



Presbyterian Healthcare Services Community Health Needs Assessment (CHNA)

Dr. Dan C. Trigg Memorial Hospital
2016-2019

 **PRESBYTERIAN**

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Executive Summary

In alignment with our purpose to improve the health of the communities we serve and in compliance with the IRS, Dr. Dr. Dan C. Trigg Memorial Hospital will complete a Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) every three years. The CHNA describes the community served, Quay County, the process for conducting the needs assessment, as well as a general description of the resources that exist in the community to meet the identified needs. The CHNA is the final product that documents the process Presbyterian Healthcare Services (PHS) completed in 2016, in partnership with local community health councils. Health councils identified significant health needs and Presbyterian prioritized them.

Dr. Dr. Dan C. Trigg Memorial Hospital partnered with the Quay County Health Council to complete a community health needs assessment and identify significant community health needs. The top community health needs identified by the council are:

1. Reduce obesity
2. Reduce drug overdose and alcohol-related deaths
3. Increase local access to specialty healthcare care
4. Increase local prenatal care access
5. Increase local access to oral healthcare
6. Increase consumer health literacy among Quay County residents

Given the Presbyterian investment in the community health priorities of healthy eating, active living, and prevention of unhealthy substance use, and the alignment of these priorities with the Quay County community needs, PHS will continue to focus on these existing priorities. In response to the assessment of significant needs, Presbyterian will also focus on access to care in Quay County.

For 2016-2019, the Dr. Dr. Dan C. Trigg Memorial Hospital community health priorities for Quay County will be:

1. Healthy eating
2. Active living
3. Prevention of unhealthy substance use
4. Access to care

Section 1: Executive Summary

New Mexico is ranked 37th in the country for overall health and often has some of the worst rankings for social indicators of health including child poverty. Quay County is ranked 23rd among 33 other counties in the state for overall health. This CHNA presents significant health data to give an overview of the health status of the community served and provide context for the selection of health priority areas. Many of these indicators relate directly to health priorities determined at national (www.Healthypeople.gov), state, and county levels, as well as to the PHS health priorities.

The Community Health Improvement Plan (CHIP) that accompanies this CHNA is a comprehensive plan that PHS developed with community partners to impact the prioritized health needs from the CHNA. Please see the Quay County CHIP on our website www.phs.org for detailed goals, intervention strategies, and resources PHS has committed for 2016-2019 in order to improve the health of the community we serve.

Acknowledgements

The 2016-2019 CHNA process could not have been completed without the help and input from the county health councils, the volunteer community leaders that make up each of PHS's hospital Boards of Directors, community organizations and community members, and representatives from the New Mexico Department of Health. Presbyterian is very grateful for the support of each county health council and their willingness to partner. Through close and continued collaboration, PHS, with the help of community partners, hopes to have a lasting and meaningful impact on health and equity in New Mexico.

Community Health Needs Assessment

The purpose of this document is for Dr. Dr. Dan C. Trigg Memorial Hospital to meet the IRS requirements for Form 990 Schedule H related to the Community Health Needs Assessment (CHNA). The CHNA describes the community served, the process for conducting the needs assessment and a general description of resources that exist in the community to meet the identified needs.

Presbyterian operates eight hospitals in the metro regions of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 10,000 employees and provides services to one in three New Mexicans.

Dr. Dr. Dan C. Trigg (DCT) Memorial Hospital is a critical access hospital located in Tucumcari, New Mexico. As a not-for-profit hospital with 25 licensed beds, DCT exists to improve the health of the patients, members and communities it serves in Quay County.

In addition to the expansion of community health priorities for the next three years, PHS designated a new Center for Community Health in 2016 with a focus on community health improvement. The Director, Leigh Caswell, MPH, has over 10 years of public health experience in New Mexico. The Center for Community Health is staffed by individuals with public health experience and expertise, including a Community Health Epidemiologist hired in 2016. The Presbyterian Center for Community Health is committed to community health improvement through community engagement and sustainable collective impact.

The Presbyterian Center for Community Health assisted Dr. Dr. Dan C. Trigg Memorial Hospital to complete and report the Community Health Needs Assessment (CHNA) and the Community Health Implementation Plan (CHIP) for 2016-2019. Dr. Dr. Dan C. Trigg Memorial Hospital will continue to receive support for plan implementation and assessment and evaluation from the Center for Community Health.

There are multiple existing measures and resources within Quay County to support Presbyterian in meeting the identified community health needs. These are expanded on in the Community Health Implementation Plan (CHIP) developed from this CHNA. To access the CHNA and CHIP, visit the Presbyterian website at phs.org or call (505) 559-6852 to request a paper copy.

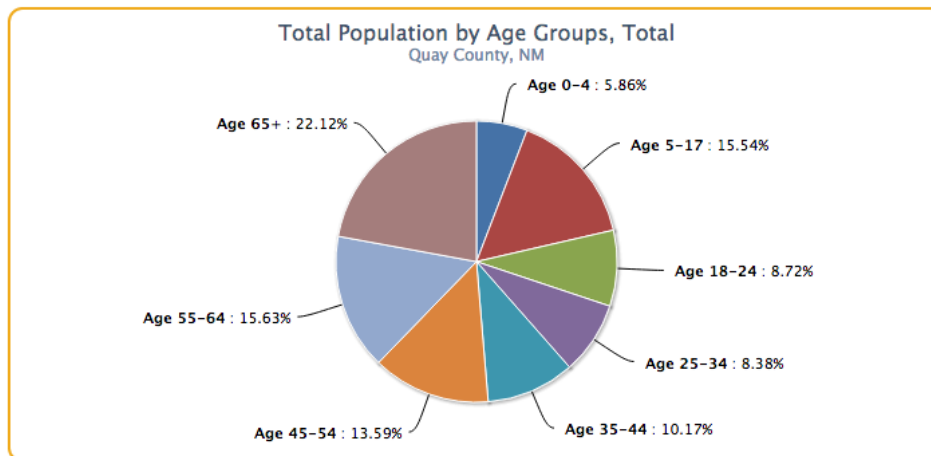
Description of Community Served

For the purposes of the Community Health Needs Assessment and the implementation plan, PHS has generally defined the “community” of each hospital as the county in which the hospital is located. Dr. Dr. Dan C. Trigg Memorial Hospital defines its community as Quay County, New Mexico.

Demographics

A total of 8,822 people live in the 2,874.28 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2010-14, 5-year estimates. The population density for this area, estimated at 3.07 persons per square mile, is less than the national average population density of 88.93 persons per square mile.¹ Quay is considered a rural county², and is often referred to as a frontier community. Quay County is classified as a medically underserved area by the federal government and a health professional shortage area for primary care, mental health, and dental providers.² The major town in Quay County is Tucumcari, which in 2015 had an estimated population of 5,025.³ The major industries in Tucumcari are healthcare, manufacturing, and educational services.

