UMC HEALTH SYSTEM

Community Health Needs Assessment
2016

Contents

Introduction

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 and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. 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 UMC Health System's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Health System may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- A comprehensive evaluation of the implementation strategy for fiscal years ending June 30, 2014, through June 30, 2016, which was adopted by UMC Lubbock board of directors in 2013.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- Obtaining community input through:
  - Interviews with key stakeholders who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2016. 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.

Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Health System and to document compliance with new federal laws outlined above.

UMC engaged **BKD, LLP** to conduct a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted during the fiscal year ending June 30, 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Health System's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2013 CHNA was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Health System's current strategies and programs.
- The "community" served by the Health System was defined by utilizing inpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key stakeholder surveys. Results and findings are described in the *Key Stakeholder Survey Results* section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked 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) the prevalence of common themes and 5) how important the issue is to the community.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Health System has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

Executive Summary

UMC Health System conducted a comprehensive, multifactor health and wellness assessment of the UMC Health System neighborhood and surrounding communities. The assessment provides a guide for the development and implementation of UMC Health System's strategic plans while promoting opportunities to work collaboratively to address the health needs of service area residents.

To conduct this Community Health Needs Assessment (CHNA) UMC Health System collected and analyzed the most current health, social, economic, housing and other data, as well as qualitative input directly from community leaders, representatives, and agencies through surveys of key stakeholders. This approach allowed UMC Health System to analyze both quantitative data and qualitative input on our community's health status. The steering committee reviewed all data available and collectively, through discussion, prioritized the health needs of our community that varied substantially from benchmark data and often times were also aligned with national health priorities, and health priorities in the state of Texas.

This CHNA helps UMC Health System to ensure our resources are appropriately directed towards opportunities with the greatest impact on the community. UMC Health System will focus on providing resources that address each of the following health needs through direct patient care, health education and promotion, and developing and supporting community partnerships aligned with the identified health needs in our community

Since we last completed a CHNA, we have seen improvements in our community as well as areas that continue to represent challenges to individuals in the community. The community has experience an increase in access to healthcare facilities and practitioners due to the increase in neighborhood clinics. Additionally, physical activity has increased in the community over the past few years and adult obesity has declined or stayed the same in many of the community areas. More community members having insurance coverage than in 2013, however, the community is still concerned about access to affordable healthcare. Many community members, when surveyed, believe that the community as a whole has made progress in improving the health and quality of life over the past three years.

However, even with progress in community health since 2013, there are still a number of challenges to be addressed in the community. Some of the top concerns in the community continue to be related to chronic diseases specifically around the high rates of diabetes, hypertension, cardiovascular concerns, cancer and stroke. Additionally, mental health is a significant concern in the community as well as substance abuse including alcohol and drug abuse. Similarly, adequate family structures to offer support for vulnerable populations is also a concern specifically for elder care and for single parent families. Finally, while access to clinics and healthcare facilities has improved, there is still significant concern about the uninsured population and the overall high costs of healthcare in the community. There are many environmental needs such as child abuse, lack of family structure, homeless population and lack of transportation that the system cannot directly impact but will factor into its decision making concerning care to those populations. All of these areas and other improvements and community concerns are reviewed and discussed in more detail in the following Community Health Needs Assessment.

General Description of the Health System

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

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

UMC at a Glance

UMC is the area's preferred hospital with a strong history and reputation for providing high quality, compassionate medical care. A full service, acute-care 450 bed regional referral center, UMC operates specialty nursing units including cardiology, orthopedics, general surgery, neurology/neurosurgery, oncology, critical care, obstetrics and pediatrics, where nurses are able to provide specialized care.

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

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

UMC was acclaimed as the top hospital to work for in the nation in 2014 when the Hospital received the Press Ganey Beacon of Excellence Award.

UMC was recognized as the Best Regional Hospital in Texas for the Panhandle Plains Region by US News and World Report. The Health System's excellent rating assessment ranked the Hospital at #14 among all Texas hospitals, from over 600 hospitals in the state.

UMC is one of only two hospitals in Texas with both a Level 1 Trauma Center and a Regional Burn Center. Through UMC's partnership with Texas Tech University, the health system produces groundbreaking research

and innovative technology, including a number of nationally recognized clinical trials in breast and prostate cancers.

Mission

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

Identified Significant Community Health Needs

The following significant health needs were identified based on the information gathered and analyzed through the 2016 CHNA conducted by the Health System

These needs have been prioritized based on information gathered through the CHNA.

Identified Significant Community Health Needs

1. Chronic health issues (Obesity, Diabetes, Heart Disease, Stroke, Hypertension, etc)
2. Access to affordable healthcare
3. Lack of mental health providers and services
4. Substance abuse (drugs / alcohol)
5. Lack of health education
6. Sexually transmitted diseases and teenage pregnancy
7. Lack of transportation (traffic, no infrastructure for public transport, lack of sidewalks)
8. Lack of trauma care in the community

Community Served by the Health System

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, UMC Health System 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 and outpatient discharges from 2015, management has identified the CHNA community to include Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn and Terry counties for UMC Health System as these counties represent approximately 85% of total discharges and are a contiguous area surrounding the UMC Health System. These counties are listed in *Exhibit 1* (Community) with corresponding demographic information in the following exhibits.

Secondary data for certain counties included in the secondary service area has not been included in the CHNA report as discharges for each individual county is less than 1% of total discharges. The socioeconomic characteristics, physical environment, clinical care, health status and health outcomes for these counties are similar to those indicated in the data for the nine counties identified as the CHNA community. Primary data was obtained for these counties through key stakeholder surveys with representatives from county health departments.

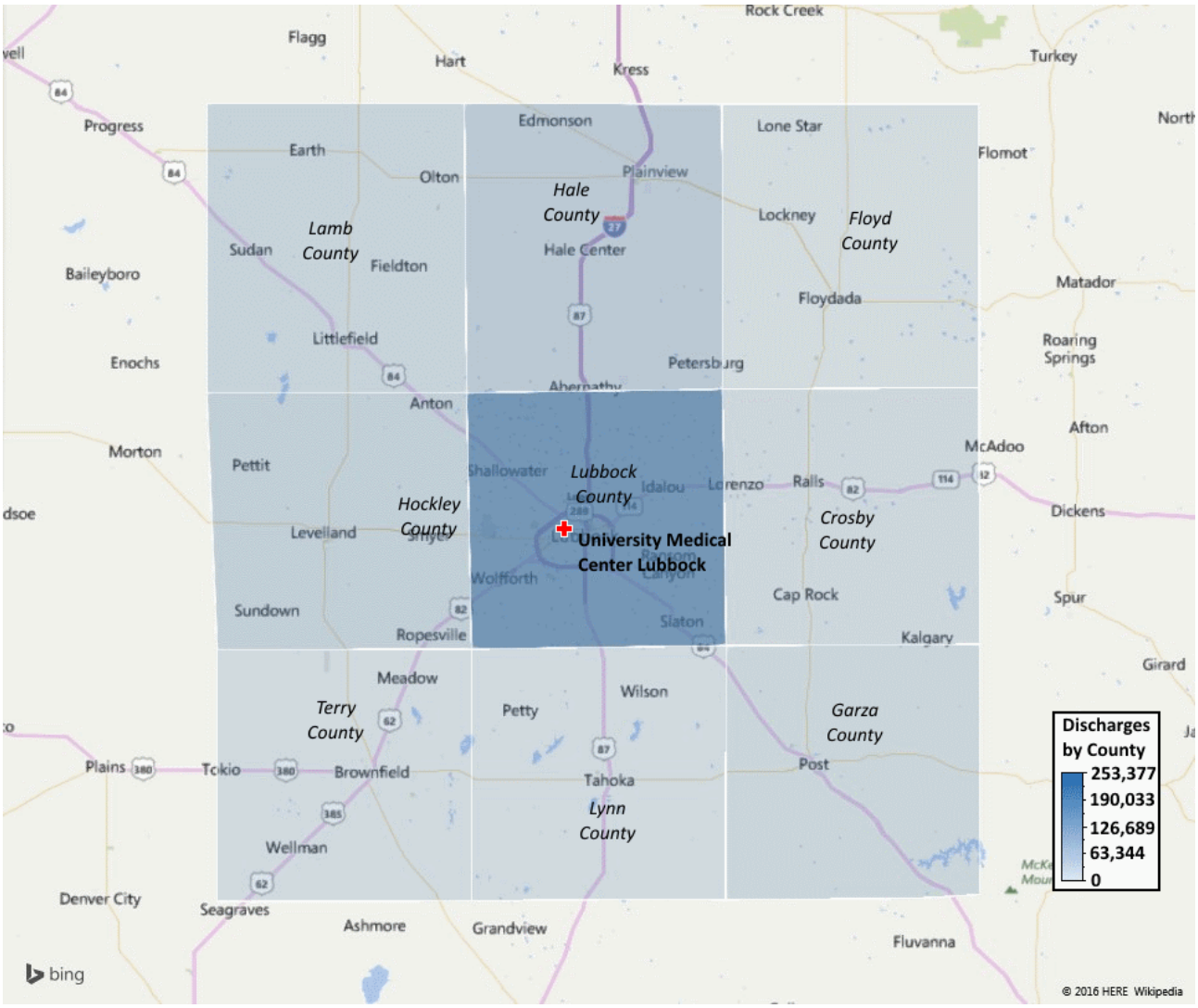
Exhibit 1
UMC Health System
Summary of Inpatient & Outpatient Discharges by Zip Code

City	Zip Code	Discharges	Percent of Total Discharges
Crosby County			
Ralls	79357	1,469	0.6%
Lorenzo	79343	1,316	0.5%
Crosbyton	79322	935	0.4%
	Total Crosby	3,720	1.5%
Floyd County			
Floydada	79235	1,455	0.6%
	Total Floyd	1,455	0.6%
Garza County			
Post	79356	4,329	1.7%
	Total Garza	4,329	1.7%
Hale County			
Plainview	79072	4,621	1.8%
	Total Hale	4,621	1.8%
Hockley County			
Levelland	79336	4,124	1.6%
	Total Hockley	4,124	1.6%
Lamb County			
Littlefield	79339	3,163	1.3%
	Total Lamb	3,163	1.3%
Lubbock County			
Lubbock	79424	27,022	10.8%
Lubbock	79423	26,192	10.4%
Lubbock	79416	25,916	10.3%
Lubbock	79403	23,675	9.4%
Lubbock	79415	19,505	7.8%
Lubbock	79412	17,874	7.1%
Lubbock	79413	17,437	6.9%
Lubbock	79407	15,741	6.3%
Lubbock	79414	15,217	6.1%
Lubbock	79404	13,961	5.6%
Slaton	79364	8,146	3.2%
Lubbock	79411	8,095	3.2%
Shallowater	79363	7,077	2.8%
	Total Lubbock	225,858	90.0%
Lynn County			
Tahoka	79373	1,466	0.6%
	Total Lynn	1,466	0.6%
Terry County			
Brownfield	79316	2,222	0.9%
	Total Terry	2,222	0.9%
	Total	250,958	100.0%

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates UMC Health System's community by showing the community zip codes shaded by number of inpatient discharges. The map below displays UMC Health System's geographic relationship to the community, as well as significant roads and highways.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between the male and female population, age distribution, race/ethnicity and the Hispanic population.

Exhibit 2
UMC Health System
Demographic Snapshot

DEMOGRAPHIC CHARACTERISTICS

	Total Population	Male Population	Female Population
Crosby County, Texas	6,025	2,912	3,113
Floyd County, Texas	6,263	3,086	3,177
Garza County, Texas	6,337	4,037	2,300
Hale County, Texas	35,925	18,577	17,348
Hockley County, Texas	23,205	11,407	11,798
Lamb County, Texas	13,875	7,019	6,856
Lubbock County, Texas	286,747	141,687	145,060
Lynn County, Texas	5,806	2,930	2,876
Terry County, Texas	12,681	6,747	5,934
Total Service Area	**396,864**	**198,402**	**198,462**
Texas	26,092,032		
United States	314,107,080		

POPULATION AGE DISTRIBUTION

Age Group	Crosby	Floyd	Garza	Hale	Hockley	Lamb	Lubbock
0 - 4	447	470	295	2,943	1,677	1,120	20,138
5 - 17	1,234	1,293	778	7,256	4,528	2,911	49,361
18 - 24	519	462	436	4,187	2,946	1,179	49,307
25 - 34	623	728	1,053	4,805	2,975	1,616	41,760
35 - 44	631	686	1,190	4,265	2,466	1,534	31,473
45 - 54	768	764	1,054	4,481	2,944	1,747	33,195
55 - 64	719	746	807	3,567	2,600	1,544	28,970
65+	1,084	1,114	724	4,421	3,069	2,224	32,543
Total	**6,025**	**6,263**	**6,337**	**35,925**	**23,205**	**13,875**	**286,747**

Age Group	Lynn	Terry	Percent of Total Community	Texas	Percent of Total Texas	United States	Percent of Total US
0 - 4	419	977	7.18%	1,940,753	7.44%	19,973,712	6.36%
5 - 17	1,160	2,366	17.86%	5,049,335	19.35%	53,803,944	17.13%
18 - 24	410	1,285	15.30%	2,675,215	10.25%	31,273,296	9.96%
25 - 34	683	1,716	14.10%	3,766,749	14.44%	42,310,184	13.47%
35 - 44	635	1,499	11.18%	3,556,741	13.63%	40,723,040	12.96%
45 - 54	877	1,646	11.96%	3,451,540	13.23%	44,248,184	14.09%
55 - 64	704	1,386	10.34%	2,801,943	10.74%	38,596,760	12.29%
65+	918	1,806	12.07%	2,849,757	10.92%	43,177,960	13.75%
Total	**5,806**	**12,681**	**100.00%**	**26,092,033**	**100.00%**	**314,107,080**	100.00%

Exhibit 2 (Continued)
UMC Health System
Demographic Snapshot

POLULATION RACE DISTRIBUTION

Race	Crosby	Floyd	Garza	Hale	Hockley	Lamb	Lubbock
White Non-Hispanic	5,359	5,760	5,416	30,083	19,323	12,258	226,384
Black Non-Hispanic	254	180	398	1,534	806	645	20,994
Asian / Pacific Island Non-Hispanic	21	1	11	172	90	20	6,044
All Others	391	322	512	4,136	2,986	952	33,325
Total	**6,025**	**6,263**	**6,337**	**35,925**	**23,205**	**13,875**	**286,747**

Race	Lynn	Terry	Percent of Total Community
White Non-Hispanic	5,082	10,582	80.69%
Black Non-Hispanic	68	661	6.44%
Asian / Pacific Island Non-Hispanic	7	4	1.61%
All Others	649	1,434	11.27%
Total	**5,806**	**12,681**	**100.00%**

HISPANIC POPULATION DISTRIBUTION

	Crosby	Floyd	Garza	Hale	Hockley	Lamb	Lubbock
Hispanic	3,222	3,438	3,463	20,620	10,536	7,364	94,630
Non-Hispanic	2,803	2,825	2,874	15,305	12,669	6,511	192,117
Total	**6,025**	**6,263**	**6,337**	**35,925**	**23,205**	**13,875**	**286,747**

	Lynn	Terry	Percent of Total Community	Texas	Percent of Total Texas	United States	Percent of Total US
Hispanic	2,721	6,521	38.43%	9,962,643	38.18%	53,070,095	16.90%
Non-Hispanic	3,085	6,160	61.57%	16,129,390	61.82%	261,036,985	83.10%
Total	**5,806**	**12,681**	**100.00%**	**26,092,033**	**100.00%**	**314,107,080**	**100.00%**

Source: Community Commons (ACS 2008-2012 data sets)

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 community by race illustrates different categories of race, such as White, Black, Asian, other and multiple races. White Non-Hispanics make up 80.69% of the community.

