



Covenant Health System

FY 09 – FY 11 Community Benefit Plan

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Executive Summary

Covenant Health System, a ministry of the Sisters of Saint Joseph of Orange, was established on June 10, 1998, by the merger of St. Mary of the Plains Hospital and Lubbock Methodist Hospital System. The new organization is a Christian organization serving as a co-ministry by caring for the whole person—body, mind and spirit—and by working with others to improve the health and quality of life in our communities. Based on the values of the Covenant Health System: dignity, excellence, service, and justice, the hospital is able to carry out its vision to bring people together to provide compassionate care, promote health improvement, and create healthy communities. As a values based non-profit hospital, Covenant has an ongoing commitment to serve the community.

Covenant Health System serves as one of the largest non-profit organizations in the West Texas/Eastern New Mexico region, serving a 62 county area. The population of the West Texas/Eastern New Mexico area is over 1.2 million, with over 53% of the patients who seek care residing outside Lubbock County. CHS consists of 1,103 licensed beds, more than 5,000 employees and over 600 admitting physicians at its four cornerstone facilities. Covenant Medical Center, Covenant Medical Center-Lakeside, Covenant Specialty Hospital, and Covenant Children's Hospital together have an average daily census of 497, and over 38,000 discharges and more than 100,000 annual Emergency Room visits in two ERs.

Covenant is committed to offering accessible, affordable care to Lubbock's surrounding areas. CHS has a network of 14 leased and managed community hospitals, including Covenant Hospital Levelland and Covenant Hospital Plainview, 20 Covenant Healthcare Centers, and Family Healthcare Centers. Approximately 151 physicians, who are members of Covenant Medical Group, staff the Healthcare Center network. Additionally, a fleet of four mobile coaches and two ECHO/PV vans travel to take needed services to the medically underserved.

CHS is a designated Major Adult Trauma Facility with Pediatric Commitment and is verified as a Level II Trauma Center. Covenant Health System's community-based Joe Arrington Cancer Research and Treatment Center (JACC) gives the region a level of cancer diagnosis, treatment and prevention equal to any facility in the nation. Cutting-edge research and the Arrington Comprehensive Breast Center, a state-of-the-art breast care facility, providing mammograms, bone density, ultrasound, Advanced Breast Biopsy Instrumentation (ABBI) system, Positive Electron Tomography (PET), an advanced CT scan and the B-mode Acquisition Targeting (BAT) which administers advanced precision radiation, separate JACC from other regional cancer centers.

Covenant Health System's Arrington Comprehensive Breast Center is also now equipped with the latest generation of digital mammography technology, the FCR (Fuji Computed Radiography). With just the click of a mouse, physicians can enlarge and enhance the digital mammogram, adjust the contrast or zoom in on specific regions of interest. The Covenant Heart and Vascular Institute (CHVI) is one of the region's freestanding heart facilities that houses physician offices, six catheterization labs and three dedicated electro-physiology labs. CHVI opened the region's only dedicated Chest Pain Center in the Emergency Department (ED). In addition, CHVI physicians conduct monthly cardiac clinics in several towns throughout the region. CHVI has recognized that heart disease is the number one killer in women, and has thus developed the Services for Women program. The CHVI Services for Women's mobile clinic travels throughout the West Texas and Eastern New Mexico region screening people of all ages who have not recently seen a physician, who may be at risk for heart disease, and who are interested in obtaining a full heart health assessment. Cardiac Plus, a partnership between CHVI Services for Women and Covenant's Corporate Services, offers the same comprehensive cardiac screenings to men in the region. In Fiscal Year 2007 Covenant Health System opened the Neuroscience Institute, which offers the most advanced treatment options available in West Texas, New Mexico, and Oklahoma for neuro-surgery, neurology, and neuro-rehabilitation. Covenant made another addition to its facilities with the opening of the Specialty Hospital in March of 2007.

As a values-based, nonprofit organization, Covenant Health System has an ongoing commitment to reach out to those in need within the communities we serve. Since the mid-1980s, our Community Outreach initiative has offered support to Disproportionate Unmet Health Needs (DUHN) populations—those who are vulnerable, uninsured or geographically isolated from conventional healthcare facilities. As part of our Christian message of healing, Covenant's Community Benefit priorities include Health and Nutrition Education, a Counseling Center, Mobile Mammography, Texas- Mobile Adult Dental, Texas- Children's Dental, New Mexico- Children's Dental, Covenant Community Health Screening Initiative (CCHSI) Community Screenings, and Covenant **B**ody **M**ind **I**nitiative, all which bring high-quality healthcare directly to the neighborhoods and communities that need it most.

