



Holy Cross Medical Center

Taos County, New Mexico

2025

Community Health Needs Assessment

Approved by Board: April 30th, 2025



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Executive Summary

Holy Cross Medical Center (“HCMC” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital 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 solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;
- 5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The health priorities HCMC identified from this assessment are:

- Improve Mental Health Outcomes
- Increase Access to Local Healthcare Services
- Strengthen Cancer Support, Screening, & Treatment

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of healthcare in the region
- Support community organizations for collaborations

CHNA Process

1 

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

2 

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

3 

Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

4 

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

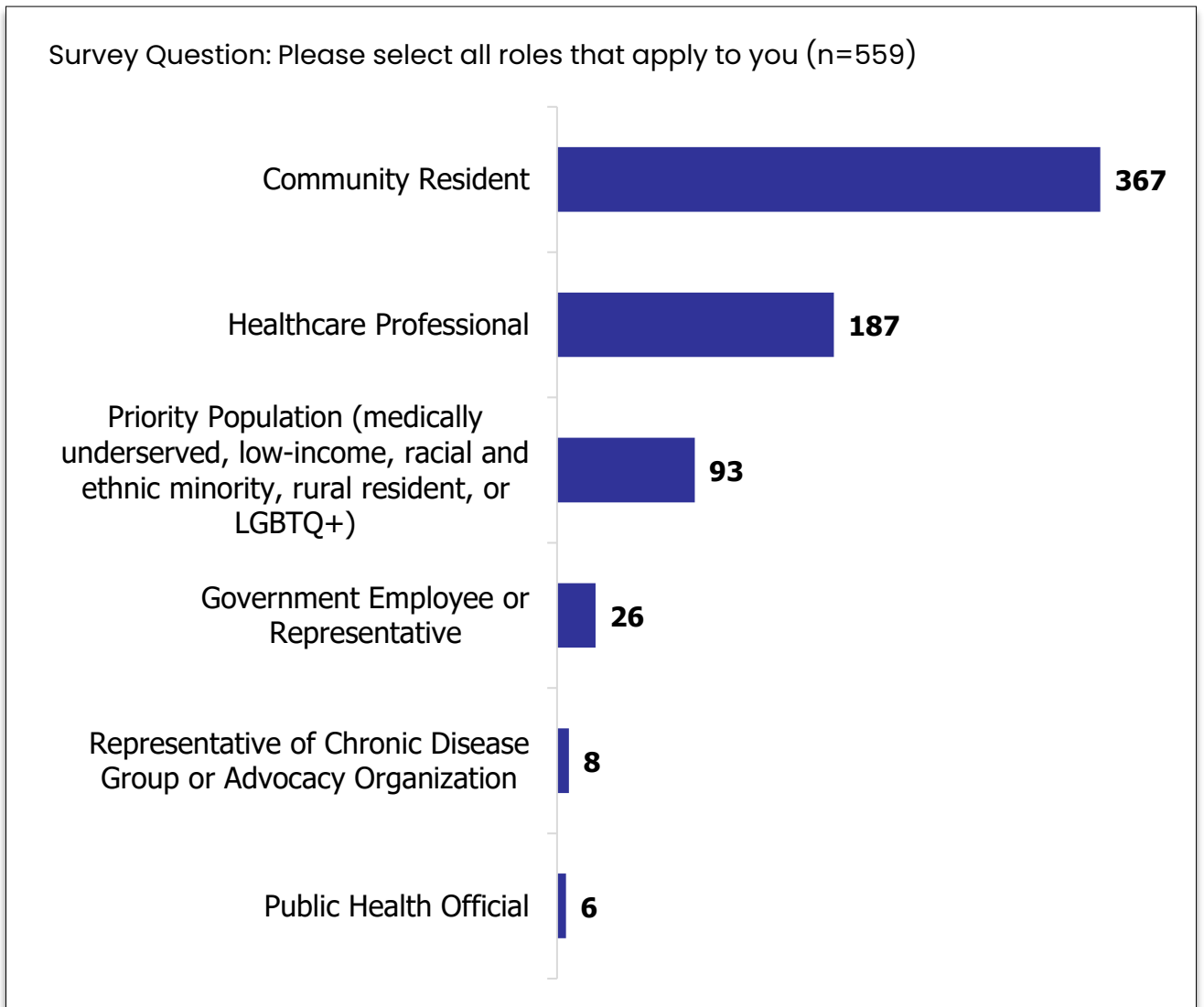
All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA
- New Mexico Youth Risk and Resiliency Survey – NM-YRRS

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public 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 economic, racial, and geographically diverse population. Five-hundred sixty-three (563) survey responses from community members were gathered in January 2025.

Community Input

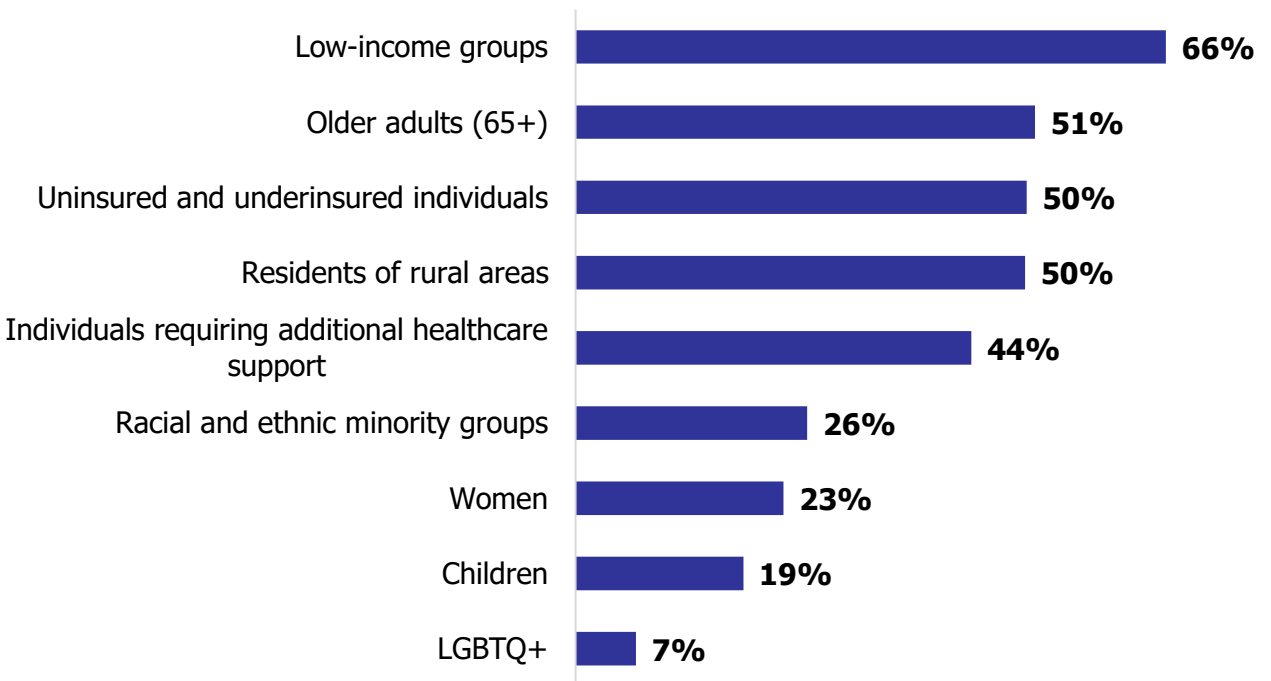
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community (“Priority Populations”) would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, older adults (65+), and uninsured/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Lack of Health Insurance

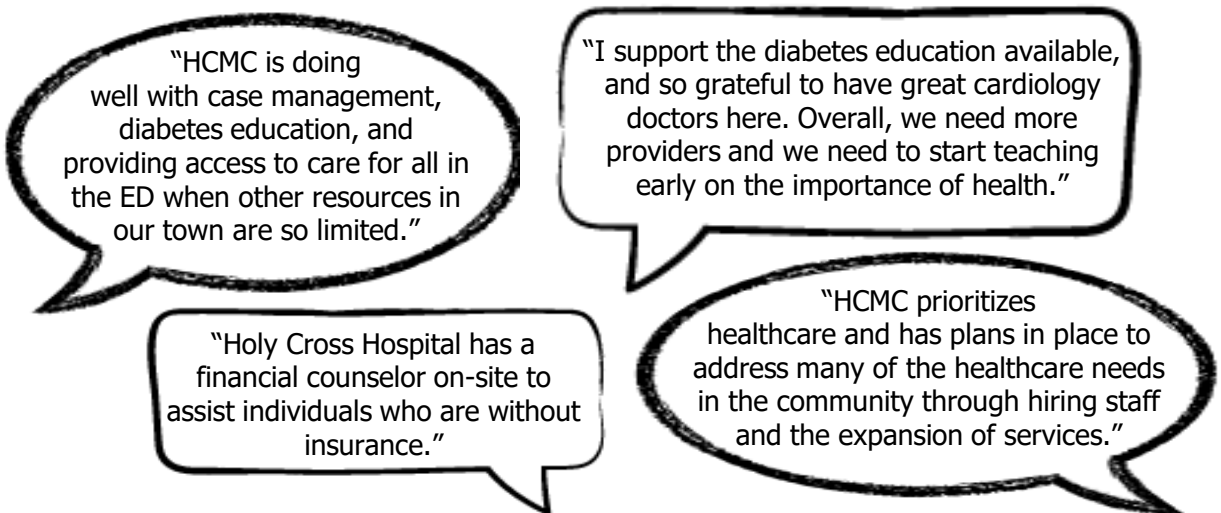
Lack of Transportation

Access to Specialists

Input on 2022 CHNA

The Hospital considered written comments received on the 2022 CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2025 CHNA are listed below, along with a selection of survey responses.

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



Impact of Actions to Address the 2022 Significant Health Needs

- *Team Taos* initiative has focused on the recruitment and retention of permanent staff, including nurses and physicians, for a range of specialties, including Pediatrics, General Surgery, OB/GYN, Speech and Language Therapy, and more.
- Expanded screening services including state-of-the-art Philips Incisive CT Scanner and 3D Mammography.
- Continued Community Health Services including Benefit Navigation, Children's Trust Fund, Taos Cancer Support Services, First Steps, Taos Alive, and Rural OB Access and Maternal Services (ROAMS).
- Expanded benefits for Veterans through the integration of TriWest insurance.
- The Benefit Navigation program helps over 1,000 people each year access financial assistance health and insurance support.
- HCMC added the da Vinci 5 Robotic Surgical System, offering state-of-the-art minimally invasive surgical procedures locally.

