

Eat well. Be active.
Avoid unhealthy substances.



 **PRESBYTERIAN**
Community Health

Community Health Needs Assessment

Curry County

August, 2013

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Executive Summary

The purpose of this document is for Plains Regional Medical Center 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 communities 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 9,500 employees and provides services to one in three New Mexicans.

Plains Regional Medical Center (PRMC) is a general, acute care hospital located in Clovis, New Mexico about 90 miles from both Amarillo, New Mexico and Lubbock, Texas. As a not-for-profit hospital with 106 licensed beds, PRMC exists to improve the health of the patients, members and communities it serves in Eastern New Mexico and West Texas.

Presbyterian Healthcare Services (PHS) developed and implemented a comprehensive process to identify significant health needs and subsequently prioritized them. PHS first reviewed the Healthy People 2020 indicators to align priorities with national priorities. Community-specific data, county Health Council priorities and state of New Mexico priorities aided PHS in narrowing the health indicators to 12 significant health needs. These were then prioritized to **healthy eating, active living and the prevention of unhealthy substance use.**

Community health forums were held to gain insight into the barriers, opportunities and potential strategies for achieving the stated priorities.

There are multiple existing measures and resources within the PRMC to support Presbyterian in meeting the identified community health needs. They are expanded on in the Community Health Implementation Plan (CHIP) that was developed from this CHNA. To access the CHNA and CHIP, visit the Presbyterian website at phs.org.

Community Health Needs Assessment

The purpose of this document is for Plains Regional Medical Center 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 the resources that exist in the community to meet the identified needs.

PRMC is part of a larger health system referred to as Presbyterian Healthcare Services (PHS) or Presbyterian. Presbyterian's overarching purpose is to improve the health of the patients, members and communities it serves. PRMC's role in achieving this purposes focuses on the patients, members and community of Curry County.

Presbyterian operates eight hospitals in the communities 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 9,500 employees and provides services to one in three New Mexicans.

Description of the 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. Plains Regional Medical Center defines its community as Curry County, New Mexico.

Plains Regional Medical Center (PRMC) is a general, acute care hospital located in Clovis, New Mexico about 90 miles from Amarillo, New Mexico and Lubbock, Texas. As a not-for-profit hospital with 106 licensed beds, PRMC exists to improve the health of the patients, members and communities it serves in Eastern New Mexico and West Texas.

Plains Regional Medical Center offers a variety of health services including but not limited to cancer treatments, family medicine, orthopedics, behavioral health services, kidney services and sleep medicine. The surrounding community offers a variety of counseling services, a branch of the American Cancer Society, assisted living, rehabilitation centers, senior services, support groups for Diabetes, Autism, and Alzheimer's, and various substance abuse support programs. Due to the population size of the county, services are often limited, suffering from a lack of trained personnel and funding.

According to U.S. Census Bureau 2012 estimates, Curry County has a population of 49,938. The racial/ethnic breakdown for 2011 is as follows: non-Hispanic white (50.5 percent), Hispanic (39.8 percent), Black (7.0 percent) and American Indian and Alaska Native (2.2 percent). Due to the large ethnic diversity, 25.9 percent of households speak a language other than English at home. The median household income is \$40,397 and 19.7 percent of the population lives below the federal poverty level.

The major city in Curry County is Clovis, which has a population of 39,197¹. The main industries in Clovis are retail trade, transportation and warehouse, and construction.

Process and Methods for Conducting the Assessment

Presbyterian developed and implemented a comprehensive process to identify significant health needs and subsequently prioritized them. It first reviewed the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county Health Council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs.

In keeping with the Healthy People 2020 format, these 12 significant health needs are divided into overarching health issues, health related behaviors, and health outcomes.

Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

Health Related Behaviors

3. Immunization
4. Injury and Violence Prevention
5. Nutrition, Weight Status and Physical Activity
6. Tobacco Use and Substance Abuse

Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease
11. Maternal, Infant and Child Health
12. Mental Health and Mental Disorders

The priority-setting process used a best practice learned from Community Health Improvement Partners in San Diego, which was formed in 1995 to meet the California law that requires private, non-profit hospitals to conduct a triennial community needs assessment.

As part of the Presbyterian Community Health Needs Assessment process, input was solicited from PHS Board members. Presbyterian Health Plan is governed by a separate Board of Directors. Each regional hospital is also governed by a Community Board of Trustees. Board members are representative of the communities, patients, members, physicians and stakeholders served. They are active community members and do not receive compensation for their service on the boards. Each board includes physicians and physician leaders who have special knowledge of the health needs of their community.

¹ Curry County, New Mexico Quick Facts, U.S. Census Bureau
<http://quickfacts.census.gov/qfd/states/35/35009.html>

Each board member was asked to determine areas of focus using the following criteria:

- Size of the issue
- Seriousness of the issue
- Importance to Presbyterian
- Alignment with the Presbyterian purpose, vision, values, strategy and goals, and services provided, plus the ability to have an impact
- Availability of community resources

Additionally, the health priorities of the State of New Mexico and each County Health Council were reviewed for alignment.

Based on input and the potential to impact significant health issues in New Mexico, Presbyterian selected ***Nutrition, Physical Activity and Tobacco Use*** as its community health priority areas.

Based on feedback from community partners, the tobacco use priority subsequently was expanded to ***Tobacco Use and Substance Abuse***.

PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**

As part of the Community Health Needs Assessment, Presbyterian hired New Mexico First to facilitate community health forums to gain insight into the barriers, opportunities and potential strategies for achieving the stated priorities. As outlined in the IRS requirements, the 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 community served by the hospital
- Business and economic development professionals and non-profit leaders

A forum was held in Clovis, New Mexico on March 26, 2012.

Prior to the forum, participants could review a background brief that outlined information specific to each community regarding health behaviors.²

² The health issues brief document can be accessed at phs.org

Afterward, participants engaged in a small group discussion in which they could suggest practical recommendations to support positive change in their community. In these discussions, forum participants addressed the following questions³:

- Knowing this community, what is preventing healthier lifestyles?
- What can members of this community do to support tobacco cessation, healthier eating, and more active lifestyles?
- Knowing this community, what are the three most viable ideas?

A follow-up forum was held in Albuquerque in December 2012 to seek additional input into the health priorities of *Eat Well, Be Active and Quit Tobacco*. Feedback spurred expansion of the tobacco cessation priority to *the prevention of unhealthy substance use*.

Significant Health Data

Below is a summary of the state and county data that aided in prioritizing the significant health needs.

State Health Status

In 2010 New Mexico ranked 33rd in overall health, down two spots from 2009. America’s Health Rankings released a report ranking various indicators at the state level compared to the national average. Indicators for which New Mexico ranked poorly (a rank of 25th or less) are shown in Table 1. Some of the determinants for which New Mexico ranked poorly include occupational fatalities, lack of health insurance, number of primary care physicians and geographic health disparities.

Table 1 Determinants and Health rankings for New Mexico compared to US 2009

Determinant/Outcome	NM Value	#1 State Value	Rank
High School Graduation (% of incoming 9 th graders)	59.1	88.6	48
Violent Crimes (Offenses per 100,000 people)	619	120	44
Occupational Fatalities (deaths per 100,000 workers)	5.4	2.8	32
Children in Poverty (% of children under 18)	29.2	10.0	48
Lack of Health Insurance (% without insurance)	22.7	5.0	49
Immunization Coverage (% of children ages 19-35 months)	87.5	94.1	40
Early Prenatal Care (% with visit during first trimester)	76.5	-	46
Primary Care Physicians (Number per 100,000 people)	113.5	191.3	27
Poor Mental Health Days (days in previous 30)	3.5	2.4	29
Poor Physical Health Days (days in previous 30)	3.8	2.7	37

³ The full forum report and list of participants can be found at phs.org

The New Mexico Department of Health released a report in 2007 documenting the top 10 causes of death among New Mexicans. Figure 1 compares percentage of deaths in New Mexico to percentage of deaths in the nation for each of the top 10 causes. Heart disease and cancer are the top two causes of death in New Mexico and the nation.

