

Eat well. Be active.  
Avoid unhealthy substances.



 **PRESBYTERIAN**  
Community Health

# Community Health Needs Assessment

*Quay County*

August, 2013

## **Table of Contents**

Executive Summary .....	2
Community Health Needs Assessment.....	3
Description of the Community Served .....	3
Process and Methods for Conducting the Assessment .....	4
Significant Health Data .....	6
State Health Status .....	6
County Health Status .....	7
Potential Measures and Resources .....	10
Appendix.....	12
Appendix A. Health Priority Summary .....	12
Appendix B. Community Forum Summary .....	13

## Executive Summary

The purpose of this document is for 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, as well as a general description of the resources that exist in the community to meet the identified needs.

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, Trigg Memorial exists to improve the health of the patients, members and communities it serves in Quay 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

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

As part of the community health needs assessment, community health forums were conducted to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

There are multiple existing measures and resources within Quay County available to support Presbyterian in meeting the identified community health needs. These resources 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](http://phs.org).

## **Community Health Needs Assessment**

The purpose of this document is for 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, as well as a general description of the resources that exist in the community to meet the identified needs.

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, Trigg Memorial exists to improve the health of the patients, members and communities it serves in Quay 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. Dan C. Trigg Memorial Hospital defines its community as Quay County, New Mexico.

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.

In 2012, the U.S. Census Bureau estimated Quay County’s population to be 8,769. The racial/ethnic breakdown of Quay County in 2011 was White non-Hispanic (52.8 percent), Hispanic (43.1 percent), American Indian and Alaska Native (2.2 percent), and Black (1.6 percent). Due to large ethnic diversity, 27.8 percent of households in Quay County speak a language other than English at home. The median household income (2007-2011) was \$29,772 and 20.2 percent of the population lives below the poverty line. The major city in Quay County is Tucumcari which has a population of 5,204 (2012 estimate)<sup>1</sup>. The main industries in Tucumcari are healthcare, manufacturing, and educational services.

---

<sup>1</sup> U.S. Census Bureau Quick Facts, Quay County, New Mexico  
<http://quickfacts.census.gov/qfd/states/35/35037.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 began by looking at the Healthy People 2020 indicators in order to align PHS priorities with national priorities. Presbyterian then looked at the community-specific data, county health council priorities, and state of New Mexico priorities, which aided it in narrowing down the health indicators to twelve significant health needs.

In keeping with the Healthy People 2020 format, these twelve 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

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

### Health Outcomes

1. Cancer
2. Diabetes
3. Heart Disease and Stroke
4. Respiratory Disease
5. Maternal, Infant, and Child Health
6. Mental Health and Mental Disorders

The priority setting process utilized a best practice learned from Community Health Improvement Partners in San Diego. Community Health Improvement Partners was initially 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 process, input was solicited from the members of Presbyterian's Boards. Presbyterian Healthcare Services is governed by an organization, principal fiduciary Board of Directors. The Presbyterian Health Plan is also governed by a Board of Directors. Each regional hospital is governed by a Community Board of Trustees. Board members are representative of the communities, patients, members, physicians, and stakeholders served. Members of the boards are active community members and do not receive compensation for their service on the board. Each board includes physicians and physician leaders who have special knowledge of the 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 from 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 **Healthy Eating, Active Living and Tobacco Cessation** as its community health priority areas.

Based upon feedback from community partners, the tobacco cessation priority was expanded to **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:

- 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 and non-profit leaders also participated in the forums.

A forum was convened in Tucumcari on March 27, 2012.

Prior to the forums, participants could review a background brief that outlined information specific to each community regarding health behaviors.<sup>2</sup> Afterwards, participants engaged in a small group discussion in which they suggested practical recommendations that would support positive change in their community. In these discussions, forum participants addressed the following questions:

- 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?