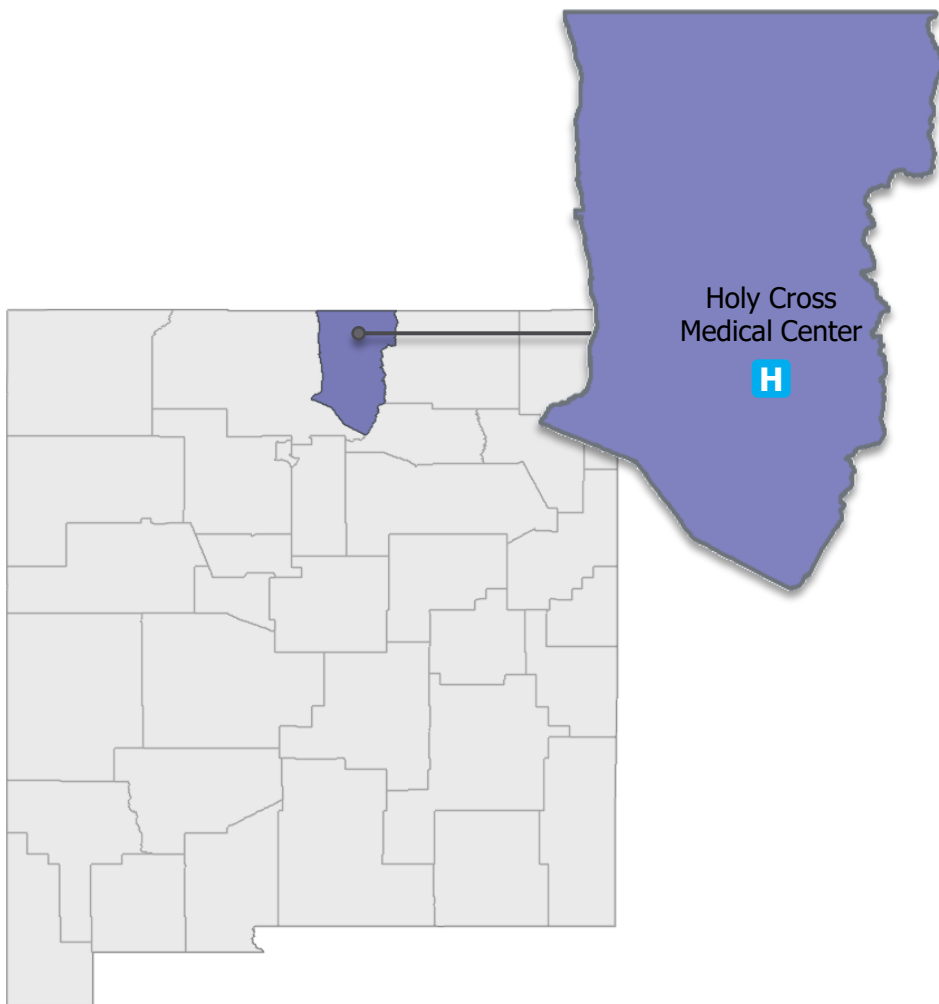
Community Served

The service area in this assessment is defined as Taos County, New Mexico. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, HCMC is centrally located within Taos County and serves as the county's sole hospital, making it the primary healthcare provider for residents in the region.

Service Area

Taos County, New Mexico

Total Population: **34,580**



Source: County Health Rankings 2024 Report

Service Area Demographics

	Taos County	New Mexico
Demographics		
Total Population	34,580	2,113,344
Age		
Below 18 Years of Age	16%	22%
Ages 19 to 64	58%	59%
65 and Older	30%	19%
Race & Ethnicity		
Non-Hispanic White	36%	36%
Non-Hispanic Black	1%	2%
American Indian or Alaska Native	8%	11%
Asian	1%	2%
Native Hawaiian or Other Pacific Islander	0%	0%
Hispanic	56%	50%
Gender		
Female	51%	50%
Male	49%	50%
Geography		
Rural	55%	25%
Urban*	45%	75%
Income		
Median Household Income	\$48,462	\$59,842

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units
Source: County Health Rankings 2024 Report*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



563 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

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

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

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

Ranked Health Priorities

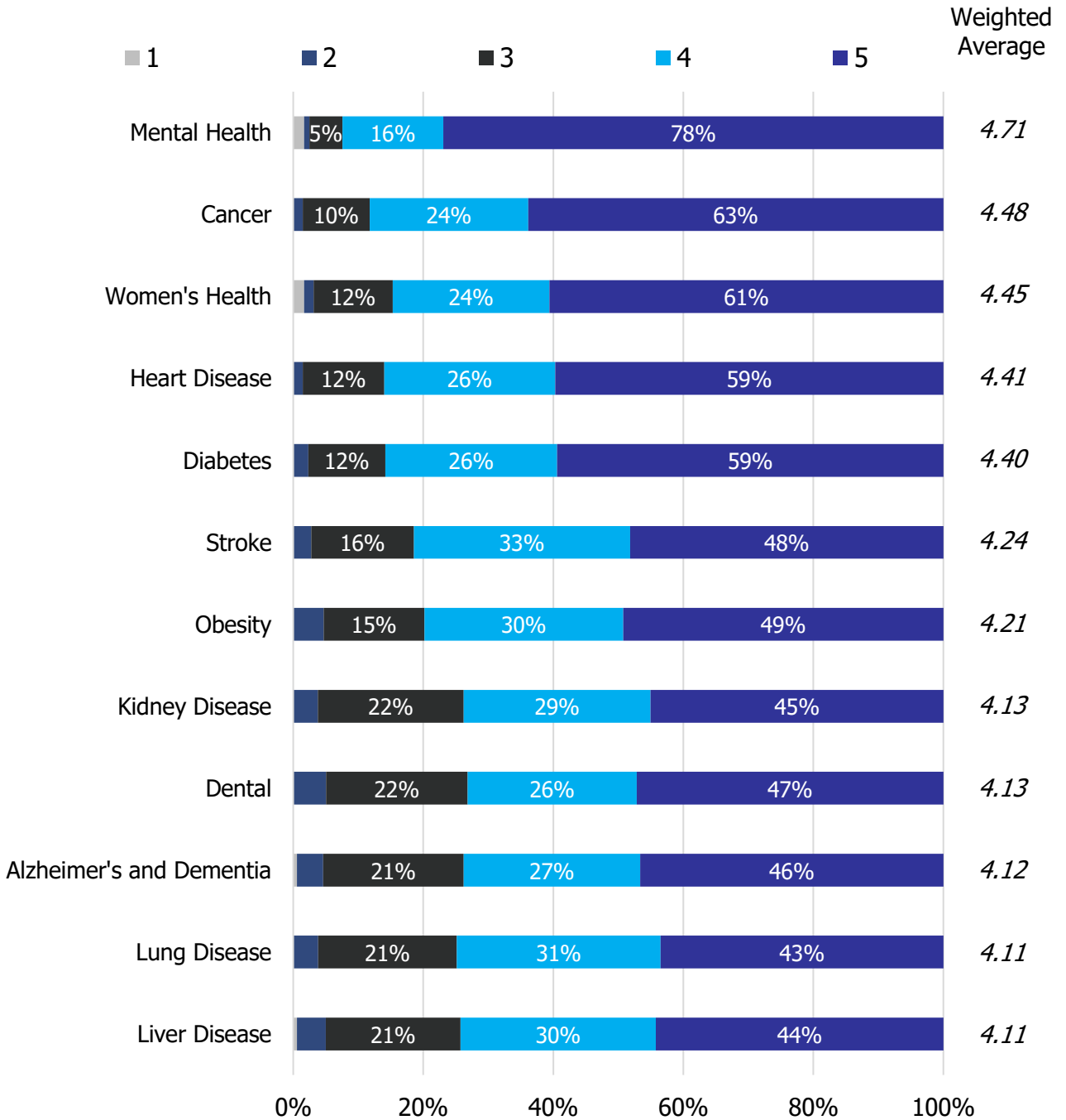
The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

