Holy Cross Hospital

Taos, New Mexico

Holy Cross Hospital
Taos Health Systems

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution May 25, 2016[1]

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

Dear Community Member:

At Holy Cross Hospital (HCH), we have spent more than 80 years providing high-quality compassionate healthcare to the greater Taos community. The "2016 Community Health Needs Assessment" identifies local health and medical needs and provides an overview of how HCH will respond to those needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and 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 now required to develop this report on the medical and health needs of the communities they serve. We encourage you to review this document. It is part of our compliance with federal law, but more importantly, it highlights our continuing efforts to meet the health and medical needs of our community.

HCH will conduct this health needs assessment at least once every three years. The report produced three years ago is available on our website for your review and comment. As you review this plan, please see if we have identified the primary needs of the community and if you think our intended responses will lead to desired improvements.

We do not have adequate resources to solve all the identified problems. Some issues are beyond the HCH mission and/or action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the responses of an organization. We view this as a plan for how we and our partner organizations and agencies can collaborate to bring the best options available to support change and to address the most pressing needs.

This report is our response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide while responding to documented community needs. This report includes footnotes that answer required questions; for the general reader, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite you to respond to this report. As you read, please think about your suggestions to help us improve health and medical services in our area, and send your comments to MGriego@taoshospital.org. In the coming months, HCH will offer presentations of this Community Health Needs Assessment that are simpler and less formal than this legal document. We all live in, work in, and enjoy this wonderful community, and with your help, we can make our community healthier for everyone!

Thank You,

Bill Patten
Chief Executive Officer
Holy Cross Hospital

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EXECUTIVE SUMMARY

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Holy Cross Hospital ("HCH" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community, develop an implementation plan to outline and organize how to meet those needs, and fulfill federal requirements.

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

The Significant Health Needs for Taos County are:

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

The Hospital has developed implementation strategies for all seven of the needs including activities to continue/pursue, community partners to work alongside, and leading and lagging indicators to track.

APPROACH

APPROACH

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

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

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

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

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

Project Objectives

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

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

Overview of Community Health Needs Assessment

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

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

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

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

[3] As of the date of this report all tax questions and suggested answers relate to 2014 Draft Federal 990 schedule h instructions i990sh—dft(2) and tax form

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

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

Specifically, the IRS requires:

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

Community Health Needs Assessment Subsequent to Initial Assessment

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

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must 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*

[5] Section 6652

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.[6]

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must ''solicit'' input from these categories and 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

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

conducting the CHNA."[7]

Additionally, a CHNA developed subsequent to the initial Assessment must consider written commentary received regarding the prior Assessment and Implementation Strategy efforts. We followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

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

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

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

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

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

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

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

Other (please specify)

Quorum also takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor[9] opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources existed in their portion of the

[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources (QHR). & Response to Schedule h (Form 990) B 6 b
[8] Federal Register Op. cit. P 78967 & Response to Schedule h (Form 990) B 3 h
[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five QHR written comment solicitation classifications, with whom the Hospital solicited to participate in the QHR/Hospital CHNA process. Response to Schedule h (Form 990) V B 3 h

county.[10]

Most data used in the analysis is available from public Internet sources and QHR proprietary data from Truven. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating with us in this study are displayed in the CHNA report appendix.

Data sources include:[11]

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	To assess the health needs of Taos County compared to all State counties	November 2, 2015	2010 to 2012
www.communityhealth.hhs.gov	To assess the health needs of Taos County compared to its national set of "peer counties"	November 2, 2015	2005 to 2011
Truven (formerly known as Thomson) Market Planner	To assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	April 1, 2016	2012 to 2016
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	November 2, 2015	2015
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	November 2, 2015	2015
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	November 2, 2015	2000 to 2010
www.cdc.gov	To examine area trends for heart disease and stroke	November 2, 2015	2008 to 2010

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

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

www.svi.cdc.gov	To identify the Social Vulnerability Index value	November 2, 2015	2010
www.CHNA.org	To identify potential needs from a variety of resource and health need metrics	November 2, 2015	2003 to 2015
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	November 2, 2015	2015
www.worldlifeexpectancy.com	To determine relative importance among 15 top causes of death	November 2, 2015	2013

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

- We deployed a CHNA "Round 1" survey to our Local Expert Advisors to gain 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. We received community input from 33 Local Expert Advisors. Survey responses started January 26, 2016 and ended with the last response on February 11, 2016.
- 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.[12]
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments:
  - There is a lack of resources for children from low income families
  - The Native American and Hispanic populations have unique needs and are largely uninsured
  - Support for the homeless is needed

When the analysis was complete, we put the information and summary conclusions before our Local Expert Advisors[13] who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional comments of need, and new needs did emerge from this exchange.[14] Consultation with 32 Local Experts occurred again via an internet-based survey (explained below) beginning March 7, 2016 and ending March 28, 2016.

Having taken steps to identify potential community needs, the Local Experts then participated in a structured

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

communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[15]

In the HCH process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, the vast majority of comments agreed with our findings. We developed a summary of all needs identified by any of the analyzed data sets. The Local Experts then allocated 100 points among the potential significant need candidates, including the opportunity to again present additional needs that were not identified from the data. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs receiving identical point allocations.

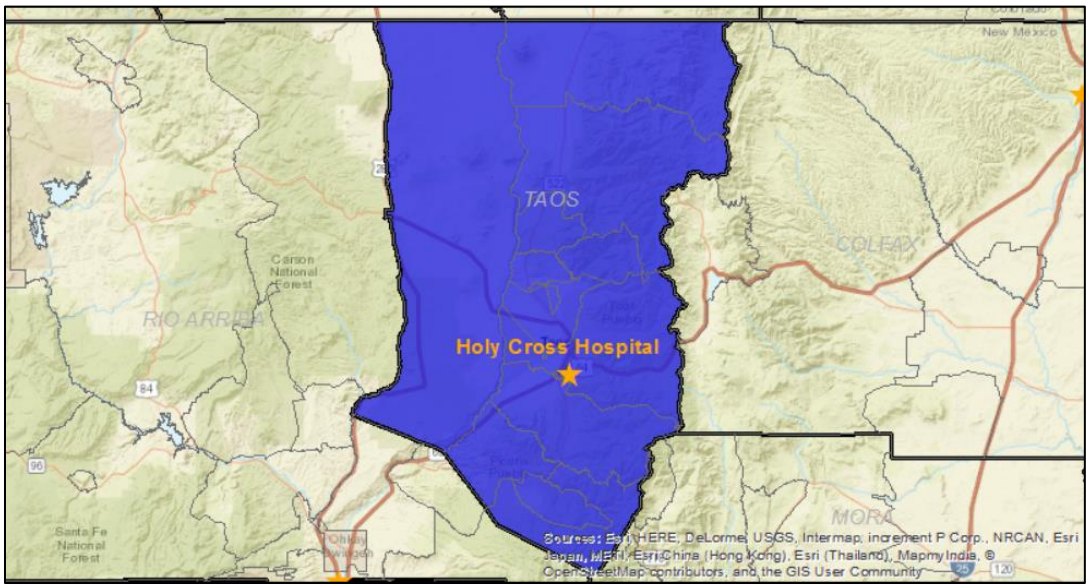
We dichotomized the rank order of prioritized needs into two groups: “Significant” and “Other Identified Needs.” Our criteria for identifying and prioritizing Significant Needs were based on a descending frequency rank order of the needs based on total points cast by the Local Experts, further ranked by a descending frequency count of the number of local experts casting any points for the need. By our definition, a Significant Need had to include all rank ordered needs until at least fifty percent (50%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — “Significant” as opposed to “Other” — was a qualitative interpretation by QHR and the HCH executive team where a reasonable break point in rank order occurred.[16]

[15] Response to Schedule h (Form 990) Part V B 5
[16] Response to Schedule h (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

FINDINGS

Definition of Area Served by the Hospital[17]



HCH, in conjunction with Quorum, defines its service area as Taos County in New Mexico, which includes the following ZIP codes:[18]

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

In 2013, the Hospital received 82.4% of its patients from this area.[19]

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

Demographic of the Community[20] [21]

	County	State	U.S.
2016 Population[22]	**33,193**	**2,088,611**	**322,431,073**
% Increase/Decline	**1.1%**	**1.1%**	**3.7%**
Estimated Population in 2021	**33,573**	**2,111,991**	**334,341,965**
% White, non-Hispanic	**35.4%**	**38.1%**	**61.3%**
% Hispanic	**56.4%**	**48.2%**	**17.8%**
% Native American	**7.4%**	**10.4%**	
Median Age	**47.4**	**37.2**	**38.0**
Median Household Income	**$32,338**	**$45,057**	**$55,072**
Unemployment Rate	**8.5%**	**6.5%**	**4.9%**
% Population >65	**22.1%**	**15.6%**	**15.1%**
% Women of Childbearing Age	**15.2%**	**19.1%**	**19.6%**

Demographics Expert 2.7
2016 Demographic Snapshot
Area: Taos County
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	32,945	308,745,538
2016 Total Population	33,193	322,431,073
2021 Total Population	33,573	334,341,965
% Change 2016 - 2021	1.1%	3.7%
Average Household Income	$46,365	$77,135

	2016	2021	% Change
Total Male Population	16,325	16,506	1.1%
Total Female Population	16,868	17,067	1.2%
Females, Child Bearing Age (15-44)	5,036	5,074	0.8%

POPULATION DISTRIBUTION

Age Distribution

Age Group	2016	% of Total	2021	% of Total	USA 2016 % of Total
0-14	5,229	15.8%	5,075	15.1%	19.0%
15-17	1,145	3.4%	1,190	3.5%	4.0%
18-24	2,382	7.2%	2,592	7.7%	9.8%
25-34	3,296	9.9%	3,256	9.7%	13.3%
35-54	7,892	23.8%	7,253	21.6%	26.0%
55-64	5,910	17.8%	5,916	17.6%	12.8%
65+	7,339	22.1%	8,291	24.7%	15.1%
Total	33,193	100.0%	33,573	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

Income Distribution

2016 Household Income	HH Count	% of Total	USA % of Total
<$15K	3,568	23.4%	12.3%
$15-25K	2,769	18.1%	10.4%
$25-50K	3,913	25.6%	23.4%
$50-75K	2,230	14.6%	17.6%
$75-100K	1,305	8.5%	12.0%
Over $100K	1,484	9.7%	24.3%
Total	15,269	100.0%	100.0%

EDUCATION LEVEL

Education Level Distribution

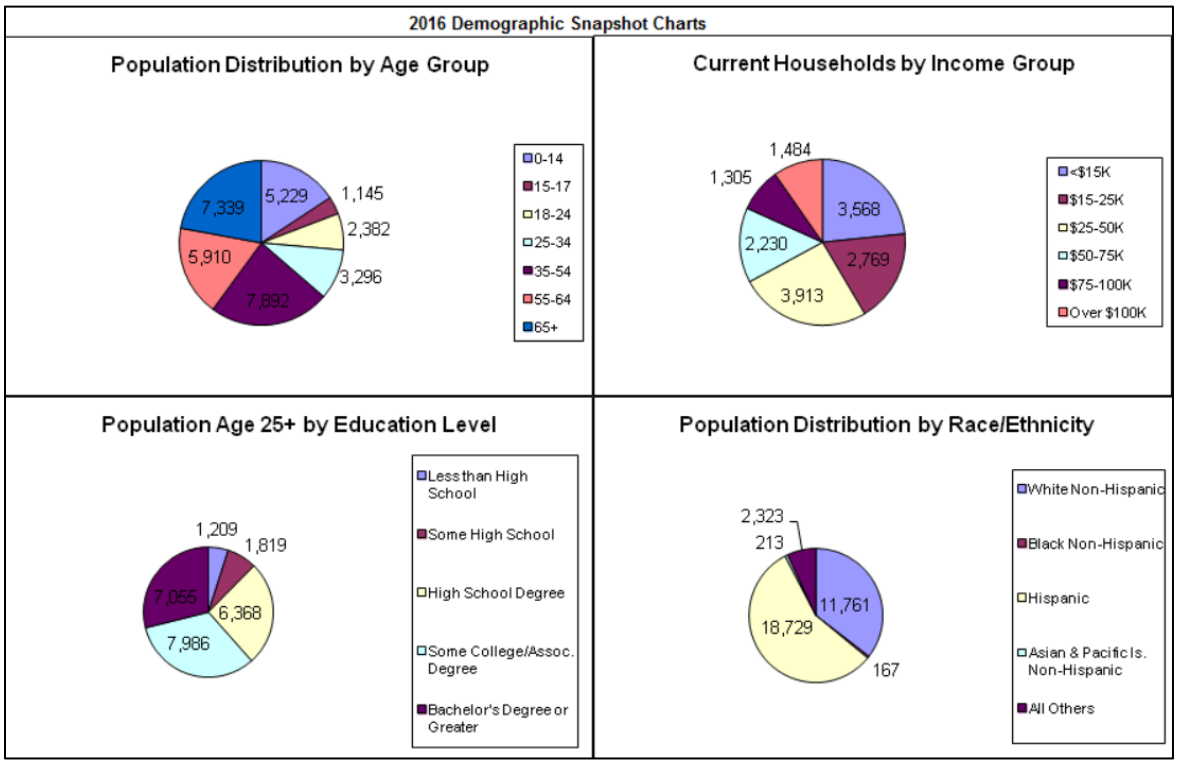
2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,209	4.9%	5.8%
Some High School	1,819	7.4%	7.8%
High School Degree	6,368	26.1%	27.9%
Some College/Assoc. Degree	7,986	32.7%	29.2%
Bachelor's Degree or Greater	7,055	28.9%	29.4%
Total	24,437	100.0%	100.0%

RACE/ETHNICITY

Race/Ethnicity Distribution

Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	11,761	35.4%	61.3%
Black Non-Hispanic	167	0.5%	12.3%
Hispanic	18,729	56.4%	17.8%
Asian & Pacific Is. Non-Hispanic	213	0.6%	5.4%
All Others	2,323	7.0%	3.1%
Total	33,193	100.0%	100.0%

[20] Responds to IRS Schedule h (Form 990) Part V B 3 b
[21] The tables below were created by Truven Market Planner, a national marketing company
[22] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner



2016 Benchmarks
Area: Taos County
Level of Geography: ZIP Code

Area	2016-2021 % Population Change	Median Age	Population 65+ % of Total Population	Population 65+ % Change 2016-2021	Females 15-44 % of Total Population	Females 15-44 % Change 2016-2021	Median Household Income	Median Household Wealth	Median Home Value
USA	3.7%	38.0	15.1%	17.6%	19.6%	1.5%	$55,072	$54,224	$192,364
New Mexico	1.1%	37.2	15.6%	13.4%	19.1%	0.8%	$45,057	$48,980	$167,523
Selected Area	1.1%	47.4	22.1%	13.0%	15.2%	0.8%	$32,338	$41,374	$222,846

Demographics Expert 2.7
DEMO0003.SQP

The population was also examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors.

The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to determine probable lifestyle and medical conditions present in the population. The national average, or norm, is represented as 100%. Where Taos County varies more than 5% above or below that norm (that is, less than 95% or greater than 105%), it is considered significant.

Items in the table with red text are viewed as statistically important adverse potential findings—in other words, these are health areas that need improvement in the Taos County area. Items with blue text are viewed as statistically important potential beneficial findings—in other words, these are areas in which Taos County is doing better than other parts of the country. Items with black text are viewed as either not statistically different from the national norm or neither a favorable nor unfavorable finding—in other words more or less on par with national trends.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Cancer**		
BMI: Morbid/Obese	111.0%	33.7%	Mammography in Past Yr	105.7%	48.2%
Vigorous Exercise	89.0%	50.6%	Cancer Screen: Colorectal 2 yr	100.9%	25.8%
Chronic Diabetes	150.9%	18.6%	Cancer Screen: Pap/Cerv Test 2 yr	87.2%	52.3%
Healthy Eating Habits	94.0%	27.9%	Routine Screen: Prostate 2 yr	95.7%	30.7%
Ate Breakfast Yesterday	101.7%	71.3%	**Orthopedic**		
Slept Less Than 6 Hours	111.0%	16.8%	Chronic Lower Back Pain	125.7%	29.5%
Consumed Alcohol in the Past 30 Days	70.9%	38.6%	Chronic Osteoporosis	140.2%	13.8%
Consumed 3+ Drinks Per Session	114.0%	31.5%	**Routine Services**		
Behavior			FP/GP: 1+ Visit	105.1%	92.8%
I Will Travel to Obtain Medical Care	94.0%	21.9%	Used Midlevel in last 6 Months	105.7%	43.8%
I am Responsible for My Health	95.1%	62.1%	OB/Gyn 1+ Visit	78.7%	36.4%
I Follow Treatment Recommendations	95.4%	49.6%	Medication: Received Prescription	102.3%	58.6%
Pulmonary			**Internet Usage**		
Chronic COPD	171.6%	6.8%	Use Internet to Talk to MD	60.0%	7.4%
Tobacco Use: Cigarettes	129.5%	32.9%	Facebook Opinions	102.5%	10.6%
Heart			Looked for Provider Rating	77.7%	11.1%
Chronic High Cholesterol	133.4%	29.2%	**Emergency Service**		
Routine Cholesterol Screening	92.7%	47.1%	Emergency Room Use	106.7%	36.1%
Chronic Heart Failure	174.8%	7.3%	Urgent Care Use	85.2%	19.8%

Leading Causes of Death

Cause of Death			Rank among all counties in NM (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation
Taos Rank	NM Rank	Condition		NM	Taos	
1	1	Cancer	27 of 32	145.4	143.0	Lower than expected
2	2	Heart Disease	31 of 32	147.1	123.3	Lower than expected
3	3	Accidents	10 of 32	59.0	78.8	Higher than expected
4	4	Lung	26 of 32	44.7	36.1	Lower than expected
5	5	Stroke	29 of 32	30.0	31.5	Lower than expected
6	6	Diabetes	18 of 32	27.6	29.6	As expected
7	8	Suicide	8 of 32	20.3	24.6	Higher than expected
8	7	Liver	11 of 32	19.7	19.2	Higher than expected
9	10	Flu - Pneumonia	25 of 32	14.8	15.3	Lower than expected
10	9	Alzheimer's	18 of 32	14.9	15.2	Lower than expected
11	15	Homicide	7 of 32	6.7	11.6	Higher than expected
12	13	Parkinson's	2 of 32	7.9	10.3	Higher than expected
13	11	Kidney	28 of 32	13.2	8.7	Lower than expected
14	12	Blood Poisoning	25 of 32	9.1	6.1	Lower than expected
15	14	Hypertension	20 of 32	7.4	5.0	As expected

National Healthcare Disparities Report – Priority Populations[23]

Information about Priority Populations in the service area of the Hospital is difficult to encounter if it exists. Our approach is to understand the general trends of issues impacting Priority Populations and to interact with our Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

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

We asked a specific question to our Local Expert Advisors about unique needs of Priority Populations. We reviewed their responses to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received from our Local Expert Advisors to identify unique population needs to which we should respond. Specific opinions from the Local Expert Advisors are summarized below:[24]

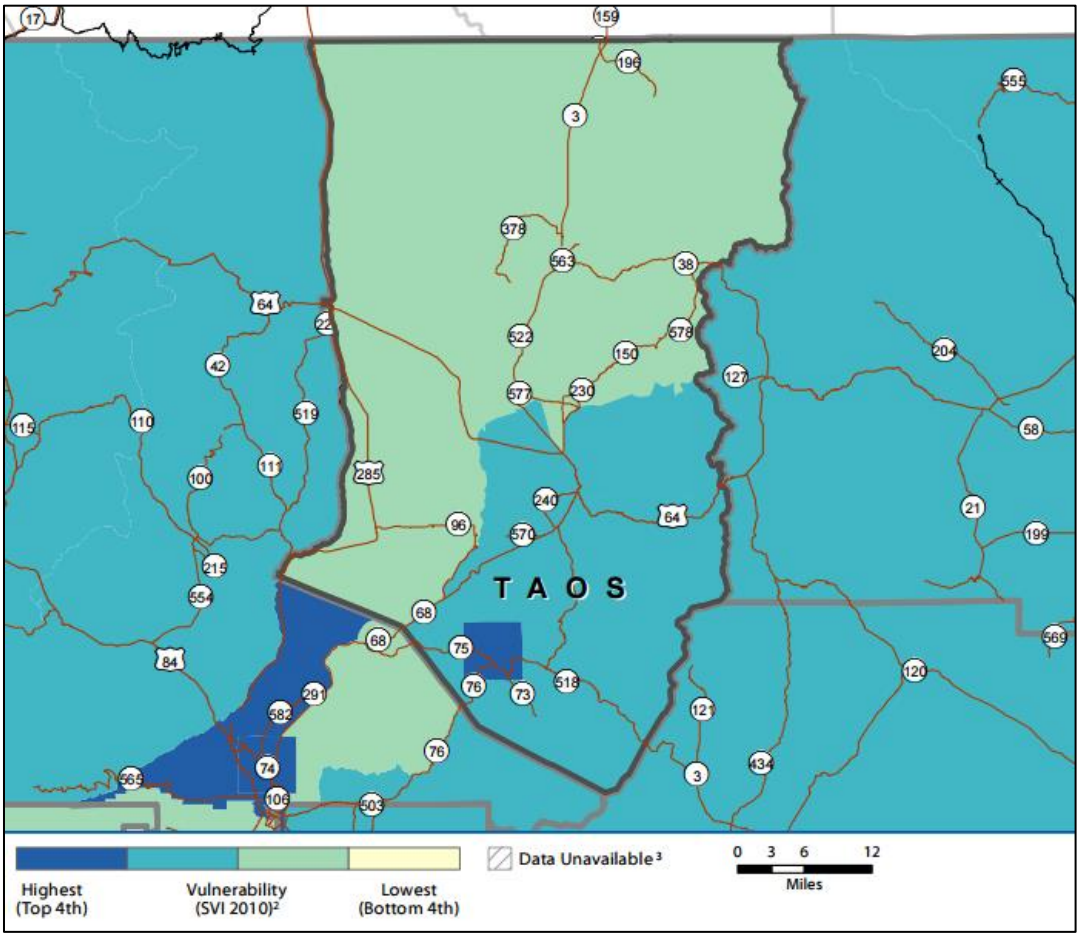
- There is a lack of resources for children from low-income families
- The Native American and Hispanic populations have unique needs and are largely uninsured
- Support for the homeless is needed

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

Social Vulnerability

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

Taos County zip codes primarily fall into the second lowest quartile of social vulnerability. However, the southeastern portion is noted as being in the second highest quartile of vulnerability.



Consideration of Written Comments from Prior CHNA

A group of 33 individuals provided written comment in regard to the 2013 CHNA. Our summary of this commentary produced the following points, which were introduced in subsequent considerations of this CHNA.

Commenter characteristics:

Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) Public Health Expertise	7	20	27
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	11	17	28
3) Priority Populations	10	19	29
4) Representative/Member of Chronic Disease Group or Organization	11	17	28
5) Represents the Broad Interest of the Community	20	9	29
Other			
Answered Question			32
Skipped Question			1

Priorities from the last assessment where the Hospital intended to seek improvement were:

- Access/Affordability
- Alcohol/Substance Abuse
- Mental Health/Suicide
- Priority Populations
- Cancer
- Diabetes
- Maternal and Infant Measures
- Obesity/Overweight
- Accident
- Physicians
- Compliance Behavior
- Predisposing Factors

HCH received the following responses to the question: **"Should the Hospital continue to consider each need identified as most important in the 2013 CHNA report as the most important set of health needs currently confronting residents in the county?"**

	Yes	No	No Opinion
Access/Affordability	25	3	0
Alcohol/Substance Abuse	27	1	0
Mental Health/Suicide	26	2	0

	Yes	No	No Opinion
Priority Populations	25	1	2
Cancer	22	3	3
Diabetes	26	0	2
Maternal and Infant Measures	22	4	2
Obesity/Overweight	22	4	2
Accidents	19	6	3
Physicians	25	2	1
Compliance Behavior	21	4	3
Predisposing Factors	17	9	2

- Specific comments or observations about **Access/Affordability** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *This is a major issue in Taos county. Access to healthcare and access to physicians*
  - *Transportation is of the highest priority. I believe those without insurance has decreased over time though the problem I see is people have no way of getting to the doctor. This leaves only two options, bring the doctor to them or find a way to design a community medical transport system*
  - *For many even the cost of insurance is not affordable, Providers are so busy that much care is provided by urgent care or ER making costs higher.*
  - *Expansion of Medicaid through the ACA has helped access but it has caused increased financial pressures on the hospital as Medicaid does not cover cost of care. Improved the patients portion but put access at risk will possible limitations of care due to declining financial situation of rural hospitals.*
  - *Access could become a problem if the County and State do not begin to help rural hospitals like ours from a funding perspective. The Safety Net Care Pool is very helpful, but still does not cover all funding needs. What the state needs to implement is county health departments and a state-wide indigent fund.*
  - *Access and Affordability remains a key issue in our county.*
  - *I think just continuing to lead efforts to educate and aid individuals in enrolling for services they are eligible for will be crucial. People's status change continuously and the system is complicated. We've made a great start but more enrollment and education is needed.*
  - *The hospital has only so much control over affordability issues - much of this is determined by external payers and government policy. Expanded primary care may be a way for the hospital to address the access issue.*
  - *The areas of psychiatry and neonatal care are lacking and, in some cases, nonexistent .*
  - *Medicaid expansion has certainly benefitted a number of Taos County residents and certainly the Native population in my practice. However, there continues to be a SIGNIFICANT primary care provider shortage and a significant number of people without insurance.*

- *a. Access/affordability: see #4*
- *What information does the hospital have on ER usage since the passage of the affordable care act and how many people in Taos County continue to be without health insurance.*
- *Despite the Medicaid expansion, there are still a LOT of uninsured/underinsured people.*

- Specific comments or observations about **Alcohol/Substance Abuse** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *we don't have enough direct services to meet the needs of our communities.*
  - *Major issue in Taos is addiction.*
  - *coordinate a mental health / medical substance rehab clinic - its the only way*
  - *With the closing of the detox facility, needs have grown*
  - *Alcohol and substance abuse cannot be separated from the accident rate. We need a local, effective rehabilitation program and mental health care to address many of the mental health issues that contribute to substance abuse.*
  - *Much needed, but not sure that the hospital should be burdened financially unless funding is raised at county and state levels.*
  - *Efforts toward prevention and treatment is key.*
  - *Alcohol is a HUGE problem in this community...we need to focus on some creative campaign that families will jump onto and make it a huge PR drive. Engaging the younger teens and families who have been affected...*
  - *This is a good example of where the hospital needs to be involved but will not be able to take the lead.*
  - *This continues to be an urgent issue that needs continued resources including increasing providers who are able to provide treatment for addiction and hepatitis C.*
  - *Alcohol/Substance Abuse is killing our residents. I run an outpatient treatment center, but we find that many of our clients need inpatient/residential treatment, but the waiting lists all around the state are long.*
  - *Alcohol, RX, drug abuse and access to treatment. Prevention with youth.*

- Specific comments or observations about **Mental Health/Suicide** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *we don't have enough qualified professionals in our community to meet the needs of our families. Soial services dept. at the hospital ran by an MSW.*
  - *Major issue for teens especially. Need more emergency mental health services in Taos county*

- *see above*
- *Not sure how the hospital can help here. this is a bigger issue than the hospital can address. With the recent chaos created in the local non-profit mental health care providers, the care level has detiorated.*
- *Having mental health professionals available in the hospital but also available in the community to follow up as out patient is key.*
- *Absolutely. Much needed, but not sure that the hospital should be burdened financially unless funding is raised at county and state levels.*
- *Tri County as the Behavioral Health Core Services agency should be leading this effort with the Hospital as a partner.*
- *This community needs stronger Mental health/suicide prevention services...*
- *This is another example of where the hospital needs to be involved but will not be able to take the lead.*
- *Stories from the ER often are disturbing with regard to thr treatment provided.*
- *Agree, not sure what the hospitals role is other than partnering with community agencies. There are too few mental health providers in Taos County.*
- *Continues to be a urgent issue*

- Specific comments or observations about **Priority Populations** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *be identifying priority populations we can identify medical needs more accurately thus realize the best ways we can address these needs*
  - *Better coordination with Indian Health Service. There needs to be expansion of IHS services as related to substance abuse, DM and heart disease.*
  - *I think our focus should be on diseases, not which population the patient happens to be from.*
  - *These populations are widely represented in our community.*
  - *Maybe this would be a better place to put in racial/ethnic populations, esp the needs of our native communities. We have a number of priority populations - need community improvements in care for both children, elders, underserved racial and ethnic communities such as Natives and Mexican nationals.*
  - *Access/affordability*
  - *Children living in poverty is a significant problem in the county*
- Specific comments or observations about **Cancer** as being among the most significant needs for the Hospital to work on to seek improvements?

- *Need to become better at awareness and grant searching. I believe the burden of the hospital can be lifted by involving other community healthcare providers -*
- *Not sure I should have checked this as a priority. I suspect that a full time oncology facility (seems like the solution) is way beyond what our hospital and community can afford. Lack of access is inconvenient for many and a real blockade for the poor due to distance to providers.*
- *It is difficult for patients to go out of town for all chemotherapy and radiation therapy treatments. Also many have to go out of town for office follow ups*
- *I agree that cancer treatment should be expanded. Again a funding issue.*
- *Cancer has surpassed heart disease as the number one killer in our state.*
- *The hospital should explore expanded options for joint-venturing to allow more infusion services to be provided locally.*
- *HCH does well here.*
- *Agree.*
- *Cancer is the #1 killer, so it is definitely among the most significant needs for the Hospital to work on. Besides the "typical" cancers that affect other areas, the high elevation of Taos leads to a higher skin cancer rate than lower elevations.*

- Specific comments or observations about **Diabetes** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *This is connected to the priority population group and weight issues too. Interconnected issues.*
  - *Huge cost to Hospital, Insurance providers, tax payers and ironically one of the most manageable.*
  - *More capacity for inpatient and outpatient DM care.*
  - *Diabetes is amongst the leading factors for cost in our community. Definitely a significant need.*
  - *Diabetes is a rapidly increasing chronic disease in our area. It is very expensive.*
  - *Again, if we could address the factors leading up to diabetes earlier in an individual's life we could prevent a tremendous amount of suffering, disease and expense. Innovative preventative services and a campaign that people could understand and get excited about could go a long way for our community.*
  - *This is a great example of the hospital's focus on diseases, rather than populations.*
  - *HCH can do better here.*
  - *YES!!!!!!! It is continuing to devastate the Native populations and will only worsen as obesity continues and complications develop.*

- Specific comments or observations about **Maternal and Infant Measures** as being among the most significant needs for the Hospital to work on to seek improvements?
    - *becoming a Baby-Friendly hospital support for a lactation consultant at the hospital Supporting staff to understand the importance of the parent child relationship and how to navigate this through social/emotional awareness.*
    - *I think there are more services in Taos devoted to this, like First Steps, than other issues in this survey. OBGYN services are a different issue*
    - *The hospital needs to identify why patients choose to receive their care in other locations... then must develop a plan to address these concerns.*
    - *Kiddos are our future. Investments here save money later.*
- Specific comments or observations about **Obesity/Overweight** as being among the most significant needs for the Hospital to work on to seek improvements?
    - *Weight/obesity and DM are directly linked. An effective DM management program must also have nutrition/weight loss component. Expansion of capacity. This also ties into many of the risk factors for heart disease in addition to DM, HTN, hyperlipidemia and sleep apnea*
    - *This is also one of the factors leading to heathcare expenditures.*
    - *see above under diabetes*
    - *I think the hospital should explore ways that it can address the obesity/overweight diagnosis for its employees - part of an overall employee wellness program. Have special rates with health clubs, have internal support teams, etc..*
    - *Definitely a community issue.*
- Specific comments or observations about **Accidents** as being among the most significant needs for the Hospital to work on to seek improvements?
    - *Closely linked to substance abuse as noted above*
    - *None*
    - *Same as above.*
- Specific comments or observations about **Physicians** as being among the most significant needs for the Hospital to work on to seek improvements?
    - *Need a stronger work environment that will retain good physicians in this county*
    - *Wow! we just can't seem to keep doctors here, obviously due to not being paid enough.*

- *Primary care is very short handed. Pain management and substance abuse specialists are lacking and general Cardiology services are short handed. Mental health providers are desperately need. Many of the highest volume primary care physicians are over 50yo.*
- *Physician recruiting is a huge problem in all rural communities.*
- *None*
- *I addressed this earlier.*
- *See my previous comments about the hospital expanding its role in primary care.*
- *Yes, recruitment is an issue. And physicians who work part time need to say they are not taking new patients at some point. Scheduling out several weeks just annoys people.*
- *Yes. The lack of primary care access is at the root of most of these improvements.*
- *Other people are concerned about the lack of Primary Care Physicians, but my concern is the lack of Specialists. I've mentioned oncologists (and will keep on doing it), but we only have one part-time dermatologist and the cardiologist situation keeps changing. Those are just the deficiencies I know about from personal experience.*

- Specific comments or observations about **Compliance Behavior** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *Obviously poor compliance results in retreatment, poorer outcomes and increased costs.*
  - *None*
  - *This one ties to all of the disease issues previously discussed... How do we help patients remain compliant with treatment/exercise/medication protocols?*
  - *Same suggestions as for diabetes, obesity, etc. It's all connected. HCH also should support, advocate for, integrated care.*
  - *not clear how the hospital could get involved in this*
- Specific comments or observations about **Predisposing Conditions** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *None*
  - *They are real in our community.*

Conclusions from Public Input

Our group of 33 Local Expert Advisors participated in an online survey to offer opinions about their perceptions of community health needs and the potential needs of unique populations. Complete verbatim written comments appear in the Appendix to this report.

