2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Covenant Lubbock Hospitals

Covenant Medical Center, Covenant Children's Hospital, Grace Surgical Hospital, Covenant Specialty Hospital

Lubbock, Texas

To provide feedback on this CHNA or obtain a printed copy free of charge, please email Veronica Soto at vsoto@covhs.org

CovenantHealth

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MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

Health for a Better World starts with our commitment to understanding and serving the needs of the community, especially the poor and vulnerable. The Community Health Needs Assessment process assists us in identifying and addressing areas of focus to transform health and well-being within the communities we serve.

We work to increase comprehensive access to health and social services by addressing the foundational gaps in care for the most poor and vulnerable members of our communities. With each investment we make and partnership we develop, we find ways to best address and prioritize our region's most challenging needs as identified through our community health needs assessment. The process includes a review of public health data, interviews with key stakeholders, and community focus groups with an intentional effort to include potentially under-represented populations.

The goals of our community health outreach efforts include increasing the number of people who have access to health care, connecting individuals with resources, and addressing core issues such as food insecurity, housing instability, education, resource availability, and other social factors that contribute to improved well-being. Additionally, we craft outreach programs to address health issues that disproportionately affect our most vulnerable community members. Such direct outreach programs include dental services, mental health counseling, health education, diabetes outreach and community health navigation.

We are grateful for the opportunity to serve communities in Texas and New Mexico and look forward to continuing local partnerships as we seek to collectively achieve Health for a Better World.

Walter L. Cathey FACHE
CEO Covenant Health
Providence Regional Chief Executive Texas/New Mexico

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for the Covenant Lubbock Hospitals (Covenant Medical Center, Covenant Children's Hospital, Grace Surgical Hospital, and Covenant Specialty Hospital) to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

The 2023 CHNA was approved by the Covenant Community Benefit Committee and Board of Directors on October 26, 2023, and made publicly available by December 28, 2023.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, and hospital-level data. To actively engage the community, we conducted listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted key informant interviews and focus groups with representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Community members and key informants across all four counties identified community commitment and involvement as a top community asset
- Mental health and substance use/misuse related issues were high priorities for community members and key informants in all four counties served by Covenant Health
- The high need services areas in all four counties reflect disproportionate percentage of persons identifying as Hispanic
- Access to healthcare and resources was a theme seen across all communities with an emphasis on social determinates of health as root causes of disparities

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

Through a collaborative and engaging process, the Covenant Health CHNA Advisory Council, Covenant Community Benefit Board Committee, and Covenant Hospital Boards identified the following priority focus areas (listed in no particular).

MENTAL/RELATIONAL HEALTH

Mental and behavioral health treatment, intervention, and prevention services for the community; including social and relational health, stigma reduction, and community education.

SUBSTANCE MISUSE

Substance abuse including the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco; community education and awareness through partnerships with non-profits, law enforcement, and schools; support for accessibility and availability of addiction treatment options.

ACCESS TO CARE AND HEALTH RESOURCES

Issues related to accessing health services and resources including social determinants of health with an emphasis on vulnerable populations and health equity; includes but is not limited to the following areas of focus: Dental Care for the Uninsured, Mental Health and Counseling Services, Health Education (preventative care and chronic diseases), Women's Health, and social determinants of health.

HOUSING INSTABILITY

Support for safe, affordable, stable housing through community partnerships and continued support of permanent supportive housing solutions for people experiencing chronic homelessness.

FOOD INSECURITY

Access to healthy food, nutrition education, and healthy lifestyle support with an emphasis on health equity; supporting current food solution partners and options to meet growing needs and to address root causes.

Covenant Health Lubbock Hospitals will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2024-2026 CHIP will be approved and made publicly available no later than May 15, 2024.

Measuring Our Success: Results from the 2021 CHNA and 2021-2023 CHIP

This report evaluates the impact of the 2021-2023 CHIP. Covenant Health Lubbock Hospitals responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, we invited written comments on the 2021 CHNA and 2021-2023 CHIP, made widely available to the public through posting on our website and distribution to community

partners. No written comments were received on the 2021 CHNA and 2021-2023 CHIP. The 2021 CHNA and 2021-2023 CHIP priorities were the following:

- Mental and behavioral health
- Access to health services
- Homelessness and housing instability
- Food insecurity and nutrition

A few of the key outcomes from the previous CHIP are listed below:

- Expanded our Community Counseling Center which provides counseling services for low-income and uninsured persons by adding tele-counseling, creating an internship program through partnership with local universities, and by adding on-site counseling services at the Lubbock YWCA
- Added a rapid response mental health team within Covenant Health Partners
- Provide low-cost dental services to dentally un-insured through dental outreach clinics in Lubbock and Plainview, partnering with Lubbock Impact to hold full-day dental clinics, and performing free dental sealants to children in need in Lubbock and Hockley counties
- Provided Built for Zero support to local homeless providers along with direct grants to expand permanent supportive housing
- Collaborated with local organizations and schools to provide community-based health education; provided free diabetes education with a focus on health equity
- Supported local food bank with both in-kind and financial support

INTRODUCTION

Who We Are

Our Mission	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Covenant Health is a network of acute-care hospitals founded in 1998 through a merger of two faith-based hospitals in Lubbock, TX. Covenant Health's network includes Covenant Medical Center, Covenant Children's Hospital, Grace Surgical Hospital, and Covenant Specialty Hospital (joint venture) all located in Lubbock, TX. Additionally, Covenant operates three regional hospitals in Texas and Eastern New Mexico, Covenant Health Plainview, and Covenant Health Levelland, and Covenant Health Hobbs Hospital. Covenant Health also operates Covenant Medical Group clinics throughout West Texas and Eastern New Mexico. Covenant Medical Group (CMG) is an employed physician group comprised of approximately 150 primary care and specialist physicians throughout Lubbock, West Texas, and Eastern New Mexico. The total service area spans roughly 35,000 square miles and includes approximately 750,000 people.

The Community Health Needs Assessment (CHNA) focuses on Lubbock County, Hockley County and Hale County, TX and Lea County, NM where Covenant Health provides direct community outreach services and/or support. Covenant Health facilities include more than 1,000 available licensed beds and five acute-care hospitals located in the cities of Lubbock, Levelland, Plainview and Hobbs. Covenant Health has a staff of more than 5,000, including more than 600 physicians. Major programs and services include, but are not limited to, cardiac care, cancer treatment, pediatrics, women's services, surgical services, orthopedics, critical care, neuroscience, endoscopy, diagnostic imaging, emergency medicine and obstetrics.

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.

OVERVIEW OF CHNA FRAMEWORK AND PROCESS

Equity Framework

Our vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion, or socioeconomic status. Our health equity statement can be found online: https://www.providence.org/about/health-equity.

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:

Approach

Explicitly name our commitment to equity

Take an asset-based approach, highlighting community strengths

Use people first and non-stigmatizing language

Community Engagement

Actively seek input from the communities we serve using multiple methods

Implement equitable practices for community participation

Report findings back to communities

Quantitative Data

Report data at the census tract level to address masking of needs at county level

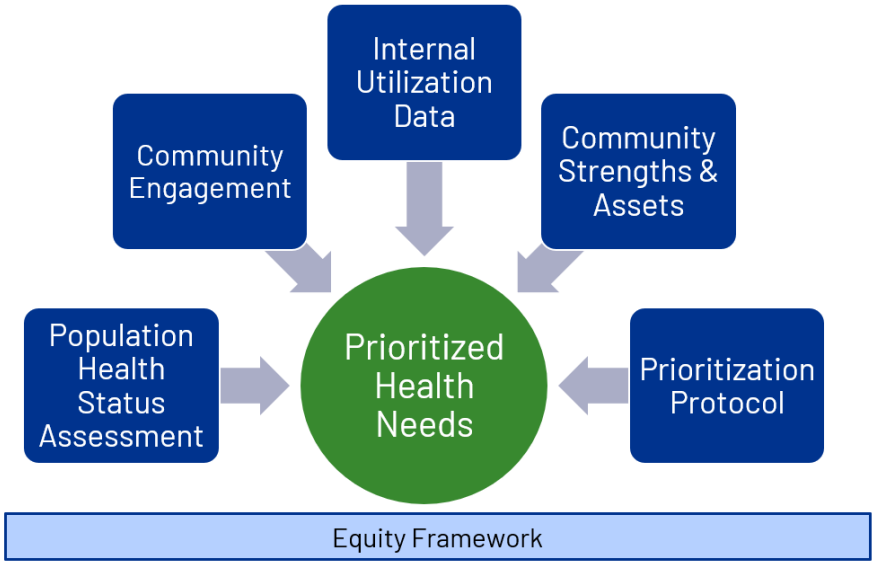
Disaggregate data when responsible and appropriate

Acknowledge inherent bias in data and screening tools

Intentional efforts were made to include feedback from communities with higher percentages of Black and Hispanic individuals. This was accomplished through listening sessions in neighborhoods predominately inhabited by Black and Hispanic residents to engage these demographics. Additionally, key informants were included who represent and serve medically underserved, low-income, and/or minority populations. Specific feedback was solicited concerning health equity.

CHNA Framework

The equity framework is foundational to our overall CHNA framework, a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed-methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.



*modified MAPP Framework

Data Sources

In gathering information on the communities served by the hospitals, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities. We reviewed data from the following sources:

Primary Data Sources	Secondary Data Sources
• Key informant focus groups and interviews • Community listening sessions • Internal hospital utilization data	• American Community Survey • Behavioral Risk Factor Surveillance System (BRFSS) • U.S. Census Bureau • United Way Community Status Report • Lubbock Health Department Vaccine & STD Report • County Health Rankings

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2021 CHNA and 2021-2023 CHIP reports, which were made widely available to the public via posting on the internet in 2021, as well as through various channels with our community-based organization partners.

No comments were received.

OUR COMMUNITY

CHNA Service Area and Community Served

The primary CHNA service area is Lubbock County for Covenant Lubbock Hospitals (Covenant Medical Center, Covenant Children's Hospital, Covenant Specialty Hospital, and Grace Surgical Hospital). Due to the large geography served by the Covenant Lubbock Hospitals, we also evaluate the secondary CHNA service area which includes Hale and Hockley counties in Texas and Lea County, New Mexico. The primary and secondary service areas are based on the availability of data, geographic access to Covenant Health services, location of local resources, accessibility of Covenant Health outreach programming, and population density. Due to the level of care provided at these four hospitals, patients come to our Lubbock facilities from multiple surrounding counties and Eastern New Mexico. Surrounding counties, outside of the CHNA primary and secondary service areas, where patients may live include the following: Castro, Swisher, Baily, Cochran, Yoakum, Gaines, Dawson, Scurry, Lamb, Terry, Lynn, Garza, Crosby, and Floyd Counties in Texas, as well as Curry, Roosevelt, and Eddy in New Mexico.

Providence Needs Index

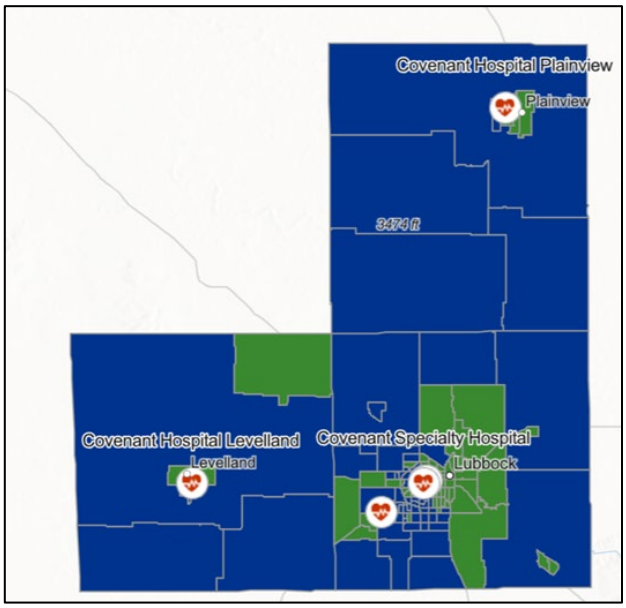
To facilitate identifying health disparities and social inequities by place, we designated a "high need" service area and a "broader" service area, which together make up the Lubbock, Hale, Hockley, and Lea County Service Areas. Based on work done by the Public Health Alliance of Southern California and their Healthy Places Index (HPI) tool, we identified the high need service areas based on income, education, English proficiency, and life expectancy.[1] The remaining portions of the counties is identified as the broader service areas.

For this analysis, census tracks with more people below 200% Federal Poverty Level (FPL), more people without a high school diploma, more limited English households, and a lower life expectancy at birth were identified as "high need." The mean value of nearest neighbors was used to insert missing data for variables by way of the Neighborhood Summary Statistics geoprocessing tool in ArcGIS Pro 3.1. All variables were weighted equally. The census tracts were assigned a score between 0 and 100 where 0 represents the census tract with the lowest need and 100 represents the highest need, according to the criteria. Census tracts that scored higher than the average were classified as a high need service area and are depicted in green.

[1] The following variables were used for the PNI analysis: Population below 200% the Federal Poverty Level (American Community Survey, 2021); Percent of population with at least a high school education (American Community Survey, 2021); Percent of population, ages 5 Years and older in Limited English Households (American Community Survey, 2021); Life expectancy at birth (estimates based on CDC, 2010 – 2015 data)

Figure 1. Lea County Service Area

Figure 2. Lubbock, Hockley, and Hale Counties Service Areas



Community Demographics

The graphs below provide demographic information about the service areas in comparison to the high need service areas. We have developed a dashboard that maps each CHNA indicator at the census tract level. The dashboards can be found here:

Texas Data: https://experience.arcgis.com/experience/6dc400dbac0149c3ab9f8abe42fbe887/

New Mexico Data: https://experience.arcgis.com/experience/8b743b0071ec4b68b1151f9ed1b427fe/

LUBBOCK COUNTY DEMOGRAPHICS

Table 1. Lubbock County Total Population by Geography

Indicator	Lubbock County	Broader Service Area	High Need Service Area
Total Population	308,580	170,539	138,041

Source: American Community Survey, 2021 5-year estimates

A review of population demographics for Lubbock County indicates that Lubbock County is growing in population and has a young median age with 31% of the residents in the age group of 18-34. This age group is also the largest within the high need service area at 36.8%. Lubbock County is almost evenly split between males and females with no significant difference based on sex reflected in the broader

and high needs service areas. The high-need service area exhibits higher percentages of Black or African American (11.3%), Two or more Races (11.5%), and Other Race (8.5%) populations compared to Lubbock County and the broader service area. The high-need service area also has a significantly higher percentage of the Hispanic population at 48.1%, compared to Lubbock County (36.4%) and the broader service area (27.0%). It is significant to note, when reviewing the data for health equity, that the total population for Black/African American in Lubbock County is 22,378 with 15,618 living in the high need service area. Furthermore, 112,432 totally population in Lubbock County identify as Hispanic with 66,387 living in the high need service area. Detailed demographics are found in **Appendix 1.** The following graphic representations detail percentage demographics by service area.