Exhibit 3 reports 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.

Exhibit 3
UMC Health System
Rural/Urban Population

County	Percent Urban	Percent Rural
Crosby	0.00%	100.00%
Floyd	46.68%	53.32%
Garza	77.67%	22.33%
Hale	76.90%	23.10%
Hockley	60.15%	39.85%
Lamb	42.31%	57.69%
Lubbock	88.66%	11.34%
Lynn	43.28%	56.72%
Terry	75.33%	24.67%
Texas	84.70%	15.30%
United States	80.89%	19.11%

Source: Community Commons

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 community. The following exhibits are a compilation of data that includes household per capita income, employment rates, poverty, uninsured population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Texas and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. 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 exhibit is the average (mean) income computed for every man, woman and child in the specified area. No county located in the CHNA community has a per capita income that is above the state of Texas.

Exhibit 4
UMC Health System
Per Capita Income

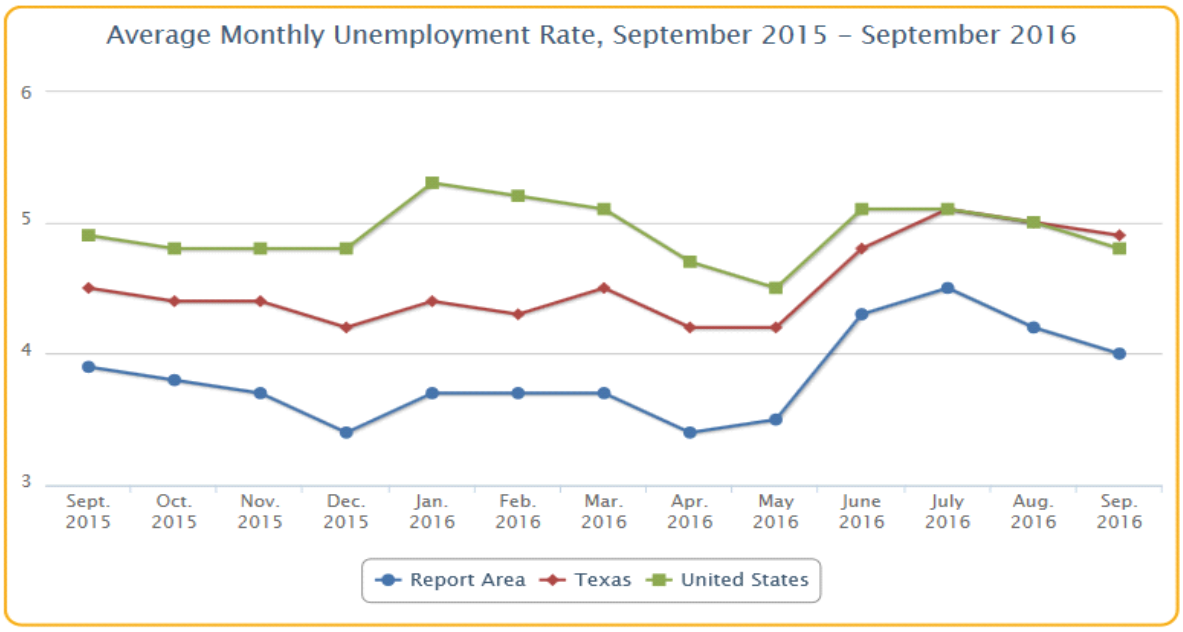
County	Total Population	Total Income ($)	Per Capita Income ($)
Crosby	6,025	$118,935,800	$19,740
Floyd	6,263	$140,132,496	$22,374
Garza	6,337	$110,191,400	$17,388
Hale	35,925	$648,857,088	$18,061
Hockley	23,205	$525,135,200	$22,630
Lamb	13,875	$271,322,592	$19,554
Lubbock	286,747	$7,012,145,152	$24,454
Lynn	5,806	$132,187,000	$22,767
Terry	12,681	$281,658,400	$22,211
Texas	26,092,032	$691,771,801,600	$26,512
United States	314,107,080	$8,969,237,037,056	$28,554

Source: Community Commons

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from September 2015 – September 2016 (most recent data available) for the community defined as the CHNA Community, as well as the trend for Texas and the United States. On average, the unemployment rate for the CHNA Community is on target with the United States and lower than the state of Texas.

Exhibit 5
UMC Health System
Average Monthly Unemplyment Rate



Poverty

Exhibit 6 presents the percentage of total population below 100% Federal Poverty Level (FPL). 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. *Exhibit 6* distinguishes that only three (3) of the nine (9) counties in the CHNA Community registered a lower percentage of population in poverty than the Texas and National averages.

Exhibit 6
UMC Health System
Population Below 100% Federal Poverty Level

County	Total Population	Population in Poverty	Percent Population in Poverty
Crosby	5,926	1,405	**23.71%**
Floyd	6,180	1,414	**22.88%**
Garza	4,066	491	**12.08%**
Hale	33,014	7,976	**24.16%**
Hockley	22,472	3,396	**15.11%**
Lamb	13,618	3,159	**23.20%**
Lubbock	274,588	55,421	**20.18%**
Lynn	5,744	1,035	**18.02%**
Terry	11,524	1,452	**12.60%**
Total CHNA Community	**377,132**	**75,749**	**20.09%**
Texas	25,478,976	4,500,034	17.66%
United States	306,226,400	47,755,608	15.59%

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

Uninsured

Exhibit 7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. 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. Over 75,000 persons are uninsured in the CHNA Community. *Exhibit 7* provides the detail which identifies that only three (3) of the nine (9) counties in the CHNA Community registered a lower percentage of population in poverty than the Texas average. No county in the CHNA Community has a percentage of uninsured population at or below the National average.

Exhibit 7
UMC Health System
Population Without Health Insurance Coverage

County	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Crosby	5,921	1,524	**25.74%**
Floyd	6,182	1,257	**20.33%**
Garza	4,071	930	**22.84%**
Hale	33,589	7,019	**20.90%**
Hockley	23,066	5,055	**21.92%**
Lamb	13,653	3,124	**22.88%**
Lubbock	282,501	51,892	**18.37%**
Lynn	5,756	1,249	**21.70%**
Terry	11,598	2,971	**25.62%**
Total CHNA Community	**386,337**	**75,021**	**19.42%**
Texas	25,613,334	5,610,908	21.91%
United States	309,082,272	43,878,140	14.20%

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

Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 8* illustrates that Lubbock County is the only county within the CHNA Community with the percent of insured population receiving Medicaid below the state and national percentages. The percent of insured populations receiving Medicaid are above both the state and national percentages in all other counties.

Exhibit 8
UMC Health System
Insured Population Receiving Medicaid

County	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Crosby	5,921	4,397	1,407	**32.00%**
Floyd	6,182	4,925	1,360	**27.61%**
Garza	4,071	3,141	849	**27.03%**
Hale	33,589	26,570	7,592	**28.57%**
Hockley	23,066	18,011	3,993	**22.17%**
Lamb	13,653	10,529	3,122	**29.65%**
Lubbock	282,501	230,609	46,510	**20.17%**
Lynn	5,756	4,507	1,436	**31.86%**
Terry	11,598	8,628	2,886	**33.45%**
Total CHNA Community	**386,337**	**311,317**	**69,155**	**22.21%**
Texas	25,613,334	20,002,428	4,412,903	**22.06%**
United States	309,082,272	265,204,128	55,035,660	**20.75%**

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

Education

Exhibit 9 presents the population with an Associate's level degree or higher in each county versus Texas and 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. As noted in *Exhibit 9*, the percent of residents within the CHNA community obtaining an Associate's degree or higher is below the state percentage.

Exhibit 9
UMC Health System
Population with an Associate's Level Degree or Higher

County	Total Population Age 25+	Population Age 25+ with Associate's Degree or Higher	Percent Population Age 25+ with Associate's Degree or Higher
Crosby	3,825	628	**16.42%**
Floyd	4,038	968	**23.97%**
Garza	4,828	575	**11.91%**
Hale	21,539	4,029	**18.71%**
Hockley	14,054	3,322	**23.64%**
Lamb	8,665	1,555	**17.95%**
Lubbock	167,941	57,325	**34.13%**
Lynn	3,817	833	**21.82%**
Terry	8,053	1,597	**19.83%**
Total CHNA Community	**236,760**	**70,832**	**29.92%**
Texas	16,426,730	5,529,495	33.66%
United States	209,056,128	77,786,232	37.21%

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

Physical Environment of the Community

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

Grocery Store Access

Exhibit 10 reports the number of grocery stores per 100,000-population. 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, 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.

Exhibit 10
UMC Health System
Number of Grocery Stores

County	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Crosby	6,059	3	49.51
Floyd	6,446	2	31.03
Garza	6,461	1	15.48
Hale	36,273	4	11.03
Hockley	22,935	2	8.72
Lamb	13,977	6	42.93
Lubbock	278,831	24	8.61
Lynn	5,915	1	16.91
Terry	12,651	1	7.90
Total CHNA Community	**389,548**	**44**	**11.30**
Texas	25,145,561	3,462	13.77
United States	312,732,537	65,975	21.10

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

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 *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity. Hockley County, Lynn County, and Terry County, per *Exhibit 11*, are the only counties in the CHNA Community with low food access percentage above the state and national averages.

Exhibit 11
UMC Health System
Population with Low Food Access

County	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Crosby	6,059	278	4.59%
Floyd	6,446	989	15.34%
Garza	6,461	1,281	19.83%
Hale	36,273	9,549	26.33%
Hockley	22,935	8,647	37.70%
Lamb	13,977	580	4.15%
Lubbock	278,831	69,164	24.80%
Lynn	5,915	2,086	35.27%
Terry	12,651	5,425	42.88%
Total CHNA Community	**389,548**	**97,999**	**25.16%**
Texas	25,145,561	7,639,114	30.38%
United States	312,732,537	72,905,540	23.31%

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

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. *Exhibit 12* details that Crosby County, Floyd County, Garza County, Lamb County, and Lynn County have no fitness establishments available to the residents. The *Exhibit 12* indicates only Hale County and Terry County have a higher fitness establishment rate per 100,000 population than the Texas rate.

Exhibit 12
UMC Health System
Number of Recreation and Fitness Establishments

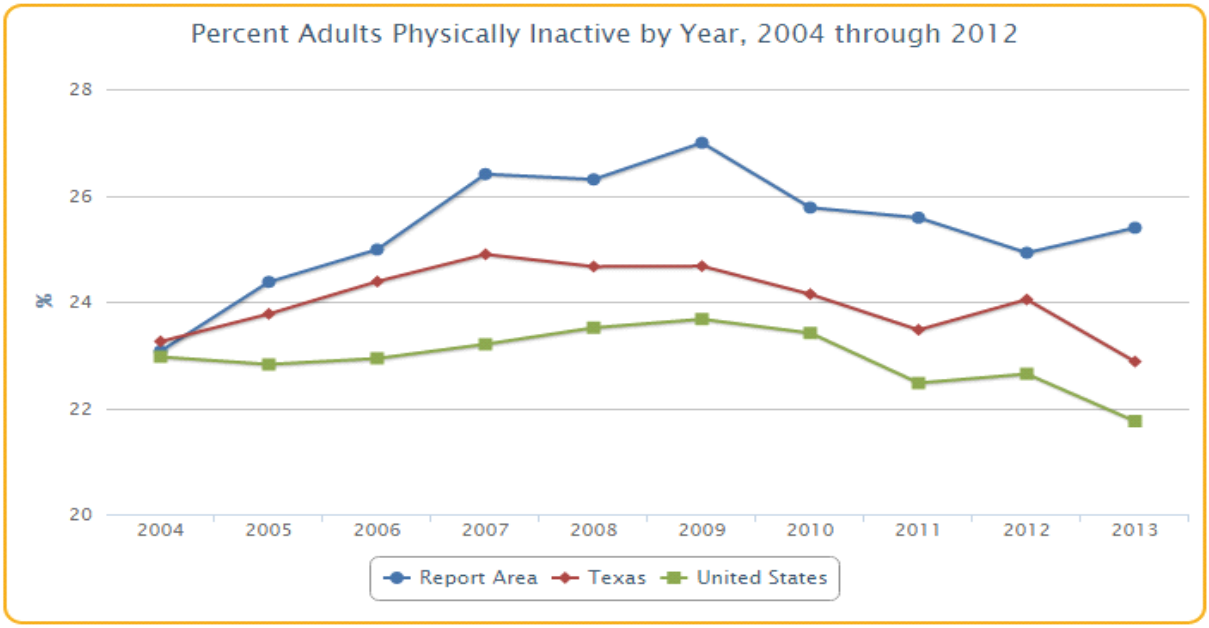
County	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Crosby	6,059	-	0.00
Floyd	6,446	-	0.00
Garza	6,461	-	0.00
Hale	36,273	5	13.78
Hockley	22,935	1	4.36
Lamb	13,977	-	0.00
Lubbock	278,831	22	7.89
Lynn	5,915	-	0.00
Terry	12,651	1	7.90
Total CHNA Community	**389,548**	**29**	**7.44**
Texas	25,145,561	2,041	8.12
United States	312,732,537	31,715	10.14

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

Physical Activity

The trend graph below (*Exhibit 13)* shows the percentage of adults who are physically inactive by year for the community and compared to Texas and the United States. Since 2004, the CHNA Community has been the only population of the three groups to increase in physically inactivity. The trend saw an increase in 2009, the percentage of adults physically inactive within the community has slightly decreased between 2011 and 2012. The physical inactivity in the CHNA Community, like the populations of Texas and the United States, peaked in 2009 and has decreased each year since 2009, except for 2013.

