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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 2014, our community benefit expenditures for Lubbock, Plainview, and Levelland totaled $77,839,875 (this includes Charity Care, unpaid cost of state and local programs, Community Services for the Poor and Community Services for the Broader Community).

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 2014, Covenant Health was Best of Lubbock by the readers of the local Avalanche Journal which is distributed to Lubbock and the surrounding areas. For the second straight year Covenant Health’s PRC Employee Engagement Survey puts the hospital in the top 10 percent nationally.
In FY 2014, our community benefit expenditures for Lubbock, Plainview, and Levelland totaled $77,839,875 (this includes Charity Care, unpaid cost of state and local programs, Community Services for the Poor and Community Services for the Broader Community).

**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 and Covenant Medical Group have a Patient Financial Assistance Program (FAP) that provides free or discounted services to eligible patients. In FY14, the program provided $33,363,288 in charity care for patients of the Covenant Health hospitals in Lubbock, Plainview, Levelland and the Covenant Medical Group.

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 noted².

Figure 1.

<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 Health</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: 79401, 79403, 79404, 79411, 79412, 79415</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></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>
Priority Community Health Needs Addressed in FY14 Include

- 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 systems 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 priories. 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.
FY14 Accomplishments

In Fiscal Year 2014, Covenant Health’s Community Benefit Plan focused on four key priority program areas:

- Mental Health
- Dentistry
- Diabetes
- 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.

In FY14 Covenant Counseling Center provided services to 422 non-duplicated persons. Patient encounters totaled 1,580.

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.
FY14 Community Benefit Report

FY14 Target: 7.75
FY14 Result: 7.38
FY14 Accomplishments: PHQ-9 scores continued to be above 5.

**Strategy 1:** Provide timely Intake

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

FY14 Target: 5.5 days
FY14 Result: 4.8 days
FY14 Accomplishments: Our target was 5.5 days between screening and intake and we ended the year at 4.8 days which is less than the target.

**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

FY14 Target: 65%
FY14 Result: 63%
FY14 Accomplishments: Data continued to be collected with results trending up each quarter.

**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

FY14 Target: 100%
FY14 Result: 100%
FY14 Accomplishments: We met our target for FY14.
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 FY14 Covenant’s Community Health Outreach Oral Health provided dental services to 2,340 adult, children and ED patients. Patient encounters totaled 1,145.

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

**FY14 Target:** 8.7 average change score on DMFT Assessment
**FY14 Result:** 2.5

**FY14 Accomplishments:** Results continue to trend down. Dental staff was able to complete more treatment plans due to all three dentists being on site.
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.

FY14 Target: 85%
FY14 Result: 99%
FY14 Accomplishments: Dental program met and exceeded its target of 85% for FY14. The average number of days between initial contact and appointment for urgent/emergent patients: three.

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

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

FY14 Target: 85%
FY14 Result: 76%
FY14 Accomplishments: Data continued to be collected with results trending up each quarter.

Strategy 3: Provide sealant clinics

Strategy Measure 3: Number of sealants performed (baseline currently being established based of off sealant clinics conducted in Levelland and the surrounding area)

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 FY14 Covenant Health’s Community Health Outreach Diabetes Education Services partnered with Catholic Charities and The Bridge of Lubbock 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 The Bridge of Lubbock.

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.

FY14 Target: 56%
FY14 Result: 87%
FY14 Accomplishments: The FY14 target was surpassed.
Strategy 1: Engage patients in group interventions

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

FY14 Target: 85%
FY14 Result: 87%
FY14 Accomplishments: The FY14 target was surpassed and two local state agencies have started to refer their clients and/or their employees to the class.

