2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Covenant Health Levelland

Levelland, TX

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

TABLE OF CONTENTS

Message to the Community and Acknowledgements 4
Executive Summary 5
Understanding and Responding to Community Needs 5
Gathering Community Health Data and Community Input 5
Measuring Our Success: Results from the 2021 CHNA and 2021-2023 CHIP 6
Introduction 8
Who We Are 8
Overview of CHNA Framework and Process 9
Equity Framework 9
CHNA Framework 10
Data Sources 10
Data Limitations and Information Gaps 11
Process for Gathering Comments on Previous CHNA and Summary of Comments Received 11
Our Community 12
CHNA Service Area and Community Served 12
Providence Need Index 12
Community Demographics 13
Economic Indicators 17
Health Professional Shortage Area 17
Health Indicators 19
County Health Rankings 19
Indicators 19
Hospital Utilization Data 20
Community Input 24
Summary of Community Input Hockley County 24
Community-Defined Strengths Hockley County 24
Community Needs Hockley County 24

Significant Health Needs 27
Review of Primary and Secondary Data 27
Identification and Prioritization of Significant Health Needs 27
2023 Priority Needs 28
Alignment with Other Community Health Needs Assessments 28
Potential Resources Available to Address Significant Health Needs 29
Evaluation of 2021-2023 CHIP 30
Addressing Identified Needs 31
2023 CHNA Governance Approval 32
Appendices 33
Appendix 1: Quantitative Data 33
Appendix 2: Community Input 37
Appendix 3: Community Resources Available to Address Significant Health Needs 47
Appendix 4: Covenant Health Levelland Board of Directors 49

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 Health Levelland 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 Health Levelland 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 group listening sessions 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 identified community commitment and involvement as a top community asset.
- Mental health and substance abuse related issues were high priorities for community members and key informants.
- The high need services area reflects disproportionate percentage of persons identifying as Hispanic.
- Access to healthcare and resources was a theme noted 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 Health Levelland Hospital Board 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 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.

Covenant Health Levelland 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 Levelland 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:

- Priority 1: Mental and Behavioral Health
- Priority 2: Access to Health Services
- Priority 3: Homelessness and Housing Instability
- Priority 4: 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 and remote counseling to the Levelland community.
- Added a rapid response mental health team within Covenant Health Partners
- Provided 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 and support groups in Levelland 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 Levelland is a part of Covenant Health, 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, 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 Hockley County, TX where Covenant Health Levelland 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/reports/texas

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

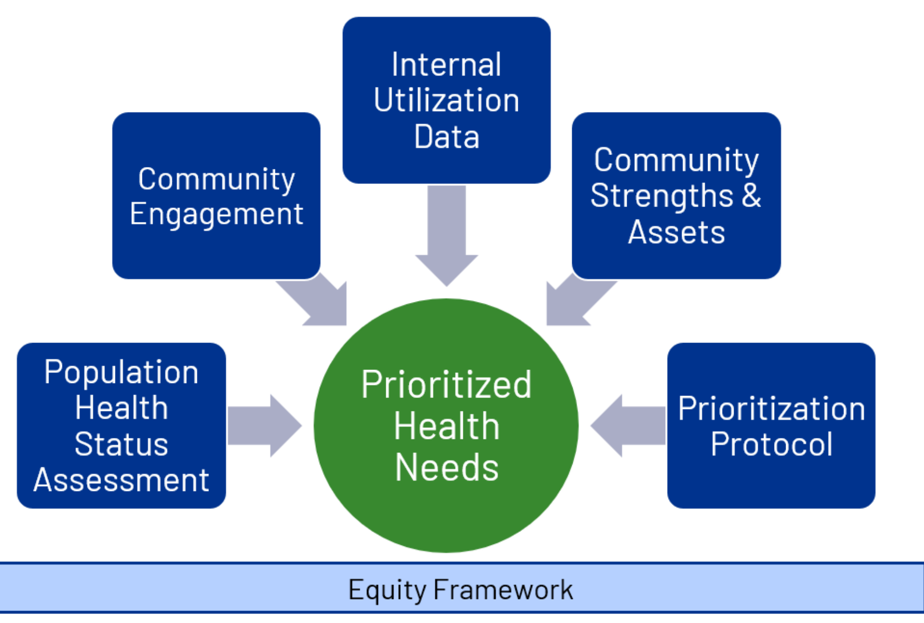
Disaggregate data when responsible and appropriate

Acknowledge inherent bias in data and screening tools

Intentional effort was made to capture issues and concerns related to health equity. 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 Covenant Health Levelland, 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 interviews • Focused listening sessions • Internal hospital utilization data	• American Community Survey • Behavioral Risk Factor Surveillance System (BRFSS) • U.S. Census Bureau • 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.
- 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

For the purposes of this CHNA, the service area is Hockley County due to proximity to Covenant Health Levelland services, data availability, location of local resources, and population density. Additionally, Hockley County is within the main geographic area that is directly served by the Covenant Community Health Outreach programs. Many programs are based in Lubbock County with extension services in Hockley County. Due to the proximity to Lubbock County, community members often seek services there. Surrounding counties outside of the CHNA service area 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 Need Index