Exhibit 13
UMC Health System
Percent Adults Physically Inactive



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.

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 un-insurance, 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

Exhibit 14 shows the number of primary care physicians per 100,000-population. 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 contribute to access and health status issues.

Exhibit 14
UMC Health System
Number of Primary Care Physicians

Exhibit 14	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Crosby	5,899	2	33.90
Floyd	5,949	4	67.24
Garza	6,435	1	15.54
Hale	34,720	14	40.32
Hockley	23,577	12	50.90
Lamb	13,574	4	29.47
Lubbock	293,974	324	110.21
Lynn	5,771	4	69.31
Terry	12,739	4	31.40
Total CHNA Community	**402,638**	**369**	**91.65**
Texas	26,956,958	18,511	68.67
United States	318,857,056	279,871	87.77

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

Lack of a Consistent Source of Primary Care

Exhibit 15 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 15
UMC Health System
Lack of a Consistent Source of Primary Care

County	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Crosby	No Data	No Data	No Data
Floyd	No Data	No Data	No Data
Garza	No Data	No Data	No Data
Hale	23,946	734	3.1%
Hockley	14,154	2,771	19.6%
Lamb	No Data	No Data	No Data
Lubbock	177,323	45,881	25.9%
Lynn	No Data	No Data	No Data
Terry	No Data	No Data	No Data
Total CHNA Community	-	-	-
Texas	18,375,873	5,946,509	32.4%
United States	236,884,668	52,290,932	22.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
Additional data analysis by CARES. 2011-12.

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 16* below shows, 100% of the residents from Crosby, Hale, Hockley, Lamb, and Terry Counties live in a health professional shortage area.

Exhibit 16
UMC Health System
Population Living in a Health Professional Shortage Area

Exhibit 16	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Crosby	6,059	6,059	100.0%
Floyd	6,446	-	0.0%
Garza	6,461	-	0.0%
Hale	36,273	36,273	100.0%
Hockley	22,935	22,935	100.0%
Lamb	13,977	13,977	100.0%
Lubbock	278,831	-	0.0%
Lynn	5,915	-	0.0%
Terry	12,651	12,651	100.0%
Total CHNA Community	**389,548**	**91,895**	**23.6%**
Texas	25,145,561	4,222,353	**16.8%**
United States	308,745,538	102,289,607	**33.1%**

Data Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015. Source geography: HPSA

Preventable Hospital Events

Exhibit 17 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 17
UMC Health System
Preventable Hospital Events

County	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Crosby	807	85	105.3
Floyd	903	82	90.8
Garza	560	41	73.2
Hale	3,920	279	71.2
Hockley	2,472	175	70.8
Lamb	1,870	129	69.0
Lubbock	24,206	1,509	62.3
Lynn	569	35	61.5
Terry	1,710	164	95.9
Total CHNA Community	**37,017**	**2,499**	**67.5**
Texas	2,030,887	127,787	62.9
United States	58,209,898	3,448,111	59.2

Data Source: Dartmouth College Institute for Health Policy, Clinical Practice, Dartmouth Atlas of Health Care. 2012.
Source geography: County

Health Status of the Community

This section of the assessment reviews the health status of Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn and Terry county 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 Health 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:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression

Lifestyle	Primary Disease Factor
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

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 of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 18 reflects the leading causes of death for the community and compares the rates to the state of Texas and the United States. The table above shows leading causes of death within each county as compared to the state of Texas and also to the United States. The crude rate is shown per 100,000 residents. The rates indicated in red represent the county and corresponding leading cause of death that is greater than the state rate. As the table indicates, substantially all of the counties' leading causes of death above are greater than the Texas rate.

Exhibit 18
UMC Health System
Selected Causes of Resident Deaths: Number and Crude Rate

	Crosby		Floyd		Garza		Hale	
Cause of Death	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Cancer	14	234.10	15	231.60	10	149.40	61	169.80
Heart disease	18	300.08	15	241.04	13	199.25	68	188.56
Ischaemic heart disease	10	171.50	11	165.90	8	121.40	37	102.80
Lung disease	4	69.25	5	81.39	4	68.49	22	61.38
Stroke	5	82.40	5	75.10	3	49.80	19	52.00
Unintentional injury	3	42.87	3	53.22	3	52.93	15	42.58
Motor vehicle	0	0.00	0	0.00	0	0.00	6	16.60
Suicide	0	0.00	0	0.00	0	0.00	5	12.70

	Hockley		Lamb		Lubbock		Lynn	
Cause of Death	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Cancer	37	161.90	32	228.10	425	150.60	11	191.50
Heart disease	46	197.38	36	255.31	498	176.19	14	239.43
Ischaemic heart disease	29	126.40	21	147.70	294	104.20	8	133.40
Lung disease	12	53.67	9	64.55	167	59.13	3	51.31
Stroke	12	53.70	9	63.10	112	39.70	3	54.70
Unintentional injury	11	47.61	10	73.15	132	46.67	3	47.89
Motor vehicle	4	17.30	4	31.60	41	14.40	0	0.00
Suicide	4	17.30	0	0.00	39	13.90	0	0.00

	Terry		Texas		United States	
Cause of Death	Number	Rate	Number	Rate	Number	Rate
Cancer	26	202.4	37,243	145.30	577,313	185.4
Heart disease	38	298.9	38,738	151.17	600,899	192.95
Ischaemic heart disease	20	159.70	23,779	92.80	390,568	127.43
Lung disease	8	61.88	9,198	35.89	142,214	45.66
Stroke	5	38.00	9,194	35.90	131,470	42.90
Unintentional injury	8	60.1	9,336	36.43	125	40.05
Motor vehicle	3	22.10	3,356	13.10	34,139	11.00
Suicide	2	19.00	2,938	11.50	39,308	12.60

Source: Community Commons 2007-2011

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular 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 CHNA utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

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

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health factors – rankings are based on weighted scores of four types of factors:
  - Health behaviors (nine measures)
  - Clinical care (seven measures)
  - Social and economic (nine measures)
  - Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As seen in *Exhibits 19*, the relative health status of each county within the community will be compared to the state of Texas as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. 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.

Exhibit 19.1
UMC Health System
County Health Rankings – Health Outcomes

	Crosby County 2013	Crosby County 2016	Change	Texas 2016	Top U.S. Performers 2016
Mortality	* 112	** 24	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,003	6,000	↓	6,600	5,200
Morbidity	* 181	** 209	↑		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	17%	25%	↑	20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.1	4.1		3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.6	3.4	↓	3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.6%	9.0%	↓	8.0%	6.0%

* Rank out of 232 Texas counties in 2013
** Rank out of 241 Texas counties in 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

Exhibit 19.2
UMC Health System
County Health Rankings – Health Outcomes

		Floyd County 2013		Floyd County 2016	Change	Texas 2016	Top U.S. Performers 2016
Mortality	*	170	**	10	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		9,343		5,100	↓	6,600	5,200
Morbidity	*	212	**	220	↑		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		N/A		25%		20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		N/A		4.1		3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		N/A		3.4		3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)		10.6%		10.0%	↓	8.0%	6.0%

* Rank out of 232 Texas counties in 2013
** Rank out of 241 Texas counties in 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

Exhibit 19.3
UMC Health System
County Health Rankings – Health Outcomes

	Garza County 2013	Garza County 2016	Change	Texas 2016	Top U.S. Performers 2016
Mortality	* 103	** 45	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,895	6,400	↓	6,600	5,200
Morbidity	* 221	** 118	↓		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	N/A	19%		20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	N/A	3.5		3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	N/A	2.9		3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	11.0%	9.0%	↓	8.0%	6.0%

* Rank out of 232 Texas counties in 2013
** Rank out of 241 Texas counties in 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

Exhibit 19.4
UMC Health System
County Health Rankings – Health Outcomes

	Hale County 2013	Hale County 2016	Change	Texas 2016	Top U.S. Performers 2016
Mortality	* 66	** 71	↑		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,207	7,100	↓	6,600	5,200
Morbidity	* 196	** 219	↑		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	19%	25%	↑	20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.3	4.1	↓	3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.2	3.4	↓	3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.2%	10.0%	↑	8.0%	6.0%

* Rank out of 232 Texas counties in 2013
** Rank out of 241 Texas counties in 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

Exhibit 19.5
UMC Health System
County Health Rankings – Health Outcomes

	Hockley County 2013	Hockley County 2016	Change	Texas 2016	Top U.S. Performers 2016
Mortality	* 76	** 182	↑		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,338	9,200	↑	6,600	5,200
Morbidity	* 190	** 145	↓		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	17%	19%	↑	20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.2	3.4	↑	3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.5	3.1	↓	3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.8%	9.0%	↓	8.0%	6.0%

* Rank out of 232 Texas counties in 2013
** Rank out of 241 Texas counties in 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

Exhibit 19.6
UMC Health System
County Health Rankings – Health Outcomes

	Lamb County 2013	Lamb County 2016	Change	Texas 2016	Top U.S. Performers 2016
Mortality	* 186	** 143	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,632	8,400	↓	6,600	5,200
Morbidity	* 69	** 226	↑		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	N/A	26%		20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	2.6	4.3	↑	3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	1.1	3.5	↑	3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.6%	10.0%	↑	8.0%	6.0%

* Rank out of 232 Texas counties in 2013
** Rank out of 241 Texas counties in 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

Exhibit 19.7
UMC Health System
County Health Rankings – Health Outcomes

	Lubbock County 2013	Lubbock County 2016	Change	Texas 2016	Top U.S. Performers 2016
Mortality	* 117	** 113	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,190	7,900	↓	6,600	5,200
Morbidity	* 195	** 187	↓		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	17%	20%	↑	20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.7	3.7		3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.1	3.2	↑	3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.4%	10.0%	↓	8.0%	6.0%

* Rank out of 232 Texas counties in 2013
** Rank out of 241 Texas counties in 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

Exhibit 19.8
UMC Health System
County Health Rankings – Health Outcomes

	Lynn County 2013	Lynn County 2016	Change	Texas 2016	Top U.S. Performers 2016
Mortality	* 185	** 193	↑		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,616	9,400	↓	6,600	5,200
Morbidity	* 201	** 206	↑		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	12%	22%	↑	20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.5	3.8	↑	3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	N/A	3.3		3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	11.1%	10.0%	↓	8.0%	6.0%

* Rank out of 232 Texas counties in 2013
** Rank out of 241 Texas counties in 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

Exhibit 19.9
UMC Health System
County Health Rankings – Health Outcomes

		Terry County 2013		Terry County 2016	Change	Texas 2016	Top U.S. Performers 2016
Mortality	*	135	**	140	↑		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		8,488		8,300	↓	6,600	5,200
Morbidity	*	232	**	205	↓		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		24%		22%	↓	20%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.8		3.8	↓	3.5	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		4.1		3.2	↓	3.0	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)		10.8%		10.0%	↓	8.0%	6.0%

* Rank out of 232 Texas counties in 2013
** Rank out of 241 Texas counties in 2016

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

The above tables show that mortality outcomes ratings have declined for all counties except Hale, Hockley, Lynn and Terry counties from the prior cycle. However, morbidity rankings have improved for all counties except Hale, Lamb, and Lynn counties which declined from the prior cycle.

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from prior year to current year and challenges faced by each county in the Health System's community. The improvements and challenges shown below in *Exhibits 20* were determined using a process of comparing the rankings of each county's health outcomes in the current year to the rankings in 2012. If the current year rankings showed an improvement or decline of 4% or four points, they were included in the charts below. Please refer to Appendix D for the full list of health factor findings and comparisons between prior cycle information reported and current year information.

Exhibit 20
UMC Health System
County Health Rankings: Improvements / Challenges

Crosby County

Improvements	Challenges
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity decreased from 31.0% to 27.0%	**Mammography screening** – Percent of female Medicare enrollees that receive mammography screening decreased from 46.3% to 38.0%
Sexually Transmitted Infections – chlamydia rate per 100,000 population decreased 528 to 490	
Teen birth rate – Per 1,000 female population, ages 15-19 decreased from 110 to 94	
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased from 94 to 89	
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening increased from 75% to 82%	
Unemployment – Percent of population age 16+ unemployed but seeking work decreased from 9.3% to 4.6%	

Floyd County

Improvements	Challenges
Teen birth rate – Per 1,000 female population, ages 15-19 decreased from 96 to 83	**Excessive drinking** – Percent of adults that report excessive drinking in the past 30 days increased from 1% to 15%
Preventable hospital stays - hospitalization rate for ambulatory - care sensitive conditions per 1,000 Medicare decreased from 89 to 72	**Diabetic screening** – Percent of diabetic Medicare enrollees that receive HbA1c screening decreased from 78% to 74%
Dentists – Ratio of population to dentists decreased from 6,423:1 to 5,950:1	**Mammography screening** – Percent of female Medicare enrollees that receive mammography screening decreased from 52.9% to 40%
Some college – Percent of adults aged 25-44 years with some post-secondary education increased from 51.2% to 57.0%	

Garza County

Improvements	Challenges
Teen birth rate - per 1,000 female population, ages 15-19 decreased from 83 to 77	**Diabetic screening** – Percent of diabetic Medicare enrollees that receive HbA1c screening decreased from 78% to 74%
Preventable hospital stays - hospitalization rate for ambulatory - care sensitive conditions per 1,000 Medicare enrollees decreased from 107 to 52	**Mammography screening** – Percent of female Medicare enrollees that receive mammography screening decreased from 52.9% to 40.0%
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted) decreased from 70 to 20	

Hale County

Improvements	Challenges
Sexually transmitted infections – Chlamydia rate per 100K population decreased from 598.0 to 500.2	**Primary care physicians** – Ratio of population to primary care physicians decreased from 2,598:1 to 2,750:1
Teen birth rate – Per 1,000 female population, ages 15-19 decreased from 101 to 90	**Dentists** – Ratio of population to dentists decreased from 3,031:1 to 3,860:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased from 86 to 54	
High school graduation – Percent of ninth grade cohort that graduates in 4 years increased from 86% to 91%	
Children in poverty – Percent of children under age 18 in poverty decreased from 37% to 33%	
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted) decreased from 257 to 216	

