

Community Engagement and Needs Assessment Process and Report
Guadalupe County Hospital
Santa Rosa, New Mexico
May 7, 2012

Process:

The hospital CEO, representatives from *HealthInsight*, the New Mexico Office of Rural and Primary Care and consultants conducted three meetings; a variety of community members were invited and in attendance. The group was diverse and represented all segments of the community. Meetings were approximately an hour and a half in length. Consultants prepared and conducted a survey of community attitudes and issues regarding health and health care in the county. Initially, with the hospital staff and with input from *HealthInsight* staff members, consultants determined the primary service area of Guadalupe County Hospital. Community members from this entire service area participated in these meetings. For example, participants included consumers, community leaders, public health officials, health care officials and experts, economic and community development specialists, education leaders and law enforcement. The meetings were conducted on February 29, March 13, and April 10, 2012.

Economic Impact:

Consultants conducted an economic impact study to indicate the value of health care and specifically the hospital to the community's economic environment and viability.

In 2011, Guadalupe County Hospital had 50 full and part time employees from hospital operations with a payroll of \$2.9 million (wages, salaries and benefits). The hospital also spent \$3.4 million on capital improvements for a total of 86 jobs and a \$3.4 million payroll. The secondary multiplier for hospital employment was 1.34 meaning that for every job in the hospital an additional 0.34 job or 17 additional jobs were created in the county for a total employment impact from operations of 67 jobs. The construction multiplier was 1.23 creating an additional 20 jobs for a total of 106 jobs. The grand total for employment impact was 173 jobs.

The income multipliers for hospital operations and hospital construction were 1.18 and 1.16 respectively. That resulted in an additional \$523,694 from operations and \$554,540 from construction activities for a total of \$3.4 million from operations and \$4.0 million from construction for a grand total income impact of \$7.4 million. While construction varies from year to year, the hospital provides a huge economic impact for Guadalupe County.

Health Indicators/Health Outcomes:

Data compiled by the State of New Mexico and various national databases¹ indicated the following information for discussion at the second community meeting

- Accessibility/availability of primary care physicians (PCPs), county 69 PCPs per 100,000 population
- Births to women under 18, county rate 9.2, peer counties range 4.6-11.0
- A high percentage (77.8% county vs. 57.6% for New Mexico) of pregnant women receive prenatal care in first trimester
- Heart disease #1 leading cause of death, county rate 190.6, state rate 176.0
- Cancer #2 leading cause of death, county rate 174.9, state rate 173.2
- Stroke (cerebrovascular disease) #5 leading cause of death, county rate 90.4, state rate 41.8
- Diabetes #6 leading cause of death high, county rate 36.6, state rate 32.2
- Female breast cancer deaths high, county rate 62, state rate 22.1
- Substantiated child abuse allegations high, county rate 39.4, state rate 18.5
- Youth report caring and supportive family at a very high level, county rate 72.7, state rate 54.1
- Alcohol-related deaths high, county rate 101.8, state rate 52.9
- Uninsured adults high, county rate 30.6, state rate 22.9
- Low birth weight high, county rate 12.7, state rate 8.5
- Adolescent obesity high, county rate 18.7, state rate 13.5
- Motor vehicle traffic crash deaths high, county rate 31.0, state rate 18.3

Economic and Demographic Data and Information:

Economic and demographic data and information were compiled from a variety of data sources²:

- Population flat from 2000 – 2010 (county 0.1% increase)

¹ Health Indicators/Health Outcomes data sources include County Health Rankings from University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation; Community Health Status Indicators from U. S. Department of Health and Human Services; New Mexico Selected Health Statistics Annual Report from the New Mexico Department of Health; New Mexico Death Certificate Database, Office of Vital Records and Health Statistics from the New Mexico Department of Health; and New Mexico's Indicator-Based Information System from the New Mexico Department of Health.

² Economic and Demographic data and information sources include population data, County Business Patterns, and poverty data from U. S. Census Bureau; employment, earnings, and transfer receipt reports from the U. S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis; and employment and unemployment data from the U. S. Department of Labor, Bureau of Labor Statistics.

- Population growing in 45+ age group (absolute and percentage), county 2000, 35.7% and 2010, 44.1%, state 2000, 33.9% and 2010, 39.9%
- State demographers predicted 27.2% growth for next decade; cannot explain projected growth from the local perspective
- Health sector is very important to economy, represents 12.2% of total county employment and 19.5% of total county earnings
- Transfer receipts as a percent of total personal income high, county 42.4%, state 21.5%; this indicates a high percentage of income comes from federal and state programs.
- High unemployment, county 10%, state 7.1%
- Poverty all people high, county 23.7%, state 19.8%
- Poverty under age 18 high, county 30.5%, state 28.5%

Potential solutions or approaches to the problems and the information gained from the local survey were discussed at the third community meeting.

- Breast cancer education and screening was seen as a solution to the high death rate for breast cancer. Education must be culturally sensitive and timely presented to local women. Guadalupe County Hospital has received some grant monies in the past for these programs and will consider seeking additional grant funding to expand this program.
- The hospital will assist the community to apply for grant programs to provide grant funding for programs to educate the population regarding
 - Decreasing obesity in all population groups
 - Nutrition education to decrease reliance on fatty, high caloric and high cholesterol foods and food preparation
 - Educational programs must be:
 - Age specific
 - Culturally sensitive
 - Provide options, i.e.; classes, webinars
 - Catered to specific target groups, i.e., Diabetes education, stroke and heart disease education, education regarding prenatal care and childcare, etc.

Guadalupe County Hospital is and will continue to pursue a variety of positive changes for health care and access to health care in the Guadalupe County service area. These include:

- Website development with contact list for updates and e-Newsletters
- Telemedicine services
- Care flight – dedicated helicopter
- Physical therapy/ occupational therapy
- Optometrist
- Chiropractor
- New doctors moving to the area
- Scholarships for nursing and allied health personnel

- Mini health fairs
- Outreach to surrounding communities
- Share patient satisfaction scores on a regular basis

While the hospital has and will continue to provide dynamic leadership for the Guadalupe County community, many health and health related issues involve behavioral choices. The ability to change these issues will of necessity involve the entire community including the hospital.

Conclusion:

It should be noted that the population base of the Guadalupe County service area precludes offering a variety of services on site. For instance, a population base of 10,000 to 12,000 people is required as a minimum for a general surgeon. However, Guadalupe County Hospital will continue to work with the community and the hospital board to maximize the array of services available to local consumers. The CEO and the board have already built a new facility that incorporates the county public health office in the same building. They have a state of the art facility that was carefully planned and laid out. They have installed electronic health records systems and have qualified for federal Meaningful Use incentives. The CEO and the board have demonstrated that simply being rural does not mean second-class care or services. By maximizing the service potential of a variety of health and human services, the CEO has demonstrated her connection with and her commitment to this community.