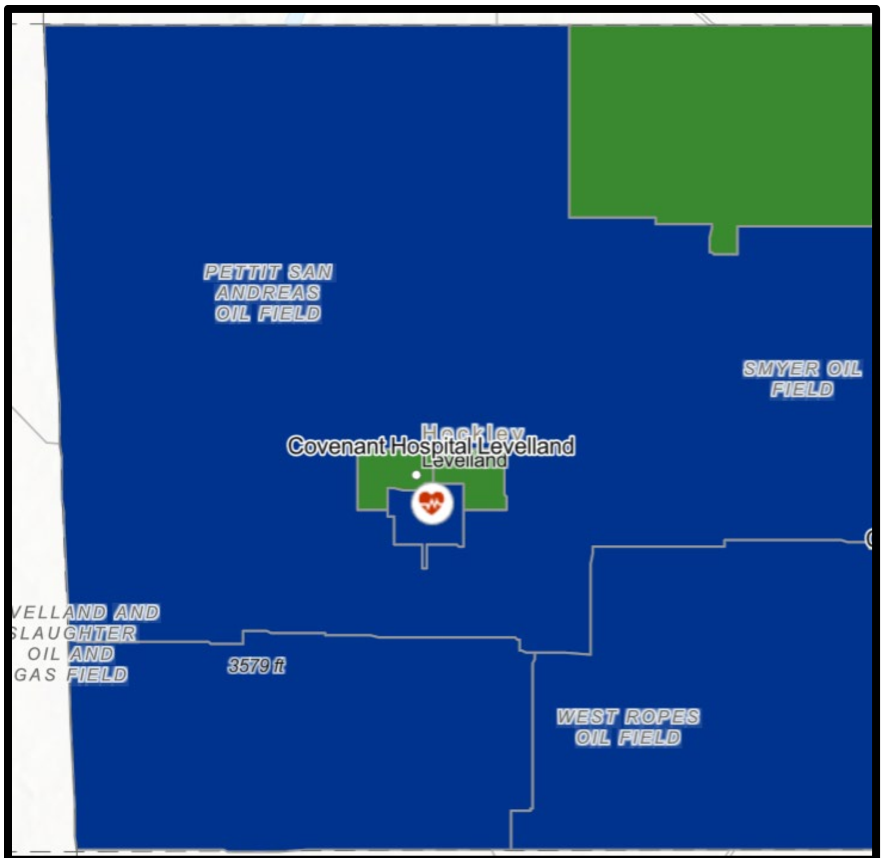
To facilitate identifying health disparities and social inequities by place, we designated a "high need" service area and a "broader" service area, which together make up the Hockley County Service Area. Based on work done by the Public Health Alliance of Southern California and their Healthy Places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

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. Hockley County Service Area



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/

HOCKLEY COUNTY DEMOGRAPHICS

Table 1. 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 2. Hockley Service Area Population Age Groups by Geography