Hockley County

Improvements	Challenges
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity decreased from 31% to 26%	**Excessive drinking** – Percent of adults that report excessive drinking in the past 30 days increased from 12% to 18%
Sexually transmitted infections – Chlamydia rate per 100K population decreased from 554.0 to 485.4	**Mammography screening** – Percent of female Medicare enrollees that receive mammography screening decreased from 51.9% to 42.0%
Teen birth rate – Per 1,000 female population, ages 15-19 decreased from 72 to 69	
Primary care physicians – Ratio of population to primary care physicians decreased from 2,540:1 to 2,140:1	
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased from 73 to 63	
Children in poverty – Percent of children under age 18 in poverty decreased from 26% to 21%	

Lamb County

Improvements	Challenges
Sexually transmitted infections – Chlamydia rate per 100K population decreased from 415.0 to 342.7	**Adult smoking** – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke increased from 8% to 17%
Primary care physicians – Ratio of population to primary care physicians decreased from 4,683:1 to 2,760:1	
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased from 96 to 58	
High school graduation – Percent of ninth grade cohort that graduates in 4 years increased from 86% to 90%	
Children in poverty – Percent of children under age 18 in poverty decreased from 36% to 32%	

Lubbock County

Improvements	Challenges
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke decreased from 21% to 17%	**Mammography screening** – Percent of female Medicare enrollees that receive mammography screening decreased from 62% to 56%
Teen birth rate – Per 1,000 female population, ages 15-19 decreased from 58 to 51	
Primary care physicians – Ratio of population to primary care physicians decreased from 1,387:1 to 1,310:1	
Dentists – Ratio of population to dentists decreased from 2,107:1 to 1,880:1	
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased from 75 to 52	
Children in poverty – Percent of children under age 18 in poverty decreased from 26% to 21%	
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted) decreased from 841 to 744	

Lynn County

Improvements	Challenges
Primary care physicians – Ratio of population to primary care physicians decreased from 1,967:1 to 1,430:1	**Adult smoking** – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke increased from 10% to 16%
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased from 89 to 85	**Sexually transmitted infections** – Chlamydia rate per 100K population increased from 203.0 to 311.3
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening increased from 80% to 88%	**Children in single-parent households** – Percent of children that live in household headed by single parent increased from 35% to 41%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening increased from 47.6% to 53.0%	**Violent crime rate** – Violent crime rate per 100,000 population (age-adjusted) increased from 69 to 112
Some college – Percent of adults aged 25-44 years with some post-secondary education increased from 45% to 51%	

Terry County

Improvements	Challenges
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity decreased from 32% to 28%	**Sexually transmitted infections** – Chlamydia rate per 100K population increased from 356 to 467.8
Teen birth rate – Per 1,000 female population, ages 15-19 decreased from 99 to 95	**Primary care physicians** – Ratio of population to primary care physicians increased from 2,112:1 to 3,190:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased from 122 to 97	**Mammography screening** – Percent of female Medicare enrollees that receive mammography screening decreased from 49.2% to 45.0%
High school graduation – Percent of ninth grade cohort that graduates in 4 years increased from 86% to 95%	**Children in single-parent households** – Percent of children that live in household headed by single parent increased from 25% to 38%
Some college – Percent of adults aged 25-44 years with some post-secondary education increased from 31.3% to 43.0%	**Violent crime rate** – Violent crime rate per 100,000 population (age-adjusted) increased from 198 to 229
Children in poverty – Percent of children under age 18 in poverty decreased from 33% to 29%	

The summarized tables above identify several areas of the CHNA Community that have room for improvement when compared to the state statistics and prior years; however, there are also significant improvements made within each county from the prior cycle CHNA report.

The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for each county and the community as a whole are compared to the state of Texas.

Diabetes (Adult)

Exhibit 21 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. 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.

Exhibit 21
UMC Health System
Diabetes (Adult)

Exhibit 21	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Crosby	4,173	409	9.8%	8.0%
Floyd	4,342	495	11.4%	9.4%
Garza	5,000	415	8.3%	8.7%
Hale	24,515	2,525	10.3%	9.9%
Hockley	16,299	1,418	8.7%	8.0%
Lamb	9,412	960	10.2%	8.6%
Lubbock	207,919	17,881	8.6%	8.9%
Lynn	4,029	419	10.4%	8.6%
Terry	9,020	884	9.8%	8.9%
Total CHNA Community	**284,709**	**25,406**	**8.9%**	**8.9%**
Texas	18,709,042	1,734,167	9.3%	9.2%
United States	473,839,016	47,370,834	10.0%	9.2%

Data Source: Dartmouth College Institute for Health Policy, Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

High Blood Pressure (Adult)

Per *Exhibit 22* below, the CHNA Community includes 81,168 or 28.2% of adults aged 18 and older that were told that they have high blood pressure or hypertension. The CHNA Community percentage of high blood pressure among adults is lower than the percentage of Texas and the United States.

Exhibit 22
UMC Health System
High Blood Pressure (Adult)

Exhibit 22	Total Population Age (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Crosby	4,331	No Data	-
Floyd	4,586	No Data	-
Garza	5,115	No Data	-
Hale	25,689	7,938	30.9%
Hockley	16,738	4,168	24.9%
Lamb	9,878	No Data	-
Lubbock	208,116	67,221	32.3%
Lynn	4,338	No Data	-
Terry	9,347	1,841	19.7%
Total CHNA Community	**288,138**	**81,168**	**28.2%**
Texas	17,999,726	5,399,918	30.0%
United States	232,556,016	65,476,552	28.2%

Data Source: Dartmouth College Institute for Health Policy, Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Obesity

Of adults aged 20 and older, 28.3% self-report that they have a body mass index (BMI) greater than 30.0 (obese) in the community per *Exhibit 23*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 23
UMC Health System
Obesity

County	Total Population Age (Age 20)	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Crosby	4,162	1,157	27.8%
Floyd	4,340	1,163	26.8%
Garza	4,975	1,368	27.5%
Hale	24,559	7,515	30.6%
Hockley	16,238	4,985	30.7%
Lamb	9,419	2,920	31.0%
Lubbock	207,278	57,416	27.7%
Lynn	4,028	1,144	28.4%
Terry	9,010	2,631	29.2%
Total CHNA Community	**284,009**	**80,299**	**28.3%**
Texas	18,707,673	5,244,904	28.0%
United States	468,376,406	129,769,830	27.7%

Data Source: Dartmouth College Institute for Health Policy, Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Poor Dental Health

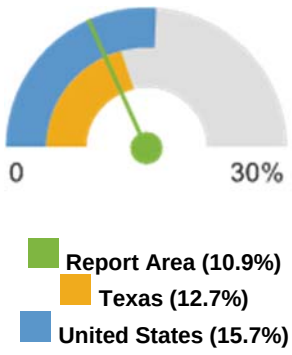
This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. *Exhibit 24* shows that Hale and Hockley Counties have lower rates of poor dental health than the state average and Lubbock County has a higher rate of poor dental health than the state average.

Exhibit 24
UMC Health System
Poor Dental Health

	Total Population (Age 18)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Crosby	4,369	N/A	N/A
Floyd	4,638	N/A	N/A
Garza	4,921	N/A	N/A
Hale	25,777	1,971	7.6%
Hockley	16,728	1,453	8.7%
Lamb	9,923	N/A	N/A
Lubbock	204,755	27,660	13.5%
Lynn	4,320	N/A	N/A
Terry	9,288	N/A	N/A
Total CHNA Community	**284,719**	**31,084**	**10.9%**
Texas	17,999,726	2,279,845	12.70%
United States	235,375,690	36,842,620	15.70%

Data Source: Dartmouth College Institute for Health Policy, Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Percent Adults with Poor Dental Health



Low Birth Weight

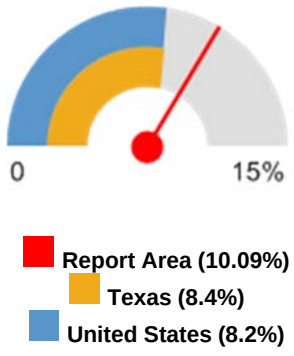
Exhibit 25 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 25
UMC Health System
Low Birth Weight

	Total Live Births	Low Weight Births	Low Weight Births, Percent of Total
Crosby	749	79	10.5%
Floyd	742	73	9.8%
Garza	518	51	9.8%
Hale	4,480	435	9.7%
Hockley	2,534	241	9.5%
Lamb	1,687	191	11.3%
Lubbock	29,162	2,945	10.1%
Lynn	630	62	9.8%
Terry	1,414	151	10.7%
Total CHNA Community	**41,916**	**4,228**	**10.1%**
Texas	2,759,442	231,793	8.4%
United States	29,300,495	2,402,641	8.2%

Data Source: Dartmouth College Institute for Health Policy, Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Percent Low Birth Weight Births



Community Input – Key Stakeholder Surveys

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

Methodology

Surveys were distributed to 70 key stakeholders. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

Participants provided comments on the following issues:

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

Feedback was also solicited regarding community improvements seen since the Health System's previous Community Health Needs Assessment in 2013.

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

Key Stakeholder Profiles

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

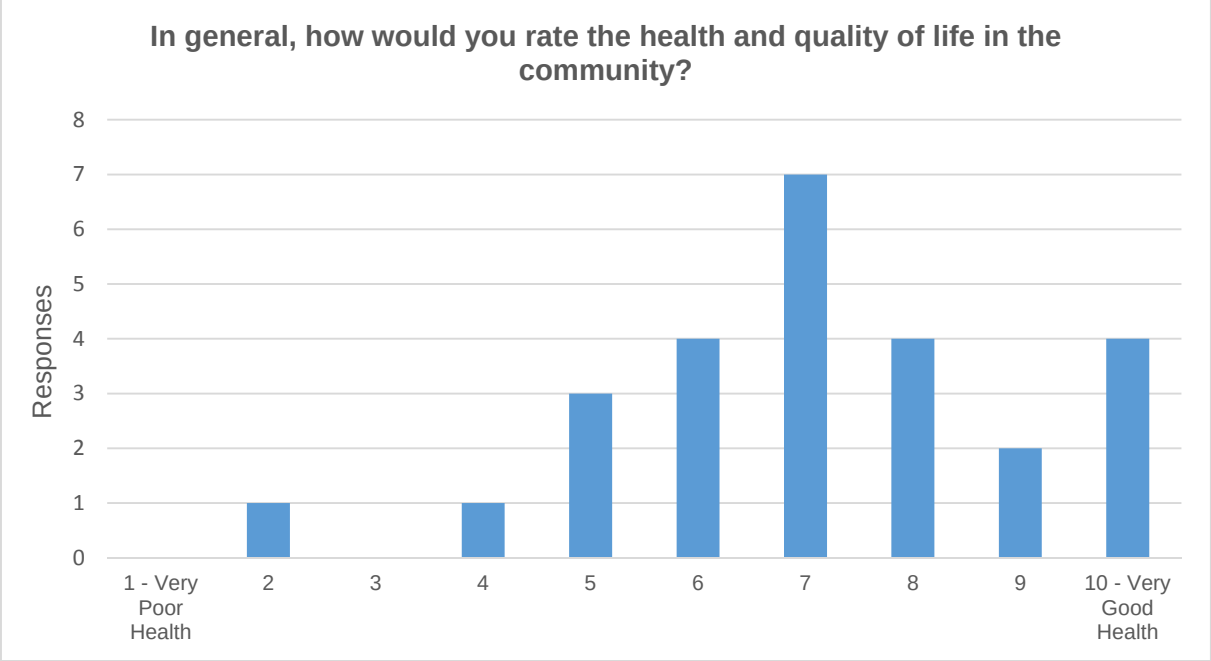
- UMC Health System
- Social service agencies
- Public service agencies (Emergency services, Fire services)
- Local government agencies
- Public health agencies
- Other medical providers
- Community centers

Key Stakeholder Survey Results

The questions on the survey are grouped into five major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

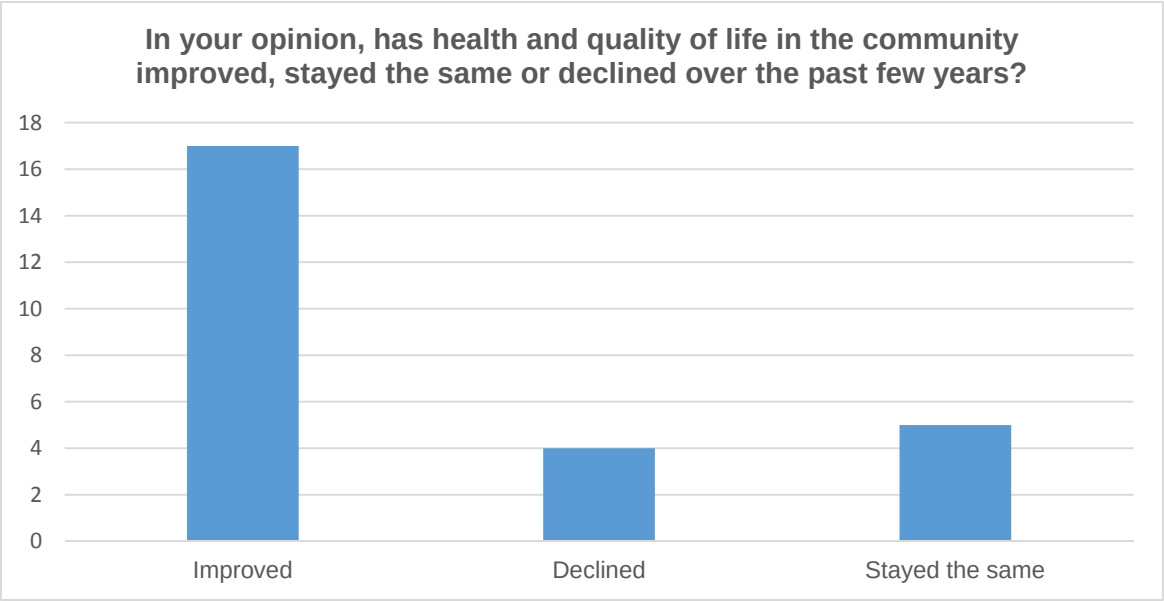
1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in their respective communities. 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.



