

Lubbock Community Health Needs Assessment (CHNA)



Prepared for: Lubbock Public Health
Lubbock County, Texas
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These partners donated their time, effort, and expertise to developing a comprehensive assessment. Lubbock Public Health is committed to serving as an organization that facilitates collaboration among varied community stakeholders, fostering the collective action needed for enduring health improvements for all residents of the greater Lubbock community.

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EXECUTIVE SUMMARY

Community Health Needs Assessment (CHNA) - Lubbock County, Texas

From September 2023 to June 2024, Lubbock Public Health (LPH) collaborated with Initium Health of Denver, Colorado to conduct a Community Health Needs Assessment (CHNA) in Lubbock County, Texas. The Initium Health team was hired to evaluate emerging data and local health needs, then outline strategic initiatives to improve health outcomes in Lubbock and the surrounding areas.

Not only did Lubbock Public Health staff collaborate in this effort, but a comprehensive community engagement strategy ensured that voices of the community were also represented.

Lubbock is a city known for its amiable community and affordability, but it faces unique health challenges despite its appeal as a desirable place to reside. This CHNA report builds upon knowledge gained from previous analyses performed by UMC Health System and Covenant Health from 2019 to 2022, adding to those findings through current data review and robust community engagement.

Methodology

The methodology for this CHNA included quantitative and qualitative data collection from primary and secondary sources. Primary data were collected in Lubbock through 21 key informant interviews, a community survey that garnered responses from over 2,180 residents, a university survey that garnered 241 responses, a workshop with Lubbock Public Health Department Staff, and 3 listening sessions in 3 different zip codes, which were attended by residents from across Lubbock.

These primary data were organized into themes and then ranked and prioritized based upon the level of community concern about the issue.

To inform understanding of the issues, Initium Health collected secondary data from the previous UMC and Covenant community health assessments mentioned above; U.S. Census Data; U.S. Centers for Disease Control and Prevention (CDC); the National Institutes of Health; County Health Rankings; the National Vital Statistics System; the KFF; the Commonwealth Fund; the homelessness Point-in-Time (PIT) survey for Lubbock; plus local news stories and evidence-based research.

Key Findings and Priorities

The CHNA identified five critical health priorities for the people of Lubbock.:

1. **Access to Healthcare:** Increasing the availability of, and accessibility, to healthcare services.
2. **Mental Health, Substance Use, and Homelessness:** Addressing mental health challenges, reducing substance use, and providing support for the homeless population.
3. **Chronic Conditions:** Focusing on the prevention and management of chronic diseases, alongside improvements to the physical environment that promote health.
4. **Sexually Transmitted Infections (STIs) and Teen Pregnancy:** Reducing the rates of sexually transmitted infections and teen pregnancies through targeted interventions and education.
5. **Coordination of Information, Services, and Resources:** Improving the integration and dissemination of health-related information and services, and ensuring they are accessible and understood by all community members.

Vision and Next Steps

Lubbock Public Health aims to create a community where every resident has access to comprehensive health services and information, including a well-coordinated system of care that supports both physical and mental health needs.

To improve the health of our community, the information discovered in the CHNA was used to develop recommendations for the Community Health Improvement Plan (CHIP), a strategic plan to guide community initiatives and address health needs. The CHIP is intended to provide a roadmap for local government agencies and community groups to collaborate on initiatives to improve health within the community.

Community Health Improvement Plan (CHIP)

To develop the CHIP, Initium Health used a scoring rubric that assessed the level of community need, then prioritized initiatives based on engagement scores, feasibility, and potential positive impact on the health outcomes of the community. Several proposed CHIP initiatives address multiple CHNA priorities simultaneously, reflecting a holistic and interconnected approach to health improvement in the community.

The CHIP for Lubbock focuses on recommended improvement strategies for each priority need identified in the CHNA, including:

- **Access to Healthcare:**
- **Mental Health, Substance Use, & Homelessness:** Assessing the feasibility of a “One-stop shop” for comprehensive medical and social services for people experiencing homelessness or housing instability; expanding the Mental Health Peace Officer program; and enhancing community education on substance use.
- **Chronic Conditions:** Expanding diabetes management programs; and improving infrastructure such as sidewalks, to encourage physical activity.
- **STIs and Teen Pregnancy:** Initiating community education campaigns on prevention of STIs and unplanned pregnancy; training providers on sexual health assessment; and improving follow-up for STI diagnoses, especially for HIV and syphilis.
- **Coordination of Information, Services, and Resources:** Expanding the LBK Community Network into a regional community care network that will make it easier to collaborate to identify needs, deliver care, and pay for the services delivered by community based organizations.

Conclusion

The current CHNA utilizes both historical data and new insights from the community to create a targeted approach to health improvement in Lubbock County and surrounding areas. This assessment underscores Lubbock Public Health’s dedication to fostering a healthy Lubbock, where every individual can access the care and information they need to lead a healthy life.

The next phase of the process will be ongoing, and will involve implementing the elements of a CHIP. The community coming together to implement the CHIP, just as they came together to create the CHNA, will be critical in turning these insights into actionable outcomes that will benefit the entire community.

INTRODUCTION

From September 2023 to May 2024, Lubbock Public Health (LPH) conducted a Community Health Needs Assessment (CHNA) following the MAPP 2.0 process established by the National Association of County and City Health Officials (NACCHO). The MAPP process is designed to engage a wide variety of community stakeholders to come together to collaborate on improving health for all residents within the community.

Initium Health, a public health consulting company from Denver, Colorado, was granted the contract to facilitate the CHNA and develop a Community Health Improvement Plan (CHIP) after a competitive bidding process that was open to companies nationwide. The work was led by a core team of LPH staff with additional guidance from community stakeholders composed of representatives from nonprofits, healthcare organizations, community members, schools, city governments, faith communities, and others within Lubbock County.

The goal of this CHNA was to assess strengths and challenges within the community to improve health outcomes, enhance well-being, and create a healthier Lubbock for all residents. By gathering and analyzing data related to current health outcomes, demographics, social determinants of health, and health behaviors, we gain a deeper understanding of the Lubbock community's unique needs. This knowledge empowers stakeholders to develop strategies and interventions to improve the health and quality of life for all residents.

The benefits of a community health assessment extend to various stakeholders. The residents of Lubbock County are the primary beneficiaries, as the information gathered will be used to benefit them directly. Additionally, local organizations, healthcare providers, and community leaders can gain valuable insights from this CHNA that enable them to align their efforts with community needs and collaborate effectively to improve health outcomes for Lubbock residents.

The extensive engagement with stakeholders and with the larger community means that collaborations can be built to address complex health and social problems. The strengths and gaps identified can be utilized to create a CHIP, a roadmap to improving health within Lubbock County and surrounding areas.

To perform our CHNA, we used the MAPP 2.0 process and the County Health Rankings Model.

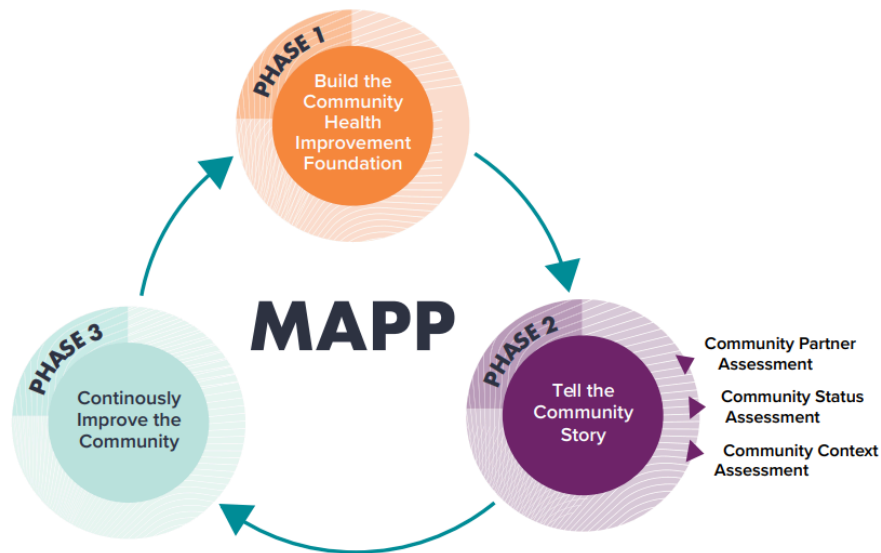
The MAPP Process

Mobilizing for Action through Planning and Partnerships (MAPP)

The National Association of County and City Health Officials (NACCHO) recommends the MAPP process to provide a structure for assessing a community’s most pressing population health issues and aligning resources across sectors for strategic action. It emphasizes the vital role of engaging local stakeholders and the broader community; the need for policy, systems, and environmental changes; and alignment of community resources toward shared goals.¹

By utilizing its 3-phase process and its 3 community assessments, MAPP 2.0 leads to the development of a community-wide vision for health by involving organizations across sectors, assessing both community needs and strengths, and assigning resources to the underlying drivers of health inequities. By collecting quantitative data on community health for the Community Status Assessment, collecting qualitative data for the Community Context Assessment, and assessing community-wide capabilities for the Community Partner Assessment, we get a well-rounded view of the needs and capabilities within the community.

THE 3 PHASES OF THE MAPP PROCESS



¹ National Association of County and City Health Officials (NACCHO). Mobilizing for Action through Planning and Partnerships: MAPP 2.0 User’s Handbook. Washington, DC. 2023.

Phase 2 of the MAPP Process consists of 3 Assessments– the Community Partner Assessment, the Community Status Assessment, and the Community Context Assessment.

THE 3 ASSESSMENTS OF THE MAPP PROCESS



The Community Status Assessment compiles quantitative data regarding the health conditions within the community by gathering information on health status, quality of life, and risk factors through quantitative measures.



The Community Context Assessment aims to develop a comprehensive understanding of the community in which the health improvement plan is being developed. This includes exploring the community's demographics, social determinants of health, economic factors, cultural dynamics, forces of change, and other contextual factors that influence health outcomes.



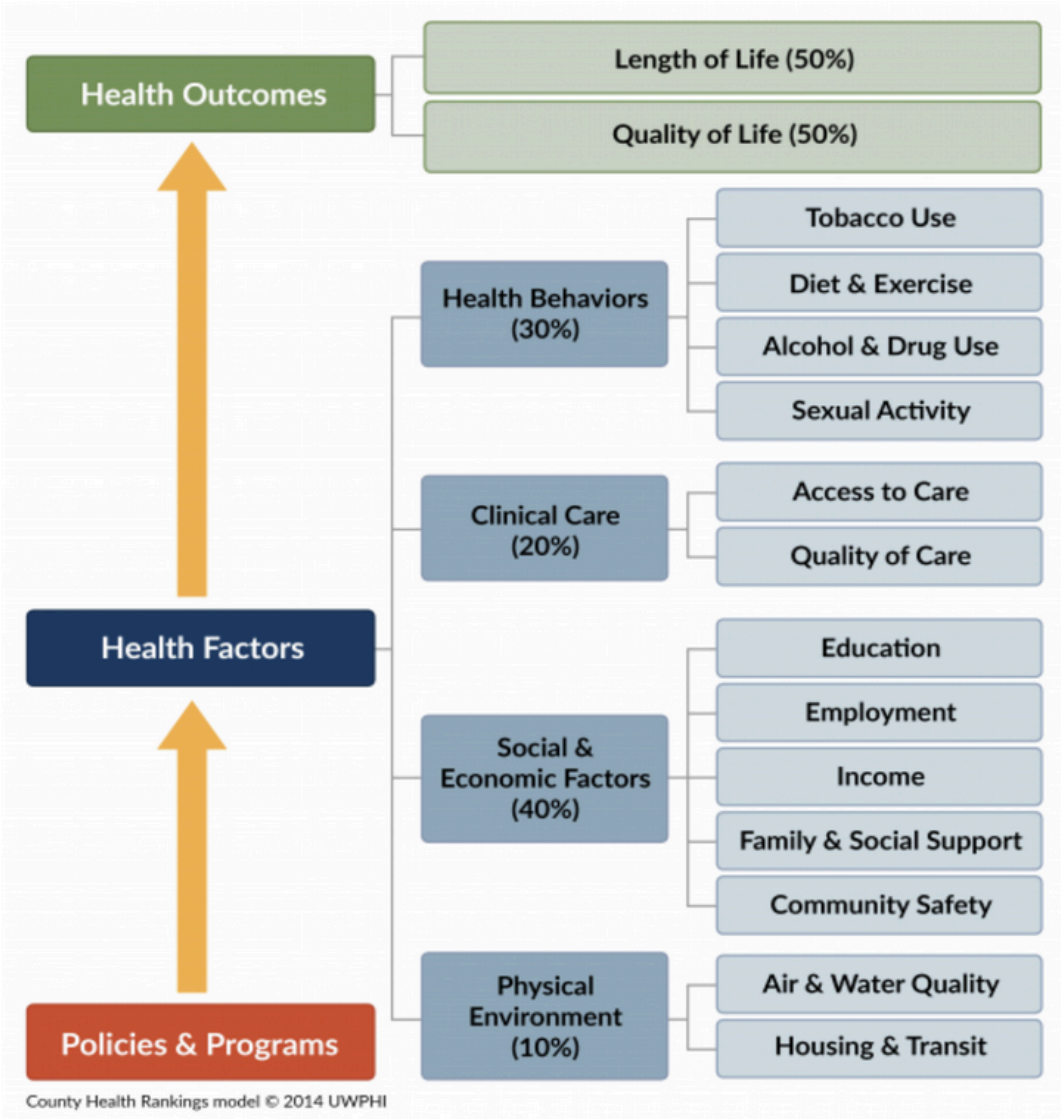
The Community Partner Assessment is a strategic process that identifies and engages key stakeholders, assesses their capacities and resources, explores collaboration opportunities, and establishes partnerships to foster collective efforts towards improving the health and well-being of the community.

The County Health Rankings Model

The County Health Rankings model is used to measure progress and change in the health of a community.² Because changes on the community level can take time to manifest, County Health Rankings look at trends in data to determine where a community sits in relation to others, and also whether measures are improving or worsening over time.

² County Health Rankings & Roadmaps. (n.d.). *Measuring progress: Change*. <https://www.countyhealthrankings.org/health-data/measuring-progress-change>

THE COUNTY HEALTH RANKINGS FRAMEWORK



(Source: <https://www.countyhealthrankings.org/health-data/methodology-and-sources/methods>)

The County Health Rankings model is rooted in the belief that programs and policies at the local, state and federal levels impact health outcomes and quality of life on the county level. Personal health behaviors and socioeconomic factors are taken into account, as is the physical environment and access to quality healthcare. All of those Health Factors ultimately contribute to Health Outcomes, which include Length of Life and Quality of Life.

County Health Rankings provides data for all 50 states and the counties within them, highlighting strengths and weaknesses and allowing room for comparison. County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute, funded by the Robert Wood Johnson Foundation.

In the County Health Rankings report, Lubbock ranks high on Health Factors but low on Health Outcomes. Health Factors represent things that can be modified to improve the quality of life of residents, such as: health behaviors, quality of and access to clinical care, social and economic factors, and physical environment. Lubbock (LUB) is ranked among the healthiest counties in Texas (Highest 75%-100%) in Health Factors.

Health outcomes represent how measurably healthy a county actually is right now, in terms of length of life and quality of life. Lubbock is ranked in the lower middle range of counties in Texas (Lower 25% - 50%).³ This Community Health Needs Assessment (CHNA) aims to uncover the reasons behind this seeming paradox.



Mission and Vision

The mission of the Lubbock Public Health (LPH) District is to improve and protect the health of the Lubbock community by providing holistic services, founded on evidence-based practices. LPH strives to bridge the gap in assistance for the underserved, facilitate community partnerships, and advocate physical and social wellness. LPH’s vision is to be the catalyst for a citywide collaboration that empowers citizens to prioritize, achieve, and maintain optimal health.⁴

³ County Health Rankings & Roadmaps. (2023). *Explore health rankings: Texas, Lubbock*. <https://www.countyhealthrankings.org/explore-health-rankings/texas/lubbock?year=2023>

⁴ City of Lubbock Health Department. (n.d.). *Health department*. Retrieved August 10, 2024, from <https://ci.lubbock.tx.us/departments/health-department>

DATA COLLECTION METHODS

Overview

Utilizing the MAPP process, Initium Health engaged with both the people of Lubbock and with publicly-available information sources to assess the health of the community. Assessing both primary (collected for this CHNA) and secondary (collected previously, by other companies or agencies) data allowed for a more complete and current picture of the health of people living in Lubbock and in surrounding areas.

Sources for some of the secondary Lubbock-specific data and Texas-specific data included the Community Health Ranking report, the U.S. Census, the Commonwealth Fund, the KFF, the State of Texas, the U.S. Centers for Disease Control and Prevention (CDC), and the UMC Hospital Community Health Needs Assessment from 2022.

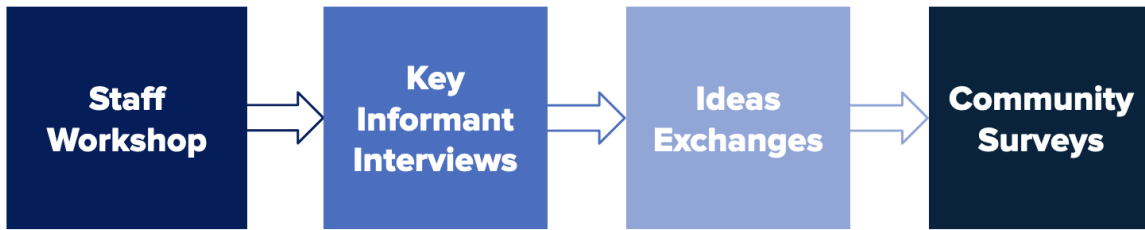
Sources of primary data came from Initium Health's multifaceted engagement with the community, utilizing key informant interviews, Ideas Exchanges, focus groups, and surveys.

Community Engagement

Initium conducted a multi-faceted community engagement initiative to identify concerns and ideas for improvement from Lubbock's residents, workforce, and student populations. The community engagement process consisted of four key elements: a Lubbock Public Health staff ideas workshop, 21 Key Informant interviews, 3 Ideas Exchanges (focus groups) held throughout Lubbock, and community surveys for both the general public and for university students.

The findings from each of these engagements are located later in this report, in the section entitled Community Engagement Findings.

COMMUNITY ENGAGEMENT STRATEGY



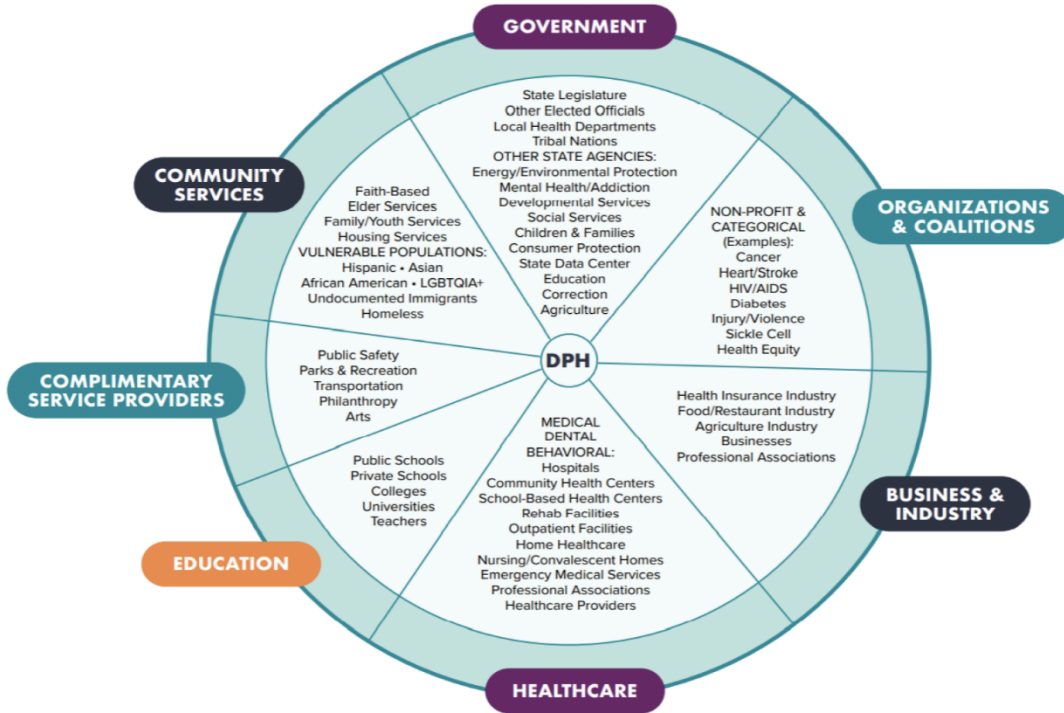
Lubbock Department of Public Health staff ideas workshop

This workshop took place on November 17, 2023 and all staff were invited to join Initium for a guided conversation regarding the key health issues in the city and county. More information about this workshop can be found in the Community Engagement Findings section, and in Appendix A.

Stakeholder Interviews

Lubbock Public Health staff shared a list of recommended participants and agencies with Initium Health. Stakeholder involvement is key to the CHNA process, and Departments of Public Health are generally the central hub of community health, regularly engaging the varied stakeholders. The role of the Department of Public Health (DPH) as the central hub is key to stakeholder engagement, as shown in the illustration below. Therefore, the role of Lubbock Public Health as the central hub is key to stakeholder engagement.

THE STAKEHOLDER WHEEL⁵



(Source: MAPP 2.0 User's Handbook)

In total, Initium Health researchers interviewed 21 participants, including:

- Members of the justice system
- Lubbock City Council members
- Members of faith-based organizations
- Members of non-profit organizations
- Members of organizations serving older adults and people with disabilities
- Business professionals
- Community members
- Public school administrators and staff
- College administrators and staff
- Healthcare professionals

⁵ National Association of County and City Health Officials (NACCHO). (n.d.). *MAPP 2.0 user's handbook*.

Initium asked open-ended questions to generate free-flowing discussions and then conducted a qualitative analysis to help organize remarks into themes in order to quantify concerns and suggestions in this report.

Ideas Exchanges

Initium’s version of a town hall, referred to as an Ideas Exchange, brought 114 members of the public together with knowledgeable panelists to discuss community health.

Initium facilitated three Ideas Exchanges in April of 2024 which took place at the Innovation Hub at Texas Tech University, YWCA and East Lubbock Art House. These locations were in three distinct zip codes, with events held at different times during the day, in order to increase the possibility of attracting residents from varied backgrounds.

Ideas Exchanges locations



Ideas Exchanges: Save the Date Flyer for Each Event

		
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COMMUNITY PARTICIPATION AT EACH IDEAS EXCHANGE:

Innovation Hub
34

YWCA
35

Art House
45

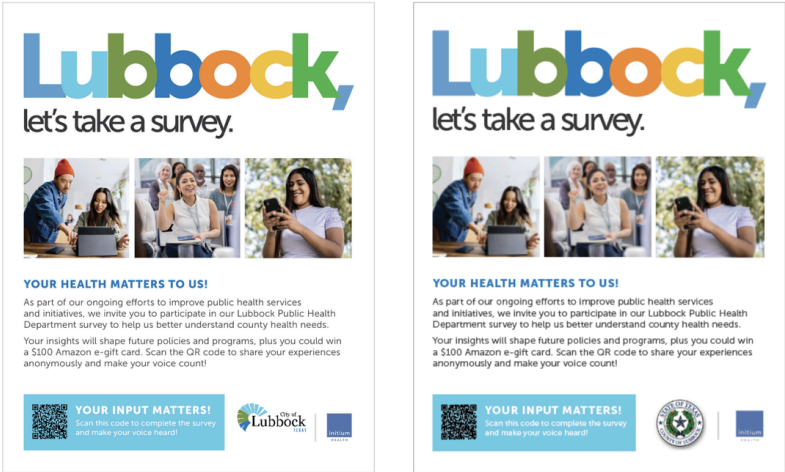
Images from Ideas Exchanges



Community Survey

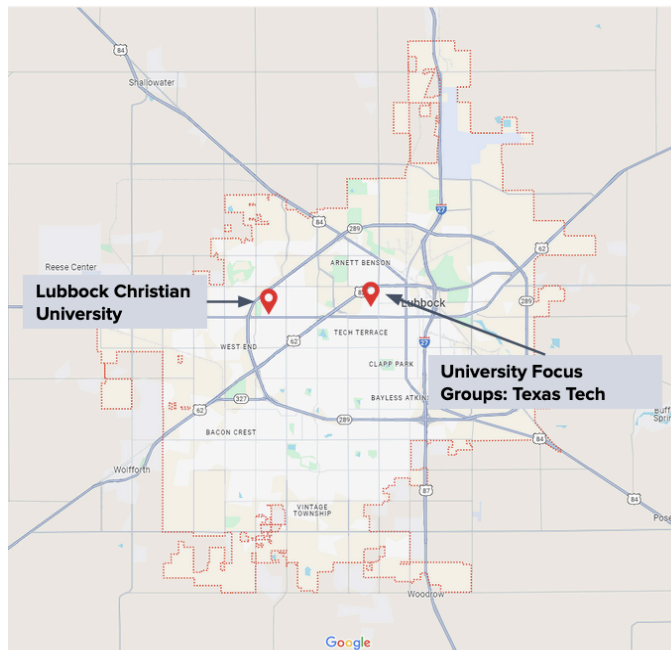
In partnership with Lubbock Public Health, Initium developed a community survey based on findings from stakeholder interviews. Innovative marketing techniques were leveraged to encourage participation, such as giveaways of concert tickets, flyers with QR codes, and the use of engaging phrases such as “take a short survey and have a big impact.”

Survey Flyers



University Focus Groups and Surveys

Initium Health conducted 3 focus groups with University students of 8-10 students each. Two of these focus groups were held at Texas Tech University (TTU), and one was held at Lubbock Christian University. A survey was also distributed to the university students, which was only slightly modified from the survey distributed to the community.



University Focus Group Locations

The community engagement process provided rich data that was used to describe the community needs, priority programs, and target populations to be served, ultimately shaping Lubbock's CHIP.

The Ideas Exchanges and Survey Monkey surveys were promoted with the support of the Lubbock [media](#), Lubbock Area United Way, South Plains Food Bank, school districts and the Lubbock Mom's Facebook (Meta) group. All community members who attended the Ideas Exchanges were encouraged to take the survey as well.

A University version of the survey was distributed at Texas Tech and Lubbock Christian University. Covenant and UMC hospital systems also circulated the opportunity to participate via email.

A high-level summary of health concerns that emerged from the community engagement process is provided below:

- 1. Access to healthcare:** Lubbock residents raised concerns about the ability of those without insurance or with limited insurance to access essential health services including primary care, mental health, substance use, dental, and other specialty services. Low rates of health literacy also contribute to community members not knowing when to seek out services, when to use the emergency room, how to follow a care plan, how to prevent illness, or which services will be covered by insurance.
- 2. Mental Health, Substance Use and Homelessness:** Throughout the community engagement process, it became clear that the Lubbock community sees these issues as linked together. Lubbock is calling for more mental health resources and the integration of behavioral health into primary care, a reduction in stigma, more education to prevent substance use, and more support to get people off the streets.
- 3. Chronic Conditions:** While Lubbock residents boast of great weather and beautiful parks, there is agreement that it is still difficult to exercise in Lubbock. There are also challenges to eating healthy, such as the high prevalence of food deserts in some areas which limit residents' access to fresh foods found in grocery stores. The low levels of health literacy and access to health services act as barriers to preventing chronic conditions. Lubbock residents would like to learn more about preventing and managing chronic conditions, particularly diabetes.
- 4. Sexually Transmitted Infections (STIs):** The rate of STIs in Lubbock is significantly higher than the national average. The rate for Texas is much closer to the national average, calling out Lubbock as a true outlier and hot spot. Additionally, teen pregnancy rates are 1.5 times higher in Lubbock than the national average. Lubbock residents are asking for community education to stem the tide.
- 5. Coordination of information, services and resources:** Key informants representing a wide swath of Lubbock professionals and residents agreed that a city of Lubbock's size should be able to coordinate their services more seamlessly across agencies and providers, providing better community-based wraparound services. Residents need support in navigating to needed resources.

Community Status Assessment

The discussions in this section examine different topic areas from the quantitative data. Demographic distribution describes the gender, age, race, and ethnicity of Lubbock County residents. The continuous tracking of demographic trends will assist strategic planning and program development in addressing the health status of all people in the Lubbock County area.

About Lubbock

Lubbock is situated in northwestern Texas on the mesa known as the Llano Estacado, which also includes parts of eastern New Mexico and smaller Texas cities such as Amarillo and Midland. With an estimated population of 328,283 as of 2022, Lubbock stands as the 10th largest city in Texas⁶ and the 84th largest city in the United States.⁷ Lubbock County is approximately 90% urban and 10% rural.⁸

Dubbed a “hub city”, Lubbock serves as the economic, healthcare, and educational center of the South Plains region, nestled between the Texas Panhandle and the Permian Basin. Its strategic location also draws residents from neighboring New Mexico seeking healthcare services.

Renowned for its livability, Lubbock ranked #59 in Niche’s 2024 Best Cities to Live report⁹, which lauded Lubbock for its diverse community, abundant parks, excellent schools, and high rate of homeownership. Moreover, it holds top rankings for recent college graduates, business climate, work-life balance, and family-friendly environment among mid-sized cities.

