Keeping the **H** in Hometown®

Union County General Hospital

Union County Community Health Needs Assessment and Implementation Plan

April 2022

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 January 13, 2022 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 an electronic survey 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.) Continued Recruitment & Retention of Health Care Workforce
2.) Access to Mental and Behavioral Health Care Services and Providers
3.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4.) Continued Focus on COVID-19 Prevention & Response
5.) Access to Dental Care Services and Providers
6.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

The leadership of UCGH developed the following implementation plan to identify specific activities and services which directly address the six prioritized needs. 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 2022 Community Health Needs Assessment and Implementation Plan on April 27, 2022.

Priority #1: Continued Recruitment of Primary and Specialty Care Services and Providers

Union County has a lower rate of primary care providers per 100,000 persons as compared to the state. Additionally, Union County is designated as Health Professional Shortage Areas and Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed difficulty attracting providers to the community due to lack of housing options, the rural nature of the community and limited recreational activities. One interviewee stated: "The biggest concern is getting people here to take care of health issues. This town doesn't offer much. The biggest things they run into is there is no shopping and housing here isn't that great." Interviewees also mentioned the lack of appropriate staff to help providers, particularly due to the pandemic. One interviewee stated: "[There are] not enough qualified healthcare workers like aids assisting healthcare workers. We have a nursing home but we can't admit patients because people don't want to come to work. Nobody wants to work or come to this area. We need lab assistants."

Several interviewees talked about the limited availability of nurses due to the pandemic and the outmigration of nurses seeking better job opportunities. Additionally, interviewees expressed concern about capacity limitations due to the workforce shortage. Interviewees expressed apprehension around sustainability of the healthcare workforce in general. One interviewee stated: "Sustainability [is a concern]. It's building systems that are going to be around and recruiting and retaining people that are going to work those systems."

With regards to primary care access, interviewees acknowledged and appreciated the efforts made by the hospital to increase accessibility of providers in the area. However, there were still issues noted in regards to accessing providers due to insurance limitations, particularly insurance issues across state lines. One interviewee stated: "The providers are pretty accessible. The hospital is very proactive with the community. There are never enough providers for small towns." Another interviewee stated: "Providers are fairly accessible in Clayton. We have one doctor and the community relies on him a lot...People would go to Dalhart but not all insurance crosses the state line." Additionally, interviewees expressed concern surrounding the unmet needs of the aging and elderly population due to limited internet capabilities. One interviewee stated: "We have two doctors and nurse practitioners and a surgeon that comes in on a schedule visit. With the elderly population, not everybody has the availability or the equipment to log in for a telemedicine visit."

Interviewees also discussed people leaving the community for primary care and go to places like Amarillo, Sante Fe and Albuquerque. Several interviewees expressed appreciation for Union County Health Clinic's availability of appointments and the after work hours of the clinic to get in to see a primary care doctor. One interviewee stated: "The Union County Health Clinic's accessibility is pretty good. They are open [extended hours] two nights a week."

Looking at specialty care, interviewees appreciated the hospital's involvement in the Rural OB Access & Maternal Services (ROAMS) program. However, there is still a shortage of local specialty services which is leading to long wait times and outmigration of patients to Amarillo, Sante Fe and Albuquerque. One interviewee stated: "We don't have any specialists in Clayton. Most go to Amarillo, Santa Fe and Albuquerque. Wait times could be anywhere from 3-6 months." Specific specialties mentioned as needed include Cardiology, Dialysis, OB/GYN, Neurology, Orthopedics, Endocrinology, General Surgeon, Hematology, Dermatology, Rheumatology and Oncology. One interviewee stated: "We need bigger things like dermatology. People drive to Amarillo or go without [care]. Hematology, orthopedics and rheumatology [are needed]. Rheumatology takes 3 to 6 months."

Several interviewees appreciated the financial support services provided by the hospital to increase access. It was also mentioned that for the elderly population, there is a lack of access to specialty care due to transportation issues. One interviewee stated: "It's hard for senior citizens on Medicare. They don't have as much access for transportation to Raton or specialty care. The hospital has the sliding fee scale…

Priority #1: Continued Recruitment of Primary and Specialty Care Services and Providers (continued)

...so that opens up access." Interviewees mentioned that with Union County being a smaller community, there is difficulty in recruiting specialists to the area. One interviewee stated: "Most people go to Amarillo. I don't think getting specialists to come here would be possible." Another interviewee stated: "...I don't think we have enough population to keep a specialist."

Priority #2: Access to Mental and Behavioral Health Care Services and Providers

Many interviewees mentioned the perceived substance abuse in the community as well as limited availability of local resources and access to providers, particularly for children and school staff in the community. One interviewee stated: "Mental health is a big issue and it's always occurring. It's always substance abuse or environmental factors." Another interviewee stated: "We are falling short of meeting the needs for our children. We need providers to come into the area to provide services for the children and [school] staff." Several interviewees discussed the lack of stability in mental and behavioral health resources in the county and state which is leading to long wait times and less access to care. One interviewee stated: "We have two [programs] in town. The first one has changed hands and patients had to reapply to the program. So I know students who haven't gone back. The other place is called Professional Counseling Associates and are only open Monday and Tuesday. If there is a crisis, the patient has to go to the hospital or be referred out of town. The nearest city is Amarillo. The wait time to see a provider could take up to 6 weeks."

Interviewees also discussed limited hours for mental health services in the area. Several interviewees also discussed the lack of rooms and resources for high acuity, crisis patients in the area and this barrier is leading to outmigration. One interviewee stated: "For high acuity patients, it can be a while and the hospital is just not equipped." Another interviewee stated: "Usually the state takes over on the severe ones and takes them to a state hospital." Additionally, it was noted that telehealth has been used in the community to manage mental and behavioral health-related situations. One interviewee stated: "We have a licensed psychiatric social worker on staff 24/7. She has the ability to refer patients to an inpatient psychiatric institution. We have outpatient telemedicine with a psychologist and psychiatrist."

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Union County has lower educational attainment rates than the state. Union County also has a higher percentage of families and children living below poverty than the state, as well as a lower median household income than the state. Furthermore, Union County has a higher percent of overall food insecurity and child food insecurity than the state.

Union County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state. When analyzing economic status, Union County is in more economic distress than other counties in the state. Union County also has a higher rate of those who do have a motor vehicle as compared to the state.

Interviewees discussed limited accessibility/options for care due to cost for the un/underinsured and low income populations in the community. One interviewee stated: "For people that have more resources and more education, it's easier to access care and the outcomes are better." Several interviewees mentioned the inappropriate use of the Emergency Room by un/underinsured and low income populations. One interviewee stated: "[Accessing the emergency room] doesn't cost the [un/underinsured] because they have indigent care or Medicaid. If they can't see a provider, they come to the emergency room because they don't have to pay."

It was also mentioned that the potential overuse of the Emergency Room is due to concern of the individual's potential ailments and the shorter wait time it takes to see a provider. One interviewee stated: "If [people do misuse the emergency room], it would be because of the wait time [to see a primary care provider] or just what illness they [might] have."

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

It was noted several times that there is concern surrounding the cost of living in a nursing home or an assisted living facility. One interviewee stated: "From a financial standpoint, the cost [of care] to be at an assisted living or nursing home is a barrier." Another interviewee stated: "We don't have easy access to assisted living. You'd have to move to a different town like Dalhart, TX. A lot [of people] can't do that. It's just a very expensive option."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, teenagers/adolescents, low income, racial/ethnic, veterans/military dependents and the homeless population. With regards to the elderly population, interviewees discussed needs for specialty care, health education, need for connection and support, issues with transportation, particularly for the limited/low income and Medicaid groups, need for a foot clinic and assisted living facilities, Alzheimer's disease and dementia as well as isolation issues for nursing home residents due to COVID-19. With regards to the teenagers/adolescents, population, interviewees discussed an increasing need for reproductive health education, wellness checks, particularly for lower socioeconomic groups, issues with transportation, mental and behavioral conditions as well as substance misuse/abuse.

Low income residents were discussed as facing insurance/affordability of services as a challenge as well as access to healthcare particularly dental care. Racial/ethnic groups were discussed as facing translation/language barriers and substance misuse/abuse. Veterans and military dependent residents were brought up as a subgroup of the population that may be disproportionately affected by a lack of access to local, nearby VA services. Lastly, the homeless residents were discussed as being disproportionately challenged by a lack of local shelters and housing options as well as substance and drug misuse/abuse.

Priority #4: Continued Focus on COVID-19 Prevention & Response

Union County has a lower percentage of its population (18+) who are fully vaccinated with the COVID-19 vaccine as compared to the state (information as of January 11, 2022).

Interviewees appreciated the hospitals response and management of offering testing, vaccinations and education in the community. One interviewee stated: "The hospital has been doing a great job. They have a Facebook page and try to show fact vs. fiction through flyers, etc." Another interviewee stated: "Those who want vaccines are able to get them. Our hospital has been more accessible than other areas to get the vaccines. We have had people coming in from other counties." However, interviewees mentioned there was still a need for education on vaccination times and locations particularly for the elderly population and those who have limited internet access. One interviewee stated: "The biggest complaint I've heard is that they posted on Facebook and a lot of elderly people say, 'I don't have Facebook.' So they don't know when they could go get the vaccine."

Interviewees acknowledge that there is a pandemic fatigue in the community and many want to go back to 'normalcy'. Additionally, interviewees mentioned that there needs to be more focus on community partnerships for testing availability. One interviewee stated: "There needs to be a better partnership between the hospital, the medical personnel and the community in regards to testing availability. The hospital [and other places] are doing an excellent job of giving out the vaccines and getting people vaccinated." Several interviewees addressed the concern about the vaccination rates in the county as well as the school system. One interviewee stated: "The vaccination rates aren't adequate. In the school system, the vaccination rates are quite low."

Priority #5: Access to Dental Care Services and Providers

Interviewees acknowledge that the hospital is working towards better dental services for the community. But there was still a need...

Priority #5: Access to Dental Care Services and Providers (continued)

...discussed by interviewees for dental services in the area, particularly for kids and adults. One interviewee stated: "Oral health has been an issue. I know that the hospital has taken steps to address that as an organization. It was put on hold because of the pandemic." Another interviewee stated: "We need dentists for kids and adults. New patients have a hard time getting in to see them. The wait for the dentist is super long. They had me scheduled 6 months out." Several interviewees mentioned the lack of dental options in the area and how the long wait times to see a dentist is leading to long wait times and outmigration to Amarillo, Raton, Santa Fe, Albuquerque, Dalhart and Las Vegas, NM. One interviewee stated: "We don't have a dentist in town. People go to Raton, Amarillo, Santa Fe, or Dalhart. The guy in Raton does minor things. If it's an issue they will go to a specialist in Amarillo or Albuquerque."

Interviewees discussed the challenge in accessing dental services for Medicaid patients which is leading to outmigration and use of the emergency room. One interviewee stated: "If we have a student or family on New Mexico Medicaid, their closest option is 83 miles away in Raton or 160 miles away in Las Vegas, NM." Another interviewee stated: "[There are] no [dental] providers in Clayton at all. We have been searching for one for years. The indigent population uses New Mexico Medicaid and they just don't go to the dentist. The emergency room is where we take care of poor dental care."

Priority #6: 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. Union County has higher mortality rates than New Mexico for the following causes of death: heart disease; cancer; chronic lower respiratory diseases; diabetes mellitus; and prostate cancer. When looking at specific race and ethnicities in Union County, the white male population has a higher mortality rate than the state for prostate cancer and the Hispanic population has a higher mortality rate for colon & rectum cancer as compared to the state.

Union County has higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity and smoking than the state. Data suggests that Union County residents are not appropriately seeking preventive care services, such as timely mammography, colonoscopy or pap tests.

Several interviewees appreciated the hospital participating in preventative care as well as educational outreach in the community. However, there were conflicting statements regarding the availability and awareness of services. One interviewee stated: "The hospital does quarterly health fairs. They have one big one and a couple smaller ones where they do flu shots or blood pressure checks." Another interviewee stated: "We have an extension agent here and she does programs throughout the county. Nothing is coordinated unless the hospital does it." Another interviewee stated: "...We have some physical therapy that can teach lifestyle exercise. As far as bonafide programs for health and wellness, there's none other than the information given from your primary care provider."

It was mentioned that there is access to local food and exercise programs in the community as well as knowledge of some programs for particular chronic diseases and possible new educational opportunities. One interviewee stated: "We have the Union County Senior Citizen Center that provides meals for seniors. There are food banks and those are mostly sponsored by churches. There are commodities that come once a month." Another interviewee stated: "We have a chronic disease self-management program that is open to anyone at risk and there is a diabetes specific component. We are developing healthy lifestyle programs for cardiovascular disease and type two diabetes."

Several individuals specified that there is lack of exercise and participation in recreational activities particularly for the low income and...

Priority #6: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

…elderly populations in the community. One interviewee stated: "There are private gyms and the cost is for more moderate income and above. One gym has an exercise class but not geared towards elderly at all." A couple of interviewees expressed concern surrounding the longstanding health issues in the community. One interviewee stated: "I think its lifestyle and wellness and behavioral issues. [Union County has a] stratified population. The population of the town has not changed in 40 years and the health issues really haven't either."

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 Union County General Hospital

  – 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

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 Union County General Hospital
  - 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
    - Community leaders
  - 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
  - Documentation and rationalization of priorities not addressed by the implementation plan
  - 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

Process and Methodology
Methodology

- Union County General Hospital worked with CHC Consulting in the development of its CHNA. Union County General Hospital 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 Stratasan and local reports
  - 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 review of collected data in January 2022 with the CHNA team. The CHNA Team included:
    - Tammie Stump, Chief Executive Officer
    - Melissa Prante, Chief Financial Officer
    - Jill Swagerty, Human Resource 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)

- <u>Union County General Hospital Biography</u>
  - Background information about Union County General Hospital, mission, vision, values and services provided were provided by the hospital or taken from its website

- <u>Study Area Definition</u>
  - The study area for Union County General Hospital is based on hospital inpatient discharge data from July 1, 2020 - June 30, 2021 and discussions with hospital staff

- <u>Demographics of the Study Area</u>
  - 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, Stratasan, the U.S. Census Bureau, the United States Bureau of Labor Statistics and Feeding America

- <u>Health Data Collection Process</u>
  - 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 and Environment, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

Process and Methodology
Methodology (continued)

– <u>Interview Methodology</u>

- Union County General Hospital 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, 11 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.

– <u>Evaluation of Hospital's Impact</u>

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- Union County General Hospital provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report

– <u>Prioritization Strategy</u>

- 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 prioritization process
- See the prioritization section for a more detailed description of the prioritization methodology

HOSPITAL BIOGRAPHY

Hospital Biography
About Union County General Hospital

About UCGH

Union County General Hospital (UCGH) is a critical access, rural hospital located in Clayton, New Mexico. As the key hospital for the region, UCGH offers a wide array of services.

UCGH provides the highest quality healthcare 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.

In July 2015, UCGH became a Level IV Trauma Center. UCGH is staffed with a trauma team and emergency care 24/7 therefore the designation has been placed by the New Mexico Department of Health.

UCGH is managed by Community Hospital Consulting, Inc., which provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. 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, we believe 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 more. In addition, we offer useful health information and updates about hospital and clinic services through our Facebook page. Be sure to like and follow us!

Hospital Biography
Mission, Vision & Values

Mission

As a full service, acute care hospital in Clayton, NM, UCGH provides quality healthcare services to the residents of Union County and surrounding areas.

Vision

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.

Hospital Biography
History

History

On September 30, 2009, the Union County General Hospital celebrated the inauguration of its 22,100-square-foot new extension. The building is both beautiful and state-of-the-art, providing ample space for much-needed services. Yet this summit of achievement reflects years of efforts—efforts which, in fact, began back in 1912—the year New Mexico became a state.

Shortly after graduating from Vanderbilt University's School of Medicine, Dr. James Winchester received bad news: he had tuberculosis and if he moved to a dry climate, he might live a year or two. (He did so and lived another 50!) In 1912, when Doctor Winchester arrived at the small settlement of Clayton, New Mexico, there were no medical facilities. His practice began inside his home. A few years later, a lucky south Texas horserace brought in enough for him to build a 7-bed sanatorium with basic equipment and medications. St. Joseph's Hospital was born.

Fast forward to the twenty-first century…

Today, Union County General Hospital has a complete staff and provides outstanding medical care to thousands of people each year. Managed by Community Hospital Consulting, Inc., UCGH is well-positioned to continue growing throughout the 21st Century, providing for the health care and medical needs of not only Union County and Clayton, NM, but also neighboring counties and cities. We regularly welcome patients from Texline and Dalhart, Texas, Boise City, Oklahoma, Des Moines, Gladstone, and Amistad, NM, and all points between.

Hospital Biography

Hospital Services

Services

- Union County Health Clinic
- Des Moines Health Center
- UCGH Radiology
- Rehabilitation
- UCGH Lab
- UCGH Swing Bed Care
  - Respiratory Care
  - Therapeutic Services
- Independent Living
- Pain Management

- UCGH Surgical Care
- Nursing
- UCGH Pharmacy
- UCGH Respiratory Care
- UCGH Emergency Care
- UCGH Sleep Study
- UCGH Home Health
- UCGH Durable Medical Equipment
- UCGH Trauma Care

STUDY AREA

Union County General Hospital
Study Area

Union County comprises 89.7% of FY 2021 Inpatient Discharges

H Indicates the hospital

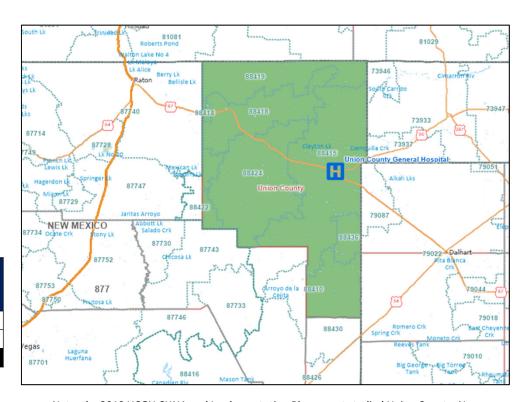**Union County General Hospital
Patient Origin by County
July 1, 2020 - June 30, 2021**

County	State	FY21 Inpatient Discharges	% of Total	Cumulative % of Total
Union	NM	139	89.7%	89.7%
All Others		16	10.3%	100.0%
Total		**155**	**100.0%**	

Source: Hospital inpatient discharge data provided by Union County General Hospital; July 2020 - June 2021; Normal Newborns excluded. The inpatient data file only includes UCGH patient type of "1" for "inpatient." Test patients have been removed from the data.
Note: FY 2020 and FY 2021 volumes may be lower than expected due to COVID-19 (specifically impacted March 2020 and beyond).

