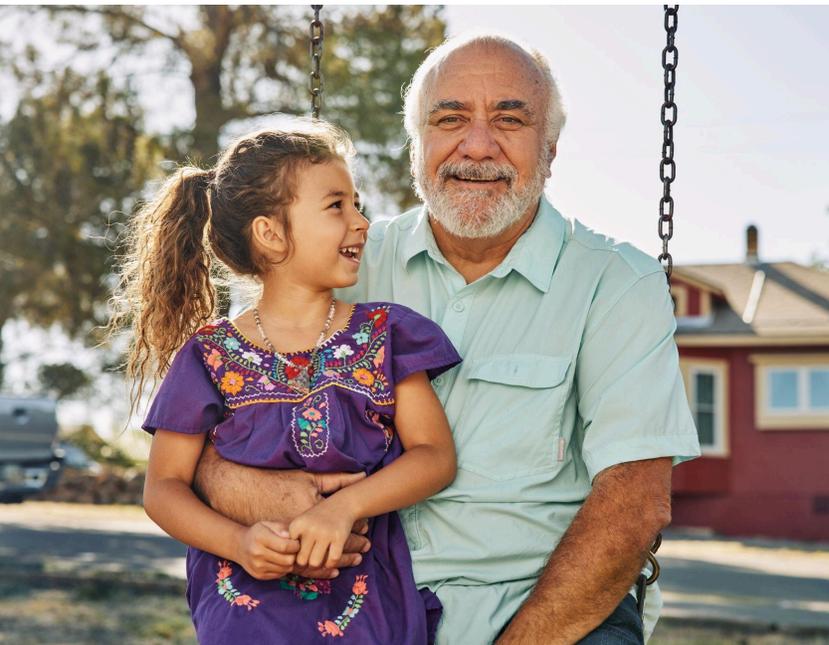


Community Health Improvement Plan (CHIP)



Prepared for: Lubbock Public Health
Lubbock County, Texas
December 2024



Selection of Health Priorities

A community discussion of health priorities took place from November 2023 to May 2024, and included the voices of over 2300 people in Lubbock from all walks of life.



Lubbock County Public Health Staff	20
Key informant Interviews	21
Participants in Idea Exchanges and Focus Groups	139= Innovation Hub: 34, YWCA: 35, Art House: 45. University focus groups: Approx 25
Survey respondents	2180

From this comprehensive community engagement, a Community Health Needs Assessment (CHNA) was generated, which led to this Community Health Improvement Plan (CHIP). The goal of the CHIP is to have varied and extensive community stakeholders come together to improve the community’s health, just as they came together to assess the community’s needs during the CHNA process. Lubbock Public Health stands ready to be a moderator for these discussions.

For both the CHNA and the CHIP, Lubbock Public Health (LPH) was joined by Initium Health, a public health consulting company from Denver, Colorado. Initium Health received the contract for this process after submitting the winning bid to LPH’s nationwide search for a company skilled in public health and community engagement.

Top Priorities that emerged from the Community Health Needs Assessment

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

The Community Health Improvement Plan (CHIP) for Lubbock County has been strategically developed to tackle a broad spectrum of health issues, ranging from access to healthcare to mental health and substance use, sexually transmitted infections (STIs), and the overall coordination of information, services, and resources.

The plan comprises various targeted initiatives aimed at not only addressing immediate healthcare needs but also fostering a long-term supportive environment that enhances the overall health of the community. By focusing on enhancing healthcare accessibility, improving infrastructure, educating the community, and strengthening service coordination, the CHIP endeavors to create interventions for a resilient and informed community, where comprehensive care is readily available.

Priorities for the CHIP were developed from the areas identified above, with interventions and possible solutions addressing:

1. Access to Healthcare
2. Mental Health and Substance Use
3. Chronic Conditions
4. Sexually Transmitted Infections (STIs)
5. Coordination of information, services and resources

These collaborative efforts are designed to improve the quality of care, increase awareness, and ensure effective management and prevention of health issues, aligning with Lubbock's vision of a healthier community with equitable access to all necessary health resources and services.

