CIBOLA GENERAL HOSPITAL
GRANTS, NEW MEXICO

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

ADOPTED BY BOARD RESOLUTION (DATE)[1]

[1] Response to Schedule H (Form 990) Part V B 2

QHR | Consulting Services

Dear Community Resident:

Cibola General Hospital (CGH) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Accountable Care Act.

The "2013 Community Health Needs Assessment" identifies local health and medical needs and provides a plan to indicate how CGH will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, CGH, are meeting our obligations to efficiently deliver medical services.

CGH will conduct this effort at least once every three years. As you review this plan, please consider if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, with other organizations and agencies, can collaborate to bring the best each has to offer to address more pressing identified needs.

The report is a response to a federal requirement of not-for-profit hospital's to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Of greater importance, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank you

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EXECUTIVE SUMMARY

Executive Summary

Cibola General Hospital (CGH) is organized as a not-for-profit hospital. A "Community Health Needs Assessment" (CHNA) is part of the necessary hospital documentation for "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures CGH identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.[2] Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care;
- Billing and collections; and
- Charges for medical care.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS) and the U.S. Department of the Treasury.[3]

Project Objectives

CGH partnered with Quorum Health Resources (QHR) for the following:[4]

- Complete a Community Health Needs Assessment report, compliant with Treasury – IRS;
- Provide the Hospital with information required to complete the IRS – 990h schedule; and
- Produce information necessary for the hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, nonprofit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term "Charitable Organization" is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit

[2] Part 3 Treasury/IRS – 2011 – 52 Notice … Community Health Needs Assessment Requirements…
[3] As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at http://federalregister.gov/a/2012-15537
[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Control by independent civic leaders; and
- All available and qualified physicians are privileged.

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- Assessment may be based on current information collected by a public health agency or nonprofit organization and may be conducted together with one or more other organizations, including related organizations;
- Assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;
- Failure to complete a community health needs assessment in any applicable three-year period results in a penalty to the organization of $50,000, e.g.,, if a facility does not complete a community health needs assessment in taxable years one, two or three, it is subject to the penalty in year three. If it then fails to complete a community health needs assessment in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

[5] Section 6652

APPROACH

Approach

To complete a CHNA, the hospital must:

- Describe processes and methods used to conduct the assessment:
  - Sources of data and dates retrieved;
  - Analytical methods applied;
  - Information gaps impacting ability to assess the needs; and
  - Identify with whom the Hospital collaborated.
- Describe how the hospital gained input from community representatives:
  - When and how the organization consulted with these individuals;
  - Names, titles and organizations of these individuals; and
  - Any special knowledge or expertise in public health possessed by these individuals.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data and most secondary sources use the county as the smallest unit of analysis. We asked our Local Experts, area residents, to note if they perceived the problems or needs, identified by secondary sources, to exist in their portion of the county.[6]

The data displays used in our analysis are presented in the Appendix. Data sources include:[7]

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Cibola County compared to all NM counties	November 1, 2012	2002 to 2010

[6] Response to Schedule H (Form 990) Part V B 1 i
[7] Response to Schedule H (Form 990) Part V B 1 d

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.communityhealth.hhs.gov	Assessment of health needs of Cibola County compared to its national set of "peer counties"	November 1, 2012	1996 to 2009
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends and socio-economic characteristics	November 1, 2012	2012
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	November 1, 2012	2012
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	November 1, 2012	2012
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	November 1, 2012	1989 through 2009
www.dataplace.org	To determine availability of specific health resources	November 1, 2012	2005
www.cdc.gov	To examine area trends for heart disease and stroke	November 1, 2012	2007 to 2009
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	February 15, 2013	2003 to 2010
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	November 1, 2012	2013
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	February 28, 2013	2010 published 11/29/12

- In addition, we deployed a Community Health Need Assessment survey within the local population for any resident to complete;[8]
- We received community input from 108 area residents; survey responses started Friday, July 27, 2012 at 5:48 p.m. and ended with the last response on Saturday, September 29, 2012 at 12:20 p.m.;
- The terms of gaining input stipulated each respondent would remain anonymous;
- The internet based survey was promoted through a paid advertisement in a local newspaper and distributed to local civic and health organizations with a request for participation. Preliminary conclusions were presented to a local group of experts, who were asked to validate prior assessments and establish priority among various identified health and medical issues;[9] and
- Information analysis augmented by local opinions showed how Cibola County relates to its peers in terms of primary and chronic needs, as well as other issues of uninsured persons, low-income persons and minority groups; respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition and if so, who needs to do what.[10]

When the analysis was complete, we put the information and summary conclusions before our local group of experts[11] who were asked to agree or disagree with the summary conclusions. Experts were free to augment potential conclusions with additional statements of need; however, new needs did not emerge from this exchange.[12] Consultation with 18 local experts occurred again via an internet based survey (explained below) during the period beginning Monday, November 5, 2012 at 11:55 a.m. and ending Monday, November 19, 2012 at 1:48 p.m.

With the prior steps identifying potential community needs, the Local Experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method which relies on a panel of experts who answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provided an anonymous summary of the experts' forecasts from the previous round, as well as the reasons provided for their judgments. The process encourages experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus "correct" answer. The process stops when we identify the most pressing, highest priority community needs.

In the CGH process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and to challenge conclusions developed from

[8] Response to Schedule H (Form 990) Part V B 1 h
[9] Part response to Schedule H (Form 990) Part V B 3
[10] Response to Schedule H (Form 990) Part V B 1 f
[11] Part response to Schedule H (Form 990) Part V B 3
[12] Response to Schedule H (Form 990) Part V B 1 e

the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support and other needs receiving identical point allocations.

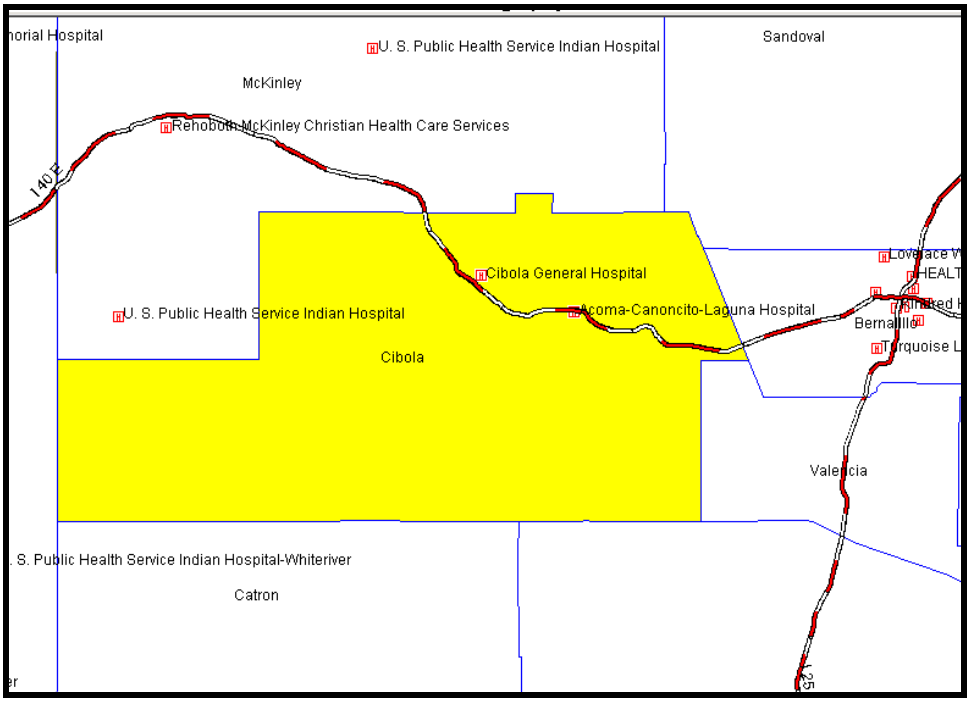
We dichotomized the rank order into two groups: high priority needs and low priority needs. The determination of the break point, high as opposed to low, was a qualitative interpretation by QHR and the CGH executive team where a reasonable break point in rank occurred, indicated by the weight amount of points each potential need received and the number of local experts allocating any points to the need. When presented to the CGH executive team, the dichotomized need rank order identified which needs the hospital considered high responsibility to respond vs. low responsibility to respond. The result provided a matrix of needs and guided the hospital in developing its implementation response.[13]

[13] Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g

FINDINGS

Findings

Definition of Area Served by the Hospital Facility[14]



Cibola General Hospital, in conjunction with QHR, defines its service area as Cibola County in New Mexico which includes the following ZIP codes:

87005 – Bluewater	87007 – Casa Blanca	87014 – Cubero
87020 – Grants	87021 – Milan	87315 – Fence Lake

In 2011, the Hospital received 92.1% of its patients from this area.[15]

[14] Responds to IRS Form 990 (h) Part V B 1 a
[15] Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a

Demographic of the Community[16]

The 2012 population for Cibola County is estimated to be 28,012,[17] and is expected to increase at a rate of 3.3% in contrast to the 3.9% national rate of growth and the New Mexico growth rate of 6.2%. Cibola County in 2017 anticipates a population of 28,940.

According to population estimates utilized by Truven, provided by The Neilson Company, the 2012 median age for the county is 35 years, younger than the New Mexico median age (35.5 years) and the national median age (36.8 years). The 2012 Median Household Income for the area is $33,785, lower than the New Mexico median income of $41,587 and the national median income of $49,559. Median Household Wealth value also is below the National and the New Mexico value. Median Home Values show the same pattern as Household Wealth. Cibola's unemployment rate as of October, 2012 was 5.6%,[18] which is better than the 6.3% statewide and the 7.9% national civilian unemployment rate.

The portion of the population in the county over 65 is 13.4%, above the New Mexico and the national average of 12.9%. The portion of the population of women of childbearing age is 20.7%, above the New Mexico average of 19.7% and the national rate of 20.1%.

Demographics Expert 2.7
2012 Demographic Snapshot
Area: Cibola County
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2000 Total Population	26,067	281,421,906
2012 Total Population	28,012	313,095,504
2017 Total Population	28,940	325,256,835
% Change 2012 - 2017	3.3%	3.9%
Average Household Income	$42,653	$67,315

	2012	2017	% Change
Total Male Population	13,929	14,408	3.4%
Total Female Population	14,083	14,532	3.2%
Females, Child Bearing Age (15-44)	5,803	5,796	-0.1%

POPULATION DISTRIBUTION

Age Distribution

Age Group	2012	% of Total	2017	% of Total	USA 2012 % of Total
0-14	5,758	20.6%	6,014	20.8%	20.2%
15-17	1,279	4.6%	1,110	3.8%	4.3%
18-24	2,869	10.2%	2,957	10.2%	9.7%
25-34	4,106	14.7%	4,376	15.1%	13.5%
35-54	7,342	26.2%	7,105	24.6%	28.1%
55-64	2,893	10.3%	3,225	11.1%	11.4%
65+	3,765	13.4%	4,153	14.4%	12.9%
Total	28,012	100.0%	28,940	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

Income Distribution

2012 Household Income	HH Count	% of Total	USA % of Total
<$15K	1,958	21.4%	13.0%
$15-25K	1,470	16.1%	10.8%
$25-50K	3,025	33.0%	26.7%
$50-75K	1,448	15.8%	19.5%
$75-100K	695	7.6%	11.9%
Over $100K	562	6.1%	18.2%
Total	9,158	100.0%	100.0%

