HOLY CROSS HOSPITAL
TAOS, NEW MEXICO

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

ADOPTED BY BOARD RESOLUTION MAY 22, 2013[1]

[1] Response to Schedule H (Form 990) Part V B 2 and section 501(r)1

Holy Cross Hospital
Taos Health Systems

Dear Community Member:

In compliance with the Affordable Care Act, all not-for-profit hospitals are now required to develop a report on the medical and health needs of the communities they serve. At Holy Cross Hospital, we have spent 75 years providing high-quality, compassionate health care to the greater Taos community. We welcome you to review this document as part, not only of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

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

HCH will conduct this effort at least once every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

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

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

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

Thank You,

Peter Hofstetter

Chief Executive Officer

Holy Cross Hospital, Taos Health Systems, dba

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EXECUTIVE SUMMARY

Executive Summary

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

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

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

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

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

Project Objectives

HCH partnered with Quorum Health Resources (QHR) in order to[4]:

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

Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

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[2] Part 3 Treasury/IRS – 2011 – 52 Notice … Community Health Needs Assessment Requirements… and Draft regulations cited in footnote 3

[3] As of the date of this report Notice of proposed rulemaking was published 4/5/2013 and available at https://www.federalregister.gov/articles/2013/04/05/2013-07959/community-health-needs-assessments-for-charitable-hospitals

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and to adopt an implementation strategy to meet the community needs identified through such assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]
- This report was developed under the guidance of IRS/Treasury 2011-52 as modified by the Draft Federal Regulations published in the April 5, 2013 Federal Register.

[5] Section 6652

APPROACH

Approach

To complete a CHNA, the hospital must:

- Describe the processes and methods used to conduct the assessment.
  - Sources of data and dates retrieved
  - Analytical methods applied
  - Information gaps impacting ability to assess the needs
  - Identification of the people with whom the Hospital collaborated
- Describe how the hospital gained input from community representatives.
  - When and how the organization consulted with these individuals
  - Titles and organizations of these individuals
  - Any special knowledge or expertise in public health possessed by these individuals
- Describe the process and criteria used in prioritizing health needs.

Describe existing resources available to meet the community health needs.

Identify the programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

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

Most data used in the analysis is available from public Internet sources. Critical data needed to address specific regulations or developed by the individuals cooperating with us in this study is displayed in the report of the appendix. Data sources include:[7]

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Taos County compared to all New Mexico counties	February 15, 2013	2002 to 2010

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

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

Federal regulations surrounding CHNA have evolved to require local input from representatives of particular sectors. For this reason, Quorum has refined a process of gathering community input. In addition to gathering data from the above sources:

- We deployed a CHNA "Round 1" survey to our Local Expert Advisors to gain local input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations[8] and the Hospital's desire to represent the region's geographically and ethnically diverse population.
- We received community input from 17 Local Expert Advisors. Survey responses started Tuesday, February 19, 2013 at 3:58 p.m. and ended with the last response on Sunday, March 24, 2013 at 6:54 p.m.
- Information analysis augmented by local opinions showed how Taos County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (or people in certain situations) need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups[9].

When the analysis was complete, we put the information and summary conclusions before our local group of experts,[10] who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional comments of need, and new needs did emerge from this exchange.[11] Consultation with 32 local experts occurred again via an internet-based survey (explained below) during the period beginning Thursday, March 28, 2013 3:54 p.m. and ending Monday April 15, 2013 9:41 a.m.

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

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

[8] Response to Schedule H (Form 990) Part V B 1 h; complies with 501(r)(3)(B)(i)
[9] Response to Schedule H (Form 990) Part V B 1 f
[10] Part response to Schedule H (Form 990) Part V B 3
[11] Response to Schedule H (Form 990) Part V B 1 e

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

We dichotomized the rank order into two groups: high priority needs and low priority needs. The determination of the break point — high as opposed to low — was a qualitative interpretation by QHR and the HCH executive team where a reasonable break point in rank occurred, indicated by the weight amount of points each potential need received and the number of local experts allocating any points to the need. When presented to the HCH executive team, the dichotomized need rank order identified which needs the Hospital considered it had a high responsibility for a response versus having a low responsibility for a response. The result provided a matrix of needs and guided the Hospital in developing its implementation response[12].

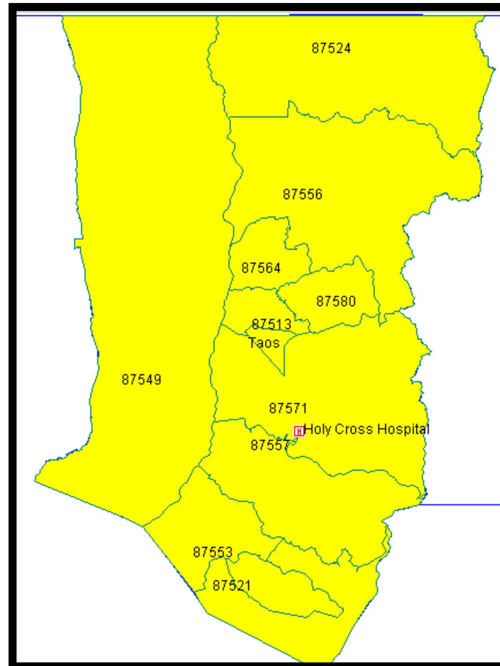
The proposed Affordable Care Act regulations state that in order to "assess" the health needs of the community it serves, a hospital facility must identify significant health needs of the community, prioritize those health needs, and identify potential measures and resources (such as programs, organizations, and facilities in the community) available to address the health needs[13]. The regulations clarify that a CHNA need only identify significant health needs and prioritize, and otherwise assess, those significant health needs identified. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves[14]. By definition, the high priority needs are then deemed "Significant" needs as defined by the regulations.

[12] Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g
[13] Draft regulations page 30
[14] Draft regulations page 32

FINDINGS

Findings

Definition of Area Served by the Hospital Facility[15]



HCH, in conjunction with QHR, defines its service area as Taos County in New Mexico, which includes the following ZIP codes[16]:

87512 – Amalia	87513 – Arroyo Hondo	87514 – Arroyo Seco
87517 – Carson	87519 – Cerro	87521 – Chamisal
87524 – Costilla	87525 – Taos Ski Valley	87529 – El Prado
87543 – Llano	87549 – Ojo Caliente	87553 – Peñasco
87558 – Red River	87556 – Questa	87557 – Ranchos de Taos
87564 – San Cristobal	87571 – Taos	87576 – Trampas
87577 – Tres Piedras	87579 – Vadito	87580 – Valdez

In 2011, the Hospital received 78.8% of its patients from this area.[17]

[15] Responds to IRS Form 990 (h) Part V B 1 a
[16] The map above amalgamates zip code areas and does not show all county zip codes represented below. The Hospital and health system also serves residents of Western Colfax and Northern Rio Arriba Counties. For ease of quantitative data representation, only Taos County data was used. However, experts from neighboring counties (and Taos and Picuris Pueblos) were consulted.
[17] Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a

Demographic of the Community[18]

The 2012 population for Taos County is estimated to be 33,623[19] and expected to increase at a rate of 4.1%. This is in contrast to the 3.9% national rate of growth and the New Mexico growth rate of 6.2%. Taos County in 2017 anticipates a population of 35,523.

According to the population estimates utilized by Truven, provided by The Nielsen Company, the 2012 median age for the county is 44.4 years, which is older than the New Mexico median age (35.5 years) and the national median age (36.8 years). The 2012 Median Household Income for the area is $34,821 which is lower than the New Mexico median income of $41,587 and the national median income of $49,559. Median Household Wealth value is about at the National but above the New Mexico values. The Median Home Values for the area are above New Mexico and national comparison values. Taos's unemployment rate as of December 2012 was 8.1%[20], which is slightly worse than the 7.8% New Mexico statewide and the considerably worse than the national civilian unemployment rate.

The portion of the population in the county over 65 is 19.5%, well above the New Mexico average of 16.9%. The portion of the population of women of childbearing age is 16.1%, considerably below the New Mexico average of 19.7% and national average of 20.1%. 36.7% of the population is White non-Hispanic, the largest minority. The Hispanic population comprises 55.4% of the total. According to the US Census 2007-2012, the Native American population comprises 5.8% of our total population.[21]

[18] Responds to IRS Form 990 (h) Part V B 1 b
[19] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner
[20] http://research.stlouisfed.org/fred2/series/NMTAOS5URN; http://research.stlouisfed.org/fred2/series/UNRATE
[21] The tables below were created by Truven Market Planner, a national marketing company. Native Americans are included in the category "All others."

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

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2000 Total Population	29,977	281,421,906
2012 Total Population	33,623	313,095,504
2017 Total Population	35,523	325,256,835
% Change 2012 - 2017	5.7%	3.9%
Average Household Income	$49,109	$67,315

	2012	2017	% Change
Total Male Population	16,552	17,478	5.6%
Total Female Population	17,071	18,045	5.7%
Females, Child Bearing Age (15-44)	5,420	5,451	0.6%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2012	% of Total	2017	% of Total	USA 2012 % of Total
0-14	5,798	17.2%	6,278	17.7%	20.2%
15-17	1,393	4.1%	1,225	3.4%	4.3%
18-24	2,537	7.5%	2,802	7.9%	9.7%
25-34	3,222	9.6%	3,628	10.2%	13.5%
35-54	9,399	28.0%	8,538	24.0%	28.1%
55-64	5,763	17.1%	6,468	18.2%	11.4%
65+	5,511	16.4%	6,584	18.5%	12.9%
Total	33,623	100.0%	35,523	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2012 Household Income	HH Count	% of Total	USA % of Total
<$15K	3,399	22.3%	13.0%
$15-25K	2,350	15.4%	10.8%
$25-50K	4,376	28.7%	26.7%
$50-75K	2,586	17.0%	19.5%
$75-100K	1,167	7.7%	11.9%
Over $100K	1,366	9.0%	18.2%
Total	15,244	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		
2012 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,151	4.8%	6.3%
Some High School	1,455	6.1%	8.6%
High School Degree	6,439	26.9%	28.7%
Some College/Assoc. Degree	7,985	33.4%	28.5%
Bachelor's Degree or Greater	6,865	28.7%	27.8%
Total	23,895	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2012 Pop	% of Total	USA % of Total
White Non-Hispanic	12,349	36.7%	62.8%
Black Non-Hispanic	106	0.3%	12.3%
Hispanic	18,643	55.4%	17.0%
Asian & Pacific Is. Non-Hispanic	225	0.7%	5.0%
All Others	2,300	6.8%	2.9%
Total	33,623	100.0%	100.0%