Access to Healthcare

The Community Health Improvement Plan for Lubbock County has outlined a strategic approach to significantly enhance access to healthcare, focusing on four main initiatives that address both immediate and long-term needs within the community:



Goal 1: Increase the number of Low Barrier Points of Access to Health Care:

School-based Health Centers

Establishing health centers within schools to provide primary care services, mental health counseling, and wellness education directly to students can improve pediatric health outcomes within the community. This intervention would aim to increase access to healthcare for children and adolescents, ensuring early intervention and continuous health monitoring within the educational environment.

This can help students to be more connected to schools and have positive benefits for health behaviors and outcomes, including reductions in Emergency Department utilization for chronic conditions like asthma and diabetes, and reduce absenteeism.¹

Successful examples of implementation include schools affiliated with Memorial Hermann in Houston², Legacy Community Health Center in Houston³, and the Mathis ISD School Based Health Center in Mathis, TX⁴.

Expand Access to Low Barrier Clinics

Ensuring access to affordable clinics is key. Specifically, the TTUHSC Free Clinic in Lubbock is run by faith-based Lubbock Impact, Inc. The Free Clinic sees at least 25 uninsured people each Wednesday evening on a first-come-first-served basis. The dental clinic is also Wednesday evening and performs extractions only, in collaboration with Covenant Health. Their optometry clinic is open 1 Saturday per month, with volunteer optometrists and technicians.⁵

By supporting and expanding this already existing infrastructure, more uninsured and/or underinsured people could be seen by medical, dental, and optometry providers.

¹ County Health Rankings & Roadmaps. (n.d.). *School-based health centers*. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/school-based-health-centers>

² Memorial Hermann. (n.d.). *Health centers for schools*. <https://memorialhermann.org/giving-back/community-benefit/programs/health-centers-schools>

³ Legacy Community Health. (n.d.). *School-based health care*. <https://www.legacycommunityhealth.org/programs/school-based-health-care/>

⁴ Mathis Independent School District. (n.d.). *School based health center*. <https://www.mathisisd.org/school-based-health-center>

⁵ Lubbock Impact. (n.d.). *TTUHSC free clinic*. <https://lubbockimpact.com/health-wellness/ttuhsc-free-clinic/#next>

Expand FQHC Capacity and Services

Lubbock County should collaborate with existing Federally Qualified Health Centers (FQHCs) to explore opportunities for expanding their service capacity. The Health Resources and Services Administration (HRSA) plans to award \$50 million to 77 applicants in FY25, which existing FQHCs could utilize to expand their services. A private, non-profit entity or a public agency can apply for this funding to enhance primary health services for medically underserved populations at established sites.⁶ Working closely with current FQHC leadership, strategies could include extending hours of operation, adding new services at existing locations, and enhancing their ability to serve more patients.

Goal 2: Develop a Health Literacy Program

Developing comprehensive health literacy programs have been shown to help the community navigate the healthcare system and insurance benefits, understanding health insurance benefits, and promoting preventive care practices. Health literacy is crucial for empowering residents with the knowledge needed to make informed health decisions and effectively manage their health conditions.

Elderly individuals and people with low levels of income and education are at higher risk of low health literacy. Interventions that can assist to increase health literacy include improving patient-provider communication, simplifying information in materials, and also improving rates of basic literacy, such as the ability to read.⁷

Organizations like Health Literacy Texas aim to make health understandable by all Texans⁸, and Easy-to-Read health information handouts are available through the National Library of Medicine.⁹

Goal 3: Increase the Number of Lubbock Residents with Insurance

Increase Insurance Enrollment and Support Sites

Increasing insurance enrollment sites may help more residents to sign up for health insurance plans. These sites will provide support in understanding various insurance

⁶ U.S. Department of Health and Human Services. (2024). *New access points*. Bureau of Primary Health Care. <https://bphc.hrsa.gov/funding/funding-opportunities/new-access-points>

⁷ County Health Rankings & Roadmaps. (n.d.). *Health literacy interventions*. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/health-literacy-interventions>

⁸ Health Literacy Texas. (n.d.). *Health Literacy Texas*. <https://www.healthliteracytx.org/>

⁹ U.S. National Library of Medicine. (n.d.). *Easy-to-read health information*. MedlinePlus. https://medlineplus.gov/all_easytoread.html

options and help in completing the enrollment process, thus reducing the uninsured rate and improving access to healthcare services.¹⁰

