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\(^1\) Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.
EXECUTIVE SUMMARY

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

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

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

Who We Are and What We Do

Covenant Health 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. We consist of 986 licensed beds, approximately 5,000 employees, and over 500 admitting physicians. Covenant Health has an average daily census of 385, over 27,000 annual patient discharges, and more than 84,000 annual Emergency Room visits.

In FY 2013, our community benefit expenditures for Lubbock, Plainview, and Levelland totaled $85,215,507 (this includes Charity Care, unpaid cost of state and local programs, Community Services for the Poor and Community Services for the Broader Community) and unpaid cost of Medicare was $109,737,250.

Overview of Community Needs and Assets Assessment
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 consists of a collaborative effort between the following facilities (ministries): Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty Hospital (Joint Venture) all located in Lubbock, TX. The assessment process includes demographics data review, secondary data analysis, review of community assets (asset mapping), focus groups, and a physician survey. Community
members and public health experts are engaged in the process through participation in focus groups. The information was used by the CHO department and the Covenant Community Benefit Committee to select FY12 - FY 14 community health outreach priorities for Covenant Health.

The demographic data sets included in this report were provided by Lubbock Economic Development Alliance, St. Joseph Health and Covenant Health System. The secondary data analysis was provided by public health expert, Catherine F. Kinney PhD, of Kinney Associates. Asset mapping and focus groups were conducted by the Covenant Community Health Outreach department.

**Community Plan Priorities/Implementation Strategies**

The mission statement of Covenant Health’s Community Outreach Department is “to create a healthy community by providing human and material resources to benefit the community, by responding to the needs of the underserved, and by advocating at the local, state and national levels on identified key issues”. In FY 2013, Community Health Outreach (CHO) provided over $2.4 million in services and served 5,346 medically underserved people in the community. As part of our Christian ministry of healing, Covenant’s Community Benefit priorities include:

- Mental Health
- Dentistry
- Diabetes
- Access to Care (Medical Home Management Initiative)
- Childhood Obesity (Covenant Body Mind Initiative)
INTRODUCTION

Who We Are and Why We Exist

Covenant Health 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. We consist of --- licensed beds, approximately 5,000 employees, and over 500 admitting physicians. Covenant Health has an average daily census of 386, over 27,000 annual patient discharges, and more than 84,000 annual Emergency Room visits.

Covenant is committed to offering accessible, affordable care to Lubbock’s surrounding areas through a network of 14 leased and affiliated community hospitals, including Covenant Hospital Levelland and Covenant Hospital Plainview, and Covenant Medical Group, a large employed physician group comprised of approximately 150 primary care and specialist physicians across West Texas and Eastern New Mexico. Additionally, a fleet of four mobile coaches and two ECHO/PV vans travel to take needed services to the medically underserved.

In FY 2013, Covenant Health was once again named Best of the West – Hospital by the viewers of KCBD News Channel 11, a news station for Lubbock and the surrounding areas. This is the fifth year in a row that Covenant Health has received this prestigious award. Covenant Health was named as a 2013 PRC 5-star recipient for children's hospital nursing care, 4-star recipient for overall laboratory services and 4-star recipient for overall radiology services.

In FY 2013, our community benefit expenditures for Lubbock, Plainview, and Levelland totaled $85,215,507 (this includes Charity Care, unpaid cost of state and local programs, Community Services for the Poor and Community Services for the Broader Community) and unpaid cost of Medicare was $109,737,250.
Organizational Commitment

Community Benefit Governance 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 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. Both the CB Committee and Board of Directors approved the FY12- FY14 CB Plan/Implementation Strategy Report.

The Community Benefit Committee consists of six Covenant Health Board of Director’s members and seven at-large community members. The role of the Community Benefit Committee of Covenant Health Board of Directors 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.

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 Covenant Health Lubbock and Covenant Medical Group has a Patient Financial Assistance Program (FAP) that provides free or discounted services to eligible patients. In FY13, the program provided $32,198,068 in charity care and 27,224 encounters.
One way Covenant Health informs the public of FAP 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.
COMMUNITY

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 Texas Panhandle. 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.