HCH received the following responses to the question: **"Should the Hospital continue to consider each need identified as most important in the 2013 CHNA report as the most important set of health needs currently confronting residents in the county? Please add any additional information you would like us to understand."**

- *some of this issues lead to other issues on this list. I think it is imperative to focus on the source of a issue versus a symptom of an issue*
- *Clearly our physicians are not getting younger... we must recruit younger, motivated primary physicians as well as some of the critical specialty physicians and we need to address the need to allow them adequate time to competently carry out their workload, streamlining documentation and providing mid-level and ancillary support services to help with their work load. The physician does not need to do all the tasks alone. Outmoded, poorly designed computer documentation both in our clinics and hospital departments are dangerous, inefficient and moral busters...*
- *Dental, psych, mental health.*
- *Ten significant needs is enough. Of course the hospital can and should support efforts to decrease rates of substance abuse and accidents, but not as primary foci.*
- *The category of predisposing factors is unclear. I also am not clear where racial and ethnic health disparities fits in. We have significant differences in racial and ethnic minorities access to health care, health needs and disease predisposition in Taos County not to mention a history of racial /ethnic tensions and violence which affects health.*
- *Need to better understand senior needs*
- *With Cancer as the #1 cause of death, it is EXTREMELY disturbing that there are no full time oncologists in Taos. One oncologist comes up from Santa Fe one day a week, and it's not even a full day; they close at 2:30 p.m.*

Summary of Observations: Comparison to Other Counties

Health Outcomes

In a health status classification termed "Health Outcomes," Taos ranks number 20 among the 32 ranked New Mexico counties (best being #1). Premature Death (deaths prior to age 75) presents worse values (shorter survivability) than on average for the US and New Mexico.

Health Factors

In another health status classification "Health Factors," Taos County ranks number 14 among the 32 ranked New Mexico counties. The following indicators compared to NM average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Excessive Drinking – Taos 15% of residents compared to NM 14% and US best of 10%
- Alcohol-Impaired Driving Deaths – Taos 45% of deaths compared to NM 34% and US best of 14%

Clinical Care

In the "Clinical Care" classification, Taos County ranks number 13 among the 32 ranked New Mexico counties. The following indicators compared to NM average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Uninsured – Taos 26% of residents compared to NM 22% and US best of 11%
- Population to Dentist – Taos 1,835:1, which is worse than the NM average of 1,741:1 and US best of 1,377:1
- Mammography Screening – Taos 54.5% of Medicare women age 67 to 69 compared to NM average of 56.4% and US best of 70.7%

Social and Economic Factors

In the "Social and Economic Factors" classification, Taos County ranks number 24 among the 32 ranked New Mexico counties. The following indicators compared to NM average and to national top 10% performance present such poor values it warrants investigating how to improve:

- Unemployment – Taos 9.0% compared to NM 6.9% and US best of 4.0%
- Children in Poverty – Taos 38%, which is above the NM average of 30% and almost three times worse than the US best of 13%
- Children in Single-Parent Households – Taos 45% compared to NM 40% and US best of 20%
- Injury Deaths – Taos 112 per 100,000 residents, which is above the NM average of 94 and more than twice the US best of 50

Summary of Observations: Peer Comparisons

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

Mortality

- *Better*
  - Alzheimer's Disease Deaths; Cancer Deaths; Chronic Kidney Disease Deaths; Chronic Lower Respiratory Disease Deaths; Coronary Heart Disease Deaths; Female Life Expectancy; Stroke Deaths
- *Worse*
  - Diabetes Deaths – 32.9 deaths per 100,000; worst among peer counties; US avg. 24.7
  - Motor Vehicle Deaths – 32.9 deaths per 100,000; worst among peer counties; US avg. 19.2
  - Unintentional Injury (including motor vehicle) – 79.8 deaths per 100,000; 2nd worst among peer counties; US avg. 50.8

Morbidity

- *Better*
  - Adult Obesity; Alzheimer's Diseases/Dementia; Cancer; Syphilis
- *Worse*
  - HIV – 123.5 rate per 100,000; 7th worst among peer counties; US avg. 105.5

Healthcare Access and Quality

- *Better*
  - Primary Care Provider Access
- *Worse*
  - Cost Barrier to Care – 23.1% of adults not visiting doctor due to cost; 6th worst among peer counties; US avg. 15.6
  - Uninsured – 25.5% of population without health insurance; 4th worst among peer counties; US avg. 17.7

Health Behaviors

- *Better*
  - Adult Binge Drinking; Adult Female Routine Pap Tests; Adult Physical Inactivity; Adult Smoking
- *Worse*
  - Nothing

Social Factors

- *Better*

- Nothing

- *Worse*
  - Children in Single-Parent Households – 51.3% of children; worst among peer counties; US avg. 30.8%
  - Poverty – 25.3% of individuals; worst among peer counties; US avg. 16.3%
  - Violent Crime – 513.4 rate per 100,000; 2nd worst among peer counties; US avg. 199.2

Physical Environment

- *Better*
  - Air Quality
- *Worse*
  - Limited Access to Healthy Food – 21.1% of individuals who are low-income and do not live close to a grocery store; 2nd worst among peer counties; US avg. 6.2

Conclusions from Demographic Analysis Compared to National Averages

The 2016 population for Taos County is estimated to be 33,193 and expected to increase at a rate of 1.1% through 2021. This is lower than the 3.7% national rate of growth, while New Mexico's population is also expected to increase by 1.1%. In 2021, Taos County anticipates a population of 33,573.

Population estimates indicate the 2016 median age for the county is 47.4 years, older than the New Mexico median age (37.2 years) and the national median age of 38.0 years. The 2016 Median Household Income for the area is $32,338, lower than the New Mexico median income of $45,057 and the national median income of $55,072. Median Household Wealth value is lower than both the national and the New Mexico value. Median Home Value for Taos ($222,846) is higher than both the New Mexico median of $167,523 and the national median of $192,364. Taos' unemployment rate as of January 2016 was 8.5%, which is higher than the 6.5% statewide and 4.9% national civilian unemployment rate.

The portion of the population in the county over 65 is 22.1%, compared to New Mexico (15.6%) and the national average (15.1%). The portion of the population of women of childbearing age is 15.2%, lower than the New Mexico average of 19.1% and the national rate of 19.6%. 35.4% of the population is White non-Hispanic. The largest minority is the Hispanic population, which comprises 56.4% of the total.

The following areas were identified from a comparison of the county to national averages. Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered adverse:

- BMI: Morbid/Obese is 11.0% above average impacting 33.7% of the population
- Vigorous Exercise is 11.0% below average impacting 50.6% of the population
- Consumed 3+ Drinks per Session is 14.0% above average impacting 31.5% of the population
- Tobacco Use (Cigarettes) is 29.5% above average impacting 32.9% of the population
- Routine Cholesterol Screening is 7.3% below average impacting 47.1% of the population
- Cervical Cancer Screening in last two years is 12.8% below average impacting 52.3% of the population
- Had an OB/GYN Visit is 21.3% below average impacting 36.4% of the population
- Emergency Room Use is 6.7% above average impacting 36.1% of the population

Metrics impacting more than 30% of the population and statistically significantly different from the national average include the following. All are considered beneficial:

- Consumed Alcohol in the Past 30 Days is 29.1% below average impacting 38.6% of the population
- Had a Mammogram in Past Year is 5.7% above average impacting 48.2% of the population
- Had a Family Physician/General Practitioner Visit is 5.1% above average impacting 92.8% of the population
- Used Midlevel in Last 6 months is 5.7% above average impacting 43.8% of the population

Conclusions from Other Statistical Data

Among the Top 15 Causes of Death in the US, only 2 of the 15 occurred at expected rates in Taos County. Cancer, Heart Disease, Lung Disease, Stroke, Flu/Pneumonia, Alzheimer's, Kidney Disease, and Blood Poisoning occurred at lower rates than expected. Accidents, Suicide, Liver Disease, Parkinson's, and Homicide occurred at higher rates than expected. The Top 10 Causes of Death in Taos County are:

1. Cancer with Taos ranking #27 among 32 NM counties (where #1 is worst in state)
2. Heart Disease ranking #31 in NM
3. Accidents ranking #10 in NM
4. Lung Disease ranking #26 in NM
5. Stroke ranking #29 in NM
6. Diabetes ranking #18 in NM
7. Suicide ranking #8 in NM
8. Liver Disease ranking #11 in NM
9. Flu/Pneumonia ranking #25 in NM
10. Alzheimer's ranking #18 in NM

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 US counties or equivalents applying small area estimation techniques to the most recent county information.

Unfavorable Taos County measures which are worse than the US average and had an unfavorable change:

- **Female Heavy Drinking** - As of 2012, 7.0% of females are heavy drinkers; value increased 1.9 percentage points since 2005

Unfavorable Taos County measures which are worse than the US average but had a favorable change:

- **Male Life Expectancy** -As of 2013, male life expectancy is at 74.5 years; value increased 2.3 years since 1985

Desirable Taos County measures better than the US average but had an unfavorable change:

- **Male Obesity** – As of 2011, 27.1% of males are obese; value increased 6.9 percentage points since 2001
- **Female Obesity** - As of 2011, 31.5% of females are obese; value increased 6.8 percentage points since 2001

Desirable Taos County measures better than the US average and had a favorable change:

- **Male Heavy Drinking** – As of 2012, 8.9% of males are heavy drinkers; value decreased 0.4 percentage points since 2005

- **Male Binge Drinking** – As of 2012, 23.4% of males engage in binge drinking; value decreased 5.4 percentage points since 2002
- **Female Binge Drinking** – As of 2012, 11.9% of females engage in binge drinking; value decreased 1.4 percentage points since 2002
- **Female Life Expectancy** – As of 2012, female life expectancy is at 83.4 years; value increased 2.3 years since 1985
- **Male Smoking** – As of 2012, male smoking is at 20.5%; value decreased 3.7 percentage points since 1996
- **Female Smoking** – As of 2012, female smoking is at 15.5%; value decreased 3.1 percentage points since 1996
- **Male Physical Activity** – As of 2011, physical activity prevalence for males is at 64.1%; value increased 3.9 percentage points since 2001
- **Female Physical Activity** – As of 2011, physical activity prevalence for females is at 57.5%; value increased 8.4 percentage points since 2001

Summary of Findings from Community Survey

A community survey was developed to get broader feedback on the health and needs of the local population. The survey was printed and distributed around the community, and then results were entered and analyzed using online tool Survey Monkey. There were 221 responses to the survey. A summary of findings is below, but complete results can be found in Appendix D.

- The top three health issues ranked as "Major Issues" in the area are Mental Health Issues, Access to Mental Health/Substance Abuse Services, and Lack of Health Insurance.
- The top three drug and substance abuse issues ranked as "Major Issues" in the area are Adult Substance Abuse, Youth Drug Use, and Youth Alcohol Abuse.
- The top three community issues ranked as "Major Issues" in the area are Poverty, Domestic Violence, and Low Education Levels.
- The majority of people (64%) ranked the health of the community as Somewhat Healthy, while 26.64% ranked it has Unhealthy.
- The three issues ranked most important for a healthy community are Access to Healthcare and Other Services, Good Jobs and Healthy Economy, and Affordable Housing.
- The top health issues in each household ranked as "Major Issues" are Not Being Able to Access Affordable Dental Care, Having a lot of Anxiety or Stress, and Experiencing Depression.
- The majority of respondents (around 70%) ranked the housing issues provided as "Not an Issue."
- The issues in accessing support services ranked as "Major Issues" are Lack of Activities for School-aged Children and Teens (18.48%) and Not Being Able to Find Before or After-School Care (16.11%).
- The majority of respondents (about 70%) do not use tobacco products or live in a household where someone does.
- 79% of respondents have a primary care doctor, 70% have a primary care dentist, 74% have an eye care provider, and 21% have a mental health counselor.
- 29% of respondents selected their primary care provider because of Appointment Availability and 27% because the provider was Recommended by Family or Friends (top two).
- 71% have NOT had three or more issues in the past year accessing healthcare due to cost.
- Roughly 50% have and 50% have not left the county in the last two years in search of healthcare.
- For those who seek care outside of Taos County, 31% do so because of Quality of Physicians, 28% because of Quality of Staff, and 34% because of Other, with comments most often referring to need for specialists.

- While 53% considered a Family Physician the Preferred provider for routine care, around 75% ranked a Physician's Assistant or Nurse Practitioner as Acceptable or Preferred.
- 54 respondents ranked their health on a scale of 1 to 10 as an 8, 49 ranked a 9, and 36 ranked a 7 (top three).
- In the past year, more than 50% have received preventive services including a Routine Physical, an Eye Exam, a Routine Blood Pressure Check, and a Dental Exam.
- Of those who have not used Preventive Services, one third could not afford it, 15% didn't know it was available, and 45% selected Other, with the most common reason being respondents didn't feel they needed it.
- The main reason for being unable to receive a healthcare service was they Could Not Afford to Pay.
- 84% believe their health insurance covers their healthcare costs Fairly Well, Well, or Very Well.
- 45% of respondents who do not have insurance don't because they Cannot Afford to Pay for Insurance.
- Around 50% have seen no change compared to a year ago in Physical Health, Physical Fitness or Health Behaviors, Financial Situation, Employment/Income, Local Economy, or Local Health Problems; however, around 40% believe Local Economy and Local Health Problems have gotten worse.
- In the past 30 days, 42% had no days in poor physical health, while 31% had 1 to 5 days.
- In the past 30 days, 66% had no days when mental health issues or emotional problems kept them from work or other daily activities, while 17% had 1 to 5 days.
- 77% ranked their own knowledge of local healthcare services as Fair or Good.
- 65% of respondents learn about available healthcare services by Word of Mouth and 53% by Referral from Physician.
- To improve access to care, 62% suggest More Primary Care Providers, 54% suggest More Specialists, and 46% suggest Greater Health Education Services or More Mental Health Providers.
- 90% believe local healthcare services are Essential or Very Important to the well-being of the local area.
- The top three educational classes of interest were about Fitness, Health and Wellness, and Nutrition.
- In the past year, 30% have had issues with medical bills or medical debt.
- 16 respondents have children age 1 to 4 living in the household, and 63 respondents have children age 5 to 17 living in the household.
- 72% of respondents were age 45 to 74.
- Respondents were 69% female and 31% male.

- 77% identified their primary racial group as White.
- 50% of respondents identified as Non-Hispanic/Non-Arabic and 39% identified as Hispanic.
- 97% of respondents have a high-school diploma or higher.
- 60% of respondents were married, while 20% were single.
- 36% are Employed Full-Time and 33% are Retired.

Conclusions from Prior CHNA Implementation Activities

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

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

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

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

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

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

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

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

- Community Benefit: $2,474,875

EXISTING HEALTHCARE FACILITIES, RESOURCES, & IMPLEMENTATION STRATEGY

SIGNIFICANT HEALTH NEEDS

We used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by HCH.[25] The following list:

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

In general, HCH is the major hospital in the service area. Holy Cross Hospital is a 29-bed, acute care rural hospital located in Taos, New Mexico. The next closest facilities are outside the service area and include:

- Presbyterian Espanola Hospital in Espanola, NM, 45 miles (57 minutes)
- Los Alamos Medical Center in Los Alamos, NM, 65 miles (81 minutes)
- Christus St. Vincent Regional Medical Center in Santa Fe, NM, 71 miles (89 minutes)

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

[25] Response to IRS Schedule h (Form 990) Part V B 3 e

New Mexico Community Benefit Requirements

Significant Needs

1. **ALCOHOL/SUBSTANCE ABUSE – 2013 Significant Need; Local Expert identified need; excessive drinking above the NM average and US best rates; female heavy drinking worse than US average**

Public comments received on previously adopted implementation strategy:

- *counselors treatment center with different options (30-90 day IOP)*
- *see above*
- *Could hospital open/reopen the detox facility?*
- *Having mental health professionals and/or social workers when patients are hospitalized or in the ED to help address this more chronic problems.*
- *Yes. Prevention is important. Cultural change with regard to prescribing opioid medications, prescribing guidelines, intra-nasal naloxone rescue to reverse overdose deaths is important. Working with the community and Health Council to have a coordinated plan for people who suffer from the disease of addiction.*
- *Coordinate efforts with Taos Alive.*
- *Agree x 100. The problem is only worsening and we have lost a major source of at least immediate treatment with the loss of Taos detox.*

We need a Medical Detox Center, and we need an Inpatient Treatment Center. I know the Hospital can't do it all, but I hope they can be part of the solution.

HCH services, programs, and resources available to respond to this need include:[26]

- HCH is the fiscal agent for the Taos Alive Drug-free community grant. This grant-funded coalition brings together health agencies, public safety entities, educational administrators and community advocates to work together to decrease substance abuse in families and youth. The program operates a variety of substance abuse reduction strategies including: public media campaigns regarding substance abuse issues in Taos County, environmental clean-up activities, prescription drug take back and disposal public events, youth engagement programs, education of elected and public officials about substance abuse prevalence and prevention measures in Taos County, and Naloxone dissemination activities in coordination with Holy Cross Hospital. The Taos Alive Coalition also participates in national conferences and educational workshops and works locally to strengthen and build other drug free communities in neighboring rural / frontier communities.
- HCH is the fiscal agent for the Department of Transportation Underage Drinking Grant, which supports the adolescent and underage drinking prevention work Taos Alive performs.
- HCH treats alcohol abuse in the Emergency Department, providing stabilization and transfer services to patients in need.
- Dr. Cardasis at Holy Cross Primary Care provides medication-assisted therapy for opioid dependence.

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

- HCH is currently leading a community project for administering intranasal naloxone, a reversal agent for opioid overdose, to law enforcement agencies, first responder and EMT personnel, and other trained community sectors.
- HCH is the fiscal agent for the Taos Health Council; this health advocacy coalition provides education about recovery and support group programs in the community such as the Rio Grande Alcohol Treatment Program and various Alcohol Anonymous / Narcotics Anonymous support groups in Taos County.

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

- HCH is currently exploring a potential partnership to re-open a detox facility in Taos County to serve alcohol and substance abuse patients.
- HCH is investigating feasibility of an observation unit adjacent to the Emergency Department; this would facilitate longer stays and detoxification for patients.
- HCH is working on implementation of a community health fair, with education around many areas, including substance abuse.
- HCH is providing mentorship to nearby communities to help them form their own Drug Free Coalitions.

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

- The HCH Health Outreach Department is currently actively engaged in assisting Taos Alive with grant application assistance for the Questa Drug Free Community Grant and the Taos Pueblo Drug Free Community Mentorship Grant applications. If the grants are awarded, federal funding would allow these drug free communities to sustain their work plans and community engagement activities.

Anticipated results from HCH Implementation Strategy

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

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

- 2016 Number of Naloxone Kits dispensed = 97[27]
- 2015 Number of Naloxone Kits dispensed = 92
- 2013 -2014 successful reversals of opiate overdose = 8
- 2015-2016 Quantity of returned medications from DEA prescription drug take back activities[28]= 175 pounds.
- Number of doses of class II controlled substances dispensed from Hospital[29]= 6,729[30]

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

- 2010-2014 Deaths from drug overdose in Taos County all ages per 100,000 population = 27.7[31]
- 2014 Deaths from drug overdose in New Mexico all ages per 100,000 population= 26.4
- 2013 Deaths from drug overdose in United States all ages per 100,000 population =13.8
- 2012 Heavy Drinking prevalence for Females in Taos County = 7.0%; National Rank = 2289. This percentage is a 1.9% increase from the 2005 reported rate.[32]
- 2013 High School Current Drinker all students rate for Taos County = 37.4%[33]
- 2014 Volume of opiates prescribed in Taos County = 1,400 MME[34].
- 2012 Volume of opiates prescribed in Taos County = 1,200 MME.

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

Organization	Contact Name	Contact Information
New Mexico Department of Health Substance Abuse Epidemiology Program	Laura Tomedi, Epidemiologist	(505) 476-1757
Vista Taos Renewal Center	Michael Wolf, Admissions Director	259 Blueberry Hill Rd Taos, NM 87571 (575) 268-6901

[27] This measure tracks number of kits dispensed by HCH by HCH Fiscal Year defined as June 1-May 31.
[28] This measure is reported in weights (pounds).
[29] Federal opiate prescribing guidelines have reclassified some class III opiates under class II, so that class II controlled substance is a superior measurement.
[30] Volume of patients seen in the ER in 2012 vs 2015 is consistent at approximately 15,800 per year.
[31] New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. Population Data Source: Geospatial and Population Studies Program, University of New Mexico. http://bber.unm.edu/bber_research_demPop.html.
[32] The Institute for Health Metrics and Evaluation (IHME) at the University of Washington analyzed the performance of all 3,143 US counties or county-equivalents in terms of alcohol use, life expectancy at birth, smoking prevalence, obesity, physical activity, and poverty using novel small area estimation techniques and the most up-to-date county-level information.
[33] The New Mexico Youth Risk and Resiliency Survey (YRRS) is a tool to assess the health risk behaviors and resiliency (protective) factors of New Mexico high school and middle school students. The YRRS is part of the national CDC Youth Risk Behavior Surveillance System (YRBSS), but the survey results have widespread benefits for New Mexico at the state, county, and school district levels.
[34] NM Department of Health Epidemiology measured in Milligrams of Morphine Equivalent per total population.

Alcoholics Anonymous	Rotating Directors	Multiple Location Sites Regional Hotline Number: (575) 758-3318
Narcotics Anonymous	Rotating Directors	Multiple Location Sites Regional Hotline Number: (866) 885-6562
Taos County DWI Program	Herbert Valdez, Program Manager	105 Albright Street Suite R Taos, NM 87571 (575) 737-3857
Rio Grande Alcohol Treatment Program	Beth Scott, CEO	224 Cruz Alta Rd. Taos, NM 87571 (575) 737-5533
Taos Alive Coalition	Julie Bau, Program Coordinator	1397 Weimer Rd. Taos, NM 87571 (575) 779-6853

Other local resources identified during the CHNA process that are believed available to respond to this need:[35]

Organization	Contact Name	Contact Information
Taos Health Council	Monica Griego, Director	413 Sipapu St. Taos, NM 87571 (575) 751-8929
Taos Community Health Plan	Jim Peterson, CEO	1397 Weimer Rd., Taos NM 87571

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

2. **ACCESS/AFFORDABILITY – 2013 Significant Need; Local Expert identified need; uninsured rate above the US best rate and NM average; 6th worst among peer counties for cost barrier to care; 8th worst among peer counties for uninsured.**

Public comments received on previously adopted implementation strategy:

- *The hospital needs to reach out to the healthcare community and leadership in a humble way to collectively figure out the most cost effective and patient compliant way of addressing the transportation issue*
- *Perhaps an affordable day clinic?*
- *Needs support from the community to keep a rural hospital open.*
- *There are opportunities for the hospital to collaborate on out-patient services like imaging, oncology, lab, etc. HCH should look into options to reduce costs on employers and patients.*
- *Bringing care coordination to help with access and affordability is key. Benefit Advocacy is very important in our County. A Health Council will full time coordinator and strategic plan around health is very important.*
- *my own belief is that many still do not understand the services the hospital has to offer and so they are likely underutilized...*
- *HCH needs 24 hour staff availability for mental health crises, and psych beds. There should be a NICU able to treat more babies close to home and HCH should move toward becoming a certified Baby Friendly hospital.*
- *Not clear what the hospital has implemented or what actions they have taken, other than closing the Penasco clinic which is decreasing access to care.*
- *see #4*
- *The assistance the hospital provides in assisting people to get health insurance is extremely important*

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

- HCH Benefit Navigation Program provides free enrollment application assistance, counseling, and eligibility information to the public for the following health coverage programs: Medicaid and Marketplace. It is a program of Holy Cross Hospital with bilingual staff and two main offices in Taos. The two offices also assist with presumptive eligibility provision for the Low Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP) Program and the Temporary Assistance to Needy Families (TANF) program.
- Beginning in May 2016, the Benefit Navigation program will begin healthcare navigation services to Medicare eligible and Medicare beneficiary population. This will be 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. Currently the program only interfaces with Medicare beneficiaries when they are determined to be dually eligible for both Medicare and Medicaid coverage and to navigate current Medicare enrollment options; they currently do not assist in Medicare applications which are administered by the Social Security Administration. The dual eligible population is the Low Income Subsidy (LIS) eligible and the Medicare Subsidy Program (MSP) eligible.
- Income Support Division provides free enrollment and application assistance for the Medicaid program. Income support also offers free enrollment application assistance with the following public entitlement programs:

LIHEAP, SNAP and TANF programs.

- Insure Taos Inc. and Beaudry Insurance are both certified local health insurance Brokers with the New Mexico Health Insurance Exchange (NMHIX) who provide free Marketplace enrollment assistance on an appointment basis for individuals and families who do not qualify for Medicaid.

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

- Continue support of the Benefit Navigation Program offices. Currently, HCH offers patients and visitors assistance through the Hospital office and the Community Services Office.
- Continue marketing efforts about the Benefit Navigation Program to the public at large.
- Integrate Benefit Navigation Program services in local health fairs, free dental clinics and community forums where appropriate.
- Continue working with the Taos Health Council to promote awareness and utilization of the HCH Benefit Navigation Program to the Council's organizational and individual members. Continue provision of educational materials about and referrals to the Benefit Navigation Program through all HCH programs and services that interface with county residents who may be uninsured or under-insured.

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

- The HCH Benefit Navigation Program was created in 2014 preceding the 2013 CHNA and streamlines a variety of income support services for local residents into a singular program staffed with bilingual certified enrollment specialists that are certified with the State Medicaid office and the Office of the Superintendent of Insurance.

Anticipated results from HCH Implementation Strategy

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

The strategy to evaluate HCH intended actions is to monitor change in the following Leading Indicator[36]:

- Volume of 2015-2016 completed Medicaid Applications = 440
- Volume of 2015-2016 Medicaid Educational Counseling Sessions = 451
- Volume of 2015-2016 completed Marketplace Applications = 66
- Volume of 2015-2016 Marketplace Educational Counselling Sessions = 105
- Volume of Medicare Educational Counseling Sessions = 90[37]
- Volume of 2015 completed Medicare program applications = 0
- Volume of 2015 completed supplemental Medicare program applications = 20 (Medicare / Medicaid- dual eligible)

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

- State of New Mexico Human Services Division Medicaid and Medicare Enrollment Totals by County Annual Reporting
- New Mexico Health Insurance Exchange Annual Marketplace Enrollment per County Reporting
- Percent of local residents in the HCH Catchment area below Federal Poverty Guideline levels.

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

Organization	Location	Contact Phone Number
Income Support Division, Taos Branch	145 Roy Road, Taos NM 87571	(575) 758-8804
El Centro Family Health, Taos Office	1331 Gusdorf Road, Taos NM 87571	(575) 758-3601
El Centro Family Health, Penasco	State Road 75#15136 Penasco, NM 87553	(575) 587-2205
Questa Health Center PMS	2573 State Highway 522 Questa, NM 87556	(575) 586-0315
Taos County Indigent Fund	105 Albright St. Suite V, Taos, NM 87571	(575) 737-6435

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

Organization	Contact Name	Contact Information
Insure Taos, Inc.	Agent, Monica Wilson	1027 Salazar Road Ste H Taos NM 87571 (575) 737-9000
Beaudry Insurance	Agent, Craig Beaudry	603 Paseo Del Pueblo Norte, Taos, NM 87571 (575) 758-8106

[36] For purposes of accurate reporting, the Benefit Navigation program defines their annual reporting period as March 1, 2015-March 1, 2016 in order to capture the impact of the Federal Open Enrollment Period on yearly enrollment levels for Medicaid, Marketplace and Medicare. The 2015-2016 OEP was October 1, 2015-February 15, 2016.

[37] The Benefit Navigation Program began tracking Medicare Counseling Sessions in April 2015.

3. MENTAL HEALTH/SUICIDE – 2013 Significant Need; suicide #7 leading cause of death

Public comments received on previously adopted implementation strategy:

- *more professionals certified in Infant Mental Health practice. Collaboration with CPS at CYFD*
- *see above*
- *Could hospital open/reopen the detox facility? Outpatient mental health clinic?*
- *Supporting and recruiting mental health providers to the community.*
- *HCH has been dedicated to helping with this issue for as long as I have been in the community. Funding is desperately needed.*
- *Continue the Crisis Hot Line and look for grant money to build a behavioral health crisis center.*
- *The role the hospital should play relates directly to services provided the emergency room. Where the hospital needs help is keeping patients stable and preventing them from needing the emergency room.*
- *an emergency psych team, nurse, therapist, etc...*
- *Establish competent and compassionate 24 hour staff coverage. Designate psych beds to keep these patients close to home and their support network.*
- *?????*
- *This comes back to the lack of Mental Health Providers. Many providers are not accepting any new patients, or do not accept Medicaid patients, because the reimbursement fee schedule is so low.*

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

- HCH Emergency Department, the Taos Health Council, a program of HCH, works collaboratively with the NM Crisis and Access Line (NMCAL) organization to promote awareness of suicide desire and prevention in the local community. According to the 2015 NMCAL Annual report, 106 calls from Taos County were handled by NMCAL Hotline Counselors.
- The Taos Health Council also works to raise awareness in the local community about adolescent suicide desire and prevention. The Taos Health Council tracks data from the Youth Risk & Resiliency survey.[38] According to the latest survey in 2013, 16.7% of students surveyed reported having thought about suicide; 12.5% reported having made a suicide plan and 5.9% reported having attempted suicide.

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

- Provide patients with referral information to local behavioral health agencies and programs including Tri County Community Services, Valle del Sol Behavioral Health, Non Violence Works youth and family counseling and private practice behavioral health practitioners affiliated with the Taos Behavioral Health Alliance.
- Continue promotion of the New Mexico Crisis and Access Line through the Taos Health Council. The New Mexico

[38] The New Mexico Youth Risk and Resiliency Survey (YRRS) is a tool to assess the health risk behaviors and resiliency (protective) factors of New Mexico high school and middle school students. The YRRS is part of the national CDC Youth Risk Behavior Surveillance System (YRBSS), but the survey results have widespread benefits for New Mexico at the state, county, and school district levels.

Crisis and Access Line (NMCAL) is a statewide mental health crisis line for anyone who resides in the State of New Mexico. NMCAL is a centralized, single telephone number, answered by professional counselors 24 hours a day, 7 days a week, 365 days a year.

- Coordinate efforts with the organizations listed below, which offer resources responding this need, and identify how HCH services can benefit their initiatives.
- Continue ongoing training of HCH Emergency Department staff in suicide tendency identification and awareness of intervention strategy.
- Continue collection of baseline data to define the scope of the mental health problem, tracking how many patients admitted have co-occurring mental health issues.
- Continue Health Council reporting on YRRS data to the Taos Pueblo, School Based Health Centers in the Taos Municipal School District, Questa Independent School District and the Penasco Independent School District.

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

- HCH is the Fiscal Agent for the Taos Health Council. Following the 2013 CHNA report, the Taos Health Council successfully worked with the NM Department of Transportation to make structural changes to the Gorge Bridge to reduce the number of suicides which has been proven to be a public health safety issue. Specifically, telephone kiosks have been installed on the Gorge Bridge with dedicated lines to the NM Crisis and Access Line. According to the latest data provided by NMCAL, 603 calls were answered from the Taos Gorge Bridge from January 14, 2015 to January 4, 2016. This service is proving to be a positive public health investment with no identity or eligibility requirements, and no cost to consumers and families accessing this service. In addition to the crisis line, warm line and public awareness campaign, NMCAL also provides a highly coordinated system of after-hours access coverage for Core Service Agency's (CSA) and other providers from 5 pm – 8 am weekdays, weekends, holidays and unexpected interruptions of service emergencies.

Anticipated results from HCH Implementation Strategy

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

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

- The HCH Case Management Department currently tracks the number of patients who have attempted suicide. In 2015, there were 263 patients at HCH (all units) that had a psychosocial intervention by a Social Worker or Psychologist.

