COVENANT HEALTH MEDICAL CENTER
2014 Community Health Assessment Report

CovenantHealth
TABLE OF CONTENTS

EXECUTIVE SUMMARY

MISSION, VISION, AND VALUES

INTRODUCTION
  Who We Are and What Why We Exist?

ORGANIZATIONAL COMMITMENT
  Community Benefit Governance and Management Structure

COMMUNITY
  Description of Community Served
  Community Profile
    Community Need Index

METHODOLOGY
  Analytic Methods
  Priority Setting Process and Criteria
  Community Collaboration
  Information Gaps

COMMUNITY NEEDS
  Community Needs Prioritized
  Disproportionate Unmet Health Need Group
  Key Community Needs and Assets

PRIMARY DATA
  Community Input
    Focus Groups
    Key Informant Interviews
    Summary of Results

SECONDARY DATA
  PRC Survey
  County Health Ranking Data
  Medically Underserved Index
  Health Professionals Shortage Index
  United Way 2013 Community Status Report
  Summary of Findings
ATTACHMENTS:
Appendix 1: Community Input
Appendix 2: Healthcare Facilities within Service Area
Appendix 3: Medically Underserved Areas
Appendix 4: Health Professions Shortage Areas
Appendix 5: Healthcare Provider Survey Data
Appendix 6: County Health Rankings Data
EXECUTIVE SUMMARY

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

Covenant Health’s Community Health Outreach Department (CHO) conducts a community needs and assets assessment every three years. The assessment process includes secondary data analysis, review of community assets, community needs mapping, focus groups, interviews and surveys. The information is used by the CHO department and the Covenant Community Benefit Committee to select FY 15- FY 17 community health outreach priorities for Covenant Health.

COLLABORATING ORGANIZATIONS

This needs assessment is conducted as a collaborative effort between the following Covenant Health facilities (ministries): Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty Hospital (Joint Venture) all located in Lubbock, TX.

COMMUNITY INPUT

Community input was gathered through focus groups, interviews and on-line surveys. Findings include significant concerns in the community surrounding lack of: mental/behavioral health services, prevention/wellness programs particularly for lower income families and dental services particularly for adults. Additionally the need for more coordination of services among providers and agencies was expressed.

COMMUNITY NEED

Community health and wellness needs identified in this assessment include:

1. Mental/Behavioral Health
2. Obesity reduction and prevention
3. Diabetes
4. Wellness and Prevention
5. Cardiovascular
6. Dental
7. Substance Abuse all ages
8. Women’s Health
9. Children’s Health
10. Cancer
11. Access to care for low income (including prescriptions)
12. Childhood Asthma
13. Domestic Violence (including child abuse)
14. Healthy food for low income
INTRODUCTION

MISSION, VISION, AND VALUES

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.

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

Covenant Health, located in Lubbock, Texas is a member of the St. Joseph Health, sponsored by the St. Joseph Health Ministry, and is the largest health care institution in the West Texas and Eastern New Mexico region, with 4,000 employees and more than 600 admitting physicians. Covenant Health was created in 1998, through the merger of Lubbock Methodist Hospital System and St. Mary Hospital. Cornerstone facilities in Lubbock include Covenant Medical Center, Covenant Children’s Hospital, Covenant Specialty Hospital and Hospice of Lubbock. Covenant Medical Group offers a wide array of primary care and specialists throughout Lubbock, West Texas and New Mexico.

Covenant Health is committed to offering accessible, affordable care to Lubbock’s surrounding areas through 2 leased and 12 affiliated regional hospitals, including Covenant Hospital Levelland and Covenant Hospital Plainview, and Covenant Medical Group, a large employed physician group comprised of approximately 150 primary care and specialist physicians across West Texas and Eastern New Mexico.
ORGANIZATIONAL COMMITMENT

Community Benefit Governance and Management Structure

Our Community Benefit Committee, a subcommittee of CH’s Board of Trustees, is made up of hospital leadership and local community professionals. Our Executive Management Team (EMT) is involved in community benefit planning, prioritization of programs and reporting through the participation of the Vice President of Mission Integration, the CEO, COO, Vice President of Regional Services/Advocacy and the Board Liaison at the monthly Community Benefit Committee meetings. In addition, the Chair of the Community Benefit committee reports monthly at Board of Director’s meetings, keeping them informed about program progress.