Lubbock, the largest city within our primary and secondary service areas, has a population of 212,169 and a county (Lubbock County) population of 278,831 according to the 2010 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 62-county, 80,000 square mile area. Our FY 12 – FY 14 Community Benefit Service Area (CBSA) includes populations within both our primary and secondary service areas.

- **Primary CBSA**: Lubbock County with an emphasis on residents who live within the following zip codes: 79401, 79403, 79404, 79411, 79412 and 79415.
- **Secondary CBSA** Texas counties of Crosby, Dawson, Lamb, Gains, and Lynn.

The Community Needs Index developed by Catholic Healthcare West (CHW) and Solucient (an information products company) aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers) including:

- **Income**
  - Elder poverty, child poverty and single parent poverty
- **Culture**
  - Non-Caucasian Limited English
- **Education**
  - Without HS diploma
- **Insurance**
  - Unemployed and uninsured
Housing
  • Renting percentage

This index indicates that the majority of the targeted zip codes in our primary CBSA and the largest cities in our secondary CBSA fall into the highest need categories. Many of these communities are Medically Underserved Areas (MUA’s) or Persistent Poverty Areas (PPA’s) or both.

A Community Status Report from the United Way in 2012, found that the percentage of children living in poverty in Lubbock County is 22.9% and percentage of adults living in poverty is 19.8%. This reflects a higher percentage of children and adults in Lubbock County live in poverty than the national averages of 20% for children and 12.5% for adults.
COMMUNITY NEEDS ASSESSMENT PROCESS AND RESULTS

The following section outlines the methodology followed to conduct the community health needs and assets assessment. This assessment process was conducted in the spring of 2011. The methodology is outlined below.

Community needs and assets assessment process

- Identification of priority health issues for the economically poor in primary service area, focusing on the selected zip codes, for use of Care for the Poor funds, including grants
- Identification of issues/needs for which there are not adequate resources (assets) in place by other providers to address those needs
- Selection of priority health issues/initiatives for CHO/Care for the Poor investments for FY 12 – 14 CB Plan/Implementation Strategies Report

Secondary Data Collection and Analysis

- Summarize demographic data for service area
- Contracted with Cathy Kinney, PhD, Kinney Associates, to collect available secondary data, gather, summarize, and document key health issues, based on criteria and prepare a summary report for use in primary data collection, describing key health issues

Primary data collection:

- Analyze existing community assets and programs by key health issue
  - Develop questions based on secondary data and asset mapping, to probe for additional perspectives and information during focus groups with local community health experts and community service providers
PRIORITIZATION PROCESS AND CRITERIA

Select priorities for FY 12- FY 14 CB Plan/Implementation Strategies Report

- Engage leadership in considering options, identifying additional questions, and developing recommendations
- Recommend priorities to Community Benefit Committee with criteria based rationale and implications/next steps

Develop plan for each priority

- Engage groups of consumers/residents through focus groups, surveys, interviews to gather their perspective on needed approaches, strengths/weaknesses of current approaches, etc.
- Establish measurable outcome for priority, for local and SJH reporting
- Review evidence about effective approaches to impacting outcome
- Identify key strategies and activities

All identified health needs were presented to focus groups comprised of community health leaders from the Lubbock area, internal Covenant department leaders and the CB Committee. Covenant Medical Group physicians were asked to complete an on-line survey related the identified needs. The feedback received from these groups combined with the secondary data analysis helped shape the final priorities. Priorities were then ranked by the CHO program leadership team according to how well they met the following required elements and additional considerations listed below. The CHO program leadership team included the CHO Director, Community Services Manager, Manager of the Counseling Center and Health Education, Community Benefit Supervisor, Financial Analyst, Community Benefit Analyst, Health Education Dietitian, and department administrative intern.
CHNA Results

Figure 1, below, describes the community health needs identified through the Covenant Health, Covenant Medical Center’s CHNA. Those needs that the hospital does not plan to address are noted.²

<table>
<thead>
<tr>
<th>Health Needs Identified through CHNA</th>
<th>Plan to Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>Yes</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>No</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>No</td>
</tr>
<tr>
<td>Access to Care</td>
<td>Yes</td>
</tr>
<tr>
<td>Oral Heath</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>Not as a priority – see below</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>No</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>Not as a priority - see below</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>Not as a priority – see below</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>No</td>
</tr>
</tbody>
</table>

Covenant Health, anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the Covenant Health, CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Covenant Health, in the enclosed CB Plan/Implementation Strategy.

