



COVENANT PLAINVIEW

FY18 - FY20 Community Benefit Plan/Implementation Strategy Report

CovenantHealth 
Levelland • Lubbock • Plainview

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EXECUTIVE SUMMARY

Covenant Health is an acute-care hospital founded in 1998 through a merger of two faith-based hospitals in Lubbock, TX. Covenant's network includes Covenant Medical Center, Covenant children's and Covenant Specialty Hospital (joint venture) all located in Lubbock, TX. Additionally, Covenant operates two regional hospitals, Covenant Health Plainview and Covenant Health Levelland, as well as, various Covenant Medical Group clinics throughout the West Texas and Eastern New Mexico region. St. Mary's of the Plains, a member of St. Joseph Health since 1939, and Lubbock Methodist Hospital System merged in 1998 to create Covenant Health which is a member of St. Joseph Health. Our hospital facilities include more than 1,000 available licensed beds, and three acute-care hospitals in Texas located in the cities of Lubbock, Levelland and Plainview. Covenant Health has a staff of more than 5,200, a medical staff of more than 600 physicians and a regionally based health plan, First Care. Major programs and services include, but are not limited to, cardiac care, cancer treatment, pediatrics, women's services, surgical services, orthopedics, critical care, neuroscience, endoscopy, diagnostic imaging, emergency medicine and obstetrics.

In response to identified unmet health-related needs in the community health needs assessment, during FY18-FY20 Covenant Health will focus on Mental/Behavioral Health, Diabetes, and Oral Health for the broader and underserved members of the surrounding community.

Covenant Health provides West Texas and Eastern New Mexico communities with access to advanced care and advanced caring. Covenant Health's total service area (TSA) spans roughly 35,000 square miles and includes approximately 750,000 people. The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The majority of the Covenant Health's service area is considered a Health Professions Shortage Area, signifying the importance of Covenant Health to the community it serves. Medically Underserved Areas and Medically Underserved Populations are defined by the Federal Government to include areas or population groups that demonstrate a shortage of healthcare services. The majority of Covenant Health's service area falls within these designated areas as well. Within the TSA for the Covenant Health facilities there is a higher percentage of individuals 65 and old when compared to the state total percentage. Additionally there is a higher percentage of households with lower median income than state averages, a higher percentage of households at 200% or below the Federal Poverty Guidelines and a higher percentage of individuals without a high school diploma.

Collaborating Organizations

The needs assessment was conducted as a collaborative effort between the following Covenant Health entities: Covenant Health Medical Center, Covenant Health Children's Hospital, Covenant Health Plainview, Covenant Health Levelland and Covenant Specialty Hospital (Joint Venture). These facilities are referred to collectively as Covenant Health. Covenant Health partnered with the following community groups to [recruit for and] host the Community Resident Focus Groups and Forums. Plainview YMCA, YWCA of Lubbock, Dream Center, and Larry Combest Health and Wellness Center. Covenant Health also worked with local agencies in Lubbock, Levelland and Plainview to hold Community Stakeholder focus groups. Participating agencies/organizations included the following: Women's Protective Services, Difference Maker's Fellowship, Lubbock ISD, American Diabetes Association, Texas Tech Health Sciences Center, March of Dimes, Carpenter's Church, Voice of Hope, Lubbock Police Department, Plainview YMCA, Plainview Chamber of Commerce, Hale Co. Hospital Authority, Plainview ISD, Atmos Energy, Grace U.M.C. , High Ground of Texas, Plainview Christian Academy, City of Levelland, Levelland ISD, Levelland Community Outreach, Hockley County, Hockley County Senior Center, and TXAgriLife Extension.

FY18-FY20 CB Plan Priorities/Implementation Strategies

As a result of the findings of our FY17 Community Health Needs Assessment (CHNA) and through a prioritization process aligned with our mission, resources and hospital strategic plan, Covenant Health will focus on the following areas for its FY18-FY20 Community Benefit efforts:

- Mental/Behavioral Health
- Diabetes
- Oral Health

MISSION, VISION, AND VALUES

Our Mission

To extend Christian ministry by caring for the whole person—body, mind, and spirit—and by working with others to improve health and quality of life in our communities.

Our Vision

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

Our Values

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

INTRODUCTION – WHO WE ARE AND WHY WE EXIST

As a ministry founded by the Sisters of St. Joseph of Orange, Covenant Health 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, a ministry of St. Joseph Health, was founded in 1998 through the merger of two of Lubbock's most venerable health care facilities, St. Mary of the Plains Hospital and Lubbock Methodist Hospital System. St. Mary Hospital was founded in 1937 as the 10-bed Plains Hospital and Clinic. It became St. Mary of the Plains Hospital in 1939 when the Sisters of St. Joseph of Orange, California, purchased the facility. The facility now known as Covenant Medical Center began in 1918 as the 25-bed Lubbock Sanitarium. In 1954, it became Methodist Hospital. The merger of these two hospitals in 1998 created a united faith-based hospital system that continues to grow to serve the needs of the West Texas and Eastern New Mexico region.

St. Joseph Health, Covenant Health is network including multiple acute-care hospitals founded in 1998 through a merger of two faith-based hospitals in Lubbock, TX. Covenant's network includes Covenant Medical Center, Covenant Children's Hospital and Covenant Specialty Hospital (joint venture) all located in Lubbock, TX. Additionally, Covenant operates two regional hospitals, Covenant Health Plainview and Covenant Health Levelland, as well as, various Covenant Medical Group clinics throughout the West Texas and Eastern New Mexico region. Covenant Medical Group (CMG) is a large employed physician group comprised of approximately 150 primary care and specialist physicians across West Texas and Eastern New Mexico. CMG offers a wide array of primary care and specialists throughout Lubbock, West Texas and New Mexico. Our service area spans roughly 35,000 square miles and includes approximately 750,000 people.

