



COMMUNITY HEALTH NEEDS ASSESSMENT
2022

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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 Lubbock County Hospital District d/b/a 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 2022. 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 79.51% 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 2023-2025 for the priority areas identified below.

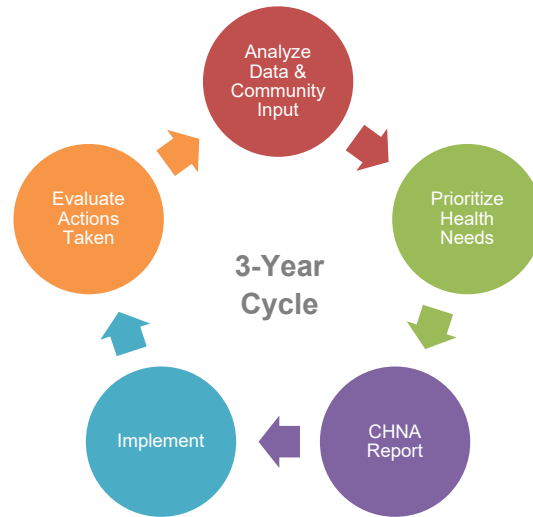
- Access to care
- Access to primary care physicians
- Uninsured and under-insured individuals
- Treatment of and management of chronic diseases & conditions (Heart Disease, Stroke, Kidney, Cancer, Diabetes, Lung)
- Shortage of healthcare workers
- Obesity
- Poverty and lack of financial resources
- Healthy behaviors and healthy lifestyle choices
- Access to medical specialists
- Coordination of care between healthcare providers
- Access to affordable prescription medications

COMMUNITY HEALTH NEEDS ASSESSMENT GOALS



EVALUATION OF PROGRESS SINCE PRIOR CHNA

The CHNA process should be viewed as a 3-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the CHNA Community, it is possible to better target resources and efforts during the next round of the CHNA cycle.



PRIORITY AREAS FROM PRECEDING CHNA

The implementation strategy for years ending December 31, 2020 through December 31, 2022, focused on three priorities to address identified health needs. Based on the Medical Center's most recent evaluation, the Medical Center has made significant progress in meeting its goals and strategies outlined in the prior implementation strategy as reported below.

The 2019 implementation strategy focused on five priorities for action between 2020 and 2022:

1. Chronic Health Issues
2. Affordability of Healthcare Services
3. Access to Primary Care Physicians
4. Uninsured/Limited Insurance/Access
5. Lack of Mental Health/Addiction Providers and Services

HOW THE ASSESSMENT WAS CONDUCTED

University Medical Center partnered with FORVIS, LLP (“FORVIS”) to conduct this community health needs assessment. Ranked among the top 10 public accounting firms in the country, FORVIS has 5,700 dedicated professionals who serve clients in all 50 states as well as across the globe. FORVIS serves hospitals and health care systems across the country. The CHNA was conducted during 2022.

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, 2022 may be the most current year available for data, while 2021 or 2020 may be the most current year for other sources.

GENERAL DESCRIPTION OF UNIVERSITY MEDICAL CENTER

The Lubbock County Hospital District, d/b/a UMC Health System is located in Lubbock, Texas. The District is a Texas political subdivision and is a 501(c)(3) tax-exempt organization. The District owns and operates University Medical Center ("UMC"), a public hospital.

UMC serves as the primary teaching hospital for the Texas Tech University Health Sciences Center ("TTUHSC").

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 ("TTUHSC"). UMC has a strong and enduring partnership with TTUHSC which helps fulfill UMC's mission and helps support TTUHSC's academic pursuits of education and research.

UMC's team has over 4,700 employees who serve an organization that has been 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 regional tertiary 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, geriatrics, critical care, obstetrics, pediatrics, neonatal, trauma and burn, where nurses provide specialized care.

UMC is a national leader in patient satisfaction. The Hospital has received multiple recognitions by independent rating companies for providing exceptional service in multitudes of patient care:

- Outstanding Patient Experience, HealthGrades
- Best Hospitals Women's Choice Award
 - Comprehensive Breast Care
 - Cancer Care
 - Heart Care
 - Obstetrics and Women's Services
- ANCC Magnet Recognition
- Breast Imaging of Excellence
- Antimicrobial Stewardship Center of Excellence
- Commission on Accreditation of Ambulance Services

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

UMC, in collaboration with its affiliated organization UMC Physicians, has established medical clinics throughout the community, and surrounding communities increasing access to primary care. UMC has community facilities for rehabilitation, wellness, and outpatient procedures. In addition, UMC serves as the City of Lubbock and Lubbock County EMS provider.

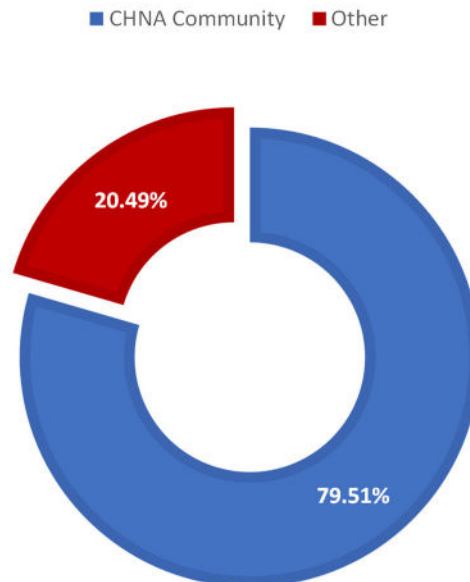
COMMUNITY SERVED BY UNIVERSITY MEDICAL CENTER

UMC Health System is located in Lubbock, TX. Lubbock, TX is approximately a 1.75 hour drive due south from Amarillo, TX.

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 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 80% of total discharges and visits and are a contiguous area surrounding the UMC Health System.

PERCENTAGE DISCHARGES / VISITS

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	Crosby County	Floyd County	Garza County
Total Population	413,716	5,753	5,782	6,028
Total Male Population	206,503	2,899	2,839	3,806
Total Female Population	207,213	2,854	2,943	2,222
Percent Male	49.91%	50.39%	49.10%	63.14%
Percent Female	50.09%	49.61%	50.90%	36.86%

Gender	Hale County	Hockley County	Lamb County	Lubbock County
Total Population	33,463	22,986	13,018	308,392
Total Male Population	17,518	11,455	6,473	151,902
Total Female Population	15,945	11,531	6,545	156,490
Percent Male	52.35%	49.83%	49.72%	49.26%
Percent Female	47.65%	50.17%	50.28%	50.74%

Gender	Lynn County	Terry County	TX	US
Total Population	5,886	12,408	28,635,442	326,569,308
Total Male Population	3,029	6,582	14,221,720	160,818,530
Total Female Population	2,857	5,826	14,413,722	165,750,778
Percent Male	51.46%	53.05%	49.66%	49.24%
Percent Female	48.54%	46.95%	50.34%	50.76%

Population Age Distribution

Age Group	Percent of CHNA Community	Percent of Crosby County	Percent of Floyd County	Percent of Garza County
0 - 4	6.63%	6.50%	6.04%	3.47%
5 - 17	17.81%	19.56%	20.84%	10.37%
18 - 24	15.20%	8.83%	7.70%	12.89%
25 - 34	14.21%	11.44%	12.12%	10.42%
35 - 44	12.02%	12.83%	11.93%	19.21%
45 - 54	10.35%	9.65%	10.26%	16.59%
55 - 64	10.67%	12.81%	12.33%	11.76%
65+	13.11%	18.38%	18.78%	15.29%
Total	100.00%	100.00%	100.00%	100.00%

Age Group	Percent of Hale County	Percent of Hockley County	Percent of Lamb County	Percent of Lubbock County
0 - 4	6.73%	6.72%	7.15%	6.62%
5 - 17	20.43%	19.49%	20.53%	17.22%
18 - 24	11.33%	11.26%	8.89%	16.86%
25 - 34	13.79%	13.33%	11.52%	14.67%
35 - 44	11.79%	12.08%	11.79%	11.84%
45 - 54	11.68%	10.71%	11.00%	10.02%
55 - 64	10.87%	11.95%	12.27%	10.33%
65+	13.38%	14.46%	16.85%	12.44%
Total	100.00%	100.00%	100.00%	100.00%

Age Group	Percent of Lynn County	Percent of Terry County	Percent of TX	Percent of US
0 - 4	6.63%	7.70%	6.97%	6.02%
5 - 17	20.12%	19.79%	18.80%	16.43%
18 - 24	7.34%	9.43%	9.79%	9.32%
25 - 34	10.87%	14.10%	14.70%	13.93%
35 - 44	13.74%	12.42%	13.58%	12.66%
45 - 54	11.77%	10.25%	12.37%	12.72%
55 - 64	12.73%	11.24%	11.23%	12.89%
65+	16.80%	15.07%	12.56%	16.03%
Total	100.00%	100.00%	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.

Total Population by Race Alone

Race	Percent of CHNA Community	Percent of Crosby County	Percent of Floyd County	Percent of Garza County
White	79.25%	81.54%	89.33%	74.90%
Black	6.38%	4.75%	5.15%	9.41%
Asian	1.82%	0.47%	0.07%	2.22%
Native American / Alaska Native	0.68%	0.00%	0.05%	0.33%
Native Hawaiian / Pacific Islander	0.09%	0.14%	0.00%	0.00%
Some Other Race	5.15%	7.35%	0.78%	6.75%
Multiple Race	6.63%	5.75%	4.62%	6.39%
Total	100.00%	100.00%	100.00%	100.00%

Race	Percent of Hale County	Percent of Hockley County	Percent of Lamb County	Percent of Lubbock County
White	81.29%	81.70%	87.06%	77.89%
Black	4.31%	3.33%	3.27%	7.22%
Asian	0.35%	0.35%	0.73%	2.28%
Native American / Alaska Native	0.17%	0.51%	0.47%	0.82%
Native Hawaiian / Pacific Islander	0.01%	0.08%	0.00%	0.11%
Some Other Race	3.72%	5.56%	1.66%	5.56%
Multiple Race	10.14%	8.47%	6.81%	6.14%
Total	100.00%	100.00%	100.00%	100.00%

Race	Percent of Lynn County	Percent of Terry County	Percent of TX	Percent of US
White	83.37%	89.19%	69.16%	70.42%
Black	0.92%	2.54%	12.10%	12.62%
Asian	0.53%	0.02%	4.94%	5.64%
Native American / Alaska Native	0.31%	0.14%	0.48%	0.82%
Native Hawaiian / Pacific Islander	0.34%	0.00%	0.09%	0.19%
Some Other Race	3.02%	3.11%	6.25%	5.14%
Multiple Race	11.52%	5.00%	6.98%	5.17%
Total	100.00%	100.00%	100.00%	100.00%

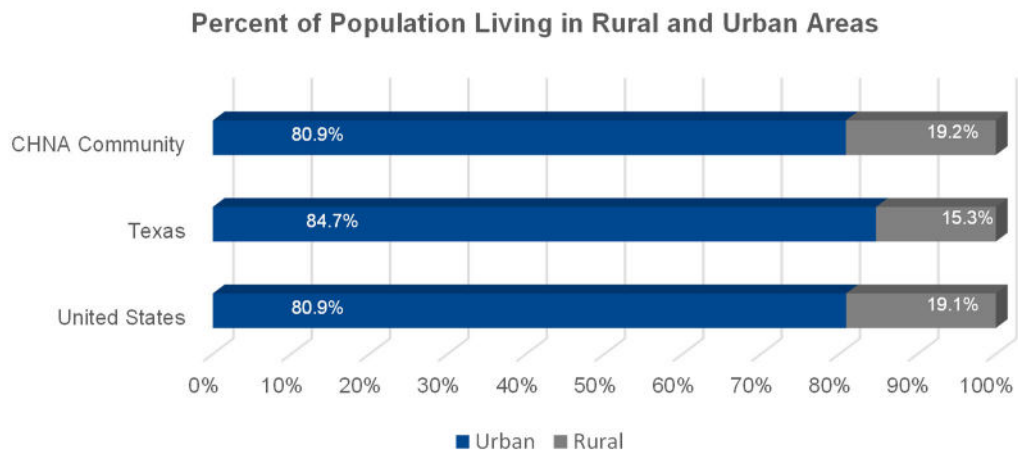
Total Population by Ethnicity Alone

Ethnicity	Percent of CHNA Community	Percent of Crosby County	Percent of Floyd County	Percent of Garza County
Hispanic or Latino	40.63%	56.27%	58.65%	49.00%
Non-Hispanic or Latino	59.37%	43.73%	41.35%	51.00%
Total	100.00%	100.00%	100.00%	100.00%

Ethnicity	Percent of Hale County	Percent of Hockley County	Percent of Lamb County	Percent of Lubbock County
Hispanic or Latino	59.84%	48.56%	55.86%	35.81%
Non-Hispanic or Latino	40.16%	51.44%	44.14%	64.19%
Total	100.00%	100.00%	100.00%	100.00%

Ethnicity	Percent of Lynn County	Percent of Terry County	Percent of TX	Percent of US
Hispanic or Latino	46.60%	55.48%	39.44%	18.18%
Non-Hispanic or Latino	53.40%	44.52%	60.56%	81.82%
Total	100.00%	100.00%	100.00%	100.00%

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 population of the CHNA Community lives primarily in urban areas



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

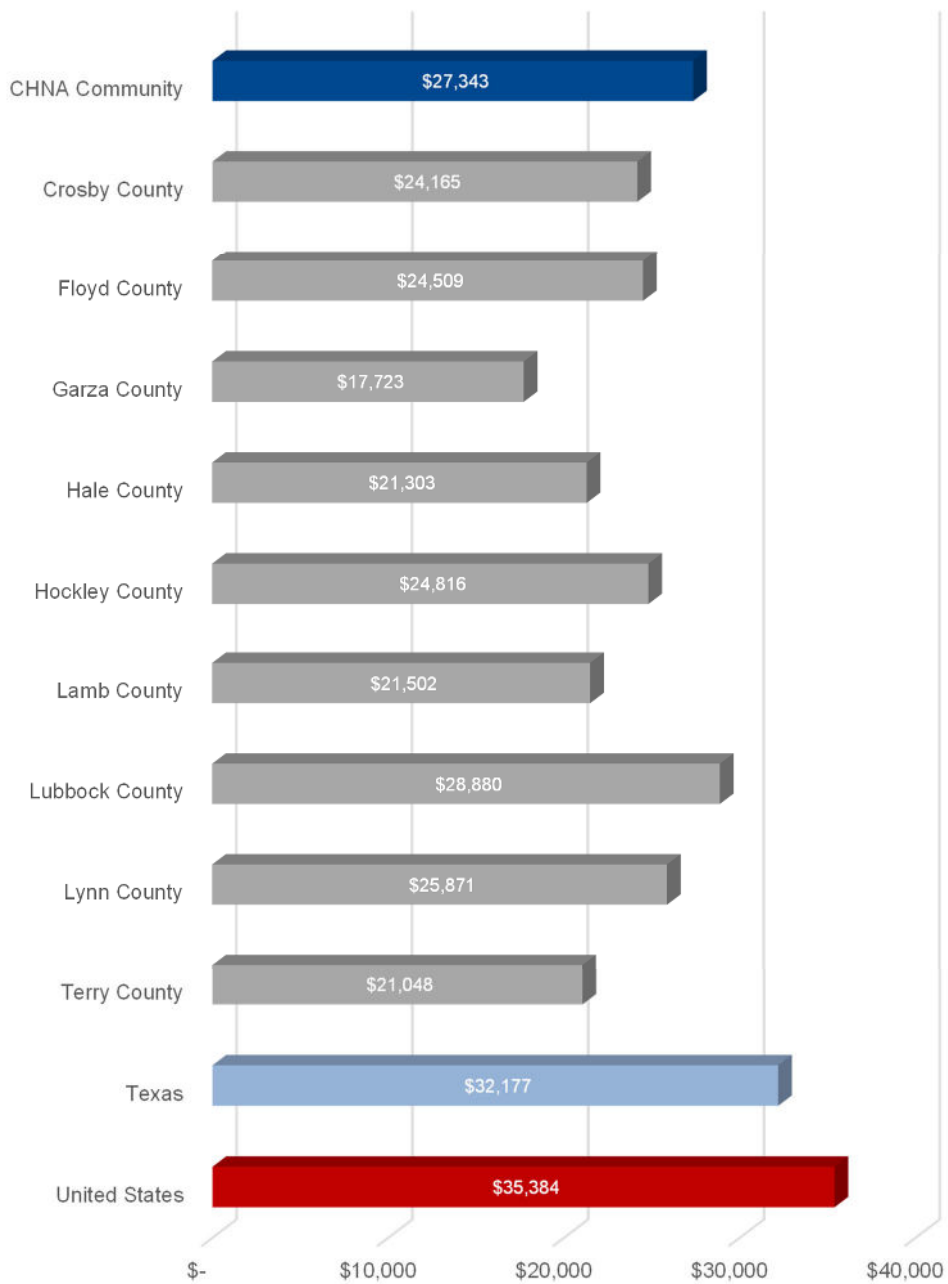
The median household income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one-person, median household income is usually less than average family income.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

Median Household Income

Crosby County	\$	42,470
Floyd County	\$	52,714
Garza County	\$	58,938
Hale County	\$	47,500
Hockley County	\$	47,010
Lamb County	\$	44,935
Lubbock County	\$	53,425
Lynn County	\$	46,163
Terry County	\$	44,052
Texas	\$	63,826
United States	\$	64,994

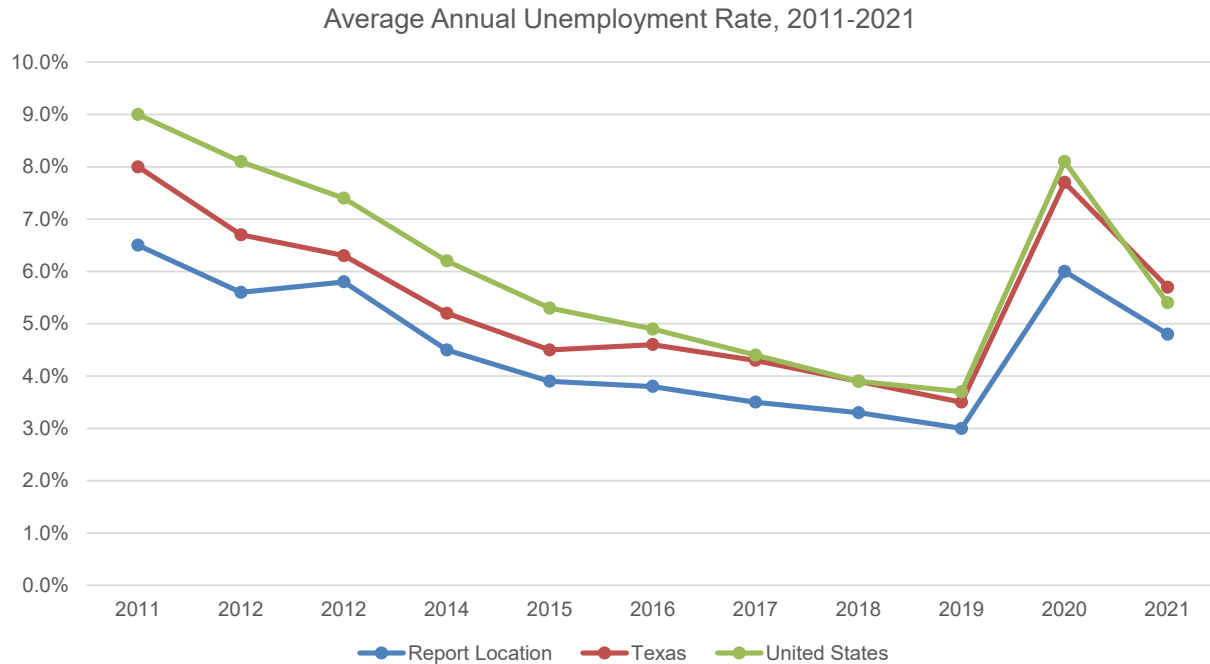
The per capita income for the CHNA Community is \$27,343. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area. The per capita income for the CHNA Community is below the per capita income for both Texas and the United States.

Per Capita Income



UNEMPLOYMENT RATE

The graph below presents the average annual unemployment rate from 2011 through 2021 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.



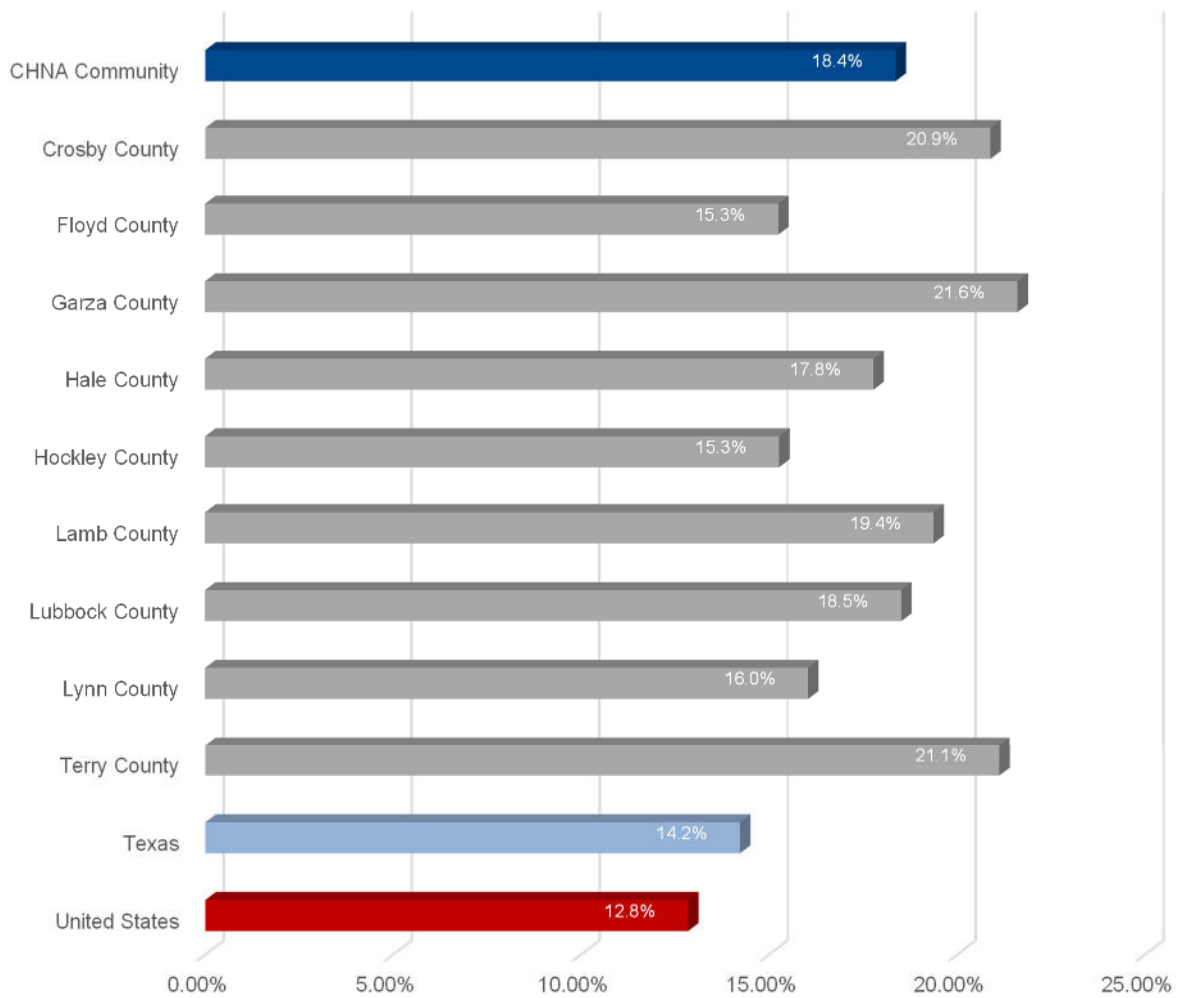
POVERTY

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.

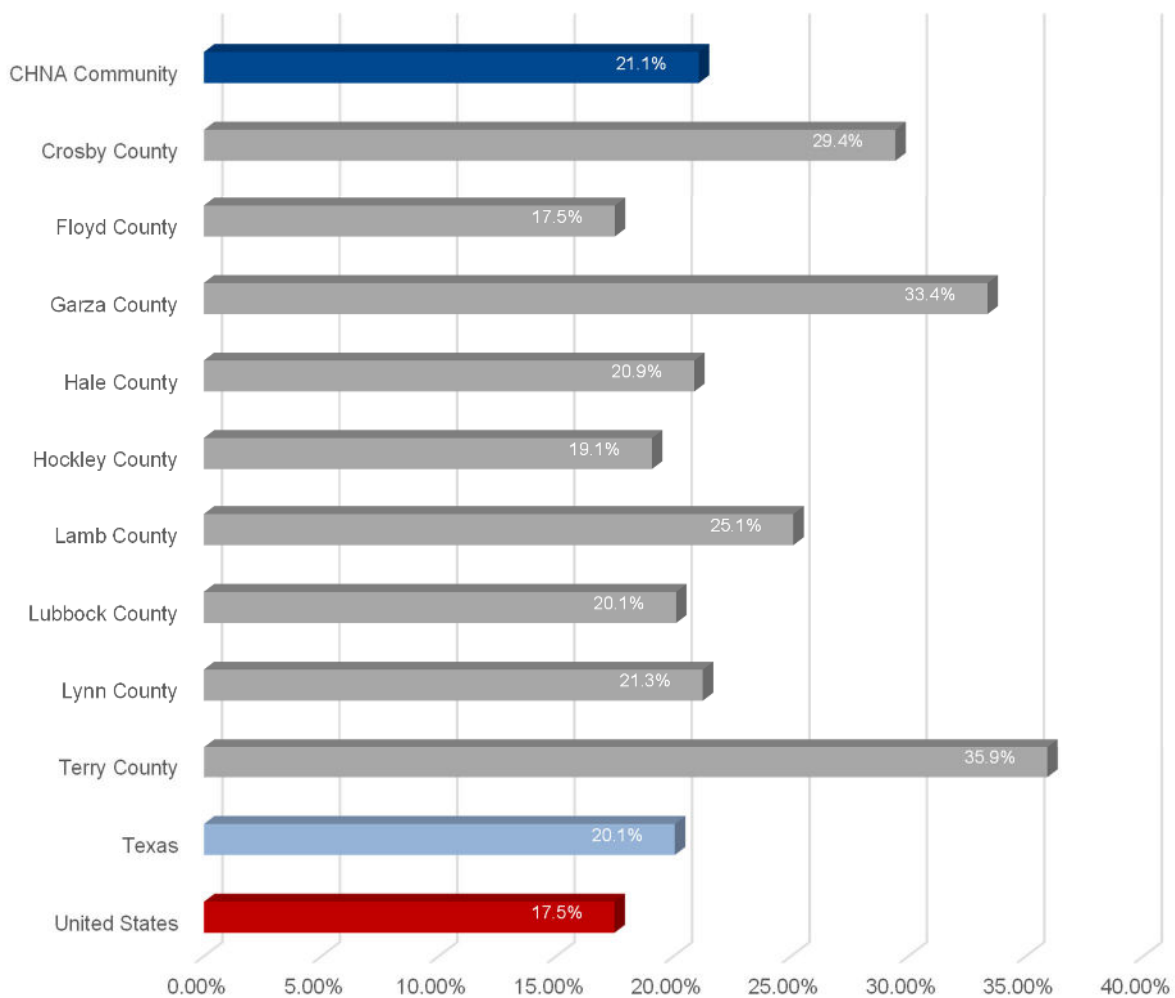
The CHNA Community's 18.36% rate of individuals living below 100% of the Federal Poverty Level ("FPL") is greater than the 14.22% Texas rate and the 12.84% national rate. Counties within the CHNA Community with the highest rates of unemployment are Garza (21.61%), Terry (21.12%), Crosby (20.88%), and Lamb (19.38%).