² A number of community health needs are already addressed by other organizations and will not be addressed in the implementation plan report.
Identification and Selection of DUHN Communities

During the needs assessment communities with Disproportionate Unmet Health Needs (DUHN) are identified. These 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 our ministry service area.

The following chart describes the DUHN communities (by zip code or city):

<table>
<thead>
<tr>
<th>DUHN Population Group or Community</th>
<th>Key Community Needs</th>
<th>Key Community Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lubbock city Zip Codes:</td>
<td>Per capita income significantly lower than county, state and U.S. averages</td>
<td>Some neighborhood clinics available, community centers, hospital services through both Covenant Health System and University Medical center, mobile units provided by Covenant Health System</td>
</tr>
<tr>
<td>79401, 79403, 79404, 79411, 79412, 79415</td>
<td>% of children below the poverty level significantly higher than county, state and U.S. averages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of aged 65+ below the poverty level significantly higher than county, state and U.S. averages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of individuals below the poverty level significantly higher than county, state and U.S. averages</td>
<td></td>
</tr>
<tr>
<td>Crosbyton, Lamesa, Littlefield, Seminole, Tahoka</td>
<td>Per capita income significantly lower than county, state and U.S. averages</td>
<td>Rural Hospitals and some clinics; Texas Agri-life extension agent services; some outreach and mobile services are provided locally by agencies, hospitals (including Covenant Health System) and non-profit organizations based out of Lubbock</td>
</tr>
<tr>
<td></td>
<td>% Spanish as primary language higher than state and U.S. average (excluding Tahoka which is lower than the state average but higher than the U.S. average)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of children below poverty level significantly higher than the state and U.S. (excluding Tahoka which is lower than the state average but higher than the U.S. average)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of aged 65+ below the poverty level significantly higher in Crosbyton and Tahoka than Lubbock county, state and U.S. averages</td>
<td></td>
</tr>
</tbody>
</table>
• Oral Health (Dental) – services for the dentally uninsured and/or low income offered through a mobile dental clinic and a fixed site family dental clinic
• Mental Health – services for low income offered at a Covenant Counseling Clinic serving low-income only
• Diabetes Intervention – free diabetes education for low income persons offered at multiple locations and in collaboration with other local non-profits
• Childhood Obesity – Covenant provides funding for a childhood obesity intervention program implemented by Texas Tech University through incorporation of curriculum in local and regional school districts
• Medical Homes/Access to Care – social worker program offered to uninsured and low income persons

Needs Beyond the Hospital’s Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through community benefit program and by funding other non-profits through our Care for the Program managed by the Covenant Health.

The following health needs will not be addressed directly through a Covenant Health, Covenant Medical Center’s initiative or program because they are already addressed by local non-profit organizations that have the resources and expertise: substance abuse, maternal/child health, cardiovascular and respiratory disease, and sexually transmitted diseases.
Health Needs Not Selected as Priorities

Health needs explored during our needs assessment and priority selection process that were not selected as a key focus area for Covenant Health Outreach in FY 12-FY 14 include substance abuse (legal, illicit, including tobacco use), maternal/child health, cardiovascular and respiratory disease, and sexually transmitted disease. When applying the ranking system for the required elements and optional considerations these health issues scored lower. Cardiovascular, Maternal/child health and respiratory needs are currently well addressed within Covenant Health’s and Covenant Medical Group service lines and through other community based intervention programs. A listing of other agencies addressing the needs not selected is included in Attachment 3. STD prevention could not be fully addressed in-line with our mission and values and/or our health system’s strategic plans although we continue to work with local agencies for which this is a priority. Covenant Community Outreach continues to partner with other community outreach programs to support their efforts in addressing the community needs that were not selected as priorities. One such effort is by providing grants funds to the Lubbock Children’s Health Clinic, the Sick Children’s Clinic, Catholic Family Services, and Women’s Protective Services to help address a variety of health needs and social barriers in the community.
Covenant Health
FY12 – FY14 Community Benefit Plan/Implementation Strategies and Evaluation Plan

