

# **COMMUNITY HEALTH NEEDS ASSESSMENT TOOLKIT**

**Prepared by:**

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**Prepared with Input and Advice from:**

**Community Health Needs Assessment National Advisory Team**

**May 2012**

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## OUTLINE OF STEPS AND ACTIVITIES

I.	<b>Executive Overview</b> .....	1
II.	<b>Introduction</b> .....	5
	➤ Why.....	5
	➤ Duplication and/or Partnering.....	5
	➤ Background.....	6
	➤ Legislative Requirements.....	7
	• Community Health Needs Assessment Requirements.....	7
	• Financial Assistance Policy Requirements .....	8
	• Requirements Regarding Charges.....	8
	• Billing and Collection Requirements.....	9
III.	<b>Facilitator and Steering Committee</b> .....	10
IV.	<b>Activities Prior to Community Meeting #1</b> .....	11
	➤ Select/Invite Community Advisory Committee.....	11
	➤ Determine Facilitator to Oversee Meetings .....	13
	➤ Prepare Overview of CHNA Process.....	14
	➤ Medical Service Area Delineated .....	14
	➤ Prepare Overview of Hospital Services/Community Benefits.....	15
	➤ Prepare Economic Impact Report (Optional) .....	15
	➤ Determine/Prepare Community Input Tool .....	17
V.	<b>Community Meeting #1</b> .....	19
	➤ Introduction of Community Advisory Committee.....	20
	➤ Present Overview of CHNA Process .....	20
	➤ Share Medical Service Area.....	20
	➤ Share Overview of Hospital Services/Community Benefits.....	20
	➤ Present Economic Impact Report.....	20
	➤ Present Community Input Tool.....	21
	Survey Questionnaire Methodology.....	21
	✓ Have Community Advisory Committee complete survey questionnaire .....	21
	✓ Have Community Advisory Committee take five or six questionnaires and have their constituents complete .....	21
	✓ Community Advisory Committee returns the completed questionnaires at Meeting #2 .....	21
	➤ Questions.....	21
	➤ Review dates of Community Meetings #2 and #3 .....	21
	➤ Additional Suggestions for Meetings.....	21

VI.	<b>Activities Prior to Community Meeting #2</b> .....	23
	➤ Prepare Summary of Meeting #1 .....	23
	➤ Prepare Demographic & Economic Data Report.....	23
	➤ Prepare Health Indicator/Health Outcome Data Report .....	24
VII.	<b>Community Meeting #2</b> .....	25
	➤ Introductions .....	25
	➤ Review of Community Meeting #1.....	25
	➤ Collect Completed Health Survey Questionnaires .....	25
	➤ Present Demographic & Economic Data Report .....	25
	➤ Present Health Indicator/Health Outcome Data Report.....	25
	➤ Questions.....	26
	➤ Review date of Community Meeting #3.....	26
	➤ Additional Meeting Suggestions.....	26
VIII.	<b>Activities Prior to Community Meeting #3</b> .....	27
	➤ Prepare Summary of Meetings #1 & #2 .....	27
	➤ Tabulate and Summarize Community Input Report (Health Survey Results).....	27
	➤ Available Tools for Listing and Prioritizing Community Health Needs .....	29
	➤ Suggested Format for Illustrating Community Health Needs.....	29
IX.	<b>Community Meeting #3</b> .....	32
	➤ Introductions .....	32
	➤ Review of Community Meetings #1 & #2.....	32
	➤ Present Community Health Survey Results .....	32
	➤ Community Advisory Committee Discussion .....	32
	➤ Response and Final Comments.....	33
X.	<b>Additional Community Meetings</b> .....	34
XI.	<b>Post-Meeting Activities</b> .....	35
XII.	<b>Reporting</b> .....	36
	➤ IRS Reporting Forms .....	39

## **APPENDICES**

- APPENDIX A National Advisory Team Members
- APPENDIX B Contact Information for State Offices of Rural Health
- APPENDIX C Contact Information for State Hospital Associations
- APPENDIX D Example Invitation Letter to Community Advisory Committee
- APPENDIX E PowerPoint Presentation – Overview of Community Health Needs Assessment Process
- APPENDIX F Example Medical Service Area
- APPENDIX G Example Overview of Hospital Services/Community Benefits
- APPENDIX H PowerPoint Presentation Illustrating Typical Impact of a Rural Hospital on a Local Economy
- APPENDIX I Example Economic Impact Study
- APPENDIX J Example Community Health Survey Questionnaire
- APPENDIX K Example Focus Group Questions
- APPENDIX L Example Agendas and PowerPoints for Meetings #1, #2, and #3
- APPENDIX M Example Demographic and Economic Data Report
- APPENDIX N Example Community Health Indicator/Health Outcome Data Report
- APPENDIX O Example of Summary Community Input Report (Health Survey Results)
- APPENDIX P Example of Summary Community Health Needs
- APPENDIX Q Example CHNA Reporting

# COMMUNITY HEALTH NEEDS ASSESSMENT TOOLKIT

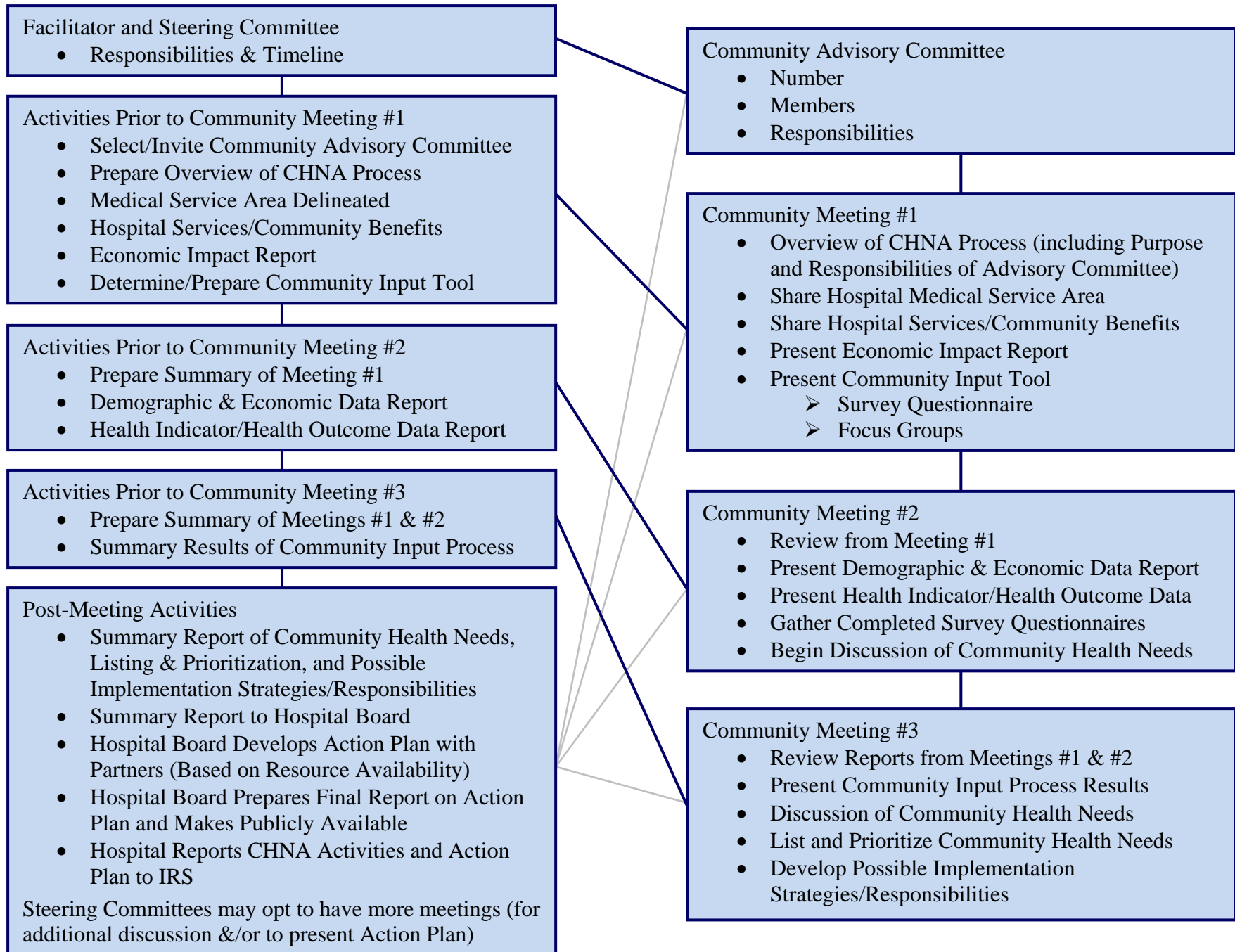
## I. Executive Overview

“The Patient Protection and Affordable Care Act” of 2010 requires that all 501(c)(3) hospitals conduct a community health needs assessment. The purpose of this toolkit is to provide a relatively quick, non-intensive process to complete the requirement for rural hospitals. The toolkit is designed for state level professionals such as state offices of rural health, state hospital associations, state cooperative extension agencies, health departments, or consultants to facilitate the process in rural hospitals at no or low cost to the hospitals. The toolkit is also relatively easy to adopt if hospitals desire to conduct the assessment themselves. All data sources and materials for implementation are included, with additional assistance available from the National Center for Rural Health Works and additional online resources available from the website of the National Center ([www.ruralhealthworks.org](http://www.ruralhealthworks.org)).

The process is designed to be conducted through three community meetings. An overview of the process is presented in **Figure 1**. The facilitator and steering committee will oversee the entire process. The facilitator could be a hospital employee or an outside professional from a state agency or a consultant. The steering committee is a small group (three to five members) that will oversee the process. The steering committee members would typically be the hospital administrator, hospital marketing personnel, health department representative, hospital board member, or others identified by the hospital administrator. The responsibilities of the steering committee include:

- **Activities Prior to Community Meeting #1**
  - Select/Invite Community Advisory Committee
  - Determine Facilitator to Oversee Meetings
  - Prepare Overview of CHNA Process
  - Medical Service Area Delineated
  - Prepare Overview of Hospital Services/Community Benefits
    - Prepare Economic Impact Report

**Figure 1. Overview of Community Health Needs Assessment (CHNA) Toolkit**



- Determine/Prepare Community Input Tool (i.e., Focus Groups, Survey Questionnaire)
- XIII. **Community Meeting #1**
  - Introduction of Community Advisory Committee
  - Present Overview of CHNA Process
  - Share Medical Service Area
  - Share Overview of Hospital Services/Community Benefits
  - Present Economic Impact Report
  - Present Community Input Tool
    - i. Survey Questionnaire Methodology
      1. Have Community Advisory Committee complete survey questionnaire
      2. Have Community Advisory Committee take five or six questionnaires and have their constituents complete questionnaires
      3. Community Advisory Committee returns the completed questionnaires at Meeting #2
  - Review dates of Community Meetings #2 and #3
- **Activities Prior to Community Meeting #2**
  - Prepare Summary of Meeting #1
  - Prepare Demographic & Economic Data Report
  - Prepare Health Indicator/Health Outcome Data Report
- XIV. **Community Meeting #2**
  - Review of Meeting #1
  - Present Demographic & Economic Data Report
  - Present Health Indicator/Health Outcome Data Report
  - Gather Completed Survey Questionnaires from Community Advisory Committee Members
  - Begin Discussion of Community Health Needs
  - Review date of Community Meeting #3
- XV. **Activities Prior to Community Meeting #3**
  - Prepare Summary of Meetings #1 & #2
  - Summary Results of Community Input Process
- XVI. **Community Meeting #3**
  - Review Reports from Meetings #1 & #2
  - Present Community Input Process Results
  - Discussion of Community Health Needs
  - List and Prioritize Community Health Needs
  - Develop Possible Implementation Strategies/Responsibilities
- XVII. **Post-Meeting Activities**
  - Summary Report of Community Health Needs, Listing & Prioritization, and Possible Implementation Strategies/Responsibilities
  - Summary Community Health Needs Report Presented to Hospital Board
  - Hospital Board Develops Action Plan with Partners (Based on Resource Availability)
  - Hospital Board Prepares Final Report on Action Plan and **Makes Publicly Available**
  - Hospital Reports CHNA Activities and Action Plan to IRS



The toolkit proposes that three meetings be conducted. Three meetings should allow enough time for presentation, and discussion and input from the community advisory committee. Community meetings work best when held over lunch with a light lunch provided. The community meetings should be held one month to six weeks apart to allow for preparation and evaluation of the materials. The process should take about four to six months. The steering committee may add additional meetings to allow more time for discussion from the community advisory committee and/or to present the final action plan from the hospital board.

The complete toolkit will enable a facilitator and steering committee the ability to provide a community health needs assessment with relative ease. All data sets are identified and example products are provided. Documents and templates are available on the website of the National Center for Rural Health Works ([www.ruralhealthworks.org](http://www.ruralhealthworks.org)).

For state agencies and consultants working with not-for-profit hospitals, the products and facilitation would be provided by these agencies and consultants. The final action plan would typically be completed by the hospital.

## II. Introduction

### **Why?**

“The Patient Care and Affordable Care Act” of 2010 requires that all 501(c)(3) hospitals conduct a community health needs assessment (CHNA). The overarching view of the community assessment must be health needs from the perspective of the community, not the perspective of the health providers within the community. This is an important distinction because much of the discussion will be focused on health provider activities. Thus, the community orientation is critically important.

### **Duplication and/or Partnering**

There are other community health needs assessment processes available. Potential users are encouraged to evaluate this toolkit and other available CHNA processes to select the one which best fits their delivery style and their community needs. Two other community assessment processes that are readily available include the Catholic Healthcare Community Assessment Process and Association of Community Health Improvement. The toolkit provided here is intended to be very effective and efficient in achieving the legislative requirements, as well as being applied at a minimal cost to the hospital.

Duplication of community health needs assessments in your community should be avoided if possible. Other organizations involved in community assessment may be open to collaborating in a combined community assessment. For instance, many, if not all, public health departments have long been hosting community assessment processes with various partners. If a public health department has recently completed a community assessment and the medical service areas of the public health department and the local hospital are basically the same, the results of the recently completed community assessment of the public health department may possibly be utilized by the hospital governing board to determine which community issues the

hospital can address. The hospital governing board will review the community issues to determine resources available, develop appropriate work plans, determine who will provide the necessary components of the plans, plan any coordination and collaboration with other organizations and agencies, and propose timetables for implementation. The results of the community assessment from the public health department and the hospital governing board's plans on how to deal with the community issues will be reported to the Internal Revenue Service (IRS) to fulfill the requirements of community assessment.

Again, local organizations are encouraged to partner or collaborate to work together to avoid duplication. This is especially important for future community assessments. Many public health departments conduct a community assessment every five years and the new legislation requires that hospitals conduct one every three years. This is the perfect opportunity for these two organizations to partner and conduct a comprehensive community assessment every five years with an updated shorter version in the middle, every 2 ½ years. This could avoid duplication and develop more cooperation and coordination between the hospital and public health department, while both organizations meet their reporting requirements.

### **Background**

In order to develop this toolkit to meet the hospital CHNA requirement, the National Center for Rural Health Works formed a national advisory team to assist with development of a toolkit which rural hospital administrators and personnel from state hospital associations, state offices of rural health, and others can use to meet the new requirements. Members of the national advisory team are included in **Appendix A**. The national advisory team met in Kansas City on November 23, 2010 to share ideas and to begin development of the toolkit. The U. S. Department of Health and Human Resources, Federal Office of Rural Health Policy, provided financial support for the meeting.

The national advisory team recommended that the proposed toolkit be tested in several communities. The toolkit was tested and revised based on pilot applications with Labette Health in Parsons, KS, Oswego Community Hospital in Oswego, KS, and Battle Mountain General Hospital in Battle Mountain, NV. The toolkit was further tested in communities in Mississippi, Florida, Texas, and New Mexico. Products from the most recent community CHNA process, Guadalupe County, New Mexico, will be utilized to illustrate the toolkit.

### **Legislative Requirements**

Before discussing each of these points, the new requirements for Section 501(c)(3) Status hospitals for the community health needs assessment will be shown.

#### ***Community Health Needs Assessment Requirements***

- i. The organization must conduct a “community health needs assessment” not less frequently than every three years and adopt an implementation strategy to meet the community health needs identified through the assessment.
- ii. A “community health needs assessment” must include input from persons “represent[ing] the broad interests of the community served by the hospital facility,” including those “with special knowledge of or expertise in public health.”
- iii. The assessment must be made widely available to the public.

Even though the requirements state that the organization must conduct a needs assessment and adopt an implementation strategy, the organization does not have to include an implementation strategy for each need. It may not be economically feasible to implement every suggested strategy. The strategy must only address what can be completed and what actions are to be implemented. The requirements state that the first needs assessment must be completed during the first tax year following March 2011. After that, the assessment must be completed every three years.

The Act also requires hospitals to have financial and billing and collection policies in place and available to the public. Example policies and procedures may be available from the American Hospital Association (AHA); please check with AHA directly. Hospital boards should review their policies and procedures and modify them to reflect the requirements. Below are the new requirements for Section 501(c)(3) Status hospitals for the financial assistance and billing and collections:

***Financial Assistance Policy Requirements***

- i. The organization must establish a financial assistance policy that –
  - 1. Is in writing.
  - 2. Includes the eligibility criteria for financial assistance and specifies whether such assistance includes free or discounted care.
  - 3. States the method for applying for financial assistance.
  - 4. Includes a description of the actions the hospital may take in the event of non-payment where the organization does not have a separate billing and collections policy.
  - 5. Includes measures to widely publicize the policy within the community served by the organization.
  
- ii. The organization must establish an emergency medical care policy that –
  - 1. Is in writing.
  - 2. Requires the organization to provide non-discriminatory emergency medical care to an individual, regardless of that individual’s eligibility under the financial assistance policy required above.

***Requirements Regarding Charges***

- i. Charges for emergency or other medically necessary care provided to persons who are eligible for assistance under the financial assistance policy described above cannot exceed “the amounts generally billed to individuals who have insurance covering such care.”
  
- ii. The use of gross charges is prohibited.

### ***Billing and Collection Requirements***

- i. The organization cannot engage in “extraordinary collection efforts” before it has made a reasonable effort to determine whether the individual is eligible for assistance under the organization’s financial assistance policy.

This toolkit does not include any other information on the financial assistance requirements, requirements regarding charges, or billing and collection requirements. This toolkit is designed to assist with the community health needs assessment requirements only.

### III. Facilitator and Steering Committee

Prior to the first community meeting, the local hospital administrator will select a steering committee to guide the process and a facilitator to lead the community meetings and present materials and reports. The local hospital administrator will select a small group of local leaders as the steering committee to guide the process. Possible members for the steering committee include director of local health department, hospital management team or marketing director, local government representative, social service agency representative, and/or other knowledgeable community members. The suggested size of the steering committee is three to five members.

The facilitator will be designated by the hospital administrator (or the steering committee). This designated professional will be the lead facilitator for the meetings and will present materials and reports, as decided by the steering committee. This facilitator could be the local hospital administrator, a representative from the state office of rural health (SORH), a representative from the state hospital association, a consultant, or other community, region, or state leader. A list of the state offices of rural health (**Appendix B**) and the state hospital associations (**Appendix C**) are included.

The duties and responsibilities of the steering committee include:

- Selecting members for the community advisory committee,
- Identifying the medical service area of the hospital,
- Summarizing the hospital services and community benefits,
- Preparing materials and reports (or have these prepared) for the community meetings, and
- Assisting in facilitating the meetings.

Detailed information on each of the activities of the steering committee are given in the next chapters.

#### IV. Activities Prior to Community Meeting #1

The facilitator and steering committee will need to complete the following tasks prior to Community Meeting #1. These include:

- Select/Invite Community Advisory Committee
- Determine Facilitator to Oversee Meetings
- Prepare Overview of CHNA Process
- Medical Service Area Delineated
- Prepare Overview of Hospital Services/Community Benefits
- Prepare Economic Impact Report
- Determine/Prepare Community Input Tool (i.e., Focus Groups, Survey Questionnaire)

##### Select/Invite Community Advisory Committee

The steering committee will identify and invite community leaders willing to serve on the community advisory committee. The size of the committee will be determined by the population of the medical service area. It is suggested that a smaller rural hospital service area might need 15 to 25 members and a larger rural hospital service area from 30 to 35 members. The requirements clearly state:

‘A “community health needs assessment” must include input from persons “represent[ing] the broad interests of the community served by the hospital facility,” including those “with special knowledge of or expertise in public health.”’

A listing of potential membership on the community advisory committee is included in **Table 1**.

The community advisory committee should have a diversified membership representing the medical service area and the membership should be broad-based including not only health care providers but also representation from the other groups listed in **Table 1**. This listing is also available in **Appendix D**. It is strongly suggested that members of the steering committee initially call the potential members to personally invite them to be part of the community advisory committee. During the invitational call, the member of the steering committee can



**Table 1**  
**Potential Community Advisory Committee Members**

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City government(s); city manager, mayor, city council members  
 County government(s); county commissioners, county officers  
 State government; human services, health department, state legislators  
 Tribal government(s); tribal leaders, health care coordinator, local IHS representative  
 Health care providers  
     Hospital administrator and other key hospital personnel  
     Hospital board members  
     Physicians  
     Dentists  
     Optometrists  
     Chiropractors  
     Clinics or community health centers  
     Mental health professionals—i.e., psychiatrist, psychologist, counselors  
     Nurse practitioners  
     Physician assistants  
     Therapists—physical, massage, speech, rehabilitation, occupational  
     Pharmacists  
     Medical equipment suppliers  
     Home health providers  
     Hospice  
     Nursing homes, assisted living facilities, and adult day services  
     School health  
     Others  
 Emergency medical services (ambulance services)  
 Local public health officials  
 Chamber(s) of commerce  
 Economic development groups; coalitions, councils of government, sub-state planning districts  
 Industry/business; manufacturing, banks, phone companies, retail sales (Main St. businesses),  
     groceries, realtors, insurance, fishing, farming, forestry, mining, petroleum, etc.  
 Public education; superintendent, principals, school nurse  
 Technology education (formerly vo-tech)  
 Higher education  
 Private education  
 Volunteer organizations; local food banks, soup kitchens  
 Religious leaders; ministerial alliance, ministers  
 Minority or disparate population groups or group leaders  
 Service organizations; Kiwanis, Lions, Rotary, Toastmasters, etc.  
 Social service organizations  
 Other community leaders

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provide a short overview of the CHNA process, the responsibilities of the community advisory committee members, the number and duration of the meetings, and the date, time, and location of the first meeting. If the potential member agrees to participate as a community advisory committee member, a letter outlining the process should then be sent to the committee member. An example of an invitational letter is included in **Appendix D**.

The CHNA process includes three community meetings. Through these meetings, the hospital will obtain a prioritized listing of identified community needs with suggested implementation strategies/responsibilities. The hospital board will be able to develop an action plan from the listing, based on available hospital resources. The hospital will ultimately be able to meet the IRS reporting requirements. This will be accomplished through a minimum amount of time and resources from the hospital and community. However, some hospital administrators, in conjunction with their steering committee and facilitator, may desire to have more than three meetings.

#### **Determine Facilitator to Oversee Meetings**

The facilitator will be designated by the hospital administrator (or the steering committee). This designated professional will be the lead facilitator for the meetings and will present materials and reports, as decided by the steering committee. This facilitator could be the local hospital administrator, a representative from the state office of rural health (SORH), a representative from the state hospital association, a consultant, or other community, region, or state leader. A list of the state offices of rural health (**Appendix B**) and the state hospital associations (**Appendix C**) are included.

### **Prepare Overview of CHNA Process**

The steering committee will need to prepare an overview of the CHNA process for Community Meeting #1. An example of a PowerPoint presentation is included in **Appendix E**. This is designed for the steering committee to personalize with the local community and hospital names. There should be minimal time involved in utilizing the PowerPoint presentation provided and personalizing it to the local community and hospital.

### **Medical Service Area Delineated**

The steering committee will work closely with the hospital administrator and hospital data to delineate the medical service area of the hospital. Every effort should be made to avoid duplication of medical service areas with other hospitals. Many other groups already have designated medical service areas, such as the health department. The medical service area of the hospital has to be realistic in terms of neighboring hospitals. One method to determine the medical service area would be to base the area on the home address locations of a percent (i.e., 75 to 85 percent) of the hospital admissions. The hospital administrator may want to analyze the data closely to determine the appropriate percentage. The key is to designate an area which clearly defines where the majority of the patients using the hospital services live. It may be necessary to designate both a primary and secondary medical service area. The majority of the population utilizing the hospital would be located in the primary medical service area and a much lower percent of the population utilizing the hospital would be located in the secondary medical service area.

The medical service area should be identified along county or zip code area boundaries. The boundaries are necessary to provide medical service area demographics. The advantage of a

county boundary is that much more data are available at the county level. Some county level data sources include:

- U. S. Census Bureau <[www.census.gov](http://www.census.gov)>;
- U. S. Census Bureau County Business Patterns  
<<http://www.census.gov/epcd/cbp/index.html>>;
- U. S. Department of Commerce, Bureau of Economic Analysis <[www.bea.gov](http://www.bea.gov)>; and
- U. S. Department of Labor, Bureau of Labor Statistics <[www.bls.gov](http://www.bls.gov)>.

At the zip code level, only Census year data is available.

A discussion of the medical service area could be provided by the hospital administrator or facilitator. Also, a map of the medical service area could be provided to delineate the area(s).

An example of a map delineating the medical service area is included in **Appendix F**.

### **Prepare Overview of Hospital Services/Community Benefits**

Many residents may not be aware of all of the services and community benefits provided by the hospital. It is suggested that the hospital administrator prepare a one- or two-page summary of the hospital services and community benefits. **Appendix G** provides an example of a summary of hospital services and community benefits.

### **Prepare Economic Impact Study (Optional)**

The economic impact of the hospital is proposed as an OPTIONAL study. While this is listed as an OPTION, the economic contribution of the hospital on the local economy is tremendous. The national advisory team feels that this is an extremely important report to provide to the local community. However, the economic impact study is **not** part of the CHNA requirements from the IRS. The economic impact report illustrates that the hospital is often the cornerstone of the healthcare delivery system. Without a hospital, other health services such as

physicians and pharmacies soon disappear. The national advisory team recognizes the importance and usefulness of the economic impact study.

This community benefit should not be overlooked. For example, the hospital is often the second largest employer in a rural community; typically second only to schools. The national advisory group views this as extremely important to provide information showing the economic importance of the hospital and the health sector to the local economy.

Three alternatives are presented to assist the steering committee in providing this:

- I. Contact state offices of rural health (**Appendix B**) or state hospital associations (**Appendix C**) to see if economic impact studies for hospitals in your state are available. Some states have professionals that can quickly compile an economic impact study and others have tools to develop them. For example, see Wisconsin's website <<http://www.wha.org/financeanddata/healthyhospitals.aspx>>.

**OR**

- II. A *generic* PowerPoint presentation showing the "Economic Impact of a Rural Hospital on a Local Economy" could be presented to the community advisory committee. The National Center for Rural Health Works has prepared this 18-slide PowerPoint presentation from its rural hospital research in several states (**Appendix H**).

**OR**

- III. An *actual* short, three-page economic impact study could be prepared using local multipliers. The National Center for Rural Health Works could derive the multipliers. This service is available to those hospitals that do not have the IMPLAN multipliers available from any organizations in their states (as in the first alternative above). The National Center for Rural Health Works has limited staffing and funding and would have to charge a fee of \$250 plus the cost of the IMPLAN data to derive the multipliers for a hospital. To determine the cost of the IMPLAN data, the medical service area of the hospital must be designated. A couple of examples of a short economic impact study is presented in **Appendix I**. These are the example Economic Impact of Guadalupe County Hospital and a generic example Economic Impact of XYZ Hospital.

Detailed materials on how to conduct an economic impact study are also included in **Appendix I**. Materials available on the website include:

- Steps for Preparing an Economic Impact Study
- Example Data Collection Form for Economic Impact Study
- Example Completed Data Collection for Economic Impact Study
- A PowerPoint on “HOW TO DERIVE THE MULTIPLIERS” for an Economic Impact Study
- An IMPLAN Price Sheet (showing costs for IMPLAN data)
- Example Excel Spreadsheet – Building the Economic Impact Tables
- Example Community Economic Impact Study
- Example Generic XYZ Economic Impact Study Format

### **Determine/Prepare Community Input Tool**

The steering committee will have to determine how they will obtain community input prior to the Community Meeting #1. Community input is mandatory in the requirements. Several options are available:

1. **Conduct a community survey questionnaire through the members of the community advisory committee.** A questionnaire will be prepared, personalized to the hospital community and medical service area (example available in **Appendix J**). At Community Meeting #1, each member of the community advisory committee will be asked to complete a survey and then to obtain five or six completed questionnaires from the community group(s) they are representing. The completed questionnaires would be returned at Community Meeting #2 or to a designated person from the steering committee (typically, mailed to the hospital administrator) by a designated deadline. An instruction sheet will be provided with the health survey questionnaires to provide this information to the community advisory committee members. An example instruction sheet is also included in **Appendix J**. A generic health survey questionnaire is also provided in **Appendix J**. This is the copy that the local hospital administrator and steering committee should utilize when designing their survey form. Instructions on how to develop the survey questionnaire and how to analyze the survey data are also available in **Appendix J**. More detail on the community survey is included in **Appendix O**. A spreadsheet has been designed such that the steering committee (or designated hospital personnel) will be able to enter the data from the completed questionnaires and the results will be generated. The summary of the survey results will then be printed for presentation at Community Meeting #2. Additional information on the community health survey questionnaire is available in **Appendix J** and **Appendix O** on the website ([www.ruralhealthworks.org](http://www.ruralhealthworks.org)). Spreadsheet examples are available on the website that cannot be included in a printed toolkit.

This is not a completely random survey example; however, if the members of the community advisory committee truly represent a cross-section of the community, the survey will provide adequate community input from a somewhat random example. This method would be an easy way to get input from over 100 local residents. For example, if

the community advisory committee has 20 active members and each member completes a questionnaire and obtains five additional completed questionnaires, then the survey would have 120 completed responses.

2. **Conduct a focus group discussion with subgroups of the community advisory committee.** Focus group questions would be prepared and available for the community advisory committee to utilize (**Appendix K**). The community advisory committee would be divided into small groups (no more than ten per group and optimum group size is five to six per group). Members of the steering committee would facilitate the small focus groups. Each focus group facilitator will conduct a small focus group session, take extensive notes, and prepare the results for consolidation with the other focus group sessions. A final consolidated focus group report would be prepared by the steering committee or hospital personnel. The summary focus group report would be presented at Community Meeting #2.

### 3. Other Community Input Options

- i. **Phone Survey.** If a community has access to funds, a professional survey company could be contracted to conduct a random phone survey. These surveys are quite expensive. See the National Rural Health Works website <[www.ruralhealthworks.org](http://www.ruralhealthworks.org)> for an example.
- ii. **Computer Survey.** A computer survey instrument could be designed and community residents could respond to the online survey. The advantage is that the process is cost efficient but not random. Many elderly residents who are heavy users of medical services would not have an opportunity to participate because of lack of computer knowledge or availability.
- iii. **Patient Survey.** Many hospitals conduct surveys from patients who use their services. This information can be utilized as input, but again, it is not inclusive of the community as whole because this information is only gained from residents that have actually used hospital services.

## V. Community Meeting #1

Past community planning experience indicates that a lunch meeting works well in getting optimum participation from community advisory committee members. If a local organization can provide a simple, light lunch in a timely and efficient manner, the community advisory committee members will be able to participate and minimize their time away from their regular business activities. If funds are not available for lunch, find a local restaurant with a separate meeting room and have each individual pay for their lunch. The length of the meeting should be kept to a reasonable time; typically about one to two hours. In some cases, meetings in the early morning or in the evenings will be necessary. The steering committee will need to be flexible and decide on the best day and time for their community meetings.

A suggested agenda for Community Meeting #1 is presented in **Table 2** below. An example agenda from a community meeting is included in **Appendix L**. An example PowerPoint for Community Meeting #1 is also included in **Appendix L**.

**Table 2**  
**Suggested Agenda for Community Meeting #1**

---

I.	Introductions (hospital administrator)	10 minutes
II.	Overview of community health needs assessment process (facilitator)	20 minutes
III.	Medical service area (hospital administrator)	5 minutes
IV.	Hospital services/community benefits (hospital administrator)	8 minutes
V.	Economic impact of hospital (facilitator)	15 minutes
VI.	Community input tool (facilitator)	
	If survey questionnaire methodology:	22 minutes
	• Each Community Advisory Committee Member completes survey	
	• Each Member takes five or six surveys to be completed by the constituents they represent	
	• Members will bring completed surveys to Community Meeting #2	
VII.	Questions (facilitator)	8 minutes
VIII.	Time and date of next community meeting(s) (facilitator)	2 minutes

---



## **Introductions**

The community meeting should start on time with the hospital administrator welcoming the community advisory committee. At this meeting it is generally helpful to have members introduce themselves and indicate who they are in a short manner (i.e. Joe Brown, County Commissioner).

## **Overview of Community Health Needs Assessment Process**

It is important to have the facilitator give a brief overview of the community health needs assessment process. This includes the purpose and responsibilities of the community advisory committee. A sample PowerPoint providing an overview of the CHNA process is provided in **Appendix E**.

## **Medical Service Area**

Following the CHNA overview presentation, the medical service area should be delineated. An example illustrating the delineation of a medical service area is included in **Appendix F**. The medical service area can be discussed or shown through an illustration. This presentation should be provided by the hospital administrator.

## **Hospital Services/Community Benefits**

The hospital administrator will provide a summary of all the services and community benefits provided by the hospital. An example of a hospital services and community benefits is provided in **Appendix G**.

## **Economic Impact of Hospital**

The facilitator will typically present the economic impact study. An example economic impact study is provided in **Appendix I**. Methodology for preparing an economic impact study is

discussed earlier in this overview and materials and spreadsheets are provided on the website under **Appendix I** ([www.ruralhealthworks.org](http://www.ruralhealthworks.org)).

### **Community Input Tool (Community Health Survey Example Provided)**

Alternative community alternative tools are discussed earlier in this overview. The community health survey questionnaire methodology will be presented in the illustrations. Each member of the community advisory committee will complete a survey questionnaire at Community Meeting #1. In addition, each member will be asked to take five or six community health survey questionnaires to their constituents for completion. The members are asked to return the completed questionnaires at Community Meeting #2 or to return to a particular individual by a certain date. An instruction sheet stating how to return the completed survey forms should be given to each community advisory committee member when leaving the meeting. An example of this survey return instruction sheet is included in **Appendix J**.

### **Questions**

The facilitator will allow a few minutes at the end of the meeting for questions. The facilitator, hospital administrator and/or other steering committee members will be available to answer questions from the community advisory committee members.

### **Times and Dates for Meetings #2 and #3**

The facilitator will close with a reminder of the date and time for the next two community meetings. Community Meeting #2 should be scheduled a month to 6 weeks after Community Meeting #1 to allow time for preparation of data and reports.

### **Additional Suggestions for Meeting**

After each report is presented, the community advisory committee should be encouraged to comment or ask questions. A steering committee member should be assigned as recorder and

should take detailed notes of the questions, comments, and discussion from the community advisory committee. From these notes, a summary of Community Meeting #1 will be provided at the beginning of the next community meeting.

## VI. Activities Prior to Community Meeting #2

The facilitator and steering committee will have three reports to prepare prior to Community Meeting #2:

- Summary of Community Meeting #1
- Demographic and Economic Data Report
- Health Indicator/Health Outcome Data Report

### **Summary of Community Meeting #1**

The recorder from the steering committee will prepare a summary report of the activities, presentations, and discussion from Community Meeting #1. This report can be presented by the recorder or typically by the facilitator.

### **Demographic and Economic Data Report**

Since health care usage is a function of the demographics of the medical service area, it is crucial to have demographic data. Furthermore, the elderly are extremely high users of health services and thus the number of elderly in the medical service area should be clearly identified. An example demographic and economic data prepared is presented in **Appendix M**. The report contains nine tables of demographic and economic data. The main sources of the data are:

- U. S. Census Bureau, <[www.census.gov](http://www.census.gov)>;
- U. S. Census Bureau, County Business Patterns, <<http://www.census.gov/epcd/cbp/index.html>>;
- U. S. Department of Commerce, Bureau of Economic Analysis, <[www.bea.gov](http://www.bea.gov)>;
- U. S. Department of Labor, Bureau of Labor Statistics, <[www.bls.gov](http://www.bls.gov)>.

The new 2010 Census zip code data (<[www.census.gov](http://www.census.gov)>) is now available. Zip code data is only available in Census years and not for the ten year period between Censuses.

Additional materials and information are included in **Appendix M** on the website, including:

- Excel spreadsheet showing how the tables were developed in Excel
- Cover Sheet for Demographic and Economic Data Report in Word
- Demographic and Economic Data Report in Adobe Acrobat

Additional assistance is also available from the National Center in preparing the demographic and economic data report.

### **Health Indicator/Health Outcome Data Report**

The community health indicator data/health outcome data are available from the following sources:

- 1) County health rankings <[www.countyhealthranking.org](http://www.countyhealthranking.org)>;
- 2) U. S. Department of Health and Human Services, Community Health Status Indicators <[www.communityhealth.hhs.gov/](http://www.communityhealth.hhs.gov/)>; and
- 3) State health departments (vital statistics) from individual state websites.

The steering committee will determine which data to report to the community advisory committee. An Example County Health Indicator/Health Outcome Data Report contains eight tables and is presented in **Appendix N**. The data are typically only available at the county level and may reflect behavior habits, health indicators, or health outcomes and may include comparisons between county and state data.

Instructions for preparing this report are included in **Appendix N**. Additional interactive spreadsheets and tools are available on the website ([www.ruralhealthwork.org](http://www.ruralhealthwork.org)) for your convenience.

## VII. Community Meeting #2

A suggested agenda for Community Meeting #2 is presented in **Table 3** below. An example community agenda and example PowerPoint of Community Meeting #2 is included in **Appendix L**.

**Table 3**  
**Suggested Agenda for Meeting #2**

---

I.	Introductions (hospital administrator)	8 minutes
II.	Review of Community Meeting #1(facilitator)	10 minutes
III.	Collect completed health survey questionnaires (steering committee)	5 minutes
IV.	Economic and Demographic data report (facilitator)	25 minutes
V.	Health Indicator/Health Outcome data report (facilitator)	25 minutes
VI.	Questions (facilitator)	15 minutes
VII.	Time and date of next community meeting(s) (facilitator)	2 minutes

---

### **Introductions**

The meeting will begin with introductions by the hospital administrator.

### **Review of Community Meeting #1**

The facilitator will provide a brief review of activities from Community Meeting #1, including a review of the economic impact study and the community input methodology.

### **Collect Completed Health Survey Questionnaires**

The completed health survey questionnaires will be collected by the steering committee members.

### **Presentation of Economic and Demographic Data Report**

The Economic and Demographic Data Report will be presented by the facilitator. An example report is shown in **Appendix M**.

### **Presentation of Health Indicator/Health Outcome Data Report**

The community health indicator/health outcome data report will be presented by the facilitator. An example report is illustrated in **Appendix N**.

### **Questions**

The facilitator will allow a few minutes at the end of the meeting for questions. The facilitator, hospital administrator and/or other steering committee members will be available to answer questions from the community advisory committee members.

### **Time and Date for Meeting #3**

The facilitator will close with a reminder of the date and time for the next community meeting. Community Meeting #3 should be scheduled a month to 6 weeks after Community Meeting #2 to allow time for preparation of the community input summary report.

### **Additional Meeting Suggestions**

After each report is presented, the community advisory committee should be encouraged to comment or ask questions. A steering committee member should be assigned as recorder and should take detailed notes of the questions, comments, and discussion from the community advisory committee. From these notes, a summary of Community Meeting #2 will be provided at the beginning of the next community meeting.

## VIII. Activities Prior to Community Meeting #3

The activities to be completed prior to Community Meeting #3 are the following:

- Summary of Community Meetings #1 and #2
- Tabulate and Summarize Community Input Report (Health Survey Results)
- Have flip charts, blackboard, or other method of recording community health needs and showing prioritization of community health needs
- Have a suggested format for illustrating the outcomes of the CHNA process

### **Summary of Community Meetings #1 and #2**

The designated recorder will prepare a summary of the activities from both Community Meeting #1 and Community Meeting #2.

### **Community Input Summary Report (Health Survey Results)**

The steering committee will prepare summary results from the community input methodology, based on which methodology was utilized. Whatever tool is used to collect local community input, the results need to be tallied, summarized, and presented back to the community advisory committee. This is the most difficult report to complete in the community assessment toolkit. An example community health survey is included in **Appendix O**. The steering committee should allow sufficient time between the two community meetings to prepare the results. The community input summary report will assist the community advisory committee in identifying community health needs.

### ***Community Health Survey Questionnaire Methodology***

If the community health survey questionnaire methodology is utilized, the community advisory committee will complete the health survey questionnaire at Community Meeting #1. After the meeting, each community advisory committee member will take five to six community



health survey questionnaires to be completed by members of their constituency. The completed survey questionnaires will be returned at Community Meeting #2 or through other arrangements with a designated steering committee member. A survey instruction sheet will be included with the survey questionnaires with the date of Community Meeting #2 and/or the deadline and name and address of the steering committee member the completed survey questionnaires should be returned.

A spreadsheet has been designed to enable a local person to enter the data from the completed survey questionnaires and the results are generated in report form for presentation at Community Meeting #3. An example health survey questionnaire (**Appendix J**) and health survey results (**Appendix O**) are presented. Also included in **Appendix O** are “Instructions for Community Health Survey Questionnaire,” giving details on how to analyze the survey results and prepare a report of the health survey reports. To access the interactive documents, please go to the website ([www.ruralhealthworks.org](http://www.ruralhealthworks.org)).

### ***Focus Group Methodology***

If the focus group methodology is utilized, the facilitators of each focus group will take extensive notes and prepare preliminary results to be aggregated with the other focus group summary results. A final aggregated group report would be prepared by the steering committee or hospital personnel to be presented at Community Meeting #3.

### ***Other Community Input Methodologies***

*Phone Survey.* If a community has access to funds, a professional survey company could be contracted to conduct a random phone survey. This methodology may be expensive.

*Computer Survey.* A computer survey instrument could be designed and community residents could respond to the online survey. This methodology may be more cost

effective but will not be random. Many elderly residents who are heavy users of medical services may not have an opportunity to participate because of lack of computer knowledge or availability.

*Patient Survey.* Many hospitals conduct surveys from patients who use their services. This information can be utilized as input, but again, it is not inclusive of the community as whole because this information is only gained from residents that have actually used hospital services.

### **Available Tools for Listing and Prioritizing Community Health Needs**

The steering committee will provide flip charts, blackboards, or other method of recording community health needs and illustrating prioritization of community health needs.

### **Suggested Format for Illustrating Community Health Needs**

The steering committee should have a suggested format for illustrating the outcomes of the community health needs assessment process. One method is included in the tables below. This table is also included in **Appendix P**. The community advisory committee will list all community health needs and then prioritize the list. For each of the community health needs, a suggested implementation strategy will be developed with suggested responsibilities for organizations or persons. A table is provided below as a possible format to summarize and illustrate the community advisory committee's community health needs and suggested implementation strategies and responsible organizations or persons. An example summary of community health needs is also presented in **Appendix P**.

**Community Needs and Suggested Implementation Strategies and Responsibilities**

Community Need	Implementation Strategy	Responsible Org. or Person
1. _____ _____ _____	_____ _____ _____	_____ _____ _____
2. _____ _____ _____	_____ _____ _____	_____ _____ _____
3. _____ _____ _____	_____ _____ _____	_____ _____ _____
4. _____ _____ _____	_____ _____ _____	_____ _____ _____
5. _____ _____ _____	_____ _____ _____	_____ _____ _____
6. _____ _____ _____	_____ _____ _____	_____ _____ _____
7. _____ _____ _____	_____ _____ _____	_____ _____ _____
8. _____ _____ _____	_____ _____ _____	_____ _____ _____
9. _____ _____ _____	_____ _____ _____	_____ _____ _____
10. _____ _____ _____	_____ _____ _____	_____ _____ _____

(Continued – Page 2)

**Community Needs and Suggested Implementation Strategies and Responsibilities**

Community Need	Implementation Strategy	Responsible Org. or Person
11. _____ _____ _____	_____ _____ _____	_____ _____ _____
12. _____ _____ _____	_____ _____ _____	_____ _____ _____
13. _____ _____ _____	_____ _____ _____	_____ _____ _____
14. _____ _____ _____	_____ _____ _____	_____ _____ _____
15. _____ _____ _____	_____ _____ _____	_____ _____ _____
16. _____ _____ _____	_____ _____ _____	_____ _____ _____
17. _____ _____ _____	_____ _____ _____	_____ _____ _____
18. _____ _____ _____	_____ _____ _____	_____ _____ _____
19. _____ _____ _____	_____ _____ _____	_____ _____ _____
20. _____ _____ _____	_____ _____ _____	_____ _____ _____

### IX. Community Meeting #3

A suggested agenda for **Community Meeting #3** is presented in **Table 5**. An example community agenda and example PowerPoint for Community Meeting #3 are included in **Appendix L**.

**Table 5**  
**Suggested Agenda for Meeting #3**

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VIII.	Introductions (hospital administrator)	8 minutes
IX.	Review of Community Meetings #1& #2 (facilitator)	18 minutes
X.	Presentation of community input summary report (health survey results) (facilitator)	23 minutes
XI.	Discuss community health needs/issues (facilitator)	65 minutes
	a. Identify and prioritize community health needs	
	b. Suggest possible implementation strategies/responsibilities	
	c. Summarize community recommendations	
XII.	Response and final comments (hospital administrator)	6 minutes

---

#### **Introductions**

The meeting will begin with introductions by the hospital administrator.

#### **Review of Community Meetings #1 and #2**

The facilitator will provide a brief review of activities from Community Meetings #1 and #2, including a review of the economic impact study, the community input methodology, the demographic and economic report and the health indicator/health outcome report.

#### **Presentation of Community Health Survey Results**

The facilitator will present the results of the health surveys. An example of a report illustrating the community health survey results is provided in **Appendix O**.

#### **Community Advisory Committee Discussion**

The community advisory committee will

- a. Identify and prioritize community health needs

- b. Suggest possible implementation strategies and responsibilities
- c. Summarize their recommendations

The form supplied can be utilized to summarize the recommendations of the community advisory committee. This form is supplied in **Appendix P**. An example of a community's health needs and proposed recommendations is also provided in **Appendix P**.

From all the discussion from the community advisory committee, the steering committee will prepare a report, summarizing the health needs identified and prioritized with the suggested implementation strategies and responsibilities. This summary report of community health needs will be provided to the hospital board and will be made available to the general public.

### **Response and final comments**

The CEO of the hospital or the hospital administrator will respond to the community advisory committee at the end of the meeting and give comments on the recommendations that the members made. The community advisory committee is *only* advisory and decisions concerning hospital commitments can only be made by the hospital board.

## X. Additional Community Meetings

The toolkit proposes that three community meetings be conducted. A three-meeting process allows time for discussion and input from the community advisory committee. Community meetings work best when held over lunch with a light lunch provided. The first two meetings are designed to last approximately 90 minutes and the third meeting is designed to last 120 minutes. The community meetings should be held one month to six weeks apart to allow for preparation and evaluation of the materials. The three-meeting process would take about five months. Additional meetings may be held if the hospital administrator and/or steering committee feel additional time is needed.

The three-meeting process is illustrated in **Figure 1** and would generate four products and a community health needs assessment report to the hospital board. The four products are:

1. The Economic Impact of the Hospital
2. Demographic and Economic Data Report
3. Health Indicator/Health Outcome Data Report
4. Summary Results of Community Input Process (Health Survey Results)

The complete toolkit will enable a facilitator and steering committee the ability to provide a community health needs assessment with relative ease. All data sets are identified and example products are provided. Many of the interactive products are available on the website at [www.ruralhealthworks.org](http://www.ruralhealthworks.org).

## **IX. Post-Meeting Activities**

After the hospital administrator presents the report from the community advisory committee to the hospital board, the hospital board will decide which community recommendations the hospital will address and/or implement. The hospital board will make the final decision; only the hospital board has the authority to obligate the hospital to provide programs or activities. Each community health need will be discussed in the hospital board's action plan, whether there will be any action on that need or not. The final community health plan will be shared with the local community and the community advisory committee.

The hospital may need to partner and/or collaborate with other organizations to meet certain community health needs. Resources available to accomplish the community needs must be considered by the hospital board as the final community health plan is developed. If resources are unavailable to meet a community health need, this should be indicated in the final report to the IRS.



## XI. Reporting

Each hospital facility is required to make the community health needs assessment widely available to community members. To accomplish this, the hospital needs to prepare a summary report of the community health needs assessment process and share the results with the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc.

The hospital board will utilize the community health needs assessment report (Example included in **Appendix P**) to determine the action plan, including the resulting community needs to be addressed, the implementation strategy for each community need, and the responsible person(s) or agency(ies). The hospital will address every need identified by the community. If the hospital is unable to address a particular need, this should also be indicated in the action plan. The hospital's action plan must also be made available to the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc. The hospital may want to share this report with the community advisory committee through an additional meeting or a report sent to them.

The hospital will also have to submit documentation or proof to the Internal Revenue Service (IRS) that a community health needs assessment process was completed. For convenience, a suggested outline of a final summary report is presented in the table below to assist in completing the IRS reporting forms. This report outline is also included in **Appendix Q**.

The final report needs to include information pertaining to:

- Community Members;
- Medical Service Area;
- Community Meetings;

**Summary Report Outline**  
**Community Health Needs Assessment**

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**Community Members Involved**

Need to include name, organization and contact information for:

Hospital Administrator

Steering Committee or Leadership Group

Facilitator

Community Advisory Committee Members

**Medical Service Area**

Describe by county or zip code areas

Include populations and projected populations of medical service area

Include demographics of population of medical service area

**Community Meetings #1, #2, and #3 (also any additional meetings)**

Date

Agenda

List reports presented with short summary of each

**Community Needs and Implementation Strategies**

Include community needs and implementation strategies with responsibilities from community group

**Hospital Final Implementation Plan**

Include which needs hospital can address and the implementation strategies

Include which needs hospital cannot address and reason(s) why

**Community Awareness of Assessment**

Describe methodology for making assessment widely available to the community

Have Community Advisory Committee Report available to public

Have Hospital Action Plan with each health need addressed available to public

---

- Community Needs and Implementation Strategies;
- Hospital Final Implementation Plan; and
- Community Awareness of Assessment

The report is intended to include crucial data and not be all inclusive. If the IRS desires more data, they can request documents that were included in the community health needs assessment process, such the demographic and economic data report, community input summary report, etc.

The summary report will list all **community members** involved in the assessment, including the hospital administrator, the steering committee or leadership group, the facilitator, and the community advisory committee members. The **medical service area** of the hospital has been identified and is readily available, as well as population and demographic information of the medical service area and/or county. A summary of the date, agenda, and reports prepared and presented for all **community meetings** will be summarized. A short summary of each report presented at the community meetings would be beneficial. A summary report of the **community needs and suggested implementation strategies** from the Community Advisory Committee needs to be prepared; either utilizing the table provided in this document or a similar summary report. The **hospital final implementation plan** adopted by the hospital should also be included. This report should indicate which community needs the hospital will address and the implementation strategy planned for each. If all identified community needs or issues are not addressed, then the reason why an identified need/issue is not being addressed must be included in the report (e.g., lack of finances or human resources). Each hospital facility is required to make the **assessment widely available to the community members**. Newspaper reporters are usually available to write articles to share the community health needs assessment with the general public.

**IRS Reporting Forms**

The hospital is required through the new legislation to disclose any community health needs assessment activities in its annual information report to the Internal Revenue Service (IRS). **IRS Form 990** is required to be completed by all organizations exempt from income tax. When completing **IRS Form 990**, additional schedules may be required. Hospitals are required to complete Schedule H. See page 3 of *IRS Form 990, Part IV, Checklist of Required Schedules, Question 20a, ‘Did the organization operate one or more hospitals? If “Yes,” complete Schedule H.’*

Form 990 (2011)	Page <b>3</b>	
<b>Part IV Checklist of Required Schedules</b>		
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A . . . . .	Yes	No
1		
<b>20 a</b> Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H . . . . .	<b>20a</b>	
<b>b</b> If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
Form <b>990</b> (2011)		

Attached in **Appendix Q** are both of these IRS reporting forms (**Form 990** and **SCHEDULE H**).

**IRS SCHEDULE H (Form 990)** is required to be completed by any tax-exempt organization that operates one or more hospitals. **SCHEDULE H** is broken into six major parts with subsections for **Part V**:

- PART I** - Financial Assistance and Certain Other Community Benefits at Cost
- PART II** - Community Building Activities
- PART III** - Bad Debt, Medicare, & Collection Practices
- PART IV** - Management Companies and Joint Ventures
- PART V - Facility Information**
  - Section A. Hospital Facilities*
  - Section B. Facility Policies and Procedures (Complete a separate Part V, Section B, for each of the hospital facilities listed in Part V, Section A.)*

**Community Health Needs Assessment (Optional for 2010)**

Financial Assistance Policy

Billing and Collections

Policy Relating to Emergency Medical Cater

Charges for Medical Care

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly  
Recognized as a Hospital Facility

**PART VI - Supplemental Information**

**SCHEDULE H, Part V (Sections A and B) and Part VI** address the community health needs assessment process. **Part V, Section A**, requires a listing of all hospital facilities in order of size from largest to smallest, measured by total revenue per facility.

<b>Part V Facility Information</b>									
<b>Section A. Hospital Facilities</b>									
(list in order of size, from largest to smallest)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
How many hospital facilities did the organization operate during the tax year? _____									
Name and address									
<b>1</b>									
<b>2</b>									

**Part V, Section B**, is required to be completed for each facility listed in **Section A**.

**Section B** is divided into four subsections. The first subsection, **Community Health Needs Assessment**, is the section that deals with community health needs assessment.

