 \$76,330,398
Congestive Heart Failure	74,014 (4.28) \$38,028 \$2,814,604,392 (\$162.86)
Hypertension	11,797 (0.68) \$20,317 \$239,679,649 (\$13.87)
Adult Asthma	16,508 (0.96) \$21,931 \$362,036,948 (\$20.95)
Chronic Obstructive Pulmonary Disease	34,667 (2.01) \$26,080 \$904,115,360 (\$52.31)
Diabetes Short-term Complication	9,880 (0.57) \$21,723 \$214,623,240 (\$12.42)
Diabetes Long-term Complication	23,744 (1.37) \$39,021 \$926,514,624 (\$53.61)
Uncontrolled Diabetes	3,340 (0.19) \$14,776 \$49,351,840 (\$2.86)

Source: Center for Health Statistics, DSHS

For Example: In 2007, adult residents of Texas had 63,248 hospitalizations for Bacterial Pneumonia (hospitalization rate of 3.66 per 1,000 adult state residents): the average hospital charge was \$29,638, and the total hospital charges were \$1,874,544,224 (financial impact of \$108.46 per each adult state resident).

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## Preventable Adult Hospitalizations: Bell County Profile

“Hospitalizations that should not have occurred had the individual had access to (and complied with) appropriate outpatient healthcare.”

2007	Gender	Race/ Ethnicity	Average Age	*Zip	*Hospital(s)	*Discharged to
<b>Bacterial Pneumonia</b> 627 Hospitalizations \$16,340 (Avg. Hosp. Chg.) 4 days (Avg. Hosp. Stay)	F: 56% M: 44%	W: 74% AA/B: 16% Other: 09% Asian: 01% H: 09%	66	76502: 16% 76513: 16% 76501: 12% 76504: 11% 76548: 08%	Scott & White: 68% Metroplex: 17% Kings Daughters: 11%	Home: 64% SNF/ICF: 18% HH: 07%
<b>Dehydration</b> 105 Hospitalizations \$13,724 (Avg. Hosp. Chg.) 3.5 days (Avg. Hosp. Stay)	F: 71% M: 29%	W: 78% AA/B: 13% Other: 08% Asian: 02% H: 09%	66	76502: 19% 76513: 17% 76504: 14% 76501: 10% 76542: 07% 76543: 07% 76549: 07%	Scott & White: 63% Metroplex: 22% Kings Daughters: 09%	Home: 61% SNF/ICF: 25% HH: 08%
<b>Urinary Tract Infection</b> 320 Hospitalizations \$12,746 (Avg. Hosp. Chg.) 3.4 days (Avg. Hosp. Stay)	F: 76% M: 24%	W: 73% AA/B: 11% Other: 14% Asian: 02% H: 12%	63	76502: 15% 76513: 13% 76504: 13% 76501: 12% 76543: 08%	Scott & White: 68% Metroplex: 18% Kings Daughters: 10%	Home: 59% SNF/ICF: 27% HH: 08%
<b>Perforated Appendix</b> 35 Hospitalizations \$28,053 (Avg. Hosp. Chg.) 5.3 days (Avg. Hosp. Stay)	F: 37% M: 63%	W: 69% AA/B: 20% Other: 11% H: 20%	45	76513: 21% 76543: 18% 76502: 15% 76501: 12% 76549: 12%	Scott & White: 57% Metroplex: 37%	Home: 83%
<b>Angina (without procedures)</b> 60 Hospitalizations \$14,078 (Avg. Hosp. Chg.) 2 days (Avg. Hosp. Stay)	F: 55% M: 45%	W: 70% AA/B: 14% Other: 14% Asian: 03% H: 23%	57	76513: 14% 76541: 14% 76501: 12% 76549: 12% 76542: 10%	Scott & White: 47% Metroplex: 35% Kings Daughters: 10%	Home: 62% Hosp.: 28%
<b>Congestive Heart Failure</b> 756 Hospitalizations \$20,142 (Avg. Hosp. Chg.) 4 days (Avg. Hosp. Stay)	F: 53% M: 47%	W: 68% AA/B: 21% Other: 09% Asian: 01% H: 08%	71	76502: 13% 76513: 12% 76504: 11% 76501: 11% 76543: 11%	Scott & White: 62% Metroplex: 27% Kings Daughters: 09%	Home: 65% SNF/ICF: 16% HH: 08%
<b>Hypertension</b> 68 Hospitalizations \$14,227 (Avg. Hosp. Chg.) 2.9 days (Avg. Hosp. Stay)	F: 74% M: 26%	W: 50% AA/B: 32% Other: 10% Asian: 07% H: 10%	62	76542: 14% 76501: 12% 76504: 12% 76541: 12% 76543: 12%	Scott & White: 47% Metroplex: 41%	Home: 82% HH: 07%

Source: Center for Health Statistics, DSHS

\*Most Identified

F=Female, M=Male

W=White, AA/B=African American/Black, H=Hispanic

Home=Home/Self-Care, SNF/ICF=Skilled Nursing Facility/Intermediate Care Facility

HH=Home Health

For more information about Preventable Hospitalizations in Texas, including ways to reduce preventable hospitalizations, please go to [www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph).

## Preventable Adult Hospitalizations: Bell County Profile

“Hospitalizations that should not have occurred had the individual had access to (and complied with) appropriate outpatient healthcare.”

2007	Gender	Race/ Ethnicity	Average Age	*Zip	*Hospital(s)	*Discharged to
<b>Adult Asthma</b> 186 Hospitalizations \$11,703 (Avg. Hosp. Chg.) 2.7 days (Avg. Hosp. Stay)	F: 73% M: 27%	W: 57% AA/B: 33% Other: 09% Asian: 01% H: 11%	52	76504: 15% 76501: 12% 76502: 12% 76543: 11% 76541: 11%	Scott & White: 59% Metroplex: 29% Kings Daughters: 09%	Home: 91% SNF/ICF: 04%
<b>Chronic Obstructive Pulmonary Disease</b> 322 Hospitalizations \$15,978 (Avg. Hosp. Chg.) 3.5 days (Avg. Hosp. Stay)	F: 55% M: 45%	W: 82% AA/B: 13% Other: 05% H: 04%	68	76513: 17% 76543: 14% 76504: 13% 76502: 11% 76501: 09%	Scott & White: 66% Metroplex: 25% Kings Daughters: 06%	Home: 74% SNF/ICF: 13% HH: 07%
<b>Diabetes Short-term Complication</b> 125 Hospitalizations \$13,688 (Avg. Hosp. Chg.) 3 days (Avg. Hosp. Stay)	F: 46% M: 54%	W: 49% AA/B: 42% Other: 10% H: 15%	40	76544: 15% 76501: 12% 76549: 10% 76502: 09% 76504: 09% 76543: 09%	Scott & White: 54% Metroplex: 39% Kings Daughters: 06%	Home: 89% HH: 04%
<b>Diabetes Long-term Complication</b> 217 Hospitalizations \$21,195 (Avg. Hosp. Chg.) 5 days (Avg. Hosp. Stay)	F: 57% M: 43%	W: 53% AA/B: 34% Other: 13% Asian: 01% H: 14%	57	76501: 14% 76542: 13% 76504: 12% 76541: 11% 76513: 09%	Scott & White: 58% Metroplex: 29% Kings Daughters: 08%	Home: 59% SNF/ICF: 19% HH: 15%
<b>Uncontrolled Diabetes</b> 16 Hospitalizations \$10,043 (Avg. Hosp. Chg.) 2.4 days (Avg. Hosp. Stay)	F: 69% M: 31%	W: 56% AA/B: 44%	53		Scott & White: 50% Metroplex: 31%	Home: 69%

Source: Center for Health Statistics, DSHS

\*Most Identified

F=Female, M=Male

W=White, AA/B=African American/Black, H=Hispanic

Home=Home/Self-Care, SNF/ICF=Skilled Nursing Facility/Intermediate Care Facility

HH=Home Health

For more information about Preventable Hospitalizations in Texas, including ways to reduce preventable hospitalizations, please go to [www.dshs.state.tx.us/ph](http://www.dshs.state.tx.us/ph).

