

# **2015 Community Health Needs Assessment and Implementation Plan**

Gerald Champion Regional Medical Center  
2669 N Scenic Dr  
Alamogordo, New Mexico 88310

Final Report  
October 12, 2015



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## EXECUTIVE SUMMARY

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Gerald Champion Regional Medical Center is a not-for-profit hospital licensed by the State of New Mexico. The organization must undertake a Community Health Needs Assessment as part of the required documentation of "community benefit" under the Affordable Care Act (ACA).

This CHNA is designed to comply with the standards for not-for-profit hospitals. The Medical Center's most recent 990H filings supersede tax-reporting citations in this report. In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must also document the following:

- financial assistance policy relating to emergency medical care
- billing and collections
- charges for medical care

Further explanation and specific regulations are available from the Internal Revenue Service.

### ***Project Objectives***

Gerald Champion Regional Medical Center engaged MJ Philips & Associates to:

- complete a CHNA which fully complies with federal IRS requirements for not-for-profit hospitals
- provide GCRMC with information required to complete the IRS form 990H
- produce necessary information to issue an assessment of community health needs and to document the Medical Center's intended response to identified needs in the form of an action or implementation plan

### ***CHNA Overview***

Beginning in the mid 1950's, the Internal Revenue Service interpreted "not-for-profit" to include organizations that provided medical care to those individuals unable to pay for their care. In 1969, partly in response to the adoption of Medicare and Medicaid, (which assumed that all healthcare would be covered either by a third party or the government) the IRS changed its charity care approach and issued revenue ruling 69-545 which stated that hospitals can qualify as charitable if they engaged in the promotion of health. In this context, the "community benefit standard" emerged...the IRS concluded that a hospital satisfies the "community benefit standard" if it:

- Operates an emergency room in which no one requiring care is denied treatment;
- provides care to all who can afford to pay, including Medicare and Medicaid beneficiaries;
- uses surplus funds to improve the quality of patient care, expand facilities and advance education and training programs;
- maintains a board of trustees composed of independent civic leaders; and maintains an open medical staff.

The healthcare reform law, the Patient Protection and Affordable Care Act, added a new provision to the IRS code for not-for-profit hospitals. Under this provision, not-for-profit hospitals must conduct a Community Health Needs Assessment every three years. The health needs identified in the CHNA must be addressed in an action or implementation plan. Other requirements of the new IRS provision include:

- the CHNA must take into account the broad interests of the community
- the Assessment must involve individuals with expertise in public health

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- the findings must be made widely available to the public

IRS requirements also specify that the deadline for completion of the CHNA is the end of the hospital's tax year starting after March 23, 2012. Failure to complete a CHNA could result in a \$50,000 fine and possible loss of tax-exempt status.

More specifically, the IRS requires that:

- the CHNA may be based on current information collected by a public health agency or not-for-profit organization and may be conducted together with one or more such organizations
- the hospital must disclose in its annual information report to the IRS (form 990-H and related schedules) how it is addressing the needs identified in the assessment, and if all identified needs are not addressed, the reasons why (lack of resources, etc.)
- if the organization fails to do so, it is subject to existing incomplete return penalties
- this CHNA report was developed in accordance with IRS/Treasury Bulletin 2011-52 as modified by draft Federal regulations published in the Federal Register on April 5, 2013

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METHODOLOGY USED IN CONDUCTING THIS CHNA

Completing a Community Health Needs Assessment (CHNA) requires a hospital to describe the process and methods used including:

- sources of data and dates obtained
- information gaps impacting the assessment
- identification of people with whom the Hospital collaborated including name, title, and organization
- how the Hospital gained input from those community representatives
- any special knowledge or expertise in public health possessed by these individuals
- the process used in prioritizing identified health needs

MJ Philps & Associates in developing CHNA reports utilizes an analysis of secondary sources data in conjunction with opinions of a local panel of experts. Specifically, do members of the expert panel agree with our findings based on an analysis of secondary data sources...do needs identified exist in their community? Secondary data for the most part, are available from Internet sources.

Data needed to address specific regulations or developed by individuals or organizations cooperating in the development of this CHNA report included:

Data Source/Web Site	Data Element	Date Accessed	Data Date
Agency for Health Research and Quality	Overview of quality of care received by the general US population and disparities in care experienced by different racial, ethnic, and socio-economic groups	04/15/2015	2014
National Association of County and City Health Officials	Data on health behaviors, community and environment, policy, clinical care, and outcomes by state	04/15/2015	2015
Catholic Health Association of the United States	IRS CHNA update for tax-exempt hospitals	04/15/2015	2015
Community Commons USA	Vulnerable populations footprint	04/15/2015	2015
National Center for Health Statistics, CDC	To examine area trends for heart disease and stroke	04/15/2015	2015
CHNA Data Platform	What is driving health outcomes in the hospital's service area	04/15/2015	2012
Community Health Status Indicators	Health profiles for all US counties, and factors that have potential to influence health outcomes	04/15/2015	2015
County Health Rankings and Road Maps	Assessment of health needs of County compared to all other NM counties	04/15/2015	2015
Center for Disease Control and Prevention	To examine trends for stroke, diabetes, heart disease, and cancer	04/15/2015	2014
World Life Expectancy, USA Health Rankings	To determine relative importance among the top 15 causes of death	04/15/2015	2011
Health Services Research Information Central	Most recent information regarding health care processes, outcomes, and access measures to improve health care and reduce health care disparities	04/15/2015	2015
Health Metrics and Evaluation	To examine life expectations at birth, alcohol use, smoking prevalence, obesity, physical activity, and poverty by county	04/15/2015	2012
Center to Advance Palliative Care	To identify the availability of palliative care programs and services in the area	04/15/2015	2011
Data Warehouse HRSA	Identification of medically underserved areas in health professional shortage areas by state and county	04/15/2015	2014