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

- 2014 Taos County Suicide Death rate per 100,000 population = 26.2 [39]
- 2014 New Mexico Suicide Death rate per 100,000 population = 20.5
- 2014 US Suicide Death rate per 100,000 population = 12.5

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

Organization	Contact Name	Contact Information
Tri County Community Services	Sue Mulvaney, CEO	105 Paseo Del Canon W #A, Taos NM 87571 (575)758-5857
Taos Pueblo Mental Health / Social Services	Ezra Bayles, Director of Taos Pueblo Health Division	16 Spider Rd. 110 Taos Pueblo, Taos NM 87571 (575) 758-6900
Non Violence Works	Simon Torrez, CEO	1337- E & F Gusdorf Road Taos, NM 87571 (575) 758-4297
Dream Tree Project	Catherine Hummel, CEO	128 La Posta Road Taos, NM 87571 (575) 758-9595

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

Organization	Contact Name	Contact Information
The Taos Health Council	Monica Griego	413 Sipapu St., Taos NM 87571

[39] New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.New Mexico Population Estimates: Geospatial and Population Studies Program, University of New Mexico.; http://bber.unm.edu/bber_research_demPop.html.

4. DIABETES – 2013 Significant Need; #6 leading cause of death; worst among peer counties

Public comments received on previously adopted implementation strategy:

- *I see many diabetics who do not know how to eat/exercise. Cooking classes, PR programs for diet and exercise? (could be funded by grants)*
- *As above.*
- *Funding is desperately needed.*
- *Continue the Diabetes Self Management Program and look for monies to shift into prevention.*
- *The hospital needs to identify this as likely the single greatest area to put money and effort towards. Preventing obesity and subsequently diabetes would lead to a decline in most of the chronic illnesses that present to our door: Hypertension, strokes, cardiac and respiratory diseases, COPD, dementia etc. And we need to start with our own employees ...we need an outstanding employee health program...that would be some of our best PR in the community*
- *Create a program similar to what's been done re cancer. Offer a hospital based support group and free presentations to the community like those given by physicians about specific medical conditions. A campaign with repeated messages.*
- *???*

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

- The Diabetes Self-Management Program (DSMP) provides testing, medication management, and education through a team of diabetes educators and dietitian overseen by an Endocrinologist Medical Director.
- HCH convenes an advisory committee comprised of medical professionals and community members.
- HCH staff in all units currently provides education and outreach information for diabetes including presence at health fairs and education classes to seniors.
- HCH Primary Care Clinic offers primary and diabetes care.

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

- HCH will recruit a dietitian to serve the self-management program.
- HCH is currently updating clinical practices around diabetes monitoring and self-care (including 24-hour monitoring via sensor).
- HCH continues to research funding opportunities to grow the self-management program (grants, partnerships, etc.)
- HCH will continue to promote prevention and education measures to help reduce diabetes onset.
- HCH will explore a potential partnership with Native American and Hispanic populations to address diabetes in these communities.
- HCH will continue partnership with the “Prescription Trails” program to promote activity and exercise on local trails in collaboration with the Taos Land Trust and the National Park Trail System.

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

- In 2015, the Diabetes Self-Management program reopened after having experienced a staff reduction for approximately 4 months. The program currently operates with a Director, full time Diabetes Educator, a full time Dietician.

Anticipated results from HCH Implementation Strategy

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

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

- HCH Diabetes Self-Management Program participants in 2015 = 294
- HCH Diabetes Self-Management Program participants in 2012 = 371

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

- Percentage of Taos County adults diagnosed with diabetes in 2014 = 7.6%
- Percentage of Taos County adults diagnosed with diabetes in 2012 = 7%

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

Organization	Contact Name	Contact Information
Taos Medical Group	Jason Salmons, Practice Manager	1399 Weimer Road Suite 200 Taos, NM 87571 575-758-2224
Family Practice Associates	Tim Clauss, Practice Manager	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571 575-758-3005

Organization	Contact Name	Contact Information
El Centro Family Health, Taos	Michelle Lee, Practice Manager	1331 Gusdorf Road Taos, NM 87571 575-758-3601
Taos Clinic for Children and Youth	Richard Schlarbaum, Practice Manager	1393 Weimer Road Taos, NM 87571 575-758-8651

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

Organization	Contact Name	Contact Information
Taos Picuris Health Center	Melody Price-Yonts, CEO	1090 Goat Springs Rd, Taos, NM 87571 melodyprice-yonts@IHS.gov 575-758-4224
Veterans Health Administration Clinic	Francis Trujillo, Nurse Manager	1353 Paseo Del Pueblo Sur, Taos, NM 87571 575-751-0328
Mountain Home Health	Jim Crouse, Executive Director	630 Paseo del Pueblo Sur, Suite 180 Taos, NM 87571 575-758-4786

5. **CANCER – 2013 Significant Need; #1 leading cause of death; mammography screening lower than US and NM averages; cervical cancer screening is 12.8% below average**

Public comments received on previously adopted implementation strategy:

- *Perhaps a transportation system for patients to get to Santa Fe/Albuquerque for appointments/Chemo/Radiation*
- *Supporting the development of a local clinic that can deliver some of the chemotherapy through out patient infusion clinics and expansion of clinic hours.*
- *Continue Cancer Support services to aid those diagnosed with Cancer.*
- *I think and Integrative Cancer Clinic would be fabulous...either working with the Santa Fe group to expand to 5-7 day a week presence here in Taos or approaching UNM to do so if Santa Fe is not willing. And then add a full range of cancer support services to wrap around these patients needs: systems navigation, coaching and assistance with transportation, more support groups;in home and simultaneous with chemotherapy administration: massage, aromatherapy, energy work, guided imagery, acupuncture, hypnosis, spiritual support, yoga and tai chi, Qi gong...*
- *????*
- *As I said earlier, we need at least one full-time oncologist in Taos. It's a hassle to go to Santa Fe for chemo treatments.*

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

- HCH Cancer Support Services provides non-medical services to patients diagnosed with cancer.
- HCH Emergency Department and inpatient provide medical care for the acute need.
- HCH Imaging provides diagnostic services.
- HCH Surgery/Pathology provides surgical and diagnostic services for cancer.

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

- Expand Cancer Support Services to allow for growth of services offered to clients diagnosed with all forms of Cancer.

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

- Since the prior CHNA, the client base for the Cancer Support Services (CSS), a program of Holy Cross Hospital has doubled. The CSS program offers non-clinical supports to improve quality of life for people with cancer and their families from across north-central New Mexico. Every CSS client receives navigation to additional community resources and services statewide. Currently the CSS program serves all residents from Taos and Western Colfax counties early in their diagnosis up to a year after their last treatment with:
  - Assistance with food, transportation, and lodging
  - Support groups
  - Personal care, such as cooking and home care

- Grief and loss counseling for families
- Massage, Feldenkrais40, acupuncture and other complementary alternative treatments
- Fitness and health coaching
- Weekly Yoga and Qigong classes
- House cleaning, errands
- Navigation of health and financial resources

Anticipated results from HCH Implementation Strategy

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

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

- HCH 2015 Cancer Support Service recipients = 120
- HCH 2012 Cancer Support Service recipients = 69
- HCH 2015 mammography exams = 2,618
- HCH 2012 mammography exams = 2,962
- HCH 2015 colonoscopy exams = 665
- HCH 2012 colonoscopy exams = 801

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

- 2012 Cancer death rate in Taos County per 100,000[41] = 137.8

[40] Feldenkrais practitioners use gentle movement and directed attention to increase ease and range of motion, improve flexibility and coordination and ultimately rediscover graceful, efficient movement.
[41] NM Department of Health

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

Organization	Contact Name	Contact Information
Cancer Services of New Mexico	Ellen Burgess, Program Coordinator	PO box 51735 Albuquerque, NM 87571

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

Organization	Contact Name	Contact Information
NM Cancer Associates	Sue McDonald, Practice Administrator	490 W Zia Road Santa Fe, NM 87505 505-946-3400

6. PHYSICIANS – 2013 Significant Need; Local Expert identified need; emergency room use is 21.3% above average

Public comments received on previously adopted implementation strategy:

- *I am not well informed but suspect that our non-profit hospital is in trouble (at least in part) due to being managed by a for profit management firm, I would like to see what the cost are for this. Wondering what other models are out there for managing a small town hospital that might eliminate the costs for the for profit management firm.*
- *Working with the medical community to attract primary care physicians/practitioners particularly those with substance abuse experience and/or pain management. General cardiology to care for all those with heart disease complications related to DM, obesity.*
- *Funding desperately needed.*
- *None*
- *Keep recruiting!*
- *Not sure what the hospital has done. Closing the Penasco clinic was likely a mistake. Also, I'm not clear why the hospital supports an OB/GYN and a surgical practice, even a dermatologist, and does not offer a primary care practice. The 2 private practices in town are unable or unwilling to increase providers; El Central Family Health could certainly expand. Many of us go out of town for primary care, which means we get referred to out of town specialists as well.*
- *Full-time oncologist(s) Full-time dermatologist Full-time cardiologist(s)*

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

- HCH offers specialists, including: dermatology, OB/GYN, general surgery, urology, vascular surgery, emergency room physicians and mid-levels.
- HCH offers primary care services

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

- Exploring increasing availability for family practice physicians.
- Currently recruiting for several doctors, including: cardiology, pediatrics, OB/Gyn, and primary care.
- Investigating the implementation of telehealth for a variety of services, including neurology and pediatrics.
- Holy Cross is increasing the Nurse Practitioner FTE from 1.0 to 1.5 in Primary Care.

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

- From 2012 to 2015, HCH doubled the number of Primary Care patients seen. Potentially, the closure of the HCH Penasco Rural Health Clinic impacted this number, as more residents in the frontier region of Penasco sought to receive primary care appointments in the HCH main Hospital location.

Anticipated results from HCH Implementation Strategy

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

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

- 2015 Number of patients seen in HCH Primary Care Clinic = 2,379
- 2012 Number of patients seen in HCH Primary Care Clinic = 1,112

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

2012 Primary care physician to population ratio: 100.7 per 100,000[42]

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

Organization	Contact Name	Contact Information
Taos Medical Group	Jason Salmons, Manager	1399 Weimer Road Suite 200 Taos, NM 87571 575-758-2224
Family Practice Associates	Tim Clauss, Manager	630 Paseo Del Pueblo Sur, Suite 150 Taos, NM 87571 575-758-3005
El Centro Family Health, Taos	Michelle Lee, Manager	1331 Gusdorf Road Taos, NM 87571 575-758-3601

[42] Area Health Resource File, A program of US Health & Human Services, Health Services and Resources Administration (HRSA). http://www.healthindicators.gov/Indicators/Primary-care-providers-per-100000_25/Profile/ClassicData

Organization	Contact Name	Contact Information
Taos Clinic for Children and Youth	Richard Schlarbaum, Manager	1393 Weimer Road Taos, NM 87571 575-758-8651

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

Organization	Contact Name	Contact Information
Taos Orthopedic Institute	Stephanie Jaramillo, Nurse Manager	1219-A Gusdorf Taos, NM 87571 575-758-0009

7. MATERNAL AND INFANT MEASURES – 2013 Significant Need; OB/GYN visit is 21.3% below average

Public comments received on previously adopted implementation strategy:

- *grant to support the baby-friendly initiative hire Jana Bailey as the IBCLC for THS Lunch and Learn's around social emotional learning for staff*
- *Continue First Steps Home visiting and Parenting Classes through the Children's Trust Fund.*
- *Continue support of First Steps. Educate expectant parents about other community resources such as El Sueno y Los Angelitos and Infant Mental Health providers in our community. Offer regular community presentations about related topics.*

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

- HCH First Steps Home Visiting Program.
- Taos Health Systems Women's Health Institute.
- Northern NM Birth Center (reopening in 2016).
- HCH Children's Trust Fund Parenting Classes.

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

- HCH will be reopening The Birthing Center, an outpatient facility offering both traditional and alternative offerings.
- HCH is currently in the process of developing an outpatient pediatrics program.
- HCH will continue coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how HCH services can benefit their initiatives.
- HCH will continue to increase awareness of and referrals to the HCH First steps Program.

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

- The First Steps Home Visiting Program has developed an MOU the State Children's Youth & Family Department (CYFD) to receive referrals from this state agency. First Steps also works with 2 programs provided by Las Cumbres Community Services (LCCS) to provide family navigation and enhanced support for families in need. LCCS is a behavioral health service that has been established for over 20 years as an expert in the field of social/emotional health. The First Steps Home Visiting Program also refers parents and family members to a variety of mental health / behavioral health counselors and therapists in the community. Collaborating agencies who receive First Steps Home Visiting referrals include*:* Valle Del Sol; Dream Tree Project; Golden Willow Retreat; Non Violence Works; Tri County Community Services, Community Against Violence, and approximately 20 private practice individual therapists.
- The First Steps Home Visiting program is currently collaborating with the Paso A Paso network on infant mental health. The grant funded collaboration now funds 3 mental health providers at FSHV, and this project will allow Taos County to have 23 endorsed providers which accounts for over a quarter of the total numbers in the state (80).

Anticipated results from HCH Implementation Strategy

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

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

- Volume of Pregnant patients seen at WHI
  - 2015 patients = 250
- Volume of families enrolled in the HCH First Steps Program
  - 2015 = 215 Families Served. This number includes 516 individuals (parents) served and 159 children served

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

- Women who receive early and consistent prenatal care (PNC) enhance their likelihood of giving birth to a healthy child. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy. Regular, recommended prenatal care increases a woman's chances of having healthy baby at full term.
- According to New Mexico's Indicator-Based Information System (NM-IBIS) , the percentage of women obtaining first trimester prenatal care from 2013-2014 was 68.6%. Taos County ranks higher than the statewide percentage of 63.5% but lower than the US national percentage of 74.2%[43]

[43] https://ibis.health.state.nm.us/community/highlight/profile/PrenCare.Cnty/GeoCnty/55.html

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

Organization	Address	Contact Phone Number
Taos First Steps Home Visiting Program	413 Sipapu St. Taos, NM 87571	(575) 751-5764
Taos WIC Office	1400 Weimer Road, Taos NM 87571	(575) 785-1078
Taos Clinic for Children and Youth	1393 Weimer Road Taos NM 87571	(575) 758-8651
Northern NM Birth Center	1331 Maestas Road Taos NM 87571	(575) 758-5001
Children's Trust Fund	413 Sipapu St. Taos NM 87571	(575) 751-8904
Taos Center for Breastfeeding / Latch On Coalition	1331 Maestas Road Taos NM 87571	(575) 770-8558
El Sueno y Los Angelitos Developmental Center	1030 Salazar Road, Taos NM 87571	(575)758-4274
UNM Training & Technical Assistance Program (TTAP)	115 Civic Plaza Dr. Taos NM 87571	1-855-488-8827

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

Organization	Contact Name	Contact Information
Taos Health Council	Monica Griego, Director	1397 Weimer Rd. Taos NM 87571 (575)751-8929

Other Needs Identified During CHNA Process

8. **OBESITY/OVERWEIGHT – 2013 Significant Need**
9. **UNHEALTHY FOOD CHOICES**
10. **ACCIDENTS – 2013 Significant Need**
11. **HEART DISEASE**
12. **PRIORITY POPULATIONS – 2013 Significant Need**
13. **PREDISPOSING CONDITIONS – 2013 Significant Need**
14. **SMOKING**
15. **COMPLIANCE BEHAVIOR – 2013 Significant Need**
16. **STROKE**
17. **SEXUALLY TRANSMITTED INFECTION**
18. **DENTIST**
19. **FLU/PNEUMONIA**
20. **PALLIATIVE CARE**
21. **LIVER DISEASE**
22. **ALZHEIMER'S**
23. **LIFE EXPECTANCY**
24. **INTEGRATIVE MEDICINE**
25. **LUNG DISEASE**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[44]

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

Significant needs where hospital did not develop implementation strategy[45]

None

Other needs where hospital developed implementation strategy

None

Other needs where hospital did not develop implementation strategy

8. Obesity/Overweight
9. Unhealthy Food Choices
10. Accidents
11. Heart Disease
12. Priority Populations
13. Predisposing Conditions
14. Smoking
15. Compliance Behavior
16. Stroke
17. Sexually Transmitted Infection
18. Dentist

[44] Responds to Schedule h (Form 990) Part V B 8
[45] Responds to Schedule h (Form 990) Part V Section B 8

19. Flu/Pneumonia
20. Palliative Care
21. Liver Disease
22. Alzheimer's
23. Life Expectancy
24. Integrative Medicine
25. Lung Disease

APPENDIX

Appendix A – Written Commentary on Prior CHNA

Hospital solicited written comments about its 2013 CHNA.[46] 33 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. **Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, skip the indication and please continue to the next question.**

Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) Public Health Expertise	7	20	27
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	11	17	28
3) Priority Populations	10	19	29
4) Representative/Member of Chronic Disease Group or Organization	11	17	28
5) Represents the Broad Interest of the Community	20	9	29
Other			
Answered Question			32
Skipped Question			1

2. **In the last process, several data sets were examined and a group of local people were involved in advising the Hospital. While multiple needs emerged, the Hospital had to determine what issues were of high priority and where it would be a valuable resource to assist in obtaining improvements.**

   Priorities from the last assessment where the Hospital intended to seek improvement were:

   - Access/Affordability
   - Alcohol/Substance Abuse
   - Mental Health/Suicide
   - Priority Populations
   - Cancer
   - Diabetes
   - Maternal and Infant Measures
   - Obesity/Overweight
   - Accidents
   - Physicians
   - Compliance Behavior

[46] Responds to IRS Schedule h (Form 990) Part V B 5

- Predisposing Factors

Comments or observations about this set of needs being the most appropriate for the Hospital to take on in seeking improvements?

- Should the Hospital continue to consider each need identified as most important in the 2013 CHNA report as the most important set of health needs currently confronting residents in the county?

	Yes	No	No Opinion
Access/Affordability	25	3	0
Alcohol/Substance Abuse	27	1	0
Mental Health/Suicide	26	2	0
Priority Populations	25	1	2
Cancer	22	3	3
Diabetes	26	0	2
Maternal and Infant Measures	22	4	2
Obesity/Overweight	22	4	2
Accidents	19	6	3
Physicians	25	2	1
Compliance Behavior	21	4	3
Predisposing Factors	17	9	2

- Specific comments or observations about **Access/Affordability** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *This is a major issue in taos county. Access to healthcare and access to physicians*
  - *Transportation is of the highest priority. I believe those without insurance has decreased over time though the problem I see is people have no way of getting to the doctor. This leaves only two options, bring the doctor to them or find a way to design a community medical transport system*
  - *For many even the cost of insurance is not affordable, Providers are so busy that much care is provided by urgent care or ER making costs higher.*
  - *Expansion of Medicaid through the ACA has helped access but it has caused increased financial pressures on the hospital as Medicaid does not cover cost of care. Improved the patients portion but put access at risk will possible limitations of care due to declining financial situation of rural hospitals.*
  - *Access could become a problem if the County and State do not begin to help rural hospitals like ours from a funding perspective. The Safety Net Care Pool is very helpful, but still does not cover all funding needs. What the state needs to implement is county health departments and a state-wide indigent fund.*
  - *Access and Affordability remains a key issue in our county.*
  - *I think just continuing to lead efforts to educate and aid individuals in enrolling for services they are eligible for will be crucial. People's status change continuously and the system is complicated. We've made a great start but more enrollment and education is needed.*

- *The hospital has only so much control over affordability issues - much of this is determined by external payers and government policy. Expanded primary care may be a way for the hospital to address the access issue.*
- *The areas of psychiatry and neonatal care are lacking and, in some cases, nonexistent .*
- *Medicaid expansion has certainly benefitted a number of Taos County residents and certainly the Native population in my practice. However, there continues to be a SIGNIFICANT primary care provider shortage and a significant number of people without insurance.*
- *a. Access/affordability: see #4*
- *What information does the hospital have on ER usage since the passage of the affordable care act and how many people in Taos County continue to be without health insurance.*
- *Despite the Medicaid expansion, there are still a LOT of uninsured/underinsured people.*

- Specific comments or observations about **Alcohol/Substance Abuse** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *we don't have enough direct services to meet the needs of our communities.*
  - *Major issue in Taos is addiction.*
  - *coordinate a mental health / medical substance rehab clinic - its the only way*
  - *With the closing of the detox facility, needs have grown*
  - *Alcohol and substance abuse cannot be separated from the accident rate. We need a local, effective rehabilitation program and mental health care to address many of the mental health issues that contribute to substance abuse.*
  - *Much needed, but not sure that the hospital should be burdened financially unless funding is raised at county and state levels.*
  - *Efforts toward prevention and treatment is key.*
  - *Alcohol is a HUGE problem in this community...we need to focus on some creative campaign that families will jump onto and make it a huge PR drive. Engaging the younger teens and families who have been affected...*
  - *This is a good example of where the hospital needs to be involved but will not be able to take the lead.*
  - *This continues to be an urgent issue that needs continued resources including increasing providers who are able to provide treatment for addiction and hepatitis C.*
  - *Alcohol/Substance Abuse is killing our residents. I run an outpatient treatment center, but we find that many of our clients need inpatient/residential treatment, but the waiting lists all around the state are long.*
  - *Alcohol, RX, drug abuse and access to treatment. Prevention with youth.*
- Specific comments or observations about **Mental Health/Suicide** as being among the most significant needs

for the Hospital to work on to seek improvements?

- *we don't have enough qualified professionals in our community to meet the needs of our families. Soial services dept. at the hospital ran by an MSW.*
- *Major issue for teens especially. Need more emergency mental health services in Taos county*
- *see above*
- *Not sure how the hospital can help here. this is a bigger issue than the hospital can address. With the recent chaos created in the local non-profit mental health care providers, the care level has detiorated.*
- *Having mental health professionals available in the hospital but also available in the community to follow up as out patient is key.*
- *Absolutely. Much needed, but not sure that the hospital should be burdened financially unless funding is raised at county and state levels.*
- *Tri County as the Behavioral Health Core Services agency should be leading this effort with the Hospital as a partner.*
- *This community needs stronger Mental health/suicide prevention services...*
- *This is another example of where the hospital needs to be involved but will not be able to take the lead.*
- *Stories from the ER often are disturbing with regard to thr treatment provided.*
- *Agree, not sure what the hospitals role is other than partnering with community agencies. There are too few mental health providers in Taos County.*
- *Continues to be a urgent issue*

- Specific comments or observations about **Priority Populations** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *be identifying priority populations we can identify medical needs more accurately thus realize the best ways we can address these needs*
  - *Better coordination with Indian Health Service. There needs to be expansion of IHS services as related to substance abuse, DM and heart disease.*
  - *I think our focus should be on diseases, not which population the patient happens to be from.*
  - *These populations are widely represented in our community.*
  - *Maybe this would be a better place to put in racial/ethnic populations, esp the needs of our native communities. We have a number of priority populations - need community improvements in care for both children, elders, underserved racial and ethnic communities such as Natives and Mexican nationals.*
  - *Access/affordability*

- *Children living in poverty is a significant problem in the county*

- Specific comments or observations about **Cancer** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *Need to become better at awareness and grant searching. I believe the burden of the hospital can be lifted by involving other community healthcare providers -*
  - *Not sure I should have checked this as a priority. I suspect that a full time oncology facility (seems like the solution) is way beyond what our hospital and community can afford. Lack of access is inconvenient for many and a real blockade for the poor due to distance to providers.*
  - *It is difficult for patients to go out of town for all chemotherapy and radiation therapy treatments. Also many have to go out of town for office follow ups*
  - *I agree that cancer treatment should be expanded. Again a funding issue.*
  - *Cancer has surpassed heart disease as the number one killer in our state.*
  - *The hospital should explore expanded options for joint-venturing to allow more infusion services to be provided locally.*
  - *HCH does well here.*
  - *Agree.*
  - *Cancer is the #1 killer, so it is definitely among the most significant needs for the Hospital to work on. Besides the "typical" cancers that affect other areas, the high elevation of Taos leads to a higher skin cancer rate than lower elevations.*
- Specific comments or observations about **Diabetes** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *This is connected to the priority population group and weight issues too. Interconnected issues.*
  - *Huge cost to Hospital, Insurance providers, tax payers and ironically one of the most manageable.*
  - *More capacity for inpatient and outpatient DM care.*
  - *Diabetes is amongst the leading factors for cost in our community. Definitely a significant need.*
  - *Diabetes is a rapidly increasing chronic disease in our area. It is very expensive.*
  - *Again, if we could address the factors leading up to diabetes earlier in an individual's life we could prevent a tremendous amount of suffering, disease and expense. Innovative preventative services and a campaign that people could understand and get excited about could go a long way for our community.*
  - *This is a great example of the hospital's focus on diseases, rather than populations.*
  - *HCH can do better here.*
  - *YES!!!!!!! It is continuing to devastate the Native populations and will only worsen as obesity continues and complications develop.*

- Specific comments or observations about **Maternal and Infant Measures** as being among the most significant needs for the Hospital to work on to seek improvements?
    - *becoming a Baby-Friendly hospital support for a lactation consultant at the hospital Supporting staff to understand the importance of the parent child relationship and how to navigate this through social/emotional awareness.*
    - *I think there are more services in Taos devoted to this, like First Steps, than other issues in this survey. OBGYN services are a different issue*
    - *The hospital needs to identify why patients choose to receive their care in other locations... then must develop a plan to address these concerns.*
    - *Kiddos are our future. Investments here save money later.*
- Specific comments or observations about **Obesity/Overweight** as being among the most significant needs for the Hospital to work on to seek improvements?
    - *Weight/obesity and DM are directly linked. An effective DM management program must also have nutrition/weight loss component. Expansion of capacity. This also ties into many of the risk factors for heart disease in addition to DM, HTN, hyperlipidemia and sleep apnea*
    - *This is also one of the factors leading to heathcare expenditures.*
    - *see above under diabetes*
    - *I think the hospital should explore ways that it can address the obesity/overweight diagnosis for its employees - part of an overall employee wellness program. Have special rates with health clubs, have internal support teams, etc..*
    - *Definitely a community issue.*
- Specific comments or observations about **Accidents** as being among the most significant needs for the Hospital to work on to seek improvements?
    - *Closely linked to substance abuse as noted above*
    - *None*
    - *Same as above.*
- Specific comments or observations about **Physicians** as being among the most significant needs for the Hospital to work on to seek improvements?
    - *Need a stronger work environment that will retain good physicians in this county*
    - *Wow! we just can't seem to keep doctors here, obviously due to not being paid enough.*
    - *Primary care is very short handed. Pain management and substance abuse specialists are lacking and general Cardiology services are short handed. Mental health providers are desperately need. Many of the highest volume primary care physicians are over 50yo.*
    - *Physician recruiting is a huge problem in all rural communities.*

- *None*
- *I addressed this earlier.*
- *See my previous comments about the hospital expanding its role in primary care.*
- *Yes, recruitment is an issue. And physicians who work part time need to say they are not taking new patients at some point. Scheduling out several weeks just annoys people.*
- *Yes. The lack of primary care access is at the root of most of these improvements.*
- *Other people are concerned about the lack of Primary Care Physicians, but my concern is the lack of Specialists. I've mentioned oncologists (and will keep on doing it), but we only have one part-time dermatologist and the cardiologist situation keeps changing. Those are just the deficiencies I know about from personal experience.*

- Specific comments or observations about **Compliance Behavior** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *Obviously poor compliance results in retreatment, poorer outcomes and increased costs.*
  - *None*
  - *This one ties to all of the disease issues previously discussed... How do we help patients remain compliant with treatment/exercise/medication protocols?*
  - *Same suggestions as for diabetes, obesity, etc. It's all connected. HCH also should support, advocate for, integrated care.*
  - *not clear how the hospital could get involved in this*
- Specific comments or observations about **Predisposing Conditions** as being among the most significant needs for the Hospital to work on to seek improvements?
  - *None*
  - *They are real in our community.*

3. Comments and observations about the implementation actions of the Hospital to seek health status improvement?

- Should the hospital continue to allocate resources to assist in improving the needs?

	Yes	No	No Opinion
Access/Affordability	23	3	2
Alcohol/Substance Abuse	26	2	0
Mental Health/Suicide	25	3	0
Priority Populations	24	2	2
Cancer	19	5	2
Diabetes	26	0	2
Maternal and Infant Measures	21	5	2

	Yes	No	No Opinion
Obesity/Overweight	22	4	2
Accidents	14	9	3
Physicians	25	1	2
Compliance Behavior	20	3	5
Predisposing Factors	16	8	4

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Access/Affordability**?
  - *The hospital needs to reach out to the healthcare community and leadership in a humble way to collectively figure out the most cost effective and patient compliant way of addressing the transportation issue*
  - *Perhaps an affordable day clinic?*
  - *Needs support from the community to keep a rural hospital open.*
  - *There are opportunities for the hospital to collaborate on out-patient services like imaging, oncology, lab, etc. HCH should look into options to reduce costs on employers and patients.*
  - *Bringing care coordination to help with access and affordability is key. Benefit Advocacy is very important in our County. A Health Council will full time coordinator and strategic plan around health is very important.*
  - *my own belief is that many still do not understand the services the hospital has to offer and so they are likely underutilized...*
  - *HCH needs 24 hour staff availability for mental health crises, and psych beds. There should be a NICU able to treat more babies close to home and HCH should move toward becoming a certified Baby Friendly hospital.*
  - *Not clear what the hospital has implemented or what actions they have taken, other than closing the Penasco clinic which is decreasing access to care.*
  - *see #4*
  - *The assistance the the hospital provides in assisting people to get health insurance is extremely important*
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Alcohol/Substance Abuse**?
  - *counselors treatment center with different options (30-90 day IOP)*
  - *see above*
  - *Could hospital open/reopen the detox facility?*
  - *Having mental health professionals and/or social workers when patients are hospitalized or in the ED to help address this more chronic problems.*
  - *Yes. Prevention is important. Cultural change with regard to prescribing opioid medications, prescribing*

guidelines, intra-nasal naloxone rescue to reverse overdose deaths is important. Working with the community and Health Council to have a coordinated plan for people who suffer from the disease of addiction.

