Holy Cross Medical Center 2022

Community Health Needs Assessment

Adopted by Board Resolution June 29, 2022[1]

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

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A Message to Our Community

Dear Community Member: At Holy Cross Medical Center (HCMC), we have spent more than 85 years providing high-quality compassionate healthcare to the greater Taos County community. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan for how HCMC will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

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

HCMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

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

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

Thank You,

Bill Patten
Chief Executive Officer
Holy Cross Medical Center

Executive Summary

Holy Cross Medical Center ("HCMC" or the "Hospital") performed a Community Health Needs Assessment in partnership with QHR Health ("QHR") to determine the health needs of the local community and developed an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

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

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

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

4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts

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

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

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

The 2022 Significant Health Needs identified for Taos County are:

- **Behavioral Health***: Mental Health and Substance Use Disorder*
- **Access to Healthcare:** *Affordability and Presence of Services*
- **Preventative Care**
- **Senior Services**

In the Implementation Strategy section of the report, HCMC addresses these areas through identified programs, resources, and services provided by HCMC, collaboration with local organizations, and provides measures to track progress.

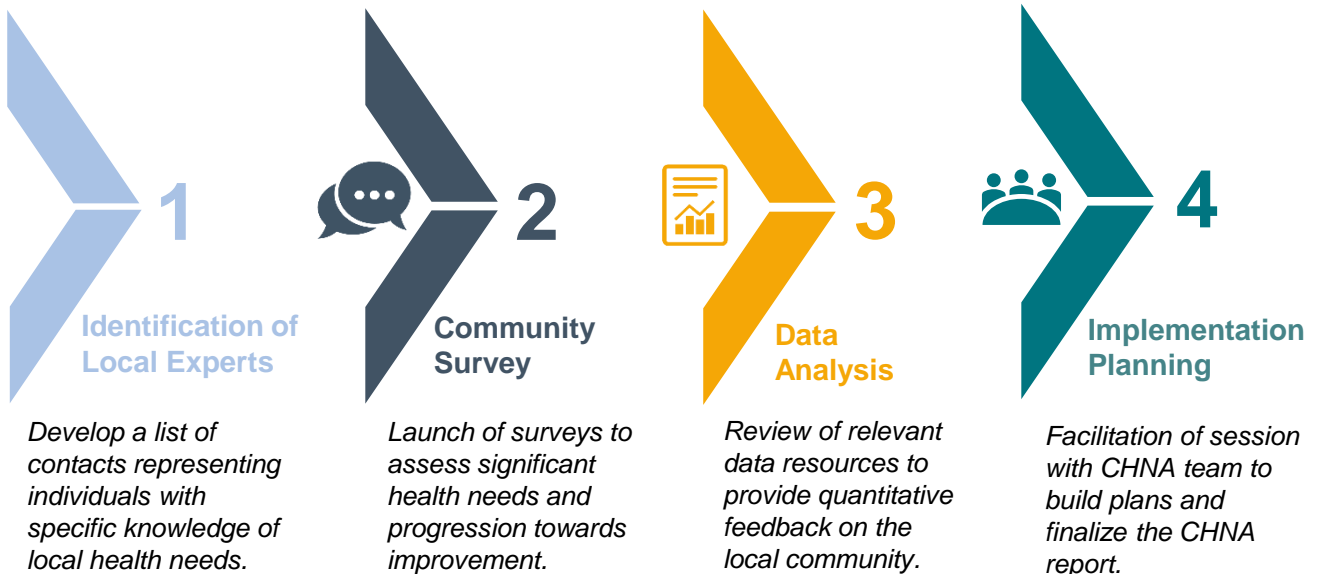# Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community members perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process

1 Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by survey respondents.

Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Survey respondents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- www.countyhealthrankings.org
- Stratasan
- www.worldlifeexpectancy.com/usa-health-rankings
- Bureau of Labor Statistics
- NAMI
- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population
- New Mexico's Indicator-Based Information System (NM-IBIS)
- Center for Housing Policy
- Zillow Home Value Index
- Health Affairs: Leigh & Du
- AAFP

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

• A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community, through the Hospital's social media and website, to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 24 identified Local Expert Advisors and 491 community members were received. Survey responses were collected in February 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which are detailed in the appendix to this report. Written comment participants self-identified into the following classifications:

1) **Public Health Official**

2) **Government Employee or Representative**

3) **Minority or Underserved Population**

4) **Chronic Disease Groups**

5) **Community Resident**

6) **Educator**

7) **Healthcare Professional**

8) **Other** (please specify)

Survey Question: Please select all roles that apply to you (n=449)

Role	Count
Public Health Official	22
Representative of Chronic Disease Group or Advocacy Organization	28
Government Employee or Representative	30
Educator	85
Minority or Underserved Population	85
Healthcare Professional	125
Community Resident	404
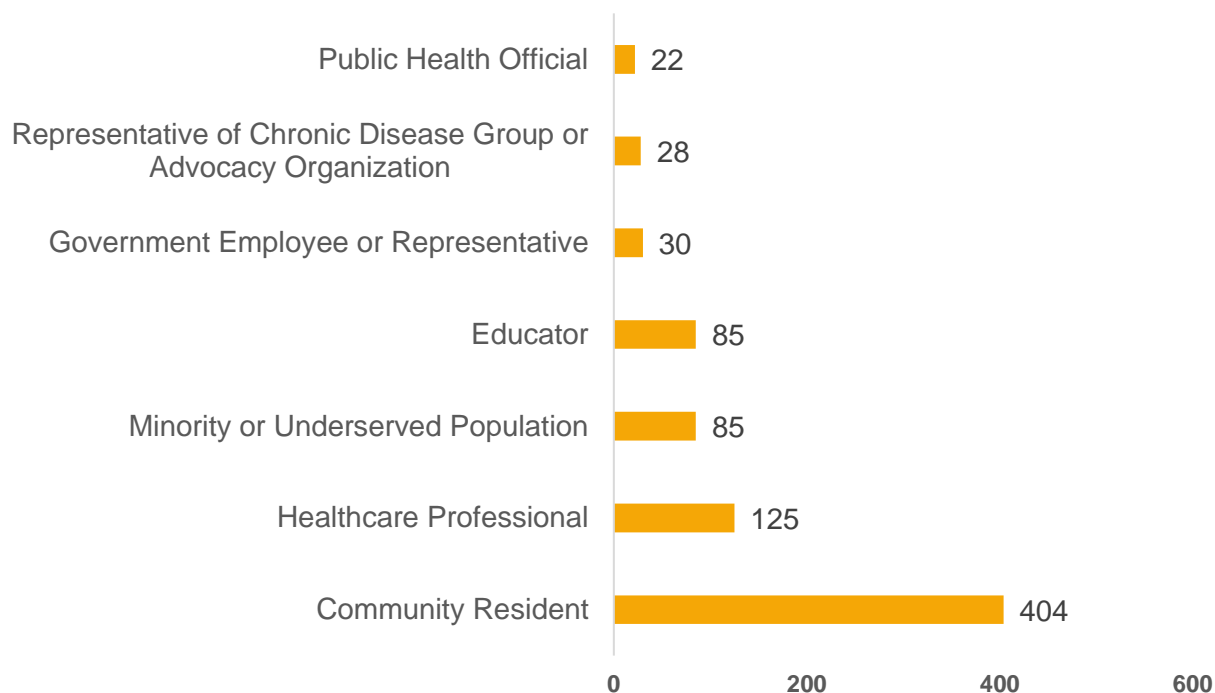
Input on Priority Populations

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 ("Priority Populations") need help to improve their condition and, if so, what needs to be done to improve the conditions of these groups.

Survey Question: Which of these populations are prevalent/most common in your community?

Bar chart showing Response Percent (n=412):
- Low-income groups: 80%
- Residents of rural areas: 75%
- Older adults: 71%
- Women: 60%
- Racial and ethnic minority groups: 59%
- Individuals requiring additional healthcare support: 56%
- Children: 54%
- LGBTQ+: 34%
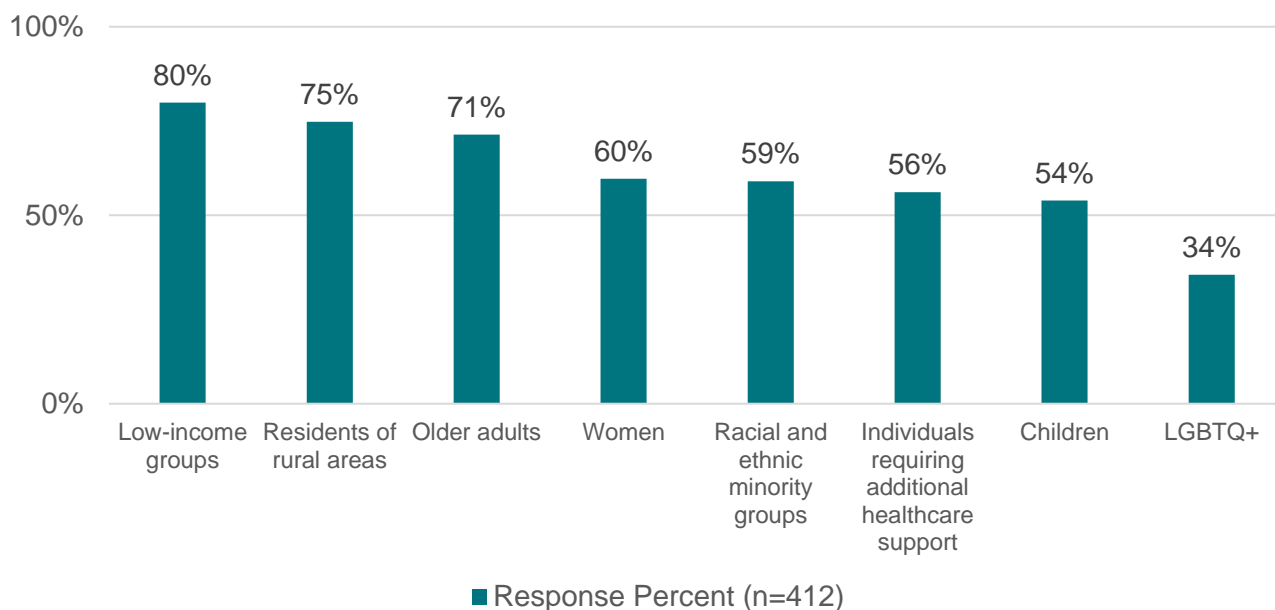
- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted in the following "take-away" bulleted comments:
    - The top three priority populations identified by the survey were low-income groups, residents of rural areas, and older adults
    - Summary of unique or pressing needs of the priority groups identified by the surveyors:
        - Access to care
        - Behavioral health needs
        - Affordable care
        - Housing

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Plan as a component of the development of the next CHNA and Implementation Plan. Comments were solicited from community members with regard to HCMC's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:

- Alcohol/Substance Abuse
- Mental Health/Suicide
- Access/Affordability
- Cancer
- Diabetes
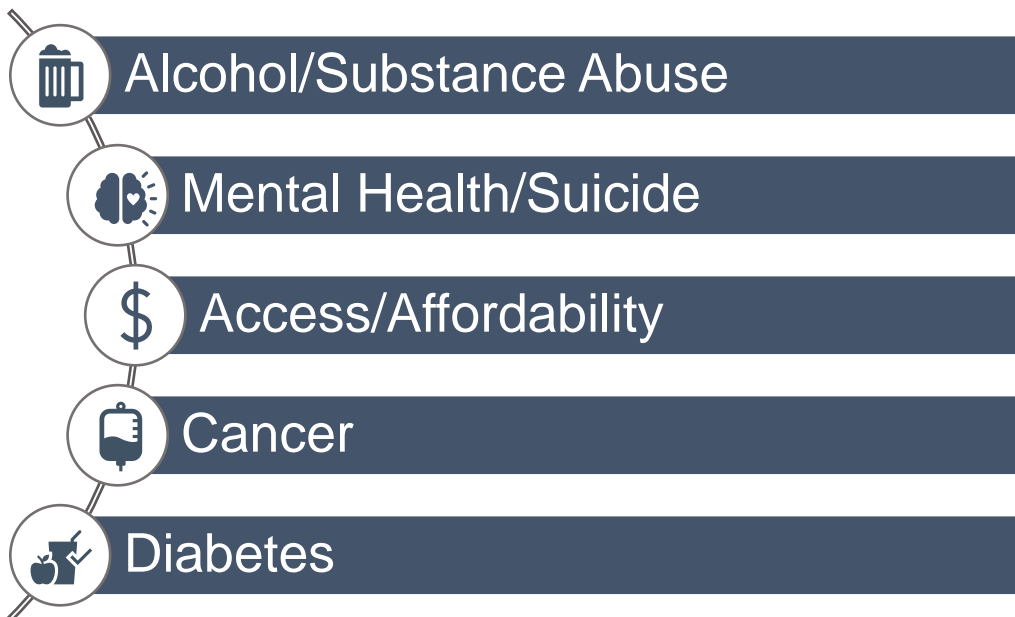
Community Served

For the purpose of this study, Holy Cross Medical Center defines its service area as Taos County in New Mexico which includes the following Zip codes:

87513 – Arroyo Hondo   87514 – Arroyo Seco   87521 – Chamisal   87524 – Costilla

87529 – El Prado   87549 – Ojo Caliente   87553 – Penasco   87556 – Questa

87564 – San Cristobal   87571 – Taos   87579 – Vadito   87580 – Valdez

87557 – Ranchos de Taos

In 2021, HCMC received 80% of its Medicare inpatients from this area.

Taos County Demographics

Holy Cross Medical Center
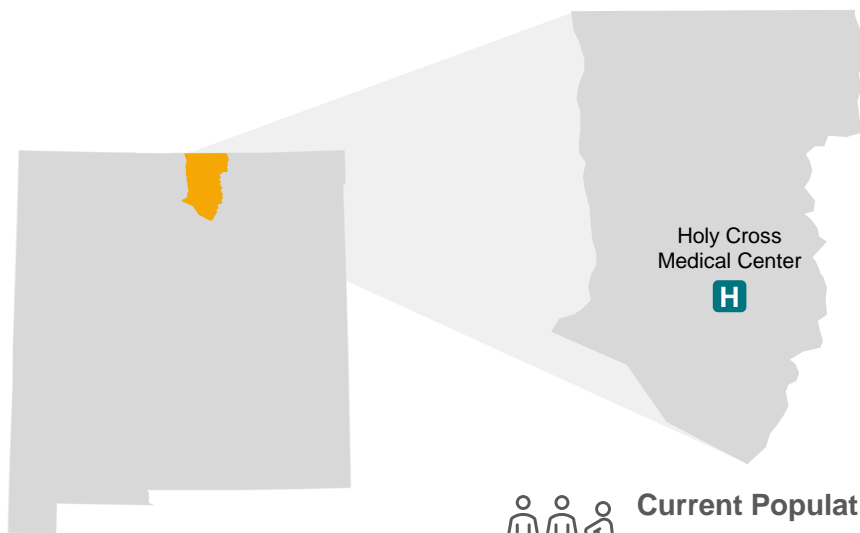
Current Population :
32,735

Age

	Taos County	New Mexico
0 – 17	*18.6%*	*22.8%*
18 – 44	*28.2%*	*35.1%*
45 – 64	*28.3%*	*24.4%*
65 +	*24.9%*	*17.6%*

Source: Stratasan, ESRI

Race/Ethnicity

	Taos County	New Mexico
White	67.6%	65.4%
Native American	6.2%	10.0%
Black	0.6%	2.3%
Asian & Pacific Islander	0.9%	1.8%
Other	24.7%	20.5%
Hispanic*	56.9%	50.1%

*Ethnicity is calculated separately from Race

Education and Income

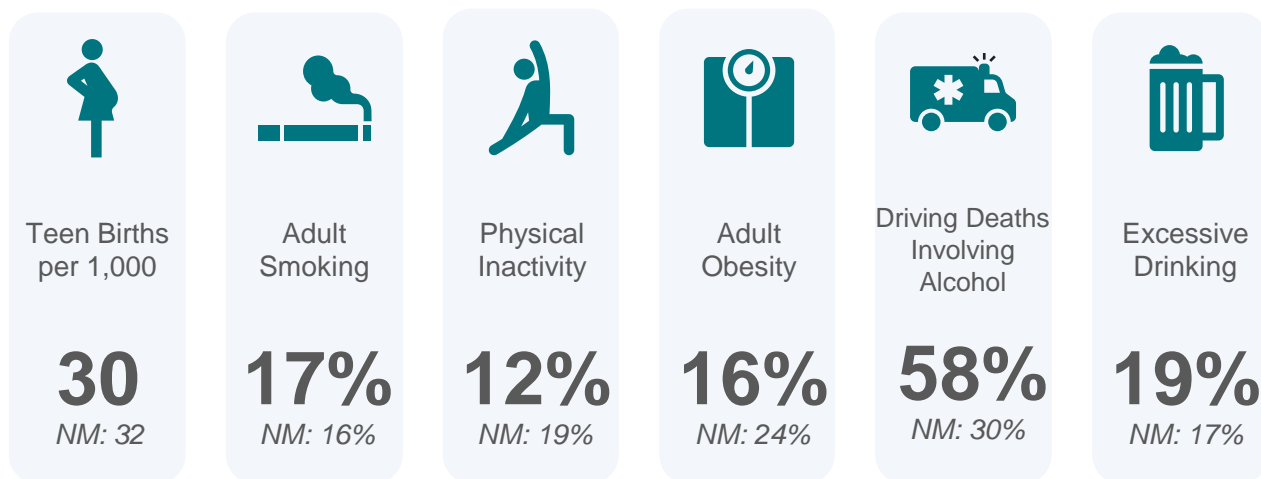|	Taos County	New Mexico
Median Household Income	$41,459	$51,889
Some High School or Less	9.5%	13.9%
High School Diploma/GED	28.1%	26.4%
Some College/ Associates Degree	32.9%	31.8%
Bachelor's Degree or Greater	29.4%	27.8%

Source: Stratasan, ESRI

Community Health Characteristics

The data below shows an overview of Taos County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

Health Behaviors

Teen Births per 1,000	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
30	**17%**	**12%**	**16%**	**58%**	**19%**
NM: 32	NM: 16%	NM: 19%	NM: 24%	NM: 30%	NM: 17%

Quality of Life

Suicide Rate: 34
Per 100,000
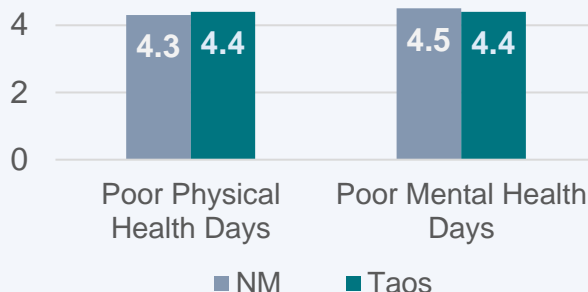*Compared to 24 in NM*

Poor or Fair Health: 21%
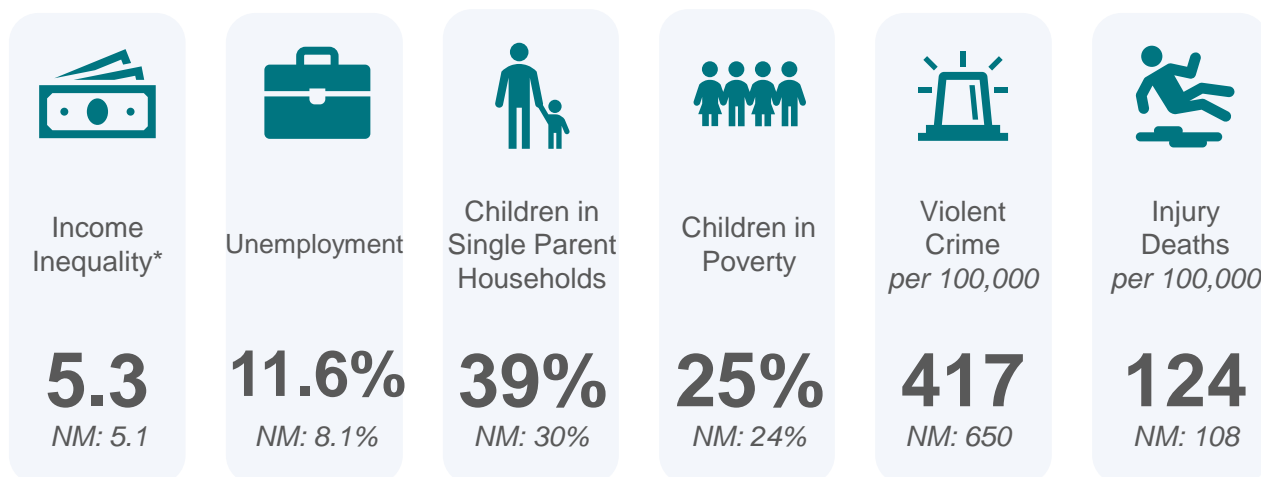*Compared to 20% in NM*

Low Birthweight: 11%
Compared to 9% in NM

Average number of physically and mentally unhealthy days in the past 30 days

	Poor Physical Health Days	Poor Mental Health Days
NM	4.3	4.5
Taos	4.4	4.4

Source: County Health Rankings 2021 Report

Socioeconomic Factors

Income Inequality*	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
5.3	**11.6%**	**39%**	**25%**	**417**	**124**
NM: 5.1	NM: 8.1%	NM: 30%	NM: 24%	NM: 650	NM: 108

Access to Health

Uninsured: 10%
Compared to 10% in NM

Preventable Hospital Stays: 2,065
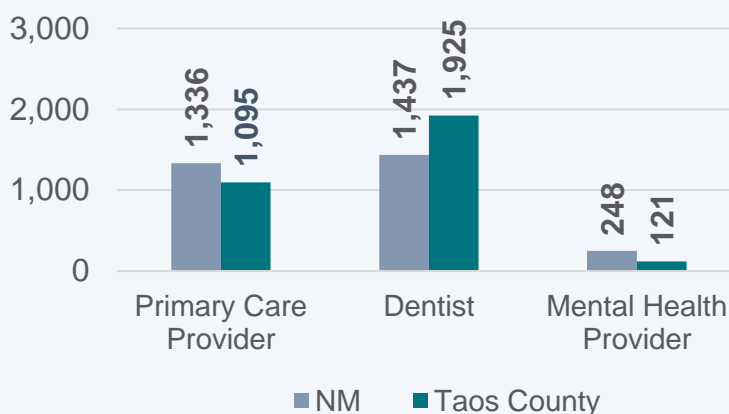*Per 100,000*
Compared to 2,894 in NM

Access to Exercise Opportunities: 83%
Compared to 77% in NM

Number of people per 1 Provider

	NM	Taos County
Primary Care Provider	1,336	1,095
Dentist	1,437	1,925
Mental Health Provider	248	121