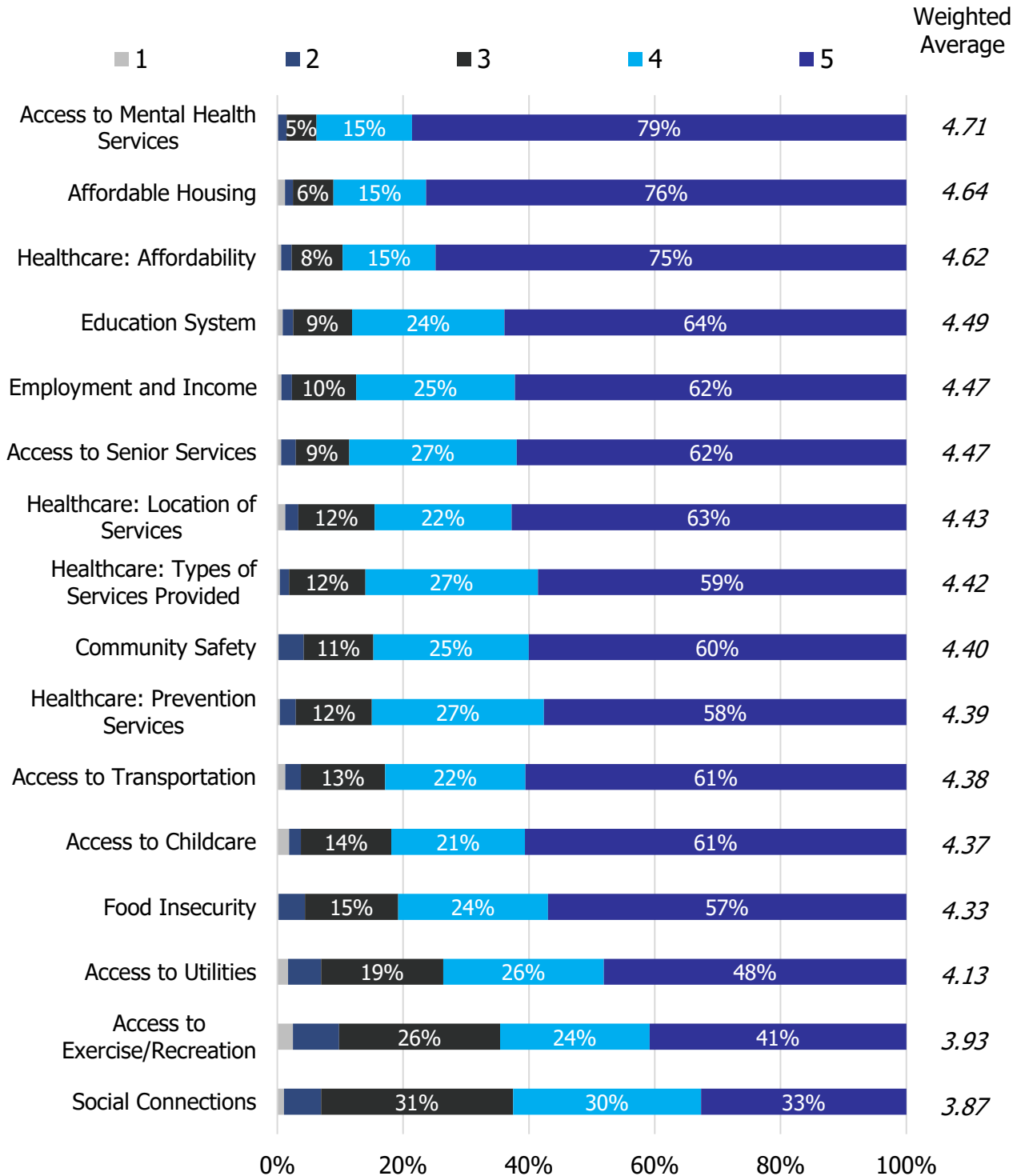
Health Factors

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



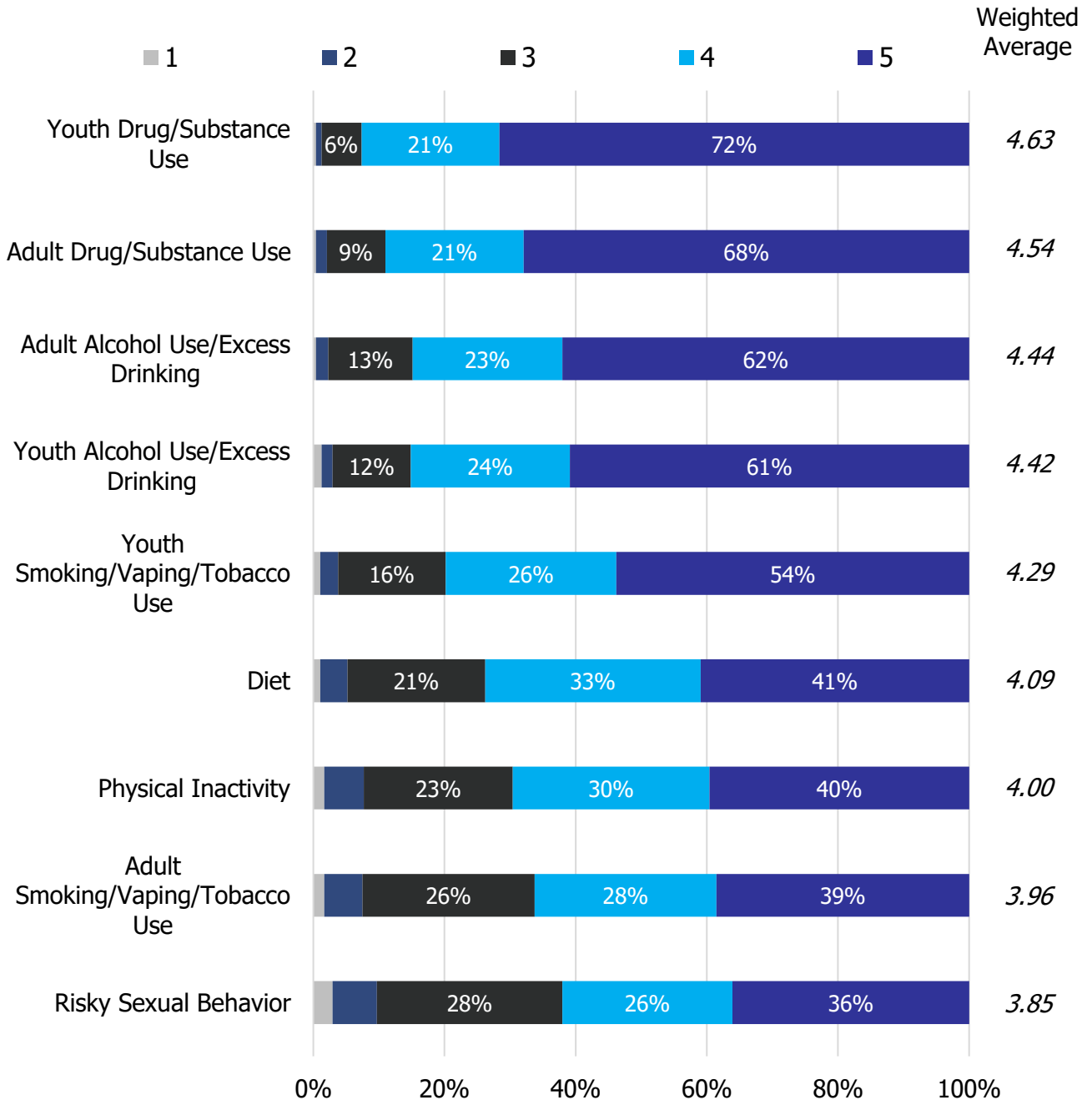
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Mental Health	4.71	94.0%
Access to Mental Health Services	4.71	93.8%
Affordable Housing	4.64	91.1%
Youth Drug/Substance Use	4.63	92.7%
Healthcare: Affordability	4.62	89.6%
Adult Drug/Substance Use	4.54	89.0%
Education System	4.49	88.1%
Cancer	4.48	87.7%
Access to Senior Services	4.47	88.6%
Employment and Income	4.47	87.5%
Women's Health	4.45	85.8%
Adult Alcohol Use/Excess Drinking	4.44	84.9%
Healthcare: Location of Services	4.43	84.5%
Healthcare: Types of Services Provided	4.42	86.0%
Youth Alcohol Use/Excess Drinking	4.42	85.2%
Heart Disease	4.41	85.3%
Diabetes	4.40	85.1%
Community Safety	4.40	84.7%
Healthcare: Prevention Services	4.39	85.0%
Access to Transportation	4.38	82.9%
Access to Childcare	4.37	81.9%
Food Insecurity	4.33	80.8%
Youth Smoking/Vaping/Tobacco Use	4.29	79.8%
Stroke	4.24	80.8%
Obesity	4.21	79.0%
Dental	4.13	72.7%
Kidney Disease	4.13	73.3%
Access to Utilities	4.13	73.6%
Alzheimer's and Dementia	4.12	73.1%
Liver Disease	4.11	73.9%
Lung Disease	4.11	73.9%
Diet	4.09	73.8%
Physical Inactivity	4.00	69.6%
Adult Smoking/Vaping/Tobacco Use	3.96	66.3%
Access to Exercise/Recreation	3.93	64.6%
Social Connections	3.87	62.5%
Risky Sexual Behavior	3.85	62.0%

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Taos County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Taos County to that of New Mexico can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #1 community-identified health priority with 94% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Taos County is 26.2 which is higher than the New Mexico average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to providers and an inclusive behavioral health workforce (NAMI).

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

	Taos County	New Mexico
Suicide Mortality Rate per 100,000 (2021)	26.2	25
Poor Mental Health Days past 30 days (2021)	5.0	4.7
Population per 1 Mental Health Provider (2023)	122:1	224:1
Youth Non-Suicidal Self-Injury (2023)	22%	19%
Youth Attempted Suicide (2023)	6%	8%

Source: CDC Final Deaths, County Health Rankings 2024 Report, NM-YRRS

Drug, Substance, and Alcohol Use

Both youth and adult drug/substance use were identified as top priorities to address in the community. Additionally, 88% of respondents think both youth and adult alcohol use/excess drinking are major issues in the community.

Taos County has a lower rate of drug overdose deaths compared to the state. The county's rate of excessive drinking is lower than New Mexico's (13% and 16% respectively) though its smoking rate is the same as the state average. In the youth population (students grades 9-12), Taos County sees higher rates of tobacco, alcohol, and marijuana use compared to the state.

	Taos County	New Mexico
Drug-Related Overdose Deaths per 100,000 (2020-2022)	37.0	38.5
Excessive Drinking (2022)	13%	16%
Alcohol-Impaired Driving Deaths (2017-2021)	53%	29%
Adult Smoking (2022)	14%	14%
Youth Tobacco Use (2023)	31%	22%
Youth Alcohol Use (2023)	22%	16%
Youth Marijuana Use (2023)	24%	18%

Source: County Health Rankings 2024 Report, NM-YRRS

Chronic Diseases

Cancer

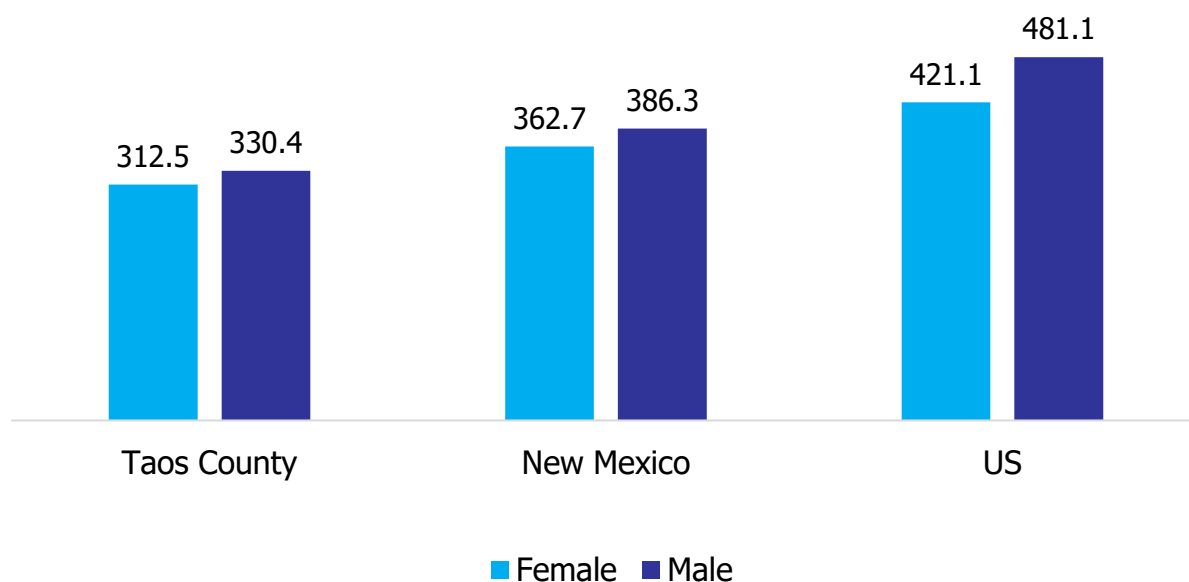
Cancer is the leading cause of death in Taos County with a mortality rate of 134.1 per 100,000 (CDC Final Deaths). Additionally, in the community survey, 54% of respondents said they would like to see additional access to cancer care in Taos County.

Both the cancer incidence rate and the cancer mortality rate are lower in Taos County compared to New Mexico. When evaluating health equity across genders, men have higher incidence rates of cancer compared to women in Taos County, New Mexico, and the US. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

