Cibola General Hospital

Cibola County, New Mexico

2025

Community Health Needs Assessment

Approved by Board: *June 30th, 2025*

Ovation Healthcare

Table of Contents

Executive Summary 3

Overview of Community Health Needs Assessment 4

Process & Methods 5

- Community Input 6
- Input on Priority Populations 7
- Input on 2022 CHNA 8

Community Served 9

Demographics of the Community 10

Methods of Identifying Health Needs 11

- Prioritizing Significant Health Needs 12
- Ranked Health Priorities 16

Community Health Characteristics 17

Evaluation & Selection Process 34

Implementation Plan 35

- Mental Health 36
- Substance Use 38
- Healthcare Affordability 40
- Access to Healthcare 42

Appendix 44

- Leading Causes of Death 46
- County Health Rankings 47
- Data and Inputs 48
- Survey Results 52

Executive Summary

Cibola General Hospital ("CGH" or the "Hospital") performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare ("Ovation") to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

1) a definition of the community served by the Hospital and a description of how the community was determined;

2) a description of the process and methods used to conduct the CHNA;

3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;

5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

6) a description of resources potentially available to address the significant health needs identified through the CHNA.

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

The Significant Health Needs in Cibola County identified by this assessment are:

- Mental Health
- Substance Abuse
- Healthcare Affordability
- Access to Healthcare Services

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

Community Health Needs Assessment
Overview

CHNA Purpose

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

Organizational Benefits

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

CHNA Process

Survey the Community

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

Data Analysis

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

Determine Top Health & Social Needs

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

Implementation Planning

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

Process & Methods

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

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

Data Collection and Analysis

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

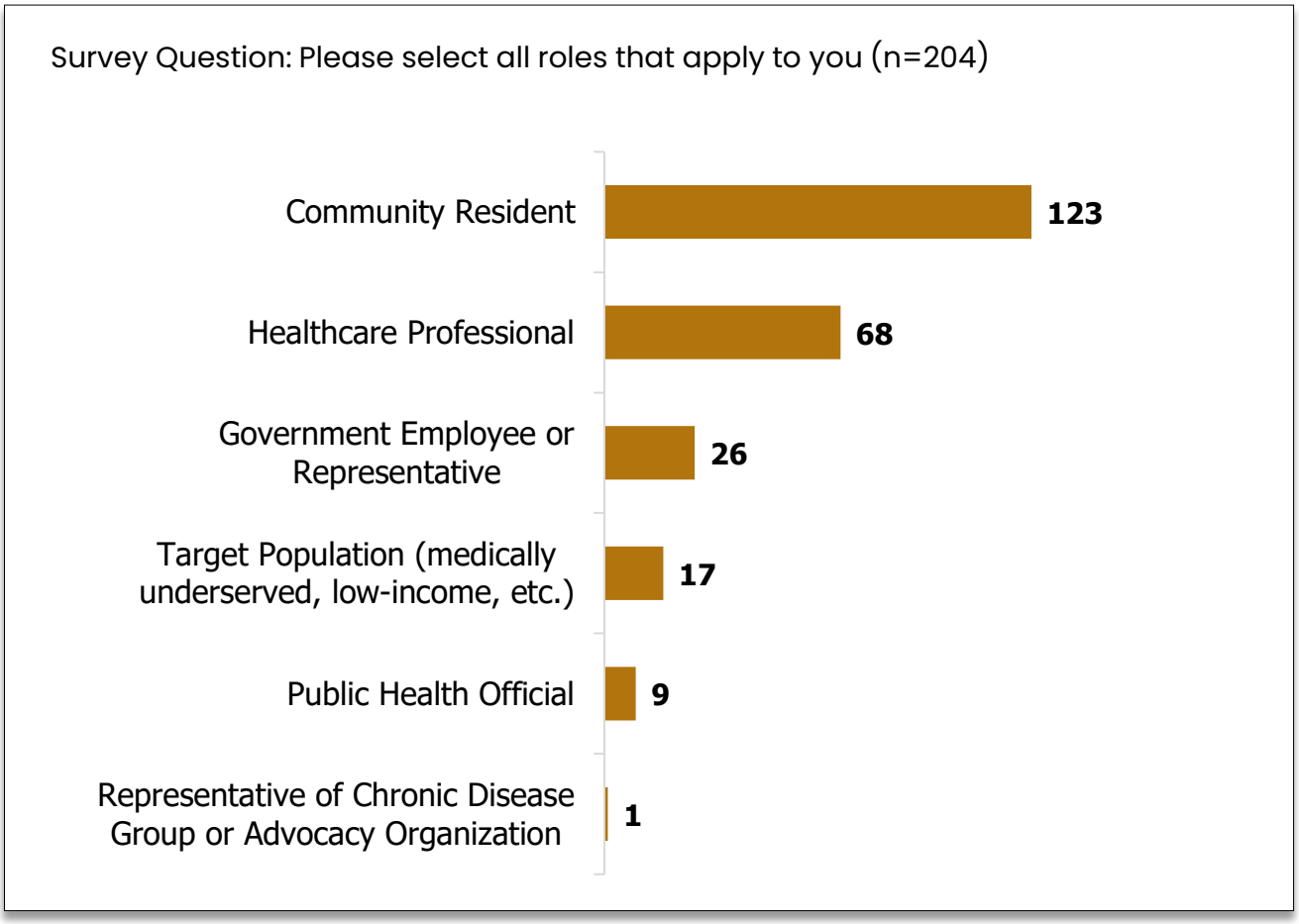
All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's economic, racial, and geographically diverse population. Two-hundred-four (204) survey responses from community members were gathered in December 2024.

