

Eat well. Be active.
Avoid unhealthy substances.



 **PRESBYTERIAN**
Community Health

Community Health Needs Assessment

Lincoln County

August, 2013

Table of Contents

Executive Summary	2
Community Health Needs Assessment.....	3
Description of Community Served	3
Process and Methods for Conducting the Assessment	4
Significant Health Data	6
State Health Status	6
County Health Status	8
Potential Measures and Resources	10
Appendix.....	11
Appendix A. Health Priority Summary	11
Appendix B. Community Forum Summary	12

Executive Summary

The purpose of this document is for Lincoln County 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.

Lincoln County Medical Center (LCMC) is a not-for-profit, critical access hospital with 25 licensed beds, located in Ruidoso, New Mexico. Presbyterian's overarching purpose is to improve the health of the patients, members and communities it serves. LCMC's role in achieving this purposes focuses on the patients, members and community of Lincoln County.

Presbyterian Healthcare Services (PHS) 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 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 Lincoln County 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 pchs.org.

Community Health Needs Assessment

The purpose of this document is for Lincoln County 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 provides a general description of the resources that exist in the community to meet the identified needs.

LCMC 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. LCMC's role in achieving this purposes focuses on the patients, members and community of Lincoln 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 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. Lincoln County Medical Center defines its community as Lincoln County, New Mexico.

Lincoln County Medical Center (LCMC) is a critical access hospital that has served the Lincoln County community since 1950, when the facility first opened as the Ruidoso-Hondo Valley General Hospital. LCMC is owned by the County of Lincoln, and since 1972 has been leased by Presbyterian Healthcare Services, which has greatly aided its growth and advancement. Through its affiliation with PHS, LCMC is able to provide access to highly specialized care - such as open-heart surgery and pediatric sub-specialty care - at facilities in Albuquerque, if needed.

The U.S. Census estimates the 2012 population of Lincoln County to be 20,309. The racial/ethnic breakdown of Lincoln County is non-Hispanic white (65.2 percent), Hispanic (30.7 percent), American Indian and Alaska Native (2.9 percent), and Black (0.9 percent). Due to the large ethnic diversity, 23.1 percent of households speak a language other than English at home. From 2007-2011, the median household income was estimated at \$44,557. Approximately 12.4 percent of the population lives below the federal poverty level. The major village in Lincoln County is Ruidoso, which in 2012 had an estimated population of 20,309¹. The main industries in Ruidoso are accommodation and food services, construction, professional, scientific and technological services. Lincoln County is also home to the Mescalero Apache Tribe.

¹ U.S. Census Bureau Quick Facts, Lincoln County, New Mexico
<http://quickfacts.census.gov/qfd/states/35/35027.html>

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.

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 Ruidoso on March 28, 2012.

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

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?

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

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

Significant Health Data

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

State Health Status

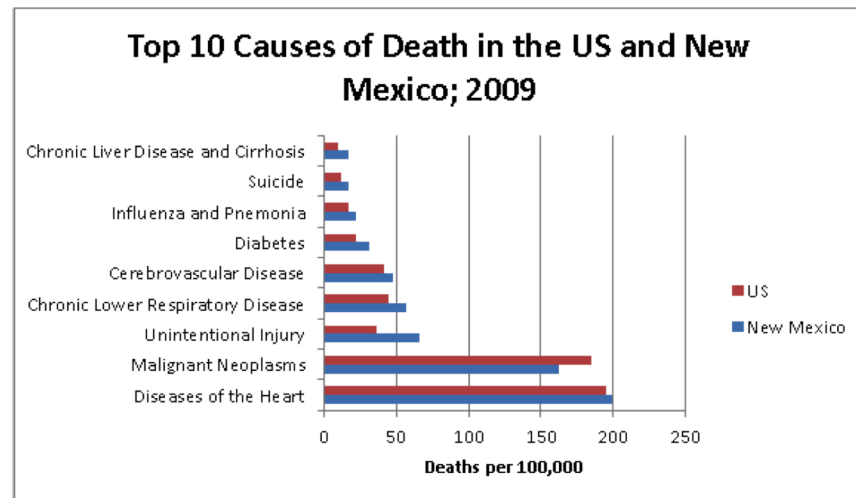
In 2010 New Mexico ranked 33rd in overall health, down two spots from 2009. America's Health Rankings released a report ranking various indicators at the state level compared to the national average. Indicators for which New Mexico ranked poorly (a rank of 25th or less) are shown in Table 1. Some of 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
Geographic Disparity (Relative Standard Deviation)	15.7	4.3	42
Premature Deaths (Years lost per 100,000 people)	8,656	5,382	41