In the CHNA Community, 21.07% or 20,068 children aged 0-17 are living in households with income below the FPL. Like the percentages for total poverty, the CHNA Community, compares unfavorably to both Texas and United States percentages of individuals under age 18 living in households below 100% of FPL.

Percent Population Below 100% FPL



Percent Population Under Age 18 in Poverty



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 62,000 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2017 - 2021 American Community Survey. The 2021 uninsured rate is estimated to be 15.29% for the CHNA Community compared to 17.58% for Texas and 8.77% for the United States. Counties within the CHNA Community with the highest percentage of uninsured are Floyd (23.78%), Lamb (23.56%), and Hale (23.00%).

EDUCATION

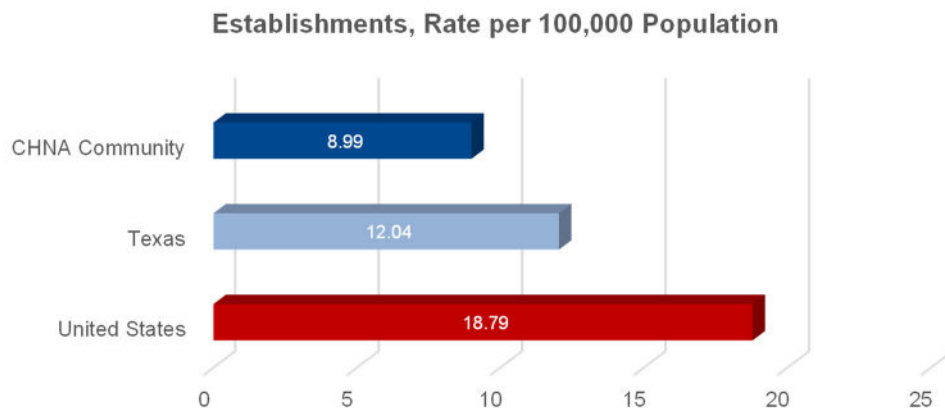
Nearly 28% of the population of the CHNA Community age twenty-five and older have obtained a bachelor’s degree or higher compared to 31% in Texas and 33% in the United States. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher 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 ENVIROMENT 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.



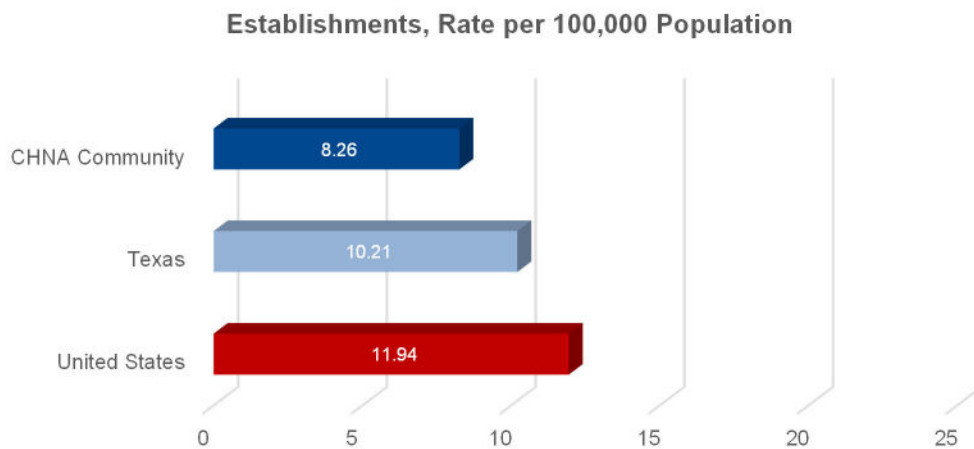
FOOD ACCESS/FOOD DESERTS

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in is

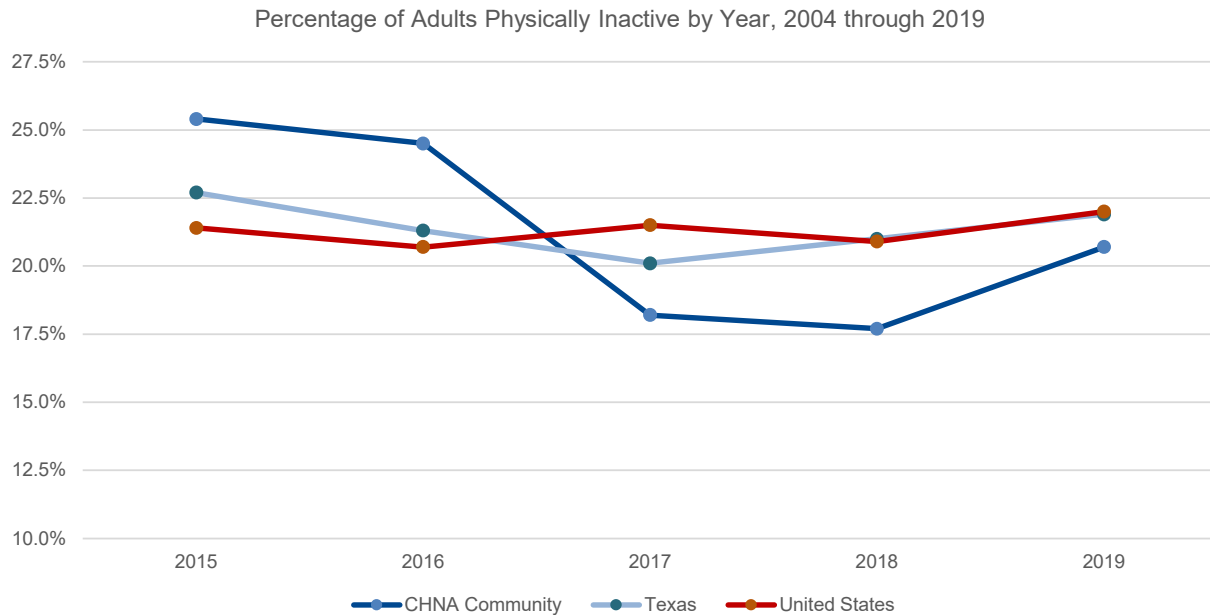
relevant because it highlights populations and geographies facing food insecurity. The CHNA Community has a population of 79,901 or 20.5% living in food deserts compared to 19.6% for Texas and 12.7% for the United States.

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.



The trend graph below shows the percentage of adults who are physically inactive by year (2015 through 2019) for the CHNA Community and compared to Texas and the United States. For 2019, the rate for the CHNA Community was 20.7% compared to 21.9% for Texas and 22.0% for the United States. During the period 2015 through 2019, the CHNA Community's highest rate of inactivity was 25.4% in 2015.



TOBACCO USAGE - CURRENT SMOKERS

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the CHNA Community there are 17.6% adults age 18+ who have smoked and currently smoke of the total population age 18+ compared to 16.2% for Texas and 14.6% for the United States.

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.

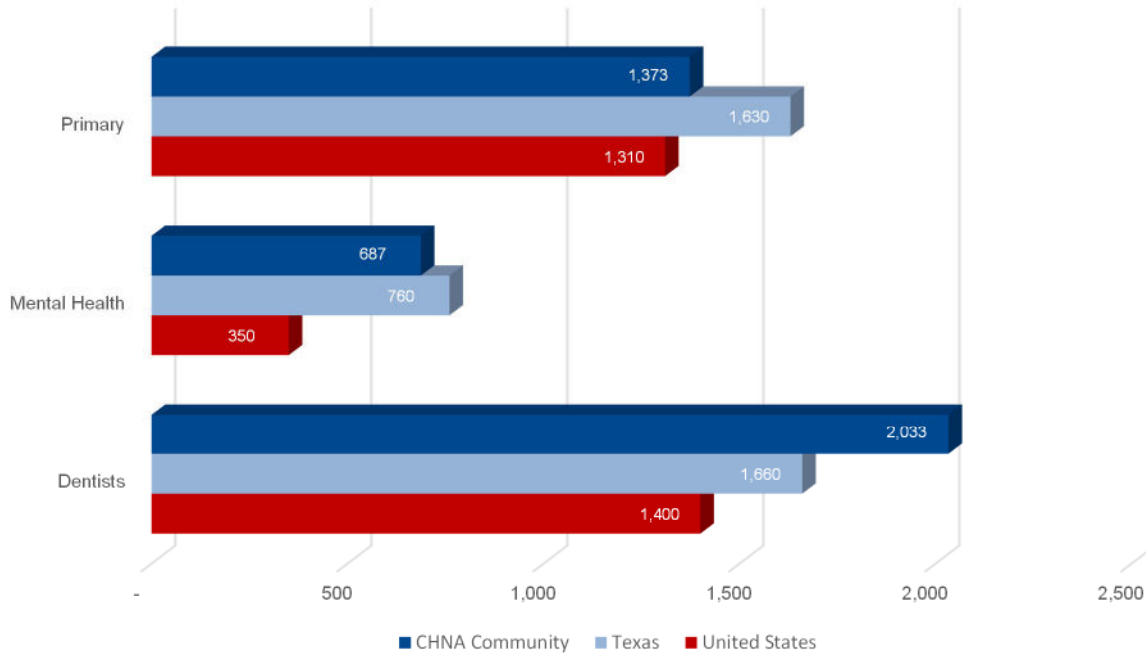
Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program 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 sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage

of health professionals contributes to access and health status issues. The primary care physician ratio for the CHNA Community compares favorably to the ratio for Texas and unfavorably to the ratio for the United States. The number of mental health providers practicing in the CHNA Community compares favorably to the ratio for Texas and unfavorably to the ratio for the United States. In addition, the number of dentists practicing in the CHNA Community compares unfavorably to the ratios for both Texas and the United States.

Average Population Served By A Single Provider



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.

Location	Cancer	Heart Disease	Lung Disease
CHNA Community	157.7	124.1	62.1
Crosby County	193.3	189.8	0.0
Floyd County	206.9	155.2	86.2
Garza County	137.5	84.4	81.3
Hale County	171.0	139.0	76.6
Hockley County	174.3	86.7	60.7
Lamb County	191.6	165.5	70.5
Lubbock County	150.3	118.4	59.9
Lynn County	268.5	156.3	68.0
Terry County	157.3	210.2	44.9
Texas	143.4	91.1	36.8
United States	183.5	112.5	48.0

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

Location	Stroke	Unintentional Injury	Motor Vehicle
CHNA Community	43.7	54.9	17.5
Crosby County	103.5	82.8	0.0
Floyd County	0.0	0.0	0.0
Garza County	0.0	0.0	0.0
Hale County	49.9	44.5	17.8
Hockley County	43.4	60.7	22.6
Lamb County	65.9	58.2	30.6
Lubbock County	40.0	55.1	15.6
Lynn County	0.0	68.0	0.0
Terry County	61.0	51.4	0.0
Texas	38.2	39.3	13.2
United States	45.7	53.4	11.9

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

Location	Poisoning (Including Drug Overdose)	Homicide	Suicide
CHNA Community	14.6	6.6	16.7
Crosby County	0.0	0.0	0.0
Floyd County	0.0	0.0	0.0
Garza County	0.0	0.0	0.0
Hale County	0.0	0.0	0.0
Hockley County	0.0	0.0	18.2
Lamb County	0.0	0.0	0.0
Lubbock County	15.5	6.4	16.9
Lynn County	0.0	0.0	0.0
Terry County	0.0	0.0	0.0
Texas	12.4	6.1	13.3
United States	23.9	6.2	14.3

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

The tables above show 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.

HEALTH OUTCOMES AND FACTORS

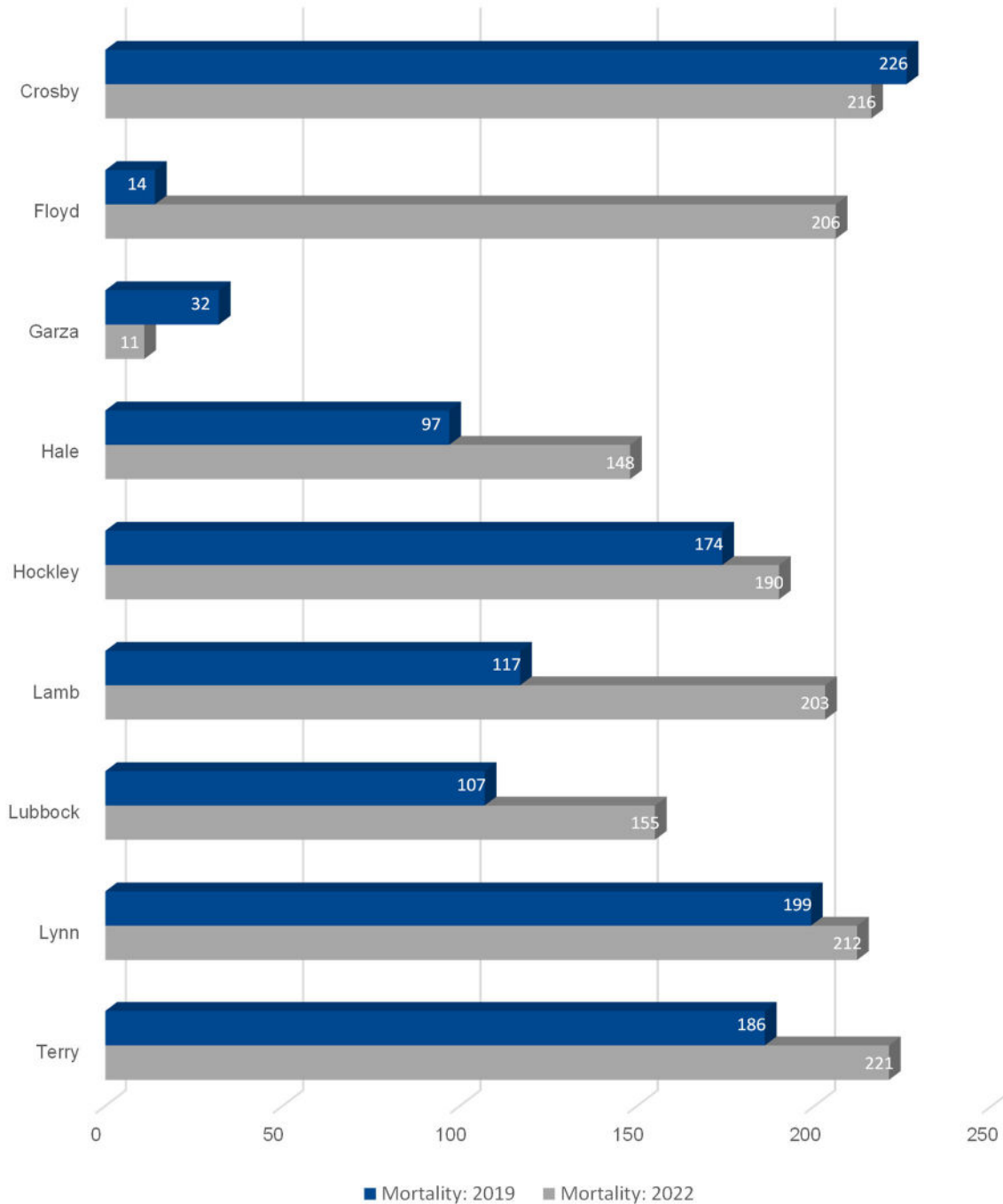
An analysis of various health outcomes and factors for a community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings.

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.

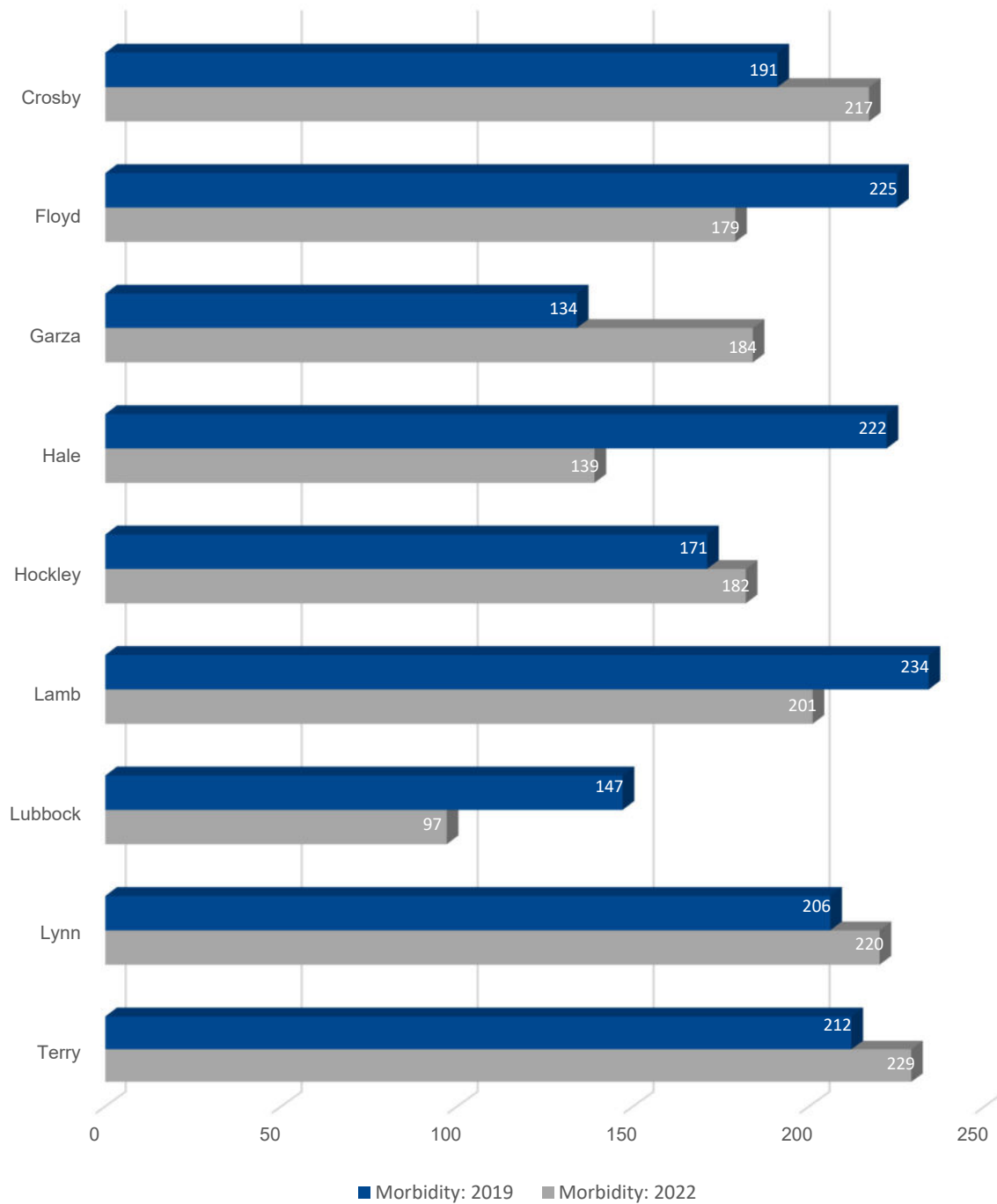
Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are the “healthiest”. Counties are ranked relative to the health of other counties in the same state based on health outcomes and factors, clinical care, economic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

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 graphs include the 2019 and 2022 indicators reported by County Health Rankings. A complete table of all community health rankings is provided at Appendix C.

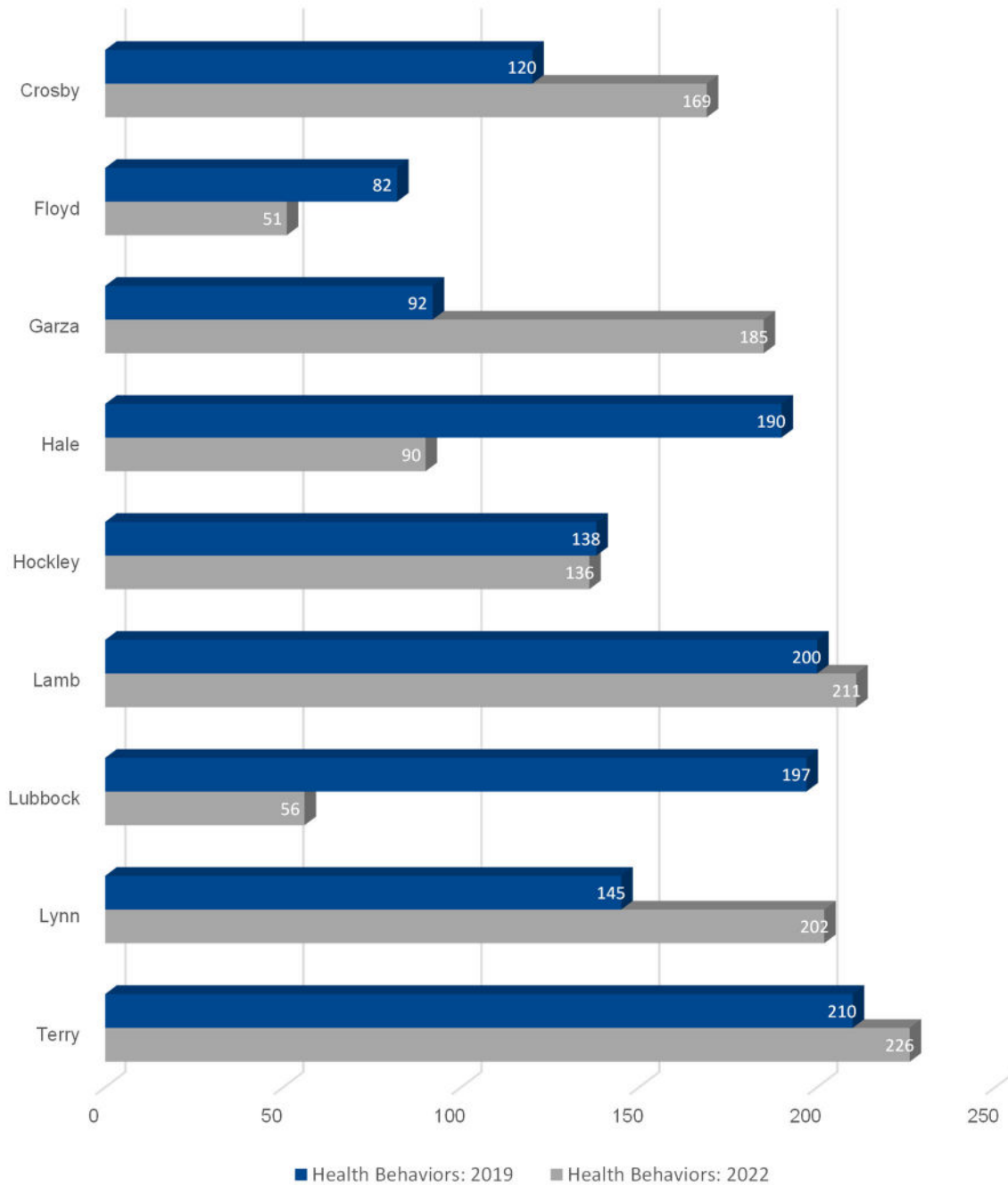
Mortality: Texas County Ranking (1 (Best) to 254 (Worst)): 2019 vs 2022



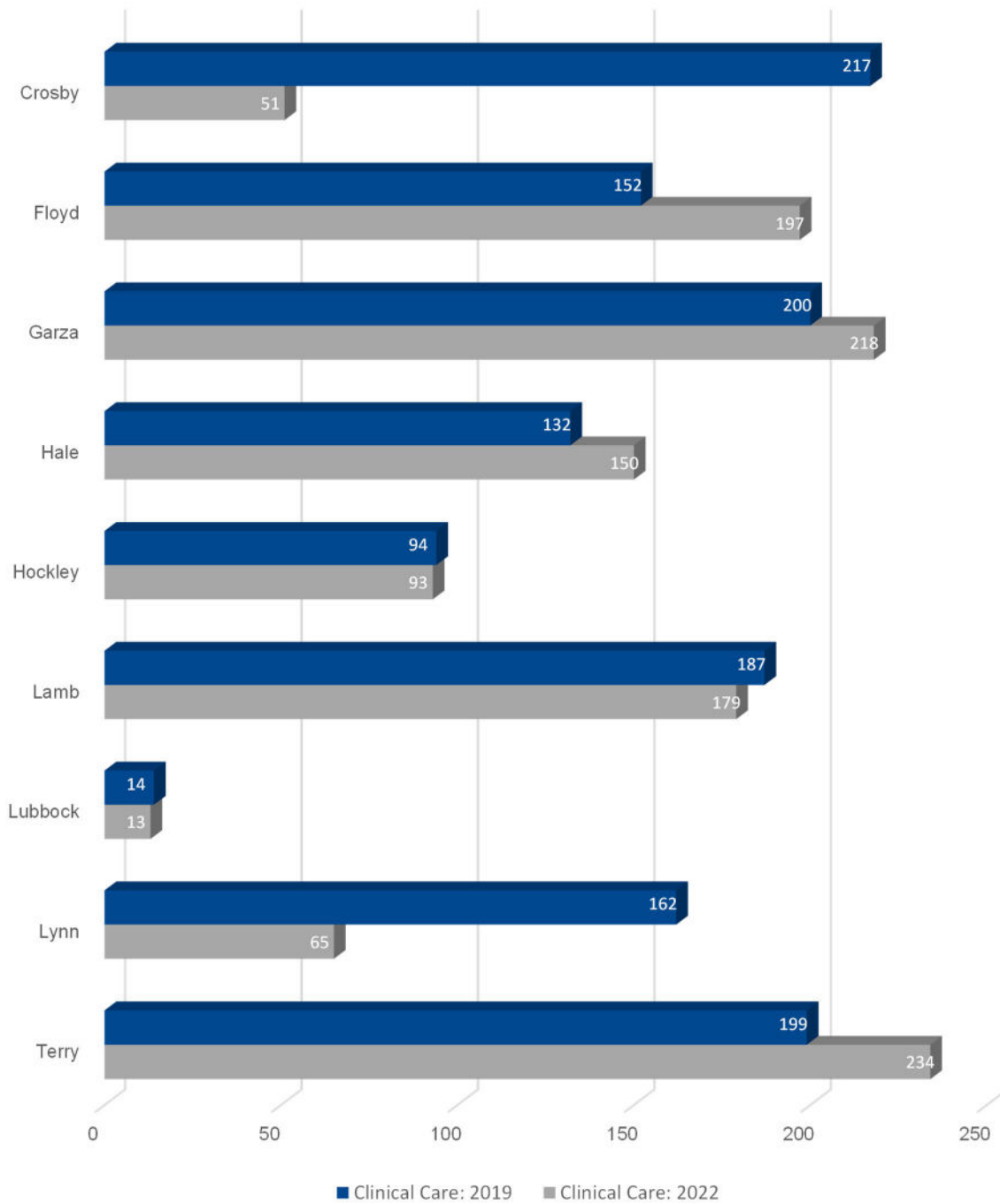
Morbidity: Texas County Ranking (1 (Best) to 254 (Worst)): 2019 vs 2022