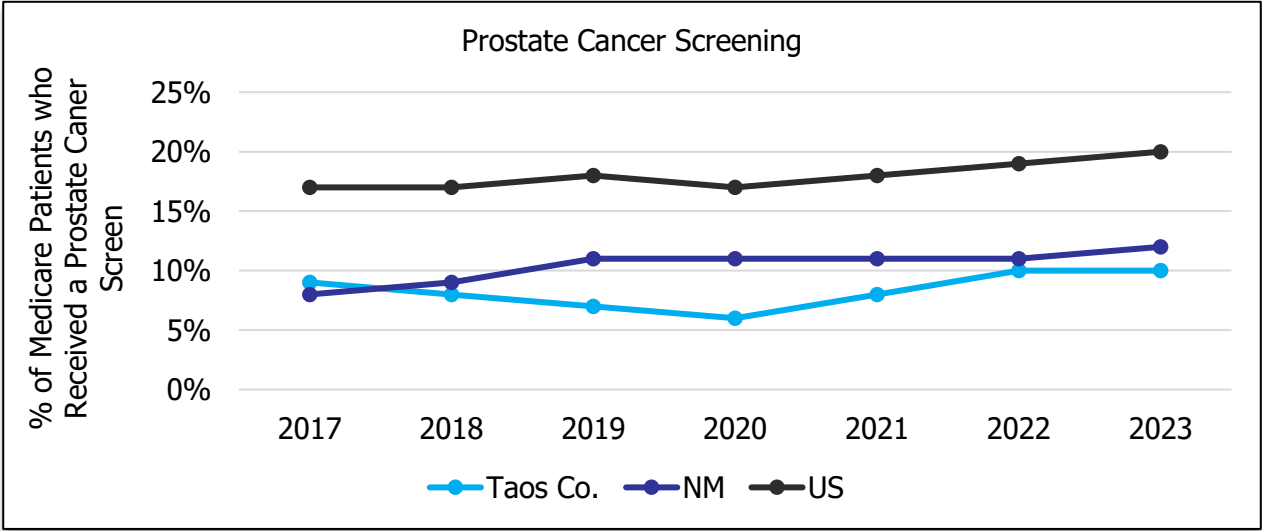
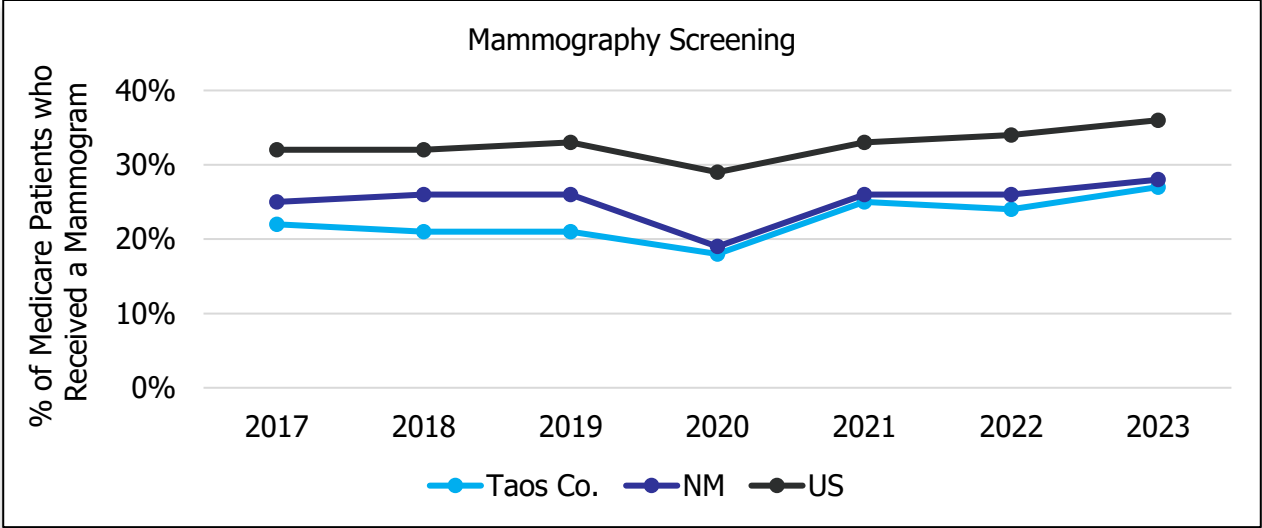
	Taos County	New Mexico
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	318.2	370.7
Cancer Mortality Rate per 100,000 (2022)	134.1	137.3

Source: CDC, National Cancer Institute

Cancer Incidence Rates by Gender (*per 100,000*)



The rate of Medicare enrollees (women age 65+) in Taos County who have received a mammogram in the past year is lower than the New Mexico and US averages. These rates have been increasing in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Taos County has had a lower prostate cancer screening rate in the past year compared to both the state and the US overall though rates have been increasing in recent years.

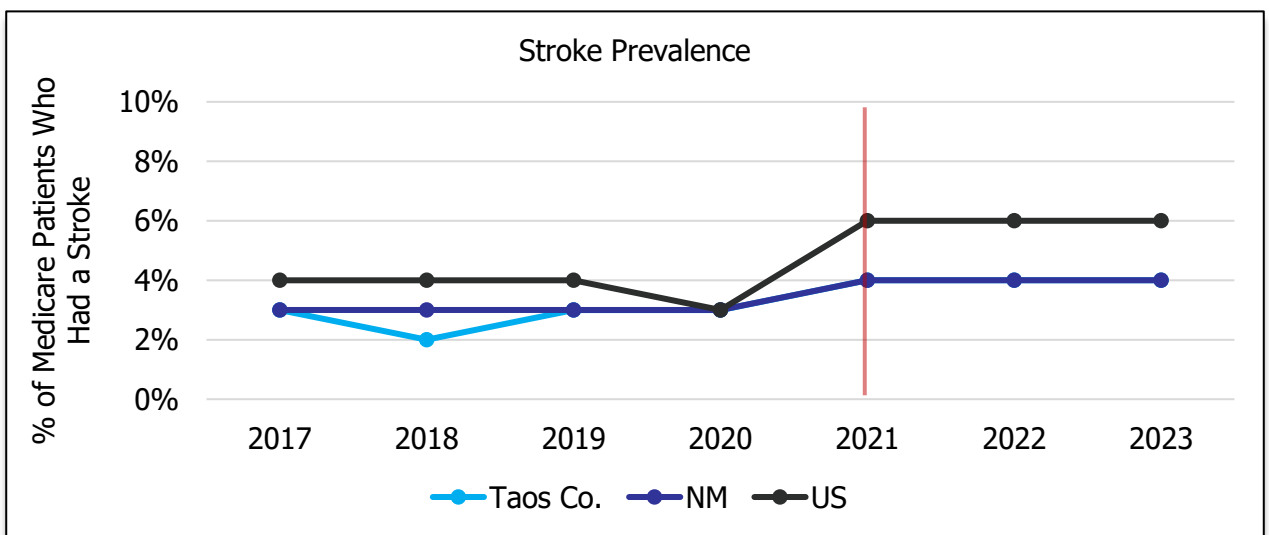
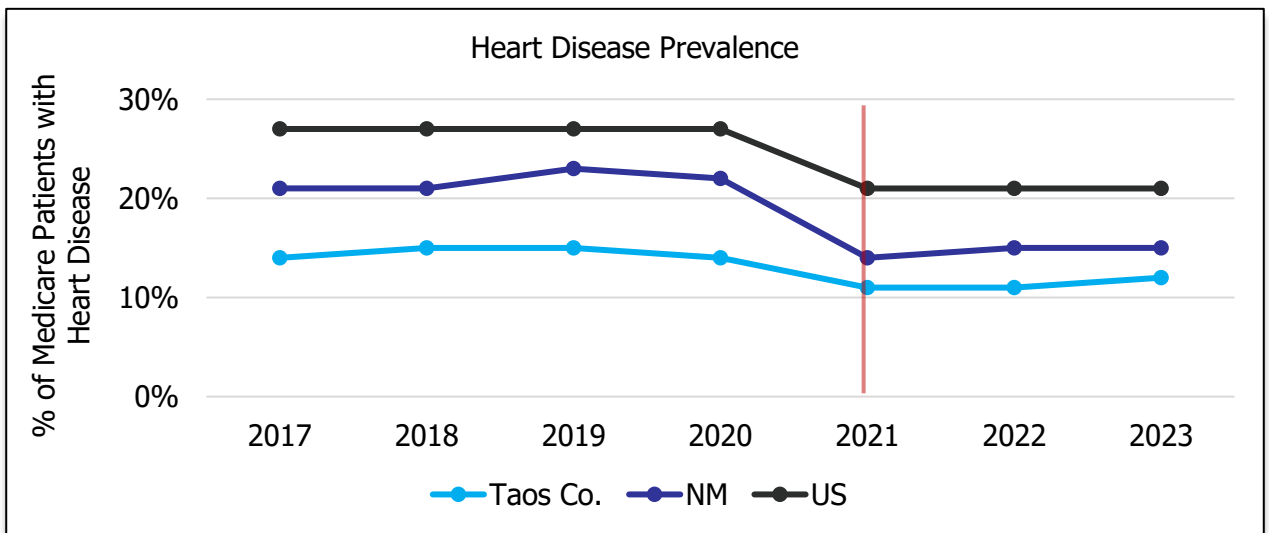


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the 2nd cause of death in Taos County and the county has a mortality rate lower than the state (116.4 compared to 156.5 per 100,000 respectively) (CDC Final Deaths). Stroke is the 5th leading cause of death in Taos County with a mortality rate of 27.9 per 100,000 compared to 37.2 in the state (CDC Final Deaths).

In the Medicare population, Taos County has a lower prevalence of heart disease than New Mexico while the prevalence of stroke is the same as the state. In the community survey, 30% of respondents said they would like to see additional cardiology services available in Taos County.



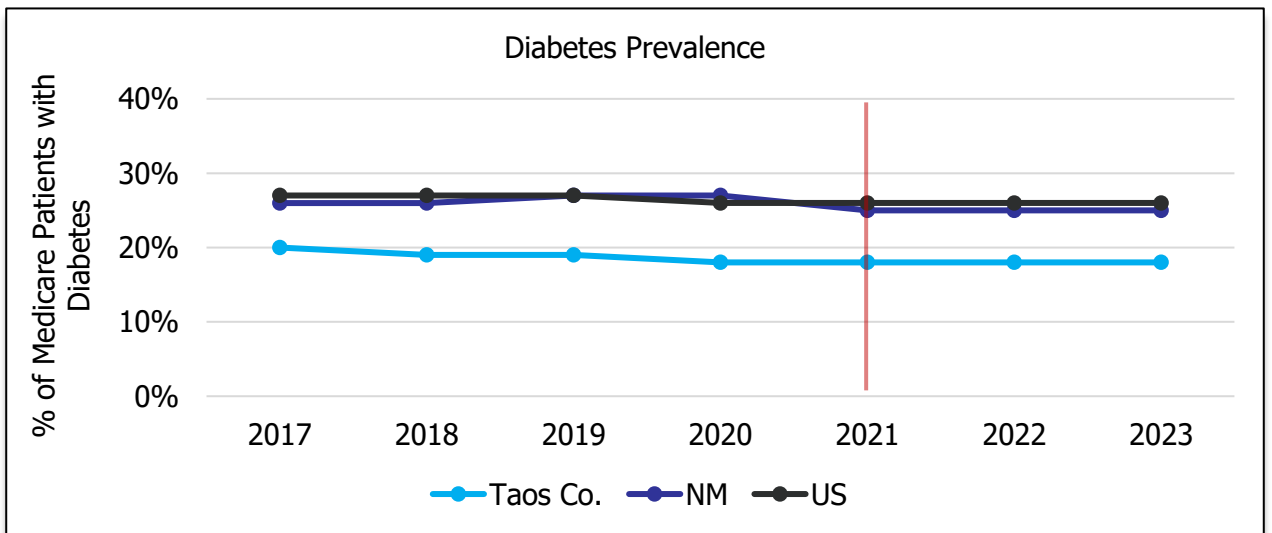
*Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

Diabetes

The prevalence of diabetes in Taos County is slightly lower than the New Mexico average and the county also sees a lower diabetes mortality rate than the state (CDC Final Deaths). When evaluating the Medicare population, Taos County has a lower prevalence of diabetes compared to the state with rates remaining stable over the past decade.

	Taos County	New Mexico
Diabetes Mortality Rate per 100,000 (2022)	27.8	31.0
Diabetes Prevalence (2022)	11%	12%

Source: CDC Final Deaths, County Health Rankings 2024 Report



Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
 Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Taos County, adults have lower rates of obesity than in New Mexico on average. Additionally, the county sees lower rates of physical inactivity than the state, as well as higher rates of access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases (American Diabetes Association).