<b>Part V Facility Information (continued)</b>		
<b>Section B. Facility Policies and Practices</b>		
(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)		
Name of Hospital Facility: _____		
Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____		
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)	Yes	No
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . .	<b>1</b>	

There are seven questions relating to Community Health Needs Assessment shown below. Some questions may require additional information; i.e., **Questions 1j, 3, 4, 5c, 6i, and 7.**

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 . . . . .	<b>1</b>	
	If "Yes," indicate what the Needs Assessment describes (check all that apply):		
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20__ __		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b>	
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? . . . . .	<b>5</b>	
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
<b>a</b>	<input type="checkbox"/> Hospital facility's website		
<b>b</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b>	<input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b>	

The supplemental information for these questions (for each separate facility) will need to be included in **Part VI, Supplemental Information, Question 1, Required descriptions.**

Complete this part to provide the following information.

**1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

**Part VI, Supplemental Information**, has six additional questions that must be answered. Most of these questions are related to community health needs assessment:

- **Question 2, Needs assessment.**
- **Question 4. Community information.**
- **Question 5. Promotion of community health.**
- **Question 6. Affiliated health care system.**
- **Question 7. State filing of community benefit report.**

The other questions will need answered but may not directly pertain to community health needs assessment.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

For additional information on IRS reporting requirements, consult your tax professional.

# **Appendix A**

## **National Advisory Team Members**



## National Advisory Team Members

### Project Leaders:

Gerald A. Doeksen, Director, National Center for Rural Health Works

Val C. Schott, Director, Oklahoma Center for Rural Health and Oklahoma Office of Rural Health

Cheryl F. St. Clair, Associate Director, National Center for Rural Health Works

### Members of the Team:

Larry Arthur, CEO, HMC/CAH Consolidated, Inc.

Michael Bilton, Executive Director, Association for Community Health Improvement, American Hospital Association

Teryl Eisinger, Director, National Organization of State Offices of Rural Health (NOSORH)

John Gale, Research Associate, Maine Rural Health Research Center, Muskie School of Public Service

Terry Hill, Executive Director, Rural Health Resource Center

Mendal Kemp, Director, Center for Rural Health, Mississippi Hospital Association

Joseph S. McNulty, II, President and Chief Executive Officer, Pioneer Health Services

Mary Ellen Pratt, CEO, St. James Parish Hospital

Jodi Schmidt, CEO, Labette Health

Pat Schou, Flex Coordinator, Illinois Center for Rural Health

Tim Size, Executive Director, Rural Wisconsin Health Cooperative

Brock Slabach, Vice President, National Rural Health Association (NRHA)

Rick Snyder, Vice President/Finance & Information Services, Oklahoma Hospital Association

Bridget Ware, Project Officer, Office of Rural Health Policy, U.S. Department of Health and Human Services, Health Resources and Services Administration

Chris Tilden, Executive Director, Mountain States Group

**Appendix B**

**Contact Information**  
**for State Offices of Rural Health**

**Provided by:**

**National Organization**  
**of State Offices of Rural Health (NOSORH)**

## State Offices of Rural Health

### Alabama

Alabama Office of Rural Health  
Alabama Department of Public Health  
The RSA Tower, Suite 1040  
Montgomery, AL 36130  
Phone: (334) 206 5396  
Fax: (334) 206 5434  
Website: <http://www.adph.org/ruralhealth/>

### Alaska

Alaska State Office of Rural Health  
Health Planning and Systems Development  
Division of Public Health  
P.O. Box 110601  
Juneau, AK 99811  
Phone: (907) 465 8618  
Fax: (907) 467 6861  
Website: <http://www.hss.state.ak.us/dph/>

### Arizona

Arizona State Office of Rural Health Program  
Arizona Rural Health Office  
University of Arizona Mel & Enid Zuckerman College of Public Health  
1295 N Martin Ave  
Tucson, AZ 85724  
Phone: (520) 626 2401  
Fax: (520) 626 8716  
Website: <http://crh.arizona.edu/programs/service/sorh>

### Arkansas

Arkansas Office of Rural Health and Primary Care  
Arkansas Department of Health  
4815 W. Markham Street, Slot 22  
Little Rock, AR 72205  
Phone: (501) 280 4560  
Fax: (501) 280 4706  
Website: <http://www.healthy.arkansas.gov/Pages/default.aspx>

### California

California Office of Primary and Rural Health Care  
California Department of Health Care Services  
1501 Capitol Avenue, Suite 71.6044, MS 8500

Sacramento, CA 95899  
Phone: (916) 449 5770  
Fax: (916) 449 5777  
Website: <http://www.dhcs.ca.gov/SERVICES/RURAL/Pages/hospitalfunding.aspx>

### **Colorado**

Colorado Rural Health Center  
3033 S. Parker Rd., Suite 606  
Aurora, CO 80014  
Phone: (303) 832 7493  
Fax: (303) 832 7496  
Website: <http://www.coruralhealth.org/>

### **Connecticut**

Connecticut Office of Rural Health  
Northwestern CT Community College  
Park Place East  
Winsted, CT 06098  
Phone: (860) 738 6378  
Fax: (860) 738 6443  
Website: <http://www.ruralhealthct.org/>

### **Delaware**

Delaware Office of Primary Care & Rural Health  
Delaware Division of Public Health  
417 Federal Street  
Dover, DE 19901  
Phone: (302) 744 4555  
Fax: (302) 739 3313  
Website: <http://dhss.delaware.gov/dhss/dph/hsm/pcohome.html>

### **Florida**

Florida Office of Rural Health  
Florida Department of Health  
4052 Bald Cypress Way, Bin # C-15  
Tallahassee, FL 32399  
Phone: (850) 245 4446  
Fax: (850) 414 6470  
Website: <http://www.doh.state.fl.us/Workforce/RuralHealth/ruralhealthhome.html>

**Georgia**

Georgia State Office of Rural Health  
Georgia Department of Community Health  
502 Seventh Street South  
Cordele, GA 31015  
Phone: (229) 401 3090  
Fax: (229) 401 3084  
Website: [http://dch.georgia.gov/00/channel\\_title/0,2094,31446711\\_32385451,00.html](http://dch.georgia.gov/00/channel_title/0,2094,31446711_32385451,00.html)

**Hawaii**

Hawaii State Office of Rural Health  
Hawaii Department of Health  
Office of Planning, Policy & Program Development  
1250 Punchbowl Street, Room 120  
Honolulu, HI 96813  
Phone: (808) 586 4188  
Fax: (808) 586 4193  
Website: <http://hawaii.gov/health>

**Idaho**

Idaho Office of Rural Health and Primary Care  
Idaho Department of Health and Welfare  
P.O. Box 83720  
450 West State Street, 4th Floor  
Boise, ID 83720  
Phone: (208) 334 0669  
Fax: (208) 332 7262  
Website:  
<http://www.healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare/tabid/104/Default.aspx>

**Illinois**

Illinois Center for Rural Health  
Illinois Department of Public Health  
535 West Jefferson Street  
Springfield, IL 62761  
Phone: (217) 782 1624  
Fax: (217) 782 2547  
Website: [http://www.idph.state.il.us/about/rural\\_health/rural\\_home.htm](http://www.idph.state.il.us/about/rural_health/rural_home.htm)

**Indiana**

Indiana State Office of Rural Health  
Indiana State Department of Health  
2 North Meridian Street, 2J  
Indianapolis, IN 46204  
Phone: (317) 233 7830  
Fax: (317) 233 7761  
Website: <http://www.in.gov/isdh/24432.htm>

**Iowa**

Iowa Oral and Health Delivery Systems  
Iowa Department of Public Health  
321 East 12th Street  
Des Moines, IA 50319  
Phone: (515) 281 7224  
Fax: (515) 242 6384  
Website: [http://www.idph.state.ia.us/hpcdp/rural\\_health.asp](http://www.idph.state.ia.us/hpcdp/rural_health.asp)

**Kansas**

Kansas Bureau of Local and Rural Health  
Kansas Department of Health and Environment  
1000 SW Jackson Street, Suite 340  
Topeka, KS 66612  
Phone: (785) 296 1200  
Fax: (785) 296 1231  
Website: <http://www.kdheks.gov/>

**Kentucky**

Kentucky Commonwealth Office of Rural Health  
University of Kentucky  
750 Morton Blvd  
Hazard, KY 41701  
Phone: (606) 439 3557  
Fax: (606) 439 0795  
Website: <http://www.mc.uky.edu/ruralhealth/korh.asp>

**Louisiana**

Louisiana Office of Rural Health  
Louisiana Department of Health and Hospitals  
628 North 4th Street, 8th Floor  
P.O. Box 3118  
Baton Rouge, LA 70821

Phone: (225) 342 9513  
Fax: (225) 342 5839  
Website: <http://www.dhh.state.la.us/>

## **Maine**

Maine Office of Rural Health and Primary Care  
Maine Department of Health and Human Services  
286 Water Street, 6th Flr.  
Augusta, ME 04333  
Phone: (207) 287 5524  
Fax: (207) 287 5431  
Website: <http://www.maine.gov/dhhs/mecdc/local-public-health/orhpc/index.shtml>

## **Maryland**

Maryland Office of Primary Care & Rural Health  
Maryland Department of Health and Mental Hygiene  
201 West Preston Street  
Baltimore, MD 21201  
Phone: (410) 767 5746  
Fax: (410) 333 7501  
Website: <http://fha.dhmh.maryland.gov/ohpp/SitePages/sorh-home.aspx>

## **Massachusetts**

Massachusetts Office of Rural Health  
Massachusetts Department of Public Health  
180 Beaman Street  
West Boylston, MA 01583  
Phone: (508) 792 7880  
Fax: (508) 792 7706  
Website: <http://www.mass.gov/eohhs/gov/departments/dph/programs/rural-health.html>

## **Michigan**

Michigan Center for Rural Health  
Michigan State University  
B-218 West Fee Hall  
East Lansing, MI 48824  
Phone: (517) 432 1066  
Fax: (517) 432 0007  
Website: <http://www.mcrh.msu.edu/>

**Minnesota**

Minnesota Office of Rural Health and Primary Care  
Minnesota Department of Health  
P.O. Box 64882  
St. Paul, MN 55164  
Phone: (651) 201 3838  
Fax: (651) 201 3830  
Website: <http://www.health.state.mn.us/divs/orhpc/index.html>

**Mississippi**

Mississippi Office of Rural Health  
Mississippi Department of Health  
570 East Woodrow Wilson  
P.O. Box 1700  
Jackson, MS 39215  
Phone: (601) 576 7216  
Fax: (601) 576 7530  
Website: [http://msdh.ms.gov/msdhsite/\\_static/44,0,111.html](http://msdh.ms.gov/msdhsite/_static/44,0,111.html)

**Missouri**

Missouri Office of Rural Health  
Missouri Department of Health and Senior Services  
920 Wildwood Drive  
P.O. Box 570  
Jefferson City, MO 65102  
Phone: (573) 751 6219  
Fax: (573) 526 4102  
Website: <http://health.mo.gov/living/families/ruralhealth/index.php>

**Montana**

Montana Office of Rural Health  
Montana Area Health Education Center  
Montana State University - Bozeman  
304 Culbertson Hall  
P.O. Box 170540  
Bozeman, MT 59717  
Phone: (406) 994 6003  
Fax: (406) 994 5653  
Website: <http://healthinfo.montana.edu/>



**Nebraska**

Nebraska Office of Rural Health  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
P.O. Box 95026  
Lincoln, NE 68509  
Phone: (402) 471 2337  
Fax: (402) 471 0180  
Website: <http://www.unmc.edu/rural/NeRHW/>

**Nevada**

Nevada Office of Rural Health  
University of Nevada School of Medicine  
411 W. 2nd St.  
Reno, NV 89503  
Phone: (775) 784 4841  
Fax: (775) 784 4544  
Website: <http://www.medicine.nevada.edu/cehso/orh.html>

**New Hampshire**

New Hampshire Rural Health & Primary Care  
New Hampshire Department of Health  
29 Hazen Drive  
Concord, NH 03301  
Phone: (603) 271 4741  
Fax: (603) 271 4506  
Website: <http://www.dhhs.nh.gov/dphs/bchs/rhpc/rural.htm>

**New Jersey**

New Jersey Office of Rural Health  
New Jersey Department of Health & Senior Services  
50 East State Street, 6th Floor  
P.O. Box 364  
Trenton, NJ 08625  
Phone: (609) 292 1495  
Fax: (609) 292 9599  
Website: <http://www.nj.gov/health/fhs/primarycare/ruralhealth.shtml>

**New Mexico**

New Mexico Office of Rural Health/Primary Care  
New Mexico Department of Health

300 San Mateo NE  
Albuquerque, NM 87108  
Phone: (505) 841 5871  
Fax: (505) 841 5885  
Website: <http://nmhealth.org/PHD/OPRH.shtml>

### **New York**

New York (Charles D. Cook) Office of Rural Health  
New York Department of Health  
433 River Street, 6th Floor  
Troy, NY 12180  
Phone: (518) 402 0102  
Website: <http://www.health.ny.gov/>

### **North Carolina**

North Carolina Office of Rural Health & Community Care  
North Carolina Department of Health and Human Services  
311 Ashe Avenue  
Raleigh, NC 27606  
Phone: (919) 733 2040  
Fax: (919) 733 8300  
Website: <http://www.ncdhhs.gov/orhcc/>

### **North Dakota**

North Dakota Center for Rural Health  
School of Medicine and Health Sciences  
501 North Columbia, Road Stop 9037  
Grand Forks, ND 58202  
Phone: (701) 777 3848  
Fax: (701) 777 6779  
Website: <http://ruralhealth.und.edu/projects/sorh/>

### **Ohio**

Ohio State Office of Rural Health  
Primary Care & Rural Health Program  
Ohio Department of Health  
246 North High Street, 6th Floor  
Columbus, OH 43215  
Phone: (614) 644 8508  
Fax: (614) 995 4235  
Website:  
[http://www.odh.ohio.gov/odhPrograms/chss/PCRH\\_Programs/rural\\_health/rhealth1.aspx](http://www.odh.ohio.gov/odhPrograms/chss/PCRH_Programs/rural_health/rhealth1.aspx)

**Oklahoma**

Oklahoma Office of Rural Health  
Oklahoma State University Center for Health Sciences  
One Western Plaza  
5500 N. Western, Suite 278  
Oklahoma City, OK 73118  
Phone: (405) 842 3100  
Fax: (405) 842 9302  
Website: <http://www.healthsciences.okstate.edu/ruralhealth/orh.cfm>

**Oregon**

Oregon Office of Rural Health  
Oregon Health & Science University  
3181 SW Sam Jackson Park Road, L593  
P.O. rtland, OR 97239  
Phone: (503) 494 4450  
Fax: (503) 494 4798  
Website: <http://www.ohsu.edu/xd/outreach/oregon-rural-health/index.cfm/>

**Pennsylvania**

Pennsylvania Office of Rural Health  
Pennsylvania State University  
202 Beecher-Dock House  
University Park, PA 16802  
Phone: (814) 863 8214  
Fax: (814) 865 4688  
Website: <http://porh.psu.edu/>

**Rhode Island**

Rhode Island Office of Primary Care & Rural Health  
Rhode Island Department of Health  
3 Capitol Hill, Room 302  
Providence, RI 02908  
Phone: (401) 222 7626  
Fax: (401) 222 1442  
Website: <http://www.health.state.ri.us/>

**South Carolina**

South Carolina Office of Rural Health  
107 Saluda Drive

Lexington, SC 29072  
Phone: (803) 454 3850  
Fax: (803) 454 3860  
Website: <http://www.scorh.net/>

### **South Dakota**

South Dakota Office of Rural Health  
South Dakota Department of Health  
600 East Capitol Avenue  
Pierre, SD 57501  
Phone: (605) 773 3361  
Fax: (605) 773 5683  
Website: <http://doh.sd.gov/RuralHealth/>

### **Tennessee**

Tennessee Office of Rural Health  
Tennessee Department of Health  
425 Fifth Avenue North  
Nashville, TN 37247  
Phone: (615) 741 0417  
Fax: (615) 253 2100  
Website: <http://health.state.tn.us/rural/index.html>

### **Texas**

Texas Department of Rural Affairs  
State Office of Rural Health Division  
1700 North Congress Avenue, Suite 220  
P.O. Box 12877  
Austin, TX 78701  
Phone: (512) 936 6701  
Fax: (512) 936 6776  
Website: <http://tdra.texas.gov/redirect.html>

### **Utah**

Utah Office of Primary Care and Rural Health  
Utah Department of Health  
3760 S. Highland Drive  
P.O. Box 142005  
Salt Lake City, UT 84114  
Fax: (801) 538 6387  
Website: [http://health.utah.gov/primary\\_care/ruralhealth.html](http://health.utah.gov/primary_care/ruralhealth.html)

**Vermont**

Vermont Office of Rural Health  
Vermont Department of Health  
108 Cherry Street  
P.O. Box 70  
Burlington, VT 05401  
Phone: (802) 951 1259  
Fax: (802) 951 1275  
Website: [http://www.healthvermont.gov/rural/rural\\_health.aspx](http://www.healthvermont.gov/rural/rural_health.aspx)

**Virginia**

Virginia Office of Minority Health and Health Equity  
Virginia Department of Health  
109 Governor Street, Suite 1016 East  
P.O. Box 2448  
Richmond, VA 23219  
Phone: (804) 864 7425  
Fax: (804) 864 7440  
Website: <http://www.vdh.virginia.gov/healthpolicy/>

**Washington**

Washington Statewide Office of Rural Health  
Washington State Department of Health  
P.O. Box 47834  
Olympia, WA 98504  
Phone: (360) 236 2800  
Fax: (360) 664 9273  
Website: <http://www.doh.wa.gov/hsqa/ocrh/>

**West Virginia**

West Virginia Division of Rural Health & Recruitment  
Office of Community Health Systems & Health Promotion  
350 Capitol Street, Room 515  
Charleston, WV 25301  
Phone: (304) 558 4382  
Fax: (304) 558 1437  
Website: <http://www.wvochs.org/orhp/default.aspx>

**Wisconsin**

Wisconsin Office of Rural Health  
University of Wisconsin-Madison School of Medicine & Public Health

310 N. Midvale Boulevard, Suite 301  
Madison, WI 53705  
Phone: (608) 261 1885  
Fax: (608) 261 1893  
Website: <http://www.worh.org/>

## **Wyoming**

Wyoming Office of Rural Health  
Rural and Frontier Health Division  
Wyoming Department of Health  
6101 Yellowstone Road, Suite 510  
Cheyenne, WY 82002  
Phone: (307) 777 6512  
Fax: (307) 777 8545  
Website: <http://www.health.wyo.gov/rfhd/rural/index.html>

# **Appendix C**

## **Contact Information for State Hospital Associations**

**Provided by:**

**American Hospital Association**

## State Hospital Associations

### Alabama

Alabama Hospital Association  
500 North East Blvd.  
Montgomery, AL 36117  
Phone: (334) 272 8781  
Fax: (334) 272 9527  
[www.alaha.org](http://www.alaha.org)

### Alaska

Alaska State Hospital & Nursing Home Association  
426 Main Street  
Juneau, AK 99801  
Phone: (907) 586 1790  
Fax: (907) 463 3573  
[www.asknha.com](http://www.asknha.com)

### Arizona

Arizona Hospital and Healthcare Association  
2800 North Central Ave., Suite 1450  
Phoenix, AZ 85004  
Phone: (602) 445 4300  
Fax: (602) 445 4299  
[www.azhha.org](http://www.azhha.org)

### Arkansas

Arkansas Hospital Association  
419 Natural Resources Drive  
Little Rock, AR 72205  
Phone: (501) 224 7878  
Fax: (501) 224 0519  
[www.arkhospitals.org](http://www.arkhospitals.org)

### California

California Hospital Association  
1215 K Street, Suite 800  
Sacramento, CA 95814  
Phone: (916) 443 7401  
Fax: (916) 552 7596  
[www.calhospital.org](http://www.calhospital.org)



Hospital Association of San Diego and Imperial Counties  
5575 Ruffin Road, Suite 225  
San Diego, CA 92123  
Phone: (858) 614 0200  
Fax: (858) 614 0201  
[www.hasdic.org](http://www.hasdic.org)

Hospital Association of Southern California  
515 S. Figueroa Street, Suite 1300  
Los Angeles, CA 90071  
Phone: (213) 538 0706  
Fax: (213) 629 4272  
[www.hasc.org](http://www.hasc.org)

Hospital Council of Northern and Central California  
1215 K Street, Suite 730  
Sacramento, CA 95814  
Phone: (916) 552 7608  
Fax: (916) 552 2618  
[www.hospitalcouncil.net](http://www.hospitalcouncil.net)

## **Colorado**

Colorado Hospital Association  
7335 East Orchard Road, #100  
Greenwood Village, CO 80111  
Phone: (720) 489 1630  
Fax: (720) 489 9400  
[www.cha.com](http://www.cha.com)

## **Connecticut**

Connecticut Hospital Association  
110 Barnes Road  
Wallingford, CT 6492  
Phone: (203) 265 7611  
Fax: (203) 284 9318  
[www.cthosp.org](http://www.cthosp.org)

## **Delaware**

Delaware Hospital Association  
1280 South Governors Avenue  
Dover, DE 19904  
Phone: (302) 674 2853

Fax: (302) 734 2731  
www.dha.org

## **Florida**

Florida Hospital Association  
307 Park Lake Circle  
Orlando, FL 32803  
Phone: (407) 841 6230  
www.fha.org

South Florida Hospital & Healthcare Association  
6363 Taft Street, Suite 200  
Hollywood, FL 33024  
Phone: (800) 624 3365  
www.sfhha.com

## **Georgia**

Georgia Hospital Association  
1675 Terrell Mill Road  
Marietta, GA 30067  
Phone: (770) 249 4500  
Fax: (770) 955 5801  
www.gha.org

## **Hawaii**

Healthcare Association of Hawaii  
932 Ward Avenue, Suite 430  
Honolulu, HI 96814  
Phone: (808) 521 8961  
Fax: (808) 599 2879  
www.hah.org

## **Idaho**

Idaho Hospital Association  
615 North 7th Street  
P.O. Box 1278  
Boise, ID 83701  
Phone: (208) 338 5100  
Fax: (208) 338 7800  
www.teamiha.org

**Illinois**

Illinois Hospital Association  
1151 East Warrenville Road  
P.O. Box 3015  
Naperville, IL 60566  
Phone: (630) 276 5400  
[www.ihatoday.org](http://www.ihatoday.org)

Metropolitan Chicago Healthcare Council  
222 S. Riverside Plaza, 19th Floor  
Chicago, IL 60606  
Phone: (312) 906 6100  
Fax: (312) 993 1501  
[www.mchc.org](http://www.mchc.org)

**Indiana**

Indiana Hospital Association  
One American Square, Suite 1900  
Indianapolis, IN 46282  
Phone: (317) 622 4870  
Fax: (317) 633 4875  
[www.ihconnect.org](http://www.ihconnect.org)

**Iowa**

Iowa Hospital Association  
100 East Grand Ave, Suite 100  
Des Moines, IA 50309  
Phone: (515) 288 1955  
[www.ihaonline.org](http://www.ihaonline.org)

**Kansas**

Kansas Hospital Association  
215 SE 8th Street  
Topeka, KS 66603  
Phone: (785) 233 7436  
Fax: (785) 233 6955  
[www.kha-net.org](http://www.kha-net.org)

**Kentucky**

Kentucky Hospital Association  
2501 Nelson Miller Parkway

Louisville, KY 40223  
Phone: (502) 426 6220  
Fax: (502) 426 6226

## **Louisiana**

Louisiana Hospital Association  
9521 Brookline Avenue  
Baton Rouge, LA 70809  
Phone: (225) 928 0026  
Fax: (225) 923 1004  
[www.lhaonline.org](http://www.lhaonline.org)

Metropolitan Hospital Council of New Orleans  
2450 Seven Avenue, Suite 210  
Metairie, LA 70001  
Phone: (504) 837 1171  
Fax: (504) 837 1174

## **Maine**

Maine Hospital Association  
33 Fuller Road  
Augusta, ME 4330  
Phone: (207) 622 4794  
Fax: (207) 622 3073  
[www.themhs.org](http://www.themhs.org)

## **Maryland**

Healthcare Council of the National Capital Area  
8201 Capital Drive, Suite 410  
Landover, MD 20785  
Phone: (301) 731 4700  
Fax: (301) 731 8286  
[www.healthcare-council.org](http://www.healthcare-council.org)

Maryland Hospital Association  
6820 Deerpath Road  
Elkridge, MD 21075  
Phone: (410) 379 6200  
[www.mdhospitals.org](http://www.mdhospitals.org)

**Massachusetts**

Massachusetts Hospital Association  
5 New England Executive Park  
Burlington, MA 01803  
Phone: (781) 272 8000  
[www.mhslink.org](http://www.mhslink.org)

**Michigan**

Hospital Council of East Central Michigan  
315 Mullholland Street  
Bay City, MI 48708  
Phone: (989) 891 8810  
Fax: (989) 891 8161

Michigan Health & Hospital Association  
6215 W. St. Joseph Highway  
Lansing, MI 48917  
Phone: (517) 323 3443  
Fax: (517) 323 0946  
[www.mha.org](http://www.mha.org)

North Central Council of MHA  
616 Petosky Street, Suite 208  
Petosky, MI  
Phone: (231) 439 9812  
Fax: (231) 439 9813

**Minnesota**

Minnesota Hospital Association  
2550 University Ave. W., Suite 350-S  
St. Paul, MN 55114  
Phone: (651) 641 1131  
Fax: (651) 659 1477  
[www.mnhospitals.org](http://www.mnhospitals.org)

**Mississippi**

Mississippi Hospital Association  
116 Woodgreen Place  
P.O. Box 1909  
Madison, MS 39110  
Phone: (800) 289 8884  
Fax: (601) 368 3200  
[www.mhanet.org](http://www.mhanet.org)

**Missouri**

Missouri Hospital Association  
4712 Country Club Drive  
P.O. Box 60  
Jefferson City, MO 65102  
Phone: (573) 893 3700  
Fax: (573) 893 2809  
[www.mhanet.com](http://www.mhanet.com)

**Montana**

MHA: An Association of Montana Health Care Providers  
1720 9th Avenue  
Helena, MT 59601  
Phone: (406) 442 1911  
Fax: (406) 443 3894  
[www.mtha.org](http://www.mtha.org)

**Nebraska**

Nebraska Hospital Association  
3255 Salt Creek Circle, Suite 100  
Lincoln, NE 68504  
Phone: (402) 742 8140  
Fax: (402) 742 8191  
[www.nhanet.org](http://www.nhanet.org)

**Nevada**

Nevada Hospital Association  
5250 Neil Road, Suite 302  
Reno, NV 89502  
Phone: (775) 827 0184  
[www.nvha.net](http://www.nvha.net)

**New Hampshire**

New Hampshire Hospital Association  
125 Airport Road  
Concord, NH 03301  
Phone: (603) 225 0900  
Fax: (603) 225 4346  
[www.nhha.org](http://www.nhha.org)

**New Jersey**

New Jersey Hospital Association  
760 Alexander Road  
PO Box 1  
Princeton, NJ 08543  
Phone: (609) 275 4000  
[www.njha.com](http://www.njha.com)

**New Mexico**

New Mexico Hospital Association  
7471 Pan American Freeway NE  
Albuquerque, NM 87109  
Phone: (505) 343 0010  
Fax: (505) 343 0012  
[www.mnhanet.org](http://www.mnhanet.org)

**New York**

Greater New York Hospital Association  
555 West 57th Street, 15th Floor  
New York, NY 10019  
Phone: (212) 246 7100  
Fax: (212) 262 6350  
[www.gynha.org](http://www.gynha.org)

Healthcare Association of New York State  
One Empire Drive  
Rensselaer, NY 12144  
Phone: (618) 431 7600  
[www.hanys.org](http://www.hanys.org)

Iroquois Healthcare Alliance  
17 Halfmoon Executive Park Drive  
Clifton Park, NY 12065  
Phone: (518) 383 5060

Fax: (518) 383 2616  
www.iroquois.org

Nassau-Suffolk Hospital Council, Inc.  
1383 Veterans Memorial Highway, Suite 26  
Hauppauge, NY  
Phone: (631) 963 4150  
Fax: (631) 435 2343  
www.nsha.org

Northern Metropolitan Hospital Association  
400 Stony Brook Court  
Newburgh, NY 12550  
Phone: (845) 562 7520  
Fax: (845) 562 0187  
www.normet.org

Rochester Regional Healthcare Association  
3445 Winton Place  
Rochester, NY 14623  
Phone: (585) 273 8180  
Fax: (585) 475 0266

Western New York Healthcare Association  
1876 Niagra Falls Boulevard  
Tonawanda, NY 14150  
Phone: (716) 695 0843  
Fax: (716) 695 0073  
www.wnyha.com

## **North Carolina**

North Carolina Hospital Association  
2400 Weston Parkway  
Cary, NC 27513  
Phone: (919) 677 2400  
Fax: (919) 677 4200  
www.ncha.org

## **North Dakota**

North Dakota Healthcare Association  
1622 E. Interstate Ave.  
P.O. Box 7340  
Bismarck, ND 58507  
Phone: (701) 224 9132



Fax: (701) 224 9529  
[www.ndha.org](http://www.ndha.org)

## Ohio

Akron Regional Hospital Association  
3200 West Market Street, Suite 200  
Akron, OH 44333  
Phone: (330) 873 1500  
Fax: (330) 873 1501  
[www.arha.org](http://www.arha.org)

The Center for Health Affairs  
1226 Huron Road East  
Cleveland, OH 44115  
Phone: (216) 696 6900  
Fax: (216) 696 1875  
[www.chanet.org](http://www.chanet.org)

Central Ohio Hospital Council  
155 East Broad Street, 2nd Floor  
Columbus, OH 43215  
Phone: (614) 358 2710  
[www.centralohiohospitals.org](http://www.centralohiohospitals.org)

Greater Cincinnati Health Council  
2100 Sherman Avenue, Suite 100  
Cincinnati, OH 45212  
Phone: (513) 531 0200  
Fax: (513) 531 0278  
[www.gchc.org](http://www.gchc.org)

Greater Dayton Area Hospital Association  
2 Riverplace, Suite 400  
Dayton, OH 45405  
Phone: (937) 228 1000  
Fax: (937) 228 1035  
[www.gdaha.org](http://www.gdaha.org)

Hospital Council of Northwest Ohio  
3231 Central Park West Drive, Suite 200  
Toledo, OH 43617  
Phone: (419) 842 0800  
Fax: (419) 843 8889  
[www.hcno.org](http://www.hcno.org)

Ohio Hospital Association  
155 E. Broad St., Floor 15  
Columbus, OH 43215  
Phone: (614) 221 7614  
Fax: (614) 221 4771  
[www.ohanet.org](http://www.ohanet.org)

## Oklahoma

Oklahoma Hospital Association  
4000 Lincoln Blvd.  
Oklahoma City, OK 73105  
Phone: (405) 427 9537  
Fax: (405) 424 4507  
[www.okoha.com](http://www.okoha.com)

## Oregon

Oregon Association of Hospitals and Health Systems  
4000 Kruse Way Place Building 2, Suite 100  
Lake Oswego, OR 97035  
Phone: (503) 636 2204  
Fax: (503) 636 8310  
[www.oahhs.org](http://www.oahhs.org)

## Pennsylvania

Delaware Valley Healthcare Council of HAP  
121 S. Broad Street, 20th Floor  
Philadelphia, PA 19107  
Phone: (215) 735 4295  
Fax: (215) 790 1267  
[www.dvhc.org](http://www.dvhc.org)

The Hospital & Healthsystem Association of Pennsylvania  
4750 Lindle Road  
P.O. Box 8600  
Harrisburg, PA 17105  
Phone: (717) 564 9200  
Fax: (717) 561 5334  
[www.haponline.org](http://www.haponline.org)

Hospital Council of Western Pennsylvania  
500 Commonwealth Drive  
Warrendale, PA 15086  
Phone: (724) 772 7206

Fax: (724) 772 8339  
www.hcwp.org

### **Rhode Island**

Hospital Association of Rhode Island  
100 Midway Road, Suite 21  
Cranston, RI 2920  
Phone: (401) 946 7887  
Fax: (401) 946 8188  
www.hari.org

### **South Carolina**

South Carolina Hospital Association  
1000 Center Point Road  
Columbia, SC 29210  
Phone: (803) 796 3080  
www.scha.org

### **South Dakota**

South Dakota Association of Healthcare Organizations  
3708 W. Brooks Place  
Sioux Falls, SD 57106  
Phone: (605) 361 2281  
Fax: (605) 361 5175  
www.sdaho.org

### **Tennessee**

Tennessee Hospital Association  
500 Interstate Blvd., South  
Nashville, TN  
Phone: (615) 256 8240  
www.tha.com

### **Texas**

Dallas-Fort Worth Hospital Council  
250 Decker Drive  
Irving, TX 75062  
Phone: (972) 719 4900  
Fax: (972) 719 4009  
www.dfwhc.org

Greater San Antonio Hospital Council  
7500 US Highway 90 West AT&T Building, Suite 200  
San Antonio, TX 78217  
Phone: (210) 820 3500  
Fax: (210) 820 3888

Texas Hospital Association  
1108 Lavaca, Suite 700  
P.O. Box 679010  
Austin, TX 78701  
Phone: (512) 465 1000  
Fax: (512) 465 1090  
[www.texashospitalsonline.org](http://www.texashospitalsonline.org)

## Utah

Utah Hospitals and Health Systems Association  
2180 South 1300 East, Suite 440  
Salt Lake City, UT 84106  
Phone: (801) 486 9915  
Fax: (801) 486 0882  
[www.uha-utah.org](http://www.uha-utah.org)

## Vermont

Vermont Association of Hospitals and Health Systems  
148 Main Street  
Montpelier, VT 0  
Phone: (802) 223 3461  
Fax: (802) 223 0364  
[www.vahhs.org](http://www.vahhs.org)

## Virginia

Healthcare Council of the National Capital Area  
8201 Capital Drive, Suite 410  
Landover, VA 20785  
Phone: (301) 731 4700  
Fax: (301) 731 8286  
[www.healthcare-council.org](http://www.healthcare-council.org)

Virginia Hospital & Healthcare Association  
4200 Innslake Drive  
Glen Allen, VA 23060  
Phone: (804) 956 1216  
Fax: (804) 965 0475

[www.vhha.com](http://www.vhha.com)

### **West Virginia**

West Virginia Hospital Association  
100 Association Drive  
Charleston, WV 25311  
Phone: (304) 344 9744  
Fax: (304) 344 9745  
[www.wvha.com](http://www.wvha.com)

### **Washington**

Washington State Hospital Association  
300 Elliot Avenue West, Suite 300  
Seattle, WA 98119  
Phone: (206) 281 7211  
Fax: (206) 283 6122  
[www.wsha.org](http://www.wsha.org)

### **Wisconsin**

Wisconsin Hospital Association  
5510 Research Park Drive  
P.O. Box 259038  
Madison, WI 53725  
Phone: (608) 274 1820  
Fax: (608) 274 8554  
[www.wha.org](http://www.wha.org)

### **Wyoming**

Wyoming Hospital Association  
2005 Warren  
P.O. Box 249  
Cheyenne, WY 82003  
Phone: (307) 632 9344  
Fax: (307) 632 9347  
[www.wyohospitals.com](http://www.wyohospitals.com)

# **Appendix D**

## **Example Invitation Letter to Community Advisory Committee**

## Potential Community Advisory Committee Members

*Consider the following categories when looking at your community for Community Committee members. We suggest a steering committee of between 20-30 people, recognizing that not all members will be able to attend all meetings. This will provide enough capacity to accomplish the tasks for each meeting.*

---

City government(s); city manager, mayor, city council members  
County government(s); county commissioners, county officers  
State government; human services, health department, state legislators  
Tribal government(s); tribal leaders, health care coordinator, local IHS representative  
Health care providers  
    Hospital administrator and other key hospital personnel  
    Hospital board members  
    Physicians  
    Dentists  
    Optometrists  
    Chiropractors  
    Clinics or community health centers  
    Mental health professionals—i.e., psychiatrist, psychologist, counselors  
    Nurse practitioners  
    Physician assistants  
    Therapists—physical, massage, speech, rehabilitation, occupational  
    Pharmacists  
    Medical equipment suppliers  
    Home health providers  
    Hospice  
    Nursing homes, assisted living facilities, and adult day services  
    School health  
    Others  
Emergency medical services (ambulance services)  
Local public health officials  
Chamber(s) of commerce  
Economic development groups; coalitions, councils of government, sub-state planning districts  
Industry/business; manufacturing, banks, phone companies, retail sales (Main St. businesses), groceries, realtors, insurance, fishing, farming, forestry, mining, petroleum, etc.  
Public education; superintendent, principals, school nurse  
Technology education (formerly vo-tech)  
Higher education  
Private education  
Volunteer organizations; local food banks, soup kitchens  
Religious leaders; ministerial alliance, ministers  
Minority or disparate population groups or group leaders  
Service organizations; Kiwanis, Lions, Rotary, Toastmasters, etc.  
Social service organizations  
Other community leaders

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## PROPOSED COMMUNITY ADVISORY COMMITTEE INVITATION LETTER

Dear (County/Community) Leader:

(Hospital Name) is requesting your assistance in conducting a community health needs assessment. “The Patient Protection and Affordable Care Act” passed in 2010 and requires all not-for-profit hospitals to conduct a community health needs assessment every three years.

**We need your help!** To meet this requirement, we need a community advisory committee of community leaders. You were selected because of your leadership position in the (County/Community). If you agree to help us, your responsibilities will be to provide counsel at a minimum of three (County/Community) meetings (times and dates below), to complete a community health survey questionnaire, and to assist in having five or six community members complete the community health survey.

The process will require your participation at a minimum of three meetings, scheduled on (Meeting One Date, Time, and Place), (Meeting One Date, Time, and Place), and (Meeting One Date, Time, and Place). The meetings will include a review of the legislative requirements. Light refreshments will be provided at all meetings.

The first two meetings will typically last one to 1 ½ hours. At the first meeting, we will provide an overview of the new legislative requirements and present a study which measures the economic contribution of the hospital. We will have you complete a community health survey questionnaire and ask you to take five or six surveys to be completed by community members. At the second meeting, the completed surveys will be collected, and an economic and demographic data report and a health indicator/health outcome data report will be presented.

The third meeting will last about two hours. The summary results of the community health survey will be shared and your counsel will be needed to determine our (County/Community)’s health care needs and to prioritize these needs. We will also ask for your suggestions as to implementation strategies and responsibilities.

(Hospital Name) seeks your participation in providing input about as to how (Hospital Name) can improve and expand our health services in (County/Community). Your input on the community health needs of (County/Community) is important. (Hospital Name) not only wants to meet the federal requirements but wants to provide for the health care needs in our (County/Community).

This committee will include about 25 - 35 (County/Community) leaders. Since your input is important, we would greatly appreciate your willingness to serve on this important committee. Please let us know of your availability to participate and provide this valuable service to our (Hospital Name) and to our (County/Community).

Sincerely,



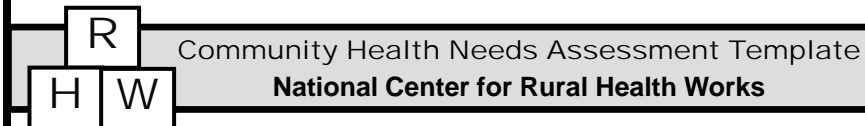
# **Appendix E**

## **PowerPoint Presentation – Overview of Community Health Needs Assessment Process**

# Community Health Needs Assessment

Facilitated by:  
FACILITATOR

## Community Health Needs Assessment (CHNA) Toolkit



## WHAT are we doing?

A community-based assessment of health care needs in the medical service area of *Local Hospital*.

- From the community's perspective as to health care needs
- From analysis of data and information from public health department, other data sources, survey results, and economic impact study

## **(Cont'd) WHAT are we doing?**

Outcomes of the community-based assessment will depend on:

- Community recommendations to *Local Hospital*
- *Local Hospital's* resource availability

Results of the community needs assessment will be reported to the IRS on Form 990 and related schedules by *Local Hospital*



## **WHY are we doing this?**

The Patient Protection and Affordable Care Act (PPACA) requires not-for-profit hospitals to provide a Community Health Needs Assessment, as follows:

- The organization must conduct a “community health needs assessment” not less frequently than every three years and adopt an implementation strategy to meet the community health needs identified through the assessment.

## **(Cont'd) WHY are we doing this?**

- A “community health needs assessment” must include input from persons “represent[ing] the broad interests of the community served by the hospital facility,” including those “with special knowledge of or expertise in public health.”
- The assessment must be made widely available to the public.

Hospitals are required to fulfill these requirements to preserve their status as not-for-profit facilities.

## **(Cont'd) WHY are we doing this?**

The legislation also includes:

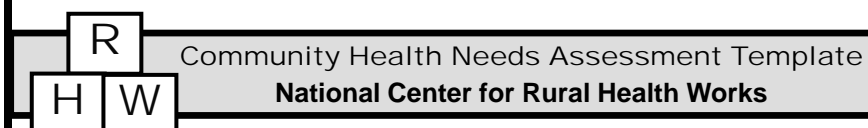
- Financial Assistance Policy Requirements
- Requirements regarding Charges
- Billing and Collection Requirements

*Local Hospital* will fulfill these requirements internally.

## WHY we WANT to do this?

Regardless of the legislative requirements, *Local Hospital* wants community-based assessment to become a part of the hospital strategic plan on a long-term, continuing basis.

- Community will provide input to *Local Hospital* as to the community's needs.
- *Local Hospital* will develop communications and relationships with the community to plan and provide for the community's needs.



## WHAT is required from the Community Advisory Committee?

1. To review and analyze data and information provided during process:
  - From *Local Hospital*:
    - *Local Hospital's* medical service area
    - Services and community benefits currently provided
  - From State or Local Public Health:
    - Data on health indicators and outcomes

**(Cont'd) WHAT is required  
from the Community Advisory Committee?**

- From other sources:
  - U. S. Census Bureau and County Business Patterns
  - ESRI
  - U. S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis
  - Other agencies and foundations that provide relevant health data

**(Cont'd) WHAT is required  
from the Community Advisory Committee?**

- Information will also be provided concerning:
  - The economic impact of *Local Hospital*
  - Jobs and salaries, wages, and benefits generated locally by *Local Hospital*
  - A summary of the importance of *Local Hospital* to the local economy

**(Cont'd) WHAT is required  
from the Community Advisory Committee?**

2. Provide input through health survey questionnaire and have other community members complete survey.
3. Review and analyze results of survey.
4. Provide input and recommendations on local community needs in the *Local Hospital* medical service area.

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H W  
Community Health Needs Assessment Template  
National Center for Rural Health Works

**SUMMARY of Community Advisory Committee  
Responsibilities**

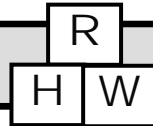
- ✓ Participate in a three-meeting community-based needs assessment
- ✓ Complete community health survey and have others complete survey
- ✓ Review data and information and identify and prioritize the health needs of the community
- ✓ Community members will make recommendations to *Local Hospital*

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H W  
Community Needs Assessment Template  
National Center for Rural Health Works

## ***Local Hospital – Community Meeting #1***

### AGENDA FOR COMMUNITY MEETING #1

- I. Introductions – *CEO, Local Hospital*
- II. Overview of CHNA Process – *Facilitator*
- III. Delineate Medical Service Area – *CEO, Local Hospital*
- IV. *Local Hospital* Services/Community Benefits – *CEO, Local Hospital*
- V. Economic Impact of *Local Hospital* – *Facilitator*

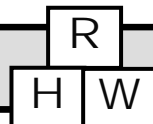


Community Needs Assessment Template  
National Center for Rural Health Works

## ***Local Hospital – Community Meeting #1***

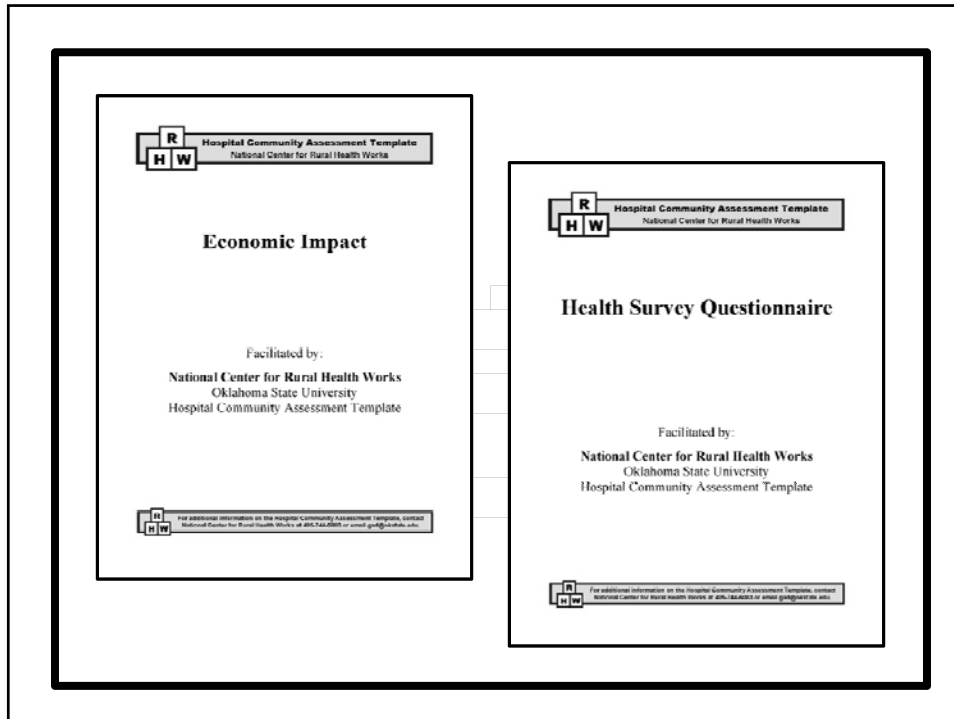
### (Cont'd) AGENDA FOR COMMUNITY MEETING #1

- VI. *Local Hospital* Survey Questionnaire – *Facilitator*
  - Survey Questionnaire completed at meeting
  - Each member to take 5 to 6 surveys and have completed by community members of their constituency
- VII. Questions – *Facilitator*
- VIII. Next Steps – *Facilitator*
  - Meetings #2 & #3 – Day of week, Month, Day, Year, Time, Location and Place of Meetings #2 & #3



Community Needs Assessment Template  
National Center for Rural Health Works





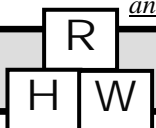
***Local Hospital – Community Meeting #2***

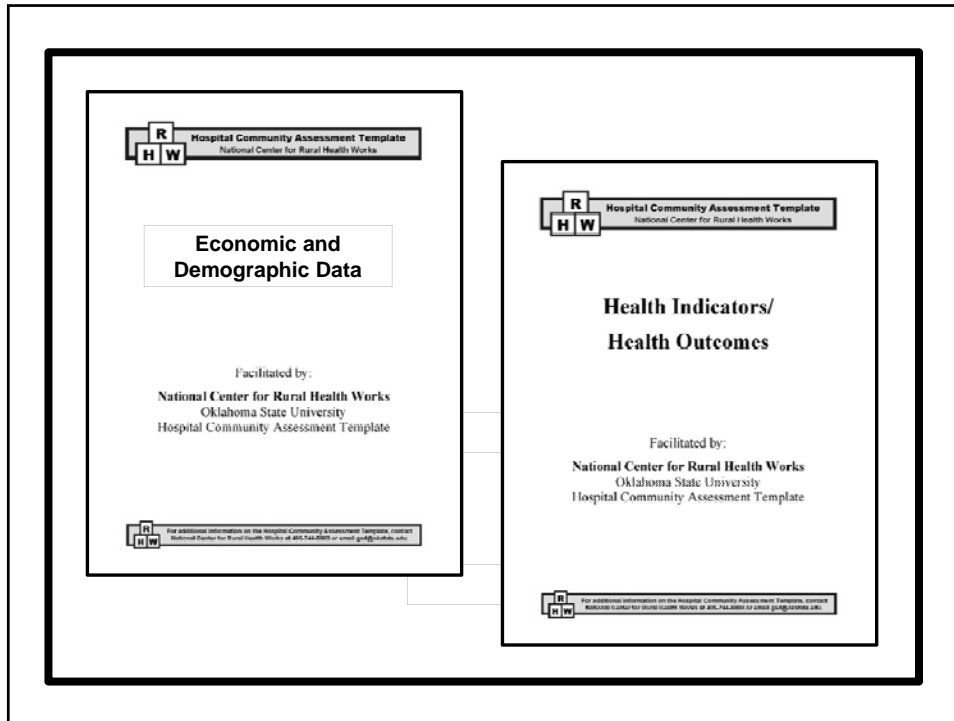
**AGENDA FOR COMMUNITY MEETING #2**

*Day of week, Month, Day, Year, Time,*

*Location and Place of Meeting*

- I. Introductions – ***CEO, Local Hospital***
- II. Review of Meeting #1 – ***Facilitator***
- III. Collect Completed Surveys – ***Steering Committee***
- IV. Economic and Demographic Data - ***Facilitator***
- IV. Health Indicator/Health Outcome Data – ***Facilitator***
- V. Questions – ***Facilitator***
- VI. Next Steps – ***Facilitator***
  - Meeting #3 – *Day of week, Month, Day, Year, Time, Location and Place of Meetings #3*


**Community Needs Assessment Template**  
**National Center for Rural Health Works**



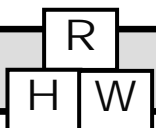
***Local Hospital – Community Meeting #3***

AGENDA FOR COMMUNITY MEETING #3

*Day of week, Month, Day, Year, Time,*

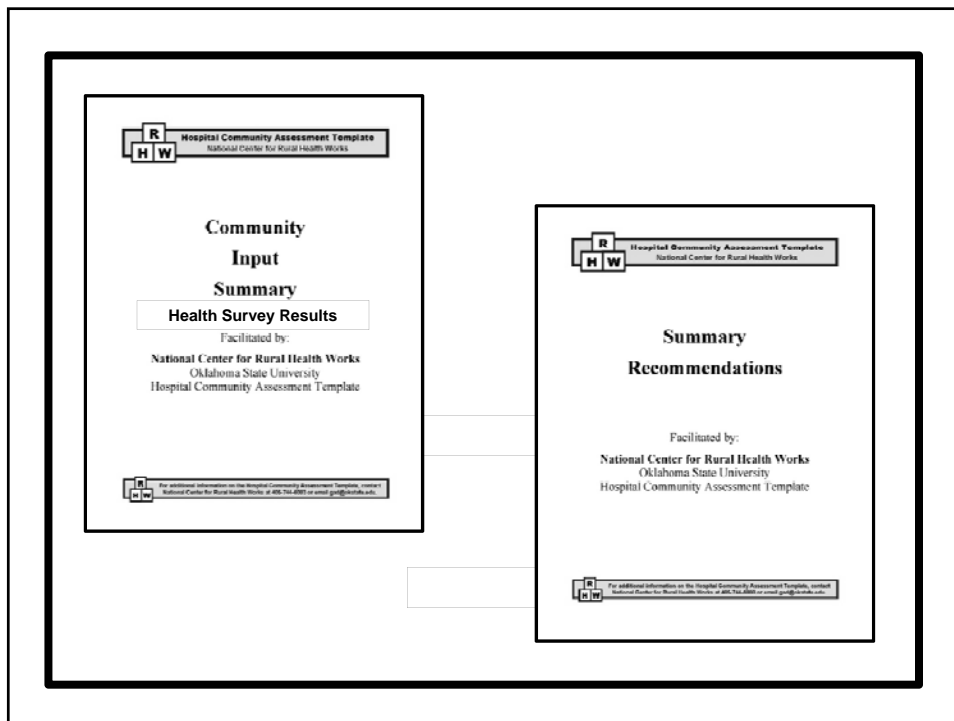
*Location and Place of Meeting*

- I. Introductions – ***CEO, Local Hospital***
- II. Review of Meetings #1 & #2 – ***Facilitator***
- III. Present Survey Results – ***Facilitator***
- V. Discuss community health needs/issues – ***Facilitator***
  - Identify and prioritize community health needs
  - Suggest possible implementation strategies/responsibilities
  - Summary community recommendations
- VI. Response and final comments - ***CEO, Local Hospital***


**Community Needs Assessment Template**  
**National Center for Rural Health Works**

**Community Health Needs Assessment -  
Summary Recommendations to *Local Hospital*  
Community Needs and Implementation Strategies with Responsibilities**

Community Need	Implementation Strategy	Responsible Organization or Person
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____



**Community Health  
Needs Assessment  
Reporting  
to Meet IRS  
Requirements**

**IRS Forms:  
Form 990  
& Form 990  
Schedule H**

Summary Report Outline Community Health Needs Assessment	
<b>Community Members Involved</b>	Need to include name, organization and contact information for: <input type="text"/>
	Hospital Administrator Steering Committee or Leadership Group Facilitator Community Advisory Committee Members
<b>Medical Service Area</b>	Describe by county or zip code areas Include populations and projected populations of medical service area Include demographics of population of medical service area
<b>Community Meetings #1, #2, and #3 (also any additional meetings)</b>	Date Agenda List reports presented with short summary of each
<b>Community Needs and Implementation Strategies</b>	Include community needs and implementation strategies with responsibilities from community group
<b>Hospital Final Implementation Plan</b>	Include which needs hospital can address and the implementation strategies Include which needs hospital cannot address and reason(s) why
<b>Community Awareness of Assessment</b>	Describe methodology for making assessment widely available to the community Have Community Advisory Committee Report available to public Have Hospital Action Plan with each health need addressed available to public

**For Additional Information:**

**Please contact:** Gerald Doeksen, Director or  
Cheryl St. Clair, Associate Director  
National Center for Rural Health works  
Oklahoma State University  
Phone: 405-744-6083  
Email: gad@okstate.edu

or

Val Schott, Director  
Oklahoma Center for Rural Health  
OSU College of Health Sciences  
Phone: 405-840-6500  
Email: val.schott@okstate.edu

R	Community Health Needs Assessment Template <b>National Center for Rural Health Works</b>
H W	

# **Appendix F**

## **Example Medical Service Area**

**State of Kansas**

Wilson County

Neosho County

Crawford County

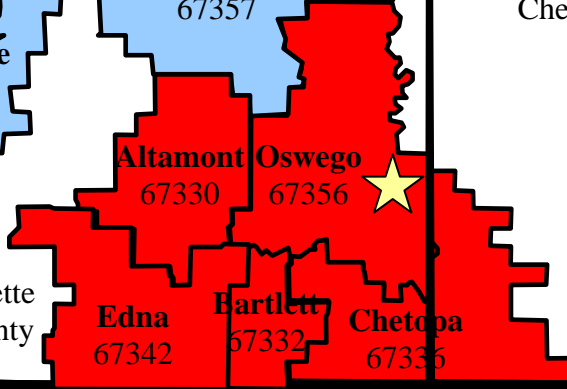
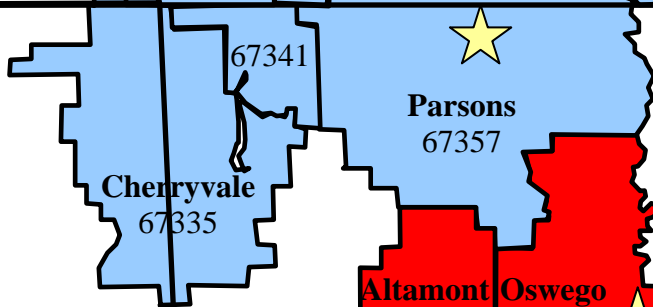
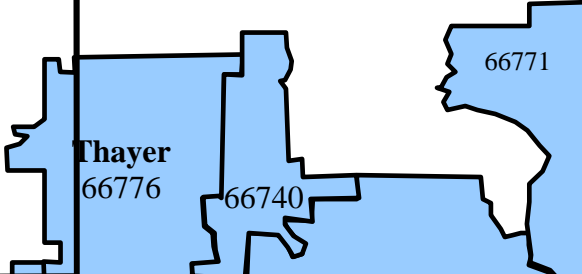


Montgomery County

Labette County

Cherokee County

**State of Oklahoma**



## **Appendix G**

### **Example Overview of Hospital Services/Community Benefits**

# OSWEGO COMMUNITY HOSPITAL – SERVICES PROVIDED

## INPATIENT SERVICES

Acute Inpatient - Provide acute admissions for up to 96 hours on the average. This is for any patient that can't be treated on an outpatient basis.

