



Mt Graham Regional Medical Center Community Health Needs Assessment - 2016





Community Health Needs Assessment

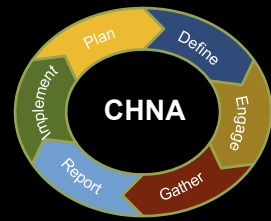


Between May 2016 and October 2016, a Community Health Needs Assessment (CHNA) was conducted by the Mt Graham Regional Medical Center (MGRMC) for the approximately 42,000 residents of Graham and Greenlee Counties (Residents of the San Carlos Indian Reservation were not included due to the Indian Health hospitals and clinics that service their population). MGRMC is located in Safford, AZ, which is the county seat for Graham county. Both Graham and Greenlee counties are located in the Southeastern corner of Arizona.

MGRMC operates a 49-bed hospital with full Emergency Department, Laboratory, Imaging, General and Orthopedic Surgery, Obstetrics and ICU services. MGRMC also provides a rural health clinic and sleep lab as well as oncology, cardiology and gastroenterology services.



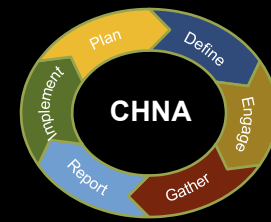
Conducting the Assessment



The information gathering phases of the assessment were handled by an in-house committee made up of Administration officials and department director level personnel from Mt Graham Regional Medical Center. MGMRC's Director of Marketing and Development presented a short survey to all local medical providers, community groups and employees of non-profit organizations that service the underserved in our communities. MGRMC also analyzed emergency visit data and reached out to county health department officials for input on what trends they were seeing locally with regard to community health. Following the information gathering process, MGRMC formed a committee to discuss and analyze the data as it pertained to the hospital and determine the leading healthcare concerns facing our valley.



Conducting the Assessment



To ensure input from persons with broad knowledge of the community, individuals representing the educational, civic and non-profit segments of our community as well as a broad representation from the diverse ethnicities in our community were invited to participate. Local health care providers and representatives from the county public health department were included to bring in additional professional perspective. Members of the underserved population were not represented directly. However, individuals who specifically serve these populations through government agencies, hospital clinics for the uninsured or underinsured, and non-profit organizations that solely exist to meet the needs of the underserved were invited and did participate so that the issues these individuals face would be addressed.



Conducting the Assessment

MGRMC CHNA Committee Participants

Individual	Position
Mark Marchetti	MGRMC CEO
Ryan Rapier	Director of Marketing and Development
Craig Smith	Counselor/Social Services
Deb Stuart	Director of Quality
Stacy Martin	Director of Emergency
Diane Hanson	Director of Outpatient Clinics



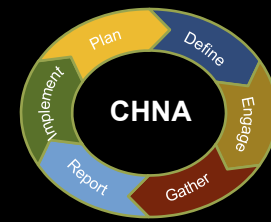
Conducting the Assessment



An initial meeting with the Mt Graham Regional Medical Center CHNA Advisory Committee was held and the first issue addressed by this committee was the applicable service area to be considered in determining the community served.



Defining the Community



Analyzing community origin of MGRMC's patients based on admissions from the past year, it was determined that more than 85% of those patients reside in either Graham or Greenlee county.

Based on this information, the service area was determined to be Graham County (not to include the San Carlos Indian Reservation due to the fact their healthcare needs are being met by hospitals and clinics provided by Indian Health Services) and Greenlee County for the purposes of the CHNA.



Defining the Service Area



MGRMC is a community-owned hospital and operates under the direction of a Graham County Hospital District Board. Greenlee County has no hospital and is considered part of the MGRMC service area. Those individuals living in Graham County on the San Carlos Indian Reservation are serviced by the Federal Indian Health program and receive their hospital services from the hospital located in San Carlos, AZ.

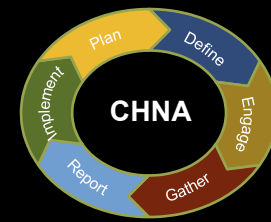


Community Description

Graham and Greenlee counties are predominantly rural areas dominated by agricultural and mining. The 2010 census estimates a population of 37,220 with an average population density of 8.1 residents per square mile in Graham County and a population of 8,437 with an average population density of 4.6 resident per square mile in Greenlee County. MGRMC provides the only inpatient hospital services in the two county service area. The service area population is estimated to have experienced a very slight increase in total population between 2010 and 2015 (1.2%).



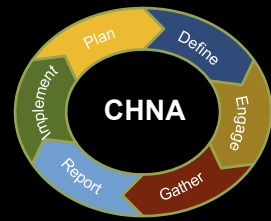
Community Description



Median household income in the service area is \$46,965 in Graham County and the median household income is \$50,818 for Greenlee County. Both counties are below the median income values for both the state of Arizona and the United States. Unemployment rates for the service area range from 7.3% (August, 2016), 6.4% (April, 2014), to 16.3% (August, 2009). The current rate is almost identical to Arizona's rate of 7.1% (August, 2016) and is above the most recent rate nationally of 4.9% (June, 2016).



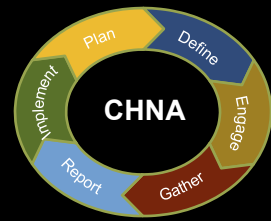
Conducting the Assessment



The MGRMC Community Health Needs Assessment Committee met and discussed multiple sources of input from the community including analysis of Emergency visits, clinic visits and input from the Graham County Health Department. A survey was then developed for the purpose of reaching out and gaining insight from a wide variety of demographics.