- *Coordinate efforts with Taos Alive.*
- *Agree x 100. The problem is only worsening and we have lost a major source of at least immediate treatment with the loss of Taos detox.*
- *We need a Medical Detox Center, and we need an Inpatient Treatment Center. I know the Hospital can't do it all, but I hope they can be part of the solution.*

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Mental Health/Suicide**?
  - *more professionals certified in Infant Mental Health practice. Collaboration with CPS at CYFD*
  - *see above*
  - *Could hospital open/reopen the detox facility? Outpatient mental health clinic?*
  - *Supporting and recruiting mental health providers to the community.*
  - *HCH has been dedicated to helping with this issue for as long as I have been in the community. Funding is desperately needed.*
  - *Continue the Crisis Hot Line and look for grant money to build a behavioral health crisis center.*
  - *The role the hospital should play relates directly to services provided the emergency room. Where the hospital needs help is keeping patients stable and preventing them from needing the emergency room.*
  - *an emergency psych team, nurse, therapist, etc...*
  - *Establish competent and compassionate 24 hour staff coverage. Designate psych beds to keep these patients close to home and their support network.*
  - *?????*
  - *This comes back to the lack of Mental Health Providers. Many providers are not accepting any new patients, or do not accept Medicaid patients, because the reimbursement fee schedule is so low.*
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Priority Populations**?
  - *it all goes back to community outreach with other healthcare providers and community leaders. This community environment is very unique nationwide though very pervasive in NM. Current models do not fully encompass our situation and we have to pioneer a model that does a better job servicing Taos County*
  - *We need a more responsive, adequately staffed and motivated Pediatric clinic with full range of services.*
  - *Outreach and staff sensitivity training are essential.*
  - *Unclear what if anything the hospital has done.*

- *see #4 -- do it!*

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Cancer**?
  - *Perhaps a transportation system for patients to get to Santa Fe/Albuquerque for appointments/Chemo/Radiation*
  - *Supporting the development of a local clinic that can deliver some of the chemotherapy through out patient infusion clinics and expansion of clinic hours.*
  - *Continue Cancer Support services to aid those diagnosed with Cancer.*
  - *I think and Integrative Cancer Clinic would be fabulous...either working with the Santa Fe group to expand to 5-7 day a week presence here in Taos or approaching UNM to do so if Santa Fe is not willing. And then add a full range of cancer support services to wrap around these patients needs: systems navigation, coaching and assistance with transportation, more support groups;in home and simultaneous with chemotherapy administration: massage, aromatherapy, energy work, guided imagery, acupuncture, hypnosis, spiritual support, yoga and tai chi, Qi gong...*
  - *????*
  - *As I said earlier, we need at least one full-time oncologist in Taos. It's a hassle to go to Santa Fe for chemo treatments.*
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Diabetes**?
  - *I see many diabetics who do not know how to eat/exercise. Cooking classes, PR programs for diet and exercise? (could be funded by grants)*
  - *As above.*
  - *Funding is desperately needed.*
  - *Continue the Diabetes Self Management Program and look for monies to shift into prevention.*
  - *The hospital needs to identify this as likely the single greatest area to put money and effort towards. Preventing obesity and subsequently diabetes would lead to a decline in most of the chronic illnesses that present to our door: Hypertension, strokes, cardiac and respiratory diseases, COPD, dementia etc. And we need to start with our own employees ...we need an outstanding employee health program...that would be some of our best PR in the community*
  - *Create a program similar to wha that's been done re cancer. Offer a hospital based support group and free presentations to the community like those given by physicians about specific medical conditions. A campaign with repeated messages.*
  - *???*
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Maternal and Infant Measures**?
  - *grant to support the baby-friendly initiative hire Jana Bailey as the IBCLC for THS Lunch and Learn's*

around social emotional learning for staff

- *Continue First Steps Home visiting and Parenting Classes through the Children's Trust Fund.*
- *Continue support of First Steps. Educate expectant parents about other community resources such as Los Angelitos and Infant Mental Health providers in our community. Offer regular community presentations about related topics.*

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Obesity/Overweight**?
  - *Expansion of capacity for medical nutrition therapy and weight loss program.*
  - *Funding needed.*
  - *Continue Medical Nutrition and working to hire a full time Dietitian.*
  - *see above under diabetes*
  - *Similar to the two previous topics--support groups, community presentations. Tell them again and again.*
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Accidents**?
  - *Addressing substance abuse will improve the the accident rate particularly related to MVA.*
  - *None*
  - *Same as above.*
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Physicians**?
  - *I am not well informed but suspect that our non profit hospital is in trouble (at least in part) due to being managed by a for profit management firm, I would like to see what the cost are for this. Wondering what other models are out there for managing a small town hospital that might eliminate the costs for the for profit management firm.*
  - *Working with the medical community to attract primary care physicians/practitioners particularly those with substance abuse experience and/or pain management. General cardiology to care for all those with heart disease complications related to DM, obesity.*
  - *Funding desperately needed.*
  - *None*
  - *Keep recruiting!*
  - *Not sure what the hospital has done. Closing the Penasco clinic was likely a mistake. Also, I'm not clear why the hospital supports an OB/GYN and a surgical practice, even a dermatolotist, and does not offer a primary care practice. The 2 private practices in town are unable or unwilling to increase providers, El Central Family Health could certainly expand. Many of us go out of town for primary care, which means we get referred to out of town specialists as well.*

- *Full-time oncologist(s) Full-time dermatologist Full-time cardiologist(s)*

- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Compliance Behavior?**
  - *Not just a hospital issue, a provider issue at large. I believe that with our crazy care system that pushes providers to spend so little time with patients it results in poorly educated patients, resulting in poor compliance.*
  - *None*
  - *Have the PHO prioritize this issue.*
- Specific comments and observations about the implementation actions of the Hospital seeking improvement in **Predisposing Factors**?
  - *None*
  - *Education and outreach.*
- Do you have opinions about new or additional implementation efforts or community needs the Hospital should pursue?
  - *intensive case management support for our community. substance abuse treatment counseling services.*
  - *I hear senor citizens saying that they feel it necessary to move in order to have prompt access to heart specialists/care for example. As people age they think of what their needs may be, and what is available locally, especially if they do not have family to drive them to the city.*
  - *We need to formally develop a truly diversified healthcare council. This council has to be focused on the community needs and not just the hospital as the focal source of the healthcare model. This "old" model of acute care is changing because the patient outcomes of this "old" model has been stagnate and in the lower 10% of all industrialized nations*
  - *There needs to be changes to reimbursement at the state and federal levels to force insurance companies to reimburse rural sole-community hospitals for their often philanthropic initiatives. While the hospital certainly has a responsibility to lead the charge as the only capable entity to do so in a community like Taos, it should not be their obligation to do so without proper funding.*
  - *With regard to substance abuse decreasing drug overdeaths from opioid medications should be a priority.*
  - *I believe Integrative Medicine services are a win win for all, both the hospital and the community. Several hundred thousand if not millions of dollars are being spent out of individual pockets in Taos every year to access complementary and alternative health care. There is no reason we can't develop a creative, innovative way to integrate these services with standard allopathic medical care and not only improve the quality of individual patient care and individual patient satisfaction, but also improve the financial resources to do so. There is enough evidence based information now to support such services and no doubt in my mind as to how our community would embrace efforts to begin expanding our/the hospital's efforts in this direction.*

- *Explore the development of a robust primary care clinic.*
- *medical detox, follow up tx.*
- *See above. Addressing racial and ethnic disparities would be important.*
- *Clinic (e.g. emulate CVS Pharmacies) ER expansion to urgent care (7 pm-7 am) without competing with existing facilities Pharnacy expansion (7 pm - 7 am) without competing with local pharmacies*
- *individuals suffering from addiction and individuals with hepatitis c need increased options for treatment.*
- *Full time Oncologist (See #3 above).*
- *Yes.*

- Finally, after thinking about our questions and the information we seek, is there anything else you think important as we review and revise our thinking about significant health needs within the county?
  - *building trust again.*
  - *Taos County is a very unique healthcare delivery ecosystem. It will take pioneering leadership that has very strong and accurate vision along with a sense of smart and tough decision making to be successful. The majority of these issues can only be addressed through the healthcare community - not just one entity like the hospital. We need to break that path of thought and the "old" medical model that centers around an acute delivery system.*
  - *The County and Town of Taos need to step up in terms of financial support for the hospital. I am fully aware of the financial constraints across the board, but without a hospital, this community will have difficulty generating tax revenue and supporting any economic development. The question is not whether the community can afford to fund the hospital, but rather whether the can afford to allow the hospital to fail. Beyond various disease states and behavioral health services that are desperately needed, access is by far the most critical issue for healthcare in our community. If the hospital is forced to close, many physicians will also leave or close their practices, and the closest point of care will be nearly an hour drive from Taos.*
  - *A Health Council with a full time coordinator and Care Coordination would help improve the Health of the Community.*
  - *HCH needs to publicize much better the programs and work it is already doing for the community. And find some way to develop even more creative, innovative programs that the community can get excited about and support.*
  - *The hospital cannot be all things to all people. Even if the mill levy passes, the hospital will be faced with important and difficult choices about where to focus its resources. The health plan needs to look at all of the healthcare providers in our community, not just the hospital. There needs to be a way to pull together the disparate providers, develop a common understanding of the issues, and then create/implement an action plan. This may require a more active role from county government.*
  - *Avoiding the risk of takeover by a large corporate medical entity.*

- *Would strongly recommend focus groups with representatives from various community organizations and groups.*
- *Focus on immediate results apparent to voting citizens! See #4*
- *Providing quality health care for our community that includes detailed screening for mental health, substance abuse and prevention in terms of support for healthy living.*

Appendix B – Identification & Prioritization of Community Needs

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Alcohol/Substance Abuse - 2013 Significant Need	300	15	17.65%	17.65%	Significant Needs
Access/Affordability - 2013 Significant Need	269	15	15.82%	33.47%	
Mental Health/Suicide - 2013 Significant Need	187	14	11.00%	44.47%	
Diabetes - 2013 Significant Need	159	14	9.35%	53.82%	
Cancer - 2013 Significant Need	119	11	7.00%	60.82%	
Physicians - 2013 Significant Need	113	11	6.65%	67.47%	
Maternal and Infant Measures - 2013 Significant Need	112	12	6.59%	74.06%	
Obesity/Overweight - 2013 Significant Need	84	10	4.94%	79.00%	Other Identified Needs
Unhealthy Food Choices	51	7	3.00%	82.00%	
Accidents - 2013 Significant Need	45	7	2.65%	84.65%	
Heart Disease	43	7	2.53%	87.18%	
Priority Populations - 2013 Significant Need	39	6	2.29%	89.47%	
Predisposing Conditions - 2013 Significant Need	31	4	1.82%	91.29%	
Smoking	30	6	1.76%	93.06%	
Compliance Behavior - 2013 Significant Need	19	5	1.12%	94.18%	
Stroke	18	5	1.06%	95.24%	
Sexually Transmitted Infection	17	5	1.00%	96.24%	
Dentist	15	6	0.88%	97.12%	
Flu/Pneumonia	11	3	0.65%	97.76%	
Palliative Care	9	4	0.53%	98.29%	
Liver Disease	8	4	0.47%	98.76%	
Alzheimer's	6	4	0.35%	99.12%	
Life Expectancy	6	3	0.35%	99.47%	
Integrative Medicine	5	1	0.29%	99.76%	
Lung Disease	4	3	0.24%	100.00%	
Total	1700		100.00%		

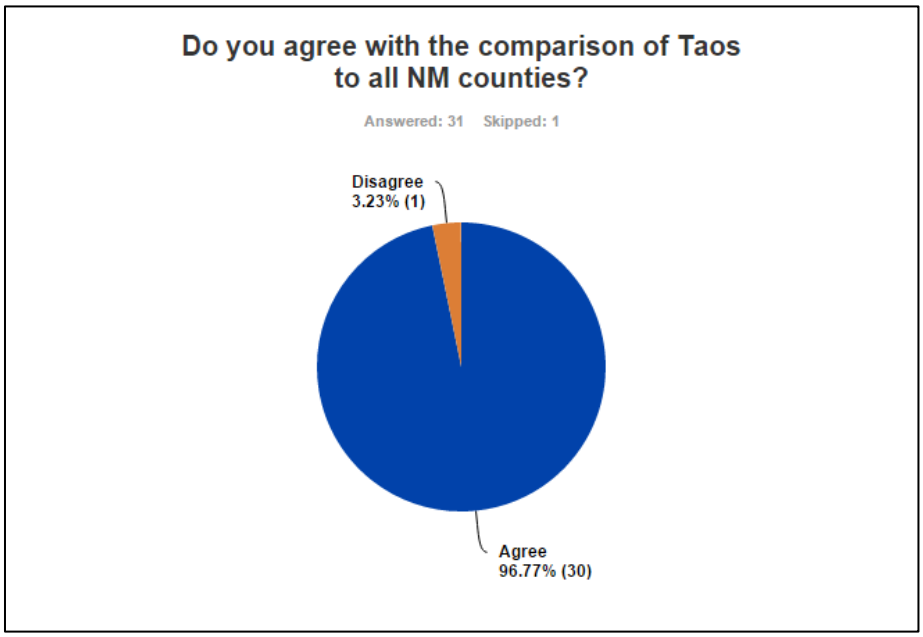
Individuals Participating as Local Expert Advisors[47]

Local Experts Offering Solicited Written Comments on 2013 Priorities and Implementation Strategy	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) Public Health Expertise	16	11	27
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	19	9	28
3) Priority Populations	16	9	25
4) Representative/Member of Chronic Disease Group or Organization	9	14	23
5) Represents the Broad Interest of the Community	20	6	26
Other			
Answered Question			32
Skipped Question			0

[47] Responds to IRS Schedule h (Form 990) Part V B 3 g

Advice Received from Local Expert Advisors

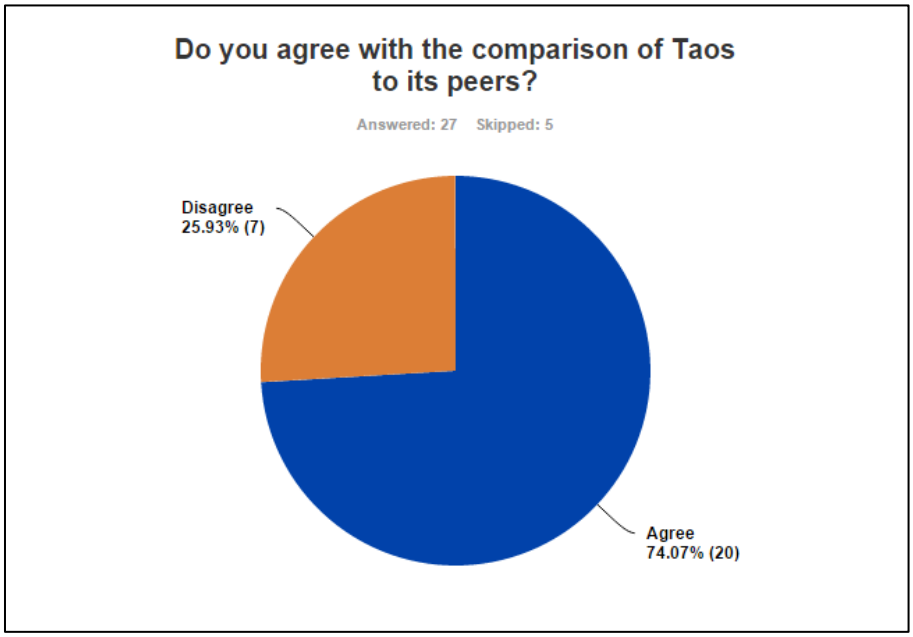
Question: Do you agree with the observations formed about the comparison of Taos County to all other New Mexico counties?



Comments:

- *Overdose calls (not necessarily death) rank very high in Taos County too.*
- *I don't understand why you are not using more current data for your assessment.*

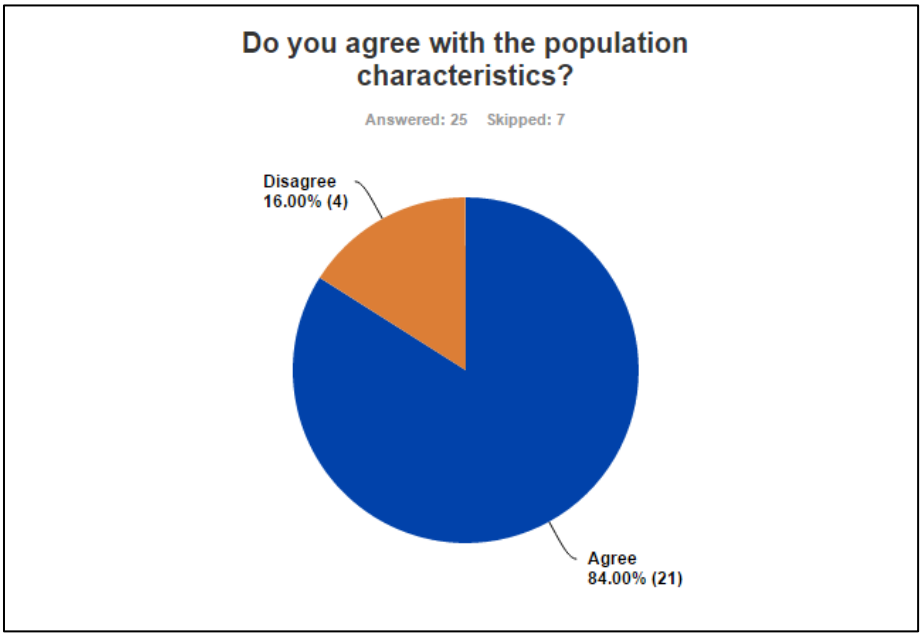
Question: Do you agree with the observations formed about the comparison of Taos County to its peer counties?



Comments:

- *It seems odd that our HIV rate is worse, but I cannot speak to this in my area of work.*
- *I believe our cancer rates especially brain and thyroid rates may not be accurately tracked and may be being under reported for Taos county. I believe we have clusters of cases especially brain cancer that no one is looking at.? Also as a pediatrician for 25+ years in Taos I feel we had an excessive rate of birth defects especially involving GI compared to nAtional average*
- *Adult Binge Drinking.*
- *Given there are no dates associated with the rates and percentages, it is unclear to me if these data are the most recent available data. Also, I'm not sure why age-adjusted rates weren't estimated.*
- *I disagree with health behaviors in Taos. 'Nothing' under Worse? We have an extremely high percent of Rx use, illicit drug use and excessive ETOH consumption.*
- *I believe substance abuse and dependence problems and their sequelae as well as their trickle-down effects on the county are under-represented here.*
- *I believe this assessment underrepresents the problem and effects of drug and alcohol dependence in Taos county and surrounding communities served by HCH.*

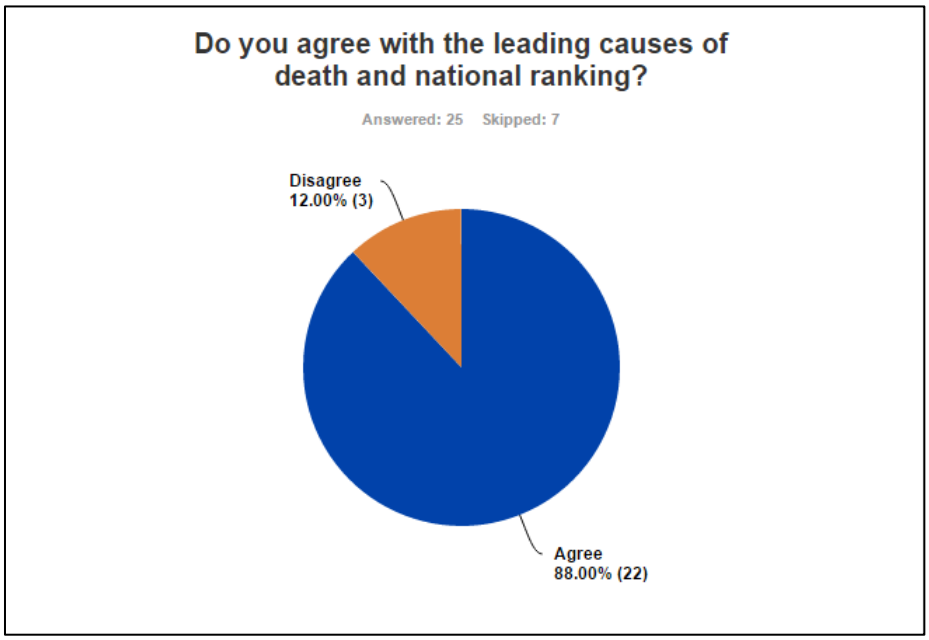
Question: Do you agree with the observations formed about the population characteristics of Taos County?



Comments:

- *Important to make sure we are capturing the number of women who leave TAos to get OB Gyn care.. I feel this is grossly untracked. Also making sure we track women who utilize lay midwives for OB and Gyn care*
- *I think the Alcohol stats and drug use are much higher*
- *What are the dates associated with these data, and what are the sources of data?*
- *Again, significantly underrepresents substance abuse issues and their sequelae.*

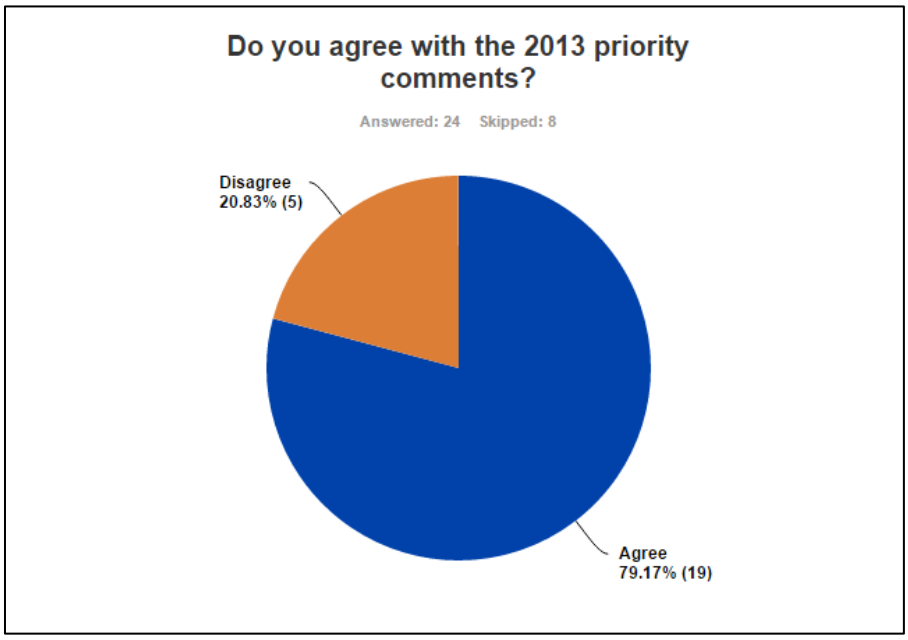
Question: Do you agree with the leading causes of death and national ranking?



Comments:

- *I have no data to support or challenge your stats.*
- *These data are *outdated*; the most recent, applicable data are from the 2014 Behavioral Risk Factor Surveillance System.*
- *Our poor state/national ranking in Accidents, suicide, liver disease, and homicide are directly related to our worsening state and national ranking in drug and alcohol abuse....a fact that is not represented in this data.*
- *not sure of adult data*

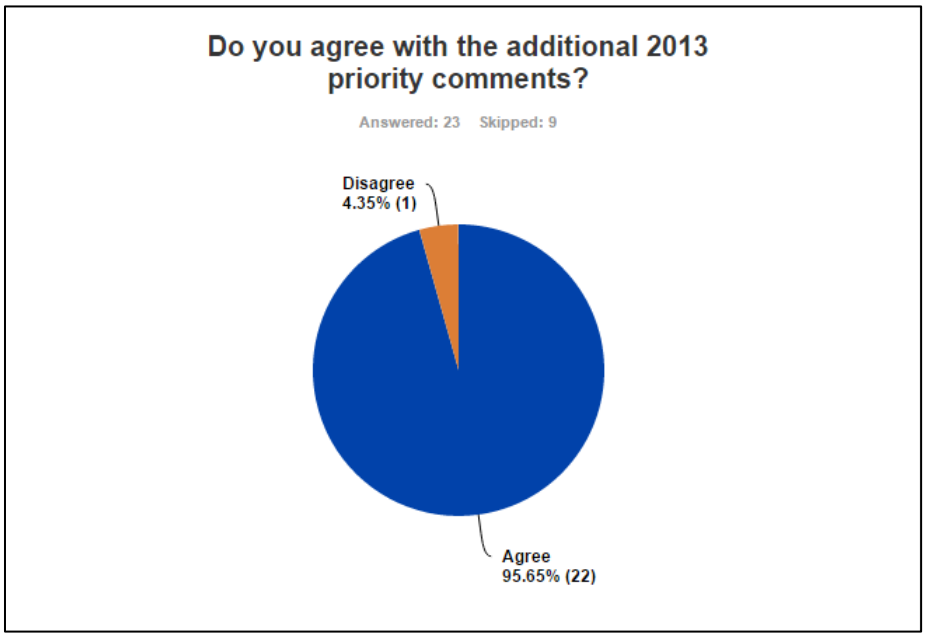
Question: Do you agree with the written comments received on the 2013 CHNA?



Comments:

- *A Diabetes outreach program that includes lifestyle coaching along with the services already provided by Diabetes Self Management Center.*
- *support for substance abuse treatment and prevention as a standard for patient care*
- *These observations are subjective and not based on current data.*
- *Taos County needs case management services to assist consumers with finding the benefits they are eligible for and providing assistance to consumers to enroll in those programs. Elderly and substance abusing consumers are the most vulnerable populations in our community, making County government and Hospital leadership cooperative coordination necessary.*
- *Unsure of the last bullet...*
- *Several of these comments are incorrect or impossible or irrelevant to improving the health of the community. We have to be careful not to give equal weight to every off-hand comment made by people. There are experts in community and public health that can be accessed to develop evidence-based, realistic, and effective new interventions.*
- *We must serve the needs of our primary populations: (1)Un/underemployed youth and adults struggling with addiction and affect disorders (mental illness) increasing our rates of unintentional injury, MVA, liver disease and suicide. (2)Aging retirees with chronic conditions requiring access to around-the-clock locally-based Cardiology and intermittent yet regular local specialty care services (especially Nephro, Heme/Onc, Pulm.*
- *We gave robust primary care, people need to support this*

Question: Do you agree with the additional written comments received on the 2013 CHNA?



Comments:

- *Important both for patient satisfaction and financily to incorporate Integrative Care into services delivered to patients both inpatient and outpatient*
- *I mostly agree as long as these "significant needs" can be met through collaboration with outside agencies and existing local programs. Holy Cross Hospital should not be reinventing the wheel to meet the needs of the community if there is a program or agency already working towards a similar end goal. Collaboration is key.*
- *BUT, the possible areas of intervention must be prioritized and only those that are realistic should be addressed. Trying to do too much in too many areas is a guarantee for failing to do anything.*

Appendix C – National Healthcare Quality and Disparities Reports

The National Healthcare Quality and Disparities Reports (QDR) are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of our health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: access to healthcare, quality of healthcare, and priorities of the National Quality Strategy (NQS).

The reports are based on more than 250 measures of quality and disparities covering a broad array of healthcare services and settings. Data are generally available through 2012, although rates of un-insurance have been tracked through the first half of 2014. The reports are produced with the help of an Interagency Work Group led by the Agency for Healthcare Research and Quality (AHRQ) and submitted on behalf of the Secretary of Health and Human Services (HHS).

Beginning with this 2014 report, findings on healthcare quality and healthcare disparities are integrated into a single document. This new National Healthcare Quality and Disparities Report (QDR) highlights the importance of examining quality and disparities together to gain a complete picture of healthcare. This document is also shorter and focuses on summarizing information over the many measures that are tracked; information on individual measures will still be available through chartbooks posted on the Web (www.ahrq.gov/research/findings/nhqrdr/2014chartbooks/).

The key findings of the 2014 QDR are organized around three axes: access to healthcare, quality of healthcare, and NQS priorities.

To obtain high-quality care, Americans must first gain entry into the healthcare system. Measures of access to care tracked in the QDR include having health insurance, having a usual source of care, encountering difficulties when seeking care, and receiving care as soon as wanted. Historically, Americans have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, and residence location.

ACCESS: After years without improvement, the rate of un-insurance among adults ages 18-64 decreased substantially during the first half of 2014.

The Affordable Care Act is the most far-reaching effort to improve access to care since the enactment of Medicare and Medicaid in 1965. Provisions to increase health insurance options for young adults, early retirees, and Americans with pre-existing conditions were implemented in 2010. Open enrollment in health insurance marketplaces began in October 2013 and coverage began in January 2014. Expanded access to Medicaid in many states began in January 2014, although a few had opted to expand Medicaid earlier.

Trends

- From 2000 to 2010, the percentage of adults ages 18-64 who reported they were without health insurance coverage at the time of interview increased from 18.7% to 22.3%.
- From 2010 to 2013, the percentage without health insurance decreased from 22.3% to 20.4%.
- During the first half of 2014, the percentage without health insurance decreased to 15.6%.

- Data from the Gallup-Healthways Well-Being Index indicate that the percentage of adults without health insurance continued to decrease through the end of 2014,[48] consistent with these trends.

ACCESS: Between 2002 and 2012, access to health care improved for children but was unchanged or significantly worse for adults.

Trends

- From 2002 to 2012, the percentage of people who were able to get care and appointments as soon as wanted improved for children but did not improve for adults ages 18-64.

Disparities

- Children with only Medicaid or CHIP coverage were less likely to get care as soon as wanted compared with children with any private insurance in almost all years.
- Adults ages 18-64 who were uninsured or had only Medicaid coverage were less likely to get care as soon as wanted compared with adults with any private insurance in all years.

Trends

- Through 2012, most access measures improved for children. The median change was 5% per year.
- Few access measures improved substantially among adults. The median change was zero.

ACCESS DISPARITIES: During the first half of 2014, declines in rates of un-insurance were larger among Black and Hispanic adults ages 18-64 than among Whites, but racial differences in rates remained.

Trends

- Historically, Blacks and Hispanics have had higher rates of un-insurance than Whites.[49]

Disparities

- During the first half of 2014, the percentage of adults ages 18-64 without health insurance decreased more quickly among Blacks and Hispanics than Whites, but differences in un-insurance rates between groups remained.
- Data from the Urban Institute's Health Reform Monitoring System indicate that between September 2013 and September 2014, the percentage of Hispanic and non-White non-Hispanic adults ages 18-64 without health insurance decreased to a larger degree in states that expanded Medicaid under the Affordable Care Act than in states that did not expand Medicaid.[50]

ACCESS DISPARITIES: In 2012, disparities were observed across a broad spectrum of access measures. People in poor households experienced the largest number of disparities, followed by Hispanics and Blacks.

Disparities

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[48] Levy J. In U.S., Uninsured Rate Sinks to 12.9%. http://www.gallup.com/poll/180425/uninsured-rate-sinks. aspx.
[49] In this report, racial groups such as Blacks and Whites are non-Hispanic, and Hispanics include all races.
[50] Long SK, Karpman M, Shartzer A, et al. Taking Stock: Health Insurance Coverage under the ACA as of September 2014. http://hrms.urban.org/briefs/Health-Insurance-Coverage-under-the-ACA-as-of- September-2014.html

- In 2012, people in poor households had worse access to care than people in high-income households on all access measures (green).
- Blacks had worse access to care than Whites for about half of access measures.
- Hispanics had worse access to care than Whites for two-thirds of access measures.
- Asians and American Indians and Alaska Natives had worse access to care than Whites for about one-third of access measures.

ACCESS DISPARITIES: Through 2012, across a broad spectrum of access measures, some disparities were reduced but most did not improve.

Disparity Trends

- Through 2012, most disparities in access to care related to race, ethnicity, or income showed no significant change (blue), neither getting smaller nor larger.
- I n four of the five comparisons shown above, the number of disparities that were improving (black) exceeded the number of disparities that were getting worse (green).

QUALITY: Quality of health care improved generally through 2012, but the pace of improvement varied by measure.

Trends

- Through 2012, across a broad spectrum of measures of health care quality, 60% showed improvement (black).
- Almost all measures of Person-Centered Care improved.
- About half of measures of Effective Treatment, Healthy Living, and Patient Safety improved.
- There are insufficient numbers of reliable measures of Care Coordination and Care Affordability to summarize in this way.

QUALITY: Through 2012, the pace of improvement varied across NQS priorities.

Trends

- Through 2012, quality of health care improved steadily but the median pace of change varied across NQS priorities:
  - Median change in quality was 3.6% per year among measures of Patient Safety.
  - Median improvement in quality was 2.9% per year among measures of Person-Centered Care.
  - Median improvement in quality was 1.7% per year among measures of Effective Treatment.
  - Median improvement in quality was 1.1% per year among measures of Healthy Living.
  - There were insufficient data to assess Care Coordination and Care Affordability.

QUALITY: Publicly reported CMS measures were much more likely than measures reported by other sources to achieve high levels of performance.

Achieved Success

Eleven quality measures achieved an overall performance level of 95% or better this year. At this level, additional improvement is limited, so these measures are no longer reported in the QDR. Of measures that achieved an overall performance level of 95% or better this year, seven were publicly reported by CMS on the Hospital Compare website (italic).

- *Hospital patients with heart attack given percutaneous coronary intervention within 90 minutes*
- Adults with HIV and CD4 cell count of 350 or less who received highly active antiretroviral therapy during the year
- *Hospital patients with pneumonia who had blood cultures before antibiotics were administered*
- *Hospital patients age 65+ with pneumonia who received pneumococcal screening or vaccination*
- *Hospital patients age 50+ with pneumonia who received influenza screening or vaccination*
- *Hospital patients with heart failure and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme or angiotensin receptor blocker at discharge*
- *Hospital patients with pneumonia who received the initial antibiotic dose consistent with current recommendations*
- *Hospital patients with pneumonia who received the initial antibiotic dose within 6 hours of arrival*
- Adults with HIV and CD4 cell counts of 200 or less who received Pneumocystis pneumonia prophylaxis during the year
- People with a usual source of care for whom health care providers explained and provided all treatment options
- Hospice patients who received the right amount of medicine for pain management

Last year, 14 of 16 quality measures that achieved an overall performance level of 95% or better were publicly reported by CMS. Measures that reach 95% and are no longer reported in the QDR continue to be monitored when data are available to ensure that they do not fall below 95%.

Improving Quickly

Through 2012, a number of measures showed rapid improvement, defined as an average annual rate of change greater than 10% per year. Of these measures that improved quickly, four are adolescent vaccination measures (italic).

- *Adolescents ages 16-17 years who received 1 or more doses of tetanus-diphtheria-acellular pertussis vaccine*
- *Adolescents ages 13-15 years who received 1 or more doses of tetanus-diphtheria-acellular pertussis vaccine*
- Hospital patients with heart failure who were given complete written discharge instructions
- *Adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine*
- *Adolescents ages 13-15 years who received 1 or more doses of meningococcal conjugate vaccine*
- Patients with colon cancer who received surgical resection that included 12+ lymph nodes pathologically examined
- Central line-associated bloodstream infection per 1,000 medical and surgical discharges, age 18+ or obstetric admissions

- Women with Stage I-IIb breast cancer who received axillary node dissection or sentinel lymph node biopsy at time of surgery

Worsening

Through 2012, a number of measures showed worsening quality. Of these measures that showed declines in quality, three track chronic diseases (italic). Note that these declines occurred prior to implementation of most of the health insurance expansions included in the Affordable Care Act.