⁶ Texas Demographics. (n.d.). *Cities by population*. Texas Demographics.
https://www.texas-demographics.com/cities_by_population

⁷ Wikipedia. (n.d.). *List of United States cities by population*. In Wikipedia.
https://en.wikipedia.org/wiki/List_of_United_States_cities_by_population

⁸ Texas Association of Counties. (2020). *County profile: Lubbock County, Texas*.
<https://txcip.org/tac/census/profile.php?FIPS=48303>

⁹ Niche. (n.d.). *2024 Lubbock, TX rankings*.
<https://www.niche.com/places-to-live/lubbock-lubbock-tx/rankings/>

DEMOGRAPHICS AND SOCIOECONOMIC FACTORS

Demographic Characteristics

Criteria	Lubbock	Texas	U.S
Male	49.5%	50.0%	49.6%
Female	50.5%	50.0%	50.4%
Age under 20 years	28.1%	28.2%	24.8%
Age 20-64	59.1%	58.8%	58.6%
Age 65 and over	12.7%	12.9%	16.5%
White	69.4%	59.1%	65.9%
Black or African American	7.1%	12.1%	12.5%
Hispanic or Latino	36.8%	39.9%	18.7%
Two or more races	13.2%	15.1%	3.5%

(Source: U.S. Census Bureau. American Community Survey. 2022: ACS 5-year Estimates Data Profile. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>)

Economic Characteristics

Criteria	Lubbock	Texas	U.S.
Unemployment Rate	4.6%	5.2%	5.3%
Employed: Private wage and salary workers	75.7%	79.20.0%	79.7%
Employed: Government workers	17.6%	13.7%	14.2%
Income and benefits less than 35K/year families	22.1%	18.3%	18.2%
Income and benefits 35K to 100K/year families	57.3%	57.4%	56.7%
Income and benefits 100K to 200K/year families	28.2%	36.2%	37.3%
Income and benefits over 200K/year families	7.2%	10.6%	11.4%
Median household income	61911	73035	75149

With Private health insurance	68.1%	62.5%	67.6%
With public health insurance coverage (Medicaid/Medicare)	28.8%	28.7%	35.9%
With no insurance coverage	13.5%	17.6%	5.3%
Children under 19 with no insurance coverage	8.5%	11.7%	10.7%

(Source: U.S. Census Bureau. American Community Survey. 2022: ACS 5-year Estimates Data Profile. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>)

Housing Characteristics

Criterion	Lubbock	Texas	U.S
Housing: Occupied	90.9%	90.0%	89.9%
Housing: Vacant	9.1%	10.0%	10.8%
Housing units built before 1970	29.4%	22.0%	36.7%
Housing units built since 2000	14.5%	18.2%	13.5%
Occupied: By owner	55.6%	62.4%	64.8%
Occupied: By renter	44.4%	37.6%	35.2%
Households with no vehicle available	5.6%	5.3%	8.3%
Renters paying 35% or more of income on rent	43.5%	40.5%	40.8%

(Source: U.S. Census Bureau. American Community Survey. 2022: ACS 5-year Estimates Data Profile. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>)

Social Characteristics

Criteria	Lubbock	Texas %	U.S %
Married-couple household	42.2%	49.1%	47.5%
Married-couple household with children	17.2%	21.9%	18.4%
Single male householder, with children	1.2%	1.3%	1.2%
Single female householder, with children	5.5%	6.0%	5.0%

Male householder, living alone	13.6%	12.2%	12.8%
Female householder, living alone	15.6%	13.5%	15.5%
Males 65 and over living alone	2.7%	2.9%	3.8%
Females 65 and over living alone	6.3%	5.7%	7.7%
Grandparents responsible for grandchildren	55.9%	33.9%	32.4%
Responsible for grandchildren for more than 5 years	23.3%	15.4%	15.2%
Number of women 15-50 with recent birth who were unmarried	40.1%	32.3%	31.1%
Educational attainment less than 9th grade	4.9%	7.5%	4.7%
High school graduate or GED	25.5%	24.5%	26.4%
Bachelor's degree	20.0%	20.7%	20.9%
Same residence as 1 year ago	77.9%	85.3%	86.9%
Different residence but in the same county	12.4%	8.1%	7.0%
Native-born	93.8%	82.9%	86.3%
Foreign-born	6.2%	17.1%	13.7%
If foreign born, naturalized U.S. citizen	39.6%	40.9%	52.3%
If foreign-born, not a U.S. citizen	60.4%	59.1%	47.7%
English only spoken at home	79.5%	64.9%	78.3%
Spanish spoken at home	17.2%	28.5%	13.3%
People who speak English less than "very well"	4.8%	13.0%	8.2%
Percent of households with a computer	95.1%	94.8%	94.0%
Percent of households with a broadband subscription	85.9%	88.4%	88.3%

(Source: U.S. Census Bureau. American Community Survey. 2022: ACS 5-year Estimates Data Profile. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>)

Healthcare and Social Services

Community health initiatives in Lubbock are addressed by an array of organizations and resources, including Lubbock Public Health's community education efforts and immunization services via its mobile bus. Anchored by a Level 1 Trauma Center and institutions like Texas Tech University and Health Sciences Center, Lubbock serves as a medical hub, providing indigent care and hosting pop-up clinics to meet healthcare needs.

Lubbock has a better ratio of primary care physicians (1,220:1 in Lubbock) than Texas (1,640:1) and outranks the U.S. (1,310:1). Lubbock outperforms the Texas ratio for mental health providers (530:1 in Lubbock compared to 690:1 in Texas) but is significantly lower than the US rate of 340:1.¹⁰

Partnerships like Campus Alliance facilitate telehealth services, and mental health resources are available to residents through organizations such as Oceans and StarCare. Community Health Center of Lubbock and Open Door Supportive housing address homelessness, and resources like the Food Bank and St. Benedict's offer vital support to people who experience food insecurity in the Lubbock area.

In addition to its academic prowess, Lubbock prides itself on its small-town allure and tight-knit community, where collaboration flourishes and familiarity abounds. Its scenic parks, minimal traffic, and short commute times contribute to a high quality of life for many residents, but some residents report feeling disenfranchised, including some of the Black and Hispanic residents in eastern and northern Lubbock,¹¹ and some members of the LGBTQ+ population.¹²

Insurance Coverage

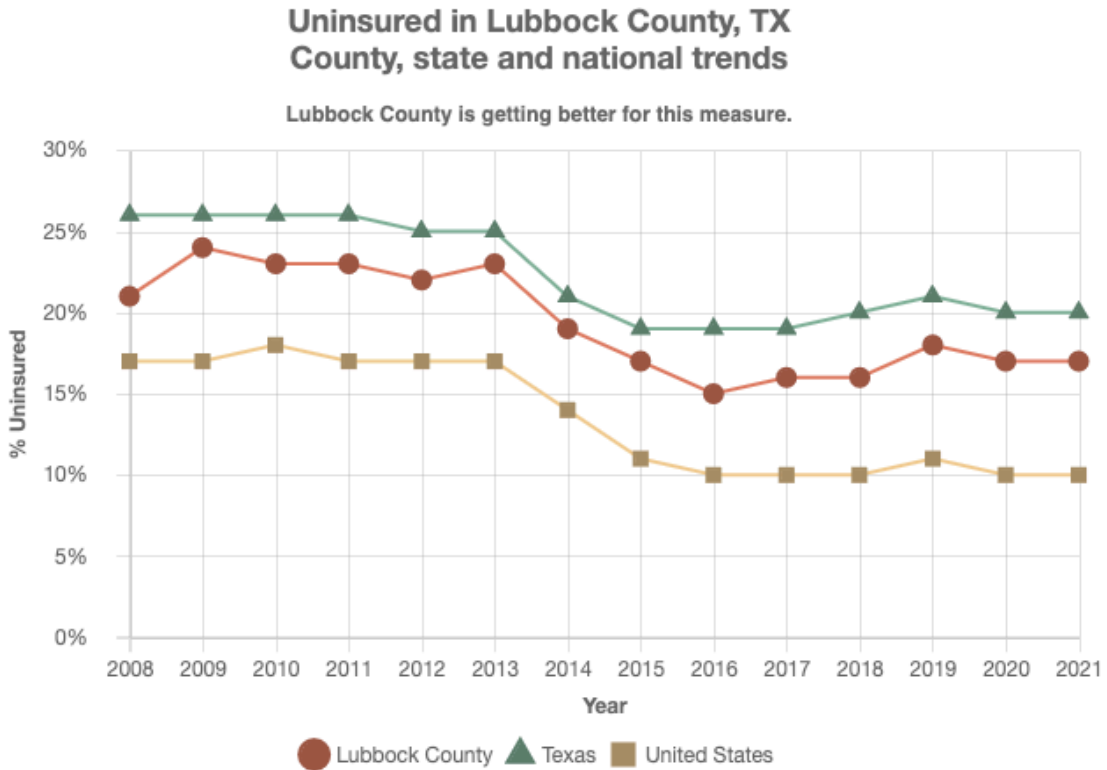
More people have health insurance in Lubbock County than in Texas overall. Although 20% of people lack insurance in Texas, only 17% of people lack insurance in Lubbock County. This compares to 10% of the population nationwide. Among adults, 21% of

¹⁰ County Health Rankings & Roadmaps. (n.d.). *County Health Rankings & Roadmaps*. <https://www.countyhealthrankings.org/>

¹¹ Lozano Carver, J. (2023, July 26). *Black and Hispanic Lubbock residents want federal intervention in zoning, environmental policies*. The Texas Tribune. <https://www.texastribune.org/2023/07/26/lubbock-environmental-justice-complaint/>

¹² Lozano Carver, J. (2023, June 27). *Lubbock LGBTQ+ community protests city's failure to pass Pride proclamation*. The Texas Tribune. <https://www.texastribune.org/2023/06/27/lgbtq-lubbock-protest-council/>

Lubbock County residents lack insurance as opposed to 24% in Texas, and 9% of children are uninsured in Lubbock as compared to 12% statewide.¹³



Medicaid Eligibility

One of the drivers of higher rates of uninsured in Texas is that Texas did not expand Medicaid eligibility under the Affordable Care Act. Texas has the most stringent qualification criteria to qualify for Medicaid in the United States. Because decisions about Medicaid happen at the state level, residents of Lubbock are impacted. Many Lubbock residents without employer-covered insurance are uninsured, but they might qualify for Medicaid if they lived in a different state.¹⁴ Texas is one of 10 states who

¹³County Health Rankings & Roadmaps. (2024). *Lubbock, Texas: 2024 health data*. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data/texas/lubbock?year=2024>

¹⁴ Healthinsurance.org. (n.d.). *Medicaid in Texas*. <https://www.healthinsurance.org/medicaid/texas/>

have not participated in Medicaid expansion.¹⁵ Texas had significantly higher rates of uninsured than any other state for both 2021 and 2022.¹⁶

Most adults in Texas are not eligible for Medicaid. Pregnant people and infants under one year old are eligible up to 198% of FPL. At one year, eligibility drops to 144% for ages 1-5 years, and then drops again to 133% for children aged 6-18 years.¹⁷

Federal Poverty Level (FPL)

Family size	2023 income numbers	2024 income numbers
For individuals	\$14,580	\$15,060
For a family of 2	\$19,720	\$20,440
For a family of 3	\$24,860	\$25,820
For a family of 4	\$30,000	\$31,200
For a family of 5	\$35,140	\$36,580
For a family of 6	\$40,280	\$41,960

(Source: Healthcare.gov. Federal Poverty Level, 2024)¹⁸

Twice as many people are uninsured in Texas (20%) than in the U.S. (10%) overall.¹⁹

¹⁵ KFF. (2024, May 8). *Status of state Medicaid expansion decisions: Interactive map*. <https://www.kff.org/affordable-care-act/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

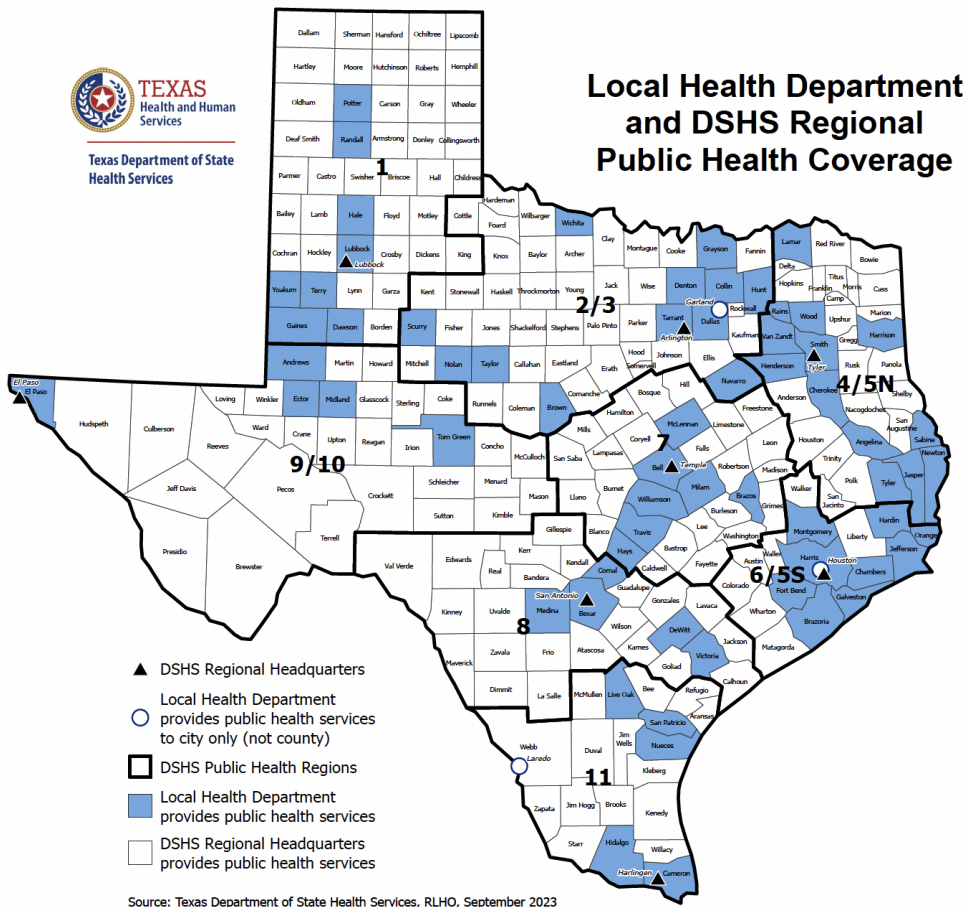
¹⁶ U.S. Census Bureau. (2023). *Percentage without health insurance coverage by state: 2021-2022*. <https://www.census.gov/library/visualizations/interactive/percentage-without-health-insurance-coverage-by-state-2021-2022.html>

¹⁷ Medicaid. (2023). *Medicaid, Children's Health Insurance Program, & Basic Health Program eligibility levels*. <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html>

¹⁸ HealthCare.gov. (2024). *Federal poverty level (FPL)*. <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

¹⁹ County Health Rankings & Roadmaps. (n.d.). *County Health Rankings & Roadmaps*. <https://www.countyhealthrankings.org/>

On the public health side, average spending in Texas for public health services in 2021 was \$18 per person, the 6th-lowest public health spending in the nation.²⁰ The Texas Public Health system is decentralized, with each jurisdiction deciding what programs and services to offer. Texas Department of State Health Services (DSHS) is the Local Health Department (LHD) if no LHD is established, offering limited services. DSHS distributes state and federal funding to LHDs for some public health services, if there is an LHD. Lubbock has its own LHD, and the Region 1 headquarters of DSHS is also in Lubbock.²¹



²⁰ SHADAC. (n.d.). *Per person state public health funding*. State Health Compare. <https://statehealthcompare.shadac.org/rank/117/per-person-state-public-health-funding>

²¹ Texas Department of State Health Services. (n.d.). *Public health regions*. <https://www.dshs.texas.gov/regional-local-health-operations/public-health-regions>

In its 2023 Scorecard for State Health System Performance, the Commonwealth Fund ranked Texas 51st out of 51 states (plus the District of Columbia) in Access and Affordability. Its overall rank was 48 of 51 for Health System Performance, and they ranked Texas 49th in Reproductive and Women’s Health and 48th in Prevention and Treatment.²²

The Commonwealth Fund report notes that Texas has the highest rate of women who did not receive early prenatal care, at 29.3% of women who did not receive care in the first trimester.²³ The March of Dimes gives Texas a D- grade, citing its lagging prenatal care, high rates of birth defects, and high rates of preterm birth.²⁴ Rates of syphilis and deadly congenital syphilis are skyrocketing nationwide and in Texas, leading to birth defects and fetal death, even though syphilis remains treatable. Approximately 25% of the nation’s congenital syphilis cases are from Texas, an indication that pregnant women are not being appropriately tested and treated for syphilis. These figures indicate the prevalence of these infections and emphasize the need for targeted interventions including testing and treatment, along with education to address and reduce STI transmission.²⁵

²² The Commonwealth Fund. (2023). *2023 scorecard on state health system performance*. <https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance>

²³ The Commonwealth Fund. (2023). *2023 scorecard on state health system performance*. <https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance>

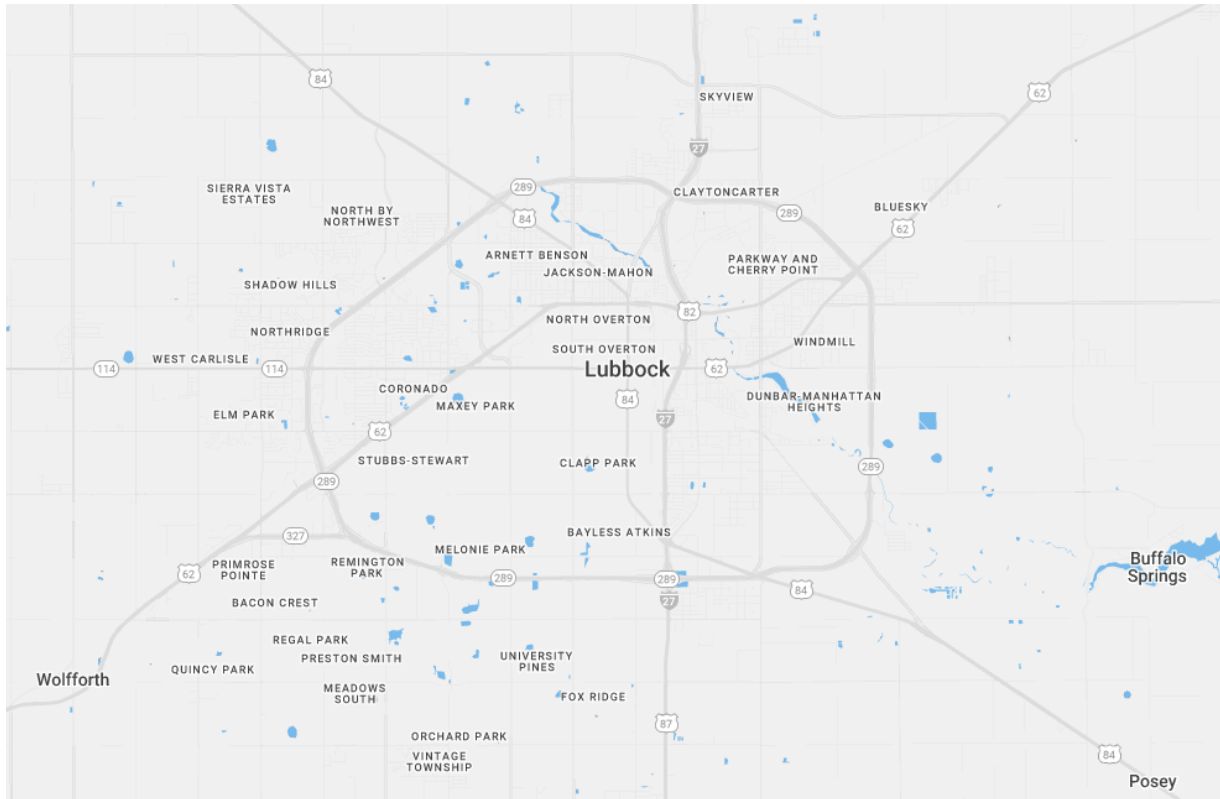
²⁴ March of Dimes. (n.d.). *Texas report card*.

<https://www.marchofdimes.org/peristats/reports/texas/report-card>

²⁵ University of Texas Health Science Center at Houston, School of Public Health. (2024). *Congenital syphilis update* (February 27, 2024).

<https://sph.uth.edu/research/centers/dell/legislative-initiatives/docs/Congenital%20Syphilis022724%20update.pdf>

Lubbock, TX Map



(Source: Google Maps)

Mortality Rates

Looking at mortality rates in Texas, there are significant differences between racial groups. Blacks in Texas have higher death rates from diabetes (66% higher than whites), heart disease (15% higher) and cancer (6% higher than whites). Hispanics were also more likely than Whites to die from diabetes. Native Hawaiians and Pacific Islanders in Texas were more likely than Hispanics to die from heart disease and equally likely as Hispanics to die from cancer. Suicide is nearly three times more prevalent in White Texans than non-Whites.²⁶

Lubbock County performed relatively well compared to neighboring Texas counties (Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lynn, and Terry) on leading cause of death metrics, likely due to the developed healthcare system. However, Lubbock had a

²⁶ Kaiser Family Foundation. (2021). *Death rates in Texas*.

significantly higher rate of heart disease than the averages for the state and the nation. The leading cause of death in Lubbock is cancer.²⁷

LEADING CAUSE OF DEATH BY COUNTY, UMC 2022²⁸

Location	Cancer	Heart Disease	Lung Disease	Stroke	Unintentional Injury	Motor Vehicle
CHNA Community	157.7	124.1	62.1	43.7	54.9	17.5
Crosby County	193.3	189.8	0.0	103.5	82.8	0.0
Floyd County	206.9	155.2	86.2	0.0	0.0	0.0
Garza County	137.5	84.4	81.3	0.0	0.0	0.0
Hale County	171.0	139.0	76.6	49.9	44.5	17.8
Hockley County	174.3	86.7	60.7	43.4	60.7	22.6
Lamb County	191.6	165.5	70.5	65.9	58.2	30.6
Lubbock County	150.3	118.4	59.9	40.0	55.1	15.6
Lynn County	268.5	156.3	68.0	0.0	68.0	0.0
Terry County	157.3	210.2	44.9	61.0	51.4	0.0
Texas	143.4	91.1	36.8	38.2	39.3	13.2
United States	183.5	112.5	48.0	45.7	53.4	11.9

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

23

In 2022, COVID-19 was the 4th leading cause of death in Texas, after heart disease, cancer, and accidents.²⁹

Previous CHNAs

Previous CHNAs had been conducted in recent years by local hospital systems. UMC conducted a CHNA in 2019 and again in 2022. Covenant Health created a Community Health Improvement Plan in 2020-2022. In order to ground our assessment in work previously done, we created a Community Health Needs Assessment (CHNA) comparison table.

²⁷ University Medical Center Health System. (2022). *Community health needs assessment 2022*. <https://www.umchealthsystem.com/wp-content/uploads/2023/05/University-Medical-Center-CHNA-2022.pdf>

²⁸ UMC Health System. (2022). *Community health needs assessment*.

²⁹ Centers for Disease Control and Prevention. (n.d.). *Texas: State statistics*. <https://www.cdc.gov/nchs/pressroom/states/texas/tx.htm>

CHNA COMPARISON			
Lubbock Department of Public Health 2024	UMC Community Health Needs Assessment 2022	UMC Community Health Needs Assessment 2019	Covenant Health CHIP 2020-2022
Mental Health, Substance Use and Homelessness		Lack of Mental Health / Addiction Providers and Services	<ul style="list-style-type: none"> Mental & Behavioral Health Homelessness and housing instability
Teen Pregnancy and Sexually Transmitted Infections			
Access to Healthcare	<ul style="list-style-type: none"> Access to care Access to PCPs Access to specialists Uninsured & underinsured Poverty and lack of financial resources Access to affordable prescription medications 	<ul style="list-style-type: none"> Affordability of healthcare Access to PCPs Uninsured / Limited Insurance 	Access to Health Services
Chronic conditions and built environment	<ul style="list-style-type: none"> Management and treatment of chronic conditions Obesity Health Behaviors & Lifestyle choices 	Chronic health issues	<ul style="list-style-type: none"> Food insecurity and nutrition
Coordination of information services and resources	Coordination of care between providers		

The issues identified through this process are consistent with issues previously identified. The UMC Community Surveys of 2019 and 2022 and Covenant Health CHIP 2020-2022 align closely with the findings of the 2024 CHNA performed by Lubbock Public Health.

Mental health, access to healthcare, and chronic conditions rose to the top in the assessments. This newest assessment is the first to include teen pregnancy and sexually transmitted infections. Although a recent UMC survey identified coordination of care between providers as a priority, the current assessment identified the opportunity to increase the coordination of information, services, and resources.

Community Context Assessment

While performing the Community Context Assessment, the MAPP 2.0 Process recommends that we utilize the Social Determinants of Health (SDOH) categories as defined by Healthy People 2030 to collect qualitative data.³⁰

Many factors go into the health of communities and individuals. The U.S. Department of Health and Human Services (HHS) and the Office of Disease Prevention and Health Promotion (ODPH) helped to develop Healthy People 2030 as a way to measure data-driven progress for improving health. It is the national evidence-based plan to study and improve health outcomes in the United States. Healthy People 2030 has 358

³⁰ National Association of County and City Health Officials. (n.d.). *MAPP 2.0 workbook* (p. 130).

data-driven goals to measure health,³¹ 23 of which are known as Leading Health Indicators (LHI).³²

There are documents specific to using the MAPP process and Healthy People 2030 indicators together.³³ For purposes of this CHNA, we did not specifically look at Lubbock's measures on the Healthy People 2030 Leading Health Indicators.

Social Determinants of Health



³¹ Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030*. <https://health.gov/healthypeople>

³² Office of Disease Prevention and Health Promotion. (n.d.). *Leading health indicators*. Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/leading-health-indicators>

³³ National Association of County and City Health Officials. (2023). *MAPP 2.0 and Healthy People 2030*. <https://www.naccho.org/uploads/full-width-images/MAPP-2.0-Healthy-People-2030-FINAL-072823.pdf>

More of the qualitative data will show up later, in the “Voices” sections of this report, with many voices in the community addressing these SDOH as health factors, including: literacy and health literacy, healthcare access and quality, economic stability and insurance access, challenges within neighborhoods and the built environment, and the complexities of operating within social and community contexts.

A couple of other themes that emerged in the review of factors impacting the community’s health and identity involve Lubbock’s status as a university town and the freeway that runs through Lubbock.

A University Town

At the heart of Lubbock lies Texas Tech University (TTU), the sixth-largest college by enrollment in Texas and home to the prestigious TTU Health Sciences Center. Ten percent of Lubbock’s population during the school years consists of the 39,503 students enrolled at TTU and Texas Tech Health Sciences Center (TTUHSC)³⁴. Lubbock is also home to Lubbock Christian University (LCU), which has an enrollment of just over 1,300.

TTU’s impact on Lubbock has been evident, with the university reporting in 2021 that TTU and TTUHSC created and sustained over 27,000 jobs in the South Plains Region. Further, the buying power of 39,503 students in the city of Lubbock, along with the research, innovation, and healthcare revenue, represented a regional economic impact of \$4.3 million in 2021.³⁵

Over 26% of all physicians in West Texas are graduates of TTUHSC. TTUHSC also runs the largest free clinic in Lubbock, staffed by medical students.³⁶ Twenty-four percent of Lubbock’s primary care physicians are affiliated with TTUHSC, with an additional 16% affiliated with UMC, the primary teaching hospital for TTUHSC medical students, contributing to Lubbock’s ranking in the top 10% of Texas counties by rate of primary care physicians to population.³⁷

University students are a vulnerable population, with students suffering from mental health disorders, substance abuse, sexual health and disordered eating at a higher rate than the general population.³⁸ This is particularly true for students of color and those

³⁴ Texas Tech University. (n.d.). *Enrollment by college and class*.

<https://techdata.irs.ttu.edu/FactBook/Enrollment/ENRCOLLCLASS.aspx>

³⁵ Texas Tech University System. (2021). *TTU economic impact*. Texas Tech University System.

³⁶ Office of the Executive Vice President for Finance and Operations. (2023). *Texas Tech University Health Sciences Center fact book*. Texas Tech University Health Sciences Center.

³⁷ University of Wisconsin Population Health Institute. (2022). *County health rankings: Texas state report* (p. 12).

³⁸ Browning MHEM, Larson LR, Sharaievskaya I, et al. Psychological impacts from COVID-19 among university students: Risk factors across seven states in the United States. *PLOS ONE*. 2021;16(1):e0245327. doi:10.1371/journal.pone.0245327

coming from low-income families.³⁹ Studies across the last decade have found rates of food insecurity among college students to be between 20% and over 50%, compared to a rate of 12% in the U.S. overall and 15% in Lubbock overall.^{40 41} Poorer sexual health outcomes are also observed among university students, with studies showing risky health behaviors such as low utilization of condoms and birth control.⁴²

Due to the size and vulnerability of this population in Lubbock, gathering university student perspectives as a part of the CHA process is an essential step to being inclusive of all stakeholder groups in the county. Three focus groups were conducted among the university population to: engage college students in Lubbock to share their experiences and perspectives on their health needs; identify students' primary health needs and barriers; and gather strategies and ideas to serve community health that incorporate student feedback. Students were also invited to take part in a CHA survey deployed across the county, with additional survey questions added to gather student demographics and perspectives.

Results of the University surveys and listening sessions are discussed later in this report.

Interstate 27

Interstate 27 (I-27) has run through Lubbock for more than 30 years, connecting Lubbock in the South Plains to Amarillo in the Northern panhandle. I-27 divides the east side and much of the north side from central and western Lubbock. For people who lack a car, crossing the freeway from their neighborhoods can be a major barrier, cementing their isolation into more impoverished communities. Compared to the booming economy of west Lubbock, east Lubbock has only one grocery store, no emergency department, and no pharmacies. Industrial zoning to the area means that many areas on the East side are subject to industrial pollution, noise, and low walkability, with limited bus routes and limited hours of service.




³⁹ Kellogg, C., Shu, J., Arroyo, A., et al. (2019). A significant portion of college students are not aware of HPV disease and HPV vaccine recommendations. *Human Vaccines & Immunotherapeutics*, 15(7-8), 1760–1766. <https://doi.org/10.1080/21645515.2019.1627819>

⁴⁰ University of Wisconsin Population Health Institute. (n.d.). *County health rankings*. <https://www.countyhealthrankings.org/>

⁴¹Freudenberg, N., Goldrick-Rab, S., & Poppendieck, J. (2019). College students and SNAP: The new face of food insecurity in the United States. *American Journal of Public Health*, 109(12), 1652–1658. <https://doi.org/10.2105/AJPH.2019.305332>

⁴²Lechner, K. E., Garcia, C. M., Frerich, E. A., Lust, K., & Eisenberg, M. E. (2013). College students' sexual health: Personal responsibility or the responsibility of the college? *Journal of American College Health*, 61(1), 28–35. <https://doi.org/10.1080/07448481.2012.750608>

East Lubbock has limited options for groceries

Many residents east of Interstate 27  live in areas classified as “food deserts”  by the USDA, meaning that a large share are both low-income and located at least a mile from the nearest supermarket .



Note: USDA food desert data is current as of 2019. Five new grocery stores have opened in Lubbock since the USDA last updated their food desert map, but none of them are located in East Lubbock. Grocery store locations are provided by the USDA's [SNAP Retailer Locator](#).

(Source: The Texas Tribune. 7-19-24)

There are nationwide initiatives to try to remedy the harm that the development of the Interstate Highway system perpetrated upon communities of color by often intentionally isolating them from the rest of town. In March 2024, the Federal government announced \$3 billion dollars in grant money to attempt to re-incorporate some of the urban areas left behind.⁴³

⁴³The White House. (2024, March 13). *Fact sheet: President Biden announces over \$3 billion to reconnect communities that have been left behind and divided by transportation infrastructure.*

Because there is only one grocery store in all of east Lubbock and a freeway divides the population from other stores, options for buying healthy food like fresh fruits and vegetables, lean meat, and seafood are made more difficult. Areas with limited grocery options are known as “food deserts.” Without access to supermarkets, residents with limited transportation acquire their food from corner stores, which carry inexpensive, ultra processed foods high in fat, sugar, salt, and preservatives.