The Community Benefit Committee consists of seven CH Board of Director’s members and five at-large community members. Each has a unique insight to the communities we serve. The role of the Community Benefit Committee of Covenant Health is to support the Board of Directors in providing oversight of achievement of the Healthiest Communities goals and initiatives, community outreach activities, and assuring the accuracy of information included in the community benefit reports approved by the Board and submitted as required to state and federal agencies. The Community Benefit Committee works with Covenant’s Strategic Planning and Advocacy departments to insure goals alignment. The Community Benefit Committee achieves this role through fulfilling the following functions as outlined in the committee charter:

- Monitor Healthiest Communities (Childhood Obesity) initiatives.
- Develop policies and programs that address the identified needs in the CH service area with particular attention to vulnerable populations with disproportionate unmet needs.
- Oversee the development and implementation of the Community Needs Assessment and Community Benefit Plan every three (3) years.
- Monitor annual progress against Community Benefit Plan goals.
- Review all Community Benefit expenditures annually.
- Review and approve annual Care for the Poor budget and recommend approval to CH Board of Directors.
- Review and approve program design to assure that it best meets the needs of the population served.
- Ensure that Community Benefit programs target the populations with the greatest disproportionate unmet health related needs in the CH service area.
- Review and recommend programs for continuation/discontinuation annually.
- Review community benefit reports to assure accuracy of information before being approved by the Board and submitted to state and federal agencies.
- Identify potential sources and partnerships for Community Benefit programs. Provide letters of support or introduction, as appropriate.
- Assure effective communication and engagement of diverse stakeholders in Community Benefit planning and implementation.
COMMUNITY

COMMUNITY SERVED
Covenant Health (CH) is a member of the St. Joseph Health, sponsored by the St. Joseph Health Ministry, and is one of the largest non-profit healthcare organizations in the West Texas/Eastern New Mexico region, serving a 62 county area. Many of the counties in the service area are considered Medically Underserved. We consist of 1,154 licensed beds, approximately 4,000 employees, and over 600 admitting physicians. Covenant Health has an average daily census of 409, over 28,000 annual patient discharges, and more than 85,000 annual Emergency Room visits.

Covenant Health – Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty Hospital (Joint Venture) are all located in Lubbock, TX. Lubbock is the county seat of Lubbock County. The city is located in the northwestern part of the state at the base of the Panhandle in a region known as the Llano Estacado. Lubbock is home to Texas Tech University, Lubbock Christian University and has satellite campuses of South Plains Jr. College and Wayland Baptist University. The Lubbock Metropolitan Statistical Area is comprised of Lubbock and Crosby Counties. Lubbock serves as an economic center with an economy based in agriculture, healthcare, education, and manufacturing.

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 Covenant Health.

Figure 1. Covenant Health’s Primary and Secondary Service Area Map

Legend
- Covenant Health
- NorthBlair Surgical Center
- Grace Medical Center
- Lubbock Heart Hospital
- University Medical Center
- Primary Service Area
- Secondary Service Area
# Community Profile

## Covenant Health Total Service Area

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>754,196</td>
</tr>
<tr>
<td><strong>Average Household Size</strong></td>
<td>2.63</td>
</tr>
<tr>
<td><strong>Median Household Income</strong></td>
<td>38,444</td>
</tr>
<tr>
<td>Male</td>
<td>382,993</td>
</tr>
<tr>
<td>Female</td>
<td>371,203</td>
</tr>
</tbody>
</table>

### Age Groups 2012 %

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>2012</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>222,599</td>
<td>29.5</td>
</tr>
<tr>
<td>20-44</td>
<td>259,057</td>
<td>34.3</td>
</tr>
<tr>
<td>45-64</td>
<td>177,061</td>
<td>23.5</td>
</tr>
<tr>
<td>65+</td>
<td>95,479</td>
<td>12.6</td>
</tr>
</tbody>
</table>

### Race/Ethnicity 2012 %

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2012</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Alone</td>
<td>566,473</td>
<td>75.1</td>
</tr>
<tr>
<td>Black Alone</td>
<td>39,552</td>
<td>5.2</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>8,666</td>
<td>1.1</td>
</tr>
<tr>
<td>All Other</td>
<td>139,505</td>
<td>18.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>754,196</td>
<td>100</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>319,794</td>
<td>42.4</td>
</tr>
</tbody>
</table>

### Household Income %

<table>
<thead>
<tr>
<th>Household Income</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15K</td>
<td>17.6</td>
</tr>
<tr>
<td>$15K-$25K</td>
<td>14.7</td>
</tr>
<tr>
<td>$25K-$35K</td>
<td>13.0</td>
</tr>
<tr>
<td>$35K-$50K</td>
<td>15.8</td>
</tr>
<tr>
<td>$50K-$100K</td>
<td>27.0</td>
</tr>
<tr>
<td>Over $100K</td>
<td>12.0</td>
</tr>
</tbody>
</table>

### Adult Education Level *

<table>
<thead>
<tr>
<th>Adult Education Level</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>23.3</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>29.7</td>
</tr>
<tr>
<td>Some college no degree</td>
<td>21.7</td>
</tr>
<tr>
<td>Associates Degree</td>
<td>6.1</td>
</tr>
<tr>
<td><strong>Bachelor Degree or Greater</strong></td>
<td>19.2</td>
</tr>
</tbody>
</table>

Source: ERSI based on 2010 Census *Most current data through American Community Survey
COMMUNITY BENEFIT SERVICE AREA

The FY 15 – FY 17 Community Benefit Service Area (CBSA) addresses specific populations within both Covenant Medical Center’s primary and secondary service areas. The Covenant Community Health Outreach program is located in the city of Lubbock where the three hospital facilities are also located. Due to the vast geographical area served by the Covenant Health hospitals the community outreach programs focus on high need areas within the city of Lubbock and a 60 mile radius. However, persons living outside of the primary service area for the Covenant Community Health Outreach programs are able to participate in any program.

