Union County General Hospital

Community Health Needs Assessment and Implementation Plan

May 2019

Union County General Hospital

CHC
Community Hospital Consulting

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Section 1:

Community Health Needs Assessment

EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Union County General Hospital (UCGH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Union County, New Mexico.

The CHNA Team, consisting of leadership from UCGH, met with staff from CHC Consulting on March 13, 2019 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization process via a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all prioritized needs in various capacities through a hospital specific implementation plan. The final list of prioritized needs, in descending order, is listed below:

1.) Access to Consistent, Local Primary Care Providers
2.) Access to Dental Care Services and Providers
3.) Access to Specialty Care Services and Providers
4.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
5.) Access to Mental and Behavioral Health Care Services and Providers
6.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations

The leadership of UCGH developed the following implementation plan to identify specific activities and services which directly address the top five priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The UCGH Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan on April 24, 2019.

Priority #1: Access to Consistent, Local Primary Care Providers

Data indicates that Union County has a lower rate of primary care providers per 100,000 population than the state, as well as a higher rate of preventable hospital events than the state. In addition, the percentage of residents with no usual primary care provider (medical home) in Union County increased between 2013 and 2017, and is currently higher than the state.

Several interviewees noted that there are long waitlists to see local primary care providers due to local providers only being available for appointments a few days of the week. In addition, it was mentioned that there are limited extended hour services available, which results in unnecessary use of the Emergency Room and patients traveling outside of the community for care to access after hour clinics. It was also noted that the potential overuse of the Emergency Room may be due to the local provider's splitting of time between clinic and Emergency Room time. One interviewee stated: "The ER is way over used for non-emergent issues…sometimes you go for a [primary care] appointment and they say you can't come in because that provider has ER duty today, [so] it is almost encouraged."

Interviewees mentioned that some residents may establish medical homes outside of the community due to having to leave the county for other health care services. One interviewee specifically stated: "You get referred to a specialist [out of town], and then that internist starts scheduling you for regular appointments…suddenly you are going there all the time and so there is no need to go back to their regular practitioner [in the community]." It was also noted that some providers may be nearing retirement, which raised concern. One interviewee stated: "Some of the physicians we have at some point will be retiring, and we do not have a lot of people to fill those positions."

Priority #2: Access to Dental Care Services and Providers

Data indicates that Union County has a lower rate of dentists per 100,000 population than the state.

Interviewees acknowledged the poor dental health and nonexistent dental care access within the community. It was mentioned several times that residents typically leave the county for dental care in Raton, Dalhart, Las Vegas, and/or Amarillo, and that transportation barriers to accessing such services may force many residents to go without care. One interviewee stated: "We have no dentists in Union County. I go to Dalhart. There are two there and every time I go to the dentist in Dalhart, I see someone else from Clayton in that office. The two dentists in Dalhart don't take Medicaid, so sometimes people go to the dentist who does take Medicaid in Raton. And some people go all the way to Amarillo."

Priority #3: Access to Specialty Care Services and Providers

Many interviewees mentioned there are barriers to accessing specialty care services and providers due to the rural nature of Union County. Interviewees noted outmigration of patients for specialty services, such as cardiology, pediatrics, OB/GYN, orthopedics, and non-elective general surgery procedures. It was acknowledged that a general surgeon is available in the community, but only for elective procedures. The outmigration of patients also leads to barriers associated with cost and transportation outside of the community. One interviewee specifically mentioned: "If [patients] are…

Priority #3: Access to Specialty Care Services and Providers (continued)

…involved in cardiology they have to drive…sometimes it is problematic for people to get to care because they can't afford it or don't have a car…if there is an emergent issue we have to transfer patients by air craft."

It was also noted that there are limited options for females seeking OB/GYN care due to challenges in access and insurance across state lines. One interviewee stated: "We do not have OB in this area…many go to Texas and that is tough because not all insurance [types] travel across the border for specialty care services." Lastly, it was mentioned that there is instability in the allied health workforce in Union County, with one interviewee specifically mentioning: "We also see [instability] in allied health – radiologists, lab techs, there is a revolving door everywhere."

Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Union County and the state. Union County has higher mortality rates than New Mexico for heart disease, cancer, chronic lower respiratory diseases, diabetes, lung and bronchus cancer and pancreatic cancer.

Union County has higher prevalence rates of chronic conditions and unhealthy lifestyle behaviors such as diabetes, physical inactivity, binge drinking and youth tobacco use than the state. With regards to maternal and child health, specifically, Union County has higher percentages of teen births and a lower rate of those females who sought prenatal care during their first trimester than the state. Data also suggests that Medicare residents may not be seeking necessary preventive care services, such as mammograms, pap tests and colorectal cancer screenings.

Several interviewees noted that there are limited services providing disease management and education, as well as a short supply of community workers to assist in creating healthy lifestyle programs. Interviewees emphasized a lack of understanding of the disease process and the importance of chronic disease prevention, which results in a need for health education in the community regarding chronic conditions and the importance of seeking preventive care, specifically for low income residents. It was also noted that accessing affordable, healthy food is also a challenge in the community. One interviewee specifically stated: "Access to healthy foods are limited. There is just one grocery in the community, but I am not sure if they stock what would be termed healthy foods."

Interviewees also raised concern surrounding the lack of afterschool activities for youth residents, and the tobacco and alcohol use rate amongst teens and adolescents. One interviewee specifically stated: "For the younger students there are very minimal after school activities."

Priority #5: Access to Mental and Behavioral Health Care Services and Providers

Interviewees mentioned that there are limited mental and behavioral health care facilities and...

Priority #5: Access to Mental and Behavioral Health Care Services and Providers (continued)

…resources in Union County, as well as a lack of local counselors and funding for mental and behavioral health related initiatives. The use of telemedicine was mentioned to circumvent the limited access to local services. Additionally, inconsistency in the availability of mental health resources leads to difficulty in recruiting and retaining providers. One interviewee stated: "We have had instability [in] our mental health resources…we have lost some services and we still do not have the youth services we used to have…because of its instability over several years, it [is] hard to attract and retain and providers."

Interviewees also discussed a lack of local addiction, drug and alcohol treatment services, which may lead to dependency upon local primary care providers for mental health related care. One interviewee stated: "We also have a real lack of psychiatrists and services...A lot of people aren't necessarily seeking behavioral health from PCPs, but they end up there or in the hospital and then the primary care providers are reluctant to prescribe meds without some sort of psych evaluation." Interviewees also raised concern around the increasing prevalence of mental ailments amongst the youth population, including depression and suicide. One interviewee specifically stated: "Mental health and suicide are issues amongst the youth. There is binge drinking and obesity among the youth population."

Priority #6: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Union County has a lower median household income than the state, and also has several geographic- and population-based Health Professional Shortage Area designations and census tract-based Medically Underserved Area/Population designations, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

When asked about which specific groups are at risk for inadequate care, interviewees spoke about elderly, racial/ethnic, teenagers/adolescents, pediatric, low income/working poor and veteran populations as being disproportionately challenged by barriers to accessing health care services in Union County.

When speaking about the elderly population in Union County, interviewees raised concern surrounding transportation barriers, a need for education on the importance of seeking preventive care, and limited home support as challenges specific to these residents. For racial/ethnic residents, interviewees mentioned language barriers and limited access to insurance benefits as general issues.

With regards to the teenagers/adolescents, interviewees noted a need for increased access to mental and behavioral health services and drug and substance abuse prevention and education for meth and alcohol as challenges for these residents. For pediatric residents, interviewees noted limited pediatric providers, family planning support and after school activities, and a need for increased mental and behavioral health services.

For low income and working poor residents, it was mentioned that transportation barriers, limited healthy lifestyle education and access to resources, limited family planning support, mental health challenges and substance abuse disproportionately affect those residents. Lastly, for veterans, interviewees mentioned that they are challenged by a lack of local care and transportation barriers.

PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released on December 29, 2014. The objectives of the CHNA are to:
  - Meet federal government and regulatory requirements
  - Research and report on the demographics and health status of the study area, including a review of state and local data
  - Gather input, data and opinions from persons who represent the broad interest of the community
  - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by UCGH
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

CHC Community Hospital Consulting

Process and Methodology

Scope

- The CHNA components include:
  - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
  - A biography of UCGH
  - A description of the hospital's defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from phone interviews collecting input from community representatives, including:
    - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

CHC Community Hospital Consulting

Process and Methodology

Methodology

- UCGH worked with CHC Consulting in the development of its CHNA. UCGH provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC Consulting conducted the following research:
  - A demographic analysis of the study area, utilizing demographic data from IBM Watson Truven Health Analytics Market Expert Tool
  - A study of the most recent health data available
  - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
  - Facilitated the prioritization process during the CHNA Team meeting on March 13, 2019. The CHNA Team included:
    - Tammie Stump, Chief Executive Officer
    - Stacye Bradley, Chief Clinical Officer
    - Jill Swagerty, Human Resources Director
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

- UCGH Biography
  - Background information about UCGH, mission, vision, values and services provided were provided by the hospital or taken from its website
- Study Area Definition
  - The study area for UCGH is based on hospital inpatient discharge data from July 1, 2017 – June 30, 2018 and discussions with hospital staff
- Demographics of the Study Area
  - Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
  - Demographic data sources include, but are not limited to, IBM Watson Truven Health Analytics Market Expert Tool, the U.S. Census Bureau and the United States Bureau of Labor Statistics
- Health Data Collection Process
  - A variety of sources (also listed in the reference section) were utilized in the health data collection process
  - Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, New Mexico Department of Health, Community Commons, United States Census Bureau, and the Centers for Disease Control and Prevention
- Interview Methodology
  - UCGH provided CHC Consulting with a list of persons with special knowledge of public health in Union County, including public health representatives and other individuals who focus specifically on underrepresented groups
  - From that list, ten in depth phone interviews were conducted using a structured interview guide
  - Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

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Process and Methodology

Methodology (continued)

- Evaluation of Hospital's Impact
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - UCGH provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report
- Prioritization Strategy
  - Six significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
  - Three factors were used to rank those needs during the CHNA Team March 13, 2019
  - See the prioritization section for a more detailed description of the prioritization methodology

HOSPITAL BIOGRAPHY

Hospital Biography

About Union County General Hospital

Union County General Hospital (UCGH) is an acute care hospital located in Clayton, New Mexico. As the key hospital for the region, UCGH offers a wide array of services which includes:

- primary care
- emergency care
- inpatient care
- therapy services
- surgical services
- swing bed care
- a full medical staff
- state-of-the-art equipment

UCGH provides the highest quality health care services possible to the residents of Union County and surrounding areas.

UCGH also provides telemedicine with UNM for Pediatric Emergency, Telemed and Neurology/Neurosurgery Telemed, and operates a weekly school-based clinic at the Des Moines public schools.

UCGH is managed by Community Hospital Corporation (CHC) of Plano, Texas. CHC owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC Continue Care. These organizations share a common purpose to guide, support and enhance the mission of community hospitals and health care providers.

This means that patients of Union County General Hospital enjoy small-town personal care and the advantages of a large support network. To this end, UCGH believes in providing opportunities for the community to learn more about improving their health.

To help the citizens of Clayton and Union County remain healthy, UCGH conducts regular health fairs, provides flu shots, sports physicals, and weekly health information through the newspaper. In addition, UCGH offers useful health information through their Facebook page.

Source: Union County General Hospital, "About Us;" http://ucgh.net/about-us/; data accessed March 12, 2019.

Hospital Biography

Services

- Union County Health Center Rural Health Clinic
- Laboratory Testing
- Radiology
- Rehabilitation
- Nursing
- Swing Bed Care
- Surgical Care
- Emergency Care
- Pharmacy
- Respiratory Care
- Sleep Study
- Home Health
- Durable Medical Equipment
- Trauma Care

Source: Union County General Hospital, "About Us;" http://ucgh.net/services/; data accessed March 12, 2019.

Hospital Biography

Mission, Vision and Values

Mission Statement

The Mission of Union County General Hospital is to be a full service, acute care hospital in Clayton, New Mexico that provides the highest possible quality of health care services to the residents of Union County and surrounding areas.

Vision Statement

Union County General Hospital seeks to be the health care provider of choice for the residents of Union County and surrounding areas by providing services that equal or exceed in quality those that are available elsewhere. We seek to be the leader in the planning and coordination of health care services for the region.

Values

- We are committed to caring for the total well being of the patients and community we serve.
- We recognize each of those we serve as an individual deserving of respect, honor and dignity.
- We foster a positive and progressive environment, encouraging creativity, innovation, growth and satisfaction for all employees.
- We are committed to innovation and leadership in health care activities, governance and community relationships.
- We believe our success depends on our ability to consistently provide the highest quality of care and service to all of our customers.
- We are committed to excellence through collaborative management, accountability and fiscal responsibility.

Source: Union County General Hospital, FY20 Business Plan, information received on January 22, 2019.

STUDY AREA

Union County General Hospital

Study Area

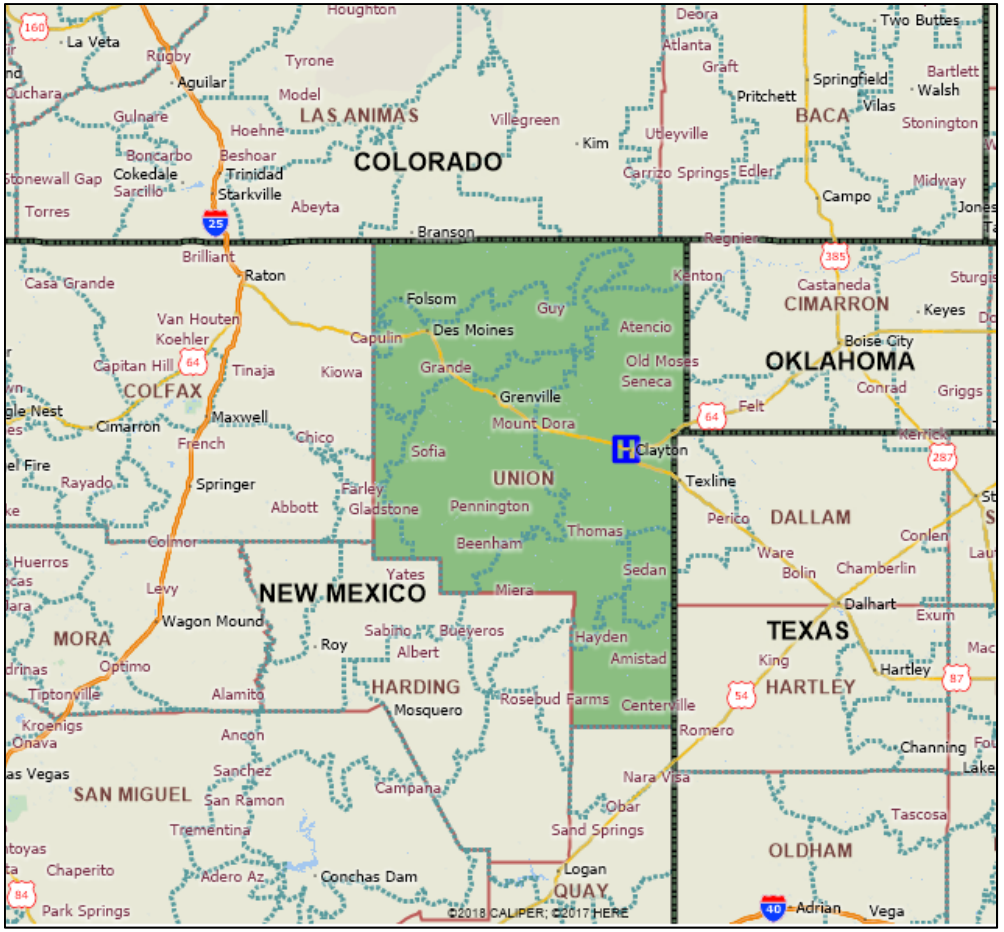
- Union County comprises 86.6% of FY 2018 Inpatient Discharges
- Indicates the hospital

Union County General Hospital

Patient Origin by Timeframe: July 1, 2017 - June 30, 2018

County	State	FY 2018 Discharges	% of Total	Cumulative % of Total
Union County	NM	155	86.6%	86.6%
All Others		24	13.4%	100.0%
Total		**179**	**100.0%**	

Source: Hospital inpatient discharge data provided by Union County General Hospital by DRG; July 2017- June 2018.



Note: the 2016 UCGH CHNA and Implementation Plan report studied Union County, New Mexico, which comprised 88.8% of FY 2015 (July 1, 2014 – June 30, 2015) inpatient discharges.

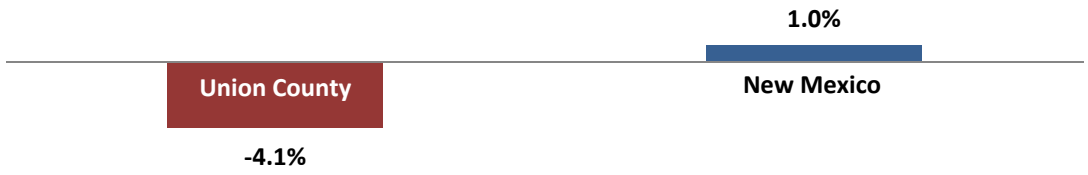
DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

Projected 5-Year Population Growth

2018-2023

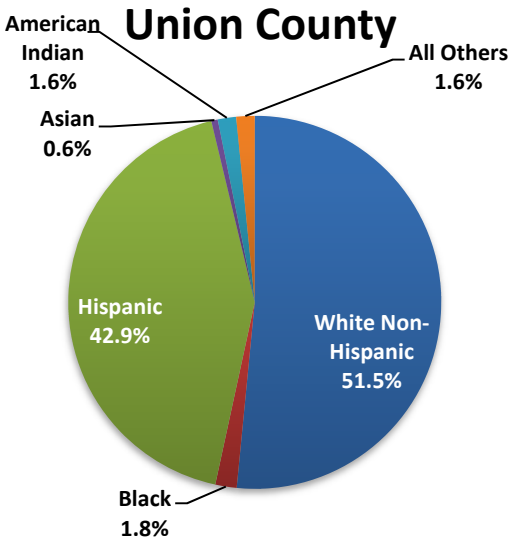


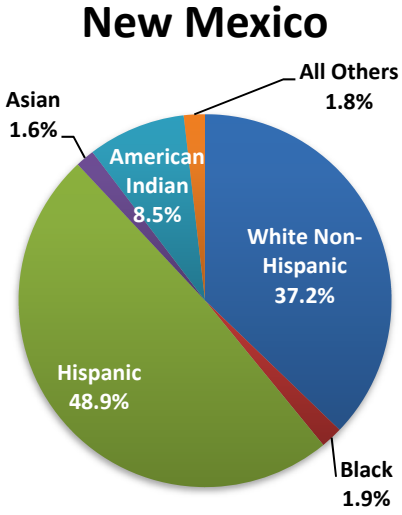
Overall Population Growth					
Geographic Location	**2010**	**2018**	**2023**	**2018-2023 Change**	**2018-2023 % Change**
Union County	4,549	4,109	3,939	-170	-4.1%
New Mexico	2,059,179	2,081,363	2,101,278	19,915	1.0%

Source: Truven Health's Market Expert; data accessed December 31, 2018.

Population Health

Population Composition by Race/Ethnicity

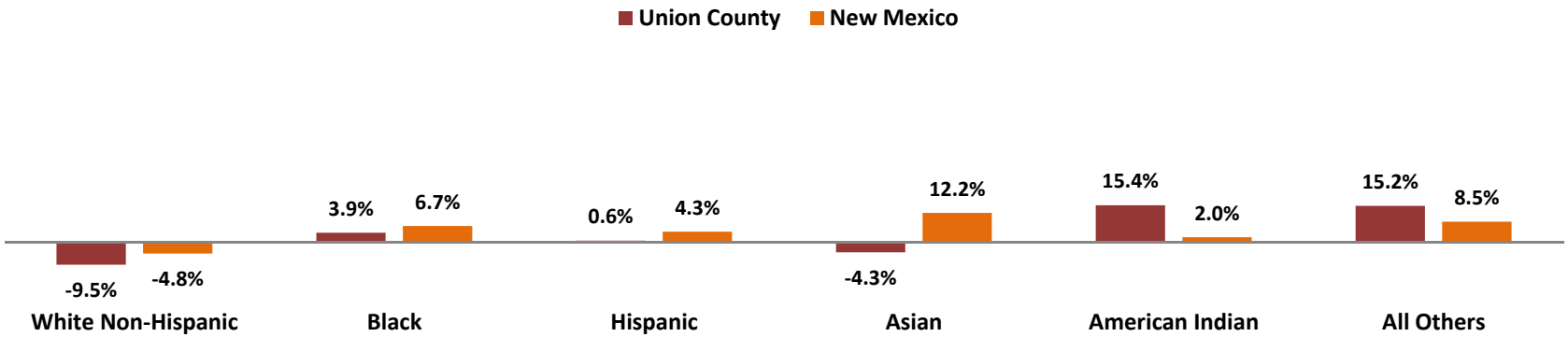




Union County					
Race/Ethnicity	**2010**	**2018**	**2023**	**2018-2023 Change**	**2018-2023 % Change**
White Non-Hispanic	2,549	2,118	1,916	-202	-9.5%
Black	74	76	79	3	3.9%
Hispanic	1,805	1,761	1,771	10	0.6%
Asian	23	23	22	-1	-4.3%
American Indian	50	65	75	10	15.4%
All Others	48	66	76	10	15.2%
Total	**4,549**	**4,109**	**3,939**	**-170**	**-4.1%**
New Mexico					
Race/Ethnicity	**2010**	**2018**	**2023**	**2018-2023 Change**	**2018-2023 % Change**
White Non-Hispanic	833,810	773,797	736,471	-37,326	-4.8%
Black	35,462	39,769	42,432	2,663	6.7%
Hispanic	953,403	1,018,822	1,062,427	43,605	4.3%
Asian	27,551	33,947	38,090	4,143	12.2%
American Indian	175,368	176,618	180,182	3,564	2.0%
All Others	33,585	38,410	41,676	3,266	8.5%
Total	**2,059,179**	**2,081,363**	**2,101,278**	**19,915**	**1.0%**

Race/Ethnicity Projected 5-Year Growth

2018-2023

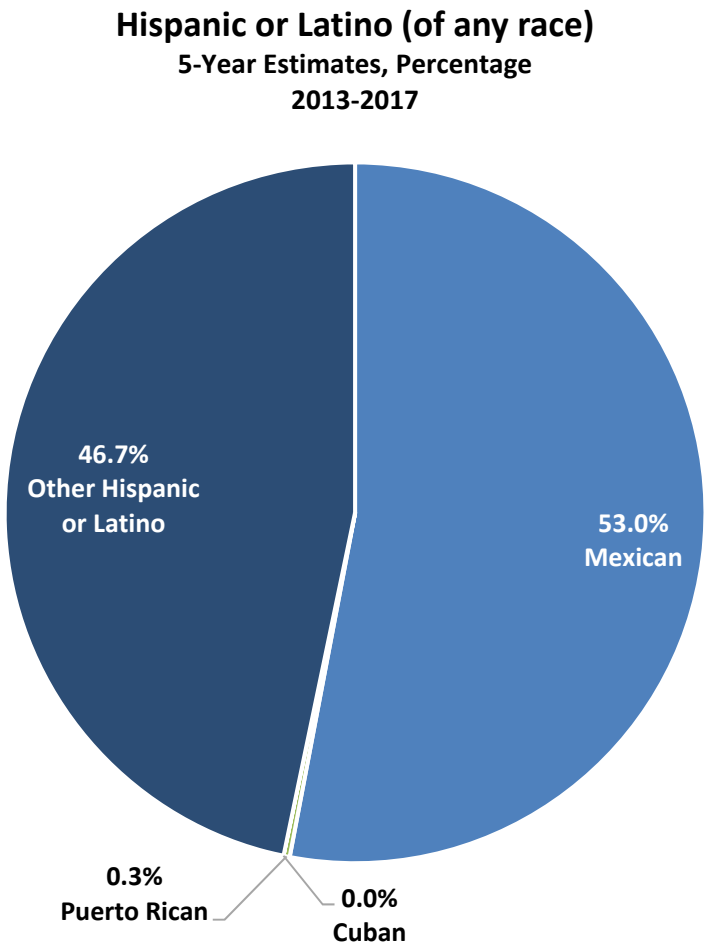


Source: Truven Health's Market Expert; data accessed December 31, 2018.