Our hospital facilities include more than 1,000 available licensed beds, and three acute-care hospitals in Texas located in the cities of Lubbock, Levelland and Plainview. Covenant Health has a staff of more than 5,200, a medical staff of more than 600 physicians and a regionally based health plan, First Care. Major programs and services include but are not limited to

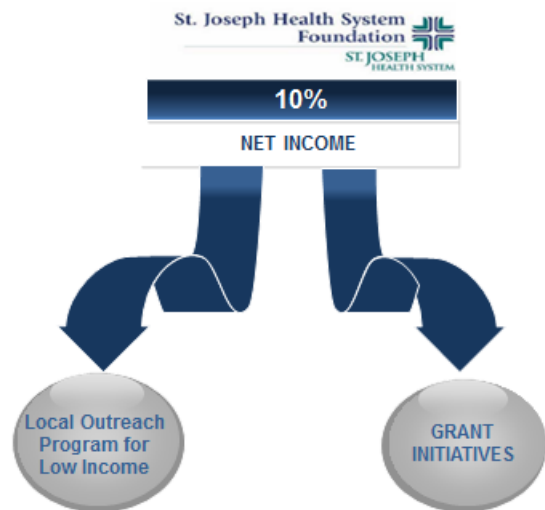
cardiac care, cancer treatment, pediatrics, women’s services, surgical services, orthopedics, critical care, neuroscience, endoscopy, diagnostic imaging, emergency medicine and obstetrics.

Covenant Health is committed to offering accessible, affordable care to Lubbock’s surrounding areas through the operation of two rural hospitals, including Covenant Health Levelland and Covenant Health Plainview. Additionally, a fleet of four mobile coaches and two ECHO/PV vans travel to take needed services to the medically underserved. Covenant Health operates outreach clinical services including dental, mental health and health education. These services are targeted outreach to low-income and uninsured/underinsured persons in the communities we serve. In FY 2017, our community benefit expenditures for Lubbock, Plainview, and Levelland and Covenant Medical Group totaled approximately \$94.5 million (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). Plainview’s community benefit expenditures totaled \$4,918,971. Covenant Health combined had an unpaid cost of Medicare of approximately \$204 million.

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.

Each year, Covenant Health allocates 10% of its net income (net unrealized gains and losses) to the St. Joseph Health Community Partnership Fund. The contributions are used to support local hospital Care for the Poor programs. Covenant Health maintains reserve funds, which helps ensure the ability to sustain programs into the future that assist low-income and underserved populations.



Furthermore, Covenant Health offers financial support to local non-profit organization partners that apply for funding. Funding is distributed through the Covenant Health Wellness and Prevention Grant Program and through the Grants and Contributions Committee. Local non-profits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout Covenant Health 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 the Regional Director of Community Services are responsible for coordinating implementation of Texas Health and Safety 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.

All new hospital employees on are provided orientation 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 for Covenant Health Medical Center and Covenant Health Children's Hospital. 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 Local Board of Directors has direct oversight of Community Benefit for Covenant Health Plainview and Covenant Health Levelland.

The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes six members of the Board of Trustees and eight 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 six times annually.

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, grant approvals, program targeting and program continuation or revision.

Community Benefit (CB) Community Services Department

- Manages CB efforts and coordination between CB and Finance departments on reporting and planning.
- 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.
- Manages all direct CB programs and outreach programs
- Manages community grant program

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

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 we have a **Patient Financial Assistance Program**¹ that provides free or discounted services to eligible patients.

One way, Covenant Health informs the public of the Patient Financial Assistance Program 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.

Covenant Health (including all ministries) also provides access to the uninsured and underinsured by participating in Medicaid.

¹ Information about Covenant Health's Financial Assistance Program is available <http://www.covenanthealth.org/Patients-and-Visitors/For-Patients/Billing-and-Payments/Patient-Financial-Assistance.aspx>

COMMUNITY

Description of Community Served

Covenant Health provides West Texas and Eastern New Mexico communities with access to advanced care and advanced caring. The hospital's service area spans roughly 35,000 square miles and includes approximately 750,000 people.

Community Profile

Cells shaded pink below show values that are worse than the state of TX average

*60-mile radius from Lubbock indicates the focused geographic span for Community Outreach and includes the nine West Texas Counties of Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lamb, Lynn, and Terry.

Indicators	CH Levelland TSA	CH Plainview TSA	60 mile radius*	CMC TSA	Children's TSA	NM	TX
Total Population	40,869	71,288	396,864	687,421	950,250	2,127,466	27,637,152
< 18 years	26.4%	27.3%	25.04%	25.4%	25.9%	23.8%	25.9%
65 years and older	15.2%	15.3%	12.0%	13.2%	12.9%	15.4%	12.0%
Median Household Income	\$44,246	\$39,930	NA	\$45,365	\$48,342	\$44,721	\$54,075
Households living in 200% FPL	35.9%	41.8%	43.02%	34.6%	31.8%	35.8%	32.3%
Children living below 100% FPL	24.1%	34.9%	25.91%	24.5%	21.4%	29.4%	25.3%
Older adults living below 100% FPL	13.1%	11.5%	-	10.8%	10.7%	12.2%	11.2%
No High School Diploma	25.9%	27.9%	18.7%	20.9%	21.6%	16.0%	18.4%
Speak only English at home	66.1%	61.7%	-	70.1%	67.2%	63.8%	65.1%
Speak Spanish and speak English less than very well	10.9%	11.5%	-	8.2%	9.5%	7.9%	12.3%
Speak another language other than Spanish & speak English less than very well	0.5%	0.3%	-	0.8%	0.8%	1.5%	1.9%