---

<sup>2</sup>The health issues brief document can be accessed at [phs.org](http://phs.org)

<sup>2</sup> The full forum report and list of participants can be found at [phs.org](http://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

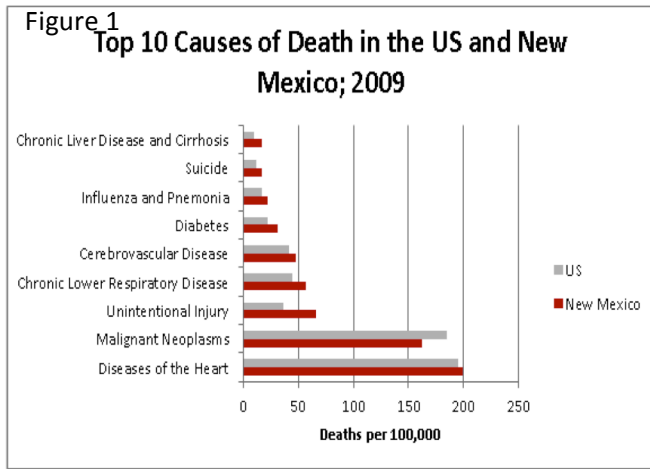
In 2010 New Mexico ranked 33<sup>rd</sup> in overall health, down 2 spots from 2009 when it ranked 31<sup>st</sup>. America's Health Rankings released a report ranking different indicators at the state level compared to the national average. Indicators for which New Mexico ranked poorly (a rank of 25<sup>th</sup> 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.

The New Mexico Department of Health released a report in 2007 documenting the top ten causes of death among New Mexicans. Figure 1 compares percentage of deaths in New Mexico to the percentage of deaths in the nation for each of the top ten causes of death. Heart disease and cancer are the top two causes of death in both 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 for fatalities related to alcohol, suicide, drug use, motor vehicle crashes, and diabetes than the national average.

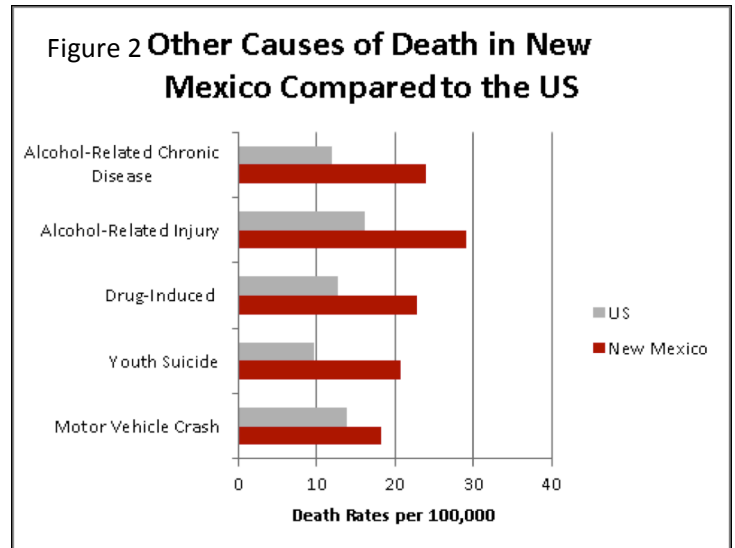
Health disparities are also common in New Mexico, with ethnic populations such as American Indians and Hispanics suffering disproportionately compared to their white counterparts. Obesity is more prevalent among American Indians (33.1 percent) compared to Hispanics (30.7 percent) and Whites (20.7 percent). 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 Whites. Other major health disparities between whites and ethnic populations include teen birth rates, low birth weight or premature births, HIV diagnosis, and homicide rates. (Table 2)

**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 <sup>th</sup> 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



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



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
<b>Obesity among adults Rate per 100 2006-2008</b>	33.6	34.8	20.3	13.0	28.6
<b>Obesity among youth Rate per 100 2009</b>	17.8	13.5	8.7	10.3	12.8
<b>Death from Diabetes Rate per 100,000 2007-2009</b>	73.2	50.3	22.2	33.4	45.6
<b>Low/no prenatal care Rate per 100 2007-2009</b>	50.7	40.5	27.1	27.0	37.2
<b>Teen birth rates Rate per 1,000 2007-2009</b>	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**

Presbyterian Healthcare Services currently provides healthcare services in 9 different counties in New Mexico as well as health insurance coverage statewide.