Quay County has a larger percentage of older adults aged 55-64 and 65+ than the average proportion in the state of New Mexico (approx. 13% and 14%, respectively). Quay County’s population is made up of fewer young adults and more older adults when compared to the rest of the state.⁴



There is less racial and ethnic diversity in Quay County compared to the rest of New Mexico. The population is 93.05% White and 56.48% non-Hispanic or Latino. Less than two percent (1.78%) of the population aged 5 and older lives in limited English speaking households. A “limited English speaking household” is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English “Very well.” This indicator is significant as it identifies households and populations that may need

¹ Community Commons (2016) Data Source: US Census Bureau, American Community Survey. 2010-14

² Rural Health Information Hub. www.ruralhealthinfo.org

³ US Census Quickfacts. <http://www.census.gov/quickfacts>

English-language assistance.

Total Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Multiple Races
Quay County, NM	93.05%	0.5%	0%	1.17%	2.27%
New Mexico	73.16%	2.04%	1.37%	9.15%	3.13%
United States	73.81%	12.6%	5%	0.82%	2.91%

Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

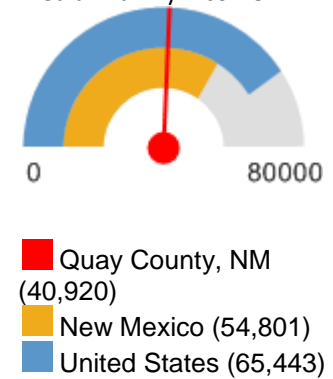
The median household income in Quay County is \$40,920.

Median Family Income

Report Area	Total Family Households	Average Family Income	Median Family Income
Quay County, NM	1,925	\$49,335	\$40,920
New Mexico	498,137	\$71,580	\$54,801
United States	76,958,064	\$86,963	\$65,443

Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Median Family Income



Process and Methods for Conducting the Assessment

In 2016, as part of the Community Health Needs Assessment (CHNA) process, Dr. Dr. Dan C. Trigg Memorial Hospital and the Presbyterian Center for Community Health partnered with the Quay County Health Council to conduct a community health assessment to identify significant community health needs in each county. The health council submitted a description of the significant needs, sources of supporting data, how the needs were determined, and the alignment of the needs with state and national health goals (Healthy People 2020 www.healthypeople.gov).

Significant health needs were determined by the Quay County Health Council with assistance from the New Mexico Department of Health. Publicly available epidemiologic data, the results of a community survey, results of focus groups conducted by the health council, as well as health council discussion and local narratives were used by the health council to determine significant health needs. The council reviewed state and national health priority areas for alignment. Additional details including individuals who provided input can be found in Appendix A.

The top community health needs for 2016-2019 identified by the Council are:

1. Reduce obesity
2. Reduce drug overdose and alcohol-related deaths
3. Increase local access to specialty healthcare care
4. Increase local prenatal care access
5. Increase local access to oral healthcare
6. Increase consumer health literacy among Quay County residents

The Center for Community Health worked with Dr. Dr. Dan C. Trigg Memorial Hospital leadership to review and prioritize the significant health needs for 2016-2019 for this region. Per IRS requirements, DCT heavily weighted community input in identifying and prioritizing significant health needs. The importance to the community as well as consideration of size and severity of the need, community assets, alignment with PHS purpose, vision, and values, existing interventions, sustainability, resources, and potential for greatest impact informed the selection and prioritization of three significant health needs Presbyterian will address in Quay County.

Based on community input, alignment with county priorities, the potential to impact significant health issues in New Mexico, and the substantial investment in these areas in 2016-2019, Presbyterian will continue to focus on healthy eating, active living, and prevention of unhealthy substance use, with the addition of access to care, as its community health priorities in Quay County for the next three years.

As part of the Community Health Needs Assessment process, a community health forum facilitated by the Director of Community Health, Community Health Epidemiologist, and Community Engagement Specialist was held in Quay County to gain insight into barriers, opportunities and potential strategies for achieving the stated priorities in each community. Input affirmed the health priority areas and provided valuable information on community assets and potential partners for community health improvement plans. As outlined in the IRS requirements, forum participants included:

- People with special knowledge of or expertise in public health
- Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives or members of medically underserved, low- income and minority populations and populations with chronic disease needs in the communities served by the hospitals
- Business and economic development professionals and non-profit leaders

A summary of the community health forum including a list of participants can be found at the end of this report (Appendix B). Community members, forum participants, and those unable to attend forums were encouraged to contact the Center for Community Health with any additional comments and input.

Significant Health Data

Data Overview

This report relies heavily on the use of indicators of community health in the following categories: Clinical Care, Social & Economic Factors, Physical Environment, Health Behaviors, and Health Outcomes. Many of these indicators relate directly to health priorities determined at national (www.Healthypeople.gov), state, and county levels, as well as to the PHS health priorities. Most of the data presented in this report is from national data sets, prepared and presented specifically for use in CHNAs by non-profit hospitals, courtesy of Community Commons. Data, methods, and additional indicators can be found at www.communitycommons.org. These indicators and mode of presentation were chosen for ease of comparison and clear visualization of data by county, state, and nation. Because many indicators are compared to both state and national rates, and national data are often released several years late, the years of data may be older than available data for county or state specific indicators. Aggregate data over multiple years is also often reported to ensure more stable rates and keep health events unidentifiable. Several national and state surveys are not conducted on a yearly basis and indicators reflect the most recently available information. Indicators have been reviewed against data available from the New Mexico Department of Health (NMDOH) surveillance and indicator based information system for consistency of trends. Supplementary information available from the NM DOH and from other sources is used when necessary for a comprehensive assessment of health needs in each county.

To highlight health issues in each of the counties, health indicators that indicate worse health than the New Mexico or national average will be emphasized. New Mexico health indicators are often worse than the national average.

Many of the health indicators are recorded by “rate”. Comparing defined rates across different subgroups helps reveal health concerns and the conditions which may lead to poor health. A rate for a health indicator can be calculated when the numerator is a subset of the total population of interest, the denominator.

County Health Status

Clinical Care

Dr. Dr. Dan C. Trigg Memorial Hospital is a 25-bed critical access hospital owned by Quay County which leases management of the hospital to Presbyterian Healthcare Services. The hospital offers a variety of health services including, but not limited to, inpatient hospital care, observation care, skilled nursing care (swing beds), a 24/7 emergency department staffed with an on-site physician, a hospital based family medicine clinic, general surgery, podiatry, behavioral health services, hospice and home health services, diabetic medical nutrition therapy, laboratory, physical therapy, speech therapy, occupational therapy, diagnostic radiology, digital mammography, CT Scan, mobile MRI, respiratory therapy, outpatient pulmonary rehabilitation, and a structured outpatient program in psychiatry. The surrounding community offers some counseling services for mental health, substance abuse, and violence. Due to the population size of the county, services are often limited, suffering from a lack of trained personnel and funding.