A. Community Profile

The Ministry's Community

Covenant is the only SJHS Ministry providing services to communities in two states. Covenant provides services in New Mexico and draws patients from New Mexico communities into Lubbock, Texas. The circumstances of these community members profoundly impact the organization and the services it provides.

Covenant Health System's Community Benefit priorities address DUHN populations within core service areas (both primary and secondary service areas and beyond) for community residents who are faced with multiple health problems and have limited access to timely, high quality health care. Core service areas (both primary and secondary service areas and beyond) for Community Benefit programs include the Texas counties of Lubbock, Bailey, Lamb, Hale, Floyd, Motley, Cochran, Hockley, Crosby, Dickens, Yoakum, Terry, Lynn, Garza, Kent, Gaines, Dawson, Borden, Scurry, and Eddy county in New Mexico. Especially within Lubbock, four neighborhoods, Arnett-Benson, Harwell, Parkway-Cherry Point and Dunbar-Manhattan Heights, are designated as Medically Underserved Areas (MUA's). Secondary service areas for Community Benefit programs include Parmer, Castro, and King counties in Texas. Again, the Community Benefit programs which seek to help these areas are Health and Nutrition Education, a Counseling Center, Mobile Mammography, Texas- Mobile Adult Dental, New Mexico- Children's Dental, Texas- Children's Dental, CCHSI Community Screenings, and Covenant **B**ody **M**ind **I**nitiative (BMI).

Lubbock, the largest city within the primary and secondary service areas, is located on the South Plains of Texas and has a population of 204,737 and a county (Lubbock County) population of 250,446, according to the 2003 estimates of the US Census. Lubbock serves as a major medical center for the entire South Plains of Texas and Eastern New Mexico region, caring for people within a 57-county, 80,000 square mile radius of the city. The population of Covenant Health System's primary and secondary service areas is expected to increase. While only modest increases are expected, they are welcomed, as previous assessments indicated a slight loss of population for most of our service area.

cares for within the primary and secondary service areas and beyond have a disproportionate number of people who are both below the federal poverty level and who are above the age of 65 and are in need of greater access to healthcare. Many of these communities are Medically Underserved areas (MUA's) or Persistent Poverty Areas (PPA's) or both. Specifically focusing on the statistics for the economic characteristics of the Lubbock area, the most recent indicators, from the United Way's 2008 Community Status Report, show that the percentage of children living in poverty in Lubbock County is 22.4% which is a 7% decrease from the previous year and 21% above the US average. The percentage of adults living in poverty is 18% which is a 1.7% increase from the previous year and 55% above the US average. The percentage of individuals without health insurance is 24.8% compared to 23.9% for Texas in general and 15.1% for the US average.

It is clear that Covenant's service to DUHN populations in addressing healthcare challenges is primarily focused on access to timely, high quality healthcare. The core service area (both primary and secondary service areas and beyond) faces multiple health problems which range from cancer to unhealthy living habits. The cancer rate for Covenant (including various types of cancer) is about 931/100,000. The diabetes prevalence for Covenant's service regions is 11.47% compared to the national average of 7.5%. With regard to hypertension, Covenant service regions report 34.99% compared to the national average of 25.5%. In addressing the rates of unhealthy living, 15.6% of Lubbock County residents are smokers and 12.9% have participated in binge drinking in the past month. 71.8% of Lubbock County's adults are overweight or obese, and 20.5% of the overweight or obese are children.

The Hispanic population is close to 30%, nearly twice the national average. According to the United Way's *Community Planning Model 2008: Lubbock Community Status Report*, by 2040, it is projected that Hispanics will be at least one half of all age groups younger than 65, and about two thirds of all age groups younger than 40. Although Anglos comprised 63% of Lubbock County's population in 2000 (which also represents the surrounding counties' demographics), it is estimated that they will be 50% of the population in 2020 and only 42.8% of the population in 2030.