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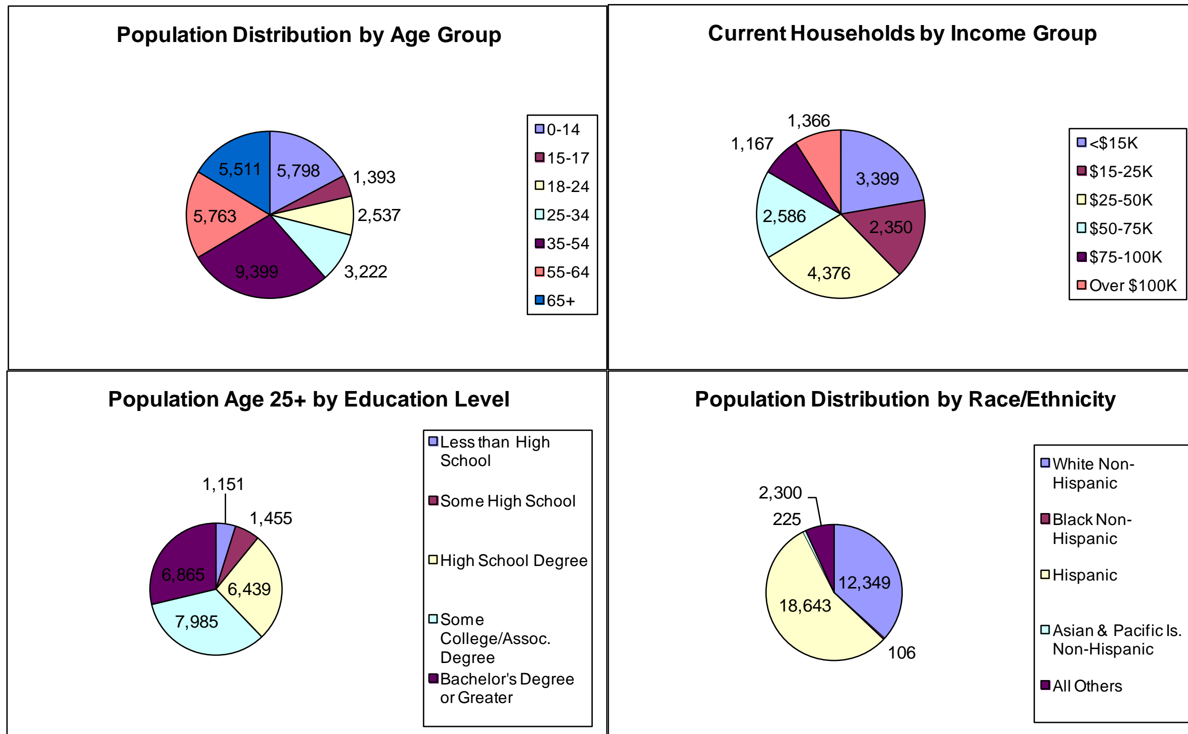

2012 Benchmarks
Area: Taos County
Level of Geography: ZIP Code

Area	2012-2017 % Population Change	Median Age	Population 65+ % of Total Population	Population 65+ % Change 2012-2017	Females 15-44 % of Total Population	Females 15-44 % Change 2012-2017	Median Household Income	Median Household Wealth	Median Home Value
USA	3.9%	36.8	12.9%	15.5%	20.1%	-0.9%	$49,559	$54,682	$167,021
New Mexico	6.2%	35.5	12.9%	16.9%	19.7%	2.7%	$41,587	$50,265	$148,547
Selected Area	5.7%	44.4	16.4%	19.5%	16.1%	0.6%	$34,821	$54,635	$229,034

Demographics Expert 2.7
DEMO0003.SQP
© 2012 The Nielsen Company, © 2012 Truven Health Analytics Inc.

The population was also examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to determine probable lifestyle and medical conditions present in the population. The national average, or norm, is represented as 100%. Where Taos County varies more than 5% above or below that norm (95%, 105%), it is considered significant. Items in the table with red text are viewed as statistically important *adverse* potential findings—in other words, these are health areas that *need improvement* in the Taos area. Items with blue text are viewed as statistically important potential beneficial findings—in other words, these are areas in which Taos County is doing *better* than other parts of the country. Items with black text are viewed as either not statistically different from the national norm or neither a favorable nor unfavorable —in other words more or less on par with national trends.

Health Service Topic	Demand as % of National	% of Population Effected
Weight / Lifestyle		
BMI: Morbid/Obese	107.4%	27.4%
Vigorous Exercise	92.8%	46.9%
Chronic Diabetes	140.2%	14.5%
Healthy Eating Habits	94.7%	28.1%
Very Unhealthy Eating Habits	99.7%	2.7%
Behavior		
I Will Travel to Obtain Medical Care	96.4%	28.7%
I Follow Treatment Recommendations	83.4%	33.6%
I am Responsible for My Health	94.8%	62.2%
Pulmonary		
Chronic COPD	159.9%	6.2%
Tobacco Use: Cigarettes	115.3%	29.9%
Chronic Allergies	102.1%	24.4%
Cancer		
Mammography in Past Yr	106.5%	48.3%
Cancer Screen: Colorectal 2 yr	101.0%	25.2%
Cancer Screen: Pap/Cerv Test 2 yr	87.5%	52.7%
Routine Screen: Prostate 2 yr	97.4%	31.0%
Orthopedic		
Chronic Lower Back Pain	122.5%	27.6%
Chronic Osteoporosis	138.1%	13.4%

Health Service Topic	Demand as % of National	% of Population Effected
Heart		
Routine Screen: Cardiac Stress 2yr	103.4%	16.2%
Chronic High Cholesterol	122.0%	27.2%
Routine Cholesterol Screening	93.6%	47.5%
Chronic High Blood Pressure	137.4%	36.2%
Chronic Heart Disease	159.8%	13.3%
Routine Services		
FP/GP: 1+ Visit	104.2%	92.0%
Used Midlevel in last 6 Months	105.6%	44.0%
OB/Gyn 1+ Visit	79.3%	36.8%
Ambulatory Surgery last 12 Months	104.2%	20.1%
Internet Usage		
Use Internet to Talk to MD	69.7%	10.1%
Facebook Opinions	100.4%	10.3%
Looked for Provider Rating	80.0%	11.5%
Misc		
Charitable Contrib: Hosp/Hosp Sys	94.7%	22.6%
Charitable Contrib: Other Health Org	89.2%	34.7%
HSA/FSA: Employer Offers	97.1%	49.1%
Emergency Service		
Emergency Room Use	104.8%	35.7%
Urgent Care Use	85.1%	20.1%

Leading Causes of Death

Cause of Death			Rank among all counties in NM (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation
NM Rank	**Taos County Rank**	**Condition**		**NM**	**Taos County**	
4,11,14,19,20,28, 29,32,35,36,38	1	Cancer	25 of 32	150.0	154.0	Lower than expected
1	2	Heart Disease	32 of 32	149.5	121.4	Lower than expected
13,17,24	3	Accidents	13 of 32	63.7	78.2	Higher than expected
8	4	Suicide	3 of 32	18.5	34.9	Higher than expected
5	5	Diabetes	14 of 32	28.3	34.3	Higher than expected
2	6	Lung	29 of 32	46.3	31.6	Lower than expected
3	7	Stroke	27 of 32	33.9	30.0	Lower than expected
9	8	Liver	13 of 31	17.7	18.3	Higher than expected
16	9	Flu - Pneumonia	18 of 32	16.2	17.1	Lower than expected
10	10	Alzheimer's	16 of 32	17.3	15.7	Lower than expected
26	11	Homicide	9 of 30	8.9	11.7	Higher than expected
22	12	Parkinson's	8 of 30	7.8	9.7	Higher than expected
21	13	Blood Poisoning	23 of 32	9.6	5.6	Lower than expected
15	14	Kidney	29 of 32	12.9	4.3	Lower than expected
12	15	Hypertension	26 of 30	5.3	3.6	Lower than expected

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

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups, and other vulnerable population segments. Specific studies identifying needs of such groups, distinct from the general population at a county unit of analysis, are not readily available from secondary sources. Especially in counties without relatively low populations such as Taos, available data on difference in the health outcomes of particular groups tends not to be statistically reliable. However, trends in Taos County can be expected to reflect national trends for these groups.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations," which are groups with unique health care needs or issues that require special attention.[22]

Nationally, this report observes the following trends:[23]

Measures for which Hispanics were worse than non-Hispanic Whites for most recent year but getting better:

- Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year
- Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating
- Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement

Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:

- Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening
- Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year

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[22] http://www.ahrq.gov/qual/nhdr10/Chap10.htm 2010
[23] Given the population makeup of our area, disparities for Blacks have been omitted from this discussion. However, like Hispanics and Native Americans, Blacks fair worse than Whites nationally on multiple health measures.

- Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care
- HIV and AIDS – New AIDS cases per 100,000 population age 13 and over
- Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months
- Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care
- Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more
- Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain
- Patient Safety – Adult surgery patients who received appropriate timing of antibiotics
- Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months who got care as soon as wanted
- Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers
- Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons

Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and getting worse:

- Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider

Measures for which American Indians/Alaska Natives were worse than Whites for the most recent year:[24]

- American Indians/Alaska Natives had poorer quality of care and worse access to care than Whites and all other groups for most measures tracked in the reports. Of all measures of health care quality and access that are tracked in the reports and support trends over time, American Indians/Alaska Natives had worse care than Whites in the most recent year for 28 measures. Most of these measures showed no significant change in disparities over time.

- For one measure, the gap between American Indians/Alaska Natives and Whites grew smaller, indicating improvement:
    - Incidence of End Stage Renal Disease (ESDR) due to diabetes per 100,000 population.
- For two measures, the gap grew larger, indicating worsening disparities:
    - Adults age 50 and over who ever received a colonoscopy, sigmoidoscopy, or proctoscopy.
    - People with difficulty contacting their usual source of care over the telephone.

We asked a specific question to our Local Expert Advisors about unique needs of priority populations. We reviewed their response to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Specific opinions from the Local Expert Advisors are summarized as follows[25]:

- Affordable community health care treatment resources
- Chronic diseases including cancer and diabetes
- Young Children / parenting concerns

Statistical information about special populations follows:

[24] http://www.ahrq.gov/research/findings/nhqrdr/nhdr11/chap10.html#racial
[25] All comments and the analytical framework behind developing this summary appear in Appendix A.

Vulnerable Populations: Taos County, NM

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

Vulnerable Populations Include People Who[1]	
Have no high school diploma (among adults age 25 and older)	4,726
Are unemployed	919
Are severely work disabled	1,106
Have major depression	1,934
Are recent drug users (within past month)	2,408

nda No data available.

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

Access to Care: Taos County, NM

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

Uninsured individuals (age under 65)[1]	9,136
Medicare beneficiaries[2]	
Elderly (Age 65+)	4,542
Disabled	1,084
Medicaid beneficiaries[2]	9,326
Primary care physicians per 100,000 pop[2]	120.5
Dentists per 100,000 pop[2]	53.9
Community/Migrant Health Centers[3]	Yes
Health Professional Shortage Area[3]	No

nda No data available.

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

Findings

Upon completion of the CHNA, QHR identified several issues within the HCH community:

Conclusions from Public Input to Community Health Needs Assessment

Our group of 17 Local Expert Advisors participated in an on-line survey to offer opinions about their perceptions of community health needs and the potential needs of unique populations.

Responses were first obtained to the question: "What do you believe to be the most important health or medical issue confronting the residents of your County?" In summary, we received the following commentary regarding the most important health or medical issues:

- lack of health care insurance or the affordability of care
- lack of access to mental health/substance abuse treatment resources
- diabetes
- the social /economic situations (i.e. lack of transportation, inadequate diet) that facilitate adverse lifestyles.

Responses were then obtained to the question: "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations) which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what?" In summary, we received the following commentary regarding the more important health or medical issues:

- Affordable community healthcare treatment resources
- Chronic diseases including cancer and diabetes
- Young children/parenting concerns

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

In general, Taos County residents are in average health compared to the healthiest in New Mexico.

In a health status classification termed "Health Outcomes", Taos ranks number 18 among the 32 New Mexico ranked counties (best being #1). On the upside, Premature Death (deaths prior to age 75), which had exceeded the NM average for 8 years, is now on par with the NM average. However, Taos County rates of premature death are still higher than the national goal. Low Birth Weight Births and Self Reported Health Status (Physical and Mental Health) are not significantly different from NM average but are significantly poorer than the national goal.

In another health status classification "Health Factors", Taos County ranks close to the state average—number 15 among the 32 New Mexico counties. Social and Economic Factors are an adverse influence to the rankings. Unemployment exceeds NM average. We have a high number of Children in Poverty (at 44%), significantly above NM average and almost three times the national goal. The indicator, Children in Single Parent homes, is also significantly above NM average and is two and a half times the national goal. Violent crime is below NM average but is about eight times the national goal.