Population Health

Population Composition by Race/Ethnicity - Hispanic

- In 2013-2017, the Union County Hispanic or Latino population was composed of a majority Mexican population (53.0%), followed by Other Hispanic or Latino (46.7%) and Puerto Rican (0.3%).

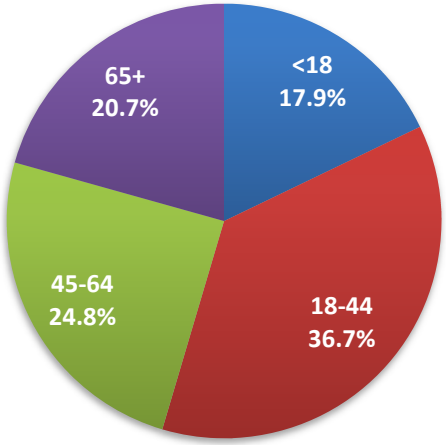


Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, data filtered for Union County, NM, https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml; information accessed March 11, 2019.

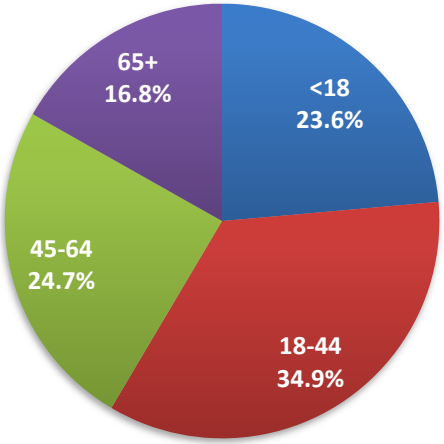
Population Health

Population Composition by Age Group

Union County



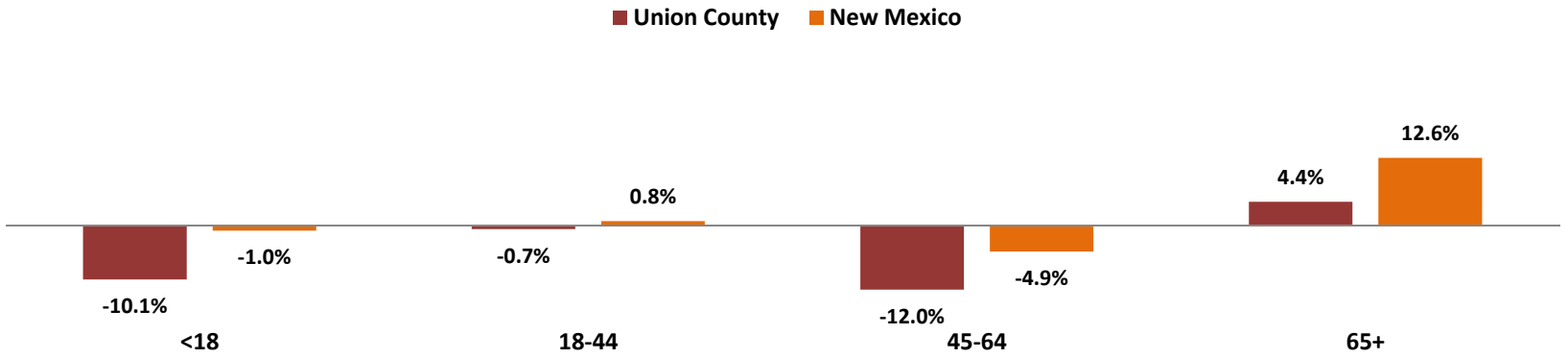
New Mexico



Union County				
Age Cohort	**2018**	**2023**	**2018-2023 Change**	**2018-2023 % Change**
<18	734	17.9%	660	16.8%
18-44	1,509	36.7%	1,498	38.0%
45-64	1,017	24.8%	895	22.7%
65+	849	20.7%	886	22.5%
Total	**4,109**	**100.0%**	**3,939**	**100.0%**
New Mexico				
Age Cohort	**2018**	**2023**	**2018-2023 Change**	**2018-2023 % Change**
<18	491,090	23.6%	486,274	23.1%
18-44	726,817	34.9%	732,833	34.9%
45-64	513,165	24.7%	487,766	23.2%
65+	350,291	16.8%	394,405	18.8%
Total	**2,081,363**	**100.0%**	**2,101,278**	**100.0%**

Age Projected 5-Year Growth

2018-2023

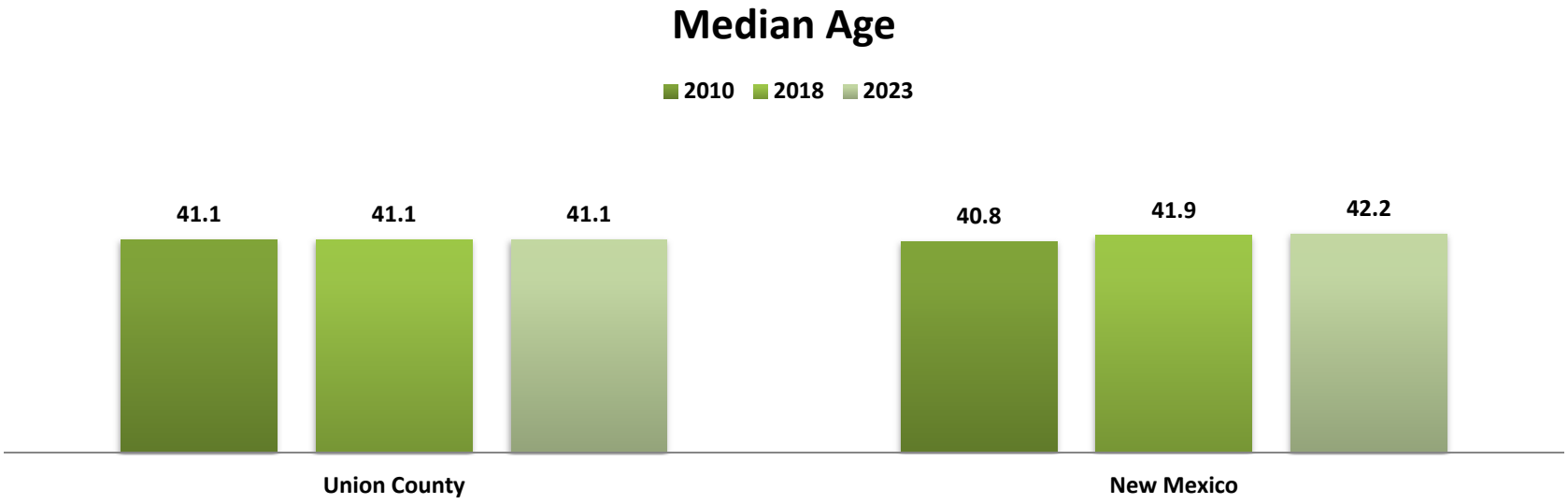


Source: Truven Health's Market Expert; data accessed December 31, 2018.

Population Health

Median Age

- As of 2018, Union County (41.1 years) has a younger median age than the state (41.9 years).
- The median age in Union County is expected to remain steady, while the state is expected to slightly increase over the next five years.

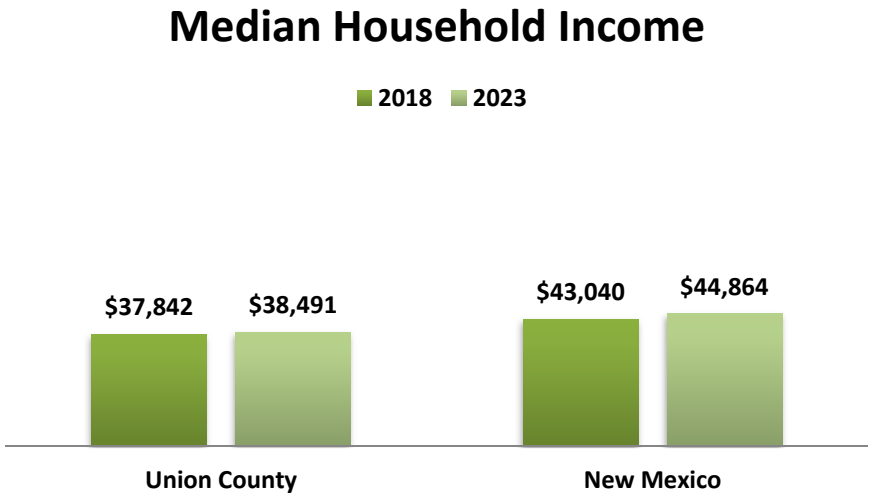


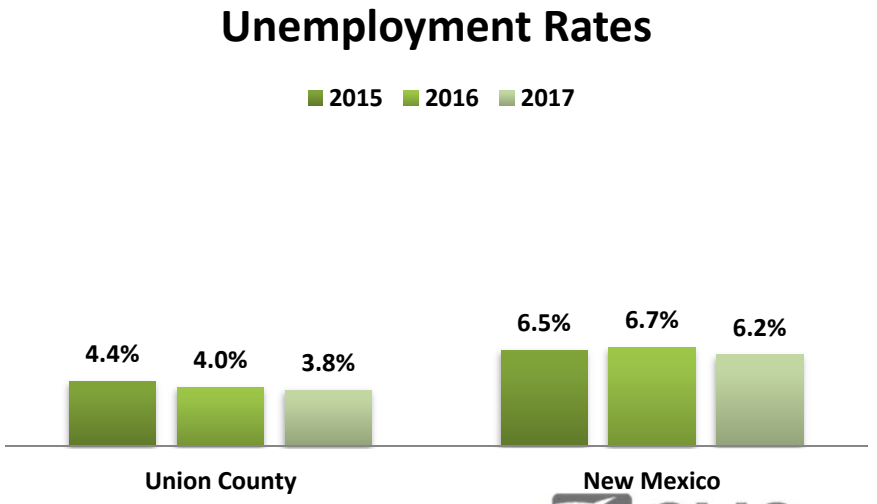
Source: Truven Health's Market Expert; data accessed December 31, 2018.

Population Health

Median Household Income & Unemployment

- The median household income in Union County ($37,842) is lower than that of the state ($43,040).
- Between 2018 and 2023, the median household incomes in Union County and the state are expected to increase.
- The unemployment rates in both Union County and the state overall decreased between 2015 and 2017.
- The unemployment rate in Union County (3.8%) is lower than the state rate (6.2%) (2017).



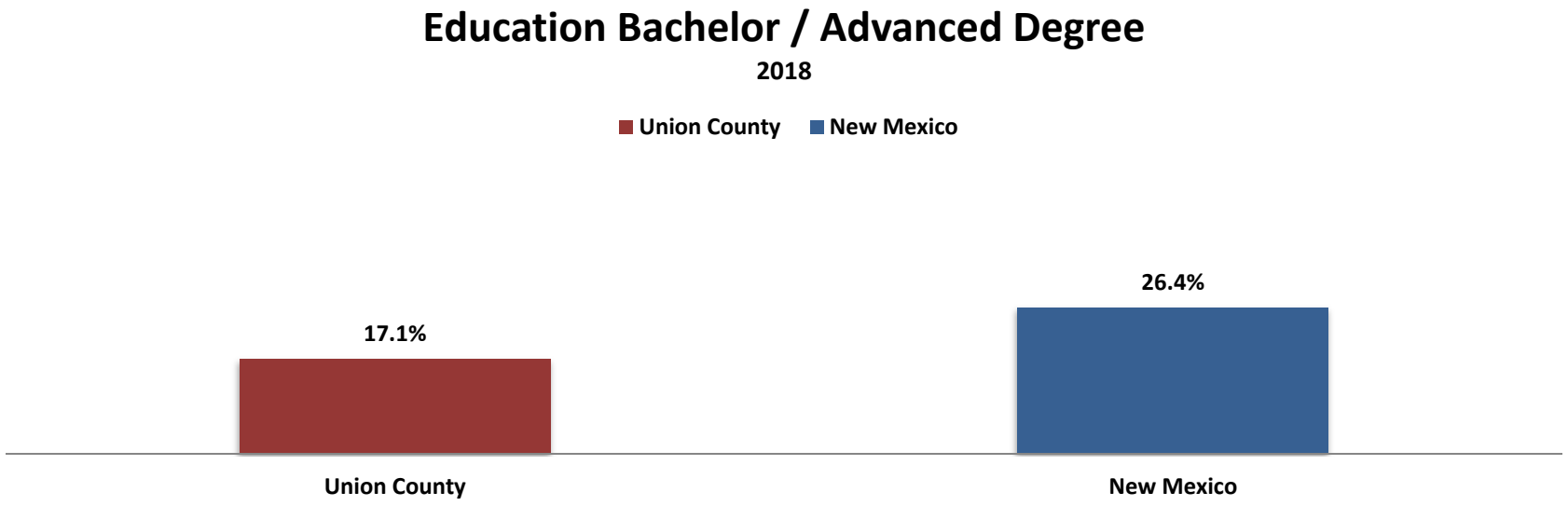


Source: Truven Health's Market Expert; data accessed December 31, 2018.
Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed January 2, 2019.

Population Health

Educational Attainment

- Union County (17.1%) has a lower percentage of residents with a bachelor or advanced degree than the state (26.4%).

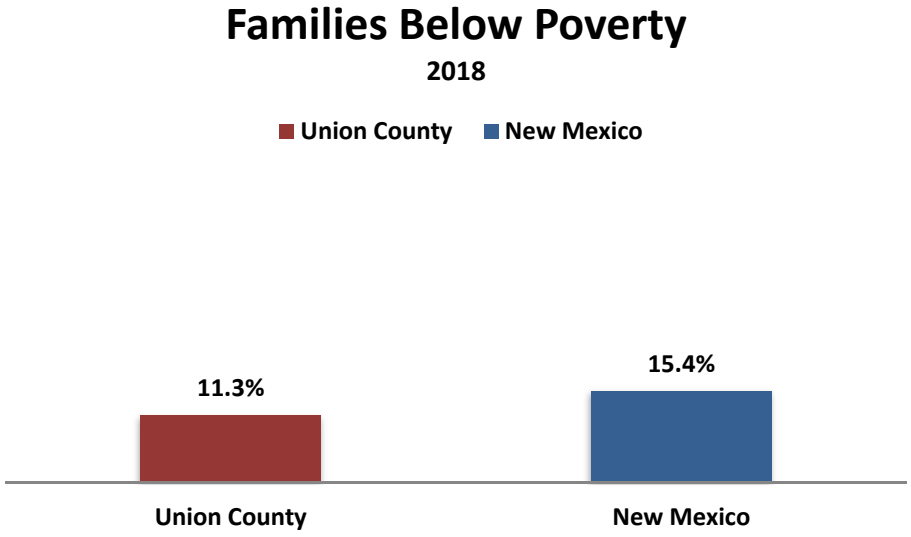


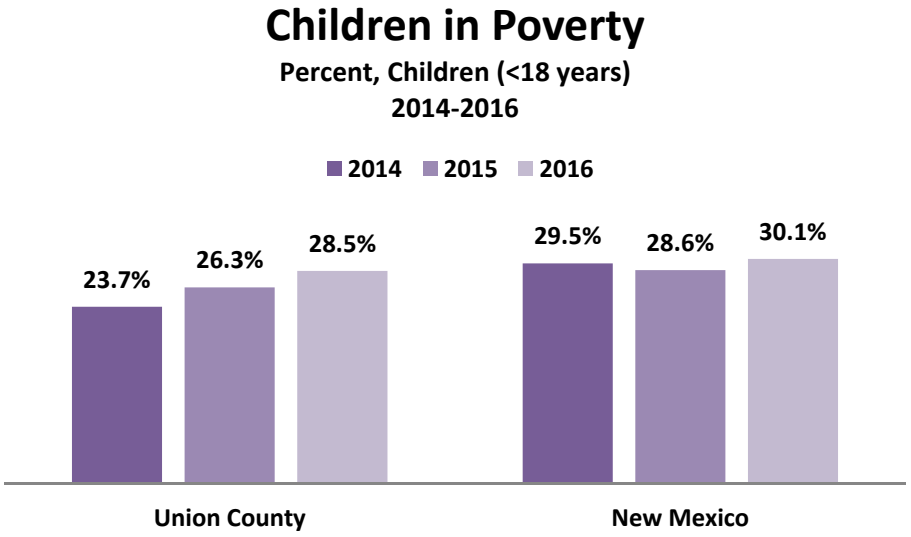
Source: Truven Health's Market Expert; data accessed December 31, 2018.

Population Health

Poverty

- Union County (11.3%) has a lower percentage of families living below the poverty line as compared to the state (15.4%).
- Between 2014 and 2016 the percentage of children (<18 years) living below poverty in Union County and the state increased.
- In 2016, Union County (28.5%) had a slightly lower percentage of children (<18 years) living below poverty than the state (30.1%).



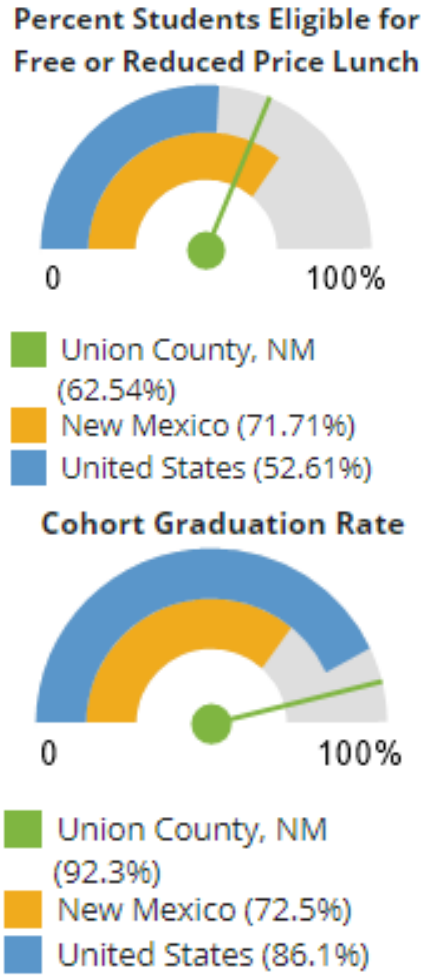


Source: Truven Health's Market Expert, data accessed December 31, 2018.
Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Union County, NM, www.datacenter.kidscount.org; data accessed January 1, 2019.
Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.
Note: The 2016 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than $24,300, and less than 200% of the federal poverty level if the household income is less than $48,600. Please see the appendix for the full 2016 Federal Poverty Guidelines.

Population Health

Children in the Study Area

- In 2015-2016, Union County (62.5%) has a lower percentage of public school students eligible for free or reduced price lunch than the state (71.7%) but a higher rate than the nation (52.6%).
- Union County (92.3%) has a higher high school graduation rate than the state (72.5%) and the nation (86.1%) (2015-2016).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 17, 2018.
Cohort Graduation Rate Definition: Students receiving a high school diploma within four years.

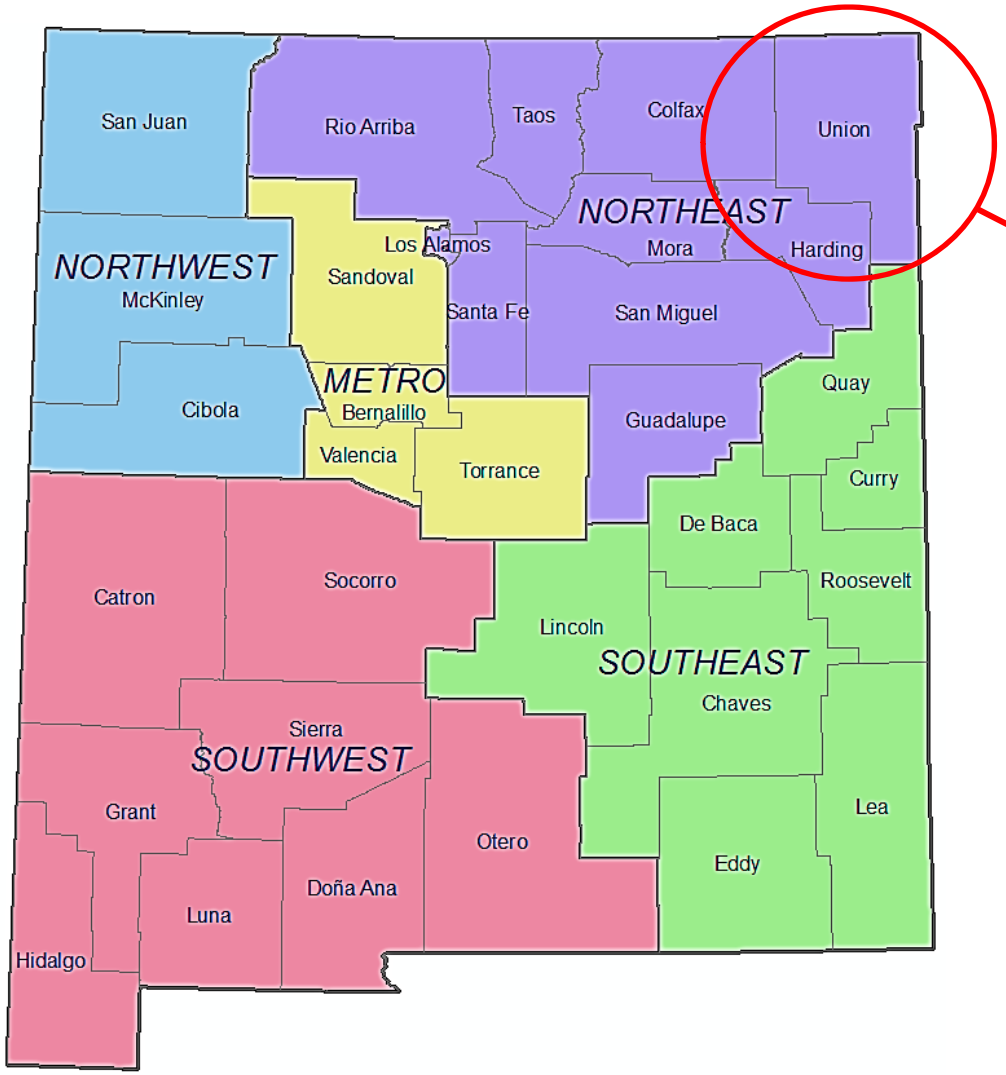
HEALTH DATA OVERVIEW

Data Methodology

- **The following information outlines specific health data:**
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and health care access
- **Data Sources include, but are not limited to:**
  - New Mexico Department of State Health Services
  - New Mexico Cancer Registry
  - Small Area Health Insurance Estimates (SAHIE)
  - Community Commons
  - The Behavioral Risk Factor Surveillance System (BRFSS)
    - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
    - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
    - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
  - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
  - United States Census Bureau
- **Data Levels:** Nationwide, state, regional, and county level data

CHC Community Hospital Consulting

Regional Map



Northeast Region

Counties

- Rio Arriba
- Taos
- Colfax
- Union
- Los Alamos
- Santa Fe
- Mora
- San Miguel
- Guadalupe
- Harding

Source: New Mexico Department of Health, Public Health Regions, http://nmhealth.org/about/phd/region/; data accessed February 26, 2019.