### Health Profession Trends

	Bell	Burnet	Coryell	Falls	Lampasas	McLennan	Milam	Williamson
*Direct Patient Care Physicians	Decline	50-99% Increase	0-49% Increase	Decline	0-49% Increase	0-49% Increase	0-49% Increase	0-49% Increase
*Primary Care Physicians	Decline	50-99% Increase	0-49% Increase	Decline	Decline	0-49% Increase	50-99% Increase	0-49% Increase
*Physician Assistants	100% Increase or Greater	100% Increase or Greater	0-49% Increase	0-49% Increase	Decline	100% Increase or Greater	0-49% Increase	100% Increase or Greater
**Chiropractors	0-49% Increase	Decline	Decline	Lost All	Decline	Decline	Decline	50-99% Increase
**Podiatrists)	0-49% Increase	100% Increase or Greater	None	None	None	Decline	None	100% Increase or Greater
*Nurse Practitioners	50-99% Increase	0-49% Increase	50-99% Increase	Decline	Decline	100% Increase or Greater	100% Increase or Greater	100% Increase or Greater
*Certified Nurse Midwives	100% Increase or Greater	None	Lost All	None	None	50-99% Increase	None	Lost All
*Registered Nurses	0-49% Increase	Decline	0-49% Increase	Decline	Decline	0-49% Increase	0-49% Increase	0-49%
*Licensed Vocational Nurses	0-49% Increase	Decline	Decline	Decline	Decline	0-49% Increase	Decline	Decline
*Dentists	0-49% Increase	Decline	0-49% Increase	Decline	Decline	0-49% Increase	Decline	0-49% Increase
*Dental Hygienists	0-49% Increase	0-49% Increase	0-49% Increase	Decline	Decline	0-49% Increase	100% Increase or Greater	0-49% Increase
*Medical Radiological Technologists	0-49% Increase	50-99% Increase	50-99% Increase	100% Increase or Greater	50-99% Increase	0-49% Increase	Decline	100% Increase or Greater
**Occupational Therapists	0-49% Increase	Decline	100% Increase or Greater	0-49% Increase	Decline	0-49% Increase	None in 1999 – at least 1 in 2007	0-49% Increase
**Optometrists	0-49% Increase	0-49% Increase	0-49% Increase	Lost All	None	Decline	None	50-99% Increase
**Pharmacists	0-49% Increase	0-49% Increase	50-99% Increase	100% Increase or Greater	Decline	Decline	Decline	Decline
**Physical Therapists	Decline	Decline	0-49% Increase	Decline	0-49% Increase	0-49% Increase	Decline	0-49% Increase
**Psychologists	Decline	100% Increase or Greater	0-49% Increase	Decline	0-49% Increase	Decline	None	0-49% Increase
Population Change (1997 to 2007)	6.5 to 19.3% Increase	19.4 to 39.6% Increase	6.5 to 19.3% Increase	6.5 to 39.6% Increase	19.4 to 39.6% Increase	6.5 to 19.3% Increase	6.5 to 19.3% Increase	39.2 to 83.5% Increase

Source: Center for Health Statistics, DSHS

\*1998 to 2007 \*\*1999 to 2007

Decline means Decline in Health Profession per Population

### Health Profession Providers (per 100,000 Population)

2004	Bell	Burnet	Coryell	Falls	Lampasas	McLennan	Milam	Williamson	Texas
Audiologists	6.7	5.3				4.5		2.9	4.1
Chiropractors	10.7	26.5	5.1		20.4	11.4	11.7	23.5	18.2
Licensed Chemical Dependency Counselors	17.5	39.8	24.1	20.9	61.2	19.6	19.5	22.6	19.3
Licensed Professional Counselors	46.8	37.1	22.9	31.4	51.0	53.2	19.5	31.6	47.5
Dental Hygienists	39.7	45.1	15.2	5.2	15.3	35.5	35.1	36.1	36.6
General Dentists	34.9	53.1	14.0	20.9	20.4	30.9	23.4	43.5	35.7
Dieticians	18.3	2.7	1.3	15.7	10.2	17.3	15.6	15.5	14.0
Emergency Medical Services	271.6	382.1	191.7	136.0	367.2	313.9	284.9	266.6	221.0
Marriage and Family Therapists	27.8	15.9	6.3	5.2	25.5	13.2	7.8	5.5	20.9
Certified Nurse Aides	918.3	496.2	662.9	1114.4	821.0	809.0	1046.0	265.6	492.0
Licensed Vocational Nurses	471.6	204.3	233.7	444.7	351.9	402.7	273.2	139.3	273.1
Registered Nurses	859.1	344.9	195.6	345.3	316.2	678.4	203.0	324.0	624.5
Occupational Therapists	21.8	18.6	3.8		10.2	20.0		20.3	22.9
Optometrists	11.1	18.6	6.3		5.1	6.4		12.2	11.1
Pharmacists	78.2	82.3	26.7	36.6	56.1	66.9	42.9	71.2	74.0
Physical Therapists	30.2	34.5	7.6	5.2	15.3	27.3	11.7	40.0	36.6
Direct Patient Care Physicians	202.5	98.2	22.9	36.6	56.1	166.1	35.1	99.3	154.8
Primary Care Physicians	86.5	66.3	15.2	31.4	45.9	67.8	23.4	59.0	68.1
Podiatrists	4.4	2.7	1.3		10.2	3.6		3.2	3.6
Licensed Psychologists	12.3		6.3		15.3	28.7	3.9	9.7	14.7
Sanitarians	5.6	10.6	2.5		5.1	6.4	11.7	11.9	5.6
Social Workers	102.8	55.7	16.5	57.5	30.6	113.7	15.6	59.0	67.2
Speech Language Pathologists	27.4	18.6	6.3	20.9	30.6	42.3	11.7	41.9	34.0
Veterinarians	19.1	45.1	12.7	15.7	35.7	18.2	50.7	28.4	22.3