### Community Needs Index

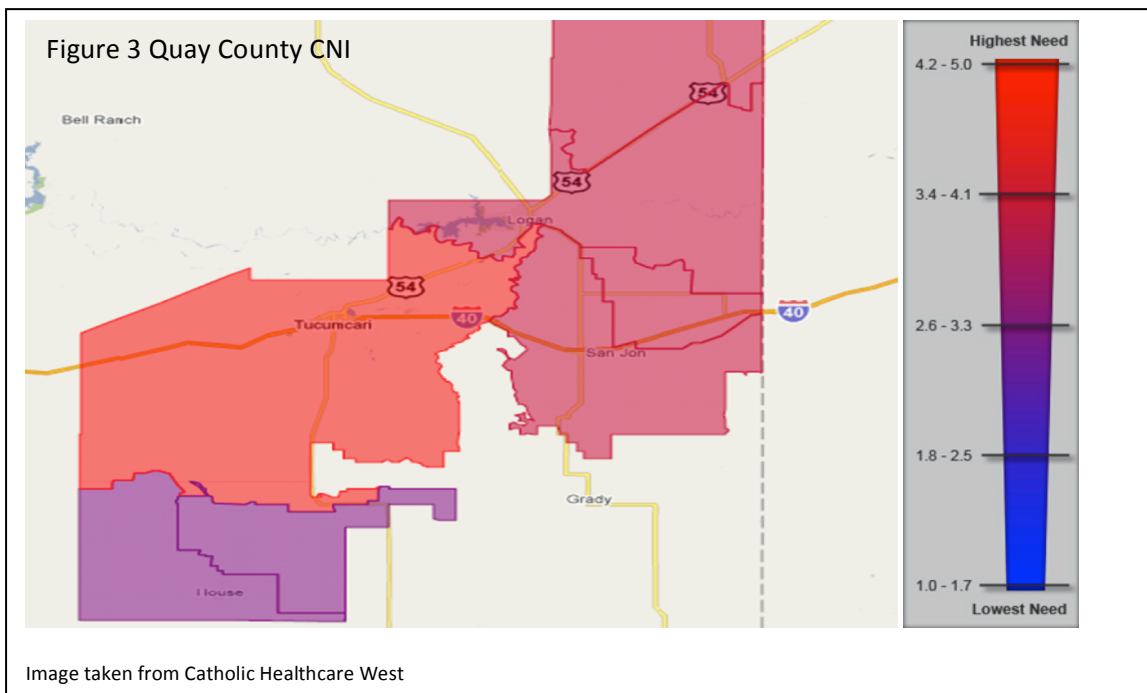
The community needs index (CNI) is a tool created by Catholic Healthcare West that measures community need by zip code by analyzing the degree to which a community experiences the following healthcare barriers: income, educational, cultural, insurance, and housing. Based on this analysis, a score of 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.

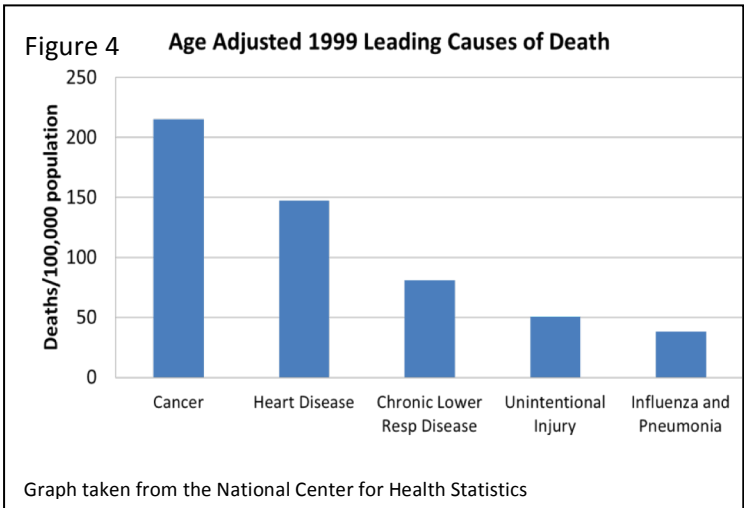
### New Mexico Department of Health County Indicators

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 the rest of the nation. In order 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 the 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” such as 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 204 (rounding) will die from heart disease. The population of New Mexico is over 2 million so, 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).

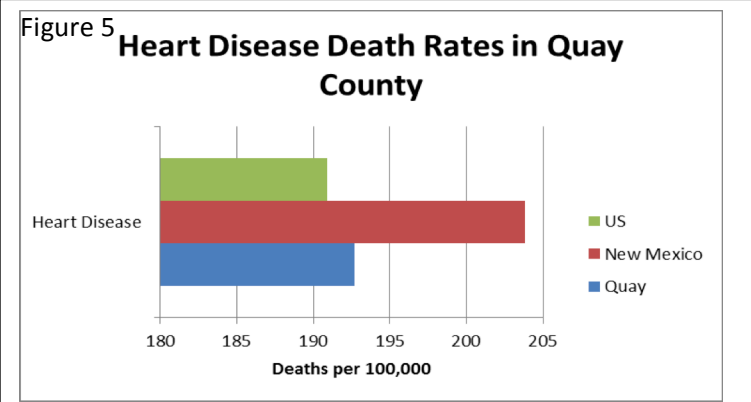
The mean CNI score for Quay County is 3.6. San Jon has the lowest CNI score of 2.6 indicating moderate community need. Tucumcari has the highest CNI score of 4.6 indicating high community need.