	Taos County	New Mexico
Adult Obesity (2022)	31%	35%
Limited Access to Healthy Foods (2019)	14%	13%
Physical Inactivity (2022)	22%	22%
Access to Exercise Opportunities (2023)	80%	75%
Youth Overweight or Obese (2023)	26%	34%
Youth Daily Soda Consumption (2023)	16%	17%

Source: County Health Rankings 2024 Report, NM-YRRS

Healthcare Access

Access & Affordability

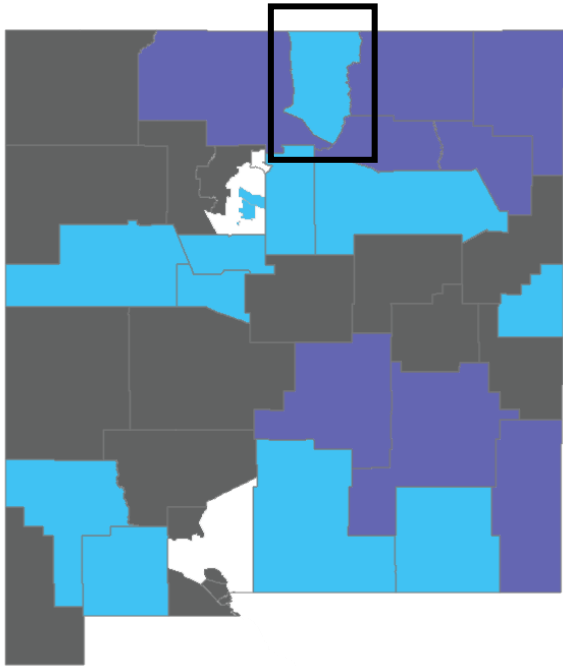
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Taos County has a lower household income than the New Mexico average and also has a lower uninsured population than the state. Additionally, populations in Taos County have less access to primary care physicians and mental health providers as shown in the health professional shortage areas (HPSA) on the next page.

	Taos County	New Mexico
Uninsured Population (2022)	12%	13%
Median Household Income (2022)	\$48,462	\$59,842
Population per 1 Primary Care Physician (2022)	1,154:1	1,344:1
Population per 1 Dentist (2022)	2,034:1	1,436:1

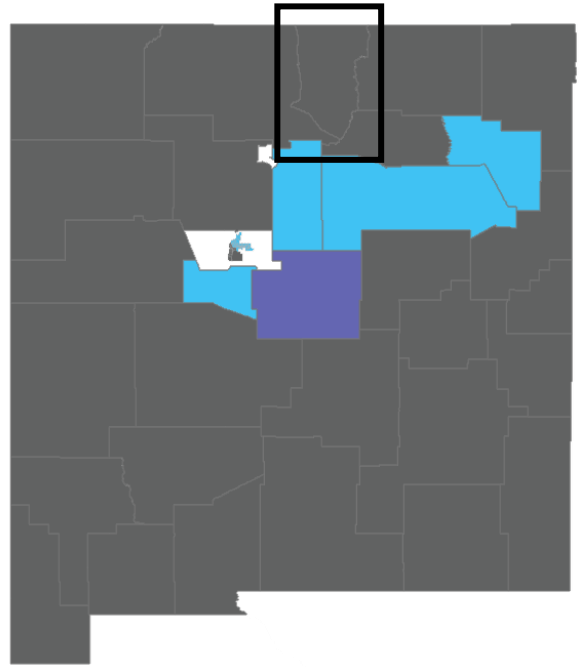
Source: County Health Rankings 2024 Report




New Mexico Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health

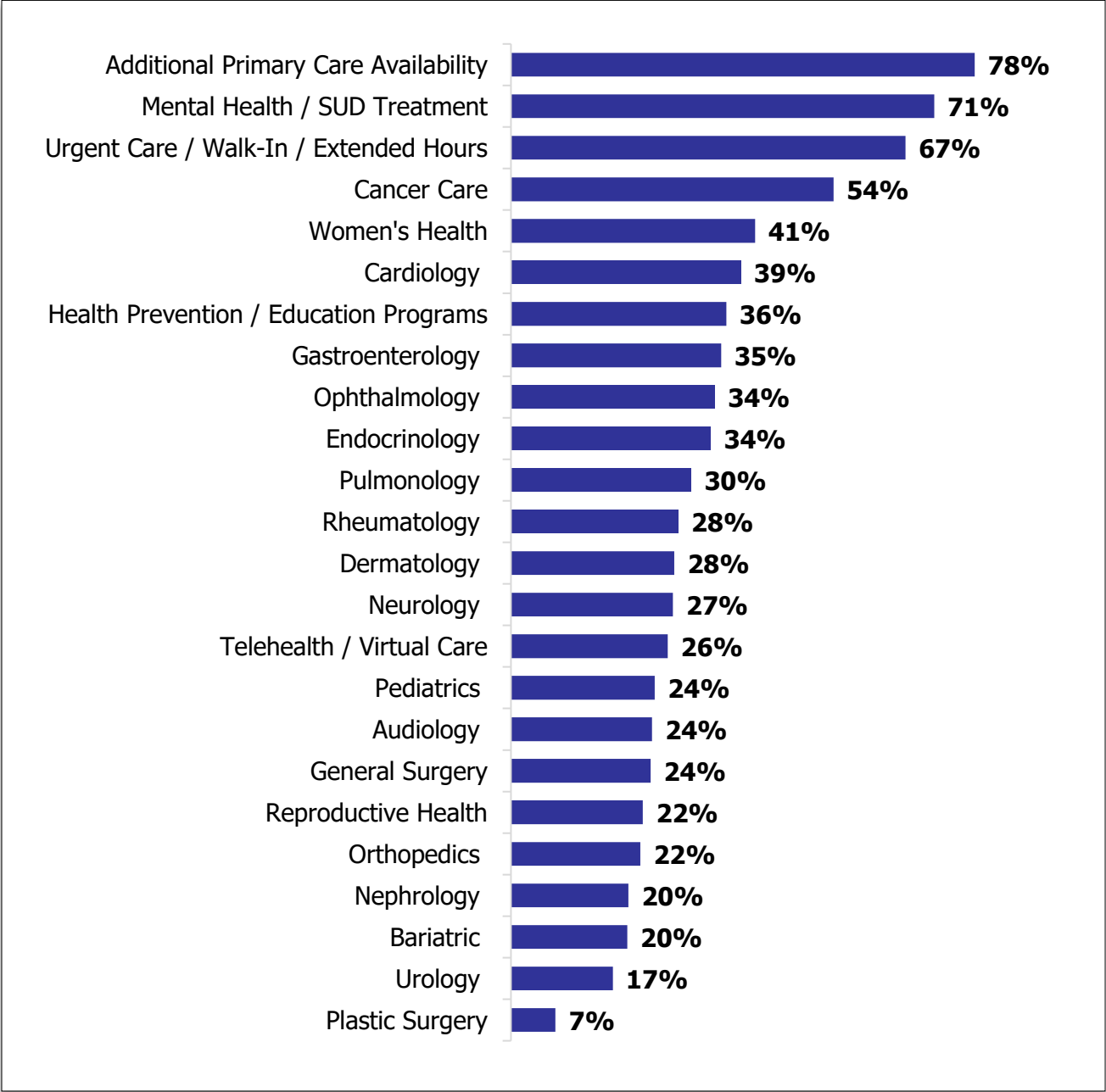


-  HPSA Population: *a shortage of services for a specific population subset within an established geographic area*
-  Geographic HPSA: *a shortage of services for the entire population within an established geographic area*
-  High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

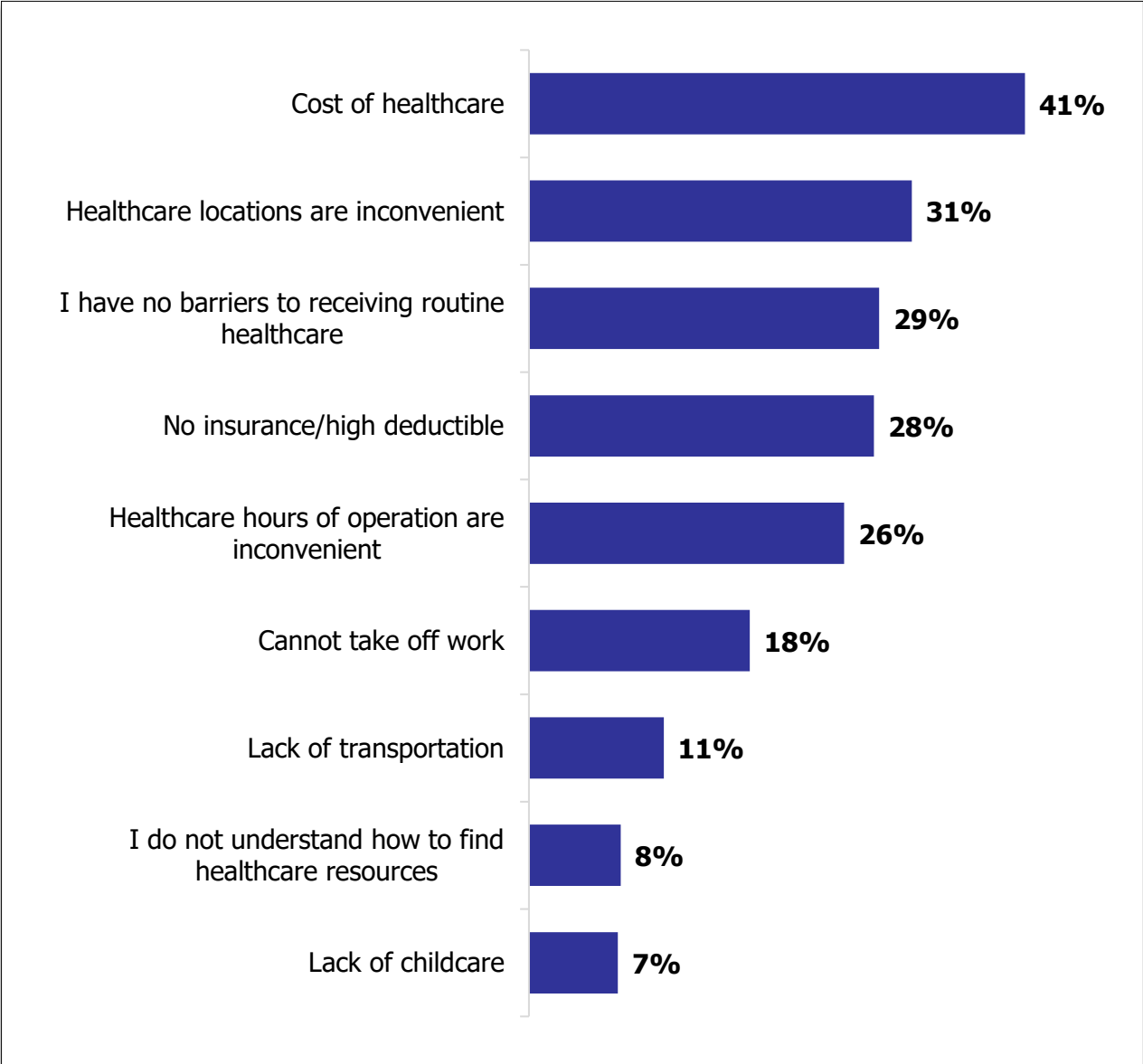
In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Additional primary care availability was the top identified service need with 78% of respondents saying they would like to see it available in Taos County followed by mental health/substance abuse treatment (71%) and urgent care/walk-in/extended hours (67%).

Survey Question: What additional services/offerings would you like to see available in Taos County? (select all that apply)



When survey respondents were asked about their barriers to care, the cost of healthcare was the top barrier identified by 41% of respondents, followed by inconvenient healthcare locations by 31% of respondents.