County Health Rankings & Roadmaps

Union County, New Mexico

- The County Health Rankings rank 32 counties in New Mexico (1 being the best, 32 being the worst).
- Many factors go into these rankings. A few examples include:
  - Clinical Care:
    - Uninsured
    - Primary care physicians
    - Preventable hospital stays
    - Mammography screening
  - Physical Environment:
    - Air pollution – particulate matter
    - Drinking water violations
    - Severe housing problems
    - Driving alone to work

2019 County Health Rankings	Union County
Health Outcomes	**10**
LENGTH OF LIFE	17
QUALITY OF LIFE	3
Health Factors	**7**
HEALTH BEHAVIORS	17
CLINICAL CARE	25
SOCIAL & ECONOMIC FACTORS	2
PHYSICAL ENVIRONMENT	3

Note: Green represents the best ranking for the county, and red represents the worst ranking.

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed March 21, 2019.
Note: Please see the appendix for full methodology.
Note: County Health Rankings ranks 32 of the 33 counties in New Mexico.

Top 10 Causes of Death

State/County Comparison (2011-2017)

Rank	Union County	New Mexico
1	Heart disease (ICD10: I00-I09, I11, I13, I20-I51)	Heart disease (ICD10: I00-I09, I11, I13, I20-I51)
2	Cancer (ICD10: C00-C97)	Cancer (ICD10: C00-C97)
3	Chronic lower respiratory diseases (ICD10: J40-J47)	Unintentional injuries (ICD10: V01-X59, Y85-Y86)
4	Unintentional injuries (ICD10: V01-X59, Y85-Y86)	Chronic lower respiratory diseases (ICD10: J40-J47)
5	Diabetes mellitus (ICD10: E10-E14)	Cerebrovascular disease (stroke) (ICD10: I60-I69)
6	-	Diabetes mellitus (ICD10: E10-E14)
7	-	Chronic liver disease and cirrhosis (ICD10: K70, K73-K74)
8	-	Alzheimer's disease (ICD10: G30)
9	-	Suicide (ICD10: X60-X84, Y87.0, *U03)
10	-	Influenza and pneumonia (ICD10: J09-J18)

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Top 10 Causes of Death

State/County Comparison, Age-Adjusted Death Rate (2011-2017)

Mortality Category (2011-2017)	Union County		New Mexico	
	2011-2017 Rate	2011-2017 Trend	2011-2017 Rate	2011-2017 Trend
Heart disease (ICD10: I00-I09, I11, I13, I20-I51)	155.7	↓	146.2	↑
Cancer (ICD10: C00-C97)	145.6	↓	141.7	↓
Chronic lower respiratory diseases (ICD10: J40-J47)	46.3	↓	44.5	↓
Unintentional injuries (ICD10: V01-X59, Y85-Y86)	41.0	-	65.3	↑
Diabetes mellitus (ICD10: E10-E14)	39.0	↑	26.7	↓
Suicide (ICD10: X60-X84, Y87.0, *U03)	-	-	21.6	↑
Chronic liver disease and cirrhosis (ICD10: K70, K73-K74)	-	-	22.4	↑
Kidney Disease (ICD10: N00-N07, N17-N19, N25-N27)	-	-	12.3	↑
Influenza and pneumonia (ICD10: J09-J18)	-	-	14.4	↓
Cerebrovascular disease (stroke) (ICD10: I60-I69)	-	-	32.7	↑

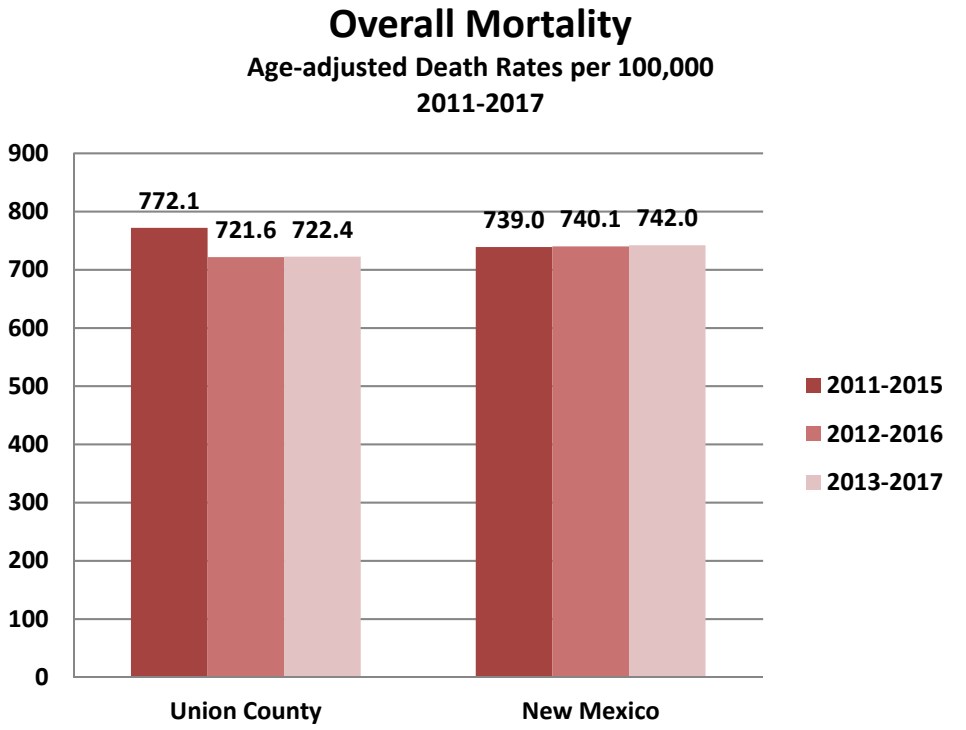
- indicates that the county's rate is lower than the state's rate for that disease category.
- indicates that the county's rate is higher than the state's rate for that disease category.
- ↓ indicates that the rate is trending downwards.
- ↑ indicates that the rate is trending upwards.

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Overall

- Overall mortality rates in Union County decreased between 2011 and 2017, while rates in the state slightly increased.
- In 2013-2017, the overall mortality rate in Union County (722.4 per 100,000) was lower than the state rate (742.0 per 100,000).



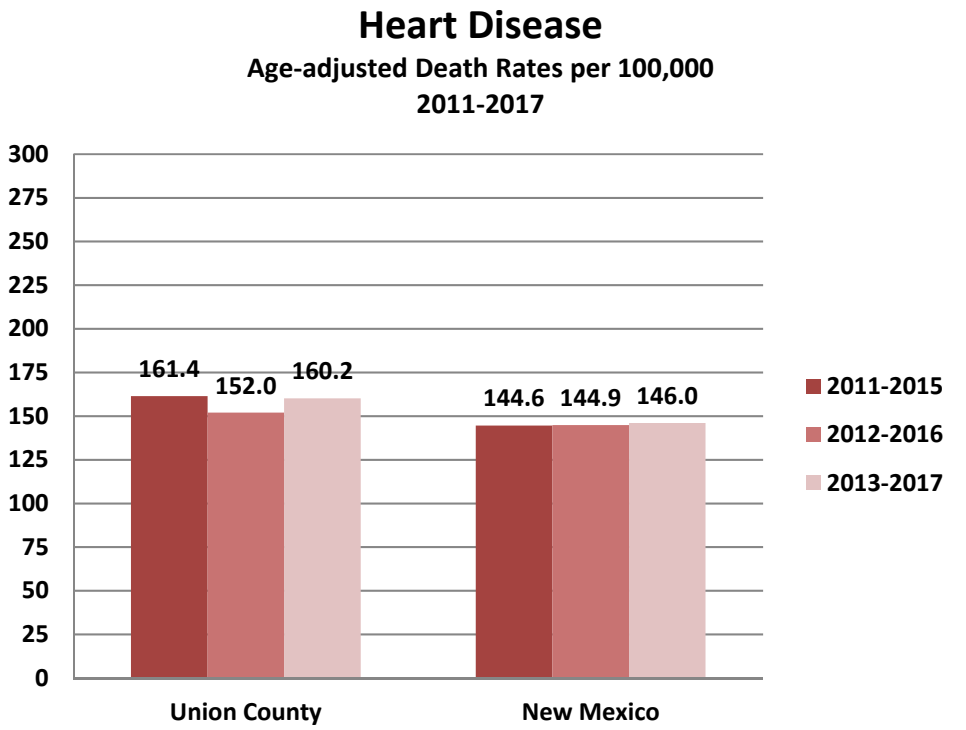
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	244	772.1	227	721.6	226	722.4	322	728.1
New Mexico	84,916	739.0	86,931	740.1	88,963	742.0	121,848	741.3

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Heart Disease

- Heart disease is the leading cause of death in Union County and the state (2011-2017).
- Between 2011 and 2017, heart disease mortality rates slightly decreased in Union County and increased in the state.
- In 2013-2017, the heart disease mortality rate in Union County (160.2 per 100,000) was higher than the state rate (146.0 per 100,000).



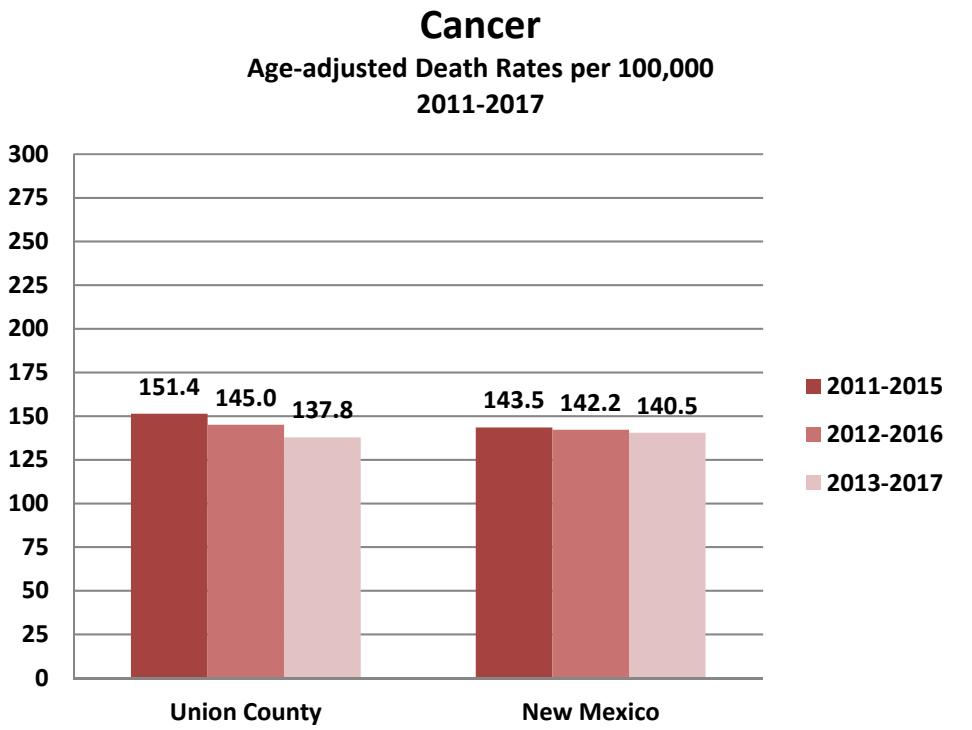
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	55	161.4	52	152.0	55	160.2	75	155.7
New Mexico	16,882	144.6	17,384	144.9	17,973	146.0	24,554	146.2

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Cancer

- Cancer is the second leading cause of death in Union County and the state (2011-2017).
- Between 2011 and 2017, cancer mortality rates decreased in Union County and the state.
- In 2013-2017, the cancer mortality rate in Union County (137.8 per 100,000) was slightly lower than the state rate (140.5 per 100,000).



LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	49	151.4	47	145.0	45	137.8	66	145.6
New Mexico	17,187	143.5	17,479	142.2	17,675	140.5	24,357	141.7

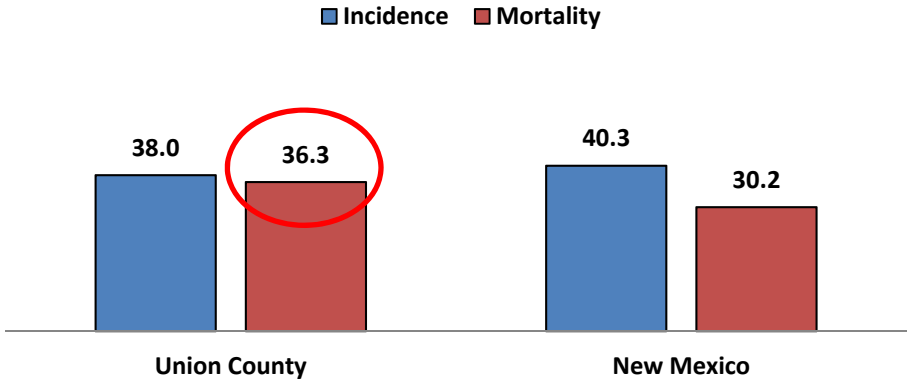
Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Cancer Incidence and Mortality by Type

Age-Adjusted Rates per 100,000 (2011-2015)

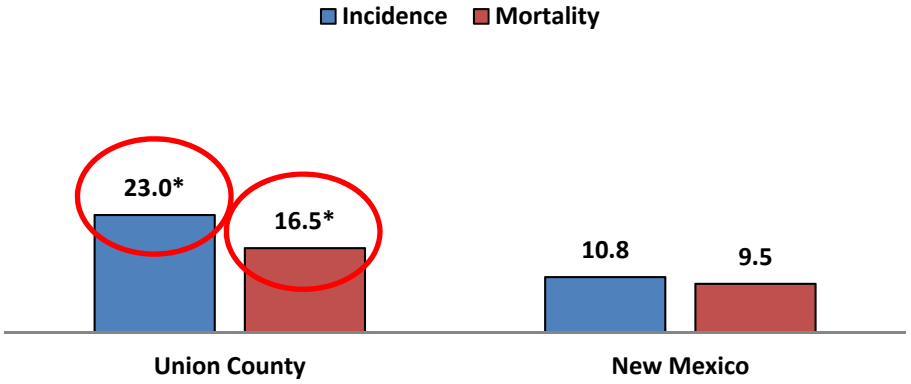
Lung & Bronchus

Age-adjusted Incidence and Mortality Rates per 100,000
2011-2015



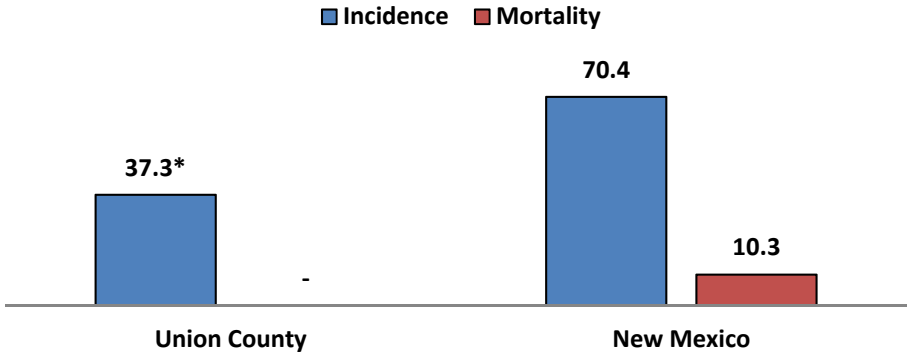
Pancreas

Age-adjusted Incidence and Mortality Rates per 100,000
2011-2015



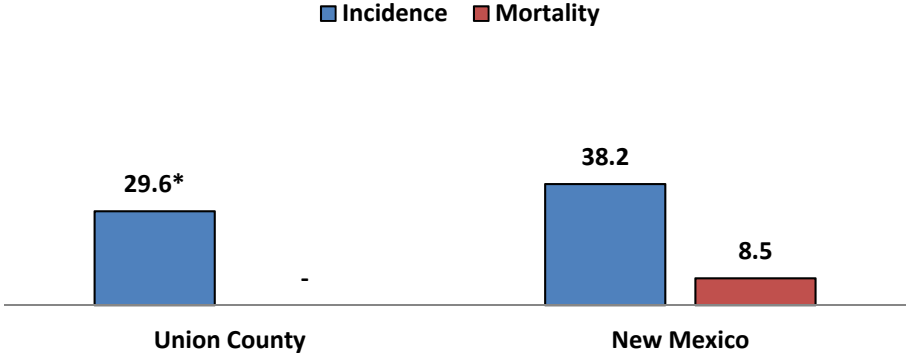
Breast

Age-adjusted Incidence and Mortality Rates per 100,000
2011-2015



Prostate

Age-adjusted Incidence and Mortality Rates per 100,000,
2011-2015

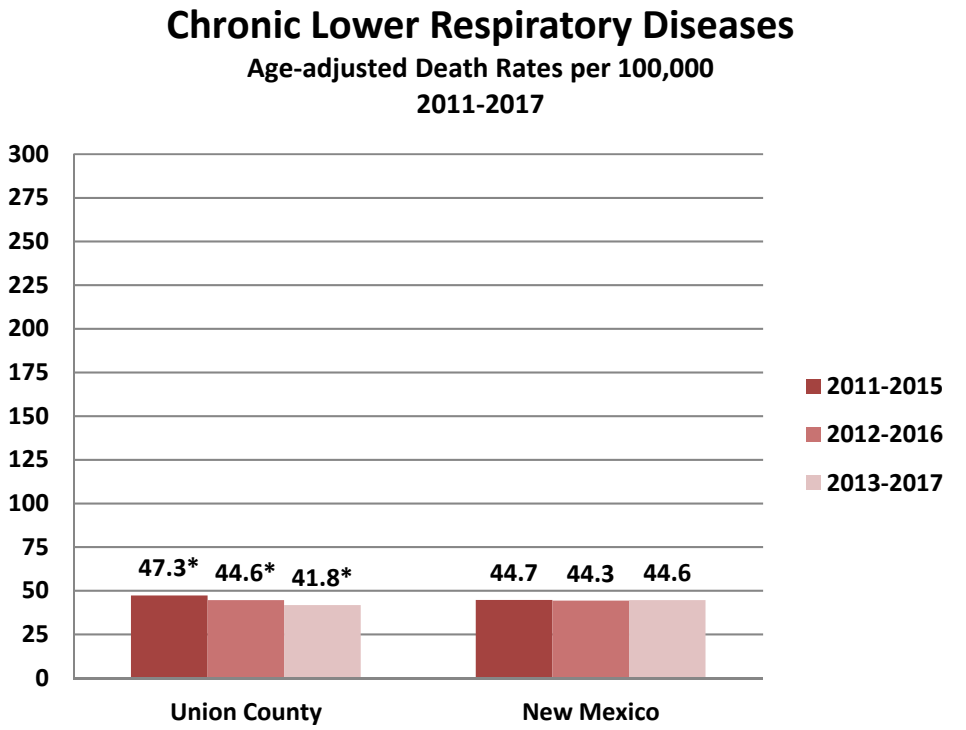


Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Chronic Lower Respiratory Diseases

- Chronic lower respiratory disease (CLRD) is the third leading cause of death in Union County and the fourth leading cause of death in the state (2011-2017).
- Between 2011 and 2017, CLRD mortality rates decreased in Union County and remained relatively steady in the state.
- In 2013-2017, the CLRD mortality rate in Union County (41.8 per 100,000) was slightly lower than the state (44.6 per 100,000).



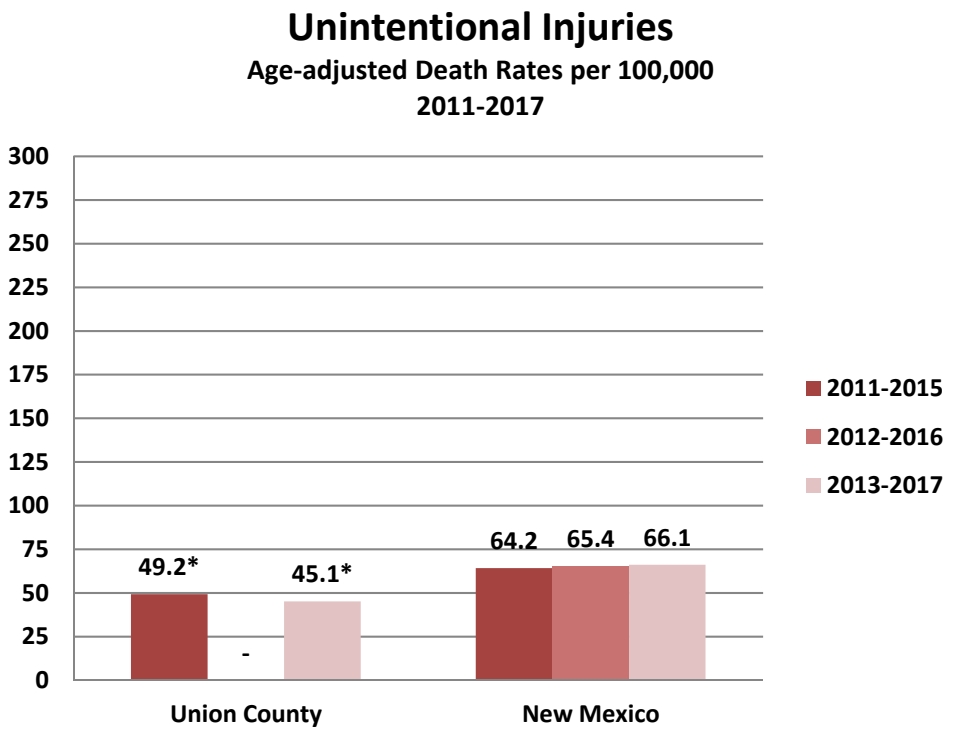
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	16	47.3*	15	44.6*	14	41.8*	22	46.3
New Mexico	5,261	44.7	5,366	44.3	5,548	44.6	7,531	44.5

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Unintentional Injuries

- Unintentional injuries are the fourth leading cause of death in Union County and the third leading cause of death in the state (2011-2017).
- Between 2011 and 2017, unintentional injury mortality rates increased in the state.
- In 2013-2017, the unintentional injury mortality rate in Union County (45.1 per 100,000) was lower than the state rate.
- In 2013-2017, the majority of unintentional injury mortality rates in Union County were due to motor vehicle accidents.