First, key stakeholders were asked to rate the overall health and quality of life in the community. The average of these responses is a 7 out of 10, meaning that the community generally has a good impression of the overall health and quality of life in the community.

Next, key stakeholders were asked if health and quality of life in the community has improved, stayed the same or declined. The majority of respondents noted that health and quality of life in the community has improved over the past few years.



Respondents were then asked to explain why health and quality of life in the community has improved, stayed the same or declined. Stakeholders that indicated improvements have occurred as a result of increased facilities in the community. These facilities include health clinics as well as upgrades to UMC facilities. The improvement in facilities also relates to improved access to recreational facilities for residents of the community area. Additionally, some stakeholders mentioned improvements have resulted from a decrease in the cost of healthcare and improvement in access to healthcare as well as technology that aids in reducing the cost and improves access to healthcare. Finally, improved coordination and transitions of care was noted as a way in which health and quality of life has improved in the community.

Stakeholders who felt health and quality of life has declined stated that many decrease in quality of life is related to chronic illnesses, mental health issues, and lack of addressing issues related to aging. Respondents also noted that pregnancy and sex education do not seem to be addressed adequately including prenatal care, teenage pregnancy and STDs.

Additionally, stakeholders discussed poverty, poor family structures and stagnant income as an area that is negatively impacting health and quality of life as well. Finally, respondents mentioned drug and alcohol abuse as an area that is negatively impacting health in the community.

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. BKD also asked the key stakeholders to provide their opinions as to if these groups of people have a more difficult time obtaining necessary/preventive medical services.

The majority of respondents identified persons living with low-incomes or in poverty are most likely to be underserved due to lack of access to affordable services. Specifically, it was observed that obesity and related health issues are more common among groups with lower household incomes. The elderly was also identified as a population that is faced with challenges accessing care due to limited transportation, isolation and fixed incomes.

Similarly, the uninsured and underinsured were identified as a significant underserved group in need. Additionally, respondents identified homeless populations as being underserved in the community.

Veterans, young single parents and undocumented aliens with health issues were also mentioned as groups that may be underserved in the community.

3. Barriers

Stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. The majority of the key stakeholders noted that affordability and financial barriers were primary barriers to accessing healthcare. Additionally, stakeholders indicated that lack of access to healthcare was also a major barrier. Specifically, respondents noted that access to public health and poor funding for clinics for women is a major barrier.

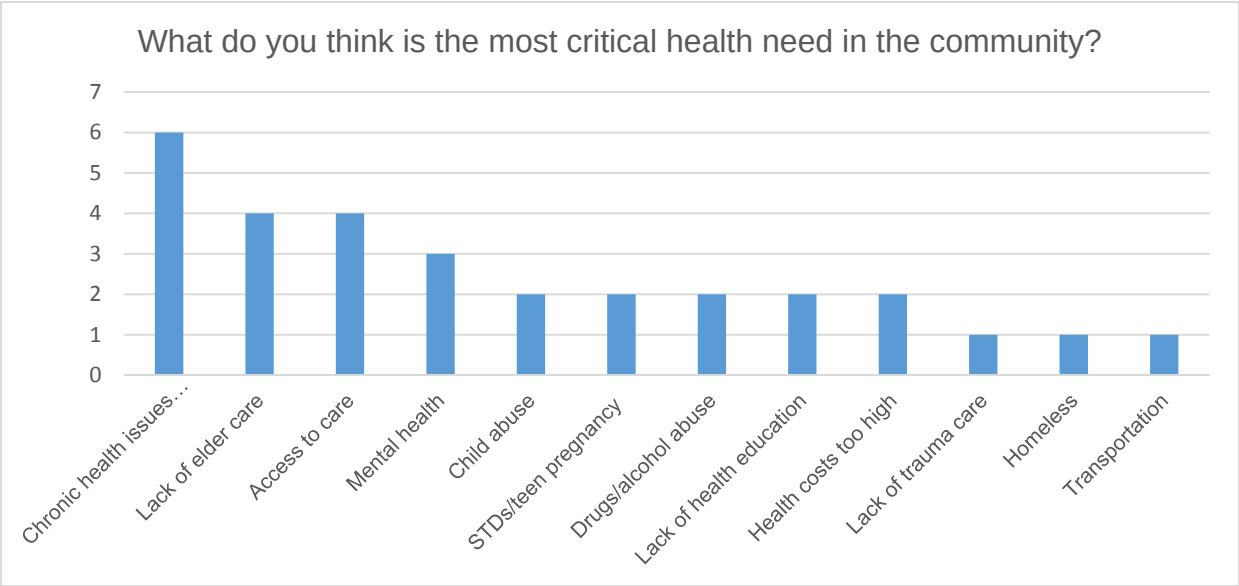
Lack of financial resources and unhealthy lifestyles were also identified as issues among vulnerable populations. One respondents mentioned that eating out is becoming increasingly popular in Lubbock which often does not offer nutritious options. Several respondents connected these barriers to a lack of understanding of healthcare in the community –

"Barriers within the healthcare community such as the struggle to have real and meaningful care coordination and understanding by the agencies and professionals that are providing the care for our patients. There are other barriers that may be traced to a lack of understanding of the social determinants of health in our community."

4. 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. The issues identified most frequently were:

- Chronic Health Issues including diabetes, obesity, hypertension and cardiac concerns
- Lack of adequate elder care
- Access to care
- Mental health
- Child abuse



Chronic health concerns were indicated as the most critical health need in the community

"Diabetes, both cases that are diagnosed and the many that are not."

"Health care has few incentives for people to take preventive measures, mind – set is the government (Medicaid) will pay for results of obesity, diabetes and resulting disabilities."

Respondents were asked what they believe needs to be done to resolve these critical health needs in the community. Some responses follow –

"Improved access to people without insurance coverage. People need to be more responsible for their health"

"Effective integration of communication and coordination with agencies that do and can provide care. The Health Information Exchange that has been discussed in the past would surely be a step in the right direction.

The stakeholders were asked if there are any issues related to economic development, affordable housing, poverty, education, healthy nutrition, physical activity and drug and alcohol abuse that the hospital specifically should be addressing. Some respondents indicated that these areas are not for the hospital to address. However, the majority of respondents replied that the hospital should provide health education and nutrition education to the community as well as education on the importance of physical activity. Additionally, some respondents mentioned the hospital should address poverty and homelessness.

In order to address these most critical health issues in the community, stakeholders suggested that the hospital can continue to focus on prevention and health education. These respondents also noted that the hospital's first job is to help those that are sick but preventative care is also a priority.

"The hospital should be more proactive in addressing overall population health in order to reduce the need for uncompensated critical care in the future"

"Keep trying to educate and make people aware of healthy choices, disease detection and prevention and service available"

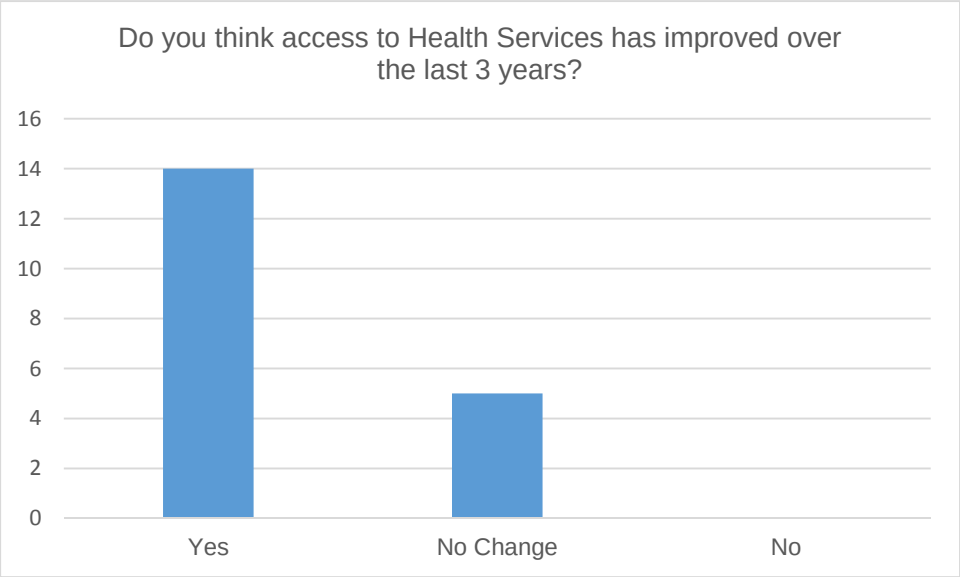
Additional comments focused on how the hospital can improve coordination of care with all providers and that the hospital can work on supporting all of the different entities working to improve health in the community.

5. ***Feedback on health improvements in the community since the prior Community Health Needs Assessment.***

In an effort to evaluate changes in health and health behavior since the 2013 Community Health Needs Assessment, several questions were asked about additional significant health needs that were not identified in the 2013 Community Health Needs Assessment. The needs identified in the previous assessment included: Uninsured/lack of access to services (cost), Obesity, Heart Disease, Lack of mental health services, Lack of primary care physicians, Physical inactivity, Diabetes, Poor Nutrition, Utilization of emergency room for episodic care, lack of health education. Additional needs that were identified by stakeholders in this year's survey included:

- Sex education, safe sex practices for adolescents and STDs
- Vision and hearing screenings
- Child abuse
- Adequate and sanitary housing and homelessness
- Adequate elder care

During the 2013 Community Health Needs Assessment, a significant community need for access to health services emerged as a trend. As a part of this year's survey, stakeholders were asked if they thought Health Services have improved over the past 3 years. The chart below shows the results:



Respondents who responded yes commented that there are more clinics and neighborhood facilities established throughout the community and more practitioners in the area. However, some respondents noted that there are more facilities available but the community may not be aware of the facilities, especially the uninsured in the community.

Respondents were asked how they would rate the hospital's efforts in communicating how they are addressing the identified community health needs. The majority of respondents said that they are aware of how the hospital is addressing needs and they see the media coverage, newsletters and annual reports. Many respondents stated that they would rate the hospital's efforts as "good" or "excellent" with only a few respondents stating that they were unaware of how the hospital is addressing community health needs. However, one respondent from a local health department was not aware of what the hospital is doing to address health needs.

Finally, respondents were asked if their concern for public health has changed since the last assessment because of public or current events/facts/public statistics about health. The majority of respondents stated that their concern for public health has not changed with only a few respondents stating that their concern has increased. One respondent noted the following,

"I feel that we need to develop a community health plan for Lubbock. Multiple needs assessments are completed each year but I don't see us taking the next step of developing a comprehensive improvement plan for community health. I think this is needed if we are going to make true improvements in public health."

Key Findings

A summary of themes and key findings provided by the key informants follows:

- In general, respondents thought the health and quality of life in the community is good and has either remained the same or improved in the past few years
- The greatest health concerns in the community is chronic disease (obesity, diabetes, heart disease, and hypertension), elder care, access to care and mental health concerns.
- Education on health issues, preventative care and nutritional information is limited. Many respondents see the Health System as responsible for providing health education and nutritional information to the community. There is a significant need for community outreach programs aimed to educate patients and those within and around the community.
- The addition of providers in the community and new clinics and facilities were seen as positively impacting community health.
- Many respondents noted a need for a long term investment in the community to promote healthier lifestyles including infrastructure that supports activity including parks, sidewalks and other facilities.
- Respondents noted that the impact of the high costs of healthcare is still a significant barrier to accessing timely healthcare. Additionally, respondents noted that the lack of Medicaid expansion in Texas has left many individuals uninsured.
- In addition to an increase in health education, respondents noted a need to increased sex education related to the high rates of STDs and teen pregnancy in the community
- There is a significant concern about the elderly population being able to receive high quality, affordable care
- Stakeholders mentioned declining "family structures" in the community including many young single parent families
- Stakeholders mentioned that child abuse is an issue in the community and that rates of child abuse are higher than the state average in the community

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see Appendices), the Health System's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing. The zip code that has the highest need in the community is 79411, Lubbock, with a health need score of 5 out of 5.

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Health System; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically 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.

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 Health System 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 each county within the Health System'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 Health System CHNA community.

Health Outcomes and Factors
An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Health System'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.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

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, primary causes for inpatient hospitalization, health outcomes and factors and primary data) identified the need.

Management's Prioritization Process

For the health needs prioritization process, the UMC Health System engaged a hospital leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 26*, using the following criteria:

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

Based on the criteria outlined above, the leadership team ranked each of the health needs. As a result of the priority setting process, the identified priority areas that will be addressed through the UMC Health System's Implementation Strategy for fiscal years 2017-2019 will be:

Exhibit 26
UMC Health System
Prioritization of Health Needs

Health Need	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	Total Score *
Chronic health issues (diabetes, obesity, etc)	5	4	4	5	4	22
Access to affordable healthcare	4	5	5	4	3	21
Lack of mental health providers and services	3	4	5	4	3	19
Substance abuse (drug/alcohol)	5	5	3	3	3	19
Lack of health education	4	4	4	3	3	18
Sexually transmitted infections	3	3	5	3	2	16
Lack of transportation	5	3	4	2	2	16
Lack of trauma care in the community	3	4	3	3	2	15
Access to exercise opportunities	3	2	4	2	2	13
Child abuse	2	3	3	3	1	12
Lack of family structure	3	2	3	2	2	12
Homeless population	2	3	3	2	2	12
Teen birth rate	2	2	2	2	2	10
Violent crime rate	2	1	2	1	1	7

*Highest potential score = 25
**Significant health needs are determined by a Total Score of 15 or higher.

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

Resources Available to Address Significant Health Needs

Health Care 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 Health System has 450 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.

Exhibit 27 summarizes hospitals and health centers available to the residents of the nine counties in the CHNA community.

Exhibit 27
UMC Health System
Summary of Area Hospitals and Health Centers

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

Source: UMCHealthSystem.com & US Hospital Finder

Other Health Care Facilities

Short-term acute care hospital services are not the only health services available to members of the Health Systems' community. *Exhibit 28* provides a listing of community health centers and rural health clinics within the UMC Health Systems' community.