<table>
<thead>
<tr>
<th>Covenant Health Community Benefit Primary Service Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>79241</td>
</tr>
<tr>
<td>79329</td>
</tr>
<tr>
<td>79331</td>
</tr>
<tr>
<td>79339</td>
</tr>
<tr>
<td>79363</td>
</tr>
<tr>
<td>79364</td>
</tr>
<tr>
<td>79366</td>
</tr>
<tr>
<td>79373</td>
</tr>
<tr>
<td>79382</td>
</tr>
<tr>
<td>79401</td>
</tr>
<tr>
<td>79403</td>
</tr>
<tr>
<td>79404</td>
</tr>
<tr>
<td>79407</td>
</tr>
<tr>
<td>79410</td>
</tr>
<tr>
<td>79411</td>
</tr>
<tr>
<td>79412</td>
</tr>
<tr>
<td>79413</td>
</tr>
<tr>
<td>79414</td>
</tr>
<tr>
<td>79415</td>
</tr>
<tr>
<td>79416</td>
</tr>
</tbody>
</table>
COMMUNITY NEEDS INDEX

The following additional geographic analysis was conducted to get an understanding of the geographic needs in the Lubbock County area.

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 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 79415 on the CNI map is scored between 4.1-5, making it a High Need community.

Figure 2 (page 11) depicts the Community Need Index for Covenant Health’s geographic service area based on national need. 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.
METHODOLOGY

The Covenant Health Community Health Needs Assessment is a follow-up to the study conducted in 2011. It is a systematic, data-driven approach to determining the health status, behaviors and lifestyles of residents in the Community Benefit Service Areas. Subsequently, this information will be used to formulate strategies to improve community health and wellbeing. A Community Health Assessment provides information used by communities to identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Assessment will serve as a tool toward reaching three basic goals:

1. To improve community residents’ self-reported health status, functional health and their overall quality of life.
2. To reduce the health disparities among residents.
3. To increase accessibility to preventive services for all community residents.

In addition to these goals, data from this report will assist in completing the Community Health Needs Assessment (CHNA) report as part of the Federal 501(r) requirements.

ANALYTIC METHODS

Community needs and assets assessment process

The CHNA process included secondary and primary data analysis, mapping of needs, review of community assets and prioritization of health needs focus area for Covenant Health Community Outreach. Covenant Health utilized the PRC secondary data (see appendix 7) to identify health issues for the economically poor in community benefit service area (CBSA). The CBSA is identical for Medical Center, Children’s Hospital and Specialty Hospital. The analysis included a review of current community assets to further identify the issues/needs for which there are not adequate resources (assets) in place by other community providers.

Secondary Data Collection and Analysis

- Demographic data for service area
- PRC Data
- County Health Ranking Data (appendix 6)
- United Way 2013 Community Status Report

Primary data collection:

- Analyzed existing community assets and programs
- Conducted community focus groups with questions developed based on PRC Secondary Data
- Conducted interviews and on-line surveys
PRIORITIZATION PROCESS AND CRITERIA

All identified health needs were presented to focus groups comprised of community health leaders from the Lubbock area, representatives from local community service agencies, local public school representatives, governmental agencies, and local clergy. In addition internal Covenant department leaders and the CB Committee also provided input into the priority setting process. Local healthcare providers were also asked to complete an on-line survey to rank the identified needs. The feedback received from these groups combined with the secondary data analysis helped shape the final priorities. Priorities were then assigned rankings by the CHO program team according to how well they met the following elements listed below.

Elements Considered When Ranking Priorities:

- Local secondary and primary data and national evidence have identified this problem as an important one in affecting residents’ health status
- All priorities will be focused on the economically poor Local secondary and primary data have identified this problem as affecting a substantial number of persons
- Available local resources to address the problem are not adequate
- Issue can be effectively addressed within the mission, vision, and values
- Focus on this area will help the Emergency Department and inpatient areas
- Focus on this area will help insure that the economically poor receive services in areas of clinical excellence
- Focus on this area will help address other strategic priorities
- Other community service providers agree that there is a need for additional services and providers
- Other community service providers support being a provider in this arena
- There would be a negative impact on community if CHO discontinued a current program or service
- Can provide this service as efficiently as other providers of this service in the community
- Has or will develop the competencies/expertise needed to address this need effectively
- Will focus on primary and/or secondary prevention approaches to this problem, rather than tertiary prevention
- Will address this problem through an integrated/coordinated approach working with other providers to meet consumers’ needs and “best practice” standards
- Scope and seriousness of the issue
- Evaluation of community resources that currently address the issue
- Overall Alignment with internal strategic plans