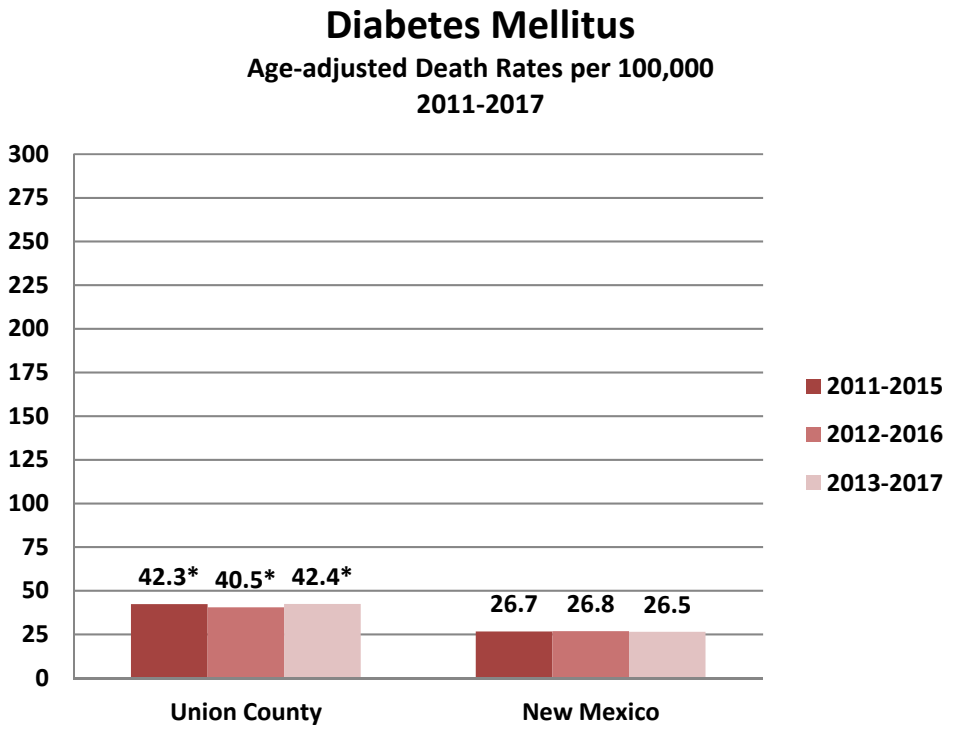
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	14	49.2*	11	-	12	45.1*	16	41.0*
New Mexico	6,775	64.2	6,954	65.4	7,085	66.1	9,712	65.3

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

Mortality

Diabetes Mellitus

- Diabetes mellitus is the fifth leading cause of death in Union County and the sixth leading cause of death in the state (2011-2017).
- Between 2011 and 2017, diabetes mellitus mortality rates remained steady in both Union County and the state.
- In 2013-2017, the diabetes mellitus mortality rate in Union County (42.4 per 100,000) was higher than the state (26.5 per 100,000).



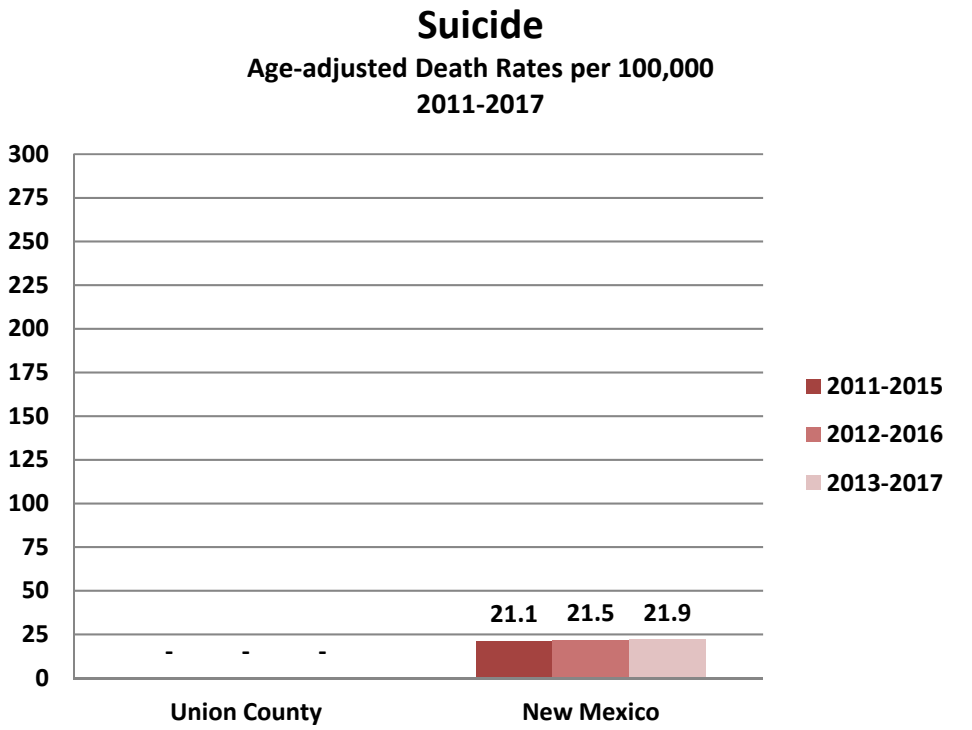
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	13	42.3*	12	40.5*	12	42.4*	16	39.0*
New Mexico	3,158	26.7	3,235	26.8	3,260	26.5	4,502	26.7

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Suicide

- Suicide is the sixth leading cause of death in Union County and the ninth leading cause of death in the state (2011-2017).
- Between 2011 and 2017, suicide mortality rates increased in the state.



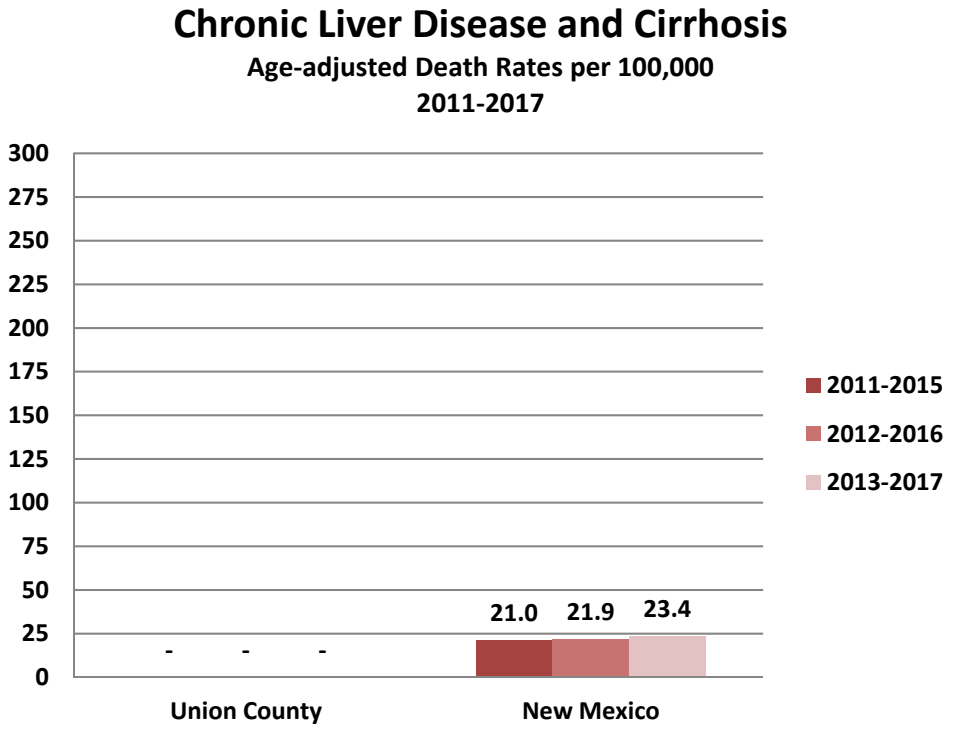
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	5	-	4	-	5	-	8	-
New Mexico	2,229	21.1	2,279	21.5	2,335	21.9	3,189	21.6

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Chronic Liver Disease & Cirrhosis

- Chronic liver disease and cirrhosis is the seventh leading cause of death in Union County and the state (2011-2017).
- Between 2011 and 2017, chronic liver disease and cirrhosis mortality rates increased in the state.



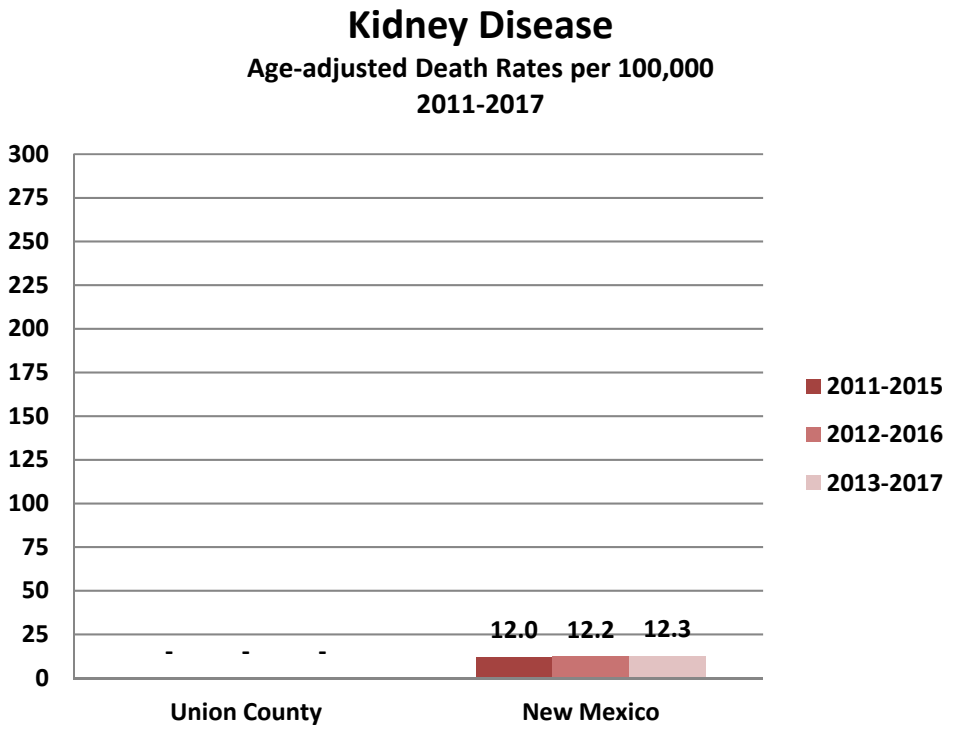
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	6	-	8	-	9	-	10	-
New Mexico	2,415	21.1	2,519	21.9	2,688	23.4	3,585	22.4

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Kidney Disease

- Kidney disease is the eighth leading cause of death in Union county, and is not one of the leading causes of death for the state (2011-2017).
- Between 2011 and 2017, kidney disease mortality rates slightly increased in the state.



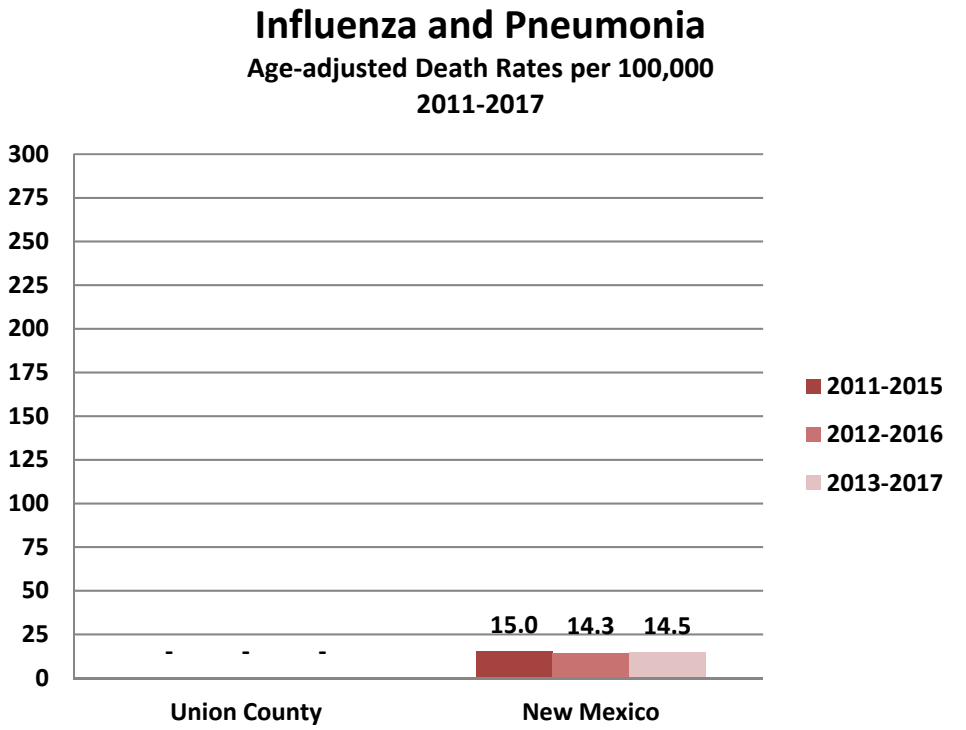
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	6	-	8	-	6	-	9	-
New Mexico	1,435	12.3	1,456	12.2	1,504	12.3	2,057	12.3

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Influenza & Pneumonia

- Influenza and pneumonia is the ninth leading cause of death in Union County and the tenth leading cause of death in the state (2011-2017).
- Between 2011 and 2017, influenza and pneumonia mortality rates decreased in the state.



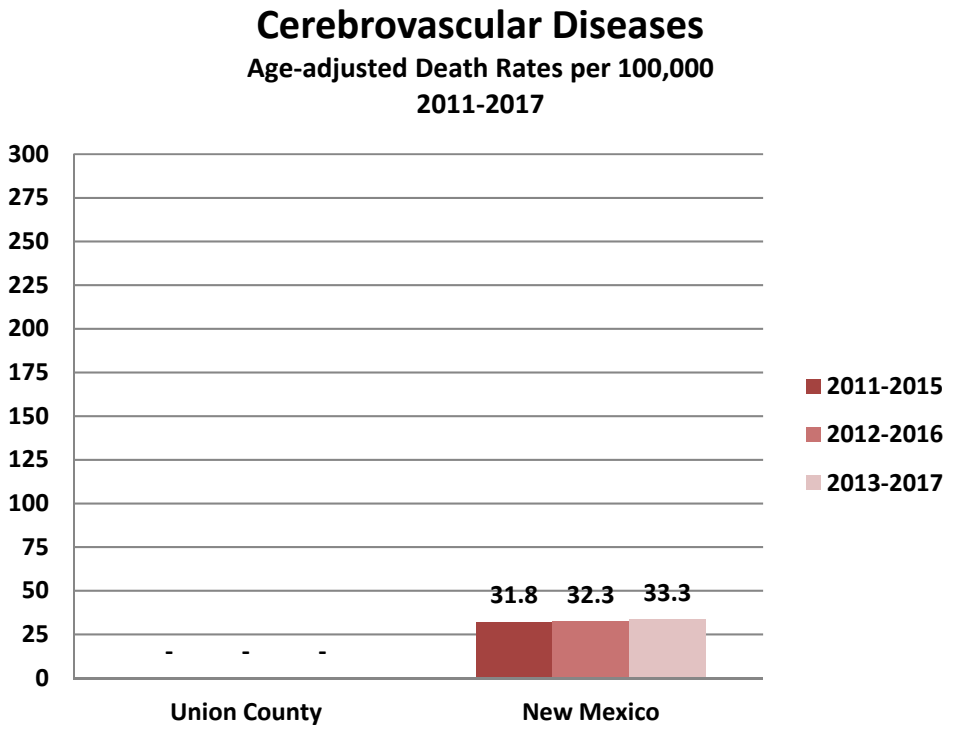
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	6	-	6	-	5	-	6	-
New Mexico	1,668	14.6	1,669	14.3	1,724	14.5	2,357	14.4

Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Mortality

Cerebrovascular Disease

- Cerebrovascular disease is the tenth leading cause of death in Union County and the fifth leading cause of death in the state (2011-2017).
- Between 2011 and 2017, cerebrovascular disease mortality rates increased in the state.



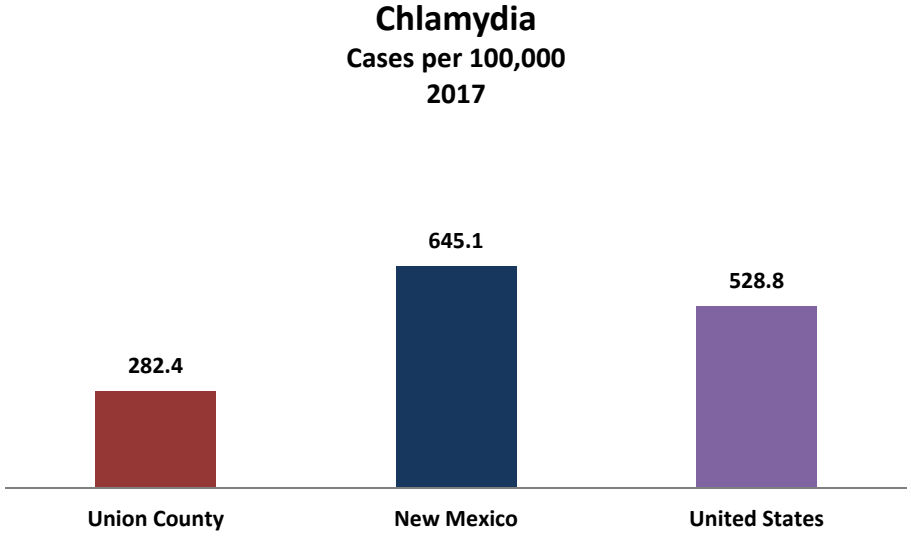
LOCATION	2011-2015		2012-2016		2013-2017		2011-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	7	-	7	-	7	-	7	-
New Mexico	3,653	31.8	3,824	32.3	4,037	33.3	5,406	32.7

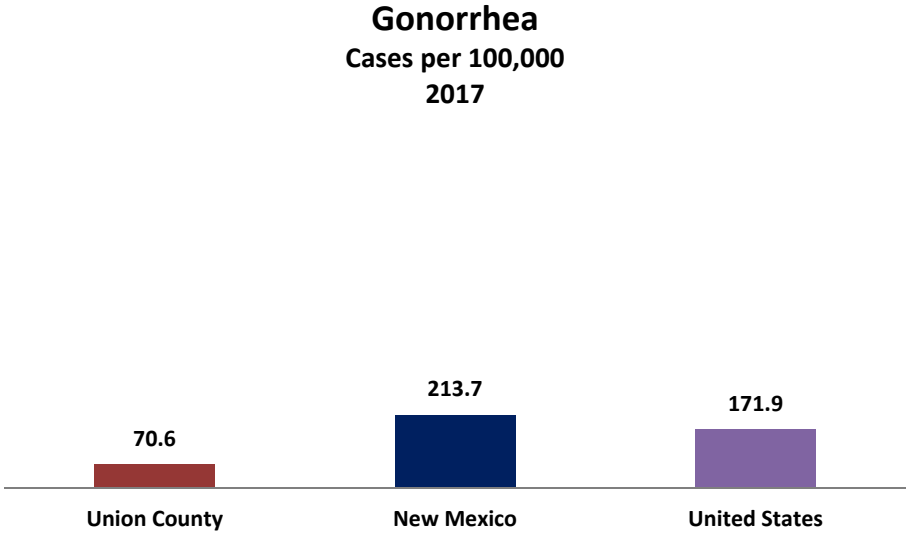
Source: New Mexico Department of Health, New Mexico's Indicator-Based Information System (NM-IBS), Mortality Query Module, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html; data accessed February 20, 2019.
Note: Data have been directly age-adjusted to the U.S. 2000 standard population. "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Communicable Diseases

Chlamydia & Gonorrhea

- In 2017, Union County (282.4 per 100,000) had a lower rate of chlamydia cases than New Mexico (645.1 per 100,000) and the nation (528.8 per 100,000).
- In 2017, Union County (70.6 per 100,000) had a lower rate of gonorrhea cases than New Mexico (213.7 per 100,000) and the nation (171.9 per 100,000).



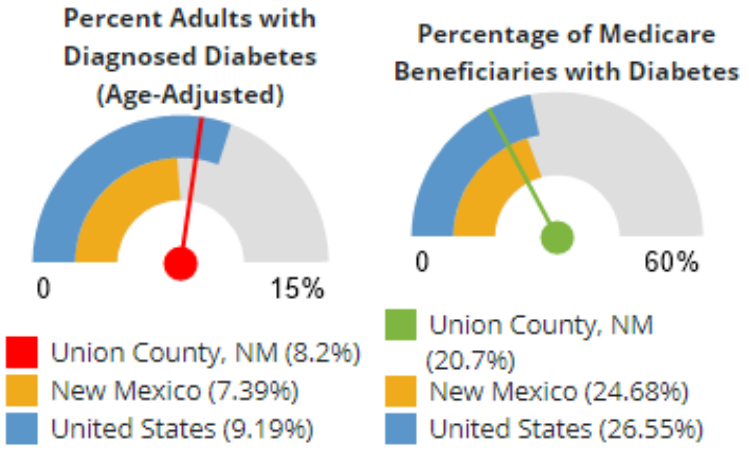


Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.

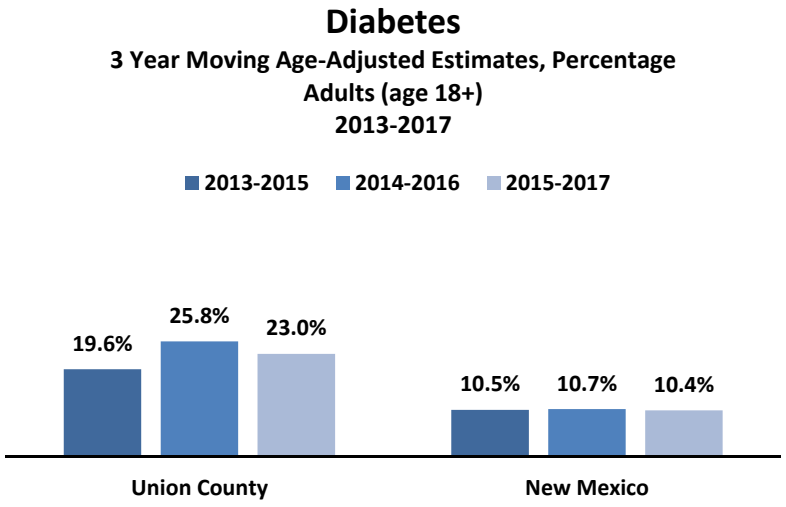
Chronic Conditions

Diabetes Mellitus

- In 2013, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Union County (8.2%) was higher than the state (7.4%) but lower than the national (9.2%) rate.
- In 2015, the percentage of ***Medicare Beneficiaries*** with diabetes in Union County (20.7%) was lower than the state (24.7%) and the national rate (26.6%).
- In 2015-2017, the percent of adults (age 18+) ***ever diagnosed with diabetes*** in Union County (23.0%) was higher than the state rate (10.4%).
- Between 2013 and 2017, the percent of adults (age 18+) ***ever diagnosed with diabetes*** in Union County increased, while rates in the state remained relatively steady.



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

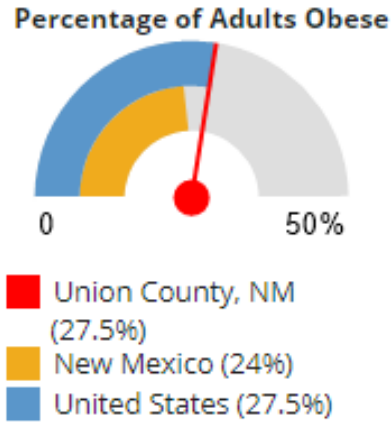


Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?
Note: "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

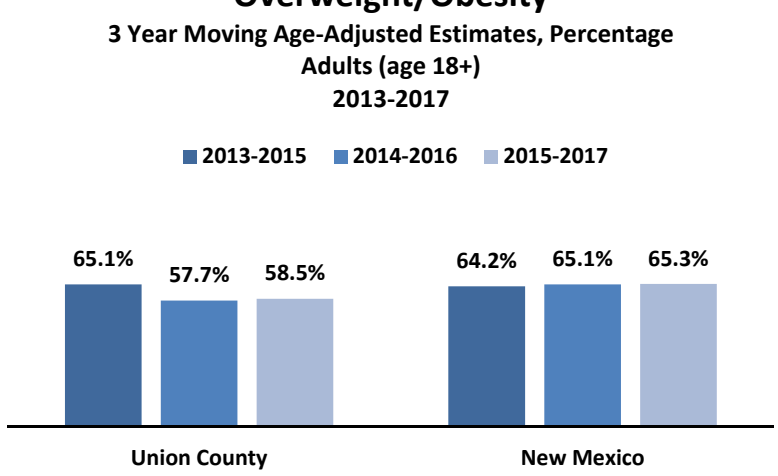
Chronic Conditions

Obesity

- In 2013, Union County (27.5%) had a higher percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (24.0%) but consistent with the nation (27.5%).
- In 2015-2017, the percentage of ***overweight or obese*** adults (age 18+) in Union County (58.5%) was lower than the state rate (65.3%).
- Between 2013 and 2017, the percentage of ***overweight or obese*** adults (age 18+) in Union County decreased, while rates in the state increased.