Health Behavior metrics—measures of activities that contribute to health or ill health—are beneficial to the rankings. Smoking, obesity and physical inactivity appear to be low but are in fact statistically insignificantly different from the NM average. Obesity is better than the national goal. Excessive drinking is at the NM average but significantly above—more than double—the national goal. Motor vehicle crash deaths are significantly above NM average and three times the national goal. The teen birth rate is below NM average but two and a half times the national goal.

Clinical Care metrics, primary care physician to population ratio, dentist to population ratio, preventable hospital stays, diabetic and mammography screenings and percent uninsured are all at or better than NM averages. While physician to population ratio exceeds the national goal, all other metrics need improvement to achieve the national goals.

Physical Environment factors generally are beneficial to Taos County ranking in NM. Safe drinking water is a notable exception: 18% of the population was exposed to water exceeding violation limits, compared to a NM average of 6% and a national goal of 0%.

Metrics needing improvement to achieve national goals include the following:

- Premature Death
- Poor health (self reporting)
- Poor physical health days
- Poor mental health days
- Low birthweight
- Adult smoking
- Excessive drinking
- Motor Vehicle crash death rates
- Sexually Transmitted Diseases
- Teen birth rate
- Uninsured
- Dentists to population ratio

- Preventable Hospital Stays
- Diabetic and Mammography Screening
- Drinking water safety
- Increase population who have access to healthy food and increase non-fast food restaurants

Summary of Observations from Taos County Peer Comparisons

The federal government administers a process to allocate all counties into "Peer" groups. County "Peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when Taos County is compared to its national set of Peer Counties and compared to national rates result in the following:

UNFAVORABLE observations occurring at rates worse than national AND worse than among Peers:

- Low Birth Weight (less than 2,500g)
- Births to Women Age 40 to 54
- Births to Unmarried Women
- No Care in First Trimester
- Hispanic Infant Mortality
- Homicide
- Motor Vehicle Injury
- Suicide
- Unintentional Injury

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

- Births to Women Under 18
- Neonatal Infant Mortality

BETTER PERFORMANCE than peers and national rates:

- Very Low Birth Weight (less than 1,500g)
- Premature Births
- Infant Mortality
- Post Neonatal Infant Mortality
- Breast Cancer (female)
- Colon Cancer
- Coronary Heart Disease
- Lung Cancer
- Stroke

Conclusions from the Demographic Analysis Comparing Taos County to National Averages

Taos County in 2012 comprises 33,623 residents. Since 2000 it has experienced population growth and anticipates continued growth through the next five years. The population is 36.7% non-Hispanic White, comprising the largest minority population. Hispanics constitute 55.4% of the population. 16.4% of the population is age 65 or older. This is a larger population segment than the elderly population of both the New Mexico and national averages. 16.1% of females are in the childbirth population segment. This segment is smaller than both the New Mexico and national averages. While the median income is below state and national averages, the median wealth of the population is above the state average and very close to the national average.

The following areas were identified from a comparison of the county to national averages. Metrics impacting more than 25% of the population and statistically significantly different from the national average include the following. All are considered adverse findings unless otherwise noted:

- I am responsible for my health – impacting 62% of the population, 5% below average
- Obtained a pap smear or cervix exam – impacting 53% of the population, 12% below average
- Had a mammogram within the last two years – impacting 48% of the population, 7% better than expected, a beneficial finding
- Obtained routine cholesterol screening – impacting 48% of the population, 6% below average
- Engage in vigorous exercise – impacting 47% of the population, 7% below average
- Had a OB/GYN visit in the last year – impacting 37% of the population, 21% below average
- Chronic high blood pressure – impacting 36% of the population, 37% above average
- I follow treatment recommendations – impacting 34% of the population, 17% below average
- Tobacco use including cigarettes – impacting 30% of the population, 15% above average
- Healthy eating habits – impacting 28% of the population, 5% below average
- Chronic low back pain – impacting 28% of the population, 23% above average
- Morbid obese body mass index – impacting 27% of the population, 7% above average
- Chronic high cholesterol – impacting 27% of the population, 22% above average

Situations and Conditions statistically significantly different from the national average but impacting less than 25% of the population include the following. All are considered adverse findings unless otherwise noted:

- Chronic diabetic – impacting 16% of the population, 40% above average
- Chronic osteoporosis – impacting 13% of the population, 38% above average
- Chronic heart disease – impacting 13% of the population, 60% above average

- Chronic COPD – impacting 6% of the population, 60% above average

Key Conclusions from Consideration of the Other Statistical Data Examinations

Additional observations of Taos County found:

- Palliative Care (programs focused not on curative actions but designed to relieve disease symptoms pain and stress arising from serious illness) do not exist in the County. A Hospice program, Mountain Home Health Hospice, is in the County.

Among the leading causes of death, Taos County has a significantly lower death rate in 9 of the 15 leading causes of death and a significantly higher death rate in 6 of the 15 leading causes of death.

Ranking the causes of death in Taos County finds the leading causes to be the following (in descending order of occurrence):

1. Cancer – Taos ranks 25 of 33 NM counties (being ranked as #1 means you are the worst county in the state) with a death rate of 154 / 100,000 and this rate is lower than expected
2. Heart Disease – Taos ranks 32 of 33 with a death rate of 121.4 / 100,000 and this rate is lower than expected
3. Accidents – Taos ranks 13 of 33 with a death rate of 78.2 / 100,000 and this rate is higher than expected
4. Suicide – Taos ranks 4 of 33 with a death rate of 34.9 / 100,000 and this is higher than expected
5. Diabetes – Taos ranks 14 of 33 with a death rate of 34.3 / 100,000 and this is higher than expected
6. Lung – Taos ranks 29 of 33 with a death rate of 31.6 / 100,000 and this is lower than expected
7. Stroke – Taos ranks 27 of 33 with a death rate of 30 / 100,000 and this is lower than expected
8. Liver – Taos ranks 13 of 33 with a death rate of 18.3 / 100,000 and this is higher than expected
9. Flu / Pneumonia – Taos ranks 18 of 33 with a death rate of 17.1 / 100,000 and this is lower than expected
10. Alzheimer's – Taos ranks 16 of 33 with a death rate of 15.7 / 100,000 and this is lower than expected

- Diabetes incident places Taos County in the third lowest national decile, but there is a high rate for women age 30+.
- Life expectancy for both Men and Women has increased during the period 1989 through 2009. Men improved longevity better than women.
- Free or reduced lunch program enrolled 53.7% of students.

- 2009 heart disease and stroke were in the lowest national quintile. Hispanic heart disease was in the second highest quintile. Hispanic stroke incident places it into the 3rd highest quintile. Native American heart mortality places it in the second lowest quintile
- Men over age 50 ever receiving a colon cancer screening is below national and NM standards
- Taos County has a heavy alcohol consumption, above NM and US average
- Accidental mortality is 25% above the National average and the rate among Hispanics is even higher.
- In 2009 hypertension death rate was 171.4 and the Hispanic death rate was higher, at 186.
- Taos is designated a health professional shortage area for primary care based on low income and for the Native American Tribal Population. It has a shortage designation for dental health in the Questa, Arroyo Hondo, Peñasco, Truchas and Embudo minor civil divisions. The entire county is designated a shortage area for mental health. Tres Piedras, Arroyo Hondo and Peñasco are additionally designated Medically Underserved Areas.

EXISTING HEALTH CARE FACILITIES, RESOURCES AND IMPLEMENTATION PLAN

Significant Health Needs

We used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by HCH.[26] The following list:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies HCH current efforts responding to the need
- Establishes the Implementation Plan programs and resources HCH will devote to attempt to achieve improvements
- Documents the Leading Indicators HCH will use to measure progress
- Presents the Lagging Indicators HCH believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, Holy Cross Hospital, Inc. is the major hospital in the service area. Holy Cross Hospital is a 47 bed, acute care medical facility with a psychiatric specialty unit located in Taos, NM. The next closest facilities are outside the service area and include:

- Española Hospital – 58 bed hospital in Española, NM; 46 miles from Taos (1 hour 3 minutes)
- Miner's Colfax Medical Center – a 25 bed critical access hospital in Raton, NM; 93.5 miles from Taos (2 hours 8 minute)
- San Juan Regional Medical Center – 207 bed hospital in Farmington, NM; 207 miles from Taos (4 hours 24 minutes)

All data items analyzed to determine significant needs are "Lagging Indicators", measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the HCH Implementation Plan utilizes "Leading Indicators". Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application Leading Indicators also must be within the ability of the hospital to influence and measure.

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

Significant Needs

1. ACCESS/AFFORDABILITY – A leading Local Expert concern is "lack of health care insurance or the affordability of care."

Problem Statement: Local residents should not be denied access to care because of limited payment ability

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH Financial Assistance Policy
- HCH Health Outreach's Medicaid Enrollment program
- HCH Peñasco Kids First Program
- HCH First Steps Program HCH CATCH Program
- HCH Prescription Assistance Program

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Expand use of community health workers by improving role definition and education curricula and increasing funding
- Recruit health care professionals from minority groups
- Recruit bilingual health care professionals
- Participate in efforts to establish medical homes, an approach to providing comprehensive primary care for children, youth, and adults in a setting that facilitates partnerships between individual patients, their personal physicians, and (when appropriate) patients' families.
- Explore feasibility of telemedicine as a way for patients to access qualified health and mental health professionals
- Encourage enrollment in existing programs such as Medicaid via outreach/education and expedited enrollment

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

- We anticipate that these efforts will result in increased access and affordability. We also recognize that HCH efforts can help address the symptoms and consequences of lack of affordability and access, but it can do little to impact the underlying causes of this problem which may stem from unemployment, limited education, adverse lifestyle choices and other factors.

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS

- Volume of patient financial assistance efforts should increase from 2012 volumes.
  - 2012 Medicaid applications = 57
  - 2012 patients assisted by HCH financial assistance policies = 2,159

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Number of County residents enrolled in Medicaid program
- Percent of County population below Federal poverty guideline

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Income Support Division, Taos Branch	145 Roy Road Taos, NM 87571	575-758-8804
El Centro Family Health, Taos	1331 Gustorf Road Taos, NM 87571	575-758-3601
El Centro Family Health, Peñasco	State Road 75 # 15136 Peñasco, NM 87553	575-587-2205
Questa Health Center PMS	2573 State Highway 522 Questa, NM 87556	575-586-0315
Taos County Indigent Fund	105 Albright Street - Suite V Taos, NM 87571	575-737-6435

2. ALCOHOL/SUBSTANCE ABUSE – Excessive Drinking is at NM average but more than double national goal; Heavy Alcohol Consumption is above NM and national average.

Problem Statement: Reduce the number of residents with alcohol and substance abuse problems.

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH Emergency Service
- HCH-hosted Alcoholics Anonymous and Narcotics Anonymous groups for inpatients
- HCH ER Diversion/High Utilizer Program to connect frequent users of the ER with substance abuse issues to treatment
- HCH's QWIET team for employees
- HCH/DOH Naloxone Program
- HCH/Taos Alive Prescription Drug Abuse Coalition

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Via effective care coordination, connect patients to community substance abuse treatment and prevention resources.
- Participate in a coalition of community institutions, agencies, and individuals to influence substance abuse policy at the local level.

- Participate in multi-component interventions with community mobilization, including many components such as mobile crisis response units, prescription drug drop boxes, community summits, and substance abuse education efforts.
- Partner with the Department of Health in the Naloxone Harm Reduction program to prevent opiate overdose.
- Support access to continuing education for opiate prescribers.

Anticipated results from HCH Implementation Plan

- HCH efforts combined with community efforts will reduce the number of opiate overdose deaths.
- HCH efforts can help address acute consequences of substance abuse but long term solutions will require individual lifestyle modification and policy changes .
- HCH efforts will increase the awareness of the problems resulting from substance abuse and encourage substance abusers to seek treatment.