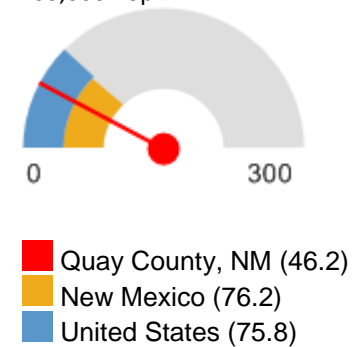
Residents in Quay County have limited access to healthcare. As of 2015, there is one Federally Qualified Health Center, and it is located outside of the largest town, Tucumcari. DCT is the only hospital located in Quay County and is located between 60 and 95 miles away from other nearby hospitals.⁵

Consistent with the designation as a provider shortage area, Quay County residents have less access to primary care physicians than other areas in the state. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access To Primary Care

Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Pop.
Quay County, NM	8,662	4	46.2
New Mexico	2,085,287	1,588	76.2
United States	316,128,839	239,500	75.8

Primary Care Physicians, Rate per 100,000 Pop.



Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County

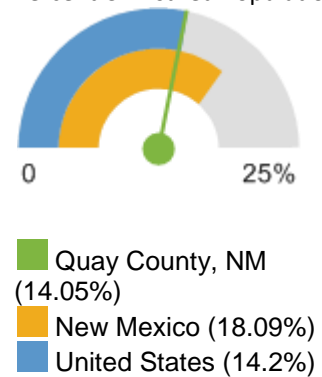
According to the most recent national estimates, approximately 14.05% of the population in Quay County ages 18-64 are uninsured. The lack of health insurance is considered a key driver of health status because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services.

⁵ Community Commons (2016). US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File: Sept. 2015

Uninsured Population

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Quay County, NM	8,759	1,231	14.05%
New Mexico	2,046,051	370,133	18.09%
United States	309,082,272	43,878,140	14.2%

Percent Uninsured Population



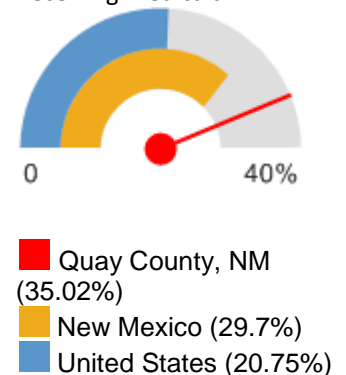
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

The percentage of the population in the community with insurance enrolled in Medicaid (or other means-tested public health insurance) is approximately 35.02%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Population Receiving Medicaid

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Quay County, NM	8,759	7,528	2,636	35.02%
New Mexico	2,046,051	1,675,918	497,830	29.7%
United States	309,082,272	265,204,128	55,035,660	20.75%

Percent of Insured Population Receiving Medicaid



Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Quay County has much better access to mental health care providers when compared to the state mental health care provider rate. The table below indicates the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Access to Mental Health Providers

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Quay County, NM	8,501	121	70.3	1,423.3
New Mexico	2,084,896	7,451	279.8	357.3
United States	317,105,555	643,219	493	202.8

Mental Health Care Provider Rate (Per 100,000 Population)



- Quay County, NM (1,423.3)
- New Mexico (357.3)
- United States (202.8)

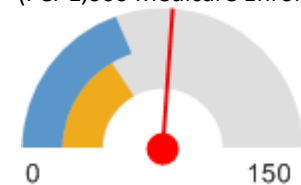
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016. Source geography: County

Greater access to primary care could reduce hospital admissions. This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

Preventable Hospital Events (Medicare Enrollees)

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Quay County, NM	1,352	106	78.7
New Mexico	184,599	9,250	50.1
United States	58,209,898	3,448,111	59.2

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



- Quay County, NM (78.7)
- New Mexico (50.1)
- United States (59.2)

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

Access to health services is impacted by social and environmental factors such as poverty, rural location, and availability of supportive government or institutional infrastructure.

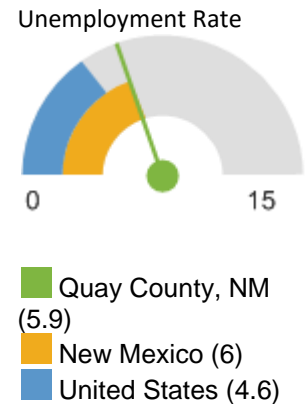
Social and Economic Factors

Economic and social insecurity are often associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Total unemployment in the report area for May, 2016 was 188, or 5.9% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Unemployment Rate

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Quay County, NM	3,177	2,989	188	5.9
New Mexico	915,803	860,728	55,075	6
United States	159,938,718	152,603,936	7,334,782	4.6

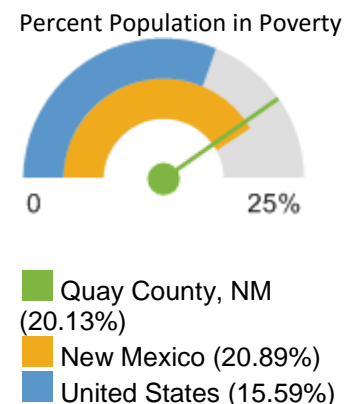


Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - May. Source geography: County

Within the report area 20.13% of residents are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities, and contributes to poor health status.

Population in Poverty (Below 100% FPL)

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Quay County, NM	8,759	1,763	20.13%
New Mexico	2,039,574	426,116	20.89%
United States	306,226,400	47,755,608	15.59%



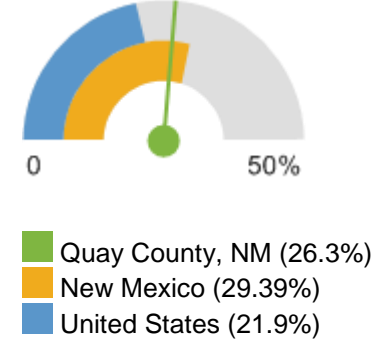
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

In Quay County 26.3% or 496 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL).

Children in Poverty (Below 100% FPL)

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Quay County, NM	8,759	1,886	496	26.3%
New Mexico	2,039,574	504,947	148,427	29.39%
United States	306,226,400	72,637,888	15,907,395	21.9%

Percent Population Under Age 18 in Poverty



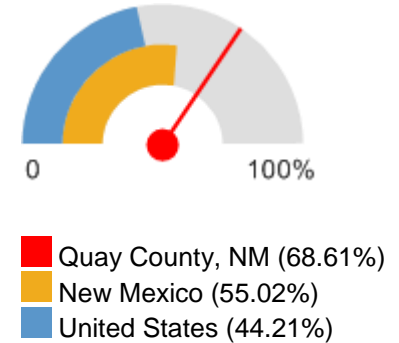
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Many children in Quay County are living in or near poverty. About 68.61% of children are living in households with income below 200% of the Federal Poverty Level (FPL).