Community Input

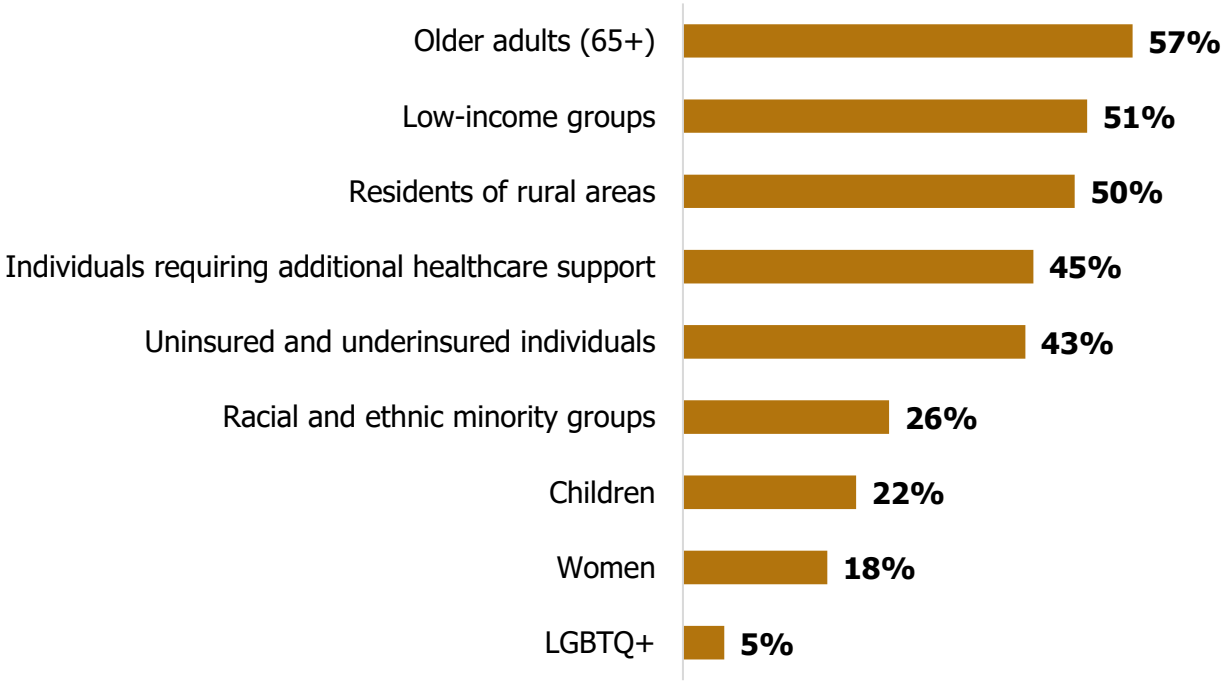
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are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



Priority Populations

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

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



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

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

Lack of Health Insurance | Lack of Transportation | Access to Specialists

Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by CGH since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below, along with a selection of survey responses.

- Behavioral Health
- Access to Healthcare Services
- Prevention/Chronic Disease Management

Impact of Actions to Address the 2022 Significant Health Needs

- CGH has expanded access to healthcare services and providers through continuous recruitment efforts, including the addition of: Family Medicine, Obstetrics/Gynecology, General Surgery, Nephrology, and more.
- New Diagnostic services have been added, including an in-house MRI machine and the Revolution Maxima CT Machine.
- Annually, CGH hosts a health fair with free education programs and discounted screening and lab services.
- CGH hosts a range of education and outreach events, including CPR training, Pink Ribbons event in support of the CGH Mammography Fund, free drive-through flu shot clinic, and Baby & Me – Baby Care Group.

