

Eat well. Be active.
Avoid unhealthy substances.



 **PRESBYTERIAN**
Community Health

Community Health Needs Assessment

Rio Arriba County

August, 2013

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Executive Summary

The purpose of this document is for Presbyterian Española 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.

Presbyterian Española Hospital (PEH) is an 80-bed general, acute care hospital located in Española, New Mexico. PEH offers general acute inpatient care, ambulatory services, surgical services, and emergency care. The community served is Rio Arriba County, New Mexico.

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 the PEH community 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.

Community Health Needs Assessment

The purpose of this document is for Presbyterian Central New Mexico 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.

PEH 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. PEH's role in achieving this purposes focuses on the patients, members and community of Bernalillo, Sandoval, Tarrant and Valencia counties.

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

Presbyterian Española Hospital (PEH) is an 80-bed general, acute care hospital located in Española, New Mexico. It is located in Rio Arriba County, approximately 90 miles north of Albuquerque. Española Hospital is fully accredited by the Joint Commission on Accreditation of Hospitals.

PEH offers general acute inpatient care, surgical services, and emergency care. A variety of other services are available including but not limited to family medicine, internal medicine, pediatrics, a same day care clinic, obstetrics and gynecology, general surgery, orthopedic care, podiatry, pulmonary medicine, sleep disorders medicine, urology, nutritional counseling, a diabetes resource center, physical therapy, first time parent home visiting, home care, and radiology. The surrounding community offers limited primary care, behavioral health, substance abuse, and domestic violence programs.

Since it first opened in 1948, Presbyterian Española Hospital's goal has been to provide quality care in the top 10 percent in the nation. Over the years, PEH has expanded to meet the growing needs of the Española valley, Rio Arriba County, and northern New Mexico. Recently, it has added many new services to provide state of the art treatment to our clients.

Presbyterian Española Hospital is located in Rio Arriba County. The U.S. Census Bureau estimates that in 2012 Rio Arriba County has a population of 40,318. The racial/ethnic breakdown is Hispanic (71.0 percent), American Indian and Alaska Native (17.9 percent), White, non-Hispanic (13.6 percent), and Black (0.9 percent). Due to this large ethnic diversity 62.7percent of the households speak a language other than English in the home. For 2007-2011, the median household income was \$40,232 and 19.2 percent of the population lives below the federal poverty line. Española is the major city in Rio Arriba, in 2012, the population was estimated at 10,240¹. The most common industries in Española are construction, professional, scientific and technical services, and retail trade. Rio Arriba County is also home to the Jicarilla Apache and Ohkay Owingeh Pueblos as well as the Santa Clara Pueblo.

¹ U.S. Census Bureau Quick Facts, Rio Arriba County, New Mexico
<http://quickfacts.census.gov/qfd/states/35/35039.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 Española on February 23, 2012.