Physical Environment

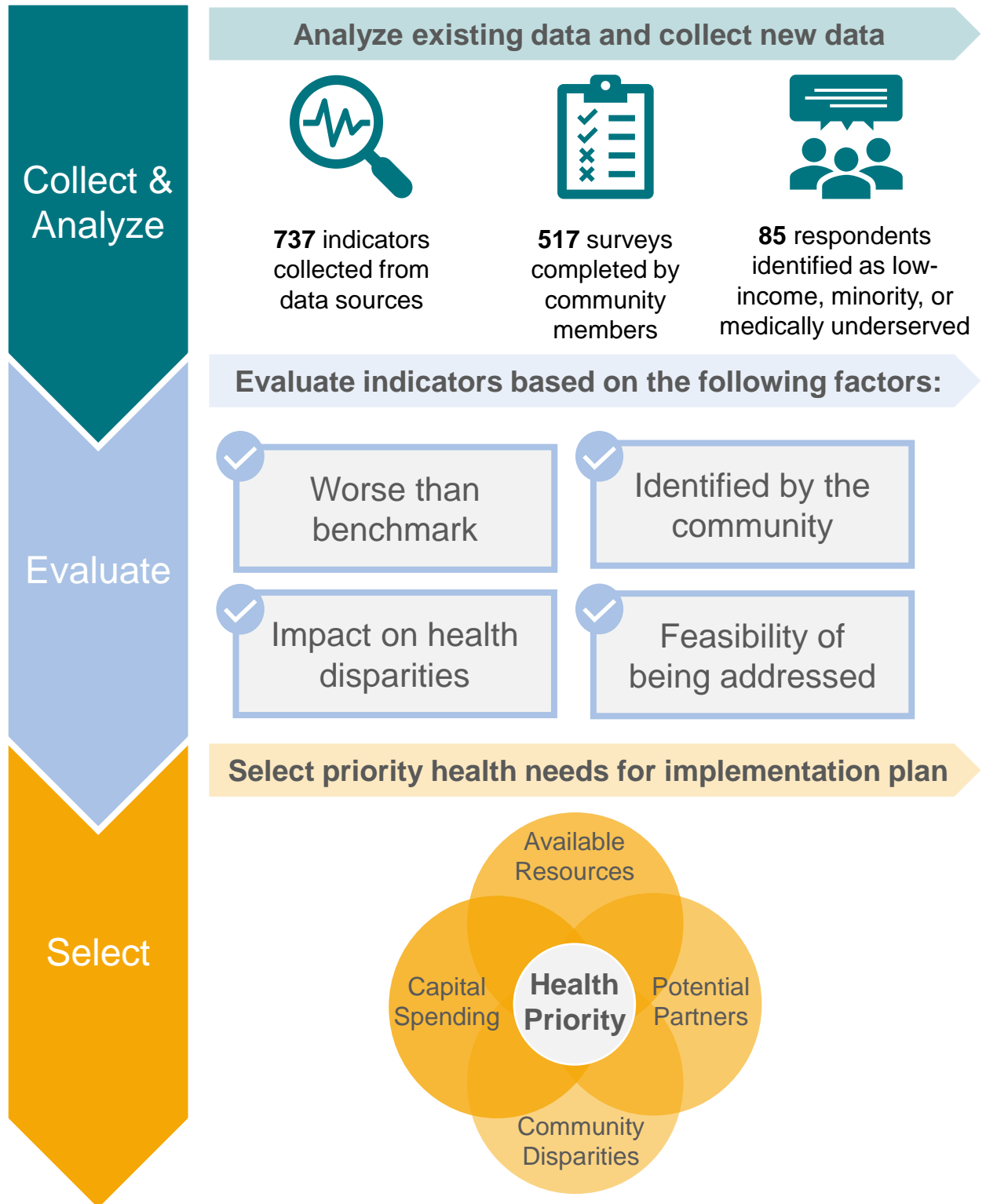| Air Pollution (µg/m³)	Severe Housing Problems**	Driving to Work Alone	Broadband Access
5.0	**17%**	**67%**	**67%**
NM: 5.6	NM: 17%	NM: 80%	NM: 75%

Source: County Health Rankings 2021 Report, Bureau of Labor Statistics, Stratasan, ESRI
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

517 surveys completed by community members

85 respondents identified as low-income, minority, or medically underserved

Evaluate

Evaluate indicators based on the following factors:

- ✓ Worse than benchmark
- ✓ Identified by the community
- ✓ Impact on health disparities
- ✓ Feasibility of being addressed

Select

Select priority health needs for implementation plan

Available Resources

Capital Spending

Health Priority

Potential Partners

Community Disparities

Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community.

Health factors include chronic diseases, health conditions, and the physical health of the population. Community factors are the external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each **health factor** on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	**4.68**
Women's Health	**4.39**
Diabetes	**4.32**
Obesity	**4.31**
Heart Disease	**4.25**
Cancer	**4.22**
Stroke	**4.15**
Dental	**3.99**
Lung Disease	**3.99**
Kidney Disease	**3.96**
Liver Disease	**3.94**
Alzheimer's and Dementia	**3.90**
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each **community factor** on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Healthcare Services: Affordability	**4.61**
Affordable Housing	**4.58**
Healthcare Services: Prevention	**4.57**
Employment and Income	**4.56**
Education System	**4.54**
Access to Senior Services	**4.52**
Healthcare Services: Physical Presence	**4.50**
Access to Childcare	**4.38**
Access to Healthy Food	**4.37**
Community Safety	**4.36**
Social Support	**4.29**
Access to Exercise/Recreation	**4.25**
Transportation	**4.22**
Social Connections	**4.09**
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each **personal factor** on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	**4.54**
Drug/Substance Abuse	**4.52**
Employment	**4.39**
Excess Drinking	**4.37**
Diet	**4.17**
Physical Inactivity	**4.12**
Smoking/Vaping/Tobacco Use	**3.98**
Risky Sexual Behavior	**3.75**
Other (please specify)	See appendix

Overall health priority ranking

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.68
Healthcare Services: Affordability	4.61
Affordable Housing	4.58
Healthcare Services: Prevention	4.57
Employment and Income	4.56
Education System	4.54
Livable Wage	4.54
Access to Senior Services	4.52
Drug/Substance Abuse	4.52
Healthcare Services: Physical Presence	4.50
Women's Health	4.39
Employment	4.39
Access to Childcare	4.38
Access to Healthy Food	4.37
Excess Drinking	4.37
Community Safety	4.36
Diabetes	4.32
Obesity	4.31
Social Support	4.29
Heart Disease	4.25
Access to Exercise/Recreation	4.25
Cancer	4.22
Transportation	4.22
Diet	4.17
Stroke	4.15
Physical Inactivity	4.12
Social Connections	4.09
Dental	3.99
Lung Disease	3.99
Smoking/Vaping/Tobacco Use	3.98
Kidney Disease	3.96
Liver Disease	3.94
Alzheimer's and Dementia	3.90
Risky Sexual Behavior	3.75

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Disparities
Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions by the hospital are feasible and could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed

HCMC Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health		✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓
Affordable Housing*		✓		✓
Healthcare Services: Prevention		✓	✓	✓
Employment and Income*	✓	✓		✓
Education System*		✓		✓
Livable Wage*		✓		✓
Access to Senior Services	✓	✓	✓	✓
Substance Use Disorder	✓	✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓

*Top Social Determinants of Health

Overview of Priorities

Mental Health

Mental health was the #1 community-identified health priority with 197 respondents (n=251) rating it as extremely important to be addressed in the community. Mental Health was ranked as the #2 health priority in the 2019 CHNA report. Suicide is the 7th leading cause of death in Taos County and ranks 8th out of 32 counties (with 1 being the worst in the state) in New Mexico for suicide death rate (World Life Expectancy).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Taos Co.	New Mexico
Adult Depression	3.9%	9.8%
Average number of mentally unhealthy days (past 30 days)	4.4	4.5
Number of people per 1 mental health provider	121	248
Suicide death rate	26.9	24.0

Source: New Mexico's Indicator-Based Information System (NM-IBIS), County Health Rankings, worldlifeexpectancy.com

Healthcare Services: Affordability

Affordability of healthcare services was the #2 identified health need in the community with 183 respondents (n=249) rating it as extremely important to be addressed. Affordability ranked #3 in the 2019 CHNA report.

Taos County is worse than the benchmark when it comes to the unemployment rate, children in poverty, and median household income. Additionally, low-income populations were identified as the most prevalent priority population in the community making affordability of healthcare services a pressing need in the community.

	Taos Co.	New Mexico
Uninsured	10%	10%
Unemployment	11.6%	8.1%
Children in poverty	25%	24%
Median household income	$41,459	$51,889

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan

Taos County Insurance Coverage
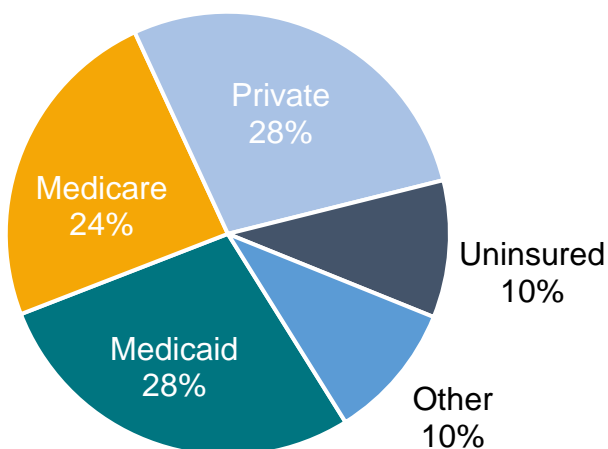
Source: Stratasan, ESRI

Healthcare Services: Prevention

Preventative healthcare services was identified as the #4 health priority with 173 respondents (n=249) rating it as extremely important to address in the community. Prevention was not identified as a health priority in the 2019 CHNA report.

Among Medicare enrollees, Taos County has higher rates of flu vaccinations and similar rates of annual wellness visits to New Mexico.

Flu Vaccinations

Source: County Health Rankings
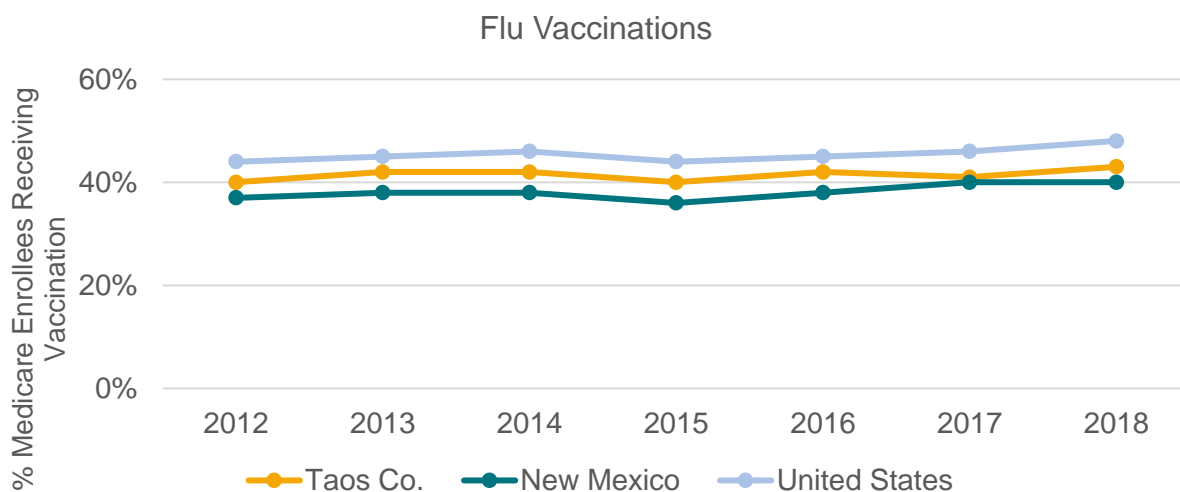
Annual Wellness Visits
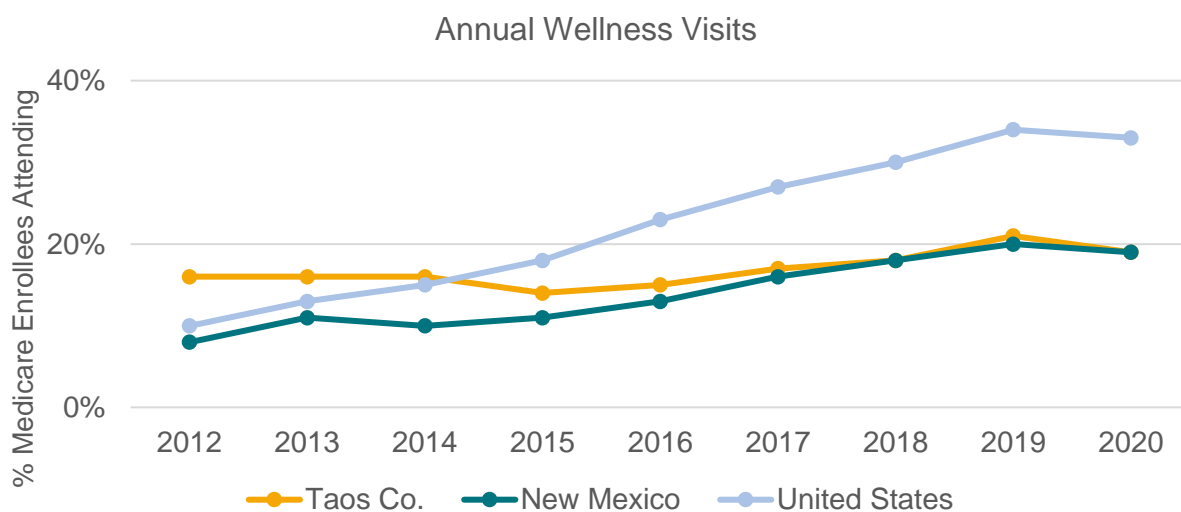
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Access to Senior Services