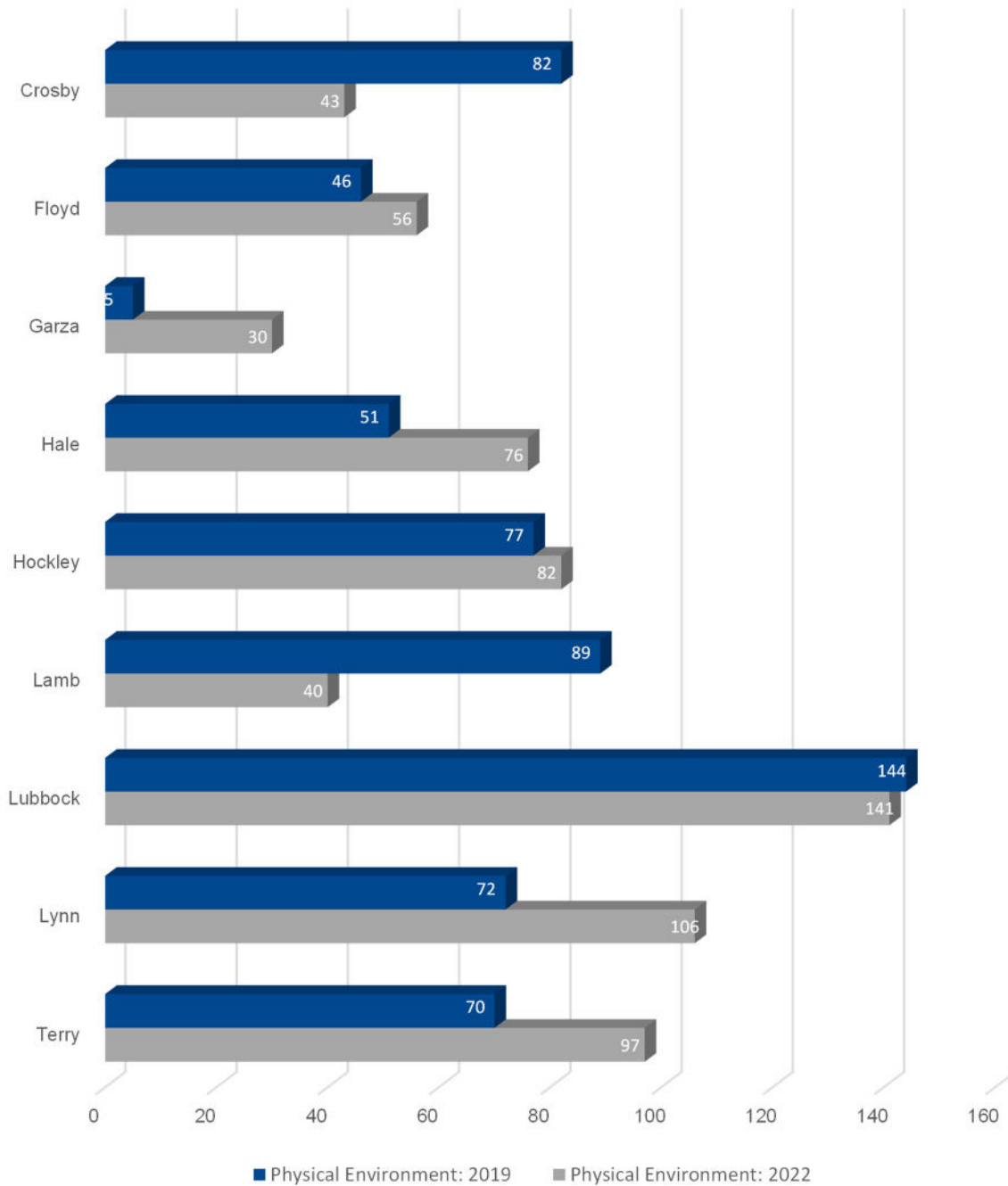
Health Behaviors: Texas County Ranking (1 (Best) to 254 (Worst)): 2019 vs 2022



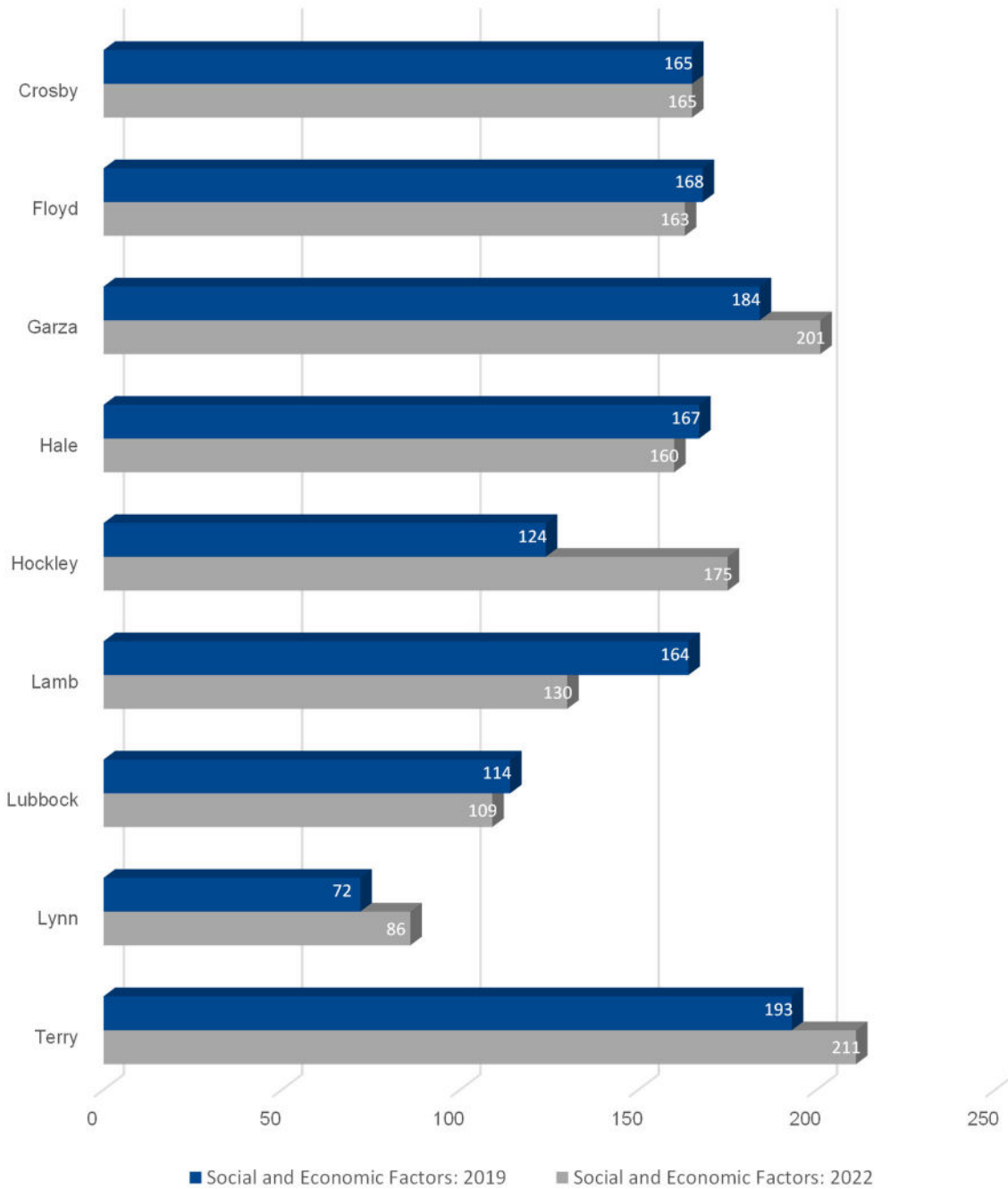
Clinical Care: Texas County Ranking (1 (Best) to 254 (Worst)): 2019 vs 2022



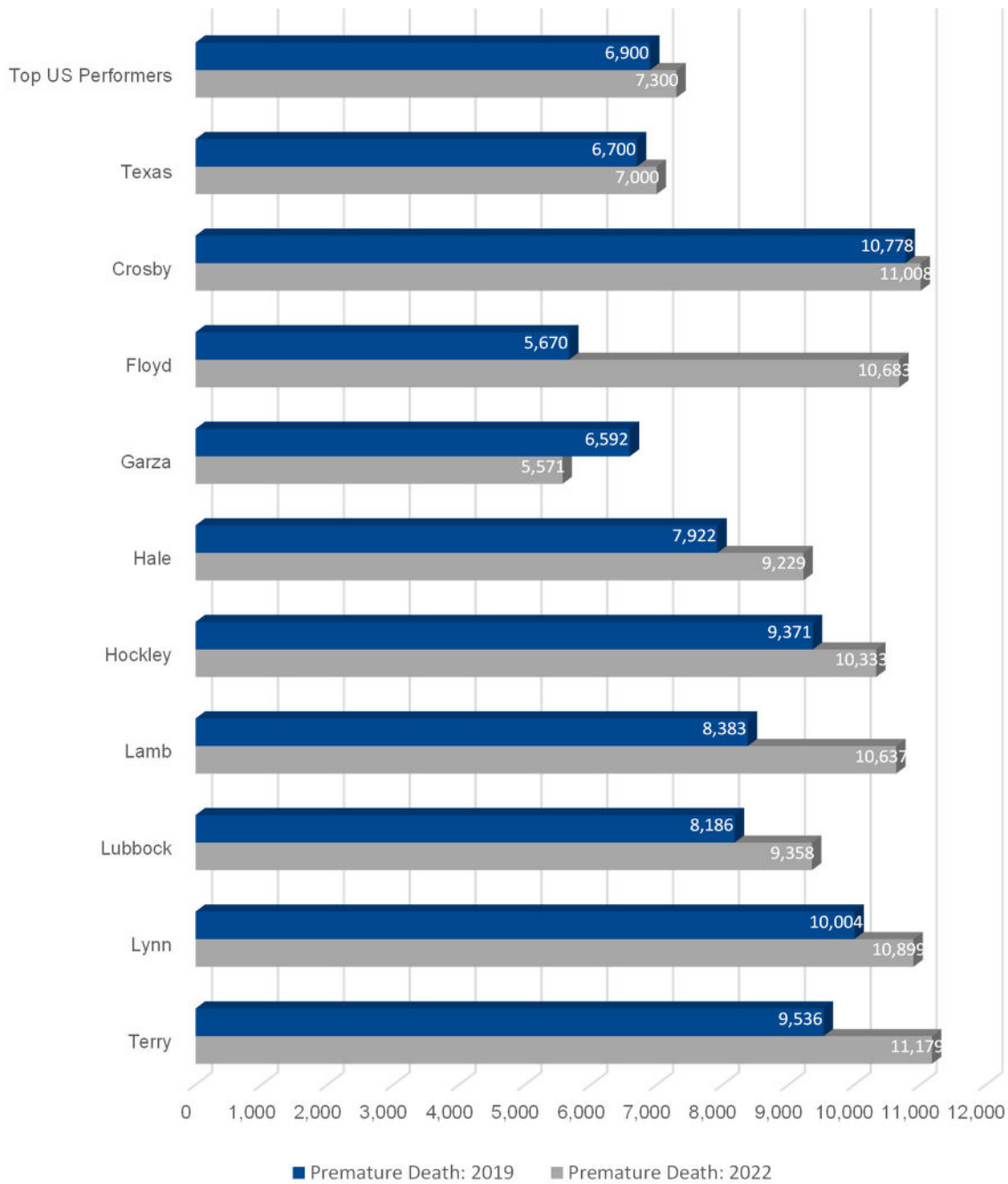
Physical Environment: Texas County Ranking (1 (Best) to 254 (Worst)): 2019 vs 2022



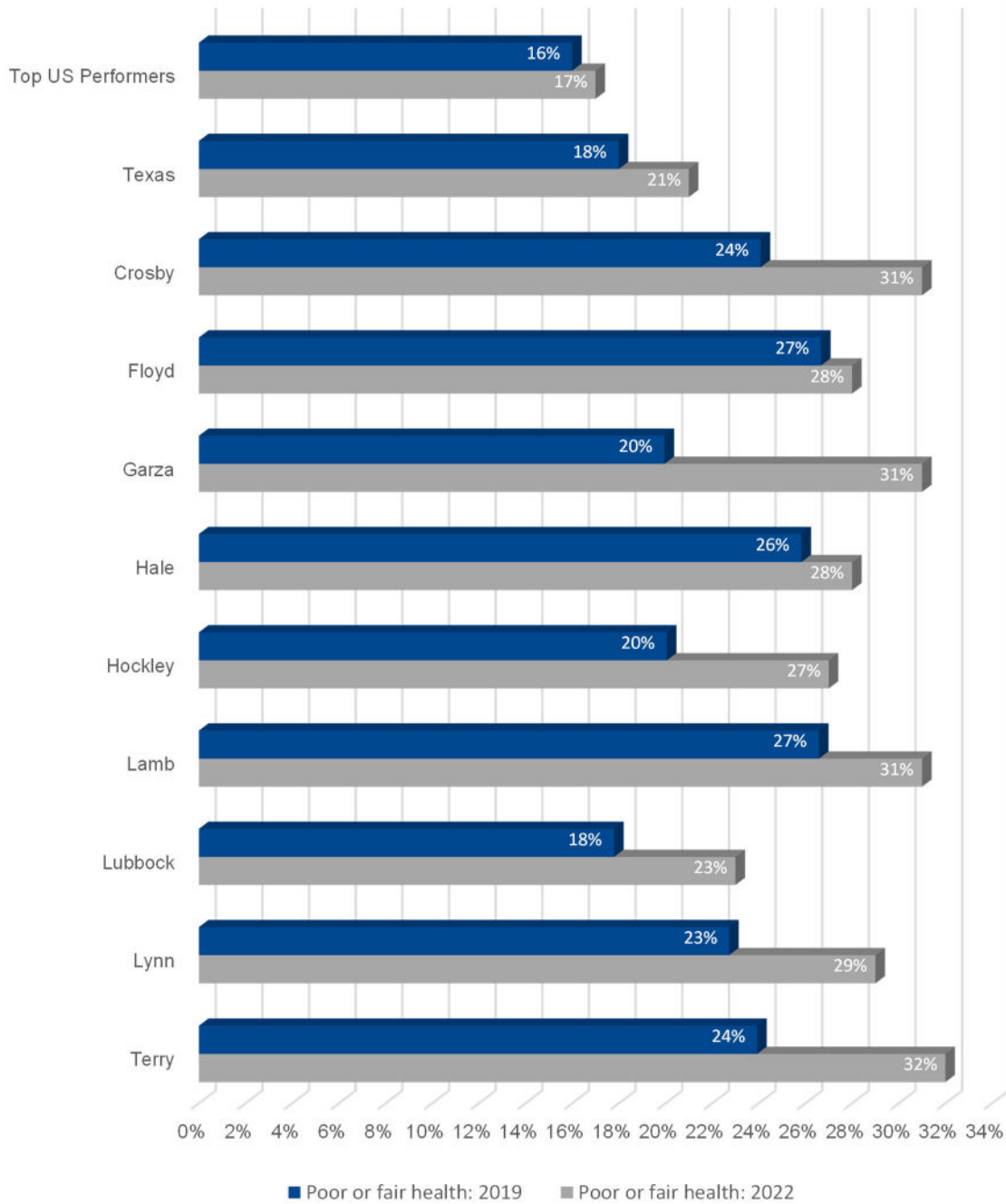
Social and Economic Factors: Texas County Ranking (1 (Best) to 254 (Worst)): 2019 vs 2022



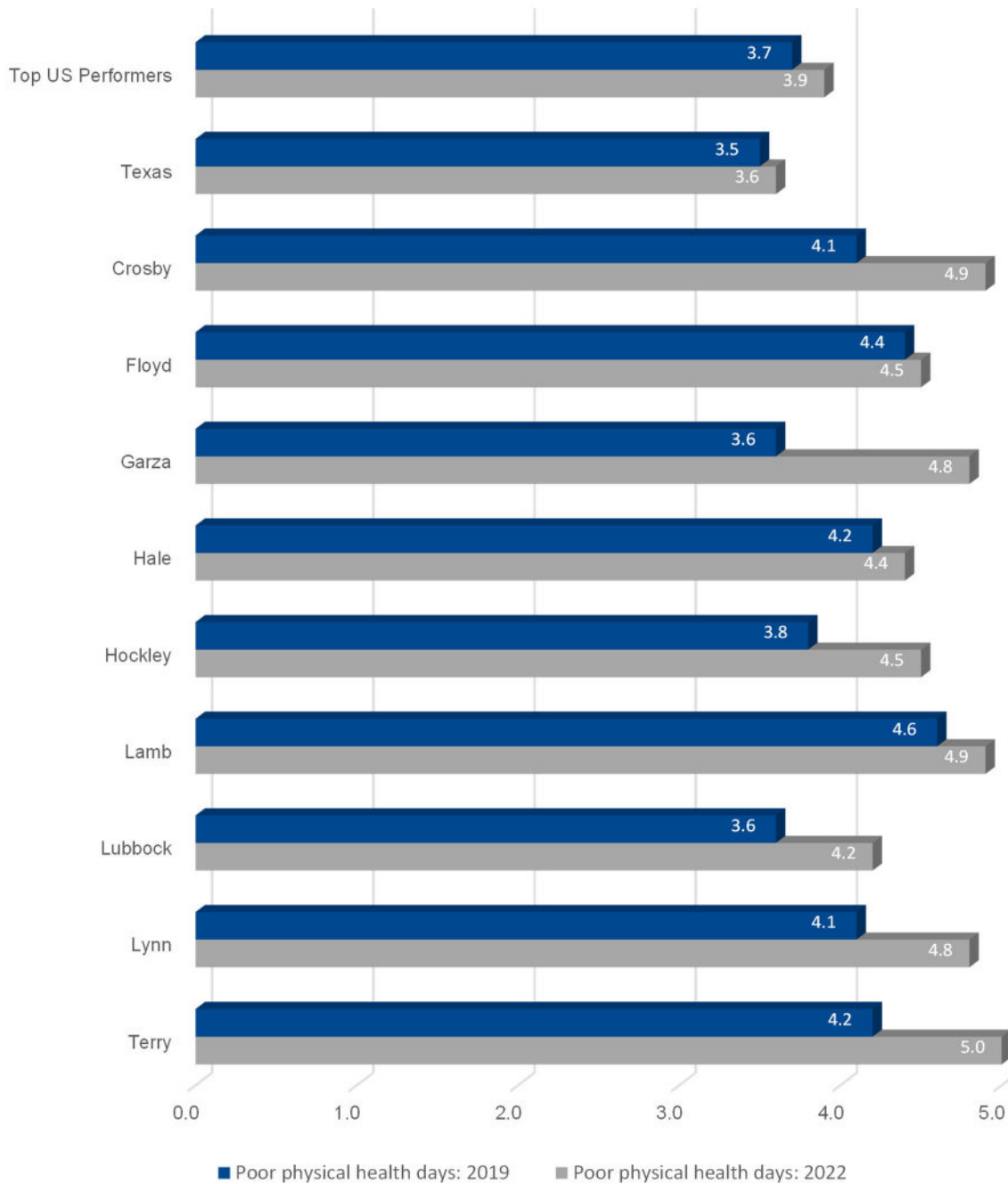
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted): 2019 vs 2022



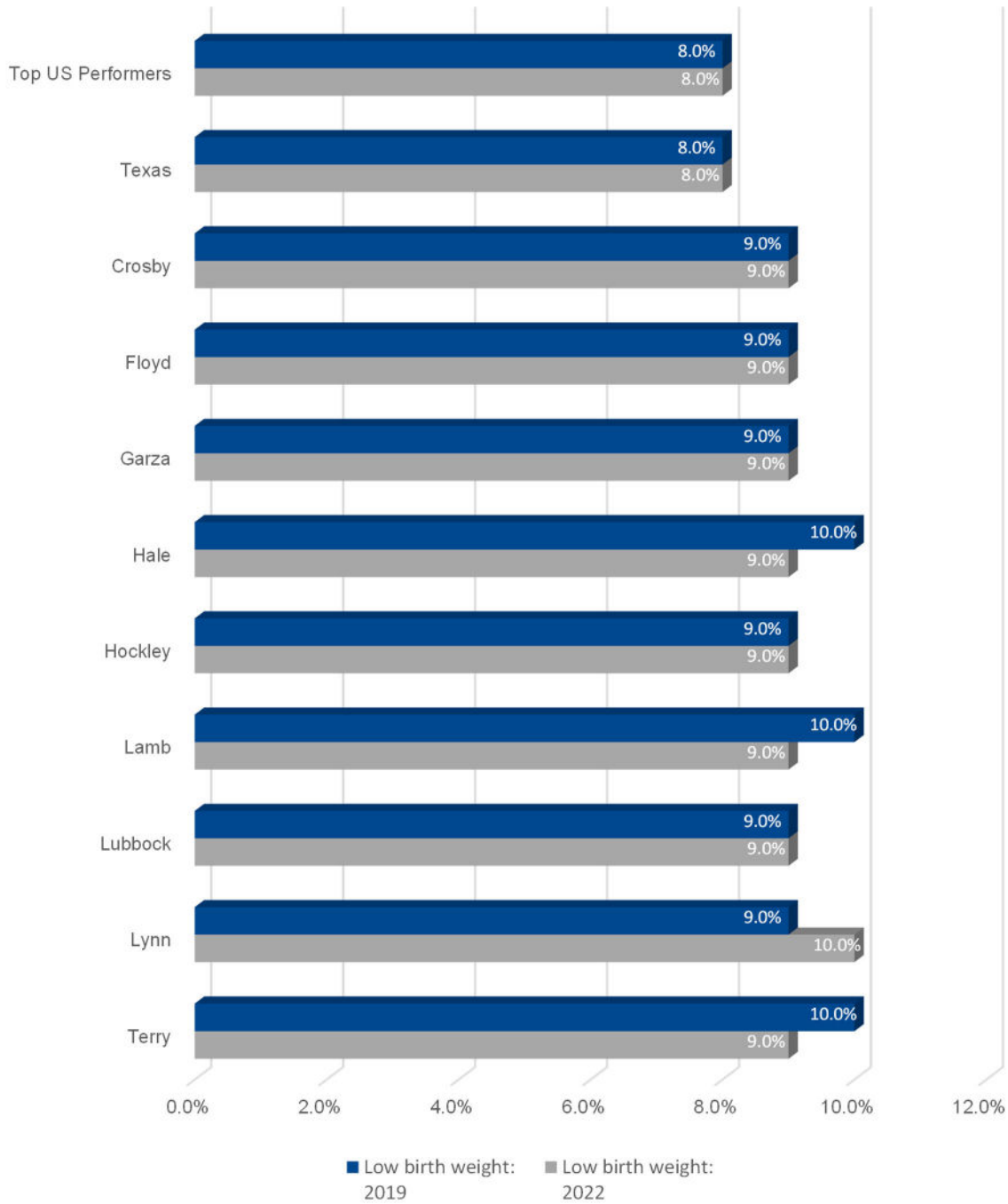
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)



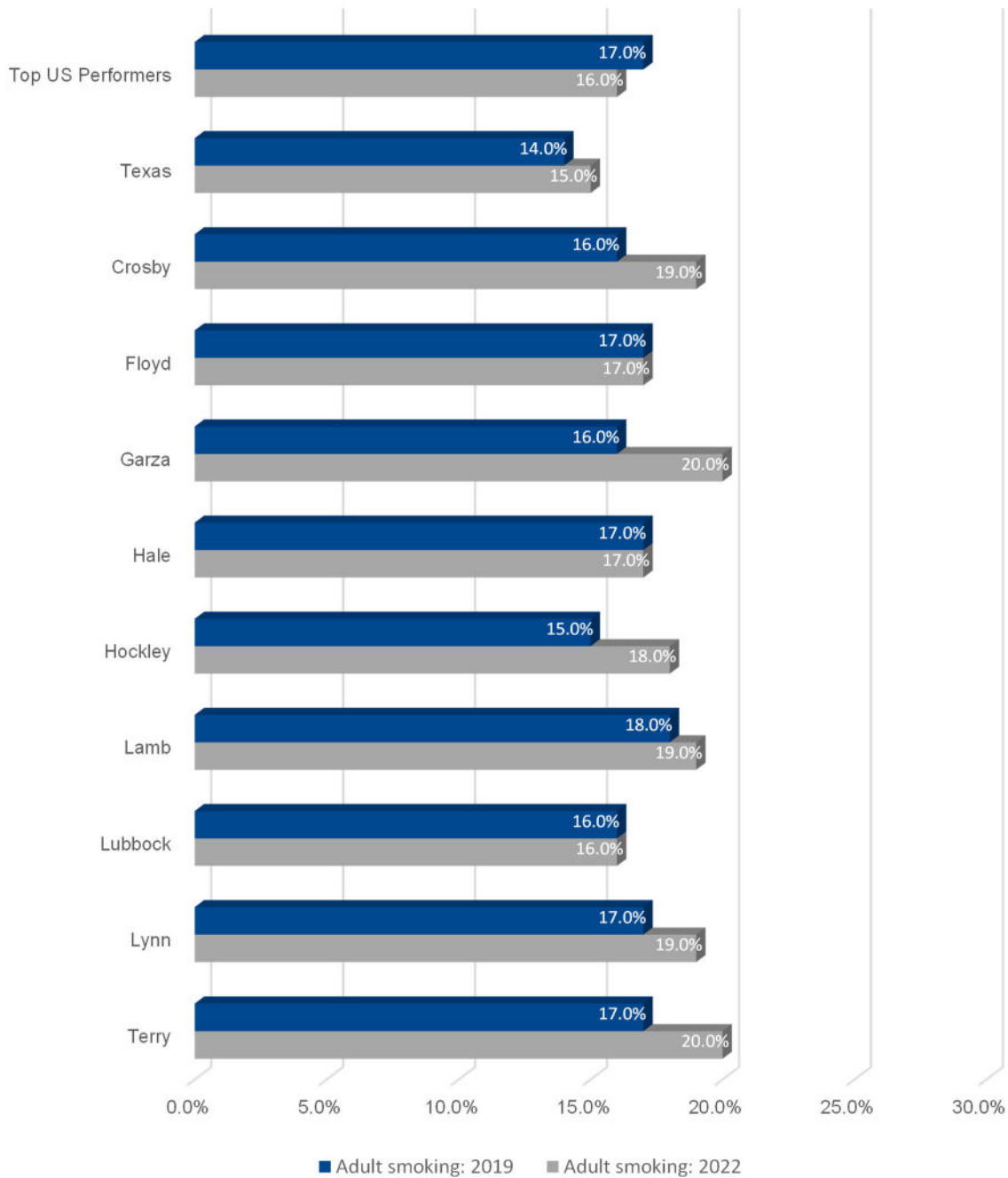
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)



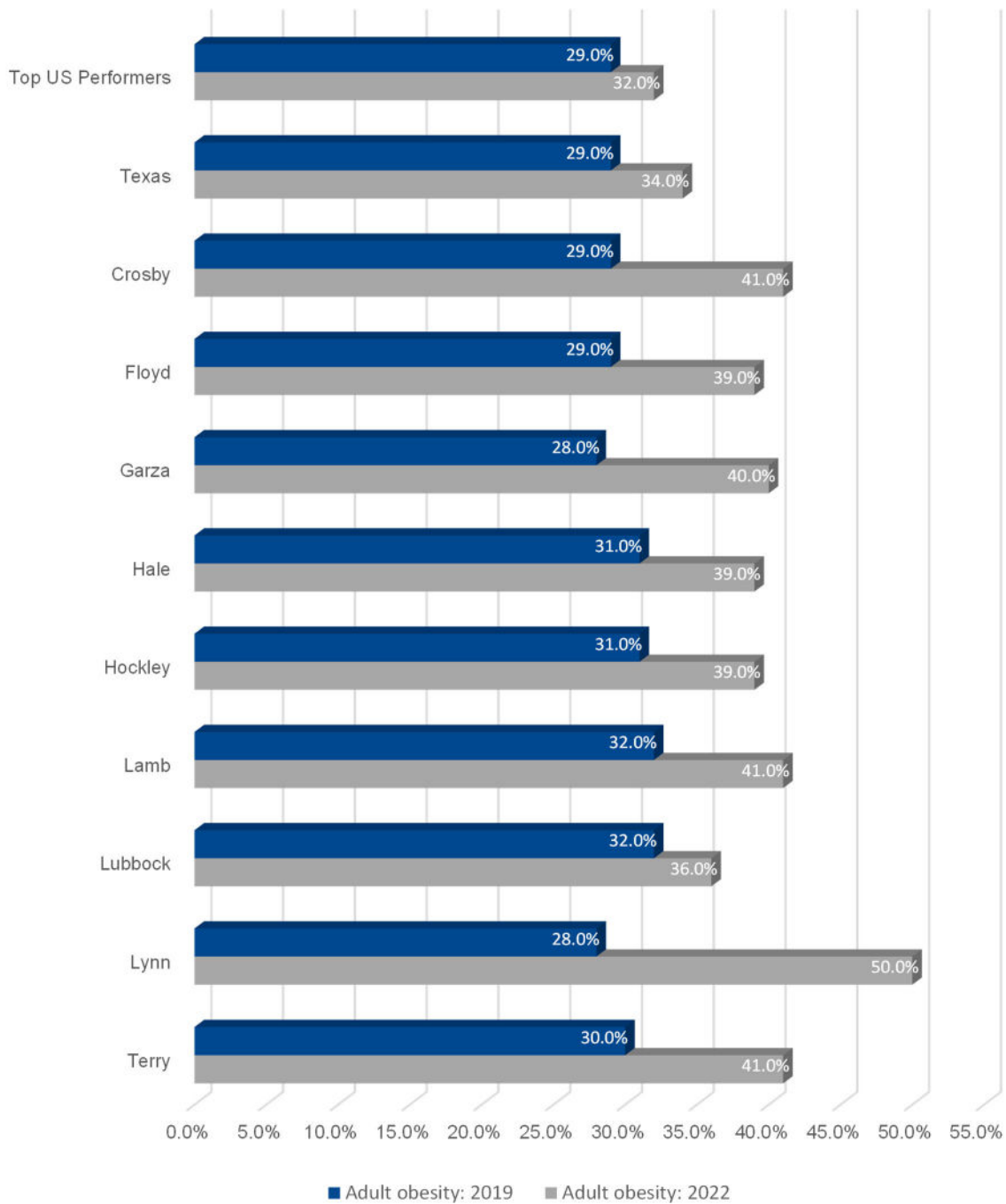
Low birth weight – Percent of live births with low birth weight (<2500 grams)



