Union County General Hospital

Union County Community Health Needs Assessment and Implementation Plan

May 2025

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, reviewed the research findings in March 2025 to prioritize the community health needs. Five 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 list of prioritized needs, in descending order, is listed below:
1.) Continued Recruitment & Retention of Healthcare 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.) Access to Dental Care Services and Providers
5.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

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

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified 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, and annual updates and progress (as appropriate).

The UCGH Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on May 27, 2025.

Priority #1: Continued Recruitment & Retention of Healthcare Workforce

Union County faces significant challenges in recruiting and retaining healthcare professionals. Specifically, the ratio of population to primary care physicians in the county is substantially higher than both the state and national averages. This indicates that Union County has far fewer primary care physicians available to serve its population compared to New Mexico and the United States as a whole. Additionally, Union County is designated as a Health Professional Shortage Area and a Medically Underserved Area as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees mentioned the necessity to travel long distances for specialized medical services, as highlighted by the quote, "We just don't really have any specialists here so we have to go out of town." This includes traveling to cities like Amarillo, Albuquerque, Santa Fe, Las Vegas, Raton and Dalhart for various needs, ranging from routine referrals to urgent care.

The interviewees also mentioned challenges with vision services, citing limited availability and affordability. Furthermore, transportation barriers, especially for dialysis patients, and insurance limitations across state lines exacerbate the problem. There's a strong desire for more local services, including dental, cardiology, orthopedic, ENT, general surgery, nephrology, OB/GYN, physiatry, and pulmonology.

Interviewees mentioned a healthcare workforce shortage, making it difficult for residents to receive timely and appropriate primary care. The interviewees also note a perceived community preference for physicians over advanced practitioners, such as nurse practitioners (NPs), even though NPs can often provide access to care in a more timely manner. There's also concern about the aging provider workforce and insurance reimbursement challenges, impacting the sustainability of care.

The limited availability of clinic appointments and the lack of local urgent care clinics leads to frustration and increased use of the emergency room for non-emergent issues or patients foregoing care. The frustration around appointment availability was mentioned, with residents expressing that "People give up and don't even try" after repeated failed attempts to schedule appointments. Lastly, there's a strong desire for an additional primary care physician in the clinic to alleviate the long wait times and improve access to care.

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

Union County experiences significant challenges related to access to mental and behavioral health care services. The county has a higher percentage of adults reporting depression compared to the state. Furthermore, a greater proportion of adults in Union County report experiencing prolonged periods of poor mental health, specifically 14 or more days, when compared to the statewide average.

The interviewees express deep concerns about the limited access to mental and behavioral health care in their community. The shortage of therapists is leading to lengthy wait times for therapy, as one interviewee states, "Wait times for therapy are a few months." Interviewees highlighted the inadequacy of mental health services for children, with another interviewee noting, "Mental health care and counseling services for our children are lacking." The post-COVID era has seen an increase in psychiatric related ER visits, but the lack of local services to address crisis cases, including telemedicine, forces patients to travel long distances, often across state lines, for evaluations.

The interviewees perceive an insufficient mental health infrastructure not just locally, but across New Mexico, with one stating, "The whole state of New Mexico...lacks a strong mental health infrastructure." They also point to the gaps in care due to high provider turnover which leaves patients without consistent access to psychiatrists and medications. Furthermore, the interviewees link the increasing rates of homelessness to the legalization of marijuana and drug abuse, exacerbating mental health challenges. The geographical isolation of the community acts as a significant barrier, as individuals with mental health issues are less likely to travel for care, leading to medication non-compliance.

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

Union County has an older median age as compared to the state and increasing populations of both the 65+ age individuals and Hispanic residents. Economically, Union County has a lower median household income, a lower percentage of residents with a bachelor's or advanced degree, and a higher economic distress score, indicating a more distressed economic situation than most other counties in New Mexico. For the average two-parent, two-child family in Union County, health care is estimated to be the highest monthly cost.

Furthermore, Union County experiences higher rates of poverty among families and children, as well as greater food insecurity among both the general population and children, when compared to the state. The county also has a lower cohort graduation rate than both the state and national averages. As compared to the state, a higher percentage of adults in Union County are uninsured, and a larger percentage of households lack access to a motor vehicle, which can hinder access to healthcare and other essential services.

Economically, interviewees mentioned the struggle with low wages and limited job opportunities, forcing many to move in order to find employment elsewhere. This financial strain also led to reliance on Medicaid, which was often stigmatized, even though many couldn't afford private insurance. As one person stated, "You would have to have a really good job to make a really good income here. Regular positions are going to keep people at a low socio-economic status." Additionally, interviewees talked about low wages and limited housing options contribute to ongoing financial hardship and economic struggles and the continued focus on improving transportation. Lastly, misuse of the ER due to lack of primary care were also highlighted as significant challenges.

Interviewees discussed the lack of stable home environments for the youth, with interviewees noting children being raised by various relatives or guardians and "kids just don't have structure at home." This instability contributes to youth running away from home and housing insecurity, with concerns raised about "neglect of kids" and families being "technically homeless."

Interviewees express concern about the lack of prioritization of healthcare by some parents and the challenges within the education system, including a high school that is “falling apart” and difficulty retaining teachers. The impact of COVID-19 on students' reintegration into school and the rise in behavioral and mental health issues, including bullying and increased suicidal ideation, are also highlighted. Furthermore, interviewees discussed substance use as a major problem, with teenagers frequently using marijuana and alcohol, and even younger children struggling with drugs. The unreliable nature of psychiatric care and medication management further exacerbates the challenges faced by these vulnerable youth.

The interviewees highlighted a significant perceived lack of services for the elderly when the population is rapidly aging. There was also a desire for more resources to assist with home health options, mental health services, grocery shopping, and technology navigation. Financial hardship, as mentioned in the quote, "The cost of everything has affected those on a fixed income," coupled with limited transportation, further restrict the elderly's access to essential services.

Several populations were identified by interviewees as being at risk of inadequate care due to health disparities. These include the elderly, facing transportation, limited availability of services, need for more caretakers, limited capacity in local nursing homes, technological barriers behavioral health concerns, lack of home health care and reluctance to go into a nursing home, and barriers that come with a fixed income. The youth are also mentioned as struggling with limited mental health services, bullying, social and academic challenges post-COVID-19, communication issues, lack of insurance coverage, home insecurity/instability, drug abuse, mental health concerns stemming from lack of stable homes, and limited access to pediatricians. Low-income individuals face insurance affordability issues, transportation barriers, limited utilization of federal programs, and mental health and drug use concerns. The racial/ethnic population experiences difficulty accessing care due to insurance and language barriers, limited job opportunities, and transportation costs. Veterans struggle with travel challenges and…

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

…limited access to local VA services. Finally, the homeless population grapples with substance use, poor hygiene, limited healthcare access, potential neglect of children, undesirable living conditions, desire for more resources and/or shelters, and misuse of the ER.

Priority #4: Access to Dental Care Services and Providers

Data shows that there are no registered dentists in Union County. Dental care is a particularly acute issue, with residents noting the absence of local services and the need to travel to neighboring states or distant New Mexico towns, illustrated by an interviewee stating, "We don't have dental services. I think our nearest place is Dalhart, which is 40 miles away, and that's in Texas."

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

Union County faces significant challenges in preventing and managing chronic diseases and unhealthy lifestyles, contributing to higher mortality rates. The county experiences elevated mortality rates from heart disease, cancer, chronic liver disease & cirrhosis, and Alzheimer's disease compared to the state. Union County also has a higher percentage of adults with diabetes, obesity, asthma, arthritis, and disabilities. Additionally, a greater proportion of adults in the county report no leisure-time physical activity and are current smokers, indicating unhealthy lifestyle choices.

Furthermore, for the Medicare population, Union County shows lower rates of preventative screenings, including mammography for women and prostate screenings for men for the compared to the state. The county also has significantly lower rates of flu and pneumonia vaccinations among Medicare beneficiaries. Preventable hospital events are also more frequent in Union County than in the state. These factors highlight a critical need for improved prevention, education, and access to services to address chronic diseases, promote healthy lifestyles, and reduce mortality rates within Union County.

Interviewees cited obesity and diabetes as major issues, with one person noting, "Obesity is going to become a problem. 60% of our population is diabetic." Limited access to safe exercise spaces and healthy food options further exacerbated these health concerns.

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 (UCGH)
  - Document the progress of previous implementation plan activities
  - Prioritize the needs of the community served by the hospital
  - Create an implementation plan that addresses the prioritized needs for the hospital

CHC Community Hospital Consulting

Process and Methodology

Scope

- The CHNA components include:
  - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
  - A biography of UCGH
  - A description of the hospital's defined study area
  - Definition and analysis of the communities served, including demographic and health data analyses
  - Findings from phone interviews collecting input from community representatives, including:
    - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
    - 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
  - 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

- UCGH worked with CHC Consulting in the development of its CHNA. UCGH provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC Consulting conducted the following research:
  - A demographic analysis of the study area, utilizing demographic data from Syntellis
  - 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 March 2025 with the CHNA team. The CHNA Team included:
    - Tammie Stump, Chief Executive Officer
    - Andrea Naranjo, Human Resource Director
    - Holly Alvarez, Executive Assistant
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

- UCGH Biography
  - Background information about UCGH, mission, vision, values and services were provided by the hospital or taken from its website
- Study Area Definition
  - The study area for UCGH is based on hospital inpatient discharge data from July 1, 2023 - June 30, 2024 and discussions with hospital staff
- Demographics of the Study Area
  - Population demographics include population change by race, ethnicity, age, median household income analysis, unemployment and economic statistics in the study area
  - Demographic data sources include, but are not limited to, Syntellis, the U.S. Census Bureau, the United States Bureau of Labor Statistics and Feeding America
- Health Data Collection Process
  - A variety of sources (also listed in the reference section) were utilized in the health data collection process
  - Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, New Mexico's Indicator Based Information System, SparkMap, United States Census Bureau, and the Centers for Disease Control and Prevention

CHC Community Hospital Consulting

Process and Methodology

Methodology (continued)

- Interview Methodology
  - UCGH provided CHC Consulting with a list of persons with special knowledge of public health in Union County, including public health representatives and other individuals who focus specifically on underrepresented groups
  - From that list, 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.
- Evaluation of Hospital's Impact
  - 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
- Prioritization Strategy
  - Five 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 which includes: primary care, emergency care, inpatient care, therapy services, surgical services, swing bed care, a full medical staff, and state-of-the-art equipment.

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.

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!

Source: Union County General Hospital, "About;" https://ucgh.net/about-us/; data accessed March 28, 2025.

Hospital Biography

Mission and History

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.

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. The next phase came in 1921 with the arrival of the Sisters of the Holy Family of Nazareth, six Polish-born "pioneer nuns" presided by Mother Antonia. With the assistance of these nuns, Dr. Winchester grew his staff and made several key improvements—such as plumbing, heat, and cool storage. For years, the institution struggled financially; often the only remuneration for services came in the form of vegetables, chickens, and eggs. Still, Doctor Winchester and the Sisters continued to provide the best care possible for their patients. Eventually, the Superior Provincial became interested in the hospital, transforming it into a 25-bed building with modern obstetrical, surgical, and medical facilities as well as a handsome, Spanish-style stucco edifice.

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.

If you want the best in attentive, professional, caring treatment, make Union County General Hospital your hospital.

Source: Union County General Hospital, "Mission and History", https://ucgh.net/about-us/mission-history/; information accessed March 28, 2025.

Hospital Biography

Hospital Services

Services

- Union County Health Clinic
- Des Moines Health Center
- UCGH Radiology
- Prenatal Telehealth Clinic
- Rehabilitation
- UCGH Lab
- UCGH Swing Bed Care
- UCGH Surgical Care
- Nursing
- UCGH Pharmacy
- UCGH Respiratory Care
- UCGH Emergency Care
- UCGH Sleep Study
- UCGH Home Health
- UCGH Durable Medical Equipment (DME)
- UCGH Trauma Care

Source: Union County General Hospital, "Services;" https://ucgh.net/services/; data accessed March 28, 2025.

STUDY AREA

Union County General Hospital

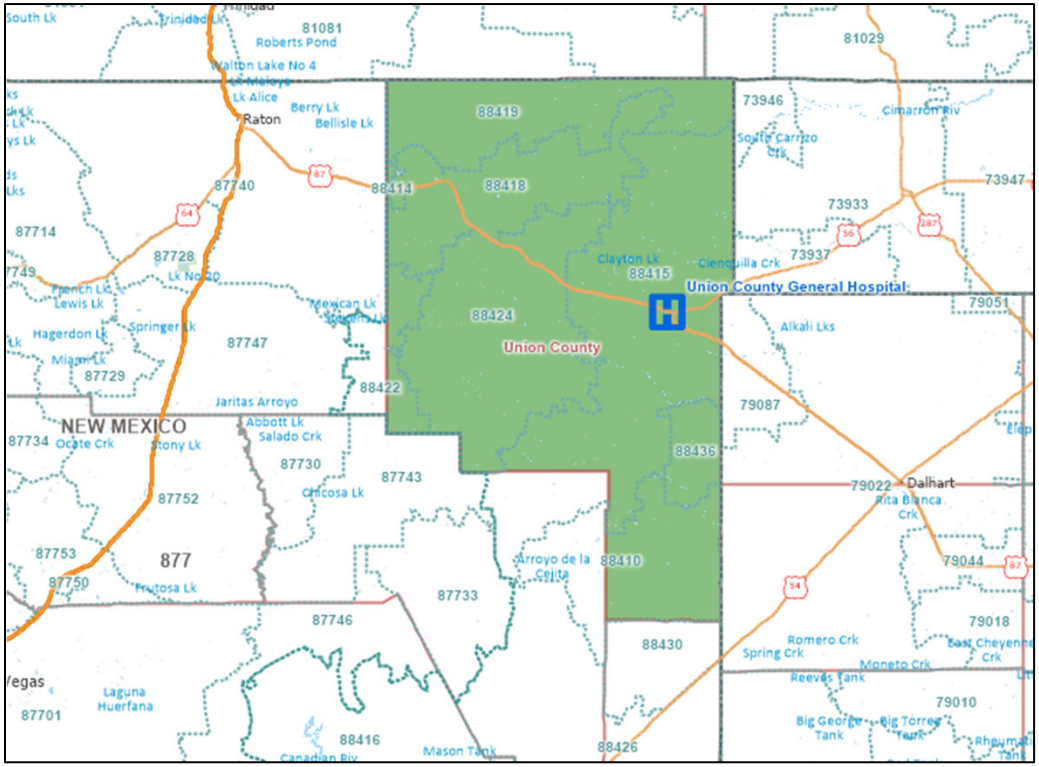
Study Area

- Union County comprised 86.0% of FY 2024 Inpatient Discharges
- Indicates the hospital

Union County General Hospital
Patient Origin by County
July 1, 2023 - June 30, 2024

County	State	FY24 Inpatient Discharges	% of Total	Cumulative % of Total
Union	NM	174	86.0%	86.0%
All Others		28	14.0%	100.0%
Total		**202**	**100.0%**	

Source: Hospital inpatient discharge data provided by Union County General Hospital; July 2023 – June 2024.



Note: the 2022 UCGH CHNA and Implementation Plan report studied Union County, New Mexico, which comprised 89.7% of FY 2021 (July 1, 2020 – June 30, 2021) inpatient discharges.

DEMOGRAPHIC OVERVIEW

Population Health

Population Growth

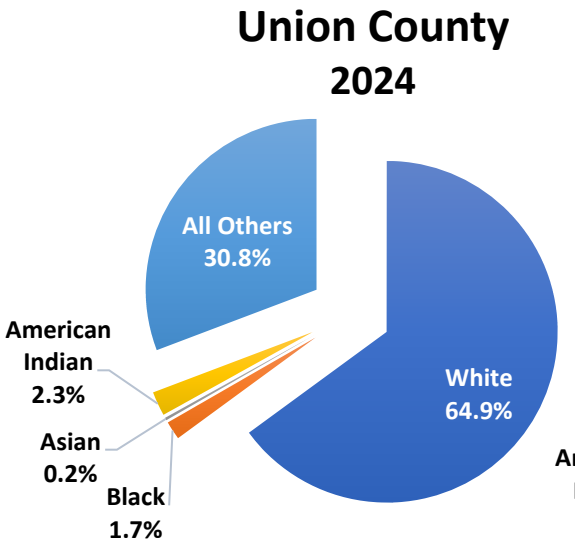
Projected 5-Year Population Growth
2024-2029

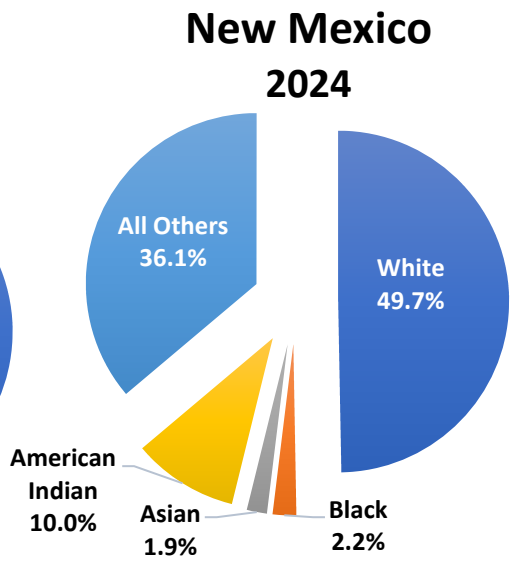
Overall Population Growth				
Geographic Location	**2024**	**2029**	**2024-2029 Change**	**2024-2029 % Change**
Union County	4,005	3,911	-94	-2.3%
New Mexico	2,129,661	2,153,214	23,553	1.1%

Source: Syntellis, Growth Reports, 2025.

Population Health

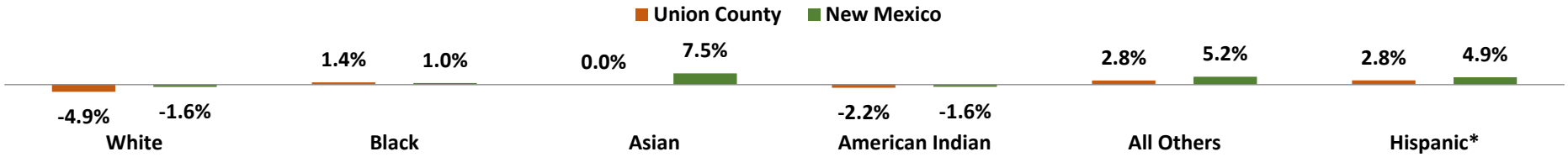
Population Composition by Race/Ethnicity





Union County				
Race/Ethnicity	**2024**	**2029**	**2024-2029 Change**	**2024-2029 % Change**
White	2,601	2,474	-127	-4.9%
Black	70	71	1	1.4%
Asian	10	10	0	0.0%
American Indian	92	90	-2	-2.2%
All Others	1,232	1,266	34	2.8%
Total	**4,005**	**3,911**	**-94**	**-2.3%**
Hispanic*	1,617	1,662	45	2.8%
New Mexico				
Race/Ethnicity	**2024**	**2029**	**2024-2029 Change**	**2024-2029 % Change**
White	1,058,528	1,041,710	-16,818	-1.6%
Black	47,647	48,127	480	1.0%
Asian	40,769	43,835	3,066	7.5%
American Indian	213,082	209,757	-3,325	-1.6%
All Others	769,635	809,785	40,150	5.2%
Total	**2,129,661**	**2,153,214**	**23,553**	**1.1%**
Hispanic*	1,041,277	1,091,972	50,695	4.9%

Race/Ethnicity Projected 5-Year Growth
2024-2029



Source: Syntellis, Growth Reports, 2025.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.
*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

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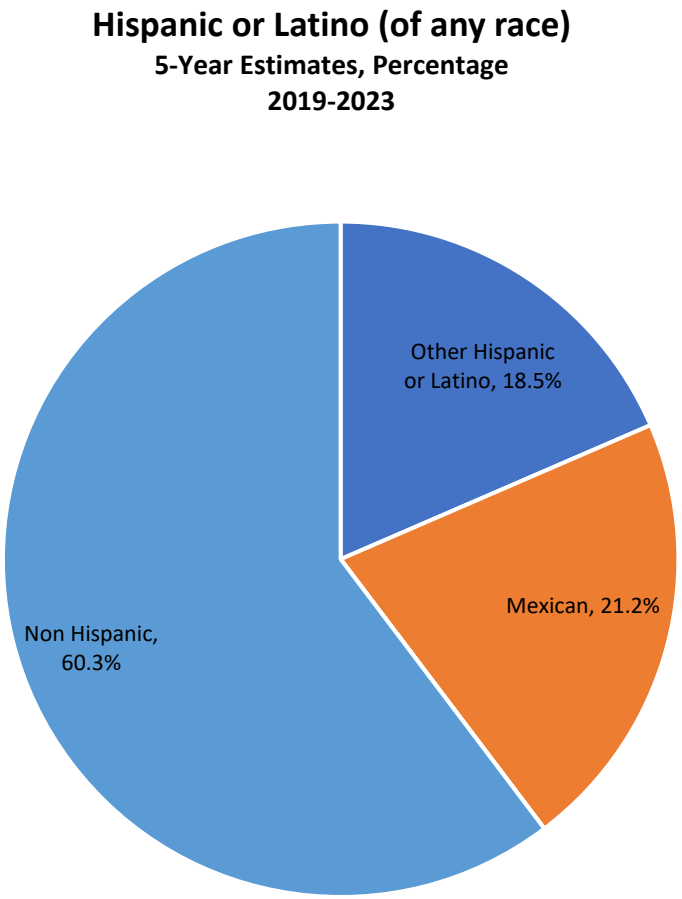
Population Health

Population Composition by Race/Ethnicity - Hispanic

- In 2019-2023, the Union County Hispanic or Latino population was composed of a majority Mexican population (21.2%) followed by Other Hispanic or Latino (18.5%).

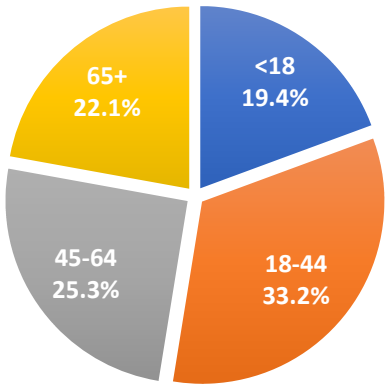


Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, data filtered for Union County, NM, https://data.census.gov/cedsci/table?q=race%20and%20ethnicity&g=0500000US35059&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2019.DP05&hidePreview=true; information accessed January 29, 2025.