INFORMATION GAPS

Demographic and health data is not available at the city or zip code level for Lubbock and the surrounding areas. Very little secondary data is available on oral health in Texas. However, this did not impact Covenant Health, Covenant Medical Center’s ability to reach reasonable conclusions regarding community health needs.
COLLABORATING ORGANIZATIONS

Covenant Health’s Community Health Outreach Department (CHO) conducts a community needs and assets assessment every three years. This needs assessment is conducted as a system which includes Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty Hospital (Joint Venture) all located in Lubbock, TX.

COMMUNITY NEED

Community health and wellness needs identified and ranked based on the process and criteria listed above.

1. Mental/Behavioral Health  
2. Obesity reduction and prevention  
3. Diabetes  
4. Wellness and Prevention  
5. Cardiovascular  
6. Dental  
7. Substance Abuse all ages  
8. Women’s Health  
9. Children’s Health  
10. Cancer  
11. Access to care for low income (including prescriptions)  
12. Childhood Asthma  
13. Domestic Violence (including child abuse)  
14. Healthy food for low income
Disproportionate Unmet Health Need Group (DUHN), Key Community Needs, and Assets Summary

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within Covenant Health’s Service Area. The twenty zip codes (representing ten cities) within the Covenant Health Primary Community Benefit Service Area are considered medically underserved.

COMMUNITY ASSETS

The Lubbock community has a strong base of agencies and non-profit organizations working to provide social and economic support to residents within the county. Lubbock has a very strong and active United Way which helps fund and support local agencies. There are two large hospitals, a heart hospital, several surgical centers, two cancer centers and numerous healthcare providers within Lubbock. Three universities and one junior college have campuses in Lubbock which provides the community with student interns and student service organizations. Texas Tech University Medical School, Nursing School and Allied Health program all help to boost healthcare services in the region. There are three strong public school districts within the city of Lubbock which provide assistance to low income families through an array of outreach programs. Lubbock received a Promise Neighborhood grant which has provided funding to focus educational and medical outreach efforts in some of the most underserved schools. There is a rich network of churches supporting citizens and assisting with food, clothing, utilities and housing. Below is a list of community organizations identified as providing support in health related services to economically disadvantaged in the Lubbock area.

<table>
<thead>
<tr>
<th>Community Health Center of Lubbock</th>
<th>STARR Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Dream Center</td>
<td>Managed Care</td>
</tr>
<tr>
<td>The Garrison Center</td>
<td>Lubbock Faith Center</td>
</tr>
<tr>
<td>The Larry Combest Center</td>
<td>Texas Tech Family Therapy Clinic</td>
</tr>
<tr>
<td>Lubbock Boys and Girls Club</td>
<td>Family Counseling Center</td>
</tr>
<tr>
<td>Junior League of Lubbock</td>
<td>United Way of Lubbock</td>
</tr>
<tr>
<td>AgriLIFE Extension</td>
<td>Juvenile Diabetes Research Foundation</td>
</tr>
<tr>
<td>Lutheran Social Services</td>
<td>American Diabetes Association</td>
</tr>
<tr>
<td>Lubbock Children’s Health Clinic</td>
<td>March of Dimes</td>
</tr>
<tr>
<td>TTU Center for Addiction &amp; Recovery</td>
<td>Parenting Cottage</td>
</tr>
<tr>
<td>Methodist Children’s Home Lubbock</td>
<td>YWCA</td>
</tr>
<tr>
<td>American Cancer Society</td>
<td>Family Outreach</td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>WIC</td>
</tr>
<tr>
<td>Covenant Health System</td>
<td>Grand Expectations</td>
</tr>
<tr>
<td>University Medical Center</td>
<td>The Stork’s Nest</td>
</tr>
<tr>
<td>Lubbock Impact</td>
<td>Methadone Clinic</td>
</tr>
<tr>
<td>City Health Department</td>
<td>Women’s Protective Services</td>
</tr>
<tr>
<td>TTU Health Sciences Center</td>
<td>Headstart Program</td>
</tr>
<tr>
<td>Catholic Family Services</td>
<td>The South Plains Food Bank</td>
</tr>
<tr>
<td>Sick Children’s Clinic</td>
<td>Link Ministries</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>Family Guidance Center</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>Texas Tech School of Medicine Clinics</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td></td>
</tr>
</tbody>
</table>
PRIMARY DATA

Community Input
Community input was gathered through focus groups, interviews and an on-line survey conducted during January 2014 (appendix 1 and 5). Input was gathered based on the health needs that surfaced in the 2012 PRC Health Needs Assessment (full PDF report available upon request) prepared for Covenant Health. The PRC Needs Assessment analyzed both primary and secondary data for Covenant Health including phone surveys of community residents.

