COVENANT MEDICAL CENTER
COVENANT CHILDREN'S
COVENANT SPECIALTY HOSPITAL
2017 Community Health Assessment Report

To provide feedback about this Community Health Needs Assessment, email tlhatfield@covhs.org

CovenantHealth

Levelland • Lubbock • Plainview

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[1] A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

a. Improves access to health services;
b. Enhances public health;
c. Advances increased general knowledge; and/or
d. Relieves government burden to improve health.

Community benefit includes both services to the poor and broader community.

[2] To be reported as a community benefit initiative or program, **community need must be demonstrated**. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

ATTACHMENTS:

EXECUTIVE SUMMARY

St. Joseph Health, Covenant Health is network including multiple acute-care hospital founded in 1998 through a merger of two faith-based hospitals in Lubbock, TX. Covenant's network includes Covenant Medical Center, Covenant children's and Covenant Specialty Hospital (joint venture) all located in Lubbock, TX. Additionally, Covenant operates two regional hospitals, Covenant Health Plainview and Covenant Health Levelland, as well as, various Covenant Medical Group clinics throughout the West Texas and Eastern New Mexico region. St. Mary's of the Plains and Lubbock Methodist Hospital System merged in 1998 to created Covenant Health which is a member of St. Joseph Health. However, St. Mary's of the Plain's became a member of St. Joseph Health 1939. Our hospital facilities include more than 1,000 available licensed beds, and three acute-care hospitals in Texas located in the cities of Lubbock, Levelland and Plainview. Covenant Health has a staff of more than 5,200, a medical staff of more than 600 physicians and a regionally based health plan, First Care. Major programs and services include but are not limited to cardiac care, cancer treatment, pediatrics, women's services, surgical services, orthopedics, critical care, neuroscience, endoscopy, diagnostic imaging, emergency medicine and obstetrics.

In response to identified unmet health-related needs in the community needs assessment, during FY18-FY20 Covenant Health will focus on Mental/Behavioral Health, Diabetes, and Oral Health for the broader and underserved members of the surrounding community.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

The CHNA process was guided by the fundamental understanding that much of a person's health is determined by the conditions in which they live. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and Roadmaps, focuses attention on the social determinants of health to learn more about opportunities for intervention that will help people become and stay healthy within their community. In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse than nearby areas. To the extent possible, we gathered information at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.

Examples of the types of information that was gathered are: socioeconomic, physical environment, health behaviors, and clinical care. In addition to these determinants of health, we also looked at the health outcomes of the people living in the service area, by zip code whenever possible. Within the guiding health framework for the CHNA, publicly-available data was sought that would provide information about the communities and people within the Covenant Health service area. In addition, comparison data was gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they were widely accepted as valid and appropriate measures and would readily communicate

the health needs of the service area. Preference was given to data that was obtained in the last 5 years and was available at the zip code level. The process of collecting qualitative community input took three main forms: Community Resident Focus Groups, a Nonprofit and Government Stakeholder Focus Group, and a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by Covenant Health. We developed a protocol (noted in Appendix 3b) for each group to ensure consistency.

COLLABORATING ORGANIZATIONS

The needs assessment was conducted as a collaborative effort between the following Covenant Health entities: Covenant Health Medical Center, Covenant Health Children's, Covenant Health Plainview, Covenant Health Levelland and Covenant Specialty Hospital (Joint Venture).
These facilities are referred to collectively as Covenant Health.

Covenant Health partnered with the following community groups to [recruit for and] host the Community Resident Focus Groups and Forums. Plainview YMCA, YWCA of Lubbock, Dream Center, and Larry Combest Health and Wellness Center. Covenant Health also worked with local agencies in Lubbock, Levelland and Plainview to hold Community Stakeholder focus groups. Participating agencies/organizations included the following: Women's Protective Services, Difference Maker's Fellowship, Lubbock ISD, American Diabetes Association, Texas Tech Health Sciences Center, March of Dimes, Carpenter's Church, Voice of Hope,
Lubbock Police Department, Plainview YMCA, Plainview Chamber of Commerce, Hale Co. Hospital Authority, Plainview ISD, Atmos Energy, Grace U.M.C. , High Ground of Texas, Plainview Christian Academy, City of Levelland, Levelland ISD, Levelland Community Outreach, Hockley County, Hockley County Senior Center, and TXAgriLife Extension

COMMUNITY INPUT

Community input was gathered through two resident focus groups in Lubbock, three stakeholder focus groups (Lubbock, Plainview and Levelland) and a community forum in Lubbock. The sessions were facilitated by Dr. David Hamilton. He reported and analyzed results from all community input. He also assisted in the analysis of both primary and secondary data and in the ranking of community needs. Dr. Hamilton is the Political Science Coordinator of the Certified Public Manager (CPM) Program and Special Projects for Texas Tech University.

Concerns that were identified in both the community residents focus groups and in the nonprofit/government stakeholders included the following: poverty, cost and access to healthy food, affordable housing, crime, homelessness, transportation, safe areas to exercise, pollution, mental health, oral health, diabetes, obesity, awareness of local resources, alcohol consumption, drug abuse, teen pregnancy, prevention screening, unhealthy lifestyles, access to mental health facilities and access to medical care. Refer to Appendix 3 for information regarding

organizations that provided input, representation of the medically underserved, and low-income or minority populations represented by those that provided input.

SIGNIFICANT HEALTH NEEDS

The following significant health needs were identified and ranked through examining secondary and primary data.

1. Mental health
2. Awareness of available resources
3. Alcohol consumption/DWI
4. Obesity
5. Unhealthy food
6. Access to mental health care/facilities
7. Poverty
8. Diabetes
9. Unhealthy lifestyle/lack of exercise
10. Child Abuse and neglect Health
11. Oral health
12. Drug abuse
13. Teen pregnancy
14. Crime

PRIORITY HEALTH NEEDS

During FY18-20, Covenant Health will focus the health needs identified as priorities by the Lubbock Covenant Community Benefit Committee and Plainview and Levelland Regional Board of Directors. These include: Mental/Behavioral Health, Diabetes and Oral Health

INTRODUCTION

WHO WE ARE AND WHY WE EXIST

As a ministry founded by the Sisters of St. Joseph of Orange, Covenant Health lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out "the Dear Neighbors" and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry. Covenant Health, a ministry of St. Joseph Health, was founded in 1998 through the merger of two of Lubbock's most venerable heath care facilities, St. Mary of the Plains Hospital and Lubbock Methodist Hospital System. St. Mary Hospital was founded in 1937 as the 10-bed Plains Hospital and Clinic. It became St. Mary of the Plains Hospital in 1939 when the Sisters of St. Joseph of Orange, California, purchased the facility. The facility now known as Covenant Medical Center began in 1918 as the 25-bed Lubbock Sanitarium. In 1954, it became Methodist Hospital. The merger of these two hospitals in 1998 created a united faith-based hospital system that continues to grow to serve the needs of the West Texas and Eastern New Mexico region.

St. Joseph Health, Covenant Health is network including multiple acute-care hospitals founded in 1998 through a merger of two faith-based hospitals in Lubbock, TX. Covenant's network includes Covenant Medical Center, Covenant Children's and Covenant Specialty Hospital (joint venture) all located in Lubbock, TX. Additionally, Covenant operates two regional hospitals, Covenant Health Plainview and Covenant Health Levelland, as well as, various Covenant Medical Group clinics throughout the West Texas and Eastern New Mexico region. Covenant Medical Group (CMG) is a large employed physician group comprised of approximately 150 primary care and specialist physicians across West Texas and Eastern New Mexico. CMG offers a wide array of primary care and specialists throughout Lubbock, West Texas and New Mexico. Our service area spans roughly 35,000 square miles and includes approximately 750,000 people.

Our hospital facilities include more than 1,000 available licensed beds, and three acute-care hospitals in Texas located in the cities of Lubbock, Levelland and Plainview. Covenant Health has a staff of more than 5,200, a medical staff of more than 600 physicians and a regionally based health plan, First Care. Major programs and services include but are not limited to cardiac care, cancer treatment, pediatrics, women's services, surgical services, orthopedics, critical care, neuroscience, endoscopy, diagnostic imaging, emergency medicine and obstetrics.

Covenant Health is committed to offering accessible, affordable care to Lubbock's surrounding areas through the operation of two rural hospitals, including Covenant Hospital Levelland and Covenant Hospital Plainview. Additionally, a fleet of four mobile coaches and two ECHO/PV vans travel to take needed services to the medically underserved. Covenant Health operates outreach clinical services including dental, mental health and health education. These services are targeted outreach to low-income and uninsured/underinsured persons in the communities we serve. In FY 2016, our community benefit expenditures for Lubbock, Plainview, and Levelland totaled $82,469,074 (this includes financial assistance - Charity Care, unpaid cost of state and local programs, Community Services for the Poor and Community Services for the Broader Community). Covenant Health hospitals combined had an unpaid cost of Medicare of $170,230,164

MISSION, VISION, VALUES AND STRATEGIC DIRECTION

Our Mission

To extend Christian ministry by caring for the whole person—body, mind, and spirit—and by working with others to improve health and quality of life in our communities.

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.

Strategic Direction

As we move into the future, Covenant Health is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years St. Joseph Health and Covenant Health are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.

OUR COMMITMENT TO COMMUNITY

Organizational Commitment

Covenant Health dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and underserved.

In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) (formerly known as the St. Joseph Health System Foundation) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Each year, Covenant Health allocates 10% of its net income (net unrealized gains and losses) to the St. Joseph Health Community Partnership Fund. The contributions are used to support local hospital Care for the Poor programs. Covenant Health maintains reserve funds, which helps ensure the ability to sustain programs into the future that assist low-income and underserved populations.

Furthermore, Covenant Health offers financial support to local non-profit organization partners that apply for funding. Funding is distributed through the Covenant Health Wellness and Prevention Grant Program and through the Grants and Contributions Committee. Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout Covenant Health hospitals' service areas.

Community Benefit Governance

Covenant Health further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and the Regional Director of Community Services are responsible for coordinating implementation of Texas Health and Safety provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

All new Hospital employees on are provided orientation on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the Covenant Health Community Benefit Committee for Covenant Health Medical Center and Covenant Health Children's Hospital. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved

populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities. The Local Board of Directors has direct oversight of Community Benefit for Covenant Health Plainview and Covenant Health Levelland.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes six members of the Board of Trustees and seven community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets six times annually.

Roles and Responsibilities

Senior Leadership

- CEO and other senior leaders are directly accountable for CB performance.

Community Benefit Committee (CBC)

- CBC serves as an extension of trustees to provide direct oversight for all charitable program activities and ensure program alignment with Advancing the State of the Art of Community Benefit (ASACB) Five Core Principles. It includes diverse community stakeholders. Trustee members on CBC serve as 'board level champions'.
- The committee provides recommendations to the Board of Trustees regarding budget, grant approvals, program targeting and program continuation or revision.

Community Benefit (CB) Community Services Department

- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.
- Manages all direct CB programs and outreach programs
- Manages community grant program

Local Community

- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.
- Provide community input to identify community health issues.
- Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

OUR COMMUNITY

Community

Description of Community Served

Covenant Health provides West Texas and Eastern New Mexico communities with access to advanced care and advanced caring. The hospital's service area spans roughly 35,000 square miles and includes approximately 750,000 people.

Community Profile

Cells shaded pink below show values that are worse than the state of TX average
*60-mile radius from Lubbock indicates the focused geographic span for Community Outreach and includes the nine West Texas Counties of Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lamb, Lynn, and Terry.

Indicators	CH Levelland TSA	CH Plainview TSA	60 mile radius*	CMC TSA	Children's TSA	NM	TX
Total Population	40,869	71,288	396,864	687,421	950,250	2,127,466	27,637,152
< 18 years	26.4%	27.3%	25.04%	25.4%	25.9%	23.8%	25.9%
65 years and older	15.2%	15.3%	12.0%	13.2%	12.9%	15.4%	12.0%
Median Household Income	$44,246	$39,930	NA	$45,365	$48,342	$44,721	$54,075
Households living in 200% FPL	35.9%	41.8%	43.02%	34.6%	31.8%	35.8%	32.3%
Children living below 100% FPL	24.1%	34.9%	25.91%	24.5%	21.4%	29.4%	25.3%
Older adults living below 100% FPL	13.1%	11.5%	-	10.8%	10.7%	12.2%	11.2%
No High School Diploma	25.9%	27.9%	18.7%	20.9%	21.6%	16.0%	18.4%
Speak only English at home	66.1%	61.7%	-	70.1%	67.2%	63.8%	65.1%
Speak Spanish and speak English less than very well	10.9%	11.5%	-	8.2%	9.5%	7.9%	12.3%
Speak another language other than Spanish & speak English less than very well	0.5%	0.3%	-	0.8%	0.8%	1.5%	1.9%

Other language spoken in each service include: German, Tagalog and Scandinavian languages (CH Levelland); Persian, German and Gujarati (CH Plainview) Chinese, Korean and Vietnamese (CMC); Vietnamese and Tagalog (Cov Children's);
Data Source: Esri Business Analyst Online, 2016

Highlighted Race/Ethnicity Percentages
Counties within Total Service Area

Graphics below show counties descending (highest to lowest) with highest populations of the five identified race/ethnicity categories of the US census

Hispanic		
County	**Total population**	**%**
Yoakum	8,483	65.4%
Bailey	7,198	61.9%
Cochran	3,096	59.7%
Hale*	**35,498**	**59.4%**
Lea	71,890	58.1%
Floyd*	**6,264**	**58.0%**
Dawson	13,706	56.3%
Terry*	**13,036**	**55.4%**
Lamb*	**13,576**	**55.2%**
TSA		**43.9%**

Non-Hispanic White		
County	**Total population**	**%**
Borden	654	80.7%
Gaines	20,538	55.6%
Lubbock*	**299,722**	**53.7%**
Roosevelt	20,362	53.0%
Scurry	17,920	52.5%
Curry	54,238	49.3%
Eddy	58,813	47.8%
Lynn*	**5,830**	**47.5%**
Hockley*	**24,197**	**45.7%**
TSA		**47.8%**

African American		
County	**Total population**	**%**
Lubbock*	**299,722**	**7.0%**
Garza*	**6,313**	**6.5%**
Dawson	13,706	6.2%
Curry	54,238	5.6%
Hale*	**35,498**	**4.9%**
Scurry	17,920	4.5%
Cochran	3,096	4.4%
Crosby*	**5,997**	**4.3%**
TSA		**5.1%**

Native American		
County	**Total population**	**%**
Roosevelt	20,362	1.2%
Eddy	58,813	1.1%
TSA		**0.5%**
Asian/ Pacific Islanders		
Lubbock*	**299,722**	**2.3%**
Curry	54,238	1.7%
Hale*	**35,498**	**0.6%**
Lea	71,980	0.6%
TSA		**1.4%**

Data Source: Esri Business Analyst Online, 2016

* 60-mile radius from Lubbock indicates the focused geographic span for Community Outreach

Percent of Children living in poverty 60-mile radius with available zip code data

Graphics below show zip descending (highest to lowest) levels of children living in poverty

County	Zip Code	% of Children 0-17 living below poverty
Lubbock	79411	56.4%
Lubbock	79412	48.8%
Floyd	79235	48.6%
Lubbock	79404	45.55
Crosby	79322	44.1%
Lubbock	79403	43.5%
Lubbock	79401	42.3%
Lubbock	79414	37.6%
Hale	79072	37.3%
Lamb	79339	34.8%
Lubbock	79410	33.8%
Lubbock	79415	32.9%
Lubbock	79407	24.8%
Lynn	79373	23.1%
Lubbock	79413	21.6%
TSA		24.5%

Percent of Households living in poverty 60-mile radius Zip Codes

Graphics below show zip descending (highest to lowest) levels of households living in poverty

County	Zip Code	% of Households living below 200% poverty
Lubbock	79401	79.4%
Lubbock	79411	70.1%
Lubbock	79404	65.3%
Lubbock	79415	62.2%
Lubbock	79403	61.2%
Lubbock	79412	59.2%
Lamb	79064	58.5%
Lamb	79041	57.1%
Crosby	79357	56.5%
Lubbock	79410	52.7%
Lamb	79339	52.6%
Terry	79316	50.2%
Lubbock	79414	49.5
Hale	79072	48.81
Floyd	79241	48.45
TSA		43.0%

Data Source: US Census Bureau, American Community Survey. 2010-14.

Hospital Total Service Area

The community served by the Hospital is defined based on the geographic origins of the Hospital's inpatients. The Hospital Total Service Area is the comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- PSA: 70% of discharges (excluding normal newborns)
- SSA: 71%-85% of discharges (draw rates per ZIP code are considered and PSA/SSA are modified accordingly)
- Includes ZIP codes for continuity
- Natural boundaries are considered (i.e., freeways, mountain ranges, etc.)
- Cities are placed in PSA or SSA, but not both

The Primary Service Area ("PSA") is the geographic area from which the majority of the Hospital's patients originate. The Secondary Service Area ("SSA") is where an additional population of the Hospital's inpatients reside. Covenant Health has a service area that includes twenty-five counties. There a total of eight counties within the PSA and seventeen comprising the SSA. Two of the PSA counties are in Eastern NM and six are in West Texas. SSA counties include two in Eastern NM and the remaining fifteen in West Texas.