- Maternal deaths per 100,000 live births
- Children ages 19-35 months who received 3 or more doses of Haemophilus influenzae type b vaccine
- People who indicate a financial or insurance reason for not having a usual source of care
- Suicide deaths per 100,000 population
- Women ages 21-65 who received a Pap smear in the last 3 years
- *Admissions with diabetes with short-term complications per 100,000 population, age 18+*
- *Adults age 40+ with diagnosed diabetes who had their feet checked for sores or irritation in the calendar year*
- Women ages 50-74 who received a mammogram in the last 2 years
- Postoperative physiologic and metabolic derangements per 1,000 elective-surgery admissions, age 18+
- *People with current asthma who are now taking preventive medicine daily or almost daily*
- People unable to get or delayed in getting needed medical care, dental care, or prescription medicines due to financial or insurance reasons

QUALITY DISPARITIES: Disparities remained prevalent across a broad spectrum of quality measures. People in poor households experienced the largest number of disparities, followed by Blacks and Hispanics.

Disparities

- People in poor households received worse care than people in high-income households on more than half of quality measures (green).
- Blacks received worse care than Whites for about one-third of quality measures.
- Hispanics, American Indians and Alaska Natives, and Asians received worse care than Whites for some quality measures and better care for some measures.
- For each group, disparities in quality of care are similar to disparities in access to care, although access problems are more common than quality problems.

QUALITY DISPARITIES: Through 2012, some disparities were getting smaller but most were not improving across a broad spectrum of quality measures.

Disparity Trends

- Through 2012, most disparities in quality of care related to race, ethnicity, or income showed no significant change (blue), neither getting smaller nor larger.

- When changes in disparities occurred, measures of disparities were more likely to show improvement (black) than decline (green). However, for people in poor households, more measures showed worsening disparities than improvement.

QUALITY DISPARITIES: Through 2012, few disparities in quality of care were eliminated while a small number became larger.

Disparities Trends

- Through 2012, several disparities were eliminated.
  - One disparity in vaccination rates was eliminated for Blacks (measles-mumps-rubella), Asians (influenza), American Indians and Alaska Natives (hepatitis B), and people in poor households (human papillomavirus).
  - Four disparities related to hospital adverse events were eliminated for Blacks.
  - Three disparities related to chronic diseases and two disparities related to communication with providers were eliminated for Asians.
  - On the other hand, a few disparities grew larger because improvements in quality for Whites did not extend uniformly to other groups.
  - At least one disparity related to hospice care grew larger for Blacks, American Indians and Alaska Natives, and Hispanics.
  - People in poor households experienced worsening disparities related to chronic diseases.

QUALITY DISPARITIES: Overall quality and racial/ethnic disparities varied widely across states and often not in the same direction.

Geographic Disparities

- There was significant variation in quality among states. There was also significant variation in disparities.
- States in the New England, Middle Atlantic, West North Central, and Mountain census divisions tended to have higher overall quality while states in the South census region tended to have lower quality.
- States in the South Atlantic, West South Central, and Mountain census divisions tended to have fewer racial/ethnic disparities while states in the Middle Atlantic, West North Central, and Pacific census divisions tended to have more disparities.
- The variation in state performance on quality and disparities may point to differential strategies for improvement.

National Quality Strategy: Measures of Patient Safety improved, led by a 17% reduction in hospital-acquired conditions.

Hospital-acquired conditions have been targeted for improvement by the CMS Partnership for Patients initiative, a major public-private partnership working to improve the quality, safety, and affordability of health care for all Americans. As a result of this and other federal efforts, such as Medicare's Quality Improvement Organizations and the HHS National Action Plan to Prevent Health Care-Associated Infections, as well as the dedication of practitioners, the general trend in patient safety is one of improvement.

Trends

- From 2010 to 2013, the overall rate of hospital-acquired conditions declined from 145 to 121 per 1,000 hospital discharges.
- This decline is estimated to correspond to 1.3 million fewer hospital-acquired conditions, 50,000 fewer inpatient deaths, and $12 billion savings in health care costs.[51]
- Large declines were observed in rates of adverse drug events, healthcare-associated infections, and pressure ulcers.
- About half of all Patient Safety measures tracked in the QDR improved.
- One measure, admissions with central line-associated bloodstream infections, improved quickly, at an average annual rate of change above 10% per year.
- One measure, postoperative physiologic and metabolic derangements during elective-surgery admissions, got worse over time.

Disparities Trends

- Black-White differences in four Patient Safety measures were eliminated.
- Asian-White differences in admissions with iatrogenic pneumothorax grew larger.

National Quality Strategy: Measures of Person-Centered Care improved steadily, especially for children.

Trends

- From 2002 to 2012, the percentage of children whose parents reported poor communication significantly decreased overall and among all racial/ethnic and income groups.
- Almost all Person-Centered Care measures tracked in the QDR improved; no measure got worse.

Disparities

In almost all years, the percentage of children whose parents reported poor communication with their health providers was:

- Higher for Hispanics and Blacks compared with Whites.
- Higher for poor, low-income, and middle-income families compared with high-income families.

Disparities Trends

- Asian-White differences in two measures related to communication were eliminated.
- Four Person-Centered Care disparities related to hospice care grew larger.

National Quality Strategy: Measures of Care Coordination improved as providers enhanced discharge processes and adopted health information technologies.

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[51] Agency for Healthcare Research and Quality. Interim Update on 2013 Annual Hospital-Acquired Condition Rate and Estimates of Cost Savings and Deaths Averted From 2010 to 2013. http://www.ahrq.gov/professionals/quality-patient-safety/pfp/interimhacrate2013.html

Trends

- From 2005 to 2012, the percentage of hospital patients with heart failure who were given complete written discharge instructions increased overall, for both sexes, and for all racial/ethnic groups.
- There are few measures to assess trends in Care Coordination.

Disparities

- In all years, the percentage of hospital patients with heart failure who were given complete written discharge instructions was lower among American Indians and Alaska Natives compared with Whites.

National Quality Strategy: Many measures of Effective Treatment achieved high levels of performance, led by measures publicly reported by CMS on Hospital Compare.

Trends

- From 2005 to 2012, the percentage of hospital patients with heart attack given percutaneous coronary intervention within 90 minutes of arrival increased overall, for both sexes, and for all racial/ethnic groups.
- In 2012, the overall rate exceeded 95%; the measure will no longer be reported in the QDR.
- Eight other Effective Treatment measures achieved overall performance levels of 95% or better this year, including five measures of pneumonia care and two measures of HIV care.
- About half of all Effective Treatment measures tracked in the QDR improved.
- Two measures, both related to cancer treatment, improved quickly, at an average annual rate of change above 10% per year.
- Three measures related to management of chronic diseases got worse over time.

Disparities

- As rates topped out, absolute differences between groups became smaller. Hence, disparities often disappeared as measures achieved high levels of performance.

Disparities Trends

- Asian-White differences in three chronic disease management measures were eliminated but income-related disparities in two measures related to diabetes and joint symptoms grew larger.

National Quality Strategy: Healthy Living improved in about half of the measures followed, led by selected adolescent vaccines from 2008 to 2012.

Trends

- From 2008 to 2012, the percentage of adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine increased overall, for residents of both metropolitan and nonmetropolitan areas, and for all income groups.
- About half of all Healthy Living measures tracked in the QDR improved.

- Four measures, all related to adolescent immunizations, improved quickly, at an average annual rate of change above 10% per year (meningococcal vaccine ages 13-15 and ages 16-17; tetanusdiphteria-acellular pertussis vaccine ages 13-15 and ages 16-17).
- Two measures related to cancer screening got worse over time.

Disparities

- Adolescents ages 16-17 in nonmetropolitan areas were less likely to receive meningococcal conjugate vaccine than adolescents in metropolitan areas in all years.
- Adolescents in poor, low-income, and middle-income households were less likely to receive meningococcal conjugate vaccine than adolescents in high-income households in almost all years.

Disparities Trends

- Four disparities related to child and adult immunizations were eliminated.
- Black-White differences in two Healthy Living measures grew larger.

National Quality Strategy: Measures of Care Affordability worsened from 2002 to 2010 and then leveled off.

From 2002 to 2010, prior to the Affordable Care Act, care affordability was worsening. Since 2010, the Affordable Care Act has made health insurance accessible to many Americans with limited financial resources.

Trends

- From 2002 to 2010, the overall percentage of people unable to get or delayed in getting needed medical care, dental care, or prescription medicines and who indicated a financial or insurance reason rose from 61.2% to 71.4%.
- From 2002 to 2010, the rate worsened among people with any private insurance and among people from high- and middle-income families; changes were not statistically significant among other groups.
- After 2010, the rate leveled off, overall and for most insurance and income groups.
- Data from the Commonwealth Fund Biennial Health Insurance Survey indicate that cost-related problems getting needed care fell from 2012 to 2014 among adults.[52]
- Another Care Affordability measure, people without a usual source of care who indicate a financial or insurance reason for not having a source of care, also worsened from 2002 to 2010 and then leveled off.
- There are few measures to assess trends in Care Affordability.

Disparities

- In all years, the percentage of people unable to get or delayed in getting needed medical care, dental care, or prescription medicines who indicated a financial or insurance reason for the problem was:

[52] Collins SR, Rasmussen PW, Doty MM, et al. The Rise in Health Care Coverage and Affordability Since Health Reform Took Effect: Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2014. http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/jan/1800_collins_biennial_survey_brief.pdf?la=en

- Higher among uninsured people and people with public insurance compared with people with any private insurance.
- Higher among poor, low-income, and middle-income families compared with high-income families.

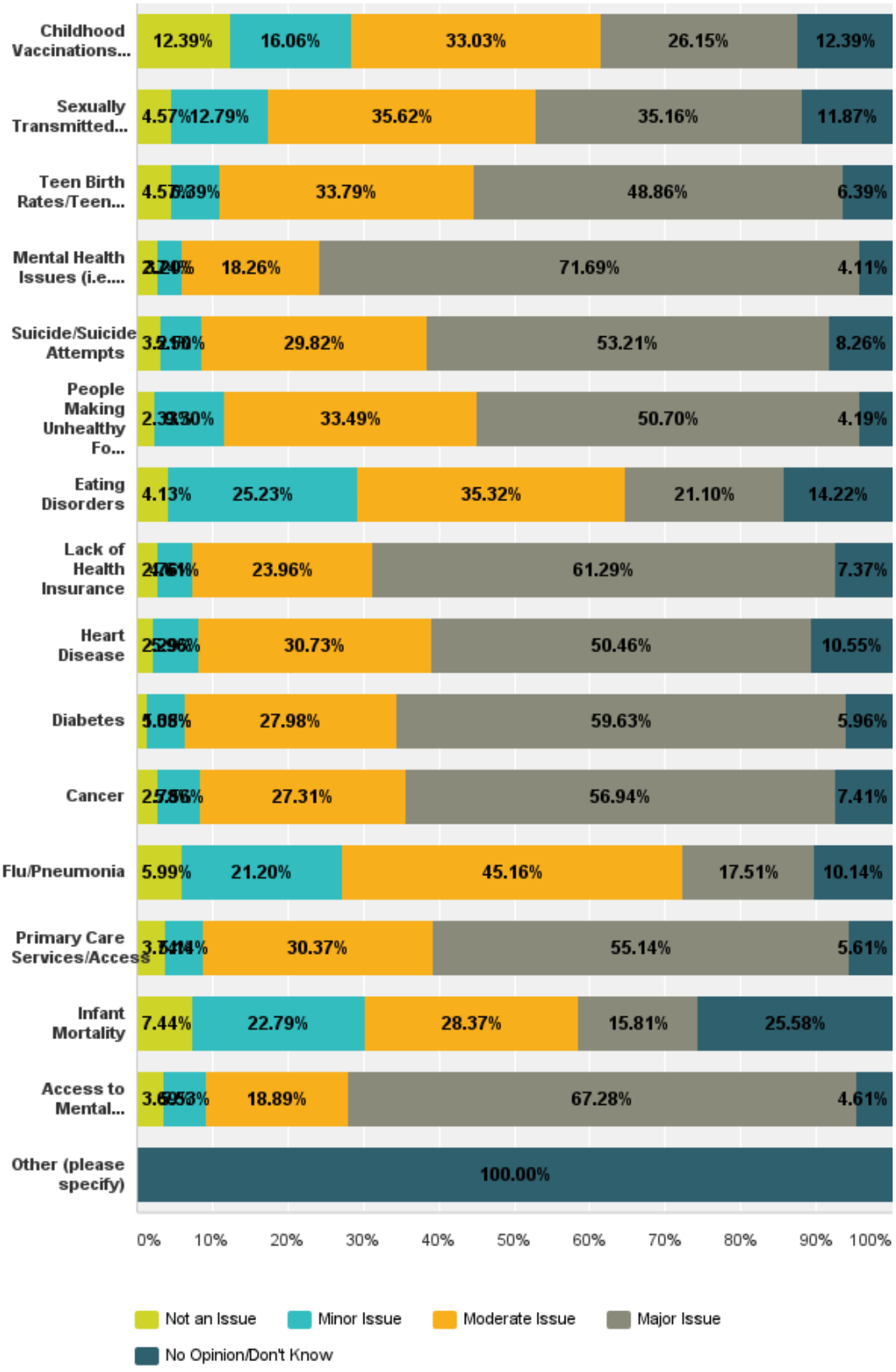
CONCLUSION

The 2014 Quality and Disparities Reports demonstrate that access to care improved. After years of stagnation, rates of un-insurance among adults decreased in the first half of 2014 as a result of Affordable Care Act insurance expansion. However, disparities in access to care, while diminishing, remained.

Quality of healthcare continued to improve, although wide variation across populations and parts of the country remained. Among the NQS priorities, measures of Person-Centered Care improved broadly. Most measures of Patient Safety, Effective Treatment, and Healthy Living also improved, but some measures of chronic disease management and cancer screening lagged behind and may benefit from additional attention. Data to assess Care Coordination and Affordable Care were limited and measurement of these priorities should be expanded.

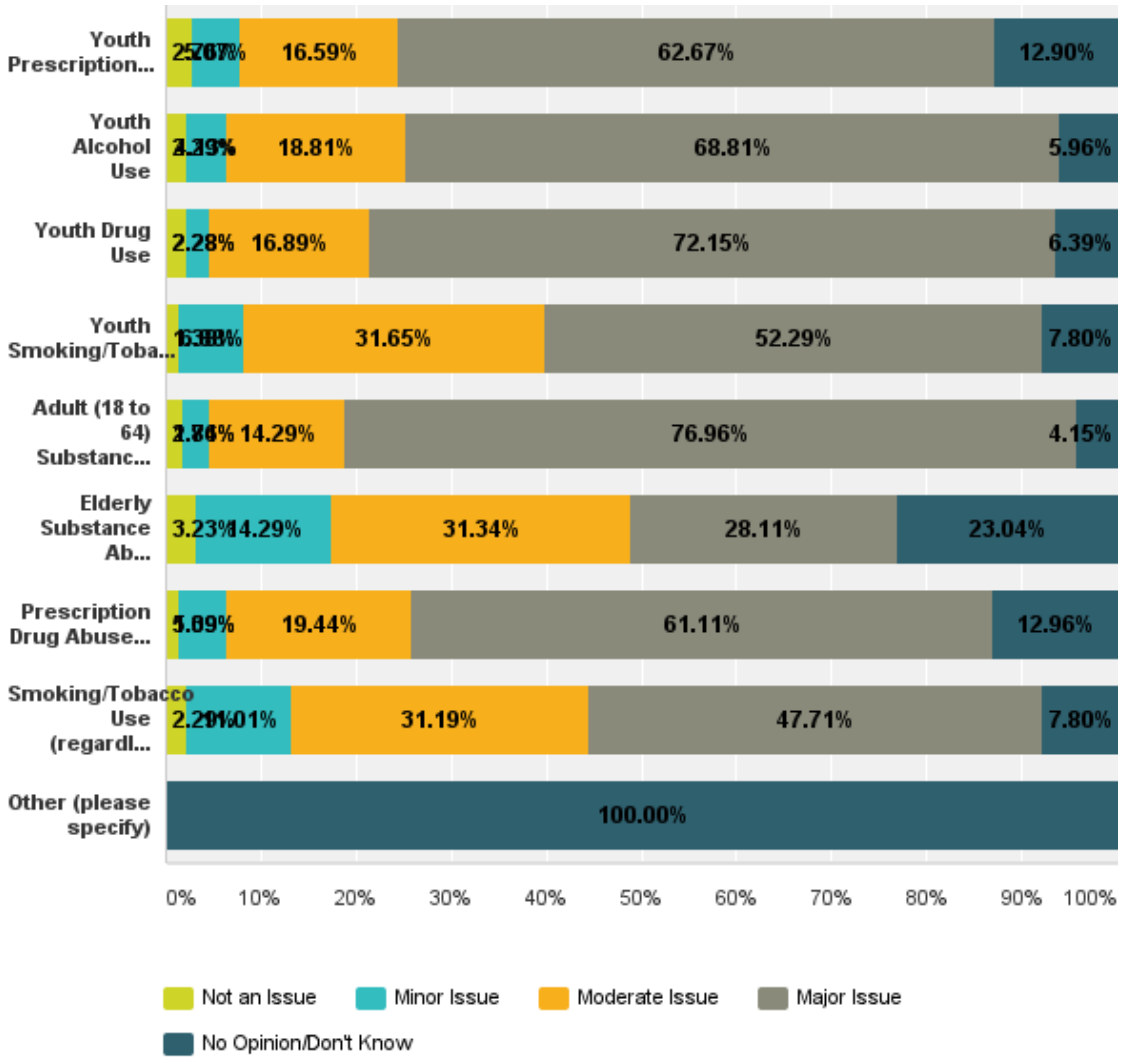
Appendix D – Results of Community Survey

Q1: What is your opinion about the following medical and mental health issues in your community?

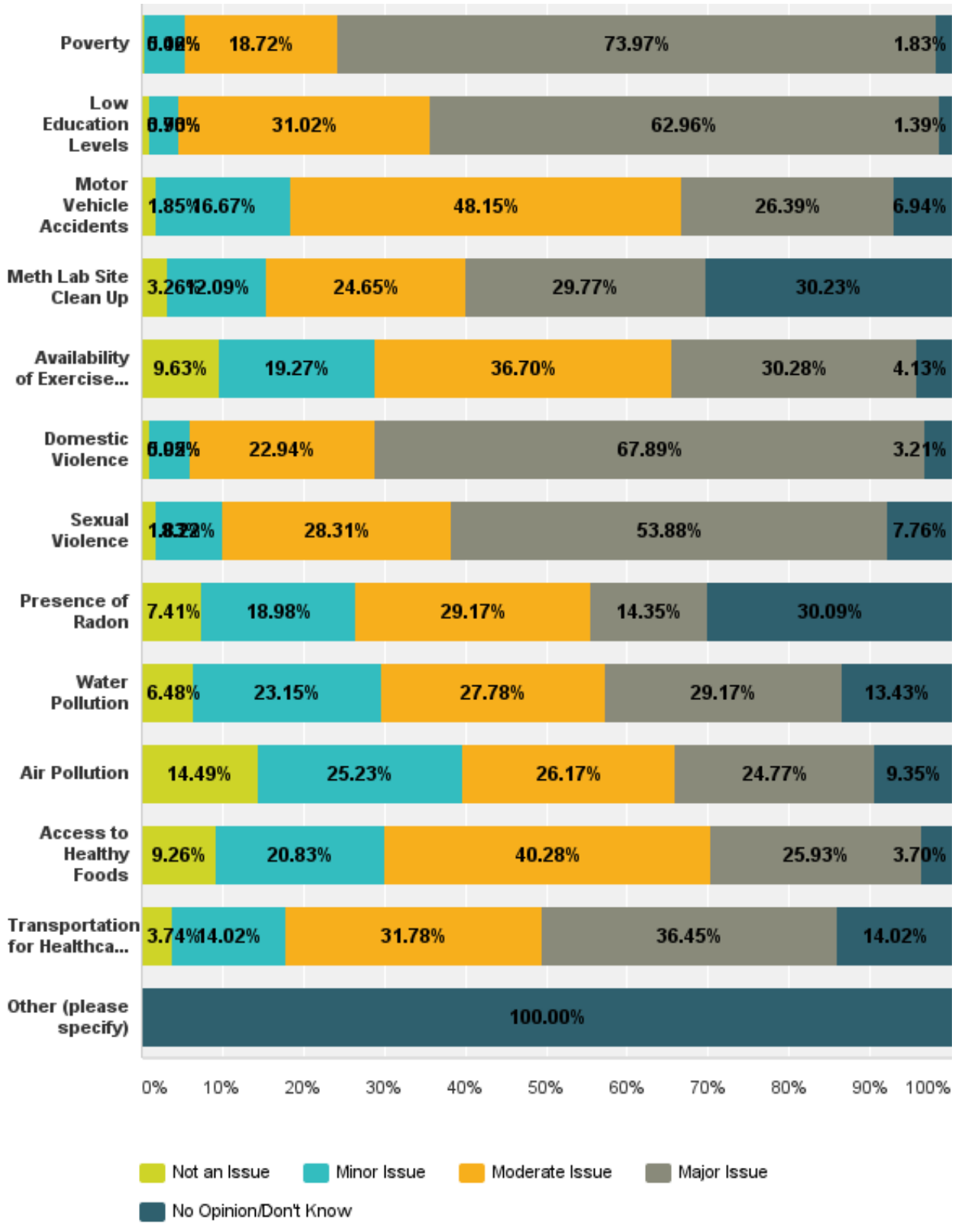


	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know	Total
Childhood Vaccinations (i.e., flu, whooping cough)	**12.39%** 27	**16.06%** 35	**33.03%** 72	**26.15%** 57	**12.39%** 27	218
Sexually Transmitted Diseases (education and testing services)	**4.57%** 10	**12.79%** 28	**35.62%** 78	**35.16%** 77	**11.87%** 26	219
Teen Birth Rates/Teen Pregnancy	**4.57%** 10	**6.39%** 14	**33.79%** 74	**48.86%** 107	**6.39%** 14	219
Mental Health Issues (i.e., depression, anxiety, grief, stress with divorce and custody issues, bipolar disorder)	**2.74%** 6	**3.20%** 7	**18.26%** 40	**71.69%** 157	**4.11%** 9	219
Suicide/Suicide Attempts	**3.21%** 7	**5.50%** 12	**29.82%** 65	**53.21%** 116	**8.26%** 18	218
People Making Unhealthy Food Choices/Obesity	**2.33%** 5	**9.30%** 20	**33.49%** 72	**50.70%** 109	**4.19%** 9	215
Eating Disorders	**4.13%** 9	**25.23%** 55	**35.32%** 77	**21.10%** 46	**14.22%** 31	218
Lack of Health Insurance	**2.76%** 6	**4.61%** 10	**23.96%** 52	**61.29%** 133	**7.37%** 16	217
Heart Disease	**2.29%** 5	**5.96%** 13	**30.73%** 67	**50.46%** 110	**10.55%** 23	218
Diabetes	**1.38%** 3	**5.05%** 11	**27.98%** 61	**59.63%** 130	**5.96%** 13	218
Cancer	**2.78%** 6	**5.56%** 12	**27.31%** 59	**56.94%** 123	**7.41%** 16	216
Flu/Pneumonia	**5.99%** 13	**21.20%** 46	**45.16%** 98	**17.51%** 38	**10.14%** 22	217
Primary Care Services/Access	**3.74%** 8	**5.14%** 11	**30.37%** 65	**55.14%** 118	**5.61%** 12	214
Infant Mortality	**7.44%** 16	**22.79%** 49	**28.37%** 61	**15.81%** 34	**25.58%** 55	215
Access to Mental Health/Substance Abuse Services	**3.69%** 8	**5.53%** 12	**18.89%** 41	**67.28%** 146	**4.61%** 10	217
Other (please specify)	**0.00%** 0	**0.00%** 0	**0.00%** 0	**0.00%** 0	**100.00%** 1	1

Q2: What is your opinion about the following drug and other substance abuse issues in your community?



Q3: What is your opinion about these other possible community issues?



Q4: In your own words, what do you believe to be the most important health or medical issue confronting the residents of Taos County?

- *To many to list but cancer, mental health, diabetes, and abuse both mental and physical (alcohol abuse)*
- *Mentally ill homeless*
- *Diabetes and complications*
- *Drug abuse and mental health issues*
- *Access to health care for all*
- *Closure of Penasco Clinic. You want our vote, and collect our taxes - it's time to do your part.*
- *Availability of doctors*
- *Obesity; not enough free places to exercise*
- *Obesity and receiving medical care for everyone*
- *Care for elderly*
- *I think education about healthy lifestyles and support for low-income, especially single mothers and their children*
- *Drug & alcohol abuse*
- *Understanding our unhealthy eating habits and changing them*
- *Mental issues, drug and alcohol abuse, education*
- *Drug abuse*
- *Diabetes, cancer*
- *Behavioral health access; limited substance abuse services*
- *Quicker EMS services*
- *Poverty, insurance, lack of healthcare providers, lack of housing*
- *Info on vaccinations/suicide prevention*
- *Overweight, cancer - no insurance for unmarried age 30-40 years*
- *Substance abuse*
- *Alcohol and drug abuse*
- *Level of hospital care for major or chronic ilnness*
- *Poverty*

- *drug abuse*
- *Diabetes, heart problems, obesity*
- *drug abuse*
- *Obesity*
- *Medical insurance for middle class*
- *Medical insurance*
- *alcohol/substance abuse*
- *N/A*
- *Respiratory diseases (cold, flu, etc.)*
- *Drug use, gang violence, mental illness*
- *Congruency - working to get a network and/or foundation to "group" in order to get information to public*
- *Drug overdose*
- *Keep hospital open*
- *Drug abuse*
- *Affordable medical insurance*
- *Drug abuse*
- *Obesity and access for youth medical services and recreational activity program*
- *Mental health/drug abuse services needed*
- *Prescription Drugs*
- *All everything. Help.*
- *Drug/Alcohol*
- *N/A*
- *Getting health insurance*
- *Lack of jobs (stress), use of alcohol, use of drugs, and lower rent cost*
- *Money to afford health care*
- *Future water issues, selling water rights and state drilling*

- *Mental health; unemployment*
- *Good doctors; residents of Taos County have to go out of town to be seen.*
- *Affordable healthy food, living housing "health care for middle income"*
- *Homelessness*
- *Poverty*
- *Substance abuse and poor food choices/lack of fitness*
- *Poverty affecting all aspects of health*
- *Poverty, severe lack of employment, severe low-income leaves so many without adequate means to be 'healthy'. The A.C.A. seems to be working well for low-income people here. Thanks Obama!*
- *Poverty/Substance Abuse/Teen Pregnancy/Obesity/Diabetes/Inadequate & Inconsistent health ed in schools/lack of after school activities for kids*
- *Poor eating habits and diabetes*
- *Drug and alcohol use*
- *Availability of emergency needs, ambulance services*
- *"Coming up with just one is an interesting problem. Youth and adult drug abuse would certainly be high on my list. There is also the issue of affordable health care across the board; which is of growing concern to the sustainability of the hospital and its ancillary service organizations as related to patient treatment compensation levels. We also have a growing aging population with retirees choosing Taos and Taos county that will require more and more services for that specific population.*
- *Is it possible for Taos Health Systems to establish cross ties with service providers in Santa Fe and possibly Albuquerque to expand and augment the range of services that could be made available to the community."*
- *Access to appropriate culturally and linguistically ethical and affordable mental health and physical healthcare services*
- *Physical/emotional healthcare could be most improved through education in emotional intelligence and what is healthy food.*
- *More qualified medical facilities who take all insurances and do not have to leave Taos for medical needs.*
- *Junk food*
- *Obesity and poor education*
- *Not making healthy choices and primary care access*
- *drug addiction and major medical emergencies usually not treatable in Taos county*

- *Diabetes*
- *Substance Abuse - no medical or social detox for adults and teens*
- *suicide, diabetes, obesity, depression*
- *Expensive prescription drugs, lack of doctors*
- *Lack of health insurance*
- *Obesity and alcohol and drug use*
- *Lack of general practitioners in underserved county*
- *bipolar homeless with no support*
- *Drunk driving*
- *high costs*
- *Mental health, substance abuse, suboxone as a substitute for recovery*
- *ER takes too long to get to a doctor to see you. The medical staff should talk to each other more about the patient.*
- *Sub. Abuse*
- *Lack of quality education*
- *General education will improve all conditions. Alcohol abuse is a big problem in Taos.*
- *Scarcity of specialists*
- *Teenage pregnancy*
- *No access to health spa or exercise equipment for adults out of high school north of Taos area*
- *lack of specialty medical providers*
- *Not waiting so long at the emergency room; more room bigger facility*
- *access to critical care in areas of cardiac, pediatrics, etc. Better care in Taos rather than being transferred to another hospital.*
- *Insurance*
- *chemtrials ceating respiratory illness - flus cold-like allergies like disturbances*
- *poverty*
- *cost*

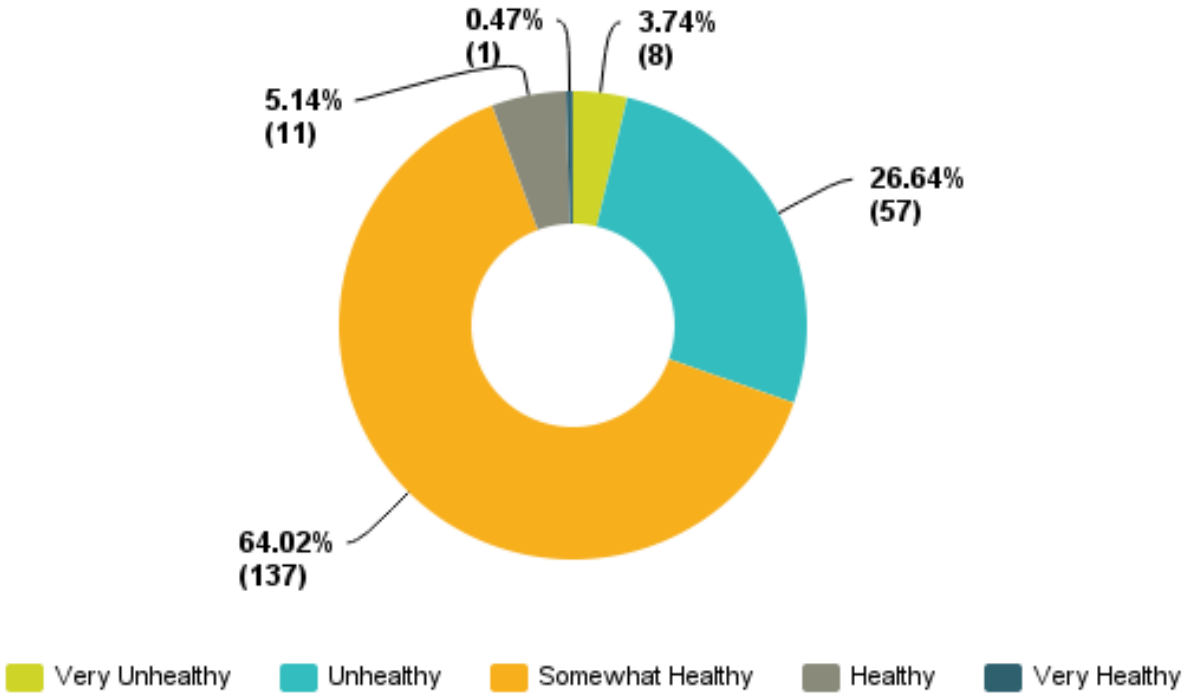
- *drug abuse and domestic violence*
- *access to medical care because of lack of financial means an lack of access to medical care because of lack of availibility*
- *alcohol and drugs*
- *Drug and alcohol abuse all ages*
- *Substance abuse*
- *Making unhealthy choices*
- *Mental health facilities & low/no cost*
- *primary care access*
- *Obesity*
- *Access to specialists, cardiac for instance*
- *lack of mental health care and lack of drug/alcohol care*
- *obesity*
- *High costs*
- *Lack of employment opportunities leads to folks seeking other "ways" to make money. No money leads to depression, which leads to boredom, which leads to other ways to relive the pain. Regardless of one's age, in such a situation, one could turn to alcohol, drugs, and crime.*
- *Medical Insurance or lack of*
- *Substance/alcohol abuse*
- *Maintenance of hospital infrastructure and recruiting/maintaining well trained staff*
- *Access to care needed*
- *Poverty*
- *drug abuse*
- *etoh and drugs*
- *lack of primary care services and speciality clinics also special needs children have no PCPs who will care for them when they reach age 18*
- *"Obesity"*