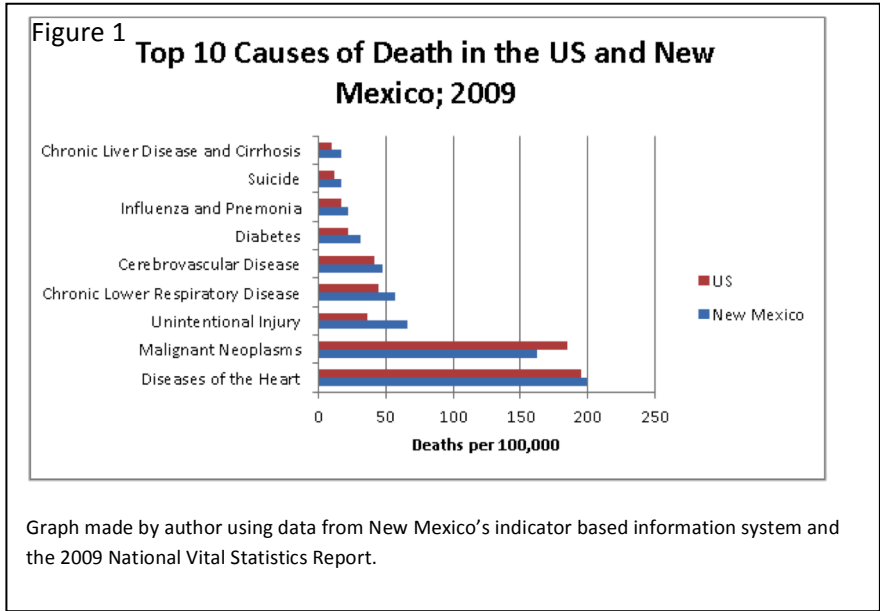


Figure 2 shows rates for other causes of death that are common in the state. New Mexico has higher rates of death than the national average for fatalities related to alcohol, suicide, drug use, motor vehicle crashes and diabetes.

Health disparities are also common in New Mexico, with ethnic populations such as American Indians and Hispanics suffering disproportionately compared to their non-Hispanic white counterparts. Obesity is more prevalent among American Indians (33.1 percent) compared to Hispanics (30.7 percent) and non-Hispanic whites (20.7 percent). Diabetes rates follow similar patterns, with 10.3 percent of American Indians diagnosed with the disease compared to 10.1 percent of Hispanics and 6.2 percent of non-Hispanic whites. Other major health disparities between non-Hispanic whites and ethnic populations include teen birth rates, low birth weight or premature births, HIV diagnosis and homicide rates. (Table 2)