Table 1. Counties and States

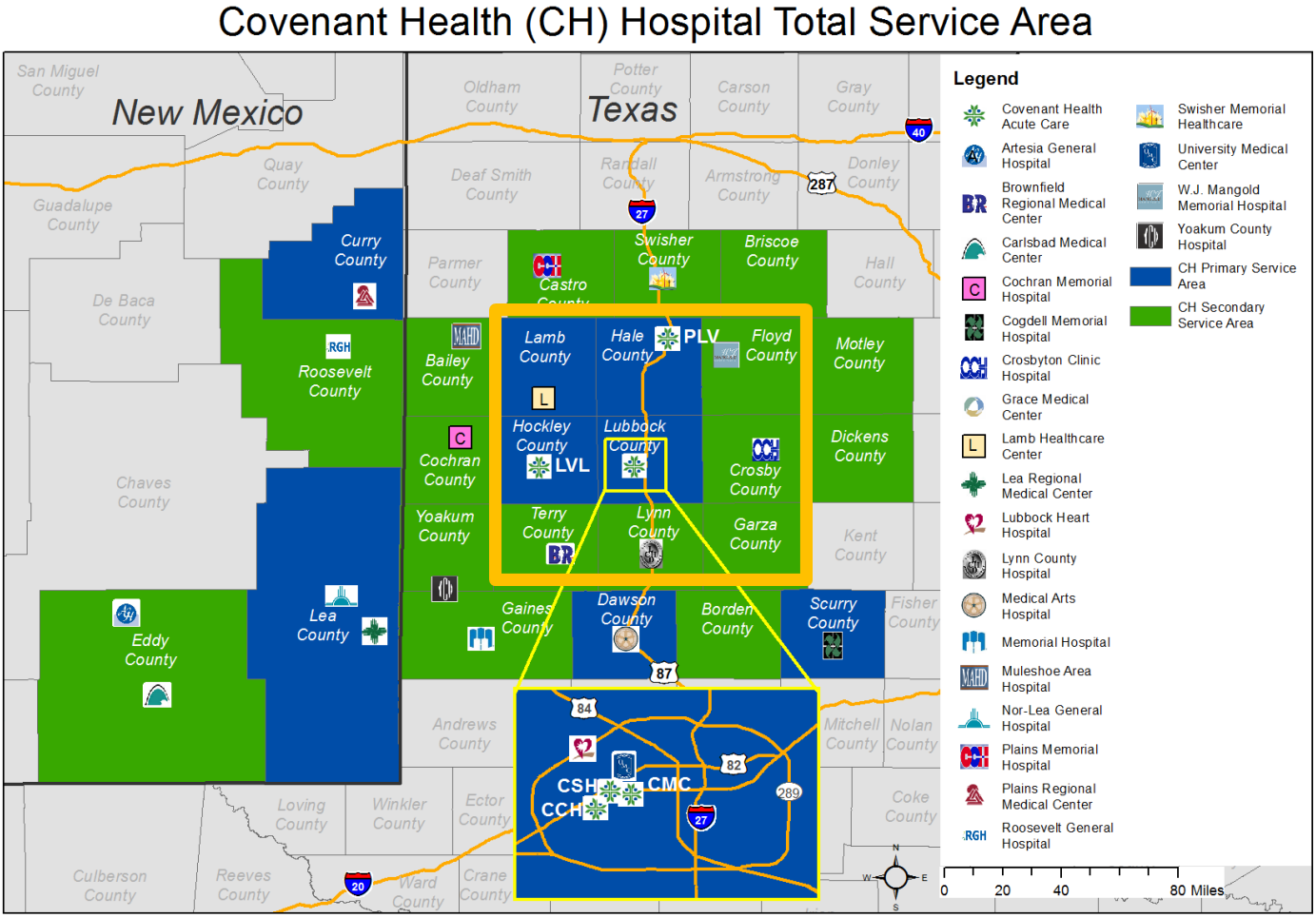
County	State	PSA or SSA
Castro	Texas	SSA
Swisher	Texas	SSA
Briscoe	Texas	SSA
Baily	Texas	SSA
Cochran	Texas	SSA
Yoakum	Texas	SSA
Gaines	Texas	SSA
Dawson	Texas	PSA
Borden	Texas	SSA
Scurry	Texas	PSA

Dickens	Texas	SSA
Motley	Texas	SSA
Lamb	Texas	PSA
Hale	Texas	PSA
Hockley	Texas	PSA
Terry	Texas	SSA
Lynn	Texas	SSA
Garza	Texas	SSA
Crosby	Texas	SSA
Floyd	Texas	SSA
Lubbock	Texas	PSA
Curry	New Mexico	PSA
Roosvelt	New Mexico	SSA
Lea	New Mexico	PSA
Eddy	New Mexico	SSA

Figure 1 (below) depicts the Hospital's PSA and SSA. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.

Figure 1. Covenant Health Hospital Total Service Area

The yellow box represents focused community benefit service area which is a 60-mile radius of Lubbock County and includes the nine West Texas Counties of Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lamb, Lynn, and Terry. Due to the expansive geographic Covenant Health service area, community outreach efforts are focused on a 60 mile radius from Lubbock. Lubbock is the largest hub of community resources for the region and the location of the cornerstone Covenant facilities of Covenant Medical Center and Covenant Children's. The 60 mile radius includes all counties where Covenant hospital facilities are located.



Map represents Hospital Total Service Area (HTSA) as defined by Covenant Strategic Services, April 2016.
PLV = Plainview; LVL = Levelland; CMC = Covenant Medical Center; CCH = Covenant Children's; CSH = Covenant Specialty Hospital
Prepared by the St. Joseph Health Strategic Services Department, April 2016.

Community Need Index (Zip Code Level) Based on National Need

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).

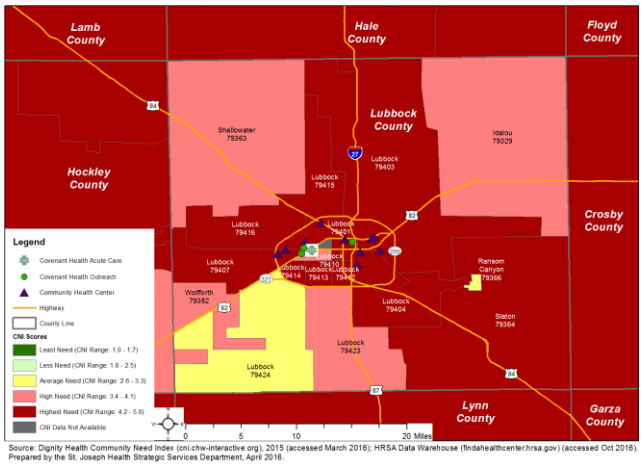
This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (*Ref (Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86(4):32-8.)* The CNI is used to a draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

For example, the ZIP code 79072 in Plainview, TX on the CNI map is scored 4.8, making it a High Need community as indicated in red on the following maps.

See Appendix 1: Community Needs Index data

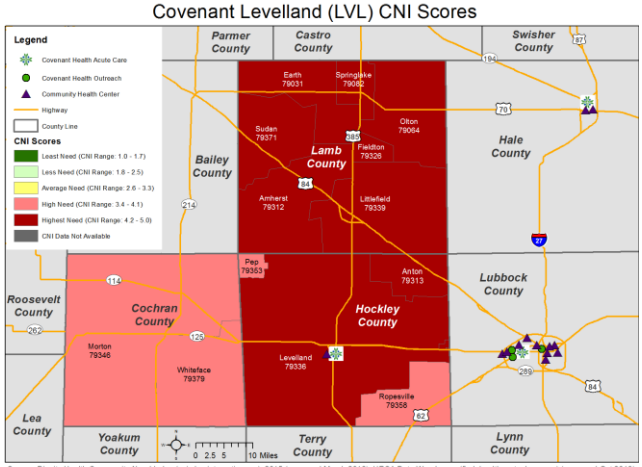
Figures (below) depict the Community Need Index for Covenant Health need.

Covenant Health CNI Scores



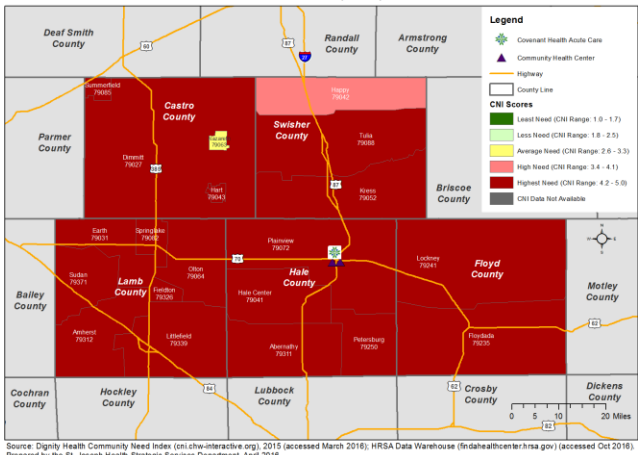
Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015 (accessed March 2016); HRSA Data Warehouse (findahealthcenter.hrsa.gov) (accessed Oct 2016).
Prepared by the St. Joseph Health Strategic Services Department, April 2016.

Covenant Levelland (LVL) CNI Scores



Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015 (accessed March 2016); HRSA Data Warehouse (findahealthcenter.hrsa.gov) (accessed Oct 2016).
Prepared by the St. Joseph Health Strategic Services Department, April 2016.

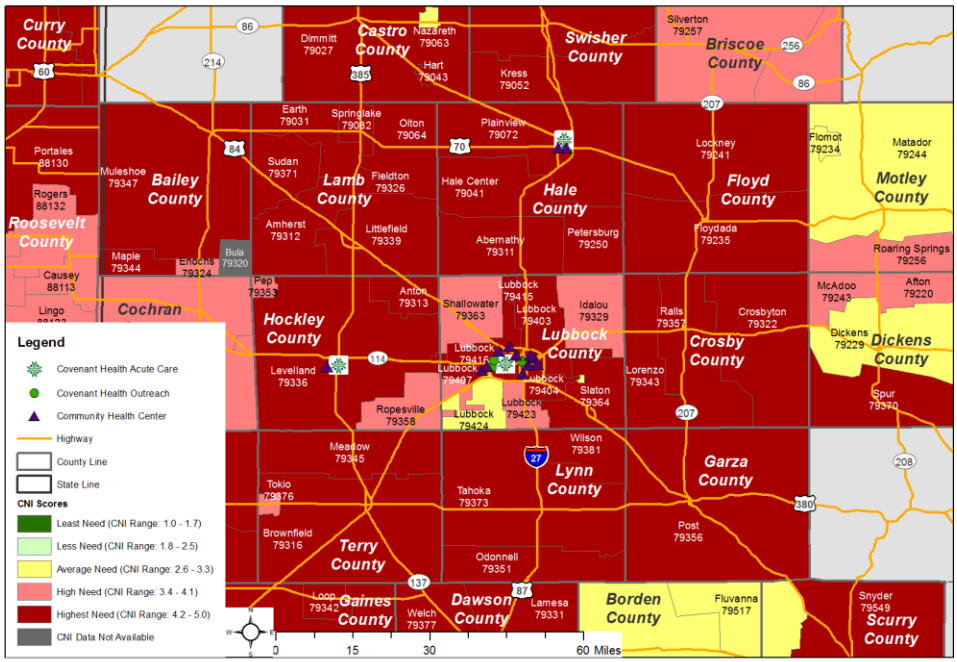
Covenant Plainview (PLV) CNI Scores



Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015 (accessed March 2016); HRSA Data Warehouse (findahealthcenter.hrsa.gov) (accessed Oct 2016).
Prepared by the St. Joseph Health Strategic Services Department, April 2016.

Focused View 60 Mile Radius Community Outreach Focus Area

Covenant Health CNI Scores



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Prepared by the St. Joseph Health Strategic Services Department, April 2016.

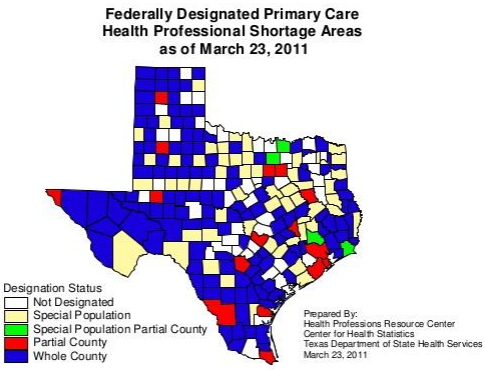
Health Professions Shortage Area – Mental, Dental, Other

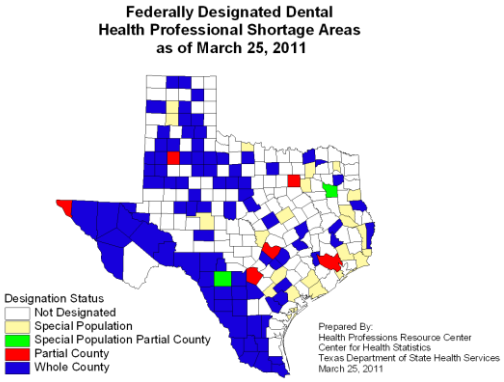
The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The majority of the Covenant Health's service area is considered a Health Professions Shortage Area, signifying the importance of Covenant Health to the community it serves

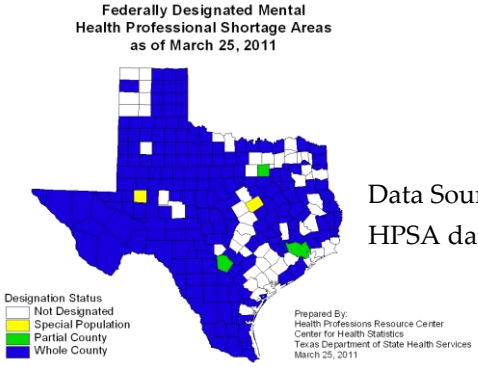
Medical Underserved Area/Medical Professional Shortage Area

Medically Underserved Areas and Medically Underserved Populations are defined by the Federal Government to include areas or population groups that demonstrate a shortage of healthcare services. This designation process was originally established to assist the government in allocating community health center grant funds to the areas of greatest need. Medically Underserved Areas are identified by calculating a composite index of need indicators compiled and compared with national averages to determine an area's level of medical "under service." Medically Underserved Populations are identified based on documentation of unusual local conditions that result in access barriers to medical services. Medically Underserved Areas and Medically Underserved Populations are permanently set, and no renewal process is necessary.

The maps below depict Health Professions Shortage Areas and Medically Underserved Areas/Medically Underserved within Texas. The majority of Covenant Health's service area falls within these designated areas.





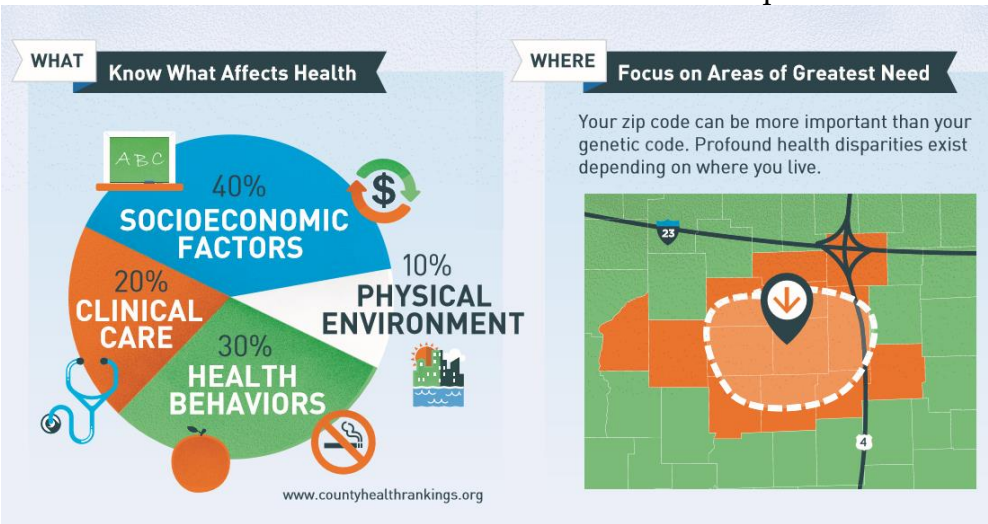


Data Source: U.S. Department of Health and Human Services Federal HPSA database

OVERVIEW OF THE CHNA PROCESS

Overview and Summary of the Health Framework Guiding the CHNA

The CHNA process was guided by the fundamental understanding that much of a person's health is determined by the conditions in which they live. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and Roadmaps, focuses attention on the social determinants of health to learn more about opportunities for intervention that will help people become and stay healthy within their community. In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse than nearby areas. To the extent possible, we gathered information at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.



Examples of the types of information that was gathered, by health factor, are:

- **Socioeconomic Factors –** income, poverty, education, and food insecurity
- **Physical Environment** – crowded living situations, cost of rent relative to incomes, long commutes, and pollution burden
- **Health Behaviors** – obesity, sugary drink consumption, physical exercise, smoking, and substance abuse
- **Clinical Care** – uninsured, prenatal care, and the number of people per physician or mental health worker

In addition to these determinants of health, we also looked at the health outcomes of the people living in the service area, by zip code whenever possible. The health conditions that were examined included:

- **Health Outcomes** – overall health condition, asthma, diabetes, heart disease, cancer, and mental health

METHODOLOGY

COLLABORATING ORGANIZATIONS

The needs assessment was conducted as a collaborative effort between the following Covenant Health entities: Covenant Health Medical Center, Covenant Health Children's, Covenant Health Plainview, Covenant Health Levelland and Covenant Specialty Hospital (Joint Venture).
These facilities are referred to collectively as Covenant Health and all serve the same geographic service area of West Texas and Eastern New Mexico.

Covenant Health partnered with the following community groups to [recruit for and] host the Community Resident Focus Groups and Forums. Plainview YMCA, YWCA of Lubbock, Dream Center, and Larry Combest Health and Wellness Center. Covenant Health also worked with local agencies in Lubbock, Levelland and Plainview to hold Community Stakeholder focus groups. Participating agencies/organizations included the following: Women's Protective Services, Difference Maker's Fellowship, Lubbock ISD, American Diabetes Association, Texas Tech Health Sciences Center, March of Dimes, Carpenter's Church, Voice of Hope,
Lubbock Police Department, Plainview YMCA, Plainview Chamber of Commerce, Hale Co. Hospital Authority, Plainview ISD, Atmos Energy, Grace U.M.C. , High Ground of Texas, Plainview Christian Academy, City of Levelland, Levelland ISD, Levelland Community Outreach, Hockley County, Hockley County Senior Center, and TXAgriLife Extension

Secondary Data/Publicly available data

Within the guiding health framework for the CHNA, publicly-available data was sought that would provide information about the communities and people within Covenant Health service area with emphasis on the nine counties within a 60 mile radius of Lubbock. In addition, comparison data was gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they were widely accepted as valid and appropriate measures and would readily communicate the health needs of the service area. Preference was given to data that was obtained in the last 5 years and was available at the zip code level. The data sources used are highly regarded as reliable sources of data (e.g., ESRI Business Analyst Online, US Census Bureau American FactFinder, and California Health Interview Survey). Over 80 indicators were selected to describe the health needs in the hospital's service area. Appendix 2 includes a complete list of the indicators chosen, their sources, the year the data was collected, and details about how the information was gathered.

If an indicator had zip code level data available, data was pooled to develop indicator values for the Total Service Area (TSA), Primary Service Area (PSA), and Secondary Service Area (SSA) of the hospital. This enabled comparisons of zip code level data to the hospital service area and comparisons of the hospital service area to county and state measures.

After the data was gathered, the zip code level data was compared to the Total Service area values and color coded light pink to dark red depending on how much worse a zip code area

was compared to the TSA value. This made it easier to visualize the geographic areas with greater health needs. The criteria for color-coding the zip code level data is explained in the spreadsheets in Appendix 2.

Community Input

The process of collecting qualitative community input took three main forms: Community Resident Focus Groups, a Nonprofit and Government Stakeholder Focus Group, and a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by [INSERT MINISTRY NAME]. We developed a protocol (noted in Appendix 3b) for each group to ensure consistency across individual focus groups, although the facilitators had some discretion on asking follow-up questions or probes as they saw fit. Invitation and recruitment procedures varied for each type of group. Appendix 3 includes a full report of the community input process and findings along with descriptions of the participants.

Resident Focus Groups

For Community Resident Groups, Community Benefit staff, in collaboration with their committees and the system office, identified geographic areas where data suggested there were significant health, physical environment, and socioeconomic concerns. This process also identified the language needs of the community, which determined the language in which each focus group was conducted. Community Benefit staff then partnered with community-based organizations that serve those areas to recruit for and host the focus groups. The community-based organization developed an invitation list using their contacts and knowledge of the area, and participants were promised a small incentive for their time. Two consultants staffed each focus group, serving as facilitators and note takers. These consultants were not directly affiliated with the ministry to ensure candor from the participants.

Nonprofit and Government Stakeholder Focus Group

For the Nonprofit and Government Stakeholder Focus Group, Community Benefit staff developed a list of leaders from organizations that serve diverse constituencies within the hospital's service area. Ministry staff sought to invite organizations with which they had existing relationships, but also used the focus group as an opportunity to build new relationships with stakeholders. Participants were not given a monetary incentive for attendance. As with the resident focus groups, this group was facilitated by outside consultants without a direct link to St. Joseph Health.

Resident Community Forum

Recruitment for the Community Resident Forum was much broader to encourage as many people as possible to attend the session. Community Benefit staff publicized the event through flyers and emails using their existing outreach networks, and also asked their partner organizations to invite and recruit participants. No formal invitation list was used for the forums and anyone who wished to attend was welcomed. The forum was conducted by an

outside consultant in English, with simultaneous Spanish language translation for anyone who requested it.

