



**COVENANT HOSPITAL PLAINVIEW**  
**PLAINVIEW, TX**  
**Updated 2014 Community Health Needs Assessment\***



\* Aligned with The Patient Protection and Affordable Care Act (Pub. L. 111-148) which added section 501(r) to the Internal Revenue Code. Section 501(r) imposes new requirements on non-profit hospitals. Section 501(r)(3) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the community health needs identified through such assessment. The CHNA must (1) take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health and (2) be made widely available to the public. Section 501(r)(3)(B). Covenant Hospital Plainview relied on Notice 2011-52: *Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospitals* to meet the requirements.

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## **MISSION, VISION AND VALUES**

### ***Our Mission***

*To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.*

### ***Our Vision***

*We bring people together to provide compassionate care, promote health improvement and create healthy communities.*

### ***Our Values***

*The four core values of St. Joseph Health -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.*

## **INTRODUCTION**

### **Who We Are and Why We Exist**

Covenant Hospital Plainview, a member of Covenant Health (CH) and a member of St. Joseph Health, is located on the High Plains of Texas and serves the industrial, commercial and agriculture needs of a four-county area (Castro, Hale, Floyd, and Swisher Counties). Each service area county has its own hospital that provides primary and secondary care while most specialty tertiary care services go to Lubbock, TX. Although Plainview, Texas and the service area counties are located between Amarillo and Lubbock, virtually all patient outmigration goes to Lubbock. Covenant Hospital Plainview has 68 licensed beds, and over 20 admitting physicians. The hospital has over 2,100 annual patient discharges, and more than 500 annual births.

As part of the largest health system in West Texas, Covenant Hospital Plainview offers more medical specialties and health services than any other provider in our service area. We are committed to providing the people of our community with the best possible health care from birth to adulthood and through the end of life. Covenant Hospital Plainview leads the way to the future of health care, from obstetrics and surgery to rehabilitation.

### ***Services provided include:***

- Corporate Wellness
- Diabetes Education
- Emergency Services
- Endoscopy
- Gastroenterology
- Childhood Obesity Prevention
- Intensive Care
- Laboratory Services
- Lithotripsy
- Nutritional Consults
- Obstetrics and Gynecology
- Ophthalmology
- Pediatrics
- Physical and Speech Therapy
- Radiology Services
- Sleep Center
- Spiritual Care
- Surgical Services
- Urology
- Wound Care

Covenant Hospital Plainview works in conjunction with Covenant Health Lubbock to provide quality healthcare services for the residents of Castro, Hale, Floyd, and Swisher Counties.

Covenant Health - Covenant Medical Center, located in Lubbock, Texas is a member of St. Joseph Health, sponsored by the St. Joseph Health Ministry, and is the largest health care institution in the West Texas and Eastern New Mexico regions, with 4,500 employees and more than 600 admitting physicians. Covenant Health was created in 1998, through the merger of Lubbock Methodist Hospital System and St. Mary Hospital. Cornerstone facilities in Lubbock include Covenant Medical Center, Covenant Children’s Hospital, Covenant Specialty Hospital and Hospice of Lubbock. Covenant Medical Group offers a wide array of primary care and specialists throughout Lubbock, West Texas and New Mexico.

Covenant Health is committed to offering accessible, affordable care to Lubbock’s surrounding areas through two leased and 12 affiliated regional hospitals, including Covenant Hospital Levelland and Covenant Hospital Plainview, and Covenant Medical Group, a large employed physician group comprised of approximately 150 primary care and specialist physicians across West Texas and Eastern New Mexico. Additionally, a fleet of four mobile coaches and two ECHO/PV vans travel to take needed services to the medically underserved.

## ORGANIZATIONAL COMMITMENT

### Community Benefit Governance and Management Structure

Covenant Hospital Plainview staff worked with community members, local physicians, Hospital Advisory Board members, Plainview ISD administration and local health care professionals to determine the Community Benefit priorities. Local county and state demographics and community health indicators were also reviewed during the process. The Covenant Hospital Plainview Board of Trustees is charged with the review and approval of both the Covenant Hospital Plainview CHNA Report and Covenant Hospital CB Plan/Implementation Strategy Report.

Covenant Health’s strategic plan is designed around the vision statement: “Our Covenant is to be one of the premier Texas Healthcare Systems by 2015, known for our Clinical Excellence, Christian Service, and Commitment to Healthy Communities”. The Healthiest Communities’ strategic initiative is to promote wellness and health improvement in the community.

## OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

As part of the Patient Protection and Affordable Care Act (PPACA) of 2010 the federal government required all not-for-profit community hospitals to develop a community health needs assessment (CHNA) every three years and develop an implementation strategy.

These developments were discussed between the consultant, the hospital staff and Covenant Hospital Plainview Board representatives and a CHNA Steering Committee was organized to implement a planning process to meet these requirements. The working group recognized that since this was the first time the process had been implemented at the local level and that a



Source: AHA, [Association for Community Health Improvement](#)

number of participants and institutions were involved, a number of adjustments would need to be made during the process. As part of the initial process the consultant proposed using the American Hospital Association (AHA), Association for Community Health Improvement (ACHI) process. Initially the hospital established an administrative committee consisting of board members to oversee the community assessment process and consultant. This arrangement was in place until a subcommittee could be established to focus on the assessment process and implementation activities.

Five of the six steps established by ACHI were followed:

#### Step 1: Establishing the Assessment Process

The initial process for the Covenant Health Plainview Community Health Needs Assessment was to arrange a conference call with hospital leaders to develop a framework for conducting the assessment.

#### Step 2: Defining the Purpose and Scope

The steering committee determined that the purpose of the assessment would be to define community health needs and issues that could be addressed by the hospital and community to improve public health and refocus the hospital's ministry to the poor on evolving health care needs. The scope of the assessment includes the service area of the hospital as defined by patient origin data and would relate to the service areas of other institutions in Covenant Health for coordinated care and healthcare improvement.

#### Step 3: Collecting and Analyzing the Data

##### A. Community Interviews

The leadership agreed to schedule meetings with significant community stakeholders and representatives to gain input and perspective on local health care issues. The consultant, Greg Eastin, provided a list of suggested community representatives to include as invitees to the community meetings. This list included notable community leaders such as county elected officials, city elected officials, city and county administrative officers, physicians and health industry representatives, community business representatives, community leaders, leaders of the faith community, public health representatives, managed care representatives, leaders from various racial/ethnic minority groups, low-income and medically underserved residents, school officials, representatives from the local Chamber of Commerce, and other community leaders who could inform dialogue on identifying community health needs.

The community representatives were invited to a series of community meetings that included 8 to 10 representatives per group so that a comfortable dialogue could be established and to include participation of all representatives. The meetings were scheduled for approximately 45 minutes to one hour. Some supplemental meetings with the hospital board and individuals who could not participate in the group meetings were scheduled by phone. Since the federal regulations require the involvement of specific individuals, such as a public health representative, and these individuals do not generally reside in small communities, these interviews were scheduled by telephone. These representatives were selected because they were familiar with the local community, but reside outside the community.

The consultant provided a list of sample questions to encourage discussion but in many cases, health care is such a vital topic that participants addressed these issues without prompting. All of the meetings had a lively and engaged dialogue with community representatives.

The consultant summarized the comments and issues identified by the community representatives and tabulated these to create a quantitative list of those issues that were raised by a number of individuals or groups. In some cases the tabulations were grouped by special groups such as the medical community that may have had unique insight on specific issues. A list of all prioritized community health needs is included in the CHNA report.

The results were grouped by category and used to identify specific potential strategies that could be used to address identified community needs (See Appendix 3). The information was then compiled into a CHNA report and combined with secondary data available on the community to create a document that could be used as a presentation or summary report. The report was provided to the hospital to use in their deliberations on selecting appropriate priorities for community development. The community health needs assessment and the summary of outcomes and strategies were combined into an overall report with assistance from both Covenant Health and St. Joseph Health.

#### B. Other Data Sources

The consultant compiled data from a number of different secondary sources on the service area including population and demographic data from such sources as the U.S. Census Bureau and health indicators from the Texas Department of State Health Services, the Centers for Disease Control and Prevention (CDC), County Health Rankings, and CHNA.org for public health indicators, and Dignity Health's Community Need Index.

#### Step 4: Selecting Priorities (Community Meeting)

All identified health needs were presented to and discussed with community health leaders from the Plainview area and internal Covenant department leaders. The feedback received from these groups combined with the secondary data analysis helped document prioritized community health needs and shape the final priorities. Priorities were then ranked by the Executive Management Team (EMT) according to how well they met the required elements and additional considerations. The EMT includes the CEO, CFO / COO, CNO, and Assistant Administrator.

#### Step 5: Documenting and Communicating the Results

These documents and information were compiled into the final report with timelines and milestones for meeting the objectives and priorities.

### **COMMUNITY**

Plainview is located on the High Plains of Texas and serves the industrial, commercial and agricultural needs of a four-county area (Hale, Castro, Floyd, and Swisher Counties). Although Plainview and the service area counties are located between Amarillo, Texas and Lubbock, Texas, virtually all patient outmigration goes to Lubbock, Texas. Each service area county has its own hospital that provides primary and secondary care while most specialty tertiary care services have gone to Lubbock, but as the hospital has grown through the addition of specialty medical services, more patients have come from these surrounding communities.

The study area is generally a larger geographic area than the service area of the hospital that gives a background context for the hospital's environment and relationship to other services and surrounding communities. The hospital service area of Hale and surrounding counties is drawn from this larger area based on the patient origin study of hospital admissions. The study area can be described in many different ways in terms of county and ZIP

Code boundaries, travel time, location of other medical facilities and land-use patterns on the satellite image provided below. Some of these factors are displayed in the following exhibits. Geographic areas such as county boundaries and ZIP codes are also used to describe the study area and service area.

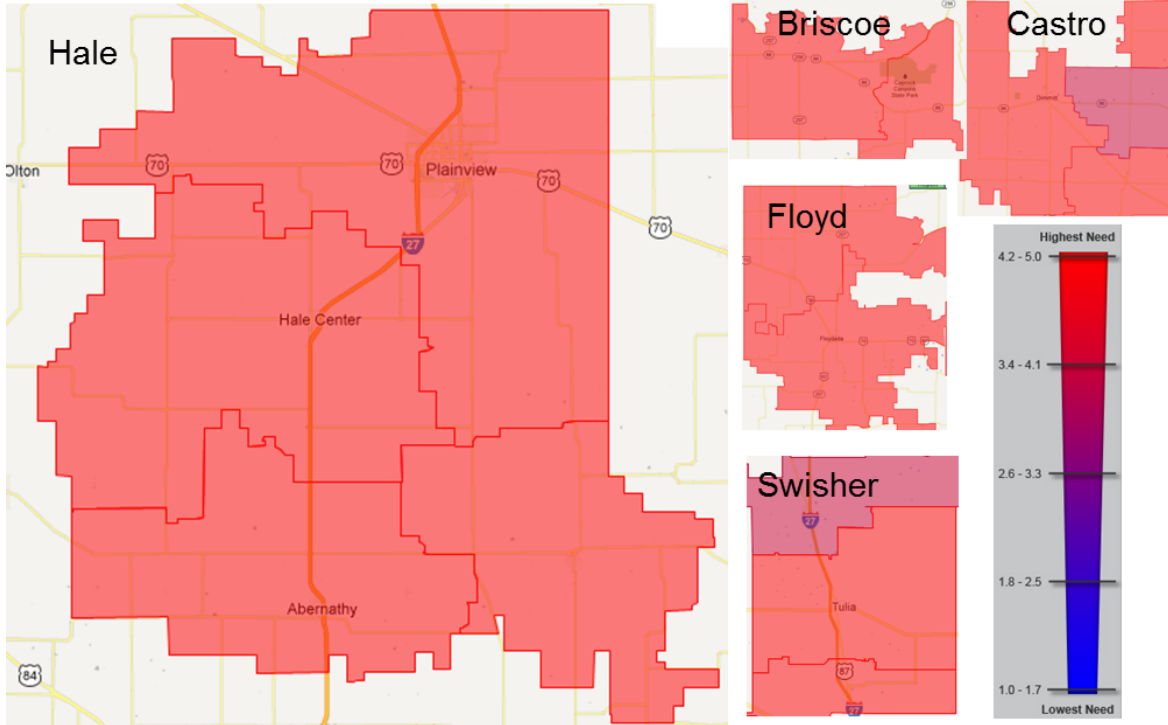
The following additional geographic analysis was conducted to get an understanding of the geographic needs in the West Texas service area.

## Community Need Index

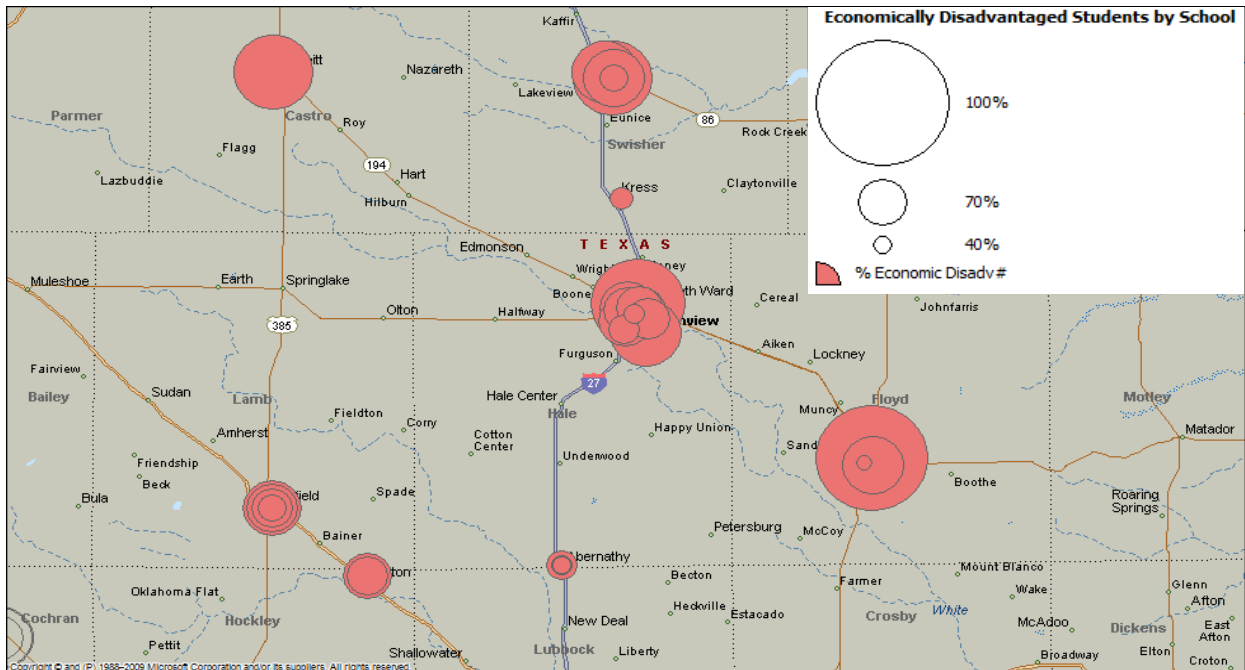
The intent of the Community Need Index (CNI) is to indicate areas of lesser and greater need; however, in the case of the Plainview service area the need is great all across the area (indicated in red). Like many rural areas, the CNI suggests a high need all across the service area. For more on the CNI for the entire service area please see the discussion below in the Secondary Data section.

- Developed by Dignity Health (formerly Catholic Healthcare West (CHW)) and Solucient (an information products company)
- Aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers)
- Barriers
  - Income
    - Elder poverty, child poverty and single parent poverty
  - Culture
    - Non-Caucasian Limited English
  - Education
    - Without HS diploma
  - Insurance
    - Unemployed and uninsured
  - Housing
    - Renting percentage
- CNI demonstrates need at the ZIP -code level where each ZIP is assigned a score from 1 (low need) to 5 (high need) for each barrier
  - For barriers with more than one measure, the average of the measures is used as the barrier score
  - Once each ZIP code is assigned a score from 1 to 5 for each of the five barriers, the average score was calculated to yield the CNI

The community need index shows a high level of need all across Hale County and all of the counties in the service area. Rural areas tend to have much higher need than urban areas and this appears to be true in the Plainview area.



An analysis of the service area based on the CNI and a review of the demographic data for the service area suggests a region with a highly significant need all across the four counties. In an attempt to identify specific areas of higher need, a review of the economically disadvantaged student populations from area school districts and individual campuses was completed. This information suggests a similar distribution of low-income students all across the service area.





**Disproportionate Unmet Health Need Group and Key Community Needs and Assets Summary**

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by ZIP codes (Zone Improvement Plan codes) and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within Covenant Hospital Plainview’s Service Area.

**Identification and Selection of DUHN Communities**

**DUHN Group and Key Community Needs and Assets Summary Table**

DUHN Population Group or Community	Key Community Needs	Key Community Assets
<p><i>Hale, Castro, Floyd, and Swisher Counties –</i></p> <p>Hale County (ZIP Codes 79311, 79041, 79250, 79072, and 79073)</p> <p>Floyd (ZIP Codes 79235, and 79241)</p> <p>Castro County (ZIP Codes 79027, 79043, and 79085)</p> <p>Swisher County (ZIP Codes 79063, 79052, 79088, and 79042)</p>	<p><i>At less than \$20,000 per capita income in each county is significantly lower than the state of Texas (\$24,870) and the U.S. (\$27,334)</i></p> <ul style="list-style-type: none"> <li>• <i>Hale \$16,322</i></li> <li>• <i>Castro \$16,073</i></li> <li>• <i>Floyd \$18,093</i></li> <li>• <i>Swisher \$16,513</i></li> </ul> <p><i>The % of individuals whose primary language is Spanish and who speak English less than very well is lower than Texas (12.7%) and higher than the U.S. (5.7%) (except for Castro County)</i></p> <ul style="list-style-type: none"> <li>• <i>Castro 17.4%</i></li> <li>• <i>Floyd 9.5%</i></li> <li>• <i>Swisher 8.4%</i></li> <li>• <i>Hale 11.1%</i></li> </ul> <p><i>The % of children below poverty level in Texas is 23.8% compared to 19.2% in the U.S. This rate is higher in Hale (24%), Castro (34.5%), and Floyd (32.5%) Counties but significantly lower in Swisher County (13.5%).</i></p> <p><i>The % of individuals aged 65+ living below the poverty level is an estimated 11.6% in Texas and 9.5% in the U.S. Hale County (16.5%), Castro County (12.2%), Floyd County (16%), and Swisher County (11.8%) fare worse than these averages.</i></p>	<p><i>Rural Hospitals and Regence Health Network, Inc., University Medical Group, and Covenant Medical Group; Texas Agri-life extension agent services; Congregations; Hale County public health department; Public schools, the school health advisory councils (SHACs) and colleges, Community group some outreach and mobile services are provided locally by agencies, hospitals (including Covenant Health) and non-profit organizations based out of Lubbock, TX.</i></p>

## METHODOLOGY

### ANALYTIC METHODS USED

The following section outlines the methodology followed to conduct the community health needs and assets assessment. This assessment process was conducted in the summer of 2012.

The community needs assessment was developed to assist the community in its deliberations to identify health priorities and ultimately identify community health needs. The community health needs assessment had two major components. The first was a primary data collection phase in the community from February to April. This phase was conducted through interviews with a cross-section of community representatives and leaders to determine local issues and concerns that affected the health of the community.

The second phase was the collection and compilation of secondary data from public sources that defined the status of the community's health and well-being. These two segments were combined into a summary that could be used by Covenant Hospital Plainview leadership to determine priorities and develop plans and strategies to improve community health. A list of the types of data reviewed is provided below.