Children in or near Poverty (Below 200% FPL)

Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
Quay County, NM	1,886	1,294	68.61%
New Mexico	504,947	277,831	55.02%
United States	72,637,888	32,116,426	44.21%

Percent Population Under Age 18 at or Below 200% FPL



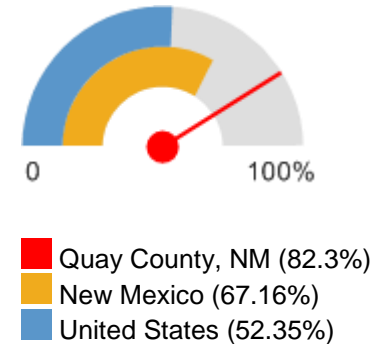
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

An even larger percent of public school students enrolled in Quay County are eligible for Free/Reduced Price lunch.

Students Eligible for Free or Reduced Price Lunch

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Quay County, NM	1,480	1,218	82.3%
New Mexico	339,058	227,413	67.16%
United States	50,195,195	26,012,902	52.35%

Percent Students Eligible for Free or Reduced Price Lunch



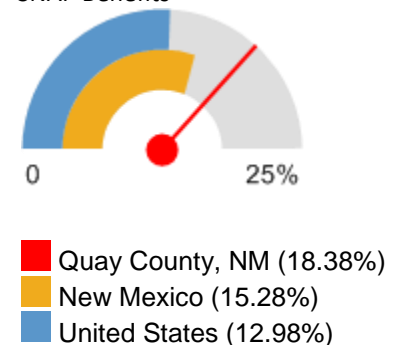
Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2013-14. Source geography: Address

Fourteen percent of Quay County households receive SNAP food assistance benefits, commonly known as Food Stamps.

Households Receiving SNAP Benefits

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Quay County, NM	3,319	610	18.38%
New Mexico	764,684	116,864	15.28%
United States	116,211,088	15,089,358	12.98%

Percent Households Receiving SNAP Benefits



Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Environmental Indicators

A community’s health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

While there are clear economic barriers to accessing nutritional food, Quay County residents have better access to food retailers where fresh, healthy food is available. There are 22.12 grocery stores per 100,000 people in Quay County compared to 12.2 per 100,000 people in

Section 2: Community Health Needs Assessment

the state and 21.2 per 100,000 people in the US.⁶ However, there is still a large proportion of residents who live in areas designated as food deserts and have low food access (see below). A food desert is defined as a low-income census tract where a substantial number of residents have low access to a supermarket or large grocery store. This highlights populations and geographies within the community facing food insecurity.

Low Food Access

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Quay County, NM	9,041	3,824	42.3%
New Mexico	2,059,179	694,947	33.75%
United States	308,745,538	72,905,540	23.61%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Percent Population with Low Food Access



■ Quay County, NM (42.3%)
 ■ New Mexico (33.75%)
 ■ United States (23.61%)

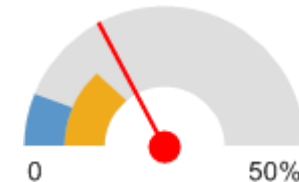
Many low income residents also have the least access to fresh, healthy, or affordable food.

Low Income with Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Quay County, NM	9,041	1,555	17.2%
New Mexico	2,059,179	277,210	13.46%
United States	308,745,538	19,347,047	6.27%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Percent Low Income Population with Low Food Access



■ Quay County, NM (17.2%)
 ■ New Mexico (13.46%)
 ■ United States (6.27%)

While there are only 22.12 grocery stores per 100,000 Quay County residents there are 77.43 fast food establishments per 100,000 Quay County residents. These indicators provide measures of healthy food access and environmental influences on dietary behaviors.

Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance use contribute to poor health status.

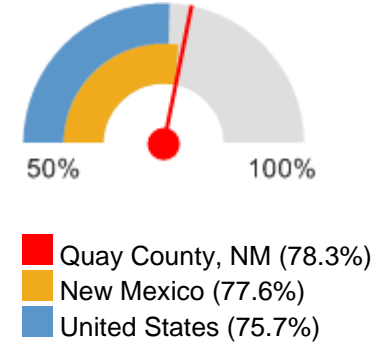
⁶ Community Commons (2016). Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013

In the report area, almost four out of five adults over the age of 18 are consuming less than the recommended 5 servings of fruits and vegetables each day. Current behaviors are determinants of future health, and unhealthy eating habits may cause significant health issues, such as obesity and diabetes.

Inadequate Fruit and Vegetable Consumption (Ages 18+)

Report Area	Total Population (Age 18)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Quay County, NM	7,039	5,512	78.3%
New Mexico	1,460,839	1,133,611	77.6%
United States	227,279,010	171,972,118	75.7%

Percent Adults with Inadequate Fruit / Vegetable Consumption



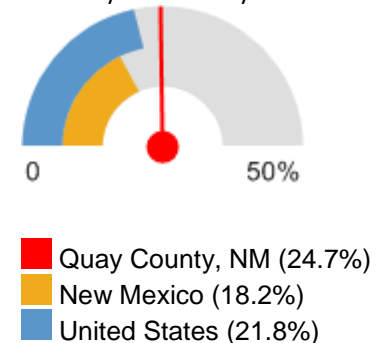
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2005-09. Source geography: County

Almost twenty five percent of adults aged 20 and older in Quay County self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" Low levels of activity are linked to significant health issues, such as obesity and poor cardiovascular health.

No Physical Activity

Report Area	Total Population (Age 20+)	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Quay County, NM	6,668	1,747	24.7%
New Mexico	1,523,313	284,300	18.2%
United States	468,415,238	104,295,786	21.8%

Percent Population with no Leisure Time Physical Activity



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

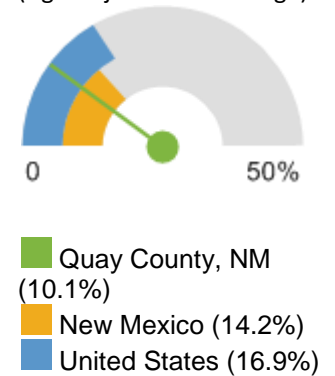
Section 2: Community Health Needs Assessment

In addition to indicators of poor nutrition and low physical activity, Quay County has a large proportion of adult residents who use legal substances. The percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women) in Quay County is 10.1%. Current behaviors are determinants of future health and this may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Adults Drinking Excessively

Report Area	Total Population Age 18	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Quay County, NM	7,044	578	8.2%	10.1%
New Mexico	1,521,911	208,502	13.7%	14.2%
United States	232,556,016	38,248,349	16.4%	16.9%

Estimated Adults Drinking Excessively (Age-Adjusted Percentage)



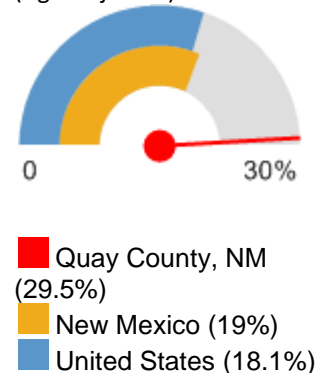
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

In the report area an estimated 29.5% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This is much higher than both state and national averages. Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Adults Smoking Cigarettes

