

Presbyterian Healthcare Services
Community Health Implementation Plan (CHIP)
Socorro General Hospital - Socorro County
August 2013

Eat well. Be active.
Avoid unhealthy substances.



 **PRESBYTERIAN**
Community Health

Table of Contents

Executive Summary.....2

Socorro General Hospital Community Health Implementation Plan4

Overview4

Socorro General Hospital.....Error! Bookmark not defined.

Community Health Needs Assessment Background7

Plan Development and Adoption9

Plan for Prioritized Significant Health Needs 10

Goal 1.....10

Goal 2.....11

Goal 3.....12

Goal 4.....12

Goal 5.....13

Alignment with PHS Strategic Plan 13

Community Health Needs not Addressed in this Plan..... 14

Next Steps and How to Get Involved 16

Executive Summary

Presbyterian Socorro General Hospital (SGH) is a critical access hospital; the sole hospital providing service to a poor, rural, diverse region of New Mexico facing significant health disparities. Its long-term goal is to improve the health of this region.

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.

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified significant health needs and subsequently prioritized them. The process first involved review of the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs. These significant health needs were then narrowed to three prioritized health needs. Input was solicited from Board members who are representative of the communities, patients, members, physicians and stakeholders served. Community forums were held and a survey was done in Socorro County to gain insight into the barriers, opportunities and potential strategies for achieving the stated priorities.

This Community Health Implementation Plan (CHIP) was developed to address the prioritized significant health needs identified in the CHNA process. The prioritized significant health needs are **nutrition, physical activity, tobacco use and substance abuse**. PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**. The Socorro County community also identified **access to health care** and **diabetes** as priorities. Consequently, this plan addresses these needs as well. The CHIP describes briefly how PHS is addressing the other significant health needs. However, this plan is focused on the significant health needs that were prioritized by the communities through the CHNA process. The plan identifies multiple interventions to impact the prioritized health needs.

To impact diabetes and promote healthy eating, SGH will implement a home visiting program for first time mothers. It will also train a community health worker whose job will be to educate providers about diabetes. SGH will support a variety of healthy eating activities including Kitchen Creations, health fairs, fun runs, and other such community service activities. Additional healthy eating and active living activities will include development of a plan to improve health outcomes among Hispanics/Latinos, incorporation of SNAP (Food Stamp) incentives into farmer's markets, incorporation of healthy foods into the hospital, and support for overall wellness activities.

Socorro General Hospital
Community Health Implementation Plan

To increase active living, SGH will develop Prescription Trails, work with youth to encourage active living, and support health fairs and fun runs.

To aid in the prevention of unhealthy substance use relevant continuing education will be available to PHS providers as well as other community providers, thereby providing the most effective and up-to-date information for use in the community.

To increase access to care, SGH will work to increase primary care providers, clinic capacity, and expand hours of operation. SGH will also actively support community members in becoming engaged advocates for and drivers of their own health.

Socorro General Hospital Community Health Implementation Plan

Overview

Presbyterian Healthcare Services exists to improve the health of the patients, members and communities it serves. Presbyterian was founded in New Mexico in 1908, and is the state's only private, not-for-profit healthcare system as well as its largest provider of care.

The Presbyterian system operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tatum; 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.

Socorro General Hospital is a critical access hospital located in Socorro, New Mexico. As a not-for-profit hospital with 25 licensed beds, SGH exists to improve the health of the patients, members and communities it serves.

At Socorro General Hospital, skilled doctors, nurses and healthcare providers provide a wide range of services for patient's health care needs including emergency medicine, community outreach programs, primary care, and specialty services.

In 2012, SGH completed a needs assessment that included a comprehensive survey of community members. Some of the results are summarized below.

