



COVENANT HEALTH PLAINVIEW
FY15 – 17 Community Benefit Plan/Implementation Strategy Report
St. Joseph Health, Covenant Health Plainview



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MISSION, VISION AND VALUES

Our Mission

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision

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

Our Values

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

EXECUTIVE SUMMARY

Covenant Health Plainview (CHP), a member of Covenant Health (CH) and a member of St. Joseph Health is located on the High Plains of Texas and serves the needs of a four-county area (Castro, Hale, Floyd, and Swisher Counties). Although Plainview and the service area counties are located between Amarillo and Lubbock, virtually all patient outmigration goes to Lubbock. Covenant Health Plainview has 68 licensed beds, and over 20 admitting physicians. The hospital has over 2,100 annual patient discharges and more than 500 annual births.

Covenant Health (CH) is a member of St. Joseph Health, sponsored by the St. Joseph Health Ministry, and is one of the largest non-profit healthcare organizations in the West Texas and Eastern New Mexico regions, serving a 62-county area. We consist of 986 licensed beds, approximately 5,000 employees, and over 500 admitting physicians. Covenant Health has an average daily census of 409, over 28,000 annual patient discharges, and more than 85,000 annual Emergency Department visits.

Community Plan/Implementation Strategy Priorities

As part of CH and St. Joseph Health, Covenant Health Plainview participates in the mission of the CH Community Outreach Department. The mission statement of CH Community Outreach Department is “to create a healthy community by providing human and material resources to benefit the community, by responding to the needs of the underserved, and by advocating at the local, state and national levels on identified key issues.

As part of our Christian ministry of healing, Covenant’s Community Benefit priorities include:

- Diabetes Education
- hk2020 (Obesity Prevention)

INTRODUCTION

Who We Are and Why We Exist

Covenant Health Plainview, a member of Covenant Health (CH) and a member of St. Joseph Health is located on the High Plains of Texas and serves the industrial, commercial and agricultural needs of a four-county area (Castro, Hale, Floyd, and Swisher Counties). Each service area county has its own hospital that provides primary and secondary care while most specialty tertiary care services go to Lubbock, TX. Although Plainview and the service area counties are located between Amarillo and Lubbock, virtually all patient outmigration goes to Lubbock. Covenant Health Plainview has 68 licensed beds, and over 20 admitting physicians. The hospital has over 2,100 annual patient discharges and more than 500 annual births.

Covenant Health- Covenant Medical Center, located in Lubbock, Texas is also a member of St. Joseph Health, sponsored by the St. Joseph Health Ministry, and is the largest health care institution in the West Texas and Eastern New Mexico regions, with 4,500 employees and more than 600 admitting physicians. Covenant Health was created in 1998, through the merger of Lubbock Methodist Hospital System and St. Mary Hospital. Cornerstone facilities in Lubbock include Covenant Medical Center, Covenant Children's Hospital, Covenant Specialty Hospital and Hospice of Lubbock. Covenant Medical Group offers a wide array of primary care and specialists throughout Lubbock, West Texas and New Mexico.

Covenant is committed to offering accessible, affordable care to Lubbock's surrounding areas through 2 leased and 12 affiliated regional hospitals, including Covenant Health Plainview and Covenant Hospital Levelland, and Covenant Medical Group, a large employed physician group comprised of approximately 150 primary care and specialist physicians across West Texas and Eastern New Mexico. Additionally, a fleet of four mobile coaches and two ECHO/PV vans travel to take needed services to the medically underserved.

As part of our Christian ministry of healing, Covenant Health Plainview's Community Benefit priorities include:

- Diabetes Education
- hk2020 (Obesity Prevention)

All Community Health Outreach programs are dedicated to bringing high-quality services and programs directly to the neighborhoods and communities that need it most.