FY13 Accomplishments

In Fiscal Year 2013, Covenant Health’s Community Benefit Plan focused on five key priority program areas:

- Mental Health
- Dentistry
- Diabetes
- Access to Care (Medical Home Management Initiative)
- Childhood Obesity (Covenant Body Mind Initiative)

Access to primary medical and dental care and community health education services are some of the most urgent issues facing the communities Covenant Health serves. For FY 12 – FY 14, Covenant Health developed strategies focused on addressing community need in fulfillment of its healing mission. The Community Benefit Plan strategies for FY12- FY14 were developed by applying a standard quality improvement methodology adopted by St. Joseph Health. This will allow measurement and the tracking of outcomes related of our program initiatives. This methodology helped us to develop the goal, scope, strategies and measures for each of our priority programs. It has also allowed us to promote evidence based practices and increase our program accountability. In the following section we outline the progress and accomplishments this past fiscal year.
**Counseling Center Program**: Covenant Community Outreach Counseling Center employs four licensed professional counselors to provide counseling services to underserved and low-income persons in our community. The center offers individual, couples and family therapy to people of all ages in a safe and encouraging environment. Charges for services are based on a sliding fee scale and participants must financially qualify. Patients are never turned away due to a lack of ability to pay. As a part of our quality and process improvement efforts we are measuring the following outcomes with this program.

**Quality Measures:**

**Initiative Name**: Depression Reduction Initiative (Counseling Center Mental Health Program)

**Key Community Partner(s)**: Lubbock Impact, Catholic Charities, Community Health Center of Lubbock (CHCL), and MHMR

**Target Population**: Low income patients who are in need of mental health services that live in Lubbock County.

**Outcome Goal**: Reduce depression among adult Covenant Counseling Center (CCC) clients with PHQ – 9 score of 5 or above.

**Scope**: New adult clients (18 years or older), and those returning with at least 1 yr break in services, with a PHQ-9 score of 5 or above for those in treatment. Exception: CCC clients diagnosed with complex psychiatric disorders including Schizophrenia, Schizoaffective Disorder or one of the Bipolar Disorders will not be included.

**Outcome Goal Measure**: Average change score of PHQ-9 between intake and 12th session or latest available session before 12 weeks.

**FY13 Target**: 7.25
**FY13 Result**: 7.82

**FY13 Accomplishments**: Through the implementation of strategies to decrease the # of days between Screening and Intake and increasing the % of Sessions each quarter in which Evidence Based therapy modalities were utilized we surpassed our target of a 7.25 change score on the PHQ-9.

**FY 14 Target 7.75 average change score in the PHQ - 9**

**Strategy 1**: Provide timely Intake
Strategy Measure 1: Number of days between Telephone Screening or Face-to-Face Screening and Intake.

FY13 Target: 6.0 days  
FY13 Result: 5.0 days  
FY13 Accomplishments: Our target was 6.0 days between screening and intake and we ended the year at 5.0 days which is 1.0 less than the target.

FY14 Target: 5.5 days

Strategy 2: Engage clients in an appropriate number of sessions for beneficial treatment.

Strategy Measure 2: Percentage of Alpha Project clients who attend at least three (3) counseling sessions

FY13 Target: 55%  
FY13 Result: 55%  
FY13 Accomplishments: We met our target of 55% for FY13.

FY14 Target: 65%

Strategy 3: Engage clients in a range of Evidence Based depression treatment modalities including: CBT, IPT, PST & Dialectical Therapy.

Strategy Measure 3: Percent of Sessions each quarter in which Evidence Based therapy modalities are utilized

FY13 Target: 95%  
FY13 Result: 99%  
FY13 Accomplishments: We met our target of 95% for FY13.

FY14 Target: 100%

Strategy 4: Engage clients in Group Sessions

Strategy Measure 4: Percent of Alpha Project clients referred to Group who attend Group Sessions. (Measure delayed due to one counselor on indefinite FMLA.)
Dental Clinic: The Community Outreach Dental Clinic serves low-income families in our region. We offer comprehensive dental care to patients aged 5 and up. We offer adult and children’s services in Lubbock and have an adult mobile dental unit that serves patients in a 75-mile radius of Lubbock. Patients must financially qualify to access these services. Some patient co-pay amounts are required. Patients are never turned away due to a lack of ability to pay. As a part of our quality and process improvement efforts we are measuring the following outcomes with this program.

