



COMMUNITY HEALTH NEEDS ASSESSMENT **2019**

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EXECUTIVE SUMMARY

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the Affordable Care Act, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ▶ Conduct a community health needs assessment (CHNA) every three years.
- ▶ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ▶ Report how it is addressing the needs identified in the CHNA as well as a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must consider input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document University Medical Center's ("Medical Center" or "UMC") compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

This document is a summary of all the available evidence collected during the CHNA conducted in tax year 2019. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

University Medical Center is an acute care hospital located in Lubbock, Texas. For the purposes of this CHNA, the Medical Center has defined its "community" as a nine-county region located in northwest Texas accounting for 85.1% of the Medical Center's patients. While the Medical Center serves patients across a broader region, defining its community will allow it to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Identified health needs were prioritized with input from members of the Medical Center's management team utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) how important the issue is to the community and 5) the prevalence of common themes. Significant needs were further reviewed and analyzed regarding how closely the need aligns with the Medical Center's mission, current and key service lines, and/or strategic priorities.

Based on the information gathered through this CHNA and the prioritization process described later in this report, the following priorities were identified. Opportunities for health improvement exist in each area. The Medical Center will work to identify areas where it can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2020-2022 for the priority areas identified below.

- ▶ Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes, Lung)
- ▶ Affordability of Healthcare Services
- ▶ Obesity
- ▶ Uninsured / Limited Insurance / Access
- ▶ Lack of Mental Health / Addiction Providers and Services
- ▶ Lack of Primary Care Physicians / Access to Primary Care Physicians
- ▶ Lack of Health Knowledge / Education
- ▶ Poor Nutrition / Limited Access to Healthy Food Options

COMMUNITY HEALTH NEEDS ASSESSMENT GOALS



HOW THE ASSESSMENT WAS CONDUCTED

University Medical Center partnered with BKD, LLP (“BKD”) to conduct this community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 40 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted during 2019.

The CHNA was conducted to support its mission responding to the needs in the community it serves and to comply with Internal Revenue Code Section 501(r) and federal tax-exemption requirements. Identified health needs were prioritized in order to facilitate the effective allocation of hospital resources to respond to the identified health needs. Based on guidance from the United States Treasury and the Internal Revenue Service, the following steps were conducted as part of the CHNA:

- ▶ Community benefit initiatives, which were implemented over the course of the last three years, were evaluated.
- ▶ The “community” served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described in Community Served by the Medical Center.
- ▶ Population demographics and socioeconomic characteristics of the community were gathered and assessed utilizing various third parties.
- ▶ The health status of the community was assessed by reviewing community health status indicators from multiple sources, including those with specialized knowledge of public health and members of the underserved, low-income and minority population or organizations serving their interests.
- ▶ Community input was also obtained through key informant surveys of thirty community leaders. See Appendix B for a listing of key stakeholders that provided input.
- ▶ Identified health needs were then prioritized considering the community’s perception of the significance of each identified need as well as the ability for the Medical Center to impact overall health based on alignment with the Medical Center’s mission and the services it provides. The Medical Center’s leadership participated in identifying and prioritizing significant health needs.
- ▶ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared.

LIMITATIONS AND INFORMATION GAPS

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Medical Center; however, there may be a few of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder surveys.

As with all data collection efforts, there are limitations related to the CHNA's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2018 may be the most current year available for data, while 2017 or 2016 may be the most current year for other sources.

GENERAL DESCRIPTION OF UNIVERSITY MEDICAL CENTER

University Medical Center is a team of healthcare providers who together call UMC our hospital. UMC has developed a strong and enduring culture, adhering to the motto Service is Our Passion, which sustains UMC as the employer of choice and the provider of choice for the West Texas and Eastern New Mexico region.

Our healthcare team's mission is to serve all by providing safe, high quality care; to achieve excellent financial performance; and to train tomorrow's healthcare professionals as the primary teaching hospital for the Texas Tech University Health Sciences Center. UMC has a strong and enduring partnership with Texas Tech which helps fulfill UMC's mission and helps support Tech's academic pursuits of education and research. As one grows, the other prospers.

During the last 40 years UMC, a public hospital for the citizens of Lubbock County, has become a health system we can be proud of and a great investment for Lubbock County taxpayers. Together with UMC Physicians, UMC has seen an increase in market share, demand for service, and growth in reputation. Even during difficult economic times, sound financial planning has allowed the system to thrive.

UMC's team has over 4,600 employees who serve an organization Texas Monthly has recognized as "one of the Best Companies to Work for in Texas®."

DESCRIPTION OF SERVICES PROVIDED BY UNIVERSITY MEDICAL CENTER

University Medical Center is the area's preferred hospital with a strong history and reputation for providing high quality, compassionate medical care. A full service, acute-care regional referral center, UMC operates specialty nursing units including cardiology, orthopedics, general surgery, neurology/neurosurgery, oncology, critical care, obstetrics and pediatrics, where nurses are able to provide specialized care.

UMC is a national leader in patient satisfaction. The Hospital has received Five-Star recognition (the highest honors) by independent rating company HealthGrades for providing exceptional service in multitudes of patient care:

- ▶ Outstanding Patient Experience
- ▶ Pneumonia
- ▶ Cholecystectomy
- ▶ Appendectomy
- ▶ Bariatric Surgery
- ▶ Gynecological Surgery

UMC provides a Level 1 Trauma Center and a Regional Burn Center. Through UMC's partnership with Texas Tech University, the health system produces groundbreaking research and innovative technology, including nationally recognized clinical trials.

At UMC Health Systems, service is our passion. We serve by providing safe, high quality care to all, achieving excellent financial performance, and training tomorrow's healthcare professionals.

UMC has a strong partnership with UMC Physicians and Texas Tech University which help fulfill UMC's mission.

COMMUNITY SERVED BY UNIVERSITY MEDICAL CENTER

UMC Health System is located in Lubbock, Texas. Lubbock is located in the south plains of Texas and is approximately a five-hour drive west of Dallas.

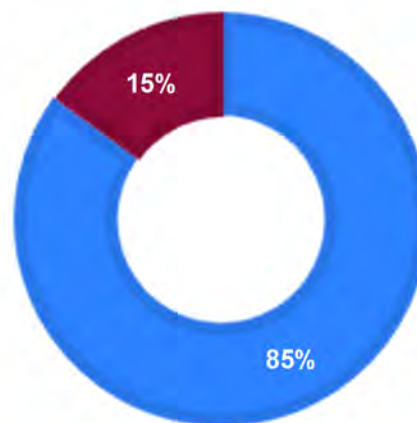
DEFINED COMMUNITY

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges and outpatient visits January 1, 2018 through December 31, 2018 management has identified the CHNA community to include Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn and Terry counties for UMC Health System as these counties represent approximately 85% of total discharges and are a contiguous area surrounding the UMC Health System.

PERCENTAGE DISCHARGES / VISITS

■ CHNA Community ■ Other



COMMUNITY POPULATION AND DEMOGRAPHICS

The U.S. Bureau of Census has compiled population and demographic data. The data below shows the total population of the CHNA community. It also provides the breakout of the CHNA community between the male and female population, age distribution, race/ethnicity and the Hispanic population.

Demographic Characteristics

Gender	CHNA Community	Lubbock County	Hale County	Hockley County	Lamb County
Total Population	406,337	298,042	34,527	23,273	13,368
Total Male Population	203,231	147,080	17,906	11,505	6,832
Total Female Population	203,106	150,962	16,621	11,768	6,536
Percent Male	50.02%	49.35%	51.86%	49.43%	51.11%
Percent Female	49.98%	50.65%	48.14%	50.57%	48.89%

Gender	Crosby County	Terry County	Garza County	Lynn County	Floyd County
Total Population	5,895	12,755	6,739	5,785	5,953
Total Male Population	2,918	6,753	4,369	2,957	2,911
Total Female Population	2,977	6,002	2,370	2,828	3,042
Percent Male	49.50%	52.94%	64.83%	51.11%	48.90%
Percent Female	50.50%	47.06%	35.17%	48.89%	51.10%

Gender	Texas	United States
Total Population	27,419,612	321,004,407
Total Male Population	13,616,977	158,018,753
Total Female Population	13,802,635	162,985,654
Percent Male	49.66%	49.23%
Percent Female	50.34%	50.77%

Population Age Distribution

Age Group	Percent of CHNA Community	Percent of Lubbock County	Percent of Hale County	Percent of Hockley County	Percent of Lamb County
0 - 4	6.87%	6.81%	7.34%	6.88%	7.23%
5 - 17	17.96%	17.32%	20.41%	19.58%	21.02%
18 - 24	15.31%	17.18%	11.49%	12.04%	8.53%
25 - 34	14.29%	14.64%	13.58%	13.30%	12.66%
35 - 44	11.42%	11.22%	11.60%	11.21%	10.32%
45 - 54	11.05%	10.69%	12.11%	11.67%	11.97%
55 - 64	10.62%	10.32%	10.53%	11.82%	12.31%
65+	12.48%	11.82%	12.94%	13.50%	15.96%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Age Group	Percent of Crosby County	Percent of Terry County	Percent of Garza County	Percent of Lynn County	Percent of Floyd County
0 - 4	7.06%	8.08%	4.29%	6.67%	6.42%
5 - 17	20.42%	19.17%	13.43%	19.81%	20.73%
18 - 24	9.36%	8.83%	7.17%	7.68%	8.53%
25 - 34	10.50%	14.78%	16.43%	11.94%	10.85%
35 - 44	12.21%	11.08%	20.76%	11.84%	12.33%
45 - 54	10.41%	12.08%	15.77%	12.79%	10.34%
55 - 64	12.82%	11.04%	10.86%	12.47%	12.31%
65+	17.22%	14.94%	11.29%	16.80%	18.49%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Age Group	Percent of Texas	Percent of United States
0 - 4	7.23%	6.18%
5 - 17	19.08%	16.74%
18 - 24	10.04%	9.70%
25 - 34	14.60%	13.72%
35 - 44	13.51%	12.67%
45 - 54	12.75%	13.43%
55 - 64	11.06%	12.69%
65+	11.73%	14.87%
Total	100.00%	100.00%

Total Population by Race Alone

Race	Percent of CHNA Community	Percent of Lubbock County	Percent of Hale County	Percent of Hockley County	Percent of Lamb County
White	82.33%	80.37%	85.68%	89.52%	87.56%
Black	6.50%	7.28%	4.91%	3.76%	5.06%
Asian	1.64%	2.14%	0.24%	0.21%	0.58%
Native American / Alaska native	0.91%	1.03%	0.59%	1.07%	0.31%
Native Hawaiian / Pacific Islander	0.05%	0.07%	0.03%	0.05%	0.00%
Some Other Race	5.73%	6.37%	3.88%	3.27%	3.96%
Multiple Race	2.84%	2.74%	4.67%	2.12%	2.53%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Race	Percent of Crosby County	Percent of Terry County	Percent of Garza County	Percent of Lynn County	Percent of Floyd County
White	91.55%	89.48%	84.82%	82.73%	94.02%
Black	4.11%	5.15%	4.56%	1.64%	2.72%
Asian	0.00%	0.00%	0.56%	0.26%	0.25%
Native American / Alaska native	0.00%	0.31%	0.30%	0.80%	0.20%
Native Hawaiian / Pacific Islander	0.00%	0.00%	0.00%	0.00%	0.00%
Some Other Race	2.66%	3.14%	7.83%	9.04%	1.33%
Multiple Race	1.68%	1.92%	1.93%	5.53%	1.48%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Race	Percent of Texas	Percent of United States
White	74.62%	73.01%
Black	11.99%	12.65%
Asian	4.51%	5.35%
Native American / Alaska native	0.48%	0.82%
Native Hawaiian / Pacific Islander	0.09%	0.18%
Some Other Race	5.76%	4.85%
Multiple Race	2.55%	3.14%
Total	100.00%	100.00%

Total Population by Ethnicity Alone

Ethnicity	Percent of CHNA Community	Percent of Lubbock County	Percent of Hale County	Percent of Hockley County	Percent of Lamb County
Hispanic or Latino	39.69%	34.48%	58.77%	46.93%	54.96%
Non-Hispanic or Latino	60.31%	65.52%	41.23%	53.07%	45.04%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Ethnicity	Percent of Crosby County	Percent of Terry County	Percent of Garza County	Percent of Lynn County	Percent of Floyd County
Hispanic or Latino	55.40%	53.77%	54.00%	47.16%	57.79%
Non-Hispanic or Latino	44.60%	46.23%	46.00%	52.84%	42.21%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Ethnicity	Percent of Texas	Percent of United States
Hispanic or Latino	38.93%	17.60%
Non-Hispanic or Latino	61.07%	82.40%
Total	100.00%	100.00%

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the CHNA community by race illustrates different categories of race such as, white, black, Asian, other and multiple races.