Source: Health Professions Resource Center, DSHS

\*Providers per 100,000 Population

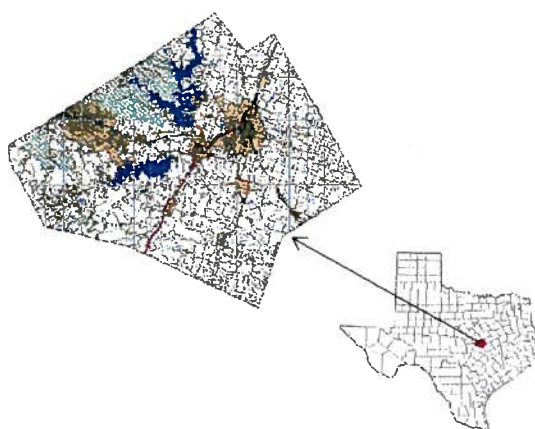
	Medically Underserved Areas (01/16/09)	Primary Care Health Professional Shortage Area (03/10/09)	Dental Health Professional Shortage Area (01/12/09)	Mental Health Professional Shortage Area (03/10/09)
<b>Bell County (Urban)</b>	<b>South Bell Census County Division</b>	<b>No</b>	<b>No</b>	<b>No</b>
Burnet County (Rural)	Whole County	No	No	No
Coryell County (Urban)	Whole County	Yes	Yes	No
Falls County (Rural)	Whole County	Yes	No	Yes
Lampasas County (Urban)	Whole County	Yes	No	Yes
McLennan County (Urban)	Partial (ID# 03507 Census Tracts 1-4, 5.98, 7-15, 19, 21, 30, 33-36.01, 37.01, 38.02, 39, 42.01)	No	No	No
Milam County (Rural)	Whole County	Yes	No	No
Williamson County (Urban)	Whole County	No	No	No

Source: Health Professions Resource Center, DSHS

# Bell County Community Plan

## I. Introduction

The FY2008-09 Bell County Community Plan is a county-wide collaborative work-in-progress involving a large number of professionals and volunteers from various governmental, business, educational, faith-based, civic, and other general youth and adult citizenry of Bell County. The main goals in this planning process are to identify problems, concerns and/or needs within the community, including but not limited to, Criminal Justice Issues, Juvenile Justice Issues, and Victims Issues. The community plan provides data which supports identified community needs. The Bell County Community Plan prioritizes the need to identify a plan of action for addressing identified community issues, by establishing goals and objectives, and in mobilizing available community assets to accomplish goals, ultimately enhancing the quality of life in Bell County.



Bell County is located in Central Texas, and has a population of approximately 276,975. Bell County is comprised of approximately 1,087 square miles, and its major traffic arteries are IH 35 (north/south) and Hwy 190 (east/west). Ft. Hood Army Base is located partially in west Bell County, and is home to the 4<sup>th</sup> Infantry Division. Ft. Hood has a population of approximately 80,000 full-time residents. The larger municipalities within Bell County are the cities of Killeen, Temple, and Belton. Other municipalities within Bell County include, but are not limited to Harker Heights, Nolanville, Troy, Bartlett, Academy, Rogers, and Salado.

## II. Summary

The main points of the 2008-09 Bell County Community plan include identified problems, concerns, and/or needs as established and prioritized by local focus groups in areas of criminal justice, juvenile justice, and victims services. These focus groups were comprised of both professional and general citizenry (both adult and youth) who considered themselves involved in one or more of these three areas. They provided input regarding the identification of specific needs, and assisted in the prioritization of same. Additionally, these focus groups provide data to support identified needs, established an action plan for

addressing local needs, and considered funding priorities, established goals and objectives based on the need and activities.

### **III. Criminal Justice Issues**

#### **A. Problem – Substance Abuse**

##### **1. Supporting Statistics**

- a. In a sentencing survey report by TDCJ-CJAD in August 2004 and 2006, felony judges prioritized “more treatment resources” as the highest funding priority; “more residential treatment” was their second priority.
- b. According to the 2007 Texas Uniform Crime Report, drug abuse violations increased by 5% in 2007. Local law enforcement reports that the use of illegal drugs, especially methamphetamines, continue to rise in Bell County.
- c. The 2004-2006 NSDUH estimated that 6.8% of the Texas population ages 12 and older had used an illicit drug in the past month, and 1.8% of Texans were dependant on or abused an illicit drug in the past year (Bell County's population according to the US Census Bureau was 276,975).
- d. Annual averages for drug use in Region 7 for the years 2004 through 2006 are (Substance Abuse Trends in Texas, TCADA website):
  - 11.96% have used marijuana in the past year
  - 3.26% have used cocaine in the past year
  - 5.82% had non-medical use of pain relievers in the past year
  - 54.78% have used alcohol in the past month
  - 25.84% have had a “binge” use in the past month
- e. In 2004, Bell County had 1,069 arrests for drug offenses (an increase of 129 cases from 2003).
- f. In FY 2007, 412 individuals were placed on probation for drug possession offenses.
- g. In FY 2008, 491 individuals were placed on probation for drug possession offenses.
- h. Between 1995 and 2002, the number of state funded residential treatment beds decreased 42% (2,016 fewer beds). (CJAD—Jan. 2003). Note – Additional funds were given to TDCJ this past session but have resulted in no “new” treatment beds available for Central Texas.
- i. The current wait for offenders for residential treatment is 6-9 months.
- j. More than one-third of Texas secondary school students say they have used drugs at some point according to a new survey of students by the Texas Commission on Alcohol and Drug Abuse.

- k. Locally, teens are surveyed yearly and continue to report using drugs within the past year.
2. Action Plan
- a. Reduce the supply (import, manufacture, and distribution) of drugs through enforcement.
  - b. Reduce the demand for drugs through education and treatment.
  - c. Increase available drug abuse treatment, both in-patient and out-patient.
  - d. Develop, implement and maintain a felony Drug Court in Bell County.
  - e. Identify community/area resources for in-patient and out-patient drug/alcohol treatment willing to participate in the Bell County Drug Court.
  - f. Increase community awareness of available services for enforcement, education and intervention.
  - g. Identify and evaluate new technologies in the area of drug and alcohol monitoring for individuals released on bail/bond or placed on Community Supervision.
  - h. Research and develop new funding opportunities for programs (to include the Bell County Drug Court).
  - i. Crime prevention programs at government subsidized housing, public housing and Section 8 housing.
3. Funding Priorities
- a. Continue enforcement of drug laws.
  - b. Continue education programs in community and schools (starting at kindergarten through high school).
  - c. Develop, create and maintain a Felony Drug Court.
  - d. Provide more treatment Programs (including faith-based, residential, out-patient, adolescent and adult) implementing evidenced-based curriculums.
  - e. Community awareness.
  - f. Funding for additional police officers and patrols in our major towns as well as rural patrols and officers.
4. Goals and Objectives Based on Problem
- a. Reduce the availability of and the demand for drugs (including alcohol and tobacco to minors) through educational and drug awareness programs in schools.
  - b. Have more sentencing and treatment options available (including faith-based) for those who are chemically dependent.
  - c. Provide better public awareness of services available for enforcement of illicit drug use, educational programs (school based and community based), and treatment programs.

5. Goals and Objectives Based on Activities
  - a. Lower drug use in the community, which will ultimately lower the overall crime rate.
  - b. Lower the demand for drugs, which will ultimately influence supply.
  - c. Provide an opportunity for persons who are chemically dependent to drugs and alcohol a means of coping with their problem, encouraging a more productive citizen.
  - d. Provide an opportunity for qualified drug addicted offenders to participate in a Drug Court program.
  - e. Reduce the number of drug addicted offenders sitting in the Bell County Jail awaiting treatment space.
  - f. Provide citizens with the knowledge of available resources within their community.