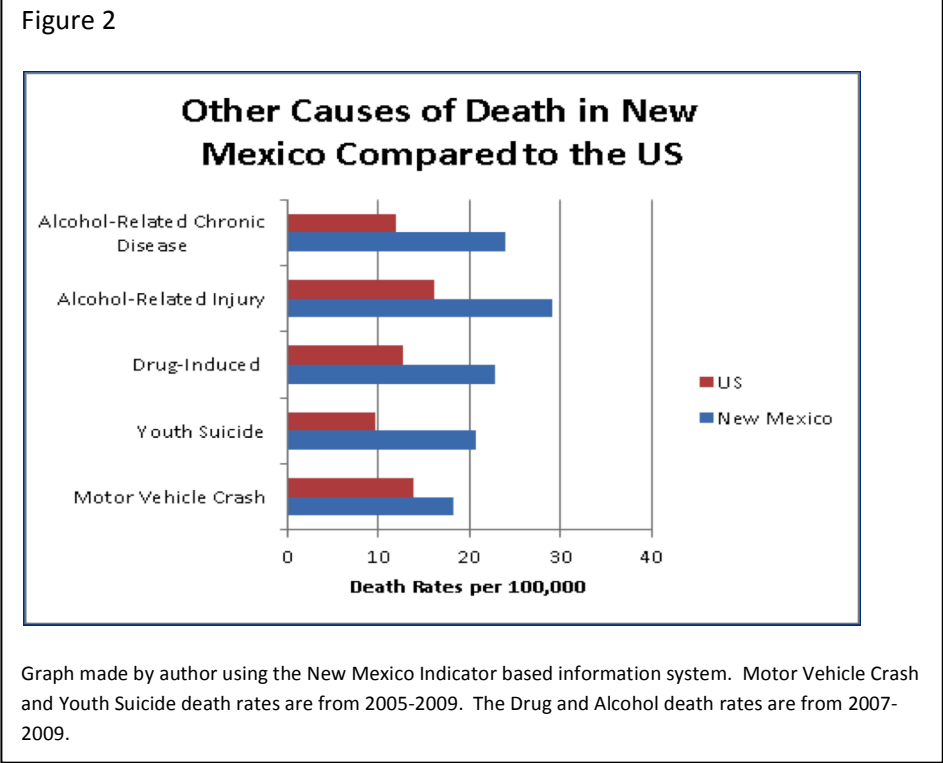


Table 2 Health Disparities in New Mexico

Indicator	Native American	African American	White	Asian American	Hispanic
Obesity among adults Rate per 100 2006-2008	33.6	34.8	20.3	13.0	28.6
Obesity among youth Rate per 100 2009	17.8	13.5	8.7	10.3	12.8
Death from Diabetes Rate per 100,000 2007-2009	73.2	50.3	22.2	33.4	45.6
Low/no prenatal care Rate per 100 2007-2009	50.7	40.5	27.1	27.0	37.2
Teen birth rates Rate per 1,000 2007-2009	30.4	20.3	12.5	9.1	47.2

Table was made by author using data from the Racial and Ethnic Health Disparities Report Card

County Health Status

Community Needs Index (CNI)

The community needs index is a tool created by Catholic Healthcare West that measures community need by ZIP code by analyzing the degree to which a community experiences the following healthcare barriers: income, educational, cultural, insurance and housing. Based on this analysis, a score of 1-5 is given for each barrier in a community, with a 1 indicating no barriers and a 5 indicating extreme barriers. The scores are then added together and an overall CNI score is calculated. A score of 1 indicates low socio-economic barriers and a score of 5 indicates high socio-economic barriers. CNI scores and analysis are used to create a profile of each county. Scores above 4 are considered problematic in overcoming socio-economic factors that contribute negatively to health. The CNI score map, the top five causes of death and health behaviors related to those causes are reported for Curry County.

New Mexico Department of Health County Indicators

The New Mexico Department of Health collects data on a number of indicators for each county and compares them to the average for the state and nation. To highlight health issues in each of the counties, a health indicator will be reported if it indicates worse health than the New Mexico or national average. This is done because New Mexico health indicators are usually worse than the national average.

Many of the health indicators are recorded by “rate.” For example, the death rate for heart disease in New Mexico is 203.8 per 100,000. This means that for a group of 100,000 people, nearly 204 will die from heart disease. The population of New Mexico is over 2 million. Based on this estimate, 4,076 people in New Mexico die from heart disease each year. Other estimates such as teen birth rate and the rate of low birth weight babies are given based on 1,000 (teen birth rate is per 1,000 girls and low birth weight is per 1,000 live births).

Health Status

The mean CNI score for Curry County is 3.6. Some areas such as Saint Vrain have low CNI scores (2.0) demonstrating low community need while other areas such as Texico have high CNI scores (4.4) demonstrating high community need.