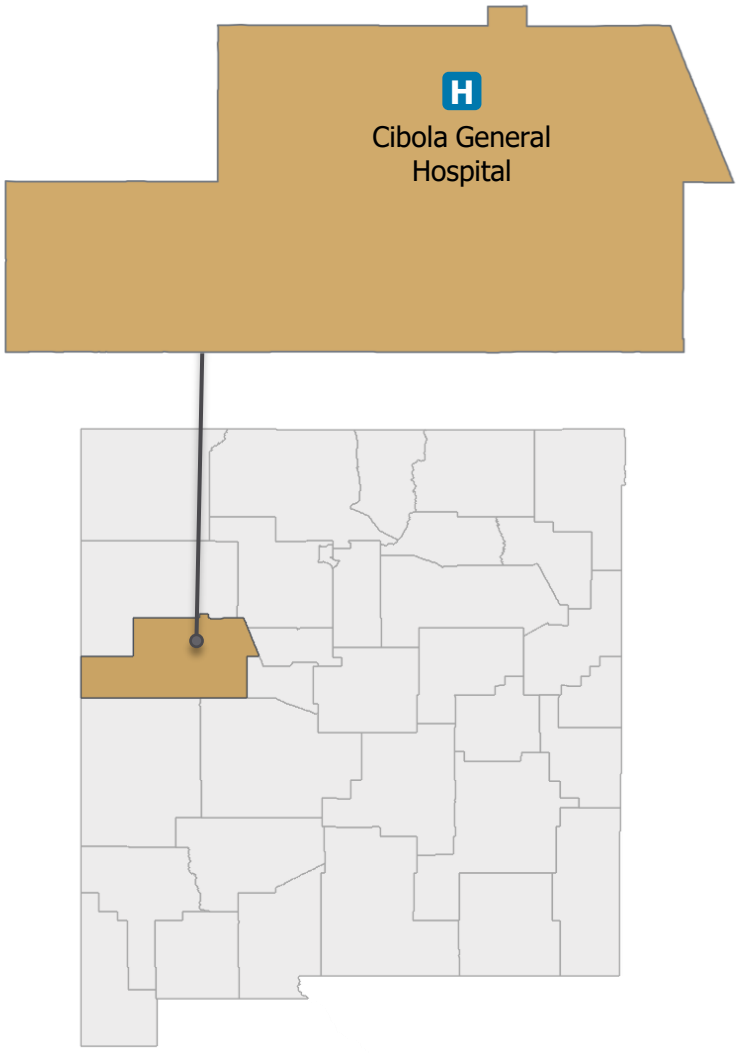
Community Served

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

Service Area

Cibola County, New Mexico

Total Population: **26,950**



Source: County Health Rankings 2024 Report

Service Area Demographics

	Cibola County	New Mexico
Demographics		
Total Population	26,950	2,113,344
Age		
Below 18 Years of Age	24%	22%
Ages 19 to 64	58%	59%
65 and Older	18%	19%
Race & Ethnicity		
Non-Hispanic White	18%	36%
Non-Hispanic Black	1%	2%
American Indian or Alaska Native	45%	11%
Asian	1%	2%
Native Hawaiian or Other Pacific Islander	0%	0%
Hispanic	38%	50%
Gender		
Female	49%	50%
Male	51%	50%
Geography		
Rural	63%	25%
Urban*	37%	75%
Income		
Median Household Income	$45,674	$59,842

