Holy Cross Medical Center

Taos, NM

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution May 29, 2019[1]

HolyCross Medical Center

[1]Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9

Dear Community Member:

At Holy Cross Medical Center (HCMC), we have spent more than 80 years providing high-quality compassionate healthcare to the greater Taos County community. The “2019 Community Health Needs Assessment” identifies local health and medical needs and provides a plan for how HCMC will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

HCMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to 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, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us!

Thank You,

Bill Patten
Chief Executive Officer
Holy Cross Medical Center

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EXECUTIVE SUMMARY

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Holy Cross Medical Center ("HCMC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2019 Significant Health Needs identified for Taos County are:

1. Alcohol/Substance Abuse
2. Mental Health/Suicide
3. Access/Affordability
4. Cancer
5. Diabetes

The Hospital will develop implementation strategies for these five needs, including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

Holy Cross Medical Center ("HCMC" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "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 helps the hospital identify and respond 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 Schedule H (Form 990) 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
- Charges for medical care

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

Project Objectives

HCMC partnered with Quorum Health Resources (Quorum) to:[4]

- Complete a CHNA report, compliant with U.S. Government guidelines
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit 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 those who did not have 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 determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay

[2] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[3] As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must consider 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 downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA 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).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must consider input received from, at a minimum, the following three sources:*
>
> *(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*

[5] Section 6652

(2) *members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*

(3) *written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*[6]

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must ''solicit'' input from these categories and consider the input ''received.'' The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinions. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

(1) *A definition of the community served by the hospital facility and a description of how the community was determined;*

(2) *a description of the process and methods used to conduct the CHNA;*

(3) *a description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves;*

(4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*

(5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."[7]

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[6] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum

Additionally, all CHNAs developed after the very first CHNA must consider written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

> *"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."*[8]

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs: Perform independent data analyses based on secondary source data, augment this with Local Expert Advisor[9] opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local Expert Advisors were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.[10]

Most data used in the analysis are available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are

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Health Resources. Response to Schedule H (Form 990) B 6 b

[8] Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h

[10] Response to Schedule H (Form 990) Part V B 3 i

displayed in the CHNA report appendix.

Data sources include:[11]

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	To assess the health needs of Taos County compared to all New Mexico counties	November 19, 2018	2012-2014
IBM Watson Health (formerly known as Truven Health Analytics)	To gauge 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 proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	November 19, 2018	2018
http://svi.cdc.gov	To identify the Social Vulnerability Index value	November 20, 2018	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	November 19, 2018	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	November 20, 2018	2016

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 15 Local Expert Advisors was received. Survey responses started January 7, 2019 and ended on January 25, 2019.
- Information analysis augmented by local opinions showed how Taos County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups.

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their conditions, and if so, who needs to do what to improve the conditions of these groups.[12] [13]

- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, were abstracted in the following "take-away" bulleted comments:
  - The top three priority populations in the area are low-income residents, residents of rural areas and children
  - There is a lack of behavioral health and substance abuse support in the community
  - There should be a focus on affordable healthcare, housing, transportation and education

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[14]

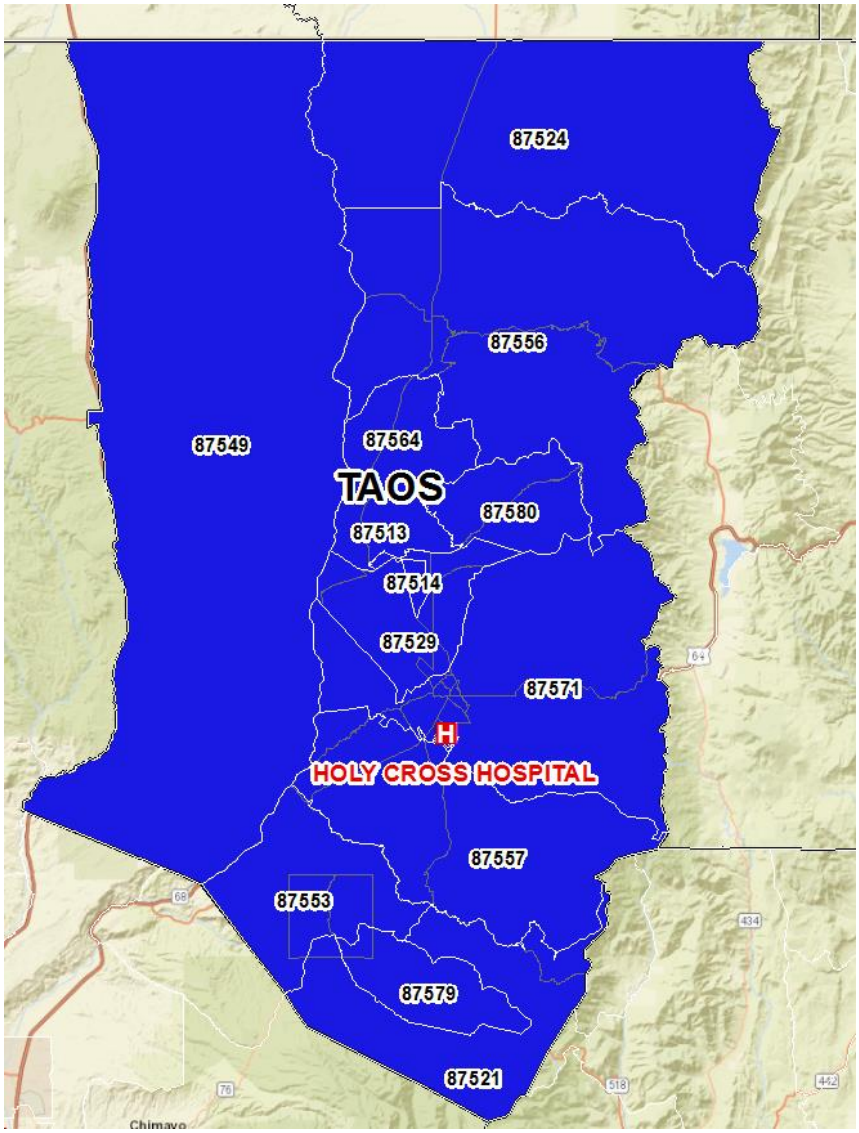
In the HCMC process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least sixty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.[15]

[12] Response to Schedule H (Form 990) Part V B 3 f
[13] Response to Schedule H (Form 990) Part V B 3 h
[14] Response to Schedule H (Form 990) Part V B 5
[15] Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[16]



For the purposes of this study, Holy Cross Medical Center defines its service area as Taos County in New Mexico, which includes the following ZIP codes:[17]

87513 – Arroyo Hondo	87514 – Arroyo Seco	87521 – Chamisal	87524 – Costilla
87529 – El Prado	87549 – Ojo Caliente	87553 – Penasco	87556 – Questa
87557 – Ranchos de Taos	87564 – San Cristobal	87571 – Taos	87579 – Vadito
87580 - Valdez			

During 10/1/2015 – 9/30/2016, the Hospital received 72.9% of its patients from this area.[18]

[16] Responds to IRS Schedule H (Form 990) Part V B 3 a
[17] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below
[18] IBM Watson Health MEDPAR patient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community[19] [20]

Variable	Taos County, New Mexico 2018	2023	Change	State of New Mexico 2018	2023	Change	United States 2018	2023	Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	33,141	33,390	249	2,081,363	2,101,278	19,915	326,533,070	337,947,861	11,414,791
Total Male Population	16,167	16,305	138	1,031,462	1,041,402	9,940	160,763,265	166,448,961	5,685,696
Total Female Population	16,974	17,085	111	1,049,901	1,059,876	9,975	165,769,805	171,498,900	5,729,095
Females, Child Bearing Age (15-44)	5,031	5,003	-28	394,286	396,664	2,378	63,920,652	64,819,650	898,998
Average Household Income	$57,271			$67,641			$86,278		
POPULATION DISTRIBUTION									
Age Distribution:									
0-14	5,023	4,914	-109	406,969	400,938	-6,031	61,041,768	61,251,682	209,914
15-17	1,098	1,116	18	84,121	85,336	1,215	12,768,710	13,285,265	516,555
18-24	2,354	2,488	134	202,240	202,029	-211	31,582,745	32,238,925	656,180
25-34	3,210	3,208	-2	275,947	270,348	-5,599	43,889,475	43,504,998	-384,477
35-54	7,622	7,018	-604	491,566	490,009	-1,557	83,269,420	83,715,897	446,477
55-64	5,604	5,523	-81	270,229	258,213	-12,016	42,205,344	43,372,380	1,167,036
65+	8,230	9,123	893	350,291	394,405	44,114	51,775,608	60,578,714	8,803,106
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	15,247	15,499	252	809,287	820,470	11,183	123,942,960	128,512,580	4,569,620
2018 Household Income:									
<$15K	2,905			122,625			13,503,937		
$15-25K	2,318			98,074			11,746,733		
$25-50K	3,891			197,170			27,363,816		
$50-75K	2,466			136,294			21,180,003		
$75-100K	1,326			91,459			15,192,282		
Over $100K	2,341			163,665			34,956,189		
EDUCATION LEVEL									
Pop Age 25+	24,666			1,388,033			221,139,847		
2018 Adult Education Level Distribution:									
Less than High School	1,284			94,785			12,392,218		
Some High School	1,767			120,321			16,363,680		
High School Degree	6,296			370,802			61,028,420		
Some College/Assoc. Degree	8,252			435,098			64,253,461		
Bachelor's Degree or Greater	7,067			367,027			67,102,068		
RACE/ETHNICITY									
2018 Race/Ethnicity Distribution:									
White Non-Hispanic	11,710			773,797			197,066,131		
Black Non-Hispanic	167			39,769			40,402,644		
Hispanic	18,653			1,018,822			59,581,729		
Asian & Pacific Is. Non-Hispanic	279			33,947			18,958,022		
All Others	2,332			215,028			10,524,544		

[19] Responds to IRS Schedule H (Form 990) Part V B 3 b
[20] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[21]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Taos County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with **black text** are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected
Lifestyle		
BMI: Morbid/Obese	115%	35.2%
Vigorous Exercise	93.0%	53.1%
Chronic Diabetes	122.9%	19.3%
Healthy Eating Habits	105.1%	24.5%
Ate Breakfast Yesterday	96.9%	76.6%
Slept Less Than 6 Hours	116.8%	15.9%
Consumed Alcohol in the Past 30 Days	73.5%	39.5%
Consumed 3+ Drinks Per Session	120.8%	34.0%
Chronic Conditions		
Chronic COPD	161.7%	8.7%
Chronic Asthma	92.5%	10.9%
Chronic High Cholesterol	118.2%	28.9%
Routine Cholesterol Screening	90.8%	40.3%
Chronic Heart Failure	173.0%	7.0%
Cancer Screen: Skin 2 yr	85.2%	9.1%
Cancer Screen: Colorectal 2 yr	94.4%	19.4%
Cancer Screen: Pap/Cerv Test 2 yr	76.4%	36.8%
Routine Screen: Prostate 2 yr	98.3%	27.9%
Chronic Lower Back Pain	113.0%	34.9%
Chronic Osteoporosis	135.5%	13.7%

Health Service Topic	Demand as % of National	% of Population Affected
Routine Services		
FP/GP: 1+ Visit	102.7%	83.6%
NP/PA Last 6 Months	102.0%	42.3%
OB/Gyn 1+ Visit	73.8%	28.3%
Medication: Received Prescription	105.3%	63.8%
Internet Usage		
Use Internet to Look for Provider Info	71.4%	28.5%
Facebook Opinions	70.5%	7.1%
Looked for Provider Rating	72.3%	17.0%
Emergency Services		
Emergency Room Use	105.3%	36.6%
Urgent Care Use	87.3%	28.8%
Behavior		
Search for Pricing Info	88.0%	23.7%
I am Responsible for My Health	99.2%	89.9%
I Follow Treatment Recommendations	102.1%	78.7%

Conclusions from Demographic Analysis Compared to National Averages

[21] Claritas (accessed through IBM Watson Health)

The following areas were identified from a comparison of Taos County to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 15.0% more likely to have a **BMI of Morbid/Obese**, affecting 35.2%
- 7.0% less likely to **Vigorously Exercise**, affecting 53.1%
- 20.8% more likely to **Consume 3+ Drinks per Session**, affecting 34.0%
- 9.2% less likely to receive **Routine Cholesterol Screenings**, affecting 40.3%
- 23.6% less likely to receive **Cervical Cancer Screening every 2 years**, affecting 36.8%
- 13.0% more likely to have **Chronic Lower Back Pain**, affecting 34.9%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 26.5% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 39.5%

Leading Causes of Death[22]

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. New Mexico's Top 15 Leading Causes of Death are listed in the table below in Taos County's rank order. Taos County was compared to all other New Mexico counties; the New Mexico state average; and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in NM (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Taos County Compared to U.S.)
NM Rank	Taos Rank	Condition		NM	Taos	
2	1	Cancer	27 of 32	138.8	137.2	Lower than expected
1	2	Heart Disease	31 of 32	150.6	117.7	Lower than expected
3	3	Accidents	10 of 32	69.5	79.3	Higher than expected
4	4	Lung	28 of 32	44.5	33.0	Lower than expected
5	5	Stroke	29 of 32	35.5	31.2	Lower than expected
6	6	Diabetes	19 of 32	27.2	28.2	Higher than expected
9	7	Suicide	9 of 32	22.5	26.3	Higher than expected
8	8	Liver	13 of 32	24.9	20.2	Higher than expected
7	9	Alzheimer's	21 of 32	23.5	14.4	Lower than expected
10	10	Flu - Pneumonia	26 of 32	14.6	14.3	As expected
14	11	Homicide	7 of 32	9.4	11.4	Higher than expected
13	12	Parkinson's	3 of 32	7.8	9.2	As expected
11	13	Kidney	29 of 32	11.7	9.1	As expected
12	14	Blood Poisoning	26 of 32	9.5	6.3	As expected
15	15	Hypertension	25 of 32	5.9	4.6	As expected

[22] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations[23]

Earlier in the document, a description was provided for Priority Populations, which is one of the groups whose needs are to be considered during the CHNA process. It can be difficult to obtain information about Priority Populations in a hospital's community. The objective is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

We begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the Hospital's performance and to identify areas of strengths and weaknesses along three main axes: **Access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy (NQS)**. The complete report is provided in Appendix E.