Leading Indicator HCH will use to measure progress

- Volume of patients presenting for intervention referral and education should increase from 2012 volumes.
    - 2012 ER Diversion/High Utilizer substance abuse treatment referrals = 2
    - 2012 successful reversals of opiate overdose = 0
    - 2012 doses of class II and III opiates prescribed in ER[27] = 8,924

Lagging Indicator HCH will use to identify improvement

- Number of deaths attributed to substance abuse overdose
- Change in "Heavy Alcohol Consumption" in Taos County change relative to NM and US
- Volume of opiates prescribed in Taos County

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Tri-County Community Services	413 Sipapu St. Taos, NM 87571	575-758-5857
Vista Taos Renewal Center	259 Blueberry Hill Road Taos, NM 87571	Local: 575-268-6901 Toll Free: 877-772-2616
Alcoholics/Narcotics Anonymous (some HCH hosted)		AA: (575) 758-3318 NA: (575) 770-7972
Taos County DWI Program	105 Albright Street Suite R Taos, NM 87571	575-737-3857
Rio Grande Alcohol Treatment Center	1350 Paseo Del Pueblo Sur, Suite 7 Taos, NM 87571	575-737-5533

[27] This number represents a 16% reduction from the previous year. ER opiate guidelines were introduced in 2012.

Taos Alive Coalition	PO Box 3402 Taos, NM 87571	575-779-6853

3. MENTAL HEALTH / SUICIDE – Suicide is our #4 cause of death. Taos ranks 4 of 33 (#1 worst), higher than expected. Poor Mental Health Status exceeds the national goal; our occurrence rate is worse than national and peers for Suicide. Leading Local Expert concerns are, "lack of access to Mental Health / Substance Abuse treatment resources; Taos is designated Mental Health Professional Shortage Area."

Problem Statement: Suicide death rate needs to decrease

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH Emergency Room
- HCH ER Diversion/High Utilizer Program

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Collect baseline data to define the scope of the mental health problem, tracking how many patients admitted have co-occurring mental health issues.
- Coordinate efforts with the organizations listed below, which offer resources responding to this need, by identifying how HCH services can benefit their initiatives.
- Continue our work with the Crisis Systems of Care Alliance.
- Train emergency service staff in suicide tendency identification and awareness of intervention strategies

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

- Increased awareness of suicide desire and prevention
- HCH will track the number of new referrals to behavioral health providers in its ED Diversion/High Utilizer Program

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS[28]

- Volume of patients and volunteers involves in suicide prevention[29]
  - 2012 suicide attempt patient encounters = 0
  - 2012 volunteers/participants in suicide prevention education programs = 0

2012 behavioral health referrals in ED Diversion/High Utilizer Program = 4

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Suicide death rate

[28] Currently this data is collected but not tracked, therefore the baselines are represented as "0"
[29] Currently this information is not collected, therefore the baseline is 0. We will first measure progress by an increase in tracked suicide attempt patient encounters, and then by a decrease.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Tri-County Community Services	413 Sipapu St. Taos, NM 87571	575-758-5857
Taos Behavioral Health Associates	827 Paseo del Pueblo Norte Taos, New Mexico 875712	575-751-7473
Taos Pueblo Mental Health/Social Services	16 Spider Rd 110 Taos Pueblo Taos, NM 87571	575-758-4224
Non-Violence Works	1337-E & F Gusdorf Road Taos, New Mexico 87571	575-758-4297
Teambuilders Counseling Services	1509 Paseo Del Pueblo Sur Taos, NM	575-758-7263
Easter Seals El Mirador/ Casa De Corazon	314 Don Fernando Street Taos, NM 87571	575-751-7037
Taos Dreamtree Project, Inc.	128 La Posta Road Taos, NM 87571	575-758-9595

4. PRIORITY POPULATIONS – Our population is "majority-minority" in that Hispanics, a minority nationally, constitute a majority locally. In combination with the percentage of Native Americans, the population of Hispanics results in Non-Hispanic Whites being a minority in Taos County (36.7% as contrasted with 62.8% nationally). In that HCH serves our entire population, we address the needs of priority populations (those that bear a high burden of disease compared to other groups) in everything we do. However, we recognize that significant portions of the population, such as children, and more so children of Native American and Hispanic race or ethnicity, have poorer health outcomes than others. The number of children in Poverty in Taos County is significantly above NM average, almost three times national goal; Children in Single Parent Homes is significantly above NM average, two and a half times national goal. Leading Local Expert concerns that pertain to priority populations include: "Affordable Community Health Care Treatment Resources, Chronic Diseases including Cancer and Diabetes, Young Children / Parenting Concerns; Free / Reduced Lunch enroll 53.7% of students; Hispanic Heart Disease in the second highest quintile. Hispanic Stroke incident in 3rd highest quintile. Native American Heart Mortality in the second lowest quintile; Hispanic Accident Rate exceeds all race value of 25% above national avg.; Hispanic Hypertension Death Rate exceeds all race death rate average."

Problem Statement: Resources for child health and prevention need to increase

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH First Steps Home Visiting Program
- HCH Kids First Initiative for Peñasco

- HCH Children's Trust Fund Program
- HCH Tobacco Use Prevention and Control (TUPAC) program for Native American, LGBTQ, Youth and Immigrant populations
- HCH CATCH Program
- HCH Diabetes Management Services

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinate efforts with the organizations listed below which offer resources responding to this need by identifying how HCH services can benefit their initiatives
- Offer parenting classes throughout Taos County
- Increase numbers of grandparents participating in parenting classes to draw on the resource of the elderly in our community to support the needs of young children and families
- Track demographics of patients served by community programs

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

- Families with young children will increase parenting skills and access to resources in the community
- Proportion of priority populations served by HCH Health Outreach programs will reflect proportions of population in our County

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS:

- Volume of patients participating in classes.[30]
    - 2012 parenting class participants = 0
    - 2012 grandparents participants = 0
    - 2012 Priority Population members served by Health Outreach programs = 0

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Crude mortality rate for deaths under age 18: reduction in deaths from 17

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos Pueblo Health Services (IHS) (Native American)	16 Spider Rd 110 Taos Pueblo Taos, NM 87571	575-758-4224
Taos Clinic for Children and Youth	1393 Weimer Rd, Taos, NM 87571	575-758-8651
Taos Living Center (Seniors)	1340 Maestas Road, Taos, NM 87571	575-758-2300
Taos Retirement Village (Seniors)	414 Camino de la Placita Taos, NM 87571	575-758-8248

[30] This data has been collected but not yet tracked.

Ancianos Senior Citizen Center (Seniors)	601 Lovato Place Taos, NM 87571	575-758-4091

5. CANCER – Cancer is our # 1 cause of death. Taos ranks 25 of 33 NM counties (#1 county is worst in NM), the rate is lower than expected; Mammography Screening at NM average needs improvement to achieve national goal; better than peers and national rates for Breast Cancer (female), Colon Cancer, Lung Cancer; Obtained Pap Smear / Cervix Exam impacts 53% of population, 12% below avg.; Mammogram in last two years impacts 48% of population. 7% better than expected, a beneficial finding; men over 50 ever receiving Colonoscopy below NM and national average.

Problem Statement: Cancer detection and screening services need greater participation

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH Diagnostic Imaging
- HCH BCC Program
- HCH Cancer Support Services

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinate efforts with the organizations listed below which offer resources responding to this need by identifying how HCH services will establish and/or maintain contact with these organizations to coordinate patient care
- Allocate resources to acquire educational material to distribute to patients receiving a cancer diagnosis or interested in the disease
- Conduct a marketing campaign to increase cancer screenings in the community
- Provide a schedule of educational seminars to patients and interested residents as part of the Cancer Support Services program

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

- An increase in the use of screening and cancer detection services leading to earlier intervention and increased survival
- An increase in the volume of cancer patients accessing Cancer Support Services throughout the County

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS:

- Volume of colonoscopy and mammography exams should increase from 2012 volumes.
  - 2012 colonoscopy exams = *[# to be inserted]*
  - 2012 mammography exams = 2,962
- Volume of patients accessing Cancer Support Services should increase from 2012 volumes.

- 2012 Cancer Support Services recipients = 69

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Cancer death rate per 100,000 = 154

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Cancer Services of New Mexico	P.O. Box 51735 Albuquerque, NM 87181	505-259-9583
NM DOH's BCC Program	1400 Weimer Road Taos, NM 87571	1-877-852-2585

6. DIABETES – is our #5 cause of death. Taos ranks 14 of 33 (#1 worst), higher than expected. Diabetic Screening is at NM average, but needs improvement to achieve national goal; Chronic Diabetic impacts 16% of pop, 40% above average; A leading Local Expert concern is " Diabetes"; incident places Taos County in the third lowest national decile, but a high rate for women age 30+.

Problem Statement: Diabetes prevention programs, pre-diabetes interventions, and chronic disease management participation need to increase.

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH Diabetes Management Services
- HCH CATCH Program
- HCH Pharmaceutical Care Program

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinate efforts internally and with the organizations listed below which offer resources responding to this need by identifying how HCH services can benefit their initiatives. HCH will initiate efforts by contacting each organization to establish a forum for effort collaboration.
- HCH will grow an integrated approach to Diabetes by coordinating its efforts with obesity reduction efforts formulating a multi-component obesity prevention intervention initiative.[31]
- HCH will start a Diabetes Prevention class and expand outreach to neighboring communities.

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

[31] http://www.countyhealthrankings.org/policies/multi-component-obesity-prevention-interventions

- Increase numbers of participants in disease management initiatives
- Increase numbers of participants from neighboring communities

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS

- Volume of patient interactions should increase from 2012 volumes.
  - 2012 Diabetes Management Program participants = 371
  - 2012 numbers of patients served from zip codes outside of 87571, 87557, 87529 = 171

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Percent of adults with diagnosed diabetes Taos = 7%

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Mountain Home Health diabetes community health worker program	630 Paseo del Pueblo Sur, Suite 180 Taos, NM 87571	575-758-4786
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005
Dr. Kilgore	404 Paseo Del Pueblo Norte Taos, NM 87571	575-758-4468
El Centro Family Health, Taos	1331 Gustorf Road Taos, NM 87571	575-758-3601
El Centro Family Health, Penasco	State Road 75 # 15136 Peñasco, NM 87553	575-587-2205
Veterans Health Administration Clinic	1353 Paseo Del Pueblo Sur, Taos, NM 87571	575-751-0328

7. MATERNAL AND INFANT MEASURES – Low Birth Weight Births are not significantly different from NM average but are significantly above national goal; Teen Birth Rate is below NM average but two and a half times national goal; occurrence rate is worse than national and Peers for Low Birth Weight, Births to Women Age 40 to 54, Births to Unmarried Women, No Care in First Trimester, and Hispanic Infant Mortality; worse than national average, but better than the peers for Births to Women Under 18, Neonatal Infant Mortality; better than peers and national rates for Very Low Birth Weight, Premature Births, Infant Mortality, Post Neonatal Infant Mortality.

Problem Statement: Increase the percent of pregnant women seeking care during the first trimester

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH First Steps Program
- Taos Health Systems Women's Health Institute (WHI)

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how HCH services can benefit their initiatives. HCH will continue its participation in the Paso a Paso early childhood network
- Increase awareness of and referrals to the HCH First Steps Program

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

- An increase in the number of mothers obtaining initial care during their first trimester of pregnancy.