Access to senior services was identified as the #8 health priority with 164 respondents (n=246) rating it as extremely important to address in the community. Access to senior services was not identified as a top health priority in the 2019 CHNA report. The population of adults age 65+ in Taos County is greater than in New Mexico and the U.S. Additionally, older adults were identified as one of the top priority populations in the community making access to senior services an increasing need.

	Taos Co.	New Mexico	U.S.
Percent of population age 65+	24.9%	17.6%	17.3%

Source: Stratasan

Substance Use Disorder

Substance use disorder was identified as the #9 health priority with 185 survey respondents (n=251) rating it as extremely important to be addressed. Substance abuse was identified as the #1 health priority in 2019. Taos County has higher rates of drug overdose deaths and drug overdose-related emergency department (ED) visits than the state of New Mexico.

	Taos Co.	New Mexico
Drug overdose deaths (*per 100,000*)	29.2	24.6
Drug overdose related ED visits (*per 100,000*)	136.9	50.6

Source: New Mexico's Indicator-Based Information System (NM-IBIS)

Healthcare Services: Physical Presence

The physical presence of healthcare services was identified as the #10 health priority with 168 respondents (n=250) rating it as extremely important to address. HCMC is the major hospital in the service area with the next closest facilities located outside of Taos County.

Taos County has a lower ratio of population per primary care provider (1,090:1) and a higher ratio of population per dentist (1,920:1) compared to the state of New Mexico (1,340:1 and 1,440:1 respectively).

Presence of Primary Care Physicians
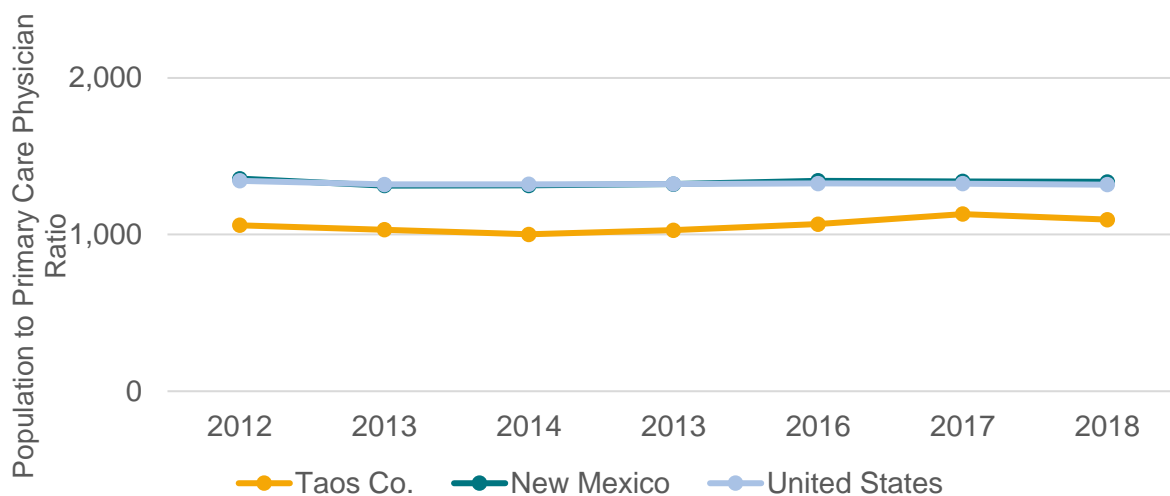
Presence of Dentists
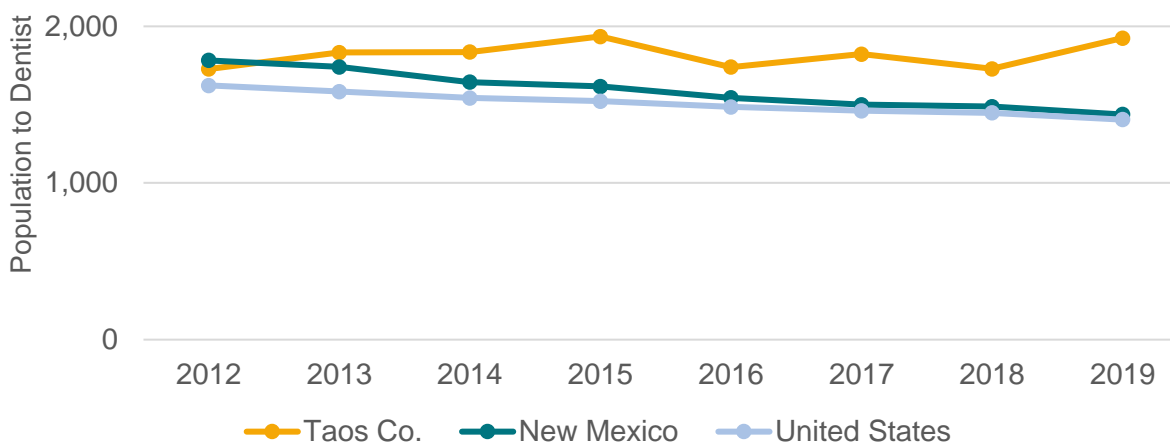
Source: County Health Rankings

Affordable Housing

Affordable housing was identified as the #3 priority with 187 respondents (n=250) rating it as extremely important to address in the community. While affordable housing is not a traditional health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes like mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare (National Housing Conference).

Employment and Income/ Livable Wage

Employment and income was identified as the #5 priority with 174 respondents (n=248) rating it as extremely important to address. Livable wage was identified as the #7 priority with 180 respondents (n=250) rating it as extremely important to be addressed in the community.

Though livable wage and employment and income were not identified as priorities in previous CHNA reports, these social indicators play a role in the community's ability to afford healthcare and impact health outcomes. These social factors can impact health status by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and having access to health insurance (HealthAffairs).

Education System

The education system was identified as the #6 priority with 168 respondents (n=246) identifying it as being extremely important to address in the community. Education influences health disparities through access to job opportunities, health insurance, stable housing, and healthy lifestyles (AAFP).

	Taos Co.	New Mexico
Severe housing cost burden*	14%	14%
Sever housing problems**	17%	17%
Homeownership	76%	68%
Average home price	$350,275	$277,096
Median Household Income	$41,459	$51,889
High School Graduation	90%	86%
Children eligible for free & reduced lunch	79%	70%
Unemployment	11.6%	8.1%
Income inequality***	5.3	5.1
Children in Poverty	25%	24%
Children in Single Parent Households	39%	30%

Source: County Health Rankings, Stratasan ESRI, Bureau of Labor Statistics, Zillow Home Value Index
Percentage of households that spend 50% or more of their household income on housing
**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*
***Ratio of household income at the 80th percentile to income at the 20th percentile*

Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.

- 🔴 **Mental Health**
- 🟢 **Affordability of Healthcare Services**
- 🟡 **Prevention**
- 🔵 **Access to Senior Services**
- 🔴 **Substance Use Disorder**
- 🟢 **Presence of Healthcare Services**

BEHAVIORAL HEALTH 🔴

ACCESS TO HEALTHCARE 🟢

PREVENTION 🟡

SENIOR SERVICES 🔵

Service Offerings and Programs

Collaborations with Community Agencies

Understanding of Key Underlying Social Factors
Affordable Housing, Employment and Income, Education System, Livable Wage

Implementation Plan Strategy

Behavioral Health

Mental Health, Substance Use Disorder

County Statistics:

- Suicide is the **7th** leading cause of death in Taos County
- Mental health provider ratio: **121:1** (*NM: 248:1*)
- Adult depression: **4%** (*NM: 10%*)
- Drug overdose deaths*: **29.2** (*NM: 24.6*)
- Drug overdose-related ED visits*: **136.9** (*NM: 50.6*)

**per 100,000*

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

- HCMC treats alcohol and substance abuse in the Emergency Department (ED), providing stabilization and transfer services to patients in need. HCMC also employs a clinician in the ED with licensure to administer suboxone, a medication designed to reduce the symptoms of opiate addiction and withdrawal.

- HCMC is the fiscal agent for Taos Alive. This coalition brings together health agencies, public safety entities, educational administrators, and community advocates to work together to decrease substance abuse in families and youth. The program operates a variety of substance abuse reduction strategies including public media campaigns regarding substance abuse issues in Taos County, environmental clean-up activities, prescription drug take back and disposal public events, youth engagement programs, education of elected and public officials about substance abuse prevalence and prevention measures in Taos County, and Naloxone dissemination activities in coordination with Holy Cross Hospital. The Taos Alive Coalition also participates in national conferences and educational workshops and works locally to strengthen and build other drug-free communities in neighboring rural/frontier communities.

- Taos Alive provides training on Narcan usage in the community.

- HCMC partners with area schools and law enforcement to reduce drug use and its consequences through a New Mexico High-Intensity Drug Trafficking Area (HIDTA) grant.

- HCMC partners with the Vida del Norte coalition in Questa, NM to provide mentorship in Taos Pueblo schools.

- Prescription drug collection box installed in the main hospital lobby.

- HCMC participates in a 2-county collaboration between Taos and Rio Arriba through the Rural Health Network to address the opioid epidemic.

- SUD Peer in the ED (partnered with UNM Team of Addiction Specialists).

- HCMC is actively involved with the NM Hospital Association in efforts to treat opioid addiction and reduce opioid usage across the state.

- HCMC actively participates in the Taos Health Council.

- Community leader is on the board of directors with experience in opioid addiction and recovery.

- The Taos Health Council works collaboratively with the NM Crisis and Access Line to promote awareness of suicide desire and prevention.

- The Taos Health Council raises awareness about adolescent suicide desire and prevention in the local community.

- HCMC sponsors Taos First Steps.

- Taos First Steps home visitors have infant mental health endorsements.

- Licensed mental health worker in the emergency department (ED).

- HCMC offers a MAT program through the ED.

Impact of actions taken since the immediately preceding CHNA:

- HCMC received a grant to fund programs in schools that provide 1:1 mentorship for at-risk students/life skills training.

- HCMC participates in the 100% New Mexico Initiative.