Increase Insurance Enrollment through Community Education

The Lubbock community could be educated about eligibility for:

- Federal programs like healthcare.gov, and who can get subsidies to offset the costs of premiums¹¹
- State programs like: Medicaid, STAR Health, CHIP, and the Texas Health Insurance Premium Program (HIPPP), which will pay household employer coverage premium if less expensive than Medicaid, if household qualifies for Medicaid (exceptions: STAR Health, and CHIP)¹²
- Private funding help available through organizations like the HealthWell Foundation, the Patient Access Network Foundation, the Patient Advocate Foundation, and the American Kidney Fund

Goal 4: Increase Access to Low-Cost Medications

Expand the Number of 340B Pharmacies

340B pharmacies provide access to discounted medications for eligible populations, such as low-income people, the uninsured, and those facing significant healthcare expenses. Increasing access to 340B pharmacies can help alleviate the cost burden of medications and ensure that more residents can afford necessary treatments.

Some local agencies already participate in the 340B pharmacy program, including:

- Covenant Children’s Hospital
- UMC’s Urgent Care Center
- South Plains Community Action Association (SPCAA)
- Lubbock Public Health
- The Community Health Center of Lubbock

More 340B pharmacies also means easier access to syphilis and other STIs treatment, which can otherwise be cost prohibitive.¹³

¹⁰ County Health Rankings & Roadmaps. (n.d.). *Health insurance enrollment outreach and support*. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/health-insurance-enrollment-outreach-support>

¹¹ U.S. Department of Health and Human Services. (n.d.). *Eligibility*. Healthcare.gov. <https://www.healthcare.gov/quick-guide/eligibility/>

¹² Texas Health and Human Services. (n.d.). *Health insurance premium payment (HIPPP) program*. <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hippp-program>

¹³ National Coalition of STD Directors. (n.d.). *Injectable syphilis treatment delivery considerations for STD programs*. <https://www.ncsddc.org/resource/injectable-syphilis-treatment-delivery-considerations-for-std-programs/>

Eligible organization and covered entities to participate in 340B programs include:

- Federally qualified health centers (FQHCs)
- Ryan White HIV/AIDS Program Grantees
- Hospitals
- Specialized clinics, including: Black lung clinics, Hemophilia diagnostic treatment centers, Title X family planning clinics, sexually transmitted disease clinics, and tuberculosis clinics¹⁴

Expand Physician Partnerships to Capture 340B Revenue at Lubbock Public Health

LPH could develop contractual relationships with physician groups in Lubbock who provide HIV, Hepatitis C, and PrEP treatment to write 340B eligible prescriptions. These prescriptions would be filled through LPH’s contracted 340B mail order pharmacy.

These increased contractual relationships could enhance their existing 340B program, providing lower drug prices for patients and extra funds to LPH to expand treatment of unfunded patients.

Mental Health and Substance Use

The Community Health Improvement Plan for Lubbock County addresses critical issues surrounding mental health and substance use, through a series of targeted initiatives. These are designed to create a comprehensive support system that not only addresses but also prevents these challenges.

Goal 1: Support the West Texas Mental Health Collaborative (WTMHC)

Educate the community about the WTMHC

The Lubbock community should be made aware of the efforts of the WTMHC, highlighting that new programs are under development to meet residents’ needs. The

¹⁴U.S. Department of Health and Human Services, Health Resources and Services Administration. (2024.). *Eligibility and registration.* <https://www.hrsa.gov/opa/eligibility-and-registration>

support of the City and County will continue to be important, as the Collaborative works to make changes.

The WTMHC is¹⁵:

- a coordinated effort between community agencies and governmental entities, since 2018
- working to improve coordination of mental health services across member organizations and reduce duplication
- serving as a bridge to create and expand needed services including counseling services, crisis response, substance use treatment, intensive outpatient treatment, and inpatient treatment capacity
- working to facilitate and support the development of an organizational structure, seeking additional resources, and coordinating and expanding the collaborative efforts of WTMHP for greater access to mental health care and related services within the community
- working to implement the recommendations of the 2019 Meadows Mental Health Policy Institute

Goal 2: Mass Media Campaign Against Impaired Driving

Implementing widespread community education initiatives focused on the dangers of substance use and drunk driving could help to reduce alcohol-related motor vehicle accidents.¹⁶ This program will aim to reduce incidents through awareness campaigns, school programs, and community workshops.