Exhibit 28
UMC Health System
Summary of Rural Health Centers & FQHCs

Facility	Facility Type	Address	County
Crosbyton Clinic Hosp Rural Health Clinic	Rural Health Clinic	710 West Main, Crosbyton, TX, 79322	Crosby
Covenant Family Healthcare Cntr	Rural Health Clinic	409 8th Street, Abernathy, TX 79311	Hale
Covenant Family Healthcare Cntr	Rural Health Clinic	409 8th Street, Abernathy, TX 79311	Hale
Covenant Healthcare Cntr Plainview	Rural Health Clinic	2222 W. 24th Street, Suite 6, Plainview, TX 79072	Hale
Plainview Children's Rural Health	Rural Health Clinic	2202 Edgemere, Plainview, TX 79072	Hale
Regence Health Network	Rural Health Clinic	2801 W 8th St, Plainview, TX 79072	Hale
Family Medicine Clinic of Levelland	Rural Health Clinic	116 John Dupree Drive, Levelland, TX 79336	Hockley
Family Medicine Clinic of Sundown	Rural Health Clinic	209 East Richardson, Sundown, TX 79372	Hockley
Levelland Clinic	Rural Health Clinic	1804 South College Avenue, Levelland, TX 79336	Hockley
Levelland Clinic North	Rural Health Clinic	103 John Dupree, Levelland, TX 79336	Hockley
South Plains Rural Health Services	FQHC	1000 FM300, Levelland, TX 79336	Hockley
Lamb Healthcare Cntr	ST Care Hospital	1500 South Sunset, Littlefield, TX 79339	Lamb
LHC Family Medicine	Rural Health Clinic	1600 South Sunset, Littlefield, TX 79339	Lamb
Slaton Family Medical Clinic	Rural Health Clinic	235 W. Garza, Slaton, TX 79364	Lubbock
Arnett Benson Medical & Dental Clinic	FQHC	3301 Clovis Rd, Lubbock, TX 79415	Lubbock
Chatman Community Health Cntr	FQHC	2301 Cedar Ave, Lubbock, TX 79404	Lubbock
CHCL 1610	FQHC	1610 5th St, Lubbock, TX 79401	Lubbock
CHCL 96 West	FQHC	2401 Fulton Ave Apt B, Lubbock, TX 79407	Lubbock
CHCL Community Dental Clinic	FQHC	1826 Parkway Dr., Lubbock, TX 79403	Lubbock
CHCL Medical Plaza	FQHC	3502 9th St Ste 280, Lubbock, TX 79415	Lubbock
CHCL West Medical and Dental Clinic	FQHC	5424 19th St Ste 200, Lubbock, TX 79407	Lubbock
Combest Sunrise Canyon Clinic	FQHC	1950 Aspen Ave Bldg 100, Lubbock, TX 79404	Lubbock
Community Health Cntr of Lubbock	FQHC	1318 Broadway, Lubbock, TX 79401	Lubbock
Larry Combest Community Health & Wellness Cntr	FQHC	301 40th St, Lubbock, TX 79404	Lubbock
Parkway Community Health Cntr	FQHC	406 Martin Luther King Blvd., Lubbock, TX 79403	Lubbock
Walker House	FQHC	1614 Avenue K, Lubbock, TX 79401	Lubbock
Women's Protective Services	FQHC	89th & University, Lubbock, TX	Lubbock
Lynn Cnty Family Wellness Rural Hlth Clinic	Rural Health Clinic	1809 Lockwood Street, Tahoka, TX 79373	Lynn

Source: CMS.gov, Heath Resources & Services Administration (HRSA)

APPENDICES

APPENDIX A

ANALYSIS OF CHNA DATA

Analysis of Health Status-Leading Causes of Death

	U.S. Crude Rates	(A) 10% of U.S. Crude Rate	County Rate	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Crosby					
Cancer	185.4	18.5	234.1	48.7	Health Need
Heart Disease	193.0	19.3	300.1	107.1	Health Need
Lung Disease	45.7	4.6	69.3	23.6	Health Need
Stroke	42.9	4.3	82.4	39.5	Health Need
Unintentional Injury	40.1	4.0	42.9	2.8	
Floyd					
Cancer	185.4	18.5	231.6	46.2	Health Need
Heart Disease	193.0	19.3	241.0	48.1	Health Need
Lung Disease	45.7	4.6	81.4	35.7	Health Need
Stroke	42.9	4.3	75.1	32.2	Health Need
Unintentional Injury	40.1	4.0	53.2	13.2	Health Need
Garza					
Cancer	185.4	18.5	149.4	-36.0	
Heart Disease	193.0	19.3	199.3	6.3	
Lung Disease	45.7	4.6	68.5	22.8	Health Need
Stroke	42.9	4.3	49.8	6.9	Health Need
Unintentional Injury	40.1	4.0	52.9	12.9	Health Need
Hale					
Cancer	185.4	18.5	169.8	-15.6	
Heart Disease	193.0	19.3	188.6	-4.4	
Lung Disease	45.7	4.6	61.4	15.7	Health Need
Stroke	42.9	4.3	52.0	9.1	Health Need
Unintentional Injury	40.1	4.0	42.6	2.5	
Hockley					
Cancer	185.4	18.5	161.9	-23.5	
Heart Disease	193.0	19.3	197.4	4.4	
Lung Disease	45.7	4.6	53.7	8.0	Health Need
Stroke	42.9	4.3	53.7	10.8	Health Need
Unintentional Injury	40.1	4.0	47.6	7.6	Health Need
Lamb					
Cancer	185.4	18.5	228.1	42.7	Health Need
Heart Disease	193.0	19.3	255.3	62.4	Health Need
Lung Disease	45.7	4.6	64.6	18.9	Health Need
Stroke	42.9	4.3	63.1	20.2	Health Need
Unintentional Injury	40.1	4.0	73.2	33.1	Health Need

Analysis of Health Status-Leading Causes of Death

	U.S. Crude Rates	(A) 10% of U.S. Crude Rate	County Rate	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Lubbock					
Cancer	185.4	18.5	150.6	-34.8	
Heart Disease	193.0	19.3	176.2	-16.8	
Lung Disease	45.7	4.6	59.1	13.5	Health Need
Stroke	42.9	4.3	39.7	-3.2	
Unintentional Injury	40.1	4.0	46.7	6.6	Health Need
Lynn					
Cancer	185.4	18.5	191.5	6.1	
Heart Disease	193.0	19.3	239.4	46.5	Health Need
Lung Disease	45.7	4.6	51.3	5.7	Health Need
Stroke	42.9	4.3	54.7	11.8	Health Need
Unintentional Injury	40.1	4.0	47.9	7.8	Health Need
Terry					
Cancer	185.4	18.5	202.4	17.0	
Heart Disease	193.0	19.3	298.9	106.0	Health Need
Lung Disease	45.7	4.6	61.9	16.2	Health Need
Stroke	42.9	4.3	38.0	-4.9	
Unintentional Injury	40.1	4.0	60.1	20.1	Health Need

Analysis of Health Outcomes and Factors

	U.S. Benchmark	(A) 30% of U.S. Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Crosby					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	25.0%	7.5%	29.0%	4.0%	
Food Environment Index	8.3	2	7.5	1	N/A
Physical Inactivity	20.0%	6.0%	27.0%	7.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	62.0%	29.0%	Health Need
Excessive Drinking	12.0%	3.6%	15.0%	-3.0%	Health Need
Alcohol-Impaired Driving Deaths	14.0%	4.2%	40.0%	26.0%	Health Need
Sexually Transmitted Infections	134	40	490	356	Health Need
Teen Birth Rate	19	6	94	75	Health Need
Uninsured	11.0%	3.3%	29.0%	18.0%	Health Need
Primary Care Physicians	1,040	312	3,000	1,960	Health Need
Dentists	1,340	402	N/A	0	
Mental Health Providers	370	111	N/A	0	
Preventable Hospital Stays	38	11	89	51	Health Need
Diabetic Screen Rate	90.0%	27.0%	82.0%	8.0%	
Mammography Screening	71.0%	21.3%	38.0%	33.0%	Health Need
Violent Crime Rate	59	18	141	82	Health Need
Children in Poverty	13.0%	3.9%	37.0%	24.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	30.0%	9.0%	Health Need

Analysis of Health Outcomes and Factors

	U.S. Benchmark	(A) 30% of U.S. Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Floyd					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	25.0%	7.5%	29.0%	4.0%	
Food Environment Index	8.3	2	7.5	1	
Physical Inactivity	20.0%	6.0%	28.0%	8.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	44.0%	47.0%	Health Need
Excessive Drinking	12.0%	3.6%	15.0%	-3.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	0.0%	-14.0%	
Sexually Transmitted Infections	134	40	424	290	Health Need
Teen Birth Rate	19	6	83	64	Health Need
Uninsured	11.0%	3.3%	29.0%	18.0%	Health Need
Primary Care Physicians	1,040	312	1,560	520	Health Need
Dentists	1,340	402	5,950	4,610	Health Need
Mental Health Providers	370	111	N/A	0	
Preventable Hospital Stays	38	11	70	32	Health Need
Diabetic Screen Rate	90.0%	27.0%	89.0%	1.0%	
Mammography Screening	71.0%	21.3%	62.0%	9.0%	
Violent Crime Rate	59	18	348	289	Health Need
Children in Poverty	13.0%	3.9%	37.0%	24.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	41.0%	20.0%	Health Need

Analysis of Health Outcomes and Factors

	U.S. Benchmark	(A) 30% of U.S. Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Garza					
Adult Smoking	14.0%	4.2%	15.0%	1.0%	
Adult Obesity	25.0%	7.5%	31.0%	6.0%	
Food Environment Index	8.3	2	8.2	0	
Physical Inactivity	20.0%	6.0%	27.0%	7.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	N/A	0.0%	
Excessive Drinking	12.0%	3.6%	21.0%	-9.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	25.0%	11.0%	Health Need
Sexually Transmitted Infections	134	40	234	100	Health Need
Teen Birth Rate	19	6	77	58	Health Need
Uninsured	11.0%	3.3%	25.0%	14.0%	Health Need
Primary Care Physicians	1,040	312	N/A	0	
Dentists	1,340	402	6,440	5,100	Health Need
Mental Health Providers	370	111	N/A	0	
Preventable Hospital Stays	38	11	52	14	Health Need
Diabetic Screen Rate	90.0%	27.0%	74.0%	16.0%	
Mammography Screening	71.0%	21.3%	40.0%	31.0%	Health Need
Violent Crime Rate	59	18	20	-39	
Children in Poverty	13.0%	3.9%	29.0%	16.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	40.0%	19.0%	Health Need

Analysis of Health Outcomes and Factors

	U.S. Benchmark	(A) 30% of U.S. Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Hale					
Adult Smoking	14.0%	4.2%	18.0%	4.0%	
Adult Obesity	25.0%	7.5%	28.0%	3.0%	
Food Environment Index	8.3	2	5.7	3	Health Need
Physical Inactivity	20.0%	6.0%	30.0%	10.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	64.0%	27.0%	
Excessive Drinking	12.0%	3.6%	16.0%	-4.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	32.0%	18.0%	Health Need
Sexually Transmitted Infections	134	40	500	366	Health Need
Teen Birth Rate	19	6	90	71	Health Need
Uninsured	11.0%	3.3%	26.0%	15.0%	Health Need
Primary Care Physicians	1,040	312	2,750	1,710	Health Need
Dentists	1,340	402	3,860	2,520	Health Need
Mental Health Providers	370	111	1,240	870	Health Need
Preventable Hospital Stays	38	11	54	16	Health Need
Diabetic Screen Rate	90.0%	27.0%	85.0%	5.0%	
Mammography Screening	71.0%	21.3%	56.0%	15.0%	
Violent Crime Rate	59	18	216	157	Health Need
Children in Poverty	13.0%	3.9%	33.0%	20.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	36.0%	15.0%	Health Need

Analysis of Health Outcomes and Factors

	U.S. Benchmark	(A) 30% of U.S. Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Hockley					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	25.0%	7.5%	30.0%	5.0%	
Food Environment Index	8.3	2	6.9	1	
Physical Inactivity	20.0%	6.0%	26.0%	6.0%	
Access to Exercise Opportunities	91.0%	27.3%	61.0%	30.0%	Health Need
Excessive Drinking	12.0%	3.6%	18.0%	-6.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	22.0%	8.0%	Health Need
Sexually Transmitted Infections	134	40	485	351	Health Need
Teen Birth Rate	19	6	69	50	Health Need
Uninsured	11.0%	3.3%	24.0%	13.0%	Health Need
Primary Care Physicians	1,040	312	2,140	1,100	Health Need
Dentists	1,340	402	2,360	1,020	Health Need
Mental Health Providers	370	111	2,140	1,770	Health Need
Preventable Hospital Stays	38	11	63	25	Health Need
Diabetic Screen Rate	90.0%	27.0%	82.0%	8.0%	
Mammography Screening	71.0%	21.3%	42.0%	29.0%	Health Need
Violent Crime Rate	59	18	428	369	Health Need
Children in Poverty	13.0%	3.9%	21.0%	8.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	29.0%	8.0%	Health Need

Analysis of Health Outcomes and Factors

	U.S. Benchmark	(A) 30% of U.S. Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Lamb					
Adult Smoking	14.0%	4.2%	17.0%	3.0%	
Adult Obesity	25.0%	7.5%	29.0%	4.0%	
Food Environment Index	8.3	2	7.6	1	
Physical Inactivity	20.0%	6.0%	27.0%	7.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	41.0%	50.0%	Health Need
Excessive Drinking	12.0%	3.6%	14.0%	-2.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	47.0%	33.0%	Health Need
Sexually Transmitted Infections	134	40	343	209	Health Need
Teen Birth Rate	19	6	95	76	Health Need
Uninsured	11.0%	3.3%	30.0%	19.0%	Health Need
Primary Care Physicians	1,040	312	2,760	1,720	Health Need
Dentists	1,340	402	6,790	5,450	Health Need
Mental Health Providers	370	111	N/A	0	
Preventable Hospital Stays	38	11	58	20	Health Need
Diabetic Screen Rate	90.0%	27.0%	89.0%	1.0%	
Mammography Screening	71.0%	21.3%	51.0%	20.0%	
Violent Crime Rate	59	18	347	288	Health Need
Children in Poverty	13.0%	3.9%	32.0%	19.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	39.0%	18.0%	Health Need