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

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

204 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Select

Select priority health needs for implementation plan

Prioritizing Significant Health Needs

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

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

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

Ranked Health Priorities

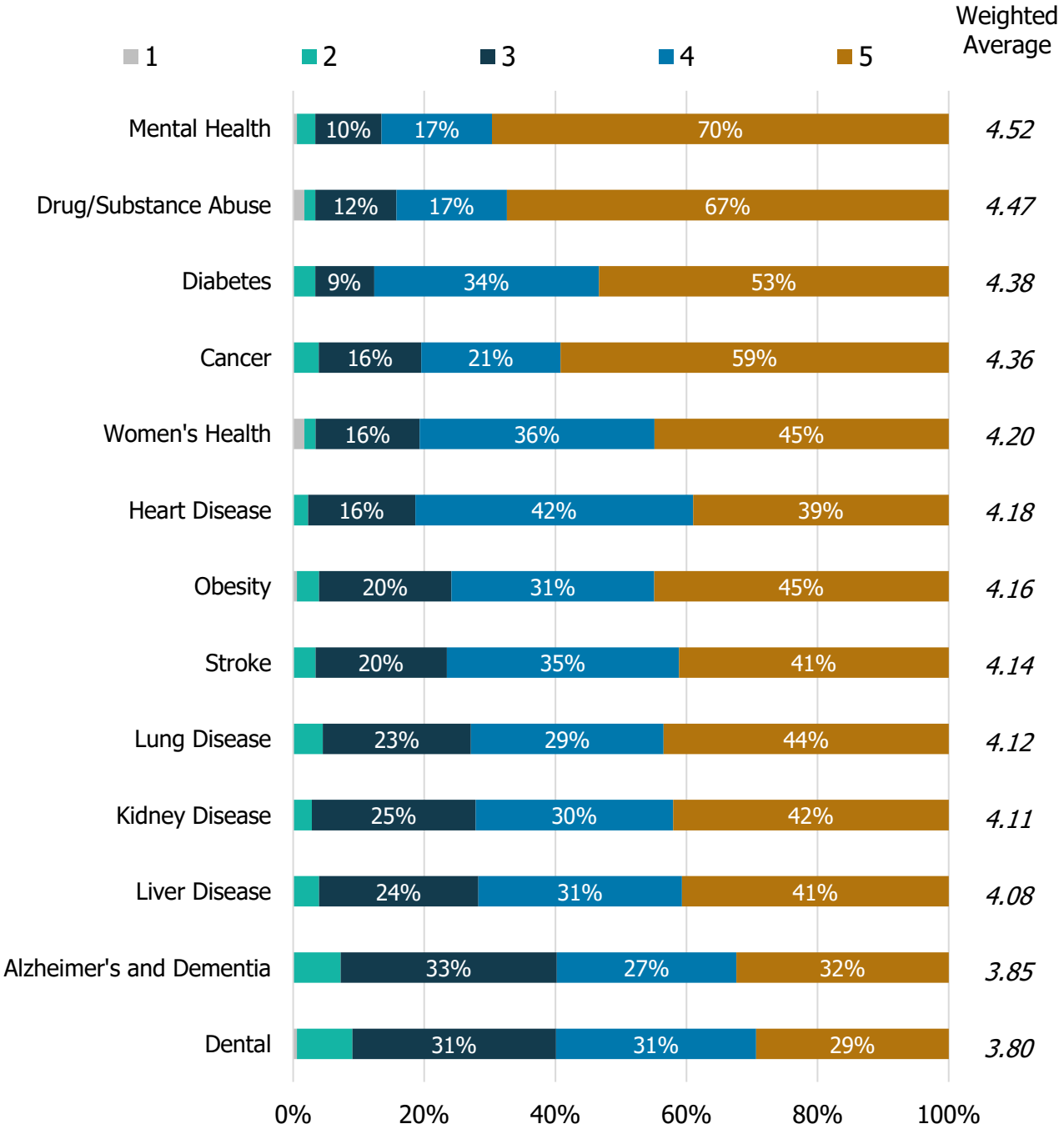
The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given they each uniquely impact the overall health and health outcomes of a community:

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

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

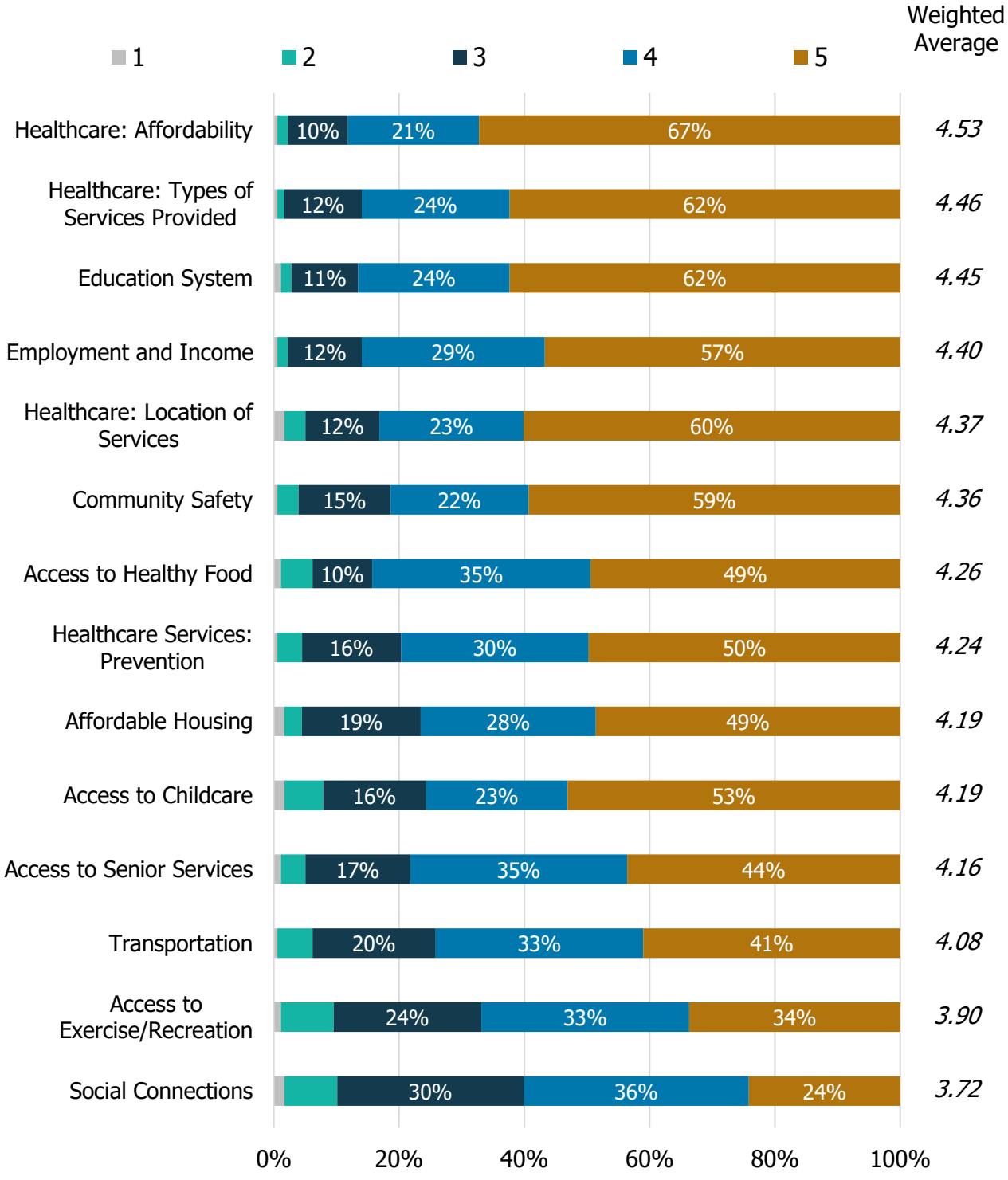
Health Factors

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



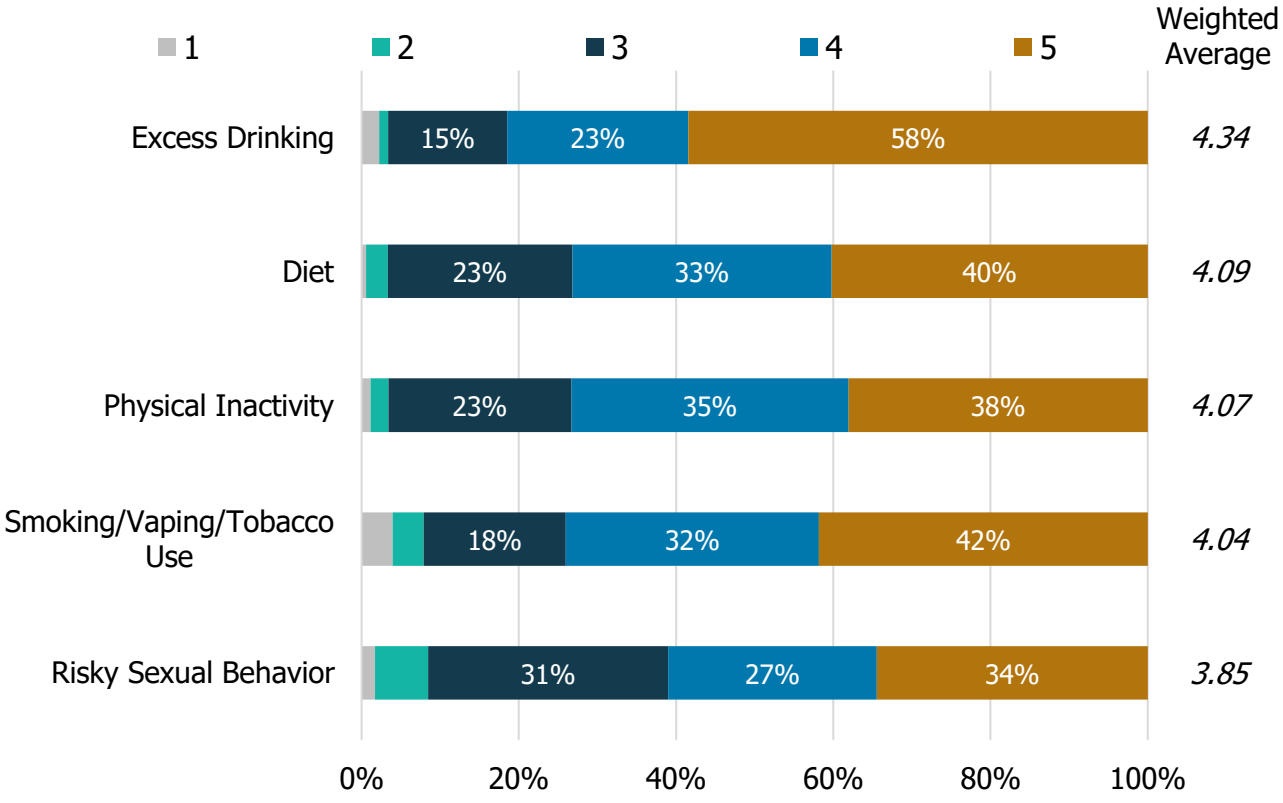
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Healthcare: Affordability	4.53	88.1%
Mental Health	4.52	86.5%
Drug/Substance Abuse	4.47	84.3%
Healthcare: Types of Services Provided	4.46	86.0%
Education System	4.45	86.5%
Employment and Income	4.40	86.0%
Diabetes	4.38	87.6%
Healthcare: Location of Services	4.37	83.1%
Cancer	4.36	80.5%
Community Safety	4.36	81.4%
Excess Drinking	4.34	81.5%
Access to Healthy Food	4.26	84.3%
Healthcare Services: Prevention	4.24	79.7%
Women's Health	4.20	80.7%
Access to Childcare	4.19	75.7%
Affordable Housing	4.19	76.5%
Heart Disease	4.18	81.4%
Obesity	4.16	75.8%
Access to Senior Services	4.16	78.2%
Stroke	4.14	76.6%
Lung Disease	4.12	72.9%
Kidney Disease	4.11	72.2%
Diet	4.09	73.2%
Liver Disease	4.08	71.8%
Transportation	4.08	74.2%
Physical Inactivity	4.07	73.3%
Smoking/Vaping/Tobacco Use	4.04	74.0%
Access to Exercise/Recreation	3.90	66.9%
Alzheimer's and Dementia	3.85	59.8%
Risky Sexual Behavior	3.85	61.0%
Dental	3.80	59.9%
Social Connections	3.72	60.1%