The Texas campaign Faces of Drunk Driving¹⁷ is one such campaign, or Texas A & M's campaign targeting university students, called U in the Driver's Seat.¹⁸ The Texas Impaired Driving Task Force¹⁹ is an example of a multi-agency coalition to address impaired driving.

¹⁵ Texas Tech University Health Sciences Center. (n.d.). *West Texas mental health collaborative*. <https://www.ttuhscc.edu/medicine/psychiatry/mental-health-initiative/west-texas-mental-health-collaborative.aspx>

¹⁶ County Health Rankings & Roadmaps. (n.d.). *Mass media campaigns against alcohol-impaired driving*. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/mass-media-campaigns-against-alcohol-impaired-driving>

¹⁷ Texas Department of Transportation. (n.d.). *Faces of drunk driving*. <https://www.txdot.gov/safety/traffic-safety-campaigns/faces-of-drunk-driving.html>

¹⁸ U-Driver. (2024.). *U-Driver*. <https://www.u-driver.com/>

¹⁹ Texas Impaired Driving Task Force. (n.d.). *Texas impaired driving task force*. <https://www.texasimpaireddrivingtaskforce.org/about/texas-impaired-driving-task-force/>

Goal 3: Improve Local Data Collection About Substance Use Disorders

Data about local substance use disorders and overdoses are not being uniformly collected in Lubbock. Without this information, it is difficult to craft interventions to address substance use prevention, treatment, or overdoses.

Establish an Adult Fatality Review Team

Chapter 672 of the Texas Health and Safety Code allows counties to establish adult fatality review teams composed of professionals who work in such fields as law enforcement, mental health, public health, Adult Protective Services (APS), and domestic violence. The purpose of review teams is to decrease the incidence of preventable adult death.

The Texas Department of Family and Protective services states they do this by:

- Promoting cooperation, communication, and coordination among agencies involved in responding to unexpected deaths;
- Developing an understanding of the causes and incidence of unexpected deaths in the county or counties in which the review team is located; and
- Advising the legislature, appropriate state agencies, and local law enforcement agencies on changes to law, policy, or practice that will reduce the number of unexpected deaths.²⁰

Standardize Overdose Reporting in Lubbock County

[Texas Health and Safety Code §161.042](#) requires health care providers, or any person treating a Penalty Group 1 drug overdose, to report the overdose to the Department of State Health Services (DSHS) immediately.

Penalty Group 1 Drugs include:

- Opioids
- Cocaine
- GHB
- Ketamine
- Methamphetamines
- Benzodiazepines

²⁰ Texas Department of Family and Protective Services. (n.d.). *Adult protection fatality review*. https://www.dfps.texas.gov/Adult_Protection/Fatality_Review.asp

Overdose reporting should be standardized between law enforcement, public health, and emergency medical services (EMS). DSHS has made it easier to report to the Texas Poison Center Network using an electronic form.²¹

Goal 4: Create a Detox Center

Currently the only inpatient detox is in Amarillo, 100 miles away.

Starcare has a 23-hour Extended Observation Unit for people in mental health crisis and also has inpatient mental health beds at Sunrise Canyon Hospital, but they are not designed to be a detox that has medication-assisted withdrawal management.

Expand options for inpatient and residential treatment of substance use disorders

Some people undergoing withdrawal from alcohol or opiates or benzodiazepines can only have their physical and psychological symptoms safely managed in an inpatient or residential setting with medical supervision. According to withdrawal management (WM) protocols through the American Society of Addiction Medicine (ASAM), these are ASAM WM-3 (residential) and WM-4 (inpatient) levels of care.

Expand options for ambulatory treatment of substance use disorders

The availability of ambulatory detox options can be expanded in the community for those meeting American Society of Addiction Medicine (ASAM) Level 1 and Level 2 WM criteria, including through LPH's Intermediary Care Clinic.