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



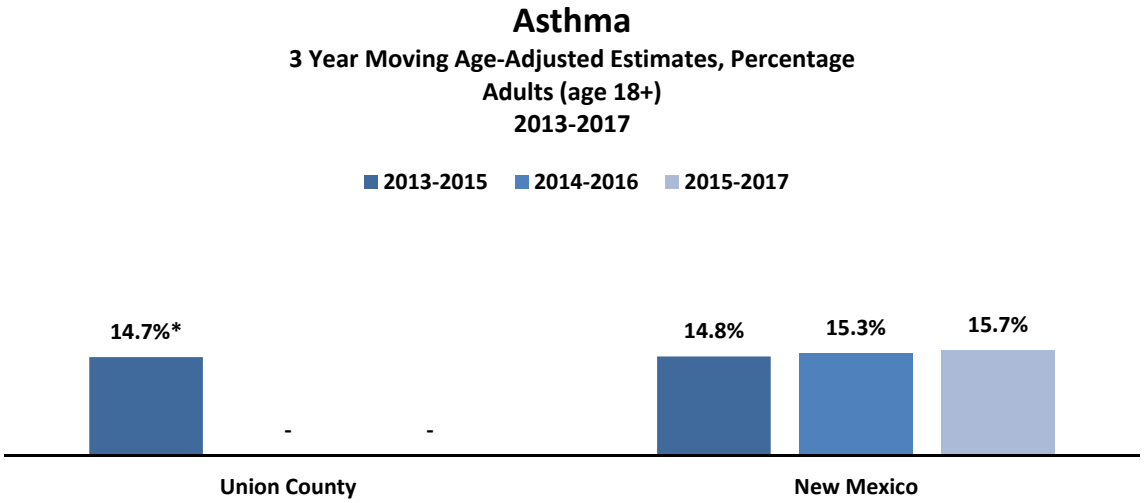
Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Definition: How much do you weigh without shoes? How tall are you without shoes? (Underweight is defined at a BMI less than 18.5, Normal is defined as a BMI 18.5 to less than 25; Overweight, but not obese, is defined as a BMI 25 to less than 30; Obese is defined as a BMI of 30 or more.)
Note: "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

CHC Community Hospital Consulting

Chronic Conditions

Asthma

- In 2013-2015, the percent of adults (age 18+) ***ever diagnosed with asthma*** in Union County (14.7%) was consistent with the state (14.8%).
- Between 2013 and 2017, the percent of adults (age 18+) ***ever diagnosed with asthma*** increased in the state.



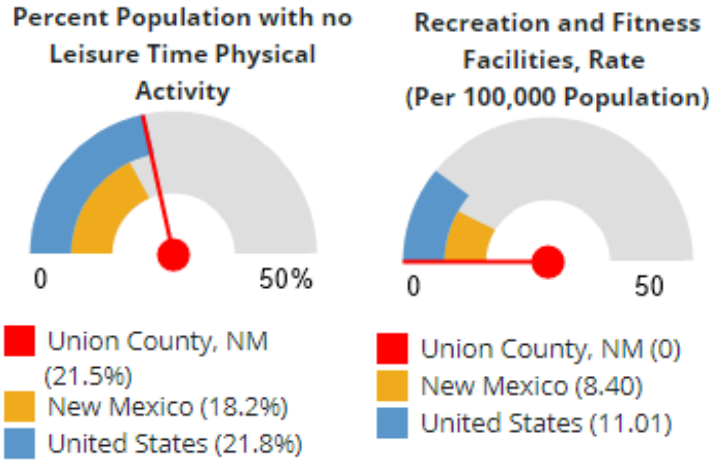
Note: the percentage of adults (age 18+) ever diagnosed with asthma in Union County could not be calculated in 2014-2016 and 2015-2017 due to statistical instability.

Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Definition: Have you ever been told by a doctor or other health professional that you had asthma?

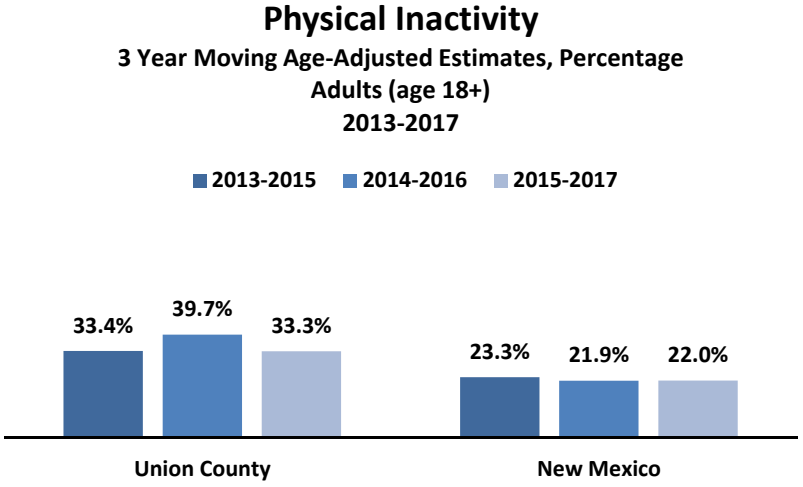
Health Behaviors

Physical Inactivity

- In 2013, the percent of the adult population (age 20+) in Union County (21.5%) that self-reported ***no leisure time for physical activity*** was higher than the state (18.2%) and consistent with the national rate (21.8%).
- In 2016, the number per 100,000 population of recreation and fitness facilities in Union County (0.0) was lower than the state (8.4) and national rates (11.0).
- In 2015-2017, the percentage of adults (age 18+) that ***did not participate in physical activity for exercise*** in Union County (33.3%) was higher than the state rate (22.0%).
- Between 2013 and 2017, the percentage of adults (age 18+) that ***did not participate in physical activity for exercise*** in Union County fluctuated, while rates in the state overall decreased.



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



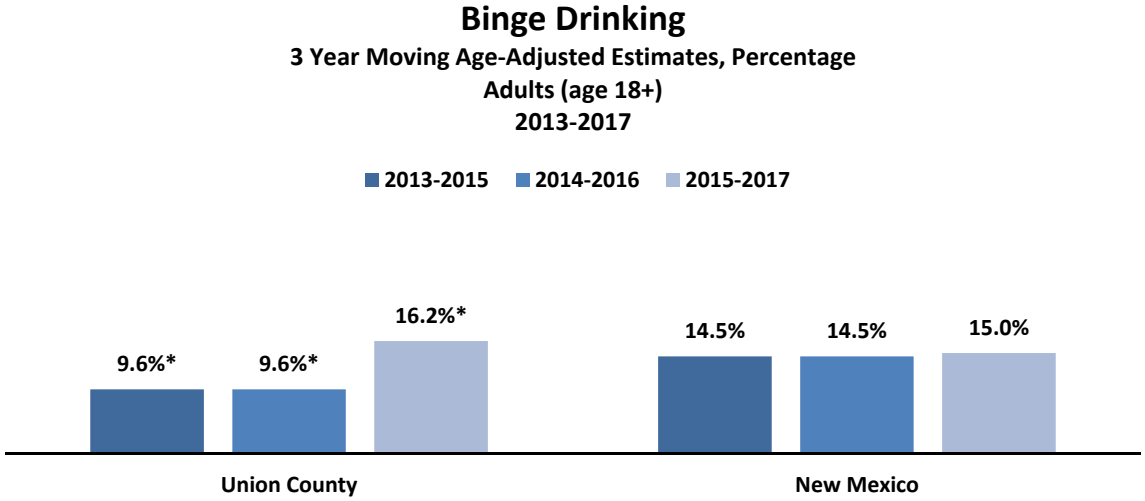
Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Recreation and Fitness Facility Definition: establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports
Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Definition: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? *NO*
Note: "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

CHC Community Hospital Consulting

Health Behaviors

Binge Drinking

- In 2015-2017, the percentage of adults (age 18+) ***at risk of binge drinking*** in Union County (16.2%) was higher than the state rate (15.0%).
- Between 2013 and 2017, the percentage of adults (age 18+) ***at risk of binge drinking*** in Union County and the state increased.

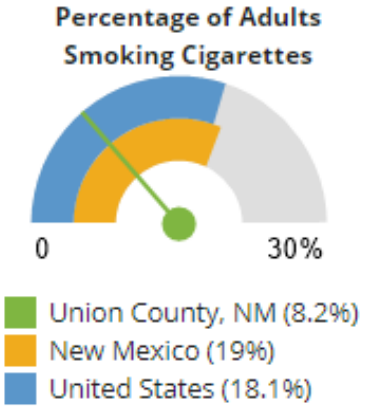


Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Definition: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men or 4 or more drinks for women) on an occasion?
Note: "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

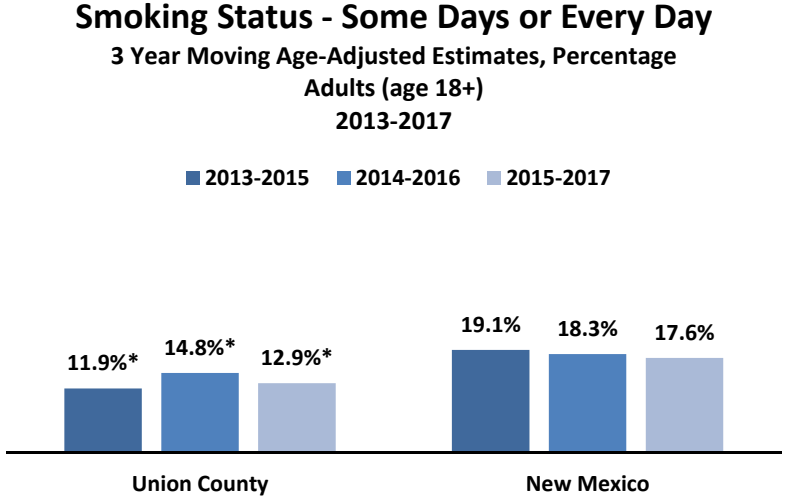
Health Behaviors

Smoking

- The percent of the adult (age 18+) population in Union County (8.2%) that self-reported ***currently smoking cigarettes some days or every day*** was lower than the state (19.0%) and national rates (18.1%) (2006-2012).
- In 2015-2017, the percent of adults (age 18+) that ***reported smoking cigarettes some days or every day*** in Union County (12.9%) was lower than the state rate (17.6%).
- Between 2013 and 2017, the percent of adults (age 18+) that ***reported smoking cigarettes some days or every day*** overall increased in Union County and decreased in the state.



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.



Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Frequency of Smoking Definition: Do you now smoke cigarettes every day, some days, or not at all? *(Respondents that reported smoking 'Some Days' and 'Every Day' are included in this chart)*
Note: Smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.
Note: "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Health Behaviors

E-Cigarette Use

- In 2017, the percentage of adults (age 18+) that reported ***smoking e-cigarettes some days or every day*** in the Northeast Region (4.4%) was lower than the state rate (5.1%).

E-Cigarette Use Status - Some Days or Every Day
1 Year Age-Adjusted Estimate, Percentage
Adults (age 18+)
2017

Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Definition: Smokes e-cigarettes every day or some days
Note: "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Adolescent Health

Obesity, Tobacco Use, Mental Health, Teen Births

Teen/Adolescent Obesity

1 Year Crude Estimate, Percentage
Youth (age 12-19 years)
2017

Youth Smoking

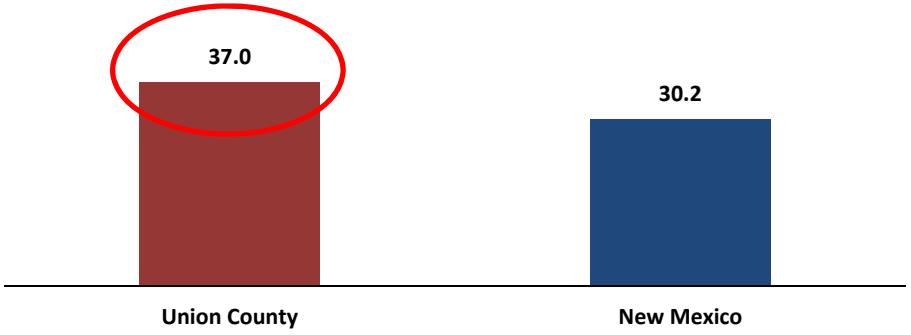
1 Year Crude Estimate, Percentage
Youth (Grades 9-12)
2017

Youth with Persistent Feelings of Sadness and Hopelessness in Past Year

1 Year Crude Estimate, Percentage
Youth (Grades 9-12)
2017

Teen Births

3 Year Crude Estimate, Rate per 1,000
Females (age 15-19)
2015-2017



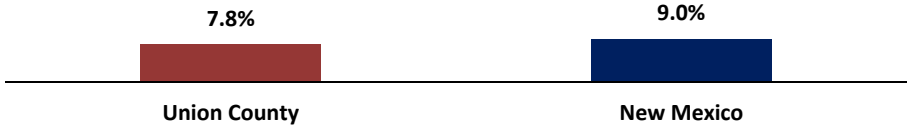
Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Community Health Status Indicators Data, information filtered for Union County, NM, https://ibis.health.state.nm.us/community/snapshot/report/CommunityInd/GeoCnty/59.html?PageName=&showNumerDenom=true&showNotes=true; data accessed February 18, 2019.
Obesity Definition: "Obese" is defined as having a Body Mass Index (BMI) that is at or above the 95th percentile based on age and sex, based on historical reference data. Number of high school students reporting heights and weights that results in a BMI that put them in the 95th percentile or higher for their age and sex from the Youth Risk & Resiliency Survey.
Smoking Definition: A current smoker is defined as a youth in grades 9-12 in a NM public high school who smoked cigarettes on one or more days in the past month.
Persistent Feelings of Sadness and Hopelessness Definition: Percentage of students grades 9-12 in a NM public school who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.
Teen Birth Definition: Teen Birth Rate is the number of births to females in the age group per 1,000 of the age group female population.
Note: "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Maternal and Child Health

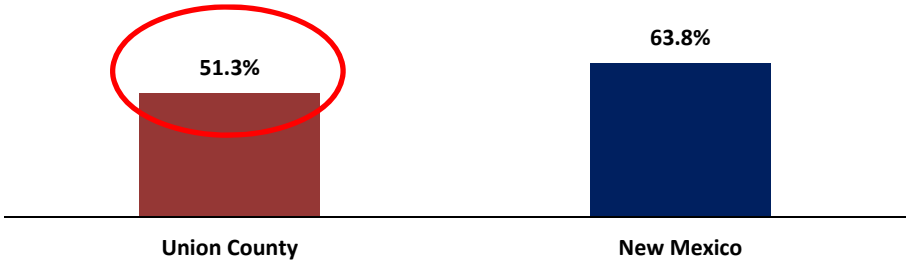
Low Birthweight Births and Prenatal Care During First Trimester

- In 2015-2017, the percentage of ***low birthweight births*** in Union County (7.8%) was lower than the state rate (9.0%).
- In 2017, the percentage of females who ***received prenatal care during the first trimester*** in Union County (51.3%) was lower than the state rate (63.8%).

Low Birthweight Births
3 Year Crude Estimate, Percentage of Live Births <2,500g
All Females
2015-2017



Prenatal Care During First Trimester
1 Year Crude Estimate, Percentage of Live Births
All Females
2017

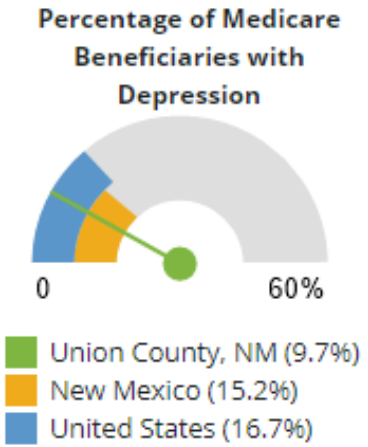


Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Community Health Status Indicators Data, information filtered for Union County, NM, https://ibis.health.state.nm.us/community/snapshot/report/CommunityInd/GeoCnty/59.html?PageName=&showNumerDenom=true&showNotes=true; data accessed February 18, 2019.
Low birthweight definition: Low birthweight infants are those weighing less than 2,500 grams (about 5.5 pounds). The low birthweight rate is the number of live births under 2,500 grams divided by the total number of live births over the same time period.
Prenatal care definition: The percentage of live births in the reporting period for which prenatal care was received in the first trimester.

Mental Health

Depressive Disorders

- In 2015, the percentage of ***Medicare Beneficiaries*** in Union County (9.7%) with depression was lower than the state (15.2%) and national rates (16.7%).
- In 2014-2016, Union County (5.8%) had a lower percentage of adults (age 18+) ***ever diagnosed with a depressive disorder*** than the state (20.2%).
- Between 2013 and 2017, the rate of adults (age 18+) ***ever diagnosed with a depressive disorder*** in the state overall slightly decreased.



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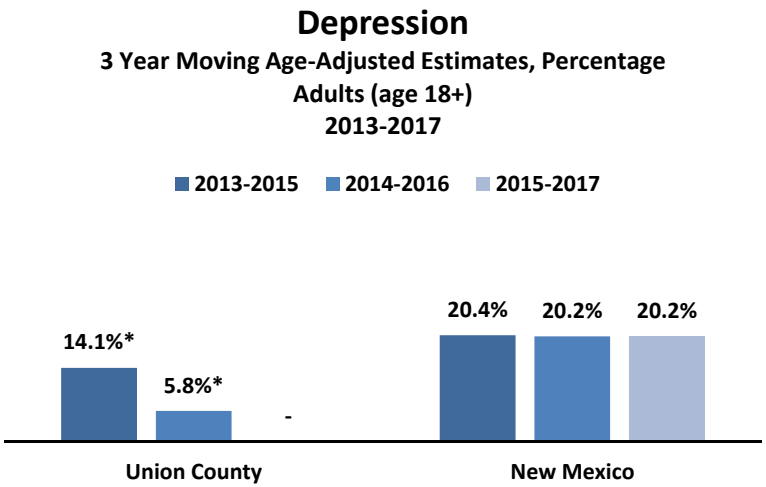


Note: the percentage of adults (age 18+) ever diagnosed with a depressive disorder in Union County could not be calculated in 2015-2017 due to statistical instability.

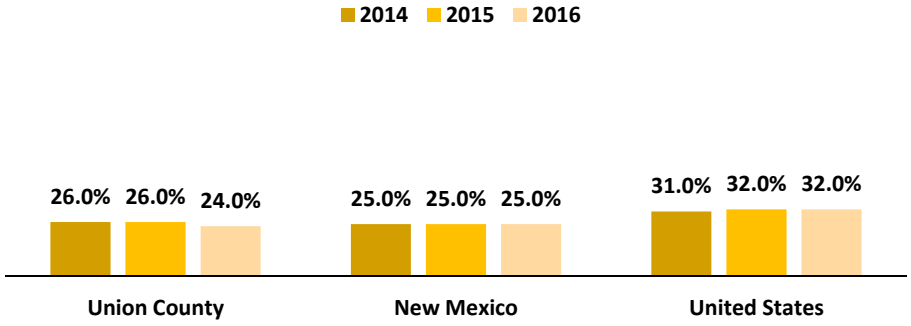
Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Definition: Have you ever been told by a doctor or other health professional that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

Preventive Care

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal (Medicare)

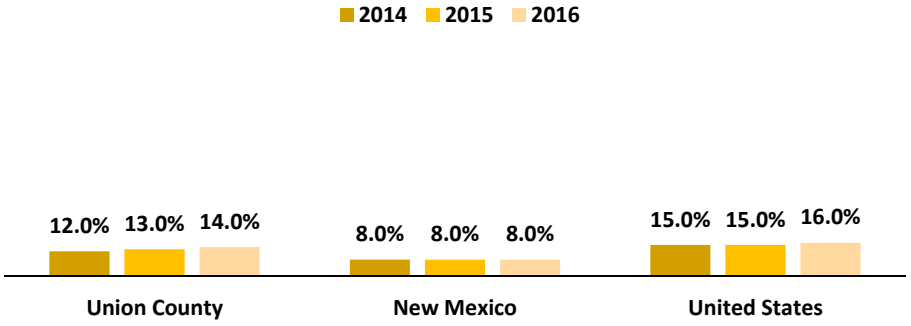
Received Mammography Screening

Percent, Females (age 35+)
2014-2016



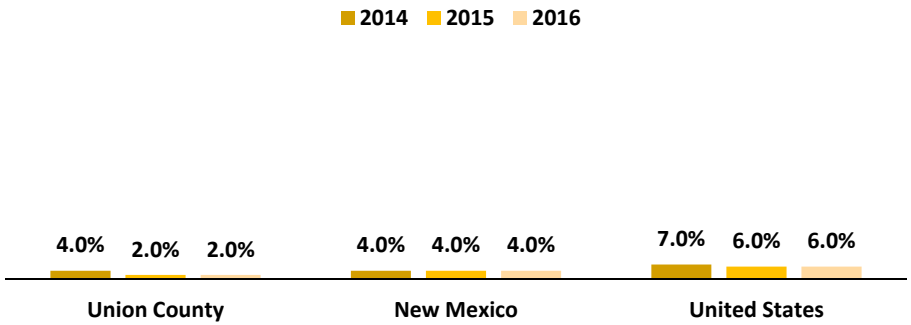
Received Prostate Cancer Screening

Percent, Males (age 50+)
2014-2016



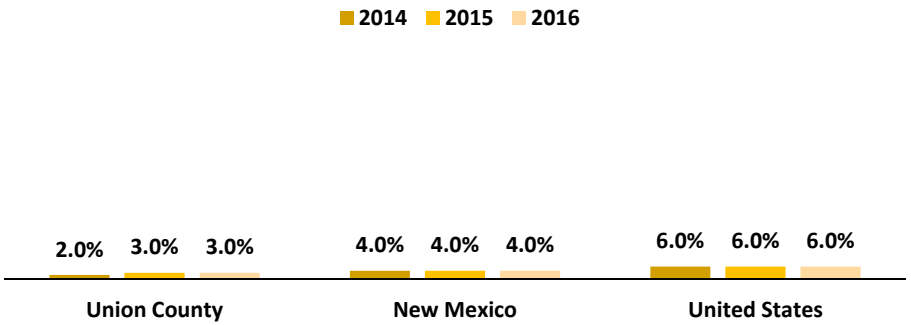
Received Pap Test Screening

Percent, Females (all ages)
2014-2016



Received Colorectal Cancer Screening

Percent, Adults (age 50+)
2014-2016

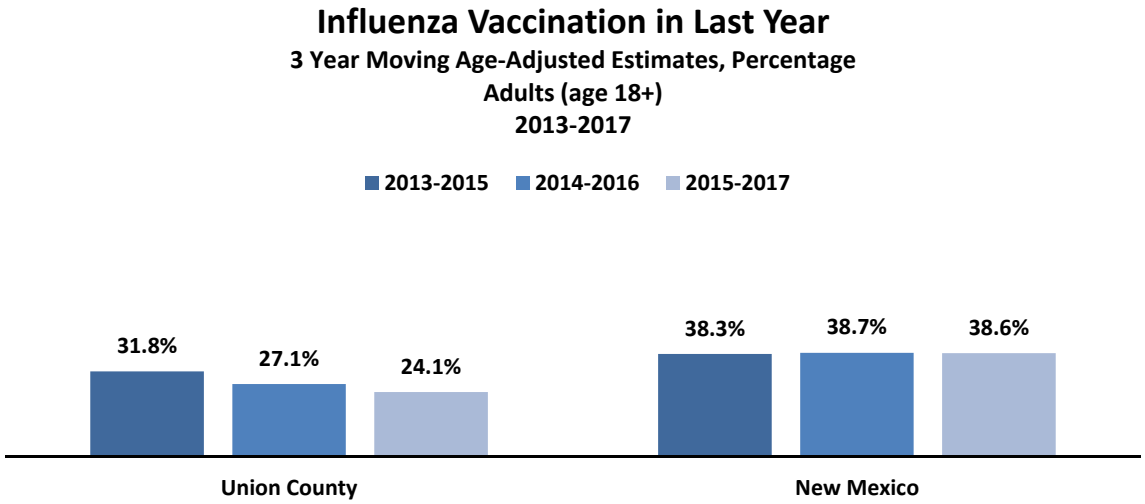


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; information accessed February 28, 2019.
Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.
Colorectal Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for colorectal cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and beneficiaries aged less than 50.
Pap Test Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for pap test services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and male beneficiaries.
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

Preventive Care

Immunizations – Influenza Vaccine (18+ Years)

- In 2015-2017, Union County (24.1%) had a lower percentage of adults (age 18+) that ***did receive a flu shot in the past year*** than the state (38.6%).
- Between 2013 and 2017, the percent of adults (age 18+) that ***did receive a flu shot in the past year*** in Union County decreased, while rates in the state slightly increased.