A specific question was asked to HCMC's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any relevant trends in the service area. Accordingly, HCMC places a great reliance on the commentary received from the Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[24]

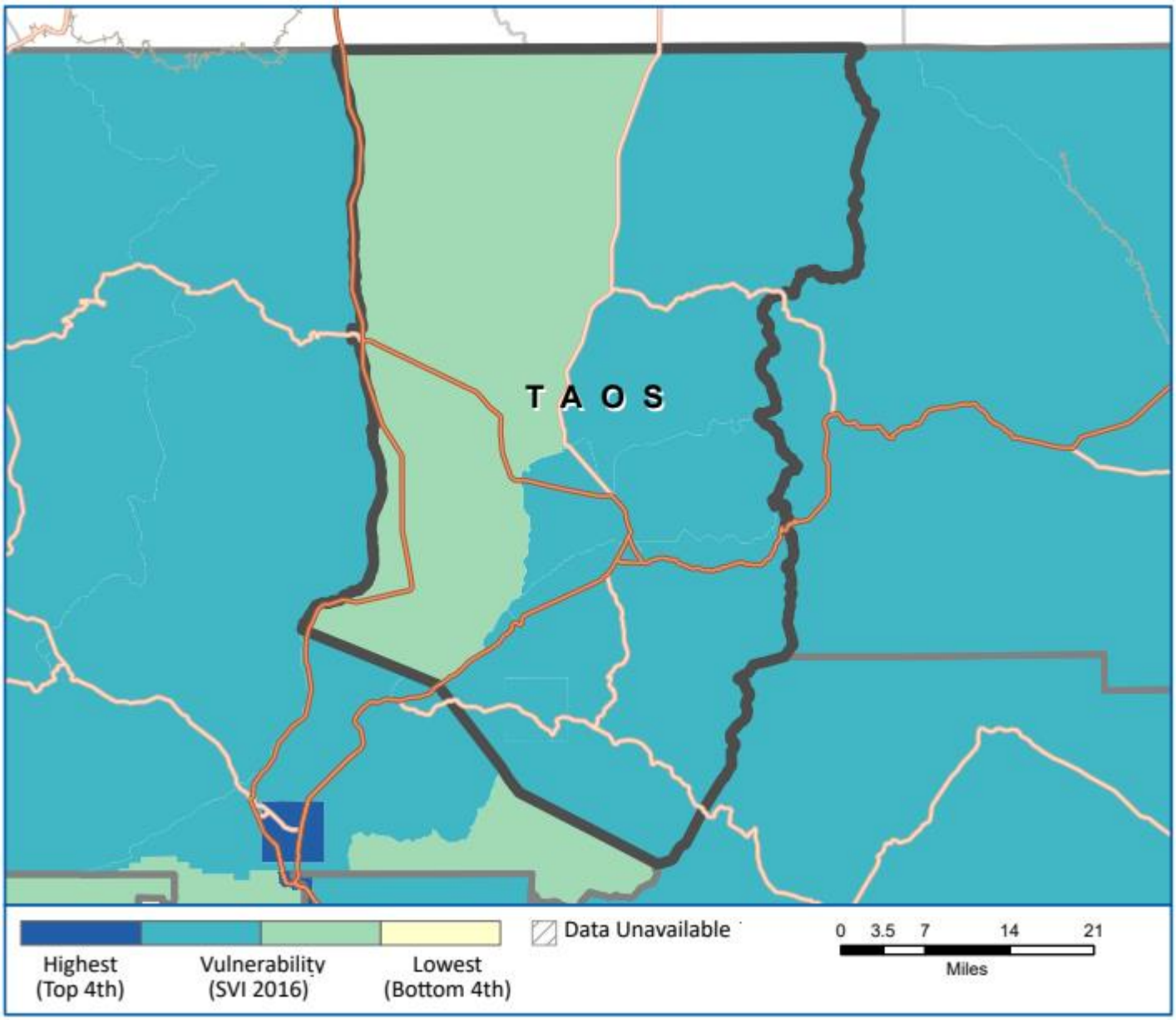
- The top three priority populations in the area are low-income residents, residents of rural areas and children
- There is a lack of behavioral health and substance abuse support in the community
- There should be a focus on affordable healthcare, housing, transportation and education

[23] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[24] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability[25]

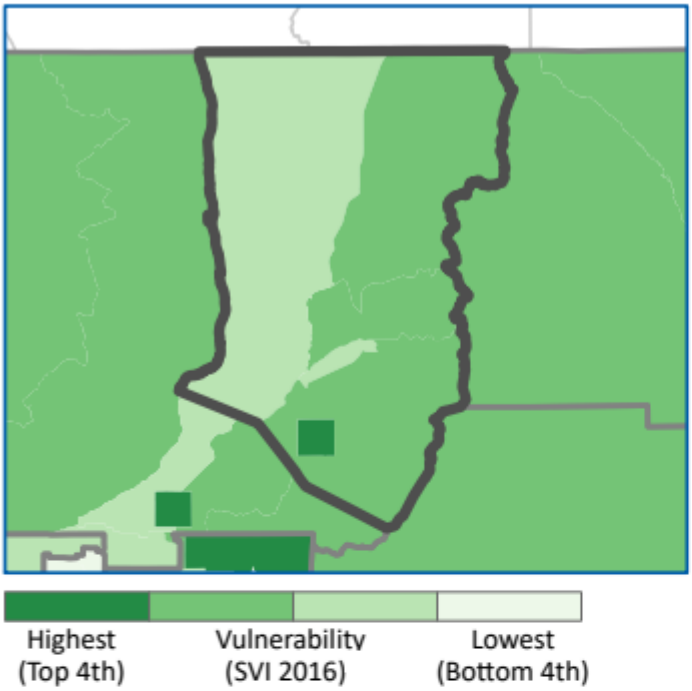
Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks.

Taos County's Overall Social Vulnerability ranks fall into the second and third quartiles of vulnerability, making the right side (light blue) of the county more vulnerable than the left side (light green) of the county:

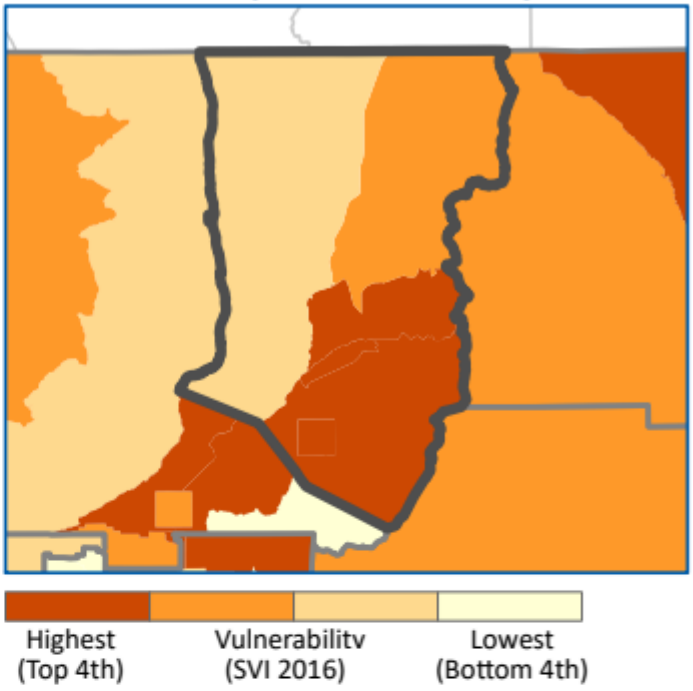


[25] http://svi.cdc.gov

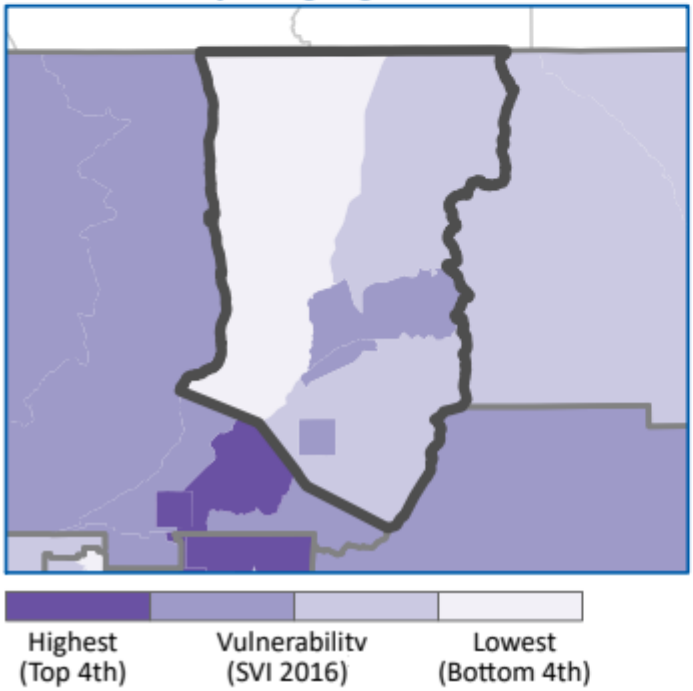
Socioeconomic Status



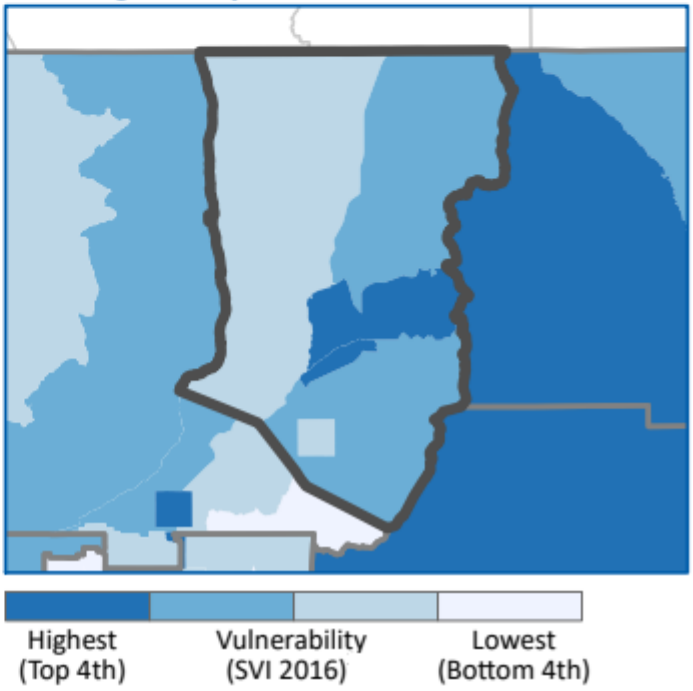
Household Composition/Disability



Race/Ethnicity/Language



Housing/Transportation



Comparison to Other State Counties[26]

To better understand the community, Taos County has been compared to all 32 counties in the state of New Mexico across five areas: Health Outcomes, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. The last four areas are all Health Factors that ultimately affect the Health Outcomes of Length of Life (Mortality) and Quality of Life (Morbidity).

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	Taos County	New Mexico	U.S. Median
Health Outcomes			
Overall Rank *(best being #1)*	20/32		
- Premature death*	8,700	8,400	7,800
- Poor or fair health	23%	21%	17%
- Poor mental health days	4.2	4.0	3.9
Health Behaviors			
Overall Rank *(best being #1)*	12/32		
- Alcohol-impaired driving deaths	41%	31%	29%
Clinical Care			
Overall Rank *(best being #1)*	12/32		
- Uninsured	15%	13%	11%
- Diabetes monitoring	72%	73%	86%
- Mammography screening	56%	57%	61%
Social & Economic Factors			
Overall Rank *(best being #1)*	24/32		
- High school graduation	64%	70%	88%
- Unemployment	8.5%	6.7%	5.0%
- Children in poverty	33%	28%	21%
- Children in single-parent households	48%	40%	32%
- Injury deaths*	130	99	79
Physical Environment			
Overall Rank *(best being #1)*	12/32		
- Severe housing problems	22%	18%	14%

Per 100,000 Population

[26] www.countyhealthrankings.org

Conclusions from Other Statistical Data[27]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Taos County current statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Taos County measures that are **WORSE** than the U.S. average and had an **UNFAVORABLE** change		
- Female self-harm and interpersonal violence related deaths*	16.5	31.5%
- Male self-harm and interpersonal violence related deaths*	57.7	6.1%
- Female mental and substance use related deaths*	13.7	357.5%
- Male mental and substance use related deaths*	40.8	46.4%
- Female liver disease related deaths*	17.7	33.2%
- Male liver disease related deaths*	43.6	2.4%
UNFAVORABLE Taos County measures that are **WORSE** than the U.S. average and had a **FAVORABLE** change		
- Female transport injuries related deaths*	17.6	-33.2%
- Male transport injuries related deaths*	43.8	-49.7%
DESIRABLE Taos County measures that are **BETTER** than the US average and had an **UNFAVORABLE** change		
- Female tracheal, bronchus, and lung cancer*	22.6	12.0%
- Female skin cancer*	1.6	10.5%
- Male skin cancer*	3.3	25.6%
- Female diabetes, urogenital, blood, and endocrine disease deaths*	49.1	1.3%
DESIRABLE Taos County measures that are **BETTER** than the US average and had a **FAVORABLE** change		
- Female life expectancy	83.3	4.9%
- Male life expectancy	76.7	9.5%
- Female heart disease*	65.8	-49.0%
- Male heart disease*	104.8	-62.1%
- Female stroke*	35.2	-49.4%
- Male stroke*	31.6	-63.4%
- Male tracheal, bronchus, and lung cancer*	35.3	-33.4%
- Female breast cancer*	19.5	-28.7%
- Male breast cancer*	0.2	-19.3%
- Male diabetes, urogenital, blood, and endocrine disease deaths*	55.7	-6.1%

*rate per 100,000 population, age-standardized

Community Benefit

[27] http://www.healthdata.org/us-county-profiles

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

> *"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*
>
> *"Community benefit operations" means:*
>
> - *activities associated with community health needs assessments, administration, and*
> - *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relieving a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

- Net Community Benefit Expense: $3,118,090

IMPLEMENTATION STRATEGY

Significant Health Needs

HCMC used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by HCMC.[28] The Implementation Strategy includes the following:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies HCMC current efforts responding to the need, including any written comments received regarding prior HCMC implementation actions
- Establishes the Implementation Strategy programs and resources HCMC will devote to attempt to achieve improvements
- Documents the Leading Indicator(s) HCMC will use to measure progress
- Presents the Lagging Indicator(s) that HCMC believes will positively influence the Leading Indicators
- Identifies the organization context as well as the needs and expectations of interested parties for health care services that address internal and external issues

HCMC is the primary hospital in the service area. HCMC is a 25-bed, acute care medical facility located in Taos, New Mexico. The next closest facilities outside the service area include:

- *Presbyterian Espanola Hospital*, Espanola, NM; 44.8 miles (59 minutes)
- *Los Alamos Medical Center*, Los Alamos, NM; 63.3 miles (80 minutes)
- *CHRISTUS St. Vincent Regional Medical Center*, Santa Fe, NM; 70.6 miles (93 minutes)
- *Alta Vista Regional Hospital*, Las Vegas, NM; 74.9 miles (97 minutes)
- *Presbyterian Medical Center - Santa Fe*, Santa Fe, NM; 78.1 miles (101 minutes)
- *Miners Colfax Medical Center*, Raton, NM; 93.5 miles (117 minutes)

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

The remainder of this Implementation Strategy section includes each of the 2019 top community health needs identified by the Local Expert Advisors during the CHNA process. Each of these health needs also was a top community health need during the 2016 CHNA process as well. Key stakeholders from the Hospital established a workgroup and spent time discussing responses to the various points—including existing programs, recent programmatic offerings, future opportunities, and indicators of success when measuring performance for the community health needs.

[28] Response to IRS Schedule H (Form 990) Part V B 3 e

1. **ALCOHOL/SUBSTANCE ABUSE – Significant Need in 2013, 2016, and 2019; Alcohol-impaired driving deaths are 10% higher in Taos County than both the state average and national median; Residents of Taos County are 21% more likely to Consume 3+ Drinks Per Session than the national average; Liver Disease is the #8 Leading Cause of Death in Taos County**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

HCMC services, programs, and resources available to respond to this need include:[29]

- HCMC treats alcohol and substance abuse in the Emergency Department, providing stabilization and transfer services to patients in need. HCMC also employs a clinician in the emergency department with licensure to administer suboxone, a medication designed to reduce the symptoms of opiate addiction and withdrawal.
- HCMC is the fiscal agent for the Taos Alive Drug-free community grant. This grant-funded coalition brings together health agencies, public safety entities, educational administrators and community advocates to work together to decrease substance abuse in families and youth. The program operates a variety of substance abuse reduction strategies including: public media campaigns regarding substance abuse issues in Taos County, environmental clean-up activities, prescription drug take back and disposal public events, youth engagement programs, education of elected and public officials about substance abuse prevalence and prevention measures in Taos County, and Naloxone dissemination activities in coordination with Holy Cross Hospital. The Taos Alive Coalition also participates in national conferences and educational workshops and works locally to strengthen and build other drug free communities in neighboring rural/frontier communities.
- HCMC is the fiscal agent for the Department of Transportation Underage Drinking Grant, which supports the adolescent and underage drinking prevention work Taos Alive performs.
- HCMC partners with area schools and law enforcement to reduce drug use and its consequences through a New Mexico High Intensity Drug Trafficking Area (HIDTA) grant.
- HCMC partners with the Vida del Norte coalition in Questa, NM to provide mentorship in Taos Pueblo schools.
- HCMC participates in a 2-county collaboration between Taos and Rio Arriba through the Rural Health Network (Health Resources and Services Administration) to address the opioid epidemic. This network is working on all issues around the opioid issue. They are focusing on communication strategies to educate and decrease stigma and workforce development opportunities for those working in the field of substance misuse.
- HCMC has a prescription drug collection box installed in its emergency room waiting area for community members to safely dispose prescription medications.
- HCMC is actively involved with the New Mexico Hospital Association in its efforts to treat opioid addiction and reduce opioid usage in communities across the state.

[29] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

- HCMC actively participates in the Taos Health Council; this health advocacy coalition provides education about recovery and support group programs in the community such as the Rio Grande Alcohol Treatment Program and various Alcohol Anonymous/Narcotics Anonymous support groups in Taos County.