**B. Problem – Family Violence**

1. Supporting Statistics
  - a. Bell County law enforcement officials handled 12,294 calls for family violence cases in 2007 (statistics provided by Families in Crisis).
  - b. In 2007, family violence reports increased 1.3% overall in Texas and 8.5% in Bell County (2,973 reported cases in 2007 and 2,742 reported cases in 2006).
  - c. According to DPS – UCR for 2005-07, all family violence crimes reported to law enforcement in Bell County were as follows:
    - 2005 – 2,824 crimes/incidents reported
    - 2006 – 2,742 crimes/incidents reported
    - 2007 – 2,973 crimes/incidents reported
  - d. Families in Crisis:
    - provided 14,346 shelter/nights to 528 clients
    - assisted 254 outreach clients
    - answered 3,281 calls
    - saw 782 clients in shelter or outreach
  - e. 1/2007 – 12/2007, Lone Star Legal Aid processed 1,857 applications for civil legal services. Of those cases, 1525 were accepted for services (1,276 were family law related).
  - f. Recent figures from the Defense Department indicate that up to 40% of soldiers report psychological concerns. Many of these service men and women are National Guard and Reservists who never expected, nor were trained for, long periods of combat.
  - g. It is expected that up to 30 percent of all veterans returning from Iraq will meet criteria for serious mental health disorders (JAMA 2006; 295: 1023–1032) to include PTSD, mood and anger disorders and chemical dependency.



- d. Identify needs and provide services to returning veterans and their families to include medical, psychological, family, employment and education.
  - e. Identify appropriate service providers to include military, non-military and faith-based resources.
  - f. Identify and provide counseling services to perpetrators of family violence to ensure that their behavior is corrected
5. Goals and Objectives Based on Activities
- a. Continue effective policy in regards to the management and coordination of cases of family violence.
  - b. Continue efficient assistance from courts in providing legal assistance pertaining to protection of victims and prosecution of offenders.
  - c. Increase counseling, intervention and follow-up contacts to victims of family violence by community professionals.

**C. Problem – Driving While Intoxicated**

1. Supporting Statistics
- a. Leading cause of death of teens in U.S.
  - b. In 2006, there were 1544 alcohol-related accidents reported in the State of Texas.
  - c. In 2007, law enforcement turned over 1380 DWI cases to the County Attorney's office.
  - d. At the time of writing this report – November 2008, law enforcement turned over 1308 to the County Attorney's office.
  - e. Bell County had 44 traffic fatalities in 2005, 19 were alcohol related (statistics provided by Central Texas Region M.A.D.D.).
  - f. Bell County had 13 alcohol related traffic fatalities in 2006 (Ibid.).
  - g. In 2007, Bell County had 34 traffic fatalities, 13 were alcohol related (Ibid.).
  - h. In FY 2007, 122 individuals were placed on probation for Driving While Intoxicated (it should be noted that most individuals convicted of DWI choose to spend time in jail/prison instead if choosing probation).
  - i. In FY 2008, 148 individuals were placed on probation for Driving While Intoxicated (it should be noted that most individuals convicted of DWI choose to spend time in jail/prison instead if choosing probation).
  - j. Nearly three-fourths of Texas Secondary Students say they have used alcohol, according to a new survey of students by the Texas Commission on Alcohol and Drug Abuse.
2. Action Plan
- a. Increase enforcement of existing DWI Laws

- b. Continue to train law enforcement officers in the detection of suspected DWI drivers
- c. Educate public, licensed vendors and youth on the risks of DWI
- d. Increase sentencing of convicted DWI offenders.
- 3. Funding Priorities
  - a. Enforcement.
  - b. Training.
  - c. Education.
- 4. Goals and Objectives Based on Problem
  - a. Increase enforcement and prosecution of DWI offenders.
  - b. Provide better training in regards to law enforcement officer's detection of DWI offenders.
  - c. Create a more informed public regarding laws that pertain to the sale and use of alcohol, particularly in regards to minors.
  - d. Detour future offenders by punishments to include loss of driving privileges, fines, and incarceration.
- 5. Goals and Objectives Based on Activities
  - a. Lower the number of cases of recidivism.
  - b. Allow for victims to recover losses due to DWI.
  - c. Lower the number of fatalities caused by DWI.

**D. Problem – Criminal Activity**

- 1. Supporting Statistics
  - a. Preliminary figures indicate that, as a whole, law enforcement agencies throughout Texas reported an increase of 0.4% in the number of violent crimes. The violent crime category includes murder, forcible rape, robbery, and aggravated assault. According to the Texas Uniform Crime Report for 2007, Bell County reported:
    - 16 Murders
    - 138 Forcible Rape cases
    - 318 Robbery cases
    - 723 Aggravated Assault cases
    - 9818 Property Crime cases (Belton, Killeen, Temple and Bell County Sheriff's Department reporting)
    - 3689 Burglary cases
    - 6848 Larceny-Theft cases
    - 509 Motor Vehicle Theft cases
  - b. Bell County has 13 law enforcement agencies and 545 commissioned law enforcement officers.
  - c. Three of these agencies offer Citizens Police Academies and most agencies take part in community policing.
- 2. Action Plan
  - a. Continue current emphasis on Community Policing

- b. Provide training to law enforcement officers regarding philosophical and practical community policing techniques.
  - c. Enhance community policing by educating the public (citizens, businesses, civic organizations, schools, faith-based organizations, etc.) on various roles of community policing.
  - d. Establish a network of community services available.
  - e. Utilize 2-1-1 information and referral system, Citizens on Patrol and Crime Stoppers programs.
  - f. Crime prevention programs at government subsidized housing, public housing and Section 8 housing.
3. Funding Priorities
- a. Training.
  - b. Equipment.
  - c. Facilitation.
  - d. Networking.
  - e. Increase in Officers and patrols.
  - f. Hardware, software and officer training for computer crimes such as on-line predators, identity theft, etc.
  - g. Additional resources to assist in the tracking and monitoring of sex offenders (compliance with Court orders, registration, residency, etc.).
  - h. Youth Crime Prevention programs.
4. Goals and Objectives Based on Problem
- a. Reduce the overall crime rate.
  - b. Provide training to law enforcement.
  - c. Obtain a full community commitment from local citizens, businesses, civic organizations, schools, faith-based organizations, and others to mobilize community assets.
5. Goals and Objectives Based on Activities
- a. Reduce the overall crime rate.
  - b. Train law enforcement officers.
  - c. Have a community-wide, community-based policing program.

**E. Problem - Mentally Ill Offenders**

1. Supporting Statistics
- a. 13% of direct probationers in Texas suffered from a mental illness, 27% of direct parolees were estimated to be mentally ill while at the same time only 28% of mentally ill probationers and parolees were treated (Source: Texas Department of Criminal Justice, 2001).
  - b. FY 2008 – 2,861 adults will have received direct care from Central Counties MHMR (CCMHMR).
  - c. FY 2008 – 708 children will have received direct care CCMHMR.

- d. FY 2008 – 578 bed-days will have been used by Bell County residents in state operated psychiatric facilities.
- e. In FY 2008 – 6,383 Bell County citizens will have received some kind of care or assistance through CCMHMR.
- f. FY 2008 - \$18,512,720 in total resources will have been spent on Bell County residents through CCMHMR (up from \$16,289,244 in FY 2006).
- g. CCMHMR provided services to over 2,800 incarcerated offenders (not including 675 who were current CCMHMR clients) in the Bell County jail – many of whom are repeat offenders.
- h. There are no local residential facilities and limited out-patient resources for MI/MR clients in Bell County.
- i. The number of individuals with mental illness who are involved in the criminal justice system is disproportionately large, and it is on the rise. Studies have found incidences of 10 to 18 percent for serious mental illness among jail inmates compared with an incidence of 2 – 5 percent in the general population.
- j. According to a 2006 report by the U.S. Bureau of Justice Statistics, nearly a quarter of both state prisoners and jail inmates who reported they had a mental health problem had served three or more sentences prior to incarceration.
- k. In 2007, The Texas Department of Criminal Justice reported that 30% percent of the people incarcerated in the state have a prior service history with the public mental health system.
- l. According to the Bureau of Justice Statistics, encounters with the police by individuals who exhibit signs of serious mental illness are more likely to be arrested and, if taken to jail, they may spend more time there than individuals who do not exhibit such signs.
- m. Other factors contributing to the growing number of incarcerated mentally ill persons include changes in mental health laws, the declining public hospital census, limited access to services, and the public's negative attitudes toward crime and mental illness.
- n. An essential aspect of treatment is a close liaison between treatment staff and the criminal justice system, including the court, the district attorney's office, the departments of probation and parole, and the patient's counsel (Buckley R, Bigelow DA: *The multi-service network: reaching the un-served multi-problem individual*. Community Mental Health Journal 28:43-50, 1992).