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Federal regulations dealing with Community Health Need Assessments require local input from particular sectors including persons reflecting the broad interests of the community and persons with special knowledge of public health. In addition to gathering and analyzing data from the sources listed above, MY Philips & Associates:

- distributed a "Round One" (*Appendix I, Round One, Question 1 and Responses*) survey to a panel of 33 local expert advisors selected to reflect this criteria and GCRMC's desire to reflect Otero County's geographically and ethnically diverse population
- received "Round One" survey responses from 29 local expert advisors from April 6 through April 14, 2015
- conducted two on site meetings on May 14, 2015 see (*Appendix III, Individuals & Organizations Represented at a CHNA meeting 5.14.15*)

Information analysis augmented by survey responses from the local panel of experts showed how Otero County relates to other NM counties in terms of primary and chronic needs and other issues of the uninsured. These responses were used to construct a list of GCRMC's community health needs priorities.

We then electronically distributed a "Round Two" (*Appendix II: Round One, Question 2 and Responses*) survey to the same panel of local expert advisors asking them (question 1) whether or not they agreed with the priorities listed on the survey. The survey also asked them to allocate 100 points among the list of priorities and to add to this list if an issue was not included in the priority list.

Priority	Total allocated points by priority
Access to primary care	293
Obesity	128
Insurance, affordability	124
Diabetes	120
Cancer	112
Mental health	109
Heart disease	95

Question 2 asked respondents to review a comparison of Otero County to all other NM counties and whether or not they agreed with these observations.

We received "Round Two" survey responses from 10 local expert advisors from April 20 through April 30, 2015

### ***Community Demographics***

The 2014 population for Otero County is estimated to be 65,597. Between April 1, 2010 and July 1, 2014 Otero County population increased 2.9% compared to a 1.3% increase for the State of New Mexico and a 2.4% increase for the US. Otero County in 2019 anticipates a population of 67,734.<sup>1</sup> According to available population estimates, the 2014 median age for the County is 37.0 years, which is the same as the New Mexico median age (37.2 years) and the national median age (37.7 years).

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<sup>1</sup> US Census Bureau

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The 2014 Median Household Income for Otero County is \$35,817, which is lower than the New Mexico median income of \$42,540 and the national median income of \$52,076. The Median Home Values for the area are above New Mexico and national comparison values. Otero County's unemployment rate as of December 2014 was 5.2%, which is better than the 6.1% New Mexico statewide rate and better than the national unemployment rate of 5.6%<sup>2</sup>

The >65 population of Otero County is 16.1%, above the New Mexico >65 rate of 14.7% and the US rate of 14.4%. The percentage of childbearing age women in Otero County is 18.1%, below the New Mexico average of 19.7% and national average of 20.1%. The White non-Hispanic population makes up 51.3% of the total population; the Hispanic population comprises 35.7% of the total. The Native American population comprises 5.7% of Otero County's total population.<sup>3</sup>

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<sup>2</sup> US Bureau of Labor Statistics

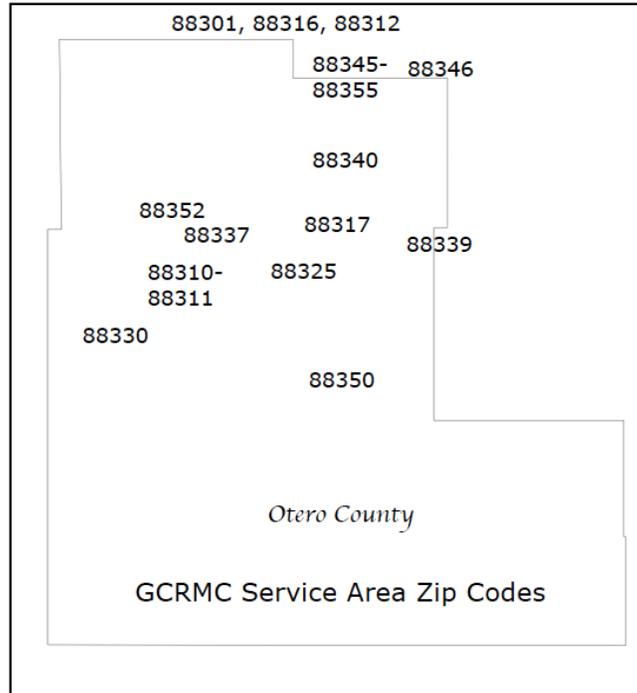
<sup>3</sup> iVantage Health Analytics

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## FINDINGS

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**Definition of area served by the hospital facility**



GCRMC defines its service area as Otero County and four zip codes located to the North in Lincoln County.

88310-Alamogordo	88311-Alamogordo	88355-Ruidoso	88346-Ruidoso Downs
88352-Tularosa	88340-Mescalero	88301-Ancho	88312-Alto
88330-Holloman AFB	88317-Cloud Croft	88325-High Rolls/Mountain Park	88350-Timberon
88337-La Luz	88345-Ruidoso	88339-Mayhill	88316-Capitan

In 2014, the hospital received 96% of its patients from this service area.