Additionally, HCMC plans to take the following steps to address this need:

- HCMC is planning to host a community summit on substance abuse. This summit is intended to help community providers and resources understand the full picture of substance abuse in the community, to change attitudes towards substance abuse, and, ultimately, to help affected patients navigate towards recovery. The summit has been scheduled for June 20th.

HCMC evaluation of impact of actions taken since the immediately preceding CHNA:

- HCMC added a community leader to its board of directors with experience in opioid addiction and recovery.
- HCMC hired an emergency department practitioner with experience working in substance abuse. This practitioner is also licensed to administer suboxone, a medication designed to reduce the symptoms of opiate addiction and withdrawal.
- HCMC installed a take back box in the lobby to collect unused prescription medications.

Anticipated results from HCMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HCMC intended actions is to monitor change in the following Leading Indicator:

- Quantity of returned medications from DEA prescription take back activities
- Number of students exposed to drug-free curricula provided by the hospital
- Attendance count at the community summit for substance abuse in June 2019

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Attendance at subsequent HCMC-sponsored summits for substance abuse
- Number of guest speakers brought in for HCMC-sponsored community summits for substance abuse
- Annual reported High School Current Drinker all students rate for Taos County
- Annual reported prevalence of heavy drinking in Taos County
- Annual deaths from drug overdose in Taos County
- Annual volume of opiates prescribed in Taos County

HCMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Rural Health Network	Monica Griego	monicagriego@hotmail.com
Drug Addicts Anonymous		Renee (575) 613-2264 cwblues40@gmail.com
Taos Alive Coalition	Julie Bau	Julie@taosalive.org
Rio Arriba Health Council	Lore Pease, Chair	www.rachc.org/contacus.php
HOY	Ambrose Baros	(505) 753-2203 http://www.hoyrecoveryprogram.com/
Shadow Mountain Recovery Center		(855) 290-5294 (575) 758-1630
Vida Del Norte	Maria Gonzalez	Maria.gonzalez@vidadelnorte.com
Local primary care physicians	Taos Medical Group Schreiber Family Medicine Family Practice	(575) 758-2224 (575) 751-7430 (575) 758-3005
Taos Pueblo Coalition	Susan Mulvaney	susan@taosalive.org
Taos Health and Wellness Center		taoshealthandwellness.com
Recovery Friendly Taos	Steve Fullendorf	steve@taospr.com

Other local resources identified during the CHNA process that are believed available to respond to this need:[30]

Organization	Contact Name	Contact Information
Questa PMS Clinic	Patty Torres	Patty.torres@pmsnm.org
El Centro	Lore Pease	lpease@ecfh.org
Inside Out Recovery Center	Kathy Sutherland-Bruaw	info@recoveryinsideout.org (877) 703-1270 (575) 758-3392

[30] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

2. **MENTAL HEALTH/SUICIDE – Significant Need in 2013, 2016, and 2019; Taos County's rate for Poor Mental Health Days is higher than both state average and national median; Suicide is the #7 Leading Cause of Death in Taos County; Taos County's Mental and Substance Use Related Deaths rate is higher than national average and increased from 1980-2014**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

HCMC services, programs, and resources available to respond to this need include:

- HCMC Emergency Department, the Taos Health Council, a program of HCMC, works collaboratively with the NM Crisis and Access Line (NMCAL) organization to promote awareness of suicide desire and prevention in the local community. According to the 2018 NMCAL Annual report, 584 calls from Taos County were handled by NMCAL Hotline Counselors.[31]
- The Taos Health Council also works to raise awareness in the local community about adolescent suicide desire and prevention. The Taos Health Council tracks data from the Youth Risk & Resiliency survey. According to the latest survey in 2017, 20.9% of high school students surveyed reported having seriously considered suicide; 17.7% reported having made a suicide plan and 9.9% reported having attempted suicide.[32]
- HCMC sponsors Taos First Steps, which supports new families and promotes early childhood development and the parent-child relationship. This program provides access to behavioral health resources through home visits, group events, classes, and referrals to healthcare agencies as appropriate.

Additionally, HCMC plans to take the following steps to address this need:

- Make updates to the existing suicide prevention assessment in the emergency department.
- Assess patient populations to identify specific sub-groups at higher risk for suicide and mental health issues across the continuum of care.
- Collaborate with the new community psychiatrist to enhance mental health offerings.

HCMC evaluation of impact of actions taken since the immediately preceding CHNA:

- HCMC hired a licensed mental health worker in the Emergency Department.
- Home visitors in the Taos First Steps program attained infant mental health endorsements.

[31] https://www.nmcrisisline.com/wp-content/uploads/2019/02/New-Mexico-Crisis-and-Access-Line-Annual-Report-2018.pdf
[32] http://youthrisk.org/pdf/YRRS-2017-HS-countyreport-taos.pdf

Anticipated results from HCMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HCMC intended actions is to monitor change in the following Leading Indicator:

- Number of patients identified by HCMC Case Management Department as having attempted suicide
- Number of psychological interventions provided by a social worker or psychologist at HCMC
- Percent of patients with depression screening in clinics and Emergency Department
- Percent of primary care patients screened for depression and suicide

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Taos County Suicide Death rate per 100,000 population
- New Mexico Suicide Death rate per 100,000 population

HCMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Dream Tree Project	Catherine Hummel	Catherine@dreamtreeproject.org
Taos Alive	Julie Bau	Julie@taosalive.org
Taos Pueblo Mental Health / Social Services	Mark Mash	(575) 758-7824
Total Health and Wellness Center		taoshealthandwellness.com

Other local resources identified during the CHNA process that are believed available to respond to this need:[33]

Organization	Contact Name	Contact Information
Taos Community Foundation	Lisa O'Brien	lobrien@taoscf.org
Golden Willow	Ted Wiard	wiard@newmex.com
Annual Regeneration Festival	Lyla Jonston	(575) 779-4443 (505) 980-3387 (832) 867-5819
Chronic disease support groups DRUG ADDICTS ANONYMOUS ALCOHOLICS ANONYMOUS ARTSTREAMS ALZHEIMER'S AND DEMENTIA DIABETES SUPPORT GROUP TAOS PARKINSON'S SUPPORT GROUP	 John Kathleen Loriann Vivian Martinez, John Irwin	 (575) 770-2605 (575) 758-3318 (575) 758-4692 or (575) 770-9874 (575) 751-5769 (575) 737-5326 (650) 787-4591
Trinidad de Jesus Arguello, Clinical Mental Health Provider Taos County Detention Center	Trinidad de Jesus Arguello	drsarguello@q.com
Valle Del Sol	Terry Barsano	terryb@vdsnm.com
Apps for teens (See Something, Say Something)	App provides resources and contact information	(800) 448-3000
Health Outreach Taos (HOT)	Jill Cline	youthminister@stjamestaos.org

[33] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

3. **ACCESS/AFFORDABILITY – Significant Health Need in 2013, 2016, and 2019; Taos County's rate of uninsured residents is higher than both the state average and national median**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

HCMC services, programs, and resources available to respond to this need include:

- HCMC Benefit Navigation Program provides free enrollment application assistance, counseling, and eligibility information to the public for the following health coverage programs: Medicaid and Marketplace. It is a program of Holy Cross Hospital with bilingual staff and two main offices in Taos. The two offices also assist with presumptive eligibility provision for the Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP) Program and the Temporary Assistance to Needy Families (TANF) program.
- The Benefit Navigation program also provides healthcare navigation services to the Medicare eligible and Medicare beneficiary populations. This is a grant-funded effort with neighboring county Rio Arriba to work specifically with the Medicare population and increase access to and enrollment in public health entitlement programs. The program only interfaces with Medicare beneficiaries when they are determined to be dually eligible for both Medicare and Medicaid coverage and to navigate current Medicare enrollment options; they currently do not assist in Medicare applications which are administered by the Social Security Administration. The dual eligible population is the Low-Income Subsidy (LIS) eligible and the Medicare Subsidy Program (MSP) eligible.
- HCMC offers resources for chronic care management in its primary care clinics.
- HCMC is the fiscal agent for Taos First Steps, which supports new families and promotes early childhood development and the parent-child relationship. This program provides access to behavioral health resources through home visits, group events, classes, and referrals to healthcare agencies as appropriate. The First Steps data coordinator is a Medicaid Determiner and is able to assist prenatal families and families with children up to 3 years old with Medicaid enrollment.

Additionally, HCMC plans to take the following steps to address this need:

- Begin outreach to local businesses and community resources to provide education about the benefit navigation program
- Expand the HCMC bad debt purchasing program, which allows local organizations to purchase portions of patient debt for uncompensated care
- Explore the opportunity to expand telemedicine offerings for both HCMC and HCMC clinics
- Work with local organizations to provide financial support and assistance for HCMC patients receiving cancer care outside of Taos County

HCMC evaluation of impact of actions taken since the immediately preceding CHNA:

- HCMC introduced the home visit program through Taos First Steps the hospital is the fiscal agent for Taos First Steps. The program began in 2007 and is funded by a grant from the Children, Youth and Families Department
- HCMC collaborated with local faith-based organizations to sell its bad debt, compensating care for 90 patients in in December 10, 2018 .
- HCMC introduced its tele-stroke program in partnership with the University of New Mexico Health System

Anticipated results from HCMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HCMC intended actions is to monitor change in the following Leading Indicator:

- Volume of completed Medicaid applications
- Volume of Medicaid Educational Counseling Sessions
- Volume of completed Marketplace applications
- Volume of Medicare Educational Counseling Sessions
- Volume of completed Medicare program applications
- Volume of completed supplemental Medicare program applications
- HCMC Emergency Department visit volume and average patient acuity

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- State of New Mexico Human Services Division Medicaid and Medicare Enrollment Totals by County Annual Reporting
- New Mexico Health Insurance Exchange Annual Marketplace Enrollment per County Reporting

- Percent of residents in the HCMC Catchment area below Federal Poverty Guideline levels
- Percent of primary care practitioners in Taos County with closed patient panels

HCMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
TENT (Taos Elders Network Together)	James Schultz	President@TaosElders.org
Taos First Steps	Jaci Imberger	jimberger@taoshospital.org
Income Support Division, Taos Branch	Delfino Torres	www.hsd.state.nm.us
El Centro Family Health, Taos Office	Lore Pease	lpease@ecfh.org
El Centro Family Health, Penasco	Dr. Amanda J. Goertz	(575) 587-2205
Questa Health Center PMS	Patty Torres	Patty.torres@pmsnm.org
Taos County Indigent Fund	Tammy Jaramillo	Tammy.jaramillo@taoscounty.org

Other local resources identified during the CHNA process that are believed available to respond to this need:[34]

Organization	Contact Name	Contact Information
Insure Taos, Inc.	Monica Wilson	office@insuretaos.com (575) 737-9000

[34] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

4. **CANCER – Significant Health Need in 2013, 2016, and 2019; Taos County's Mammography Screening rate is lower than both state average and national median; Residents of Taos County are 23% less likely to receive Cervical Cancer Screenings Every 2 Years than the national average; Cancer is the #1 Leading Cause of Death in Taos County**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

HCMC services, programs, and resources available to respond to this need include:

- HCMC Cancer Support Services provides non-medical services to patients diagnosed with cancer.
- HCMC Emergency Department and inpatient provide medical care for the acute need.
- HCMC Imaging provides diagnostic services.
- HCMC Surgery/Pathology provides surgical and diagnostic services for cancer.
- HCMC nutritionist provides health and wellness education.
- HCMC partners with the "Prescription Trails" program to promote activity and exercise on local trails in collaboration with the Taos Land Trust and the National Park Trail System.
- HCMC sponsors the annual "For the Health of It" Cancer Support Services walk.
- HCMC partnered with Latch-On, a group founded by First Steps to sponsor a breast-feeding tent at the Taos farmers market.
- HCMC host a number of outreach and educational events like a Zumba party, Paint Taos Pink, and a silent auction. These events are held during the entire month of October and coordinated by Cancer Support Services.
- **Additionally, HCMC plans to take the following steps to address this need:**
- HCMC is exploring options to bring mobile mammography to Taos County, expanding access for preventive breast cancer screenings.

HCMC evaluation of impact of actions taken since the immediately preceding CHNA:

- HCMC successfully recruited a general and plastic surgeon who performs reconstructive breast surgery.
- HCMC had substantial growth in HCMC Cancer Support Services from 2016 to 2019.
- HCMC increased collaboration with state cancer groups.

Anticipated results from HCMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization		X
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HCMC intended actions is to monitor change in the following Leading Indicator:

- HCMC Cancer Support Service recipients
- HCMC mammography exam volumes performed in the hospital
- Change in the number of referrals for preventive cancer screenings by HCMC-affiliated primary care physicians
- HCMC colonoscopy exam volumes
- HCMC cervical screening volumes
- Attendance at October cancer awareness events
- Attendance at annual “For the Health of It” event cancer support services walk

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Cancer death rate in Taos County
- Cancer diagnosis rate

HCMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Cancer Foundation of New Mexico	Caroline Owen	caroline@cfnm.org (505) 955-7931
Chevron Grants for the Good	Tommy Lyles	Tommy.Lyles@chevron.com (575) 586-7558
Taos Community Foundation	Lisa O'Brien	lobrien@taoscf.org
Qual Roost Foundation	Sue Hone	shone@pembrokephilanthropy.net (610) 896-3868
Taos County	Tammy Jaramillo	(575) 737-6300
Nusenda Credit Union	June Manning	(800) 347-2838
American Cancer Society	Carmen Olguin	carmen.olguin@cancer.org (505) 262-6020
Road to Recovery		(800) 227-2345

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
New Mexico Cancer Associates		(505) 913-8900
UNM Cancer Center		(505) 272-4946
New Mexico Cancer Center		(505) 842-8171

5. **DIABETES – Significant Health Need in 2013, 2016, and 2019; Taos County's Diabetes Monitoring rate is lower than both state average and national median; Diabetes is the #6 Leading Cause of Death in Taos County**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

HCMC services, programs, and resources available to respond to this need include:

- The Diabetes Self-Management Program (DSMP) provides testing, medication management, and education through a team of diabetes educators and a dietitian overseen by an Endocrinologist Medical Director.
- HCMC convenes an advisory committee comprised of medical professionals and community members.
- HCMC staff in all units currently provides education and outreach information for diabetes, including presence at health fairs and education classes to seniors.
- HCMC Primary Care Clinic offers diabetes care.
- HCMC nutritionist offers cooking classes for healthy cooking.
- HCMC offers diabetes education and support, including education and guidance on the disease process, medications, physical activity, blood glucose monitoring, complication prevention, goal setting and problem solving, intensive insulin management, insulin pump management, medication coverage, continuous glucose monitoring, and nutritional counseling.
- HCMC offers curriculum-based education for Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus, and Gestational Diabetes.
- HCMC offers group classes for Type 2 and pre-gestational diabetes.

Additionally, HCMC plans to take the following steps to address this need:

- Explore opportunity to partner with Ancianos, Inc. to help improve nutritional access for the diabetic community
- Offer a pre-gestational diabetes class monthly
- Provide services for patients with continuous glucose monitoring
- Explore demographics within diabetic populations to understand specific population needs
- Explore collaboration with the WIC Program
- Explore collaboration with home health for diabetes management
- Explore opportunity to expand 340B with local/retail pharmacies
- Implement the CDC/AADE program to address prevention of Type 2 Diabetes

HCMC evaluation of impact of actions taken since the immediately preceding CHNA:

- HCMC added medication management and continuous glucose monitoring services

Anticipated results from HCMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate HCMC intended actions is to monitor change in the following Leading Indicator:

- Number of community members attending HCMC education events
- Number of patients served in the HCMC diabetes clinic
- Hemoglobin A1C scores

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Percent of population with Type 1 Diabetes
- Percent of population with Type 2 Diabetes
- Percent of population with Gestational Diabetes

HCMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Health & Comm Services of Pueblo	Ezra Bayles	(575) 758-8626
Indian Health Services (IHS)	Paige Gerling	(575) 758-6977
WHI	Dr. Tim Moore	tmoore@taoshospital.org
First Steps	Jaci Imberger	jimberger@taoshospital.org

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Ancianos, Inc.		(505) 758-4091

Other Needs Identified During CHNA Process

6. **Maternal and Infant Measures – 2016 Significant Health Need**
7. **Physicians – 2016 Significant Health Need**
8. **Physical Activity**
9. **Prevention/Wellness Education**
10. **Accidents**
11. **Heart Disease**
12. **Women's Health**
13. **Alzheimer's**
14. **Chronic Pain Management**
15. **Flu/Pneumonia**
16. **Hypertension**
17. **Kidney Disease**
18. **Liver Disease**
19. **Lung Disease**
20. **Stroke**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[35]

1. Alcohol/Substance Abuse – Significant Health Need in 2013, 2016, and 2019
2. Mental Health/Suicide – Significant Health Need in 2013, 2016, and 2019
3. Access/Affordability – Significant Health Need in 2013, 2016, and 2019
4. Cancer – Significant Health Need in 2013, 2016, and 2019
5. Diabetes – Significant Health Need in 2013, 2016, and 2019

Significant needs where hospital did not develop implementation strategy[36]

1. None

Other needs where hospital developed implementation strategy

1. None

Other needs where hospital did not develop implementation strategy

1. None

[35] Responds to Schedule h (Form 990) Part V B 8
[36] Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

The Hospital solicited written comments about its 2016 CHNA.[37] 15 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the HCMC. No unsolicited comments have been received.