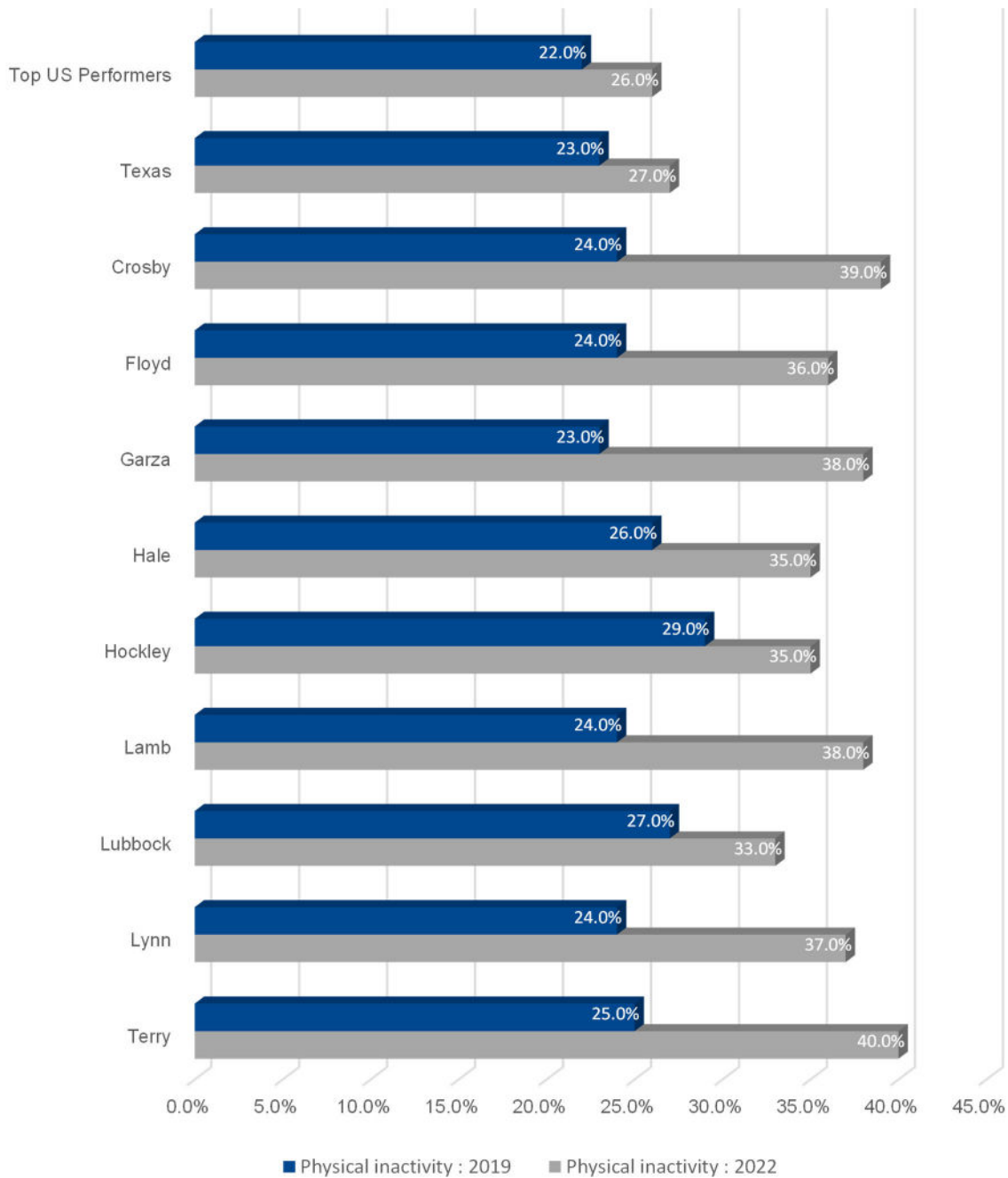
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke)



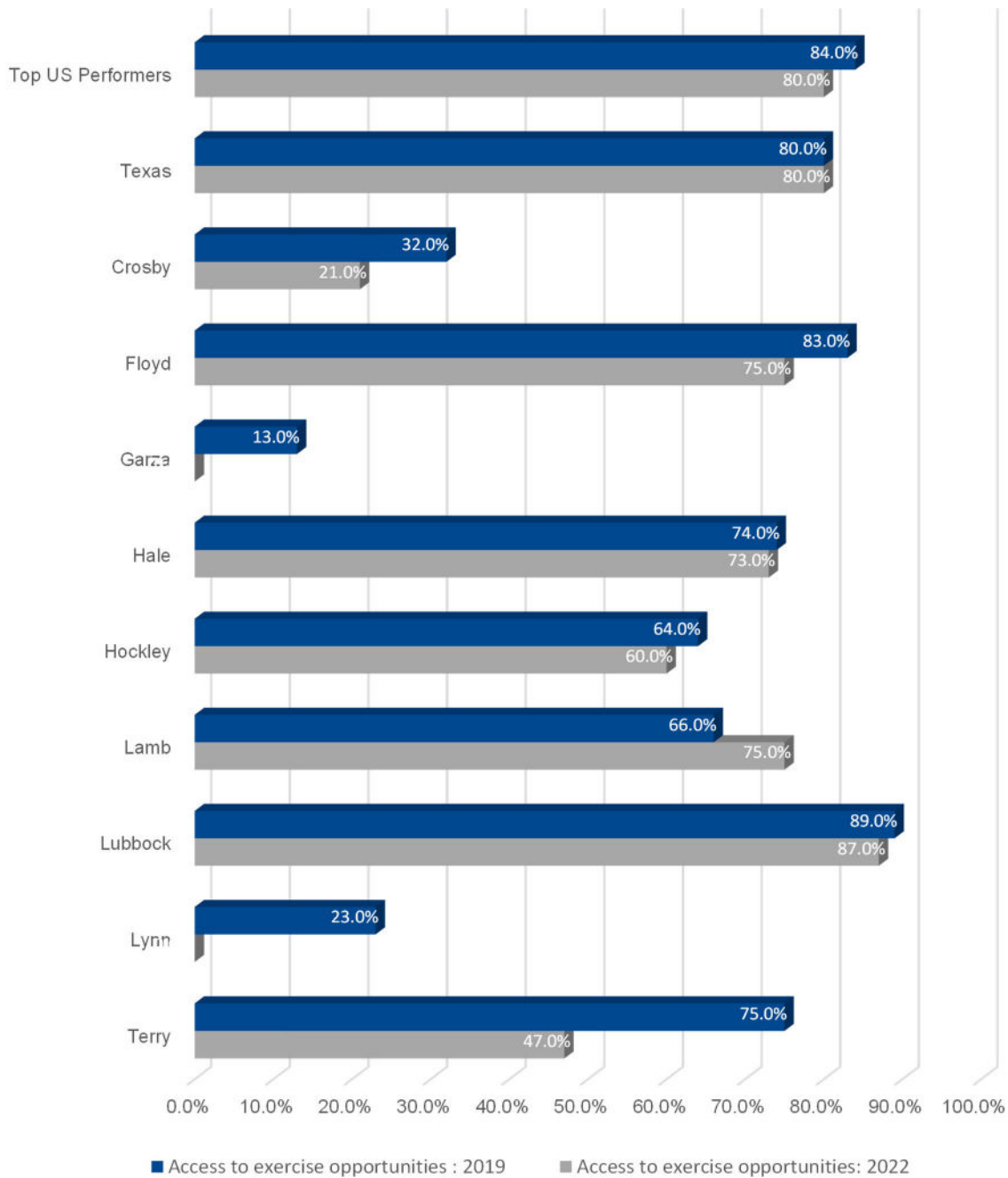
Adult obesity – Percent of adults that report a BMI \geq 30



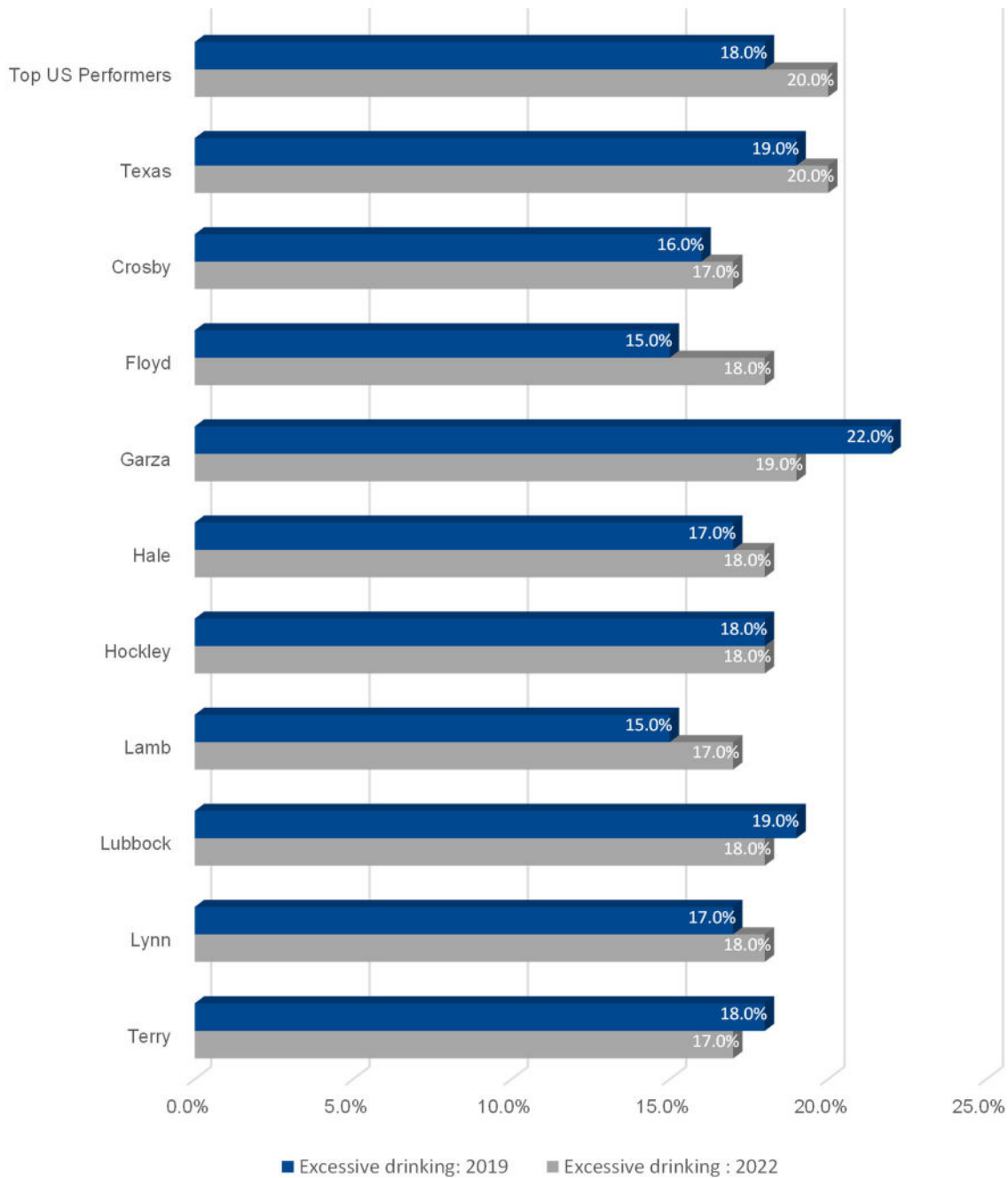
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity



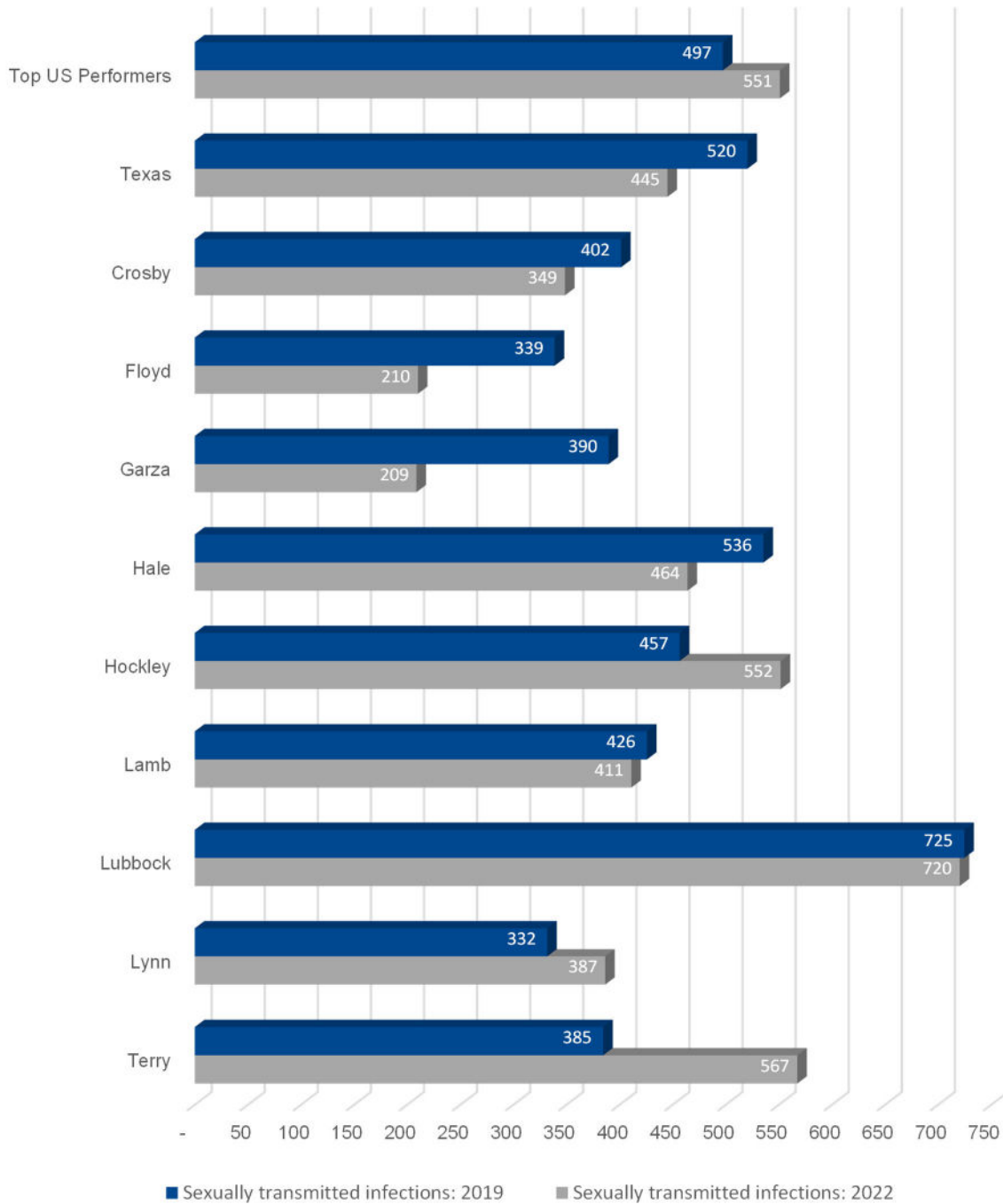
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity



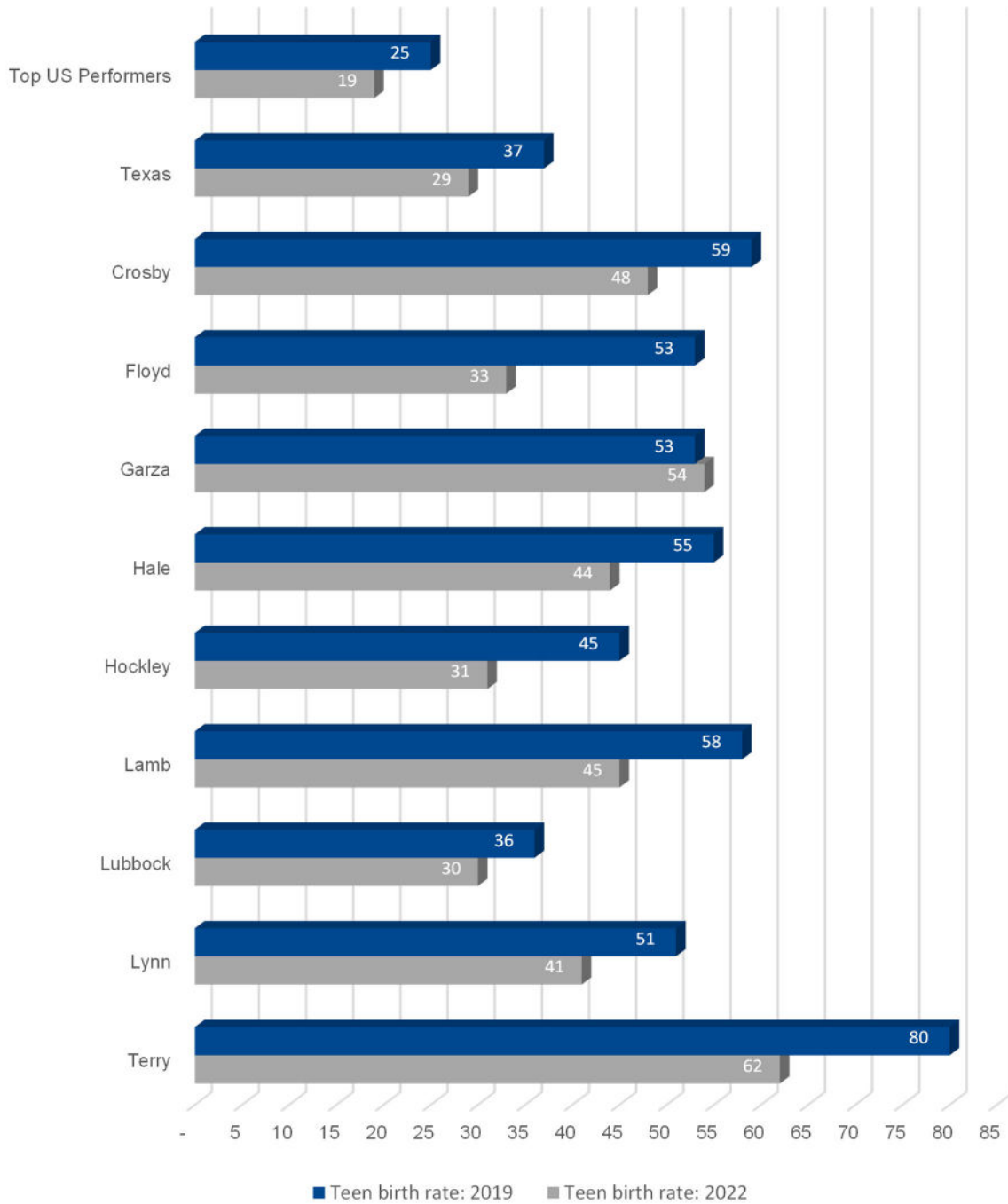
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days



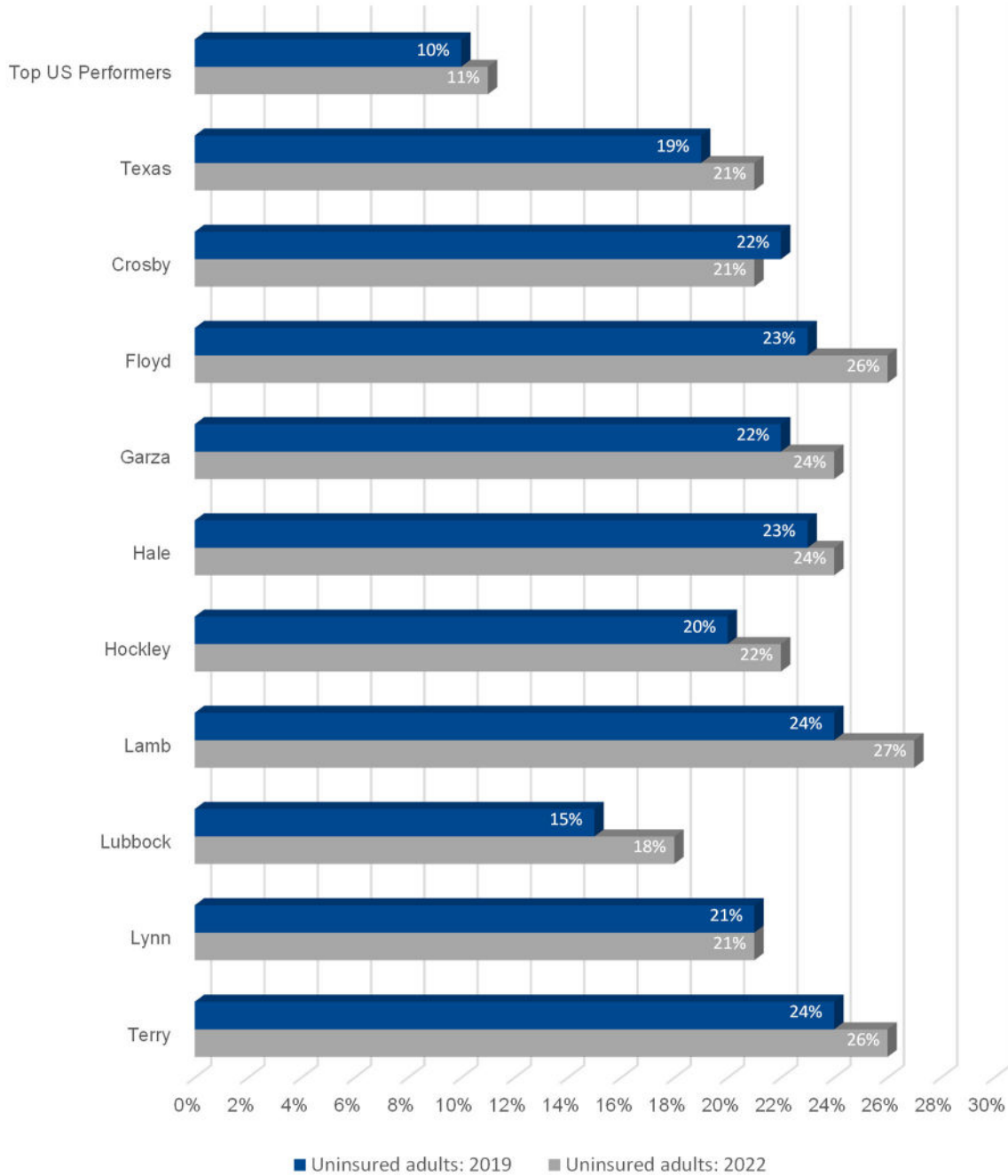
Sexually transmitted infections – Chlamydia rate per 100K population



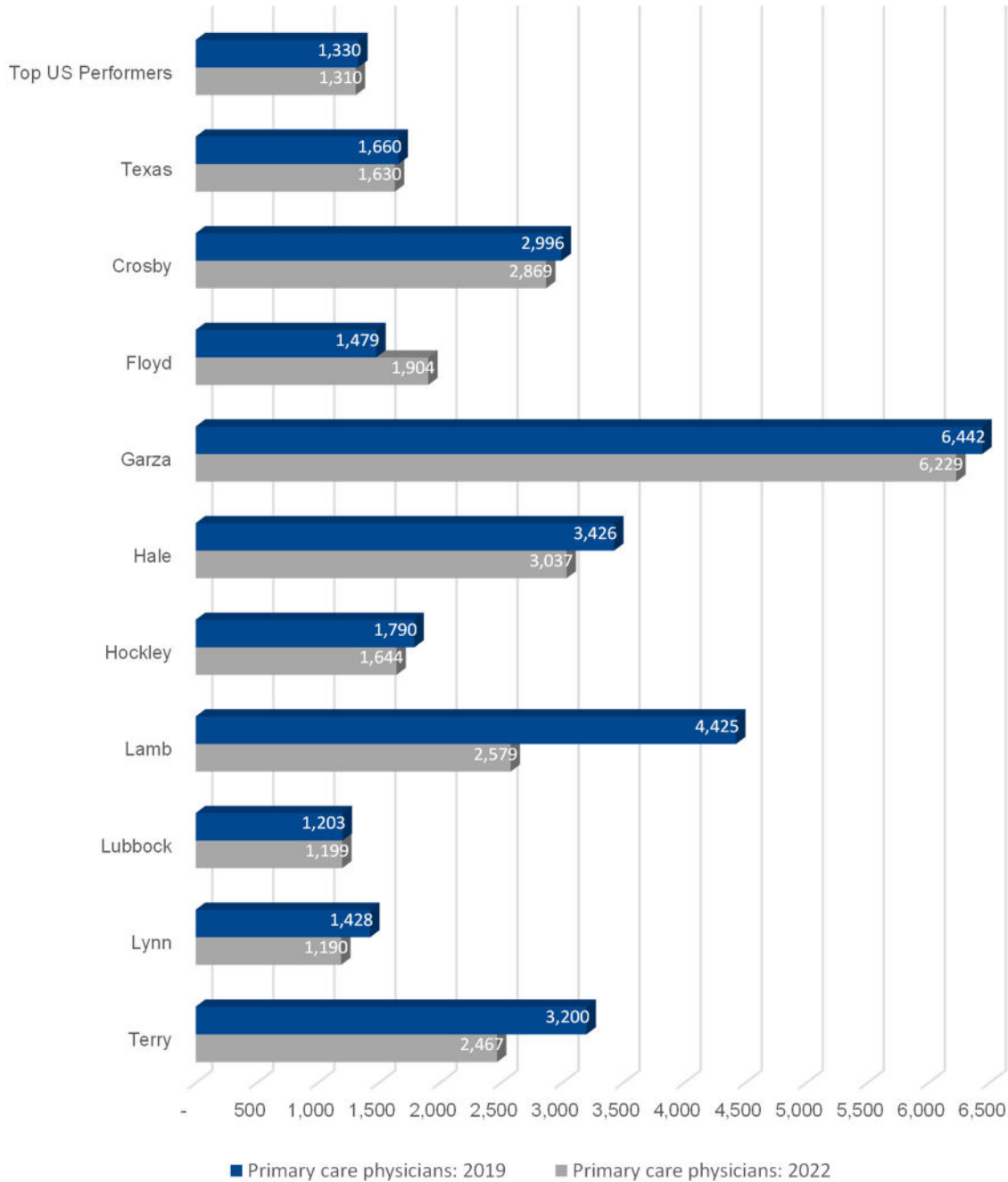
Teen birth rate – Per 1,000 female population, ages 15-19