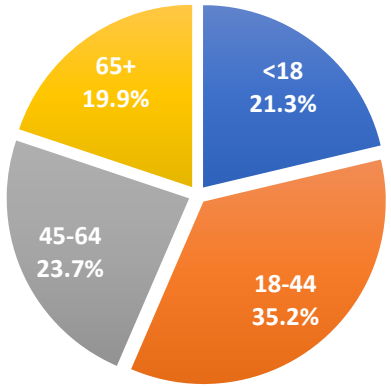
Population Health

Population Composition by Age Group

Union County 2024

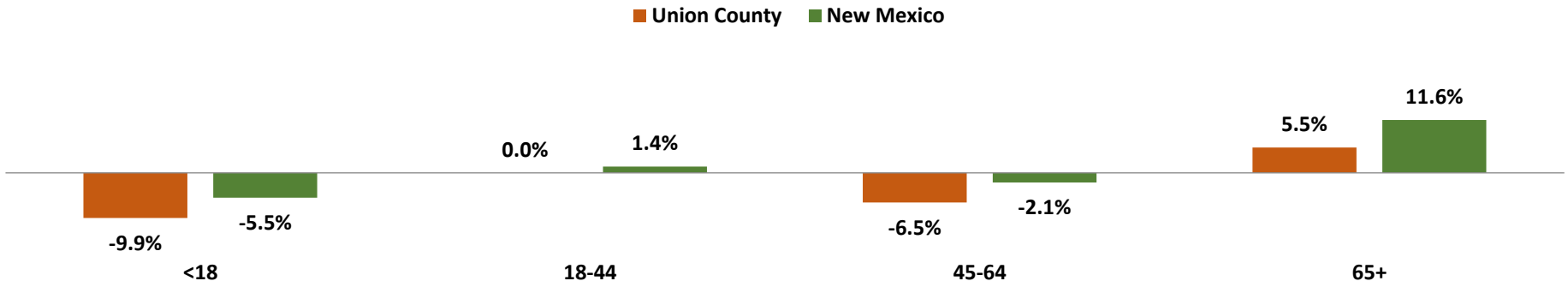


New Mexico 2024



Union County				
Age Cohort	**2024**	**2029**	**2024-2029 Change**	**2024-2029 % Change**
<18	776	699	-77	-9.9%
18-44	1,329	1,329	0	0.0%
45-64	1,013	947	-66	-6.5%
65+	887	936	49	5.5%
Total	**4,005**	**3,911**	**-94**	**-2.3%**
New Mexico				
Age Cohort	**2024**	**2029**	**2024-2029 Change**	**2024-2029 % Change**
<18	453,526	428,697	-24,829	-5.5%
18-44	749,436	759,594	10,158	1.4%
45-64	503,852	493,181	-10,671	-2.1%
65+	422,847	471,742	48,895	11.6%
Total	**2,129,661**	**2,153,214**	**23,553**	**1.1%**

Age Projected 5-Year Growth 2024-2029



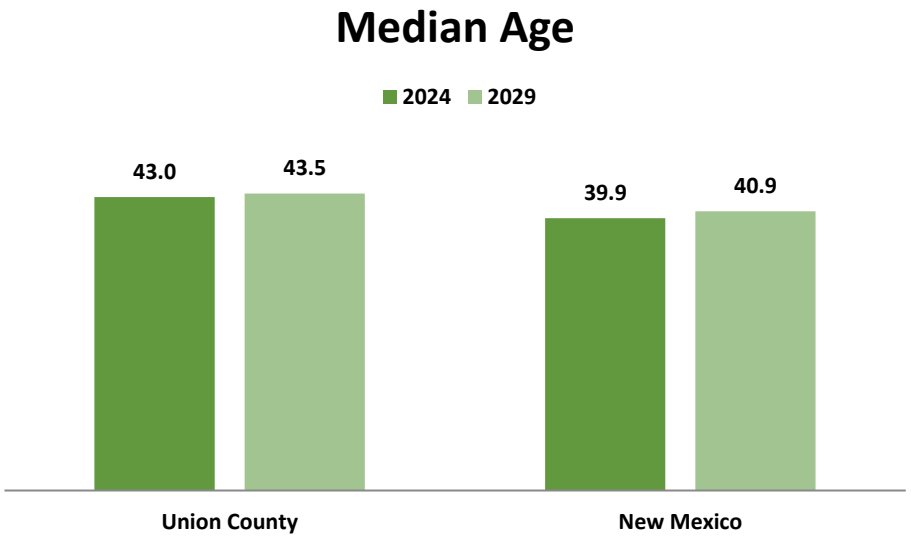
Source: Syntellis, Growth Reports, 2025.
Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.

CHC Community Hospital Consulting

Population Health

Median Age

- The median age in Union County and the state is expected to increase over the next five years (2024-2029).
- Union County (43.0 years) has an older median age than New Mexico (39.9 years) (2024).

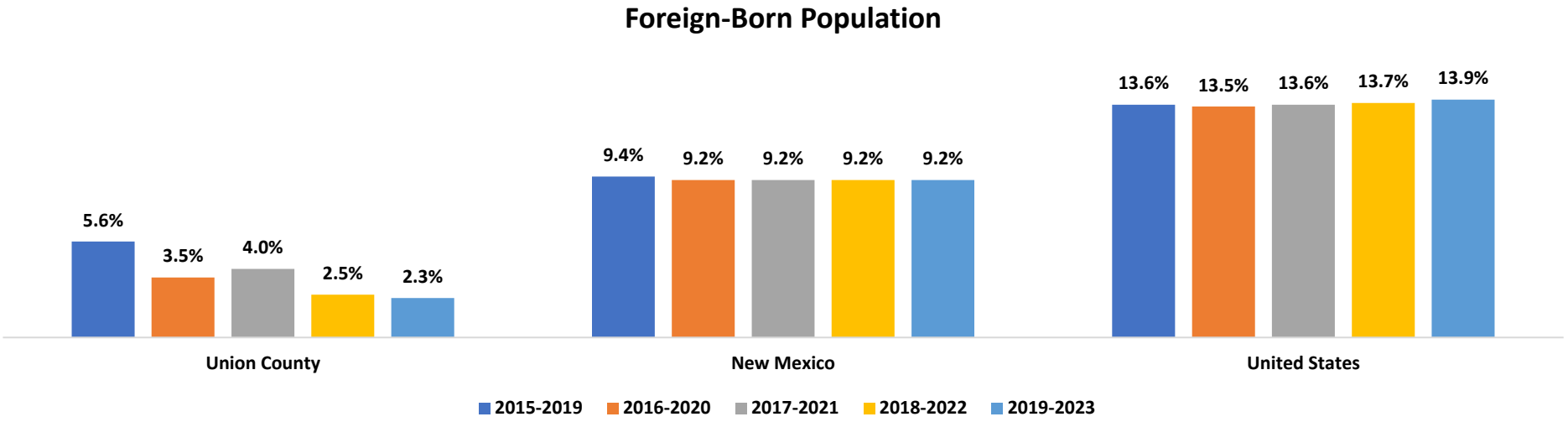


Source: Syntellis, Growth Reports, 2025.

Population Health

Subpopulation Composition

- Between 2015 and 2023, the percentage of foreign-born residents overall decreased in Union County and the state, while the percentage in the nation increased.
- Between 2015 and 2023, Union County maintained a lower percentage of foreign-born residents than the state and the nation.
- In 2019-2023, Union County (2.3%) had a lower percent of foreign-born residents than the state (9.2%) and the nation (13.9%).



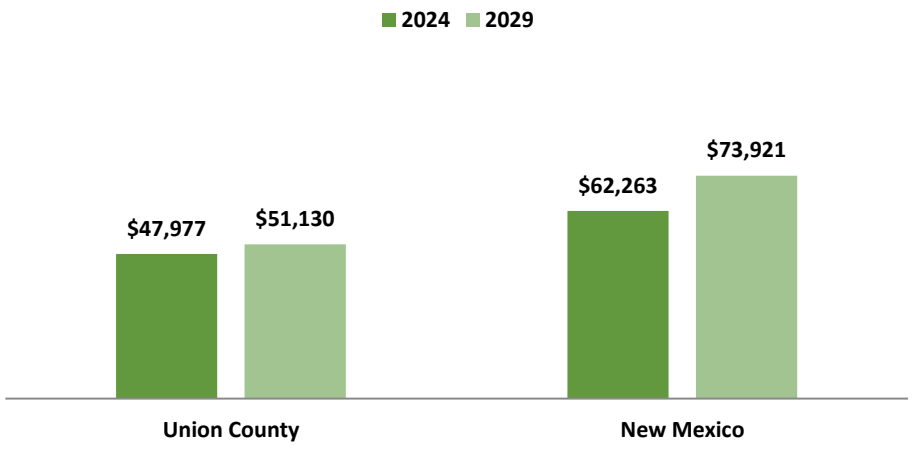
Source: United States Census Bureau, filtered for Union County, NM, https://data.census.gov/table/ACSDP1Y2019.DP02?q=DP02&g=050XX00US48453&hidePreview=true&moe=false; data accessed February 5, 2025.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Population Health

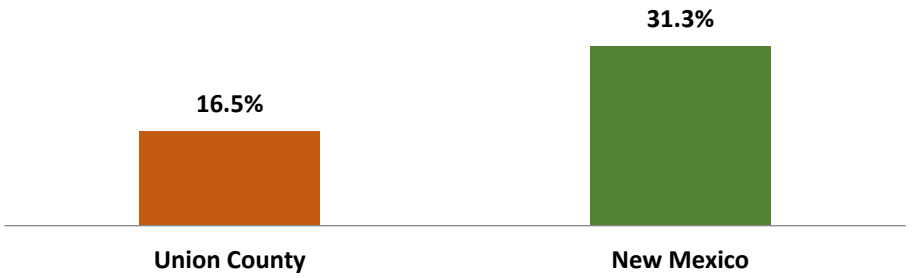
Median Household Income and Educational Attainment

- The median household income in both Union County and the state is expected to increase over the next five years (2024-2029).
- Union County ($47,977) has a lower median household income than New Mexico ($62,263) (2024).
- Union County (16.5%) has a lower percentage of residents with a bachelor or advanced degree than the state (31.3%) (2024).

Median Household Income



Education Bachelor / Advanced Degree 2024



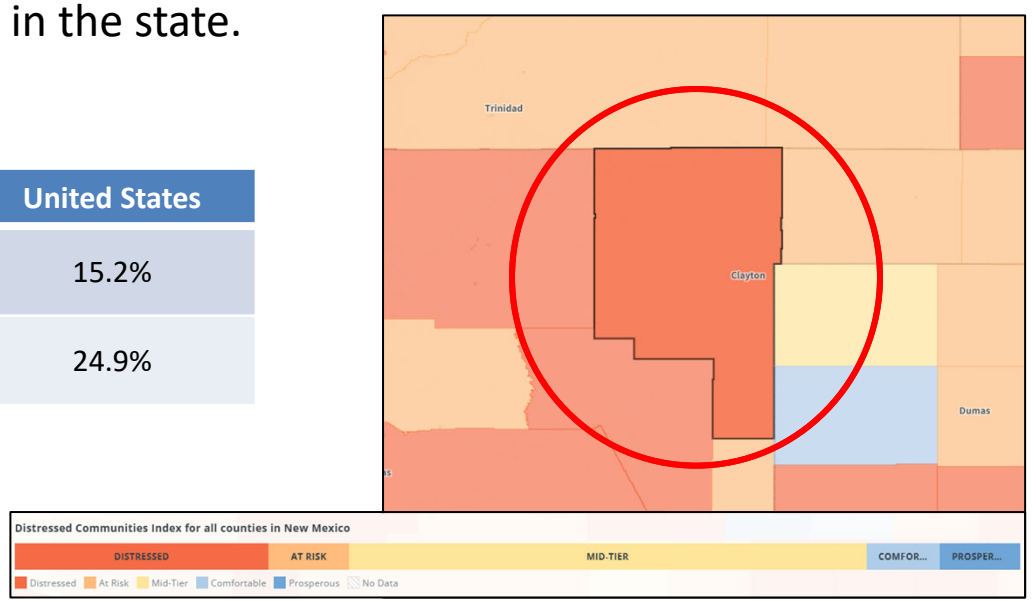
Source: Syntellis, Growth Reports, 2025.

Population Health

Distressed Communities Index

- In 2018-2022, 15.2% of the nation lived in a distressed community, as compared to 24.9% of the nation that lived in a prosperous community.
- In 2018-2022, 32.2% 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 2018-2022, the distress score in Union County was 96.6 which falls within the distressed economic category and ranks 32 out of 33 counties in New Mexico, being more distressed as compared to other counties in the state.

	New Mexico	United States
Lives in a Distressed Zip Code	32.2%	15.2%
Lives in a Prosperous Zip Code	12.3%	24.9%



Source: Economic Innovation Group, DCI Interactive Map, filtered Union County, NM, https://eig.org/distressed-communities/2022-dci-interactive-map/?path=county/48113&view=county; data accessed January 28, 2025.
Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.
Note: DCI uses U.S. Census Bureau's American Community Survey (ACS) 5 – Year Estimates covering 2018 -2022.
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Population Health

Family Budget Map

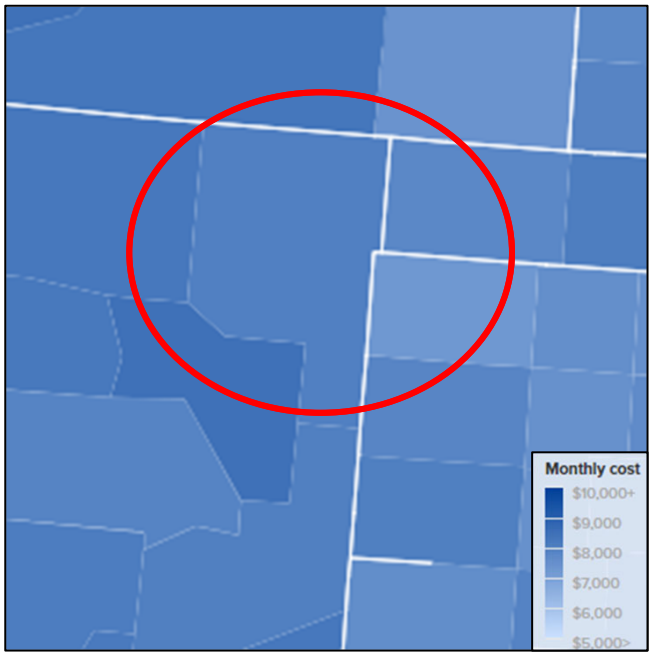
- As of January 2025, the cost of living for a two-parent, two-child family in Union County is $96,150 per year or $8,013 per month.
- Health care is estimated to be the highest monthly cost of $1,931 per month with Other necessities estimated to be the lowest monthly cost of $580 per month, as of January 2025.

The cost of living for a two-parent, two-child family in **Union County, NM** is:

$96,150
per year

$8,013
per month

- **Housing:** $877/month
- **Food:** $848/month
- **Child care:** $1,261/month
- **Transportation:** $1,579/month
- **Health care:** $1,931/month
- **Other necessities:** $580/month
- **Taxes:** $937/month



Source: Economic Policy Institute, Family Budget Map, filtered for Union County, NM, https://www.epi.org/resources/budget/budget-map/; data accessed January 28, 2025.
Note: Data is from the 2025 edition of EPI's Family budget calculator. All data are in 2024 dollars.
Note: The budgets estimate community-specific costs for 10 family types (one or two adults with zero to four children) in all counties and metro areas in the United States. Compared with the federal poverty line and the Supplemental Poverty Measure, EPI's family budgets provide a more accurate and complete measure of economic security in America.
Other Necessities Definition: items that do not fall into the aforementioned categories but that are necessary for a modest yet adequate standard of living (ex: apparel, personal care, household supplies including furnishings and equipment, household operations, housekeeping supplies, and telephone services, reading materials, and school supplies).

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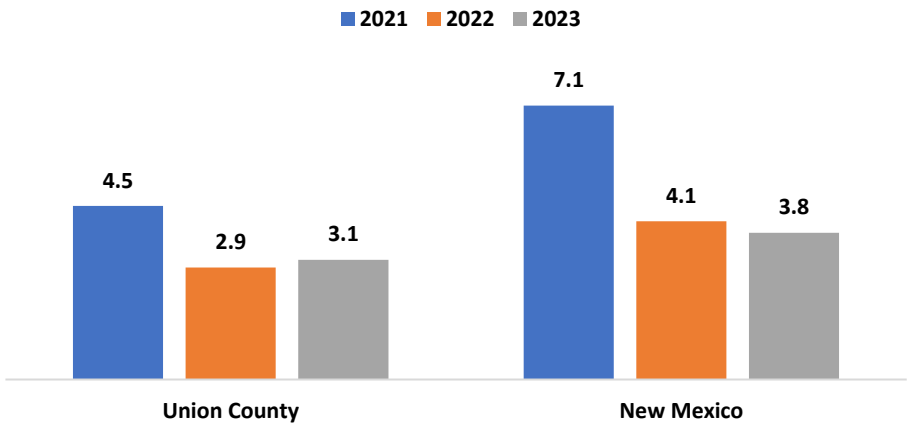
Population Health

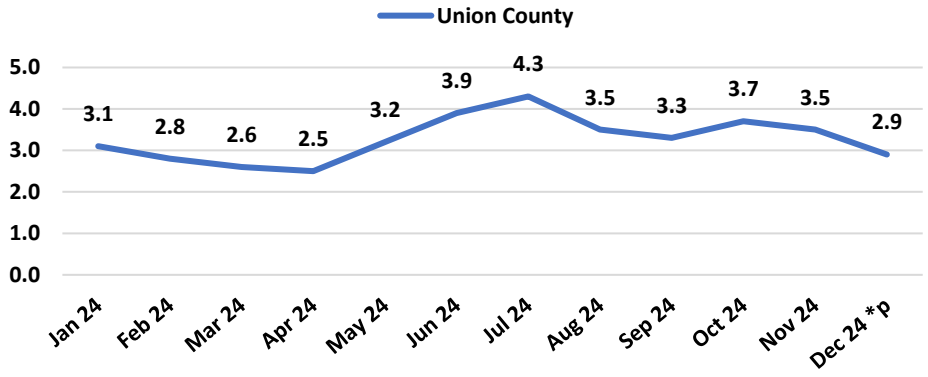
Unemployment

- Unemployment rates in Union County and the state decreased between 2021 and 2023.
- In 2023, Union County (3.1) had a lower unemployment rate than the state (3.8).
- Over the most recent 12-month time period, monthly unemployment rates in Union County slightly decreased. July 2024 had the highest unemployment rate (4.3) as compared to April 2024 with the lowest rate (2.5).

Unemployment
Annual Average, 2021-2023



Monthly Unemployment
Rates by Month
Most Recent 12-Month Period



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed February 5, 2025.
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.
Note: "*p" indicates that the number associated with that month is a preliminary rate.

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Population Health

Industry Workforce Categories

- As of 2022, the majority of employed persons in Union County are within Management Occupations. The most common employed groupings are as follows:

Union County

- Management Occupations (17.4%)
- Food Preparation & Serving Related Occupations (10.1%)
- Office & Administrative Support Occupations (8.0%)
- Farming, Fishing, & Forestry Occupations (7.6%)
- Production Occupations (7.5%)

Source: Data USA, filtered for Union County, NM, https://datausa.io/; data accessed February 3, 2025.

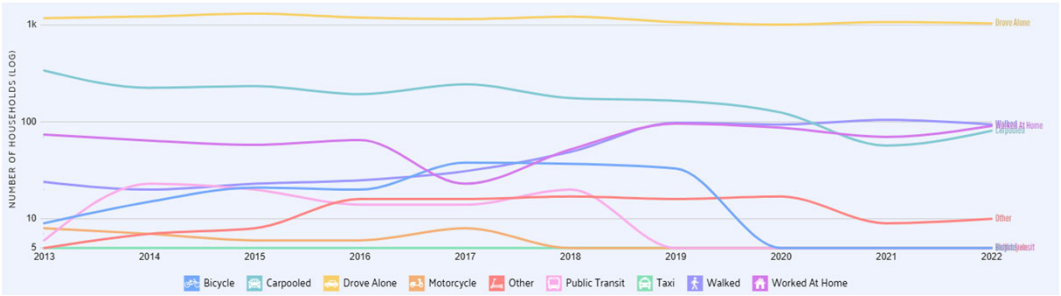
Population Health

Means of Transportation

- In 2018-2022, driving alone was the most frequent means of transportation to work for both Union County and the state.
- In 2018-2022, Union County (7.2%) had a higher percent of people who walked to work than the state (2.0%).
- Union County (21.8 minutes) had a shorter mean travel time to work than the state (23.1 minutes) (2018-2022).

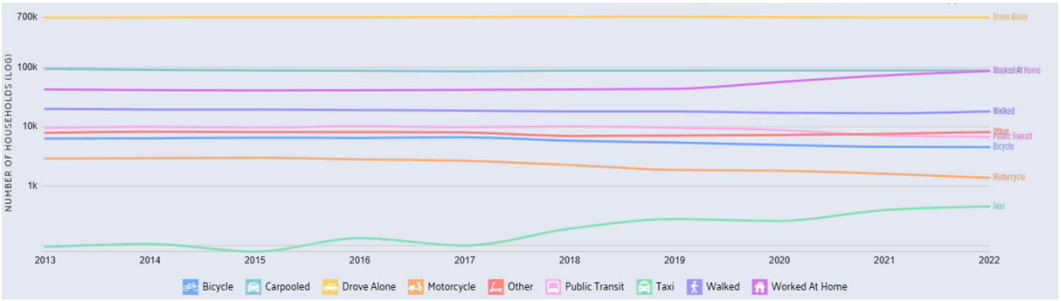
Union County

Mean travel time to work: 21.8 minutes



New Mexico

Mean travel time to work: 23.1 minutes



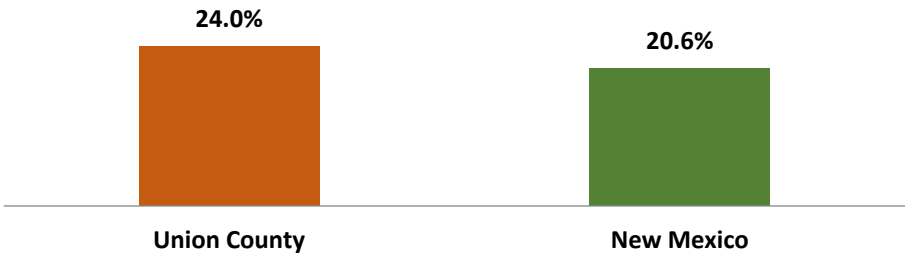
Source: Data USA, filtered for Union County, NM, https://datausa.io/; data accessed February 3, 2025.

Population Health

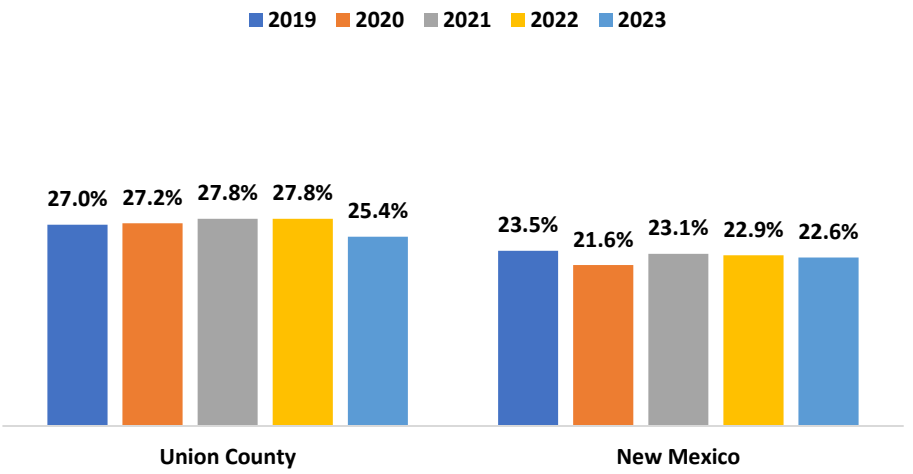
Poverty

- Union County (24.0%) has a higher percentage of families living below poverty as compared to the state (20.6%) (2024).
- Between 2019 and 2023, the percentage of children (<18 years) living in poverty in Union County and the state overall decreased.
- Union County (25.4%) has a higher percentage of children (<18 years) living in poverty than the state (22.6%) (2023).

Families Below Poverty
2024



Children Living in Poverty



Source: Syntellis, Growth Reports, 2025.
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 February 3, 2025.
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 2025 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 $32,150, and less than 200% of the federal poverty level if the household income is less than $54,150. Please see the appendix for the full 2025 Federal Poverty Guidelines.