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

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

² The full forum report and list of participants can be found at pchs.org

Significant Health Data

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

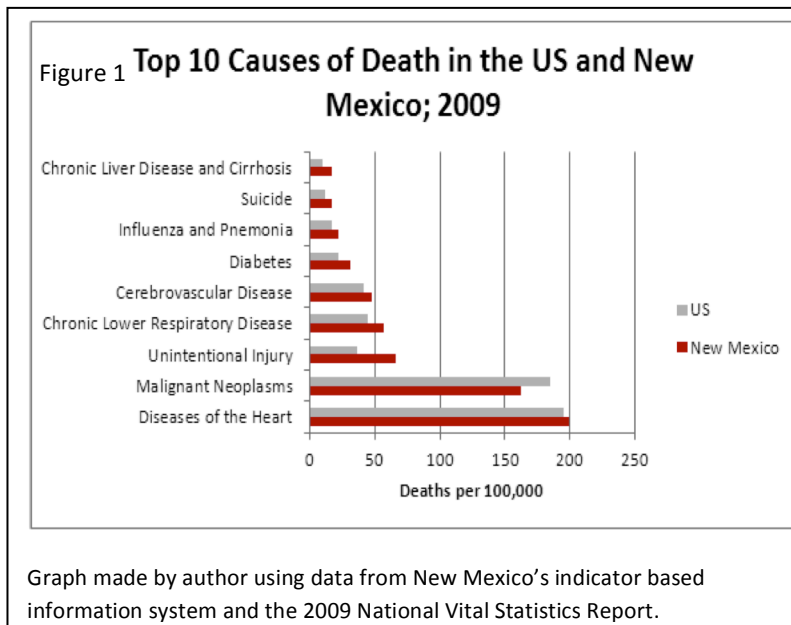
State Health Status

In 2010 New Mexico ranked 33rd in overall health, down 2 spots from 2009 when it ranked 31st. 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 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.

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.

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

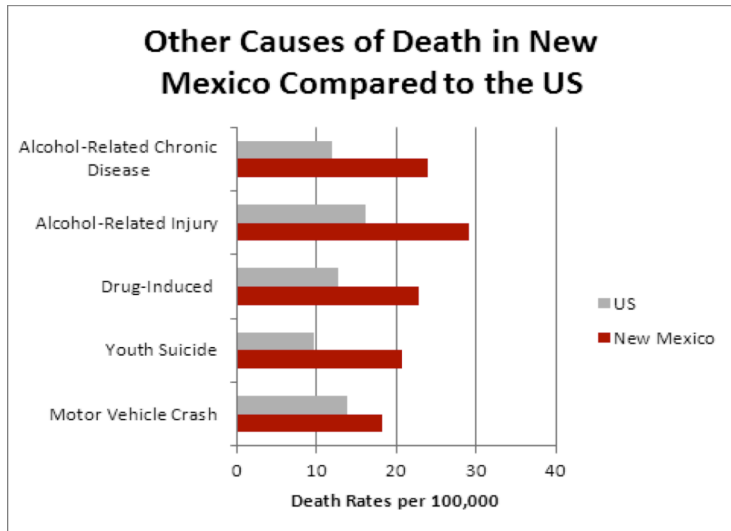


Heart disease and cancer are the top two causes of death in both New Mexico and the nation. Figure 2 shows rates for other causes of death that are common in the state. New Mexico has higher rates of death for fatalities related to alcohol, suicide, drug use, motor vehicle crashes, and diabetes than 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% of American Indians diagnosed with the disease compared to 10.1 percent of Hispanics and 6.2 percent of Whites. Other major health

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.

disparities between 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

Rio Arriba County Health Status

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.

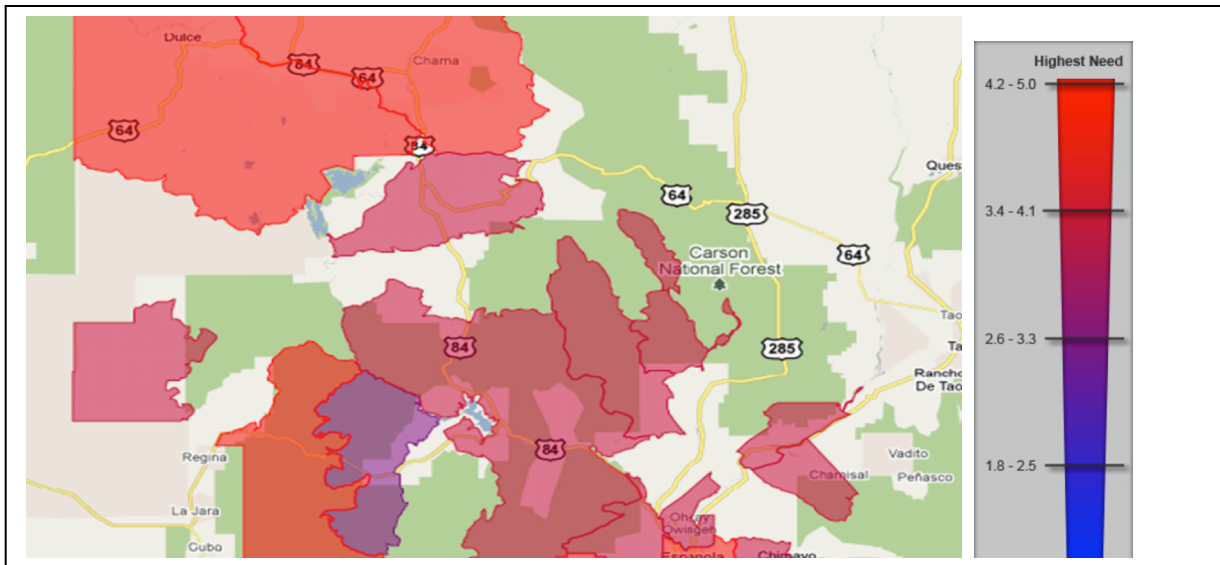
New Mexico Department of Health County Indicators