- *not enough primary care providers to meet community needs forcing fragmented care as people access Urgent and Emergency services for primary care issues.*
- *lack of behavioral health options*
- *Absence of heart doctors and pediatric emergency doctors.*
- *"Drug/Alcohol Abuse"*
- *Transportation. Hospital is expensive and emergency services cost a fortune. Our people are on a fixed income so its hard to get medical attention. Hospital is not good at taking care of people with pneumonia.*
- *drug use*
- *Lack of mental health resources*
- *"heart disease in the elderly*
- *Drug use among teens and young adults"*
- *poverty and lack of education.*
- *Trusting people to help others*
- *poverty, drugs and alcohol abuse.*
- *Preventative care - not through a PCP, but a Holistic Health coach*
- *cancer, obesity, diabetes*
- *Education around healthy choices: food, interpersonal, and mental/emotional.*
- *Combination of poverty and substance use disorders - together they destroy our community*
- *Poverty/isolation/cultural poverty*
- *Alcohol Abuse*
- *Drug and alcohol use among teens and young adults; lack of access to substance abuse services*
- *When pt's are transferred out of HCH. The cost to family members to stay in Sante Fe*
- *Poverty leads to lack of health insurance, which leads to lack of access to health services*
- *Drug & alcohol abuse*
- *Residents can't afford insurance or don't want to and those who do have it pay a lot and the insurance pays minimal so people don't seek medical help because they will still be responsible for copays, coinsurance which are extremely high.*
- *alcohol and drug abuse, including prescription drug use and illegal drug use*

- *Dom & Sexual Violence*
- *Continued access to a quality hospital for emergency care. Next is access to healthy food for low income residents and then adult substance abuse, primarily alcohol.*
- *Poverty and all of the stressors that stem from that, leading towards unhealthy behaivors including many listed above.*
- *Alcohol, prescription drugs, cocaine, heroin, and meth abuse/addictions. There also seems to be an increase with diabetes.*
- *Wish not to say.*
- *I think Behavioral/ Mental health needs to be taken more seriously, and we need more options, and resources to take this on.*
- *affordable health care and reliable providers.*
- *The lack of jobs and transportation to health care facilities especially if you don't live in the town of Taos.*
- *Hearth disease related to obesity, diet.*
- *lack of positive role models for economic advancement and confidence.*
- *Lack of mental health intensive treatment facilities and no in between level of care especially for minors. Out treatment faciities work most of the time but hospilzation does not work for the 24 hour hold only to be sent back i the community. Many incartcerate people are dealing with mental health issues that are never addressed. Taos and NM need more intesive services for suicidal teens or adults, drug problems(as young as 13 year olds who have addiction problems) Access to more TFC placements for children who have dysfunctional home lives. Many programs offered have minimal success in changing the home dynamic. We need and inclusive facility for walk in issues whether physical health (flu, injury dental or med management),mental health (crisis, abuse, drug issues and other mental health crisis) especially needed for the youth.*
- *Education regarding nutrition*
- *Substance Abuse and Mental Health*
- *Lack of affordable MENTAL HEALTH clinics*
- *Using medical resources and govt. assistance inappropriately unfair to others paying and using correctly plus self medication practice and non support of education passed to children to continue cycle*
- *awareness and availability to healthy options - environmental, physical, emotional, intellectual, spiritual, interpersonal, occuapational and financial*
- *The most important health issue is poverty in the area.*
- *Overdoses*

- *3: Diabetes, Drug/Alcohol Abuse, & Teen Pregnancy*
- *"Behavioral health/Substance abuse lack of access to*
- *Cultural and linguistic certified/license professionals-*
- *Behavioral health/substance abuse qualified and experience community sensitive skill professionals"*
- *Lack of primary care physicians and specialists*
- *Ability to afford co pay and/or med. Just See too many people not taking meds or follow up due to $$$ issues*
- *The diseases that surrounds the impoverished with poor diet, lack of exercise, abuse to themselves and others (physically or thru substances).*
- *Cost of living is higher than wages as an employee. Taos provides places to purchase healthy foods and facilities to exercise, social out reach programs, but most residents can not afford to consume these commodities or lack the education to receive these programs. Also I feel there is also a lack of work ethic throughout the community that tends to affect the greater good.*

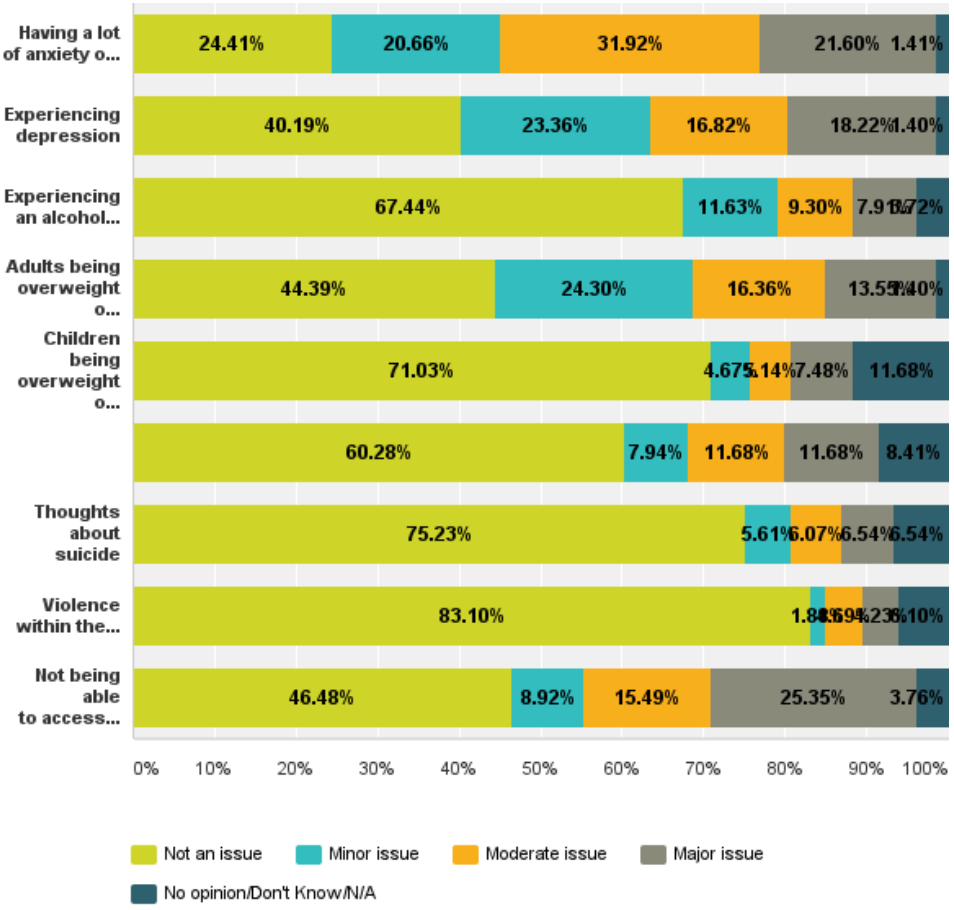
Q5: How would you rate the health of your community?



Q6: Check the three (3) items below that you believe are most important for a healthy community:

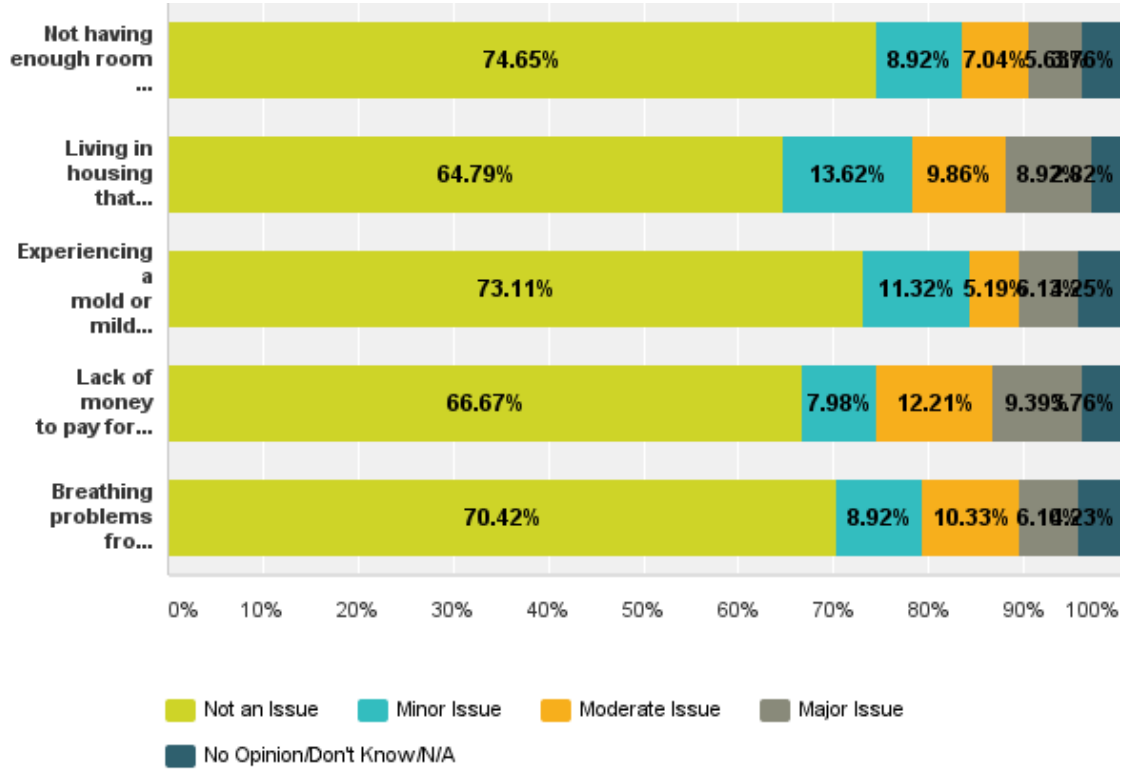
Answer Choices	Responses	
Access to Healthcare & Other Services	**59.63%**	130
Affordable Housing	**35.78%**	78
Arts & Cultural Events	**5.50%**	12
Clean Environment	**17.43%**	38
Community Involvement	**11.47%**	25
Good Jobs & Healthy Economy	**48.62%**	106
Good Schools	**28.90%**	63
Healthy Behaviors & Lifestyles	**34.86%**	76
Low Crime/Safe Neighborhoods	**16.06%**	35
Low Death & Disease Rates	**5.05%**	11
Low Level of Domestic Violence	**8.26%**	18
Parks & Recreation	**8.72%**	19
Religious or Spiritual Values	**14.22%**	31
Strong Family Life	**19.72%**	43
Tolerance for Diversity	**6.42%**	14
Youth Recreation/Activities	**11.47%**	25
Other (please specify)	**7.80%**	17
Total Respondents: 218		

Q7: In your household, how would you describe the following health issues?



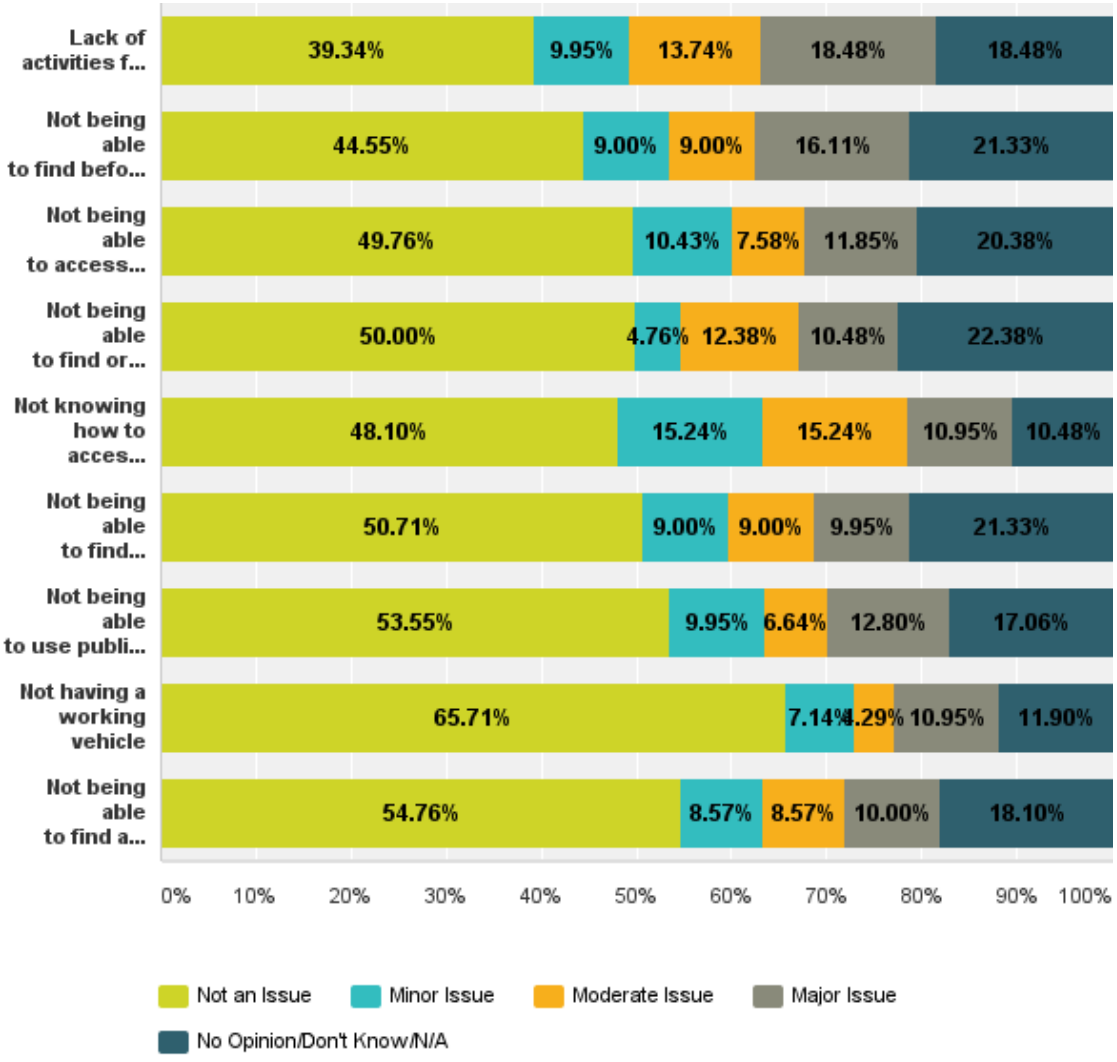
	Not an issue	Minor issue	Moderate issue	Major issue	No opinion/Don't Know/N/A	Total
Having a lot of anxiety or stress	**24.41%** 52	**20.66%** 44	**31.92%** 68	**21.60%** 46	**1.41%** 3	213
Experiencing depression	**40.19%** 86	**23.36%** 50	**16.82%** 36	**18.22%** 39	**1.40%** 3	214
Experiencing an alcohol and/or drug issue	**67.44%** 145	**11.63%** 25	**9.30%** 20	**7.91%** 17	**3.72%** 8	215
Adults being overweight or obese in your household	**44.39%** 95	**24.30%** 52	**16.36%** 35	**13.55%** 29	**1.40%** 3	214
Children being overweight or obese in your household	**71.03%** 152	**4.67%** 10	**5.14%** 11	**7.48%** 16	**11.68%** 25	214
Not being able to access care for a person with a serious physical illness	**60.28%** 129	**7.94%** 17	**11.68%** 25	**11.68%** 25	**8.41%** 18	214
Thoughts about suicide	**75.23%** 161	**5.61%** 12	**6.07%** 13	**6.54%** 14	**6.54%** 14	214
Violence within the household	**83.10%** 177	**1.88%** 4	**4.69%** 10	**4.23%** 9	**6.10%** 13	213
Not being able to access affordable dental care	**46.48%** 99	**8.92%** 19	**15.49%** 33	**25.35%** 54	**3.76%** 8	213

Q8: How would you describe the following housing issues as they relate to you and your family?



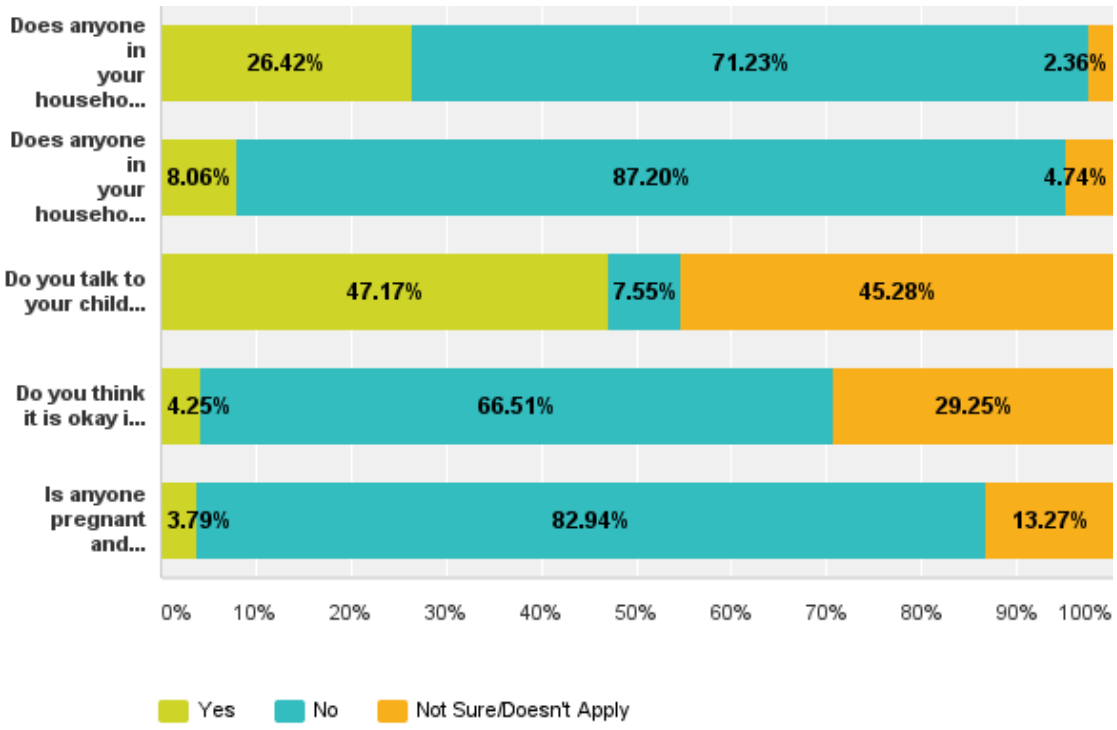
	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know/N/A	Total
Not having enough room in your house for the people who live there	**74.65%** 159	**8.92%** 19	**7.04%** 15	**5.63%** 12	**3.76%** 8	213
Living in housing that needs major repairs	**64.79%** 138	**13.62%** 29	**9.86%** 21	**8.92%** 19	**2.82%** 6	213
Experiencing a mold or mildew problem in your house	**73.11%** 155	**11.32%** 24	**5.19%** 11	**6.13%** 13	**4.25%** 9	212
Lack of money to pay for housing	**66.67%** 142	**7.98%** 17	**12.21%** 26	**9.39%** 20	**3.76%** 8	213
Breathing problems from heating with wood	**70.42%** 150	**8.92%** 19	**10.33%** 22	**6.10%** 13	**4.23%** 9	213

Q9: In your household, how would you rate obtaining the following support services?



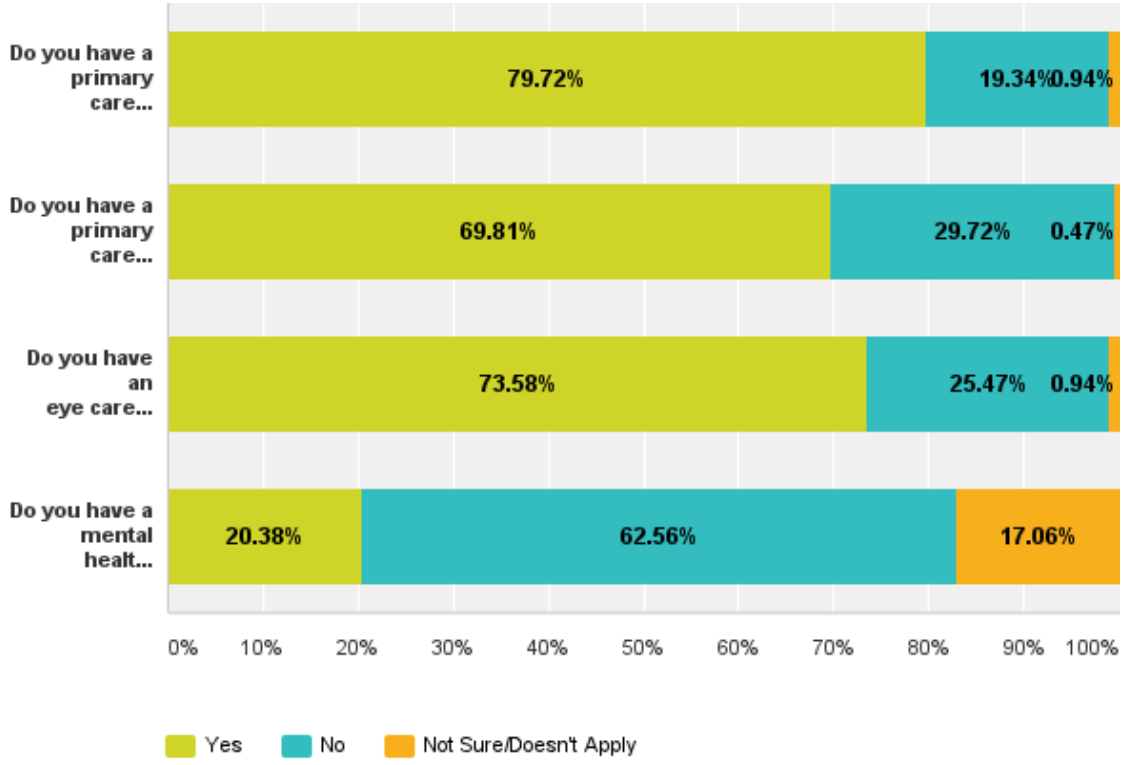
	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know/N/A	Total
Lack of activities for school-aged children and teens	**39.34%** 83	**9.95%** 21	**13.74%** 29	**18.48%** 39	**18.48%** 39	211
Not being able to find before or after-school childcare, or summer childcare for school-aged children	**44.55%** 94	**9.00%** 19	**9.00%** 19	**16.11%** 34	**21.33%** 45	211
Not being able to access in-home care for an adult who is 65 years or older	**49.76%** 105	**10.43%** 22	**7.58%** 16	**11.85%** 25	**20.38%** 43	211
Not being able to find or afford childcare for children ages 0 to 5 years	**50.00%** 105	**4.76%** 10	**12.38%** 26	**10.48%** 22	**22.38%** 47	210
Not knowing how to access services or information in Taos County	**48.10%** 101	**15.24%** 32	**15.24%** 32	**10.95%** 23	**10.48%** 22	210
Not being able to find transportation for a person with a physical disability or someone aged 65 years or older	**50.71%** 107	**9.00%** 19	**9.00%** 19	**9.95%** 21	**21.33%** 45	211
Not being able to use public transportation to get to a job or appointment on time	**53.55%** 113	**9.95%** 21	**6.64%** 14	**12.80%** 27	**17.06%** 36	211
Not having a working vehicle	**65.71%** 138	**7.14%** 15	**4.29%** 9	**10.95%** 23	**11.90%** 25	210
Not being able to find a crisis intervention resource (suicide, family support, violence, child or older adult neglect, alcohol and drug emergencies, etc).	**54.76%** 115	**8.57%** 18	**8.57%** 18	**10.00%** 21	**18.10%** 38	210

Q10: Please answer the following questions regarding tobacco products used in your household.



	Yes	No	Not Sure/Doesn't Apply	Total
Does anyone in your household use tobacco products?	**26.42%** 56	**71.23%** 151	**2.36%** 5	212
Does anyone in your household smoke in the home or in the car when non-smokers are there?	**8.06%** 17	**87.20%** 184	**4.74%** 10	211
Do you talk to your child about the harmful effects of tobacco, alcohol, and drugs?	**47.17%** 100	**7.55%** 16	**45.28%** 96	212
Do you think it is okay if your child uses alcohol as long as he/she does not use other drugs?	**4.25%** 9	**66.51%** 141	**29.25%** 62	212
Is anyone pregnant and smoking in your household?	**3.79%** 8	**82.94%** 175	**13.27%** 28	211

Q11: Please answer the following questions about medical services.

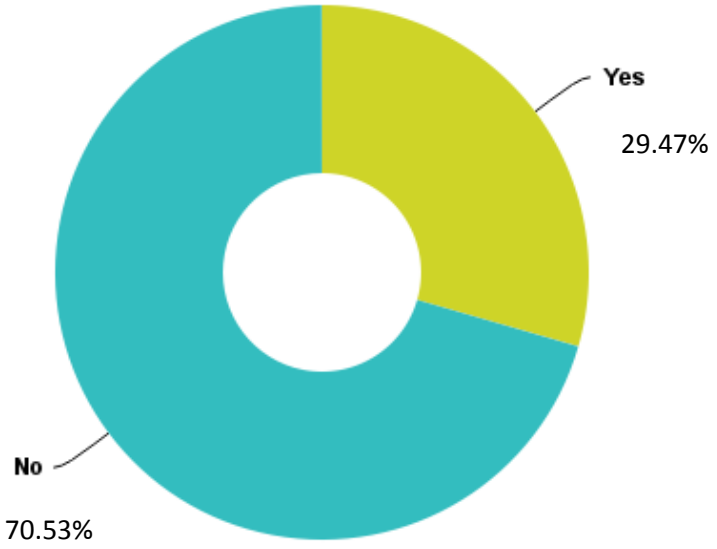


	Yes	No	Not Sure/Doesn't Apply	Total
Do you have a primary care doctor?	**79.72%** 169	**19.34%** 41	**0.94%** 2	212
Do you have a primary care dentist?	**69.81%** 148	**29.72%** 63	**0.47%** 1	212
Do you have an eye care provider?	**73.58%** 156	**25.47%** 54	**0.94%** 2	212
Do you have a mental health counselor?	**20.38%** 43	**62.56%** 132	**17.06%** 36	211

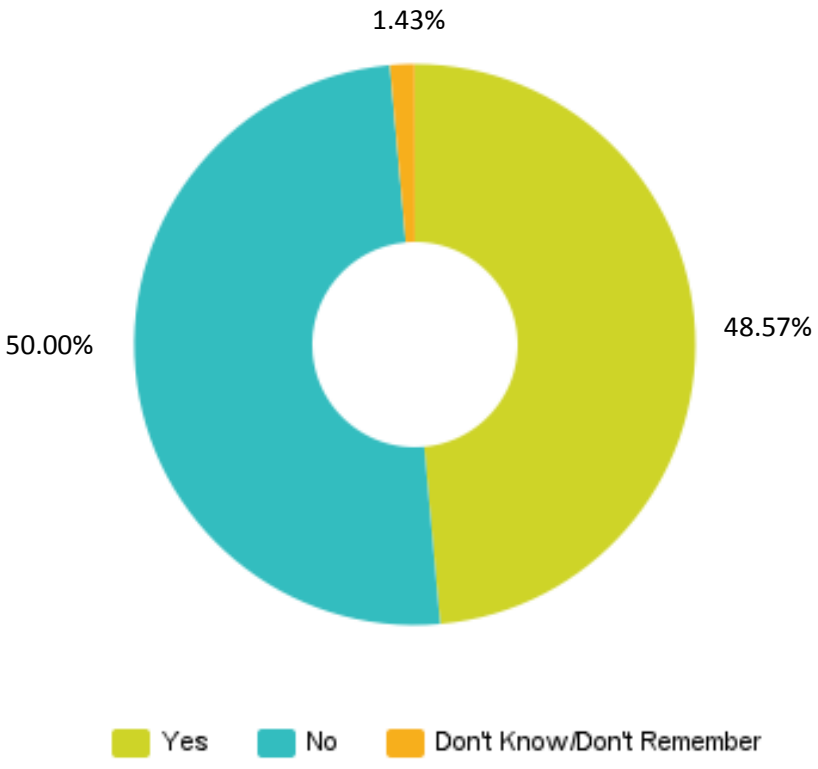
Q12: Why did you select the primary care provider you are currently seeing? (Select all that apply)

Answer Choices	Responses	
Appointment Availability	**28.72%**	56
Clinic's Reputation for Quality	**23.59%**	46
Closest to Home	**22.05%**	43
Cost of Care	**7.18%**	14
Length of Waiting Room Line	**5.64%**	11
Prior Experience with Clinic	**21.54%**	42
Recommended by Family or Friends	**27.18%**	53
Referred by Physician or Other Provider	**15.38%**	30
Required by Insurance Plan	**15.38%**	30
VA/Military Requirement	**4.62%**	9
Indian Health Services	**4.62%**	9
Other (please specify)	**17.95%**	35
Total Respondents: 195		

Q13: In the past year, did you experience three (3) or more problems accessing healthcare due to cost? A cost access problem means you did not get care because of the cost of a doctor's visit; skipped medical test, treatment, or follow-up because of cost; or, did not fill a prescription (Rx) or skipped doses because of cost.



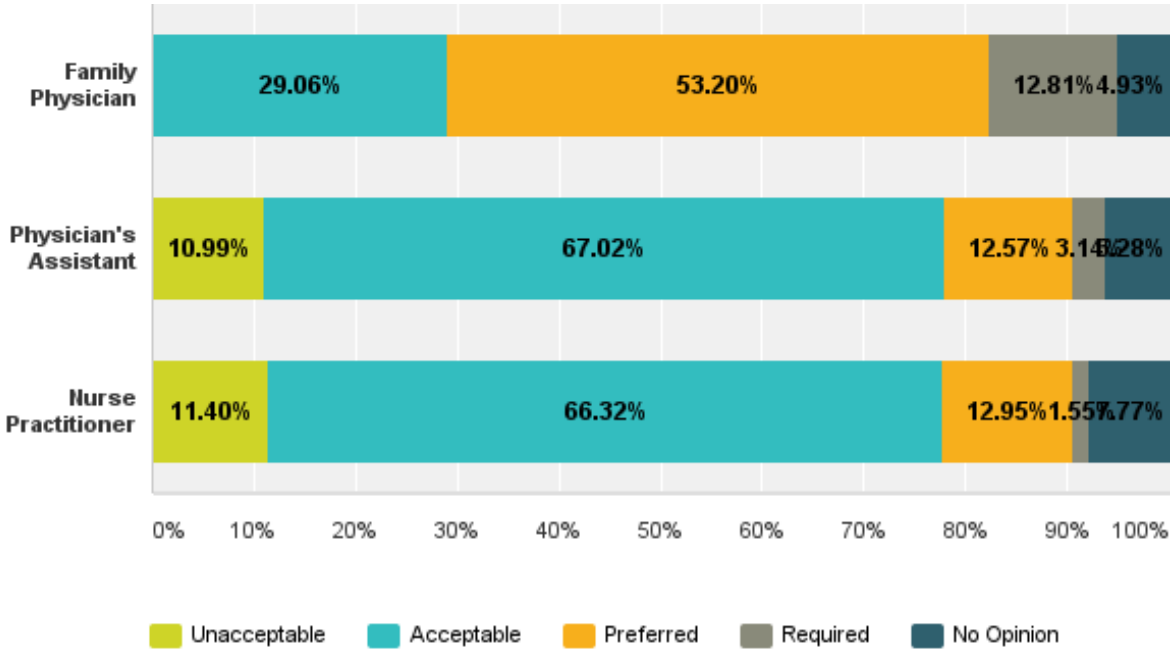
Q14: In the past two years, have you or any household member left the county in search of healthcare?