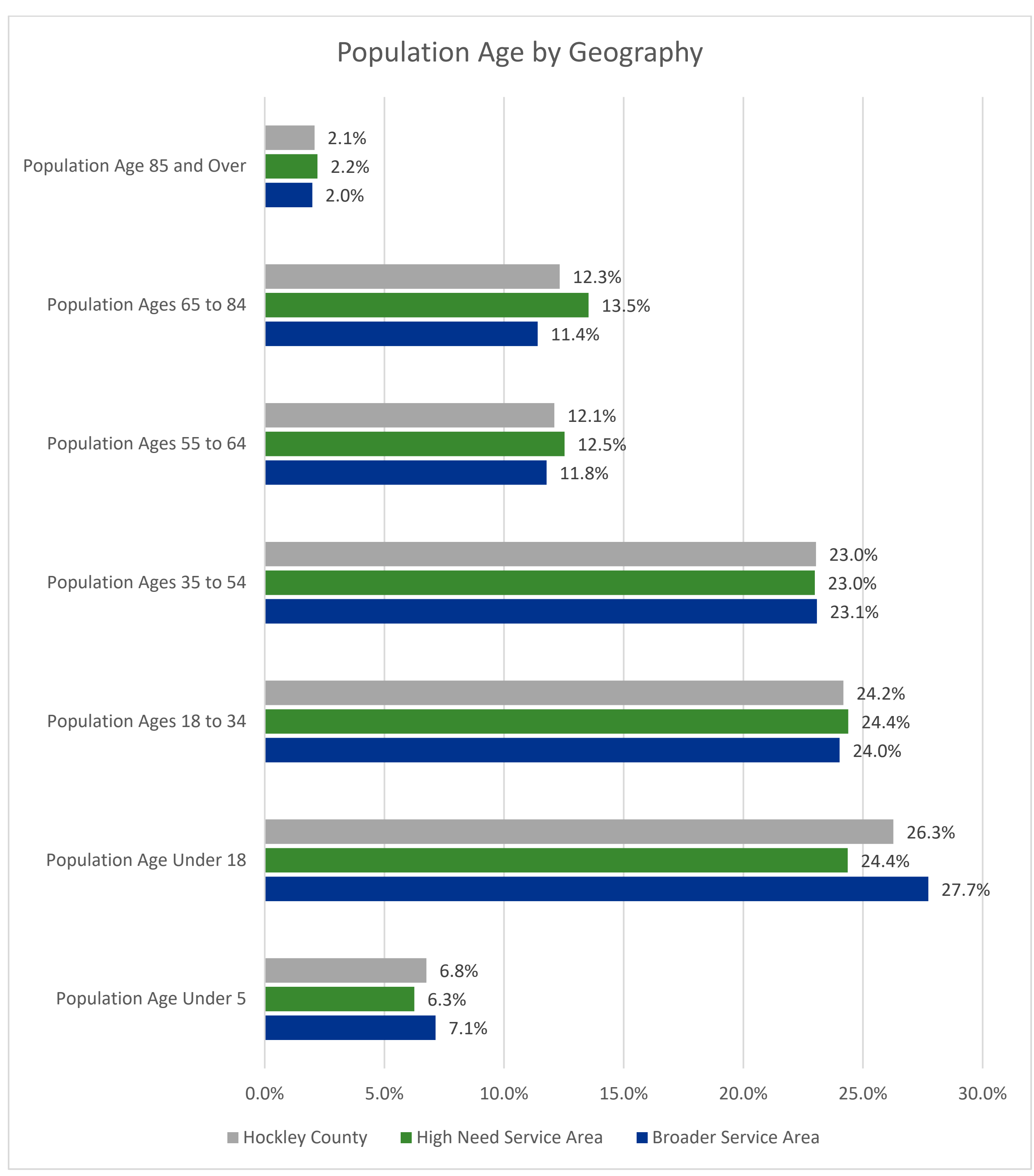
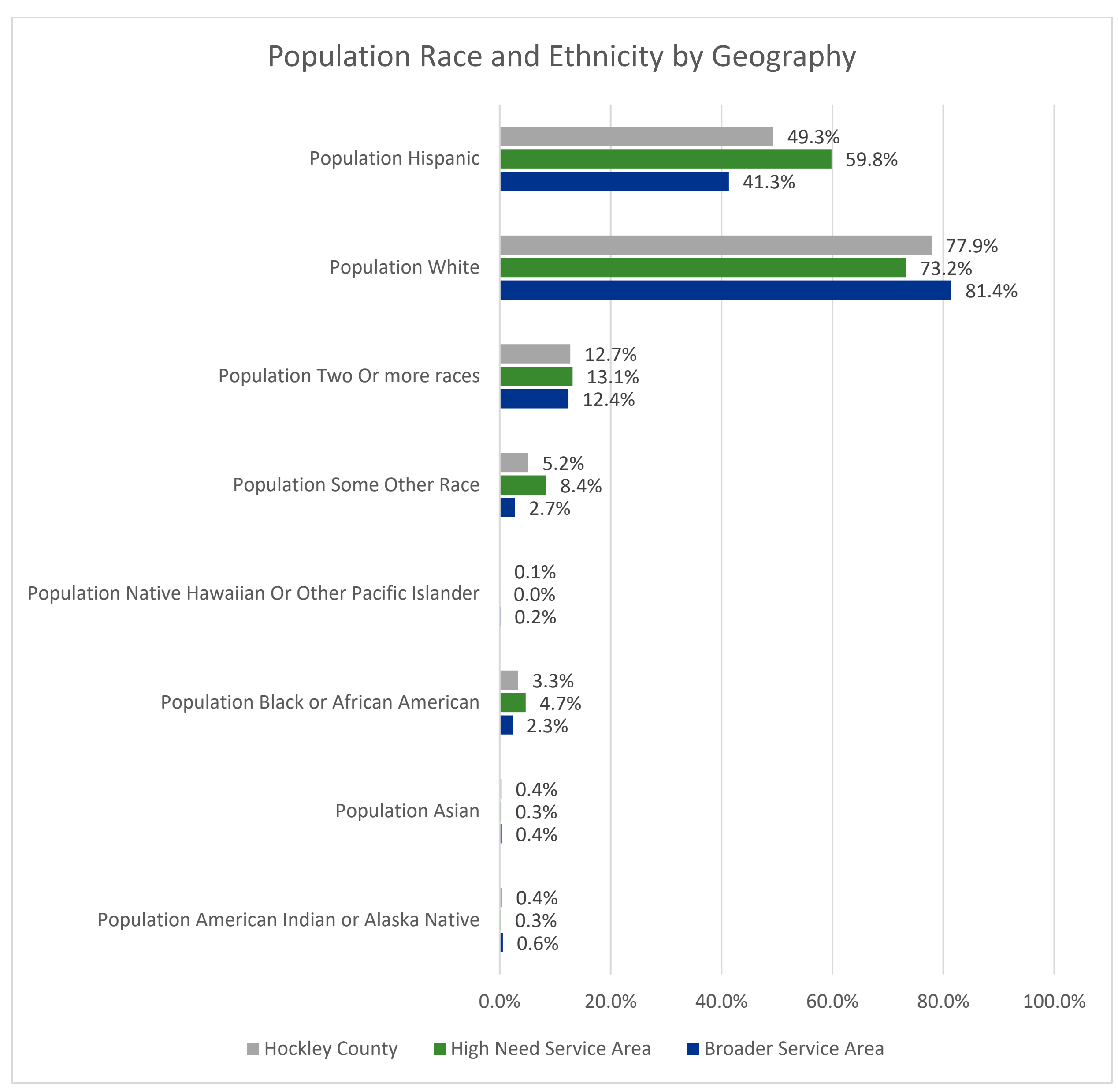


Figure 3. Hockley County Population Race and Ethnicity by Geography



Economic Indicators

Household median income 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 2. 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.

Health Professional Shortage Area

Health Professional Shortage Areas (HPSAs) are geographic areas, populations, or facilities, and which have a shortage in primary, dental, or mental health care providers. All Covenant Health service areas have portions that are designated as HPSA.

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.

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

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 Data Hub 2023 to review each of the following health indicators mapped at the census tract level.

The data hub provides information on each indicator in the counties of Lubbock, Hockley, and Hale. The data includes the high need service area, broader need service area, and the State of Texas, 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:

Hockley: https://www.countyhealthrankings.org/explore-health-rankings/texas/hockley?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. All primary Texas Counites counties served by Covenant Health are represented in the data below for comparison.

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%).

Table 3. 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.

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. Data is included for all Covenant facilities for comparison.