EDUCATION LEVEL

Education Level Distribution

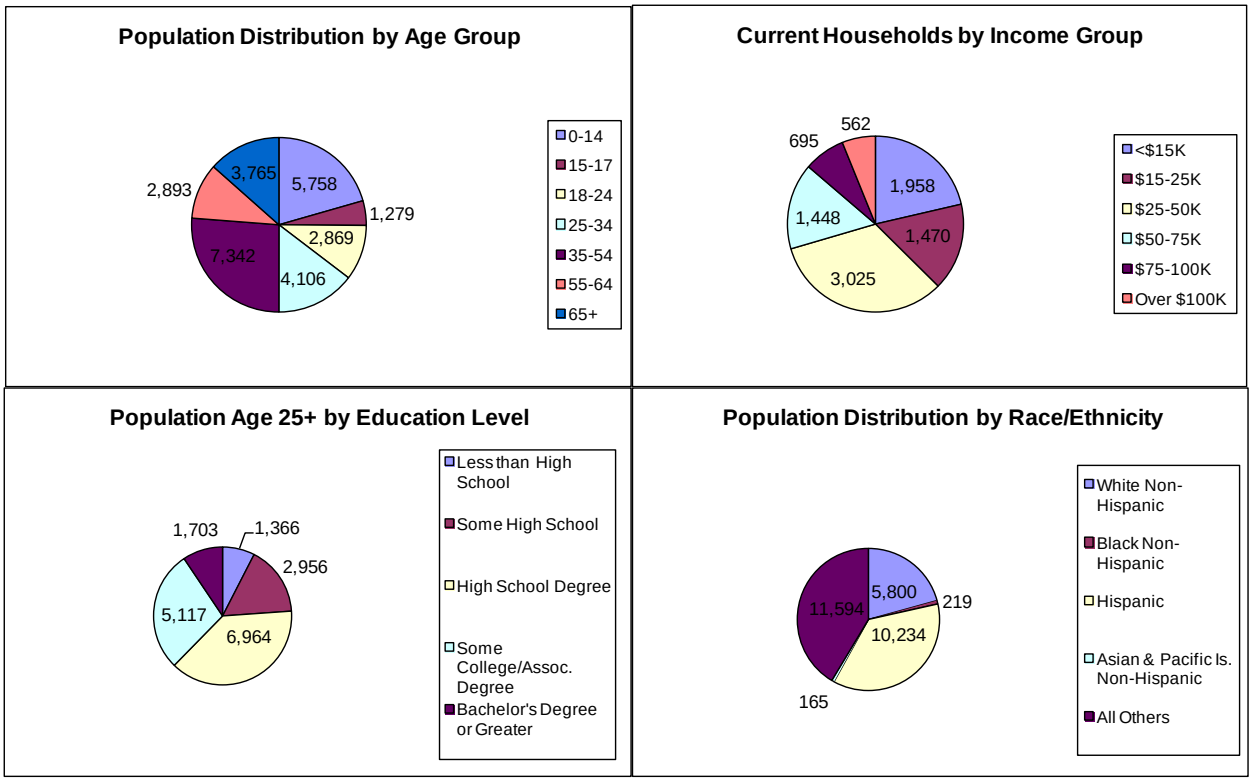
2012 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,366	7.5%	6.3%
Some High School	2,956	16.3%	8.6%
High School Degree	6,964	38.5%	28.7%
Some College/Assoc. Degree	5,117	28.3%	28.5%
Bachelor's Degree or Greater	1,703	9.4%	27.8%
Total	18,106	100.0%	100.0%

RACE/ETHNICITY

Race/Ethnicity Distribution

Race/Ethnicity	2012 Pop	% of Total	USA % of Total
White Non-Hispanic	5,800	20.7%	62.8%
Black Non-Hispanic	219	0.8%	12.3%
Hispanic	10,234	36.5%	17.0%
Asian & Pacific Is. Non-Hispanic	165	0.6%	5.0%
All Others	11,594	41.4%	2.9%
Total	28,012	100.0%	100.0%

[16] Responds to IRS Form 990 (h) Part V B 1 b
[17] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner
[18] http://research.stlouisfed.org/fred2/series/NMCIBO6URN; http://research.stlouisfed.org/fred2/series/UNRATE



The population was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important adverse potential findings. Items with blue text are viewed as statistically important potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation or not being a favorable or unfavorable consideration in our use of the information.

Health Service Topic	Demand as % of National	% of Population Effected	Health Service Topic	Demand as % of National	% of Population Effected
Weight / Lifestyle			**Heart**		
BMI: Morbid/Obese	114.1%	29.1%	Routine Screen: Cardiac Stress 2yr	88.2%	13.8%
Vigorous Exercise	93.7%	47.6%	Chronic High Cholesterol	98.7%	22.1%
Chronic Diabetes	127.4%	13.2%	Routine Cholesterol Screening	86.8%	44.1%
Healthy Eating Habits	84.1%	24.9%	Chronic High Blood Pressure	116.0%	30.5%
Very Unhealthy Eating Habits	141.1%	3.9%	Chronic Heart Disease	128.7%	10.7%
Behavior			**Routine Services**		
I Will Travel to Obtain Medical Care	96.4%	30.9%	FP/GP: 1+ Visit	102.4%	90.5%
I Follow Treatment Recommendations	84.2%	34.0%	Used Midlevel in last 6 Months	102.4%	43.3%
I am Responsible for My Health	90.8%	54.5%	OB/Gyn 1+ Visit	87.0%	40.8%
Pulmonary			Ambulatory Surgery last 12 Months	100.8%	19.4%
Chronic COPD	123.1%	4.7%	**Internet Usage**		
Tobacco Use: Cigarettes	130.7%	33.9%	Use Internet to Talk to MD	78.1%	11.4%
Chronic Allergies	110.0%	26.2%	Facebook Opinions	83.8%	8.6%
Cancer			Looked for Provider Rating	87.7%	12.7%
Mammography in Past Yr	90.5%	41.1%	**Misc**		
Cancer Screen: Colorectal 2 yr	86.8%	21.9%	Charitable Contrib: Hosp/Hosp Sys	86.7%	20.7%
Cancer Screen: Pap/Cerv Test 2 yr	83.9%	50.6%	Charitable Contrib: Other Health Org	79.1%	30.9%
Routine Screen: Prostate 2 yr	91.7%	29.3%	HSA/FSA: Employer Offers	94.5%	48.3%
Orthopedic			**Emergency Service**		
Chronic Lower Back Pain	123.4%	27.8%	Emergency Room Use	112.4%	38.2%
Chronic Osteoporosis	121.7%	11.8%	Urgent Care Use	97.4%	23.0%

Leading Causes of Death

Cause of Death			Rank among all counties in NM (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		
NM Rank	Cibola Co. Rank	Condition		NM	Cibola Co.	Observation
1	1	Heart Disease	23 of 33	149.5	153.3	Lower than expected
4,11,14,19,20,28, 29,32,35,36,38	2	Cancer	26 of 33	150.0	152.6	Lower than expected
13, 17, 24	3	Accidents	12 of 33	63.7	80.1	Higher than expected
5	4	Diabetes	3 of 33	28.3	55.1	Higher than expected
2	5	Lung	21 of 33	46.3	40.9	As expected
9	6	Liver	3 of 31	17.7	37.1	Higher than expected
3	7	Stroke	24 of 32	33.9	32.9	Lower than expected
8	8	Suicide	19 of 33	18.5	19.9	Higher than expected
16	9	Flu - Pneumonia	17 of 33	16.2	17.2	Lower than expected
21	10	Blood Poisoning	3 of 33	9.6	14.8	Higher than expected
10	11	Alzheimer's	19 of 33	17.3	14.4	Lower than expected
15	12	Kidney	17 of 33	12.9	12.3	As expected
22	13	Parkinson's	3 of 30	7.8	11.5	Higher than expected
12	14	Hypertension	1 of 30	5.3	9.5	Higher than expected
26	15	Homicide	17 of 31	8.9	8.9	Higher than expected

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups and other vulnerable population segments. Studies identifying specific group needs, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity and socioeconomic status and includes a charge to examine disparities in "priority populations," which are groups with unique health care needs or issues that require special attention.[19]

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:
  - Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Blacks were worse than Whites and staying the same:
  - Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over ; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;
  - Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;

[19] http://www.ahrq.gov/qual/nhdr10/Chap10.htm 2010

  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
  - Timeliness – Adults who needed care right away for an illness, injury or condition in the last 12 months who got care as soon as wanted; emergency department visits where patients left without being seen; and
  - Access – People with a usual primary care provider; people with a specific source of ongoing care.
- Measures for which Asians were worse than Whites and getting better:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Asians were worse than Whites and staying the same:
  - Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and
  - Access – People with a usual primary care provider.
- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and staying the same:
  - Heart Disease – Hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;
  - Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; and
  - Access – People under age 65 with health insurance.

- Measures for which American Indians and Alaska Natives were worse than Whites for most recent year and getting worse:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient safety – Adult surgery patients who received appropriate timing of antibiotics.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting better:
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;
  - Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.
- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:
  - Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening;
  - Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;
  - Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;
  - Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;
  - Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay

nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;

- Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;
- Timeliness – Adults who needed care right away for an illness, injury or condition in the last 12 months who got care as soon as wanted;
- Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and
- Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons

- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting worse:
  - Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

We asked in the community survey about such unique needs and reviewed their responses to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Respondents were asked if there were any particular group having needs and only 14% gave any priority (none ranked it as the top priority) of importance to develop a response to their needs. We received a handful of responses from the 108 participants (offering 85 comments), concluding such needs were not dominant considerations and topics presented were not materially different from considerations for the public at large. Specific comments as quoted by participants included:

- Elderly need access to specialists in the area. I propose that an effort be made to have specialists available on certain dates to avoid long trips to Albuquerque. I see many persons from Grants when I have appointments with specialists;
- Lack of health care coverage for people over the age of 18 who are not employed and lack the financial support to obtain insurance coverage;
- Our miners fighting pulmonary fibrosis and breast cancer patients; and
- Patient not having insurance I believe is the most important medical issue.

Statistical information about special populations:

Access to Care: Cibola County, NM

In addition to use of services, access to care may be characterized by medical care coverage and service availability

Uninsured individuals (age under 65)[1]	**4,765**
Medicare beneficiaries[2]	
Elderly (Age 65+)	**2,860**
Disabled	**759**
Medicaid beneficiaries[2]	**8,691**
Primary care physicians per 100,000 pop[2]	**69.6**
Dentists per 100,000 pop[2]	**18.3**
Community/Migrant Health Centers[3]	**Yes**
Health Professional Shortage Area[3]	**Yes**

nda No data available.

[1] The Census Bureau. Small Area Health Insurance Estimates Program, 2006.
[2] HRSA. Area Resource File, 2008.
[3] HRSA. Geospatial Data Warehouse, 2009.

Vulnerable Populations: Cibola County, NM

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable Populations Include People Who[1]	
Have no high school diploma (among adults age 25 and older)	**4,327**
Are unemployed	**541**
Are severely work disabled	**918**
Have major depression	**1,546**
Are recent drug users (within past month)	**2,161**

nda No data available.

[1] The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.

Findings

Upon completion of the CHNA, QHR identified several issues within the Cibola General Hospital community:

Conclusions from Public Input to Community Health Needs Assessment

A total of 108 area residents participated in a survey about their perception of local health care needs. Initially, participants commented about:

- People lack health care, not enough physicians available and insurance concerns; and
- Prominent needs are obesity, cancer, diabetes and alcohol/substance abuse.

Thirteen topics were "Major Concern" or "Most Important Issue to Resolve,". This listing of concerns is more extensive than typical and includes:

1. Youth drug use was a major concern by 77% of respondents;
2. Adult substance abuse (alcohol and/or drugs) a major concern by 76%;
3. Diabetes a major concern by 71%;
4. Youth alcohol abuse a major concern by 67%;
5. Not having health insurance a major concern by 66%;
6. Teen births a major concern by 65%;
7. Poverty listed as a major community issue problem by 64%;
8. Low education level listed as a major community issue problem by 62%;
9. Mental health issues (depression, anxiety, grief and other clinical issues) a major concern by 57%;
10. People making unhealthy food choices a major concern by 56%;
11. Cancer a major concern by 54%;
12. Youth smoking a major concern by 54%; and
13. Prescription drug abuse (regardless of age) a major concern by 54%.

A total of 70% of participants reported experiencing a problem in the last two years with the availability of health care services. 69% reported a problem with a lack of healthy living. 69% reported a problem with an individual or family health matter. 56% reported a problem with public health. No issue received a majority opinion as being the most important to resolve. The topic receiving most top priority votes, 22%, was individual and family concerns. Respondents cited an average healthiness of 7.4 on a scale of 0 (worst) to 10 (best) which is a little lower than normal. 2/3 of responses indicated having no financial problem accessing services in the last two years. 51% reported the local economy is worse than last year, but other factors primarily are unchanged. Respondents lost an average of 3.2 days in the last month due to illness, with 57% reporting no days lost and 4% reporting all 30 days lost. Respondents lost an average of 1.9 days in the last month due to mental illness, but 73% reported 0 days lost and one person reported all thirty days lost. This self reporting is slightly more positive than typical.

- A majority of people left the County for healthcare. Departing residents primarily sought dental services; however, responses indicate people left to obtain other services (in descending order) primary care, surgery, orthopedic care, emergency followed by a variety of specialty medical services. Respondent characteristics noted 85% had a doctor, 75% had an eye care provider, 70% had a dentist and 8% had a mental health counselor which is a lower use of health professionals than typical. Responses came from seven zip codes – 70% from

Grants, 17% from Milan and remaining responses from surrounding zip codes. The typical survey participant was a post high school educated white, non-Hispanic, married, 35-54, female, without children in the household, who is employed, in a household with income of $50,000 to $100,000, having health insurance.

Responses included all age groups except fewer than age 18 and all income groups except households earning less than $5,000 or more than $200,000. All educational group levels were represented. 32% of respondents were Hispanic, 6% were Native American and 20% were some race other than White, Black, Asian or Native American. 20% of responses had household preschool children and 27% had school age children. 23% had senior citizens in the household.

Summary of Observations from Cibola County Compared to All Other New Mexico Counties, in Terms of Community Health Needs

In general, Cibola County residents are among the unhealthiest in New Mexico.