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)



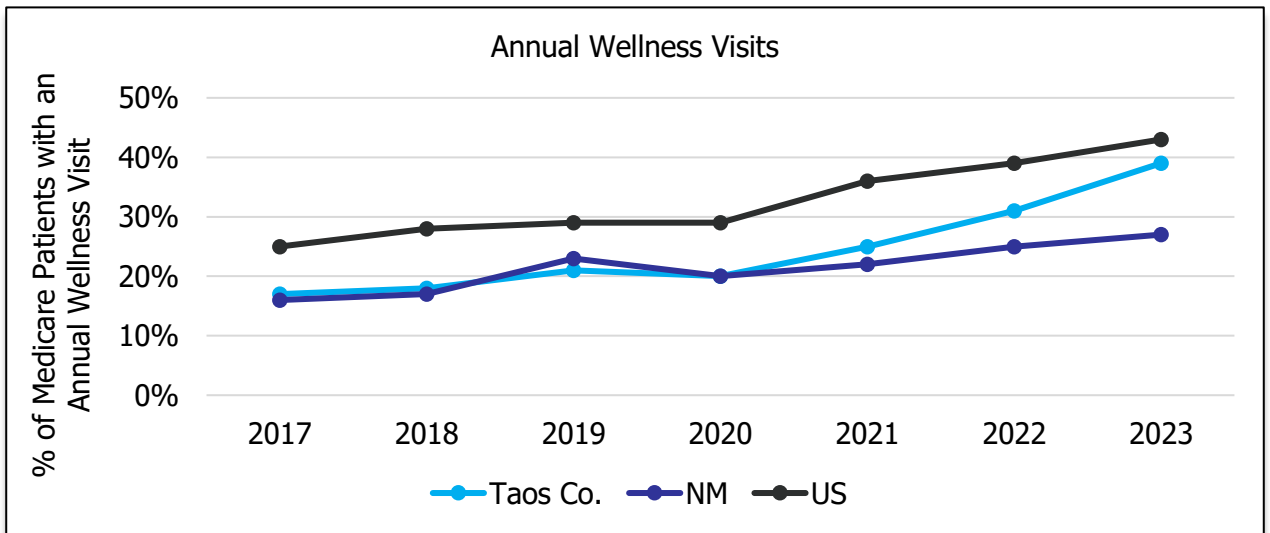
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 36% of respondents said they would like to see additional health prevention and education programs available in the community.

Taos County has a lower annual mammography screening rate but a higher flu vaccine adherence rate than the state. The county has a lower rate of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions) to the state. This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, the rate of annual wellness visits in the Medicare population is higher in Taos County compared to the state and rates have been improving in recent years.

	Taos County	New Mexico
Preventable Hospital Stays per 100,000 (2022)	1,143	1,905
Mammography Screening (2022)	33%	35%
Flu Vaccination (2022)	42%	37%

Source: County Health Rankings 2024 Report



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Access to Senior Services

Access to senior services was identified as the #9 priority with 89% of survey respondents rating it as an important factor to address in the community. Older adults were identified as the top priority population in the community making access to senior services an important need. Additionally, the population of people 65+ is projected to grow by almost 5% in Taos County over the next five years.

	Taos County	New Mexico
Population 65+ (2023)	30%	19%
5-Year Projected Increase in 65+ Population (2023)	4.6%	4.8%
Life Expectancy (2019-2021)	77.9	75.3

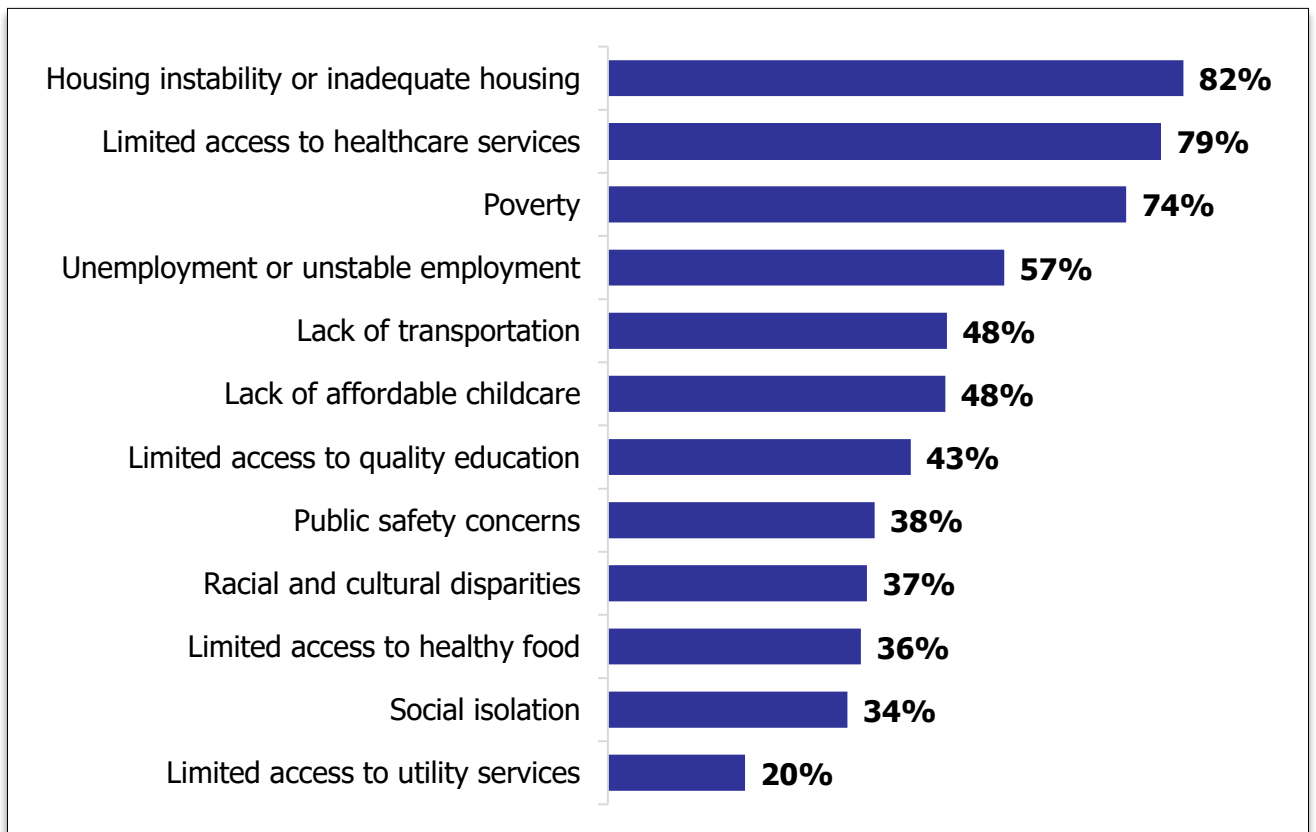
Source: County Health Rankings 2024 Report

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Taos County. The top SDoH identified was housing instability or inadequate housing with 82% of survey respondents identifying it as negatively impacting the community's health followed by access to healthcare services, poverty, and unemployment.

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Taos County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 15% of Taos County residents spend 50% or more of their household income on housing.

	Taos County	New Mexico
Severe Housing Problems (2016-2020)	15%	17%
Severe Housing Cost Burden (2018-2022)	15%	14%
Broadband Access (2018-2022)	82%	82%

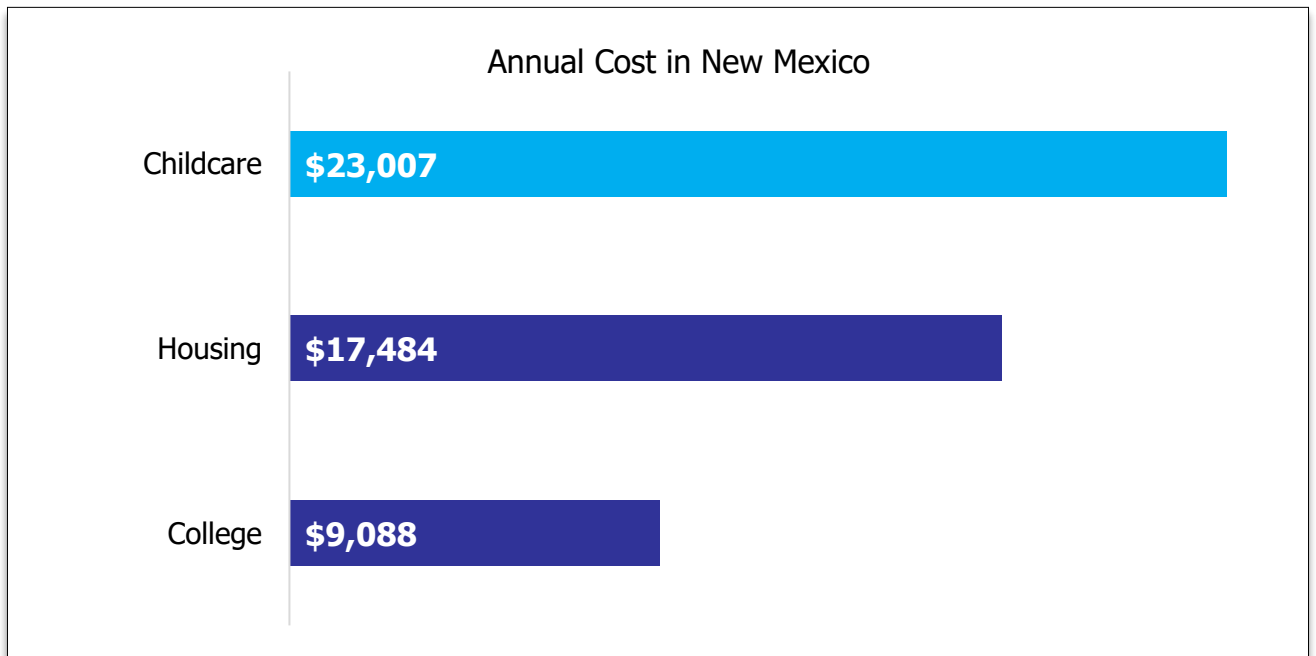
Source: County Health Rankings 2024 Report

Access to Childcare

The average yearly cost of infant care in New Mexico is \$13,521. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Taos County, 37% of household income is required for childcare expenses and there are 19 childcare centers for every 1,000 children under age 5 in the county compared to 11 in the state.

	Taos County	New Mexico
Children in Single-Parent Households (2018-2022)	49%	30%
Child Care Cost Burden - % of HHI used for childcare (2023)	37%	30%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	19	11

Source: County Health Rankings 2024 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
 Source: Child Care Aware (2023)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Taos County	New Mexico
High School Completion (2018-2022)	93%	87%
Some College – includes those who had and had not attained degrees (2023)	65%	63%
Unemployment (2023)	5%	4%
Children in Poverty (2022)	27%	23%

Source: County Health Rankings 2024 Report, U.S. Bureau of Labor Statistics

Evaluation & Selection Process

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

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Mental Health	✓	✓	✓	✓
Access to Mental Health Services	✓	✓	✓	✓
Affordable Housing	✓	✓		✓
Youth Drug/Substance Use	✓	✓	✓	✓
Healthcare: Affordability	✓	✓	✓	✓
Adult Drug/Substance Use		✓	✓	✓
Education System		✓		✓
Cancer		✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Employment and Income	✓	✓		✓

Implementation Plan

Implementation Plan Framework

HCMC determined the action plan to address the identified significant health needs will be organized into key groups to adequately address the health needs with available time and resources. HCMC has focused this action plan on the health care needs of the community and relies on partner organizations in the community to lead action plans for other community needs like education, housing, and childcare.



Improve Mental Health Outcomes

Relevant Needs Addressed: Mental Health, Access to Mental Health Services, Youth Drug/Substance Use, Adult Drug/Substance Use

Goal: Enhance access and coordination of mental health and substance use disorder (SUD) services in the community.