ORGANIZATIONAL COMMITMENT

Community Benefit Governance and Management Structure

Our Executive Management Team (EMT) is involved in community benefit planning, prioritization of programs, and reporting. Input is received from community members, hospital staff, etc. which in turn also assists in monitoring progress on the Community Benefit Plan. This is accomplished in conjunction with the EMT by providing oversight of achievement of goals and initiatives, community outreach activities, and assuring the accuracy of information included in community benefit reports.

The Covenant Health Plainview Board of Trustees is charged with the review and approval of both the Covenant Health Plainview CHNA Report and Covenant Hospital CB Plan/Implementation Strategy Report.

PLANNING FOR THE UNINSURED AND UNDERINSURED

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why Covenant Health Plainview has a **Patient Financial Assistance Program** that provides free or discounted services to eligible patients.

Financial Assistance is defined as health care services provided at no charge or at a reduced charge to patients who do not have or cannot obtain adequate financial resources or other means to pay for their care. Notices of Charity Care are posted at the registration areas in English and Spanish. It is also published annually in the Lubbock, Plainview, and Levelland local newspapers. During the collection process of self-pay balances and self-pay balances after insurance, Billing/Collection Specialists offer financial assistance to help patients who do not have the capacity to pay their accounts as an option to retire/resolve their account balance.

COMMUNITY - DEFINING THE COMMUNITY BENEFIT SERVICE AREA

Our FY15 – 17 Community Benefit Service Area (CBSA) addresses populations within both our primary service areas and secondary service areas. Rural areas tend to exhibit the characteristics of a high need area and by definition include a larger area with a relatively small population at specific centers.

Primary CBSA: Hale County with an emphasis on Plainview residents. Hale County (ZIP Codes 79311, 79041, 79250, 79072, and 79073)

Secondary CBSA: includes the Texas counties of Castro, Floyd, and Swisher Counties. Floyd (ZIP Codes 79235, and 79241), Castro County (ZIP Codes 79027, 79043, and 79085) and Swisher County (ZIP Codes 79063, 79052, 79088, and 79042)

The majority of the population is located in Plainview and the other service area communities. Half of the service area population is located in Plainview and two thirds in Hale County with roughly equal percentages of the remainder population in the other counties, although the population is expected to decline in the outlying counties.

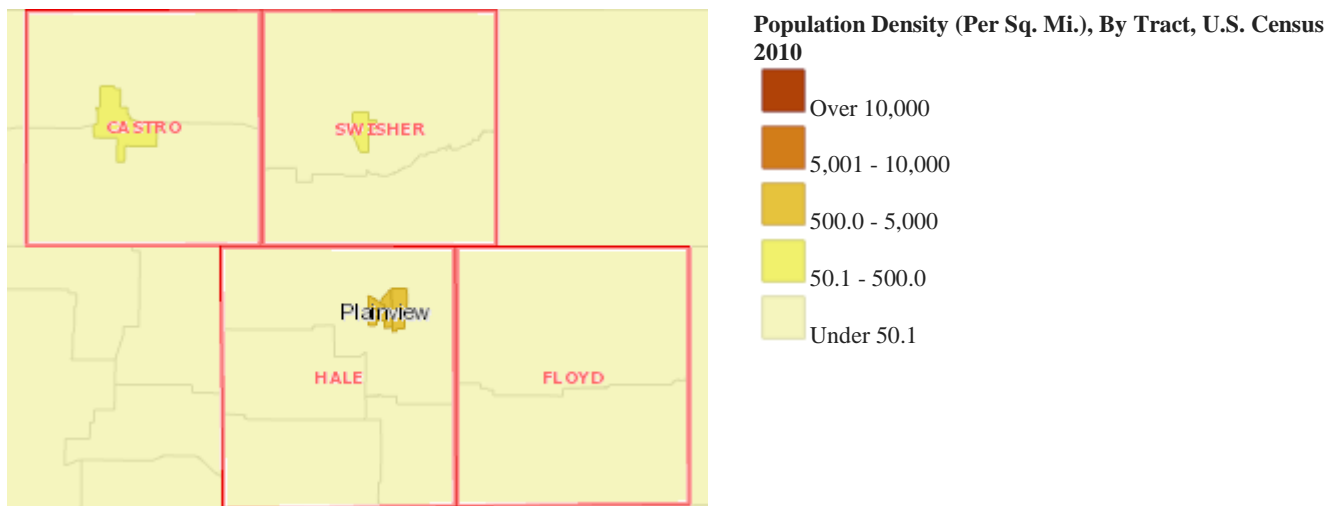
Total Population of Covenant Health Plainview Service Area Counties