The graphic below shows the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This graphic could help to understand why transportation is considered a need within the community, especially within the rural and outlying populations. Per the graphic below, the CHNA Community has 19.1% of its population living in a rural area.



SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes median household income, unemployment rates, poverty, uninsured population and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to Texas and the United States.

INCOME AND EMPLOYMENT

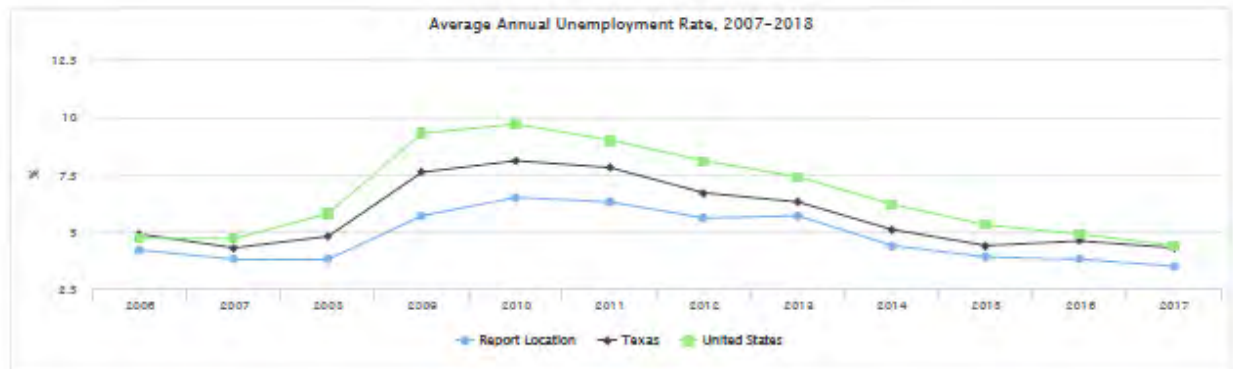
The median household income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one-person, median household income is usually less than average family income. All counties located within the CHNA Community have a median household income below Texas and the United States.

Median Household Income

Crosby County	\$ 38,674
Floyd County	\$ 48,767
Garza County	\$ 53,832
Hale County	\$ 46,012
Hockley County	\$ 49,184
Lamb County	\$ 43,712
Lubbock County	\$ 49,078
Lynn County	\$ 44,922
Terry County	\$ 42,441
Texas	\$ 57,051
United States	\$ 57,652

UNEMPLOYMENT RATE

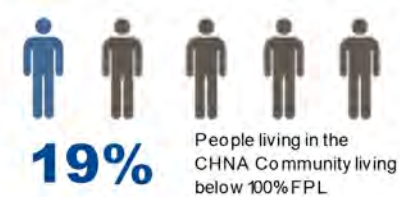
The graph below presents the average annual unemployment rate from 2007 through 2018 for the CHNA Community, as well as the trend for Texas and the United States. On average, the unemployment rates for the community are lower than both Texas and the United States. A decrease in the unemployment rate has been the trend since 2010.



POVERTY

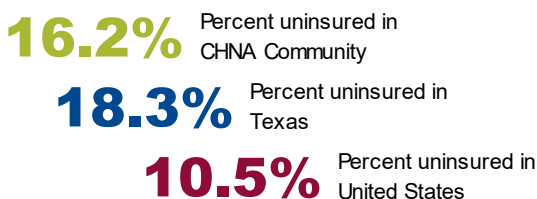
Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. The CHNA Community's 19% rate of individuals living below 100% of the Federal Poverty Level ("FPL") is greater than the 16.02% Texas rate and the 14.58% national rate.

Counties within the CHNA Community with the highest rates of poverty are Crosby (20.81%), Hale (19.82%), and Lamb (20.51%).



UNINSURED

The percentage of the total civilian non-institutionalized population without health insurance coverage is represented in this graphic. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Nearly 65,000 persons are uninsured in the



CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2013 - 2017 American Community Survey. The 2018 uninsured rate is estimated to be 16.2% for the CHNA Community compared to 18.3% for Texas and 10.5% for the United States, per www.enrollamerica.org.

Counties within the CHNA Community with the highest percentage of uninsured are Crosby (22.1%), Floyd (23.7%), and Terry (25.1%).

EDUCATION

Nearly 25% of the population of the CHNA Community age twenty-five and older have obtained a bachelor's degree or higher compared to 29% in Texas and 31% in the United States.



Bachelor's Degree or Higher

CHNA Community	24.8
Texas	28.7
United States	30.9

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. The percent of residents within the CHNA Community is below the state and national percentages.

PHYSICAL ENVIRONMENT OF THE COMMUNITY

A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

GROCERY STORE ACCESS

Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, such as fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. The CHNA Community compares unfavorably compared to Texas and the United States.



CHNA Community	10.8
Texas	13.8
United States	21.2
<i>Establishments per 100,000 Population</i>	

FOOD ACCESS

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the 2017 report, Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015. This indicator is relevant because it highlights populations and geographies facing food insecurity. The information in is relevant because it highlights populations and geographies facing food insecurity. 22.0% of the CHNA Community has low food access compared to 27.1% for Texas and 22.4% for the United States.

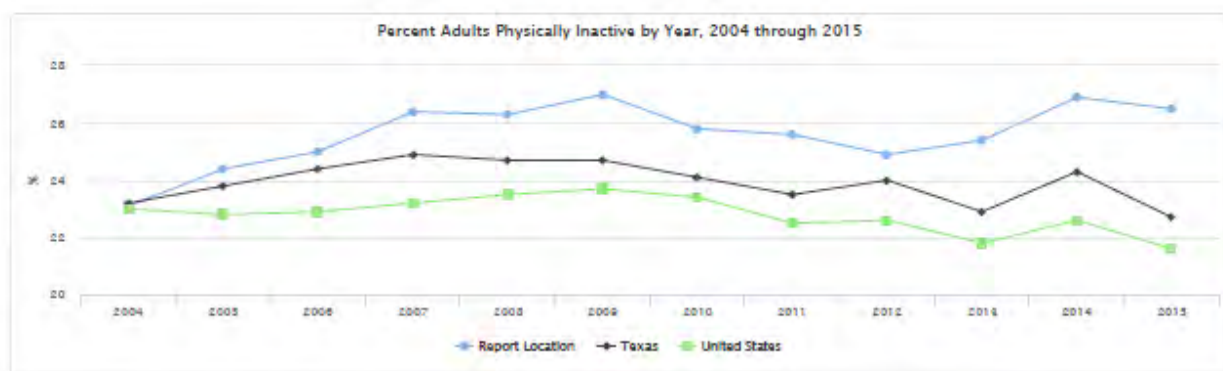
RECREATION AND FITNESS FACILITY ACCESS

This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. The rate of fitness establishments available to the residents of the CHNA Community compares unfavorably to the rates for Texas and the United States.



CHNA Community	8.7
Texas	9.3
United States	11.0
<i>Establishments per 100,000 Population</i>	

The trend graph below shows the percentage of adults who are physically inactive by year (2004 through 2015) for the CHNA Community and compared to Texas and the United States. For 2015, the rate for the CHNA Community was 26.5% compared to 22.7% for Texas and 22.7% for the United States. From 2014 to 2015, the CHNA Community's percentage of adults who were physically inactive decreased. Prior to 2014, the trend had been increasing since 2012. During the period 2004 through 2015, the CHNA Community's highest rate of inactivity was 27% in 2009.



CLINICAL CARE OF THE COMMUNITY

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

ACCESS TO PRIMARY CARE

Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. The number of primary care physicians per 100,000-population for the CHNA Community is 91.6 which compares favorably to the number for Texas and the United States, 68.7 and 87.8 respectively.



HEALTH PROFESSIONAL SHORTAGE AREAS

This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" ("HPSAs"), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. There are twenty-four areas designated as HPSAs within the CHNA Community. The HPSAs are located in the following counties: Hale County (4), Hockley County (10), Lubbock County (6), Lynn County (3), and Terry County (1).

PREVENTABLE HOSPITAL EVENTS

The discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Ambulatory Care Sensitive Condition Discharge Rate

CHNA Community	50.3%
Texas	53.2%
United States	49.4%
<i>Discharge Rate per 1,000 Medicare Enrollees</i>	

The CHNA Community compares favorably to Texas rate and unfavorably to the United States rate.

HEALTH STATUS OF THE COMMUNITY

This section of the assessment reviews the health status of the CHNA community and its residents. As in the previous section, comparisons are provided with the state of Texas and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2020, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:



Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

LEADING CAUSES OF DEATH

The data below reflects the leading causes of death for the CHNA Community and compares the age-adjusted rates to the state of Texas and the United States.

Cause of Death	CHNA Community	Texas	United States
Cancer	157.20	150.64	158.10
Heart Disease	114.60	97.06	97.10
Lung Disease	62.20	40.83	41.10
Stroke	45.50	41.58	37.10
Unintentional Injury	53.40	37.86	44.00
Motor Vehicle	16.50	13.38	11.50
Drug Poisoning	11.10	9.60	15.60
Suicide	15.20	12.48	13.30

Note: Age-Adjusted Death Rate (Per 100,000 Population)

The table above shows leading causes of death within the CHNA Community as compared to the state of Texas and the United States. The age-adjusted rate is shown per 100,000 residents. The rates in red represent the CHNA Community and corresponding leading causes of death that are higher than the state and national rates. As the table indicates, all the leading causes of death above are higher than the state and/or national rates.

HEALTH OUTCOMES AND FACTORS

An analysis of various health outcomes and factors for a community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in

turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are the “healthiest”. Counties are ranked relative to the health of other counties in the same state based on health outcomes and factors, clinical care, economic status and the physical environment.

The following tables include the 2016 and 2018 indicators reported by County Health Rankings for each county in the CHNA Community. The health indicators that are unfavorable when compared to the Texas rates are listed in red.

Health Outcomes	Crosby County: 2016	Crosby County: 2018	Change	Texas: 2018	United States
Mortality: State of Texas County Ranking	24	207	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,000	10,109	-	6,700	6,700
Morbidity: State of Texas County Ranking	209	190	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	25%	24%	+	18%	16%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.1	4.1	NC	3.5	3.7
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.4	3.8	-	3.4	3.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	8.0%	+	8.0%	8.0%

Health Outcomes	Floyd County: 2016	Floyd County: 2018	Change	Texas: 2018	United States
Mortality: State of Texas County Ranking	10	68	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,100	7,351	-	6,700	6,700
Morbidity: State of Texas County Ranking	220	225	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	25%	27%	-	18%	16%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.1	4.4	-	3.5	3.7
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.4	4.0	-	3.4	3.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	9.0%	+	8.0%	8.0%

Health Outcomes	Garza County: 2016	Garza County: 2018	Change	Texas: 2018	United States
Mortality: State of Texas County Ranking	45	188	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,400	9,522	-	6,700	6,700
Morbidity: State of Texas County Ranking	118	168	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	19%	20%	-	18%	16%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.5	3.6	-	3.5	3.7
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.9	3.3	-	3.4	3.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	10.0%	-	8.0%	8.0%

Health Outcomes	Hale County: 2016	Hale County: 2018	Change	Texas: 2018	United States
Mortality: State of Texas County Ranking	71	78	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,100	7,574	-	6,700	6,700
Morbidity: State of Texas County Ranking	219	221	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	25%	26%	-	18%	16%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.1	4.2	-	3.5	3.7
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.4	3.7	-	3.4	3.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	10.0%	NC	8.0%	8.0%

Health Outcomes	Hockley County: 2016	Hockley County: 2018	Change	Texas: 2018	United States
Mortality: State of Texas County Ranking	182	177	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,200	9,254	-	6,700	6,700
Morbidity: State of Texas County Ranking	145	164	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	19%	20%	-	18%	16%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.4	3.8	-	3.5	3.7
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.1	3.6	-	3.4	3.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	9.0%	NC	8.0%	8.0%

Health Outcomes	Lamb County: 2016	Lamb County: 2018	Change	Texas: 2018	United States
Mortality: State of Texas County Ranking	143	135	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,400	8,626	-	6,700	6,700
Morbidity: State of Texas County Ranking	226	230	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	26%	27%	-	18%	16%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.3	4.6	-	3.5	3.7
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.5	4.0	-	3.4	3.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	9.0%	+	8.0%	8.0%

Health Outcomes	Lubbock County: 2016	Lubbock County: 2018	Change	Texas: 2018	United States
Mortality: State of Texas County Ranking	113	100	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,900	8,062	-	6,700	6,700
Morbidity: State of Texas County Ranking	187	162	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	20%	18%	+	18%	16%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.7	3.6	+	3.5	3.7
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.2	3.7	-	3.4	3.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	9.0%	+	8.0%	8.0%

Health Outcomes	Lynn County: 2016	Lynn County: 2018	Change	Texas: 2018	United States
Mortality: State of Texas County Ranking	193	55	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,400	6,947	+	6,700	6,700
Morbidity: State of Texas County Ranking	206	220	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	22%	23%	-	18%	16%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.8	4.1	-	3.5	3.7
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.3	3.8	-	3.4	3.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	11.0%	-	8.0%	8.0%

Health Outcomes	Terry County: 2016	Terry County: 2018	Change	Texas: 2018	United States
Mortality: State of Texas County Ranking	140	140	NC		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,300	8,739	-	6,700	6,700
Morbidity: State of Texas County Ranking	205	217	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	22%	24%	-	18%	16%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.8	4.2	-	3.5	3.7
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.2	3.7	-	3.4	3.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	10.0%	NC	8.0%	8.0%

A number of different health factors shape a community's health outcomes. The County Health Rankings (www.countyhealthrankings.org) model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from 2016 to 2018 and challenges faced by each county in the Health System's community. The improvements and challenges shown below are determined using a process of comparing the rankings of each county's health outcomes in 2018 year to the rankings in 2016. If the 2018 rankings showed an improvement or decline of 4% or four points, they were included in the charts below. Please refer to Appendix C for the full list of health factor findings and comparisons between prior cycle information reported and current year information.