Community Health Characteristics

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

Behavioral Health

Mental Health

Mental health was the #2 community-identified health priority with 87% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Cibola County is 22.3 which is lower than the New Mexico average (CDC Final Deaths).

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

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

	Cibola County	New Mexico
Suicide Mortality Rate per 100,000 (2022)	22.3	25.0
Poor Mental Health Days past 30 days (2021)	5.7	4.7
Population per 1 Mental Health Provider (2023)	270:1	224:1

Source: CDC Final Deaths, County Health Rankings 2024 Report

Drug, Substance, and Alcohol Use

Drug/substance abuse was identified as the #3 priority with 84% of survey respondents rating it as an important factor to address in the community. Additionally, 81% of respondents think excessive drinking and 74% believe that smoking and tobacco use are major issues in the community.

Cibola County has a lower rate of drug overdose deaths compared to the state. The county's rate of excessive drinking is lower than New Mexico's (15% and 16% respectively) though its smoking rate is higher than the state's (23% and 14% respectively).

	Cibola County	New Mexico
Drug-Related Overdose Deaths per 100,000 (2020-2022)	24.9	38.5
Excessive Drinking (2022)	15%	16%
Alcohol-Impaired Driving Deaths (2017-2021)	28%	29%
Adult Smoking (2022)	23%	14%

Source: County Health Rankings 2024 Report

Chronic Diseases

Cancer

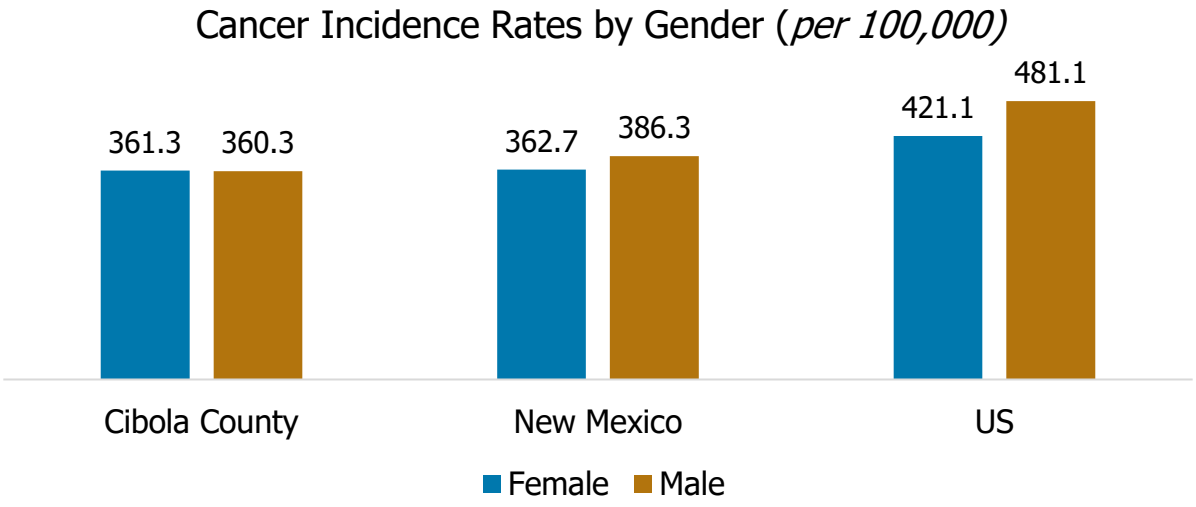
Cancer is the 2nd leading cause of death in Cibola County (CDC Final Deaths). In the community survey, 37% of respondents said they would like to see additional access to cancer care in Cibola County.

The cancer incidence rate is lower in Cibola County compared to New Mexico though the mortality rate is higher in the county. A higher cancer mortality rate with a lower incidence rate suggests late diagnoses or limited access to quality care. This pattern often indicates barriers to early detection and treatment, particularly in underserved communities.