AVOIDABLE EMERGENCY DEPARTMENT CASES

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

Table 41. 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

- 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 Hobbs Hospital

- At Covenant Hobbs Center, 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 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 Plainview

- At Covenant 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 Center*

- At Grace Medical Center, 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 most 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 Hockley 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 Hale, Lubbock, 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-Defined Strengths Hockley 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

- Close-knit and Supportive Community
- Quality community resources and organizations
- Organizations are supportive and engaged with the community

Community Needs Hockley County

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

Behavioral Health challenges and access to care	Key informants and participants in listening sessions in Levelland highlighted challenges related to substance misuse, mental health, and limited access to behavioral health care, particularly for children and teenagers. These issues have been exacerbated by the COVID-19 pandemic, underscoring the urgent need for prevention programs, education, and increased resources. Mental health issues affect people of all ages and demographics in Hockley County, and substance use is prevalent in the community. Accessing mental health services is difficult due to centralization of services in Lubbock, resulting in emergencies when prompt care is unavailable. There is a critical need for Narcan education and availability. Key informants and listening session participants stressed that collaboration among various agencies is essential to improve mental health support. Special concern is

	expressed for youth, aged 12-18, who lack adequate mental health and substance misuse resources, including counseling services. Vaping is a major issue in schools, necessitating education efforts, comprehensive programming, focused substance misuse programs, and greater involvement of adults, parents, and nonprofit organizations. Key informants advocated for more collaboration between schools and the community to explore partnerships that can support youth and address drug and alcohol prevention.
Food Insecurity	Community members and key informants highlighted a complex challenge involving food insecurity, with escalating food costs, inadequate access to healthy choices, and insufficient funding for assistance programs. These issues have been further exacerbated by the impact of COVID-19. The community faces a growing issue of food insecurity due to the increasing cost of groceries, which is surpassing the capacity of existing food assistance programs. Access to fresh fruits and vegetables is limited. Key informants and listening session participants described the community as a food desert with a surplus of unhealthy options. The situation is exacerbated by inadequate funding for non-profit organizations that address food insecurity. Certain populations, including youth and lower-income families, are especially impacted by food insecurity, with disappearing meal programs for children and limited access to nutritious options. A comprehensive and sustainable approach is necessary to effectively address food insecurity in the community.
Access to health care services	Key informants and participants in listening sessions in the community highlighted several challenges related to health care access. These include limited access to specialty care, which requires residents to travel, posing difficulties for those on fixed incomes and the elderly. Vaccine hesitancy is prevalent, and efforts are needed to improve vaccination rates, with the COVID-19 pandemic exacerbating this issue. Culturally competent care is essential to establish trust within the healthcare system, especially for those with immigrant backgrounds facing cultural disparities and language barriers. Barriers to healthcare access include language barriers and low health literacy. There is a lack of Spanish-speaking healthcare providers. Women's health services are underutilized due to limited availability in the area, and there is a fear and lack of trust among immigrants toward healthcare providers, further impeding access to healthcare resources and education.

MEDIUM PRIORITY UNMET HEALTH-RELATED NEEDS

Support for Schools	Community members and key informants raised several concerns regarding the need to increase support for schools. Concerns included the loss of grant funding that used to provide off-hours student enrichment activities and meals, and the impact on children who benefited from it. Despite a relatively stable population, there was a noticeable decline in school enrollment. There is a need for more affordable after-school and summer activities, especially for lower-income families. The COVID-19 pandemic exacerbated resource challenges for underserved communities, with increased demand for food assistance programs suggesting other unmet needs such as access to healthcare and support services.
Chronic Conditions	Chronic disease, notably COPD and diabetes, is increasing in the community. There's been a noticeable increase in residents struggling with these conditions, largely due to a lack of knowledge and resources for effective management. Diabetes and hypertension have emerged as significant health concerns, possibly linked to limited access to healthy foods and recreational exercise spaces within the community.
Safe and Accessible Parks/ Recreation	Levelland is facing challenges related to a lack of accessible recreation facilities and safe exercise spaces. Residents are eager for more opportunities to engage in physical activity and maintain their health, but the community currently lacks adequate options for exercise. There is only one free walking track available, and Levelland lacks recreational facilities like dog parks, skating rinks, and bowling alleys. The absence of proper walking paths and safe exercise areas makes it difficult for residents to stay physically active. Additionally, the aging population in Levelland requires increased support, including improved accessibility and fall prevention measures within the city.

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 Misuse
- 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:

Alignment with Mission, Vision and Values

Importance to Community: extent community engagement recognized and identified as a problem

Disproportionate impact: low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities

High need service area rates compared to state average and/or national benchmarks

Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need

Alignment with existing strategies and priorities

Risk of creating or increasing a gap by not addressing or stopping a current service

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 the South Plains Community Action Association Annual Report, 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.

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 South Plains Rural Health Levelland, 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 5. 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 to provide free	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; collaboration with Health Equity to include

		community health education and community social services support	diabetes program in 2022, began diabetes classes in Levelland in 2023 for both English and Spanish speakers, 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 homeless and housing insecure within Open Door; 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 Health Levelland Board of Directors[2] of the hospital on October 26th, 2023. The final report was made widely available by December 28, 2023.

Walter L. Cathey FACHE CEO Covenant Health Providence Regional Chief Executive Texas/New Mexico	11/28/23 Date
Rebecca Currington Chair, Covenant Health Levelland Board	11/28/23 Date
Joel Gilbertson Divisional Chief Executive Providence Central Division	12/1/23 Date

CHNA/CHIP Contact:

Veronica Soto
Community Programs Manager
4421 21st, Lubbock Texas 79410
vsoto@covhs.org

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 Health Levelland Board of Directors**

APPENDICES

Appendix 1: Quantitative Data

POPULATION LEVEL DATA

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

The following demographics table utilizes 2021 American Community Survey 5-Year Estimates.