Lubbock's diverse labor force is one of its finest assets. Each year, the labor supply replenishes the area with 2,600 new high school graduates and nearly 6,000 college graduates. The Lubbock Economic Development Alliance has aggressively addressed workforce development as its key cornerstone since 2000. The healthcare sector is a vital part of the workforce and contributes over \$700 million to the local economy each year. Lubbock is known as the "medical center" for West Texas and eastern New Mexico, offering the most comprehensive healthcare between Dallas and Phoenix. Lubbock is home to one of the state's premier academic health science centers. Texas Tech University Health Science Center houses schools of medicine, allied health, and nursing. In addition, migrant workers and their families have a significant impact on the county workforce. Seasonal increases stress local housing and healthcare options. The need for health and dental care places tremendous strain on an already stretched system. Community leaders and providers are responding through initiatives and other

avenues to strengthen the infrastructure. Some of the initiatives include addressing educational needs which are typically overlooked. The hope is that greater emphasis on addressing educational needs leads to higher economic levels and better chances of gaining access to healthcare. Lubbock has recognized its need to improve access for the underserved population with eight community clinics which include a Health Education and Nutrition Clinic and a Lab (both housed at a Federally Qualified Health Center in Lubbock), a Counseling Center, a mobile Mammography unit, two mobile Adult Dental units, and two Children's Dental Clinics (one in Lubbock and one in Artesia, NM), all serving the core service areas (primary and secondary service areas and beyond) of CHS.

B. Community Needs and Assets Assessment

A needs assessment is compiled from Covenant's 2008 Annual Market Assessment which details overarching healthcare concerns for Texas in general as well as many details affecting the Lubbock area in particular. Some of the other sources used for Covenant's needs assessment include: St. Joseph Health System's Needs Assessment, the United Way Community Status Report, and the Texas Department of State Health Services. Lubbock's core (primary and secondary service areas and beyond) community needs and assets assessment are addressed through the various Community Benefit programs.

For example, with respect to dental care, it is estimated that Persistent Poverty Areas (PPA) are considered to have an unusually high need for access to dental healthcare professionals, and that 56% of the counties are designated as Dental Health Professional Shortage Areas (DHPSA), indicating there is less than one dentist for every 5,000 residents. This lack of access to dental healthcare continues to be assessed as an unmet need in the underserved population in the region. The Children's Dental Clinic serves children from across the South Plains area, with approximately 60% of the children from Lubbock and 40% from outlying communities. It provides both dental education and a dental "home" for Medicaid eligible children and children of low income families, ages 6-18 years.

Another example, with respect to breast cancer awareness and the importance of early detection, is through community based education in the use of Mobile Mammography. An emphasis on reaching out to underserved populations and to rural areas, where resources may be limited or not available, is a priority. It has been shown that within the South Plains region, a reduction in the number of mammography facilities has occurred since 2003, which has affected the rural areas Covenant serves. School nurses have been an asset within these rural areas because they serve as a barometer for their community's needs. Also, healthcare providers and community resource agencies, who work with the underserved, uninsured, and rural population base within their region, receive information on the services available and screening dates for their area.

While the majority of the Community Benefit programs address access to timely, high quality healthcare, the Covenant **BMI** program is one program that definitely addresses a high prevalence or severity for a particular health concern. Through our partnership with the Center for Prevention and Resiliency at Texas Tech University, a prevention and intervention program has been implemented in the hopes of impacting childhood obesity within Lubbock County. The primary goal of this program is to significantly reduce the levels of childhood obesity over the next 10 years, through direct service with the children and indirect service with their parents. In FY2009, pilot programs will begin at two schools in the Lubbock area: School for Young Women Leaders within Lubbock ISD, and Christ the King, Catholic Middle School.

Covenant has utilized various tools to communicate the community needs and assets assessment to interested stakeholders and the broader community. The results have been shared with members of the Board and staff at Board meetings. Information and progress on our community benefit plan was also shared with United Way and incorporated into its annual Community Status Report, as well as with agencies working in the targeted areas, low-income individuals and those at-risk for certain health indicators or access. Information about community health needs has been discussed in detail through various grant applications. CHS has published many newsletters, directories of services, health promotion pamphlets and community calendars. In addition, health education brochures and preventative messages are distributed throughout the service area. A brochure that highlights each service offered through Community Health Outreach is widely distributed at health screenings and other special events. Additional information is disseminated through direct community mailings, public events and through advertising in local media outlets. Feature articles have been written about many of Covenant's programs in the *Lubbock Avalanche Journal*. Another resource is Covenant's website, www.covenanthealth.org, which can be accessed by employees and the general public from a computer anywhere; it has information about the facility, services and programs offered, and monthly calendars for classes and events.