The New Mexico Department of Health released a report in 2007 documenting the top 10 causes of

Figure 1



Graph made by author using data from New Mexico's indicator based information system and the 2009 National Vital Statistics Report.

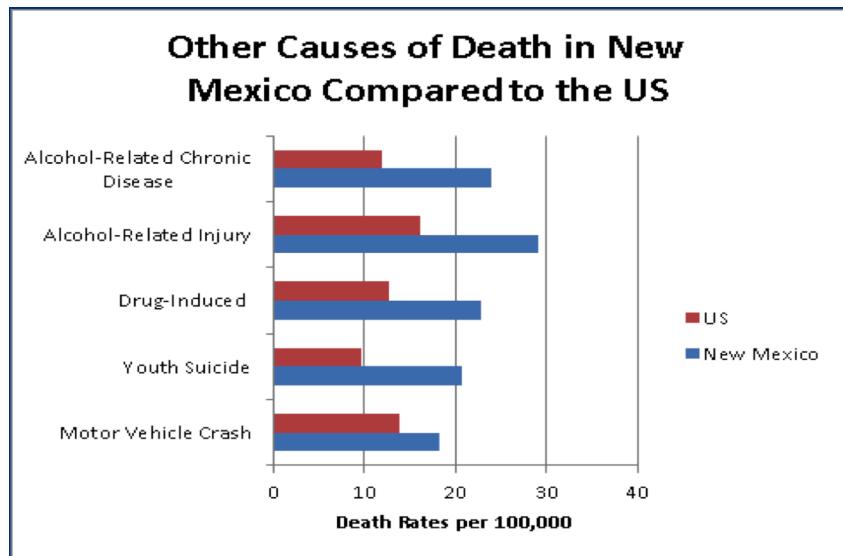
death among New Mexicans. Figure 1 compares percentage of deaths in New Mexico to percentage of deaths in the nation for each of the top 10 causes. Heart disease and cancer are the top two causes of death in New Mexico and the nation. Figure 2 shows rates for other causes of death that are common in 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 diagnoses and homicide rates. (Table 2)

Figure 2



Graph made by author using the New Mexico Indicator based information system. Motor Vehicle Crash and Youth Suicide death rates are from 2005-2009. The Drug and Alcohol death rates are from 2007-2009.

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 Lincoln 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).