Food deserts are more prevalent in poor and minority neighborhoods in the United States, and the impact upon human health is significant. Food deserts increase the risk of multiple chronic health conditions, including diabetes, heart disease, obesity, mental health disorders, and other chronic diseases.⁴⁴

Members of the North and East Lubbock Coalition filed a federal civil rights complaint last summer with the U.S. Department of Housing and Urban Development, after trying to address the zoning issues with the City. According to the complaint, 57% of Lubbock’s Black residents and 38% of its Hispanic residents live within a mile of the industrial zone. Only 17% of White residents can say the same.⁴⁵

The City of Lubbock’s 2018 “Analysis of Impediments to Fair Housing” report states that segregated census tracts are apparent, with areas of high Black population being areas of low White population, and that the eastern census tracts surrounding Mackenzie Park had the largest Black population in the city. Many census tracts in east and north Lubbock also have a majority of Hispanic residents. The southwest areas of the city have a disproportionately high number of White residents.⁴⁶

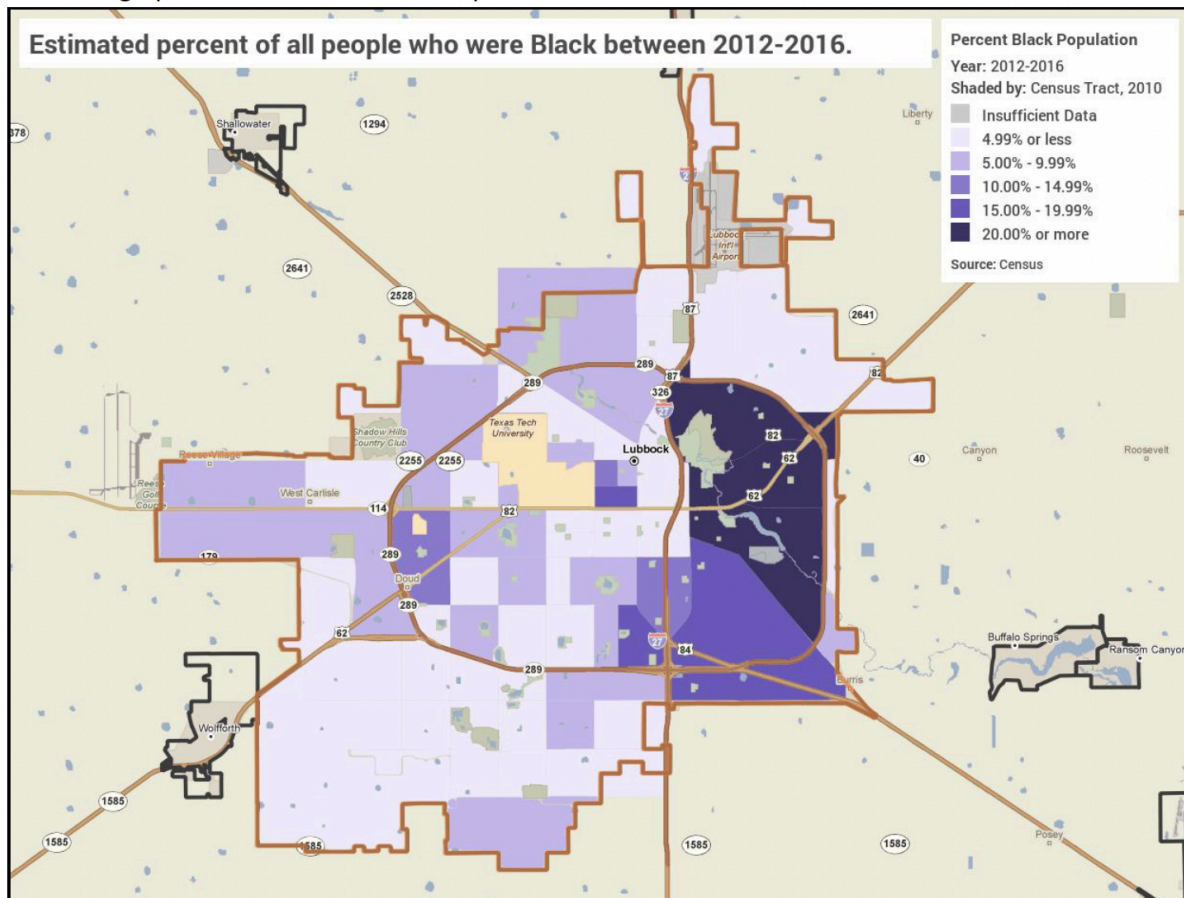
<https://www.whitehouse.gov/briefing-room/statements-releases/2024/03/13/fact-sheet-president-biden-announces-over-3-billion-to-reconnect-communities-that-have-been-left-behind-and-divided-by-transportation-infrastructure/>

⁴⁴ National Institutes of Health. (2024, July 3). *Food accessibility, insecurity and health outcomes*. <https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html>

⁴⁵ Texas Tribune. (2024, July 19). *Interstate 27 has divided Lubbock for decades. North and East side residents want that to change*. <https://www.texastribune.org/2024/07/19/lubbock-texas-interstate-segregation/>

⁴⁶ City of Lubbock. (2018). *Analysis of impediments to fair housing*.

MAP: Geographic Distribution of Black Population



Source: 2012-2016 ACS via PolicyMap

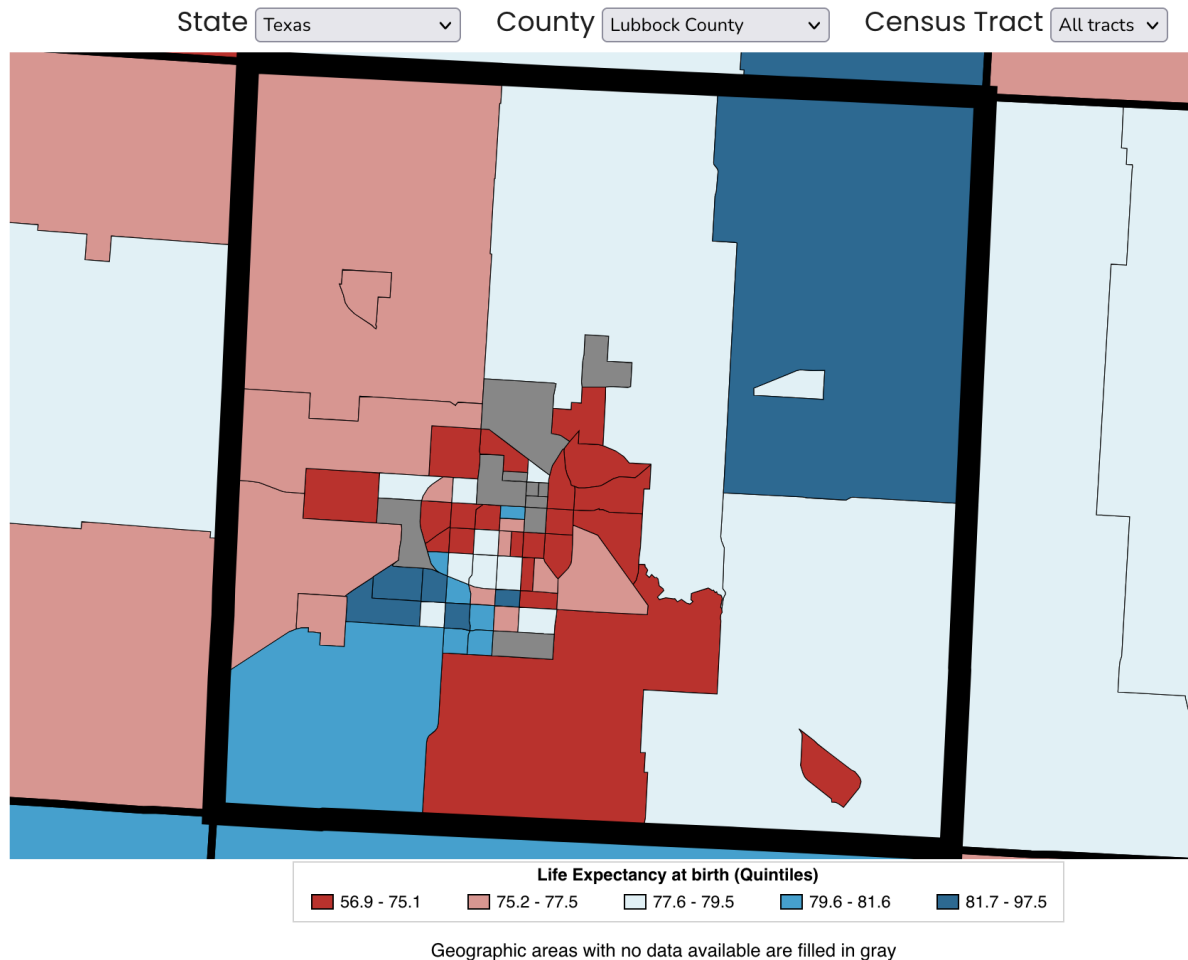
(Source: City of Lubbock. Impediments to Fair Housing report. 2018.)

Some residents argue that the Interstate only exacerbated issues of inequality already in place from laws that previously segregated Blacks to certain areas of town a century ago, the tornado of 1970 that destroyed some parts of Lubbock, industrial zoning practices relegating industry to the east side, the presence of industrial rail yards and abandoned buildings, plus general urban decay.⁴⁷

Because the population of East Lubbock has fewer economic advantages; less walkability to schools, jobs, and services in their neighborhoods; reduced access to healthy food, and increased exposure to industrial pollution, they are at increased risk for diabetes, heart disease, obesity, and other diseases, including cancer. These disparities are compounded by lower access to insurance and limited access to healthcare.

⁴⁷ TTU Hub. (2019, December). *Chasing a moving city: Residential segregation's impact on Lubbock*. <https://www.ttuhub.net/2019/12/chasing-a-moving-city-residential-segregations-impact-on-lubbock/>

In Lubbock County, the life expectancy in east and north Lubbock has historically been shorter than the life expectancy in the southwest part of Lubbock, mirroring the concentration of Black residents by census tract in the above map.



(Source: National Center for Health Statistics. Life expectancy by Census Tract 2010-2015.)⁴⁸

Premature death is measured by looking at years of life lost of people under aged 75, per 100,000 people. By this measure, Lubbock County's rate was 10,400 years, compared to 7,900 years for Texas and 8,000 years for the United States. There were significant differences in Lubbock County by race. Lubbock residents are dying prematurely compared to other residents of Texas and the United States, but Black residents of Lubbock are losing twice as many years of life as White residents.⁴⁹

⁴⁸ Centers for Disease Control and Prevention. (n.d.). *Life expectancy data visualization*. <https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html>

⁴⁹ University of Wisconsin Population Health Institute. (n.d.). *County health rankings*. <https://www.countyhealthrankings.org/>

DISAGGREGATION

Disaggregated by racialized group	Value	Error Margin
Premature Death	10,400	10,000-10,800
Hispanic (all races)	11,200	10,500-11,800
Non-Hispanic Asian	5,600	3,700-8,100
Non-Hispanic Black	18,300	16,300-20,200
Non-Hispanic White	9,200	8,700-9,700

(Source: County Health Rankings. Lubbock County, TX. 2024)

Community Partner Assessment

The Community Partner Assessment allows community partners involved in the MAPP process to examine their individual systems, processes, and capacities and the collective capacity as a network to address health disparities. It seeks to name the specific roles of each community partner in supporting the local public health system and engage communities experiencing inequities. The results help develop a shared knowledge of the community partners' capacities, skills, and weaknesses to help identify who else may need to be involved to address gaps.

Most organizations are held accountable by a Board of Directors/Trustees and most organizations regularly work on/with community engagement, policies, plans, laws, communication and education, and access to care. Organizations use a variety of strategies to generate change, such as research and policy analysis, organizing, communication, leadership development, and alliance and coalition building.

For this CHNA, Lubbock Public Health and Initium Health engaged a wide variety of stakeholders that included representatives from the 3 major hospital systems (UMC, Texas Tech University Health Sciences Center, and Covenant), the 2 local universities, and multiple local nonprofits that address the health and social services needs of the greater Lubbock area.

This allowed us to identify and engage key stakeholders, assess their capacities and resources, explore collaboration opportunities, and establish partnerships with Lubbock Public Health to foster collective efforts toward improving health and well-being.

COMMUNITY ENGAGEMENT FINDINGS

Lubbock Public Health teamed up with Initium Health to develop a robust community engagement strategy for all of the residents of Lubbock County and surrounding areas. Stakeholders from various industries and walks of life were invited to participate in helping to make health improvements in our community.

Lubbock Public Health Staff Workshop

On November 17th 2023, the Initium Health team led an all-staff workshop to hear the voices of the staff who work most closely with public health topics. The themes from this workshop helped to inform key informant interviews, surveys, and focus group questions.

Lubbock is a Local Health Department that has expanded over time. When Katherine Wells took over as Director of Lubbock Public Health in 2015, there were only 10 employees. There are currently 55 employees, and the Health Department has moved to a new building near 50th Street and Avenue U, effective August 2024.⁵⁰

“COVID devoured our healthcare system. We’ve lost a ton of nurses. It tore a hole in the healthcare system.”

“Doctors refer patients here to the public health department with syphilis. It’s new and they aren’t comfortable with it. They don’t think it’s their job to treat STIs, so they tell the patient to wait for a call from the public health department.”

The three areas that received the most attention from staff were:

1. Mental health and substance use
2. Teen pregnancy and STIs
3. Access to care and navigation

⁵⁰ KCBd. (2024, August 7). *Director gives inside look at new Lubbock Health Department.*
<https://www.kcbd.com/2024/08/07/director-gives-inside-look-new-lubbock-health-department/>

Staff expressed concern about lack of access to mental health care services, detox options, and sober living. They also raised the issue of sexually transmitted infections, citing lack of provider education, lack of education in schools, and issues with treating syphilis such as medication shortages and lack of follow-up care.

Finally, staff spoke about the barriers to accessing care, saying it was hard enough to get an appointment for people who have insurance, let alone those without. Concerns over lack of access to dental care were raised, as well as a need for more support in triaging patients to the correct community resources.



Meeting with the Lubbock Board of Health

Later that day, Initium consultants presented their “landscape analysis” to the Lubbock County Board of Health at Citizens Tower. The landscape analysis was based on secondary published data and was used to outline major themes to be addressed in Initium’s data collection process. The Board of Health had the opportunity to ask questions and add additional themes. A press release about the meeting had been issued, and the presentation was well attended by representatives from a variety of sectors, including healthcare leaders, education, and nonprofits.

The Board approved the general direction of the Community Health Needs Assessment. Additionally, the Board requested:

1. That the spread of sexually transmitted infections be studied without regard to socioeconomic class.
2. That underrepresented zip codes are surveyed to include voices that have not previously been heard.
3. That the issues of STIs, mental health, substance use, and homelessness be addressed in the analysis.

Key Informant Interviews

All Key Informant Interviews took place from December 2023 to March 2024. Key informants were identified by Lubbock Public Health with input from partner organizations. The interviews were conducted in a semi-structured fashion that allowed for quantitative comparison across key informants on the same questions, as well as the flexibility for key informants to introduce new topics not included in the structured guide.

Most significantly, all key informants were asked to contribute to the development of survey questions and survey dissemination methodology, making the survey design informed by the community.

Representation

Initium Health conducted 21 key informant interviews that included representation from healthcare providers, law enforcement, school districts, politicians, non-profit leaders, religious leaders, the media, and community members such as a blue collar worker, and a person caring for an elderly frail adult. Interviews included people who identified as Black, White, or Hispanic, from varying neighborhoods in and around Lubbock.

Priorities

From the 21 key informants who participated in the semi-structured interviews, the following themes emerged when asked to identify the “top three” health priorities for Lubbock.

Asking these questions was an important part of the process because it allowed us to understand the “top of mind” issues without asking leading questions. We used these

community-generated themes to inform the design of the community survey and focus groups to learn more from a larger sample.

The themes are listed in order from most represented to least represented, and include specific comments that can be found in the Community Voices section of this report.

1. Access to healthcare
2. Opportunities to enhance information sharing and collaboration
3. Mental health and substance use
4. Chronic conditions
5. Social determinants of health
6. STIs
7. Preventing infectious disease

Key informants were asked what problem they would solve and how they would solve it assuming resources were unlimited. This question was developed using the Appreciative Inquiry approach, in which imagination is encouraged to help stakeholders think about what might be possible rather than defaulting to only solutions that appear practical and realistic.

Because 21 responses is not statistically robust, the public health researchers at Initium Health combined the Key Informant responses with data gathered from their Ideas Exchanges (community listening sessions). The combined responses and their relative weight by community concern are below:

Top 3 Issues - without a leading question



Ideas Exchanges (Community Listening Sessions)

The community listening sessions took place over three events on April 17th and 18th, 2024 to increase the participation, convenience and inclusiveness of community members. In total, 114 people attended these events (34 at the Innovation Hub, 35 at the YWCA and 45 at the Art House).

The initial Kick-off Event took place at the Innovation Hub at Texas Tech University in the evening on Wednesday April 17th in northwest Lubbock. The speakers included Fiona Prabhu, MD, Family Medicine specialist and Professor at Texas Tech Health and Sciences Center; Katherine Wells, MPH, Director of Lubbock Public Health; Lara Johnson, MD, Lubbock Board of Health member and Covenant Health System CMO, and Pediatrician; and Cole Watts, Social Worker and Co-Owner and COO of Stages of Recovery, Inc. The Kick-off Event was moderated by James Corbett, JD, Principal of Initium Health. The themes addressed included access to care, behavioral health and sexual health.

The second community listening session was offered over the lunch hour at the YWCA in southwest Lubbock with speakers who included Minister Jerry Ramirez, minister of Global Initiatives at First Baptist Church; Ron Cook, DO, Professor in the Department of Family and Community Medicine at Texas Tech and Medical Director for Lubbock Public Health. This session was moderated by journalist and lecturer in the Texas Tech Department of Journalism and Creative Media Industries, Sarah Self-Walbrick. Themes addressed included social isolation, elder care and women's health.

The third community listening session was hosted in the evening at the East Lubbock Art House in east Lubbock and the panel, moderated by James Corbett of Initium, included Valarie Cubit-Johnson, Board Member of the City of Slaton and President of the board for the Guadalupe Economic Services Corporation; Karla Cervantes, FNP; and Kwamane Liddel, JD, BSN, Founder and CEO of ThriveLink, which is an enrollment activator. Themes for this final session included access to care, rural health, and care for the underserved.

The themes surfacing in the Ideas Exchanges aligned with the themes identified earlier in the community engagement process, with suggestions to address particular themes emerging as consistent needs within the community.

Images from the Listening Sessions



Community Status Assessment Survey

Demographics

The survey, which was available in English and Spanish, gathered responses from a diverse group of individuals, totaling 2,180 participants. In terms of race, the majority of respondents identified as White and non-Hispanic, comprising 71.5% of the sample. Hispanic respondents represented 19%, while Black, Asian/Pacific Islander, and American Indian or Alaskan Native individuals made up 6%, 2%, and 4% of the respondents, respectively. A small portion, about 3%, preferred not to disclose their race or identified as Other.

Regarding gender, 65% of respondents identified as female, while 32% identified as male. There was a smaller percentage of respondents who identified as transgender, non-binary (2.5%). Age-wise, the distribution varied, with 8% falling between 18 and 24 years old, 32% between 25 and 34, 48% between 35 and 60, 8% between 61 and 74, and only 1% aged 75 and above. When it came to household income, 19% reported earning less than \$40,000 annually, 47% fell in the range of \$40,000 to \$100,000, and 28% reported an income exceeding \$100,000. A small percentage, 6%, indicated that they were unsure of their household income.

Household size also varied, with 74% reporting households of 2 to 4 members, 15% with 5 or more members, and 9.7% with just one member. Additionally, the survey found that 40% of households had no children, while 50% had one to two children, and 9% had five or more children.

Lubbock tracks closely with state and national averages for average and median income (Lubbock is slightly lower) and percent of students graduating with a high school diploma/GED or college degree (Lubbock is slightly higher than the state average but slightly lower than the national average). Lubbock is less diverse than Texas as a state and less than the nation, with Lubbock's percentage of non-white residents at 18% compared to nearly 30% in Texas and nearly 25% in the U.S..⁵¹

⁵¹ *ibid.*

	Survey respondents		Lubbock County	
Population total	2180		310,639	
RACE				
White, non-Hispanic	1148	72%	191,717	62%
Hispanic	308	19%	109,170	35%
Black	94	6%	27,279	9%
Asian / Pacific Islander	30	2%	9,949	3%
American Indian or Alaskan Native	59	4%	3,206	1%
Prefer not to answer / Other	44	3%	35,180	11%
GENDER				
<i>(City and County data only lists female, so male is calculated as 100 minus female)</i>				
Female	1051	65%	160,649	51.7%
Male	509	32%	156,912	50.5%
Transgender, non-binary, or other	Not available	Not available	Not available	Not available

	Survey respondents		Lubbock County	
AGE				
<i>(65+ is merged for City and County)</i>				
Under 18	5	0%	74,294	24%
18 - 24 <i>(See University Survey)</i>	133	8%	53,780	17%
25 - 34	513	32%	44,985	14%
35 - 60	776	48%	72,000	23%
61-74	132	8%	44,584	14%
75+	23	1%	16,194	5%
HOUSEHOLD INCOME				
<i>(Median household income for City and County)</i>				
Under \$40,000	301	19%	105,617	34%
\$40,000-\$100,000 <i>(or \$50k - \$100k on ACS)</i>	747	47%	90,085	29%
Over \$100,000	457	28%	83,873	27%
I don't know	101	6%		

	Survey respondents	Lubbock County
HOUSEHOLD SIZE		
<i>(Average persons per household for City and County)</i>		
1	156	9.7%
2 to 4	1189	74%
5+	236	15%
Prefer not to answer	25	2%
2.38		
NUMBER OF CHILDREN PER HOUSEHOLD		
0	641	40%
1 to 2	793	50%
5+	147	9%

The number of responses needed to achieve statistical significance in a county of 300,000 people is 384, and we collected a total of 2,180 responses.

**Responses Needed for
Statistical Significance**

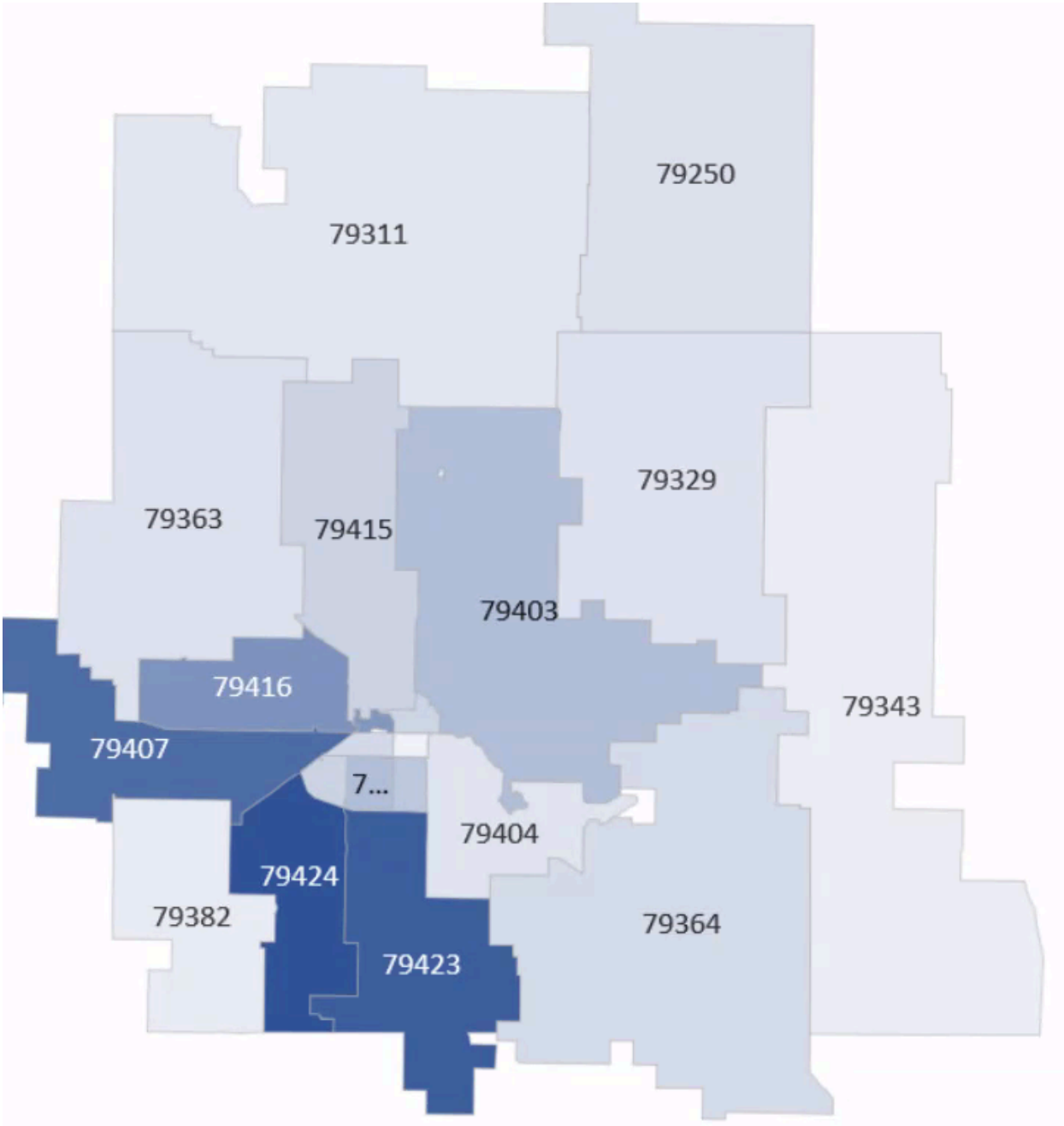
384

Responses to Survey

2,180

Community Survey Responses by Zip Code

Although we attempted to get responses from zip codes throughout Lubbock, most responses received were from the southwest part of Lubbock.



COMMUNITY SURVEY RESULTS

What are the three health issues that concern you most?



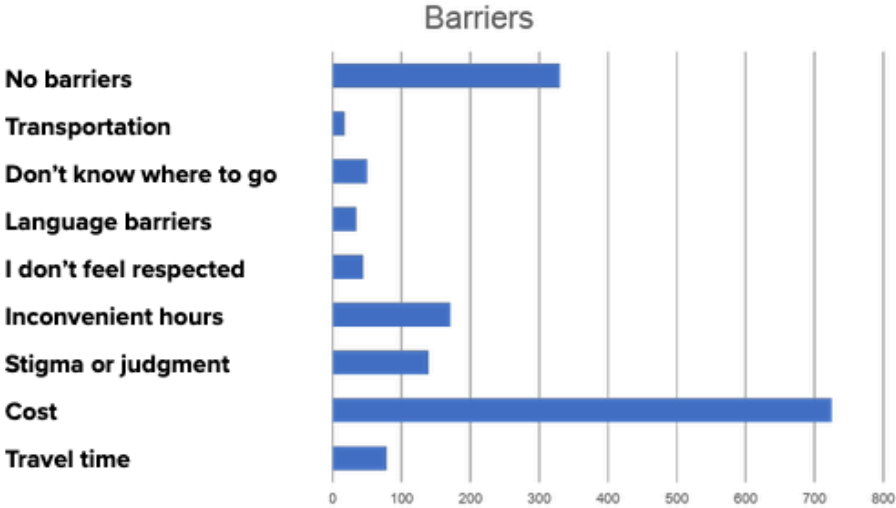
Top Priorities

The issues that most concerned Lubbock residents were (in order) 1. Chronic Conditions 2. Mental Health and Substance Use, 3. Access to Healthcare, 4. STIs and Unplanned Pregnancy and 5. Physical safety.

Within Chronic Conditions, the top priority was managing and preventing chronic conditions, followed by living in a healthy environment, and finally access to nutritious food. Mental health was more often selected as a top priority for Lubbock residents than substance use. The greatest issue related to access was the lack of health insurance or inability to pay, followed by access to primary care, and finally access to specialty services and information.

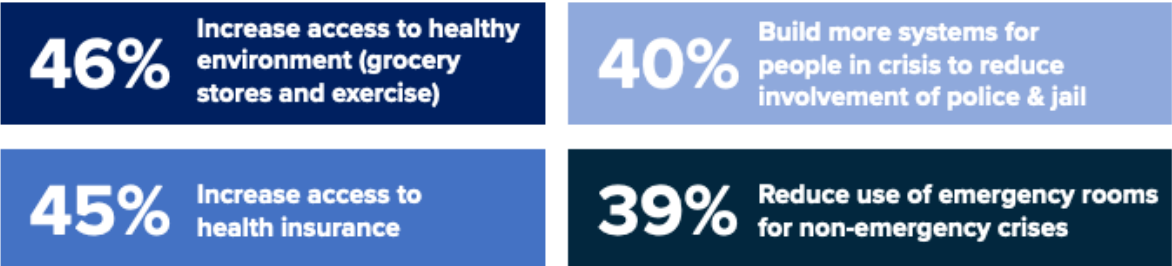
Barriers

By far the most significant barrier to care in Lubbock is cost. Forty-four percent of respondents said cost was the single greatest barrier to receiving care. Twenty percent of respondents reported not experiencing barriers. The other barriers included inconvenient operating hours (10%), stigma or judgment (8%) and travel time (5%).



Funding Priorities

Participants identified several critical areas for increased funding that are vital for improving public health infrastructure and services. Notably, 46% of respondents prioritized increasing access to a healthy environment as one of the top funding needs. This priority underscores a significant community demand for better recreational spaces, pollution control, and urban planning that promotes physical activities and environmental well-being.



Following closely, 45% of participants emphasized the need for greater access to health insurance, indicating a strong community desire to enhance healthcare affordability and reduce the uninsured rate across the county. Furthermore, 40% of respondents highlighted the necessity to build more systems for people in crisis, aiming to reduce the involvement of police and jail, which points towards a

community-centric approach in managing crises through specialized services rather than law enforcement.

Additionally, 39% of survey takers advocated for reducing the inappropriate use of emergency rooms for non-emergency crises. This suggests a pressing need for better healthcare education and the establishment of alternative care options such as urgent care centers and telemedicine, which could alleviate the burden on emergency services and ensure more efficient healthcare delivery. Collectively, these priorities reflect a holistic approach toward funding that not only addresses immediate health needs but also builds a foundation for sustainable health improvements in Lubbock County.