The top 5 causes of death in Curry County are heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease and Alzheimer's disease (see Figure 4). Figure 5 compares heart disease death rate between Curry, New Mexico, and the nation. The primary health behaviors that affect these deaths are alcohol consumption, smoking prevalence, obesity, physical activity levels, nutrition status and health care coverage.

Figure 3 Curry County CNI

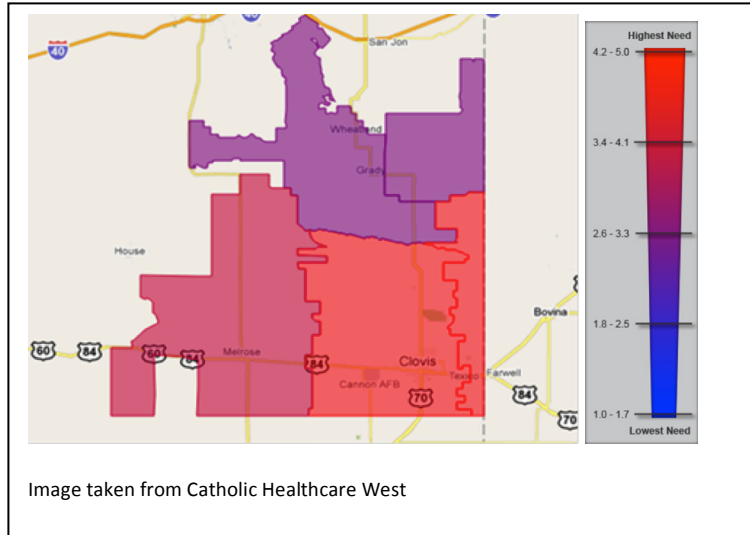


Figure 4

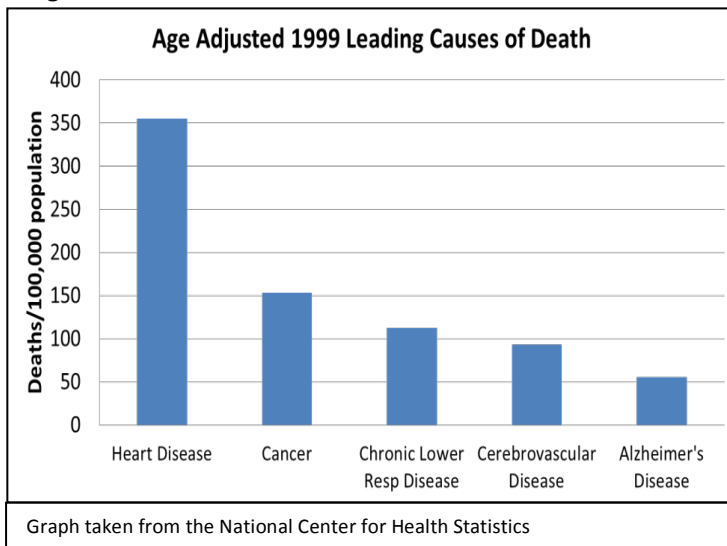
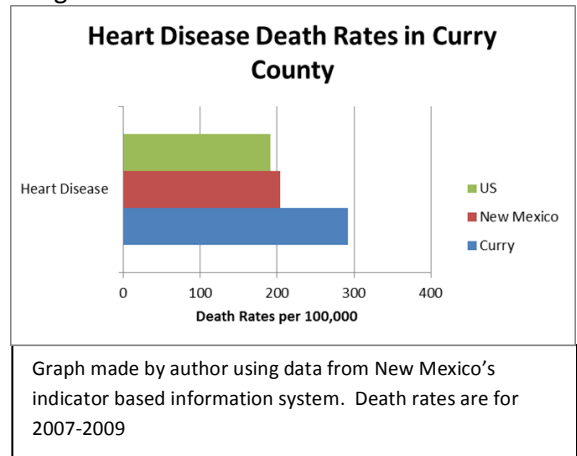