Access to health care is one of the most urgent issues facing the communities Covenant Health System serves. Each year 10 percent of our net assets are allocated to community outreach programs that improve health services for those who are vulnerable, uninsured or geographically isolated. As a strong non-profit system, CHS must continue to promote its community image among patients and physicians. CHS has developed strategies which will undoubtedly fortify its ability to serve its community and fulfill its healing mission into the future by addressing various health concerns and providing access to timely, high quality healthcare through Community Benefit programs.

C. Identification and Selection of DUHN Communities

DUHN Population Group or Community	Key Community Needs	Key Community Assets
Children without insurance or those with Medicaid benefits who need a “dental home” and preventative treatment	1)sufficient number of dental providers; 2) geographical access to dental providers; 3) adequate financial resources; 4) language access	Partnership with Lubbock Independent School District, 211 for Information and Referrals, awareness of programs among referring social service organizations, linkages to local and state chapters of dental associations, access to grant funding sources, referrals from current and previous patients
Adults who need a “dental home” and preventative treatment	1)sufficient number of dental providers; 2) geographical access to dental providers; 3) adequate financial resources; 4) language access	Partnership with healthcare providers in rural communities, especially including those clinics and hospitals affiliated with CHS, referrals from current and previous patients, participation in local health fairs/screenings, wide distribution of information and brochures
Mobile mammography screening for women 40 years old and over	Adequate access to a mammography facility, Adequate financial resources, Language access, Continuum of care beyond mammogram, Screening if necessary	Susan G. Komen Foundation of Lubbock, Lubbock Independent School District and other ISD’s in service areas, education on the importance of annual screening, providers in rural communities, especially including those clinics and hospitals affiliated with CHS, referrals from current and previous patients, wide distribution of informational brochures
Low income patients who need Health Education	Individual self management education on diabetes, hyperlipidemia and hypertension. Group education on diabetes for patient and family members. Health and hygiene education for low income elementary school classes	Community Health Center of Lubbock (FQHC), referrals from Covenant Medical Group, Lubbock Independent School district, Asbury United Methodist Church, wide distribution of informational brochures,
Counseling services for individual, couples, and families	Counseling services provided by LPC to low income population, sufficient number of mental health providers, financial access, individualized comprehensive treatment, assessment of most appropriate level of care.	CHS Inpatient behavioral services, Community Health Center of Lubbock (FQHC), Lubbock Regional Mental Health Mental Retardation, South Plains mental health providers, awareness of programs among referring social service organizations, 211 for Information and Referrals, wide distribution of information and brochures
Uninsured and underinsured individuals seeking comprehensive health screening	Adequate healthcare providers, adequate healthcare access to clinics, adequate financial resources, continuum of care beyond health screening if necessary, language access	Covenant Medical Group physicians, Covenant employees, Joe Arrington Cancer Center, Covenant Counseling Center, Lubbock Avalanche Journal, newspapers in surrounding communities, news media, wide distribution of informational mailers and brochures, and Community Centers
Middle school children who will be participants in a prevention and intervention program that will impact childhood obesity, Covenant B ody M ind Initiative	Comprehensive pilot program to address complex issues of obesity	Texas Tech University Center of Prevention and Resiliency, Lubbock Independent School District, Christ the King Catholic Middle School, Covenant BMI Advisory Board, and parents

D. Program Prioritization

The process used for the prioritization of the programs was determined by general consensus. All assessments used for this plan, primary and secondary data that was analyzed, individual meetings with groups of stakeholders, and members of the Community Benefit committee all confirmed the programs which are prioritized for this plan.

The Community Benefit committee, which is composed of five Covenant Board members and five community members, brings a history of work within the communities we serve. The five board members have a broad overview of the primary and secondary service areas; the community members understand the demographics and specific needs, particularly in the Lubbock area. By heavily relying on the expertise of these ten members, prioritization of the programs was finalized.