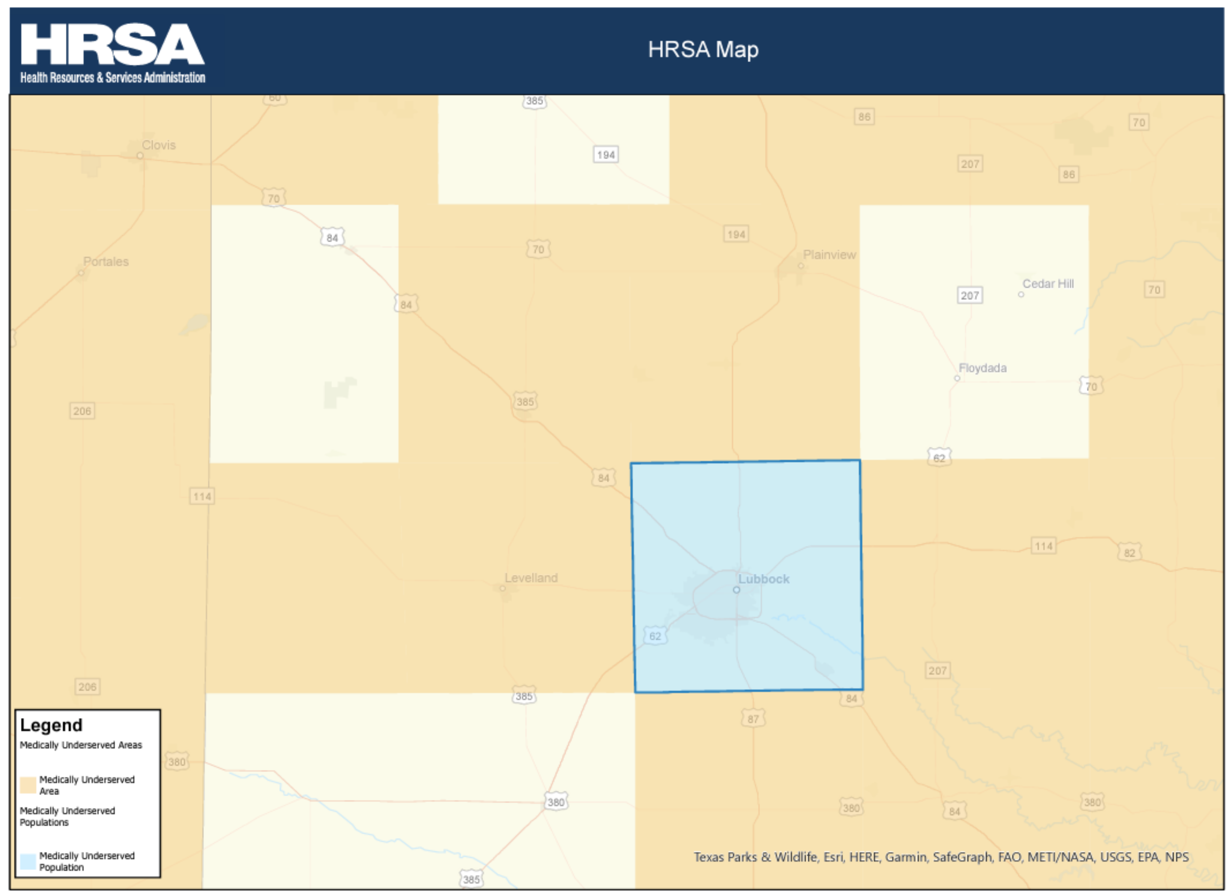
Indicator	Hockley County	Broader Service Area	High Need Service Area
Population by Age Groups			
Total Population	21,670	12,283	9,387
Population Age Under 5	6.8% (1,464)	7.1% (877)	6.3% (587)
Population Age Under 18	26.3% (5,693)	27.7% (3,406)	24.4% (2,287)
Population Ages 18 to 34	24.2% (5,240)	24.0% (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)