Poverty impacts Socorro County disproportionately

- Over 50 percent of households have an annual income of less than \$30,000 (135 percent federal poverty level)
- Over 70 percent of families in Alamo live below the federal poverty level
- Lower income is associated with lower literacy levels

Poverty is an Obstacle to Healthcare

- 1 in 10 persons in poverty have not seen a doctor in 5 years
- 10 percent fewer respondents in poverty had a regular doctor
- Over 40 percent identify cost as a barrier to accessing care
- Over 10 percent do not have a phone to call for a doctor appointment
- Almost 30 percent responded that lack of insurance is barrier to care
- Many would use community-based programs (CBPs) if funded

Respondents living in poverty had poorer self-reported health

- Almost 50 percent fewer assess health as "excellent"

Socorro General Hospital
Community Health Implementation Plan

- Fewer healthy days in the past 30 days
- More days with mental health symptoms during the past 30 days
- More days unable to do work or activities due to health

Time and Distance

- People travel up to 3 hours to reach SGH
- 1 in 4 rate distance as a barrier to care; this is more prevalent among the poor
- Almost 1 in 5 rate lack of transportation as a barrier to care
- An average of 1 in 4 (with a higher ratio in rural locations) cannot get time off work to seek care
- Over 35 percent have difficulty getting an appointment
- Many need an after-hours or weekend hours clinic and CBPs
- Limited Emergency Medical Services increases time for response

Culture and Language

- Among all respondents 1 in 10 note language as a barrier to care. Among the poor this number increases to 1 in 5.
- Over 9 percent of respondents rank citizenship concerns as a barrier to care
- 1 in 4 in Veguita and 1 in 10 in Alamo would use CBPs if the provider spoke the same language
- Confidentiality is a key factor for at least 1 in 4 residents countywide

Diabetes

- 1 in 4 cite diabetes as the top preventable health issue for Socorro County
- Diabetes was identified as the primary health issue for individuals and families
- Less than 50 percent have had a doctor discuss the risks of diabetes with them
- A majority support the use of CBP for diabetes care & health improvement
- Close to 1 percent report that either they or a relative use a CBP for diabetes
- Respondents mentioned need for diabetes education & local dialysis

Community Description

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. Socorro General Hospital defines its community as Socorro County, New Mexico.

Socorro General Hospital
Community Health Implementation Plan

Socorro is essentially a tri-cultural county – see relevant data in Table 1 below. The 2011 Poverty Guidelines state that in the contiguous 48 states an individual with an annual income of \$10,890 or less is considered to live in poverty, as is a family of four with an annual income of \$22,350 or less (**Federal Register**, Vol. 76, No. 13, Jan. 20, 2011, pp. 3637-3638).

Table # 1 Indicator	Veguita Colonias SGH-CBP Survey	Alamo Navajo Reservation	Socorro County	New Mexico	United States
Total Population	3,980	2006	17,863	2,078,674	311,587,816
% White Not Hispanic	11%	1.6%	37.8%	40.2%	63.4%
% Hispanic	82%	*NA	48.3%	46.7%	16.7%
% Native American	3%	96.3%	12.1%	10.1%	1.2%
Median Household Income	\$0-\$19,999 -69%	\$20,005	\$34,148	\$44,631	\$52,762
% of people living below federal poverty level	Estimated 90% based on CBP experience	43%	27.4%	19.0%	14.3%
Children under 18 living below federal poverty level	89.2%	*NA	44.7%	32.8%	26.4%
Children in households with head of household having Low English Proficiency (LEP)	69%	*NA	43.8%	36.2%	20.3%
Unemployment Rate	*NA	*NA	4.43%	6.4%	8.1%

Table 1 above – See relevant data from 2000-2011 Census, Kids Count 2012, NM IBIS, 2012 U.S. Labor Statistics, The Poverty Guidelines (Federal Register, Vol.77, No.17, Jan. 26, 2012 pp.4034-4035

In order to provide quality community programs across Socorro County's 6,649 square mile area, SGH relies on sufficient support for transportation costs and staff time. Socorro County faces extraordinary healthcare disparities, a significant lack of access to care for clients, including cultural, economic and transportation issues.

Partners

SGH partners include the New Mexico Department of Health, Presbyterian Medical Services Clinic in Socorro and Magdalena, Children Youth and Families, Socorro County Early Childhood Development Center, Healthy Kids Socorro, Socorro County Options Prevention Education (SCOPE), Socorro Mental Health, Faith Communities, WIC, Alamo Clinic and Wellness Center, County Schools, and Safer NM Now.

Community Health Needs Assessment Background

In 2012, as part of a Community Health Needs Assessment (CHNA) process, Presbyterian identified twelve significant health needs and subsequently prioritized them. This Community Health Implementation Plan was developed to address the prioritized significant health needs identified in this CHNA process.

Presbyterian first reviewed the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county health council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs.

These 12 significant health needs are listed below. In keeping with the Healthy People 2020 format, they are divided into three categories: overarching health issues, health related behaviors, and health outcomes.