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Population Health

Food Insecurity

- According to Feeding America, an estimated 16.1% of Union County residents are food insecure as compared to 15.2% in New Mexico (2022).
- Additionally, 26.1% of children (under 18 years of age) in Union County are food insecure, as compared to 22.0% in New Mexico (2022).
- The average meal cost in Union County ($3.47) is lower than the average meal cost in New Mexico ($3.71) (2022).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Union County	16.1%	26.1%	$3.47
New Mexico	15.2%	22.0%	$3.71

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Union County, NM, https://map.feedingamerica.org/county/2022/overall/new-mexico/county/union; information accessed February 3, 2025.
Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.
Food Insecure Definition (Child): Those children living in households experiencing food insecurity.
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

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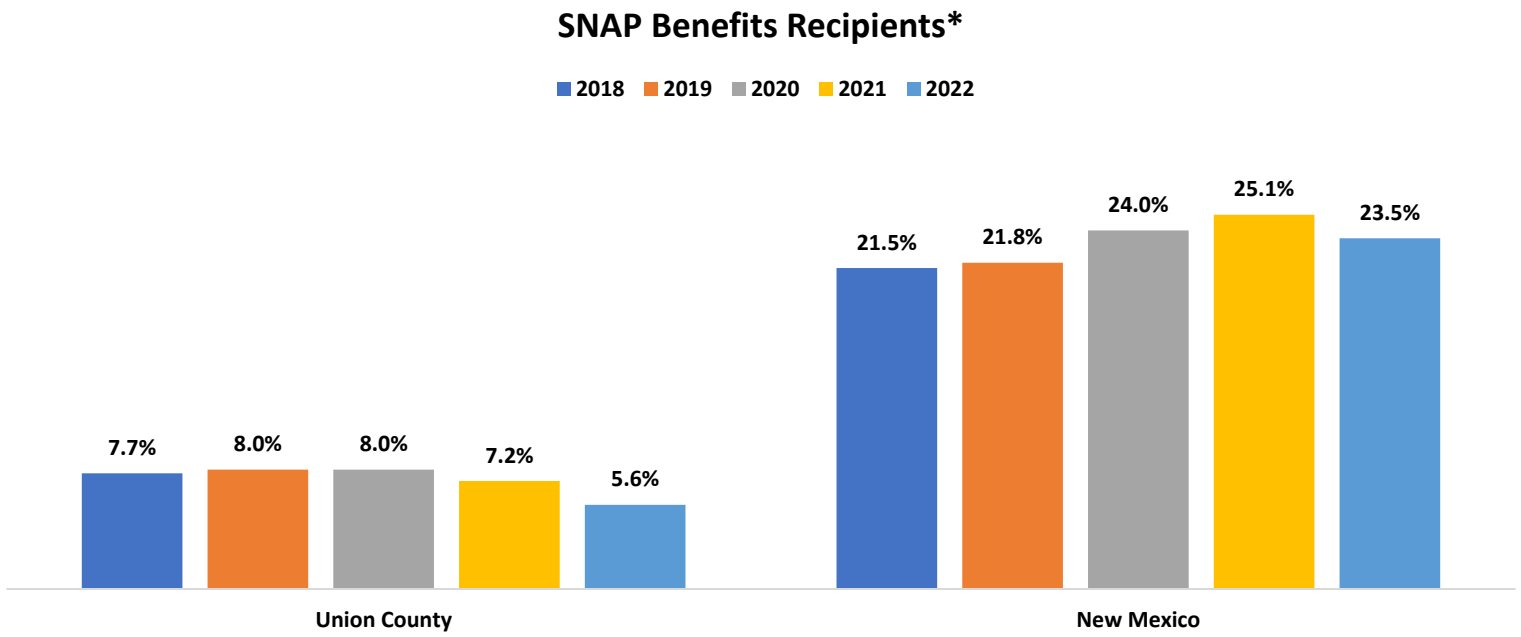
Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2018 and 2022, Union County maintained a lower percentage of SNAP benefit recipients than the state. Additionally, the percentage of SNAP benefit recipients in Union County overall decreased between 2018 and 2022.
- In 2022, Union County (5.6%) had a lower percentage of SNAP benefit recipients than the state (23.5%).

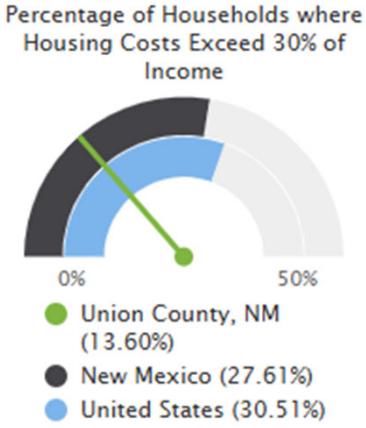


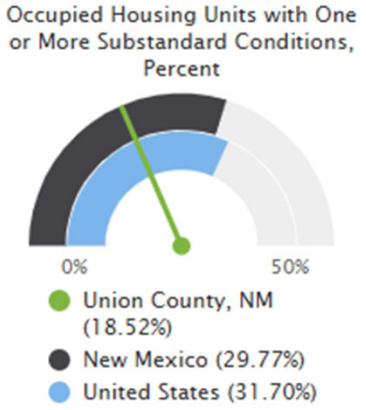
Source: Small Area Income and Poverty Estimates (SAIPE) Model, United States Census Bureau, https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html; data accessed February 20, 2025.
Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Union County, NM, https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html; data accessed February 20, 2025.
Source: County Population Totals: 2020-2023, Untied States Census Bureau, filtered for Union County, NM, https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html; data accessed February 20, 2025.
*Percentage manually calculated based on estimated population numbers by county and state between 2018 and 2022 as provided by the United States Census Bureau.

Population Health

Housing – Costs and Quality

- Union County (13.6%) has a lower percentage of households where housing costs exceed 30% of total household income than the state (27.6%) and the nation (30.5%) (2018-2022).
- The percent of occupied housing units that have one or more substandard conditions in Union County (18.5%) is lower than the state (29.8%) and the nation (31.7%) (2018-2022).





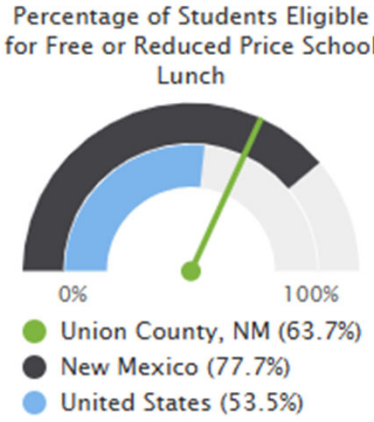
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

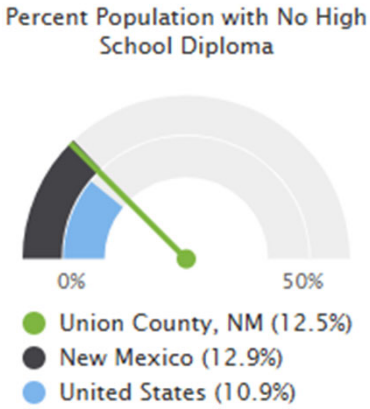
Source: SparkMap, Health Indicator Report: logged in and filtered for Union County, NM, https://sparkmap.org/report/; data accessed January 29, 2025.
Housing Costs Exceeds 30% of Income Definition: The percentage of the households where housing costs are 30% or more of total household income.
Substandard Conditions Definition: The number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.
Vacant Housing Definition: Vacancy Rate = [Total Vacant Housing Units] / [Total Housing Units] * 100.0

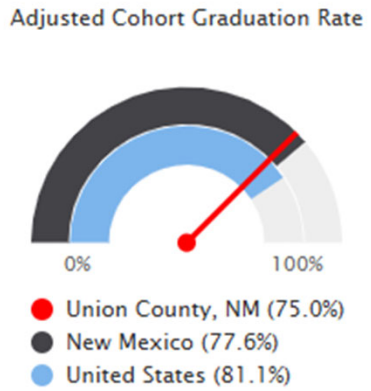
Population Health

Children in the Study Area

- Union County (63.7%) has a lower percentage of public school students eligible for free or reduced price lunch than the state (77.7%) but a higher percentage than the nation (53.5%) (2022-2023).
- Union County (12.5%) has a lower percent of the population with no high school diploma than the state (12.9%) but higher than the nation (10.9%) (2018-2022).
- Union County (75.0%) has a lower cohort graduation rate than the state (77.6%) and the nation (81.1%) (2020-2021).







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 January 29, 2025.
Eligible for Free/Reduced Price Lunch definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).
No High School Diploma definition: persons aged 25+ reported with no high school diploma
Graduation Rate definition: receiving a high school diploma within four years.

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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 Health Indicator Data & Statistics
  - 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, and county level data

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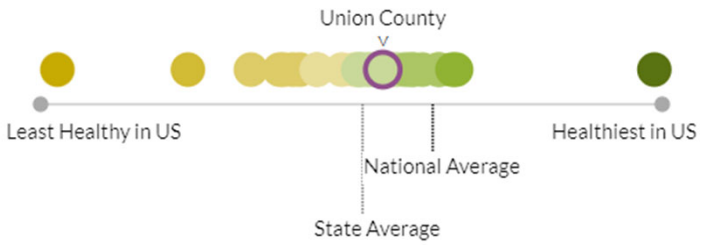
Health Status

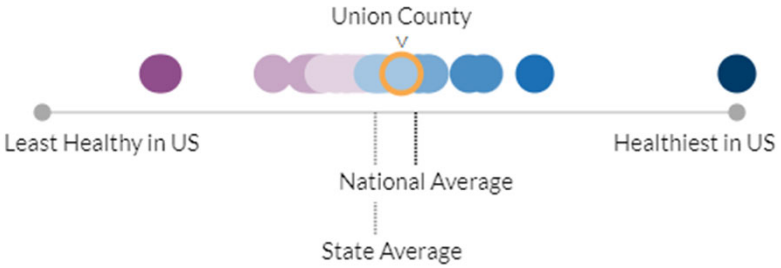
County Health Rankings & Roadmaps – Union County, New Mexico

Union County Health Outcomes



- According to County Health Rankings & Roadmaps, Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.
- Many indicators go into the overall health outcomes and some examples of where the county was worse than the state for health outcomes include:
  - Quality Of Life:
    - Poor Physical Health Days
    - Poor Mental Health Days
  - Additional Health Outcomes:
    - Premature Age-Adjusted Mortality
    - Frequent Mental Distress

Union County Health Factors



- According to County Health Rankings & Roadmaps, many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.
- Many indicators go into the overall health factors and some examples of factors where the county was worse than the state for health factors include:
  - Health Behaviors:
    - Adult Obesity
    - Physical Inactivity
  - Clinical Care:
    - Dentists
    - Flu Vaccinations

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed January 29, 2025.

Health Status

Mortality – Leading Causes of Death for New Mexico (2021-2023)

Disease	Union County	New Mexico
Heart disease	224.4	151.8
Cancer	167.5	126.3
Unintentional injuries	54.1	91.1
Chronic lower respiratory diseases	31.6	36.3
Stroke	18.9	34.6
Diabetes	10.4	28.6
Chronic liver disease, cirrhosis	36.5	34.2
Alzheimer's disease	37.9	24.1
Suicide	16.5	23.4
COVID-19	62.3	66.4

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.

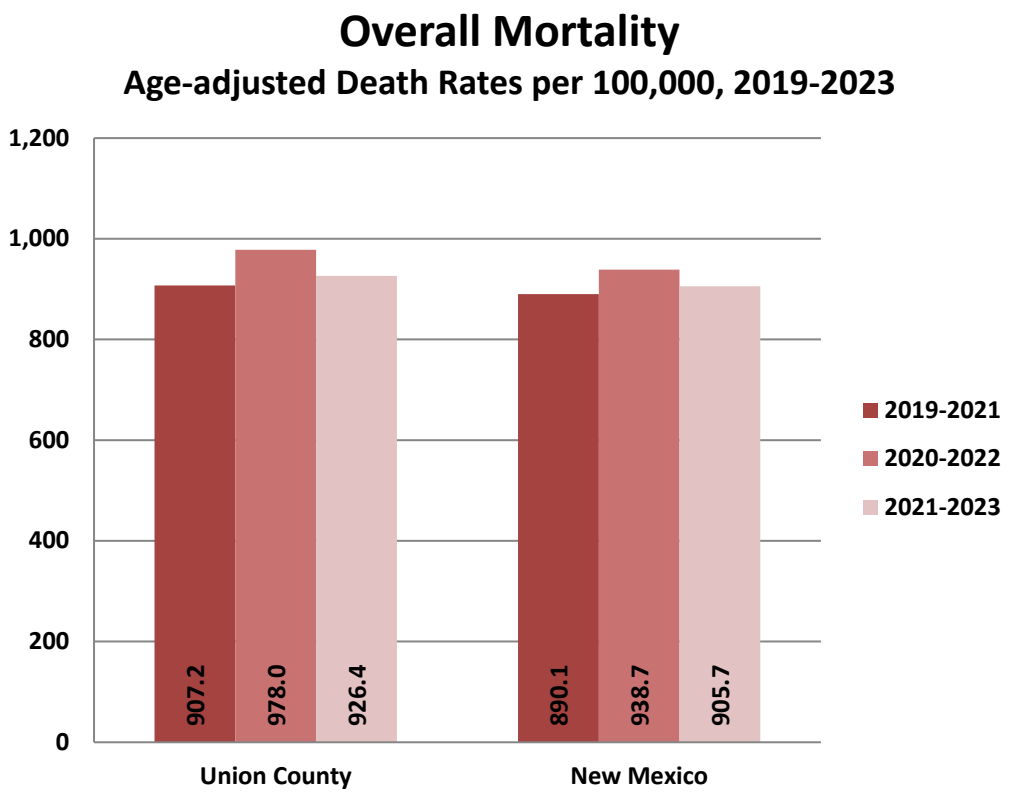
Note: Mortality charts and tables on the following slides are in descending order based on 2021-2023 age-adjusted death rates for Union County.

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
Note: Leading causes of death are determined based on New Mexico's Health Indicator Data & Statistics 15 leading New Mexico causes of death

Health Status

Mortality – Overall

- Overall mortality rates in Union County remained higher than the state between 2019 and 2023.
- Overall mortality rates in Union County and the state increased between 2019 and 2023.
- In 2021-2023, the overall mortality rate in Union County (926.4 per 100,000) was higher than the state (905.7 per 100,000).



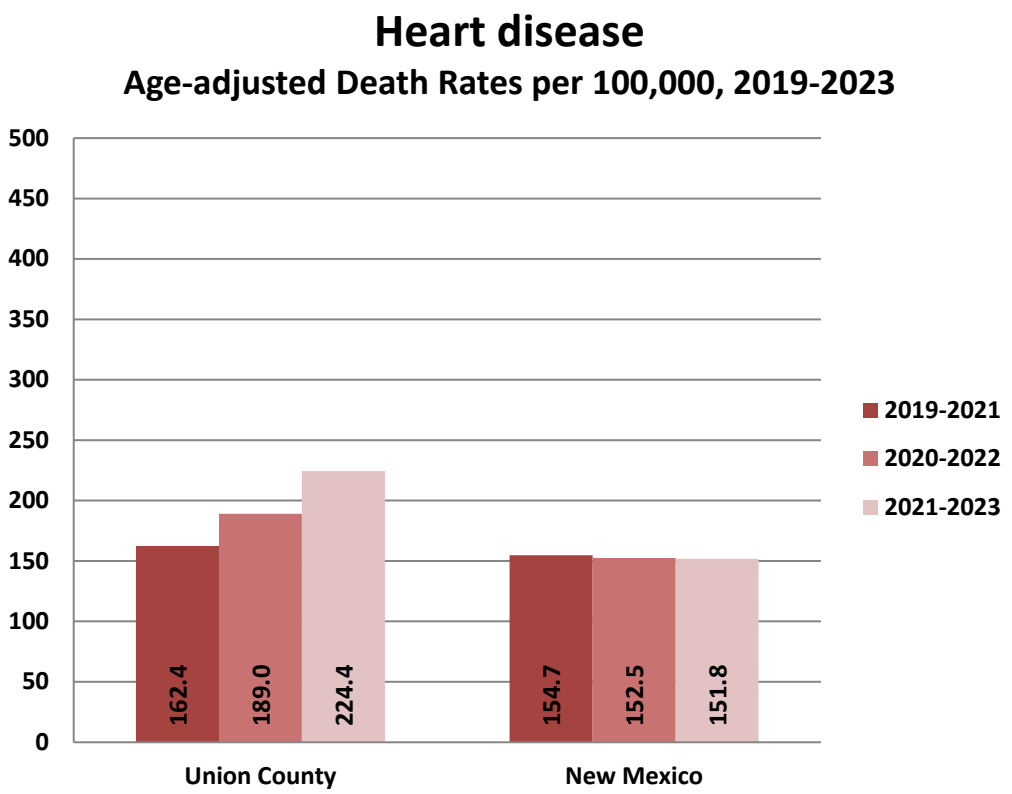
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	167	907.2	180	978.0	176	926.4
New Mexico	68,688	890.1	72,802	938.7	71,192	905.7

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Heart Disease

- Between 2019 and 2023, heart disease mortality rates increased in Union County while rates in the state decreased.
- In 2021-2023, the heart disease mortality rate in Union County (224.4 per 100,000) was higher than the state rate (151.8 per 100,000).



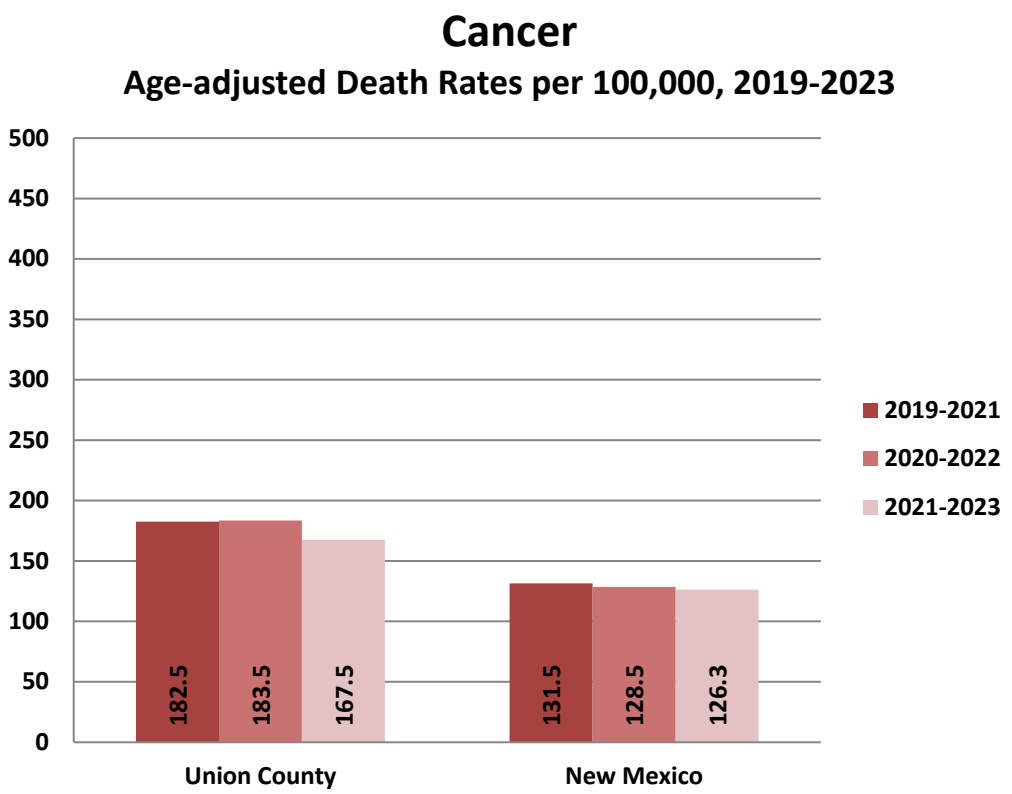
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	34	162.4	40	189.0	48	224.4
New Mexico	12,536	154.7	12,464	152.5	12,649	151.8

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Cancer

- Between 2019 and 2023, cancer mortality rates decreased in Union County and the state.
- In 2021-2023, the cancer mortality rate in Union County (167.5 per 100,000) was higher than the state rate (126.3 per 100,000).



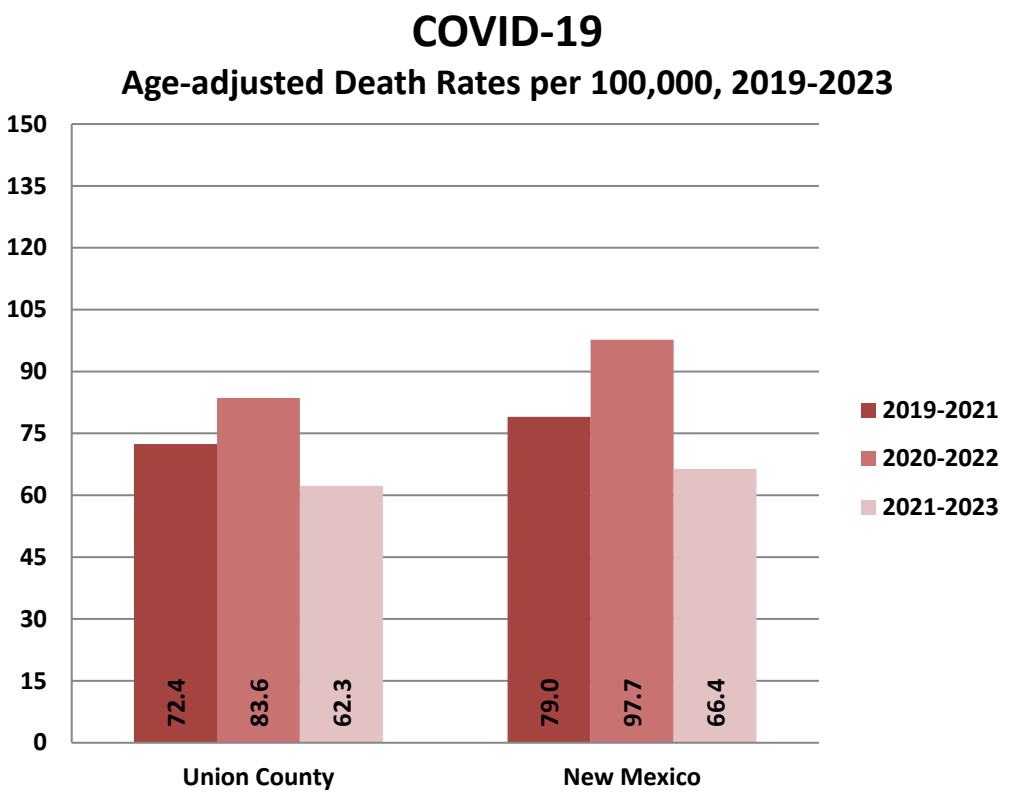
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	33	182.5	33	183.5	33	167.5
New Mexico	11,007	131.5	10,900	128.5	10,887	126.3

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – COVID-19

- Between 2019 and 2023, COVID-19 mortality rates decreased in Union County and the state.
- In 2021-2023, the COVID-19 mortality rate in Union County (62.3 per 100,000) was lower than the state rate (66.4 per 100,000).



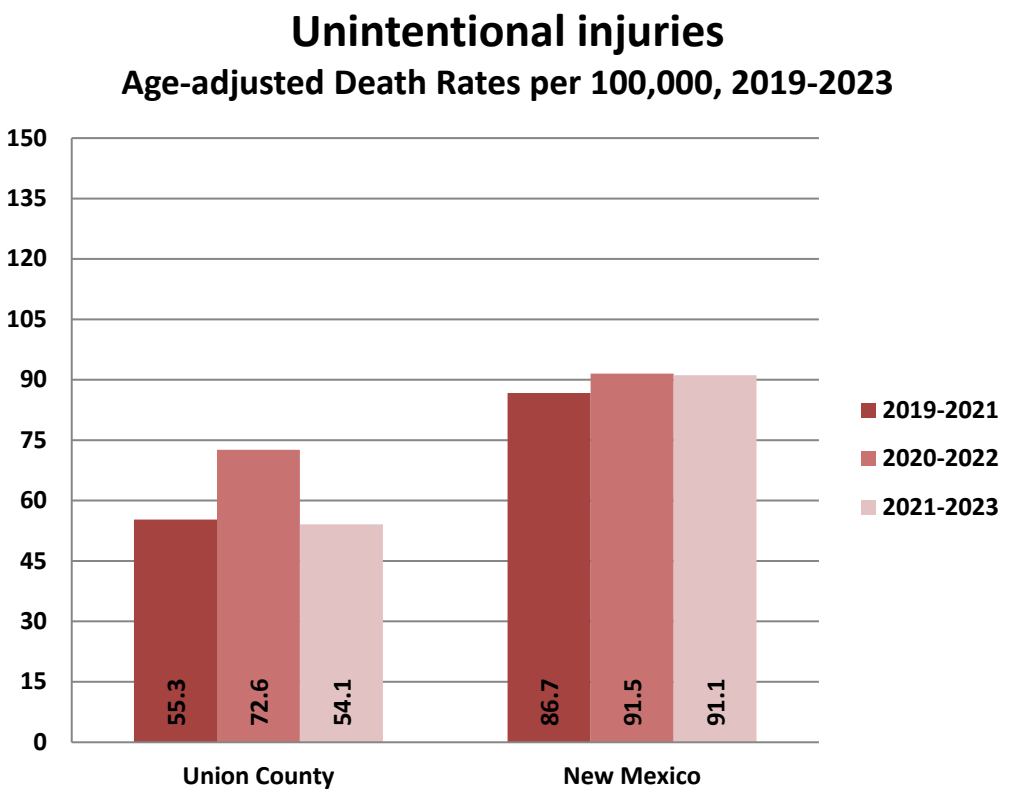
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	11	72.4	12	83.6	8	62.3
New Mexico	6,193	79.0	7,737	97.7	5,296	66.4

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Unintentional Injuries

- Between 2019 and 2023, unintentional injuries mortality rates decreased in Union County and increased in the state.
- In 2021-2023, the unintentional injuries mortality rate in Union County (54.1 per 100,000) was lower than the state rate (91.1 per 100,000).