Conducting the Assessment



This survey was then taken to community meetings throughout the service area, distributed to all medical providers within the county, and presented at various civic organizations (Rotary, Lions' Club).

A total of 126 surveys were collected for a total sample size of .25% of the population.



Conducting the Assessment



The results of the survey were then communicated to the MGRMC Community Health Needs Assessment Committee.

Based on the health needs identified in the review of health data and the results of the survey, the MGRMC Community Health Needs Assessment Committee developed a list of 7 potential community needs related directly or indirectly to the hospital.

Potential Health Needs

1. Additional Specialties/Providers
2. Drug Addiction Rehab
3. Mental Health Services
4. Enhanced Nutrition/Diabetes Services
5. Affordable Imaging and Laboratory Solutions
6. Non-Emergency Medical Transportation
7. Additional Cancer Treatment Options

Conducting the Assessment



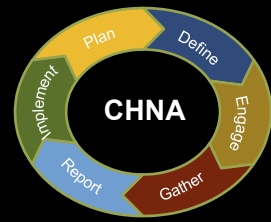
The MGRMC Community Health Needs Assessment Committee members agreed on a set of criteria to evaluate the list of potential needs identified through the fact finding process. The criteria included:

- a. Potential to Impact Community Health
- b. Cost to the Community
- c. Community Urgency

The Committee discussed each of the 7 identified health issues in terms of whether it truly was an issue, the potential health improvement impact, cost and urgency. Committee members then identified 5 of the issues they felt had the highest community priority. This process involved casual group discussion as committee members placed their priority votes on the items, allowing for individuals to make decisions with input from their fellow committee members.



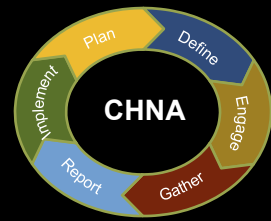
Conducting the Assessment



The prioritization process identified priority issues for the community, presented in rank order:

1. More Specialties/Providers
2. Drug/Mental Health Services
3. Enhanced Nutrition/Diabetes Services
4. Affordable Imaging and Laboratory Solutions
5. Non-Emergency Medical Transportation

Conducting the Assessment



During the discussion on health needs, the Committee identified other resources in the community that may be available to work in collaboration with MGRMC to address the needs identified including:

- Schools
- Churches/Non-Profits
- County Health Department



Community Health Needs Assessment



Next Steps

MGRMC is required to adopt an organization specific implementation strategy in response to the Community Health Needs Assessment report. In the coming months, this implementation strategy will be discussed and approved by the Board of Directors of MGRMC, and will be reviewed on an annual basis. The CHNA process and public report will be repeated every three years, as required by federal regulations.



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Community Health Needs Assessment



Community Contact Information for CHNA

Community members who would like to provide input on the next CHNA process, would like to comment on the needs identified or would like to review detailed community health statistics and data gathered and reviewed by the committee, are encouraged to contact MGRMC with their inquiries, suggestions or comments.

CHNA Contact for MGRMC:

Ryan Rapier, Director of Public Relations and Marketing

928-348-3748

ryanr@mtgraham.org



Community Health Needs Assessment



2016 CHNA Implementation



Implementation

- **More Specialties/Providers** – MGRMC is continuing its efforts to attract additional medical providers to the Gila Valley. In 2016, a Nurse Practitioner joined the Copper Mountain Clinic, a Gastroenterologist began part-time practice at the hospital, a new hospitalist was recruited in support of in-patient care, and a Physician's Assistant was recruited for the Emergency Department. A Certified Nurse Mid-Wife joined Rex OBGYN. Currently, MGMRC is recruiting for a Family Practitioner as a provider and Medical Director of the Copper Mountain Clinic, a hospitalist, and an ED physician. Options for additional physician coverage through telemedicine are being explored.

Implementation

- **Drug Rehabilitation Services** – MGRMC has provided financial support to the Graham County Substance Abuse Coalition in their efforts to combat opioid abuse and response in the Gila Valley. The hospital will also continue to be part of the ongoing community conversation with regard to this issue.

Implementation

- **Mental Health** – MGRMC is currently investigating the feasibility of instituting Tele-Psych into our Emergency department.

Implementation

- **Enhanced Nutrition and Diabetes Services–**
In early 2017, the hospital employed a Registered Dietician on a full-time basis to oversee nutrition and diabetes services, replacing a part-time contract dietician. The hospital continues to sponsor and support the Gila Valley Diabetes Coalition which exists to increase awareness of and response to diabetes.

Implementation

- **Non-Emergency Medical Transportation** – A community discussion regarding transportation is currently ongoing. MGRMC is committed to remaining an active participant in those conversations and solutions.

Implementation

- **Affordable Imaging and Laboratory Solutions** – Hospital pricing is reviewed on a regular basis relative to cost and market conditions. The hospital's prompt pay discount program and charity care program provide financial support.

Implementation

- **Expanded Cancer Treatment Options –** MGRMC will once again review the financial feasibility of offering expanded oncology services through our Cancer Center. It is the mission of MGRMC to offer as many health care solutions locally as possible while maintaining a secure financial position so that the future of the organization is not compromised.



Community Health Needs Assessment



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