WM Levels 1 to 3 could also be cared for in a Crisis Facility, part of the Crisis Continuum of Someone to Contact, Someone to Respond, and a Safe Place for Help. Many of these Crisis facilities have 24/7 receiving areas for people to be observed for 23 hours or less. If needed, a connected Crisis Stabilization Unit can provide services for up to 7 days for people needing residential care for mental health or substance abuse crises.²²

²¹ Texas Department of State Health Services. (n.d.). *Controlled substance overdoses*. <https://www.dshs.texas.gov/environmental-surveillance-toxicology/poison-epidemiology/controlled-substance-overdoses>

²² Council of State Governments Justice Center. (2021). *Tips for successfully implementing crisis stabilization units*. <https://csgjusticecenter.org/publications/tips-for-successfully-implementing-crisis-stabilization-units/>

Chronic Conditions

According to the U.S. Centers for Disease Control and Prevention, the vast majority of the nation's \$4.5 trillion annual healthcare expenditures are for chronic diseases. Chronic conditions are the primary driver of lost productivity and the top causes of death.²³



Goal 1: Assess Possibility of a Chronic Disease Division within Lubbock Public Health

Many health departments have incorporated a Chronic Disease division into their services, addressing the immense needs for both education and services.

Address risk factors for chronic diseases such as tobacco, physical activity, nutrition, injury, and violence.

Because tobacco use, poor nutrition, physical inactivity, and physical injuries/violence are major drivers of chronic diseases, chronic disease programs often focus on addressing these contributing factors. Successful examples of such programs include: Contra Costa County Healthy Communities²⁴ and the New Orleans Population Health and Disease Prevention Division.²⁵

Provide self-management education programs, especially for diabetes

Educational programs for managing chronic diseases have proved to be helpful, especially for diabetes. These programs endeavor to teach about the disease process of diabetes, as well as how to better manage the condition. By providing this teaching, communities can improve health outcomes and decrease healthcare costs for their residents.

Self-management education has been shown to be helpful for chronic diseases, especially for diabetes. Providing classes in these self-management programs at venues accessible to the people most impacted can be a powerful tool to improve diabetes morbidity and mortality.

²³ Centers for Disease Control and Prevention. (n.d.). *Chronic disease*. <https://www.cdc.gov/chronic-disease/>

²⁴ Contra Costa Health Services. (n.d.). *Healthy communities*. <https://www.cchealth.org/services-and-programs/prevention/healthy-communities>

²⁵ New Orleans Health Department. (n.d.). *Chronic disease*. <https://nola.gov/health-department/chronic-disease/>

By providing culturally sensitive and linguistically appropriate education to community groups in areas of high diabetes prevalence, people can learn to better manage their diabetes and improve health outcomes. This includes community-based education, access to nutritional counseling, and regular health screenings to identify at-risk individuals and manage the condition effectively.

Expected and Potential Benefits:

- Improved quality of life
- Improved health outcomes
- Improved mental health
- Increased self-efficacy
- Decreased Emergency Department utilization
- Decreased morbidity and mortality from diabetes

Successful self-management programs include the Diabetes Empowerment Education Program (DEEP)²⁶ from the University of Chicago, and the Diabetes Self-Management Education and Support (DSMES) Toolkit²⁷ from the U.S. Centers for Disease Control and Prevention.

Goal 2: Collaborate to Improve Local Walkability and Increase Physical Activity

Increased walkability is associated with increased physical activity and lower rates of obesity. Inactivity and obesity are both major risk factors for chronic diseases.

Various physical and social factors can increase physical activity in communities:

- **Social support for physical activity:** may include walking groups, walking-school bus, exercise budding system, and social contracts or group goals
- **Open streets:** allows community members to exercise and socialize on public streets by temporarily closing the street to motorized traffic.
- **Green spaces and parks:** Enhance parks to increase recreational space. Build additional community gardens and turn old rail lines into walking trails.
- **Streetscape design:** Allows pedestrians, bicyclists, public transit riders, and motorists to share the road safely.