1. **Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.**

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	7	5	12
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	8	4	12
3) **Priority Populations**	6	5	11
4) Representative/Member of **Chronic Disease Group** or Organization	2	8	10
5) Represents the **Broad Interest of the Community**	11	1	12
Other			6
Answered Question			15
Skipped Question			0

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. **Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?**

- *Housing, health care (mental health), low income support, transportation, education*
- *Affordable healthcare; residential options in northern NM; adult day care*
- *Transportation out of the county for specialty care for persons who do not have full Medicaid coverage is lacking.*

[37] Responds to IRS Schedule H (Form 990) Part V B 5

Mora currently has no grocery store and availability of fresh food is lacking. Referral sources to specialties for patients who are uninsured are hard to find.

- *Lack of behavioral health and substance abuse support in our community.*
- *Access to first-line specialty care and consultation. Removal of constant arbitrary barriers imposed by third-party payors motivated by profiteering.*

In the 2016 CHNA, there were seven health needs identified as "significant" or most important:

1. **Alcohol/Substance Abuse**
2. **Access/Affordability**
3. **Mental Health/Suicide**
4. **Diabetes**
5. **Cancer**
6. **Physicians**
7. **Maternal and Infant Measures**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?

	Yes	No	Response Count
Alcohol/Substance Abuse	13	1	14
Access/Affordability	13	0	13
Mental Health/Suicide	13	1	14
Diabetes	13	0	13
Cancer	10	2	12
Physicians	11	1	12
Maternal and Infant Measures	12	1	13

Comments:

- *Realistic amounts of resources towards serious addiction treatment, mental health, and cancer treatment is way beyond what Holy Cross can promise at this time.*
- *The data in the 2016 CHNA are very outdated, so I would not make recommendations regarding the allocation of resources for "significant needs".*

6. Please share comments or observations about the actions HCMC has taken to address <u>ALCOHOL/SUBSTANCE ABUSE</u>.

- *if they have I have not heard of any actions taken*
- *The Taos Alive program is active in a variety of areas attempting to prevent youth from becoming addicted.*
- *I am involved with the Taos Alive Coalition that is part of the HCMC. We work on issues with the youth and Alcohol and Substance Abuse. This work continues and Julie does a good job on informing the community on the issues.*

- *I am not familiar with actions taken however, substance use interventions are necessary throughout the area.*
- *Provide fiscal management of Taos Alive*
- *Unrealistic*
- *Sponsoring Taos Alive and similar programs and allowing space for coalition meetings.*
- *No opinion*
- *Efforts in reducing opioid access at the emergency room*

7. Please share comments or observations about the actions HCMC has taken to address <u>ACCESS/AFFORDABILITY</u>.

- *Holy Cross employees two fulltime employees that focus entirely on getting people signed up for Medicaid or other appropriate programs. The hospital also has a fulltime financial counselor who assists patients with their healthcare related expenses.*
- *I am not sure if any policies or procedures have changed at HCMC regarding access/affordability to health care. In the past, I have witnessed long waiting periods just to get into the ER.*
- *MVCHS would be very interested in learning what actions have been taken to address access and affordability particularly for patients under 200% of poverty.*
- *support Benefit Navigation program*
- *They're trying.*
- *Access & affordability have been addressed to a degree with adding a few services however when certain services are terminated due to lack of funds to hire the specialist the community is required to go elsewhere.*

8. Please share comments or observations about the actions HCMC has taken to address <u>MENTAL HEALTH/SUICIDE</u>.

- *They are doing there best but also pawn a lot of mental issues off to other facilities out of town.*
- *I saw what happened to a person that went to the HCMC ER seeking help for Mental Health and the staff would not see the person. It took several trips to the ER before they helped the person.*
- *I am not familiar enough to comment or offer observation.*
- *none that I am aware of*
- *Unrealistic.*

9. Please share comments or observations about the actions HCMC has taken to address <u>DIABETES</u>.

- *Holy Cross continues to offer a Diabetes Management program that includes pharmacy, RN, and RD services.*
- *There is information that HCMC has available for anyone that wants it. I have seen the staff of HCMC at health fairs sharing information and taking blood sugar levels of people.*

- *MVCHS has referred patients with newly diagnosed or out of control diabetes to the HCMC diabetes educator. This service is very beneficial.*
- *Wonderful work through the Diabetic Clinic.*
- *Diabetes is a disease that needs to be tackled by primary care but when more extensive needs are required the hospital has provided that care.*

9. Please share comments or observations about the actions HCMC has taken to address CANCER.

- *I feel they have done there best its hard to get funding for areas like cancer and have trained people here when the pay is low*
- *The Cancer Support Services program offers a variety of no-cost non-medical support services to cancer patients.*
- *I do not know much on what HCMC is doing in the area of cancer.*
- *I am not familiar enough to comment or offer observation.*
- *Provide support for Cancer Support Services*
- *Unrealistic*
- *I do not know very much about the services for cancer.*

10. Please share comments or observations about the actions HCMC has taken to address PHYSICIANS.

- *To many traveling doctors we need to keep good doctors here and ones that actually care about the people in the community*
- *Holy Cross continues to recruit a wide variety of skilled primary care and specialty physicians. The hospital also supports community clinics in their recruitment of physicians.*
- *I do not have knowledge about the Physicians at HCMC.*
- *I am not familiar enough to comment or offer observation.*
- *They're trying.*
- *I have been informed of some specialists added to the hospital staff but the number of physicians are still lower that is needed.*

11. Please share comments or observations about the actions HCMC has taken to address MATERNAL AND INFANT MEASURES.

- *I feel we just need more specialist in this area for complicated pregnancies*
- *In spite of declining volumes, Holy Cross continues the WHI and LDRP programs.*
- *Health fairs educating the public.*

- *I am not familiar enough to comment or offer observation.*
- *created a room for nursing/pumping mothers at the hospital*
- *They're trying*
- *keeping the maternal and infant services available is very important to the community - thank you.*
- *Many mothers who would like VBAC's are forced to travel out of town, this has not been addressed*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Percent of Votes	Cumulative Votes	Need Determination
Alcohol/Substance Abuse – 2016 Significant Need	24.69%	24.69%	Significant Needs
Mental Health/Suicide - 2016 Significant Need	16.56%	41.25%	
Access/Affordability – 2016 Significant Need	9.38%	50.63%	
Cancer - 2016 Significant Need	6.25%	56.88%	
Diabetes - 2016 Significant Need	5.63%	62.50%	
Maternal and Infant Measures - 2016 Significant Need	5.63%	68.13%	Other Identified Needs
Physicians - 2016 Significant Need	3.13%	71.25%	
Physical Activity	3.13%	74.38%	
Prevention/Wellness Education	3.13%	77.50%	
Accidents	2.50%	80.00%	
Heart Disease	2.50%	82.50%	
Women's Health	2.50%	85.00%	
Alzheimer's	1.88%	86.88%	
Chronic Pain Management	1.88%	88.75%	
Flu/Pneumonia	1.88%	90.63%	
Hypertension	1.88%	92.50%	
Kidney Disease	1.88%	94.38%	
Liver Disease	1.88%	96.25%	
Lung Disease	1.88%	98.13%	
Stroke	1.88%	100.00%	
Total	100.00%		

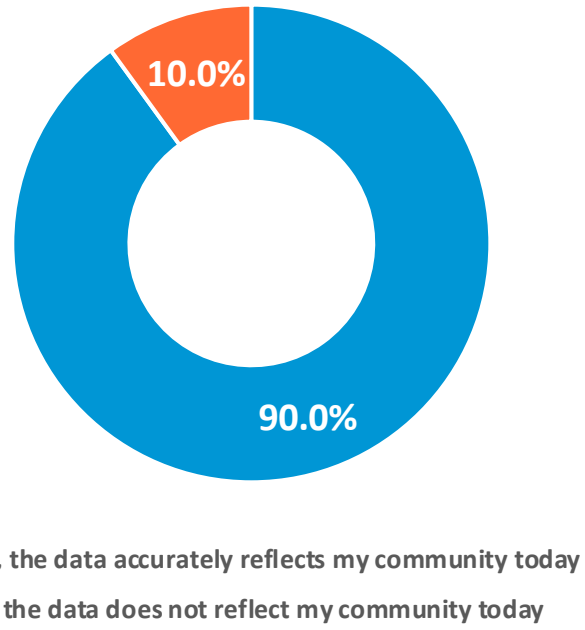
Individuals Participating as Local Expert Advisors[38]

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	7	5	12
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	8	4	12
3) **Priority Populations**	6	5	11
4) Representative/Member of **Chronic Disease Group** or Organization	2	8	10
5) Represents the **Broad Interest of the Community**	11	1	12
Other			6
Answered Question			15
Skipped Question			0

Advice Received from Local Expert Advisors

[38] Responds to IRS Schedule H (Form 990) Part V B 3 g

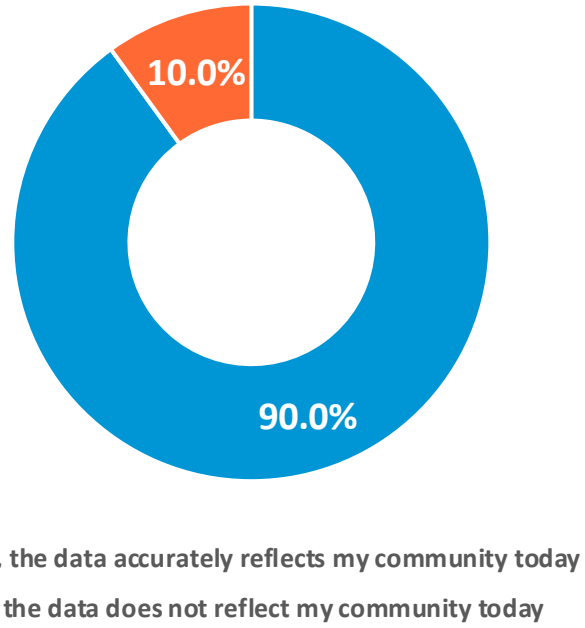
Question: Do you agree with the comparison of Taos County to all other New Mexico counties?



Comments:

- *I have no doubt the data is accurate (as accurate as can be).*
- *I have worked with data for the past 15 years and I would say that the chart is as close to accurate as the data I see on the day to day basis.*
- *We either believe in data or we don't. Even implying that individual anecdotal "impressions" are superior is counterproductive.*
- *If the community would start with building houses to try to manage some of the severe housing problems - jobs would be available for many and could assist in managing education/ alcohol/ and other health issues*
- *Without researching I have no idea if this is accurate.*
- *Some of these data are NOT percentages, rather RATES. Also, from what years are these data collected? Also, are the rates age-adjusted?*

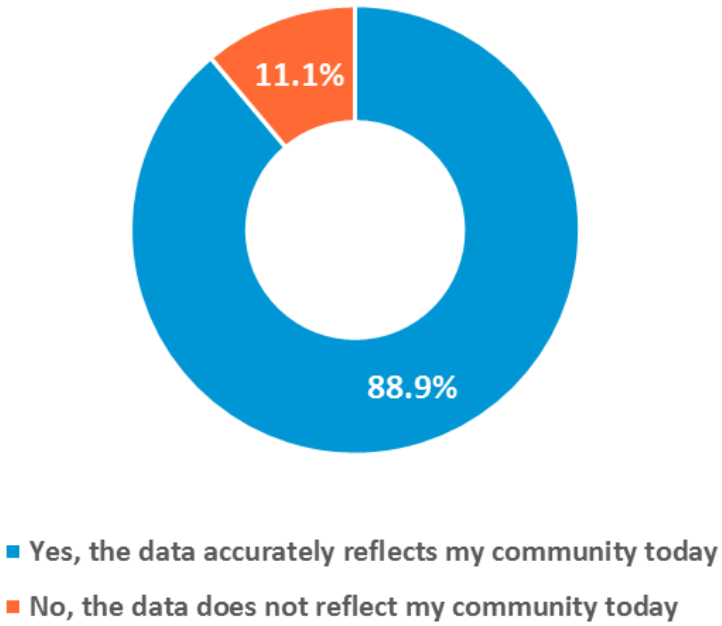
Question: Do you agree with the demographics and common health behaviors of Taos County?



Comments:

- *Same as 12*
- *We are a population where there are not "good" jobs in the state so the younger, educated people leave to find jobs - leaving the older population resulting in less childbearing age women - more people living on social security - and we are a Hispanic majority state.*
- *Its seems that our median household income would be less...*
- *From where are these data collected? The U.S. Census Bureau ACS? If so, are these 1- or 5-year estimates? Also, what are the data sources for your "negative health habits/behaviors"? And, are these data for ALL ages or only for adults?*

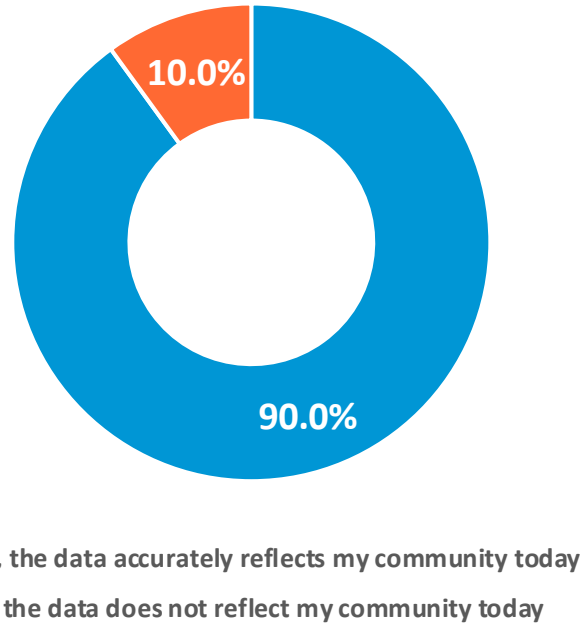
Question: Do you agree with the overall social vulnerability index for Taos County?



Comments:

- *I cannot comment on this one.*
- *The data in the SVI have not been updated to include the most recently disseminated data from the 2017 5-year ACS estimates.*

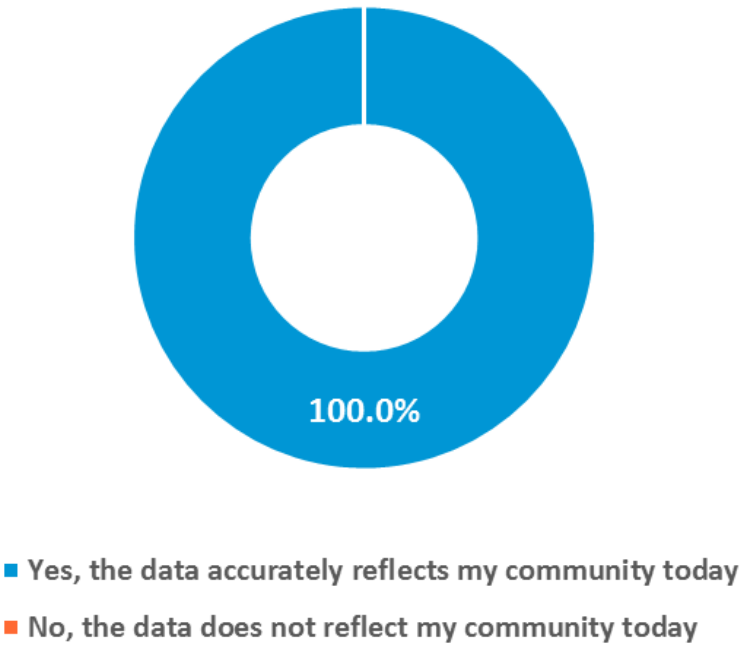
Question: Do you agree with the national rankings and leading causes of death?