Note: the 2019 UCGH CHNA and Implementation Plan report studied Union County, New Mexico, which comprised 86.6% of FY 2018 (July 1, 2017 – June 30, 2018) inpatient discharges.

DEMOGRAPHIC OVERVIEW

Population Health
Population Growth

Projected 5-Year Population Growth
2021-2026

2.9%
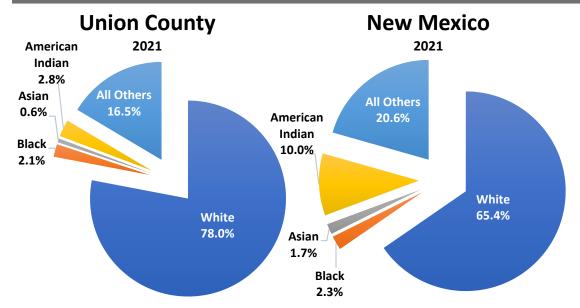
-2.9%
Union County

New Mexico

Overall Population Growth				
Geographic Location	2021	2026	2021-2026 Change	2021-2026 % Change
Union County	4,531	4,398	-133	-2.9%
New Mexico	2,149,586	2,212,300	62,714	2.9%
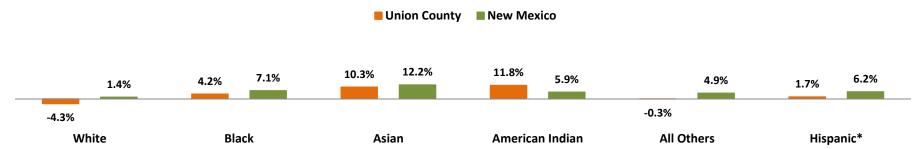
Population Health
Population Composition by Race/Ethnicity

Union County
2021

American Indian 2.8%
Asian 0.6%
Black 2.1%
All Others 16.5%
White 78.0%

New Mexico
2021

All Others 20.6%
American Indian 10.0%
Asian 1.7%
Black 2.3%
White 65.4%

Union County				
Race/Ethnicity	2021	2026	2021-2026 Change	2021-2026 % Change
White	3,534	3,381	-153	-4.3%
Black	95	99	4	4.2%
Asian	29	32	3	10.3%
American Indian	127	142	15	11.8%
All Others	746	744	-2	-0.3%
Total	**4,531**	**4,398**	**-133**	**-2.9%**
Hispanic*	1,983	2,016	33	1.7%

New Mexico				
Race/Ethnicity	2021	2026	2021-2026 Change	2021-2026 % Change
White	1,405,599	1,425,793	20,194	1.4%
Black	49,137	52,641	3,504	7.1%
Asian	36,081	40,486	4,405	12.2%
American Indian	215,731	228,415	12,684	5.9%
All Others	443,038	464,965	21,927	4.9%
Total	**2,149,586**	**2,212,300**	**62,714**	**2.9%**
Hispanic*	1,076,220	1,142,827	66,607	6.2%

Race/Ethnicity Projected 5-Year Growth
2021-2026

■ Union County ■ New Mexico

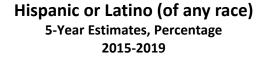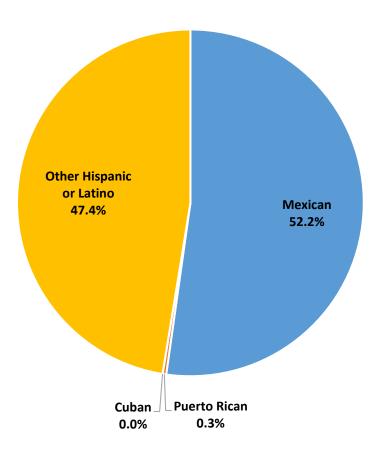|	White	Black	Asian	American Indian	All Others	Hispanic*
Union County	-4.3%	4.2%	10.3%	11.8%	-0.3%	1.7%
New Mexico	1.4%	7.1%	12.2%	5.9%	4.9%	6.2%

Source: Stratasan Canvas Demographics Report, 2021.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

CHC
Community Hospital Consulting

Population Health

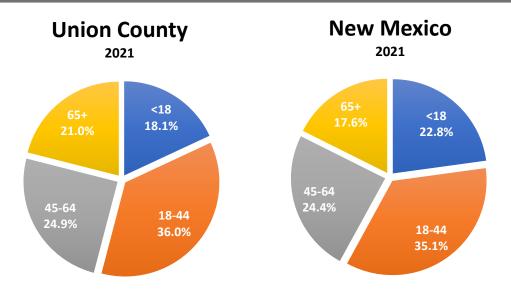### *Population Composition by Race/Ethnicity - Hispanic*

- In 2015-2019, the Union County Hispanic or Latino population was composed of a majority Mexican population (52.2%), followed by Other Hispanic or Latino (47.4%) and Puerto Rican (0.3%).
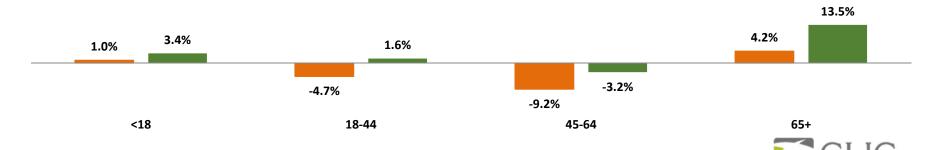
Hispanic or Latino (of any race)
5-Year Estimates, Percentage
2015-2019

Other Hispanic or Latino
47.4%

Mexican
52.2%

Cuban
0.0%

Puerto Rican
0.3%

Population Health
Population Composition by Age Group

Union County
2021

- <18 18.1%
- 18-44 36.0%
- 45-64 24.9%
- 65+ 21.0%

New Mexico
2021

- <18 22.8%
- 18-44 35.1%
- 45-64 24.4%
- 65+ 17.6%

Union County				
Age Cohort	2021	2026	2021-2026 Change	2021-2026 % Change
<18	819	827	8	1.0%
18-44	1,631	1,554	-77	-4.7%
45-64	1,128	1,024	-104	-9.2%
65+	953	993	40	4.2%
Total	4,531	4,398	-133	-2.9%
New Mexico				
Age Cohort	2021	2026	2021-2026 Change	2021-2026 % Change
<18	490,837	507,589	16,752	3.4%
18-44	755,502	767,455	11,953	1.6%
45-64	524,465	507,504	-16,961	-3.2%
65+	378,782	429,752	50,970	13.5%
Total	2,149,586	2,212,300	62,714	2.9%

Age Projected 5-Year Growth
2021-2026

Legend: ■ Union County ■ New Mexico

- <18: 1.0% (Union County), 3.4% (New Mexico)
- 18-44: -4.7% (Union County), 1.6% (New Mexico)
- 45-64: -9.2% (Union County), -3.2% (New Mexico)
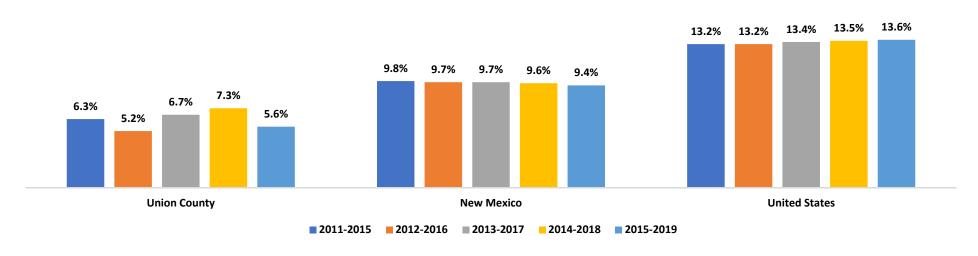- 65+: 4.2% (Union County), 13.5% (New Mexico)

Source: Stratasan Canvas Demographics Report, 2021.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

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Population Health
Subpopulation Composition

- Between 2011 and 2019, the percent of foreign-born residents overall decreased in Union County and the state, while the percent in the nation increased.

- Between 2011 and 2019, Union County maintained a lower percentage of foreign-born residents than the state and the nation.

- In 2015-2019, Union County (5.6%) had a lower percent of foreign-born residents than the state (9.4%) and the nation (13.6%).
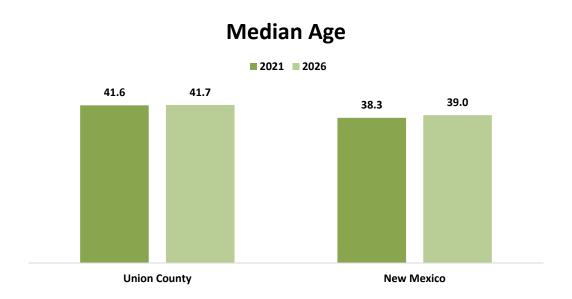
Foreign-Born Population

	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019
Union County	6.3%	5.2%	6.7%	7.3%	5.6%
New Mexico	9.8%	9.7%	9.7%	9.6%	9.4%
United States	13.2%	13.2%	13.4%	13.5%	13.6%

Source: United States Census Bureau, filtered for Union County, NM, https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02; data accessed September 9, 2021.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.
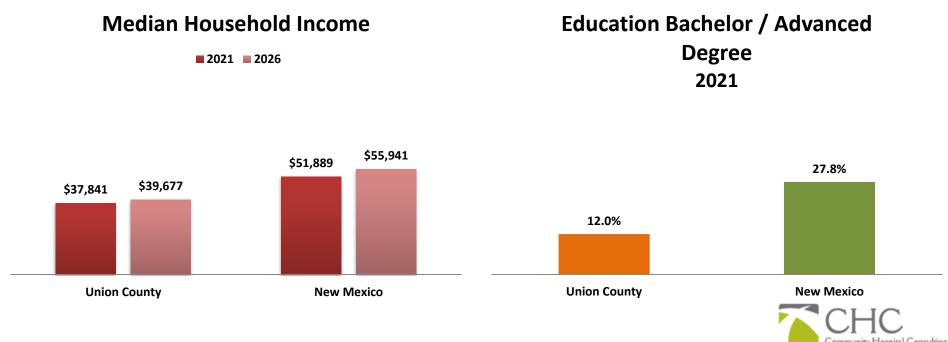
Population Health

Median Age

- The median age in Union County and the state is expected to increase over the next five years (2021-2026).

- Union County (41.6 years) has an older median age than New Mexico (38.3 years) (2021).

Median Age

■ 2021 ■ 2026

	Union County	New Mexico
2021	41.6	38.3
2026	41.7	39.0

Source: Stratasan Canvas Demographics Report, 2021.

Population Health
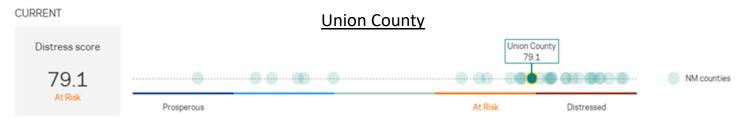
Median Household Income and Educational Attainment

- The median household income in both Union County and the state is expected to increase over the next five years (2021-2026).

- Union County ($37,841) has a lower median household income than New Mexico ($51,889) (2021).

- Union County (12.0%) has a lower percentage of residents with a bachelor or advanced degree than the state (27.8%) (2021).

Median Household Income

■ 2021 ■ 2026

Union County: $37,841, $39,677
New Mexico: $51,889, $55,941

Education Bachelor / Advanced Degree 2021

Union County: 12.0%
New Mexico: 27.8%

Source: Stratasan Canvas Demographics Report, 2021.

Population Health
Distressed Communities Index

- In 2014-2018, 16.0% of the nation lived in a distressed community, as compared to 26.0% of the nation that lived in a prosperous community.

- In 2014-2018, 37.0% of the population in New Mexico lived in a distressed community, as compared to 12.3% of the population that lived in a prosperous community.

- In 2014-2018, the distress score in Union County was 79.1 which falls within the at risk economic category and is more distressed as compared to other counties in the state.

	New Mexico	United States
Lives in a Distressed Community	37.0%	16.0%
Lives in a Prosperous Community	12.3%	26.0%

Union County

CURRENT

Distress score

79.1

At Risk

Union County
79.1

NM counties

Prosperous   At Risk   Distressed

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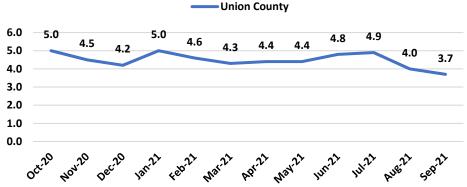
Population Health
Unemployment

- Unemployment rates in Union County and the state increased between 2018 and 2020.

- In 2020, Union County (5.1) had a lower unemployment rate than the state (8.4).

- Over the most recent 12-month time period, monthly unemployment rates in Union County overall decreased. October 2020 and January 2021 had the highest unemployment rate (5.0) as compared to September 2020 with the lowest rate (3.7).

Unemployment
Annual Average, 2018 - 2020

■ 2018 ■ 2019 ■ 2020

Union County: 3.3, 3.5, 5.1
New Mexico: 4.9, 5.0, 8.4

Monthly Unemployment
Rates by Month
Most Recent 12-month Period

— Union County

Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
5.0	4.5	4.2	5.0	4.6	4.3	4.4	4.4	4.8	4.9	4.0	3.7

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed August 25, 2021.
Definition: Unemployed persons include are all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.

Population Health

Industry Workforce Categories

- As of 2019, the majority of employed persons in Union County are within Management Occupations. The most common employed groupings are as follows:

Union County

- Management Occupations (13.8%)
- Food Preparation & Serving Related Occupations (12.2%)
- Farming, Fishing, & Forestry Occupations (10.5%)
- Office & Administrative Support Occupations (10.3%)
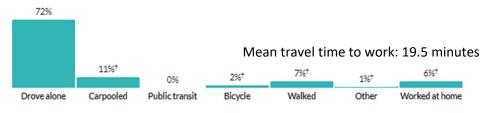- Education Instruction, & Library Occupations (7.5%)

Population Health
Means of Transportation

- In 2015-2019, driving alone was the most frequent means of transportation to work for both Union County and the state.

- In 2015-2019, Union County (6.0%) had a higher percent of people working at home than the state (5.0%).

- Union County (19.5 minutes) had a shorter mean travel time to work than the state (22.6 minutes) (2015-2019).

Union County

Means of transportation to work

Mean travel time to work: 19.5 minutes

72%   11%†   0%   2%†   7%†   1%†   6%†
Drove alone   Carpooled   Public transit   Bicycle   Walked   Other   Worked at home

* Universe: Workers 16 years and over

New Mexico

Means of transportation to work
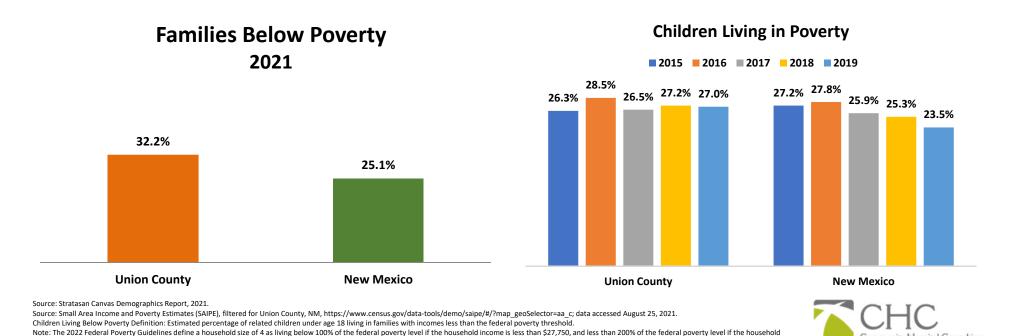
Mean travel time to work: 22.6 minutes

81%   9%   1%†   1%†   2%†   1%†   5%
Drove alone   Carpooled   Public transit   Bicycle   Walked   Other   Worked at home

* Universe: Workers 16 years and over

Population Health

Poverty

- Union County (32.2%) has a higher percentage of families living below poverty as compared to the state (25.1%) (2021).

- Between 2015 and 2019, the percent of children (<18 years) living below poverty in Union County increased, while the percent in the state decreased.

- Union County (27.0%) has a higher percentage of children (<18 years) living below poverty than the state (23.5%) (2019).

Families Below Poverty 2021

	Union County	New Mexico
	32.2%	25.1%

Children Living in Poverty

Legend: 2015 | 2016 | 2017 | 2018 | 2019

Union County: 26.3%, 28.5%, 26.5%, 27.2%, 27.0%

New Mexico: 27.2%, 27.8%, 25.9%, 25.3%, 23.5%

Source: Stratasan Canvas Demographics Report, 2021.
Source: Small Area Income and Poverty Estimates (SAIPE), filtered for Union County, NM, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c; data accessed August 25, 2021.
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 2022 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 $27,750, and less than 200% of the federal poverty level if the household income is less than $55,500. Please see the appendix for the full 2022 Federal Poverty Guidelines.

Population Health
Food Insecurity

- According to Feeding America, an estimated 15.1% of Union County residents are food insecure as compared to 14.2% in New Mexico (2019).

- Additionally, 26.8% of the youth population (under 18 years of age) in Union County are food insecure, as compared to 22.0% in New Mexico (2019).