E. FY 09 – FY 11 Community Benefit Plan

As a values-based, nonprofit organization, Covenant Health System has an ongoing commitment to reach out to those in need within the communities we serve. Since the mid-1980s, our Community Outreach initiative has offered support to Disproportionate Unmet Health Needs (DUHN) populations—those who are vulnerable, uninsured or geographically isolated from conventional healthcare facilities. As part of our Christian message of healing, Covenant's Community Benefit priorities include Health and Nutrition Education, a Counseling Center, Mobile Mammography, Texas- Mobile Adult Dental, Texas- Children's Dental, New Mexico- Children's Dental, CCHSI Community Screenings, and Covenant **B**ody **M**ind **I**nitiative; these programs bring high-quality healthcare directly to the neighborhoods and communities that need it most.

Below is a brief description of the outcome goals and strategies that will be used to help address the key community issues.

Health and Nutrition Education

This program is located at Community Health Center of Lubbock (CHCL), a Federal Qualified Health Clinic (FQHC), to educate low income patients who are at risk or have diabetes, high cholesterol, hypertension, or other risk factors. Health education and nutrition programs are provided to low income elementary school children during school time and in after school programs. The strategies that are implemented are expected to improve healthcare outcomes for individuals' at-risk conditions through innovative activities and learning opportunities that address education, prevention and early detection.

Counseling Center

The Counseling Center has developed and will add a new program which will provide vulnerable populations with coping skills to empower them to adopt a healthy lifestyle, using psychoeducation. This program will be implemented through a series of group sessions, with topics tailored to the needs of the group. Some sessions will be held at

the Counseling Center or CHCL, and other sessions will be conducted at various community agencies.

Mobile Mammography

This program was designed to extend our screening mammography services in Lubbock and outlying counties to women age 40 and over who need financial assistance and who may not have access to facilities with mammography capabilities. The mobile mammography program has been a recipient of grants from the Lubbock affiliate of the Susan G. Komen Foundation. These grants enable the program to provide diagnostic follow up for women on financial assistance and to provide education in primary and secondary service areas and beyond.

Mobile Adult Dental

The goal of this program is to provide a “dental home” and preventative treatment for low income adults. The mobile dental vans serve low income adults in Lubbock County and fourteen counties outside Lubbock. Covenant provides this service because of the lack of adequate dental providers, lack of geographical access to dental providers, and lack of financial resources. Partnerships with healthcare providers, clinics and hospitals in rural communities affiliated with CHS, enable these services to be offered to their communities.

Children’s Dental – Texas and New Mexico

Clinics were started in response to requests from the communities for assistance in providing care to Medicaid eligible children without dental healthcare providers. The goal is to provide a “dental home” and preventative treatment to these children. Both clinics serve areas designated as Dental Health Professional Shortage Areas, with some counties having no dentist in the county at all, and counties ranking far below the federal standard. Grants from the Hubbard Foundation assist the program in delivering services to the children in New Mexico. Partnerships with Lubbock and other Independent School Districts in Texas promote the sealant clinics.

Covenant Community Health Screening Initiative

Because of such factors as high rates in poverty, lack of insurance, and a growing elderly population in Lubbock, it has become an increasing need to provide comprehensive health services to vulnerable populations. With the goal to reduce health risks through preventative services and education, Covenant seeks to provide access and availability to vulnerable populations with multiple health conditions. Covenant employees from several departments and physicians provide this service three times a year.

Covenant BMI

This unique program seeks to address the rise in childhood obesity, particularly in Lubbock, Texas. Covenant has partnered with the Texas Tech University Center for Prevention and Resiliency developing this program as a longitudinal study measuring the effectiveness of a prevention and intervention program, impacting childhood obesity over the next ten years.

The following tables provide additional detail related to each program.

Activity/Program Name: Health Education

Outcome Measure (if available): Covenant will improve healthcare outcomes for individuals who are at-risk with multiple health concerns.

DUHN Target group: Low income patients who need health education (diabetes, hyperlipidemia, hypertension, health and hygiene education for low income elementary school classrooms)

Content category of activity/program: Community –based Clinical Services **Sub-content category of activity/program:** Community Based Clinic Services

How does this activity/program fit with the identified DUHN needs and assets?

This program is located at CHCL (FQHC) to educate low income patients who are at risk or have diabetes, high cholesterol, hypertension, or other risk factors. Health education and nutrition programs are provided to low income Elementary School children during school time and at after-school programs.