Comments:

- *Same as 12*
- *How does death related to drug overdose factor in?*
- *We have a strong Native American population in Taos which contributes to some of these numbers.*
- *Mental Health needs to be addressed on all levels in our community*
- *Prior to ranking were these rates age-adjusted? Also, I suspect many of these rates are unstable, due to small counts; unstable rates should NOT be used.*

Question: Do you agree with the health trends in Taos County?



Comments:

- *Same as 12*
- *2014 data are very outdated and should not be reported.*

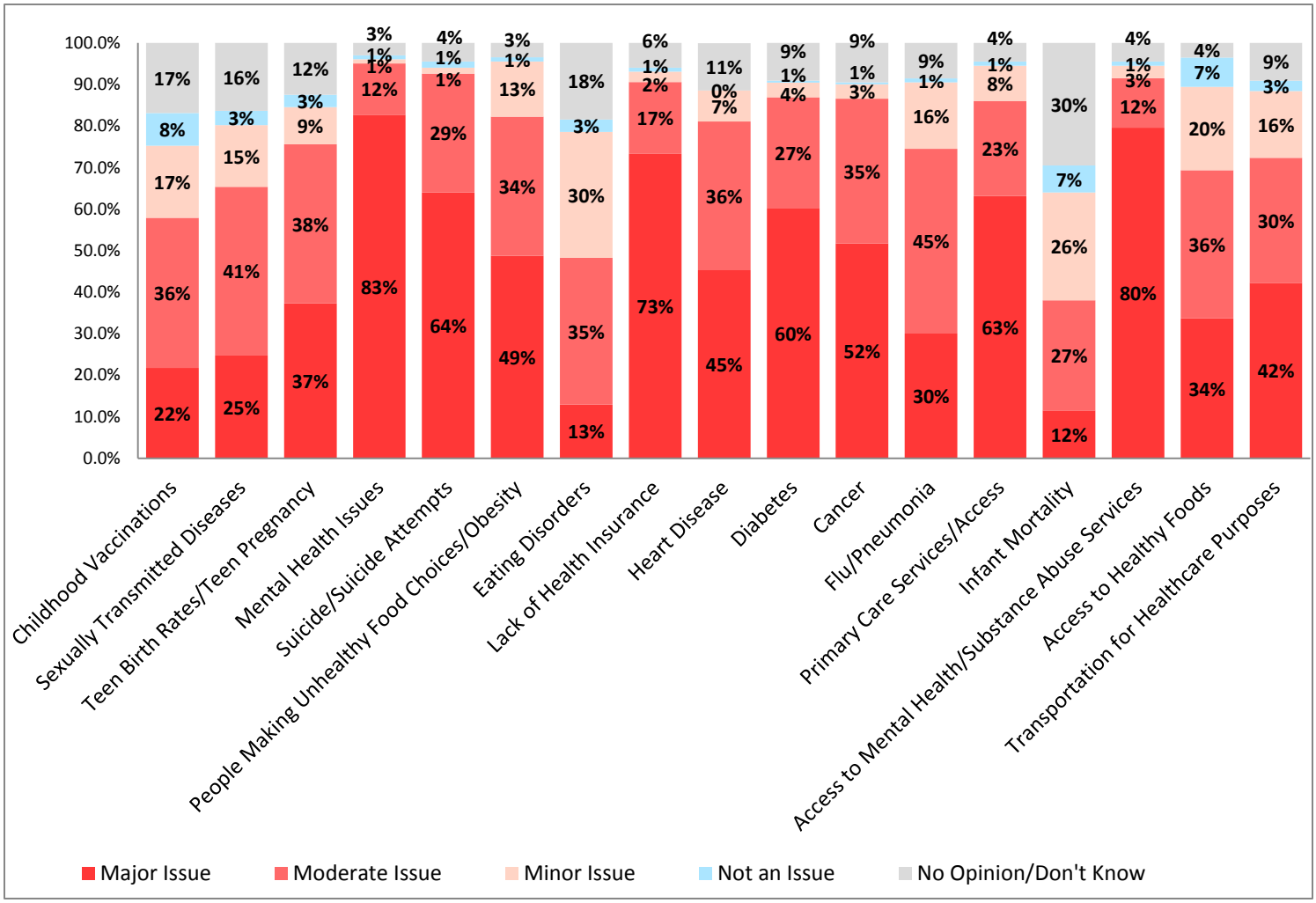
Appendix C – Community Survey Results

HCMC solicited a survey to its service area's residents to help understand the health needs and challenges facing the local population to ensure the appropriate health needs were identified for the 2019 CHNA.

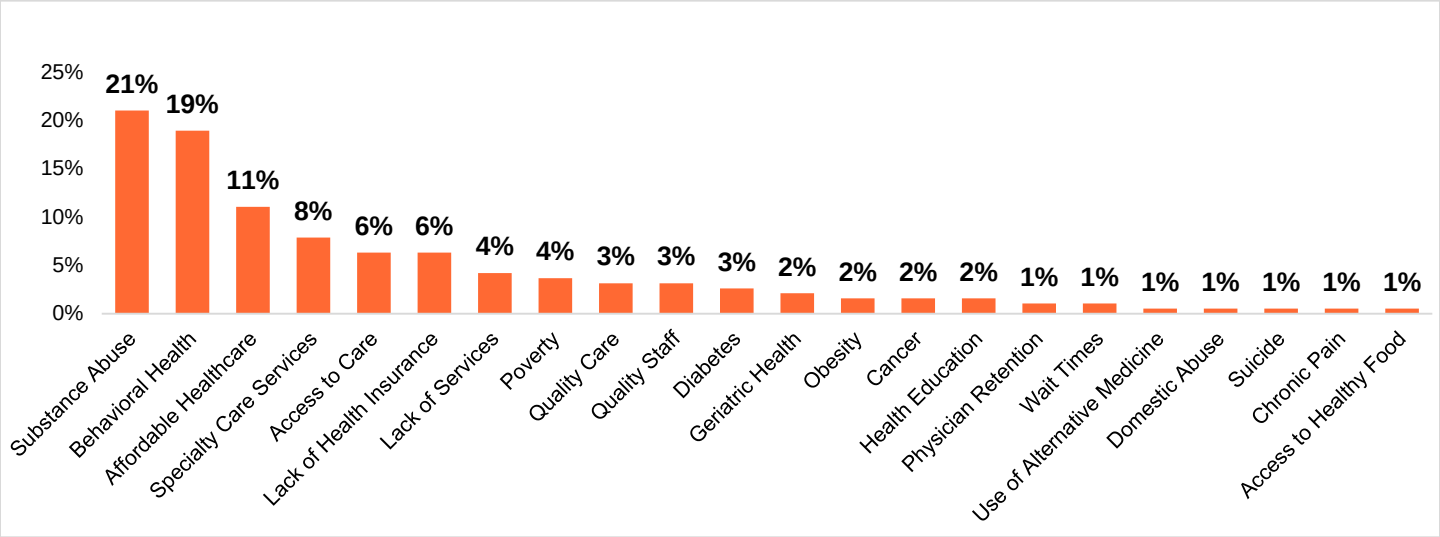
This survey was open to any area resident over 18 years of age, and 211 surveys were completed.

The following charts display the information received in response to the solicitation efforts by the Hospital.

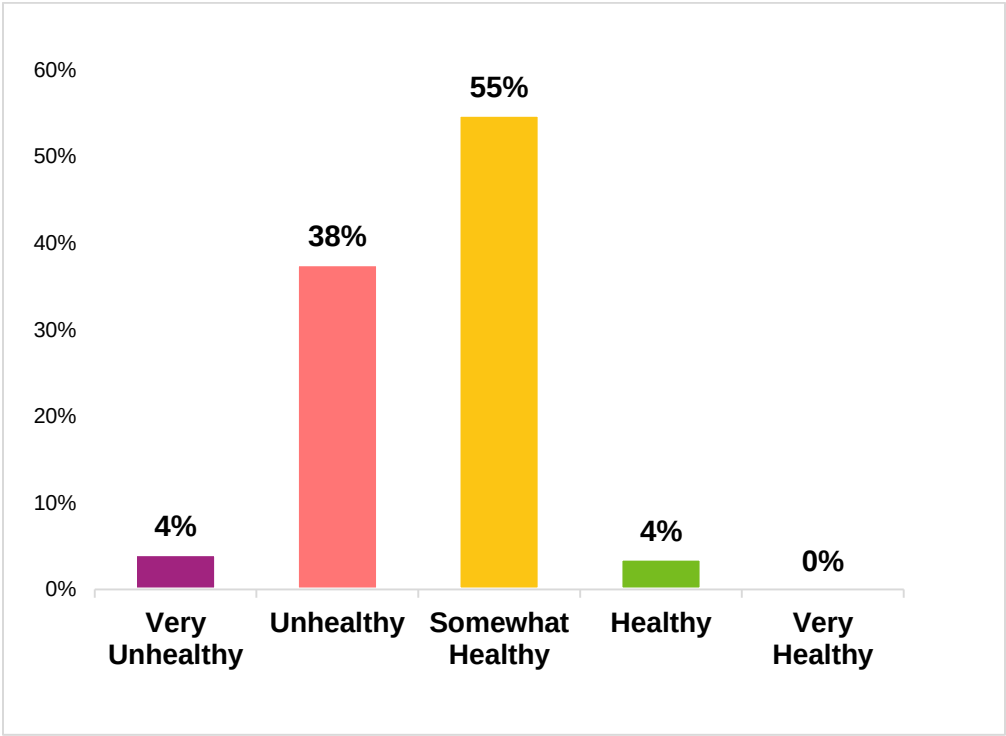
Question: What is your opinion about the following medical and mental health issues in your community? (n=203)



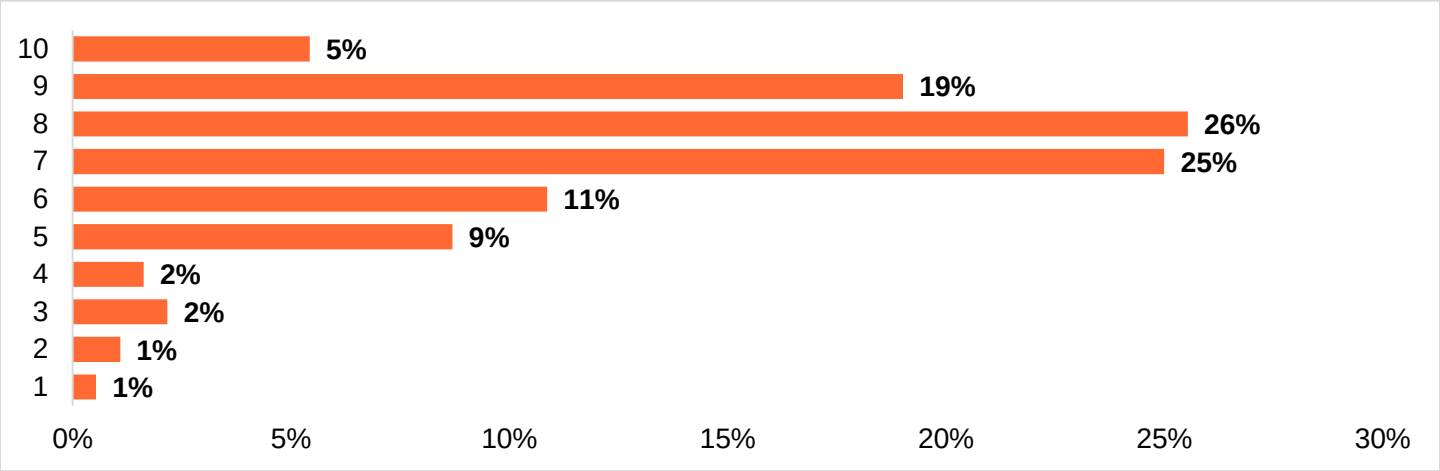
Question: What do you believe is the most important health or medical issue facing the residents of Holy Cross Medical Center's Service Area? (n=153)



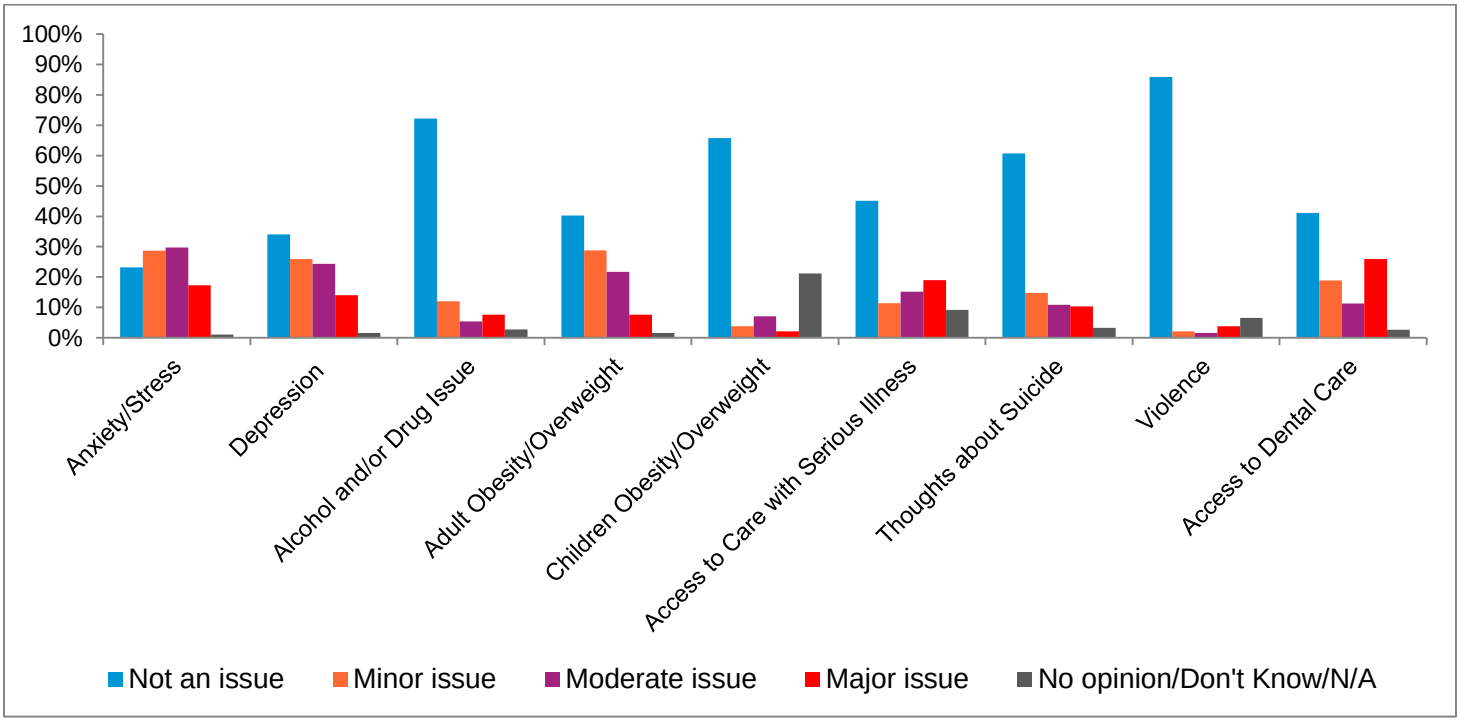
Question: How would you rate the overall health of Taos County? (n=185)