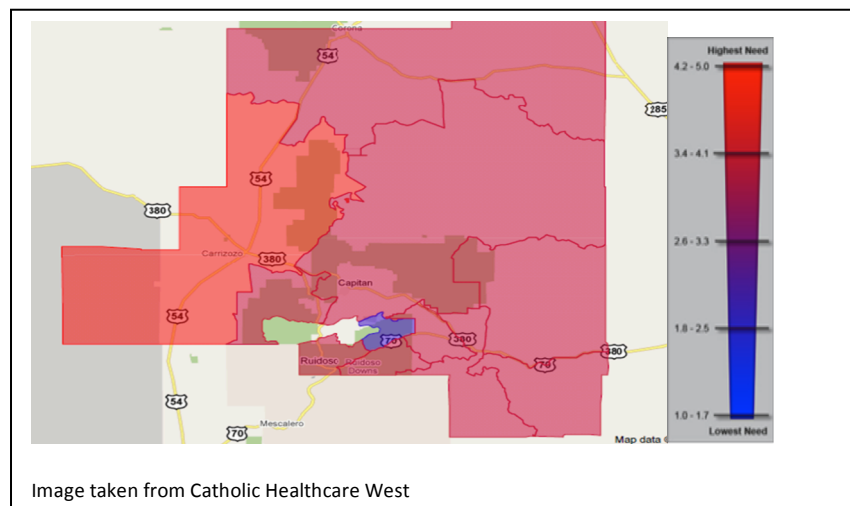
Health Status

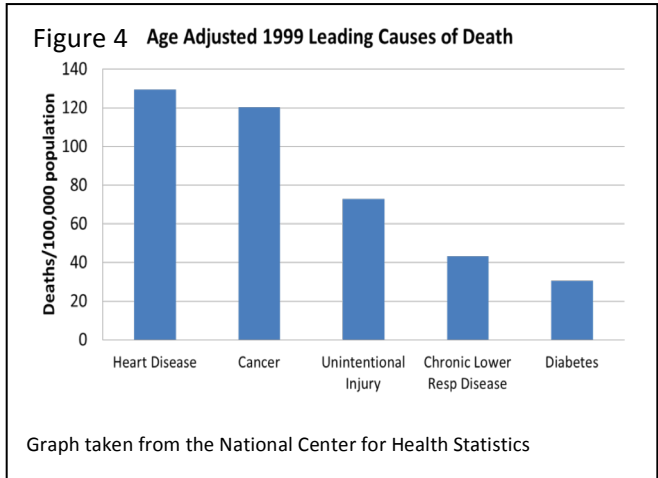
Lincoln County

The mean CNI score for Lincoln County is 3.7. Alto has the lowest CNI score (2.0) demonstrating low community need while Carrizozo has the highest CNI score (4.4) demonstrating high community need.

The top 5 causes of death in Lincoln County are heart disease, cancer, unintentional injury, chronic lower respiratory disease and diabetes (see Figure 4). Figure 5 shows that Lincoln County has lower

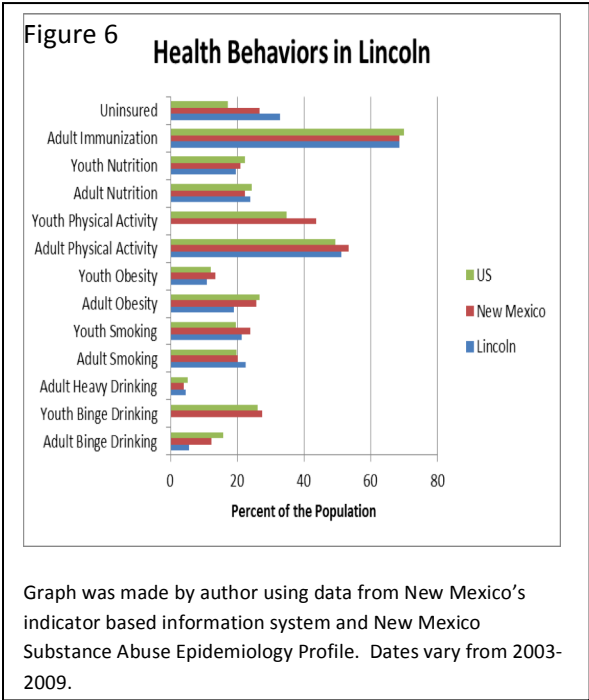
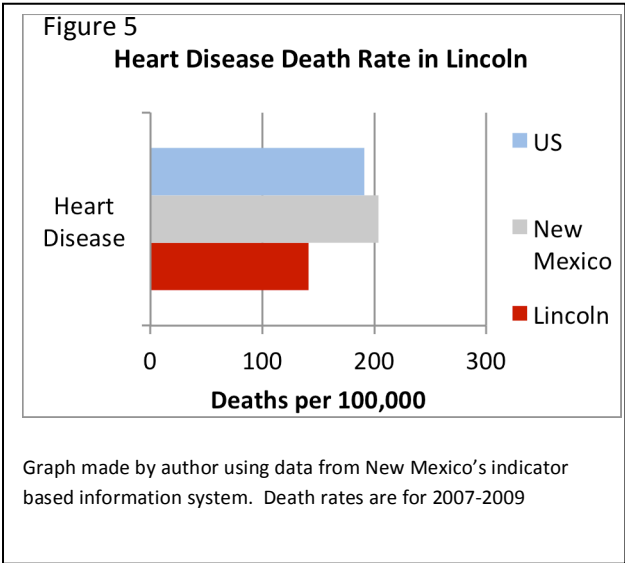
Figure 3 Lincoln County CNI





