

**CARL R DARNALL ARMY MEDICAL CENTER
CANCER PROGRAM**

**COMMUNITY NEEDS ASSESSMENT
DECEMBER 2013/2014**

Purpose:

The purpose of this report is to detect any cancer related barriers and/or disparities to healthcare services for all eligible beneficiaries within the catchment area served by Carl R Darnall Army Medical Center (CRDAMC), Fort Hood, TX.

Community Definition:

The primary community of interest consists of all military beneficiaries (active duty, retired and dependents) that live on Fort Hood and in Bell County. A report from our Tumor Registry demonstrated that 97% of all cancers diagnosed within our catchment area, between years 2006-2010, were living in Bell County. Only 3% of these cases lived in other counties such as Lampasas, Coryell and others. For the purpose of this report, the community was confined to the geographic boundaries of Bell County.

Location:

Fort Hood rests in Bell County, in the Hill Country of Central Texas, between Killeen and Copperas Cove and is approximately 60 miles north of the capital city of Austin. CRDAMC is the Military Treatment Facility (MTF) that serves all eligible beneficiaries within a 40 mile catchment area.

Methods:

We gathered the data for this report from sources such as: Bell County Community Needs Assessment, Texas Cancer Registry- Health Service Region 7, United States Census Bureau, CRDAMC Tumor Registry and CRDAMC website.

Overview of Bell County:

Bell County is centrally located along the I-35 corridor. It is home to Fort Hood, with a capacity of 50,000 troops. The 2010 Census put Bell County's population at 310,325, which is the 16th largest of Texas' 254 counties. Bell County grew by 30.4% from 2000 to 2010. The 2013 population is estimated to be 326, 843. ^[1]

Over 60% of the population is white alone, non-Hispanic ethnicity, 22.4% Black or African American, 23.2% Hispanic or Latino. ^[1] Table 1 summarizes Bell County demographics.

Population characteristic	Bell County	Texas
White alone	68.2%	80.3%
Black	22.4%	12.4%
Hispanic or Latino	23.2%	38.4%
American Indian and Alaska Native alone	1.1%	1.0%
2 or more races	4.3%	1.8%
Native Hawaiian and Other Pacific Islander alone	0.8%	0.1%
Aged 65 or older	9.5%	11.2%
Median Household Income 2008-2012	\$50,085	\$51,563

**Table 1-
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Source: United States Census- Bell County Quick Facts, 2013

According to the Texas Cancer Registry: Lung, Breast, and Prostate cancers are the most common cancers diagnosed within Bell County. Lung cancer has the highest mortality among all cancers diagnosed within the county.

The tables below represent the average annual number of new cases and deaths of the Bell County 5 leading cancer sites, 2006-2010 ^[2].

Table 2- Cancer Incidence by Site Bell County

Cancer Site	Bell County Incidence
Lung	181
Breast	159
Prostate	148
Colorectal	101
Melanoma	43

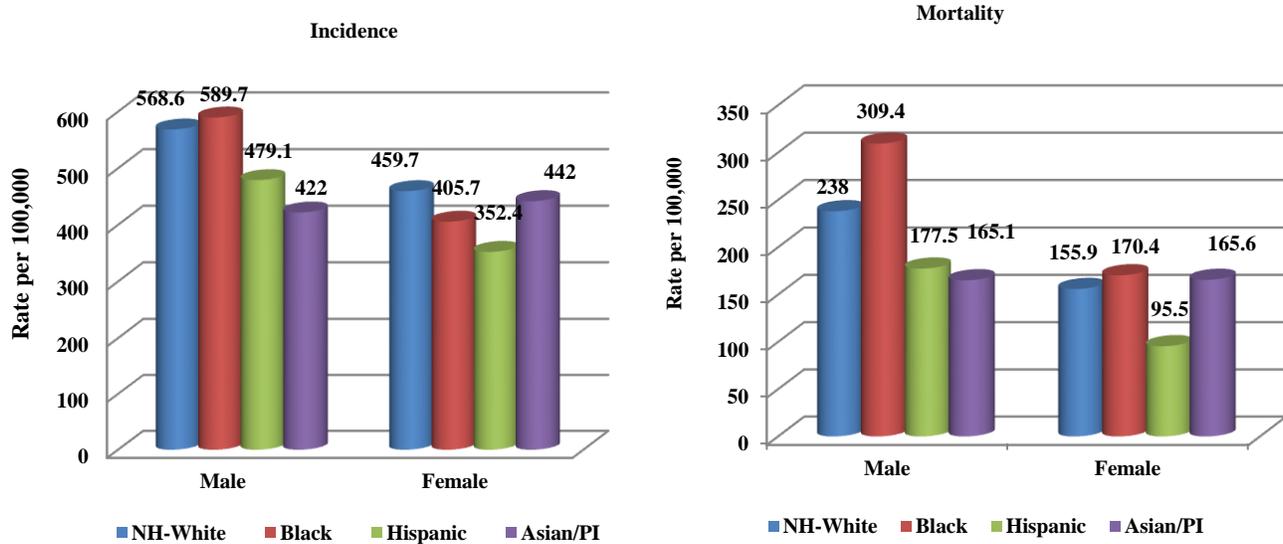
The average annual number of all cancer deaths in 2006-2010 was 413.
Source 2013 Texas Cancer Registry- Bell County