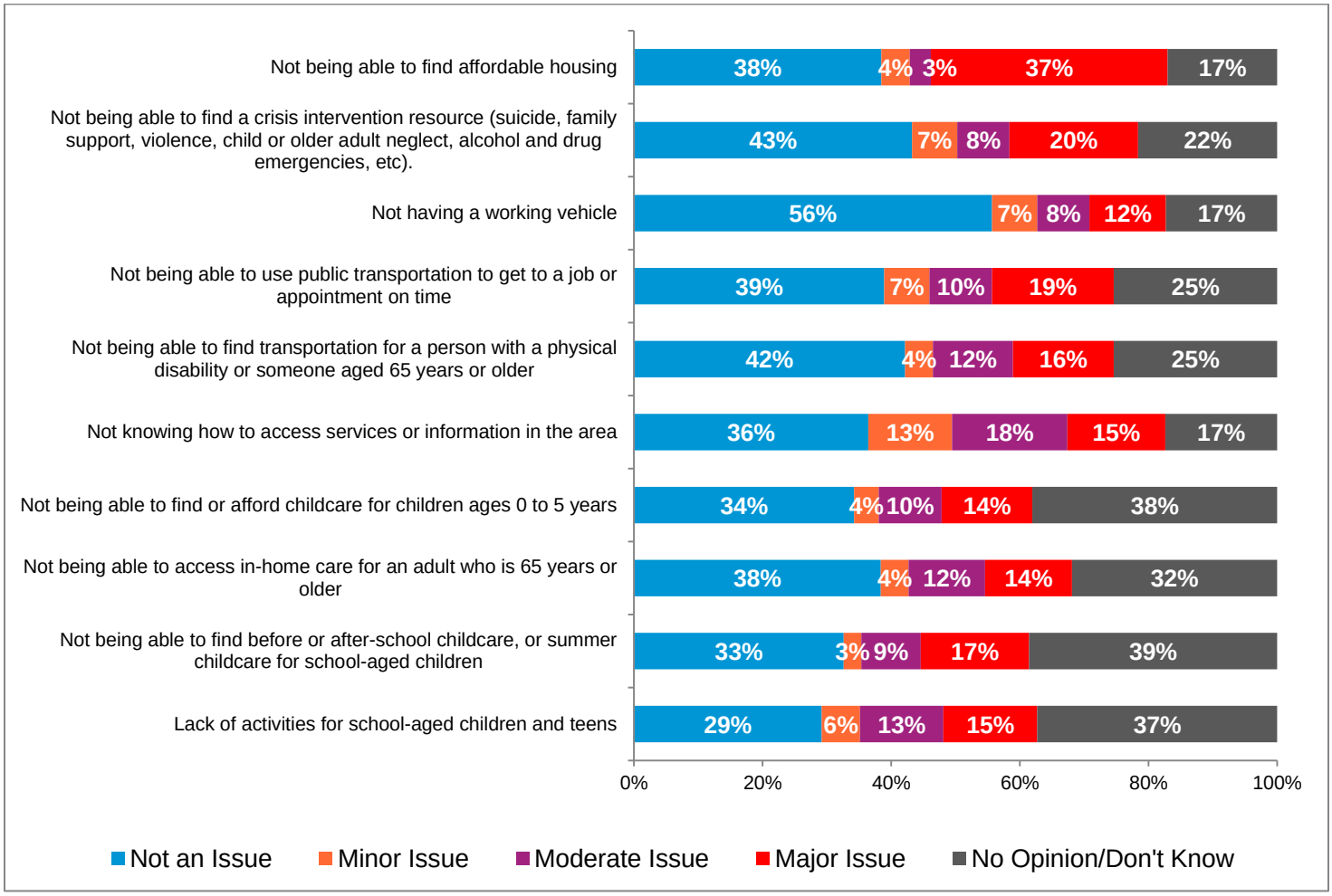
Question: From a scale of 1 (worst possible) to 10 (best possible) how do you rate your overall health at this time? (n=184)



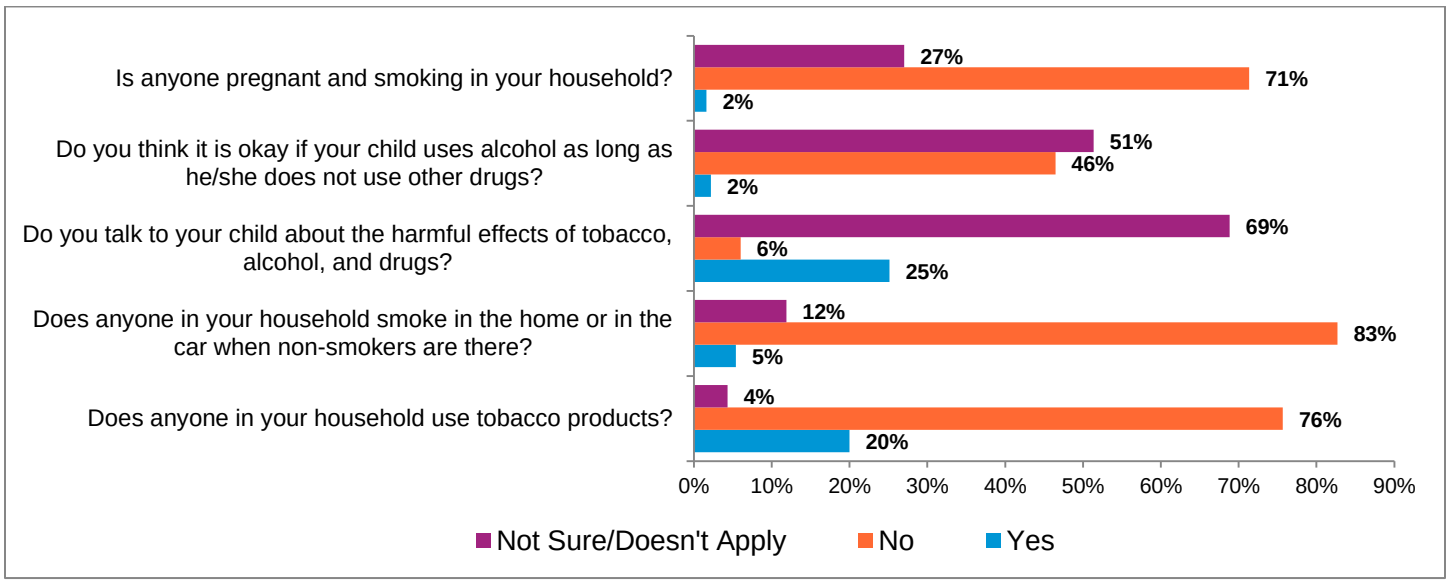
Question: In your household, how would you describe the following health issues? (n=185)



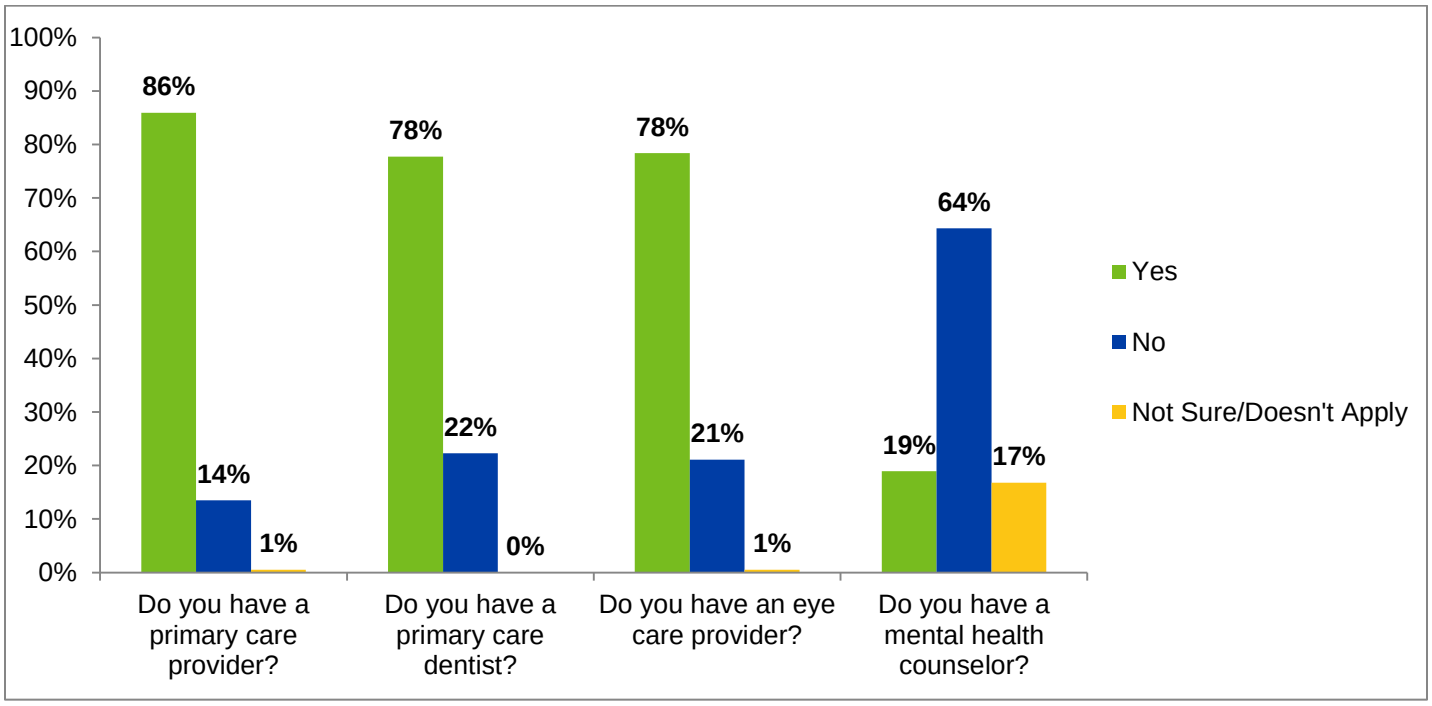
Question: In your household, how would you rate obtaining the following support services? (n=185)



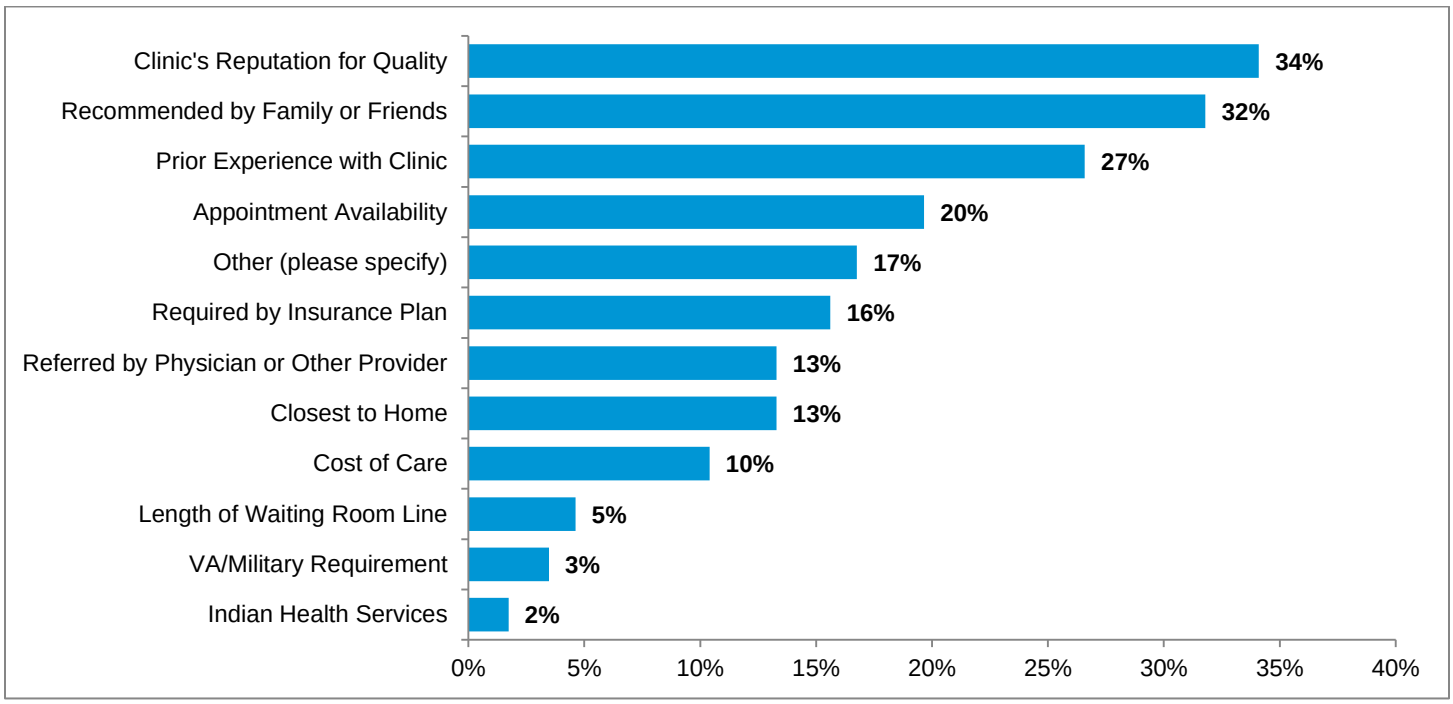
Question: Please answer the following questions regarding tobacco products used in your household. (n=185)



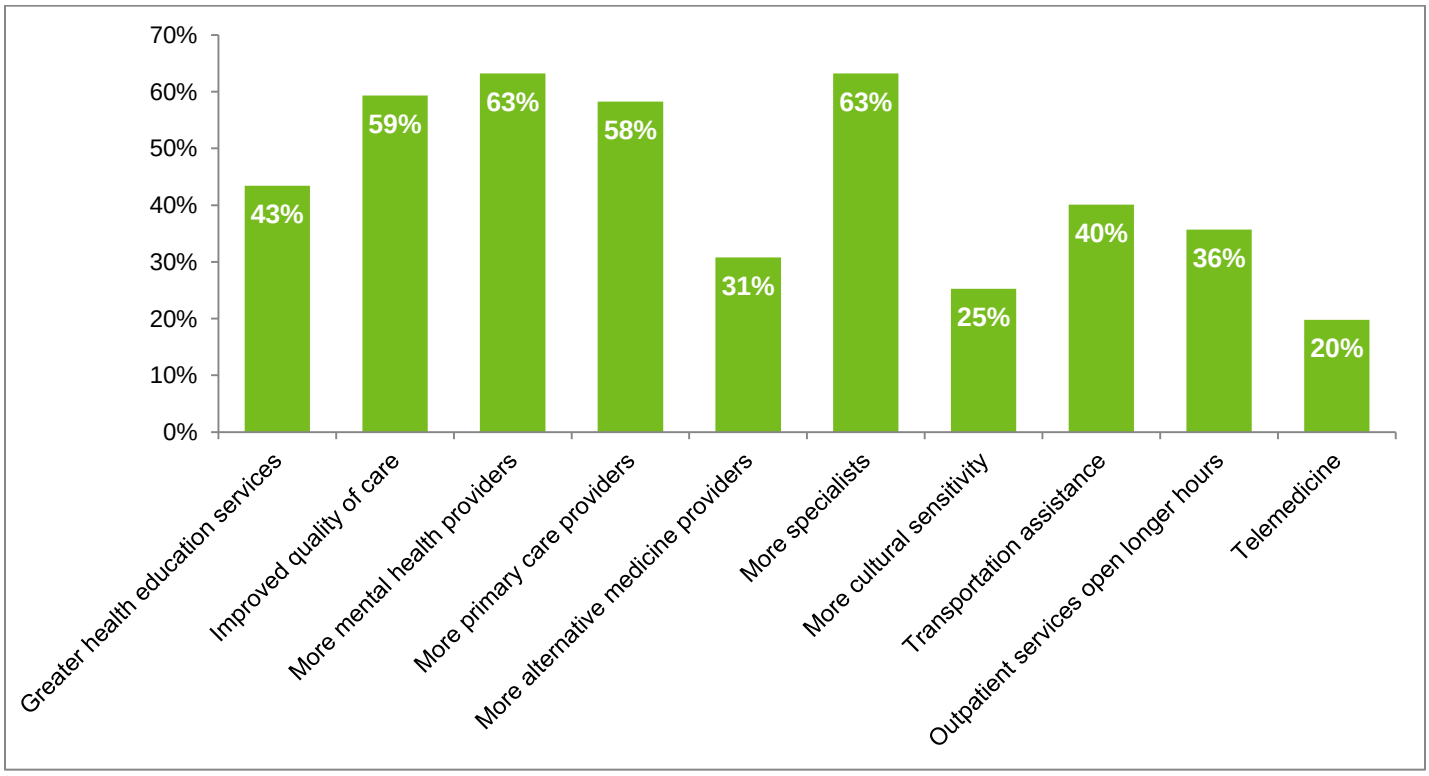
Question: Please answer the following questions about medical services. (n=185)