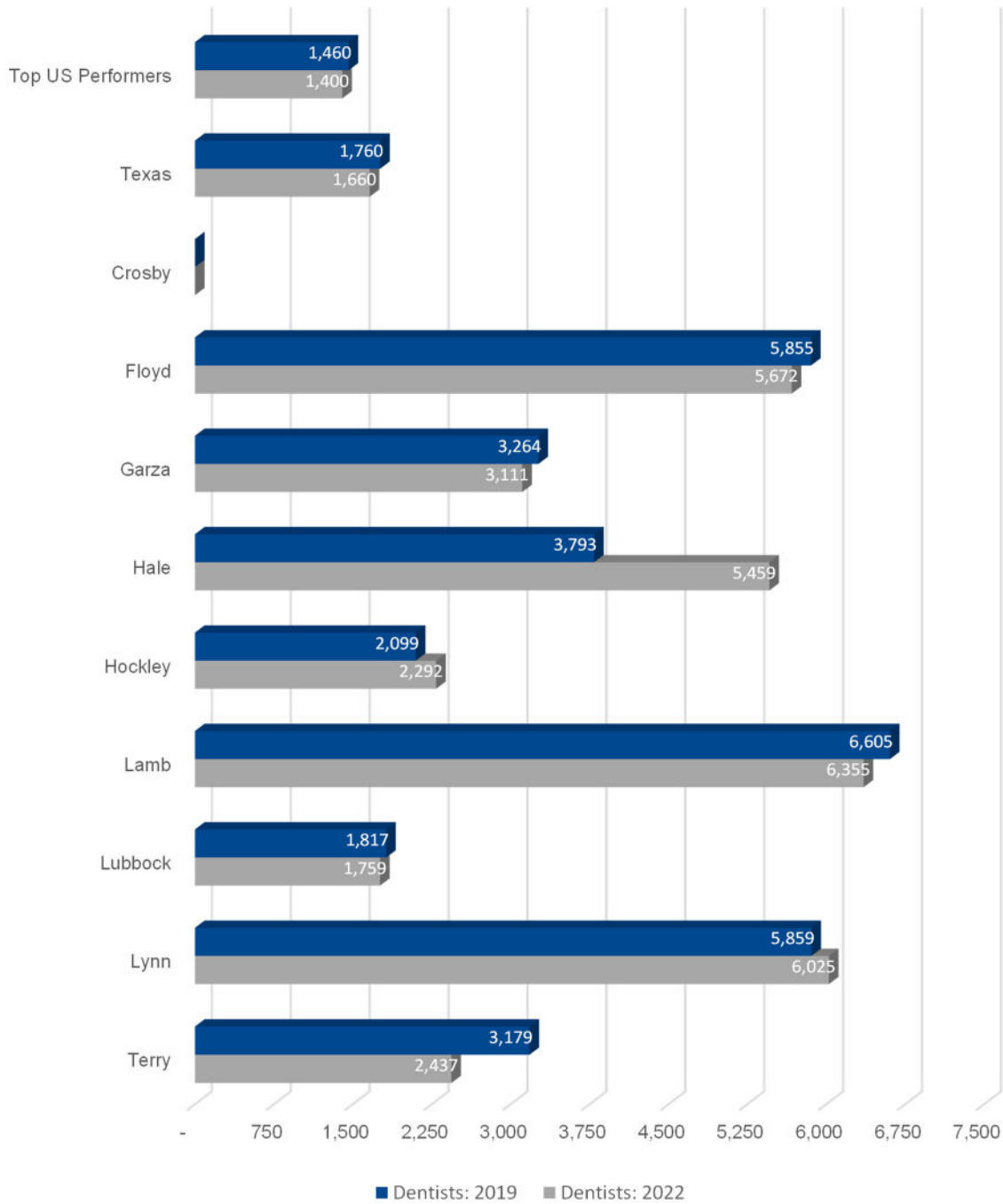
Uninsured adults – Percent of population under age 65 without health insurance



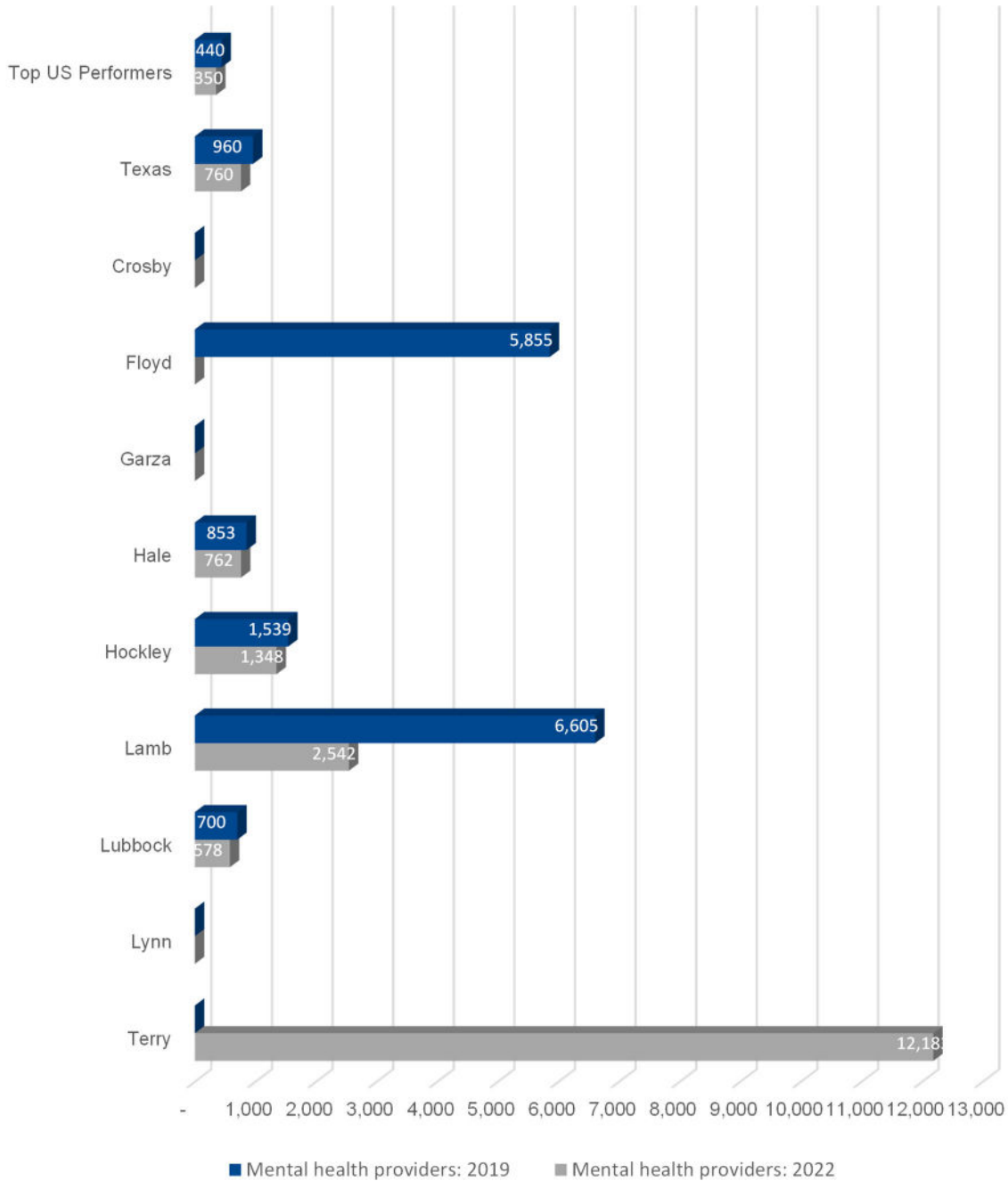
Primary care physicians – Ratio of population to primary care physicians (# of physicians: 1)



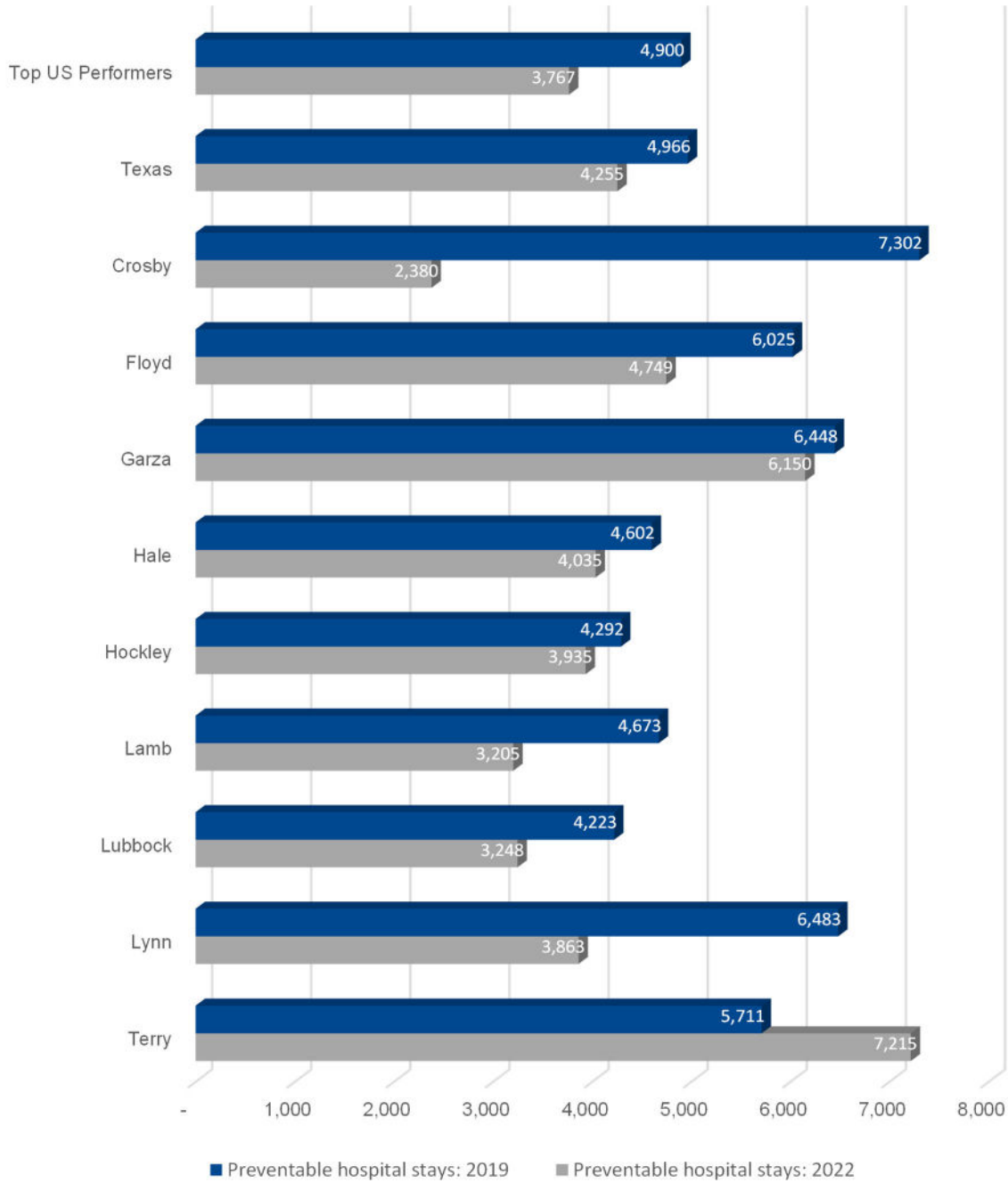
Dentists – Ratio of population to dentists (# of dentists: 1)



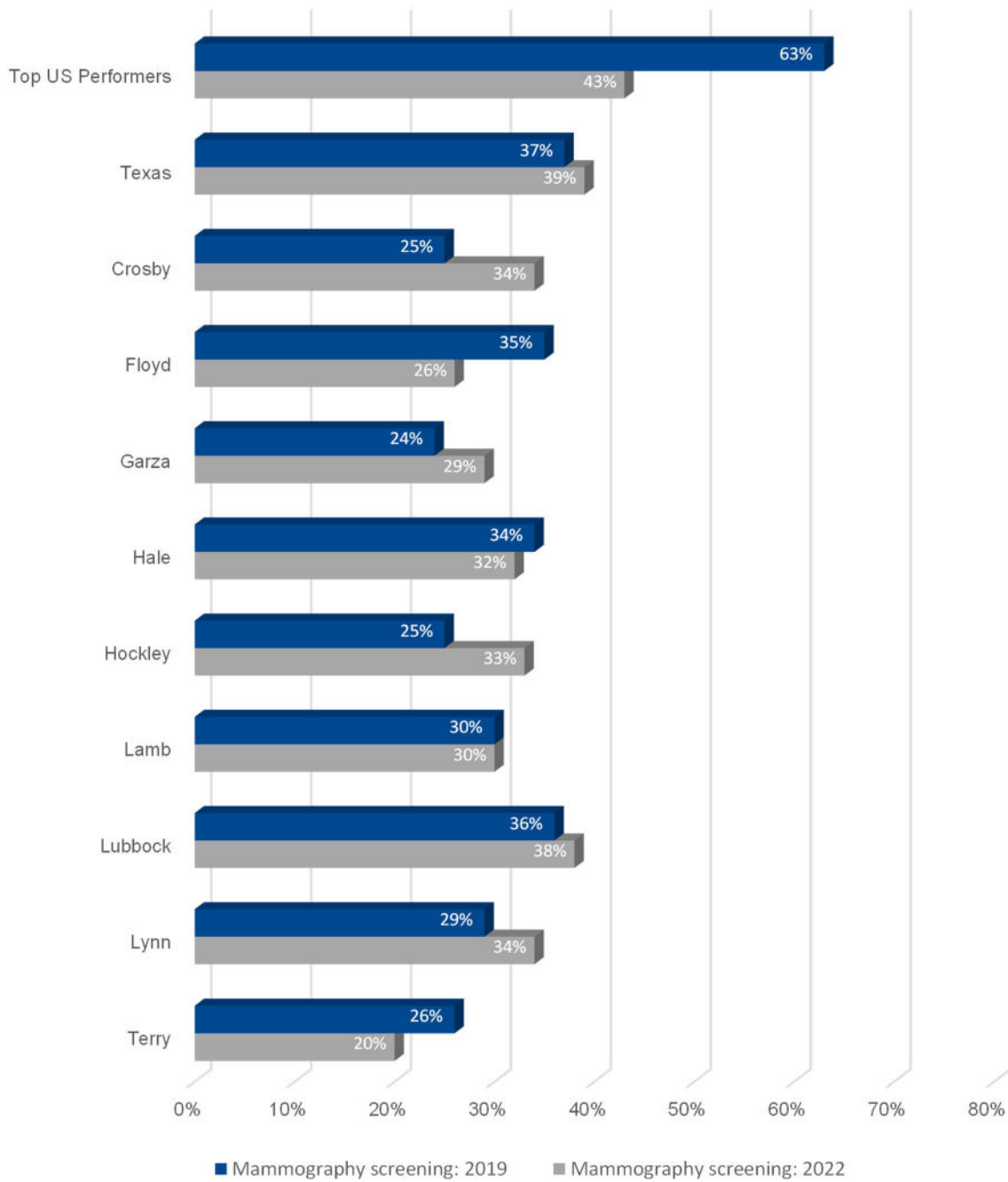
Mental health providers – Ratio of population to mental health providers (# of mental health providers: 1)



Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees



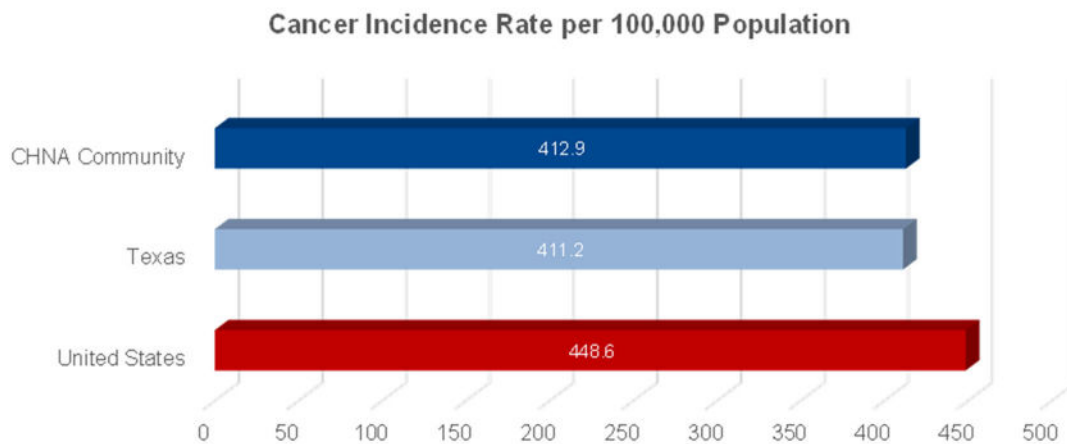
Mammography screening – Percent of female Medicare enrollees that receive mammography screening



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.

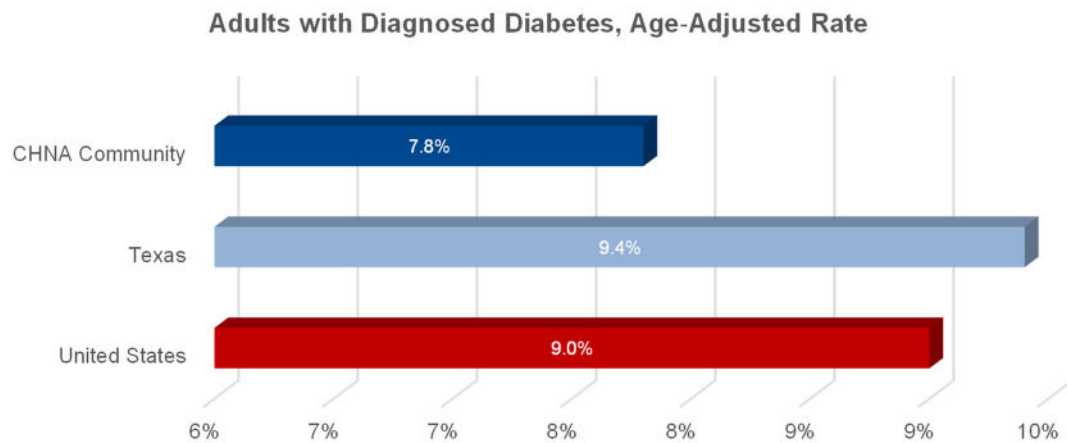
CANCER INCIDENCE

The CHNA Community's cancer incidence rate is 412.9 for every 100,000 of total population. Within the CHNA Community, there were 1,682 new cases of cancer reported. This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).



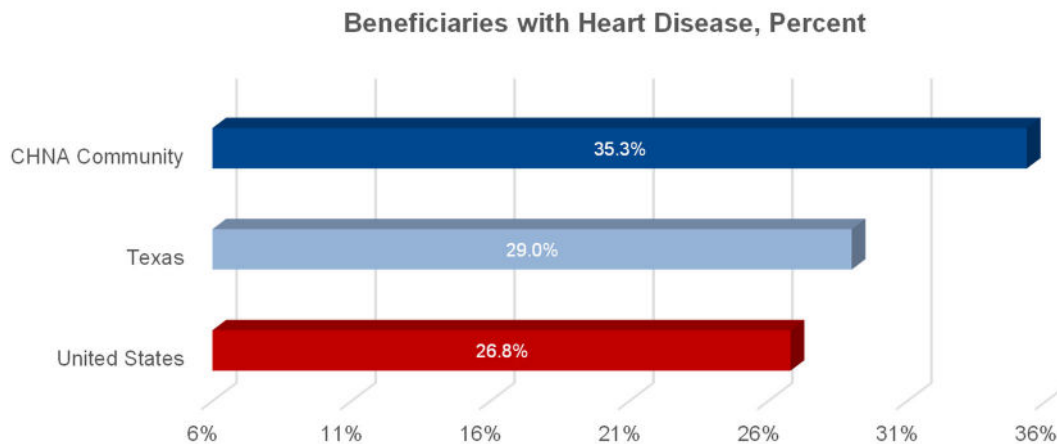
DIABETES (ADULT)

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 rate but slightly higher than the national rate. 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.



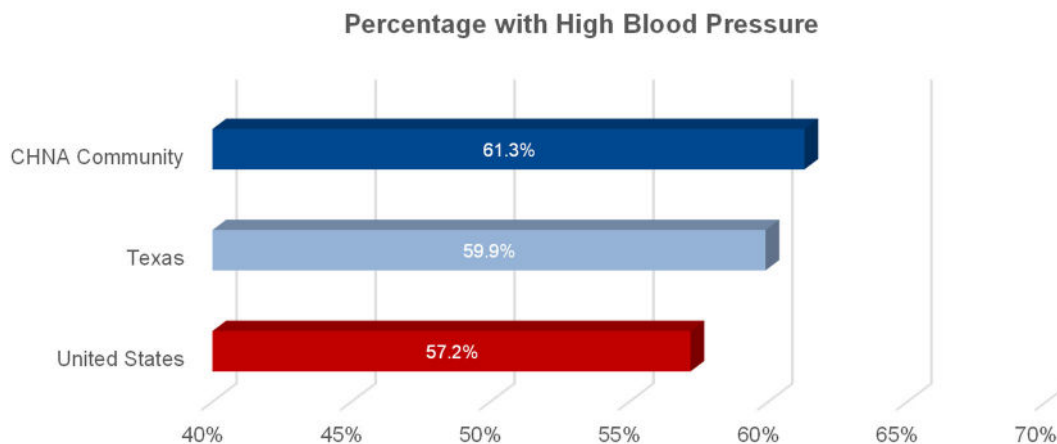
HEART DISEASE (MEDICARE POPULATION)

The CHNA Community's percentage Medicare population with Heart Disease is the higher than the state rate and national rate. This indicator reports the number and percentage of the Medicare fee-for-service population with ischemic heart disease.



HIGH BLOOD PRESSURE (ADULT)

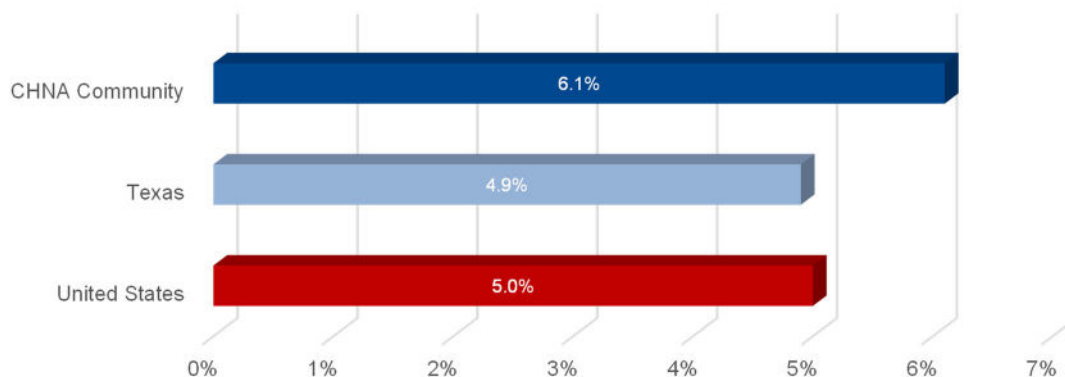
The CHNA Community's percentage adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension is the same as the state rate but higher than the national rate.



ASTHMA (MEDICARE POPULATION)

The CHNA Community's percentage Medicare population with asthma is lower than the state rate and national rates. This indicator reports the number and percentage of the Medicare fee-for-service population with asthma.

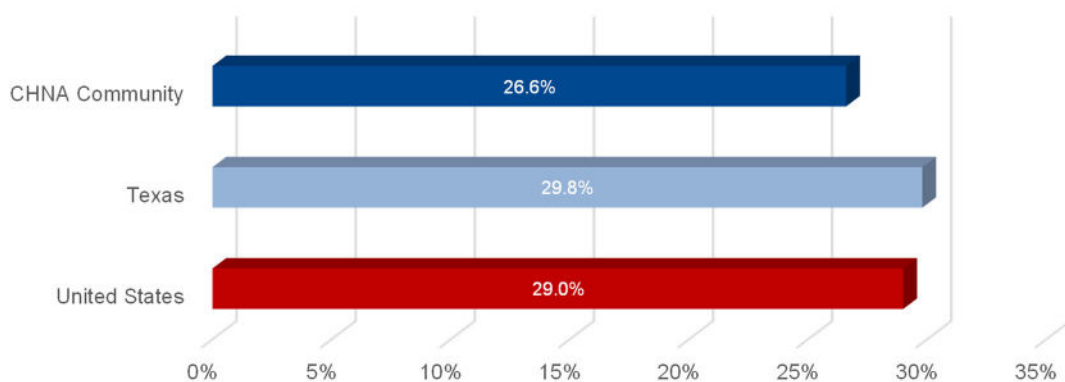
Percentage with Asthma



OBESITY

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 lower than the state rate but higher than the national rate. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

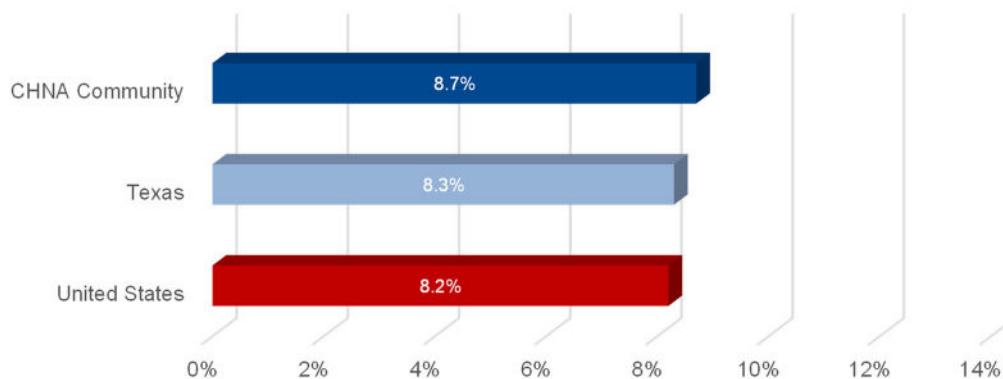
Adults with BMI > 30.0 (Obese), Percent



LOW BIRTH WEIGHT

The CHNA Community’s percentage of total births that are low birth weight (under 2500g) is lower than the state rate but slightly higher than the national rate. 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 Birthweight Births, Percentage



PRIMARY DATA ASSESSMENT

Obtaining input from key stakeholders (persons with knowledge of or expertise in public health, persons representing vulnerable populations, or community members who represent the broad interest of the community, or) is a technique employed to assess public perceptions of the CHNA Community's health status and unmet needs. Key stakeholder input is 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 of fifty-five key informants were conducted in 2022. The survey participants were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools, or c) their involvement with underserved and minority populations and represent a broad aspect of the community.

All surveys utilized a standard format. Survey participant's opinions were collected without judging the truthfulness or accuracy of their remarks. Survey participants provided comments on the following issues:

- Health and quality of life for residents of the community
- Barriers to improving health and quality of life for residents of the community
- Opinions regarding the important health issues that affect the residents of the CHNA Community and the types of services that are important for addressing these issues
- Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues.