In a health status classification termed "Health Outcomes," Premature Deaths, death prior to age 75, occurs at a statistically higher rate than the state average and about double the desired national goal rate:

- All Morbidity measures, days of ill health, ill mental health, self assessed health and low birth weight, exceed state averages and are significantly higher than desired national goal rates.

In another health status classification "Health Factors," Clinical Care indicators present the most positive health status values; the number of uninsured and the number of avoidable hospital stays are comparable to the state average:

- The physician to population ratio is better than the state average (more physicians per population than on average in New Mexico) and with the addition of one or two additional physicians, Cibola would achieve desired national goal levels.

Healthy Behaviors are not as positive:

- Smoking at 20% is at the NM average though significantly worse than the 14% national goal;
- Obesity, a lack of physical activity, motor vehicle crash deaths and teen birth rates are all significantly higher than the NM average; and
- Excessive drinking is at the NM average, but 33% above the national goal.

Among social and economic health factors:

- Violent crime is about 60% of the NM average rate, but over three times the desired national goal;
- 48% of children reside in single parent households, which exceeds the NM average and is more than double the national desired goal; and

- Children in poverty also are a rate significantly higher than the NM average and almost triple the national goal.

Among the physical and environmental considerations:

- Limited recreational facilities (50% of NM average and 25% of national goals) and the percentage of fast food restaurants is double the national goal.

Summary of Observations from Cibola County Peer Comparisons

The federal government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic and demographic characteristics. Health and wellness observations when Cibola County is compared to its national set of Peer Counties and compared to national rates include:
UNFAVORABLE observations occurring at rates worse than national AND worse than among Peers

- INFANT MORTALITY MEASURES Low Birth Weight (<2500 grams), Premature Births, Hispanic Infant Mortality, No care in first trimester;
- BIRTHS TO WOMEN UNDER 18 and to UNMARRIED WOMEN;
- HOMICIDE;
- MOTOR VEHICLE INJURY;
- SUICIDE; and
- UNINTENTIONAL INJURY.

SOMEWHAT A CONCERN observations because occurrence is EITHER above national average or above Peer group average

- SMALL BABIES Very Low Birth Weight (<1500g), Infant Mortality, Neonatal Infant Mortality;
- BETTER Performance than Peers and National rates:
  - BIRTHS TO WOMEN AGE 40 TO 54;
  - POST NEONATAL INFANT MORTALITY;
  - CANCER; BREAST CANCER (female); COLON CANCER; LUNG CANCER;
  - CORONARY HEART DISEASE; and
  - STROKE.

Conclusions from the Demographic Analysis Comparing Cibola County to National Averages

In 2012, Cibola County comprised 28,012 residents. Since 2000 it has experienced population increase and anticipates continued growth, just below the national average through the next five years, to add almost a thousand new residents. The population is 20.7% non-Hispanic White and Hispanics constitute 36.5% of the population. The largest population segment, 41.4% of the population, is "other," assuming a Native American Navajo classification. 10.3% of the population is age 65 or older, a considerably smaller population segment than the elderly comprised elsewhere in New Mexico or to the national average. 20.7% of women are in the childbirth population segment, the same as elsewhere in NM and close to the national average. Median income and household wealth are below the NM average and national averages.

The following areas were identified from a comparison of the county to national averages where the health status metric was statistically significantly different from national average and more than 30% of the population is impacted. This adverse findings list is atypical and findings are not desirable unless otherwise noted.

Situations and Conditions impacting more than 25% of the population and statistically significantly different from the national average include:

- Not having a Mammography exam in the past two years, 9.5% below average impacting 86.1% of the population;
- Taking Personal Responsible for My Health, 9.2% below average impacting 54.5% of the population;
- Obtained a Cancer Screen: Pap/Cerv Test within the last 2 yr, 16% below average impacting 50.6%;
- Engage in Vigorous Exercise, 4% below average impacting 47.6%;
- Obtained a Routine Screen: Prostate in the last 2 yr, 8% below average impacting 44.3%;
- Obtained a Routine Cholesterol Screening, 15% below average impacting 44.1%;
- Obtained one or more OB/Gyn Visits, 13% below average impacting 40.8%;
- Used an Emergency Room, 12% above average impacting 38.2%;
- I Follow Treatment Recommendations, 16% below average impacting 34%;
- Use of Cigarettes, 31% above average impacting 33.9%;
- Made a Charitable Contribution to Other than a Health Org, 20% below average impacting 30.9% (neither an adverse or beneficial finding); and
- Chronic High Blood Pressure, 16% above average impacting 30.5%.

Metrics impacting less than 30% of the population and are statistically significantly different from the national average include the following; findings are not desirable unless otherwise noted:

- Chronic Lower Back Pain is 23% above average impacting 29.8% of the population;
- High body mass index defined as being Obese, 14% above average impacting 29.1%;
- Chronic Allergies are 10% above average impacting 27.2%;
- The Lack of Healthy Eating Habits is 16% below average impacting 24.9%;
- Looked for Provider Rating is 16% below average impacting 23.5% (neither an adverse or beneficial finding);
- Obtained a Colorectal Cancer Screen in the last 2 yr is 13% below average impacting 21.9%;
- Made a Charitable Contribution to a Health Org is 13% below average impacting 20.7%, neither an adverse or beneficial finding;
- Obtained a Routine Cardiac Stress Test in the last 2yr is 12% below average impacting 20.3%;
- Chronic Diabetes is 27% above average impacting 13.2%;
- Chronic Osteoporosis is 22% above average impacting 11.8%;
- Use Internet to Talk to MD is 22% below average impacting 11.4%(neither an adverse or beneficial finding);
- Chronic Heart Disease is 29% above average impacting 10.7%;
- Posted or read Facebook Opinions about medical care is 16% below average impacting 8.7% (neither an adverse or beneficial finding);
- Chronic COPD is 23% above average impacting 4.7%; and
- Very Unhealthy Eating Habits are 41% above average impacting 3.9%.

Key Conclusions from Consideration of Other Statistical Data Examinations

Additional observations of Cibola County found:

- Palliative Care (programs focused not on curative actions, but designed to relieve disease symptoms pain and stress arising from serious illness) does not exist in the County. Hospice (programs designed to provide support during end of life) does not exist in the County;
- Among the leading causes of death, Cibola has the highest rate in the state for Hypertension, a significantly higher death rate in 8 of 15 causes while having a lower death rate in 4 of the 15 leading causes of death;
- Ranking cause of death in Cibola finds the leading causes to be (in descending order of occurrence):

1. Heart Disease (as a rate of death, Cibola ranks #23 of 33 NM Counties, significantly lower than expected);
2. Lung Disease (Cibola ranks #21 NM County, significantly lower than expected);
3. Traffic Accidents (Cibola is significantly higher than expected ranking #12 NM County, Traffic Accidents are the leading statewide cause of female deaths age 15 to 24 and Accidents are the 17th NM cause of death);
4. Diabetes (Cibola is significantly higher than expected ranking #3 NM County, Diabetes is the 5th leading NM cause of death);
5. Lung Cancer (Cibola ranks #26 NM County);
6. Stroke (Cibola is significantly lower than expected ranking #24 NM County, statewide Stroke is the 3rd leading cause of death);
7. Liver Disease (Cibola is significantly higher than expected ranking #3 NM County, statewide Liver Disease is the 9th leading cause of death); and
8. Suicide (Cibola is significantly higher than expected ranking #19 NM County, statewide Suicide is the 5th cause of death in males and leading cause of male deaths age 15 to 24).

- Among other conditions, Cibola has significantly higher death rates for Poisoning (#3 NM County), Hypertension (#1 NM County), Parkinson's (#3 NM County) and Homicide (#17 NM County). Significantly lower death rates occur among Flu (#17 NM County) and Alzheimer's (#19 NM County);
- The incident of Heart Disease Mortality during 2007 through 2009 is in the second lowest national death quintile (dividing the nation into 5 levels of deaths). The hospitalization rate is also in the second lowest county classification, but in the highest classification for discharging Medicare beneficiaries to their homes. The heart death rate for Native Americans is in the lowest national quintile;
- The incident of Stroke deaths is in the second highest national quintile but the second lowest for Native Americans. Stroke hospitalization is among the lowest rate in the nation, but the number of Medicare beneficiaries discharged home is at the national average;
- Diabetes as a rate of occurrence in the total population over age 30, not deaths, is in the sixth decile or just above the national average;
- Life expectancy for Men and Women has increased, placing both at about the national average. Male life expectancy is 7.1 years behind the top 10 best international country rates; however, life expectancy for Women is 5.3 years behind the 10 best international country rates;

- In 2010, 27.6% of Cibola residents lived in poverty, placing Cibola in the highest national quintile and 17.8% of the population are food stamp recipients, also in the highest national quintile; and
- Among other resources, Cibola is at about the national average with 7.4 pharmacies per 100,000. Cibola is designated under two programs as a federal primary care health manpower shortage area. Fast food restaurants exist at about the national average.

EXISTING HEALTH CARE FACILITIES, RESOURCES AND CGH IMPLEMENTATION PLAN

Existing Health Care Facilities and Resources Available to Respond to the Community Health Needs

We used the priority ranking of area health needs to organize the search for locally available resources.[20] The following list identifies locally available resources corresponding to each priority need.

In general, CGH is the major hospital in the service area. CGH is a 25 bed critical access, acute care medical facility located in Grants, NM. The next closest facilities are primarily outside the service area and include:

- ACL Hospital – an Indian Health Service facility of 30 beds in Acomita, NM, approximately 23 miles from Grants (30 minutes);
- Crownpoint Health Care Facility– an Indian Health Service 0 bed hospital in Crownpoint, NM, 57.3 miles from Grants (1 hour and 3 minutes);
- Rehoboth McKinley Christian Health Care Service Hospital – 60 bed hospital in Gallup, NM, 66.3 miles from Grants (1 hour 4 minutes); and
- Hospitals in Albuquerque, the closest being Lovelace Medical Center – 240 bed regional center in Albuquerque, NM, 80.2 miles from Grants (1 hour 15 minutes).

[20] Response to IRS Form 990 h Part V B 1 c

An Overview of Available Community Resources

In rank order of need, the following local resources could be available to respond to the need.

Definitions of High Priority Need Listed in Highest to Lowest Rank Order of Need

1. *AFFORDABILITY*

66% concerned with NOT HAVING HEALTH INSURANCE; UNINSURED at NM average

Issue to be Addressed: Efforts need to be devoted to achieve enhanced availability of affordable medical and wellness services.
Cibola General Hospital Corporation (CGHC) current services available to respond to this need include: • CGHC clinic offers reduced sliding scale services; • Additionally, CFHC intends to offer a sliding fee scale for appropriate patients; and • Hospital maintains a policy of providing charity care to patients who meet financial criteria; patients are generally unable to pay for the costs of medical care received, do not have insurance coverage and are not eligible to qualify for medical assistance or indigent programs. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response includes:**[21] • Continue to pursue the above mentioned tactics; and • Periodically evaluate the response to our tactical approach to determine if progress is being achieved or if additional efforts and/or resources should be devoted in our response to this need.
Other Local Resources:
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Gutierrez Medical Group, General Surgery, 505-287-2948

[21] This section in each need description responds to IRS 990 Schedule H (form 990) Part V B 6 a and 6 b

2. DIABETES

CHRONIC DIABETES impacts 13%; 71% concerned; 4th cause of death but higher than expected, Cibola #3 NM County; incident among over age 30 at about national average

Issue to be Addressed: Diabetic education and treatment resources should be expanded to enhance education and continue to reduce the impact of this disease.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC offers laboratory screenings to the community free of charge during the annual health fair; and • CGHC recruits and retains primary care physicians at the Cibola Family Health Center (CFHC) who participate in the care of patients with diabetes. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:** • CGHC will allocate the following resources to address this need by offering diabetic support group (last Monday of the month at noon), cooking classes and inpatient disease education.
Other Local Resources:
New Mexico Department of Health, 505-476-2600
Pam Gutierrez, 505-240-0507
American Diabetes Association, www.diabetes.org
Children with Diabetes, www.childrenwithdiabetes.com
HealthBoards, a site containing message boards on health related topics including juvenile diabetes, www.healthboards.com
Pueblo of Acoma Health and Wellness/Special Diabetes Program, 505-552-5145
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Gutierrez Medical Group, General Surgery, 505-287-2948

3. CANCER & TESTING

BREAST CANCER (female); COLON CANCER; LUNG CANCER – better than peer and national rates; 54% concerned; Lung Cancer 5th cause of death; CANCER TESTING – No MAMMOGRAPHY impacts 41%; No CANCER SCREEN: PAP/CERV TEST impacts 51%; No PROSTATE SCREEN impacts 44%; No COLORECTAL CANCER SCREENING impacts 22%

Issue to be Addressed: The incident rate for cancer should be lowered and utilization of diagnostic screening services should increase.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC offers digital mammography screenings, endoscopy and various laboratory tests designed to help diagnosis cancer and participates in the State Breast and Cervical Program (screening and diagnostic services). **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:** • CGHC plans to explore joining a venturing infusion center, including chemotherapy, for cancer treatment; and • We recruit and retain primary care physicians at the Cibola Family Health Center (CFHC) who participate in the care of patients in various stages of cancer.
Other Local Resources:
American Cancer Society, www.cancer.org, 800-227-2345
Breast and Cervical Screening program recommended through personal physicians at Western NM Medical Group (PMS), 505-287-2958, Cibola Family Health Center, 505-287-6500, or ACL Indian Health Service Facility
New Mexico Department of Health, 505-476-2600
411Cancer, a site dedicated to providing patients and their families with cancer treatment information, www.411cancer.com
CancerGuide, a site created by a cancer survivor dedicated to helping site visitors find answers to questions about cancer, www.cancerguide.org
Pueblo of Acoma Community Health and Wellness, 505-552-6652
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500

Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Gutierrez Medical Group, General Surgery, 505-287-2948

4. OBESITY

Higher than NM average; LACK OF PHYSICAL ACTIVITY higher than NM average; LIMITED RECREATIONAL FACILITIES – half of NM average; FAST FOOD RESTAURANTS double national goal; VERY UNHEALTHY EATING HABITS impacts 4%; Not Engaged in VIGOROUS EXERCISE impacts 48%; CHRONIC LOWER BACK PAIN impacts 30%; Lack of Healthy Eating Habits impacting 25%; 56% concerned with UNHEALTHY FOOD CHOICES

Issue to be Addressed: Additional obesity reduction efforts, including an emphasis on healthy eating, are needed.

Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include:

- Primary care physicians who care for patients with obesity in the community.

Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:

- We recruit and retain primary care physicians at Cibola Family Health Center (CFHC) who care for patients with obesity.

Other Local Resources:
T-Bones Gym, 505-285-6758
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Gutierrez Medical Group, General Surgery, 505-287-2948
Snap Fitness, 505-240-6009
JHM Action Plaza, 505-287-2462
Future Foundation Family Center, 505-285-3542
Public Health Office, 505-285-4601
Acoma Elderly Nutrition Program, 505-552-6316

Acoma Fitness Center, 505-552-2134
Pueblo of Zuni Wellness Center, 505-782-2665
Pueblo of Zuni Health Lifestyles, 505-782-2299
Navajo Nation Health Education, 928-871-6562

5. SUBSTANCE ABUSE

YOUTH DRUG USE 77% concerned; ADULT SUBSTANCE ABUSE 76% concerned; YOUTH ALCOHOL ABUSE 67% concerned; EXCESSIVE DRINKING at NM average; 54% concerned with PRESCRIPTION DRUG ABUSE

Issue to be Addressed: Alcohol and substance abuse resources need to increase.

Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include:

- Primary care physicians who care for patients with substance abuse issues in the community

Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:

- We recruit and retain primary care physicians at Cibola Family Health Center (CFHC) who diagnosis and refer patients with substance abuse issues; and
- Offer 24 hour emergency services which can transfer patients to the appropriate care facility.

Other Local Resources:
AA (Grants), 505-287-3773 or 505-287-6337
AA (Gallup), 505-722-4818
New Mexico Rehab (Roswell), 575-347-3400
Turquoise Lodge, 505-841-8978
The Peak Hospital, 575-589-0033
Alcohol and Narcotics Help Line, 888-206-7272 or 24 Hour Help Line, 877-479-9777
Cibola Counseling Services, 505-287-7985
Addiction Center for Treatment, 800-261-8695
Alcohol and Drug Treatment Referral, 800-454-8966
Mesilla Valley (Las Cruces, NM), 505-382-3500

University of New Mexico Hospital (Albuquerque, NM), 505-925-2300
Anna Kaseman Hospital (Albuquerque, NM), 505-291-2000
Pueblo of Laguna Service Center (Alcohol Treatment), 505-552-5720

6. MENTAL HEALTH and SUICIDE

57% concerned about mental health issues; SUICIDE – rates worst than national and peer average; 8th cause of death significantly higher than expected, 5th cause of death for males, 1st for 15 to 24 age males

Issue to be Addressed: Mental health and suicide prevention resources need to increase.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • Primary care physicians who care for patients with mental health and suicide issues in the community **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:** • We recruit and retain primary care physicians at Cibola Family Health Center (CFHC) who diagnosis and refer patients with mental health and suicide issues; and • Offer 24 hour emergency services which can transfer mental health and suicide patients to the appropriate care facility.
Other Local Resources:
CFHC, 505-287-6500
Mesilla Valley (Las Cruces, NM), 505-382-3500
Hotline Suicide Prevention, 800-273-8255
University of New Mexico Hospital (Albuquerque, NM), 505-925-2300
Anna Kaseman Hospital (Albuquerque, NM), 505-291-2000
Pueblo of Acoma Social Services, 505-552-9712
Pueblo of Zuni Social Services, 505-782-7166
Pueblo of Laguna Community Health and Wellness, 505-552-6652
Navajo Nation Behavioral Health Services, 928-871-6235

Definitions of Low Priority Need Listed in Highest to Lowest Rank Order of Need

7. PREDISPOSING CONDITIONS

SINGLE PARENT HOMES house 48% of children, above NM average; CHILD POVERTY above NM average, triple the national goal; lack of PERSONAL RESPONSIBLE for My Health impacts 54%; FOLLOW TREATMENT RECOMMENDATIONS impacts 34%; 64% concerned with POVERTY; 21% concerned with LOW EDUCATION LEVEL; high number of FOOD STAMP qualified; high POVERTY level

Issue to be Addressed: Personal behavioral issues and local societal conditions need investigation to identify meaningful interventions leading to health status improvement.

Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include:

- CGHC clinical and social services staff are trained to assess and identify a patient's socioeconomic needs and refer the patient to the proper resource.

Cibola General Hospital believes it has a low responsibility to respond to this need. Our Implementation Plan's intended response:

- Monitor situations to periodically determine if CGHC should reallocate resources from higher priority areas, and its resources focused on needs for which we currently believe we have high responsibility, to respond to issues in this need area.

Other Local Resources:
Public Health Office, 505-285-4601
Health and Human Services, 505-287-1316
Income Support Division, 505-863-9545
Children Youth and Families Department, 505- 285-6673
Head Start, 505-287-4470 and 505-552-9455
Acoma Child Education Center, 505-552-9455
Early Childhood development Center, 505-552-6467
Acoma Food Distribution Program, 505-552-9489
Acoma Housing Authority, 505-246-4251
Pueblo of Acoma Indian Child Welfare Act Program, 505-552-5162
Pueblo of Acoma Head Start Program, 505-552-5752
Pueblo of Laguna Community Health and Wellness, 505-552-6652
Pueblo of Zuni Head Start Program, 505-782-5750

Pueblo of Zuni WIC Program, 505-782-2929
Navajo Nation Child Care Development Block Grant, 928-871-6830
Navajo Children and Family Services, 928-871-6806; Gallup, 505-863-9556
American Academy of Child and Adolescent Psychiatry, www.aacap.org

8. HEART DISEASE

Better than peer and national rates; No routine CHOLESTEROL SCREENING impacts 44%; No routine CARDIAC STRESS TEST impacts 20%; CHRONIC HEART DISEASE impacts 11%; Leading cause of death but lower than expected; Native American death rate importantly low

Issue to be Addressed: The number of heart related deaths needs to decline.

Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include:

- Hospital performs stress testing, various imaging studies and laboratory tests to help diagnose and treat heart disease;
- Hospital sponsors and the annual health fair offer complementary laboratory screening to the community;
- Hospital contracts with New Mexico Heart Institute physicians to offer a cardiology clinic twice per month; and
- CGHC recruits and retains primary care physicians at Cibola Family Health Center (CFHC) who diagnosis and appropriately refer patients with heart disease.

Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:

- Continue to pursue the above mentioned tactics; and
- Periodically evaluate the response to our tactical approach to determine if progress is being achieved or if additional efforts and/or resources should be devoted in our response to this need.

Other Local Resources:
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365

Gutierrez Medical Group, General Surgery, 505-287-2948
Heart Hospital of New Mexico at Lovelace Medical Center, 505-727-1100
Public Health Office, 505-285-4601
Pueblo of Laguna Community Health and Wellness, 505-552-6652
New Mexico Heart Institute Albuquerque, 505-462-2900; physicians come twice a month to Cibola Family Health Center in Grants, 505-287-6500
American Heart Association, www.heart.org

9. INFANT MORTALITY

LOW BIRTH WEIGHT (<2500 GRAMS); PREMATURE BIRTHS; HISPANIC INFANT MORTALITY; NO CARE IN FIRST TRIMESTER rates worse than national and peer average; VERY LOW BIRTH WEIGHT (<1500G): INFANT MORTALITY; NEONATAL INFANT MORTALITY all worse than peers; POST NEONATAL INFANT MORTALITY better than peer and national rates

Issue to be Addressed: The number of problem births needs to decrease
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC offers child birth (Lamaze) classes and distributes child car seats; and • We recruit and retain physicians at Cibola Family Health Center (CFHC) who provide prenatal care to pregnant women and primary care to women of child-bearing age. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:** • Continue to pursue the above mentioned tactics; and • Periodically evaluate the response to our tactical approach to determine if progress is being achieved or if additional efforts and/or resources should be devoted in our response to this need.
Other Local Resources:
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500
Public Health Office, 505-285-4601

UNM Children's Hospital, 505-272-5437
Lovelace Women's Hospital, 505-727-8000
Pueblo of Zuni WIC Program, 505-782-2929
Lamaze Classes at the Hospital 505-287-5236
March of Dimes, a national, nonprofit organization committed to improving the health of babies, www.marchofdimes.com

10. HYPERTENSION

CHRONIC HIGH BLOOD PRESSURE impacts 30%; highest death rate in NM

Issue to be Addressed: Evaluate what actions are appropriate to inform residents about how to properly identify problems and manage hypertension.

Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include:

- CGHC recruits and retains primary care physicians at the Cibola Family Health Center (CFHC) who care for patients with hypertension; and
- The hospital sponsors an annual health fair, which offers complementary blood pressure screening to the community.

Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:

- Continue to pursue the above mentioned tactics; and
- Periodically evaluate the response to our tactical approach to determine if progress is being achieved or if additional efforts and/or resources should be devoted in our response to this need.

Other Local Resources:
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Gutierrez Medical Group, General Surgery, 505-287-2948
Pueblo of Laguna Community Health and Wellness, 505-552-6652

11. SMOKING

At NM average, worse than goal; Considerable Cigarettes Use impacts 34%; 54% concerned with YOUTH SMOKING

Issue to be Addressed: The number of local residents who smoke needs to decline.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC screens patients and provides smoking cessation information to patients • Staff at the Cibola Family Health Center (CFHC) screen patients for smoking and primary care providers provide smoking cessation information and may prescribe medications and smoking cessation aides to patients. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan is intend to additionally respond by:** • Continuing to pursue the above mentioned tactics; and • Periodically evaluate the response to our tactical approach to determine if progress is being achieved by our response or if additional efforts and/or resources should be devoted in our response to this need.
Other Local Resources:
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Gutierrez Medical Group; General Surgery, 505-287-2948
Pueblo of Laguna Community Health and Wellness, 505-552-6652
Pueblo of Zuni Wellness Center, 505-782-2665
Pueblo of Zuni Health Lifestyles, 505-782-2299
Navajo Nation Health Education, 928-871-6562

12. MATERNITY

BIRTHS TO WOMEN UNDER 18, to UNMARRIED WOMEN rates worse than national and peer average; BIRTHS TO WOMEN AGE 40 TO 54 better than peer and national rates; 65% concerned with TEEN BIRTHS; TEEN BIRTH RATE higher than NM average

Issue to be Addressed: Appropriate intervention approaches to lower the number of teen age mothers needs to be explored.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • Cibola Family Health Center (CFHC) retains primary care physicians, a pediatrician and OB/GYN who may council teen age patients on how to avoid teen pregnancy. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan is intend to additionally respond by:** • Continuing to pursue the above mentioned tactics; and • Periodically evaluate the response to our tactical approach to determine if progress is being achieved by our response or if additional efforts and/or resources should be devoted in our response to this need.
Other Local Resources:
Gutierrez Medical Group; General Surgery, 505-287-2948
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Women, Infants, Children Program, 505-285-4601
American Social Health Association, **www.ashastd.org**
Pueblo of Laguna Community Health and Wellness, 505-552-6652

13. PHYSICIAN

Population ratio better than state average; No OB/GYN VISITS impacts 41%; high EMERGENCY ROOM use impacts 38%; majority of residents LEAVE the County; federal shortage area designated