2. Action Plan
  - a. Review statistics to determine problems, patterns, issues faced by MI/MR residents and offenders in Bell County.
  - b. Develop a White Paper to bring problems and potential solutions to County leaders.
  - c. Need for a residential facility for MI/MR residents of Bell County.
  - d. Need for day program centers in Temple and Killeen (the two primary population centers of Bell County) – staff to include counselors, evaluators, law enforcement and community supervision.
  - e. Maintain staff to be available 24/7 for referrals by area law enforcement agencies.
  - f. Establish a Community Treatment Team to assist law enforcement as a referral source, provide immediate assistance to MI/MR residents, and locate long-term resources for MI/MR residents.
  - g. Locate and provide MI/MR training for area law enforcement, prosecutors Judges, community supervision and area service providers.
  - h. Form coalitions and collaborations to leverage expertise and resources.
3. Funding Priorities
  - a. Training for area professionals – to include law enforcement, Court personnel, probation personnel, etc.
  - b. Determine community needs and priorities and determine costs.
  - c. Identify potential funding sources available for specific needs.
  - d. Additional clinical staff to eliminate or reduce waiting list and reduce caseloads to fewer than 60 per staff member.
  - e. Provide residential and “day” center facilities.
  - f. Funds to restore residential support services as an essential element to reduce temporary homelessness and arrest/incarceration.
4. Goals and Objectives Based on Problem
  - a. Reduce the number of MI/MR offenders who are incarcerated in lieu of treatment by providing alternatives to law enforcement.
  - b. Respond appropriately to needs of MI/MR residents in Bell County by providing treatment options currently unavailable.
  - c. Improve treatment compliance of MI/MR residents and offenders.
  - d. Provide a network of providers to area law enforcement, Courts and community supervision.

5. Goals and Objectives Based on Activities
  - a. Reduce the strain placed upon Bell County Jail as a result of MI/MR offenders arrested rather than treated.
  - b. Reduce Court dockets by treating MI/MR offenders rather than incarcerating.
  - c. Reduce the number of arrests and time spent by local law enforcement in handling MI/MR cases.
  - d. Provide law enforcement with referral sources for MI/MR offenders, providing options other than arrest for minor violations.
  - e. Decrease recidivism through appropriate treatment.
  - f. Improve communication between law enforcement, Courts, community supervision and treatment providers.

**F. Problem - Homelessness**

1. Supporting Statistics
  - a. Many people lose their jobs every year.
  - b. Loss of income attributes to robberies, drug abuse and other related crimes.
  - c. Bell County has a large transient population due to Ft. Hood and its location along the IH-35 corridor.
  - d. An average of 16% of the single adult homeless population suffers from some form of severe and persistent mental illness (National Resource and Training Center on Homelessness and Mental Illness, 2003).
  - e. 22% of the American population suffers from a mental illness, a small percentage of the 44 million people who have a serious mental illness are homeless at any given point in time (National Institute of Mental Health, 2005).
  - f. Homeless people with mental disorders remain homeless for longer periods of time and have less contact with family and friends (National Coalition for the Homeless Fact Sheet # 5, June 2008).
2. Action Plan
  - a. Find out why people are homeless.
  - b. Increase the number of shelters or homeless programs.
  - c. Provide public and police awareness of services available for homeless or transient population.
  - d. Central Texas Youth Services provides counseling and residential care for runaway/homeless children/youth age 3-17 and Project FUTURE (Focus Upon Training, Utilization of Resources and Employment) provides apartments, transitional living skill training and job readiness for ages 16-25 within its Transitional Living centers in Killeen, Temple and Belton. In independent Living Program provides these services for homeless young adults ages 18-21.

- e. Create and fund programs that assure access to mainstream and targeted community-based services for homeless people with serious mental illness.
  - f. Services such as crisis intervention, landlord-tenant intervention, continuous treatment teams and appropriate discharge planning in jails and inpatient facilities must be made available in all communities.
3. Funding Priorities
    - a. Community and police on awareness, training and education.
    - b. Emergency and temporary shelters and residences.
  4. Goals and Objectives Based on Problem
    - a. Reduce homelessness.
    - b. Increase funding assistance.
    - c. Educate police and community on services available so they can assist the homeless and/or transient.
  5. Goals and Objectives Based on Activities
    - a. Lower the crime rate and drug use in the community.
    - b. Provide the opportunities for the homeless or transient person to avail them of the resources available within the community.

#### **IV. Juvenile Justice Issues**

##### **A. Problem – Lack of Safe Environment/Emergency Access for Assistance**

1. Supporting Statistics
  - a. State rate of child abuse is 11.2 per 1,000; Bell County rate is 17 per 1,000.
  - b. Abuse fatalities – Six (6) preventable child abuse deaths in Bell County last year.
  - c. Inadequate intensive, long-term parent education and support for at-risk parents of infants and young children. Risk factors include but are no limited to parental age, marital status, education level, lack of support, socio-economic status, history of mental illness, substance abuse, lack of generational support in addition to the existence of a large military base with young, transient families lacking support systems.
  - d. Children who are out on the street due to abuse or unstable home environment.
  - e. Bell County consists of many rural areas with little or inadequate support and/or resources for children and families.
  - f. CTYS Option House Emergency Shelter served 158 youth (ages 3-17) for FY 2008.

- g. In FY 2008, STAR (Services for AT Risk) Program, Project Safe Place, Option House, and Project FUTURE Transition Centers Transitional and Independent Living Programs provided counseling and related crisis intervention/prevention services, residential and independent living, and job readiness services for 848 clients, impacting some 2,968 Bell County residents (statistics provided by Central Texas Youth Services)
- h. The Bell County rate of abuse is 17 per 1000 children, the Texas rate of abuse is 11.2 per 1000 children (statistics provided by the Children's Advocacy Center of Central Texas).

2. Action Plan

- a. Provide protection for victims of abuse (emergency shelter/assessment center).
- b. Provide counseling to abuse victims (including child and family).
- c. Provide network of locations where youth who are runaways or are in an unsafe home or crisis situation can go for help.
- d. Provide education to at-risk young parents such as parenting, coping skills, educational attainment, work-force training.
- e. Provide education on violence prevention and anti-victimization to youth and help them identify violent factors and avoid circumstances where they are continually victimized.
- f. Provide increased outreach services to outlying rural areas in Bell County to serve disadvantaged and disenfranchised populations.

3. Funding Priorities

- a. Emergency shelters/assessment centers.
- b. Outreach prevention/counseling services.
- c. Advocacy, community education and awareness programs.