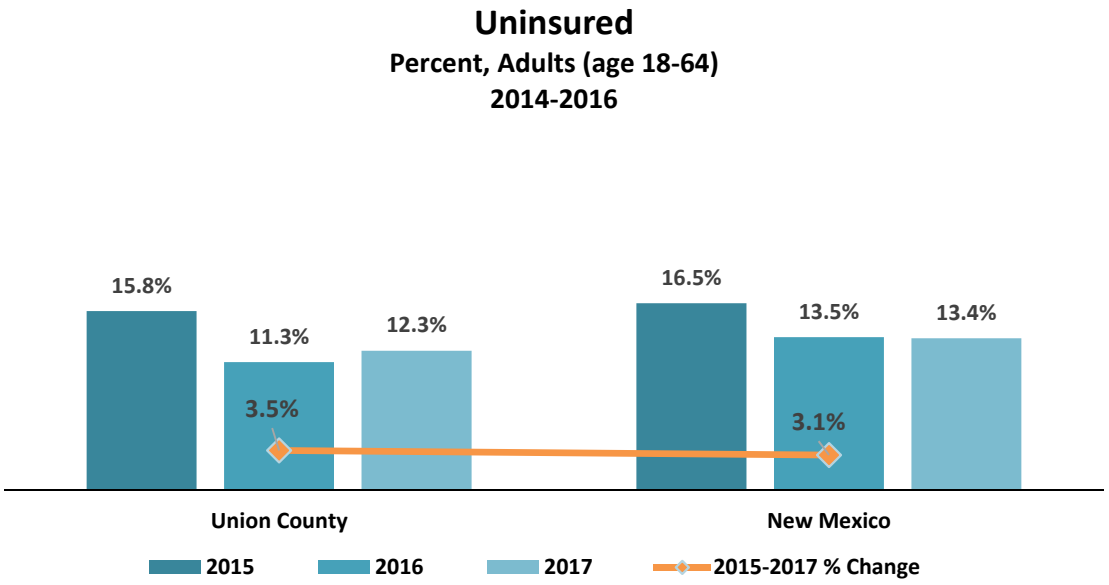


Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Definition: A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot? During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist. BRFSS query includes only those persons age 18+. *YES*
Note: "*" indicates rates have been calculated with small numbers and are unreliable, thus should be used cautiously. "-" indicates that the numerator is too small for rate calculation and has been suppressed.

Health Care Access

Uninsured

- As of 2016, Union County (11.3%) has a lower rate of uninsured adults (age 18-64) as compared to the state (13.5%).
- Union County experienced a larger decline in the percentage of uninsured adults (age 18-64) between 2014 and 2016 (10.9%), while New Mexico experienced a slightly smaller decline (7.5%).



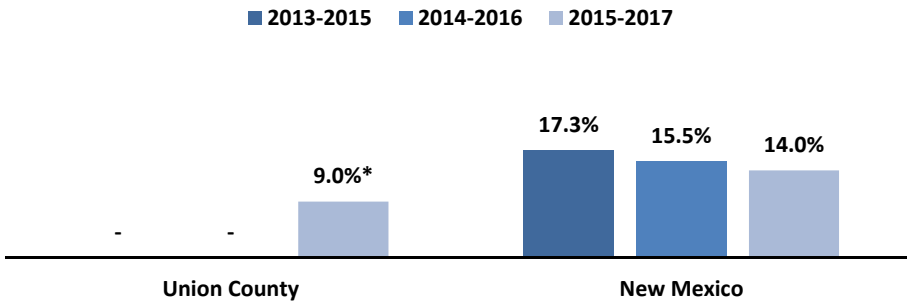
Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Union County, NM, https://www.census.gov/data-tools/demo/sahie/#/; data accessed April 12, 2019.

Health Care Access

Medical Cost Barriers and No Medical Home

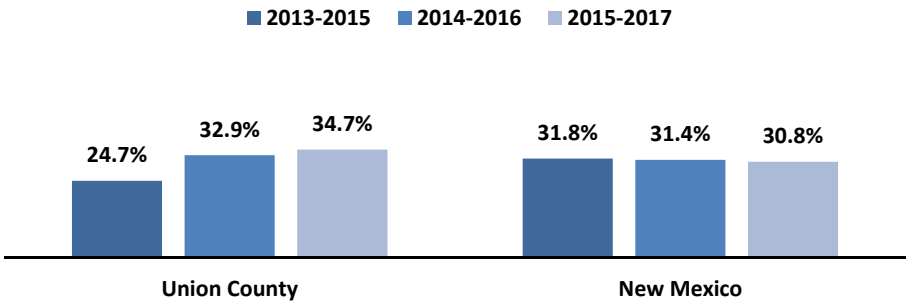
- In 2015-2017, the percent of adults (age 18+) that reported ***experiencing a medical cost barrier in the past 12 months*** in Union County (9.0%*) was lower than the state (14.0%).
- Between 2013 and 2017, the percent of adults (age 18+) that reported ***experiencing a medical cost barrier in the past 12 months*** in the state decreased.
- In 2015-2017, the percent of adults (age 18+) that reported ***not having one or more person they think of as their personal doctor or health care provider*** in Union County (34.7%) was slightly higher than the state rate (30.8%).
- Between 2013 and 2017, the percent of adults (age 18+) that reported ***not having one or more person they think of as their personal doctor or health care provider*** increased in Union County and decreased in the state.

Unable to Get Care Due to Cost
3 Year Moving Age-Adjusted Estimates, Percentage
Adults (age 18+)
2013-2017



Note: the percentage of adults (age 18+) unable to get care due to cost in Union County could not be calculated in 2013-2015 and 2014-2016 due to statistical instability.

No Usual Primary Care Provider (Medical Home)
3 Year Moving Age-Adjusted Estimates, Percentage
Adults (age 18+)
2013-2017

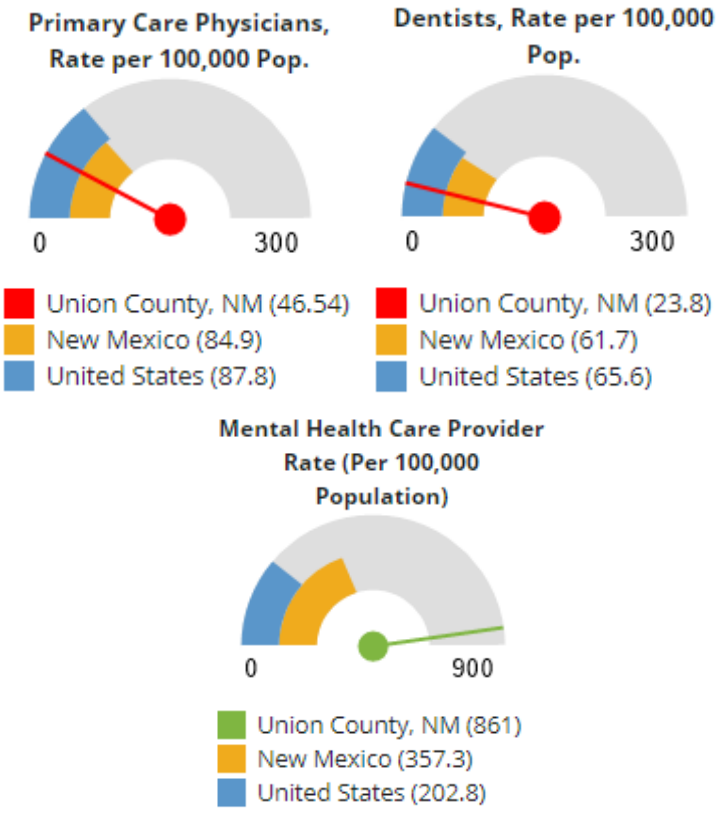


Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Cost Barrier Definition: Was there a time in the last 12 months when you needed to see a doctor, but could not because of the cost? *YES*
Medical Home Definition: Do you have one or more person you think of as your personal doctor or health care provider? *NO*

Health Care Access

Providers

- In 2014, the rate of primary care physicians per 100,000 population in Union County (46.5 per 100,000) was lower than the state (84.9 per 100,000) and national rates (87.8 per 100,000).
- In 2015, the rate of dental care providers per 100,000 population in Union County (23.8 per 100,000) was lower than the state (61.7 per 100,000) and national rates (65.6 per 100,000).
- In 2018, the rate of mental health care providers per 100,000 population in Union County (861.0 per 100,000) was significantly higher than the state rate (357.3 per 100,000) and the national rate (202.8 per 100,000).



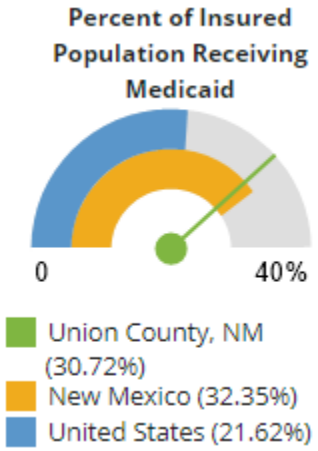
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Definition: "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.
Definition: All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.
Definition: Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

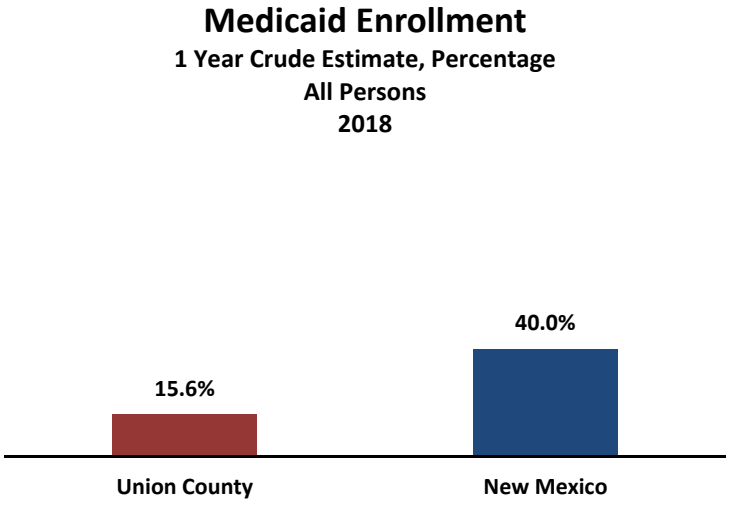
Health Care Access

Barriers to Care

- In 2012-2016, 30.7% of the insured population in Union County reported receiving Medicaid, which is below the state rate (32.4%).
- In 2018, 15.6% of the insured population in Union County reported receiving Medicaid, which is below the state rate (40.0%).



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

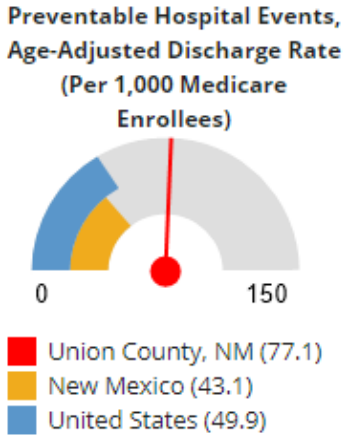


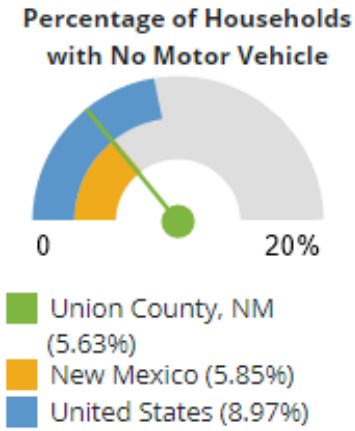
Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Source: New Mexico Department of Health Center for Health Statistics, New Mexico's Indicator-Based Information System: Behavioral Risk Factor Surveillance System (BRFSS) Data, https://ibis.health.state.nm.us/query; data accessed February 18, 2019.
Definition: The monthly percentage of the population enrolled in Medicaid, averaged over the months in the measurement period.

Health Care Access

Barriers to Care (continued)

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2014, the rate of preventable hospital events in Union County (77.1 per 1,000 Medicare Enrollees) was higher than the state (43.1 per 1,000) and higher than the nation (49.9 per 1,000).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - Between 2012 and 2016, 5.6% of households in Union County had no motor vehicle, as compared to 5.9% in New Mexico and 9.0% in the nation.





Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: Community Commons, Health Indicator Report filtered for Union County, New Mexico, www.communitycommons.org; data accessed December 18, 2018.
Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

PHONE INTERVIEW FINDINGS

Overview

- Conducted 10 interviews with the two groups outlined in the IRS Final Regulations
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Interviewee Information

- ***Kristen Christy:*** Executive Director, Union County Network
- ***Judith Cooper:*** Board President, Union County General Hospital
- ***Stacy Diller:*** Superintendent, Clayton Public Schools
- ***Larry Fluhman***: President, Farmers & Stockmens Bank
- ***Carolyn Kear:*** Executive Director, Clayton Nursing Homes
- ***Craig Reeves:*** Board Member, Union County General Hospital
- ***Nichole Romero:*** Health Promotions Coordinator, Union County Health Department
- ***Shelly Trujillo:*** School Nurse, Clayton Public Schools
- ***Dr. Mark Van Wormer:*** Physician, Union County General Hospital
- ***Eva Vital:*** Counselor, Valle del Sol

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Interviewee Characteristics

- Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

10.0%

- Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

90.0%

Note: Interviewees may provide information for several required groups.

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Access to Mental & Behavioral Health
  - Access to Specialty Care
  - Access to Consistent Primary Care
  - Access to Dental Care
  - Community Education & Preventive Care
  - Aging Population

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Access to Mental & Behavioral Health Care

- Issues:
  - Limited mental and behavioral health facilities and resources in the community
  - Limited local counselors and mental health funding
  - Use of telemedicine to circumvent limited access to local services
  - Inconsistency in availability of mental health resources leading to difficulty in recruiting and retaining providers
  - Lack of addiction/drug/alcohol treatment services
  - PCP depended on for mental health care
  - Increasing prevalence of mental ailments amongst the youth population (depression and suicide)
- Needs:
  - Increased access to local mental and behavioral health services
  - Consistent funding for mental health/behavioral health services
  - Emphasis on the need for addiction/drug/alcohol treatment services
  - Increased emphasis on need for primary prevention for mental and behavioral health, particularly for the youth population
  - Improved access to youth counseling services

"Our number one need is mental health. We are a rural community and we do not have access to mental health services and we are in dire need…we work on mental health but it is just not adequate."

"We have had instability [in] our mental health resources…we have lost some services and we still do not have the youth services we used to have…because of its instability over several years, it [is] hard to attract and retain providers."

"You can't see a psychiatrist in our town, you have to do it by telemedicine."

"We also have a real lack of psychiatrists and services...A lot of people aren't necessarily seeking behavioral health from PCPs, but they end up there or in the hospital and then the primary care providers are reluctant to prescribe meds without some sort of psych evaluation."

"I would like to see more [mental health] providers in the community. We also have such a huge substance abuse issue. We need an Alcoholics Anonymous Group…we need more substance abuse treatment than what we can provide right now."

"We are by the border and we get a lot of drug trafficking here...We have a huge meth issue within the community, and there is not anyone to address those needs."

"This community is in need of more mental health services. It seems like there is a lot of depression, suicide and [other] mental health issues."

"Mental health and suicide are issues amongst the youth. There is binge drinking and obesity among the youth population."

"There's a lack of social services. There are kids that live in pretty precarious environments…we have our fair share of substance abusing parents and they're not taking care of those kids, a lot of times those kids are just at wits end and it falls on the schools to do everything."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Access to Specialty Care

- Issues:
  - Barriers accessing specialty care due to the rural nature of Union County
  - Instability in allied health workforce
  - Long wait times to see specialists outside the community
  - Patients traveling for cardiology, pediatrics, OB/GYN, orthopedics, as well as general surgery (non-elective)
  - General Surgeon only available for elective procedures
  - Challenges accessing specialists due to cost and transportation
  - Limited options for women seeking OB/GYN care due to access and insurance challenges across state lines
- Needs:
  - Improved access to specialists for those living in the more rural areas
  - Working to offer providers on a rotating basis for cardiology, pediatrics, OB/GYN, orthopedics and general surgery (non-elective)
  - Improved access to OB/GYN care

"For specialists you have to go to Amarillo or Albuquerque. We just have general practitioners, but we do not have any specialists."

"We also see [instability] in allied health – radiologists, lab techs, there is a revolving door everywhere."

"[The providers are] good about helping you find somebody and get in [to see a specialist], but then you have to wait as long as it takes – it does take several weeks to get in."

"If [patients] are involved in cardiology they have to drive…sometimes it is problematic for people to get to care because they can't afford it or don't have a car…if there is an emergent issue we have to transfer patients by air craft."

"We don't have access to specialty care. We have a surgeon that comes in a couple of days a month, and as long as it's something that can be scheduled he does that, but we don't have much access to specialty care…to go to the cardiologist, you have to go to Amarillo. To get a joint replacement, you have to go to a major medical facility."

"There is really no specialty care here. Pediatrics, any kind of specialty…all we can get are the basics for the cold."

"We do not have OB in this area…many go to Texas and that is tough because not all insurance [types] travel across the border for specialty care services."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Access to Consistent Primary Care

- Issues:
  - Providers only available for appointments a few days a week resulting in long wait times/limited availability
  - Limited Primary Care access outside of working hours resulting in use of the ER
  - Patients traveling outside the community for care to access after hour clinics
  - Potential overuse of ER due to physician's splitting time between clinic and ER
  - Establishment of medical homes outside the community when patients leave for care
  - Concern providers may be near retirement
- Needs:
  - Extended clinic hours to reduce use of Emergency Room
  - Reducing outmigration for care patients can receive at home
  - Attracting native residents in the medical field to return home

"It seems like every year or every other year we have someone new…and small town culture likes to have someone who sticks around."

"For many years we have lacked access to primary care, and that has improved and become more stable with Union County General Hospital."

"I do know that sometimes we have people not available on certain days of the week…limited days [providers] are working can be an issue."

"There are long wait times. There are so few of them, they are booked out. It takes a week to two weeks to get an appointment."

"The ER is way over used for non-emergent issues…sometimes you go for a [primary care] appointment and they say you can't come in because that provider has ER duty today, [so] it is almost encouraged."

"Our access on the weekends or after hours to health care is very limited. We have a clinic opened 8-5 and anything later people have to go the emergency room. There is no after care or urgent care clinic. Parents of my students will drive 45 minutes because [the clinic] is opened until 9pm that night."

"You get referred to a specialist [out of town], and then that internist starts scheduling you for regular appointments…suddenly you are going there all the time and so there is no need to go back to their regular practitioner [in the community]."

"Some of the physicians we have at some point will be retiring, and we do not have a lot of people to fill those positions."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Access to Dental Care

- Issues:
  - Poor dental health within the community
  - Nonexistent dental care within the community
  - Outmigration for dental care to Raton, Dalhart, Las Vegas, Amarillo
  - Transportation barriers accessing dental care causing many to go without
- Needs:
  - Improved access to dental care within the community
  - Attracting a dental provider to provide services on a rotating basis

"We ranked last in the percentage of untreated decay in the state."

"[Dental care] is pretty much non-existent. You have to drive almost 50 miles to the closet dentist."

"There is no dental care…everybody has to go to Dalhart, Raton or Las Vegas."

"There are no dental services in Union County. There has not been a dentist in Clayton in 20 years….We have to refer everyone out for dental. If they are Medicaid, we have to refer 80 miles. If someone has private insurance, we refer across the Texas border (45 miles)."

"We have no dentists in Union County. I go to Dalhart. There are two there and every time I go to the dentist in Dalhart, I see someone else from Clayton in that office. The two dentists in Dalhart don't take Medicaid, so sometimes people go to the dentist who does take Medicaid in Raton. And some people go all the way to Amarillo."

"Once a year there is a mobile unit that comes from Albuquerque for a week, and they are busy and service 150 students in a week…everything else has to be referred out of town."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Community Education & Preventive Care

- Issues:
  - Limited services that provide disease management and education
  - Short supply of community workers to assist in creating healthy lifestyle programs
  - Lack of education on the disease process and importance of chronic disease prevention
  - Insufficient education regarding the importance of seeking preventive care (low income)
  - Difficulty accessing affordable, healthy food options
  - Limited afterschool activities for the youth
  - Tobacco and alcohol use amongst the youth population
- Needs:
  - Emphasis on programs that promote healthy lifestyles, especially for the low income
  - Education on the importance of disease prevention
  - Access to affordable, local healthy food options
  - Emphasis on after school care options for the youth population

"I do not know if we have any organized services that promote healthy lifestyles."

"I've done two chronic disease classes. I had a class and only three of them graduated. There are not enough health lifestyle resources."

"We have people that provide exercise classes at a cost, and the lower socioeconomic families do not have access…community education, trying to educate our families why exercise and eating healthy is important are not accessible."

"Clayton is a very low income community and so they struggle with not wanting to go the doctor and paying the copay…a lot of times there is not a lot of education regarding when to go to the doctor."

"More integration and coordination of care is needed…coordinated services in the form of community health workers or more ad hoc coordination."

"Holistic health and prevention is lacking from the medical model in a more general sense, but I am talking good nutrition and how it relates to health the more of the root causes of illness before diagnoses."

"Access to healthy foods are limited. There is just one grocery in the community, but I am not sure if they stock what would be termed healthy foods."

"For the younger students there are very minimal after school activities."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Aging Population

- Issues:
  - Growing aging population
  - Need for services to support the elderly population
  - Need for education on importance of disease prevention/lifestyle behavior change
  - Transportation barriers getting to appointments
  - Need for an assisted living facility/home support services
- Needs:
  - Emphasis on the needs of the aging population
  - Education on the importance of disease prevention
  - Affordable transportation services to get to appointments
  - Support services for the elderly

"We have an older population and we certainly need services that will be applicable to an aging populating."