Observation - This is for an admit when more information is needed to determine if patient needs an acute admit or can be treated outpatient.

Swing Bed - This is for services requiring a skilled need for an undetermined length, such as IV therapy, physical therapy.

Respite - Provide patients on Hospice a place to stay to relieve family members.

Physical Therapies - Provide Physical, Occupational & Speech Therapists that work with patients who are admitted.

Laboratory - Provide a large array of laboratory tests that are done in our laboratory. Some tests are sent out.

Radiology - Provide X-Rays in house either stationary or portable.  
CT Scans once a week  
MRIs once a week

EKG's - Provide electrical tracings of the heart.

Pharmacy - Full line of medications to service our patients.

Wound Care - Provide wound care by a physician, certified wound care nurse & certified dietitian.

Transportation - Provide transportation as needed for medical appointments.

Social Services - Provide Social Service needs for patients.

Dietary – Provide certified dietitian.

Chaplain Service - Our dedicated Chaplains make daily rounds to patients.



# OSWEGO COMMUNITY HOSPITAL – SERVICES PROVIDED

## OUTPATIENT SERVICES

Laboratory - Provides lab tests to anyone with a physician's order. Most lab tests are done in house, some are sent out.

Radiology - Provides X-Rays, CT Scans & MRIs to anyone with physician's order.

Emergency Department - Our Emergency Department is open 24 hours a day seven days a week to provide care to patients with emergencies.

Sleep Lab - Provide sleep testing by a licensed tech. Most tests are split tests so you only have to come one time.

Nerve Conduction Tests - Nerve tests by a licensed tech. This can provide identifying deficits in muscles & nerves.

Pulmonary Function Tests - Testing for lung function & medication treatment.

Bone Densinometer - A 10 minute test that measures bone density to determine loss of bone mass.

Wound Care - Provide scheduled wound care visits by a physician, certified wound care nurse & certified dietitian.

Holter Monitor - A 24-hour device that monitors tracings of your heart for diagnostic purposes.

Procedure Room - A specific room to perform various types of procedures.

Physical Therapies - Provide Physical, Occupational & Speech Therapists.

Forensic Program - Provide sexual assault & abuse exams.

Reflections Program - Therapy program for seniors with emotional distress; overseen by a psychiatrist with a licensed mental health social worker.

Physicals - Provide Department of Transportation (DOT) physicals.

Workers Comp - Provide a detailed workers comp program; assists employers to save money & helps employees recover in a timely manner.

Transportation Services - Provide transportation to patients for various medical appointments within a 35-mile radius.

Social Services - Provide Social Service needs for patients.

# OSWEGO COMMUNITY HOSPITAL – SERVICES PROVIDED

## CLINICS

### Oswego Community Clinic

Family Practice clinic providing services by a board certified family physician & a board certified physician assistant. Open Monday through Friday 9AM to 5PM.

Wound care by a physician, certified wound care nurse & certified dietitian.

Vaccine for children program - Kan Be Healthy program

### Chetopa Community Clinic

Family Practice Clinic providing services by a board certified family physician & a board certified nurse practitioner.

Wound Care by a physician, certified wound care nurse & certified dietitian.

Vaccine for children program - Kan Be Healthy program

Women's Health - Provide specific services to women's needs.

Rheumatology Clinic - Provide rheumatology care to patients by a board certified Rheumatologist.

Surgeon Clinic - Provide patient care by a board certified Vascular Surgeon.

Pediatric Clinic - Provide pediatric care by a board certified Pediatrician.

Podiatry Clinic - Provide routine patient care & diabetic care by a board certified Podiatrist.

Cardiac Clinic - Provide internal medicine & cardiac care to patients by a board certified Cardiologist.

Wound Care Clinic - Providing wound care by a physician, certified wound care nurse & certified dietitian.

# OSWEGO COMMUNITY HOSPITAL – SERVICES PROVIDED

## COMMUNITY ACTIVITIES

Health Fair - Provide a community health fair with various vendors every two years.

Yearly Santa Claus - Santa Claus visits the hospital. Pictures are taken & given to the parents. Hospital provides cookies & punch.

Yearly Easter Egg Hunt - Hospital provides eggs filled with c&y & hides eggs in the park. Different zones for different age levels.

Adopt Families - The hospital adopts two families, one from around Oswego & one from around Chetopa every Thanksgiving & Christmas. The hospital employees donate food, gifts & money to the chosen families.

Dare Program - Participate with a booth & teach with the Sheriff's Department.

Year Books - Buy an ad in the Chetopa & Oswego yearbooks every year.

Booster Club - Support the Oswego Booster Club.

Discovery Days - Teach appropriate h& washing with a black light & kit to Oswego & Chetopa grade school children.

Halloween - Provide c&y at the hospital for trick or treaters.

Oswegofest - Provide a first-aid booth during the event.

County Fair - Provide bottled ice water to the exhibitors in the animal barn all week during the fair.

Chetopa Pecan Fest - Provide a donation every year.

Oswego Fire Department - Donate to the fire department for yearly fireworks.

Renaissance - Support the high school renaissance with a donation.

Christmas Parade - Hospital rides in the parade with a hospital float.

# OSWEGO COMMUNITY HOSPITAL – SERVICES PROVIDED

## INTERNAL HOSPITAL

Web Site - Maintains current website: [www.oswegocommunityhospital.com](http://www.oswegocommunityhospital.com)

### Training

- Training site for nursing students from Parsons & Coffeyville
- Training site for physician assistant student from Wichita State
- Polycom video conference for training & meetings

### Memberships

- Regional Emergency Preparedness (regional warehouse for supplies)
- SEK Alliance of hospitals
- Kansas Hospital Association
- American Hospital Association
- Kansas Nurse Leaders
- Kansas Risk Management
- National Rural Health Association
- American Health Information Management Association
- Children's Advocacy Center, Pittsburg, KS
- Minnesota Children's Hospital Child Advocacy Center

### Alliances

- Supporting hospital agreement with Freeman Hospital
- Supporting hospital agreement with Via Christi Pittsburg
- Supporting hospital agreement with Labette Health

### Governance

- Board of Managers
- Advisory Board - consists of local community members
- Past Kansas Hospital Association Planning Board member
- Past Kansas Hospital Association Governance Board member

Staff - Monthly birthday celebrations with cake & ice cream

### Advertisement

- Taylor newspaper weekly ads
- KLKC Radio
- Weekly flyers for Oswego, Chetopa & Altamont grocery stores.

## **Appendix H**

### **PowerPoint Presentation Illustrating Typical Impact of a Rural Hospital on a Local Economy**



Community Needs Assessment Template  
National Center for Rural Health Works

## Economic Impact of a Rural Hospital On a Local Economy

Prepared by

### National Center for Rural Health Works

Gerald Doeksen – Director

(405) 744-6083

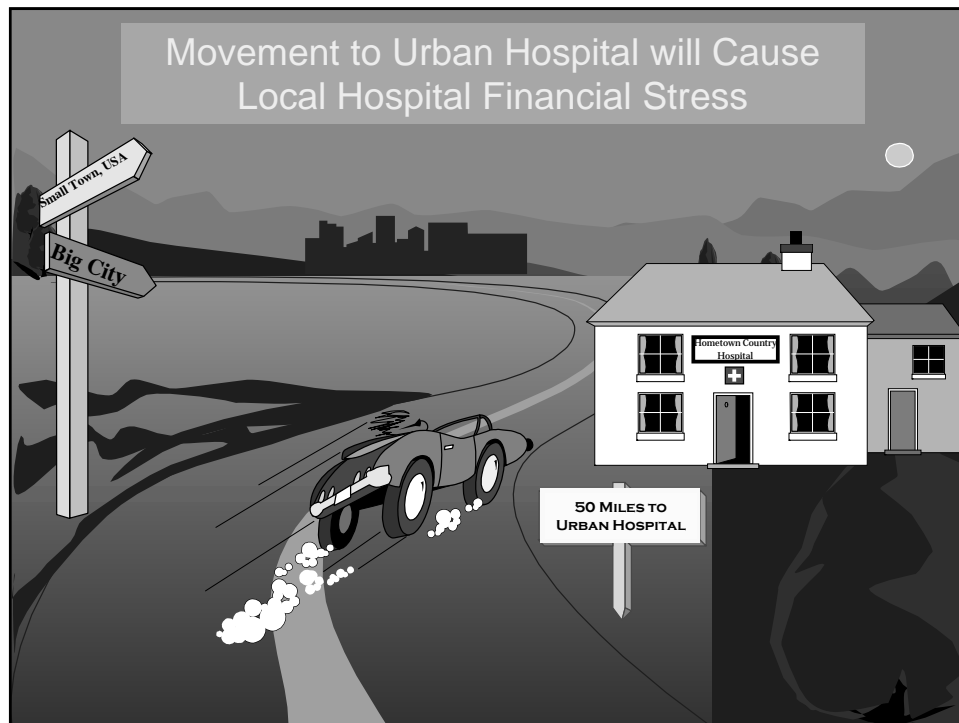
[gad@okstate.edu](mailto:gad@okstate.edu)

Cheryl St. Clair – Associate Director

(405) 744-6083

[cheryl@okstate.edu](mailto:cheryl@okstate.edu)

[www.ruralhealthworks.org](http://www.ruralhealthworks.org)



**If Community desires to attract business and industry, research indicates the area needs quality:**

- Health services and
- Education services



**If Community desires to retain and attract retirees, research indicates the area needs quality:**

- Health services and
- Safety services



## **Health Sector is growing in most rural areas because:**

- **Absolute number of adults 65+ is growing**



## **Economic Impact of a Rural Hospital:**

- **Data include averages for 28 rural hospitals from 11 states**





## **Average Hospital Employment & Payroll + Benefits:**

- **150 Employees**
- **\$7,014,527 Payroll + Benefits**

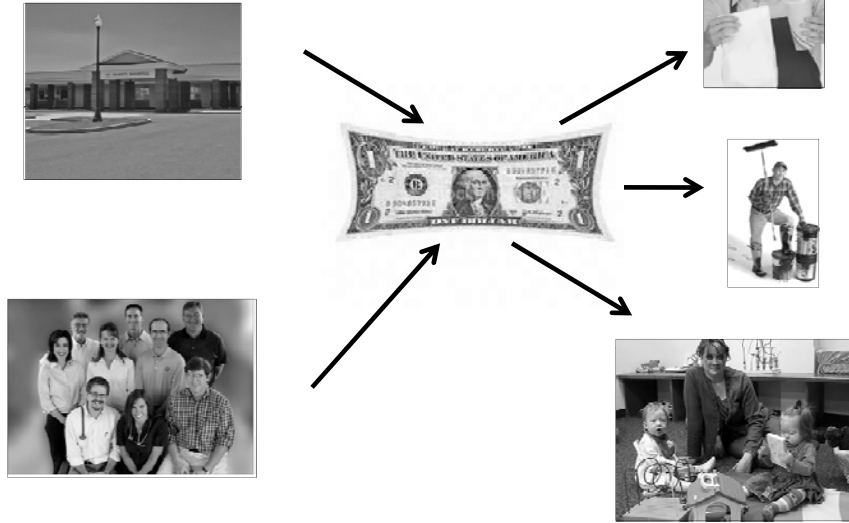


## **Hospitals create jobs and payroll + benefits in other community businesses as the:**

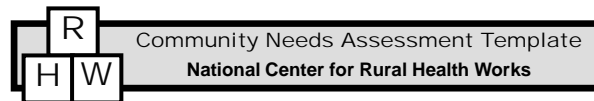
- **Hospital spends locally**
- **Hospital employees spend locally**



## Hospital spending creates jobs locally



**Impact on other businesses is measured by multipliers**



## Average Employment Impact of Rural Hospital

Hospital Employment	Employment Multiplier	Total Employment Impact
<b>150</b>	<b>1.38</b>	<b>210</b>

**Employment multiplier indicates  
that for each job created in  
Hospitals, another 0.38 jobs are  
created in other businesses in  
Community**



## Average Income (Payroll + Benefits) Impact of Rural Hospital

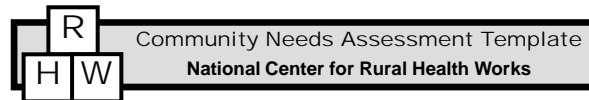
		Total
Hospital	Income	Income
Income	Multiplier	Impact
<b>\$7,014,527</b>	<b>1.22</b>	<b>\$8,582,657</b>

**Income multiplier indicates that for each \$1 created in payroll + benefits, another \$0.22 is created in other businesses in Community**



## **Average Impact on Community's Retail Sales**

**\$1,604,059**



## **Everyone Knows Hospital's Impact on Community Medical Needs**



## Few Know Impact Hospital Has on Community's Economy



### For Additional Information:

Please contact:

Gerald Doeksen, Executive Director  
National Center for Rural Health Works  
Oklahoma State University  
Phone: 405-744-6083  
Email: gad@okstate.edu

or

Cheryl St. Clair, Associate Director  
National Center for Rural Health Works  
Oklahoma State University  
Phone: 405-744-6083 or 405-744-9824  
Email: cheryl@okstate.edu



# **Appendix I**

## **Example Economic Impact Study**

## Steps for Preparing Economic Impact Study

- I. Determine medical service area of study
- II. Prepare secondary data tables in Excel
- III. Collect primary data from local sources  
Typically, through one or two conference calls and follow-up emails; with 3 to 4 local people who know the community well( may be health providers, community residents, Chamber, health board members, etc.)
  - a. Need total wages, salaries & benefits and proprietor income, when applicable, (labor income) for providers willing to share data
  - a. Need total number of FT & PT employees for providers who share income data (*not FTEs*)
  - b. For providers without income data, need the type of employees with no. of FT & PT by type  
EXAMPLE: For a physician office: one FT family practitioner, one FT LPN, one half-time medical assistant, one receptionist, & one three-quarter time office manager
- IV. Derive economic impact
  - a. Prepare for Implan model
    - a) Implan3 software and Implan3 appliance (Black Box; i.e. external hard drive) installed
    - b) Check for Implan3 software updates
    - c) Have Structural Matrices installed for year of data
    - d) Implan data available and saved on Implan3 appliance
    - e) Need local primary data (direct economic activities or direct impact)
  - b. Run Implan model
    - a) Open the Implan software
    - b) Build the study area in Implan
    - c) Verify selected sector data in Implan
    - d) Create shadow industry sector, if required
      1. If needed sector has no data, need to create shadow industry; i.e., hospital
      2. Creating shadow industry means editing the data in Implan
      3. Need to have data for three fields in edit screen; *employment, output, & employee compensation*
      4. Edit all shadow industry data; then move to next step
      5. Construct model to derive Type II multipliers
      6. Generate reports from Implan
  - c. Prepare economic impact tables in Excel
    - a) Utilize multipliers from reports in economic impact tables in Excel
    - b) Calculate local retail sales capture ratio & determine local sales tax rate:

$$\frac{\text{Total local retail sales subject to sales tax}}{\text{Total personal income}}$$

(Data available from state tax agency & U.S. Dept. of Commerce, Bureau of Economic Analysis)



- V. Prepare study in Word
- a. Pull everything together in a Word document
  - b. Cover with picture of local health providers (if available) & inside cover
  - c. Introduction
  - d. Secondary data tables with corresponding text
    1. National and state health trends, and/or economic & demographic data
    2. Identify medical service area
    3. Economic & demographic data for medical service area
  - e. Figures; i.e., national health expenditures & medical service area (Optional)
  - f. Section to explain multiplier effects
  - g. Economic Impact Tables with corresponding text
    1. Direct economic activities (direct impacts) table
    2. Employment impact table
    3. Income impact table
    4. Sales tax impact, if applicable
    5. Other economic impact tables; i.e., construction, etc.
  - h. Summary
  - i. References and appendices, if needed

### **Modifications**

- Mold the model to fit the situation, the service area, and the industry
- Medical service area can be zip code area, county, multi-county, state, multi-state, or national
- Powerful tool to illustrate the importance of an industry or group of industries to the economy
- Tool used in the community health engagement process

### **Implan Changes**

- With latest data for 2008, sectors have changed again
- Implan has to adjust to changes due to their source data
- Implan may change software periodically (just changed to Version 3.0)

### **2008 Implan Breakdown of Health Sectors**

325	Retail Stores – Health and personal care (includes pharmacies)
379	Veterinary services (optional)
394	Offices of physicians, dentists, and other health practitioners
395	Home health care services
396	Medical and diagnostic labs and outpatient and other ambulatory care (Other medical and health services)
397	Private hospitals
398	Nursing and residential care facilities

DATA FOR HOSPITAL ECONOMIC IMPACT STUDY

Hospital Name \_\_\_\_\_  
County location \_\_\_\_\_  
City location \_\_\_\_\_

**Employment**

Full-time Employees \_\_\_\_\_  
Part-Time Employees \_\_\_\_\_  
Contract Employees \_\_\_\_\_

**Income (Wages, Salaries, and Benefits)**

Wages, Salaries, and Benefits \_\_\_\_\_  
Contractual Wages, Salaries and Benefits \_\_\_\_\_

**Construction Costs**

Give capital expenditures less land costs and equipment costs \_\_\_\_\_  
2011 \_\_\_\_\_  
2012 \_\_\_\_\_  
2013 \_\_\_\_\_

**DATA FOR HOSPITAL ECONOMIC IMPACT STUDY**

Hospital Name	Guadalupe County Hospital
County location	Guadalupe County , NM
City location	Santa Rosa

**Employment**

<b>Categories</b>	<b>Annual Employment</b>
Full-time Employees	42
Part-Time Employees	5
Contract Employees	3
<b>TOTAL</b>	<b>50</b>

**Income (Wages, Salaries, and Benefits)**

<b>Categories</b>	<b>Annual Amounts</b>
Wages and Salaries	\$ 1,436,256.00
Fringe Benefits	\$ 421,954.00
Contract Labor Costs	\$ 1,051,200.00
<b>TOTAL</b>	<b>\$ 2,909,410.00</b>

**Construction Costs**

Give capital expenditures less land costs and equipment costs

<b>Year of Construction</b>	<b>Annual Construction Estimates</b>
2011	\$ 10,000,000.00

## **“How To” Derive the Economic Impact of Health Services on the Local Economy**



## **Economic Impact Study Illustration: The Economic Impact of Health Services on the Economy of Noble County, Oklahoma**

**National Center for Rural Health Works**  
Oklahoma Cooperative Extension Service, Oklahoma State University

**Oklahoma Center for Rural Health**  
Oklahoma Office of Rural Health, OSU Health Sciences Center  
College of Osteopathic Medicine, Oklahoma State University

**National Association of Counties Project**  
Funded by the federal Office of Rural Health Policy

Study Date: March 2010

## **Economic Impact Study**

1. Determine medical service area of study
2. Collect primary data from local sources
3. Derive economic impact
  - a. Install IMPLAN software and IMPLAN data and run model
  - b. Prepare economic impact tables in Excel

## **Determine Medical Service Area**

- Medical service area
  - For this example:  
Medical service area is the county of  
Noble County, Oklahoma

### **Primary Data Collection**

From the local sources in Noble County:

- Need total number of full-time and part-time employees for all health entities (NOT FTEs)
- Need total wages, salaries, and benefits and proprietor income, when and if applicable
- Need construction costs (exclude land costs and equipment costs) for each year of construction

### **Health Services Data Needed**

All health entities in the medical service area:

- Hospitals
- Physicians & offices – primary care, specialists, dentists, other health practitioners
- Long-term care facilities; nursing homes, assisted living, mental health or developmentally disabled group homes; etc.

### **Health Services Data Needed**

- Home health care services
- Pharmacies and DME
- Other medical & health services; outpatient rehab, independent laboratories, mental health, etc.
- May want to include Health Dept., Dept. of Human Services or Social Services or Welfare; Community Mental Health Centers, etc.

### **Construction Data Needed**

#### Hospital Construction Costs

- Could be other than hospital construction; i.e, physician office building, dialysis center, etc.
- Example will illustrate hospital construction costs over two years (could be any number of years)
- Data received from local sources at the local hospital

### **PRIMARY Health Services Data Needed**

- Should include all health services provided to the county (or medical service area)
- Determine construction or capital improvement projects to include
- Usually obtained through conference call(s) and follow-up emails from local contacts

### **Local Data from Noble County (Direct Economic Activities OR Direct Impact)**

<b>Component</b>	<b>Full-Time &amp; Part-Time Employment</b>	<b>Total Personal Income</b>
Hospital	88	\$3,624,176
Physicians, Dentists, & Other Medical Practitioners	48	\$3,132,571
Nursing Home	90	\$2,145,417
Home Health Care	5	\$181,927
Other Medical & Health Services	5	\$349,524
Pharmacies	<u>18</u>	<u>\$967,961</u>
<b>Totals</b>	<b>254</b>	<b>\$10,401,576</b>



**Local Construction Data  
for Noble County Hospital  
(Direct Economic Activities/Direct Impact)**

Year	Construction Costs*
2008	\$6,000,000
2009	\$4,000,000

\* Does not include land costs or equipment costs

**Derive Economic Impact Multipliers  
Utilizing IMPLAN Software Version 3.0**

- Install IMPLAN3 appliance (Black Box; i.e., external hard drive)
- Installation video is available on the MIG website and from the CD or IMPLAN3 appliance
- Be sure to keep your invoice for the IMPLAN3 software to have your registration number (must register before 9 sessions)

## **Derive Economic Impact of Health Services on Local Economy**

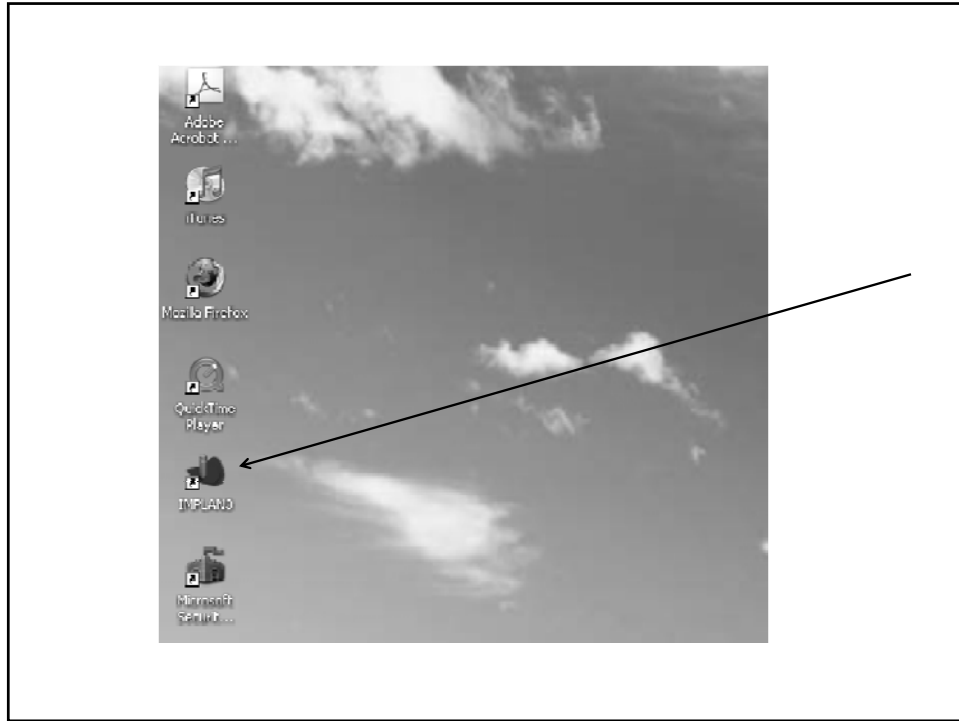
Prepare IMPLAN model

- 1) Need IMPLAN3 software and appliance installed and check for updates
- 2) Need IMPLAN data available on IMPLAN3 appliance
- 3) Install Structural Matrices for data year
- 4) Run IMPLAN model and derive multipliers
- 5) Prepare economic impact tables in Excel

## **Utilize Implan Software, Version 3.0 (IMPLAN3)**

This illustration is based on the IMPLAN3  
Software (Version 3.0)

Once installed, open IMPLAN3 by clicking on  
the IMPLAN3 icon



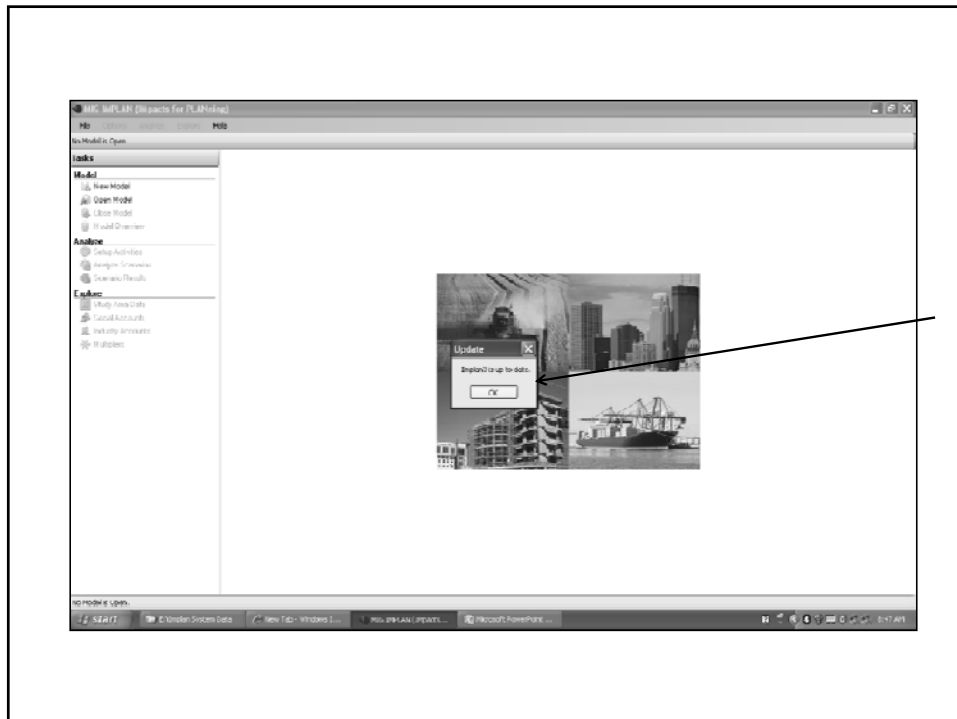
## **Check for Updates**

- Once IMPLAN3 is open, go to 'Help'
- Then select 'Check for Updates'
- If box appears showing an update is available, then select "Yes" to install the update



## Check for Updates

- If no updates, box will appear:  
‘IMPLAN3 is up to date’  
Check “OK”



## Implan Data Availability

Need IMPLAN data available

Download data from CD received from  
Minnesota IMPLAN Group, Inc. (MIG) and  
save to IMPLAN3 Appliance to folder:

IMPLAN Data Files

OR

Order data from MIG website; Invoice will be  
sent and then download data in Software


Search...

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You Are Here > Home >> Online Ordering >> Account Maintenance >> Order Information

[Account Maintenance](#) >> [Order Information](#) >>

**Minnesota IMPLAN Group, Inc.**  
Quality Economic Modeling Solutions  
Minnesota Implan Group  
1725 Tower Drive West  
Suite 140  
Duluth, MN 55802  
Phone 651-439-4421  
Fax 651-472-5793



**RECEIPT**

Order Number: 20093020  
Order Key: 1238620825  
Order Date: 07 December 2009

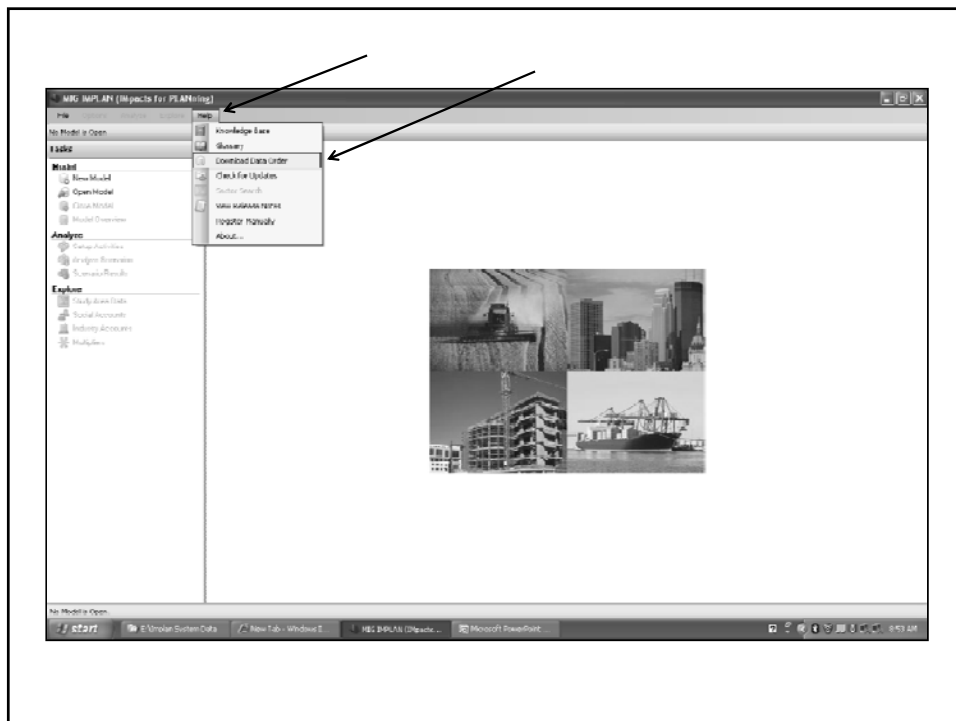
**Bill To:**  
Oklahoma State University  
David B. Buckner  
612 Ag Hall  
Stillwater OK 74078  
405-744-6382  
dbury@okstate.edu

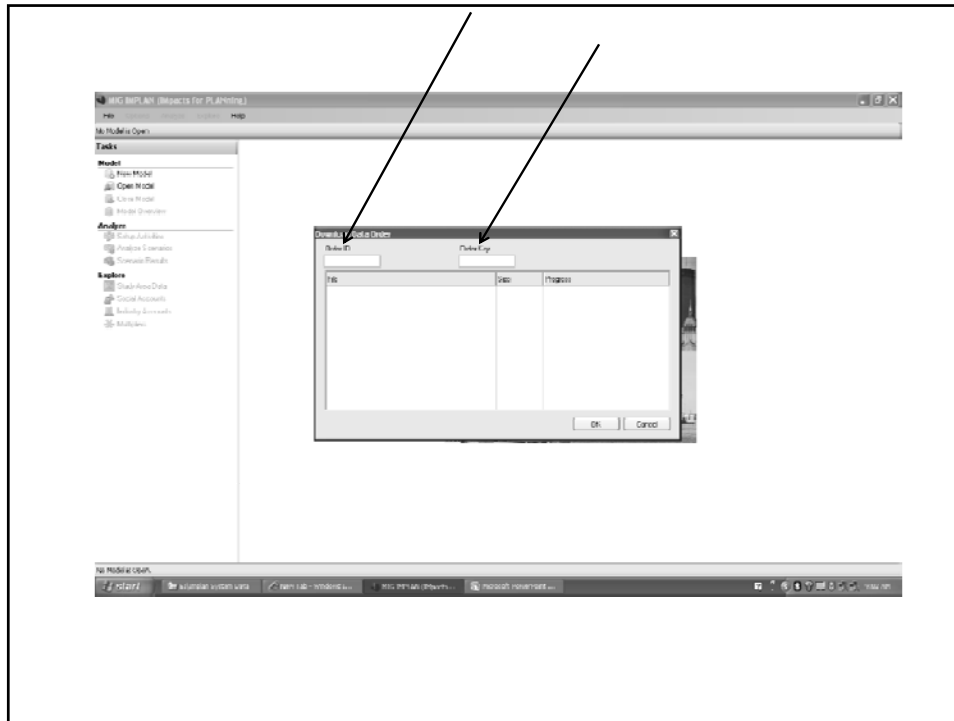
**Ship To:**  
Oklahoma State University  
David B. Buckner  
612 Ag Hall  
Stillwater OK 74078  
405-744-6382  
dbury@okstate.edu

**Note:**  
Please email requests@okstate.edu 1180 Westland Drive, Thorpe, OK and 68684

## Download IMPLAN Data in IMPLAN3 Software

- In IMPLAN3 software, click on 'Help'
- Then 'Download Data Order'
- A box will appear in center
- From the invoice, use the Order Number and type in the 'Order ID' box
- From the invoice, use the Order Key and type in the 'Order Key' box





## Download IMPLAN Data in IMPLAN3 Software

- If Order ID and Order Key are correct, the software will automatically download your data into the IMPLAN data files on the IMPLAN3 appliance (Black Box)
- Then click 'OK' (On your screen will appear 'Your updates were downloaded successfully.')





## Structural Matrices Installed

- Each year new IMPLAN data are available and new Structural Matrices are required
- Should be updated when you download software updates.
- If you receive new data and the model does not work, check to be sure you have the latest structural matrices!

## Have Local Primary Data Available Before Running IMPLAN Model

- Need full-time and part-time employment
- Need wages, salaries, and benefits
- Need proprietor income, if applicable or available
- Need this data for all health entities within the medical service area

### Local Data from Noble County (Direct Economic Activities OR Direct Impact)

Component	Full-Time & Part-Time Employment	Total Personal Income*
Hospital	88	\$3,624,176
Physicians, Dentists, & Other Medical Practitioners	48	\$3,132,571
Nursing Home	90	\$2,145,417
Home Health Care	5	\$181,927
Other Medical & Health Services	5	\$349,524
Pharmacies	<u>18</u>	<u>\$967,961</u>
<b>Totals</b>	254	\$10,401,576

\* Total Personal Income includes total wages, salaries, and benefits, proprietor income, and contractual employees' income

### **READY to Run IMPLAN model**

- IMPLAN3 software and appliance are installed and updated
- IMPLAN data is purchased and downloaded onto the IMPLAN3 appliance
- Structural Matrices are installed

### **IMPLAN - Industry Sectors**

All industry sectors are based on current government classification system:

North American Industry Classification System (NAICS)

## **Economic Impact Study**

### **OBJECTIVES:**

Derive the **direct, secondary, and total** economic impact of the health services in Noble County on employment and income.

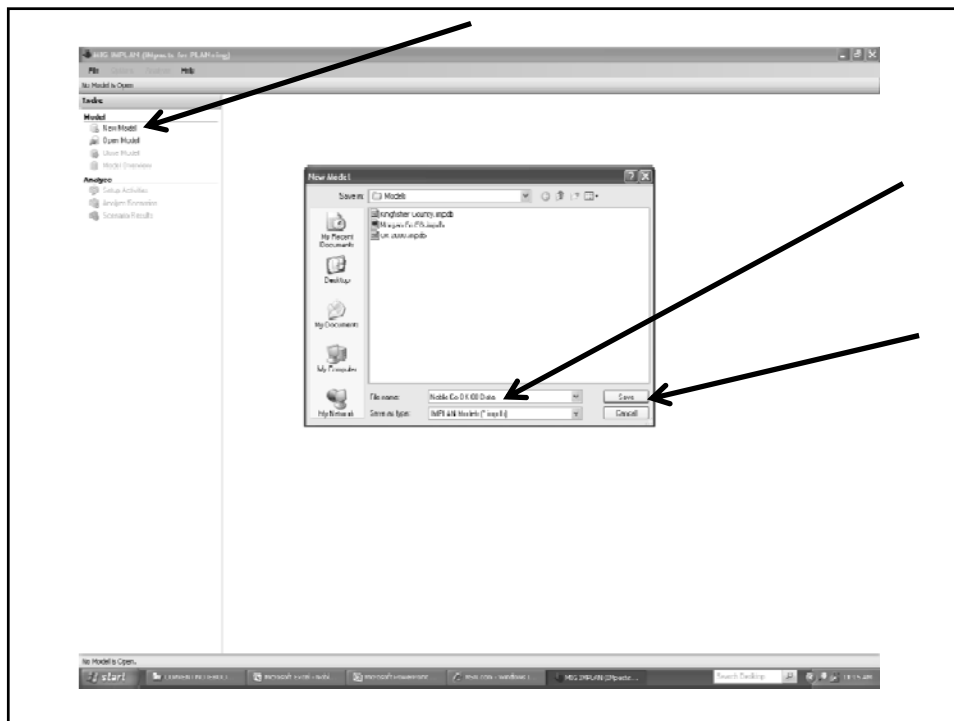
Derive **the direct, secondary, and total** economic impact of construction activities on employment and income.

### **Run IMPLAN Model - Overview**

- Have local data available (direct economic activities OR Direct Impact)
- Open the IMPLAN3 software
- Build the study area (New Model)
- Verify selected sector data in IMPLAN
- Create shadow industry sector, if necessary
- Construct model to derive Type SAM (Type II) multipliers
- Utilize multipliers from reports in economic impact tables in Excel
- Calculate local retail sales capture ratio and use to calculate retail sales and sales tax in the economic impact tables in Excel

## Run the IMPLAN Model – Build the study area

- IMPLAN3 software should be open or  
Select the 'IMPLAN3 icon'  
Select 'New Model'  
Go to 'File Name' and enter a name for the study area  
<Noble Co OK 08 Data>  
Select 'Save'  
You just built the study area that you will be working on  
(IMPLAN saves this as a model on the IMPLAN3  
appliance under 'IMPLAN User Data', 'Models'). The  
model will be saved there if you need to use it again later.



## Run the IMPLAN Model – Select IMPLAN Data

A box 'Available IMPLAN Data Files' will appear

Select 'Change Data Folder'

A 'Browse for Folder' box will appear

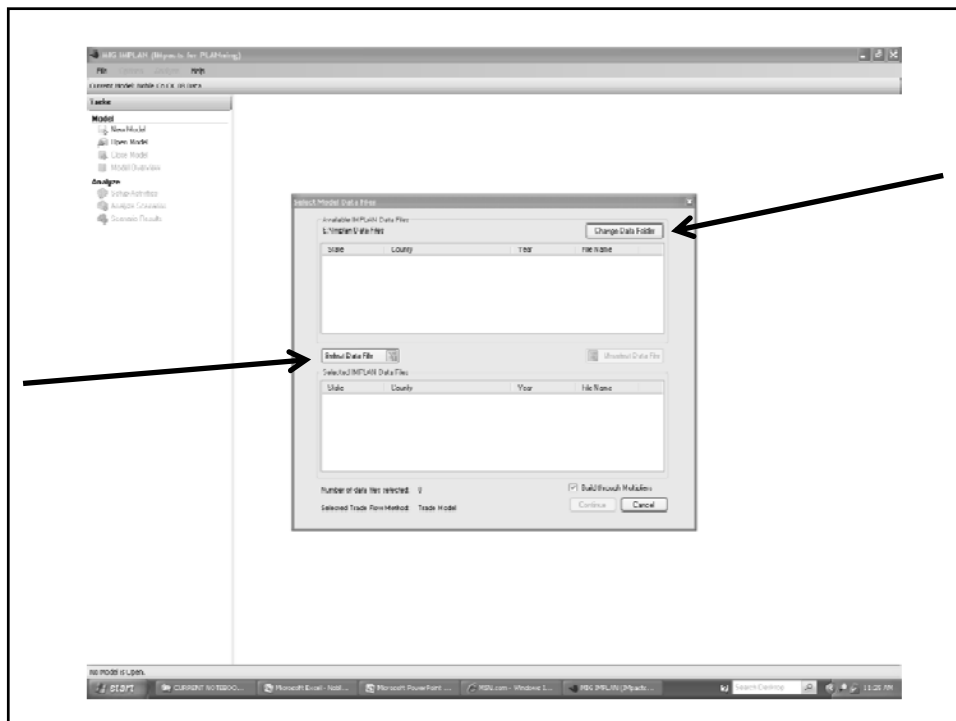
Select 'IMPLAN3 appliance' folder

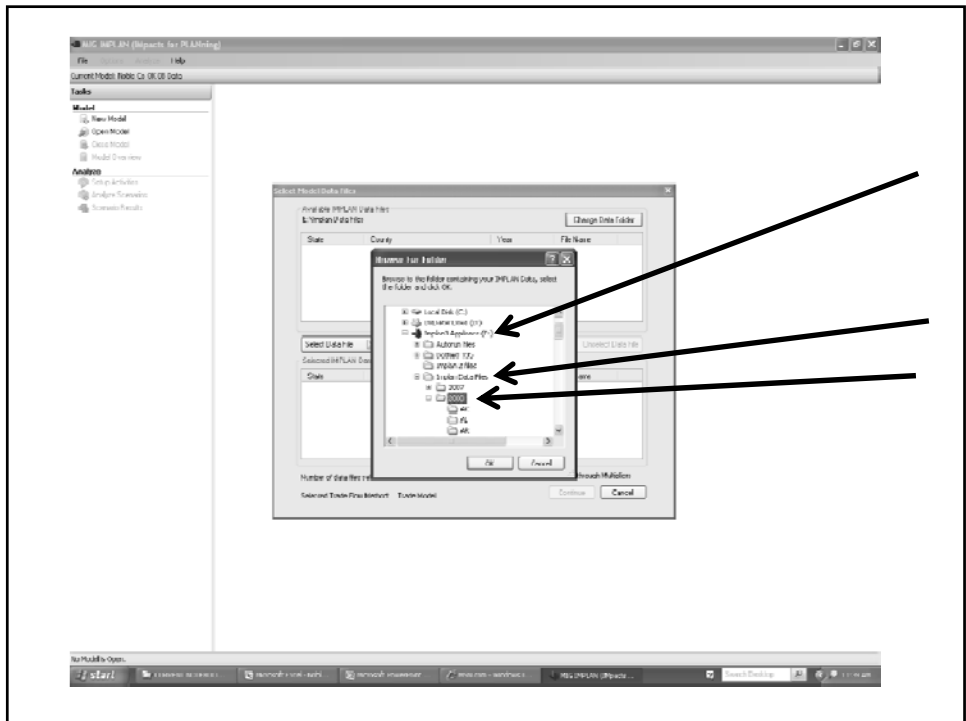
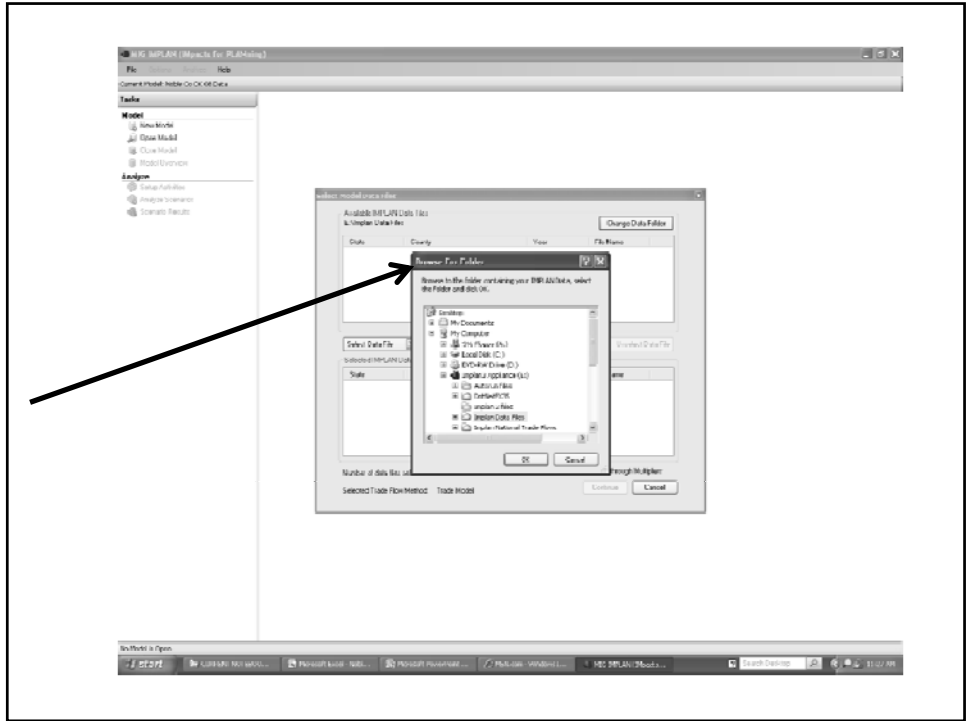
Select 'IMPLAN Data Files' folder

Select '2008'

Select state 'OK'

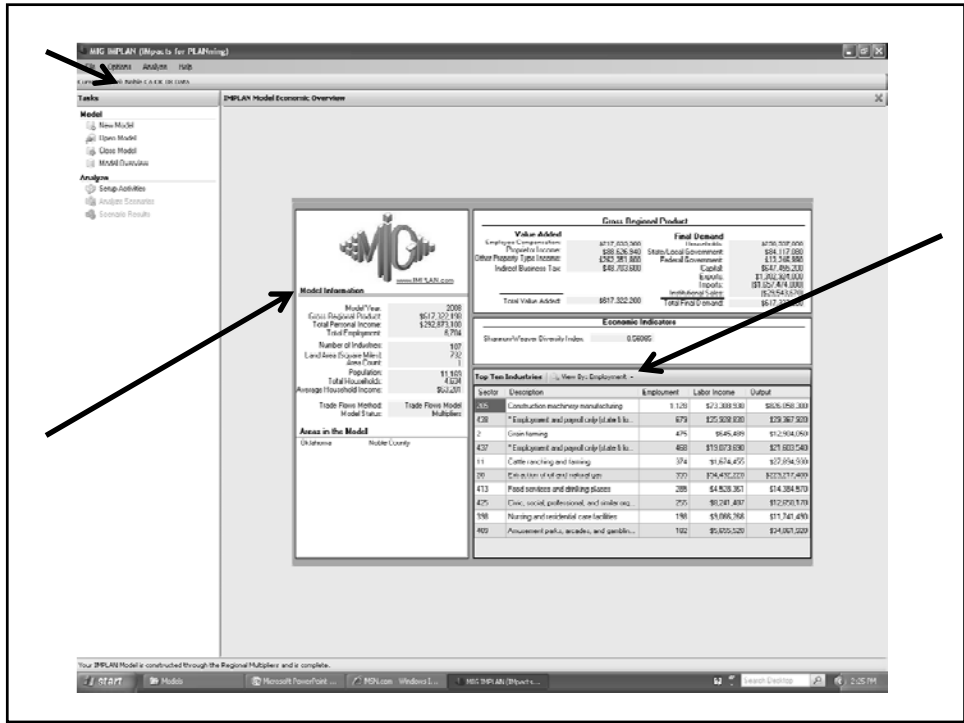
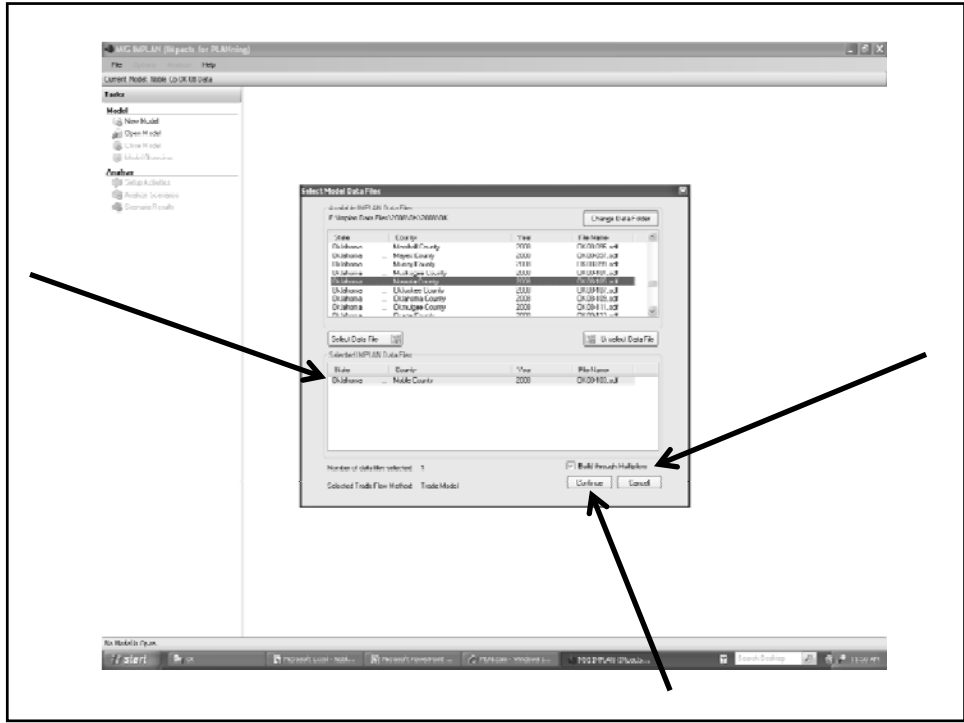
The data for OK will populate the upper window in the  
'Available IMPLAN Data Files'











## Run the IMPLAN Model – Review IMPLAN Data

‘IMPLAN Model Economic Overview’ screen shows:

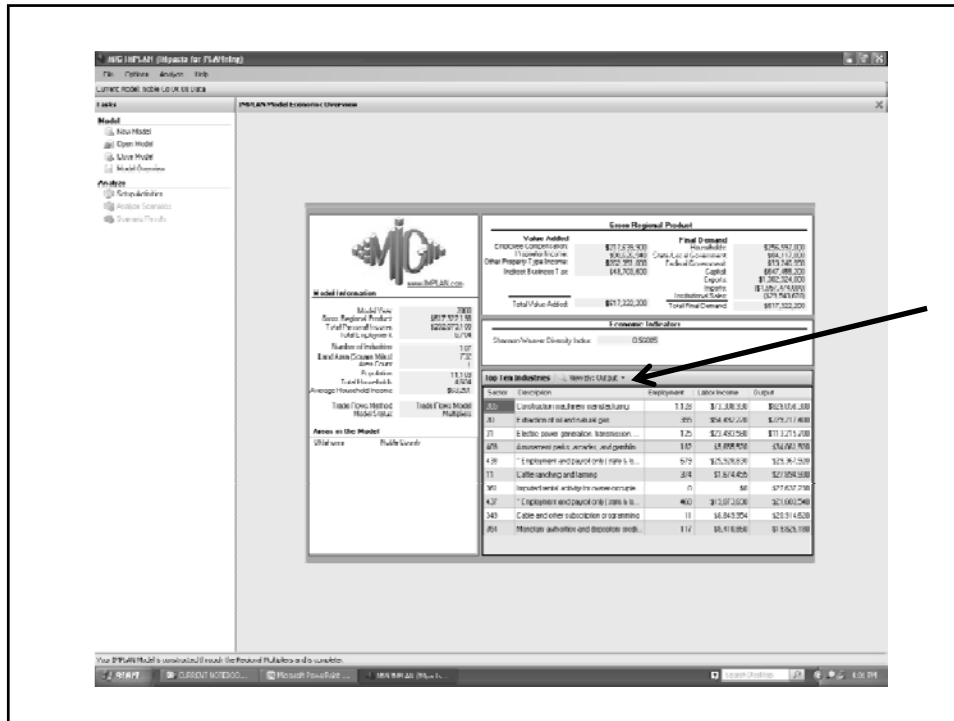
- ‘Model Information’ on the left hand side
- ‘Gross Regional Product’ at the top right including ‘Value Added’ and ‘Final Demand’ and ‘Economic Indicators’
- ‘Top Ten Industries’ by:
  - Employment
  - Labor income
  - Output

The screenshot shows the 'IMPLAN Model Economic Overview' software interface. The window title is 'MIG IMPLAN (Reports For PI Printing)'. The interface is divided into several sections:

- Model Information:**
  - Model Year: 2009
  - Gross Regional Product: \$417,517,186
  - Total Personal Income: \$352,672,100
  - Total Employment: 6,704
  - Number of Industries: 107
  - Land Area Square Miles: 742
  - Area Code: 1
  - Population: 11,329
  - Total Households: 4,838
  - Average Household Income: \$83,201
  - Trade Flow Method: Trade Flow Model
  - Model Status: Multipliers
- Gross Regional Product:**

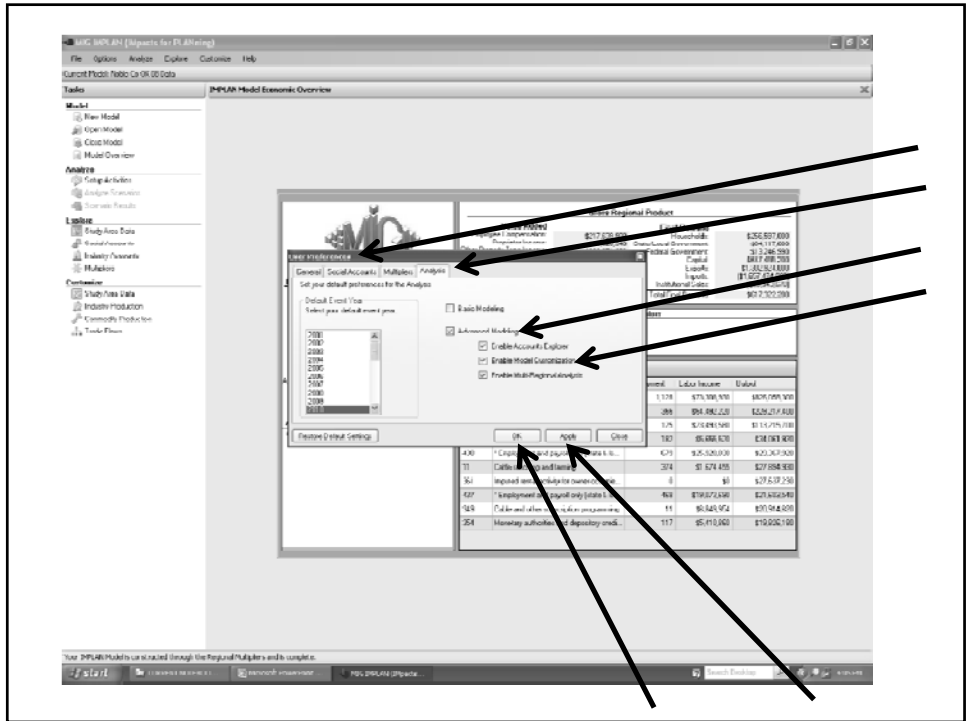
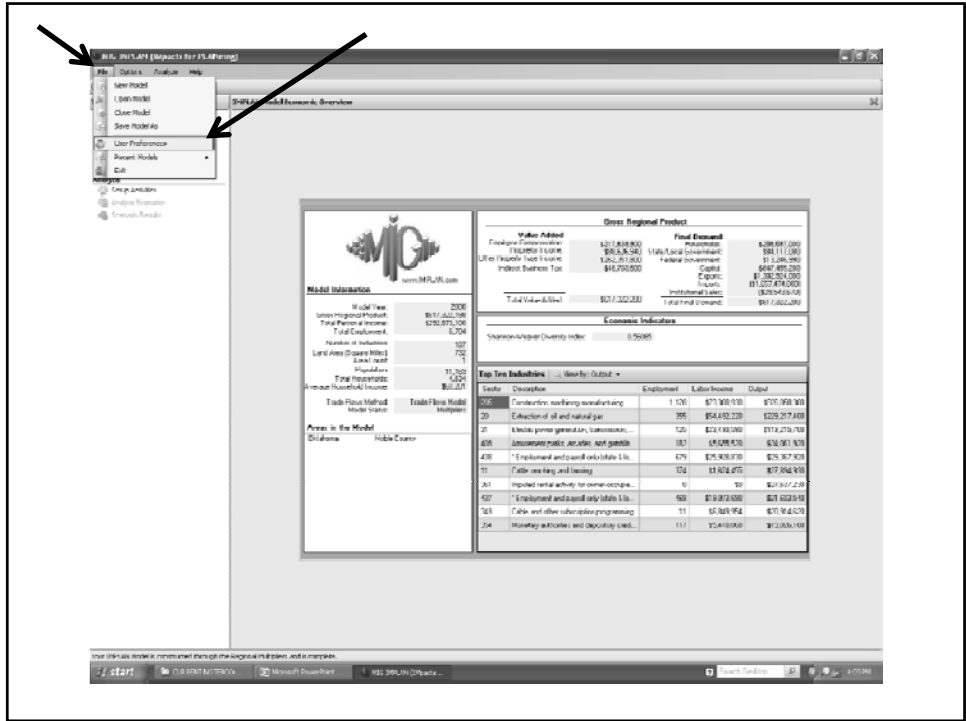
Value Added		Final Demand	
Employee Compensation	\$277,629,900	Households	\$264,581,000
Proprietor Income	\$83,025,340	State/Local Government	\$24,117,000
Other Property Tax Income	\$24,291,000	Federal Government	\$1,246,200
Industry Business Tax	\$48,701,600	Export	\$67,470,700
		Export	\$1,307,888
		Export	(\$1,432,240,000)
		Individuals/Govt	(\$25,541,700)
<b>Total Value Added</b>	<b>\$417,622,200</b>	<b>Total Final Demand</b>	<b>\$417,517,186</b>
- Economic Indicators:**
  - Shannon/Weaver Diversity Index: 0.9806
- Top Ten Industries:**

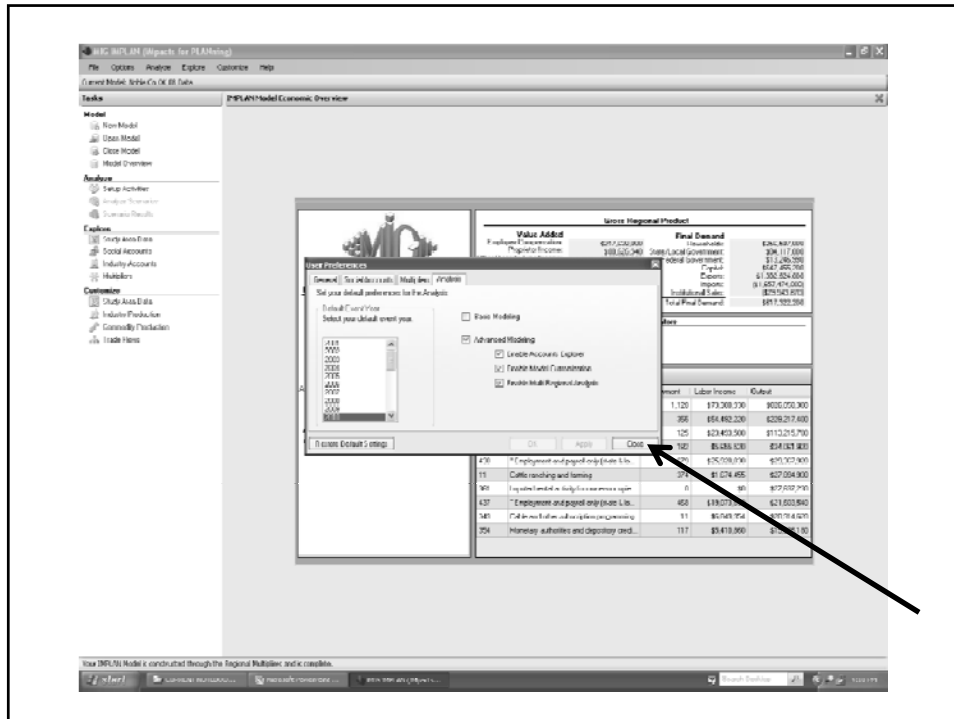
Sector	Description	Employment	Labor Income	Output
20	Construction machinery manufacturing	1120	\$72,830,000	\$55,050,400
26	Extraction of oil and natural gas	395	\$54,470,200	\$25,717,400
43	* Employment and payroll only (state-1, 0...	679	\$26,320,000	\$28,267,500
33	Tech power generators, transformers...	175	\$74,871,000	\$13,775,700
417	* Employment and payroll only (state-1, 0...	488	\$18,071,600	\$7,601,640
290	Nursing and residential care facilities	1390	\$9,000,200	\$11,719,700
825	Drive, small professional, and health org...	252	\$2,911,800	\$12,600,700
343	Cable and other subscription programming	11	\$5,843,954	\$20,314,600
319	Wholesale trade businesses	132	\$5,054,100	\$16,110,500
409	Amusement parks, arcades, and simula...	182	\$5,055,520	\$34,061,500



## Run the IMPLAN Model – Review IMPLAN Data

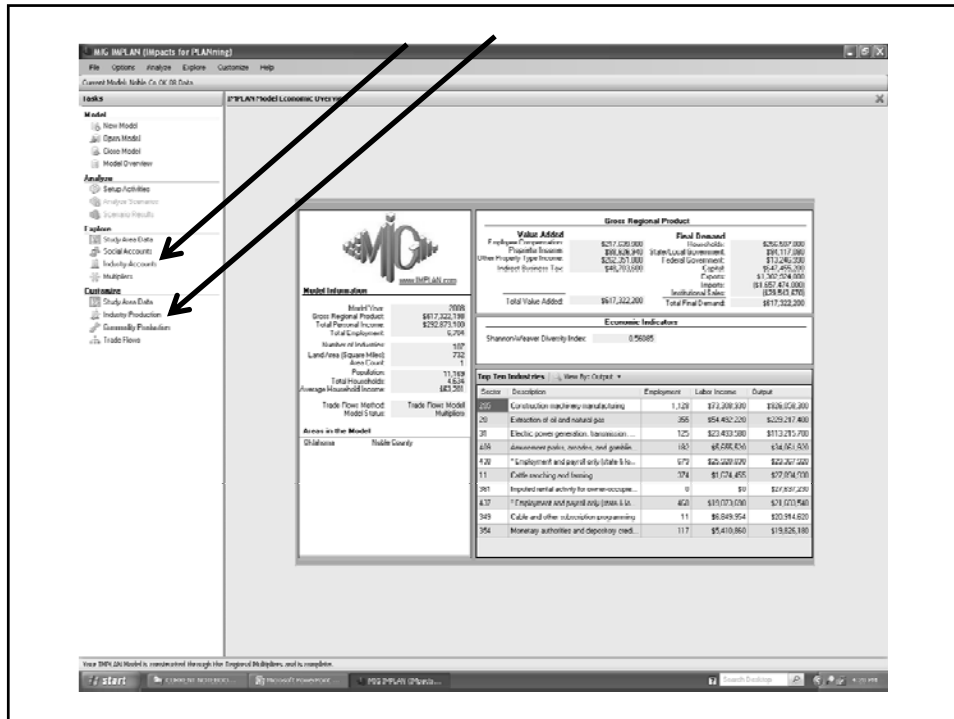
- To view and modify IMPLAN data,
  - select 'File', then 'User Preferences'
- In 'User Preferences' box, select 'Analysis'
  - then 'Advanced Modeling'
- Select on all 3 categories under 'Advanced Modeling':
  - 'Enable Accounts Explorer'
  - 'Enable Model Customization'
  - 'Enable Multi-Regional Analysis'
- Select 'Close'





## Run the IMPLAN Model – Review IMPLAN Data

Should now have access to the 'Explore' and 'Customize' fields



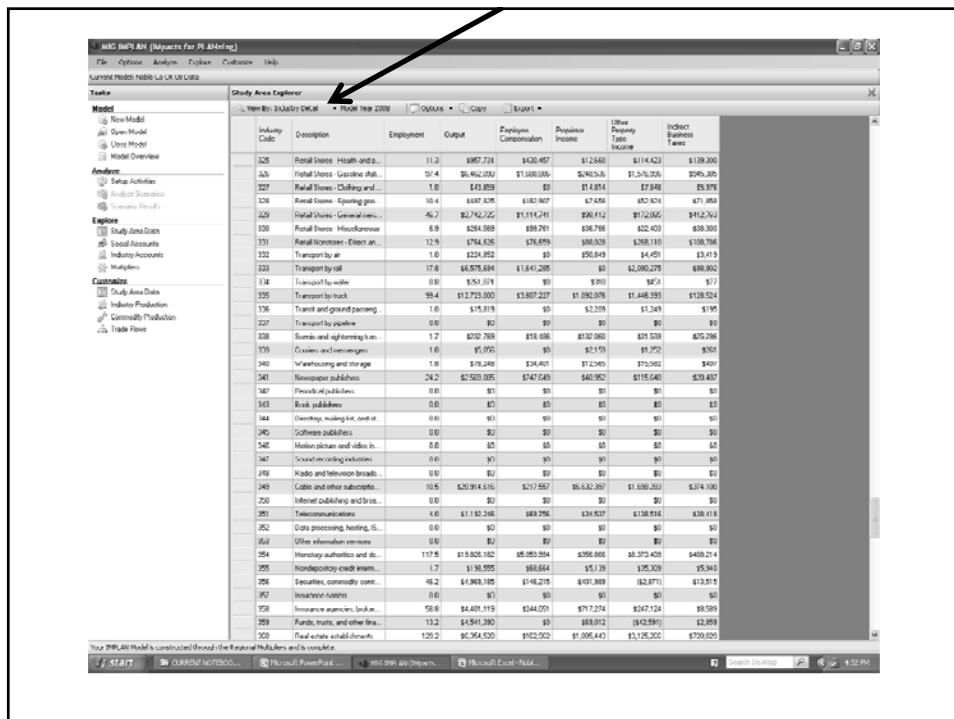
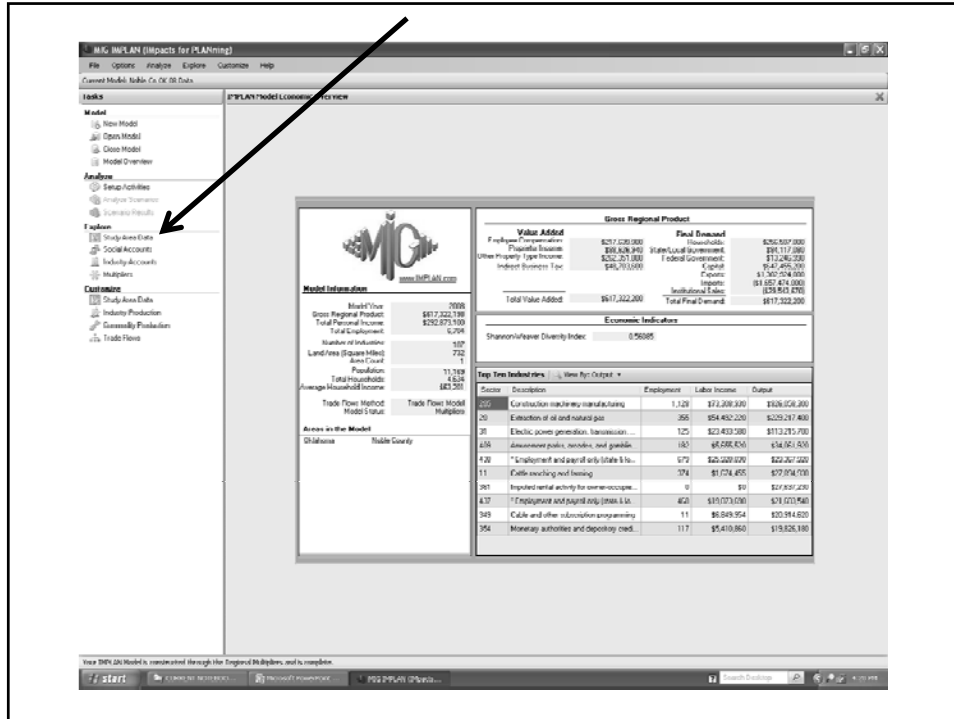
## Run the IMPLAN Model – Review IMPLAN Data

Under 'Explore', select 'Study Area Data'

In the 'View by:' menu, select 'Industry Detail'

This shows each industry sector including:

- Employment
- Output
- Employee Compensation
- Proprietor Income
- Other Property Type Income
- Indirect Business Taxes



## Verify Industry Sector Data Needed for Study

First, determine industry sectors needed for study

### Direct Economic Activities of the Health Sector in the Perry Memorial Hospital Medical Service Area

Industry Sector	Component	Full-Time & Part-Time Employment	Total Personal Income
<b>397</b> Private Hospitals	Hospital	88	\$3,624,176
<b>394</b> Offices of physicians, dentists, and other health practitioners	Physicians, Dentists, & Other Medical Professionals	48	\$3,132,571
<b>398</b> Nursing and residential care facilities	Nursing and Protective Care	90	\$2,145,417
<b>395</b> Home health care services	Home Health	5	\$181,927
<b>396</b> Other medical and health services (Med/diag labs; outpatient/other ambulatory care)	Other Medical & Health Services	5	\$349,524
<b>325</b> Retail stores – health/personal care (Pharmacies)	Pharmacies	18	\$967,961
	Totals	254	\$10,401,576



## **Verify Industry Sector Data Needed for Study**

Industry sectors needed for study

- 325 Pharmacies
- 394 Offices of physicians, dentists & other
- 395 Home health
- 396 Other medical & health services
- 397 Private hospitals
- 398 Nursing & residential care facilities

## **Verify Industry Sector Data Needed for Study**

Arrow down to the Industry Sectors needed for the  
Noble County Study

First, check **325** for Pharmacies

Arrow down to Sector 325; verify sector has data

Repeat this step for all the sectors needed:

**394, 395, 396, 397, 398**

**All sectors have data EXCEPT 397 Private  
Hospitals**

**Hospital is a city-owned hospital; does not show  
under 397 Private Hospitals**

MIG IMPLAN (Impacts for PLANNING)

File Options Analyze Explorer Customize Help

Current Model: NABR LA LR US Data

Tasks Study Area Explorer

Model: Open Model, Load Model, Model Overview, Table Activities, Analyze Scenario, Compare Results, Study Area Data, Social Accounts, Industry Accounts, Multipliers, Customize, Study Area Data, Industry Production, Commodity Production, Trade Flow

Industry Code	Description	Employment	Output	Foreign Compensation	Prostate Income	Other Property Tax Income	Industry Business Taxes
320	Metal Stamps, Health and s...	11.2	\$897,737	\$430,497	\$7,280	\$74,423	\$738,830
325	Metal Stamps, Coative stah...	50.4	\$6,462,050	\$1,688,086	\$246,336	\$1,346,356	\$296,336
327	Metal Stamps, Clothing and...	1.0	\$43,023	\$0	\$1,014	\$7,046	\$5,975
328	Metal Stamps, Rawing gas...	18.4	\$487,056	\$187,529	\$7,228	\$57,824	\$471,883
329	Metal Stamps, Comers and...	40.7	\$2,742,126	\$1,114,241	\$94,412	\$712,096	\$442,387
331	Metal Stamps, Microform...	6.9	\$24,959	\$99,707	\$36,735	\$22,820	\$38,293
333	Metal Stamps, Elec an...	12.5	\$754,026	\$25,055	\$66,028	\$268,110	\$700,796
332	Transport by air	1.0	\$24,852	\$0	\$50,949	\$4,451	\$24,113
333	Transport by rail	17.8	\$5,978,694	\$1,641,288	\$0	\$2,980,278	\$898,802
334	Transport by water	0.0	\$20,171	\$0	\$0	\$451	\$17
335	Transport by truck	50.4	\$12,721,807	\$3,881,227	\$1,282,078	\$1,288,593	\$738,524
336	Tunnel and ground passag...	1.0	\$18,818	\$0	\$2,208	\$1,248	\$186
337	Transport by pipeline	0.0	\$0	\$0	\$0	\$0	\$0
338	Trucks and other motor veh...	1.7	\$22,789	\$18,488	\$132,040	\$78,038	\$25,296
339	Trucks and motorcyc...	1.0	\$5,995	\$0	\$2,191	\$1,252	\$553
340	Warehousing and storage	1.8	\$78,248	\$34,401	\$12,885	\$15,582	\$407
341	Wholesale publishers	24.2	\$2,969,095	\$747,619	\$16,992	\$178,418	\$208,087
342	Wholesale trade, except elec...	0.0	\$0	\$0	\$0	\$0	\$0
343	Book publishers	0.0	\$0	\$0	\$0	\$0	\$0
344	Printing, except book, and o...	0.0	\$0	\$0	\$0	\$0	\$0
345	Software publishers	0.0	\$0	\$0	\$0	\$0	\$0
346	Motion picture and video st...	0.0	\$0	\$0	\$0	\$0	\$0
347	Sound recording industries	0.0	\$0	\$0	\$0	\$0	\$0
348	Radio and television broadc...	0.0	\$0	\$0	\$0	\$0	\$0
349	Cable, satellite, and other...	7.8	\$20,814,616	\$7,787,887	\$6,832,387	\$1,888,263	\$274,587
350	Internet publishing, broker...	0.0	\$0	\$0	\$0	\$0	\$0
351	Telecommunications	4.0	\$1,130,246	\$63,278	\$34,537	\$138,216	\$39,418
360	Real estate and leasing of...	0.0	\$0	\$0	\$0	\$0	\$0
362	Other information services	0.0	\$0	\$0	\$0	\$0	\$0
364	Manuscript, publishing, and...	117.8	\$19,928,182	\$8,981,954	\$298,888	\$8,379,429	\$489,214
365	Investigative and security...	1.7	\$1,367,744	\$62,024	\$5,705	\$25,203	\$5,440
368	Travel agencies, commodity...	6.2	\$1,869,169	\$146,278	\$49,389	\$2,871	\$7,231
367	Insurance carriers	0.0	\$0	\$0	\$0	\$0	\$0
370	Insurance agencies, broker...	50.0	\$4,401,173	\$344,101	\$17,214	\$24,124	\$1,507
389	Funds, trusts, and other fin...	13.2	\$4,541,380	\$0	\$89,012	\$42,949	\$2,859
390	Real estate establishments	129.2	\$6,354,620	\$162,962	\$1,006,443	\$1,258,266	\$729,829

Your IMPLAN Model is constructed through the Regional Multiplier and is complete.

MIG IMPLAN (Impacts for PLANNING)

File Options Analyze Explorer Customize Help

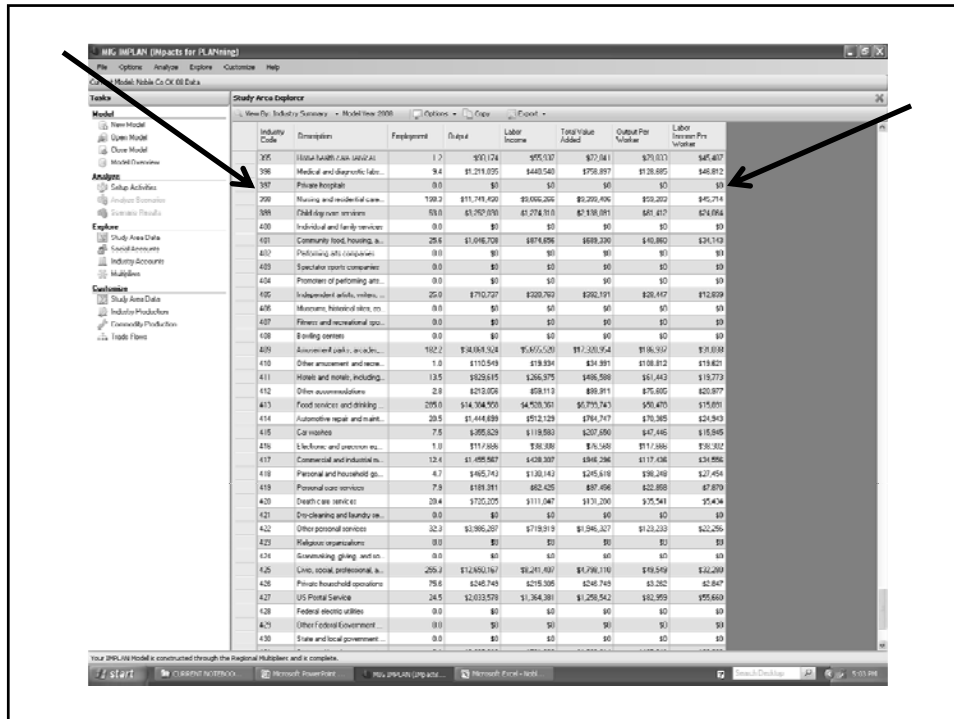
Current Model: NABR Co OK 08 Data

Tasks Study Area Explorer

Model: Open Model, Load Model, Model Overview, Table Activities, Analyze Scenario, Compare Results, Study Area Data, Social Accounts, Industry Accounts, Multipliers, Customize, Study Area Data, Industry Production, Commodity Production, Trade Flow

Industry Code	Description	Employment	Output	Foreign Compensation	Prostate Income	Other Property Tax Income	Industry Business Taxes
384	Offices of physicians, dentis...	47.5	\$4,842,267	\$1,587,417	\$1,215,530	\$289,580	\$28,152
395	State health care services	1.7	\$90,174	\$2,417	\$3,576	\$15,013	\$411
286	Medical and diagnostic lab...	9.6	\$1,211,896	\$260,808	\$178,992	\$208,829	\$5,423
287	Medical hospitals	0.0	\$0	\$0	\$0	\$0	\$0
288	Nursing and residential care...	192.3	\$11,741,430	\$8,806,889	\$259,379	\$11,805	\$221,820
300	Child day care services	61.0	\$19,903,908	\$1,734,468	\$19,843	\$697,136	\$16,648
400	Individual and family servic...	0.0	\$0	\$0	\$0	\$0	\$0
401	Community food, housing, an...	25.0	\$1,046,708	\$841,102	\$13,554	\$819,703	\$6,421
402	Performing arts companies	0.0	\$0	\$0	\$0	\$0	\$0
404	Theaters of performing arts	0.0	\$0	\$0	\$0	\$0	\$0
405	Independent artists, writers...	25.0	\$719,797	\$36,242	\$284,026	\$69,344	\$7,885
406	Museums, historical sites, an...	0.0	\$0	\$0	\$0	\$0	\$0
407	Fitness and recreational spo...	0.0	\$0	\$0	\$0	\$0	\$0
408	Swimming centers	0.0	\$0	\$0	\$0	\$0	\$0
409	Amusement parks, except th...	162.1	\$24,091,204	\$1,498,280	\$1,626,940	\$7,291,249	\$1,983,899
410	Other amusement and recre...	1.0	\$111,649	\$19,797	\$1,327	\$11,409	\$3,649
411	Travel, including, including	12.5	\$870,025	\$42,525	\$14,440	\$144,199	\$17,237
412	Other accommodations	2.8	\$21,1068	\$88,779	\$7,034	\$84,367	\$8,503
413	Food services and drinking...	299.0	\$14,884,549	\$4,884,079	\$11,249	\$1,517,136	\$74,367
414	Automotive repair and maint...	20.5	\$1,444,039	\$483,670	\$42,402	\$13,307	\$17,711
415	Car washes	7.5	\$295,055	\$106,500	\$19,595	\$63,561	\$24,006
416	Electronics and electronic r...	1.0	\$11,899	\$1,217	\$123	\$20,872	\$1,441
417	Chemical and allied product...	12.4	\$1,488,927	\$298,900	\$23,717	\$426,098	\$81,894
418	Plastics, rubber, and other...	4.7	\$807,661	\$186,399	\$1,095	\$91,214	\$16,481
419	Textile mill operations	7.8	\$181,351	\$17,758	\$44,688	\$24,854	\$5,179
420	Leather and leather goods	20.4	\$2,026,206	\$94,446	\$84,039	\$1,099	\$10,242
421	Dyeing and finishing of tex...	0.0	\$0	\$0	\$0	\$0	\$0
422	Other personal services	13.1	\$1,564,289	\$134,009	\$265,169	\$1,066,147	\$1,254
423	Religious organizations	0.0	\$0	\$0	\$0	\$0	\$0
424	Grantmaking, giving, and so...	0.0	\$0	\$0	\$0	\$0	\$0
425	Child, social, professional...	27.5	\$12,021,167	\$8,181,366	\$63,041	\$1,983,194	\$403,097
426	Private household operatio...	79.4	\$54,749	\$14,108	\$0	\$11,444	\$0
427	US Postal Service	24.5	\$2,023,710	\$1,264,207	\$0	\$919,022	\$0
428	Federal electric utilities	0.0	\$0	\$0	\$0	\$0	\$0
429	Other Federal Government	0.0	\$0	\$0	\$0	\$0	\$0

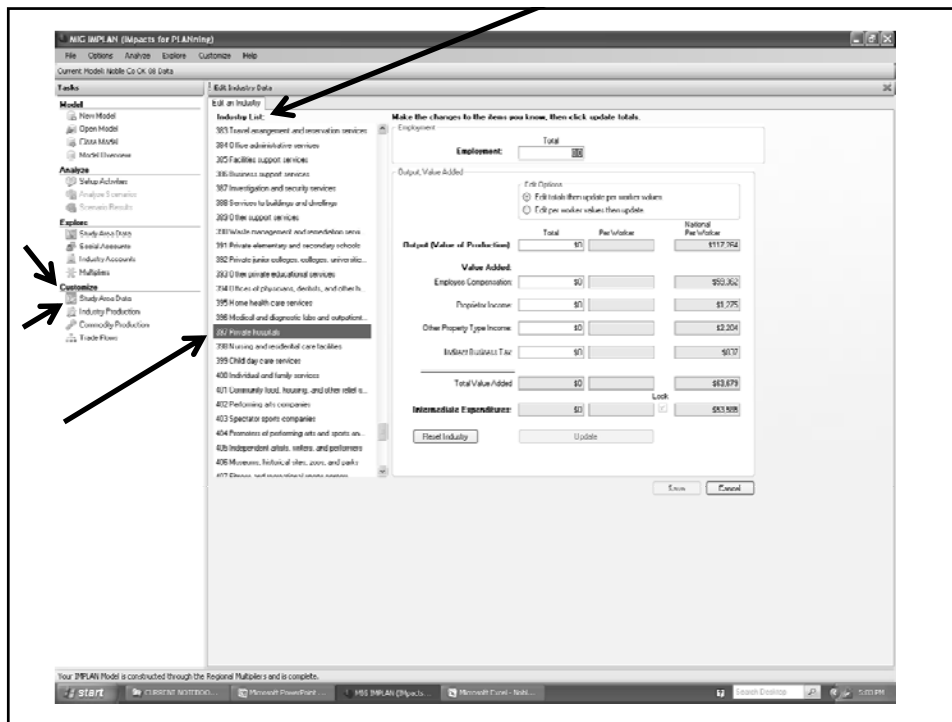
Your IMPLAN Model is constructed through the Regional Multiplier and is complete.



## Create Shadow Industry for Hospital

Under 'Customize', 'Study Area Data', arrow down  
to 'Edit an Industry'

Go to 'Sector 397', which should have NO data



## Data Needed to Edit an Industry

Need:

Employment

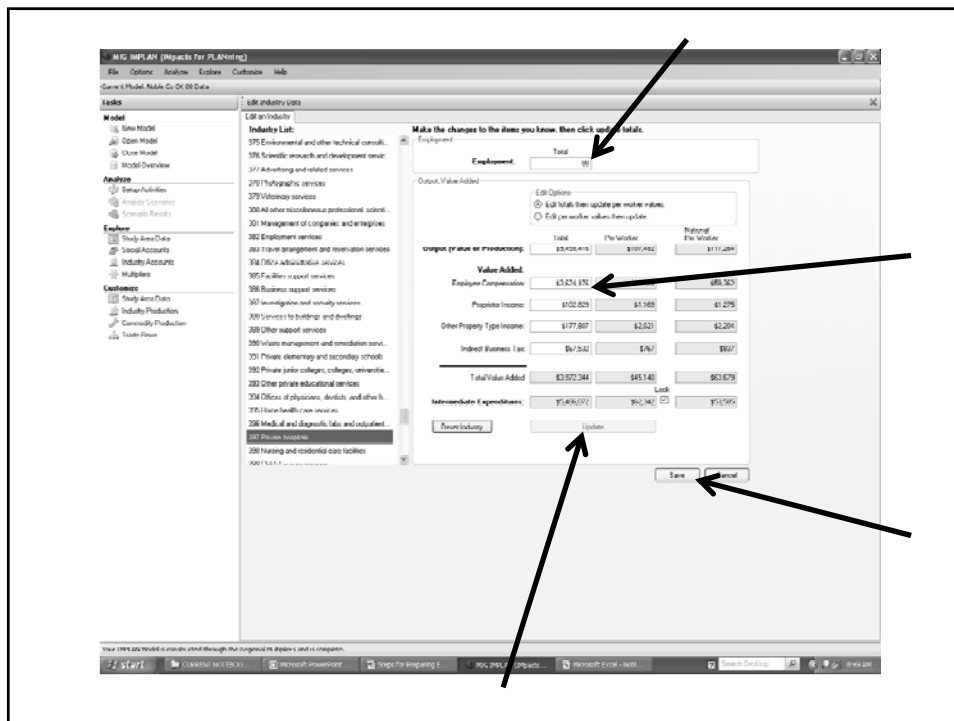
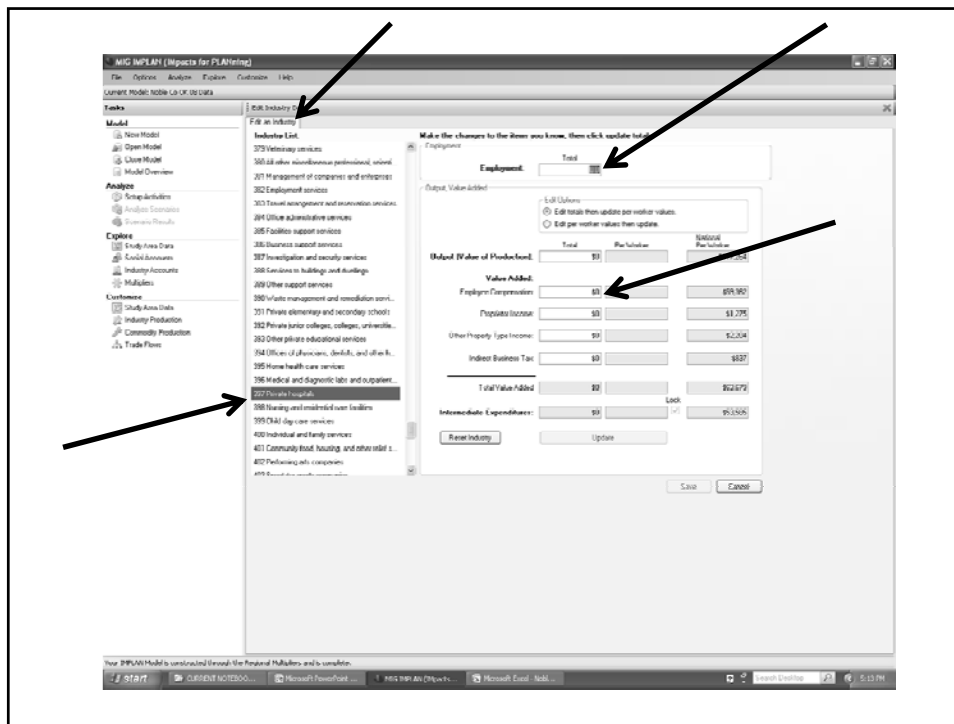
EE Compensation

Have:

Employment: 88

EE Compensation: \$3,624,176

Go back to the Noble County Model, under  
 “Customize”. ‘Study Area Data’. ‘Edit an Industry,’  
 and edit the hospital industry sector 397



## After Editing Hospital Industry

- After saving the edits to the hospital industry, on the bottom of the screen in RED will appear ‘Your IMPLAN model has been changed, you will need to reconstruct your model’
- Then ‘close’ the window

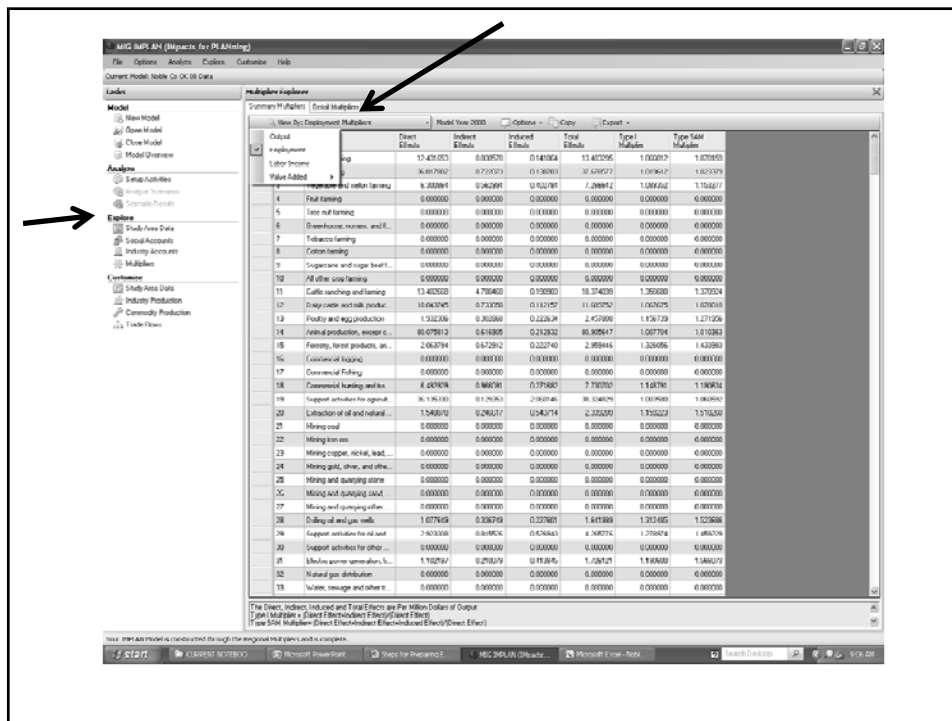
The screenshot shows the IMPLAN software interface. The main window is titled 'EIR in Industry' and contains a table of 'Value Added' data for the 'Hospital Industry'. The table has columns for 'Total', 'Per Worker', and 'National Per Worker'. The data is as follows:

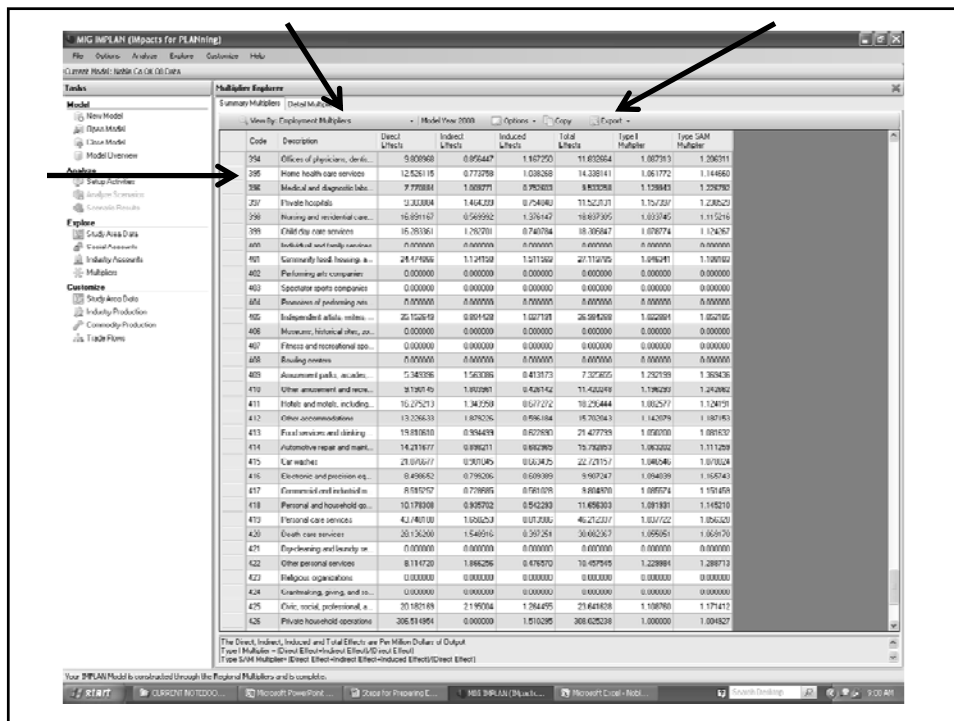
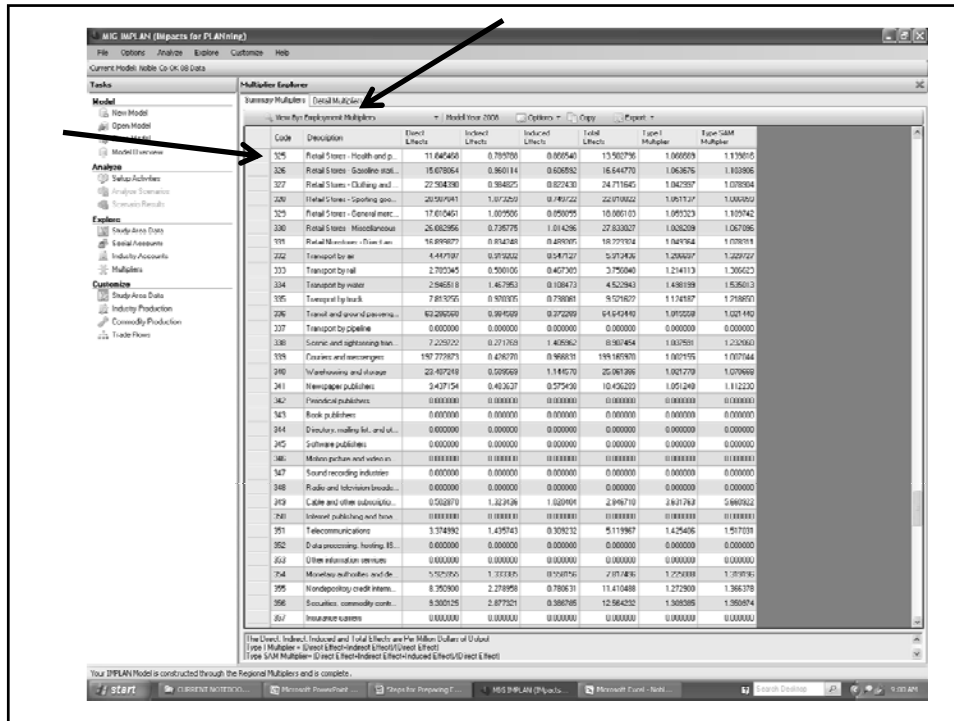
Category	Total	Per Worker	National Per Worker
Charge (Value of Production)	\$1,450,433	\$107,402	\$117,254
Value Added:			
Employee Compensation	\$3,574,170	\$261,184	\$286,342
Proprietor Income	\$102,825	\$7,663	\$8,275
Other Property-Tax Income	\$177,807	\$13,201	\$14,204
Indirect Business Tax	\$67,532	\$5,078	\$5,507
Total Value Added	\$3,972,767	\$296,140	\$321,679
Intermediate Consumption	\$5,406,073	\$402,342	\$434,606

At the bottom of the screen, a red message box states: 'Your IMPLAN model has been changed, you will need to reconstruct your model.' A red arrow points to this message.

# ReConstruct the Multipliers

- To reconstruct the multipliers, go to ‘Options’, ‘Construct’, ‘Multipliers’
- Wait for the model to reconstruct multipliers
- Go to “Explore”, ‘Multipliers”, Select ‘Employment Multipliers’
- Arrow down to each Industry Sector for multipliers or export (download) reports







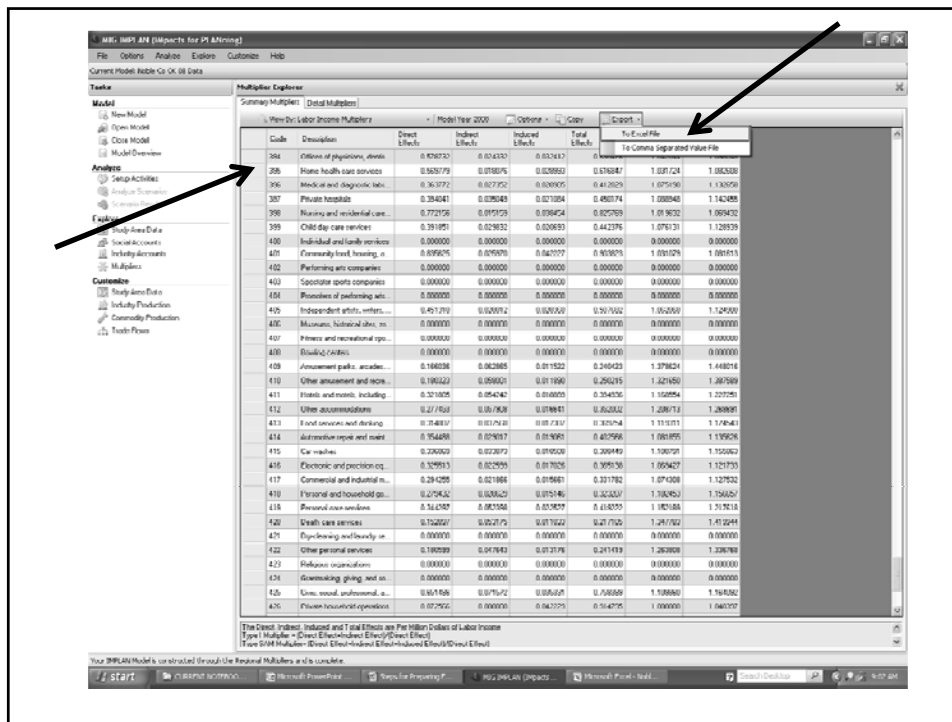
# ReConstruct the Multipliers

- Go to “Explore”, ‘Multipliers’, Select ‘Labor Income Multipliers’
- Arrow down to each Industry Sector for multipliers or export (download) reports to Excel

The screenshot shows the 'Multipliers Explorer' window in the IISG IMPLAN software. The window title is 'Multipliers Explorer' and it contains a table of labor income multipliers. The table has columns for 'Output', 'Employment', 'Labor Income', 'Value Added', and 'Total Effect'. The 'Labor Income' row is highlighted, and an arrow points to it. The table lists various industry sectors and their corresponding multiplier values.

Output	Employment	Labor Income	Value Added	Total Effect
1	0.00000	0.00000	0.00000	0.00000
2	0.00000	0.00000	0.00000	0.00000
3	0.00000	0.00000	0.00000	0.00000
4	0.00000	0.00000	0.00000	0.00000
5	0.00000	0.00000	0.00000	0.00000
6	0.00000	0.00000	0.00000	0.00000
7	0.00000	0.00000	0.00000	0.00000
8	0.00000	0.00000	0.00000	0.00000
9	0.00000	0.00000	0.00000	0.00000
10	0.00000	0.00000	0.00000	0.00000
11	0.00000	0.00000	0.00000	0.00000
12	0.00000	0.00000	0.00000	0.00000
13	0.00000	0.00000	0.00000	0.00000
14	0.00000	0.00000	0.00000	0.00000
15	0.00000	0.00000	0.00000	0.00000
16	0.00000	0.00000	0.00000	0.00000
17	0.00000	0.00000	0.00000	0.00000
18	0.00000	0.00000	0.00000	0.00000
19	0.00000	0.00000	0.00000	0.00000
20	0.00000	0.00000	0.00000	0.00000
21	0.00000	0.00000	0.00000	0.00000
22	0.00000	0.00000	0.00000	0.00000
23	0.00000	0.00000	0.00000	0.00000
24	0.00000	0.00000	0.00000	0.00000
25	0.00000	0.00000	0.00000	0.00000
26	0.00000	0.00000	0.00000	0.00000
27	0.00000	0.00000	0.00000	0.00000
28	0.00000	0.00000	0.00000	0.00000
29	0.00000	0.00000	0.00000	0.00000
30	0.00000	0.00000	0.00000	0.00000
31	0.00000	0.00000	0.00000	0.00000
32	0.00000	0.00000	0.00000	0.00000
33	0.00000	0.00000	0.00000	0.00000





## Creating Economic Impact Tables in Excel

Economic impact tables to create:

1. Direct employment and income impact from health sectors
2. Secondary and total employment and income impact from health sectors
3. Direct construction costs for each year of construction

## Creating Economic Impact Tables in Excel

4. Direct impact on employment and income for each year derived from construction costs and IMPLAN ratios
5. Secondary and total impact on employment and income for each year

**Utilize the multipliers from the IMPLAN reports for the Impact Tables and Industry Detail reports to derive construction employment and income for each year of construction**

### Noble County Health Sector Impact on Employment

Health Sectors	Employment		
	Employed	Multiplier	Impact
Hospital	88	1.24	109
Physicians, Dentists, & Other Medical Professionals	48	1.21	58
Nursing and Protective Care	90	1.11	100
Home Health	5	1.15	6
Other Medical & Health Services	5	1.23	6
Pharmacies	<u>18</u>	1.14	<u>21</u>
<b>Total</b>	<b>254</b>		<b>300</b>

**Noble County Health Sector Impact  
on Income, and Retail Sales and Sales Tax**

Health Sectors	Income			Retail Sales	1 Cent Sales Tax
	Income	Multiplier	Impact		
Hospital	\$3,624,176	1.14	\$4,131,561	\$1,028,759	\$10,288
Physicians, Dentists, & Other Medical Professionals	\$3,132,571	1.1	\$3,445,828	\$858,011	\$8,580
Nursing and Protective Care	\$2,145,417	1.07	\$2,295,596	\$571,603	\$5,716
Home Health	\$181,927	1.08	\$196,481	\$48,924	\$489
Other Medical & Health Services	\$349,524	1.13	\$394,962	\$98,346	\$983
Pharmacies	<u>\$967,961</u>	1.12	<u>\$1,084,116</u>	<u>\$269,945</u>	<u>\$2,699</u>
<b>Total</b>	<b>\$10,401,576</b>		<b>\$11,548,544</b>	<b>\$2,875,588</b>	<b>\$28,755</b>

**Income Impact Table**

- Need the local retail sales capture ratio.

$$\frac{\text{Total local retail sales subject to sales tax}}{\text{Total Personal income}}$$

Available from state tax agency and the U. S. Department of Commerce, Bureau of Economic Analysis

Results in the ratio of retail sales to personal income

**For Noble County: 24.9%**

- Need the current county sales tax rate

Available from the state tax agency from reports showing the sales tax returns to local governments

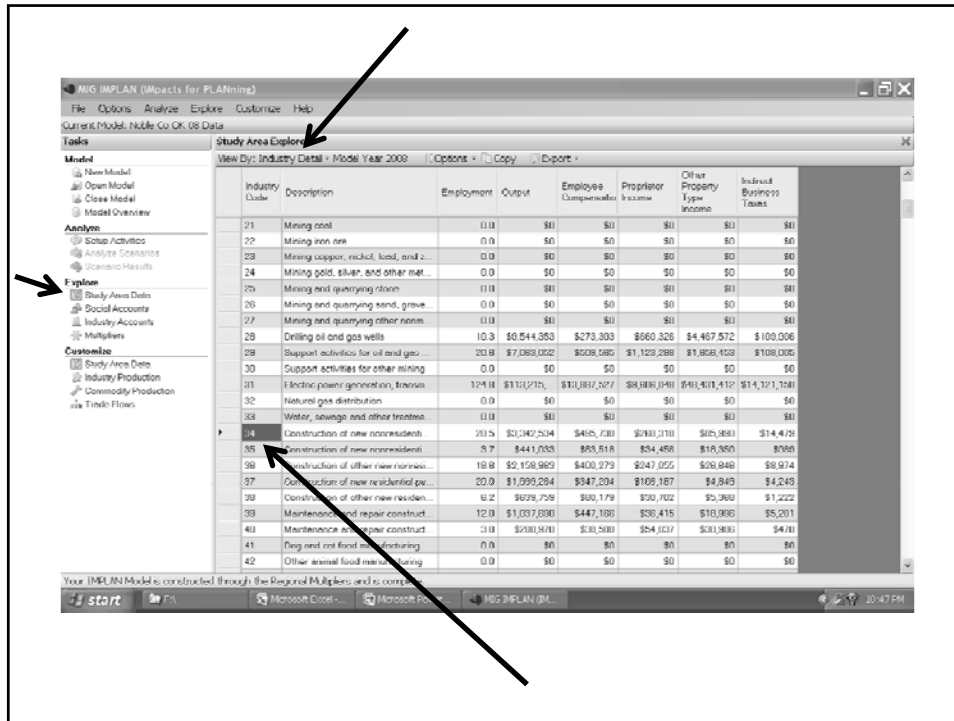
**For Noble County: 1.0% County Sales Tax**

## Derive Construction Employment and Income

- Re-Open Noble County OK 08 Data Model
- Click on 'Explore'
- Then 'Study Area Data'
- Should be in 'View by: Industry Detail'
- Go down to 'Sector for Health Construction'
- Need selected data for this sector

The screenshot shows the IMPLAN software interface. The main window is titled 'Study Area Data' and displays a table of industry data. The table has columns for Industry Code, Description, Employment, Output, Employee Compensation, Proprietor Income, Other Property Type Income, and Indirect Business Taxes. The data is sorted by industry code, with 'Total' at the top. A black arrow points to the 'Study Area Data' window title, and another points to the 'Explore' menu item in the left sidebar.