- Providing mental health support in children and youth clinic with expanded hours.

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

- Work on telehealth options for mental health.

- Explore the creation of an inpatient mental health psychiatric unit.

- Medical staff has recommended pursuing recruitment of a psychiatrist.

- Explore expanding tele-psych in the inpatient setting.

- Potential partnership with UNM to support babies born with substance use disorders.

Identified measures and metrics to track progress:

- Number of emergency department psychiatric visits

- Number of psychiatric transfers

- Number of substance use disorder clients seen through case management

- Number of mothers screened for postpartum depression – 107 (2021)

- Number of mothers with a positive drug screen

- Amount of Narcan distributed

Partnership organizations who can address this need:

Organization	Contact	Information
Dream Tree Project	Catherine Hummel	Catherine@dreamtreeproject.org
Taos Alive	Miles Bonny and Monica Trujillo	miles@taosalive.org, monica@taosalive.org
Taos Pueblo Mental Health / Social Services	Mark Mash	(575) 758-7824
Rural Health Network	Carolyn Gamiao	CGamiao@rio-arriba.org
Butterfly Healing Center		https://butterflyhealingcenter.org/
Taos Health Council	Samantha Rivera	samantha.rivera@taoscounty.org
Vista Taos		https://www.vistataos.com/
Taos County/Town of Taos		https://www.taoscounty.org/ https://taos.org/
Rio Grande Alcohol and Treatment Center	Lawrence Medina	https://riograndeatp.org/; lawrence@riograndeatp.org
Drug Addicts Anonymous/Other 12 Step Programs		
Recovery Friendly Taos	Steve Fullendorf	steve@taospr.com
UNM Team of Addiction Scientists		https://casaa.unm.edu/
Local Behavioral Health Centers		
Rio Arriba Health Council	Lauren Reichelt	(505) 753-3143
HOY	Ambrose Baros	(505) 753-2203 http://www.hoyrecoveryprogram.com/
Shadow Mountain Recovery Center		https://www.shadowmountainrecovery.com/
Vida Del Norte	Maria Gonzalez	Maria.gonzalez@vidadelnorte.com
Local primary care physicians	Taos Medical Group Schreiber Family Medicine Family Practice	(575) 758-2224 (575) 751-7430 (575) 758-3005

Access To Healthcare

Affordability and Presence of Services

County Statistics:

- Uninsured rate: 10% (NM: 10%)
- Children in poverty: 25% (NM: 24%)
- Median household income: $41,459 (NM: $51,889)
- Unemployment rate: 11.6% (NM: 8.1%)
- Primary care physician ratio: 1,090:1 (NM: 1,340:1)
- Dentist ratio: 1,920:1 (NM: 1,440:1)

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

- HCMC Benefit Navigation Program provides free enrollment application assistance, counseling, and eligibility information to the public for the following health coverage programs: Medicaid and Marketplace. It is a program of Holy Cross Hospital with bilingual staff and two main offices in Taos. The two offices also assist with presumptive eligibility provisions for the Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP) Program, and the Temporary Assistance to Needy Families (TANF) program.

- The Benefit Navigation program also provides healthcare navigation services to the Medicare eligible and Medicare beneficiary populations. This is a grant-funded effort with neighboring county Rio Arriba to work specifically with the Medicare population and increase access to and enrollment in public health entitlement programs. The program only interfaces with Medicare beneficiaries when they are determined to be dually eligible for both Medicare and Medicaid coverage and to navigate current Medicare enrollment options; they currently do not assist in Medicare applications that are administered by the Social Security Administration. The dual eligible population is the Low-Income Subsidy (LIS) eligible and the Medicare Subsidy Program (MSP) eligible.

- HCMC offers resources for chronic care management in its primary care clinics.

- HCMC is the fiscal agent for Taos First Steps, which supports new families and promotes early childhood development and the parent-child relationship. This program provides access to behavioral health resources through home visits, group events, classes, and referrals to healthcare agencies as appropriate. The First Steps data coordinator is a Medicaid Determiner and can assist prenatal families and families with children up to 3 years old with Medicaid enrollment.

- Home visit program through Taos First Steps.

- HCMC collaborates with local faith-based organizations to forgive patient medical bills.

- Tele-stroke program in partnership with the University of New Mexico Health System.

- Cancer program offers gas cards and lodging for patients who have appointments in Santa Fe/Albuquerque.

Impact of actions taken since the immediately preceding CHNA:

- All parent classes are available in Spanish.

- Benefit navigation program is available in Spanish.

- Family navigators located in Taos Clinic for Children and Youth and Women's Health Institute through ROAMS program.

- ROAMS program provides technology at home to access providers.

- Presence in Questa for maternity and lactation programs through ROAMS.

- Blue Bus allows patients to schedule rides for doctor's appointments.

- COVID-19 Care

  - Vaccine administration

  - Testing

  - Administration of antibodies

  - Expanded infusion clinic hours

  - Home visits to vaccinate the elderly

- Purchased local pediatric clinic to ensure access to pediatric services locally.

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

- Working to recruit Family Practice/OB, recruiting Cardiology APC, permanent Cardiologist, and Geriatrician.

- ROAMS programs looking at becoming a hub for pathways system for case management and navigation.

Identified measures and metrics to track progress:

- Enrollment in benefit navigator program

  - Medicaid: 491 (2021)

  - Health Exchange: 157 (2021)

- Dollar amount used for gas cards and lodging of cancer patients

  - Gas cards: $15,728.18 (2021)

  - Lodging: $ 956.58 (2021)

- Total dollars of medical bills forgiven from faith-based organization donations

- Utilization of OB telehealth through ROAMS program

- Number of referrals through the family navigator program

Partnership organizations who can address this need:

Organization	Contact	Information
TENT (Taos Elders Network Together)	James Schultz	President@TaosElders.org
Taos First Steps	Jaci Imberger	jimberger@taoshospital.org
Income Support Division, Taos Branch	Delfino Torres	www.hsd.state.nm.us
El Centro Family Health, Taos Office	Lore Pease	lpease@ecfh.org
El Centro Family Health, Penasco	Dr. Amanda J. Goertz	(575) 587-2205
Questa Health Center PMS	Patty Torres	Patty.torres@pmsnm.org
Taos County Indigent Fund		http://www.taoscounty.org/186/Health-Care-Assistance-Program
Local Home Health Agencies		
Local Faith Based Organizations		
UNM – Telehealth		https://unmhealth.org/services/telehealth.html
Taos County/Town of Taos		https://www.taoscounty.org/ https://taos.org/

Prevention Services

County Statistics:

- Flu vaccinations: 43% (NM: 40%)
- Mammography screening: 27% (NM: 35%)
- Cancer mortality*: 133.8 (NM: 131.9)
- Heart disease mortality*: 115.0 (NM: 158.2)
- Diabetes mortality*: 28.0 (NM: 25.4)

*per 100,000

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

- HCMC imaging provides diagnostic services.
- HCMC nutritionist provides health and wellness education and cooking classes.
- HCMC sponsors the annual "For the Health of It" Cancer Support Services walk.
- HCMC partnered with Latch-On, a group founded by First Steps to sponsor a breastfeeding tent at the Taos farmer's market.
- HCMC hosts several outreach and educational events like a Zumba party, Paint Taos Pink, and a silent auction.
- HCMC staff in all units currently provide education and outreach information, including presence at health fairs and education classes for seniors.
- HCMC has a Primary Care Clinic.
- Taos Alive – prevention focus.
- Children's Trust Fund grant hosts free parenting classes and support groups in Spanish/English aimed at preventing child abuse.
- New 3D mammography machine.
- ROAMS program has a postpartum video series focused on postpartum care for mothers.
- Screenings – ED patients (COVID vaccine status, risk of suicide), children's trust program (protective factors around programming).
- Free access to lactation services through ROAMS program.
- Pediatric clinic – childhood vaccines, screenings for mental health.
- Offers backpack checks for students through the pediatric clinic.
- Certified car seat checks for neonates upon discharge.
- Through a safe sleep program, First Steps distributes portable cribs with education on safe sleep practices for infants.
- HCMC offers a MAT program through Emergency Department.

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

- Restart Hands Only CPR training program.
- Working on adding blood pressure screening in cardiology.
- Participate in a health fair at the For Health of It event.
- Working to recruit Family Practice/OB.

Identified measures and metrics to progress:

- Number of students participating in Botvin LifeSkills Training – 2,189 (2021)

Partnership organizations who can address this need:

Organization	Contact	Information
Health & Community Services of Pueblo	Aurora Valdez	https://www.taospueblo.org/cms/health-community-services, aurora@taospueblo.com
Taos Community Foundation	Lisa O'Brien	https://www.taoscf.org/; director@taoscf.org
Indian Health Services		https://www.ihs.gov/albuquerque/healthcarefacilities/taospicuris/
Taos Health Council	Samantha Rivera	samantha.rivera@taoscounty.org
Taos Municipal Schools		https://www.taosschools.org/en
El Centro Family Health		https://ecfh.org/
VA Clinic		https://www.va.gov/new-mexico-health-care/locations/taos-va-clinic/
Public Health Office		https://www.nmhealth.org/location/public/#Taos
UNM Taos		https://taos.unm.edu/
Taos Fire Department		https://www.taosgov.com/284/Fire-Department
Taos County/Town of Taos		https://www.taoscounty.org/ https://taos.org/

Senior Services

County Statistics:

- Population 65+: 25% (NM: 18%, US: 17%)
- Medicare annual wellness visits: 19% (NM: 19%, US: 33%)

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

- The Benefit Navigation program provides healthcare navigation services to the Medicare eligible and Medicare beneficiary populations. This is a grant-funded effort through the NM Primary Care Association to work specifically with the Medicare population and increase access to and enrollment in public health entitlement programs.
- HCMC staff in all units currently provide education classes to seniors.
- HCMC has a Primary Care Clinic.
- Monthly support group for grandparents raising grandchildren.
- Weekly Cancer support group.
- Coordination and referral to home healthcare/long-term care.
- Work with long-term care facilities for COVID-19 PPE and vaccines.

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

- Working to recruit Family Practice.
- Exploring recruitment of Geriatrics.
- Entered a contract with Superior Ambulance to increase the ability to transfer.
- Education/outreach to Seniors at local facilities (Senior centers, retirement facilities, etc.).