²⁶ University of Illinois Chicago. (n.d.). *DEEP program overview*.
<https://otm.uic.edu/deep-program-2/deep-program-overview-2/>

²⁷ Centers for Disease Control and Prevention. (n.d.). *Diabetes Management in Public Health: Diabetes Public Health Resource Toolkit*. U.S. Department of Health and Human Services.
<https://www.cdc.gov/diabetes-toolkit/php/>

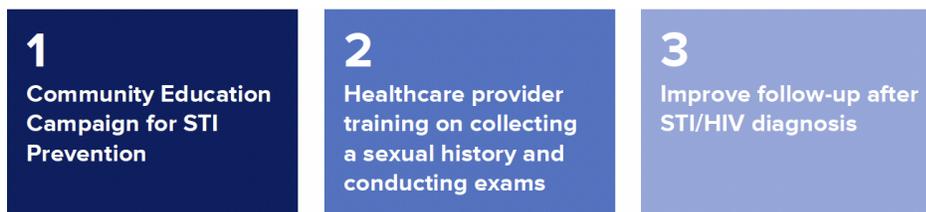
Improving and expanding sidewalk infrastructure can promote walking and other forms of physical activity among residents. Initiatives that make physical activity more accessible and safe can support overall health and wellness, particularly for those with or at risk of chronic conditions.

Additionally, some cities like Boulder, Colorado have found the funding to improve their bicycling infrastructure and encourage others to do the same.²⁸

Through these initiatives, the improvement plan aims to create an environment that not only supports the management of chronic conditions but also proactively works towards preventing them. By integrating health education and infrastructure development, Lubbock County is taking significant steps to enhance both individual and community health outcomes.

Sexually Transmitted Infections (STIs)

The Community Health Improvement Plan for Lubbock County addresses the critical issues of sexually transmitted infections (STIs) and teen pregnancy through a focused strategy aimed at prevention, education, and enhanced healthcare services. This plan includes the following key initiatives:



Goal 1: Community Education for STI prevention

Rates of sexually transmitted infections are rising, especially among young people in Lubbock. Mass media and social marketing campaigns can help to make a dent in rates of debilitating illnesses like syphilis, HIV, and congenital syphilis.

Comprehensive risk reduction sexual education can encourage young people to participate in abstinence and monogamy, while still educating them about safe sex and prevention of unintended pregnancies.²⁹

Launching a comprehensive education campaign targeting all age groups within the community, but with a particular focus on adolescents and young adults. The campaign

²⁸ PeopleForBikes. (n.d.). *Boulder, CO - City Ratings*.

<https://cityratings.peopleforbikes.org/cities/boulder-co>

²⁹ County Health Rankings & Roadmaps. (n.d.). *Comprehensive risk reduction sexual education*.

University of Wisconsin Population Health Institute.

<https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/comprehensive-risk-reduction-sexual-education>

could provide information on the prevention of STIs and unplanned pregnancies, promote safe sexual practices, and emphasize the importance of regular screenings. Educational materials could be distributed through schools, universities, healthcare providers, community centers, and social media platforms.

Some benefits could include:

- Increased STI testing and treatment
- Increased HIV and STI knowledge
- Reduced risky sexual behavior
- Reduced transmission and decreased rates
- Reduced incidence of congenital syphilis

Some programs that could be helpful models include the Children’s Hospital of Philadelphia’s program called IKnowUShould2³⁰ and the CDC’s STI Awareness Week Toolkit.³¹

Launch Syphilis Awareness Campaign, 2024

Given the skyrocketing rates of syphilis in Lubbock and the seriousness of the disease in both adults and infants, Lubbock Public Health launched a campaign to make healthcare providers and the public more aware of syphilis in September 2024. This campaign was produced in collaboration with Initium Health and funded by a grant from the National Association of County and City Health Officials (NACCHO).

The Provider Toolkit (posters, buttons, and a 2024 Guidance document) should be shared widely with providers, and the 2024 Guidance document can be placed on LPH’s web page as a downloadable pdf. LPH received posters and social media assets that LPH can also use for educating the public and providers on an ongoing basis.

Goal 2: Train Providers on Taking a Sexual History and Performing STI Exams

Providing specialized training for healthcare providers on how to effectively take sexual histories and conduct examinations can help in identifying potential risks for STIs and enable providers to offer appropriate advice and interventions.