Survey data was collected and analyzed. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Survey participants were assured that personal identifiers such as name or organizational affiliations would not be connected in any

way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality. This technique does not provide a quantitative analysis of the leaders' opinions but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

KEY INFORMANT PROFILES

Key informants from the community worked for the following types of organizations and agencies:

- Local, county, and state government
- Public health agencies
- Medical providers
- Community and business leaders

Input from these health care and non-health care professionals was obtained utilizing a standard 10 question interview format.

KEY INFORMANT SURVEY QUESTIONS

Input from these health care and non-health care professionals was obtained utilizing a standard 10-question interview format. The questions included were as follows:

1. Name, organization/title, and county of residence?
2. In general, how would you rate the health and quality of life in the community served by University Medical Center?
3. In your opinion, in the past three years has the health and quality of life in the community served by University Medical Center improved, declined, or stayed the same?
4. 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?
5. What barriers, if any, exist to improving health and quality of life of patients served by University Medical Center?
6. In your opinion, what needs to be done to address the barriers identified in the previous question?
7. How could the services provided by University Medical Center be improved to better meet the needs of its patients and patient's families?
8. In your opinion, what groups of people in the community served by University Medical Center have the most serious unmet health care needs? Describe the causes? What should be done to address the needs of these groups of people?
9. In your opinion, what are the three most critical health needs in the community served by University Medical Center?
10. What needs to be done to address the critical health needs issues identified in the previous question?

RESULTS FROM COMMUNITY INPUT

Key stakeholder interview responses were grouped into four major categories. A summary of the stakeholders' responses by each of the categories follows. This section of the report summarizes what the key stakeholders provided without assessing the credibility of their responses.

GENERAL OPINIONS REGARDING HEALTH AND QUALITY OF LIFE IN THE COMMUNITY

The key stakeholders were asked to rate the health and quality of life in the community. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Key stakeholders were asked to rate the health and quality of life in CHNA Community. The survey respondents vary greatly in their responses: 33% rated the health and quality of life in CHNA Community as "very good"; 60% rated the health and quality of life in CHNA Community as "average"; and 7% rated the health and quality of life in CHNA Community as "below average". When asked whether the health and quality of life had improved, declined or stayed the same, 40% of survey respondents indicated the health and quality of life had "improved" over the last three years. Whereas 29% indicated the health and quality of life had "stayed the same" over the last three years and 31% indicated it had "declined".

UNDERSERVED POPULATIONS AND COMMUNITIES OF NEED

Through the key stakeholder surveys, specific populations and groups of people whose health or quality of life may not be as good as others were identified. Survey respondents identified persons living with low-incomes or unemployed are most likely to be underserved due to lack of access to services. Other identified groups are the uninsured and under-insured, children, and the elderly.

BARRIERS

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. Key stakeholders noted the following barriers in the CHNA Community:

- Community members face difficulties getting access to primary care, specialists, and mental health providers
- Community members that are uninsured or under-insured
- Community members that lack the financial resources to access care
- Community members that do not have transportation
- Community members that face language barriers when accessing or receiving medical care
- Cultural practices that lead to unhealthy lifestyles
- Lack of education regarding the available healthcare resources in the community
- Shortage of healthcare workers in the community
- Poor coordination of care between healthcare providers in the community.

MOST IMPORTANT HEALTH AND QUALITY OF LIFE ISSUES

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county and the most critical issues the Medical Center should address over the next three to five years. Responses included:

- Access to health care
- Lack of insurance (and under-insured)
- Chronic diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)
- Obesity
- Lack of health knowledge and education
- Poverty and lack of financial resources
- Access to mental health services - adults and children
- Poor nutrition / limited access to healthy food options
- Access to primary care and specialists
- Access to preventative care
- Services for the aging
- Transportation
- Shortage of healthcare workers
- Healthy behaviors / lifestyle choices
- Access to affordable prescription medications
- Physical inactivity and lack of access to exercise and fitness opportunities.

HEALTH ISSUES OF VULNERABLE POPULATIONS

Based on information obtained through key informant surveys, the following populations are vulnerable or underserved in the community:

- Elderly
- Uninsured / underinsured / low income
- Residents of rural communities
- Individuals with mental health conditions

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)
Access to care	5	4	5	4
Access to primary care physicians	5	4	4	4
Uninsured and under-insured individuals	5	3	5	4
Treatment of & mgmt of chronic diseases & conditions (Heart Disease, Stroke, Kidney, Cancer, Diabetes, Lung)	4	5	4	4
Shortage of healthcare workers	5	4	4	4
Obesity	5	5	3	5
Poverty and lack of financial resources	4	4	5	3
Healthy behaviors and healthy lifestyle choices	4	4	4	5
Access to medical specialists	3	3	3	4
Coordination of care between healthcare providers	3	4	4	3
Access to affordable prescription medications	3	3	3	4
Access to mental health services - adults and children	5	4	4	4
Affordability of healthcare services	4	3	4	4
Lack of health knowledge and education	5	2	3	3
Children in poverty	2	3	5	3
Poor nutrition / limited access to healthy food options	5	3	4	2
Transportation	3	3	5	2
Access to and use of preventative care treatments	4	3	2	3
Access to services for the aging	3	3	4	2
Access to exercise and fitness opportunities	5	3	3	2
Physical inactivity	4	3	3	3
Preventable hospital stays	2	2	2	3
Suicide deaths	2	4	2	4
Language and cultural barriers	2	2	3	3
Motor vehicle deaths	2	2	1	1
Teen birth rate	1	2	2	1
Access to dental health services	3	2	2	1

Identified Health Needs	Prevalence of Common Themes (1 Low - 2 High)	Alignment with Mission (1 Low - 5 High)	Alignment with Programs & Strategic Priorities (1 Low - 5 High)	Total Score
Access to care	2	5	5	30
Access to primary care physicians	2	5	5	29
Uninsured and under-insured individuals	2	5	5	29
Treatment of & mgmt of chronic diseases & conditions (Heart Disease, Stroke, Kidney, Cancer, Diabetes, Lung)	2	4	4	27
Shortage of healthcare workers	1	4	5	27
Obesity	2	3	3	26
Poverty and lack of financial resources	2	4	3	25
Healthy behaviors and healthy lifestyle choices	2	3	3	25
Access to medical specialists	2	4	4	24
Coordination of care between healthcare providers	2	4	4	23
Access to affordable prescription medications	2	4	4	23
Access to mental health services - adults and children	1	3	2	22
Affordability of healthcare services	1	3	3	22
Lack of health knowledge and education	2	3	3	21
Children in poverty	1	3	3	20
Poor nutrition / limited access to healthy food options	1	2	3	20
Transportation	2	2	2	19
Access to and use of preventative care treatments	1	3	3	19
Access to services for the aging	1	3	3	19
Access to exercise and fitness opportunities	1	2	2	18
Physical inactivity	1	2	2	18
Preventable hospital stays	1	4	3	17
Suicide deaths	1	2	2	17
Language and cultural barriers	1	2	2	15
Motor vehicle deaths	1	4	4	14
Teen birth rate	1	3	3	13
Access to dental health services	1	2	2	13

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:

- Access to care
- Access to primary care physicians
- Uninsured and under-insured individuals
- Treatment of and management of chronic diseases & conditions (Heart Disease, Stroke, Kidney, Cancer, Diabetes, Lung)
- Shortage of healthcare workers
- Obesity
- Poverty and lack of financial resources
- Healthy behaviors and healthy lifestyle choices
- Access to medical specialists
- Coordination of care between healthcare providers
- Access to affordable prescription medications

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.

CROSBY COUNTY

Facility Name	County	City, State, Zip
Crosbyton Clinic Hospital	Crosby	Crosbyton, TX 79322

HALE COUNTY

Facility Name	County	City, State, Zip
Allegiance Behavioral Health Center of Plainview	Hale	Plainview, TX 79072
Covenant Hospital Plainview	Hale	Plainview, TX 79072

HOCKLEY COUNTY

Facility Name	County	City, State, Zip
Covenant Hospital Levelland	Hockley	Levelland, TX 79336

LAMB COUNTY

Facility Name	County	City, State, Zip
Lamb Healthcare Center	Lamb	Littlefield, TX 79339

LUBBOCK COUNTY

Facility Name	County	City, State, Zip
Covenant Childrens Hospital	Lubbock	Lubbock, TX 79410
Covenant Medical Center	Lubbock	Lubbock, TX 79410
Covenant Specialty Hospital	Lubbock	Lubbock, TX 79410
Grace Surgical Hospital	Lubbock	Lubbock, TX 79407
Lubbock Heart & Surgical Hospital	Lubbock	Lubbock, TX 79416
South Plains Rehabilitation Hospital	Lubbock	Lubbock, TX 79416
Sunrise Canyon Hospital	Lubbock	Lubbock, TX 79404
Trustpoint Rehabilitation Hospital of Lubbock	Lubbock	Lubbock, TX 79415
University Medical Center	Lubbock	Lubbock, TX 79415

LYNN COUNTY

Facility Name	County	City, State, Zip
Lynn County Hospital District	Lynn	Tahoka, TX 79373

TERRY COUNTY

Facility Name	County	City, State, Zip
Brownfield Regional Medical Center	Terry	Brownfield, TX 79316

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 other health care facilities within the Medical Center's CHNA Community.

CROSBY COUNTY

Facility Name	County	City, State Zip
Regence - Ralls WIC Clinic	Crosby	Ralls, TX 79357

FLOYD COUNTY

Facility Name	County	City, State Zip
Regence - Floydada WIC Clinic	Floyd	Floydada, TX 79235

HALE COUNTY

Facility Name	County	City, State Zip
Regence - Plainview Admin and Dental Clinic	Hale	Plainview, TX 79072
Regence - Plainview Medical	Hale	Plainview, TX 79072
Regence - Plainview WIC Clinic	Hale	Plainview, TX 79072
Regence Health Network	Hale	Plainview, TX 79072

HOCKLEY COUNTY

Facility Name	County	City, State Zip
South Plains Rural Health Services	Hockley	Levelland, TX 79336
South Plains Rural Health Services - Dental	Hockley	Levelland, TX 79336
South Plains Rural Health Services	Hockley	Levelland, TX 79336

LAMB COUNTY

Facility Name	County	City, State Zip
Regence - Littlefield WIC Clinic	Lamb	Littlefield, TX 79339

LUBBOCK COUNTY

Facility Name	County	City, State Zip
CHC of Lubbock - 96 West	Lubbock	Lubbock, TX 79407
CHC of Lubbock - Arnett Benson Medical and Dental Clinic	Lubbock	Lubbock, TX 79415
CHC of Lubbock - Chatman Clinic	Lubbock	Lubbock, TX 79404
CHC of Lubbock - Community Dental Clinic	Lubbock	Lubbock, TX 79403
CHC of Lubbock - Medical Plaza	Lubbock	Lubbock, TX 79415
CHC of Lubbock - Mobile Dental Unit	Lubbock	Lubbock, TX 79401
CHC of Lubbock - Mobile Medical Unit	Lubbock	Lubbock, TX 79401
CHC of Lubbock - Parkway Community Health Center	Lubbock	Lubbock, TX 79403
CHC of Lubbock - West Medical and Dental Clinic	Lubbock	Lubbock, TX 79407
CHC of Lubbock - Women's Protective Services	Lubbock	Confidential Address
CHC of Lubbock - Exercise	Lubbock	Lubbock, TX 79401
Community Health Center of Lubbock	Lubbock	Lubbock, TX 79401
Community Health Center of Lubbock	Lubbock	Lubbock, TX 79401
Larry Combest Community Health - Central Health Center	Lubbock	Lubbock, TX 79412
Larry Combest Community Health and Wellness Center	Lubbock	Lubbock, TX 79404
Texas Tech University Health Sciences Center	Lubbock	Lubbock, TX 79404

APPENDICES

APPENDIX A – ANALYSIS OF DATA

ANALYSIS OF HEALTH STATUS-LEADING CAUSES OF DEATH
CHNA COMMUNITY

Area	United States	(A) 10% of United States Crude Rate	CHNA Community	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	183.50	18.35	157.70	-25.80	
Heart Disease	112.50	11.25	124.10	11.60	Health Need
Lung Disease	48.00	4.80	62.10	14.10	Health Need
Stroke	45.70	4.57	43.70	-2.00	
Unintentional Injury	53.40	5.34	54.90	1.50	
Motor Vehicle	11.90	1.19	17.50	5.60	Health Need
Poisoning (Including Drug Over	23.90	2.39	14.60	-9.30	
Homicide	6.20	0.62	6.60	0.40	
Suicide	14.30	1.43	16.70	2.40	Health Need

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

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	183.50	18.35	193.30	9.80	
Heart Disease	112.50	11.25	189.80	77.30	Health Need
Lung Disease	48.00	4.80	0.00	-48.00	
Stroke	45.70	4.57	103.50	57.80	Health Need
Unintentional Injury	53.40	5.34	82.80	29.40	Health Need
Motor Vehicle	11.90	1.19	0.00	-11.90	
Poisoning (Including Drug Over	23.90	2.39	0.00	-23.90	
Homicide	6.20	0.62	0.00	-6.20	
Suicide	14.30	1.43	0.00	-14.30	

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	183.50	18.35	206.90	23.40	Health Need
Heart Disease	112.50	11.25	155.20	42.70	Health Need
Lung Disease	48.00	4.80	86.20	38.20	Health Need
Stroke	45.70	4.57	0.00	-45.70	
Unintentional Injury	53.40	5.34	0.00	-53.40	
Motor Vehicle	11.90	1.19	0.00	-11.90	
Poisoning (Including Drug Over	23.90	2.39	0.00	-23.90	
Homicide	6.20	0.62	0.00	-6.20	
Suicide	14.30	1.43	0.00	-14.30	

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	183.50	18.35	137.50	-46.00	
Heart Disease	112.50	11.25	84.40	-28.10	
Lung Disease	48.00	4.80	81.30	33.30	Health Need
Stroke	45.70	4.57	0.00	-45.70	
Unintentional Injury	53.40	5.34	0.00	-53.40	
Motor Vehicle	11.90	1.19	0.00	-11.90	
Poisoning (Including Drug Over	23.90	2.39	0.00	-23.90	
Homicide	6.20	0.62	0.00	-6.20	
Suicide	14.30	1.43	0.00	-14.30	

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

HALE COUNTY

Area	United States	(A) 10% of United States Crude Rate		(B) County Rate Less U.S. Adjusted Crude Rate		If (B)>(A), then "Health Need"
		Crude Rate	Hale County	Rate		
Cancer	183.50	18.35	171.00	-12.50		
Heart Disease	112.50	11.25	139.00	26.50		Health Need
Lung Disease	48.00	4.80	76.60	28.60		Health Need
Stroke	45.70	4.57	49.90	4.20		
Unintentional Injury	53.40	5.34	44.50	-8.90		
Motor Vehicle	11.90	1.19	17.80	5.90		Health Need
Poisoning (Including Drug Over	23.90	2.39	0.00	-23.90		
Homicide	6.20	0.62	0.00	-6.20		
Suicide	14.30	1.43	0.00	-14.30		

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

HOCKLEY COUNTY

Area	United States	(A) 10% of United States Crude Rate		(B) County Rate Less U.S. Adjusted Crude Rate		If (B)>(A), then "Health Need"
		Crude Rate	Hockley County	Rate		
Cancer	183.50	18.35	174.30	-9.20		
Heart Disease	112.50	11.25	86.70	-25.80		
Lung Disease	48.00	4.80	60.70	12.70		Health Need
Stroke	45.70	4.57	43.40	-2.30		
Unintentional Injury	53.40	5.34	60.70	7.30		Health Need
Motor Vehicle	11.90	1.19	22.60	10.70		Health Need
Poisoning (Including Drug Over	23.90	2.39	0.00	-23.90		
Homicide	6.20	0.62	0.00	-6.20		
Suicide	14.30	1.43	18.20	3.90		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	183.50	18.35	191.60	8.10	
Heart Disease	112.50	11.25	165.50	53.00	Health Need
Lung Disease	48.00	4.80	70.50	22.50	Health Need
Stroke	45.70	4.57	65.90	20.20	Health Need
Unintentional Injury	53.40	5.34	58.20	4.80	
Motor Vehicle	11.90	1.19	30.60	18.70	Health Need
Poisoning (Including Drug Over	23.90	2.39	0.00	-23.90	
Homicide	6.20	0.62	0.00	-6.20	
Suicide	14.30	1.43	0.00	-14.30	

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	183.50	18.35	150.30	-33.20	
Heart Disease	112.50	11.25	118.40	5.90	
Lung Disease	48.00	4.80	59.90	11.90	Health Need
Stroke	45.70	4.57	40.00	-5.70	
Unintentional Injury	53.40	5.34	55.10	1.70	
Motor Vehicle	11.90	1.19	15.60	3.70	Health Need
Poisoning (Including Drug Over	23.90	2.39	15.50	-8.40	
Homicide	6.20	0.62	6.40	0.20	
Suicide	14.30	1.43	16.90	2.60	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	183.50	18.35	268.50	85.00	Health Need
Heart Disease	112.50	11.25	156.30	43.80	Health Need
Lung Disease	48.00	4.80	68.00	20.00	Health Need
Stroke	45.70	4.57	0.00	-45.70	
Unintentional Injury	53.40	5.34	68.00	14.60	Health Need
Motor Vehicle	11.90	1.19	0.00	-11.90	
Poisoning (Including Drug Over	23.90	2.39	0.00	-23.90	
Homicide	6.20	0.62	0.00	-6.20	
Suicide	14.30	1.43	0.00	-14.30	

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	183.50	18.35	157.30	-26.20	
Heart Disease	112.50	11.25	210.20	97.70	Health Need
Lung Disease	48.00	4.80	44.90	-3.10	
Stroke	45.70	4.57	61.00	15.30	Health Need
Unintentional Injury	53.40	5.34	51.40	-2.00	
Motor Vehicle	11.90	1.19	0.00	-11.90	
Poisoning (Including Drug Over	23.90	2.39	0.00	-23.90	
Homicide	6.20	0.62	0.00	-6.20	
Suicide	14.30	1.43	0.00	-14.30	

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

ANALYSIS OF HEALTH OUTCOMES
CROSBY COUNTY

Health Outcomes	Top US Performers: 2022	(A) 30% of National Benchmark	Crosby County: 2022	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	19.0%	3.0%	
Adult obesity	32.0%	9.6%	41.0%	9.0%	
Food environment index	7.8	2.3	7.4	(0.4)	
Physical inactivity	26.0%	7.8%	39.0%	13.0%	Health Need
Access to exercise opportunities	80.0%	24.0%	21.0%	-59.0%	Health Need
Excessive drinking	20.0%	6.0%	17.0%	-3.0%	
Alcohol-impaired driving deaths	27.0%	8.1%	10.0%	-17.0%	
Sexually transmitted infections	551.0	165.3	348.6	(202.4)	
Teen birth rate	19.0	5.7	48.0	29.0	Health Need
Uninsured adults	11.0%	3.3%	21.0%	10.0%	Health Need
Primary care physicians	1,310	393	2,869	1,559	Health Need
Dentists	1,400	420	0	(1,400)	Health Need
Mental health providers	350	105	0	(350)	Health Need
Preventable hospital stays	3,767.0	1,130.1	2,380.0	(1,387.0)	
Mammography screening	43.0%	12.9%	34.0%	-9.0%	
Children in poverty	16.0%	4.8%	30.0%	14.0%	Health Need
Children in single-parent households	25.0%	7.5%	35.0%	10.0%	Health Need

FLOYD COUNTY

Health Outcomes	Top US Performers: 2022	(A) 30% of National Benchmark	Floyd County: 2022	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	17.0%	1.0%	
Adult obesity	32.0%	9.6%	39.0%	7.0%	
Food environment index	7.8	2.3	7.9	0.1	
Physical inactivity	26.0%	7.8%	36.0%	10.0%	Health Need
Access to exercise opportunities	80.0%	24.0%	75.0%	-5.0%	Health Need
Excessive drinking	20.0%	6.0%	18.0%	-2.0%	
Alcohol-impaired driving deaths	27.0%	8.1%	20.0%	-7.0%	
Sexually transmitted infections	551.0	165.3	210.1	(340.9)	
Teen birth rate	19.0	5.7	33.0	14.0	Health Need
Uninsured adults	11.0%	3.3%	26.0%	15.0%	Health Need
Primary care physicians	1,310	393	1,904	594	Health Need
Dentists	1,400	420	5,672	4,272	Health Need
Mental health providers	350	105	0	(350)	Health Need
Preventable hospital stays	3,767.0	1,130.1	4,749.0	982.0	
Mammography screening	43.0%	12.9%	26.0%	-17.0%	
Children in poverty	16.0%	4.8%	30.0%	14.0%	Health Need
Children in single-parent households	25.0%	7.5%	24.0%	-1.0%	

GARZA COUNTY

Health Outcomes	Top US Performers: 2022	(A) 30% of National Benchmark	Garza County: 2022	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	20.0%	4.0%	
Adult obesity	32.0%	9.6%	40.0%	8.0%	
Food environment index	7.8	2.3	7.3	(0.5)	
Physical inactivity	26.0%	7.8%	38.0%	12.0%	Health Need
Access to exercise opportunities	80.0%	24.0%	0.0%	-80.0%	Health Need
Excessive drinking	20.0%	6.0%	19.0%	-1.0%	
Alcohol-impaired driving deaths	27.0%	8.1%	18.0%	-9.0%	
Sexually transmitted infections	551.0	165.3	208.7	(342.3)	
Teen birth rate	19.0	5.7	54.0	35.0	Health Need
Uninsured adults	11.0%	3.3%	24.0%	13.0%	Health Need
Primary care physicians	1,310	393	6,229	4,919	Health Need
Dentists	1,400	420	3,111	1,711	Health Need
Mental health providers	350	105	0	(350)	Health Need
Preventable hospital stays	3,767.0	1,130.1	6,150.0	2,383.0	Health Need
Mammography screening	43.0%	12.9%	29.0%	-14.0%	
Children in poverty	16.0%	4.8%	23.0%	7.0%	Health Need
Children in single-parent households	25.0%	7.5%	8.0%	-17.0%	

HALE COUNTY

Health Outcomes	Top US Performers: 2022	(A) 30% of National Benchmark	Hale County: 2022	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	17.0%	1.0%	
Adult obesity	32.0%	9.6%	39.0%	7.0%	
Food environment index	7.8	2.3	7.3	(0.5)	
Physical inactivity	26.0%	7.8%	35.0%	9.0%	Health Need
Access to exercise opportunities	80.0%	24.0%	73.0%	-7.0%	Health Need
Excessive drinking	20.0%	6.0%	18.0%	-2.0%	
Alcohol-impaired driving deaths	27.0%	8.1%	19.0%	-8.0%	
Sexually transmitted infections	551.0	165.3	464.0	(87.0)	
Teen birth rate	19.0	5.7	44.0	25.0	Health Need
Uninsured adults	11.0%	3.3%	24.0%	13.0%	Health Need
Primary care physicians	1,310	393	3,037	1,727	Health Need
Dentists	1,400	420	5,459	4,059	Health Need
Mental health providers	350	105	762	412	Health Need
Preventable hospital stays	3,767.0	1,130.1	4,035.0	268.0	
Mammography screening	43.0%	12.9%	32.0%	-11.0%	
Children in poverty	16.0%	4.8%	25.0%	9.0%	Health Need
Children in single-parent households	25.0%	7.5%	32.0%	7.0%	

HOCKLEY COUNTY

Health Outcomes	Top US Performers: 2022	(A) 30% of National Benchmark	Hockley County: 2022	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	18.0%	2.0%	
Adult obesity	32.0%	9.6%	39.0%	7.0%	
Food environment index	7.8	2.3	6.5	(1.3)	
Physical inactivity	26.0%	7.8%	35.0%	9.0%	Health Need
Access to exercise opportunities	80.0%	24.0%	60.0%	-20.0%	Health Need
Excessive drinking	20.0%	6.0%	18.0%	-2.0%	
Alcohol-impaired driving deaths	27.0%	8.1%	25.0%	-2.0%	
Sexually transmitted infections	551.0	165.3	551.7	0.7	
Teen birth rate	19.0	570.0%	3100.0%	1200.0%	Health Need
Uninsured adults	11.0%	3.3%	22.0%	11.0%	Health Need
Primary care physicians	1,310	393	1,644	334	
Dentists	1,400	420	2,295	895	Health Need
Mental health providers	350	105	1,348	998	Health Need
Preventable hospital stays	3,767.0	1,130.1	3,935.0	168.0	
Mammography screening	43.0%	12.9%	33.0%	-10.0%	
Children in poverty	16.0%	4.8%	20.0%	4.0%	
Children in single-parent households	25.0%	7.5%	19.0%	-6.0%	

LAMB COUNTY

Health Outcomes	Top US Performers: 2022	(A) 30% of National Benchmark	Lamb County: 2022	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	19.0%	3.0%	
Adult obesity	32.0%	9.6%	41.0%	9.0%	
Food environment index	7.8	2.3	6.8	(1.0)	
Physical inactivity	26.0%	7.8%	38.0%	12.0%	Health Need
Access to exercise opportunities	80.0%	24.0%	75.0%	-5.0%	Health Need
Excessive drinking	20.0%	6.0%	17.0%	-3.0%	
Alcohol-impaired driving deaths	27.0%	8.1%	53.0%	26.0%	Health Need
Sexually transmitted infections	551.0	165.3	411.1	(139.9)	
Teen birth rate	19.0	5.7	45.0	26.0	Health Need
Uninsured adults	11.0%	3.3%	27.0%	16.0%	Health Need
Primary care physicians	1,310	393	2,579	1,269	Health Need
Dentists	1,400	420	6,355	4,955	Health Need
Mental health providers	350	105	2,542	2,192	Health Need
Preventable hospital stays	3,767.0	1,130.1	3,205.0	(562.0)	
Mammography screening	43.0%	12.9%	30.0%	-13.0%	
Children in poverty	16.0%	4.8%	25.0%	9.0%	Health Need
Children in single-parent households	25.0%	7.5%	25.0%	0.0%	

LUBBOCK COUNTY

Health Outcomes	Top US Performers: 2022	(A) 30% of National Benchmark	Lubbock County: 2022	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	16.0%	0.0%	
Adult obesity	32.0%	9.6%	36.0%	4.0%	
Food environment index	7.8	2.3	7.0	(0.8)	
Physical inactivity	26.0%	7.8%	33.0%	7.0%	
Access to exercise opportunities	80.0%	24.0%	87.0%	7.0%	Health Need
Excessive drinking	20.0%	6.0%	18.0%	-2.0%	
Alcohol-impaired driving deaths	27.0%	8.1%	36.0%	9.0%	Health Need
Sexually transmitted infections	551.0	165.3	720.3	169.3	Health Need
Teen birth rate	19.0	5.7	30.0	11.0	Health Need
Uninsured adults	11.0%	3.3%	18.0%	7.0%	Health Need
Primary care physicians	1,310	393	1,199	(111)	
Dentists	1,400	420	1,759	359	
Mental health providers	350	105	579	229	Health Need
Preventable hospital stays	3,767.0	1,130.1	3,248.0	(519.0)	
Mammography screening	43.0%	12.9%	38.0%	-5.0%	
Children in poverty	16.0%	4.8%	18.0%	2.0%	
Children in single-parent households	25.0%	7.5%	29.0%	4.0%	