The table below reports the total number of people in the service area counties. This information is relevant because population counts are necessary to quantify the community as defined. Furthermore, it provides context to the rural characteristics of the counties. Hale County has the largest total population and highest population density of the service area counties.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Report Area	58,316	3,781.42	15.42
Castro County	7,848	894.43	8.77
Floyd County	6,599	992.14	6.65
Hale County	36,041	1,004.68	35.87
Swisher County	7,828	890.16	8.79
Texas	24,311,892	261,231.70	93.07
United States	303,965,271	3,531,905.50	86.06

Data Source: [U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates](#). Source geography: Tract.

The map below indicates that most of the population in Hale County and across the service area counties is located in the city of Plainview.



Population Distribution by Race and Ethnicity

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Area	82.26%	4.62%	0.42%	0.48%	0.21%	8.47%	3.53%
Castro County	88.90%	2.71%	0.19%	0.69%	0.57%	3.96%	2.97%
Floyd County	87.68%	2.02%	0.38%	0.21%	0%	6.47%	3.24%
Hale County	80.12%	5.24%	0.35%	0.37%	0.17%	10.02%	3.73%
Swisher County	80.93%	5.85%	1%	1.02%	0.22%	7.55%	3.44%
Texas	72%	11.78%	3.72%	0.49%	0.08%	9.92%	2.01%
United States	73.99%	12.49%	4.67%	0.82%	0.16%	5.46%	2.41%

In terms of ethnicity, the service area population is composed predominately of Hispanics, with less than 5% any other race or ethnic group. The proportion of Hispanics varies across the service area. The highest proportion of this ethnic group is in Castro County at 60%. The Hispanic population makes up about 40% of Swisher County. Floyd and Hale Counties each have slightly over 50% Hispanic population, but the average for the service area continues to increase as the older white population declines and is replaced by younger Hispanics.

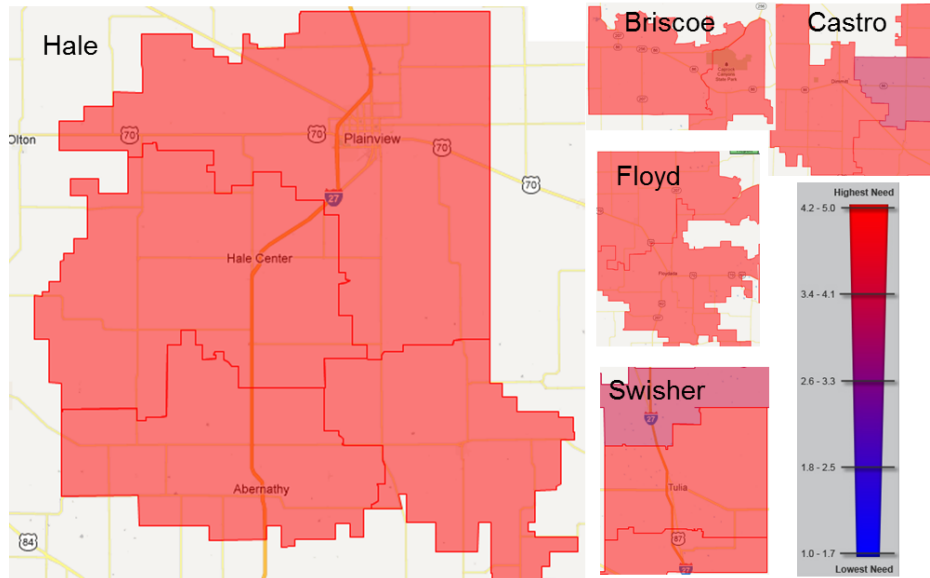
All service area counties have a higher elderly population than the state of Texas, with Floyd and Swisher being one and half times as high as the state of Texas. As the older population reaches the end of the life cycle, rural areas will see significant declines in their population, having a significant effect on medical practice in some of the rural communities.