While the focus groups followed a similar protocol to each other in which five to six questions were asked of the group, the forum followed a different process. The lead facilitator shared the health needs that had emerged from the CHNA process so far and asked the participants to comment on them and add any other concerns. Once the discussion was complete, the participants engaged in a cumulative voting process using dots to indicate their greatest concerns. Through this process, the forum served as something of a "capstone" to the community input process.

Data Limitations and Information Gaps

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

- Not all desired data was readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance abuse.
- Data that is gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as rates of uninsured) and the most recent data available is not a good reflection of the current state.
- Zip code areas are the smallest geographic regions for which many indicators have data, but even within zip codes, there can be populations that are disproportionately worse off than neighboring communities and these do not show up in the data.
- Information gathered during focus groups and community forums is dependent on who was invited and who showed up for the event. Efforts were made to include people who could represent the broad interests of the community and/or were members of communities of greatest need.
- Fears about deportation kept many undocumented immigrants from participating in focus groups and community forums and made it more difficult for their voice to be heard.

Process for gathering comments on previous CHNA

The CHNA was posted on our website with instructions that comments should be sent to the Regional Director of Community Services. An e-mail address was provided however no comments have been received.

SELECTED HEALTH INDICATORS: SECONDARY DATA

Due to the expansive geographic Covenant Health service area, community outreach efforts are focused on a 60 mile radius from Lubbock. Lubbock is the largest hub of community resources for the region and the location of the cornerstone Covenant facilities of Covenant Medical Center and Covenant Children's. The 60 mile radius includes all counties where Covenant hospital facilities are located. The nine West Texas Counties of Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lamb, Lynn, and Terry fall within the 60 mile radius of Lubbock.

Areas of concern were identified by reviewing all Covenant Health's Total Service Area (TSA) and the focused 60 mile radius counties and zip codes with indicators that are 1 or more percentage points worse from the TSA

The data was analyzed by county where possible. Any area that was considered "worse" in a given indicator was called out using the following color coding system:

1 - 1.9 percentage points from the TSA


2 - 3.9 percentage points from the TSA


4 + percentage points from the TSA

No significant variation from the TSA

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. Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. High School diploma attainment and reading levels are of concern because educational attainment is linked to positive health outcomes.

Socioeconomic Areas of Concern: 60-Mile radius

PSA SSA

Indicators	TSA	Crosby	Floyd	Garza	Hale	Hockley	Lamb	Lynn	Terry
Total Population	687,421	5,997	6,264	6,313	35,498	24,197	13,576	5,830	13,036
Children Living Below 100% FPL	24.5%								
Older adults living Below 100% FPL	10.8%								
Households Living Below 100% FPL	13.9%								
Households Living Below 200% FPL	34.6%								
No High School Diploma	20.9%								
Medicaid/Other means-tested prgm	19.2%								
Speak only English at home	70.1%								
Ages 0-17; Non-citizen	2.4%								
Ages 18+; Non-citizen	7.4%								
Veteran population	8.0%								

Data Source: US Census Bureau, American Factfinder, 2010-14

Lubbock County Population Below the Poverty Level,
Children (Age 0-17), Percent by Zip Code, ACS 2010-14

Lubbock County Top 6 Zip Codes	% of Children (Age 0-17) living below poverty level
79411	56.4%
79412	48.8%
79404	45.5%
79403	43.5%
79401	42.3%
79414	37.6%
TSA	**25.4%**

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Socioeconomic Areas of Concern
% of Population with No High School Diploma (Ages 25+), Percent 2010-2014

Lubbock County Top 6 Zip Codes	% of population without a high school diploma
79403	32.9%
79411	32.2%
79415	31.0%
79404	30.8%
79401	26.8%
79412	23.8%
TSA	**20.9%**

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Socioeconomic Areas of Concern
Student Reading Proficiency (4th Grade)

Report Area	Total Students with Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Report Area	5,286	70.24%	**29.76%**
Crosby County, TX	89	57.99%	**42.01%**
Floyd County, TX	95	53.22%	**46.78%**
Garza County, TX	57	66.3%	**33.7%**
Hale County, TX	500	67.57%	**32.43%**
Hockley County, TX	345	66.11%	**33.89%**
Lamb County, TX	198	72.8%	**27.2%**
Lubbock County, TX	3,732	72.54%	**27.46%**
Lynn County, TX	101	76.14%	**23.86%**
Terry County, TX	169	46.23%	**53.77%**
Texas	374,265	70.66%	29.34%
United States	3,393,582	49.67%	45.61%

Note: This indicator is compared with the state average.
Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Source geography: School District

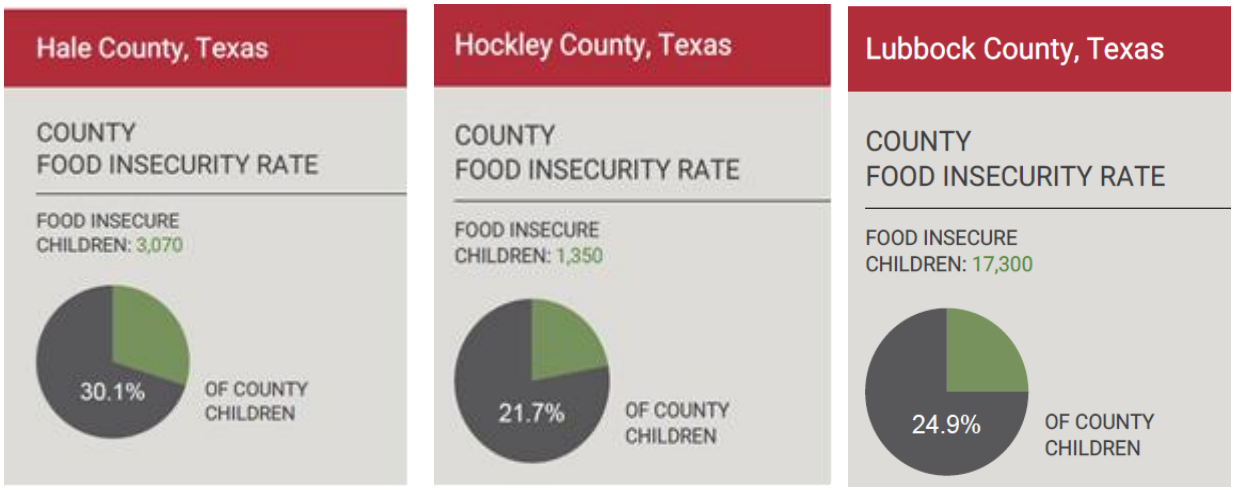
Homelessness Areas of Concern
South Plains and Lubbock County

The South Plains Homeless Consortium conducted its annual survey in January 2016. There were 315 surveys completed for a total of 425 people, including 101 children. Of those counted, 49 were chronically homeless and 77% of households were without children. The top reasons for becoming homeless were "financial", "unemployment", and "unable to pay rent".

During the 2015-2016 school year, Lubbock ISD reported that: 859 students were identified as homeless with 80 in shelters, 723 doubled-up with family or friends, and 56 staying in hotels or motels. Included in the total were 94 unaccompanied youth.

Socioeconomic Areas of Concern

Food Insecurity Rate by State of Texas and County



Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

Health Outcomes Summary

Cells shaded pink show values that are worse than the state of TX average

Indicators	PSA	SSA	TSA	NM	TX
Fair or Poor Health (18+)	-	-	-	20%	20%
Poor physical health days	-	-	-	4.4	3.5
Poor mental health days	-	-	-	4.0	3.0
Disabled population (%)	13.6%	14.8%	13.9%	14.3%	11.6%
Percent of population ages 0-4	1.7%	0.9%	1.5%	1.0%	0.9%
Percent of population ages 5-17	6.0%	4.6%	5.6%	4.8%	5.4%
Percent of population ages 18-64	12.0%	13.2%	12.3%	12.4%	9.9%
Percent of population ages 65+	43.2%	44.8%	43.7%	41.0%	39.9%
Low-birth weight (< 2500 grams) (%)	10.1%	6.8%	9.2%	8.9%	8.3%

Data Source: County Health Rankings & Roadmap, 2016

Health Outcomes Areas of Concern 60-mile radius

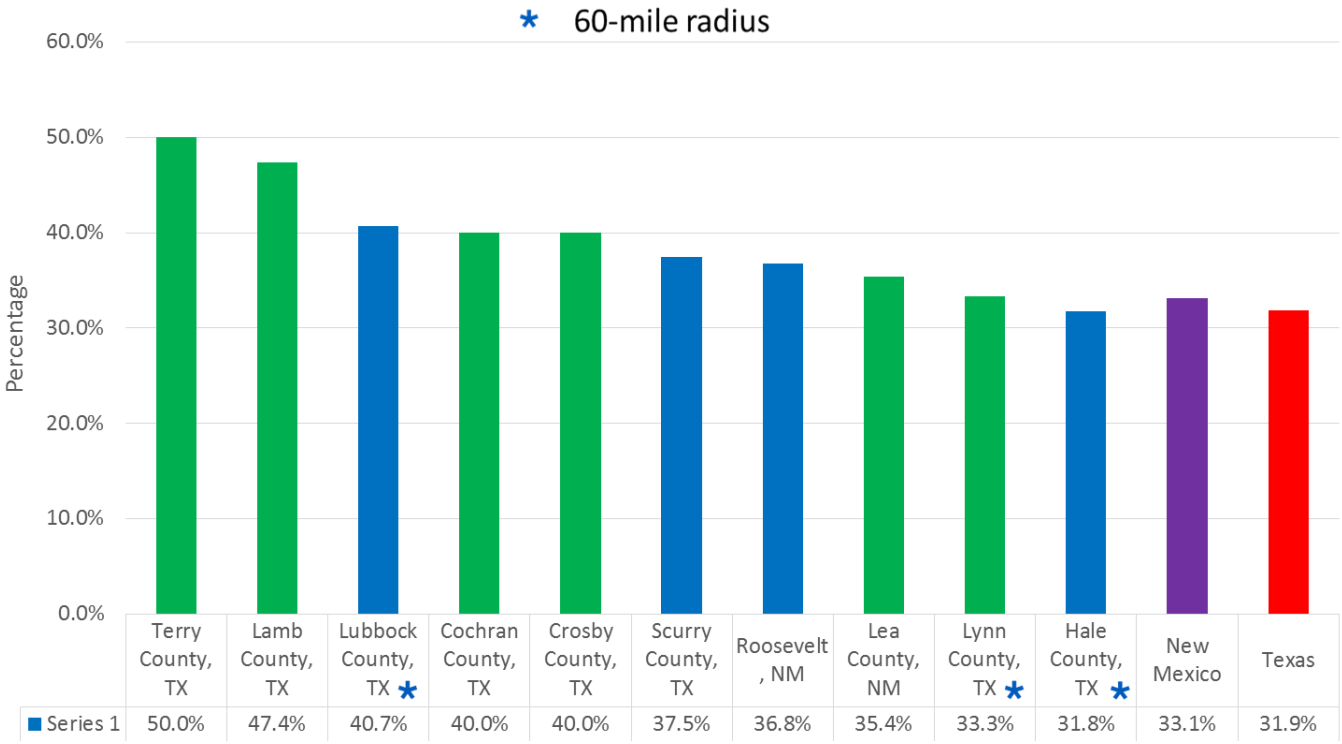
Indicators	TSA	Crosby	Floyd	Garza	Hale	Hockley	Lamb	Lubbock	Lynn	Terry
Disabled population (%)	13.9%									
Percent of population ages 0-4	1.5%									
Percent of population ages 5-17	5.6%									
Percent of population ages 18-64	12.3%									
Percent of population ages 65+	43.7%									
Low-birth weight (< 2500 grams) (%)	9.2%									

Data Sources: U.S. Census Bureau American FactFinder, 2010 – 2014; Texas Dept. of Health and Services, 2013; New Mexico Dept. of Health, 2013

Health Outcome Areas of Concern:

Alcohol impaired driving deaths (18+)

PSA SSA



Data Source: County Health Rankings & Roadmaps, 2016

Age-Adjusted Suicide Death Rate per 100,000 People

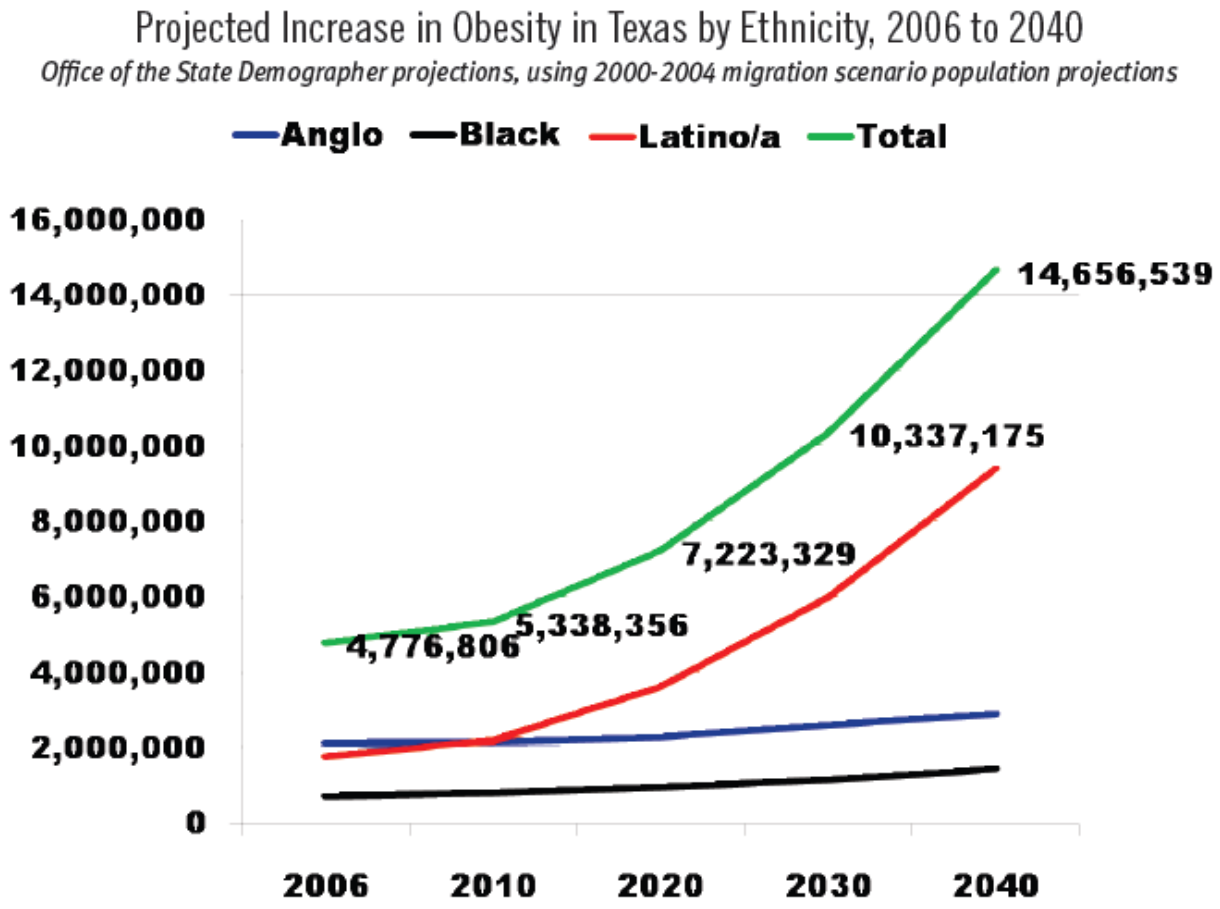
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	396,627	54	14.6	**14.6**
Crosby County, TX	6,033	0	no data	no data
Floyd County, TX	6,277	0	no data	no data
Garza County, TX	6,437	0	no data	no data
Hale County, TX	35,926	5	14.47	**15**
Hockley County, TX	23,201	4	15.52	no data
Lamb County, TX	13,900	2	15.83	no data
Lubbock County, TX	286,352	41	14.39	**14.6**
Lynn County, TX	5,816	0	no data	no data
Terry County, TX	12,684	2	15.77	no data
Texas	26,058,811	3,027	11.62	11.8
United States	313,836,267	40,466	12.89	12.5
HP 2020 Target				**<= 10.2**

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Age-Adjusted Drug Overdose Death Rate per 100,000 People

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	396,627	31	9	**10.4**
Crosby County, TX	6,033	0	no data	no data
Floyd County, TX	6,277	0	no data	no data
Garza County, TX	6,437	0	no data	no data
Hale County, TX	35,926	2	6.12	no data
Hockley County, TX	23,201	2	8.62	no data
Lamb County, TX	13,900	0	no data	no data
Lubbock County, TX	286,352	27	9.43	**10.4**
Lynn County, TX	5,816	0	no data	no data
Terry County, TX	12,684	0	no data	no data
Texas	26,058,811	2,496	9.58	9.6
United States	313,836,267	42,432	13.52	13.4
HP 2020 Target				**<= 10.2**

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County



Data Source: 2016 Community Health Status. Lubbock Area United Way. Dec. 2016. Original Source: Texas State Department of Health Services

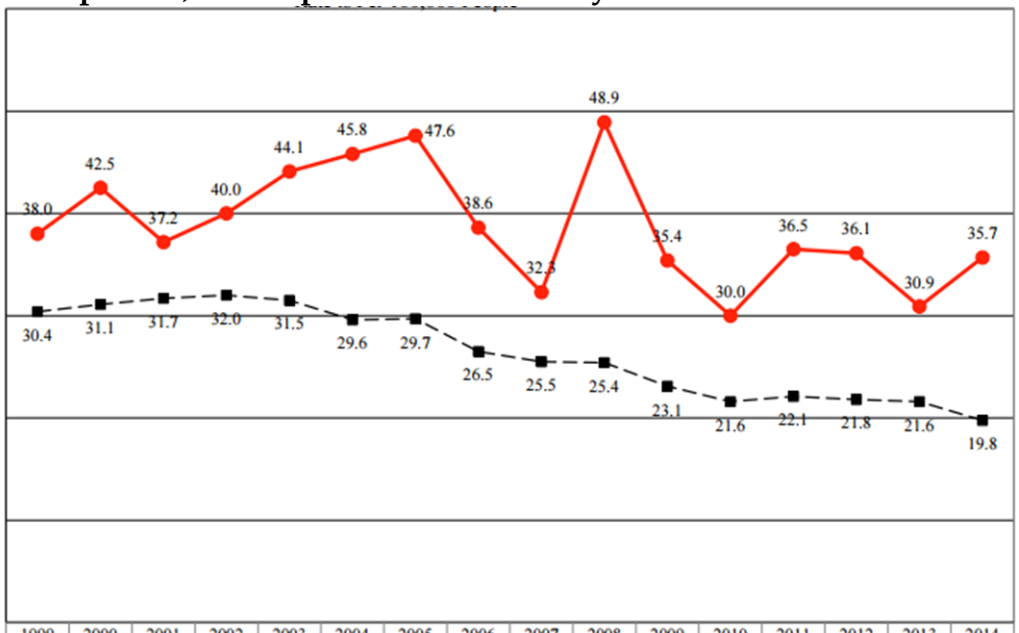
Diabetes Prevalence among adults aged 20 and older 60-mile radius counties only

PSA SSA

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Age-Adjusted Rate
Hale County, TX	24,515	2,525	9.9%
Floyd County, TX	4,342	495	9.4%
Lubbock County, TX	207,919	17,881	8.9%
Terry County, TX	9,020	884	8.9%
Garza County, TX	5,000	415	8.7%
Lynn County, TX	4,029	419	8.6%
Lamb County, TX	9,412	960	8.6%
Hockley County, TX	16,299	1,418	8.0%
Crosby County, TX	4,173	409	8.0%
Texas	18,709,042	1,734,167	9.2%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

Diabetes Death Rate per 100,000 People: Lubbock County Rate and Texas Rate



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Lubbock County Cases	73	90	79	86	97	101	105	87	76	118	87	77	93	94	84	87
Lubbock County Rate	38.0	42.5	37.2	40.0	44.1	45.8	47.6	38.6	32.3	48.9	35.4	30.0	36.5	36.1	30.9	35.7
Texas Rate	30.4	31.1	31.7	32.0	31.5	29.6	29.7	26.5	25.5	25.4	23.1	21.6	22.1	21.8	21.6	19.8

Data Source: 2016 Community Health Status. Lubbock Area United Way. Dec. 2016. Original Source: Texas State Department of Health Services.