How many unduplicated persons do you target to serve in this activity/program in FY 09? 4,000

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
To educate low income adults and children about high risk health issues	1. Provide classes and one on one consultation on diabetes, nutrition, cholesterol, and hypertension 2. Provide classes on nutrition, exercise, and general hygiene to low income Elementary School students 3. To educate CMG physicians on availability of Health Education and nutrition services	Strategy 1 – Measure: Maintain current levels of participation Strategy 2 - Measure: Maintain current levels of participation Strategy 3 – Measure: Number of letters sent and number of referrals if applicable

Activity/Program Name: Counseling Center

Outcome Measure (if available): Provide mental health services in a group setting to promote healthy lifestyle changes

DUHN Target group: Low –income individuals in Lubbock

Content category of activity/program: Community –based Clinical Services **Sub-content category of activity/program:** Community Based Clinic Services

How does this activity/program fit with the identified DUHN needs and assets? To provide a vulnerable population with coping skills to empower them to adopt a healthy lifestyle.

How many unduplicated persons do you target to serve in this activity/program in FY 09? 200

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
Provide psychoeducation to individuals in group settings to assist them in making healthy lifestyle changes.	1. Facilitate psychoeducation in Counseling Center setting – group sessions to individuals regarding: Healthy Boundaries; Codependency and Symptom Management for both Depression and Anxiety 2. Facilitate psychoeducation in Community Health Education Program regarding The Emotional Aspects of Diabetes 3. Presentations/Psychoeducation outside the Counseling Center and Health Education Program setting (ex: local living and learning center for women; American Cancer Society; other agencies serving target group)	Strategy 1 Measure: Document results of Individual Self-Assessments at initial group session and after completion of all sessions. Strategy 2 Measure: Document results of Individual Self-Assessments regarding increase in knowledge of Emotional Aspects of Diabetes by using Likert Scale. Strategy 3 Measure: Using Likert Scale, document results of Questionnaires regarding increase in knowledge of subjects presented.

Activity/Program Name: Mobile Mammography

Outcome Measure (if available): To meet the Healthiest Communities 2010 Target of 70% of women 40 and older will have a screening mammogram.

DUHN Target group: Residents in the counties of: Terry, Crosby Dickens, Yoakum, Castro, Parmer, Hockley, Lamb, Floyd, Hale, Cochran, Bailey, Garza, Lynn, Kent, Dawson, Gains, Borden, Scurry, King, Motley, and Lubbock

Content category of activity/program: Community –based Clinical Services **Sub-content category of activity/program:** Community Based Clinic Services

How does this activity/program fit with the identified DUHN needs and assets?

This program was started in response to a lack of adequate mammogram facilities in primary and secondary service areas and beyond as well as a lack of adequate financial resources.

How many unduplicated persons do you target to serve in this activity/program in FY 09? 1600

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
To provide a screening mammogram to women 40 years old and over	1. Maintain current levels of service 2. Provide educational brochures on breast health awareness	Strategy 1 – Measure: Number of sites and patients Strategy 2 - Measure: Distribution of brochures

Activity/Program Name: Community Outreach—Children’s Dental Clinics (Lubbock, TX and Artesia, NM)

Outcome Measure (if available): Children with Medicaid benefits or those who are uninsured are provided a “dental home” and preventative treatment

DUHN Target group: Residents in the City of Lubbock and the surrounding 16 counties; residents of New Mexico

Content category of activity/program: Community Health Services **Sub-content category of activity/program:**
Community Based Clinic Services

How does this activity/program fit with the identified DUHN needs and assets?

Clinics were started in response to requests from the communities for assistance in providing care to Medicaid eligible children without dental healthcare providers. Both clinics serve areas designated as Dental Health Professional Shortage Areas, with some counties having no dentist in the county at all, and counties ranking far below the federal standard of 1 dentist per 1,050 residents. New Mexico ranks 49th in the nation in the number of dentists per capita with 1: 3,297 residents. For children, oral health needs change each year as primary teeth emerge and then later the development of permanent teeth. In Texas, clinical outcomes are significantly improved with preventative measures such as regular dental hygiene appointments and the placement of dental sealants to protect teeth from decay and toothbrush erosion. In New Mexico, the community based needs are met by providing oral health screenings to Headstart children ages 4 and 5.