The Community Need Index

The Community Need Index (CNI) developed by Dignity Health (formerly Catholic Healthcare West (CHW)) and Solucient (an information products company) aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers) including:

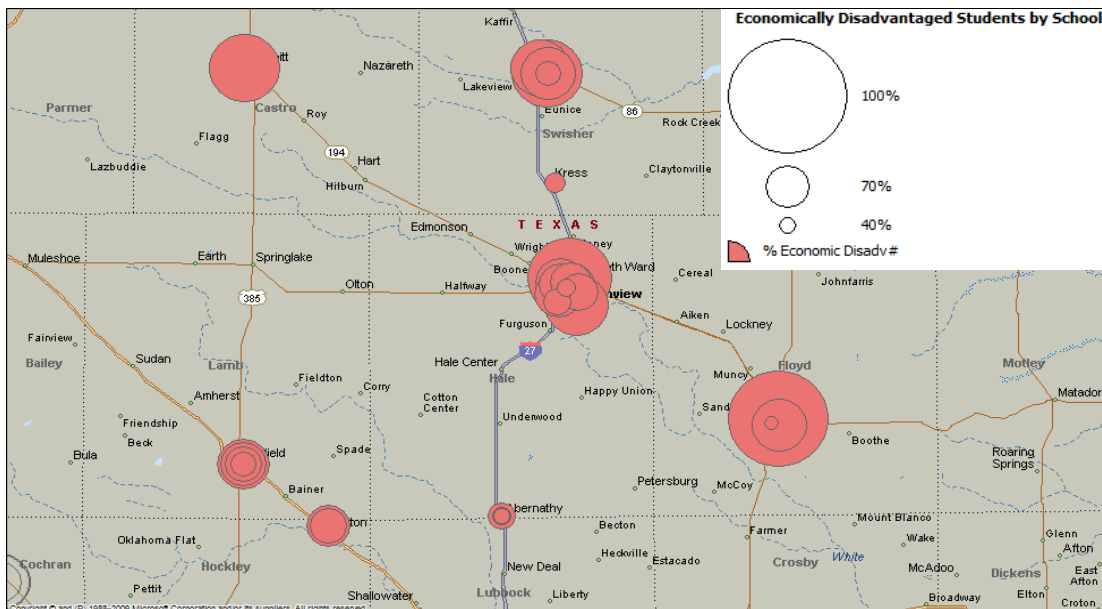
- o Income
 - Elder poverty, child poverty and single parent poverty
- o Culture
 - Non-Caucasian Limited English
- o Education
 - Without HS diploma
- o Insurance
 - Unemployed and uninsured
- o Housing
 - Renting percentage

This index suggests that the majority of the targeted ZIP codes in our primary CBSA and in our secondary CBSA fall into the highest need categories. Many of these communities are Medically Underserved Areas (MUA's) or Persistent Poverty Areas (PPA's) or both. The community need index shows a high level of need all across Hale County and all of the counties in the service area. Rural areas tend to have much higher need index than urban areas and this appears to be true in the Plainview area.



Source: 2012 Dignity Health, Community Need Index

An analysis of the service area based on the CNI and a review of the demographic data for the service area suggests a region with a highly significant need all across the four counties. In an attempt to identify specific areas of higher need, a review of the economically disadvantaged student populations from area school districts and individual campuses was completed. This information suggests a similar distribution of low-income students all across the service area.