Figure 3. Lubbock Service Area Population Age Groups by Geography

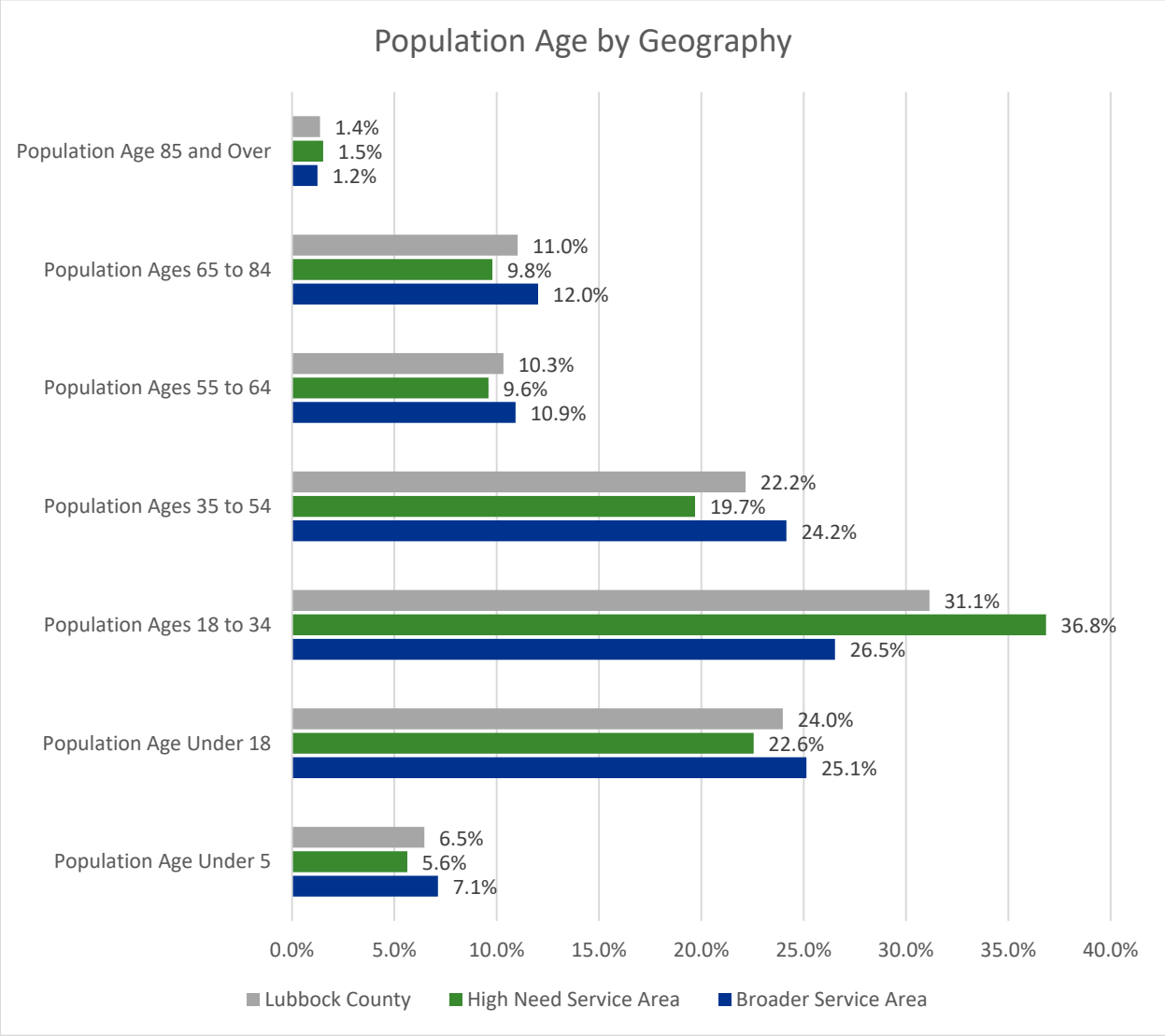
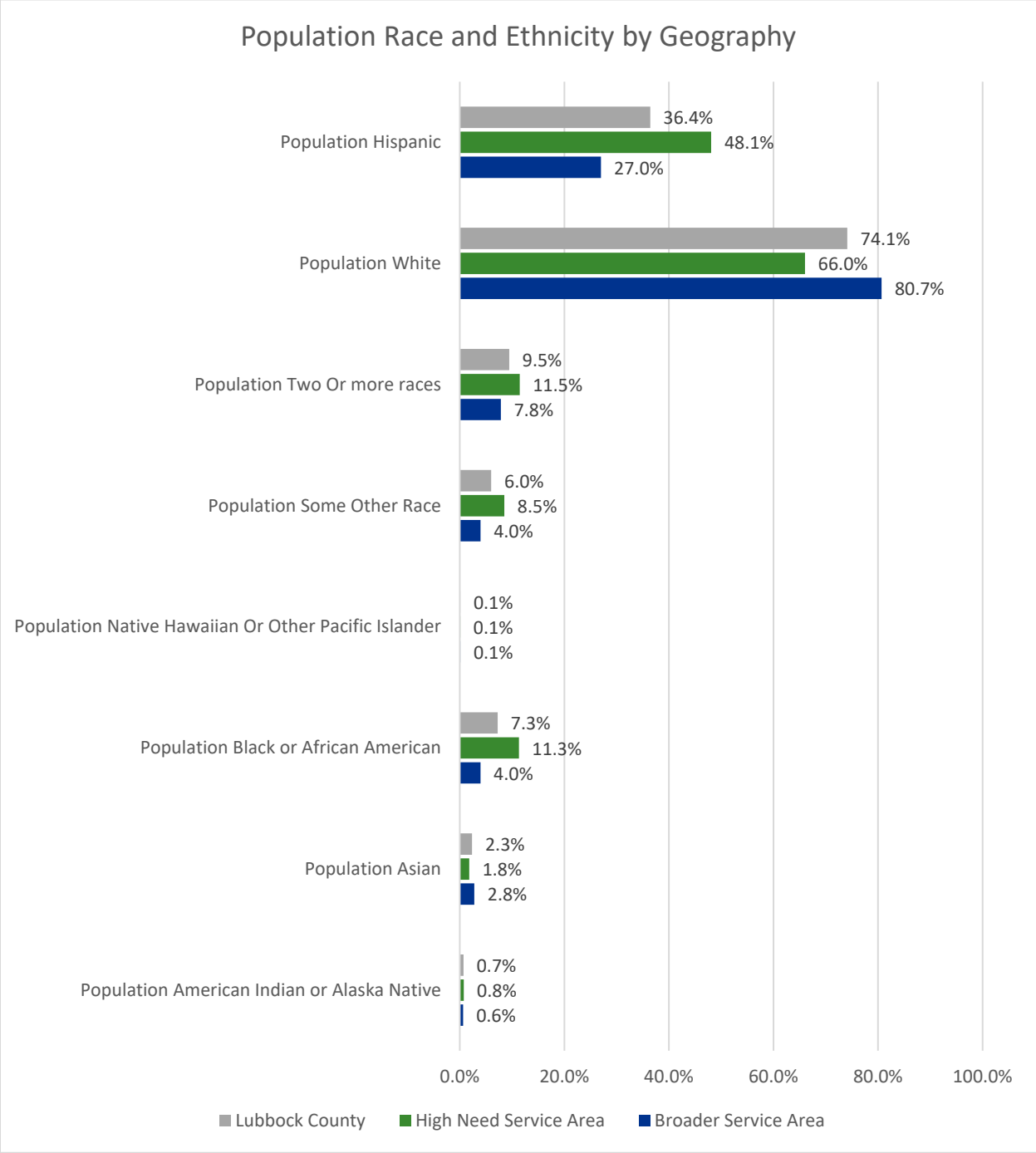


Figure 4. Lubbock Service Area Population Race and Ethnicity by Geography



HOCKLEY COUNTY DEMOGRAPHICS

Table 2. Hockley County Total Population by Geography

Indicator	Hockley County	Broader Service Area	High Need Service Area
Total Population	21,670	12,283	9,387

Source: American Community Survey, 2021 5-year estimates

Hockley County demographics reflect an overall young population. The largest age group in Hockley County is under 18, constituting 26.3% of the population. The population ages 18 to 34 and 35 to 54 are relatively balanced, each comprising around 24% of the total population. Males and females are almost equally represented in Hockley County overall with slightly more females living in the high need service area. The Hispanic population is a significant demographic within Hockley, constituting 49.3% of Hockley County, 41.3% of the broader service area, and 59.8% of the high-need service area. The total Black or African American population for Hockley County is 723 with a total of 439 living in the high need service area. 10,690 persons in Hockley County identify as Hispanic and 5,615 of those live within the high need service area. Detailed demographics are found in **Appendix 1** . The following graphic representations detail percentage demographics by service area.

Figure 5. Hockley Service Area Population Age Groups by Geography

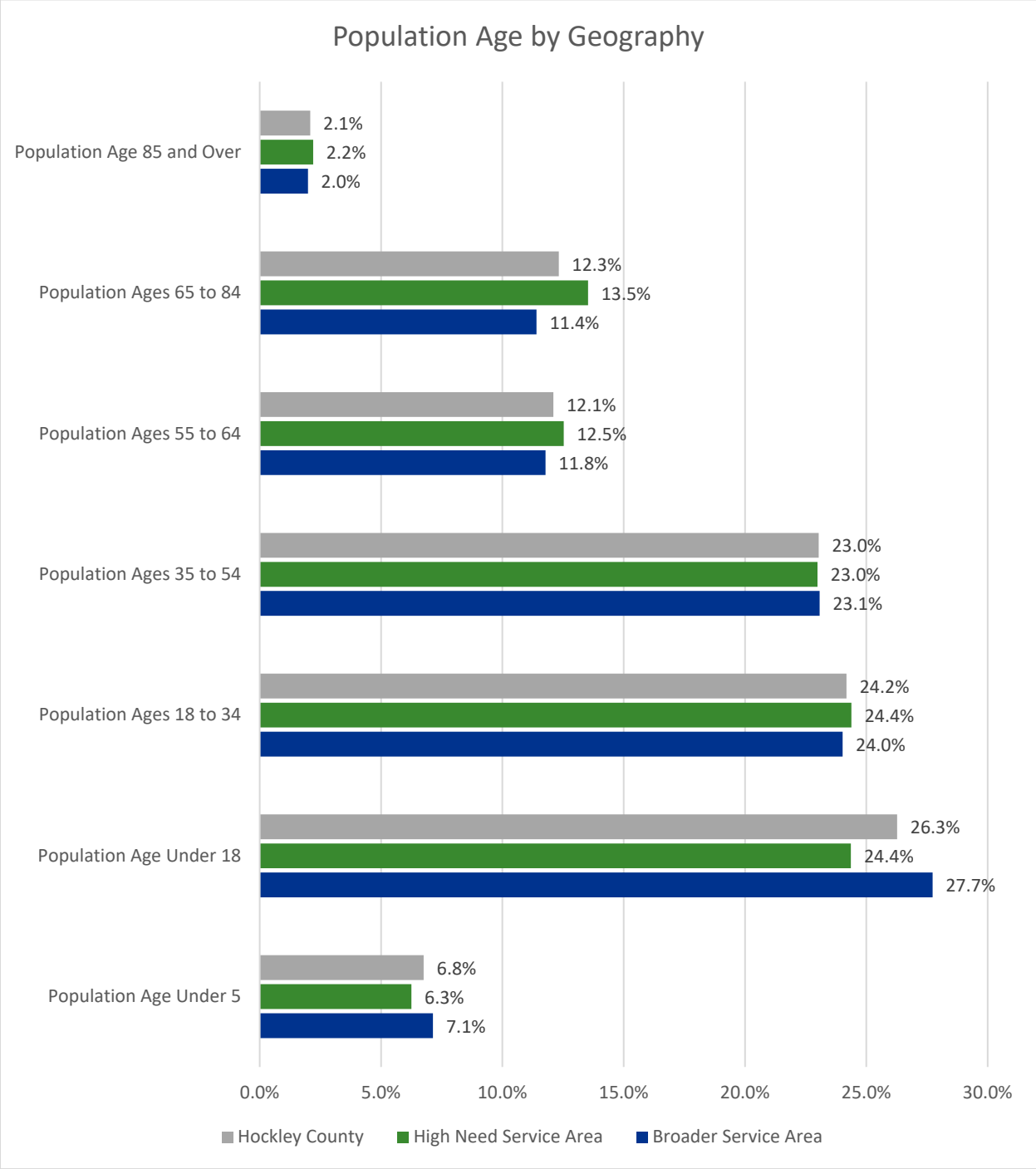
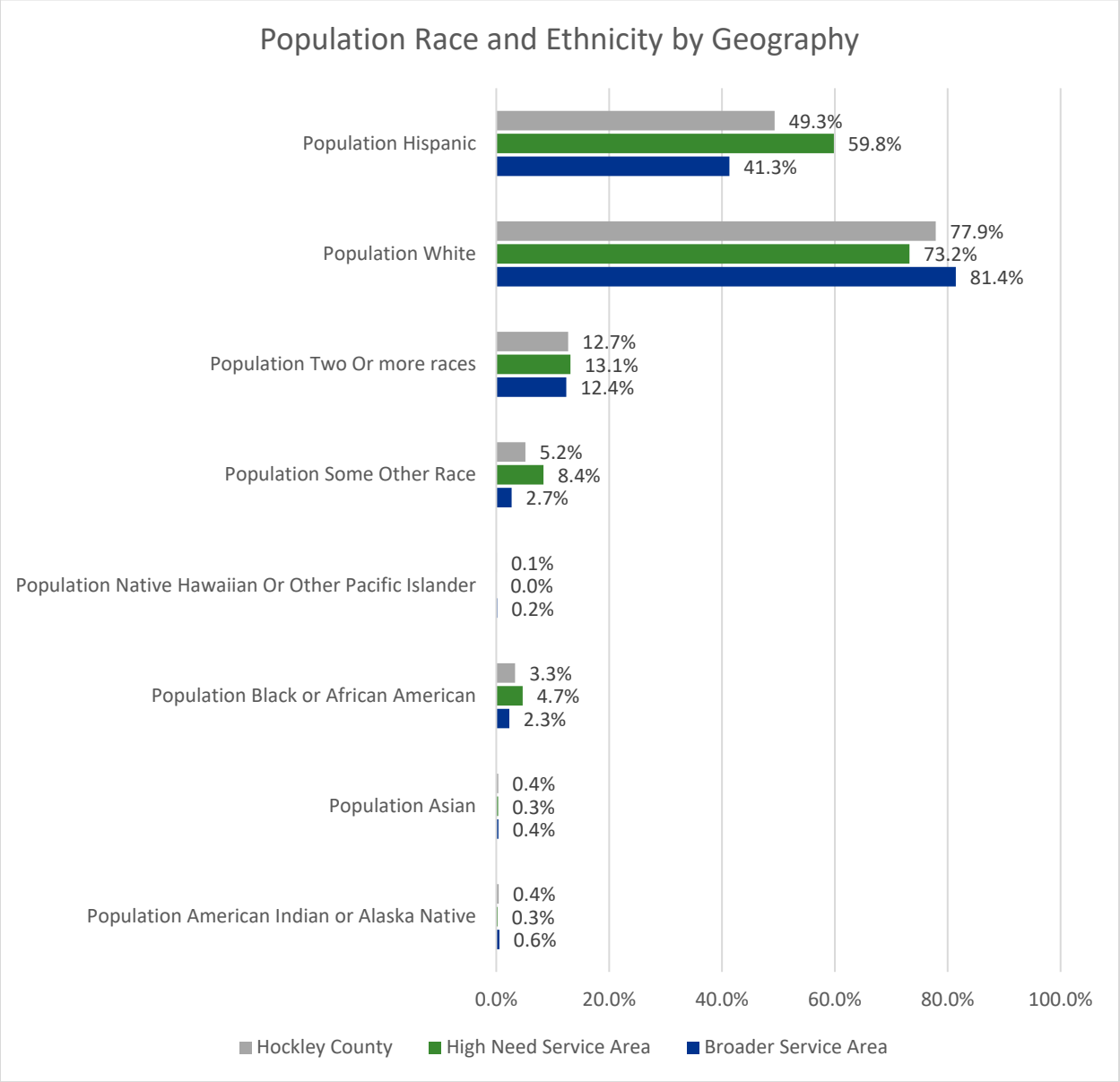


Figure 6. Hockley County Population Race and Ethnicity by Geography



HALE COUNTY DEMOGRAPHICS

Table 3. Hale County Total Population by Geography

Indicator	Hale County	Broader Service Area	High Need Service Area
Total Population	32,879	16,931	15,948

Source: American Community Survey, 2021 5-year estimates

Hale county has a relatively young population. The largest age group in Hale County is under 18, constituting 27.2% of the population. The high-need service area has an even higher percentage (31.6%). There is a slightly higher percentage of males in Hale County at 52.5%, however males and females are almost equally represented within the high need service area. The Black/African American population is higher in Hale County (4.3%) compared to the high service area (2.7%). The Hispanic population is a significant demographic within Hale County, constituting 60.6% of Hale County's population and 76.0% in the high-need service area. The category of two or more races is notable, representing 14.2% of the total population in Hale County, and a higher 19.4% in the high-need service area. Detailed demographics are found in **Appendix 1**. The following graphic representations detail percentage demographics by service area.