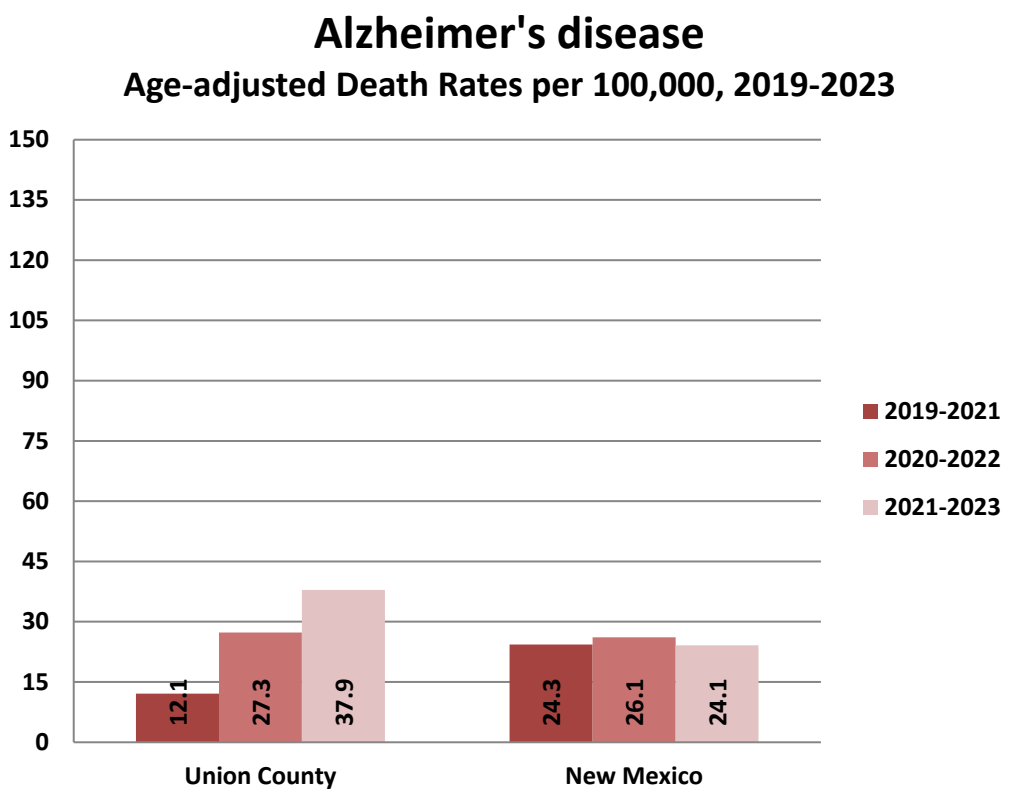
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	7	55.3	9	72.6	8	54.1
New Mexico	5,652	86.7	5,936	91.5	5,916	91.1

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.
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.

Health Status

Mortality – Alzheimer's Disease

- Between 2019 and 2023, Alzheimer's disease mortality rates increased in Union County and slightly decreased in the state.
- In 2021-2023, the Alzheimer's disease mortality rate in Union County (37.9 per 100,000) was higher than the state rate (24.1 per 100,000).



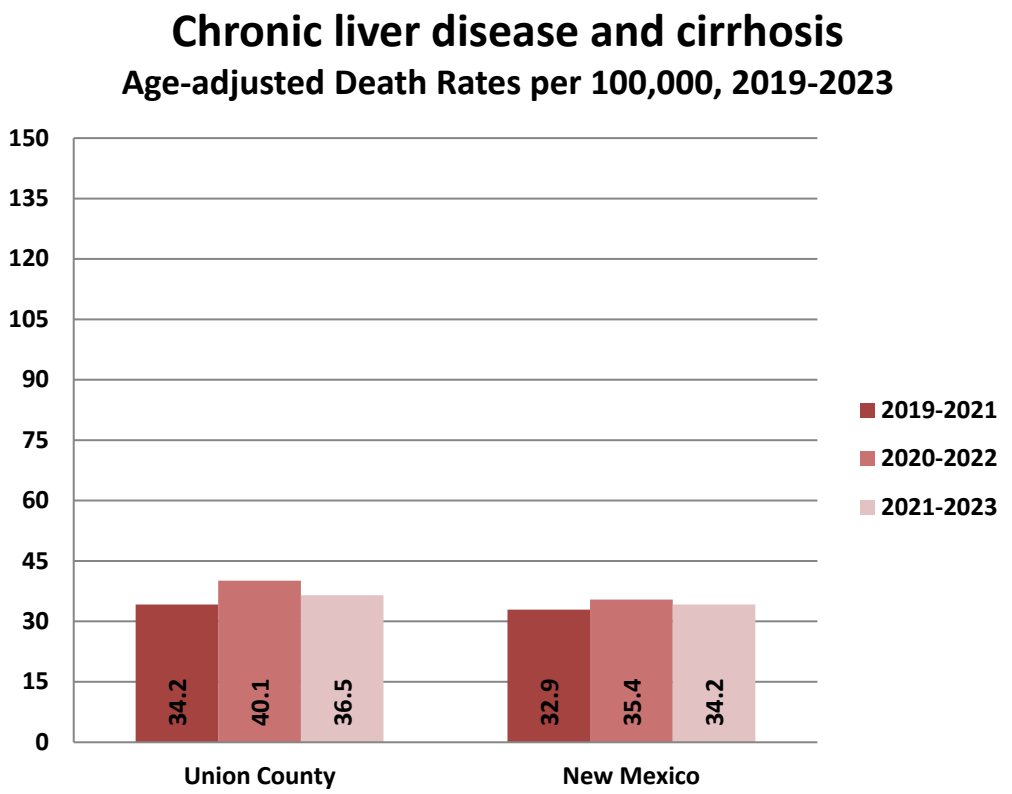
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	3	12.1	6	27.3	8	37.9
New Mexico	1,918	24.3	2,061	26.1	1,953	24.1

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Between 2019 and 2023, chronic liver disease and cirrhosis mortality rates increased in Union County and the state.
- In 2021-2023, the chronic liver disease and cirrhosis mortality rate in Union County (36.5 per 100,000) was higher than the state rate (34.2 per 100,000).



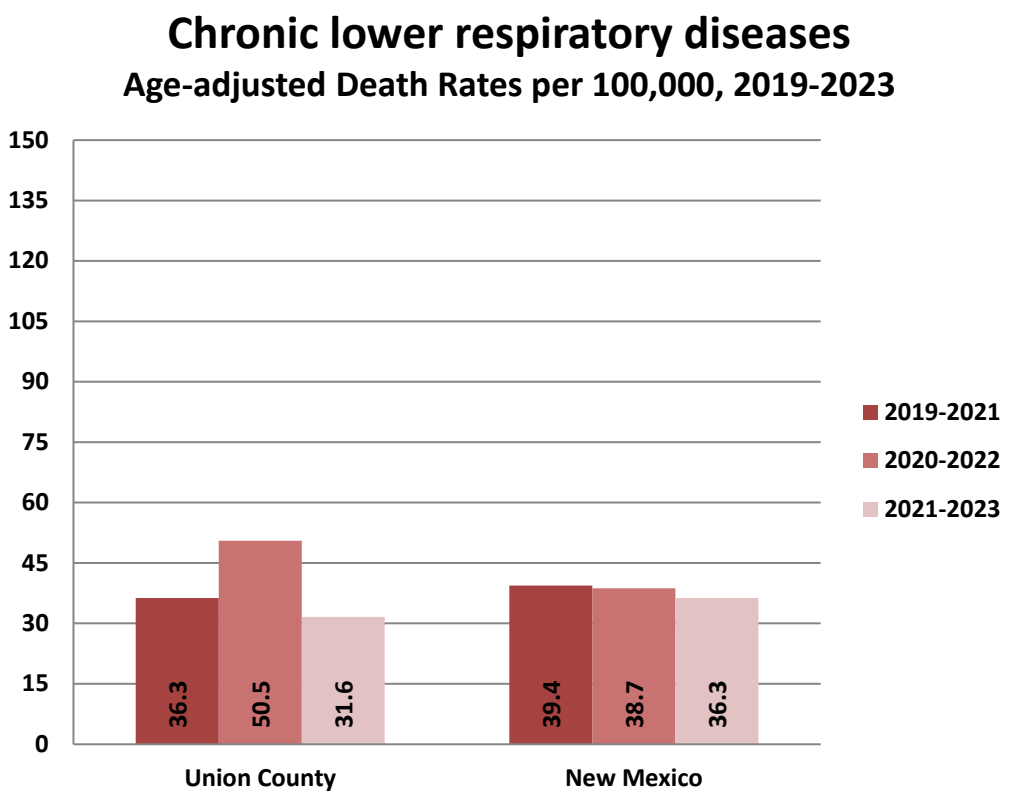
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	5	34.2	6	40.1	5	36.5
New Mexico	2,254	32.9	2,436	35.4	2,376	34.2

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Chronic Lower Respiratory Diseases

- Between 2019 and 2023, chronic lower respiratory diseases mortality rates decreased in Union County and the state.
- In 2021-2023, the chronic lower respiratory diseases mortality rate in Union County (31.6 per 100,000) was lower than the state rate (36.3 per 100,000).



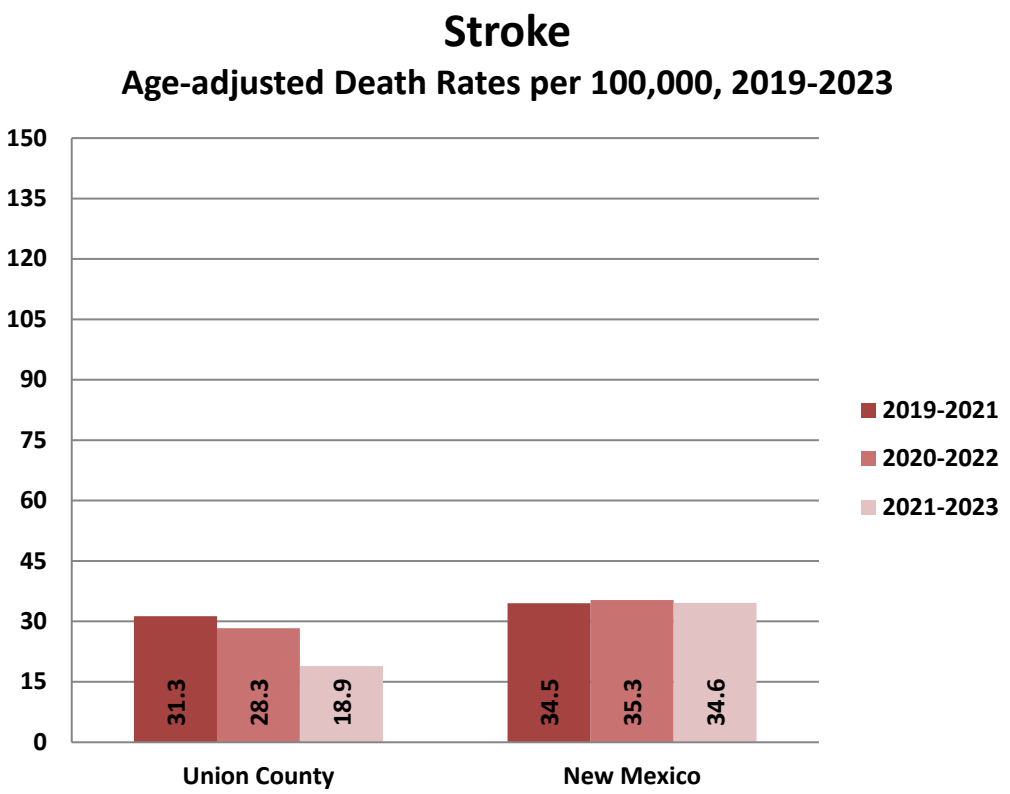
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	8	36.3	11	50.5	7	31.6
New Mexico	3,275	39.4	3,257	38.7	3,126	36.3

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Stroke

- Between 2019 and 2023, stroke mortality rates decreased in Union County and slightly increased in the state.
- In 2021-2023, the stroke mortality rate in Union County (18.9 per 100,000) was lower than the state rate (34.6 per 100,000).



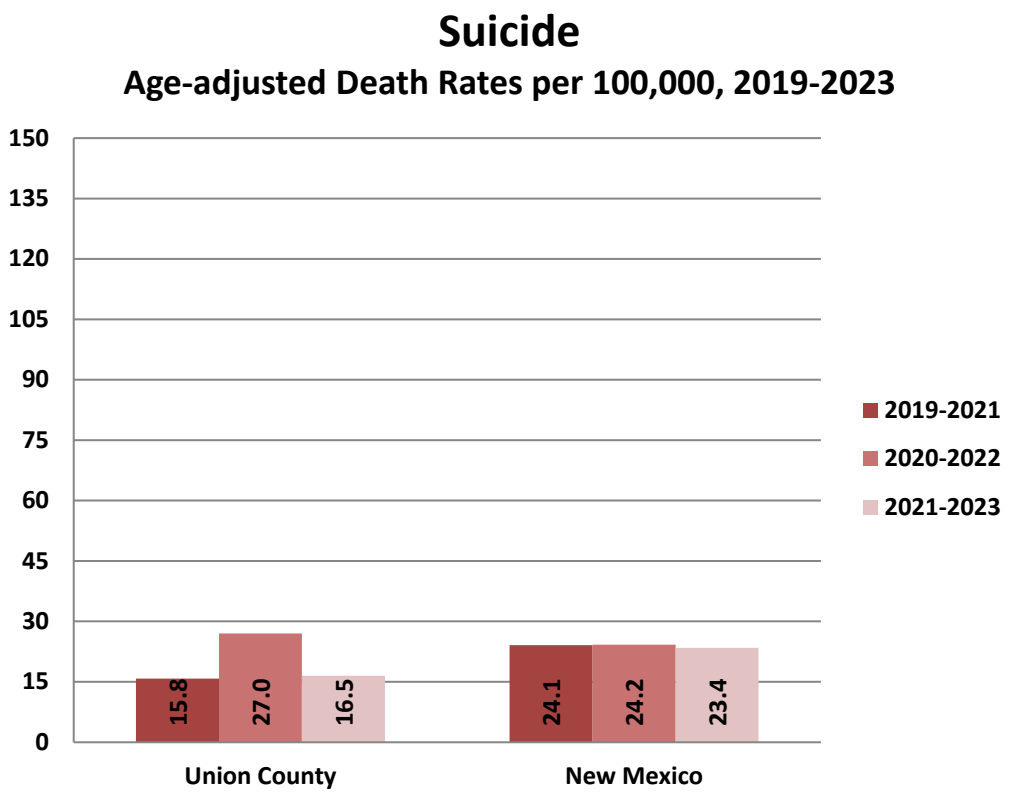
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	7	31.3	6	28.3	4	18.9
New Mexico	2,761	34.5	2,832	35.3	2,840	34.6

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Suicide

- Between 2019 and 2023, suicide mortality rates increased in Union County and decreased in the state.
- In 2021-2023, the suicide mortality rate in Union County (16.5 per 100,000) was lower than the state rate (23.4 per 100,000).



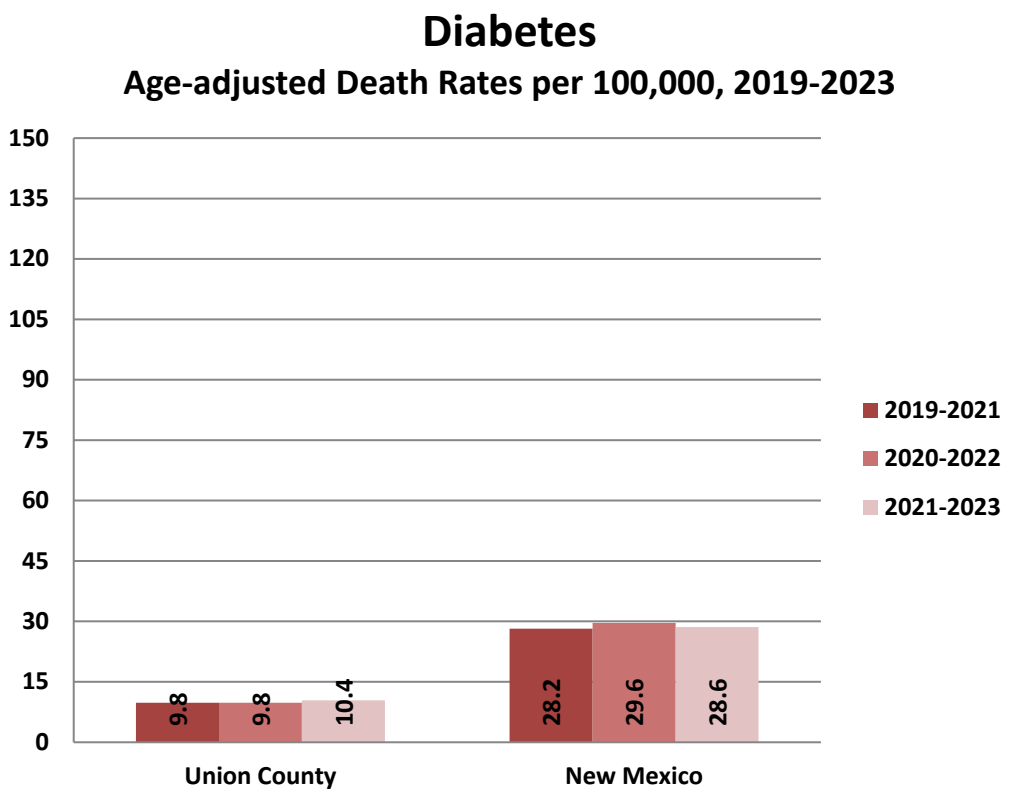
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	2	15.8	3	27.0	2	16.5
New Mexico	1,555	24.1	1,553	24.2	1,503	23.4

Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Diabetes

- Between 2019 and 2023, diabetes mortality rates increased in Union County and the state.
- In 2021-2023, the diabetes mortality rate in Union County (10.4 per 100,000) was lower than the state rate (28.6 per 100,000).



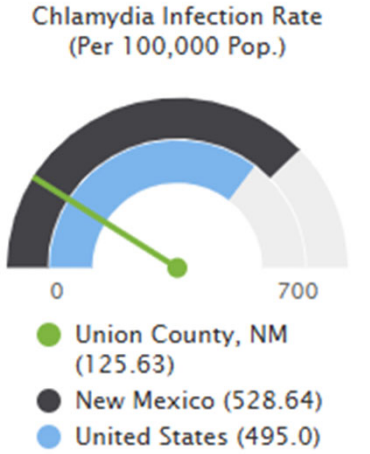
LOCATION	2019-2021		2020-2022		2021-2023	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Union County	2	9.8	2	9.8	1	10.4
New Mexico	2,262	28.2	2,406	29.6	2,352	28.6

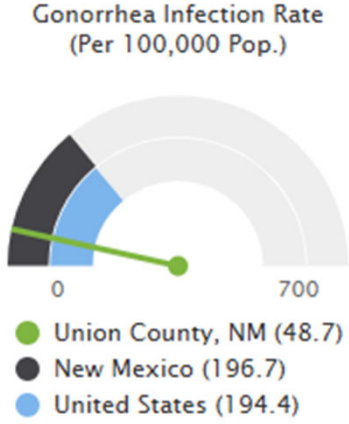
Source: New Mexico's Health Indicator Data & Statistics, https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty; data accessed February 11, 2025.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Communicable Diseases – Chlamydia & Gonorrhea

- In 2022, Union County (125.6 per 100,000) had a lower rate of chlamydia than the state (528.6 per 100,000) and the nation (495.0 per 100,000).
- In 2022, Union County (48.7 per 100,000) had a lower rate of gonorrhea than the state (196.7 per 100,000) and the nation (194.4 per 100,000).





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

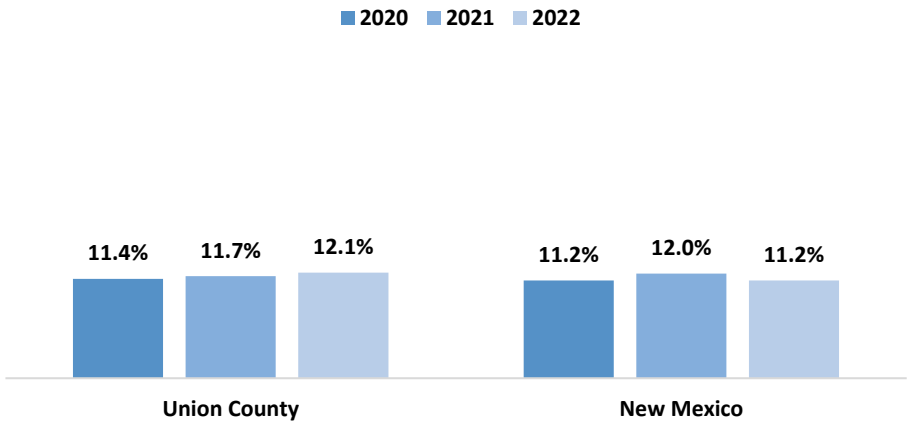
Source: SparkMap, Health Indicator Report: logged in and filtered for Union County, NM, https://sparkmap.org/report/; data accessed January 29, 2025.

Health Status

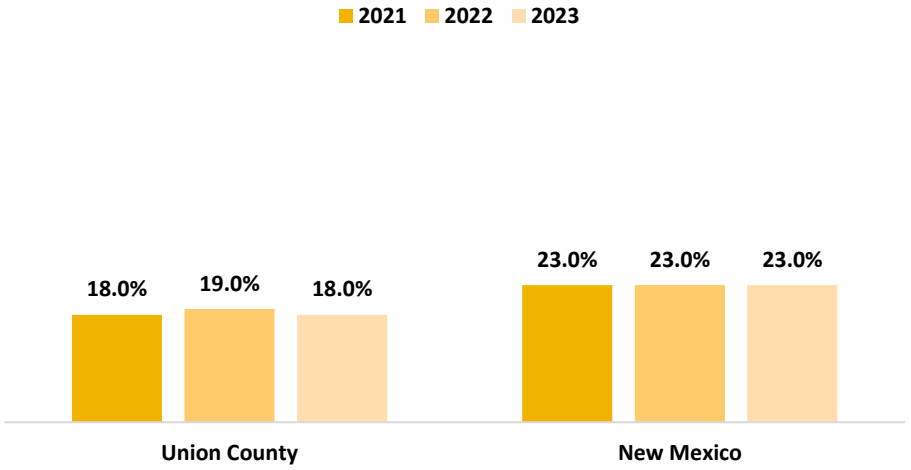
Chronic Conditions – Diabetes

- Between 2020 and 2022, the percentage of diabetes in adults (age 18+) in Union County increased while the state fluctuated.
- In 2022, Union County (12.1%) had a higher percentage of adults (age 18+) with diabetes than the state (11.2%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with diabetes in Union County fluctuated but remained consistent in the state.
- In 2023, Union County (18.0%) had a lower percentage of Medicare beneficiaries with diabetes than the state (23.0%).