Report Area	Total Population Age 18	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Quay County, NM	7,044	1,937	27.5%	29.5%
New Mexico	1,521,911	284,597	18.7%	19%
United States	232,556,016	41,491,223	17.8%	18.1%

Percent Population Smoking Cigarettes (Age-Adjusted)



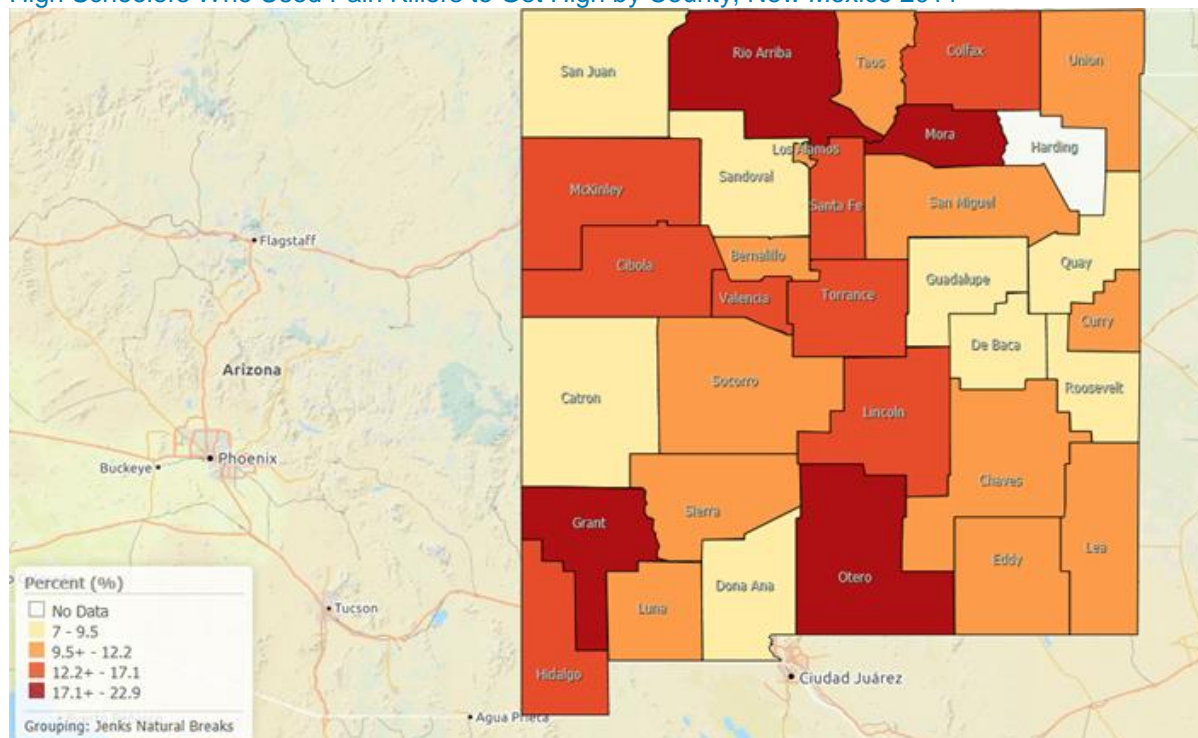
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Section 2: Community Health Needs Assessment

Illicit drug use in New Mexico is indicated by the number of deaths caused by drug overdoses. According to the New Mexico Department of Health, the state's drug overdose death rate has been one of the highest in the nation and has tripled since 1990. Prescription drug overdose deaths have increased substantially while deaths due to illicit drug overdoses have remained about the same. In 2007, it was estimated that prescription opioid abuse, dependence, and misuse cost New Mexico \$890 million. Quay County has an overdose mortality rate of 32 deaths due to overdose per 100,000 people.⁷

Youth Risk and Resiliency Survey data from 2001 – 2011 (collected in odd numbered years and aggregated for stability) helps indicate substance use and risky behaviors among young people (grades 9-12). In 2011, 8.6% of Quay County high school students reported using pain killers to get high and 18.9% reported binge drinking alcohol in the past 30 days. The figure below illustrates pain killer misuse among youth in Quay County in relation to other counties in New Mexico.

High Schoolers Who Used Pain Killers to Get High by County, New Mexico 2011



Map courtesy NM-IBIS. Retrieved from www.ibis.health.state.nm.us (2016). Data Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department 2011

Other indicators such as the number of students reporting being sold or given illicit drugs on school property may illustrate rates of substance use. The percentage of youth reporting being sold or given illicit drugs on school property is 17% in Quay County. Substance abuse among youth remains a major public health problem because it can increase the risk for injuries, violence, HIV infection, and other diseases.

⁷ Bureau of Vital Records and Health Statistics (BVRHS). 2010-2014. New Mexico Department of Health IBIS

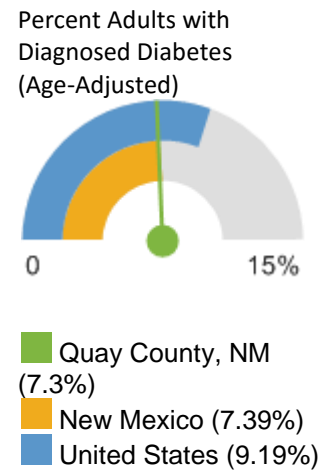
Health Outcomes

According to the New Mexico Indicator Based Information System run by the NM Department of Health, the three leading causes of death in Quay County are heart disease, cancer, and lower respiratory disease.⁸

Measuring morbidity and mortality rates allows assessment of linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed. Quay County has a smaller proportion of adult residents with diabetes than either the state or the nation.

Adults with Diabetes

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Quay County, NM	6,656	639	9.6	7.3%
New Mexico	1,520,459	124,463	8.19	7.39%
United States	473,839,016	47,370,834	10	9.19%

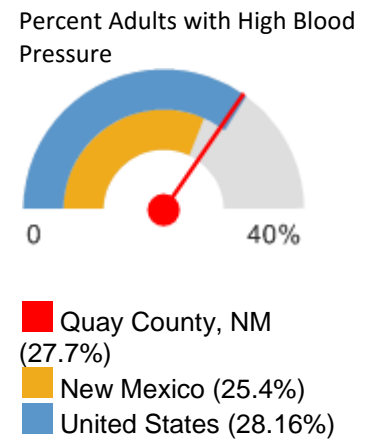


Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

In Quay County 27.7% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Adults with High Blood Pressure

Report Area	Total Population (Age 18)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Quay County, NM	7,044	1,951	27.7%
New Mexico	1,521,911	386,565	25.4%
United States	232,556,016	65,476,522	28.16%



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County

⁸ <https://ibis.health.state.nm.us/community/highlight/report/GeoCnty/9.html>

Approximately 33.4% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Obesity

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Quay County, NM	6,663	2,132	33.4%
New Mexico	1,522,079	365,300	24%
United States	468,376,406	129,769,830	27.5%

Percent Adults with BMI > 30.0 (Obese)



- Quay County, NM (33.4%)
- New Mexico (24%)
- United States (27.5%)

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

This indicator reports the percentage of total births that are low birth weight (Under 2500g). Low birth weight infants are at high risk for health problems.