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENERD: 2016 TO 2018		
Health Outcomes	Crosby County: 2016	Crosby County: 2018	Health Outcomes	Crosby County: 2016	Crosby County: 2018
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	38.0	55.3	Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	62.0%	32.0%
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	89.0	84.0	Children in single-parent households – Percent of children that live in household headed by single parent	30.0%	42.0%
Uninsured adults – Percent of population under age 65 without health insurance	29.0%	24.0%			
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	40.0%	36.0%			
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	141.0	110.0			
Teen birth rate – Per 1,000 female population, ages 15-19	94.0	68.0			
Sexually transmitted infections – Chlamydia rate per 100K population	489.7	271.0			

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENERD: 2016 TO 2018		
Health Outcomes	Floyd County: 2016	Floyd County: 2018	Health Outcomes	Floyd County: 2016	Floyd County: 2018
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	44.0%	83.0%	Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	70.0	98.0
Sexually transmitted infections – Chlamydia rate per 100K population	424.1	269.0	Children in poverty – Percent of children under age 18 in poverty	44.0%	55.0%
Teen birth rate – Per 1,000 female population, ages 15-19	83.0	66.0	Injury deaths – Number of deaths due to injury per 100,000 population	18.0	23.0
Uninsured adults – Percent of population under age 65 without health insurance	29.0%	24.0%	Children in single-parent households – Percent of children that live in household headed by single parent	39.0%	43.0%
Primary care physicians – Ratio of population to primary care physicians	1,560:1	1,475:1	Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	265.0	281.0
Dentists – Ratio of population to dentists	5,950:1	5,917:1			
Mental health providers – Ratio of population to mental health providers	7,000:1	6,410:1			

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENE: 2016 TO 2018		
Health Outcomes	Garza County: 2016	Garza County: 2018	Health Outcomes	Garza County: 2016	Garza County: 2018
Sexually transmitted infections – Chlamydia rate per 100K population	233.9	528.0	Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	20.0	41.0
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	25.0%	0.0%			
Teen birth rate – Per 1,000 female population, ages 15-19	77.0	53.0			
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	52.0	41.0			
Injury deaths – Number of deaths due to injury per 100,000 population	59.0	50.0			

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENE: 2016 TO 2018		
Health Outcomes	Hale County: 2016	Hale County: 2018	Health Outcomes	Hale County: 2016	Hale County: 2018
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	64.0%	74.0%	Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	32.0%	37.0%
Sexually transmitted infections – Chlamydia rate per 100K population	500.2	487.0	Primary care physicians – Ratio of population to primary care physicians	2,750:1	2,863:1
Teen birth rate – Per 1,000 female population, ages 15-19	90.0	65.0	Dentists – Ratio of population to dentists	3,860:1	4,283:1
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	38.0	55.3			
Mental health providers – Ratio of population to mental health providers	1,240:1	952:1			
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	54.0	44.0			
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	216.0	197.0			

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENE: 2016 TO 2018		
Health Outcomes	Hockley County: 2016	Hockley County: 2018	Health Outcomes	Hockley County: 2016	Hockley County: 2018
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	61.0%	67.0%	Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	22.0%	30.0%
Injury deaths – Number of deaths due to injury per 100,000 population	59.0	50.0	Children in poverty – Percent of children under age 18 in poverty	21.0%	25.0%
Teen birth rate – Per 1,000 female population, ages 15-19	69.0	49.0	Sexually transmitted infections – Chlamydia rate per 100K population	485.4	632.0
Uninsured adults – Percent of population under age 65 without health insurance	24.0%	20.0%	Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	63.0	69.0
Primary care physicians – Ratio of population to primary care physicians	2,140:1	2,130:1			
Dentists – Ratio of population to dentists	2,360:1	2,116:1			
Mental health providers – Ratio of population to mental health providers	2,140:1	1,940:1			
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	428.0	418.0			

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENE: 2016 TO 2018		
Health Outcomes	Lamb County: 2016	Lamb County: 2018	Health Outcomes	Lamb County: 2016	Lamb County: 2018
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	41.0%	70.0%	Sexually transmitted infections – Chlamydia rate per 100K population	342.7	391.0
Teen birth rate – Per 1,000 female population, ages 15-19	95.0	68.0	Injury deaths – Number of deaths due to injury per 100,000 population	46.0	47.0
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	347.0	282.0	Primary care physicians – Ratio of population to primary care physicians	2,760:1	3,346:1
Children in single-parent households – Percent of children that live in household headed by single parent	39.0%	33.0%	Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	58.0	62.0
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	47.0%	38.0%	Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	89.0%	84.0%
Dentists – Ratio of population to dentists	6,790:1	6,638:1			

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENE: 2016 TO 2018		
Health Outcomes	Lubbock County: 2016	Lubbock County: 2018	Health Outcomes	Lubbock County: 2016	Lubbock County: 2018
Teen birth rate – Per 1,000 female population, ages 15-19	51.0	39.0	Sexually transmitted infections – Chlamydia rate per 100K population	636.0	721.0
Uninsured adults – Percent of population under age 65 without health insurance	23.0%	17.0%			
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	52.0	47.0			
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	41.0%	35.0%			
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	744.0	726.0			

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENERD: 2016 TO 2018		
Health Outcomes	Lynn County: 2016	Lynn County: 2018	Health Outcomes	Lynn County: 2016	Lynn County: 2018
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	85.0	63.0	Mammography screening – Percent of female Medicare enrollees that receive mammography screening	53.0	48.6
Injury deaths – Number of deaths due to injury per 100,000 population	79.0	70.0	Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	88.0%	80.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	33.0%	21.0%	Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	112.0	134.0
Sexually transmitted infections – Chlamydia rate per 100K population	311.3	50.3			

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENERD: 2016 TO 2018		
Health Outcomes	Terry County: 2016	Terry County: 2018	Health Outcomes	Terry County: 2016	Terry County: 2018
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	26.0%	79.0%	Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	229.0	294.0
Uninsured adults – Percent of population under age 65 without health insurance	35.0%	31.0%	Sexually transmitted infections – Chlamydia rate per 100K population	467.8	518.0
Teen birth rate – Per 1,000 female population, ages 15-19	95.0	83.0			
Dentists – Ratio of population to dentists	6,370:1	4,266:1			
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	97.0	79.0			
Children in single-parent households – Percent of children that live in household headed by single parent	38.0%	34.0%			
Injury deaths – Number of deaths due to injury per 100,000 population	85.0	79.0			

The following data shows a more detailed view of certain health outcomes and factors. The percentages for the CHNA Community are compared to the state of Texas and the United States.

DIABETES (ADULT)

The CHNA Community's percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes is lower than the state and national rates. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Diabetes (Adult)	
CHNA Community	8.2%
Texas	9.8%
United States	9.3%

HIGH BLOOD PRESSURE (ADULT)

The CHNA Community's percentage adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension is higher than the state rate and national rates.

High Blood Pressure (Adult)	
CHNA Community	31.2%
Texas	30.0%
United States	28.2%

OBESEITY

The CHNA Community's percentage of adults aged 20 and older that self-reported that they have a Body Mass Index (BMI) greater than 30.0 (obese) is higher than the state and national rates. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Obesity	
CHNA Community	33.5%
Texas	30.0%
United States	28.8%

POOR DENTAL HEALTH

The CHNA Community's percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection is lower than both the state and national rates. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Poor Dental Health	
CHNA Community	10.9%
Texas	12.7%
United States	15.7%

LOW BIRTH WEIGHT

The CHNA Community's percentage of total births that are low birth weight (under 2500g) is higher than the state and national rates. This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Low Birth Weight	
CHNA Community	10.9%
Texas	8.4%
United States	8.2%

PRIMARY DATA ASSESSMENT

Surveying key stakeholders (community members who represent the broad interest of the community, persons representing vulnerable populations or persons with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county's health status and unmet needs. These surveys are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

METHODOLOGY

Surveys were distributed to key stakeholders in the community. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

Participants provided comments on the following issues:

- ▶ Health and quality of life for residents of the primary community
- ▶ Underserved populations and communities of need
- ▶ Barriers to improving health and quality of life for residents of the community
- ▶ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Survey questions were provided in narrative form and respondents provided free text responses. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

KEY INFORMANT PROFILES

Key stakeholders from the community work for the following types of organizations and agencies:

- ▶ UMC Health System
- ▶ Social service agencies
- ▶ Public service agencies (Emergency services, Fire services)
- ▶ Local government agencies
- ▶ Public health agencies
- ▶ Other medical providers
- ▶ Community centers

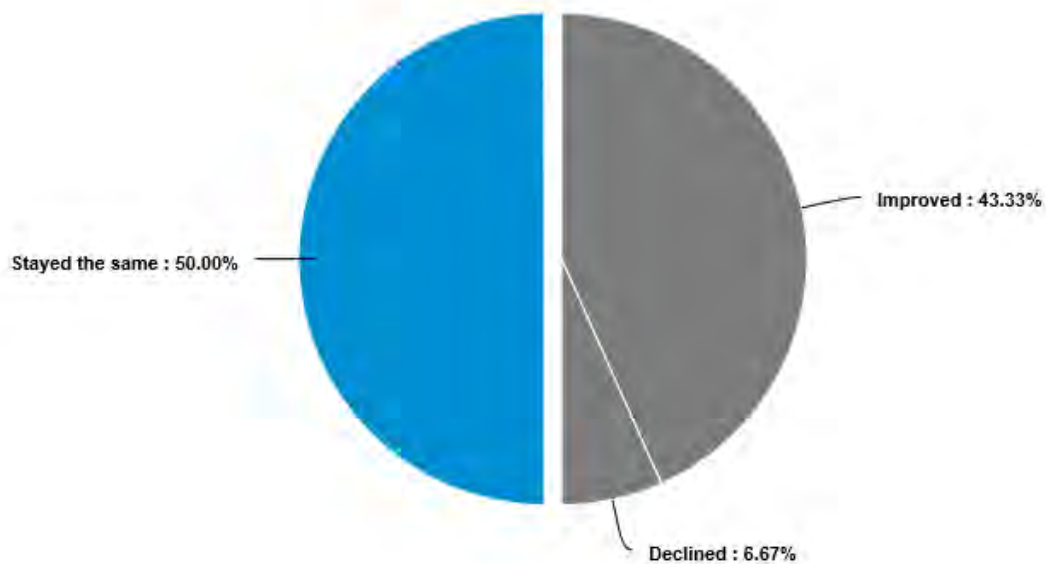
KEY INFORMANT SURVEY RESULTS

A summary of the stakeholders' responses for each of the survey questions is provided below. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

IN GENERAL, HOW WOULD YOU RATE THE HEALTH AND QUALITY OF LIFE IN THE COMMUNITY SERVED BY UMC?



IN YOUR OPINION, IN THE PAST THREE YEARS HAS THE HEALTH AND QUALITY OF LIFE IN THE COMMUNITY SERVED BY UMC IMPROVED, DECLINED, OR STAYED THE SAME?



PLEASE PROVIDE WHAT FACTORS INFLUENCED YOUR ANSWER IN THE PREVIOUS QUESTION AND DESCRIBE WHY YOU FEEL THE HEALTH AND QUALITY OF LIFE HAS IMPROVED, DECLINED OR STAYED THE SAME?