## US Leading Causes of Death

15 Leading Causes of Death in US	Condition	Otero County Rank among all NM counties	Rate of Death per 100,000 age adjusted			Observation (NM to Otero County)
			NM	Otero County	US	
1	Cancer	12	147.37	169.82	163.23	Higher than expected
2	Heart disease	8	147.14	217.29	169.77	Considerably higher than expected
3	Accidents	30	59.03	47.48	39.39	Lower than expected
4	Lung disease	14	44.73	51.82	42.14	Higher than expected
5	Stroke	20	30.0	37.3	36.17	Higher than expected
6	Diabetes	12	27.59	35.44	21.18	Higher than expected
7	Liver disease	21	19.69	15.23	10.16	Lower than expected
8	Suicide	9	20.3	24.54	12.61	Higher than expected
9	Alzheimer's	22	14.91	13.4	23.52	Lower than expected
10	Influenza/ Pneumonia	26	14.79	15.29	15.88	Higher than expected
11	Nephritis/ Kidney disease	15	13.16	13.09	13.19	Lower than expected
12	Blood poisoning	23	9.14	6.38	10.73	Lower than expected
13	Parkinson's	23	7.86	6.04	7.28	Lower than expected
14	Hypertension/ Renal	5	7.39	8.5	6.53	Higher than expected
15	Homicide	22	6.67	6.21	5.18	Lower than expected

CDC: 1999-2013 Final Data Published 1/26/2015

### **Primary and chronic disease needs and healthcare issues of uninsured persons, low income persons, and minority groups**

Limited information is available to describe the size and composition of various uninsured persons, low-income persons, minority groups, and other vulnerable population segments. Specific studies identifying the needs of such groups distinct from the general population are not available at the county unit of analysis. It is expected, however, that trends in Otero County will reflect national trends for these groups.

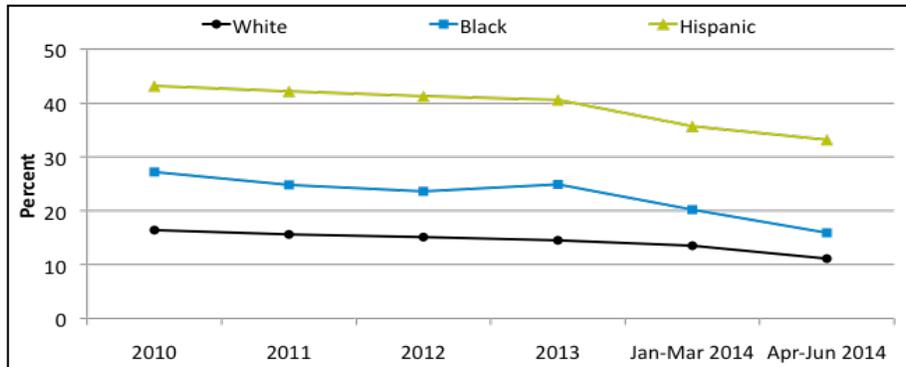
A useful source for this information is *The National Healthcare Disparities Report*. This Report, produced on an annual basis by the Agency for Healthcare Research and

Quality (AHRQ), results from a congressional directive to this agency to track disparities related to racial factors and socio-economic factors in priority populations.

Nationally, this report reflects the following trends:

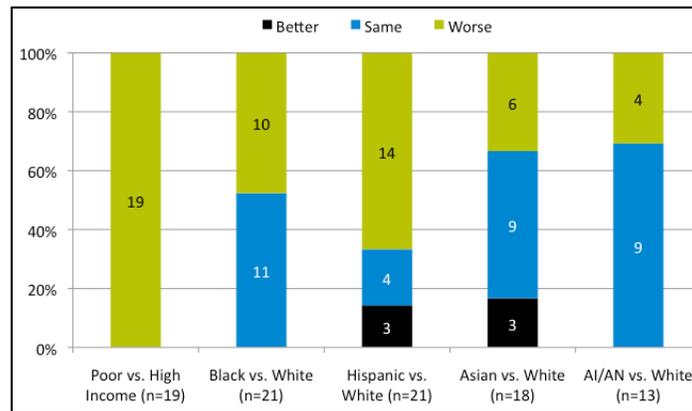
- During the first half of 2014, declines in uninsurance among Hispanic adults aged 18-64 were larger than among Whites...but racial differences remained<sup>4</sup>

**Declines in Uninsurance (Adults 18-64) by Race, 2010-April, June 2014**



- Access measures for which members of selected groups (e.g. Hispanic vs. White) experienced better, same, or worse care, were observed across a broad spectrum of access measures compared with reference groups (2012)<sup>5</sup>

**Comparison of Access Measures for Selected Reference Groups 2012**



<sup>4</sup> The National Healthcare Disparities Report

<sup>5</sup> The National Healthcare Disparities Report

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EXISTING HEALTH CARE FACILITIES, RESOURCES &  
IMPLEMENTATION PLAN

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## ***Significant Health Needs***

We used the priority ranking of area health needs by the Panel of Local Experts to organize the search for locally available resources as well as the response to the needs by GCRMC as follows:

- identifies the rank order of each identified Priority
- presents the factors considered in developing the ranking
- establishes a problem statement to specify the problem indicated by the priority
- establishes the implementation plan programs and resources GCRMC will devote to attempt to achieve improvements
- documents the Leading Indicators GCRMC will use to measure progress
- presents the Lagging Indicators GCRMC believes the Leading Indicators will influence in a positive fashion, and
- lists the locally available resources noted during the development of this report as believed to be currently available to respond to this need

Gerald Champion Regional Medical Center, Alamogordo NM is the major hospital in the service area. It is a 99 bed acute care facility with a 17 bed Behavioral Medicine Department and a 12 bed inpatient physical rehabilitation unit. The next closest facilities include:

- Mescalero PHS Indian Hospital, an 11 bed acute care hospital in Mescalero NM; 26 miles from Alamogordo
- Lincoln County Medical Center, a 25-bed Critical Access Hospital located in Ruidoso NM; 43.7 miles from Alamogordo
- Mountain View Regional Medical Center, a 142 bed acute care hospital located in Las Cruces NM; 74.9 miles from Alamogordo
- Memorial Medical Center, a 298 bed acute care hospital located in Las Cruces NM; 77.2 miles from Alamogordo

All data items analyzed to determine significant needs are “Lagging Indicators”, measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the GCRMC Implementation Plan utilizes “Leading Indicators”. Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In our application, Leading Indicators also must be within the ability of the hospital to influence and measure.

