Covenant Health

Fiscal Year 2015 COMMUNITY BENEFIT REPORT
PROGRESS ON FY15 - FY17 CB PLAN/IMPLEMENTATION STRATEGY REPORT
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EXECUTIVE SUMMARY

St. Joseph Health, Covenant Health is 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 approximately 1,154 licensed beds, and 4,000 employees, with 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.

In response to identified unmet health-related needs in the community needs assessment, during FY15-17 Covenant Health, including Covenant Medical Center, Covenant Children’s and Covenant Specialty Hospital will focus on the following for the broader and underserved disadvantaged members of the surrounding community.

Covenant Health prioritized the following three areas for focused outreach efforts in FY15-17:

- Wellness and Prevention (diabetes prevention and management, childhood obesity prevention and heart health education)
- Oral Health for all ages
- Mental Health

Due to the fast pace at which the community and health care industry change Covenant Health anticipates that implementation strategies may evolve and therefore, a flexible approach is best suited for the development of its response to the Covenant Health Community Health Needs Assessment (CHNA). On an annual basis Covenant Health evaluates its CB Plan, specifically its strategies and resources; and makes adjustments as needed to achieve its goals/outcome measures, and to adapt to changes in resource availability.

MISSION VISION AND VALUES

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.

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

Values: Dignity, Service, Excellence and Justice
INTRODUCTION
Who We Are and Why We Exist

As a ministry founded by the Sisters of St. Joseph of Orange, Covenant Health, including Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty Hospital, lives out the tradition and vision of community engagement set out hundreds of years ago. The Sisters of St. Joseph of Orange trace their roots back to 17th century France and the unique vision of a Jesuit Priest named Jean-Pierre Medaille. Father Medaille sought to organize an order of religious women who, rather than remaining cloistered in a convent, ventured out into the community to seek out “the Dear Neighbors” and minister to their needs. The congregation managed to survive the turbulence of the French Revolution and eventually expanded not only throughout France but throughout the world. In 1912, a small group of the Sisters of St. Joseph traveled to Eureka, California, at the invitation of the local Bishop, to establish a school. A few years later, the great influenza epidemic of 1918 caused the sisters to temporarily set aside their education efforts to care for the ill. They realized immediately that the small community desperately needed a hospital. Through bold faith, foresight and flexibility, in 1920, the Sisters opened the 28 bed St. Joseph Hospital Eureka and the first St. Joseph Health ministry.

Covenant Health-Covenant Medical Center, 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 approximately 5,000 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 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 200 primary care and specialist physicians across West Texas and Eastern New Mexico.

As we move into the future, Covenant Health is committed to furthering our mission and vision while transforming healthcare to a system that is health-promoting and preventive, accountable in its inevitable rationing decisions, integrated across a balanced network of care and financed according to its ability to pay. To make this a reality, over the next five years (FY14-18) St. Joseph Health and Covenant Health are strategically focused on two key areas to which the Community Benefit (CB) Plan strongly align: population health management and network of care.
In FY 2015, our community benefit expenditures for Lubbock, Plainview, and Levelland totaled $78,074,440 (this includes financial assistance - Charity Care, unpaid cost of state and local programs, Community Services for the Poor and Community Services for the Broader Community).

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. The most current was completed in 2014. 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:

- Mental/Behavioral Health
- Obesity reduction and prevention
- Diabetes
- Wellness and Prevention
- Cardiovascular
- Dental
- Substance Abuse all ages
- Women’s Health
- Children’s Health
- Cancer
- Access to care for low income (including prescriptions)
- Childhood Asthma
• Domestic Violence (including child abuse)
• Food Insecurity

ORGANIZATIONAL COMMITMENT

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

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

Each year Covenant Health allocates 10% of its net income (net realized gains and losses) to the St. Joseph Health Community Partnership Fund. The 10% contributions are used to support local hospital Care for the Poor programs, to provide grant funding for local partner agencies, and to maintain reserves. Reserves are maintained to ensure the fund’s ability to sustain programs into the future that assist low-income and underserved populations.

Local non-profits that receive grant funding provide specific services and resources to meet the identified needs of underserved communities throughout the hospitals’ service areas.

Community Benefit Governance and Management Structure

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

The Community Benefit (CB) Management and Training and Development Teams provide orientation for all new employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the Covenant Health Community Benefit Committee. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for
underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.