Table 3- Cancer Mortality by site Bell County

Cancer Site	Bell County Mortality
Lung	126
Colorectal	37
Breast	29
Pancreas	24
Prostate	21

The average annual number of all cancer cases in 2006-2010 was, 1,140.
Source: 2013 Texas Cancer Registry- Bell County

Cancer Rates by Race, Ethnicity and Sex, 2006-2010- Bell County



“Cancer data have been provided by the Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 West 49th Street, Austin, TX 78756, <http://www.dshs.state.tx.us/tcr/default.shtm>, or (512) 776-3080.”

The comparison of cancer incidence and mortality for Bell County demonstrates significant racial disparities within the population. The incidence is higher in black male cases and more black males die from their disease when compared with other races/ethnic groups. Within the female population, the incidence is higher in white females but more black females die from their disease.

Community Health Assets:

Carl R Darnall Army Medical Center (CRDAMC) various clinics, and three community based medical homes support more than 42,000 active duty personnel, and more than 145,000 family members and retirees, within a 40-mile radius. On an average day, the staff at CRDAMC delivers eight new babies, handles 4,258 outpatient visits, 19 surgeries, 28 admissions, 226 Emergency Room visits and fills 4,160 prescriptions.

As of November 2013, there were 164,419 beneficiaries enrolled in CRDAMC. Of those, 26% were military, 36% were family members, and 38% were retired military and their family members. Tricare South-Humana Military is the health care system that administers this unique population’s health benefits. They provide health care support and sustain the health of the beneficiaries in the civilian sector. Although designated as a medical center, CRDAMC lacks some specialists to provide comprehensive care and refers patients to local civilian hospitals for advanced diagnostics and healthcare. Access to health care resources at CRDAMC depends on

an individual's Tricare status and medical need, as well as, the specific resources available to the target population.

There are many health care resources, programs and facilities that serve this population. Some of the traditional barriers to access of care that may exist for this population are: individual cultural healthcare beliefs, public opinion of health resources, and other issues preventing access or utilization.

The following table shows a list of the areas, by zip code, that CRDAMC serves. There are others areas not listed here that also receive services.

Table 4- CRDAMC Primary Service Areas by Zip Codes

76522	76548	76504
76528	76549	76513
76539	76513	76544
76542	76559	76528
76547	76571	
76550	76502	

Table 5- Gender and Age group Distribution-Enrollments Fiscal Year 2014

Gender	Age Group Code	AD	ADFMs	Retirees	Ret FMs/Others	Grand Total
Females	A - 0-4		6,385		863	7,248
	B - 5-14		9,137		3,074	12,211
	C - 15-17		1,773		1,451	3,224
	D - 18-24	2,314	6,334	18	2,490	11,156
	E - 25-34	2,688	8,901	163	1,672	13,424
	F - 35-44	1,103	4,642	368	2,614	8,727
	G - 45-64	229	1,422	1,390	9,902	12,943
	H - 65+		89	115	7,483	7,687
Females Total		6,334	38,683	2,054	29,549	76,620
Males	A - 0-4		6,619		865	7,484
	B - 5-14		9,510		3,241	12,751
	C - 15-17		1,881		1,459	3,340
	D - 18-24	12,646	1,514	33	2,603	16,796
	E - 25-34	14,954	644	684	1,617	17,899
	F - 35-44	6,911	391	1,841	574	9,717
	G - 45-64	1,485	238	10,803	387	12,913
	H - 65+	1	30	6,834	34	6,899
Males Total		35,997	20,827	20,195	10,780	87,799
Grand Total		42,331	59,510	22,249	40,329	164,419

Fifty three (53) percent of all enrollees are male including active duty, retirees and their dependents; and forty seven (47) percent are females including active duty, retirees and their dependents.

We serve a young population, with the highest concentration of enrollees between ages 25-34 for both male and female gender. The information on race/ethnicity for this specific population was very difficult to acquire since race/ethnicity in our data pulls has not been consistently documented.