In FY 13 Covenant’s Community Health Outreach Oral Health provided dental services to 2,121 adult, children and ED patients. Patient encounters totaled 2,417.

Quality Measures:

Initiative Name: Oral Health Initiative (Family Dentistry Program)

Key Community Partner(s): CHCL, Larry Combest Center, Boys and Girls Club, The Dream Center, TTUHSC, Lubbock Impact, Lubbock Children’s Health Clinic, and Head Start

Target Population: Low income dental patients ages 5 and over

Outcome Goal: Improve the oral health of the vulnerable populations within the communities we serve.

Scope: CHO dental patients ages 5 and over.

Outcome Goal Measure:
Average change score on Oral Health Assessment tool between beginning treatment plan and 6 month evaluation

FY13 Target: 9.7 average change score on DMFT Assessment
FY13 Result: 0

Results considered atypical and attributed to a high number of patients awaiting OR having received full or partial dentures.

FY14 Target: 8.7 average change score on DMFT Assessment

Strategy 1: Provide timely in house emergency dental services

Strategy Measure 1: Percent of patients with urgent/emergent dental needs treated in the CHO dental program within 10 days of initial contact.
FY13 Target: 75%
FY13 Result: 98%
FY13 Accomplishments: We met and exceeded our target of 75% for FY13.

FY14 Target: 85%

Strategy 2: Strengthen patient’s knowledge and skills about oral hygiene

Strategy Measure 2: Percent of patients who report increased knowledge and skills

FY13 Target: 85%
FY13 Result: 67%
FY13 Accomplishments: In FY13 we collected baseline data and set our target. We set the FY13 target at 85.

FY14 Target: 85

Strategy 3: Change processes to create a family dental model.

Strategy Measure 3: Number adult and child patients seen in Family Clinic and on Mobile Units

Implementation has begun; baseline is currently being established.

Strategy 4: Provide sealant clinics

Strategy Measure 4: Number of sealants performed.

Implementation has begun; baseline is currently being established.
Diabetes Prevention and Intervention Program

Offers free diabetes classes with an emphasis on empowerment and self-management. In addition free individual appointments for education on diabetes, cholesterol and hypertension are available to the community. Health education is available for elementary school classroom, community clinics, and community centers on diet and exercise for disease prevention. Health presentations are available for community, faith-based and school groups. As a part of our quality and process improvement efforts we are measuring the following outcomes with this program.

In FY 13 Covenant Health’s Community Health Outreach Diabetes Education Services partnered with Catholic Charities to further extend this program’s outreach to those who are need of diabetes education and support.

Quality Measures:

Initiative Name: Diabetes Prevention and Intervention Program

Key Community Partner(s): The Larry Combest Center, Lutheran Social Services, Catholic Charities, and CHCL

Target Population: Low income persons with diabetes

Outcome Goal: Educate economically disadvantaged patients with diabetes to help manage their disease

Scope: Patients enrolled in the Covenant Community Health Outreach Diabetes Education Program

Outcome Goal Measure: Average change score between first and third class on Self Efficacy Assessment Tool

FY13 Target: 45%
FY13 Result: 39%
FY13 Accomplishments: Tool assisted diabetes educator to better determine class focus.

FY14 Target: 56% average change score between first and third class on Self Efficacy Assessment.
**Strategy 1:** Engage patients in group interventions

**Strategy Measure 1:** Percentage of patients completing at least 3 Diabetes group classes.

**FY13 Target:** 80%
**FY13 Result:** 87%
**FY13 Accomplishments:** We surpassed our target by 7% in FY13.

**FY14 Target:** 85%

**Strategy 2:** Engage patients in individual interventions

**Strategy Measure 2:** Percentage of patients attending classes and at least 1 individual session with educator.

**FY13 Target:** 25%
**FY13 Result:** 35%
**FY13 Accomplishments:** In FY13 we collected baseline data and set our target. Our target was 25% and we ended at 35% which is an accomplishment of 10 above our target.