- The average meal cost in Union County ($2.93) is slightly lower than the average meal cost in New Mexico ($2.95).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Union County	15.1%	26.8%	$2.93
New Mexico	14.2%	22.0%	$2.95

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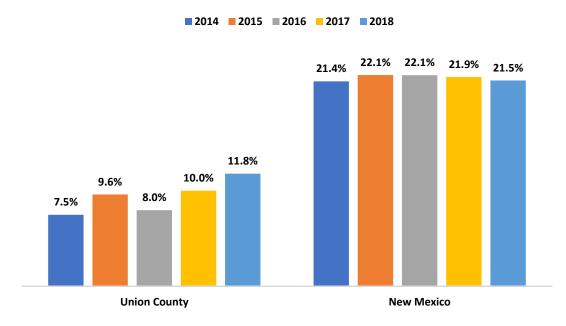
Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2014 and 2018, Union County maintained a lower percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits than the state. Additionally, the percentage of SNAP Benefit recipients in Union County overall increased between 2014 and 2018.

- In 2018, Union County (11.8%) had a lower percentage of recipients who qualified for SNAP benefits than the state (21.5%).

SNAP Benefits Recipients*

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018

Union County: 7.5%, 9.6%, 8.0%, 10.0%, 11.8%
New Mexico: 21.4%, 22.1%, 22.1%, 21.9%, 21.5%

Source: SAIPE Model, United States Census Bureau, https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html; data accessed September 9, 2021.
Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Union County, NM, https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-total.html#par_textimage_242301767; data access September 9, 2021.
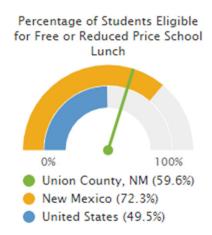*Percentage manually calculated based on estimated population numbers by county and state between 2014 and 2018 as provided by the United States Census Bureau.
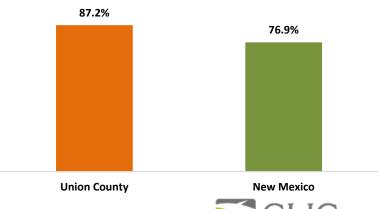
Population Health

Children in the Study Area

- Union County (59.6%) has a lower percentage of public school students eligible for free or reduced price lunch than the state (72.3%) but a higher percentage than the nation (49.5%) (2018-2019).

- Union County (87.2%) has a higher high school graduation rate than the state (76.9%) (2020).

Percentage of Students Eligible for Free or Reduced Price School Lunch

0%   100%

- Union County, NM (59.6%)
- New Mexico (72.3%)
- United States (49.5%)

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.

Adjusted Cohort Graduation Rate 2020

87.2% — Union County
76.9% — New Mexico

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HEALTH DATA OVERVIEW
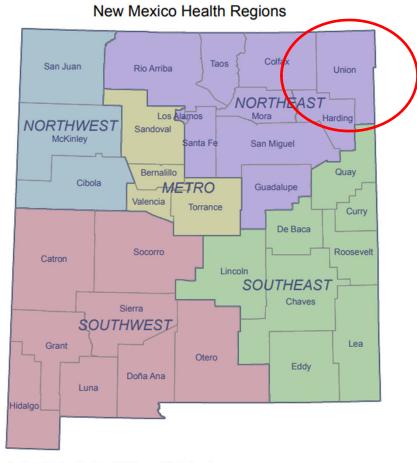
Health Status
Data Methodology

- **The following information outlines specific health data:**
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access

- **Data Sources include, but are not limited to:**
  - New Mexico's Indicator-Based Information System (NM-IBIS)
  - Small Area Health Insurance Estimates (SAHIE)
  - SparkMap
  - 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, DOH Health Region, and county level data

Health Status
Department of Health - Health Region Map

New Mexico Health Regions

Northwest Region: San Juan, McKinley, and Cibola Counties
Northeast Region: Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding Counties
Metro Region: Bernalillo, Sandoval, Torrance, and Valencia Counties
Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt, Chaves, Eddy, and Lea Counties
Southwest Region: Catron, Socorro, Grant, Sierra, Hidalgo, Luna, Doña Ana, Otero

Effective September 4, 2012

Health Status

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:

  – Length of Life:
    - Premature death

  – Clinical Care:
    - Primary care providers
    - Preventable hospital stays
    - Mammography screening
    - Flu vaccinations

  – Physical Environment:
    - Air pollution – particulate matter
    - Drinking water violations
    - Severe housing problems
    - Driving alone to work

2021 County Health Rankings	Union County
Health Outcomes	**2**
LENGTH OF LIFE	2
QUALITY OF LIFE	5
Health Factors	**11**
HEALTH BEHAVIORS	15
CLINICAL CARE	28
SOCIAL & ECONOMIC FACTORS	6
PHYSICAL ENVIRONMENT	2

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

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Health Status

Mortality – Leading Causes of Death (2010-2019)

Rank	Union County	New Mexico
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
3	Chronic lower respiratory diseases (J40-J47)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
4	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Chronic lower respiratory diseases (J40-J47)
5	Diabetes mellitus (E10-E14)	Cerebrovascular diseases (I60-I69)
6	-	Diabetes mellitus (E10-E14)
7	-	Chronic liver disease and cirrhosis (K70,K73-K74)
8	-	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)
9	-	Alzheimer disease (G30)
10	-	Influenza and pneumonia (J09-J18)

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Health Status
Mortality – Leading Causes of Death Rates (2010-2019)

Disease		Union County	New Mexico
Diseases of heart (I00-I09,I11,I13,I20-I51)	🔴	171.1	149.0
Malignant neoplasms (C00-C97)	🔴	142.8	142.0
Chronic lower respiratory diseases (J40-J47)	🔴	48.1	44.3
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	🟢	39.1	67.3
Diabetes mellitus (E10-E14)	🔴	33.5	26.9
Cerebrovascular diseases (I60-I69)		Unreliable	33.4
Chronic liver disease and cirrhosis (K70,K73-K74)		Unreliable	22.8
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)		Unreliable	12.4
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)		Unreliable	22.2

🟢 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.
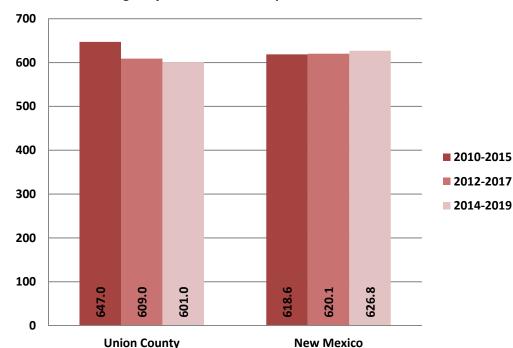
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Health Status
Mortality – Overall

- Overall mortality rates in Union County remained lower than the state between 2010 and 2019.

- Overall mortality rates in Union County decreased between 2010 and 2019, while rates in the state increased.

- In 2014-2019, the overall mortality rate in Union County (601.0 per 100,000) was lower than the state (626.8 per 100,000).

Overall Mortality
Age-adjusted Death Rates per 100,000, 2010-2019

LOCATION	2010-2015		2012-2017		2014-2019		2010-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	245	647.0	228	609.0	226	601.0	386	610.8
New Mexico	84,299	618.6	88,119	620.1	92,600	626.8	147,522	623.0
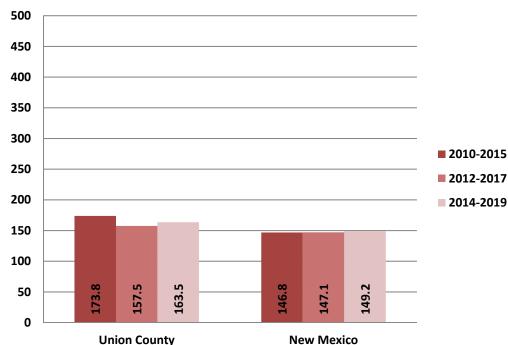
Health Status

Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Union County and the state (2010-2019).

- Between 2010 and 2019, heart disease mortality rates decreased in Union County while rates in the state increased.

- In 2014-2019, the heart disease mortality rate in Union County (163.5 per 100,000) was higher than the state rate (149.2 per 100,000).

Diseases of the Heart

Age-adjusted Death Rates per 100,000, 2010-2019

LOCATION	2010-2015		2012-2017		2014-2019		2010-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	71	173.8	65	157.5	67	163.5	117	171.1
New Mexico	20,266	146.8	21,405	147.1	22,808	149.2	36,142	149.0
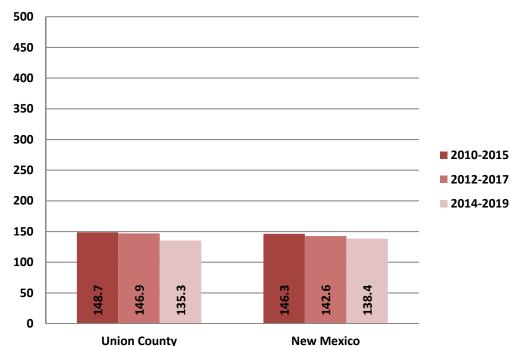
Health Status

Mortality – Malignant Neoplasms

- Cancer is the second leading cause of death in Union County and the state (2010-2019).

- Between 2010 and 2019, cancer mortality rates decreased in Union County and the state.

- In 2014-2019, the cancer mortality rate in Union County (135.3 per 100,000) was lower than the state rate (138.4 per 100,000).

Malignant Neoplasms
Age-adjusted Death Rates per 100,000, 2010-2019
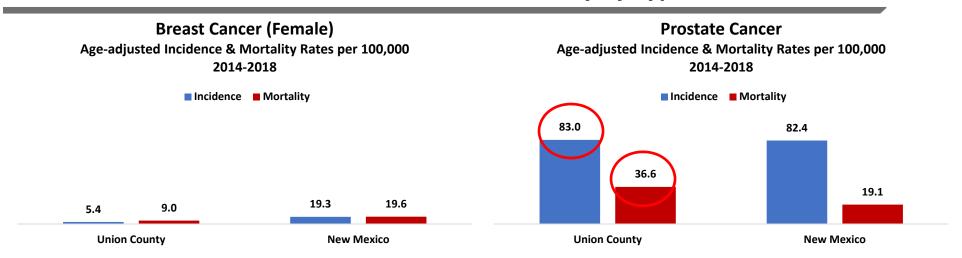
LOCATION	2010-2015		2012-2017		2014-2019		2010-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	56	148.7	56	146.9	52	135.3	90	142.8
New Mexico	20,699	146.3	21,193	142.6	21,535	138.4	35,165	142.0

Health Status
Cancer Incidence & Mortality by Type

Breast Cancer (Female)
Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018

■ Incidence ■ Mortality

Union County: Incidence 5.4, Mortality 9.0
New Mexico: Incidence 19.3, Mortality 19.6

Prostate Cancer
Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018

■ Incidence ■ Mortality

Union County: Incidence 83.0, Mortality 36.6
New Mexico: Incidence 82.4, Mortality 19.1

Lung & Bronchus Cancer
Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018

■ Incidence ■ Mortality

Union County: Incidence 37.6, Mortality 18.2
New Mexico: Incidence 37.0, Mortality 26.5

Colon & Rectum Cancer
Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018

■ Incidence ■ Mortality

Union County: Incidence 48.9, Mortality 12.6
New Mexico: Incidence 33.2, Mortality 13.4

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Health Status
Cancer Incidence & Mortality by Type by Race/Ethnicity

Breast Cancer (Female)
Age-Adjusted Incidence & Mortality Rates per 100,000, 2014-2018

Legend: ■ Incidence ■ Mortality

	Union County		New Mexico	
	White	Hispanic	White	Hispanic
Incidence	8.3	0.0	24.2	14.8
Mortality	12.8	0.0	22.6	17.2

Prostate Cancer (Male)
Age-Adjusted Incidence & Mortality Rates per 100,000, 2014-2018

Legend: ■ Incidence ■ Mortality

	Union County		New Mexico	
	White	Hispanic	White	Hispanic
Incidence	99.2	15.5	91.7	58.2
Mortality	30.7	17.1	19.2	18.1

Lung & Bronchus
Age-Adjusted Incidence & Mortality Rates per 100,000, 2014-2018

Legend: ■ Incidence ■ Mortality

	Union County		New Mexico	
	White	Hispanic	White	Hispanic
Incidence	47.2	20.5	45.2	26.7
Mortality	18.0	20.5	32.0	20.5

Colon & Rectum
Age-Adjusted Incidence & Mortality Rates per 100,000, 2014-2018
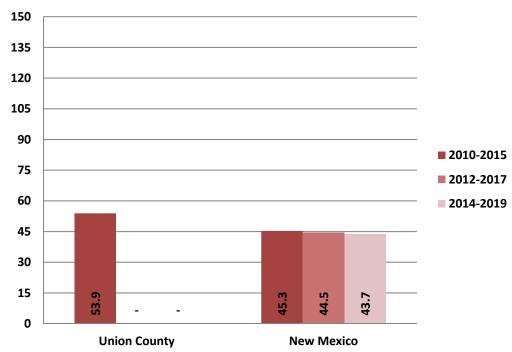
Legend: ■ Incidence ■ Mortality

	Union County		New Mexico	
	White	Hispanic	White	Hispanic
Incidence	34.3	80.9	32.3	32.9
Mortality	0.0	41.9	12.5	14.7

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Health Status
Mortality – Chronic Lower Respiratory Disease

- 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 (2010-2019).

- Between 2010 and 2019, CLRD mortality rates decreased in the state.

Chronic Lower Respiratory Diseases
Age-adjusted Death Rates per 100,000, 2010-2019

Legend:
- 2010-2015
- 2012-2017
- 2014-2019

Union County: 53.9, -, -
New Mexico: 45.3, 44.5, 43.7

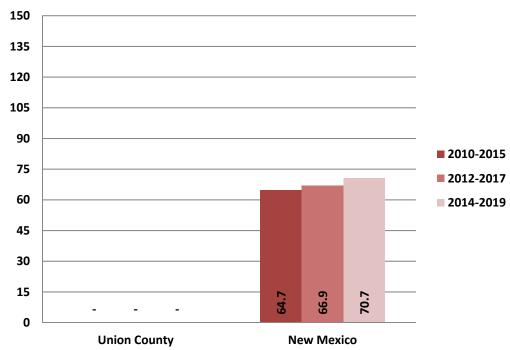| LOCATION	2010-2015		2012-2017		2014-2019		2010-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	22	53.9	18	Unreliable	17	Unreliable	33	48.1
New Mexico	6,299	45.3	6,527	44.5	6,775	43.7	10,838	44.3

Health Status
Mortality – Accidents

- Fatal accidents are the fourth leading cause of death in Union County and the third leading cause of death in the state (2010-2019).

- Between 2010 and 2019, accident mortality rates increased in the state.

Accidents (Unintentional Injuries)

Age-adjusted Death Rates per 100,000, 2010-2019

Legend:
- 2010-2015
- 2012-2017
- 2014-2019

New Mexico bars: 64.7, 66.9, 70.7

LOCATION	2010-2015		2012-2017		2014-2019		2010-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	18	Unreliable	14	Unreliable	10	Unreliable	22	39.1
New Mexico	8,129	64.7	8,507	66.9	9,112	70.7	14,277	67.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed September 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. "-" indicates that the number of deaths is too low to calculate a reliable rate. Data has been pulled in 6-year sets of moving averages for purposes of statistical reliability.
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.
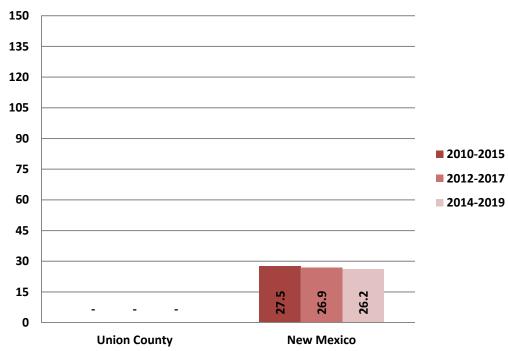
CHC Community Hospital Consulting

Health Status

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 (2010-2019).

- Between 2010 and 2019, diabetes mortality rates decreased in the state.

Diabetes Mellitus

Age-adjusted Death Rates per 100,000, 2010-2019

Legend:
- 2010-2015
- 2012-2017
- 2014-2019

New Mexico bars: 27.5, 26.9, 26.2
Union County: - - -

LOCATION	2010-2015		2012-2017		2014-2019		2010-2019	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	15	Unreliable	13	Unreliable	10	Unreliable	20	33.5
New Mexico	3,832	27.5	3,928	26.9	3,988	26.2	6,541	26.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, http://wonder.cdc.gov/ucd-icd10.html; data accessed September 1, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. "-" indicates that the number of deaths is too low to calculate a reliable rate. Data has been pulled in 6-year sets of moving averages for purposes of statistical reliability.

Health Status
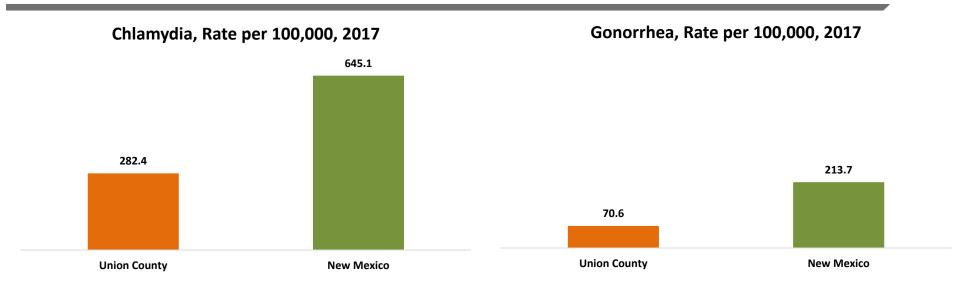
COVID-19

- As of January 11, 2022, the percent of the population that has received their first COVID-19 vaccination dose in Union County (61.6%) is lower than the state (74.7%).

- As of January 11, 2022, the percent of the population that is fully vaccinated in Union County (56.1%) is lower than the state (65.6%).