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS:

- Volume of families enrolled in the HCH First Steps Program
  - 2012 families = 167
- Volume of pregnant patients seen at WHI
  - 2012 patients = 317

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Lower the percent of pregnant women in Taos County who do not seek prenatal care during their first trimester from 26.5%.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos First Steps Home Visiting Program	118 Este Es Road Suite H Taos, NM 87571	575-751-3652
Taos WIC (DOH)	1400 Weimer Road Taos, NM 87571	575-758-1078
Taos Clinic for Children and Youth	1393 Weimer Road Taos, NM 87571	575-758-8651
Northern New Mexico Birth Center	1331 Maestas Road Taos, NM 87571	575-758-1216

8. OBESITY/OVERWEIGHT – Obesity and Physical Inactivity are insignificantly different from NM average.; obesity better than national goal; increase access needed to healthy food and non-fast food restaurants; Engage in Vigorous Exercise impacts 47% of population, 7%

below average; Healthy Eating Habits impacts 28% of population, 5% below average; Obesity impacts 27% of population, 7% above average.

Problem Statement: Increase awareness of maintaining a healthy weight and lifestyle.

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH Nutritional Counseling and Weight Loss Management
- HCH Food Shopping Field Trips
- HCH Nuvita Program for employees
- HCH First Steps Home Visiting Program

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- HCH will continue its integrated approach to obesity by coordinating its efforts with diabetic reduction efforts formulating a multi-component obesity prevention intervention initiative.[32]
- As the largest employer in the county, HCH will lead by example by continuing to foster employee involvement in a worksite prevention intervention.[33]
- Make water available and promote consumption of water in place of sweetened beverages.
- Continue to participate in the community coalition Latch-On breastfeeding program to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.
- Continue steps toward becoming a Baby-Friendly hospital.
- Continue to implement worksite multi-component interventions that target both diet and physical activity: multi-component interventions include combinations of activities and support such as nutrition education, prescriptions for aerobic/strength training, training in behavioral techniques, self-help materials, specific dietary prescriptions, group or supervised exercise sessions, and pedometers.

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

- HCH anticipates a greater percentage of residents will no longer be obese
- HCH will track numbers of new participants in HCH Food Shopping Field Trips
- HCH will track weight loss of participants in Nuvita program

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS:

- 2012 annual enrollment in HCH worksite obesity prevention program, Nuvita = 52
- 2012 weight loss in Nuvita, in pounds = 182
- 2012 participants in HCH Food Shopping Field Trips = 0
- 2012 participants in HCH Weight Loss Support Group = 261

[32] http://www.countyhealthrankings.org/policies/multi-component-obesity-prevention-interventions
[33] http://www.countyhealthrankings.org/app/#/new-mexico/2013/measure/factors/11/policies

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Reduction in the percent of Taos residents having an obesity value equal to or greater than 30 from 19%.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos Clinic for Children and Youth's Get Fit Program	1393 Weimer Road Taos, NM 87571	575-758-8651
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005
El Centro Family Health, Taos	1331 Gustorf Road Taos, NM 87571	575-758-3601
Taos Youth and Family Center	407 Paseo del Canon, East Taos, New Mexico 87571	575-758-4160

9. ACCIDENTS – Accidents are the #3 cause of death, Taos ranks 13 of 33 NM Counties (#1 county worst), rate is higher than expected; Motor Vehicle Crash Deaths above NM average., three times national goal; occurrence rate worse than national and Peers for Motor Vehicle Injury and Unintentional Injury; mortality 25% above national average.

Problem Statement: Reduce the number of deaths caused from automobile accidents.

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH Emergency service
- HCH/TriState Careflight
- HCH Disaster Preparedness Program

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- HCH will participate and play a leadership role in prevention efforts in existing forums for collaboration
- HCH will seek certification in Trauma Level 4
- HCH will take a leadership role in developing and participating in a Taos County Multi-component interventions with community mobilization to reduce alcohol-impaired driving[34]

[34] http://www.countyhealthrankings.org/policies/multi-component-interventions-community-mobilization-reduce-alcohol-impaired-driving

- HCH will implement Incident Command System (ICS) training courses for managers

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

- Decreased fatal automobile crashes
- Decreased impaired driving
- Decreased alcohol related crashes

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS:

- 2012 managers trained in ICS = 0

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Motor Vehicle crash deaths per 100,000 population, Taos 74, or .75 standard deviations above the NM mean.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos County Emergency Medical Services Department	105 Albright Street Suite U Taos, NM 87571	575-737-6430
Taos County DWI Program	105 Albright Street Suite R Taos, NM 87571	575-737-3857
Tristate Careflight	24662 US Hwy 64 Taos, NM 87571	(575) 751-3899

10. PHYSICIANS – Primary Care Physician to Population Ratio is better than NM average; OB/GYN Visit last year impacts 37% of pop. 21% below average; Health Professional Shortage Area for primary care based on low income and for the Native American Tribal Population; Tres Piedras, Arroyo Hondo and Peñasco designated Medically Underserved Areas.

Problem Statement: Increase the Primary Care physician to population ratio.

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH physician and mid-level recruitment
- Peñasco Health Clinic
- Moreno Valley Clinic
- Cimarron Rural Health Clinic
- Women's Health Institute
- Taos Surgical Specialties
- Dr. Matthew Harrison

HCH Implementation Plan programmatic initiatives:

- HCH will support efforts of primary care practices and El Centro FQHC to expand services and numbers of providers
- HCH will expand primary services in our rural health clinic

Anticipated results from HCH Implementation Plan

- Increase in volume of patients seen in primary care practices in our area.

Leading Indicator HCH will use to measure progress

- Number of patients seen in our rural health clinic.

  2012 patients seen at the Peñasco Health Clinic: 1,112

Lagging Indicator HCH will use to identify improvement

- Primary care physician to population ratio, Taos is 33 per 100,000 or 1.4 standard deviations below the New Mexico mean ratio.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005
Taos Clinic for Children and Youth	1393 Weimer Rd, Taos, NM 87571	575-758-8651
Dr. Kilgore	404 Paseo Del Pueblo Norte Taos, NM 87571	575-758-4468

11. COMPLIANCE BEHAVIOR – Responsible for Own Health impacts 62% of population 5% below average.; follows treatments impacts 34% of pop. 17% below average.

Problem Statement: Increase the number of residents engaged in treatment and compliant with treatment efforts.

HCH services available to respond to this need include:

- HCH Core Measures Coordination
- HCH ER Diversion/High Utilizer care coordination service
- HCH Pharmaceutical Care program

- HCH Anticoagulation Clinic
- HCH CATCH Program
- HCH Diabetes Management Services

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- HCH will maintain vaccination standards with regards to high risk populations.
- HCH will continue efforts to reach Priority Populations by expanding the efforts above.[35]
- In partnership with Tri-County Case Management, HCH will implement the Manage Your Chronic Disease (MyCD) Program

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

- Increased treatment compliance.

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS

- HCHAP percent of patients who reported that YES, they were given information about what to do during their recovery at home.
    - 7/1/2011 to 6/30/2012 results = 79%
- CMS Core Measure of Preventative Care, Percent of patients assessed and given pneumonia vaccine.
    - 1/1/2012 to 6/30/2012 = 88%

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Percent 65+ receiving pneumonia vaccination and Flu vaccination

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Tri-County's Case management component	413 Sipapu Street Taos, NM 87571	575-758-5857

12. PREDISPOSING FACTORS – Self Reported Health Status (Physical and Mental Health) not significantly different from NM average but significantly above national goal; Social and Economic Factors adverse influence rankings; Unemployment exceeds NM average. and national goal; Violent Crime below NM average but eight times national goal; Preventable Hospital Stays better than NM average needs improvement to achieve national goal; occurrence rate worse than national and Peers for Homicide; leading Local Expert concern Social / economic situations.

35 http://www.countyhealthrankings.org/policies/financial-incentives-patients-undergoing-preventive-care

Problem Statement: A reduction in the Homicide rate should occur.

HCH SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- HCH Emergency Department
- HCH Kids First Program
- HCH First Steps Home Visiting Program
- HCH Children's Trust Fund Program

HCH IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinate efforts with the organizations listed below which offer resources responding to this need by identifying how HCH services can benefit their initiatives. HCH will continue efforts by maintaining contact with each organization to contribute to a forum for effort collaboration
- HCH will expand its efforts to offer families with children 0-10 Nurturing Parenting and other skills classes that reduce Adverse Childhood Experiences (ACE)
- HCH will create an Infant Mental Health team of certified clinicians

ANTICIPATED RESULTS FROM HCH IMPLEMENTATION PLAN

- Studies of the effects of Adverse Childhood Experiences such as exposure to violence and of the positive brain mapping that results from Infant Mental Health suggest that violence prevention starts early. By focusing our resources on children 0-10 we hope to see less violence in young adults.

LEADING INDICATOR HCH WILL USE TO MEASURE PROGRESS:

- Volume of Nurturing Parenting class program participants.
    - 2012 participants = 0

LAGGING INDICATOR HCH WILL USE TO IDENTIFY IMPROVEMENT

- Taos has a violent crime rate of 526/100,000 population, 0.26 standard deviations above NM mean score

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos CAV	PO Box 169 Taos, NM 87571	Office: 575-758-8082 24 hour crisis line: 575-758-9888
UNM Taos Adult Learning Center	115 Civic Plaza Drive Taos, NM 87571	575-737-3730
Nonviolence Works	1337-E & F Gusdorf Road Taos, New Mexico 87571	575-758-4297

Taos County Sheriff	105 Albright Street Suite Q Taos, NM 87571	(575) 737-6480

Other Needs Identified During the CHNA Process

13. Blood Pressure (high) – Chronic High Blood Pressure impacts 36% of pop 37% above average.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
HCH Nutritional Counseling & Weight Loss Management Services	1397 Weimer Road Taos, New Mexico 87571	575-751-5769
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005
Dr. Kilgore	404 Paseo Del Pueblo Norte Taos, NM 87571	575-758-4468
El Centro Family Health, Taos	1331 Gustorf Road Taos, NM 87571	575-758-3601
Veterans Health Administration Clinic	1353 Paseo Del Pueblo Sur, Taos, NM 87571	575-751-0328

14. Coronary Heart Disease – #2 cause of death, Taos ranks 32 of 33 (#1 worst) rate lower than expected; better than Peers and National rates for Coronary Heart Disease; Chronic heart disease – impacting 13% of the pop., 60% above avg.; rate places Taos in lowest national quintile.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos Cardiac-Pulmonary Wellness Center	1399 Weimer Road Taos, NM 87571	575-758-8270
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005

Dr. Kilgore	404 Paseo Del Pueblo Norte Taos, NM 87571	575-758-4468
El Centro Family Health, Taos	1331 Gustorf Road Taos, NM 87571	575-758-3601
Veterans Health Administration Clinic	1353 Paseo Del Pueblo Sur, Taos, NM 87571	575-751-0328

15. Drinking Water – 18% of population, 3 times NM average, exposed to violations.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Amigos Bravos	105-A Quesnel Street Taos, NM 87571	575-758-3874
NM Environment Department, Taos Field Office	145 Roy Road Suite B Taos, NM 87571	575-758-8808
NM Department of Public Health	1400 Weimer Road Taos, NM 87571	575-758-4719

16. Smoking / Tobacco Use – Smoking insignificantly different from NM average, exceeds national goal; Tobacco Use impacts 30% of pop. 15% above average.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
HCH Smoking Cessation Classes	1397 Weimer Road Taos, NM 87571	575-758-8883
NM DOH Quitline and web-based service	https://www.quitnow.net/NewMexico	1-800-QUIT-NOW

17. Cholesterol (High) – Obtained routine Screening impacts 48% of pop, 6% below avg.;. Chronic high impacts 27% of pop, 22% above avg.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Holy Cross Hospital Nutritional	1397 Weimer Road	575-751-5769

Counseling & Weight Loss Management Services	Taos, New Mexico 87571	
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005
Dr. Kilgore	404 Paseo Del Pueblo Norte Taos, NM 87571	575-758-4468
El Centro Family Health, Taos	1331 Gustorf Road Taos, NM 87571	575-758-3601
Veterans Health Administration Clinic	1353 Paseo Del Pueblo Sur, Taos, NM 87571	575-751-0328