Figure 7. Hale County Population Age Groups by Geography

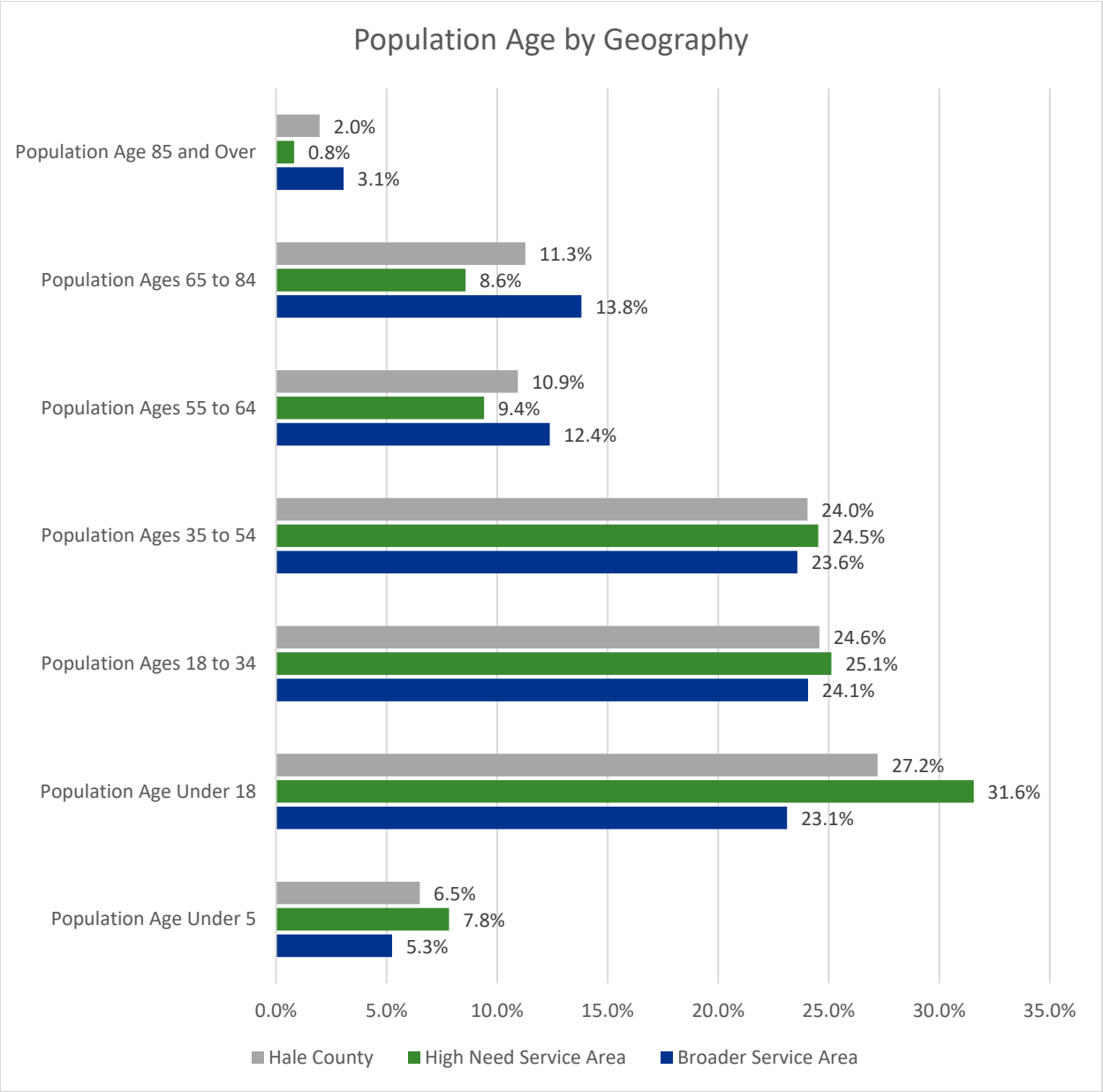
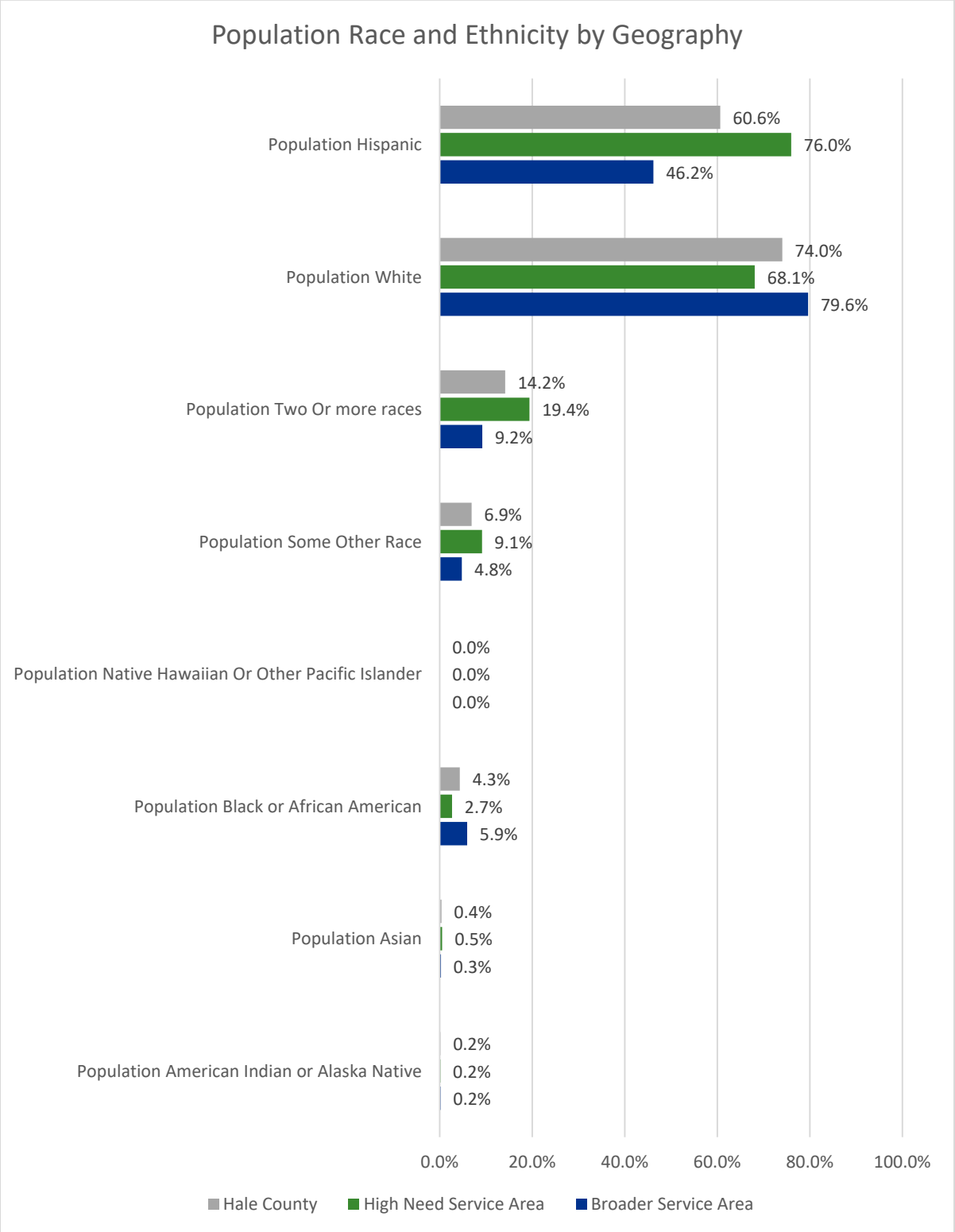


Figure 8. Hale County Population Race and Ethnicity by Geography



LEA COUNTY DEMOGRAPHICS

Table 4. Lea County Total Population by Geography

Indicator	Lea County	Broader Service Area	High Need Service Area
Total Population	72,743	42,632	30,111

Source: American Community Survey, 2021 5-year estimates

The largest age group in Lea County is under 18, constituting 30.4% of the population. There is a slightly higher percentage of males in Lea County with a higher number of males represented in the high need service area at 53.5% male. The high-need service area has a higher percentage of the population with two or more races compared to the broader service area and Lea County. The Hispanic population is significant in all areas, constituting 60.7% of Lea County, 50.7% of the broader service area, and 74.9% of the high-need service area. The high-need service area has a significantly higher percentage of Hispanic residents compared to the broader service area and Lea County. It is of importance to note, the total Black or African American population for Lea County is 3,038 with a total of 1,473 in the high need service area and 1,565 in the broader service area. Likewise, persons identifying as Hispanic in Lea County total 44,185 with 22,552of those living within the high need service area. Detailed demographics are found in **Appendix 1.** The following graphic representations detail percentage demographics by service area.

Figure 9. Lea County Population Age Groups by Geography

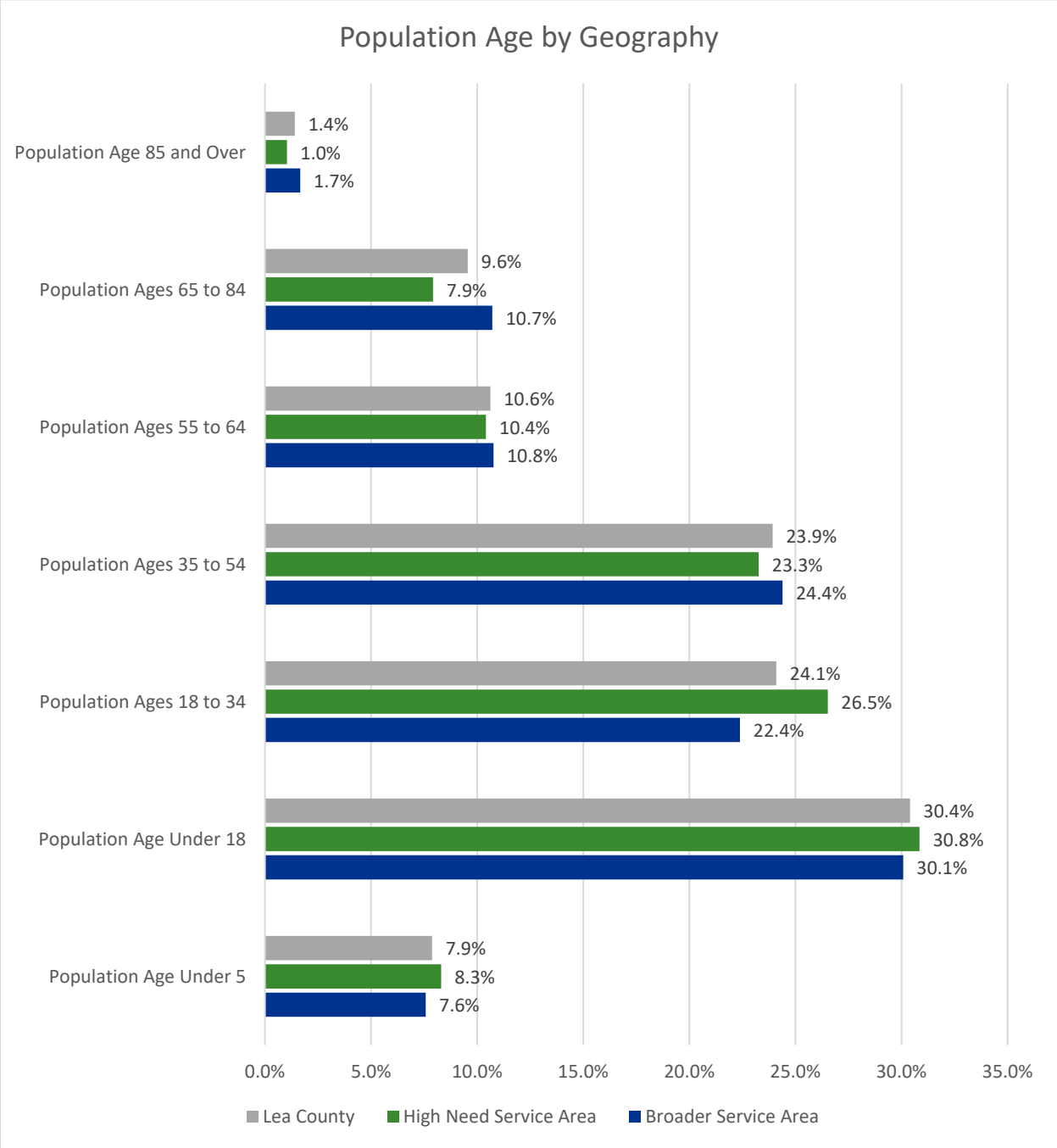
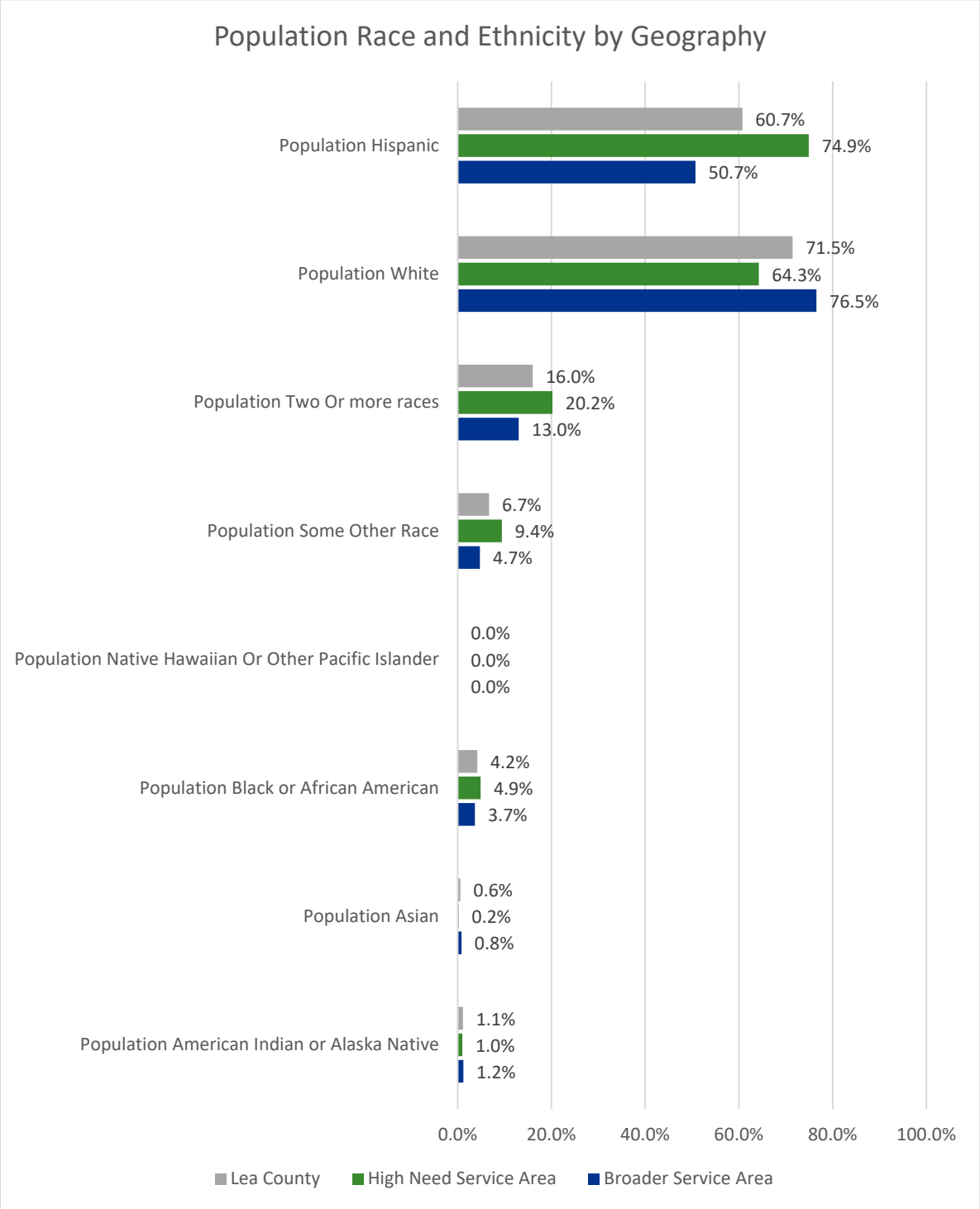