Location	% with First Dose Administered	% Fully Vaccinated
Union County	61.6%	56.1%
New Mexico	74.7%	65.6%

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Health Status

Communicable Diseases - Chlamydia, Gonorrhea, Syphilis and HIV

Chlamydia, Rate per 100,000, 2017

645.1

282.4

Union County

New Mexico

Gonorrhea, Rate per 100,000, 2017

213.7

70.6

Union County

New Mexico

Syphilis, Rate per 100,000, 2017

■ 2017

0.0

9.2

Union County

New Mexico

Health Status
Chronic Conditions – Diabetes

- In 2019, the percent of adults (age 20+) ever diagnosed with diabetes in Union County (7.9%) was lower than the state (8.5%) and national (9.0%) rates.

- In 2018, the percentage of **Medicare Beneficiaries** with diabetes in Union County (22.5%) was lower than the state (25.5%) and national (27.0%) rates.

- Between 2015 and 2019, diabetes prevalence rates in adults (age 18+) in the Northeast Region decreased while rates in New Mexico slightly increased.

- In 2017-2019, the Northeast Region (19.4%) had a higher percent of adults (age 18+) who had ever been diagnosed with diabetes than the state (10.8%).

Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2019

0%   15%

- ● Union County, NM (7.9%)
- ● New Mexico (8.5%)
- ● United States (9.0%)

Percentage of Medicare Beneficiaries with Diabetes

0%   60%

- ● Union County, NM (22.5%)
- ● New Mexico (25.5%)
- ● United States (27.0%)

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.

Diabetes, Percent, Adults (age 18+), 2015-2019

■ 2015-2017   ■ 2016-2018   ■ 2017-2019

Northeast Region: 22.3%, 19.8%, 19.4%
New Mexico: 10.4%, 10.6%, 10.8%

Source: SparkMap, Health Indicator Report: logged in and filtered for Union County, NM, https://sparkmap.org/report/; data accessed December 13, 2021.
Source: New Mexico's Indicator-Based Information System (NM-IBIS), https://ibis.health.state.nm.us/query/selection/brfss/_BRFSSSelection.html; data accessed on December 13, 2021.
Source: Northeast Region, New Mexico's Indicator Based Information System (NB-IBIS), information requested November 2021.
Definition: Have you ever been told by a doctor or other health professional that you have diabetes?
Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status
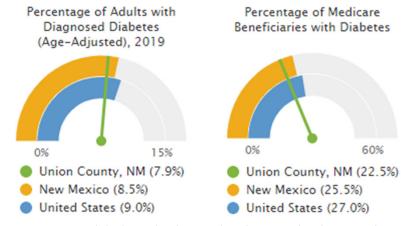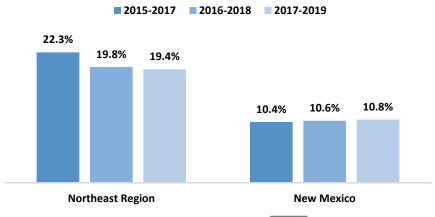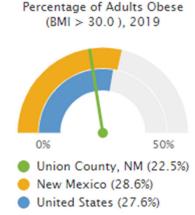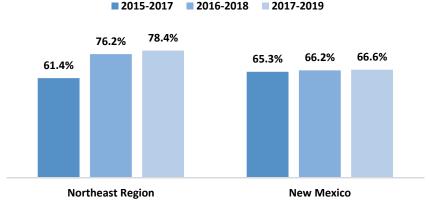### *Chronic Conditions – Obesity*

- In 2019, Union County (22.5%) had a lower percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (28.6%) and the nation (27.6%).

- Between 2015 and 2019, overweight and obesity prevalence rates in adults (age 18+) in the Northeast Region and the state increased.

- In 2017-2019, the Northeast Region (78.4%) had a higher percentage of overweight and obese adults (age 18+) than the state (66.6%).

Percentage of Adults Obese (BMI > 30.0), 2019

- Union County, NM (22.5%)
- New Mexico (28.6%)
- United States (27.6%)

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.

Overweight or Obese, Percentage, Adults (age 18+), 2015-2019

■ 2015-2017   ■ 2016-2018   ■ 2017-2019

Northeast Region: 61.4%, 76.2%, 78.4%
New Mexico: 65.3%, 66.2%, 66.6%

Health Status

Chronic Conditions - High Blood Pressure

- Union County (45.7%) has the lowest rate of Medicare fee-for-service residents with hypertension as compared to the state (47.5%) and the nation (57.2%) (2018).
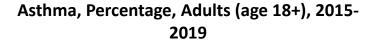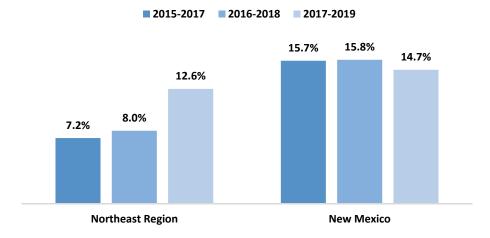
Percentage of Medicare Beneficiaries with High Blood Pressure

0%   60%

- Union County, NM (45.7%)
- New Mexico (47.5%)
- United States (57.2%)

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.

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Community Hospital Corporation

Health Status
Chronic Conditions – Asthma

- Between 2015 and 2019, asthma prevalence rates in adults (age 18+) in the Northeast Region increased while rates in the state decreased.

- In 2017-2019, the Northeast Region (12.6%) had a lower percentage of adults (age 18+) ever diagnosed with asthma than the state (14.7%).

Asthma, Percentage, Adults (age 18+), 2015-2019

■ 2015-2017   ■ 2016-2018   ■ 2017-2019

	Northeast Region	New Mexico
2015-2017	7.2%	15.7%
2016-2018	8.0%	15.8%
2017-2019	12.6%	14.7%

Source: New Mexico's Indicator-Based Information System (NM-IBIS), https://ibis.health.state.nm.us/query/selection/brfss/_BRFSSSelection.html; data accessed on December 13, 2021.
Source: Northeast Region, New Mexico's Indicator Based Information System (NB-IBIS), information requested November 2021.
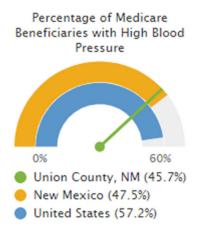Definition: Have you ever been told by a doctor or other health professional that you had asthma?
Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

CHC
Community Hospital Consulting

Health Status
Chronic Conditions – Arthritis

- Between 2015 and 2019, arthritis prevalence rates in adults (age 18+) in the Northeast Region fluctuated and slightly increased in the state.

- In 2017-2019, the Northeast Region (22.5%) had a lower percentage of adults (age 18+) ever diagnosed with arthritis than the state (23.9%).

Arthritis, Percentage, Adults (age 18+), 2015-2019
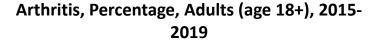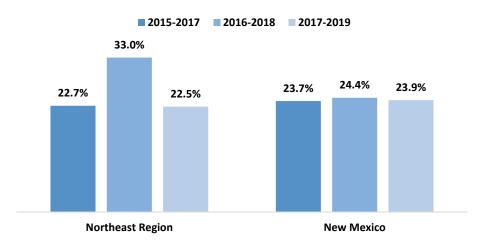
■ 2015-2017   ■ 2016-2018   ■ 2017-2019

Northeast Region: 22.7%, 33.0%, 22.5%
New Mexico: 23.7%, 24.4%, 23.9%

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Community Hospital Consulting
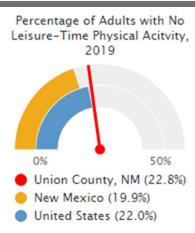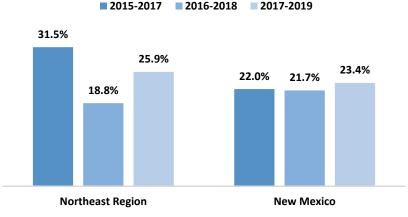
Health Status
Health Behaviors – Physical Inactivity

- In 2019, the percent of the adult population (age 20+) in Union County (22.8%) that self-reported no leisure time for physical activity was higher than the state rate (19.9%) and the national rate (22.0%).

- Between 2015 and 2019, the percent of adults (age 18+) that did not participate in physical activity in the past 30 days in the Northeast Region decreased while the percent increased in the state.

- In 2015-2019, the percentage of adults (age 18+) that did not participate in physical activity in the Northeast Region (25.9%) was higher than the state (23.4%).

Percentage of Adults with No Leisure–Time Physical Acitvity, 2019

0%   50%

- Union County, NM (22.8%)
- New Mexico (19.9%)
- United States (22.0%)

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.

Physical Inactivity, Percentage, Adults (age 18+), 2015-2019

■ 2015-2017 ■ 2016-2018 ■ 2017-2019

Northeast Region: 31.5%, 18.8%, 25.9%
New Mexico: 22.0%, 21.7%, 23.4%

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Health Status
Health Behaviors – Binge Drinking

- Between 2015 and 2019, the percentage of adults (age 18+) at risk of binge drinking in the Northeast Region increased and decreased in the state.

- In 2017-2019, the Northeast Region (19.2%) had a higher percentage of adults (age 18+) at risk of binge drinking than the state (15.8%).

**Binge Drinking, Percentage, Adults (age 18+),
2015-2019**

■ 2015-2017 ■ 2016-2018 ■ 2017-2019

	Northeast Region	New Mexico
2015-2017	19.0%	20.2%
2016-2018	20.4%	19.2%
2017-2019	19.2%	15.8%
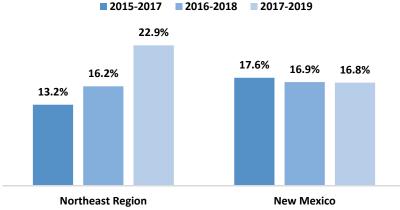
Health Status
Health Behaviors - Smoking

- The percent of the adult (age 18+) population in Union County (17.9%) that self-reported *ever smoking 100 or more cigarettes and currently smoke every day or some days* was the highest as compared to the state (15.6%) and the nation (15.3%) (2019).

- Between 2015 and 2019, the prevalence of current, *every day* smokers in the Northeast Region increased, while the percent in the state decreased.

- In 2017-2019, the percent of adults (age 18+) that self-reported smoking cigarettes *every day* in the Northeast Region (22.9%) was higher than the state (16.8%).

Percentage of Adults who are Current Smokers

- Union County (17.90%)
- New Mexico (15.6%)
- United States (15.3%)

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.

Smoking Frequency - Every Day, Percentage, Adults (age 18+), 2015-2019

■ 2015-2017   ■ 2016-2018   ■ 2017-2019

Northeast Region: 13.2%, 16.2%, 22.9%
New Mexico: 17.6%, 16.9%, 16.8%

Health Status
Maternal & Child Health Indicators
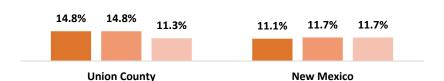
Low Birth Weight (<2,500g), Percent of All Births, 2015-2019

■ 2015-2017 ■ 2016-2018 ■ 2017-2019

Union County
7.8% 9.6% 6.5%

New Mexico
9.0% 9.2% 9.3%
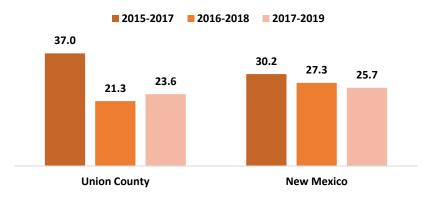
Births to Women Receiving Late (3rd Trimester) or No Prenatal Care, Percent of All Births, 2015-2019

■ 2015-2017 ■ 2016-2018 ■ 2017-2019

Union County
14.8% 14.8% 11.3%

New Mexico
11.1% 11.7% 11.7%

Teen Births (Age 15-19), Rate per 1,000, 2015-2019

■ 2015-2017 ■ 2016-2018 ■ 2017-2019

Union County
37.0 21.3 23.6

New Mexico
30.2 27.3 25.7

Source: New Mexico's Indicator-Based Information System (NM-IBIS), https://ibis.health.state.nm.us/query/selection/birth/_BirthSelection.html; data accessed on November 29, 2021.

Note: Percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability. Birth data are reported by mothers' county of residence (as mothers reported on birth certificates during the birth registration) regardless where deliveries actually occurred, in state or out-of-state.
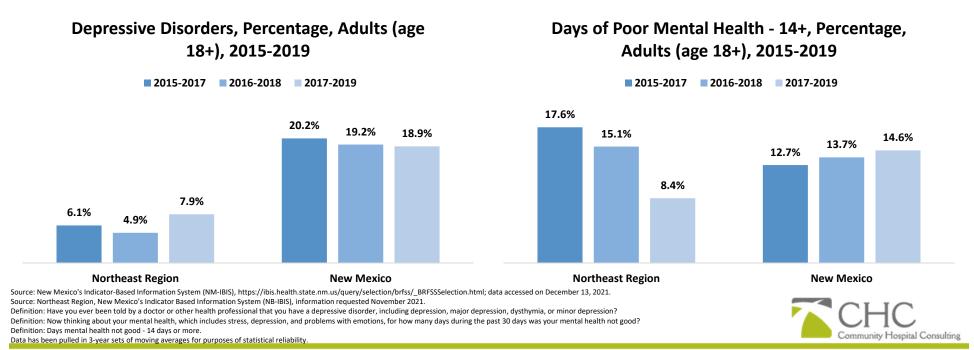
Note: "-" signifies that the count or rate has been suppressed by the NM Department of Health because the observed number of events is very small and not appropriate for publication. The count or rate in certain cells of the table has been suppressed either because 1) the observed number of events is very small and not appropriate for publication, or 2) it could be used to calculate the number in a cell that has been suppressed. For survey queries, percentages calculated from fewer than 50 survey responses are suppressed.
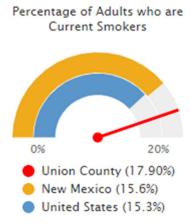
Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status
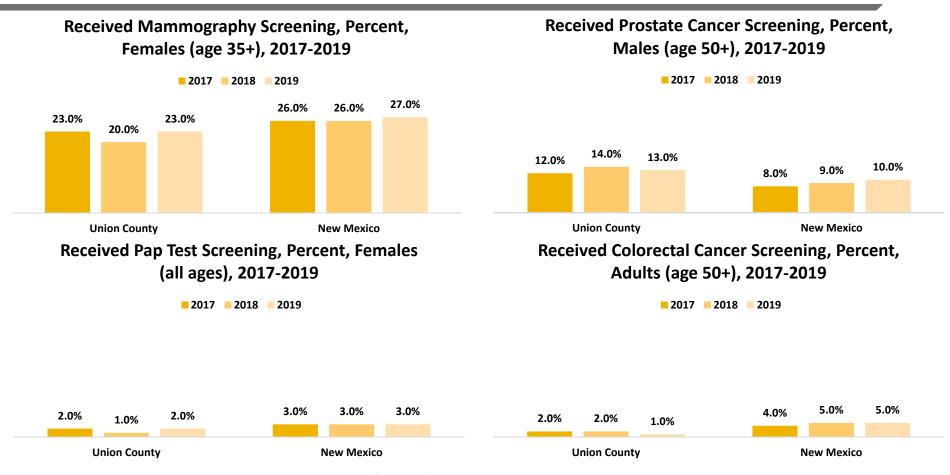
Mental Health – Depressive Disorders & Poor Mental Health

- Between 2015 and 2019, the percent of adults (age 18+) ever diagnosed with a depressive disorder in the Northeast Region increased, while the percent in the state decreased.

- In 2017-2019, the Northeast Region (7.9%) had a lower percent of adults (age 18+) ever diagnosed with a depressive disorder than the state (18.9%).

- Between 2015 and 2019, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in the Northeast Region decreased while the percent in the state increased.

- In 2017-2019, the Northeast Region (8.4%) had a lower percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (14.6%).

Depressive Disorders, Percentage, Adults (age 18+), 2015-2019

■ 2015-2017 ■ 2016-2018 ■ 2017-2019

Northeast Region: 6.1%, 4.9%, 7.9%
New Mexico: 20.2%, 19.2%, 18.9%

Days of Poor Mental Health - 14+, Percentage, Adults (age 18+), 2015-2019

■ 2015-2017 ■ 2016-2018 ■ 2017-2019

Northeast Region: 17.6%, 15.1%, 8.4%
New Mexico: 12.7%, 13.7%, 14.6%

Source: New Mexico's Indicator-Based Information System (NM-IBIS), https://ibis.health.state.nm.us/query/selection/brfss/_BRFSSSelection.html; data accessed on December 13, 2021.
Source: Northeast Region, New Mexico's Indicator Based Information System (NB-IBIS), information requested November 2021.
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?
Definition: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
Definition: Days mental health not good - 14 days or more.
Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.

Health Status

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal

Received Mammography Screening, Percent, Females (age 35+), 2017-2019

■ 2017 ■ 2018 ■ 2019

	Union County	New Mexico
2017	23.0%	26.0%
2018	20.0%	26.0%
2019	23.0%	27.0%

Received Prostate Cancer Screening, Percent, Males (age 50+), 2017-2019

■ 2017 ■ 2018 ■ 2019

	Union County	New Mexico
2017	12.0%	8.0%
2018	14.0%	9.0%
2019	13.0%	10.0%

Received Pap Test Screening, Percent, Females (all ages), 2017-2019

■ 2017 ■ 2018 ■ 2019

	Union County	New Mexico
2017	2.0%	3.0%
2018	1.0%	3.0%
2019	2.0%	3.0%

Received Colorectal Cancer Screening, Percent, Adults (age 50+), 2017-2019

■ 2017 ■ 2018 ■ 2019

	Union County	New Mexico
2017	2.0%	4.0%
2018	2.0%	5.0%
2019	1.0%	5.0%

Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on August 25, 2021.

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.
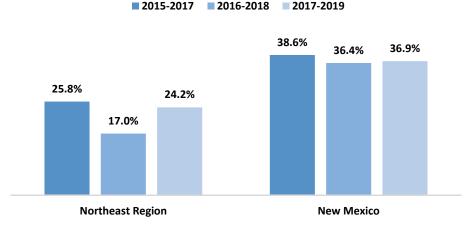
Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) 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.