Health Behaviors

Binge drinking, a significant risk factor for health outcomes, is a growing concern for adults and adolescents. This behavior is more prevalent in Lubbock County than Hale County or Hockley County. Maternal and child health are key determinants in long term health status. Teen pregnancy rates are higher than the state average in the PSA, SSA and TSA for Covenant Health. In Lubbock County STD rates are higher than the state. The consequences of untreated sexually transmitted diseases can be serious for adults and infants.

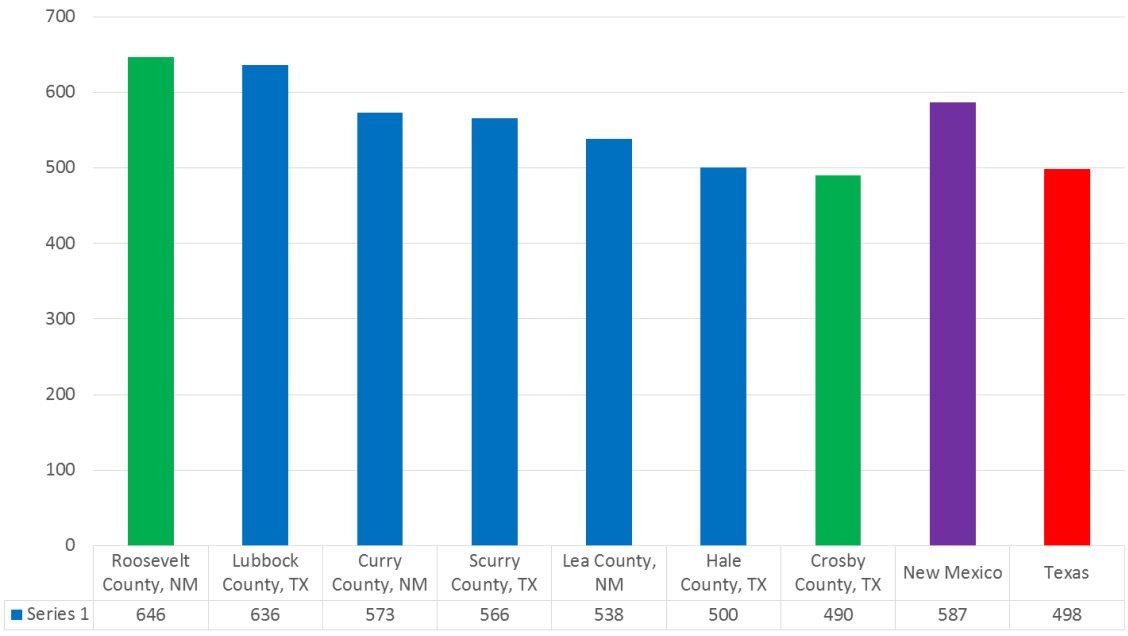
Health Behaviors Summary

Cells shaded pink show values that are worse than the state of TX average

Indicators	PSA	SSA	TSA	NM	TX
Number of newly diagnosed chlamydia cases per 100,000 population	-	-	-	587	498
Percentage of births delivered by mothers ages <17 (%)*	4.3%	4.6%	4.4%	3.6%	3.2%
Percentage of adults reporting binge or heavy drinking (%)	-	-	-	15.1%	17.4%
Alcohol impaired driving deaths (%)	-	-	-	33.1%	31.9%
Adult smoking	-	-	-	19%	15%
Adult obesity	-	-	-	24%	28%
Physical inactivity	-	-	-	20%	24%

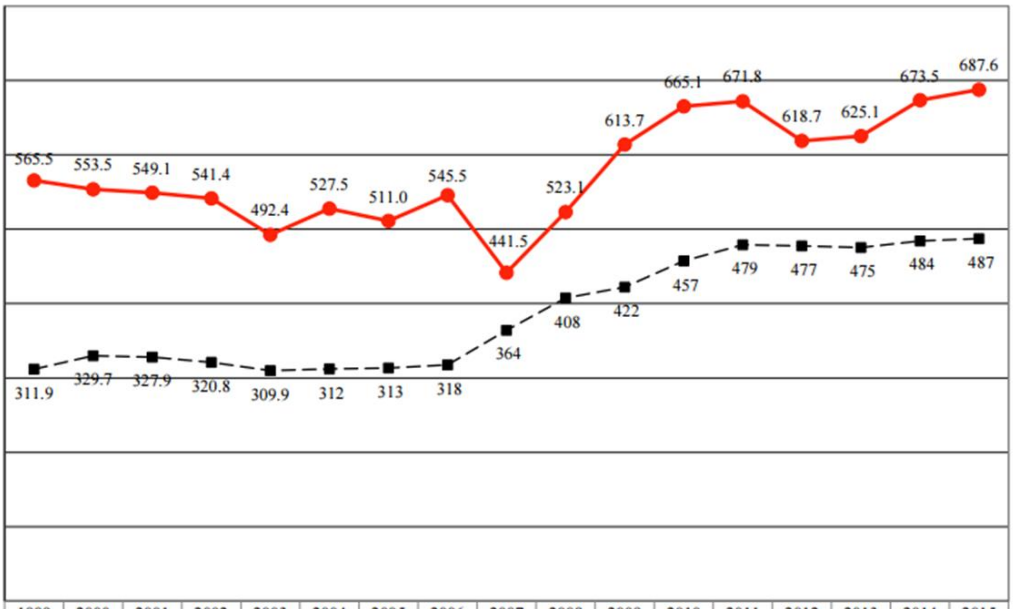
Data Sources: County Health Rankings & Roadmaps, 2016; Texas Department of State Health Services, 2013; New Mexico Department of Health, 2013

Number of newly diagnosed Chlamydia cases - per 100,000 population



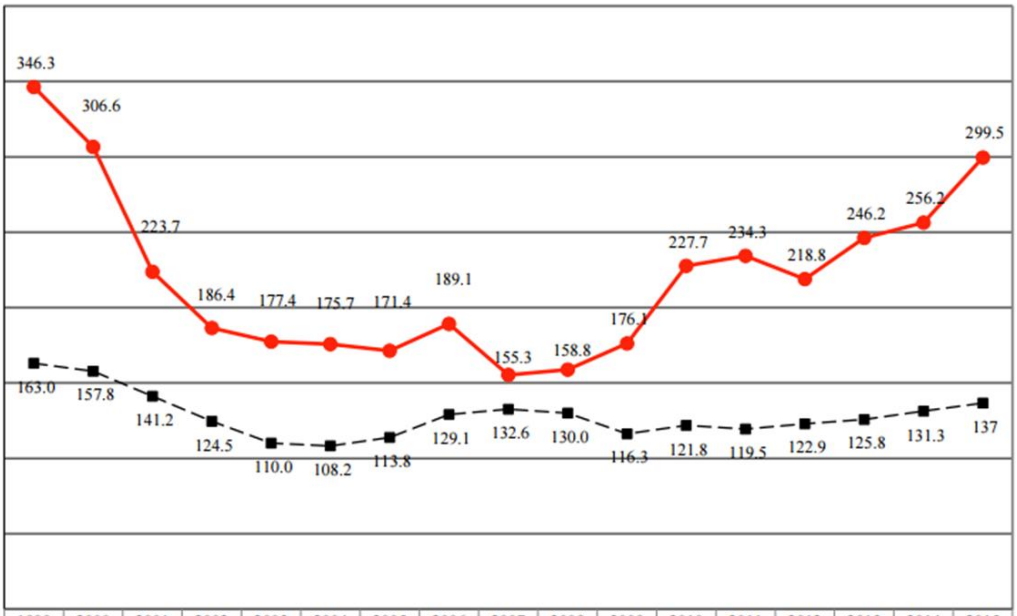
Data source: County Health Rankings & Roadmaps, 2016

1999-2014 Chlamydia Reported cases Lubbock County and Texas Rate per 100,000 Population



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Lubbock County Cases	1,308	1,343	1,345	1,339	1,232	1,315	1,279	1,428	1,171	1,403	1,683	1,864	1,904	1,770	1,812	1,987	2,059
Lubbock County Rate	565.5	553.5	549.1	541.4	492.4	527.5	511.0	545.5	441.5	523.1	613.7	665.1	671.8	618.7	625.1	673.5	687.6
Texas Rate	311.9	329.7	327.9	320.8	309.9	312	313	318	364	408	422	457	479	477	475	484	487

1999-2014 Gonorrhea Reported cases: Rate per 100,000 population



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Lubbock County Cases	801	744	548	461	444	438	429	495	412	426	483	638	664	626	715	756	897
Lubbock County Rate	346.3	306.6	223.7	186.4	177.4	175.7	171.4	189.1	155.3	158.8	176.1	227.7	234.3	218.8	246.2	256.2	299.5
Texas Rate	163.0	157.8	141.2	124.5	110.0	108.2	113.8	129.1	132.6	130.0	116.3	121.8	119.5	122.9	125.8	131.3	137

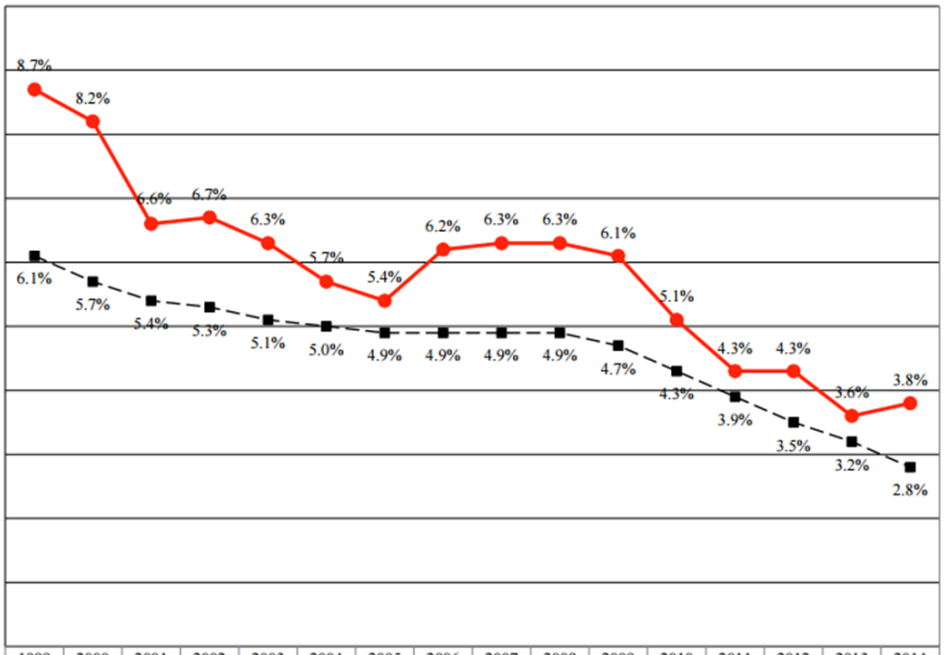
Data Source: 2016 Community Health Status. Lubbock Area United Way. Dec. 2016. Original Source: Texas State Department of Health Services.

Percentage of births delivered by mothers ages <17 (%)

County	60 mile radius	% of births delivered by mothers <17 years of age (%)	Compared to TSA
Floyd County, TX	✓	9.9%	
Crosby County, TX	✓	7.7%	
Terry County, TX	✓	6.8%	
Lynn County, TX	✓	6.3%	
Garza County, TX	✓	6.2%	
Lea County, NM	✓	5.9%	
Hale County, TX	✓	5.8%	
Hockley County, TX	✓	3.8%	
Lubbock County, TX	✓	3.6%	
TSA		4.4%	
New Mexico		3.6%	
Texas		3.2%	

Data Source: Texas Department of State Health Services, 2013

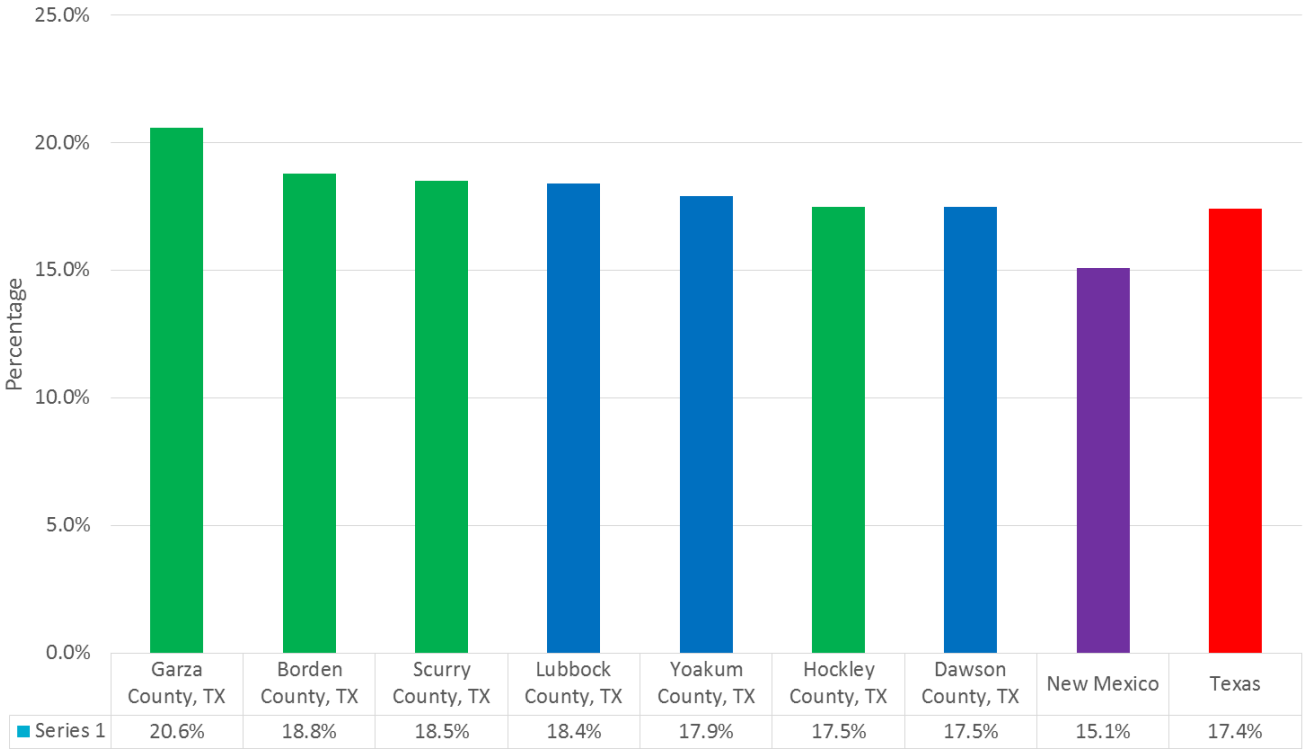
1999-2014 Percent of Births to Mothers 17 years of age or younger Lubbock County and Texas



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Lubbock County Cases	330	315	251	266	257	230	214	259	273	274	258	210	167	170	149	168
Lubbock County Percentage	8.7%	8.2%	6.6%	6.7%	6.3%	5.7%	5.4%	6.2%	6.3%	6.3%	6.1%	5.1%	4.3%	4.3%	3.6%	3.8%
Texas Percentage	6.1%	5.7%	5.4%	5.3%	5.1%	5.0%	4.9%	4.9%	4.9%	4.9%	4.7%	4.3%	3.9%	3.5%	3.2%	2.8%

Data Source: 2016 Community Health Status. Lubbock Area United Way. Dec. 2016. Original Source: Texas State Department of Health Services.

Percentage of binge or heavy drinking (18+)



	Garza County, TX	Borden County, TX	Scurry County, TX	Lubbock County, TX	Yoakum County, TX	Hockley County, TX	Dawson County, TX	New Mexico	Texas
Series 1	20.6%	18.8%	18.5%	18.4%	17.9%	17.5%	17.5%	15.1%	17.4%

Data Source: County Health Rankings & Roadmap, 2016

Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, 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 interventions.