Other language spoken in each service include: German, Tagalog and Scandinavian languages (CH Levelland); Persian, German and Gujarati (CH Plainview) Chinese, Korean and Vietnamese (CMC); Vietnamese and Tagalog (Cov Children's);

Data Source: Esri Business Analyst Online, 2016

Highlighted Race/Ethnicity Percentages Counties within Total Service Area

Graphics below show counties descending (highest to lowest) with highest populations of the five identified race/ethnicity categories of the US census

Hispanic			Non-Hispanic White		
County	Total population	%	County	Total population	%
Yoakum	8,483	65.4%	Borden	654	80.7%
Bailey	7,198	61.9%	Gaines	20,538	55.6%
Cochran	3,096	59.7%	Lubbock*	299,722	53.7%
Hale*	35,498	59.4%	Roosevelt	20,362	53.0%
Lea	71,890	58.1%	Scurry	17,920	52.5%
Floyd*	6,264	58.0%	Curry	54,238	49.3%
Dawson	13,706	56.3%	Eddy	58,813	47.8%
Terry*	13,036	55.4%	Lynn*	5,830	47.5%
Lamb*	13,576	55.2%	Hockley*	24,197	45.7%
TSA		43.9%	TSA		47.8%

African American			Native American		
County	Total population	%	County	Total population	%
Lubbock*	299,722	7.0%	Roosevelt	20,362	1.2%
Garza*	6,313	6.5%	Eddy	58,813	1.1%
Dawson	13,706	6.2%	TSA		0.5%
Curry	54,238	5.6%	Asian/ Pacific Islanders		
Hale*	35,498	4.9%	Lubbock*	299,722	2.3%
Scurry	17,920	4.5%	Curry	54,238	1.7%
Cochran	3,096	4.4%	Hale*	35,498	0.6%
Crosby*	5,997	4.3%	Lea	71,980	0.6%
TSA		5.1%	TSA		1.4%

Data Source: Esri Business Analyst Online, 2016

* 60-mile radius from Lubbock indicates the focused geographic span for Community Outreach

Percent of Children living in poverty 60-mile radius with available zip code data

Graphics below show zip descending (highest to lowest) levels of children living in poverty

County	Zip Code	% of Children 0-17 living below poverty
Lubbock	79411	56.4%
Lubbock	79412	48.8%
Floyd	79235	48.6%
Lubbock	79404	45.55
Crosby	79322	44.1%
Lubbock	79403	43.5%
Lubbock	79401	42.3%
Lubbock	79414	37.6%
Hale	79072	37.3%
Lamb	79339	34.8%
Lubbock	79410	33.8%
Lubbock	79415	32.9%
Lubbock	79407	24.8%
Lynn	79373	23.1%
Lubbock	79413	21.6%

County	Zip Code	% of Households living below 200% poverty
Lubbock	79401	79.4%
Lubbock	79411	70.1%
Lubbock	79404	65.3%
Lubbock	79415	62.2%
Lubbock	79403	61.2%
Lubbock	79412	59.2%
Lamb	79064	58.5%
Lamb	79041	57.1%
Crosby	79357	56.5%
Lubbock	79410	52.7%
Lamb	79339	52.6%
Terry	79316	50.2%
Lubbock	79414	49.5
Hale	79072	48.81
Floyd	79241	48.45
TSA		43.0%

Data Source: US Census Bureau, American Community Survey. 2010-14.

Hospital Total Service Area

The community served by the Hospital 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. Covenant Health has a service area that includes twenty-five counties. There a total of eight counties within the PSA and seventeen comprising the SSA. Two of the PSA counties are in Eastern NM and six are in West Texas. SSA counties include two in Eastern NM and the remaining fifteen in West Texas.

Table 1. Counties and States

County	State	PSA or SSA
Castro	Texas	SSA
Swisher	Texas	SSA
Briscoe	Texas	SSA
Baily	Texas	SSA
Cochran	Texas	SSA
Yoakum	Texas	SSA
Gaines	Texas	SSA
Dawson	Texas	PSA
Borden	Texas	SSA
Scurry	Texas	PSA
Dickens	Texas	SSA
Motley	Texas	SSA