Industry Code	Description	Employment	Output	Employee Compensation	Proprietor Income	Other Property Type Income	Indirect Business Taxes
0	Total	6,781.8	\$1,637,09...	\$211,264...	\$88,728,772	\$262,528...	\$18,771,137
1	Of food farming	18.6	\$1,072,748	\$0,853	\$50,888	\$679,428	\$11,530
2	Grain farming	475.1	\$12,904,053	\$211,340	\$434,148	\$5,834,132	\$7,367
3	Vegetable and mola...	1.4	\$216,511	\$29,788	\$10,898	\$82,878	\$2,851
4	Fruit farming	0.0	\$0	\$0	\$0	\$0	\$0
5	Tree nut farming	0.0	\$0	\$0	\$0	\$0	\$0
6	Greenhouse, narsce...	0.0	\$0	\$0	\$0	\$0	\$0
7	Tobacco farming	0.0	\$0	\$0	\$0	\$0	\$0
8	Cotton farming	0.0	\$0	\$0	\$0	\$0	\$0
9	Sugarcane and sug...	0.0	\$0	\$0	\$0	\$0	\$0
10	All other crop farming	0.0	\$0	\$0	\$0	\$0	\$0
11	Cattle ranching and ...	373.8	\$27,884,828	\$1,618,754	\$56,701	\$2,480,280	\$847,000
12	Dairy cattle and milk...	3.2	\$281,308	\$12,238	\$417	\$83,888	\$3,778
13	Poultry and egg pro...	4.8	\$2,375,085	\$194,845	\$58,818	\$167,138	\$13,086
14	Animal production, a...	18.6	\$208,884	\$22,888	(\$811)	\$80,388	\$6,222
15	Forestry, forest prod...	2.2	\$1,061,710	\$0	\$88,013	\$150,073	\$30,074
16	Commercial logging	0.0	\$0	\$0	\$0	\$0	\$0
17	Commercial Fishing	0.0	\$0	\$0	\$0	\$0	\$0
18	Commercial hunting ...	19.5	\$3,004,037	\$257,140	\$0,740	\$913,070	\$227,406
19	Support activities for...	10.8	\$438,070	\$84,078	\$83,870	(\$104,280)	\$3,887
20	Extraction of oil and ...	250.0	\$229,217...	\$782,110	\$53,710,100	\$77,892,240	\$14,285,888
21	Mining coal	0.0	\$0	\$0	\$0	\$0	\$0



**FROM IMPLAN**  
**Explore - Study Area Data - Industry Detail -**  
**Sector 34 - Construction of New**  
**Nonresidential Commercial and Health Care**  
**Structures**

Industry Code	Description	Employment	Output	Employee Compensation	Proprietor Income
34	Health Construction Sector	28.52	3,342,533.50	495,738.19	268,318.03

## Derive Construction Employment and Income from IMPLAN

<b>Health Construction Employment</b>	
per Million Dollars of Health Construction Output	
<b>Formula:</b>	$\frac{\text{Health Construction Employment}}{(\text{Health Construction Output} \div 1,000,000)}$
Utilize numbers from IMPLAN Data, Industry Detail for Health Construction Sector	
<b>Calculation:</b>	$\frac{28.52}{(3,342,533.50 \div 1,000,000)}$
<b>RESULT =</b>	<b>8.532599</b>

Industry Code	Description	Employment	Output	Employee Compensation	Proprietor Income
34	Health Construction Sector	28.52	3,342,533.50	495,738.19	268,318.03

## Calculate Annual Health Construction Employment

<b>Health Construction Employment</b>	
per Million Dollars of Health Construction Output	
<b>8.532599</b>	

	Costs in Million Dollars	Formula	Employment
2008	\$6	=\$6 x 8.532599	51
2009	\$4	=\$4 x 8.532599	34
<i>Total Construction Costs</i> <i>/\$1,000,000</i>		<i>Costs in Million Dollars</i> <i>x EMP/\$Mills of Output</i>	<i>Calculated</i> <i>Construction</i> <i>Employment</i>



### Calculate Annual Health Construction Income (Wages, Salaries, and Benefits and Proprietor Income)

<b>Formula =</b>	$\frac{(\text{Health Construction Employee Compensation} + \text{Health Construction Proprietor Income})}{\text{Health Construction Employment}}$
Utilize numbers from IMPLAN Data, Industry Detail for Health Construction Sector	
Calculation:	$\frac{= \$495,738.19 + \$268,318.03}{= 28.52}$
<b>RESULT</b>	<b>\$26,790</b>
<b>Avg. Income per Health Construction Employee</b>	

Industry Code	Description	Employment	Output	Employee Compensation	Proprietor Income
34	Health Construction Sector	28.52	3,342,533.50	495,738.19	268,318.03

### Calculate Annual Health Construction Income (Wages, Salaries, and Benefits and Proprietor Income)

<b>Average Income Per Health Construction Worker</b>				
<b>\$26,790</b>				
	Costs in Million \$\$\$	Estimated Employment	Formula	Estimated Income
2008	\$6	51	= 52 x \$26,790	\$1,366,290
2009	\$4	34	= 34 x \$26,790	\$910,860
<i>Health Construction Employment x Avg Income Per Worker</i>				<b>Calculated Construction Income</b>

Industry Code	Description	Employment	Output	Employee Compensation	Proprietor Income
34	Health Construction Sector	28.52	3,342,533.50	495,738.19	268,318.03

## Direct Impact of Construction

Year	Construction Costs*	Construction Employment	Construction Income
2008	\$6,000,000	51	\$1,366,290
2009	\$4,000,000	34	\$910,860

\* Does not include land costs or equipment costs

### Health Construction Employment and Income Multipliers

From the Noble County IMPLAN Model,

- Go to 'Explore'
- Then 'Multipliers'
- Select 'View by: Employment Multipliers'
- Scroll down to Health Construction Sector
- Employment Multiplier for Health Construction Sector under 'Type SAM Multiplier'

**MIG IMPLAN (Impacts for PLanning)**  
File Options Analyze Explore Customize Help  
Current Model: Noble Co OK 08 Data

**Tasks**  
Multiplier Explorer

**Model**  
New Model  
Open Model  
Clone Model  
Model Overview

**Analyze**  
Setup Activities  
Analyze Scenarios  
Scenario Results

**Explore**  
Study Area Data  
Social Accounts  
Industry Accounts  
Multipliers

**Customize**  
Study Area Data  
Industry Production  
Commodity Production  
Trade Flows

Summary Multipliers [Detail Multipliers]  
View By: Output Multipliers | Model Year 2008 | Options | Copy | Export

Code	Description	Direct Effects	Indirect Effects	Induced Effects	Total Effects	Type I Multiplier	Type SAM Multiplier
1	Diseed farming	1.000000	0.000042	0.018014	1.101057	1.005042	1.101057
2	Oran farming	1.000000	0.078967	0.0116728	1.084638	1.078967	1.084638
3	Vegetable and melo...	1.000000	0.073635	0.045559	1.119193	1.073635	1.119193
4	Fruit farming	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
5	Tree nut farming	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
6	Greenhouse, nurser...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
7	Tobacco farming	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
8	Cotton farming	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
9	Sugarcane and sug...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
10	All other crop farming	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
11	Cattle ranching and ...	1.000000	0.406079	0.021511	1.427590	1.406079	1.427590
12	Dairy cattle and milks	1.000000	0.085488	0.012810	1.088138	1.085488	1.088138
13	Poultry and egg pro...	1.000000	0.047706	0.025136	1.072922	1.047706	1.072922
14	Animal production, a	1.000000	0.084977	0.025886	1.088443	1.084977	1.088443
15	Forestry, forest prod...	1.000000	0.005114	0.025333	1.030447	1.005114	1.030447
18	Commercial logging	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
17	Commercial Fishing	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
19	Commercial hunting	1.000000	0.000000	0.000000	1.000000	1.000000	1.000000
19	Support activities for...	1.000000	0.013947	0.224070	1.240016	1.013947	1.240016

Type I Multiplier = (Direct + Indirect + Induced) / Direct  
Type SAM Multiplier = (Direct Effect + Indirect Effect + Induced Effect) / Direct Effect

Your IMPLAN Model is constructed through the Regional Multipliers and is complete.

**MIG IMPLAN (Impacts for PLanning)**  
File Options Analyze Explore Customize Help  
Current Model: Noble Co OK 08 Data

**Tasks**  
Multiplier Explorer

**Model**  
New Model  
Open Model  
Clone Model  
Model Overview

**Analyze**  
Setup Activities  
Analyze Scenarios  
Scenario Results

**Explore**  
Study Area Data  
Social Accounts  
Industry Accounts  
Multipliers

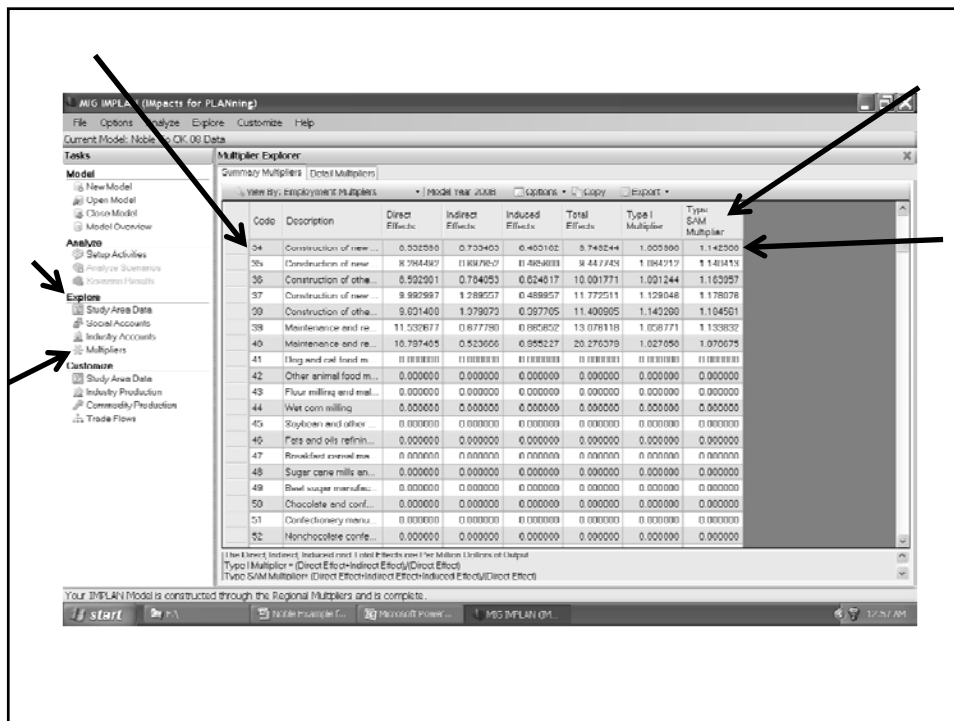
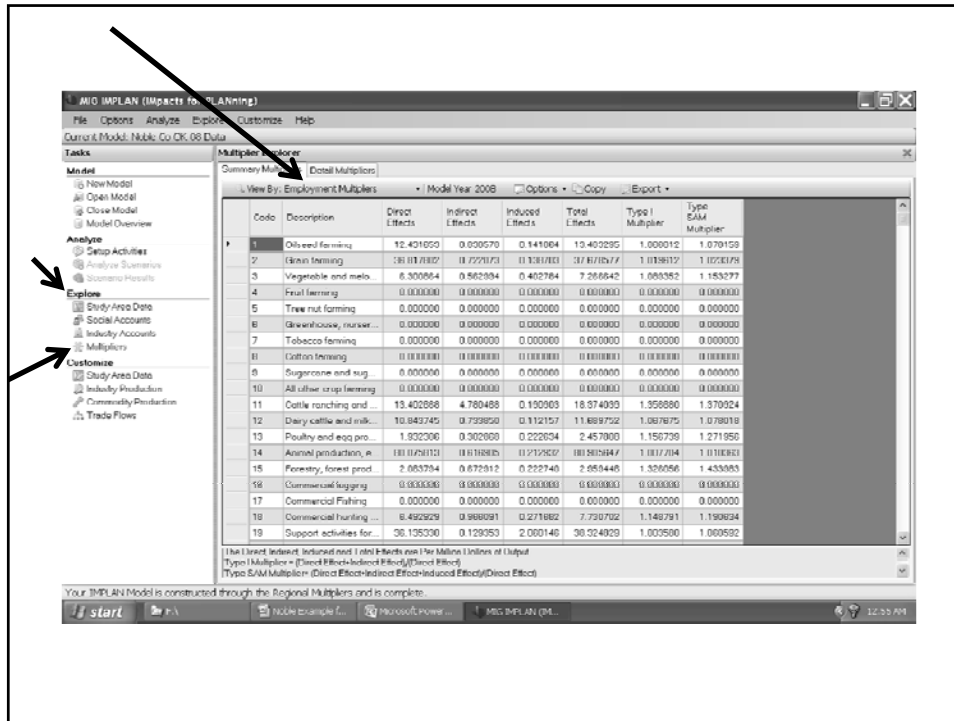
**Customize**  
Study Area Data  
Industry Production  
Commodity Production  
Trade Flows

Summary Multipliers [Detail Multipliers]  
View By: Employment Multipliers | Model Year 2008 | Options | Copy | Export

Code	Description	Direct Effects	Indirect Effects	Induced Effects	Total Effects	Type I Multiplier	Type SAM Multiplier
5	Tree nut farming	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
6	Greenhouse, nurser...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
7	Tobacco farming	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
8	Cotton farming	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
9	Sugarcane and sug...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
10	All other crop farming	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
10K	Commercial logging	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
17	Commercial Fishing	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
21	Mining coal	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
22	Mining iron ore	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
23	Mining copper, nick...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
24	Mining gold, silver, e...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
25	Mining and quarryin...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
26	Mining and quarryin...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
27	Mining and quarryin...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
30	Support activities for...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
32	Natural gas distrib...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
33	Water, sewage and ...	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Type I Multiplier = (Direct + Indirect + Induced) / Direct  
Type SAM Multiplier = (Direct Effect + Indirect Effect + Induced Effect) / Direct Effect

Your IMPLAN Model is constructed through the Regional Multipliers and is complete.



## Health Construction Employment and Income Multipliers

- Select ‘View by: Income Multipliers’
- Scroll down to Health Construction Sector
- Income Multiplier for Health Construction Sector under ‘Type SAM Multiplier’

The screenshot shows the 'Multiplier Explorer' window in the MIG IMPLAN software. The 'View by' dropdown is set to 'Income Multipliers'. The table below shows the multipliers for various sectors. The 'Health Construction' sector is highlighted in the table. Arrows point to the 'View by' dropdown, the 'Health Construction' row, and the 'Type SAM Multiplier' column.

Output	Direct Effects	Indirect Effects	Induced Effects	Total Effects	Type I Multiplier	Type SAM Multiplier
Employment						
Labor Income						
Value Added						
19	0.045054	0.022000	0.003000	0.072055	1.493939	1.500007
20	0.018077	0.019441	0.008845	0.047263	1.589651	1.486511
3	0.192378	0.017989	0.011193	0.222161	1.093220	1.151224
4	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
5	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
6	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
7	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
9	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
10	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
11	0.000027	0.047038	0.005335	0.112399	1.753524	1.002408
12	0.015843	0.018642	0.001191	0.037276	1.402198	1.024168
13	0.106000	0.014059	0.002200	0.127059	1.131636	1.100001
14	0.107314	0.014880	0.005653	0.129847	1.158170	1.184458
15	0.084593	0.018093	0.008149	0.109835	1.225706	1.238394
16	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
17	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
18	0.121133	0.000417	0.007288	0.131838	1.287818	1.308242
19	0.976000	0.004487	0.000042	1.000529	1.004005	1.002000

## Health Construction Employment and Income Multipliers

Health Construction Employment Multiplier	<b>1.14</b>
Health Construction Income Multiplier	<b>1.18</b>

## Employment Impact of Construction of Noble County Hospital

Year	Construction Costs*	Estimated Construction Employment	Construction Employment Multiplier	Secondary Health Construction Employment	Total Health Construction Employment
2008	\$6,000,000	51	1.14	7	58
2009	\$4,000,000	34	1.14	5	39

\* Does not include land costs or equipment costs

## Income Impact of Construction of Noble County Hospital

Year	Construction Costs*	Estimated Construction Income	Construction Income Multiplier	Secondary Health Construction Income	Total Health Construction Income
2008	\$6,000,000	\$1,366,290	1.14	\$191,281	\$1,557,571
2009	\$4,000,000	\$910,860	1.14	\$127,520	\$1,038,380

\* Does not include land costs or equipment costs

## Sales Tax Impact of Construction of Noble County Hospital

Year	Construction Costs*	Total Health Construction Income	Estimated Retail Sales Impact	Estimated Sales Tax Impact
2008	\$6,000,000	\$1,557,571	\$387,835	\$3,878
2009	\$4,000,000	\$1,038,380	\$258,557	\$2,586

\* Does not include land costs  
or equipment costs

## **Prepare Final Study in Word**

Put final study together in Word:

- Cover with picture of local health providers
- Secondary data tables
- Figures: nat'l health & medical service area
- Economic impact tables
- Text
- References
- Appendices, if needed

### **Economic Impact**

- ❖ **Mold the model to fit the situation, the service area, and the industry**
- ❖ **Medical service area can be zip code area, county, multi-county, state, multi-state, or national**
- ❖ **Powerful tool to illustrate the importance of an individual health sector or the total of all health sectors**
- ❖ **Powerful tool to illustrate the importance of construction activities on the economy**
- ❖ **Use Economic Impact as Tool in Community Health Needs Assessment**



# IMPLAN® Information

For Additional Information contact MIG at 651-439-4421  
 Fax: 651-472-5703  
 Or visit our web site at [www.IMPLAN.com](http://www.IMPLAN.com)

# DATA PRICE LIST

(note: state agencies using a procurement system charging vendors a flat percent must include that fee in the price)

December, 11

## IMPLAN® PRODUCTS - For use with IMPLAN software. IMPLAN v3 software and shipping are included with IMPLAN data purchases.

### 2010 IMPLAN® Individual Data Files - Prices are for single installation

Individual County File .....	\$350
Individual County Plus Package .....	\$730
US or State Totals File .....	\$640
Individual Congressional District .....	\$750

### 2010 IMPLAN State Data Packages

IMPLAN Package includes U.S. total, state total, and all related county files.

Prices are for one concurrent connection to the IMPLAN software. Data includes SAM data. Call for site license pricing.

AK.....	\$2,315	ID.....	\$2,730	MT.....	\$2,925	RI.....	\$1,250	
AL.....	2,925	IL.....	3,440	NC.....	3,440	SC.....	2,730	
AR.....	2,925	IN.....	3,305	ND.....	2,925	SD.....	2,925	
AZ.....	1,700	KS.....	3,440	NE.....	3,305	TN.....	2,990	
CA.....	2,925	KY.....	3,825	NH.....	1,640	TX.....	4,275	
CO.....	2,925	LA.....	2,925	NJ.....	2,120	UT.....	2,345	
CT.....	1,640	MA.....	1,670	NM.....	2,375	VA.....	3,890	
DC.....	1,090	MD.....	2,120	NV.....	1,825	VT.....	1,670	
DE.....	1,180	ME.....	1,765	NY.....	2,925	WA.....	2,345	
FL.....	2,925	MI.....	3,305	OH.....	3,305	WI.....	2,925	
GA.....	4,145	MN.....	3,305	OK.....	3,050	WV.....	2,925	
HI.....	1,250	MO.....	3,630	OR.....	2,375	WY.....	2,120	
IA.....	3,440	MS.....	3,305	PA.....	2,925			
51 State Totals Package (Call).....				\$13,850	National Package .....			\$45,415

### 2010 IMPLAN State Plus Packages

IMPLAN Package includes U.S. total, state total, county, Congressional District and all related zip code files.

Prices are for one concurrent connection to the IMPLAN software. Data includes SAM data. Call for site license pricing.

AK.....	\$5,770	ID.....	\$6,830	MT.....	\$7,475	RI.....	\$3,095	
AL.....	7,345	IL.....	8,505	NC.....	8,505	SC.....	6,830	
AR.....	7,345	IN.....	8,245	ND.....	7,345	SD.....	7,345	
AZ.....	4,255	KS.....	8,505	NE.....	8,245	TN.....	7,475	
CA.....	7,345	KY.....	9,530	NH.....	4,030	TX.....	10,695	
CO.....	7,345	LA.....	7,345	NJ.....	5,290	UT.....	5,080	
CT.....	4,065	MA.....	4,380	NM.....	5,930	VA.....	9,665	
DC.....	2,840	MD.....	5,290	NV.....	4,515	VT.....	4,155	
DE.....	2,905	ME.....	4,380	NY.....	7,345	WA.....	5,800	
FL.....	7,220	MI.....	8,245	OH.....	8,245	WI.....	7,220	
GA.....	10,305	MN.....	8,245	OK.....	7,990	WV.....	7,220	
HI.....	3,140	MO.....	9,020	OR.....	5,930	WY.....	5,290	
IA.....	8,640	MS.....	8,245	PA.....	7,345			
Congressional District Package .....				\$31,250	National Plus Package (Call).....			\$72,500

### Replacement IMPLAN Application Unit

Replacement IMPLAN Appliance .....	\$150
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### Workshops

MIG Traveling Workshop.....	\$8,100
MIG Classroom Workshop.....	1,375
MIG Stillwater Advanced Workshop .....	1,000

### • COVERED EMPLOYMENT AND WAGES DATA *not required for IMPLAN software.*

#### CEW (ES202) State Data Packages

Wage and Salary Data Package includes U.S. totals file, state totals file, and all related county files. Prices per year. CEW data available for 1988-2000 (SIC Based), 2001-2010 (NAICS Based).

AK.....	\$275	ID.....	\$330	MT.....	\$360	RI.....	\$175	
AL.....	360	IL.....	440	NC.....	440	SC.....	340	
AR.....	370	IN.....	420	ND.....	360	SD.....	360	
AZ.....	190	KS.....	450	NE.....	425	TN.....	425	
CA.....	360	KY.....	490	NH.....	190	TX.....	550	
CO.....	360	LA.....	360	NJ.....	240	UT.....	280	
CT.....	190	MA.....	190	NM.....	290	VA.....	500	
DC.....	100	MD.....	250	NY.....	360	VT.....	190	
DE.....	175	ME.....	200	NV.....	210	WA.....	290	
FL.....	360	MI.....	420	OH.....	420	WI.....	370	
GA.....	540	MN.....	420	OK.....	370	WV.....	360	
HI.....	175	MO.....	470	OR.....	290	WY.....	250	
IA.....	440	MS.....	410	PA.....	360			
51 State Totals Package .....				\$2,250	National Package.....			\$7,500

**The Economic Impact of  
Guadalupe County Hospital  
on Santa Rosa and Surrounding Medical Service Area  
in Guadalupe County, New Mexico**

Prepared for:

**Guadalupe County Hospital**

Prepared by:

**National Center for Rural Health Works**  
Oklahoma State University  
Community Health Needs Assessment Template

February 2012

The logo consists of three white boxes with black borders. The top box contains the letter 'R'. Below it, two boxes are side-by-side, containing the letters 'H' and 'W' respectively. These boxes are positioned to the left of a grey horizontal bar that contains the title text.

R

Community Health Needs Assessment Template

**National Center for Rural Health Works**

**The Economic Impact of Guadalupe County Hospital on Santa Rosa and Surrounding Medical Service Area in Guadalupe County, New Mexico**

In Santa Rosa and the surrounding medical service area, Guadalupe County Hospital provides vital health care services 24 hours a day, seven days a week, 365 days a year.

Guadalupe County Hospital occupies an important role in Santa Rosa and generates significant health care services and contributions to the local residents. But the role Guadalupe County Hospital plays as a major contributor to the economy is often overlooked. Guadalupe County Hospital employs a large number of people with a large payroll. The purpose of this study is to provide national health trend and Guadalupe County demographic data, and to measure the economic impact Guadalupe County Hospital has on Santa Rosa and the surrounding medical service area.

## National Health Trend Data

*The health care sector is an extremely fast-growing sector in the United States, and based on the current demographics, there is every reason to expect this trend to continue.* Data in **Table 1** provide selected expenditure and employment data for the United States. Several highlights from the national data are:

- In 1970, health care services as a share of the national gross domestic product (GDP) were 7.2 percent and increased to 17.9 percent in 2010;
- Per capita health expenditures increased from \$356 in 1970 to \$8,402 in 2010, an increase of 2,260.1 percent (that is 22.6 times more in 2010 than in 1970);
- Employment in the health sector increased 351.4 percent from 1970 to 2010; and
- Employment increased an average of 2.4 percent per year from 2003 to 2010.

In addition, the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, projects that health care expenditures will account for 18.1 percent of GDP by 2014, increase to 18.8 percent of GDP in 2017, and increase to 19.8 percent in 2020. Per capita health care expenditures are projected to increase to \$10,035 in 2014, to \$11,664 in 2017, and to \$13,709 in 2020. Total health expenditures are projected to increase to over \$4.6 trillion in 2020.

**Figure 1** illustrates 2010 health expenditures by percent of GDP and by type of health service. Health services represented 17.9 percent of national GDP in 2010. Total health care expenditures were \$2.6 trillion in 2010. The largest category of health services was hospital care, representing 31.0 percent of the total and the second largest category was physician services with 27.0 percent of the total.

**Table 1**  
**United States Health Expenditures and Employment Data**  
**1970-2010; Projected for 2014, 2017, & 2020**

Year	Total Health Expenditures (\$Billions)	Per Capita Health Expenditures (\$)	Health as % of GDP (%)	Health Sector Employment (000)		Avg. Annual Increase in Employment (%)
1970	\$75.0	\$356	7.2%	3,052	<sup>a</sup>	
1980	256.0	1,110	9.2%	5,278	<sup>a</sup>	7.3%
1990	724.0	2,854	12.5%	7,814	<sup>a</sup>	4.8%
2000	1,377.0	4,878	13.8%	10,858	<sup>a</sup>	3.9%
2003	1,774.0	6,114	15.9%	11,817	<sup>b</sup>	N/A
2010	2,594.0	8,402	17.9%	13,777	<sup>b</sup>	2.4%
<b>Projections</b>						
2014	3,227.4	10,035	18.1%			
2017	3,849.5	11,664	18.8%			
2020	4,638.4	13,709	19.8%			

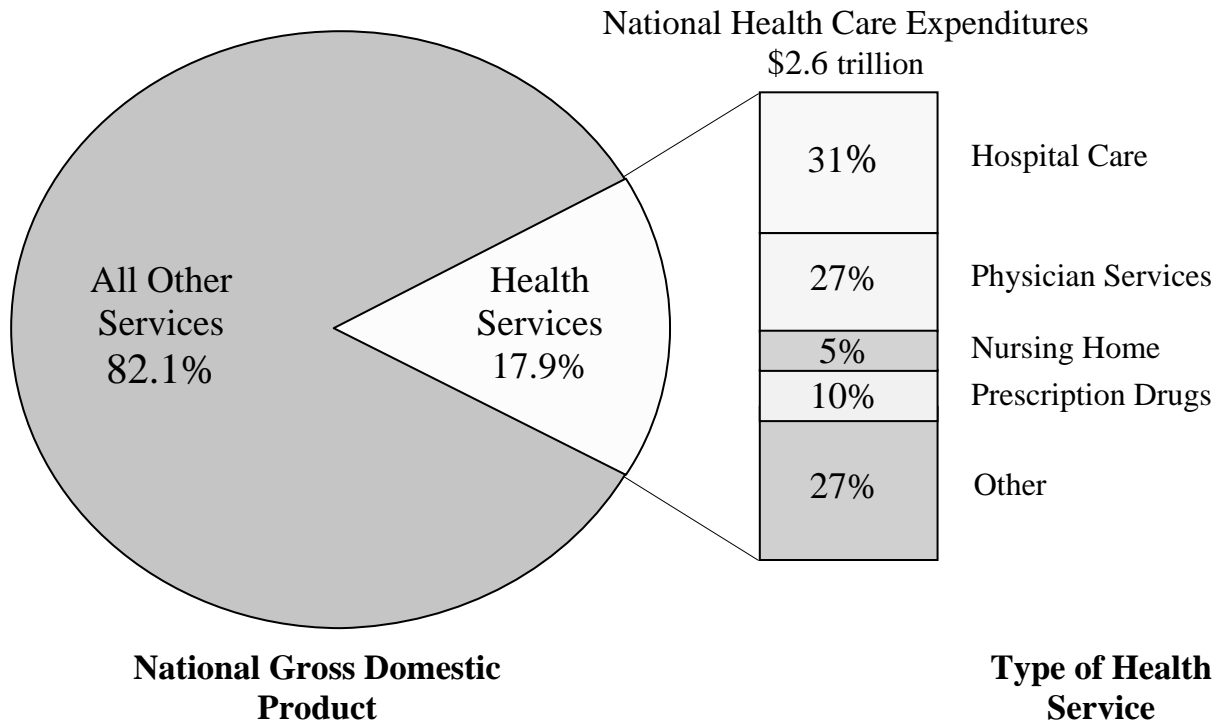
SOURCES: Bureau of Labor Statistics ([www.bls.gov](http://www.bls.gov) [February 2012]); U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services, National Health Expenditures 1970-2010 and National Health Expenditure Projections 2010-2020 (<http://www.cms.hhs.gov/nationalhealthexpenddata> [February 2012]).

N/A - Not Available.

<sup>a</sup> Based on Standard Industrial Classification (SIC) codes for health sector employment.

<sup>b</sup> Based on North American Industrial Classification System (NAICS) for health sector employment.

**Figure 1. National Health Expenditures as a Percent of Gross Domestic Product and by Health Service Type, 2010**



## Guadalupe County Demographic Data

Populations for Guadalupe County and city, town, census designated places (CDPs), and rural area are illustrated in **Table 2**. Guadalupe County had population of 4,156 in 1990, 4,680 in 2000, and 4,687 in 2010. This represents an increase of 12.6 percent from 1990 to 2000 and an increase of 1.6 percent from 2000 to 2010. The State of New Mexico increased 20.1 percent from 1990 to 2000 and an additional 13.2 percent from 2000 to 2010.

Santa Rosa is the only city in Guadalupe County and increased from 2,263 in 1990 to 2,744 in 2000, a 21.3 percent increase. The population continued to increase to 2,848 in 2010, representing a 3.8 percent increase from 2000 to 2010. The only town in the county is Vaughn and the population decreased 14.8 percent from 1990 to 2000 and decreased 17.3 percent from 2000 to 2010. The 2010 Census provided the populations for the (CDPs) and these are shown in **Table 2**. The rural area population is shown with the CDPs and without the CDPs for better comparison between census years. Without the CDP populations, the rural area of Guadalupe County increased 10.9 percent from 1990 to 2000 and decreased 0.3 percent from 2000 to 2010.

**Table 3** shows the population by race and Hispanic origin for the 2000 and 2010 Census years for Guadalupe County, the State of New Mexico, city, town, CDPs, and rural area in Guadalupe County. The white race category represented 54.1 percent of Guadalupe County's population in 2000, as compared to 70.4 percent in 2010. The "Other" race category decreased from 39.6 percent of the county population in 2000 to 22.7 percent in 2010. The Hispanic origin population for Guadalupe County decreased from 81.2 percent in 2000 to 79.6 percent in 2010. This compares to the Hispanic origin population for the State of New Mexico of 42.1 percent of total state population in 2000 and 46.3 percent in 2010.

**Table 2**  
**Population and Percent Change for Guadalupe County Cities and Towns,**  
**Guadalupe County, and the State of New Mexico**

	Populations			% Change '90 to '00	% Change '00 to '10
	1990 Census	2000 Census	2010 Census		
Santa Rosa City	2,263	2,744	2,848	21.3%	3.8%
Vaughn Town	633	539	446	-14.8%	-17.3%
Anton Chico CDP*	NA	NA	<b>188</b>	NA	NA
Llano de Medio CDP*	NA	NA	<b>188</b>	NA	NA
Newkirk CDP*	NA	NA	<b>7</b>	NA	NA
Pastura CDP*	NA	NA	<b>23</b>	NA	NA
Puerto de Luna CDP*	NA	NA	<b>141</b>	NA	NA
Rural Area	<u>1,260</u>	<u>1,397</u>	<u>846</u>	10.9%	-39.4%
<b>Without the CDPs reported</b>					
Rural Area	<u>1,260</u>	<u>1,397</u>	<u>1,393</u>	<b>10.9%</b>	<b>-0.3%</b>
<b>Guadalupe County</b>	<b><u>4,156</u></b>	<b><u>4,680</u></b>	<b><u>4,687</u></b>	<b>12.6%</b>	<b>0.1%</b>
<b>State of New Mexico</b>	<b><u>1,515,069</u></b>	<b><u>1,819,046</u></b>	<b><u>2,059,179</u></b>	<b>20.1%</b>	<b>13.2%</b>

SOURCE: 2000 and 2010 Census populations, U.S. Census Bureau (www.census.gov [February 2012]).

NA = not available.

\* CDP - Census designated places



**Table 3**  
**Populations by Race and Hispanic Origin**  
**for Guadalupe County and the State of New Mexico**

	White	Black	Native American <sup>1</sup>	Other <sup>2</sup>	Two or More Races <sup>3</sup>	Total	Hispanic Origin <sup>4</sup>
<b>2000 Census</b>							
Santa Rosa City	1,577	60	48	934	125	2,744	2,227
Vaughn Town	284	0	2	237	16	539	469
Anton Chico CDP	NA	NA	NA	NA	NA	NA	NA
Llano de Medio CDP	NA	NA	NA	NA	NA	NA	NA
Newkirk CDP	NA	NA	NA	NA	NA	NA	NA
Pastura CDP	NA	NA	NA	NA	NA	NA	NA
Puerto de Luna CDP	NA	NA	NA	NA	NA	NA	NA
Rural Area	<u>669</u>	<u>2</u>	<u>3</u>	<u>684</u>	<u>39</u>	<u>1,397</u>	<u>1,105</u>
Guadalupe County	<u>2,530</u>	<u>62</u>	<u>53</u>	<u>1,855</u>	<u>180</u>	<u>4,680</u>	<u>3,801</u>
Percent	<u>54.1%</u>	<u>1.3%</u>	<u>1.1%</u>	<u>39.6%</u>	<u>3.8%</u>	<u>100.0%</u>	<u>81.2%</u>
State of New Mexico	<u>1,214,253</u>	<u>34,343</u>	<u>173,483</u>	<u>330,640</u>	<u>66,327</u>	<u>1,819,046</u>	<u>765,386</u>
Percent	<u>66.8%</u>	<u>1.9%</u>	<u>9.5%</u>	<u>18.2%</u>	<u>3.6%</u>	<u>100.0%</u>	<u>42.1%</u>
<b>2010 Census</b>							
Santa Rosa City	1,971	68	57	654	98	2,848	2,262
Vaughn Town	304	7	6	114	15	446	385
Anton Chico CDP	115	0	7	60	6	188	167
Llano de Medio CDP	73	1	6	38	0	118	111
Newkirk CDP	7	0	0	0	0	7	2
Pastura CDP	20	0	0	3	0	23	19
Puerto de Luna CDP	114	0	1	23	3	141	107
Rural Area	<u>694</u>	<u>3</u>	<u>13</u>	<u>174</u>	<u>32</u>	<u>916</u>	<u>677</u>
Guadalupe County	<u>3,298</u>	<u>79</u>	<u>90</u>	<u>1,066</u>	<u>154</u>	<u>4,687</u>	<u>3,730</u>
Percent	<u>70.4%</u>	<u>1.7%</u>	<u>1.9%</u>	<u>22.7%</u>	<u>3.3%</u>	<u>100.0%</u>	<u>79.6%</u>
State of New Mexico	<u>1,407,876</u>	<u>42,550</u>	<u>193,222</u>	<u>338,521</u>	<u>77,010</u>	<u>2,059,179</u>	<u>953,403</u>
Percent	<u>68.4%</u>	<u>2.1%</u>	<u>9.4%</u>	<u>16.4%</u>	<u>3.7%</u>	<u>100.0%</u>	<u>46.3%</u>

SOURCE: 2000 and 2010 Census population by race and ethnic origin, U.S. Census Bureau (www.census.gov [February 2012]).

<sup>1</sup>Native Americans include American Indians and Alaska Natives.

<sup>2</sup>Other is defined as Asian Americans, Native Hawaiians, Pacific Islanders, and all others.

<sup>3</sup>Two or More Races indicated a person is included in more than one race group, it was introduced as a new category in the 2000 Census.

<sup>4</sup>Hispanic population is not a race but rather a description of ethnic origin; Hispanics are included in the five race groups.

**Table 4** shows the population by age groups for Guadalupe County, the State of New Mexico, and the city, town, CDPs, and rural area in Guadalupe County for 2000 and 2010. All age groups under age 44 decreased in percent of total population from 2000 to 2010. The age group 45-64 increased from 21.9 percent of the total in 2000 to 28.6 percent of the total in 2010. The age group 65 and older also increased; from 13.8 percent of the total population in 2000 to 15.5 percent of the total population in 2010. The State of New Mexico is experiencing similar trends in the changes in population by age groups.

**Table 4**  
**Populations by Age Group**  
**for Guadalupe County and the State of New Mexico**

	Age Groups						Total
	0-14	15-19	20-24	25-44	45-64	65+	
<b>2000 Census</b>							
Santa Rosa City	505	211	205	944	549	330	2,744
Vaughn Town	115	40	24	133	137	90	539
Anton Chico CDP	NA	NA	NA	NA	NA	NA	NA
Llano de Medio CDP	NA	NA	NA	NA	NA	NA	NA
Newkirk CDP	NA	NA	NA	NA	NA	NA	NA
Pastura CDP	NA	NA	NA	NA	NA	NA	NA
Puerto de Luna CDP	NA	NA	NA	NA	NA	NA	NA
Rural Area	<u>288</u>	<u>114</u>	<u>69</u>	<u>360</u>	<u>338</u>	<u>228</u>	<u>1,397</u>
Guadalupe County	<u>908</u>	<u>365</u>	<u>298</u>	<u>1,437</u>	<u>1,024</u>	<u>648</u>	<u>4,680</u>
Percent	<u>19.4%</u>	<u>7.8%</u>	<u>6.4%</u>	<u>30.7%</u>	<u>21.9%</u>	<u>13.8%</u>	<u>100.0%</u>
State of New Mexico	<u>419,108</u>	<u>145,751</u>	<u>121,291</u>	<u>516,100</u>	<u>404,571</u>	<u>212,225</u>	<u>1,819,046</u>
Percent	<u>23.0%</u>	<u>8.0%</u>	<u>6.7%</u>	<u>28.4%</u>	<u>22.2%</u>	<u>11.7%</u>	<u>100.0%</u>
<b>2010 Census</b>							
Santa Rosa City	483	168	202	886	743	366	2,848
Vaughn Town	80	37	10	85	140	94	446
Anton Chico CDP	40	12	10	35	30	61	188
Llano de Medio CDP	29	6	9	21	31	22	118
Newkirk CDP	0	0	0	0	2	5	7
Pastura CDP	1	0	0	2	8	12	23
Puerto de Luna CDP	33	11	5	24	42	26	141
Rural Area	<u>170</u>	<u>53</u>	<u>42</u>	<u>166</u>	<u>343</u>	<u>142</u>	<u>916</u>
Guadalupe County	<u>836</u>	<u>287</u>	<u>278</u>	<u>1,219</u>	<u>1,339</u>	<u>728</u>	<u>4,687</u>
Percent	<u>17.8%</u>	<u>6.1%</u>	<u>5.9%</u>	<u>26.0%</u>	<u>28.6%</u>	<u>15.5%</u>	<u>100.0%</u>
State of New Mexico	<u>429,980</u>	<u>149,861</u>	<u>142,370</u>	<u>515,768</u>	<u>548,945</u>	<u>272,255</u>	<u>2,059,179</u>
Percent	<u>20.9%</u>	<u>7.3%</u>	<u>6.9%</u>	<u>25.0%</u>	<u>26.7%</u>	<u>13.2%</u>	<u>100.0%</u>

SOURCE: 2000 and 2010 Census population by age groups, U.S. Census Bureau (www.census.gov [February 2012]).

## The Economic Impact of Guadalupe County Hospital

The economic impact of Guadalupe County Hospital for 2011 is presented in **Table 5**. The top portion of the table presents the employment impact of Guadalupe County Hospital resulting from annual operating activities and construction activities during the year of construction. In 2011, Guadalupe County Hospital had 50 full- and part-time employees. As these employees and the medical center spent money locally, additional jobs were generated in other businesses in Santa Rosa and the surrounding medical service area. These are called secondary jobs and are measured with employment multipliers. The hospital employment multiplier is 1.34 which means that for each job established in the medical center, another 0.34 jobs were generated in other businesses in the medical service area. In 2011, secondary jobs generated annually from operating activities of Guadalupe County Hospital were 17 jobs and the total employment impact was 67 jobs.

Guadalupe County Hospital spent \$10.0 million on capital improvement projects in 2011. These were estimated to result in 86 construction jobs. These capital improvement projects resulted in secondary impacts as the construction firms and their employees spent money locally. The construction employment multiplier was 1.23 yielding a secondary employment impact of 20 jobs and a total employment impact of 106 jobs from construction activities. *In 2011, the total employment impact of Guadalupe County Hospital was 67 jobs from operations and 106 jobs from construction, for a total of 173 jobs.*

The income impact of Guadalupe County Hospital for 2011 is presented in the bottom portion of **Table 5**. Income (wages, salaries, and benefits) paid to Guadalupe County Hospital employees was \$2.9 million. With the hospital income multiplier of 1.18, the secondary income impact was \$0.5 million and the total income impact was \$3.4 million. Construction projects

**Table 5**  
**Economic Impact of Guadalupe County Hospital**  
**on Guadalupe County, New Mexico, 2011**

<b><u>Employment Impact</u></b>				
	Number Employed	Employment Multiplier	Secondary Impact	Total Impact
From Hospital Operations	50	1.34	17	67
From Hospital Construction	<u>86</u>	1.23	<u>20</u>	<u>106</u>
Total Employment Impact	<u>136</u>		<u>37</u>	<u>173</u>
<b><u>Income Impact</u></b>				
	Direct Income	Income Multiplier	Secondary Impact	Total Impact
From Hospital Operations	\$2,909,410	1.18	\$523,694	\$3,433,104
From Hospital Construction	<u>\$3,465,875</u>	1.16	<u>\$554,540</u>	<u>\$4,020,415</u>
Total Income Impact	<u>\$6,375,285</u>		<u>\$1,078,234</u>	<u>\$7,453,519</u>

Source: Local data for operations employment and income and construction, 2011; Current IMPLAN multipliers, Minnesota IMPLAN Group, Inc.

paid workers an estimated \$3.5 million in income, which occurred only during the construction year 2011 and will vary each year by construction activities. The construction income multiplier of 1.16 resulted in \$0.6 million in secondary income impact and \$4.0 million in total income impact. ***The total income impact from Guadalupe County Hospital in 2011 from both operating activities and construction activities was \$7.5 million.***

## Summary

In summary, Guadalupe County Hospital not only has an impact on the health and welfare of residents in Santa Rosa and the surrounding medical service area, it also has an impact on the local economy. Hospitals such as Guadalupe County Hospital contribute greatly to the economic development in the geographic areas in which they are located. This occurs because:

- Businesses and industries locate in areas with high quality medical facilities and educational systems;
- Retirees locate in areas with accessible and comprehensive health care services and law enforcement services;
- The health sector is a growing sector and will continue to generate more jobs, and;
- The health sector generally pays above-average salaries and wages.

These points, along with the amount of economic activity generated by Guadalupe County Hospital, demonstrate that local leaders must continue to support Guadalupe County Hospital to ensure development of economic growth and opportunities in Santa Rosa and the surrounding area in Guadalupe County.

## **The Economic Impact of XYZ Hospital on Oz County, State**

In the medical service area of Oz County, XYZ Hospital provides vital health care services 24 hours a day, seven days a week, 365 days a year. XYZ Hospital occupies a highly prominent role among medical institutions in Oz County and generates significant public interest in many cutting edge medical contributions. But the role XYZ Hospital plays as a major contributor to the economy is often overlooked. XYZ Hospital employs a large number of people and has a huge payroll. The purpose of this report is to specifically measure the economic impact that XYZ Hospital has on Oz County.

For 2010, the economic impact of XYZ Hospital is presented in the following table. The top portion of the table presents the employment impact of XYZ Hospital. In 2010, XYZ Hospital had 1,474.3 full-time equivalent employees (FTEs) from hospital operations. As these employees and the hospital spent money locally, additional FTEs were generated in other businesses in Oz County. These are called secondary FTEs and are measured with employment multipliers for Oz County. The hospital employment multiplier is 2.04, which indicates that for each FTE established in XYZ Hospital, another 1.04 FTEs were generated in other businesses in Oz County. In 2010, secondary FTEs generated annually from operating activities of XYZ Hospital were 1,533.3 FTEs and the total employment impact was 3,007.6 FTEs.

The income impact of XYZ Hospital for 2010 is presented in the middle portion of the table. Income (wages, salaries, and benefits) paid to XYZ Hospital employees was \$94.9 million. Applying the hospital income multiplier of 1.84, the secondary income impact was \$79.8 million and the total income impact was \$174.7 million.



**Economic Impact of XYZ Hospital  
on Oz County, Illinois, 2010**

<b>Employment Impact</b>				
Activity	FTEs Employed	Multiplier	Secondary Impact	Total Impact
Hospital Operations	1,474.3	2.04	1,533.3	3,007.6

<b>Income Impact</b>				
Activity	Direct Income (\$millions)	Multiplier	Secondary Impact (\$millions)	Total Impact (\$millions)
Hospital Operations	94.9	1.84	79.8	174.7

<b>Retail Sales and Retail Sales Taxes</b>		
	Retail Sales (\$millions)	6.25% State Sales Tax (\$millions)
From Hospital Operations	80.0	5.0

SOURCE: Employment and income data provided by XYZ Hospital , 2010; current IMPLAN multipliers, Minnesota IMPLAN Group, Inc.

The impact of XYZ Hospital on retail sales and sales tax was estimated for 2010. From the \$178.2 million in total income impact generated from hospital operations, retail sales are estimated at \$80.0 million, resulting in \$5.0 million in Illinois state sales taxes of 6.25 percent. Sales tax estimates for each county are not included in this study; county sales tax impacts can be calculated by multiplying the estimated retail sales by the current county sales tax rate.

In summary, XYZ Hospital not only has a huge impact on the health and welfare of residents in Oz County, it also has a large impact on the local economy. Large hospitals such as XYZ Hospital greatly contribute to the economic development in the geographic areas in which they are located. These occur because:

- Businesses and industries locate in areas with high quality medical facilities and educational systems;
- Retirees locate in areas with accessible and comprehensive health care services and law enforcement services;
- The health sector is a growing sector and will continue to generate more jobs, and;
- The health sector generally pays above-average salaries and wages.

These points, along with the large amount of economic activity generated by XYZ Hospital, demonstrate that local leaders must continue to support XYZ Hospital to ensure development of economic growth and opportunities in Oz County.

*In summary, hospitals act as an economic engine and generate large impacts.* The demand for health services is increasing rapidly and thus a large number of jobs are expected to be generated over the next several years due to growth in hospitals. Economic developers are frequently seeking manufacturing and high-tech industries that will create new jobs. XYZ Hospital is doing just that and should not be overlooked. XYZ Hospital is clearly in a growth mode and creating jobs with above-average wages. Policies should be adopted to enhance and encourage the continued growth of XYZ Hospital.

## **Appendix J**

# **Example Community Health Survey Questionnaire**



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Community Needs Assessment Template  
National Center for Rural Health Works

**INSTRUCTIONS FOR:**

**Health Survey Questionnaire**

**for Guadalupe County Hospital**

**Community Health Needs Assessment Process**

Each Community Advisory Committee member will take five copies of the Survey Questionnaire and have them completed by other residents of the community within the Guadalupe County Hospital medical service area.

These must be completed and returned TO THE SECOND MEETING on:

**Tuesday, March 13, 2012**

**OR**

**If you cannot attend the second meeting,  
please be sure to submit completed surveys to:**

Cristina Campos, Hospital Administrator  
Guadalupe County Hospital  
117 Camino de Vida, Suite 100  
Santa Rosa, NM 88435  
Phone: 575-472-3417



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For additional information on the Community Needs Assessment Template, contact National Center for Rural Health Works at 405-744-6083 or email [gad@okstate.edu](mailto:gad@okstate.edu).

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# National Center for Rural Health Works Community Health Needs Assessment Template

For additional information,  
contact Gerald Doeksen at 405-744-6083 or gad@okstate.edu

## Health Survey Questionnaire for Guadalupe County Hospital

1. Have you or someone in your household used the services of a hospital in the past 24 months?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't know ( <b>Skip to Q7</b> )
<input type="checkbox"/> No ( <b>Skip to Q7</b> )	
  
2. At which hospital(s) were services received?
 

<input type="checkbox"/> Guadalupe County Hospital ( <b>Skip to Q4</b> )	
<input type="checkbox"/> Other (CITY where hospital services were received)	_____
  
3. You responded that you or someone in your household received care at a hospital other than Guadalupe County Hospital? Why did you or your family member choose that/those hospital(s)?
 

<input type="checkbox"/> Physician referral	<input type="checkbox"/> Quality of care/lack of confidence
<input type="checkbox"/> Closer, more convenient	<input type="checkbox"/> Availability of specialty care
<input type="checkbox"/> Insurance	<input type="checkbox"/> Other (Please list below)

---

**(Answer Q3; then Skip to Q7)**

4. What hospital service(s) were used at Guadalupe County Hospital?
 

<input type="checkbox"/> All radiological imaging (X-rays, MRI, CT scan, ultrasound, mammogram)	
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Inpatient services
<input type="checkbox"/> Other outpatient services	<input type="checkbox"/> Emergency room (ER)
<input type="checkbox"/> Physician services	<input type="checkbox"/> Other (Please list)

---
  
5. How satisfied were you or someone in your household with the services you received at Guadalupe County Hospital? Would you say you were...
 

<input type="checkbox"/> Satisfied	<input type="checkbox"/> Don't know
<input type="checkbox"/> Dissatisfied	
  
6. Why were you satisfied/dissatisfied? \_\_\_\_\_  
\_\_\_\_\_
  
7. What type of specialist have you or someone in your household been to and in which city did you receive that care?
 

<input type="checkbox"/> Cardiology/Heart in _____ city	<input type="checkbox"/> Obstetrics-Gynecology in _____ city
<input type="checkbox"/> Orthopedics/Orthopedic Surgery in _____ city	<input type="checkbox"/> General surgery in _____ city
<input type="checkbox"/> Urology in _____ city	<input type="checkbox"/> Other (Please list specialist and city)

---

**Please turn over and continue on back page. . . .**

8. Did the specialist request further testing, laboratory work and/or x-rays?  
 Yes  Don't know  
 No

9. If yes, in which city were the tests or laboratory work performed?  
\_\_\_\_\_

10. Do you use a family doctor for most of your routine health care?  
 Yes **(Skip to Q12)**  Don't know **(Skip to Q12)**  
 No

11. If no, then what kind of medical provider do you use for routine care?  
 Public Health Office  Specialist  
 Emergency Room/Hospital  Other (Please list below)  
\_\_\_\_\_

12. Have you or someone else in your household been to a primary care doctor in Guadalupe County?  
 Yes  Don't know **(Skip to Q15)**  
 No **(Skip to Q15)**

13. How satisfied were you or someone in your household with the quality of care received in Guadalupe County?  
Would you say that you were...?  
 Satisfied  Don't know  
 Dissatisfied

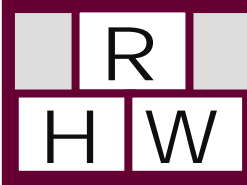
14. Why were you satisfied/dissatisfied?  
\_\_\_\_\_

15. Are you able to get an appointment with your primary care (family) doctor in Guadalupe County when you need one?  
 Yes  Don't know  
 No

16. Have you or someone in your household delayed health care due to lack of money and/or insurance?  
 Yes  Don't know  
 No

17. What concerns you most about health care in Guadalupe County?  
\_\_\_\_\_  
\_\_\_\_\_

18. What services would you like to see offered in Guadalupe County?  
\_\_\_\_\_  
\_\_\_\_\_



# National Center for Rural Health Works Community Health Needs Assessment Template

## Health Survey Questionnaire for *Hospital Name*

The Zip Code of my residence is: \_\_\_\_\_

1. Have you or someone in your household used the services of a hospital in the past 24 months?
  - Yes
  - No (**Skip to Q7**)
  - Don't know (**Skip to Q7**)
  
2. At which hospital(s) were services received?
  - Hospital Name* (Skip to Q4)
  - If services received at another hospital, list the city or cities where the hospital(s) was located:

3. You responded that you or someone in your household received care at a hospital other than *Hospital Name*, why did you or your family member choose that/those hospital(s)?
  - Physician referral
  - Closer, more convenient
  - Insurance
  - Quality of care/lack of confidence
  - Availability of specialty care
  - Other (Please list below)

**(Answer Q3; then Skip to Q7)**

4. What hospital service(s) were used at *Hospital Name*?
  - Radiological imaging (X-rays, MRI, CT scan, ultrasound, mammogram)
  - Laboratory
  - Other outpatient services
  - Physician services
  - Rural health clinics
  - Inpatient services
  - Emergency room (ER)
  - Oncology
  - Other (Please list below)

5. How satisfied were you or someone in your household with the services you received at *Hospital Name*? Would you say you were...
  - Satisfied
  - Dissatisfied
  - Don't know

6. Why were you satisfied/dissatisfied with the care received at *Hospital Name*?

7. What type of specialist have you or someone in your household been to and in which city did you receive that care?

No specialty care received (**Skip to Q10**)

<i>Specialist</i>	<i>City Location</i>	<i>Specialist</i>	<i>City Location</i>
<input type="checkbox"/> Cardiology/Heart	_____	<input type="checkbox"/> Obstetrics-Gynecology	_____
<input type="checkbox"/> Orthopedics/Orthopedic surgery	_____	<input type="checkbox"/> General surgery	_____
<input type="checkbox"/> Urology	_____	<input type="checkbox"/> Other (Please list below)	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	_____

8. Did the specialist request further testing, laboratory work and/or x-rays?  
 Yes  Don't know (**Skip to Q10**)  
 No (**Skip to Q10**)
9. If yes, in which city were the tests or laboratory work performed?  
\_\_\_\_\_
10. Do you use a primary care (family) doctor or physician assistant or nurse practitioner for most of your routine health care?  
 Yes (**Skip to Q12**)  Don't know (**Skip to Q16**)  
 No
11. If no, then what kind of medical provider do you use for routine care?  
 Community Health Center  Rural Health Clinic  
 Health Department  Specialist  
 Emergency Room/Hospital  Other (Please list below)  
\_\_\_\_\_
12. Have you or someone else in your household been to a primary care (family) doctor or physician assistant or nurse practitioner in the service area of *Hospital Name* ?  
 Yes  Don't know (**Skip to Q16**)  
 No (**Skip to Q16**)
13. How satisfied were you or someone in your household with the quality of physician care (or physician assistant or nurse practitioner care) received in the service area of *Hospital Name* ? Would you say you were...  
 Satisfied  Dissatisfied  Don't know
14. Why were you satisfied/dissatisfied with the quality of physician care (or physician assistant or nurse practitioner care)?  
\_\_\_\_\_
15. Are you able to get an appointment with your primary care (family) doctor or physician assistant or nurse practitioner in the service area of *Hospital Name* when you need one?  
 Yes  No  Don't know
16. Have you or someone in your household delayed health care due to lack of money and/or insurance?  
 Yes  No  Don't know
17. What concerns you most about health care in the service area of *Hospital Name* ?  
\_\_\_\_\_
18. What services would you like to see offered at *Hospital Name* ?  
\_\_\_\_\_
19. Do you have any kind of healthcare coverage, such as health insurance through an employer or a government plan such as Medicare?  
 Yes  No



## INSTRUCTIONS FOR COMMUNITY HEALTH SURVEY QUESTIONNAIRE

An example is provided. Several files are included in the printed copy:

- 1 EX Survey Form
- 2 EX GENERIC Survey Form
- 3 EX Survey INSTRUCTIONS
- 4 EX Survey Results FINAL

Also available on the website ([www.okruralhealthworks.org](http://www.okruralhealthworks.org)):

- EX Survey Form in Excel
- EX GENERIC Survey Form in Excel
- EX Survey Results in Excel
- EX Health Survey Results COVER in Word

The first attachment is an example of a community survey questionnaire. Next, a GENERIC Survey Form is included. This Generic survey form includes the basic questions that are typically asked on all surveys. The local hospital and/or steering committee may choose to add questions to this GENERIC survey form. The community example survey questionnaire may have some additional questions added that are relevant to their community.