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**ACCESS TO PRIMARY CARE-INSURANCE, AFFORDABILITY** – key Local Expert concerns are access to primary care, insurance, and affordability of health care services

Problem Statement: lack of access, difficulty in accessing primary health care services by some Otero County residents due to lack of familiarity with the health care system, lack of insurance or inability to afford the cost of health care services

GCRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- emergency room
- a policy for patients who need financial assistance to pay for their health care services
- out patient services (e.g. blood pressure and shot clinics)
- physician referral services

GCRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- identify approaches for diversion of non-emergent patients presenting at ER to an appropriate treatment setting (Presbyterian Medical Services and Ben Archer Health Center, etc.)
- collaborate with local school districts to use the reduced school lunch program eligibility criteria to help families enroll in Medicaid
- utilize marketing, GCRMC website and advertising to inform residents of out patient and physician referral services and the Medical Center's financial assistance policy
- contact state Medicaid program regarding what Medicaid expansions are underway, coordinate a GCRMC Medicaid enrollment effort county wide, and explore with the state Medicaid program how best to deal with the issue of unaffordable copays
- open an additional urgent care center or expand existing urgent care center with extended hours and a wellness center which offers blood pressure and blood sugar testing, weight/BMI monitoring, as well as classes and counseling for management of chronic diseases

ANTICIPATED RESULTS FROM GCRMC IMPLEMENTATION PLAN

- reduction in number of Otero County residents without Medicaid or health insurance coverage
- reduction in the number of Otero County residents without their own primary care physician or "medical home" (an approach to providing comprehensive primary care for children, youth and adults in a setting that facilitates partnerships between individual patients, their personal physician and when appropriate, the patient's family)
- increase in number of referrals from GCRMC emergency room to area clinics
- increase in number of patients assisted by GCRMC's financial assistance policies
- development of alternative solutions for how to deal with excessive copays

LEADING INDICATOR GCRMC WILL USE TO MEASURE PROGRESS

- the number of Otero County residents who applied for Medicaid coverage or GCRMC's financial assistance should increase
- the number of Otero County residents enrolled in Medicaid and receiving health care services should increase

LAGGING INDICATOR GCRMC WILL USE TO IDENTIFY IMPROVEMENT

- the number of County residents without health care insurance or who cannot afford copays should decrease

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280
NM Medicaid and Children's Health Insurance Program (CHIP) Otero County (Alamogordo Area)	Address 2000 Juniper Drive Alamogordo, NM 88310	575.437.9260
Reduced school lunches info:		
Alamogordo Public Schools	1222 Indiana Ave Alamogordo, NM 88311	575.812.6000
Cloudcroft Municipal Schools	10 Swallow Place Cloudcroft, NM 88317	575.601.4416
Mescalero Apache School	Po Box 230 Mescalero, NM 88340	575.464.4431
New Mexico School for the Visually Handicapped District	1900 North White Sands Blvd Alamogordo, NM 88310	575.437.3505
Tularosa Municipal Schools	540 1st St Tularosa, NM 88352	575.585.8800

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**OBESITY**- a key Local Expert concern is obesity in Otero County

Problem Statement: too many Otero County residents (both children and adults) are obese, which places them at risk for a number of serious chronic illnesses (e.g. diabetes, heart disease, arthritis, hypertension, and cancer). Too few Otero County residents are receiving nutritional education and counseling which would encourage them to make life style changes, such as consuming less sugar and fat, seeking out healthier foods, and engaging in daily exercise.

GCRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- nutritional counseling services
- liaison with area public schools
- medical center employee nutrition education and counseling services
- public relation and marketing services
- gym and workout facilities

GCRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- providing leadership for a multi-organizational "let's fight childhood and adult obesity" in an Otero County campaign
- urging area fast food outlets to adopt portion and calorie labeling
- encouraging the development of farmer's markets as healthy food sources
- offering to make available to area residents GCRMC's gym and workout facilities
- providing assistance to area public elementary and high schools interested in providing "healthier alternatives" nutrition education sessions
- assisting area senior centers in providing nutrition education sessions for members and other area residents
- adopting the CDC's "wellness change tool" to encourage healthier food and beverage choices, increase physical activity, and support for breast feeding/lactation
- providing BMI testing and diabetes screening routinely and at medical center health fairs
- expanding nutrition education and counseling sessions for GCRMC employees and their families

ANTICIPATED RESULTS FROM GCRMC IMPLEMENTATION PLAN

- reduction in obesity rates among children and adult populations of Otero County
- increased awareness of the link between obesity and serious chronic illnesses

LEADING INDICATOR GCRMC WILL USE TO MEASURE PROGRESS

- the number of Otero County residents receiving some form of nutrition education and counseling should increase and the number of GCRMC inpatients discharged who receive advice and instruction regarding the need to avoid high sugar and fat foods, to increase their intake of fresh fruits and vegetables, and to exercise regularly should also increase