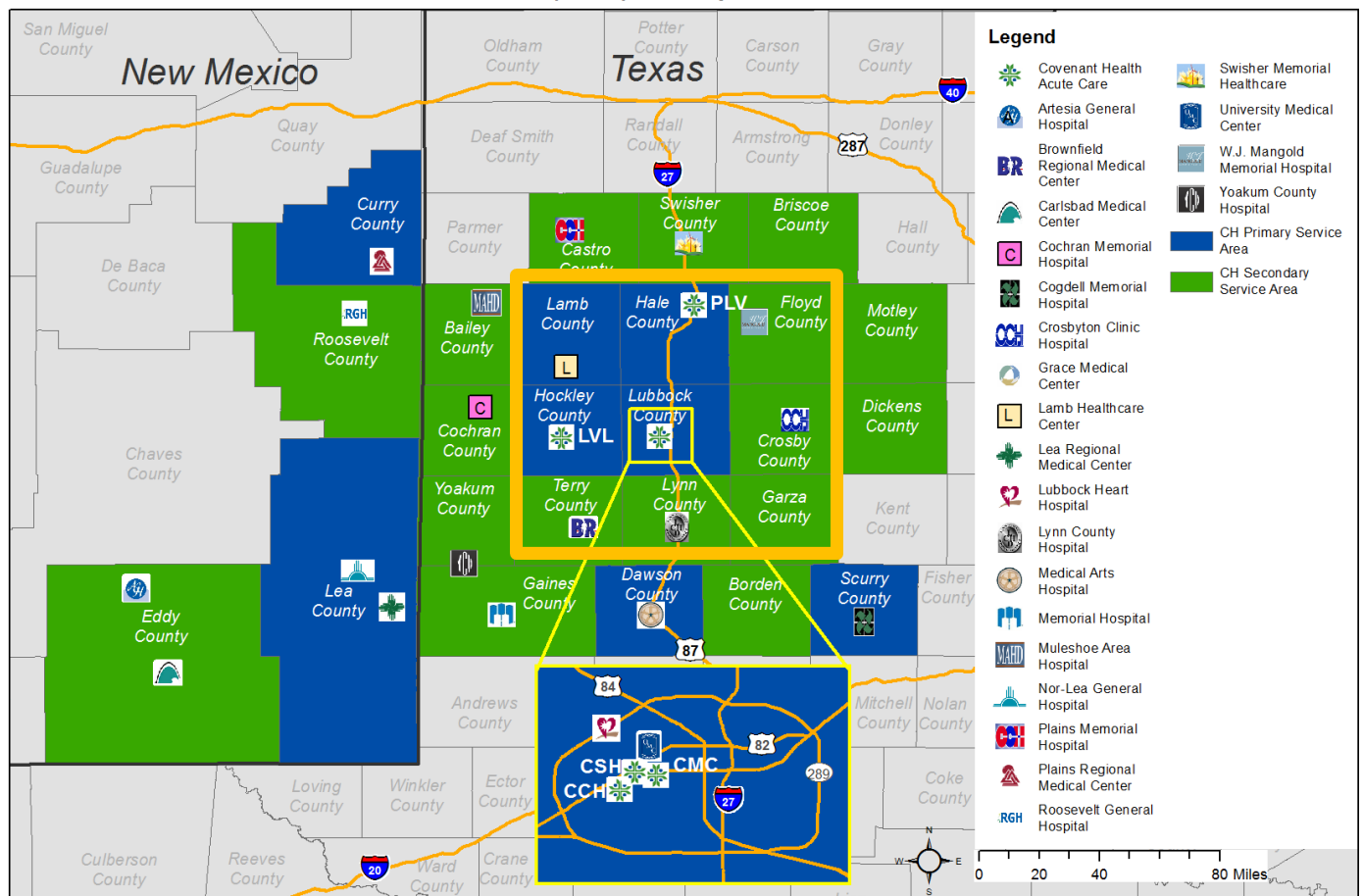
Lamb	Texas	PSA
Hale	Texas	PSA
Hockley	Texas	PSA
Terry	Texas	SSA
Lynn	Texas	SSA
Garza	Texas	SSA
Crosby	Texas	SSA
Floyd	Texas	SSA
Lubbock	Texas	PSA
Curry	New Mexico	PSA
Roosevelt	New Mexico	SSA
Lea	New Mexico	PSA
Eddy	New Mexico	SSA

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

The yellow box represents focused community benefit service area which is a 60-mile radius of Lubbock County and includes the nine West Texas Counties of Crosby, Floyd, Garza, Hale, Hockley, Lubbock, Lamb, Lynn, and Terry. Due to the expansive geographic Covenant Health service area, community outreach efforts are focused on a 60 mile radius from Lubbock. Lubbock is the largest hub of community resources for the region and the location of the cornerstone Covenant facilities of Covenant Medical Center and Covenant Children’s. The 60 mile radius includes all counties where Covenant hospital facilities are located.

Covenant Health (CH) Hospital Total Service Area



Map represents Hospital Total Service Area (HTSA) as defined by Covenant Strategic Services, April 2016.
 PLV = Plainview; LVL = Levelland; CMC = Covenant Medical Center; CCH = Covenant Children’s; CSH = Covenant Specialty Hospital
 Prepared by the St. Joseph Health Strategic Services Department, April 2016.

Community Need Index (Zip Code Level) Based on National Need

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

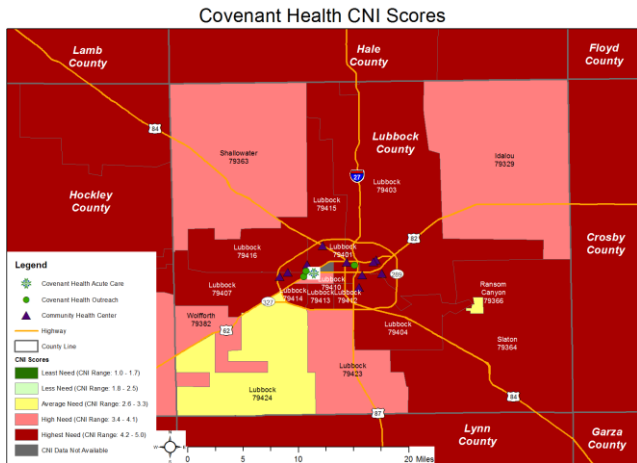
- Income Barriers (Elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (% population without HS diploma);
- Insurance Barriers (Insurance, unemployed and uninsured);
- Housing Barriers (Housing, renting percentage).