Figure 8. Lea County Population Race and Ethnicity by Geography



Economic Indicators

Household median incomes includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one-person, average household income is usually less than average family income.

Renter households experiencing severe housing cost burden are households spending 50% or more of the income on housing costs. County Health Rankings and Roadmaps explain the link between health and housing in the following way: "There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain."

Table 5. Lubbock County Economic Indicators

Indicator	Lubbock County	Broader Service Area	High Need Service Area	Texas
Median Household Income	$56,383	$76,778	$40,468	$67,062
Severe Housing Cost Burden	28.1% (14,836 renter households)	18.7% (5,451 persons)	28.2% (9,385 persons)	21.7% (1,177,536 renter households)
Households Receiving SNAP Benefits	11.1% (13,224 households)	6.3% (4,101 persons)	17.4% (9,123 persons)	11.5% (1,177,536 households)
Population Uninsured	13.4% (40,927 persons)	11.2% (18,796 persons)	16.1% (22,131 persons)	17.6% (4,995,381 persons)

Source: 2021 American Community Survey, 5-Year Estimate

The median household income across Lubbock County was $56,383. The High Need Service Area reflects a lower median income of $40,468. Both Lubbock County overall and the High Need Service area indicate higher housing cost burden and lower median incomes than the state of Texas overall. This can potentially create a negative impact on the health of the residents particularly in the high need service area. There is a higher percentage of households receiving SNAP benefits within the high need service area when compared to the state of Texas.

Table 6. Hale County Economic Indicators

Indicator	Hale County	Broader Service Area	High Need Service Area	Texas
Median Household Income	$48,439	$50,492	$42,562	$67,062
Severe Housing Cost Burden	18.1% (756 renter households)	11.8% (318 persons)	22.7% (438 persons)	21.7% (1,177,536 renter households)
Households Receiving SNAP Benefits	16.7% (1,853 households)	11.1% (770 persons)	21.5% (1,083 persons)	11.5% (1,177,536 households)
Population Uninsured	23.0% (7,187 persons)	20.1% (3,021 persons)	26.0% (4,166 persons)	17.6% (4,995,381 persons)

Source: 2021 American Community Survey, 5-Year Estimate

Hale County data indicates a lower median income in all categories when compared to the state. The high need service area median income is almost $25,000 lower than the state and approximately $6,000 less than Hale County overall. The high need service area has a slightly higher severe housing cost burden than the state, although Hale County and the broader service area are lower. A substantially higher percentage of households are receiving SNAP benefits, and a higher percentage of the population is uninsured in the high need service area compared to the state.

Table 7. Hockley County Economic Indicators

Indicator	Hockley County	Broader Service Area	High Need Service Area	Texas
Median Household Income	$49,137	$65,059	$45,126	$67,062
Severe Housing Cost Burden	19.0% (426 renter households)	16.1% (158 persons)	18.5% (268 persons)	21.7% (1,177,536 renter households)
Households Receiving SNAP Benefits	12.5% (households)	10.2% (400 persons)	16.6% (593 persons)	11.5% (1,177,536 households)
Population Uninsured	19.1% (4,108 persons)	19.4% (2,125 persons)	20.7% (1,983 persons)	17.6% (4,995,381 persons)

Source: 2021 American Community Survey, 5-Year Estimate

Hockley County's median income is lower than the State of Texas with a significant difference seen in the high need service area. The severe housing cost burden is lower than the state. The high need service area reflects higher percentages when compared to the state and Hockley County in the following indicators: population uninsured and population receiving SNAP benefits.

Table 8. Lea County Economic Indicators

Indicator	Lea County	Broader Service Area	High Need Service Area	New Mexico
Median Household Income	$61,449	$71,481	$51,245	$53,722
Severe Housing Cost Burden	19.8% (1,491 renter households)	21.0% (964 renter households)	20.9% (527 renter households)	21.7% (54,983 renter households)**)**
Households Receiving SNAP Benefits	15.2% (3,624 households)	10.1% (1,679 households)	22.2% (1,945 households)	17.5% (139,875 households)
Population Uninsured	13.8% (9,777 persons)	10.6% (4,413 persons)	19.5% (5,364 persons)	9.6% (200,063 persons)

Source: 2021 American Community Survey, 5-Year Estimate

Lea County overall reflects a higher median income than the state of New Mexico, however the high need service area is slightly lower. The housing cost burden is not significantly different from New Mexico. The percentage of households receiving SNAP benefits in the high need service is higher than the state. The population uninsured within in the high need service area is significantly increased reflecting approximately double the state rate.

Health Professional Shortage Area

Health Professional Shortage Areas (HPSAs) are geographic areas, populations, or facilities, which have a shortage in primary, dental, or mental health care providers.

Lubbock County has a large portion, north and central, designated as a primary care HPSA. Southeast, southwest, and central Lubbock County are designated as mental health HPSAs. The entirety of the county is designated as a dental health HPSA. The following facilities are all designated HPSA for primary care, dental health, and mental health: The Community Health Center of Lubbock, Inc. and Texas Tech University School of Nursing, Larry Combest Health and Wellness Center

Hockley County is designated as a dental and mental health HPSA. South Plains Rural Health Services, Inc. is a designated HPSA facility for primary care, dental health, and mental health.

Hale County is designated as a primary care, dental health, and mental health HPSA. Regence Health Network, Inc. is a designated HPSA facility for primary care, dental health, and mental health.

Lea County is designated as a primary care and dental health HPSA. The southeastern catchment area is designated as a mental health HPSA. The following facilities are all designated HPSA for primary care, dental health, and mental health: Presbyterian Medical Services, Family Health Center of Lea County, Hobbs Medical Clinic, Lovington Clinic, and Tatum Clinic.

See Appendix 1 for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

HEALTH INDICATORS

Please refer to the Texas and New Mexico Data Hubs 2023 to review each of the following health indicators mapped at the census tract level:

Texas Data: https://experience.arcgis.com/experience/6dc400dbac0149c3ab9f8abe42fbe887/

New Mexico Data: https://experience.arcgis.com/experience/8b743b0071ec4b68b1151f9ed1b427fe/

The hub provides data on each indicator in the counties of Lubbock, Hockley, Hale and Lea, high need and broader need service areas, and the states of Texas and New Mexico, as well as information about the importance of each indicator.

To review all studied health indicators and to see the high need service area data, refer to the data hub link above. Review of health indicators indicates a disproportionate need in most geographically high need serve areas. Additionally, service areas are generally trending worse than the state. All 26 health indicators were reviewed, analyzed, and compared with the community input to guide priority setting.

County Health Rankings

The County Health Rankings were also reviewed. County Health Rankings are based on a model of population health that emphasizes the many social, economic, physical, clinical, and other factors that influence how long and how well we live. Countyhealthrankings.org helps counties understand what influences how healthy their residents are and the factors that could determine how long they will live. The Rankings measure the current health of each county and show the differences in health and opportunity by place. They then assess the future health of communities with measures that look at factors such as children living in poverty, access to nutritious foods, smoking rates, obesity rates, and teen births. Finally, selected measures and strategies highlight the intersection of racism, discrimination, and disinvestment to support actions toward equity.

For more information and to review all CHR measures:

Lubbock: https://www.countyhealthrankings.org/explore-health-rankings/texas/lubbock?year=2023

Hockley: https://www.countyhealthrankings.org/explore-health-rankings/texas/hockley?year=2023

Hale: https://www.countyhealthrankings.org/explore-health-rankings/texas/hale?year=2023

Lea: https://www.countyhealthrankings.org/explore-health-rankings/new-mexico/lea?year=2023

See Appendix 1 for additional Population Health Data

Indicators

The following table represents selected health indicators from The Behavioral Risk Factor Surveillance System which is administered by the CDC's Division of Population Health.

Lubbock, Hale, and Hockley counties all have similar percentages of Binge Drinking Prevalence (around 18.0%), while the state Texas has a slightly lower prevalence at 16.8%. The data demonstrates higher depression prevalence and mental health distress in the three TX counties than the state in TX counites. The prevalence of coronary heart disease in Lubbock, Hale, and Hockley counties (around 6.3-6.8%) is approximately double that observed in the overall state of Texas (3.2%). Hale has the highest percentage of individuals reporting fair or poor self-rated health status (22.4%), followed by Hockley (21.0%), Lubbock (18.0%), and the state of Texas (15.9%). Obesity rates are elevated in Hale (38.2%) and Hockley (39.4%) compared to Lubbock (34.6%) and the state of Texas (35.5%). The prevalence of diabetes among the three counties is like the state of Texas (12.0%), with Hale having the highest prevalence of diagnosed diabetes (14.0%), followed by Hockley (12.9%), and Lubbock (12.0%). Dental visit prevalence is lower overall in the three counties when compared to the state of Texas (57.5%), with Lubbock County having the highest prevalence of dental visits (53.7%), followed by Hockley County (48.6%), and Hale County (46.0%).

The data for Lea County, NM demonstrates a slightly lower prevalence of binge drinking (14.5%) compared to the state average of 15.6%, but higher depression prevalence (18.4%) in contrast to the state's (17.8%). The prevalence of self-reported poor mental health for more than 14 days in the past 30 days is slightly higher in Lea County (14.4%) compared to the state of New Mexico (13.6%). Regarding physical health, Lea County has a higher obesity prevalence at 35.7%, surpassing the state average of 31.2%. Coronary heart disease is more prevalent in Lea County (6.0%) compared to the state (3.2%). Lea County also reports a higher percentage of individuals rating their health as fair or poor (17.2%) compared to the state average of 13.7%. The prevalence of diagnosed diabetes is slightly higher in Lea County (12.1%) than in New Mexico (11.0%). Finally, Lea County has a lower prevalence of dental visits at 53.1%, while the state average is higher at 63.7%.

Table 9. Selected Health Indicators for Lubbock, Hale, and Hockley Counties and Texas

Selected Indicator	Lubbock County	Hale County	Hockley County	Texas
Binge Drinking Prevalence	18.1%	17.9%	18.1%	16.8%
Depression Prevalence	21.4%	20.8%	22.2%	17.7%
Self-Reported Mental Health “Not Good” for More than 14 of Past 30 Days Prevalence	15.7%	15.8%	16.4%	13.3%
Obesity Prevalence	34.6%	38.2%	39.4%	35.5%
Coronary Heart Disease Prevalence	6.3%	6.8%	6.7%	3.2%
Fair or Poor Self-Rated Health Status Prevalence	18.0%	22.4%	21.0%	15.9%

Diagnosed Diabetes Prevalence	12.0%	14.0%	12.9%	12.0%
Dental Visit Prevalence	53.7%	46.0%	48.6%	57.5%

Source: Behavioral Risk Factor Surveillance System Survey (BRFSS), 2020
All indicators are age adjusted and specific to adults aged 18 years or older.

Table 10. Selected Health Indicators for Lea County and New Mexico

Selected Indicator	Lea County	New Mexico
Binge Drinking Prevalence	14.5%	15.6%
Depression Prevalence	18.4%	17.8%
Self-Reported Mental Health "Not Good" for More than 14 of Past 30 Days Prevalence	14.4%	13.6%
Obesity Prevalence	35.7%	31.2%
Coronary Heart Disease Prevalence	6.0%	3.2%
Fair or Poor Self-Rated Health Status Prevalence	17.2%	13.7%
Diagnosed Diabetes Prevalence	12.1%	11.0%
Dental Visit Prevalence	53.1%	63.7%

Source: Behavioral Risk Factor Surveillance System Survey (BRFSS), 2020
All indicators are age adjusted and specific to adults aged 18 years or older.

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence's Population Health Care Management team based on NYU and Medi-Cal definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by a several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships. From April 1, 2022, through March 31, 2023 33.4% of all Emergency Department visits to the Medical Centers listed were potentially avoidable.