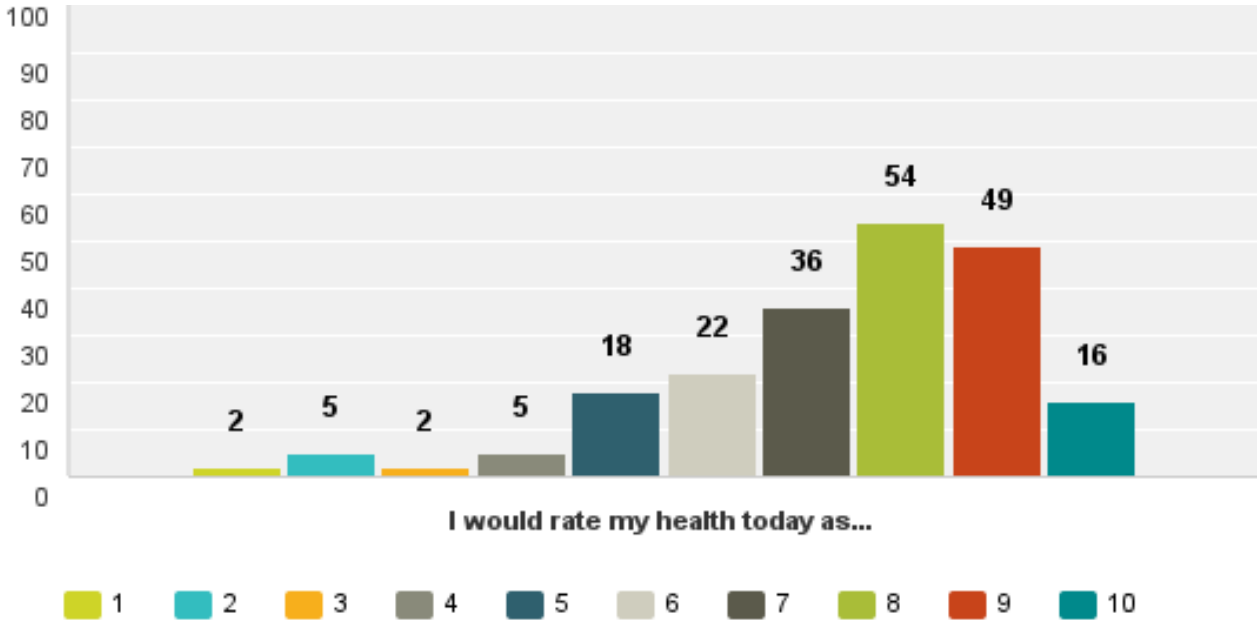
Q15: If you routinely seek primary healthcare outside of Taos County, what are the reasons you do so? (Select all that apply)

Answer Choices	Responses	
Cost of Care	**14.77%**	26
Closest to Home	**2.84%**	5
Closest to Work	**2.84%**	5
Quality of Equipment	**19.89%**	35
Quality of Staff	**27.84%**	49
Prior Relationship with Healthcare Provider	**13.07%**	23
More Privacy	**7.39%**	13
Required by Insurance Plan	**14.20%**	25
VA/Military Requirement	**3.98%**	7
Quality of Physicians	**31.25%**	55
I/we do not use healthcare outside of Taos County	**15.91%**	28
Other (please specify)	**34.09%**	60
Total Respondents: 176		

Q16: Which of the following primary healthcare providers would you consider using for your routine care? (Select all that apply)



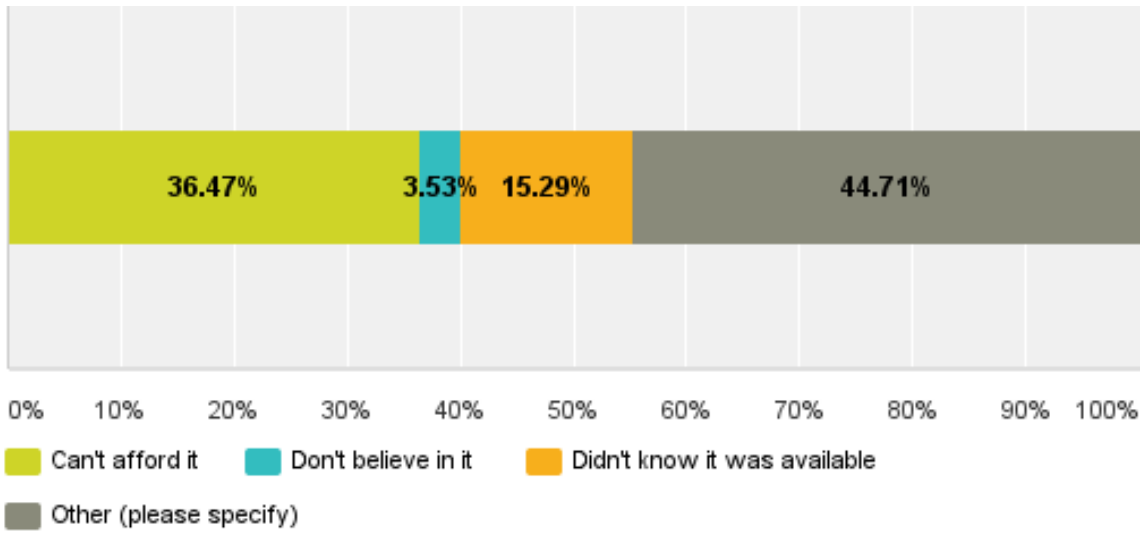
Q17: From a scale of 1 (worst possible) to 10 (best possible) how do you rate your overall health at this time?



Q18: Which of the following preventive services have you used in the past year? (Select all that apply)

Answer Choices	Responses	
Mammography	**29.61%**	61
Prostate (PSA)	**10.68%**	22
Pelvic Exam	**19.42%**	40
Colonoscopy	**14.08%**	29
Cholesterol Check	**47.09%**	97
Blood Sugar Level Check	**45.63%**	94
Routine Blood Pressure Check	**61.17%**	126
Routine Physical	**57.77%**	119
Dental Exam	**66.50%**	137
Eye Exam	**60.68%**	125
None	**8.25%**	17
Other (please specify)	**6.80%**	14
Total Respondents: 206		

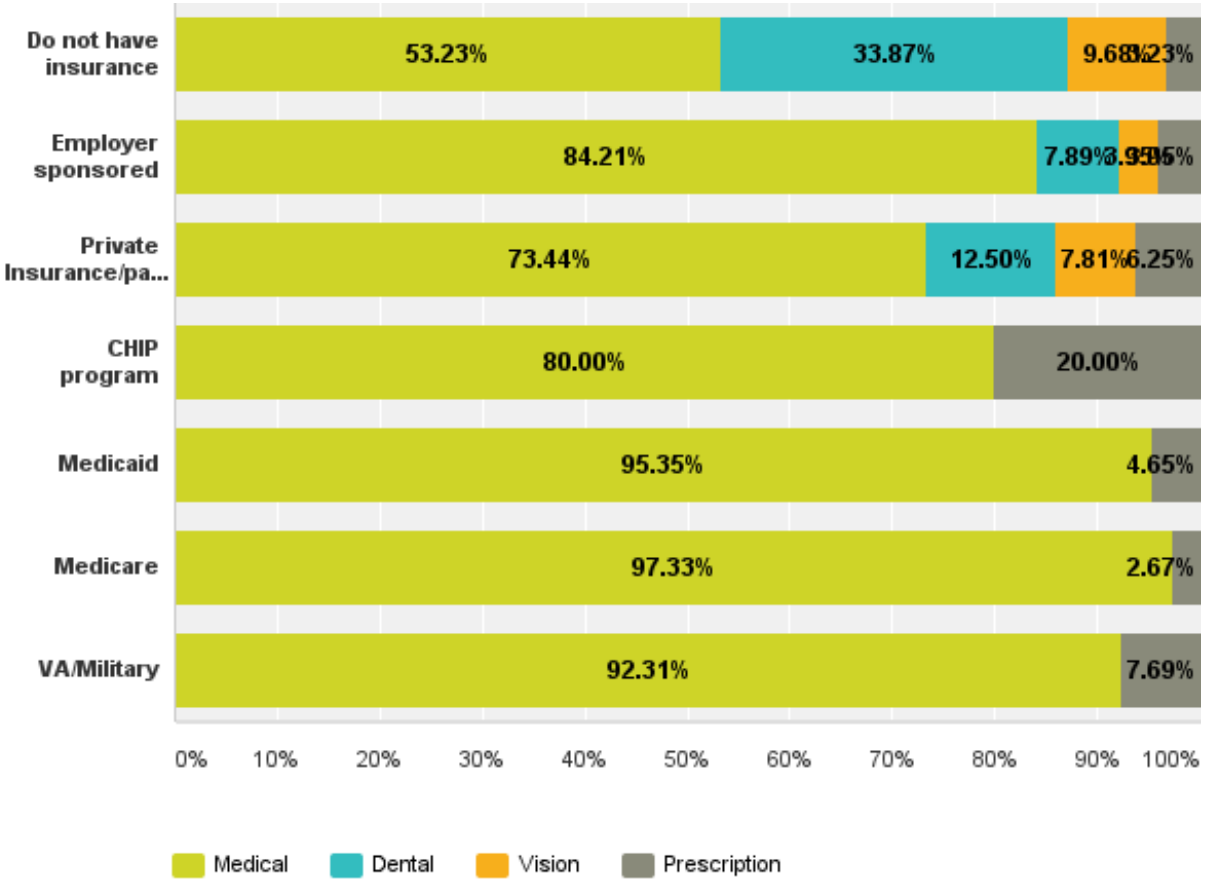
Q19: If you have not used any preventive services, why not?



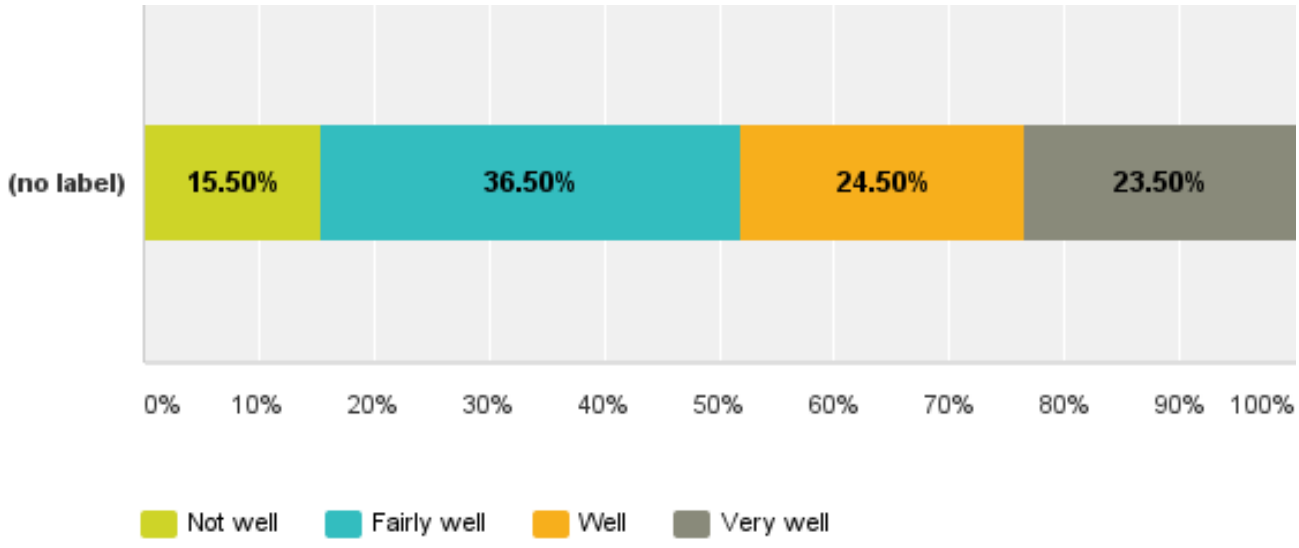
Q20: During the past 12 months, what healthcare services did you need and were NOT able to get and what was the primary reason? (Check one item in each row).

	Appointment NOT available	Doctor/Service would NOT accept insurance	Doctor/Service would NOT accept Medicaid	Could not afford co-pay	Service not needed	Don't know	Total
Doctor Visit/Checkup/Exam	**18.42%** 21	**9.65%** 11	**2.63%** 3	**14.91%** 17	**48.25%** 55	**6.14%** 7	114
Mental Healthcare/Counseling	**3.13%** 4	**3.13%** 4	**1.56%** 2	**6.25%** 8	**77.34%** 99	**8.59%** 11	128
Eye Glasses/Vision (ophthalmologist, optometrist)	**3.85%** 4	**6.73%** 7	**3.85%** 4	**19.23%** 20	**55.77%** 58	**10.58%** 11	104
Medical Supplies/Equipment	**1.68%** 2	**3.36%** 4	**1.68%** 2	**13.45%** 16	**65.55%** 78	**14.29%** 17	119
Appointment/Referral to a Specialist (dermatologist, endocrinologist, chiropractor, gastroenterologist, gynecologist)	**16.52%** 19	**6.96%** 8	**3.48%** 4	**14.78%** 17	**46.96%** 54	**11.30%** 13	115
Dental	**4.90%** 5	**9.80%** 10	**4.90%** 5	**24.51%** 25	**43.14%** 44	**12.75%** 13	102
Other Medical Treatment (tests, surgery, other procedures/therapies, X-rays, cancer or heart attack tests)	**7.21%** 8	**5.41%** 6	**0.90%** 1	**18.92%** 21	**54.95%** 61	**12.61%** 14	111
Medications/Prescriptions (patches, pills, shots)	**1.96%** 2	**5.88%** 6	**0.98%** 1	**20.59%** 21	**56.86%** 58	**13.73%** 14	102

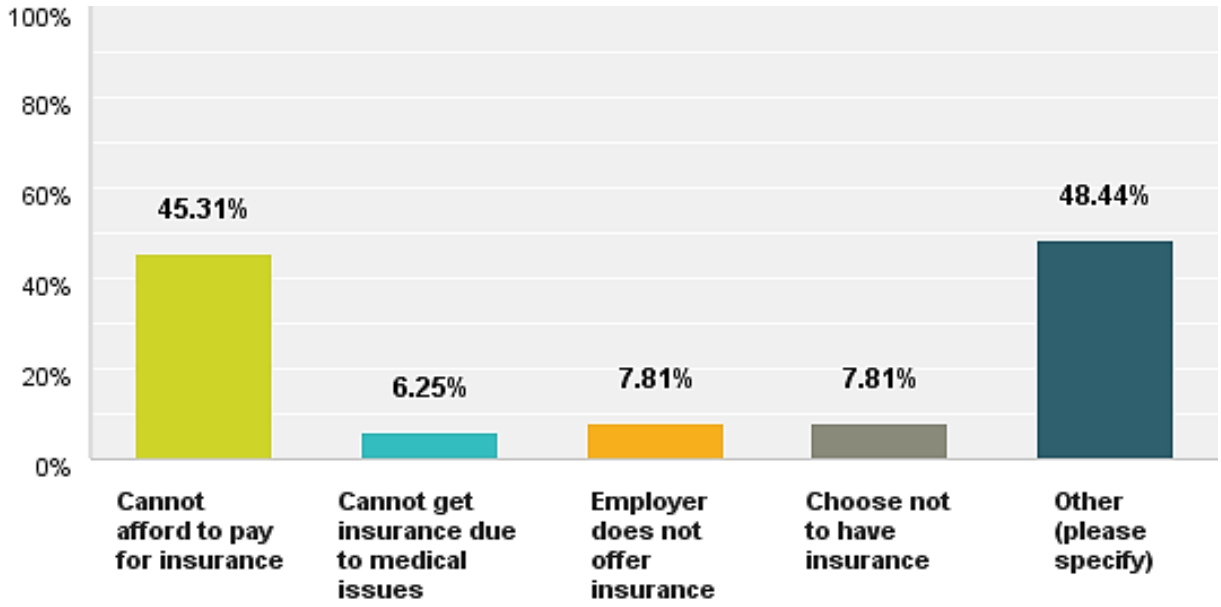
Q21: What type of insurance covers the majority of your household's medical expenses? (Please select all that apply)



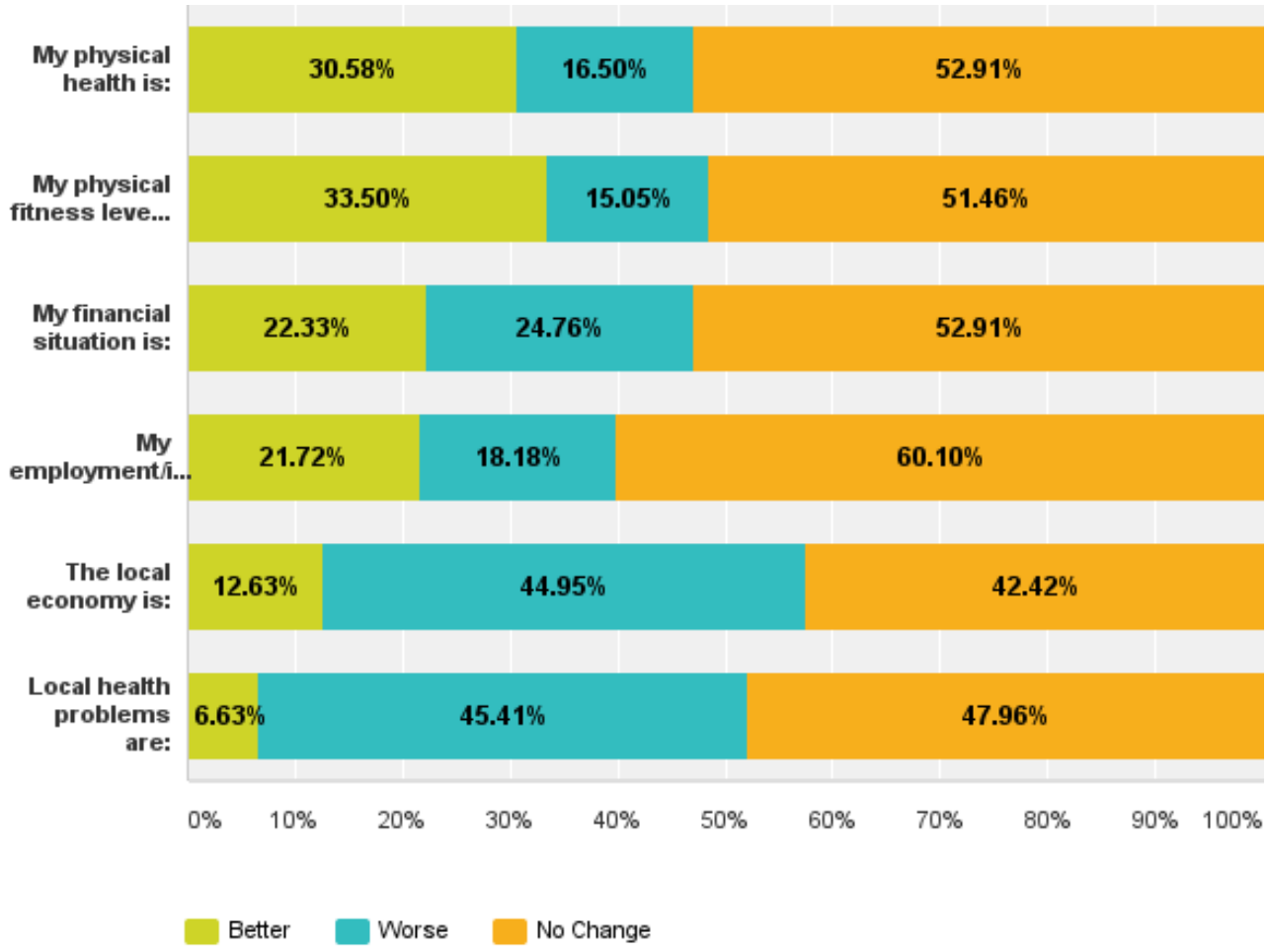
Q22: How well do you feel your health insurance covers your healthcare costs?



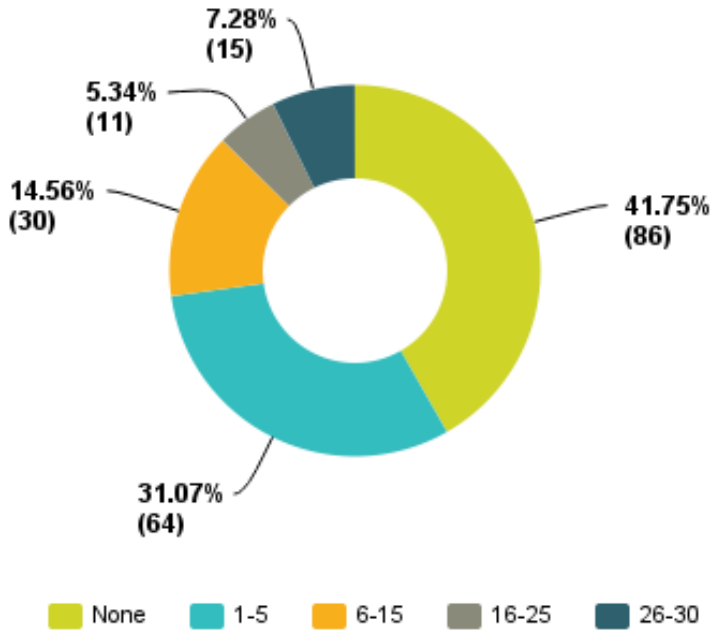
Q23: If you do NOT have medical/dental insurance, why? (Select all that apply)



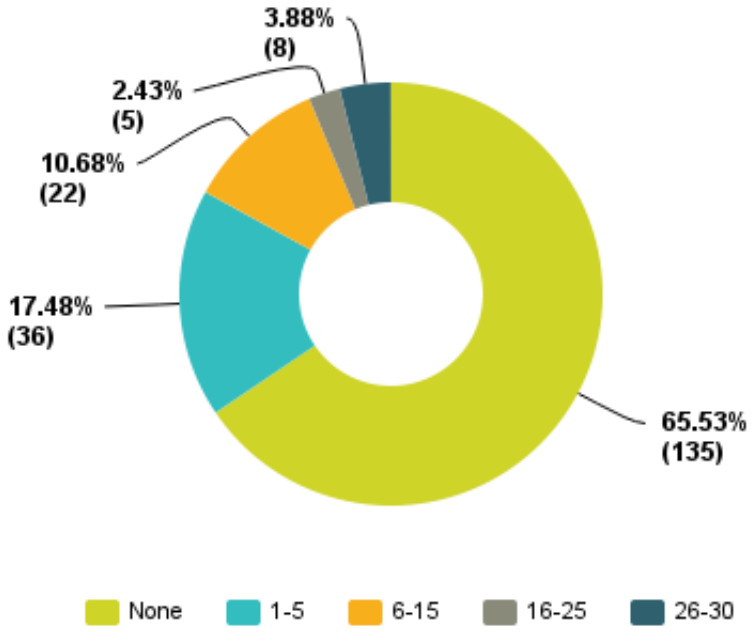
Q24: Compared to a year ago...



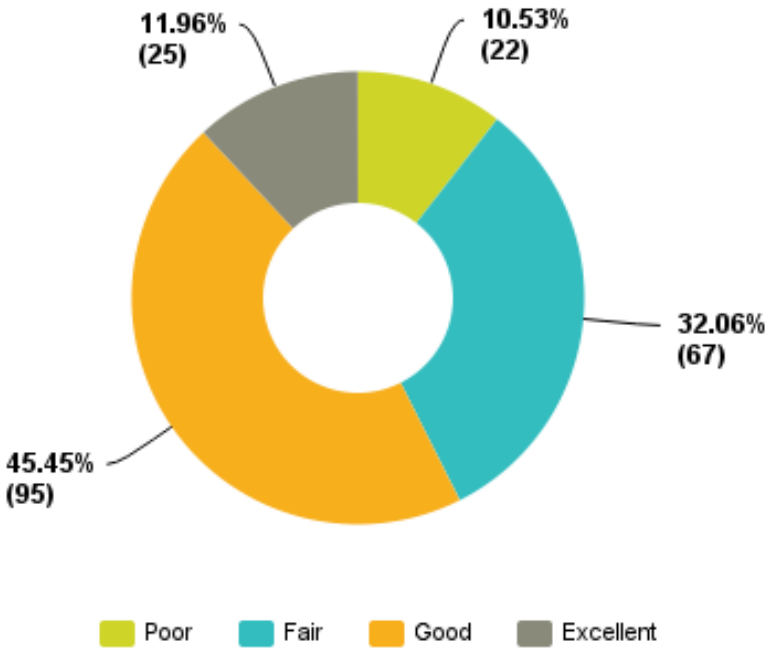
Q25: Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days were you in poor physical health?



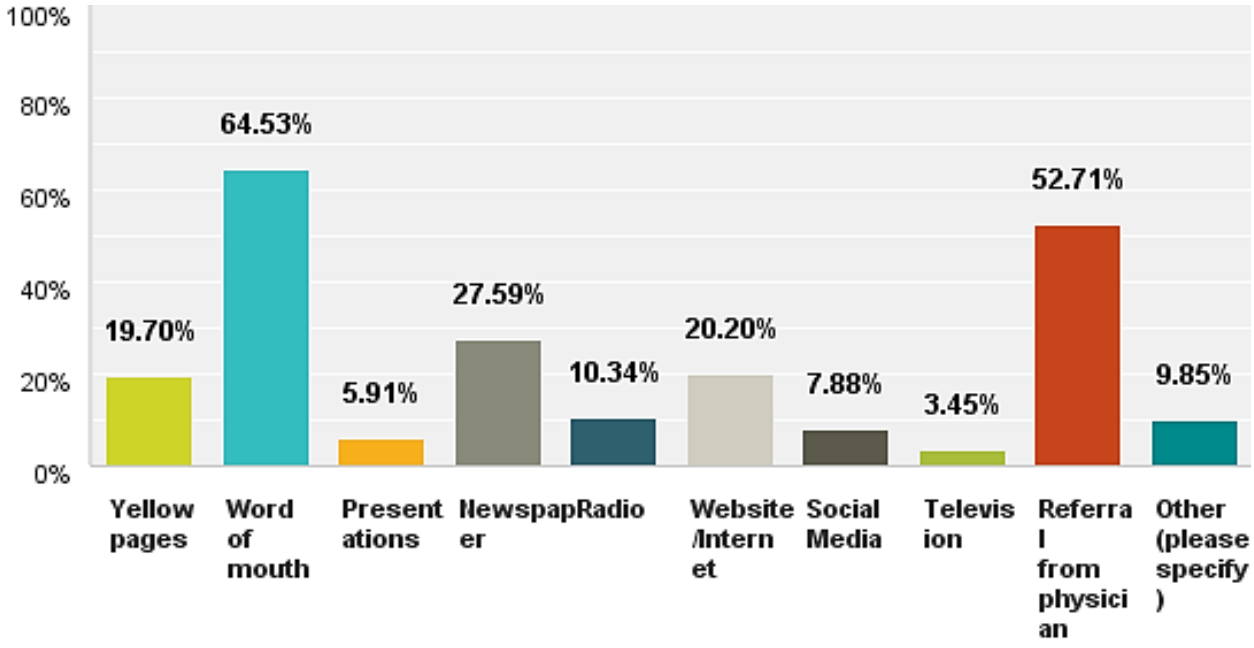
Q26: Now thinking about your mental health, which includes stress, depression and problems with emotions or substance abuse, how many days during the past 30 days did your mental health condition or emotional problem keep you from doing your work or other occasional activities?



Q27: How do you rate your knowledge of the health services that are available in Taos County?



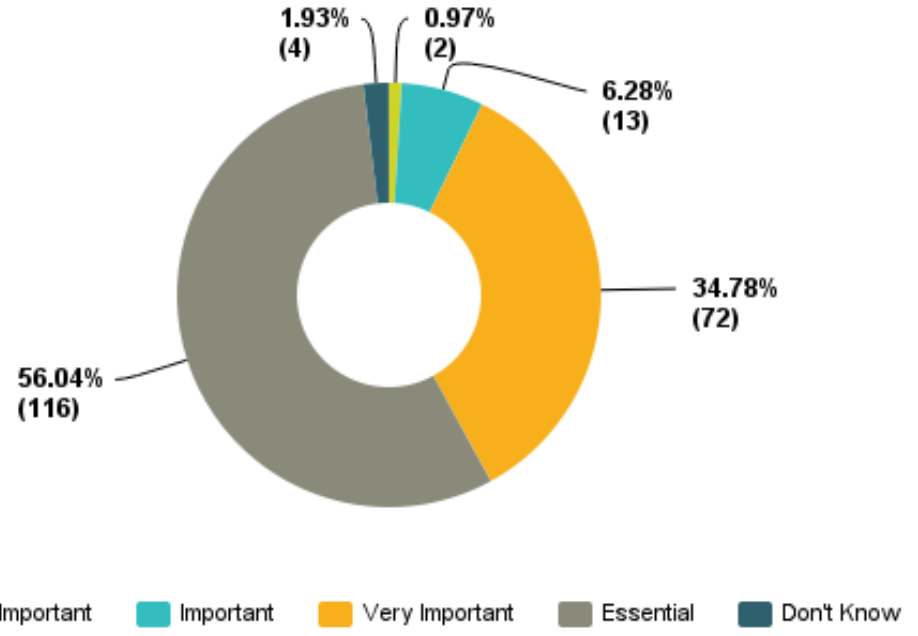
Q28: How do you learn about the health services available in your community?



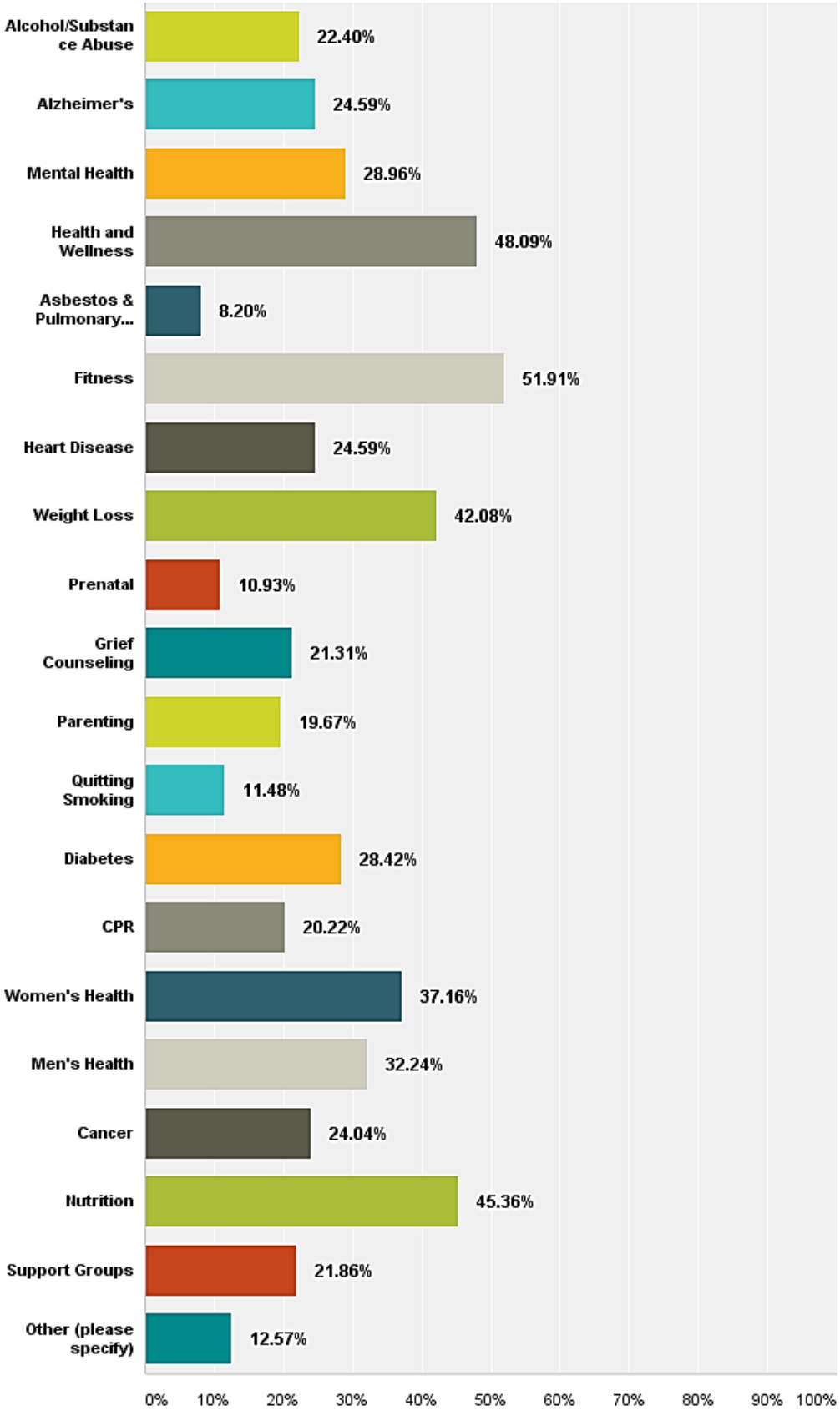
Q29: What would improve your community's access to healthcare?