LAGGING INDICATOR GCRMC WILL USE TO IDENTIFY IMPROVEMENT

- reduction in obesity rates among Otero County children and adults
- willingness of local school systems to monitor BMI of elementary and high school students should increase

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Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
NM Department of Health – Healthy Kids New Mexico	Harold Runnels Building 1190 S. St. Francis Drive Santa Fe, NM 87505	505-827-2613
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280
Alamogordo Senior Center	2201 Puerto Rico Ave, Alamogordo, NM 88310	(575) 439-4150
Alamogordo Public Schools	1222 Indiana Ave Alamogordo, NM 88311	575.812.6000

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**DIABETES** – a key Local Expert concern is the high rate of diabetes in Otero County

Problem Statement: too many Otero County residents suffer from diabetes and too few residents are screened for diabetes and receive advice and counseling regarding reducing the risk of diabetes or managing diabetes

GCRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- outpatient/lab services, blood sugar level testing
- discharge planning and counseling for inpatients with or at risk of developing diabetes
- emergency room screening for diabetes while treating other unrelated emergency issues
- marketing and public relations resources

GCRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- expand diabetes-screening opportunities to the general public at health fairs, senior centers, etc.
- offer expanded diabetes education through the *Empower Self-Management Training Program* for patients and families regarding importance of compliance with diet, medication, monitoring A1C levels, and proper foot care

ANTICIPATED RESULTS FROM GCRMC IMPLEMENTATION PLAN

- a reduction in the incidence of Otero County residents with diabetes
- increase in number of residents who receive diabetes screening
- increase in number of confirmed diabetes cases receiving appropriate education and counseling
- increased level of understanding by diabetes patients regarding the management of the disease

LEADING INDICATOR GCRMC WILL USE TO MEASURE PROGRESS

- the number of County residents receiving diabetic screening, education, and counseling should increase
- the number of patients seen in the ER with avoidable complications from poor diabetes management should decrease

LAGGING INDICATOR GCRMC WILL USE TO IDENTIFY IMPROVEMENT

- Reduction in the percentage of Otero County residents who have diabetes

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
NM Department of Health-Diabetes Control and Prevention Program	Harold Runnels Building 1190 S. St. Francis Drive Santa Fe, NM 87505	505-827-2613
American Diabetes Association - Albuquerque-Santa Fe, New Mexico	2270 Wyoming Blvd NE Suite D#284 Albuquerque, NM 87112	505-266-5716
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280

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**CANCER** - a key Local Expert concern is cancer in Otero County

Problem Statement: more Otero County residents need to participate in early cancer detection and treatment services and refrain from activities that increase their risk of developing cancer

GCRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- diagnostic imaging
- infusion center
- laboratory
- outpatient services
- White Sands Women’s Health Center

GCRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- joining with community organizations, local school systems, etc. promoting cancer prevention awareness, stressing the importance of early cancer screening and detection, and knowledge of family history of cancer
- providing leadership in multi-organizational efforts to support residents to quit smoking through a smoking cessation program and to reduce all tobacco use
- supporting efforts to require restaurant and fast food outlets to provide portion and caloric labeling

ANTICIPATED RESULTS FROM GCRMC IMPLEMENTATION PLAN

- increased awareness of the benefits of early detection and treatment of cancer and the risks associated with activities that produce a greater likelihood of developing cancer

LEADING INDICATOR GCRMC WILL USE TO MEASURE PROGRESS

- the number of early detected cancer cases should increase

LAGGING INDICATOR GCRMC WILL USE TO IDENTIFY IMPROVEMENT

- decline in the prevalence rate of certain types of cancer in Otero County
- decline in the percentage of Otero County residents who smoke or use other tobacco products

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280
The American Cancer Society	1212 9th St, Alamogordo, NM 88310	437-8582 800-227-2345
NM Department of Health	Harold Runnels Building 1190 S. St. Francis Dr Santa Fe, NM 87505	505-827-2613
NM Tumor Registry	MSC11 6020 1 University of NM Albuquerque, NM 87131	(505) 272-5541
American Lung Association	5911 Jefferson Street NE, Albuquerque, NM 87109-3432	(505) 265-0732

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**MENTAL HEALTH – BEHAVIORAL HEALTH** -a key Local Expert concern is mental and behavioral health services for Otero County residents

Problem Statement: the need for greater access to mental and behavioral health services in Otero County

**GCRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**

- emergency room
- out patient services
- White Sands Women's Healthcare
- marketing and public relations
- inpatient discharge planning
- Life Transitions

**GCRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**

- collaborate with Presbyterian Medical Services (PMS), as they reopen the Counseling Center in Alamogordo, by lending support to PMS in its efforts to recruit qualified, licensed mental health professionals
- work with PMS to build a robust referral network between GCRMC (ER and outpatient services) and the Counseling Center to ensure patients in need of mental and behavioral health services receive appropriate care
- discuss candidly with local law enforcement, potential solutions regarding the issue of mentally disturbed residents presenting at the GCRMC emergency department and work with law enforcement to bring about desired change
- raise community awareness of available local mental and behavioral health services provided by the newly reopened Counseling Center

**ANTICIPATED RESULTS FROM GCRMC IMPLEMENTATION PLAN**

- greater physician/public awareness and utilization of local mental health services provided by Alamogordo Family Health Center-Counseling Center
- success by Presbyterian Medical Services in attracting qualified mental health professionals to staff the reopened Counseling Center

**LEADING INDICATOR GCRMC WILL USE TO MEASURE PROGRESS**

- the volume of referrals from the ER to the PMS Counseling Center should increase

**LAGGING INDICATOR GCRMC WILL USE TO IDENTIFY IMPROVEMENT**

- the number of Otero County residents in need of but not receiving services for mental or behavioral health issues should decrease