Prevention Opportunities

Lubbock scores well on many health indicators, but poorly on a few specific indicators as compared to the rest of the United States. We asked the community to weigh in on what they perceived to be the drivers of those specific metrics.

Alcohol-related motor vehicle deaths: The most common reason for alcohol-related driving deaths, as understood by survey respondents in the community, was lack of understanding regarding the risk of driving intoxicated. This was followed by responses that restaurants and bars were overserving customers and not cutting them off, with lack of access to alternative transportation as the third reason.

Diabetes: The most cited reason for the high rate of diabetes in Lubbock, as understood by survey respondents in the community, was lack of education around diabetes prevention, followed by lack of access to healthy food, with lack of access to physical activity listed as the third reason.

Sexually transmitted infections: Lubbock residents who responded to the survey were most likely to say that age of sexual initiation is the primary cause for Lubbock's high STI rates, followed by a slew of other reasons that were nearly equally rated and include (in order): alcohol use, culture of not wanting to talk about sex, lack of education in schools, culture of not using condoms, and lack of awareness of the full range of sexual activities that pose a risk.

University Student Groups and Surveys

Publicly available data from university sources, in addition to Lubbock County Health Rankings, were gathered and analyzed to provide demographic characteristics and system-level indicators of health. A review of the literature was also conducted to identify areas where university students are most vulnerable to poor health outcomes. These data are essential to inform the creation of the survey instrument and focus

group and provide context to CHA results. These data also inform differences between the university population and the wider Lubbock community.

University Student Demographics

University students, due to their presumed temporary residence in the community, have historically been underrepresented in CHAs. However, Texas Tech University (TTU), has had a significant impact on the economic and health landscape of Lubbock, with 10% of the population during the school year consisting of the 39,503 students enrolled at TTU and the Lubbock campus of their medical school, the Texas Tech Health Sciences Center (TTUHSC)⁵². Lubbock is also home to Lubbock Christian University (LCU), which has an enrollment of just over 1,300. Therefore, Lubbock Public Health has committed to including students in their CHA and subsequent Community Health Improvement Plan (CHIP).

To assess for community context, Initium Health conducted a survey and 3 focus groups with 8 – 10 students each, two of which were conducted at TTU and one at LCU. Ethical review was conducted by the Graduate Program deputies of the Institutional Review Board (IRB) of Tufts Medical Center as well as the Texas Tech IRB. The project was determined to be quality improvement/assurance and did not constitute human subjects research.

A survey instrument was developed from the results of key informant interviews among Lubbock community stakeholders to assess health needs, barriers, and concerns. This survey was adapted for the university audience. Demographic information, including race, gender, degree program, year-round residence in Lubbock, and family income level, was also collected. For family income level, students were able to select “I don’t know”.

The survey was deployed via the web-based service SurveyMonkey among university students in English and Spanish. The research team collaborated with student organizations, university administration, and the student wellness and health offices to distribute the survey link to TTU and LCU students. Students were not compensated for taking the survey, but all respondents were entered into a raffle to win a \$100 Amazon gift card.

Focus groups were held on campus among university students to provide context to the survey results, expand on gaps in health resources for students, and discuss how the county can better support student health. The focus groups also gathered student perspectives on awareness, education, and resources related to sexually transmitted

⁵² Texas Tech University. (n.d.). *Fact book*. Accessed December 5, 2023. <https://techdata.irs.ttu.edu/FactBook/Enrollment/ENRCOLLCLASS.aspx>

infections (STIs) and sexual health and asked students to comment on strategies to improve testing and treatment of STIs, specifically syphilis, in Lubbock. Students were not compensated for attending focus groups, but all attendees were provided with food and a \$10 Starbucks gift card.

The results of the university student assessments were incorporated into the CHNA, to help inform the Community Health Improvement Plan (CHIP). The focus group results will also inform an upcoming effort to raise awareness of the rising syphilis rates in Lubbock County.

Texas Tech University

TTU enrollment is evenly distributed by gender, with 51% identifying as female and 49% as male. TTU is majority White at 51%, with a significant Hispanic/Latino population (27%). Three percent of TTU students are Asian or Pacific Islander, 6% are Black, 4% multiracial, 0.3% American Indian or Alaska Native and 9% international students or unknown.⁵³ Most TTU students are undergraduates, making up 76% of the population. Twenty percent are graduate students and 4% are medical, public health, nursing, or other health professional students enrolled at TTUHSC. The majority (87%) of TTU students are from Texas.

The median family income of TTU students in 2017 was \$117,000, well over the Texas median household income of \$59,206 in the same year.⁵⁴⁻⁵⁵ TTU costs, on average, \$17,313 after financial aid per year for in-state students and \$40,292 per year for out-of-state students. Thirty-one percent of TTU undergraduate students are first generation students and 22% receive an income-based federal Pell Grant intended for low-income students.⁵⁶ A majority of TTU students (77%) live off campus within the Lubbock community.⁵⁷

Lubbock Christian University

The LCU population is majority female, at 66% of the student population. Sixty-six percent of LCU students are White, 23% Hispanic/Latino, 5% Black, 2% Asian or Pacific Islander, 1% American Indian or Alaska Native, and 3% other.⁵⁸ The majority of LCU students (87%) are from Texas. LCU costs \$24,311 per year after financial aid for both

⁵³ Texas Tech University. (n.d.). *Fact book*. Accessed December 5, 2023.

<https://techdata.irs.ttu.edu/FactBook/Enrollment/ENRCOLLCLASS.aspx>

⁵⁴ U.S. Department of Commerce. (2018). *Household income: 2017*. United States Census Bureau.

⁵⁵ AISCH G, BUCHANAN L, COX A, QUEALY K. Economic diversity and student outcomes at Texas Tech University. *The New York Times*. Jan 18, 2017. Accessed Dec 5, 2023.

⁵⁶ U.S. Department of Education. (n.d.). *College scorecard*. Accessed December 5, 2023.

<https://collegescorecard.ed.gov/school/?229115-Texas-Tech-University>

⁵⁷ Office of the Dean of Students. (n.d.). *Responsible community living*. Texas Tech University. Accessed December 8, 2023. <https://www.depts.ttu.edu/dos/responsible-living.php/>

⁵⁸ Lubbock Christian University. (2023). *Lubbock Christian University spring 2023 quick facts*.

<https://documents.lcu.edu/righttoknow/Spring%202023%20-%20QuickFacts.pdf>

in-state and out-of-state students. Thirty-one percent of undergraduates at LCU receive an income-based federal Pell Grant intended for low-income students.⁵⁹ Sixty-three percent of students live off campus.⁶⁰

Comparisons to Lubbock Demographics

Lubbock County is 51% White, 37% Hispanic/Latino, 8% Black, 2% Asian or Pacific Islander, 1% American Indian or Alaska Native, and 2% multiracial.⁶¹ TTU student race and ethnicity data were comparable to the Lubbock population, with a slightly lower Hispanic/Latino population among TTU students. LCU students had a larger population of White students and a lower population of Hispanic/Latino and Black students compared to Lubbock County. TTU students came from wealthier families on average than the median household income in Lubbock County, which was \$61,911 in 2022.⁶²

University Student Healthcare and Wellness

The transition to college life has been found to put students at higher risk for mental and physical health issues, with academic strain, food insecurity, and new financial responsibilities representing just some of the challenges students face.⁶³ Between a quarter and a third of university students have experienced a mental health disorder in the last 12 months, with evidence that the prevalence is rising among this population. These statistics worsen among health professional students such as nursing and medical students, both of which are enrolled at LCU and TTUHSC. First-generation students and students from lower socioeconomic backgrounds have also been shown to face larger mental health challenges.⁶⁴⁻⁶⁵⁻⁶⁶

TTU has a wide array of health services offered to students, including those aimed at belonging, mental health, and physical activity in addition to traditional healthcare.

⁵⁹ U.S. Department of Education. (n.d.). *College scorecard: Texas Tech University*. Accessed December 5, 2023. <https://collegescorecard.ed.gov/school/?229115-Texas-Tech-University>

⁶⁰ Texas Tech Office of the Dean of Students. (n.d.). *Responsible community living*. Accessed December 8, 2023. <https://www.depts.ttu.edu/dos/responsible-living.php/>

⁶¹ U.S. Census Bureau. (n.d.). *QuickFacts: Texas*. Accessed November 8, 2023. <https://www.census.gov/quickfacts/fact/table/TX/RH1125222>

⁶² *ibid.*

⁶³ Sharkey, C. M., Bakula, D. M., Gamwell, K. L., Mullins, A. J., Chaney, J. M., & Mullins, L. L. (2017). The role of grit in college student health care management skills and health-related quality of life. *Journal of Pediatric Psychology, 42*(9), 952–961. <https://doi.org/10.1093/jpepsy/jsx073>

⁶⁴ *ibid.*

⁶⁵ Dias S, Wang X (Romy). Exploring participants' experiences of mental health and stigma in American colleges. *Journal of American College Health. 2023;71*(7):2074-2084. doi:10.1080/07448481.2021.1954652

⁶⁶ Reeder, N., Tapanee, P., Persell, A., & Tolar-Peterson, T. (2020). Food insecurity, depression, and race: Correlations observed among college students at a university in the Southeastern United States. *International Journal of Environmental Research and Public Health, 17*(21), 8268. <https://doi.org/10.3390/ijerph17218268>

TTU offers a student health insurance plan, but students are not required to enroll, and due to the cost, many choose not to do so. Among other services, TTU provides a food pantry, counseling, addiction recovery, and a comprehensive medical clinic offering STI testing for a fee.⁶⁷

According to the National Survey of Student Engagement (NSSE), first-year undergraduate students at TTU face significantly higher food insecurity, with 32% of first-year students disagreeing with the statement that they have access to affordable, healthy food. TTU first-year students were unlikely to know how to get help with depression or anxiety, food insecurity, mental health crises, sleep difficulty, and substance abuse. While these challenges to TTU student wellness were not all present among seniors compared to first-years, seniors were still less likely than those from other schools to know how to get help with depression/anxiety, food insecurity, and mental health crises.⁶⁸

The imbalance between the resources offered and student feedback indicate that students are not well-educated on available resources, or that these resources are not sufficient. Some reports indicate that students may delay going to mental health or wellness services due to long lines and wait times.⁶⁹ Stigma may also play a role in resistance to getting help, with evidence showing that public mental health stigma can prevent college students from seeking help.⁷⁰ This stigma is even more influential among minority students.⁷¹ For college students on a parent's insurance, charges related to mental health visits or medication will likely be seen by parents, which further limits students' willingness to get help.⁷² While the NSSE did not address general sexual health, STI testing may face similar barriers.

As a smaller university, LCU has significantly fewer resources for student healthcare. LCU does not participate in the NSSE, and information about student health and well-being is not publicly available. LCU provides no-charge basic health services, with a daily RN on staff and a Family Nurse Practitioner (FNP) available twice a week. Unlike with TTU, students at LCU are not offered university-sponsored insurance.

LPH currently provides an annual flu vaccine clinic at LCU, which is free for students. While the student health office provides COVID-19 and mononucleosis testing,

⁶⁷ Texas Tech University. (n.d.). *Student wellness | Beyond Okay | TTU*. Accessed April 7, 2024.

<https://www.ttu.edu/wellbeing/students/index.php>

⁶⁸ National Survey of Student Engagement. (2023). *NSSE 2023 topical module report: Texas Tech University mental health & well-being*.

⁶⁹ Self-Walbrick, S. (2016, March 10). Weekly poll: Student Wellness Center. *The Hub@TTU*. Accessed April 7, 2024. <https://www.ttuhub.net/2016/03/weekly-poll-student-wellness-center/>

⁷⁰ Dias, S., & Wang, X. (Romy). (2023). Exploring participants' experiences of mental health and stigma in American colleges. *Journal of American College Health, 71*(7), 2074–2084.

⁷¹ Sigal, M., & Plunkett, S. W. (2023). Gender and ethnic differences in university students' attitudes about mental health services. *Journal of College Student Psychotherapy, 0*(0), 1–18.

<https://doi.org/10.1080/87568225.2023.2179286>

⁷² Welsh JW, Shentu Y, Sarvey DB. Substance Use Among College Students. *FOC*. 2019;17(2):117-127. doi:10.1176/appi.focus.20180037

students are required to pay a portion of the test cost, which can be a barrier for low-income students. LCU does not provide STI testing, but students are referred to the Health Department clinic if they ask. However, students may not have any way to get to the clinic or may decide not to follow through due to the added inconvenience. The student health website lists local resources available to students, but it is unclear whether students utilize these resources or are aware of this list.

Survey Results

The survey had four primary areas of inquiry: health issues, funding, barriers, and sources of health information. Students were asked to share the top three health issues that most concern them about the student community; top three areas they believe should receive more funding by the public health department; the primary barrier to healthcare access for the respondent; and the top two sources where the student typically looks for healthcare information.

Table 1: Demographics

	Lubbock Christian University	Texas Tech University	Overall
	(N=102)	(N=139)	(N=241)
RACE			
White, non-Latino/a	68 (72.3%)	76 (60.3%)	144 (65.5%)
Latino/a	9 (9.6%)	25 (19.8%)	34 (15.5%)
Black	8 (8.5%)	5 (4.0%)	13 (5.9%)
AAPI	2 (2.1%)	8 (6.3%)	10 (4.5%)
Indigenous	2 (2.1%)	4 (3.2%)	6 (2.7%)
Multi-racial	5 (5.3%)	8 (6.3%)	13 (5.9%)
GENDER			
Female	51 (54.3%)	77 (61.1%)	128 (58.2%)
Male	42 (44.7%)	44 (34.9%)	86 (39.1%)
Transgender, non-binary, or other	1 (1.1%)	5 (4.0%)	6 (2.7%)
AGE			
Under 18	1 (1.1%)	3 (2.4%)	4 (1.8%)
18 - 24	73 (77.7%)	90 (71.4%)	163 (74.1%)
25 - 34	16 (17.0%)	29 (23.0%)	45 (20.5%)
35 - 60	4 (4.3%)	4 (3.2%)	8 (3.6%)
	Lubbock Christian University	Texas Tech University	Overall

	(N=102)	(N=139)	(N=241)
PARENT/HOUSEHOLD INCOME			
Under \$40,000	12 (12.8%)	20 (15.9%)	32 (14.5%)
Between \$40,000-\$100,000	52 (55.3%)	68 (54.0%)	120 (54.5%)
Over \$100,000	17 (18.1%)	26 (20.6%)	43 (19.5%)
I don't know	10 (10.6%)	9 (7.1%)	19 (8.6%)
DEGREE OF STUDY			
Undergraduate (BA, BS)	74 (73.3%)	96 (69.1%)	170 (70.8%)
Master's Degree (<i>MA, MS, MBA, etc.</i>)	19 (18.8%)	31 (22.3%)	50 (20.8%)
PhD	5 (5.0%)	6 (4.3%)	11 (4.6%)
DVM	3 (3.0%)	0 (0%)	3 (1.3%)
Certificate	0 (0%)	1 (0.7%)	1 (0.4%)
JD	0 (0%)	1 (0.7%)	1 (0.4%)
MD	0 (0%)	4 (2.9%)	4 (1.7%)
RESIDENCE DURING SCHOOL BREAKS			
In Lubbock County	73 (73.7%)	95 (68.3%)	168 (70.6%)
Outside of Lubbock County	26 (26.3%)	44 (31.7%)	70 (29.4%)

Overall, there was a higher percentage of White and multiracial respondents to the survey compared to the university population, particularly among LCU respondents, with a lower percentage of Black and Latino/a respondents. A larger percentage of the survey respondents were women compared to the population. The majority of respondents (70.6%) spend all year in Lubbock County.

Table 2: Top Health Issues by University

	LCU (N=102)	TTU (N=139)	Overall (N=241)
Mental health conditions such as depression and anxiety	45.1%	48.9%	47.3%
Preventing chronic conditions by living in a healthy environment (air quality & access to sidewalks to exercise outdoors safely)	43.1%	47.5%	45.6%
Sexually transmitted infections (STIs) and unplanned pregnancy	26.5%	43.9%	36.5%
Access to nutritious food or other resources that help me live a healthy lifestyle	42.2%	30.9%	35.7%
Substance use, overdose, and alcohol related deaths (including road traffic deaths)	20.6%	28.1%	24.9%
Information about and/or access to appointments to see a specialist	27.5%	22.3%	24.5%
Information about and/or access to appointments to see a primary care doctor	29.4%	15.1%	21.2%
Lack of health insurance and/or ability to pay for healthcare	14.7%	13.7%	14.1%
Physical safety	12.7%	9.4%	10.8%
Managing and preventing chronic conditions such as obesity and diabetes	10.8%	6.5%	8.3%

Mental health was the top health issue identified across universities. The second highest health issue identified by students for both LCU and TTU was living in a healthy environment. The two universities diverged in their health priorities in the third and fourth top health issues, with TTU students highlighting STIs and unplanned pregnancy as their third highest health issue, and LCU students identifying access to nutritious food. LCU rated access to primary care and specialty physician care higher than STIs and unplanned pregnancy.

Table 3: Top Health Issues by Parent's Income Level

	Under \$40,000 (N=32)	Between \$40,000-\$100, 000 (N=120)	Over \$100,000 (N=43)
Mental health conditions such as depression and anxiety	37.5%	56.7%	41.9%
Preventing chronic conditions by living in a healthy environment (air quality & access to sidewalks to exercise outdoors safely)	43.8%	40.0%	62.8%
Sexually transmitted infections (STIs) and unplanned pregnancy	25.0%	50.0%	18.6%
Access to nutritious food or other resources that help me live a healthy lifestyle	50.0%	29.2%	41.9%
Substance use, overdose, and alcohol related deaths (including road traffic deaths)	15.6%	19.2%	32.6%
Information about and/or access to appointments to see a specialist	12.5%	36.7%	14.0%
Information about and/or access to appointments to see a primary care doctor	25.0%	19.2%	27.9%
Lack of health insurance and/or ability to pay for healthcare	21.9%	10.8%	11.6%
Physical safety	6.3%	6.7%	25.6%
Managing and preventing chronic conditions such as obesity and diabetes	6.3%	8.3%	14.0%

Approximately 9% of students selected that they did not know their parent or guardian's income level; these respondents were excluded from Tables 3, 5, and 7 in order to assess health issues, barriers, and sources of health information by income level. Students from low-income backgrounds were almost twice as likely as students from middle- and high-income backgrounds to select lack of health insurance or ability to pay for healthcare as a top health issue. Students from low-income backgrounds were also more likely to select access to nutritious food compared to other subgroups. Students from middle-income backgrounds selected STIs and unplanned pregnancies at the highest rate compared to students from other income levels.

Table 4: Top Barriers by University

	LCU (N=102)	TTU (N=139)	Overall (N=241)
Cost	39.6%	34.4%	36.7%
Stigma or judgment from others for getting treatment	26.0%	20.0%	22.6%
Open hours are not convenient	9.4%	10.4%	10.0%
I don't know where to go	6.3%	12.0%	9.5%
I don't have any barriers	8.3%	8.0%	8.1%
Travel time	5.2%	8.0%	6.8%
I don't have a way to get there	2.1%	2.4%	2.3%
They don't speak my language	1.0%	2.4%	1.8%
I don't feel respected	1.0%	0.8%	0.9%
Other	1.0%	1.6%	1.4%

Cost was the largest barrier across both universities, with stigma or judgment for getting treatment selected as the second most common barrier to healthcare for students. LCU students were more likely to select stigma as their top barrier to receiving care compared to TTU students, while TTU students were nearly twice as likely as LCU students to report not knowing where to go as their primary barrier.

Table 5: Top Barriers by Parent's Income Level

	Under \$40,000 (N=32)	Between \$40,000-\$100,000 (N=120)	Over \$100,000 (N=43)
Cost	43.8%	38.3%	23.8%
Stigma or judgment from others for getting treatment	28.1%	29.2%	9.5%
Open hours are not convenient	9.4%	5.0%	19.0%
I don't know where to go	3.1%	7.5%	19.0%
I don't have any barriers	6.3%	3.3%	16.7%
Travel time	6.3%	8.3%	4.8%
I don't have a way to get there	0.0%	3.3%	2.4%
They don't speak my language	0.0%	3.3%	0.0%
I don't feel respected	0.0%	0.8%	2.4%
Other	3.1%	0.8%	2.4%

While cost was the top barrier across all income levels, selection of cost as the top barrier to accessing needed healthcare services increased as parental income level decreased. Higher income students selected “I don’t have any barriers” at a higher rate compared to low- and middle-income students. Students from high-income backgrounds were also more likely than other students to select that their largest barrier to access healthcare services was not knowing where to go. Students from high-income backgrounds were the least likely to select stigma as their top barrier.

Table 6: Top Sources of Health Information by University

	LCU (N=102)	TTU (N=139)	Overall (N=241)
Social media	37.3%	48.9%	44.0%
University resources	24.5%	30.9%	28.2%
Family or friends	35.3%	23.0%	28.2%
My doctor or doctor's office	30.4%	20.1%	24.5%
Other health-related websites	20.6%	20.9%	20.7%
Government or hospital-sponsored websites	16.7%	17.3%	17.0%
Other types of media	14.7%	11.5%	12.9%

Social media was the top source of health information across both universities, with 44% of respondents saying that one of their top two sources of health information is social media. LCU students were more likely to select family and friends and their doctor as sources of health information compared to TTU students, while TTU students were more likely to use university resources for health information.

Table 7: Top Sources of Health Information by Parent's Income Level

	Under \$40,000 (N=32)	Between \$40,000-\$100,000 (N=120)	Over \$100,000 (N=43)
Social Media	37.5%	57.5%	41.9%
University Resources	37.5%	32.5%	25.6%
Family or Friends	12.5%	29.2%	37.2%
My Doctor or Doctor's Office	21.9%	23.3%	23.3%

Other Health-Related Websites	12.5%	25.0%	18.6%
Government or Hospital-Sponsored Websites	34.4%	10.8%	37.2%
Other Types of Media	21.9%	13.3%	11.6%

Social media was the top source of health information across all income levels. While students from low- and middle-income backgrounds both selected university resources as the second highest source of health information, students from high-income backgrounds were more likely to rely on family or friends for their health information.

VOICES FROM THE UNIVERSITY FOCUS GROUPS

The focus groups aimed to provide context to survey results and discussed gaps in and reasons for not utilizing university healthcare services, awareness of services offered by the county, community strengths, and recommendations to improve health and quality of life.

Primary Themes Identified Included:

- Low awareness of available health services
- Long appointment wait times
- Lack of education on how to take care of one's health
- High cost
- Stigma around seeking care for mental and sexual health.

Awareness

Overall, students expressed a lack of awareness of university health services. In regard to mental health, while some students pointed out services such as the counseling center and life coaching, others were unaware of or had never tried to use these services.

"I would say most college students just bottle it up or something like that. You know, most college students don't really know where to go or know who to talk to. So, they just bottle it up, face it on their own."

– TTU student about mental health, Focus Group 3

In addition to a lack of awareness of available services, students expressed confusion over how to use services available to them. Some students shared their experiences with university health services, including instances where they tried to schedule an appointment but did not know where to go, or signed up for the wrong service by accident. Students were even less aware of healthcare services or other public health resources (e.g., exercise, healthy food, STI testing, etc.) offered off campus in Lubbock

County. Many focus group participants had never used any healthcare or public health service in Lubbock County, and when asked about assets or strengths of the community related to health, were unable to identify any.

“For most of us, we're not from Lubbock. So, if you're not on campus or it wasn't advertised on campus, we aren't going to go, and we won't know how to get there because we have no car.”

– TTU student on Lubbock assets and strengths, Focus Group 3

Wait Times

Students highlighted their experiences with long wait times for scheduling an appointment both on and off campus. On campus, some students were not able to schedule an appointment at all due to lack of follow up from the health office or cancellations. Issues with wait times and access to care were particularly true for the counseling center, where students in both TTU focus groups expressed frustration with an inability to get an appointment.

“I did sign up for therapy and they were like, ‘Okay, we'll get back to you within two weeks’. It's been a year.”

– TTU student on the Counseling Center, Focus Group 1

“The counseling center is always booked up for the whole semester. You can never get into it.”

– TTU student on the Counseling Center, Focus Group 3

Some students shared their experiences of going into Lubbock for their health needs. Similar to on campus services, students endured long wait times to get an appointment, specifically with primary care, and would often go to urgent care instead. Many physicians did not take any new patients, further limiting students' options.

Health Literacy

Focus group participants highlighted students' lack of independence, particularly when it comes to health. Students do not know how to schedule appointments, use their health insurance, or find the right doctor for them. When a health problem comes up, participants said, many students miss class to go to their hometowns and have their parents schedule an appointment.

“They skip their whole class times just to go home so their parents can call and schedule the appointment. A lot of students don’t know how to schedule appointments or contact healthcare.”

– TTU student, Focus Group 1

Focus group participants largely agreed that students do not get annual physicals unless they are forced to due to a requirement to participate in sports or access medications. Even when a student attempts to establish a regular doctor, focus group participants reported uneasiness and lack of knowledge about how to find one. Students also discussed lack of education around STIs, including how they are transmitted, how to get tested, and what symptoms may look like. Students do not get a sexual education course, and focus group participants highlighted the need to provide one, particularly for freshmen.

Cost

Cost was identified as the largest barrier to accessing healthcare services in the survey, and focus group participants discussed how cost influences students' access to healthcare. Health insurance was a subtheme, with focus group participants highlighting the experiences of uninsured students when trying to access on campus care. One LCU student shared that they had health insurance, but the health insurance card and information was with their parents, so they were unable to use it, highlighting again the dependence of students on their parents for health despite sometimes living across the country.

“For the most part, if you don’t have insurance, they’re not going to help you. Or they’ll probably charge you more than you expect a college that you’re paying tuition for to charge you.”

– TTU student about the Student Wellness Center, Focus Group 3

When asked specifically about STI testing which is provided by LPH for \$20, students said that, despite the low cost, students still would not spend that money on testing. Cost and logistics of transportation were also seen as a barrier to STI testing since this service is not on campus.

“That \$20 could be your meal for the next couple of days...that \$20 is not going to be going to an STD test.”

– TTU student, Focus Group 3

Cost was also a barrier for food access, with focus group participants highlighting that students struggle with eating healthy food on campus, and buying healthy food from grocery stores can be expensive, particularly if a student is already paying for a meal plan. Additionally, students who live on campus in dorms may not have access to refrigerators or a stove, making eating anything other than what is provided by the school difficult.

“Most healthy foods need a fridge or a freezer in order to keep it fresh. And so finding ways to spend less, while getting more healthy foods—and keeping them fresh—has been hard for me personally.”

– LCU student, Focus Group 2

Stigma

Confidentiality and privacy were also issues expressed across all three focus groups as a reason why students would avoid using university health services. For TTU specifically, many students working at the Student Wellness Center are students themselves and focus group participants expressed uneasiness with being seen by other students, particularly because they may see that person on campus or in class.

Students also did not trust the quality of care from providers on campus, with one student sharing that their therapist started crying during their intake appointment. When discussing sexual health, students pointed out that for students who have insurance through their parents, parents can see what procedures were covered and the student would not be able to keep STI testing or treatment private.

For LCU, students expressed concern over how public the counseling office was and mentioned that anyone could see who was going in or out of the office for an appointment. This was thought to be a deterrent to using the services on campus.

Student Recommendations for Lubbock Public Health

A common recommendation to strengthen the health services provided to students by LPH and fill the gaps left by the university was to spread awareness of what is available to students and how to access it. Because many students do not know how to access healthcare services, education on how to find a doctor, and where to go for specific health needs, would be the first step toward students being able to get help. Additionally, students reiterated the barrier of cost and recommended that LPH provide resources on how to access affordable services.

“Offer education and make it fun.”

– TTU student, Focus Group 1

Focus group participants also pointed out that many health professionals graduate from TTUHSC, but Lubbock still struggles to keep up with the healthcare demands of the community. According to participants, most TTU students leave Lubbock immediately following graduation. Throughout the focus groups, students expressed a lack of connection to the Lubbock community and how insulated the university is from the county. Increased efforts to engage the students in the community by providing access to healthcare services, nutritious food, and places to exercise, or simply spreading awareness of services and inviting students to utilize them, according to focus group participants, would help incentivize students to stay in Lubbock after they graduate.

“Incentives to have medical professionals stay in Lubbock would actually help the community.”

– TTU student, Focus Group 1

Discussion

The primary suggestions given by students in the focus groups for LPH to improve access and utilization of overall health services was spreading awareness of available services, providing education on health topics such as mental and sexual health, and making services more affordable. The survey found evidence that most students get their health information from social media, indicating that efforts to educate and spread awareness about available resources may be most effective via social media.

Social media may be more effective than posting flyers on campus, for example, as focus group participants specifically called out a tendency to walk directly past posters or flyers on campus without reading them. Events such as tabling on campus and at health fairs may also be helpful. LPH does attend the LCU health fair, however, some participants said they had never been able to go because it is only held once a year and they always have class. Holding multiple fairs or tabling events may help reach more students.

Mental health was the most selected health issue for university survey respondents. Focus group participants further indicated that students either do not know how to access mental health services, cannot afford them, or are concerned about judgment from others for seeking care. Other concerns and barriers to seeking mental health care centered around quality in the mental health services provided by the university. This is consistent with existing literature about college students' mental health practices, with one study finding that of 57.2% of students reporting psychological issues, only 3.3% had sought out care, with perceived barriers of confidentiality and accessibility.⁷³ Literature has suggested that in addition to increasing awareness of off campus resources, universities partnering with local mental health organizations to reduce cost of services may encourage higher utilization.⁷⁴

STIs and unplanned pregnancies were also common concerns for students in the survey. Focus group participants reported that students generally had low awareness of where to access testing services and lacked sexual health education, particularly around how STIs are transmitted and what is involved in getting tested. In addition to weaknesses in sexual health education, cost was seen as a significant barrier to testing, particularly because students did not see it as a "need" to get tested. To help overcome these barriers, focus group participants highlighted the importance of being on campus in heavily trafficked locations.

⁷³ Tran DMT, Silvestri-Elmore A. Healthcare-seeking behaviours in college students and young adults: a review. *Journal of Research in Nursing*. 2021;26(4):320-338. doi:10.1177/1744987120951594

⁷⁴ Horwitz AG, McGuire T, Busby DR, et al. Sociodemographic differences in barriers to mental health care among college students at elevated suicide risk. *Journal of Affective Disorders*. 2020;271:123-130. doi:10.1016/j.jad.2020.03.115

One strategy that has previously been employed by other universities is having the public health department partner with the university to run free, confidential STI testing once per semester on campus. This strategy applies the suggestion of meeting students where they are, along with lower cost or free options for care.⁷⁵ LPH may also consider partnering with universities to provide sexual health education to university students during first-year seminars or health fairs, which would increase knowledge as well as awareness of available resources on and off campus.