³⁰ PolicyLab. (2019.). *#IKnowUShould2 campaign to raise awareness about sexually transmitted infections among youth*. Children’s Hospital of Philadelphia.
<https://policylab.chop.edu/project/iknowushould2-campaign-raise-awareness-about-sexually-transmitted-infections-among-youth>

³¹ Centers for Disease Control and Prevention. (n.d.). *STI awareness month: Toolkit for public health partners*. U.S. Department of Health and Human Services.
https://www.cdc.gov/sti-awareness/php/toolkit/?CDC_AAref_Val=https://www.cdc.gov/std/saw/toolkit/default.htm

Only 10-33% of providers routinely ask about sexual histories. Not asking about things like relationship status, contraceptive methods, and trauma history means that key health information can be missed. Both primary care providers and behavioral health providers should be trained to talk to patients about their sexual history in a sensitive and non-judgmental manner.³²

Discussing sexual history can illuminate health needs that might go undiscovered otherwise.

Benefits may include:

- Patients may feel invited to share additional reasons for their visit
- Possible linkage into earlier prenatal care or access to birth control
- If providers regularly screen for partner violence or trauma, patients may disclose abuse
- May discover unaddressed needs like behavioral health, social services, or prenatal care
- Opens the door to STI testing, pregnancy testing, and PEP or PrEP if eligible

Helpful resources include the CDC's Guide to Talking a Sexual History.³³

Goal 3: Improve Follow-up after STI/HIV Diagnosis

If people present for STI/HIV testing, all positive results must be followed up. Untreated STIs and HIV can lead to increased transmission, perinatal transmission in pregnant women, loss of fertility, and even death for both babies and adults.

HIV and STIs are treatable and sometimes even curable.

Options for point-of-care testing for HIV and syphilis should be examined if treating populations frequently lost to follow-up.

All practices should have mechanisms in place for prompt follow-up of positive results.

Benefits can include:

³² National Council for Mental Wellbeing. (2023). *Behavioral health graphic narrative: Sexual history*. <https://www.thenationalcouncil.org/wp-content/uploads/2023/12/BH-Graphic-Narrative-Sexual-History.pdf>

³³Centers for Disease Control and Prevention. (n.d.). *Taking a sexual history: Clinical guidance*. U.S. Department of Health and Human Services. <https://www.cdc.gov/sti/hcp/clinical-guidance/taking-a-sexual-history.html>

- Decreased transmission in the community
- Decreased perinatal transmission to newborns
- Increased linkage into appropriate care
- Decreased morbidity and mortality from HIV
- Decreased morbidity and mortality from syphilis
- Decreased morbidity from all other STIs

Establishing a robust follow-up system for individuals diagnosed with STIs or HIV. This system will ensure that patients receive the necessary medical treatment, are informed about ways to manage their condition, and understand how to prevent the transmission of infections to others. The follow-up process will also include support services such as counseling and access to community resources.

Community resources include the National Institutes of Health's Just Diagnosed: Next Steps After Testing Positive for HIV³⁴ and the CDC's STI Treatment Guidelines, 2021.³⁵

These initiatives aim to reduce the rates of STIs and teen pregnancy in Lubbock County by increasing awareness, enhancing the quality of care, and ensuring ongoing support for those affected. By addressing these issues through education, provider training, and improved patient follow-up, the community can achieve better health outcomes and a decrease in the incidence of these infections.

Coordination of Information, Services, and Resources

The Community Health Improvement Plan for Lubbock County emphasizes enhancing the coordination of information, services, and resources to ensure that residents have seamless access to healthcare and support services. The initiatives included in this plan aim to foster collaboration among community partners and improve the overall efficiency of service delivery.

³⁴ National Institutes of Health. (2021.). *Just diagnosed: Next steps after testing positive for HIV*. U.S. Department of Health and Human Services. <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/just-diagnosed-next-steps-after-testing-positive-hiv>

³⁵ Centers for Disease Control and Prevention. (2021.). *Sexually transmitted infections treatment guidelines, 2021*. U.S. Department of Health and Human Services. <https://www.cdc.gov/std/treatment-guidelines/default.htm>

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Increase
collaboration
among community
partners

Goal 1: Increase Collaboration Among Community Partners

Health and social services needs can be better aligned when organizations share data and collaborate to create innovative solutions to address the root causes of disparities.

The Lubbock Community Collaborative

Further development of a collaborative with key elements to include a common agenda, a shared measurement system, active alignment of efforts, and continuous communication and learning. Lubbock Area United Way could act as the “backbone” organization as a neutral entity to facilitate collaboration and provide support.