Diabetes, Percentage, Adults (age 18+), 2020-2022



Diabetes, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on February 6, 2025.
Definition: Adults who report being told by a doctor or other health professional that they have diabetes (other than diabetes during pregnancy for female respondents).

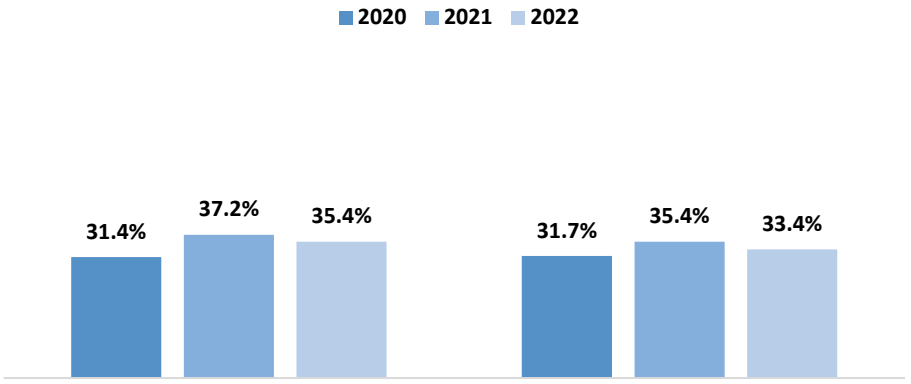
CHC Community Hospital Consulting

Health Status

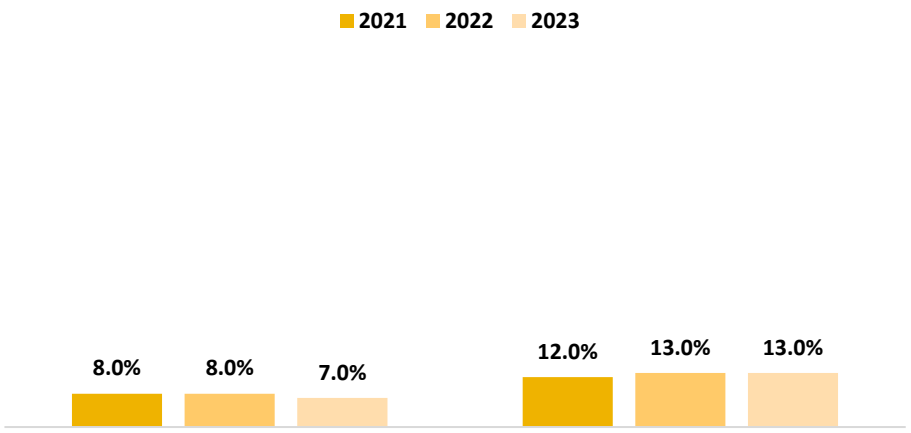
Chronic Conditions – Obesity

- Between 2020 and 2022, the percentage of adults (age 18+) who were obese in Union County and the state increased.
- In 2022, Union County (35.4%) had a higher percentage of adults (age 18+) who were obese than the state (33.4%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries who were obese decreased in Union County and increased in the state.
- In 2023, Union County (7.0%) had a lower percentage of Medicare beneficiaries who were obese than the state (13.0%).

Obesity, Percentage, Adults (age 18+), 2020-2022



Obesity, Percentage, Medicare, 2021-2023



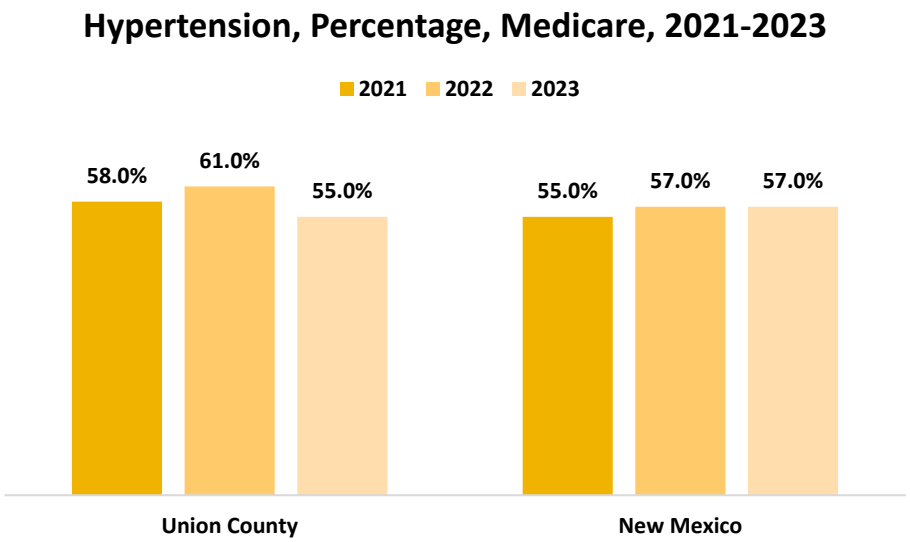
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on February 6, 2025.
Definition: Respondents aged ≥18 years who have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height. Exclude the following: Height: data from respondents measuring <3 ft or ≥8 ft; Weight: data from respondents weighing <50 lbs or ≥650 lbs and BMI: data from respondents with BMI <12 kg/m2 or ≥100 kg/m2.

CHC Community Hospital Consulting

Health Status

Chronic Conditions - Hypertension

- Between 2021 and 2023, the percentage of Medicare beneficiaries with hypertension in Union County decreased while the state increased.
- In 2023, the percentage of Medicare beneficiaries with hypertension in Union County (55.0%) was lower than the state (57.0%).



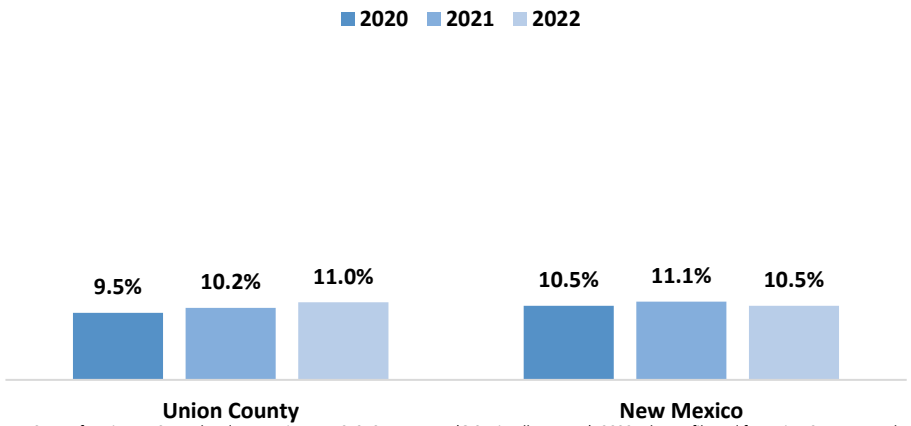
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on February 6, 2025.

Health Status

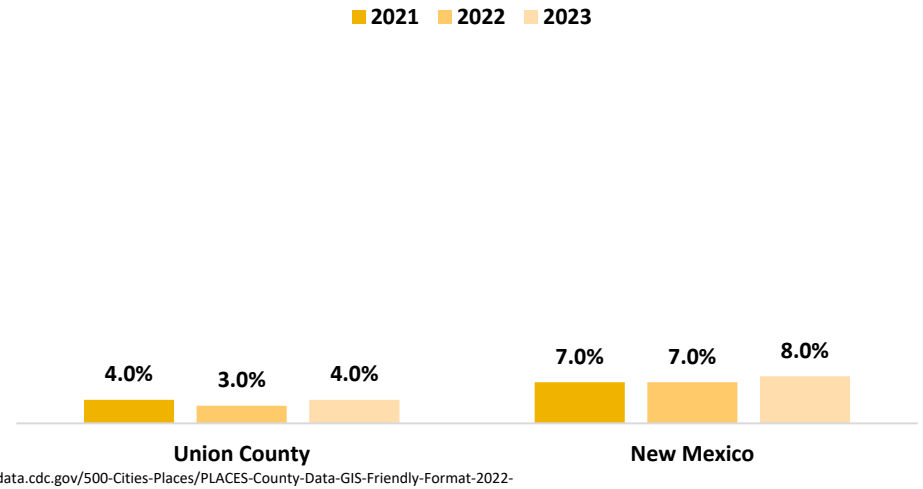
Chronic Conditions – Asthma

- Between 2020 and 2022, the percentage of adults (age 18+) with asthma in Union County increased while the state fluctuated.
- In 2022, Union County (11.0%) had a higher percentage of adults (age 18+) with asthma than the state (10.5%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with asthma fluctuated in Union County and increased in the state.
- In 2023, Union County (4.0%) had a lower percentage of Medicare beneficiaries with asthma than the state (8.0%).

Asthma, Percentage, Adults (age 18+), 2020-2022



Asthma, Percentage, Medicare, 2021-2023

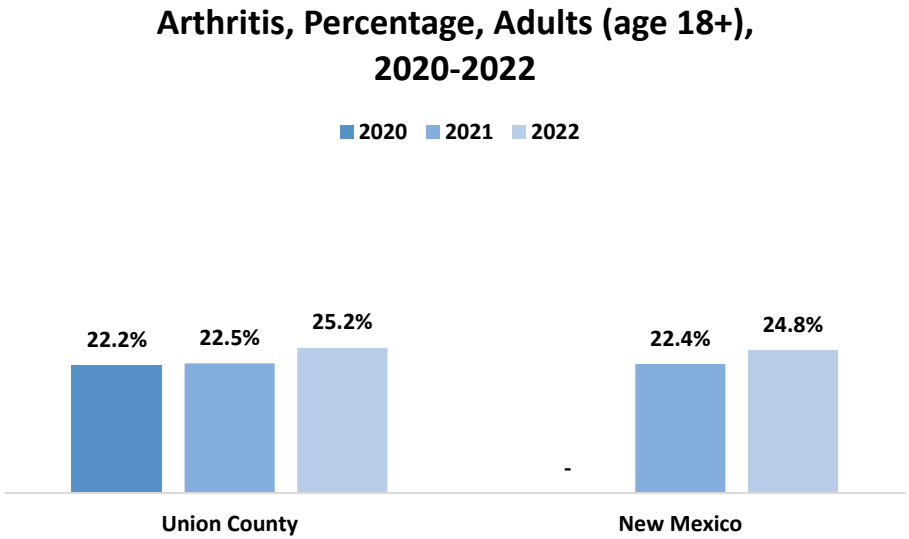


Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on February 6, 2025.
Definition: Having current asthma (reporting 'yes' to both of the questions, "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question, "Do you still have asthma?").

Health Status

Chronic Conditions – Arthritis

- Between 2020 and 2022, the percentage of adults (age 18+) with arthritis in Union County increased.
- In 2022, Union County (25.2%) had a slightly higher percentage of adults (age 18+) with arthritis than the state (24.8%).



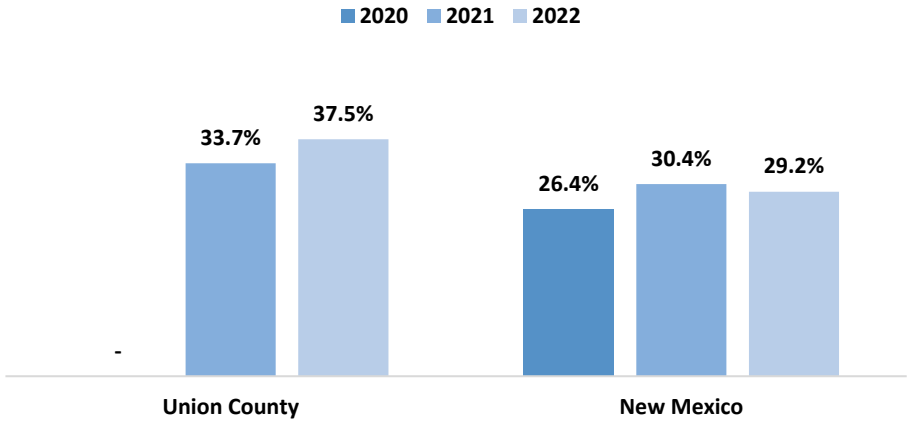
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Definition: Having arthritis (reporting 'yes' to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?").
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.

Health Status

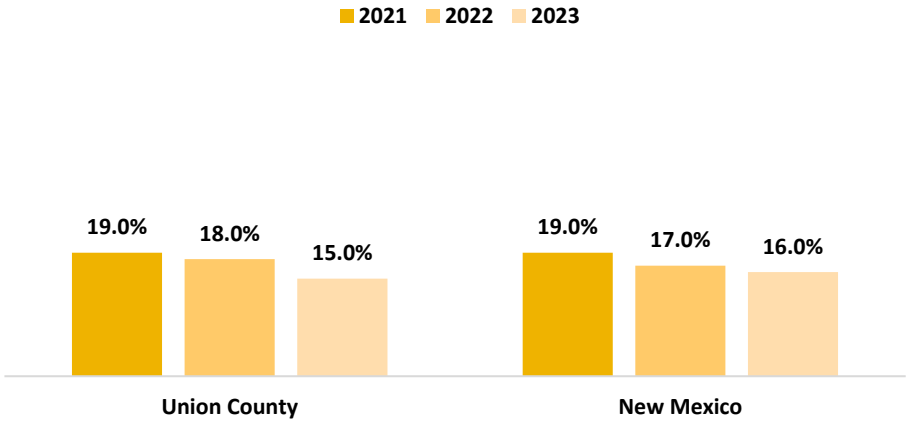
Chronic Conditions – Disability

- Between 2020 and 2022, the percentage of adults with a disability in the state increased.
- In 2022, Union County (37.5%) had a higher percentage of adults (age 18+) with a disability than and the state (29.2%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with a disability in Union County and the state decreased.
- In 2023, Union County (15.0%) had a lower percentage of Medicare beneficiaries with a disability than the state (16.0%).

Disability, Percentage, Adults (age 18+), 2020-2022



Disability (reason for Medicare eligibility), Percentage, Medicare, 2021-2023



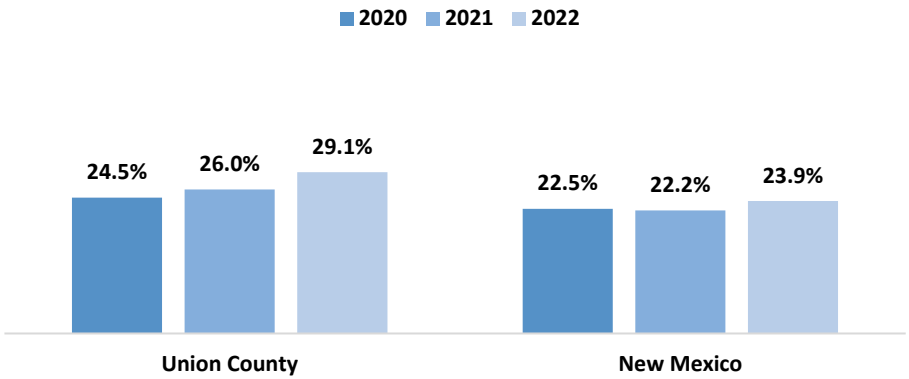
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on February 6, 2025.
Definition: Adults who said yes to at least one of six disability questions related to serious difficulty including (1) hearing, (2) vision, (3) concentrating, remembering, or making decisions (i.e., cognition), (4) walking or climbing stairs (i.e., mobility), (5) dressing or bathing (i.e., self-care), and (6) doing errands alone (i.e., independent living).
"-" Note: Data may be missing due to factors such as a small sample size, the question not being asked in a particular year, or the source used to collect the data being limited to core questions asked nationwide across all states.
CMS Definition: The beneficiary qualifies for Medicare through the Disability Insurance Benefits (DIB), as recorded in either the original or current reason for entitlement in the enrollment data.

Health Status

Health Behaviors – Physical Inactivity

- Between 2020 and 2022, the percentage of adults (age 18+) that had no leisure time for physical activity in Union County and the state increased.
- In 2023, the percentage of adults (age 18+) that had no leisure time for physical activity in Union County (29.1%) was higher than the state (23.9%).

No Leisure-Time For Physical Activity, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Definition: Having no leisure-time physical activity (reporting 'No' to the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?").

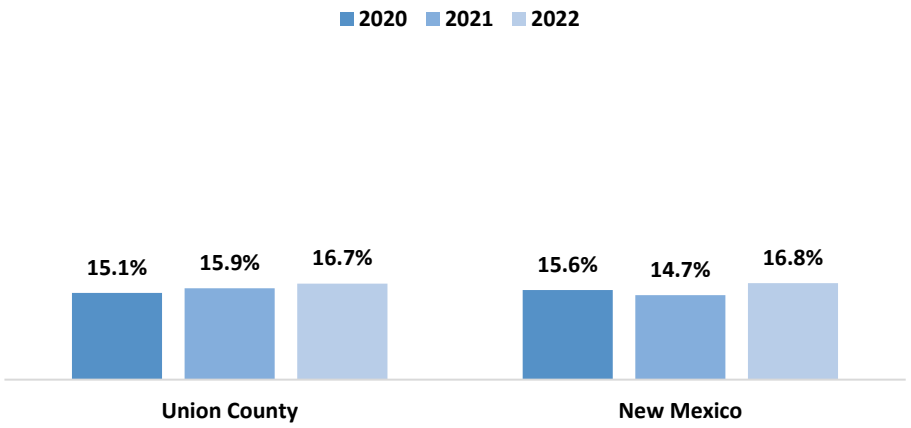
CHC Community Hospital Consulting

Health Status

Health Behaviors – Binge Drinking

- Between 2020 and 2022, the percentage of adults (age 18+) who binge drink increased in Union County and the state.
- In 2022, Union County (16.7%) had a slightly lower percentage of adults (age 18+) who binge drink than the state (16.8%).

Binge Drinking, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed February 5, 2025.
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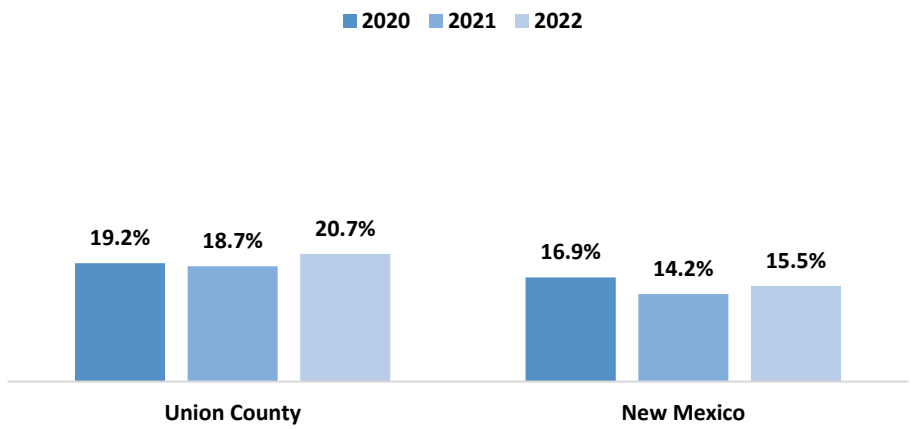
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Definition: Adults who report having ≥5 drinks (men) or ≥4 drinks (women) on ≥1 occasion during the previous 30 days.

Health Status

Health Behaviors - Smoking

- Between 2020 and 2022, the percentage of adults (age 18+) that are current smokers increased in Union County and decreased in the state.
- In 2022, the percentage of adults (age 18+) that are current smokers in Union County (20.7%) was higher than the state (15.5%).

Smoking Status (Current Smoker), Percentage, Adults (age 18+), 2020-2022

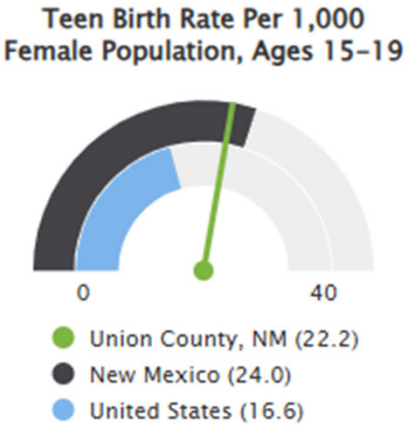


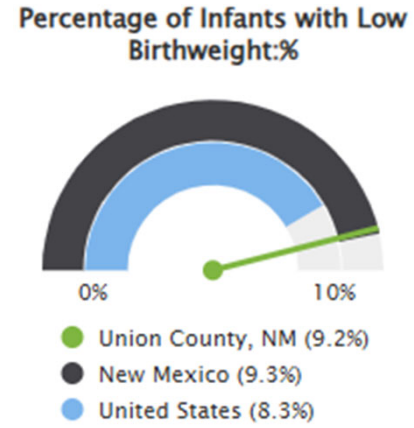
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Definition: Adults who report having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days.

Health Status

Maternal & Child Health Indicators

- In 2016-2022, Union County (22.2 per 1,000) had a lower rate of teen births than the state (24.0 per 1,000) but higher than the nation (16.6 per 1,000).
- In 2016-2022, Union County (9.2%) had a slightly lower percentage of infants with low birthweight than the state (9.3%), but higher than the nation (8.3%).





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.

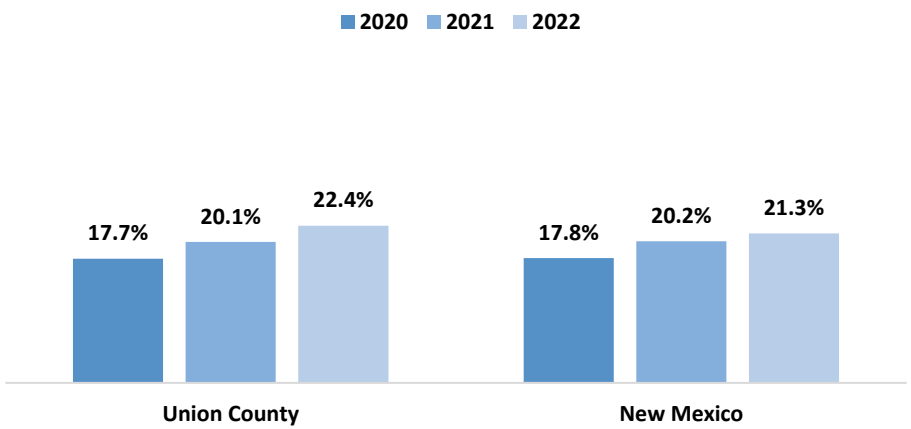
Source: SparkMap, Health Indicator Report: logged in and filtered for Union County, NM, https://sparkmap.org/report/; data accessed February 7, 2025.
Teen Birth Definition: number of births per 1,000 female population age 15-19.
Low Birthweight Definition: the percentage of live births where the infant weighed less than 2,500 grams

Health Status

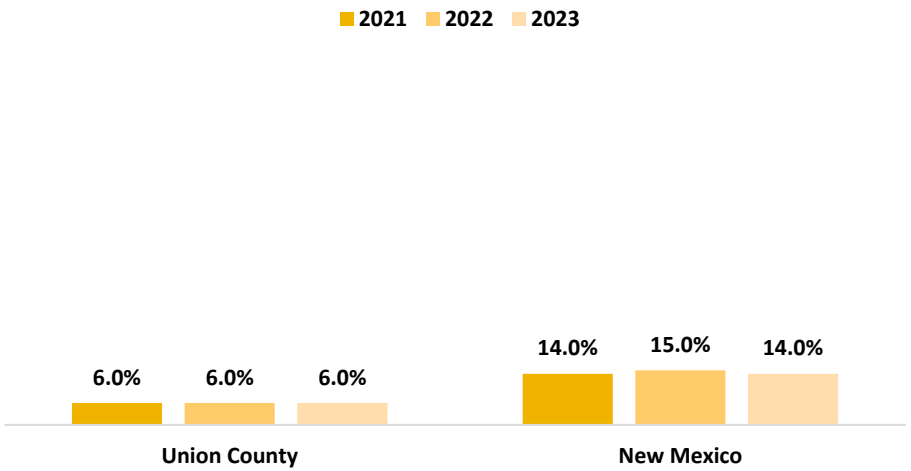
Mental Health – Depressive Disorders

- Between 2020 and 2022, the percentage of adults (age 18+) with depression in Union County and the state increased.
- In 2022, Union County (22.4%) had a higher percentage of adults (age 18+) with depression than the state (21.3%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries with depression remained consistent in Union County and fluctuated in the state.
- In 2023, Union County (6.0%) had a lower percentage of Medicare beneficiaries with depression than the state (14.0%).