AVOIDABLE EMERGENCY DEPARTMENT CASES

Between 4/1/2022 – 3/31/2023, our data showed the following key insights:

Table 11. Percent of Avoidable Emergency Department Visits at Covenant Hospitals

Covenant Hospitals	% of Avoidable ED Visits
Covenant Childrens Hospital	35.2%
Covenant Health Hobbs Hospital	30.8%
Covenant Health Levelland	34.4%
Covenant Medical Center	34.3%
Covenant Health Plainview	30.1%
Grace Surgical Hospital*	25.5%
Average of All Hospitals	**33.4%**

Covenant Childrens Hospital

- At Covenant Children's Hospital, 35.2% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (60.3%), Black/African American (18.0%), or Other (20.2%), and a large portion self-identified their ethnicity as Hispanic or Latino (33.8%).
- As expected, patients aged 0-17 made up the largest percentage (96.2%) of total avoidable ED cases.
- Among these avoidable ED cases, most patients indicated they lived in the ZIP Codes 79403 (43.7%) and 79404 (41.4%).
- The three largest payors for avoidable ED visits include Self-pay, Medicaid, and Other Government Payors.
- The top diagnoses for avoidable ED cases at Covenant Childrens Hospital were bronchitis and other upper respiratory disease, tonsilitis, and acute otitis media and sinusitis.

Covenant Medical Center

- At Covenant Medical Center, 34.3% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (59.1%), Black/African American (12.6%), or Other (22.1%), the majority of patients indicated they were not Hispanic or Latino (57.9%)
- Among total AED cases, a large portion of patients were between the ages of 18-39 (41.6%).
- Among total AED cases at Covenant Medical, the largest percentage of cases came from 79242 and 79423. However, cases were fairly uniform throughout all zip codes, roughly about one third in all zip codes.
- The three largest payors for avoidable ED visits include Commercial, Medicaid, and Self-Pay.

- The top diagnosis for avoidable ED cases at Covenant Medical Center were unclassified, urinary tract infections, and bronchitis and other upper respiratory disease.

Covenant Health Hobbs Hospital

- At Covenant Health Hobbs Hospital, 30.8% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (50.9%), or Other (37.2%), and the majority of patients indicated they were Hispanic or Latino (55.9%)
- Among total AED cases, a large portion of patients were between the ages of 18-39 (38%).
- Among total AED cases at Covenant Hobbs, the largest percentage of cases came from ZIP Codes 88240, 88242
- The three largest payors for avoidable ED visits include Commercial, Medicaid, and Self-Pay.
- The top diagnoses for avoidable ED cases at Covenant Hobbs Hospital were bronchitis and other upper respiratory disease, tonsilitis, and urinary tract infections.

Covenant Health Levelland

- At Covenant Health Levelland, 34.4% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (74.9%), or Other (17.5%), and the majority of patients indicated they were Hispanic or Latino (54.9%)
- Among total AED cases, a large portion of patients were between the ages of 18-39 (30.5%).
- Among total AED cases at Covenant Levelland, the largest percentage of cases came from ZIP Codes 88240, 88242, 88260.
- The three largest payors for avoidable ED visits include Medicaid, Medicare, and Self-Pay.
- The top diagnoses for avoidable ED cases at Covenant Levelland Hospital were Bronchitis and Other Upper Respiratory Disease, Urinary Tract Infection, and Acute Otitis Media and Sinusitis.

Covenant Health Plainview

- 30.1% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (50.0%), or Other (38.9%), and most patients indicated they were Hispanic or Latino (64.9%)
- Among total AED cases, a large portion of patients were between the ages of 18-39 (33.1%).
- Among total AED cases at Covenant Plainview, the largest percentage of cases came from ZIP Codes 79072, 79041, 79064.
- The three largest payors for avoidable ED visits include Medicaid, Medicare, and Self-Pay, and Commercial.
- The top diagnoses for avoidable ED cases at Covenant Plainview Hospital were Bronchitis and Other Upper Respiratory Disease, Urinary Tract Infection, and Tonsillitis.

Grace Surgical Hospital*

- 25.5% of all emergency department cases were classified as avoidable. Among these avoidable ED cases, most patients self-identified their race as White/Caucasian (72.6%), or Other (15.3%), and the majority of patients indicated they were not Hispanic or Latino (67.4%)
- Among total AED cases, a large portion of patients were between the ages of 18-39 (34.2%) and 40-64 (33.2%).
- Among total AED cases at Grace Medical Center, the largest percentage of cases came from ZIP Codes 79424, 79382, and 79407.
- The three largest payors for avoidable ED visits include Commercial, Medicare, and Self-Pay.
- The top diagnoses for avoidable ED cases at Grace Medical Center were Urinary Tract Infection, Skin Infection, and Tonsillitis.

*Grace Surgical Hospital's ED was discontinued in July 2023

For additional information regarding the above findings, please contact Veronica Soto vsoto@covhs.org

COMMUNITY INPUT

Summary of Community Input Lubbock County

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Covenant Health conducted key informant interviews and focus groups with representatives from community-based organizations and listening session with community members. Community input for the secondary service areas located in Hale, Hockley and Lea counties is available at the following link: Community Benefit Annual Report: CHNA and CHIPs | Providence All community input was collected between June and August 2023.

See Appendix 2 for methodology, participant details, and in-depth findings.

Community Strengths Lubbock County

Key informants were asked to highlight community strengths. These questions are important for understanding what matters to community members and leveraging what is already going well:

Community Strengths

- Diverse and Effective Community Organizations
- Strong Collaboration and Partnerships
- Numerous Healthcare Options and Outreach Efforts
- Generosity and Community Involvement
- People as the Greatest Strength

Community Needs Lubbock County

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

Access to Health Care Services and Health Education	The community grapples with numerous challenges in accessing healthcare and health education, encompassing disparities in education, racial inequalities, geographical obstacles, and financial hardships. Tackling these issues necessitates a comprehensive strategy involving education, resource allocation, and enhanced interagency communication. Notable challenges include a shortage of active community centers offering preventative care and health education, leading to difficulties in resource access, particularly for newcomers to the area. High healthcare costs pose a significant barrier to accessing care, especially for older adults. A lack of effective sex education contributes to rising rates of STDs, including syphilis and HIV. Insurance coverage complexities and racial disparities persist, stemming partly from historical redlining and segregation. Medication costs, particularly for insulin and specialized care,

	present further hurdles. Geographic disparities in healthcare facilities affect residents in East Lubbock, the North, Northeast areas, and rural regions. Communication gaps among local agencies hinder efforts to address disparities, while transportation, language, and health literacy barriers impede access to care and education. Specific populations, such as youth, older adults, women, and Black, Brown, Indigenous, and People of Color (BBIPOC), face unique challenges, emphasizing the need for tailored solutions and increased support for these communities in accessing healthcare and health education.
Behavioral Health challenges and access to care	The community faces substantial challenges in accessing mental health and substance use/misuse services, with the COVID-19 pandemic exacerbating these issues amidst a growing population. Key findings from key informants and community members highlight critical areas of concern: a pressing need for better access to psychotropic medications, especially for low-income individuals without insurance; a shortage of inpatient and long-term mental health facilities, with inpatient care identified as the most critical gap; long waitlists for counseling services, particularly affecting low-income families; a call for culturally competent mental health services; the pandemic's impact on mental health, leading to learning loss and increased stress; and a rise in substance misuse, including fentanyl use. Collaborative efforts are urged to address gaps in behavioral healthcare, with a focus on child psychiatry, detox facilities, and online safety education. Youth face distinct behavioral health challenges, including limited access to mental health services, vaping and substance use issues, the risk of entering the criminal justice system, online safety concerns, and the negative impact of the pandemic. Addressing these needs will require a coordinated effort involving community leaders, healthcare providers, schools, advocacy groups, and local government to raise awareness, reduce stigma, improve access, and provide education, ultimately creating a more supportive and mentally healthy community.
Housing Instability	The community grapples with pressing issues related to affordable housing, rental assistance, and access to basic amenities, necessitating increased housing support and assistance programs. Residents face a high demand for housing and rental aid, with many requiring financial support to secure stable housing. Financial constraints have led to multiple families residing together in substandard housing, underscoring the need for improved affordable housing options and living conditions. Furthermore, access to basic amenities, such as air conditioning and functioning appliances, remains challenging, affecting housing quality. Specific populations, including those with legal histories, older adults, and individuals with low or fixed incomes, encounter unique housing insecurities. Formerly incarcerated individuals struggle to secure affordable housing, while there is a need for housing facilities tailored to individuals aged

	55 and older, along with programs assisting renters with utility deposits, especially for elderly individuals seeking housing support. Rising property taxes further strain those on low or fixed incomes, making housing affordability a critical concern in the community.

MEDIUM PRIORITY UNMET HEALTH-RELATED NEEDS

Economic Insecurity	The community grapples with economic insecurity challenges that affect a broad spectrum of its population, including low-income families, young professionals, and individuals within the Asset Limited Income Constrained Employed (ALICE) demographic. These challenges encompass rising living costs, gaps in insurance coverage, and difficulties accessing essential services and support programs. High housing costs have forced multiple generations to share a single household, while uncertainty about insurance coverage and stringent financial qualifications for assistance programs create additional hurdles. High gas prices, electric bills, and grocery costs contribute to the economic strain faced by many families. Addressing these issues requires a multifaceted approach, including financial education and more inclusive assistance programs. Specific populations, such as low-income families, young adults, working mothers, and ALICE individuals, face distinct economic insecurities, highlighting the need for focused support and resources to manage finances effectively and improve economic stability in the community.
Access to Dental Care	The community confronts significant challenges regarding access to dental care, particularly for adults lacking dental insurance, with affordability, waiting lists, and limited dental assistance availability being primary concerns. The health department has identified a substantial demand for adult dental services, especially among those aged 18-65 without dental insurance, leading to consistently long waiting lists and a significant unmet need. While some local organizations provide dental assistance, these resources are limited, emphasizing the need for more comprehensive and accessible dental services. Affordability is a critical barrier, affecting community members, particularly those with lower incomes, who struggle to access dental care due to the associated costs. Dental insurance is often considered a luxury, leaving even employed individuals unable to afford it. Consequently, dental needs frequently go unaddressed until they escalate into emergencies, highlighting a gap in preventative care. Collaborative efforts among healthcare providers and community organizations, with a focus on preventive and restorative dental services, are imperative to tackle these challenges effectively, alongside addressing broader health and safety needs in the community.

Food Insecurity	In Lubbock, key informants and community members have identified several challenges related to food insecurity. The presence of food deserts, particularly in East Lubbock, where fresh and affordable food is scarce, is a significant concern. The high cost of food poses a significant barrier for residents trying to maintain a healthy lifestyle, as tight budgets make it challenging to afford groceries and utilities. Access to healthy food options in the community is also limited, and many individuals in Lubbock struggle to find nutritious choices. To address these issues, there is a call for more food pantries in neighborhoods, including the possibility of mobile food pantry trucks. Furthermore, the COVID-19 pandemic has exacerbated food insecurity and heightened concerns about the cost of food, making these issues even more urgent in the community.
Chronic Conditions	Key informants and community members have raised several issues concerning chronic conditions in their community. Chronic diseases like diabetes, hypertension, and obesity-related health conditions are prevalent concerns, highlighting the need for focused attention on addressing these health issues. Environmental hazards, including pollution from construction and industrial waste, particularly affect some neighborhoods, leading to adverse respiratory health effects, especially for individuals with asthma and COPD. In East Lubbock, the overgrowth in vacant lots poses immediate health hazards due to a lack of code enforcement, disproportionately impacting residents with respiratory issues. Access to essential medications is a challenge for many community members due to financial constraints, with people with diabetes facing significant barriers in obtaining diabetes medications. Furthermore, there are identified gaps in diabetes education, particularly for children and youth, emphasizing the importance of comprehensive health education programs to effectively address these chronic health issues in the community.
Safe Streets/ Accessible Parks and Recreation	The community is advocating for the creation of safer and more accessible outdoor spaces, encompassing walking trails, universally accessible "third spaces," increased economic investments in lower-income neighborhoods, enhanced ADA accessibility, and solutions to safety concerns that currently hinder outdoor activities. Key informants and community members have voiced concerns about the shortage of safe places to walk, with the presence of large, dumped items obstructing sidewalks and streets, leading to unsafe and unsanitary conditions in some neighborhoods, and the presence of stray dogs further deterring outdoor walks. Individuals with disabilities are especially impacted by the unsafe sidewalks and ramps. Additionally, there is a lack of inclusive "third spaces" where community members can connect with others, with such spaces predominantly found in more affluent neighborhoods, causing a disconnect with the broader community. East Lubbock lacks economic

investments, including essential facilities like restaurants, hospitals, clinics, and workout facilities. Key informants have proposed solutions like establishing a satellite Lifestyles Center or providing trainers for workouts in East Lubbock's parks to address these challenges and foster more inclusive and connected outdoor spaces.

SIGNIFICANT HEALTH NEEDS

Review of Primary and Secondary Data

After a careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by key informants through a ranking process and by community members through discussion and theming of the data. Additionally, needs were identified after reviewing the quantitative data.

The Covenant CHNA Advisory and Community Benefit Committee reviewed the quantitative and qualitative data collected for each of the following community health-related needs:

- Mental Health
- Substance Abuse
- Access to Care and Health Resources
- Housing
- Food Insecurity
- Economic Insecurity
- Crime/Safety/Safe Public Spaces
- Homelessness
- Chronic Conditions/Obesity
- Civic Issues
- Transportation
- Racial and Health Equity Issues
- Support to Schools
- Support to Aging Populations
- Teen and Youth Support Programs

Identification and Prioritization of Significant Health Needs

The Covenant CHNA Advisory and Community Benefit Committees reviewed the medium and high need issues identified within the community input. Additionally, primary data was examined with an emphasis on the high need service areas. The committee also considered Covenant Community Outreach staff input.

The following criteria were used in the prioritization process:

2023 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process (listed in no order):

MENTAL/RELATIONAL HEALTH

Mental and behavioral health treatment, intervention, and prevention services for the community; including social and relational health, stigma reduction, and community education.

SUBSTANCE MISUSE

Substance misuse including the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, prescription drugs and tobacco; community education and awareness through partnerships with non-profits, law enforcement, and schools; support for accessibility and availability of addiction treatment options.

ACCESS TO CARE AND HEALTH RESOURCES

Issues related to accessing health services and resources including social determinants of health with an emphasis on vulnerable populations and health equity; includes but is not limited to the following areas of focus: Dental Care for the Uninsured, Mental Health and Counseling Services, Health Education (preventative care and chronic diseases), Women's Health, and social determinants of health.

HOUSING INSTABILITY

Support for safe, affordable, stable housing through community partnerships and continued support of permanent supportive housing solutions for people experiencing chronic homelessness.

FOOD INSECURITY

Access to healthy food, nutrition education, and healthy lifestyle support with an emphasis on health equity; supporting current food solution partners and options to meet growing needs and to address root causes.

Alignment with Other Community Health Needs Assessments

To ensure alignment with local public health improvement processes and identified needs, we reviewed the needs of other publicly available sources that engaged the community in setting priorities, including City of Lubbock Community Needs Assessment 2021 and University Medical Center CHNA 2022. We also reviewed Lubbock Health Department 2023 Statical Reports and The Lubbock Area United Way Status Report 2022. The Covenant CHNA Advisory Committee and Covenant Community Outreach staff reviewed these CHNA reports to confirm alignment with government and non-profit organizations serving Lubbock and the surrounding counties.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include University Medical Center Lubbock, Larry Combest Health and Wellness Center, and Community Health Centers of Lubbock. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 3.