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.

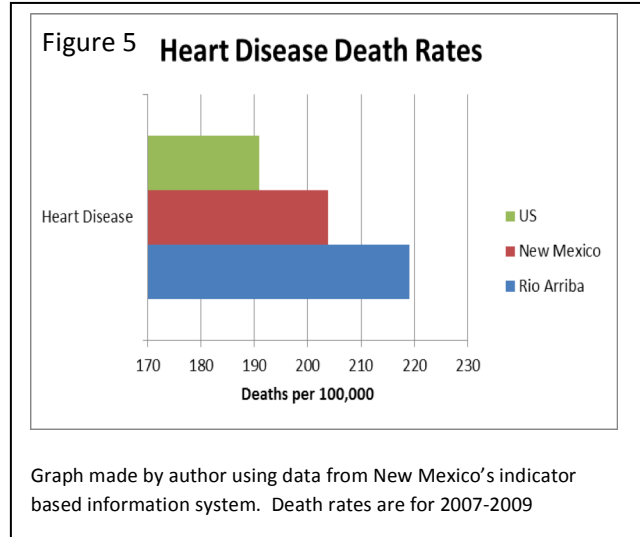
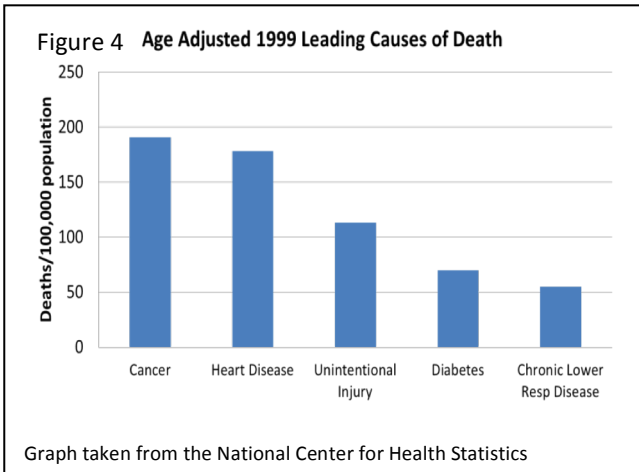
Many of the health indicators are recorded by “rate” such as the death rate for heart disease in New Mexico is 203.8 per 100,000. This means that for a group of 100,000 people 204 (rounding) will die from heart disease. The population of New Mexico is over 2 million so, based on this estimate, 4,076 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 Rio Arriba County is 3.9. All areas in Rio Arriba have moderate to high CNI scores (greater than 3.0) indicating high levels of community need.

Figure 3 Rio Arriba County CNI



The top five causes of death in Rio Arriba are cancer, heart disease, unintentional injury, diabetes, and chronic lower respiratory disease (figure 4). Figure 5 shows the heart disease death rate in Rio Arriba



compared to the state and country. Drug use is not separately classified but drug induced death rates are three times the US average and far exceed the New Mexico rate. Health behaviors that affect these diseases are alcohol consumption, obesity, nutrition status, physical activity, smoking prevalence, and access to health care.

Based on county health rankings, Rio Arriba ranks 16th in smoking prevalence, 14th in diet and exercise, 24th in alcohol use, and 22nd in access to health care. The smoking prevalence is 21.8 percent in adults and 25.9 percent in youth. 20.4 percent of adults are obese and 13.7 percent of youth are obese. 4.8 percent of the population reports heavy drinking. Health care access is moderate with only 71.5 percent insured (figure 6).