Focus groups, interviews and surveys were conducted by Covenant Health Community Outreach staff. Persons representing broad interests of the community and with special knowledge of public health were asked to participate in one of more of the data gathering sessions. Input was gathered from governmental health agencies, persons representing medically underserved and low income populations, as well as individuals representing minority health needs.

SUMMARY OF FINDINGS
Input from the community indicates there are very few dental resources for uninsured and/or low income adults. This includes those who are elderly. Persons in need of diabetes care, education and prescriptions also face the challenge of limited services particularly for low-income residents. There is a need for early intervention and education focused on prevention of diabetes perhaps through more school partnerships. There are numerous agencies providing a variety of assistance to low-income individuals and families in Lubbock however; more work needs to be done to raise awareness of resources are available. There is a need for case management services for families outside of the hospital and a need for health navigators. Obesity continues to be a concern for Lubbock and the surrounding communities. Collaborative efforts between healthcare, education, non-profits and civic agencies should continue in order to best address obesity reduction. Mental/Behavioral health remains a huge issue for Lubbock and surrounding counties. Mental health services are limited and there are not enough providers. The need is even greater for low-income patients who cannot gain access to continuous care. There is a high need for substance abuse in-patient and outpatient facilities for all ages. Substance abuse and suicide rates are high for Lubbock and the surrounding counties. As the population ages and the Baby Boomers have increased life expectancy there is a need for mental health services specially targeted at the aging population. There needs to be more collective advocacy efforts at the state level for mental/behavioral health services in Texas.

POTENTIAL MEASURES IDENTIFIED THROUGH COMMUNITY INPUT
- Behavioral health services in particular for youth
- Increased dental services for low income adults and elderly
- Care coordination between agencies and providers
- Earlier interventions to prevent diabetes, obesity and heart disease
- Better coordination between non-profit agencies, healthcare organizations and schools to provide health education
- Community wide focused efforts on wellness and prevention
SECONDARY DATA

Secondary health data was analyzed using information from a 2012 PRC Health Needs Assessment (full PDF report available upon request) prepared for Covenant Health. Additionally, County Health Rankings (appendix 6), Medically Underserved Index (appendix 3), The United Way 2013 Status Report (http://www.unitedway-lubbock.org/CSR/CSR-2013.pdf) and Health Professionals Shortage Area information (appendix 4) were utilized to gather secondary data. The PRC Community Health Assessment was a follow-up to the study conducted in 2007. The PRC process is a systematic, data-driven approach to determining the health status, behaviors and lifestyles of residents in the Community Benefit Service Areas (CBSA) of Covenant Health.

SUMMARY OF FINDINGS

Based on the PRC study, Covenant Health’s Community Benefit Service Area fares much better in several health indicators since 2007. In terms of health outcomes, Covenant CBSA residents report improvements in asthma among adults, skin cancer, chronic heart disease, high cholesterol, and arthritis/rheumatism. Findings also suggest that over the last five years, area residents are engaging in healthier behaviors evidenced by increases in fruits and vegetables consumption, physical activity, colon cancer screening, immunization, as well as lower drinking rates. Furthermore, rates of healthcare access difficulties decreased and more adults are having routine checkups. In spite of these successes, residents continue to experience poor outcomes relative to asthma among children, diabetes, cancer, stroke, hypertension, major depression, and low ratings of general and mental health. In terms of health behaviors more adults and children are obese, a higher proportion of residents report difficulty in accessing grocery stores with affordable and fresh produce, the rate of tobacco smoke increased and fewer women are getting screened for cancer (i.e. breast and cervical). According to the County Health Rankings, Lubbock County is ranked 159 out of 232 Texas counties in health outcomes.

The PRC study found that diabetes has increased considerably in the last five years as evidenced by the following trends: US: 7.5% to 8.7%, TX: 8.0% to 9.7%, Covenant Health CBSA: 11.5% to 15.0%. There are also age and socioeconomic differences in this disease. The prevalence of diabetes is higher among individuals aged 65 and over, individuals living below poverty level and those with lower levels of education.

Concerning mental health the study found that the proportion of Lubbock area residents who rate their mental health as fair or poor has increased from 11.7% to 13.7% over the last five years and is higher than the current national rate of 11.7%. The United Way 2013 Community Status Report finds that more than 1.3 million Texas children or one out of every five kids has a mental illness or disorder during the course of a year. Nearly 60% of these children and teens with a diagnosable mental disorder do not receive services – a rate 20% higher than the national average.