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a zip code with the fewest socioeconomic barriers, while a score of 5.0 represents a zip code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores. (Ref (Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86(4):32-8.) The CNI is used to draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

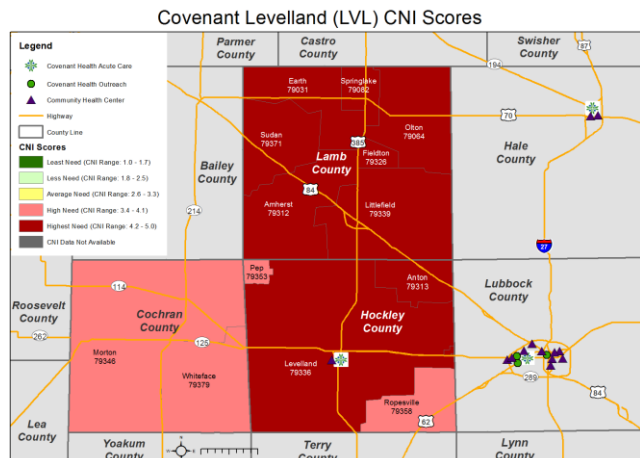
For example, the ZIP code 79072 in Plainview, TX on the CNI map is scored 4.8, making it a High Need community as indicated in red on the following maps.

See Appendix 1: Community Needs Index data

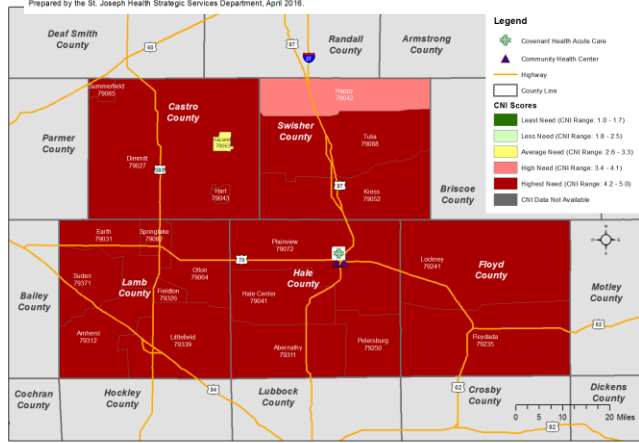
Figures (below) depict the Covenant Health Need Index for Covenant Health need.



Source: Dignity Health Community Need Index (cn.chw-interactive.org), 2015 (accessed March 2016); HRSA Data Warehouse (findahealthcenter.hrsa.gov) (accessed Oct 2016). Prepared by the St. Joseph Health Strategic Services Department, April 2016.

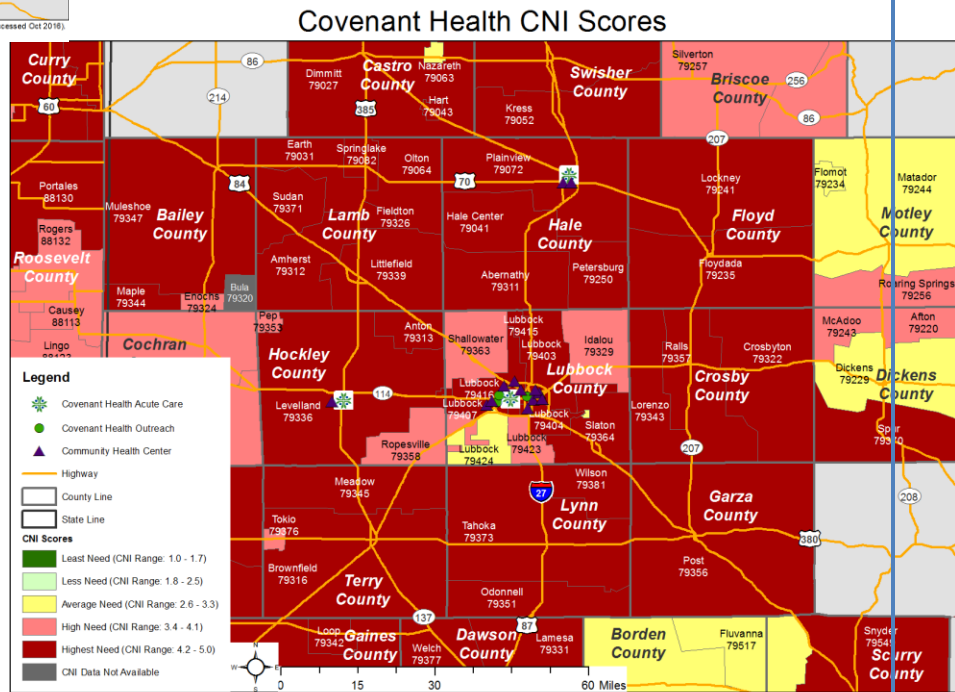


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Focused View 60 Mile Radius Covenant Health Outreach Focus Area



Source: Dignity Health Community Need Index (cn.chw-interactive.org), 2015 (accessed March 2016); HRSA Data Warehouse (findahealthcenter.hrsa.gov) (accessed Oct 2016). Prepared by the St. Joseph Health Strategic Services Department, April 2016.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

The CHNA process was guided by the fundamental understanding that much of a person's health is determined by the conditions in which they live. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and Roadmaps, focuses attention on the social determinants of health to learn more about opportunities for intervention that will help people become and stay healthy within their community. In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse than nearby areas. To the extent possible, we gathered information at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.