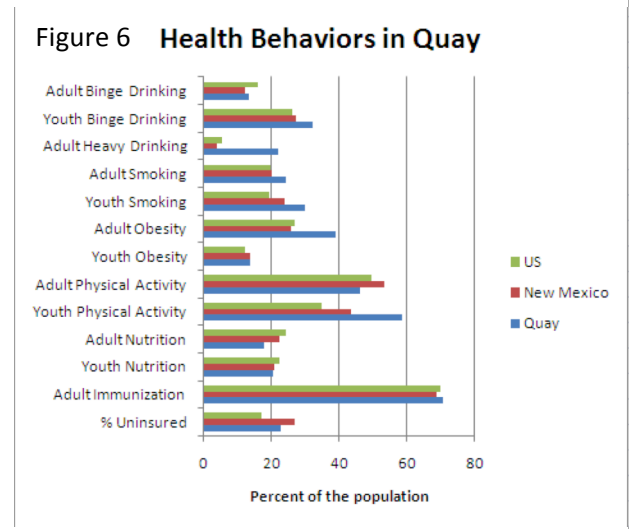


The top five causes of death in Quay County are cancer, heart disease, chronic lower respiratory disease, unintentional injury, and influenza and pneumonia (figure 4). Figure 5 compares the heart disease death rate in Quay to that of the state and the country. The primary health behaviors that affect these diseases are alcohol consumption, tobacco use, obesity, physical activity, nutritional status, vaccination of adults, and health care access.

Based on county health rankings, Quay County ranks 30<sup>th</sup> in smoking prevalence, 26<sup>th</sup> in diet and exercise, 3<sup>rd</sup> in alcohol consumption, and 7<sup>th</sup> in health care access compared to the rest of the counties. As demonstrated by the ranking smoking prevalence is high with 29.1 percent of adults and 29.8 percent of youth smoking. Obesity prevalence is also high with 38.9 percent of adults and 13.5 percent of youth obese. Alcohol consumption is relatively low with only 2.2 percent of adults reporting heavy drinking. Just over 70 percent of adults 65 and over are immunized for influenza. Health access is moderate with 77.4 percent of the population insured (figure 6)



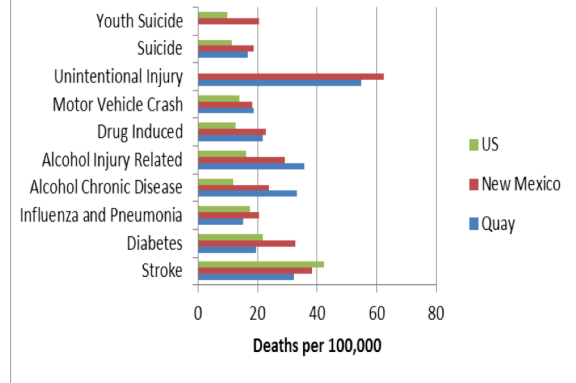
Graph made by author using data from New Mexico's indicator based information system. Death rates are for 2007-2009



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 provides additional information on other common causes of death in Quay County. Again, suicide and all alcohol death rates are much higher than the state and national average. 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 Quay County Health Council.

Figure 7 **Death Rates for Quay**



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

Figure 8

- Health Council Priorities**
- Obesity Prevention
  - Access to Services
  - Substance Abuse prevention and access to treatment
  - Teen pregnancy prevention
  - Access to education and services
  - Suicide prevention and access to mental health services

Table 3: Health Indicators in Quay County

Indicator	Quay	New Mexico	US
Low Birthweight Babies	8.2	8.4	-
Teen Birth Rate	44.1	31.6	20.1
Child Abuse Allegations	52.8	16.4	-
Ratio of population to primary care physicians	1121	832	-

Teen Birth Rate is births per 1,000 girls. Low Birthweight is per 1,000 live births. Child abuse allegations is 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 available to support Presbyterian in meeting the identified community health needs. The Quay County health care system includes 5 family practice private physicians, 6 mid-level providers, 1 surgeon, 2 full-time dentists, 2 optometrists, and 1 chiropractor.