CHC Community Hospital Consulting

Health Status
Preventive Care – Influenza Vaccine

- Between 2015 and 2019, the percent of adults (age 18+) that ***did*** receive a flu shot in the past year in the Northeast Region and the state decreased.

- In 2017-2019, the Northeast Region (24.2%) had a lower percentage of adults (age 18+) that ***did*** receive a flu shot in the past year than the state (36.9%).

**Received Flu Shot in Past Year (age 18-64),
Percentage, 2015-2019**

■ 2015-2017   ■ 2016-2018   ■ 2017-2019

	Northeast Region			New Mexico		
	25.8%	17.0%	24.2%	38.6%	36.4%	36.9%

Source: New Mexico's Indicator-Based Information System (NM-IBIS), https://ibis.health.state.nm.us/query/selection/brfss/_BRFSSSelection.html; data accessed on December 13, 2021.
Source: Northeast Region, New Mexico's Indicator Based Information System (NB-IBIS), information requested November 2021.
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.
Data has been pulled in 3-year sets of moving averages for purposes of statistical reliability.
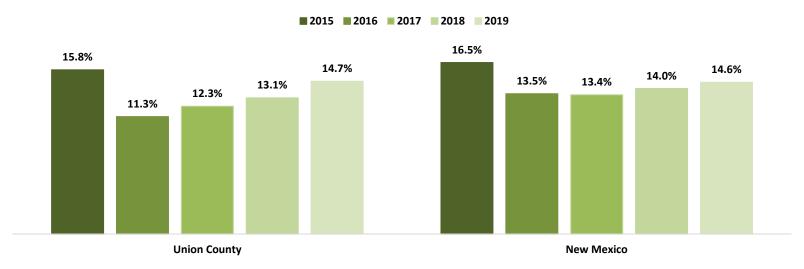
Health Status

Health Care Access – Uninsured

- As of 2019, Union County (14.7%) has a slightly higher rate of uninsured adults (age 18-64) as compared to the state (14.6%).

- Union County and the state experienced an increase in the percentage of uninsured adults (age 18-64) between 2016 and 2019.
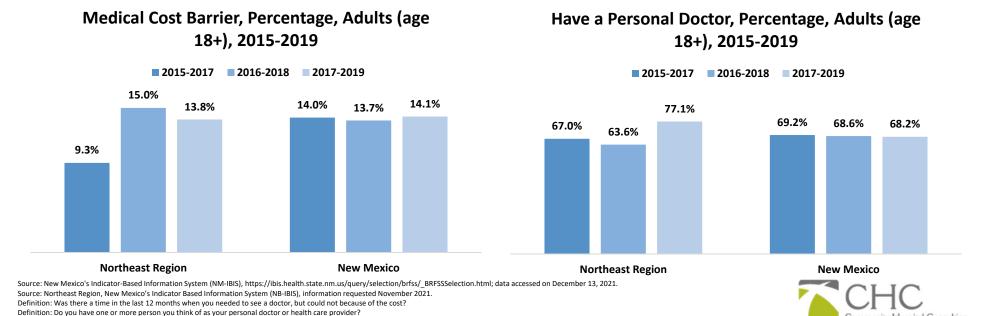
Uninsured, Percent of Adults (age 18-64), 2015-2019

■ 2015 ■ 2016 ■ 2017 ■ 2018 ■ 2019

Union County: 15.8%, 11.3%, 12.3%, 13.1%, 14.7%
New Mexico: 16.5%, 13.5%, 13.4%, 14.0%, 14.6%

Source: United States Census Bureau, Small Area Health Insurance Estimates, https://www.census.gov/data-tools/demo/sahie/#/; data accessed on August 25, 2021.

Health Status
Health Care Access – Medical Cost Barrier & Having a Personal Doctor
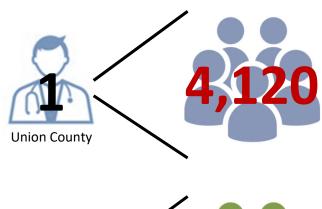
- Between 2015 and 2019, the percent of adults (age 18+) that needed medical care but could not receive it due to cost in the Northeast Region and the state increased.

- In 2017-2019, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in the Northeast Region (13.8%) was slightly lower than the state (14.1%).

- Between 2015 and 2019, the percent of adults (age 18+) that reported having a personal doctor in the Northeast Region increased, while the percent in the state decreased.

- In 2017-2019, the Northeast Region (77.1%) had a higher percent of adults (age 18+) that had a personal doctor than the state (68.2%).

Medical Cost Barrier, Percentage, Adults (age 18+), 2015-2019

■ 2015-2017   ■ 2016-2018   ■ 2017-2019

Northeast Region: 9.3%, 15.0%, 13.8%
New Mexico: 14.0%, 13.7%, 14.1%

Have a Personal Doctor, Percentage, Adults (age 18+), 2015-2019

■ 2015-2017   ■ 2016-2018   ■ 2017-2019

Northeast Region: 67.0%, 63.6%, 77.1%
New Mexico: 69.2%, 68.6%, 68.2%

Source: New Mexico's Indicator-Based Information System (NM-IBIS), https://ibis.health.state.nm.us/query/selection/brfss/_BRFSSSelection.html; data accessed on December 13, 2021.
Source: Northeast Region, New Mexico's Indicator Based Information System (NB-IBIS), information requested November 2021.
Definition: Was there a time in the last 12 months when you needed to see a doctor, but could not because of the cost?
Definition: Do you have one or more person you think of as your personal doctor or health care provider?
Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Health Care Access – Primary Care Providers

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**

    - In 2018, the population to primary care provider ratio in Union County (4,120:1) was significantly higher than the state (1,340:1) and the nation (1,030:1).

1 **Union County** — **4,120**

1 **New Mexico** — **1,340**

1 **United States** — **1,030**

Health Status

Health Care Access – Dental Care Providers
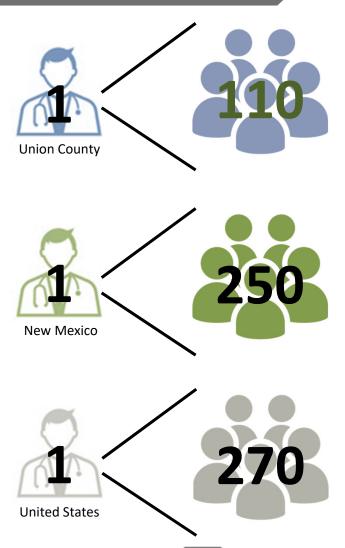
- **Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.**

  - In 2019, the population to dental provider ratio in New Mexico (1,440:1) was higher than the nation (1,210:1).

1
Union County
-

1
New Mexico
1,440

1
United States
1,210

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Community Hospital Consulting

Health Status

Health Care Access – Mental Healthcare Providers

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**

  – In 2020, the population to mental health provider ratio in Union County (110:1) was lower than the state (250:1) and the nation (270:1).

1 Union County — **110**

1 New Mexico — **250**

1 United States — **270**
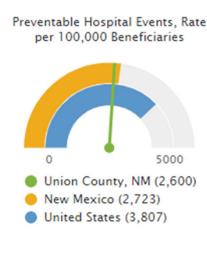
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Union County, NM, https://www.countyhealthrankings.org/; data accessed August 27, 2021.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.
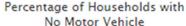
Health Status
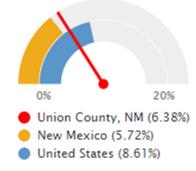
Health Care Access – Common Barriers to Care

- **Lack of available primary care resources for patients to access may lead to increased preventable hospitalizations.**

  - In 2019, the rate of preventable hospital events in Union County (2,600 per 100,000 Medicare Beneficiaries) was lower than the state (2,723 per 100,000 Medicare Beneficiaries).

- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**

  - In 2015-2019, 6.4% of households in Union County had no motor vehicle, as compared to 5.7% in New Mexico and 8.6% in the nation.

Preventable Hospital Events, Rate per 100,000 Beneficiaries

- Union County, NM (2,600)
- New Mexico (2,723)
- United States (3,807)

Percentage of Households with No Motor Vehicle

- Union County, NM (6.38%)
- New Mexico (5.72%)
- United States (8.61%)

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: SparkMap, Health Indicator Report: logged in and filtered for Union County, NM, https://sparkmap.org/report/; data accessed August 27, 2021.
Note: Preventable Hospital Events is compared to the state average only.
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 11 interviews with the two groups outlined in Internal Revenue Service Final Regulations issued December 29, 2014

- Discussed the health needs of the community, access issues, barriers and issues related to specific populations

- Gathered background information on each interviewee

Methodology

- Individuals interviewed for the CHNA were identified by the hospital and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.

- This analysis is developed from interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from interviews defined as our interpretation of having the same or close meaning as other interviewees.

Interviewee Information

- **Jeff Childress:** Director, Senior Citizen Center

- **Kristen Christy:** Executive Director, Union County Network

- **Judith Cooper:** Attorney, Beck & Cooper; Board President, Union County General Hospital

- **Angela Fleming:** Nurse, Union County Health Department

- **Carolyn Kear:** Executive Director, Clayton Nursing Home

- **Ray Maestas:** Superintendent, Clayton Public Schools

- **Craig Reeves:** Citizen, Union County; Board Treasurer, Union County General Hospital

- **Shelly Trujillo:** School Nurse, Clayton Public Schools

- **Dr. Mark Van Wormer:** Physician, Union County General Hospital

- **Eva Vital:** Counselor, Team Builders

- **Jordan Ward:** President, F&S Bank

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

9.1%

- 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

81.8%

- Community leaders

9.1%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Access to Dental Care
  - Access to Mental and Behavioral Health Care
  - Access to Specialty Care
  - Healthcare Workforce Sustainability
  - Healthy Lifestyle Management & Preventive Care
  - Access to Primary Care
  - Insurance Coverage & Affordability of Care
  - Impact of COVID-19

Access to Dental Care

- **Issues/Themes:**
  - Acknowledgement that the hospital is working towards better dental services for the community
  - Need for dental services in the area, particularly for kids and adults
  - Lack of dental options and long wait times leading to outmigration to: Amarillo, Raton, Santa Fe, Albuquerque, Dalhart, Las Vegas
  - Challenge in accessing dental services for Medicaid patients, leading to outmigration and use of the emergency room

"Oral health has been an issue. I know that the hospital has taken steps to address that as an organization. It was put on hold because of the pandemic."

"We don't have a dentist in town. People go to Raton, Amarillo, Santa Fe, or Dalhart. The guy in Raton does minor things. If it's an issue they will go to a specialist in Amarillo or Albuquerque. We need dentists for kids and adults. New patients have a hard time getting in to see them. The wait for the dentist is super long. They had me scheduled 6 months out."

"The hospital hasn't been able to convince dentists to come here. My dentist does everything except oral surgery. There is a need for adult and pediatric dentists."

"If we have a student or family on New Mexico Medicaid, their closest option is 83 miles away in Raton or 160 miles away in Las Vegas, NM. For a regular appointment, I've had to wait 4-6 months. If it's an emergency they will try to get you in within the week."

"Nursing home residents go to Las Vegas, NM which is about 2 hours away. I think it's a week to two weeks wait for their appointments."

"We don't have dental services. There was a dental bus in the past. It would come a couple times a year and would take Medicaid. The closest Medicaid dental provider is in Raton and they are hard to get in to. A lot of young families go to Amarillo because they can get in after hours and on weekends. There is an orthodontist that comes once a month to Dalhart."

"[There are] no [dental] providers in Clayton at all. We have been searching for one for years. The indigent population uses New Mexico Medicaid and they just don't go to the dentist. The emergency room is where we take care of poor dental care."

"We have a couple of [dentists] in Raton and Colfax County which is 90 miles west of Clayton. There are two dental offices in Raton and one of them accepts Medicaid insurance. They do the full services. The nearest Medicaid accepting FQHC is in Las Vegas, NM."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; September 15, 2021 – October 6, 2021.

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Access to Mental & Behavioral Health Care

- **Issues/Themes:**
  - Perceived substance abuse in the community
  - Limited availability of local resources and access to providers, particularly for children and school staff
  - Lack of stability in mental and behavioral health resources in the county and state, leading to long wait times and less access to care
  - Limited hours for mental health services in the area
  - Lack of rooms/resources to be able to take care of high acuity, crisis patients in the area, leading to outmigration
  - Use of telehealth to manage mental and behavioral health-related situations

"Mental health is a big issue and it's always occurring. It's always substance abuse or environmental factors."

"We are falling short of meeting the needs for our children. We need providers to come into the area to provide services for the children and [school] staff."

"We have had so many changes in mental and behavioral health, regionally and statewide. Clayton schools have brought in their own social worker."

"We have two [programs] in town. The first one has changed hands and patients had to reapply to the program. So I know students who haven't gone back. The other place is called Professional Counseling Associates and are only open Monday and Tuesday. If there is a crisis, the patient has to go to the hospital or be referred out of town. The nearest city is Amarillo. The wait time to see a provider could take up to 6 weeks."

"For high acuity patients, it can be a while and the hospital is just not equipped. For the less acute cases, there are local providers available. It's always substance abuse or environmental factors. People that are suicidal go to the Pavilion in Amarillo. The Pavilion stabilizes them but that's really it. Our providers would identify tele-psychiatry as one of the most important things they need."

"Usually the state takes over on the severe ones and takes them to a state hospital. There are counselors that come in periodically, every week or every other week."

"We have a licensed psychiatric social worker on staff 24/7. She has the ability to refer patients to an inpatient psychiatric institution. We have outpatient telemedicine with a psychologist and psychiatrist."

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Access to Specialty Care

- ### Issues/Themes:
  - Appreciation for hospital's involvement in Rural OB Access & Maternal Services (ROAMS) program
  - Shortage of local specialty services leading to:
    - Long wait times
    - Outmigration of patients to Amarillo, Santa Fe, Albuquerque
  - Specific specialties mentioned as needed include (in descending order by number of times mentioned):
    - Cardiology
    - Dialysis
    - OB/GYN
    - Neurology
    - Orthopedics
    - Endocrinologist
    - General Surgeon
    - Hematology
    - Dermatology
    - Rheumatology
    - Oncology
  - Appreciation for financial support services provided by hospital to increase access
  - Lack of access to specialty care due to transportation issues, particularly elderly population
  - Difficulty recruiting specialists due to smaller community

"We've done a good job addressing maternal and child health. There is a ROAMS grant program that is trying to get access to care for pregnant women. There is a social work navigator that is supposed to help women access services."

"There is no cancer treatment or dialysis. [We need] an endocrinologist."

"Neurology is very hard to find in the state so we send them to Amarillo."

"We need bigger things like dermatology. People drive to Amarillo or go without [care]. Hematology, orthopedics and rheumatology [are needed]. Rheumatology takes 3 to 6 months. Telemedicine is an enhancement but not a substitution."

"I would add a full time general surgeon because we have to wait. All emergency surgery has to go out of town."

"We don't have any specialists in Clayton. Most go to Amarillo, Santa Fe, Albuquerque. Wait times could be anywhere from 3-6 months. The hospital needs to find someone who is an expert for knee or shoulder injuries. For older folks, they need hip replacements or knee replacements. We need cancer doctors."

"It's hard for senior citizens on Medicare. They don't have as much access for transportation to Raton or specialty care. The hospital has the sliding fee scale so that opens up access. OB is a very long wait time. It could be a few months for the initial appointment."

"Specialized care is a geographic issue. Some specialists are using telemedicine but the vast majority are not. Our population is elderly so [we need] cardiology."

"Most people go to Amarillo. I don't think getting specialists to come here would be possible."

"Wait time depends on what you are trying to get in for. I don't think we have enough population to keep a specialist."

Healthcare Workforce Sustainability

- **Issues/Themes:**
  - Difficulty attracting providers to the community due to:
    - Lack of housing options
    - Rural nature of community
    - Limited recreational activities
  - Lack of appropriate staff to help providers, particularly due to the pandemic
  - Limited nurse availability due to pandemic and outmigration for better job opportunities
    - Concern about capacity limitations due to the workforce shortage
  - Apprehension around sustainability of the healthcare workforce moving forward

"The biggest concern is getting people here to take care of health issues. This town doesn't offer much. The biggest things they run into is there is no shopping and housing here isn't that great."

"[There is a] lack of doctors and nurses. That's pretty much it. We can't get them here into the area. We have a problem recruiting doctors and nurses."

"Bringing in more professionals [is needed]. Even nurses would help. We are always understaffed but you know that problem is our location and what we have available which is not much."

"[There are] not enough qualified healthcare workers like aids assisting healthcare workers. We have a nursing home but we can't admit patients because people don't want to come to work. Nobody wants to work or come to this area. We need lab assistants."

"The problem is nurses leaving their jobs to become a traveling nurse. You can't find employees to assist the physicians."

"I would go back to the staffing. Being able to bring certified aids and licensed nurses and bring them to the area and the medical field so we could have adequate staff for hospitals, nursing homes and home health. Everybody has only a few people to pick from because that is all we have here."

"Sustainability [is a concern]. It's building systems that are going to be around and recruiting and retaining people that are going to work those systems."

Healthy Lifestyle Management & Preventive Care

- **Issues/Themes:**
  - Appreciation for hospital participating in preventative care and educational outreach
  - Conflicting statements regarding the availability and awareness of services
  - Acknowledgement of access to local food and exercise programs
  - Knowledge of some programs for particular chronic diseases and possible new educational opportunities
  - Lack of exercise and participation in recreational activities, particularly for low-income/elderly population
  - Appreciation for healthy food options in the area
  - Concern surrounding longstanding health issues in the community

"The hospital does quarterly health fairs. They have one big one and a couple smaller ones where they do flu shots or blood pressure checks."

"We have two little spas/exercise rooms. I haven't heard anything else that is provided in the county."

"We have an extension agent here and she does programs throughout the county. Nothing is coordinated unless the hospital does it. The hospital has been pretty active. We get commodities and it is well publicized."