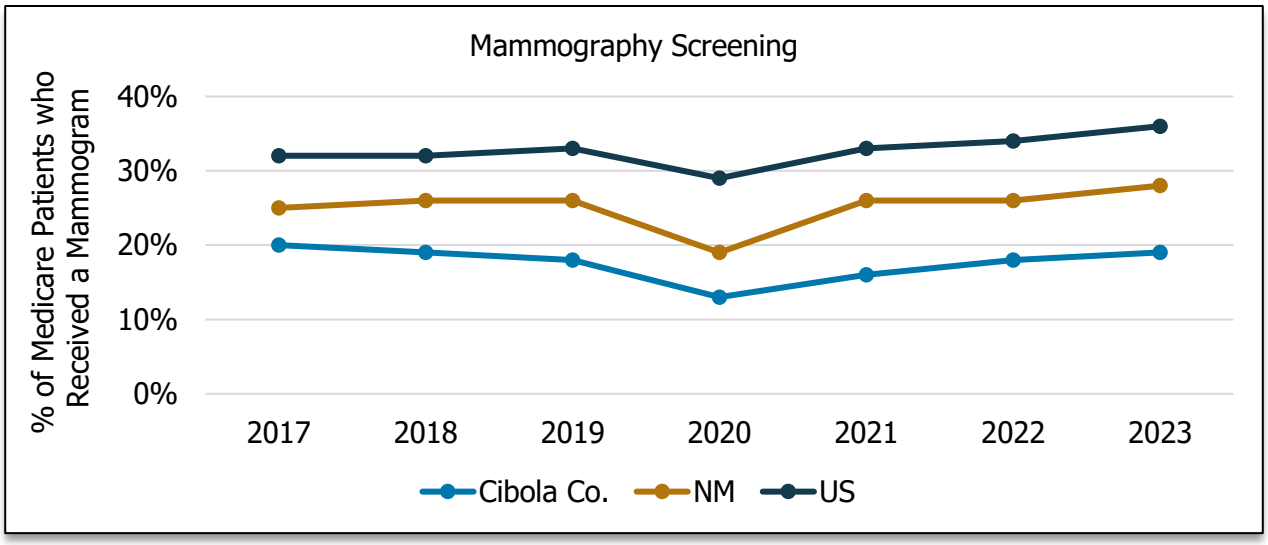
When evaluating health equity across genders, men have higher incidence rates of cancer compared to women in New Mexico and the US, though women and men in Cibola County have similar incidence rates. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and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

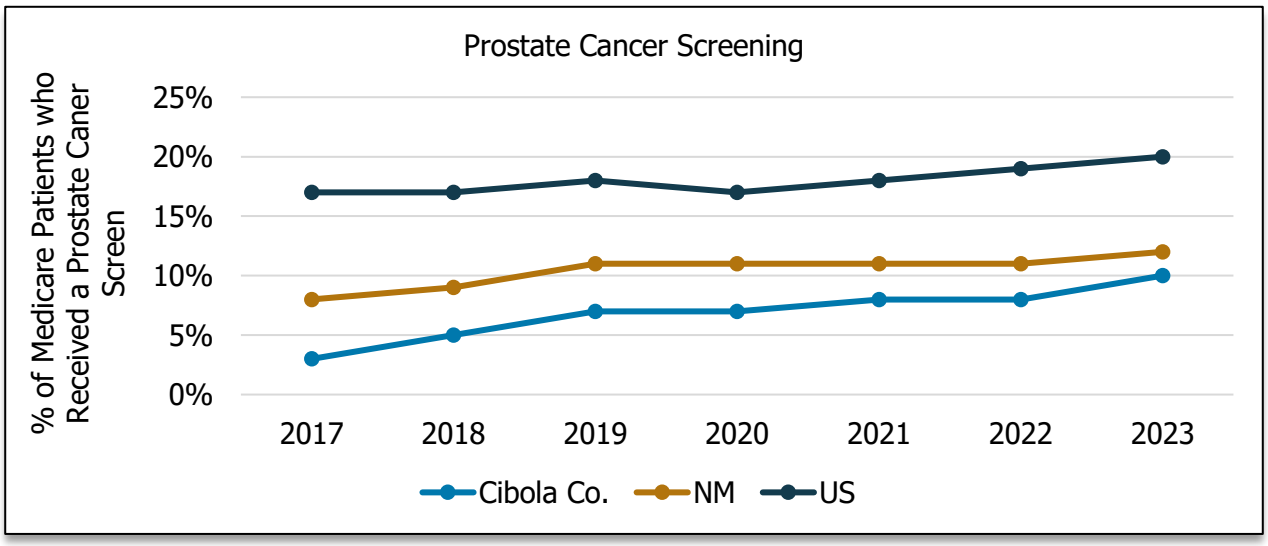
	Cibola County	New Mexico
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	356.7	370.7
Cancer Mortality Rate per 100,000 (2022)	151.8	137.3