LYNN COUNTY

Health Outcomes	Top US Performers: 2022	(A) 30% of National Benchmark	Lynn County: 2022	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	19.0%	3.0%	
Adult obesity	32.0%	9.6%	40.0%	8.0%	
Food environment index	7.8	2.3	6.0	(1.8)	
Physical inactivity	26.0%	7.8%	37.0%	11.0%	Health Need
Access to exercise opportunities	80.0%	24.0%	0.0%	-80.0%	Health Need
Excessive drinking	20.0%	6.0%	18.0%	-2.0%	
Alcohol-impaired driving deaths	27.0%	8.1%	42.0%	15.0%	Health Need
Sexually transmitted infections	551.0	165.3	386.5	(164.5)	
Teen birth rate	19.0	570.0%	4100.0%	2200.0%	Health Need
Uninsured adults	11.0%	3.3%	21.0%	10.0%	Health Need
Primary care physicians	1,310	393	1,190	(120)	
Dentists	1,400	420	6,025	4,625	Health Need
Mental health providers	350	105	0	(350)	Health Need
Preventable hospital stays	3,767.0	1,130.1	3,863.0	96.0	
Mammography screening	43.0%	12.9%	34.0%	-9.0%	
Children in poverty	16.0%	4.8%	20.0%	4.0%	
Children in single-parent households	25.0%	7.5%	26.0%	1.0%	

TERRY COUNTY

Health Outcomes	Top US Performers: 2022	(A) 30% of National Benchmark	Terry County: 2022	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	20.0%	4.0%	
Adult obesity	32.0%	9.6%	41.0%	9.0%	
Food environment index	7.8	2.3	5.8	(2.0)	
Physical inactivity	26.0%	7.8%	40.0%	14.0%	Health Need
Access to exercise opportunities	80.0%	24.0%	47.0%	-33.0%	Health Need
Excessive drinking	20.0%	6.0%	17.0%	-3.0%	
Alcohol-impaired driving deaths	27.0%	8.1%	23.0%	-4.0%	
Sexually transmitted infections	551.0	165.3	567.4	16.4	
Teen birth rate	19.0	5.7	62.0	43.0	Health Need
Uninsured adults	11.0%	3.3%	26.0%	15.0%	Health Need
Primary care physicians	1,310	393	2,467	1,157	Health Need
Dentists	1,400	420	2,437	1,037	Health Need
Mental health providers	350	105	12,183	11,833	Health Need
Preventable hospital stays	3,767.0	1,130.1	7,215.0	3,448.0	Health Need
Mammography screening	43.0%	12.9%	20.0%	-23.0%	
Children in poverty	16.0%	4.8%	27.0%	11.0%	Health Need
Children in single-parent households	25.0%	7.5%	26.0%	1.0%	

ANALYSIS OF PRIMARY DATA – KEY INFORMANT SURVEYS

Identified Needs
Access to care
Uninsured / Underinsured
Shortage of healthcare workers
Access to and use of preventative care treatments
Treatment of & mgmt of chronic diseases & conditions
Access to primary care physicians
Access to medical specialists
Healthy behaviors and healthy lifestyle choices
Access to mental health services - adults and children
Obesity
Physical inactivity and lack of access to exercise and fitness opportunities
Access to services for the aging
Lack of health knowledge and education
Coordination of care between healthcare providers
Poverty and lack of financial resources
Transportation
Language barriers
Access to affordable prescription medications
Poor nutrition / limited access to healthy food options

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

Population	Issues
Uninsured and under-insured population	<ul style="list-style-type: none"> ○ Transportation ○ High cost of health care prevents needs from being met ○ Healthy lifestyle and health nutrition education
Elderly	<ul style="list-style-type: none"> ○ Transportation ○ Cost of prescriptions and medical care ○ Lack of health knowledge regarding how to access services ○ Access to services for the aging ○ Shortage of physicians (limit on patients who are on Medicare)
Individuals with mental health conditions	<ul style="list-style-type: none"> ○ Access to services ○ Lack of health knowledge regarding how to access services
Residents of rural communities	<ul style="list-style-type: none"> ○ Transportation ○ Access to services

APPENDIX B – ACKNOWLEDGEMENT OF KEY INFORMANTS

KEY INFORMANTS

Thank you to the following individuals who participated in our key informant survey process:

	Name	Organization
Kandy	Adams	University Medical Center
Martin	Aguirre	Workforce Solutions South Plains
Lisa	Alamanza-Figueroa	Sunrise Canyon Hospital
Jarrett	Atkinson	City of Lubbock
Sheryl	Baker	StarCare Specialty Health System
Craig	Barker	University Medical Center Physicians
Kelli	Barrera	University Medical Center
Amy	Berry	Lubbock Area United Way
Jackie	Buck	Community Paramedic
Bobby	Carter	StarCare Specialty Health System
Bobby	Carter	StarCare Specialty Health System
Joehassin	Cordero	Texas Tech University Health Sciences Center
Jill	Cordes	Goodwill Industries of Northwest Texas
Betty	Cornell	University Medical Center
Kristi	Duske	University Medical Center
Bill	Eubanks	University Medical Center
Debbie	Flores	Assistant Professor
Glen	Frick	University Medical Center Physicians
Mark	Funderburk	University Medical Center
Kyle	Galyean	University Medical Center
Carlos	Garcia	University Medical Center
Linda	Greenstreet	University Medical Center Foundation
Gary	Greenstreet	Community Member
Jean	Hardwell	StarCare Specialty Health System
Joanne	Harwood	Silver Star Health Network
Jeff	Hill	University Medical Center
Nedra	Hotchkins	Lubbock Children's Health Clinic
Bill	Howerton	City of Lubbock

	Name	Organization
Betsy	Jones	Texas Tech University Health Sciences Center
Latrelle	Joy	City Council District 6
Douglas	Klepper	Pediatric Associates of Lubbock
Steven	Lara	StarCare Specialty Health System
Steven	Lara	VetStar
John	Lowe	University Medical Center
Dave	Marcinkowski	Madera Residential
Heather	Martinez	University Medical Center
Glenda	Mathis	YWCA of Lubbock
Mark	McBrayer	City Council, Lubbock Texas
Mont	McClendon	McDougal Companies
Bryce	McGregor	Texas Tech University Health Sciences Center School of Medicine
Russell	McInturff	Texas Tech University
Amanda	Mead	University Medical Center Foundation
Linda	Miller	University Medical Center Foundation
Thomas	Moore	University Medical Center Emergency Medical Services
Sue	Moore	Community Member
Amy	Morris	StarCare Specialty Health System
Zachary	Mulkey	Texas Tech University Health Sciences Center
Carla	Olson	Parenting Cottage, Inc.
Mike	Ragain	University Medical Center
Terence	Ray Kovar	Lubbock County
Denise	Rudd	South Plains Food Bank
Lindsay	Rushing	Rushing Family Foundation
Jodene	Satteerwhite	University Medical Center
Jill	Shanklin	University Medical Center
Nicholas	Skeen	University Medical Center
Chris	Smith	University Medical Center
Shane	Terrell	University Medical Center

Name		Organization
Wm. Mark	Thompson	Law Offices of Baker, Brown & Thompson
Lisa	Thompson	Lubbock ISD
Terrell	Thrasher	University Medical Center
Amanda	Tijerina	University Medical Center
Laura	Vinson	Prosperity Bank
Teresa	Vitela	StarCare Specialty Health System
Jessica	Voos	StarCare Behavioral Health System
Phillip	Waldmann	University Medical Center
Misti	Welch	University Medical Center
Katherine	Wells	Lubbock Public Health
Gladys	Whitten	University Medical Center
Jolyn	Wilkins	University Medical Center
Tammy	Williams	University Medical Center
Lois	Wischkaemper	University Medical Center

APPENDIX C – COUNTY HEALTH RANKINGS

CROSBY COUNTY

Health Outcomes	Crosby County: 2019	Crosby County: 2022	Change	Texas: 2022	Top US Performers: 2022
Mortality: Texas County Ranking	226	216	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,778	11,008	-	7,000	7,300
Morbidity: Texas County Ranking	191	179	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	24%	31%	-	21%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.1	4.9	-	3.6	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.8	4.7	-	3.9	4.5
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	9.0%	NC	8.0%	8.0%

Health Outcomes	Crosby County: 2019	Crosby County: 2022	Change	Texas: 2022	Top US Performers: 2022
Health Behaviors: Texas County Ranking	120	169	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	19.0%	-	15.0%	16.0%
Adult obesity – Percent of adults that report a BMI >= 30	29.0%	41.0%	-	34.0%	32.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.4	7.4	-	6.1	7.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	24.0%	39.0%	-	27.0%	26.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	32.0%	21.0%	-	80.0%	80.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	16.0%	17.0%	-	20.0%	20.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	27.0%	10.0%	+	25.0%	27.0%
Sexually transmitted infections – Chlamydia rate per 100K population	401.5	348.6	+	445.1	551.0
Teen birth rate – Per 1,000 female population, ages 15-19	59.0	48.0	+	29.0	19.0
Clinical Care: Texas County Ranking	217	51	+		
Uninsured adults – Percent of population under age 65 without health insurance	22.0%	21.0%	+	21.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	2,996:1	2,869:1	+	1,630:1	1,310:1
Dentists – Ratio of population to dentists	0:0	0:0	NC	1,660:1	1,400:1
Mental health providers – Ratio of population to mental health providers	0:0	0:0	NC	760:1	350:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	7,302	2,380	+	4,255	3,767
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	35.0%	34.0%	-	39.0%	43.0%

Health Outcomes	Crosby County: 2019	Crosby County: 2022	Change	Texas: 2022	Top US Performers: 2022
Social and Economic Factors: Texas County Ranking	165	165	NC		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	95.0%	76.0%	-	84.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	41.0%	44.0%	+	63.0%	67.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	4.1%	5.2%	-	7.6%	8.1%
Children in poverty – Percent of children under age 18 in poverty	38.0%	30.0%	+	19.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.2	4.3	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	45.0%	35.0%	+	26.0%	25.0%
Social associations – Number of membership associations per 10,000 population	21.7	15.7	-	7.5	9.2
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	83.0	83.0	NC	420.0	386.0
Injury deaths – Number of deaths due to injury per 100,000 population	37.0	97.0	-	60.0	76.0
Physical Environment: Texas County Ranking	82	43	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.6	7.3	+	9.0	7.5
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	16.0%	15.0%	+	17.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	85.0%	77.0%	+	79.0%	75.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	33.0%	37.0%	-	39.0%	37.0%

FLOYD COUNTY

Health Outcomes	Floyd County: 2019	Floyd County: 2022	Change	Texas: 2022	Top US Performers: 2022
Mortality: Texas County Ranking	14	206	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,670	10,683	-	7,000	7,300
Morbidity: Texas County Ranking	225	179	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	27%	28%	-	21%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.4	4.5	-	3.6	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.0	4.4	-	3.9	4.5
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	9.0%	NC	8.0%	8.0%

Health Outcomes	Floyd County: 2019	Floyd County: 2022	Change	Texas: 2022	Top US Performers: 2022
Health Behaviors: Texas County Ranking	82	51	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	17.0%	17.0%	NC	15.0%	16.0%
Adult obesity – Percent of adults that report a BMI >= 30	29.0%	39.0%	-	34.0%	32.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.4	7.9	-	6.1	7.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	24.0%	36.0%	-	27.0%	26.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	83.0%	75.0%	+	80.0%	80.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	15.0%	18.0%	-	20.0%	20.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	14.0%	20.0%	-	25.0%	27.0%
Sexually transmitted infections – Chlamydia rate per 100K population	338.9	210.1	+	445.1	551.0
Teen birth rate – Per 1,000 female population, ages 15-19	53.0	33.0	+	29.0	19.0
Clinical Care: Texas County Ranking	152	197	-		
Uninsured adults – Percent of population under age 65 without health insurance	23.0%	26.0%	-	21.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,479:1	1,904:1	-	1,630:1	1,310:1
Dentists – Ratio of population to dentists	5,855:1	5,672:1	+	1,660:1	1,400:1
Mental health providers – Ratio of population to mental health providers	5,855:1	0:0	-	760:1	350:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	6,025	4,749	+	4,255	3,767
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	35.0%	26.0%	-	39.0%	43.0%

Health Outcomes	Floyd County: 2019	Floyd County: 2022	Change	Texas: 2022	Top US Performers: 2022
Social and Economic Factors: Texas County Ranking	168	163	+		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	96.0%	75.0%	-	84.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	52.0%	51.0%	-	63.0%	67.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.5%	6.2%	-	7.6%	8.1%
Children in poverty – Percent of children under age 18 in poverty	34.0%	30.0%	+	19.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.5	4.5	NC	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	30.0%	24.0%	+	26.0%	25.0%
Social associations – Number of membership associations per 10,000 population	25.4	19.3	-	7.5	9.2
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	468.0	468.0	NC	420.0	386.0
Injury deaths – Number of deaths due to injury per 100,000 population	70.0	69.0	+	60.0	76.0
Physical Environment: Texas County Ranking	46	56	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.3	7.0	+	9.0	7.5
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	16.0%	15.0%	+	17.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	81.0%	82.0%	-	79.0%	75.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	21.0%	27.0%	-	39.0%	37.0%

Garza County

Health Outcomes	Garza County: 2019	Garza County: 2022	Change	Texas: 2022	Top US Performers: 2022
Mortality: Texas County Ranking	32	11	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,592	5,571	+	7,000	7,300
Morbidity: Texas County Ranking	134	184	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	20%	31%	-	21%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.6	4.8	-	3.6	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.3	4.4	-	3.9	4.5
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	9.0%	NC	8.0%	8.0%

Health Outcomes	Garza County: 2019	Garza County: 2022	Change	Texas: 2022	Top US Performers: 2022
Health Behaviors: Texas County Ranking	92	185	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	20.0%	-	15.0%	16.0%
Adult obesity – Percent of adults that report a BMI >= 30	28.0%	40.0%	-	34.0%	32.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.8	7.3	-	6.1	7.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	23.0%	38.0%	-	27.0%	26.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	13.0%	0.0%	-	80.0%	80.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	22.0%	19.0%	+	20.0%	20.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	0.0%	18.0%	-	25.0%	27.0%
Sexually transmitted infections – Chlamydia rate per 100K population	389.7	208.7	+	445.1	551.0
Teen birth rate – Per 1,000 female population, ages 15-19	53.0	54.0	-	29.0	19.0
Clinical Care: Texas County Ranking	200	218	-		
Uninsured adults – Percent of population under age 65 without health insurance	22.0%	24.0%	-	21.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	6,442:1	6,229:1	+	1,630:1	1,310:1
Dentists – Ratio of population to dentists	3,264:1	3,111:1	+	1,660:1	1,400:1
Mental health providers – Ratio of population to mental health providers	0:0	0:0	NC	760:1	350:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	5,448	6,150	-	4,255	3,767
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	24.0%	29.0%	+	39.0%	43.0%

Health Outcomes	Garza County: 2019	Garza County: 2022	Change	Texas: 2022	Top US Performers: 2022
Social and Economic Factors: Texas County Ranking	184	201	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	71.0%	65.0%	-	84.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	27.0%	19.0%	-	63.0%	67.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	3.3%	6.8%	-	7.6%	8.1%
Children in poverty – Percent of children under age 18 in poverty	27.0%	23.0%	+	19.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	3.2	5.4	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	35.0%	8.0%	+	26.0%	25.0%
Social associations – Number of membership associations per 10,000 population	12.4	11.2	-	7.5	9.2
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	118.0	118.0	NC	420.0	386.0
Injury deaths – Number of deaths due to injury per 100,000 population	56.0	44.0	+	60.0	76.0
Physical Environment: Texas County Ranking	5	30	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.1	7.2	-	9.0	7.5
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	8.0%	8.0%	NC	17.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	71.0%	85.0%	-	79.0%	75.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	20.0%	27.0%	-	39.0%	37.0%

HALE COUNTY

Health Outcomes	Hale County: 2019	Hale County: 2022	Change	Texas: 2022	Top US Performers: 2022
Mortality: Texas County Ranking	97	148	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,922	9,229	-	7,000	7,300
Morbidity: Texas County Ranking	222	139	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	26%	28%	-	21%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.2	4.4	-	3.6	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.7	4.4	-	3.9	4.5
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	9.0%	+	8.0%	8.0%

Health Outcomes	Hale County: 2019	Hale County: 2022	Change	Texas: 2022	Top US Performers: 2022
Health Behaviors: Texas County Ranking	190	90	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	17.0%	17.0%	NC	15.0%	16.0%
Adult obesity – Percent of adults that report a BMI >= 30	31.0%	39.0%	-	34.0%	32.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.6	7.3	-	6.1	7.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	26.0%	35.0%	-	27.0%	26.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	74.0%	73.0%	-	80.0%	80.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	17.0%	18.0%	-	20.0%	20.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	35.0%	19.0%	+	25.0%	27.0%
Sexually transmitted infections – Chlamydia rate per 100K population	535.5	464.0	+	445.1	551.0
Teen birth rate – Per 1,000 female population, ages 15-19	55.0	44.0	+	29.0	19.0
Clinical Care: Texas County Ranking	132	150	-		
Uninsured adults – Percent of population under age 65 without health insurance	23.0%	24.0%	-	21.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	3,426:1	3,307:1	+	1,630:1	1,310:1
Dentists – Ratio of population to dentists	3,793:1	5,459:1	-	1,660:1	1,400:1
Mental health providers – Ratio of population to mental health providers	853:1	762:1	+	760:1	350:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,602	4,035	+	4,255	3,767
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	34.0%	32.0%	+	39.0%	43.0%

Health Outcomes	Hale County: 2019	Hale County: 2022	Change	Texas: 2022	Top US Performers: 2022
Social and Economic Factors: Texas County Ranking	167	160	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	89.0%	75.0%	-	84.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	46.0%	46.0%	NC	63.0%	67.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.1%	6.8%	-	7.6%	8.1%
Children in poverty – Percent of children under age 18 in poverty	28.0%	25.0%	+	19.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.2	4.4	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	36.0%	32.0%	+	26.0%	25.0%
Social associations – Number of membership associations per 10,000 population	14.9	14.7	-	7.5	9.2
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	222.0	222.0	NC	420.0	386.0
Injury deaths – Number of deaths due to injury per 100,000 population	59.0	62.0	-	60.0	76.0
Physical Environment: Texas County Ranking	51	76	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.6	7.3	+	9.0	7.5
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	15.0%	17.0%	-	17.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	82.0%	84.0%	-	79.0%	75.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	19.0%	22.0%	+	39.0%	37.0%

HOCKLEY COUNTY

Health Outcomes	Hockley County: 2019	Hockley County: 2022	Change	Texas: 2022	Top US Performers: 2022
Mortality: Texas County Ranking	174	190	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,371	10,333	-	7,000	7,300
Morbidity: Texas County Ranking	171	182	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	20%	27%	-	21%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.8	4.5	-	3.6	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.6	4.6	-	3.9	4.5
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	9.0%	NC	8.0%	8.0%

Health Outcomes	Hockley County: 2019	Hockley County: 2022	Change	Texas: 2022	Top US Performers: 2022
Health Behaviors: Texas County Ranking	138	136	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15.0%	18.0%	-	15.0%	16.0%
Adult obesity – Percent of adults that report a BMI >= 30	31.0%	39.0%	-	34.0%	32.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.9	6.5	-	6.1	7.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	29.0%	35.0%	-	27.0%	26.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	64.0%	60.0%	-	80.0%	80.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18.0%	18.0%	NC	20.0%	20.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	31.0%	25.0%	+	25.0%	27.0%
Sexually transmitted infections – Chlamydia rate per 100K population	456.6	551.7	+	445.1	551.0
Teen birth rate – Per 1,000 female population, ages 15-19	45.0	31.0	+	29.0	19.0
Clinical Care: Texas County Ranking	94	93	+		
Uninsured adults – Percent of population under age 65 without health insurance	20.0%	22.0%	-	21.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,790:1	1,644:1	+	1,630:1	1,310:1
Dentists – Ratio of population to dentists	2,099:1	2,292:1	-	1,660:1	1,400:1
Mental health providers – Ratio of population to mental health providers	1,539:1	1,348:1	+	760:1	350:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,292	3,935	+	4,255	3,767
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	28.0%	33.0%	+	39.0%	43.0%

Health Outcomes	Hockley County: 2019	Hockley County: 2022	Change	Texas: 2022	Top US Performers: 2022
Social and Economic Factors: Texas County Ranking	124	175	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	87.0%	76.0%	-	84.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	54.0%	51.0%	-	63.0%	67.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	3.7%	7.9%	-	7.6%	8.1%
Children in poverty – Percent of children under age 18 in poverty	23.0%	20.0%	+	19.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.5	4.9	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	30.0%	19.0%	+	26.0%	25.0%
Social associations – Number of membership associations per 10,000 population	14.2	11.3	-	7.5	9.2
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	448.0	448.0	NC	420.0	386.0
Injury deaths – Number of deaths due to injury per 100,000 population	85.0	90.0	-	60.0	76.0
Physical Environment: Texas County Ranking	77	82	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.5	7.4	+	9.0	7.5
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%	13.0%	-	17.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	79.0%	78.0%	+	79.0%	75.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	25.0%	29.0%	-	39.0%	37.0%

LAMB COUNTY

Health Outcomes	Lamb County: 2019	Lamb County: 2022	Change	Texas: 2022	Top US Performers: 2022
Mortality: Texas County Ranking	117	203	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,383	10,637	-	7,000	7,300
Morbidity: Texas County Ranking	234	201	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	27%	31%	-	21%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.6	4.9	-	3.6	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.0	4.7	-	3.9	4.5
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	9.0%	+	8.0%	8.0%

Health Outcomes	Lamb County: 2019	Lamb County: 2022	Change	Texas: 2022	Top US Performers: 2022
Health Behaviors: Texas County Ranking	200	211	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	19.0%	-	15.0%	16.0%
Adult obesity – Percent of adults that report a BMI >= 30	32.0%	41.0%	-	34.0%	32.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.8	6.8	-	6.1	7.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	24.0%	38.0%	-	27.0%	26.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	66.0%	75.0%	+	80.0%	80.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	15.0%	17.0%	-	20.0%	20.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	32.0%	53.0%	-	25.0%	27.0%
Sexually transmitted infections – Chlamydia rate per 100K population	425.8	411.1	+	445.1	551.0
Teen birth rate – Per 1,000 female population, ages 15-19	58.0	45.0	+	29.0	19.0
Clinical Care: Texas County Ranking	187	179	+		
Uninsured adults – Percent of population under age 65 without health insurance	24.0%	27.0%	-	21.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	4,425:1	2,579:1	+	1,630:1	1,310:1
Dentists – Ratio of population to dentists	6,605:1	6,355:1	+	1,660:1	1,400:1
Mental health providers – Ratio of population to mental health providers	6,605:1	2,542:1	+	760:1	350:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,673	3,205	+	4,255	3,767
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	30.0%	30.0%	NC	39.0%	43.0%

Health Outcomes	Lamb County: 2019	Lamb County: 2022	Change	Texas: 2022	Top US Performers: 2022
Social and Economic Factors: Texas County Ranking	164	130	+		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	96.0%	76.0%	-	84.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	50.0%	49.0%	-	63.0%	67.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.2%	5.2%	NC	7.6%	8.1%
Children in poverty – Percent of children under age 18 in poverty	30.0%	25.0%	+	19.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.5	5.0	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	36.0%	25.0%	+	26.0%	25.0%
Social associations – Number of membership associations per 10,000 population	17.3	18.6	+	7.5	9.2
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	341.0	341.0	NC	420.0	386.0
Injury deaths – Number of deaths due to injury per 100,000 population	85.0	86.0	-	60.0	76.0
Physical Environment: Texas County Ranking	89	40	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.5	7.2	+	9.0	7.5
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%	14.0%	-	17.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	82.0%	79.0%	+	79.0%	75.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	21.0%	23.0%	-	39.0%	37.0%

LUBBOCK COUNTY

Health Outcomes	Lubbock County: 2019	Lubbock County: 2022	Change	Texas: 2022	Top US Performers: 2022
Mortality: Texas County Ranking	107	155	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,186	9,358	-	7,000	7,300
Morbidity: Texas County Ranking	147	97	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	18%	23%	-	21%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.6	4.2	-	3.6	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.7	4.4	-	3.9	4.5
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	9.0%	NC	8.0%	8.0%

Health Outcomes	Lubbock County: 2019	Lubbock County: 2022	Change	Texas: 2022	Top US Performers: 2022
Health Behaviors: Texas County Ranking	197	56	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	16.0%	NC	15.0%	16.0%
Adult obesity – Percent of adults that report a BMI >= 30	32.0%	36.0%	-	34.0%	32.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1	7.0	-	6.1	7.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	27.0%	33.0%	-	27.0%	26.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	89.0%	87.0%	-	80.0%	80.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	19.0%	18.0%	+	20.0%	20.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	36.0%	36.0%	NC	25.0%	27.0%
Sexually transmitted infections – Chlamydia rate per 100K population	724.7	720.3	+	445.1	551.0
Teen birth rate – Per 1,000 female population, ages 15-19	36.0	30.0	+	29.0	19.0
Clinical Care: Texas County Ranking	14	13	+		
Uninsured adults – Percent of population under age 65 without health insurance	15.0%	18.0%	-	21.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,203:1	1,199:1	+	1,630:1	1,310:1
Dentists – Ratio of population to dentists	1,817:1	1,759:1	+	1,660:1	1,400:1
Mental health providers – Ratio of population to mental health providers	700:1	579:1	+	760:1	350:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,223	3,248	+	4,255	3,767
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	36.0%	38.0%	+	39.0%	43.0%

Health Outcomes	Lubbock County: 2019	Lubbock County: 2022	Change	Texas: 2022	Top US Performers: 2022
Social and Economic Factors: Texas County Ranking	114	109	+		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	90.0%	87.0%	-	84.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	65.0%	67.0%	+	63.0%	67.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	3.2%	5.7%	-	7.6%	8.1%
Children in poverty – Percent of children under age 18 in poverty	22.0%	18.0%	+	19.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.8	5.0	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	38.0%	29.0%	+	26.0%	25.0%
Social associations – Number of membership associations per 10,000 population	9.1	8.7	-	7.5	9.2
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	863.0	862.0	+	420.0	386.0
Injury deaths – Number of deaths due to injury per 100,000 population	73.0	80.0	-	60.0	76.0
Physical Environment: Texas County Ranking	144	141	+		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	8.2	7.8	+	9.0	7.5
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%	-	17.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	81.0%	80.0%	+	79.0%	75.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	10.0%	10.0%	NC	39.0%	37.0%

LYNN COUNTY

Health Outcomes	Lynn County: 2019	Lynn County: 2022	Change	Texas: 2022	Top US Performers: 2022
Mortality: Texas County Ranking	199	212	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,004	10,889	-	7,000	7,300
Morbidity: Texas County Ranking	206	220	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	23%	18%	+	21%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.1	4.8	-	3.6	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.8	4.7	-	3.9	4.5
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	10.0%	-	8.0%	8.0%

Health Outcomes	Lynn County: 2019	Lynn County: 2022	Change	Texas: 2022	Top US Performers: 2022
Health Behaviors: Texas County Ranking	145	202	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	17.0%	19.0%	-	15.0%	16.0%
Adult obesity – Percent of adults that report a BMI >= 30	28.0%	40.0%	-	34.0%	32.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1	6.0	-	6.1	7.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	24.0%	37.0%	-	27.0%	26.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	23.0%	0.0%	+	80.0%	80.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	17.0%	18.0%	-	20.0%	20.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	33.0%	42.0%	-	25.0%	27.0%
Sexually transmitted infections – Chlamydia rate per 100K population	331.9	386.5	-	445.1	551.0
Teen birth rate – Per 1,000 female population, ages 15-19	51.0	41.0	+	29.0	19.0
Clinical Care: Texas County Ranking	162	65	+		
Uninsured adults – Percent of population under age 65 without health insurance	21.0%	21.0%	NC	21.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,428:1	1,190:1	+	1,630:1	1,310:1
Dentists – Ratio of population to dentists	5,859:1	6,025:1	-	1,660:1	1,400:1
Mental health providers – Ratio of population to mental health providers	0:0	0:0	NC	760:1	350:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	6,483	3,863	+	4,255	3,767
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	29.0%	34.0%	+	39.0%	43.0%