18. Dental – Dentist to Population Ratio at NM average, needs improvement to achieve national goal; Dental Health Professional Shortage Area designation in the Questa, Arroyo Hondo, Peñasco, Truchas and Embudo minor civil divisions.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Questa Health Center PMS	2573 State Highway 522 Questa, NM 87556	575-586-0315
El Centro Family Health, Penasco	State Road 75 # 15136 Peñasco, NM 87553	575-587-2205

19. Chronic COPD / (Lung Disease) / Pulmonary – #6 cause of death, Taos ranks 29 of 33 (#1 worst) lower than expected; Chronic COPD impacts 6% of pop, 60% above avg.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005
Dr. Kilgore	404 Paseo Del Pueblo Norte Taos, NM 87571	575-758-4468

El Centro Family Health, Taos	1331 Gustorf Road Taos, NM 87571	575-758-3601
Veterans Health Administration Clinic	1353 Paseo Del Pueblo Sur, Taos, NM 87571	575-751-0328

20. Sexually Transmitted Disease – exceeds national goal level.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Holy Cross Hospital	1397 Weimer Road Taos, New Mexico 87571	575-758-8883
Taos County Public Health	1400 Weimer Road Taos, NM 87571	575-758-4719
HCH Sexual Assault Nurse Examiner (SANE) program	1397 Weimer Road Taos, New Mexico 87571	575-758-8883
Women's Health Institute	1329 Gusdorf Road Taos, New Mexico 87571	575-758-5001

21. Liver Disease- #8 cause of death, Taos ranks 13 of 33 (#1 worst) higher than expected

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Rio Grande Alcohol Treatment Center	1350 Paseo Del Pueblo Sur, Suite 7 Taos, NM 87571	575-737-5533
Tri-County Community Services	413 Sipapu Street Taos, NM 87571	575-758-5857

22. Low Back Pain (Chronic) – impacts 28% of pop. 23% above avg.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos Physical Therapy	414 Sipapu Street Taos, NM 87571	575-758-8761

Taos Orthopaedic Institute	1219-a Gusdorf Road Taos, NM 87571	575-758-0009
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005
Dr. Kilgore	404 Paseo Del Pueblo Norte Taos, NM 87571	575-758-4468
El Centro Family Health, Taos	1331 Gustorf Road Taos, NM 87571	575-758-3601
Veterans Health Administration Clinic	1353 Paseo Del Pueblo Sur, Taos, NM 87571	575-751-0328

23. Palliative Care & Hospice – Palliative Care does not exist in the market but Hospice programs do exist.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Mountain Home Health Hospice	630 Paseo Del Pueblo Sur, Suite 180 Taos, NM 87571	575-758-4786
Amber Care	410 S. Paseo De Onate Española, NM 87532	505-747-7861

24. ALZHEIMERS – #10 cause of death, Taos ranks 16 of 33 (#1 worst) lower than expected.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
No resources identified		

25. Chronic Osteoporosis (bone disease) – Chronic Osteoporosis impacts 13% of pop, 38% above avg.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos Orthopedic Institute	1219-a Gusdorf Road Taos, NM 87571	575-758-0009

Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005
Dr. Kilgore	404 Paseo Del Pueblo Norte Taos, NM 87571	575-758-4468
Taos Orthopedic Institute	1219-a Gusdorf Road Taos, NM 87571	575-758-0009
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224

26. Stroke – #7 cause of death, Taos ranks 27 of 33 lower than expected; better than peers and national rates for Stroke; rate places Taos in lowest national quintile.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
HCH Emergency Department	1397 Weimer Road Taos, New Mexico 87571	575-751-5835
Taos Physical Therapy	414 Sipapu Street Taos, NM 87571	575-758-8761
Taos Medical Group	1399 Weimer Road Suite 200 Taos, NM 87571	575-758-2224
Family Practice Associates	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571	575-758-3005
Dr. Kilgore	404 Paseo Del Pueblo Norte Taos, NM 87571	575-758-4468
El Centro Family Health, Taos	1331 Gustorf Road Taos, NM 87571	575-758-3601
Veterans Health Administration Clinic	1353 Paseo Del Pueblo Sur, Taos, NM 87571	575-751-0328

27. Life Expectancy / Premature Death Premature Death (deaths prior to age 75) exceeded NM avg. for years but achieved NM avg., exceeds national goal; Life expectancy Men and Women increased but Men improved longevity better than women.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
HCH CATCH program gives low income people access to life saving medication	118 Este Es Rd Suite H Taos, NM 87571	575-751-8927
HCH Diabetes Management Services	1397 Weimer Road Taos, New Mexico 87571	575-751-5769
HCH Cancer Support Services seeks to extend survivorship by improving quality of life	118 Este Es Rd. Suite H Taos, NM 87571	575-761-3652
HCH Kids First seeks to reduce Child Trauma and ACE that leads to chronic disease	118 Este Es Rd. Suite H Taos, NM 87571	575-751-3652
Tri-County's ACT program via health-focused case management	413 Sipapu St. Taos, NM 87571	575-758-5857

28. Health Education Implementation – A need identified by the Local Expert Advisors

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
NM DOH	1400 Weimer Road Taos, NM 87571	575-758-4719

29. FLU/PNEUMONIA - #9 cause of death, Taos ranks 18 of 33 (#1 worst) lower than expected.

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
Taos Urgent Care	330 Paseo Del Pueblo Sur Taos, NM 87571	575- 51-1006
Holy Cross Hospital	1397 Weimer Road Taos, New Mexico 87571	575-758-8883

30. Prescription Medicine Overuse – A need identified by the Local Expert Advisors

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
HCH /DOH Naloxone Project	1397 Weimer Rd. Taos, NM 87571	575-737-3374
Taos Alive Coalition	PO Box 3402 Taos, NM 87571	575-779-6853

31. Community Health Nurse to Reinforce Learning – A need identified by the Local Expert Advisors

Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:		
HCH First Steps Program	118 Este Es Rd. Suite H Taos, NM 87571	575-751-3652

Overall Community Need Statement and Priority Ranking Score:

Significant Needs Where Hospital Has Implementation Responsibility

1. Access / Affordability
2. Alcohol/Substance Abuse
3. Mental Health / Suicide
4. Priority Populations
5. Cancer
6. Diabetes
7. Maternal and Infant Measures
8. Obesity/Overweight
9. Accidents
10. Physicians
11. Compliance Behavior
12. Predisposing Factors

Significant Needs Where Hospital Did Not Develop Implementation Plan

None

Other Needs Where Hospital Developed Implementation Plan

None

Other Identified Needs Where Hospital Did Not Develop Implementation Plan[36]

13. Blood Pressure (High)
14. Coronary Heart Disease
15. Drinking Water
16. Smoking / Tobacco Use
17. Cholesterol (High)
18. Dental
19. Chronic COPD / (Lung Disease) / Pulmonary
20. Sexually Transmitted Disease
21. Liver Disease
22. Low Back Pain (Chronic)
23. Palliative Care & Hospice
24. Alzheimer's
25. Chronic Osteoporosis (bone disease)
26. Stoke
27. Life Expectancy / Premature Death
28. Health Education implementation
29. Flu/Pneumonia
30. Prescription medication overdose
31. Community health nurse to reinforce learning

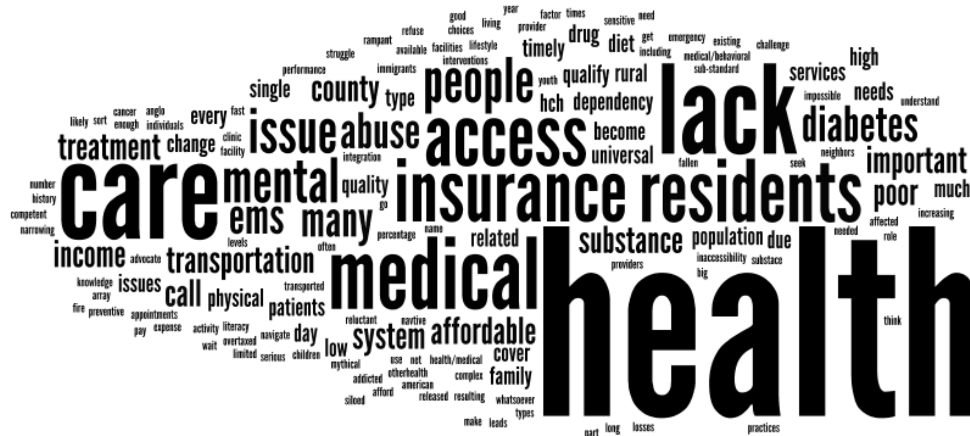
[36] HCH has existing programs and resources in place to meet many of these needs and will continue existing efforts in these areas.

APPENDICES

Appendix A – Local Expert Advisor Opinion About Significant Needs

A total of 16 Local Expert Advisors participated in the first round of an on-line survey offering opinions regarding their perceptions of community health needs. The following is an analysis of their responses:

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



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

Specific verbatim comments received were as follows:

- Access to and maintaining Medical care. The expense is one big factor people can't afford It is important, to make it affordable.
- Access to culturally competent health care; a health service system that is sensitive to the needs of all the county residents not just high income individuals with health insurance.
- Diabetes because it has affected all types of people, Native American, Hispanic and Anglo. I think it is so rampant because of the change in diet, lack of exercise, and family history of diabetes.
- Families struggle with access to affordable and timely medical care. In our low income population children can qualify for Medicaid while their parents go without any treatment whatsoever. Also, we have a high percentage of working poor that don't qualify for any sort of medical coverage and those that do can't access treatment in a timely manner. Transportation and fast medical emergency responses are a related access issue.

- Heart Disease, Diabetes, Hypertension, Mental Health, Cancer
- I believe the most important health/medical issue is the uninsured/underinsured population. When people don't have medical/health insurance they'd rather not seek any type of medical/behavioral health treatment.
- Lack of access to affordable preventive care. We need a truly universal health care system.
- Lack of health insurance for everyone including recent immigrants.
- Lack of insurance and those of us who do pay extreme deductibles and premiums and costs of care to cover those who don't. Medical facilities charging too much for procedures to cover losses, Lack of quality providers as you can't get in for an appointment or if you change appointments you have to wait long times.
- Lack of insurance ties with Lack of integration of existing services--system is too siloed
- Many residents within the county have some type of drug that they are addicted to and finding quality treatment services would be a challenge.
- Most important health issue is the limited literacy levels of adults and youth preventing access to health care and hindering people's capacity to a) advocate for their health needs, b) understand health related issues and interventions, and c) navigate the complex systems needed for good health.
- Narrowing down to a single issue is an impossible task. In my role as and EMS provider in our very rural, low / no income part of northern Taos County, the inaccessibility of physical health, mental health, or emotional health care is obvious every day. Poverty, lack of health insurance, lack of knowledge of the healthcare system and available funds, lack of transportation, sub-standard housing, drug and alcohol use / abuse all contribute to poor physical and mental health status for many of our residents. I can name 3 residents who, in any other locale, would likely be living in a medical or mental health facility with 24 hr. care. They rely on neighbors to check in, deliver groceries or medicine. The Questa Health Clinic is an oasis, but overtaxed almost every day of the year. Since most of our residents have no primary care physician (as an increasing number of people nationwide) our EMS responders see them when symptoms have become serious enough for a 911 call. Many residents, who call 911 for a medical issue, are reluctant or refuse transport to HCH because they have neither insurance nor money. EMS becomes the only "universal health care" in much of rural US America. Single people who become patients or patients whose "family" has no transportation who are transported to HCH, often have no way to return home when released. As Fire & EMS Chief I wish for medical and mental health and social services that I can call to assist our residents. Too many have already fallen through the mythical safety net.
- Obesity due to diet & lifestyle choices Diabetes due to the above Poor parenting practices resulting in substandard school performance, gang activity and substance abuse.
- Substance abuse and Dependency

- Substance abuse & Substance dependency which leads to an array of other health issues and concerns.