Students from low-income backgrounds were the most likely to select “Access to nutritious food” as a top health issue. Focus group participants clarified that on campus food is often unhealthy, and healthy food available off campus is expensive. Students who struggle financially are likely not able to buy off campus food and are limited to what the school provides. Some students may not have an on-campus meal plan at all due to cost or may have purchased a meal plan that does not fulfill their needs. Freudenberg et al. found that college students have higher food insecurity than the general population, and one cause is policies that specifically exclude college students from receiving SNAP benefits. While TTU does offer a food pantry to students, no empirical studies have assessed the effectiveness of university food pantries on student food insecurity.⁷⁶ Additionally, some evidence indicates that stigma can be a barrier to food pantry utilization.⁷⁷ Efforts to screen students for eligibility to access subsidized government programs have been found to be effective, and could be provided by the County.⁷⁸

Studies have found the importance of lifestyle features such as access to grocery stores and health facilities in retaining students after graduation.⁷⁹ Retention of students is important for college towns to stimulate the local economy and provide skilled labor. However, many TTU graduates leave after graduation. While Lubbock ranks highly compared to other Texas counties in healthcare access, focus groups indicated that this access does not extend to students. Further, lack of awareness of service availability as well as general disconnection from the community may be hindering retention of graduates in Lubbock. Retaining a larger portion of the thousands of students that graduate every year, including students from almost every health profession, may be

⁷⁵ Habel MA, Coor A, Beltran O, Becasen J, Pearson WS, Dittus P. The state of sexual health services at U.S. Colleges and Universities. *Journal of American College Health*. 2018;66(4):259-268. doi:10.1080/07448481.2018.1431896

⁷⁶ Freudenberg N, Goldrick-Rab S, Poppendieck J. College Students and SNAP: The New Face of Food Insecurity in the United States. *Am J Public Health*. 2019;109(12):1652-1658. doi:10.2105/AJPH.2019.305332

⁷⁷ Henry L. Understanding Food Insecurity Among College Students: Experience, motivation, and local solutions. *Annals of Anthropological Practice*. 2017;41(1):6-19. doi:10.1111/napa.12108

⁷⁸ Freudenberg et al. 2019

⁷⁹ Fiore AM, Niehm LS, Hurst JL, et al. Will They Stay or Will They Go? Community Features Important in Migration Decisions of Recent University Graduates. *Economic Development Quarterly*. 2015;29(1):23-37. doi:10.1177/0891242414559070

essential to growing the existing economy and further increasing the ratio of healthcare providers to population.⁸⁰

In this assessment 70.6% of students indicated that they live in Lubbock County year-round. While students may be isolated from Lubbock, they are still a part of the community and continue to need access to healthcare services outside of the university. LPH has acknowledged students' role in the community in including this population in their CHA. Considering students' recommendations and suggestions in the upcoming CHIP is the next step toward increasing health education and utilization among university students in Lubbock.

Limitations

This assessment may have been limited by the fact that health issues and barriers addressed in the survey were based on key informant interviews in the community, not among students. Therefore, some health issues that are important to students may not have been available to select in the survey instrument.

Additionally, some subgroup bias may exist due to a disproportionate representation of LCU students in the survey. Forty-two percent of survey respondents were LCU students, while only 3% of the university student population in Lubbock are LCU students. Survey demographics also showed an underrepresentation of Black and Latino students, which may limit the generalizability of the results. Further, both the survey and focus group participants were recruited based on convenience sampling due to difficulty in reaching the entire student population. Therefore, the sample may not be generalizable to the entire Lubbock student population.

⁸⁰ *ibid.*

VOICES FROM KEY INFORMANTS AND IDEAS EXCHANGES

Below are themes and quotes from the Key Informant interviews and from the Ideas Exchanges. Because the Key Informant interviews were confidential, those quotes are not attributed. These qualitative data are organized around the top five major themes that emerged during all phases of the community engagement process.

Access to Healthcare

The community is advocating for mobile clinics providing primary care and mammograms, mobile dentistry services, addressing the affordability of insurance for working families, combating inappropriate emergency room usage, and making prescription medication more affordable. The community is looking to serve diverse community members by training people of color as medical professionals and implementing 340B pharmacy programs. There was also a discussion about providing senior care, support to caretakers of people with high needs, and respite and transitional care services.

Basic Literacy and Health Literacy

Additionally, concerns were raised about the educational system's shortcomings in equipping students with basic skills, perpetuating cycles of low literacy rates and poverty. This underscores the importance of addressing broader societal issues such as education and literacy to promote access to healthcare services as well as overall community wellbeing.

"It's not a lack of quality healthcare facilities, it's more about locations, information to connect people to services, and more appointments at the community health centers for people who have trouble affording care."

"I have gained a lot of weight from just sitting for so many hours in the recliner... my health is deteriorating. I don't doubt it's because I don't have respite care. I need to have someone who makes me feel safe and comfortable so I can go out and get some exercise and get around other people."

- Community member

“Our uninsured neighbors are uneducated. They think you should take some cough syrup and wait for it to go away. They’ve never been to the doctor, never had a physical, they don't know what a PCP is.”

“Students are getting moved up to the next grade without mastering basic skills. We have schools, but they're failing. Mama doesn't know how to read, sometimes her kids don't either. Because parents can't read, they get low paying jobs, and they can't afford childcare. They drop their kids at the library for the whole day. Who's giving those kids lunch? The library is also a warming station for people who don't have heat. But what about the library teaching people to read?”

In the aftermath of COVID-19, Lubbock has undergone significant adaptations, fostering a heightened awareness of public health measures and streamlining decision-making processes. Collaborative efforts among City leadership, including daily huddles and the mobilization of resources like the fire department for vaccine administration, epitomize Lubbock's community-driven response to post-pandemic challenges.

“We vaccinated something like 3000 people in one day and that’s because we had the fire department giving doses and other volunteer nurses. We came together as a community in a heartbeat, and it was fantastic. So that’s the spirit this community has now. COVID has settled down and that’s how we prefer it, but we’re ready to do it again in case we need to.”

- Dr. Ron Cook

Mental Health, Substance Use and Homelessness

The community is advocating for a multifaceted approach to address mental health concerns, including strategies to prevent alcohol-related deaths through targeted interventions. They also spoke about efforts to reduce stigma surrounding mental health to encourage help-seeking behaviors.

Enhancing access to treatment is prioritized through the integration of behavioral health services into primary care settings and the establishment of safe spaces where individuals can address behavioral health issues with their primary care provider, a provider trained in prescribing medication for common mental health conditions like depression and anxiety.

Additionally, initiatives such as dispatching social workers instead of police officers in crisis situations, the creation of comprehensive community centers offering wrap-around mental health resources, and promoting safe gun storage practices are essential components of the proposed solutions. Implementation of Mental Health First Aid programs, expansion of Mental Health Peace Officer (MHPO) units, and awareness campaigns focusing on suicide prevention further underscore the community's commitment to addressing mental health challenges holistically.

Mental health services “upstream” play a crucial role in preventing alcohol-related deaths and other downstream outcomes by addressing underlying factors contributing to substance use disorders. The community advocates for various strategies to tackle this issue comprehensively, starting with the need for more education in schools, businesses, and communities to raise awareness and promote healthy behaviors. Implementing social host laws, which hold parents accountable for underage drinking parties at their homes, serves as a deterrent and reduces alcohol availability at gatherings.

Collaborating with law enforcement to conduct checkpoints helps enforce existing regulations and discourage drunk driving. Utilizing tools like Google alerts for alcohol-related deaths empowers individuals, particularly parents, to stay informed and take preventive action. Substance use education in schools may delay the onset of alcohol consumption through targeted programs that equip youth with the knowledge and skills to make informed decisions.

Addressing the multi-generational components of addiction and mental health stigma is essential for fostering supportive environments and breaking the cycle of substance misuse. Peer coaching programs provide valuable support and encouragement for individuals navigating recovery. However, barriers such as insurance coverage hindering access to detox services highlight the need for systemic changes and alternative funding sources, such as grants from opioid settlement dollars, to expand treatment options and improve outcomes. Through these collective efforts, the community aims to address the root causes of substance use disorders and promote overall well-being.

“So if I think about alcohol related deaths, I think about, “why are you using alcohol?” And usually there's some type of trauma that young people felt they couldn't talk to their parents about. Or if they tried, they were just shut down. And so being able to understand, among the

community, that things happen, children and adolescents and young adults and older adults need safe spaces to be able to talk about the things that have happened to them, because alcohol is really easy to use as a coping mechanism.”

“At times we live in a very rugged, individualistic society, we say, “that’s that person’s choice.” But I just want to remind us all that when they make those decisions and get behind the wheel, it affects much more than one person. We need to come together to address this as a community.”

“Can we find a way to create a detox center? I mean, we created an infusion center overnight to treat people with Covid. Can we get rid of the administrative barriers and figure out how to do it?”

- Community Member

Chronic Conditions

Addressing chronic conditions requires a multifaceted approach that begins with education and empowerment at the grassroots level. Initiatives such as teaching school children about preventing chronic conditions not only benefit the students themselves but the benefit may also extend to their families, fostering a culture of health and wellness within communities.

However, as highlighted by Karla Cervantes, FNP disparities in health literacy pose significant challenges, with a large portion of the population struggling to understand healthcare information and navigate complex systems. Without adequate literacy skills, individuals may face barriers to accessing appropriate care, contributing to poverty and escalating healthcare costs.

Moreover, environmental factors, such as unfavorable weather conditions and inadequate infrastructure for outdoor activities, hinder opportunities for regular exercise and healthy living. Residents note the lack of accessible outdoor spaces and limited options for physical activity, emphasizing the need for community-wide efforts to enhance infrastructure and promote active lifestyles. Additionally, socioeconomic factors play a significant role in shaping dietary habits, with affordability and convenience often dictating food choices. Efforts to promote healthy eating, such as establishing community gardens and embedding health-conscious knowledge into

local institutions, are crucial for addressing these disparities and fostering a supportive environment for healthy living.

“Fifty percent of people Nationwide read below a sixth grade level and only 12% of people consider themselves literate in healthcare. I saw a bill advocating for health literacy in Austin shut down three times, that's disappointing. Literacy is the foundation, it contributes to poverty and high healthcare costs. Health literacy is more than just understanding what your diagnosis is, it's also understanding what your insurance covers.”

- Karla Cervantes

“Here, when the wind is blowing from Feb to May, it's not conducive to being outside regularly. As far as exercise, biking, the infrastructure isn't set up for that. There were sidewalks in suburban Houston. It needs to be accessible. Here... no... no. Even at the parks it's not meant for that. There aren't trails; it's mainly ponds for geese.”

“It's a fast-paced world and it's expensive to eat healthy. People learn what's easy to pick up and cheap and that's what they eat.”

“When I started at this school, the first thing I wanted was a garden. We didn't have an interest, I had to take a step back and reflect on the why. Other clubs are more popular. We need to embed health-conscious knowledge into the community.”

Sexually Transmitted Infections (STIs) and Teen Pregnancy

Addressing sexually transmitted infections (STIs) in Lubbock entails navigating various challenges and implementing comprehensive strategies to combat the spread and mitigate the public health impact. Penicillin shortages present a significant barrier to timely and effective treatment, exacerbating the risk of long-term complications as highlighted by Dr. Fiona Prabhu.

“And if it’s (syphilis) not caught and treated early, that’s why we screen people, it can lead to significant long term damage in some people. It may start with only one lesion and it’s not painful and people don’t see it and it goes away. And some people will have progressed and they would see early deaths and they would have dementia and sometimes seizures.”

- Fiona Prabhu, MD

“We have to approach this issue with humility and understanding. It can be a thorny issue, but we also can’t pretend it’s not an issue. We also have to recognize that there is no age group that doesn’t experience sexually transmitted infections. It’s not just an adolescent thing or a college thing, this can be a retired person thing.”

- Dr. Lara Johnson

One speaker advocated for proactive workplace testing and education initiatives to empower adults and indirectly educate younger generations.

“You don’t need a big infrastructure. You don’t need a separate clinic. You can do it in an office space very quickly. Get your employees tested and give them some free education around it. If we make an impact with the adults it will trickle down to our kids too.”

- Cole Watts

However, the presence of abstinence-only curricula in schools perpetuates misinformation and inhibits students' access to crucial information about safe sex practices, as noted by many community representatives, underscores the importance of recognizing the universality of STI prevalence across all age groups, emphasizing the need for inclusive and accessible healthcare services.

“And we know that sexuality is part of our nature. We’re not going to make kids want to have sexual encounters sooner by teaching them about safe sex practices. They’re getting a ton of misinformation from Tik Tok and YouTube.”

- Fiona Prabhu, MD

“They want their kids to get that information. But we literally cannot get into spaces where we can give factual, real, healthy information to our kids. And we can't expect their parents to do that when we have generationally made them ignorant. We have to break the cycle, And it's going to take a lot of bravery to do it. Stand up and I will be right there with you in the trenches.”

- Ron Cook, DO

I grew up in a very Christian, conservative community, but that didn't mean I didn't know what sex was. In my Christian worldview, I think it's best to wait, but after having delivered babies for fifteen years, talking about it is better than demonizing it. I've delivered (babies to) thirteen year olds before, and that's just wrong. We have to be brave enough to have those conversations, it ought to be required”

- Ron Cook, DO

“It's wild to me that the school district asked the pastor to teach my 8th grade class about sex ed and that I entered high school not even fully understanding how my body works. That's still common in Lubbock today. No wonder we have terrible rates for syphilis.”

- Community Member

“When I was in school in Slaton they talked to us about birth control, STDs, they showed images of STDs, we knew what it looked like and it scared the life out of you. They just don't do things like that anymore”

- Community Member

Others lamented that healthcare providers' inadequate training and reluctance to broach sensitive topics can impede timely diagnosis and treatment. The lack of informative programs in schools contributes to a pervasive lack of understanding about sexual health, perpetuating harmful misconceptions and increasing vulnerability to STIs. They argue that, to address these challenges, a concerted effort is needed to overcome cultural taboos, engage community stakeholders, and prioritize comprehensive sex education to equip individuals with the knowledge and resources needed to protect their health.

“Sometimes they'll come in and they won't bring it up unless they test me out, to see what my tolerance is, or if I'm going to stigmatize them just for asking or being concerned.”

- Fiona Prabhu, MD

In addition to the comprehensive array of topics covered in the survey, several other critical areas emerged as focal points for community members in Lubbock. Notably, the retention of graduates from Texas Tech Health Sciences program within the city speaks to the potential for cultivating a skilled workforce and bolstering local healthcare resources. Addressing tobacco and vaping remains a pressing concern, as the prevalence of these habits continues to pose significant health risks and challenges to public health initiatives.

Furthermore, the social isolation experienced by the elderly underscores the need for targeted interventions and support systems to ensure their well-being and integration within the community. Moreover, concerns regarding public safety, particularly in recreational spaces like parks, highlight the imperative of creating clean and secure environments that offer respite for residents, especially vulnerable populations such as children. Finding solutions to these multifaceted issues requires collaborative efforts among community leaders, healthcare professionals, and public safety authorities to promote the health, safety, and overall quality of life for all residents of Lubbock.

“We want a park to be a clean safe space where they can get out of a bad situation at home. A place where kids can step away for a bit. How can we keep them safe when there are needles in the parks?”

- Community Member

HEALTH ISSUES

Obesity and Diabetes

Obesity is an overarching health issue, as obesity contributes to increased rates of diabetes, heart disease, and cancer. In Lubbock County, 40% of adults have a body mass index (BMI) of 30 or greater, which is considered to be obese. This compares to 34% of adults in the U.S. and 36% of adult Texans overall. County Health Rankings show that 86% of Lubbock residents have access to exercise opportunities, which is higher than the national average (84%) and the Texas average (82%). Regardless, 28% of Lubbock residents report no physical activity outside of work, compared to 25% in Texas and 23% nationwide.⁸¹

In Lubbock County, 12% of adults aged 20 and above have a diagnosis of diabetes. That compares to 11% of adults in Texas and 10% of adults nationwide.⁸² In 2018 to 2022, the death rate from diabetes in Texas was 25.3 people per 100,000, and it was 32.4 per 100,000 in Lubbock. Black and Hispanic people die from diabetes in Lubbock at significantly higher rates of 55.0 per 100,000 Hispanic people, and 57.5 per 100,000 Black people, almost twice the rate of Whites.⁸³

Heart Disease

Heart disease is the leading cause of death for most people in the United States.⁸⁴ Lubbock County's rate of deaths from heart disease is 411.9 per 100,000 people, which is higher than the State rate of 327.6 or the national rate of 319.5.⁸⁵ The 2022 UMC Report noted that the Medicare population of their report (which included Lubbock County) has a higher rate of ischemic heart disease (35.3%) than in Texas (29%) or the United States (26.8%).⁸⁶

⁸¹ University of Wisconsin Population Health Institute. (n.d.). *County health rankings*. <https://www.countyhealthrankings.org/>

⁸² University of Wisconsin Population Health Institute. (n.d.). *County health rankings*. <https://www.countyhealthrankings.org/>

⁸³ National Institute on Minority Health and Health Disparities. (n.d.). *HD Pulse*. <https://hdpulse.nimhd.nih.gov/index.html>

⁸⁴ Centers for Disease Control and Prevention. (n.d.). *Heart disease facts and statistics*. <https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html>

⁸⁵ Centers for Disease Control and Prevention. (n.d.). *CDC interactive atlas of heart disease and stroke*. <https://nccd.cdc.gov/DHDSPAtlas/reports.aspx?geographyType=county&state>

⁸⁶ University Medical Center. (2022). *2022 community health needs assessment*.

Texas Summary Statistics

Heart Disease Death Rate per 100,000, All Races/Ethnicities, All Genders, Ages 35+, 2018-2020

Race or Ethnicity	Heart Disease Death Rate per 100,000	
	State	National
All Races/Ethnicities	327.6	319.5
Black (Non-Hispanic)	428.4	416.9
White (Non-Hispanic)	350	327
Hispanic	261	225.8
American Indian and Alaskan Native	110.3	280.8
Asian and Pacific Islander	151	169.4

(Source: CDC Interactive Atlas of Heart Disease and Stroke)

Heart failure is also concerning in the region, with Lubbock County ranking in the top 20% nationwide for heart failure rates.⁸⁷ Lubbock County's rate of death from heart failure is 296.7 per 100,000, compared to 208.5 per 100,000 for Texas and 193.8 per 100,000 nationwide.

Texas Summary Statistics

Heart Failure Death Rate per 100,000 (any mention), All Races/Ethnicities, All Genders, Ages 35+, 2019-2021

Race or Ethnicity	Heart Failure Death Rate per 100,000	
	State	National
All Races/Ethnicities	208.5	193.8
Black (Non-Hispanic)	263.8	226.3
White (Non-Hispanic)	228	203.6
Hispanic	157.4	128.4
American Indian and Alaska Native	61	184.8
Asian	79.2	82.1
Native Hawaiian or Other Pacific Islander	206.3	209.7
More than one race	30.8	81.4

(Source: CDC Interactive Atlas of Heart Disease and Stroke)

⁸⁷ Texas Tech University Health Sciences Center. (2024, May 17). *SHP heart disease and heart failure*. TTUHSC Daily Dose. <https://dailydose.ttuhscc.edu/2024/may/shp-heart-disease-failure.aspx>

Cancer

Cancer is the leading cause of death in Lubbock.⁸⁸ Breast, prostate, and lung cancer are the most common cancers in Texas and the leading causes in Texas of cancer-related deaths. The two most common risk factors for cancer are tobacco use and being overweight or obese.⁸⁹ In Lubbock county, 16% of adults currently smoke, compared to 13% of Texans and 15% of people nationwide and 40% of residents meet the criteria for obesity.⁹⁰

LUBBOCK COUNTY, INVASIVE CANCER INCIDENCE RATES, 2017-2021⁹¹

	2017	2018	2019	2020	2021	2017-2021
Population at Risk	303286	305317	307940	311564	314597	1542704
Total Cases	1326	1367	1311	1265	1345	6614
Crude Rate	437.2	447.7	425.7	406.0	427.5	428.7
Age-Adjusted Rate	459.1	464.1	435.2	413.6	438.4	442.0
95% Confidence Interval	[434.3, 485.0]	[439.3, 489.9]	[411.5, 459.9]	[390.7, 437.6]	[414.8, 463.0]	[431.2, 453.0]
Statewide Age-Adjusted Rate	425.6	439.5	438.7	400.7	419.5	424.5
Statewide 95% Confidence Interval	[423.1, 428.1]	[437.1, 442.0]	[436.3, 441.1]	[398.4, 403.0]	[417.2, 421.8]	[423.5, 425.6]

All rates per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. Data accessed Aug 4, 2024. Cancer Incidence File, Mar 2024.

(Source: <https://www.cancer-rates.com/tx/>)

⁸⁸

<https://www.umchealthsystem.com/wp-content/uploads/2023/05/University-Medical-Center-CHNA-2022.pdf>

⁸⁹ <https://www.dshs.texas.gov/texas-comprehensive-cancer-control-program/cancer-texas>

⁹⁰ University of Wisconsin Population Health Institute. (n.d.). *County health rankings*. <https://www.countyhealthrankings.org/>

⁹¹ Cancer-Rates.com. (2024). *Texas cancer rates*. Cancer-Rates.com. Retrieved October 12, 2024, from <https://www.cancer-rates.com/tx/>

Cancer mortality in Texas was lower than the national rates in 2017-2021, but its rates of breast, cervical, colorectal and kidney cancers exceeded the national mortality rates for these cancers.⁹²

For 2018-2022, the U.S. rates were 168.6 per 100,000 people, and Texas' overall rate was 172.6 per 100,000. Lubbock's rate was 161.0, which breaks down into 159.6 per 100,000 for White residents, 147.6 per 100,000 people for Hispanic residents, and 246.1 per 100,000 people for Black residents, a risk of greater than 50% more than Whites or Hispanics.⁹³

Rates of cancer prevention measures like routine cancer screenings, smokefree restaurant and workplace laws, and vaccination against human papilloma virus (HPV), have lagging rates in Texas compared to the U.S. as a whole. Although cancer rates are lower overall than the U.S. in Texas, rates of cancer are higher in Texas among Black and Hispanic people than the average rates in the rest of the United States.⁹⁴

Syphilis and Other Sexually Transmitted Infections (STIs)

Lubbock has dramatically higher rates of STIs (722 per 100,000) than the state and national averages (466 and 481 respectively)⁹⁵.

The Texas Department of State Health Services ranks Lubbock County #6 in case rates for chlamydia and #7 in case rate for gonorrhea among the 254 counties in Texas. Cases rates are #2 in Lubbock County for primary and secondary syphilis, and #9 for total syphilis (all stages and types) rates in the state.⁹⁶

⁹² American Cancer Society. (2024). *Texas cancer statistics*. Cancer Statistics Center. Retrieved October 15, 2024, from <https://cancerstatisticscenter.cancer.org/states/texas>

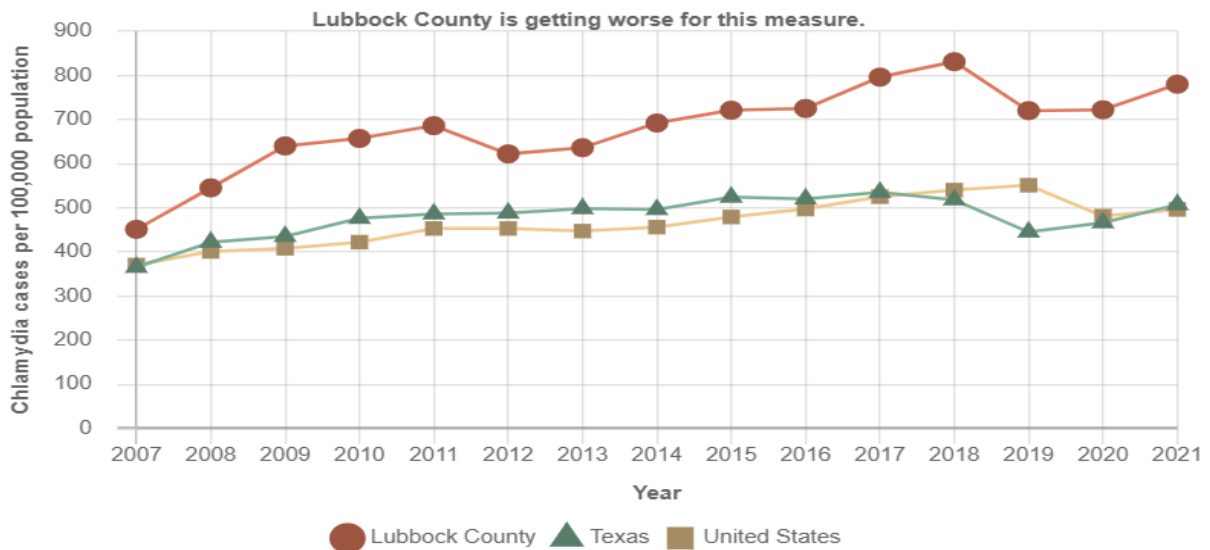
⁹³ National Institute on Minority Health and Health Disparities. (2024). *HD Pulse data portal*. National Institutes of Health. Retrieved August 10, 2024, from <https://hdpulse.nimhd.nih.gov/index.html>

⁹⁴ National Cancer Institute. (n.d.). *State cancer profiles: Texas*. U.S. Department of Health and Human Services, National Institutes of Health. <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=texas#t=1>

⁹⁵ University of Wisconsin Population Health Institute. (n.d.). *County health rankings & roadmaps*. <https://www.countyhealthrankings.org/>

⁹⁶ Texas Department of State Health Services. (2022). *STD surveillance report, 2022*. <https://www.dshs.texas.gov/sites/default/files/hivstd/reports/STDsurveillanceReport.pdf>

Sexually Transmitted Infections in Lubbock County, TX County, state and national trends



(Source: County Health Rankings)

STIs like gonorrhea and chlamydia can have permanent effects on fertility and quality of life. Syphilis and congenital syphilis can kill adults and babies, and cause permanent damage to multiple organ systems in those who survive. Gonorrhea, chlamydia, and syphilis are all bacterial STIs that can be treated with antibiotics.⁹⁷

Syphilis and Congenital Syphilis

Between 2018 and 2022, rates of syphilis increased 648% in Lubbock.⁹⁸ The U.S. Centers for Disease Control and Prevention (CDC) are recommending that all sexually active adults in Lubbock be screened for syphilis.⁹⁹

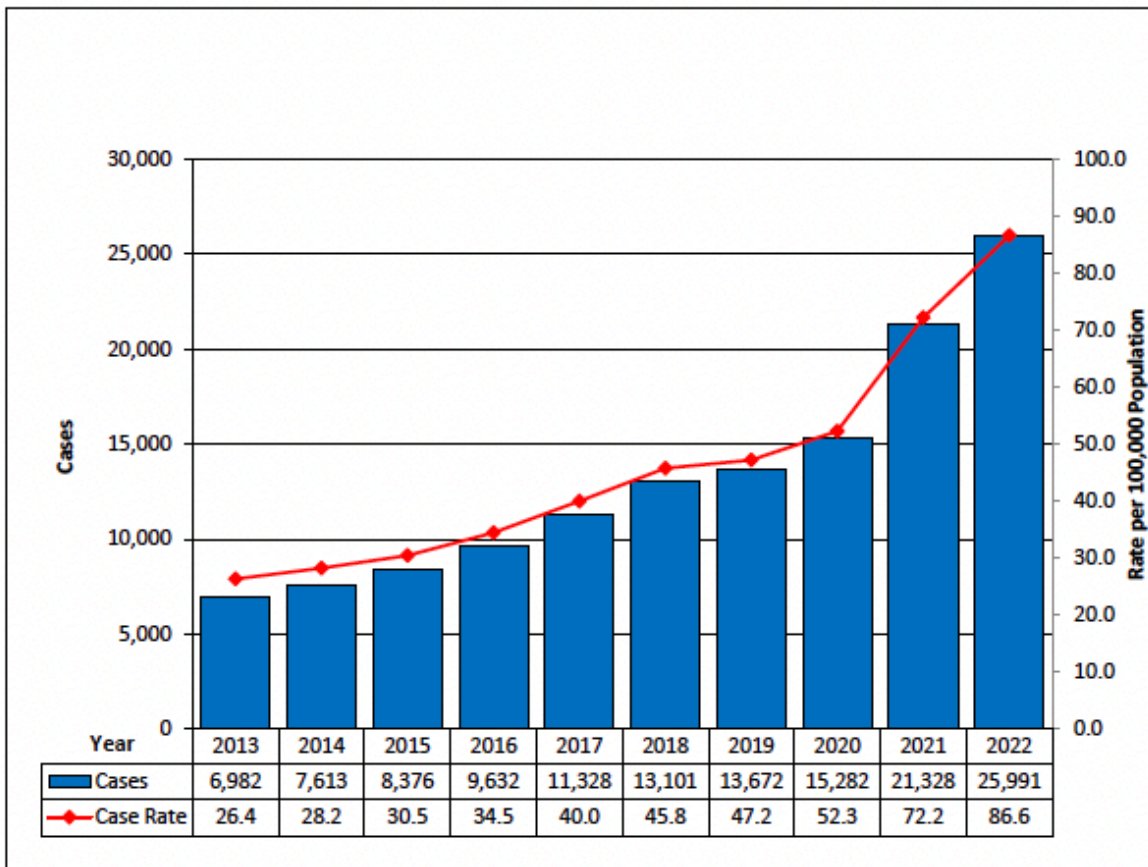
⁹⁷Centers for Disease Control and Prevention. (n.d.). *Sexually transmitted infections (STIs)*. U.S. Department of Health and Human Services. <https://www.cdc.gov/sti/>

⁹⁸ *National Association of County and City Health Officials. (2024). NACCHO urges more testing and immediate preventative treatment amidst new CDC report on alarming rise in STI cases: CDC's 2022 STI surveillance report shows continued surge of syphilis and congenital syphilis across the U.S. with more than 2.5 million cases reported.* <https://www.naccho.org/blog/articles/naccho-urges-more-testing-and-immediate-preventative-treatment-amidst-new-cdc-report-on-alarming-rise-in-sti-cases-cdcs-2022-sti-surveillance-report-shows-continued-surge-of-syphilis-and-congenital-syphilis-across-the-us-with-more-than-2-5-m>

⁹⁹ Centers for Disease Control and Prevention. (n.d.). *County-level syphilis rates to direct screening efforts*. U.S. Department of Health and Human Services. https://www.cdc.gov/nchhstp/syphilis-county-level/?CDC_AAref_Val=https://www.cdc.gov/nchhstp/atlas/syphilis

Syphilis can cause blindness, deafness, and damage to almost every organ system, especially the cardiovascular and nervous systems. Syphilis can kill adults and lead to significant permanent health impacts for both adults and infants. If a pregnant person is infected, the infant has a high chance of being stillborn, of dying near birth, or of having lifelong health problems from congenital syphilis (CS). Death occurs in 40% of infants born to women with untreated syphilis.¹⁰⁰ Syphilis diagnoses occur among all age groups.