Depression, Percentage, Adults (age 18+), 2020-2022



Depression, Percentage, Medicare, 2021-2023



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
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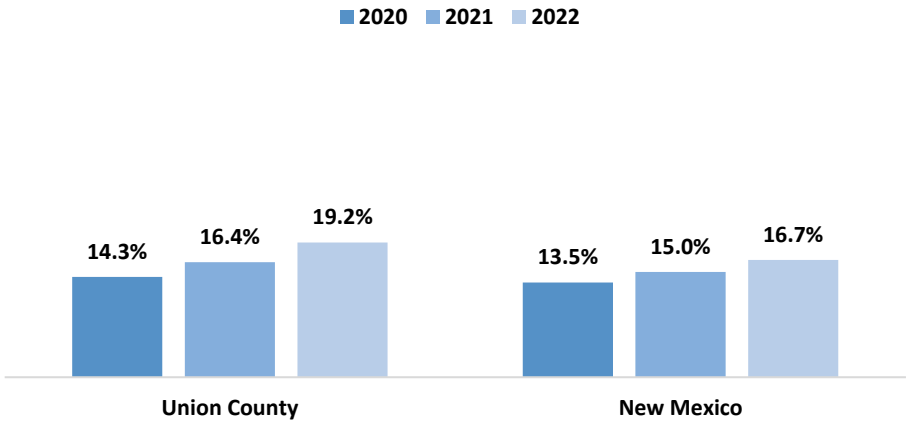
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on February 6, 2025.
Definition: Adults who responded yes to having ever been told by a doctor, nurse, or other health professional they had a depressive disorder, including depression, major depression, dysthymia, or minor depression.

Health Status

Mental Health – Frequent Mental Distress

- Between 2020 and 2022, the percentage of adults (age 18+) that reported experiencing 14 or more days of poor mental health in Union County and the state increased.
- In 2022, Union County (19.2%) had a higher percentage of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (16.7%).

Frequent Mental Distress, Percentage, Adults (age 18+), 2020-2022



Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2022 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2023 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, PLACES: County Data (GIS Friendly Format), 2024 release, filtered for Union County, NM, https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data, data accessed February 5, 2025.
Source: Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/, data accessed February 5, 2025.
Definition: Adults aged ≥ 18 years who report that their mental health (including stress, depression, and problems with emotions) was not good for 14 or more days during the past 30 days..

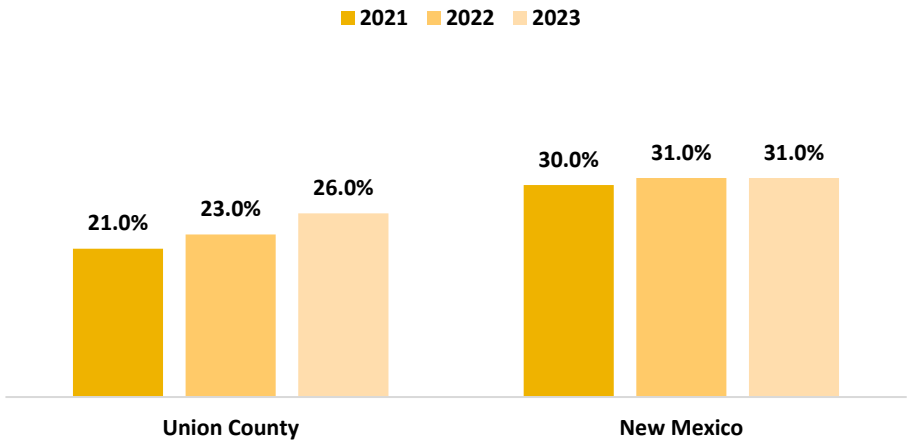
CHC Community Hospital Consulting

Health Status

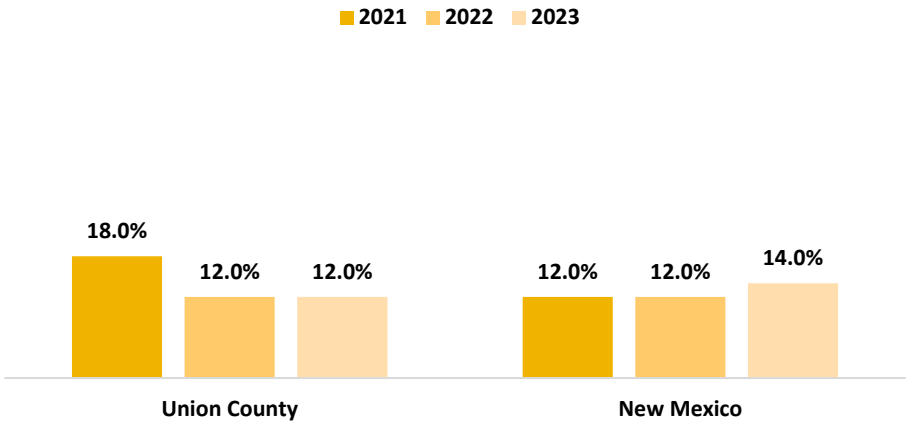
Preventative Care – Mammography & Prostate Screenings (Medicare)

- Between 2021 and 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year increased in Union County and the state.
- In 2023, the percentage of females (age 35+) that received at least one mammography screening in the past year in Union County (26.0%) was lower than the state (31.0%).
- Between 2021 and 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year overall decreased in Union County and increased in the state.
- In 2023, the percentage of males (age 50+) that received at least one prostate screening in the past year in Union County (12.0%) was lower than the state (14.0%).

Mammography Screening, Percentage, Medicare, Females (age 35+), 2021-2023



Prostate Cancer Screening, Percentage, Medicare, Males (age 50+), 2021-2023



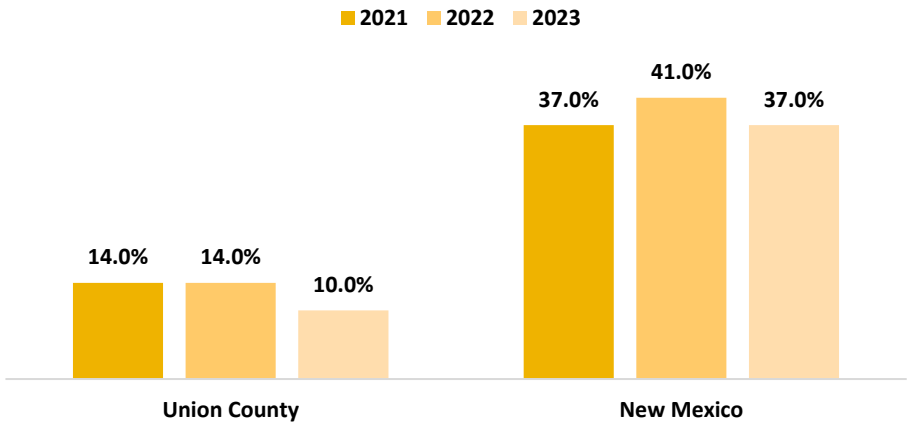
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on February 6, 2025.
Mammography Definition: Percentages are identified using the HCPCS/CPT codes present in the Medicare administrative 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.
Prostate 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 prostate 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.

Health Status

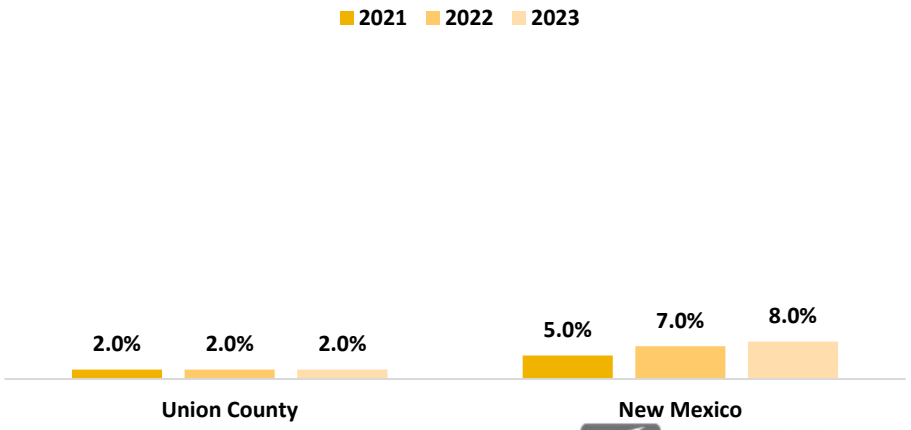
Preventative Care – Influenza & Pneumococcal Vaccination (Medicare)

- Between 2021 and 2023, the percentage of Medicare beneficiaries that received a flu shot in the past year in Union County decreased and the state fluctuated.
- In 2023, Union County (10.0%) had a lower percentage of Medicare beneficiaries that received a flu shot in the past year than the state (37.0%).
- Between 2021 and 2023, the percentage of Medicare beneficiaries that ever received a pneumonia vaccine in Union County remained consistent and increased in the state.
- In 2023, Union County (2.0%) had a lower percentage of Medicare beneficiaries that ever received a pneumonia vaccine than the state (8.0%).

Influenza Virus Vaccine, Percentage, Medicare, 2021-2023



Pneumococcal Vaccine (Ever), Percentage, Medicare, 2021-2023

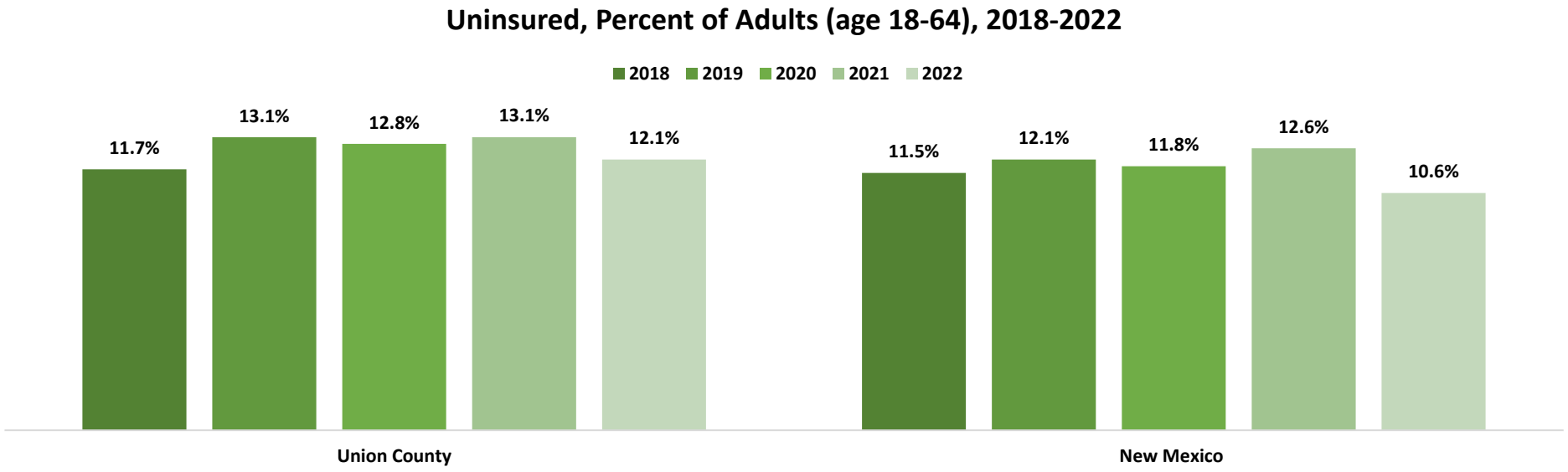


Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, https://data.cms.gov/mapping-medicare-disparities; data accessed on February 6, 2025.
Influenza Definition: Received an influenza vaccination in the past year.
Pneumococcal Definition: Received a pneumococcal vaccination (PPV) ever.

Health Status

Health Care Access – Uninsured

- Between 2018 and 2022, Union County experienced an increase in the percentage of uninsured adults (age 18-64), while the state experienced a decrease.
- As of 2022, Union County (12.1%) had a higher rate of uninsured adults (age 18-64) as compared to the state (10.6%).

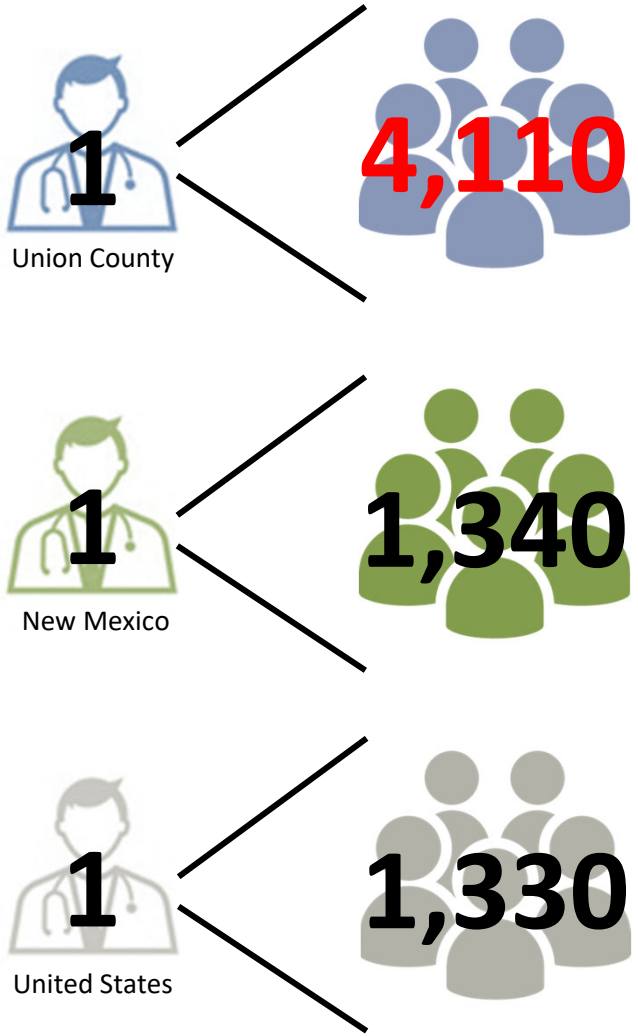


Source: United States Census Bureau, Small Area Health Insurance Estimates, https://www.census.gov/data-tools/demo/sahie/#/; data accessed on February 7, 2025.

Health Status

Health Care Access – Primary Care Physicians

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
  - In 2021, the population to primary care physicians ratio in Union County (4,110:1) was significantly higher than the state (1,340:1) and the nation (1,330:1).



Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Union County, NM, https://www.countyhealthrankings.org/; data accessed January 29, 2025.
Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

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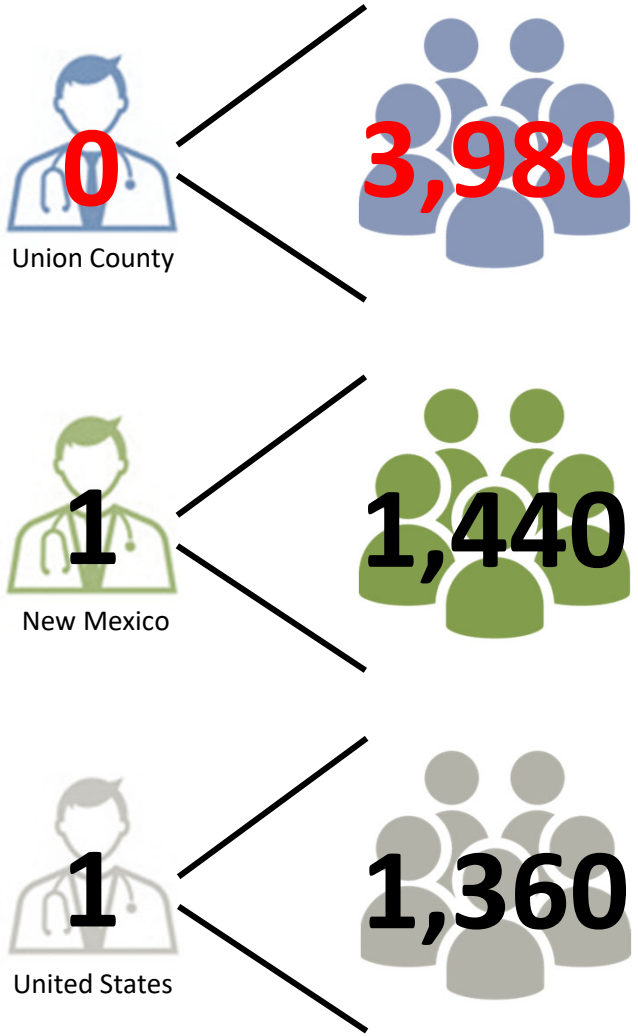
Health Status

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 2022, the population to dental provider ratio in New Mexico (1,440:1) was higher than the nation (1,360:1).



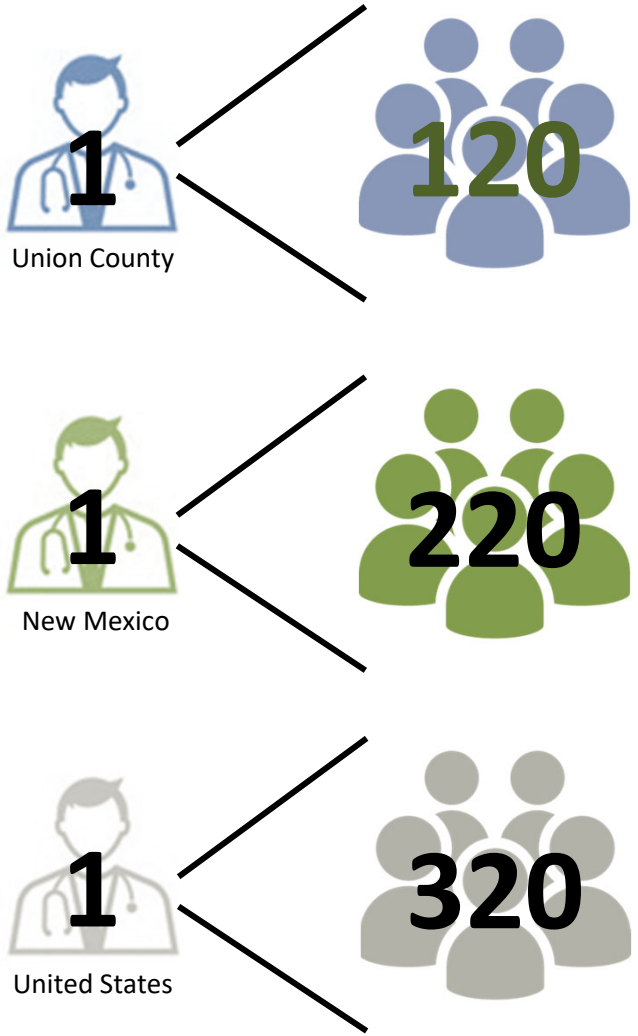
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Union County, NM, https://www.countyhealthrankings.org/; data accessed January 29, 2025.
Definition: The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.
Note: There were no registered dentists in Union County, NM.

CHC 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 2023, the population to mental health provider ratio in Union County (120:1) was lower than the state (220:1) and the nation (320:1).



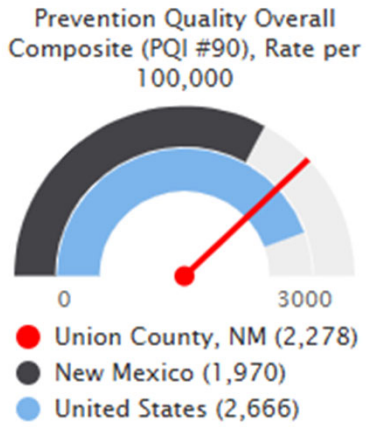
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Union County, NM, https://www.countyhealthrankings.org/; data accessed January 29, 2025.
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

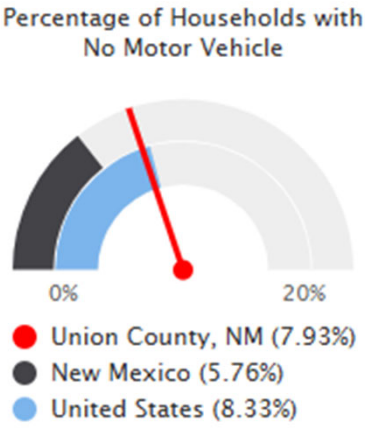
CHC Community Hospital Consulting

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 2022, the rate of preventable hospital events in Union County (2,278 per 100,000 Medicare beneficiaries) was higher than the state (1,970 per 100,000 Medicare beneficiaries) but lower than the nation (2,666 per 100,000 Medicare beneficiaries).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - In 2018-2022, 7.9% of households in Union County had no motor vehicle, as compared to 5.8% in New Mexico and 8.3% in the nation.





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

Source: SparkMap, Health Indicator Report: logged in and filtered for Union County, NM, https://sparkmap.org/report/; data accessed January 29, 2025.
Definition: PQIs are population based and adjusted for age and sex and include admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

PHONE INTERVIEW FINDINGS

Overview

- Conducted 11 interviews with the two groups outlined in Internal Revenue Service Final Regulations issued December 29, 2014
  - CHC Consulting contacted other individuals in the community to participate in the interview process, but some were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

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.

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

Interviewee Information

- ***Judith Cooper:*** Attorney, Beck & Cooper; Board President, Union County General Hospital
- ***Angela Fleming, RN:*** Nurse Manager, Health Services, Raton-Colfax Public Health Office
- ***Jay Fluhman, FNP:*** Family Nurse Practitioner, Union County Health Center
- ***Carolyn Kear:*** Executive Director, Clayton Nursing Home
- ***Ray Maestas:*** Superintendent, Clayton Public Schools
- ***David Prather:*** President, Bank of Clayton
- ***Craig Reeves:*** Citizen, Union County; Board Treasurer, Union County General Hospital
- ***Eva Vital:*** Counselor, Team Builders
- ***Hannah Wells, LCWS:*** School Social Worker, Clayton Public Schools
- ***Dr. Mark Van Wormer:*** Physician, Union County General Hospital
- ***Jessica Wright, FNP:*** Family Nurse Practitioner, Union County Health Center

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

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.

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

Community Needs Summary

- The following topics were significant themes during the interviews:
  - Access to Specialty Care & Additional Services
  - Youth Population
  - Access to Mental and Behavioral Health Care
  - Access to Primary Care
  - Overall Community Concerns
  - Elderly Population

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

Access to Specialty Care & Additional Services

- **Issues/Themes:**
  - Lack of available local specialists, requiring people to travel out of town for specialized care, including: Amarillo, Albuquerque, Santa Fe, Las Vegas, Raton, Dalhart
  - Desire for local dental services with some residents traveling to Dalhart, Raton, Las Vegas, or Santa Fe
  - Limited, sometimes unaffordable, vision services
  - Transportation barriers for specialty care, particularly for dialysis patients
  - Insurance limitations in accessing specialty care across state lines
  - Specialties mentioned as needed due to long wait times or lack of coverage, include (in descending order of number of times mentioned and then alpha order):
    - Dental
    - Cardiology
    - Orthopedic
    - ENT
    - General surgery
    - Nephrology
    - OB/GYN
    - Physiatry
    - Pulmonology

"We just don't really have any specialists here so we have to go out of town."

"If the provider tells you they are going to give you a referral to a specialist, you have to either go to Amarillo or Albuquerque, Santa Fe, or somewhere else."

"We don't have dental services. I think our nearest place is Dalhart, which is 40 miles away, and that's in Texas. I go to Raton and they have a couple of dentists there. I know some people who go to Las Vegas and Santa Fe as well."

"It would be great if we had a dentist because we have to drive at least an hour to get to a dentist. A dentist would sure make a huge difference."

"(Vision) is available part-time. That's one day week, sometimes two days a week. It's not always affordable."