Identified measures and metrics to progress:

- Number of Medicare enrollments
- Number of grandparents attending a support group – 15 (2021)

Partnership organizations who can address this need:

Organization	Contact	Information
Health & Community Services of Pueblo		https://www.taospueblo.org/cms/health-community-services
Taos Community Foundation		https://www.taoscf.org/
Indian Health Services		https://www.ihs.gov/albuquerque/healthcarefacilities/taospicuris/
Toas County Senior Services	Dawn Romero	dromero17@taosnet.com http://www.taoscounty.org/154/Senior-Services
Local assisted living facilities and long-term care facilities		http://www.taoscounty.org/393/Assisted-Living-for-Seniors
TENT (Taos Elders Network Together)	James Schultz	President@TaosElders.org
Local Home Health Agencies		
Local Senior Centers		http://www.taoscounty.org/169/Locations
Las Cumbres		https://www.lascumbres-nm.org/taos

Appendix

Community Data

Community Demographics

Demographic Profile

	Taos County 2021	2026	% Change	% of Total	New Mexico 2021	2026	% Change	% of Total	US AVG. % Change	% of Total
Population										
Total Population	*32,735*	*32,576*	*-0.5%*	*100.0%*	*2,149,586*	*2,212,300*	*2.9%*	*100.0%*	*3.6%*	*100.0%*
By Age										
00 - 17	6,084	6,016	-1.1%	18.6%	490,837	507,589	3.4%	22.8%	2.4%	21.7%
18 - 44	9,222	8,907	-3.4%	28.2%	755,502	767,455	1.6%	35.1%	2.7%	36.0%
45 - 64	9,272	8,726	-5.9%	28.3%	524,465	507,504	-3.2%	24.4%	-2.2%	25.0%
65+	8,157	8,927	9.4%	24.9%	378,782	429,752	13.5%	17.6%	15.2%	17.3%
Female Childbearing Age (15-44)	5,003	4,835	-3.4%	15.3%	408,174	414,970	1.7%	19.0%	2.5%	19.5%
By Race/Ethnicity										
White	22,126	21,869	-1.2%	67.6%	1,405,599	1,425,793	1.4%	65.4%	1.4%	69.2%
Black	201	231	14.9%	0.6%	49,137	52,641	7.1%	2.3%	4.9%	13.0%
Asian & Pacific Islander	286	326	14.0%	0.9%	38,077	42,622	11.9%	1.8%	13.6%	6.1%
Other	10,122	10,150	0.3%	30.9%	656,773	691,244	5.2%	30.6%	10.0%	11.7%
Hispanic*	18,618	18,560	-0.3%	56.9%	1,076,220	1,142,827	6.2%	50.1%	10.9%	18.9%
Households										
Total Households	14,998	15,005	0.0%		833,469	859,854	3.2%			
Median Household Income	$ 41,459	$ 46,580			$ 51,889	$ 55,941			*US Avg. $64,730	$72,932*	
Education Distribution										
Some High School or Less				9.5%				13.9%		11.1%
High School Diploma/GED				28.1%				26.4%		26.8%
Some College/Associates Degree				32.9%				31.8%		28.5%
Bachelor's Degree or Greater				29.4%				27.8%		33.6%

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Leading Cause of Death

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

| Cause of Death | | | Rank among all counties in NM (#1 rank = worst in state) | Rate of Death per 100,000 age adjusted | | Observation (Taos County Compared to U.S.) |
NM Rank	Taos Rank	Condition		NM	Taos	
2	1	Cancer	32 of 32	131.9	133.8	*Lower than expected*
1	2	Heart Disease	27 of 32	158.2	115.0	*Lower than expected*
3	3	Accidents	13 of 32	77.8	78.4	*Higher than expected*
5	4	Lung	28 of 32	40.1	32.4	*As expected*
4	5	Stroke	30 of 32	33.3	28.3	*Lower than expected*
7	6	Diabetes	20 of 32	25.4	28.0	*Higher than expected*
11	7	Suicide	8 of 32	24.0	26.9	*Higher than expected*
12	8	Liver	11 of 32	26.2	20.9	*Higher than expected*
6	9	Alzheimer's	23 of 32	21.3	14.2	*Lower than expected*
9	10	Flu - Pneumonia	25 of 32	13.2	14.1	*As expected*
15	11	Homicide	7 of 32	11.8	11.2	*Higher than expected*
8	12	Kidney	28 of 32	12.9	9.3	*As expected*
13	13	Parkinson's	3 of 32	8.1	9.1	*As expected*
10	14	Blood Poisoning	25 of 32	9.3	6.3	*As expected*
14	15	Hypertension	29 of 32	5.2	4.1	*As expected*

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com

County Health Rankings

	Taos	New Mexico	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank *(best being #1)*	*13/33*			
- Premature Death*	🔴 9,628	9,092	8,200	5,400
Quality of Life				
Overall Rank *(best being #1)*	*23/33*			
- Poor or Fair Health	🔴 21%	20%	17%	12%
- Poor Physical Health Days	🔴 4.4	4.3	3.9	3.1
- Poor Mental Health Days	🟢 4.4	4.5	4.2	3.4
- Low Birthweight	🔴 11%	9%	8%	6%
Health Behaviors				
Overall Rank *(best being #1)*	*4/33*			
- Adult Smoking	🔴 17%	16%	17%	14%
- Adult Obesity	🟢 16%	27%	33%	26%
- Physical Inactivity	🟢 12%	19%	27%	20%
- Access to Exercise Opportunities	🟢 83%	77%	66%	91%
- Excessive Drinking	🔴 19%	17%	18%	13%
- Alcohol-Impaired Driving Deaths	🔴 58%	30%	28%	11%
- Sexually Transmitted Infections*	🟢 335.4	670.5	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-*	🟢 30	32	28	13
Clinical Care				
Overall Rank *(best being #1)*	*10/33*			
- Uninsured	🟡 12%	12%	11%	6%
- Population per Primary Care Provider	🟢 1,095	1,336	2,070	1,030
- Population per Dentist	🔴 1,925	1,437	2,410	1,240
- Population per Mental Health Provider	🟢 121	248	890	290
- Preventable Hospital Stays	🟢 2,065	2,894	4,710	2,761
- Mammography Screening	🔴 27%	35%	41%	50%
- Flu vaccinations	🟢 43%	40%	43%	53%
Social & Economic Factors				
Overall Rank *(best being #1)*	*16/33*			
- High school graduation	🟢 90%	86%	90%	96%
- Unemployment	🔴 6.0%	4.9%	3.9%	2.6%
- Children in Poverty	🔴 25%	24%	20%	11%
- Income inequality**	🔴 5.3	5.1	4.4	3.7
- Children in Single-Parent Households	🔴 39%	30%	32%	20%
- Violent Crime*	🟢 417	650	205	63
- Injury Deaths*	🔴 124	108	84	58
- Median household income	🔴 $43,032	$52,021	$50,600	$69,000
- Suicides	🔴 34	24	17	11
Physical Environment				
Overall Rank *(best being #1)*	*6/33*			
- Air Pollution - Particulate Matter (µg/m³)	🟢 5.0	5.6	9.4	6.1
- Severe Housing Problems***	🟡 17%	17%	14%	9%
- Driving to work alone	🟢 67%	80%	81%	72%
- Long commute - driving alone	🟢 25%	27%	31%	16%

*Per 100,000 Population

**Ratio of household income at the 80th percentile to income at the 20th percentile

***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Key (Legend)

🟢 Better than NM
🟡 Same as NM
🔴 Worse than NM

Source: County Health Rankings 2021 Report

Detailed Approach

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

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

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

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

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

Project Objectives

HCMC partnered with QHR Health ("QHR") to:

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

Overview of Community Health Needs Assessment

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

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

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

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.

- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.

- The assessment process must 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 an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).

- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

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

"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

1) *At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*

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

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

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

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

To complete a CHNA:

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

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

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

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

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

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

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

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

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

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

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

2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

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

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

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

6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics

7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

   Other (please specify)

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

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in the CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	December 2021	2013-2019
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	December 2021	2021
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	December 2021	2019
Bureau of Labor Statistics	Unemployment rates	January 2022	2020
NAMI	Statistics on mental health rates and services	March 2022	2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	March 2022	2020
New Mexico's Indicator-Based Information System (NM-IBIS)	Health metrics around mental health, substance use, and cardiovascular disease	March 2022	2015-2017
Center for Housing Policy	Impact of housing on health	March 2022	2015
Zillow Home Value Index	Average Home Cost	March 2022	2022
Health Affairs: Leigh & Du	Impact of wage on health	March 2022	2018
AAFP	Impact of education on health	March 2022	N.D.

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community through the Hospital social media page and listservs, to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 515 survey respondents was received. Survey responses started on February 1st, 2022 and ended on February 22nd, 2022.

- 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 ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

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

In the HCMC process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health needs importance from not at all (1 rating) to extremely significant (5 rating). The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.

Survey Results

Due to space limitations and the large volume of survey responses, not all survey comments are provided in this report. Key comments are included to highlight common themes across responses. All comments are unedited and are contained in this report in the format they were received.

Q1: Please select which roles apply to you.

Answer Choices	Applies to Me	Does Not Apply to Me	Total
Community Resident	404	15	419
Healthcare Professional	125	248	373
Minority or Underserved Population	85	262	347
Educator	85	266	351
Government Employee or Representative	30	313	343
Representative of Chronic Disease Group or Advocacy Organization	28	310	338
Public Health Official	22	316	338
		Answered	449
		Skipped	68

Q4: Which of these populations are prevalent/most common in your community, and do they have any unique or pressing needs that should be addressed?

Answer Choices	Responses	
Low-income groups	79.85%	329
Residents of rural areas	74.76%	308
Older adults	71.36%	294
Women	59.71%	246
Racial and ethnic minority groups	58.98%	243
Individuals requiring additional healthcare support	56.07%	231
Children	53.88%	222
LGBTQ+	34.22%	141
Answered		412
Skipped		105

Unique or pressing needs of the above-selected groups *(Responses summarized by key themes and highlight direct quotes that represent the majority.)***:**

1. Access to care (23 responses)
2. Behavioral health needs (20 responses)
3. Affordable care (17 responses)
4. Housing (16 responses)
5. SDOH needs (10 responses)
6. Transportation (9 responses)
7. Access to specialty services (8 responses)
8. Preventative care (7 responses)
9. Other responses (61 responses) – often related to education, chronic disease management, and the need for more providers and case workers in the area

Key Quotes:

- Little availability for low-income housing, affordable healthcare, affordable childcare. Little to no available specialists due to rural location
- Minimal public transportation options, low access to medical and behavioral health care. Challenging employment and housing circumstances.
- Preventive health care to reduce the need for sick care.
- Access to behavioral health services
- Overall, more support and availability. More case workers to assist with all needs. Medical staff who takes time to be culturally sensitive to patient and family needs.
- Limited access to health education and healthcare

Q5: Please share comments or observations about the actions HCMC has taken to address Alcohol/Substance Abuse. *Responses summarized by key themes and highlight direct quotes that represent the majority.*

1. Unknown (60 responses)
2. None seen (24 responses)
3. Notes the need for a detox center (19 Reponses)
4. Taos Alive coalition (6 responses)
5. Peer support in ED (5 responses)
6. Education/awareness (4 responses)
7. Suboxone program (3 responses)
8. MAT program (2 responses)
9. Narcan class (1 responses)
10. All others (49 responses) – often related to the general need for more services and support, care provided in ED, or unrelated.

Key Quotes:

- HCMC has been the host of Taos Alive and has ensured the continuation of this work with funding support.
- HCMC has implemented the NM Bridge to treatment program in the ED, initiating MAT, and hiring a peer support worker for connection to ongoing care.
- HCMC sponsored a number of SUD community education events.
- Treating substance use disorders in the ER. Providing MAT program to start patients in opioid withdrawal in the ER
- Still no detox. Er providers are much more knowledgeable about suboxone prescribing
- Took a Narcan class there open to the community
- Taos still needs a detox center. Counseling is not very available to address Alcohol/Substance Abuse. A group a few years ago left the Taos region.
- I am unaware of any actions taken by HCMC to address this besides through the ER on an emergency basis.
- Seems like they are doing what is on the 2019 implementation plan
- Taos Alive has been a strong influence in the community.
- Good to have CPSW in ED, but we need leadership in providing different modalities for disease management. There is still too much stigma in this community and too much emphasis on abstinence as the only answer.

Q6: Please share comments or observations about the actions HCMC has taken to address Mental Health/Suicide. *Responses summarized by key themes and highlight direct quotes that represent the majority.*

1. Unknown (54 responses)
2. None seen (21 responses)
3. Added ED staff: mental health professionals, social work team, sitters, peer support (13 responses)
4. Lack staff and resources to address this need (11 responses)
5. Suicide screening in ED (2 responses)
6. Taos First Steps program (1 response)
7. All others (62 responses) – often related to the improvements in addressing suicide but not mental health, need for more education/awareness, services only provided in ER, need for bilingual services, and unrelated.