"There is a chiropractor. We have some physical therapy that can teach lifestyle exercise. As far as bonafide programs for health and wellness, there's none other than the information given from your primary care provider."

"The gym is called Black Jack Fitness and they do small exercise groups and extended it out to students. He's really good about bringing information to the school. There is a summer food program that does breakfast and a lunch for kids. We have the Union County Senior Citizen Center that provides meals for seniors. There are food banks and those are mostly sponsored by churches. There are commodities that come once a month."

"We have a chronic disease self management program that is open to anyone at risk and there is a diabetes specific component. We are developing healthy lifestyle programs for cardiovascular disease and type two diabetes."

"There are private gyms and the cost is for more moderate income and above. One gym has an exercise class but not geared towards elderly at all. We have the senior citizen meals but I'm not aware of any nutrition counseling."

"We have an outstanding, superb grocery store in town with really excellent wholesome foods. I'm just not sure people would adhere to a basic good diet and exercise. I think it's lifestyle and wellness and behavioral issues. [Union County has a] stratified population. The population of the town has not changed in 40 years and the health issues really haven't either."

Access to Primary Care

- **Issues/Themes:**
  - Acknowledgment and appreciation for efforts made by hospital to increase accessibility of providers in the area
  - Issues with accessing providers due to insurance limitations, particularly across state lines
  - Concern surrounding the unmet needs of the aging/elderly due to limited internet capabilities
  - Outmigration to Amarillo, Santa Fe, Albuquerque
  - Appreciation for Union County Health Clinic's availability of appointments and after work hours

"The providers are pretty accessible. The hospital is very proactive with the community. There are never enough providers for small towns."

"Seeing a provider is pretty good but the concern is the emergency room. Folks are sitting there 4, 5, 6 hours to be seen and COVID has caused that. We could always have more providers. They do the best they can with what they have."

"Providers are fairly accessible in Clayton. We have one doctor and the community relies on him a lot. To see a nurse practitioner, it can be a few days to a week. For the doctor, [it could be] a couple months. People would go to Dalhart but not all insurance crosses the state line."

"If it's not an emergency, you have to wait 2-3 weeks to get in. Right now, it's easy to get in. We have added after clinic hours on Wednesday, Thursday and Friday. They have been seeing a lot of people."

"We have two doctors and nurse practitioners and a surgeon that comes in on a schedule visit. With the elderly population, not everybody has the availability or the equipment to log in for a telemedicine visit."

"[If they can't get care] people will go to Amarillo, Santa Fe or Albuquerque."

"You can be seen in a couple days and no longer than a week. The Union County Health Clinic's accessibility is pretty good. They are open [extended hours] two nights a week. It's a feast or famine for providers in Clayton. During COVID, [telemedicine] was an option but I don't know if the providers utilize it enough now. If people seek care outside of the county, they go to Amarillo."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; September 15, 2021 – October 6, 2021.

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Insurance Coverage & Affordability of Care

- **<u>Issues/Themes:</u>**
  - Limited accessibility/options for care due to cost for un/underinsured, low income
  - Inappropriate use of the Emergency Room by un/underinsured, low income
  - Potential overuse of Emergency Room due to concern of potential ailments and shorter wait time to see a provider
  - Concern surrounding cost of living in a nursing home or assisted living facility

"For people that have more resources and more education, it's easier to access care and the outcomes are better."

"[Accessing the emergency room] doesn't cost the [un/underinsured] because they have indigent care or Medicaid. If they can't see a provider, they come to the emergency room because they don't have to pay."

"If [people do misuse the emergency room], it would be because of the wait time [to see a primary care provider] or just what illness they [might] have."

"The average person knows the difference [between the emergency room and a primary care provider]. There are a lot that misuse the emergency room. It's the access to the doctors but they also know they can't be turned away at the emergency room."

"There was a point in time when if you wanted to see a doctor you had to go to the emergency room. Sometimes there isn't a difference except for the cost."

"There aren't barriers, just reluctance. From a financial standpoint, the cost [of care] to be at an assisted living or nursing home is a barrier."

"We don't have easy access to assisted living. You'd have to move to a different town like Dalhart, TX. A lot [of people] can't do that. It's just a very expensive option."

Impact of COVID-19

- **Issues/Themes:**
  - Appreciation for hospitals response and management of offering testing, vaccinations and education
  - Need for education on vaccination times/locations, particularly for elderly and those who have limited internet access
  - Acknowledgment of pandemic fatigue on community and wanting to go back to 'normalcy'
  - Focus on community partnerships for testing availability
  - Concern about vaccination rates in county as well as school system

"The hospital has been doing a great job. They have a Facebook page and try to show fact vs. fiction through flyers, etc. There is still some vaccine hesitancy."

"Our community for the most part has embraced the vaccines. Our hospital and providers have done a really outstanding job getting it out. We've had a lot of people come from Santa Fe and Albuquerque to get the vaccine. The biggest complaint I've heard is that they posted on Facebook and a lot of elderly people say, 'I don't have Facebook.' So they don't know when they could go get the vaccine."

"Those who want vaccines are able to get them. Our hospital has been more accessible than other areas to get the vaccines. We have had people coming in from other counties."

"The general population around here are sick of hearing about it and are ready to get back to life. The hospital [has been] very top notch in providing education for vaccines and providing tests."

"The ones that wanted to get vaccinated got the vaccine. That is one thing that the county did well. They got doses in early and got people vaccinated."

"There needs to be a better partnership between the hospital, the medical personnel and the community in regards to testing availability. The hospital [and other places] are doing an excellent job of giving out the vaccines and getting people vaccinated."

"The vaccination rates aren't adequate. In the school system, the vaccination rates are quite low."

Populations Most at Risk

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

- <u>Elderly</u>
  - Specialty care needs
  - Health education
  - Need for connection, support
  - Transportation barriers, particularly limited/low-income, Medicaid groups
  - Alzheimer's disease, dementia
  - Need for foot clinic, assisted living facilities
  - Isolation for nursing home residents due to COVID-19

- <u>Teenagers/Adolescents</u>
  - Reproductive health and education
  - Transportation barriers
  - Mental and behavioral health
  - Wellness checks, particularly for lower socio-economic groups
  - Substance misuse/abuse

- <u>Low Income</u>
  - Insurance/Affordability of services
  - Access to healthcare, particularly dental care

- <u>Racial/Ethnic</u>
  - Translation/language barriers
  - Substance misuse/abuse

- <u>Veterans/Military Dependents</u>
  - Lack of access to local, nearby VA services

- <u>Homeless</u>
  - Shelter/housing options
  - Substance and drug misuse/abuse

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 2020 to 2022 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	Responsible Leader(s)	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.	CEO	ONGOING	Increased primary care providers by two, one MD and one CNP.	ONGOING	UCGH continues to evaluate appropriate recruitment of additional primary care providers.	ONGOING	UCGH continues to evaluate appropriate recruitment of additional primary care providers.
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).	CEO, CCO, CFO	ONGOING	UCGH has converted the Family Practice Clinic to a Rural Health Clinic (RHC). The Union County Health Center offers extended hours in order to increase access to primary care services for those who are unable to seek care during normal work hours. Adjustment of extended hours are made as appropriate.	ONGOING	UCGH has converted the Family Practice Clinic to a Rural Health Clinic (RHC). The Union County Health Center offers extended hours in order to increase access to primary care services for those who are unable to seek care during normal work hours. Adjustment of extended hours are made as appropriate.	ONGOING	UCGH has converted the Family Practice Clinic to a Rural Health Clinic (RHC). The Union County Health Center offers extended hours in order to increase access to primary care services for those who are unable to seek care during normal work hours. Adjustment of extended hours are made as appropriate.
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.	CEO	ONGOING	UCGH continues to promote its primary care services via local media outlets to increase awareness of service offerings in the community.	ONGOING	UCGH continues to promote its primary care services via local media outlets to increase awareness of service offerings in the community.	ONGOING	UCGH continues to promote its primary care services via local media outlets to increase awareness of service offerings in the community.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.D. Union County General Hospital will continue to schedule follow up appointments with patients' primary care provider upon discharge.	CEO, CCO	ONGOING	UCGH continues to schedule follow up appointments with patients' primary care providers upon discharge.	ONGOING	UCGH continues to schedule follow up appointments with patients' primary care providers upon discharge.	ONGOING	UCGH continues to schedule follow up appointments with patients' primary care providers 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.	CEO, CCO, CFO	ONGOING	UCGH continues to pursue the opening of a SBHC.	ONGOING	UCGH operates a dual clinic to meet RHC and SBHC regulations.	ONGOING	UCGH operates a dual clinic to meet RHC and SBHC regulations.

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	Responsible Leader(s)	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.	CEO, CCO	**ONGOING**	UCGH continues to work towards increasing access to dental care services in the community.	**ONGOING**	UCGH continues to work towards increasing access to dental care services in the community. Land has been purchased for the dental clinic.	**ONGOING**	UCGH continues to work towards increasing access to dental care services in the community. Land has been purchased for the dental clinic. Recruitment of providers and purchasing of equipment to occur as efforts progress.

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	Responsible Leader(s)	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.	CEO	ONGOING	UCGH maintains general surgery coverage for the community.	ONGOING	UCGH maintains general surgery coverage and is exploring conversations with the current surgeon regarding expansion of services with additional education.	ONGOING	UCGH maintains general surgery coverage and is exploring conversations with the current surgeon regarding expansion of services with additional education.
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.	CEO	ONGOING	UCGH continues to host a mobile MRI van in the hospital parking lot and assists with scheduling as appropriate.	ONGOING	UCGH continues to host a mobile MRI van in the hospital parking lot and assists with scheduling as appropriate.	ONGOING	UCGH continues to host a mobile MRI van in the hospital parking lot and assists with scheduling as appropriate.
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.	CEO	ONGOING	UCGH continues to host a mobile Mammography van in the hospital parking lot and assists with scheduling as appropriate.	ONGOING	UCGH continues to host a mobile Mammography van in the hospital parking lot and assists with scheduling as appropriate.	ONGOING	UCGH continues to host a mobile Mammography van in the hospital parking lot and assists with scheduling as appropriate.
3.D. The hospital will continue to staff a Nuclear Medicine Tech contract, who will come in as needed for nuclear medicine studies.	CEO	ONGOING	Nuclear medicine studies are provided as appropriate.	ONGOING	Nuclear medicine studies are provided as appropriate.	ONGOING	Nuclear medicine studies are provided as appropriate.
3.E. UCGH provides telemedicine programs in collaboration with the University of New Mexico (UNM) for emergency pediatrics and neurology/neurosurgery services.	CEO, CCO	ONGOING	UCGH continues to collaborate with UNM to provide telemedicine programs.	ONGOING	UCGH continues to collaborate with UNM to provide telemedicine programs.	ONGOING	UCGH continues to collaborate with UNM to provide telemedicine programs.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.F. The hospital is currently evaluating rotating specialist coverage.	CEO, CCO	**ONGOING**	UCGH continues to evaluate rotating specialist coverage and pursue opportunities to increase coverage as appropriate.	**ONGOING**	UCGH continues to evaluate rotating specialist coverage and pursue opportunities to increase coverage as appropriate.	**ONGOING**	UCGH continues to evaluate rotating specialist coverage and pursue opportunities to increase coverage as appropriate.
3.G. Union County General Hospital will continue to schedule follow up appointments with patients' providers upon discharge, when necessary.	CEO, CCO	**ONGOING**	UCGH continues to schedule follow up appointments with patients' specialty care providers upon discharge as appropriate.	**ONGOING**	UCGH continues to schedule follow up appointments with patients' specialty care providers upon discharge as appropriate.	**ONGOING**	UCGH continues to schedule follow up appointments with patients' specialty care providers upon discharge as appropriate.
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.	CEO	**ONGOING**	UCGH continues to promote its specialty care services via local media outlets to increase awareness of service offerings in the community.	**ONGOING**	UCGH continues to promote its specialty care services via local media outlets to increase awareness of service offerings in the community.	**ONGOING**	UCGH continues to promote its specialty care services via local media outlets to increase awareness of service offerings in the community.

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	Responsible Leader(s)	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.	CCO	**ONGOING**	UCGH continues to offer CPR training for staff and other health care providers in the community as appropriate. UCGH also offers ACLS, TNCC, PALs and NALs to nursing staff and providers.	**ONGOING**	UCGH continues to offer CPR training for staff and other health care providers in the community as appropriate. UCGH also offers ACLS, TNCC, PALs and NALs to nursing staff and providers.	**ONGOING**	UCGH continues to offer CPR training for staff and other health care providers in the community as appropriate. UCGH also offers ACLS, TNCC, PALs and NALs to nursing staff and providers.
4.B. The hospital will continue to incentivize employees and their families to participate in regular physical activity through a discounted membership at the local gym and recreation facilities, and the golf course.	HR	**ONGOING**	UCGH continues to incentivize employees and their families to participate in regular physical activity through discounted memberships at the local gym, recreational facilities and the golf course.	**ONGOING**	UCGH continues to incentivize employees and their families to participate in regular physical activity through discounted memberships at the local gym, recreational facilities and the golf course.	**ONGOING**	UCGH continues to incentivize employees and their families to participate in regular physical activity through discounted memberships at the local gym, recreational 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.	CEO, CCO	**ONGOING**	UCGH continues to participate in health fairs and provide various screenings/education as opportunities arise.	**ONGOING**	UCGH continues to participate in health fairs and provide various screenings/education as opportunities arise.	**ONGOING**	UCGH continues to participate in health fairs and provide various screenings/education as opportunities arise.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
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.	CEO, CCO	ONGOING	UCGH continues to host open house events as opportunities arise.	ONGOING	UCGH continues to host open house events as opportunities arise.	ONGOING	UCGH continues to host open house events as opportunities arise.
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).	CCO	ONGOING	UCGH maintains its Level IV Trauma Center status and provides community trauma education as appropriate.	ONGOING	UCGH maintains its Level IV Trauma Center status and provides community trauma education as appropriate.	ONGOING	UCGH maintains its Level IV Trauma Center status and provides community trauma education as appropriate.
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.	CEO, CCO	ONGOING	UCGH continues to provide free flu shots for the donation of 2 non-perishable food items for food drive donations.	ONGOING	UCGH continues to provide free flu shots for the donation of 2 non-perishable food items for food drive donations.	ONGOING	UCGH continues to provide free flu shots for the donation of 2 non-perishable food items for food drive donations.
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.	Executive Team, Leadership Team	ONGOING	UCGH personnel continue to serve as members of community organizations.	ONGOING	UCGH personnel continue to serve as members of community organizations.	ONGOING	UCGH personnel continue to serve as members of community organizations.
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.	CCO	ONGOING	UCGH continues to support local EMS to provide trauma education on a regular basis.	ONGOING	UCGH continues to support local EMS to provide trauma education on a regular basis.	ONGOING	UCGH continues to support local EMS to provide trauma education on a regular basis.
4.I. UCGH will continue their partnership with the Sexual Assault Prevention program in the community.	CCO	ONGOING	UCGH continues its partnership with the Sexual Assault Prevention program.	ONGOING	UCGH continues its partnership with the Sexual Assault Prevention program.	ONGOING	UCGH continues its partnership with the Sexual Assault Prevention program.
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.	CEO	ONGOING	UCGH continues its marketing efforts to increase community awareness of hospital service offerings.	ONGOING	UCGH continues its marketing efforts to increase community awareness of hospital service offerings.	ONGOING	UCGH continues its marketing efforts to increase community awareness of hospital service offerings.

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
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.	CCO	**ONGOING**	UCGH continues to engage local employers through the provision of various screenings/tests as opportunities arise (EX: new employee drug screens and TB tests for NE NM Detention Facility; flu vaccinations for staff at Clayton Public Schools, First National Bank, Town of Clayton and Ranch Market)	**ONGOING**	UCGH continues to engage local employers through the provision of various screenings/tests as opportunities arise (EX: new employee drug screens and TB tests for NE NM Detention Facility; flu vaccinations for staff at Clayton Public Schools, First National Bank, Town of Clayton and Ranch Market)	**ONGOING**	UCGH continues to engage local employers through the provision of various screenings/tests as opportunities arise (EX: new employee drug screens and TB tests for NE NM Detention Facility; flu vaccinations for staff at Clayton Public Schools, Town of Clayton and Union County)
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.	CCO	**ONGOING**	UCGH continues to collaborate with local health care providers through the Emergency Planning Committee on a quarterly basis.	**ONGOING**	UCGH continues to collaborate with local health care providers through the Emergency Planning Committee on a quarterly basis.	**ONGOING**	UCGH continues to collaborate with local health care providers through the Emergency Planning Committee 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.	CEO, CCO	**ONGOING**	UCGH continues to offer educational opportunities for the public concerning wellness topics and health risk concerns, as well as various support and educational groups at the facility.	**ONGOING**	UCGH continues to offer educational opportunities for the public concerning wellness topics and health risk concerns, as well as various support and educational groups at the facility.	**ONGOING**	UCGH continues to offer educational opportunities for the public concerning wellness topics and health risk concerns, as well as various support and educational groups at the facility.

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	Responsible Leader(s)	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.	CEO, CCO	ONGOING	UCGH continues to explore telemedicine services in conjunction with UNM.	ONGOING	UCGH continues to explore telemedicine services in conjunction with UNM.	ONGOING	UCGH continues to explore telemedicine services in conjunction with UNM.
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.	CCO	ONGOING	Social work assistance is provided for case management services as necessary.	ONGOING	Social work assistance is provided for case management services as necessary.	ONGOING	Social work assistance is provided for case management services as 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.	CCO	ONGOING	UCGH continues to support local organizations by connecting patients with appropriate resources.	ONGOING	UCGH continues to support local organizations by connecting patients with appropriate resources.	ONGOING	UCGH continues to support local organizations by connecting patients with appropriate resources.