EVALUATION OF 2021-2023 CHIP

The 2021 CHNA and 2021-2023 CHIP priorities were the following: Mental and Behavioral Health, Access to Health Services, Homelessness and Housing Instability, and Food Insecurity and Nutrition. This report evaluates the impact of the 2021-2023 Community Health Improvement Plan (CHIP). Covenant Health responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 12. Outcomes from 2021-2023 CHIP

Priority Need	Program	Program Description	Results/Outcomes
Mental and Behavioral Health	Covenant Community Counseling Center	Outreach counseling center for vulnerable populations within the service area.	Service sites were expanded to include on-site counseling for various community partners. Wrap around counseling services were made available to Lubbock ISD students enrolled in the Community Advocacy Program. Tele-health counseling was added to support Levelland, Plainview and surrounding communities. Counseling internship program created through partnerships with area universities to expand counseling access.
Access to Health Services	Covenant Dental Outreach	Outreach clinic located in Plainview and Lubbock for low-income and uninsured community members.	The dental outreach team provided dental sealants and oral health screenings to elementary schools in Levelland, Sundown, Littlefield, and Lubbock; Sealants were also provided at the Lubbock YWCA; educated and provided oral hygiene items to over 700 children annually; Provided free dental services to homeless and low-income adults through a partnership with the Lubbock Health Department and Lubbock Impact.
Food Insecurity and Nutrition	Covenant Health Education Program	Community health education program which partners with Covenant Health Partners and Health Equity	Expanded health outreach to include more diabetes health education classes and individual appointments at Catholic Charities, Lubbock Children's Health Clinic, The Lubbock Dream Center, Our Lady of Grace church, and Salvation Army and the Lubbock YWCA;

		to provide free community health education and community social services support	collaboration with Health Equity to include diabetes program in 2022, provided on-site screening and interventions for food insecurity at Catholic Charities. Provided funding to local food pantries and to The Dream Center Action Family Food Outreach
Homelessness and Housing Instability	Community Grant, Financial and In-kind Support	Built for Zero and Grant Support and In-Kind Support	Provided funding to Open Door for Housing First and permanent supportive provided in-kind and grant support to Habitat for Humanity; provided dental and navigation services to Open Door; funded Community Solutions Built for Zero program for community housing providers

Addressing Identified Needs

The Community Health Improvement Plan developed for the Covenant Health service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how Covenant Health plans to address health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions Covenant Health intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between Covenant Health and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2024.

2023 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the Covenant Community Benefit Board Committee[2] of the hospital on October 25th, 2023. The final report was made widely available by December 28, 2023.

Walter L Cathey

12/01/23

Walter L. Cathey FACHE
CEO Covenant Health
Providence Regional Chief Executive Texas/New Mexico

Sr. Christine Ray

10/26/23

Sr. Christine Ray
Community Benefit Board Chair, Covenant Health
Providence Texas/New Mexico

12/01/23

Joel Gilbertson
Divisional Chief Executive
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Date

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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

[2] **See Appendix 4: Covenant Community Benefit Committee**

APPENDICES

Appendix 1: Quantitative Data

POPULATION LEVEL DATA

Texas Data Hub
https://experience.arcgis.com/experience/6dc400dbac0149c3ab9f8abe42fbe887/
Lea Data Hub
https://experience.arcgis.com/experience/8b743b0071ec4b68b1151f9ed1b427fe/

The following demographics tables utilize 2021 American Community Survey 5-Year Estimates.

LUBBOCK COUNTY DEMOGRAPHICS

Indicator	Lubbock County	Broader Service Area	High Need Service Area
Population by Age Groups			
Total Population	308,580	170,539	138,041
Population Age Under 5	6.5% (19,940)	7.1% (12,163)	5.6% (7,777)
Population Age Under 18	24.0% (73,995)	25.1% (42,861)	22.6% (31,134)
Population Ages 18 to 34	31.1% (96,100)	26.5% (45,243)	36.8% (50,857)
Population Ages 35 to 54	22.2% (68,384)	24.2% (41,195)	19.7% (27,189)
Population Ages 55 to 64	10.3% (31,871)	10.9% (18,622)	9.6% (13,249)
Population Ages 65 to 84	11.0% (34,018)	12.0% (20,505)	9.8% (13,513)
Population Age 85 and Over	1.4% (4,212)	1.2% (2,113)	1.5% (2,099)
Population by Sex			
Female	50.6% (156,050)	50.8% (86,695)	50.2% (69,355)
Male	49.4% (152,530)	49.2% (83,844)	49.8% (68,686)
Population by Race			

American Indian and Alaska Native	0.7% (2,167)	0.6% (1,096)	0.8% (1,071)
Asian Population	2.3% (7,231)	2.8% (4,748)	1.8% (2,483)
Black or African American Population	7.3% (22,378)	4.0% (6,760)	11.3% (15,618)
Native Hawaiian And Other Pacific Islander Population	0.1% (322)	0.1% (187)	0.1% (135)
Other Race Population	6.0% (18,542)	4.0% (6,786)	8.5% (11,756)
Two or more Races Population	9.5% (29,198)	7.8% (13,380)	11.5% (15,818)
White Population	74.1% (228,742)	80.7% (137,582)	66.0% (91,160)
Population by Ethnicity			
Hispanic Population	36.4% (112,432)	27.0% (46,045)	48.1% (66,387)

HOCKLEY COUNTY DEMOGRAPHICS

Indicator	Hockley County	Broader Service Area	High Need Service Area
Population by Age Groups			
Total Population	21,670	12,283	9,387
Population Age Under 5	6.8% (1,464)	7.1% (877)	6.3% (587)
Population Age Under 18	26.3% (5,693)	27.7% (3,406)	24.4% (2,287)
Population Ages 18 to 34	24.2% (5,240)	24.0% (2,951)	24.4% (2,289)
Population Ages 35 to 54	23.0% (4,992)	23.1% (2,834)	23.0% (2,158)
Population Ages 55 to 64	12.1% (2,623)	11.8% (1,447)	12.5% (1,176)
Population Ages 65 to 84	12.3% (2,671)	11.4% (1,401)	13.5% (1,270)
Population Age 85 and Over	2.1% (451)	2.0% (244)	2.2% (207)
Population by Gender			
Female	49.7% (10,774)	48.6% (5,966)	51.2% (4,808)
Male	50.3% (10,896)	51.4% (6,317)	48.8% (4,579)
Population by Race			
American Indian and Alaska Native	0.4% (94)	0.6% (70)	0.3% (24)
Asian Population	0.4% (77)	0.4% (46)	0.3% (31)

Black or African American Population	3.3% (723)	2.3% (284)	4.7% (439)
Native Hawaiian and Other Pacific Islander Population	0.1% (21)	0.2% (21)	0.0% ()
Other Race Population	5.2% (1,121)	2.7% (335)	8.4% (786)
Two or more Races Population	12.7% (2,758)	12.4% (1,524)	13.1% (1,234)
White Population	77.9% (16,876)	81.4% (10,003)	73.2% (6,873)
Population by Ethnicity			
Hispanic Population	49.3% (10,690)	41.3% (5,075)	59.8% (5,615)

HALE COUNTY DEMOGRAPHICS

Indicator	Hale County	Broader Service Area	High Need Service Area
Population by Age Groups			
Total Population	32,879	16,931	15,948
Population Age Under 5	6.5% (2,137)	5.3% (889)	7.8% (1,248)
Population Age Under 18	27.2% (8,946)	23.1% (3,913)	31.6% (5,033)
Population Ages 18 to 34	24.6% (8,080)	24.1% (4,074)	25.1% (4,006)
Population Ages 35 to 54	24.0% (7,903)	23.6% (3,992)	24.5% (3,911)
Population Ages 55 to 64	10.9% (3,596)	12.4% (2,096)	9.4% (1,500)
Population Ages 65 to 84	11.3% (3,706)	13.8% (2,339)	8.6% (1,367)
Population Age 85 and Over	2.0% (648)	3.1% (517)	0.8% (131)
Population by Gender			
Female	47.5% (15,608)	44.8% (7,592)	50.3% (8,016)
Male	52.5% (17,271)	55.2% (9,339)	49.7% (7,932)
Population by Race			
American Indian and Alaska Native	0.2% (59)	0.2% (34)	0.2% (25)
Asian Population	0.4% (128)	0.3% (45)	0.5% (83)
Black or African American Population	4.3% (1,430)	5.9% (1,003)	2.7% (427)
Native Hawaiian and Other Pacific Islander Population	0.0% ()	0.0% ()	0.0% ()
Other Race Population	6.9% (2,267)	4.8% (808)	9.1% (1,459)
Two or more Races Population	14.2% (4,654)	9.2% (1,559)	19.4% (3,095)

White Population	74.0% (24,341)	79.6% (13,482)	68.1% (10,859)
Population by Ethnicity			
Hispanic Population	60.6% (19,936)	46.2% (7,819)	76.0% (12,117)

LEA COUNTY DEMOGRAPHICS

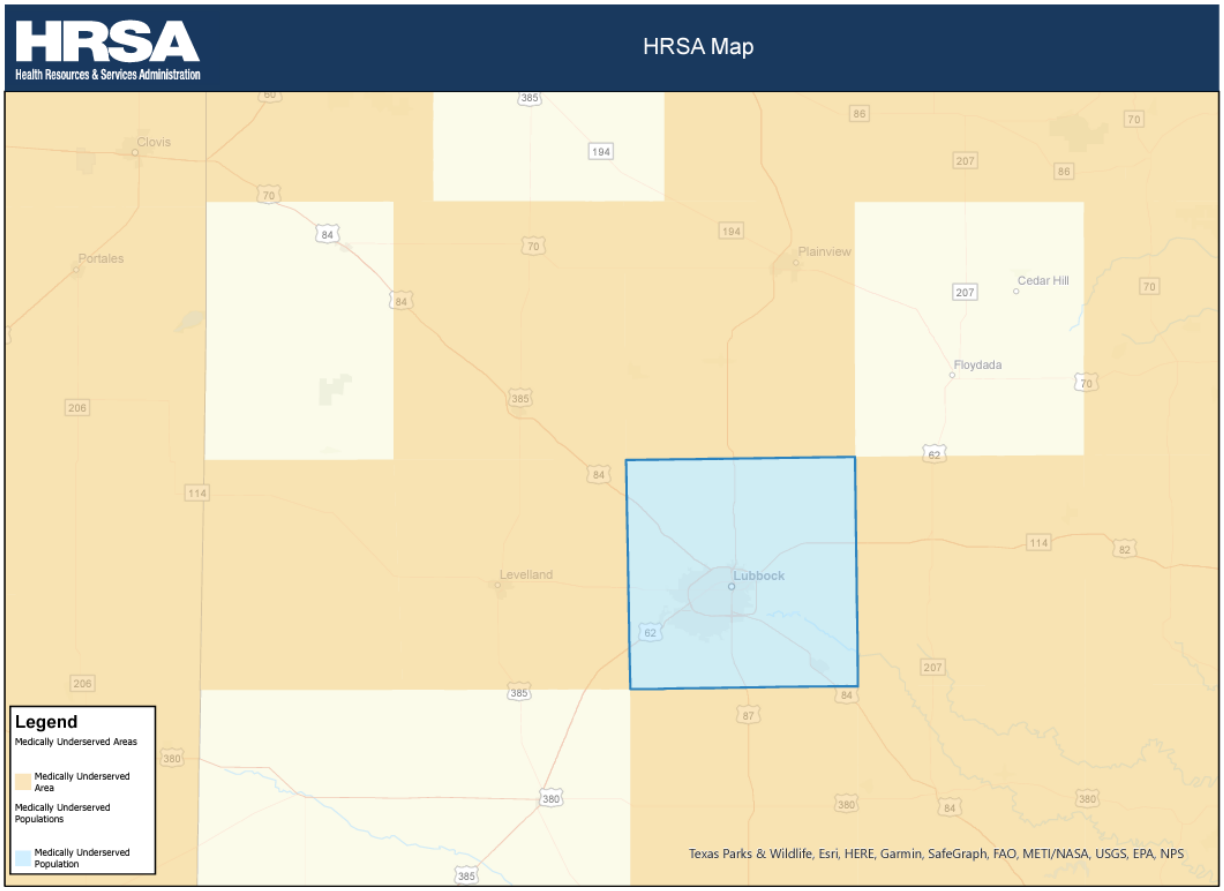
Indicator	Lea County	Broader Service Area	High Need Service Area
Population by Age Groups			
Total Population	72,743	42,632	30,111
Population Age Under 5	7.9% (5,729)	7.6% (3,229)	8.3% (2,500)
Population Age Under 18	30.4% (22,111)	30.1% (12,823)	30.8% (9,288)
Population Ages 18 to 34	24.1% (17,530)	22.4% (9,543)	26.5% (7,987)
Population Ages 35 to 54	23.9% (17,402)	24.4% (10,397)	23.3% (7,005)
Population Ages 55 to 64	10.6% (7,726)	10.8% (4,591)	10.4% (3,135)
Population Ages 65 to 84	9.6% (6,952)	10.7% (4,568)	7.9% (2,384)
Population Age 85 and Over	1.4% (1,022)	1.7% (710)	1.0% (312)
Population by Sex			
Female	48.4% (35,192)	49.7% (21,198)	46.5% (13,994)
Male	51.6% (37,551)	50.3% (21,434)	53.5% (16,117)
Population by Race			
American Indian and Alaska Native	1.1% (815)	1.2% (513)	1.0% (302)
Asian Population	0.6% (410)	0.8% (346)	0.2% (64)
Black or African American Population	4.2% (3,038)	3.7% (1,565)	4.9% (1,473)
Native Hawaiian And Other Pacific Islander Population	0.0% ()	0.0% ()	0.0% ()
Other Race Population	6.7% (4,861)	4.7% (2,024)	9.4% (2,837)
Two or more Races Population	16.0% (11,637)	13.0% (5,553)	20.2% (6,084)
White Population	71.5% (51,982)	76.5% (32,631)	64.3% (19,351)
Population by Ethnicity			
Hispanic Population	60.7% (44,185)	50.7% (21,633)	74.9% (22,552)

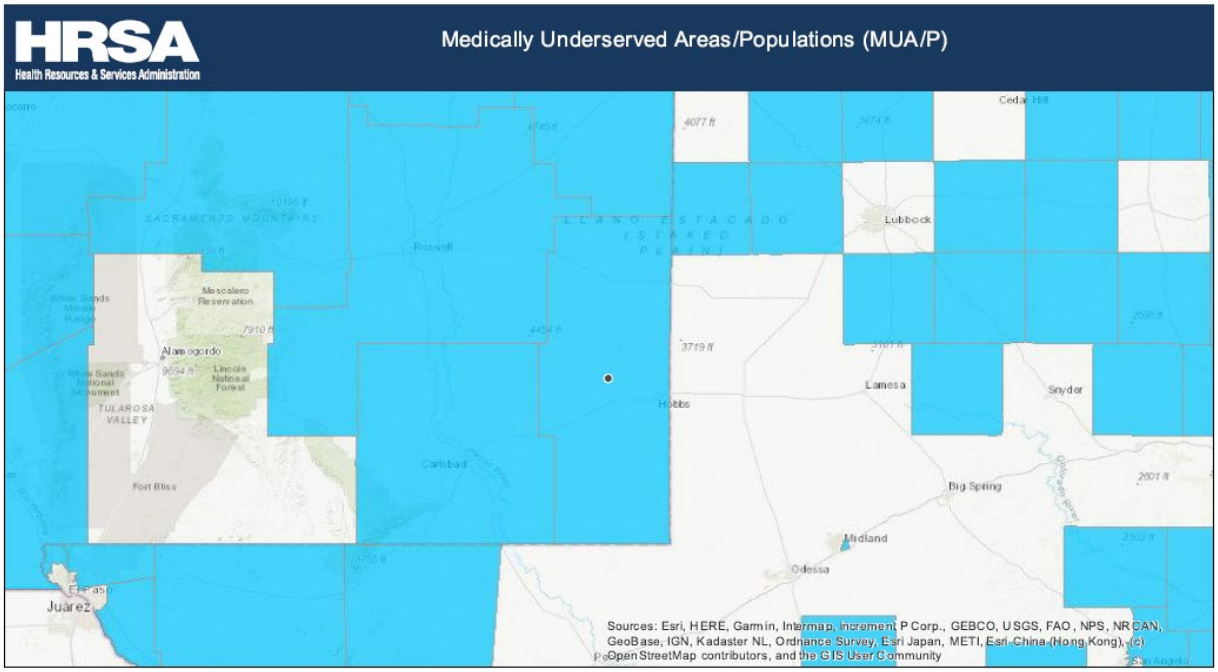
HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). More information on HPSAs in Texas can be found here: https://www.dshs.texas.gov/texas-primary-care-office-tpco/health-professional-shortage-area-designations

MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set, and no renewal process is necessary. The following maps depict the MUAs and MUPs in the area. Lubbock County is designated as an MUP for low-income populations. Hale, Hockley, and Lea are designated as MUAs.