Analysis of Health Outcomes and Factors

	U.S. Benchmark	(A) 30% of U.S. Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Lubbock					
Adult Smoking	14.0%	4.2%	17.0%	3.0%	
Adult Obesity	25.0%	7.5%	28.0%	3.0%	
Food Environment Index	8.3	2	6.2	2	
Physical Inactivity	20.0%	6.0%	24.0%	4.0%	
Access to Exercise Opportunities	91.0%	27.3%	91.0%	0.0%	
Excessive Drinking	12.0%	3.6%	18.0%	-6.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	41.0%	27.0%	Health Need
Sexually Transmitted Infections	134	40	636	502	Health Need
Teen Birth Rate	19	6	51	32	Health Need
Uninsured	11.0%	3.3%	23.0%	12.0%	Health Need
Primary Care Physicians	1,040	312	1,310	270	
Dentists	1,340	402	1,880	540	Health Need
Mental Health Providers	370	111	780	410	Health Need
Preventable Hospital Stays	38	11	52	14	Health Need
Diabetic Screen Rate	90.0%	27.0%	82.0%	8.0%	
Mammography Screening	71.0%	21.3%	56.0%	15.0%	
Violent Crime Rate	59	18	744	685	Health Need
Children in Poverty	13.0%	3.9%	21.0%	8.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	37.0%	16.0%	Health Need

Analysis of Health Outcomes and Factors

	U.S. Benchmark	(A) 30% of U.S. Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Lynn					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	25.0%	7.5%	31.0%	6.0%	
Food Environment Index	8.3	2	6.3	2	
Physical Inactivity	20.0%	6.0%	30.0%	10.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	N/A	0.0%	
Excessive Drinking	12.0%	3.6%	16.0%	-4.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	33.0%	19.0%	Health Need
Sexually Transmitted Infections	134	40	311	177	Health Need
Teen Birth Rate	19	6	57	38	Health Need
Uninsured	11.0%	3.3%	26.0%	15.0%	Health Need
Primary Care Physicians	1,040	312	1,430:1	0	
Dentists	1,340	402	5,7701	56,361	Health Need
Mental Health Providers	370	111	N/A	0	
Preventable Hospital Stays	38	11	85	47	Health Need
Diabetic Screen Rate	90.0%	27.0%	88.0%	2.0%	
Mammography Screening	71.0%	21.3%	53.0%	18.0%	
Violent Crime Rate	59	18	112	53	Health Need
Children in Poverty	13.0%	3.9%	28.0%	15.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	41.0%	20.0%	Health Need

Analysis of Health Outcomes and Factors

	U.S. Benchmark	(A) 30% of U.S. Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Terry					
Adult Smoking	14.0%	4.2%	16.0%	2.0%	
Adult Obesity	25.0%	7.5%	32.0%	7.0%	
Food Environment Index	8.3	2	5.9	2	
Physical Inactivity	20.0%	6.0%	28.0%	8.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	26.0%	65.0%	Health Need
Excessive Drinking	12.0%	3.6%	17.0%	-5.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	50.0%	36.0%	Health Need
Sexually Transmitted Infections	134	40	468	334	Health Need
Teen Birth Rate	19	6	95	76	Health Need
Uninsured	11.0%	3.3%	29.0%	18.0%	Health Need
Primary Care Physicians	1,040	312	3,190	2,150	Health Need
Dentists	1,340	402	6,370	5,030	Health Need
Mental Health Providers	370	111	N/A	0	
Preventable Hospital Stays	38	11	97	59	Health Need
Diabetic Screen Rate	90.0%	27.0%	81.0%	9.0%	
Mammography Screening	71.0%	21.3%	45.0%	26.0%	Health Need
Violent Crime Rate	59	18	229	170	Health Need
Children in Poverty	13.0%	3.9%	29.0%	16.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	38.0%	17.0%	Health Need

Analysis of Primary Data – Key Informant Surveys

Identified Health Need
Chronic Health Issues (Obesity, Diabetes, Heart Disease, Stroke, Hypertension, etc)
Lack of affordable elder care
Access to affordable healthcare
Lack of mental health providers and services
Family structure (single parent families) and family concerns such as child abuse
Sexually Transmitted Disease and teenage pregnancy
Drugs and alcohol abuse
Lack of health education
High healthcare costs
Lack of trauma care in the community
Homeless population
Lack of transportation (traffic, no infrastructure for public transport, lack of sidewalks)

Issues of Uninsured Persons, Low-Income Persons and Minority/Vulnerable Populations

Population	Issues
Working poor/uninsured	Transportation
	Family structure & young single parents/teenage pregnancy
	High cost of health care prevents needs from being met
	Healthy lifestyle and health nutrition education
	Inadequate housing options
	Lack of mental health services
	Lack of adult dental services
Elderly	Transportation
	Cost of healthcare and fixed incomes
	Cost of prescriptions
	Lack of adult dental services

Additional groups - veterans, undocumented immigrants, homeless

APPENDIX B

SOURCES

Sources

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2015
Population Estimates	The Nielson Company	2015
Demographics - Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2009 - 2013
Uninsured Status	Community Commons via US Census Bureau, Small area Helath Insurance Estimates http://www.communitycommons.org/	2009 - 2013
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Education	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Physical Environment - Grocery Store Access	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2012
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2015

Sources

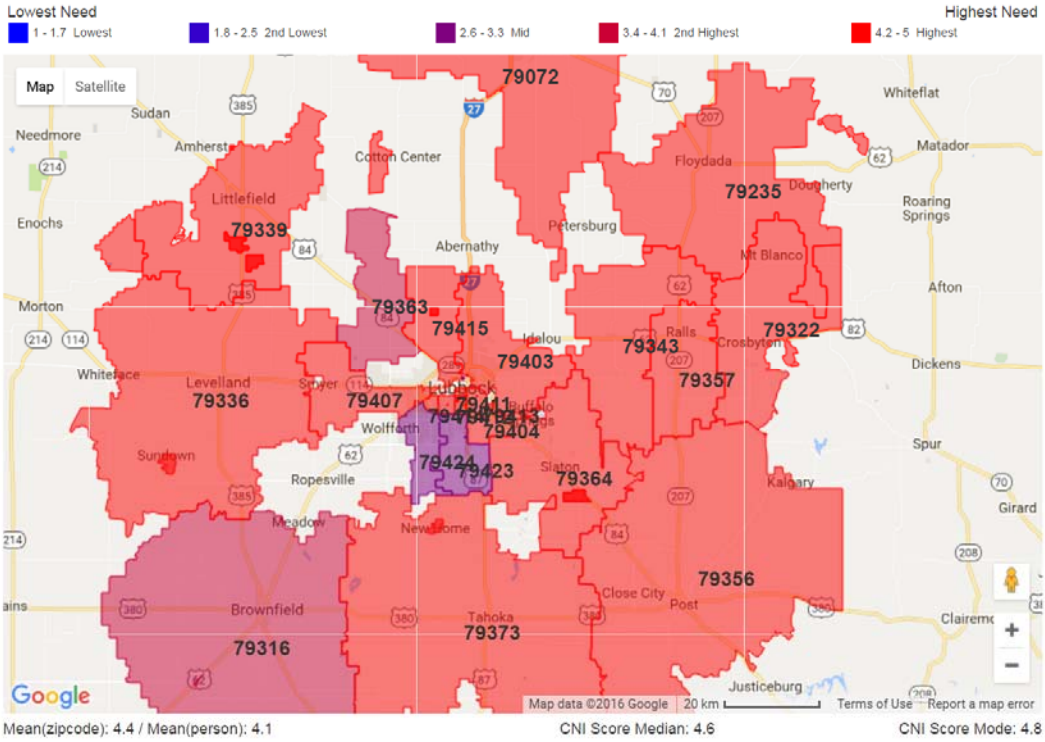
DATA TYPE	SOURCE	YEAR(S)
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2012
Leading Causes of Death	Community Commons via CDC national Bital Statistics System http://www.communitycommons.org/	2007 - 2011
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/	2015 & 2006 - 2012
Health Care Resources	Community Commons, CMS.gov, HRSA	

APPENDIX C

DIGNITY HEALTH COMMUNITY NEED INDEX

(CNI) REPORT

Map of Community Needs Index Scores for CHNA Community Based on Dignity Health's Community Need Index (CNI)



Mean(zipcode): 4.4 / Mean(person): 4.1 CNI Score Median: 4.6 CNI Score Mode: 4.8

Zip Code	CNI Score	Population	City	County	State
79072	4.8	27802	Plainview	Hale	Texas
79235	4.8	3618	Floydada	Floyd	Texas
79316	4	11866	Brownfield	Terry	Texas
79322	4.8	2183	Crosbyton	Crosby	Texas
79336	4.4	19985	Levelland	Hockley	Texas
79339	4.8	7161	Littlefield	Lamb	Texas
79343	4.8	1436	Lorenzo	Crosby	Texas
79356	4.4	6339	Post	Garza	Texas
79357	4.4	2278	Ralls	Crosby	Texas
79363	3.6	6183	Shallowater	Lubbock	Texas
79364	4.6	8435	Slaton	Lubbock	Texas
79373	4.6	3546	Tahoka	Lynn	Texas
79403	4.8	17943	Lubbock	Lubbock	Texas
79404	4.8	12286	Lubbock	Lubbock	Texas
79407	4.2	20586	Lubbock	Lubbock	Texas
79411	5	7976	Lubbock	Lubbock	Texas
79412	4.8	15989	Lubbock	Lubbock	Texas
79413	4.2	21850	Lubbock	Lubbock	Texas
79414	4.6	17885	Lubbock	Lubbock	Texas
79415	4.6	18511	Lubbock	Lubbock	Texas
79423	3.2	35830	Lubbock	Lubbock	Texas
79424	2.8	45643	Lubbock	Lubbock	Texas

Source: http://cni.chw-interactive.org

APPENDIX D

COUNTY HEALTH RANKINGS

UMC Health System
County Health Rankings – Health Factors

		Crosby County 2013	Crosby County 2016	Change	Texas 2016	Top Performers 2016**
Health Behaviors	*	147	146	↓		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		N/A	16.0%		15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		28.0%	29.0%	↑	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	7.5		6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		31.0%	27.0%	↓	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		N/A	62.0%		84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		16.0%	15.0%	↓	17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		N/A	40.0%		32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population		528.0	489.7	↓	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19		110.0	94.0	↓	52.0	19.0
Clinical Care	*	177	212	↑		
Uninsured adults – Percent of population under age 65 without health insurance		27.0%	29.0%	↑	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians		3,031:1	3,000:1		1,680:1	1,040:1
Dentists – Ratio of population to dentists		N/A	N/A		1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers		N/A	N/A		990:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		94.0	89.0	↓	58.0	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening		75.0%	82.0%	↑	84.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		46.3%	38.0%	↓	58.0%	71.0%

UMC Health System
County Health Rankings – Health Factors

		Crosby County 2013	Crosby County 2016	Change	Texas 2016	Top Performers 2016**
Social and Economic Factors	*	147	147			
High school graduation – Percent of ninth grade cohort that graduates in 4 years		91.0%	N/A		88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education		39.7%	42.0%	↑	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		9.3%	4.6%	↓	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty		40.0%	37.0%	↓	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		N/A	4.1		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		30.0%	30.0%		33.0%	21%
Social associations – Number of membership associations per 10,000 population		N/A	16.7		7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		141.0	141.0		422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population		N/A	46.0		54.0	51.0
Physical Environment	*	183	184	↑		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		9.7	9.4	↓	9.6	9.5
Drinking water violations		N/A	Yes		N/A	No
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		N/A	17.0%		18.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		N/A	80.0%		80.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		N/A	32.0%		36.0%	15%

* Rank out of 232 Texas counties in 2013, rank out of 241 Texas counties in 2016

** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

UMC Health System
County Health Rankings – Health Factors

		Floyd County 2013	Floyd County 2016	Change	Texas 2016	Top Performers 2016**
Health Behaviors	*	89	82	↓		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		N/A	16.0%		15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		28.0%	29.0%	↑	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	7.5		6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		30.0%	28.0%	↓	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		N/A	44.0%		84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		1.0%	15.0%	↑	17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		N/A	0.0%		32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population		434.0	424.1	↓	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19		96.0	83.0	↓	52.0	19.0
Clinical Care	*	113	72	↓		
Uninsured adults – Percent of population under age 65 without health insurance		28.0%	29.0%	↑	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians		1,606:1	1,560:1		1,680:1	1,040:1
Dentists – Ratio of population to dentists		6,423:1	5,950:1		1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers		N/A	N/A		990:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		125.0	70.0	↓	58.0	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening		91.0%	89.0%	↓	84.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		61.3%	62.0%	↑	58.0%	71.0%

UMC Health System
County Health Rankings – Health Factors

		Floyd County 2013	Floyd County 2016	Change	Texas 2016	Top Performers 2016**
Social and Economic Factors	*	163	211	↑		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		87.0%	N/A		88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education		51.2%	57.0%	↑	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		8.3%	7.0%	↓	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty		32.0%	37.0%	↑	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		N/A	5.4		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		31.0%	41.0%	↑	33.0%	21%
Social associations – Number of membership associations per 10,000 population		N/A	24.1		7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		362.0	348.0	↓	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population		N/A	69.0		54.0	51.0
Physical Environment	*	44	117	↑		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		9.6	9.4	↓	9.6	9.5
Drinking water violations		0.0%	No		N/A	No
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		N/A	19.0%		18.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		N/A	84.0%		80.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		N/A	18.0%		36.0%	15%

* Rank out of 232 Texas counties in 2013, rank out of 241 Texas counties in 2016

** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

UMC Health System
County Health Rankings – Health Factors

		Garza County 2013	Garza County 2016	Change	Texas 2016	Top Performers 2016**
Health Behaviors	*	185	124	↓		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		N/A	15.0%		15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		32.0%	31.0%	↓	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	8.2		6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		29.0%	27.0%	↓	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		N/A	N/A		84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		N/A	21.0%		17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		N/A	25.0%		32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population		232.0	233.9	↑	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19		83.0	77.0	↓	52.0	19.0
Clinical Care	*	193	141	↓		
Uninsured adults – Percent of population under age 65 without health insurance		27.0%	25.0%	↓	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians		6,457:1	N/A		1,680:1	1,040:1
Dentists – Ratio of population to dentists		6,457:1	6,440:1		1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers		N/A	N/A		990:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		107.0	52.0	↓	58.0	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening		78.0%	74.0%	↓	84.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		52.9%	40.0%	↓	58.0%	71.0%