- ▶ The doctors, staff and administrators at the Medical Center are all focused on providing the best patient care
- ▶ Better community focus on mental health challenges, focus on healthy living, more community clinics.
- ▶ Focus on preventative health measures and expansion of the ACO network to improve care
- ▶ Medical providers seem more engaged with the community around proactive community health
- ▶ More collaboration and communication between providers and patients, more collaboration from UMC as far as reaching out to other community partners and being vested in community efforts to improve health
- ▶ Attempts at community wellness (physical fitness events, wellness initiatives) are sporadic. Rates of diabetes and heart disease continue to climb. Lubbock and the area continue to add unhealthy fast-food businesses but few healthier options
- ▶ Attention to chronic diseases and access to care and medication has improved
- ▶ While strides have been made in efforts to educate and treat those in need, many are still underserved, or unwilling to receive assistance
- ▶ Obesity and diabetes are more prevalent.

WHAT BARRIERS, IF ANY, EXIST TO IMPROVING HEALTH AND QUALITY OF LIFE OF PATIENTS SERVED BY UMC?

- ▶ Access to care (primary care, mental health, specialty services (cancer, neurology, pediatrics))
- ▶ Lack of insurance / affordability
- ▶ Lack of health education
- ▶ Poverty
- ▶ Lack of Services
- ▶ Coordination of care
- ▶ Lack of healthy food options
- ▶ Transportation
- ▶ Language

IN YOUR OPINION, WHAT NEEDS TO BE DONE TO ADDRESS THE BARRIERS IDENTIFIED IN THE PREVIOUS QUESTION?

- ▶ “There are multiple resources in the community that are not fully utilized. We just need to find a way to make sure everyone knows about the resources.”
- ▶ “More primary care providers and the expansion of telehealth will also help.”
- ▶ “Transparency of cost. Communication. Networking with other community providers and non-profits especially non-profits working with low income families.”
- ▶ “Competition is good, but I think together we could provide additional services with each facility specializing in specific areas that the other doesn't. In terms of cost, we need the State of Texas and National government to fix our healthcare system.”
- ▶ “A strategic plan for the community with a designated leader and participation by schools, city, county, health care entities, churches, and other stakeholders. Media and social media participation and promotion is necessary.”
- ▶ “Better access for low income residents to obtain preventive care at low or no cost to them.”
- ▶ “Increase wellness offerings. Increase education to the community. Move providers toward population health / wellness incentives.”

HOW COULD THE SERVICES PROVIDED BY UMC BE IMPROVED TO BETTER MEET THE NEEDS OF ITS PATIENTS AND PATIENT’S FAMILIES?

- ▶ “Give social workers time at discharge to make sure the patients and families know about local resources for their particular need.”
- ▶ Inpatient mental health services
- ▶ “Expansion of partnership with public schools in the most challenged zip codes of our city - bringing medical care and referral sources to families in their own neighborhoods.”
- ▶ “Additional EMS throughout in the county.”
- ▶ Increase access to care
- ▶ “Access to specialty care is a major problem within UMC's "system." It's simply unacceptable to wait six months for a dermatology or orthopedic appointment for example.”
- ▶ More health education
- ▶ “1. Improved access to primary care - along with incentives tied directly to social determinants of healthcare such as food, counseling, education. 2. Additional focus on urgent care - to pull patients away from the inappropriately utilized EC. 3. Stroke care - in partnership with Covenant.”

IN YOUR OPINION, WHAT GROUPS OF PEOPLE IN THE COMMUNITY SERVED BY UMC HAVE THE MOST SERIOUS UNMET HEALTH CARE NEEDS? DESCRIBE THE CAUSES? WHAT SHOULD BE DONE TO ADDRESS THE NEEDS OF THESE GROUPS OF PEOPLE?

- ▶ Elderly
- ▶ Uninsured / underinsured / low income
- ▶ Residents of rural communities
- ▶ Mentally ill
- ▶ Working poor
- ▶ Children

IN YOUR OPINION, WHAT ARE THE MOST CRITICAL HEALTH NEEDS IN THE COMMUNITY SERVED BY UMC?

- ▶ Preventive care for families with limited resources.
- ▶ Mental Health
- ▶ Substance Abuse
- ▶ Chronic Diseases (cancer, diabetes and heart)
- ▶ Access to care
- ▶ Obesity
- ▶ Health Education
- ▶ Access to Specialty Care
- ▶ Access to Primary Care

HEALTH ISSUES OF VULNERABLE POPULATIONS

According to Dignity Health's Community Need Index (see *Appendix B*), the Medical Center's CHNA Community has a high level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes within the CHNA community with the highest need (4.8 out of 5.0) are 79403 (Lubbock), 79404 (Lubbock), 79411 (Lubbock), 79412 (Lubbock), 79415 (Lubbock), 79072 (Plainview), 79235 (Floydada), 79241 (Lockney), 79250 (Petersburg), 79312 (Amherst), 79313 (Anton), 79322 (Crosbyton), 79339 (Littlefield), 79343 (Lorenzo), 79351 (Odonnell), 79371 (Sudan), and 79373 (Tahoka).

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Medical Center completed an analysis of these inputs (see Appendices) to identify community health needs. The following data was analyzed to identify health needs for the community:

LEADING CAUSES OF DEATH

Leading causes of death for the community and the death rates for the leading causes of death for the county within the Medical Center's CHNA Community were compared to U.S. adjusted death rates.

Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Medical Center's CHNA Community.

HEALTH OUTCOMES AND FACTORS

An analysis of the County Health Rankings health outcomes and factors data was prepared for the county within Russell County's CHNA Community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks.

County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

PRIMARY DATA

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

HEALTH NEEDS OF VULNERABLE POPULATIONS

Health needs of vulnerable populations were included for ranking purposes.

PRIORITIZATION METHODOLOGY

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following factors (each factor received a score):

1. **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
2. **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
3. **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
4. **How important the problem is to the community?** Needs identified through community interviews and/or focus groups were rated for this factor.
5. **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the prioritization metrics. As a result, the following summary list of needs was identified:

Identified Health Needs	How Many People Are Affected by the Issue? (1 Low - 5 High)	What Are the Consequences of Not Addressing This Problem? (1 Low - 5 High)	What is the Impact on Vulnerable Populations? (1 Low - 5 High)	How Important is it to the Community? (1 Low - 5 High)	Prevalence of Common Themes (1 Low - 3 High)	Total Score
Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes Lung)	5	4	4	5	3	21
Affordability of Healthcare Services	4	5	5	4	3	21
Obesity	5	5	3	5	2	20
Uninsured / Limited Insurance / Access	5	3	5	4	3	20
Lack of Mental Health / Addiction Providers and Services	4	4	5	4	3	20
Lack of Primary Care Physicians / Access to Primary Care Physicians	5	4	3	4	3	19
Lack of Health Knowledge / Education	4	4	4	3	2	17
Poor Nutrition / Limited Access to Healthy Food Options	5	3	4	2	2	16
Lack of Specialists / Access to Specialists	3	3	3	3	3	15
Preventative Care	4	3	2	3	2	14
Services for the Aging	3	3	4	2	2	14
Transportation	3	3	5	1	2	14
Language and Cultural Barriers	2	2	3	3	2	12
Services for Children	3	3	3	2	1	12
Need for Prenatal Care	2	3	4	2	1	12
Excessive Drinking / Alcohol- Impaired Drinking Deaths	2	3	1	1	1	8
Teen Birth Rate	1	2	2	1	1	7
Physical Inactivity	1	2	2	1	1	7
Lack of Dentists	2	2	1	1	1	7
Sexually Transmitted Infections	1	2	2	1	1	7

MANAGEMENT'S PRIORITIZATION PROCESS

For the health needs prioritization process, the Medical Center engaged the leadership team to review the most significant health needs reported in the prior CHNA, as well needs identified in the current process, using the following criteria:

- ▶ Current area of Medical Center focus
- ▶ Established relationships with community partners to address the health need
- ▶ Organizational capacity and existing infrastructure to address the health need

This data was reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community. As a result of the analysis described above, the following health needs were identified as the most significant health needs for the community:

- ▶ Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes, Lung)
- ▶ Affordability of Healthcare Services
- ▶ Obesity
- ▶ Uninsured / Limited Insurance / Access
- ▶ Lack of Mental Health / Addiction Providers and Services
- ▶ Lack of Primary Care Physicians / Access to Primary Care Physicians
- ▶ Lack of Health Knowledge / Education
- ▶ Poor Nutrition / Limited Access to Healthy Food Options

The Medical Center's next steps include developing an implementation strategy to address these priority areas.

COMMUNITY RESOURCES

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

HOSPITALS

The Medical Center has 500 acute beds and is one of the few hospital facilities located within the CHNA community. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

The table below summarizes hospitals available to the residents of the CHNA Community. The facilities listed in the table below are located in the CHNA community; they represent hospital facilities that are within 30 miles of the Medical Center.

Facility	Address	Facility	Address
University Medical Center	602 Indiana Avenue Lubbock, TX 79415	Covenant Hospital Levelland	1900 College Avenue Levelland, TX 79336
Covenant Medical Center	3615 19th Street Lubbock, TX 79410	Lynn County Hospital District	2600 Lockwood Street Tahoka, TX 79373
Covenant Specialty Hospital	3815 20th Street Lubbock, TX 79410	Lamb Healthcare Center	1500 South Sunset Littlefield, TX 79339
Lubbock Heart Hospital	4810 North Loop 289 Lubbock, TX 79416	Brownfield Regional Medical Center	705 East Felt Brownfield, TX 79316
Covenant Children's Hospital	4000 24th Street Lubbock, TX 79410	Crosbyton Clinic Hospital	710 W Main Street Crosbyton, TX 79322
Trustpoint Rehabilitation Hospital of Lubbock	4302 Princeton Street Lubbock, TX 79415	Covenant Hospital Plainview	2601 Dimmit Road Plainview, TX 79072
Grace Medical Center	2412 50th Street Lubbock, TX 79412	W. J. Mangold Memorial Hospital	320 N Main Street Lockney, TX 79241
Sunrise Canyon Hospital	1950 Aspen Avenue Lubbock, TX 79404	South Plains Rehabilitation Hospital	5406 Colgate Street Lubbock, TX 79416

OTHER HEALTH CARE FACILITIES

Short-term acute care hospital services are not the only health services available to members of the Hospital's CHNA Community. The table below provides a listing of community health centers and rural health clinics within the Medical Center's CHNA Community.

Facility	Address	Facility Type
Crosbyton Clinic Hosp Rural Health Clinic	710 West Main Crosbyton, TX, 79322	Rural Health Clinic
Covenant Family Healthcare Cntr	409 8th St Abernathy, TX 79311	Rural Health Clinic
Covenant Healthcare Cntr Plainview	2222 W. 24th St Plainview , TX 79072	Rural Health Clinic
Plainview Children's Rural Health	2202 Edgemere Plainview , TX 79072	Rural Health Clinic
Regence Health Netw ork	2601 Dimmit Rd Plainview , TX 79072	Rural Health Clinic
Family Medicine Clinic of Levelland	116 John Dupree Dr Levelland, TX 79336	Rural Health Clinic
Levelland Clinic	1804 South College Ave Levelland, TX 79336	Rural Health Clinic
Levelland Clinic North	103 John Dupree Levelland, TX 79336	Rural Health Clinic
South Plains Rural Health Services	1000 FM300 Levelland, TX 79336	FQHC
LHC Family Medicine	1600 South Sunset Littlefield, TX 79339	Rural Health Clinic
Slaton Family Medical Clinic	235 W. Garza Slaton, TX 79364	Rural Health Clinic
Arnett Benson Medical & Dental Clinic	3301 Clovis Rd Lubbock, TX 79415	FQHC
Chatman Community Health Cntr	2301 Cedar Ave Lubbock, TX 79404	FQHC
CHCL 1610	1610 5th St Lubbock, TX 79401	FQHC
CHCL 96 West	2401 Fulton Ave Lubbock, TX 79407	FQHC
CHCL Community Dental Clinic	1826 Parkw ay Dr Lubbock, TX 79403	FQHC
CHCL Medical Plaza	3502 9th St Lubbock, TX 79415	FQHC
CHCL West Medical and Dental Clinic	5424 19th St Lubbock, TX 79407	FQHC
Community Health Cntr of Lubbock	1318 Broadw ay Lubbock, TX 79401	FQHC
Larry Combest Community Health & Wellness Cntr	301 40th St Lubbock, TX 79404	FQHC
Combest Central Community Health Cntr	2424 50th St Lubbock, TX 79412	FQHC
Parkw ay Community Health Cntr	406 Martin Luther King Blvd Lubbock, TX 79403	FQHC
Lynn Cnty Family Wellness Rural Hlth Clinic	1705 Lockw ood St Tahoka, TX 79373	Rural Health Clinic

APPENDICES

APPENDIX A – ANALYSIS OF DATA

ANALYSIS OF HEALTH STATUS-LEADING CAUSES OF DEATH
CROSBY COUNTY

Area	United States	(A) 10% of United States Crude Rate	Crosby County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	248.70	90.60	Health Need
Heart Disease	167.10	16.71	154.60	-12.50	
Lung Disease	41.10	4.11	57.10	16.00	Health Need
Stroke	37.10	3.71	104.20	67.10	Health Need
Unintentional Injury	44.00	4.40	50.40	6.40	Health Need
Drug Poisoning	15.60	1.56	0.00	-15.60	
Suicide	13.30	1.33	0.00	-13.30	

Note: Crude Death Rate (Per 100,000 Pop.)