Clinical Care Overview

TSA cells shaded pink show worse rates than the state of TX average

Indicator	Ages	CMC TSA	Children's TSA	CH Plainview TSA	CH Levelland TSA	NM	TX
Uninsured	0-17	12.1%	15.4%	12.9%	16%	8.5%	12.6%
	18+	26.8%	27.9%	32.8%	31.6%	25.8%	29.5%

Data Sources: U.S. Census Bureau, American Community Survey 2013-2014, *County Health Rankings & Roadmaps, 2016 and **Texas Depart of State Health Services, 2013; New Mexico Dept. of Health, 2013

Percentage of Uninsured Children

County	60-mile radius	%	Compared to TSA
Terry County, TX	✓	19.3%	
Hockley County, TX	✓	16.6%	
Garza County, TX	✓	14.6%	
Lamb County, TX	✓	13.7%	
TSA		12.1%	

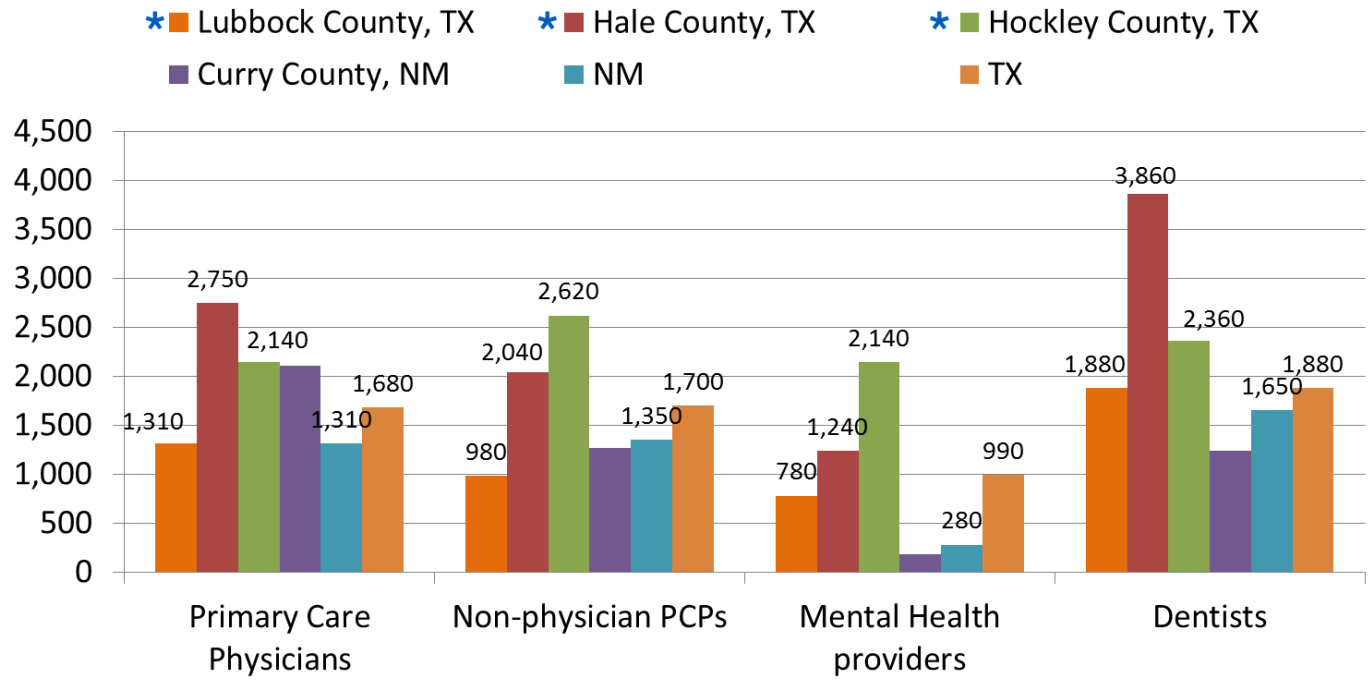
Data Source: U.S. Census Bureau, American Community Survey 2013-2014

Percentage of Uninsured Adults

County	60-mile radius	%	Compared to TSA
Crosby County, TX	✓	41.7%	
Terry County TX	✓	35.7%	
Lamb County, TX	✓	33.8%	
Lynn County, TX	✓	33.7%	
Garza County, TX	✓	32.5%	
Floyd County, TX	✓	31.6%	
TSA		26.8%	

Data Source: U.S. Census Bureau, American Community Survey 2013-2014

Access to Practitioners: Number of people per individual providers



Data Source: County Health Rankings & Roadmap, 2016

Adults with No Dental Exam in past 12 months

Report Area	Total Population (Age 18+)	Total Adults Without Recent Dental Exam	Percent Adults with No Dental Exam
Report Area	284,719	98,827	34.7%
Crosby County, TX	4,369	0	0%
Floyd County, TX	4,638	0	0%
Garza County, TX	4,921	0	0%
Hale County, TX	25,777	7,598	29.5%
Hockley County, TX	16,728	6,385	38.2%
Lamb County, TX	9,923	0	0%
Lubbock County, TX	204,755	84,844	41.4%
Lynn County, TX	4,320	0	0%
Terry County, TX	9,288	0	0%
Texas	17,999,726	6,730,332	37.4%
United States	235,375,690	70,965,788	30.2%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

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.

TSA cells shaded pink show worse rates than the state of TX average

Indicator	CMC TSA	Children's TSA	CH Plainview TSA	CH Levelland TSA	NM	TX
Households with more than one occupant per room	4.0%	4.4%	5.4%	4.6%	3.6%	4.9%
Renters who pay 30% or more of household income on rent	50.2%	47.3%	43.5%	38.8%	50.9%	48.90

Data Sources: US Census Bureau American FactFinder, 2010-2014; *Source: County Health Rankings & Roadmap, 2016

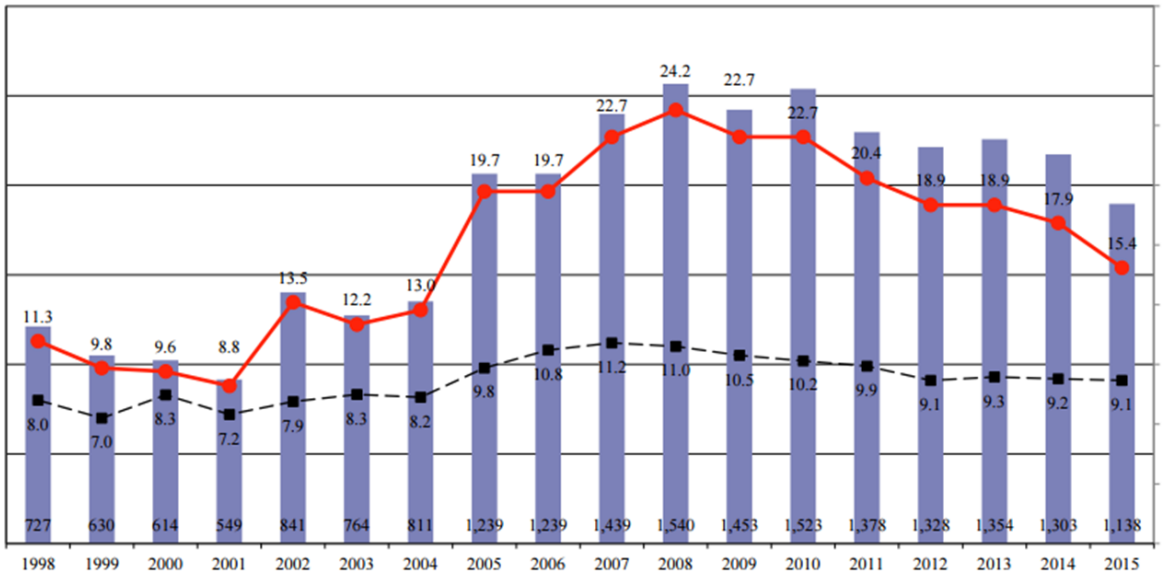
Area of Concern Violent Crime Rate per 100,000
Texas Rate and Lubbock County Rates

Uniform Crime Reporting System (UCR) 2015 (Rate per 100,000)				
Offense	Texas Rate	Lubbock County Rate	Incidents	Trends
Rape	44.6	70.7	218	Lubbock consistently higher than TX
Aggravated Assault	247	601.4	1,857	Lubbock consistently more than twice state rate
Larceny-Theft	2,029	3,223	9,912	Downward trend at state level since 2009
Burglary	557	967	2,979	Lubbock consistently above state
Robbery	116	147.8	456	Higher than TX last 3 years
Auto theft	246	339.6	1045	TX declining & stabilized last 5 yrs; Lubbock above TX since 2011
Murder	4.8	5.5	17	
Family Violence	704	4,523		Lubbock consistently higher than TX

Data Source: 2016 Community Health Status Report. Lubbock Area United Way. (December 2016)

Confirmed Victims of Child Abuse
Lubbock County & Texas
Texas Department of Family & Protective Services

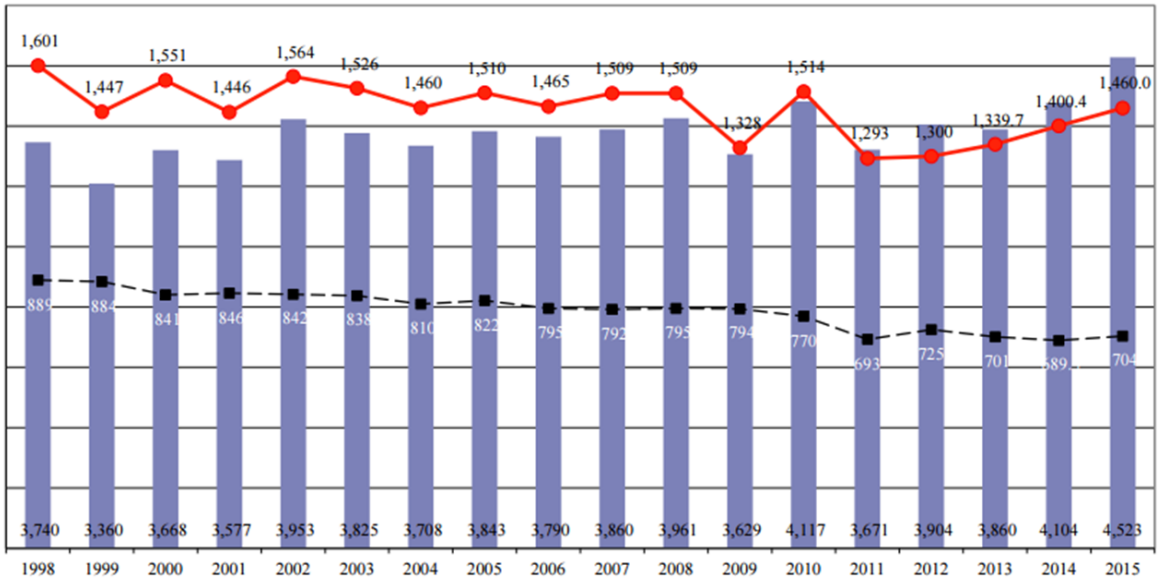
Rate is Per 1,000 Children
(Year is Fiscal Year rather than Calendar Year)



Source: 2016 Community Health Status Report. Lubbock Area United Way. (December 2016)

Family Violence
Lubbock County & Texas
Texas Department of Public Safety

Rate is Per 100,000 People



Data Source: 2016 Community Health Status Report. Lubbock Area United Way. (December 2016)

SUMMARY OF COMMUNITY INPUT

To better understand the community's perspective, opinions, experiences, and knowledge, Covenant Health held five sessions in which community members, nonprofit leaders and government stakeholders discussed the issues and opportunities affecting the people, neighborhoods, and cities within the service area. The stakeholder groups included those representing minority and low income at-risk populations. The sessions were facilitated by Dr. David Hamilton. He reported and analyzed results from all community input. He also assisted in the analysis of both primary and secondary data and in the ranking of community needs. Dr. Hamilton is the Political Science Coordinator of the Certified Public Manager (CPM) Program and Special Projects for Texas Tech University.

These sessions were scheduled as follows:

Date	City	Session Type	Language
Feb 27th, 2017	Lubbock	Lubbock Area Residents	English (Spanish interpretation was offered)
Feb 28th, 2017	Lubbock	Lubbock Area Residents	English (Spanish interpretation was offered)
March 1st, 2017	Levelland	Levelland Community Stakeholders	English
March 8th, 2017	Plainview	Plainview Community Stakeholders	English
March 9th, 2017	Lubbock	Lubbock Community Stakeholders	English
March 30th, 2017	Lubbock	Community Forum	English

Below is a high-level summary of the findings of these sessions; full details on the protocols, findings, and attendees are available in Appendix 3.

Mental Health

Mental health was major topic in every focus group and in the community forum. It was a major item in the data analysis. The suicide rate is higher in the Covenant PSA than in the state and the nation. There is less access to mental health services in the Covenant PSA than in Texas. The demand for services is greater than the supply. The data showed a glaring lack of mental facilities. The significance of this topic is that the lack of mental health facilities also became a high priority item in both the data and in all the focus groups. The Plainview and Levelland stakeholder focus groups felt that the need for mental health services was particularly acute. The Plainview focus group specifically mentioned the lack of resources to deal with mental health issues in children. In the voting that followed the community forum discussion, mental health combined with lack of mental health facilities was tied for the most votes. Participants felt that mental problems and substance abuse were strongly connected.

Awareness of available resources

This item was not mentioned in the data, but was a major topic in all the focus groups and the community forum. The resident focus groups felt uninformed on the health resources that were available for low-income residents. Some could not understand English very well and there was general agreement that filling out forms was difficult. They suggested a health facilitator or health information center located in community centers would be helpful. Even the phone number one can call for information is a prohibitive burden for some. The stakeholder focus groups discussed ways to inform people on the health resources. The Plainview group felt that setting up a health information table at places were people go, such as grocery stores and soccer fields would help to make people more aware.

Alcohol consumption/DWI DUI

Heavy adult consumption was about the same in the Covenant PSA as in the state, but it was much higher than in the nation. Alcohol impaired driving deaths is much higher in Lubbock County. The area's DWI/DUI rates are much higher than in the state. DWI/DUI were not mentioned or discussed at the focus groups and the community forum. However, alcohol consumption was a major topic in the resident focus groups. They felt that alcohol consumption was tied with several other health issues. If the alcohol consumption were lowered, it would have a positive effect on other health problems. The Lubbock stakeholder focus group also listed alcohol consumption and substance abuse generally as a major problem. The resident focus groups felt that drugs and alcohol were too easy to obtain. Alcohol and drug abuse were tied with three other items for the most votes in the community forum.

Obesity

The available data projects that obesity among the Latino population in Texas will double between 2010 and 2020, while the other ethnic groups while black and Anglo population will

increase at a much slower rate. This was a major issue in the resident focus group, especially among the Latino participants. It was also a major issue in the Levelland and Plainview stakeholder groups but not in the Lubbock stakeholder group. The Plainview stakeholder participants particularly mentioned TexMex restaurants as a contributor to obesity. In the community forum, with a large Latino representation, it was an important issue. Overall, it was a priority; however, it was less important than other areas. However, the community forum participants felt that it contributed to other health issues such as diabetes and unhealthy lifestyle that were also priority issues.

Unhealthy food/ allure of fast food restaurants

There was little mention of unhealthy food in the data analysis. Unhealthy food was a major topic in all the focus groups. The inexpensive food at fast food restaurants was a major topic in the resident focus groups and the community forum. Their easy access and inexpensive food relative to more expensive healthy food that is usually harder to obtain contribute to the allure. The stakeholder focus groups also saw unhealthy food, particularly from fast food restaurants as major problems.

Access to mental health care/facilities

This was brought up by the focus groups, the data analysis and the community forum as a specific subset of the mental health concerns. Mental health treatment facilities and support was a major issue for the resident focus groups. They felt that this was a major unmet need. One focus group thought that veterans particularly needed more mental health treatment facilities. Both the Lubbock stakeholder and a resident group were concerned that people with mental problems often end up in jail, because there is no room for them in mental treatment facilities.

Poverty/ Adults/Children

The data analysis divided poverty into adults and children. The data indicated that adult poverty in Lubbock County was 19 percent compared to little more than 13 percent in Texas. Child poverty is also higher in Lubbock County at almost 25% compared to 23% in Texas and 21 % in the U.S. The focus groups both resident and stakeholder had poverty as a priority area. When specific types of poverty were discussed in the focus groups it was usually adult poverty. Only the Lubbock stakeholder focus group discussed adult poverty. In all but one focus group discussion on poverty, the discussion was that people in poverty had worse health, had unhealthier lifestyles, and had to make tough choices in spending their limited funds on medical care and medicines. At the community forum the only votes for poverty were for adult poverty. However, poverty affecting all areas was an underlying theme surrounding the discussion after the voting.

Diabetes

The data analysis showed that Lubbock County has almost double the rate of deaths from diabetes than Texas. Diabetes was also a major concern for all the focus groups, particularly the

Lubbock stakeholder focus group. The Lubbock group felt that it was a major problem also in children. It was also tied for the most votes in the community forum. The discussion in the community forum was that unhealthy lifestyle, obesity, poverty contributed to the high rate of diabetes in the service area.

Unhealthy lifestyle/lack of exercise

Physical inactivity was higher in Lubbock County than in the nation but had similar rates as Texas. It was a major priority in the stakeholder and resident forums. In the community forum unhealthy lifestyle was perceived as a subset of obesity. They felt that the two should be combined. The focus groups thought that there should be more recreational facilities, bike lanes and safe walking areas provided. Another issue discussed was how to entice people to come out of their homes and be active. They felt that people do not take advantage of the opportunities that are available.

Child Abuse and neglect

The data showed that child abuse and neglect are much worse in this area than in the state. This was not mentioned in any of the focus groups or in the community forum.

Oral health

Statistics did not show this as a major problem and not any worse than other areas of the state. Both the resident and stakeholder focus groups discussed oral health, but at a lower priority than most of the other areas that were discussed. However, in the community forum this emerged in combination with access to affordable dentists as a major area. It tied for the most votes.

Drug abuse

Statistics showed that drug abuse is a major and growing problem among most demographic groups. It was also discussed as a major problem by all the focus groups with the exception of the Plainview group. Voting in the community forum also showed this to be a significant issue. Many in the community forum thought that this should be combined with substance abuse generally. In addition, the Lubbock stakeholder focus group thought that substance abuse was a major problem.

Teen pregnancy

Teen births in the Plainview service area counties are significantly higher (93.96 rate per 1,000 population) than the state of Texas (55 rate per 1,000 population) and United States (36.6 rate per 1,000 population). The birth rate of women Ages 15-19 in Plainview service area was highest for Hispanic/Latino Women. Teen pregnancy was of little concern in the resident and stakeholder focus groups with the exception of the Levelland group, which felt it was a major problem. The Plainview stakeholder focus group felt that it is not a problem like it once was. Teen pregnancy is down in schools. The community forum felt that this was a problem but gave more votes to other priorities.

Crime

Crime statistics show that Lubbock County crime rates in all categories reported are much higher than Texas. In some areas, they are almost double that of the state. The resident focus groups also felt that crime was a major problem and affected their ability to enjoy a healthy lifestyle. The Lubbock stakeholder focus group also felt that crime was a significant issue. The other focus groups did not mention crime. Crime received no votes in the community forum

See Appendix 3: Community Input

Existing Health care Facilities in the Community

See Appendix 4: Existing Health care Facilities in the Community

PRIORITY HEALTH NEEDS

Selection Process and Criteria Prioritization Process and Criteria

The graphic below depicts both how the compiled data and community input were analyzed to generate the list of significant health needs, as well as the prioritization process that allowed the selection of fourteen significant health needs and the three priority areas around which Covenant Health will build its implementation plan. Details of the selection and prioritization process are provided in the sections that follow and in Appendix 5.

	Generating List of Significant Health Needs	Prioritization Step 1	Prioritization Step 2	Prioritization Step 3	Prioritization Step 4
Who	**2 external raters**	**2 external raters**	**Community Benefit Lead and Internal Work group**	**Community Benefit Lead**	**Community Benefit Committee**
What	A comprehensive review of data & community input	Apply the following criteria per significant health need	Apply the following criteria per significant health need	Review through two filters	Review List of issues and narrow to 1-3 priority areas for FY18-FY20 CB Plan/ Implementation Strategy investment
Criteria	All sources were analyzed for severity of the problem and level of community concern.	1. Seriousness of the problem 2. Scope of the problem – # of people affected 3. Scope of the problem –compared to other areas 4. Health disparities among population groups 5. Importance to the community 6. Potential to affect multiple health issues (root cause) 7. Implications for not proceeding	1. Sustainability of impact 2. Opportunities for coordination/ partnership 3. Focus on prevention 4. Existing efforts on the problem 5. Organizational competencies	1. Is it aligned with the Mission of St. Joseph Health? 2. Does it adhere to the Catholic Ethical and Religious Directives?	1. Is the health need relevant to the ministry? 2. Is there potential to make meaningful progress on the issue? 3. Is there a meaningful role for the ministry on this issue? 4. Where do we want to invest our time and resources over the next three years?
Scale	**Multiple**	**1-5 scale**	**1-5 scale**	**Yes or No**	**CB Committee Dialogue**

Selection Criteria and Process

Dr. David Hamilton performed a rigorous review of the publicly-available data and community input to identify 14 significant health needs for Covenant Health.