"As people age, there are problems with the physical environment we live in and [become] more vulnerable to falls and injury. Issues like diet and exercise are a problem and mental health is a problem among aging people."

"We have an aging population who does not know how to educate themselves on prevention."

"It is hard [for the elderly] to get to appointments and access services they may need. For our elderly, we have to provide transportation and either set that up with a transportation company or take them ourselves…it is not easy [for the elderly] to get to those specialty providers."

"Transportation is a challenge. [If you] have Medicaid we have a transportation service…if you don't, the cost of that service is prohibitive. We have a lot of elderly who can't afford to get to appointments…"

"I would like to see an assisted living facility [in Union County]. We do have a nursing home, but we do not have an assisted living facility. We have people leave the area because of that."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Elderly
  - Transportation barriers
  - Education on the importance of preventive care
  - Limited home support
- Racial/Ethnic
  - Language barriers
  - Limited access to insurance benefits
- Teenagers/Adolescents
  - Need for increased access to mental & behavioral health services
  - Drug/substance abuse prevention and education (meth, alcohol)
- Pediatric
  - Limited Pediatric providers
  - Limited family planning support
  - Limited after school activities
  - Need for increased mental & behavioral health services
- Low Income/Working Poor
  - Transportation accessing health services
  - Need for healthy lifestyle education/greater access to resources
  - Limited family planning support
  - Mental Health
  - Substance Abuse
- Veterans
  - Lack of veteran care within the community
  - Transportation barriers accessing health services

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2017 to 2019 Implementation Plan.

Union County General Hospital
FY 2017 - FY 2019 Implementation Plan

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Union County General Hospital (UCGH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Union County, New Mexico.

The CHNA Team, consisting of leadership from UCGH, met with staff from CHC Consulting on March 9, 2016 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address five of the six prioritized needs in various capacities through a hospital specific implementation plan.

The final list of prioritized needs, in descending order, is listed below:

1. Access to Consistent, Local Primary Care Providers
2. Access to Specialty Care Services
3. Need for Increased Emphasis on Elderly Care
4. Access to Mental and Behavioral Health Care Services
5. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
6. Access to Dental Care Services

UCGH decided not to specifically address "access to dental care services" largely due to its position on the prioritized list (last) and the hospital's capacity to address those needs. Hospital leadership felt that resources and efforts would be better spent addressing the first five prioritized needs. The leadership of UCGH developed the following implementation plan to identify specific activities and services which directly address the top five priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The UCGH Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on May 18, 2016.

Priority #1: Access to Consistent, Local Primary Care Providers

Rationale:

-In 2012, the rate of primary care physicians per 100,000 population in Union County (67.7 per 100,000) was lower than the state (73.7 per 100,000) and national (74.5 per 100,000) rates.
-In 2011, the rate of primary care providers per 100,000 in Union County (67.7 per 100,000) ranked within the two middle quartiles as compared to peer counties, and was above the U.S. median (48.0 per 100,000).
-As of March 2015, 100% of the population in Union County was defined as living in a Health Professional Shortage Area, as compared to only 54.2% of New Mexico and 34.1% of the United States.
-Interviewees overwhelmingly agreed that instability with primary care providers is the biggest problem for the county. Many discussed that it is hard for patients to have confidence in a temporary physician that is frequently traveling in and out of the community, and that the limited access to consistent local primary care providers culminates in inappropriate Emergency Room use.
-In the 2013 *Union County Community Health Assessment Report*, attaining stability in health care providers was identified as the highest priority.

Objective:

Increase access to primary care services and providers

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
1.A. The hospital is currently recruiting a Certified Nurse Provider.	x				Hired Full Time CNP 10/2018
1.B. UCGH is currently recruiting an additional Family Practice physician to the community.	x			Hired FT Primary Care Provider 5/2018	Primary Care Provider left employment on 2/2019. Will continue to recruit for replacement.
1.C. UCGH is currently in the process of converting their Family Practice Clinic to a Rural Health Clinic (RHC), beginning July 1, 2016. The RHC will be a walk-in facility, and the hospital is currently evaluating the implementation of extended hours (early morning to 6:30pm, and staying open through lunch time).	x				Successfully obtained accreditation for RHC 5/8/2018

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
1.D. Union County General Hospital will continue to promote its primary care provider services in order to increase awareness of service offerings in the community. This will be done via the local newspaper, local radio stations, social media outlets, the hospital's website, and during quarterly open house events.	x	x	x		On-going marketing for community education, awareness and marketing of services provided.

Priority #2: Access to Specialty Care Services

Rationale:

-In 2014, the percent of female adults (age 40+) in the Northeast Region (38.3%) that had not received a mammogram within the past 2 years was higher than the state.

-Many interviewees agreed that the rural, farming, nature of Union County creates barriers to accessing specialty care services. Specific services that were mentioned as needed include: General Surgery, Trauma and Critical Care (specifically as it relates to treating automobile accident patients), Cardiac Care, and Obstetrics services.

-In the *2013 Union County Community Health Assessment Report* , in response to a survey question concerning additional services needed in the community, respondents discussed the need for both local providers and OB services. In addition, dental, dialysis, diabetic care, podiatry, and orthopedic care services were each mentioned at least once.

Objective:

Increase access to additional specialist services and providers in the community

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
2.A. The hospital has a general surgeon that comes to the community and rotates every other week.	x	x	x		General Surgeon working twice a month for two days each visit.
2.B. Union County General Hospital will continue to host a mobile MRI van in the hospital parking lot every other week, and also assists with scheduling.	x	x	x	12/2018 multiple cancellations and drop in service provided to UCGH.	1/2019 moved to new vendor who provides the service once a week during the week for better patient care timing.
2.C. Union County General Hospital will continue to host a mobile Mammography van in the hospital parking lot every other week, and also assists with scheduling.	x	x	x		Continue to host mobile Mammography van, however through marketing and education we have been successful increasing the service to 10 visits a year from 4.

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
2.D. The hospital will continue to staff a Nuclear Medicine Tech, who will come in as needed for nuclear medicine necessities.	x	x	x		Continue to provide nuclear medicine services inhouse. We have moved each phase of the testing to a new location to discontinue the fragmentation of venue for patient satisfaction and privacy for the patient.
2.E. UCGH is currently evaluating the implementation of a telemedicine program in collaboration with the University of New Mexico (UNM) for pediatrics.	x	x	x		Working in collaboration with UNM Hospital, we have successfully re-initiated Tele-Neurology/Nerosurgery and Tele- Emergency Pediatric Care to the ED.
2.F. The hospital is currently evaluating rotating specialist coverage.	x	x	x	Continue evaluating recruitment of PRN/Part-time specialist coverage	

Priority #3: Need for Increased Emphasis on Elderly Care

Rationale:

-The 65 and older population is one of the largest age groups in both Union County and the state (2015). Over the next five years, the majority of growth in the county and the state is expected to come from the 65 and older population (2015-2020).
-Union County has a very slightly lower percentage (22.58%) of Medicare Beneficiaries that have been diagnosed with diabetes than the state (22.64%) (2012).
-In 2012, over one half (50.3%) of the Medicare Beneficiary population in Union County had high blood pressure (hypertension), as compared to 46.1% in the state.
-In 2012, the percent of female Medicare enrollees (age 67-69) in Union County (50.0%) that reported receiving one or more mammograms in the past two years was slightly lower than the state (56.4%) and national (63.0%) rates.
-In 2014, the percent of the population (age 50-75) that was not up-to-date with their colorectal cancer screenings in the Northeast Region (38.3%) was higher than the state (37.8%).
-Between 2006 and 2012, the percent of the population (age 65+) in Union County (57.4%) that self-reported ever having received the pneumonia vaccine was lower than the state (68.2%) and national (67.5%) rates.
-In 2014, the percent of adults (age 65+) in the Northeast Region (67.2%) that reported ever having had the pneumococcal vaccine was slightly lower than the state rate (69.4%).
-In 2014, the percent of adults (age 65+) in the Northeast Region (53.6%) that reported having had the influenza vaccine in the last year was lower than the state rate (55.6%), and the second lowest rate as compared to other regions in the state.
-Between 2010 and 2014, over one-fourth (29.5%) of the insured population in Union County was receiving Medicaid, which is very slightly below the state (29.7%) and nearly ten percentage points higher than the national rate (20.8%).
-In 2012, the rate of preventable hospital events in Union County (64.3 per 1,000 Medicare Enrollees) was much higher than that of the state (50.1 per 1,000) and the nation (59.2 per 1,000).
-Many interviewees mentioned the elderly population as a group that needs additional resources and assistance. Specific issues that disproportionately affect the elderly population include: cardiac care services, difficulty travelling out of town, nursing home access, and difficulty getting services for veterans.

Objective:

Increase access to resources and services for underserved and geographically isolated populations

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
3.A. Union County General Hospital will continue its relationship with the local nursing home, as well as assist with access to medical care for nursing home patients.	x	x	x	On-going	Continue to work with local nursing homes for process improvements and relationship building.

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
3.B. The hospital's lab will continue to increase access to lab work for nursing home residents through conducting lab tests at the nursing home on a daily basis.	x	x	x	On-going	Lab provides daily lab testing draws at the nursing home and results provided. Process is working well.
3.C. UCGH is evaluating the implementation of a telemedicine program in collaboration with UNM for emergency and stroke care.	x	x	x		Working in collaboration with UNM Hospital, we have successfully re-initiated Tele-Neurology/Nerosurgery and Tele- Emergency Pediatric Care to the ED.

Priority #4: Access to Mental and Behavioral Health Care Services

Rationale:

-In 2012, Union County (9.2%) had a lower percentage of the Medicare Beneficiary population diagnosed with depression as compared to the state (14.7%) and national (15.4%) rates.
-In comparison to peer counties, Union County (7.5%) ranked within the most favorable quartile for the prevalence of depression among Medicare Beneficiaries in 2012. Older adult depression rates were below the U.S. median (12.4%).
-Many interviewees discussed access to mental and behavioral health services as a concern in Union County. One interviewee mentioned that the community desperately needs mental health services, including youth counseling and crisis services as well as family support services.
-In the 2013 Union County Community Health Assessment Report, it was identified that residents suffer from higher rates of substance and alcohol abuse, depression and suicide.

Objective:

Increase local access to mental health care services

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
4.A. UCGH is currently evaluating the implementation of a telemedicine program in collaboration with the University of New Mexico (UNM) for mental and behavioral health evaluations.	x	x	x	Continue to work with UNM on potential program for Tele-psych care.	
4.B. The hospital staff will continue to staff a PRN social worker to assist with case management services when necessary.	x	x	x		Hired FT Social Worker with other duties for on-going needs for mental health case management.
4.C. UCGH will continue to provide the phone number to the state nurse advice line.	x	x	x		State cancelled the Program

Priority #5: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

-Between 2009 and 2013, there were 231 heart disease mortality deaths in Small Area 39 (173.3 per 100,000), 2,225 in the Northeast Region (128.6 per 100,000), and 16,304 in New Mexico (149.2 per 100,000).
-In comparison to peer counties, Union County (99.6 per 100,000) ranked in the middle two quartiles for coronary heart disease deaths per 100,000 between 2005 and 2011.
-Cancer mortality rates in Small Area 39 and the Northeast Region appear to be increasing, while state rates have remained constant (2009-2013). In comparison to peer counties, Union County (158.2 per 100,000) ranked in the middle two quartiles for cancer deaths per 100,000 between 2005 and 2011.
-In 2011-2013, the Northeast Region had a higher colon cancer death rate per 100,000 than the state (15.7 per 100,000 vs. 14.3 per 100,000, respectively).
-Between 2009 and 2013, unintentional injury rates in Small Area 39 and the Northeast Region increased. The Northeast Public Health Region (74.9 per 100,000) had the highest unintentional injury mortality rate in 2011-2013 as compared to Small Area 39 (60.7 per 100,000) and New Mexico (61.0 per 100,000).
-In comparison to peer counties, Union County (75.1 per 100,000) ranked in the least favorable quartile for unintentional injury deaths per 100,000 between 2005 and 2011. Unintentional injury deaths in Union County were also above the U.S. median (50.8 per 100,000) and the Healthy People 2020 Target (36.0 per 100,000).
-In comparison to peer counties, Union County (62.1 per 100,000) ranked at the top of the middle two quartiles for chronic lower respiratory disease (CLRD) deaths per 100,000 between 2005 and 2011. CLRD deaths in Union County were also above the U.S. median (49.6 per 100,000).
-In 2011-2013, diabetes mortality rates in Small Area 39 (29.4 per 100,000) were higher than the Northeast Region (25.0 per 100,000) and state rates (28.0 per 100,000).
-In comparison to peer counties, Union County (46.3 per 100,000) ranked at the top of the middle two quartiles for stroke deaths per 100,000 between 2005 and 2011. Stroke deaths in Union County were also above the U.S. median (46.0 per 100,000) and the Healthy People 2020 Target (34.8 per 100,000).
-In 2012, over one-fourth (29%) of Union County adults ages 20 and older self-reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 23.5% in the state. In comparison to peer counties, Union County (28.0%) ranked towards the top of the two middle quartiles for the percent of adults that were obese between 2006 and 2012.
-In 2013, nearly one-third (30%) of adults (age 18+) in the Northeast Region had high blood cholesterol.
-The Northeast Region had the lowest percentage (80.4%) of its population that consumed less than the recommended daily number of fruits and vegetables servings as compared to all other regions and the state (82.8%) (2013).

Priority #5: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

Rationale:

-In 2012, over one-fourth (26%) of the adult (20+ years) population in Union County self-reported no leisure time for activity, as compared to nearly one-fifth (19.7%) in the state.
-In comparison to peer counties, Union County (35.6%) ranked within the least favorable quartile for the percent of adults that were physically inactive between 2006 and 2012. Adult physical inactivity rates in Union County were above the U.S. median (25.9%) and the Healthy People 2020 Target (32.6%).
-Small Area 39 (14.3%) had a higher percent of low and very low birthweight births in 2011-2013 as compared to the Northeast Region (10.4%) and the state (8.8%), and also maintained a higher percentage than the region and the state during 2009-2013.
-Small Area 39 (16.0%) had a higher percent of pre-term births from 2011-2013 as compared to the region (11.6%) and the state (12.1%), and also maintained a higher percent than the region and the state since 2009. Between 2006 and 2012, Union County ranked within the two middle quartiles for preterm births (<37 weeks gestation) as compared to peer counties, and also fell below the U.S. median (12.1%) and the Healthy People 2020 Target (11.4%).
-In 2011-2013, Small Area 39 (45.0 per 1,000) had a higher rate of live births per 1,000 females age 15-19 than the region (36.6 per 1,000) and the state (43.9 per 1,000). Between 2005 and 2011, Union County ranked within the least favorable quartile for teen births, and was above the Healthy People 2020 Target (36.2 per 1,000).
-Between 2010 and 2014, the percent of the population (all ages) in Union County (18.4%) that were uninsured was slightly higher than the state (18.1%) and national (14.2%) rates. In 2011, the percent of the population in Union County (23.5%) that was uninsured ranked within the least favorable quartile as compared to peer counties, and also ranked above the U.S. median (17.7%).
-Between 2006 and 2012, the percent of adults (age 18+) in Union County (14.7%) that needed to see a doctor but could not because of cost ranked within the two middle quartiles and above the Healthy People 2020 Target (9.0%).
-Many interviewees agreed that the prevalence of certain chronic conditions in the community were concerning, and referenced preventive care as a priority. Specific chronic conditions mentioned as areas of concern include: diabetes, cardiovascular or heart disease, chronic lower respiratory disease, and cancer. High smoking rates were also mentioned as a health behavior that is concerning in the area.
-One interviewee specifically stated: "In spite of a beautiful healthy environment, the people aren't particularly healthy."

Objective:

Increase healthy lifestyle education and prevention resources at the hospital and in the community

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.A. UCGH will continue to provide healthy food options for both employees and patients in the cafeteria.	x	x	x		Cafeteria provides a selection of 2-3 meal choices for employees and visitors.

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.B. Union County General Hospital will continue to provide CPR training for hospital staff and other health care givers in the community.	x	x	x	On-going	This program has been very successful.
5.C. The hospital will continue to incentivize employees and their families to participate in regular physical activity through a discounted membership at the local gym.	x	x	x	On-going	We have increased this program to include not only the local gym, but an aerobics gym and golf.
5.D. UCGH will continue to participate in the county-wide health fairs and provide blood pressure screenings, reduced cost for a series of lab tests, as well as many different areas of education.	x	x	x	On-going	We have increased this program from one health fair a year to four, one during each season.
5.E. The hospital will continue to host quarterly open house events that include booths for varying community services to share information, educational sessions by providers, blood pressure screenings, lab tests, radiology services, mammography, diabetes finger stick tests, sleep medicine, and the testing of motor skills for physical therapy. Information will be provided in both English and Spanish when possible.	x	x	x	On-going	Program has been successful, however we have found that we need to have something more in the summer and winter to draw patients in better. This is being evaluated to have greater success and attendance.
5.F. UCGH will continue to maintain its status as a Level 4 Trauma Center through the provision of community education surrounding trauma 1-2 times per year (ex: firework safety, no texting and driving).	x	x	x	On-going	This program has been successful and we will continue to work to maintain our certification.

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.G. The hospital will continue to host immunization clinics at the soon-to-be RHC and coordinate a community donations in collaboration with immunization promotions (i.e., a canned food drive that allows for residents to receive the influenza vaccination in exchange for canned goods donations).	x	x	x		RHC has opened and continued to provide and host immunization clinics for community health.
5.H. Union County General Hospital is available to provide a diabetes education speakers bureau (including their diabetic nurse) upon request.	x	x	x	Nurse diabetic educater did not continue her education. We will re-evaluate this program.	
5.I. Many representatives from the hospital serve as members of community organizations, including the Chamber of Commerce, the Rotary Club, the Union County Health Network, and the Emergency Planning Committee (sponsored by the hospital).	x	x	x		UCGH leadership will continue to provide community services, participation and leadership to our community through organizations, membership and committees.
5.J. The hospital will continue to work with local Emergency Management Services (EMS) to provide trauma education on a regualr basis for hospital and EMS staff.	x	x	x		Hospital continues to provide leadership and hosting of Trauma education to nursing, medical staff and EMS services locally.

Action Steps	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.K. UCGH will continue their partnership with local schools to provide the Sexual Assault Prevention education program and participate in school supply donation drives as well.	x	x	x		Hospital participated in the Sexual Assualt education program throughout CHNA years. Hospital assited with school supply donation CHNA school year 2016-2017.
5.L. The hospital will continue to partner with the Rotary Club to provide for families in need throughout the community.	x	x	x		Hospital continues to participate in the Rotary Club for community assistance and service.
5.M. Union County General Hospital will continue to partner with local schools to assist with well child physicals, as well as school physicals, at a reduced cost for patients.	x	x	x		Hospital continues to participate in school programs for Union County Schools, and also Scrub Camp acitivities for Texline.

PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

2013 Prioritized Needs

- Higher rates of substance and alcohol abuse, depression and suicide
- Higher prevalence of individuals who participate in risky health behaviors (unprotected sex, smoking, driving after drinking or riding in a vehicle with someone who has been drinking)
- Stability in health care providers / recruitment to the small, rural area

2016 Prioritized Needs

1. Access to Consistent, Local Primary Care Providers
2. Access to Specialty Care Services
3. Need for Increased Emphasis on Elderly Care
4. Access to Mental and Behavioral Health Care Services
5. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Source: Union County General Hospital, 2013 and 2016 Community Health Needs Assessment and Implementation Plan, http://ucgh.net/about-us/; data accessed March 6, 2019.

2019 CHNA PRELIMINARY HEALTH NEEDS

2019 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Consistent, Local Primary Care Providers
- Access to Dental Care Services and Providers
- Access to Mental and Behavioral Health Care Services and Providers
- Access to Specialty Care Services and Providers
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

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PRIORITIZATION

The Prioritization Process

- On March 13, 2019 leadership from UCGH met with CHC Consulting to review findings and prioritize the community's health needs. Attendees from the hospital included:
  - Tammie Stump, Chief Executive Officer
  - Stacye Bradley, Chief Clinical Officer
  - Jill Swagerty, Human Resources Director
- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. Union County General Hospital Capacity
a. Are people at Union County General Hospital likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

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Health Needs Ranking

- Hospital leadership participated in a roundtable discussion to rank the health needs in order of importance, resulting in the following order:

1. Access to Consistent, Local Primary Care Providers
2. Access to Dental Care Services and Providers
3. Access to Specialty Care Services and Providers
4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
5. Access to Mental and Behavioral Health Care Services and Providers
6. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

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Final Priorities

- Hospital leadership decided to address all of the ranked health needs. The final health priorities that UCGH will address through its Implementation Plan are, in descending order:

1. Access to Consistent, Local Primary Care Providers
2. Access to Dental Care Services and Providers
3. Access to Specialty Care Services and Providers
4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
5. Access to Mental and Behavioral Health Care Services and Providers
6. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

- In addition to the services provided by UCGH, other charity care services and health resources that are available in Union County are included in this section.