The mission of CRDAMC is to provide our Service Members, Families and Veterans, quality patient-centered care, to promote a medically ready force, and a healthy, resilient community. Our vision is to strengthen the health of The Great Place through trusted "Care and Concern".^[3]

CRDAMC has implemented community outreach activities in an effort to increase awareness and improve early cancer detection screening programs. Health promotion and wellness is a must in our institution. These programs promote and encourage healthy lifestyles for the Fort Hood community. They provide integrated and standardized primary prevention programs and services that enhance and sustain healthy lifestyles, and improve the overall wellbeing of soldiers and family members. Some of the services provided are: Tobacco Use Cessation, Weigh to Live and Sleep, Exercise and Nutrition. In addition, tobacco use is currently being screened in the patient's medical record, and the patient is given the opportunity to decide if he/she desires treatment to quit smoking. The CRDAMC web site offers a wide range of educational material on topics such as: HPV and Cervical Cancer, Breast Cancer Awareness, and weight loss; as well as, an extensive list of resources and programs that are directed toward all beneficiaries.

The Ft Hood Army Wellness Center (AWC) is part of the Army health promotion and wellness initiative which offers primary prevention services to our Ft Hood Community. The focus is to help the clients identify health risks; as well as, prevent the development or progression of chronic diseases or injury. Eligible beneficiaries include active duty and retired military personnel and their dependents, and DoD Civilians.

Additional information can be found at the following web sites:

<http://www.crdamc.amedd.army.mil>

<http://www.hood.army.mil>

In October 2012 and 2013, CRDAMC screening efforts included a "mammogram day", in which all eligible beneficiaries were encouraged to walk into mammography to have a screening mammogram, by self-referral and/or physicians order. This activity was a success and they were able to screen, 40 patients in one day in October, 2012 and 79 patients in one day in October, 2013.

Breast, Prostate and Thyroid cancers are the most common among all the cancers diagnosed at CRDAMC. This is shown in the following tables.

Number of new cancer cases and deaths of the leading cancer sites at CRDAMC, Years 2006-2010. ^[4]

Table 6- Number of Cancer Cases by Site

Cancer Site	CRDAMC Incidence
Breast	102
Thyroid	78
Prostate	60
Melanoma	40
Colorectal	39

Table 7-Number of Cancer Death by Site

Cancer Site	CRDAMC Mortality
Lung	23
Breast	15
Colorectal	15
Lymphoma	11
Brain	10

Source: CRDAMC Cancer Registry

In CRDAMC, the most common cancer diagnosed, during this time period, was breast cancer followed by thyroid and prostate cancers. We see a higher number of these cases due to the availability of screening, as all beneficiaries have free access to medical care. Patients are able to see their Primary Care Manager (PCM) with more frequency, compared to uninsured or other insurance holders in the civilian sector.

Even though Lung cancer was our highest mortality site, it was not among our highest cancers sites in incidence. This does agree with the statistics for mortality for Lung cancer patients in Bell County.

There are other community resources for cancer screening, prevention, and treatment for CRDAMC beneficiaries in the local area to include, but are not limited to the following institutions:

Metroplex Hospital: Is one of the primary healthcare providers for Bell and other nearby counties. Metroplex Health System operates Metroplex Hospital in Killeen; Rollins Brook Community Hospital in Lampasas; Metroplex Urgent Care in Killeen; Pavilion Behavioral Health Facility in Killeen; Home Care; Advance Imaging Center; and a wide array of medical and wellness services covering Central Texas. Tricare will cover some of the services provided for active duty and military beneficiaries. Some of the services and activities included are Hematology/Oncology Services; Cancer Support groups; and the Greater Killeen Free Clinic.

Scott and White Hospital (S&W): This institution also provides a wide array of services that cover a large area in Central Texas. Frequent referrals are placed to this institution for evaluation and treatment of CRDAMC’s cancer population. S&W is an acute and specialty care hospital and is the primary clinical teaching facility for medical residents and fellows in training, at the Texas A&M Health Science Center College of Medicine. S&W has a comprehensive Cancer Center to which over 70% of our cancer cases are referred each year. Some of the services offered to our cancer population include, but are not limited to, Hematology/Oncology,

Radiation Oncology, Surgical Oncology, Plastic Surgery, Advanced Imaging and Support Groups.

Seaton Medical Center Harker Heights: This is one of the newest additions to Central Texas. They also provide some services to our military beneficiaries, to include: oncology, surgical services, and imaging.

Community Input:

To identify any barriers and/or disparities in CRDAMC's cancer care, we sent a survey to our cancer survivors who were diagnosed and/or treated from January 2011 through December 2013. We sent 303 questionnaires to this group and we allowed three weeks for the return of their responses. Of those 303 questionnaires, we received 94 responses (31%).

The following is the analysis of CRDAMC patient responses:

Access to Health Care: Access to care at CRDAMC depends on an individual's Tricare eligibility and medical needs. Any time a patient requires a service that CRDAMC is unable to provide, the case is referred to an outside provider/institution where their medical needs can be met.