heart disease death rates than the state and the country. The primary health behaviors associated with these diseases are alcohol consumption, tobacco use, obesity, nutritional and physical activity status and healthcare access.

Based on county health rankings, Lincoln County ranks 24th for smoking prevalence, 6th for diet and exercise, 12th for alcohol use and 27th for health care access compared to the other counties. Smoking prevalence is high with 22.5 percent of adults reporting current smoking and 21.4 percent of youth. 18.9 percent of adults and 10.9 percent of youths are obese. 4.5 percent of adults report as heavy drinkers



and only 66.2 percent of the population has health insurance (Figure 6).

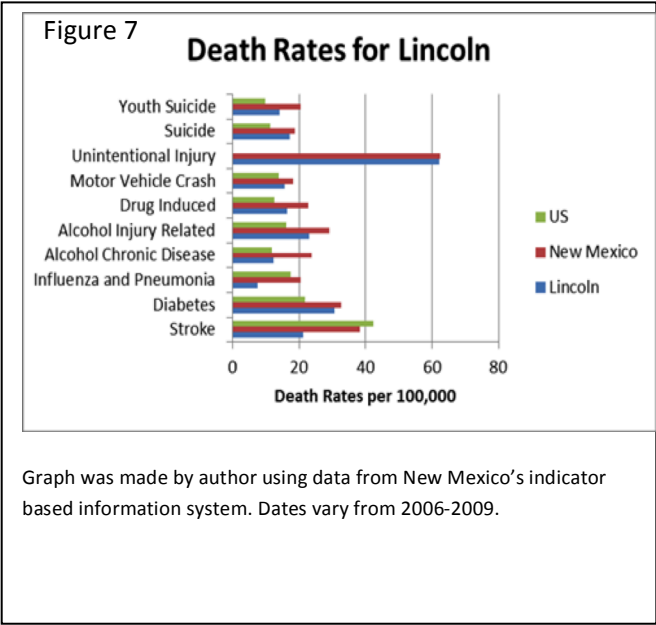


Figure 7 shows other common causes of death in Lincoln County with especially high death rates for alcohol related, drug induced, diabetes and suicide.

Table 3 shows the percent 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 Lincoln County Health Council.

Table 3: Health Indicators for Lincoln County

Indicator	Lincoln	New Mexico	US
Low Birthweight Babies	9.7	8.4	-
Teen Birth Rate	28.2	31.6	20.1
Child Abuse Allegations	14.2	16.4	-
Ratio of population to primary care physicians	1163	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.



Figure 8

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 Lincoln County Health Council Profile identifies a number of resources currently available to the community to help address significant health needs. There are many venues for outdoor physical activity such as fishing, mountain biking and hiking. Other community assets that contribute to the health and well-being of Lincoln county residents include an Alzheimer’s Monthly Support Group, the High Mesa Healing Center, the Luna Project for Adolescent Teen Girls, Parenting Classes, Ruidoso Garden Club and a Ruidoso chapter of Weight Watchers. Currently the Community Health council is working toward a new transportation system that will assist elderly and poor populations in accessing services, especially those who reside in rural villages⁴.