Total Syphilis Cases and Case Rates by Year of Diagnosis in Texas, 2013-2022



(Source: DSHS. 2022 Texas STD surveillance report)¹⁰¹

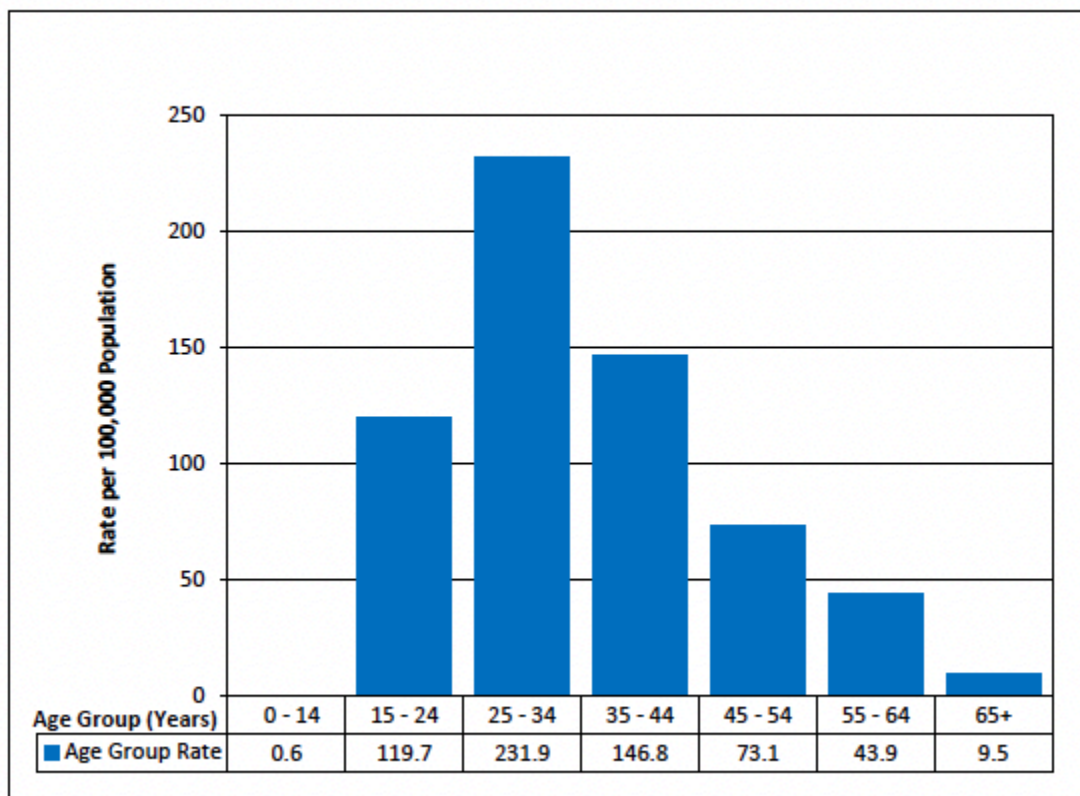
¹⁰⁰ Texas Department of State Health Services. (2022). *Congenital syphilis in Texas in 2022*. Texas Department of State Health Services.

¹⁰¹ Texas Department of State Health Services. (2022). *STD surveillance report*. Texas Department of State Health Services.

<https://www.dshs.texas.gov/sites/default/files/hivstd/reports/STDSurveillanceReport.pdf>

Syphilis doesn't always have obvious symptoms, and syphilis can be latent for decades before it causes widespread organ damage. Syphilis infection occurs in stages—primary infection, secondary, latent, and late-stage syphilis. A blood test is needed for syphilis testing, and interpreting the results can be complex. Additionally, there have been recent shortages of the mainstay of syphilis treatment in the United States, benzathine penicillin (Pfizer's Bicillin L-A®), further complicating treatment. In times of penicillin shortages, the CDC recommends that Bicillin be reserved for pregnant people and babies with congenital syphilis to preserve supplies, given that no treatment alternatives exist for pregnant women or for congenital syphilis.¹⁰²

Total Syphilis Case Rates by Age Group and Rate of Diagnosis in Texas, 2022



(Source: Texas Department of State Health Services. 2022 Texas STD surveillance report)

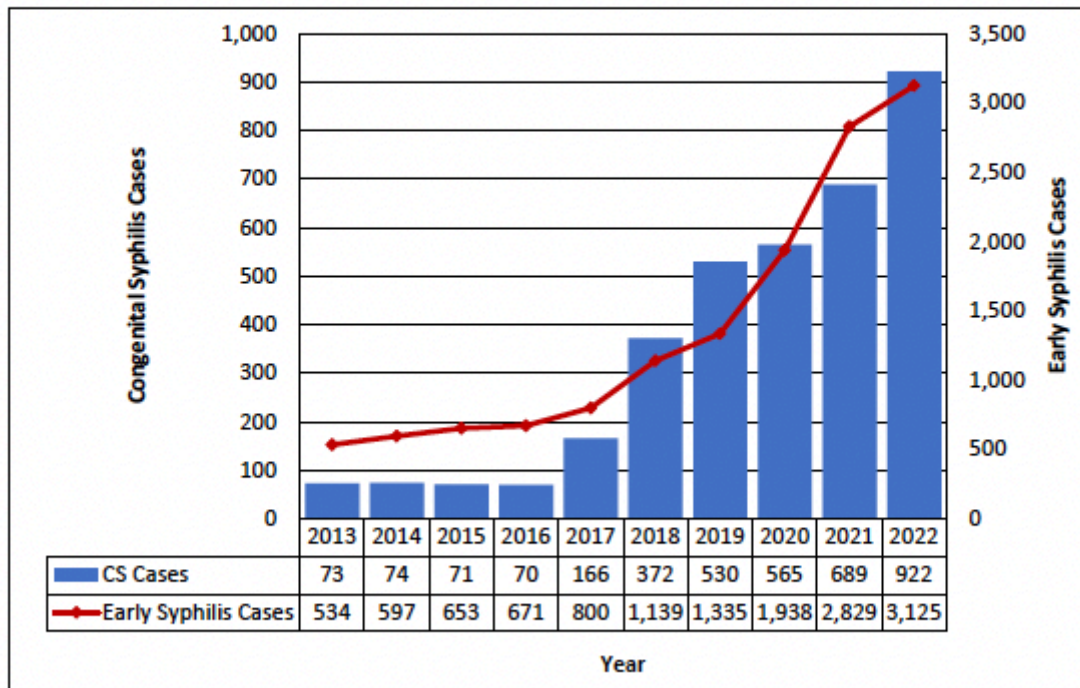
¹⁰² Centers for Disease Control and Prevention. (2021). *STI treatment guidelines, 2021*. U.S. Department of Health and Human Services. <https://www.cdc.gov/std/treatment-guidelines/default.htm>

Congenital Syphilis

Congenital syphilis (also referred to as newborn syphilis) occurs when an infant is born to a mother who is infected with syphilis. Congenital syphilis (CS) rates have increased 10-fold nationwide in the last 10 years.¹⁰³

In 2022, 25% of the country's CS cases came from Texas, ranking Texas first in case count and fourth in case rate. Over 57 percent of CS cases in Texas were in Harris County, Dallas County, Bexar County, and Public Health Region 11. There were 29 cases of CS reported in Public Health Region 1 (which includes Lubbock County) in 2022. This put the Region 1 case rate at 257.0 per 100,000 people, slightly above the Texas state average of 230.0.¹⁰⁴

Congenital Syphilis Cases and Early Syphilis Cases* Among Women of Childbearing Age by Diagnosis Year in Texas, 2013-2022



*Early Syphilis cases include primary, secondary, and early non-primary non-secondary cases.

(Source: Texas Department of State Health Services. 2022 Texas STD surveillance report)

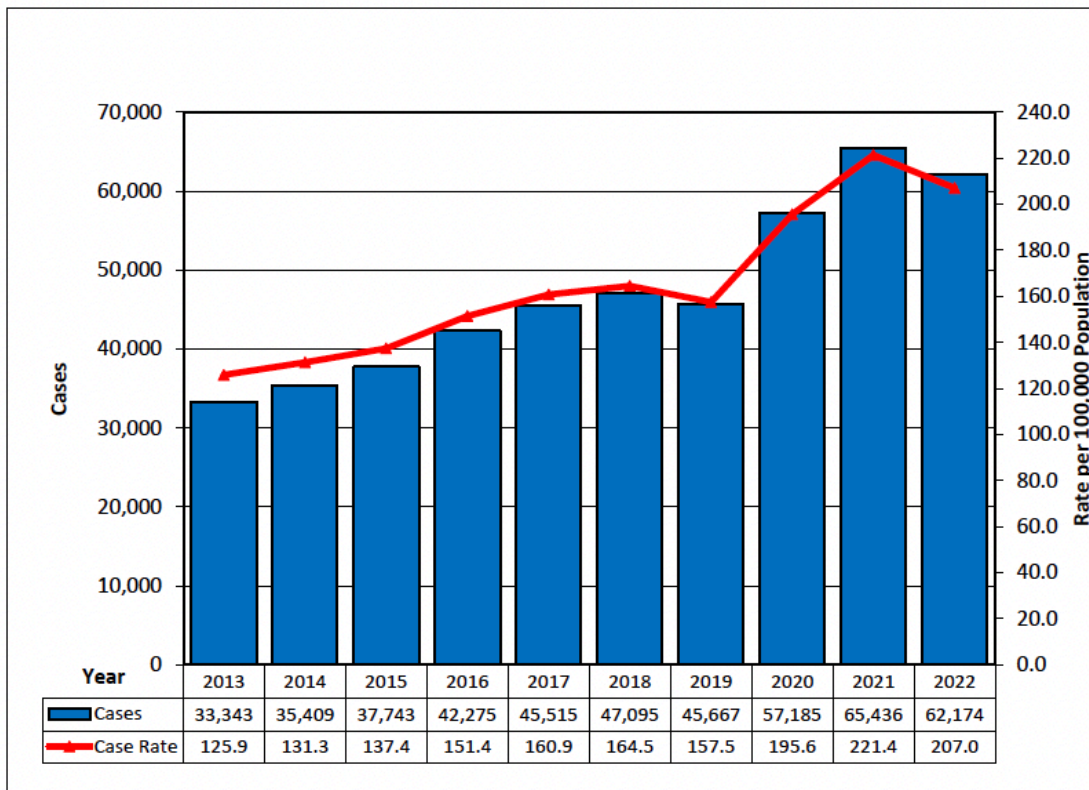
¹⁰³ Centers for Disease Control and Prevention. (n.d.). *Congenital syphilis*. U.S. Department of Health and Human Services. <https://www.cdc.gov/std/syphilis/congenital-syphilis.htm>

¹⁰⁴ Texas Department of State Health Services. (2022). *Congenital syphilis in Texas 2022: CSEpiProfile*. <https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>

Gonorrhea

In 2022, there were 1,010 cases of gonorrhea, for a rate of 318 per 100,000 people. The Texas average rate was 207 per 100,000, ranking Lubbock County as 7th highest among the 254 counties in Texas.¹⁰⁵ Nationwide, people under 25 are at particularly high risk of contracting gonorrhea. It can lead to infertility and long-term pelvic pain in both men and women, and untreated gonorrhea can lead to increased risk of contracting HIV.¹⁰⁶ Gonorrhea has become one of the most antibiotic-resistant bacterial threats in the United States, and experts worry that it is only a matter of time before it is resistant to the last available cure. The only currently recommended first-line treatment is an injection of the antibiotic called ceftriaxone, making prevention of gonorrhea an issue of major importance.¹⁰⁷

Gonorrhea Cases and Case Rates by Year of Diagnosis in Texas, 2013-2022



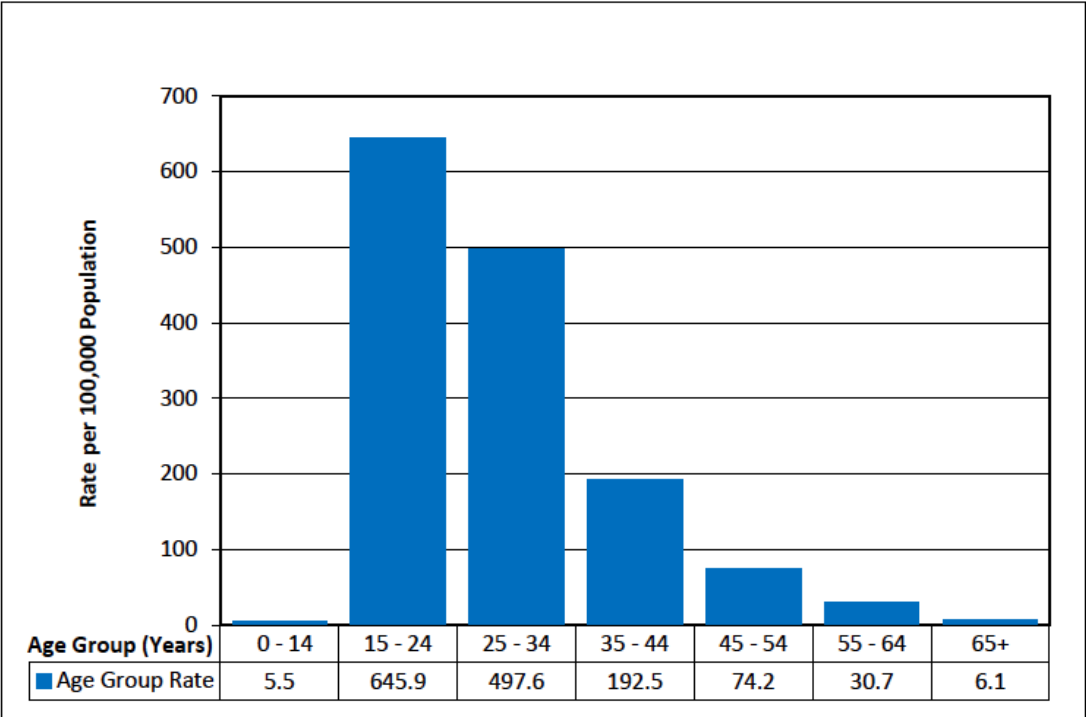
(Source: Texas Department of State Health Services. 2022 Texas STD surveillance report)

¹⁰⁵ Texas Department of State Health Services. (2022). *Texas STD surveillance report, 2022*. <https://www.dshs.texas.gov/sites/default/files/hivstd/reports/STDsurveillanceReport.pdf>

¹⁰⁶ Centers for Disease Control and Prevention. (n.d.). *Gonorrhea*. U.S. Department of Health and Human Services. <https://www.cdc.gov/gonorrhea/about/index.html>

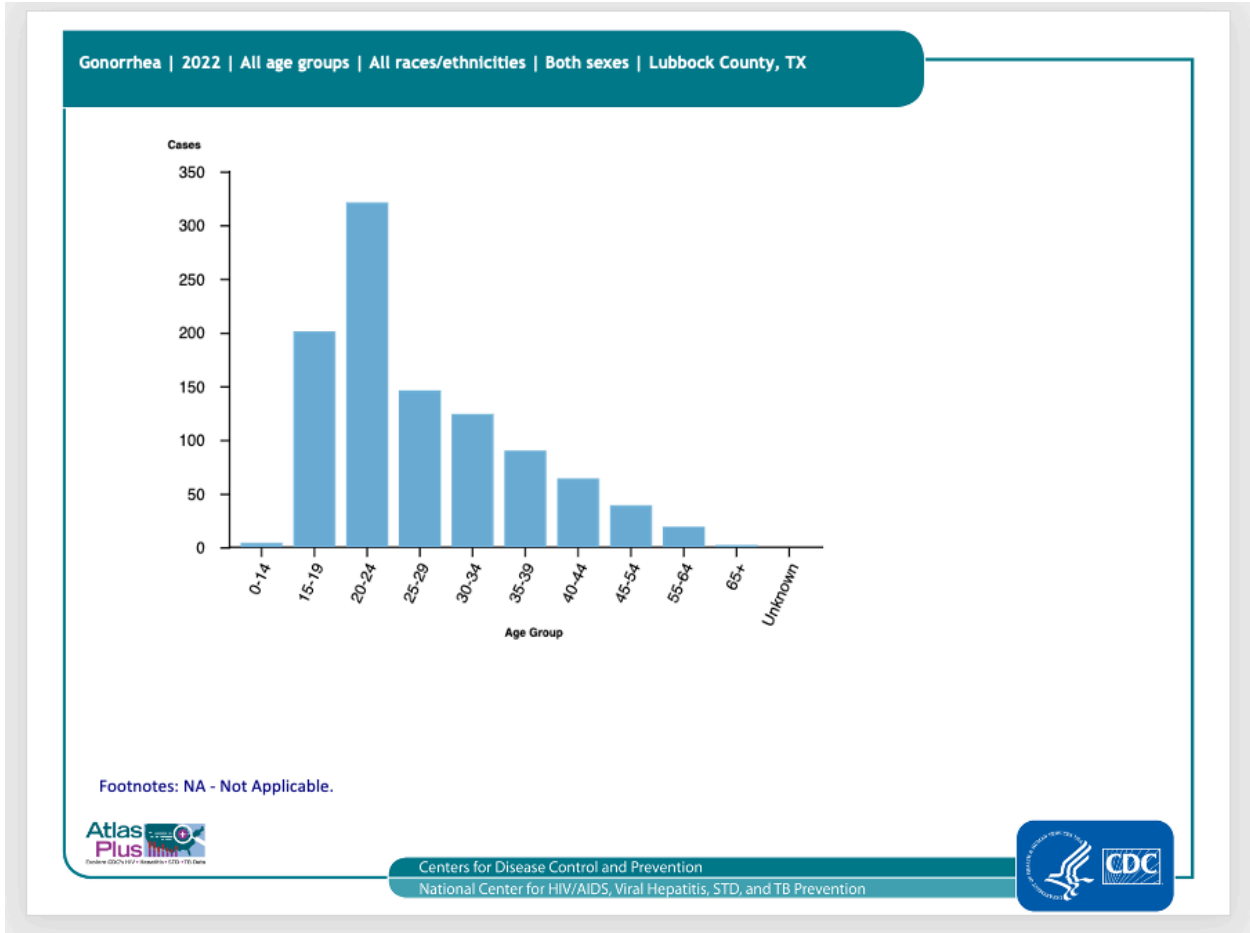
¹⁰⁷ Centers for Disease Control and Prevention. (n.d.). *Drug-resistant gonorrhea*. U.S. Department of Health and Human Services. <https://www.cdc.gov/gonorrhea/hcp/drug-resistant/index.html>

Gonorrhea Case Rates by Age Group and Rate of Diagnosis in Texas, 2022



(Source: Texas Department of State Health Services. 2022 Texas STD surveillance report)

GONORRHEA IN LUBBOCK COUNTY, TX 2022



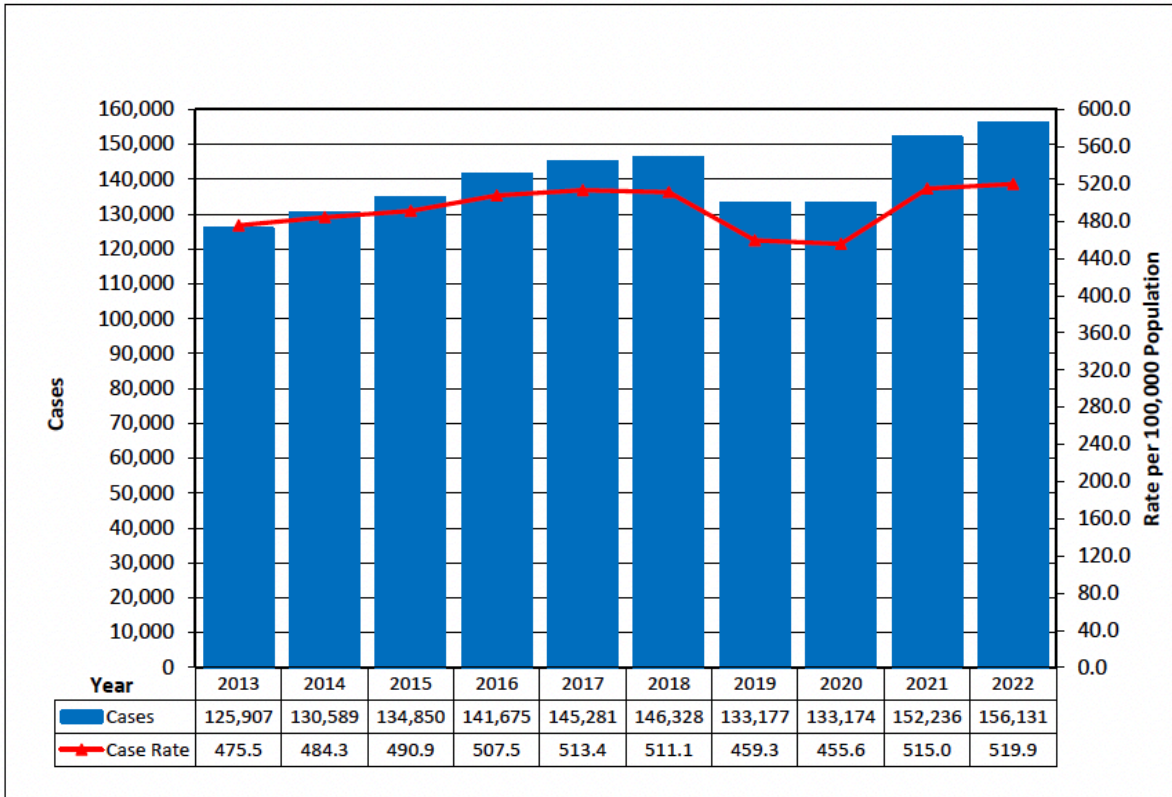
(Source: CDC. Atlas Plus)

Chlamydia

In 2022, Lubbock reported 2,643 cases of chlamydia, for a rate of 834.2 per 100,000 people. The Texas rate overall is 519.9 per 1000,000, putting Lubbock in 6th place for the highest rate in Texas.¹⁰⁸

¹⁰⁸ Texas Department of State Health Services. (2022). *Texas STD surveillance report, 2022*. <https://www.dshs.texas.gov/sites/default/files/hivstd/reports/STDsurveillanceReport.pdf>

Chlamydia Cases and Case Rates by Year of Diagnosis in Texas, 2013-2022



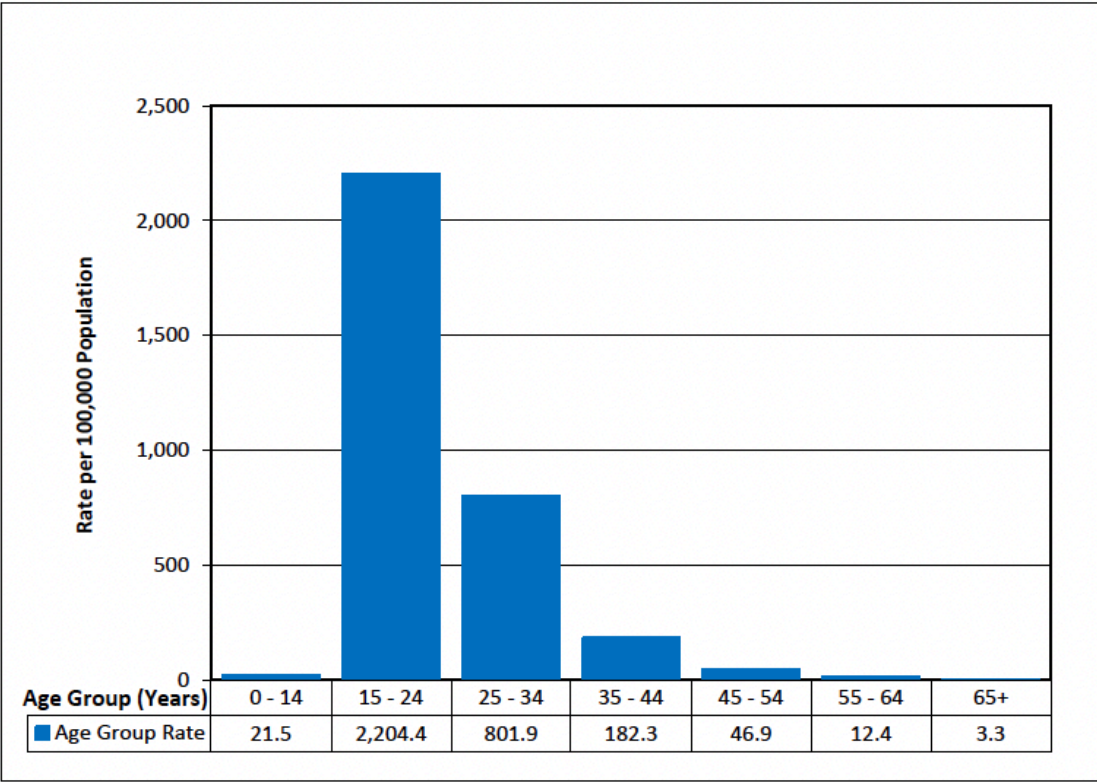
(Source: Texas Department of State Health Services. 2022 Texas STD surveillance report)

Chlamydia infection is the most commonly reported STI in the United States. Even so, it is underreported due to asymptomatic cases not seeking testing. Infections can lead to chronic pelvic pain, infertility, and eye infections. It is the leading cause of blindness in children. Chlamydia infections disproportionately impact younger people in Texas, with the CDC estimating that 1 in 20 sexually active females ages 15-24 have chlamydia infections. Ethnic minorities and men who have sex with men (MSM) are also at increased risk for chlamydia infections.¹⁰⁹

As visible from the charts below, chlamydia often disproportionately impacts younger people generally. Both in Texas and in Lubbock County, many chlamydia cases are in people aged 15 to 24.

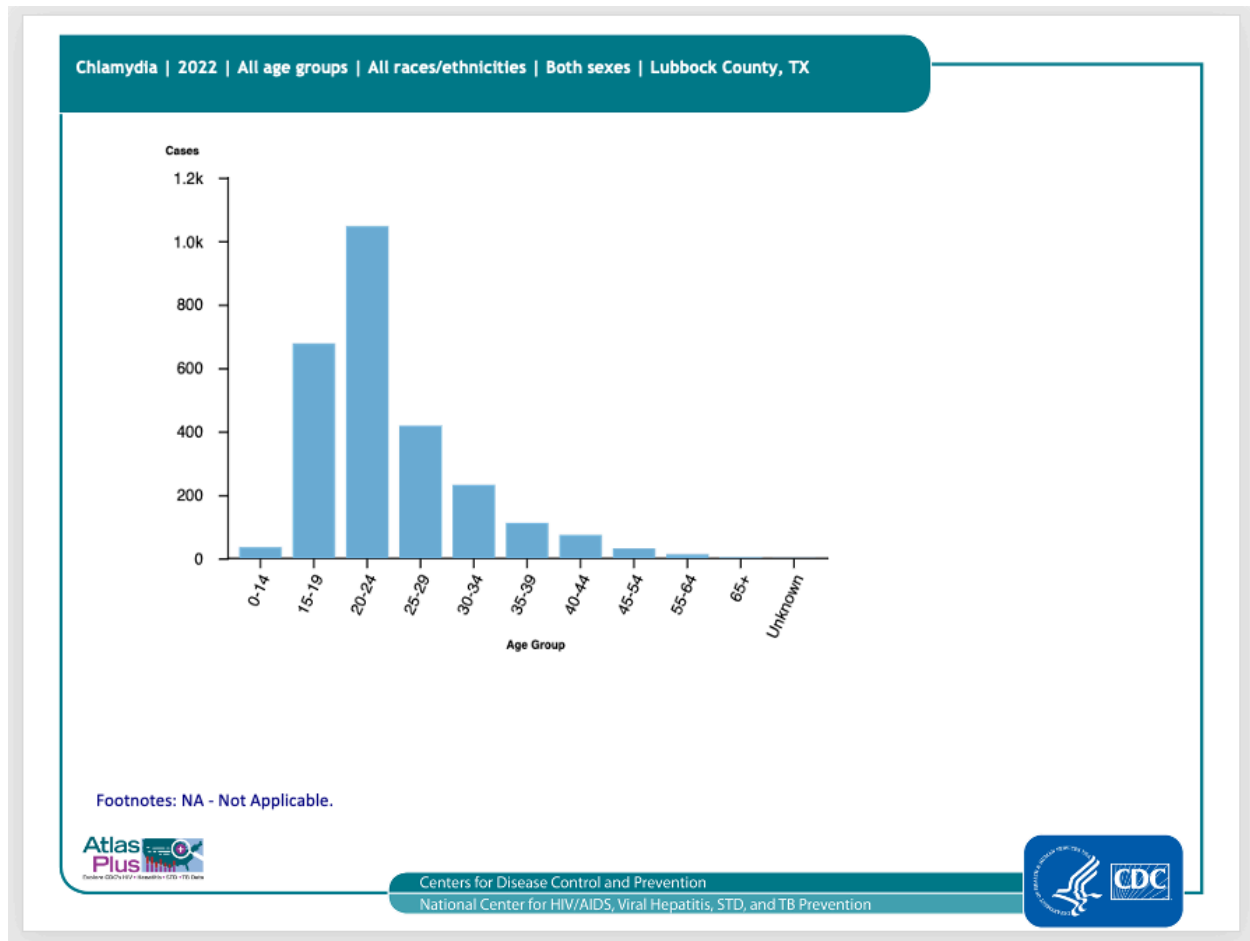
¹⁰⁹ Texas Department of State Health Services. (2022). *STD surveillance report, 2022*. <https://www.dshs.texas.gov/sites/default/files/hivstd/reports/STDSurveillanceReport.pdf>

Chlamydia Case Rates by Age Group and Rate of Diagnosis in Texas, 2022



(Source: Texas Department of State Health Services. 2022 Texas STD surveillance report)

CHLAMYDIA IN LUBBOCK COUNTY TX, 2022



(Source: CDC. STD Atlas Plus.)¹¹⁰

Past and Current Issues with COVID-19

In January 2020, news of severe viral pneumonia cases started coming out of China. The virus identified as responsible was immediately concerning to public health officials because of its similarity to the SARS (Severe Acute Respiratory Syndrome) coronavirus that had caused deadly outbreaks in China (and spread to Canada) in 2000, and the MERS-CoV (Middle East Respiratory Syndrome) coronavirus that had a high mortality in the 2010s. The new coronavirus appeared to have those viruses' lethality, while being much more contagious. Because the disease was caused by a coronavirus from late

¹¹⁰ CDC. National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention. Atlas Plus. https://www.cdc.gov/nchstp/about/atlasplus.html?CDC_AAref_Val=https://www.cdc.gov/nchstp/atlas/index.htm?s_cid=bb-od-atlasplus_002

2019 in China, the disease came to be known as COVID-19 (coronavirus disease 2019), and the virus itself came to be known as SARS-CoV-2.¹¹¹ As of August 2024, almost 1,200,000 Americans have died from COVID-19.¹¹² Public health officials now refer to COVID-19 as being in an “endemic” phase as opposed to epidemic, meaning that we will see cases of COVID-19 regularly and have occasional surges in rates.¹¹³

Starting in early 2020, health systems worldwide began to be overwhelmed with COVID-19 cases, hospitalizations, and deaths. Vaccines against COVID-19 were not available for the first year of the pandemic, and the phased roll-out of vaccines in late 2020 and early 2021 meant that healthcare providers, the elderly, and people who were immunocompromised received vaccines first.