How many unduplicated persons do you target to serve in this activity/program in FY 09? 600

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
To provide a “dental home” for children and offer preventative dental treatment	1. Providing comprehensive dental plans 2. Increasing oral health education 3. Providing a school based preventative and sealant program	Strategy 1 – Measure: Number of new patients whose parent/guardian receive an individual review with the dentist, using full mouth panorex X-rays when applicable, on the treatment plan Strategy 2 - Measure: Number of educational discussions with both children and parent/guardian Strategy 3 – Measure: Number of sealant clinics, number of patients screened, and number receiving sealants

Activity/Program Name: Adult Dental

Outcome Measure (if available): Adults who need a “dental home” and preventative treatment

DUHN Target group: Residents in the counties of: Lubbock, Terry, Yoakum, Crosby, Dickens, Dawson, Lamb, Hockley, Hale, Cochran, Bailey, Parmer, Gaines, Lynn, and Garza

Content category of activity/program: Community –based Clinical Services **Sub-content category of activity/program:** Community Based Clinic Services

How does this activity/program fit with the identified DUHN needs and assets?

Clinics were started in response to a lack of providers, lack of geographical access to dental providers, and a lack of adequate financial resources.

How many unduplicated persons do you target to serve in this activity/program in FY 09? 1200

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
To provide a “dental home” for adults and preventative dental treatment	1. Provide comprehensive dental plans for patients 2. Increase dental health awareness 3. Maintain patient understanding of dental procedures in treatment plan	Strategy 1 – Measure: Number of patients in compliance with dental plan tracked by number of patient encounters Strategy 2 - Measure: Number of patient encounters Strategy 3 – Measure: Positive responses on statements 7 and 8 of patient satisfaction survey (Statement 7. The procedures were adequately explained to me before they were done. Statement 8. Questions I had were answered in a way I could understand.)

Activity/Program Name: CCHSI Community Health Screenings

Outcome Measure (if available): To provide access and availability to vulnerable populations with multiple health concerns

DUHN Target group: Low income residents in primary and secondary service areas and beyond, who lack easy access to healthcare

Content category of activity/program: Community Health Services **Sub-content category of activity/program:** Community Based Clinic Services

How does this activity/program fit with the identified DUHN needs and assets?

Because of such factors as high rates in poverty, lack of insurance, and a growing elderly population in Lubbock, it has become an increasing need to provide comprehensive health services to vulnerable populations. Health screenings cover: skin cancer screening, dental/oral health screening, men’s health screenings, women’s health screenings, complete metabolic panel, blood pressure test, mental health test, STD test vouchers, lipid profile, height/weight/and BMI, fecal occult home test kits, and health education materials.

How many unduplicated persons do you target to serve in this activity/program in FY 09? 800 yearly through 3 screenings (2 adult and 1 children’s)

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
Reduce health risks through preventative services and education	1. Increase access to health screenings 2. Increase availability of education on various health conditions	Strategy 1 – Measure: Number of health screenings provided and number of people served Strategy 2 - Measure: Number of educational booths provided by hospital departments or community agencies

Activity/Program Name: Covenant Body Mind Initiative (BMI)

Outcome Measure (if available): A longitudinal study measuring the effectiveness of a prevention and intervention program that impacts childhood obesity

DUHN Target group: Lubbock, TX. This pilot program will target the middle schools of: School for Young Women Leaders and Christ the King Catholic Middle School

Content category of activity/program: Community Health Education **Sub-content category of activity/program:** Lectures/Workshops

How does this activity/program fit with the identified DUHN needs and assets?

This unique program seeks to address the rise in childhood obesity, particularly in Lubbock, TX. It is the belief that the core issues contributing to diseases of excess are different forms of physical, mental, emotional, social or spiritual pain. Addressing pain in the lives of obese or at risk children can give them the necessary tools to: 1) take control of their attitudes and feelings about themselves, 2) find healthy methods of coping with life stressors, and 3) begin to believe in the importance of their own health and well-being.