4. Goals and Objectives Based on Problem and Activities

- a. Continue funding of current shelters, advocacy programs and services.
- b. Increase the number of parents using information and skills gained from parenting and related educational programs.
- c. Increase knowledge that child abuse is a crime via media campaign.
- d. Increase public awareness via activities during Child Abuse Prevention Month in April.
- e. Continue to educate community that all child abuse incidents must be reported by the person it was reported to.

**B. Problem – Youth Accountability**

1. Supporting Statistics
  - a. Truancy, dropout rates and teen parents.
  - b. Drug and alcohol use.
  - c. Gang activity, including our rural areas, continues to increase.
  - d. STAR (Services to At-Risk Children, Youth and Families) served 595 Bell County at-risk children/youth impacting some 2,083 family members (Statistics provided by Central Texas Youth Services).
2. Action Plan
  - a. Provide early intervention for at-risk students.
  - b. Increase community involvement of adult mentors as role models.
  - c. Provide programs stressing development of character, self-worth, confidence, abstinence, alcohol/drug avoidance and conflict resolution.
  - d. Affordable, accessible treatment.
  - e. Develop, maintain and monitor prevention programs as well as tobacco intervention programs, curfew enforcement programs and intensive supervision of probationers.
3. Funding Priorities
  - a. Year-round programs supporting positive behaviors.
  - b. Early intervention programs working with at-risk youth.
  - c. Training to create community wide base of mentors.
  - d. Funding of “prevention” programs.
4. Goals and Objectives Based on Problem
  - a. Increase the number of students who graduate with diploma/GED.
  - b. Increase the number of students who participate in after-school and summer programs.
  - c. Community commitment for mentorship and increased collaborations and partnerships.
5. Goals and Objectives Based on Activities
  - a. Reduce the number of high-school drop-outs.
  - b. Reduce the incidence of juvenile crime by offering various after-school and summer activities for kids to participate in.
  - c. Enlist business, civic, city and retired individuals who can positively affect kids as mentors.
  - d. Increase knowledge of STD.
  - e. Decrease substance abuse by youth.

**C. Problem – Family Counseling, Parental Involvement**

1. Supporting Statistics
  - a. Parents working more hours to provide for family needs.

- b. Low to moderate income families' lack of health coverage for families in urban and (especially) rural areas.
- 2. Action Plan
  - a. Provide outreach counseling and parent education.
  - b. Provide 24-hour crisis hotline/crisis prevention.
  - c. Increase community awareness available services.
  - d. Mandated parent education and intervention for parents of juvenile offenders.
- 3. Funding Priorities
  - a. Provide funding for parent education and/or family counseling for parents of juvenile offenders existing programs providing services.
  - b. Continue to fund existing programs and services.
- 4. Goals and Objectives Based on Problem
  - a. Enable parents and kids to receive counseling services.
  - b. Reduce potential for violence in the home and incidence of substance abuse.
- 5. Goals and Objectives Based on Activities
  - a. Continue funding of current projects.
  - b. Advertise programs to target audience through flyers, posters and presentations in the workplace.

**V. Victims Issues** – Transportation, translation assistance, and correct victim information has been impacted due to the increasing number of victims in all categories.

**A. Problem – Domestic Violence**

- 1. Supporting Statistics
  - a. Bell County District Attorney's Office handled 1,734 cases in 2006 and 68 felony domestic violence cases.
  - b. According to DPS – UCR for 2005-07, all family violence crimes reported to law enforcement in Bell County were as follows:
    - 2005 – 2,824 crimes/incidents reported
    - 2006 – 2,742 crimes/incidents reported
    - 2007 – 2,973 crimes/incidents reported
  - c. In 2007, Families in Crisis reported:
    - 12,294 domestic violence calls
    - 2,972 reported cases of domestic violence
    - Served 782 victims
    - 84 reported cases of sexual assault
    - 417 cases of sexual assault were reported
  - d. Fort Hood Army Base contributes to overall increase in numbers of victims but population of base (approx. 80,000). is not calculated in U.S. Census or regional funding.
  - e. Poverty contributes to the rise and incident of domestic violence.

- f. Secondary/witness child victims are greatly impacted.
  - g. Lone Star Legal Aid processed 18,857 applications for civil legal services (1/2006 – 11/2006). Of those cases, 1,525 were accepted for service, 1,276 were family law related.
  - h. In 2007 there were 1,247 confirmed victims of child abuse/neglect in Bell County – this marks a 15% increase from 2007 and over 40% increase from 2004 (TDFPS website).
  - i. In 2007, 967 children were removed from their homes (statistics provided by the Children’s Advocacy Center of Central Texas, Inc.).
2. Action Plan
- a. Bring more programs to schools, to include rural school districts.
  - b. Use more referrals to children and youth services.
  - c. Provide shelter and housing, to include transitional and emergency shelters.
  - d. Continue to provide more community outreach/awareness on domestic violence issues bringing focus on rural communities.
  - e. Provide additional personnel and facilities to meet victim demand.
  - f. Provide translation services for the increase in Hispanic victims.
  - g. Provide services for young adult group (17-21), including young parents.
  - h. Provide group and individual counseling on emergency and follow-up basis at no (or little) cost to all victims.
  - i. Provide protective civil legal services, including protective orders for victims.
  - j. Provide resources and education to improve employment for the impoverished.
3. Funding Priorities
- a. Shelter/shelter needs.
  - b. Outreach support – for rural school needs, group, case management.
  - c. Community awareness.
  - d. Legal assistance.
  - e. Transportation assistance.
  - f. Non-English speaking services.
  - g. Most needs of immigrant populations.
  - h. Programs for rural school districts.
  - i. Education and Employment Programs.
4. Goals and Objectives Based on Problem
- a. To reduce the number of domestic violence incidents.

- b. To reduce the number of domestic assaults/abuse of children and child witnesses.
- c. To find/provide services for young adult group (17-21).
- 5. Goals and Objectives Based on Activities
  - a. Continue funding of current projects.
  - b. Implement new victim projects/support groups.
  - c. Provide better victim services (programs, counseling, and translation) to lessen the trauma of victims.

**B. Problem – Rape/Sexual Assault**

- 1. Supporting Statistics
  - a. The District Attorney's Office reported approximately 300 sexual assaults – Families in Crisis served 84 victims of sexual assault.
  - b. Lack of transportation to hospital, intervention, and court appointments.
  - c. Increased number of sexual assaults.
  - d. Increase in Hispanic victims and continued difficulty with language barriers and translation.
  - e. High correlation between poverty and the likelihood of sexual assault.
  - f. Increase of sexual assaults on college campuses.
- 2. Action Plan
  - a. Continue w/services being provided.
  - b. Develop more translating assistance and programs making translators more available to programs.
  - c. Develop program(s) to improve communication with educators and others in the community.
  - d. Bring more programs to schools.
- 3. Funding Priorities
  - a. Sexual assault accompaniment for exams (96 in 2006).
  - b. Sexual Assault Nurse Examiners Program.
  - c. Additional personnel to assist case load.
  - d. More community awareness and prevention programs, to include those targeted at males.
  - e. Support for translation/English as a Second Language (ESL) programs.
- 4. Goals and Objectives Based on Problem
  - a. Community outreach.
  - b. Assist more needs of sexual assault victims, including Spanish speaking victims.
  - c. Assist the Hispanic population with translation and ESL education.
- 5. Goals and Objectives Based on Activities
  - a. Continue to provide and improve current services.
  - b. Provide services for immigrant and poor populations.