The Quay County Health Council Profile identified a number of resources currently available to the community to address significant health needs. To combat obesity Logan Public Schools allow the community to use their indoor pool. The city of Tucumcari provides a public walking track while the Tucumcari Recreation center has a weight room with a qualified volunteer available to the public. Additionally, there are two private gyms that offer monthly memberships at very low rates (\$15 and \$25). To combat tobacco use, the ASAP Coalition provides classes and support for residents who want to quit smoking. Breast and cervical cancer screening is available to women and fees are based on income. Mental health services are also provided on a sliding fee basis<sup>3</sup>.

<sup>3</sup> Information taken from the Quay County Community Health Profile, 2009

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](http://phs.org). or call (505) 923-5398 for a printed copy .

## Appendix

### Appendix A. Health Priority Summary

#### New Mexico Community Health Priorities

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

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

## 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](http://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 they serve. Their 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 different locations throughout the state. Each year, Presbyterian clinics handle more than 1,200,000 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](http://nmfirst.org).

### *Tucumcari – Quay County*

#### **Health Behavior Challenges**

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

- **Healthy Eating:** Access to quality, affordable food is the main challenge in this community. Low incomes, and in some families substance abuse problems, leaves less money available for healthy eating. Conversely, there is easy and inexpensive access to fast food. Many children in this community qualify for free meals and the weekend food backpack program. This provides basic staples, but not necessarily healthy foods. After school and work responsibilities make it more difficult for families to eat healthy, home-prepared meals. Lack of knowledge regarding nutrition, media influences, cultural eating traditions, and lack of self-discipline are also factors in local eating habits.
- **Active Living:** The environment in and around this community is inhospitable for outdoor exercise and activities. In the absence of bike paths and lanes, cycling and walking can only take place on the highways. There is a lack of recreation facilities and the community pool is underutilized. There are no community teams for older adolescents and adults other than softball. Many people spend most of their time inside watching television or using computers. A lack of funding prevents the development of more physical activity opportunities.
- **Tobacco Cessation:** There is a culture around tobacco use in the community. The business community has not enforced tobacco-free policies. Tobacco prevention programs in the schools have been eliminated.

#### **Health Behavior Priorities**

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

- **Healthy Eating**
  1. **Provide Diabetes Education:** Support a diabetes educator in health clinics once a week to counsel patients on nutrition to prevent and treat diabetes. Potential community partners include: Diabetes Awareness and Wellness Network, health clinics.
  2. **Increase Awareness and Access:** Increase awareness of the negative health impacts of not eating well and provide opportunities to purchase low-cost, healthy foods. Potential community partners include: Food Buyers Co-op
  3. **Increase Health Outreach:** Conduct outreach and medical testing events more frequently to help people identify health issues and learn about healthy eating. Potential community partners include: NM Department of Health.
- **Active Living**
  1. **Reward Healthy Accomplishments:** Provide incentives (prizes) for active lifestyle accomplishments. If no funds are available for prizes, recognition could be announced over the local media. Businesses and schools could have healthy living competitions. Potential community partners include: NM Department of Health, Community Transformation Grants Program.
  2. **Maximize Public Pool:** Extend the hours and expand the programs for the public pool (e.g., aqua aerobics classes, lap time). Potential community partners include: local government, local gyms.
  3. **Exercise Together:** Organize running and walking clubs and provide water and healthy snacks at the end of the route. Potential community partners include: local grocers, local organizations.
- **Tobacco Cessation**
  1. **Address Tobacco as Substance Abuse:** Address tobacco use as other addictive substances as both a mental health and physical health issue. Implement an awareness program and address substituting one addictive substance for another. Potential community partners include: healthcare providers, NM Department of Health.
  2. **Outreach to Youth:** Find new and creative ways to continually educate and show youth the results of tobacco use (e.g., youth-focused health fairs). Potential community partners include: NM Department of Health, American Cancer Society, community volunteers.
  3. **Publicize Success Stories:** Broadcast success stories about those who have quit using tobacco and how they accomplished it. Potential community partners include: media, high school and college departments of art and performing arts, local celebrities.