HRSA
Health Resources & Services Administration
HRSA Map
Clovis
Portales
Plainview
Cedar Hill
Floydada
Levelland
Lubbock
Legend
Medically Underserved Areas
Medically Underserved Area
Medically Underserved Populations
Medically Underserved Population
Texas Parks & Wildlife, Esri, HERE, Garmin, SafeGraph, FAO, METI/NASA, USGS, EPA, NPS
data.HRSA.gov
Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Created on: 10/20/2023



Legend

Medically Underserved Areas

data.HRSA.gov

Prepared by: Division of Data and Information Services

Created on: 11/25/2023

Appendix 2: Community Input

METHODOLOGY

The hospital completed three community listening sessions that included a total of forty-two participants. The sessions took place between June and August 2023.

Table_Apx 1: Community Input

Community Input Type	Population	Community Partner	Location	Date	Language
Listening Session	Persons living in or accessing services in a high need service area	Lubbock Dream Center	Lubbock Dream Center	6/27/23	English
Listening Session	Persons living in or accessing services in a high need service area	Lubbock Dream Center	Lubbock Dream Center	6/28/23	English
Listening Session	Persons living in or accessing services in a high need service area	Our Lady of Grace	Our Lady of Grace	8/23/23	English

The hospital completed two key informant focus groups that included a total of fifteen participants. The interviews took place between July and August 2023.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. Organizations were included who represent medically underserved, low-income, and/or minority populations. The Program Manager, Program Coordinator, and Liaison from City of Lubbock Health Department were key informants to ensure input from a state, local, tribal, or regional governmental public health department.

Table_Apx 2. Community Key Informant Participants

Organization	Name	Title	Sector
Larry Combest Health and Wellness Center	Michelle Hunter	Senior Director-Marketing & Community Outreach	Public Health - Federally Qualified Health Center

Texas Tech University	Gloria Gonzales	Director, Center for Adolescent Resiliency	Education
Texas Tech University	Amy Onofre	CAPS Director, Center for Adolescent Resiliency	Education
Lubbock Independent School District	Jorge Sanchez	Administrator	Public Education
YWCA of Lubbock	Glenda Mathis	CEO, YWCA of Lubbock	Youth and Women's Services
Lubbock Impact	Becky Robertson	Executive Director	Food Insecurity Healthcare
Lubbock Health Department	Michael Montanez	Program Liaison	Public Health
Lubbock Children's Health Clinic	Nedra L. Hotchkins	Executive Director	Healthcare
Texas Tech University	CiCi Nunez	Assistant Director, United Future Leaders	Youth Programs
Lubbock Dream Center	Cynthia Botello	Compassion Ministry Coordinator	Social Services
Lubbock Health Department	Seydia Adkins	Program Coordinator	Public Health
Family Counseling Services	Meshaela Bryant	LPC Intern	Mental Health
Open Door	Andrea Omojola	COO	Homelessness/Housing
100 Black Men of West Texas	Bill Stubblefield	Pastor and Lubbock ISD School Board Member	Education Equality Social Services
Lubbock Health Department	Madeline Geeslin	Program Manager	Public Health

Facilitation Guides

For the listening sessions, participants were asked an icebreaker and three questions:

- Community members' definitions of health and well-being
- The community needs
- The community strengths

For the key informant focus groups, Providence developed a facilitation guide that was used across all hospitals completing their 2023 CHNAs:

- The community served by the key informant's organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

Training

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informants focus groups were conducted in person, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community

strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions using a merged set of notes. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

Limitations

While key informants and listening sessions participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

FINDINGS FROM KEY INFORMANT SESSIONS

COMMUNITY NEEDS

Community members identified several unmet health needs in the community:

- **Housing Insecurity among older adults:** The community needs more living facilities and programs for individuals aged 55 and older. There is a need for assistance with housing-related expenses like deposits for gas, electricity, and water for renters, especially among the elderly. Housing for older people on limited budgets is lacking, and some of them do not have family support.
- **Infrastructure and Environmental Concerns:** There is a need for more ADA access in all neighborhoods, including safer sidewalks and ramps. There are issues with illegal dumping of large items throughout the city, blocking access to sidewalks and causing unsanitary conditions

in some neighborhoods. Some neighborhoods are exposed to construction and industry debris, negatively affecting respiratory health. Streets and potholes need better maintenance.

- **Health Education and Access to Care:** There is a lack of education on safety and healthcare, including tornado preparedness. The community needs more information on staying healthy and managing diseases. Patients often have difficulty understanding hospital discharge instructions, medication instructions, and where to access various forms of help. There is limited awareness of resources and difficulty accessing community resources. People have difficulty navigating Medicaid and high medical bills, especially the elderly on fixed incomes. There are long wait times for people without insurance to see specialists, sometimes requiring them to seek care in other cities. Additionally, there are challenges accessing diabetic medications, specialty care, and insulin.
- **Youth and Teen Programs:** There is a lack of safe places and programs for teens and children after school and during the summer. Community members have concerns about teenagers getting into trouble due to the lack of structured activities.
- **Mental Health and Substance Use/Misuse:** There is limited access to mental health services, especially for veterans and those with substance use challenges. There is a need for a central location for mental health services. There are long waitlists to access behavioral health care.
- **Access to Dental Care:** There is limited access to dental services in the community.
- **Transportation:** Transportation is a major issue, with the bus system being inadequate.
- **Access to Resources:** Residents have difficulty accessing resources and a lack of information on where to seek assistance.
- **Food Insecurity:** High food costs affect people's ability to maintain a healthy diet. There is limited access to healthy food options. There is a need for more food pantries, especially in neighborhoods far from existing resources.
- **Children and Family Services:** Community members expressed concern about Lack of parental involvement and concerns about children's exposure to technology at a young age. Community members were also concerned about child abuse and the lack of child psychiatry services.
- **Impact of COVID-19:** There is ongoing recovery from the effects of COVID-19, including increased health-related needs in the community. Additionally**,** there are decreased vaccination rates and missed well-child checks for children.
- **Health Equity:** Community members expressed the need for efforts to address mistrust in healthcare systems, historical implications, and the need for diversity, equity, and inclusion in healthcare hiring practices.

Addressing these unmet health needs will require collaboration among community organizations, healthcare providers, local government, and other stakeholders to develop and implement focused interventions and policies.

COMMUNITY STRENGTHS

The interviewer asked key informants and community members to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While the CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

Diverse and Effective Community Organizations: There are many community organizations, such as the Boys and Girls Club, YWCA, and Voice of Hope, which provide valuable resources and support to the community. Lubbock offers good school districts and strong educational institutions, including universities like Texas Tech and Lubbock Christian, contributing to educational growth and development. Churches and faith-based organizations play a significant role in supporting and helping the community. Community clinics offer not only healthcare services but also auxiliary services like food pantries and clothes closets, making them valuable community assets.

Strong Collaboration and Partnerships: Collaboration is a notable strength, with various organizations, universities, and agencies partnering to address community needs and facilitate positive change. Collaborative efforts extend beyond Lubbock to rural communities, fostering regional unity and support. Lubbock has been recognized for its coordination of services, indicating a history of effective collaboration. Collaborations between community, corporate partners, and schools result in support programs, like school supplies giveaways and assistance with school uniforms. Initiatives like the establishment of an outreach council at Texas Tech University and the formation of ECHO West Texas demonstrate efforts to create platforms for collaboration and resource sharing to uplift the community. The willingness of many organizations, including nonprofits, churches, and universities, to collaborate and pool resources demonstrates a shared commitment to uplift the community.

Racial and Ethnic Diversity: The growing racial and ethnic diversity is seen as a strength, enhancing the community's cultural richness and perspectives.

Healthcare Options and Outreach Efforts: The community has numerous healthcare options, including clinics and non-profit organizations, but challenges with access exist. The availability of healthcare options, clinics, and outreach efforts demonstrates a commitment to addressing healthcare needs in the community. The organization of a city-wide backpack giveaway shows that various stakeholders come together to provide essential resources to students and families, ensuring they are well-equipped for education.

Generosity and Community Involvement: The community is described as very generous, and there is an active willingness to help, indicating a strong desire to support those in need. The willingness of individuals and organizations to step up and help, along with a strong sense of community, is highlighted as a strength.

People as the Greatest Strength: Ultimately, the people themselves are considered the greatest strength of the community, with a willingness to support and make positive contributions. Residents are engaged in education, and there is a request line for addressing community concerns.

These examples collectively illustrate a strong desire among Lubbock's residents, organizations, and institutions to support, uplift, and improve the well-being of the community. This sense of commitment and community engagement is a significant strength that contributes to the betterment of Lubbock as a whole. Key informants and community members emphasized that recognition of strengths and acknowledgment of areas for improvement indicate a proactive approach to making the community better. The ability to collaborate, communicate, and share resources will strengthen the community's capacity to address needs.

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

Key informants were asked to identify their top health-related needs in the community. Three needs were prioritized by most key informants and with high priority. Five additional needs were categorized as medium priority. Key informants were most concerned about the following health-related needs:

1. Access to Healthcare Services and Health Education
2. Behavioral health challenges and access to care (mental health and substance use/misuse)
3. Housing Instability

Access to Healthcare Services and Health Education

The community faces multiple challenges in accessing healthcare and health education, including disparities in education, racial disparities, geographical barriers, and financial obstacles. Addressing these issues requires a comprehensive approach involving education, resource allocation, and improved communication among agencies. The challenges of accessing healthcare in the community, as highlighted by key informants and community members, are as follows:

Limited Preventative Care and Health Education: There is a lack of active community centers providing preventative care and health information, with little emphasis on prevention and health education. This leads to difficulties in accessing resources, especially for those not familiar with the area. There is a need for more public information about where to access health assistance and healthcare.

High Healthcare Costs: The cost of healthcare, insurance, and prescription medications is consistently high, impacting the ability of many individuals to access necessary care.

- **Older adults:** Healthcare costs are deterring the elderly from seeking care.

Sexually Transmitted Diseases (STDs): Rates of sexually transmitted diseases (STDs), including syphilis and HIV are rising in the community. There is also a rising number of syphilis cases among babies, potentially due to a lack of Medicaid providers for prenatal care.

Insurance Coverage: Many individuals are not fully aware of their insurance coverage, and some fall into the gap where they earn slightly too much to qualify for assistance but still struggle financially. Programs

designed to help those without insurance are difficult to access due to financial qualifications. Additionally, many people lost Medicaid coverage due to Medicaid redetermination.

Racism and Discrimination: Racial disparities persist in healthcare options and access, partly due to historical redlining and racial segregation, which continues to affect the distribution of healthcare resources and outcomes.

Lack of sufficient services: The local health department lacks a clinic, leading to the need for referrals for those seeking medical services.

Access to medication: The high and inconsistent costs of medications pose a significant challenge for residents who struggle to predict and plan for their medication expenses. When healthcare providers prescribe medications that patients cannot afford, it creates financial barriers that hinder patients from obtaining the necessary medications, ultimately impacting their ability to effectively manage their health conditions. Access to diabetic medications and specialty care, such as foot and eye care, is challenging and expensive. The cost of insulin is a particular concern.

COVID-19 Impact: The COVID-19 pandemic has disrupted healthcare services, including vaccine access and vaccine hesitancy. Many people fell behind in receiving vaccines during this time period. However, vaccine resistance is gradually decreasing.

Geographical Disparities: Disparities in access to healthcare services are evident in the distribution of healthcare facilities.

- **North and East Lubbock:** East Lubbock lacks healthcare resources, requiring residents to travel long distances for essential services. There is limited access to healthcare services in the North and Northeast parts of the city.
- **Rural areas:** Rural areas are underserved, highlighting the need for more accessible healthcare resources and services in these regions.

Communication Among Agencies: Coordination and communication among local agencies are lacking, potentially hindering efforts to address healthcare disparities.

Barrier to accessing healthcare and health education in the community include:

- **Transportation Barriers:** Transportation remains a significant barrier to accessing healthcare. Many families may share a singular vehicle, and public transportation is limited. The community lacks centralized locations for essential resources, which makes care difficult to access for those without cars.
- **Language and Cultural Barriers:** Distrust of healthcare among some demographics contribute to healthcare disparities. Additionally, there is a need for health outreach and education in multiple languages, especially Spanish.
- **Health Literacy:** Patients often have difficulty understanding hospital discharge instructions, medication instructions, and where to access various forms of help.

Some populations face unique challenges in accessing healthcare and health education:

- **Youth:** Youth face various challenges in accessing healthcare.
    - **Lack of Sex Education:** There is a significant gap in sex education for teenagers, leading to high rates of sexually transmitted diseases (STDs), including syphilis and HIV, among young individuals. The community does not adequately address the need for comprehensive sex education.
    - **Childhood Immunization Funding:** Texas is reducing funding for childhood immunizations, potentially impacting vaccination programs.
    - **School-Based Health Centers:** The need for school-based health centers is emphasized, with interest in exploring telehealth options.
- **Older adults:** Older adults are especially impacted by high healthcare costs, which is a barrier to them seeking care. The prevalence of dementia is increasing among the elderly population, necessitating the need for more supervised senior programs. Additionally, older adults without friends or family support and/or cognitive impairments struggle to access health education and care.
- **Women:** Accessing comprehensive women's health services, including prenatal care, is difficult in the community. Women of color in particular face disparities in prenatal care.
- **BBIPOC:** Racial disparities exist in healthcare options and access. The historical impact of redlining and segregation affects the distribution of healthcare resources and outcomes.