- Demographic and Socioeconomic Data
  - U.S. Census Data, 2010
  - American Community Survey, 2006 to 2010
- Medical Services and Physician Characteristics
  - Texas Medical Examiners Database, Physicians Assistants and Nurse Practitioners
  - Texas Department of State Health Services
  - Texas Health Care Information Council data
- Social Determinants of Health
  - 2012 County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
  - CHNA.org, (<http://www.chna.org>)
- Local Sources
  - Hale County Chamber of Commerce and Office of Economic Development, hospital plans and documents, county documents, Texas Agri-life extension agent services brochures and information, and local telephone books.
- Utilization Indicators
  - Texas Health Care Information Collection data 2008-10
  - Texas Workforce Commission, <http://www.twc.state.tx.us/customers/bemp/labor-market-information.html>
  - County Health Rankings,
  - Health Resources and Service Administration, <http://datawarehouse.hrsa.gov/Quickaccessmaps.aspx>
  - Covenant Medical Center, Covenant Health's Community Needs and Assets Assessment Report, 2011
  - Texas Health and Human Services Commission, <http://www.hhsc.state.tx.us/>
  - AHA, Association for Community Health Improvement (ACHI)
  - UDS Mapper, <http://www.udsmapper.org/>
  - Texas Department of State Health Services
    - Center for Health Statistics, <http://www.dshs.state.tx.us/chs/>
    - Texas Chronic Disease Burden Report
    - Health Facts Profiles

- Texas AgriLife Extension Service, <http://agrilifeextension.tamu.edu/extresources/resources/>
- Facility indicators, i.e. ALOS, etc. from the Texas Annual Hospital Survey 2008 & 2009
- The most recent public data available was utilized wherever possible

## **PRIORITIZATION PROCESS AND CRITERIA**

### **Community Needs and Assets Assessment Process**

Identification of priority health issues for the economically poor in the primary service area was developed through community interviews, focusing on the health issues of concern to the local community. These interviews identified issues and needs for which there are no adequate resources (assets) in place by other providers to address those needs. Information from the interviews was used to prioritize identified community health needs and inform the selection of priority initiatives for Covenant Hospital Plainview for **FY 14 Community Benefit Plan/Implementation Strategy Report**.

**Secondary Data Collection and Analysis and Prioritize Identified Needs** The demographic data for the service area were summarized by Greg Eastin, *Foresite Consulting*, who was contracted to collect available secondary data, gather, summarize, and document community health issues, based on criteria (information to describe the service area and identify health needs and risks to the community). In addition, he prepared a summary report for use in primary data collection and interviews describing key health issues.

### **Select Priorities for FY 14 CB Plan/Implementation Strategy Report**

The Covenant Hospital Plainview staff reviewed the results of numerous interviews with community leaders, interviews with Plainview ISD administration and hospital leadership. In conjunction with the CH Community Health Outreach Department, Covenant Hospital Plainview staff considered options, identified additional questions, and developed recommendations. The prioritization criteria used was as follows:

- Burden,
- Scope,
- Severity, or urgency of health needs,
- The estimated feasibility and effectiveness of possible interventions,
- The health disparities associated with the needs, and/or
- The importance the community places on the need.

### **Develop a Plan**

Staff engaged groups of consumers and residents through focus groups, surveys, and interviews to gather their perspective on needed approaches, strengths/weaknesses of current approaches, etc. Staff reviewed evidence on effective approaches that impact the proposed outcomes and identified key strategies and activities.

## **INFORMATION GAPS**

Community health data are not readily available at the city or ZIP code level for Plainview and the surrounding areas. Because some counties within Covenant Hospital Plainview service area are small in size, there are gaps in available community health statistics. Overall, these issues, however, did not impact Covenant Hospital Plainview's ability to reach reasonable conclusions regarding community health needs.

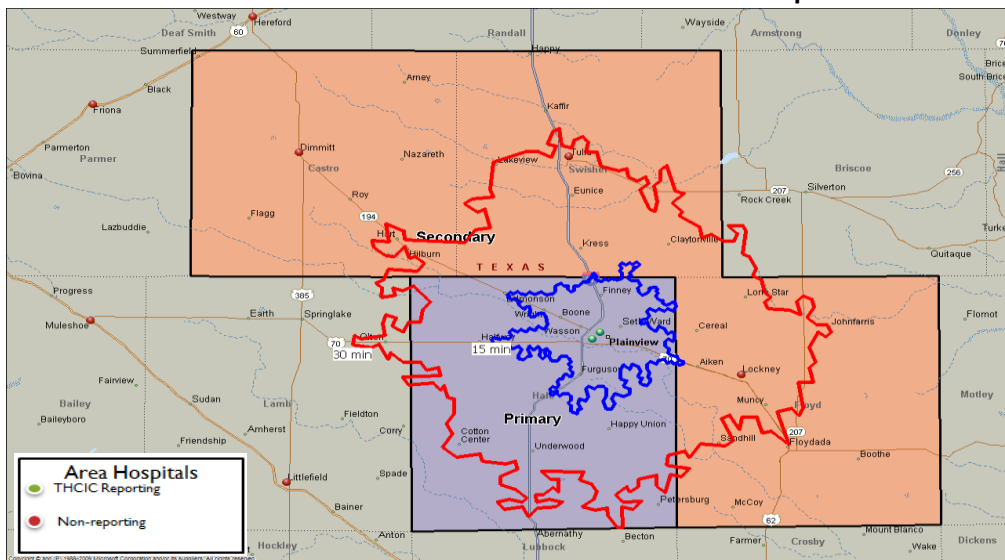
## COLLABORATING ORGANIZATIONS

This Community Health Needs Assessment was funded by Covenant Hospital Plainview.

## PRIMARY DATA

The study area gives background context to the community's environment and relationship to other services and surrounding communities. The counties of Hale, Castro, Floyd, and Swisher are drawn from the larger study area based on patient origin obtained from hospital admissions. The study area can be described in many different ways in terms of county and ZIP code (Zone Improvement Plan code) boundaries, travel time, and location of other medical facilities. Some of these factors are displayed in the following map. Geographic areas such as county boundaries and ZIP codes are also used to describe the study area and service area.

**15 and 30 Minute Travel Time and Location of Other Hospital Facilities in the Area**



Source: Travel time and map from Microsoft MapPoint and hospital facilities from the Texas Health Care Information Collection (THCIC) data set 2011. Note: Some facilities, notably very small facilities are not required to report at this time.

## **Community Interview Summary**

During the community interviews the consultant (Mr. Greg Eastin) provided an introduction and background for the study and process. He discussed the changes taking place in healthcare and the need for more community input and involvement. He asked the respondents four general questions and then followed up with more detailed questions as necessary to get the maximum participation from each group. In most cases the respondents were very interested and willing to provide detailed information without prompting. The four initial questions were:

- What is your perception of medical care in the community?
- What kind of healthcare problems do you see in the community?
- Are there community issues that need to be addressed?
- Is health insurance coverage an issue?

The consultant attended a number of meetings with community groups and visited a number of local offices and services as well as driving the community to identify the relationship between different facilities and services. A number of local documents were reviewed including plans and assessments of the hospital and other organizations such as the county and Chamber of Commerce (Local brochures and information from the County, Chamber of Commerce, economic development agency), and Texas Agro life office and telephone books of area communities. The hospital's community assessment engaged a broad spectrum of the community – a complete list is attached in the appendices.

## **Community Interviews**

- Community interviews
  - Provide community perspectives and input on needs, services available and satisfaction
  - Subjective perceptions
- Community profile
  - Provides quantitative information on population, demographics, services available, public health issues and benchmarks
  - Quantitative information from various sources on community health

## **Community Interview Participants**

Community interviews were conducted May 18, 2012 with the following professional disciplines represented:

- County judges
- City officials
- Business leaders
  - Banking and real estate
  - Health insurance
  - Chamber of commerce
  - Business owners
- Religious and education leaders
- Hospital administration and board members
- Physicians, managed care and public health representatives
- Nursing home administrators and pharmacists
- Citizens, ethnic groups and community residents

## **Interview Analysis**

The analysis of the interviews was a subjective assignment of comments to categories that were grouped by category and number of responses. Where appropriate, the comments were assigned a positive or negative value to indicate how the respondents felt about specific issues in their community. These comments were summed into categories and subcategories to give a relative weight to the discussion topics and calculated the percent positive answers to provide a summary document to begin discussions.

## **Health Issues Identified by the Community Interviews**

In summary the community identified the following issues to be addressed:

- Overall residents spoke very positively about the health care system and especially the physicians and hospital.
- The major community problems identified were lack of adequate providers and outmigration.
- Other public health issues identified through community interview are listed below:
  - Obesity is higher in service area counties than the state and nation. Both national and regional data suggest this is a significant problem for children in the area and the community was very concerned about the issue.
  - Lack of access to preventive care – Residents in the interviews, especially in the Hispanic community, indicated that diabetes and other chronic diseases such as obesity were a major health problem and concern and that education and training was limited and of interest not just to patients, but families with one or more patients in the community.
  - Lack of access to specialty care or transportation for the elderly and the poor for care.
  - Dental health is also a major concern being one of the leading causes of health problems among children. Although the local data is limited, the state has raised its standards for regular dental checkups, but only 3.9% of Hale County Medicaid children meet the standard.
  - Mental health was a major concern especially with the cut backs in state funding and shifts in process.
  - Residents also wanted more services and were very positive on the health care system expansions like the new orthopedic surgeon and cardiologist coming to town.

**SECONDARY DATA**

The demographic data for the service area were summarized through a contract with Greg Eastin, *Foresite Consulting*, to collect available secondary data, gather, summarize, and document key health issues, based on criteria and prepare a summary report for use in primary data collection, and interviews describing key health issues.

As previously mentioned, Covenant Hospital Plainview service area includes the counties of Hale, Castro, Floyd, and Swisher Counties.

**Primary CBSA:** Hale County with an emphasis on Plainview residents. Hale County (ZIP Codes 79311, 79041, 79250, 79072, and 79073)

**Secondary CBSA:** includes the Texas counties of Castro, Floyd, and Swisher Counties. Floyd (ZIP Codes 79235, and 79241), Castro County (ZIP Codes 79027, 79043, and 79085) and Swisher County (ZIP Codes 79063, 79052, 79088, and 79042)

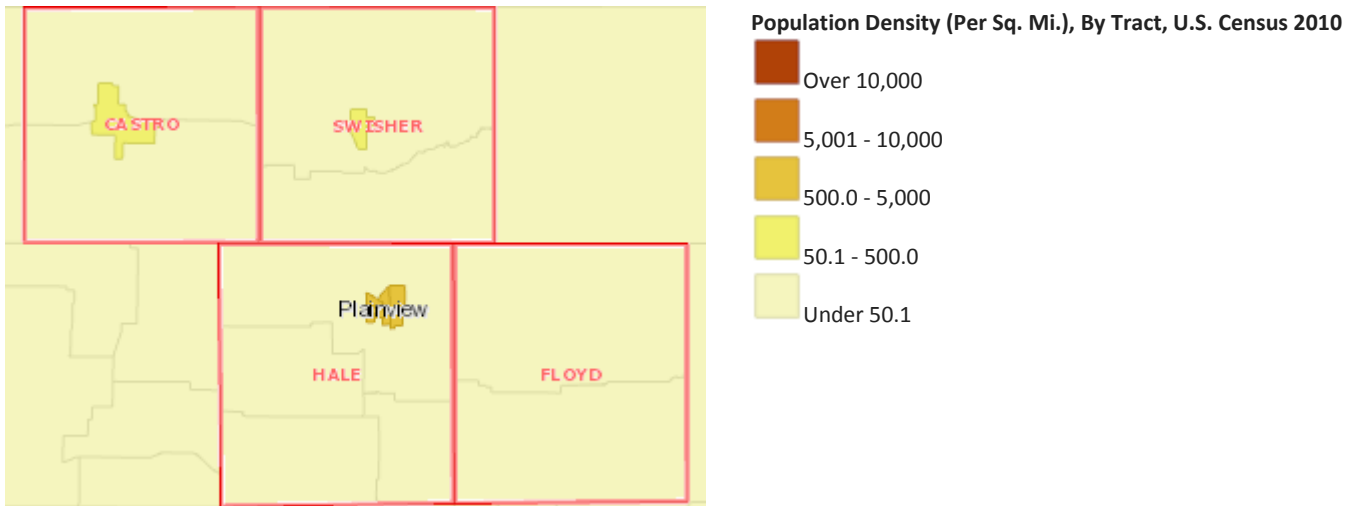
**Total Population of Covenant Hospital Plainview Service Area Counties**

The table below reports the total number of people in the service area counties. This information is relevant because population counts are necessary to quantify the community as defined. Furthermore, it provides context to the rural characteristics of the counties. Hale County has the largest total population and highest population density of the service area counties.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Report Area	58,316	3,781.42	15.42
Castro County	7,848	894.43	8.77
Floyd County	6,599	992.14	6.65
Hale County	36,041	1,004.68	35.87
Swisher County	7,828	890.16	8.79
Texas	24,311,892	261,231.70	93.07
United States	303,965,271	3,531,905.50	86.06

*Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.*

The map below indicates that most of the population in Hale County and across the service area counties is located in the city of Plainview.



**Population Distribution by Race and Ethnicity**

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Area	82.26%	4.62%	0.42%	0.48%	0.21%	8.47%	3.53%
Castro County	88.90%	2.71%	0.19%	0.69%	0.57%	3.96%	2.97%
Floyd County	87.68%	2.02%	0.38%	0.21%	0%	6.47%	3.24%
Hale County	80.12%	5.24%	0.35%	0.37%	0.17%	10.02%	3.73%
Swisher County	80.93%	5.85%	1%	1.02%	0.22%	7.55%	3.44%
Texas	72%	11.78%	3.72%	0.49%	0.08%	9.92%	2.01%
United States	73.99%	12.49%	4.67%	0.82%	0.16%	5.46%	2.41%

In terms of ethnicity, the service area population is composed predominately of Hispanics, with less than 5% any other race or ethnic group. The proportion of Hispanics varies across the service area. The highest proportion of this ethnic group is in Castro County at 60%. The Hispanic population makes up about 40% of Swisher County. Floyd and Hale Counties each have slightly over 50% Hispanic population, but the average for the service area continues to increase as the older white population declines and is replaced by younger Hispanics.

**Change in Total Population**

This indicator reports the percent difference in population counts from the 2000 Census population estimate to the 2010 Census population estimate. This indicator is relevant because a positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources. While the nation and Texas have experienced population growth since 2000, all service area counties have decline in total



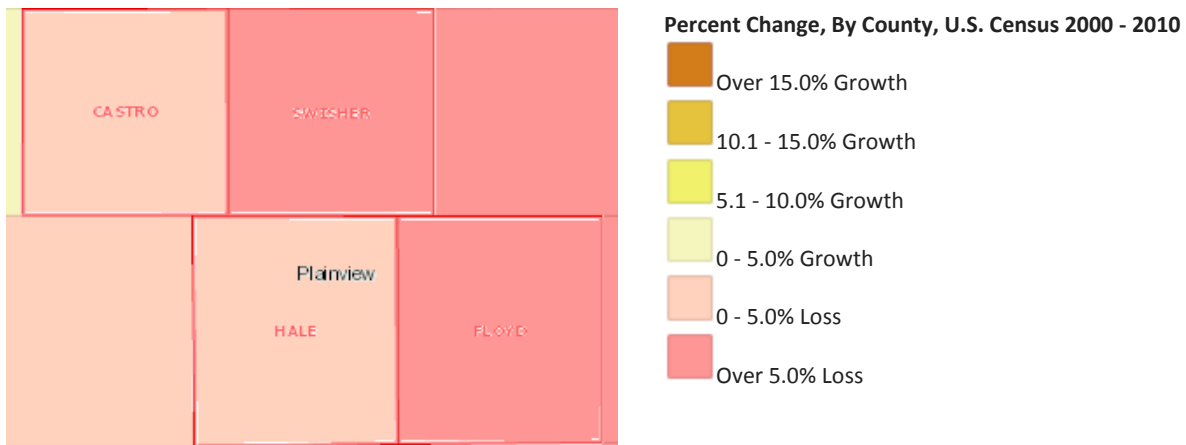
population with the most notable decrease in Floyd County at 17%. The small change in population in Hale County’s population (1%) indicates a stabilizing population size.

All area counties have a higher elderly population than the state of Texas, with Floyd and Swisher being one and half times as high as the state. The large elderly population reaching the end of their life expectancy, slower growth in the younger population and reduced migration has led to a projected decline in the total population. Furthermore, the more rural the county and the more dependent the area is on agriculture, the steeper the decline in population.

Report Area	Total Population, 2010 Census	Total Population, 2000 Census	Percent Change from 2000-2010 Census
Report Area	58,635	61,036	-3.93%
Castro County	8,062	8,285	-2.69%
Floyd County	6,446	7,771	-17.05%
Hale County	36,273	36,602	-0.90%
Swisher County	7,854	8,378	-6.25%
Texas	25,145,561	20,851,820	20.59%
United States	308,745,538	281,421,906	9.71%

*Note: No breakout data available.*

*Data Source: [U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1](#); [U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1](#). Source geography: County.*



## Economic Indicators

A comparison of service area unemployment rates to the state of Texas suggests a healthy economy. According to the Texas Department of State Health Services, Covenant Hospital Plainview service area counties all reported lower unemployment than the state of Texas (7.6%); Hale (6.2%), Castro (5.0%), Floyd (6.6%), and Swisher (6.0%).

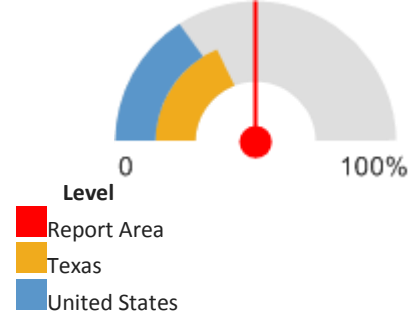
Employment, however, is largely in low paying jobs suggested by the much higher rate of low-income residents in the area. All counties were much higher than the U.S. and Texas, with the more rural areas highest of all. Families with children were the most distressed.

### Population Below 200% of Poverty Level

This indicator reports the percentage of the population living under 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. **About half or more of the Covenant Hospital Plainview service area population are living under 200% of the FPL. This indicator for the state of Texas is about 38% and 32% for the U.S.**

Report Area	Total Population (For Whom Poverty Status is Determined)	Population with Income Below 200% Poverty Level	Percent Population with Income Below 200% Poverty Level
Report Area	53,281	26,621	49.96%
Castro County	7,762	4,419	56.93%
Floyd County	6,581	2,999	45.57%
Hale County	31,900	15,831	49.63%
Swisher County	7,038	3,372	47.91%
Texas	23,707,680	8,957,285	37.78%
United States	296,141,152	94,693,416	31.98%

Percent Population with Income Below 200% Poverty



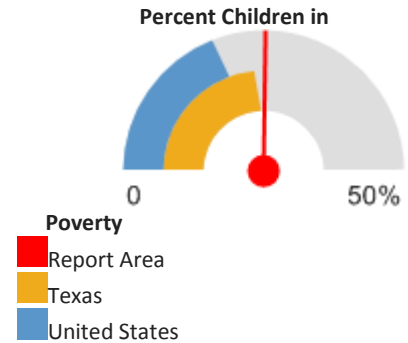
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.