Figure 5

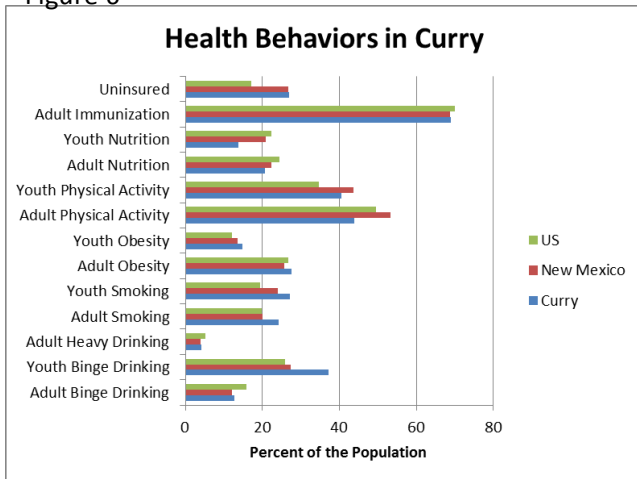


According to county health rankings, Curry County ranks 25th in smoking prevalence, 24th in diet and exercise, 14th in alcohol use and 20th in access to health care. Smoking prevalence is high with 24.2 percent of adults and 27.6 percent of youth as current smokers. Obesity is also high with 27.6 percent of adults and 14.8 percent of youth obese. 3.7 percent of adults report being heavy drinkers (defined as 2 drinks per day for males or 1 drink per day for females). Curry County also has lower levels of health care coverage with only 63 percent of the population insured (see Figure 6).

Figure 7 shows additional death rates for Curry County. Alcohol related deaths and drug induced deaths have a higher rate in Curry County than in the nation. Table 3 shows the percentage of low birth weight

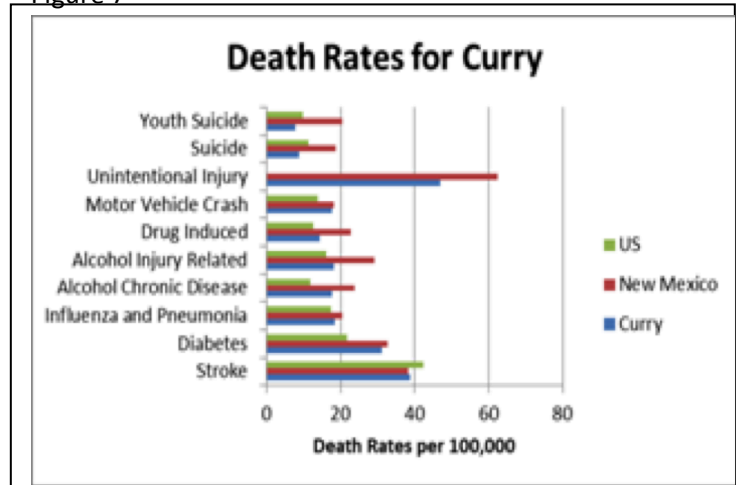
babies, teen birth rate, child abuse allegation rates and the ratio of the population to primary care physicians. Figure 8 reflects the priorities developed by the Curry County Health Council.

Figure 6



Graph was made by author using data from New Mexico’s indicator based information system and New Mexico Substance Abuse Epidemiology Profile. Dates vary from 2003-2009.

Figure 7



Graph was made by author using data from New Mexico’s indicator based information system. Dates vary from 2006-2009

Health Council Priorities

- Obesity Prevention
- Positive Youth Development

Figure 8

Table 3: Health Indicators for Curry County

Indicator	Curry	New Mexico	US
Low Birthweight Babies	12.7	8.4	-
Teen Birth Rate	51.8	31.6	20.1
Child Abuse Allegations	33.6	16.4	-
Ratio of population to primary care physicians	1,184	832	-

Teen Birth Rate is births per 1,000 girls. Low Birthweight is per 1,000 live births. Child abuse allegations are per 1,000 children. Table was made by author using data from New Mexico’s indicator based information system. Dates for data vary from 2006-2009.