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	Responsible Leader(s)	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.	CEO	ONGOING	UCGH continues to partner with the local nursing home as opportunities arise.	ONGOING	UCGH continues to partner with the local nursing home as opportunities arise.	ONGOING	UCGH continues to partner with the local nursing home as opportunities arise.
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.	CCO	ONGOING	UCGH continues to conduct lab tests at the nursing home regularly.	ONGOING	UCGH continues to conduct lab tests at the nursing home regularly.	ONGOING	UCGH continues to conduct lab tests at the nursing home regularly.
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.	CEO, CCO	ONGOING	UCGH continues to partner with local organizations to support vulnerable populations as appropriate.	ONGOING	UCGH continues to partner with local organizations to support vulnerable populations as appropriate.	ONGOING	UCGH continues to partner with local organizations to support vulnerable populations as appropriate.
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.	CCO	ONGOING	UCGH continues to offer reduced cost well child physicals and school physicals for local students as appropriate.	ONGOING	UCGH continues to offer reduced cost well child physicals and school physicals for local students as appropriate.	ONGOING	UCGH continues to offer reduced cost well child physicals and school physicals for local students as appropriate.
6.E. Union County General Hospital is exploring participating in the 340b Pharmacy Program which provides discounted pharmacy pricing to indigent patients.	CFO	ONGOING	UCGH participates in the 340b Pharmacy Program to provide discounted pharmacy pricing to indigent patients.	ONGOING	UCGH participates in the 340b Pharmacy Program to provide discounted pharmacy pricing to indigent patients.	ONGOING	UCGH participates in the 340b Pharmacy Program to provide discounted pharmacy pricing to indigent patients.

Action Steps	Responsible Leader(s)	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.	CCO	**ONGOING**	Through grant funding, UCGH provides gas cards for residents needing to travel outside of the community for health care services as appropriate.	**ONGOING**	Through grant funding, UCGH provides gas cards for residents needing to travel outside of the community for health care services as appropriate.	**ONGOING**	Through grant funding, UCGH provides gas cards for residents needing to travel outside of the community for health care services as appropriate.
6.G. Union County General Hospital offers an in-house Medicaid assistance program to help residents sign up for Medicaid coverage.	CFO	**ONGOING**	UCGH continues to offer an in-house assistance program to help residents sign up for Medicaid coverage, financial assistance, market place insurance and Medicare applications. In addition, UCGH assists with applications for the clinic sliding fee scale, SNAP and LIHEAP.	**ONGOING**	UCGH continues to offer an in-house assistance program to help residents sign up for Medicaid coverage, financial assistance, market place insurance and Medicare applications. In addition, UCGH assists with applications for the clinic sliding fee scale, SNAP and LIHEAP.	**ONGOING**	UCGH continues to offer an in-house assistance program to help residents sign up for Medicaid coverage, financial assistance, market place insurance and Medicare applications. In addition, UCGH assists with applications for the clinic sliding fee scale, SNAP and LIHEAP.

PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

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

2019 Prioritized Needs

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

2022 CHNA PRELIMINARY HEALTH NEEDS

2022 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations

- Access to Dental Care Services and Providers

- Access to Mental and Behavioral Health Care Services and Providers

- Continued Focus on COVID-19 Prevention & Response

- Continued Recruitment & Retention of Healthcare Workforce

- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

PRIORITIZATION

The Prioritization Process

- In January 2022, leadership from Union County General Hospital reviewed the data findings and prioritized the community's health needs. Members of the hospital CHNA team included:
  - Tammie Stump, Chief Executive Officer
  - Melissa Prante, Chief Financial Officer
  - Jill Swagerty, Human Resource 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)

Health Needs Ranking

- Hospital leadership participated in a prioritized ballot process to rank the health needs in order of importance, resulting in the following order:

1. Continued Recruitment & Retention of Health Care Workforce

2. Access to Mental and Behavioral Health Care Services and Providers

3. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

4. Continued Focus on COVID-19 Prevention & Response

5. Access to Dental Care Services and Providers

6. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Final Priorities

- Hospital leadership decided to address all six of the ranked health needs. The final health priorities that Union County General Hospital will address through its Implementation Plan are listed below:

1. Continued Recruitment & Retention of Health Care Workforce

2. Access to Mental and Behavioral Health Care Services and Providers

3. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

4. Continued Focus on COVID-19 Prevention & Response

5. Access to Dental Care Services and Providers

6. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

RESOURCES IN THE COMMUNITY

Additional Resources in the Community

- In addition to the services provided by Union County General Hospital, 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
Union County General Hospital	300 Wilson, Clayton, NM 88415	(575) 374-7291	-	Assistance with Medicaid, LIHEAP & SNAP Applications and Immediate Temp Asst Market Place Application Assistance UCGH Financial Assistance & UCHC Sliding Scale Fee Assistance

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	-	Childcare 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	-	Access job resources and services

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	Healthy aging and prevention resources, legal resources, transition of care resources, Medicare information and prescription assistance.

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 and short-term rehabilitation program

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	-	Subsidized housing based on income
Region 4 Housing Authority	600 Mitchell St., Clovis, NM 88101	(575) 935-4444	-	Subsidized housing assistance programs

Food

Program Name	Address	Phone	Website	Services Provided
Clayton Sr. Center	19 E. Broadway, Clayton, NM 88415	(575) 374-9840	-	Dine-in meals for Seniors and Meals-on-Wheels Program offering meal delivery to the homebound
Commodities Program	715 S. 2nd, Clayton, NM 88415	(575) 374-9580		Free food boxes to income qualified on 4th Tuesday of the month
The Food Depot	1222S. Siler Road Santa Fe, NM 87507	(505) 471-1633	Thefooddepot.org	The Mobile Food Pantry operates like a bookmobile. The Food Depot, with the help of community volunteers, distributes food directly from the delivery truck with no need for long-term storage. This service reaches communities that do not have the resources to set up their own food pantries.

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	-	Public transportation within Clayton and transports available to out-of-town appointments can be arranged through Medicaid or private payment.
DVS Rural Veterans Transportation Program		(505) 429-5906	www.nmdvs.org/rural-veterans-transportation-program/	A program by the NM Department of Veterans Services providing FREE round-trip rides to medical appointments at VA facilities or VA-approved non-VA facilities from a veteran's home in the following counties: Cibola, Colfax, Guadalupe, Harding, Mora, Quay, San Miguel, Socorro and Union.
ModivCare		866-913-4346	Modivcare.com	Offering non-emergency medical transportation to BCBS members
Secure Transportation		855-774-7737	Securetransportation.com	Non-emergency medical transportation services for Medicaid and Medicare members.

Union County Community Resources

Eye & Vision Care

Program Name	Address	Phone	Website	Services Provided
NM Lions Club	(please call)	Statewide: (575) 938-3124	-	Eyeglasses

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	-	Caregiver services for individuals who qualify through Medicaid or private-pay caregivers for in-home care.
Clayton Home Health Care	300 Wilson, Clayton, NM 88415	(575) 374-0114		Short-term, intermittent skilled nursing care and/or physical therapy for temporary homebound individuals.

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, victim advocacy for domestic violence victims and sexual assault victims.
Community Against Violence	P.O. Box 169 Taos, NM 87571	(575) 758-8082	www.taoscav.org	CAV offers a 24-Hour Crisis Helpline (575) 758-9888 for survivors of domestic and sexual violence. We provide legal and medical advocacy services, counseling and support groups, children's programs, community prevention and outreach programs, and are able to provide information and resources for those in need. CAV also has an on-site emergency shelter for adults and children and offers short and long-term transitional housing programs.

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 and Behavioral Health Services

Program Name	Address	Phone	Website	Services Provided
Teambuilders Behavioral Health Services	834 Main Street Clayton, NM 88415	(575) 729-1953	Teambuilders.org	Behavioral Health Services for adults and children to include therapy, psychiatric consultations, case management, psychosocial rehab groups, medication evaluations and support services. Accepts Medicaid, Medicare, Private insurance and non-insured.

Union County Community Resources

Noesis Integrative Health (Krossroads)	6 Cil Medico Suite 1 Santa Fe, NM 87505	(505) 273-4668	_	Offering Behavioral Health and Substance Abuse Services to adults and children in the northeast part of New Mexico to include Raton, Taos, Santa Fe and Clayton. Offering face-to-face services as well as tele-counseling. Accepts Medicaid and private insurance.
Pinwheel Healing Center, LLC	12 Unser Blvd., SE Suite C Rio Rancho, NM 87124	(505) 636-6100	Pinwheelhealing.com	At Pinwheel Healing Center, LLC our staff of well-trained licensed clinicians are available to help you effectively address your mental health. Together, we can create a plan customized to what you want to work on.

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	www.ssa.gov	Social Security benefits

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	Accessing VA benefits for members

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	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 Consulting.

  - 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. Data for these indicators is reported at the Northeast regional level.

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

APPENDIX

- SUMMARY OF DATA SOURCES

- DATA REFERENCES

- MUA/P AND HPSA INFORMATION

- INTERVIEWEE INFORMATION

- PRIORITY BALLOT

SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**
  - This study utilized demographic data from **Stratasan.**
  - The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02.
  - The **United States Census Bureau**, provides population composition statistics by county and state; https://data.census.gov/cedsci/table?q=race%20and%20ethnicity&g=0500000US35059&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2019.DP05&hidePreview=true.
  - This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: https://eig.org/dci/interactive-map?path=state/.
  - **Data USA** provides access to industry workforce categories at the county and state level: https://datausa.io/.
  - Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: http://map.feedingamerica.org/.
  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://engagementnetwork.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.
  - The **United States Census Bureau** provides access to transportation data at the county and state level: https://censusreporter.org/search/.
  - This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits as well as poverty estimates by county and state: https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html.
  - The **New Mexico Public Education Department** provides graduation data by county and state: https://webnew.ped.state.nm.us/bureaus/accountability/graduation/.

- **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/.

Summary of Data Sources

- **Health Data (continued)**

  - The **Centers for Disease Control and Prevention National Center for Health Statistics WONDER Tool** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; http://wonder.cdc.gov/ucd-icd10.html.

  - This study utilizes a regional level and state data from the New Mexico's Indicator-Based Information System (NM-IBIS); https://ibis.health.state.nm.us/query/selection/brfss/_BRFSSSelection.html.

  - This study also used health data collected by the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at https://engagementnetwork.org/.

  - 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.

  - The **New Mexico's Indicator-Based Information System (NM-IBIS)** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in New Mexico. Data can be accessed at: https://ibis.health.state.nm.us/query/builder/cancer/CancerCnty/AgeRate.html.

  - The **New Mexico Department of Health and Environment** produces a COVID-19 dashboard about vaccinations in New Mexico. Data can be accessed at: https://www.New Mexicovaccine.gov/158/Data.

  - The **New Mexico's Indicator-Based Information System (NM-IBIS) also** provides birth data for year by year estimates. Data can be accessed at: https://ibis.health.state.nm.us/topic/healthoutcomes/InfectiousDisease.html.

  - The **New Mexico's Indicator-Based Information System (NM-IBIS)** provides STD surveillance for year by year estimates. Data can be accessed at: https://ibis.health.state.nm.us/topic/healthoutcomes/InfectiousDisease.html.

  - The **Centers for Medicare & Medicaid Services, Office of Minority Health** provides public tools to better understand disparities in chronic diseases. Data can be accessed at: https://data.cms.gov/mapping-medicare-disparities.

- **Phone Interviews**

  - CHC Consulting conducted interviews on behalf of Union County General Hospital from September 15, 2021 – October 6, 2021.

  - Interviews were conducted and summarized by Alex Campbell, Planning Analyst.

DATA REFERENCES

Distressed Communities Index

The seven components of the index are:

No High School Diploma
Percent of the 25-year-old+ population without a high school diploma or equivalent

Housing Vacancy Rate
Percent of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use

Adults Not Working
Percent of the prime-age (25-54) population not currently employed

Poverty Rate
Percent of the population living under the poverty line

Median Income Ratio
Median household income as a percent of metro area median household income (or state, for non-metro areas)

Change in Employment
Percent change in the number of jobs from 2014 to 2018

Change in Establishments
Percent change in the number of business establishments from 2014 to 2018

2022 Poverty Guidelines

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	$13,590
2	$18,310
3	$23,030
4	$27,750
5	$32,470
6	$37,190
7	$41,910
8	$46,630
For families/households with more than 8 persons, add $4,720 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

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.

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	02170	UNION SERVICE AREA	Medically Underserved Area	New Mexico	Union County, NM	42.1	Designated	Rural	11/01/1978	11/01/1978

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
New Mexico	Union	Union	Single County	35059	Rural

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)

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.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1355837695	Union County	Geographic HPSA	New Mexico	Union County, NM	0.99	16	Designated	Rural	06/09/2014	09/10/2021

	Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
	New Mexico	Union	Union	Single County	35059	Rural

Mental Health	7357490517	UNION COUNTY HEALTH CENTER	Rural Health Clinic	New Mexico	Union County, NM		12	Designated	Rural	08/06/2021	09/12/2021

	Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
	UNION COUNTY HEALTH CENTER	314 N 3rd Ave	Clayton	NM	88415-3302	Union	Rural

Dental Health	6353356173	UNION COUNTY HEALTH CENTER	Rural Health Clinic	New Mexico	Union County, NM		15	Designated	Rural	08/06/2021	09/12/2021

	Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
	UNION COUNTY HEALTH CENTER	314 N 3rd Ave	Clayton	NM	88415-3302	Union	Rural

Primary Care	1351614952	UNION COUNTY HEALTH CENTER	Rural Health Clinic	New Mexico	Union County, NM		16	Designated	Rural	08/06/2021	11/16/2021

	Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
	UNION COUNTY HEALTH CENTER	314 N 3rd Ave	Clayton	NM	88415-3302	Union	Rural

INTERVIEWEE INFORMATION

Union County General Hospital Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Jeff Childress	Director	Senior Citizen Center	9/29/2021	Union County	Alex Campbell		X		Seniors, Elderly, Medically Complex
Kristen Christy	Executive Director	Union County Network	9/21/2021	Union County	Alex Campbell		X		General Public
Judith Cooper	Attorney Board President	Beck & Cooper Union County General Hospital	9/21/2021	Multi-county area, including Union County	Alex Campbell		X		General Public
Angela Fleming	Nurse	Union County Health Department	9/20/2021	Union County	Alex Campbell	X			General Public
Carolyn Kear	Executive Director	Clayton Nursing Home	10/6/2021	Union County	Alex Campbell		X		Seniors, Elderly, Medically Complex
Ray Maestas	Superintendent	Clayton Public Schools	9/15/2021	Union County	Alex Campbell		X		Youth, Teens/Adolescents
Craig Reeves	Citizen Board Treasurer	Union County Union County General Hospital	9/23/2021	Multi-county area, including Union County	Alex Campbell		X		General Public
Shelly Trujillo	School Nurse	Clayton Public Schools	9/16/2021	Union County	Alex Campbell		X		Youth, Teens/Adolescents
Dr. Mark Van Wormer	Physician	Union County General Hospital	9/23/2021	Multi-county area, including Union County	Alex Campbell		X		General Public
Eva Vital	Counselor	Team Builders	9/17/2021	Multi-county area, including Union County	Alex Campbell		X		Mental Health
Jordan Ward	President	F&S Bank	9/23/2021	Union County	Alex Campbell			X	General Public

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

C: Community Leaders

Source: Union County General Hospital Community Health Needs Assessment Interviews Conducted by Community Hospital Consulting; September 15, 2021 – October 6, 2021.

PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2022 Union County General Hospital Community Health Needs Assessment (CHNA), we have identified the following needs for the Union County General Hospital CHNA Team to prioritize *in order of importance.*

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and Union County General Hospital Capacity) that we would like for you to use when identifying the top community health priorities for Union County General Hospital, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue
In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).
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
In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).
a. How likely is it that actions taken by Union County General Hospital will make a difference?
b. How likely is it that actions taken by Union County General Hospital 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
In thinking about the Capacity of Union County General Hospital to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).
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)

*Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.

* 1. Access to Affordable Care and Reducing Health Disparities Among Specific Populations

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Union County General Hospital Capacity	○	○	○	○	○

* 2. Access to Dental Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Union County General Hospital Capacity	○	○	○	○	○

* 3. Access to Mental and Behavioral Health Care Services and Providers

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Union County General Hospital Capacity	○	○	○	○	○

* 4. Continued Focus on COVID-19 Prevention & Response

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Union County General Hospital Capacity	○	○	○	○	○

* 5. Continued Recruitment & Retention of Health Care Workforce

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Union County General Hospital Capacity	○	○	○	○	○

* 6. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	○	○	○	○	○
Effectiveness of Interventions	○	○	○	○	○
Union County General Hospital Capacity	○	○	○	○	○

* 7. When thinking about the above needs, are there any on this list that you DO NOT feel that Union County General Hospital could/would work on over the next 3 years?

	Yes, we could/should work on this issue.	No, we cannot/should not work on this issue.
Access to Affordable Care and Reducing Health Disparities Among Specific Populations	○	○
Access to Dental Care Services and Providers	○	○
Access to Mental and Behavioral Health Care Services and Providers	○	○
Continued Focus on COVID-19 Prevention & Response	○	○
Continued Recruitment & Retention of Health Care Workforce	○	○
Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles	○	○

Section 2:
Implementation Plan

Union County General Hospital
FY2023 - FY2025 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 January 13, 2022 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 an electronic survey 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.) Continued Recruitment & Retention of Health Care Workforce
2.) Access to Mental and Behavioral Health Care Services and Providers
3.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4.) Continued Focus on COVID-19 Prevention & Response
5.) Access to Dental Care Services and Providers
6.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

The leadership of UCGH developed the following implementation plan to identify specific activities and services which directly address the six prioritized needs. 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 2022 Community Health Needs Assessment and Implementation Plan on April 27, 2022.