FLOYD COUNTY

Area	United States	(A) 10% of United States Crude Rate	Floyd County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	221.10	63.00	Health Need
Heart Disease	167.10	16.71	120.60	-46.50	
Lung Disease	41.10	4.11	80.40	39.30	Health Need
Stroke	37.10	3.71	77.00	39.90	Health Need
Unintentional Injury	44.00	4.40	60.30	16.30	Health Need
Drug Poisoning	15.60	1.56	0.00	-15.60	
Suicide	13.30	1.33	0.00	-13.30	

Note: Crude Death Rate (Per 100,000 Pop.)

GARZA COUNTY

Area	United States	(A) 10% of United States Crude Rate	Garza County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	164.90	6.80	
Heart Disease	167.10	16.71	87.10	-80.00	
Lung Disease	41.10	4.11	108.90	67.80	Health Need
Stroke	37.10	3.71	31.10	-6.00	
Unintentional Injury	44.00	4.40	46.70	2.70	
Drug Poisoning	15.60	1.56	0.00	-15.60	
Suicide	13.30	1.33	0.00	-13.30	

Note: Crude Death Rate (Per 100,000 Pop.)

HALE COUNTY

Area	United States	(A) 10% of United States Crude Rate	Hale County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	169.70	11.60	
Heart Disease	167.10	16.71	112.00	-55.10	
Lung Disease	41.10	4.11	66.40	25.30	Health Need
Stroke	37.10	3.71	64.10	27.00	Health Need
Unintentional Injury	44.00	4.40	43.90	-0.10	
Drug Poisoning	15.60	1.56	8.60	-7.00	
Suicide	13.30	1.33	12.70	-0.60	

Note: Crude Death Rate (Per 100,000 Pop.)

HOCKLEY COUNTY

Area	United States	(A) 10% of United States Crude Rate	Hockley County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	176.20	18.10	Health Need
Heart Disease	167.10	16.71	99.20	-67.90	
Lung Disease	41.10	4.11	57.30	16.20	Health Need
Stroke	37.10	3.71	45.30	8.20	Health Need
Unintentional Injury	44.00	4.40	59.90	15.90	Health Need
Drug Poisoning	15.60	1.56	0.00	-15.60	
Suicide	13.30	1.33	17.10	3.80	Health Need

Note: Crude Death Rate (Per 100,000 Pop.)

LAMB COUNTY

Area	United States	(A) 10% of United States Crude Rate	Lamb County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	187.40	29.30	Health Need
Heart Disease	167.10	16.71	177.00	9.90	
Lung Disease	41.10	4.11	72.90	31.80	Health Need
Stroke	37.10	3.71	55.00	17.90	Health Need
Unintentional Injury	44.00	4.40	58.00	14.00	Health Need
Drug Poisoning	15.60	1.56	0.00	-15.60	
Suicide	13.30	1.33	19.30	6.00	Health Need

Note: Crude Death Rate (Per 100,000 Pop.)

LUBBOCK COUNTY

Area	United States	(A) 10% of United States Crude Rate	Lubbock County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	149.00	-9.10	
Heart Disease	167.10	16.71	108.70	-58.40	
Lung Disease	41.10	4.11	58.50	17.40	Health Need
Stroke	37.10	3.71	40.00	2.90	
Unintentional Injury	44.00	4.40	51.40	7.40	Health Need
Drug Poisoning	15.60	1.56	10.50	-5.10	
Suicide	13.30	1.33	15.10	1.80	Health Need

Note: Crude Death Rate (Per 100,000 Pop.)

LYNN COUNTY

Area	United States	(A) 10% of United States Crude Rate	Lynn County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	180.60	22.50	Health Need
Heart Disease	167.10	16.71	128.50	-38.60	
Lung Disease	41.10	4.11	69.50	28.40	Health Need
Stroke	37.10	3.71	59.00	21.90	Health Need
Unintentional Injury	44.00	4.40	62.50	18.50	Health Need
Drug Poisoning	15.60	1.56	0.00	-15.60	
Suicide	13.30	1.33	0.00	-13.30	

Note: Crude Death Rate (Per 100,000 Pop.)

TERRY COUNTY

Area	United States	(A) 10% of United States Crude Rate	Terry County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	166.30	8.20	
Heart Disease	167.10	16.71	186.70	19.60	Health Need
Lung Disease	41.10	4.11	59.60	18.50	Health Need
Stroke	37.10	3.71	62.80	25.70	Health Need
Unintentional Injury	44.00	4.40	51.80	7.80	Health Need
Drug Poisoning	15.60	1.56	0.00	-15.60	
Suicide	13.30	1.33	17.30	4.00	Health Need

Note: Crude Death Rate (Per 100,000 Pop.)

ANALYSIS OF HEALTH OUTCOMES
CROSBY COUNTY

Health Outcomes	United States: 2018	(A) 30% of National Benchmark	Crosby County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	16.0%	2.0%	
Adult obesity	26.0%	7.8%	28.0%	2.0%	
Food environment index	8.6	2.6	8.3	(0.3)	
Physical inactivity	20.0%	6.0%	26.0%	6.0%	
Access to exercise opportunities	91.0%	27.3%	32.0%	-59.0%	
Excessive drinking	13.0%	3.9%	16.0%	3.0%	
Alcohol-impaired driving deaths	13.0%	3.9%	36.0%	23.0%	Health Need
Sexually transmitted infections	145.1	43.5	271.0	125.9	Health Need
Teen birth rate	15.0	4.5	68.0	53.0	Health Need
Uninsured adults	6.0%	1.8%	24.0%	18.0%	Health Need
Primary care physicians	1,030	309	2,989	1,959	Health Need
Dentists	1,280	384	0	(1,280)	
Mental health providers	330	99	0	(330)	
Preventable hospital stays	35.0	10.5	84.0	49.0	Health Need
Diabetic screening	91.0%	27.3%	79.0%	-12.0%	
Mammography screening	71.0%	21.3%	55.3%	-15.7%	
Children in poverty	12.0%	3.6%	38.0%	26.0%	Health Need
Children in single-parent households	20.0%	6.0%	42.0%	22.0%	Health Need

FLOYD COUNTY

Health Outcomes	United States: 2018	(A) 30% of National Benchmark	Floyd County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	17.0%	3.0%	
Adult obesity	26.0%	7.8%	28.0%	2.0%	
Food environment index	8.6	2.6	8.4	(0.2)	
Physical inactivity	20.0%	6.0%	25.0%	5.0%	
Access to exercise opportunities	91.0%	27.3%	83.0%	-8.0%	
Excessive drinking	13.0%	3.9%	15.0%	2.0%	
Alcohol-impaired driving deaths	13.0%	3.9%	17.0%	4.0%	Health Need
Sexually transmitted infections	145.1	43.5	269.0	123.9	Health Need
Teen birth rate	15.0	4.5	66.0	51.0	Health Need
Uninsured adults	6.0%	1.8%	24.0%	18.0%	Health Need
Primary care physicians	1,030	309	1,475	445	Health Need
Dentists	1,280	384	5,917	4,637	Health Need
Mental health providers	330	99	0	(330)	
Preventable hospital stays	35.0	10.5	98.0	63.0	Health Need
Diabetic screening	91.0%	27.3%	90.0%	-1.0%	
Mammography screening	71.0%	21.3%	64.3%	-6.7%	
Children in poverty	12.0%	3.6%	37.0%	25.0%	Health Need
Children in single-parent households	20.0%	6.0%	33.0%	13.0%	Health Need

GARZA COUNTY

Health Outcomes	United States: 2018	(A) 30% of National Benchmark	Garza County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	16.0%	2.0%	
Adult obesity	26.0%	7.8%	28.0%	2.0%	
Food environment index	8.6	2.6	9.0	0.4	
Physical inactivity	20.0%	6.0%	26.0%	6.0%	
Access to exercise opportunities	91.0%	27.3%	13.0%	-78.0%	
Excessive drinking	13.0%	3.9%	22.0%	9.0%	Health Need
Alcohol-impaired driving deaths	13.0%	3.9%	0.0%	-13.0%	
Sexually transmitted infections	145.1	43.5	528.0	382.9	Health Need
Teen birth rate	15.0	4.5	53.0	38.0	Health Need
Uninsured adults	6.0%	1.8%	23.0%	17.0%	Health Need
Primary care physicians	1,030	309	0	(1,030)	
Dentists	1,280	384	6,442	5,162	Health Need
Mental health providers	330	99	0	(330)	
Preventable hospital stays	35.0	10.5	41.0	6.0	
Diabetic screening	91.0%	27.3%	78.0%	-13.0%	
Mammography screening	71.0%	21.3%	43.2%	-27.8%	
Children in poverty	12.0%	3.6%	32.0%	20.0%	Health Need
Children in single-parent households	20.0%	6.0%	37.0%	17.0%	Health Need

HALE COUNTY

Health Outcomes	United States: 2018	(A) 30% of National Benchmark	Hale County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	17.0%	3.0%	
Adult obesity	26.0%	7.8%	31.0%	5.0%	
Food environment index	8.6	2.6	7.4	(1.2)	
Physical inactivity	20.0%	6.0%	28.0%	8.0%	Health Need
Access to exercise opportunities	91.0%	27.3%	74.0%	-17.0%	
Excessive drinking	13.0%	3.9%	17.0%	4.0%	Health Need
Alcohol-impaired driving deaths	13.0%	3.9%	37.0%	24.0%	Health Need
Sexually transmitted infections	145.1	43.5	487.0	341.9	Health Need
Teen birth rate	15.0	4.5	65.0	50.0	Health Need
Uninsured adults	6.0%	1.8%	23.0%	17.0%	Health Need
Primary care physicians	1,030	309	2,863	1,833	Health Need
Dentists	1,280	384	4,283	3,003	Health Need
Mental health providers	330	99	952	622	Health Need
Preventable hospital stays	35.0	10.5	44.0	9.0	
Diabetic screening	91.0%	27.3%	84.0%	-7.0%	
Mammography screening	71.0%	21.3%	61.0%	-10.0%	
Children in poverty	12.0%	3.6%	30.0%	18.0%	Health Need
Children in single-parent households	20.0%	6.0%	37.0%	17.0%	Health Need

HOCKLEY COUNTY

Health Outcomes	United States: 2018	(A) 30% of National Benchmark	Hockley County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	15.0%	1.0%	
Adult obesity	26.0%	7.8%	30.0%	4.0%	
Food environment index	8.6	2.6	7.0	(1.6)	
Physical inactivity	20.0%	6.0%	29.0%	9.0%	Health Need
Access to exercise opportunities	91.0%	27.3%	67.0%	-24.0%	
Excessive drinking	13.0%	3.9%	18.0%	5.0%	Health Need
Alcohol-impaired driving deaths	13.0%	3.9%	30.0%	17.0%	Health Need
Sexually transmitted infections	145.1	43.5	632.0	486.9	Health Need
Teen birth rate	15.0	4.5	49.0	34.0	Health Need
Uninsured adults	6.0%	1.8%	20.0%	14.0%	Health Need
Primary care physicians	1,030	309	2,130	1,100	Health Need
Dentists	1,280	384	2,116	836	Health Need
Mental health providers	330	99	1,940	1,610	Health Need
Preventable hospital stays	35.0	10.5	69.0	34.0	Health Need
Diabetic screening	91.0%	27.3%	85.0%	-6.0%	
Mammography screening	71.0%	21.3%	42.3%	-28.7%	
Children in poverty	12.0%	3.6%	25.0%	13.0%	Health Need
Children in single-parent households	20.0%	6.0%	28.0%	8.0%	Health Need