Overarching Health Issues

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

Health Related Behaviors

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

Health Outcomes

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

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

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

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
- Presbyterian's ability to have an impact
- Availability of community resources

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

Based on input and the potential to impact significant health issues in New Mexico, Presbyterian selected ***nutrition, physical activity, and tobacco use*** as its community health priority areas.

Based on feedback from community partners, the tobacco use priority subsequently was expanded to ***tobacco use and substance abuse***.

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

Socorro County identified **access to health care** and **diabetes** as additional priorities.

As part of the Community Health Needs Assessment, community health forums were held to gain insight into the specific barriers, opportunities and potential strategies for achieving the stated priorities in each community. As outlined in the IRS requirements, forum participants included:

- People with special knowledge of or expertise in public health
- Federal, tribal, regional, state or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives or members of medically underserved, low-income and minority populations, and populations with chronic disease needs, in the community served by the hospital
- Business and economic development professionals and non-profit leaders

More information on the CHNA process can be found at www.phs.org.

Plan Development and Adoption

The following *principles* were identified to guide the development of the interventions incorporated in the Implementation Plan:

- Data will be used to drive identification of interventions
- Interventions will be based on professional theories and will be consistent with professional and/or best known evidence or practices
- The purpose of the interventions will be clearly stated and easy to understand
- Interventions will be simple and will piggyback on existing interventions
- Interventions will be practical and realistic
- Interventions will be sustainable
- Interventions will be engaging to the target population
- Interventions will be age appropriate and culturally relevant
- Interventions will promote equity and will not reinforce disparities in health outcomes
- The plan will be integrated with existing hospital and PHS plans
- PHS will collaborate with existing agencies to strengthen adopted strategies
- Interventions will be evaluated and monitored

Additionally, PHS used the following guidelines from the 2012 IRS Schedule H Instructions 2012 (pp. 15-17), which specify that a community health intervention must:

- Be carried out or supported for the purpose of improving community health or safety
- Be subsidized by the organization
- Not generate an inpatient or outpatient bill
- Not be provided primarily for marketing services
- Not be more beneficial to the organization than to the community (e.g. not designed primarily to increase referrals of patients with third-party coverage)

- Not be required for licensure or accreditation
- Not be restricted to individuals affiliated with the organization (employees and physicians)
- Meet at least one community benefit objective, including improving access to health services, enhancing public health, advancing generalizable knowledge, and relieving government burden
- Respond to demonstrated community need

Plan for Prioritized Significant Health Needs

SGH will be implementing activities specific to Socorro County which are also related to the identified health needs of healthy eating, active living, prevention of unhealthy substance use, diabetes prevention and education, and access to health care.

Goal 1

Reduce prevalence of obesity and diabetes-related illness in Socorro County through healthy eating

Intervention

Continue implementation of First Born Socorro (FBS) home visiting program (\$171,000 per year through a grant)

Anticipated impact

- Improved health outcomes for babies

Indicators of Success

- FBS outcome data showing increased number of moms breast feeding
- Toddlers upon discharge from FBS having weights within acceptable norms

Intervention

Train a Community Health Worker (CHW) with a focus on diabetes to provide educational support for providers (training provided through the UNM ECHO program, \$38,000 staff)

Anticipated Impact

- Increased opportunity for residents to have access to effective diabetes education

Indicators of Success

- CHW trained by 8/13
- Multi-disciplinary team approach to diabetes care and prevention plan developed by 7/13 and beginning implementation phase during last quarter 2013

Intervention

Community Wide events to promote eating well and active lifestyles, including

- Promotion and hosting once a year of Kitchen Creation Cooking classes (NMSU)
- Offering monthly educational classes (In-kind staff time)
- Health fairs in Socorro and Veguita (staff volunteer time)
- Yearly Run for your Life event to promote moving your body (staff volunteer time)
- Collaborative partnership with Health Council and Healthy Kids to increase collaboration about and promotion of healthy eating and active living (Staff time through various programs, in-kind)
- PHS Day of Service, an annual event with youth and SGH leadership to encourage healthy eating and active living (in-kind staff time)

Anticipated Impact

- Increase opportunities for Socorro County residents to be active
- Increase knowledge about finding and preparing healthy food

Indicators of Success

- Number of events held
- Increased number of participants from year to year
- Improved scores pre/post test for those events that are classroom based rather than general public