Priority #1: Continued Recruitment & Retention of Health Care Workforce

Rationale:

Union County has a lower rate of primary care providers per 100,000 persons as compared to the state. Additionally, Union County is designated as Health Professional Shortage Areas and Medically Underserved Areas, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed difficulty attracting providers to the community due to lack of housing options, the rural nature of the community and limited recreational activities. One interviewee stated: "The biggest concern is getting people here to take care of health issues. This town doesn't offer much. The biggest things they run into is there is no shopping and housing isn't that great." Interviewees also mentioned the lack of appropriate staff to help providers, particularly due to the pandemic. One interviewee stated: "[There are] not enough qualified healthcare workers like aids assisting healthcare workers. We have a nursing home but we can't admit patients because people don't want to come to work. Nobody wants to work or come to this area. We need lab assistants."

Several interviewees talked about the limited availability of nurses due to the pandemic and the outmigration of nurses seeking better job opportunities. Additionally, interviewees expressed concern about capacity limitations due to the workforce shortage. Interviewees expressed apprehension around sustainability of the healthcare workforce in general. One interviewee stated: "Sustainability [is a concern]. It's building systems that are going to be around and recruiting and retaining people that are going to work those systems."

With regards to primary care access, interviewees acknowledged and appreciated the efforts made by the hospital to increase accessibility of providers in the area. However, there were still issues noted in regards to accessing providers due to insurance limitations, particularly insurance issues across state lines. One interviewee stated: "The providers are pretty accessible. The hospital is very proactive with the community. There are never enough providers for small towns." Another interviewee stated: "Providers are fairly accessible in Clayton. We have one doctor and the community relies on him a lot...People would go to Dalhart but not all insurance crosses the state line." Additionally, interviewees expressed concern surrounding the unmet needs of the aging and elderly population due to limited internet capabilities. One interviewee stated: "We have two doctors and nurse practitioners and a surgeon that comes in on a schedule visit. With the elderly population, not everybody has the availability or the equipment to log in for a telemedicine visit."

Interviewees also discussed people leaving the community for primary care and go to places like Amarillo, Sante Fe and Albuquerque. Several interviewees expressed appreciation for Union County Health Clinic's availability of appointments and the after work hours of the clinic to get in to see a primary care doctor. One interviewee stated: "The Union County Health Clinic's accessibility is pretty good. They are open [extended hours] two nights a week."

Looking at specialty care, interviewees appreciated the hospital's involvement in the Rural OB Access & Maternal Services (ROAMS) program. However, there is still a shortage of local specialty services which is leading to long wait times and outmigration of patients to Amarillo, Sante Fe and Albuquerque. One interviewee stated: "We don't have any specialists in Clayton. Most go to Amarillo, Santa Fe and Albuquerque. Wait times could be anywhere from 3-6 months." Specific specialties mentioned as needed include Cardiology, Dialysis, OB/GYN, Neurology, Orthopedics, Endocrinology, General Surgeon, Hematology, Dermatology, Rheumatology and Oncology. One interviewee stated: "We need bigger things like dermatology. People drive to Amarillo or go without [care]. Hematology, orthopedics and rheumatology [are needed]. Rheumatology takes 3 to 6 months."

Several interviewees appreciated the financial support services provided by the hospital to increase access. It was also mentioned that for the elderly population, there is a lack of access to specialty care due to transportation issues. One interviewee stated: "It's hard for senior citizens on Medicare. They don't have as much access for transportation to Raton or specialty care. The hospital has the sliding fee scale so that opens up access." Interviewees mentioned that with Union County being a smaller community, there is difficulty in recruiting specialists to the area. One interviewee stated: "Most people go to Amarillo. I don't think getting specialists to come here would be possible." Another interviewee stated: "…I don't think we have enough population to keep a specialist."

Objective:

Implement and offer programs that aim to address access to primary and specialty care services in the community through recruitment and retention efforts

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. UCGH will continue to consult its Medical Staff Development Plan report to determine the physician needs of the community and consider the recruitment of providers accordingly. UCGH explores the feasibility of expanding services identified within the market assessment on an annual basis. Additionally, UCGH will acquire equipment to support growth as needed.	CEO, CCO, CFO	*Current Examples include:* Pain Management, MediSpa, Swing-bed program, additional PRN coverage of specialty surgeons					

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.B. UCGH has converted the Family Practice Clinic to a Rural Health Clinic (RHC). Additionally, UCGH will continue to promote its primary and specialty 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 health fair events.	CEO, CCO, CFO						
1.C. UCGH is assessing feasibility of partnering with Nursing Schools for increased student enrollment and positions for local students within their program, paying for total programs for time served for high need areas.	CEO, CCO, CFO	*Current Examples include: Working on putting 5 full scholarships together for future retention of educated staff*					
1.D. UCGH will continue to offer additional education for medical staff.	CEO, CCO	*Current Examples include: BLS, ACLS, PALS, TNCC, ROAMS program, CPR education, on-site and tele-education on ventilators*					
1.E. UCGH will continue to offer a Swingbed program for its patient population to allow for patients to continue their care closer to home.	CEO, CCO, CFO						

Priority #2: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Many interviewees mentioned the perceived substance abuse in the community as well as limited availability of local resources and access to providers, particularly for children and school staff in the community. One interviewee stated: "Mental health is a big issue and it's always occurring. It's always substance abuse or environmental factors." Another interviewee stated: "We are falling short of meeting the needs for our children. We need providers to come into the area to provide services for the children and [school] staff." Several interviewees discussed the lack of stability in mental and behavioral health resources in the county and state which is leading to long wait times and less access to care. One interviewee stated: "We have two [programs] in town. The first one has changed hands and patients had to reapply to the program. So I know students who haven't gone back. The other place is called Professional Counseling Associates and are only open Monday and Tuesday. If there is a crisis, the patient has to go to the hospital or be referred out of town. The nearest city is Amarillo. The wait time to see a provider could take up to 6 weeks."

Interviewees also discussed limited hours for mental health services in the area. Several interviewees also discussed the lack of rooms and resources for high acuity, crisis patients in the area and this barrier is leading to outmigration. One interviewee stated: "For high acuity patients, it can be a while and the hospital is just not equipped." Another interviewee stated: "Usually the state takes over on the severe ones and takes them to a state hospital." Additionally, it was noted that telehealth has been used in the community to manage mental and behavioral health-related situations. One interviewee stated: "We have a licensed psychiatric social worker on staff 24/7. She has the ability to refer patients to an inpatient psychiatric institution. We have outpatient telemedicine with a psychologist and psychiatrist."

Objective:

Increase local access to mental and behavioral health care services

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. UCGH is currently evaluating the implementation of a telepsych program in collaboration with the University of New Mexico (UNM) for mental and behavioral health evaluations.	CEO, CCO						
2.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.	CCO						
2.C. UCGH will continue to support local mental and behavioral health organizations, such as Team Builders and Alternatives to Violence, by connecting applicable patients with resources in the community for them to access.	CCO						
2.D. UCGH will continue to provide a suicidal screening for all patients with mental and behavioral health conditions as appropriate.	CCO						

Priority #3: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Union County has lower educational attainment rates than the state. Union County also has a higher percentage of families and children living below poverty than the state, as well as a lower median household income than the state. Furthermore, Union County has a higher percent of overall food insecurity and child food insecurity than the state.

Union County has a higher rate of those adults (age 18-64) who are uninsured as compared to the state. When analyzing economic status, Union County is in more economic distress than other counties in the state. Union County also has a higher rate of those who do have a motor vehicle as compared to the state.

Interviewees discussed limited accessibility/options for care due to cost for the un/underinsured and low income populations in the community. One interviewee stated: "For people that have more resources and more education, it's easier to access care and the outcomes are better." Several interviewees mentioned the inappropriate use of the Emergency Room by un/underinsured and low income populations. One interviewee stated: "[Accessing the emergency room] doesn't cost the [un/underinsured] because they have indigent care or Medicaid. If they can't see a provider, they come to the emergency room because they don't have to pay."

It was also mentioned that the potential overuse of the Emergency Room is due to concern of the individual's potential ailments and the shorter wait time it takes to see a provider. One interviewee stated: "If [people do misuse the emergency room], it would be because of the wait time [to see a primary care provider] or just what illness they [might] have."

It was noted several times that there is concern surrounding the cost of living in a nursing home or an assisted living facility. One interviewee stated: "From a financial standpoint, the cost [of care] to be at an assisted living or nursing home is a barrier." Another interviewee stated: "We don't have easy access to assisted living. You'd have to move to a different town like Dalhart, TX. A lot [of people] can't do that. It's just a very expensive option."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about the elderly, teenagers/adolescents, low income, racial/ethnic, veterans/military dependents and the homeless population. With regards to the elderly population, interviewees discussed needs for specialty care, health education, need for connection and support, issues with transportation, particularly for the limited/low income and Medicaid groups, need for a foot clinic and assisted living facilities, Alzheimer's disease and dementia as well as isolation issues for nursing home residents due to COVID-19. With regards to the teenagers/adolescents, population, interviewees discussed an increasing need for reproductive health education, wellness checks, particularly for lower socioeconomic groups, issues with transportation, mental and behavioral conditions as well as substance misuse/abuse.

Low income residents were discussed as facing insurance/affordability of services as a challenge as well as access to healthcare particularly dental care. Racial/ethnic groups were discussed as facing translation/language barriers and substance misuse/abuse. Veterans and military dependent residents were brought up as a subgroup of the population that may be disproportionately affected by a lack of access to local, nearby VA services. Lastly, the homeless residents were discussed as being disproportionately challenged by a lack of local shelters and housing options as well as substance and drug misuse/abuse.

Objective:

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

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. UCGH will continue its relationship with the local nursing home, as well as assist with access to medical care for nursing home patients. Additionally, 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.	CEO, CCO						
3.B. 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.	CEO						
3.C. UCGH will continue to partner with local schools to assist with well child physicals, as well as school physicals, at a reduced cost for patients.	CEO, CCO						
3.D. UCGH will participate in the 340b Pharmacy Program which provides discounted pharmacy pricing to indigent patients.	CFO						

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.E. Through grant funding, UCGH provides gas cards for residents needing to travel outside of the community for health care services as appropriate	CEO						
3.F. UCGH offers an in-house Medicaid assistance program to help residents sign up for Medicaid coverage. Additionally, UCGH provides education and assistance with self-pay patients for financial assistance, market place insurance and Medicare applications. UCGH also assists with applications for the Clinic Sliding Fee Scale, SNAP and LIHEAP.	CFO						
3.G. The Union County Health Center offers extended hours in order to increase access to primary care services for those who are unable to seek care during normal work hours. Adjustment of extended hours are made as appropriate.	CEO						
3.H. UCGH will continue to partner with UNMH in Albuquerque to provide emergency telemedicine services.	CEO, CCO	*Current Examples include: teleneurology, tele-emergency pediatrics, utilization of telehealth in the RHC*					
3.I. UCGH will continue to operate a dual clinic to meet RHC and SBHC regulations.	CEO						

Priority #4: Continued Focus on COVID-19 Prevention and Response

Rationale:

Union County has a lower percentage of its population (18+) who are fully vaccinated with the COVID-19 vaccine as compared to the state (information as of January 11, 2022).

Interviewees appreciated the hospitals response and management of offering testing, vaccinations and education in the community. One interviewee stated: "The hospital has been doing a great job. They have a Facebook page and try to show fact vs. fiction through flyers, etc." Another interviewee stated: "Those who want vaccines are able to get them. Our hospital has been more accessible than other areas to get the vaccines. We have had people coming in from other counties." However, interviewees mentioned there was still a need for education on vaccination times and locations particularly for the elderly population and those who have limited internet access. One interviewee stated: "The biggest complaint I've heard is that they posted on Facebook and a lot of elderly people say, 'I don't have Facebook.' So they don't know when they could go get the vaccine."

Interviewees acknowledge that there is a pandemic fatigue in the community and many want to go back to 'normalcy'. Additionally, interviewees mentioned that there needs to be more focus on community partnerships for testing availability. One interviewee stated: "There needs to be a better partnership between the hospital, the medical personnel and the community in regards to testing availability. The hospital [and other places] are doing an excellent job of giving out the vaccines and getting people vaccinated." Several interviewees addressed the concern about the vaccination rates in the county as well as the school system. One interviewee stated: "The vaccination rates aren't adequate. In the school system, the vaccination rates are quite low."

Objective:

Implement and offer programs that aim to reduce the impact of the COVID-19 pandemic

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. UCGH will continue to provide education on COVID-19 and serve as a testing and vaccination site for the county as opportunities arise.	CEO, CCO	*Current Examples include: Provide education through hospital website, live Q&A with the New Mexico Department of Health, website, Facebook, Instagram, townhalls and weekly leadership meetings*					
4.B. UCGH continues following New Mexico Department of Health and community standards to control the spread and reduce risk of COVID-19 infection when discharging patients to a lower level of care and their home environment.	CEO, CCO						
4.C. UCGH continues to report COVID-19 test and patient admissions data to the state and Centers for Disease Control (CDC) in an ongoing effort to share timely information and research regarding the pandemic. Vaccination rates at the hospital are also provided.	CEO, CCO						

Priority #5: Access to Dental Care Services and Providers

Rationale:

Interviewees acknowledge that the hospital is working towards better dental services for the community. But there was still a need discussed by interviewees for dental services in the area, particularly for kids and adults. One interviewee stated: "Oral health has been an issue. I know that the hospital has taken steps to address that as an organization. It was put on hold because of the pandemic." Another interviewee stated: "We need dentists for kids and adults. New patients have a hard time getting in to see them. The wait for the dentist is super long. They had me scheduled 6 months out." Several interviewees mentioned the lack of dental options in the area and how the long wait times to see a dentist is leading to long wait times and outmigration to Amarillo, Raton, Santa Fe, Albuquerque, Dalhart and Las Vegas, NM. One interviewee stated: "We don't have a dentist in town. People go to Raton, Amarillo, Santa Fe, or Dalhart. The guy in Raton does minor things. If it's an issue they will go to a specialist in Amarillo or Albuquerque."

Interviewees discussed the challenge in accessing dental services for Medicaid patients which is leading to outmigration and use of the emergency room. One interviewee stated: "If we have a student or family on New Mexico Medicaid, their closest option is 83 miles away in Raton or 160 miles away in Las Vegas, NM." Another interviewee stated: "[There are] no [dental] providers in Clayton at all. We have been searching for one for years. The indigent population uses New Mexico Medicaid and they just don't go to the dentist. The emergency room is where we take care of poor dental care."

Objective:

Increase local access to dental health care services

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.A. UCGH is currently working towards implementing a local dental clinic within the county. Currently, UCGH is recruiting dentists and dental hygienists providers to the community to increase access to local dental care services. Additionally, UCGH is working on purchasing equipment and supplies to build the clinic.	CEO, CCO, CFO						

Priority #6: 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. Union County has higher mortality rates than New Mexico for the following causes of death: heart disease; cancer; chronic lower respiratory diseases; diabetes mellitus; and prostate cancer. When looking at specific race and ethnicities in Union County, the white male population has a higher mortality rate than the state for prostate cancer and the Hispanic population has a higher mortality rate for colon & rectum cancer as compared to the state.

Union County has higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity and smoking than the state. Data suggests that Union County residents are not appropriately seeking preventive care services, such as timely mammography, colonoscopy or pap tests.

Several interviewees appreciated the hospital participating in preventative care as well as educational outreach in the community. However, there were conflicting statements regarding the availability and awareness of services. One interviewee stated: "The hospital does quarterly health fairs. They have one big one and a couple smaller ones where they do flu shots or blood pressure checks." Another interviewee stated: "We have an extension agent here and she does programs throughout the county. Nothing is coordinated unless the hospital does it." Another interviewee stated: "…We have some physical therapy that can teach lifestyle exercise. As far as bonafide programs for health and wellness, there's none other than the information given from your primary care provider."

It was mentioned that there is access to local food and exercise programs in the community as well as knowledge of some programs for particular chronic diseases and possible new educational opportunities. One interviewee stated: "We have the Union County Senior Citizen Center that provides meals for seniors. There are food banks and those are mostly sponsored by churches. There are commodities that come once a month." Another interviewee stated: "We have a chronic disease self-management program that is open to anyone at risk and there is a diabetes specific component. We are developing healthy lifestyle programs for cardiovascular disease and type two diabetes."

Several individuals specified that there is lack of exercise and participation in recreational activities particularly for the low income and elderly populations in the community. One interviewee stated: "There are private gyms and the cost is for more moderate income and above. One gym has an exercise class but not geared towards elderly at all." A couple of interviewees expressed concern surrounding the longstanding health issues in the community. One interviewee stated: "I think its lifestyle and wellness and behavioral issues. [Union County has a] stratified population. The population of the town has not changed in 40 years and the health issues really haven't either."

Objective:

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

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.A. UCGH will continue to provide various training education for hospital staff and other health care givers in the community.	CCO	*Current Examples include:* CPR, ACLS, TNCC, PALS, NALS					
6.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.	CEO, HR						
6.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.	CEO, CCO, CFO	*Current Examples include:* Lab Health Fair					
6.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.	CEO, CCO						

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.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).	CCO						
6.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.	CEO, CCO		*Current Examples include:* UCGH, Des Moines Health Center, drive thru clinic at Ranch Market				
6.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.	CEO, CCO, CFO, Leadership Team						
6.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.	CCO						
6.I. UCGH will continue their partnership with the Sexual Assault Prevention program in the community.	CCO						
6.J. UCGH will continue marketing social media, print advertisement and website enhancements to increase professionalism and community awareness of hospital service offerings.	CEO						
6.K. UCGH will explore engaging local employers through the provision of drug screens, TB tests, flu vaccinations and bone scans for staff.	CCO						
6.L. UCGH 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.	CCO						

Action Steps	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.M. UCGH continues to offer educational opportunities for the public concerning wellness topics and health risk concerns, as well as various support and educational groups at the facility.	CEO, CCO	*Current Examples include:* opioid-free treatment plans for pain management, swing-bed program, MediSpa services (ex. Acupuncture, permanent makeup, infusion therapy)					

Section 3:
Feedback, Comments and Paper Copies

INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- Union County General Hospital invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.

- To provide input on this or the previous 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

Please find the most up to date contact information on the Union County General Hospital website at the bottom of the "About Us" page:

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

Thank you!

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