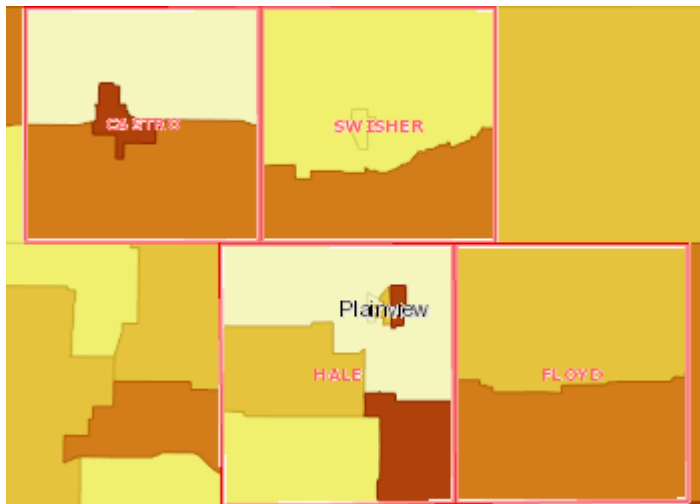
### Children in Poverty

The following information discusses the percentage of children aged 0-17 living under 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. **Over one third of the children in the counties of Castro (35%) and Floyd (33%) are living below FPL, which is significantly higher than the nation and the state of Texas. On the other hand, poverty among children is a lower than the state or nation in Swisher County (14%).**

Report Area	Total Population (For Whom Poverty Status is Determined)	Children in Poverty	Percent Children in Poverty
Report Area	16,475	4,161	25.26%
Castro County	2,400	829	34.54%
Floyd County	1,953	635	32.51%
Hale County	10,098	2,423	23.99%
Swisher County	2,024	274	13.54%
Texas	6,583,681	1,567,204	23.80%
United States	72,850,296	13,980,497	19.19%



Note: This indicator is compared with the state average.  
Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.



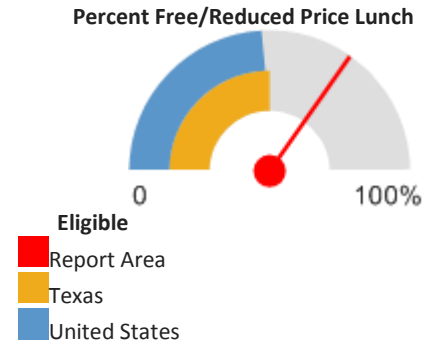
Percentage of Children (Age 0-17), by Tract, ACS 2006-2010 5-Year Estimate

- Over 40.0%
- 30.1 - 40.0%
- 20.1 - 30.0%
- 10.1 - 20.0%
- Under 10.1%

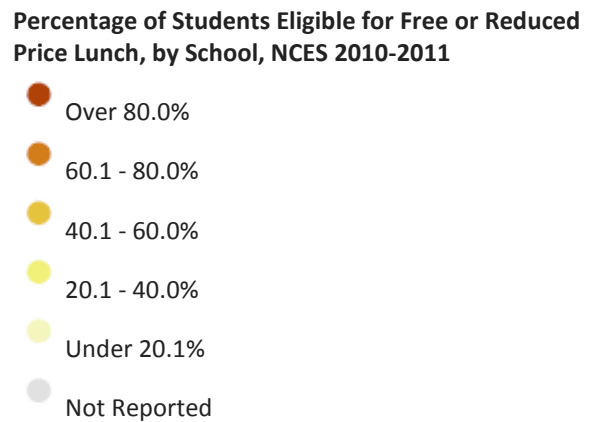
### Children Eligible for Free/Reduced Price Lunch

According to CHNA.org, the indicator of children eligible for free or reduced price lunch only represents public schools. Free or reduced lunch is a proxy for socioeconomic characteristics of a community. This indicator is also relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Furthermore, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. **All Covenant Hospital Plainview service area counties have a high participation of youth in the free and reduced lunch program.**

Report Area	Total Student Enrollment	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	12,427	8,627	69.42%
Castro County	1,747	1,021	58.44%
Floyd County	1,431	1,030	71.98%
Hale County	7,703	5,476	71.09%
Swisher County	1,546	1,100	71.15%
Texas	4,933,161	2,470,978	50.09%
United States	49,692,766	24,021,069	48.34%



Note: This indicator is compared with the state average. No breakout data available.  
Data Source: [U.S. Department of Education, National Center for Education Statistics \(NCES\), Common Core of Data, Public School Universe File, 2010-2011](#). Source geography: Address.



## HEALTH CARE ACCESS AND UTILIZATION

### Access to Primary Care and Hale County Uninsured

The availability of primary care physicians is lower across the service area with the exception of Floyd County, which has many primary care physicians and a decline in its population. **The ratio of primary care providers to population in Hale and Swisher Counties is almost double the Texas average.**

The percent of uninsured adults under age 65 was significantly higher across all Covenant Hospital Plainview service area counties (ranging from 29% to 35%) as compared to the state of Texas and U.S. uninsured rate of 26% and 11%, respectively. In addition, Castro County had a significantly higher rate, as do all other Covenant Hospital Plainview service area counties with preventable hospital stays.

### 2012 County Health Rankings: Uninsured, Primary Care Physicians and Preventable Hospital Stays in Covenant Health Plainview Service Area Counties

	U.S.	Texas	Castro County	Hale County	Floyd County	Swisher County
<b>Clinical Care</b>			194	102	23	187
Uninsured*	11%	26%	<b>35%</b>	29%	31%	33%
Primary care physicians**	945:1	1,378:1	<b>2,373:1</b>	<b>2,932:1</b>	1,082:1	<b>3,778:1</b>
Preventable hospital stays***	49	73	<b>107</b>	75	84	74

\* Percent of population under age 65 without health insurance

\*\* Ratio of population to primary care physicians

\*\*\*Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees

### Maternal and Child Health

Infants born with low birth weight are at a greater risk for adverse health outcomes, including death. Low birth weight infants who survive often require intensive care at birth, may develop chronic illnesses, and later may require special education services.

### 2012 County Health Rankings: Low Birthweight in Covenant Health Plainview Service Area Counties

	U.S.	Texas	Castro County	Hale County	Floyd County	Swisher County
<b>Mortality</b>			93	48	140	85
Low birthweight*	6.0%	8.20%	7.60%	8.50%	10.10%	13.00%

\* Percent of live births with low birthweight (< 2500 grams)

Three service area counties (Castro, Hale and Swisher Counties) report higher rates of teenage births, and all had later entry into prenatal care, although not considerably later than the state average, as shown above.

**2009 Mother and Child Health Status Indicators (Texas Department of State Health Services)**

	Texas	Castro County	Hale County	Floyd County	Swisher County
Teen Mothers	4.7%	<b>9.7%</b>	<b>9.2%</b>	5.6%	<b>14.2%</b>
Prenatal Care in First Trimester	58.6%	<b>42.9%</b>	51.3%	51.9%	45.2%

Source: Texas Department of State Health Services Health Facts Profile, 2009

\*Teen Mothers (Less than 18 years of age)  
\*\*Prenatal Care in First Trimester

**Preventive Screenings**

Preventive Screenings are one important part of early detection and disease management efforts. In terms of healthcare screenings for diabetes, overall the service area is fairly comparable or better than the state rate.

Diabetes Management (Hemoglobin A1c Test) indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. **Medicare enrollees of Castro County and Swisher County report a lower rate of Hemoglobin A1c Testing.**

Mammography screenings areas are recommended for women over forty years of age up until seventy years of age. Screening for mammography requires more technology and equipment or transportation, which may be a significant issue for the elderly and poor in some of these rural areas. Swisher County and Castro County had the lower number of recorded mammography screenings (44% and 45%, respectively) as compare to Hale County (62%) and Floyd County (72%).

**2012 County Health Rankings: Diabetes Screening and Mammography Screening among Medicare Enrollees in in Covenant Health Plainview Service Area Counties**

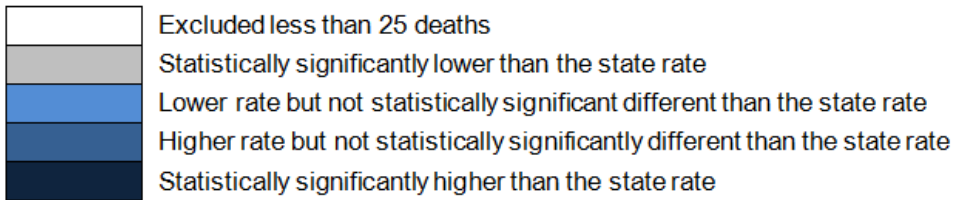
	U.S.	Texas	Castro County	Hale County	Floyd County	Swisher County
<b>Clinical Care</b>			194	102	23	187
Diabetic screening*	89%	81%	80%	79%	88%	<b>78%</b>
Mammography screening**	74%	62%	45%	62%	72%	<b>44%</b>

\* Percent of diabetic Medicare enrollees that receive Hemoglobin A1c screening  
\*\* Percent of female Medicare enrollees that receive mammography screening

**Chronic Conditions**

For the chronic conditions that can be calculated for the service area counties, Hale County tends to fare slightly better than the state on four conditions (ischemic heart disease, congestive heart failure, breast cancer, and colorectal cancer), however, diabetes is a statistically significant higher rate than the state of Texas. The County is fares better statistically than the State on lung cancer and worse on diabetes and stroke. Castro County was slightly better than the state on ischemic heart disease but not statistically better, while Floyd and Swisher were slightly worse than the state on ischemic heart disease and stroke, but not statistically worse.

County	Ischemic Heart Disease	Stroke	Congestive Heart Failure	Diabetes	Lung Cancer	Female Breast Cancer	Cervical Cancer	Colorectal Cancer	Prostate Cancer
Hale									
Castro									
Floyd									
Swisher									



Source: Texas Chronic Disease Burden Report, April 2010, Texas Department of State Health Services

## Diabetes

The percentage of adults at risk for diabetes is 10.1% in the Public Health Region 1 (which includes Castro, Floyd, Hale and Swisher Counties) of Texas, as compared to 9.7% in Texas and 9.3% in U.S.

Texas BRFSS 2010  
Risk Factor: Diabetes  
Area: Public Health Administrative Region 1



	Sample Size*	% at risk	95% CI	
			Lower	Upper
Texas	18,051	9.7	9.1	10.4
Nationwide	450,606	9.3	9.1	9.4
Public Health Administrative Region 1	1,950	10.1	8.1	12.6
<b>Gender</b>				
Male	706	8.5	6.0	11.8
Female	1,244	11.9	9.0	15.6
<b>Race/Ethnicity</b>				
White	1,521	9.0	7.3	11.2
Black	74	22.7	7.6	51.2
Hispanic	291	9.6	6.2	14.8
<b>Age Group</b>				
18-29 Years	123	0.5	0.1	2.0
30-44 Years	338	4.8	2.2	10.4
45-64 Years	751	16.1	12.7	20.1
65+ Years	731	24.0	18.4	30.6
<b>Education</b>				
No High School Diploma	222	16.8	10.9	25.0
H. S. Graduate	563	8.2	5.8	11.5
Some College	541	8.9	6.0	13.1
College +	621	10.2	6.0	17.0
<b>Income</b>				
Less Than \$25,000	544	12.1	8.2	17.6
\$25,000 thru \$49,999	444	9.0	5.8	13.9
\$50,000 or more	695	8.2	5.1	13.0
<b>Notes</b>				

Respondents 18 years and older who report that they have been diagnosed with diabetes. Does not include gestational diabetes.

The '-' indicates that the sample size was < 50.

The sample size includes all survey respondents except those with missing, "don't know", or "refused" answers.



### Dental Health and Access to Dental Care

Oral health has become a national healthcare problem, especially among low-income residents. In the state of Texas, results of the 2008 Behavioral Risk Factor Survey indicate that 59.8% of the population in Texas visited the dentist or dental clinic within the past year. Results from the 2009 Texas Oral Health Survey<sup>1</sup> report 42.7% of 3rd grade students with untreated tooth decay.

Texas Health Steps (THSteps) is the Texas Oral Health program that targets Texas Medicaid eligible children, aged birth through 20 years of age. Texas Health Steps provides regular medical and dental checkups and case management services to babies, children, teens, and young adults with Medicaid. Although there is limited data on Texas Oral health the following data shows that Hale County had the least number of persons who received one or more dental checkups in THSteps, within the Covenant Health Plainview service area counties. Although Hale County has the most eligible children, they have the lowest rate of participation.

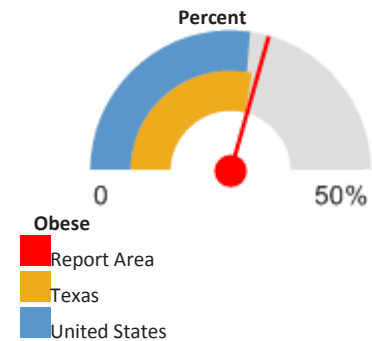
**THSteps Eligible Persons Aged One Year and Older Enrolled in SFY 2009  
Who Received One or More Dental Check up Services by Texas County  
Region 1 Eligibles Receiving Dental Check ups**

County	Eligibles	Total	%	One Check up	%	Two Check ups	%
Castro	1,552	530	34.1%	445	28.7%	85	5.5%
Floyd	1,247	426	34.2%	329	26.4%	97	7.8%
<b>Hale</b>	<b>6,280</b>	<b>1,678</b>	<b>26.7%</b>	<b>1,432</b>	<b>22.8%</b>	<b>246</b>	<b>3.9%</b>
Swisher	1,148	355	30.9%	284	24.7%	71	6.2%

### Obesity

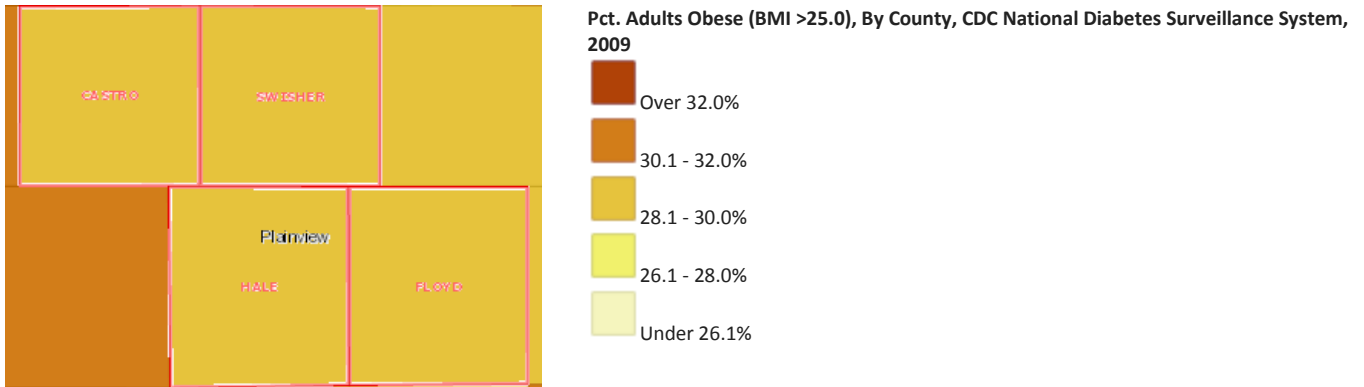
According to CHNA.org, this indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues. **Adult obesity within Covenant Hospital Plainview Service Area tends to follow the national, state and regional trends with all counties within 1% or 2% of the state average.**

Report Area	Total Population (Age 20 )	Number Obese	Percent Obese
Report Area	37,725.66	11,066	<b>29.33%</b>
Castro County	4,726.35	1,399	<b>29.60%</b>
Floyd County	4,349.65	1,244	<b>28.60%</b>
Hale County	23,493.20	6,907	<b>29.40%</b>
Swisher County	5,156.46	1,516	<b>29.40%</b>
Texas	17,265,527.03	4,931,749	28.56%
United States	224,690,904.71	61,460,308	27.35%



Note: This indicator is compared with the state average. Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

<sup>1</sup> The Texas Oral Health Survey was conducted during the 2007-2008 school year. The sampling design consisted of a random sample of public elementary schools with third grade students within each of the 4 following strata: border, non-border metropolitan, non-border suburban, and non-border rural. Seventy-one schools participated in the survey. All 3rd grade children who returned a positive consent form were eligible to participate. The statewide response rate was 51 percent. The survey followed the methods outlined in ASTDD's Basic Screening Survey. Six examiners were trained and calibrated. The data were weighted to account for the survey design and nonresponse.



## HEALTH BEHAVIORS

### Physical Inactivity (Adult)

According to CHNA.org, this indicator reports the percentage of adults aged 18 and older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. **All Covenant Plainview service area counties report a higher percentage of adults over 20 years of age with no leisure time for physical activity.**

Report Area	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Area	37,866	11,139	28.64%
Castro County	2,372	676	27.30%
Floyd County	2,343	759	30.80%
Hale County	2,314	745	30.20%
Swisher County	2,077	590	27%
Texas	17,171,239	4,218,605	24.64%
United States	223,593,958	53,553,459	23.63%

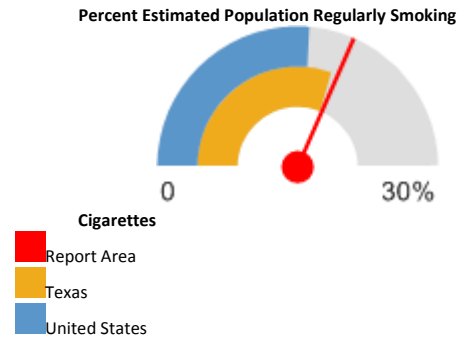
Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

### Tobacco Usage

According to CHNA.org, this indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. **Hale County has 19% of the population over the age of 18 reporting regularly smoking cigarettes, significantly higher than U.S. rate of 15% and similar to the percentage in Texas.**

Report Area	Total Population Age 18	Estimated Population Regularly Smoking Cigarettes	Percent Estimated Population Regularly Smoking Cigarettes
Report Area	41,642	4,898	19%
Castro County	5,442	no data	no data
Floyd County	4,638	no data	no data
Hale County	25,777	4,898	19%
Swisher County	5,785	no data	no data
Texas	17,639,656	3,245,697	18.40%
United States	229,932,154	36,429,871	15.84%



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#). Source geography: County.