**FY14 Target:** 35%
Medical Home Management (Access to Care)
A social worker is available free of charge to patients in any of the Covenant Community Outreach programs and to patients who utilize Covenant’s Emergency Department. The social worker coordinates with local clinics and agencies to ensure patients receive assistance with prescription and access to primary care in an outpatient setting.

Quality Measures:

**Initiative Name:** Medical Home Management (Access to Care)

**Key Community Partner(s):** Larry Combest Wellness Center and Community Health Center of Lubbock

**Target Population:** Medically underserved and financially in need individuals

**Outcome Goal:** Provide assistance to underserved and financially vulnerable community members in order to help remove access to care barriers

**Scope:** Un-insured and under-insured community members who utilize the emergency room for non-emergent issues and who have chronic health conditions which are not managed on an out-patient basis

**Outcome Measure:** Medical Home Elements implemented

**Strategy 1:** Collaborate with Case Management, Covent Health Partners (CHP) and Larry Combest Center to develop a Covenant Patient Navigator Program

**Strategy Measure 1:** Number of qualified patients actively participating in the patient navigator program

**FY13 Results and Accomplishments:** ED social worker referred 98 patients to the Larry Combest Wellness Center and over 75 patients to the CHP program. Additionally, the social worker has seen over 400 patients in the ED regarding establishment of a primary care provider or follow up with a primary care provider.

**FY14:** Continued implementation.

**Strategy 2:** Explore options for partnerships with community clinics

**Strategy Measure 2:** Create plan for ED non-emergent ED referrals
FY13 Results and Accomplishments: A referral relationship has been established with the Larry Combest Wellness Center for non-emergent non-funded or under-funded patients that are screened out. Additionally, a relationship with the CMG/Covenant Urgent Care Clinic for funded patients has been developed.

FY14: ED social worker will continue to explore community partnership opportunities.

Strategy 3: Identify healthcare barriers for underserved patients

Strategy Measure 3: CHO participation in patient focus groups

FY13 Results and Accomplishments: The main barriers identified are access to care (i.e. clinics that provide care to un-insured for a low cost), access to adequate transportation, and access to medication assistance. ED social worker continues to work with Larry Combest for more appointments as necessary. CHP is assisting with transportation issues.

FY14: ED social worker, along with the Larry Combest Wellness Center, will continue to direct patients to the lowest cost options and agencies that assist with medication assistance.
Childhood Obesity Program

Covenant will provide financial support to Texas Tech University Center for Adolescent Resiliency to fund CBMI which is a longitudinal study measuring the effectiveness of a prevention and intervention program that impacts childhood obesity. Those performing the study will provide the CB Committee with quarterly updates on strategy and measures.

Initiative Name: Covenant Body Mind Initiative (CBMI)

Key Community Partner(s): Texas Tech University Center for Adolescent Resiliency, Lubbock Independent School District, and Christ the King Cathedral School

Target Population: Middle and High School students in Lubbock, Texas and the surrounding area.

Goal: 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.

By assessing a longitudinal study measuring the effectiveness of prevention and intervention programs that impacts childhood obesity.

FY 13 Accomplishments:

- Program Expansion
  - Increased schools receiving CBMI curriculum from 21 in the fall of 2012 to 34 in the fall of 2013
  - Increased the number of schools offering the Comprehensive Wellness semester course from 5 in 2012 to 11 in 2013
  - Increased the number of counties in Texas with schools using the CBMI curriculum from 8 to 21.
  - As a result of national conference presentations, we have a school in New Hampshire offering the semester course, and Virginia Commonwealth University is utilizing our curriculum in their afterschool youth wellness program.
  - Online teacher training in place on our website www.depts.ttu.edu/hs/bmi
• Research Outcomes
  o Of the students receiving the CBMI program in 2012-2013 school year, 70% were in or moving toward a healthy BMI, with an increased number in the healthy range.
  o The measures currently being used are demonstrating validity and reliability.
  o A post-doctoral researcher has been hired to analyze data.
  o Poster session abstract published in the Journal of the Academy of Nutrition and Dietetics