Goal 2

Change the culture of health within the community by increasing the opportunities for Socorro County residents to be physically active and eat healthy food, as well as by creating policies that promote this

Interventions

- Pursue funding for a comprehensive plan for improved nutrition and physical activity among Hispanics/Latinos (in-kind staff time)
- Work with Socorro County Options Prevention Education (SCOPE) on SNAP (Food Stamps) program incentives through the farmers market (In-kind staff time)
- Work towards Farm to Hospital opportunities (In-kind staff time)
- Work with Prescription Trails to develop walking paths and maps for Socorro County (\$5,000 and staff time)

Anticipated Impact

- Increased accessibility of healthy food options for Socorro County residents
- Increased consumption of healthy food

- Increased opportunities to be physically active

Indicators of Success

- Funding awarded
- Policies in process of changing
- Number of Prescription Trails developed and number of prescriptions given

Goal 3

Improve access to care by increasing provider availability and by helping community members become advocates and drivers of their own health

Interventions

- Recruitment/retention of primary care providers (in-kind staff time)
- Increase clinic physical capacity (in-kind staff time)
- Expand hours of operation for clinic (in-kind staff time)
- Reserve time for walk-in and same day scheduling (in-kind staff time)

Anticipated Impact

- Increased accessibility of health care for Socorro County residents

Indicators of Success

- Increased utilization of MyChart
- Number of primary care providers recruited
- Hours of clinic operations
- Availability of appointments for walk-in and same day scheduling

Goal 4

Support the self-management of chronic diseases (diabetes, arthritis, COPD, etc.) in Socorro County

Intervention

- Partner with the Department of Health Chronic Disease Prevention Bureau to offer the My Chronic Disease program in Socorro County (~\$60,000 and staff time)
 - Develop a three year plan for the expansion of the My Chronic Disease (My CD) program

Anticipated Impact

- Provide tools for New Mexico residents to effectively manage their chronic diseases and prevent further complications

Indicators of Success

- Number of people completing the MyCD program

- Number of Presbyterian staff trained to be leaders of the MyCD program

Goal 5

Prevent unhealthy substance use in Socorro County

Interventions

- Encourage all PHS providers to take the New Mexico Department of Health Continuing Education class on a brief intervention for tobacco cessation (staff time)
- Provide continuing education opportunities for behavioral health to providers system-wide (staff time)
- Participate in local Health Councils to support substance abuse prevention initiatives (staff time)

Anticipated Impact

- Ensure providers are using best practices to support patients with tobacco cessation as well as support other behavioral health goals
- Provide support for community-based efforts to prevent unhealthy substance use in New Mexico communities
- Decrease the inappropriate prescription of controlled substances
- Prevent the misuse of prescription pain medication

Indicators of Success

- Reduced smoking rates
- Number of providers utilizing CE opportunities
- Rate of participation in health councils involved in substance abuse prevention activities

Alignment with PHS Strategic Plan

Presbyterian has incorporated community health strategies into its long-term strategic plan. Community health is reflected in the following ways:

- Excellence in Clinical Quality and Patient Experience. Strengthen the enterprise-wide approach to improving the quality and safety of care and the patient experience. Focus on embedding an improved experience into the care design, reducing harm, eliminating unexpected mortalities, deploying the use of evidence through the electronic health record (EHR), and implementing community health priorities.
- Regional Delivery System will continue to improve the patient experience with special emphasis on community health activities.
- As part of the integration of the EHR, the regional hospitals will use data from other sites and clinics to develop future community health initiatives.

- The regional sites will also use the results of the community health assessments to foster the expansion/improvement of services identified in the needs assessment.

In addition, the priorities of healthy eating, active living, and prevention of unhealthy substance use are reflected in the PHS Strategic Plan in the following ways:

- Wellness of employees as a focus throughout the plan
- Implementation of a comprehensive chronic pain and addiction program

Community Health Needs not Addressed in this Plan

Presbyterian Healthcare Services decided to focus its community health priorities and related work on the prioritized significant health needs. Consistent with the PHS purpose to improve the health of the patients, members and communities it serves, Presbyterian remains committed to providing preventive, acute, episodic and chronic care to address the priority health conditions in each community with input from communities, key stakeholders and governance.