Behavioral health challenges and access to care (mental health and substance use/misuse)

The community faces significant challenges in access to mental health and substance use/misuse services, exacerbated by the COVID-19 pandemic. The community's population continues to grow, making the need for mental health and substance use/misuse resources even more pressing, including inpatient facilities and collaboration among various agencies. Key informants and community members revealed several key findings regarding the behavioral health needs in the community:

Access to Mental Health Medications: There is a significant need for improved access to psychotropic medications, especially for people who are low income and or do not have insurance. Many people in the community struggle to afford depression and anti-anxiety medications, and there is a lack of education on where to obtain them. Lack of affordability and insufficient education on where to obtain these medications are major concerns.

Limited Mental Health Facilities: There are few mental health facilities in the community and there is a lack of inpatient and long-term mental health facilities. The absence of an inpatient mental health facility is identified as the most critical gap in the community's mental health services. Some patients require more intensive care than outpatient agencies can provide, and there is a lack of resources for inpatient treatment. The healthcare system's ability to support mental health is described as inadequate, with particular concerns about the hospital's lack of support for mental health services.

Shortage of Mental Health Resources: There is a shortage of mental health resources, resulting in long waitlists for counseling services. Families with low income face significant challenges in accessing mental health resources.

Cultural Competency: Cultural nuances related to mental health are important, and there is a need for culturally appropriate counseling to better serve the diverse population.

Impact of COVID-19: The COVID-19 pandemic exacerbated mental health issues in the community, leading to learning loss in schools and increased stress among families.

Substance use/misuse: Substance misuse, including fentanyl use, increased the community, especially after the COVID-19 pandemic.

Collaboration and Support: Collaborative efforts are needed to address the gaps in behavioral healthcare withing the community, with particular attention to child psychiatry, detox facilities, and online safety education for both children and their families.

Youth face unique behavioral health challenges:

- **Youth:** Youth in the community face challenges related to mental health access, substance use/misuse, the impact of the COVID-19 pandemic, educational disparities, online safety, and stigmatization. Addressing these issues requires a collaborative effort and a focus on providing support and resources for young people in need.
    - **Lack of Access to Mental Health Services:** Youth in the community often struggle to access mental health services, including counseling and treatment. There are long waitlists for these services, making it difficult for young people to receive the help they need. The absence of inpatient mental health facilities for children and teenagers is a significant gap in the community. Some youth require more intensive care than what agencies can provide.
    - **Vaping and Substance Use:** Vaping and substance use, including fentanyl, are prevalent issues among teenagers in schools. There is a lack effective intervention programs in schools, and punitive measures are often the only response to these issues.
    - **Criminal Justice System:** Key informants described how the lack of treatment and options and support for youth struggling with mental health and substance use creates a “school to prison system”. Black, brown, indigenous, and other youth of color (BBIPOC) may disproportionately end up in the legal system. There is a need to address these disparities, as youth who end up in the criminal justice system can be stigmatized and labeled for life, which can have lasting negative effects on their prospects. Collaboration among law enforcement, schools, and healthcare providers needs improvement.
    - **Online Safety Concerns:** There is a need for awareness and education regarding online safety for both children and parents. Children can gain access to substances through social media, indicating a need for better online safety practices.

- **Impact of COVID-19:** The COVID-19 pandemic has had a negative impact on children and teenagers in the community. It has led to increased chronic stress, learning loss, and risky behavior among young people.

Addressing these behavioral health needs will require a coordinated effort involving community leaders, healthcare providers, schools, advocacy groups, and local government. Raising awareness, reducing stigma, improving access to care, and providing education are essential steps in creating a more supportive and mentally healthy community.

Housing Instability

The community faces issues related to affordable housing, rental assistance, and access to basic amenities. There is a particular need for housing support for underserved populations, such as those with legal histories or fixed incomes, as well as a call for more housing assistance programs to address these concerns. Key informants and community members highlighted several key points related to housing instability in their community:

Need for Housing and Rental Assistance: The community is calling for increased housing assistance programs to address the various housing-related challenges faced by its residents. There is a high demand for housing and rental assistance in the community, and many residents need financial support to secure stable housing.

Multiple Families in Affordable Housing: Due to financial constraints, multiple families are living together often in substandard housing, highlighting the strain on affordable housing options and the need for improved living conditions.

Access to Basic Amenities: Access to basic amenities such as air conditioning and working appliances remains a challenge, affecting the quality of housing for residents.

Some populations face unique challenges regarding housing instability:

- **People who were formerly incarcerated/involved with legal system:** People who were formerly incarcerated/involved with legal system face significant challenges procuring affordable housing
- **Older adults:** There is a need for more housing facilities designed for individuals aged 55 and older. Additionally, programs to assist renters with deposits for utilities (e.g., gas, electricity, water) are needed, particularly for elderly individuals seeking housing support.
- **People with low or fixed incomes:** Rising property taxes are making it difficult for individuals on low or fixed incomes to afford housing.

MEDIUM PRIORITY UNMET HEALTH RELATED NEEDS

Five additional needs were often prioritized by key informants:

1. Economic Insecurity
2. Access to Dental Care
3. Food Insecurity

4. Chronic Conditions
5. Safe Streets and Accessible Parks/Recreation

Economic Insecurity

The community faces economic insecurity challenges stemming from a variety of factors, affecting not only low-income families but also young professionals and individuals in the ALICE demographic. These issues include rising living costs, gaps in insurance coverage, and difficulty accessing essential services and support programs. Addressing these concerns will require a multi-faceted approach, including financial education and more inclusive assistance programs. Key informants in the interview highlighted several issues related to economic insecurity in the community:

Rising Costs: Social services, high gas prices, electric bills, and rising grocery costs were identified as major factors contributing to economic insecurity. Many families in the community are struggling to make ends meet due to these challenges. High housing costs have led to multiple generations sharing a single household.

Gaps in Insurance Coverage: There are gaps in insurance coverage, and many community members are uncertain about their coverage. Some individuals find it difficult to qualify for essential services, such as food assistance, prescriptions, and low-cost healthcare, because they earn slightly above the assistance qualifications. They are in a situation where they "make just too much, but really not enough."

Challenges with Accessing Support Programs: Programs designed to help those without insurance are difficult to access due to stringent financial qualifications that may exclude many in need.

Financial Education: There is a need for more financial education programs and resources to support families in managing their finances effectively.

Some populations are especially impacted by economic insecurity:

- **Families with low income:** Families with low-income struggle to make ends meet due to rising costs.
- **Young adults:** young adults, including young professionals, recent college graduates, and those aged around 25 are facing economic insecurity.
- **Women:** Working mothers often hold multiple jobs but still struggle to make enough income.
- **ALICE (Asset Limited Income Constrained Employed):** Individuals who are employed but have very limited resources often do not qualify for the available assistance programs because they earn slightly above the threshold.

Access to Dental Care

The community faces significant challenges in accessing dental care, especially for adults without dental insurance. Affordability, waiting lists, and the limited availability of dental assistance are prominent issues. Collaboration among healthcare providers and community organizations, as well as a focus on

both preventive and restorative dental services, will be essential in addressing these challenges. Additionally, addressing broader health and safety needs in the community is also a concern. Key informants and community members expressed several concerns and needs related to access to dental care:

High Demand for Dental Care: The health department has identified a significant demand for adult dental services, particularly among individuals aged 18-65 who lack dental insurance. Waiting lists for dental care are consistently long, indicating a substantial unmet need in the community.

Limited Availability of Dental Assistance: While there are some organizations in the community that provide dental assistance, informants noted that such resources are limited, suggesting that more comprehensive and accessible dental services are needed.

Affordability: Many community members, especially those with lower incomes, face limitations in accessing dental care due to the costs involved. Dental insurance is often considered a luxury, and even those who are employed may struggle to afford it. As a result, dental needs often go unattended until they become emergencies, indicating a gap in preventative care.

Food Insecurity

Key informants and community members in Lubbock highlighted several challenges regarding food insecurity:

Food Deserts: There are food deserts in Lubbock, particularly in **East Lubbock**, where access to fresh and affordable food is limited.

High Food Costs: The high cost of food is a significant barrier to maintaining a healthy lifestyle for many residents. Tight budgets make it difficult for individuals and families to afford groceries and utilities.

Access to Healthy Food: The availability of healthy food options in the community is limited. Many people in Lubbock struggle to access healthy food options. Key informants and listening session participants emphasized the need for more food pantries in neighborhoods, potentially even mobile food pantry trucks.

Impact of COVID-19: Food insecurity and high food costs have become more pressing issues, exacerbated by the COVID-19 pandemic.

Chronic Conditions

Key informants and community members report several issues related to chronic conditions:

Prevalence of Chronic Diseases: Chronic diseases like diabetes, hypertension, and obesity-related health conditions are significant concerns in the community, emphasizing the need for focused attention on these health issues.

Environmental Hazards: Some neighborhoods in the community are exposed to pollution from construction and industry waste, which has adverse effects on respiratory health, particularly for individuals with asthma and COPD (Chronic Obstructive Pulmonary Disease).

- **East Lubbock:** Overgrowth in vacant lots, especially in East Lubbock, is a concern. The lack of code enforcement in East Lubbock despite multiple calls has led to immediate health hazards, particularly for people with respiratory issues.

Access to Medications: Many individuals in the community face challenges in obtaining essential medications due to financial constraints. People with diabetes are especially impacted, and there is a need for assistance with diabetes management and accessing diabetes medications.

Health Education: There are identified gaps in diabetes education, particularly for children and youth, underscoring the importance of comprehensive health education programs to address these issues effectively.

Safe Streets/Accessible Parks and Recreation

The community desires safer and more accessible outdoor spaces, including walking trails, "third spaces" accessible to all, economic investments in lower-income neighborhoods, improved ADA accessibility, and solutions to safety concerns that prevent outdoor activities. Key informants and community members expressed several concerns regarding safe and accessible parks, recreation, and streets in their community:

Lack of Safe Places to Walk: There are not many walking trails available in the community, and residents struggle to find safe places to walk. Large items dumped throughout the city pose a problem, blocking access to sidewalks, streets, and alleyways, leading to unsafe and unsanitary conditions in some neighborhoods. Stray dogs in neighborhoods deter people from walking outdoors in many areas. This fear of safety issues hinders community members from enjoying outdoor activities.

- **People with disabilities:** People with disabilities are especially impacted by the unsafe sidewalks, ramps, and unpaved or broken pavement issues. There is a need for increased ADA (Americans with Disabilities Act) accessibility in all neighborhoods.

Lack of "Third Spaces" in Lower-Income Neighborhoods: Key informants stated the community lacks accessible "third spaces" where people can connect with others. These types of spaces are only found in more affluent neighborhoods in Lubbock, making them less inclusive and connected to the wider community.

- **East Lubbock:** East Lubbock in particular lacks economic investments, including restaurants, hospitals, clinics, and workout facilities. Key informants suggested establishing a satellite Lifestyles Center or providing trainers to lead workouts in parks in East Lubbock.

Appendix 3: Community Resources Available to Address Significant Health Needs

Covenant Health Lubbock Hospitals cannot address all the significant community health needs by working alone. Improving community health requires collaboration across community organizations and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table_Apx 3. Community Resources Available to Address Significant Health Needs

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Hospital	University Medical Center	Primary Medical and Acute Care, Lubbock County Indigent Program	602 Indiana Ave, Lubbock, TX 79415	Access to Care
Health Sciences Center	Texas Tech University Health Sciences Center	Primary Medical Care, Specialty Care, Mental Health, Lubbock County Indigent Program	3601 4th St., Lubbock, TX 79430	Access to Care and Mental Health Services
Federally Qualified Health Center	Larry Combest Health and Wellness Center	Primary Medical Care, Limited Specialty Care, Mental Health, Health Education, Prescription Assistance, Lubbock County Indigent Program	301 40th, Lubbock, TX, 79404	Access to Care
Non-Profit Clinic	Lubbock Children's Health Clinic	Pediatric and Women's health services	Address: 302 N University Ave, Lubbock, TX 79415	Access to Care
Federally Qualified Health Center	Community Health Centers of Lubbock	Primary Care, Dental, Prescription Assistance	Main Clinic 1610 5th St., Lubbock, TX 79401	Access to Care

Non-Profit	YMCA Plainview	Healthy Living and Youth Programs	313 Ennis, Plainview, TX 79072	Access to Health Resources
Non-Profit	South Plains Community Action Association	Head Start Program, Children's Dental, Children's Mental Health Services, Food and Nutrition, Transportation Services, Utility Assistance	411 Austin Street Levelland, Texas 79336	Access to Care, Mental Health, Food Insecurity, Education, Economic Assistance
Federally Qualified Health Clinic	South Plains Rural Health	Healthcare Services for Levelland, Lamesa, and Big Spring, Texas	1000 FM300, Levelland, TX 79336	Access to Care, Social Services
Federally Qualified Health Clinic	Regence Health Network, Inc	Medical, Dental, Behavioral Health, Laboratory Services, WIC Services	2801 W. 8th St., Plainview, TX 79072	Access to Care, Mental Health
Community Action Agency	Housing and Utility Assistance	Low Rent Housing	208 North Turner, Hobbs, NM 88240	Housing Assistance
Non-Profit	Guidance Center of Lea County	Substance Misuse Counseling, Health Promotion, Supportive Housing	920 West Broadway, Hobbs, NM 88241	Mental Health, Substance Misuse, Housing
Public Health	Hobbs Department of Health	Immunizations, Nutrition, Health Education, Women, Infants and Children	1923 North Dal Paso St B, Hobbs, NM 88240	Access to Care, Food Insecurity
Non-Profit	Open Door	Permanent Supportive Housing	1916 13th, Lubbock, TX 79401	Housing

Appendix 4: Covenant Health Community Benefit Committee

Table_Apx 4.Community Benefit Board Committee Members

Name	Title	Organization	Sector
Aaron Dawson	Missional Life Minister	Monterey Church of Christ and One Heart	Faith-Based and Community Based Non-Profit
Sr. Christine Ray	Sister of St. Joesph	Sisters of St Joseph of Orange	Faith-Based Organization
Jorge Sanchez	Administer	Lubbock Independent School District	Public Education
David Weaver	Community Volunteer	Retired South Plains Food Bank	Community Based
Troy Tucker	General Manager	Cavender of Lubbock	Local Business
Phebe Ellis-Roach	Market Leader	Thrive Mortgage	Finance
Josh Hill, MD	Physician	Lubbock Medical Associates	Healthcare
Jorge Ramirez	Professor	Texas Tech School of Law	Higher Education
Andrea Omojola	Chief Operating Officer	Open Door	Homelessness Community Based Non-Profit
Gloria Gonzales	Director, Center for Adolescent Resiliency	Texas Tech University Human Sciences	Education
Seydia Adkins	Public Health Program Coordinator	Lubbock Health Department	Public Health