LAMB COUNTY

Health Outcomes	United States: 2018	(A) 30% of National Benchmark	Lamb County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	18.0%	4.0%	
Adult obesity	26.0%	7.8%	32.0%	6.0%	
Food environment index	8.6	2.6	7.9	(0.7)	
Physical inactivity	20.0%	6.0%	26.0%	6.0%	
Access to exercise opportunities	91.0%	27.3%	70.0%	-21.0%	
Excessive drinking	13.0%	3.9%	15.0%	2.0%	
Alcohol-impaired driving deaths	13.0%	3.9%	38.0%	25.0%	Health Need
Sexually transmitted infections	145.1	43.5	391.0	245.9	Health Need
Teen birth rate	15.0	4.5	68.0	53.0	Health Need
Uninsured adults	6.0%	1.8%	27.0%	21.0%	Health Need
Primary care physicians	1,030	309	3,346	2,316	Health Need
Dentists	1,280	384	6,638	5,358	Health Need
Mental health providers	330	99	13,275	12,945	Health Need
Preventable hospital stays	35.0	10.5	62.0	27.0	Health Need
Diabetic screening	91.0%	27.3%	84.0%	-7.0%	
Mammography screening	71.0%	21.3%	50.0%	-21.0%	
Children in poverty	12.0%	3.6%	32.0%	20.0%	Health Need
Children in single-parent households	20.0%	6.0%	33.0%	13.0%	Health Need

LUBBOCK COUNTY

Health Outcomes	United States: 2018	(A) 30% of National Benchmark	Lubbock County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	16.0%	2.0%	
Adult obesity	26.0%	7.8%	30.0%	4.0%	
Food environment index	8.6	2.6	7.0	(1.6)	
Physical inactivity	20.0%	6.0%	27.0%	7.0%	Health Need
Access to exercise opportunities	91.0%	27.3%	90.0%	-1.0%	
Excessive drinking	13.0%	3.9%	19.0%	6.0%	Health Need
Alcohol-impaired driving deaths	13.0%	3.9%	35.0%	22.0%	Health Need
Sexually transmitted infections	145.1	43.5	721.0	575.9	Health Need
Teen birth rate	15.0	4.5	39.0	24.0	Health Need
Uninsured adults	6.0%	1.8%	17.0%	11.0%	Health Need
Primary care physicians	1,030	309	1,280	250	
Dentists	1,280	384	1,848	568	Health Need
Mental health providers	330	99	779	449	Health Need
Preventable hospital stays	35.0	10.5	47.0	12.0	Health Need
Diabetic screening	91.0%	27.3%	82.0%	-9.0%	
Mammography screening	71.0%	21.3%	54.0%	-17.0%	
Children in poverty	12.0%	3.6%	22.0%	10.0%	Health Need
Children in single-parent households	20.0%	6.0%	38.0%	18.0%	Health Need

LYNN COUNTY

Health Outcomes	United States: 2018	(A) 30% of National Benchmark	Lynn County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	17.0%	3.0%	
Adult obesity	26.0%	7.8%	29.0%	3.0%	
Food environment index	8.6	2.6	7.2	(1.4)	
Physical inactivity	20.0%	6.0%	28.0%	8.0%	Health Need
Access to exercise opportunities	91.0%	27.3%	61.0%	-30.0%	
Excessive drinking	13.0%	3.9%	17.0%	4.0%	Health Need
Alcohol-impaired driving deaths	13.0%	3.9%	21.0%	8.0%	Health Need
Sexually transmitted infections	145.1	43.5	503.0	357.9	Health Need
Teen birth rate	15.0	4.5	53.0	38.0	Health Need
Uninsured adults	6.0%	1.8%	25.0%	19.0%	Health Need
Primary care physicians	1,030	309	1,431	401	Health Need
Dentists	1,280	384	5,711	4,431	Health Need
Mental health providers	330	99		(330)	
Preventable hospital stays	35.0	10.5	63.0	28.0	Health Need
Diabetic screening	91.0%	27.3%	80.0%	-11.0%	
Mammography screening	71.0%	21.3%	48.6%	-22.4%	
Children in poverty	12.0%	3.6%	27.0%	15.0%	Health Need
Children in single-parent households	20.0%	6.0%	40.0%	20.0%	Health Need

TERRY COUNTY

Health Outcomes	United States: 2018	(A) 30% of National Benchmark	Terry County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	17.0%	3.0%	
Adult obesity	26.0%	7.8%	30.0%	4.0%	
Food environment index	8.6	2.6	7.1	(1.5)	
Physical inactivity	20.0%	6.0%	31.0%	11.0%	Health Need
Access to exercise opportunities	91.0%	27.3%	76.0%	-15.0%	
Excessive drinking	13.0%	3.9%	18.0%	5.0%	Health Need
Alcohol-impaired driving deaths	13.0%	3.9%	50.0%	37.0%	Health Need
Sexually transmitted infections	145.1	43.5	518.0	372.9	Health Need
Teen birth rate	15.0	4.5	83.0	68.0	Health Need
Uninsured adults	6.0%	1.8%	26.0%	20.0%	Health Need
Primary care physicians	1,030	309	3,185	2,155	Health Need
Dentists	1,280	384	4,266	2,986	Health Need
Mental health providers	330	99	0	(330)	
Preventable hospital stays	35.0	10.5	79.0	44.0	Health Need
Diabetic screening	91.0%	27.3%	82.0%	-9.0%	
Mammography screening	71.0%	21.3%	41.9%	-29.1%	
Children in poverty	12.0%	3.6%	31.0%	19.0%	Health Need
Children in single-parent households	20.0%	6.0%	34.0%	14.0%	Health Need

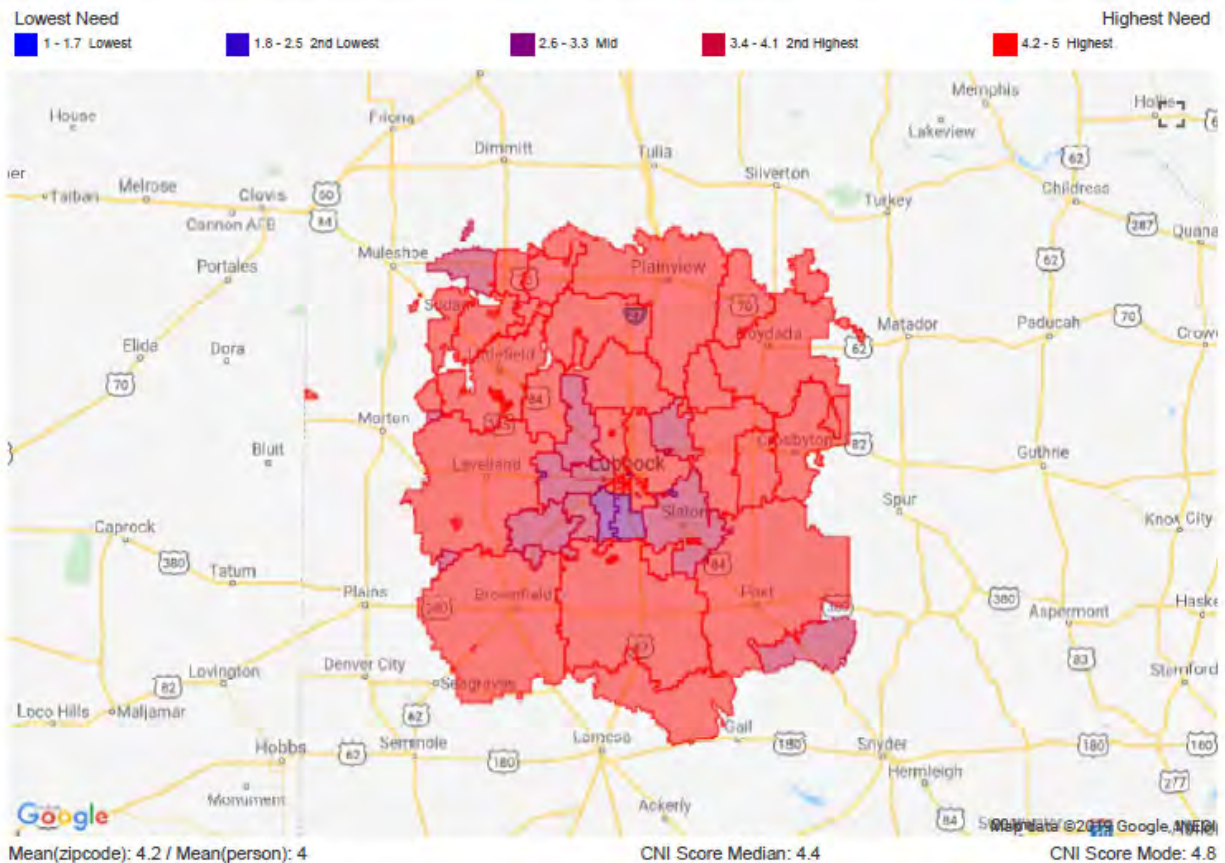
ANALYSIS OF PRIMARY DATA – KEY INFORMANT INTERVIEWS

Need
Affordability of Healthcare Services
Lack of and Access to Primary Care and Specialists
Uninsured / Underinsured
Lack of Mental Health Services
Lack of Health Knowledge and Education
Obesity
Services for the Aging
Transportation
Services for Children
Poverty
Substance Abuse
Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)
Poor Nutrition / Limited Access to Healthy Food Options
Language and Cultural Barriers

ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND MINORITY/VULNERABLE POPULATIONS

Population	Issues
Working Poor Population	Transportation High cost of health care prevents needs from being met Healthy lifestyle and health nutrition education
Elderly	Transportation Cost of prescriptions and medical care Lack of health knowledge regarding how to access services
Substance Abusers	Access to health care services Lack of health knowledge / education

APPENDIX B – DIGNITY HEALTH COMMUNITY NEED INDEX (CNI) REPORT



Zip Code	CNL Score	Population	City	County	State
79401	4.6	8195	Lubbock	Lubbock	Texas
79403	4.8	17673	Lubbock	Lubbock	Texas
79404	4.8	12204	Lubbock	Lubbock	Texas
79407	4	23251	Lubbock	Lubbock	Texas
79410	4.2	9120	Lubbock	Lubbock	Texas
79411	4.8	7769	Lubbock	Lubbock	Texas
79412	4.8	15947	Lubbock	Lubbock	Texas
79413	4.2	21902	Lubbock	Lubbock	Texas
79414	4.4	17930	Lubbock	Lubbock	Texas
79415	4.8	18306	Lubbock	Lubbock	Texas
79416	3.8	36353	Lubbock	Lubbock	Texas
79423	3.2	39893	Lubbock	Lubbock	Texas
79424	2.6	48500	Lubbock	Lubbock	Texas
79031	4	1443	Earth	Lamb	Texas
79041	4.4	2982	Hale Center	Hale	Texas
79064	4.6	2507	Olton	Lamb	Texas
79072	4.8	27609	Plainview	Hale	Texas
79082	4.6	272	Springlake	Lamb	Texas
79235	4.8	3411	Floydada	Floyd	Texas
79241	4.8	2328	Lockney	Floyd	Texas
79250	4.8	1317	Petersburg	Hale	Texas
79311	4.4	3368	Abernathy	Hale	Texas
79312	4.8	968	Amherst	Lamb	Texas
79313	4.8	1534	Anton	Hockley	Texas

79316	4.4	11472	Brownfield	Terry	Texas
79322	4.8	2088	Crosbyton	Crosby	Texas
79326	4.4	67	Fieldton	Lamb	Texas
79329	3.4	3658	Idalou	Lubbock	Texas
79330	3.4	218	Justiceburg	Garza	Texas
79336	4.4	19552	Levelland	Hockley	Texas
79339	4.8	6818	Littlefield	Lamb	Texas
79343	4.8	1513	Lorenzo	Crosby	Texas
79345	3.8	1004	Meadow	Terry	Texas
79351	4.8	1164	Odonnell	Lynn	Texas
79353	3.6	39	Pep	Hockley	Texas
79356	4.4	6385	Post	Garza	Texas
79357	4.2	2330	Ralls	Crosby	Texas
79358	3.8	1189	Ropesville	Hockley	Texas
79363	3.4	6115	Shallowater	Lubbock	Texas
79364	4	8399	Slaton	Lubbock	Texas
79366	2.6	1194	Ransom Canyon	Lubbock	Texas
79367	2.6	16	Smyer	Hockley	Texas
79371	4.8	1158	Sudan	Lamb	Texas
79373	4.8	3518	Tahoka	Lynn	Texas
79381	4.4	1128	Wilson	Lynn	Texas
79382	3.4	7821	Wolfforth	Lubbock	Texas

APPENDIX C – COUNTY HEALTH RANKINGS DETAIL

Health Outcomes	Crosby County: 2016	Crosby County: 2018	Change	Texas: 2018	United States: 2018
Health Behaviors: State of Texas County Ranking	146	106	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	16.0%	NC	14.0%	17.0%
Adult obesity – Percent of adults that report a BMI >= 30	29.0%	28.0%	+	28.0%	28.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.5	8.3	-	6.0	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	27.0%	26.0%	+	24.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	62.0%	32.0%	-	81.0%	83.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	15.0%	16.0%	-	19.0%	18.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	40.0%	36.0%	+	28.0%	29.0%
Sexually transmitted infections – Chlamydia rate per 100K population	489.7	271.0	+	523.6	478.8
Teen birth rate – Per 1,000 female population, ages 15-19	94.0	68.0	+	41.0	27.0
Clinical Care: State of Texas County Ranking	212	199	+		
Uninsured adults – Percent of population under age 65 without health insurance	29.0%	24.0%	+	19.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	3,001:1	2,989:1	+	1,670:1	1,320:1
Dentists – Ratio of population to dentists	N/A	N/A	N/A	1,790:1	1,480:1
Mental health providers – Ratio of population to mental health providers	N/A	N/A	N/A	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	89.0	84.0	+	53.0	49.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	82.0%	79.0%	+	84.0%	85.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	38.0%	55.3%	+	58.0%	63.0%