## **C. Problem – Prosecution of Adults and Juveniles**

1. Supporting Statistics
  - a. Correct information on victim rights and crime victim compensation application must get to each victim as required by law.
  - b. Domestic violence victims must be located and cooperate with prosecution.
  - c. Courtroom procedure explanation and preparation need to be provided.
  - d. Courtroom accompaniment is needed for victims.
  - e. Restitution amount collection and verification needed.
  - f. Court hearing notification and resetting, case status and disposition.
  - g. Elderly and disabled transportation as needed for court and investigation.
  - h. Continued networking throughout the victim organizations.
  - i. Grant victimization statistics are used to verify the number of felony crime victims serviced during prosecution. These statistics include the number of victims served, contacts with each victim, and services performed.
2. Action Plan
  - a. Continue funding of existing programs.
  - b. Initiate new programs as needed.
3. Funding Priorities
  - a. VOCA grant funding.
  - b. County funding.
4. Goals and Objectives Based on Problem
  - a. Make contact with victims of felony crimes prosecuted in Bell County.
  - b. Gather and provide accurate information and referral.
  - c. Give victim rights and crime victim compensation information and assistance.
  - d. Courtroom procedure, preparation and accompaniment will be offered.
  - e. Other assistance given:
    - Case status (setting, rescheduling and disposition),
    - Employer/school intervention on behalf of victim,
    - Restitution assistance,
    - Coordination of victim services throughout Bell County law enforcement as mandated by law.
5. Goals and Objectives Based on Activities
  - a. Host “mini summit” at least twice yearly to address new information; solve inter-agency problems, learn the latest updates w/victim services; network with all victim/community programs.

- b. Excellent victim services.

**D. Problem – Insufficient Services for Elderly/Disabled**

1. Supporting Statistics
  - a. Growing number of the elderly and disabled involved in scams/family victimization.
  - b. In 2006, the total number of Adult Protective Services for Bell County was 1,296.
  - c. In 2006, there were 864 confirmed Adult Protective Service investigations conducted in Bell County.
  - d. In 2006, there were 656 clients receiving services form Adult Protective Services in Bell County.
  - e. Aging population.
  - f. Insufficient services for elderly/disabled.
  - g. Lack of specific training dealing with mentally challenged.
  - h. Growing number of mentally challenged being victimized on street and homeless.
2. Action Plan
  - a. Community outreach.
  - b. Volunteer services.
3. Funding Priorities
  - a. Information and referral.
  - b. Community outreach.
  - c. Translation assistance when needed.
  - d. Increased legal aid assistance.
4. Goals and Objectives Based on Problem
  - a. Continue to provide current programs.
  - b. Initiate more community outreach.
5. Goals and Objectives Based on Activities
  - a. Lessen the victimization of elderly/disabled.
  - b. Develop new programs as needed to assist this sector.

**E. Problem – Victimization of Immigrant Population**

1. Supporting Statistics
  - a. Increase in domestic violence incidents for Hispanic and Korean populations.
  - b. 40% Spanish as primary language or very limited English proficiency.
  - c. Unreported crimes.
  - d. Due to military families being so transient, women and children are left behind and communication is a growing concern.
  - e. Various barriers increase the need for more comprehensive services.

2. Action Plan
  - a. More legal assistance to assist in immigration legalization; divorce and other related legal issues.
  - b. Provide translation/other necessary services.
3. Funding Priorities
  - a. Legal assistance.
  - b. Translation assistance.
  - c. Increased funds needed for populations with barriers requiring attenuated services.
4. Goals and Objectives Based on Problem
  - a. Provide more legal assistance to immigrant sector.
  - b. Provide better communication through translation.
5. Goals and Objectives Based on Activities
  - a. Improved services to immigrant population.
  - b. Lessen victimization of immigrant population.

**F. Problem – Legal Assistance to Crime Victims**

1. Supporting Statistics
  - a. Decrease in accepted cases.
  - b. Difficulty for victims to obtain protective orders.
  - c. Increase in disabled and elderly victims of crime or exploitation cases.
  - d. Domestic violence cases handled by Legal Aid services, specifically the increase in the lack of availability for individuals to obtain protective orders.
2. Action Plan
  - a. Obtain funding for Legal Aid services.
  - b. Initiate new project(s) as needed.
3. Funding Priorities
  - a. To provide more services to all victims.
  - b. Increase personnel to assist growing number of victims.
4. Goals and Objectives Based on Problem
  - a. Additional personnel for assistance.
  - b. Obtain funding for services paid by funding lost.
5. Goals and Objectives Based on Activities
  - a. Reach a larger number of victims with needed services.
  - b. Enhance current project(s).

**G. Problem – Continuous Rise of Child Abuse/Neglect in Bell County**

1. Supporting Statistics
  - a. Bell County had six (6) child abuse/neglect related deaths last year.
  - b. TDFPS completed 3,991 initial intakes alleging abuse.
  - c. TDFPS completed 3,783 investigations, including 5,408 children.

- d. In 2007 there were 1,247 confirmed victims of child abuse/neglect in Bell County – this marks an approximate 15% increase from 2006. (TDFPS website) – 415 were removed from their homes.
- e. 967 children removed and placed in the legal responsibility of the state.
- f. 692 children are in foster care in 2007, CASA of Bell County is able to provide case management for 142 foster care children.
- g. Foster care expenses totaled \$6,224,160 in 2007.
- h. 634 children were interviewed and family advocacy was completed by the Children’s Advocacy center of Central Texas, Inc. (CAC) in 2007. 405 of those children resided in Bell County.
- i. Lack of affordable day care and after school care creating latch key children who are more likely to become victimized (to include those who are abused at school).
- j. Lack of local foster care homes.
- k. Ft. Hood Army Base contributes to overall increase in numbers of victims but population of base is not calculated in U.S. Census or regional funding. This creates additional numbers served for all non-profits in Bell County without adequate compensation for services.
- l. Children are being abused and/or traumatized through personal violence (not related to family/outside the home) and those who are witnesses of abuse.
- m. Recognizing the impact of trauma to secondary/witness child victims.

2. Action Plan

- a. Provide community education on abuse/neglect.
- b. Recruit, train, and retain more volunteers to advocate for abused and neglected children in Bell County.
- c. Incorporate broader prevention education in schools; the need to come forward when a child says they have been assaulted/molested, as well as bullied.
- d. Provide transportation to counseling and doctor’s appointments.
- e. Encourage schools to continue to establish effective protocols to respond to children at risk.
- f. Increase referrals to Early Childhood Intervention.
- g. Increase the number of local foster care homes in Bell County.
- h. Provide support of Child Fatality Review Teams and SafeKids Coalition (through Scott & White) to improve prevention of childhood injuries resulting in mortalities.

3. Funding Priorities
  - a. Continue to receive funding to serve abused/neglected children in Bell County, including support of child fatality/injury prevention and awareness.
  - b. Continue to receive VOCA funds.
  - c. More child care/after school care.
  - d. Training for school districts on how to effectively respond to children at risk.
  - e. Establish programs that provide services to secondary/witness child victims.
  - f. Establish young parent programs geared toward teenage/child parents.
4. Goals and Objectives Based on Problem and Activities
  - a. Establish and/or maintain school and community prevention programs focused on adults and children, including children who witness domestic violence.
  - b. Work in conjunction with Junior League to promote and establish a prevention program such as W.H.O. (We Help Ourselves), PREP and those for child witnesses of domestic violence, etc.
  - c. Provide training to all multi-disciplinary team members.
  - d. Provide more affordable child care/after school care and programs.
  - e. Provide transportation for children to get to counseling appointments.
  - f. Improve services for secondary/witness child victims.
  - g. Improve parenting skills for teenage/child parents.