Issue to be Addressed: Evaluate what actions are appropriate to enhance local resident ability to access physician services.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC recruits and retains primary care, specialty physicians and midlevel providers at the Cibola Family Health Center (CFHC) who diagnosis, treat and appropriately refer patients with a variety of conditions. CGHC actively recruits providers to maintain access to care for the people in the community. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan is intend to additionally respond by:** • Continuing to pursue the above mentioned tactics; and • Periodically evaluate the response to our tactical approach to determine if progress is being achieved by our response or if additional efforts and/or resources should be devoted in our response to this need.
Other Local Resources:
Cibola General Hospital Corporation, 505-287-4446
Cibola Family Health Center; Family Practice, Internal Medicine, Obstetrics and Gynecology, Pediatrics, General Surgery, 505-287-6500
Western New Mexico Medical Group (PMS); Family Practice, 505-287-2958
Grants Medical Center; Family Practice, 505-287-4474
Mayimrapha Comprehensive Healthcare; Family Practice, 505-287-5365
Gutierrez Medical Group; General Surgery, 505-287-2948

14. MORBIDITY and MORTALITY

Days of ill health, ill mental health, self assessed health and low birth weight, above NM averages, significantly higher than goals; PREMATURE DEATHS – statistically higher than NM average, about double goal rate; LIFE EXPECTANCY improving but behind goal

Issue to be Addressed: Identify meaningful preventative interventions which would reduce days of ill health and improve premature death rates if other disease and condition specific efforts do not achieve desired results.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC recruits and retains primary care physicians at Cibola Family Health Center (CFHC) who participate in the care of patients with various conditions. CFHC employs a mixture of primary care and specialty physicians dedicated to improving the health of the community; • CFHC employs primary care physicians, an Ob/Gyn and a pediatrician dedicated to help patients with pre-natal care and aftercare to child and mother; and • CGHC also provides the following resources: Diabetes education and cooking classes, health information on the website, annual Community Health Fair, smoking cessation information and Lamaze classes. **Cibola General Hospital believes it has a low responsibility to respond to this need. Our Implementation Plan's intended response:** • Monitor situations to periodically determine if CGHC should reallocate resources from higher priority areas, and its resources focused on the needs for which we currently believe we have high responsibility, to respond to issues in this need area.
Other Local Resources:
New Mexico Department of Health Services (Santa Fe, NM), 505-476-2600
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Public Health Office, 505-285-4601
Pueblo of Zuni Wellness Center, 505-782-2665
Pueblo of Zuni Health Lifestyles, 505-782-2299

Navajo Nation Health Education, 928-871-6562
Gutierrez Medical Group; General Surgery, 505-287-2948

15. A. STROKE

Better than peer and national rates; significantly lower death rate than expected; low death rate for Native Americans

Issue to be Addressed: Increase awareness of stroke prevention and treatment resources.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC recruits and retains primary care physicians at Cibola Family Health Center (CFHC) who monitor and treat patients who may have had, or are susceptible to stroke; • CGHC's Emergency Department has a Stroke Protocol and a referral protocol to larger hospitals in Albuquerque; and • CGHC is implementing telemedicine in which a neurologist can converse with the patient and the eyes-on physician and make a diagnosis and treatment plan. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:** • Continue to pursue the above mentioned tactics; and • Periodically evaluate the response to our tactical approach to determine if progress is being achieved or if additional efforts and/or resources should be devoted in our response to this need.
Other Local Resources:
New Mexico Department of Health Services (Santa Fe, NM), 505-476-2600
National Stroke Association, mission is to reduce the incidence and impact of strokes, www.stroke.org
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Gutierrez Medical Group, General Surgery, 505-287-2948
Pueblo of Laguna Community Health and Wellness, 505-552-6652
Pueblo of Zuni Wellness Center, 505-782-2665

Pueblo of Zuni Health Lifestyles, 505-782-2299

15. B. TRAFFIC and ACCIDENT DEATHS

Higher than NM average; MOTOR VEHICLE INJURY rate worse than national and peer average; UNINTENTIONAL INJURY – rates worse than national and peer average; 3rd cause of death but leading cause for young females, higher rate than expected

Issue to be Addressed: A determination is needed to identify and implement actions to reduce the number of accidental injuries.

Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include:

- Inpatient teaching regarding ways to reduce accidents at home, especially falls;
- Discharge information regarding proper medication administration from pharmacy/nursing;
- Physical therapy instruction using assistive devices;
- Car seat safety education program;
- Discharge information to parents regarding proper administration of medication for their children to avoid accidental overdoses and information to safeguard the home to avoid accidental injuries; and
- Discharge information to new parents regarding overall safe newborn care and feeding.

Cibola General Hospital believes it has a low responsibility to respond to this need. Our Implementation Plan's intended response:

- Monitor situations to periodically determine if CGHC should reallocate resources from the higher priority areas, and its resources focused on the needs for which we currently believe we have high responsibility, to respond to issues in this need area.

Other Local Resources:
New Mexico Department of Health Services (Santa Fe, NM), 505-476-2600
Public Health Office 505-285-4601

16. A. LUNG DISEASE

CHRONIC ALLERGIES impact 27%; Chronic COPD impacts 5%; Second leading cause of death, but lower than expected

Issue to be Addressed: The number of pulmonary related deaths needs to decline.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC recruits and retains primary care physicians at the Cibola Family Health Center (CFHC) who diagnose and treat patients with lung disease; and • CGHC offers pulmonary function, laboratory and other tests to diagnose lung disease. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan is intend to additionally respond by:** • Continuing to pursue the above mentioned tactics; and • Periodically evaluate the response to our tactical approach to determine if progress is being achieved by our response or if additional efforts and/or resources should be devoted in our response to this need.
Other Local Resources:
New Mexico Department of Health Services (Santa Fe, NM), 505-476-2600
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, Dr. Gammon, 505-287-6500
Gutierrez Medical Group; General Surgery, 505-287-2948
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Pueblo of Laguna Community Health and Wellness, 505-552-6652
Public Health Office 505-285-4601

16. B. LIVER DISEASE

7th cause of death, Cibola ranks #3 NM County

Issue to be Addressed: Liver Disease education and treatment resources should be expanded to enhance education and continue to reduce the impact of this disease.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC recruits and retains primary care physicians at Cibola Family Health Center (CFHC) who diagnose and treat patients with liver disease; • CGHC offers laboratory and other tests to diagnose liver disease; and • Inpatient education regarding specific diets/alcohol consumption/medications to mitigate the effects of the disease. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:** • Continue to pursue the above mentioned tactics; and • Periodically evaluate the response to our tactical approach to determine if progress is being achieved or if additional efforts and/or resources should be devoted in our response to this need.
Other Local Resources:
New Mexico Department of Health Services (Santa Fe, NM), 505-476-2600
Public Health Office, 505-285-4601
Grants Medical Center, Dr. Valdivia, 505-287-4474
Pueblo of Laguna Community Health and Wellness, 505-552-6652
Pueblo of Zuni Wellness Center, 505-782-2665
Navajo Nation Health Education, 928-871-6562
Gutierrez Medical Group; General Surgery, 505-287-2948
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Cibola Family Health Center, 505-287-6500
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958

17. A. BLOOD POISONING

Significantly higher death rates #3 NM County

Issue to be Addressed: The causes for Blood Poisoning need identification to determine a proper intervention approach designed to lower the number of deaths.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC operates a 24 hour emergency department whose staff is able to diagnosis and treat people with blood poisoning; • CGHC can perform laboratory tests to diagnosis blood poisoning; and • CGHC physicians at Cibola Family Health Center (CFHC) are able to diagnose and treat patients with blood poisoning. **Cibola General Hospital believes it has a high responsibility to respond to this need. Our Implementation Plan's intended response:** • Continue to pursue the above mentioned tactics; and • Periodically evaluate the response to our tactical approach to determine if progress is being achieved or if additional efforts and/or resources should be devoted in our response to this need.
Other Local Resources:
New Mexico Department of Health Services (Santa Fe, NM), 505-476-2600
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Pueblo of Laguna Community Health and Wellness, 505-552-6652
Gutierrez Medical Group, General Surgery, 505-287-2948

17. B. HOMICIDE

Rates worse than national and peer average; VIOLENT CRIME – 60% of NM average

Issue to be Addressed: Actions need to be identified as to how the health care delivery system can respond to meaningfully reduce homicide deaths.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • The ER screens patients for suicidal and homicidal ideations and refers to the appropriate resource. **Cibola General Hospital believes it has a low responsibility to respond to this need. Our Implementation Plan's intended response:** • Monitor situations to periodically determine if CGHC should reallocate resources from the higher priority areas, and, its resources focused on the needs for which we currently believe we have high responsibility, to respond to issues in this need area.
Other Local Resources:
New Mexico Department of Health Services (Santa Fe, NM), 505-476-2600
Public Health Office, 505-285-4601
Pueblo of Zuni Wellness Center, 505-782-2665
Pueblo of Zuni Health Lifestyles, 505-782-2299
Navajo Nation Health Education, 928-871-6562
Pueblo of Laguna Community Health and Wellness, 505-552-6652

17. C. ORTHOPEDIC

Chronic Lower Back Pain impacts 30%; CHRONIC OSTEOPOROSIS impacts 12%

Issue to be Addressed: Increase local availability to allow local diagnostic efforts and treatment of orthopedic conditions.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC Administration is exploring potential partnerships with orthopedic groups in Gallup and Albuquerque to establish an orthopedic clinic at the CFHC; and • CGHC operates a 24 hour emergency room equipped to diagnose patients with acute orthopedic injuries and is able to transfer patients to the appropriate facility for continued care. **Cibola General Hospital believes it has a low responsibility to respond to this need. Our Implementation Plan's intended response:** • Monitor situations to periodically determine if CGHC should reallocate resources from higher priority areas, and its resources focused on the needs for which we currently believe we have high responsibility, to respond to issues in this need area.
Other Local Resources:
New Mexico Department of Health Services (Santa Fe, NM), 505-476-2600
Orthoclinics is a resource for patient-oriented orthopedic material, www.orthoclincs.com
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, 505-287-6500
Gutierrez Medical Group, General Surgery, 505-287-2948
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365

17. D. PALLIATIVE CARE and HOSPICE

Do not exist in County

Issue to be Addressed: Palliative care and Hospice services should expand.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC assists with and coordinates discharge hospice care with available Hospice organizations; and • We also assist with palliative care until a definitive plan of care is arranged. **Cibola General Hospital believes it has a low responsibility to respond to this need. Our Implementation Plan's intended response:** • Monitor situations to periodically determine if CGHC should reallocate resources from the higher priority areas, and, its resources focused on the needs for which we currently believe we have high responsibility, to respond to issues in this need area.
Other Local Resources:
Heartland Hospice, 505-323-1464
Sol Amor Hospice, 505-821-2500
Grants Medical Center, Dr. Valdivia, 505-287-4474
Western New Mexico Medical Group (PMS), Dr. Patel, 505-287-2958
Cibola Family Health Center, Dr. Gammon, 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365
Public Health Office, 505-285-4601
Pueblo of Zuni Wellness Center, 505-782-2665
Pueblo of Zuni Health Lifestyles, 505-782-2299
Navajo Nation Health Education, 928-871-6562

17. E. PARKINSON'S

Significantly higher death rate #3 NM County

Issue to be Addressed: Parkinson's Disease education and treatment resources should be expanded to enhance education and determine proper interventions to reduce the impact of this disease.
Cibola General Hospital Corporation (CGHC) services currently available to respond to this need include: • CGHC operates a 24 hour emergency department whose staff is able to diagnosis and treat people with Parkinson's Disease; • CGCH is able to perform laboratory tests to diagnosis and monitor the effectiveness of treatments for Parkinson's disease; and • CGHC physicians at the Cibola Family Health Center (CFHC) are able to diagnose and treat patients with Parkinson's disease. **Cibola General Hospital believes it has a low responsibility to respond to this need. Our Implementation Plan's intended response:** • Monitor situations to periodically determine if CGHC should reallocate resources from the higher priority areas, and, its resources focused on the needs for which we currently believe we have high responsibility, to respond to issues in this need area.
Other Local Resources:
Parkinson's Disease Foundation – Help Line – 800-457-6676
Pueblo of Zuni Wellness Center 505-782-2665
Pueblo of Zuni Health Lifestyles 505-782-2299
Navajo Nation Health Education 928-871-6562
Grants Medical Center 505-287-4474
Western New Mexico Medical Group (PMS) 505-287-2958
Cibola Family Health Center, 505-287-6500
Mayimrapha Comprehensive Healthcare, Dr. Ukanwa, 505-287-5365

Overall Community Need Statement and Priority Ranking Score:

High Priority Issues where Hospital has High Implementation Responsibility

1. AFFORDABILITY;
2. DIABETES;
3. CANCER and CANCER TESTING;
4. OBESITY;
5. SUBSTANCE ABUSE; and
6. MENTAL HEALTH and SUICIDE.

Low Priority Issues where Hospital has High Implementation Responsibility

8. HEART DISEASE;
9. INFANT MORTALITY;
10. HYPERTENSION;
11. SMOKING;
12. MATERNITY and CHILD HEALTH;
13. PHYSICIAN;
15. a. STROKE;
16. a. LUNG DISEASE;
16. b. LIVER DISEASE; and
17. a. BLOOD POISONING.