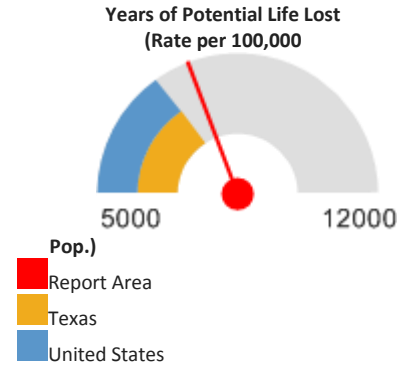
### Premature Death

#### Years of Potential Life Lost (YPLL)

According to CHNA.org, this indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status. **The counties of Covenant Hospital Plainview service area report a higher number of years of potential life lost before the age of seventy-five as compared to Texas and United States. This indicates a greater burden of disease and mortality.**

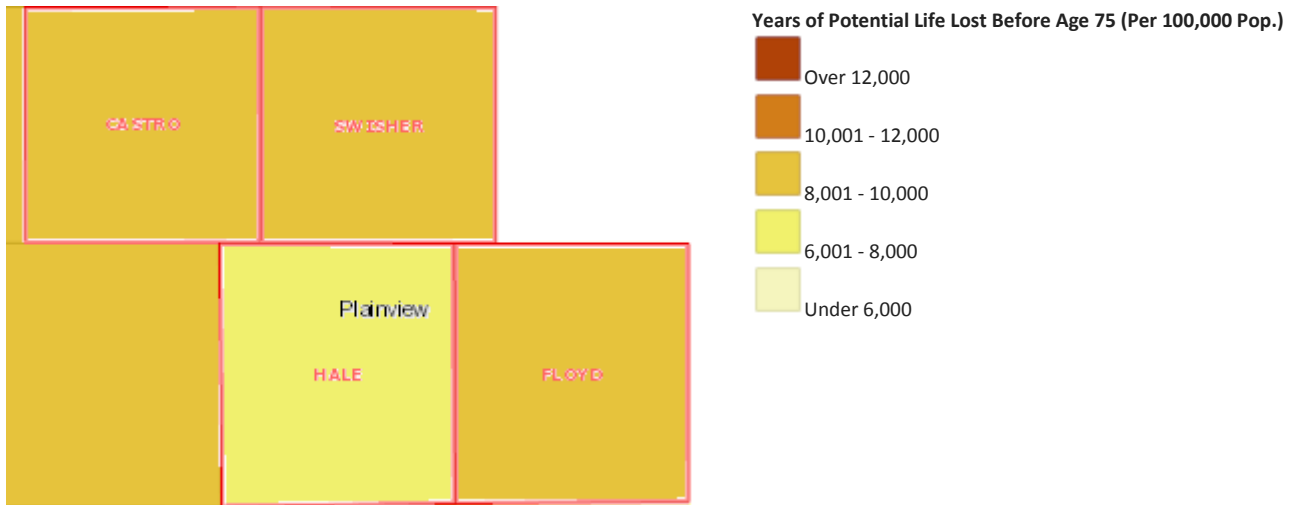
**COVENANT HOSPITAL PLAINVIEW  
2012 Community Health Needs Assessment Report**

Report Area	Total Population, 2006-2008 Average	Annual Premature Deaths, 2006-2008 Average	Years of Potential Life Lost (Rate per 100,000 Pop.)
Report Area	54,348	226	<b>7,697</b>
Castro County	7,265	28	<b>8,196</b>
Floyd County	6,101	28	<b>8,940</b>
Hale County	33,797	137	<b>7,287</b>
Swisher County	7,185	33	<b>8,066</b>
Texas	22,759,961	77,895	7,195
United States	283,115,015	1,058,493	7,131



Note: This indicator is compared with the state average. No breakout data available.

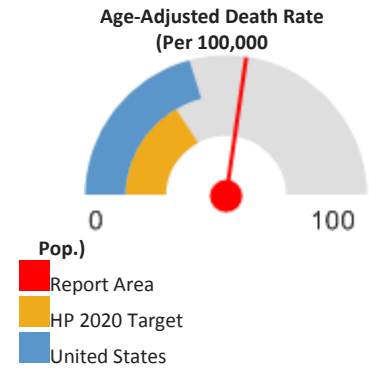
Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010](#) (As Reported in the 2012 County Health Rankings). Source geography: County.



### Stroke Mortality

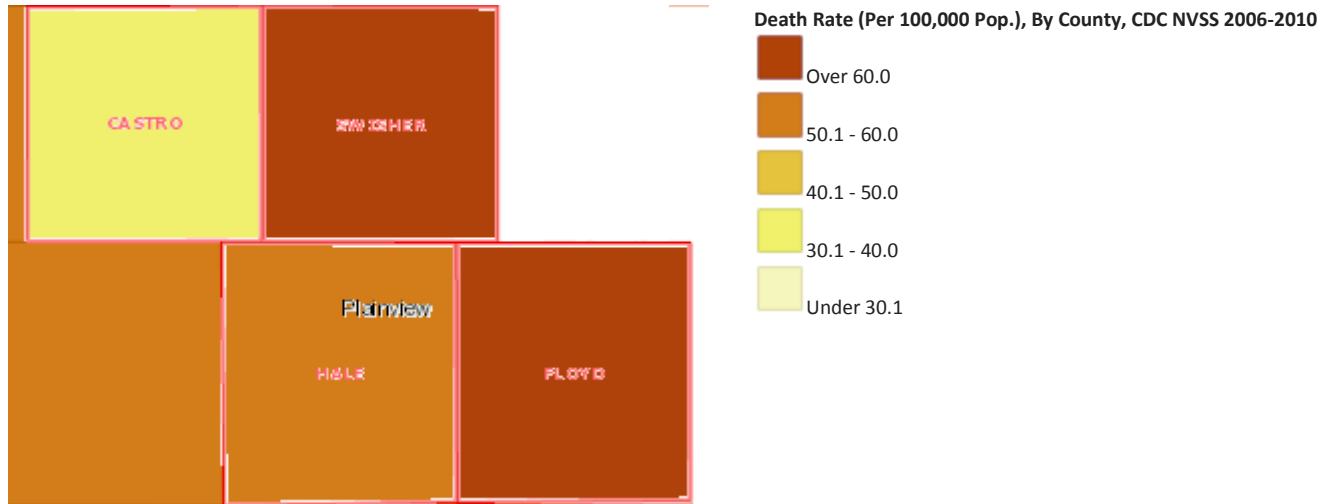
According to CHNA.org, this indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States. **The counties Covenant Hospital Plainview Service Area report higher stroke mortality as compared to Texas and United States. This indicates a greater burden of disease and mortality.**

Report Area	Total Population, 2006-2010 Average	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	58,282	34	58.34	<b>54.53</b>
Castro County	7,839	3	35.72	<b>35.87</b>
Floyd County	6,604	5	81.77	<b>62.66</b>
Hale County	36,021	19	53.86	<b>54.80</b>
Swisher County	7,818	6	81.86	<b>65.13</b>
Texas	24,289,585	9,422	38.79	<b>48.06</b>
United States	303,844,430	133,107	43.81	<b>41.78</b>
<a href="#">HP 2020 Target</a>				<= 33.8



Note: This indicator is compared with the Healthy People 2020 Target.

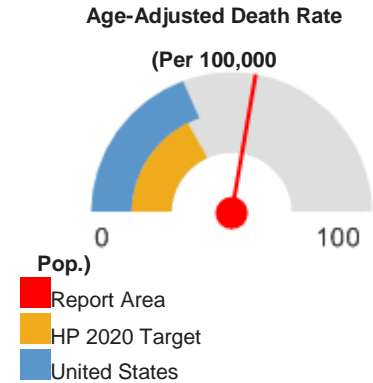
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#). Source geography: County.



### Accident Mortality

According to CHNA.org, this indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S. **The counties Covenant Hospital Plainview Service Area report higher accident mortality as compared to Texas and United States. This indicates a greater burden of disease and mortality.**

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	40,522	19	51.91	<b>55.64</b>
Cochran County	3,153	no data	no data	no data
Floyd County	6,604	5	69.65	<b>69.35</b>
Hale County	-	-	-	-
Swisher County	7,818	4	46.05	<b>48.22</b>
Texas	24,289,585	9,256	38.11	40.66
United States	303,844,430	121,217	39.89	39.07
<a href="#">HP 2020 Target</a>				<= 36.0



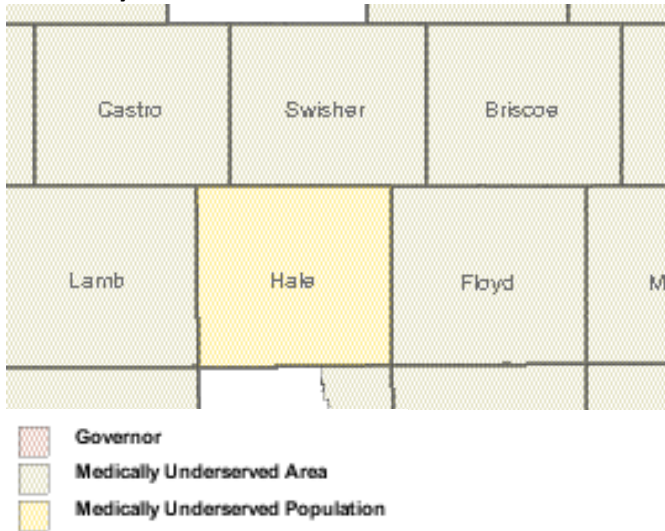
Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.](#) Accessed through [CDC WONDER](#). Source geography: County.

### Medically Underserved Areas

The federal government designates certain geographic areas as Medically Underserved Areas or Medically Underserved Populations based on a range of criteria. The color coded map below shows that all of the counties around Hale County have been designated as Medically Underserved Areas and Hale County has been designated as having a Medically Underserved Population.

#### Medically Underserved Areas



Source: HRSA Datawarehouse, April 2013

### Health Professions Shortage Area

An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary care, dental care, or mental health care professionals is found to be present. The service area counties received designations in eight of the 12 potential categories with Hale County being designated for primary care. Designation can be for part or all of a county in rural areas or for a special population as in the case of Swisher County (based on federal guidelines). All of the Health Professional Shortage Area designations for Primary Medical Care, Dental Care and Mental Health Services were for full county designations with the exception of Swisher County for Primary Medical Care.

Note: the definition of a HPSA can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”

**Health Professions Shortage Areas within Covenant Hospital Plainview Counties**

Health Profession	Hale County	Castro County	Floyd County	Swisher County
Primary Care	Regence Health Network	No Designation	No Designation	Whole County
Dental	Whole County	Whole County	No Designation	No Designation
Mental Health	Whole County	Whole County	Whole County	Whole County

Source: Health Resources and Service Administration (HRSA)

**COMMUNITY NEED**

**Summary of Community Needs**

The list of prioritized community health needs was developed as a result of community interview data and secondary data analysis including CHNA.org and 2012 County Health Rankings.

- **Diabetes:** The percentage of persons reporting being told they had diabetes is higher in the service area counties, within Public Health Region 1 (10.1%), than in Texas (9.7%) and the U.S. (9.3%).
- **Obesity:** The percentage of persons who are obese in Covenant Hospital Plainview service area counties (29%) is similar to the state of Texas (28.5%) and slightly higher than the nation average of 27%. Both national and regional data suggest this is a significant problem for children in the area and during community stakeholder input, many persons expressed a concern about the issue. In addition, all Covenant Plainview service area counties report a higher percentage of adults over 20 years of age with no leisure time for physical activity.
- **Access to Medical Care:** Access to all medical services was limited due to the number of primary care providers in each service area county. The ratio of population per primary care physicians is highest in Swisher County at 3,778:1.
- **Access to Specialty Care:** Lack of access to specialty care was reported during Community Interviews and affirmed by Medically Underserved Area designation.
- **Access to Health Insurance:** The percent of the population under 65 years of age that were uninsured was significantly higher across all the service area, Castro County at 35%, Swisher County at 33%, Floyd County 31% and Haley County 29%, than for the state of Texas at 26% and the United States at 11%.
- **Dental Health and Access to Dental Care:** Oral health was identified as a major concern in light of it being one of the leading causes of health problems among children. Although the local data is limited, the state of Texas has raised its standards for regular dental checkups, but only 3.9% of Hale County Medicaid children meet the standard. In addition, among those with access to care through the Texas Health Steps (THSteps), Hale County eligible children report the lower percentage receiving the necessary preventive dental care checkups.



- **Teen Pregnancy:** Results from 2009 Texas Health Profiles point to a larger percentage of teen mothers in Covenant Hospital Plainview in Swisher County (14.2%), Castro County (9.7%), Hale County (9.2%) and Floyd County (5.6%) compared to Texas (4.7%).
- **Mental Health:** Through community interviews, mental health was identified as a major concern especially with the cut backs in state funding.
- **Premature Death:** Floyd, Castro and Swisher, and Hale Counties have the worse rate of Years of Potential Life Lost when compared to Texas and U.S. In addition, Floyd (rate of 69.35 per 100,000) and Swisher (rate of 48.2 per 100,000) Counties have a much high rate of unintentional mortality as compared to the state of Texas (rate of 40.66 per 100,000) and United States (rate of 39.07 per 100,000). These percentages are significantly higher than the Healthy Peoples 2020 target of 36 per 100,000.
- **Mortality Rate:** Covenant Hospital Plainview service area counties report a higher rate of death due to stroke (cardiovascular disease) (54.3 age-adjusted death rate per 100,000 population) than the state of Texas and U.S. The Healthy People 2020 target is 33.8 age-adjusted death rate per 100,000 population).
- **Tobacco Use:** Hale County has 19% of its population over the age of 18 reporting regularly smoking cigarettes, higher than U.S. (15%).
- **Lack of Transportation to Health and Human Services:** Lack of transportation for the elderly and poor to receive healthcare services was reported as a community need during Community Interviews.

## DATA SOURCES

**Center for Health Statistics (CHS).** *Texas Behavioral Risk Factor Surveillance System Survey Data.* Austin, Texas: Texas Department of State Health Services, **2010.**

### **CHNA.org**

<http://www.chna.org>

Last accessed on April 15, 2013

**Description:** CHNA.org is a free web-based platform designed to assist hospitals (with particular attention to critical access and other smaller facilities), non-profit organizations, state and local health departments, financial institutions, and other organizations seeking to better understand the needs and assets of their communities, and to collaborate to make measurable improvements in community health and well-being.

### **2012 County Health Rankings**

<http://www.countyhealthrankings.org/>

**Description:** The *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. We know that much of what influences our health happens outside of the doctor's office—in our schools, workplaces and neighborhoods.

**Covenant Medical Center,** Covenant Health's Community Needs and Assets Assessment Report, 2011.

### **Health Resources and Service Administration**

<http://datawarehouse.hrsa.gov/Quickaccessmaps.aspx>

**Public Consulting Group, Inc. (PCG),** State of Texas, Health and Human Services Commission, Capitated Managed Care Model of Dental Services, Final Report, February 15, 2013

### **Texas Department of State Health Services**

2009 Health Facts Profiles for Texas

[http://www.dshs.state.tx.us/chs/cfs/2009/2009-Health-Facts-Profiles-for-Texas/Texas Chronic Disease Burden Report, April 2010 \(Publication #E81-11194\)](http://www.dshs.state.tx.us/chs/cfs/2009/2009-Health-Facts-Profiles-for-Texas/Texas%20Chronic%20Disease%20Burden%20Report,%20April%202010%20(Publication%20%E81-11194))

<http://www.dshs.state.tx.us/mwg-internal/de5fs23hu73ds/progress?id=mtNmxidMOI>

Last accessed on April 15, 2013

### **Texas Health & Human Service Commission Strategic Decision Support.**

A Report on Service Utilization of Texas Health Steps Dental Check up SFY 2009. Department of State Health Services Family & Community Health Services Texas Health Steps (EPSDT) July 2009.

### **Texas Workforce Commission**

<http://www.twc.state.tx.us/customers/bemp/labor-market-information.html>

#### **Description:**

Texas Workforce Commission (TWC) is the state agency charged with overseeing and providing workforce development services to employers and job seekers of Texas. TWC strengthens the Texas economy by providing the workforce development component of the Governor's economic development strategy. Texas boasts an incredibly skilled workforce ready to attract enterprise to the Lone Star State. By focusing on the needs of employers, TWC gives Texas the competitive edge necessary to draw business here.

### **U.S. Census Bureau**

<http://www.census.gov/>

**Description:** The mission of the U.S. Census is "to serve as the leading source of quality data about the Nation's people and economy."

### **Appendix A: Community Interview Summary**

The consultant summarized the comments and issues identified by the community representatives and tabulated these to create a quantitative list of those Issues that were raised by a number of individuals or groups. In some cases the tabulations were grouped by special groups such as the medical community that may have had unique insight on specific issues. A list of all prioritized community health needs is included in this CHNA report.

One issue that was particularly important to the community was access to care. There was a desire to increase specialty access to care to reduce travel time and barriers for children and the elderly. The community felt that the following physicians were needed: Pediatricians, Ear Nose Throat (ENT), Gynecology, Oncology, Nephrology, Urgent Care, Family practice, Dermatology, Geriatricians.

In summary the community identified the following issues to be addressed:

- Overall residents were very positive on the health care system and especially the physicians, and hospital.
- The major community problems identified were lack of adequate providers and outmigration.
- Other public health issues:
  - Obesity is higher in service area counties than the state and nation. Both national and regional data suggest this is a significant problem for children in the area and the community was very concerned about the issue.
  - Lack of access to preventive care – Residents in the interviews, especially in the Hispanic community, indicated that diabetes and other chronic diseases such as obesity were a major health problem and concern and that education and training were limited and of interest not just to patients, but families with one or more patients in the community.
  - Lack of access to specialty care or transportation for the elderly and poor for care.
  - Dental health is also a major concern, being one of the leading causes of health problems among children. Although the local data is limited, the state has raised its standards for regular dental checkups, but only 3.9% of Hale County Medicaid children meet the standard.
  - Mental health was a major concern, especially with the cut backs in state funding and shifts in process.

**Appendix 1: Internal Leaders who provided input in the Community Health Need Assessment process**

<b>Name</b>	<b>Title</b>	<b>Affiliation or Organization</b>
Alan King	CEO	Covenant Hospital Plainview
Clay Taylor	CFO/COOO	Covenant Hospital Plainview
Mike McNutt	Assistant Administrator	Covenant Hospital Plainview
Leslie Hackett	Chief Nursing Officer	Covenant Hospital Plainview

**Appendix 2: Community Input**

*Public Health Experts Interviewed*

<b>Name</b>	<b>Title</b>	<b>Affiliation or Organization</b>	<b>Special Knowledge or Expertise</b>
Lindy Luerdale	VP Corporate Services	Covenant Health	Managed Care: FirstCare Health
Deana Sageser	Hale County Extension Agent	Texas A&M Agri-Life Extension Service on Public Health and Community Education	Health education
Not Available	Analyst	Center For Health Statistics Department of State Health Services, TSDHS	Biostatistics

**Individuals from Health Departments or Agencies Interviewed**

<b>Name</b>	<b>Title</b>	<b>Affiliation or Organization</b>
Ruby Riggins	Registered Nurse	Hale County Health Department

**Community Leaders or Representatives Interviewed**

<b>Name</b>	<b>Title</b>	<b>Affiliation or Organization</b>	<b>Nature of Leadership Role</b>
Linda Morris	Chamber Director	Plainview Chamber of Commerce	Business oversight
David Henton	Nursing Facility Director	Prairie House Living Center	Nursing home director
Nancy Kernell, RN, CHPN	Administrator	Area Community Hospice	Hospice Administrator
Jeff Tunnell	VP of Finance	Mental Health and Mental Retardation Center (MHMR)	Oversight of finances
Kevin Carter	Executive Director	Hale County Industrial Foundation	Creating jobs in the Plainview community
Marilyn Biggs	Director of Pharmacy	United Pharmacy	Pharmacist
Donald Ebeling	Vice President and Director	421 Aviation, LLC	Farm equipment services
Janice Posey	President	Covenant Auxiliary	Volunteer
Greg Ingham	City Manager	City of Plainview	Workforce investment
Kenny Kernell	County Commissioner	State of Texas/Hale County	County budget, infrastructure, etc
Kathryn Pressley	Treasurer and Director	Plainview Chamber of Commerce	Commerce funds, standards, development
John Anderson	Mayor	City of Plainview	Head of city government
Grace Quiñonez	Director	South Plains College	University coordination
Rick Garcia	Director of Operations	PISD	Oversee daily operations

**Community Leaders or Representatives Interviewed (continued)**

<b>Name</b>	<b>Title</b>	<b>Affiliation or Organization</b>	<b>Nature of Leadership Role</b>
Bobby Hall	Executive Vice President/Provost	WBU	University business
Karen Earhart	Principal	Plainview Christian Academy	Administrative oversight
Jimmy Cameron	Hale Center Council member	Hale Center Chamber of Commerce	Chamber chair
VO Ortega	Plainview Council member	Plainview Chamber of Commerce	Chamber chair
Judge Bill Coleman	Hale County Judge	State of Texas/Hale County	County judicial administration
Willis McCutcheon	President	Happy State Bank	Bank operations, new products and services, etc.