Key Quotes:
- I commend HCMC for its prevention work through Taos First Steps program. Increasing access to care and support services is vital. This program is a shining star, since home visits offer access to behavioral support services and resources. I do see increased outreach and promotion of the NM Crisis and Access Line needed to support individuals experiencing crisis. Beyond increasing access to services, I could see HCMC being a leader in providing Mental Health First Aid courses to help educate community members about signs of mental health crises and how to respond to them when they occur.
- Suicide has been addressed by your staff. I believe that they take this seriously. The mental health piece not do much. There should be a step down approach.
- I find it useful to have the mental health counselor in the ER
- Seems like they are doing what is on the 2019 implementation plan and they have implemented a suicide screening procedure that they were recognized for.
- Hiring peer support worker in the ED. Continuing to provide therapy and social work services.
- Our Social Work team does excellent work with mental health crises.
- In a rural and frontier area HCMC is doing their best especially after Tri-County left our communities.
- I know great work is being done but supply of resources is inadequate for the demands/needs of the community.

Q7: Please share comments or observations about the actions HCMC has taken to address Access/Affordability. *Responses summarized by key themes and highlight direct quotes that represent the majority.*

1. Unknown (47 responses)
2. None (16 responses)
3. Takes everyone no matter insurance status (14 responses)
4. Good access to care in the community (10 responses)
5. Indigent fund (4 responses)
6. Benefit Navigation Program (4 responses)
7. Debt relief (4 responses)
8. All others (51 responses) – often related to prices still being expensive and that people don't know about financial assistance programs.

Comments:

- I applaud HCMC's efforts to increase access to care. The Benefit Navigation Program staff are amazing in the work they do to ensure individuals are eligible to receive access to health care.
- Work with patients without insurance to secure insurance if possible through Medicaid. Work with patients without insurance to make payment plans for treatment received not covered by insurance.
- I know people can access care through the ER. If their medical bills become to great for them to pay, patients can try to access the indigent fund but not everyone qualifies.
- HCMC has done a lot to help people access Medicaid and other insurances which is good for the community and its bottom line. I wish the HCMC could do more to work with the private providers to participate more in community health initiatives.
- I think they do their best to make sure everyone gets the services they need.
- I feel in my experience HCMC has been fairly affordable and helpful in figuring out payment plans
- Given the lack of funds HCMC has done the best it can do, but it needs to do far more to address this issue. It would be wonderful if we could make health care more affordable in this community.
- The benefits navigation program is amazing and so helpful so that people don't leave the hospital with big bills and no way to pay for it.

Q8: Please share comments or observations about the actions HCMC has taken to address Cancer. *Responses summarized by key themes and highlight direct quotes that represent the majority.*

1. Unknown (65 responses)
2. Cancer support services program (25 responses)
3. None (10 responses)
4. 3D mammography machine/diagnostic/screening (9 responses)
5. Doing good/making progress (8 responses)
6. Fundraising/education/awareness (7 responses)
7. All others (26 responses) – often related to limited resources to address this need, the need for an oncologists, and unrelated.

Key quotes:

- I applaud HCMC's diagnostic services for cancer screening and pathology services.
- HCMC recently purchased a 3D mammography machine, this is a great addition to our community.
- Have sustained a part time Coordinator for Cancer Support Services with funds to assist patients with cancer. Need to do more in this area.
- Cancer Support Services does a great job raising awareness for cancer patients. Not sure about services.
- Although I have not needed cancer services, I have seen a lot of community outreach through different cancer support fundraising efforts.
- Cancer Support Services does good work in community. More cross sector partnerships, awareness, screenings needed.
- Cancer Support is subsidized by Holy Cross. Supported Cancer events throughout the year.
- New mammography machine for better breast cancer screening. Continues to support Cancer Support Services program which provides emotional, physical and monetary support services to people diagnosed with cancer. It's very difficult for people in this community to have to travel so far just for an appointment with a care provider though.
- There is a lot of awareness campaign but I'm not sure if we have enough support for our cancer patients
- Radio spots for imaging for breast cancer

Q9: Please share comments or observations about the actions HCMC has taken to address Diabetes. *Responses summarized by key themes and highlight direct quotes that represent the majority.*

1. Unknown (71 responses)
2. Diabetes Clinic/Diabetes Management Program (22 responses)
3. Educational classes/awareness (17 responses)
4. Notes good efforts but not specific actions (7 responses)
5. Wellness center (2 responses)
6. All others (24 responses) – often unrelated

Comments:

- I'm aware of the self management services HCMC provides. The staff is phenomenal and does a great job. I would like to see an increase in nutritional cooking classes and exercise activities that HCMC encourage.

- It is good to see you offer cooking classes. Much of our entertainment and socializing revolves around food. Lists of what to eat, or recipe's are just not as effective as Showing someone How.

- Wellness Center is a great resource for the diabetic community. The people who work there are always so helpful and friendly. We need more people like them.

- They have a diabetes clinic but currently have only one Registered Dietician.

- They actually are very supportive to these people & have professionals available to the public

- The HCMC Diabetes education clinic provides great services to patients in terms of education, nutrition counseling and medication management.

- I have heard good things about outreach conducted by our diabetes educators

- There is a diabetes trailer, and a nurse dedicated to educating people with diabetes

- Continuing with the Diabetes Self Management program is important.

- They do have a nutritionist for education

- Seems like they are doing what is on the 2019 implementation plan, but they should have Tele-health options for chronic care like diabetes and cooking classes that could be on Zoom and recorded.

Q10: Do you believe the above data accurately reflects your community today? (Data presented in this report)

Answer Choices	Responses	
Yes, the data accurately reflects my community today	74.00%	185
No, the data does not reflect my community today	26.00%	65
Answered		250
Skipped		267

*Responses summarized by key themes and highlight direct quotes that represent the majority.

1. Use of drugs and alcohol is higher in the community (15 responses)
2. Statistics seem underreported/under representative (15 responses)
3. Demographics look different than community (14 responses)
4. Data looks true (12 responses)
5. COVID has worsened these factors (3 responses)
6. All others (58 responses) – often general comments on data or unrelated

Key Quotes:

- Excessive drinking too low. Most other metrics right on.
- It is a lot better than I expected overall. I thought the rates would be worse when compared to NM in general.
- I think just from being in the community that alcohol and drug abuse are higher than listed.
- Alcohol abuse seems a lot higher as is poverty/unemployment and housing shortages
- Surprised by the ethnicity percentages. I think poverty is higher.
- Seems about right to me, though I think the high school graduation rates might be a bit off. I think if you pulled out access to primary care from access to dental care you would get a more nuanced picture. Affordable Dental care is seriously lacking.
- There are many, many additional cases that go unreported.
- I'm not really sure, but this is probably reported data or discoverable data but there is so much not reported.
- It seems to represent us well.

Q11: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	3	5	8	38	197	251	4.68
Women's Health	5	0	28	74	139	246	4.39
Diabetes	4	2	29	91	125	251	4.32
Obesity	7	6	31	65	141	250	4.31
Heart Disease	3	4	42	75	121	245	4.25
Cancer	4	4	40	85	114	247	4.22
Stroke	4	1	56	79	106	246	4.15
Dental	6	8	61	83	92	250	3.99
Lung Disease	4	6	63	85	84	242	3.99
Kidney Disease	5	7	69	74	89	244	3.96
Liver Disease	4	9	64	87	79	243	3.94
Alzheimer's and Dementia	6	14	63	77	84	244	3.90
Other (please specify)						36	
						Answered	252
						Skipped	265

Key Comments:

- Your physical therapy center is vital and outstanding. Encourage patients to understand its value. Such a good use of health resources. Educate patients!
- Men's health (particularly prostate) rank=4
- Pregnancy and children
- Recommend AA to substance abuse patients
- Nutrition
- Geriatrics
- Epliepsy
- Management of other chronic illnesses
- COVID immunizations, hospital bed availability
- Long-haul Covid
- Neurology services greatly needed
- Mental Health, Addiction for youth, adults and families.

- Children and maintaining access to health care
- SUD
- Childhood mental health.
- Pregnancy and postpartum care
- Children, adolescents health care too
- Provision of reliable wellness information

Q12: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Healthcare Services: Affordability	2	3	19	42	183	249	4.61
Affordable Housing	4	8	14	37	187	250	4.58
Healthcare Services: Prevention	2	2	22	50	173	249	4.57
Employment and Income	2	3	24	45	174	248	4.56
Education System	2	3	23	50	168	246	4.54
Access to Senior Services	1	6	21	54	164	246	4.52
Healthcare Services: Physical Presence	2	5	26	49	168	250	4.50
Access to Childcare	3	7	34	52	151	247	4.38
Access to Healthy Food	2	10	29	60	146	247	4.37
Community Safety	2	6	39	53	146	246	4.36
Social Support	3	9	35	66	134	247	4.29
Access to Exercise/Recreation	3	12	34	69	129	247	4.25
Transportation	3	11	43	60	127	244	4.22
Social Connections	5	13	45	73	107	243	4.09
Other (please specify)						21	
						Answered	252
						Skipped	265

Key Comments:

- Cancer care here is Taos
- Livability; Counteracting Gentrification

- Somehow staffing youth outdoor experiences; hikes
- Access to Tele-health for chronic conditions.
- Nutrition education is prevention
- "one stop" access to supports
- We need home health caregivers. Since COVID, there are none. Salary is below to afford a person to work and support a family.
- Behavioral health continuum of care

Q13: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Livable Wage	5	5	20	40	180	250	4.54
Drug/Substance Abuse	10	3	19	34	185	251	4.52
Employment	7	4	28	57	155	251	4.39
Excess Drinking	9	7	25	52	158	251	4.37
Diet	6	6	45	75	117	249	4.17
Physical Inactivity	2	10	51	78	107	248	4.12
Smoking/Vaping/Tobacco Use	9	13	53	72	102	249	3.98
Risky Sexual Behavior	12	22	68	62	85	249	3.75
Other (please specify)						20	
						Answered	252
						Skipped	265

Key Comments:

- Education - no thirst for knowledge in this town.
- Personal physical and emotional care is important.
- Access to financial services
- Defined Diet (above) as Nutrition and Nutrition Education
- Per capita income
- Home living conditions (are they safe, supportive, adequate, etd.)
- Mental health after ER or hospitalization; also schools should help by discussing these issues at an early age.