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

Roles and Responsibilities

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

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

**Community Benefit (CB) Department**
- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- Manages outreach programs providing services for low-income and underserved persons
- Manages data collection, program tracking tools and evaluation.
- Develops specific outreach strategies to access identified Disproportionate Unmet Health Needs (DUHN) populations.
- Coordinates with clinical departments to reduce inappropriate ER utilization.
- Advocates for CB to senior leadership and invests in programs to reduce health disparities.

**Local Community**
- Partnership to implement and sustain collaborative activities.
- Formal links with community partners.
- Provide community input to identify community health issues.
- Engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.
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 has a Patient Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

In FY15, the program provided $31,871,459 in financial assistance (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 his/her 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.

Medicaid and Other Means-Tested Government Programs
Covenant Health provides access to the uninsured and underinsured by participating in Medicaid and other means-tested government programs. In FY15, Covenant Health, provided $22,028,734 in Medicaid shortfall and $3,584,500 in other means-tested government programs.

COMMUNITY
Defining the Community

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.

For a complete copy of Covenant Health, Covenant Medical Center’s, Covenant Children’s Hospital and Covenant Specialty Hospital’s FY15 CHNA’s click here: http://www.covenanthealth.org

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

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

The Primary Service Area (“PSA”) is the geographic area from which the majority of the Hospital’s patients originate. The Secondary Service Area (“SSA”) is where an additional population of the Hospital’s inpatients reside.

Figure 1 (below) depicts the hospital’s PSA and SSA. It also shows the location of the Hospital as well as the other hospitals in the area that are a part of St. Joseph Health.
Figure 1. Covenant Health Hospital Total Service Area
Our FY 15–17 Community Benefit Service Area (CBSA) addresses specific populations within Covenant Health Medical Center’s, Covenant Children’s Hospital and Covenant Specialty Hospital’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>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>79241</td>
<td>Lockney</td>
</tr>
<tr>
<td>79329</td>
<td>Idalou</td>
</tr>
<tr>
<td>79331</td>
<td>Lamesa</td>
</tr>
<tr>
<td>79339</td>
<td>Littlefield</td>
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<tr>
<td>79363</td>
<td>Shallowater</td>
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<tr>
<td>79364</td>
<td>Slaton</td>
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<tr>
<td>79366</td>
<td>Ransom Canyon</td>
</tr>
<tr>
<td>79373</td>
<td>Tahoka</td>
</tr>
<tr>
<td>79382</td>
<td>Wolfforth</td>
</tr>
<tr>
<td>79401</td>
<td>Lubbock</td>
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<tr>
<td>79403</td>
<td>Lubbock</td>
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<td>79404</td>
<td>Lubbock</td>
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<td>79407</td>
<td>Lubbock</td>
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<tr>
<td>79410</td>
<td>Lubbock</td>
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<td>79411</td>
<td>Lubbock</td>
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<td>79413</td>
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<td>79414</td>
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<tr>
<td>79415</td>
<td>Lubbock</td>
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<tr>
<td>79416</td>
<td>Lubbock</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.

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 on the following page 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.
COMMUNITY NEEDS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Covenant Health’s Community Health Outreach Department (CHO) conducts a community needs and assets assessment every three years. The most current was completed in 2014. 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. For more information please go to http://www.covenanthealth.org/For-Community/Community-Benefits.aspx

COMMUNITY NEED
Community health and wellness needs identified in this assessment include:

- Mental/Behavioral Health
- Obesity reduction and prevention
- Diabetes
- Wellness and Prevention
- Cardiovascular
- Dental
- Substance Abuse all ages
- Women’s Health
- Children’s Health
- Cancer
- Access to care for low income (including prescriptions)
- Childhood Asthma
- Domestic Violence (including child abuse)
- Food Insecurity

Identification and Selection of DUHN Communities
Communities with Disproportionate Unmet Health-Related 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 our ministry Service Area. The twenty zip codes (representing ten cities) within the Covenant Health Primary Community Benefit Service Area are considered medically underserved.

Communities with DUHN generally meet one of two criteria: either there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care.
### DUHN Group and Community Needs and Assets Summary Table

<table>
<thead>
<tr>
<th>DUHN Population Community ZIP code or block group</th>
<th>Community Needs</th>
<th>Community Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lubbock city Zip Codes: 79401 79403 79404 79407 79410 79411 79412 79413 79414 79415 79416</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 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></td>
<td>East Lubbock County designated medically underserved</td>
<td></td>
</tr>
<tr>
<td>Lockney, Idalou, Lamesa, Littlefield, Shallowater, Slaton, Ransom Canyon, Tahoka, Wolfforth</td>
<td>Per capita income significantly lower than county, state and U.S. averages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% Spanish as primary language higher than state and U.S. average</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of children below poverty level significantly higher than the state and U.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of aged 65+ below poverty level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health Professional Shortage Area</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dawson, Floyd, Lamb and Lynn Counties are designated as medically underserved</td>
<td></td>
</tr>
</tbody>
</table>
PRIORITY COMMUNITY HEALTH NEEDS
Based on review of prioritized significant health needs and a thoughtful priority setting process, Covenant Health, including Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty hospital will address the following priority areas as part of its FY15-17 CB Plan:

1. Wellness and Prevention
2. Oral Health
3. Mental Health

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.