• Community Activities/Family Involvement
  o Healthy Kids Camp (Junior League)
  o Tourette’s Syndrome Support Group
  o Fit4Fun Kid’s Triathlon
  o Brownfield ISD Wellness Camp
  o Lubbock High School Football Nutrition Program
  o Talkington School for Young Women Leaders (TSYW) Senior Seminar
  o TSYWL and Brownfield High School TTU Campus Visits
  o TSYWL 6th grade parent/student orientation
  o Quarterly newsletter for families at our key partner schools

• Conference presentations
  o Youth Development Initiative
  o National Conference- American Association of Family Consumer Sciences
  o Family Consumer Sciences Teachers Association of Texas
  o Southern Obesity Summit
  o International Conference- Engagement Scholarship Consortium
  o Texas Counseling Association
  o National Conference- Academy of Nutrition and Dietetics

FY14 Goals:

• Curriculum/ Programming
  o Continue to attend and present at conferences promoting the CBMI approach to addressing childhood obesity through a comprehensive wellness approach
  o Submit TEKS (Texas Essential Knowledge and Skills) to the Texas Education Agency for Comprehensive Wellness 2, for approval as an innovative course.
o Continue to increase the number of students receiving the CBMI curriculum
o Focus efforts on integrating the curriculum in schools in eastern New Mexico

- Research
  o Utilize the expertise of a post-doctoral researcher to analyze CBMI research data
  o Submit articles for publication to appropriate journals

- Community/Family Involvement
  o Encourage having a presence at PTA meetings (i.e. offering a wellness spotlight)
  o Continue to sponsor Fit4Fun at the Texas Tech Recreation Center
  o Participate in camps and programs when requested by community groups
  o Work with other Covenant programs to provide resources for student projects and school/neighborhood needs
  o Develop a community advisory committee for CBMI
## FY13 Community Benefit Investment

### FY13 COMMUNITY BENEFIT INVESTMENT
Lubbock Hospitals Covenant Health  
(ending June 30, 2013)

<table>
<thead>
<tr>
<th>CA Senate Bill (SB) 697 Categories</th>
<th>Community Benefit Program &amp; Services</th>
<th>Net Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Care Services for Vulnerable(^4) Populations</strong></td>
<td>Financial Assistance Program (FAP) (Charity Care-at-cost)</td>
<td>30,666,752</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of Medicaid(^5)</td>
<td>13,107,413</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of other means-tested government programs</td>
<td>1,394,417</td>
</tr>
<tr>
<td><strong>Other benefits for Vulnerable Populations</strong></td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building Subsidized Health Services</td>
<td>1,969,851</td>
</tr>
<tr>
<td></td>
<td></td>
<td>459,703</td>
</tr>
<tr>
<td><strong>Totals Community Benefit for the Vulnerable</strong></td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building Subsidized Health Services</td>
<td>121,890</td>
</tr>
<tr>
<td></td>
<td></td>
<td>318,495</td>
</tr>
<tr>
<td></td>
<td></td>
<td>437,588</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26,528</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11,544</td>
</tr>
<tr>
<td><strong>Health Professions Education, Training and Health Research</strong></td>
<td>Health Professions Education, Training &amp; Health Research</td>
<td>20,565,599</td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Broader Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (excluding Medicare)</strong></td>
<td></td>
<td>69,079,780</td>
</tr>
<tr>
<td><strong>Medical Care Services for the Broader Community</strong></td>
<td>Unpaid cost to Medicare (^6) (not included in CB total)</td>
<td>91,691,959</td>
</tr>
</tbody>
</table>

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\(^3\) Catholic Health Association-USA Community Benefit Content Categories, including Community Building.  
\(^4\) CA SB697: “Vulnerable Populations” means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid, Medicare, California Children’s Services Program, or county indigent programs. For SJHS, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.  
\(^5\) Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.  
\(^6\) Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.
### FY13 Community Benefit Investment

**Covenant Medical Group**

(ending June 30, 2013)