History of the collaborative:

City Planning Council was introduced in May 1953 for the coordination and planning of community services, fact-finding, joint action, improving quality of services, providing common services, and developing public understanding. Started by Mayor Murrell Tripp, the United Way (then the Community Chest), served as the planning and coordinating group for the effort. The council was made up of community leaders from various sectors. The council was “reorganized” in 1996 when United Way could not continue serving as the coordinator due to a lack of financial and personnel resources.

Current vision:

The LBK Community Collaborative seeks to align diverse stakeholders, share data, and implement evidence-based strategies to create innovative solutions to the root causes of the disparities across the Lubbock area. Key elements will include a common agenda, a shared measurement system, active alignment of efforts, and continuous communication and learning. Lubbock Area United Way will act as the “backbone” organization as a neutral entity to facilitate collaboration and provide support.

Expected outcomes include:

- improved health outcomes for residents of Lubbock, TX, particularly for those who are most vulnerable;
- reduced health disparities and increased equity in access to health resources;

- a stronger, more resilient community that is better equipped to address future challenges; and
- a sustainable model for collaborative action that can be replicated in surrounding communities.

The Lubbock Community Network

The LBK Community Network is a partnership between Unite Us software and the Lubbock Health Department. Unite Us serves as a resource directory and referral management platform operating in 44 states across the country. Unite Us can be equipped with additional features based on the user's needs, including prediction and measurement of individual- and community-level needs, data analysis, and payment management.³⁶

Unite Texas is a coordinated care network consisting of healthcare, government, nonprofit, and other organizations. Joining the network is at no cost for community-based organizations and many organizations that are considered part of the safety net, like community health centers, tribal clinics, and mental health centers. The LBK Community Network makes it easier to identify needs, deliver care, and pay for the services delivered by community based organizations.³⁷

Because the resources and referrals are multidisciplinary and include organizations outside of the traditional healthcare structure, non-medical drivers of health can be more easily addressed and followed up in the referral process. This allows users to gain an increased awareness of integrated health needs and health-related social needs.³⁸

Community Information Exchanges (CIEs) and CIE-similar platforms have become more common in recent years, as communities try to combine resources and track referrals and outcomes for their populations. CIEs improve care coordination through improved collaboration among multidisciplinary partners.³⁹

³⁶ Center for Health Care Strategies. (2023). *Adopting a community resource and referral platform: Considerations for Texas Medicaid stakeholders*. <https://www.chcs.org/resource/adopting-a-community-resource-and-referral-platform-considerations-for-texas-medicaid-stakeholders/>

³⁷ Unite Us. (n.d.). *Texas network*. <https://uniteus.com/networks/texas/>

³⁸ Center for Health Care Strategies. (2023). *Adopting a community resource and referral platform: Considerations for Texas Medicaid stakeholders*. <https://www.chcs.org/resource/adopting-a-community-resource-and-referral-platform-considerations-for-texas-medicaid-stakeholders/>

³⁹ Center for International Education. (n.d.). *CIE San Diego*. <https://ciesandiego.org/>

Helpful resources include San Diego 211's CIE Toolkit⁴⁰ and the Connect2Community Network in Washington State⁴¹ and Michigan's Community Information Exchange Micro-Toolkit.⁴²

Because there are particular challenges with some of the electronic health records (EHR) systems communicating with larger networks, ongoing cooperation to share information will be crucial going forward.

Through these strategic initiatives, Lubbock County aims to improve the coordination of health services and resources, ensuring that all residents have access to the necessary support for their health and well-being. This coordinated approach is crucial for maximizing resource utilization and improving health outcomes across the community.

⁴⁰Center for International Education. (n.d.). *Toolkit*. <https://ciesandiego.org/toolkit/>

⁴¹Connect2. (n.d.). *About Connect2*. <https://www.connect2.org/about/>

⁴²Michigan Department of Health and Human Services. (n.d.). *Community information exchange micro-toolkit*.

<https://www.michigan.gov/mdhhs/inside-mdhhs/legislationpolicy/2022-2024-social-determinants-of-health-strategy/community-information-exchange-task-force/community-information-exchange-micro-toolkit>