The following community health needs identified in the ministry CHNA will not be addressed through direct ongoing programming but are addressed by Covenant Health community partnerships:

- Domestic Violence
- Food Insecurity

Covenant Health does not consistently address food insecurity and domestic violence; however we partner with and provide funding to several organizations that provide services in these areas, including but not limited to The South Plains Food bank, Women’s Protective Services, and Family Guidance and Outreach Center. We also have begun hosting an annual child abuse prevention summit and have an internal food pantry for patient’s families in need.

COMMUNITY BENEFIT PLANNING PROCESS
Summary of Community Benefit Planning Process
The FY15-17 CB Plan was developed in response to findings from the FY14 Community Health Needs Assessment and is guided by the following five core principles:

- **Disproportionate Unmet Health-Related Needs:** Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care:** Emphasis evidence-based approaches by establishing operational between clinical services and community health improvement activities.
• **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.

• **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

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.
Addressing the Needs of the Community

Based on review of prioritized significant health needs and a thoughtful priority setting process, Covenant Health, including Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty hospital will address the following priority areas as part of its FY15-17 CB Plan:

**Wellness and Prevention** – focused primarily on adult diabetic education, obesity prevention for children, adult cardiac health education and early oral health interventions for children; a full time health educator will be dedicated to diabetes education/prevention and general health /nutrition education for all ages; funding for childhood obesity and wellness programs will be provided to community agencies; participation in health screenings and health fairs; funding for well heart presentations; oral health education provided on-site at elementary schools

**Oral Health** - Community Outreach Dental Clinic serves low-income families offering comprehensive dental care to patients aged 5 and up; mobile dental unit that serves patients in a 75-mile radius of Lubbock; free regional dental sealant clinics for school children

**Mental Health** - Covenant Community Outreach Counseling Center provides counseling services to underserved and low-income persons in our community offering individual, couples and family therapy to people of all ages
COVENANT HEALTH
FY15 – FY17 Community Benefit Plan/Implementation Strategies and Evaluation Plan

Depression Reduction Initiative – Mental Health

Goal: Reduce depression among adult Covenant Counseling Center clients with a PHQ-9 score of 5 or above.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Baseline</th>
<th>FY15 Target</th>
<th>FY15 Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce anxiety among adult Covenant Community Counseling Center clients with a GAD-7 score of _____ or above</td>
<td>Collecting data</td>
<td>Targets will be set for FY16 based on FY15 data collection</td>
<td>Targets will be set for FY16 based on FY15 data collection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Strategy Measure</th>
<th>Baseline</th>
<th>FY15 Target</th>
<th>FY15 Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide timely intake</td>
<td>Number of days between screening and intake</td>
<td>Collecting baseline data</td>
<td>TBD</td>
<td>N/A</td>
</tr>
<tr>
<td>Decrease Intake No Show Rate</td>
<td>Percentage of Intake “No Shows”</td>
<td>Collecting baseline data</td>
<td>TBD</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Key Community Partners: Catholic Charities, StarCare

FY15 Accomplishments: In FY2015, Covenant Health’s Counseling Center served 350 clients. Client encounters totaled 1,398.
### Oral Health Initiative – Family Dentistry Program

**Goal:** To improve the oral health of the vulnerable populations within the communities we serve.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Baseline</th>
<th>FY15 Target</th>
<th>FY15 Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average change score on Oral Health Assessment tool between beginning treatment plan and six-month evaluation.</td>
<td>10.7</td>
<td>7.7</td>
<td>2.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Strategy Measure</th>
<th>Baseline</th>
<th>FY15 Target</th>
<th>FY15 Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide timely in-house emergency dental services</td>
<td>Percent of patients with emergent dental needs treated in the CHO dental program within 10 days of initial contact.</td>
<td>63%</td>
<td>85%</td>
<td>99%</td>
</tr>
<tr>
<td>Strengthen patients oral hygiene knowledge and skills</td>
<td>Percent of patients who report increased oral hygiene knowledge and skills</td>
<td>75%</td>
<td>75%</td>
<td>77%</td>
</tr>
<tr>
<td>Provide sealant clinics through partnerships with Title 1 schools and afterschool programs.</td>
<td>Percent of Children ages 6 to 9 receiving sealants on one or more of their permanent first molar teeth after screening.</td>
<td>Strategy implemented FY15</td>
<td>TBD</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Key Community Partners:** Larry Combest Center, StarCare, Lubbock Boys and Girls Club, The Dream Center, Lubbock Children’s Health Clinic, Head Start Program, and Title1 Schools in the region.