We asked our patients, "If they were able to visit their medical provider when needed"

95% of the patients responded that they were able to visit their medical provider when needed. Only 4% had some issues with access to care.

Health Insurance: We tried to determine if all of our survey participants were Tricare eligible. There is a group of military dependents that are not eligible for Tricare benefits, this includes parents and parents in-law. Medical services for these individuals are available, at Military Treatment Facilities (MTF), on a space available only priority. In order to receive care at a civilian institution, these patients need to have private health insurance or Medicare to cover cancer treatment such as medical or radiation oncology. Most often they can be seen by Surgery at MFT's.

No insurance issues were found in any of the survey participants. All of them had Tricare Military and 4% of the responses had other insurance, in addition to Tricare.

Barriers to care during cancer treatment: To determine what specific barriers CRDAMC cancer patients may experience during cancer treatment; as well as, to help develop strategies to address these barriers during the cancer patient navigation process, we added a question concerning this topic.

10% of the respondents said they had some issues with employment while undergoing cancer treatment but they did not specify what those issues were.

7% had child care issues during cancer treatment.

3% had transportation issues during cancer treatment.

The rest of the respondents, 79%, reported no issues during cancer treatment.

Timely cancer care: CRDAMC lacks many specialties, to include: Hematology Oncology and Radiation Oncology. Once the patient is diagnosed with a malignancy, timely, definitive treatment is very important. Over 75% of our cancer cases are referred to other institutions for cancer treatment. We tried to determine if our patients' cancer care was provided in a timely fashion.

6% felt that their cancer care was not provided in a timely fashion.
The rest, 94%, had no issues with the timeliness of their definitive treatment.

Satisfaction with cancer care: We tried to determine if the patients were satisfied with their cancer care.

3% of the patients said that they were not happy with their cancer care.
1% did not answer the question.
The rest of the patients, 96%, were satisfied with the cancer care provided.

Additional Cancer Services: We asked our patients to comment on what cancer care services they would like to see at CRDAMC.

31% of the participants responded that CRDAMC needs more specialties to include: Hematology/Oncology, Radiation Oncology and Plastic Surgery.

Some of these patients responded that they would prefer to have their care at CRDAMC than to be referred out to other institutions.

Conclusion:

Access to medical care in the military population is the same among all races, ethnic backgrounds, and gender. The military population has the opportunity to undergo cancer screening and surveillance as they have access to free health care at Military Treatment Facilities.

We found that our patients would prefer to have their cancer care at CRDAMC. At this time, CRDAMC does not provide Oncology services, and all of our cancer patients, in need of Hematology Oncology and Radiation Oncology services, are referred to other institutions to continue their cancer treatment. There is no barrier for their referral to an outside facility, and their treatment is a paid benefit by Tricare Military Insurance.

There is a barrier, in access to care, for one group of military dependents, consisting of parents and parents-in-law. These dependents are not covered under Tricare for specialty care at **civilian institutions**. Even though they are military dependents, they can only receive care at an MTF. If Tricare Plus is available at that institution, they may enroll in it, and then, will have access to primary care.^[5] At CRDAMC, these patients are allowed to have their surgical treatment at this MTF, if the service is available for their cancer site and stage. They are usually referred to San Antonio Military Medical Center (SAMMC) for their Oncologic care.

A patient navigation process is very important to CRDAMC's cancer population. This process will offer individualized assistance to patients, families, and caregivers in order to overcome health care system barriers that may arise. This process will facilitate timely access to quality medical and psychosocial care.^[6] It will ensure that our cancer patients' needs are met, in the most efficient manner.

Our patient navigation process will also ensure that the cancer patients diagnosed and/or treated at CRDAMC receive quality and comprehensive services inside and outside the Military Treatment Facility.

References

[1] United States Census Bureau Quick Facts, 2013. Internet Source
<http://quickfacts.census.gov/qfd/states/48/48027.html>

[2] Texas Cancer Registry. Texas Selected Cancer Facts, Bell County 2013. Internet Source
<https://www.dshs.state.tx.us/tcr/>

[3] Carl R Darnall Medical Center Mission and Vision, Internet Source.
<http://www.crdamc.amedd.army.mil/visitors/mvv.aspx>

[4] Carl R Darnall Army Medical Center. Cancer Registry, Cancer Figures From 2006-2010.

[5] Tricare Military. Plan Eligibility, Parents and Parents-in-law. Internet Source
<http://www.tricare.mil/Plans/Eligibility/DepParentsParentsInLaw.aspx>

[6] [American College of Surgeons- Commission on Cancer. Cancer Program Standards. S 3.1 Patient Navigation Process, 2012. P.75](#)