The GENERIC survey form is where your hospital should begin and then decide if additional questions are needed. Modifications should be made to the GENERIC survey form; i.e., to add any survey questions specific to your hospital.

The final survey form should be ready for the first meeting of the community advisory committee. Each member of the community advisory committee will be asked to complete the form at the meeting. As the community advisory committee members leave the meeting, they will be handed five or six blank survey forms to take with them to have completed by the constituents that they represent and/or other community members. The “Health Survey INSTRUCTIONS” should be revised for your hospital and also given to each community advisory committee member, along with the five or six blank survey forms.

The INSTRUCTIONS are very basic. There should be included a deadline for the return of the completed survey questionnaires (typically the second meeting of the community advisory committee) and a contact person with address and phone number and/or fax who will receive the completed survey questionnaires.

***NOTE:*** *The community facilitator should encourage the community participants to have the survey forms completed prior to the second committee meeting. The cost of employing a private firm to conduct phone surveys is very costly and the community can assist in keeping the costs of the Community Health Needs Assessment to a minimum. These cost savings can be better used in developing programs and activities in meeting the community’s health needs.*

The contact person designated in the INSTRUCTIONS should be available to the community participants and should communicate with them to encourage the timely return of completed survey forms. The simplest way to obtain the completed survey forms is to have the members return them at the second committee meeting.

Once all the surveys have been returned, the steering committee should have an individual (or individuals) proficient in Excel ready to analyze and summarize the survey results. Attached is an Excel spreadsheet, "Survey Results in Excel," that can be modified and utilized for the survey results. This spreadsheet is based on an Example Community Survey Questionnaire and should be modified to fit your hospital's survey form.

In the Excel Spreadsheet, the first worksheet is where the survey results will be input. Across the top of the spreadsheet are the questions and possible responses. Down the left side are the survey numbers. As the surveys are received, they should be numbered and then input by survey number. Each row represents the results for one survey form.

***The key to analyzing the survey is to be sure to include ONLY RESPONSES that are RELEVANT and CONSISTENT.*** For instance, if the first question of the survey receives a "No" response, then there should be no additional responses included until Question #7. The person entering the survey results will have to make a judgment call as to whether the Q1 response is consistent with the responses to Questions 2 through 6. There are several instances in the survey that these judgments will need to be made.

***NOTE:*** *In the survey responses worksheet, blanks are included in the questions that should not be responded to based on the response of "No" for Q1. If Q1 receives a "No" response, then Questions 2 thru 6 should be blank. This can be very confusing but consistency is what is needed to produce the summary results.*

The first worksheet includes the survey responses. The second worksheet then tallies the survey results. If the first worksheet is modified, then the second worksheet will also need to be modified to include all the revisions. Assistance for the modifications can be received from the National Center.

The second worksheet is designed to summarize the responses from the first worksheet. Once all the survey responses have been entered and the second worksheet has been modified to include all modifications, then the survey results should be reviewed for consistency.

Again, consistency is important in validating the survey responses. For example, if Q1 has 78 respondents indicating they used the services of a hospital in the past 24 months; then Q2 should have 78 responses at a minimum. Since respondents may answer more than once, there can be more than the 78 responses but there has to be at least 78 responses.

The third question also has to be consistent with the responses in Q2. If Q2 shows that 78 respondents went to your Hospital; then all other responses (hospitals other than your

hospital) to Q2 will respond to Q3. Let's say that the total responses for Q2 were 102 and 78 of those went to your hospitals. Then, the difference of 24 went to hospitals other than your hospital. Therefore, the responses to Q3 should be at least 24. Again, there can be more than the 24 responses since respondents may answer more than once but there should be at a minimum 24 responses.

Once all the survey questions have been checked and re-checked for consistency, then a COPY of the survey results worksheet are made in the same spreadsheet and PASTE it to reflect "VALUES." This new worksheet becomes the final survey results and all the blanks and zero responses are removed and the responses can be re-ordered to show the results by the largest to the smallest number of responses. This ordering can be done to fit the steering committee's needs.

An example of the survey results COVER in Word is given and the final results have been pulled together in an Adobe Acrobat file entitled, "EX Survey Results FINAL." The Adobe Acrobat is not necessary. The results can be printed from the final survey results in Excel and the survey results cover in Word.

The National Center has found this spreadsheet the simplest way to analyze the survey responses and summarize the results. Assistance is available at any time to modify or assist in utilizing the survey results spreadsheet.

Be sure to call the National Center for Rural Health Works with any questions or for any assistance.

# **Appendix K**

## **Example Focus Group Questions**

## **Three Focus Group Questions**

### **Based on Catholic Healthcare Community Assessment Process**

#### **Question 1**

*What is your vision for a healthy community?*

Ask community members to share their ideas of a healthy community.  
What is healthy about their community and what is unhealthy?

#### **Question 2**

*What is your perception of the hospital overall and of specific programs and services?*

Community members' views will identify opportunities for improving current programs and services, as well as highlight service and program gaps.

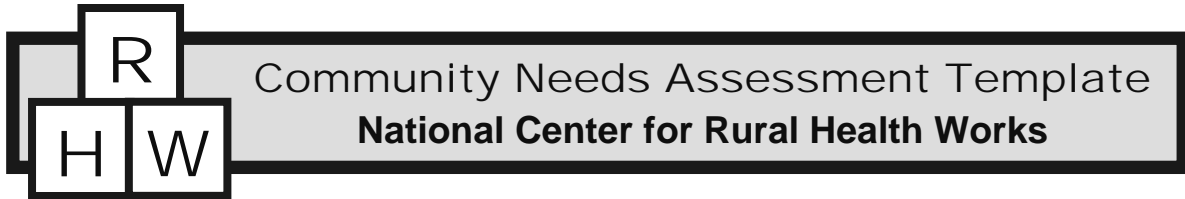
#### **Question 3**

*What can the hospital do to improve health and quality of life in the community?*

This question may be the most important, because it elicits ideas for how to improve services and relationships in the community and provide direction for new activities or strategies.

# **Appendix L**

## **Example Agendas and PowerPoint Slides for Meetings #1, #2, and #3**



Community Needs Assessment Template  
National Center for Rural Health Works

**Agenda**  
**Guadalupe County Hospital**  
**Community Meeting #1**  
**Wednesday, February 29, 2012**  
**4:00 pm**

- I.** Introduction – Christina Campos, CEO, Guadalupe County Hospital
- II.** Overview of Community Health Needs Assessment Process – Val Schott, National Center
- III.** Guadalupe County Hospital Services/Community Benefits – Christina Campos
- IV.** Economic Impact – Gerald Doeksen, National Center
- V.** Health Survey Questionnaire – Gerald Doeksen and Val Schott
  - a. Survey Questionnaire completed at meeting
  - b. Community Representatives to have survey completed by 4 to 6 local residents
- VI.** Next Steps
  - Meeting #2 - Tuesday, March 13, 2012, at 4:00 pm
  - Meeting #3 - Tuesday, April 10, 2012 at 4:00 pm

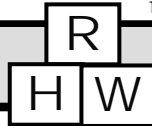
## **AGENDA - Community Meeting #1**

Agenda  
Guadalupe County Hospital  
Community Meeting #1  
Wednesday, February 29, 2012  
4:00 pm

- I. Introduction Christina Campos, CEO, Guadalupe County Hospital
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- VI. Next Steps

Meeting #2 - Tuesday, March 13, 2012, at 4:00 pm

Meeting #3 - Tuesday, April 10, 2012 at 4:00 pm



Community Health Needs Assessment Template  
National Center for Rural Health Works

## **Overview – Community Health Needs Assessment**

- **Involves three meetings**
- **We are resource team and provide data, analysis and facilitation.**
- **You are the community steering committee and decision makers.**



## **WHAT are we doing?**

A community-based assessment of health care needs in the medical service area of Guadalupe County Hospital

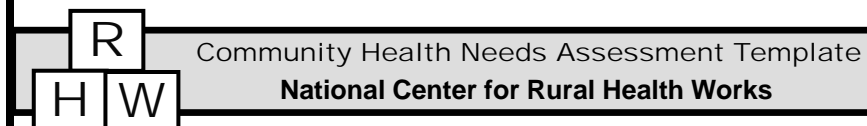
- From the community's perspective as to health care needs
- From analysis of data and information from public health department, other data sources, survey results, and economic impact study

## **(Cont'd) WHAT are we doing?**

Outcomes of the community-based assessment will depend on:

- Community recommendations to Guadalupe County Hospital
- Resource availability

Results of the community needs assessment will be reported to the IRS on Form 990 and related schedules by Guadalupe County Hospital



## **WHY are we doing this?**

The Patient Protection and Affordable Care Act (PPACA) requires not-for-profit hospitals to provide a Community Health Needs Assessment, as follows:

- The organization must conduct a “community health needs assessment” not less frequently than every three years and adopt an implementation strategy to meet the community health needs identified through the assessment.

## **(Cont’d) WHY are we doing this?**

- A “community health needs assessment” must include input from persons “represent[ing] the broad interests of the community served by the hospital facility,” including those “with special knowledge of or expertise in public health.”
- The assessment must be made widely available to the public.

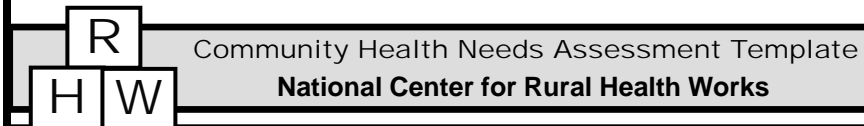
Hospitals are required to fulfill these requirements to preserve their status as not-for-profit facilities.

## **(Cont'd) WHY are we doing this?**

The legislation also includes:

- Financial Assistance Policy Requirements
- Requirements regarding Charges
- Billing and Collection Requirements

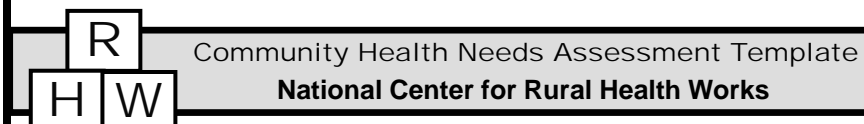
Guadalupe County Hospital will fulfill these requirements internally.



## **WHY we WANT to do this?**

Regardless of the legislative requirements, Guadalupe County Hospital wants community-based assessment to become a part of the hospital strategic plan on a long-term, continuing basis.

- Community will provide input to Guadalupe County Hospital as to the community's needs.
- Guadalupe County Hospital will develop communications and relationships with the community to plan and provide for the community's needs.



### **WHAT is required from the Community Group?**

1. To review and analyze data and information provided during process:
  - Guadalupe County Hospital:
    - Medical service area
    - Services and community benefits currently provided
  - From State or Local Public Health:
    - Data on health indicators and outcomes

### **(Cont'd) WHAT is required from the Community Group?**

- From other sources:
  - U. S. Census Bureau and County Business Patterns
  - ESRI
  - U. S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis
  - Other agencies and foundations that provide relevant health data

**(Cont'd) WHAT is required  
from the Community Group?**

- Information will also be provided concerning:
  - The economic impact of the hospital
  - Jobs and salaries, wages, and benefits generated locally
  - A summary of the importance of the hospital to the local economy

**(Cont'd) WHAT is required  
from the Community Group?**

2. Provide input through health survey questionnaire and have other community members complete survey.
3. Review and analyze results of survey.
4. Provide input and recommendations on local community needs in the medical service area.

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H W

Community Health Needs Assessment Template  
National Center for Rural Health Works

## **SUMMARY of Community Group Responsibilities**

- ✓ Community members are here to participate in a two-meeting community-based needs assessment
- ✓ Community members will review data and information and identify the health needs of the community
- ✓ Community members will make recommendations to Guadalupe County Hospital

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Community Health Needs Assessment Template  
**National Center for Rural Health Works**

## **AGENDA - Community Meeting #1**

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Guadalupe County Hospital  
Community Meeting #1  
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Community Health Needs Assessment Template  
**National Center for Rural Health Works**

# Hospital Services and Community Benefits

## Guadalupe County Hospital- Hospital Services and Community Benefits

Presented by:

Cristina Campos, Hospital Administrator,  
Guadalupe County Hospital



**The Economic Impact of  
Guadalupe County Hospital  
on Santa Rosa and Surrounding Medical Service Area  
in Guadalupe County, New Mexico**

Prepared for:

**Guadalupe County Hospital**

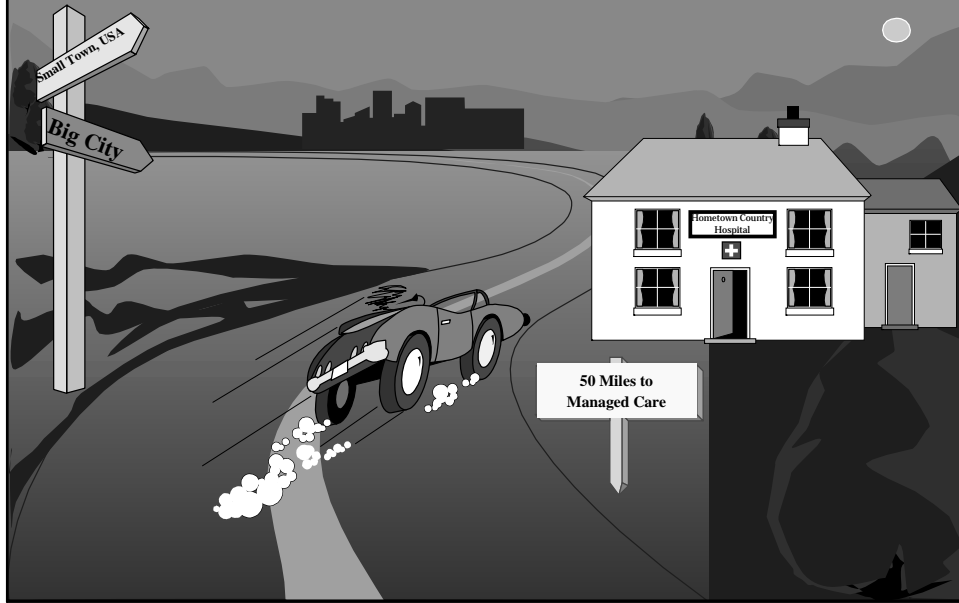
Prepared by:

**National Center for Rural Health Works  
Oklahoma State University  
Community Health Needs Assessment Template**

February 2012



## Movement to Managed Care May Cause a By-Pass of Local Health Care



## What's the Economic Potential for Health Care in Your Community





## **Health Services Promote Job Growth**



**To attract business and industry,  
research indicates the area needs  
quality:**

- **Health services and**
- **Education services**



## To attract retirees, research indicates the area needs quality:

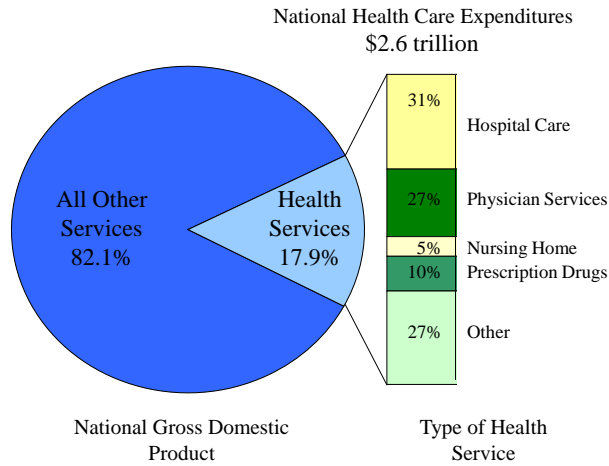
- Health services and
- Safety services



**Table 1**  
**United States Health Expenditures and Employment Data**  
**1970-2010; Projected for 2011, 2014, 2017, & 2020**

Year	Total Health Expenditures (\$Billions)	Per Capita Health Expenditures (\$)	Health as % of GDP (%)	Health Sector Employment (000)	Avg. Annual Increase in Employment (%)
1980	256.0	1,110	9.2%	5,278 <sup>a</sup>	7.3%
1990	724.0	2,854	12.5%	7,814 <sup>a</sup>	4.8%
2000	1,377.0	4,878	13.8%	10,858 <sup>a</sup>	3.9%
2003	1,774.0	6,114	15.9%	11,817 <sup>b</sup>	N/A
2010	2,594.0	8,402	17.9%	13,777 <sup>b</sup>	2.4%
<b>Projections</b>					
2011	2,708.4	8,649	17.7%		
2014	3,227.4	10,035	18.1%		
2017	3,849.5	11,664	18.8%		
2020	4,638.4	13,709	19.8%		

**Figure 1.**  
**National Health Expenditures**  
**as a Percent of Gross Domestic Product**  
**and by Health Service Type, 2010**



**Table 2**  
**Populations by Race and Hispanic Origin**  
**for Guadalupe County and the State of New Mexico**

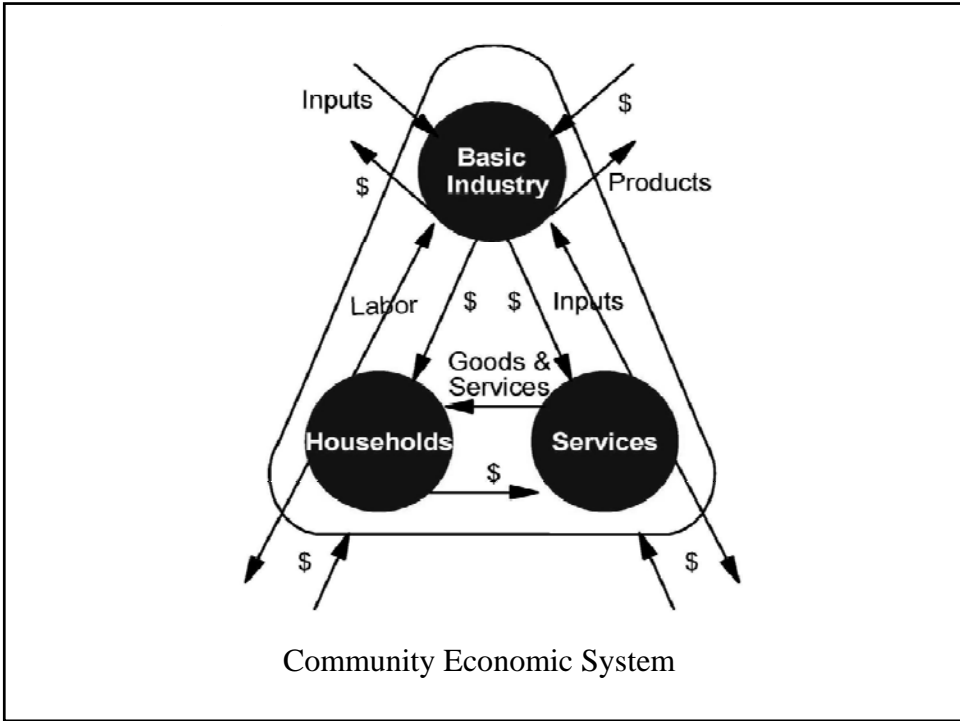
	White	Black	Native American <sup>1</sup>	Other <sup>2</sup>	Two or More Races <sup>3</sup>	Total	Hispanic Origin <sup>4</sup>
<b>2000 Census</b>							
Santa Rosa City	1,577	60	48	934	125	2,744	2,227
Rural Area	669	2	3	684	39	1,397	1,105
Guadalupe County	2,530	62	53	1,855	180	4,680	3,801
Percent	54.1%	1.3%	1.1%	39.6%	3.8%	100.0%	81.2%
State of New Mexico	1,214,253	34,343	173,483	330,640	66,327	1,819,046	765,386
Percent	66.8%	1.9%	9.5%	18.2%	3.6%	100.0%	42.1%
<b>2010 Census</b>							
Santa Rosa City	1,971	68	57	654	98	2,848	2,262
Rural Area	694	3	13	174	32	916	677
Guadalupe County	3,298	79	90	1,066	154	4,687	3,730
Percent	70.4%	1.7%	1.9%	22.7%	3.3%	100.0%	79.6%
State of New Mexico	1,407,876	42,550	193,222	338,521	77,010	2,059,179	953,403
Percent	68.4%	2.1%	9.4%	16.4%	3.7%	100.0%	46.3%

**Table 3  
Populations by Age Group  
for Guadalupe County and the State of New Mexico**

	Age Groups						Total
	0-14	15-19	20-24	25-44	45-64	65+	
<b>2000 Census</b>							
Santa Rosa City	505	211	205	944	549	330	2,744
Rural Area	<u>288</u>	<u>114</u>	<u>69</u>	<u>360</u>	<u>338</u>	<u>228</u>	<u>1,397</u>
Guadalupe County	<u>908</u>	<u>365</u>	<u>298</u>	<u>1,437</u>	<u>1,024</u>	<u>648</u>	<u>4,680</u>
Percent	<u>19.4%</u>	<u>7.8%</u>	<u>6.4%</u>	<u>30.7%</u>	<u>21.9%</u>	<u>13.8%</u>	<u>100.0%</u>
State of New Mexico	<u>419,108</u>	<u>145,751</u>	<u>121,291</u>	<u>516,100</u>	<u>404,571</u>	<u>212,225</u>	<u>1,819,046</u>
Percent	<u>23.0%</u>	<u>8.0%</u>	<u>6.7%</u>	<u>28.4%</u>	<u>22.2%</u>	<u>11.7%</u>	<u>100.0%</u>
<b>2010 Census</b>							
Santa Rosa City	483	168	202	886	743	366	2,848
Rural Area	<u>170</u>	<u>53</u>	<u>42</u>	<u>166</u>	<u>343</u>	<u>142</u>	<u>916</u>
Guadalupe County	<u>836</u>	<u>287</u>	<u>278</u>	<u>1,219</u>	<u>1,339</u>	<u>728</u>	<u>4,687</u>
Percent	<u>17.8%</u>	<u>6.1%</u>	<u>5.9%</u>	<u>26.0%</u>	<u>28.6%</u>	<u>15.5%</u>	<u>100.0%</u>
State of New Mexico	<u>429,980</u>	<u>149,861</u>	<u>142,370</u>	<u>515,768</u>	<u>548,945</u>	<u>272,255</u>	<u>2,059,179</u>
Percent	<u>20.9%</u>	<u>7.3%</u>	<u>6.9%</u>	<u>25.0%</u>	<u>26.7%</u>	<u>13.2%</u>	<u>100.0%</u>

**Direct Activities of Guadalupe County Hospital  
in Guadalupe County, New Mexico, 2011**

	<u>Employment</u> Number of Full-time & Part-Time Employees	<u>Labor Income</u> Wages, Salaries, and Benefits
From Hospital Operations	50	\$2,909,410
From Hospital Construction of \$10,000,000	<u>86</u>	<u>\$3,465,875</u>
Total Direct Impact	136	\$6,375,285



**Employment Impact of Guadalupe County Hospital  
on Guadalupe County, New Mexico, 2011**

	<u>Employment Impact</u>			
	Number Employed	Employment Multiplier	Secondary Impact	Total Impact
From Hospital Operations	50	1.34	17	67
From Hospital Construction	<u>86</u>	1.23	<u>20</u>	<u>106</u>
Total Impact	<u>136</u>		<u>37</u>	<u>173</u>

**Income Impact of Guadalupe County Hospital  
on Guadalupe County, New Mexico, 2011**

	<u>Income Impact</u>			
	Direct Income	Income Multiplier	Secondary Impact	Total Impact
From Hospital Operations	\$2,909,410	1.18	\$523,694	\$3,433,104
From Hospital Construction	<u>\$3,465,875</u>	1.16	<u>\$554,540</u>	<u>\$4,020,415</u>
Total Income Impact	<u>\$6,375,285</u>		<u>\$1,078,234</u>	<u>\$7,453,519</u>

In summary, Guadalupe County Hospital contributes to economic development:

- Businesses and industries locate in areas with high quality medical facilities and educational systems;
- Retirees locate in areas with accessible and comprehensive health care services and law enforcement services;
- The health sector is a growing sector and will continue to generate more jobs, and;
- The health sector generally pays above-average salaries and wages.

Local leaders must continue to support Guadalupe County Hospital to ensure development of economic growth and opportunities in Guadalupe County.

**R**  
**H**  
**W** **National Center for Rural Health Works**  
Community Health Needs Assessment Template  
For additional information,  
contact Gerald Davidson at 408-734-6053 or gerd@rhw-ncrh.org

**Health Survey Questionnaire for Gradsidge County Hospital**

1. Have you or someone in your household used the services of a hospital in the past 24 months?  
 Yes  Don't know (Skip to Q7)  
 No (Skip to Q7)

2. At which hospital(s) were services received?  
 Gradsidge County Hospital (Skip to Q4)  
 Other (CTV where hospital services were received) \_\_\_\_\_

3. You reported that you or someone in your household received care at a hospital other than Gradsidge County Hospital. Why did you or your family member choose this other hospital?  
 Physician referral  Quality of care/lack of confidence  
 Close, more convenient  Availability of specific care  
 Insurance  Other (Please list below) \_\_\_\_\_  
 (Answer Q3, then Skip to Q7)

4. What hospital services were used at Gradsidge County Hospital?  
 All radiological imaging (X-ray, MRI, CT scan, ultrasound, mammogram)  
 Laboratory  Inpatient services  
 Other outpatient services  Emergency room (ER)  
 Physician services  Other (Please list) \_\_\_\_\_

5. How satisfied were you or someone in your household with the services you received at Gradsidge County Hospital? Would you say you were...  
 Satisfied  Don't know  
 Dissatisfied

6. Why were you satisfied/dissatisfied?  
 \_\_\_\_\_

7. What type of specialist have you or someone in your household been to and in which city did you receive that care?  
 Cardiology (Heart) in \_\_\_\_\_ city  Obstetrics (Pregnancy) in \_\_\_\_\_ city  
 Orthopedics (Orthopedic Surgery) in \_\_\_\_\_ city  General Surgery in \_\_\_\_\_ city  
 Urology in \_\_\_\_\_ city  Other (Please list specialist and city) \_\_\_\_\_

Please turn over and continue on back page . . . .

8. Did the specialist request further to other, laboratory work, and/or scans?  
 Yes  Don't know  
 No

9. If yes, in which city were the test or laboratory work performed?  
 \_\_\_\_\_

10. Do you use a family doctor for most of your routine health care?  
 Yes (Skip to Q12)  Don't know (Skip to Q12)  
 No

11. If so, what kind of medical provider do you use for routine care?  
 Public Health Office  Specialist  
 Emergency Room/Hospital  Other (Please list below) \_\_\_\_\_

12. Have you or someone in your household been to a primary care doctor in Gradsidge County?  
 Yes  Don't know (Skip to Q13)  
 No (Skip to Q13)

13. How satisfied were you or someone in your household with the quality of care received in Gradsidge County? Would you say that you were...  
 Satisfied  Don't know  
 Dissatisfied

14. Why were you satisfied/dissatisfied?  
 \_\_\_\_\_

15. Are you able to get an appointment with your primary care (family) doctor in Gradsidge County when you need one?  
 Yes  Don't know  
 No

16. Have you or someone in your household delayed health care due to lack of access and/or insurance?  
 Yes  Don't know  
 No

17. What concerns you most about health care in Gradsidge County?  
 \_\_\_\_\_

18. What services would you like to see offered in Gradsidge County?  
 \_\_\_\_\_

# Health Survey Questionnaire

- Community Committee Members complete a survey TODAY
- Each Community Committee Member takes five more surveys to have completed
- Additional surveys are to be completed by the constituents that the Community Member represents

## Survey Returns

- Return completed surveys at the Second Meeting, Tuesday, March 13, 2012, or
- Return to Cristina Campos, Hospital Administrator at Guadalupe County Hospital by March 12, 2012

### Community Meeting #2, Tuesday, March 13, 2012

**Agenda**  
**Guadalupe County Hospital**  
**Community Meeting #2**  
**Tuesday, March 13, 2012**  
**4:00 pm**

- I. Introductions – Christina Campos, CEO, Guadalupe County Hospital
- II. Review of Meeting #1 – Val Schott, National Center
- III. Guadalupe County Economic and Demographic Data – Gerald Doeksen, National Center
- IV. Guadalupe County Health Indicator/Health Outcome Data – Val Schott
- V. Collect Completed Health Survey Questionnaires – Gerald Doeksen
- VI. Next Steps

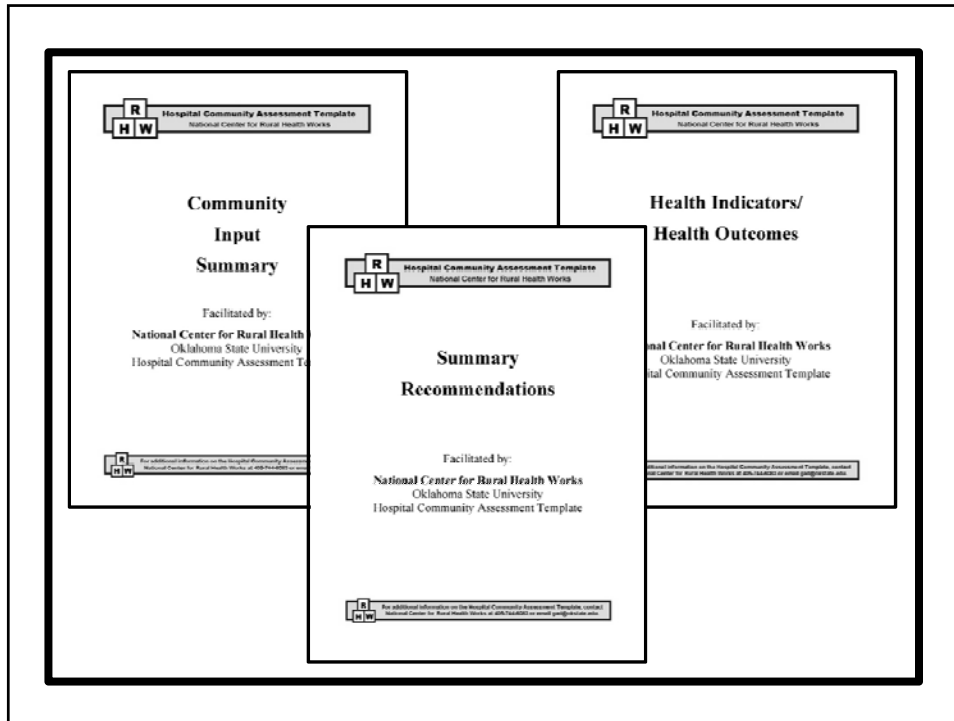
Meeting #3, Tuesday, April 10, 2012, at 4:00 pm

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Community Health Needs Assessment Template  
National Center for Rural Health Works





<b>Summary Report Outline Community Health Needs Assessment</b>	
<b>HOSPITAL REPORTING REQUIREMENTS</b>  <b>Community Health Needs Assessment Reporting to Meet IRS Requirements</b>  <b>IRS Forms: Form 990 &amp; Schedule H</b>	<b>Community Members</b> Need to include name, organization and contact information for: Hospital Administrator <input type="text"/> Steering Committee or Leadership Group Facilitator Community Advisory Committee Members
	<b>Medical Service Area</b> Describe by county or zip code areas Include populations and projected populations of medical service area Include demographics of population of medical service area
	<b>Community Meetings</b> Date Agenda List reports presented with short summary of each
	<b>Community Needs and Implementation Strategies</b> Include community needs and implementation strategies with responsibilities from community group
	<b>Hospital Final Implementation Plan</b> Include which needs hospital can address and the implementation strategies Include which needs hospital cannot address and reason(s) why
	<b>Community Awareness of Assessment</b> Describe methodology for making assessment widely available to the community

## For Additional Information:

**Please contact:** Gerald Doeksen, Executive Director  
National Center for Rural Health Works  
Oklahoma State University  
Phone: 405-744-6083  
Email: [gad@okstate.edu](mailto:gad@okstate.edu)

or

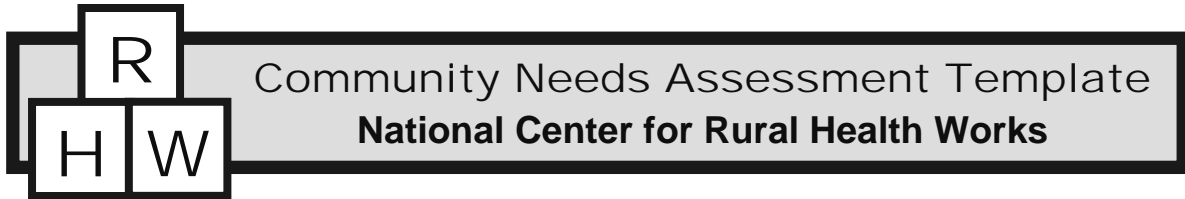
Val Schott, Chief Executive Officer  
Oklahoma Health Information Exchange Trust  
Phone: 405-249-4204  
Email: [val.schott@okstate.edu](mailto:val.schott@okstate.edu)

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Community Health Needs Assessment Template

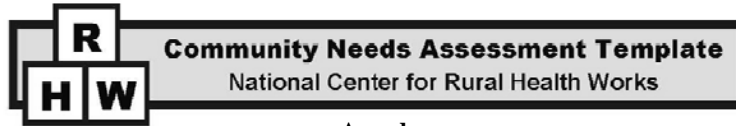
**National Center for Rural Health Works**



**Agenda**  
**Guadalupe County Hospital**  
**Community Meeting #2**  
**Tuesday, March 13, 2012**  
**4:00 pm**

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- IV.** Guadalupe County Health Indicator/Health Outcome Data – Val Schott
- V.** Collect Completed Health Survey Questionnaires – Gerald Doeksen
- VI.** Next Steps

Meeting #3, Tuesday, April 10, 2012, at 4:00 pm



**Agenda**

**Guadalupe County Hospital - Meeting #2**

**Tuesday March 13, 2012**

**4:00 pm**

- I. Introductions – Christina Campos, CEO, Guadalupe County Hospital
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- VI. Next Steps

Meeting #3, Tuesday April 10, 2012 at 4:00 p.m.



**Demographic and  
Economic Data  
for Guadalupe County,  
New Mexico**

Facilitated by:

**National Center for Rural Health Works**  
Oklahoma State University  
Community Needs Assessment Template

March 2012



**Table 2**  
**Populations by Race and Hispanic Origin**  
**for Guadalupe County and the State of New Mexico**

	White	Black	Native American <sup>1</sup>	Other <sup>2</sup>	Two or More Races <sup>3</sup>	Total	Hispanic Origin <sup>4</sup>
<b>2000 Census</b>							
Santa Rosa City	1,577	60	48	934	125	2,744	2,227
Rural Area	<u>669</u>	<u>2</u>	<u>3</u>	<u>684</u>	<u>39</u>	<u>1,397</u>	<u>1,105</u>
Guadalupe County	<u>2,530</u>	<u>62</u>	<u>53</u>	<u>1,855</u>	<u>180</u>	<u>4,680</u>	<u>3,801</u>
Percent	<u>54.1%</u>	<u>1.3%</u>	<u>1.1%</u>	<u>39.6%</u>	<u>3.8%</u>	<u>100.0%</u>	<u>81.2%</u>
State of New Mexico	<u>1,214,253</u>	<u>34,343</u>	<u>173,483</u>	<u>330,640</u>	<u>66,327</u>	<u>1,819,046</u>	<u>765,386</u>
Percent	<u>66.8%</u>	<u>1.9%</u>	<u>9.5%</u>	<u>18.2%</u>	<u>3.6%</u>	<u>100.0%</u>	<u>42.1%</u>
<b>2010 Census</b>							
Santa Rosa City	1,971	68	57	654	98	2,848	2,262
Rural Area	<u>694</u>	<u>3</u>	<u>13</u>	<u>174</u>	<u>32</u>	<u>916</u>	<u>677</u>
Guadalupe County	<u>3,298</u>	<u>79</u>	<u>90</u>	<u>1,066</u>	<u>154</u>	<u>4,687</u>	<u>3,730</u>
Percent	<u>70.4%</u>	<u>1.7%</u>	<u>1.9%</u>	<u>22.7%</u>	<u>3.3%</u>	<u>100.0%</u>	<u>79.6%</u>
State of New Mexico	<u>1,407,876</u>	<u>42,550</u>	<u>193,222</u>	<u>338,521</u>	<u>77,010</u>	<u>2,059,179</u>	<u>953,403</u>
Percent	<u>68.4%</u>	<u>2.1%</u>	<u>9.4%</u>	<u>16.4%</u>	<u>3.7%</u>	<u>100.0%</u>	<u>46.3%</u>

**Table 3**  
**Populations by Age Group**  
**for Guadalupe County and the State of New Mexico**

	Age Groups						Total
	0-14	15-19	20-24	25-44	45-64	65+	
<b>2000 Census</b>							
Santa Rosa City	505	211	205	944	549	330	2,744
Rural Area	<u>288</u>	<u>114</u>	<u>69</u>	<u>360</u>	<u>338</u>	<u>228</u>	<u>1,397</u>
Guadalupe County	<u>908</u>	<u>365</u>	<u>298</u>	<u>1,437</u>	<u>1,024</u>	<u>648</u>	<u>4,680</u>
Percent	<u>19.4%</u>	<u>7.8%</u>	<u>6.4%</u>	<u>30.7%</u>	<u>21.9%</u>	<u>13.8%</u>	<u>100.0%</u>
State of New Mexico	<u>419,108</u>	<u>145,751</u>	<u>121,291</u>	<u>516,100</u>	<u>404,571</u>	<u>212,225</u>	<u>1,819,046</u>
Percent	<u>23.0%</u>	<u>8.0%</u>	<u>6.7%</u>	<u>28.4%</u>	<u>22.2%</u>	<u>11.7%</u>	<u>100.0%</u>
<b>2010 Census</b>							
Santa Rosa City	483	168	202	886	743	366	2,848
Rural Area	<u>170</u>	<u>53</u>	<u>42</u>	<u>166</u>	<u>343</u>	<u>142</u>	<u>916</u>
Guadalupe County	<u>836</u>	<u>287</u>	<u>278</u>	<u>1,219</u>	<u>1,339</u>	<u>728</u>	<u>4,687</u>
Percent	<u>17.8%</u>	<u>6.1%</u>	<u>5.9%</u>	<u>26.0%</u>	<u>28.6%</u>	<u>15.5%</u>	<u>100.0%</u>
State of New Mexico	<u>429,980</u>	<u>149,861</u>	<u>142,370</u>	<u>515,768</u>	<u>548,945</u>	<u>272,255</u>	<u>2,059,179</u>
Percent	<u>20.9%</u>	<u>7.3%</u>	<u>6.9%</u>	<u>25.0%</u>	<u>26.7%</u>	<u>13.2%</u>	<u>100.0%</u>

**Table 4**  
**Population, Projections, and Percent Change**  
**for Guadalupe County and the State of New Mexico**

	Census	Population Projections			
	2010	2015	2020	2025	2030
Guadalupe County	4,687	5,553	5,961	6,328	6,717
% Change from 2010		18.5%	27.2%	35.0%	43.3%
State of New Mexico	2,059,179	2,356,236	2,540,145	2,707,757	2,864,796
% Change from 2010		14.4%	23.4%	31.5%	39.1%

**Table 5**  
**Full- & Part-Time Employment by Type of Employment & by Major Industry (NAICS)<sup>1</sup>**  
**for Guadalupe County and the State of New Mexico, 2009**

	Guadalupe County			New Mexico	
	No. of Jobs	% of Total	% of Private	% of Total	% of Private
Total full- & part-time employment	<u>2,019</u>	<u>100.0%</u>		<u>100.0%</u>	
Wage & salary employment	1,439	71.3%		79.1%	
Proprietors' employment	<u>580</u>	<u>28.7%</u>		<u>20.9%</u>	
Farm proprietors' employment	217	37.4%		7.8%	
Nonfarm proprietors' employment <sup>2</sup>	<u>363</u>	<u>62.6%</u>		<u>92.2%</u>	
By Industry:					
Farm employment	258	12.8%		2.3%	
Nonfarm employment	<u>1,761</u>	<u>87.2%</u>		<u>97.7%</u>	
Private employment	<u>1,276</u>	72.5%	<u>100.0%</u>	79.4%	<u>100.0%</u>
Construction	103		8.1%		8.1%
Retail trade	260		20.4%		13.5%
Transportation & warehousing	64		5.0%		2.9%
<b>Health care &amp; social assistance</b>	<b>156</b>		<b>12.2%</b>		<b>14.2%</b>
Accommodation & food services	415		32.5%		9.8%
Other services, except public admin	73		5.7%		6.2%
<i>Sum of (D) and (L) Categories<sup>3</sup></i>	<u>205</u>		<u>16.1%</u>		
Government & government enterprises	<u>485</u>	27.5%		<u>20.6%</u>	

**Table 6**  
**Personal Income Earnings by Place of Work and by Industry (NAICS)<sup>1</sup>**  
**for Guadalupe County and the State of New Mexico, 2009**

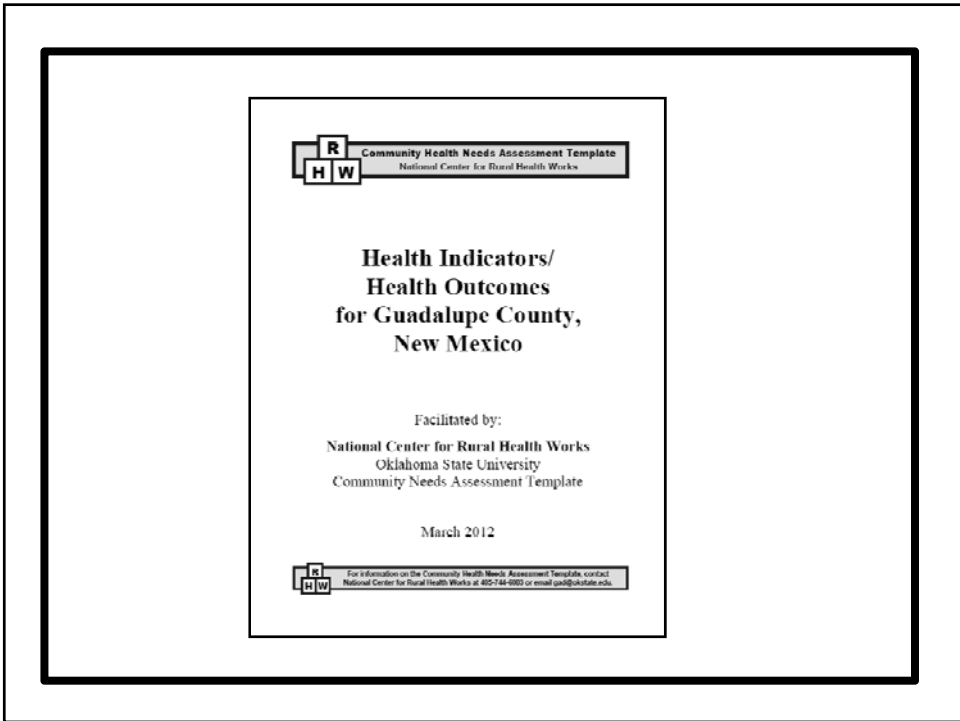
	Guadalupe County			New Mexico	
	Income (\$1,000s)	% of Total	% of Private	% of Total	% of Private
<b>Total earnings by place of work</b>	<u>58,321</u>	<u>100.0%</u>		<u>100.0%</u>	
Wage & salary disbursements	38,422	65.9%		71.6%	
Proprietors' income <sup>2</sup>	9,299	15.9%		9.9%	
All other earnings	<u>10,600</u>	<u>18.2%</u>		<u>18.6%</u>	
<b>Earnings by Industry</b>					
Total earnings by industry	<u>58,321</u>	<u>100.0%</u>		<u>100.0%</u>	
Farm earnings	5,650	9.7%		1.2%	
Nonfarm earnings	<u>52,671</u>	<u>90.3%</u>		<u>98.8%</u>	
Private earnings	<u>32,819</u>	62.3%	<u>100.0%</u>	71.6%	<u>100.0%</u>
Construction	4,128		12.6%		8.6%
Retail trade	6,188		18.9%		9.7%
Transportation & warehousing	2,136		6.5%		3.7%
Educational services	64		0.2%		1.2%
<b>Health care &amp; social assistance</b>	<b>6,405</b>		<b>19.5%</b>		<b>15.7%</b>
Other services, except public admin	2,818		8.6%		<u>5.2%</u>
<i>Sum of (D) &amp; (L) Categories<sup>3</sup></i>	<u>3,679</u>		<u>11.2%</u>		
Government & government enterprises	<u>19,852</u>	<u>37.7%</u>		<u>28.4%</u>	

**Table 7**  
**Transfer Receipts for Guadalupe County and the State of New Mexico, 2009**

	Guadalupe County		State of New Mexico	
	Receipts* (\$1,000s)	% of Total	Receipts* (\$1,000s)	% of Total
Total personal current transfer receipts	<u>44,879</u>	<u>100.0%</u>	<u>14,345,809</u>	<u>100.0%</u>
Receipts of individuals from govts	<u>44,106</u>	<u>98.3%</u>	<u>13,981,149</u>	<u>97.5%</u>
Ret. & disab. ins. benefits	<u>10,445</u>	<u>23.3%</u>	<u>4,313,600</u>	<u>30.1%</u>
Old-age, surv & disab ins benefits	9,835	21.9%	4,165,644	29.0%
Railroad ret & disab benefits	556	1.2%	86,408	0.6%
Workers' comp	(L)	**	55,809	0.4%
Other govt ret & disab ins benefits <sup>1</sup>	(L)	**	<u>5,739</u>	<u>0.0%</u>
Medical benefits	<u>24,494</u>	<u>54.6%</u>	<u>6,225,189</u>	<u>43.4%</u>
Medicare benefits	8,683	19.3%	2,623,849	18.3%
Public asst medical care benefits <sup>2</sup>	15,761	35.1%	3,524,253	24.6%
Military medical insurance benefits <sup>3</sup>	<u>50</u>	<u>0.1%</u>	<u>77,087</u>	<u>0.5%</u>


**Table 8  
Economic Indicators  
for Guadalupe County and the State of New Mexico**

Indicator	Guadalupe County	State of New Mexico
Total Personal Income (2009)	105,946,000	66,856,080,000
Per Capita Income (2009)	24,981	33,267
Employment (2010)	1,618	873,112
Unemployment (2010)	187	80,202
Unemployment Rate (2010)	10.4%	8.4%
Employment (2011)	1,592	873,656
Unemployment (2011)	178	67,227
Unemployment Rate (2011)	10.0%	7.1%
% of People in Poverty (2010)	23.7%	19.8%
% of Under 18 in Poverty (2010)	30.5%	28.5%
Transfer Receipt Dollars (2009)	44,879,000	14,345,809,000
Transfer Dollars as Percentage of Total Personal Income (2009)	42.4%	21.5%





**Table 1**

 <b>County Health Rankings</b> Mobilizing Action Toward Community Health	Guadalupe County	State of New Mexico
<b>Health Factors</b>		
<i>Health Behaviors</i>		
Adult obesity - BMI $\geq$ 30	23.0%	27.0%
Teen birth rate - ages 15-19	62	64
<i>Clinical Care</i>		
Uninsured adults - under age 65	26.0%	30.0%
Diabetic screening - Diabetic Medicare enrollees	83.0%	70.0%
Children in Poverty-Under 18 in Poverty	31.0%	24.0%

**Table 2**  
**Access to Care**  
**for Guadalupe County, New Mexico**

**ACCESS TO CARE**

**Guadalupe Co., NM**

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

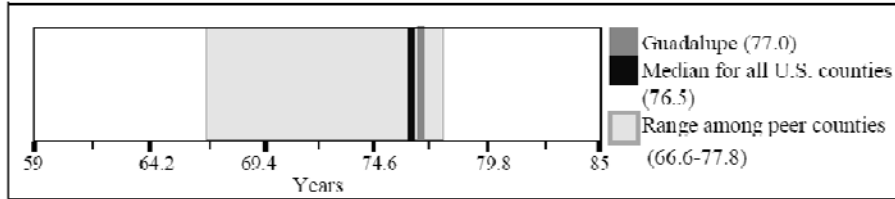
Uninsured individuals (age under 65)	839
Medicare beneficiaries <sup>2</sup>	
Elderly (age 65+)	662
Disabled	199
Medicaid beneficiaries	1,417
Primary care physicians per 100,000 population	69
Dentists per 100,000 population	0
Community/Migrant Health Centers	Yes
Health Professional Shortage Area	Yes

Table 3

**SUMMARY MEASURES OF HEALTH**

Guadalupe County, NM

**AVERAGE LIFE EXPECTANCY<sup>1</sup>**



**ALL CAUSES OF DEATH<sup>2</sup>**

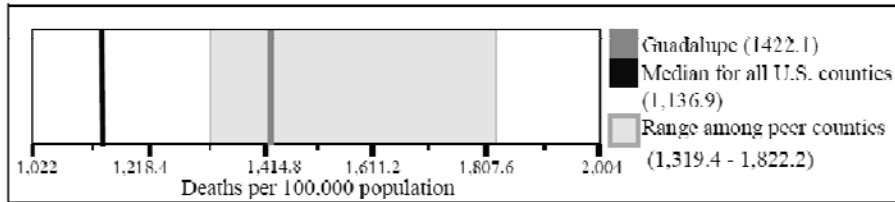
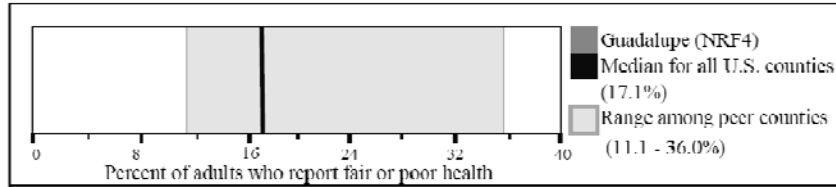


Table 3 Continued

**SUMMARY MEASURES OF HEALTH**

Guadalupe County, NM

**SELF-RATED HEALTH STATUS<sup>3</sup>**



**AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH<sup>3</sup>**

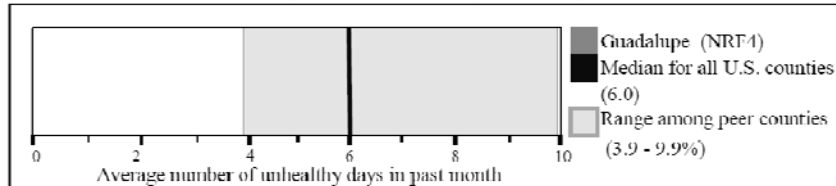






Table 4

RELATIVE HEALTH IMPORTANCE

Guadalupe County, NM

 Indicates a status favorable to peer county median value  
 Indicates that a closer look and perhaps reduction to the percent or rate may be needed. Blank indicates no comparison.