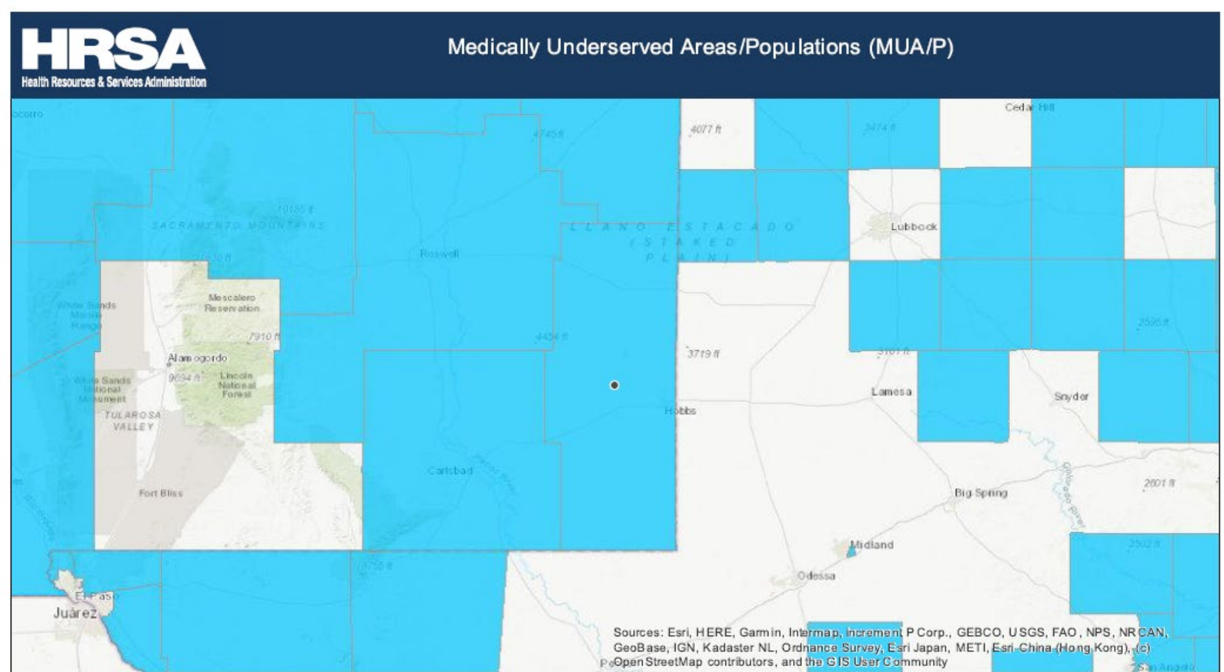
HEALTH PROFESSIONAL SHORTAGE AREA

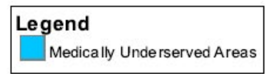
The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income 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/ MEDICALLY UNDERSERVED POPULATIONS

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





data.HRSA.gov

Prepared by: Division of Data and Information Services

Created on: 11/25/2023

Appendix 2: Community Input

METHODOLOGY

The hospital completed one listening session that included a total of three participants. The session took place in June of 2023.

Table_Apx 1: Community Input

Community Input Type	Population	Community Partner	Location	Date	Language
Listening Session	Healthcare and Social Service Providers	South Plains Rural Healthcare Services	Covenant Health Levelland	June 27th, 2023	English

The hospital completed 4 key informant interviews that included a total of four participants. The interviews took place between June and August of 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 hospital included the Hockley County Extension Agent-Family and Community Health from Texas A&M Extension Service and the Outreach Director from South Plains Rural Health Services as key informants to ensure the input from a state, local, tribal, or regional governmental public health department.

Table_Apx 2. Community Key Informant Participants

Organization	Name	Title	Sector
South Plains Rural Health Services	Kasey McBeath	Outreach Director	Public Health
Levelland Independent School District and Bill's Backpacks	Carrie Ellis	President Levelland ISD School Board Bill's Backpacks Board	Education and Community-Based Organization
Hockley County	Derek Lawless	Hockley County Justice of the Peace Pct.5	Government
Texas A&M Extension Service	April Hanson	Extension Agent, Family and Community Health	Social Services

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 interviews, 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 training on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informant interviews were conducted in-person with a virtual option, 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.

Some sessions were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

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

FINDINGS FROM COMMUNITY LISTENING SESSIONS

Community Needs

Participants in the listening session highlighted several pressing community needs observed in the hospital setting in Levelland:

- **Food Insecurity:** There is a concerning and growing issue of food insecurity in the community, indicating a need for better access to food resources and support.

- **Women's Health:** Women's health issues continue to be prevalent, suggesting a need for improved healthcare services and resources.
- **Collaboration:** Participants stressed the importance of increased collaboration among various agencies to address community needs more effectively, indicating a desire for better coordination and cooperation.
- **Chronic Disease Management:** There is a significant demand for assistance in managing and preventing chronic diseases such as diabetes, COPD, and heart disease, emphasizing the need for healthcare programs and services in this regard.
- **Support for schools:** Schools are in need of after-school programming, especially since the loss of the ACE grant that previously provided extra funding and activities for schools. Focus group participants discussed how schools are struggling and in need of more support, including the closure of the Levelland Intermediate campus, which suggests challenges in the local education system.
- **Support for aging population:** The aging population in Levelland requires more support, particularly in terms of accessibility and fall prevention. There is a need for increased handicap accessibility in the city to cater to this demographic.
- **Substance use/misuse:** Substance use/misuse is a significant issue in the community, with cases being observed weekly in the hospital. This problem affects all age groups, but there is a growing concern among 12–18-year-olds. Synthetic and prescription drugs, as well as vaping, are of particular concern. Participants highlighted a lack of drug and alcohol education in schools. The Shattered Dreams program, which focuses on substance use/misuse education, has not been in Levelland for several years. There is a need for more education and access to Narcan in the community to address the opioid crisis.

Focus group participants highlighted multiple community needs, including food insecurity, women's health, collaboration among agencies, chronic disease management, after-school programming, school-related issues, support for the aging population, and addressing substance misuse through education and access to resources like Narcan. These insights provide valuable information for prioritizing and developing community programs and services.

FINDINGS FROM KEY INFORMANT INTERVIEWS

Community Strengths

The interviewer asked key informants 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 a 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:

Levelland's strengths revolve around its strong sense of community, active engagement, support systems through nonprofits and outreach programs, and the caring nature of its residents. These elements collectively contribute to a resilient and closely-knit community that is committed to addressing the needs of its members.

Close-knit and Supportive Community: The residents of Levelland are described as warm, caring, and helpful, creating a tight-knit and supportive community environment. Levelland boasts a community with a strong willingness to assist others in need. There is a strong sense of community involvement, and people work together to serve the community. This collaboration is evident through various organizations and agencies that actively engage in community service. The principle of "See a need, fill a need" is prevalent, with people readily stepping up to address needs within the community.

Quality community resources and organizations: There are many quality resources and organizations within the community. Organizations address a diverse set of needs, such as food assistance, financial assistance, and other outreach programs. They provide opportunities for community members to get involved and contribute positively to the area. It's easy for community members to get involved in civic organizations, and organizations like the Chamber of Commerce are recognized for their positive contributions.