The selection process began with the development of a general list of potential health needs, derived from a broad review of the indicator data, focus group findings, and literature around health concerns and social determinants of health. The goal of the selection process was to analyze the wide variety and large quantity of information obtained through the quantitative and qualitative processes in a consistent manner. Each source of input was considered as follows:

- Quantitative Data: Weighting was based on how the service area compared to Texas and county averages and how individual cities and zip codes compared to the service area averages. Note that for some health needs, data was not readily available.
- Resident Focus Groups: Focus Group transcripts and notes were reviewed and considered both at the individual focus group level and collectively across focus groups. Weighting was related to how often and how extensively an issue was discussed by the participants.
- Stakeholder Focus Group: Weighting for the stakeholder group was based on how strongly the problem was discussed by the participants and the extent of agreement among the participants about the problem.
- Community Resident Forum: The Community Forum was designed to measure the importance of an issue to attendees. Each forum ended with "dot voting" on significant health issues allowing all participants to have a voice in indicating which issues were most important to them. Issues that received more votes were considered to be more important to the community.

In developing the list of significant health needs, the quantitative data was given equal weight to the community input. After reviewing and rating all the available information, the list of potential health needs was ranked from greatest to lowest need for the ministry and the top 14 were recommended by Dr. David Hamilton for further consideration.

Before the final selection of significant health needs, two reviews took place. First, Dr. David Hamilton reviewed the list to determine if there were needs that were identified as priorities through the community process but not highlighted by the data, or for which no data was available. In some cases, a significant health need may have been added to the list due to this review. In the second review, the Community Benefit Lead examined the list, using ministry-specific knowledge to determine if the significant health needs should be consolidated or added. Once the review was completed, the list was finalized and prioritized.

Prioritization Process and Criteria

To prioritize the list of significant health needs and ultimately select the three priority health need(s) to be addressed by Covenant Health, a four-step process was followed that incorporated the experience, expertise, and perspective of both internal and external stakeholders of the ministry. The criteria and rating scales can be found in Appendix 5.

Step One: Using criteria that were developed in collaboration with the St. Joseph Health System Office and the Community Benefit Lead, Dr. David Hamilton scored each health need on seven criteria.

- Seriousness of the Problem: The degree to which the problem leads to death, disability, and impairs one's quality of life
- Scope of the Problem 1: The number of people affected, as a percentage of the service area population
- Scope of the Problem 2: The difference between the percentage of people affected in the service area compared to regional and statewide percentages
- Health Disparities: The degree to which specific socioeconomic or demographic groups are affected by the problem, compared to the general population
- Importance to the Community: The extent to which participants in the community engagement process recognized and identified this as a problem
- Potential to Affect Multiple Health Issues: Whether or not this issue is a root cause, and the extent to which addressing it would affect multiple health issues
- Implications for Not Proceeding: The risks associated with exacerbation of the problem if it is not addressed at the earliest opportunity

Step One: Consultant Ranking Results:

Significant Health Need	Health Category	Rank Score	Community Data	Resident Focus Group	Non-profit/ Govt. Stakeholder FG	Resident Forum
Mental health general	Health Outcome	26.5	high	high	high	high
Awareness of available resources	Health Behavior	26	none	high	high	high
Alcohol consumption/DWI DUI	Health Behavior	24.5	high	High/mid	low	Low
Obesity	Health Behavior	24.5	middle	High/middle	middle	Middle
Unhealthy food/ allure of fast food restaurants	Socioeconomic	24	High/middle	High/middle	High/middle	High/middle
Access to mental health care/facilities	Health Outcome	23	High	High/middle	low	Middle/low
Poverty- adults and children	Socioeconomic	22.5	High	High/middle	High	Middle/low
Diabetes	Health Outcome	22.5	High/middle	High/middle	High/middle	High
Unhealthy lifestyle/lack of exercise	Health Behavior	22.5	Middle/low	High	High	None
Child Abuse and neglect	Health Behavior	22	High	None	none	None
Oral health	Health Outcome	21	Middle/low	Middle/low	Low	High
Drug abuse	Health Behavior	20.5	High/middle	High/middle	High/middle	Middle/low
Teen pregnancy	Health Behavior	18	High/middle	Low	Middle/low	Middle
Crime	Socioeconomic	18	High	Middle/high	Low	None

Step Two: The Community Benefit Lead for Covenant Health convened three working groups of internal and external stakeholders for Lubbock, Levelland and Plainview to complete the second stage of prioritization. This working group applied four criteria to each need. These groups consolidated several separate issues into larger categories before ratings were applied.

- Sustainability of Impact: The degree to which the ministry's involvement over the next 3 years would add significant momentum or impact, which would remain even if funding or ministry emphasis on the issue were to cease.
- Opportunities for Coordination and Partnership: The likelihood that the ministry could be part of collaborative efforts to address the problem.
- Focus on Prevention: The existence of effective and feasible prevention strategies to address the issue.
- Existing Efforts on the Problem: The ability of the ministry to enhance existing efforts in the community.

Community Benefit Staff participating in the working group also considered a fifth criterion:

- Organizational Competencies: The extent to which the ministry has or could develop the functional, technical, behavioral, and leadership competency skills to address the need.

Step Three: Two final criteria were considered by the Community Benefit Lead for each health need.

- Relevance to the Mission of Covenant Health: Is this area relevant to or aligned with the Mission of Covenant Health?
- Adherence to Ethical and Religious Directives: Does this area adhere to the Catholic Ethical and Religious Directives?

If the answer was "No" to either question, the health need was dropped from further consideration. Teen pregnancy was dropped at this step.

Step 2 and 3: Work Group Ranking Results

Significant Health Need	Work Group Rank Score	Consultant Rank Score (roll up)	Total Rank Score
Mental Behavioral Health • Alcohol consumption/DWI DUI • Access to mental health care/facilities • Drug abuse • Child Abuse and neglect (family trauma)	21	23	44
Awareness of available resources	18	26	44
Unhealthy lifestyle • lack of exercise • Obesity • Diabetes • Unhealthy food/ allure of fast food restaurants	20	23	43
Oral Health	21	21	42
Poverty- adults and children • Crime	13	20	33

Step Four: The final step of prioritization and selection was conducted by the Covenant Health Community Benefit Committee and board/leadership representatives from Covenant Levelland and Covenant Plainview. The list of identified health needs rank-ordered by the results of the first three steps of the prioritization process was reviewed. The Committee discussed each need and its relevance to the ministry, the potential for progress on the issue, and the potential role of the ministry in addressing the need. After extensive discussion, the Committee selected three priorities for inclusion in the plan.

The following priority areas were selected as part of its FY18-FY20 CB Plan/Implementation Strategy Report:

- Mental/Behavioral Health - Work with community partners to expand and investigate creative solutions access to care, to create community resilience, reduce depression and anxiety, and expand substance abuse prevention/intervention initiatives
- Diabetes Prevention and Intervention – Expand current outreach to include more innovative approaches to prevention with emphasis on early interventions with children and families, collaborate with internal and external partners to implement evidence based practices, and increase access to medication
- Dental Health – Enhance current outreach practices to include more early intervention with children and new parents, increase school partnerships and explore ways to continue to improve access to services

See Appendix 5: Prioritization protocol and criteria / worksheets

SIGNIFICANT HEALTH NEEDS

Significant Health Need and Assets Summary

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes where there is a higher prevalence or severity for a particular health concern than the general population within Covenant Health's Service Area. Communities with DUHN generally meet one of two criteria: *either* there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.

The following table lists the DUHN communities/groups and identified significant health needs and community resources/assets.

Significant Health Need	Target Population	Geographic Area (City, Zip Code, County)	Community Resources (Name of Organization(s)
Mental Health	Broader Community with limited services for low-income	Primarily Lubbock, limited services in Levelland and Plainview	Covenant Health, Lubbock Faith Center, Inc., Veterans' Affairs, STARCARE, Managed Care, The Ranch at Dove Tree, Catholic Family Services, Texas Tech Community, Family, and Addiction Sciences, Larry Combest Community Health and Wellness Center, Family Counseling Services Community Health Center of Lubbock, Catholic Charities
Substance Abuse (Drug and Alcohol)	Broader Community with limited services for low-income	Primarily Lubbock, limited services in Levelland and Plainview	Covenant Health, Lubbock Faith Center, Inc., Veterans' Affairs, STARCARE, Managed Care, The Ranch at Dove Tree, Texas Tech Community, Family, and Addiction Sciences
Diabetes	Primarily low-income	Primarily Lubbock, limited services in Levelland and Plainview	Covenant Health, Larry Combest Community Health and Wellness Center, Combest Community Health and Wellness Center, AgriLIFE Extension, Health For Friends Clinic

Dental/Oral Health	Low-income	Lubbock, Plainview, Levelland, and surrounding counties	Covenant Health, Community Health Center of Lubbock, Regence Health Plainview, Lubbock Impact
Teen Pregnancy	Broader Community	Various programs Lubbock, Plainview, Levelland, and surrounding counties	Larry Combest Center, March of Dimes, Local School Districts,
Resource Availability	Broader Community	Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, Yoakum	211
Child Abuse and Neglect	Broader Community	Hale, Lubbock, Cochran, Hockley, Terry, Yoakum Counties (CPS serves all PSA and SSA)	Womens Protective Services (WPS), CPS, CASA of the South Plains,
Obesity	Broader Community	Plainview, Lubbock, Levelland	YMCA Plainview, Dream Center, Texas Tech University Center for Adolescent Resiliency, Covenant Body Mind Initiative, Health Kids 2020, Boys and Girls Club, South Plains Food Bank
Healthy Lifestyle Promotion/Exercise	Broader Community	Plainview, Lubbock, Levelland	YMCA Plainview, South Plains College Levelland, Dream Center, YWCA Lubbock, Covenant Health
Food Insecurity	Low-income	Lubbock, Levelland and Plainview	South Plains Food Bank, various church food kitchens and outreach

EVALUATION OF IMPACT ON FY15-FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT: FY16 ACCOMPLISHMENTS

Planning for the Uninsured and Underinsured
Patient Financial Assistance Program

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why we have a **Patient Financial Assistance Program**[3] that provides free or discounted services to eligible patients.

One way, Covenant Health informs the public of the Patient Financial Assistance Program is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. In FY16, the program provided $35,755,775 in financial assistance (charity care) for patients of the Covenant Health hospitals in Lubbock, Plainview, Levelland and the Covenant Medical Group.

Medicaid and Other Local Means-Tested Government Programs

Covenant Health (including all ministries) provides access to the uninsured and underinsured by participating in Medicaid. In FY16, Covenant Health Ministries, provided 27,442,861 in Medicaid shortfall

[3] *Information about* Covenant Health's *Financial Assistance Program is available* http://www.covenanthealth.org/Patients-and-Visitors/For-Patients/Billing-and-Payments/Patient-Financial-Assistance.aspx

Addressing the Needs of the Community: FY15 –17 Key Community Benefit Plan
FY16 Accomplishments

Anxiety Reduction Initiative – Mental Health

Goal: Reduce anxiety among adult Covenant Counseling Center clients with a GAD-7 Score of 5 or above

Outcome Measure	Baseline	FY16 Target	FY16 Result
Percentage change score on GAD-7 between initial score and concluding score.	Determined in FY 16 32%	Will be set in FY17	32% (baseline)

Strategy(ies)	Strategy Measure	Baseline	FY16 Target	FY16 Result
Provide Timely Intake	Number of Days between screening and intake.	6 days	5 days	3 days
Utilize Evidence Based Therapy Modalities	Percent of sessions in which EBT Modalities to address anxiety are utilized.	100%	100%	100%
Decrease Intake No-Show Rate	Percentage of Clients who attended at least three sessions.	23% Baseline was established in FY16	Target will be set for FY17	23% (baseline)

Key Community Partners: Larry Combest Center (FQHC), Catholic Charities, and StarCare

FY16 Accomplishments: Collected information to establish baseline, evaluated national data, set targets for two strategies, treated 407 clients and had over 1,500 encounters utilizing evidence based modalities, improved referral process for medication management

Oral Health Initiative: Family Dentistry Program

Goal: Improve the oral health and increase prevention of cavities for third grade children in area low income schools

Outcome Measure	Baseline	Target	FY16 Result
Children receiving sealants/ children identified in need during screening	Collecting data Q1 and Q2 FY17	Will be set Jan. 2018	

Strategy	Strategy Measure	Baseline	FY16 Target	FY16 Result
Deliver sealants to high-risk children with susceptible permanent molar teeth	Increase Title 1 schools participation in sealant clinics	3	*4*	8
Identify children with treatment needs and ensure that they receive appropriate follow up dental care	Children scheduled for follow up care /identified in need of follow	Collecting Data		

Key Community Partners: Larry Combest Center, StarCare, The Dream Center, Lubbock Children's Health Clinic, and Title 1 Elementary Schools in the region.

FY16 Accomplishments: In FY2016, Covenant Health's Community Health Outreach dental program provided dental services to 1,347 adults, children and ED patients. Patient encounters totaled 3,313. Additionally, 206 3rd grade students, at eight Title 1 elementary schools in the region, were screened for sealants, 515 sealants were placed. Dental staff also provided emergent, preventative or restorative dental services to individuals at The Dream Center, Grace Campus and Carpenter's Church.

Health and Wellness Initiative: Covenant Body Mind Initiative Wellness and Prevention Program
Goal: Overall improvement in the health and wellness of CBMI program participants. This is a ten year longitudinal research project collaboration with Texas Tech. Measures are set and tracked by TTU.

Outcome Measure	Results
Depression Index	For the school year 2014-2015, there was statistically significant improvement in students ages 14-17. Scores went from 56.6 in the fall to 53.7 in the spring for a mean change of -2.9. In school year 2015-2016, there was continued improvement, but not statistically significant. Scores were 55.27 in the fall and 55.15 in the spring for a mean change of -0.12.

Outcome Measure	Results
BMI	Students in a healthy range – 2015 Fall 52.4% 2016 Spring 52.9% for a .5% improvement. 62.3 % of students who are in an underweight, overweight, or obese range moved toward a healthy range(i.e. a student's BMI in the overweight percentile range improved, moving them in a positive direction toward the healthy range).

Key Community Partners: Lubbock ISD, Brownfield ISD, Shallowater ISD, Sudan ISD, Lazbuddie ISD, Guthrie ISD, Christ the King Cathedral School, Lamesa ISD, Smyer ISD, Olton ISD, Sweetwater ISD, Hale Center ISD, and Texas Agrilife Extension

Research Update:

Body Dissatisfaction has shown to be a risk factor in weight related disorders. Our research has consistently measured a decrease in students who show body dissatisfaction. Looking at school years 2011-2016,in the body dissatisfaction categories of "not present", "possible", and "definitely present", improvement ranges from 1.8%-8.8%. To see this upward trend in the decrease of body dissatisfaction is a very good sign.

School year 2014-2015 shows:

- Statistically significant improvement in depression scores in middle adolescence (14-17 years old)

School year 2015-2016 shows:

- Continued movement in a positive direction in the depression index scores

Local, state, and national efforts for CBMI program expansion

- Development of the TSYWL to TTU program. Our purpose is to continue following the students from Talkington as they transition to TTU. We are working with them to formulate a plan for future meetings and what the meetings will involve. Our hope is that they will provide us with the information to assess if/how comprehensive wellness influences their lives at this point, thus extending our longitudinal study.
- Our curriculum is now being utilized by the Garza County Juvenile Justice Center. The skills taught in Comprehensive Wellness will be extremely helpful in the transition back to the student's home campus, and influence healthy choices and behaviors.

FY16 Other Community Benefit Program Accomplishments

Initiative (community need being addressed):	Community Benefit Category	Program	Description	FY16 Accomplishments
Diabetes	Community Health Education	Outreach Education	Engage patients in group interventions Target 85% of patients in the program will complete 3 out or 4 classes	86%
			Engage patient in individual sessions with educator Target 50% of new patients attending classes will also attend at least one session with a educator	79%

GOVERNANCE APPROVAL

This FY17 Community Health Needs Assessment Report was approved at the June 26, 2017 meeting of the Covenant Health Community Benefit Committee a sub-Committee of the Board of Trustees.

_____

Community Benefit Committee Chair's Signature confirming approval of Covenant Health FY17 Community Health Needs Assessment Report

_____

Date

See Appendix 6: Ministry Community Benefit Committee

Appendix 1: Community Needs Index data

Community Need Index (CNI) Scores
Covenant Health Hospital Total Service Area (HTSA)

St. Joseph Health

ZIP Code[1]	Service Area[2]	CNI Score[3]	Population	City	County	State
79412	PSA	5.0	15,950	Lubbock	Lubbock	Texas
79404	PSA	5.0	12,160	Lubbock	Lubbock	Texas
79401	PSA	5.0	8,378	Lubbock	Lubbock	Texas
79411	PSA	5.0	7,916	Lubbock	Lubbock	Texas
79713	PSA	4.8	628	Ackerly	Dawson	Texas
79072	PSA	4.8	29,029	Plainview	Hale	Texas
79250	PSA	4.8	1,384	Petersburg	Hale	Texas
79339	PSA	4.8	7,392	Littlefield	Lamb	Texas
79415	PSA	4.8	18,575	Lubbock	Lubbock	Texas
79403	PSA	4.8	17,689	Lubbock	Lubbock	Texas
79364	PSA	4.8	8,328	Slaton	Lubbock	Texas
79549	PSA	4.8	16,361	Snyder	Scurry	Texas
79344	SSA	4.8	82	Maple	Bailey	Texas
79085	SSA	4.8	83	Summerfield	Castro	Texas
79357	SSA	4.8	2,349	Ralls	Crosby	Texas
79322	SSA	4.8	2,218	Crosbyton	Crosby	Texas
79343	SSA	4.8	1,472	Lorenzo	Crosby	Texas
79235	SSA	4.8	3,865	Floydada	Floyd	Texas
79359	SSA	4.8	3,166	Seagraves	Gaines	Texas
79356	SSA	4.8	6,279	Post	Garza	Texas
79331	PSA	4.6	13,208	Lamesa	Dawson	Texas
79041	PSA	4.6	3,086	Hale Center	Hale	Texas
79064	PSA	4.6	2,654	Olton	Lamb	Texas
79312	PSA	4.6	963	Amherst	Lamb	Texas
79326	PSA	4.6	146	Fieldton	Lamb	Texas
79414	PSA	4.6	17,843	Lubbock	Lubbock	Texas
79370	SSA	4.6	1,760	Spur	Dickens	Texas

79351	SSA	4.6	1,118	Odonnell	Lynn	Texas
79355	SSA	4.6	2,069	Plains	Yoakum	Texas
79311	PSA	4.4	3,408	Abernathy	Hale	Texas
79313	PSA	4.4	1,510	Anton	Hockley	Texas
79031	PSA	4.4	1,525	Earth	Lamb	Texas
79082	PSA	4.4	248	Springlake	Lamb	Texas
79407	PSA	4.4	20,252	Lubbock	Lubbock	Texas
88101	PSA	4.4	47,801	Clovis	Curry	New Mexico
88135	PSA	4.4	1,728	Texico	Curry	New Mexico
88240	PSA	4.4	39,903	Hobbs	Lea	New Mexico
79027	SSA	4.4	6,032	Dimmitt	Castro	Texas
79043	SSA	4.4	1,247	Hart	Castro	Texas
79360	SSA	4.4	16,101	Seminole	Gaines	Texas
79342	SSA	4.4	253	Loop	Gaines	Texas
79373	SSA	4.4	3,497	Tahoka	Lynn	Texas
79088	SSA	4.4	5,919	Tulia	Swisher	Texas
79052	SSA	4.4	1,211	Kress	Swisher	Texas
79316	SSA	4.4	11,914	Brownfield	Terry	Texas
88130	SSA	4.4	18,448	Portales	Roosevelt	New Mexico
88118	SSA	4.4	294	Floyd	Roosevelt	New Mexico
79377	PSA	4.2	245	Welch	Dawson	Texas
79336	PSA	4.2	19,932	Levelland	Hockley	Texas
79371	PSA	4.2	1,196	Sudan	Lamb	Texas
79416	PSA	4.2	35,378	Lubbock	Lubbock	Texas
79413	PSA	4.2	21,794	Lubbock	Lubbock	Texas
88265	PSA	4.2	212	Monument	Lea	New Mexico
79347	SSA	4.2	7,539	Muleshoe	Bailey	Texas
79241	SSA	4.2	2,455	Lockney	Floyd	Texas
79381	SSA	4.2	1,069	Wilson	Lynn	Texas
79345	SSA	4.2	1,025	Meadow	Terry	Texas
79323	SSA	4.2	6,400	Denver City	Yoakum	Texas
88210	SSA	4.2	18,466	Artesia	Eddy	New Mexico
88116	SSA	4.2	375	Elida	Roosevelt	New Mexico
79410	PSA	4.0	8,966	Lubbock	Lubbock	Texas
79363	PSA	4.0	6,107	Shallowater	Lubbock	Texas