Low Birth Weight

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Quay County, NM	770	69	8.9%
New Mexico	204,764	17,814	8.7%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Percent Low Birth Weight Births



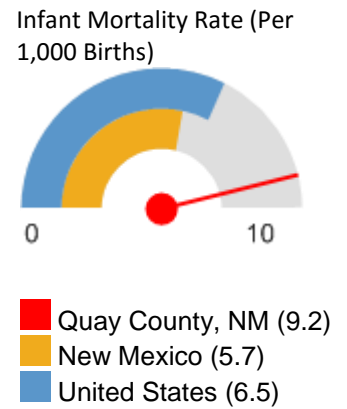
- Quay County, NM (8.9%)
- New Mexico (8.7%)
- United States (8.2%)

Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

This indicator reports the rate of deaths of infants less than one year of age per 1,000 births. This is a concern because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Quay County, NM	550	5	9.2
New Mexico	147,195	839	5.7
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

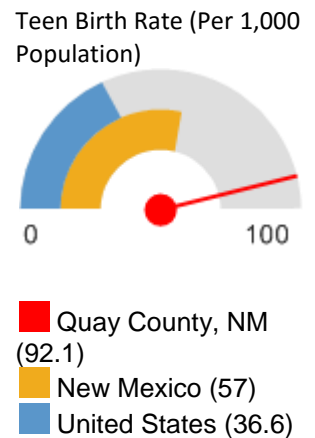


Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10. Source geography: County

There are 92.1 births to young women ages 15 – 19 per 1,000 young women in Quay County. The rate of births to teenage mothers is much higher in Quay County than in New Mexico or in the US. In many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Teen Birth Rate

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Quay County, NM	275	25	92.1
New Mexico	73,069	4,165	57
United States	10,736,677	392,962	36.6



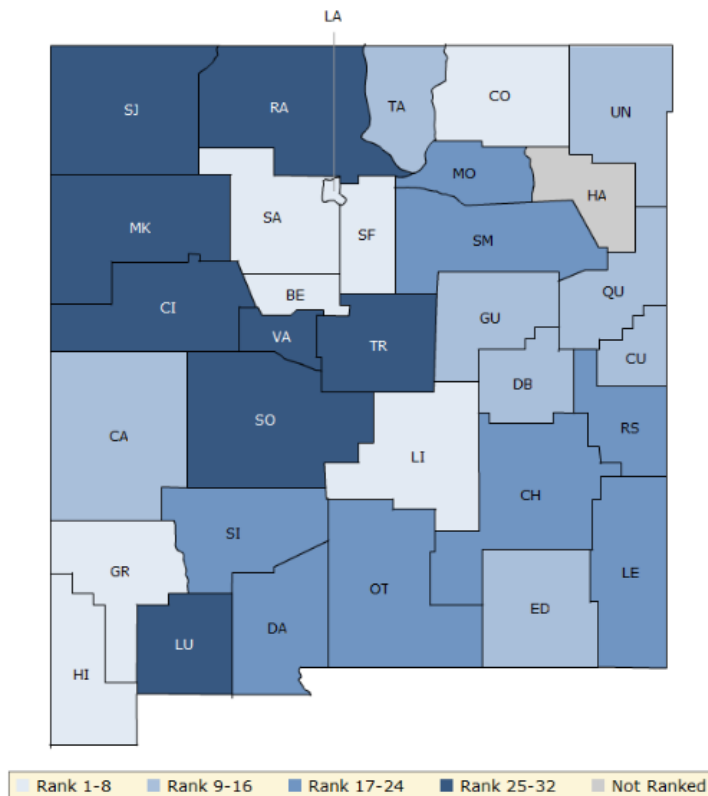
Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

State Health Status

County Rankings

The Robert Wood Johnson Program, County Health Rankings and Roadmaps, has ranked the overall health of each county in New Mexico. The overall rankings represent factors that influence the health of a county. Ranks are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. The following figure provides a snapshot of overall state health by county. Quay County is ranked 23rd for overall health out of 33 counties in New Mexico.

New Mexico County Health Rankings – Overall Health

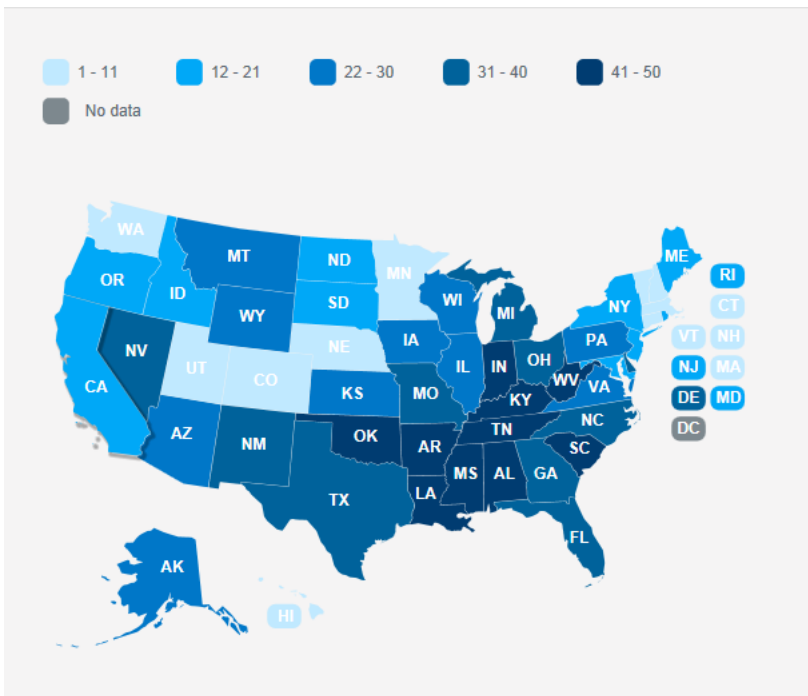


State Ranking

In 2016 United Health Foundation America’s Health Rankings ranked New Mexico 37th in the nation for overall health. America’s Health Rankings use key outcome, social, environmental, clinical, behavioral, and other indicators like those used in this report to rank overall health of each state in the United States. They list New Mexico’s statewide strengths as: low levels of air pollution, low rate of cancer deaths, and low prevalence of excessive drinking. Statewide challenges in New Mexico include: low rate of high school graduation, high violent crime rate, and high rate of drug-related deaths.

Section 2: Community Health Needs Assessment

America's Health Rankings by State – Overall Health



www.americashealthrankings.org

Significant Policies and Events

Statewide there have been several significant policy events that have impacted health and public health in New Mexico. Two circumstances in particular have been repeatedly highlighted at community forums and in other venues as major barriers to improving health in New Mexico.