**Other Interviewees Representing the Broad Interests of the Community**

<b>Name</b>	<b>Title</b>	<b>Affiliation or Organization</b>
Allen Hare	Human Resources Director	Cargill Meat Solutions Corp
Kyle Brock	CHP Chaplain/Grace United Methodist Pastor	Covenant Hospital Plainview
Deana Sageser	Hale County Extension Agent	Texas A&M Agri-life Extension
GK Reddy	Entrepreneur	Reddy Hotels LLC
Carol Terrell	Hospital Staff	Covenant Hospital Plainview
Regan Manning	Hospital Staff	Covenant Hospital Plainview

**Contracted Third Party**

<b>Name</b>	<b>Title</b>	<b>Affiliation or Organization</b>
Gregory Mark Eastin	Principal	Foresite Consulting <i>See appendix 2a for full description of background and skills.</i>

## Appendix 2a: Consultant/Public Health Expert for the Community Health Need Assessment

**Gregory Mark Eastin**  
**Foresite Consulting**  
**Principal**

*503 Brookhollow Dr., Colleyville, TX 76034  
(817) 915-3256M Fax 817-259-1668 e-mail GMEastin@gmail.com*

Greg Eastin is the principal and founder of Foresite Consulting. He has worked in health care with physicians, hospitals, public health, community health centers and managed care plans for almost two decades. The rapid change in the industry has provided him with an opportunity to give leadership in the development of almost all kinds of new programs and services. He has conducted studies in strategic planning, market analysis and public health community assessments. Greg has managed all phases of the development process, from planning and fund raising to construction and initial operation of new facilities.

The State of Texas has been the focus the of Greg's work in market analysis, strategic planning and public health community assessments. He has worked with all of the major constituencies of the health care system to develop models of growth and to understand the business of medicine. These constituencies include rural hospitals struggling to serve their communities and large urban medical centers wanting to understand the dynamics of their medical staffs and markets.

Although Greg has worked in consulting for 20+ years on a part-time basis, he did not begin a full-time practice until 1997. His background in planning, development and market research in the health care industry provided an excellent basis for identifying client needs and finding the information to address the questions that take some of the uncertainty out of a challenging future. Over the years he has completed over 100 major studies, including strategic plans, market assessments, consumer and customer satisfaction surveys, public health community assessments and special studies. A complete list is available on request.

With a master's degree in Urban and Regional Affairs, Greg has a broad understanding of the systems and organizational relationships that often provide a key insight into the dynamics and complexities of health care. He has provided executive leadership in hospitals and community health care organizations as well as serving on a number of community boards and other organizations, including chairman of the board of the North Texas Area Community Health Centers and board of the DFW Alliance for Heathcare Excellence and DFW International. He is a member of the American Hospital Association, the Texas Hospital Association, and the DFW Alliance for Heathcare Excellence. From 2000 to 2006, he assumed the additional position of Adjunct Assistant Professor in the Health Services Administration Department of the University of Texas Southwestern Medical Center to share his experience in strategic planning, market analysis, and management.

**Appendix 3:**  
**Healthcare Facilities within Castro County, Floyd County, Hale County, and Swisher County**

Name	Address	Description
Anderson Clinic	2601 Dimmitt Road Suites 101, 102, and 104 Plainview, TX 79072	RHN, a Federally Qualified Health Center, is a fully integrated network of clinics accredited by the Joint Commission, providing medical care, dental, behavioral health (counseling), and nutritional services. <a href="http://www.regencehealth.net">www.regencehealth.net</a>
South Plains Health Provider	2801 W 8th St. Plainview, TX 79072	Dental Care Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Primary Medical Care
Covenant Home Health Care	2101 W 24th St. Plainview, TX 79072	Home health services
Castro County Community Clinic	300 W Halsell St. Dimmitt, TX 79027	Clinical Healthcare
Covenant Hospital Plainview	2601 Dimmitt Rd. Plainview, TX 79072	A 68 acute care hospital located in Hale County. Services offered: Diabetes, EMS, Endoscopy, Gastroenterology, HK2020, ICU, Lab, Lithotripsy, nutritional consultation, OB/GYN, Ophthalmology, Pediatrics, Physical Therapy, Speech Therapy, Respiratory Therapy, Radiology, Sleep Center, Surgical, Urology and Wound Care.
Mangold Memorial Hospital	320 N Main St. Lockney, TX 79241	A 25 bed critical access hospital located in Floyd County. Services offered: Clinical, OB, OP Surgical, Endoscopy, and EMS.
Swisher Memorial Hospital	539 SE 2 <sup>nd</sup> St. Tulia TX 79088	A 20 acute care hospital located in Swisher County. Services offered: Assisted Living, Dietary, EMS, Home Health, Lab, Physical and Speech Therapy, Radiology, and Social Services.
Plains Memorial Hospital	310 W Halsell St. Dimmitt, TX 79027	A 25 bed critical access hospital located in Castro County. Services offered: EMS, Lab services, Radiology, Rehab and Respiratory Therapy, and Clinical.
Plainview Healthcare Center	2510 W 24thSt. Plainview, TX 79072	Nursing Home
Westridge Manor	4304 W 2nd St. Plainview, TX 79072	Nursing Home
Prairie House Living Center	1301 Mesa Drive Plainview, TX 79072	Nursing Home
Assisted Living Concepts	3404 SW 5th St. Plainview, TX 79072	Assisted Living Facility
Texas Nursing & Rehab	224 Saint Louis Plainview, TX 79072	Assisted Living Facility
Santa Fe House	3404 SW 5th Plainview, TX 79072	Assisted Living Facility

**Appendix 3: Healthcare Facilities within Castro County, Floyd County, Hale County, and Swisher County (continued)**

Name	Address	Description
Cuidado Casero Home Health	705 W 6th St, Plainview, TX 79072	Home health services
Area Home Care	201 W 4th St Plainview, TX 79072	Home health services
B&I Enterprises	630 Broadway St Plainview, TX 79072	Home health services
Accolade Home Care	512 Ash St, Plainview, TX 79072	Home health services
Girling Health Care	2215 W 5th St, Plainview, TX 79072	Home health services
Care Inn of Plainview	224 Saint Louis St, Plainview, TX 79072	Senior care housing
Area Community Hospice	3109 Olton Rd Plainview, TX 79072	Home Hospice
American Home Patient Inc	605 Garland St Plainview, TX 79072	Home Hospice
Interim Healthcare	2606 Yonkers St Plainview, TX 79072	Home Health services
Rhema Medical	4436 Olton Rd, Plainview, TX 79072	Medical Equipment Services
Hospice Hands of West Texas	305 N Main St Lockney, TX 79241	Home Hospice
Hale Center EMS Association	116 W 6th St Plainview, TX 79072	Emergency Medical Services
Plainview Fire Dept EMS	911 Quincy St, Plainview, TX 79072	Emergency Medical Services
Ambulance EMS	911 Quincy St, Plainview, TX 79072	Emergency Medical Services
West Texas Clinic Chiropractic	109 W 9th St Plainview, TX 79072	Arthritis, Carpal Tunnel Syndrome, Disc Problems, Fibromyalgia, Headaches, Neck and Back Pain, and Sciatica Chiropractic services.
Life Family Chiropractic	109 W 9th St, Plainview, TX 79072	Arthritis, Carpal Tunnel Syndrome, Disc Problems, Fibromyalgia, Headaches, Neck and Back Pain, and Sciatica Chiropractic services.
Baggett Chiropractic	1004 W 7th St Plainview, TX 79072	Arthritis, Carpal Tunnel Syndrome, Disc Problems, Fibromyalgia, Headaches, Neck and Back Pain, and Sciatica Chiropractic services.
Cunningham Chiropractic	2204 Edgemere Dr Plainview, TX 79072	Arthritis, Carpal Tunnel Syndrome, Disc Problems, Fibromyalgia, Headaches, Neck and Back Pain, and Sciatica Chiropractic services.



**Appendix 3: Healthcare Facilities within Hale County, Castro County, Floyd County, and Swisher County (continued)**

Name	Address	Description
Covenant Rehab	2601 Dimmitt Rd Plainview, TX 79072	Rehabilitation Services
Switzenberg Joe M.P.T	2204 Edgemere Drive Plainview, TX 79072	Joint Mobilization, Myofascial Release, Strain and Counter Strain Therapy
Address Your Stress	3109 Olton Rd, Plainview, TX 79072	Massage Therapy
Star Medical Equipment Inc.	516 Ash St, Plainview, TX 79072	Medical Equipment Services
CVS Pharmacy	1801 W 5th St, Plainview, TX 79072	Prescription Drug Pharmacy
Hometown Pharmacy	3200 Olton Road, Plainview, TX 79072	Prescription Drug Pharmacy
Wal-Mart Pharmacy	1501 Interstate 27 Frontage, Plainview, TX 79072	Prescription Drug Pharmacy
Amigos United Pharmacy	2403 N Columbia St, Plainview, TX 79072	Prescription Drug Pharmacy
Brown Pharmacy	601 Avenue G, Hale Center, TX 79041	Prescription Drug Pharmacy
Allegiance Behavioral Health Center	2601 Dimmitt Rd, Plainview, TX 79072	A 20 bed psychiatric hospital providing geriatric, psychiatric, and outpatient services.
Central Plains Center	631 Broadway St, Plainview, Texas 79072	A 24hr facility providing mental health, intellectual disabilities and early childhood intervention services (speech, occupational, physical).
Regence Health Network	2801 W 8th St, Plainview, TX 79072	Health clinic providing medical care, dental, behavioral health (counseling), and nutritional services.
Plainview Dental Clinic	2615 W 24th St, Plainview, TX 79072	Dentistry services
Plainview WIC Clinic	2807 W 7th St, Plainview, TX 79072	Nutritional program assisting pregnant women, new mothers, and young children in eating well and learning about nutrition.
AHEC Of The Plains	2417 Yonkers St, Plainview, TX 79072	Health education center educating students in the healthcare professions.
Big Brothers Big Sisters Of Plainview	705 W 6th St # 1E, Plainview, TX 79072	Program matching a child and an adult mentor designed to encourage friendships and positively influence the youth of tomorrow.
Caprock Adult Learning Center	1407 W 5th St, Plainview, TX	Continuing Education, Social & Welfare services

**Appendix 3: Healthcare Facilities within Hale County, Castro County, Floyd County, and Swisher County (continued)**

Name	Address	Description
CASA	705 W 6th St, Plainview, TX 79072	Court Appointed Special Advocates: Appointed advocates to speak for a child or children in foster care.
Catholic Family Services Inc.	3019 W 7th St, Ste 7, Plainview, TX 79072	Social Services
Compassionate Care Pregnancy Center	1209 Quincy St, Plainview, TX 79072	Pregnancy resource center for women with unplanned pregnancy. Services offered: peer counseling services, free confidential pregnancy test and benevolence items (diapers, baby clothes, etc.).
Consumer Credit Counseling Service	1900 W 7th St, Plainview, TX 79072	Credit counseling and debt planning
Covenant Healthcare Center Plainview	2606 Yonkers St, Plainview, TX 79072	Clinical health care
Crisis Center Of The Plains	1403 W 5th St #A Plainview, TX 79072	Counseling assistance to victims of rape, crisis intervention and shelter for abused women and children.
Faith In Sharing House	504 Joliet St, Plainview, TX 79072	Social services
Goodwill	1715 W 5th St, Plainview, TX 79072	Primarily focused on job training and placement, but also offer retail services at a discount.
Hale Center Senior Citizens Association, Inc.	416 W 2nd St, Hale Center, TX 79041	Retired senior volunteer program
Hale County Crisis Center Hotline	1403 W 5 <sup>th</sup> Street Plainview, TX 79072	Crisis hotline available 24hr to assist people in need of peer counseling
Hale County Senior Citizens	1107 Smythe St, Plainview, TX 79072	Senior citizen service organization
Health & Human Services Commission	2907 W 7th St, Plainview, TX 79072	State agency which seeks to provide the leadership and innovation needed to achieve an efficient and effective health and human services system for Texans.
Health Dept. Plainview	500 Broadway St, Plainview, TX 79072	Keeping the citizens of Plainview healthy by providing vaccination clinics, environmental and health inspections.
Regence Health Network Inc.	2801 West 8thSt Plainview, TX 79072	FQHC
Inspirations!	2207 W 24 <sup>th</sup> St Plainview, TX 79072	Outpatient behavioral health program
Legman Vein	812 W 8th St #3b, Plainview, TX 79072	Treatment center for leg pain and symptoms of vein disease. Services provided: Sclerotherapy, Endovenous Thermal Ablation, Endovenous Chemical Ablation, Ambulatory Phlebectomy, Laser hair reduction, spider vein removal, redness removal, skin-tightening.

**Appendix 3: Healthcare Facilities within Hale County, Castro County, Floyd County, and Swisher County (continued)**

Name	Address	Description
Mature Care	716 Broadway St Plainview, TX 79072	Senior care services
Meals On Wheels	308 Mesa Cir Plainview, TX 79072	Senior nutritional program to citizens whose mobility is limited.
Motivation Education Training Inc.	927 Broadway St, Plainview, TX 79072	Community service employment training program
Parents Uniting	2606 Yonkers St Ste 4. Plainview, TX 79072	Program designed to empower families and enhance their children's quality of life providing information, education, training, referrals, networking and support.
Plainview Children's Rural Health Clinic	2202 Edgemere Drive, Plainview, TX 79072	Children's clinical health care
Plainview Counseling Assoc.	3109 Olton Rd, Plainview, TX 79072	Counseling and mental health
Plainview Healthcare Center	2510 W 24th St, Plainview, TX 79072	Nursing home
Covenant Healthcare Center Plainview	2222 W 24 <sup>th</sup> St Plainview, TX 79072	Rural health care clinic
Plainview Serenity Center Inc.	806 El Paso Street Plainview TX 79072	Counseling and Mental health outpatient service
Retired Senior & Volunteer Program	825 N Austin St, Plainview, TX 79072	Senior community volunteers
Rural Children's Initiative	631 Broadway Plainview, TX 79072	Advocate program services: family support group, youth development & peer advocates
Salvation Army Thrift Store	612 Ash St Plainview, TX 79072	Community thrift store: provides employment training, clothing, furniture and other bargain goods
South Plains Communication	804 E 34th St, Plainview, TX 79072	Radio communication equipment and services
United Way Plainview Area	3019 W. 7th, Plainview, TX 79072	Volunteer program utilizing local talent to raise funds for the community
Wayland Baptist University	1900 W 7th St, Plainview, TX 79072	A coeducational, Baptist-affiliated accredited University (associate, undergraduate and graduate programs)
WIC Plainview	2807 W 7th St, Plainview, TX 79072	Government funded women's support regarding nutritional education and counseling, breastfeeding support, child immunizations, health care and social service referrals, and food vouchers.
Branch, T. Coe M.D	2404 Yonkers St, Plainview, TX 79072	Family Practice

**Appendix 3: Healthcare Facilities within Hale County, Castro County, Floyd County, and Swisher County (continued)**

Name	Address	Description
Horton, Kenneth C, M.D.	1806 Quincy St, Plainview, TX 79072	Family Practice
King, Travis M.D.	1806 Quincy St, Plainview, TX 79072	Family Practice
McClanahan, John R, D.O	1806 Quincy St, Plainview, TX 79072	Family Practice
McClanahan, Mark L, D.O.	1806 Quincy St, Plainview, TX 79072	Family Practice
Ontai, Sidney M.D.	2601 Dimmitt Road Suite 102 Plainview, TX 79072	Family Practice
Rector-Wright, Ruth D.O.	2606 Yonkers St #1, Plainview, TX 79072	Family Practice
Watkins, Jon, M.D.	1806 Quincy St, Plainview, TX 79072	Family Practice
Wright, David D.O.	2606 Yonkers St #1, Plainview, TX 79072	Family Practice/OB
Batra, Subhash, M.D.	2601 Dimmitt Road, Plainview, TX 79072	Gastroenterologist
Cummins, Douglas M.D.	2512 Xenia St #105, Plainview, TX 79072	General Surgeon
Yildiz, Ilhan, M.D.	2502 Xenia St, Plainview, TX 79072	General Surgeon
Smith, Bobby D.O.	2502B Xenia Street Plainview, TX 79072	General Surgeon
Hall, James M.D.	2601 Dimmitt Road, Plainview, TX 79072	Hospitalist
Nguyen, Giang M.D.	2601 Dimmitt Road, Plainview, TX 79072	Hospitalist
Lara, Sergio M.D.	2222 W 24th St # 6, Plainview, TX 79072	Internal Medicine
Starnes, Joel, M.D.	2516 Xenia St #103 Plainview, TX 79072	Nephrologist
Smith, Charles D.O.	2222 W 24th St, Plainview, TX 79072	OB/GYN
Kopp, Douglas M.D.	2222 W 24th St # 10, Plainview, TX 79072	Ophthalmologist
Farr, Michael B, D.O.	2512 Xenia St, Plainview, TX 79072	Orthopedics

**Appendix 3: Healthcare Facilities within Hale County, Castro County, Floyd County, and Swisher County (continued)**

Name	Address	Description
Murcia, Jaime M.D.	2202 Edgemere Drive, Plainview, TX 79072	Pediatrician
Qian, Baoping, M.D.	2601 Dimmitt Rd #104, Plainview, TX 79072	Pediatrician
DiPaolo, Vincent D.P.M.	2514 Xenia St, Plainview, TX 79072	Podiatrist
Gutierrez, Victor M.D.	2601 Dimmitt Rd #107, Plainview, TX 79072	Psychiatrist
Garvish, John M.D.	2404 Yonkers St #4, Plainview, TX 79072	Radiologist
Ringel, Stephen M.D.	2512 Xenia St Suite #103, Plainview, TX 79072	Surgery
Graves, Michael M.D.	2404 Yonkers St, Plainview, TX 79072	Urologist
Jones, Billy Don, M.D.	2601 Dimmitt Rd, Plainview, TX 79072	Cardiologist
Abercrombie, Gary	2801 W 24th St Ste A, Plainview, TX 79072	D.D.S.
J Irvin Gaynor	701 Houston St, Plainview, TX 79072	D.D.S.
Cross, Rick M	700 Joliet St, Plainview, TX 79072	D.D.S.
Eastman, Daniel D	2801 W 8th St, Plainview, TX 79072	D.D.S.
Panchumarti, Anala	2801 W 8th St, Plainview, TX 79072	D.D.S.
Henderson, Daniel N	2801 W 8th St Plainview, TX 79072	D.D.S.
Sharolli, Majid	2615 W 24th St, Plainview, TX 79072	D.D.S.
Kuntz, Timothy C	2606 Yonkers St, Plainview, TX 79072	D.D.S.
Lindsey Orthodontics	2801 W 24th St # B, Plainview, TX 79072	D.D.S.
Hinze Michael Ray	111 W 4 <sup>th</sup> St, Hale Center, TX 79041	D.D.S.
Hammock, Michelle R	812 W 8 <sup>th</sup> St #3B Plainview, TX 79072	PA

**Appendix 3: Healthcare Facilities within Hale County, Castro County, Floyd County, and Swisher County (continued)**

Name	Address	Description
Hensley Micah Danielle	1208 N Interstate 27 Plainview, TX 79072	Physicians Assistant
Bird, Sally	2222 W 24th St, Plainview, TX 79072	Family Nurse Practitioner
Rivera, Sandra	2222 W 24th St Suite 6 Plainview, TX 79072	Family Nurse Practitioner

**Appendix 4: Covenant Hospital Plainview Community Health Needs Assessment Planning Committee**

Name	Title	Affiliation or Organization
Alan King	Chief Executive Officer	Covenant Hospital Plainview
Clay Taylor	Chief Financial Officer	Covenant Hospital Plainview
Mike McNutt	Assistant Administrator	Covenant Hospital Plainview
Leslie Hackett	Chief Nursing Officer	Covenant Hospital Plainview