Strategy 2: Engage patients in individual interventions

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

FY14 Target: 35%
FY14 Result: 91%
FY14 Accomplishments: The FY14 target was surpassed by more than 50%.
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 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 14 Accomplishments:**

- **Program Expansion**
  - Increased schools receiving CBMI curriculum from 34 in 2013 to 85 in 2014
  - Increased the number of schools offering the semester course, Comprehensive Wellness, from 11 in 2013 to 12 in 2014
  - Increased the number of counties in Texas with schools using the CBMI curriculum from 21 to 29.
  - Development of Wellness Spotlights for 4th and 5th grade
  - Texas Education Agency approval of Comprehensive Wellness 2. It will be ready for schools in the fall of 2015.
• Curriculum is being utilized by the Lubbock Dream Center for summer and after school programs
• Conference presentations have resulted in 8+ participating schools and groups outside of Texas

• Research Outcomes
  • Of the students in the research component of the CBMI program in 2013-2014 academic year, a 3.8% increase of students in the healthy body mass index (BMI) percentile range was seen. Overall, 61.7% of the students ended the school year either in a healthy BMI percentile range, or were moving towards a healthy range by at least 1 percentile point change.
  • In recent analysis using data from the 2011-2012 academic year, overall stability was shown within measures that would typically exhibit significant fluctuations within this adolescent population. This stability was shown with body satisfaction, weight, self-esteem, resource and vulnerability indices, and constructs of coping.
    ▪ A slight increase in vulnerability and slight decrease in resource index scores indicates a potential increased awareness of resiliency within this sample. Improved awareness of these concepts provides an opportunity for development of these resiliency skills through further doses of the curriculum.
    ▪ Improvement was seen in the positive cognitive restructuring construct of coping, which refers to the participant’s improvement in thinking about situations in a more optimistic way.
  • The "Do No Harm" philosophy continues to be demonstrated through the data analysis

• Community Activities/Family Involvement
  • Wellness Month at the Talkington School for Young Women Leaders included, in addition to ongoing wellness classes, enhancement activities for the students, a staff wellness day and a culminating family activity night
  • Professional Development on school wellness for Lubbock ISD counselors and teachers
- Professional Development on school wellness for El Paso ISD and 8 surrounding districts
- Professional Development on wellness for Texas A&M Agrilife Extension Agents
- Professional Development on wellness for the Lubbock County Juvenile Justice Center teachers
- “Hungry Games” grocery store tour for 11th grade
- “Express Yourself” at the Texas Tech Museum for 8th grade
- “We Fit” at the Texas Tech Rec Center for 6th grade
- Healthy Kids Camp (Junior League)
- Fit4Fun Kid’s Triathlon (4th year to sponsor)
- Brownfield ISD Wellness Camp
- Lubbock High School Football Nutrition Program (consulting)
- Talkington School for Young Women Leaders- Senior Seminar
- TSYWL and Brownfield High School TTU Campus Visits
- Quarterly newsletter for families at our key partner schools

- **Conference presentations**
  - Youth Development Initiative
  - SRIF Identity Conference
  - National Conference- American Association of Family Consumer Sciences
  - Family Consumer Sciences Teachers Association of Texas
  - National Wellness Conference
  - Southern Obesity Summit
  - Texas Counseling Association
## FY14 COMMUNITY BENEFIT INVESTMENT

Lubbock Hospitals Covenant Health *(ending June 30, 2014)*

<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>Medical Care Services for Vulnerable Populations</td>
<td>Financial Assistance Program (FAP) (Charity Care-at cost)</td>
<td>28,206,278</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of Medicaid</td>
<td>4,738,035</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of other means-tested government programs</td>
<td>1,568,144</td>
</tr>
<tr>
<td>Other benefits for Vulnerable Populations</td>
<td>Community Benefit Operations</td>
<td>259,900</td>
</tr>
<tr>
<td></td>
<td>Community Health Improvements Services</td>
<td>1,481,443</td>
</tr>
<tr>
<td></td>
<td>Cash and in-kind contributions for community benefit</td>
<td>548,000</td>
</tr>
<tr>
<td></td>
<td>Community Building</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subsidized Health Services</td>
<td></td>
</tr>
<tr>
<td><strong>Totals Community Benefit for the Vulnerable</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other benefits for the Broader Community</td>
<td>Community Benefit Operations</td>
<td>31,781</td>
</tr>
<tr>
<td></td>
<td>Community Health Improvements Services</td>
<td>9,189</td>
</tr>
<tr>
<td></td>
<td>Cash and in-kind contributions for community benefit</td>
<td>171,855</td>
</tr>
<tr>
<td></td>
<td>Community Building</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subsidized Health Services</td>
<td></td>
</tr>
<tr>
<td>Health Professions Education, Training and Health Research</td>
<td>Health Professions Education, Training &amp; Health Research</td>
<td>21,251,971</td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Broader Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL COMMUNITY BENEFIT (excluding Medicare)</td>
<td></td>
<td>58,266,596</td>
</tr>
<tr>
<td>Medical Care Services for the Broader Community</td>
<td>Unpaid cost to Medicare <em>(not included in CB total)</em></td>
<td>74,841,211</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.
## FY14 COMMUNITY BENEFIT INVESTMENT
Covenant Medical Group
(ending June 30, 2014)