Examples of the types of information that was gathered are: socioeconomic, physical environment, health behaviors, and clinical care. In addition to these determinants of health, we also looked at the health outcomes of the people living in the service area, by zip code whenever possible. Within the guiding health framework for the CHNA, publicly-available data was sought that would provide information about the communities and people within the Covenant Health service area. In addition, comparison data was gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they were widely accepted as valid and appropriate measures and would readily communicate the health needs of the service area. Preference was given to data that was obtained in the last 5 years and was available at the zip code level. The process of collecting qualitative community input took three main forms: Community Resident Focus Groups, a Nonprofit and Government Stakeholder Focus Group, and a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by Covenant Health. We developed a protocol (noted in Appendix 3b) for each group to ensure consistency.

COLLABORATING ORGANIZATIONS

The needs assessment was conducted as a collaborative effort between the following Covenant Health entities: Covenant Health Medical Center, Covenant Health Children's, Covenant Health Plainview, Covenant Health Levelland and Covenant Specialty Hospital (Joint Venture). These facilities are referred to collectively as Covenant Health.

Covenant Health partnered with the following community groups to [recruit for and] host the Community Resident Focus Groups and Forums. Plainview YMCA, YWCA of Lubbock, Dream Center, and Larry Combest Health and Wellness Center. Covenant Health also worked with

local agencies in Lubbock, Levelland and Plainview to hold Community Stakeholder focus groups. Participating agencies/organizations included the following: Women's Protective Services, Difference Maker's Fellowship, Lubbock ISD, American Diabetes Association, Texas Tech Health Sciences Center, March of Dimes, Carpenter's Church, Voice of Hope, Lubbock Police Department, Plainview YMCA, Plainview Chamber of Commerce, Hale Co. Hospital Authority, Plainview ISD, Atmos Energy, Grace U.M.C. , High Ground of Texas, Plainview Christian Academy, City of Levelland, Levelland ISD, Levelland Community Outreach, Hockley County, Hockley County Senior Center, and TXAgriLife Extension

COMMUNITY INPUT

Community input was gathered through two resident focus groups in Lubbock, three stakeholder focus groups (Lubbock, Plainview and Levelland) and a community forum in Lubbock. The sessions were facilitated by Dr. David Hamilton. He reported and analyzed results from all community input. He also assisted in the analysis of both primary and secondary data and in the ranking of community needs. Dr. Hamilton is the Political Science Coordinator of the Certified Public Manager (CPM) Program and Special Projects for Texas Tech University.

Concerns that were identified in both the community residents focus groups and in the nonprofit/government stakeholders included the following: poverty, cost and access to healthy food, affordable housing, crime, homelessness, transportation, safe areas to exercise, pollution, mental health, oral health, diabetes, obesity, awareness of local resources, alcohol consumption, drug abuse, teen pregnancy, prevention screening, unhealthy lifestyles, access to mental health facilities and access to medical care. Refer to Appendix 3 for information regarding organizations that provided input, representation of the medically underserved, and low-income or minority populations represented by those that provided input.

SIGNIFICANT HEALTH NEEDS

The following significant health needs were identified and ranked through examining secondary and primary data.

1. Mental health
2. Awareness of available resources
3. Alcohol consumption/DWI
4. Obesity
5. Unhealthy food
6. Access to mental health care/facilities
7. Poverty
8. Diabetes
9. Unhealthy lifestyle/lack of exercise
10. Child Abuse and neglect
11. Oral health
12. Drug abuse
13. Teen pregnancy
14. Crime

PRIORITY HEALTH NEEDS

During FY18-20, Covenant Health will focus the health needs identified as priorities by the Lubbock Covenant Community Benefit Committee and Plainview and Levelland Regional Board of Directors. These include: **Mental/Behavioral Health, Diabetes and Oral Health**

Identification and Selection of Significant Health Needs

The selection process began with the development of a general list of potential health needs, derived from a broad review of the indicator data, focus group findings, and literature around health concerns and social determinants of health. The goal of the selection process was to analyze the wide variety and large quantity of information obtained through the quantitative and qualitative processes in a consistent manner. Each source of input was considered as follows:

- **Quantitative Data:** Weighting was based on how the service area compared to Texas and county averages and how individual cities and zip codes compared to the service area averages. Note that for some health needs, data was not readily available.
- **Resident Focus Groups:** Focus Group transcripts and notes were reviewed and considered both at the individual focus group level and collectively across focus groups. Weighting was related to how often and how extensively an issue was discussed by the participants.
- **Stakeholder Focus Group:** Weighting for the stakeholder group was based on how strongly the problem was discussed by the participants and the extent of agreement among the participants about the problem.
- **Community Resident Forum:** The Community Forum was designed to measure the importance of an issue to attendees. Each forum ended with “dot voting” on significant health issues allowing all participants to have a voice in indicating which issues were most important to them. Issues that received more votes were considered to be more important to the community.

In developing the list of significant health needs, the quantitative data was given equal weight to the community input. After reviewing and rating all the available information, the list of potential health needs was ranked from greatest to lowest need for the ministry and the top 14 were recommended by Dr. David Hamilton for further consideration.

Before the final selection of significant health needs, two reviews took place. First, Dr. David Hamilton reviewed the list to determine if there were needs that were identified as priorities through the community process but not highlighted by the data, or for which no data was available. In some cases, a significant health need may have been added to the list due to this review. In the second review, the Community Benefit Lead examined the list, using ministry-

specific knowledge to determine if the significant health needs should be consolidated or added. Once the review was completed, the list was finalized and prioritized.