Obesity continues to be a major health issue for the nation, the state and the Covenant CBSA. Since the 2007 PRC study, overweight and obesity among adults have increased in Covenant Health’s CBSA (32% to 37.6% and 36.1% to 37%, respectively). The proportion of adults in the service area who are attempting to lose weight through nutrition and exercise has decreased in
the same timeframe. The current rate of 32% is lower than the nation’s (38.6%). According to the PRC study the rate of obesity among children has increased in the Covenant Health CBSA going from 23.5% to 34.1% in the past five years. The prevalence is highest among 5 to 12 year olds and those in households with lower levels of income. The United Way 2013 Community Status report details that five of the highest health costs come from problems related to obesity. This includes type 2 diabetes, coronary heart disease and stroke, hypertension, arthritis, and obesity-related cancer.

The PRC study reports that about 58.2% of the residents in Covenant Health’s CBSA report that they do not have dental coverage. Rates of dental uninsured are higher among individuals living below Federal Poverty Level, over the age of 64, with less than a high school diploma and among minorities. About 49% of Covenant Health’s CBSA residents have visited the dentist in the past year; lower than the national rate of 70%. In terms of regular dental checkups, 41.1% have had a dental cleaning in the last year. Since 2007, the proportion of children who have visited the dentist in the last year has increased in the CBSA going from 76.9% to 85.1%. This fares better than the nation at 79.2%.

When comparing the 2007 PRC study to the 2012 PRC study, Covenant Health’s CBSA has experienced an increase in uninsured. Uninsured rates increased from 26.7% in 2007 to 33.1% in 2012. The proportion of those with a specific source of ongoing care decreased from 82.4% to 65.2%. On the other hand, fewer individuals in the CBSA report access difficulties (34.9% in 2012 compared to 37.2% in 2007). Populations that fare worse in these indicators include those living below Federal Poverty Level, with less than a high school diploma, those below the age of 40 years, and minorities.
## Appendix 1: Community Input

**Public Health or Other Departments or Agencies**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Nature of Community Input</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Texas Health and Human Services Commission</strong></td>
<td>Provided guidance state and regional health priorities and information concerning Medicaid and the impact of healthcare reform on Texas</td>
</tr>
<tr>
<td><strong>Texas Tech University Health Sciences Center</strong></td>
<td>Shared information concerning health care reform, growing needs of the elderly population, information about the expansion of a local Federally Qualified Health Center, information concerning the needs of the uninsured and low income, information concerning mental health assets and needs in the community</td>
</tr>
<tr>
<td><strong>Community Health Center of Lubbock</strong></td>
<td>Shared information about the needs of low-income and uninsured including information about diabetes, obesity and mental health</td>
</tr>
<tr>
<td><strong>Lubbock Children’s Health Clinic</strong></td>
<td>Provided input about Medicaid and CHIP, teen pregnancy, adolescent mental health needs, and current assets for children’s health in the community</td>
</tr>
<tr>
<td><strong>Amerigroup/Children’s Medicaid</strong></td>
<td>Medicaid and CHIP information</td>
</tr>
<tr>
<td><strong>STARR Care</strong></td>
<td>Mental health issues and gaps in service, dental needs for adults and elderly, general health needs</td>
</tr>
<tr>
<td><strong>Managed Care</strong></td>
<td>Provided input on mental health and substance abuse issues</td>
</tr>
</tbody>
</table>
Appendix 1: Community Input (continued)

Community Leaders and Representatives

<table>
<thead>
<tr>
<th>Organization</th>
<th>Nature of Community Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Charities</td>
<td>General information about community needs with emphasis on very low income, unemployed and minority populations</td>
</tr>
<tr>
<td>South Plains Food Bank</td>
<td>Provided county level statistics for food insecurity rates and poverty rates</td>
</tr>
<tr>
<td>Susan Komen Foundation</td>
<td>Women’s Health</td>
</tr>
<tr>
<td>LUNA</td>
<td>Needs of minority populations in East Lubbock Neighborhoods</td>
</tr>
<tr>
<td>East Lubbock Promise Neighborhood</td>
<td>Needs of minority populations in East Lubbock Neighborhoods</td>
</tr>
<tr>
<td>Superior Health</td>
<td>Medicaid and CHIP programs</td>
</tr>
<tr>
<td>Ronald McDonald Charities</td>
<td>Information on mobile medical clinic in Midland, TX</td>
</tr>
<tr>
<td>The Dream Center</td>
<td>General health and economic needs of primarily minority neighborhood</td>
</tr>
<tr>
<td>Texas Tech University Center for Adolescent Resiliency</td>
<td>Childhood obesity programs available to local school districts</td>
</tr>
<tr>
<td>Volunteer Center of Lubbock</td>
<td>General community needs information</td>
</tr>
<tr>
<td>South Plains Community Action</td>
<td>Needs for young families and children, mental health needs</td>
</tr>
<tr>
<td>The Difference Markers Fellowship</td>
<td>Needs in East Lubbock neighborhoods including access to care and educational needs</td>
</tr>
<tr>
<td>March of Dimes</td>
<td>Provided information about programs for pregnant teens, young moms and families</td>
</tr>
<tr>
<td>Texas Tech School of Nursing</td>
<td>General health issues and needs in the Lubbock area</td>
</tr>
<tr>
<td>Women’s Protective Services</td>
<td>Health needs for women and children, mental health needs</td>
</tr>
</tbody>
</table>
Appendix 1: Community Input (continued)