**FY15 Accomplishments:** In FY2015, Covenant Health’s Community Health Outreach dental program provided dental services to 1,155 adults, children and ED patients. Patient encounters totaled 2,654. Dental program metrics continued to trend positively and, on average, dental staff was able to care for patients with urgent/emergent dental needs within three days. This year 168 children were screened for sealants at regional low-income schools and 267 sealants were placed.
Health and Wellness Initiative – Diabetes Prevention and Intervention Program

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

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Baseline</th>
<th>FY15 Target</th>
<th>FY15 Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Change Score between first and third class on Self-Efficacy Tool.</td>
<td>34%</td>
<td>65%</td>
<td>35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Strategy Measure</th>
<th>Baseline</th>
<th>FY15 Target</th>
<th>FY15 Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage patients in group interventions</td>
<td>Percent of patients completing at 3 of 4 Diabetes Education Classes</td>
<td>76%</td>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td>Engage patient in individual interventions</td>
<td>Percent of patients attending classes and at least one individual session with educator</td>
<td>35%</td>
<td>50%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Key Community Partners: Catholic Charities, The Bridge of Lubbock, Larry Combest Center, and Lubbock Children’s Health Clinic.

FY15 Accomplishments: In FY2015, Covenant Health’s CHO diabetes prevention and intervention program provided services to 521 adults and children. Patient encounters totaled 792. Program strategy targets were both surpassed. Additionally, the program has partnered with the SPFB for FY2016 to further extend its outreach to those in need of diabetes education and support.
## Other Community Benefit

<table>
<thead>
<tr>
<th>Initiative (community need being addressed):</th>
<th>Program</th>
<th>Description</th>
<th>FY15 Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Obesity</td>
<td>Covenant Body Mind Initiative (CBMI)</td>
<td>Covenant Health will provide financial support to Texas Tech University’s Center for Adolescent Resiliency to fund CBMI which is a longitudinal study measuring the effectiveness of prevention and intervention programs that impacts childhood obesity. Community Partners include: Texas Tech University; Lubbock Independent School District, and schools in the surrounding region. Target Population: Middle and High School students in Lubbock, Texas and the surrounding region. Goal: Significant reduction in the prevalence of childhood obesity in Lubbock County and overall improvement in the health and wellness of program participants within the next 10 years.</td>
<td>New schools/districts added:10 Launch of the CBMI Advocacy Project: working with at risk, underserved youth who are transitioning from alternative education back to their home campus Community Outreach activities: 4 Conference Presentations: 3 Enhancement Activities: 7 2011-2014 there was an average of 8.5% improvement in BMI (6.8%, 11%, 7.6%) Longitudinally: 1 year of programming 1.5% increase in healthy BMI 2 years of programming 2% increase in healthy BMI 3 years of programming 4.7% increase in healthy BMI Concentrated intervention- semester course 6.7% increase in healthy BMI</td>
</tr>
</tbody>
</table>
## FY15 Community Benefit Investment

### Lubbock Hospitals  
*(ending June 30, 2015)*

<table>
<thead>
<tr>
<th>CA Senate Bill (SB) 697 Categories</th>
<th>Community Benefit Program &amp; Services²</th>
<th>Net Benefit</th>
</tr>
</thead>
</table>
| Medical Care Services for Vulnerable³ Populations | Financial Assistance Program (FAP)  
(Traditional Charity Care-at cost) | 24,859,902 |
| | Unpaid cost of Medicaid | 8,435,647 |
| | Unpaid cost of other means-tested government programs | 2,414,761 |
| Other benefits for Vulnerable Populations | Community Benefit Operations | 254,301 |
| | Community Health Improvements Services | 1,575,926 |
| | Cash and in-kind contributions for community benefit | 413,335 |
| | Community Building | |
| | Subsidized Health Services | |
| Other benefits for the Broader Community | Community Benefit Operations | 2,664 |
| | Community Health Improvements Services | 173,913 |
| | Cash and in-kind contributions for community benefit | |
| | Community Building | |
| | Subsidized Health Services | |
| Health Professions Education, Training and Health Research | Health Professions Education, Training & Health Research | 18,151,877 |

**TOTAL COMMUNITY BENEFIT (excluding Medicare)**  
56,282,326

| Medical Care Services for the Broader Community | Unpaid cost to Medicare⁴  
*(not included in CB total)* | 91,199,051 |

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² Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

³ 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 (referred to as Medi-Cal in California), 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.