Health Outcomes	Lynn County: 2019	Lynn County: 2022	Change	Texas: 2022	Top US Performers: 2022
Social and Economic Factors: Texas County Ranking	72	86	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	100.0%	79.0%	-	84.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	53.0%	65.0%	+	63.0%	67.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	3.8%	5.4%	-	7.6%	8.1%
Children in poverty – Percent of children under age 18 in poverty	28.0%	20.0%	+	19.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.7	6.2	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	33.0%	26.0%	+	26.0%	25.0%
Social associations – Number of membership associations per 10,000 population	24.5	13.4	-	7.5	9.2
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	121.0	121.0	NC	420.0	386.0
Injury deaths – Number of deaths due to injury per 100,000 population	66.0	85.0	-	60.0	76.0
Physical Environment: Texas County Ranking	72	106	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.4	7.6	-	9.0	7.5
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%	12.0%	+	17.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	76.0%	81.0%	-	79.0%	75.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	28.0%	32.0%	-	39.0%	37.0%

TERRY COUNTY

Health Outcomes	Terry County: 2019	Terry County: 2022	Change	Texas: 2022	Top US Performers: 2022
Mortality: Texas County Ranking	186	221	-		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,536	11,179	-	7,000	7,300
Morbidity: Texas County Ranking	212	229	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	24%	32%	-	21%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.2	5.0	-	3.6	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.7	4.8	-	3.9	4.5
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	9.0%	+	8.0%	8.0%

Health Outcomes	Terry County: 2019	Terry County: 2022	Change	Texas: 2022	Top US Performers: 2022
Health Behaviors: Texas County Ranking	210	226	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	17.0%	20.0%	-	15.0%	16.0%
Adult obesity – Percent of adults that report a BMI >= 30	30.0%	41.0%	-	34.0%	32.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.2	5.8	-	6.1	7.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	25.0%	40.0%	-	27.0%	26.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	75.0%	47.0%	-	80.0%	80.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18.0%	17.0%	+	20.0%	20.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	56.0%	23.0%	+	25.0%	27.0%
Sexually transmitted infections – Chlamydia rate per 100K population	384.6	567.4	-	445.1	551.0
Teen birth rate – Per 1,000 female population, ages 15-19	80.0	62.0	+	29.0	19.0
Clinical Care: Texas County Ranking	199	234	-		
Uninsured adults – Percent of population under age 65 without health insurance	24.0%	26.0%	-	21.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	3,200:1	2,467:1	+	1,630:1	1,310:1
Dentists – Ratio of population to dentists	3,179:1	2,437:1	+	1,660:1	1,400:1
Mental health providers – Ratio of population to mental health providers	0:0	12,183:1	+	760:1	350:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	5,711	7,215	-	4,255	3,767
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	26.0%	20.0%	-	39.0%	43.0%

Health Outcomes	Terry County: 2019	Terry County: 2022	Change	Texas: 2022	Top US Performers: 2022
Social and Economic Factors: Texas County Ranking	193	211	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	92.0%	70.0%	-	84.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	38.0%	38.0%	NC	63.0%	67.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.0%	7.3%	-	7.6%	8.1%
Children in poverty – Percent of children under age 18 in poverty	30.0%	27.0%	+	19.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	3.7	4.6	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	40.0%	26.0%	+	26.0%	25.0%
Social associations – Number of membership associations per 10,000 population	13.3	8.1	-	7.5	9.2
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	254.0	254.0	NC	420.0	386.0
Injury deaths – Number of deaths due to injury per 100,000 population	80.0	83.0	-	60.0	76.0
Physical Environment: Texas County Ranking	70	97	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.3	7.4	-	9.0	7.5
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%	17.0%	-	17.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	78.0%	75.0%	+	79.0%	75.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	32.0%	27.0%	+	39.0%	37.0%

APPENDIX D – SOURCES

Data Indicator	Data Source
Total Population	US Census Bureau, American Community Survey, 2016-20.
Total Population Change, 2010 - 2020	US Census Bureau, Decennial Census, 2020.
Total Population Change, 2000 - 2010	US Census Bureau, Decennial Census, 2000 - 2010.
Urban and Rural Population	US Census Bureau, Decennial Census, 2010.
Group Quarters Population	US Census Bureau, Decennial Census, 2020.
Median Age	US Census Bureau, American Community Survey, 2016-20.
Female Population	US Census Bureau, American Community Survey, 2016-20.
Male Population	US Census Bureau, American Community Survey, 2016-20.
Population Under Age 18	US Census Bureau, American Community Survey, 2016-20.
Population Age 0-4	US Census Bureau, American Community Survey, 2016-20.
Population Age 5-17	US Census Bureau, American Community Survey, 2016-20.
Population Age 18-64	US Census Bureau, American Community Survey, 2016-20.
Population Age 18-24	US Census Bureau, American Community Survey, 2016-20.
Population Age 25-34	US Census Bureau, American Community Survey, 2016-20.
Population Age 35-44	US Census Bureau, American Community Survey, 2016-20.
Population Age 45-54	US Census Bureau, American Community Survey, 2016-20.

Data Indicator	Data Source
Population Age 55-64	US Census Bureau, American Community Survey, 2016-20.
Population Age 65+	US Census Bureau, American Community Survey, 2016-20.
Population with Any Disability	US Census Bureau, American Community Survey, 2016-20.
Population in Limited English Households	US Census Bureau, American Community Survey, 2016-20.
Population with Limited English Proficiency	US Census Bureau, American Community Survey, 2016-20.
Population Geographic Mobility	US Census Bureau, American Community Survey, 2016-20.
Foreign-Born Population	US Census Bureau, American Community Survey, 2016-20.
Hispanic Population	US Census Bureau, American Community Survey, 2016-20.
Non-Hispanic White Population	US Census Bureau, American Community Survey, 2016-20.
Black or African American Population	US Census Bureau, American Community Survey, 2016-20.
Citizenship Status	US Census Bureau, American Community Survey, 2016-20.
Veteran Population	US Census Bureau, American Community Survey, 2016-20.
Migration Patterns - Total Population (2010-2020)	IRS - Statistics of Income, 2010-2020.
Migration Patterns - Total Population (2000-2010)	University of Wisconsin Net Migration Patterns for US Counties, 2000 to 2010.
Migration Patterns - Young Adult (2000-2010)	University of Wisconsin Net Migration Patterns for US Counties, 2000 to 2010.
Commuter Travel Patterns - Driving Alone to Work	US Census Bureau, American Community Survey, 2016-20.

Data Indicator	Data Source
Commuter Travel Patterns - Long Commute	US Census Bureau, American Community Survey, 2016-20.
Commuter Travel Patterns - Overview	US Census Bureau, American Community Survey, 2016-20.
Commuter Travel Patterns - Overview 2	US Census Bureau, American Community Survey, 2016-20.
Commuter Travel Patterns - Public Transportation	US Census Bureau, American Community Survey, 2016-20.
Commuter Travel Patterns - Walking or Biking	US Census Bureau, American Community Survey, 2016-20.
Employment - Business Creation	US Census Bureau, Business Dynamics Statistics, 2019-2020.
Employment - Employment Change	US Census Bureau, Business Dynamics Statistics, 2019-2020.
Employment - Job Sectors, Largest	US Department of Commerce, US Bureau of Economic Analysis, 2019.
Employment - Jobs and Earnings by Sector	US Department of Commerce, US Bureau of Economic Analysis, 2020.
Employment - Jobs Sectors, Highest Earnings	US Department of Commerce, US Bureau of Economic Analysis, 2019.
Employment - Labor Force Participation Rate	US Census Bureau, American Community Survey, 2016-20.
Employment - Unemployment Rate	US Department of Labor, Bureau of Labor Statistics, 2022 - November.
Gross Domestic Product (GDP)	US Department of Commerce, US Bureau of Economic Analysis, 2019.
Income - Earned Income Tax Credit	IRS - Statistics of Income, 2018.
Income - Families Earning Over \$75,000	US Census Bureau, American Community Survey, 2016-20.
Income - Income and AMI	US Census Bureau, American Community Survey, 2016-20.

Data Indicator	Data Source
Income - Inequality (Atkinson Index)	US Census Bureau, American Community Survey, University of Missouri, Center for Applied Research and Engagement Systems, 2007-11.
Income - Inequality (GINI Index)	US Census Bureau, American Community Survey, 2016-20.
Income - Median Family Income	US Census Bureau, American Community Survey, 2016-20.
Income - Median Household Income	US Census Bureau, American Community Survey, 2016-20.
Income - Net Income of Farming Operations	US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture, 2017.
Income - Per Capita Income	US Census Bureau, American Community Survey, 2016-20.
Income - Proprietor Employment and Income	US Department of Commerce, US Bureau of Economic Analysis, 2016.
Income - Public Assistance Income	US Census Bureau, American Community Survey, 2016-20.
Income - Transfer Payments	US Department of Commerce, US Bureau of Economic Analysis, 2019.
Poverty - Children Below 100% FPL	US Census Bureau, American Community Survey, 2016-20.
Poverty - Children Below 200% FPL	US Census Bureau, American Community Survey, 2016-20.
Poverty - Children Eligible for Free/Reduced Price Lunch	National Center for Education Statistics, NCES - Common Core of Data, 2020-2021.
Poverty - Population Below 100% FPL	US Census Bureau, American Community Survey, 2016-20.
Poverty - Population Below 100% FPL (Annual)	US Census Bureau, Small Area Income and Poverty Estimates, 2020.
Poverty - Population Below 185% FPL	US Census Bureau, American Community Survey, 2016-20.
Poverty - Population Below 200% FPL	US Census Bureau, American Community Survey, 2016-20.

Data Indicator	Data Source
Poverty - Population Below 50% FPL	US Census Bureau, American Community Survey, 2016-20.
Debt - Student Loan Debt	Debt in America, The Urban Institute, 2022.
Debt - Any Debt in Collections	Debt in America, The Urban Institute, 2022.
Access - Childcare Centers	Department of Homeland Security, Homeland Infrastructure Foundation-Level Data, 2021.
Access - Head Start	US Department of Health & Human Services, HRSA - Administration for Children and Families, 2022.
Access - Childcare Cost Burden	The Living Wage Calculator, Small Area Income and Poverty Estimates, 2021&2020.
Access - Preschool Enrollment (Age 3-4)	US Census Bureau, American Community Survey, 2016-20.
Access - Public Schools	National Center for Education Statistics, NCES - Common Core of Data, 2020-2021.
Attainment - Overview	US Census Bureau, American Community Survey, 2016-20.
Attainment - Associate's Level Degree or Higher	US Census Bureau, American Community Survey, 2016-20.
Attainment - Bachelor's Degree or Higher	US Census Bureau, American Community Survey, 2016-20.
Attainment - No High School Diploma	US Census Bureau, American Community Survey, 2016-20.
Attainment - Some Post-secondary Education	US Census Bureau, American Community Survey, 2016-20.
Attainment - High School Graduation Rate	US Department of Education, EDFacts, 2018-19.
Chronic Absence Rate	U.S. Department of Education, US Department of Education - Civil Rights Data Collection, 2017-18.
Proficiency - Student Math Proficiency (4th Grade)	US Department of Education, EDFacts, 2018-19.

Data Indicator	Data Source
Proficiency - Student Reading Proficiency (4th Grade)	US Department of Education, EDFacts, 2018-19.
Public School Revenue	National Center for Education Statistics, NCES - Common Core of Data, 2018-19.
Public School Expenditures	National Center for Education Statistics, NCES - Common Core of Data, 2018-19.
School Funding Adequacy	School Finance Indicators Database, SFID - School Finance Indicators Database, 2019.
School Segregation Index	National Center for Education Statistics, NCES - School Segregation Index, 2020-2021.
Households - Overview	US Census Bureau, American Community Survey, 2016-20.
Family Households - Overview	US Census Bureau, American Community Survey, 2016-20.
Families with Children	US Census Bureau, American Community Survey, 2016-20.
Affordable Housing	US Census Bureau, American Community Survey, 2016-20.
Affordable Housing - Low Income Tax Credits	US Department of Housing and Urban Development, 2019.
Affordable Housing - Assisted Housing Units	US Department of Housing and Urban Development, 2021.
Evictions	Eviction Lab, 2016.
Household Structure - Single-Parent Households	US Census Bureau, American Community Survey, 2016-20.
Household Structure - Older Adults Living Alone	US Census Bureau, American Community Survey, 2016-20.
Housing Costs - Cost Burden (30%)	US Census Bureau, American Community Survey, 2016-20.
Housing Costs - Cost Burden, Severe (50%)	US Census Bureau, American Community Survey, 2016-20.

Data Indicator	Data Source
Housing Costs - Owner Costs	US Census Bureau, American Community Survey, 2016-20.
Housing Costs - Owner Costs by Mortgage Status	US Census Bureau, American Community Survey, 2016-20.
Housing Costs - Renter Costs	US Census Bureau, American Community Survey, 2016-20.
Housing Quality - Overcrowding	US Census Bureau, American Community Survey, 2016-20.
Housing Quality - Substandard Housing	US Census Bureau, American Community Survey, 2016-20.
Housing Quality - Substandard Housing, Severe	US Census Bureau, American Community Survey, 2011-2015.
Housing Stock - Age	US Census Bureau, American Community Survey, 2016-20.
Housing Stock - Housing Unit Value	US Census Bureau, American Community Survey, 2016-20.
Housing Stock - Modern Housing	US Census Bureau, American Community Survey, 2016-20.
Housing Stock - Mortgage Lending	Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act, 2014.
Housing Stock - Net Change	US Census Bureau, American Community Survey, 2016-20.
Housing Stock - Residential Construction	US Department of Housing and Urban Development, 2014.
Housing Units - Overview	US Census Bureau, Census Population Estimates.
Housing Units - Single-Unit Housing	US Census Bureau, American Community Survey, 2016-20.
Tenure - Mortgage Status	US Census Bureau, American Community Survey, 2016-20.
Tenure - Owner-Occupied Housing	US Census Bureau, American Community Survey, 2016-20.

Data Indicator	Data Source
Tenure - Renter-Occupied Housing	US Census Bureau, American Community Survey, 2016-20.
Vacancy (ACS)	US Census Bureau, American Community Survey, 2016-20.
Vacancy (HUD)	US Department of Housing and Urban Development, 2020-Q4.
Area Deprivation Index	University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas, 2020.
Food Insecurity Rate	Feeding America, 2020.
Homeless Children & Youth	US Department of Education, EDFacts, 2019-2020.
Households with No Motor Vehicle	US Census Bureau, American Community Survey, 2016-20.
Incarceration Rate	Opportunity Insights, 2018.
Insurance - Insured Population and Provider Type	US Census Bureau, American Community Survey, 2016-20.
Insurance - Medicare Enrollment Demographics	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2020.
Insurance - Population Receiving Medicaid	US Census Bureau, American Community Survey, 2016-20.
Insurance - Uninsured Adults	US Census Bureau, Small Area Health Insurance Estimates, 2019.
Insurance - Uninsured Children	US Census Bureau, Small Area Health Insurance Estimates, 2019.
Insurance - Uninsured Population (ACS)	US Census Bureau, American Community Survey, 2016-20.
Insurance - Uninsured Population (SAHIE)	US Census Bureau, Small Area Health Insurance Estimates, 2019.
Racial Diversity (Theil Index)	US Census Bureau, Decennial Census, University of Missouri, Center for Applied Research and Engagement Systems, 2020.

Data Indicator	Data Source
Racial Segregation (Interaction Index)	US Census Bureau, Decennial Census, University of Missouri, Center for Applied Research and Engagement Systems, 2010.
SNAP Benefits - Households Receiving SNAP (ACS)	US Census Bureau, American Community Survey, 2016-20.
SNAP Benefits - Population Receiving SNAP (SAIPE)	US Census Bureau, Small Area Income and Poverty Estimates, 2019.
Social Capital - Social Capital Index	Pennsylvania State University, College of Agricultural Sciences, Northeast Regional Center for Rural Development, 2014.
Social Capital - 501c3 organizations	IRS - Exempt Organizations Business Master File, 2020.
Social Capital - ACS Self-response Rate	Census Planning Database; ACS 2015-19; CARES, 2021.
Social Capital - Voter Participation Rate	Townhall.com Election Results, 2020.
Social Vulnerability Index (SoVI)	Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2018.
Teen Births	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2014-2020.
Teen Births (ACS)	US Census Bureau, American Community Survey, 2016-20.
Arrests - Juvenile Arrest Rate	Office of Juvenile Justice and Delinquency Department, Easy Access to State and County Juvenile Court Case Counts (EZACO), 2019.
Property Crime - Total	Federal Bureau of Investigation, FBI Uniform Crime Reports, 2014&2016.
Violent Crime - Assault	Federal Bureau of Investigation, FBI Uniform Crime Reports, 2015-2017.
Violent Crime - Rape	Federal Bureau of Investigation, FBI Uniform Crime Reports, 2015-2017.
Violent Crime - Robbery	Federal Bureau of Investigation, FBI Uniform Crime Reports, 2015-2017.
Violent Crime - Total	Federal Bureau of Investigation, FBI Uniform Crime Reports, 2015-2017.

Data Indicator	Data Source
Housing + Transportation Affordability Index (H+T Index)	Center for Neighborhood Technology, 2022.
Young People Not in School and Not Working	US Census Bureau, American Community Survey, 2016-20.
Gender Pay Gap	US Census Bureau, American Community Survey, 2016-2020.
Opportunity Index	Opportunity Nation, 2018.
Air & Water Quality - Drinking Water Safety	US Environmental Protection Agency, 2018-19.
Air & Water Quality - Ozone	Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network, 2015.
Air & Water Quality - Particulate Matter 2.5	Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network, 2016.
Air & Water Quality - Respiratory Hazard Index	EPA - National Air Toxics Assessment, 2018.
Air & Water Quality - RSEI Score	US Environmental Protection Agency, 2019.
Built Environment - Banking Institutions	US Census Bureau, County Business Patterns, 2020.
Built Environment - Broadband Access	FCC FABRIC Data, 2022.
Built Environment - Households with No Computer	US Census Bureau, American Community Survey, 2016-20.
Built Environment - Households with No or Slow Internet	US Census Bureau, American Community Survey, 2016-20.
Built Environment - Liquor Stores	US Census Bureau, County Business Patterns, 2020.
Built Environment - Recreation and Fitness Facility Access	US Census Bureau, County Business Patterns, 2020.
Built Environment - Social Associations	US Census Bureau, County Business Patterns, 2020.

Data Indicator	Data Source
Built Environment - Tobacco Product Compliance Check Violations	US Department of Health & Human Services, US Food and Drug Administration Compliance Check Inspections of Tobacco Product Retailers, 2018-2020.
Climate & Health - Climate-Related Mortality Impacts	Climate Impact Lab.
Climate & Health - Dominant Land Cover	Multi-Resolution Land Characteristics Consortium, National Land Cover Database, 2016.
Climate & Health - Drought Severity	US Drought Monitor, 2017-2019.
Climate & Health - Flood Vulnerability	Federal Emergency Management Agency, National Flood Hazard Layer, 2011.
Climate & Health - High Heat Index Days (Absolute)	Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking, 2019-21.
Climate & Health - High Heat Index Days (Relative)	Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking, 2019-21.
Climate & Health - National Risk Index	Federal Emergency Management Agency, National Risk Index, 2021.
Climate & Health - Tree Canopy	Multi-Resolution Land Characteristics Consortium, National Land Cover Database, 2016.
Community Design - Park Access (CDC)	Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network, 2015.
Community Design - Park Access (ESRI)	US Census Bureau, Decennial Census, ESRI Map Gallery, 2013.
Food Environment - Fast Food Restaurants	US Census Bureau, County Business Patterns, 2020.
Food Environment - Food Desert Census Tracts	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2019.
Food Environment - Grocery Stores	US Census Bureau, County Business Patterns, 2020.
Food Environment - Leading Agricultural Products (1)	US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture, 2017.
Food Environment - Leading Agricultural Products (2)	US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture, 2017.

Data Indicator	Data Source
Food Environment - Low Food Access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2019.
Food Environment - Low Income & Low Food Access	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2019.
Food Environment - Modified Retail Food Environment Index	Centers for Disease Control and Prevention, CDC - Division of Nutrition, Physical Activity, and Obesity, 2011.
Food Environment - SNAP-Authorized Food Stores	US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator, 2021.
Orchards	US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture, 2012.
Threatened and Endangered Species	US Fish and Wildlife Service, Environmental Conservation Online System, 2019.
Access to Exercise Opportunities	Business Analyst, ESRI, YMCA & US Census Tigerline Files, 2010&2021.
Cancer Screening - Mammogram (Medicare)	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2019.
Cancer Screening - Mammogram (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Cancer Screening - Cervical Cancer Screening	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Cancer Screening - Sigmoidoscopy or Colonoscopy	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Dental Care Utilization	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Diabetes Management - Hemoglobin A1c Test	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2019.
Hospitalizations - Preventable Conditions	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2020.
Hospitalizations - Emergency Room Visits	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2020.
Hospitalizations - Inpatient Stays	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2020.

Data Indicator	Data Source
Hospitalizations - Heart Disease	Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke , 2017-2019.
Hospitalizations - Stroke	Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke , 2017-2019.
Late or No Prenatal Care	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2019.
Opioid Drug Claims	Centers for Medicare & Medicaid Services, CMS - Part D Opioid Drug Mapping Tool, 2019.
Prevention - Annual Wellness Exam (Medicare)	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2019.
Prevention - Seasonal Influenza Vaccine	Centers for Disease Control and Prevention, CDC - FluVaxView, 2019-20.
Prevention - Cholesterol Screening	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2019.
Prevention - High Blood Pressure Management (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2019.
Prevention - High Blood Pressure Management (Medicare)	Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke , 2018.
Prevention - Recent Primary Care Visit (Medicare)	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2019.
Prevention - Core Preventative Services for Men	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Prevention - Recent Primary Care Visit (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Prevention - Core Preventative Services for Women	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Readmissions - All Cause (Medicare Population)	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2020.
Readmissions - Chronic Obstructive Pulmonary Disease	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2018-20.
Readmissions - Heart Attack	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2018-20.

Data Indicator	Data Source
Readmissions - Heart Failure	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2018-20.
Readmissions - Pneumonia	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2018-20.
Timely and Effective Care - Heart Attack	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2018-20.
Timely and Effective Care - Elective Delivery	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2018-20.
Timely and Effective Care - Stroke	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File , 2018-20.
Alcohol - Heavy Alcohol Consumption	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2019.
Alcohol - Binge Drinking	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Alcohol - Expenditures	Nielsen, Nielsen SiteReports, 2014.
Breastfeeding - Ever	Child and Adolescent Health Measurement Initiative, National Survey of Children's Health, 2018.
Breastfeeding (Any)	Child and Adolescent Health Measurement Initiative, National Survey of Children's Health, 2018.
Breastfeeding (Exclusive)	Child and Adolescent Health Measurement Initiative, National Survey of Children's Health, 2018.
Fruit/Vegetable Expenditures	Nielsen, Nielsen SiteReports, 2014.
Physical Inactivity	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019.
Soda Expenditures	Nielsen, Nielsen SiteReports, 2014.
STI - Chlamydia Incidence	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2020.
STI - Gonorrhea Incidence	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2020.

Data Indicator	Data Source
STI - HIV Incidence	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2020.
STI - HIV Prevalence	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2020.
Tobacco Expenditures	Nielsen, Nielsen SiteReports, 2014.
Insufficient Sleep	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Tobacco Usage - Current Smokers	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Walking or Biking to Work	US Census Bureau, American Community Survey, 2016-20.
Birth Outcomes - Infant Mortality (CDC)	University of Wisconsin Population Health Institute, County Health Rankings, 2014-2020.
Birth Outcomes - Low Birth Weight (CDC)	University of Wisconsin Population Health Institute, County Health Rankings, 2014-2020.
Cancer Incidence - All Sites	State Cancer Profiles, 2014-18.
Cancer Incidence - Breast	State Cancer Profiles, 2014-18.
Cancer Incidence - Cervical	State Cancer Profiles, 2014-18.
Cancer Incidence - Colon and Rectum	State Cancer Profiles, 2014-18.
Cancer Incidence - Lung	State Cancer Profiles, 2014-18.
Cancer Incidence - Prostate	State Cancer Profiles, 2014-18.
Chronic Conditions - Alcohol Use Disorder (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - Alzheimer's Disease (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.

Data Indicator	Data Source
Chronic Conditions - Asthma (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - Asthma Prevalence (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Chronic Conditions - Cancer (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions – Chronic Obstructive Pulmonary Disease (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - Chronic Obstructive Pulmonary Disease (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Chronic Conditions - Depression (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - Diabetes Incidence (Adult)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2018.
Chronic Conditions - Diabetes Prevalence (Adult)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019.
Chronic Conditions - Diabetes Prevalence (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - Heart Disease (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Chronic Conditions - Heart Disease (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - High Blood Pressure (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2019.
Chronic Conditions - High Blood Pressure (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - High Cholesterol (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2019.
Chronic Conditions - High Cholesterol (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - Kidney Disease (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.

Data Indicator	Data Source
Chronic Conditions - Kidney Disease (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - Mental Health and Substance Use Conditions	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2019.
Chronic Conditions - Substance Use Disorder (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Chronic Conditions - Multiple Chronic Conditions (Medicare Population)	Centers for Medicare and Medicaid Services, 2018.
Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Cancer	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-20.
Mortality - Coronary Heart Disease	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Firearm	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Heart Disease	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Homicide	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Influenza & Pneumonia	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Life Expectancy	Institute for Health Metrics and Evaluation, 2019.
Mortality - Life Expectancy	University of Wisconsin Population Health Institute, County Health Rankings, 2018-2020.
Mortality - Life Expectancy (Census Tract)	Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project, 2010-15.
Mortality - Liver Disease	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-20.
Mortality - Lung Disease	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.

Data Indicator	Data Source
Mortality - Motor Vehicle Crash (NVSS)	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-20.
Mortality - Motor Vehicle Crash (NHTSA)	US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2018-2020.
Mortality - Motor Vehicle Crash, Alcohol-Involved	US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2016-2020.
Mortality - Motor Vehicle Crash, Pedestrian	US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2016-2020.
Mortality - Drug Overdose (All Substances)	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Opioid Overdose	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Poisoning	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Premature Death	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2018-2020.
Mortality - Stroke	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-2020.
Mortality - Suicide	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-20.
Mortality - Unintentional Injury (Accident)	Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2016-20.
Obesity	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019.
Poor Dental Health - Teeth Loss	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Poor or Fair Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Poor Mental Health - Days	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2019.
Poor Mental Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.

Data Indicator	Data Source
Poor Physical Health - Days	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2019.
Poor Physical Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Stroke (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.
Stroke (Medicare Population)	Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.
Access to Care - Addiction/Substance Abuse Providers	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), January 2023.
Access to Care - Buprenorphine Providers	US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Feb. 2022.
Access to Care - Dental Health	US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File, 2020.
Access to Care - Dental Health Providers	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), January 2023.
Access to Care - Mental Health	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), 2021.
Access to Care - Mental Health Providers	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), January 2023.
Access to Care - Nurse Practitioners	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), January 2023.
Access to Care - Primary Care	US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File, 2019.
Access to Care - Primary Care Providers	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), January 2023.
Federally Qualified Health Centers	US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, September 2020.
Hospitals with Cardiac Rehabilitation Units	US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, 2019.
Health Professional Shortage Areas - All	US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database, May 2021.

Data Indicator	Data Source
Health Professional Shortage Areas - Dental Care	US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database, May 2021.
Population Living in a Health Professional Shortage Area	US Census Bureau, American Community Survey, 2016-20.
COVID-19 - Confirmed Cases	Johns Hopkins University, 2022.
COVID-19 - Mortality	Johns Hopkins University, 2022.
COVID-19 Fully Vaccinated Adults	Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2022.
Social Distancing - Mobility Reports (Google)	Google Mobility Reports, Feb 01, 2022.
Discharges by Zip Code	University Medical Center
County Health Rankings	County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/explore-health-rankings
Sparkmap Data Analysis	https://sparkmap.org/report/