How many unduplicated persons do you target to serve in this activity/program in FY 09? 75 females only from the Lubbock ISD School for Young Women Leaders and 35 females and males from Christ the King Catholic Middle School

GOAL	STRATEGY(IES)	STRATEGY(IES) MEASURE
Significant reduction in the prevalence of childhood obesity in Lubbock County and overall improvement in the health and wellness of project participants within the next 10 years.	1. Provide education on nutrition and exercise 2. Modify health risk by providing healthy alternative 3. Provide opportunities for a healthy lifestyle within the families of participants	Strategy 1 - Measure: Track BMI/growth charts, fitnessgram and nutrition analysis on participants Strategy 2 - Measure: Track with a self-report in a Health Assessment Survey and participation in Esteem/Depression Survey Strategy 3 – Measure: Track by parent feedback, parent attendance at meetings, and dissemination of information from children to their parents

F. All Other Community Benefit Programs

Other Community Benefit Programs	
1	<p>Activity/Program Name: CHS physicians' time with Texas Tech Health Science Center (TTUHSC) Residents and Fellows</p> <p>Program Description: Covenant has an agreement with TTUHSC to allow their Resident and Fellow physicians to see patients within Covenant to fulfill their clinical rotations. Our physicians' time with TTUHSC Residents and Fellows is in the role of the attending physician.</p> <p>Target Population: Patients in the hospital</p>
2	<p>Activity/Program Name: Corporate Wellness Services</p> <p>Program Description: A partnership with businesses within our service area that offer basic screenings, optional tests and well-heart cardiac screenings to provide convenient health care services that accommodate work schedules.</p> <p>Target Population: Employees of participating businesses</p>
3	<p>Activity/Program Name: Nursing and Radiology Students</p> <p>Program Description: CHS nurses, radiology technicians, and surgical technicians acting as preceptors during clinical rotations for nursing, radiology and surgical technician students from Covenant and South Plains College, as well as nursing students from TTUHSC and Lubbock Christian University.</p> <p>Target Population: Patients in the hospital</p>
4	<p>Activity/Program Name: Allied Health Students</p> <p>Program Description: CHS allied health professionals mentoring allied health students in the fields of food and nutrition, occupational therapy and physical therapy during their clinical rotations at Covenant.</p> <p>Target Population: Patients in the hospital</p>

G. Ministry's Organizational Structure

Governance

The role and responsibility of the Community Benefit Committee in planning and monitoring Community Benefit programs is to meet monthly Board meetings to discuss and review financial reports and program updates as well as Community Benefit quarterly reports. If there are any areas of concern that need to be addressed, it is handled at the meetings. The monitoring of programs during board meeting helps the Community Outreach department to assess and measure the strengths and weaknesses of program performance and will also help in the future implementation of new programs or continuation of existing programs.

The Community Benefit Committee links to the ministry's governance structure by requiring that at least three members of the committee must also be members of the CHS Board, excluding the five community members.

The structure of the Community Benefit Committee addresses the Advancing the State of the Art in Community benefit (ASACB) principle of Collaborative Governance in a number of ways. While some of our programs are loosely developed within this governance structure, others have strong collaborative governance. One example is the ongoing coordination and sharing of resources and skills between the Susan G. Komen Lubbock Area Affiliate and Covenant's Mobile Mammography. Komen's desire to reach beyond the city limits of Lubbock to outlying communities ties into our ability to do so with our mobile unit. This enables a sharing in the responsibility of the program and creates a win-win situation for the Komen Foundation and our staff alike. We receive up-to-date educational information from Komen, and we help to promote their fundraising, especially for events like the Race for the Cure. As partners in shared accountability, Covenant employees also serve on their board. In addition, we receive grants that help with financial assistance for patients who are screened through our program. Another program that has strong cooperation and sharing of resources and skills is between the Texas Tech University Center for Prevention and Resiliency and Covenant **B**ody **M**ind **I**nitiative. This program has an Advisory Committee, chaired by a CHS pediatrician who is also a CHS Board Member. The Advisory Committee also has two additional CHS employees as members, as well as a St. Joseph's Health System Senior Vice President. The seven remaining members of the committee represent a broad spectrum of community and professional experience.

Management

The local ministry's Executive Management Team (EMT) is involved in community benefit planning and monitoring by having both the Vice President of Foundation and the Vice President of Mission Integration attend Community

Benefit Committee meetings. The Chair of the Community Benefit committee also reports monthly at Board meetings.

The Community Benefit Plan aligns with the ministry's strategic plan by requiring that all employees fulfill their community benefit hours by participating in approved volunteer opportunities of CHS. This participation is encouraged at all levels of staff, but especially emphasized for managers and above. In addition, the Healthiest Communities long-term goal of being in the top decile of healthiest communities in the nation is addressed within both of our Strategic and Community Benefit Plans. Our emphasis is on decreasing the prevalence of childhood obesity.