A fraud investigation begun in 2013 and concluded in 2016 by the New Mexico Human Services Department of 15 behavioral health agencies in New Mexico resulted in a major disruption of behavioral health services and permanent closure of service providers around the state. The New Mexico HSD froze Medicaid payments to providers and temporarily outsourced behavioral health services to out of state companies during this time, resulting in disrupted service to an estimated 30,000 people and a disjointed mental health service infrastructure.^{9,10} In contrast, NM HSD has released numbers that indicate a 75% increase in the number of New Mexicans receiving mental and behavioral health services from 2013 to 2015.¹¹

Additionally, in 2016 state lawmakers are facing an unexpected budget crisis with approximately 10% less revenue than expected. Revenue shortfalls are attributed to lower oil and gas prices.¹² The budget crisis is expected to affect health in many ways including through cuts to education spending and other government programs and services, as well as have consequences for the general economy. The budget shortfall has several specific and direct effects on health through

⁹ <http://www.thenationalcouncil.org/capitol-connector/2016/04/independent-commission-recommends-changes-medicare-part-d/>

¹⁰ <http://www.fronterasdesk.org/content/9471/new-mexico-guilt-fraud-audits-and-behavioral-health>

¹¹ http://www.hsd.state.nm.us/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/BH_increase.pdf

¹² <http://www.abqjournal.com/795247/legislators-fear-additional-cuts-may-be-needed.html>

cuts to the state department of health and reduction of spending for Medicaid. The detailed overview of the New Mexico Human Services Department's mandate to reduce Medicaid payments to providers can be found here:

http://www.hsd.state.nm.us/uploads/files/Medicaid_Provider_Rate_Proposal_042616.pdf

Public health officials and others are concerned about possible negative impacts on health in the state.

Potential Measures and Resources

There are multiple existing measures and resources within the community to support Presbyterian in meeting the identified community health needs.

Dr. Dr. Dan C. Trigg Memorial Hospital is a not-for-profit licensed acute care 25 bed hospital located in Tucumcari, New Mexico. Dr. Dan C Trigg Memorial Hospital provides Emergency Care, Family Medicine Clinics in Tucumcari and Logan, Home Healthcare, Hospice, Inpatient Medical Care, Laboratory, Mental Health Services, Pharmacy, Podiatry, Radiology/Medical Imaging, Rehabilitation Services, Skilled Nursing/Swing Bed Program, and General Surgery. Radiology and Laboratory provide diagnostic services for all areas of medical care, including cancer.

In addition to these medical specialties and services, DCT houses numerous programs to support emotional, financial, and general health and wellness needs in the community. These services include: care coordination, home healthcare and hospice, rehabilitation services, and Senior Solutions, an outpatient behavioral health program that offers individuals the opportunity to improve their quality of life by learning to cope with emotional problems, maximizing their ability to function independently. Senior Solutions is available to adults age 55 and older, who are Medicare eligible and is group-based, focused on grief/loss resolution, stress management, and family therapy.

In 2015 Dr. Dr. Dan C. Trigg Memorial Hospital employed 97 people. By providing these jobs and those at PMG clinics throughout the county, Presbyterian is a significant contributor to the local economy. Increased economic opportunity and employment are linked to better health.

Other healthcare facilities include several family practice clinics located in Quay County, New Mexico:

- PMG Family Medicine at Dr. Dan C Trigg Memorial Hospital: National Health Service Corps Recipient: Sliding fee payment schedule used
- PMG Family Medicine in Logan: Rural Primary Health Care Act (RPHCA) funded sliding fee
- Quay County Family Health Center: Federally Qualified Health Center (FQHC) sliding fee payment schedule with drug room
- Dr. James Saltz: For-profit family practice
- Sunrise Medical Group: For-profit family practice

The nearest cancer treatment center is located at Plains Regional Hospital in Clovis, New Mexico (85 miles from Tucumcari).

As part of the CHNA process, the measures and resources for each significant health need weren't specifically identified. However, in the development and implementation of the Community Health Improvement Plans (CHIP), Presbyterian will identify specific measures and resources associated with each goal and plan for intervention. Some of the potential community partners and intervention opportunities related to the priority areas can be found in the community forum summary in Appendix B. The CHIPs can be found on the Presbyterian website at phs.org or by calling (505) 559-6852 for a printed copy.

Appendix A: Health Priority Summary

The Quay County Health Council used publicly available epidemiologic data, with help from Ervin Garcia, Community Health Epidemiologist at the New Mexico Department of Health, as well as results of a community survey and local focus groups to determine significant health needs in the community. The Community Health Assessment was conducted by the health council using the steps outlined below. Members of the Quay County Health Council reviewed all information compiled and provided input throughout the process at public health council meetings.

Steps the Quay County Health Council took to determine significant health needs in the community:

1. Data review (New Mexico Department of Health (NMDOH) IBIS website, County Health Rankings website, Healthy People 2020 website, and Speak Up Quay County Community Survey 2014 Report to identify the most significant health-related indicators for Quay County residents
2. Data review to identify particular at-risk groups
3. Focus groups with representatives of those at-risk populations to determine the barriers faced in accessing healthcare services
4. Facebook survey
5. Quay County Health Council hosted a public meeting to conduct final prioritization of Quay County residents' health needs
6. Significant health needs were determined based upon the following criteria:
 - Quay County health data indicators that were significantly higher than New Mexico's
 - Data indicators that affect large segments of the population
 - Priorities obtained through community survey and focus groups
 - Priorities that the community has the capacity to change
 - Priorities whose improvement could be sustainable

The "Speak Up Quay County" community survey identified health care as the #1 priority among respondents. In addition, specialty care was identified as the #2 healthcare need. Focus groups conducted as part of this community assessment also identified the need for increased access to specialty care. Prenatal care and obstetrical care were ranked as the third and fourth most important healthcare issues for Quay County residents. Focus groups made up of young mothers highlighted the barriers faced, including difficulty finding transportation, leaving work for a day for each appointment, finding child care for all day for other children. Often these women report cancelling prenatal visits and then rescheduling in order to stay on the provider roster to assure delivery assistance. In the survey, dental care access ranked among the top six healthcare needs among Quay County residents. In discussions with focus group participants, lack of dental care access routinely came up.

Focus group discussions with various community members revealed significant misinformation or lack of information by group members when making healthcare decisions for themselves and their families. The experience among healthcare provider members of the Quay County Health Council verified this perception. In addition, this can be supported by educational levels among

Section 3: Appendix

Quay County residents that are consistently lower than New Mexico. Focus groups are described in the table below.

Focus Group: Substance Abuse Treatment Group	Mental Health Resources. Tucumcari NM	This group of individuals (both male and female, Hispanic, Anglo, and African American) described the challenges they experience in accessing healthcare services and support in Quay County.
Focus Group: VFW Auxiliary	Veterans of Foreign Wars Post 2528, Tucumcari NM	This group (both Hispanic and Anglo) described the barriers they have experienced in access healthcare services and support in Quay County
Focus Group: Young families	Community	This group of young moms (both Anglo and Hispanic) described the issues facing young families in accessing prenatal care and pediatric healthcare services.
Focus Group: Psycho-Social Treatment Group	Mental Health Resources	This group (both male and female, Hispanic and Anglo) described the barriers they face in seeking healthcare in Quay County.