**Appendix 5: Covenant Hospital Plainview Board of Trustee Roster**

<b>Name</b>	<b>Title</b>	<b>Affiliation or Organization</b>
Patricia Alvarez	Director	Westridge Manor
Steve Beck	Regional Vice President	Covenant Health System
John N. Bertsch	Certified Financial Planner	Investment Centers of America
Barbara Kiser	Co-Owner	Kiser Auto Parts
Dr. Douglas Kopp	Physician	Rural Health Clinic
Kathryn Pressley	Human Resources	Wal-Mart Distribution
Raymond Ramirez	Owner	Sonic Drive-In
Jeffery Snider	Assistant City Manager	City of Plainview
Nancy Stukey	Banker Officer	Happy State Bank
Mark True	Farmer	Plainview Resident
Karl Wardlow		Coffey Seed
Mark Warren	Owner/Agent	Mark Warren Insurance Agency
Dr. David Wright	Physician	Rural Health Clinic
Dr. Sergio Lara	Physician	Rural Health Clinic

Appendix 6: 2012 County Health Rankings

	Texas	Castro County	Hale County	Floyd County	Swisher County
<b>Health Outcomes</b>		78	66	163	173
<b>Mortality</b>		93	48	140	85
<u>Premature death</u>	7,186	8,196	7,287	8,940	8,066
<u>Morbidity</u>		68	120	190	219
<u>Poor or fair health</u>	19%		17%		
<u>Poor physical health days</u>	3.6		3.8		
<u>Poor mental health days</u>	3.3		3.7		
<u>Low birthweight</u>	8.20%	7.60%	8.50%	10.10%	13.00%
<b>Health Factors</b>		138	125	77	135
<b>Health Behaviors</b>		159	151	91	133
<u>Adult smoking</u>	19%				
<u>Adult obesity</u>	29%	30%	29%	28%	29%
<u>Physical inactivity</u>	25%	30%	29%	30%	30%
<u>Excessive drinking</u>	16%		15%		
<u>Motor vehicle crash death rate</u>	17	41	20		
<u>Sexually transmitted infections</u>	435	393	534	294	418
<u>Teen birth rate</u>	63	81	100	83	85
<b>Clinical Care</b>		194	102	23	187
<u>Uninsured</u>	26%	35%	29%	31%	33%
<u>Primary care physicians</u>	1,378:1	2,373:1	2,932:1	1,082:1	3,778:1
<u>Preventable hospital stays</u>	73	107	75	84	74
<u>Diabetic screening</u>	81%	80%	79%	88%	78%
<u>Mammography screening</u>	62%	45%	62%	72%	44%
<b>Social &amp; Economic Factors</b>		91	133	141	110
<u>High school graduation</u>	84%	91%	84%	91%	89%
<u>Some college</u>	56%	35%	38%	47%	37%
<u>Unemployment</u>	8.20%	5.60%	7.00%	8.50%	6.20%
<u>Children in poverty</u>	26%	30%	29%	35%	30%
<u>Inadequate social support</u>	23%				
<u>Children in single-parent households</u>	32%	30%	34%	27%	31%
<u>Violent crime rate</u>	503	228	290	303	274



**Appendix 6: 2012 County Health Rankings (continued)**

	<b>Texas</b>	<b>Castro County</b>	<b>Hale County</b>	<b>Floyd County</b>	<b>Swisher County</b>
<b>Physical Environment</b>		95	11	108	92
<u>Air pollution-particulate matter days</u>	1	0	0	0	0
<u>Air pollution-ozone days</u>	18	0	0	0	0
<u>Access to recreational facilities</u>	7	0	11	0	0
<u>Limited access to healthy foods</u>	12%	4%	0%	3%	13%
<u>Fast food restaurants</u>	53%	50%	46%	55%	40%

Appendix 7: Core Health Indicators Report for Covenant Hospital Plainview Service Area



**COMMUNITY HEALTH NEEDS ASSESSMENT**  
Advancing Community Health and Well Being

Core Health Indicators Report

DEMOGRAPHICS

**Report Area:** Castro County, Texas; Floyd County, Texas; Hale County, Texas; Swisher County, Texas

**Demographics // Social & Economic Factors // Physical Environment // Health Behaviors // Clinical Care**

Change in Total Population

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

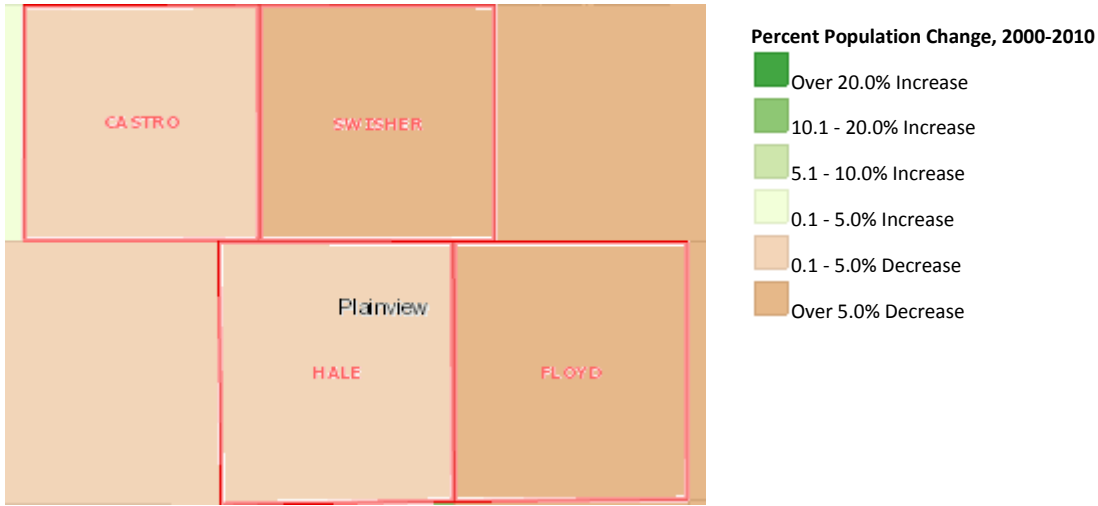
Change in Total Population

This indicator reports the percent difference in population counts from the 2000 Census population estimate to the 2010 Census population estimate. This indicator is relevant because a positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2010 Census	Total Population, 2000 Census	Percent Change from 2000-2010 Census
Report Area	58,635	61,036	-3.93%
Castro County	8,062	8,285	-2.69%
Floyd County	6,446	7,771	-17.05%
Hale County	36,273	36,602	-0.90%
Swisher County	7,854	8,378	-6.25%
Texas	25,145,561	20,851,820	20.59%
United States	308,745,538	281,421,906	9.71%

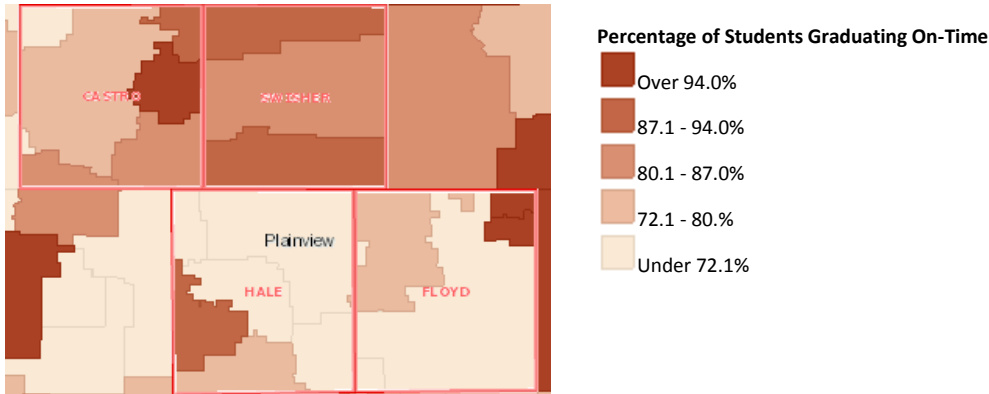
Note: No breakout data available.

Data Source: [U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1](#); [U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1](#). Source geography: County.



**SOCIAL & ECONOMIC FACTORS**

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.



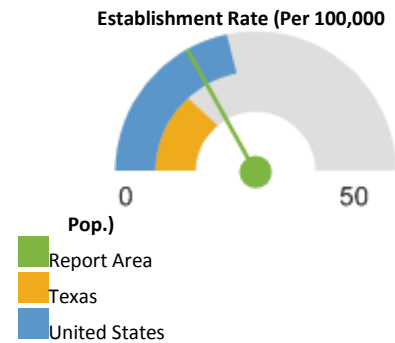
**PHYSICAL ENVIRONMENT**

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Grocery Store Access

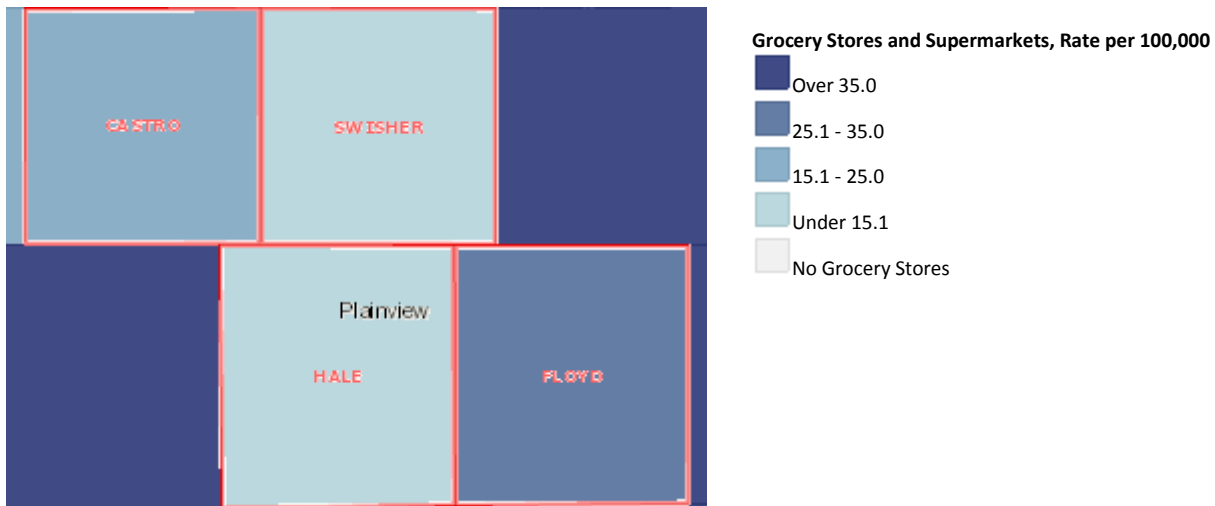
This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Report Area	58,635	10	17.05
Castro County	8,062	2	24.81
Floyd County	6,446	2	31.03
Hale County	36,273	5	13.78
Swisher County	7,854	1	12.73
Texas	25,145,561	3,402	13.53
United States	308,745,538	67,342	21.81



Note: This indicator is compared with the state average. No breakout data available.

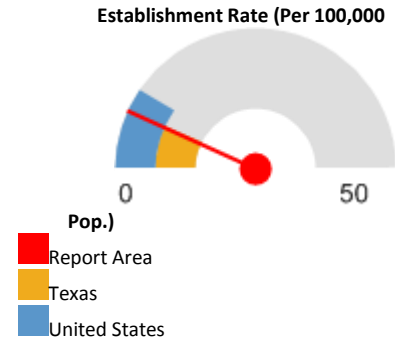
Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#). Source geography: County.



Recreation and Fitness Facility Access

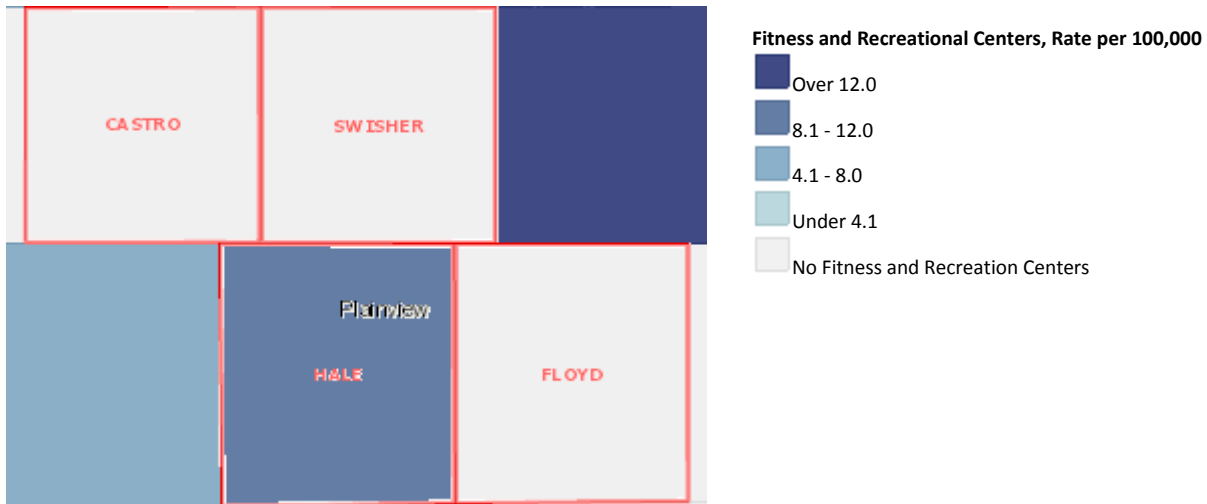
This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Report Area	Total Population, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Report Area	58,635	4	<b>6.82</b>
Castro County	8,062	0	no data
Floyd County	6,446	0	no data
Hale County	36,273	4	<b>11.03</b>
Swisher County	7,854	0	no data
Texas	25,145,561	1,805	7.18
United States	308,745,538	29,896	9.68



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#). Source geography: County.



**CLINICAL CARE**

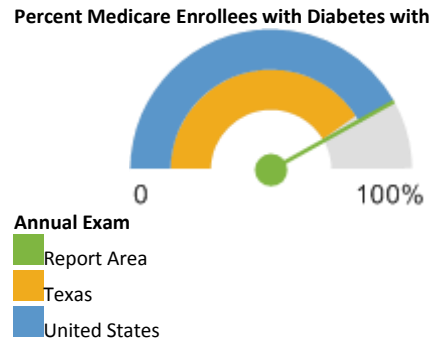
A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Diabetes Management (Hemoglobin A1c Test)

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

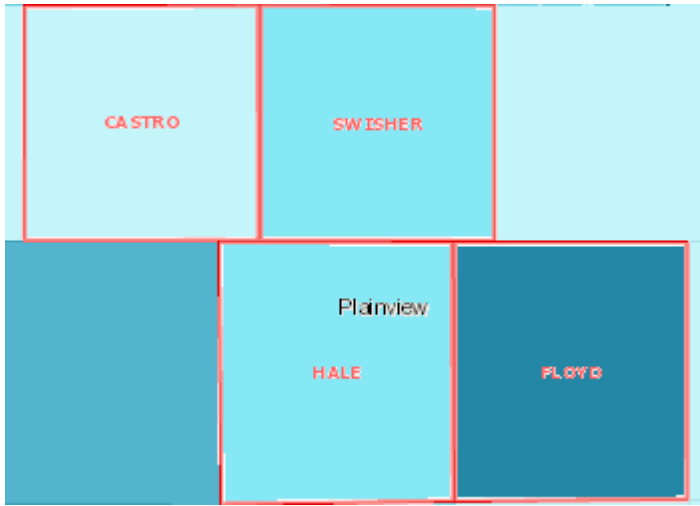
Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Report Area	6,991	872	731	83.94%
Castro County	890	97	76	79.38%
Floyd County	965	138	125	91.30%
Hale County	3,889	509	425	83.69%
Swisher County	1,247	128	103	80.47%
Texas	1,806,654	242,284	199,119	82.18%
United States	51,875,184	6,218,804	5,212,097	83.81%



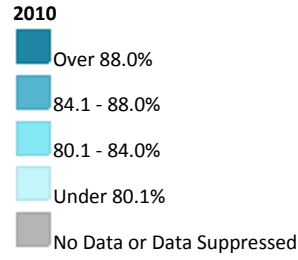
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality,](#)

[2010.](#) Source geography: County.



A1C Test in Past Year, Percent of Medicare Enrollees with Diabetes,



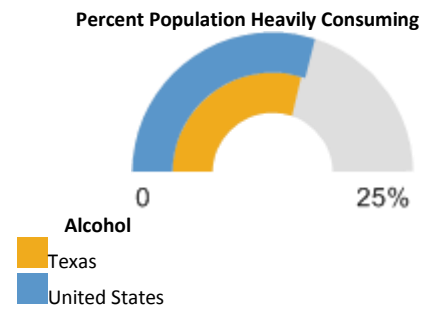
**HEALTH BEHAVIORS**

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol Consumption

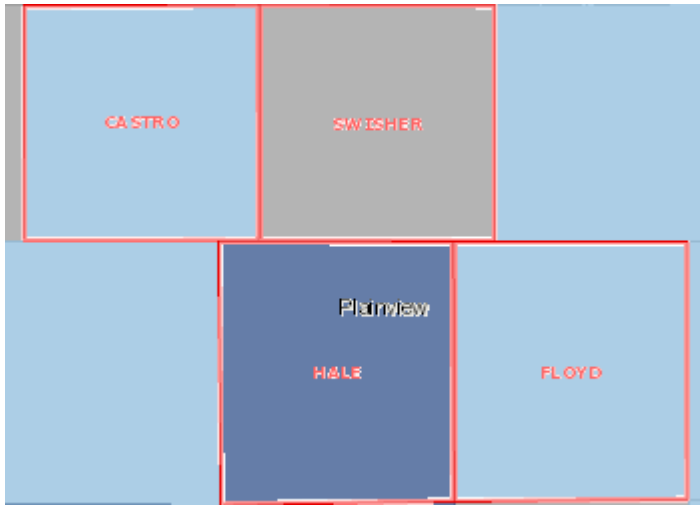
This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population Age 18	Estimated Population Heavily Consuming Alcohol	Percent Population Heavily Consuming Alcohol
Report Area	41,642	0	no data
Castro County	5,442	103	1.90%
Floyd County	4,638	65	1.40%
Hale County	25,777	3,763	14.60%
Swisher County	5,785	no data	no data
Texas	1,241,440	184,975	14.90%
United States	89,135,163	13,385,866	15.02%

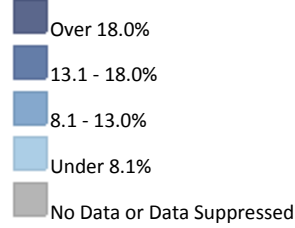


Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011](#). Source geography: County.