"Another specialist that would be great would be a cardiologist."

"Specialty care comes with transportation barriers and also it comes with limits on how many New Mexico Medicare and Medicaid patients some Texas providers will take."

"We probably have six people that have to go out of town every day for dialysis."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

Youth Population

- **Issues/Themes:**
  - Concern for the youth running away and lack of stable homes
  - Suspected lack of prioritization of health care by parents
  - Challenges in education and school infrastructure
  - Recognized student struggles with reintegration back into school post-COVID-19
  - Perceived worsening youth behavior and mental health issues
  - Concern around housing insecurity and suspected neglect
  - High rates of teen substance use and pregnancy
  - Unreliable psychiatric care and medication management

"We consistently have a couple of kids that are running away from home. It happens over and over again. We have youth that are being raised by grandmas, aunts, uncles, and in some cases guardians that aren't related to them. It's amazing how many kids just don't have structure at home."

"We definitely have some housing insecure families or families that are technically homeless through the McKinney-Vento Homeless Assistance Act. There's a lot of substance use and concern around hygiene, access to health care, and neglect of kids."

"Most indigent care patients are on Medicaid. However, some parents might not prioritize healthcare for their children. There are also kids struggling with drug use, meth and other substances, but there are also good kids who are doing well. The local high school is falling apart. Many families are sending their kids across the border to Texas for school. We can't keep teachers, which can be due to the nature of being a rural, poor state where the school system isn't particularly strong."

"A lot of high school age kids are still struggling with going back to school and reintegrating into a traditional school environment (from COVID-19). There's a lot of behavioral health issues as well as poverty."

"I feel like the kids behaviors have gotten worse. More (drug) abuse is happening. Bullying is prevalent at the junior high level and the effect of bullying is really significant on this generation compared to previous generations. We haven't had any suicides but just the concept of suicide is more present in younger kids and we haven't seen this in years past."

"Many teenagers smoke marijuana and some admit to drinking alcohol and partying with friends. Substance use in this area is very prevalent, particularly for parents of teenagers. There is a high level of sexual activity among early teens. Teenage pregnancy is also common. There are a lot of girls under 18 who become pregnant and some choose to keep the baby while others opt for termination."

"Psychiatric medication management is also a little bit unreliable and we've had a variety of different agencies that do basic behavioral health services in the community. They come and go and have very different opinions. The kids are going on and off medication. It is tough and a lot of people have better luck getting their psychiatry through the hospital clinic, but there's not actually a psychiatrist there."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

Access to Mental and Behavioral Health Care

- **Issues/Themes:**
  - Limited access to behavioral health services
  - Shortage of therapists and long wait times
  - Inadequate mental health services for children
  - Increase in psychiatric ER visits and lack of local services to address crisis cases
  - Perceived insufficient mental health infrastructure in New Mexico
  - Substance abuse and mental health care gaps due to high provider turnover
  - Increasing rates of homelessness and substance use
  - Geographical limitations affecting medication compliance

"We could use more therapists. I think New Mexico in general could use more therapists. Wait times for therapy are a few months."

"Mental health care and counseling services for our children are lacking."

"I've noticed that mental health issues have increased post-COVID, and now most ER visits are related to psychiatric problems. We don't have telemedicine in town, though we do have some counselors. There's also a significant number of overdoses and alcohol-related issues. Transporting patients across state lines for evaluations is often problematic. There are many patients with suicidal ideation and attempts, as well as acting-out behaviors, which require more than just a walk-in. These situations require long-term medication and follow-ups."

"The whole state of New Mexico, being one of the poorest states in America, lacks a strong mental health infrastructure. Our track record in mental health is poor, and resources available are insufficient."

"We have a very high population of drug users, and they often don't receive the care they need and it's difficult to keep them in treatment. There are a lot of people who have anxiety, depression, and mood disorders, but they can't get the medications they need through psychiatry. Many teenagers face mental challenges. Men and women both have mental health struggles and it's often surprising to see men with anxiety and depression. Substance abuse is an issue across all age groups with depression and anxiety. We do have some counseling services but providers change frequently, and sometimes patients are left without a psychiatrist for an extended period of time. Those who need medications often have trouble getting them or rescheduling appointments."

"Homelessness is growing because of the legalization of marijuana and we have issues with meth and heroin in the community. We have a homeless population and some people have PTSD which can turn into the drug issue and the tendency to go that direction. (It has gotten worse) ever since they legalized marijuana and it's tied to meth and heroin."

"The main barrier is that we are so far from everything else. It affects dental, eye care, and mental health. People with mental health issues, they are not going to travel so they get off their medication."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

Access to Primary Care

- **Issues/Themes:**
  - Healthcare workforce shortage leading to challenges in accessing appropriate care
  - Perceived community preference for physicians over advanced practitioners
  - Concern around aging healthcare providers and insurance reimbursements
  - Limited clinic appointment availability and lack of local urgent care leading to use of the emergency room, frustration and foregoing care
  - Frustration around appointment availability in the clinic
  - Desire for additional physician in the clinic

"Access is of course a huge health need and trying to make sure that we have that adequate coverage, not only in the hospital but in the emergency room and in the clinic for basic preventive care needs."

"When I grew up, we used to only have doctors and now there are advanced practitioners. Sometimes patients prefer to see a doctor over an advanced practitioner."

"Our top two providers are getting older, so I'm concerned about succession planning. Overall insurance and how we're being reimbursed is also a concern."

"My personal experience and what a lot of people say is that they do have a hard time getting in at the clinic. If they're not sick, then it can be a really long time before they get scheduled with their primary care provider. And when you are sick, sometimes you cannot get in for several days. I know people get really frustrated with that. There is not an urgent care around. There is the emergency room. It'd be nice if there was an urgent care because I have had to take my kids to the hospital and have a $1,500 bill to pay, which I really don't want to pay."

"It's hard for people to have an optimistic attitude because you called so many times to try to get an appointment with the clinic and it's weeks before they can get in. People give up and don't even try."

"I think adding another MD would be beneficial. There needs to be a little more support from an MD in the clinic, which would help ensure that patients for other NPs don't have to wait more than a week to be seen. Sick visits can be seen within 48 hours, and most of the time, it's same-day. The wait time for an MD is about 6–8 weeks. I think the system has improved in allowing patients to see whoever is available. There are still patients who don't fully understand the role of NPs as independent practitioners. I'd estimate that about 20% of patients prefer to see only an MD, but they can't always get acute care visits as quickly. Most of these patients are from the older population—they have extensive medical histories and prefer continuity with the same provider."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

Overall Community Concerns

- **Issues/Themes:**
  - Concern around obesity and diabetes
  - Desire for indoor and safe exercise spaces
  - Limited options for well-paying jobs, forcing many residents to move elsewhere for better opportunities
  - Many eligible residents avoid using Medicaid due to stigma, despite struggling to afford private insurance
  - Low wages and limited housing options contribute to ongoing financial hardship and economic struggles
  - Continued focus on improving transportation
  - Stigma around ER misuse due to lack of primary care availability

"Obesity is going to become a problem. 60% of our population is diabetic. I think the schools have improved from having candy and the cafeteria food has improved. The grocery store has healthy choices. I don't know if they make those healthier choices but its available to them."

"Raton has an indoor pool. I would love an indoor pool, especially for our elderly folks that need more options for mobility because they can't move or can't walk. Every year I wish the high school would let me go walk the track. In the past there was vandalism so they had to lock it. I just would like a private space to go walking and not have to worry about my surroundings and getting attacked. I think the kids and adults would really like that."

"You would have to have a really good job to make a really good income here. Regular positions are going to keep people at a low socio economic status. We lose a lot of people because they have to move to find better jobs."

"We have a big population of people that are self-insured. Data shows that we have a large Medicaid eligible population that don't actually utilize Medicaid. I have heard it's because that they think 'that's for poor people' so they're not going to use it. The working poor can't afford the insurance that may be provided to them through their employment. They can afford to use it, but they don't want to access Medicaid because they don't want people to think they're poor."

"Affordable housing and better pay is needed. As a society, if we don't have that, it's going to affect more people than not."

"Transportation was always an issue, but I think that finally is getting resolved. We're small, so we don't have Uber or anything, but that'd be kind of cool if someone started that. We have the Golden Spread bus that does transportation to appointments and they have grants for that. All of the work that has been done in the last five to eight years has really (helped)."

"There is also sometimes a stigma that people are abusing the emergency room. Sometimes it might be good to educate about how to use the clinic first instead of the emergency room. On the other hand, I think whenever the clinic is full and you can't get in, you need medical care so you're going to go to the emergency room."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

Elderly Population

- **Issues/Themes:**
  - Perceived lack of services for the elderly
  - Desire for more resources to assist with home health options, accessing mental health services, grocery shopping, and navigating technology
  - Concern for the rapidly aging population
  - Financial strain and limited transportation options impacting the elderly population's access to essential services and resources

"I do not think there are any services here for the elderly."

"There's a need for home health care or possibly nurses that might go out and visit the elderly and check on them. There's one nursing home that's here in Clayton. A lot of the elderly are stubborn and are determined to be in their house. Some say that they want to be in their house till the day they die."

"We need more caretakers. We have a program here for those on Medicaid, but for the people that don't have Medicaid and need extra care in the home, I think that's not available. Our nursing home is at full capacity so that's being accessed more than it had been. I worry about the elderly being alone. We do have a big elderly population here. They don't access mental health services or can easily go grocery shopping. That can be really hard for them. Understanding and navigating technology is also a big issue because most things have been moved to online. If you don't have a family member to help you with that, then you're kind of left in the dark."

"We have a big elderly population. It's a growing population and I am concerned about behavioral health for the elderly. They have behavioral health needs and we don't have a really robust senior citizens program. To some extent, they're integrated into the churches."

"We have an aging community, which correlates with the welfare population. The average age is getting close to 60 years old now."

"The cost of everything has affected those on a fixed income. People have to watch what they are eating because of the costs and what they can afford. The Golden Spread offers rides for a fee. For some people, that's something they can't afford. There are several who use that service because they don't have family here and there is no public transportation."

"Transportation is a strain and there's limited services that we have available here and so I think that combination poses a lot of challenges for our elderly."

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

Populations Most at Risk

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

- Elderly
  - Transportation barriers
  - Limited available services
  - Need for more caretakers
  - Limited capacity in local nursing homes
  - Technological barriers
  - Behavioral health concerns
  - Lack of home health care and reluctance to go into a nursing home
  - Barriers that come with a fixed income
- Youth
  - Limited mental health and counseling services
  - Bullying prevalence in the junior high students
  - Struggling socially, mentally, and with academics post-COVID-19 pandemic
  - Lack of communication skills
  - Lack of insurance coverage due to parents being between jobs or moving
  - Home insecurity
  - Drug abuse
  - Mental health concerns stemming from lack of stable homes
  - More access to Pediatricians
- Low Income
  - Insurance/affordability of services
  - Transportation barriers
  - Limited utilization of federal programs (food stamps, Medicaid) due to lack of local offices
  - Mental health and drug use concerns
- Racial/Ethnic
  - Difficulty accessing care due to lack of insurance
  - Language barriers
  - Lack of job opportunities for immigrants
  - Transportation costs leading to forgoing care
- Veterans
  - Challenges with travelling for services
  - VA system challenges with having local services available
- Homeless
  - Substance use
  - Poor hygiene
  - Limited access to health care
  - Potential neglect of children by parents
  - Living in undesirable conditions
  - Desire for more resources and/or shelters
  - Misuse of the ER

Source: Union County General Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; December 16, 2024 – January 9, 2025.

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 2023 to 2025 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 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, Santa 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, Santa 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)	Examples	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	*Pain Management, MediSpa, Swing-bed program, additional PRN coverage of specialty surgeons, additional primary care providers/services*	**ONGOING (as opportunities arise)**	UCGH continues to pursue recruitment opportunities, the expansion of services and purchasing equipment as opportunities arise and as appropriate. FY23 examples: general surgery, pain management, bariatrics	**ONGOING (as opportunities arise)**	UCGH continues to pursue recruitment opportunities, the expansion of services and purchasing equipment as opportunities arise and as appropriate. FY24 examples: primary care, podiatry, pain management	**ONGOING (as opportunities arise)**	UCGH continues to pursue recruitment opportunities, the expansion of services and purchasing equipment as opportunities arise and as appropriate. FY25 examples: primary care, urology
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		**ONGOING (as opportunities arise)**	UCGH continues to operate the RHC and promote its services in the community via various media outlets and at local events.	**ONGOING (as opportunities arise)**	UCGH continues to operate the RHC and promote its services in the community via various media outlets and at local events.	**ONGOING (as opportunities arise)**	UCGH continues to operate the RHC and promote its services in the community via various media outlets and at local events.

Implementation Activity	Responsible Leader(s)	Examples	FY 2023		FY 2024		FY 2025	
			Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
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	*Working on putting 5 full scholarships together for future retention of educated staff*	**ONGOING (as opportunities arise)**	UCGH has assessed and continues to accomplish this activity by offering tuition assistance for staff looking to further their education. UCGH has also offered a few full scholarships in the community for positions at the facility, and scholarships for local school students as well. UCGH also continues to pursue partnerships with local CNA and nursing programs.	**ONGOING (as opportunities arise)**	UCGH has assessed and continues to accomplish this activity by offering tuition assistance for staff looking to further their education. UCGH has also offered a few full scholarships in the community for positions at the facility, and scholarships for local school students as well. UCGH also continues to pursue partnerships with local CNA and nursing programs.	**ONGOING (as opportunities arise)**	UCGH has assessed and continues to accomplish this activity by offering tuition assistance for staff looking to further their education. UCGH has also offered a few full scholarships in the community for positions at the facility, and scholarships for local school students as well. UCGH also continues to pursue partnerships with local CNA and nursing programs.
1.D. UCGH will continue to offer additional education for medical staff.	CEO, CCO	*BLS, ACLS, PALS, TNCC, ROAMS program, CPR education, on-site and tele-education on ventilators*	**ONGOING (as opportunities arise)**	UCGH continues to offer various training and education for medical staff and other health care givers in the community as opportunities arise.	**ONGOING (as opportunities arise)**	UCGH continues to offer various training and education for medical staff and other health care givers in the community as opportunities arise.	**ONGOING (as opportunities arise)**	UCGH continues to offer various training and education for medical staff and other health care givers in the community as opportunities arise.
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		**ONGOING (as opportunities arise)**	UCGH continues to offer the Swingbed program for appropriate patients.	**ONGOING (as opportunities arise)**	UCGH continues to offer the Swingbed program for appropriate patients.	**ONGOING (as opportunities arise)**	UCGH continues to offer the Swingbed program for appropriate patients.

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

Implementation Activity	Responsible Leader(s)	Examples	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		**ONGOING (as opportunities arise)**	UCGH continues to evaluate the implementation of a telepsych program in collaboration with UNM.	**DISCONTINUED**	This activity was discontinued in FY 2024.	**ONGOING (as opportunities arise)**	In collaboration with Presbyterian Healthcare, UCGH is pursuing a grant to provide telepsych services for appropriate patients. Additionally, UCGH is pursuing a grant to cover the startup costs associated with the implementation of a mental and behavioral health clinic.
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		**ONGOING (as opportunities arise)**	UCGH continues to staff a full time employee who provides social work assistance and case management services as appropriate.	**ONGOING (as opportunities arise)**	UCGH continues to staff a full time employee who provides social work assistance and case management services as appropriate.	**ONGOING (as opportunities arise)**	UCGH continues to staff a full time employee who provides social work assistance and case management services as appropriate.

Implementation Activity	Responsible Leader(s)	Examples	FY 2023		FY 2024		FY 2025	
			Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
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		**ONGOING (as opportunities arise)**	UCGH continues to connect applicable patients with appropriate resources in the community for mental and behavioral health support/care.	**ONGOING (as opportunities arise)**	UCGH continues to connect applicable patients with appropriate resources in the community for mental and behavioral health support/care. UCGH also assists with the identification of resources to address patient needs, as well as appropriate follow up care.	**ONGOING (as opportunities arise)**	UCGH continues to connect applicable patients with appropriate resources in the community for mental and behavioral health support/care. UCGH also assists with the identification of resources to address patient needs, as well as appropriate follow up care.
2.D. UCGH will continue to provide a suicidal screening for all patients with mental and behavioral health conditions as appropriate.	CCO		**ONGOING (as opportunities arise)**	UCGH continues to provide a suicidal screening for appropriate patients.	**ONGOING (as opportunities arise)**	UCGH continues to provide a suicidal screening for appropriate patients.	**ONGOING (as opportunities arise)**	UCGH continues to provide a suicidal screening for appropriate patients.

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

Implementation Activity	Responsible Leader(s)	Examples	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		**ONGOING (as opportunities arise)**	Through its partnership with the local nursing home, UCGH providers continue to provide appropriate medical care for patients at the nursing home (lab tests, medical appointments).	**ONGOING (as opportunities arise)**	Through its partnership with the local nursing home, UCGH providers continue to provide appropriate medical care for patients at the nursing home (lab tests, medical appointments).	**ONGOING (as opportunities arise)**	Through its partnership with the local nursing home, UCGH providers continue to provide appropriate medical care for patients at the nursing home (lab tests, medical appointments).
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		**ONGOING (as opportunities arise)**	UCGH continues its partnership with the Rotary Club to support underserved residents.	**ONGOING (as opportunities arise)**	UCGH continues its partnership with the Rotary Club to support underserved residents.	**ONGOING (as opportunities arise)**	UCGH continues its partnership with the Rotary Club to support underserved residents.
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		**ONGOING (as opportunities arise)**	Through its partnership with local schools, UCGH continues to provide reduced cost well child physicals and school physicals for students.	**ONGOING (as opportunities arise)**	Through its partnership with local schools, UCGH continues to provide reduced cost well child physicals and school physicals for students.	**ONGOING (as opportunities arise)**	Through its partnership with local schools, UCGH continues to provide reduced cost well child physicals and school physicals for students.

Implementation Activity	Responsible Leader(s)	Examples	FY 2023		FY 2024		FY 2025	
			Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.D. UCGH will participate in the 340b Pharmacy Program which provides discounted pharmacy pricing to indigent patients.	CFO		**ONGOING (as opportunities arise)**	UCGH continues to participate in the 340b Pharmacy Program.	**ONGOING (as opportunities arise)**	UCGH continues to participate in the 340b Pharmacy Program.	**ONGOING (as opportunities arise)**	UCGH continues to participate in the 340b Pharmacy Program.
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		**ONGOING (as opportunities arise)**	UCGH continues to provide gas cards to decrease the transportation burden on patients needing to travel outside of the community for care.	**ONGOING (as opportunities arise)**	UCGH continues to provide gas cards to decrease the transportation burden on patients needing to travel outside of the community for care.	**DISCONTINUED**	This activity was discontinued in FY 2025.
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		**ONGOING (as opportunities arise)**	UCGH continues to assist residents in signing up for health care coverage, financial assistance programs, discounted care and other resources as appropriate.	**ONGOING (as opportunities arise)**	UCGH continues to assist residents in signing up for health care coverage, financial assistance programs, discounted care and other resources as appropriate.	**ONGOING (as opportunities arise)**	UCGH continues to assist residents in signing up for health care coverage, financial assistance programs, discounted care and other resources as appropriate.
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		**ONGOING (as opportunities arise)**	UCGH continues to offer extended hours to increase access to care for residents.	**DISCONTINUED**	This activity was discontinued in FY 2024.	**DISCONTINUED**	This activity was discontinued in FY 2024.
3.H. UCGH will continue to partner with UNMH in Albuquerque to provide emergency telemedicine services.	CEO, CCO	*teleneurology, tele-emergency pediatrics, utilization of telehealth in the RHC*	**ONGOING (as opportunities arise)**	UCGH continues to partner with UNMH to provide various telemedicine services (tele-neurology/neurosurgery, tele-emergency pediatrics, utilization of telehealth in the RHC).	**ONGOING (as opportunities arise)**	UCGH continues to partner with UNMH to provide various telemedicine services (teleneurology/teleneurosurgery, tele-emergency pediatrics, utilization of telehealth in the RHC).	**ONGOING (as opportunities arise)**	UCGH continues to partner with UNMH to provide various telemedicine services (teleneurology/teleneurosurgery, utilization of telehealth in the RHC). Tele-emergency pediatrics discontinued in FY25.
3.I. UCGH will continue to operate a dual clinic to meet RHC and SBHC regulations.	CEO		**ONGOING (as opportunities arise)**	UCGH continues to operate a dual clinic in compliance with RHC and SBHC regulations.	**ONGOING (as opportunities arise)**	UCGH continues to operate a dual clinic in compliance with RHC and SBHC regulations.	**ONGOING (as opportunities arise)**	UCGH continues to operate a dual clinic in compliance with RHC and SBHC regulations.

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)	Examples	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	*Provide education through hospital website, live Q&A with the New Mexico Department of Health, website, Facebook, Instagram, townhalls and weekly leadership meetings*	**DISCONTINUED**	This activity was discontinued in FY 2023.	**DISCONTINUED**	This activity was discontinued in FY 2023.	**DISCONTINUED**	This activity was discontinued in FY 2023.
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		**ONGOING (as opportunities arise)**	UCGH follows appropriate standards to control the spread of and reduce the risk for various infections.	**ONGOING (as opportunities arise)**	UCGH follows appropriate standards to control the spread of and reduce the risk for various infections.	**ONGOING (as opportunities arise)**	UCGH follows appropriate standards to control the spread of and reduce the risk for various infections.
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		**DISCONTINUED**	This activity was discontinued in FY 2023.	**DISCONTINUED**	This activity was discontinued in FY 2023.	**DISCONTINUED**	This activity was discontinued in FY 2023.

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

Implementation Activity	Responsible Leader(s)	Examples	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		**ONGOING (as opportunities arise)**	UCGH continues to assess the implementation of a local dental clinic within the county.	**ONGOING (as opportunities arise)**	UCGH continues to assess the implementation of a local dental clinic within the county.	**ONGOING (as opportunities arise)**	UCGH continues to assess the implementation of a local dental clinic within the county.

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

Implementation Activity	Responsible Leader(s)	Examples	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	*CPR, ACLS, TNCC, PALS, NALS*	**ONGOING (as opportunities arise)**	UCGH continues to offer various training and education for medical staff and other health care givers in the community as opportunities arise.	**ONGOING (as opportunities arise)**	UCGH continues to offer various training and education for medical staff and other health care givers in the community as opportunities arise.	**ONGOING (as opportunities arise)**	UCGH continues to offer various training and education for medical staff and other health care givers in the community as opportunities arise.
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		**ONGOING (as opportunities arise)**	UCGH continues to encourage employees and their families to participate in healthy lifestyle activities through discounted memberships at local facilities.	**ONGOING (as opportunities arise)**	UCGH continues to encourage employees and their families to participate in healthy lifestyle activities through discounted memberships at local facilities.	**ONGOING (as opportunities arise)**	UCGH continues to encourage employees and their families to participate in healthy lifestyle activities through discounted memberships at local facilities.
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	*Lab Health Fair*	**ONGOING (as opportunities arise)**	UCGH continues to participate in health fairs to provide education and various screenings.	**ONGOING (as opportunities arise)**	UCGH continues to participate in health fairs to provide education and various screenings.	**ONGOING (as opportunities arise)**	UCGH continues to participate in health fairs to provide education and various screenings.