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Center of Protective Environment (COPE)	909 South Florida Ave Alamogordo NM 88310	Hotline: 575.437.2673 Office: 575.434.3622x111
Alamogordo Family Health Center	1501 East 10th Street Alamogordo, New Mexico 88310	575-434-2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280

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**HEART DISEASE** - a key Local Expert concern is heart disease in Otero County

Problem Statement: a lack of awareness among Otero County residents of factors which contribute to coronary heart disease and heart attacks including:

- high bad cholesterol (LDL)
- obesity/over weight
- high blood pressure
- little or no exercise
- smoking and other tobacco use
- poor diet (high salt and fat intake)
- failure to recognize and respond immediately to early signs of a heart attack

**GCRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**

- emergency room
- diagnostic imaging
- out patient services
- marketing and public relations
- cardio rehab services

**GCRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**

- establish a cardiac rehab program
- provide leadership and participate in an ongoing multi organizational campaign to create awareness of heart disease as the number 2 cause of death in New Mexico and the need for Otero County residents to take personal responsibility to minimize the chances of suffering a heart attack
- providing free or low cost blood pressure, diabetes, and cholesterol screening in GCRMC's outpatient department, at health fairs, and other convenient locations (e.g. senior centers)
- counseling patients discharged from ER or as inpatients who appear to be at risk for heart disease regarding the importance of ongoing exercise, proper diet, and checks for diabetes, blood pressure, and cholesterol

**ANTICIPATED RESULTS FROM GCRMC IMPLEMENTATION PLAN**

- greater awareness among Otero County residents of the need to be proactive in minimizing their risk for coronary heart disease and to recognize early signs of a heart attack and to take appropriate action (call 911)

**LEADING INDICATOR GCRMC WILL USE TO MEASURE PROGRESS**

- the number of County residents being tested for high blood pressure, glucose, BMI, etc. and results communicated to primary care physicians via the patient's electronic medical record should increase

**LAGGING INDICATOR GCRMC WILL USE TO IDENTIFY IMPROVEMENT**

- the rate of Otero County heart attack deaths should decrease

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Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280
Alamogordo Senior Center	2201 Puerto Rico Ave, Alamogordo, NM 88310	(575) 439-4150
American Heart Association	2201 San Pedro Dr NE, Albuquerque, NM 87110	(505) 353-5800
American Diabetes Association – Albuquerque-Santa Fe, New Mexico	2270 Wyoming Blvd NE Albuquerque, NM 87112	505-266-5716
NM Heart Institute	New Mexico Heart Institute 502 Elm Street NE Albuquerque, NM, 87102	505.841.1000

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**HEALTH EDUCATION / RESPONSIBILITY FOR ONE'S OWN HEALTH** - a key Local Expert concern is a need for greater responsibility for one's own health in Otero County through health education and counseling

Problem Statement: too many Otero County residents fail to take ownership of their own health or to recognize the responsibility they have for managing various chronic diseases

**GCRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**

- ER
- outpatient department
- discharge planning
- marketing and public relations
- GCRMC Fast Health (interactive healthcare)

**GCRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**

- expand education and counseling sessions regarding patients taking responsibility for their own health including monitoring chronic conditions, taking medication on schedule, and being compliant with prescribed courses of treatment and physician recommendations regarding diet, exercise, etc.
- open an additional urgent care clinic that also provides counseling and wellness education
- urge Presbyterian Medical Services and other area providers to offer education, counseling, and instruction materials to assist patients in monitoring their own chronic conditions
- explore implementation of an in-home monitoring system for chronic illnesses
- produce and distribute health education materials to clinics to be given to patients to assist in managing their chronic disease

**ANTICIPATED RESULTS FROM GCRMC IMPLEMENTATION PLAN**

- an increased awareness among Otero County residents with chronic health diseases of the need to take greater responsibility for these conditions

**LEADING INDICATOR GCRMC WILL USE TO MEASURE PROGRESS**

- the number of patients admitted to the emergency room or as inpatients because of poor management of chronic illnesses should decrease
- the number of patients enrolling in and attending health education classes should increase

**LAGGING INDICATOR GCRMC WILL USE TO IDENTIFY IMPROVEMENT**

- the number of Otero County resident deaths of persons from complications due to poor chronic disease management should decrease

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280

## ***Other Needs Identified During the CHNA Process<sup>6</sup>***

- ◆ smoking/tobacco – Otero County 24%, NM 19%, top US performers 14%

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
American Cancer Society	1212 9th St Alamogordo, NM 88310	(575) 437-8582
American Lung Association of New Mexico	2201 San Pedro Dr NE, Albuquerque, NM 87110	(505) 353-5800
NM DOH Quit Now		1-800-QUIT-NOW
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280

- ◆ sexually transmitted diseases – Otero County 569, NM 571, top US performers 138 (cases per 100,000 population)

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280
Alamogordo Public Schools	1222 Indiana Ave Alamogordo, NM 88311	575.812.6000
NM Dept of Health NM-IBIS website Community Epidemiologist, Program Manager	Health Topics – Infectious Diseases	(505) 827-5274

- ◆ drinking water violations – Otero County 4%, NM 7%, top US performers 0%

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
NM-IBIS – Alamogordo Domestic Water System	Director of City of Alamogordo Water Shop	575.439.4241

<sup>6</sup> Otero County NM County Health Rankings & Roadmaps 2015; National Healthcare Quality & Disparities Reports June 2015 Agency for Healthcare Research and Quality, Rockville, MD