UMC Health System
County Health Rankings – Health Factors

		Garza County 2013	Garza County 2016	Change	Texas 2016	Top Performers 2016**
Social and Economic Factors	*	159	158	↓		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		87.0%	N/A		88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education		30.1%	27.0%	↓	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		7.1%	3.5%	↓	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty		30.0%	29.0%	↓	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		N/A	5.3		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		42.0%	40.0%	↓	33.0%	21%
Social associations – Number of membership associations per 10,000 population		N/A	12.7		7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		70.0	20.0	↓	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population		N/A	59.0		54.0	51.0
Physical Environment	*	188	121	↓		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		9.9	9.4	↓	9.6	9.5
Drinking water violations		3.0%	Yes		N/A	No
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		N/A	11.0%		18.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		N/A	82.0%		80.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		N/A	21.0%		36.0%	15%

* Rank out of 232 Texas counties in 2013, rank out of 241 Texas counties in 2016

** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

UMC Health System
County Health Rankings – Health Factors

		Hale County 2013	Hale County 2016	Change	Texas 2016	Top Performers 2016**
Health Behaviors	*	167	201	↑		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		N/A	18.0%		15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		29.0%	28.0%	↓	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	5.7		6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		29.0%	30.0%	↑	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		N/A	64.0%		84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		16.0%	16.0%		17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		N/A	32.0%		32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population		598.0	500.2	↓	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19		101.0	90.0	↓	52.0	19.0
Clinical Care	*	76	67	↓		
Uninsured adults – Percent of population under age 65 without health insurance		26.0%	26.0%		25.0%	11%
Primary care physicians – Ratio of population to primary care physicians		2,598:1	2,750:1		1,680:1	1,040:1
Dentists – Ratio of population to dentists		3,031:1	3,860:1		1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers		N/A	1,240:1		990:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		86.0	54.0	↓	58.0	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening		84.0%	85.0%	↑	84.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		57.9%	56.0%	↓	58.0%	71.0%

UMC Health System
County Health Rankings – Health Factors

		Hale County 2013	Hale County 2016	Change	Texas 2016	Top Performers 2016**
Social and Economic Factors	*	175	226	↑		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		86.0%	91.0%	↑	88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education		43.9%	43.0%	↓	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		7.2%	9.4%	↑	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty		37.0%	33.0%	↓	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		N/A	4.5		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		34.0%	36.0%	↑	33.0%	21%
Social associations – Number of membership associations per 10,000 population		N/A	15.9		7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		257.0	216.0	↓	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population		N/A	57.0		54.0	51.0
Physical Environment	*	48	40	↓		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		9.6	9.3	↓	9.6	9.5
Drinking water violations		0.0%	No		N/A	No
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		N/A	14.0%		18.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		N/A	81.0%		80.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		N/A	16.0%		36.0%	15%

* Rank out of 232 Texas counties in 2013, rank out of 241 Texas counties in 2016

** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

UMC Health System
County Health Rankings – Health Factors

		Hockley County 2013	Hockley County 2016	Change	Texas 2016	Top Performers 2016**
Health Behaviors	*	164	119	↓		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		17.0%	16.0%	↓	15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		30.0%	30.0%		28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	6.9		6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		31.0%	26.0%	↓	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		N/A	61.0%		84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		12.0%	18.0%	↑	17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		N/A	22.0%		32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population		554.0	485.4	↓	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19		72.0	69.0	↓	52.0	19.0
Clinical Care	*	71	96	↑		
Uninsured adults – Percent of population under age 65 without health insurance		27.0%	24.0%	↓	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians		2,540:1	2,140:1		1,680:1	1,040:1
Dentists – Ratio of population to dentists		2,286:1	2,360:1		1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers		N/A	2,140:1		990:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		73.0	63.0	↓	58.0	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening		82.0%	82.0%		84.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		51.9%	42.0%	↓	58.0%	71.0%

UMC Health System
County Health Rankings – Health Factors

		Hockley County 2013	Hockley County 2016	Change	Texas 2016	Top Performers 2016**
Social and Economic Factors	*	73	91	↑		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		88.0%	86.0%	↓	88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education		57.0%	55.0%	↓	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		5.7%	3.9%	↓	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty		26.0%	21.0%	↓	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		N/A	4.3		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		28.0%	29.0%	↑	33.0%	21%
Social associations – Number of membership associations per 10,000 population		N/A	14.4		7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		432.0	428.0	↓	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population		N/A	70.0		54.0	51.0
Physical Environment	*	137	93	↓		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		9.7	9.3	↓	9.6	9.5
Drinking water violations		7.0%	Yes		N/A	No
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		N/A	12.0%		18.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		N/A	78.0%		80.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		N/A	23.0%		36.0%	15%

* Rank out of 232 Texas counties in 2013, rank out of 241 Texas counties in 2016

** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

UMC Health System
County Health Rankings – Health Factors

		Lamb County 2013	Lamb County 2016	Change	Texas 2016	Top Performers 2016**
Health Behaviors	*	103	166	↑		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		8.0%	17.0%	↑	15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		31.0%	29.0%	↓	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	7.6		6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		28.0%	27.0%	↓	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		N/A	41.0%		84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		3.0%	14.0%	↑	17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		N/A	47.0%		32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population		415.0	342.7	↓	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19		98.0	95.0	↓	52.0	19.0
Clinical Care	*	178	123	↓		
Uninsured adults – Percent of population under age 65 without health insurance		31.0%	30.0%	↓	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians		4,683:1	2,760:1		1,680:1	1,040:1
Dentists – Ratio of population to dentists		7,025:1	6,790:1		1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers		N/A	N/A		990:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		96.0	58.0	↓	58.0	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening		86.0%	89.0%	↑	84.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		53.9%	51.0%	↓	58.0%	71.0%

UMC Health System
County Health Rankings – Health Factors

		Lamb County 2013	Lamb County 2016	Change	Texas 2016	Top Performers 2016**
Social and Economic Factors	*	190	197	↑		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		86.0%	90.0%	↑	88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education		44.5%	45.0%	↑	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		7.2%	5.7%	↓	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty		36.0%	32.0%	↓	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		N/A	4.4		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		42.0%	39.0%	↓	33.0%	21%
Social associations – Number of membership associations per 10,000 population		N/A	16.0		7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		356.0	347.0	↓	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population		N/A	90.0		54.0	51.0
Physical Environment	*	19	117	↑		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		9.6	9.3	↓	9.6	9.5
Drinking water violations		1.0%	1.0%		N/A	No
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		N/A	11.0%		18.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		N/A	76.0%		80.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		N/A	18.0%		36.0%	15%

* Rank out of 232 Texas counties in 2013, rank out of 241 Texas counties in 2016

** 90th percentile, i.e., only 10% are better

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Source: Countyhealthrankings.org

UMC Health System
County Health Rankings – Health Factors

		Lubbock County 2013	Lubbock County 2016	Change	Texas 2016	Top Performers 2016**
Health Behaviors	*	117	170	↑		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		21.0%	17.0%	↓	15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		27.0%	28.0%	↑	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	6.2		6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		26.0%	24.0%	↓	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		N/A	91.0%		84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		16.0%	18.0%	↑	17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		N/A	41.0%		32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population		657.0	636.2	↓	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19		58.0	51.0	↓	52.0	19.0
Clinical Care	*	24	26	↑		
Uninsured adults – Percent of population under age 65 without health insurance		23.0%	23.0%		25.0%	11%
Primary care physicians – Ratio of population to primary care physicians		1,387:1	1,310:1		1,680:1	1,040:1
Dentists – Ratio of population to dentists		2,107:1	1,880:1		1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers		N/A	780:1		990:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		75.0	52.0	↓	58.0	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening		83.0%	82.0%	↓	84.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		62.9%	56.0%	↓	58.0%	71.0%

UMC Health System
County Health Rankings – Health Factors

		Lubbock County 2013	Lubbock County 2016	Change	Texas 2016	Top Performers 2016**
Social and Economic Factors	*	139	106	↓		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		85.0%	88.0%	↑	88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education		62.6%	65.0%	↑	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		6.1%	3.9%	↓	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty		26.0%	21.0%	↓	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		N/A	5.0		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		36.0%	37.0%	↑	33.0%	21%
Social associations – Number of membership associations per 10,000 population		N/A	9.5		7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		841.0	744.0	↓	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population		N/A	66.0		54.0	51.0
Physical Environment	*	110	184	↑		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		9.7	9.3	↓	9.6	9.5
Drinking water violations		5.0%	Yes		N/A	No
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		N/A	19.0%		18.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		N/A	82.0%		80.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		N/A	10.0%		36.0%	15%

* Rank out of 232 Texas counties in 2013, rank out of 241 Texas counties in 2016

** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

UMC Health System
County Health Rankings – Health Factors

		Lynn County 2013	Lynn County 2016	Change	Texas 2016	Top Performers 2016**
Health Behaviors	*	42	126	↑		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		10.0%	16.0%	↑	15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		29.0%	31.0%	↑	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	6.3		6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		29.0%	30.0%	↑	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		N/A	N/A		84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		5.0%	16.0%	↑	17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		N/A	33.0%		32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population		203.0	311.3	↑	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19		58.0	57.0	↓	52.0	19.0
Clinical Care	*	161	101	↓		
Uninsured adults – Percent of population under age 65 without health insurance		29.0%	26.0%	↓	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians		1,967:1	1,430:1		1,680:1	1,040:1
Dentists – Ratio of population to dentists		5,900:1	5,7701		1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers		N/A	N/A		990:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		89.0	85.0	↓	58.0	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening		80.0%	88.0%	↑	84.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		47.6%	53.0%	↑	58.0%	71.0%

UMC Health System
County Health Rankings – Health Factors

		Lynn County 2013	Lynn County 2016	Change	Texas 2016	Top Performers 2016**
Social and Economic Factors	*	98	95	↓		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		96.0%	N/A		88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education		45.0%	51.0%	↑	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		7.3%	4.3%	↓	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty		30.0%	28.0%	↓	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		N/A	4.7		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		35.0%	41.0%	↑	33.0%	21%
Social associations – Number of membership associations per 10,000 population		N/A	26.2		7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		69.0	112.0	↑	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population		N/A	79.0		54.0	51.0
Physical Environment	*	231	74	↓		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		9.9	9.3	↓	9.6	9.5
Drinking water violations		81.0%	Yes		N/A	No
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		N/A	10.0%		18.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		N/A	77.0%		80.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		N/A	31.0%		36.0%	15%

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Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

UMC Health System
County Health Rankings – Health Factors

		Terry County 2013	Terry County 2016	Change	Texas 2016	Top Performers 2016**
Health Behaviors	*	151	217	↑		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		13.0%	16.0%	↑	15.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30		30.0%	32.0%	↑	28.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	5.9		6.4	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		32.0%	28.0%	↓	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		N/A	26.0%		84.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		9.0%	17.0%	↑	17.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		N/A	50.0%		32.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population		356.0	467.8	↑	498.3	134.1
Teen birth rate – Per 1,000 female population, ages 15-19		99.0	95.0	↓	52.0	19.0
Clinical Care	*	194	221	↑		
Uninsured adults – Percent of population under age 65 without health insurance		30.0%	29.0%	↓	25.0%	11%
Primary care physicians – Ratio of population to primary care physicians		2,112:1	3,190:1	↑	1,680:1	1,040:1
Dentists – Ratio of population to dentists		6,336:1	6,370:1	↑	1,880:1	1,340:1
Mental health providers – Ratio of population to mental health providers		N/A	N/A		990:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		122.0	97.0	↓	58.0	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening		84.0%	81.0%	↓	84.0%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		49.2%	45.0%	↓	58.0%	71.0%

UMC Health System
County Health Rankings – Health Factors

		Terry County 2013	Terry County 2016	Change	Texas 2016	Top Performers 2016**
Social and Economic Factors	*	165	113	↓		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		86.0%	95.0%	↑	88.0%	93%
Some college – Percent of adults aged 25-44 years with some post-secondary education		31.3%	43.0%	↑	59.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		7.3%	4.4%	↓	5.1%	3.5%
Children in poverty – Percent of children under age 18 in poverty		33.0%	29.0%	↓	25.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		N/A	3.5		4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		25.0%	38.0%	↑	33.0%	21%
Social associations – Number of membership associations per 10,000 population		N/A	14.1		7.8	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		198.0	229.0	↑	422.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population		N/A	85.0		54.0	51.0
Physical Environment	*	171	149	↓		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		9.9	N/A		9.6	9.5
Drinking water violations		8.0%	N/A		N/A	No
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		N/A	13.0%		18.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		N/A	81.0%		80.0%	71%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		N/A	29.0%		36.0%	15%

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Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

APPENDIX E

SURVEY QUESTIONS

SURVEY QUESTIONS

1. In general, how would you rate health and quality of life in the community?
2. (Scale from 1 to 10 with 1 being very poor health and quality of life and 10 being very good health and quality of life)
3. In your opinion, has health and quality of life in the community improved, stayed the same or declined over the past few years?
    a. Improved
    b. Stayed the same
    c. Declined
4. Why do you think it has improved/stayed the same/declined (based on answer from previous question: improved, declined, or stayed the same)?
5. What other factors have contributed to the improvement/maintenance/decline (based on answer to question 2: improvement, decline or to health and quality of life staying the same)
6. What barriers, if any, exist to improving health and quality of life in the community?
7. In your opinion, what are the most critical health and quality of life issues in the community?
8. What needs to be done to address these issues?
9. The prior CHNA indicated the following as the most significant health needs. Is there anything that is not on the list that should be? (Obesity, heart disease, sex education and safe sexual practices for adolescents, Alcohol/drug abuse, Access to care/transportation, health education and awareness, elder care, childhood health, mental and behavioral health care, lack of dental services)
10. What do you think is most critical health need of the community?
11. In your opinion, are any the following areas in which the hospital should be addressing? Why or why not? (Economic Development, Affordable Housing, Poverty, Education, Healthy Nutrition, Physical Activity, Homelessness)
12. Do you think access to Health Services has improved over the last 3 years? Why or why not? What needs to be done to improve access to health services in the community?
13. Are there people or groups of people in the community whose health or quality of life may not be as good as others? Who are these persons or groups?
14. Are there people or groups of people who have a more difficult time obtaining necessary/preventive medical services? If so, who are these persons or groups? Why do you think they have a more difficult time? What can be done to improve the situation?
15. How would you rate the hospital's efforts on communicating how they are addressing the identified health needs? How have you received communication regarding the hospital's efforts?
16. What do you think is the hospital's role in addressing the identified health needs of the community?
17. Has your opinion of, or concern for, public health changed since the last assessment because of public or current events/facts/public statistics about health? And if so, what specifically has altered your opinion/concern?