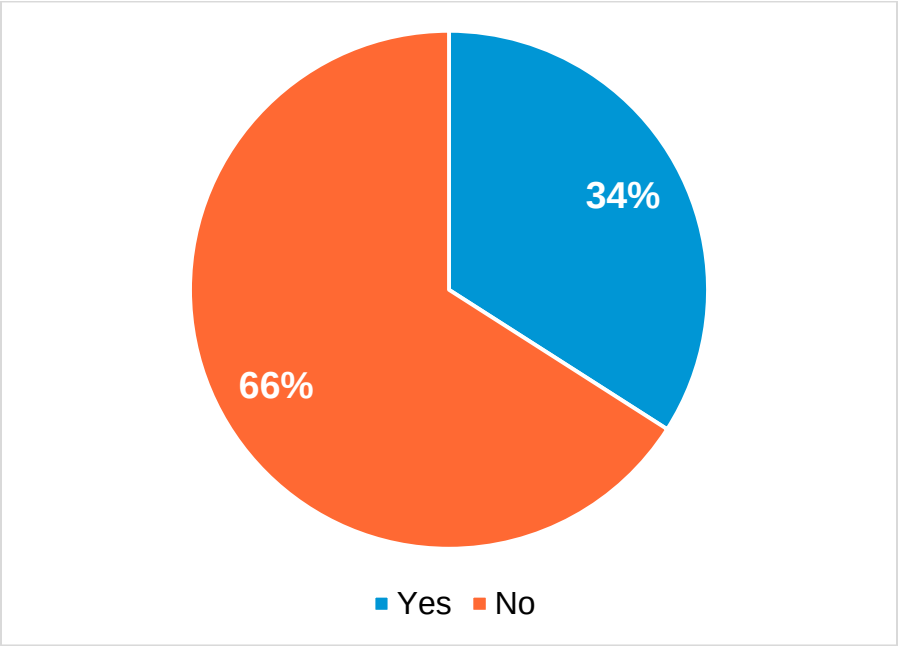
Question: Why did you select the primary care provider you are currently seeing? (n=173)



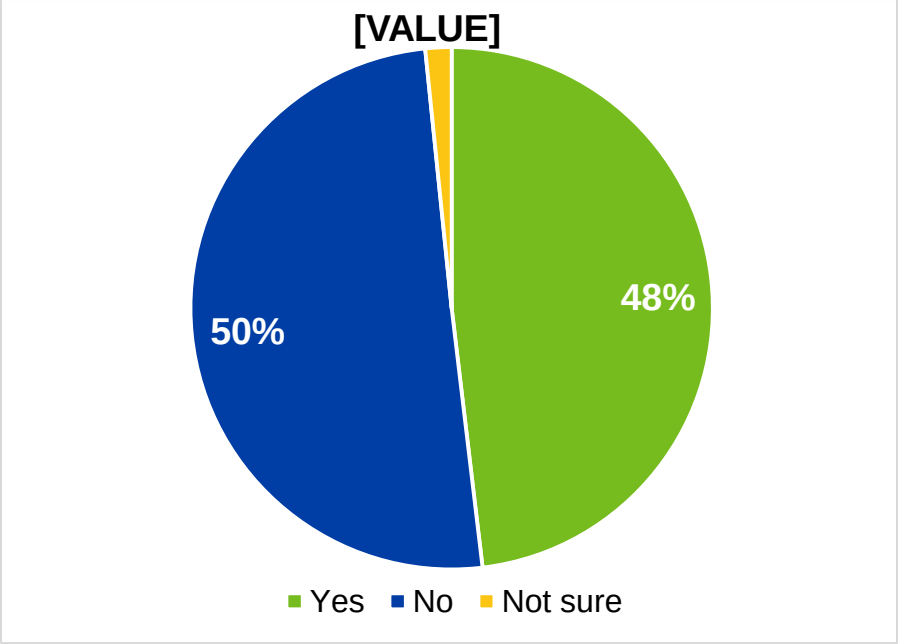
Question: What would improve your community's access to healthcare? (n=156)



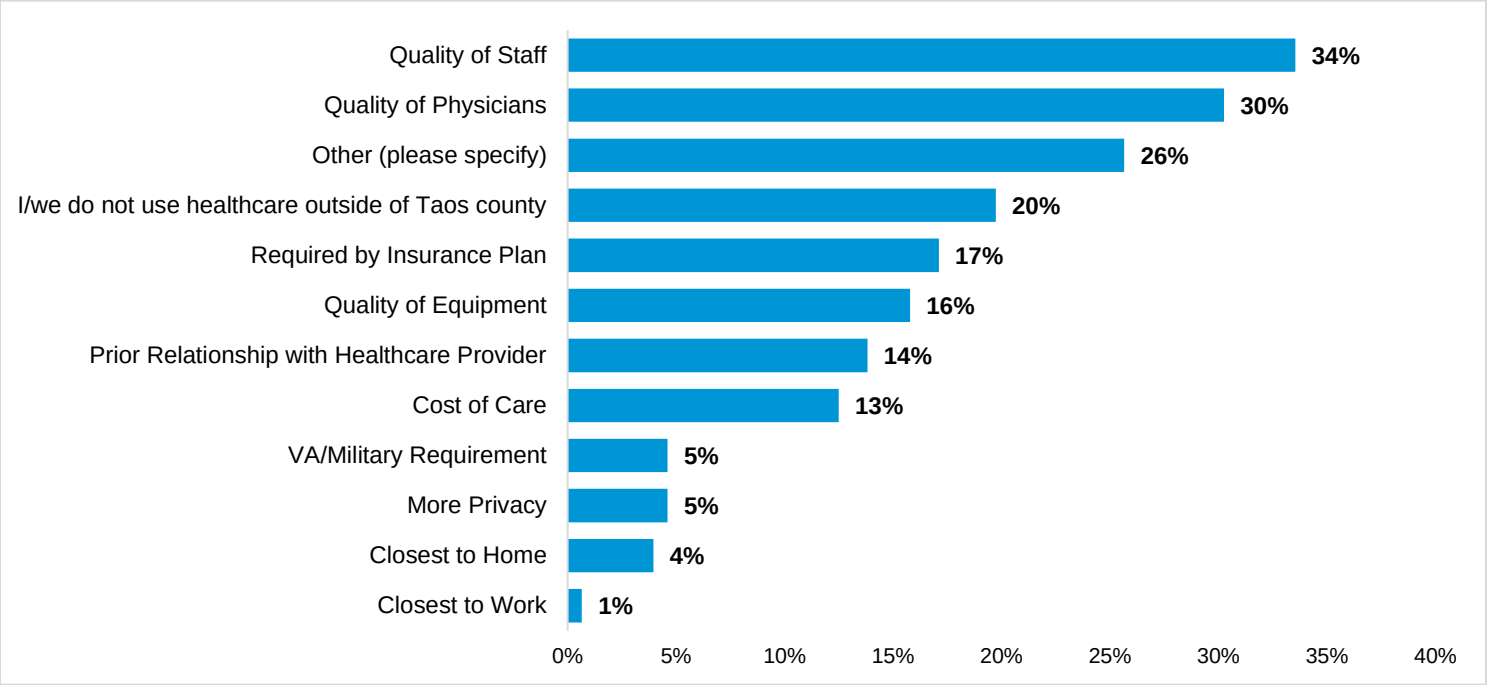
Question: In the past year, did you experience three (3) or more problems accessing healthcare due to cost? (n=185)



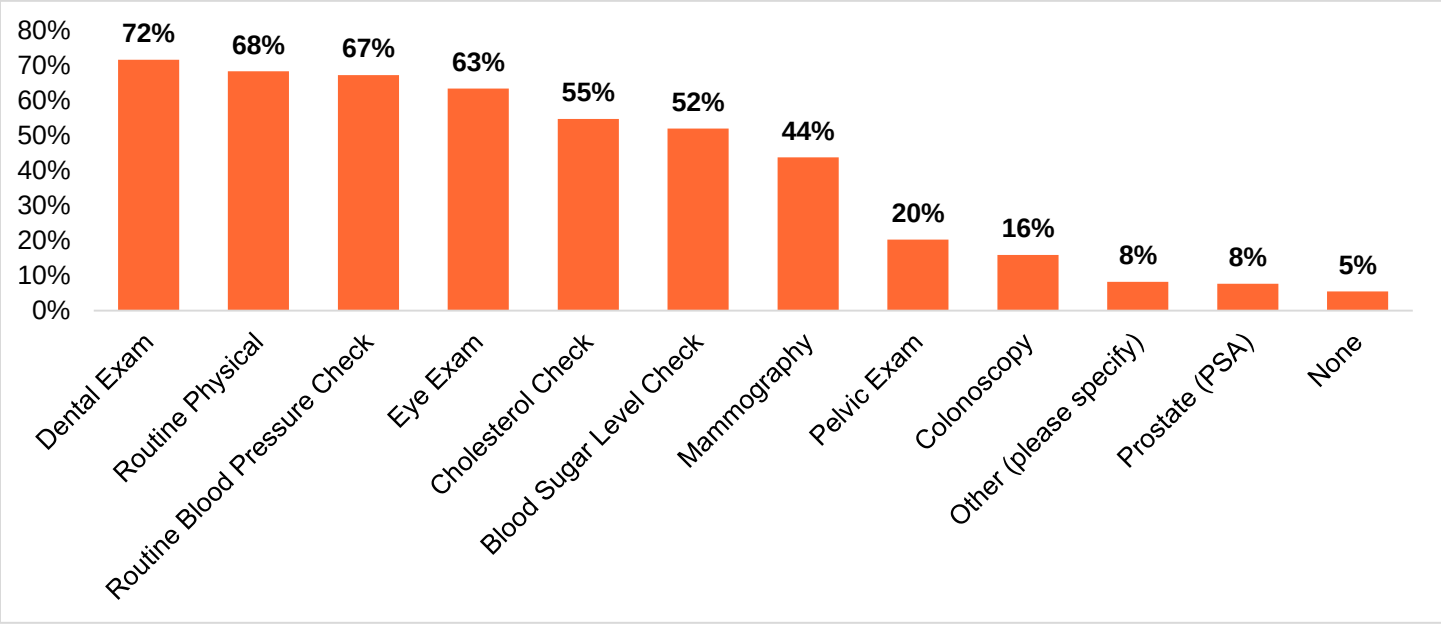
Question: In the past two years, have you or any household member left the Taos County area in search of Primary Care? (n=185)



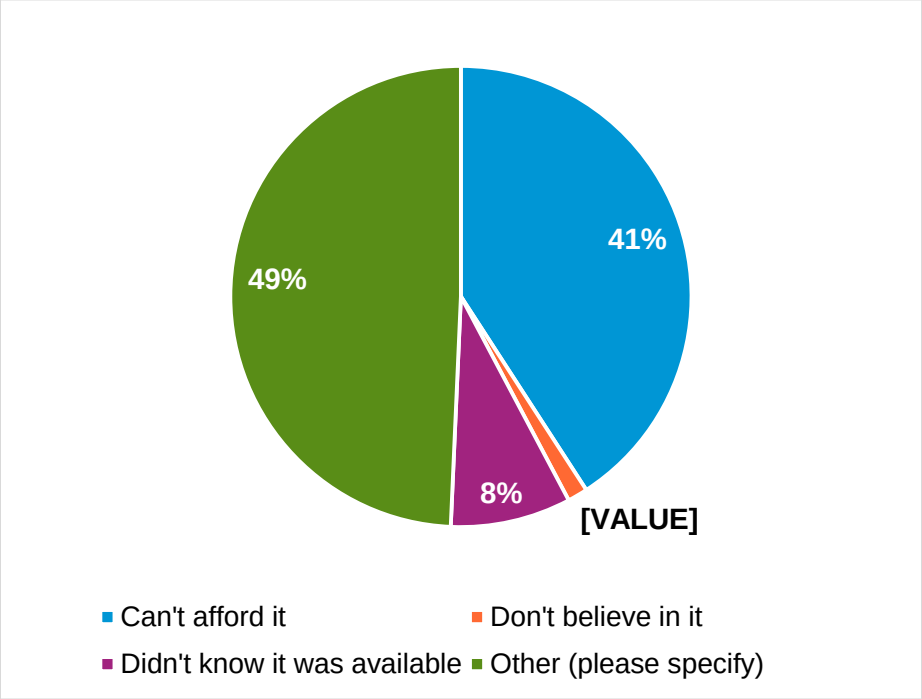
Question: If you often seek primary healthcare outside of Taos County, what are the reasons why? Select all that apply (n=152)



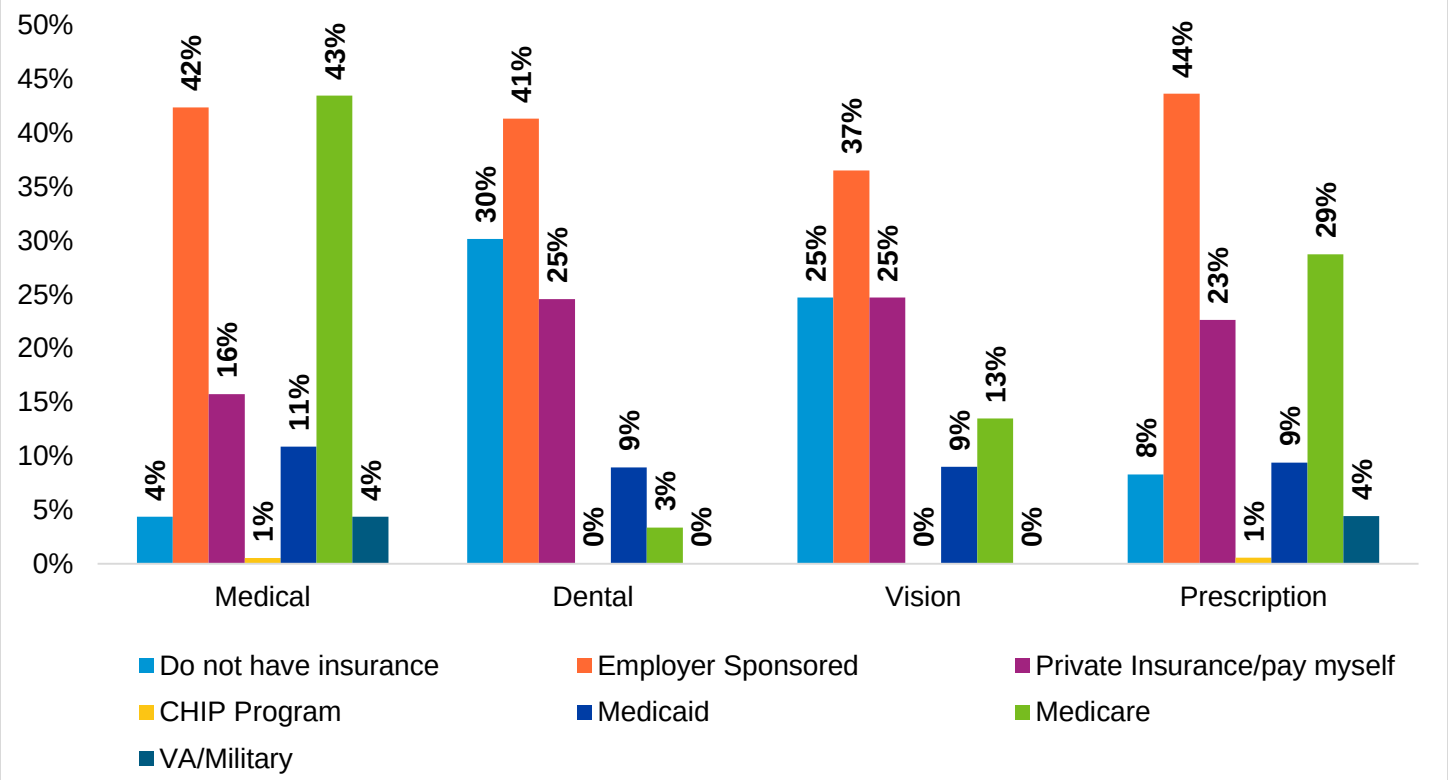
Question: Which of following preventative services have you used in the past year? (n=183)