Increase Access to Local Healthcare Services

Relevant Needs Addressed: Healthcare Affordability, Access to Senior Services

Goal: Expand healthcare access by strengthening local primary and specialty care services and reducing financial barriers to care.



Strengthen Cancer Support, Screening, & Treatment

Relevant Needs Addressed: Cancer, Healthcare Affordability

Goal: Improve cancer outcomes in the community through prioritizing early detection and increasing local access to cancer care.

Improve Mental Health Outcomes

HCMC Services and Programs Committed to Respond to This Need

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is implemented in the Emergency Department (ED).
- Staff are available to refer patients to community behavioral health resources.
- HCMC is a partner and fiscal agent for the Taos Alive Coalition aimed at reducing substance abuse among Taos County Youth including community Narcan training.
- Through a partnership with Rio Grand ATP, patients have access to 24/7 peer support.
- HCMC partners with area schools and law enforcement to reduce drug use and its consequences through a New Mexico High-Intensity Drug Trafficking Area (HIDTA) grant.
- HCMC partners with the Vida del Norte coalition in Questa, NM to provide mentorship in Questa Schools.
- A prescription drug collection box is installed in the main hospital lobby.
- The Taos Health Council works collaboratively with the NM Crisis and Access Line to promote awareness of suicide desire and prevention.
- Medication-Assisted Treatment (MAT) program is available through the ED.
- The labor and delivery (L&D) department at HCMC partners with UNMH to provide follow-up and education for families of babies with Neonatal Opioid Withdrawal Syndrome. The department uses the Eat, Sleep, Console program to score babies' symptoms and treat them accordingly.
- L&D partners with the NM Perinatal Collaborative and the Alliance for Innovation on Maternal Health to provide safety education for patients, "Care for Pregnant and Postpartum People with Substance Use Disorder."
- L&D partners with Porchlight Health for peer support and comprehensive community support for mothers with substance use disorder.

Goals and Future Actions to Address this Significant Health Need

Goal: Enhance access and coordination of mental health and substance use disorder (SUD) services in the community.

- Explore sustainable options for the Care Coordinator Program to expand community referrals.
- Continue coordination and partnership with community behavioral health providers.
- Evaluate and explore additional initiatives through the New Mexico Behavioral Health Institute.
- Continue to attend quarterly provider meetings with the Behavioral Health Consortium.

Impact of Actions and Access to Resources

- Improve behavioral health outcomes in the community by increasing screening and connecting patients to community resources.
- Reduce overdose and death from substance use through education and prevention, community crisis training, and ED intervention.

Other Local Organizations Available to Respond to This Need

- Alliance for Innovation on Maternal Health
- Compostela Community and Family Cultural Institute
- Dreamtree Project
- Golden Willow
- Hoy Recovery Program
- Independent local behavioral health providers
- New Mexico Behavioral Health Institute (NMBHI)
- NM Crisis Hotline
- NM Perinatal Collaborative
- Porchlight Health
- Recovery Friendly Taos
- Rio Grande ATP
- Shadow Mountain Recovery
- Taos Behavioral Health
- Taos NEST
- Taos Pueblo Mental Health and Social Services
- Taos Whole Community Health
- Teambuilders
- The Mountain Center
- UNM Health
- UNM Psychiatric Residency Program
- Vista Taos
- Vida Del Norte
- 100% Taos County Initiative, Behavioral Health Action Team

Increase Access to Local Healthcare Services

HCMC Services and Programs Committed to Respond to This Need

- The Benefit Navigation program assists patients in financial education, including enrollment in Medicaid, Medicare, and the NM BeWell Health Insurance Marketplace. Assistance is available in English and Spanish.
- Financial Assistance is available for uninsured patients using a sliding scale based on family gross income.
- The Rural OB Access and Maternal Services (ROAMS) program provides access to Telehealth and OB care for mothers living in rural New Mexico communities.
- Care Coordinators in the Women's Health Institute and Taos Clinic for Children and Youth are available to screen patients for SDOH and provide community referrals.
- First Steps home visitors provide community referrals for families with young children.
- Chronic care management resources are available in the primary care clinics.
- HCMC staff in all units currently provide education and outreach information, including presence at health fairs and education classes for seniors.
- HCMC partners with faith-based organizations to forgive patient medical bills.

Goals and Future Actions to Address this Significant Health Need

Goal: Expand healthcare access by strengthening local primary and specialty care services and reducing financial barriers to care.

- Expand service capacity with the addition of a Medical Office Building to include primary care and urgent care for timely, affordable access to services.
- Explore sustainable options for the Care Coordinator Program to expand community referrals.
- Continuously recruit providers to the area to increase access to local services like oncology, cardiology, and orthopedics.

Impact of Actions and Access to Resources

- Reduce barriers to care through local access to specialty services so patients do not have to travel for care, and providing expanded access to primary care availability at the urgent care facility.
- Increase community knowledge and health literacy around health insurance plans and financial assistance resources.
- Reduce cost barriers to care through an increase in utilization of the financial assistance program.

Other Local Organizations Available to Respond to This Need

- El Centro clinics
- Income Support Division
- Local home health organizations
- Public Health Office
- Questa Presbyterian Medical Services
- Taos Community Foundation
- Taos County
- Taos County Indigent Fund
- Taos-Picuris Indian Health Center
- Taos Public Health Office
- TENT
- Town of Taos
- 100% Taos County Initiative

Strengthen Cancer Support, Screening, & Treatment

HCMC Services and Programs Committed to Respond to This Need

- Taos Cancer Support Services provides non-medical support to cancer patients, including health care navigation, support groups, education, and outreach events.
- Cancer program offers gas cards and lodging for patients who have appointments in Santa Fe/Albuquerque.
- A range of cancer screening services are available including 3D Mammography and Philips Incisive CT Scan.
- The Emergency Department provides access to patients with undiagnosed symptoms and offers referrals for follow-up diagnostics.
- A nutritionist is on staff to support patients in making informed food choices to promote weight management, disease prevention, and management of chronic conditions.
- The DaVinci surgical robot provides cutting-edge surgical technology to patients at HCMC.

Goals and Future Actions to Address this Significant Health Need

Goal: Improve cancer rates in the community through prioritizing early detection and increasing local access to cancer care.

- Expand access to local oncology services through a formal relationship with CHRISTUS St. Vincent to provide a visiting oncologist onsite at HCMC.
- Continue to provide community education on cancer support resources including screening and financial assistance.

Impact of Actions and Access to Resources

- Increase access to local oncology services
- Improve cancer screening rates in the community

Other Local Organizations Available to Respond to This Need

- Cancer Foundation for New Mexico
- CHRISTUS St. Vincent Regional Medical Center

Appendix

Community Data Tables

Leading Cause of Death

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

	Taos County	New Mexico	U.S.
Heart Disease	116.4	156.5	173.8
Cancer	134.1	137.3	146.6
Accidents	82.4	101.4	64.7
Stroke	27.9	37.2	41.1
Lung	32.2	36.9	34.7
Alzheimer's	14.9	24.6	31.0
Diabetes	27.8	31.0	25.4
Liver	22.7	41.1	14.5
Suicide	26.2	25.0	14.1
Kidney	9.8	12.7	13.6
Hypertension	4.4	7.3	10.7
Flu - Pneumonia	13.6	11.5	10.5
Blood Poisoning	6.1	9.3	10.2
Parkinson's	9.2	9.4	9.8
Homicide	11.5	15.4	8.2

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

	Taos	New Mexico	Top US Performers	US Overall
Length of Life				
Premature Death*	● 12,063	11,558	6,000	8,000
Life Expectancy*	● 78	75	81	79
Quality of Life				
Poor or Fair Health	● 17%	18%	13%	14%
Poor Physical Health Days	● 3.4	3.3	3.1	3.3
Poor Mental Health Days	● 5.0	4.7	4.4	4.8
Low Birthweight*	● 11%	9%	6%	8%
Health Behaviors				
Adult Smoking	● 14%	14%	14%	15%
Adult Obesity	● 31%	35%	32%	34%
Limited Access to Healthy Foods	● 14%	13%	17%	12%
Physical Inactivity	● 22%	22%	20%	23%
Access to Exercise Opportunities	● 80%	75%	90%	84%
Excessive Drinking	● 13%	16%	13%	18%
Alcohol-Impaired Driving Deaths	● 53%	29%	10%	26%
Drug Overdose Deaths*	● 37.0	38.5	42	23
Sexually Transmitted Infections*	● 373	588	152	496
Teen Births (per 1,000 females ages 15-19)	● 24	24	9	17
Clinical Care				
Uninsured	● 12%	13%	6%	10%
Primary Care Physicians	1154:1	1344:1	1,030:1	1,330:1
Dentists	2034:1	1436:1	1,180:1	1,360:1
Mental Health Providers	122:1	224:1	230:1	320:1
Preventable Hospital Stays*	● 1,143	1,905	1,558	2,681
Mammography Screening	● 33%	35%	52%	43%
Flu Vaccinations	● 42%	37%	53%	46%
Social & Economic Factors				
High School Completion	● 93%	87%	94%	89%
Some College	● 65%	63%	74%	68%
Unemployment	● 4.9%	4.0%	2.3%	3.7%
Children in Poverty	● 27%	23%	10%	16%
Children in Single-Parent Households	● 49%	30%	13%	25%
Injury Deaths*	● 137.1	121.1	64	80
Child Care Cost Burden (% of HHI used for childcare)	● 37%	30%	36%	27%
Child Care Centers (per 1,000 under age 5)	● 19	11	13	7
Physical Environment				
Severe Housing Problems	● 15%	17%	8%	17%
Long Commute - Driving Alone (> 30 min. commute)	● 26%	28%	17%	36%
Severe Housing Cost Burden (50% or more of HHI)	● 15%	14%	15%	14%
Broadband Access	● 82%	82%	90%	87%

*Per 100,000 Population

Key (Legend)

- Better than NM
- Same as NM
- Worse than NM

Source: County Health Rankings 2024 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2024 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	February 2025	2013-2022
CDC Final Deaths	15 top causes of death	February 2025	2022
Bureau of Labor Statistics	Unemployment rates	March 2025	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	March 2025	2022
New Mexico Youth Risk and Resiliency Survey – NM-YRRS	County-level behavior data for youth grades 9-12	March 2025	2023
NIH National Cancer Institute	State cancer profiles; incidence rates	March 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	March 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	March 2025	2005
Centers for Disease Control and Prevention – CDC	Gender disparities in cancer prevalence	March 2025	2025
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	March 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	March 2025	2015
Child Care Aware	Childcare costs	March 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	March 2025	2022

Survey Results

Based on 563 survey responses gathered between January and February 2025.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	65.65%	367
Healthcare Professional	33.45%	187
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	16.64%	93
Government Employee or Representative	4.65%	26
Representative of Chronic Disease Group or Advocacy Organization	1.43%	8
Public Health Official	1.07%	6
	Answered	559
	Skipped	4

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	66.49%	371
Black or African American	31.72%	177
Hispanic or Latino	5.73%	32
Asian or Asian American	1.79%	10
American Indian or Alaska Native	0.72%	4
Native Hawaiian or other Pacific Islander	0.72%	4
Other (please specify)	1.61%	9
	Answered	558
	Skipped	5

Q3: Age group

Answer Choices	Responses	
18-24	1.96%	11
25-34	8.21%	46
35-44	17.86%	100
45-54	18.39%	103
55-64	20.89%	117
65+	32.68%	183
	Answered	560
	Skipped	3

Q4: Gender

Answer Choices	Responses	
Female	77.86%	436
Male	20.36%	114
Choose to not disclose	1.07%	6
Other (please specify)	0.71%	4
	Answered	560
	Skipped	3

Q5: What ZIP code do you primarily live in?