High Priority Issues where Hospital has Low Implementation Responsibility

(None).

Low Priority Issues where Hospital has Low Implementation Responsibility

7. PREDISPOSING CONDITIONS;
14. MORBIDITY and MORTALITY;
15. b. TRAFFIC ACCIDENT DEATHS;
17. b. HOMICIDE;
17. c. ORTHOPEDIC;
17. d. PALLIATIVE CARE and HOSPICE; and
17. e. PARKINSON'S.

By definition, needs identified as LOW Priority and for which CGH holds LOW RESPONSIBILITY for implementation are needs the hospital will monitor, but generally will not otherwise address unless as specified in the above discussion for the following reasons:

- Actions required are beyond the mission of CGH;
- CGH can be more effective applying resources to higher priority needs;
- The hospital does not possess the expertise necessary for substantive positive improvement;
- Actions contemplated for implementation fall more appropriately to the responsibility of others;
- Other than providing encouragement, implementation efforts for some needs require appropriate actions by individuals modifying their personal habits rather than a response by an organization or the Health System; and
- The best use of CGH resources is to focus on resolving or improving higher priority needs rather than attempting to respond to everything with small, perhaps ineffective, efforts.[22]

[22] Reference Schedule H (Form 990) Part V Section B 7

APPENDIX

Appendix A – Area Resident Survey Response[23]

A total of 108 residents participated in an on-line survey to offer opinions regarding their perceptions of community health needs.

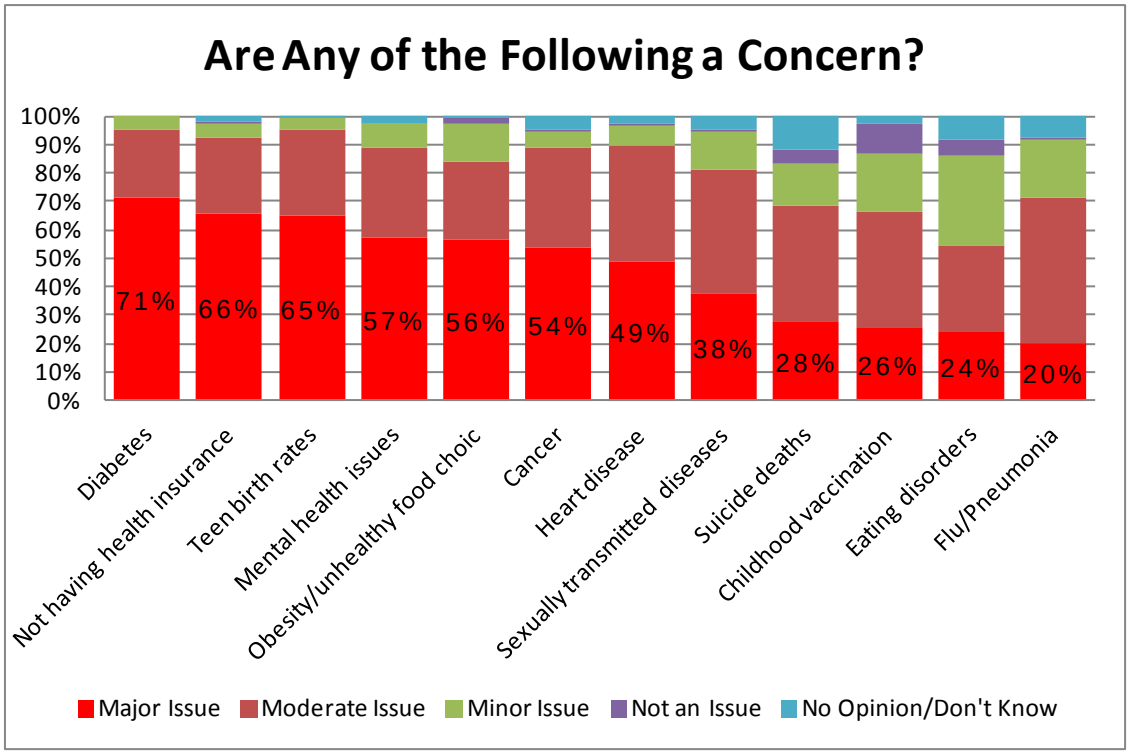
The first question was open-ended: "What do you believe to be the most important health or medical issues confronting the community?" Answers were placed in a "Word Cloud" format for analysis and generated the following image:

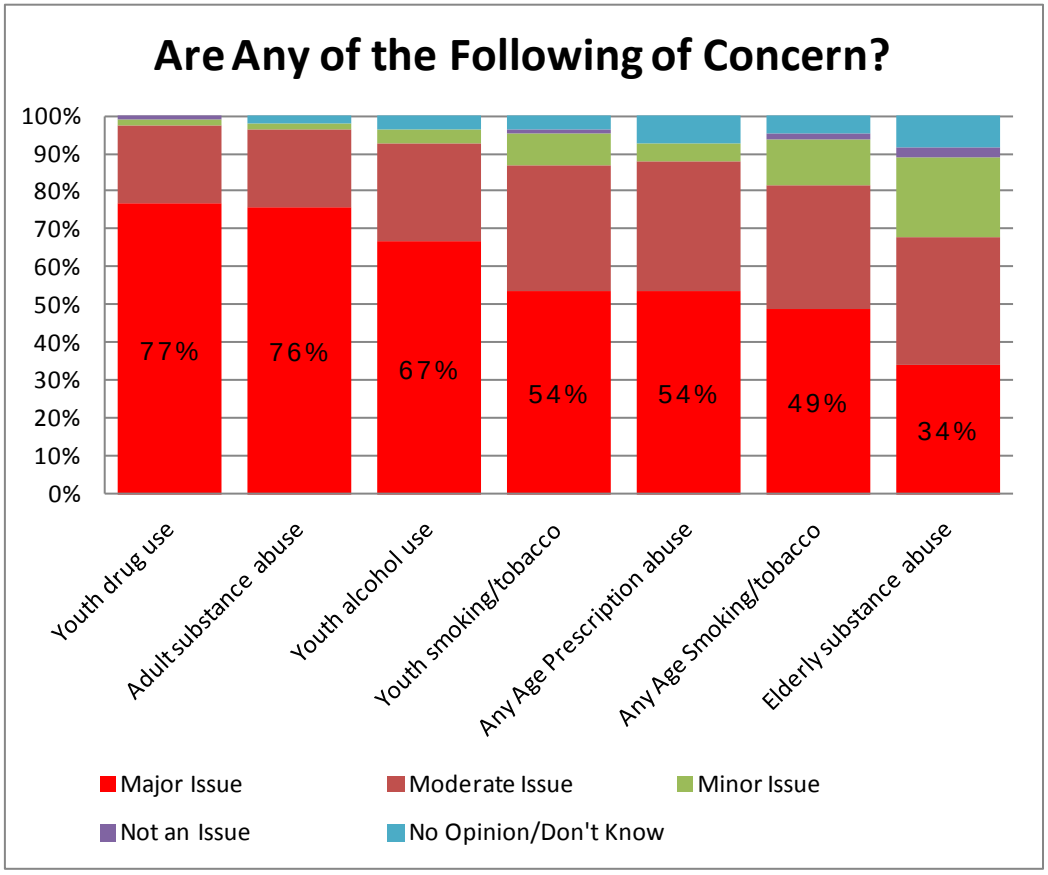
Word Clouds are analytical tools which give greater visual prominence to words appearing more frequently in the source text. This information visualization establishes a portrait of the aggregate responses, presenting the more frequently used terms with greater text size and distinction in the visual depiction. Common article words (i.e., "a," "the," etc.), non-contextual verbs (i.e., "is," "are," etc.) and similar words used when writing sentences are suppressed by this application.

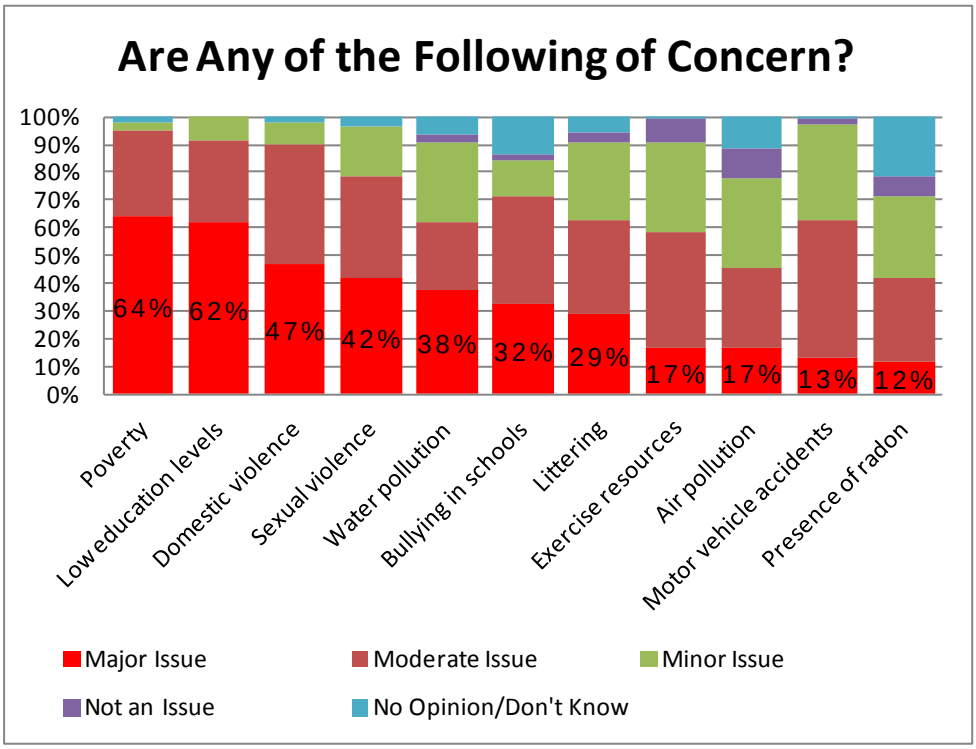
The interpretation of the image tracks with the statistical analysis of major concerns, i.e., topics identified by over 50% of community opinions.

[23] Responds to IRS Schedule H (Form 990) Part V B 1 h

The second question focused on identifying major concerns:



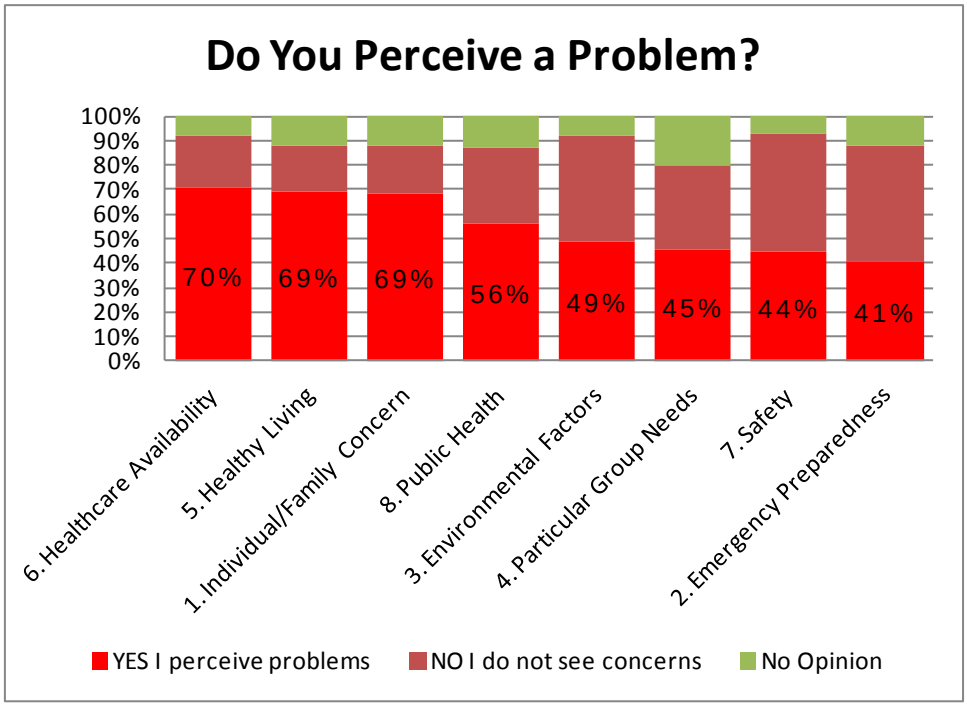




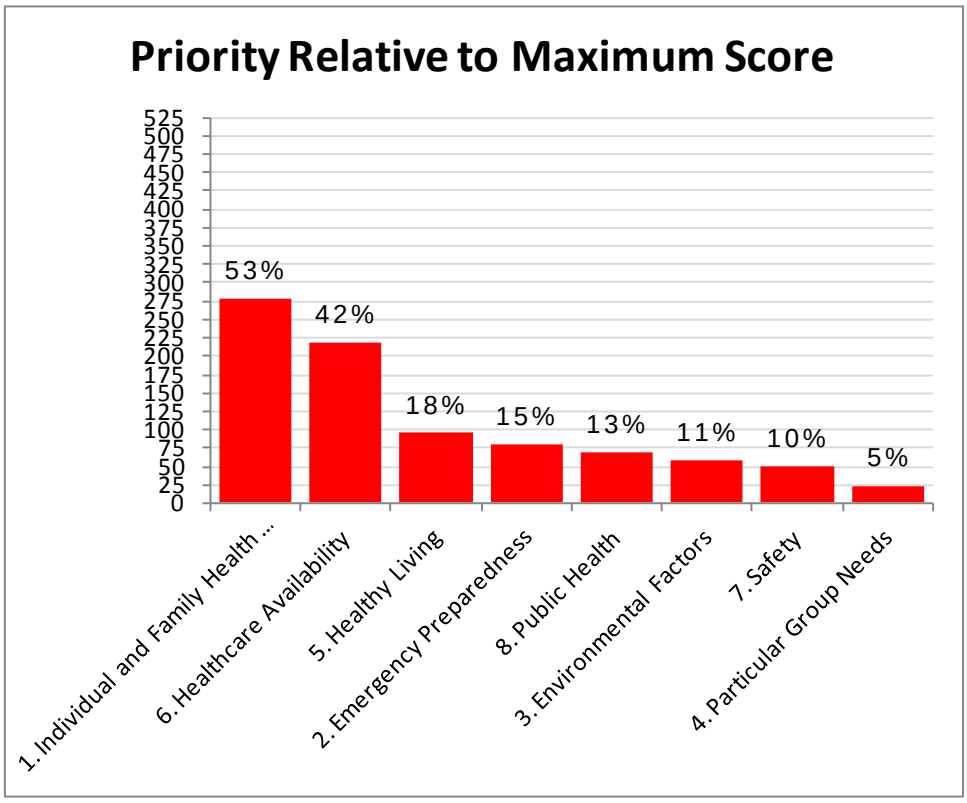
We then asked about the experiences of the area resident.

Concerns expressed in the image focus on:

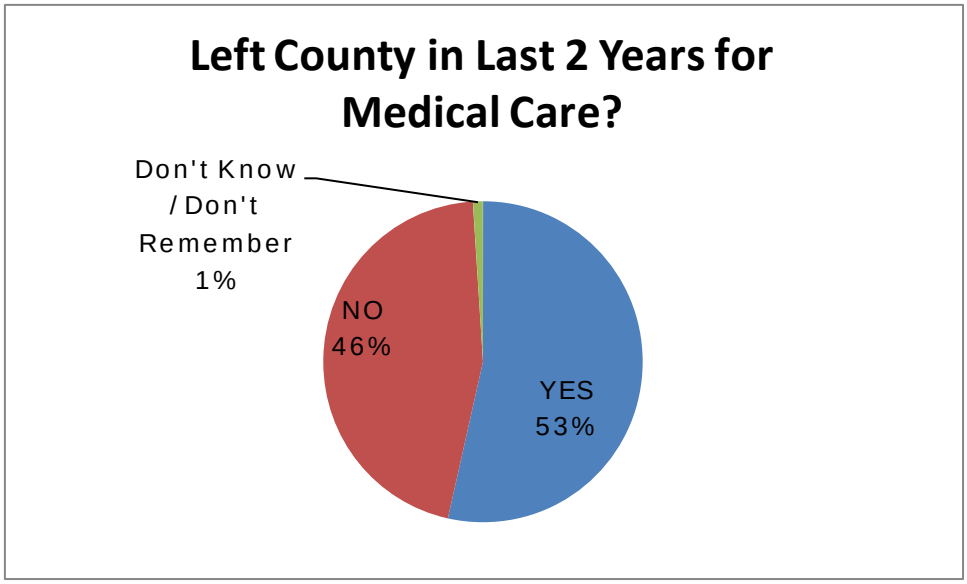
- Lack of health care (need enough healthcare);
- Need for healthy living – a people issue;
- Emergency Service; and
- Abuse and family issues.



Only Individual and family Health Concerns received a majority opinion of having a priority need to respond to perceived problems (shown below).



We asked if people left the area in search of care and received the following information:



Dental Services, surgery and primary care availability are the top reasons cited for leaving the county.

After gathering demographic information and other responses which did not generate actionable information, we asked one final question seeking opinions about issues the respondents wanted to emphasize for our analysis; additional information continued to confirm earlier expressed opinions.

Best wishes:

- I have utilized various services at the hospital. I would like you to know that the experience with the laboratory staff has always been very positive. My experience with admittance staff is generally quite positive. I generally do not have a great experience with the nursing staff; however, Melinda Spidle and Alicia Urbina have provided excellent service;
- I really get tired of being shaken down by CGH for payment for routine services. I have always paid my portion of my hospital bills promptly. Takes even longer to get registered for services;
- Many community members say that they fall between the cracks. They make too much to qualify for Medicare but can't afford to pay the premium for coverage;
- Physicians in town will not accept new patients on short notice; you must be an established patient. Getting an appointment 6 weeks in the future does little good if you have the flu or a cold, etc. While these are not emergencies, a person wants to be seen within a few days;
- The average household income represented in question 33 is way more than anyone I know so that is an overstretch of the truth and or inaccurate;
- The people of this town treat the emergency room as a walk in clinic. Kid's got a runny nose? Go to the ER! Have a hangnail? Go to the ER! The prevalence of emergency room abuse is insane; and
- There is a big need for support and education groups for mental health issues. Schizophrenia and bipolar, etc. issues.

Appendix B – Process to Identify and Prioritize Community Need[24]

Local Community Need Ranking by Local Experts	Response Average	Number of Local Experts Responding	Response Total	Percent of Responses	Cummulative Response	Point Break from Prior Response	Priority Determination
1. AFFORDABILITY	30.18	11	332	26%			High Priority
2. DIABETES	17.50	10	175	13%	39.0%	157	
3. CANCER & CANCER TESTING	14.14	8	149	11%	50.5%	26	
4. OBESITY	16.75	8	134	10%	60.8%	15	
5. SUBSTANCE ABUSE	13.57	7	95	7%	68.1%	39	
6. MENTAL HEALTH & SUICIDE	15.00	5	95	7%	75.4%		
7. PREDISPOSING CONDITIONS	20.25	4	81	6%	81.6%	14	Low Priority
8. HEART DISEASE	8.20	5	41	3%	84.8%	40	
9. INFANT MORTALITY	11.67	3	35	3%	87.5%	6	
10. HYPERTENSION	7.75	4	31	2%	89.8%	4	
11. SMOKING	8.67	3	26	2%	91.8%	5	
12. MATERNITY AND CHILD HEALTH	8.33	3	25	2%	93.8%	1	
13. PHYSICIAN	12.50	2	25	2%	95.7%		
14. MORBIDITY and MORTALITY	7.50	2	15	1%	96.8%	10	
15. a. STROKE	5.00	2	10	1%	97.6%	5	
15. b. TRAFFIC ACCIDENT DEATHS	5.00	2	10	1%	98.4%		
16. a. LUNG DISEASE	3.00	2	6	0%	98.8%	4	
16. b. LIVER DISEASE	3.00	2	6	0%	99.3%		
17. a. BLOOD POISONING	5.00	1	5	0%	99.7%	1	
17. b. HOMICIDE	1.00	1	1	0%	99.8%	4	
17. c. ORTHOPEDIC	1.00	1	1	0%	99.8%		
17. d. PALLIATIVE CARE and HOSPICE	1.00	1	1	0%	99.9%		
17. e. PARKINSON'S	1.00	1	1	0%	100.0%		

Individuals Participating as Local Expert Advisors

Name: Bruce Boynton
Title or Position: Lawyer
Company or Organization: Boynton Law Office
Email Address: boynton@7cities.net
Area of Expertise: Local Lawyer

Name: Nancy Broach
Title or Position: Part-time Instructor
Company or Organization: NMSU Grants
Email Address: nancybroach@gmail.com
Area of Expertise: Retired RN School Nurse

Name: Wendy Brown
Title or Position: Program Director
Company or Organization: NMSU Cibola County Cooperative Extension Service
Email Address: jwbrown@nmsu.edu
Area of Expertise: Youth Development

Name: Connie Dixon
Title or Position: Metro/NW PHD Region Director
Company or Organization: State of New Mexico Dept of Health
Email Address: constance.dixon@state.nm.us
Area of Expertise: Public Health

[24] Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h.

Name:	Wayne Duran
Title or Position:	Project Manager
Company or Organization:	CH2M HILL
Email Address:	wayne.duran@ch2m.com
Area of Expertise:	Water distribution waste water collections, Parks runs the utilities' side for the city of Grants

Name:	Star Gonzales
Title or Position:	Executive Director
Company or Organization:	Grants Chamber of Commerce
Email Address:	discover@grants.org
Area of Expertise:	Business expansion/Retention/Community relations

Name:	Judy Horacek
Title or Position:	Projects Manager
Company or Organization:	Cibola County
Email Address:	jhoracek@co.cibola.nm.us
Area of Expertise:	Administer/Manage grants and projects for Cibola County

Name:	Laura Jaramillo
Title or Position:	Director
Company or Organization:	Future Foundations
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Area of Expertise:	Community Organizing

Name:	Elise A. Larsen
Title or Position:	Judge
Company or Organization:	Grants Municipal Court
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Area of Expertise:	Judicial system

Name:	Michelle Maes
Title or Position:	Secretary
Company or Organization:	Grants Recreation Department
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Area of Expertise:	Long term area resident

Name:	Thomas McGaghie
Title or Position:	Coordinator ABE/GED
Company or Organization:	NMSU Grants
Email Address:	tjmcgagh@nmsu.edu
Area of Expertise:	Adult Education

Name:	Walter Meech
Title or Position:	President
Company or Organization:	C & E Concrete
Email Address:	wlm@ceconcrete.net
Area of Expertise:	Long term area resident

Name:	Andrea Orona
Title or Position:	Recreation Coordinator
Company or Organization:	Future Foundations
Email Address:	andrea.orona@live.com
Area of Expertise:	Community services

Name:	Genevieve Robran
Title or Position:	Region Director
Company or Organization:	Presbyterian Medical Services
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Area of Expertise:	Primary health care

Name:	Marcella Sandoval
Title or Position:	Manager
Company or Organization:	Village of Milan
Email Address:	villageofmilan@villageofmilan.com
Area of Expertise:	Government

Name:	Mary J. Scott
Title or Position:	Benefits Coordinator
Company or Organization:	Pueblo of Laguna
Email Address:	mscott@lagunatribe.org
Area of Expertise:	Benefits Enrollment for Community

Name:	Dolores Vallejos
Title or Position	President
Company or Organization:	Grants Main Street Program
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Area of Expertise:	Long term area resident

Name:	Barbara Wesley
Title or Position:	General Manager/Executive Director
Company or Organization:	7 Cities Productions & Literacy Volunteers of Cibola County
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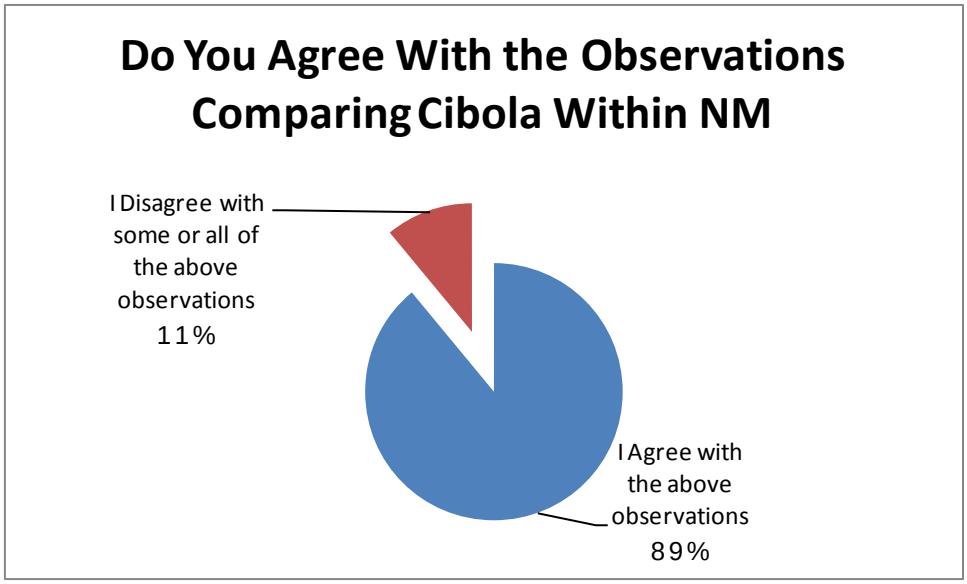
Area of Expertise:	Senior Citizen