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 identified. 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) 923-5398 for a printed copy.

⁴ Information taken from the Lincoln County Community Health Profile, 2006-2007

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 pfs.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, and healthcare, the economy and energy – are available at nmfirst.org.

Ruidoso – Lincoln County

Health Behavior Challenges

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

- **Healthy Eating:** There is lack of knowledge and confusion regarding healthy foods and healthy portion sizes. Even healthcare practitioners have limited training on nutrition. Unhealthy foods are highly accessible, while healthy foods are perceived to be too expensive, hard to find, and time consuming to prepare. This is especially challenging for senior citizens and low-income families. Culturally, southwestern cuisine is high in starch and calories.
- **Active Living:** There is a lack of infrastructure to support walking, running, and biking and lack of finances to create paths and trails. In addition, many residents find it difficult to be motivated to engage in these activities alone. There are no clubs or organized programs to find walking, running and biking companions. There is no community recreation center and many residents find gym memberships and the fees to use the community swimming pool restrictive. Although the natural resources of the area are plentiful, fitting in exercise to busy lives is seen as a challenge and often not a priority. For much of the year it is dark before and after work, which is not conducive to going out in the evening. Sedentary distractions, such as television, video games and the internet take precedence over exercise.
- **Tobacco Cessation:** In this community, tobacco products are readily available and face-to-face cessation services and support are not available. Because of the addictive quality, residents believe

many tobacco users lack the desires to quit and are not deterred by the evidence that use has negative consequences.

Health Behavior Priorities

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

- **Healthy Eating**
 1. **Provide Informed Choices:** Restaurants could be involved in a group initiative to devote a portion of their menus to healthy choices and provide nutrition information. Potential community partners include the Chamber of Commerce and the NM Restaurant Association.
 2. **Provide Nutrition Education:** Educate parents on how to prepare healthy meals through Head Start and kindergarten programs and through school-based health center coordinators and existing programs like GRADS which provides school based services for teen parents. Potential community partners include: NM Department of Health, school district and Community Health Council.
 3. **Develop a Culture for Healthy Eating:** Create a local culture that makes healthy eating and food preparation fun by devising a healthy, local food pyramid and holding weekly community events at facility kitchens that teach people how to cook while sharing a meal and enjoying each other's company. Potential community partners include: Community Health Council, Eastern New Mexico University, county extension program.
- **Active Living**
 1. **Improve Recreation Trails:** Allocate resources to increase maintenance and expansion of recreation trails through a collaboration of local government and organizations. Potential community partners include elected officials and Friends of Parks and Recreation.
 2. **Create a Community Center:** Prioritize the renovation of the senior citizens' center and expand it to include a multipurpose community center. Potential community partners include: local government, Eastern New Mexico University, Community Health Council.
 3. **Organize Community Activities and Events:** Organize more community events along the lines of the Sprint Triathlon. Potential community partners include local sport champions.
- **Tobacco Cessation**
 1. **Pass Tobacco-free Legislation:** Pass legislation to designate Ruidoso and Ruidoso Downs as tobacco-free communities and eliminate the Smoke Bus. Potential community partners include elected officials and community leaders.
 2. **Designate Tobacco-free Housing:** Organize a county-wide effort to designate multi-family dwellings such as U.S. Housing and Urban Development properties and other types of apartment dwellings as tobacco-free and support residents who use tobacco by offering free-cessation resources. Potential community partners include Eastern New Mexico University and Tobacco Use Prevention and Control.
 3. **Implement Youth Tobacco Cessation Program:** Implement programs that help youth build the social skills and emotional skills needed to resist peer pressure to use tobacco and control their

impulse to smoke. Potential community partners include the school district and Tobacco Use Prevention and Control.