By the time vaccines became widely available to the public in Spring 2021, Lubbock and much of the country had already had a surge of deaths over the winter. Luckily, there had been a long-standing plan to use the Civic Center in the event of a mass vaccination or prophylaxis campaign. In April 2021, widespread efforts in Lubbock included vaccinating an average of 3,000 people a day (or almost 500 people an hour) at the city’s vaccination hub, the Lubbock Memorial Civic Center.¹¹⁴

Lubbock Public Health made additional efforts to increase Black and Hispanic communities’ immunization rates by utilizing Lubbock’s public transit system, Citibus. Citibus brought people from marginalized communities to the Civic Center. Later, Citibuses staffed with nurses became mobile immunization clinics that went to those neighborhoods directly.¹¹⁵

There would be 2 subsequent surges of deaths in Lubbock County after vaccines became available, with hospitalizations and deaths particularly impacting people who had not been vaccinated at all, or who had not been fully vaccinated.¹¹⁶

¹¹¹ Centers for Disease Control and Prevention. (2023). *COVID-19 timeline*.

<https://www.cdc.gov/museum/timeline/covid19.html>

¹¹² Centers for Disease Control and Prevention. (n.d.). *COVID Data Tracker*.

https://covid.cdc.gov/covid-data-tracker/#maps_deaths-total

¹¹³ Meyer, H. (2024, August 9). *COVID may become endemic, CDC says, as summer surge looms*. NPR.

https://www.npr.org/sections/shots-health-news/2024/08/09/nx-s1-5060398/covid-endemic-cdc-summer-surge?utm_source=pocket-newtab-en-us

¹¹⁴ Miller, R. (2022, March 16). *Lubbock's public health director reflects on two years of COVID*. KTTZ

Radio. <https://radio.kttz.org/2022-03-16/lubbocks-public-health-director-reflects-on-two-years-of-covid>

¹¹⁵ Centers for Disease Control and Prevention. (n.d.). *Lubbock, TX: Community vaccination efforts*.

<https://www.cdc.gov/vaccines/covid-19/health-departments/features/lubbock-tx.html>

¹¹⁶ Gonzalez, A. (2022, May 31). *61% of Lubbock's 53 COVID-19 deaths in 2022 so far were unvaccinated*. Everything Lubbock.

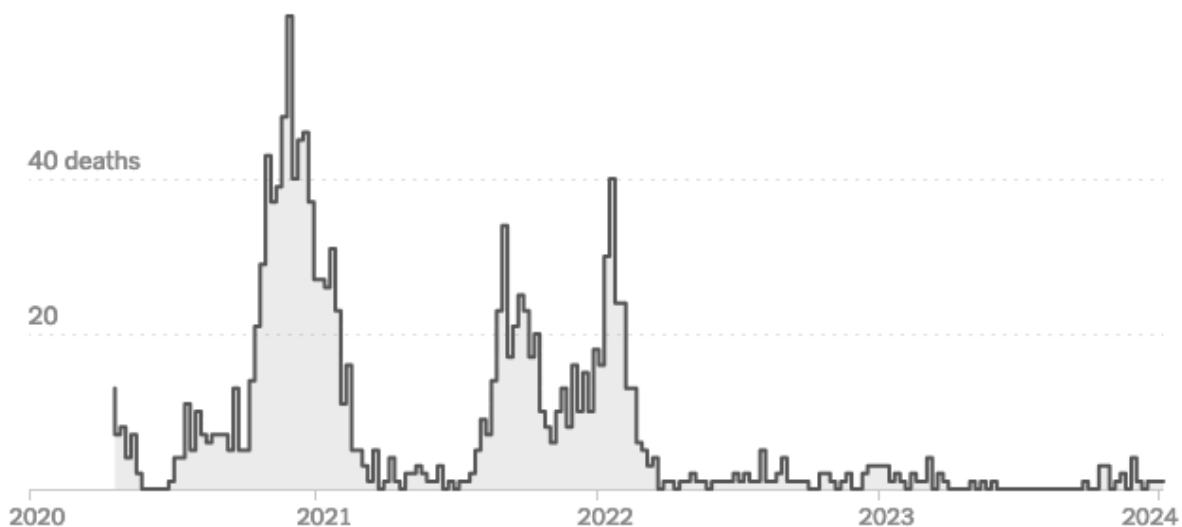
<https://www.everythinglubbock.com/news/local-news/61-of-lubbocks-53-covid-19-deaths-in-2022-so-far-were-unvaccinated/>

The data for deaths in Lubbock County have 3 peaks where weekly death rates were the highest: November 22-28, 2020; August 29 to September 4, 2021; and January 16-22, 2022.¹¹⁷

LUBBOCK COUNTY DEATHS FROM COVID-19 APRIL 5, 2020 TO MARCH 2, 2024

Weekly deaths

Data for recent weeks is incomplete.



(Source: NYT interactive COVID-19 data tracker. Accessed Aug 8, 2024)

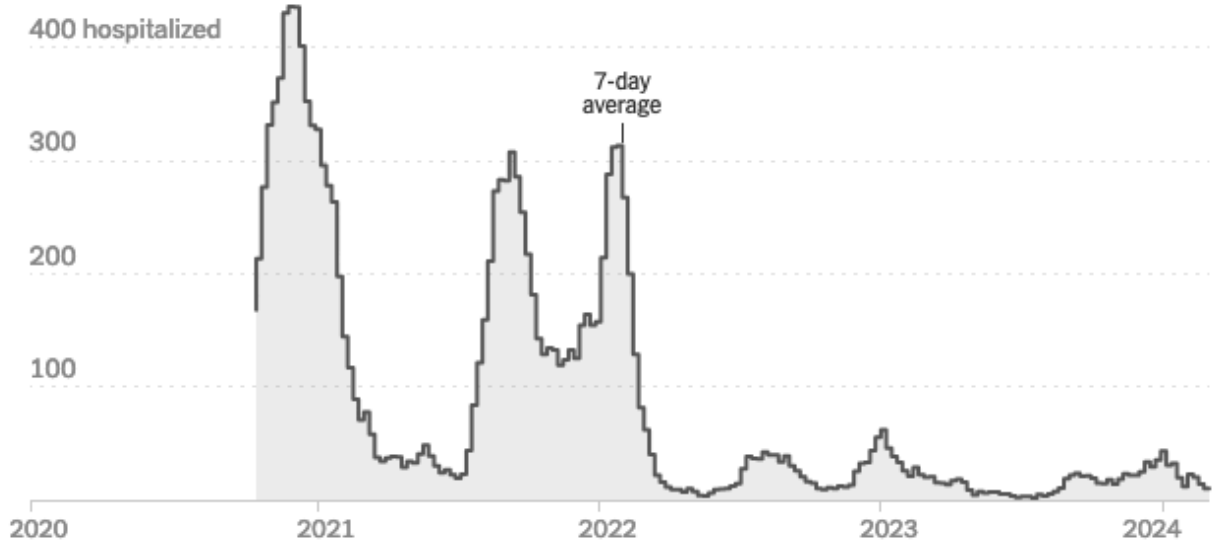
Hospitals in the area were overwhelmed by admissions for COVID-19, following the same trends as the peaks in deaths. Hospitalization rates surged, including in intensive care units that had ventilators.¹¹⁸ By May 10, 2023, 66,920 people had confirmed cases of COVID-19 in Lubbock County, and 1,402 people in Lubbock County had died of COVID-19.¹¹⁹

¹¹⁷ Baker, M. (2023, July 12). *Tracking the COVID-19 surge in Lubbock, Texas*. The New York Times. <https://www.nytimes.com/interactive/2023/us/lubbock-texas-covid-cases.html>

¹¹⁸ Gonzalez, A. (2023, September 13). *Covenant Health responds to closing gap between patients and hospital capacity*. Everything Lubbock. <https://www.everythinglubbock.com/news/local-news/covenant-health-responds-to-closing-gap-between-patients-and-hospital-capacity/>

¹¹⁹ Texas Department of State Health Services. (n.d.). *Texas COVID-19 data*. <https://www.dshs.texas.gov/covid-19-coronavirus-disease-2019/texas-covid-19-data>

COVID-19 HOSPITALIZATION IN LUBBOCK COUNTY AREA OCTOBER 11, 2020 TO MARCH 2, 2024



(Source: NYT interactive COVID-19 data tracker. Accessed Aug 8, 2024)

Hospitalizations in Lubbock for COVID-19 have decreased steadily since February 2022.

In Lubbock County, 50% of the population received the primary vaccination series, including 87% of people aged 65 and over by March 2024. Only 8% of the population had received the bivalent booster vaccine, including 30% of people over 65.¹²⁰

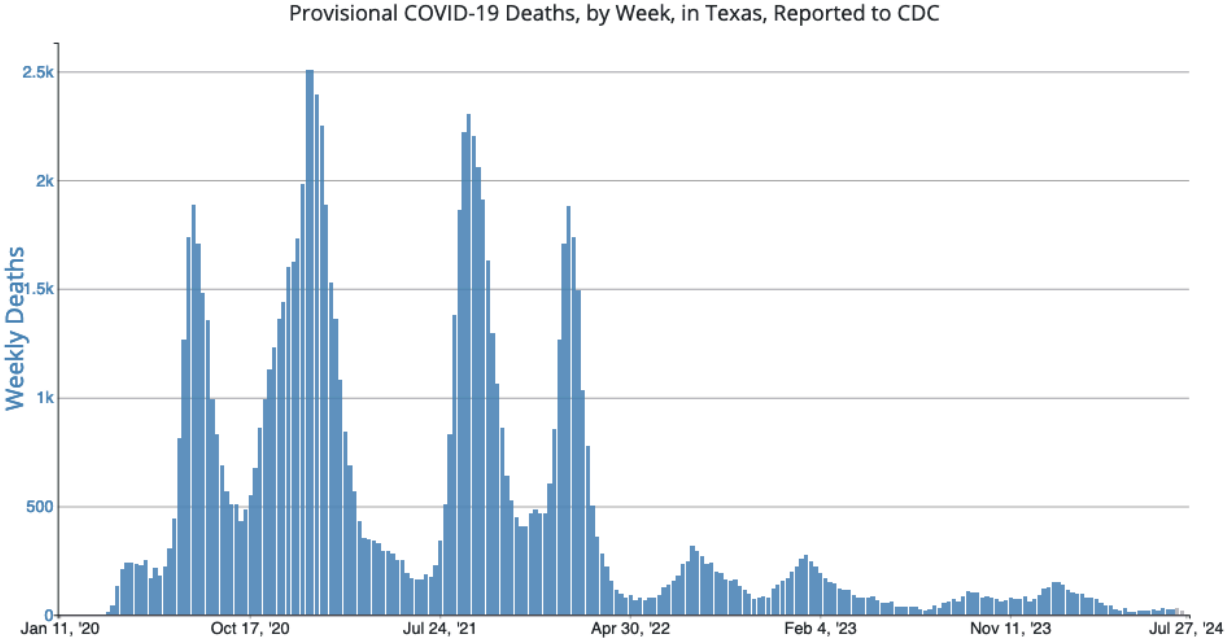
Data from the State of Texas show that the COVID death rate was 805 per 100,000 among unvaccinated people during the Omicron wave, but was 0 of 100,000 who had received the bivalent booster.¹²¹ The Hispanic population of Lubbock was hit particularly hard, with long-standing distrust of federal, state, and local leadership that seemed hostile to their interests, exacerbating the community's hesitation to get vaccinated.¹²²

¹²⁰ Chokshi, N. (2023, July 12). *Tracking the COVID-19 surge in Lubbock, Texas*. The New York Times. <https://www.nytimes.com/interactive/2023/us/lubbock-texas-covid-cases.html>

¹²¹ Peters, M. (2023, December 6). *New attack on COVID vaccination from a discredited adversary*. Los Angeles Times. <https://www.latimes.com/business/story/2023-12-06/new-attack-on-covid-vaccination-from-a-discredited-adversary>

¹²² Ponce, J. (2023, January 6). *Hispanic community leaders say misinformation hurting COVID-19 vaccination efforts*. Texas Standard.

TEXAS DEATHS FROM COVID-19, SHOWING DISTINCT PEAKS IN 2020, 2021, AND 2022.¹²³



(Source: <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>)

Just over halfway through 2024, the mortality rate for White Texans is more than twice as high as that of other racial groups.¹²⁴

<https://www.texasstandard.org/stories/hispanic-community-leaders-say-misinformation-hurting-covid-19-vaccination-efforts/>

¹²³Centers for Disease Control and Prevention. (n.d.). *COVID Data Tracker*. <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

¹²⁴ Texas Department of State Health Services. (2024.). *Texas respiratory virus surveillance report*. <https://www.dshs.texas.gov/texas-respiratory-virus-surveillance-report>

JANUARY 2024 TO JULY 2024 TEXAS COVID-19 DEATHS, BY RACE/ETHNICITY

Table 14: COVID-19-Associated Mortality Rate by Race/Ethnicity for the Current Year*

Race/Ethnicity	Total Number of COVID-19 Deaths (2024) [†]	Total Mortality Rate (per 100,000) (2024) [†]	MMWR Report Week Number of COVID-19 Deaths	MMWR Report Week Mortality Rate (per 100,000)
White	703	5.66	12	0.10
Black	104	2.70	<10	<10
Hispanic	252	1.96	<10	<10
Asian	38	2.07	<10	<10
Other Race	<10	<10	<10	<10
Unknown Race/Ethnicity	<10	N/A	<10	N/A
Overall	1,103	3.48	20	0.06

* If the cell number of deaths is less than 10, the number or percent of COVID-19 deaths is suppressed and <10 or n/a is written in the cell. The population estimates from the Texas Demographic Center are used for population rates. Data is provisional and subject to change, errors, and duplicates.

(From this week's Texas Respiratory Virus Surveillance Report. July 21-July 27, 2024, report accessed Aug 8, 2024)

People currently dying in Texas from COVID-19 are disproportionately people who are over 80 years old, and rates among Whites are more than double the rates among Blacks and Hispanics.

JANUARY 2024 TO JULY 2024 TEXAS COVID-19 DEATHS BY AGE

Table 13: COVID-19-Associated Mortality Rate by Age for the Current Year*

Age Group	Total Number of COVID-19 Deaths (2024) †	Total Mortality Rate (Per 100,000) (2024) †	MMWR Week Total Number of COVID-19 Deaths	MMWR Week Mortality Rate (per 100,00)
<1 year	<10	<10	<10	<10
1-9 years	<10	<10	<10	<10
10-19 years	<10	<10	<10	<10
20-29 years	<10	<10	<10	<10
30-39 years	<10	<10	<10	<10
40-49 years	21	0.52	<10	<10
50-59 years	49	1.37	<10	<10
60-64 years	34	1.99	<10	<10
65-69 years	63	4.17	<10	<10
70-74 years	91	7.67	<10	<10
75-79 years	144	15.46	<10	<10
80+ years	568	56.48	<10	<10
Unknown	118	N/A	<10	N/A
Overall	1,103	3.48	20	0.06

* If the cell number of deaths is less than 10, the number or percent of COVID-19 deaths is suppressed and <10 or n/a is written in the cell. The population estimates from the Texas Demographic Center are used for population rates. Data is provisional and subject to change, errors, and duplicates.

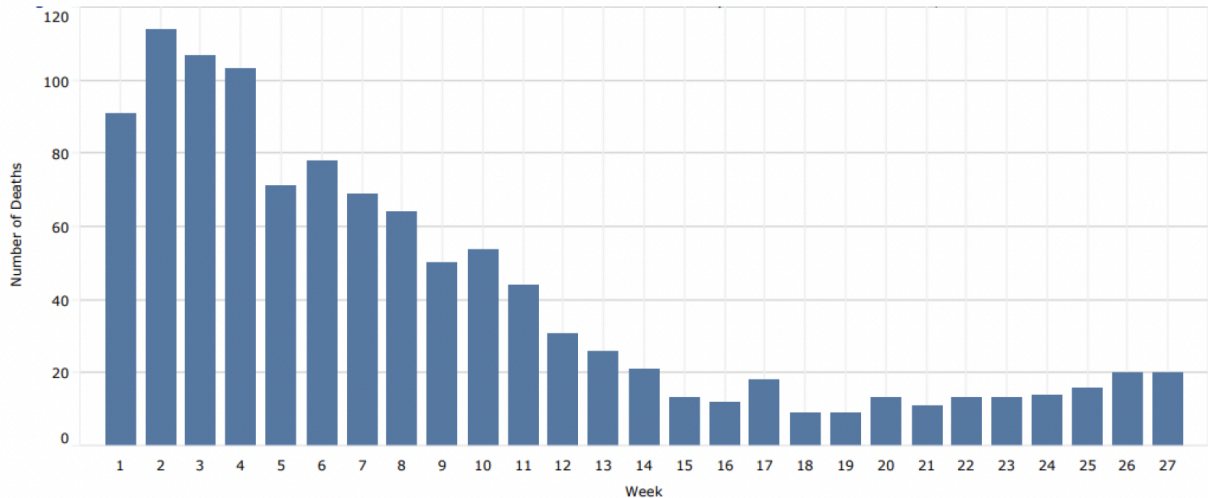
† Refer to Texas COVID-19 Surveillance Components and Measures on page 7, Section: Mortality.

(From this week's Texas Respiratory Virus Surveillance Report. July 21-July 27, 2024, report accessed Aug 8, 2024)

Between January 1 and July 27, 2024, a total of 1,103 deaths from COVID-19 have been reported in Texas, with most of the deaths having occurred in the first 14 weeks of the calendar year.

2024 COVID-19 DEATHS TO DATE BY WEEK. TEXAS. JANUARY 1 TO JULY 7, 2024.

Figure 7: COVID-19 Associated Deaths Identified from Vital Statistics Data by MMWR Week of Death, MMWR Year 2024 Week 27



Note: Counts shown reflect the available death certificate data. This will be updated as death certificate data becomes available. Data exclude the most recent three MMWR weeks due to lag time inherent in death registration and reporting processes. Death certificate data should be considered provisional and subject to change as additional information becomes available.

(From this week's Texas Respiratory Virus Surveillance Report. July 21-July 27, 2024, report accessed Aug 8, 2024)

Although deaths and hospitalizations from COVID-19 have decreased, many people who survived infection continue to struggle with long-term health effects and disabilities from their infections, often referred to as "long COVID".¹²⁵ Long COVID has a wide variety of presentations and is still being researched, impacting people worldwide.¹²⁶ The risk of long COVID has been shown to differ by the virus variant involved, but the risk was slashed for all variants in people who had been vaccinated.¹²⁷

¹²⁵ National Academies of Sciences, Engineering, and Medicine. (2024). *Long-term health effects of COVID-19: Disability and function following SARS-CoV-2 infection*. The National Academies Press. <https://nap.nationalacademies.org/catalog/27756/long-term-health-effects-of-covid-19-disability-and-function>

¹²⁶ Sakuri, R. (2022, November 14). *Texas Tech HSC experts talk concerns, treatments for long COVID-19*. Lubbock Avalanche-Journal. <https://www.lubbockonline.com/story/news/healthcare/2022/11/14/texas-tech-hsc-experts-talk-concerns-treatments-for-long-covid-19/69581681007/>

¹²⁷ Xie, Choi, Ziyad Al-Aly. (2024). Post Acute Sequelae of SARS-CoV-2 Infection in the Pre-Delta, Delta, and Omicron Eras. *The New England Journal of Medicine*. <https://www.nejm.org/doi/full/10.1056/NEJMoa2403211>

Now, more than 4 years since the virus emerged, COVID-19 cases are tracked with the other serious and usually-seasonal respiratory viruses of influenza and respiratory syncytial virus (RSV).¹²⁸ An updated 2024-2025 COVID-19 vaccine will be available this autumn, and it can be received at the same time as the 2024-2025 influenza vaccine by anyone over 6 months of age.¹²⁹

RSV is most dangerous for babies and the elderly population. RSV vaccination is recommended for adults over 75 years, adults over 60 with increased risk factors, and pregnant people at 32 to 36 weeks gestation. Although the vaccine isn't given to infants, monoclonal antibodies against RSV are recommended to any infant under 8 months old and entering RSV season, and for some infants up to 24 months old.¹³⁰

HIV

In 2021, 215 of 100,000 people were living with HIV in Lubbock County. This prevalence is lower than the Texas rate of 415 per 100,000 and the U.S. rate of 382 per 100,000.¹³¹ In 2022, 41% of HIV diagnoses occurred in individuals younger than 30, and more than 70% of cases were in those younger than 40.

The recently launched HIV clinic in Lubbock has seen significant patient volume, including individuals who were previously out of care or recently diagnosed. This suggests that the actual burden of disease in the community may be higher than reported. Expanding outreach testing services and increasing clinic capacity are critical steps to addressing this gap. Additionally, efforts to destigmatize testing and educate the community about biomedical interventions to prevent and treat HIV remain essential to improving outcomes.

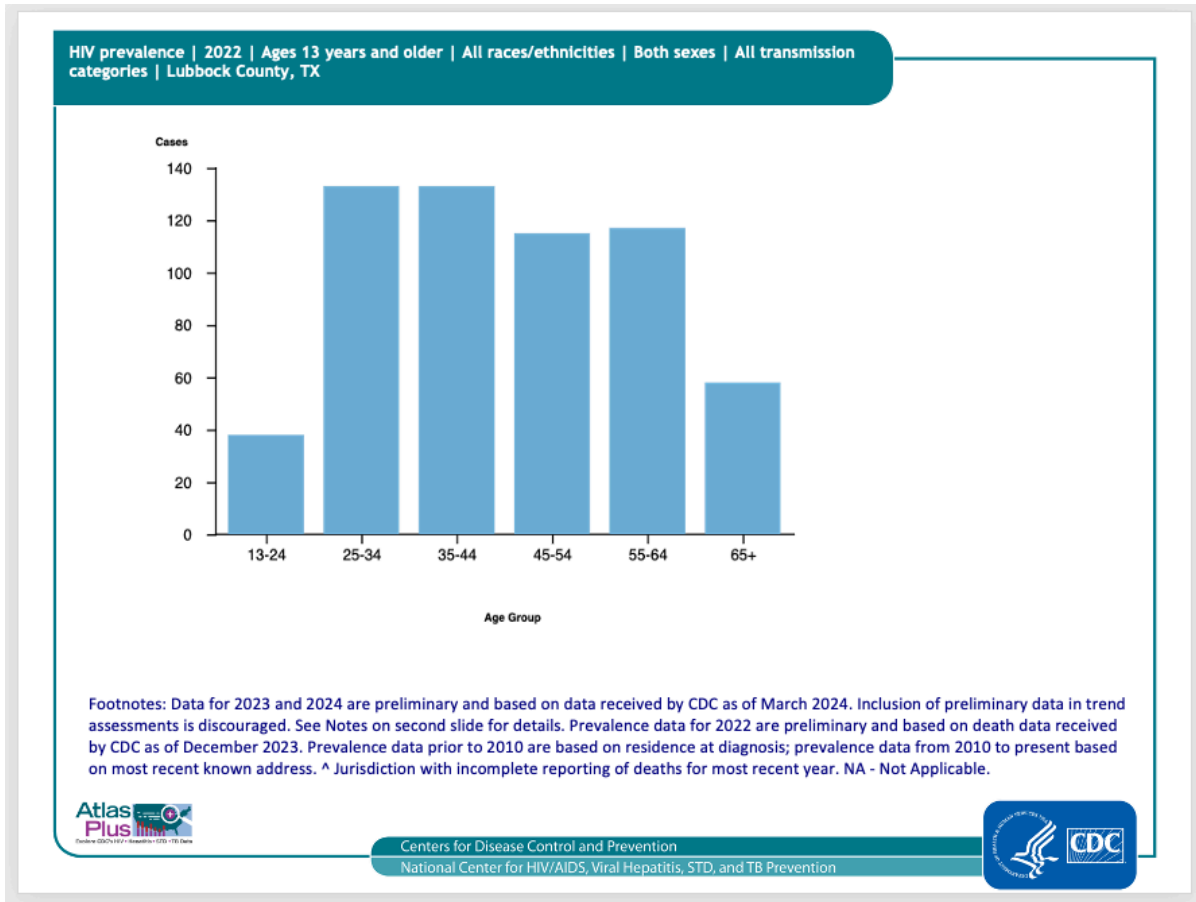
¹²⁸ Texas Department of State Health Services. (2024.). *Texas respiratory virus surveillance report*. <https://www.dshs.texas.gov/texas-respiratory-virus-surveillance-report>

¹²⁹ Centers for Disease Control and Prevention. (2024, June 27). *CDC announces updated vaccine recommendations*. <https://www.cdc.gov/media/releases/2024/s-t0627-vaccine-recommendations.html>

¹³⁰ Centers for Disease Control and Prevention. (2024.). *Respiratory syncytial virus (RSV): For healthcare professionals*. <https://www.cdc.gov/vaccines/vpd/rsv/index.html>

¹³¹ County Health Rankings & Roadmaps. (n.d.). University of Wisconsin Population Health Institute

HIV PREVALENCE IN LUBBOCK COUNTY, 2022. BY AGE, 13 OR OVER.



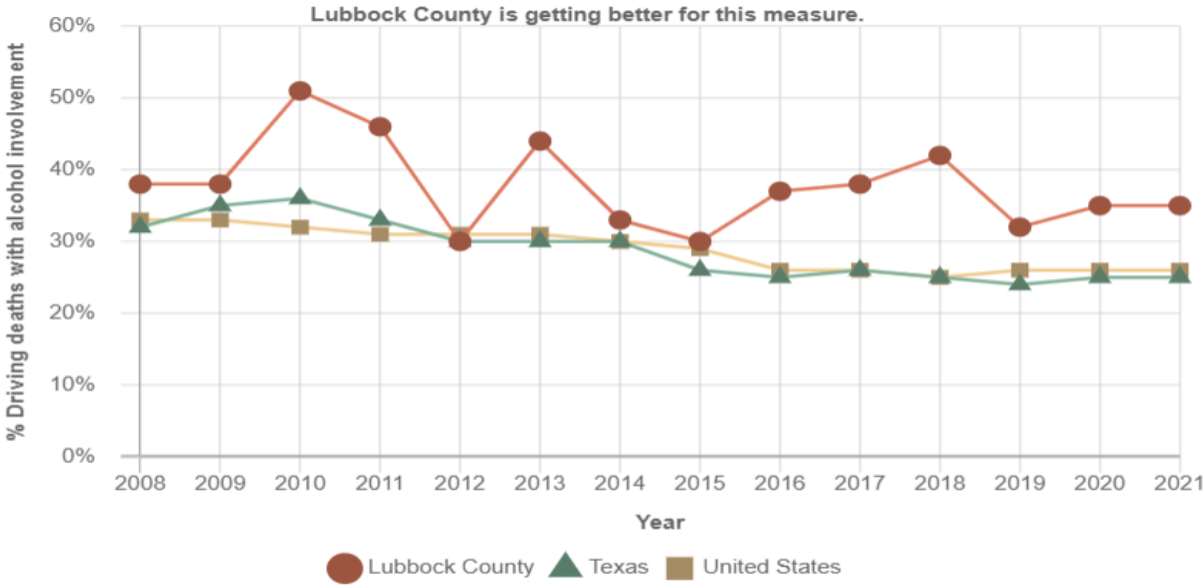
(Source: CDC’s STD Atlas Plus)

Alcohol-Related Driving Deaths

In Lubbock, 35% of motor vehicle crash deaths involved alcohol, compared to 25% for Texas and 27% in the U.S. Twenty percent of adults in Lubbock report heavy drinking or binge drinking, as opposed to 18% in Texas and nationwide.¹³²

¹³² County Health Rankings & Roadmaps. (2024). *Lubbock County health data*. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/texas/lubbock?year=2024>

Alcohol-Impaired Driving Deaths in Lubbock County, TX County, state and national trends



(Source: County Health Rankings)

Mental Health

In Lubbock County, 18% of adults reported poor mental health for 14 or more of the last 30 days in the data for 2021. This was higher than the rate for Texas (14%) and for the United States (15%). The suicide rate in Lubbock County (18 per 100,000 people) was higher than both Texas and nationwide (14 per 100,000 people). The rate of suicide among Whites was double the rate among Hispanics or Blacks.¹³³

¹³³ County Health Rankings & Roadmaps. (n.d.). *County health rankings*. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/>

SUICIDE RATES IN LUBBOCK COUNTY, 2017-2021

Disaggregation

Disaggregated by racialized group	Value	Error Margin
Suicides	18	16-20
Hispanic (all races)	11	9-15
Non-Hispanic Black	11	5-21
Non-Hispanic White	23	19-26

(Source: County Health Rankings)

Lubbock County has more mental health providers available per capita (490:1) than is usual in Texas (640:1), but fewer than the nationwide average (320:1).¹³⁴ In Mental Health America's 2023 report called "The State of Mental Health in America," they ranked states (and the District of Columbia) according to prevalence of adult mental illness and access to care. Texas was ranked last, in 51st Place (of 50 States plus the District of Columbia) in access to mental health care.¹³⁵

Lubbock County has a co-responder program through which mental health clinicians who are members of the Mobile Crisis Outreach Team (MCOT) accompany police to mental health emergencies. During the 2023 fiscal year, the team served 2,200 adults in crisis and 800 youth across Lubbock, Lynn, Hockley, Crosby, and Cochran counties.¹³⁶ Lubbock Police has officers with special training in mental health, known as mental health peace officers (MHPO) as part of this Crisis Intervention Team (CIT).¹³⁷

¹³⁴ County Health Rankings & Roadmaps. (n.d.). *County health rankings*. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/>

¹³⁵ Mental Health America. (2023). *The state of mental health in America*.