Identification and Selection of DUHN Communities

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by ZIP codes (Zone Improvement Plan codes) and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within Covenant Health Plainview’s Service Area.

DUHN Group and Key Community Needs and Assets Summary Table

<p><i>Hale, Castro, Floyd, and Swisher Counties</i> –</p> <p>Hale County (ZIP Codes 79311, 79041, 79250, 79072, and 79073)</p> <p>Floyd (ZIP Codes 79235, and 79241)</p> <p>Castro County (ZIP Codes 79027, 79043, and 79085)</p> <p>Swisher County (ZIP Codes 79063, 79052, 79088, and 79042)</p>	<p><i>At less than \$20,000 per capita income in each county is significantly lower than the state(\$24,870) and the U.S. (\$27,334)</i></p> <ul style="list-style-type: none"> • <i>Hale \$16,322</i> • <i>Castro \$16,073</i> • <i>Floyd \$18,093</i> • <i>Swisher \$16,513</i> <p><i>The % of individuals whose primary language is Spanish and who speak English less than very well is lower than Texas (12.7%) and higher than the U.S. (5.7%) (except for Castro County)</i></p> <ul style="list-style-type: none"> • <i>Castro 17.4%</i> • <i>Floyd 9.5%</i> • <i>Swisher 8.4%</i> • <i>Hale 11.1%</i> <p><i>The % of children below poverty level in Texas is 23.8% compared to 19.2% in the U.S. This rate is higher in Hale (24%), Castro (34.5%), and Floyd (32.5%) Counties but significantly lower in Swisher County (13.5%).</i></p> <p><i>The % of individuals aged 65+ living below the poverty level is an estimated 11.6% in Texas and 9.5% in the U.S. Hale (16.5%), Castro (12.2%), Floyd (16%), and Swisher (11.8%) fare worse than these averages.</i></p>	<p><i>Rural Hospitals and Regence Health Network, Inc., University Medical Group, and Covenant Medical Group; Texas Agri-life extension agent services; Congregations; Hale County public health department; Public schools, the school health advisory councils (SHACs) and colleges, Community group some outreach and mobile services are provided locally by agencies, hospitals (including Covenant Health) and non-profit organizations based out of Lubbock</i></p>
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COMMUNITY NEEDS & ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs and Assets Assessment Process and Results

The community health needs assessment was developed to assist the community in its deliberations to identify community health needs. The community health needs assessment had two major components. The first was a primary data collection phase in the community from February to April. This phase was conducted through interviews with a cross-section of community representatives and leaders to determine local issues and concerns that affected the health of the community.

The second phase was the collection and compilation of secondary data from public sources that defined the status of the community's health and well-being. These two segments were combined into a summary that could be used by Covenant Health Plainview leadership to determine priorities and develop plans and strategies to improve community health.

Community Needs and Assets Assessment Process

Identification of priority health issues for the economically poor in the primary service area was developed through community interviews, focusing on the health issues of concern to the local community. These interviews identified issues and needs for which there are no adequate resources (assets) in place by other providers to address those needs. Information from the interviews was used to prioritize identified community health needs and inform the selection of priority initiatives for Covenant Health Plainview for **FY15 – 17 Community Benefit Plan/Implementation Strategy Report**.

Secondary Data Collection and Analysis and Prioritize Identified Needs

The demographic data for the service area were summarized through a contract with Greg Eastin, *Foresite Consulting*, to collect available secondary data, gather, summarize, and document key health issues, based on criteria (information to describe the service area and identify health needs and risks to the community) and prepare a summary report for use in primary data collection and interviews describing key health issues.

Select Priorities for FY15 – 17 CB Plan/Implementation Strategy Report

Using input from community interviews, staff, and the consultant, the Executive Management Team (EMT) considered options, identified additional questions, and developed priorities.

Develop a Plan

Groups of consumers and residents were engaged through focus groups, surveys, and interviews to gather their perspective on needed approaches, strengths/weaknesses of current approaches, etc. This process established measurable outcomes for priorities and reporting. Key strategies and activities were identified.