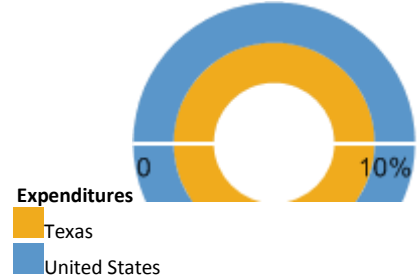
Pct. Adults Binge Drinking, 2005-11



Alcohol Expenditures

Report Area	Average Total Household Expenditures (USD)	Average Household Alcoholic Beverage Expenditures (USD)	Percent Alcoholic Beverage Expenditures	Alcoholic Beverage Expenditures, County Rank (In-State)	Alcoholic Beverage Expenditures, County Percentile
Report Area	43,260	792	1.83%	no data	no data
Castro County	no data	no data	no data	127	50%
Floyd County	no data	no data	no data	164	64.57%
Hale County	no data	no data	no data	222	87.40%
Swisher County	no data	no data	no data	161	63.39%
Texas	49,827	876	1.76%	no data	no data
United States	50,932	910	1.79%	no data	no data

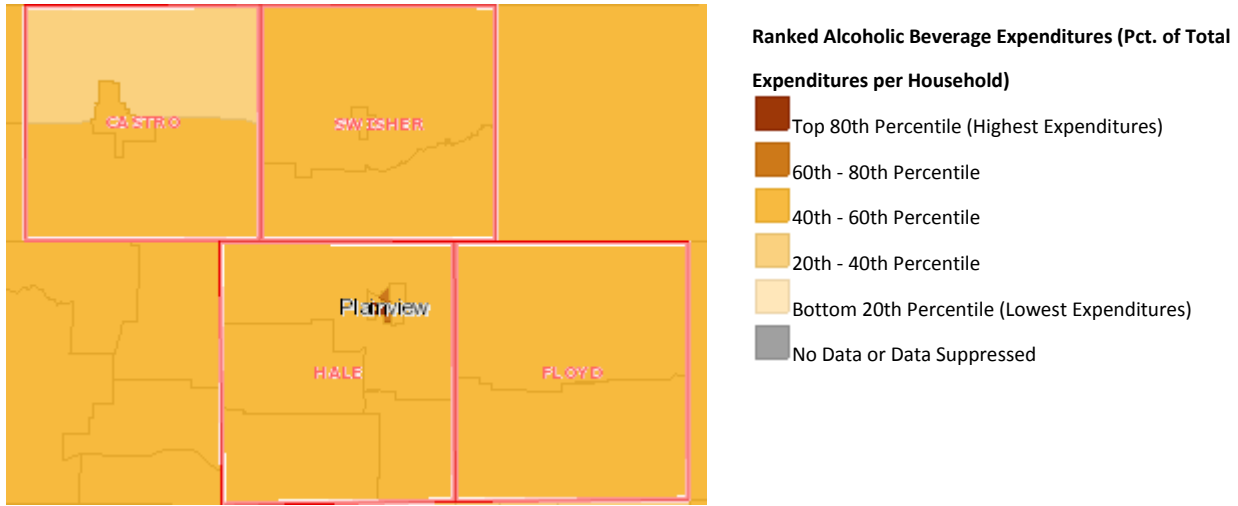
Percent Alcoholic Beverage



Note: This indicator is compared with the state average. No breakout data available.



Data Source: [Nielsen Claritas SiteReports, Consumer Buying Power, 2011](#). Source geography: Tract.

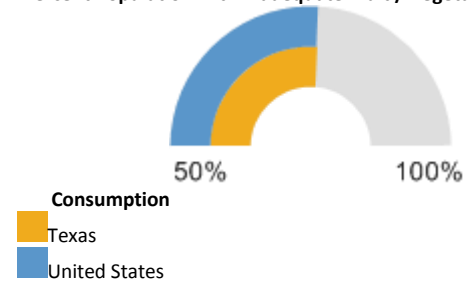


Fruit/Vegetable Consumption

This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.

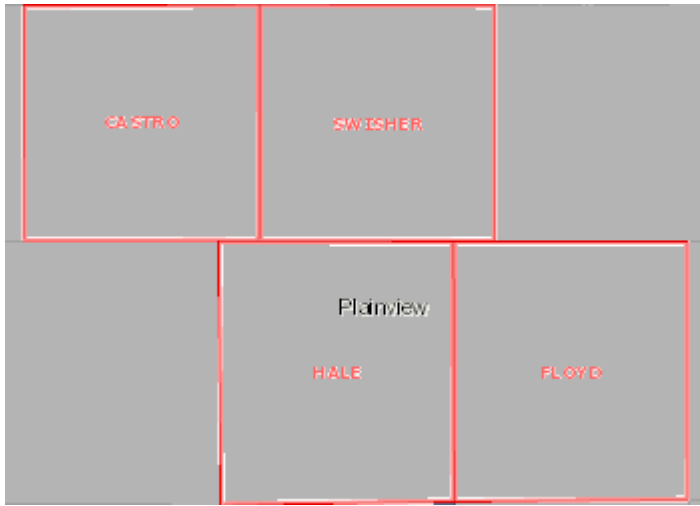
Report Area	Total Population Age 18	Estimated Population with Inadequate Fruit / Vegetable Consumption	Percent Population with Inadequate Fruit / Vegetable Consumption
Report Area	40,526	0	no data
Castro County	5,017	no data	suppressed
Floyd County	4,794	no data	suppressed
Hale County	25,165	no data	suppressed
Swisher County	5,550	no data	suppressed
Texas	13,607,445	10,355,266	76.10%
United States	116,676,632	88,508,989	75.86%

Percent Population with Inadequate Fruit / Vegetable

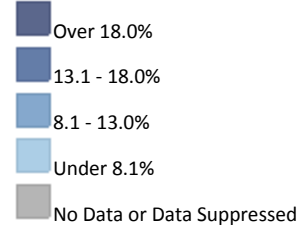


Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2009](#). Source geography: County.



Pct. Adults Consuming Few Fruits / Vegetables 2005-09

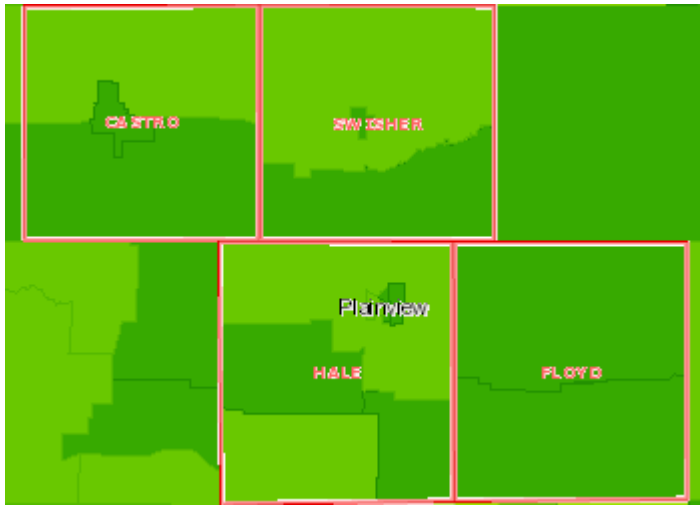


Fruit/Vegetable Expenditures

Report Area	Average Total Household Expenditures (USD)	Average Household Fruit / Vegetable Expenditures (USD)	Percent Fruit / Vegetable Expenditures	Fruit / Vegetable Expenditures, County Rank (In-State)	Fruit / Vegetable Expenditures, County Percentile
Report Area	43,260	736	1.70%	no data	no data
Castro County	no data	no data	no data	211	83.07%
Floyd County	no data	no data	no data	224	88.19%
Hale County	no data	no data	no data	220	86.61%
Swisher County	no data	no data	no data	202	79.53%
Texas	49,827	734	1.47%	no data	no data
United States	50,932	737	1.45%	no data	no data

Note: No breakout data available.

Data Source: [Nielsen Claritas SiteReports, Consumer Buying Power, 2011](#). Source geography: Tract.



Ranked Fruits and Veg. Expenditures (Pct. of Total Expenditures per Household)

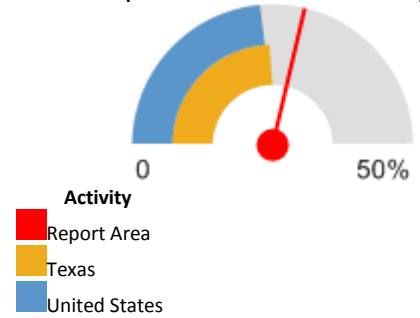
- Top 80th Percentile (Highest Expenditures)
- 60th - 80th Percentile
- 40th - 60th Percentile
- 20th - 40th Percentile
- Bottom 20th Percentile (Lowest Expenditures)
- No Data or Data Suppressed

**Physical Inactivity (Adult)**

This indicator reports the percentage of adults aged 18 and older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

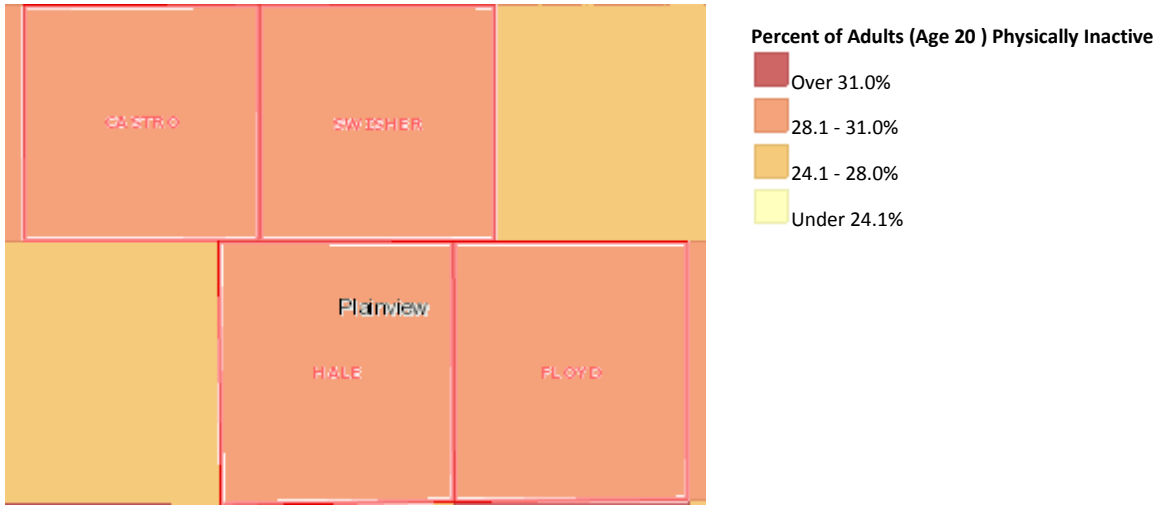
Report Area	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Area	37,866	11,139	28.64%
Castro County	2,372	676	27.30%
Floyd County	2,343	759	30.80%
Hale County	2,314	745	30.20%
Swisher County	2,077	590	27%
Texas	17,171,239	4,218,605	24.64%
United States	223,593,958	53,553,459	23.63%

Percent Population with no Leisure Time Physical



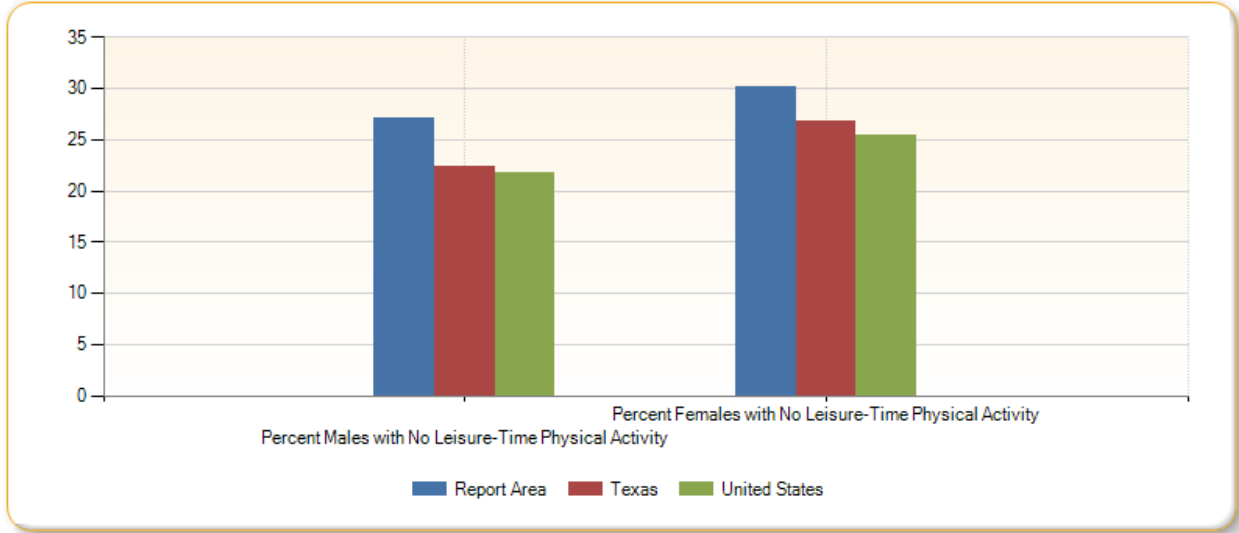
Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.



**Adults with No Leisure-Time Physical Activity by Gender**

Report Area	Total Males with No Leisure-Time Physical Activity	Percent Males with No Leisure-Time Physical Activity	Total Females with No Leisure-Time Physical Activity	Percent Females with No Leisure-Time Physical Activity
Report Area	5,267	27.13%	5,872	30.15%
Castro County	676	27.30%	759	30.80%
Floyd County	590	27%	745	30.20%
Hale County	3,221	27%	3,579	29.90%
Swisher County	780	27.60%	789	30.61%
Texas	1,882,621	22.43%	2,335,984	26.77%
United States	23,736,266	21.73%	29,817,193	25.41%

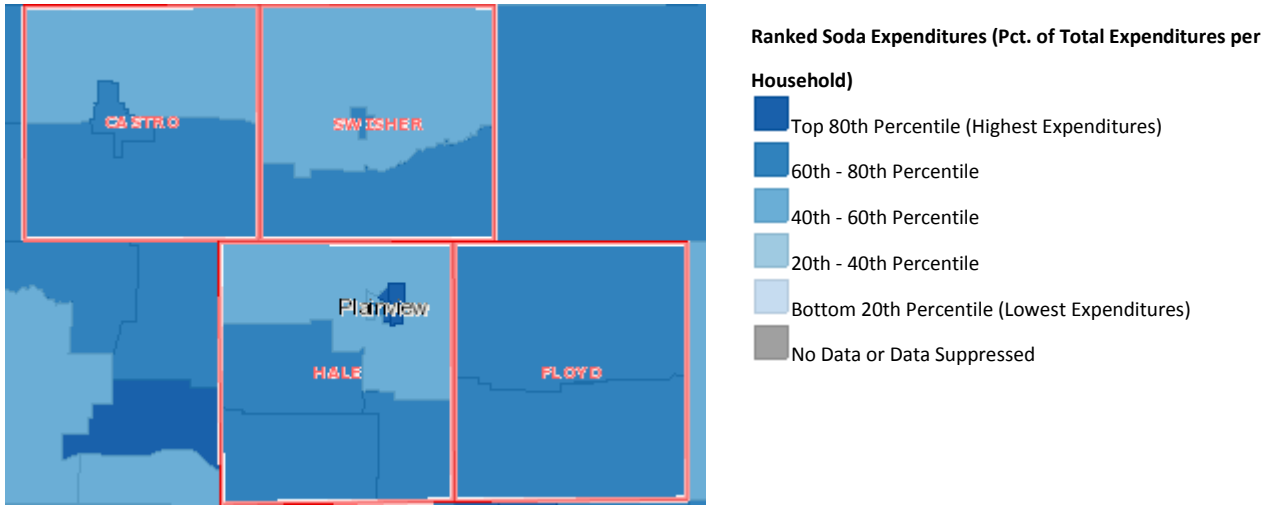


Soda Expenditures

Report Area	Average Total Household Expenditures (USD)	Average Household Soda Expenditures (USD)	Percent Soda Expenditures	Soda Expenditures, County Rank (In-State)	Soda Expenditures, County Percentile
Report Area	43,260	256	0.59%	no data	no data
Castro County	no data	no data	no data	195	76.77%
Floyd County	no data	no data	no data	210	82.68%
Hale County	no data	no data	no data	218	85.83%
Swisher County	no data	no data	no data	184	72.44%
Texas	49,827	257	0.52%	no data	no data
United States	50,932	252	0.49%	no data	no data

Note: No breakout data available.

Data Source: [Nielsen Claritas SiteReports, Consumer Buying Power, 2011](#). Source geography: Tract.

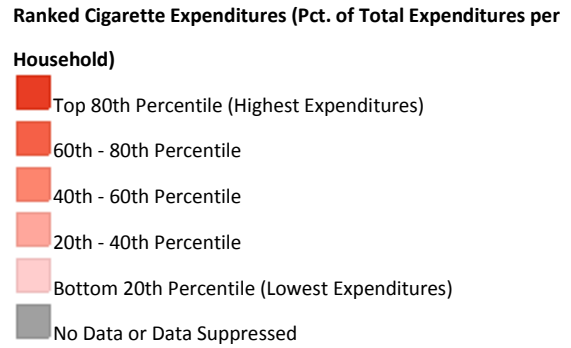
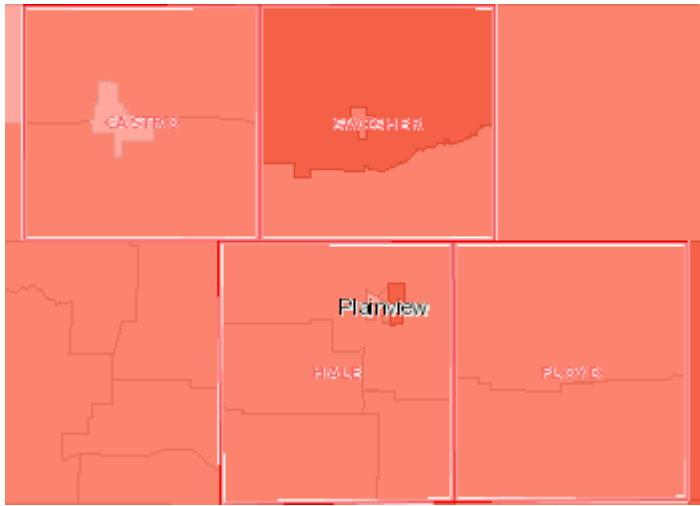


**Tobacco Expenditures**

Report Area	Average Total Household Expenditures (USD)	Average Household Cigarette Expenditures (USD)	Percent Cigarette Expenditures	Cigarette Expenditures, County Rank (In-State)	Cigarette Expenditures, County Percentile
Report Area	43,260	747	1.73%	no data	no data
Castro County	no data	no data	no data	65	25.59%
Floyd County	no data	no data	no data	80	31.50%
Hale County	no data	no data	no data	92	36.22%
Swisher County	no data	no data	no data	148	58.27%
Texas	49,827	730	1.47%	no data	no data
United States	50,932	810	1.59%	no data	no data

Note: No breakout data available.

Data Source: [Nielsen Claritas SiteReports, Consumer Buying Power, 2011](#). Source geography: Tract.