*Others which Represent the Broad Interests of the Community*

<table>
<thead>
<tr>
<th>Organization</th>
<th>Nature of Community Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lubbock City Council</td>
<td><em>Shared observations of needs of local community groups</em></td>
</tr>
<tr>
<td>Lubbock Independent School District</td>
<td><em>Needs of families and children, homeless, food needs, obesity reduction needs</em></td>
</tr>
<tr>
<td>Region 17 Education Service Center</td>
<td><em>Needs for ESL adults and their families, medical literacy issues, access issues for low income, dental needs for adults</em></td>
</tr>
<tr>
<td>South Plains Association of Governments</td>
<td><em>General health and community needs</em></td>
</tr>
<tr>
<td>YWCA</td>
<td><em>Women and Children’s Health issues, cancer after care, health screenings</em></td>
</tr>
</tbody>
</table>

*Contracted Third Party*

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Research Consultants (PRC) – professional healthcare research firm located in Omaha NE with over 34 years of healthcare research experience</td>
</tr>
</tbody>
</table>
## Appendix 2: Major Healthcare Facilities within Service Area

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry Combest Health and Wellness Center (FQHC)</td>
<td>301 40th St. Lubbock TX 79404</td>
<td>Primary medical care services for underserved</td>
</tr>
<tr>
<td>Lubbock Children’s Health Clinic</td>
<td>302 N. University and 3101 Redbud, Lubbock TX</td>
<td>Care for medically underserved children in Lubbock</td>
</tr>
<tr>
<td>Lubbock Impact Free Clinic</td>
<td>2707 34th St Lubbock, TX 79410</td>
<td>Free medical and dental clinic 4 hours/one day a week for uninsured</td>
</tr>
<tr>
<td>Covenant Medical Center</td>
<td>3615 19th St Lubbock, TX 79410</td>
<td>Region’s largest health system full service hospital</td>
</tr>
<tr>
<td>Covenant Children’s Hospital</td>
<td>4012 22nd Pl Lubbock, TX 79410</td>
<td>Region’s only Children’s hospital</td>
</tr>
<tr>
<td>Covenant Medical Group</td>
<td>Multiple Clinic Locations</td>
<td>Multiple specialty medical group</td>
</tr>
<tr>
<td>STARCARE</td>
<td>Multiple Locations</td>
<td>Provides services for adults, children and adolescence who have a diagnosis of mental illness, substance abuse or development disabilities</td>
</tr>
<tr>
<td>University Medical Center</td>
<td>602 Indiana Ave Lubbock, TX 79415</td>
<td>Full service county hospital and primary teaching hospital for TTUHSC</td>
</tr>
<tr>
<td>Community Health Center of Lubbock (FQHS)</td>
<td>Multiple Clinic Locations</td>
<td>Comprehensive medical, dental and mental health services for all ages</td>
</tr>
<tr>
<td>Texas Tech University Medical School Clinics</td>
<td>Multiple Clinic Locations</td>
<td>Primary care and specialty care</td>
</tr>
<tr>
<td>Managed Care Center</td>
<td>1715 26th St Lubbock, TX 79411</td>
<td>Substance abuse/chemical dependency services</td>
</tr>
<tr>
<td>Physicians Network Services</td>
<td>Multiple Clinic Locations</td>
<td>Multiple specialty medical group</td>
</tr>
</tbody>
</table>
## Appendix 3: Medically Underserved Area

<table>
<thead>
<tr>
<th>County in Covenant Health Community Benefit Service Area</th>
<th>Most Recent IMU Score *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lubbock County (Partial MUA) East Lubbock</td>
<td>58.80</td>
</tr>
<tr>
<td>Dawson</td>
<td>50.0</td>
</tr>
<tr>
<td>Floyd</td>
<td>41.80</td>
</tr>
<tr>
<td>Lamb</td>
<td>51.80</td>
</tr>
<tr>
<td>Lynn</td>
<td>35.30</td>
</tr>
</tbody>
</table>

*Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Reference: U.S. Department of Health and Human Services [http://muafind.hrsa.gov](http://muafind.hrsa.gov)*
Appendix 4: Health Professions Shortage Area

Federally Designated Primary Care Health Professional Shortage Areas as of March 23, 2011

Federally Designated Dental Health Professional Shortage Areas as of March 28, 2011
Reference: U.S. Department of Health and Human Services Shortage Designation Branch - Federal HPSA database
Appendix 5: Healthcare Provider Survey Data

How significant is the health issue of diabetes for low-income families and individuals in Lubbock and the surrounding communities?