What follows is a description of how PHS is addressing the nine non-prioritized significant health needs identified in the CHNA, even though they were not prioritized and incorporated into the CHIP.

Overarching Health Issues

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

Presbyterian spends significant resources on **health communications** and **health information technology** as part of innovation and best practice. For example, through a new Discharge Call Center, patients leaving inpatient or emergency services are contacted within 72 hours in order to assist them and their families with a safe transition to home, provide education as needed, reinforce discharge instructions, and seek opportunities for improvement.

Presbyterian uses trained staff, as well as video and phone interpretation services, to meet the needs of its patients and community. These interpretation services can be accessed anywhere in PHS hospitals or clinics.

An electronic health record has been implemented in all Presbyterian ambulatory clinics and will be installed and operational in all eight hospitals by May 2014. In addition, Presbyterian is a founding participant in New Mexico's Health Information Exchange.

As a not-for-profit health system, Presbyterian has an obligation to provide a community benefit and address the overarching health issue of **access to health services**. In 2012 it provided approximately \$27.6 million at cost in free medical care and \$19.7 million at cost in uncompensated care. PHS also donated \$65,000 to Albuquerque Healthcare for the Homeless.

Health Related Behaviors

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

PHS partners with communities to address immunization rates and annually contributes approximately \$50,000 as well as staff time, to influenza **immunizations**.

Injury and violence prevention are addressed in several ways:

- Car seats are provided for a \$20 donation to families in need
- The First Born home visiting program is implemented in Socorro and Rio Arriba counties and is focused on the safety of pregnant women, infants and children through age 3
- “Presious Beginnings” case management is a program for high-risk mothers that focuses on safety during pregnancy
- Domestic violence screening, suicide assessment and depression screening are incorporated into all ambulatory patient visits, and referral sources are provided when indicated
- All inpatients are screened for risk of fall and preventive steps are taken
- In ambulatory settings, at-risk adults and geriatric patients are screened for risk of falling, and preventive measures are taken
- In home care settings, risk of home injury and falling is completed with all patients, and preventive measures are taken

Out of these significant health issues, PHS has identified **nutrition, physical activity, tobacco use and substance abuse** as system-wide priorities. These are high-yield priorities that address the root causes of many, if not all, of the health outcomes listed below. Interventions focused on these priorities are reflected in the plan.

Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease

11. Maternal, Infant and Child Health
12. Mental Health and Mental Disorders

The focus on health outcomes such as **cancer, diabetes, heart disease and stroke, and respiratory disease** are addressed comprehensively in our communities utilizing best practice and evidence based prevention tools through the Presbyterian Medical Group, mobile screening and treatment.

Presbyterian has several community-based home visiting programs that facilitate **maternal, infant and child health** and focus on outreach to at-risk, uninsured populations.

The behavioral health system in New Mexico is under great stress due to high need and lack of funding for services. PHS has been a provider for Medicaid Salud patients since the inception of the Managed Care program. Starting in 2014, Presbyterian will be implementing Centennial Care, which is the redesign of the Medicaid, long-term care and behavioral health system in New Mexico. This will be a unique opportunity to re-integrate **mental health and mental disorder** prevention and treatment into the primary care system. With The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), coverage of and access to mental health and substance abuse treatment will also be increased. Because of these two major legislative changes, PHS is planning for and implementing best practices in support of mental health and mental disorders.

In addition, PHS hospitals, emergency departments and clinics have provided behavioral health services for patients, including:

- Emergency mental health evaluation and stabilization
- Access to behavioral health consultation via video teleconference (since 2011)
- Outpatient clinic services in Albuquerque locations for adults and children
- Behavioral health therapists as part of the core team in 10 patient-centered medical homes since 2010/2011 as an investment to improve access to community-based behavioral health
- Mental health hospital services for adults, children and adolescents in Albuquerque
- Staffing and support for a pharmacy sample clinic that provides free samples of needed medication for patients who cannot afford medications

Plan Adoption and How to Get Involved

This Community Health Implementation Plan was approved by the SGH Board in July 2013 and by the PHS Board Quality Committee in August 2013.

Socorro General Hospital
Community Health Implementation Plan

SGH will continue to implement the CHIP throughout 2013-2016 with regular updates that will be posted on [p hs.org](http://phs.org). If you would like to contact SGH directly or participate in the process, please call Elizabeth Beers at 575-835-8791 or send her an email at bbeers@p hs.org.