Prioritization Process and Criteria

To prioritize the list of significant health needs and ultimately select the three priority health need(s) to be addressed by Covenant Health, a four-step process was followed that incorporated the experience, expertise, and perspective of both internal and external stakeholders of the ministry. The criteria and rating scales can be found in Appendix 5.

Step One: Using criteria that were developed in collaboration with the St. Joseph Health System Office and the Community Benefit Lead, Dr. David Hamilton scored each health need on seven criteria.

- **Seriousness of the Problem:** The degree to which the problem leads to death, disability, and impairs one's quality of life
- **Scope of the Problem 1:** The number of people affected, as a percentage of the service area population
- **Scope of the Problem 2:** The difference between the percentage of people affected in the service area compared to regional and statewide percentages
- **Health Disparities:** The degree to which specific socioeconomic or demographic groups are affected by the problem, compared to the general population
- **Importance to the Community:** The extent to which participants in the community engagement process recognized and identified this as a problem
- **Potential to Affect Multiple Health Issues:** Whether or not this issue is a root cause, and the extent to which addressing it would affect multiple health issues
- **Implications for Not Proceeding:** The risks associated with exacerbation of the problem if it is not addressed at the earliest opportunity

Step Two: The Community Benefit Lead for Covenant Health convened three working groups of internal and external stakeholders for Lubbock, Levelland and Plainview to complete the second stage of prioritization. This working group applied four criteria to each need. These groups consolidated several separate issues into larger categories before ratings were applied.

- **Sustainability of Impact:** The degree to which the ministry's involvement over the next 3 years would add significant momentum or impact, which would remain even if funding or ministry emphasis on the issue were to cease.
- **Opportunities for Coordination and Partnership:** The likelihood that the ministry could be part of collaborative efforts to address the problem.

- Focus on Prevention: The existence of effective and feasible prevention strategies to address the issue.
- Existing Efforts on the Problem: The ability of the ministry to enhance existing efforts in the community.

Community Benefit Staff participating in the working group also considered a fifth criterion:

- Organizational Competencies: The extent to which the ministry has or could develop the functional, technical, behavioral, and leadership competency skills to address the need.

Step Three: Two final criteria were considered by the Community Benefit Lead for each health need.

- Relevance to the Mission of Covenant Health: Is this area relevant to or aligned with the Mission of Covenant Health?
- Adherence to Ethical and Religious Directives: Does this area adhere to the Catholic Ethical and Religious Directives?

If the answer was “No” to either question, the health need was dropped from further consideration. Teen pregnancy was dropped at this step.

Step Four: The final step of prioritization and selection was conducted by the Covenant Health Community Benefit Committee and board/leadership representatives from Covenant Levelland and Covenant Plainview. The list of identified health needs rank-ordered by the results of the first three steps of the prioritization process was reviewed. The Committee discussed each need and its relevance to the ministry, the potential for progress on the issue, and the potential role of the ministry in addressing the need. After extensive discussion, the Committee selected three priorities for inclusion in the plan. Several needs were combined to be addressed within the broader scope of direct programming around the priorities selected.

Community Health Needs Prioritized

1. Mental health
2. Awareness of available resources
3. Alcohol consumption/DWI
4. Obesity
5. Unhealthy food
6. Access to mental health care/facilities
7. Poverty
8. Diabetes
9. Unhealthy lifestyle/lack of exercise
10. Child Abuse and neglect
11. Oral health
12. Drug abuse

13. Teen pregnancy
14. Crime

The following priority areas were selected as part of its FY18-FY20 CB Plan/Implementation Strategy Report:

- Mental/Behavioral Health - Work with community partners to expand and investigate creative solutions **access** to care, to create community resilience, reduce depression and anxiety, and expand **substance abuse** (including **alcohol**) prevention/intervention initiatives through either direct programming or financial support of partner agencies
- Diabetes Prevention and Intervention – Expand current outreach to include more innovative approaches to prevention with emphasis on early interventions with children and families, collaborate with internal and external partners to implement evidence based practices, and increase access to medication. Including focus on preventive lifestyle issues such as **obesity** reduction, **unhealthy lifestyles**, **food choices** and **exercise**
- Dental Health – Enhance current outreach practices to include more early intervention with children and new parents, increase school partnerships and explore ways to continue to improve access to services

Needs Beyond the Hospital's Service Program

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

- Resource Awareness, Poverty, Teen Pregnancy and Crime and Food Insecurity

Covenant Health partners with and provides funding to several organizations that provide services in these areas, including but not limited to Catholic Charities, local FQHC's, The South Plains Food bank, YWCA, Women's Protective Services, Meals on Wheels, 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.

We are committed to continue our Mission through community benefit program and by funding other local non-profits through our Wellness and Prevention grants funded through our Care for the Poor dollars and managed by Covenant Health Community Outreach. In addition, we collaborate with local organization(s) and local Federally Qualified Health Clinics that address aforementioned community needs to coordinate care.

COMMUNITY BENEFIT PLAN

Summary of Community Benefit Planning Process

A work group comprised of both CB staff and representatives from the CB Committee developed strategies to address the identified needs. Based upon the work group's feedback and research of best practices the plan strategies and measures were developed. The FY18-20 CB Plan was developed in response to findings from the FY17 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.