Organizations are supportive and engaged with the community: Several nonprofits play vital roles in supporting the community. The community benefits from various food assistance programs, including South Plains Food Bank, Walmart's support, Bill's Backpacks, and Hockley County Food Boxes. Walmart also sends employees to volunteer in the community. Bill's Backpacks provides food to children on weekends and holidays, benefiting around 250 kids. Love Levelland fills gaps in services and has supported programs like the Levelland Police Department's community outreach. Love Levelland offers financial assistance to families in crisis situations, such as those who have lost their homes in fires, supplementing the support provided by organizations like the Red Cross. Nonprofits in the community are very focused on outreach, constantly looking to expand services and continue supporting the community with additional projects in the future.

Key informants emphasized the importance of agencies and organizations working together to collaborate more effectively. This collaborative approach aims to fill gaps in services and ensure a more comprehensive support system for community members. In order to leverage community strengths, it is important to recognize the importance of partnerships and collaboration among various entities, including businesses, agencies, schools, and community organizations. Community strengths should be maximized by addressing specific needs and providing comprehensive support to different segments of the population, especially teenagers and school graduates.

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

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

- Behavioral health challenges and access to care (mental health and substance use/misuse)
- Food Insecurity
- Access to healthcare

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

Key informants and listening session participants described Levelland as grappling with significant challenges related to substance misuse, mental health, and access to behavioral health care, particularly for children and teenagers. There is a strong need for prevention programs, education, and increased resources to address these issues effectively. Additionally, the COVID-19 pandemic has further highlighted the importance of mental health support.

Increase in Behavioral Health Issues: Mental health issues affect people of all ages and demographics in Hockley County, and there is a pressing need for increased awareness, funding, and resources. Substance misuse is prevalent in the community.

COVID-19 Impact: The COVID-19 pandemic exacerbated existing mental health and substance misuse issues in the community.

Limited Access to Mental Health Services: Accessing mental health services in the community is challenging, resulting in emergencies when people do not receive the prompt care they need. The community shares a mental health authority with Lubbock, but most services are centralized in Lubbock. As a result, other counties under the same authority, including Hockley, do not receive the necessary support that they need.

Naloxone Education: Education on how to use Naloxone has been lifesaving in the community, and there is a need for more widespread education and increased availability of Naloxone for parents, schools, teachers, and bus drivers.

Partnerships to support improving mental health and substance misuse issues in the community: Key informants called for more collaboration between various agencies and organizations to improve mental health support and resources within the community.

While mental health and substance misuse issues have affected the entire community, key informants and listening session participants are particularly concerned about the challenges **youth,** especially those ages 12-18**,** in the community face.

Lack of mental health and substance misuse resources for children and teenagers: There is a notable shortage of resources for children and teenagers dealing with mental health and substance misuse issues. The community lacks sufficient counseling services for teenagers. Texas Tech University provides assistance to Levelland school counselors with referrals, but it's not enough. There is a need for more prevention programs aimed at children to address mental health issues.

Vaping: Vaping has become a major issue in schools. There is a need for increased education efforts for teachers and parents regarding substance misuse. Schools require more comprehensive programming in middle and high schools focused on vaping.

Substance use/misuse programs: Schools need more targeted substance misuse programs. Adults and parents in particular need more education on the substance misuse challenges youth may face. Nonprofits organizations need more support to develop programming to educate both students and parents.

Collaboration between community and schools: There's a recognized need for more collaboration between the community and schools to address mental health and substance use/misuse education and resources. Key informants suggest exploring partnerships with agencies like Voices, which already provide support to students in schools. These partnerships could extend to programs aimed at drug and alcohol prevention and helping youth stay out of trouble.

Food Insecurity

Key informants and listening session participants discussed how the community faces a multifaceted challenge of rising food costs, limited access to healthy options, and inadequate funding for food assistance programs, exacerbated by the effects of the COVID-19 pandemic. Participants stressed the need for more comprehensive and sustainable solutions to address these pressing food insecurity issues.

Growing Food Insecurity: Food insecurity is on the rise in the community, with the cost of groceries continuously increasing. Existing food assistance programs are unable to keep up with the escalating demand.

Rising Food Costs: The rising cost of food was identified as a significant contributor to food insecurity. Families are finding it increasingly difficult to afford essential groceries. It was emphasized that even middle-class individuals are struggling to find healthy food choices, highlighting the severity of the issue.

Lack of Healthy Food Options: Despite some food assistance programs available in the community, there is a lack of access to fresh fruits and vegetables, especially for lower-income individuals. The community was described as a "food desert," with an abundance of unhealthy and fast food but limited access to nutritious options.

Insufficient Funding for Non-Profits: Key informants called for more funding for non-profit organizations that work to address food insecurity. They expressed concern that current funding levels are inadequate to meet the growing need. Non-profit organizations that assist with food access are also struggling due to the increased costs.

COVID-19 Impact: The COVID-19 pandemic exacerbated existing food insecurity issues and further strained the resources of organizations helping people access food.

Inaccurate Government Data: Key informants expressed skepticism about government statistics on food costs, claiming that the reported figures did not accurately reflect the real costs they were experiencing.

Some populations experience disproportionate impact related to food insecurity:

Youth: Participants mentioned the absence of programs providing daily warm meals for kids, which used to be available. These programs have disappeared, leaving a gap in addressing food insecurity.

Lower Income Families: Lower income families are especially struggling to access healthy food options.

Access to Healthcare

Key informants and listening session participants highlighted various challenges in the community regarding access to healthcare, barriers to specialty care, vaccine hesitancy, language and cultural barriers, low health literacy, women's health concerns, and the need for Spanish-speaking healthcare providers.