Potential Measures and Resources

There are multiple existing measures and resources within the community to support Presbyterian in meeting the identified community health needs. The Curry County Health Council Profile identified a number of resources currently available to the community to help address significant health needs. There are four large care organizations in Curry County. Public Health offers outpatient services which are usually free. La Casa Health Center is a community clinic in Curry County. Team Builders, Mental

Health Resources and Clovis Counseling are all mental health organizations in the community. Some educational services are available such as Kitchen creations annual cooking classes. There are three certified diabetes educators in the county. Additionally, the Health Council has begun partnering with the Clovis Community College in the annual Back to School Health Fair during which children and adults are given information, tools, and health screenings, including the opportunity to be immunized for the upcoming school year. A group of volunteers under the Wellness Council have developed activities focused on informing teens about the negative consequences of becoming teen parents. Such activities include setting up laptops so that teens can take the National Campaign Online Quiz in the prevention of teen pregnancy, developing conversation starter cards and supporting the Stay Teen campaign. To help residents locate the health and human services they need, 2-1-1 is a non-emergency phone number that people can call for information. The service is free and confidential⁴.

As part of the CHNA process, the measures and resources for each significant health need weren't specifically identified. However, in the development of the Community Health Implementation Plans (CHIP), Presbyterian will identify specific measures and resources associated with each intervention identifies. 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 pchs.org. or by calling (505) 923-5398 for a printed copy .

⁴ Information taken from the Curry County Community Health Profile, 2009

Appendix

Appendix A. Health Priority Summary

New Mexico Community Health Priorities

The New Mexico Department of Health has identified priorities and placed them in one of two categories: Improving Individual Health and Improving Community Health. Priorities are listed in the following table.

Improving Individual Health	Improving Community Health
<ul style="list-style-type: none">• Increase Immunizations• Reduce Teen Births• Increase prenatal/antenatal care• Decrease the transmission of infectious diseases and expand preventative services for those at risk• Reduce suicide rates especially among adolescents• Reduce the use of alcohol, tobacco, and drugs• Improve health outcomes for people with disabilities	<ul style="list-style-type: none">• Reduce health disparities• Prevent and control chronic disease• Reduce the prevalence of obesity and diabetes• Reduce the prevalence of intentional/unintentional injury• Increase preparedness for health emergencies including pandemic influenza• Identify and reduce environmental exposures that contribute to poor health

Appendix B. Community Forum Summary

The following is an excerpt from the New Mexico First community forum report and can be found at phs.org.

Forum Convener

Presbyterian Healthcare Services is a not-for-profit system of hospitals, a health plan, and a medical group. For more than 100 years, Presbyterian has been committed to a single purpose – improving the health of the patients, members and communities it serves. Its hospitals, physicians, caregivers and insurance plans serve more than 660,000 New Mexicans, caring for one in three New Mexicans. The Presbyterian Medical Group offers care at more than 30 locations throughout the state. Each year, Presbyterian clinics handle more than 1.2 million patient visits.

Forum Facilitator

New Mexico First engages people in important issues facing their state or community. Established in 1986, the public policy organization offers unique town halls and forums that bring people together to develop recommendations for policymakers and the public. New Mexico First also produces nonpartisan public policy reports on critical issues facing the state. These reports – on topics like water, education, healthcare, the economy, and energy – are available at nmfirst.org.

Clovis – Curry County

Health Behavior Challenges

Forum participants from Clovis recognize several and often interrelated challenges that residents face when making choices about their lifestyle and health behaviors.