- ◆ children in poverty – Otero County 34%, NM 30%, top US performers 13%

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Supplemental Nutrition Assistance Program (SNAP)	NM Human Services Department P.O. Box 2348 Santa Fe, NM 87504-2348	(800) 283-4465
SNAP County office 18	2000 Juniper Drive Alamogordo NM 88310	Phone: (575) 437-9260 Phone: (800) 826-4468
Kids Count - New Mexico Voices for Children	625 Silver Ave. W Ste.195 Albuquerque, NM 87102	505-244-9505 x.10

- ◆ premature death – Otero County 8256, NM 7968, top US performers 5200 (data reflects years of potential life lost before age 75 per 100,000 population age adjusted)

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
NM Dept of Health Southwest Region Public Health Services	575-528-5000 (Local)	575-528-5000 (Local)
NM Dept of Health	<i>Harold Runnels Building 1190 S. St. Francis Drive Santa Fe, NM 87505</i>	505-827-2613
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280

- ◆ alcohol impaired driving deaths – Otero County 44%, NM 34%, top US performers 14%

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Alamogordo Public Safety	411 10th St Alamogordo, NM	(575) 434-1671
Alcoholics Anonymous	Alamogordo, NM	(575) 430-9502
Alcoholics Anonymous	Granada Shopping Center, 700 1st St # 701 Alamogordo, NM	(575) 434-1671

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- ◆ dental – Otero County 2734:1, NM 1741:1, top US performers 1377:1

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Alamogordo Family Health Center (Presbyterian Medical Services)	1501 East 10 <sup>th</sup> Street Alamogordo NM 88310	575.434.2960
Ben Archer Health Center	2150 US Hwy 54 South	575.267.3280
Mescalero Indian Hospital	318 Abalone Loop Mescalero, NM	(575) 464-4441

- ◆ Alzheimer's – Otero County 13.4, NM 14.9, top US performers 23.5 (death rate per 100,000 age adjusted)

Other resources identified during the CHNA process which are believed available to respond to this need include the following:		
Alzheimer's Association NM Chapter ENDALZ	1121 Mall Dr Las Cruces, NM 88011	(575) 647-3868
Alzheimer's Association Roswell Branch Office	404 1/2 North Kentucky Avenue Roswell, NM 88201	(575) 624-1552
Alzheimer's Association of NM	24/7 Helpline: 1.800.272.3900	

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## APPENDICES



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- Seems to be mental
  - Access to health care outside of emergency dept. Substance abuse
  - Diabetes
  - Obesity
  - An urgent care seems to be needed and/or more appointments available for sick visits.
  - Short term access – i.e. clinics
  - Insurance – i.e.: not having enough coverage – no coverage at all and cop-pays are very unaffordable.
  - No primary Dr. and having to rely on ER
  - Heart Disease with increase in Medicare expense
  - Cancer
  - Mental illness
  - Mental health concerns such as groups for PTSD, trauma, etc.
  - I think the most significant contributing factor to poor health is the high rate of poverty in our County. 36.4% of children in the County live in poverty. A huge health concern is general lack of access (uninsured, or not able to afford cost-share); along with a very high ratio of residents per PCP.
  - I believe there is a primary care shortage. Also the lack of provider offices who are open on Fridays.
  - Primary care
  - Affordability
  - Psychiatric care
  - Chronic Disease is a concern in our community. Many individuals who have a chronic disease have more than one; each potentiating the ill effects of the other. At present, some patient education is available to residents regarding chronic disease. It is imperative to support our community in understanding these chronic diseases and to help them identify their ability to control lifestyle factors that positively or negatively affect a chronic disease's progression to complication. It is necessary to identify which chronic diseases are prevalent in our community and which are not being supported in this way.

The value of patient engagement, education, and empowerment as the means to control chronic disease complication maybe underestimated by our medical community. This philosophy is needed to be more adopted by our medical professionals in order to expose this patient right to education and instill the responsibility upon the patient to engage and play an active role in fighting their chronic disease

To address the incidence of chronic disease in our community it is necessary to invest in programs, which raise awareness and provide prevention to all age groups. Discovering effective strategies to motivate our residents to adopt a healthier lifestyle is what is needed to accompany the programs.

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## Appendix II: Round One, Question 2 and Responses

A panel of 29 local experts participated in the first round of an online questionnaire offering opinions regarding their perceptions regarding potential health issues of uninsured, underinsured, low income, minority or other population groups which need help in order to improve. The following are their responses.

- Yes, there are significant chronic disease needs in Otero. We have a high incidence heart disease, diabetes and obesity, and a high incidence of lung cancer. We have a high prevalence of tobacco users. We have many areas in the county, which are "food deserts." Kudos to the hospital for bringing on board the *Empower Diabetes Self-Management* program. This is a great step! Starting, promoting, maintaining, supporting more of those type of programs, and getting community partners to step up and assist will be key to addressing our health concerns.
- Seems as though ER is used for so many families as their primary care physician for a variety of reasons. I image that creates many issues across the board.
- No
- I agree that many people use the ER as their PCP. We need more options for people to be treated. Maybe another urgent care center with extended hours.
- I think treatment is there for all these categories. But depending on balance, GCRMC is known for harassing people on balances owed. Even when patients have kept their commitment.
- Obesity; work in the school system to educate the children. To teach children to get off the couch and be outside and exercise.
- Government paper work involved in health care is overwhelming – lung and heart services needed.
- Diabetes; obesity. We appear to need more gastroenterology and endocrinology specialists. Create state-credential for home health care worker and expand training among families and patients for nutrition, wellness, etc. Expand insurance and state policy for preventative care.
- I personally believe the low-income families on Medicaid services abuse the health care system and cause rate increases and high premium copays for working families. I pay so much in premium a month that I can't afford to go to the doctor. Our health system is failing us daily. If we had a night clinic to prevent abuse of the ER the ER visits for minor illnesses and inquiries.
- I feel that low income tend to avoid medical attention, both preventative check ups and healthcare maintenance due to cost associated with health care and health care insurance.
- I think a potential health issue has to do with the high level of people who smoke. I think there needs to be a non-profit community education initiative.
- Unaware of any needs at this time.
- Hepatitis/cirrhosis
- Education on unwanted pregnancy in lower income and youth communities. In addition education on STDs.
- It seems the hospital and medical community of Alamogordo and County are pretty well set up. There could be more need in the County and more rural areas than Alamogordo.
- Mental health, substance abuse-outpatient counseling center closed. Alcohol detox – some halfway houses available but do not monitor those with high blood alcohol levels. County legislation may be required to reopen alcohol detox beds, some maintained by detox center.