Health Outcomes	Crosby County: 2016	Crosby County: 2018	Change	Texas: 2018	United States: 2018
Social and Economic Factors: State of Texas County Ranking	147	241	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	N/A	92.0%		89.0%	83.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	42.0%	40.0%	-	60.0%	65.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	4.6%	4.4%	+	4.6%	4.9%
Children in poverty – Percent of children under age 18 in poverty	37.0%	38.0%	-	22.0%	20.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.1	4.0	+	4.9	5.0
Children in single-parent households – Percent of children that live in household headed by single parent	30.0%	42.0%	-	33.0%	34.0%
Social associations – Number of membership associations per 10,000 population	16.7	20.1	+	7.6	9.3
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	141.0	110.0	+	408.0	380.0
Injury deaths – Number of deaths due to injury per 100,000 population	46.0	47.0	-	55.0	65.0
Physical Environment: State of Texas County Ranking	184	130	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.4	7.4	+	8.0	8.7
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	17.0%	17.0%	NC	18.0%	19.0%
Driving alone to work – Percentage of the workforce that drives alone to work	80.0%	84.0%	-	80.0%	76.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	32.0%	35.0%	-	37.0%	35.0%

Health Outcomes	Floyd County: 2016	Floyd County: 2018	Change	Texas: 2018	United States: 2018
Health Behaviors: State of Texas County Ranking	82	80	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	17.0%	-	14.0%	17.0%
Adult obesity – Percent of adults that report a BMI >= 30	29.0%	28.0%	+	28.0%	28.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.5	8.4	-	6.0	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	28.0%	25.0%	+	24.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	44.0%	83.0%	+	81.0%	83.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	15.0%	15.0%	NC	19.0%	18.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	0.0%	17.0%	-	28.0%	29.0%
Sexually transmitted infections – Chlamydia rate per 100K population	424.1	269.0	+	523.6	478.8
Teen birth rate – Per 1,000 female population, ages 15-19	83.0	66.0	+	41.0	27.0
Clinical Care: State of Texas County Ranking	72	145	-		
Uninsured adults – Percent of population under age 65 without health insurance	29.0%	24.0%	+	19.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,560:1	1,475:1	+	1,670:1	1,320:1
Dentists – Ratio of population to dentists	5,950:1	5,917:1	+	1,790:1	1,480:1
Mental health providers – Ratio of population to mental health providers	N/A	N/A	NC	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	70.0	98.0	-	53.0	49.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	89.0%	90.0%	+	84.0%	85.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	62.0%	64.3%	+	58.0%	63.0%

Health Outcomes	Floyd County: 2016	Floyd County: 2018	Change	Texas: 2018	United States: 2018
Social and Economic Factors: State of Texas County Ranking	211	176	+		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	N/A	92.0%	+	89.0%	83.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	57.0%	48.2%	-	60.0%	65.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	7.0%	5.2%	+	4.6%	4.9%
Children in poverty – Percent of children under age 18 in poverty	37.0%	37.0%	NC	22.0%	20.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.4	5.1	+	4.9	5.0
Children in single-parent households – Percent of children that live in household headed by single parent	41.0%	33.0%	+	33.0%	34.0%
Social associations – Number of membership associations per 10,000 population	24.1	25.4	+	7.6	9.3
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	348.0	392.0	-	408.0	380.0
Injury deaths – Number of deaths due to injury per 100,000 population	69.0	59.0	+	55.0	65.0
Physical Environment: State of Texas County Ranking	117	45	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.4	7.1	+	8.0	8.7
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	19.0%	14.0%	+	18.0%	19.0%
Driving alone to work – Percentage of the workforce that drives alone to work	84.0%	83.0%	+	80.0%	76.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	18.0%	23.0%	-	37.0%	35.0%

Health Outcomes	Garza County: 2016	Garza County: 2018	Change	Texas: 2018	United States: 2018
Health Behaviors: State of Texas County Ranking	124	102	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15.0%	16.0%	-	14.0%	17.0%
Adult obesity – Percent of adults that report a BMI >= 30	31.0%	28.0%	-	28.0%	28.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.2	9.0	+	6.0	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	27.0%	26.0%	+	24.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	N/A	13.0%	+	81.0%	83.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	21.0%	22.0%	-	19.0%	18.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	25.0%	0.0%	+	28.0%	29.0%
Sexually transmitted infections – Chlamydia rate per 100K population	233.9	528.0	-	523.6	478.8
Teen birth rate – Per 1,000 female population, ages 15-19	77.0	53.0	+	41.0	27.0
Clinical Care: State of Texas County Ranking	141	150	-		
Uninsured adults – Percent of population under age 65 without health insurance	25.0%	23.0%	+	19.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	N/A	N/A	NC	1,670:1	1,320:1
Dentists – Ratio of population to dentists	6,440:1	6,442:1	-	1,790:1	1,480:1
Mental health providers – Ratio of population to mental health providers	N/A	N/A	NC	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	52.0	41.0	+	53.0	49.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	74.0%	78.0%	+	84.0%	85.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	40.0%	43.2%	+	58.0%	63.0%

Health Outcomes	Garza County: 2016	Garza County: 2018	Change	Texas: 2018	United States: 2018
Social and Economic Factors: State of Texas County Ranking	158	187	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	N/A	83.0%	+	89.0%	83.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	27.0%	25.5%	-	60.0%	65.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	3.5%	3.9%	-	4.6%	4.9%
Children in poverty – Percent of children under age 18 in poverty	29.0%	32.0%	-	22.0%	20.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.3	3.9	-	4.9	5.0
Children in single-parent households – Percent of children that live in household headed by single parent	40.0%	37.0%	+	33.0%	34.0%
Social associations – Number of membership associations per 10,000 population	12.7	12.5	-	7.6	9.3
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	20.0	41.0	-	408.0	380.0
Injury deaths – Number of deaths due to injury per 100,000 population	59.0	50.0	+	55.0	65.0
Physical Environment: State of Texas County Ranking	121	7	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.4	6.9	+	8.0	8.7
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	11.0%	5.0%	+	18.0%	19.0%
Driving alone to work – Percentage of the workforce that drives alone to work	82.0%	76.0%	+	80.0%	76.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	21.0%	20.0%	+	37.0%	35.0%

Health Outcomes	Hale County: 2016	Hale County: 2018	Change	Texas: 2018	United States: 2018
Health Behaviors: State of Texas County Ranking	201	198	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	17.0%	+	14.0%	17.0%
Adult obesity – Percent of adults that report a BMI >= 30	28.0%	31.0%	-	28.0%	28.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	5.7	7.4	+	6.0	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	30.0%	28.0%	+	24.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	64.0%	74.0%	+	81.0%	83.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	16.0%	17.0%	-	19.0%	18.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	32.0%	37.0%	-	28.0%	29.0%
Sexually transmitted infections – Chlamydia rate per 100K population	500.2	487.0	-	523.6	478.8
Teen birth rate – Per 1,000 female population, ages 15-19	90.0	65.0	+	41.0	27.0
Clinical Care: State of Texas County Ranking	67	70	+		
Uninsured adults – Percent of population under age 65 without health insurance	26.0%	23.0%	+	19.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	2,750:1	2,863:1	-	1,670:1	1,320:1
Dentists – Ratio of population to dentists	3,860:1	4,283:1	-	1,790:1	1,480:1
Mental health providers – Ratio of population to mental health providers	1,240:1	952:1	+	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	54.0	44.0	+	53.0	49.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	85.0%	84.0%	-	84.0%	85.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	56.0%	61.0%	+	58.0%	63.0%

Health Outcomes	Hale County: 2016	Hale County: 2018	Change	Texas: 2018	United States: 2018
Social and Economic Factors: State of Texas County Ranking	226	157	+		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	91.0%	91.0%	NC	89.0%	83.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	43.0%	46.4%	+	60.0%	65.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	9.4%	5.7%	+	4.6%	4.9%
Children in poverty – Percent of children under age 18 in poverty	33.0%	30.0%	+	22.0%	20.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.5	4.3	-	4.9	5.0
Children in single-parent households – Percent of children that live in household headed by single parent	36.0%	37.0%	-	33.0%	34.0%
Social associations – Number of membership associations per 10,000 population	15.9	15.7	-	7.6	9.3
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	216.0	197.0	+	408.0	380.0
Injury deaths – Number of deaths due to injury per 100,000 population	57.0	55.0	+	55.0	65.0
Physical Environment: State of Texas County Ranking	40	65	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.3	7.7	+	8.0	8.7
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	14.0%	15.0%	-	18.0%	19.0%
Driving alone to work – Percentage of the workforce that drives alone to work	81.0%	82.0%	-	80.0%	76.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	16.0%	17.0%	-	37.0%	35.0%

Health Outcomes	Hockley County: 2016	Hockley County: 2018	Change	Texas: 2018	United States: 2018
Health Behaviors: State of Texas County Ranking	119	140	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	15.0%	+	14.0%	17.0%
Adult obesity – Percent of adults that report a BMI >= 30	30.0%	30.0%	NC	28.0%	28.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.9	7.0	+	6.0	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	26.0%	29.0%	-	24.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	61.0%	67.0%	+	81.0%	83.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18.0%	18.0%	NC	19.0%	18.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	22.0%	30.0%	-	28.0%	29.0%
Sexually transmitted infections – Chlamydia rate per 100K population	485.4	632.0	-	523.6	478.8
Teen birth rate – Per 1,000 female population, ages 15-19	69.0	49.0	+	41.0	27.0
Clinical Care: State of Texas County Ranking	96	128	-		
Uninsured adults – Percent of population under age 65 without health insurance	24.0%	20.0%	+	19.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	2,140:1	2,130:1	+	1,670:1	1,320:1
Dentists – Ratio of population to dentists	2,360:1	2,116:1	+	1,790:1	1,480:1
Mental health providers – Ratio of population to mental health providers	2,140:1	1,940:1	+	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	63.0	69.0	-	53.0	49.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	82.0%	85.0%	+	84.0%	85.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	42.0%	42.3%	+	58.0%	63.0%

Health Outcomes	Hockley County: 2016	Hockley County: 2018	Change	Texas: 2018	United States: 2018
Social and Economic Factors: State of Texas County Ranking	91	107	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	96.0%	92.0%	-	89.0%	83.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	55.0%	54.9%	-	60.0%	65.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	3.9%	4.7%	-	4.6%	4.9%
Children in poverty – Percent of children under age 18 in poverty	21.0%	25.0%	-	22.0%	20.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.3	4.5	+	4.9	5.0
Children in single-parent households – Percent of children that live in household headed by single parent	29.0%	28.0%	+	33.0%	34.0%
Social associations – Number of membership associations per 10,000 population	14.4	14.9	-	7.6	9.3
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	428.0	418.0	+	408.0	380.0
Injury deaths – Number of deaths due to injury per 100,000 population	70.0	75.0	-	55.0	65.0
Physical Environment: State of Texas County Ranking	93	83	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.3	7.7	+	8.0	8.7
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	12.0%	12.0%	NC	18.0%	19.0%
Driving alone to work – Percentage of the workforce that drives alone to work	78.0%	76.0%	+	80.0%	76.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	23.0%	23.0%	NC	37.0%	35.0%

Health Outcomes	Lamb County: 2016	Lamb County: 2018	Change	Texas: 2018	United States: 2018
Health Behaviors: State of Texas County Ranking	166	210	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	17.0%	18.0%	-	14.0%	17.0%
Adult obesity – Percent of adults that report a BMI >= 30	29.0%	32.0%	-	28.0%	28.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.6	7.9	+	6.0	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	27.0%	26.0%	+	24.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	41.0%	70.0%	+	81.0%	83.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	14.0%	15.0%	-	19.0%	18.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	47.0%	38.0%	-	28.0%	29.0%
Sexually transmitted infections – Chlamydia rate per 100K population	342.7	391.0	-	523.6	478.8
Teen birth rate – Per 1,000 female population, ages 15-19	95.0	68.0	+	41.0	27.0
Clinical Care: State of Texas County Ranking	123	196	-		
Uninsured adults – Percent of population under age 65 without health insurance	30.0%	27.0%	+	19.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	2,760:1	3,346:1	-	1,670:1	1,320:1
Dentists – Ratio of population to dentists	6,790:1	6,638:1	+	1,790:1	1,480:1
Mental health providers – Ratio of population to mental health providers	N/A	13,275:1	-	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	58.0	62.0	-	53.0	49.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	89.0%	84.0%	-	84.0%	85.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	51.0%	50.0%	-	58.0%	63.0%