Addressing the Needs of the Community:

FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan

Initiative: Expanded Access to Mental Health Services

Goal: Expand access to mental health services in the Community Benefit Service Area

Key Community Partners: South Plains College, Texas Tech University, Central Plains Center - Plainview, Allegiance Behavioral Health, NAMI, Larry Combest Center (FQHC), Catholic Charities, and StarCare

Covenant Health Combined Outcome Measure		Baseline	FY18 Target	FY20 Target	
Number of clients linked to needed mental health and/or behavioral health programs/services.		Collecting Data	Collecting Data	Collecting Data	
Strategy(ies) Covenant Plainview	Strategy Measure	Baseline	FY18 Target	FY20 Target	
Systematically train staff to screen and refer for behavioral health services in all facilities.	Number of identified staff attending NAMI Provider Education Training	0	10	30	
Place on-site counselors at all facilities or have coordinated referral process in place for local counseling services	Referrals to Allegiance Behavioral Health or Central Plains Center counselors on-site or to identified counseling services	Collecting Data	Collecting Data	Collecting Data	
Host designated support groups	Number of support groups held/hosted	Collecting Data	4	8	

FY18 – FY20 Community Benefit Plan/ Implementation Strategy Report

Initiative: Improving Oral Health in Children and Youth

Goal: Improve the oral health of children within our 60 mile radius service area by expanding children’s services in the region and increasing awareness of the importance of oral health

Key Community Partners: Plainview Health Department, CMG Pediatrics, Communities in Schools, Storks Nest, Larry Combest Center, StarCare, The Dream Center, Lubbock Children’s Health Clinic, and Title 1 Elementary Schools in the region.

Covenant Health Combined Outcome Measure	Baseline	FY18 Target	FY20 Target
Percentage of patients who demonstrate oral health status improvement at recall	Collecting Data	Collecting Data	Collecting Data

Strategy(ies) Covenant Plainview	Strategy Measure	Baseline	FY18 Target	FY20 Target
Deliver sealants to high-risk children with susceptible permanent molar teeth	Number of Plainview area elementary schools participating in sealant clinics	0	Est. Baseline	3
Implement School-Based Education Program	Number of schools participating within the Plainview service area	0	Est. Baseline	3

FY18 – FY20 Community Benefit Plan/ Implementation Strategy Report

Initiative: Diabetes Self-Management Education

Goal: Increase patient’s knowledge and ability to self-manage their disease

Key Community Partners: CMG, CHP, Larry Combest Center, The Dream Center, Lubbock Children’s Health Clinic, and Catholic Charities.

Covenant Health Combined Outcome Measure	Baseline	FY18 Target	FY20 Target
Percentage improvement in ED visits among new clients (post enrollment compared to pre-enrollment)	Collecting Data	Collecting Data	Collecting Data

Strategy(ies)	Strategy Measure	Baseline	FY18 Target	FY20 Target
Follow-up phone calls	Percent of patients receiving follow up phone calls	Collecting Data	Collecting Data	Collecting Data
Refer to Diabetic Support Group/Class	Number of patients attending support group or completing class	Collecting Data	Collecting Data	Collecting Data

Other Community Benefit Programs and Evaluation Plan

Initiative/Community Need Being Addressed:	Program Name	Description	Target Population
Childhood Obesity	Go Noodle	Engage elementary school students by increasing movement during the day through the use of Go Noodle	Both Low-Income and Broader Community
Wellness and Prevention	"Healthy Kids" 2020	Program at Plainview to address childhood obesity, self-discipline, healthy eating habits and community involvement	Both Low-Income and Broader Community
Health Education	Discovering Health – The voice of your local caregivers	Local physicians and medical professionals discuss medical topics that the community wants to hear about.	Both Low-Income and Broader Community
Support for community partners addressing needs identified in CHNA	Wellness and Prevention Grant Program	The Covenant Wellness and Prevention Grant Program seeks to promote the health and well-being of low-income individuals and families in communities within our service area. Grant funding is allocated annually to community partners to further address community needs identified in Covenant Health's CHNA.	Low-Income

Appendix

Definition of Terms

Community Benefit: An initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

- a. Improves access to health services;
- b. Enhances public health;
- c. Advances increased general knowledge; and/or
- d. Relieves government burden to improve health.

Community benefit includes both services to the poor and broader community.

To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following:

- a. Community health needs assessment developed by the ministry or in partnership with other community organizations;
- b. Documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; or
- c. The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

Health Equity: Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Social Determinants of Health: Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual’s or population’s health, are known as *determinants of health*. *Social determinants of health* are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Initiative: An initiative is an umbrella category under which a ministry organizes its key priority efforts. Each effort should be entered as a program in CBISA Online (Lyon Software).

Please be sure to report on all your Key Community Benefit initiatives. If a ministry reports at the initiative level, the goal (anticipated impact), outcome measure, strategy and strategy measure are reported at the initiative level. Be sure to list all the programs that are under the initiative. Note: All Community Benefit initiatives must submit financial and programmatic data in CBISA Online.

Program: A program is defined as a program or service provided to benefit the community (in alignment with guidelines) and entered in CBISA Online (Lyon Software). Please be sure to report on all community benefit programs. Note: All community benefit programs, defined as “programs”, are required to include financial and programmatic data into CBISA Online.

Goal (Anticipated Impact): The goal is the desired ultimate result for the initiative’s or program’s efforts. This result may take years to achieve and may require other interventions as well as this program. (E.g. increase immunization rates; reduce obesity prevalence.).

Scope (Target Population): Definition of group being addressed in this initiative: specific description of group or population included (or not included, if relevant) for whom outcomes will be measured and work is focused. Identify if this initiative is primarily for persons living in poverty or primarily for the broader community.

Outcome measure: An outcome measure is a quantitative statement of the goal and should answer the following question: “How will you know if you’re making progress on goal?” It should be quantitative, objective, meaningful, and not yet a “target” level.