Answer Choices	Responses	
Greater health education services	**45.50%**	91
Improved quality of care	**41.00%**	82
More mental health providers	**45.50%**	91
More primary care providers	**61.50%**	123
More alternative medicine providers	**25.00%**	50
More specialists	**54.00%**	108
More cultural sensitivity	**23.50%**	47
Transportation assistance	**32.00%**	64
Outpatient services open longer hours	**31.50%**	63
Telemedicine	**19.00%**	38
Total Respondents: 200		

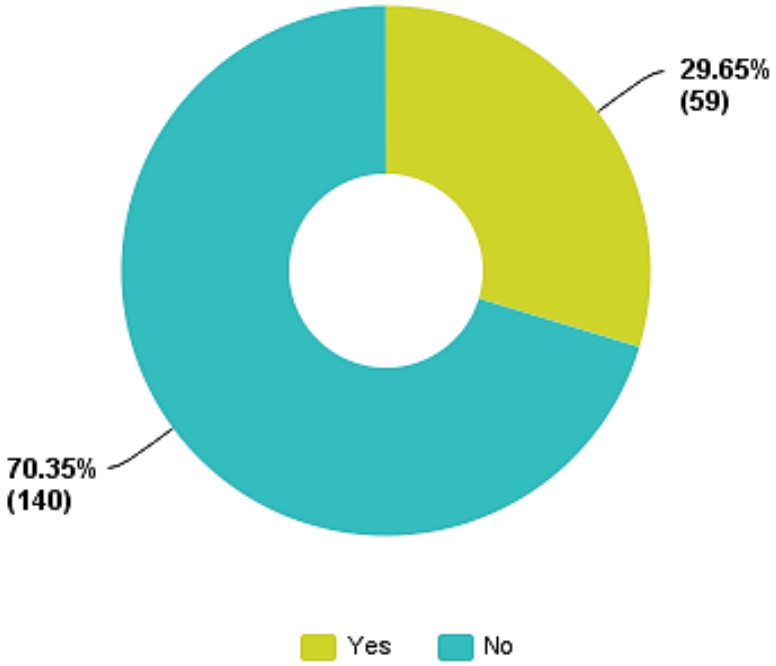
Q30: In your opinion, how important are local healthcare services to the economic well-being of the local area?



Q31: Which educational classes/programs would you be most interested in? (Select all that apply)



Q32: During the last year have you had any medical bill problems or medical debt? A problem or debt means problems paying or unable to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills or to have medical debt paid off over time.



Q33: What is your ZIP code?

85775
85929
87511
87512
(15) 87513
(9) 87514
(2) 87517
(3) 87519
(10) 87521
87524
(31) 87529
(2) 87531
(2) 87543
(7) 87553
(10) 87556
(37) 87557
(3) 87558

(2) 87564
(55) 87571
87573
87577
87579
(2) 87580
(2) 87710

Q34: How many adults (aged 18 and older), including yourself, live in your household?

None = 5
One = 43
Two = 119
Three = 23
Four = 5
Five = 3
Six = 1

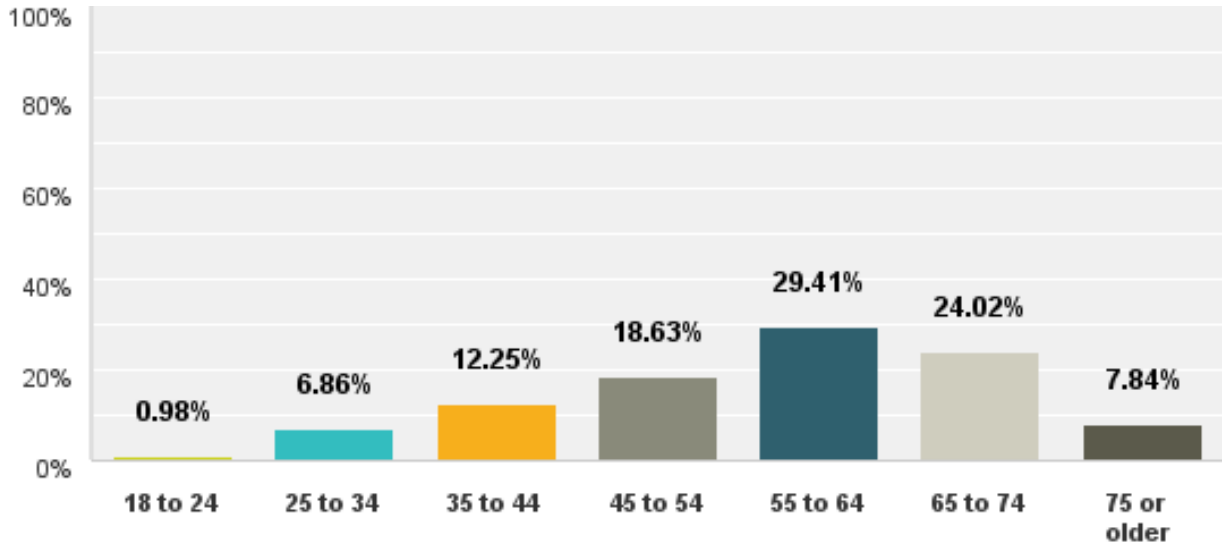
Q35: How many adults 65 years of age or older, including yourself, live in your household?

None = 102
One = 52
Two = 38
Three = 1
Four = 0
Five = 1

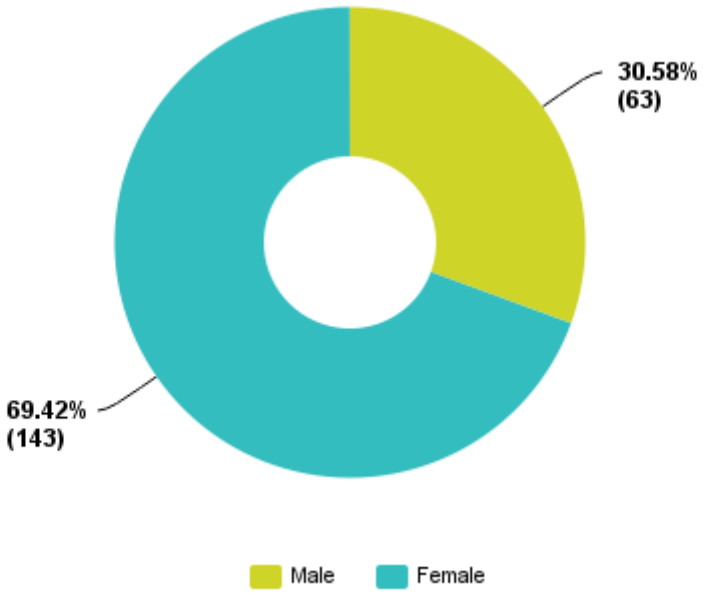
Q36: How many children in the following age groups live in your household?

Answer Choices	Average Number	Total Number	Responses
Child/Children (0-4 years)	0	16	170
Child/Children (5-17 years)	0	63	174
Total Respondents: 177			

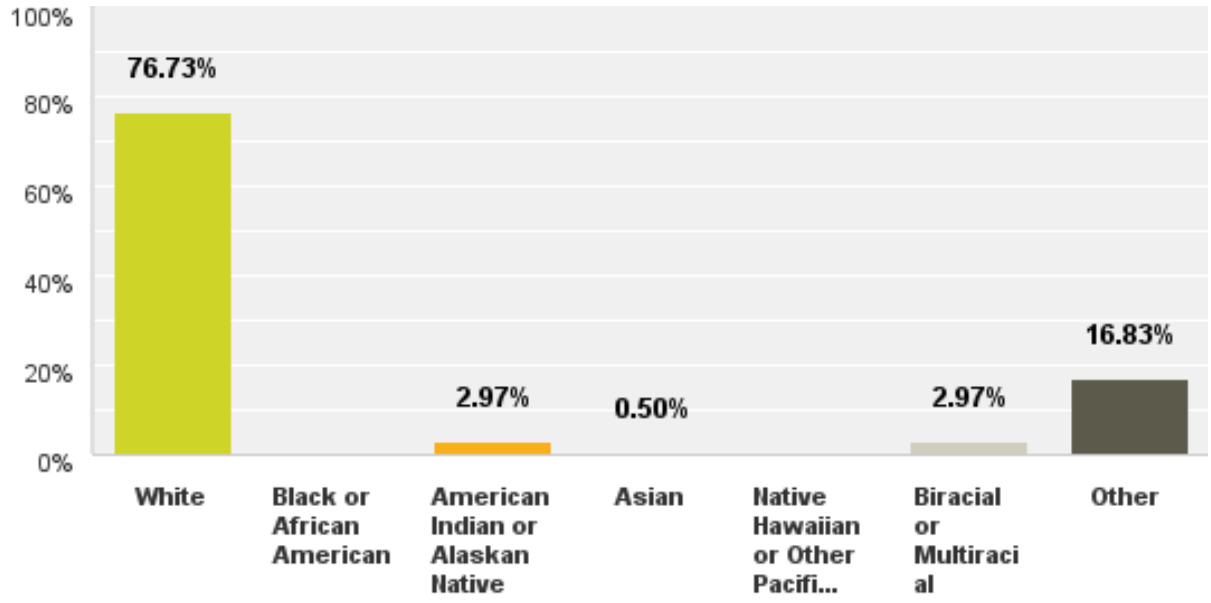
Q37: What age group are you in?



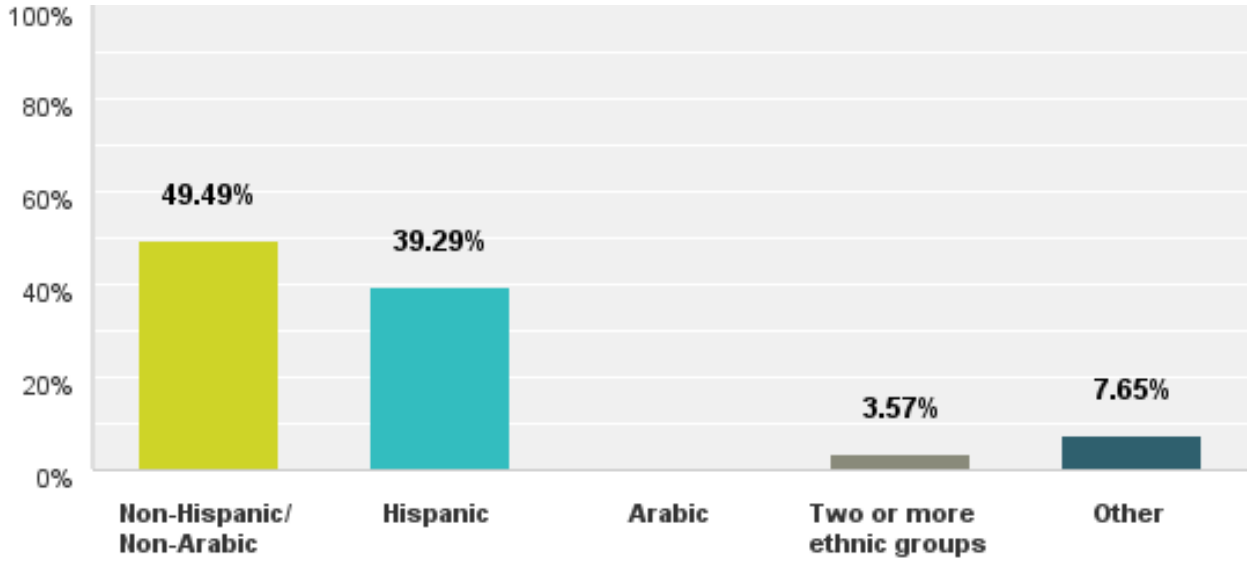
Q38: Are you male or female?



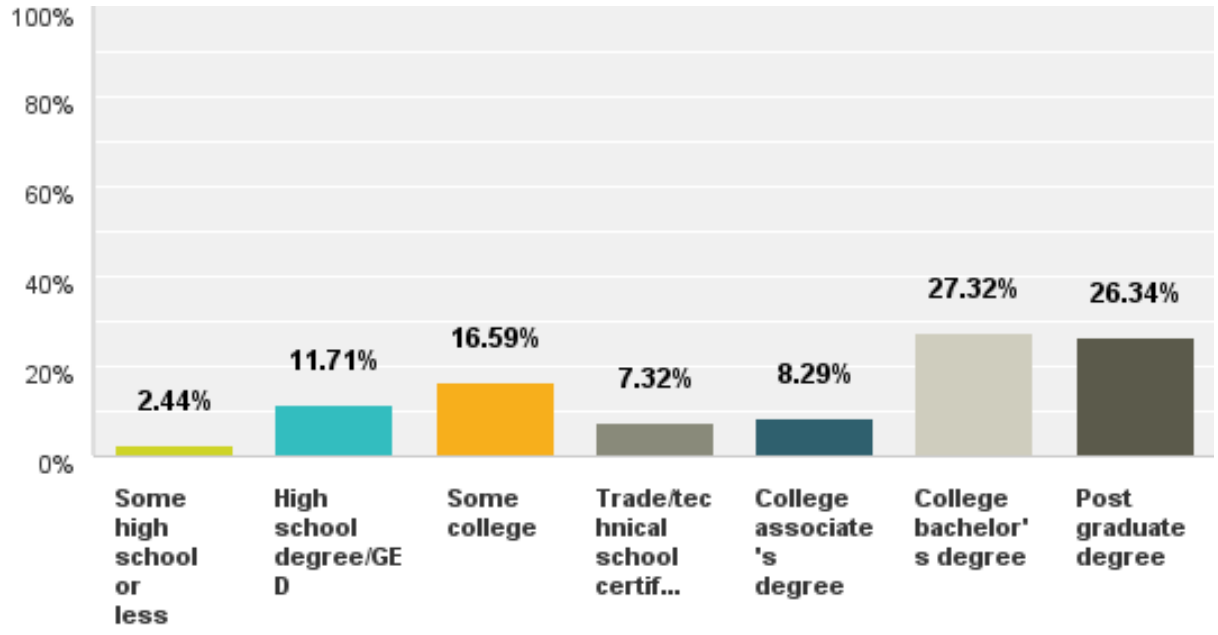
Q39: What do you consider to be your primary racial group?



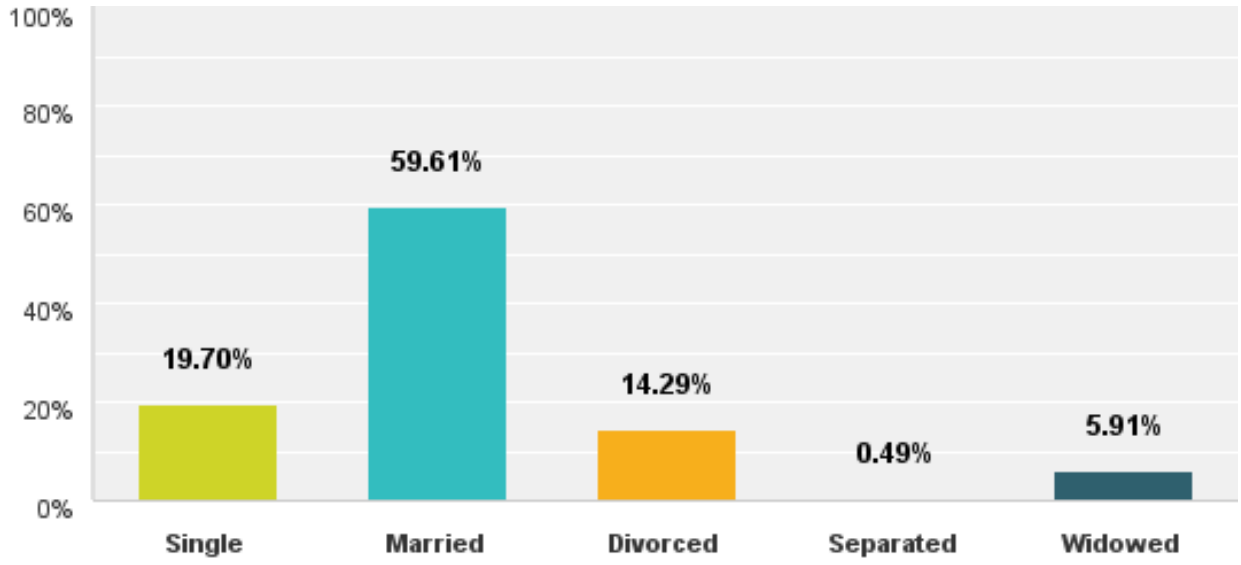
Q40: What do you consider to be your primary ethnic group?



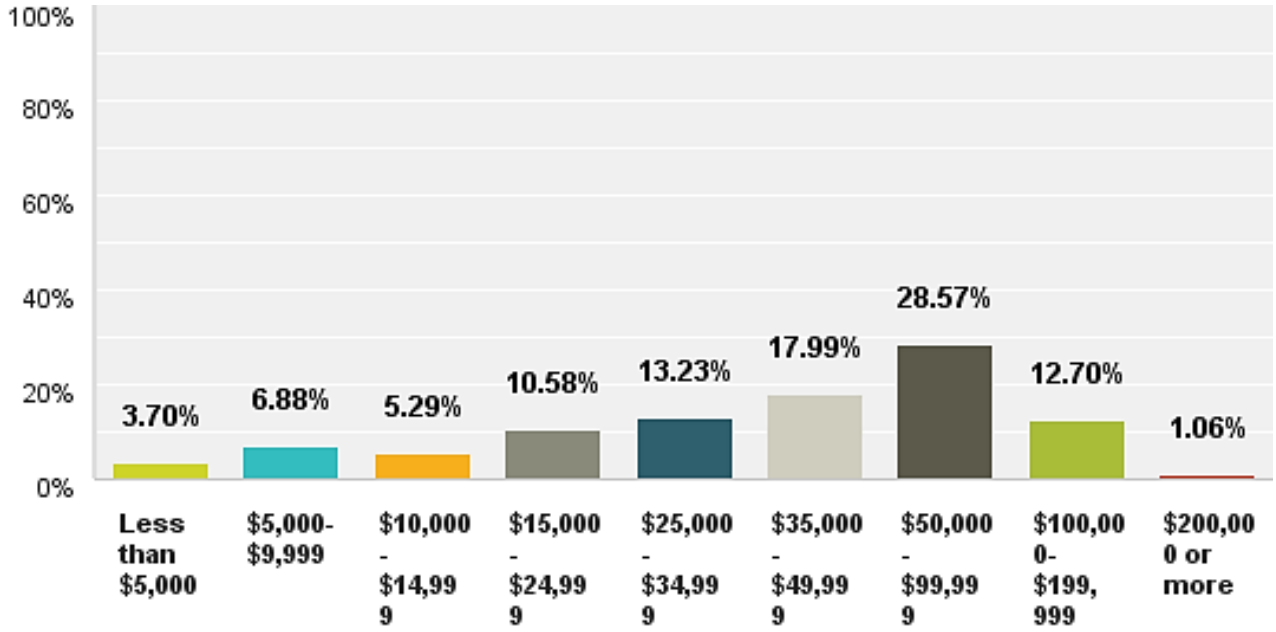
Q41: What is the highest level of education you have completed? (Check one)



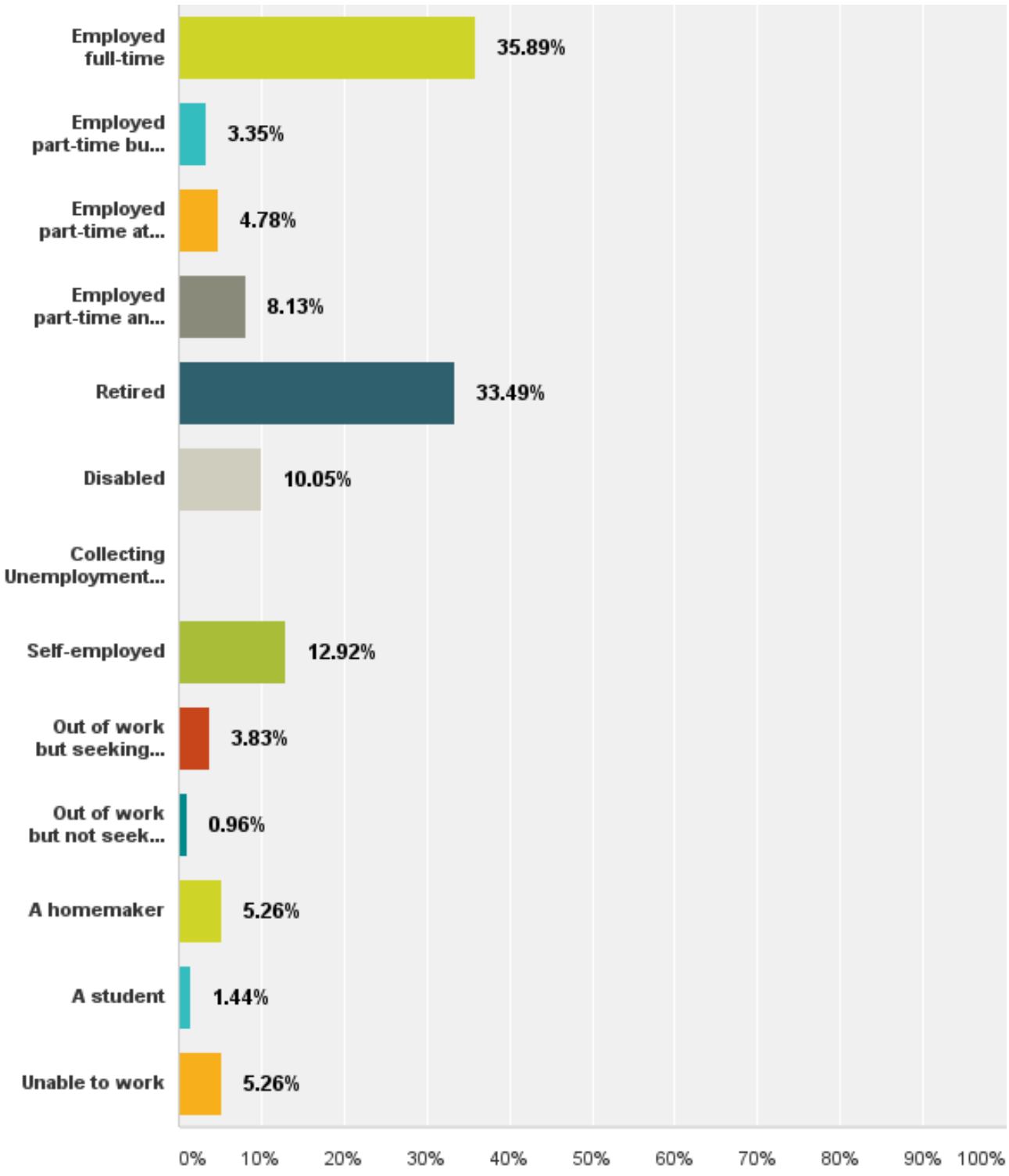
Q42: What is your current marital status? (Check One)



Q43: Counting income from all sources (including all earnings from jobs, unemployment insurance, pensions, public assistance, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year?



Q44: What is your current employment status? (Check all that apply)



Q45: Please use the space below to add comments regarding health needs you feel need to be addressed. Your opinions are appreciated.

- *Need more education and easier access to health care information. We need specialist so we don't have to travel to Alb. or Santa Fe.*
- *In Taos it's so expensive to go to the doctor.*
- *N/A*
- *Affordable vision and dental. My new glasses cost $370 and not covered by Medicare. Exam was covered. I'm neglecting my dental needs.*
- *As a substitute teacher in the high school, I am very concerned about the mental health and drug use of some of the teens. Some Taos teens have suffered some pretty bad abuse! They are doing what they can to get past it but need more help.*
- *New management at Holy Cross Hospital!*
- *Quality of care at HCH - cleanliness, attitude of workers, etc. has improved in recent years - please keep it up!*
- *Re-open the Penasco Clinic. Hospital management pushed a bill through to increase property taxes. They pleaded for our vote. Now it's time to address the needs of those outside of Taos city limits.*
- *Prefer to be in town but access limits make you go out of town - lose work*
- *Low quality recruitment*
- *"Parenting education*
- *Nutrition - practical instructor"*
- *None*
- *Better access for questions to be answered/where to go*
- *Education, education*
- *DRUG ABUSE! & Alcohol abuse*
- *Focus on quicker patient services needed...ex. An appointment is set for 3:00 pm and doctor does not get to you until 4:00 pm - not including the actual visit - which only lasts about 20-30 minutes*
- *Affordable medical insurance!!*
- *We need more psychiatrists for those who need it not just those that comply with regulations.*
- *Centralized doctors offices. To far apart from office to office, put in one building.*
- *Taos needs help. Very important to the people!*
- *"Mental Health*
- *Domestic Violence"*
- *A good emergency room*

- *Support for middle income, lower deductibles. Education on fitness, healthy eating, counseling for children in schools. Fresh food in schools.*
- *Stress of making a living in Taos has huge impact on health. Also getting dental care is very hard. Worried I will lose Medicaid if I make too much money. So choice is to stay poor to keep good insurance or make more money but then get hit with medical bills and insurance costs! Which will also keep me in poverty. Stupid system. It keeps poor people poor.*
- *Please keep Affordable Care Act aka 'ObamaCare' going. It's the only reason we get any medical services, period.*
- *Treatments like chemo for cancer patients, so they would have to travel so far. Some people can't or have the means to travel.*
- *As stated earlier: social/emotional education would address substance abuse, violence, crime, racial stresses, teen pregnancy, mental health, eating disorders...education on what is healthy food - awareness that eating fat does not make you fat. Healthy food and healthy eating habits keep weight healthy.*
- *Taos needs more doctors and to be on more medical insurance - only a few doctors for so many people and not always having to leave Taos for other doctors on insurance.*
- *Our hospital cannot close. We need to get help for Medicaid it's changing for the worse and we need more help for the handicapped people as well as our elderly. We need good dietors and help paying Medicaid bills.*
- *We, Taos County, are in need of broader healthcare services. Most needs for a specialist are not available and require driving to Santa Fe, Albuquerque or Denver.*
- *Thank you!*
- *you really need to do something about the ER wait. 5 or more hours just to get in and then a few more hours in the room and then they don't even check on you. You can be dead by the time they come to see you. It has happened to me a few times. At least send in a nurse to check on you. I know the hospital is in need of money, and that's why they keep you waiting so they can charge the insurance, but I think the health of people is more important and when people need help, they will come back. I've gotten to the point where I will go to urgent care or go to Santa Fe, and I'm not the only one that feels this way. That's why people go somewhere else.*
- *need radiation tx availability in Taos!!!*
- *It was not fair everyone got to vote on the Mill Levy. It should have only been for those who own property! Also, the CEO & top brass at the hospital should not be paid as much as they do. Those salaries are too much for someone who lives in Taos. Those needed to come down before asking us for a Mill Levy Tax! We are not fools. Don't take us for one. (Health insurance is too expensive. I know that is not your fault, but it keeps many from getting it. Even with Obamacare.)*
- *N/A*
- *i am blind in my left eye and i cannot here from my left ear*
- *"1) Lack of GPs and difficult to see one when needed*
- *2) Lack of transportation for elderly to appts/errands/store*

- *3) Lack of assisted living/senior housing*
- *4) Too many charter schools depleting funding from primary public schools"*
- *better registration at holy cross and ER needs a lot of work very bad*
- *low cost; help with deductions from insurance companies*
- *Dermatology services needed*
- *More maintain biking trails. More running trails. Better shoulder/bike paths for biking to work.*
- *ER Visits are very long; some people leave before being seen.*
- *Education is vital. Alcohol abuse.*
- *specialty services needed: neurology; medical detox, outpatient cardiology, outpatient pulminology; inpatient dialysis at Holy cross; cancer services*
- *been blessed with good health (until hashimoti's) so so have used D.C's +LMT to stay healthy*
- *More blood labs, more specialists, more family doctors*
- *Taos needs access to better health insurance options and better outcomes when one does seek local medical care. concerns about quality of care are a major concern for taos*
- *Reliable quality care, Holy Cross has a bad reputation so maybe more positive PR. I am support of the hospital but many of my friends do not trust the services.*
- *Drug & Alcohol Use*
- *Mental health; drug and alcohol abuse; there's a culture that teen pregnancy is okay and that it's okay not to finish high school.*
- *qualified living center staff needed- younger DRs english speaking helpers*
- *copeing skills-mental health*
- *I'm only able to make enough money to start saving - and now I'm unable to get Medicaid. Now I will have to buy health insurance (can't afford) or get a fine. Not happy. I'm health now - but I was just going to get check ups. Now I can't afford. (P.S. thank you for this survey)*
- *HCH Emergency Room Services need to improve - wait time is terrible & too long. HCH billing needs to be streamlined - got too many bills with different acct #'s - coulodn't we have 1 acct # per person - one big bill instead of many little ones.*
- *I just learned that Agave Health is leaving New Mexico and I think we need continued care for substance abuse. Our community needs more qualified health care professionals.*
- *more PCPs and a cardiologist and neurologist to come at least one day/wk. My cardiologist said the MAs were so unskilled at TMG that is why he quit coming. Being in the medical field I agree. They don't know their meds, they don't do ECGs very accurately, and the list goes on. All they do is take basic vitals and put pt in room. I'm pretty sure a 5th grader with an automatic VS machine can do the same*

- *"Poor air quality in winter time with wood burning in this area exacerbates COPD and asthma.*
- *Need education on diabetes. People who have parents with diabetes are surprised when they develop it."*
- *My wife's health is an issue. She needs to supplement income to support Medicare costs.*
- *Thank you for doing your best to serve our communities. We need medical services and need to have a good hospital and doctors that serve our patients. There is talk that some have had to go or leave this hospital and look for another facility to be treated or they would be dead.*
- *"Clinic is Penasco*
- *Drug Abuse Programs"*
- *We need to invest more in our education system.Both with schools as well as educating parents how to parent correctly. Chronic disease is a big part of our community so much so that it is becoming normal to most people. We also have a high substance abuse problem here in Taos. The cost of living here is extremely high especially when you consider the lack of jobs and that the many of the jobs available barely pay minimum wage.*
- *Need Integrative Healthcare available where insurance is accepted*
- *Cancer care, support groups, transportation*
- *Thank you for this survey. I sincerely believe education to be at the base of all the issues facing this county. There is great confusion about what is an is not healthy to eat, as well as what constitutes a real fitness program (meaning, it's been made to seem too complicated and requiring gyms, etc.).*
- *Congrats and good luck to your team now and in years to come.*
- *In the past Holy Cross could treat more pt. problems now they ship them out. Not good, a hard ship on a lot of people.*
- *Most of the time I have had good experiences with Holy Cross. One time that I went in for back problems, I was left in the room for a very long period of time without being seen. When I called the nurse button I was treated rudely and left alone again for a long time. I left the hospital that day without seeing the doctor. It was the worst experience I ever had there, left untreated, left alone with answers.*
- *Need more services for Dom Violence & Sexual Assault victims*
- *some medication or supplements are not covered by insurance*
- *I think treatment centers are needed as well as health facilities for cancer patients, better care for those who are at the Living Center.*
- *We need better health insurance, and more opportunities to provide better behavioral/ mental health services.*
- *Even though our household makes a fair amount of money, we cannot afford healthcare or insurance.*
- *We need Doctors who work for the hospital so they are more accountable to the overall environment, especially in the ER. Ive heard otherwise and that may account for the feeling of randomness back there*
- *We are in need of a Medical Detox in Taos County*
- *I feel that the amount of painkillers prescribed really need to be addressed and critically evaluated. The medical*

community needs to start taking responsibility for how it is affecting our community in this way.

- *The need to have top rated doctors and great staff to support the level of care of the patients that are in the Holy Cross Hospital. I hear from people that have stayed at the HCH that they feel that the care they received was not that good. They have told me that they feel that they would be better off at another Hospital.*
- *Quality culturally-bilingual-competent professional advance degree behavioral health -substance abuse providers/Community health worker-workforce development for increase health providers.*
- *I know I do not represent the medical needs of the Taos County residents and encourage out reach for health needs assessment*
- *I have to travel weekly to Albuquerque for work even though I live in Taos, in order to get paid at a fair market rate.*

Appendix E – Illustrative Schedule h (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)[53]

Community Health Need Assessment Illustrative Answers

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

   Suggested Answer – No

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

   Suggested Answer – No

3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply)**

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

      Suggested Answer – see footnote 17 and 19 on page 13

   b. **Demographics of the community**

      Suggested Answer – see footnote 20 on page 14

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

      Suggested Answer – see footnotes 26 on page 41 and footnote 35 on page 44

   d. **How data was obtained**

      Suggested Answer – see footnote 11 on page 9

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

      Suggested Answer – see footnote 25 on page 40

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

      Suggested Answer – see footnote 12 on page 10

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

      Suggested Answer – see footnote 47 on page 81

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

      Suggested Answer – see footnotes 8 and 9 on page 8

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

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

Suggested Answer – see footnote 10 on page 9, footnotes 13 and 14 on page 10, and footnote 23 on page 18

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

Suggested Answer – None

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

Suggested Answer – 2013

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

Suggested Answer – see footnote 15 on page 11 and footnote 46 on page 67

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

Suggested Answer – No

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

Suggested Answer – Yes; see footnote 4 on page 5 and footnote 7 on page 8

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

Suggested Answer – Yes

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

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

Suggested Answer – www.taoshospital.org

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

Suggested Answer – No other website

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

Suggested Answer – Yes

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

Suggested Answer – No other efforts

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

Suggested Answer – see footnotes 44 and 45 on page 64

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

   Suggested Answer – 2013

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

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

       Suggested Answer – Yes; www.taoshospital.org

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

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

    Suggested Answer – see footnote 35 on page 44

12. **a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?**

    Suggested Answer – None incurred

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

    Suggested Answer – Nothing to report

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

    Suggested Answer – Nothing to report