Figure 7 shows additional death rates in Rio Arriba. Suicide, alcohol related, drug-induced, and diabetes are other common causes of death. Table 7 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 Rio Arriba County Health Council.

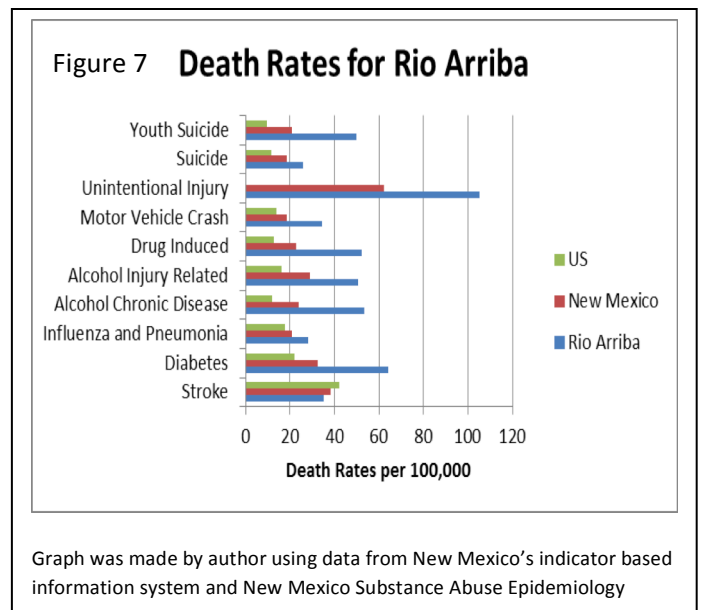
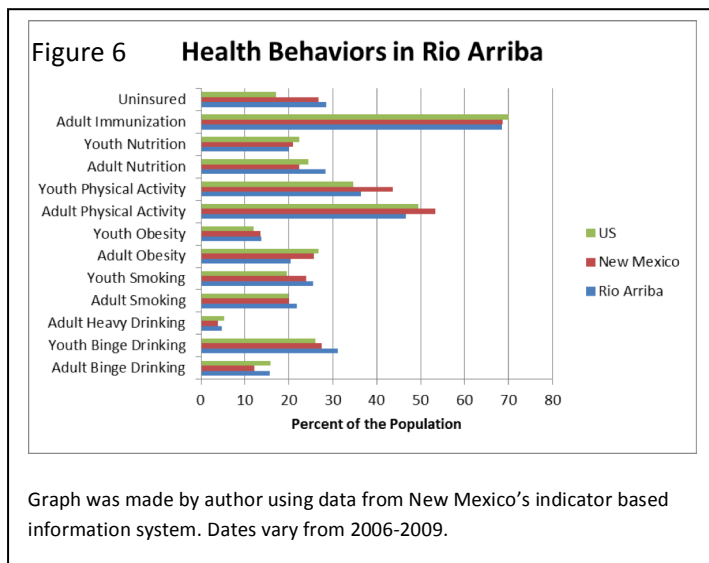


Table 3: Health Indicators for Rio Arriba County

Indicator	Rio Arriba	New Mexico	US
Low Birthweight Babies	7.2	8.4	-
Teen Birth Rate	34.7	31.6	20.1
Child Abuse Allegations	29.6	16.4	-
Ratio of population to primary care physicians	1310	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 available to support Presbyterian in meeting the identified community health needs

The Rio Arriba County Health Council Profile identifies a number of resources currently available to the community to help address significant health needs. The health care system includes Federally-funded rural community health centers, several health facilities run by the Indian Health Service, and tertiary care provided at the Española Hospital. Rio Arriba County has one local, non-profit hospital, four home health care agencies, and in excess of a hundred emergency medical technicians. The county also has a state-of-the-art dental clinic located in El Rito. The Velarde Treatment facility provides behavioral health services. Among residents there is a strong reliance on non-professional support systems including extended family and faith communities. There is also a Diabetes Initiative and Teen Pregnancy Coalition.