Access to Specialty Care: There are no local care options for accessing specialty care in the community. Residents need to travel to access specialty care, which can be challenging especially for those on fixed incomes and the elderly. This travel requirement acts as a barrier to healthcare access.

Vaccine Hesitancy: The community struggles with vaccine hesitancy and the challenge of helping the community understand and comply with vaccines. Many people are not up to date with their vaccinations.

COVID-19 Impact: The COVID-19 pandemic exacerbated the number of people who fell behind on vaccines, and overall vaccine hesitancy increased.

Culturally competent care: There is a need to better deliver culturally competent care and establish trust within the healthcare system. Many people, especially those with immigrant backgrounds, encounter difficulties trusting the healthcare system due to cultural disparities and language barriers.

Key informants and listening session participants discussed several barriers that prevent people from accessing healthcare services, including:

Language Barriers: Language barriers hinder individuals from seeking healthcare services. The absence of Spanish-speaking healthcare providers makes it challenging for Spanish-speaking residents to access care and receive health education. Health education and targeted programs should be developed in Spanish to better reach this population.

Health Literacy: Many people in the community struggle to receive adequate care due to difficulties in understanding medical terminology.

Certain populations face unique challenges in accessing healthcare:

Women: Key informants and listening session participants identified women within the community are not accessing women’s health services, potentially due to the lack of services available in the area.

BBIPOC: Disparities and discrimination within the healthcare system seen nationwide may also be affecting the Levelland community. Immigrants frequently face difficulties accessing care due to both language barriers and cultural disparities. These barriers hinder their access to healthcare resources and health education. There is a noted fear and lack of trust among the immigrant community of healthcare providers.

MEDIUM PRIORITY UNMET HEALTH RELATED NEEDS

Three additional needs were often prioritized by key informants:

- Support for Schools
- Obesity/Chronic Conditions
- Safe and Accessible Parks and Recreation

Support for Schools

Key informants and listening session participants discussed concerns about the loss of grant funding, declining school enrollment, a need for affordable after-school and summer activities, challenges in establishing partnerships to facilitate school programming, and increased resource needs for underserved communities, particularly in the context of the COVID-19 pandemic.

Loss of Grant Funding: One major concern was the recent loss of funding from the ACE grant that Levelland ISD used to receive. This grant supported off-hours student enrichment activities and provided care, including warm meals. Key informants expressed worries about what would happen to the children who previously benefited from this grant, as it was not received for the current cycle.

Declining School Enrollment: Despite a relatively stable population in Levelland, there was a noticeable decline in school enrollment. This suggests that there might be challenges in retaining students in the educational system.

Need for After-School and Summer Activities: There was a recognized need for more after-school and summer activities for youth. These activities were seen as essential, especially for families with lower incomes. Key informants emphasized the importance of making such activities affordable.

Resource Challenges: Key informants believed that there were increased challenges in accessing resources for underserved communities since the onset of **COVID-19.** This was highlighted by the observation that many children and families were in need of food assistance through programs that provide food and other resources. It was suggested that these families likely also had other unreported needs, including access to healthcare and support resources. It was mentioned that there were difficulties in establishing partnerships between businesses and schools to facilitate programming. Smaller schools seemed to be more willing to collaborate in this regard.

Obesity/Chronic Conditions

Levelland is facing challenges related to unmanaged chronic diseases, particularly COPD and diabetes.

Increase in Chronic Diseases: Levelland is experiencing an increase in the number of people who are struggling with chronic diseases such as COPD, diabetes, and others. Many residents lack the knowledge and resources to effectively manage these conditions, which can lead to emergencies. Diabetes and hypertension were highlighted as major health concerns within the community. These conditions may be connected to the lack of access to healthy foods and limited access to recreational exercise spaces.

Safe and Accessible Parks and Recreation

Levelland lacks accessible recreation facilities and safe exercise spaces. Residents are eager for more opportunities to engage in physical activity and maintain their health.

Lack of Safe Exercise and recreational Spaces: The community expressed a need for safe and comfortable places to exercise. Many residents feel that there are inadequate options for physical activity. There is one free walking track available within the community, however Levelland lacks sufficient recreational facilities and amenities. There are no dog parks, skating rinks, or bowling alleys available. In general, the community lacks proper walking paths and safe exercise areas. The absence of these facilities makes it challenging for residents to engage in physical activity and maintain a healthy lifestyle.

Appendix 3: Community Resources Available to Address Significant Health Needs

Covenant Health Levelland 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	302 N University Ave, Lubbock, TX 79415	Access to Care
Federally Qualified Health Center	Community Health Centers of Lubbock	Primary Care, Dental, Prescription Assistance	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 Levelland Board of Directors

Table_Apx 4. Board Members

Name	Title	Organization	Sector
Michael Bailey	Physician	Covenant Health	Non-Profit Healthcare
Rebecca Currington	Retired/Former Public Assistance/Indigent Health Care Administrator at Hockley County	Community Volunteer	Volunteer
Lisa Delgado	Assistant Vice President	City Bank	Banking
DeEtte Edens	Associate Director of Health and Wellness	South Plains College	Education
Roy Gregory	Pharmacist	Levelland United Supermarkets	Allied Health
Irma Guerra	Retired/Former Executive Director SPCAA	Community Volunteer	Volunteer
Tracy Phillips	Veterinarian	College Ave Animal Clinic	Veterinary
Robin Satterwhite	President	South Plains College	Education
Kenneth Shipley	Owner	Legacy Housing	Private Business
Newman Wheeler	Administrator	Covenant Health Levelland	Non-Profit Healthcare