#### **H. Problem – Driving Under the Influence of Alcohol and Drugs**

1. Supporting Statistics
  - a. Drunk driving and drunk driving related crashes (resulting in death or injuries) for Bell County has not shown a significant decrease despite changes in legislation.
  - b. Lack of contact by law enforcement or District Attorney Offices and difficulty in obtaining information as needed to assist with victims of drunk-driving related crashes as they occur so that MADD - Central Texas Region can provide victim services, brochures, reading materials, and Texas Crime Victims Compensation Fund Applications immediately following the death or injury of a victim.
  - c. MADD, Central Texas Region, will also provides free victims services to those families whose loved one(s) was killed or injured by an intoxicated driver, including failure to stop and render aid and child endangerment cases. Some services include crisis counseling, personal advocacy, aid in finding financial assistance, aid in filing Crime Victims

- Compensation, emotional support, resource and service referrals, court accompaniment and assistance through the legal processes and support.
- d. Insufficient education or public awareness on the problems associated with drinking and driving or in the prevention of underage drinking within the community.
2. Action Plan
    - a. Provide quality educational and public awareness programs educating students, adults, and probationers on current legislation and the hazards and laws of drinking and driving.
    - b. Provide a wide variety of quality, immediate and on-going victim services specific to the needs of victims of drunken driving crashes.
    - c. Work with individuals assigned community service through the court system.
  3. Funding Priorities
    - a. Conduct public and educational awareness programs within the Bell County communities.
    - b. Provide quality victim services (support, guidance, information) to individuals and families affected by drunken driving crashes.
    - c. Reach/assist more victims of drunken driving crashes in a timely manner from either Public Safety agencies or District Attorney's offices.
  4. Goals and Objectives Based on Problem
    - a. Continue to provide Victim Impact Panels.
    - b. Provide more educational presentations at educational facilities, youth facilities (i.e., YMCA); community professional organizations; law enforcement; Fort Hood soldiers and families; etc.
    - c. Continue to provide multi-media events (e.g. Shattered Dreams).
    - d. Provide educational youth camps.
    - e. Offer a wide selection of free publications for victims of drunken driving crashes.
    - f. Provide emotional and legal support (both criminal and civil) at any given time.
    - g. Explain how to obtain the crash report and offender's driving record.
    - h. Offer victim support groups.
    - i. Provide referrals for counselors.
    - j. Provide referrals for civil attorneys.
    - k. Assist in preparing a Victim Impact Statement.
    - l. Offer court accompaniment.
  5. Goals and Objectives Based on Activities
    - a. Improve victim services

- b. Continue existing programs.
- c. Lessen the number of DUI/DWI drivers in Bell County.

**I. Problem – Increasing Numbers of MH/MR Bell County Residents Needing Service**

**1. Supporting Statistics**

- a. In FY 2008, CCMHMR will have served 2,861 adults, utilizing 35,027 units of service. They also will have served 708 children utilizing 8,735 units of service. (Statistics provided by CCMHMR; Memorandum to Judge Jon Burrows; 8/22/2008)
- b. In FY 2008, Bell County residents will have had utilized 578 bed-days in State operated psychiatric hospitals (Ibid.)
- c. In FY 2008, 6,383 Bell County residents will have utilized CCMHMR services over the course of the year (Ibid.).
- d. In FY 2008, CCMHMR will have expended \$18,512,720 in resources to serve Bell County residents - up from \$16,289,244 in 2006 (Ibid.).
- e. In 2001, Texas ranked 46th in the nation in mental healthcare spending.
- f. In 2003, the Texas legislature slashed millions of dollars from the state's 2004 mental healthcare programs.
- g. Due to budget constraints in 2002, only one in four children and one in three adults considered at risk and eligible for services were served by Texas Department of Mental Health and Mental retardation.
- h. More than one-fourth of persons with severe mental illness are victims of violent crime in the course of a year, a rate 11 times higher than that of the general population, according to a study by researchers at Northwestern University (Psychiatric News, September 2, 2005 Volume 40, Number 17, page 16).
- i. People with mental illness were eight times more likely to be robbed, 15 times more likely to be assaulted, and 23 times more likely to be raped than was the general population (Ibid.).
- j. When most people associate crime and mental illness, they usually think of people with mental illness as perpetrators, not victims. Yet previous research shows that only discharged psychiatric patients who also abuse substances commit violent acts at rates greater than their neighbors (Ibid).
- k. Studies suggest that individuals who are victimized are less likely to have been compliant with their medication (Outpatient commitment decreases victimization of individuals with severe psychiatric disorders - Aug. 2002



- e. Provide residential and “day” center facilities.
- f. Funds to restore residential support services as an essential element to reduce temporary homelessness and arrest/incarceration.
- g. Create and fund programs that assure access to mainstream and targeted community-based services for homeless people with serious mental illness.
- h. Services such as crisis intervention, landlord-tenant intervention, continuous treatment teams and appropriate discharge planning in jails and inpatient facilities must be made available in all communities.

## **VI. Long-Term Evaluation of Goals**

The Bell County Community Planning Team will monitor the various Focus Groups’ activities. Additionally, planning team members are encouraged to continually monitor ways in which identified problems are being addressed, whether or not alternative community assets can be incorporated into the action plan, and to constantly be aware of new problems that may arise within the community that might be addressed by this planning team. In addition, the Bell County Community Planning Team members work in conjunction with other planning groups in the county to ensure a regular exchange of ideas. Individuals active in the planning process generally serve on many of these committees and share mutual concerns.

## **VII. Conclusion**

Each year, Bell County citizens come together to create a county-wide Community Plan. This “Plan” is by definition contemporary and temporal. It reflects the priorities, problems, gaps, shortfalls, challenges and opportunities confronting our community at a given point in time. Bell County comprises many diverse and committed citizens, community groups, local government agencies, businesses, churches, non-profit agencies, and schools. All of these organizations and individuals have important perspectives to offer in the development of a “living community plan” that will be integral to improving the quality of life of this community and adaptable to the evolving concerns and needs of the community.

Since the Bell County Community Plan is a continual process with the overall goal to constantly seek ways that community assets can be mobilized to accomplish the task of enhancing the quality of life in Bell County, all members understand their role in establishing a firm foundation to build upon. It is this Planning Team’s opinion that through continued community support and through continued dedication by planning team members, the overall goal of enhancing the quality of life in Bell County can and will be accomplished.

This planning group and County are committed to assuring a community plan that:

- Encourages collaboration across all community institutions and governmental organizations.
- Promotes the development of multi-agency task forces to address crime control and social issues in the community.
- Values a holistic approach in programs that address crime and social issues in the larger context of family and the entire social milieu.
- Embraces community capacity building as an approach that provides local communities with the assets and resources necessary to combat crime and social issues at the neighborhood level.

As is normally the case, the needs far outweigh the resources. Competition for scarce grant dollars has brought a sense of urgency to the process. At the same time, competition has – perhaps ironically – brought about renewed efforts at collaboration and cooperation. Every priority in this document was drafted in the spirit of collaboration – not as an esoteric matter – but as a practical reality. The process was and the outcome is consensus oriented.