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- Low-income group: many with chronic problems, which require treatment out of town. Assistance with transportation and assistance with insurance coverage. Diabetes and heart problems are wide spread. Local treatment facilities are needed.
  - Health information sources.
  - There are many patients presenting with diabetes. Having more medications placed on low cost lists at local pharmacies would be helpful.
  - Simply need some PCPs (FP, INT Med, and CNP). Half of my patients have no PCP, "Cannot find one."
  - I believe the health needs of the community are being met based on what can be provided to this size community.
  - We need less expensive charges for chronic diseases. We also need everyone in the community to be able to receive shots for all diseases and flu shots – regardless of age. Pre-school and up. More free government and local help is needed!
  - If government sponsors program, then should be affordable for all, i.e. shots flu.
  - People with chronic diseases such as asthma, diabetes etc. need access to primary care medical doctors without going to the ER to receive immediate care.
  - No primary doctors?
  - Low income, underinsured,
    - Molina, United Health Care, most of the Centennial HPs: need to stop being so rigid with mental health issues, meds and inpatient care are suffering severely
    - There needs to be more services for the population of the mentally ill that need group home placement.
    - There also needs to be better mental health education in the community
    - More services such as transportation, PSR services, severely mentally ill persons services
  - No dollars for care. Cost too high. Insurance (Medicaid) is not easy to work with and services are being denied.
  - With the implementation of the Affordable Care Act, many folks who are commercially insured now have very large deductibles and co-insurances, which they have never had before. While the low income qualify for Medicaid and even some of the middle income folks do as well; others now have large deductibles which cause them to not receive care even when it would have been needed. I have heard from many individuals who stated they didn't receive care because their deductible is too high or they went to their doctor and are not receiving the tests requested by their doctor because of their large deductibles.
  - Reasons for low income can become complex and if underlying psychiatric issues are contributing to poor compliance/access then addressing psychiatric issues becomes paramount.
  - Leading organizations and institutions need to identify ways to role model and influence a healthier culture for our county. A need exists for partnership between the businesses, government, and medical leaders within the community. This partnership is essential to coordinate efforts and provide an effective means to better the culture of health of County. Through this partnership, the barriers to can be addressed in a more holistic approach. For instance, there is a lack of readily available healthy foods in the most prevalent and dispersed types of businesses. These merchants are also most easily accessed by walking residents with the Alamogordo community. Foods available in these businesses are lacking the health quality necessary to prevent chronic disease. The affordability and access to these less desirable food choices serves as a barrier in promoting health and demands consideration when looking to motivate different personal

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food choices in the fight against chronic disease. It is necessary partner with all involved to teach our residents of all economic levels to be proactive with their disease and possible disease prevention as opposed to being reactive to the symptoms of all chronic diseases.

Our current system to provide health care to low income population is improving. It has been my experience that there is a missing component to the "no-cost" healthcare. Money spent, time off work and the inconveniences that go along with being ill typically would motive individuals to take steps to avoid such occurrences. In all population groups, it appears that some of the time there lacks a patient drive to find a means to better their condition and entertain the challenges to improve their health by lifestyle modification or by ensuring that their healthcare appointments are kept. Again creative strategies need to be developed to promote patient engagement in their fight against chronic disease.

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Appendix III, Individuals & Organizations Represented at a CHNA meeting 5.14.15

Lisa Patch Director of Health Services at Alamogordo Public Schools.  
1211 Hawaii Ave  
Alamogordo, NM 88310

James Kerlin The Counseling Center  
1900 10th St  
Alamogordo, NM 88310

Perry Lawson COPE Outreach Director  
909 S Florida  
Alamogordo, NM 88310

Lenora Stevens VP Chamber of Commerce  
1301 N White Sands Blvd  
Alamogordo, NM 88310

Kathy Fuller Alamogordo Public Schools  
103 Cuba Ave  
Alamogordo, NM 88310

Lt. Tim Keelin Alamogordo Public Safety  
700 Virginia Ave  
Alamogordo, NM 88310

Theresa Sanchez Department of Health  
1207 8th St  
Alamogordo, NM 88310

Peter Mc Kowen Alamogordo Senior Center  
2201 Puerto Rico Ave  
Alamogordo, NM 88310

Rex Wilson Director of Presbyterian Medical Services  
1501 10th St  
Alamogordo, NM 88310

Nadia Sikes Alamogordo Commissioner  
1376 Oregon Ave  
Alamogordo, NM 88310

Jim Forney Pastor  
PO Box 855  
Holloman AFB, NM 88330

Bob Flott Disc Jockey  
3001 N Florida  
Alamogordo, NM 88310