Our second question to the Local Experts was "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations) which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what."

The responses generated the following image:

Specific verbatim comments received were as follows:

- All these situations exist. Government needs to provide universal health care. Local hospitals and medical community need to reach deeper into the community and partner with local organizations to coordinate services, bring services deep in to the community, provide health literacy programs and promote wellness of mind, body, and spirit...not just treat the sick.
- Based on the work that I do I would say that STD's in our community is a valid concern.
- Cancer is the primary chronic disease. The United States Government needs to provide health care of everyone. The health system has become all about money and high cost of drugs. Therefore only the rich get good health care or those who can afford health insurance and the poor have to deal with their disease.
- Diabetes and obesity need to be addressed proactively via affordable prevention. Perhaps local providers could volunteer time monthly to provide care to underserved areas.
- Even after the expansion of Medicaid and increased availability of health insurance through the Affordable Care Act, there will still be a substantial number of people without health insurance coverage. This group will continue to tax the resources of the hospital and all other health agencies and negatively impact the health of the entire community. I would suggest a planning process to include key health agencies and Taos County to maximize the

effectiveness of the current Indigent Fund in order to steer as many uninsured people towards existing resources.

- Help with prescription drug coverage. There are many individuals here that cannot afford their medications, especially during the winter months when they need the money to keep their homes warm. Reduced fee clinics and pharmaceutical assistance. Mental Health. There are few if any resources in the area. Bring in weekly resources. Reliable trustworthy home health care and assisted living.
- I believe my first answer addressed this question.
- I believe that substance dependency issues are a root cause of many other issues we face in this community. I believe it needs to be a collaborative effort from all human services agencies throughout the community. Organizing such a thing is the challenge that faces us all.
- I find most children under five years old lack regular or accurately administered developmental screenings such as the Ages and Stages Questionnaire (identified as the validated screening tool by the NM Developmental Screening Initiative). Identifying potential developmental delays in the first five years and providing intervention can often prevent long term consequences for the child that later identification cannot. Primary care physicians should be trained in ACCURATE use of the tool and resulting referrals. Increase community programs that families have greater access to and deeper contact with (such as First Steps and child care programs).
- My issue is why are low income and minorities always considered. What, the rest of us don't matter? We can take care of ourselves, which is untrue. I believe Taos County has parenting issues with the children they have but continue to have large families. I believe setting priorities is an issue, such as tattoos, nails and hair and nice cars take priority over health care, food and education (children's rights). I believe education issues, alcohol and drug use and abuse are major issues across the board Education as in when 50 of children coming to Taos High are not proficient in math or reading.
- People in this county as any where else are dealing with chronic issues ranging from diabetes to cancer. People have to travel distances to get the specialty care needed for treatment. Providers that are interested in working in Taos come here thinking everything is on an upscale level but in reality the majority of the people living here are low-income. There appears to be some prejudice towards those people and the providers attitudes lead to substandard care. Existing health systems need to collaborate in a more effective manner and work together to recruit more specialists.
- Primary and chronic disease: We need more affordable access to health care for both the insured and uninsured for all forms of primary disease. The health issue that arise out of

affordable care are that patients wait until conditions become more serious before seeking care and the conditions then require more expensive intervention and poorer outcomes. This is of concern in the lowest income groups in our community (Hispanic, native and immigrant) but many people in the middle income bracket are not eligible for Medicare/Medicaid and cannot afford insurance. I see this even in my own employees as I had to discontinue my employee health plan due to rising premiums. This middle income issue applies to all ethnic/race groups.

- Substance abuse and its causes--poverty, lack of insurance, lack of integration. All caregivers--medical, mental health, social services, hospitals, law enforcement, criminal justice, churches, schools, need to get out of their silos and work together to fix holes in safety net.
- There are primary and/or chronic disease needs. Addiction is a big problem in all population groups and I feel the number of people being diagnosed with cancer issues is huge. Women over the age of 30 do have some resources but men and younger women have nothing to help them if there is a cancer issue. Our state/local governments well as our medical community need to address the providing for some type of treatment center for addictions/mental issues and a cancer treatment center for northern NM.
- There are several health issues. Chronic pain issues, arthritis, teen pregnancy, STD's, overall general health.

Appendix B – Process to Identify and Prioritize Community Need[37]

Community Health Need Topic	Total Points Allocated	Number of Local Experts Allocating Points	Cummulative Percentage of Points	Break Point From Higher Need	Need Determination
1. ACCESS / AFFORDABILITY	313	18	15.7%		Significant Needs
2. ALCOHOL/SUBSTANCE ABUSE	263	19	28.8%	50	
3. MENTAL HEALTH / SUICIDE	241	20	40.9%	22	
4. PRIORITY POPULATIONS	134	15	47.6%	107	
5. CANCER	111	13	53.1%	23	
6. DIABETES	107	13	58.5%	4	
7. MATERNAL AND INFANT MEASURES	77	10	62.3%	30	
8. OBESITY/OVERWEIGHT	76	13	66.1%	1	
9. ACCIDENTS	71	11	69.7%	5	
10. PHYSICIANS	64	10	72.9%	7	
11. COMPLIANCE BEHAVIOR	61	10	75.9%	3	
12. PREDISPOSING FACTORS	59	9	78.9%	2	
13. BLOOD PRESSURE (High)	40	10	80.9%	19	Other Identified Needs
14. CORONARY HEART DISEASE	40	9	82.9%	0	
15. DRINKING WATER	38	8	84.8%	2	
16. SMOKING / TOBACCO USE	34	10	86.5%	4	
17. CHOLESTEROL (High)	33	6	88.1%	1	
18. DENTAL	30	9	89.6%	3	
19. CHRONIC COPD / (LUNG DISEASE) / PULMONAR	26	8	90.9%	4	
20. SEXUALLY TRANSMITTED DISEASE	26	8	92.2%	0	
21. LIVER	26	6	93.5%	0	
22. LOW BACK PAIN (Chronic)	23	6	94.7%	3	
23. PALLIATIVE CARE & HOSPICE	20	7	95.7%	3	
24. ALZHEIMERS	18	7	96.6%	2	
25. CHRONIC OSTEOPOROSIS (bone disease)	15	6	97.3%	3	
26. STROKE	12	5	97.9%	3	
27. LIFE EXPECTANCY / PREMATURE DEATH	10	5	98.4%	2	
28. Health Education implementation	10	1	98.9%	0	
29. FLU/PNEUMONIA	8	4	99.3%	2	
30. Prescription mediciation overdose	7	1	99.7%	1	
31. Community health nurseto reinforce learning	7	1	100.0%	0	
TOTAL	2000	20			

Individuals Participating as Local Expert Advisors

Organization Taos Pueblo Department of Public Safety
Position CDO Supervisor
Experience 4 years corrections/dispatch officer

Organization Casa de Corazon
Position Director
Experience Social Work/Quality Management/Long term resident

Organization Total Health and Wellness Center of Taos
Position President/Pharmacist in Charge
Experience community pharmacy

Organization Rocky Mountain Youth Corps
Position Deputy Director
Experience Disconnected youth

Organization Mora Valley Community Health Services
Position Planning & Development Manager

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

Experience rep. of a community health center

Organization Veterans Administration
Position physician
Experience addiction medicine

Organization Taos Municipal Schools
Position Registered Nurse
Experience School Health

Organization Holy Cross Hospital
Position Community Health Worker
Experience Serve the Picuris Pueblo/Peñasco area that is mostly a low income population.

Organization Taos County Juvenile Justice Board
Position Project Coordinator
Experience juvenile justice collaboration

Organization Holy Cross Hospital
Position Community Health Worker
Experience Long term area resident, Public Heath

Organization Taos County DWI
Position Teen Court Coordinator/Certified Prevention Specialist
Experience Alcohol and Drugs with the general population.

Organization Taos Municipal Schools
Position School Nurse
Experience RN, lifelong resident

Organization CYFD-JJS
Position Chief JPO
Experience Responsible for supervision of the Juvenile Probation Parole Offices for 8th Judicial District (Taos, Colfax and Union)

Organization Heather F. Nelson LISW
Position LISW
Experience Pediatric trauma clinical social worker who has resided in Taos for a decade

Organization Taos Indian Health Service
Position Acting Clinical Director
Experience community physician

Organization Taos Pueblo Day School
Position Principal

Experience Education

Organization Taos Pueblo
Position Fire Management Officer
Experience Wildland Fire

Organization El Centro Family Health
Position Community Health Worker
Experience Heath Education

Organization Rio Grande ATP, Inc
Position Billing Specialist/Admissions Coordinator
Experience Outpatient and Intensive Outpatient Treatment

Organization Tri-County Community Services, Inc.
Position CEO
Experience Behavioral Health

Organization Rio Grande Alcoholism Treatment Program, Inc.
Position Executive Director
Experience substance abuse treatment- outpatient

Organization Office of the Medical Investigator
Position Field Deputy Medical Investigator
Experience Provide stats for drug deaths for Taos County

Organization DOH
Position Epidemiologist
Experience epidemiology

Organization Community Against Violence
Position Saferoom Director/Forensic Interviewer
Experience Native Taosena Child abuse investigations

Organization Holy Cross Hospital
Position Social Worker
Experience Long term area resident/ Human Services

Organization Adult Learning Center @ UNM-Taos
Position Director
Experience adult education

Organization Taos High School
Position Teacher
Experience Teen Parents and High School students

Organization	Taos Herb Company
Position	President
Experience	alternative/complimentary medicine

Organization	Taos Community Foundation
Position	CEO
Experience	Philanthropy - healthy youth and families

Organization	UNM Northern TTAP
Position	Director
Experience	early childhood training for adults

Organization	El Centro Family Health
Position	Physician
Experience	family medicine, public health

Organization	Cimarron Healthcare Clinic
Position	PA-C, MPAS
Experience	Public clinic, long term resident

Organization	Taos Alive
Position	Assistant Program Coordinator
Experience	Substance Abuse Prevention

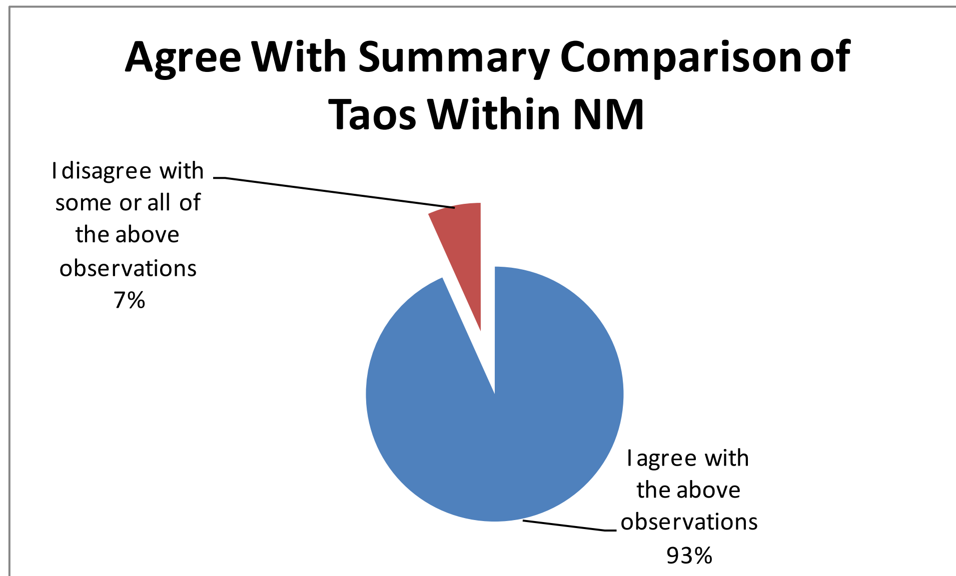
Organization	Taos Pueblo Health & Community Services
Position	Director
Experience	public health