88124	PSA	4.0	1,153	Melrose	Curry	New Mexico
88260	PSA	4.0	15,672	Lovington	Lea	New Mexico
79324	SSA	4.0	87	Enochs	Bailey	Texas
79346	SSA	4.0	2,910	Morton	Cochran	Texas
79376	SSA	4.0	50	Tokio	Terry	Texas
88256	SSA	4.0	2,372	Loving	Eddy	New Mexico
88250	SSA	4.0	233	Hope	Eddy	New Mexico
88125	SSA	4.0	64	Milnesand	Roosevelt	New Mexico
79358	PSA	3.8	1,199	Ropesville	Hockley	Texas
79329	PSA	3.8	3,653	Idalou	Lubbock	Texas
88103	PSA	3.8	158	Cannon Afb	Curry	New Mexico
88267	PSA	3.8	1,359	Tatum	Lea	New Mexico
79257	SSA	3.8	1,055	Silverton	Briscoe	Texas
79255	SSA	3.8	509	Quitaque	Briscoe	Texas
79379	SSA	3.8	165	Whiteface	Cochran	Texas
79042	SSA	3.8	1,091	Happy	Swisher	Texas
88132	SSA	3.8	215	Rogers	Roosevelt	New Mexico
88126	SSA	3.8	75	Pep	Roosevelt	New Mexico
88123	SSA	3.8	26	Lingo	Roosevelt	New Mexico
79353	PSA	3.6	31	Pep	Hockley	Texas
88242	PSA	3.6	6,950	Hobbs	Lea	New Mexico
88220	SSA	3.6	35,228	Carlsbad	Eddy	New Mexico
88113	SSA	3.6	75	Causey	Roosevelt	New Mexico
79423	PSA	3.4	35,152	Lubbock	Lubbock	Texas
79382	PSA	3.4	6,537	Wolfforth	Lubbock	Texas
79527	PSA	3.4	340	Ira	Scurry	Texas
88231	PSA	3.4	3,459	Eunice	Lea	New Mexico
88114	PSA	3.4	42	Crossroads	Lea	New Mexico
79220	SSA	3.4	147	Afton	Dickens	Texas
79243	SSA	3.4	104	McAdoo	Dickens	Texas
79256	SSA	3.4	324	Roaring Springs	Motley	Texas
79366	PSA	3.2	1,107	Ransom Canyon	Lubbock	Texas
79526	PSA	3.2	1,120	Hermleigh	Scurry	Texas
79517	PSA	3.2	232	Fluvanna	Scurry	Texas
88252	PSA	3.2	2,378	Jal	Lea	New Mexico

88264	PSA	3.2	50	Maljamar	Lea	New Mexico
79063	SSA	3.2	554	Nazareth	Castro	Texas
79244	SSA	3.2	848	Matador	Motley	Texas
79234	SSA	3.2	75	Flomot	Motley	Texas
79424	PSA	3.0	43,833	Lubbock	Lubbock	Texas
88120	PSA	3.0	273	Grady	Curry	New Mexico
88133	PSA	3.0	30	Saint Vrain	Curry	New Mexico
88213	PSA	3.0	42	Caprock	Lea	New Mexico
79229	SSA	3.0	458	Dickens	Dickens	Texas
79738	SSA	2.8	314	Gail	Borden	Texas
88112	PSA	2.6	230	Broadview	Curry	New Mexico

1. CNI scores are not calculated for non-populated ZIP codes, including such areas as PO boxes, national parks, public spaces, state prisons, and large unoccupied buildings.
2. PSA = primary service area; SSA = secondary service area.
3. CNI scores are sorted from highest to lowest. A CNI score of 1 represents the lowest need nationally, while a score of 5 indicates the highest need nationally.
Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015; Accessed March 2016.

St.JosephHealth

Community Need Index (CNI) Scores

Covenant Plainview Hospital Total Service Area (HTSA)

ZIP Code[1]	Service Area[2]	CNI Score[3]	Population	City	County	State
79072	PSA	4.8	29,029	Plainview	Hale	Texas
79250	PSA	4.8	1,384	Petersburg	Hale	Texas
79235	SSA	4.8	3,865	Floydada	Floyd	Texas
79339	SSA	4.8	7,392	Littlefield	Lamb	Texas
79085	SSA	4.8	83	Summerfield	Castro	Texas
79041	PSA	4.6	3,086	Hale Center	Hale	Texas
79064	SSA	4.6	2,654	Olton	Lamb	Texas
79312	SSA	4.6	963	Amherst	Lamb	Texas
79326	SSA	4.6	146	Fieldton	Lamb	Texas
79311	PSA	4.4	3,408	Abernathy	Hale	Texas
79031	SSA	4.4	1,525	Earth	Lamb	Texas
79082	SSA	4.4	248	Springlake	Lamb	Texas
79027	SSA	4.4	6,032	Dimmitt	Castro	Texas
79043	SSA	4.4	1,247	Hart	Castro	Texas

79088	SSA	4.4	5,919	Tulia	Swisher	Texas
79052	SSA	4.4	1,211	Kress	Swisher	Texas
79241	SSA	4.2	2,455	Lockney	Floyd	Texas
79371	SSA	4.2	1,196	Sudan	Lamb	Texas
79042	SSA	3.8	1,091	Happy	Swisher	Texas
79063	SSA	3.2	554	Nazareth	Castro	Texas

1. CNI scores are not calculated for non-populated ZIP codes, including such areas as PO boxes, national parks, public spaces, state prisons, and large unoccupied buildings.
2. PSA = primary service area; SSA = secondary service area.
3. CNI scores are sorted from highest to lowest. A CNI score of 1 represents the lowest need nationally, while a score of 5 indicates the highest need nationally.
Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015; Accessed March 2016.

Community Need Index (CNI) Scores

Covenant Levelland Hospital Total Service Area (HTSA)

ZIP Code[1]	Service Area[2]	CNI Score[3]	Population	City	County	State
79339	SSA	4.8	7,392	Littlefield	Lamb	Texas
79064	SSA	4.6	2,654	Olton	Lamb	Texas
79312	SSA	4.6	963	Amherst	Lamb	Texas
79326	SSA	4.6	146	Fieldton	Lamb	Texas
79313	PSA	4.4	1,510	Anton	Hockley	Texas
79031	SSA	4.4	1,525	Earth	Lamb	Texas
79082	SSA	4.4	248	Springlake	Lamb	Texas
79336	PSA	4.2	19,932	Levelland	Hockley	Texas
79371	SSA	4.2	1,196	Sudan	Lamb	Texas
79346	SSA	4.0	2,910	Morton	Cochran	Texas
79358	PSA	3.8	1,199	Ropesville	Hockley	Texas
79379	SSA	3.8	165	Whiteface	Cochran	Texas
79353	PSA	3.6	31	Pep	Hockley	Texas

1. CNI scores are not calculated for non-populated ZIP codes, including such areas as PO boxes, national parks, public spaces, state prisons, and large unoccupied buildings.
2. PSA = primary service area; SSA = secondary service area.
3. CNI scores are sorted from highest to lowest. A CNI score of 1 represents the lowest need nationally, while a score of 5 indicates the highest need nationally.
Source: Dignity Health Community Need Index (cni.chw-interactive.org), 2015; Accessed March 2016.

Appendix 2A: Secondary Data /Publicly available data

http://www.covenanthealth.org/for-community/community-benefit

Appendix 2B: Secondary Data /Publicly available data Appendix

http://www.covenanthealth.org/for-community/community-benefit

Appendix 3: Community Input

Public Health Representative

Public Health Representatives

Name	Title	Organization
Dr. Linda McMurry	Executive Director	Larry Combest Health and Wellness FQHC
Becky Currington	Indigent Healthcare Administrator	Hockley County

Appendix 3a: Resident Focus Group Participants Demographics

Residents who participated in focus groups completed an anonymous survey to allow reporting on demographics of the participants. In the table below, the number and percentages are shown for the focus group participants. Percentages were calculated using the number of respondents for each question, which may be less than the total number of respondents because people could choose to leave a question unanswered. Not all attendees completed a survey or answered every question.

Covenant Health	Resident Focus Groups	
Number of Respondents	27	27
Gender		
Female	21	81%
Male	5	19%
Race/Ethnicity		
Hispanic/Latino	18	69%
Non-Latino White	4	15%
Black/African-American	3	12%
Native American	1	4%
Chronic Conditions		
Person with chronic conditions or a leader or representative of individuals with chronic conditions	14	58%
Age		
0-17 years	1	4%
18-44 years	2	8%
45-64 years	9	35%
65-74 years	10	38%
75 years or older	4	15%
Total Household Income before Taxes		
Less than $20,000	15	68%
$20,000 to $34,999	2	9%
$35,000 to $49,999	3	14%
$50,000 to $74,999	2	9%
$75,000 to $99,999	0	0%
$100,000 or more	0	0%
Decline to answer	2	**
Number of People in Household		
Average	1.9	NA
Median	2	NA
Range	1-4	NA

**Decline to Answer responses were not included in the calculation of percentages

Appendix 3b. List of Stakeholder Focus Group Participants and Organizations

The Non-profit/Government Stakeholder Focus Group was held on March 1, 2017 in Levelland. The list of participants is presented in the table below, along with information about the population served by the non-profit or government organization.

Name	Title	Organization	Public Health Department	The organization serves people who:			
				Have Chronic Conditions	Are from Minority Communities	Are Medically Underserved	Have Low Incomes
Beth Wells	Director of HR	City of Levelland		X	X	X	X
Mel Gierhart		Retired					
Fredna Lair	Wellness Counselor	LISD		X	X	X	X
Evelyn Wood	Program Coordinator	Community Outreach		X	X	X	X
Becky Currington	Indigent Healthcare Administrator	Hockley County					
Ashley Scifres	Executive Director	Hockley County Senior Citizens		X	X	X	X
Martha Blair	County Agent	TX Agrilife Extension		X	X	X	X

The Non-profit/Government Stakeholder Focus Group was held on March 8, 2017 in Plainview. The list of participants is presented in the table below, along with information about the population served by the non-profit or government organization.

Name	Title	Organization	Public Health Department	The organization serves people who:			
				Have Chronic Conditions	Are from Minority Communities	Are Medically Underserved	Have Low Incomes
Rob Wilkinson	CEO	YMCA		X	X	X	X
Linda Morris	Executive Director	Chamber of Commerce			X	X	X
Donald Ebelray	President	Hale Co. Hospital Authority		X	X	X	X
Nancy Bowden	President	Covenant Hospital Plainview Auxiliary		X	X	X	X
Amy Meek	Principal	Plainview ISD		X	X	X	
Rick Garcia	Executive Director	Plainview ISD		X	X	X	
Virginia Ortega	Ops Manager	Atmos Energy		X	X	X	X
Kyle Brock	Pastor	Grace U.M.C.		X	X	X	X
Kevin Carter	Executive Director	High Ground of Texas					
Karen Earhart	Administrator	Plainview Christian Academy					

The Non-profit/Government Stakeholder Focus Group was held on March 9, 2017 in Lubbock. The list of participants is presented in the table below, along with information about the population served by the non-profit or government organization.

Name	Title	Organization	Public Health Department	The organization serves people who:			
				Have Chronic Conditions	Are from Minority Communities	Are Medically Underserved	Have Low Incomes
Jeana Moore	Social Referral Advocate	WPS		X	X	X	X
Monica Montelorgo	Coordinator Social Referral	WPS		X	X	X	X
Bill Studdfield	Pastor/Trustee	DMF/LISD		X	X	X	X
Martha Atwood	Executive Director	American Diabetes		X	X	X	X
Linda McMurry	Executive Director	TTUHSC Combest Center		X	X	X	X
Amy Johnson-Rubio	Maternal & Child Health Director	March of Dimes		X	X	X	X
Jaime Wheeler	Housing First Director	Carpenters/Voice of Hope		X	X	X	X
Steven Bergen	Police Officer	LPD H.O.T.		X	X	X	
Korie Archambault	Police Officer	LPD H.O.T.		X	X	X	X
Paulett Rozneck	Coordinator of School Nurses	Lubbock ISD		X	X	X	X
Chad Wheeler	Executive Director	Carpenter's Church		X	X	X	X

Appendix 3c Focus Group and Community Forum report

Covenant Focus Groups Overall Analysis, Themes and Perceptions of Participants

Lubbock Resident Focus Groups

There were two resident focus groups held in the same facility. All but one or two participated in programs offered by the facility. One focus group was held in the morning and one at noon. The participants for the most part were from the same area of the city and were lower income. Most were on some sort of financial assistance. The morning focus group consisted largely of older residents, whereas the noon focus group had two or three younger participants with different perspectives.

The groups were somewhat representative of the racial and ethnic make-up of the community with a few more Hispanics than their percentage of the population. The first group of 13 had one male participant while the second group of around the same size had almost as many men as women. All but one or two in each group were active participants.

Themes and Concerns of the Resident Focus Groups

The major concern was finances. They were concerned with how they would be able to pay for their medical and prescription expenses. They have to make hard choices on what to spend their limited funds.

Mental health treatment facilities and support was a major issue for both groups. They felt that this was a major unmet need. One group thought that veterans particularly needed more mental health support.

Another issue was general lack of education and awareness of the programs that are offered to low income people to help them meet health needs. They want more outreach education or a health facilitator or expeditor to provide information and help them fill out forms and make appointments, etc. Forms and information should also be available in Spanish.

Obesity, healthy eating and staying active were concerns. There are places to go to exercise and be active. The problem is getting people to take advantage of the opportunities. They perceived that it was less expensive with their limited finances to eat at the dollar menu at a fast food restaurant than buy more expensive healthy food.

Transportation is an issue. Most of the participants depend on public transportation. Buses do not run at convenient times.

Air pollution from dust and cotton processing creates health problems. This causes allergies and breathing problems.

Litter was also a problem. The city is not perceived as enforcing the codes on litter and trash.

Homelessness was also seen as a problem. There are not enough facilities to keep people off the streets. There should be more permanent subsidized housing for low-income people. Homeless people and mentally ill people become easy crime victims and increase crime in the neighborhood.

Drugs and alcohol are too easy to find. There should be better enforcement and education.

Stakeholder Focus Groups in Levelland and Plainview

With a few exceptions, the issues were similar in both areas. Everyone actively participated in the discussion.

Obesity and healthy living were major concerns, particularly of the Plainview group. Low-income people have less healthy options and had more health problems form obesity. The ease and allure of fast-food and Tex-Mex restaurants were contributors to the less healthy life-style. Diabetes is a major problem. Need to promote a healthier life-style. Parks and recreational opportunities are available. Need wellness screenings.

Lack of education and awareness of health programs that are offered and what they can do to contribute to health was a concern. They suggested that tables disseminating information on available programs should be set up at grocery stores and recreation areas to better reach the public.

Mental health is a major problem. They need more facilities and support to deal with this health issue.

There is a need for more access and health education. Plainview would like Covenant to open a 24 hour urgent care center to provide services for nonemergency health issues and for lower income residents. They also would like all Plainview doctors to have privileges at the Plainview hospital. Levelland would like to have more health awareness and screening programs.

Poverty issues are seen as a major problem. Levelland focus group specifically mentioned lack of affordable housing. The city is working to improve this. But there is a need for more resources to deal with poverty and provide more affordable housing.

Levelland felt that teen pregnancy and drugs were big issues, but Plainview did not perceive these as major issues

Need general education classes on parenting when children are teenagers and adolescents as well as prenatal education.

Levelland mentioned oral health as a problem. This was not mentioned in Plainview.

Stakeholder Focus Group in Lubbock

Major issue was lack of mental health facilities.

Major issue was need for a healthier lifestyle. Diabetes is a major problem not only in adults but in the school-age population. There needs to be education and programs to promote healthy life styles. There also needs to be more recreation opportunities such as bike trails and parks easily accessible.

Education and awareness on what resources for health services and screening are available is a major problem. They would like more health outreach programs. They suggested a health reference center that could provide education and refer people to the health programs that are available. They would like more community centers.

Drugs and alcoholism are problems that feed into mental problems.

Transportation services are problems.

Need support for ongoing preventative care. There was a general concern for lack of access to health care. Those with money have access. For low-income it is more problematic.

Homelessness and lack of low income housing identified as feeding into health problems. This is a major problem.

Oral health was mentioned but was not perceived as a major problem. Teen pregnancy and suicide rates were not mentioned as problems until they saw it on the slides. They did not perceive these as problems.

Overall Themes from all Focus Groups

Mental health problems and need for more mental health services.

Healthy lifestyle, obesity and diabetes; the need to promote an active lifestyle including expanding recreation and social opportunities.

Education and awareness of available programs and outreach programs to inform and help people access the programs.

Poverty issues including lack of affordable housing, homelessness, high cost of prescriptions and medical services, and drugs and alcohol.

Transportation problems

Appendix 3d Focus Group and Community Forum Protocols and Demographic Survey

Community Resident Focus Group Protocol

Introduction:

Hello everyone and thank you for agreeing to be part of this focus group. We appreciate your time and willingness to participate.

We are doing this focus group as part of Covenant Health's Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as Mission explore community needs with input from the local community to better respond to the unmet needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the Hospital as they wanted to have an outside partner to help run the process. This focus group is one of many that Covenant Health is holding to hear directly from its communities' residents.

A focus group is a great way to get information and to capture people's ideas, opinions, and experiences. It's a structured conversation where we have some scripted questions and look to you to respond and take the discussion where it needs to go.

We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said during this focus group, we will not be attributing it to any person or organization. And we ask the same of you—that if you discuss this focus group outside of this room, you do not connect anyone to anything specific that was said.

Ground Rules:

1. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion as that leads to dialogue and a better understanding of everyone's position and thoughts. Every opinion counts, and it is perfectly fine to have a different opinion than others in the group, and you are encouraged to share your opinion even if it is different.

2. We have a list of questions to ask, but we want YOU to do the talking. We would like everyone to participate, so we may call on people who have been particularly quiet.
3. We would like to record our conversation. Our note taker will be taking notes so that we remember what people have to say, but we'd also like to record the conversation to ensure we have the most accurate information possible. Is that okay?

This session should take 90 minutes. If you need to get up to use the restroom or grab refreshments, feel free to do so.

Any questions before we begin?

OK, then a couple other things before we get into the questions. First of all, can we please go around the room and introduce ourselves and say where we live and say something you like about your community.