**Your Health Status Compared to peers**

		UNFAVORABLE	FAVORABLE
<b>Your County's Health Compared to US Rates</b>	<b>UNFAVORABLE</b>	 <ul style="list-style-type: none"> <li>• Low Birth Wt. (&lt;2500 g)</li> <li>• Very Low Birth Wt. (&lt;1500 g)</li> <li>• Premature Births (&lt;37 weeks)</li> <li>• Births to Women under 18</li> <li>• Births to Unmarried Women</li> <li>• No Care in First Trimester</li> <li>• Infant Mortality</li> <li>• Neonatal Infant Mortality</li> <li>• Breast Cancer (Female)</li> <li>• Colon Cancer</li> <li>• Coronary Heart Disease</li> <li>• Unintentional Injury</li> </ul>	<ul style="list-style-type: none"> <li>• Lung Cancer</li> <li>• Motor Vehicle Injuries</li> <li>• Stroke</li> </ul>
	<b>FAVORABLE</b>		 <ul style="list-style-type: none"> <li>• Birth to Women age 40-54</li> <li>• Post-neonatal Infant Mortality</li> </ul>

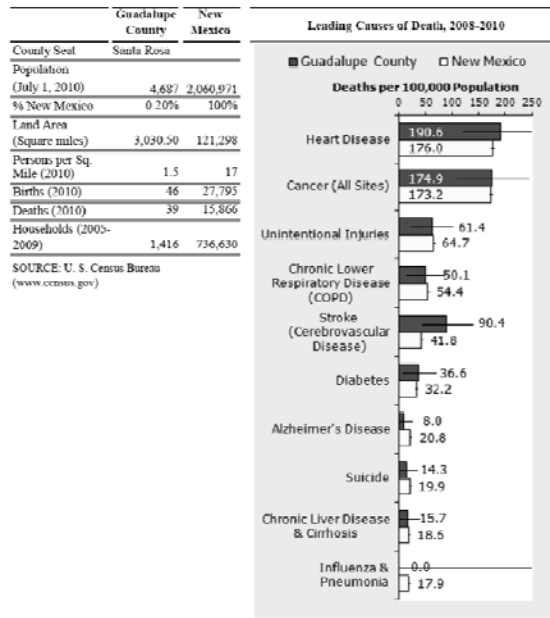
**Table 7**  
**Births by Race**  
**for Guadalupe County and the State of New Mexico**

	Guadalupe County		New Mexico	
	2009		2009	
	No.	%	No.	%
White	2	5.6%	8,186	28.4%
Black	0	0.0%	616	2.1%
Hispanic	34	94.4%	15,328	53.1%
Other <sup>1</sup>	0	0.0%	4,558	15.8%
Unknown/Not Reported	<u>0</u>	<u>0.0%</u>	<u>185</u>	<u>0.6%</u>
<b>Total Births</b>	<b><u>36</u></b>	<b><u>100.0%</u></b>	<b><u>28,873</u></b>	<b><u>100.0%</u></b>

**Table 8**  
**Birth's by Mother's Age**  
**for Guadalupe County and the State of New Mexico**

Age Groups	Guadalupe County		State of New Mexico	
	No.	%	No.	%
10-17	2	5.6%	1,531	5.3%
18-19	2	5.6%	2,930	10.1%
20-29	22	61.1%	16,580	57.4%
30-39	10	27.8%	7,231	25.0%
40-49	0	0.0%	597	2.1%
50+ <sup>1</sup>	0	0.0%	3	0.0%
Unknown/ Not Reported	0	0.0%	4	0.0%
<b>Total Births</b>	<b>36</b>	<b>100.0%</b>	<b>28,873</b>	<b>100.0%</b>

**Guadalupe County and State of New Mexico Census Statistics**  
**including Births and Deaths (2010) and Leading Causes of Death, 2008-2010**



**Table 16**  
**Health Characteristics From Community Health Highlights**  
**for Guadalupe County and the State of New Mexico**

Health Characteristic	Guadalupe County	New Mexico	Comparison to State
Youth Smoking Prevalence (2009)	19.9	24	Watch
Adolescent Physical Activity (2007)	50.8	43.6	Watch
% of Adolescents who ate 5+ Servings of Fruits and Veggies Daily (2003-2009)	19.6	20.9	Improvement Needed
Youth (Grades 9-12) with Caring and Supportive Relationship in the Family (2009)	72.7	54.1	Excellent
Alcohol-Related Deaths per 100,000 Population (2007-2009)	101.8	52.9	Improvement Needed

**Table 16 Continued**  
**Health Characteristics From Community Health Highlights**  
**for Guadalupe County and the State of New Mexico**

Alcohol-Related Chronic Disease Deaths per 100,000 Population (2007-2009)	69.5	23.9	Improvement Needed
Alcohol Related Injury Death Rates per 100,000 Population (2007-2009)	32.2	29.0	Improvement Needed
Drug-Induced Deaths per 100,000 Population (2007-2009)	27.1	22.8	Improvement Needed
Health Insurance Coverage; % Uninsured, Under 65 Years (2009)	30.6	22.9	Reason for Concern
Medicaid Enrollment; Avg Monthly % of Population (2010)	26.9	23.4	NA
Primary Care Providers; Ratio of Population to Providers (2008)	1440	832	NA
Prenatal Care in First Trimester (2008-2009)	68.2	52.0	Excellent

**Table 16 Continued**  
**Health Characteristics From Community Health Highlights**  
**for Guadalupe County and the State of New Mexico**

% of Live Born Infants with Low Birthweight (2008-2010)	12.7	8.5	Improvement Needed
Teen Birth Rate; Births per 1000 Girls Age 15-17 (2007-2009)	21.3	31.6	Watch
Chlamydia Cases per 100,000 Population (2010)	666.7	557.9	NA
Diseases of the Heart Death Rate per 100,000 population (2007-2009)	384.4	203.8	Reason for Concern
Stroke Death Rate per 100,000 population (2005-2009)	73	38.2	Improvement Needed
Diabetes Deaths per 100,000 population (2008-2010)	32.5	32.5	Watch

**Table 16 Continued**  
**Health Characteristics From Community Health Highlights**  
**for Guadalupe County and the State of New Mexico**

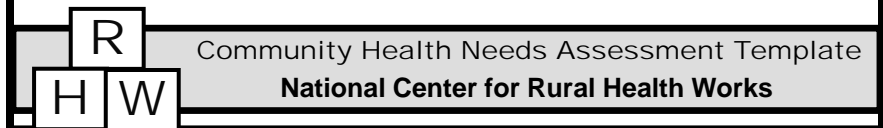
Adolescent Obesity (BMI $\geq$ 95th percentile) (2001-2009)	18.7	13.5	Reason for Concern
Female Breast Cancer Deaths per 100,000 population (2001-2005)	62	22.1	Improvement Needed
Influenza and Pneumonia Deaths per 100,000 Population (2006-2009)	10.8	20.6	Watch
Unintentional Injury Death Rates per 100,000 population (2003-2007)	88.6	62.3	Improvement Needed
Motor Vehicle Traffic Crash Deaths per 100,000 population (2005-2009)	31	18.3	Improvement Needed
Suicide Death Rates per 100,000 population (2007-2009)	12.9	18.6	Watch

**Table 16 Continued**  
**Health Characteristics From Community Health Highlights**  
**for Guadalupe County and the State of New Mexico**

Ratio of Total Substantiated Child Abuse Allegations per 1000 child population (2010)	39.4	18.5	Improvement Needed
% of Youth Who Felt Sad or Hopeless Almost Every day (2001-2009)	28.9	29.7	Watch
Life Expectancy from Age 65 in avg. number of years (2005-2009)	17.89	18.7	NA
Children (Under Age 18) Living in Poverty (2009)	32	28.8	Improvement Needed
High School Graduation Rate (2010)	84.7	67.3	Excellent

**Agenda**  
**Guadalupe County Hospital - Meeting #2**  
**Tuesday March 13, 2012**  
**4:00 pm**

- I. Introductions – Christina Campos, CEO, Guadalupe County Hospital
- II. Review Prior Two Meetings– Val Schott, National Center
- III. Health Survey Results - Gerald Doeksen, National Center
- IV. Develop Community Action Plan – Val Schott and Gerald Doeksen
  - A. List Community Health Issues
  - B. Prioritize Community Health Issues
  - C. Discuss Possible Resolution for Health Issues
  - D. Summarize Community Recommendations
  - E. Hospital CEO Response- Christina Campos
- V. Next Steps



## For Additional Information:

**Please contact:** Gerald Doeksen, Executive Director  
National Center for Rural Health Works  
Oklahoma State University  
Phone: 405-744-6083  
Email: [gad@okstate.edu](mailto:gad@okstate.edu)

or

Val Schott, Chief Executive Officer  
Oklahoma Health Information Exchange Trust  
Phone: 405-249-4204  
Email: [val.schott@okstate.edu](mailto:val.schott@okstate.edu)

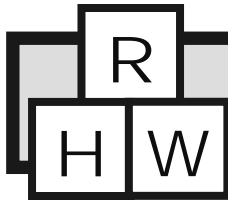
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Community Health Needs Assessment Template

**National Center for Rural Health Works**





Community Needs Assessment Template  
**National Center for Rural Health Works**

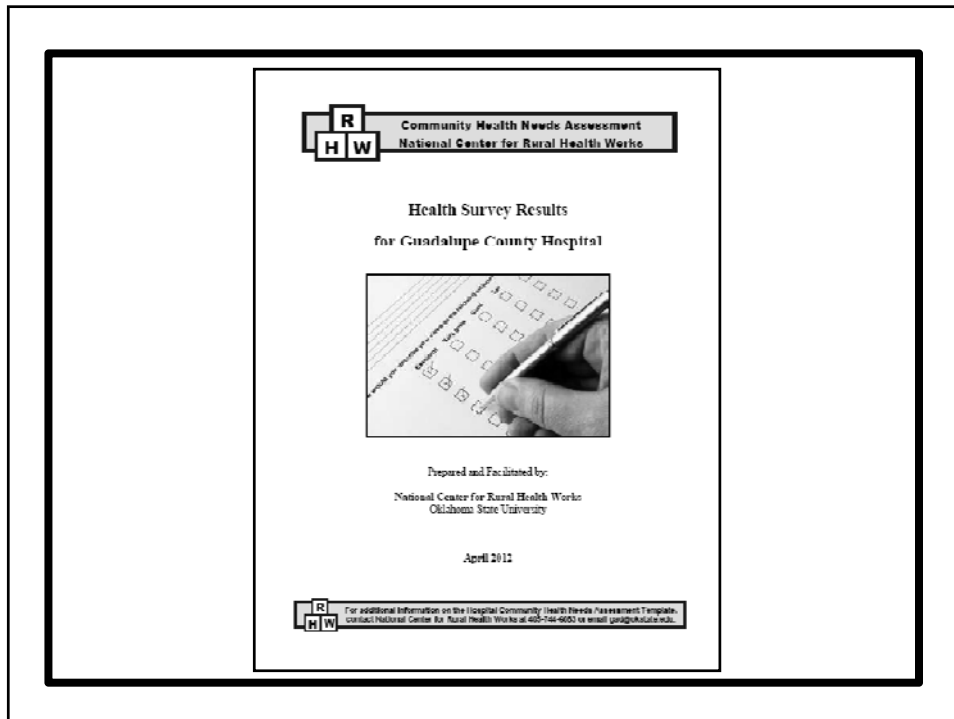
**Agenda**  
**Guadalupe County Hospital**  
**Community Meeting #3**  
**Tuesday, April 10, 2012**  
**4:00 pm**

- I.** Introductions – Christina Campos, CEO, Guadalupe County Hospital
- II.** Review Prior Two Meetings – Val Schott, National Center
- III.** Health Survey Results – Gerald Doeksen, National Center
- IV.** Develop Community Action Plan – Gerald Doeksen and Val Schott
  - a. List community health issues
  - b. Prioritize community health issues
  - c. Discuss possible resolution for health issues
  - d. Summarize community recommendations
  - e. Hospital CEO Response – Christina Campos
- V.** Next Steps

**R**  
**H W** **Community Needs Assessment Template**  
National Center for Rural Health Works

**Agenda**  
**Guadalupe County Hospital - Meeting #3**  
**Tuesday April 10, 2012**  
**4:00 pm**

- I. Introductions – Christina Campos, CEO, Guadalupe County Hospital
- II. Review of Prior Meetings – Val Schott, National Center
- III. Health Survey Results - Gerald Doeksen, National Center
- IV. Develop Community Action Plan – Gerald Doeksen and Val Schott
  - I. List Community Health Issues
  - II. Prioritize Community Health Issues
  - III. Discuss Possible Resolution for Health Issues
  - IV. Summarize Community Recommendations
  - V. Hospital CEO Response – Christina Campos
- V. Next Steps



Q1. Have you or someone in your household used the services of a hospital in the past 24 months?

Response Category	No.	%
Yes	77	81.0%
No	18	19.0%
Totals	95	100.0%

2. At which hospitals/cities were services received?

Response Category	No.	%
Guadalupe County Hospital	72	75.8%
Albuquerque Hospitals	13	13.7%
Las Vegas Hospitals	4	4.2%
Clovis Hospitals	2	2.1%
Santa Fe Hospitals	1	1.1%
Portalis Hospitals	1	1.1%
El Paso Hospitals	1	1.1%
Tucumcari Hospitals	1	1.1%
Totals	95	100.2%

Some respondents received services at more than one hospital.

3. You responded that you or someone in your household received care at a hospital other than Guadalupe County Hospital. Why did you or your family member choose that/those hospital(s)?

Response Category	No.	%
Availability of specialty care	10	35.7%
Physician referral	9	32.1%
Quality of care/lack of confidence	3	10.7%
Closer, more convenient location	3	10.7%
Emergency care	1	3.6%
On vacation	1	3.6%
Son attends school there	1	3.6%
Totals	28	100.0%

Some respondents provided more than one answer.

4. What hospital service(s) were used at Guadalupe County Hospital?

Response Category	No.	%
Laboratory	48	28.6%
Physician services	38	22.6%
All radiological imaging	36	21.4%
Emergency services	27	16.1%
Other outpatient services	9	5.4%
Inpatient services	8	4.8%
No response	2	1.2%
Total	168	100.0%

Many respondents indicated multiple categories of hospital services.

5. How satisfied were you or someone in your household with the services you received at Guadalupe County Hospital?  
Would you say you were...

Response Category	No.	%
Satisfied	64	88.9%
Dissatisfied	6	8.3%
No response	2	2.8%
Total	72	100.0%

6a. Why were you or someone in your household satisfied with the services received at Guadalupe County Hospital?

Response Category	No.	%
No Response	27	31.8%
Competent care; quality care; quality service	16	18.8%
Good staff care, personal staff care	13	15.3%
Quick response	13	15.3%
Knowledgeable doctors	8	9.4%
Convenient, close to home	5	5.9%
Just satisfied; need more services	1	1.2%
All questions answered	1	1.2%
Beautiful facility	1	1.2%
Total	85	100.0%

Some respondents provided more than one response.

6b. Why were you or someone in your household dissatisfied with the services received at Guadalupe County Hospital?

Response Category	No.	%
No response	2	33.3%
Too long wait for doctor	2	33.3%
Used to getting bad service	1	16.7%
No followup by medical clinic nursing staff	1	16.7%
Total	6	100.0%

7. What type of specialist have you or someone in your household been to and in which city did you receive that care?

Response Category	No.	%
None	20	12.6%
<b>Orthopedics/Orthopedic surgery</b> (Albuquerque [18], Las Vegas [4], Amarillo [1], Clovis [1], Santa Fe [1], Taos [1])	26	16.4%
<b>OB-GYN</b> (Albuquerque [17], Las Vegas [3], Clovis [1], no city specified [1])	22	13.8%
<b>General Surgery</b> (Albuquerque [13], Las Vegas [5], Amarillo [2], Cincinnati [1], El Paso [1])	22	13.8%
<b>Cardiology/Heart</b> (Albuquerque [14], Bernalillo [1], Clovis [1], Cincinnati [1], Las Vegas [1], No City Specified [1])	19	11.9%
<b>Urology</b> (Albuquerque [11], Las Vegas [2], Cincinnati [1], Taos [1], no city specified [1])	16	10.1%

8. Did the specialist request further testing, laboratory work and/or x-rays?

Response Category	No.	%
Yes	50	66.7%
No	17	22.7%
Don't know	6	8.0%
No response	2	2.7%
Total	75	100.0%

9. If yes, in which city were the tests or laboratory work performed?

Response Category	No.	%
Albuquerque	31	47.7%
Santa Rosa	13	20.0%
Las Vegas	8	12.3%
Clovis	3	4.6%
Santa Fe	1	1.5%
El Paso	1	1.5%
Amarillo	1	1.5%
Guadalupe	1	1.5%
Cincinnati	1	1.5%
No response	5	7.7%
Total	65	99.8%

Some respondents indicated more than one city.

10. Do you use a primary care (family) doctor for most of your routine health care?

Response Category	No.	%
Yes	87	91.6%
No	8	8.4%
Total	95	100.0%

11. If no, then what kind of medical provider do you use for routine care?

Response Category	No.	%
Public Health Office	5	55.6%
Specialist	3	33.3%
Whoever is on call or in office	1	11.1%
Total	9	100.0%

Some respondents provided more than one response.



12. Have you or someone else in our household been to a primary care (family) doctor in the Guadalupe County Hospital service area?

Response Category	No.	%
Yes	74	77.9%
No	18	18.9%
Don't know	3	3.2%
Total	95	100.0%

13. How satisfied were you or someone in your household with the quality of physician care received in the Guadalupe County Hospital service area? Would you say you were...

Response Category	No.	%
Satisfied	59	76.6%
Dissatisfied	4	5.2%
Both satisfied and dissatisfied	2	2.6%
No response	9	11.7%
Don't know	3	3.9%
Total	77	100.0%

14a. Why were you or someone in your household satisfied with the quality of physician care received in Guadalupe County?

Response Category	No.	%
Quality care; quality services	8	21.6%
Professional, knowledgeable physicians	5	13.5%
Personal Care	4	10.8%
Services were provided	4	10.8%
Timely service	2	5.4%
Convenience	2	5.4%
Satisfied with specific physician	1	2.7%
No response	11	29.7%
Total	37	100.0%

Some respondents provided more than one response.

14b. Why were you or someone in your household dissatisfied with the quality of physician care received in Guadalupe County?

Response Category	No.	%
Doctor/Staff was rushed	2	33.3%
No response	1	16.7%
No follow-up by physician or nursing staff	1	16.7%
Don't assume viral; need to do bloodwork to see	1	16.7%
If can't provide care, should send you to someone who can	1	16.7%
Total	6	100.0%

15. Are you able to get an appointment with your primary care (family) doctor in the Guadalupe County Hospital service area when you need one?

Response Category	No.	%
Yes	83	87.4%
No	5	5.3%
Don't know	7	7.4%
Total	95	100.0%

16. Have you or someone in your household delayed health care due to lack of money and/or insurance?

Response Category	No.	%
Yes	24	25.3%
No	70	73.7%
No response	1	1.1%
Total	95	100.0%

17. What concerns you most about health care in the Guadalupe County Hospital service area?

Response Category	No.	%
<b>No response</b>	29	27.9%
<b>None</b>	13	12.5%
<b>Physician Concerns (22, 28.8%)</b>		
Lack of doctors/specialists	16	15.4%
Attracting/retaining physicians and staff	4	3.8%
Misdiagnoses	2	1.9%
Lack in thoroughness of care	2	1.9%
Too long of a wait to be seen	2	1.9%
Rushed	1	1.0%
Holdout on referrals	2	1.9%
Physician prejudice to patients	1	1.0%

17 Cont. What concerns you most about health care in the Guadalupe Co Hospital service area?

<b>Hospital Concerns (18, 17.3%)</b>		
HIPPA violations/confidentiality	6	5.8%
Need for dialysis care	3	2.9%
Lack of professionalism	2	1.9%
Need for physical therapy care	2	1.9%
Pharmacy concerns: size/hours	2	1.9%
Low hospital visibility in community projects	1	1.0%
Shortage of ER nurses	1	1.0%
Training/Experience	1	1.0%

17 Cont. What concerns you most about health care in the Guadalupe Co Hospital service area?

<b>General Concerns (14, 13.5%)</b>		
Transportation/ambulance transport services	5	4.8%
Dentistry hours	1	1.0%
Excessive cost of health care	3	2.9%
Childcare	1	1.0%
High birthrate for young unwed mothers	1	1.0%
Little/no insurance	1	1.0%
Need for intermediate and paramedics in EMS	1	1.0%
Obesity epidemic	1	1.0%
<b>Total</b>	<b>104</b>	<b>100.0%</b>

Some respondents provided more than one response.

18. What services would you like to see offered at Guadalupe County Hospital?

Response Category	No.	%
<b>No response</b>	22	14.2%
<b>Don't know</b>	1	0.6%
<b>None</b>	2	1.3%
<b>Physician Services (5, 3.2%)</b>		
More doctors/primary care	5	3.2%
<b>Specialty Services (106, 68.4%)</b>		
More Specialists	16	10.3%
Physical Therapy	22	14.2%
Optometry/Ophthalmology	22	14.2%
Chiropractor	10	6.5%
Dialysis	8	5.2%
Chiropractor	6	3.9%
OB/GYN	4	2.6%

Many respondents provided more than one response.

## For Additional Information:

**Please contact:** Gerald Doeksen, Executive Director  
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Community Health Needs Assessment Template

**National Center for Rural Health Works**

# **Appendix M**

## **Example Demographic and Economic Data Report**

# **Demographic and Economic Data for Guadalupe County, New Mexico**

Facilitated by:

**National Center for Rural Health Works**  
Oklahoma State University  
Community Needs Assessment Template

March 2012



**Table 1**  
**Population and Percent Change for Guadalupe County Cities and Towns,**  
**Guadalupe County, and the State of New Mexico**

	Populations			% Change '90 to '00	% Change '00 to '10
	1990 Census	2000 Census	2010 Census		
Santa Rosa City	2,263	2,744	2,848	21.3%	3.8%
Vaughn Town	633	539	446	-14.8%	-17.3%
Anton Chico CDP*	NA	NA	188	NA	NA
Llano de Medio CDP*	NA	NA	188	NA	NA
Newkirk CDP*	NA	NA	7	NA	NA
Pastura CDP*	NA	NA	23	NA	NA
Puerto de Luna CDP*	NA	NA	141	NA	NA
Rural Area	<u>1,260</u>	<u>1,397</u>	<u>846</u>	10.9%	-39.4%
<b>Without the CDPs reported</b>					
Rural Area	<u>1,260</u>	<u>1,397</u>	<u>1,393</u>	10.9%	-0.3%
<b>Guadalupe County</b>	<b><u>4,156</u></b>	<b><u>4,680</u></b>	<b><u>4,687</u></b>	<b>12.6%</b>	<b>0.1%</b>
<b>State of New Mexico</b>	<b><u>1,515,069</u></b>	<b><u>1,819,046</u></b>	<b><u>2,059,179</u></b>	<b>20.1%</b>	<b>13.2%</b>

SOURCE: 2000 and 2010 Census populations, U.S. Census Bureau (www.census.gov [February 2012]).

NA = not available.

\* CDP - Census designated places

**Table 2**  
**Populations by Race and Hispanic Origin**  
**for Guadalupe County and the State of New Mexico**

	White	Black	Native American <sup>1</sup>	Other <sup>2</sup>	Two or More Races <sup>3</sup>	Total	Hispanic Origin <sup>4</sup>
<b>2000 Census</b>							
Santa Rosa City	1,577	60	48	934	125	2,744	2,227
Vaughn Town	284	0	2	237	16	539	469
Anton Chico CDP	NA	NA	NA	NA	NA	NA	NA
Llano de Medio CDP	NA	NA	NA	NA	NA	NA	NA
Newkirk CDP	NA	NA	NA	NA	NA	NA	NA
Pastura CDP	NA	NA	NA	NA	NA	NA	NA
Puerto de Luna CDP	NA	NA	NA	NA	NA	NA	NA
Rural Area	<u>669</u>	<u>2</u>	<u>3</u>	<u>684</u>	<u>39</u>	<u>1,397</u>	<u>1,105</u>
Guadalupe County	<u>2,530</u>	<u>62</u>	<u>53</u>	<u>1,855</u>	<u>180</u>	<u>4,680</u>	<u>3,801</u>
Percent	<u>54.1%</u>	<u>1.3%</u>	<u>1.1%</u>	<u>39.6%</u>	<u>3.8%</u>	<u>100.0%</u>	<u>81.2%</u>
State of New Mexico	<u>1,214,253</u>	<u>34,343</u>	<u>173,483</u>	<u>330,640</u>	<u>66,327</u>	<u>1,819,046</u>	<u>765,386</u>
Percent	<u>66.8%</u>	<u>1.9%</u>	<u>9.5%</u>	<u>18.2%</u>	<u>3.6%</u>	<u>100.0%</u>	<u>42.1%</u>
<b>2010 Census</b>							
Santa Rosa City	1,971	68	57	654	98	2,848	2,262
Vaughn Town	304	7	6	114	15	446	385
Anton Chico CDP	115	0	7	60	6	188	167
Llano de Medio CDP	73	1	6	38	0	118	111
Newkirk CDP	7	0	0	0	0	7	2
Pastura CDP	20	0	0	3	0	23	19
Puerto de Luna CDP	114	0	1	23	3	141	107
Rural Area	<u>694</u>	<u>3</u>	<u>13</u>	<u>174</u>	<u>32</u>	<u>916</u>	<u>677</u>
Guadalupe County	<u>3,298</u>	<u>79</u>	<u>90</u>	<u>1,066</u>	<u>154</u>	<u>4,687</u>	<u>3,730</u>
Percent	<u>70.4%</u>	<u>1.7%</u>	<u>1.9%</u>	<u>22.7%</u>	<u>3.3%</u>	<u>100.0%</u>	<u>79.6%</u>
State of New Mexico	<u>1,407,876</u>	<u>42,550</u>	<u>193,222</u>	<u>338,521</u>	<u>77,010</u>	<u>2,059,179</u>	<u>953,403</u>
Percent	<u>68.4%</u>	<u>2.1%</u>	<u>9.4%</u>	<u>16.4%</u>	<u>3.7%</u>	<u>100.0%</u>	<u>46.3%</u>

SOURCE: 2000 and 2010 Census population by race and ethnic origin, U.S. Census Bureau (www.census.gov [February 2012])

<sup>1</sup>Native Americans include American Indians and Alaska Natives.

<sup>2</sup>Other is defined as Asian Americans, Native Hawaiians, Pacific Islanders, and all others.

<sup>3</sup>Two or More Races indicated a person is included in more than one race group, it was introduced as a new category in the 2000 Census.

<sup>4</sup>Hispanic population is not a race but rather a description of ethnic origin; Hispanics are included in the five race groups.

**Table 3**  
**Populations by Age Group**  
**for Guadalupe County and the State of New Mexico**

	Age Groups						Total
	0-14	15-19	20-24	25-44	45-64	65+	
<b>2000 Census</b>							
Santa Rosa City	505	211	205	944	549	330	2,744
Vaughn Town	115	40	24	133	137	90	539
Anton Chico CDP	NA	NA	NA	NA	NA	NA	NA
Llano de Medio CDP	NA	NA	NA	NA	NA	NA	NA
Newkirk CDP	NA	NA	NA	NA	NA	NA	NA
Pastura CDP	NA	NA	NA	NA	NA	NA	NA
Puerto de Luna CDP	NA	NA	NA	NA	NA	NA	NA
Rural Area	<u>288</u>	<u>114</u>	<u>69</u>	<u>360</u>	<u>338</u>	<u>228</u>	<u>1,397</u>
Guadalupe County	<u>908</u>	<u>365</u>	<u>298</u>	<u>1,437</u>	<u>1,024</u>	<u>648</u>	<u>4,680</u>
Percent	<u>19.4%</u>	<u>7.8%</u>	<u>6.4%</u>	<u>30.7%</u>	<u>21.9%</u>	<u>13.8%</u>	<u>100.0%</u>
State of New Mexico	<u>419,108</u>	<u>145,751</u>	<u>121,291</u>	<u>516,100</u>	<u>404,571</u>	<u>212,225</u>	<u>1,819,046</u>
Percent	<u>23.0%</u>	<u>8.0%</u>	<u>6.7%</u>	<u>28.4%</u>	<u>22.2%</u>	<u>11.7%</u>	<u>100.0%</u>
<b>2010 Census</b>							
Santa Rosa City	483	168	202	886	743	366	2,848
Vaughn Town	80	37	10	85	140	94	446
Anton Chico CDP	40	12	10	35	30	61	188
Llano de Medio CDP	29	6	9	21	31	22	118
Newkirk CDP	0	0	0	0	2	5	7
Pastura CDP	1	0	0	2	8	12	23
Puerto de Luna CDP	33	11	5	24	42	26	141
Rural Area	<u>170</u>	<u>53</u>	<u>42</u>	<u>166</u>	<u>343</u>	<u>142</u>	<u>916</u>
Guadalupe County	<u>836</u>	<u>287</u>	<u>278</u>	<u>1,219</u>	<u>1,339</u>	<u>728</u>	<u>4,687</u>
Percent	<u>17.8%</u>	<u>6.1%</u>	<u>5.9%</u>	<u>26.0%</u>	<u>28.6%</u>	<u>15.5%</u>	<u>100.0%</u>
State of New Mexico	<u>429,980</u>	<u>149,861</u>	<u>142,370</u>	<u>515,768</u>	<u>548,945</u>	<u>272,255</u>	<u>2,059,179</u>
Percent	<u>20.9%</u>	<u>7.3%</u>	<u>6.9%</u>	<u>25.0%</u>	<u>26.7%</u>	<u>13.2%</u>	<u>100.0%</u>

SOURCE: 2000 and 2010 Census population by age groups, U.S. Census Bureau (www.census.gov [February 2012]).

**Table 4**  
**Population, Projections, and Percent Change**  
**for Guadalupe County and the State of New Mexico**

	Census	Population Projections			
	2010	2015	2020	2025	2030
Guadalupe County	4,687	5,553	5,961	6,328	6,717
% Change from 2010		18.5%	27.2%	35.0%	43.3%
State of New Mexico	2,059,179	2,356,236	2,540,145	2,707,757	2,864,796
% Change from 2010		14.4%	23.4%	31.5%	39.1%

SOURCE: 2010 Census population, U.S. Census Bureau ([www.census.gov](http://www.census.gov) [February 2012]); 2015-2030 New Mexico Population Projections, Bureau of Business and Economic Research ([www.bber.unm.edu](http://www.bber.unm.edu) [February 2012]).

**Table 5**  
**Full- & Part-Time Employment by Type of Employment & by Major Industry (NAICS)<sup>1</sup>**  
**for Guadalupe County and the State of New Mexico, 2009**

	Guadalupe County			New Mexico	
	No. of Jobs	% of Total	% of Private	% of Total	% of Private
Total full- & part-time employment	<u>2,019</u>	<u>100.0%</u>		<u>100.0%</u>	
Wage & salary employment	1,439	71.3%		79.1%	
Proprietors' employment	<u>580</u>	<u>28.7%</u>		<u>20.9%</u>	
Farm proprietors' employment	217	37.4%		7.8%	
Nonfarm proprietors' employment <sup>2</sup>	<u>363</u>	<u>62.6%</u>		<u>92.2%</u>	
By Industry:					
Farm employment	258	12.8%		2.3%	
Nonfarm employment	<u>1,761</u>	<u>87.2%</u>		<u>97.7%</u>	
Private employment	<u>1,276</u>	72.5%	<u>100.0%</u>	79.4%	<u>100.0%</u>
Forestry, fishing, & related activities	(D)		**		0.6%
Mining	(D)		**		3.4%
Utilities	(D)		**		0.6%
Construction	103		8.1%		8.1%
Manufacturing	(D)		**		4.2%
Wholesale trade	(D)		**		3.2%
Retail trade	260		20.4%		13.5%
Transportation & warehousing	64		5.0%		2.9%
Information	(D)		**		2.1%
Finance & insurance	(D)		**		4.3%
Real estate & rental & leasing	(D)		**		4.9%
Professional, scientific, & technical services	(D)		**		9.8%
Management of companies & enterprises	0		0.0%		0.7%
Administrative & waste services	(D)		**		6.6%
Educational services	(L)		**		1.9%
<b>Health care &amp; social assistance</b>	<b>156</b>		<b>12.2%</b>		<b>14.2%</b>
Arts, entertainment, & recreation	(L)		**		2.9%
Accommodation & food services	415		32.5%		9.8%
Other services, except public admin	73		5.7%		<u>6.2%</u>
<i>Sum of (D) and (L) Categories<sup>3</sup></i>	<u>205</u>		<u>16.1%</u>		
Government & government enterprises	<u>485</u>	<u>27.5%</u>		<u>20.6%</u>	

SOURCE: U.S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis (www.bea.gov [February 2012]).

<sup>1</sup>The estimates are based on the North American Industry Classification System (NAICS).

<sup>2</sup>Excludes limited partners.

<sup>3</sup>All (D) and (L) categories have been totaled to show the total amount of missing data from private employment. (D) Not shown to avoid disclosure of confidential information, but the estimates for this item are included in the totals.

(L) Less than 10 jobs, but the estimates for this item are included in the totals.

\*\*Due to confidential data not being disclosed, no percentages are available.

**Table 6**  
**Personal Income Earnings by Place of Work and by Industry (NAICS)<sup>1</sup>**  
**for Guadalupe County and the State of New Mexico, 2009**

	Guadalupe County			New Mexico	
	Income (\$1,000s)	% of Total	% of Private	% of Total	% of Private
<b>Total earnings by place of work</b>	<u>58,321</u>	<u>100.0%</u>		<u>100.0%</u>	
Wage & salary disbursements	38,422	65.9%		71.6%	
Proprietors' income <sup>2</sup>	9,299	15.9%		9.9%	
All other earnings	<u>10,600</u>	<u>18.2%</u>		<u>18.6%</u>	
<b>Earnings by Industry</b>					
Total earnings by industry	<u>58,321</u>	<u>100.0%</u>		<u>100.0%</u>	
Farm earnings	5,650	9.7%		1.2%	
Nonfarm earnings	<u>52,671</u>	<u>90.3%</u>		<u>98.8%</u>	
Private earnings	<u>32,819</u>	62.3%	<u>100.0%</u>	71.6%	<u>100.0%</u>
Forestry, fishing, & related activities	(D)		**		0.3%
Mining	(D)		**		6.0%
Utilities	(D)		**		1.4%
Construction	4,128		12.6%		8.6%
Manufacturing	(D)		**		6.4%
Wholesale trade	(D)		**		4.3%
Retail trade	6,188		18.9%		9.7%
Transportation & warehousing	2,136		6.5%		3.7%
Information	(D)		**		2.7%
Finance & insurance	(D)		**		4.5%
Real estate & rental & leasing	(D)		**		1.8%
Professional, scientific, & technical services	(D)		**		16.0%
Management of companies & enterprises	0		0.0%		1.1%
Administrative & waste services	(D)		**		5.3%
Educational services	64		0.2%		1.2%
<b>Health care &amp; social assistance</b>	<b>6,405</b>		<b>19.5%</b>		<b>15.7%</b>
Arts, entertainment, & recreation	(L)		**		0.9%
Accommodation & food services	7,401		22.6%		5.1%
Other services, except public admin	2,818		8.6%		<u>5.2%</u>
<i>Sum of (D) &amp; (L) Categories<sup>3</sup></i>	<u>3,679</u>		<u>11.2%</u>		
Government & government enterprises	<u>19,852</u>	<u>37.7%</u>		<u>28.4%</u>	

SOURCE: U.S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis (www.bea.gov [February 2012]).

<sup>1</sup>The estimates are based on the North American Industry Classification System (NAICS).

<sup>2</sup>Proprietors' income includes the inventory valuation adjustment and capital consumption adjustment.

<sup>3</sup>All (D) & (L) categories have been totaled to show the total amount of missing data from private earnings.

(D) Not shown to avoid disclosure of confidential information, but the estimates for this item are included in the totals.

(L) Less than \$50,000, but the estimates for this item are included in the totals

\*\*Due to confidential data not being disclosed, no percentages are available.

**Table 7**  
**Transfer Receipts for Guadalupe County and the State of New Mexico, 2009**

	Guadalupe County		State of New Mexico	
	Receipts* (\$1,000s)	% of Total	Receipts* (\$1,000s)	% of Total
Total personal current transfer receipts	<u>44,879</u>	<u>100.0%</u>	<u>14,345,809</u>	<u>100.0%</u>
Receipts of individuals from govts	<u>44,106</u>	<u>98.3%</u>	<u>13,981,149</u>	<u>97.5%</u>
Ret. & disab. ins. benefits	<u>10,445</u>	<u>23.3%</u>	<u>4,313,600</u>	<u>30.1%</u>
Old-age, surv & disab ins benefits	9,835	21.9%	4,165,644	29.0%
Railroad ret & disab benefits	556	1.2%	86,408	0.6%
Workers' comp	(L)	**	55,809	0.4%
Other govt ret & disab ins benefits <sup>1</sup>	(L)	**	<u>5,739</u>	<u>0.0%</u>
Medical benefits	<u>24,494</u>	<u>54.6%</u>	<u>6,225,189</u>	<u>43.4%</u>
Medicare benefits	8,683	19.3%	2,623,849	18.3%
Public asst medical care benefits <sup>2</sup>	15,761	35.1%	3,524,253	24.6%
Military medical insurance benefits <sup>3</sup>	<u>50</u>	<u>0.1%</u>	<u>77,087</u>	<u>0.5%</u>
Income maintenance benefits	<u>5,184</u>	<u>11.6%</u>	<u>1,675,689</u>	<u>11.7%</u>
Suppl security income (SSI) benefits	1,274	2.8%	327,946	2.3%
Family assistance <sup>4</sup>	224	0.5%	117,853	0.8%
Suppl nutrition asst program (SNAP)	1,301	2.9%	451,766	3.1%
Other income maintenance benefits <sup>5</sup>	<u>2,385</u>	<u>5.3%</u>	<u>778,124</u>	<u>5.4%</u>
Unemp ins compensation	<u>1,088</u>	<u>2.4%</u>	<u>538,822</u>	<u>3.8%</u>
State unemp ins comp	1,070	2.4%	527,901	3.7%
Unemp comp for fed cvln empl (UCFE)	0	0.0%	5,704	0.0%
Unemp comp for railroad empl	(L)	**	1,012	0.0%
Unemp comp for veterans (UCX)	0	0.0%	3,992	0.0%
Other unemp comp <sup>6</sup>	<u>0</u>	<u>0.0%</u>	<u>213</u>	<u>0.0%</u>
Veterans benefits	<u>1,932</u>	<u>4.3%</u>	<u>579,830</u>	<u>4.0%</u>
Veterans pension & disability benefits	1,800	4.0%	528,163	3.7%
Veterans readjustment benefits <sup>7</sup>	84	0.2%	40,703	0.3%
Veterans life ins benefit benefits	(L)	**	10,702	0.1%
Other asst to veterans <sup>8</sup>	(L)	**	<u>262</u>	<u>0.0%</u>
Education & training assistance <sup>9</sup>	<u>448</u>	<u>1.0%</u>	<u>397,780</u>	<u>2.8%</u>
Other receipts of indivs from govts <sup>10</sup>	<u>515</u>	<u>1.1%</u>	<u>250,239</u>	<u>1.7%</u>
Nonprofit institutions' transfer receipts	<u>454</u>	<u>1.0%</u>	<u>214,470</u>	<u>1.5%</u>
Receipts from federal govt	166	0.4%	78,305	0.5%
Receipts from state & local govt	107	0.2%	50,667	0.4%
Receipts from businesses	<u>181</u>	<u>0.4%</u>	<u>85,498</u>	<u>0.6%</u>
Transfer receipts to indivs from businesses <sup>11</sup>	<u>319</u>	<u>0.7%</u>	<u>150,190</u>	<u>1.0%</u>

SOURCE: U.S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis (www.bea.gov [February 2012]).

## Table 7 Footnotes (Continued)

<sup>1</sup>Consists largely of temporary disability payments, pension benefit guaranty payments, black lung payments, and Panama Canal construction annuity payments.

<sup>2</sup>Consists of Medicaid and other medical vendor payments.

<sup>3</sup>Consists of payments made under the TriCare Management Program (formerly called CHAMPUS) for the medical care of dependents of active duty military personnel and of retired military personnel and their dependents at nonmilitary medical facilities.

<sup>4</sup>Consists of benefits-- generally known as Temporary Assistance for Needy Families (TANF)-- provided under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

<sup>5</sup>Consists largely of general assistance; expenditures for food under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Other Needs Assistance; refugee assistance; foster home care and adoption assistance; Earned Income Tax Credits (EITC); Child Tax Credits; and energy assistance.

<sup>6</sup>Consists of Trade Adjustment Assistance, Redwood Park benefit payments, public service employment benefit payments, and transitional benefit payments.

<sup>7</sup>Consists largely of veterans' readjustment benefit payments, educational assistance to spouses and children of disabled or deceased veterans, payments to paraplegics, and payments for autos and conveyances for disabled veterans.

<sup>8</sup>Consists largely of state and local government payments to veterans.

<sup>9</sup>Consists largely of federal fellowship payments (National Science Foundation fellowships and traineeships, subsistence payments to state maritime academy cadets, and other federal fellowships), interest subsidy on higher education loans, Pell Grants, Job Corps payments, education exchange payments, and state education assistance payments.

<sup>10</sup>Consists largely of Bureau of Indian Affairs payments; Alaska Permanent Fund dividend payments; compensation of survivors of public safety officers; compensation of victims of crime; disaster relief payments; compensation for Japanese internment; the Economic Stimulus Act of 2008 rebates; the American Recovery and Reinvestment Act of 2009 funded Federal Additional Compensation for unemployment, COBRA premium reduction, and the Economic Recovery lump sum payment; and other special payments to individuals.

<sup>11</sup>Consists of personal injury payments to individuals other than employees and other business transfer payments.

\*All state and local area dollar estimates are in current dollars (not adjusted for inflation).

(L) Less than \$50,000, but the estimates for this item are included in the totals.



**Table 8**  
**Economic Indicators**  
**for Guadalupe County, the State of New Mexico, and the United States**

Indicator	Guadalupe County	State of New Mexico	United States
Total Personal Income (2009)	105,946,000	66,856,080,000	12,168,161,000,000
Per Capita Income (2009)	24,981	33,267	39,635
Employment (2010)	1,618	873,112	139,064,000
Unemployment (2010)	187	80,202	14,825,000
Unemployment Rate (2010)	10.4%	8.4%	9.6%
Employment (2011)	1,592	873,656	139,869,000
Unemployment (2011)	178	67,227	13,747,000
Unemployment Rate (2011)	10.0%	7.1%	8.9%
% of People in Poverty (2010)	23.7%	19.8%	15.3%
% of Under 18 in Poverty (2010)	30.5%	28.5%	21.6%
Transfer Receipt Dollars (2009)	44,879,000	14,345,809,000	2,169,300,000,000
Transfer Dollars as Percentage of Total Personal Income (2009)	42.4%	21.5%	17.8%

SOURCE: Employment and unemployment data, U.S. Department of Labor, Bureau of Labor Statistics ([www.bls.gov](http://www.bls.gov) [February 2012]); Personal income, per capita income, and transfer receipts, U.S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis ([www.bea.gov](http://www.bea.gov) [February 2012]); Poverty data, U.S. Census Bureau ([www.census.gov](http://www.census.gov) [February 2012]).

# **Appendix N**

## **Example Community Health Indicator/Health Outcome Data Report**

## INSTRUCTIONS FOR HEALTH INDICATOR/HEALTH OUTCOME TABLES

The first tables are from two national websites and are described below. These can be copied and pasted and used in the report or these can be typed in the template attached to achieve a cleaner, easier to read copy.

The last tables are from other state sources and are typed into Excel. An Excel spreadsheet is included to show these tables.

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The first table in the Health Indicator/Health Outcome Report is from a national website, University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation, County Health Rankings:

<http://www.countyhealthrankings.org/>

Data for every county in the United States can be accessed on this website. Only one table has been copied from the website to be utilized in this report”

Table 1 - Snapshot 2010 for a Specific County, includes

- Health Outcomes
  - Mortality
  - Morbidity
- Health Factors
  - Health Behaviors
  - Clinical Care
  - Social & Economic Factors
  - Physical Environment

<http://www.countyhealthrankings.org/mississippi/scott>

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The next tables, Tables 2-5b, are from a national website, U.S. Department of Health and Human Services, Community Health Status Indicators:

[www.communityhealth.hhs.gov/](http://www.communityhealth.hhs.gov/)

Several tables have been copied from this website to illustrate health indicators and outcomes for Labette County, as illustrated below:

Table 2 Risk Factors for Premature Death

<http://www.communityhealth.hhs.gov/RiskFactorsForPrematureDeath.aspx?GeogCD=20099&PeerStrat=64&state=Kansas&county=Labette>

Table 3 Access to Care

<http://www.communityhealth.hhs.gov/AccessToCare.aspx?GeogCD=20099&PeerStrat=64&state=Kansas&county=Labette>

Table 4 Summary Measures of Health

<http://www.communityhealth.hhs.gov/SummaryMeasuresOfHealth.aspx?GeogCD=20099&PeerStrat=64&state=Kansas&county=Labette>

Table 5a Relative Health Importance

<http://www.communityhealth.hhs.gov/RelativeHealthImportance.aspx?GeogCD=20099&PeerStrat=64&state=Kansas&county=Labette>

Table 5b Measures of Birth and Death

<http://www.communityhealth.hhs.gov/MeasuresOfBirthAndDeath.aspx?GeogCD=20099&PeerStrat=64&state=Kansas&county=Labette>

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Tables 6 thru the final table are from state specific websites. These tables typically are from the specific state's department of health. These data are typically only available at the county level. These additional tables will vary by state and each state will need to find their state health statistic agency and prepare these tables in Excel.

An Excel spreadsheet is attached for illustration of how to build the tables in Excel.

# **Health Indicators/ Health Outcomes for Guadalupe County, New Mexico**

Facilitated by:

**National Center for Rural Health Works**  
Oklahoma State University  
Community Needs Assessment Template

March 2012

**Table 1**



	Guadalupe County	New Mexico	Rank (of 32)
<b>Health Outcomes</b>			13
<i>Mortality</i>			23
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,753	8,364	
<i>Morbidity</i>			8
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	17%	17%	
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	2.8	3.9	
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.5	3.5	
Low birthweight - Percent of live births with low birthweight (< 2500 grams)		8.4%	
<b>Health Factors</b>			22
<i>Health Behaviors</i>			16
Adult smoking - Percent of adults that report smoking $\geq$ 100 cigarettes and currently smoking		20%	
Adult obesity - Percent of adults that report a BMI $\geq$ 30	23%	23%	
Excessive drinking - Binge plus heavy drinking		14%	
Motor vehicle crash death rate - Motor vehicle crash deaths per 100,000 population		23	
Sexually transmitted infections - Chlamydia rate per 100,000 population	460	470	
Teen birth rate - Teen birth rate per 1,000 female population, ages 15-19	62	64	
<i>Clinical Care</i>			23
Uninsured adults - Percent of population under age 65 without health insurance	26%	30%	
Primary care physicians - Ratio of population to primary care physicians	1,440:1	832:1	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	102	61	
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	83%	70%	
Mammography screening - Percent of female Medicare enrollees that receive mammography screening		57%	
<i>Social &amp; Economic Factors</i>			19
High school graduation - Percent of ninth grade cohort that graduates in 4 years	75%	59%	
Some college - Percent of adults aged 25-44 years with some post-secondary education	34%	56%	
Unemployment - Percent of population age 16+ unemployed but seeking work	7.6%	7.2%	
Children in poverty - Percent of children under age 18 in poverty	31%	24%	
Inadequate social support - Percent of adults without social/emotional support		21%	
Children in single-parent households - Percent of children that live in household headed by single parent	41%	37%	
Homicide rate - Deaths due to homicide per 100,000 population (age-adjusted)		8	
<i>Physical Environment</i>			24
Air pollution - particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter	0	0	
Air pollution-ozone days - Annual number of unhealthy air quality days due to ozone	0	3	
Access to healthy foods - Healthy food outlets include grocery stores and produce stands/farmers' markets	20%	38%	
Access to recreational facilities - Rate of recreational facilities per 100,000 population	0	9	

SOURCE: University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation, County Health Rankings ([www.countyhealthranking.org](http://www.countyhealthranking.org)).

**Table 2**  
**Access to Care**  
**for Guadalupe County, New Mexico**

**ACCESS TO CARE**

**Guadalupe County, NM**

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

Uninsured individuals (age under 65) <sup>1</sup>	839
Medicare beneficiaries <sup>2</sup>	
Elderly (age 65+)	662
Disabled	199
Medicaid beneficiaries <sup>2</sup>	1,417
Primary care physicians per 100,000 population <sup>2</sup>	69
Dentists per 100,000 population <sup>2</sup>	0
Community/Migrant Health Centers <sup>3</sup>	Yes
Health Professional Shortage Area <sup>3</sup>	Yes

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SOURCE: U.S. Department of Health and Human Services, Community Health Status Indicators ([www.communityhealth.hhs.gov](http://www.communityhealth.hhs.gov)).

<sup>1</sup>The Census Bureau. Small Area Health Insurance Estimates Program, 2006.

<sup>2</sup>HRSA. Area Resource File, 2008.

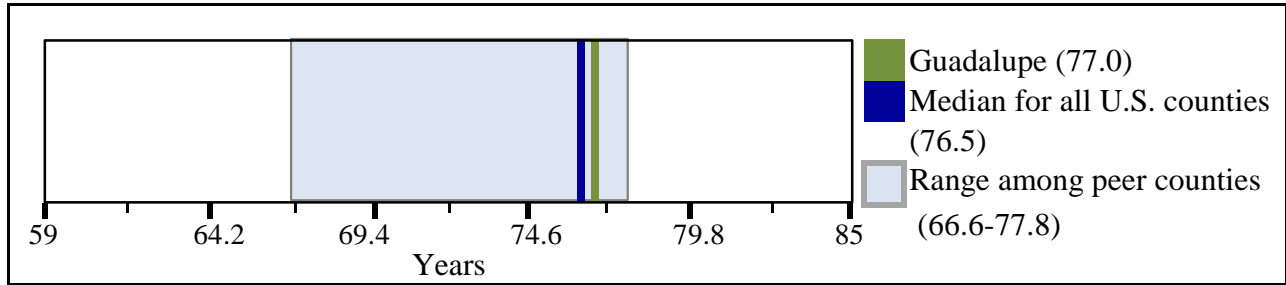
<sup>3</sup>HRSA. Geospatial Data Warehouse, 2009.

**Table 3**

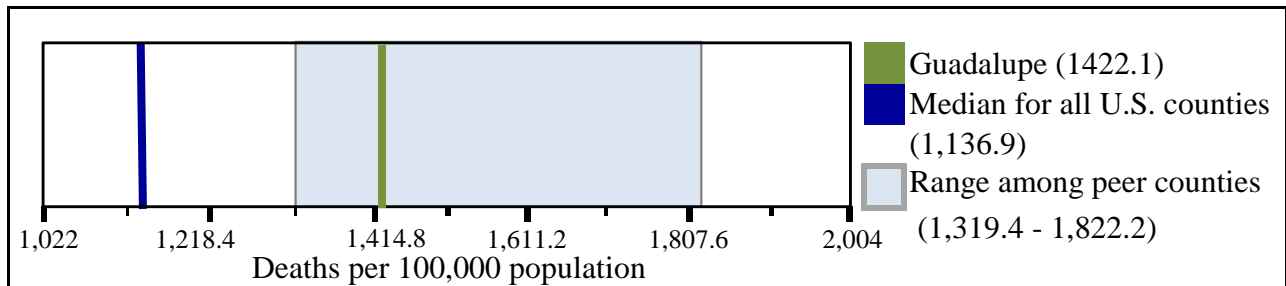
**SUMMARY MEASURES OF HEALTH**

**Guadalupe County, NM**

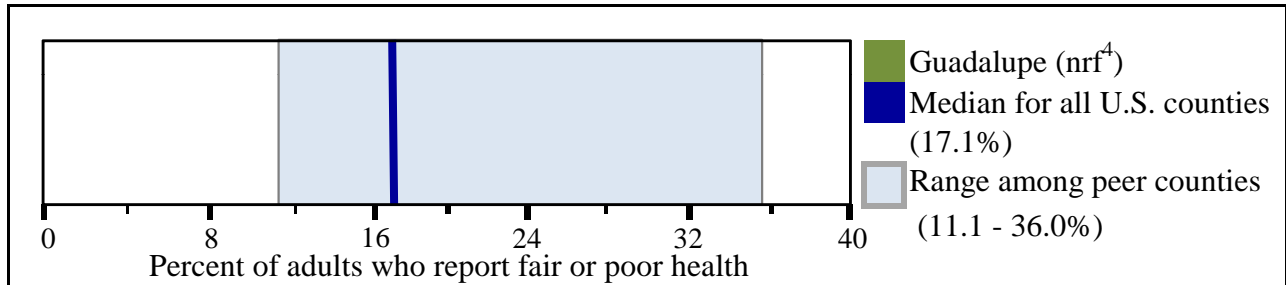
**AVERAGE LIFE EXPECTANCY<sup>1</sup>**



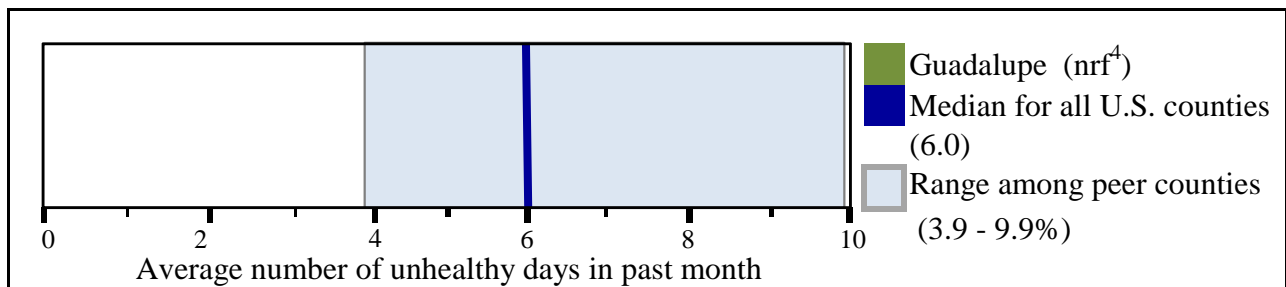
**ALL CAUSES OF DEATH<sup>2</sup>**



**SELF-RATED HEALTH STATUS<sup>3</sup>**



**AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH<sup>3</sup>**



SOURCE: U. S. Department of Health and Human Services, Community Health Status Indicators (www.communityhealth.hhs.gov/ [February 2012]).

<sup>1</sup> Murray et al., PLoS Medicine 2006 Vol. 3, No. 9, e260 doi:10.1371/journal.pmed.0030260.

<sup>2</sup> NCHS. Vital Statistics Reporting System, 2001-2005.

<sup>3</sup> CDC. Behavioral Risk Factor Surveillance System, 2000-2006.



<sup>4</sup> nrf - No report, survey sample size fewer than 50.