Advice Received from Local Experts

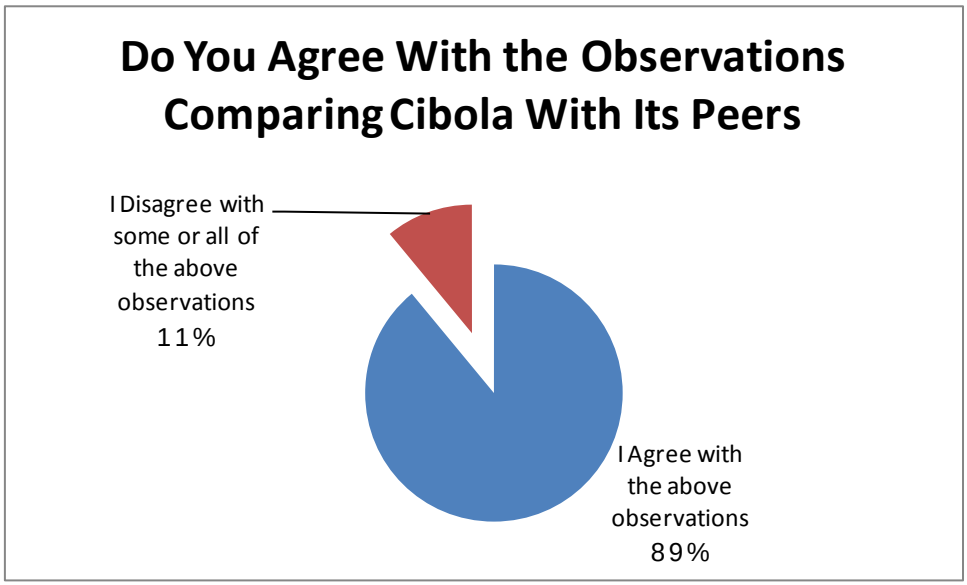
Q. Do you agree with observations formed about the comparison of Cibola County to all other New Mexico counties?



Clarifying Comments:

- Observations are not conclusive with the Native American population. Need to present some statistics as there is a greater amount of Native Americans residing in the county. We have a smaller population that can't be averaged correctly with the NM & National populations; and
- The average reading level in Cibola County is 4th grade or below. The Illiteracy Rate is 49%. Life Skills even for those attending college is non-existent. The reading materials that are distributed are not read nor understood. There are plenty of recreational areas in and around the county (hiking, biking,); however, many residents have never utilized them. Children are having children and don't understand the necessity of good parenting as many of them have not been parented. The fast food epidemic is certainly a contribution to poor health.

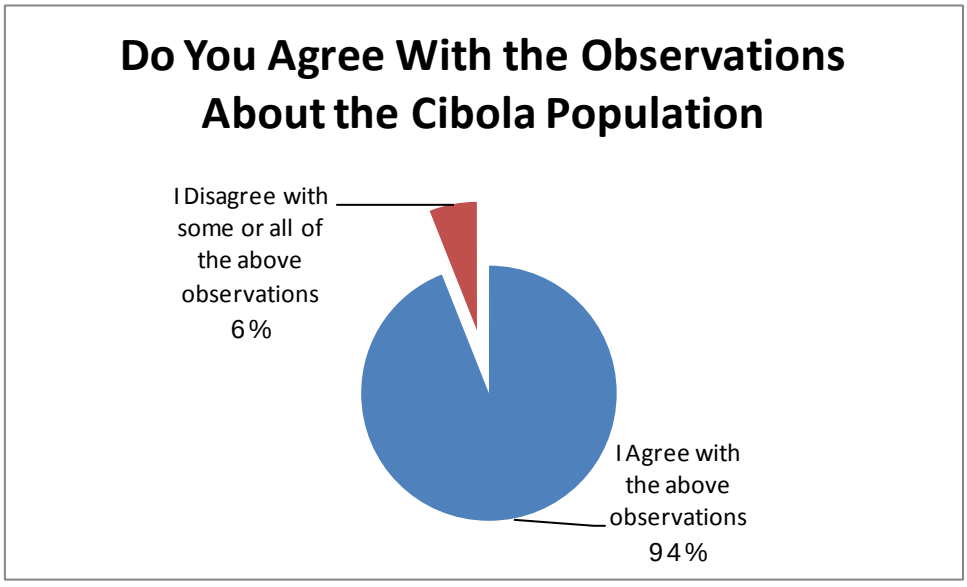
Q. Do you agree with observations formed about the comparison of Cibola County to its Peer counties?



Clarifying Comments:

- Need to see statistics and numbers; and
- As obesity increases, so do the rates of coronary heart disease, stroke and specific cancers.

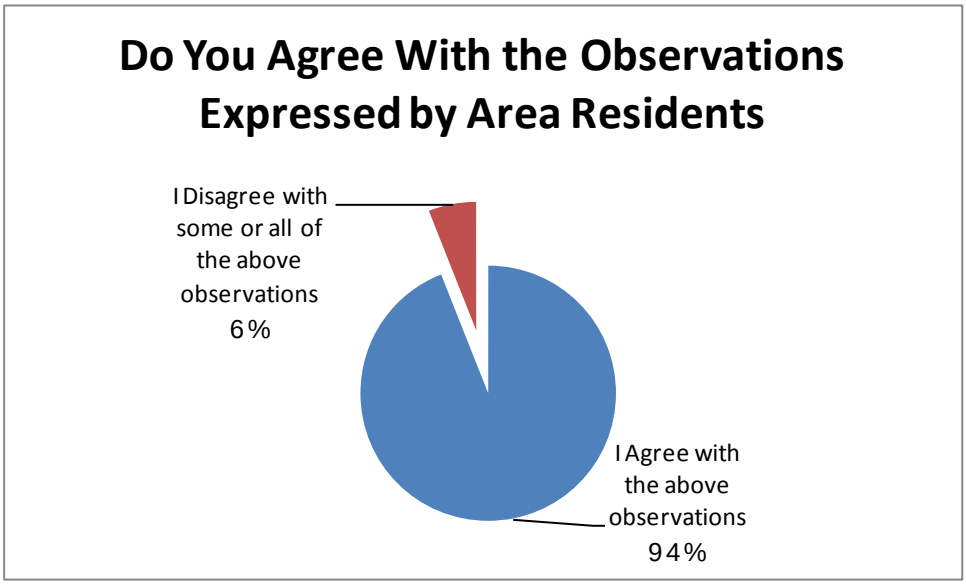
Q. Do you agree with observations formed about population characteristics of Cibola County?



Clarifying Comments:

- I agree and except for exercise and cigarettes, the above have an underlying factor of a population under or uninsured or of low-economic status;
- Due to the fact that a large percentage of the population is Native American and they have health care at no charge. Is this taken into consideration when a study is performed?
- Lack of health insurance would lead to many not receiving preventative care.

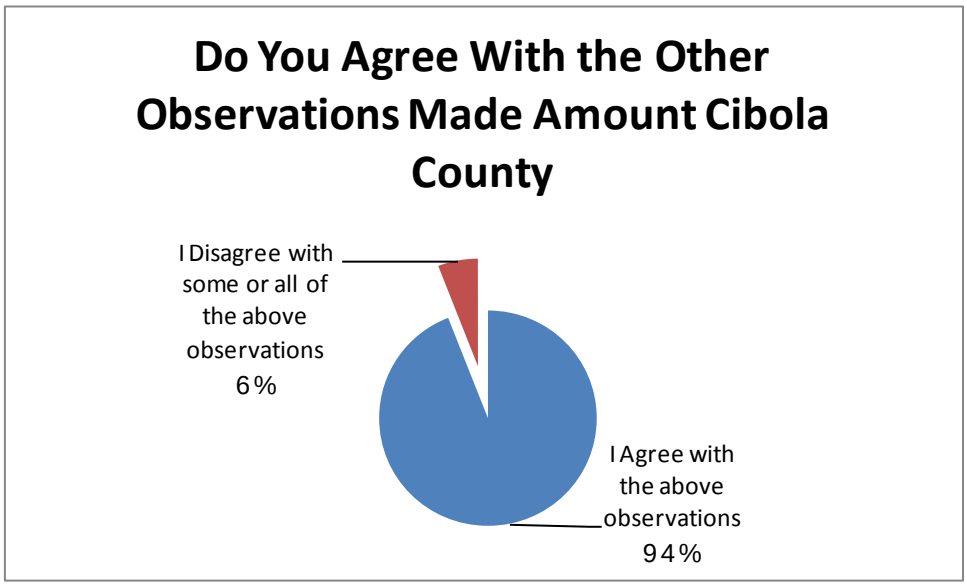
Q. Do you agree with observations formed about the opinions from local residents?



Clarifying Comments:

- Youth drug abuse is extremely high, as students are expelled from the mid-school and high school. Adult consumption of Alcohol and Drugs is a major concern as they set an example for our youth. A REAL campaign (one that is meaningful for both youth and adults) that addresses the high levels of drug and alcohol consumption in the county. Regarding healthcare, I had an accident a year ago and went to the emergency room. The doctor on call was rude and inattentive. He was too busy doing his paper work to even speak to me other than to say that I needed an orthopedic surgeon. I will not use the emergency room. If I can identify the problem, I will seek help elsewhere. I go to RMCHCS for a mammogram as the local attendant creates extreme pain when it isn't necessary. I know from past experience that the current status of the emergency room care is not the excellent standard that was experienced in the past. Having had to bring patients to the Emergency Room, they were cared for in a thoughtful professional manner.

Q. Do you agree with observations formed about additional data analyzed about Cibola County?



Clarifying Comments:

- The poverty rate in part is due to an unskilled work force. Major employers will not come to the county due to the high level of uneducated-unskilled work force.

Appendix C – Illustrative Schedule H (Form 990) Part V B Potential Response[25]

Community Health Need Assessment Answers

1. ***During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9***

   Illustrative Answer – Yes

   If "Yes," indicate what the Needs Assessment describes (check all that apply):

   a. ***A definition of the community served by the hospital facility;***
   b. ***Demographics of the community;***
   c. ***Existing health care facilities and resources within the community that are available to respond to the health needs of the community;***
   d. ***How the data was obtained;***
   e. ***The health needs of the community;***
   f. ***Primary and chronic disease needs and health issues of uninsured persons, low-income persons and minority groups;***
   g. ***The process for identifying and prioritizing community health needs and services to meet the community health needs;***
   h. ***The process for consulting with persons representing the community's interests;***
   i. ***Information gaps that limit the hospital facility's ability to assess all of the community's health needs; and***
   j. ***Other (describe in Part VI)***

   Illustrative Answer – check a. through i. Answers available in this report are found as follows:

   1. a. – See Footnotes #14 (page 10) and #15 (page 10);

   1. b. – See Footnotes #16 (page 11);

   1. c. – See Footnote #20 (page 28);

   1. d. – See Footnotes #7 (page 5);

   1. e. – See Footnotes #12 (page 7);

   1. f. – See Footnotes #10 (page 7);

[25] Questions are drawn from 2012 Schedule H Forms (as of January 16, 2013) and may have changed at the time when the hospital is to make its 990 h filing

1. g. – See Footnote #13 (page 8) & #24 (page 61);

1. h. – See Footnote #8 (page 7), #23 (page 55) and #24 (page 61);

1. i. – See Footnote #6 (page 5); and

1. j. – No response needed.

2. ***Indicate the tax year the hospital facility last conducted a Needs Assessment: 20__***

Illustrative Answer – 2013

See Footnote #1 (Title page)

3. ***In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.***

Illustrative Answer – Yes

See Footnotes #9 (page 7), #11 (page 7)

4. ***Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.***

Illustrative Answer – No

5. ***Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)***

    a. ***Hospital facility's website;***
    b. ***Available upon request from the hospital facility; and***
    c. ***Other (describe in Part VI).***

Illustrative Answer – check a. and b.

The hospital will need to obtain Board approval of this report, document the date of approval and take action to make the report available as a download from its web site. It also may be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

6. ***If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):***

    a. ***Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA;***
    b. ***Execution of an implementation strategy;***

c. Participation in the development of a community-wide community plan;
d. Participation in the execution of a community-wide plan;
e. Inclusion of a community benefit section in operational plans;
f. Adoption of a budget for provision of services that address the needs identified in the CHNA;
g. Prioritization of health needs in its community;
h. Prioritization of services that the hospital facility will undertake to meet the needs in its community; and
i. Other (describe in Part VI).

Illustrative Answer – check a, b, g, and h.

6. a. – See footnote #21 (page 29);

6. b. – See footnote #21 (page 29);

6. g. – See footnote #13 (page 8); and

6. h. – See footnote #13 (page 8).

7. *Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?*

Illustrative Answer – Yes

Part VI suggested documentation – See Footnote #22 (page 53)

8. *a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?*
b. If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?
c. If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

Illustrative Answer – No