Focus Group Questions

1. What are the biggest health issues affecting you, your family and friends in the community?
    a. Prompt – health issues refers to specific health conditions like heart problems, diabetes, obesity, cancer, asthma, or depression, and health behaviors refers to exercising, smoking, unhealthy eating, and drug use

Now, I'd like to ask you to look at the graphic that we're handing out right now. This was made by the United States Center for Disease Control and Prevention, a federal agency whose mission it is to help our country be healthy. The visual shows the many things that contribute to community health. Note that this graphic, and your own introductions, show that there is a lot more to "health" than just medical concerns. Let's keep that in mind as we go to our next questions.

2. What are the things in your community that help you stay healthy?
    a. Prompt – if you were to tell a friend about some of the good things in this community that help people live a good life here, what would you tell them?
    b. Prompt – This could include safe places to walk, clean air, enough doctors, easy access to health care, caring community, affordable housing, good-paying jobs, etc.
3. What are some of the challenges to staying healthy in this community?
    a. Prompt – if you were to tell a friend about some of the things that make it difficult to live a good life here, what would you tell them?
    b. Prompt – This could include no nearby grocery stores with fresh produce, no place to get exercise, overcrowded housing, low incomes, no doctors that take your insurance, poor air quality, gangs, etc.
4. Thinking about all the concerns discussed today, which do you think are the biggest concerns needing the most immediate attention?
5. What would you like to see in the communities to address these top concerns? How can some of the positive aspects of your community help?

Closing:

I wanted to thank you on behalf of the Hospital for spending your time with us and sharing your wisdom and experiences. I wanted to stress that this meeting has been one very important part of the Needs Assessment process for Covenant Health. I also wanted to be clear that everything that was said today will be recorded, reported, and considered. But some of what was said may not find its way into the final plan, because the Hospital has to pull together everything they've learned in the process and make decisions about priorities. What I can say is that the final plan will be publicly available, and if you read it, you should see the key themes from today's meeting in there. Thank you again, and have a good evening.

Government/Non-Profit Stakeholders Focus Group

Hello everyone and thank you for agreeing to be part of this focus group. We appreciate your willingness to participate.

We are doing this focus group as part of Covenant Health's Community Health Needs Assessment. This is an every three years process in which non-profit hospitals such as Mission study their communities' needs in order to become even better at serving those needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the Hospital as they wanted to have an outside partner to help run the process. This focus group is one of other focus groups that are being conducted with community residents.

A focus group is a great way to get information and to capture people's ideas, opinions, and experiences. It's a structured conversation where we have some scripted questions and look to you to respond and inform the discussion to where it needs to go.

We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said here today, we will not be attributing it to any person or organization. And we ask the same of you—that if you discuss this focus group outside of this room, you do not connect anyone to anything specific that was said.

Ground Rules:

1. We have a list of questions to ask, but we want YOU to do the talking. We would like everyone to participate, so we may call on people who have been particularly quiet. But answering any question is optional.
2. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion. In fact, we encourage it because it leads to dialogue and a better understanding of everyone's position and thoughts.
3. _____ will be taking notes, but we also will be recording the group in order to capture everything you have to say. We are doing this for our own notes and reporting, but again, we won't share the recording or identify anyone by name in our report. You will remain anonymous.

Facilitator shows presentation focusing on high level findings from quantitative data. During the presentation, use the BARHII visual as an icebreaker to get people to talk about what factors influence a community's health, while answering the question "Please tell us your name, organization, and referring to the visual (provided in the PowerPoint), which area does your organization focus on or address in the upstream or downstream factors that influence community health?

After concluding the presentation, ask the following questions:

1. What are the biggest health issues facing our community?

   a. Prompt – health issues refers to specific health conditions like heart problems, diabetes, obesity, cancer, asthma, or depression, and health behaviors refers to exercising, smoking, unhealthy eating, and drug use
2. What helps our community stay healthy?
   a. Prompt – if you were to tell a friend or colleague about some of the good things in this community that help people live a good life here, what would you tell them?
   b. Prompt – This could include safe places to walk, clean air, enough doctors, easy access to health care, caring community, affordable housing, good-paying jobs, etc.

3. What are the challenges to staying healthy in our community?
   a. Prompt – if you were to tell a friend or colleague about some of the things that make it difficult for people to live a good life here, what would you tell them?
   b. Prompt – This could include no nearby grocery stores with fresh produce, no place to get exercise, overcrowded housing, low incomes, no doctors that take residents' insurance, poor air quality, gangs, etc.
4. What are the opportunities in our community to improve and maintain health?
5. What are the biggest health concerns needing immediate attention?

Closing: Thank the participants and talk about next steps.

Community Resident Forum Process/Protocol:

Hello everyone and thank you for agreeing to be part of this forum. We appreciate your willingness to participate.

We are doing this forum as part of Covenant Health's Community Health Needs Assessment. This is an every three years process in which hospitals such as Mission study their communities' needs in order to become even better at serving those needs. My name is _____ and I'll be running the focus group along with my colleague _____. We do not work for the Hospital as they wanted to have an outside partner to help run the process. This forum is one of many that Covenant Health is holding to hear directly from its community residents.

The purpose of this forum is to get a sense of what you think are the needs, issues, and opportunities in your communities. We need your input and want you to share your honest and open thoughts with us. Your responses will be anonymous. While we will be reporting in broad terms what is said to the Hospital, we will not be attributing comments made to any person or organization.

Ground Rules:

1. We have a process in mind today, but it will only be as successful as you all make it; this session is for you. So please, feel free to be candid. Answering any question is optional; we won't be calling on anyone.
2. There are no right or wrong answers. It's ok to respectfully disagree with someone else's opinion.
3. _____ will be taking notes, but we also will be recording the group in order to capture everything you have to say. We are doing this for our own notes and reporting, but again, we won't share the recording or identify anyone by name in our report. You will remain anonymous

Provide context: Facilitator: Be sure to provide context and how the information will be used up front

1. There will be two 5-10 minute presentations of findings from the community-based data and focus groups with questions in between. One presentation will focus on socioeconomic factors and physical environment; the other on health outcomes, health behaviors, and clinical care.
2. Point out the poster paper headings around the room, on which we list the areas of concern we have already seen on socioeconomic and physical environment and health needs that were identified through the quantitative data and qualitative process
3. After the first presentation on context and socioeconomic factors and physical environment, ask the following questions:
    a. Do you have any questions about the information you just saw or the poster paper headings?
    b. What did you see that matches with what you know about your community?
    c. What surprised you?
    d. What's missing? What's happening in your community that was not mentioned in the presentations?

4. After the second presentation on health outcomes, health behaviors and clinical care:

    a. Do you have any questions about the information you just saw or the poster paper headings?
    b. What did you see that matches with what you know about your community?
    c. What surprised you?
    d. What's missing? What's happening in your community that was not mentioned in the presentations?

5. Write down issues that are new or not already represented on the poster paper
6. Add explanation to the poster paper issues as provided from participants
7. Keep a parking lot for issues that are important but not necessarily related to the task at hand
8. Explain the process that participants will use to identify the most pressing areas of concern. Each participant will receive 4 dots to specify what they view as the most significant health

issues; no more than one dot may be assigned to a health issue. Allow 10-15 minutes to complete this process

9. Review the results and facilitate discussion about the results – ask for more input on why some issues received more dots than others
10. Explain what will happen next with this information
11. Thank everyone for their time

Demographic Survey

Thank you for taking time to participate in our focus group today. Please take a few moments to complete the demographic survey below. Your identity will be kept confidential and anonymous. We'd like to gather some demographic data to reflect the individuals who participated in the focus groups or community forums. Please complete the survey and submit to the facilitator. Thank you for your time.

1. **Please check the box next to the description that best describes you:**
   - ☐ Community Member who does not work for a local health or social services provider (skip to question 3)
   - ☐ Community Member employed by:
     - ☐ Community-based Org/Nonprofit
     - ☐ County/Government Agency
     - ☐ Foundation/Funder
     - ☐ Health Care/Hospital/Clinic
     - ☐ University
     - ☐ Other (please provide): _____
2. **If applicable, please check the box next to the role that most closely matches your position/role within the organization:**
   - ☐ Administrative Staff
   - ☐ Board Member
   - ☐ Executive Director
   - ☐ Medical Professional
   - ☐ Program Manager/Staff
   - ☐ University/Faculty/Researcher
   - ☐ Volunteer
   - ☐ Other (please provide): _____
3. **Please check the box next to your current gender identity:**
   - ☐ Female
   - ☐ Male
   - ☐ Other (please provide): _____
   - ☐ Decline to answer
4. **What race/ethnicity do you identify as (Please select all that apply)**
   - ☐ Black/African American
   - ☐ Non-Latino White
   - ☐ Asian or Pacific Islander:
     - ☐ Vietnamese
     - ☐ Filipino
     - ☐ Chinese
     - ☐ Japanese
     - ☐ Korean
     - ☐ Indian
   - ☐ Hispanic/Latino
   - ☐ Native American
   - ☐ Native Hawaiian or Pacific Islander
   - ☐ Other: _____
5. **Do you identify as a person with chronic conditions, or a leader or representative of individuals with chronic conditions (such as diabetes, arthritis, or cancer)?**
   - ☐ Yes
   - ☐ No
   - ☐ Decline to answer
6. **What is your age group?**
   - ☐ 0 - 17 years
   - ☐ 18 - 44 years
   - ☐ 45 – 64 years
   - ☐ 65 - 74 years
   - ☐ 75 years or older
7. **How much total combined money did all members of your HOUSEHOLD earn last year before taxes?**
   - ☐ Less than $20,000
   - ☐ $20,000 to $34,999
   - ☐ $35,000 to $49,999
   - ☐ $50,000 to $74,999
   - ☐ $75,000 to $99,999
   - ☐ $100,000 or more
   - ☐ Decline to answer
8. **How many people live in your household, including you?**

   Please enter a number

   _____

Appendix 4: Existing Health care Facilities in the Community

Name	Address	City, State	Services Provided
Muleshoe Area Hospital	708 South 1st St.	Muleshoe, TX	Acute Care Hospital
Plains Memorial Hospital	310 West Halsell St.	Dimmitt, TX	Acute Care Hospital
Cochran Memorial Hospital	205 E Grant St.	Morton, TX	Acute Care Hospital
Crosbyton Clinic Hospital	710 West Main St.	Crosbyton, TX	Acute Care Hospital
Medical Arts Hospital	2200 N. Bryan Ave.	Lamesa, TX	Acute Care Hospital
W.J. Mangold Memorial Hospital	320 North Main St.	Lockney, TX	Acute Care Hospital
Memorial Hospital	209 Northwest 8th St.	Seminole, TX	Acute Care Hospital
Yoakum County Hospital	412 Mustang Ave.	Denver City, TX	Acute Care Hospital
Covenant Health - Plainview	2601 Dimmitt Rd.	Plainview, TX	Acute Care Hospital
Covenant Health – Levelland	1900 College Ave.	Levelland, TX	Acute Care Hospital
Lamb Healthcare Center	1500 S. Sunset Ave.	Littlefield, TX	Acute Care Hospital
Covenant Medical Center	3615 19th St.	Lubbock, TX	Acute Care Hospital
Covenant Children's Hospital	4015 22nd Place	Lubbock, TX	Acute Care Hospital

Lubbock Heart Hospital	4810 N. Loop 289	Lubbock, TX	Acute Care Hospital
University Medical Center	602 Indiana Ave.	Lubbock, TX	Acute Care Hospital
Grace Medical Center	2412 50th	Lubbock, TX	Acute Care Hospital
Lynn County Hospital District	2600 Lockwood St.	Tahoka, TX	Acute Care Hospital
Cogdell Memorial Hospital	1700 Cogdell Blvd.	Snyder, TX	Acute Care Hospital
Swisher Memorial Healthcare System	539 S.E. 2nd St.	Tulia, TX	Acute Care Hospital
Brownfield Regional Medical Center	705 E. Felt St.	Brownfield, TX	Acute Care Hospital
Yoakum County Hospital	412 Mustang Ave.	Denver City, TX	Acute Care Hospital
Plains Regional Medical Center	2100 M.L.K. Jr. Blvd.	Clovis, NM	Acute Care Hospital
Artesia General Hospital	702 N. 13th St.	Artesia, NM	Acute Care Hospital
Carlsbad Medical Center	2430 West Pierce	Carlsbad, NM	Acute Care Hospital
Lea Regional Medical Center	5419 N. Lovington Hwy	Hobbs, NM	Acute Care Hospital
Nor-Lea General Hospital	1600 N. Main Ave.	Lovington, NM	Acute Care Hospital
Roosevelt General Hospital	42121 US-70	Portales, NM	Acute Care Hospital
Regence Health Network Dental Clinic	2801 W 8th St	Plainview, TX	Community Health Center

Regence Health Network, Medical Clinic	2601 Dimmitt Rd	Plainview, TX	Community Health Center
SOUTH PLAINS RURAL HEALTH SERVICES, INC.	1000 Fm 300	Levelland, TX	Community Health Center
CHCL Arnett Benson Medical and Dental Clinic	3301 Clovis Rd	Lubbock, TX	Community Health Center
CHCL Chatman Community Health Center	2301 Cedar Ave	Lubbock, TX	Community Health Center
CHCL 1610	1610 5th St	Lubbock, TX	Community Health Center
CHCL 96 West	2401 Fulton Ave Apt B	Lubbock, TX	Community Health Center
CHCL Parkway Dental Clinic	1826 Parkway Dr	Lubbock, TX	Community Health Center
CHCL Medical Plaza	3502 9th St Ste 280	Lubbock, TX	Community Health Center
CHCL West Medical and Dental Clinic	5424 19th St Ste 200	Lubbock, TX	Community Health Center
Combest Sunrise Canyon Clinic	1950 Aspen Ave Bldg 100	Lubbock, TX	Community Health Center
Larry Combest Community Health and Wellness Center	301 40th St	Lubbock, TX	Community Health Center
CHCL Parkway Community Health Center	406 Martin Luther King Blvd	Lubbock, TX	Community Health Center

Appendix 5: Prioritization protocol and criteria / worksheets

#	Criteria	Criteria Definition	Score Definitions				
Step 1			1	2	3	4	5
1	**Seriousness of the problem**	Degree to which the problem leads to death, disability, and impairs one's quality of life.	For most people with the problem, the consequences are mild and not life threatening		Most people with the problem have some impairment of their quality of life; only some people die from the problem		For most people with the problem, the consequences are lethal or extremely debilitating
2	**Scope of the problem - Part 1**	Number of persons affected	Affects very few people		Affects about half the population		Affects much of the population
3	**Scope of the problem - Part 2**	Take into account the variance between regional benchmark data and targets and/or statewide averages. (for example, the prevalence of the problem in the primary service area compared to Target 2020 goals and/or prevalence in the county or state.)	The region is doing much better than targets or county/statewide averages		The region is on par with targets or county/statewide averages		The region is doing much worse than targets or county/statewide averages
4	**Health disparities**	Degree to which specific groups are affected by the problem	There are no differences in prevalence or severity of the problem across demographic or socioeconomic groups		One or more demographic or socioeconomic groups are doing moderately worse than the average in the service area		One or more demographic or socioeconomic groups are doing much worse on the health problem than the average in the service area
5	**Importance to the community**	Community members recognize this as a problem; it is important to diverse community stakeholders	Community input did not identify this area as a problem		Community input showed a moderate amount of concern about this problem		Community input showed a high level of concern about this problem
6	**Potential to affect multiple health issues**	Affects residents' overall health status; addressing this issue would impact multiple health issues.	Addressing this issue would not affect any other health issue		Addressing this issue would affect a few other health issues		Addressing this issue would impact many health issues - it is a root problem
7	**Implications for not proceeding**	Risks associated with exacerbation of problem if not addressed at the earliest opportunity	There is no risk that this problem will get worse if we don't address it now		There is a moderate risk that the problem will get worse if we don't address it now		This problem will definitely get worse if we don't address it now

These criteria were applied by Dr. David Hamilton to all identified health needs.

Step 2 Criteria and Score Definitions

#	Criteria	Criteria Definition	Score Definitions				
Step 2			1	2	3	4	5
8	**Sustainability of impact**	The ministry's involvement over next 3 years would add significant momentum or impact that would remain even if funding or ministry emphasis were to cease	Ministry involvement would likely yield little to no momentum or impact that would remain after 3 years of funding		Ministry involvement would likely yield moderate momentum or impact that would remain after 3 years of funding		Ministry involvement would likely yield significant momentum or impact that would remain after 3 years of funding
9	**Opportunities for coordination/ partnership**	Ability to be part of collaborative efforts	There is not much opportunity for the ministry to be part of collaborative efforts		There is some opportunity for the ministry to be part of collaborative efforts		There are many opportunities for the ministry to be part of collaborative efforts
10	**Focus on prevention**	Effective and feasible primary and/or secondary prevention is possible	There are no or few effective and feasible prevention strategies with which the ministry could be involved		There are a moderate number of effective and feasible prevention strategies with which the ministry could be involved		There are many effective and feasible prevention strategies with which the ministry could be involved
11	**Existing efforts on the problem**	Ability to enhance existing efforts in the community	There is so much work being done on this problem that our contribution would be meaningless		The problem is already being addressed by others and our contribution would be only moderately meaningful		We could make a very meaningful contribution to enhance the work of others in addressing this problem
12	**Organizational competencies (only CB Staff complete)**	Ministry has or could develop the functional/technical, behavioral (relationship building) and leadership competency skills to address significant health need	The ministry does not have and could not develop the competencies to address the issue		The ministry has some of the competencies or could develop them to address the issue		The ministry has or could easily develop strong organizational competencies to address the issue

These criteria were applied by raters from the Covenant Health Needs Assessment Prioritization Work Groups to all identified health needs.

Step 3 Criteria

Criteria	Criteria Definition	Responses		
Step 3		**Yes**		**No**
Relevance to Mission of St. Joseph Health	Is this area relevant or aligned with the Mission of St. Joseph Health?	Proceed to the next set of criteria		No further consideration of this health problem is necessary
Adheres to ERD's	Does this area adhere to the Catholic Ethical and Religious Directives?	Proceed to the next set of criteria		No further consideration of this health problem is necessary

These criteria were applied by the Community Benefit Staff of Covenant Health to all identified health needs.

Appendix 6: Ministry Community Benefit Committee

Name	Title	Affiliation or Organization
Sr. Sharon Becker, CSJ, Chair	Sister of St. Joseph of Orange	Sisters of St. Joseph of Orange
Val Cochran	Marketing	GriffinWink Lubbock
Richard Parks, Ex-Officio	Covenant Health, Chief Executive Officer Providence St. Joseph Health, Regional Executive Vice President	Covenant Health
Sr. Christine Ray, CSJ	Drug & Alcohol Intern Counselor	Sisters of St. Joseph of Orange
Dr. Michael O'Neill	Chief of Staff	Covenant Children's Hospital
Eddie McBride	President & CEO	Lubbock Chamber of Commerce
Karen Worley	Community Volunteer	
Tom Vermillion	Executive Director	Boys and Girls Club
Michelle Hunter	Marketing/Community Outreach Manager	Larry Combest Health and Wellness Center
Christine Allen Director	Workforce Development and Foreign Zone	Lubbock Economic Development Alliance

Nicole P. Springer, Ph.D.	**Director, Family Therapy Clinic**	**Texas Tech University**
Glenda Mathis	**Executive Director, YWCA**	**YWCA**
Jorge Sanchez	**Principal Harwell Elementary**	**Lubbock ISD**
Christopher Moore	**Manager Family, Community, and Adult Education**	**Texas Tech University**