Organization	Director / Fire & EMS Chief
Position	Cultural Bridges to Justice & Latir Volunteer Fire Dept
Experience	Justice Trainer & Fire & EMS Chief

Organization	Taos Public Health Office
Position	Nurse Manager
Experience	Public Health

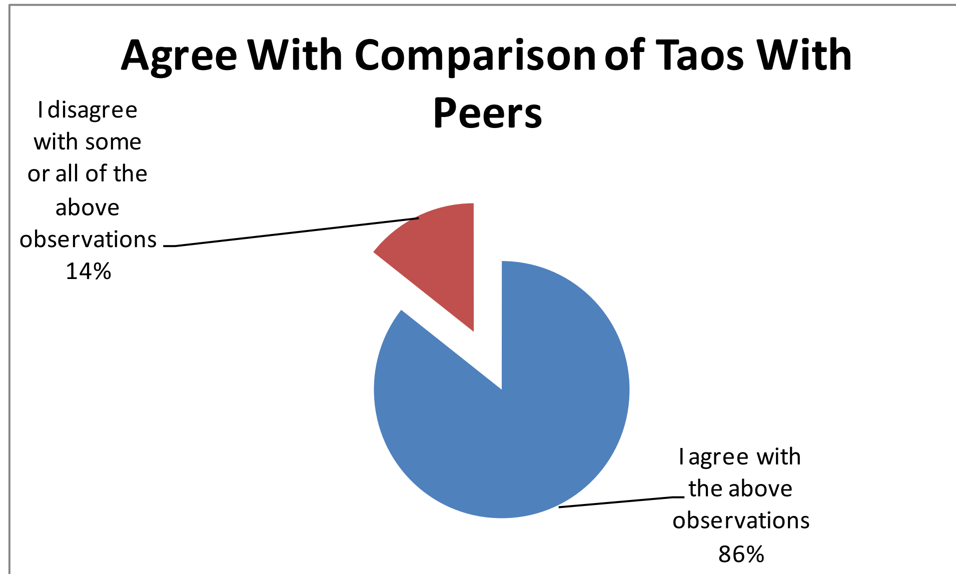
Advice Received from Local Experts

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



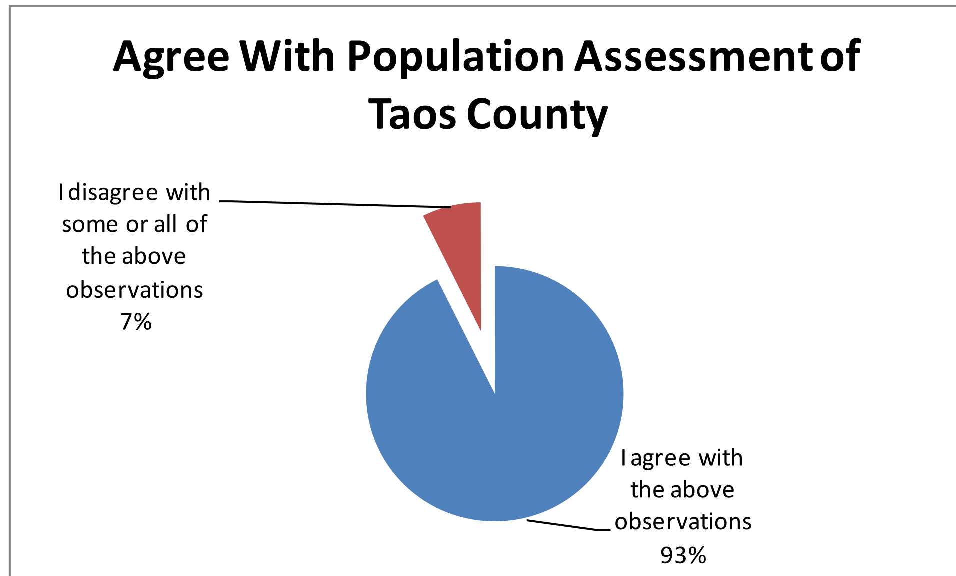
We need elderly care facilities and child care facilities that are affordable.
Health costs: The cost of a Medical Office visit, ER visit, Hospital stay, Dentist office visit and procedures for all these are extreme.
I am wondering how Taos Pueblo is included in these statistics - would expect it to increase Taos County rates of diabetes and obesity
I believe drug use, prescription or illegal, should be included. I believe costs of medical care, including insurance premiums and out of pocket expenses become a major factor in causes to prevent improvement and even though primary care ratios may seem ok, I believe the wait time to get a timely appointment plus the quality of care received should be considered.

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



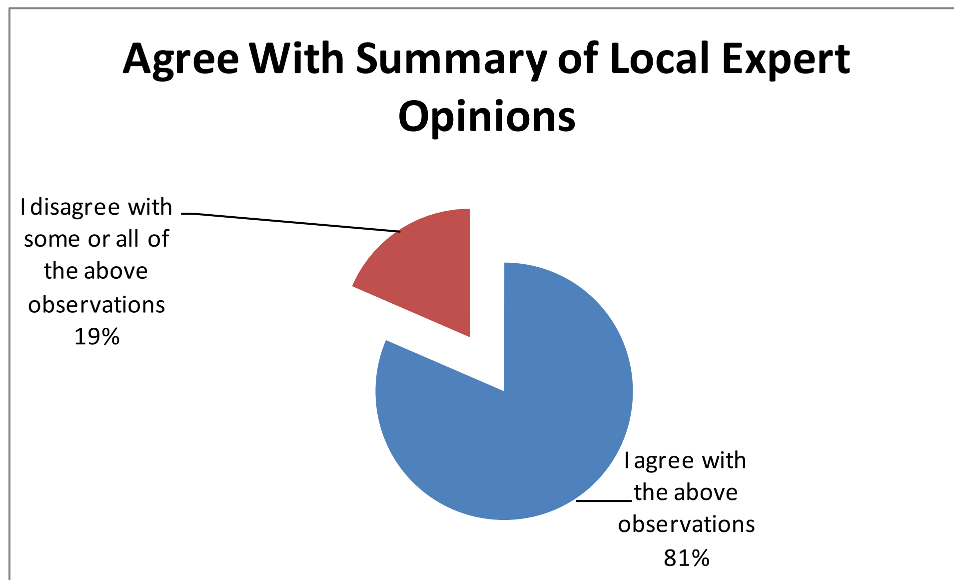
More young adult women and teenagers are getting pregnant.
I see many people in Taos Co. struggling with the above mentioned cancers and Coronary Heart Disease/ Stroke
I feel female breast cancer should be at the "SOMEWHAT A CONCERN" level.
Would love to see the statistics for breast, colon and lung cancer. Anecdotally the rates seem to be higher to me in Taos country.
Native American observations need to be added.
I would agree but really don't know the actual statistics. I know some of the better performance, local health groups have been trying for improvement for the past 20 years or more.
I assume these are based on reliable statics which I trust and I agree that we see concerns in the categories that address babies and mothers

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



- Statistics need to include native population.
- Again, I think Taos County statistics are likely to be heavily biased by a very educated and wealthy white population who is more likely to answer surveys.
- I would guess the stats are significant but again, the underlying causes...Poverty, Overpriced medical costs, high altitude, lack of education or education not a high priority, apathy, not being able to receive timely doctor appointments or lack of specialist care in town.
- One of my personal concerns is the lack of access and affordability of health care. That being the case I am not surprised to many of the metrics above could be impacted by or correlated with this problem.

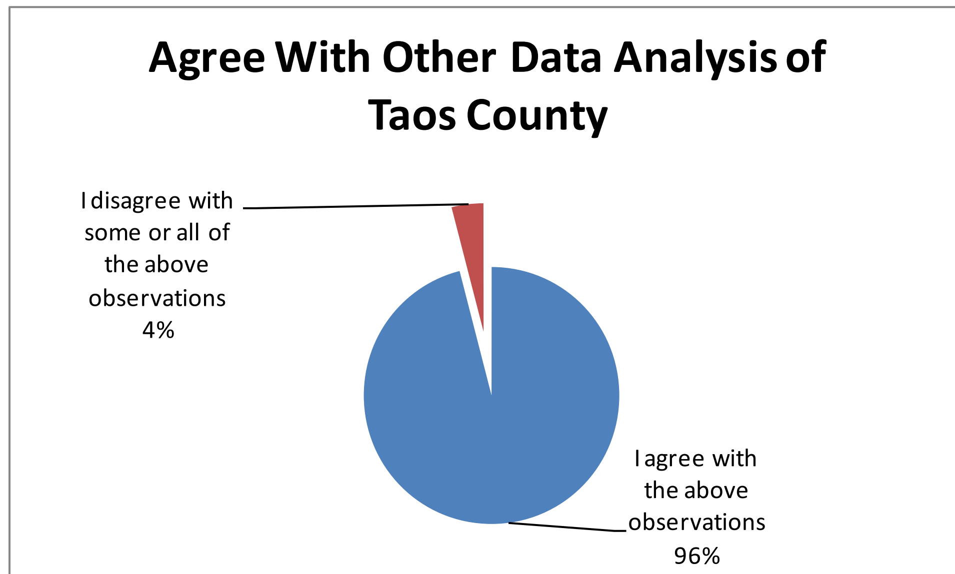
Q. Do you agree with the observations formed about the opinions from local residents?



I believe the most important health or medical issue is the need to create a culture of healthy behaviors. Most are of chronic issues result from unhealthy behaviors (poor diet, lack of exercise, smoking, drinking, etc). Much can be achieved with healthy lifestyle modifications.
I disagree with the lack of access to substance abuse treatment resources. I believe there are enough treatment resources. What is lacking is substance abuse prevention and early intervention resources. This is a low priority. Persons with substance abuse issues are ignored until they are addicted.
I am shocked that chronic non-cancer pain treatment did not show up. Perhaps it wasn't given as an option amongst chronic illnesses.
Many individuals are using the "Urgent Care" systems that a fairly new to the area. Costs are manageable.
However I have observed that children who do have Medicaid / insurance do not get regular medical care. Perhaps through media, parents can be encouraged to get physicals for their children at least every other year. Prevention of disease should be discussed, along with community resources.
Intergenerational transmission of domestic violence, sexual abuse/molestation/incest, substance abuse
Agree strongly with the responses to the first question. Disagree some of the 2nd group - would add substance abuse/alcohol abuse and resources to manage chronic pain
I recommend adding violence/trauma to most important health issue. And add undereducated population as example of social/economic concerns that negatively impact health.
The cost of medical care for all persons in Taos County, even with insurance requires high co pays and deductibles. Mental health services and substance abuse are lacking, including high quality of counselors. I've known the same resources for years and not sure from knowing their personal lives plus burn-out ratios that they are effective as counselors. I know the alcohol counseling could use some help. Parenting is also an issue that concerns me, but family and peer pressure//religious/culture influence is stronger than educators.

My original concerns are included above

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



- Peñasco has two Heath Clinics. They are not Medically Underserved.
- PCPs need more support in educating their patients in prevention of disease. Perhaps Nursing students could help with this.
- Teen suicide and LGBTQ issues
- Palliative Care? were non-traditional health specialists not included? I consult someone and I know many others do. Causes of deaths would be expected with the substance abuse abundance in Taos. Free Lunch has now changed but I personally believe there has been a mistake in the calculations. Underserved and lack of quality health professionals is equal to the high costs involved, especially for those of us paying for delinquent accounts and uninsured health and motor vehicle.
- Being an extremely rural county I access to timely emergency medical care may correlate to accidental death statistics and lack of transportation impacts the access to care in the medically under-served areas.