Union County Community Resources

New Mexico Human Services Department				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Income Support Division	1233 Whittier St, Raton, NM 87740	(575) 445-2308	http://www.state.nm.us/hsd	SNAP, TANF, GA, LIHEAP
Medical Assistance Division	1233 Whittier St, Raton, NM 87740	(575) 445-2308	http://www.state.nm.us/hsd	Health insurance for children and pregnancy
Child Support Enforcement Division	3112 Hot Springs Blvd., Las Vegas, NM 87701	In-state: 800-288-7207; Out of state: 1-800-585-7631	http://www.state.nm.us/hsd	Establish & Enforce Child & Medical Support
New Mexico Children, Youth & Families Department				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Child Protective Services Division	Call or go to: http://www.cyfd.org/	24-Hour: 1-800-797-3260	http://www.cyfd.org/	Child welfare (abuse, neglect, exploitation)
Child Care Services Bureau	2518 Ridge Runner Road, Las Vegas, NM 87701	(505) 425-2819	-	Child care assistance
New Mexico Department of Workforce Solutions				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Unemployment Benefits, Training & Testing	1144 S. Second St., Suite A, Raton, NM 87740	(575) 445-2874	-	
New Mexico Aging & Long-Term Services Department				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Adult Protective Services	Please call or go to: http://www.nmaging.state.nm.us	24-Hour: 1-866-654-3219	http://www.nmaging.state.nm.us	Adult abuse, neglect, exploitation
Aging & Long-Term Services Resource Center	Please call or go to: http://www.nmaging.state.nm.us	1-800-432-2080	http://www.nmaging.state.nm.us	Home health care referrals; low-cost prescriptions
New Mexico Department of Health - Women, Infants & Children				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Department of Health/WIC	226 4th Ave, Raton, NM 87740	(575) 4453601	http://www.health.state.nm.us/phd/wicsite/index.php	Immunizations & Supplemental Food **Tuesday Only**
Services for Elderly				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Clayton Nursing and Rehab Center	419 Harding Clayton, NM 88415	(575) 374-2353	www.nmhca.org/facilities-1/clayton-nursing-rehab	Long-term care

Union County Community Resources

Legal Services				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Northern New Mexico Legal Services	420 Railroad Ave, Las Vegas, NM 87701	(575) 425-3514 or 1-800-373-9881	-	Legal help for low income
Housing				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Clayton Housing Authority	200 Aspen St, Clayton, NM 88415	(575) 374-9580	-	Low income housing
Region 4 Housing Authority	600 Mitchell St., Clovis, NM 88101	(575) 935-4444	-	Low income housing
Food				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Clayton Sr. Center	19 E. Broadway, Clayton, NM 88415	(575) 374-9840	-	Food boxes
Commodities Program	715 S. 2nd, Clayton, NM 88415	(575) 374-9580		4th Tuesday of the month
The Food Depot	1222 Siler Road, Santa Fe, NM 87507	(505) 471-1633	www.thefooddepot.org	The Food Depot, Northern New Mexico's food bank, collects food from national, state and local sources and provides these donations to hungry New Mexicans through more than 120 partner agencies in nine counties. Partner agencies include emergency food pantries, hot meal programs, homeless shelters, youth programs, shelters for battered families, senior centers, rehabilitation programs and day care centers. This service enables these nonprofit agencies to use their resources providing primary services such as programs for youth, counseling, shelter or case management as well as preparation of hot meals or food bags. The agencies can focus on programs rather than seeking out food donations.
Clothing				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Thrift Store	115 Walnut St, Clayton, NM 88415	(575) 374-6207	-	Clothing, household items
Transportation				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Golden Spread Coalition	113 Walnut St, Clayton, NM 88415	Phone: (575) 374-6207, Fax: (575) 374-0566	-	Transportation to treatment
Safe Ride		1-800-797-7433	-	
Eye & Vision Care				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
NM Lions Club Eyeglasses Hotline	(please call)	Statewide: (575) 938-3124	-	Eyeglasses

Union County Community Resources

Home Health Care				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Golden Spread Coalition	113 Walnut St, Clayton, NM 88415	Phone: (575) 374-6207, Fax: (575) 374-0566	-	Guardian Program and Home Program
Clayton Home Health Care	300 Wilson, Clayton, NM 88415	(575) 374-0114		Skilled nursing care in home

Domestic Violence Services				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Alternatives to Violence	113 Walnut St, Clayton, NM 88415	(575) 643-5335	-	Crisis intervention; counseling
Community Against Violence	PO Box 169, Taos, NM 87571	(575) 758-8082	www.taoscav.org	Taos County's only domestic violence service provider, shelter, child abuse and rape crisis center offers crisis intervention through 24 hour hot-line at 575-758-9888, and emergency shelter; ongoing support and recovery services including accompaniment during medical exams and visits with law enforcement; legal advocacy; individual adult and child counseling; support groups for survivors of domestic and/or sexual violence; and age appropriate prevention and education programs including outreach to Native communities and within the immigrant population. CAV is home to the Taos Children's Saferoom which provides forensic interviews to law enforcement in Taos, Colfax, Union and San Miguel Counties of children and developmentally delayed adults who have been the victims of domestic or sexual abuse or who have witnessed violent crime.
Pharmacies / Prescription Help				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
NM Aging & Long Term Services Department	Toney Anaya Bldg, 2550 Cerrillos Rd, Santa Fe, NM 87505	1-866-451-2901 OR (575) 465-4722	-	Prescription drug help/MEDBANK Program
City Drug	7 Main St, Clayton, NM 88415	(575) 374-9121	-	Prescriptions
Substance Abuse Services				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Valle del Sol	103 Walnut, Clayton, NM 88415		Valledelsol.com	Mental health and substance abuse treatment
Social Security Administration				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
SSI, Survivor's Benefits, Disability	2520 Ridge Runner Road, Las Vegas, NM 87701	(575) 425-2391 or 1-800-772-1213	-	Social Security benefits

Union County Community Resources

Veteran's Services				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Veterans Medical Outreach Clinic	1275 South 2nd St, Raton, NM 87740	(575) 445-2391	http://www.state.nm.us/veterans	VA primary care facility
Veteran's Administration	Las Vegas, NM	(505) 346-4804	http://www.state.nm.us/veterans	

Other Services				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Golden Spread Coalition	113 Walnut St, Clayton, NM 88415	Phone: (575) 374-6207, Fax: (575) 374-0566	-	Nutrition, gardening, youth development
Adult Probation and Parole Division	1275 South 2nd St, Raton, NM 87740	(575) 445-5656	-	Probation and Parole Supervision
Union County Network	PO Box 444 Clayton, NM 88415	(575) 779-7746	www.nchn.org/page/memeberdetail.html?id=79	The mission of the Union County Health and Wellness Network is to build a strong and sustainable network of healthcare and other organizations that collaborate to improve the health and well-being of Union County, New Mexico residents and communities through improving healthy behaviors, access to and quality of clinical care, social and economic factors, and the physical environment.

INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Corporation.
  - This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
  - Due to smaller population numbers and the general rural nature of Union County, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the county-level perspective.
  - The most significant information gap exists within this assessment's ability to capture various county-level health data indicators, such as e-cigarette use. Data for these indicators is reported at the regional level.

CHC Community Hospital Consulting

ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at: www.communityhospitalcorp.com

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APPENDIX

- SUMMARY OF DATA SOURCES
- DATA FINDINGS
- MUA/P AND HPSA INFORMATION
- INTERVIEWEE BIOGRAPHIES

SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**
  - This study utilized demographic data from **IBM Watson Truven Health Analytics Market Expert Tool**.
  - The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; http://www.bls.gov/lau/#tables.
  - This study also used health data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at http://www.communitycommons.org/.
  - The **Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; http://datacenter.kidscount.org/.
  - The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; http://www.bls.gov/lau/#tables.
- **Health Data**
  - The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; http://www.countyhealthrankings.org/.
  - The **New Mexico Indicator-Based Information System** is provided by the New Mexico Department of Public Health. The site provides access to New Mexico public health statistics and community health data including, but not limited to, mortality, natality, data from the Behavioral Risk Factor Surveillance System (BRFSS), and communicable diseases; https://ibis.health.state.nm.us/.
  - This study utilizes Health Service Region level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Texas Department of Health and Human Services; https://www.dshs.texas.gov/chs/brfss/.
  - This study also used health data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at http://www.communitycommons.org/.

Summary of Data Sources

- **Health Data (continued)**
  - The U.S. Census Bureau's **Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at https://www.census.gov/data-tools/demo/sahie/index.html.
  - The U.S. Department of Health and Human Services **Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: https://datawarehouse.hrsa.gov/tools/analyzers.aspx.
- **Phone Interviews**
  - CHC conducted interviews on behalf of UCGH from January 10, 2019 – January 23, 2019.
  - Interviews were conducted and summarized by Valerie Hayes, Planning Manager and Ashleigh Patel, Senior Planning Analyst.

DATA FINDINGS

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	$12,490
2	$16,910
3	$21,330
4	$25,750
5	$30,170
6	$34,590
7	$39,010
8	$43,430
For families/households with more than 8 persons, add $4,420 for each additional person.	

MUA/P AND HPSA INFORMATION

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed January 9, 2019.

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
  1. Population to provider ratio
  2. Percent of the population below the federal poverty level
  3. Percent of the population over age 65
  4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents 'completely underserved' and 100 represents 'best served' or 'least underserved.'
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed January 9, 2019.

Medically Underserved Areas/Populations

Union County

- **Union County**
  - Service Area Name: Union Service Area
  - MUA/P Source ID Number: 02170
  - Designation Type: Medically Underserved Area
  - Index of Medical Underservice Score: 42.1
  - Status: Designated
  - Rural Status: Rural
  - Designation Date: 11/01/1978
  - Update Date: 11/01/1978

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed March 14, 2019.

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental health
  - Mental health
- These shortages may be geographic-, population-, or facility-based:
  - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
  - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
  - Facilities:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed January 9, 2019.

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed January 9, 2019.

Health Professional Shortage Areas

Union County

- **County Name:** Union County
- **HPSA Name:** Union County
- **Status**: Designated
- **Rural Status**: Rural

  - **HPSA Discipline Class:** Primary Care
    - **Designation Type**: Geographic HPSA
    - **HPSA ID:** 1355837695
    - **HPSA Score:** 15
    - **HPSA Designation Last Update Date:** 10/27/2017

  - **HPSA Discipline Class:** Dental Health
    - **Designation Type**: High Needs Geographic HPSA
    - **HPSA ID:** 6353859647
    - **HPSA Score:** 15
    - **HPSA Designation Last Update Date:** 10/27/2017

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed March 14, 2019.

Health Professional Shortage Areas

Plains Mental Health Service Area

- **County Name:** Union County
- **HPSA Name:** Plains Mental Health Service Area
- **Status**: Designated
- **Rural Status**: Rural

  - **HPSA Discipline Class:** Mental Health
    - **Designation Type**: High Needs Geographic HPSA
    - **HPSA ID:** 7352758723
    - **HPSA Score:** 18
    - **HPSA Designation Last Update Date:** 10/27/2017

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed March 14, 2019.

INTERVIEWEE BIOGRAPHIES

Union County General Hospital Community Health Needs Assessment Interviewee Biographies

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category		Population Served
						A	B	
Kristen Christy	Executive Director	Union County Network		Union County	Ashleigh Patel		x	Underserved
Judith Cooper	Board President	Union County General Hospital		Union County	Valerie Hayes		x	General Public
Stacy Diller	Superintendent	Clayton Public Schools		Union County	Ashleigh Patel		x	General Public
Larry Fluhman	President	Farmers & Stockmens Bank		Union County	Ashleigh Patel		x	General Public
Carolyn Kear	Executive Director	Clayton Nursing Homes		Union County	Ashleigh Patel		x	Aging, Vulnerable
Craig Reeves	Board Member	Union County General Hospital		Union County	Ashleigh Patel		x	General Public
Nichole Romero	Health Promotions Coordinator	Union County Health Department		Union County	Ashleigh Patel	x		General Public
Shelly Trujillo	School Nurse	Clayton Public Schools		Union County	Ashleigh Patel		x	Children, Teens/Adolescents
Dr. Mark Van Wormer	Physician	Union County General Hospital		Union County	Ashleigh Patel		x	General Public
Eva Vital	Counselor	Valle del Sol		Union County	Ashleigh Patel		x	Mental Health, Behavioral Health

A: Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; January 10, 2019 – January 23, 2019.

Section 2:

Implementation Plan

Union County General Hospital
FY2020 - FY2022 Implementation Plan

A comprehensive, six-step community health needs assessment ("CHNA") was conducted for Union County General Hospital (UCGH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Union County, New Mexico.

The CHNA Team, consisting of leadership from UCGH, met with staff from CHC Consulting on March 13, 2019 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization process via a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital's capacity to address the need. Once this prioritization process was complete, the hospital leadership discussed the results and decided to address all prioritized needs in various capacities through a hospital specific implementation plan.

The final list of prioritized needs, in descending order, is listed below:

1.) Access to Consistent, Local Primary Care Providers
2.) Access to Dental Care Services and Providers
3.) Access to Specialty Care Services and Providers
4.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
5.) Access to Mental and Behavioral Health Care Services and Providers
6.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations

The leadership of UCGH developed the following implementation plan to identify specific activities and services which directly address the top five priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The UCGH Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan on April 24, 2019.

Priority #1: Access to Consistent, Local Primary Care Providers

Rationale:

Data indicates that Union County has a lower rate of primary care providers per 100,000 population than the state, as well as a higher rate of preventable hospital events than the state. In addition, the percentage of residents with no usual primary care provider (medical home) in Union County increased between 2013 and 2017, and is currently higher than the state.

Several interviewees noted that there are long waitlists to see local primary care providers due to local providers only being available for appointments a few days of the week. In addition, it was mentioned that there are limited extended hour services available, which results in unnecessary use of the Emergency Room and patients traveling outside of the community for care to access after hour clinics. It was also noted that the potential overuse of the Emergency Room may be due to the local provider's splitting of time between clinic and Emergency Room time. One interviewee stated: "The ER is way over used for non-emergent issues…sometimes you go for a [primary care] appointment and they say you can't come in because that provider has ER duty today, [so] it is almost encouraged."

Interviewees mentioned that some residents may establish medical homes outside of the community due to having to leave the county for other health care services. One interviewee specifically stated: "You get referred to a specialist [out of town], and then that internist starts scheduling you for regular appointments…suddenly you are going there all the time and so there is no need to go back to their regular practitioner [in the community]." It was also noted that some providers may be nearing retirement, which raised concern. One interviewee stated: "Some of the physicians we have at some point will be retiring, and we do not have a lot of people to fill those positions."

Objective:

Increase access to local primary care services and providers

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. UCGH is currently recruiting an additional Family Practice physician to the community.						
1.B. UCGH has converted the Family Practice Clinic to a Rural Health Clinic (RHC) on May 8, 2018. The UCGH team is evaluating changing the RHC walk-in hours at the facility, and the hospital is currently evaluating the implementation of extended hours (early morning to 6:30pm, and staying open through lunch time).						
1.C. Union County General Hospital will continue to promote its primary care provider services in order to increase awareness of service offerings in the community. This will be done via the local newspaper, local radio stations, social media outlets, the hospital's website, and during quarterly open house events.						
1.D. Union County General Hospital will continue to schedule follow up appointments with patients' primary care provider upon discharge.						
1.E. Union County General Hospital will continue to pursue the opening of a new Des Moines School Based Clinic and evaluate opening a half day clinic in Texline.						

Priority #2: Access to Dental Care Services and Providers

Rationale:

Data indicates that Union County has a lower rate of dentists per 100,000 population than the state.

Interviewees acknowledged the poor dental health and nonexistent dental care access within the community. It was mentioned several times that residents typically leave the county for dental care in Raton, Dalhart, Las Vegas, and/or Amarillo, and that transportation barriers to accessing such services may force many residents to go without care. One interviewee stated: “We have no dentists in Union County. I go to Dalhart. There are two there and every time I go to the dentist in Dalhart, I see someone else from Clayton in that office. The two dentists in Dalhart don’t take Medicaid, so sometimes people go to the dentist who does take Medicaid in Raton. And some people go all the way to Amarillo.”

Objective:

Increase local access to dental health care services

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. UCGH is currently recruiting dentist and dental hygienist providers to the community to increase access to local dental care services.						

Priority #3: Access to Specialty Care Services and Providers

Rationale:

Many interviewees mentioned there are barriers to accessing specialty care services and providers due to the rural nature of Union County. Interviewees noted outmigration of patients for specialty services, such as cardiology, pediatrics, OB/GYN, orthopedics, and non-elective general surgery procedures. It was acknowledged that a general surgeon is available in the community, but only for elective procedures. The outmigration of patients also leads to barriers associated with cost and transportation outside of the community. One interviewee specifically mentioned: "If [patients] are……involved in cardiology they have to drive…sometimes it is problematic for people to get to care because they can't afford it or don't have a car…if there is an emergent issue we have to transfer patients by air craft."

It was also noted that there are limited options for females seeking OB/GYN care due to challenges in access and insurance across state lines. One interviewee stated: "We do not have OB in this area…many go to Texas and that is tough because not all insurance [types] travel across the border for specialty care services." Lastly, it was mentioned that there is instability in the allied health workforce in Union County, with one interviewee specifically mentioning: "We also see [instability] in allied health – radiologists, lab techs, there is a revolving door everywhere."

Objective:

Increase access to additional specialist services and providers in the community

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. The hospital has a general surgeon that provides rotating coverage to the community once to twice a month.						
3.B. Union County General Hospital will continue to host a mobile MRI van in the hospital parking lot once a week, and also assists with scheduling.						
3.C. Union County General Hospital will continue to host a mobile Mammography van in the hospital parking lot 10-12 times per year (as scheduling needs require), and also assists with scheduling.						
3.D. The hospital will continue to staff a Nuclear Medicine Tech contract, who will come in as needed for nuclear medicine studies.						
3.E. UCGH provides telemedicine programs in collaboration with the University of New Mexico (UNM) for emergency pediatrics and neurology/neurosurgery services.						
3.F. The hospital is currently evaluating rotating specialist coverage.						
3.G. Union County General Hospital will continue to schedule follow up appointments with patients' providers upon discharge, when necessary.						
3.H. Union County General Hospital will continue to market its specialty services to the community in order to increase awareness of its service offerings. Specialty services include, but are not limited to, HHC, Swing-bed, sleep studies, Rehabilitation, Nuclear Medicine, DME & Surgeries.						

Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Union County and the state. Union County has higher mortality rates than New Mexico for heart disease, cancer, chronic lower respiratory diseases, diabetes, lung and bronchus cancer and pancreatic cancer.

Union County has higher prevalence rates of chronic conditions and unhealthy lifestyle behaviors such as diabetes, physical inactivity, binge drinking and youth tobacco use than the state. With regards to maternal and child health, specifically, Union County has higher percentages of teen births and a lower rate of those females who sought prenatal care during their first trimester than the state. Data also suggests that Medicare residents may not be seeking necessary preventive care services, such as mammograms, pap tests and colorectal cancer screenings.

Several interviewees noted that there are limited services providing disease management and education, as well as a short supply of community workers to assist in creating healthy lifestyle programs. Interviewees emphasized a lack of understanding of the disease process and the importance of chronic disease prevention, which results in a need for health education in the community regarding chronic conditions and the importance of seeking preventive care, specifically for low income residents. It was also noted that accessing affordable, healthy food is also a challenge in the community. One interviewee specifically stated: “Access to healthy foods are limited. There is just one grocery in the community, but I am not sure if they stock what would be termed healthy foods.”

Interviewees also raised concern surrounding the lack of afterschool activities for youth residents, and the tobacco and alcohol use rate amongst teens and adolescents. One interviewee specifically stated: “For the younger students there are very minimal after school activities.”

Objective:

Increase healthy lifestyle education and prevention resources at the hospital and in the community

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. Union County General Hospital will continue to provide CPR training for hospital staff and other health care givers in the community.						
4.B. The hospital will continue to incentivize employees and their families to participate in regular physical activity through a discounted membership at local gym and recreation facilities, and the golf course.						
4.C. UCGH will continue to participate in the county-wide health fairs, and additional hospital based health fairs each year, to provide blood pressure screenings, lab tests, as well as many different areas of health and wellness education.						
4.D. The hospital will continue to host open house events that include booths for varying community services to share information, educational sessions by providers, blood pressure screenings, lab tests, radiology services, mammography, diabetes finger stick tests, sleep medicine, and the testing of motor skills for physical therapy. Information will be provided in both English and Spanish when possible.						

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.E. UCGH will continue to maintain its status as a Level 4 Trauma Center through the provision of community education surrounding trauma 1-2 times per year (ex: firework safety, no texting and driving).						
4.F. UCGH will continue to provide free flu shots to the community for the donation of 2 non-perishable food items for donation to community food drive.						
4.G. Many representatives from the hospital serve as members of community organizations, including the Chamber of Commerce, the Rotary Club, the Union County Health Network, and the Local Emergency Planning Committee.						
4.H. The hospital will continue to work with local Emergency Management Services (EMS) to provide trauma education on a regular basis for hospital and EMS staff.						
4.I. UCGH will continue their partnership with the Sexual Assault Prevention program in the community.						
4.J. Union County General Hospital will continue marketing social media, print advertisement and website enhancements to increase professionalism and community awareness of hospital service offerings.						
4.K. Union County General Hospital will explore engaging local employers through the provision of drug screens, TB tests, flu vaccinations and bone scans for staff.						
4.L. Union County General Hospital will continue to chair the Emergency Planning Committee in the community, which is a collaborative approach that includes nursing, providers and other hospital allied staff, EMS, Flight Crews, the Fire Department, Police staff and the County Emergency Manager. The Committee meets on a quarterly basis.						
4.M. Union County General Hospital will continue to provide education in the lobby of the facility and clinic on a variety of health topics each month.						

Priority #5: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Interviewees mentioned that there are limited mental and behavioral health care facilities and resources in Union County, as well as a lack of local counselors and funding for mental and behavioral health related initiatives. The use of telemedicine was mentioned to circumvent the limited access to local services. Additionally, inconsistency in the availability of mental health resources leads to difficulty in recruiting and retaining providers. One interviewee stated: "We have had instability [in] our mental health resources…we have lost some services and we still do not have the youth services we used to have…because of its instability over several years, it [is] hard to attract and retain and providers."

Interviewees also discussed a lack of local addiction, drug and alcohol treatment services, which may lead to dependency upon local primary care providers for mental health related care. One interviewee stated: "We also have a real lack of psychiatrists and services...A lot of people aren't necessarily seeking behavioral health from PCPs, but they end up there or in the hospital and then the primary care providers are reluctant to prescribe meds without some sort of psych evaluation." Interviewees also raised concern around the increasing prevalence of mental ailments amongst the youth population, including depression and suicide. One interviewee specifically stated: "Mental health and suicide are issues amongst the youth. There is binge drinking and obesity among the youth population."

Objective:

Increase local access to mental health care services

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.A. UCGH is currently evaluating the implementation of a telemedicine program in collaboration with the University of New Mexico (UNM) for mental and behavioral health evaluations.						
5.B. The hospital will continue to staff a full time employee who provides social work assistance on a PRN basis to assist with case management services when necessary.						
5.C. UCGH will continue to support local mental and behavioral health organizations, such as Valle del Sol and Alternatives to Violence, by connecting applicable patients with resources in the community for them to access.						

Priority #6: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Union County has a lower median household income than the state, and also has several geographic- and population-based Health Professional Shortage Area designations and census tract-based Medically Underserved Area/Population designations, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

When asked about which specific groups are at risk for inadequate care, interviewees spoke about elderly, racial/ethnic, teenagers/adolescents, pediatric, low income/working poor and veteran populations as being disproportionately challenged by barriers to accessing health care services in Union County.

When speaking about the elderly population in Union County, interviewees raised concern surrounding transportation barriers, a need for education on the importance of seeking preventive care, and limited home support as challenges specific to these residents. For racial/ethnic residents, interviewees mentioned language barriers and limited access to insurance benefits as general issues.

With regards to the teenagers/adolescents, interviewees noted a need for increased access to mental and behavioral health services and drug and substance abuse prevention and education for meth and alcohol as challenges for these residents. For pediatric residents, interviewees noted limited pediatric providers, family planning support and after school activities, and a need for increased mental and behavioral health services.

For low income and working poor residents, it was mentioned that transportation barriers, limited healthy lifestyle education and access to resources, limited family planning support, mental health challenges and substance abuse disproportionately affect those residents. Lastly, for veterans, interviewees mentioned that they are challenged by a lack of local care and transportation barriers.

Objective:

Increase access to resources and services for underserved and geographically isolated populations

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.A. Union County General Hospital will continue its relationship with the local nursing home, as well as assist with access to medical care for nursing home patients.						
6.B. The hospital's lab will continue to increase access to lab work for nursing home residents through conducting lab tests at the nursing home on a daily basis.						
6.C. UCGH will continue to partner with the Rotary Club to provide for families in need throughout the community, including collaborating to provide Christmas Food Baskets to underserved families in the community during the holiday season.						
6.D. Union County General Hospital will continue to partner with local schools to assist with well child physicals, as well as school physicals, at a reduced cost for patients.						
6.E. Union County General Hospital is exploring participating in the 340b Pharmacy Program which provides discounted pharmacy pricing to indigent patients.						

Action Steps	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.F. Union County General Hospital is pursuing grant opportunities to provide gas cards for residents needing to travel outside of the community for health care services.						
6.G. Union County General Hospital offers an in-house Medicaid assistance program to help residents sign up for Medicaid coverage.						

Section 3:

Feedback, Comments and Paper Copies

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- UCGH invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- To provide input on this CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Administration - Community Health Needs Assessment

Union County General Hospital

300 Wilson Street

Clayton, NM 88415

info@ucgh.net

Please find the most up to date contact information on the Union County General Hospital website under “About Us”:

http://ucgh.net/about-us/

Thank you!

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