Answer Choices	Responses	
87571	39.36%	220
87557	17.71%	99
87529	15.38%	86
87514	5.01%	28
87556	4.47%	25
87710	3.58%	20
87513	2.50%	14
87577	1.79%	10
87558	1.61%	9
87564	1.43%	8
87718	1.43%	8
87580	1.25%	7
87553	0.54%	3
87519	0.36%	2
87531	0.36%	2
87579	0.36%	2
All Others (1 response each)	2.86%	16
	Answered	559
	Skipped	4

Q6: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	65.67%	352
Older adults (65+)	51.12%	274
Uninsured and underinsured individuals	50.19%	269
Residents of rural areas	50.00%	268
Individuals requiring additional healthcare support	44.03%	236
Racial and ethnic minority groups	25.75%	138
Women	23.13%	124
Children	18.66%	100
LGBTQ+	6.72%	36
	Answered	536
	Skipped	27

What do you believe to be some of the needs of the groups selected above?

- Lack of insurance and understanding of medical services
- Universal healthcare for low-income and uninsured and gerontologists for over 65
- Financial strain and cultural taboo of seeing medical care. Cancer, diabetes, specialized care that is not available locally.
- All need, better medical help we don't have it here we don't have the doctors, or the specialist we have to go out of town there is a big need here
- More primary care access
- Accessing specialty care, transportation to/from appointments, low health literacy making it difficult for them to understand their health or disease
- Preventive care serves, such as screening, immunizations, and mental health support. Community based health education program. Access to telehealth services to bridge gaps for local health care availability. Mobile health clinics and outreach programs to access basic health care needs.
- Transportation and access to specialty services such as cardiology, oncology, GI
- Older adults, elderly, need transportation for medical appointments both locally and further such as Santa Fe because specialists are not in Taos
- There are not enough primary care providers. Individuals do not have one point of contact to help oversee their health.

Q7: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Mental Health	0	4	25	76	377	482	4.71
Cancer	3	7	49	116	304	479	4.48
Women's Health	2	7	58	115	289	471	4.45
Heart Disease	4	7	60	126	286	483	4.41
Diabetes	4	11	56	125	281	477	4.40
Stroke	4	13	74	156	226	473	4.24
Obesity	5	22	73	144	232	476	4.21
Dental	3	24	104	124	225	480	4.13
Kidney Disease	3	18	106	136	213	476	4.13
Alzheimer's and Dementia	7	19	102	128	220	476	4.12
Liver Disease	5	21	98	142	209	475	4.11
Lung Disease	6	18	100	147	204	475	4.11
Other (please specify)						40	
						Answered	485
						Skipped	78

Comments:

- Epilepsy
- Vision/eye care
- Rheumatology
- Asthma/COPD
- Drug abuse and spousal/child abuse
- Neurologic conditions (parkinson's, TBI, SCI)
- Mobility issues...Broken bones and joint replacements
- Emergency services
- Aging
- Homelessness
- The disease of substance use disorder- 5
- Pregnancy, childbirth and postpartum, access to care
- Gender affirming care
- Dermatology (high rate of skin cancer at our altitude)

Q8: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average	
Access to Mental Health Services	0	7	23	73	378	481	4.71	
Affordable Housing	6	6	31	71	368	482	4.64	
Healthcare: Affordability	3	8	39	71	360	481	4.62	
Education System	4	8	45	116	306	479	4.49	
Access to Senior Services	3	11	41	128	298	481	4.47	
Employment and Income	3	8	49	121	298	479	4.47	
Healthcare: Location of Services	6	10	58	104	300	478	4.43	
Healthcare: Types of Services Provided	2	7	58	131	280	478	4.42	
Community Safety	1	19	53	118	287	478	4.40	
Healthcare: Prevention Services	2	12	58	131	276	479	4.39	
Access to Transportation	6	12	64	107	290	479	4.38	
Access to Childcare	9	9	69	102	291	480	4.37	
Food Insecurity	1	20	71	114	273	479	4.33	
Access to Utilities	8	25	92	121	228	474	4.13	
Access to Exercise/Recreation	12	35	123	114	196	480	3.93	
Social Connections	5	28	145	142	155	475	3.87	
Other (please specify)	15							
	Answered						485	
	Skipped						78	

Comments:

- Detox services needed
- Spiritual health
- Access to transportation (on weekends - blue bus does not run)
- Taos needs a detox facility
- Insufficent number of all types of mds

Q9: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Youth Drug/Substance Use	2	4	29	100	341	476	4.63
Adult Drug/Substance Use	2	8	43	102	328	483	4.54
Adult Alcohol Use/Excess Drinking	2	9	62	110	299	482	4.44
Youth Alcohol Use/Excess Drinking	6	8	57	116	291	478	4.42
Youth Smoking/Vaping/Tobacco Use	5	13	78	124	256	476	4.29
Diet	5	20	101	158	197	481	4.09
Physical Inactivity	8	29	109	144	190	480	4.00
Adult Smoking/Vaping/Tobacco Use	8	28	126	133	185	480	3.96
Risky Sexual Behavior	14	32	134	123	171	474	3.85
Other (please specify)						9	
						Answered	483
						Skipped	80

Comments:

- Affordable nutritious food and dietary education
- I think a lot of this comes down to education for children and adults
- Spiritual hygiene
- Help the uninsured get care
- Texting or other mobile phone use while driving.

Q10: Please provide feedback on any actions you've seen taken by HCMC to address the 2022 significant health needs in your community and what additional actions you would like to see.

- LDRP recently added a MAT (medical assisted treatment) program for expecting mothers who are currently using opioids and other substances. This program follows CARA laws and aims to help treat substance use in order to better outcomes for mothers and babies in the postpartum period.
- More people are getting cancer these days, need more services closer than Santa Fe, or Albuquerque
- Holy cross doctors and staff are caring and take time to listen to community concerns and individuals
- We continue to need better access to behavior health services, addiction treatment and preventative care. Programs to help access basic care for low income and uninsured/underinsured individuals. Additional medical providers.
- Plans for new medical office building
- It would be nice to provide patients with a comprehensive list of prices up front so that they don't avoid care out of fear of debt.
- I believe we still face the same issues maybe on a larger scale as unhoused populations increase and access to health care declines
- Hch has done a lot to become more responsive to community feedback. They need to add mental health services, even if just at a level of care coordination, screening and referrals.
- Have seen great strides in marketing and recruiting of new staff within hospital system, working to repair reputation within the community. Have heard more and more positive feedback from people accessing our system. Love to see it! Would love to see holy cross continuing to strengthen our quality of care and presence in the community as well as continuing to recruit for a robust system with great staff.
- This community still lacks a sufficient amount of healthcare providers and that are affordable. Mental health is a huge issue in our community and there still does not seem to be a solid plan (executing this plan) to combat this problem.
- Medical office building in the works
- HCH prioritizes healthcare and has plans in place to address many of the health care needs in the community through hiring staff and the expansion of services. The limitations in rural healthcare are challenging, HCH is helping bridge this gap by expanding services for the community.
- HCMC is to be applauded for trying to respond to health care crisis in our community, in spite of not enough funding.

Q11: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Housing instability or inadequate housing	82.15%	382
Limited access to healthcare services	78.92%	367
Poverty	73.98%	344
Unemployment or unstable employment	56.56%	263
Lack of transportation	48.39%	225
Lack of affordable childcare	48.17%	224
Limited access to quality education	43.23%	201
Public safety concerns	38.06%	177
Racial and cultural disparities	36.99%	172
Limited access to healthy food	36.13%	168
Social isolation	34.19%	159
Limited access to utility services	19.57%	91
Other (please specify)	11.18%	52
	Answered	465
	Skipped	98

Comments:

- Lack of transportation in that there's very little alternative to cars in taos; it could be a bike-able/public transit/pedestrian friendly town for sure, which would increase physical and mental health, decrease crime, and decrease isolation.
- Limited access to behavioral health resources
- Lack of community events organized around health, support, shared survival knowledge (economic/health)
- Lack of quality affordable long term care for elderly
- Lack of reliable childcare, minimum low wage salaries, increased in food prices, utility bills, goods and housing. Being paid once a month.
- Slow adaptation to change from agricultural community
- Wages and innovators

Q12: what barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
Cost of healthcare	40.80%	184
Healthcare locations are inconvenient	31.49%	142
I have no barriers to receiving routine healthcare	28.82%	130
No insurance/high deductible	28.38%	128
Healthcare hours of operation are inconvenient	25.94%	117
Cannot take off work	18.18%	82
Lack of transportation	11.09%	50
I do not understand how to find healthcare resources	7.54%	34
Lack of childcare	7.32%	33
Other (please specify)	21.95%	99
	Answered	451
	Skipped	112

Comments

- There are no PCPs in the community taking clients
- No new patients taken -practice is full
- Too long of a wait for appts.
- Lack of providers
- No available appointments for new clients
- Simply getting a generalists or specialists appointment in a timely manner.
- Difficult to find primary physicians and any specialty doctors
- Not enough providers available
- Limited MD's in area
- Available appointments
- Distance to specialists
- Out of town specialized care
- Need for specialists

Q13: What additional services / offerings would you like to see available in Taos County? (select all that apply)

Answer Choices	Responses	
Additional Primary Care Availability	78.19%	355
Mental Health / Substance Abuse Treatment	71.37%	324
Urgent Care / Walk-In / Extended Hours	66.52%	302
Cancer Care	54.41%	247
Women's Health	41.19%	187
Cardiology	38.77%	176
Health Prevention / Education Programs	36.34%	165
Gastroenterology	35.46%	161
Ophthalmology	34.36%	156
Endocrinology	33.70%	153
Pulmonology	30.40%	138
Rheumatology	28.19%	128
Dermatology	27.53%	125
Neurology	27.31%	124
Telehealth / Virtual Care	26.43%	120
Pediatrics	24.23%	110
Audiology	23.79%	108
General Surgery	23.57%	107
Reproductive Health	22.25%	101
Orthopedics	21.81%	99
Nephrology	19.82%	90
Bariatric	19.60%	89
Urology	17.18%	78
Plastic Surgery	7.49%	34
Other (please specify)	9.69%	44
	Answered	454
	Skipped	109

Comments

- Affordable Dental
- Geriatrics I think is important
- Infusion center
- Pain management
- More options for families, ability to book children for the same doctor same day
- Dialysis clinics. We have only one and the care there isn't as well as it used to be

Q14: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	81.28%	369
Website/Internet	57.27%	260
Family or Friends	28.41%	129
Hospital	20.48%	93
Social Media	18.72%	85
Workplace	18.50%	84
Word of Mouth	15.20%	69
Newspaper/Magazine	12.56%	57
School/College	9.69%	44
Television	6.17%	28
Radio	2.42%	11
Other (please specify)	9.47%	43
	Answered	454
	Skipped	109

Comments:

- Books
- ChatGPT
- medical journals
- Myself I am a provider
- I am a provider
- Evidence based studies in medicine
- Medical journals
- Medical school
- Books
- Naturopaths/books/research
- personal books
- Scholarly articles/research on my own
- I research on the internet to inform myself
- Insurance providers