⁴ Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.
# FY15 Community Benefit Investment

## Levelland
*(ending June 30, 2015)*

<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) <em>(Traditional Charity Care-at cost)</em></td>
<td>1,146,405</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of Medicaid</td>
<td>728,632</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of other means-tested government programs</td>
<td>187,719</td>
</tr>
<tr>
<td>Other benefits for Vulnerable Populations</td>
<td>Community Benefit Operations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Health Improvements Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash and in-kind contributions for community benefit</td>
<td></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>Other benefits for the Broader Community</td>
<td>Community Benefit Operations</td>
<td>3,669</td>
</tr>
<tr>
<td></td>
<td>Community Health Improvements Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash and in-kind contributions for community benefit</td>
<td></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></td>
</tr>
<tr>
<td>TOTAL COMMUNITY BENEFIT <em>(excluding Medicare)</em></td>
<td>2,066,425</td>
<td></td>
</tr>
</tbody>
</table>

| Medical Care Services for the Broader Community | Unpaid cost to Medicare *(not included in CB total)* | 2,055,047 |

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

6 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 (referred to as Medi-Cal in California), 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.

7 Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.
## FY15 Community Benefit Investment

**Plainview**
*(ending June 30, 2015)*

<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(^8) Populations</td>
<td>Financial Assistance Program (FAP) (Traditional Charity Care-at cost) Unpaid cost of Medicaid Unpaid cost of other means-tested government programs</td>
<td>3,068,616 2,502,260 982,020</td>
</tr>
<tr>
<td>Other benefits for Vulnerable Populations</td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building Subsidized Health Services</td>
<td></td>
</tr>
<tr>
<td>Other benefits for the Broader Community</td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building Subsidized Health Services</td>
<td>14,062</td>
</tr>
<tr>
<td>Health Professions Education, Training and Health Research</td>
<td>Health Professions Education, Training &amp; Health Research</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (excluding Medicare)</strong></td>
<td></td>
<td>6,566,958</td>
</tr>
</tbody>
</table>

| Medical Care Services for the Broader Community | Unpaid cost to Medicare\(^9\) *(not included in CB total)* | 3,388,294 |

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\(^8\) Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

\(^9\) 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 (referred to as Medi-Cal in California), 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.

\(^10\) Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.
# FY15 Community Benefit Investment

## Covenant Medical Group

*(ending June 30, 2015)*

<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(^{12}) Populations</td>
<td>Financial Assistance Program (FAP) (Traditional Charity Care-at cost) Unpaid cost of Medicaid Unpaid cost of other means-tested government programs</td>
<td>2,796,536 10,362,195</td>
</tr>
<tr>
<td>Other benefits for Vulnerable Populations</td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building Subsidized Health Services</td>
<td></td>
</tr>
<tr>
<td>Other benefits for the Broader Community</td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building 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></td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (excluding Medicare)</strong></td>
<td></td>
<td><strong>13,158,731</strong></td>
</tr>
<tr>
<td>Medical Care Services for the Broader Community</td>
<td>Unpaid cost to Medicare(^{13})  <em>(not included in CB total)</em></td>
<td><strong>16,079,992</strong></td>
</tr>
</tbody>
</table>

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\(^{11}\) Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

\(^{12}\) 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 (referred to as Medi-Cal in California), 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.

\(^{13}\) Unpaid cost of Medicare is calculated using our cost accounting system. In Schedule H, we use the Medicare cost report.
Telling Our Community Benefit Story:  
Non-Financial\textsuperscript{14} Summary of Accomplishments

The mission statement of the 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 and sealants 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. The Covenant Health leadership team serves on multiple community board and board committees. In FY15, Covenant Health conducted many educational events for the public including Boy Talk/Girl Talk, Heart Matters, and an Annual Child Abuse Summit. Covenant Health also hosted several educational and fundraising events in FY15 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.

\textsuperscript{14} Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.
Governance Approval

This FY15 Community Benefit Report was approved at the September 21st, 2015 meeting of the Covenant Health Community Benefit Committee of the Board of Trustees.

Chair’s Signature confirming

__________________________
Date