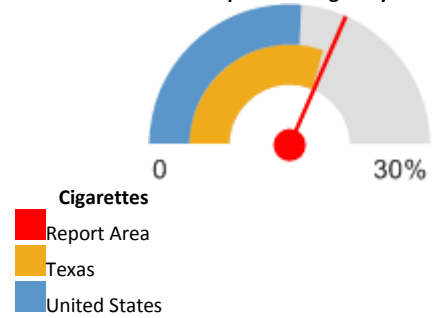


Tobacco Usage

This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

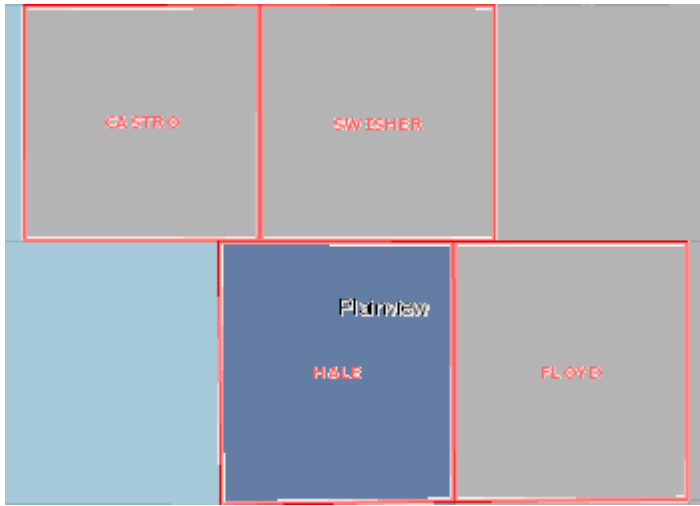
Report Area	Total Population Age 18	Estimated Population Regularly Smoking Cigarettes	Percent Estimated Population Regularly Smoking Cigarettes
Report Area	41,642	4,898	19%
Castro County	5,442	no data	no data
Floyd County	4,638	no data	no data
Hale County	25,777	4,898	19%
Swisher County	5,785	no data	no data
Texas	17,639,656	3,245,697	18.40%
United States	229,932,154	36,429,871	15.84%

**Percent Estimated Population Regularly Smoking**



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#). Source geography: County.



Pct. Adults Smoking All or Some Days, 2004-2010

- Over 26.0%
- 22.1 - 26.0%
- 18.1 - 22.0%
- Under 18.1%
- No Data or Data Suppressed



Appendix 8: Health Facts Profiles 2009 Texas Department of State Health Services



Health Facts Profile 2009

Castro County



Demography / Population			
Estimated Population:	7,578	Population Per Square Mile:	8.4
Population Rank Among Texas' 254 Counties:	185	Area In Square Miles:	898.3

Ethnicity	County		State	Age	Females	Males	Total	County		State
	Total	Percent	Percent					Percent	Percent	Percent
Anglo	3,021	39.9%	45.8%	00 - 04	339	357	696	9.2%	7.9%	
Hispanic	4,342	57.3%	38.2%	05 - 14	564	617	1,181	15.6%	14.1%	
Black	188	2.5%	11.5%	15 - 44	1,389	1,511	2,900	38.3%	44.6%	
Other	27	0.4%	4.4%	45 - 64	866	902	1,768	23.3%	23.5%	
	Relative % distribution			65+	571	462	1,033	13.6%	10.0%	
Anglo	[Bar]		39.9%	Total	3,729	3,849	7,578	100.0%	100.0%	
Hispanic	[Bar]		57.3%	County		49.2%	50.8%	State		49.8%
Black	[Bar]		2.5%	State		49.2%	50.8%			
Other	[Bar]		0.4%							

Socioeconomic Indicators				
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)	County	56	State	104,696
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)	County	1,273	State	2,819,469
Unduplicated Count of Medicaid Clients	County	2,345	State	4,760,721
Medicaid Covered Births	County	Not Available	State	Not Available
Medicaid Births as % of Total Births	County	Not Available	State	Not Available
Unemployment Rate	County	5.0%	State	7.6%
Per Capita Personal Income	County	\$33,542	State	\$38,609
Average Monthly CHIP Enrollment (Children's Health Insurance Program)	County	269	State	466,242
Without Health Insurance	Number	County	Percent	State
0 - 64 Years	2,062	34.6%	26.3%	
0 - 17 Years	498	23.2%	16.2%	
Persons Living Below Poverty	Number	County	Percent	State
All Ages	1,477	21.0%	17.1%	
0 - 17 Years	667	30.8%	24.3%	

Nativity	Births <sup>1</sup>	Percent	
		County	State
Total Live Births	155		
Adolescent Mothers (<18)	15	9.7%	4.7%
Unmarried Mothers	81	52.3%	42.6%
Low Birth Weight <sup>1</sup>	7	4.5%	8.5%
Prenatal Care in First Trimester <sup>3</sup>	66	42.9%	58.6%
Fertility Rate <sup>1</sup>		Rate	75.1
		111.6	

Communicable Diseases - Reported Cases	Cases	Rate <sup>2</sup>	
		County	State
Tuberculosis	0	---	5.9
Sexually Transmitted Diseases			
Primary and Secondary Syphilis	0	---	6.6
Gonorrhea	0	---	116.1
Chlamydia	28	369.5	419.0
AIDS	0	---	9.2
Pertussis (Whooping Cough)	0	---	13.5
Varicella (Chickenpox)	0	---	17.9

Mortality <sup>5</sup>	Deaths <sup>1</sup>	Rate <sup>4</sup>		Deaths <sup>1</sup>	Rate <sup>4</sup>	
		County	State		County	State
Deaths from All Causes	60	770.6	781.2	5	---	40.0
Heart Disease	10	---	186.7	4	---	14.0
Cerebrovascular Disease ((Stroke)	7	---	45.8	0	---	23.1
All Cancer	14	---	167.6	2	---	26.9
Respiratory/Lung Cancer	5	---	45.7	4	---	16.7
Female Breast Cancer	0	---	21.6	0	---	5.9
Colon, Rectum and Anus	2	---	15.9	1	---	11.4
Male Prostrate Cancer	2	---	19.9	2	---	15.0
Chronic Lower Respiratory Disease	4	---	43.4	3	---	11.6
Nephritis, Nephrotic Syndrome and Nephrosis	3	---	18.2	0	---	6.0
Accidents				0	---	5.2
Motor Vehicle Accidents						
Diabetes						
Alzheimer's						
Influenza and Pneumonia						
Assault (Homicide)						
Suicide						
Septicemia						
Chronic Liver Disease & Cirrhosis						
Infant Deaths						
Fetal Deaths <sup>1</sup>						

<sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth. Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15 - 44.  
<sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.  
<sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.  
<sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".  
<sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.

Appendix 8: Health Facts Profiles 2009 Texas Department of State Health Services



Health Facts Profile 2009

Floyd County



Demography / Population										
Estimated Population:		7,206		Population Per Square Mile:		7.3				
Population Rank Among Texas' 254 Counties:		188		Area In Square Miles:		992.2				
Ethnicity	County		State	Age	Females	Males	Total	County		State
	Total	Percent	Percent					Total	Percent	Percent
Anglo	3,171	44.0%	45.8%	00 - 04	284	303	587	8.1%	7.9%	
Hispanic	3,719	51.6%	38.2%	05 - 14	515	565	1,080	15.0%	14.1%	
Black	266	3.7%	11.5%	15 - 44	1,353	1,364	2,717	37.7%	44.6%	
Other	50	0.7%	4.4%	45 - 64	822	834	1,656	23.0%	23.5%	
Relative % distribution				65+	662	504	1,166	16.2%	10.0%	
Anglo	[Bar]		44.0%	Total	3,636	3,570	7,206	100.0%	100.0%	
Hispanic	[Bar]		51.6%	County	50.5%	49.5%				
Black	[Bar]		3.7%	State	49.8%	50.2%				
Other	[Bar]		0.7%							

Socioeconomic Indicators											
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)		County	2	State	104,696	Average Monthly CHIP Enrollment (Children's Health Insurance Program)		County	192	State	466,242
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)		County	1,203	State	2,819,469			Percent			
								County	State		
Unduplicated Count of Medicaid Clients		County	1,721	State	4,760,721	Without Health Insurance					
Medicaid Covered Births		County	Not Available	State	Not Available	0 - 64 Years		Number	County	State	
Medicaid Births as % of Total Births		County	Not Available	State	Not Available	0 - 17 Years		379	20.5%	16.2%	
Unemployment Rate		County	6.8%	State	7.6%	Persons Living Below Poverty					
Per Capita Personal Income		County	\$32,738	State	\$38,609	All Ages		1,468	23.2%	17.1%	
						0 - 17 Years		635	33.8%	24.3%	

Natality				Communicable Diseases - Reported Cases			
		Percent				Rate <sup>2</sup>	
		County	State			County	State
Total Live Births	Births <sup>1</sup>	County	State	Cases		County	State
Adolescent Mothers (<18)	6	5.6%	4.7%	Tuberculosis		0	5.9
Unmarried Mothers	52	48.6%	42.6%	Sexually Transmitted Diseases			
Low Birth Weight <sup>1</sup>	14	13.1%	8.5%	Primary and Secondary Syphilis		0	6.6
Prenatal Care in First Trimester <sup>3</sup>	55	51.9%	58.6%	Gonorrhea		5	69.4
				Chlamydia		19	263.7
				AIDS		0	9.2
				Pertussis (Whooping Cough)		0	13.5
				Varicella (Chickenpox)		0	17.9
Fertility Rate <sup>1</sup>		79.1	75.1				

Mortality <sup>5</sup>							
		Rate <sup>4</sup>				Rate <sup>4</sup>	
		County	State			County	State
Deaths from All Causes	Deaths <sup>1</sup>	County	State	Deaths <sup>1</sup>		County	State
Heart Disease	13	784.4	781.2	Accidents		5	40.0
Cerebrovascular Disease ((Stroke)	8	—	186.7	Motor Vehicle Accidents		3	14.0
All Cancer	19	—	45.8	Diabetes		3	23.1
Respiratory/Lung Cancer	4	—	167.6	Alzheimer's		3	26.9
Female Breast Cancer	5	—	45.7	Influenza and Pneumonia		2	16.7
Colon, Rectum and Anus	3	—	45.7	Assault (Homicide)		0	5.9
Male Prostrate Cancer	0	—	21.6	Suicide		0	11.4
Chronic Lower Respiratory Disease	5	—	15.9	Septicemia		1	15.0
Nephritis, Nephrotic Syndrome and Nephrosis	1	—	19.9	Chronic Liver Disease & Cirrhosis		1	11.6
				Infant Deaths		0	6.0
				Fetal Deaths <sup>1</sup>		1	5.2

<sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth. Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15 - 44.  
<sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.  
<sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.  
<sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".  
<sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.

(continued)

Appendix 8: Health Facts Profiles 2009 Texas Department of State Health Services (continued)



Health Facts Profile 2009

Hale County



Demography / Population

Estimated Population: 35,392  
Population Rank Among Texas' 254 Counties: 84  
Population Per Square Mile: 35.2  
Area In Square Miles: 1,004.7

Ethnicity	County		State		Age	Females	Males	Total	County Percent	State Percent
	Total	Percent	Total	Percent						
Anglo	14,185	40.1%	45.8%	00 - 04	1,500	1,561	3,061	8.6%	7.9%	
Hispanic	18,801	53.1%	38.2%	05 - 14	2,744	2,855	5,599	15.8%	14.1%	
Black	2,123	6.0%	11.5%	15 - 44	6,836	7,970	14,806	41.8%	44.6%	
Other	283	0.8%	4.4%	45 - 64	3,811	3,689	7,500	21.2%	23.5%	
Relative % distribution				65+	2,460	1,966	4,426	12.5%	10.0%	
Anglo	[Bar chart showing 40.1%]			Total	17,351	18,041	35,392	100.0%	100.0%	
Hispanic	[Bar chart showing 53.1%]			County	49.0%	51.0%				
Black	[Bar chart showing 6.0%]			State	49.8%	50.2%				
Other	[Bar chart showing 0.8%]									

Socioeconomic Indicators

	County	State		County	State
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)	227	104,696	Average Monthly CHIP Enrollment (Children's Health Insurance Program)	787	466,242
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)	5,621	2,819,469			
Unduplicated Count of Medicaid Clients	9,711	4,760,721	Without Health Insurance		
Medicaid Covered Births	Not Available	Not Available	0 - 64 Years	8,664	28.7%
Medicaid Births as % of Total Births	Not Available	Not Available	0 - 17 Years	1,827	17.7%
Unemployment Rate	6.2%	7.6%	Persons Living Below Poverty		
Per Capita Personal Income	\$26,602	\$38,609	All Ages	6,338	19.2%
			0 - 17 Years	2,783	26.8%

Natality

	Births <sup>1</sup>	County Percent	State Percent
Total Live Births	649		
Adolescent Mothers (<18)	60	9.2%	4.7%
Unmarried Mothers	342	52.7%	42.6%
Low Birth Weight <sup>1</sup>	62	9.6%	8.5%
Prenatal Care in First Trimester <sup>3</sup>	332	51.3%	58.6%
Fertility Rate <sup>1</sup>		94.9	75.1

Communicable Diseases - Reported Cases

	Cases	County Rate <sup>2</sup>	State Rate <sup>2</sup>
Tuberculosis	0	—	5.9
Sexually Transmitted Diseases			
Primary and Secondary Syphilis	0	—	6.6
Gonorrhea	23	65.0	116.1
Chlamydia	188	531.2	419.0
AIDS	0	—	9.2
Pertussis (Whooping Cough)	1	2.8	13.5
Varicella (Chickenpox)	0	—	17.9

Mortality<sup>5</sup>

	Deaths <sup>1</sup>	County Rate <sup>4</sup>	State Rate <sup>4</sup>		Deaths <sup>1</sup>	County Rate <sup>4</sup>	State Rate <sup>4</sup>
Deaths from All Causes	335	947.9	781.2	Accidents	23	64.9	40.0
Heart Disease	77	217.9	186.7	Motor Vehicle Accidents	9	—	14.0
Cerebrovascular Disease ((Stroke)	20	—	45.8	Diabetes	18	—	23.1
All Cancer	77	220.8	167.6	Alzheimer's	19	—	26.9
Respiratory/Lung Cancer	18	—	45.7	Influenza and Pneumonia	8	—	16.7
Female Breast Cancer	8	—	21.6	Assault (Homicide)	0	—	5.9
Colon, Rectum and Anus	6	—	15.9	Suicide	2	—	11.4
Male Prostrate Cancer	1	—	19.9	Septicemia	4	—	15.0
Chronic Lower Respiratory Disease	20	—	43.4	Chronic Liver Disease & Cirrhosis	3	—	11.6
Nephritis, Nephrotic Syndrome and Nephrosis	10	—	18.2	Infant Deaths	6	—	6.0
				Fetal Deaths <sup>1</sup>	3	—	5.2

<sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth. Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15 - 44.  
<sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.  
<sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.  
<sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".  
<sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.



Appendix 8: Health Facts Profiles 2009 Texas Department of State Health Services (continued)



Health Facts Profile 2009

Swisher County



Demography / Population			Demography / Population			Demography / Population			
Estimated Population:	8,020		Population Per Square Mile:	8.9					
Population Rank Among Texas' 254 Counties:	181		Area In Square Miles:	900.4					
Ethnicity	Total	County Percent	State Percent	Age	Females	Males	Total	County Percent	State Percent
Anglo	4,327	54.0%	45.8%	00 - 04	322	341	663	8.3%	7.9%
Hispanic	3,165	39.5%	38.2%	05 - 14	565	590	1,155	14.4%	14.1%
Black	495	6.2%	11.5%	15 - 44	1,378	1,882	3,260	40.6%	44.6%
Other	33	0.4%	4.4%	45 - 64	845	828	1,673	20.9%	23.5%
Relative % distribution				65+	712	557	1,269	15.8%	10.0%
Anglo	54.0%			Total	3,822	4,198	8,020	100.0%	100.0%
Hispanic	39.5%			County	47.7%	52.3%			
Black	6.2%			State	49.8%	50.2%			
Other	0.4%								

Socioeconomic Indicators				Socioeconomic Indicators					
Average Monthly TANF Recipients (Temporary Assistance to Needy Families)	County	15	State	104,696	Average Monthly CHIP Enrollment (Children's Health Insurance Program)	County	153	State	466,242
Average Monthly SNAP Participants (Supplemental Nutrition Assistance Program)	County	996	State	2,819,469					
Unduplicated Count of Medicaid Clients	County	1,764	State	4,760,721					
Medicaid Covered Births	County	Not Available	State	Not Available					
Medicaid Births as % of Total Births	County	Not Available	State	Not Available					
Unemployment Rate	County	6.0%	State	7.6%					
Per Capita Personal Income	County	\$28,521	State	\$38,609					
					Without Health Insurance	Number	County	State	Percent
					0 - 64 Years	1,993	33.3%	26.3%	
					0 - 17 Years	437	22.8%	16.2%	
					Persons Living Below Poverty				
					All Ages	1,483	22.0%	17.1%	
					0 - 17 Years	570	29.7%	24.3%	

Natality				Communicable Diseases - Reported Cases					
Total Live Births	Births <sup>1</sup>	County	127	State	Rate <sup>2</sup>	Cases	County	State	
Adolescent Mothers (<18)	18	14.2%	4.7%	Tuberculosis	0	—	5.9		
Unmarried Mothers	69	54.3%	42.6%	Sexually Transmitted Diseases					
Low Birth Weight <sup>1</sup>	18	14.2%	8.5%	Primary and Secondary Syphilis	0	—	6.6		
Prenatal Care in First Trimester <sup>3</sup>	57	45.2%	58.6%	Gonorrhea	6	74.8	116.1		
Fertility Rate <sup>1</sup>	Rate	County	92.2	State	75.1	Chlamydia	30	374.1	419.0
						AIDS	0	—	9.2
						Pertussis (Whooping Cough)	0	—	13.5
						Varicella (Chickenpox)	2	24.9	17.9

Mortality <sup>5</sup>				Mortality <sup>5</sup>				
Deaths from All Causes	Deaths <sup>1</sup>	County	74	State	Rate <sup>4</sup>	Rate <sup>4</sup>	County	State
Heart Disease	21	217.2	186.7	Accidents	3	—	40.0	
Cerebrovascular Disease ((Stroke)	8	—	45.8	Motor Vehicle Accidents	2	—	14.0	
All Cancer	12	—	167.6	Diabetes	4	—	23.1	
Respiratory/Lung Cancer	3	—	45.7	Alzheimer's	4	—	26.9	
Female Breast Cancer	0	—	21.6	Influenza and Pneumonia	1	—	16.7	
Colon, Rectum and Anus	3	—	15.9	Assault (Homicide)	0	—	5.9	
Male Prostrate Cancer	0	—	19.9	Suicide	1	—	11.4	
Chronic Lower Respiratory Disease	6	—	43.4	Septicemia	0	—	15.0	
Nephritis, Nephrotic Syndrome and Nephrosis	3	—	18.2	Chronic Liver Disease & Cirrhosis	1	—	11.6	
				Infant Deaths	1	—	6.0	
				Fetal Deaths <sup>1</sup>	2	—	5.2	

<sup>1</sup> All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth. Fetal deaths are those occurring after 20 weeks gestation and prior to birth. Fertility rates are per 1,000 women ages 15 - 44.

<sup>2</sup> Disease rates are per 100,000 population. Use caution interpreting rates based on small numbers of cases.

<sup>3</sup> Due to a revised birth certificate in 2005, onset of prenatal care is not comparable to values published in prior years.

<sup>4</sup> Infant death rates are per 1,000 live births. Fetal death rates are per 1,000 live births plus fetal deaths. All other death rates were age adjusted to the 2000 standard per 100,000 population. No age-adjusted rates were calculated if based on 20 or fewer deaths. Infant and fetal death rates were not calculated if 20 or fewer births or births plus fetal deaths occurred. Missing rates are indicated by "—".

<sup>5</sup> Current mortality rates by cause are not comparable with data reported prior to 1999. Refer to the Data Sources Document for more detail.



Covenant Health is a member of St. Joseph Health, an integrated Catholic health care delivery system sponsored by the St. Joseph Health Ministry. We provide a full range of care facilities including: acute care hospitals, home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics and physician organizations throughout California, Texas and New Mexico. Our 24,000 dedicated employees strive daily to provide perfect care while building the healthiest communities and ensuring every encounter is sacred. St. Joseph Health is committed to maintaining a continuum of care that matches the diverse needs of the communities we serve. For more information about St. Joseph Health, log onto [www.stjoe.org](http://www.stjoe.org).