Priority Community Health Needs

The list of prioritized community needs was developed as a result of community interview data and secondary data analysis including data from CHNA.org and 2012 County Health Rankings.

- **Diabetes:** The percentage of persons reporting being told they had diabetes is higher in the service area counties, within Public Health Region 1 (10.1%), than in Texas (9.7%) and the U.S. (9.3%).
- **Obesity:** The percentage of persons who are obese in Covenant Health Plainview service area counties (29%) is similar to the state of Texas (28.5%) and slightly higher than the nation average of 27%. Both national and regional data suggest this is a significant problem for children in the area and during community stakeholder input, many persons expressed a concern about the issue. In addition, all Covenant Plainview service area counties report a higher percentage of adults over 20 years of age with no leisure time for physical activity.
- **Access to Medical Care:** Access to all medical services was limited due to the number of primary care providers in each service area county. The ratio of population per primary care physicians is highest in Swisher County at 3,778:1.
- **Access to Specialty Care:** Lack of access to specialty care was reported during Community Interviews and affirmed by Medically Underserved Area designation.
- **Access to Health Insurance:** The percent of the population under 65 years of age that were uninsured was significantly higher across all the service area, Castro County at 35%, Swisher County at 33%, Floyd County 31% and Hale County 29%, than for the state of Texas at 26% and the United States at 11%.
- **Dental Health and Access to Dental Care:** Oral health was identified as a major concern in light of it being one of the leading causes of health problems among children. Although the local data is limited, the state of Texas has raised its standards for regular dental checkups, but only 3.9% of Hale County Medicaid children meet the standard. In addition, among those with access to care through the Texas Health Steps (THSteps), Hale County eligible children report the lower percentage receiving the necessary preventive dental care checkups.
- **Teen Pregnancy:** Results from 2009 Texas Health Profiles point to a larger percentage of teen mothers in Covenant Health Plainview in Swisher County (14.2%), Castro County (9.7%), Hale County (9.2%) and Floyd County (5.6%) compared to Texas (4.7%).
- **Mental Health:** Through community interviews, mental health was identified as a major concern especially with the cut backs in state funding.
- **Premature Death:** Floyd, Castro and Swisher, and Hale Counties have the worse rate of Years of Potential Life Lost when compared to Texas and U.S. In addition, Floyd (rate of 69.35 per 100,000) and Swisher (rate of 48.2 per 100,000) Counties have a much high rate of unintentional mortality as compared to the state of Texas (rate of 40.66 per 100,000) and United States (rate of

39.07 per 100,000). These percentages are significantly higher than the Healthy Peoples 2020 target of 36 per 100,000.

- **Mortality Rate:** Covenant Health Plainview service area counties report a higher rate of death due to stroke (cardiovascular disease) (54.3 age-adjusted death rate per 100,000 population) than the state of Texas and U.S. The Healthy People 2020 target is 33.8 age-adjusted death rate per 100,000 population).
- **Tobacco Use:** Hale County has 19% of its population over the age of 18 reporting regularly smoking cigarettes, higher than U.S. (15%).
- **Lack of Transportation to Health and Human Services:** Lack of transportation for the elderly and poor to receive healthcare services was reported as a community need during Community Interviews.

The two priorities selected to address the unmet needs of residents in Covenant Health Plainview's service area during FY15 – 17 are diabetes and childhood obesity. These needs will be addressed through the following Community Benefit initiatives:

- Diabetes Education and
- HK2020 (Childhood obesity)

Needs Beyond the Hospital's Service Program

Although Covenant Health Plainview cannot address all community health needs identified in the Covenant Health Plainview CHNA, making the CHNA report findings publicly available will be the first step to encourage local coordination of services and resources and inform future program development and care coordination of Covenant Health Plainview community benefit efforts.