- Not Significant
- Less Significant
- Unknown
- Very Significant
- Extremely Significant

50.0% Extremely Significant
40.0% Very Significant
10.0% Not Significant
How significant is the health issue of obesity for low-income persons in our community?
How significant is the need for access to dental care for low-income persons in our community?
How significant is the health issue of heart disease for low-income persons in our community?

- 43.3% Extremely Significant
- 10.0% Very Significant
- 3.3% Less Significant
- Unknown

2014 CHNA Report
Covenant Health Medical Center
How significant is the need for substance abuse assistance for low-income persons in our community?
How significant are women's health issues such as access to annual screenings and preventative care for low-income women in our community?

- Not Significant
- Less Significant
- Unknown
- Very Significant
- Extremely Significant

- 43.3%
- 30.0%
- 13.3% (2 bars at 13.3%)
How significant is the need for access to preventative care such as cancer screenings, vaccination clinics, health education/awareness for low-income persons in our community?

- Not Significant
- Less Significant
- Unknown
- Very Significant
- Extremely Significant

Survey results:
- 16.7% (Blue)
- 10.6% (Purple)
- 36.7% (Red)
- 36.7% (Green)
Please rank the needs from greatest need to least need (one as the greatest need and eight as the least need).

- Diabetes
- Mental Health
- Dental Care
- Obesity
- Heart Disease
- Substance Abuse
- Women’s Health Needs
- Preventive Care
## Appendix 6: County Health Rankings

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Lubbock County</th>
<th>Error Margin</th>
<th>Texas</th>
<th>National Benchmark*</th>
<th>Trend</th>
<th>Rank (of 232)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>117</td>
</tr>
<tr>
<td>Premature death</td>
<td>8,190</td>
<td>7,815-8,565</td>
<td>6,928</td>
<td>5,317</td>
<td></td>
<td>159</td>
</tr>
<tr>
<td>Morbidity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>195</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>17%</td>
<td>15-19%</td>
<td>18%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.7</td>
<td>3.3-4.1</td>
<td>3.7</td>
<td>2.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.1</td>
<td>2.7-3.5</td>
<td>3.3</td>
<td>2.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>10.4%</td>
<td>10.1-10.8%</td>
<td>8.4%</td>
<td>6.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>82</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>117</td>
</tr>
<tr>
<td>Adult smoking</td>
<td>21%</td>
<td>18-24%</td>
<td>18%</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>27%</td>
<td>25-30%</td>
<td>29%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>26%</td>
<td>24-28%</td>
<td>25%</td>
<td>21%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>16%</td>
<td>13-19%</td>
<td>16%</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor vehicle crash death rate</td>
<td>16</td>
<td>14-18</td>
<td>15</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>657</td>
<td>476</td>
<td>92</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>58</td>
<td>57-60</td>
<td>60</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Uninsured</td>
<td>23%</td>
<td>21-24%</td>
<td>26%</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care physicians**</td>
<td>1,387:1</td>
<td>1,766:1</td>
<td>1,067:1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists**</td>
<td>2,190:1</td>
<td>2,200:1</td>
<td>1,516:1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>75</td>
<td>72-79</td>
<td>72</td>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>83%</td>
<td>80-86%</td>
<td>82%</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>63%</td>
<td>59-66%</td>
<td>61%</td>
<td>73%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>139</td>
</tr>
<tr>
<td>High school graduation**</td>
<td>85%</td>
<td>86%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>63%</td>
<td>60-65%</td>
<td>57%</td>
<td>70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.1%</td>
<td>7.9%</td>
<td>5.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>26%</td>
<td>21-31%</td>
<td>27%</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lubbock County</td>
<td>Error Margin</td>
<td>Texas</td>
<td>National Benchmark*</td>
<td>Trend</td>
<td>Rank (of 232)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------</td>
<td>--------------</td>
<td>-------</td>
<td>---------------------</td>
<td>-------</td>
<td>---------------</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>21%</td>
<td>18-24%</td>
<td>23%</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>36%</td>
<td>33-39%</td>
<td>33%</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>841</td>
<td>483</td>
<td>66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>Daily fine particulate matter</td>
<td>9.7</td>
<td>9.6-9.9</td>
<td>10.2</td>
<td>8.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking water safety</td>
<td>5%</td>
<td>6%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>10</td>
<td>7</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited access to healthy foods**</td>
<td>10%</td>
<td>9%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>61%</td>
<td>52%</td>
<td>27%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 90th percentile, i.e., only 10% are better.
** Data should not be compared with prior years due to changes in definition.

Note: Blank values reflect unreliable or missing data.

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)