Table 4

**RELATIVE HEALTH IMPORTANCE**



**Guadalupe County, NM**

-  Indicates a status favorable to peer county median value
-  Indicates that a closer look and perhaps reduction to the percent or rate may be needed.
- Blank indicates no comparison.

**Your Health Status Compared to peers**

		UNFAVORABLE	FAVORABLE
Your County's Health Compared to US Rates	UNFAVORABLE		<ul style="list-style-type: none"> <li>• Lung Cancer</li> <li>• Motor Vehicle Injuries</li> <li>• Stroke</li> </ul>
	FAVORABLE	<ul style="list-style-type: none"> <li>• Low Birth Wt. (&lt;2500 g)</li> <li>• Very Low Birth Wt. (&lt;1500 g)</li> <li>• Premature Births (&lt;37 weeks)</li> <li>• Births to Women under 18</li> <li>• Births to Unmarried Women</li> <li>• No Care in First Trimester</li> <li>• Infant Mortality</li> <li>• Neonatal Infant Mortality</li> <li>• Breast Cancer (Female)</li> <li>• Colon Cancer</li> <li>• Coronary Heart Disease</li> <li>• Unintentional Injury</li> </ul>	

The Relative Health Importance table creates four categories of relative concern by simply comparing a county to its peers and to the U.S.

A county's indicators in the upper left-hand box (  ) are higher than the U.S. and its peers and may warrant more attention. Conversely, indicators in the lower right-hand box (  ) of the table compare favorably to both peers and the U.S. The other boxes represent intermediate levels of health where a county's rate is higher than either its peers or the U.S., but not both.

SOURCE: U.S. Department of Health and Human Services, Community Health Status Indicators (www.communityhealth.hhs.gov/ [February 2012]).

**Table 5**

**Measures of Birth and Death<sup>1</sup>**

**Guadalupe County, NM**

County Percent		Peer County Range	Birth Measures	U.S. Percent 2005	Healthy People 2010 Target
8.6		5.8 - 9.0	Low Birth Wt. (<2500 g)	8.2	5.0
1.8		0.7 - 1.8	Very Low Birth Wt. (<1500 g)	1.5	0.9
15.2		11.4 - 15.8	Premature Births (<37 weeks)	12.7	7.6
9.2		4.6 - 11.0	Births to Women under 18	3.4	No objective
1.5		0.8 - 2.1	Births to Women age 40-54	2.7	No objective
57.6		31.6 - 69.3	Births to Unmarried Women	36.9	No objective
38.3		20.9 - 40.3	No Care in First Trimester <sup>2</sup>	16.1	10.0
County Percent		Peer County Range	Infant Mortality <sup>3</sup>	U.S. Percent 2005	Healthy People 2010 Target
9.2		4.3 - 14.7	Infant Mortality	6.9	4.5
nrf <sup>5</sup>		0.0 - 13.7	White non Hispanic Infant Mortality	5.8	4.5
nrf <sup>5</sup>		0.0 - 7.0	Black non Hispanic Infant Mortality	13.6	4.5
nrf <sup>5</sup>		0.0 - 22.2	Hispanic Infant Mortality	5.6	4.5
7.3		2.0 - 8.0	Neonatal Infant Mortality	4.5	2.9
1.8		0.0 - 7.2	Post-Neonatal Infant Mortality	2.3	1.2
County Percent		Peer County Range	Death Measures <sup>4</sup>	U.S. Percent 2005	Healthy People 2010 Target
73.2		21.2 - 68.4	Breast Cancer (Female)	24.1	21.3
35.9		7.7 - 48.8	Colon Cancer	17.5	13.7
298.1		182.7 - 365.0	Coronary Heart Disease	154.0	162.0
nrf <sup>5</sup>		0.0 - 24.1	Homicide	6.1	2.8
53.2		51.4 - 126.2	Lung Cancer	52.6	43.3
49.6		34.1 - 135.2	Motor Vehicle Injuries	14.6	8.0
83.2		56.7 - 125.2	Stroke	47.0	50.0
nrf <sup>5</sup>		10.5 - 54.5	Suicide	10.9	4.8
67.0		28.0 - 93.5	Unintentional Injury	39.1	17.1

The total number of births during this time period was 971 and the total number of deaths was 900.

SOURCE: U.S. Department of Health and Human Services, Community Health Status Indicators ([www.communityhealth.hhs.gov/](http://www.communityhealth.hhs.gov/) [February 2012]).

Indicates a status favorable to peers.

Indicates a status less than favorable.

<sup>1</sup>NCHS. Vital Statistics Reporting System, 1996-2005.

<sup>2</sup>Include 37 states, New York City and DC (see the Data Sources, Definitions, and Notes for details).

<sup>3</sup>Infant mortality: deaths per 1000 live births (Neonatal: <28 days; post-neonatal: day 28 to under 1 year).

<sup>4</sup>Rates are age-adjusted to the year 2000 standard; per 100,000 population.

<sup>5</sup>nrf - No report, fewer than 500 births and 5 events (birth measures and infant mortality) or fewer than 10 events (death measures) occurred during the specified time period.

**Table 6**  
**Nativity Characteristics**  
**for Guadalupe County and the State of New Mexico**

	Guadalupe County			State of New Mexico		
	2007	2008	2009	2007	2008	2009
	No.	No.	No.	No.	No.	No.
Crude Birth Rate	8.3	10.8	7.5	14.9	14.5	13.8
Percent of All Births	0.1	0.2	0.1	100.0	100.0	100.0
Fertility Rate	46.0	59.7	41.5	71.8	69.9	66.3
Total Male Births	21	34	20	15,719	15,337	14,710
Total Female births	19	18	16	14,886	14,819	14,163
Sex Ratio Male to Female	1.11	1.89	1.25	1.06	1.03	1.04
Total Live Births	40	52	36	30,605	30,156	28,873

SOURCE: New Mexico Selected Health Statistics Annual Report, New Mexico Department of Health ([www.vitalrecordsnm.org](http://www.vitalrecordsnm.org) [February 2012]).

**Table 7**  
**Births by Race**  
**for Guadalupe County and the State of New Mexico**

	Guadalupe County						State of New Mexico					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
White	5	12.5%	4	7.7%	2	5.6%	8,841	28.9%	8,630	28.6%	8,186	28.4%
Black	0	0.0%	0	0.0%	0	0.0%	640	2.1%	598	2.0%	616	2.1%
Hispanic	32	80.0%	47	90.4%	34	94.4%	16,616	54.3%	16,165	53.6%	15,328	53.1%
Other <sup>1</sup>	3	7.5%	1	1.9%	0	0.0%	4,431	14.5%	4,570	15.2%	4,558	15.8%
Unknown / Not reported	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>77</u>	<u>0.3%</u>	<u>193</u>	<u>0.6%</u>	<u>185</u>	<u>0.6%</u>
Total Births	<u>40</u>	<u>100.0%</u>	<u>52</u>	<u>100.0%</u>	<u>36</u>	<u>100.0%</u>	<u>30,605</u>	<u>100.0%</u>	<u>30,156</u>	<u>100.0%</u>	<u>28,873</u>	<u>100.0%</u>

SOURCE: New Mexico Selected Health Statistics Annual Report, New Mexico Department of Health (www.vitalrecordsnm.org [February 2012]).

<sup>1</sup> Other equals American Indian, Alaska Native, Asian, and Pacific Islander.

**Table 8**  
**Birth's by Mother's Age**  
**for Guadalupe County and the State of New Mexico**

Age Groups	Guadalupe County						State of New Mexico					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
10-17	3	7.5%	3	5.8%	2	5.6%	1,677	5.5%	1,660	5.5%	1,531	5.3%
18-19	7	17.5%	6	11.5%	2	5.6%	3,116	10.2%	2,940	9.7%	2,930	10.1%
20-29	24	60.0%	32	61.5%	22	61.1%	17,488	57.1%	17,368	57.6%	16,580	57.4%
30-39	5	12.5%	9	17.3%	10	27.8%	7,729	25.3%	7,539	25.0%	7,231	25.0%
40-49	1	2.5%	2	3.8%	0	0.0%	583	1.9%	641	2.1%	597	2.1%
50+	0	0.0%	0	0.0%	0	0.0%	5	0.0%	4	0.0%	1	0.0%
Unknown/Not Reported	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>7</u>	<u>0.0%</u>	<u>4</u>	<u>0.0%</u>	<u>3</u>	<u>0.0%</u>
Total Births	<u>40</u>	<u>100.0%</u>	<u>52</u>	<u>100.0%</u>	<u>36</u>	<u>100.0%</u>	<u>30,605</u>	<u>100.0%</u>	<u>30,156</u>	<u>100.0%</u>	<u>28,873</u>	<u>100.0%</u>

SOURCE: New Mexico Selected Health Statistics Annual Report, New Mexico Department of Health (www.vitalrecordsnm.org [February 2012]).

**Table 9**  
**Births by Birthweight (Grams)**  
**for Guadalupe County and the State of New Mexico**

	Guadalupe County						State of New Mexico					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Less than 1500	2	5.0%	0	0.0%	0	0.0%	409	1.3%	330	1.1%	354	1.2%
1500 to 2499	NA	NA	8	15.4%	3	8.3%	2,263	7.4%	2,216	7.3%	2,041	7.1%
2500-3999	NA	NA	41	78.8%	30	83.3%	26,369	86.2%	25,964	86.1%	24,919	86.3%
4000+	NA	NA	3	5.8%	3	8.3%	1,469	4.8%	1,593	5.3%	1,529	5.3%
Unknown	<u>NA</u>	NA	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>95</u>	<u>0.3%</u>	<u>53</u>	<u>0.2%</u>	<u>30</u>	<u>0.1%</u>
Total Births	<u>40</u>	<u>NA</u>	<u>52</u>	<u>100.0%</u>	<u>36</u>	<u>100.0%</u>	<u>30,605</u>	<u>100.0%</u>	<u>30,156</u>	<u>100.0%</u>	<u>28,873</u>	<u>100.0%</u>

SOURCE: New Mexico Selected Health Statistics Annual Report, New Mexico Department of Health (www.vitalrecordsnm.org [February 2012]).

**Table 10**  
**Number of Births by Level of Prenatal Care**  
**for Guadalupe County and the State of New Mexico**

	Guadalupe County						State of New Mexico					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No Prenatal Care	0	0.0%	1	1.9%	0	0.0%	665	2.2%	794	2.6%	665	2.3%
Low	4	10.0%	4	7.7%	1	2.8%	2,721	8.9%	2,705	9.0%	2,658	9.2%
Moderate	18	45.0%	21	40.4%	9	25.0%	7,481	24.4%	7,393	24.5%	7,844	27.2%
High	16	40.0%	20	38.5%	24	66.7%	18,112	59.2%	11,581	38.4%	13,756	47.6%
Unknown	<u>2</u>	<u>5.0%</u>	<u>6</u>	<u>11.5%</u>	<u>2</u>	<u>5.6%</u>	<u>1,626</u>	<u>5.3%</u>	<u>7,683</u>	<u>25.5%</u>	<u>3,950</u>	<u>13.7%</u>
Total Births	<u>40</u>	<u>100.0%</u>	<u>52</u>	<u>100.0%</u>	<u>36</u>	<u>100.0%</u>	<u>30,605</u>	<u>100.0%</u>	<u>30,156</u>	<u>100.0%</u>	<u>28,873</u>	<u>100.0%</u>

SOURCE: New Mexico Selected Health Statistics Annual Report, New Mexico Department of Health (www.vitalrecordsnm.org [February 2012]).

**Table 11**  
**Number of Births by Trimester Prenatal Care Begun**  
**for Guadalupe County and the State of New Mexico**

	Guadalupe County						State of New Mexico					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No Prenatal Care	0	0.0%	1	1.9%	0	0.0%	809	2.6%	794	2.6%	665	2.3%
1-3 Months (First Trimester)	28	70.0%	32	61.5%	28	77.8%	22,354	73.0%	14,040	46.6%	16,626	57.6%
4-6 Months (First Trimester)	9	22.5%	11	21.2%	5	13.9%	5,119	16.7%	6,136	20.3%	6,274	21.7%
7-9 Months (First Trimester)	1	2.5%	2	3.8%	1	2.8%	1,379	4.5%	1,674	5.6%	1,667	5.8%
Unknown or Not Reported	<u>2</u>	<u>5.0%</u>	<u>6</u>	<u>11.5%</u>	<u>2</u>	<u>5.6%</u>	<u>944</u>	<u>3.1%</u>	<u>7,512</u>	<u>24.9%</u>	<u>3,641</u>	<u>12.6%</u>
<b>Total Births</b>	<b><u>40</u></b>	<b><u>100.0%</u></b>	<b><u>52</u></b>	<b><u>100.0%</u></b>	<b><u>36</u></b>	<b><u>100.0%</u></b>	<b><u>30,605</u></b>	<b><u>100.0%</u></b>	<b><u>30,156</u></b>	<b><u>100.0%</u></b>	<b><u>28,873</u></b>	<b><u>100.0%</u></b>

SOURCE: New Mexico Selected Health Statistics Annual Report, New Mexico Department of Health (www.vitalrecordsnm.org [February 2012]).



**Table 12**  
**Number of Births with Low or No Prenatal Care by Mother's Race**  
**for Guadalupe County and the State of New Mexico**

	Guadalupe County						State of New Mexico					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
White	0	0.0%	0	0.0%	0	0.0%	659	19.5%	704	20.1%	639	19.2%
Black	0	0.0%	0	0.0%	0	0.0%	76	2.2%	73	2.1%	81	2.4%
Hispanic	4	100.0%	4	80.0%	1	100.0%	1,904	56.2%	1,936	55.3%	1,847	55.6%
Other <sup>1</sup>	0	0.0%	1	20.0%	0	0.0%	722	21.3%	752	21.5%	737	22.2%
Unknown / Not Reported	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>25</u>	<u>0.7%</u>	<u>34</u>	<u>1.0%</u>	<u>19</u>	<u>0.6%</u>
Total With Low or No Prenatal Care	<u>4</u>	<u>100.0%</u>	<u>5</u>	<u>100.0%</u>	<u>1</u>	<u>100.0%</u>	<u>3,386</u>	<u>100.0%</u>	<u>3,499</u>	<u>100.0%</u>	<u>3,323</u>	<u>100.0%</u>
Percent of Total Births	<u>10.0%</u>		<u>9.6%</u>		<u>2.8%</u>		<u>11.1%</u>		<u>11.6%</u>		<u>11.5%</u>	

SOURCE: New Mexico Selected Health Statistics Annual Report, New Mexico Department of Health (www.vitalrecordsnm.org [February 2012]).

<sup>1</sup>Other equals American Indian, Alaska Native, Asian, and Pacific Islander.

**Table 13**  
**No Prenatal Care by Mother's Age**  
**for Guadalupe County and the State of New Mexico**

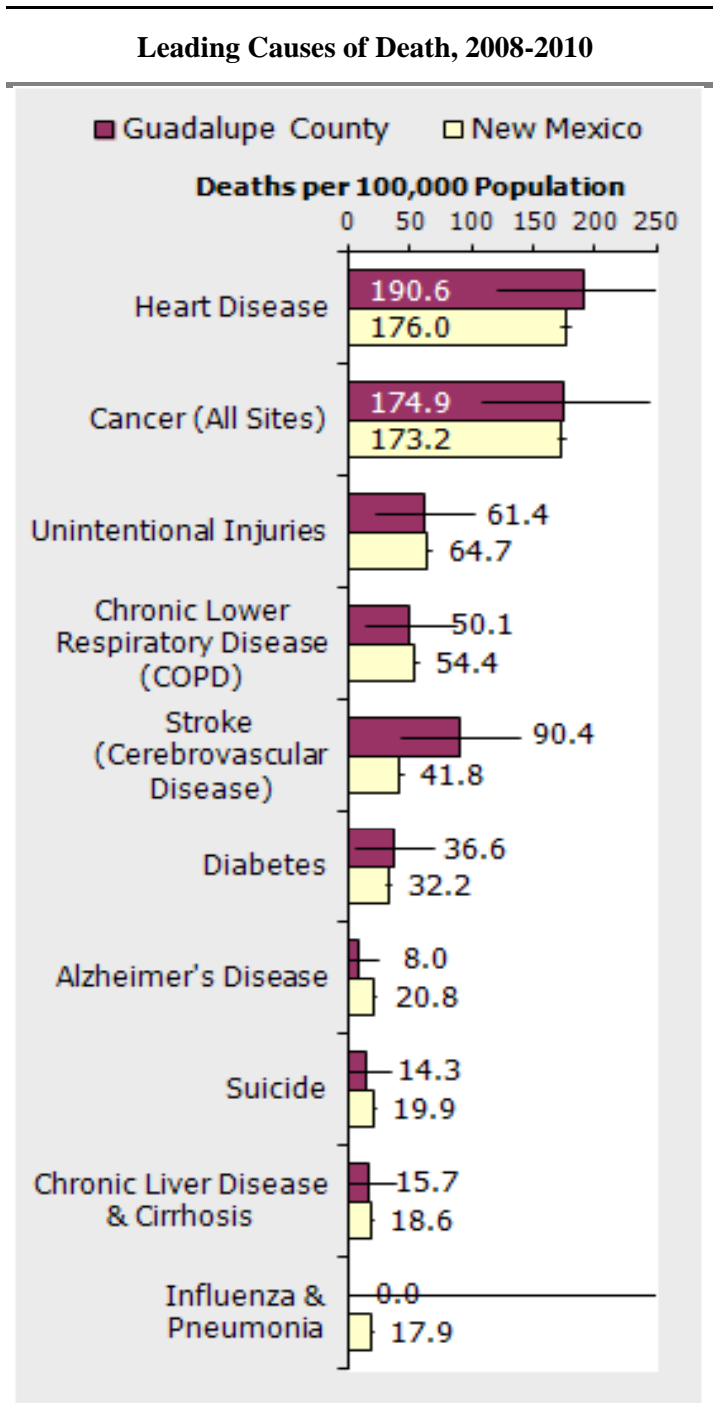
Age Groups	Guadalupe County						State of New Mexico					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
10-17	0	0.0%	1	20.0%	0	0.0%	290	8.6%	283	8.1%	262	7.9%
18-19	1	25.0%	0	0.0%	0	0.0%	419	12.4%	459	13.1%	454	13.7%
20-29	3	75.0%	1	20.0%	1	100.0%	1,923	56.8%	2,005	57.3%	1,844	55.5%
30-39	0	0.0%	3	60.0%	0	0.0%	691	20.4%	675	19.3%	688	20.7%
40-49	0	0.0%	0	0.0%	0	0.0%	63	1.9%	76	2.2%	75	2.3%
Unknown Age	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>
Total Low or No Prenatal Care	<u>4</u>	<u>100.0%</u>	<u>5</u>	<u>100.0%</u>	<u>1</u>	<u>100.0%</u>	<u>3,386</u>	<u>100.0%</u>	<u>3,499</u>	<u>100.0%</u>	<u>3,323</u>	<u>100.0%</u>
% of Total Births	10.0%		9.6%		2.8%		11.1%		11.6%		11.5%	

SOURCE: New Mexico Selected Health Statistics Annual Report, New Mexico Department of Health (www.vitalrecordsnm.org [February 2012]).

**Table 14**  
**Guadalupe County and State of New Mexico Census Statistics**  
**including Births and Deaths (2010) and Leading Causes of Death, 2008-2010**

	<b>Guadalupe County</b>	<b>New Mexico</b>
County Seat	Santa Rosa	
Population (July 1, 2010)	4,687	2,060,971
% New Mexico	0.20%	100%
Land Area (Square miles)	3,030.50	121,298
Persons per Sq. Mile (2010)	1.5	17
Births (2010)	46	27,795
Deaths (2010)	39	15,866
Households (2005- 2009)	1,416	736,630

SOURCE: U. S. Census Bureau  
(www.census.gov)



Source: New Mexico Death Certificate Database, Office of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved from New Mexico Department of Health, NM-IBIS website, <http://ibis.health.state.nm.us>, on 12/27/2011.

**Table 15**  
**Number of Deaths by Age**  
**for Guadalupe County and the State of New Mexico**

Age Groups	Guadalupe County						State of New Mexico					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	Rate	No.	%	No.	%
Less than 1	0	0.0%	0	0.0%	0	0.0%	188	1.2%	154	1.0%	145	1.0%
1-14	0	0.0%	0	0.0%	0	0.0%	89	0.6%	90	0.6%	80	0.5%
15-24	3	6.8%	1	2.4%	0	0.0%	323	2.1%	302	2.0%	313	2.4%
25-44	1	2.3%	3	7.3%	1	2.3%	1,062	6.9%	1,118	7.3%	1,059	4.4%
45-54	3	6.8%	3	7.3%	4	9.1%	1,357	8.8%	1,305	8.5%	1,342	8.9%
55-64	8	18.2%	5	12.2%	8	18.2%	1,934	12.6%	1,884	12.2%	2,008	13.4%
65-74	4	9.1%	6	14.6%	9	20.5%	2,521	16.4%	2,515	16.3%	2,519	16.8%
75-84	12	27.3%	13	31.7%	10	22.7%	3,976	25.8%	3,785	24.6%	3,811	25.4%
85+	13	29.5%	10	24.4%	12	27.3%	3,948	25.6%	4,244	27.6%	4,113	27.4%
Unknown	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.0%</u>	<u>3</u>	<u>0.0%</u>	<u>2</u>	<u>0.0%</u>
All Ages	<u>44</u>	<u>100.0%</u>	<u>41</u>	<u>100.0%</u>	<u>44</u>	<u>100.0%</u>	<u>15,400</u>	<u>100.0%</u>	<u>15,400</u>	<u>100.0%</u>	<u>15,392</u>	<u>100.2%</u>

SOURCE: New Mexico Selected Health Statistics Annual Report, New Mexico Department of Health (www.vitalrecordsnm.org [February 2012]).

<sup>1</sup> 85+ Also Contains Unknown and Not Reported

**Table 16**  
**Health Characteristics From Community Health Highlights**  
**for Guadalupe County and the State of New Mexico**

Health Characteristic	Guadalupe County	New Mexico	Comparison to State
Youth Smoking Prevalence (2009)	19.9	24	Watch
Adolescent Physical Activity (2007)	50.8	43.6	Watch
% of Adolescents who ate 5+ Servings of Fruits and Veggies Daily (2003-2009)	19.6	20.9	Improvement Needed
Youth (Grades 9-12) with Caring and Supportive Relationship in the Family (2009)	72.7	54.1	Excellent
Alcohol-Related Deaths per 100,000 Population (2007-2009)	101.8	52.9	Improvement Needed
Alcohol-Related Chronic Disease Deaths per 100,000 Population (2007-2009)	69.5	23.9	Improvement Needed
Alcohol Related Injury Death Rates per 100,000 Population (2007-2009)	32.2	29.0	Improvement Needed
Drug-Induced Deaths per 100,000 Population (2007-2009)	27.1	22.8	Improvement Needed
Health Insurance Coverage; % Uninsured, Under 65 Years (2009)	30.6	22.9	Reason for Concern
Medicaid Enrollment; Avg Monthly % of Population (2010)	26.9	23.4	NA
Primary Care Providers; Ratio of Population to Providers (2008)	1440	832	NA
Prenatal Care in First Trimester (2008-2009)	68.2	52.0	Excellent
% of Live Born Infants with Low Birthweight (2008-2010)	12.7	8.5	Improvement Needed
Teen Birth Rate; Births per 1000 Girls Age 15-17 (2007-2009)	21.3	31.6	Watch
Chlamydia Cases per 100,000 Population (2010)	666.7	557.9	NA
Diseases of the Heart Death Rate per 100,000 population (2007-2009)	384.4	203.8	Reason for Concern
Stroke Death Rate per 100,000 population (2005-2009)	73	38.2	Improvement Needed
Diabetes Deaths per 100,000 population (2008-2010)	32.5	32.5	Watch
Adolescent Obesity (BMI ≥ 95th percentile) (2001-2009)	18.7	13.5	Reason for Concern
Female Breast Cancer Deaths per 100,000 population (2001-2005)	62	22.1	Improvement Needed
Influenza and Pneumonia Deaths per 100,000 Population (2006-2009)	10.8	20.6	Watch
Unintentional Injury Death Rates per 100,000 population (2003-2007)	88.6	62.3	Improvement Needed
Motor Vehicle Traffic Crash Deaths per 100,000 population (2005-2009)	31	18.3	Improvement Needed
Suicide Death Rates per 100,000 population (2007-2009)	12.9	18.6	Watch
Ratio of Total Substantiated Child Abuse Allegations per 1000 child population (2010)	39.4	18.5	Improvement Needed
% of Youth Who Felt Sad or Hopeless Almost Every day (2001-2009)	28.9	29.7	Watch
Life Expectancy from Age 65 in avg. number of years (2005-2009)	17.89	18.7	NA
Children (Under Age 18) Living in Poverty (2009)	32	28.8	Improvement Needed
High School Graduation Rate (2010)	84.7	67.3	Excellent

SOURCE: New Mexico Department of Health Indicator-Based Information System (NM-IBIS) (<http://ibis.health.state.nm.us/community/highlight/Selection.html> [March 2012]).

# **Appendix O**

## **Example of Summary Community Input Report (Health Survey Results)**

## INSTRUCTIONS FOR COMMUNITY HEALTH SURVEY QUESTIONNAIRE

An example is provided. Several files are included in the printed copy:

- 1 EX Survey Form
- 2 EX GENERIC Survey Form
- 3 EX Survey INSTRUCTIONS
- 4 EX Survey Results FINAL

Also available on the website ([www.okruralhealthworks.org](http://www.okruralhealthworks.org)):

- EX Survey Form in Excel
- EX GENERIC Survey Form in Excel
- EX Survey Results in Excel
- EX Health Survey Results COVER in Word

The first attachment is an example of a community survey questionnaire. Next, a GENERIC Survey Form is included. This Generic survey form includes the basic questions that are typically asked on all surveys. The local hospital and/or steering committee may choose to add questions to this GENERIC survey form. The community example survey questionnaire may have some additional questions added that are relevant to their community.

The GENERIC survey form is where your hospital should begin and then decide if additional questions are needed. Modifications should be made to the GENERIC survey form; i.e., to add any survey questions specific to your hospital.

The final survey form should be ready for the first meeting of the community advisory committee. Each member of the community advisory committee will be asked to complete the form at the meeting. As the community advisory committee members leave the meeting, they will be handed five or six blank survey forms to take with them to have completed by the constituents that they represent and/or other community members. The “Health Survey INSTRUCTIONS” should be revised for your hospital and also given to each community advisory committee member, along with the five or six blank survey forms.

The INSTRUCTIONS are very basic. There should be included a deadline for the return of the completed survey questionnaires (typically the second meeting of the community advisory committee) and a contact person with address and phone number and/or fax who will receive the completed survey questionnaires.

***NOTE:*** *The community facilitator should encourage the community participants to have the survey forms completed prior to the second committee meeting. The cost of employing a private firm to conduct phone surveys is very costly and the community can assist in keeping the costs of the Community Health Needs Assessment to a minimum. These cost savings can be better used in developing programs and activities in meeting the community’s health needs.*

The contact person designated in the INSTRUCTIONS should be available to the community participants and should communicate with them to encourage the timely return of completed survey forms. The simplest way to obtain the completed survey forms is to have the members return them at the second committee meeting.

Once all the surveys have been returned, the steering committee should have an individual (or individuals) proficient in Excel ready to analyze and summarize the survey results. Attached is an Excel spreadsheet, "Survey Results in Excel," that can be modified and utilized for the survey results. This spreadsheet is based on an Example Community Survey Questionnaire and should be modified to fit your hospital's survey form.

In the Excel Spreadsheet, the first worksheet is where the survey results will be input. Across the top of the spreadsheet are the questions and possible responses. Down the left side are the survey numbers. As the surveys are received, they should be numbered and then input by survey number. Each row represents the results for one survey form.

***The key to analyzing the survey is to be sure to include ONLY RESPONSES that are RELEVANT and CONSISTENT.*** For instance, if the first question of the survey receives a "No" response, then there should be no additional responses included until Question #7. The person entering the survey results will have to make a judgment call as to whether the Q1 response is consistent with the responses to Questions 2 through 6. There are several instances in the survey that these judgments will need to be made.

***NOTE:*** *In the survey responses worksheet, blanks are included in the questions that should not be responded to based on the response of "No" for Q1. If Q1 receives a "No" response, then Questions 2 thru 6 should be blank. This can be very confusing but consistency is what is needed to produce the summary results.*

The first worksheet includes the survey responses. The second worksheet then tallies the survey results. If the first worksheet is modified, then the second worksheet will also need to be modified to include all the revisions. Assistance for the modifications can be received from the National Center.

The second worksheet is designed to summarize the responses from the first worksheet. Once all the survey responses have been entered and the second worksheet has been modified to include all modifications, then the survey results should be reviewed for consistency.

Again, consistency is important in validating the survey responses. For example, if Q1 has 78 respondents indicating they used the services of a hospital in the past 24 months; then Q2 should have 78 responses at a minimum. Since respondents may answer more than once, there can be more than the 78 responses but there has to be at least 78 responses.

The third question also has to be consistent with the responses in Q2. If Q2 shows that 78 respondents went to your Hospital; then all other responses (hospitals other than your



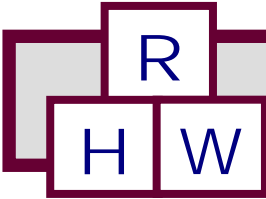
hospital) to Q2 will respond to Q3. Let's say that the total responses for Q2 were 102 and 78 of those went to your hospitals. Then, the difference of 24 went to hospitals other than your hospital. Therefore, the responses to Q3 should be at least 24. Again, there can be more than the 24 responses since respondents may answer more than once but there should be at a minimum 24 responses.

Once all the survey questions have been checked and re-checked for consistency, then a COPY of the survey results worksheet are made in the same spreadsheet and PASTE it to reflect "VALUES." This new worksheet becomes the final survey results and all the blanks and zero responses are removed and the responses can be re-ordered to show the results by the largest to the smallest number of responses. This ordering can be done to fit the steering committee's needs.

An example of the survey results COVER in Word is given and the final results have been pulled together in an Adobe Acrobat file entitled, "EX Survey Results FINAL." The Adobe Acrobat is not necessary. The results can be printed from the final survey results in Excel and the survey results cover in Word.

The National Center has found this spreadsheet the simplest way to analyze the survey responses and summarize the results. Assistance is available at any time to modify or assist in utilizing the survey results spreadsheet.

Be sure to call the National Center for Rural Health Works with any questions or for any assistance.



Community Health Needs Assessment  
National Center for Rural Health Works

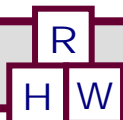
## Health Survey Results for Guadalupe County Hospital



Prepared and Facilitated by:

**National Center for Rural Health Works**  
Oklahoma State University

April 2012



For additional information on the Hospital Community Health Needs Assessment Template, contact National Center for Rural Health Works at 405-744-6083 or email [gad@okstate.edu](mailto:gad@okstate.edu).

## SURVEY RESULTS

### Guadalupe County Hospital, New Mexico

1 Have you or someone in your household used the services of a hospital in the past 24 months?

Response Category	No.	%
Yes	77	81.0%
No	18	19.0%
Totals	95	100.0%

2 At which hospitals/cities were services received?

Response Category	No.	%
Guadalupe County Hospital	72	75.8%
Albuquerque Hospitals	13	13.7%
Las Vegas Hospitals	4	4.2%
Clovis Hospitals	2	2.1%
Santa Fe Hospitals	1	1.1%
Portalis Hospitals	1	1.1%
El Paso Hospitals	1	1.1%
Tucumcari Hospitals	1	1.1%
Totals	95	100.2%

Some respondents received services at more than one hospital.

3 You responded that you or someone in your household received care at a hospital other than Guadalupe County Hospital. Why did you or your family member choose that/those hospital(s)?

Response Category	No.	%
Availability of specialty care	10	35.7%
Physician referral	9	32.1%
Quality of care/lack of confidence	3	10.7%
Closer, more convenient location	3	10.7%
Emergency care	1	3.6%
On vacation	1	3.6%
Son attends school there	1	3.6%
Totals	28	100.0%

Some respondents provided more than one answer.

4 What hospital service(s) were used at Guadalupe County Hospital?

Response Category	No.	%
Laboratory	48	28.6%
Physician services	38	22.6%
All radiological imaging	36	21.4%
Emergency services	27	16.1%
Other outpatient services	9	5.4%
Inpatient services	8	4.8%
No response	2	1.2%
Total	168	100.0%

Many respondents indicated multiple categories of hospital services.

5 How satisfied were you or someone in your household with the services you received at Guadalupe County Hospital? Would you say you were...

Response Category	No.	%
Satisfied	64	88.9%
Dissatisfied	6	8.3%
No response	2	2.8%
Total	72	100.0%

6a Why were you or someone in your household satisfied with the services received at Guadalupe County Hospital?

Response Category	No.	%
No Response	27	31.8%
Competent care; quality care; quality service	16	18.8%
Good staff care, personal staff care	13	15.3%
Quick response	13	15.3%
Knowledgeable doctors	8	9.4%
Convenient, close to home	5	5.9%
Just satisfied; need more services	1	1.2%
All questions answered	1	1.2%
Beautiful facility	1	1.2%
Total	85	100.0%

Some respondents provided more than one response.

6b Why were you or someone in your household dissatisfied with the services received at Guadalupe County Hospital?

Response Category	No.	%
No response	2	33.3%
Too long wait for doctor	2	33.3%
Used to getting bad service	1	16.7%
No followup by medical clinic nursing staff	1	16.7%
Total	6	100.0%

7 What type of specialist have you or someone in your household been to and in which city did you receive that care?

Response Category	No.	%
None	20	12.6%
<b>Orthopedics/Orthopedic surgery</b> (Albuquerque [18], Las Vegas [4], Amarillo [1], Clovis [1], Santa Fe [1], Taos [1])	26	16.4%
<b>OB-GYN</b> (Albuquerque [17], Las Vegas [3], Clovis [1], no city specified [1])	22	13.8%
<b>General surgery</b> (Albuquerque [13], Las Vegas [5], Amarillo [2], Cincinnati [1], El Paso [1])	22	13.8%
<b>Cardiology/Heart</b> (Albuquerque [14], Bernalillo [1], Clovis [1], Cincinnati [1], Las Vegas [1], No City Specified [1])	19	11.9%
<b>Urology</b> (Albuquerque [11], Las Vegas [2], Cincinnati [1], Taos [1], no city specified [1])	16	10.1%
<b>Oncology/Cancer Care</b> (Albuquerque [4], Santa Fe [1])	5	3.1%
<b>Optometry/Ophthalmology</b> (Albuquerque [1],	4	2.5%
<b>Gastrology/Gastroenterology</b> (Albuquerque [3])	3	1.9%
<b>Physical Therapy</b> (Las Vegas [1], Moriarty [1], no city specified [1])	3	1.9%
<b>Nephrology/Renal</b> (Albuquerque [1], Clovis [1], no city specified [1])	3	1.9%
<b>Rheumatology</b> (Albuquerque [3])	3	1.9%
<b>Chiropractor</b> (Albuquerque [1], no city specified [1])	2	1.3%
<b>Dermatology</b> (Albuquerque [2])	2	1.3%
<b>Endocrinology</b> (Albuquerque [2])	2	1.3%
<b>Vascular</b> (Albuquerque [2])	2	1.3%
<b>ENT</b> (Albuquerque [1])	1	0.6%
<b>Hematology</b> (Albuquerque [1])	1	0.6%
<b>Neurology</b> (Albuquerque [1])	1	0.6%
<b>Pediatric Pulmonology</b> (no city specified [1])	1	0.6%
<b>Podiatry</b> (Albuquerque [1])	1	0.6%
<b>Total</b>	<b>159</b>	<b>100.0%</b>

Some respondents provided more than one response.

8 Did the specialist request further testing, laboratory work and/or x-rays?

Response Category	No.	%
Yes	50	66.7%
No	17	22.7%
Don't know	6	8.0%
No response	2	2.7%
Total	75	100.0%

9 If yes, in which city were the tests or laboratory work performed?

Response Category	No.	%
Albuquerque	31	47.7%
Santa Rosa	13	20.0%
Las Vegas	8	12.3%
Clovis	3	4.6%
Santa Fe	1	1.5%
El Paso	1	1.5%
Amarillo	1	1.5%
Guadalupe	1	1.5%
Cincinnati	1	1.5%
No response	5	7.7%
Total	65	99.8%

Some respondents indicated more than one city.

10 Do you use a primary care (family) doctor for most of your routine health care?

Response Category	No.	%
Yes	87	91.6%
No	8	8.4%
Total	95	100.0%

11 If no, then what kind of medical provider do you use for routine care?

Response Category	No.	%
Public Health Office	5	55.6%
Specialist	3	33.3%
Whoever is on call or in office	1	11.1%
Total	9	100.0%

Some respondents provided more than one response.

12 Have you or someone else in our household been to a primary care (family) doctor in the Guadalupe County Hospital service area?

Response Category	No.	%
Yes	74	77.9%
No	18	18.9%
Don't know	3	3.2%
Total	95	100.0%



13 How satisfied were you or someone in your household with the quality of physician care received in the Guadalupe County Hospital service area? Would you say you were...

Response Category	No.	%
Satisfied	59	76.6%
Dissatisfied	4	5.2%
Both satisfied and dissatisfied	2	2.6%
No response	9	11.7%
Don't know	3	3.9%
Total	77	100.0%

14a Why were you or someone in your household satisfied with the quality of physician care received in Guadalupe County?

Response Category	No.	%
Quality care; quality services	8	21.6%
Professional, knowledgeable physicians	5	13.5%
Personal Care	4	10.8%
Services were provided	4	10.8%
Timely service	2	5.4%
Convenience	2	5.4%
Satisfied with specific physician	1	2.7%
No response	11	29.7%
Total	37	100.0%

Some respondents provided more than one response.

14b Why were you or someone in your household dissatisfied with the quality of physician care received in Guadalupe County?

Response Category	No.	%
Doctor/Staff was rushed	2	33.3%
No response	1	16.7%
No Followup by physician or nursing staff	1	16.7%
Don't assume viral; need to do bloodwork to see	1	16.7%
If can't provide care, should send you to someone who can	1	16.7%
Total	6	100.0%

15 Are you able to get an appointment with your primary care (family) doctor in the Guadalupe County Hospital service area when you need one?

Response Category	No.	%
Yes	83	87.4%
No	5	5.3%
Don't know	7	7.4%
Total	95	100.0%

16 Have you or someone in your household delayed health care due to lack of money and/or insurance?

Response Category	No.	%
Yes	24	25.3%
No	70	73.7%
No response	1	1.1%
Total	95	100.0%

17 What concerns you most about health care in the Guadalupe County Hospital service area?

Response Category	No.	%
<b>No response</b>	29	27.9%
<b>None</b>	13	12.5%
<b>Physician Concerns (22, 28.8%)</b>		
Lack of doctors/specialists	16	15.4%
Attracting/retaining physicians and staff	4	3.8%
Misdiagnoses	2	1.9%
Lack in thoroughness of care	2	1.9%
Too long of a wait to be seen	2	1.9%
Rushed	1	1.0%
Holdout on referrals	2	1.9%
Physician prejudice to patients	1	1.0%
<b>Hospital Concerns (18, 17.3%)</b>		
HIPPA violations/confidentiality	6	5.8%
Need for dialysis care	3	2.9%
Lack of professionalism	2	1.9%
Need for physical therapy care	2	1.9%
Pharmacy concerns: size/hours	2	1.9%
Low hospital visibility in community projects	1	1.0%
Shortage of ER nurses	1	1.0%
Training/Experience	1	1.0%
<b>General Concerns (14, 13.5%)</b>		
Transportation/ambulance transport services	5	4.8%
Dentistry hours	1	1.0%
Excessive cost of health care	3	2.9%
Childcare	1	1.0%
High birthrate for young unwed mothers	1	1.0%
Little/no insurance	1	1.0%
Need for intermediate and paramedics in EMS	1	1.0%
Obesity epidemic	1	1.0%
<b>Total</b>	<b>104</b>	<b>100.0%</b>

Some respondents provided more than one response.

18 What services would you like to see offered at Guadalupe County Hospital?

Response Category	No.	%
<b>No response</b>	22	14.2%
<b>Don't know</b>	1	0.6%
<b>None</b>	2	1.3%
<b>Physician Services (5, 3.2%)</b>		
More doctors/primary care	5	3.2%
<b>Specialty Services (106, 68.4%)</b>		
More Specialists	16	10.3%
Physical Therapy	22	14.2%
Optometry/Ophthalmology	22	14.2%
Chiropractor	10	6.5%
Dialysis	8	5.2%
Chiropractor	6	3.9%
OB/GYN	4	2.6%
Audiology	3	1.9%
Cancer Treatment	2	1.3%
Orthodontics	2	1.3%
Substance Abuse Treatment	2	1.3%
Weight Management/Nutrition Education	2	1.3%
Acupuncture	1	0.6%
Massage Therapy	1	0.6%
Mammograms	1	0.6%
MRIs	1	0.6%
Orthopedics	1	0.6%
Pain management	1	0.6%
General Wellness	1	0.6%
<b>Hospital Services (10, 6.5%)</b>		
Better service at hospital and pharmacy	2	1.3%
Better quality care	1	0.6%
Ambulance for transfesr to other facilities	1	0.6%
Billing issue resolution	1	0.6%
Insurance assistance (filing/claims)	1	0.6%
Labwork	1	0.6%
Less wait for appointments	1	0.6%
Longer pharmacy hours	1	0.6%
Security	1	0.6%

18 (CONTINUED) What services would you like to see offered at Guadalupe County Hospital?

Response Category	No.	%
<b>Other Services (9, 5.8%)</b>		
Assisted living	1	0.6%
Child services	1	0.6%
Home health	1	0.6%
Hospice	1	0.6%
More free screenings	1	0.6%
Nursing home	1	0.6%
Better training/salary for volunteer Fire/EMS	1	0.6%
Transportation	1	0.6%
VA services	1	0.6%
<b>Total</b>	<b>155</b>	<b>100.0%</b>

Many respondents provided more than one response.

# **Appendix P**

## **Example of Summary Community Health Needs**

**Community Needs and Suggested Implementation Strategies and Responsibilities**

<b>Community Need</b>	<b>Implementation Strategy</b>	<b>Responsible Org. or Person</b>
1. _____ _____ _____	_____ _____ _____	_____ _____ _____
2. _____ _____ _____	_____ _____ _____	_____ _____ _____
3. _____ _____ _____	_____ _____ _____	_____ _____ _____
4. _____ _____ _____	_____ _____ _____	_____ _____ _____
5. _____ _____ _____	_____ _____ _____	_____ _____ _____
6. _____ _____ _____	_____ _____ _____	_____ _____ _____
7. _____ _____ _____	_____ _____ _____	_____ _____ _____
8. _____ _____ _____	_____ _____ _____	_____ _____ _____
9. _____ _____ _____	_____ _____ _____	_____ _____ _____
10. _____ _____ _____	_____ _____ _____	_____ _____ _____

(Continued – Page 2)

**Community Needs and Suggested Implementation Strategies and Responsibilities**

Community Need	Implementation Strategy	Responsible Org. or Person
11. _____ _____ _____	_____ _____ _____	_____ _____ _____
12. _____ _____ _____	_____ _____ _____	_____ _____ _____
13. _____ _____ _____	_____ _____ _____	_____ _____ _____
14. _____ _____ _____	_____ _____ _____	_____ _____ _____
15. _____ _____ _____	_____ _____ _____	_____ _____ _____
16. _____ _____ _____	_____ _____ _____	_____ _____ _____
17. _____ _____ _____	_____ _____ _____	_____ _____ _____
18. _____ _____ _____	_____ _____ _____	_____ _____ _____
19. _____ _____ _____	_____ _____ _____	_____ _____ _____
20. _____ _____ _____	_____ _____ _____	_____ _____ _____



(Continued – Page 3)

**Community Needs and Suggested Implementation Strategies and Responsibilities**

Community Need	Implementation Strategy	Responsible Org. or Person
21. _____ _____ _____	_____ _____ _____	_____ _____ _____
22. _____ _____ _____	_____ _____ _____	_____ _____ _____
23. _____ _____ _____	_____ _____ _____	_____ _____ _____
24. _____ _____ _____	_____ _____ _____	_____ _____ _____
25. _____ _____ _____	_____ _____ _____	_____ _____ _____
26. _____ _____ _____	_____ _____ _____	_____ _____ _____
27. _____ _____ _____	_____ _____ _____	_____ _____ _____
28. _____ _____ _____	_____ _____ _____	_____ _____ _____
29. _____ _____ _____	_____ _____ _____	_____ _____ _____
30. _____ _____ _____	_____ _____ _____	_____ _____ _____

Labette Health Center

Parsons, KS

Community Needs Assessment Recommendations

March 25, 2011

- Cost of Health Care
  - Market the Community Clinic – Supported by Labette Health
  - Market availability of services and cost comparisons vs. larger communities
  - Education regarding affordable health screening tools
    - Review target of educational tools
    - Education regarding risk factors
    - Build on successful examples
  - Create a Culture of Health
  - Market quality of care vs. stereotyping of rural providers/facilities
  
- Smoking/tobacco use is seen as a significant health issue for the Labette Health Center community
  - Focus on education regarding the effects of tobacco use on health
  - Market Smoking Cessation classes
  
- Cardiovascular heart disease and stroke are seen as significant health problems for the Labette Health Center community
  - Focus education on the benefits of screening and early detection
  - Focus education efforts on behavioral changes proven to help
    - Smoking cessation programs
    - Healthy eating and weight reduction
    - Exercise programs
  
- Diabetes is seen as a significant health problem for the Labette Health Center community
  - Build on success of the Rector Center
  - Market services of the Rector Center
  
- Educational programs
  - Review who we are trying to educate and how we are trying to reach them
  - Focus on improving what we currently have:
    - Hospital newsletter
    - Hospital website
  - Focus on new methods of contacting citizens:
    - Look for more electronic methods of informing citizens
    - Look for more focused communication, i.e.: Facebook, Twitter, text messaging to reach local people

- Teen Pregnancy is seen as a significant issue in the community Labette Health Center serves.
  - Provide leadership to engage community factors to discuss and work on this issue including:
    - Faith Community
    - Parents groups
    - Community civic leadership
    - Social service agencies
  - Discuss parental responsibility and ways to enhance it

Note: This is not a problem that Labette Health Center can solve. This is a problem where Labette Health Center can provide leadership to engage various community groups to understand the problem and engage it as their own.

There was good discussion about the Labette Health Center community and the health problems facing them. The consensus of the group was that Labette Health Center was 'community conscious' regarding health issues facing the community. Labette Health Center has a unique opportunity to become more focused in their educational programs as it celebrates fifty years of service to the community. These efforts can become more successful by focusing on the community they are trying to reach and then reviewing different methods to reach them. This can include upgrading current efforts including newsletters and websites and employing other communication methods such as Twitter, Facebook, and e-news for example.

# **Appendix Q**

## **Example CHNA Reporting**

**Summary Report Outline**  
**Community Health Needs Assessment**

**Community Members Involved**

Need to include name, organization and contact information for:

Hospital Administrator

Steering Committee or Leadership Group

Facilitator

Community Advisory Committee Members

**Medical Service Area**

Describe by county or zip code areas

Include populations and projected populations of medical service area

Include demographics of population of medical service area

**Community Meetings #1, #2, and #3 (also any additional meetings)**

Date

Agenda

List reports presented with short summary of each

**Community Needs and Implementation Strategies**

Include community needs and implementation strategies with responsibilities from community group

**Hospital Final Implementation Plan**

Include which needs hospital can address and the implementation strategies

Include which needs hospital cannot address and reason(s) why

**Community Awareness of Assessment**

Describe methodology for making assessment widely available to the community

Have Community Advisory Committee Report available to public

Have Hospital Action Plan with each health need addressed available to public

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2010 calendar year, or tax year beginning** , 2010, **and ending** , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 City or town, state or country, and ZIP + 4

**D** Employer identification number  
**E** Telephone number  
**G** Gross receipts \$

**F** Name and address of principal officer:  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **M** State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: _____		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .		
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .		
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .		
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .		
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

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**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>1</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<b>2</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<b>3</b>	
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<b>6</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<b>7</b>	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<b>8</b>	
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<b>9</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<b>10</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<b>11a</b>	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<b>11b</b>	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<b>11c</b>	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<b>11d</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11e</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11f</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .</i>	<b>12a</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>	<b>12b</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<b>13</b>	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<b>14b</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<b>15</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<b>16</b>	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<b>17</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<b>18</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<b>19</b>	
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b>	
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<b>20b</b>	



**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

Table with 3 columns: Question, Yes, No. Rows 1a-9. Questions include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows 10a-16b. Questions include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 15c If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) .....										
(2) .....										
(3) .....										
(4) .....										
(5) .....										
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶						
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b>	-----						
	<b>b</b>	-----						
	<b>c</b>	-----						
	<b>d</b>	-----						
	<b>e</b>	-----						
	<b>f</b>	All other program service revenue .						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶							
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶						
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b>	Royalties . . . . . ▶						
	<b>6a</b>		(i) Real	(ii) Personal				
		<b>b</b>	Gross Rents . . . . .					
		<b>c</b>	Less: rental expenses					
	<b>d</b>	Rental income or (loss)						
	<b>e</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>		(i) Securities	(ii) Other				
		<b>b</b>	Gross amount from sales of assets other than inventory					
		<b>c</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>d</b>	Gain or (loss) . . . . .						
	<b>e</b>	Net gain or (loss) . . . . . ▶						
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>						
	<b>c</b>	Net income or (loss) from fundraising events . ▶						
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less: direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . ▶							
<b>10a</b>								
	<b>b</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>c</b>	Less: cost of goods sold . . . . . <b>b</b>						
<b>d</b>	Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b>	-----							
<b>b</b>	-----							
<b>c</b>	-----							
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶							
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶							

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .				
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .				
<b>10</b>	Payroll taxes . . . . .				
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .				
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .				
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .				
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .				
<b>23</b>	Insurance . . . . .				
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b>	-----				
<b>b</b>	-----				
<b>c</b>	-----				
<b>d</b>	-----				
<b>e</b>	-----				
<b>f</b>	All other expenses -----				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f				
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		<b>16</b>		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .		<b>33</b>	
<b>34</b> Total liabilities and net assets/fund balances . . . . .		<b>34</b>		



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>2c</b>		
<b>3a</b>		
<b>3b</b>		

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .		
<b>b</b> If "Yes," was it a written policy? . . . . .		
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: . . . . . <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____%		
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%		
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .		
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .		

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2) . . . . .						
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .						
<b>c</b> Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .						
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .						
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .						
<b>k Total.</b> Add lines 7d and 7j . . . . .						

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- 2 Enter the amount of the organization's bad debt expense (at cost) . . . . .
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy . . . . .
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

	Yes	No
1		
2		
3		
4		
5		
6		
7		
9a		
9b		

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

- 9a Did the organization have a written debt collection policy during the tax year? . . . . .
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
<b>1</b>									
<b>2</b>									
<b>3</b>									
<b>4</b>									
<b>5</b>									
<b>6</b>									
<b>7</b>									
<b>8</b>									
<b>9</b>									
<b>10</b>									
<b>11</b>									
<b>12</b>									
<b>13</b>									
<b>14</b>									
<b>15</b>									
<b>16</b>									

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: \_\_\_\_\_

Line Number of Hospital Facility (from Schedule H, Part V, Section A): \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)			
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):		
	<ul style="list-style-type: none"> <li><b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility</li> <li><b>b</b> <input type="checkbox"/> Demographics of the community</li> <li><b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community</li> <li><b>d</b> <input type="checkbox"/> How data was obtained</li> <li><b>e</b> <input type="checkbox"/> The health needs of the community</li> <li><b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</li> <li><b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs</li> <li><b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests</li> <li><b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs</li> <li><b>j</b> <input type="checkbox"/> Other (describe in Part VI)</li> </ul>		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20__ __		
<b>3</b>	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
	<ul style="list-style-type: none"> <li><b>a</b> <input type="checkbox"/> Hospital facility's website</li> <li><b>b</b> <input type="checkbox"/> Available upon request from the hospital facility</li> <li><b>c</b> <input type="checkbox"/> Other (describe in Part VI)</li> </ul>		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
	<ul style="list-style-type: none"> <li><b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community</li> <li><b>b</b> <input type="checkbox"/> Execution of the implementation strategy</li> <li><b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan</li> <li><b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan</li> <li><b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans</li> <li><b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment</li> <li><b>g</b> <input type="checkbox"/> Prioritization of health needs in its community</li> <li><b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community</li> <li><b>i</b> <input type="checkbox"/> Other (describe in Part VI)</li> </ul>		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>			
<b>8</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
<b>9</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for free care: __ __ __ %		

**Part V Facility Information** (continued)

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: __ __ __ %	<b>10</b>	
<b>11</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	<b>11</b>	
<b>a</b>	<input type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>12</b>	Explained the method for applying for financial assistance? . . . . .	<b>12</b>	
<b>13</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>13</b>	
<b>a</b>	<input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	<b>14</b>	
<b>15</b>	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>16</b>	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	<b>16</b>	
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other actions (describe in Part VI)		
<b>17</b>	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
<b>a</b>	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
<b>c</b>	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b>	<input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
<b>e</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** *(continued)*

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		
	If "No," indicate the reasons why (check all that apply):		
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Charges for Medical Care**

<b>19</b>	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
<b>a</b>	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . .		
	If "Yes," explain in Part VI.		
<b>21</b>	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? . . . . .		
	If "Yes," explain in Part VI.		

**Part V Facility Information** *(continued)*

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



**Part VI** Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

**Process:**

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

**Economic Impact:**

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

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

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

**Health Indicators/Health Outcomes:**

Data compiled by the State of New Mexico and various national databases<sup>1</sup> indicated the following information for discussion at the second community meeting

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

### **Economic and Demographic Data and Information:**

Economic and demographic data and information were compiled from a variety of data sources<sup>2</sup>:

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

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

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

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

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

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

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

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

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

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

**Conclusion:**

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