- **Healthy Eating:** Lack of finances, time and knowledge are seen as the major obstacles to healthy eating in this community. The current economic climate has restricted family income, and food subsidies can be used on less expensive, but also less nutritious, food. The speed and convenience of fast food restaurants makes it easier to feed a busy family, but results in lower quality nutrition. Education regarding healthy eating isn't focused on adults, yet adults are usually in control of what children eat. There is not enough available information on how to identify and prepare nutritious foods. Traditional ranch-style foods (i.e., meat and potatoes) and lack of knowledge about how to prepare vegetables that are unfamiliar also contribute to unhealthy eating.
- **Active Living:** Weather and the infrastructure in this community is a challenge to outdoor exercise. The strong winds, lack of sidewalks and bike trails, and limited entertainment venues makes outdoor activities less pleasurable. Technology-based entertainment encourages people to stay home rather than go outdoors. The demands of multiple jobs, family responsibilities and limited income are also restrictions. Parents also fear for the safety of their children, and there are few organized youth activities that are free or affordable. There is little education on how to exercise to get results and a misconception that activity will be harmful when you have a chronic health condition.
- **Tobacco Cessation:** Strong addictions are difficult to overcome. Smoking can be a form of self-medication for anxiety or appetite suppression even if someone knows the health consequences.

There is lack of knowledge about local resources or support for tobacco cessation and many cessation tools are more expensive than cigarettes. Young people have easy access to tobacco products (e.g., convenience stores located near schools, no age checking) and are influenced by sports or rodeo celebrities who use tobacco. Some public locations (e.g., housing complexes, hospitals, schools, etc.) do not ban the use of tobacco products.

Health Behavior Priorities

Forum participants agreed on the following community-based interventions that would be most feasible and have the greatest impact on health behavior.

- **Healthy Eating**
 1. **Redirect Food Stamp Choices:** Restrict the junk food items that can be purchased by those who have food stamp benefits. Potential community partners include: Community Health Council.
 2. **Organize Food Sampling:** Organize taste-tests with creative samples of fruit and vegetable choices. Potential community partners include: NM Department of Health, community volunteer groups, Wellness Council, Community Transformation Grants Program.
 3. **Improve School Food Choices:** Improve the food choices offered in the schools to encourage better eating habits. Potential community partners include: NM Public Education Department, school board, school district.
- **Active Living**
 1. **Expand Prescription Trails Program:** This program identifies safe walking trails and programs and distributes a guide to healthcare providers who then prescribe this activity to their patients. The guide could be marketed more broadly. Potential community partners include: New Mexico Takes On Diabetes, NM Department of Health, Veterans Administration.
 2. **Replicate Roswell's 5-2-1-0 Program:** This program (i.e., 5 fruits and vegetables, 2 hours less of screen time, 1 hour of exercise, and 0 sweetened drinks) targets children, but could be broadened to parents and other segments of the population. Potential community partners include the school district and schools.
 3. **Fund "Put me in, Coach":** Fund this program which helps families enroll their children in sports, dance and other active programs. Specific populations could be targeted at first (e.g., foster children). Potential community partners include: NM Children, Youth and Families Department, Court Appointed Special Advocate Association, local athletic organizations.
- **Tobacco Cessation**
 1. **Make Quitting Fun:** Specify a month where businesses are encouraged to help in the "stop tobacco now" effort by forming teams of employees who will support each other in tobacco cessation. Potential community partners include: Clovis Chamber of Commerce, Eastern Plains Council of Governments, American Cancer Society.
 2. **Establish a Speakers Bureau:** Organize volunteers from local businesses and organizations to present tobacco cessation programs at schools and allow school personnel to talk to parents about this issue. Potential community partners include: Wal-Mart, Albertsons, Toastmaster's.

3. **Enlist Influential People to Focus on Tobacco Cessation:** Organize local leaders to address this issue (e.g., ministers, doctors, mothers). Potential community partners include: local churches, healthcare providers, parents.