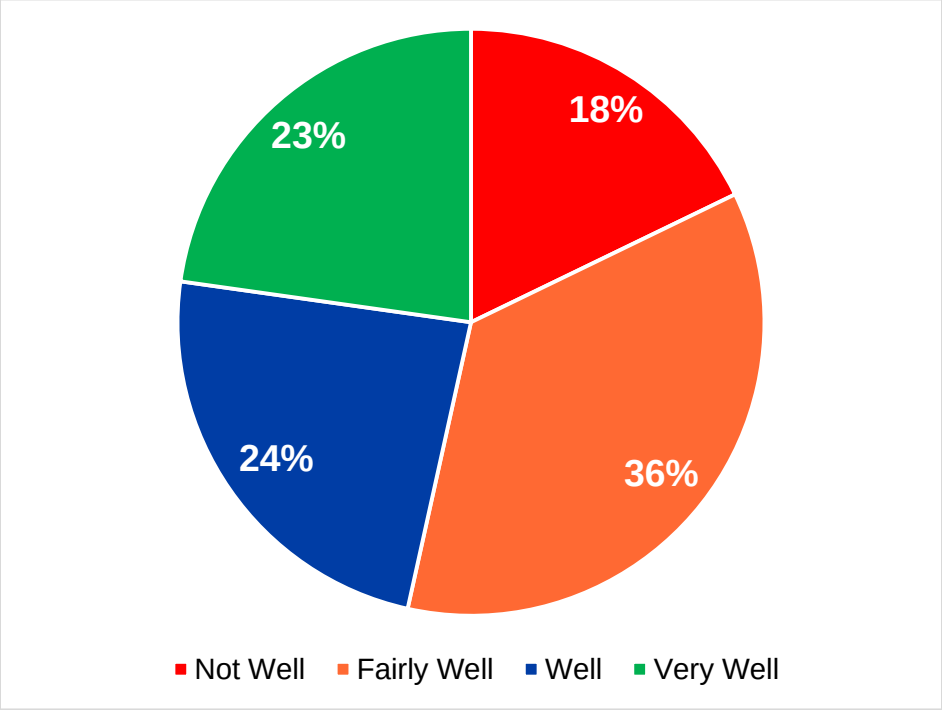
Question: If you have not used any preventative services, why not? (n=71)



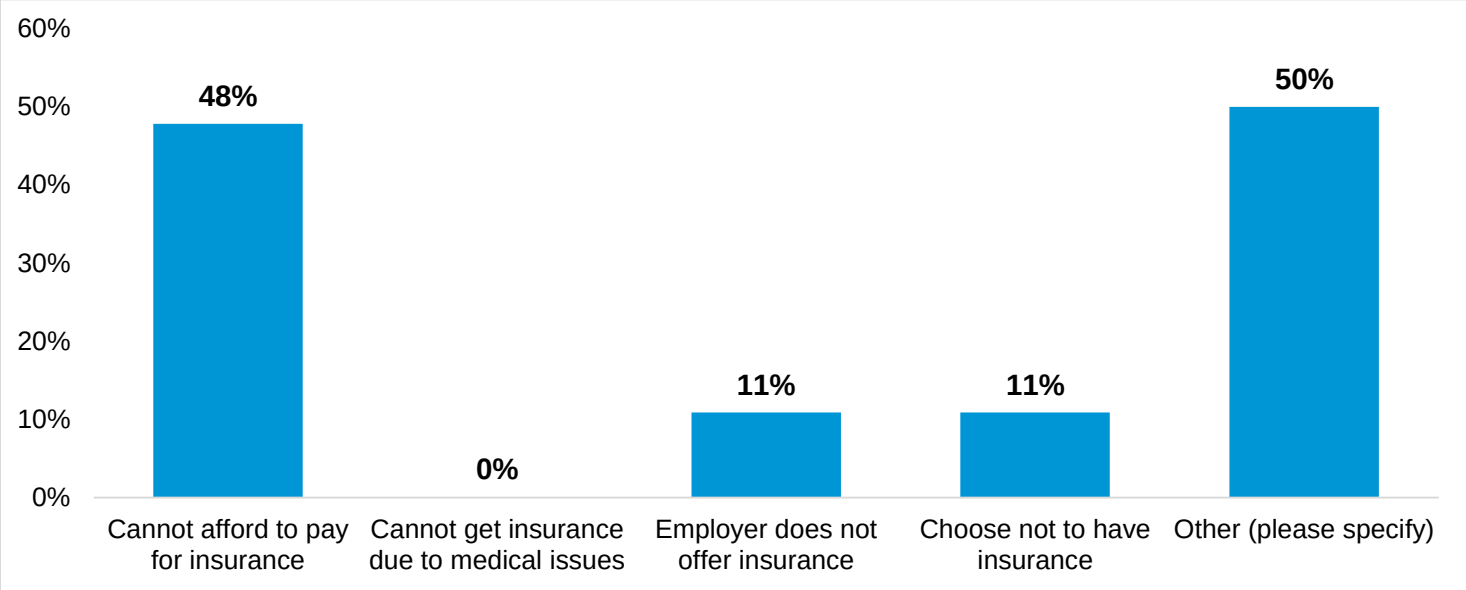
Question: What type of insurance covers the majority of your household's medical expenses? Select all that apply (n=184)



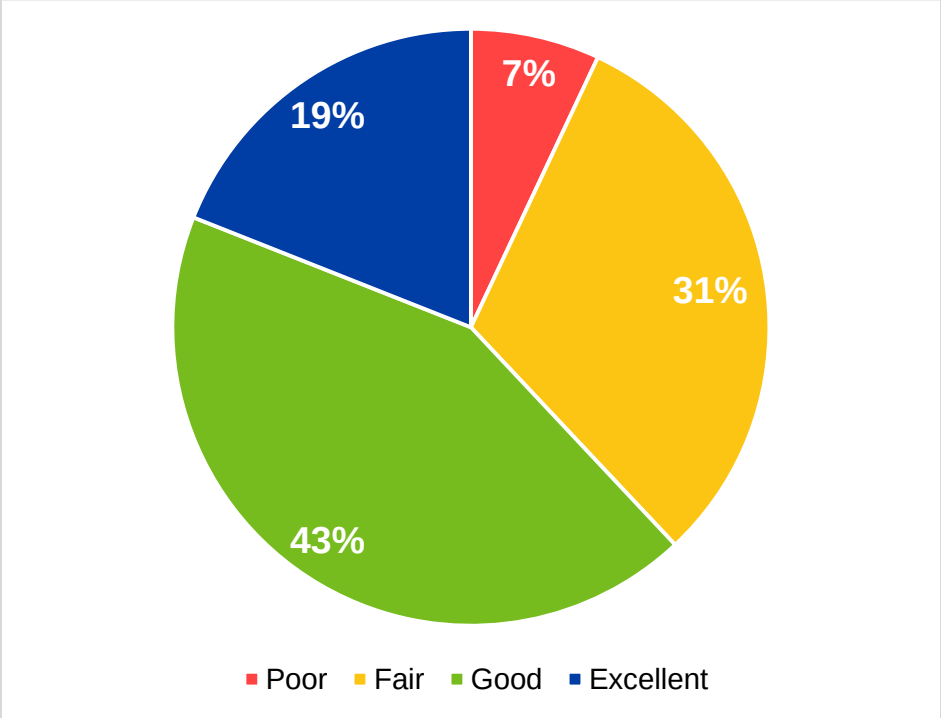
Question: How well do you feel your health insurance covers your healthcare costs? (n=183)



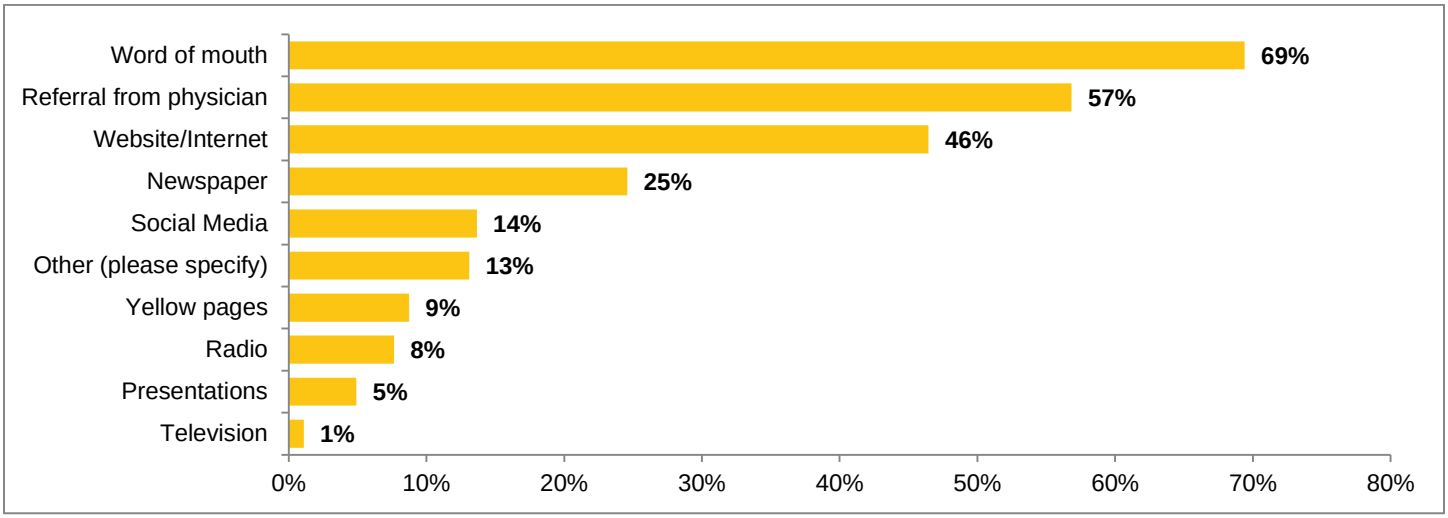
Question: If you do NOT have medical/dental insurance, why? Select all that apply (n=158)



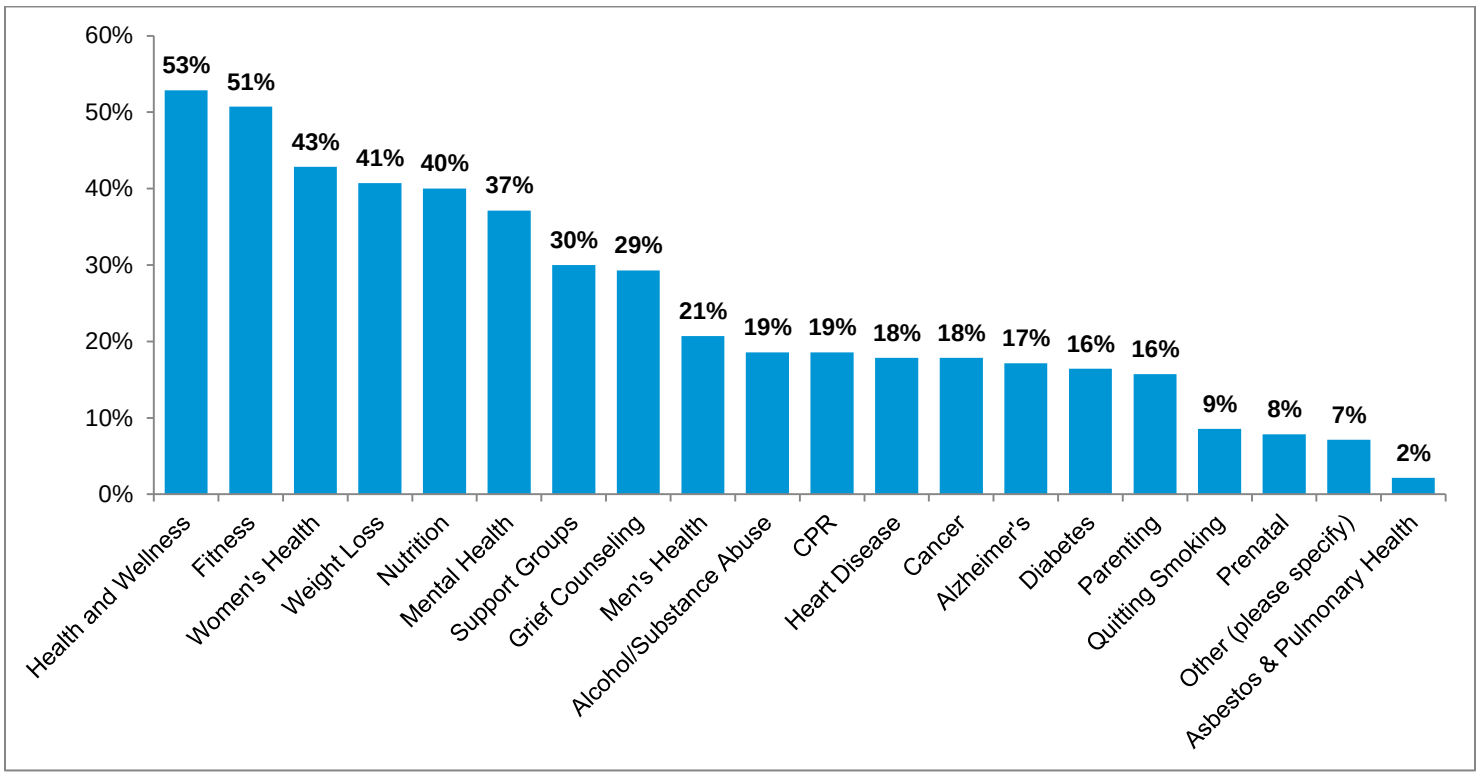
Question: How do you rate your knowledge of the health services that are available in Taos County? (n=179)



Question: How do you learn about the health services available in your community? (n=183)



Question: Which educational classes/programs would you be most interested in? Select all that apply (n=140)



Appendix D – Community Focus Groups Results

Focus group sessions were conducted with Taos County community members where they participated in conversations around the overall health of the community and what could be done to improve it.

The information below presents the themes that emerged from those sessions.

Community Themes

- The community is very relationship driven
- There is a desire to see change in the community
    - To be more proactive, rather than reactive
    - To foster public/private collaboration
    - To proactively reach the diverse segments of the community
    - To assure continuity in medical providers
- There is a belief that the community should be building more off the strengths of the hospital
    - Strong ER to support tourism, EMS, helicopter access, etc.

Health Need Themes

- Greater focus on mental health and substance abuse
    - Need for a safe detox location
- Greater transparency about community health needs
    - Coordinated joint statement from public and hospital leaders
- Generational poverty as a community issue
    - Medicaid eligibility results in gaming the system
- Greater focus on the senior population
    - Determination of how to effectively evaluate senior health status
    - Assistance with transportation
- importance of alternative therapies to some segments of the community
- Need for assistance in navigating health and related services in the community

Other Concerns

- Question of how Critical Access Hospital status is impacting services offered by the Hospital
- Concerns expressed about the viability of the hospital

Appendix E – National Healthcare Quality and Disparities Report[39]

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 [P.L. 106-129]) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which are tracked through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from the Agency for Healthcare Research and Quality (AHRQ) National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

AHRQ reports on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2[b][2]) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1[a[[6]).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

[39] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015, but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[40] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

[40] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas, but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf

Appendix F – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)[41]

Community Health Needs Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**

   No

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C**

   No

3. **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 12. If "Yes," indicate what the CHNA report describes (check all that apply)**

   a. **A definition of the community served by the hospital facility**

      See footnote 16 on page 11

   b. **Demographics of the community**

      See footnote 19 on page 12

   c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**

      See footnote 28 on page 24

   d. **How data was obtained**

      See footnote 11 on page 8

   e. **The significant health needs of the community**

      See footnote 28 on page 24

   f. **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups**

      See footnote 12 on page 9

   g. **The process for identifying and prioritizing community health needs and services to meet the community health needs**

      See footnote 38 on page 49

   h. **The process for consulting with persons representing the community's interests**

      See footnotes 8 and 9 on page 7

[41] Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

See footnote 10 on page 8, footnotes 13 on page 9, and footnote 23 on page 16

j. **Other (describe in Section C)**

N/A

4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

2016

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

Yes, see footnote 14 on page 9 and footnote 38 on page 49

6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

Answer

b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

See footnote 4 on page 4 and footnote 7 on page 7

7. **Did the hospital facility make its CHNA report widely available to the public?**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a. **Hospital facility's website (list URL)**

https://holycrossmedicalcenter.org/

b. **Other website (list URL)**

No other website

c. **Made a paper copy available for public inspection without charge at the hospital facility**

Yes

d. **Other (describe in Section C)**

8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

Yes

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 20__

2016

10. Is the hospital facility's most recently adopted implementation strategy posted on a website?

a. If "Yes," (list url):

https://taoshospital.org/uploads/files/Holy_Cross_Hospital_-_Community_Health_Need_Assesment_-_2016.pdf

b. If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

See footnote 29 on page 26

12. 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)?

None incurred

b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

Nothing to report

c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

Nothing to report