<https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf>

¹³⁶ Lubbock Avalanche-Journal. (2024, May 29). *Lubbock experts talk about state of mental health system resources*.

<https://www.lubbockonline.com/story/news/local/2024/05/29/lubbock-experts-talk-about-state-of-mental-health-system-resources/73805972007/>

¹³⁷ City of Lubbock Police Department. (n.d.). *Crisis intervention*.

<https://ci.lubbock.tx.us/departments/police-department/links/crisis-intervention>

Teen Pregnancy

The teen birth rate in Lubbock is 26 per 1,000 females between 15 and 19 years old, just slightly over the Texas rate of 24 but significantly higher than the U.S. average of 17 per 1,000. When accounting for race, the rate is only 10 per 1,000 females for White youth and 43 per 1,000 for both Hispanic and Black females between 15 and 19 in Lubbock.¹³⁸

Teen pregnancy can have a devastating impact on teen mothers, teen fathers, and society. The educational attainment for teen mothers is such that fewer than 50% have a high school diploma by the age of 22, as opposed to 90% of women who did not have a pregnancy during adolescence. Fewer than 10% will complete a 2 or 4-year college degree, and teen fathers also have a 25-30% lower probability of graduating high school than teenagers who are not fathers.¹³⁹

Key risk factors for teen pregnancy include: living in poverty, limited maternal educational achievement, having a mother who gave birth before the age of 20, being from a single-parent home, living in a home with frequent family conflict, early sexual activity, early use of alcohol and drugs, and low self-esteem. A teen's race and ethnicity can be a risk factor for teen pregnancy.

Some protective factors include open communication with adults about accurate contraception use, parental support and healthy family dynamics, peer use of condoms, intent to abstain from sex or limit one's number of partners, accurate knowledge of sexual health, HIV infection, sexually transmitted infections, the importance of abstinence, and pregnancy.¹⁴⁰

Nationwide Overdose Epidemic

The United States is in the throes of an epidemic of drug overdoses, with 107,543 Americans having died of drug overdoses in 2023.¹⁴¹ There were 5,637 fatal overdoses in Texas between February 2023 and February 2024.¹⁴² According to the most recent data in the County Health Rankings, Lubbock's overdose rate of 13 per 100,000 people

¹³⁸ County Health Rankings & Roadmaps. (2024). *Lubbock County health data*. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/texas/lubbock?year=2024>

¹³⁹ Youth.gov. (n.d.). *Adverse effects of teen pregnancy*.

<https://youth.gov/youth-topics/pregnancy-prevention/adverse-effects-teen-pregnancy>

¹⁴⁰ Youth.gov. (n.d.). *Risk and protective factors*.

<https://youth.gov/youth-topics/pregnancy-prevention/risk-and-protective-factors>

¹⁴¹ Centers for Disease Control and Prevention. (2024, May 15). *CDC releases new data on U.S. Overdose Deaths Decrease in 2023, First Time Since 2018*

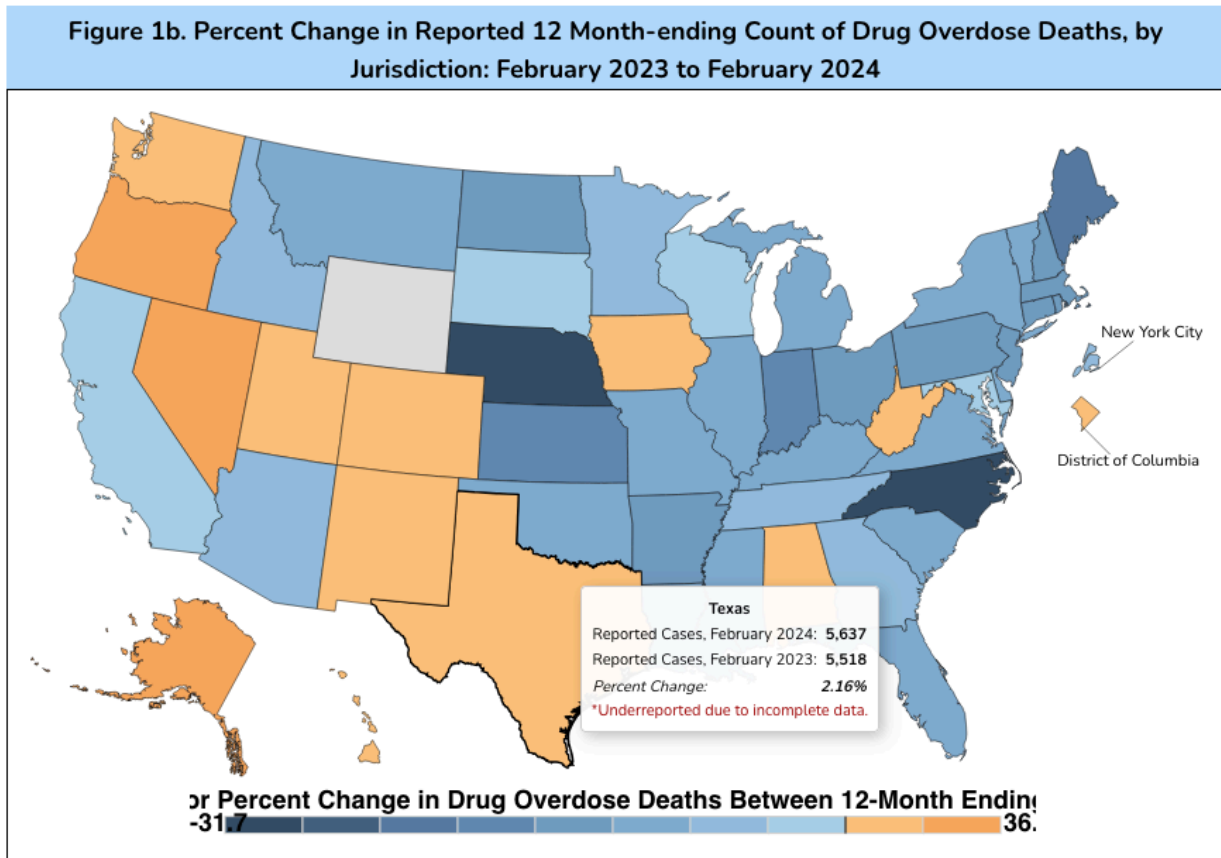
. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm

¹⁴² Centers for Disease Control and Prevention. (2024). *NVSS drug overdose data*.

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

is less than half the national average of 27 per 100,000 and lower than the Texas rate of 14 per 100,000.¹⁴³

This is good news for Lubbock, but the epidemic continues to grow and evolve, so a discussion of how this epidemic is impacting the state of Texas and the United States is pertinent to health outcomes in Lubbock.



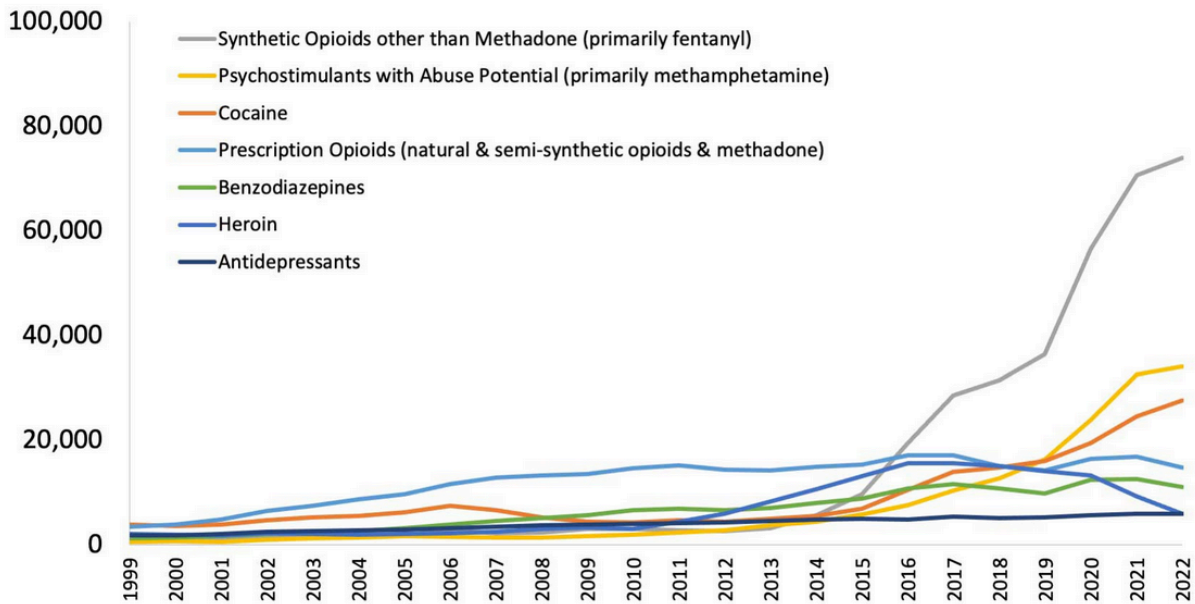
(Source: National Vital Statistics system. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>)

In most of the fatal overdoses nationwide, fentanyl was implicated. In May 2024, Texas Attorney General Ken Paxton announced that fentanyl is increasingly masquerading as

¹⁴³ County Health Rankings & Roadmaps. (2024). *Lubbock County health data*. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/texas/lubbock?year=2024>

other drugs, increasing the risk and prevalence of deadly overdoses.¹⁴⁴ Lubbock County reported 14 fentanyl-related deaths in 2023, but the data are still preliminary.¹⁴⁵

Figure 2. National Drug Overdose Deaths*, Number Among All Ages, 1999-2022



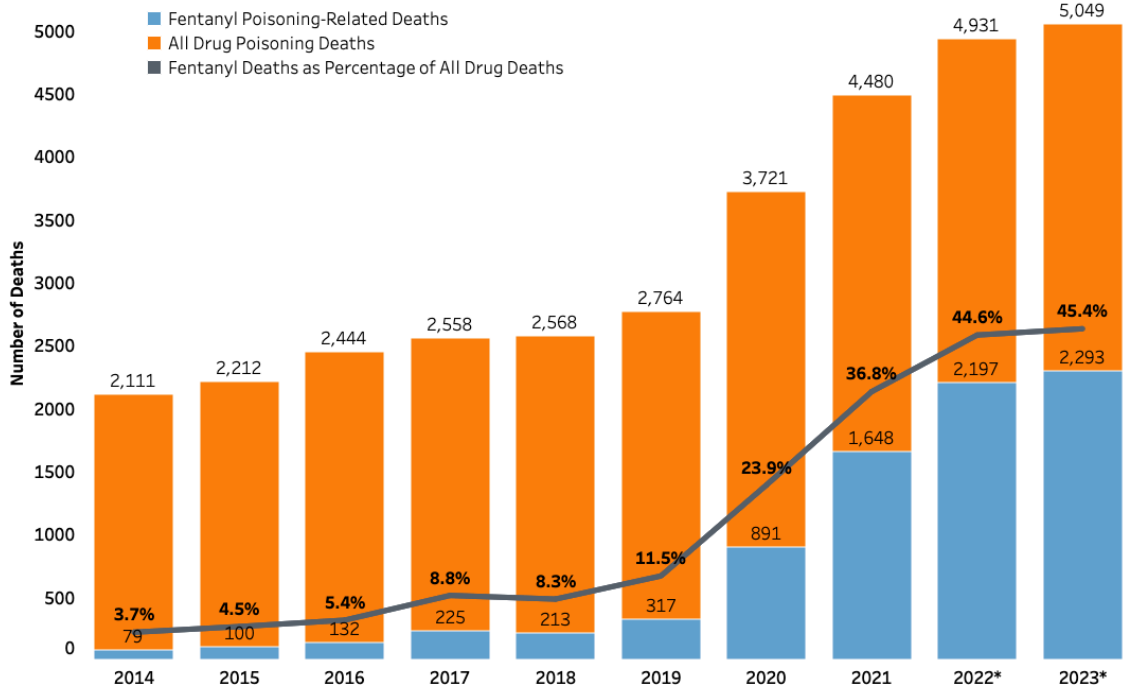
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2022 on CDC WONDER Online Database, released 4/2024.

(Source: National Institute on Drug Abuse.
<https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>)

¹⁴⁴ Texas Attorney General. (2023, October 17). *Attorney General Ken Paxton releases announcement raising awareness of fentanyl epidemic harming Texas.*
<https://www.texasattorneygeneral.gov/news/releases/attorney-general-ken-paxton-releases-announcement-raising-awareness-fentanyl-epidemic-harming-texas>

¹⁴⁵ Texas Department of State Health Services. (n.d.). *Fentanyl trends dashboard.*
<https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/fentanyl-trends>

TEXAS STATEWIDE POISONING DEATHS ATTRIBUTED TO FENTANYL, 2014-2024



(Source: TX DSHS. <https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/fentanyl-trends>)

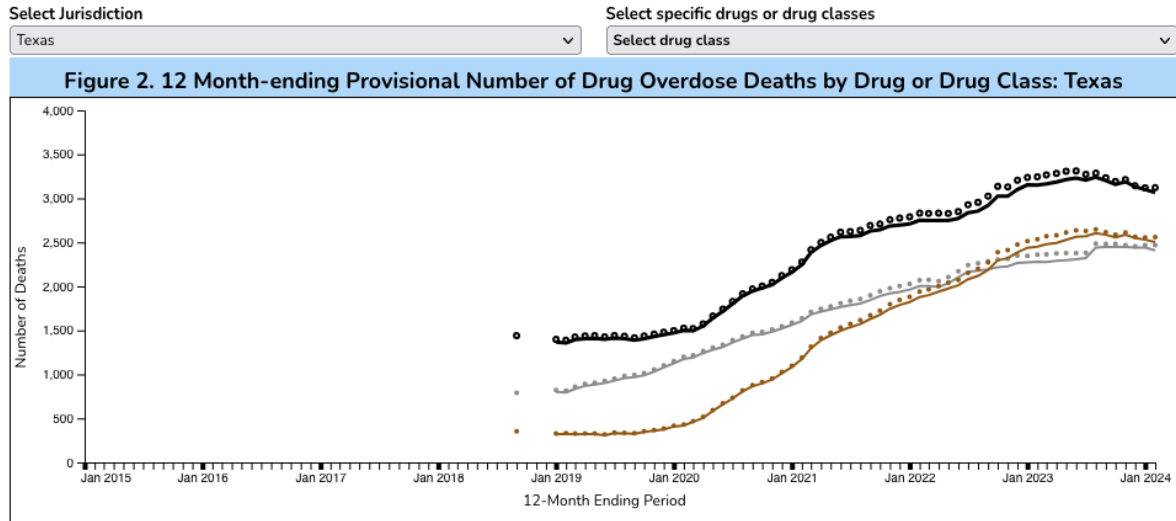
According to Vital Statistics data, fatal overdoses from stimulants like methamphetamine have begun to compete with synthetic opiates like fentanyl for deadliness in Texas. The black line on the chart below represents deaths from all opiates combined, including fentanyl, heroin, methadone, and prescription opioids. The brown line represents synthetic opioids (excluding methadone), particularly fentanyl. The gray line represents psychostimulants like methamphetamine, which is now rivaling fentanyl for lethal overdose rates in Texas.¹⁴⁶ There are no reversal agents for methamphetamine overdose.

¹⁴⁶ Centers for Disease Control and Prevention. (n.d.). *Drug overdose data*. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

12 Month–ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class

Based on data available for analysis on: July 7, 2024

After opening the **drug class dropdown**, click the top of the dropdown menu again to make the checkboxes disappear.



Legend for Drug or Drug Class

- Opioids (T40.0-T40.4, T40.6)
- Psychostimulants with abuse potential (T43.6)
- Synthetic opioids, excl. methadone (T40.4)

--- Reported Value
○ Predicted Value

(Source: ibid. NVSS. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>)

Another deadly compound has entered the drug supply in recent years, the animal tranquilizer xylazine (“tranq”) which is often mixed with fentanyl. Opioid overdose reversal medications (OORMs) like Narcan are not effective against xylazine.¹⁴⁷

There are federal guidelines that address overdose prevention. The U.S. Department of Health and Human Services (HHS)¹⁴⁸ and the Substance Abuse and Mental Health Services Association (SAMHSA) endorse an evidence-based approach to preventing overdoses referred to as “harm reduction.” Harm reduction interventions aim to reduce overdoses and other harms, to keep people who use drugs (PWUD) alive and uninfected from HIV, hepatitis C, and other infections, hoping they will eventually seek help and receive treatment.¹⁴⁹

¹⁴⁷ National Institute on Drug Abuse. (n.d.). *Xylazine*. <https://nida.nih.gov/research-topics/xylazine>

¹⁴⁸ U.S. Department of Health and Human Services. (n.d.). *Harm reduction*. <https://www.hhs.gov/overdose-prevention/harm-reduction>

¹⁴⁹ Substance Abuse and Mental Health Services Administration. (2022). *Harm reduction framework*. <https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf>

Cornerstones of harm reduction include treating the PWUD with dignity, providing access to OORMs like Narcan, providing test strips to PWUD so that they can assess whether drugs contain deadly xylazine or fentanyl before using them, and providing clean syringes via syringe services providers (SSPs, also known as “needle exchanges”) where PWUD can bring dirty needles for disposal and receive clean ones.¹⁵⁰

Narcan is available in Lubbock County, but fentanyl and xylazine test strips are currently illegal in Texas¹⁵¹, as are syringe services providers.¹⁵² This legal barrier potentially limits the effectiveness of overdose prevention strategies in the region, potentially contributing to the ongoing crisis.

Homelessness

Every year, a homeless census is conducted called a Point-in-Time (PIT) Count. This year’s PIT count was conducted on January 24, 2024. The count found that there were a total of 325 homeless people in Lubbock, 74 of whom were children, and 23 of whom were youth aged 18 to 24. There were 31 households with at least one adult and one child, totaling 110 of the 325 people. Among those counted, 46 individuals were chronically homeless and 13 of them were veterans. The most common sleeping locations were street or sidewalk, abandoned building/structure, and outdoor encampments.¹⁵³

¹⁵⁰ Centers for Disease Control and Prevention. (n.d.). *Syringe services programs: Frequently asked questions*. <https://www.cdc.gov/syringe-services-programs/php/faq/index.html>

¹⁵¹ Murray, K. (2024, January 25). *Why are fentanyl test strips still illegal in Texas?* Governing. <https://www.governing.com/health/why-are-fentanyl-test-strips-still-illegal-in-texas>

¹⁵² Cruz, C. (2024, April 17). *How syringe exchanges in Texas reduce the spread of disease*. KVIA. <https://kvia.com/news/texas/stacker-texas/2024/04/17/how-syringe-exchanges-in-texas-reduce-the-spread-of-disease/>

¹⁵³ Texas Homeless Network. (2024). *2024 South Plains Homeless Consortium (Lubbock) report*. <https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/>

CONCLUSIONS AND RECOMMENDATIONS

The Lubbock area has multiple community assets and resources which can be utilized to help address its health concerns. There are multiple teaching hospitals, a Level 1 trauma center, more primary care providers (PCPs) per person than other areas of Texas, and its own Local Health Department.

Residents of Lubbock, along with its health and social services professionals, have shown a willingness to come together to address health issues in the community. Lubbock has a predominantly urban population and infrastructure, with 2 universities. Numerous community and faith-based organizations are committed to meeting underserved needs.

The Local Health Department is committed to working with varied community members and groups, spearheading coalitions among disparate stakeholders to meet community health needs, and continuing to bring resources to underserved communities, which will be crucial going forward.

A review of the community's data and expressed needs revealed concerns coalescing around these 5 themes:

1. Access to Healthcare
2. Mental Health, Substance Use and Homelessness
3. Chronic conditions
4. STIs and teen pregnancy
5. Coordination of information, services and resources

Health Outcomes are lower in Lubbock than would be expected, given the relatively high Health Factors in the community. Some of the underlying factors uncovered in this assessment appear to be:

1. High rates of uninsured people in Lubbock
2. Worse outcomes for chronic disease for Blacks and Hispanics in Lubbock
3. A cycle of teen pregnancy and child poverty, with high STI rates
4. Insufficient resources addressing the often-comorbid conditions of mental health, substance use, and homelessness.

The Community Health Improvement Plan (CHIP) will address these issues directly, providing a roadmap for improving health outcomes for everyone in Lubbock. It will be crucial that the people of Lubbock come together to implement the CHIP, just as they came together to address the Community Health Needs Assessment (CHNA).

APPENDIX A - Lubbock Public Health Staff Workshop

Comments from November 17, 2023 staff workshop

- **Mental health for children and adolescents**
 - Lack of inpatient access, so families are using the emergency room
 - Lack of resources in the east and the north

- **Mental health, substance use and homelessness**
 - Confusion about the role of the justice system
 - Limited detox options for people without insurance
 - Lack of sober living options for women with children
 - Some detox places don't allow smoking or suboxone, this is a barrier
 - Issues with rent and utility assistance, lack of affordable housing

- **Teen pregnancy and sexually transmitted infections**
 - Congenital syphilis
 - Lack of access to birth control
 - Schools are preventing sexual education
 - Lack of care after an HIV diagnosis
 - Doctors are not always comfortable with managing STIs, taking sexual history, giving physical exams
 - Syphilis is harder to diagnose than chlamydia and gonorrhea because of the staging and different treatment options
 - Bicillin shortage (syphilis drug safe for pregnancy)

- Patients don't always leave the hospital with a prescription, and it can be hard to locate them. Patients should leave with a prescription and an appointment scheduled for follow-up care.

- Access to care
 - It's hard to get an appointment with insurance, let alone without
 - Access to vaccinations for those who want them
 - Lack of access to dental care for adults, only one FQHC offers dental
 - Poor access to healthcare in the northeast, only one grocery store

- Navigation
 - People use the health department whenever they need a service and don't know where to find it, triage requires resources
 - There is a need for a resource hub. LBK Community is working on this. Needs a communication campaign so people are aware of it.

APPENDIX B - Stakeholder Semi-Structured Interview Guide

Hello,

My name is ____ and I'm with Initium Health. We were hired by the City of Lubbock Public Health Department to conduct a Community Health Needs Assessment. This is a typical process that happens about every three to five years. It's important because it provides direction to Lubbock leaders based on needs that the community has identified. We are using a process that was developed nationally to ensure the priorities represent the whole community and not just certain stakeholders. The key informant interview is the first part of that process and from there we will host community events and survey community members. This interview will help to inform what questions we ask the community. By participating in this interview you consent to the process. These interviews are not intended to be confidential. If you would like to share something confidentially, please tag it as such. Is it ok with you if we record today? We will ask about 5-10 open ended questions and the interview will take about 45 minutes. The interview is about your opinion, so please remember there is no wrong answer. Ok, let's get started.

1. Name, organization/title, how long have you lived in Lubbock?
2. In your opinion, what are the three most critical health needs for the Lubbock Department of Public Health to address?
3. If you could wave a magic wand and have one of those issues resolved, what would your wand magically produce? (Probe if needed: facility, system, funding, culture, governance)
4. When you think about the things that impact health outside of traditional settings like a doctor's office or hospital, what comes to mind? (If the long list, record, then ask what is the most important?)
5. What assets would you identify in the community that help make Lubbock a healthy place to live?
6. What is the most significant change in community health in Lubbock since the COVID-19 pandemic?
7. We are going to send out a survey to community members. What is one question you'd like to see asked on the survey?

8. What advice do you have to ensure the survey gets to as many people as possible and that respondents represent a broad spectrum of community members?
9. Was there anything else that you were hoping to talk about in this interview that we haven't covered?

Tabulation of comments from key informant interviews

- Access to healthcare – 17 (81%)
 - Barriers for school-children in getting well checks and immunizations
 - Help for elderly and people with complex medical and behavioral issues
 - Access to healthcare for minority populations and those living in the northeast
 - Not enough places to go
 - Poor access to specialists
 - People self-treat, don't treat, or wait until it's an emergency and then use ER
 - Lack of awareness of options
 - Financial barriers
 - Lack of insurance
 - Lack of after hours
 - Rural access
 - Mobile units
 - Access to medications for people without insurance
- Opportunities to enhance information sharing and collaboration – 14 (66%)
 - People don't understand the benefit of having a primary care physician and a medical home
 - COVID-19 information was helpful, since people were paying attention it put the Public Health Department on the map, here's an opportunity to continue that momentum
 - Lack of knowledge regarding basic topics such as how disease spreads, when to go to a doctor, how to take over-the-counter medication.

- Some parents do not know how to take care of their children, they go to school when they are sick, sometimes school is the only place kids receive medication, some parents don't know when a fever is dangerous
 - Lack of education on preventing cancer and diabetes, how to manage diabetes
 - Need for better communication and collaboration
 - Children are being educated to use the ER rather than a doctor
- **Mental health and substance use – 11 (52%)**
- Concerns for alcohol related deaths
 - Concerns for homelessness
 - Lack of centralized resources
 - Lack of access
 - Stigma in the community
 - Substance use
 - Problems with mental health being treated in the wrong setting (ED or jail)
 - Transgender youth feel ashamed in this community
 - COVID-19 created less personal ways to interact and it is increasing social isolation
- **Social determinants of health – 9 (43%)**
- Transportation
 - Utility assistance
 - Housing and homelessness
 - Food insecurity and access to healthy food
 - Child abuse
 - Financial barriers to health
 - Low literacy prevents health education
 - Low literacy prevents education about getting health insurance
 - Libraries are used for heat/cooling and for childcare (but there are no meals or appropriate supervision for those children)

- Racism is a barrier to care
- FQHCs have a different definition of experiencing homelessness

- Sexually transmitted infections – 7 (33%)
 - Lack of access to birth control, protection
 - Conservative and religious mores make it difficult to education children
 - Lack of sex education in schools
 - Lack of afterschool activities in rural areas as alternatives to teen sex
 - HIV
 - An eighth-grader became pregnant and the hardest part for the school was that no one seemed surprised, it's becoming accepted rather than prevented
 - Create more classes and access so women and men can learn about postpartum depression and parenting skills

- Chronic conditions – 7 (33%)
 - Diabetes and hypertension
 - Cancer prevention and treatment for racial minorities
 - Quality of food increases risk for chronic conditions
 - Lack of culture and resources around prevention and early detection
 - Frequent flyers in ED
 - Address through employer side with school district

- Preventing infectious disease – 5 (24%)
 - Appreciation for COVID-19 resources
 - Many parents do not prioritize or believe in childhood immunizations
 - Lack of immunization creates a barrier for children to attend daycare
 - Schools are overburdened by trying to get kids immunized
 - Mobile immunization buses at schools are hugely appreciated
 - Schools need help communicating to parents about the importance of immunizations and the importance of keeping contagious children home

- Basic concepts about hand washing, covering your mouth, and isolating are not always well-understood
 - Common conditions such as cold and flu are causing waves of absenteeism at schools
- **Healthy environment and built environment - 3 (14%)**
 - Concerns about air quality
 - Lack of culture of being outdoors and exercising. Wind makes it hard. Parks have more ponds than trails.
 - Lack of sidewalks, it's not safe to walk or ride a bike
 - Middle school students are not interested in learning about gardening

Stakeholder Solutions

Key informants were asked what problem they would solve and how they would solve it, assuming resources were unlimited.

1. Access to Healthcare

- A fleet of mobile nursing units ensures all children receive well checks and immunizations and walk-in appointments for minor acute illness and injuries.
- Mobile units that bring health to neighborhoods in which residents do not access care because of lack of transportation or lack of respect when they venture into “whiter” parts of town.
- A free walk-in center in which people can receive help using computers to enroll in health insurance and to look up health topics online.
- More racially diverse healthcare workforce and better training for white staff to interact with diverse patients so that race is no longer a barrier to care.
- Everyone in Lubbock has health insurance and a medical home with a regular PCP and understands the value of continuity. Medicine is accessible and based in trusting relationships. Everyone has access to quality care and choice of provider.
- Every parent in Lubbock knows how to read and is educated in how to care for common ailments at home and when to take kids to the doctor. There is a nurse line that any parent can call for support in determining whether to continue home care, make a non-urgent appointment, or use an urgent care or emergency room.

- Women's health is well-funded and is divorced from the abortion discussion

2. Mental Health, Substance Use and Homelessness

- A one-stop shop for all issues related to mental health, substance use, and homelessness where people feel comfortable approaching for care.
- A legal structure in which law officers can help people having mental health or substance use crises in a compassionate and effective manner, such as bringing people to a diversion center that is staffed with mental health professionals and is not associated with law enforcement.

3. Chronic Conditions

- Reduction of air pollution and weekly asthma clinics.

4. Sexually Transmitted Infections (STIs)

- The community is educated in preventing sexually transmitted infections, starting with the schools.

5. Coordination of information, services and resources

- All the healthcare providers and community-based organizations work together and utilizing resources efficiently in seamless collaboration and community members can easily find these resources.

6. Other topics

- Graduates from the Texas Tech Health Sciences program stay in Lubbock.

Community Strengths, According to Community Stakeholders

We asked key informants about contributors to health and wellness outside of the traditional medical sphere. Many key informants did not understand the question, but those who did answered with these responses:

- Health department

- Mobile vans with immunizations and wellness checks
- Improved systems for notification of overdose deaths
- Community health workers and health fairs
- Billboards in East Lubbock with health education and information on health resources
- Community prevention of sexually transmitted infections
- Health education about handwashing and preventing the spread of disease
- Air pollution
- Healthy food
- Marathons
- Self-medicating with over-the-counter drugs and herbal remedies
- Impact of the spiritual community on reducing isolation and creating connectedness
- Literacy program at the library could impact health understanding

The next question asked key informants to identify assets in the Lubbock community that contribute to overall health and wellness. Respondents identified these as assets:

1. Public Health

- Lubbock Department of Public Health offers community education
- Immunization bus

2. Medical Community

- Lubbock is a medical hub
- Level 1 Trauma Center
- Texas Tech / Health Sciences Center
- Texas Tech offers indigent care
- Covenant (mission driven)
- Access to healthcare for *most*
- Pop up clinics
- CVS makes it easy to get immunizations (for those who seek it out)

3. Mental Health Resources

- Oceans
- StarCare (mobile team to respond to homelessness)
- Campus Alliance / telehealth

4. Social Determinants of Health

- Food Bank
- St. Benedict's (feeds 400 people a day)
- Salvation Army
- Low cost of living (in a place where it's nice to live and raise kids)

5. Environment and built environment

- Parks (but would be better with sidewalks and trails)
- Good weather

6. People

- Friendly People (warm, kind, people talk to strangers)
- Religious communities take care of people, sense of purpose and belonging
- Support for safety of Jewish Community
- Creative community of artists