Health Outcomes	Lamb County: 2016	Lamb County: 2018	Change	Texas: 2018	United States: 2018
Social and Economic Factors: State of Texas County Ranking	197	159	+		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	90.0%	97.0%	+	89.0%	83.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	45.0%	51.7%	+	60.0%	65.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.7%	6.6%	-	4.6%	4.9%
Children in poverty – Percent of children under age 18 in poverty	32.0%	32.0%	NC	22.0%	20.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.2	-	4.9	5.0
Children in single-parent households – Percent of children that live in household headed by single parent	39.0%	33.0%	+	33.0%	34.0%
Social associations – Number of membership associations per 10,000 population	16.0	16.4	+	7.6	9.3
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	347.0	282.0	+	408.0	380.0
Injury deaths – Number of deaths due to injury per 100,000 population	90.0	79.0	+	55.0	65.0
Physical Environment: State of Texas County Ranking	117	101	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.3	7.6	+	8.0	8.7
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	11.0%	12.0%	-	18.0%	19.0%
Driving alone to work – Percentage of the workforce that drives alone to work	76.0%	81.0%	-	80.0%	76.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	18.0%	20.0%	-	37.0%	35.0%

Health Outcomes	Lubbock County: 2016	Lubbock County: 2018	Change	Texas: 2018	United States: 2018
Health Behaviors: State of Texas County Ranking	170	176	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	17.0%	16.0%	+	14.0%	17.0%
Adult obesity – Percent of adults that report a BMI >= 30	28.0%	30.0%	-	28.0%	28.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.2	7.0	+	6.0	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	24.0%	27.0%	-	24.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	91.0%	90.0%	-	81.0%	83.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18.0%	19.0%	-	19.0%	18.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	41.0%	35.0%	+	28.0%	29.0%
Sexually transmitted infections – Chlamydia rate per 100K population	636.0	721.0	-	523.6	478.8
Teen birth rate – Per 1,000 female population, ages 15-19	51.0	39.0	+	41.0	27.0
Clinical Care: State of Texas County Ranking	26	22	+		
Uninsured adults – Percent of population under age 65 without health insurance	23.0%	17.0%	+	19.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,310	1,280:1	+	1,670:1	1,320:1
Dentists – Ratio of population to dentists	1,880	1,848:1	+	1,790:1	1,480:1
Mental health providers – Ratio of population to mental health providers	780	779:1	+	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	52.0	47.0	+	53.0	49.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	82.0%	82.0%	NC	84.0%	85.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	56.0%	54.4%	+	58.0%	63.0%

Health Outcomes	Lubbock County: 2016	Lubbock County: 2018	Change	Texas: 2018	United States: 2018
Social and Economic Factors: State of Texas County Ranking	106	99	+		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	88.0%	90.0%	+	89.0%	83.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	65.0%	60.4%	-	60.0%	65.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	3.9%	3.4%	+	4.6%	4.9%
Children in poverty – Percent of children under age 18 in poverty	21.0%	22.0%	-	22.0%	20.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.0	4.6	-	4.9	5.0
Children in single-parent households – Percent of children that live in household headed by single parent	37.0%	38.0%	-	33.0%	34.0%
Social associations – Number of membership associations per 10,000 population	9.5	9.1	-	7.6	9.3
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	744.0	726.0	+	408.0	380.0
Injury deaths – Number of deaths due to injury per 100,000 population	66.0	69.0	-	55.0	65.0
Physical Environment: State of Texas County Ranking	184	165	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.3	8.3	+	8.0	8.7
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	19.0%	20.0%	-	18.0%	19.0%
Driving alone to work – Percentage of the workforce that drives alone to work	82.0%	81.0%	+	80.0%	76.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	10.0%	11.0%	-	37.0%	35.0%

Health Outcomes	Lynn County: 2016	Lynn County: 2018	Change	Texas: 2018	United States: 2018
Health Behaviors: State of Texas County Ranking	126	154	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	17.0%	-	14.0%	17.0%
Adult obesity – Percent of adults that report a BMI >= 30	31.0%	29.0%	+	28.0%	28.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.3	7.2	-	6.0	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	30.0%	28.0%	+	24.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	N/A	61.0%	+	81.0%	83.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	16.0%	17.0%	-	19.0%	18.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	33.0%	21.0%	+	28.0%	29.0%
Sexually transmitted infections – Chlamydia rate per 100K population	311.3	503.0	-	523.6	478.8
Teen birth rate – Per 1,000 female population, ages 15-19	57.0	53.0	+	41.0	27.0
Clinical Care: State of Texas County Ranking	101	165	-		
Uninsured adults – Percent of population under age 65 without health insurance	26.0%	25.0%	+	19.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,430:1	1,431:1	-	1,670:1	1,320:1
Dentists – Ratio of population to dentists	5,770:1	5,711:1	+	1,790:1	1,480:1
Mental health providers – Ratio of population to mental health providers	N/A	N/A	-	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	85.0	63.0	+	53.0	49.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	88.0%	80.0%	-	84.0%	85.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	53.0%	48.6%	-	58.0%	63.0%

Health Outcomes	Lynn County: 2016	Lynn County: 2018	Change	Texas: 2018	United States: 2018
Social and Economic Factors: State of Texas County Ranking	95	72	+		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	N/A	95.0%	-	89.0%	83.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	51.0%	53.0%	+	60.0%	65.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	4.3%	4.0%	+	4.6%	4.9%
Children in poverty – Percent of children under age 18 in poverty	28.0%	27.0%	+	22.0%	20.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.7	5.0	+	4.9	5.0
Children in single-parent households – Percent of children that live in household headed by single parent	41.0%	40.0%	+	33.0%	34.0%
Social associations – Number of membership associations per 10,000 population	26.2	26.2	NC	7.6	9.3
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	112.0	137.0	-	408.0	380.0
Injury deaths – Number of deaths due to injury per 100,000 population	79.0	70.0	+	55.0	65.0
Physical Environment: State of Texas County Ranking	74	98	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	9.3	7.4	+	8.0	8.7
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	10.0%	12.0%	-	18.0%	19.0%
Driving alone to work – Percentage of the workforce that drives alone to work	77.0%	78.0%	-	80.0%	76.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	31.0%	33.0%	-	37.0%	35.0%

Health Outcomes	Terry County: 2016	Terry County: 2018	Change	Texas: 2018	United States: 2018
Health Behaviors: State of Texas County Ranking	217	220	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	17.0%	-	14.0%	17.0%
Adult obesity – Percent of adults that report a BMI >= 30	32.0%	30.0%	+	28.0%	28.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	5.9	7.1	+	6.0	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	28.0%	31.0%	-	24.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	26.0%	76.0%	+	81.0%	83.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	17.0%	18.0%	-	19.0%	18.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	50.0%	50.0%	NC	28.0%	29.0%
Sexually transmitted infections – Chlamydia rate per 100K population	467.8	518.0	-	523.6	478.8
Teen birth rate – Per 1,000 female population, ages 15-19	95.0	83.0	+	41.0	27.0
Clinical Care: State of Texas County Ranking	221	215	+		
Uninsured adults – Percent of population under age 65 without health insurance	29.0%	26.0%	+	19.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	3,190:1	3,185:1	+	1,670:1	1,320:1
Dentists – Ratio of population to dentists	6,370:1	4,266:1	+	1,790:1	1,480:1
Mental health providers – Ratio of population to mental health providers	N/A	N/A	NC	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	97.0	79.0	+	53.0	49.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	81.0%	82.0%	+	84.0%	85.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	45.0%	41.9%	-	58.0%	63.0%

Health Outcomes	Terry County: 2016	Terry County: 2018	Change	Texas: 2018	United States: 2018
Social and Economic Factors: State of Texas County Ranking	113	145	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	95.0%	95.0%	NC	89.0%	83.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	43.0%	40.4%	-	60.0%	65.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	4.4%	4.9%	-	4.6%	4.9%
Children in poverty – Percent of children under age 18 in poverty	29.0%	31.0%	-	22.0%	20.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	3.5	3.5	NC	4.9	5.0
Children in single-parent households – Percent of children that live in household headed by single parent	38.0%	34.0%	+	33.0%	34.0%
Social associations – Number of membership associations per 10,000 population	14.1	13.3	-	7.6	9.3
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	229.0	294.0	-	408.0	380.0
Injury deaths – Number of deaths due to injury per 100,000 population	85.0	79.0	+	55.0	65.0
Physical Environment: State of Texas County Ranking	149	53	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	N/A	7.4	-	8.0	8.7
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	13.0%	9.0%	+	18.0%	19.0%
Driving alone to work – Percentage of the workforce that drives alone to work	81.0%	74.0%	+	80.0%	76.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	29.0%	31.0%	-	37.0%	35.0%

APPENDIX D – SOURCES

Data Type	Source
Discharges by Zip Code	University Medical Center
Population Estimates	The Nielson Company
Demographics -Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates http://www.communitycommons.org/
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/
Education	Community Commons via American Community Survey http://www.communitycommons.org/
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/
Leading Causes of Death	Community Commons via CDC national Vital Statistics System http://www.communitycommons.org/
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/ & Community Health Status Indicators http://wwwn.cdc.gov/communityhealth
Health Care Resources	Community Commons, CMS.gov, HRSA

Data Indicator	Source
Poverty - Population Below 100% FPL	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Teen Births	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics
Unemployment Rate	Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - August. Source geography: County
Violent Crime	Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via
Young People Not in School and Not Working	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Air Quality - Particulate Matter 2.5	Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract
Air Quality - Respiratory Hazard Index	Data Source: EPA National Air Toxics Assessment.
Built Environment - Broadband Access	Data Source: National Broadband Map. 2016. Source geography: Tract
Built Environment - Recreation and Fitness Facility Access	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA
Climate & Health - High Heat Index Days	Data Source: National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS) . Accessed via CDC WONDER. Additional
Climate & Health - Tree Canopy	Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011. Source
Food Environment - Fast Food Restaurants	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA
Food Environment - Food Desert Census Tracts	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.
Food Environment - Grocery Stores	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA
Food Environment - Low Food Access	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract
Food Environment - Modified Retail Food Environment Index	Data Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. 2011. Source geography: Tract
Food Environment - SNAP-Authorized Food Stores	Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2017. Source
Housing - Housing Cost Burden (30%)	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Housing - Mortgage Lending	Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2014.
Housing - Substandard Housing	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Housing - Vacancy Rate	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
30-Day Hospital Readmissions	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.
Access to Dentists	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography:
Access to Mental Health Providers	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County

Data Indicator	Source
Access to Primary Care	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County
Diabetes Management - Hemoglobin A1c Test	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County
Federally Qualified Health Centers	Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018. Source geography: County
Health Professional Shortage Areas	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2018. Source geography: County
Lack of Prenatal Care	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention. 2015. Source geography: County
Preventable Hospital Events	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County
Prevention - Mammogram	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County
Prevention - Recent Primary Care Visit	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2015. Source geography: County
Alcohol Consumption	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US 2015. Source geography: County
Alcohol Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
Breastfeeding - Ever	Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. Additional data analysis by CARES. 2016. Source geography: County
Fruit/Vegetable Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
Physical Inactivity	Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
STI - Chlamydia Incidence	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
STI - Gonorrhea Incidence	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
STI - HIV Prevalence	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
Tobacco Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
Tobacco Usage - Current Smokers	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US 2015. Source geography: County
Vegetable Consumption - All Vegetables	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2015. Source geography: County
Asthma Prevalence	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
Cancer Incidence - All Sites	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Cancer Incidence - All Sites	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Cancer Incidence - Colon and Rectum	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Cancer Incidence - Lung	Data Source: State Cancer Profiles. 2011-15. Source geography: County

Data Indicator	Source
Cancer Incidence - Prostate	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Depression (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Diabetes (Adult)	Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
Diabetes (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Heart Disease (Adult)	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
Heart Disease (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
High Blood Pressure (Adult)	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US
High Blood Pressure (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Infant Mortality	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County
Low Birth Weight	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Cancer	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Coronary Heart Disease	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Drug Poisoning	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Homicide	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Lung Disease	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Motor Vehicle Crash	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Pedestrian Motor Vehicle Crash	Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County
Mortality - Premature Death	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-16. Source geography: County
Mortality - Stroke	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Suicide	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Unintentional Injury	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Obesity	Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
Obesity (Youth)	Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2016. Source geography: State
Poor Dental Health	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County
Poor General Health	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US