Primary individuals providing input:

- Jeff Lara, Director, SW Region NM Department of Health, Public Health Division
- Deborah Baleau, Nursing Supervisor, SW Region NM Department of Health, Public Health Division
- Nannette Macias-Ray, RN, Nurse Manager, Quay County Public Health Office
- Lance Labine, Administrator, Dr Dan C Trigg Memorial Hospital
- Bob Grywacz, Pharmacist
- Council Chair, Dr Dan C Trigg Memorial Hospital
- Quay County Health Council
- Becky Wallace, Administrator, Quay County Family Health Center
- Garcia, Epidemiologist, SE Region NM Department of Health Public Health Division
- Charlotte Chavez-Marquart, Director, Tucumcari, Logan, and House Senior Centers
- Mary Ann Dominguez, Site Manager, Tucumcari Senior Center
- Patty Austin, Client Outreach, Tucumcari, Logan, and House Senior Centers
- Lola McVey, Administrator/Parent Educator, Quay County Home Visiting Program
- Brenda Bishop, Quay County Extension Office
- Amy Egbert, Quay County Health Promotion, SE Region NM Department of Health Public Health Division
- Bonnie Smith, Early Intervention Specialist, MECA Therapies, Inc.
- Beate Macias, Office Manager/Supervisor, Mental Health Resources, Inc
- Alida Brown, Coordinator, Quay County Health Council
- Tonya Rivera, CMS Social Worker, Children’s Medical Services, Quay County Health Council
- Kenia Cepeda Puentes, Parent Educator, Quay County Home Visiting Program
- Sonya Montano, Parent Educator, Quay County Home Visiting Program
- David McVey, Therapist, Mental Health Resources
- Franklin McCasland, Chair, Quay County Board of Commissioners, Presbyterian Medical Services Board of Directors
- Jessie Robinson, Retired WIC Nutritionist, active member of the Senior community
- Teresa Stephenson, Retired Educator, Mesalands Community College Board Member

Appendix B: Community Forum Summary

Forum Details

As part of the Community Health Needs Assessment, a community health forum for Quay County was conducted at the Tucumcari Convention Center in Tucumcari, NM on May 17, 2016 to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities. Ten community members participated and the Director, Epidemiologist, and Community Engagement Specialist from PHS Center for Community Health facilitated. As outlined in IRS requirements, the forum participants included:

- Persons with special knowledge of or expertise in public health
- Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives, or members of medically underserved, low income and minority populations, and populations with chronic disease needs, in the community served by the hospital
- Business and economic development professionals, non-profit leaders, and other community representatives also participated in the forums.

Evaluations of the forums as well as additional or anonymous comments were collected and compiled. The majority of participants reported that they learned a great deal and found the discussions valuable and practical to their professional or personal life.

Health Challenges

Forum participants from Quay County recognize several and often interrelated challenges that residents face when making choices about their lifestyle and health behaviors. Major barriers to health in Quay County are poverty, the size of the population, the remote location of the County, and diminishing economic opportunities and resources. Residents report a lack of industry and the exit of several large employers over the years as contributing to a depressed economy, diminished population, and loss of community resources. Poverty, few choices, and lack of time are seen as reasons why residents don't make healthy food choices or exercise. One of the written comments received stated it this way: "Poverty doesn't allow for better diets or fun activities. Poor people who work hard all day might not have energy to take their kids out walking, jogging, or biking, nor the time. The hours after work are often used for housework, making lunches for the next day, getting members ready for next day." Forum participants felt that if residents had more access to information and education they could better make strategic decisions about health behaviors and healthcare decisions including how to better stretch funds and time and fully utilize current community resources. It was clear from forum conversations that the DCT hospital acts as a center for health and wellness as well as a sort of community hub.

Possible Strategies

Forum participants discussed existing community-based interventions they feel are working and should continue to be supported or expanded. Also discussed were gaps in community based interventions. These ideas were discussed in small groups and reported back to the larger community for discussion. Below are the main ideas brainstormed by the forum participants for each priority area.

Interventions to Support & Expand	Gaps or Areas for Improvement
Healthy Eating	
School meals, including the backpack food program	Transportation, especially for senior citizens
Cooking Classes through NMSU county extension	Cooking classes need more participation
Farmer's Market (well attended)	Connection of nutrition programs and education with healthcare providers
Existing farmer's market incentives: WIC, Snap 2 for 1, Senior checks, other incentives	Not enough/inconvenient locations of farmer's markets
Healthy Hospital Salad Bar	Lack of awareness and utilization of farmer's market incentive programs
Food Ministry (Meals on Wheels & Senior Center)	Underutilization of existing food programs
Active Living	
Golf & Lakes	Need for economic engine
Hiking/Walking Trails (4)	Can expand bike space
Healthy kids coordinator	Staff hours and cost of recreation center/facility
Youth Leagues	Cost of youth sports leagues
Recreation on the mountain	Awareness education about lifestyle and behavior change
Pools	Quality of sidewalks, streets & lighting
Prevention of Unhealthy Substance Use	
Behavioral health staff in county	Behavioral healthcare, community services need more focus on substance use and abuse
Build on what is in schools-more prevention specialists	Limited prevention activities
Organizations that have Youth development programs: VFW, 4H, Boy scouts, Little League, Soccer	Need intensive outpatient program and educational corrections program
Alcoholics Anonymous and Narcotics Anonymous groups (AA/NA)	Clinicians need to be able to share more information
	Need an inpatient Behavioral Health wing at DCT
	Need legislation encouraged to fund programs (political will not to drop Medicare/Medicaid)
Access to Care	
DAWN diabetes program	Community Classes
Non-profit Dentist & Physicians	Legislation encouraged to fund state government in a consistent way to not drop Medicaid & Medicare
Family doctor can fulfill wellness checkups-don't need pediatrician	Health Literacy
	OBGYN, Pediatrician, and other specialists
	Regional pre-natal care-PMG partner
	Regional conversation about access needs

Forum Participants

Maria Carmen Gonzales
Mental Health Tech, Social Worker
Senior solutions/Dr. Dan C Trigg

Richard Primrose
County Manager
Quay Court

Moreen Henderson
County Health Council Chair
Quay County Health Council

Alida St. Bern
QCHC Coordination
Quay County Health Council

Gail Houser
Executive Director
Tucumcari Mainstreet Corp.

Lola McVey
Administration Home Visiting
Q. C. Home Visiting

Martha Cole
LMSW Therapist
Senior Solutions, Dan C. Trigg

Don Weidemann
Administration DCT
Dan C Trigg

Shelly Bruce, LCSW
Program Director, Senior Solutions
Senior Solutions, Dan C. Trigg

Steve Hansen
Quay County Coordinator
Healthy Kids New Mexico

 **PRESBYTERIAN**