- Safe driving
- It all comes down to money and the cost of these services. I understand families can't take advantage of most services, if any, due to not having someone to watch their children. Salaries, rent, food, all are very expensive.
- Suicide
- Skills in making good health decisions and recognizing valid sources of information

Q14: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Noticeable impact, planning for changes to daily behavior	38.68%	94
Significant daily disruption, reduced access	34.57%	84
Some impact, does not change daily behavior	15.64%	38
Severe daily disruption, immediate needs unmet	9.88%	24
No impact, no change	1.23%	3
	Answered	64
	Skipped	84

Q15: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community. (please select all that apply):

Answer Choices	Responses	
Employment	76.03%	184
Social support systems	69.42%	168
Access to healthcare services	65.70%	159
Education	65.29%	158
Childcare	61.98%	150
Poverty	59.92%	145
Housing	55.37%	134
Food security	54.55%	132
Racial and cultural disparties	40.08%	97
Nutrition	39.67%	96
Transportation	38.84%	94
Public safety	36.36%	88
Other (please specify)	11.57%	28
	Answered	242
	Skipped	275

Comments:

- Safety of access to ER and doctor access
- Zoom Boom-extractive housing market
- Per capita income and ownership
- Stress and anger in the community
- Addiction increased
- Depression and anxiety
- Mental health/depression
- Access to appropriate mental health support
- Worship

- Collective community trauma
- Many people are restaurant workers, poverty has soared
- Children's extracurricular activities
- Mental health

Q16: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	51.24%	124
Specialty care (care and treatment of a specific health condition that require a specialist)	35.95%	87
All types of healthcare services	28.51%	69
Elective care (planned in advance opposed to emergency treatment)	21.49%	52
None of the above	21.49%	52
Urgent care/Walk-in clinics	17.77%	43
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	12.81%	31
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	10.74%	26
Other (please specify)	9.92%	24
	Answered	242
	Skipped	275

Comments:

- Just takes longer to schedule appointments
- Taos struggles to have a cardiologist
- Mental health care
- Regular Dental visits
- Annual cancer screenings
- Keeping family away from patients has been detrimental
- Dental major work
- Dental

- Mental health
- Dental care
- Detox and mental health stabilization
- Testing

Q17: How can healthcare providers, including Holy Cross Medical Center continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	81.78%	193
Offering alternatives to in-person healthcare visits	73.31%	173
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	62.29%	147
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	57.20%	135
Sharing local patient and healthcare providers stories and successes with the community	37.71%	89
Other (please specify)	21.19%	50
	Answered	236
	Skipped	281

Comments:

- Data on cases and severity and hospitalization, beds available on timely and regular basis.
- Staffing issues, RN's are all travel nurses which are very expensive
- Thank you for providing drive up immunizations for elderly/disabled
- Earlier hours?
- Digital alternatives are great, but internet access then becomes the issue. I'm not alone in my computer skills defect. An affordable internet/phone plan usually means speeds too slow to connect to things reliably.
- Outsourcing referrals to Santa Fe or surrounding areas when HCMC is unable to provide efficient services
- 24/7 testing and outcomes as needed

- Strong continued support of hospital and medical staff; providing proper PPE, testing, OT bonuses, housing subsidies, incentives to remain at their jobs instead of becoming a travelling medical professional.
- Telehealth is not a viable, appropriate option for face to face medical care or mental health care. Providers in the outpatient community especially need to be providing in person face to face care to their patients
- Frequent reporting of how full the hospital is and effect of this on treatment.
- Connect through radio and paper. Not everyone has access to social media.
- Availability
- A lot of families do not have technology
- When providing vaccine events, make sure that they are properly documented with the state health department.
- Recognize that elderly do not always have commuting education and need assistance.
- Offer online classes and mental health support
- The older population don't have access to digital communication
- Change approach to lab work.
- Continue offering testing and vaccines to covid 19.
- Providing access to easy testing, vaccination and treatment for COVID 19
- Encourage and support the public in their own preventative health care, like eating healthy, unprocessed food, exercise, mindfulness practices; partnering with the food system to support locally sourced food; partnering with the holistic healing systems to support improved overall health in the public with education campaigns, endorsing positive health attitudes and approaches to personal health.
- Make more of an effort in PSAs and what they are seeing- may lead to more folks taking Covid seriously
- To ensure that these services are performed with the community's member language preferences, and educational level. To use the health literacy model.
- Access to primary care clinicians in person
- Hire more community health workers or navigators to help community members connect to the services they need.
- Outreach and err on side of community not knowing! Still much work to be done. Starting from the bottom.
- Outreach- education on what options exist for treatment

Q18: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Mental health	83.40%	201
Primary care	79.25%	191
Substance abuse services	74.69%	180
Emergency care	65.56%	158
Urgent care/Walk-in clinics	63.49%	153
Elder/senior care	63.49%	153
Pediatrics/children's health	56.02%	135
Chronic disease management programming	54.77%	132
Women's health	50.62%	122
Specialty care	49.79%	120
Other (please specify)	9.54%	23
	Answered	241
	Skipped	276

Comments:

- Regular info on severity and bed available.

- Immunizations

- Preventative care

- Face to face care with appropriate safety measures is essential.

- Cancer support services

- Mental insecurity, fear of socializing, reduce anger, reduce fear of another pandemic.

- Opportunities for Telehealth appointments from home, or rural clinic to specialist.

- Preventative screenings that are Covid safe and accessible

- So many specialty medical personnel are outside of Taos area. We need transportation to Espanola, Santa Fe, Alb., Los Alamos. Many seniors do not have cars or do not drive anymore. We do have an organization TENT that has those services at a low cost, however, with COVID very difficult to arrange.

- A health care continuum of care that includes partnering with medical and behavioral health facilities, nonprofits, and alternative healing modalities including mindfulness practices.

- Connecting to agencies to support parents

- Preventative care

- Public education
- physical therapy
- Community Care navigation
- Our home health and hospice services serve an important role but tend to be forgotten about

Q19: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	70.56%	163
Virtual triage/screening option before coming to clinic/hospital	58.44%	135
Patient portal feature of your electronic medical record to communicate with a healthcare provder	54.11%	125
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	53.25%	123
Smartphone app to communicate with a healthcare provider	52.81%	122
Telephone visits with a healthcare provider	51.08%	118
Other (please specify)	12.55%	29
	Answered	231
	Skipped	286

Comments:

- Whatever is the most efficient use of time and resources.
- Be more creative about how you communicate without tech, maybe church services or radio?
- Many people cannot access any of these
- All of the above are implemented - need adequate heath requires community watch - well provided in many parts of Taos county.
- More in person health care providers
- Offer both in person and phone services
- Access to more triage and urgent care services

- These are all great and necessary, but reminder that low income residents don't necessarily have the skills to follow technology.
- I do know that most are available. I am a senior and not P.C. savvy.
- In-home health care visits, including palliative care and well checks. I think after two years of video communication that this kind of monitoring should be used sparingly. As a sustained method it's really not healthy.
- I think the hospital should work on improving the IT situation it currently has, as it is our hospital technology is decades behind the national standards.
- Text message motivation individually and groups
- With virtual screening, it would be imperative that screeners are available quickly in case of urgent or emergent needs. Video better than just telephone is some cases so the person can be seen which gives the nurse or doctor more information.
- Adequate broadband to support video and other apps
- Apps, fitbits, etc are helpful only with better privacy protection than is usually offered

Q20: Please share resources and solutions that would help you and the community get through the COVID-19 crisis.

Comments:
- More social and emotional support in Spanish
- Not so much high-tech. More community outreach of real science and help. Work to get back the human and local feeling. you have all done a commendable job. Please keep it up. Your staff is amazing and the CEO has worked hard and effectively. We are still a person to person town. Remember that and please try to retain good locals. Pay them rather than uninvolved and expensive traveling staff. Pay our people bonuses, not travelers.
- Clear, concise messaging about visiting your doctor for an annual physical; messaging from the doctor about the benefits of being vaccinated and making an informed decisions; access to healthy food and nutrition options that are culturally sensitive
- Investing in the community it serves is certainly one effective way of helping Taos.
- I hope it is for some other reason so many of the local people are not seeking employment at the hospital and not due to a lack of integrity on the part of the leadership at Holy Cross.
- Better access to primary care physicians

- Detox center.
- Any areas that support the healthcare providers.
- I liked the monthly updates at the beginning of the pandemic that brought the leaders of the community together to give updates and answer questions. I think having this ongoing would be a benefit for the community as well as build trust in the hospital's ability to care for and stay invested in our community.
- Free testing, available testing, mental health support kids through elderly
- More mental health support, livable wages, low income housing, safe and thriving community. Public education on how to create and maintain healthy lifestyles and what/where to find help when needed.
- Well I do think this survey is a step in the right direction I just hope some change comes out of it.
- The hospital should be a better friend to the community it serves
- More accessibility to rapid COVID testing.
- Telephone or online triage for people experiencing symptoms of illness to direct them to the appropriate place for care whether it be primary care, urgent care or emergency room
- Food, childcare, housing support
- CARDIOLOGIST
- I've appreciated and used COVID testing sites. I've appreciated how residents of Taos county took COVID seriously, following the masking guidelines, high vaccination rates etc. I've appreciated the area's sharing of COVID info and resources including hand sanitizer in the early days, etc it's been a difficult time, but Taos and New Mexico generally followed evidence based procedures, policies etc which has saved lives and prevented massive stress on my part. Having traveled in other less COVID- cautious states, I am so proud of our area for their science oriented, compassionate COVID response.
- Advocate for science based pandemic response for all citizens incl most vulnerable.
- Better testing and quicker results!
- Mental health services. Substance abuse options. Improved public safety through community liaison with law enforcement.
- Transparency
- Radio, newspaper, community meetings, anything to communicate positive feedback. People are afraid of people. Sad, and scary social anxiety!
- We need more primary care providers who are accepting new patients.
- Full-service walk-in as well as by appointment behavioral health services. Detox and rehab centers.
- Immunization PODS and COVID testing sites
- Clear and concise help accessing Covid testing and virtual triage for accessing all kinds of care

- I think Police, key people from Hospital, etc. reach out through media, meaning radio and/or TV... many seniors do not have computers to sign-up or smart phones.
- Food security pick up
- I love Holy Cross and appreciate the health care professionals that work there.
- A medical center that can meet the needs of all in the community with upgraded rooms, equipment and supplies for the staff.
- Many people are suffering with depression, anxiety and panic attacks. Some look really rough. Be kind. Listen and do not judge. Help them. They are people too!
- Accessing the Annex Building to provide detoxification services (phase 1) and Crisis stabilization Unit (phase 2).
- For elderly folks with limited tech use/wifi provide in person or at home visits. Do not exclusively rely on technology to serve/treat folks.
- Easy access to testing, vaccination and treatment for COVID 19--Not having to go through the ED.
- The medical community could really promote personal wellbeing as a norm and necessary for successful health. Alternative healing practices, mindfulness, etc, are excellent not only for an excellent baseline of health, but to deal with trauma, and mental health issues. When these things are normalized and recommended by medical health professionals, people are more likely to adopt them. Of course, many alternative health methods are not covered by Medicare/Medicaid, and the hospital is lacking for any extra funding; however, the importance of these approaches to improve health can not be underscored and could help reduce a lot of underlying conditions that quickly devolve into extremely poor health, as we have seen during the pandemic.
- Mental health access.
- Shared network/ data hub for social services /healthcare orgs to streamline communication and access .
- Ensure that diverse cultures and language spoken by the community members are addressed.
- Access to information on the most current safety standards, treatments and locations for testing or vaccinations. Online support that is current.
- I think an smartphone app would help me better access my patient portal.
- Shared communication platforms such as Collective Medical or Unite Us to facilitate better collaboration with agencies regarding patient care and needs.
- Offer PCR testing but not as a burden to the ER.
- Taos resource list is a good start.
- Better access to covid testing and opening another Urgent Care

- Easy--ideally free--access to COVID testing. Having a central place for Taosenos to get trustworthy, up-to-date data and recommendations. Town, county, state and federal recommendations can be contradictory and extremely confusing!
- Consistent messaging to the community through a variety of mediums. Improved access through increasing providers, particularly at the primary care level
- My biggest personal issue is needing to travel to Santa Fe or ABQ for specialists I need to see: pulmonologist, cardiologist, gastroenterologist, neurologist. It's a lot of traveling back and forth.
- You have been doing this well. The early vaccination clinics in particular were beautifully well-organized and managed.
- HCMC did a great job helping the community get vaccinated, boosted, and tested.
- Potential liaison for community agency needs. However, due to limited staffing at the hospital - potentially creating affordable housing on hospital land to provide affordable housing for health care workers for recruitment and retention.
- Get used to annual booster shots, as we now do with flu shots
- Perhaps we already deserve the letter grade A for adapting to change. My recent experience is that Holy Cross has provided patient and kind healthcare services. Specific to COVID, therefore, should one ask for more?
- Easy vaccinations
- HCMC has done an exceptional job of helping the community through the covid crisis, thank you! Your ability to provide what's needed and continually re-evaluating those needs, has been exceptional!
- Providers of primary care, mental health care answering their phones and seeing their patients face to face with appropriate safety precautions is essential to recovery and effective treatment for patients in need of care. This includes face to face substance use treatment as well.
- More advertising of testing availability and what to do if you suspect covid. A weekly column in the Taos News! Not everybody goes to facebook. It would be nice to know where hot spots of transmission are occurring.