<table>
<thead>
<tr>
<th>Community Benefit Program &amp; Services</th>
<th>FY13 Financials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covenant Medical Group Financial Assistance Program (FAP) (Charity Care-at cost)</td>
<td>1,531,316</td>
</tr>
<tr>
<td>Unreimbursed Medicaid</td>
<td>9,484,227</td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Vulnerable</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Broader Community</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (excluding Medicare)</strong></td>
<td>11,015,543</td>
</tr>
<tr>
<td>Unpaid cost to Medicare (Not included in CB total)</td>
<td>13,199,102</td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (including Medicare)</strong></td>
<td>24,214,645</td>
</tr>
</tbody>
</table>

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### FY13 Community Benefit Investment

**Covenant Hospital - Plainview**

(ending June 30, 2013)

<table>
<thead>
<tr>
<th>Community Benefit Program &amp; Services</th>
<th>FY13 Financials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covenant Hospital- Plainview Financial Assistance Program (FAP) (Charity Care-at cost)</td>
<td>1,921,141</td>
</tr>
<tr>
<td>Unreimbursed Medicaid</td>
<td>1,839,398</td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Vulnerable</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Broader Community</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (excluding Medicare)</strong></td>
<td>3,760,539</td>
</tr>
<tr>
<td>Unpaid cost to Medicare (Not included in CB total)</td>
<td>2,240,669</td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (including Medicare)</strong></td>
<td>6,001,208</td>
</tr>
</tbody>
</table>

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7 Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

8 Catholic Health Association-USA Community Benefit Content Categories, including Community Building.
## FY13 Community Benefit Investment
**Covenant Hospital Levelland**
*(ending June 30, 2013)*

### Community Benefit Program & Services\(^9\)

<table>
<thead>
<tr>
<th>Program &amp; Services</th>
<th>FY13 Financials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covenant Hospital- Levelland Financial Assistance Program (FAP)</td>
<td></td>
</tr>
<tr>
<td>(Charity Care-at cost)</td>
<td>769,965</td>
</tr>
<tr>
<td>Unreimbursed Medicaid</td>
<td>589,680</td>
</tr>
</tbody>
</table>

**Total Community Benefit for the Vulnerable**

**Total Community Benefit for the Broader Community**

**TOTAL COMMUNITY BENEFIT (excluding Medicare)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unpaid cost to Medicare</td>
<td><strong>Not included in CB total</strong></td>
</tr>
<tr>
<td></td>
<td>2,605,520</td>
</tr>
</tbody>
</table>

**TOTAL COMMUNITY BENEFIT (including Medicare)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>3,965,165</strong></td>
</tr>
</tbody>
</table>

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\(^9\) Catholic Health Association-USA Community Benefit Content Categories, including Community Building.
Telling Our Community Benefit Story:  
Non-Financial\textsuperscript{10} Summary of Accomplishments

The total net dollar amount of community benefits that Covenant Health and Covenant Medical Group have provided is $80,095,323. This amount includes charity care, unpaid costs of state and local programs and community services for the low-income and broader communities. Covenant Health and Covenant Medical Group gave $32,198,068 in charity care which is determined by a cost to charge ratio. The unpaid costs of state and local programs are also determined by a cost to charge ratio, but the Upper Payment Limit program partially offsets the expenses of the unpaid costs. This fiscal year $23,986,057 were provided in unpaid costs of state and local programs. Covenant employees contributed $25,532,385 in community services for the low-income and broader communities, these are countless hours they have given back to the community through CHS-sponsored programs as well as outside programs. The value of an employee’s time is determined by hours worked and by the annual estimated dollar value of volunteer time published by the Independent Sector or an average salary if the volunteer is management. This commendable trend of “giving back to the community” has always been a part of the philosophy of Covenant Health.

The mission statement of CHS’ Community Outreach Department is “to create a healthy community by providing human and material resources to benefit the community, by responding to the needs of the underserved, and by advocating at the local, state and national levels on identified key issues”. In FY 2013, Community Health Outreach (CHO) provided over $2.4 million in services and served 5,346 medically underserved people in the community. There was an increase of 21% from the reported $1.9 million in services in FY 2012. The services provided by CHO during the last year include: health education, nutrition and dietary services, counseling, mobile dental for adults, adult denture program, and dental clinics for children.

Also included are the Benefit Trend Reports for Covenant Medical Group, Covenant Levelland and Covenant Plainview. These reports are only a reflection of their financial trends, not reports specific to their community benefit programs or activities.

\textsuperscript{10} Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.