<table>
<thead>
<tr>
<th>Community Benefit Program &amp; Services</th>
<th>FY14 Financials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covenant Medical Group Financial Assistance Program (FAP) (Charity Care-at cost) Unreimbursed Medicaid</td>
<td>1,425,114 10,198,270</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>TOTAL COMMUNITY BENEFIT (excluding Medicare)</td>
<td>11,623,384</td>
</tr>
<tr>
<td><strong>Unpaid cost to Medicare (Not included in CB total)</strong></td>
<td>15,422,779</td>
</tr>
</tbody>
</table>

7 Catholic Health Association-USA Community Benefit Content Categories, including Community Building.
FY14 COMMUNITY BENEFIT INVESTMENT
COVENANT HOSPITAL - PLAINVIEW
(ending June 30, 2014)

<table>
<thead>
<tr>
<th>Community Benefit Program &amp; Services⁸</th>
<th>FY14 Financials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covenant Hospital- Plainview Financial Assistance Program (FAP) (Charity Care-at cost)</td>
<td>2,482,131</td>
</tr>
<tr>
<td>Unreimbursed Medicaid</td>
<td>2,205,429</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>4,687,930</td>
</tr>
<tr>
<td><strong>Unpaid cost to Medicare (Not included in CB total)</strong></td>
<td>-5,951,175</td>
</tr>
</tbody>
</table>

⁸ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.
## FY14 COMMUNITY BENEFIT INVESTMENT
### COVENANT HOSPITAL LEVALLAND
(ending June 30, 2014)

<table>
<thead>
<tr>
<th>Community Benefit Program &amp; Services&lt;sup&gt;9&lt;/sup&gt;</th>
<th>FY14 Financials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covenant Hospital- Levelland Financial Assistance Program (FAP) (Charity Care-at cost) Unreimbursed Medicaid</td>
<td>1,249,765 1,681,355</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>TOTAL COMMUNITY BENEFIT (excluding Medicare)</td>
<td>3,261,965</td>
</tr>
<tr>
<td>Unpaid cost to Medicare  (Not included in CB total)</td>
<td>3,040,273</td>
</tr>
</tbody>
</table>

<sup>9</sup> Catholic Health Association-USA Community Benefit Content Categories, including Community Building.
Telling Our Community Benefit Story:

The total net dollar amount of community benefits that Covenant Health Lubbock, Levelland, Plainview and Covenant Medical Group have provided is $77,839,875. This amount includes charity care, unpaid costs of state and local programs and community services for the low-income and broader communities. Covenant Health Lubbock and Covenant Medical Group gave $33,363,288 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 $20,391,233 were provided in unpaid costs of state and local programs. Covenant Community Health Outreach (CHO) provided over $2 million in direct services through 5,350 dental, health education and counseling encounters for medically underserved people in the community. These services are provided freely and/or at a grossly reduced price for people in financial need. Included in this report 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.

Non-Financial\(^{10}\) Summary of Accomplishments

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”. 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. Covenant Health staff also participated in numerous health education events, school health fairs, community center activities and supported other community agencies through goodwill service participation and resource sharing. Staff participated in an annual food drive for our local food bank, fundraising for the United Way and an annual coat drive for a local clothes closet. Covenant Health hosted several educational and fundraising events in FY14 for community partners. Covenant Health also provides the facility space for a weekly Adult Education GED program. Additionally, Covenant Health supported numerous health and wellness awareness campaigns of non-profit agencies such as The American Health Association, The March of Dimes, The American Red Cross, The Salvation Army, The Susan Komen Foundation, The American Diabetes Association and several others.

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