Reasons for not addressing all needs include resource constraints, current staffing and areas of expertise limitations that prevent Covenant Health Plainview from addressing all the community health needs identified. Below we outline reasons per identified need.

- Dental Health and Dental Care will be explored as a future initiative, when partnerships are established with other agencies providing dental care and staffing arrangements can be made.
- Teen Pregnancy, Tobacco Use, and Lack of Transportation to Health and Human Services will not be addressed directly through a program due to resource constraints. However, the Covenant Health Plainview is a designated tobacco-free campus.
- Access to Medical Care and Access to Specialty Care will not be formally addressed in this CB Plan/ Implementation Strategy report; however, the findings will inform Covenant Health Plainview physician recruitment efforts.

- Premature Death and Mortality Rate will not be formally addressed through a community benefit program, however, CHNA findings will be disseminated to the public and opportunities can arise for community engagement around future prevention efforts.
- Although Access to Health Insurance will not be formally addressed by Covenant Health Plainview, in light of health care reform, Covenant Health Plainview will explore the opportunity to engage and partner with health insurance exchange education campaign to expand understanding of the new law and opportunity for health insurance enrollment in service area.
- Mental health is already addressed by the Mental Health and Mental Retardation Center (MHMRC). Covenant Health Plainview is exploring the opportunity to partner with the MHMRC to coordinate mental health care for persons who present at the Covenant Health Plainview Emergency Department for mental health care. Preliminary discussions include exploring prevention efforts that include care coordination to ensure appropriate care and treatment of community residents with mental health issues.

As in any community, there are many unmet health needs. CHP will continue to partner with other community outreach programs to support their efforts in addressing community needs.

COMMUNITY BENEFIT PLANNING PROCESS

Summary of Community Benefit Planning Process

All identified health needs were presented to and discussed with community health leaders from the Plainview area and internal Covenant department leaders. The feedback received from these groups combined with the secondary data analysis helped shape the final priorities. Priorities were then ranked by the EMT according to how well they met the following required elements and additional considerations listed below. The EMT includes the CEO, CFO / COO, CNO, and Assistant Administrator.

Required Elements:

- All priorities will be focused on the economically poor within the primary service area for Covenant Health Plainview (CHP).
- Local secondary and primary data have identified this problem as affecting a substantial number of persons in CHP's service area.
- Local secondary and primary data and national evidence have identified this problem as an important one in affecting resident's health status.
- Available local resources to address the problem are not adequate and the issue can be effectively addressed within the CHP mission, vision, and values.

Additional Considerations:

Internal alignment within Covenant Health:

- Focus on this area will help CHP Emergency Department and inpatient services provide the services needed to address needs at appropriate intensity of care and thus reduce charity care costs

- Focus on this area will help CHP provide the services needed for the economically poor in its practice and thus reduce charity care costs
- Focus on this area will help CHP insure that the economically poor receive services in areas of CHP clinical excellence
- Focus on this area will help CHP address other strategic priorities

Community perception:

- Other community service providers agree that there is a need for additional services and providers
- Other community service providers support CHP being a provider in this arena

Continuity of current priorities:

- There would be a negative impact on the community if CHO discontinued a current program or service

Service design and delivery capacity:

- CHP can provide this service as efficiently as other providers of this service in the community
- CHP has or will develop the competencies and expertise needed to address this need effectively
- CHP will focus on primary and/or secondary prevention approaches to this problem, rather than tertiary prevention
- CHP will address this problem through an integrated and coordinated approach working with other providers to meet consumer's needs and "best practice" standards

To further develop the final priorities each priority was evaluated in the following areas:

- Detailed definition of the problem including the scope and seriousness of the issue
- Evaluation of community resources that currently address the issue
- Overall Alignment with internal strategic plans

The Community Benefit Plan strategies for FY15 – 17 were developed in collaboration with EMT, various staff, and community agencies. Measurement and the tracking of outcomes related to our program initiatives will be monitored. This collaboration helped us to develop the goals, scope, strategies and measures for each of our priority programs.