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 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.

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 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.

Española – Rio Arriba County

Health Behavior Challenges

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

- **Healthy Eating:** Poverty and food insecurity are key challenges for families in this community. There is a focus on any food that is free or low cost, which is often not healthy food. There also seems to be a sense of despair in changing this dynamic (i.e., This is what we have, and we cannot expect this to change.). In addition, there is a cultural paradigm that values traditional foods that may be less healthy but is perceived as evidence of family love and cultural devotion.
- **Active Living:** There is limited access to physical activity facilities in this community. Some youth can engage in school athletics, but others have few alternatives. Outdoor activities and facilities for youth are restricted due to parental concern for youth safety (e.g., drug needles litter the local skating park). The agrarian system, which required physical activity, is less prevalent in the community. Therefore, there is less pressure to be active for either adults or youth. Lack of family cohesion can lead to fewer family activities. The presence of substance abuse, and the resulting violence in the area, leads youth to believe they will not live long enough for health choices to matter.
- **Tobacco Cessation:** Adults sometimes praise smoking and encourage youth to start smoking. Youth also experience peer pressure to smoke. Tobacco products are readily accessible to youth from family members and friends. Some families in this community are so overwhelmed with drug and alcohol addictions that smoking is perceived as a lesser concern.

- **Systemic Challenges:** Historically, there has been an imposition of a wage economy on an agricultural system. This has led to a large percentage of wage earners who have to commute outside the area for employment. This also leads to a breakdown of family cohesion. The jobs are largely service and retail, which are low-paying and without healthcare benefits. There is a need to in-source jobs back into the community that pay a living wage and provide basic benefits which help families stay together and prosper.

Health Behavior Priorities

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

- **Healthy Eating**
 1. **Support Farm to Local Institutions Marketing:** Support the education of local farmers on how to aggregate and package food products that enable them to market and sell these products to local institutions such as the hospital, county jail, etc. In addition, support farmers, community, and family markets. Potential community partners include: Española Farmers Market, Española Community Market, family markets, Greater Espanola Valley Community Development Corporation.
 2. **Partner with Schools:** Partner with schools to educate school staff in preparing healthier meals and educate students regarding healthy eating. Support after-school programs and established youth development groups that involve parents who mentor youth regarding healthy behaviors. Support the NM Public Education Department's mandatory supervision plans for youth through the Healthy Food Bureau. Potential community partners include: NM Public Education Department, school district, Community Transformation Grants Program.
 3. **Expand WIC Coupon Program:** Fund grants for Farmers Market coupons given to hospital and clinic patients and other community members. Potential community partners include: Española Farmers Market, NM Department of Health.
- **Active Living**
 1. **Sponsor Family and Youth Programs:** Sponsor family activities at community gyms and schools, especially during the summer. Potential community partners include: Northern New Mexico College, school district.
 2. **Support Youth Programs:** Provide transportation and financial support for kids to reach activities. Potential community partners include: North Central Regional Transit District, Good to Go taxi, Teen Center, Boys and Girls Club, school district.
- **Tobacco Cessation**
 1. **Create Tobacco-free Workplaces:** Encourage local businesses to create and support a tobacco-free business coalition. This could also be accomplished through a city ordinance. Potential community partners include: Northern New Mexico College, Community Health Council, city government, local media.

2. **Incentivize Cessation:** Offer financial incentives and free cessation tools through existing wellness programs. Potential community partners include: hospital, clinics, employers, insurance plans.
- ***Cross-cutting ideas***
 1. **Promote Health Worker Expansion:** Support increasing the number of licensed and paid community health workers that meet with hospital and clinic patients. This would include lobbying the legislature to require licensing and support an outcome-based focus as well as assistance in making the program self-sustaining beyond the initial grant period. Potential community partners include: healthcare organizations, legislators.
 2. **Support Social Media Education Strategies:** Train youth in developing promotional video and using mobile technology to distribute educational material on healthy eating, active lifestyles, and tobacco cessation. Potential community partners include: Española Health Council, Northern New Mexico College.