Implementation Activity	Responsible Leader(s)	Examples	FY 2023		FY 2024		FY 2025	
			Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
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		**ONGOING (as opportunities arise)**	UCGH continues to host open house events with educational sessions and various screenings/tests for community members.	**DISCONTINUED**	This activity was discontinued in FY 2023.	**DISCONTINUED**	This activity was discontinued in FY 2023.
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		**ONGOING (as opportunities arise)**	UCGH continues to provide trauma education in the community to maintain its Level 4 Trauma Center status.	**ONGOING (as opportunities arise)**	UCGH continues to provide trauma education in the community to maintain its Level 4 Trauma Center status.	**ONGOING (as opportunities arise)**	UCGH continues to provide trauma education in the community to maintain its Level 4 Trauma Center status.
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	*UCGH, Des Moines Health Center, drive thru clinic at Ranch Market*	**ONGOING (as opportunities arise)**	UCGH continues to offer free flu shots for the donation of 2 non-perishable food items to donate to the local community food drive.	**ONGOING (as opportunities arise)**	UCGH continues to offer free flu shots for the donation of 2 non-perishable food items to donate to the local community food drive.	**ONGOING (as opportunities arise)**	UCGH continues to offer free flu shots for the donation of 2 non-perishable food items to donate to the local community food drive.
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		**ONGOING (as opportunities arise)**	UCGH staff continue to serve as members of local organizations as opportunities arise.	**ONGOING (as opportunities arise)**	UCGH staff continue to serve as members of local organizations as opportunities arise.	**ONGOING (as opportunities arise)**	UCGH staff continue to serve as members of local organizations as opportunities arise.
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		**ONGOING (as opportunities arise)**	UCGH continues to provide trauma education on a regular basis for hospital and EMS staff.	**ONGOING (as opportunities arise)**	UCGH continues to provide trauma education on a regular basis for hospital and EMS staff.	**ONGOING (as opportunities arise)**	UCGH continues to provide trauma education on a regular basis for hospital and EMS staff.
6.I. UCGH will continue their partnership with the Sexual Assault Prevention program in the community.	CCO		**ONGOING (as opportunities arise)**	UCGH continues its partnership with the local Sexual Assault Prevention program.	**ONGOING (as opportunities arise)**	UCGH continues its partnership with the local Sexual Assault Prevention program.	**ONGOING (as opportunities arise)**	UCGH continues its partnership with the local Sexual Assault Prevention program.

Implementation Activity	Responsible Leader(s)	Examples	FY 2023		FY 2024		FY 2025	
			Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.J. UCGH will continue marketing social media, print advertisement and website enhancements to increase professionalism and community awareness of hospital service offerings.	CEO		**ONGOING (as opportunities arise)**	UCGH continues marketing efforts to increase community awareness of hospital service offerings.	**ONGOING (as opportunities arise)**	UCGH continues marketing efforts to increase community awareness of hospital service offerings.	**ONGOING (as opportunities arise)**	UCGH continues marketing efforts to increase community awareness of hospital service offerings.
6.K. UCGH will explore engaging local employers through the provision of drug screens, TB tests, flu vaccinations and bone scans for staff.	CCO		**ONGOING (as opportunities arise)**	UCGH continues to partner with local employers to provide various services (EX: drug screens for the local prison, flu vaccinations for employees at local organizations).	**ONGOING (as opportunities arise)**	UCGH continues to partner with local employers to provide various services (EX: drug screens for the local prison, flu vaccinations for employees at local organizations).	**ONGOING (as opportunities arise)**	UCGH continues to partner with local employers to provide various services (EX: drug screens for the local prison, flu vaccinations for employees at local organizations).
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		**ONGOING (as opportunities arise)**	UCGH continues to participate in the Emergency Planning Committee.	**ONGOING (as opportunities arise)**	UCGH continues to participate in the Emergency Planning Committee.	**ONGOING (as opportunities arise)**	UCGH continues to participate in the Emergency Planning Committee.
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	*opioid-free treatment plans for pain management, swing-bed program, MediSpa services (ex. Acupuncture, permanent makeup, infusion therapy)*	**ONGOING (as opportunities arise)**	UCGH offers educational opportunities on a variety of health topics as opportunities arise.	**ONGOING (as opportunities arise)**	UCGH offers educational opportunities on a variety of health topics as opportunities arise.	**ONGOING (as opportunities arise)**	UCGH offers educational opportunities on a variety of health topics as opportunities arise.
6.N. UCGH will continue to schedule follow up appointments with patients' providers upon discharge, when necessary. Additionally, UCGH is looking into calling patients for appointments for check ups (EX. Well child, colonoscopies, etc.)	CEO, CCO		**ONGOING (as opportunities arise)**	UCGH schedules follow up appointments and contacts patients for check ups as appropriate.	**ONGOING (as opportunities arise)**	UCGH schedules follow up appointments and contacts patients for check ups as appropriate.	**ONGOING (as opportunities arise)**	UCGH schedules follow up appointments and contacts patients for check ups as appropriate.
6.O. UCGH 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 (as opportunities arise)**	UCGH continues to host the mobile Mammography van 10-12 times per year and assist with scheduling as appropriate.	**ONGOING (as opportunities arise)**	UCGH continues to host the mobile Mammography van 10-12 times per year and assist with scheduling as appropriate.	**ONGOING (as opportunities arise)**	UCGH continues to host the mobile Mammography van 10-12 times per year and assist with scheduling as appropriate.

Implementation Activity	Responsible Leader(s)	Examples	FY 2023		FY 2024		FY 2025	
			Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.P. 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 (as opportunities arise)**	UCGH continues to host the mobile MRI van on a weekly basis and provide scheduling services for patients.	**ONGOING (as opportunities arise)**	UCGH continues to host the mobile MRI van on a weekly basis and provide scheduling services for patients.	**ONGOING (as opportunities arise)**	UCGH continues to host the mobile MRI van on a weekly basis and provide scheduling services for patients.

PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

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 Prioritized Needs

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

Source: Union County General Hospital, 2019 and 2022 Community Health Needs Assessment and Implementation Plan reports, http://ucgh.net/about-us/; information accessed February 28, 2025.

2025 CHNA PRELIMINARY HEALTH NEEDS

2025 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 Recruitment & Retention of Healthcare Workforce
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

CHC Community Hospital Consulting

PRIORITIZATION

The Prioritization Process

- In March 2025, 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
  - Andrea Naranjo, Human Resource Director
  - Holly Alvarez, Executive Assistant
- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

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

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

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Health Needs Ranking

- Hospital leadership participated in a prioritization process using a structured matrix to rank the health needs in order of importance, resulting in the following order:

1. Continued Recruitment & Retention of Healthcare 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. Access to Dental Care Services and Providers
5. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Final Priorities

- Hospital leadership decided to address all five 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 Healthcare 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. Access to Dental Care Services and Providers
5. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

CHC Community Hospital Consulting

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	www.nmececd.org	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	nmwic.org	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	genesishcc.com/clayton	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	(505) 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	418 N. Main., Clovis, NM 88101	(575) 762-4505	-	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	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.
Eye & Vision Care				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
NM Lions Club	(please call)	Statewide: (575) 938-3124	-	Eyeglasses

Union County Community Resources

Home Health Care				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Golden Spread Coalition	113 Walnut St, Clayton, NM 88415	Phone: (575) 374-6207, Fax: (575) 374-0566	-	Caregiver services for individuals who qualify through Medicaid or private-pay caregivers for in-home care.

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.
Krossroads Integrative Health and Recovery Services	834 Main Street Clayton, NM 88415	(505) 602-2878 X-501	Krossroadsnm.org	Offering Behavioral Health and Substance Abuse Services to adults and children in the northeast part of New Mexico to include Raton, Las Vegas, 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

Union County Community Resources

Veteran's Services				
Program Name	**Address**	**Phone**	**Website**	**Services Provided**
Veterans Medical Outreach Clinic	1275 South 2nd St, Raton, NM 87740	(575) 445-2391	http://www.state.nm.us/veterans	VA primary care facility
Veteran's Administration	Las Vegas, NM	(505) 346-4804	http://www.state.nm.us/veterans	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.
  - While our objective was to capture county-level data for this report, data was either unavailable or suppressed due to limitations related to sample size or confidentiality constraints.
  - Links included for sources were accurate when this report was published.

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.chc.com

CHC Community Hospital Consulting

APPENDIX

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

SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**
  - This study utilized demographic data from **Syntellis.**
  - The **United States Census Bureau**, provides foreign-born population statistics by county and state; https://data.census.gov/table?q=DP02&g=010XX00US_040XX00US31_050XX00US31145.
  - 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 and transportation data at the county and state level: https://datausa.io/.
  - **Economic Policy Institute**, **Family Budget Map** provides a break down of estimates monthly costs in specific categories for Union County; https://www.epi.org/resources/budget/budget-map/.
  - Food insecurity information is pulled from **Feeding America's Map the Meal Gap**, which provides food insecurity data by county 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.
  - 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 **Small Area Income & Poverty Estimates (SAIPE)**, filtered for Union County, NM, provides information on children poverty estimates. Data can be found at: https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c**.**
- **Health Data**
  - The **County Health Rankings & Roadmaps (CHR&R)**, a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive; http://www.countyhealthrankings.org/.

Summary of Data Sources

- **Health Data (continued)**
  - The **New Mexico's Health Indicator Data & Statistics** provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty.
  - This study utilizes a state level data from Center for Disease Control and Prevention, Chronic Disease Indicators, filtered for New Mexico; https://www.cdc.gov/cdi/.
  - This study utilizes a county level data from Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2022 Release, filtered for Union County, NM; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2022-releas/xyst-f73f/about_data.
  - This study utilizes a county level data from Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2023 Release, filtered for Union County, NM; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2023-releas/7cmc-7y5g/about_data.
  - This study utilizes a county level data from Center for Disease Control and Prevention, PLACES: Local Data for Better Health, County Data 2024 Release, filtered for Union County, NM; https://data.cdc.gov/500-Cities-Places/PLACES-County-Data-GIS-Friendly-Format-2024-releas/i46a-9kgh/about_data. 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 **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 December 16, 2024 – January 9, 2025.
  - Interviews were conducted and summarized by Raegen Price, Planning Analyst.

DATA REFERENCES

Distressed Communities Index

- The Distressed Communities Index (DCI) brings attention to the deep disparities in economic well-being that separate U.S. communities. The latest Census data is used to sort zip codes, counties, and congressional districts into five quintiles of well-being: **prosperous**, **comfortable**, **mid-tier**, **at risk**, and **distressed**. The index allows us to explore disparities within and across cities and states, as well.
- The seven components of the index are:
  1. **No high school diploma:** Share of the 25 and older population without a high school diploma or equivalent.
  2. **Housing vacancy rate:** Share of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use.
  3. **Adults not working:** Share of the prime-age (25-54) population that is not currently employed.
  4. **Poverty rate:** Share of the population below the poverty line.
  5. **Median income ratio:** Median household income as a share of metro area median household income (or state, for non-metro areas and all congressional districts).
  6. **Changes in employment:** Percent change in the number of jobs over the past five years.
  7. **Changes in establishments:** Percent change in the number of business establishments over the past five years.

Source: Economic Innovation Group, Methodology; https://eig.org/distressed-communities/?geo=states&lat=38.01&lon=-96.42&z=4.32&showAbout=true; data accessed March 4, 2025.

2025 Poverty Guidelines

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	**Poverty guideline**
1	$15,650
2	$21,150
3	$26,650
4	$32,150
5	$37,650
6	$43,150
7	$48,650
8	$54,150
For families/households with more than 8 persons, add $5,500 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines; data accessed February 3, 2025.

MUA/P AND HPSA INFORMATION

Medically Underserved Areas/Populations

Background

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

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed March 27, 2025.

Medically Underserved Areas/Populations

Background (continued)

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

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed March 27, 2025.

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)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed March 27, 2025.

Health Professional Shortage Areas

Background (continued)

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

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, http://www.hrsa.gov/; data accessed March 27, 2025.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1355837695	Union County	Geographic HPSA	New Mexico	Union County, NM	0.99	16	17	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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7357490517	UNION COUNTY HEALTH CENTER	Rural Health Clinic	New Mexico	Union County, NM		12	NA	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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6353356173	UNION COUNTY HEALTH CENTER	Rural Health Clinic	New Mexico	Union County, NM		15	NA	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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6352562735	Union County	Geographic HPSA	New Mexico	Union County, NM	0.69	17	NA	Designated	Rural	02/09/2022	02/09/2022

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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7357820146	Union County	High Needs Geographic HPSA	New Mexico	Union County, NM	0.23	14	NA	Designated	Rural	05/24/2023	05/24/2023

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

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1351614952	UNION COUNTY HEALTH CENTER	Rural Health Clinic	New Mexico	Union County, NM		17	14	Designated	Rural	08/06/2021	03/18/2023

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date

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	
Judith Cooper	Attorney Board President	Beck & Cooper Union County General Hospital	12/16/2024	Multi-county area; including Union County	Raegen Price		X		General Public
Angela Fleming, RN	Nurse Manager	Health Services, Raton-Colfax Public Health Office	12/16/2024	Multi-county area; including Union County	Raegen Price	X			General Public
Jay Fluhman, FNP	Family Nurse Practitioner	Union County Health Center	1/8/2025	Multi-county area; including Union County	Raegen Price		X		General Public
Carolyn Kear	Executive Director	Clayton Nursing Home	12/20/2024	Union County	Raegen Price		X		Seniors, Elderly
Ray Maestas	Superintendent	Clayton Public Schools	12/18/2024	Union County	Raegen Price		X		Youth
David Prather	President	Bank of Clayton	12/16/2024	Union County	Raegen Price			X	General Public
Craig Reeves	Citizen Board Treasurer	Union County Union County General Hospital	12/17/2024	Multi-county area; including Union County	Raegen Price		X		General Public
Eva Vital	Counselor	Team Builders	1/9/2025	Multi-county area; including Union County	Raegen Price		X		Mental Health
Hannah Wells, LCWS	School Social Worker	Clayton Public Schools	12/18/2024	Union County	Raegen Price		X		Youth
Dr. Mark Van Wormer	Physician	Union County General Hospital	12/18/2024	Multi-county area; including Union County	Raegen Price		X		General Public
Jessica Wright, FNP	Family Nurse Practitioner	Union County Health Center	1/2/2025	Multi-county area; including Union County	Raegen Price		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 CHC Consulting, December 16, 2024 - January 9, 2025.

Section 2:

Implementation Plan

Union County General Hospital
FY 2026 - FY 2028 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, reviewed the research findings in March 2025 to prioritize the community health needs. Five 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 list of prioritized needs, in descending order, is listed below:
1.) Continued Recruitment & Retention of Healthcare 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.) Access to Dental Care Services and Providers
5.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

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

Hospital leadership has developed an implementation plan to identify specific activities and services which directly address the identified 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, and annual updates and progress (as appropriate).

The UCGH Board reviewed and adopted the 2025 Community Health Needs Assessment and Implementation Plan on May 27, 2025.

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

Rationale:

Union County faces significant challenges in recruiting and retaining healthcare professionals. Specifically, the ratio of population to primary care physicians in the county is substantially higher than both the state and national averages. This indicates that Union County has far fewer primary care physicians available to serve its population compared to New Mexico and the United States as a whole. Additionally, Union County is designated as a Health Professional Shortage Area and a Medically Underserved Area as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees mentioned the necessity to travel long distances for specialized medical services, as highlighted by the quote, "We just don't really have any specialists here so we have to go out of town." This includes traveling to cities like Amarillo, Albuquerque, Santa Fe, Las Vegas, Raton and Dalhart for various needs, ranging from routine referrals to urgent care.

The interviewees also mentioned challenges with vision services, citing limited availability and affordability. Furthermore, transportation barriers, especially for dialysis patients, and insurance limitations across state lines exacerbate the problem. There's a strong desire for more local services, including dental, cardiology, orthopedic, ENT, general surgery, nephrology, OB/GYN, physiatry, and pulmonology.

Interviewees mentioned a healthcare workforce shortage, making it difficult for residents to receive timely and appropriate primary care. The interviewees also note a perceived community preference for physicians over advanced practitioners, such as nurse practitioners (NPs), even though NPs can often provide access to care in a more timely manner. There's also concern about the aging provider workforce and insurance reimbursement challenges, impacting the sustainability of care.

The limited availability of clinic appointments and the lack of local urgent care clinics leads to frustration and increased use of the emergency room for non-emergent issues or patients foregoing care. The frustration around appointment availability was mentioned, with residents expressing that "People give up and don't even try" after repeated failed attempts to schedule appointments. Lastly, there's a strong desire for an additional primary care physician in the clinic to alleviate the long wait times and improve access to care.

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)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
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:*** Pain Management, MediSpa, Swing-bed program, additional PRN coverage of specialty surgeons, primary care						
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 offers tuition assistance for staff looking to further their education, scholarships within the community for hard-to-fill positions, local school scholarships, and is working on partnering with local schools and colleges for increased student enrollment and positions for local students within their program.	CEO, CCO, CFO							
1.D. UCGH will continue to provide various training and education for hospital staff and other health care givers in the community.	CEO, CCO	***Current Examples:*** 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:

Union County experiences significant challenges related to access to mental and behavioral health care services. The county has a higher percentage of adults reporting depression compared to the state. Furthermore, a greater proportion of adults in Union County report experiencing prolonged periods of poor mental health, specifically 14 or more days, when compared to the statewide average.

The interviewees express deep concerns about the limited access to mental and behavioral health care in their community. The shortage of therapists is leading to lengthy wait times for therapy, as one interviewee states, "Wait times for therapy are a few months." Interviewees highlighted the inadequacy of mental health services for children, with another interviewee noting, "Mental health care and counseling services for our children are lacking." The post-COVID era has seen an increase in psychiatric related ER visits, but the lack of local services to address crisis cases, including telemedicine, forces patients to travel long distances, often across state lines, for evaluations.

The interviewees perceive an insufficient mental health infrastructure not just locally, but across New Mexico, with one stating, "The whole state of New Mexico...lacks a strong mental health infrastructure." They also point to the gaps in care due to high provider turnover which leaves patients without consistent access to psychiatrists and medications. Furthermore, the interviewees link the increasing rates of homelessness to the legalization of marijuana and drug abuse, exacerbating mental health challenges. The geographical isolation of the community acts as a significant barrier, as individuals with mental health issues are less likely to travel for care, leading to medication non-compliance.

Objective:

Provide a point of access for mental health services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
2.A. 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							

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

Rationale:

Union County has an older median age as compared to the state and increasing populations of both the 65+ age individuals and Hispanic residents. Economically, Union County has a lower median household income, a lower percentage of residents with a bachelor's or advanced degree, and a higher economic distress score, indicating a more distressed economic situation than most other counties in New Mexico. For the average two-parent, two-child family in Union County, health care is estimated to be the highest monthly cost.

Furthermore, Union County experiences higher rates of poverty among families and children, as well as greater food insecurity among both the general population and children, when compared to the state. The county also has a lower cohort graduation rate than both the state and national averages. As compared to the state, a higher percentage of adults in Union County are uninsured, and a larger percentage of households lack access to a motor vehicle, which can hinder access to healthcare and other essential services.

Economically, interviewees mentioned the struggle with low wages and limited job opportunities, forcing many to move in order to find employment elsewhere. This financial strain also led to reliance on Medicaid, which was often stigmatized, even though many couldn't afford private insurance. As one person stated, "You would have to have a really good job to make a really good income here. Regular positions are going to keep people at a low socio-economic status." Additionally, interviewees talked about low wages and limited housing options contribute to ongoing financial hardship and economic struggles and the continued focus on improving transportation. Lastly, misuse of the ER due to lack of primary care were also highlighted as significant challenges.

Interviewees discussed the lack of stable home environments for the youth, with interviewees noting children being raised by various relatives or guardians and "kids just don't have structure at home." This instability contributes to youth running away from home and housing insecurity, with concerns raised about "neglect of kids" and families being "technically homeless."

Interviewees express concern about the lack of prioritization of healthcare by some parents and the challenges within the education system, including a high school that is “falling apart” and difficulty retaining teachers. The impact of COVID-19 on students' reintegration into school and the rise in behavioral and mental health issues, including bullying and increased suicidal ideation, are also highlighted. Furthermore, interviewees discussed substance use as a major problem, with teenagers frequently using marijuana and alcohol, and even younger children struggling with drugs. The unreliable nature of psychiatric care and medication management further exacerbates the challenges faced by these vulnerable youth.

The interviewees highlighted a significant perceived lack of services for the elderly when the population is rapidly aging. There was also a desire for more resources to assist with home health options, mental health services, grocery shopping, and technology navigation. Financial hardship, as mentioned in the quote, "The cost of everything has affected those on a fixed income," coupled with limited transportation, further restrict the elderly's access to essential services.

Several populations were identified by interviewees as being at risk of inadequate care due to health disparities. These include the elderly, facing transportation, limited availability of services, need for more caretakers, limited capacity in local nursing homes, technological barriers, behavioral health concerns, lack of home health care and reluctance to go into a nursing home, and barriers that come with a fixed income. The youth are also mentioned as struggling with limited mental health services, bullying, social and academic challenges post-COVID-19, communication issues, lack of insurance coverage, home insecurity/instability, drug abuse, mental health concerns stemming from lack of stable homes, and limited access to pediatricians. Low-income individuals face insurance affordability issues, transportation barriers, limited utilization of federal programs, and mental health and drug use concerns. The racial/ethnic population experiences difficulty accessing care due to insurance and language barriers, limited job opportunities, and transportation costs. Veterans struggle with travel challenges and limited access to local VA services. Finally, the homeless population grapples with substance use, poor hygiene, limited healthcare access, potential neglect of children, undesirable living conditions, desire for more resources and/or shelters, and misuse of the ER.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
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							
3.E. 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, Medicare, SNAP and LIHEAP.	CFO							
3.F. UCGH will continue to partner with UNMH in Albuquerque to provide emergency telemedicine services.	CEO, CCO	***Current Examples:*** teleneurology/ neurosurgery, utilization of telehealth in the RHC						
3.G. UCGH will continue to operate a dual clinic to meet RHC and SBHC regulations.	CEO							

Priority #4: Access to Dental Care Services and Providers

Rationale:

Data shows that there are no registered dentists in Union County. Dental care is a particularly acute issue, with residents noting the absence of local services and the need to travel to neighboring states or distant New Mexico towns, illustrated by an interviewee stating, "We don't have dental services. I think our nearest place is Dalhart, which is 40 miles away, and that's in Texas."

Objective:

Provide a point of access for dental health services in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
4.A. UCGH is assessing the potential of implementing a local dental clinic within the community.	CEO, CCO, CFO							

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

Rationale:

Union County faces significant challenges in preventing and managing chronic diseases and unhealthy lifestyles, contributing to higher mortality rates. The county experiences elevated mortality rates from heart disease, cancer, chronic liver disease & cirrhosis, and Alzheimer's disease compared to the state. Union County also has a higher percentage of adults with diabetes, obesity, asthma, arthritis, and disabilities. Additionally, a greater proportion of adults in the county report no leisure-time physical activity and are current smokers, indicating unhealthy lifestyle choices.

Furthermore, for the Medicare population, Union County shows lower rates of preventative screenings, including mammography for women and prostate screenings for men for the compared to the state. The county also has significantly lower rates of flu and pneumonia vaccinations among Medicare beneficiaries. Preventable hospital events are also more frequent in Union County than in the state. These factors highlight a critical need for improved prevention, education, and access to services to address chronic diseases, promote healthy lifestyles, and reduce mortality rates within Union County.

Interviewees cited obesity and diabetes as major issues, with one person noting, "Obesity is going to become a problem. 60% of our population is diabetic." Limited access to safe exercise spaces and healthy food options further exacerbated these health concerns.

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	Current Examples (if applicable)	FY 2026		FY 2027		FY 2028	
			Status	Progress Updates	Status	Progress Updates	Status	Progress Updates
5.A. 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:*** Lab Health Fair						
5.B. 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							
5.C. 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:*** UCGH, Des Moines Health Center, drive thru clinic at Ranch Market						
5.D. 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							
5.E. 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							
5.F. UCGH will continue their partnership with the Sexual Assault Prevention program in the community.	CCO							
5.G. UCGH will explore engaging local employers through the provision of drug screens, TB tests, flu vaccinations and bone scans for staff.	CCO	***Current Examples:*** Local prison (drug screens), local businesses (flu vaccinations)						
5.H. UCGH will continue to participate in 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							
5.I. UCGH will continue to schedule follow up appointments with patients' providers upon discharge, when necessary. Additionally, UCGH is looking into calling patients for appointments for check ups (EX. Well child, colonoscopies, etc.)	CEO, CCO							
5.J. UCGH will continue to host a mobile Mammography van in the hospital parking lot 10-12 times per year (as scheduling needs require and weather permitting), and also assists with scheduling.	CEO							
5.K. UCGH will continue to host and schedule patients for a mobile MRI van in the hospital parking lot once a week.	CEO							

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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