Addressing the Needs of the Community:

FY15 – 17 Key Community Benefit Initiatives and Evaluation Plan

Diabetes Awareness, Training and Support

Description: Covenant Center for Outpatient Diabetes Education in Plainview offers comprehensive, self-management classes designed to help train, support and empower people with Diabetes to live a healthier life. Classes are offered monthly and family participation is encouraged. Topics include disease process and treatment options, medication, monitoring, nutritional management, physical activity, preventing complications, and behavior change. Additionally, diabetes awareness programs, support groups, glucose screenings and health fairs are offered frequently throughout the year.

Goal (Anticipated Outcome): Improve diabetes management in the community and surrounding areas.

Community Partners: Covenant Center for Outpatient Diabetes Education, hk2020, Covenant Corporate Wellness, Covenant Medical Group physicians, West Texas Family Medicine Physicians, Regence Health Network, Plainview/Hale County Health Department, Plainview ISD, American Diabetes Association, local Retail Pharmacies and Medical Supply Companies.

Outcome Measure: Average change in the concentration of blood glucose (Hemoglobin A1c) within 3 months of initial visit to the Diabetes Program

Scope: Patients enrolled in Diabetes Self-Management Training classes and monthly Diabetes Forum.

Strategies:

1. Engage patients in an interactional group learning environment
2. Provide patients with knowledge, community resources and the tools needed to succeed
3. Develop written behavioral goal changes and encourage compliance through monthly diabetes forum and follow-up sessions

Strategy Measures:

1. Percent of patients completing Diabetes Self-Management Training
2. Number of patients returning for follow-up visit
3. Percent of patients who comply with behavioral goal change plan

Childhood Obesity - hk2020 (healthy kids 2020)

Description: hk2020 is a kids club (organized in 2008) created to promote a healthy lifestyle among the next generation of children in our community. Covenant Health Plainview, in collaboration with numerous community entities, have partnered together to provide free activities to the members and their families that address a healthy body, mind and spirit (i.e. fishing, swimming, hiking, bowling, roller skating, cooking, bicycling, food safety, and reading).

Goal (Anticipated Outcome): Reduce childhood obesity among 3 to 12 year olds living in Hale County

Community Partners: FBC Upward Basketball and Cheer Camp, YMCA, Plainview Bowling Center, Plainview Skating Rink, Wayland Baptist University, Llano Estacado Museum, Walmart Distribution, Plainview Daily Herald, RSVP, Dairy Fountain Farms, City of Plainview Fire Department, Plainview Hale County Health Department, Plainview ISD, Robert’s Tree house, Texas Department of Fish and Wildlife, Caprock Canyon State Park, Unger Memorial Library, Sonic Drive Inn, West Texas Woodfire Grill, Rotary Club, Lions Club, Jr Service League, 4H, and Garrison Institute on Aging for a Healthy West Texas.

Outcome Measure: Percent of children who maintain or improve their weight status

Scope: Children ages 3-12 years and their families living in Hale County

Strategies:

1. Engage community members in events focused on healthy eating and physical activity.
2. Provide educational activities to children and their families that promote a healthy body, mind and spirit
3. Build community capacity to support healthy eating and physical activity

Strategy measures:

1. Percent of families reporting at least three improved lifestyle changes
2. Percent of participants reporting 10 or more healthy activities per month related to the body, mind and spirit
3. Number of program activities implemented by community partners



Covenant Health is a member of St. Joseph Health, an integrated Catholic health care delivery system sponsored by the St. Joseph Health Ministry. We provide a full range of care facilities including: acute care hospitals, home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics and physician organizations throughout California, Texas and New Mexico. Our 24,000 dedicated employees strive daily to provide perfect care while building the healthiest communities and ensuring every encounter is sacred. St. Joseph Health is committed to maintaining a continuum of care that matches the diverse needs of the communities we serve. For more information about St. Joseph Health, log onto www.stjoe.org.