Source: CDC, National Cancer Institute



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



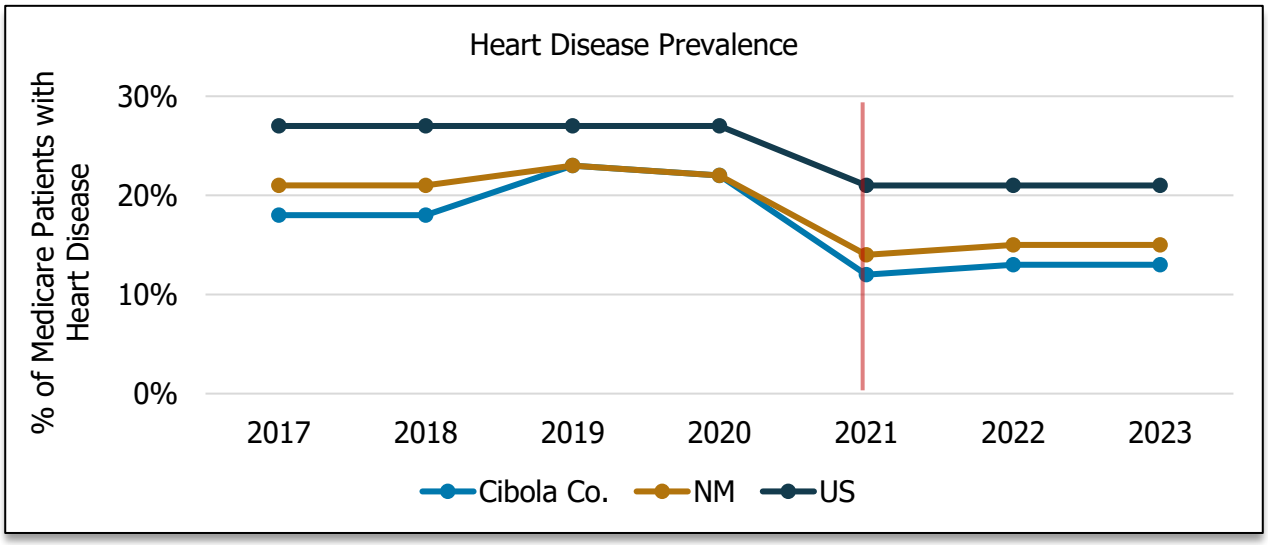


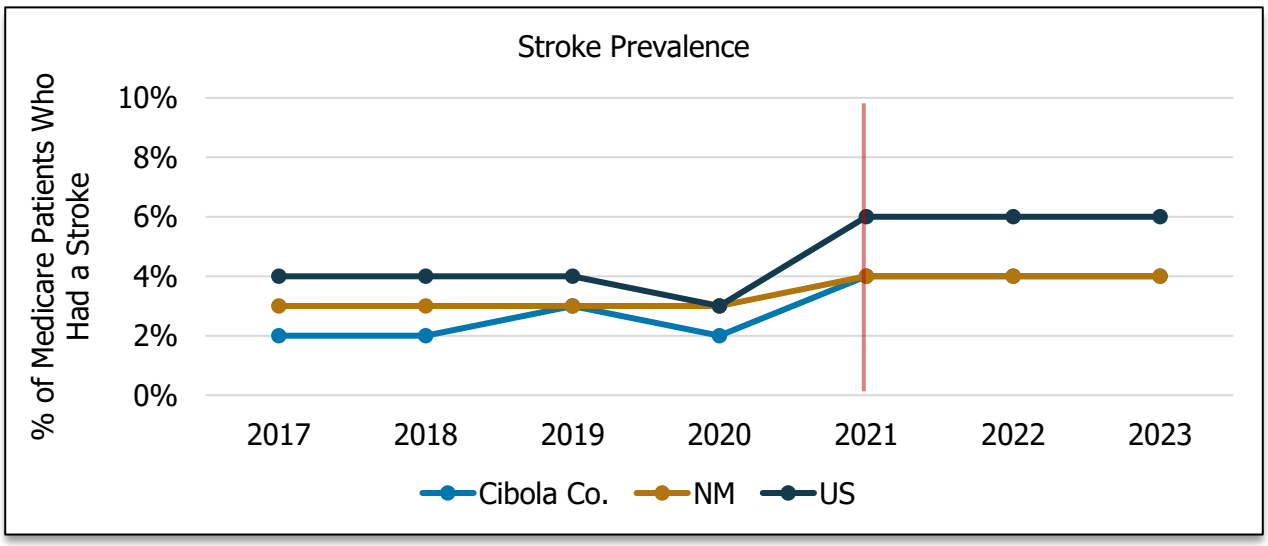
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Cibola County and the county has a mortality rate higher than the state (224.2 compared to 156.5 per 100,000 respectively). Stroke is the 5th leading cause of death in Cibola County with a mortality rate of 40.3 per 100,000 compared to 37.2 in the state (CDC Final Deaths).

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





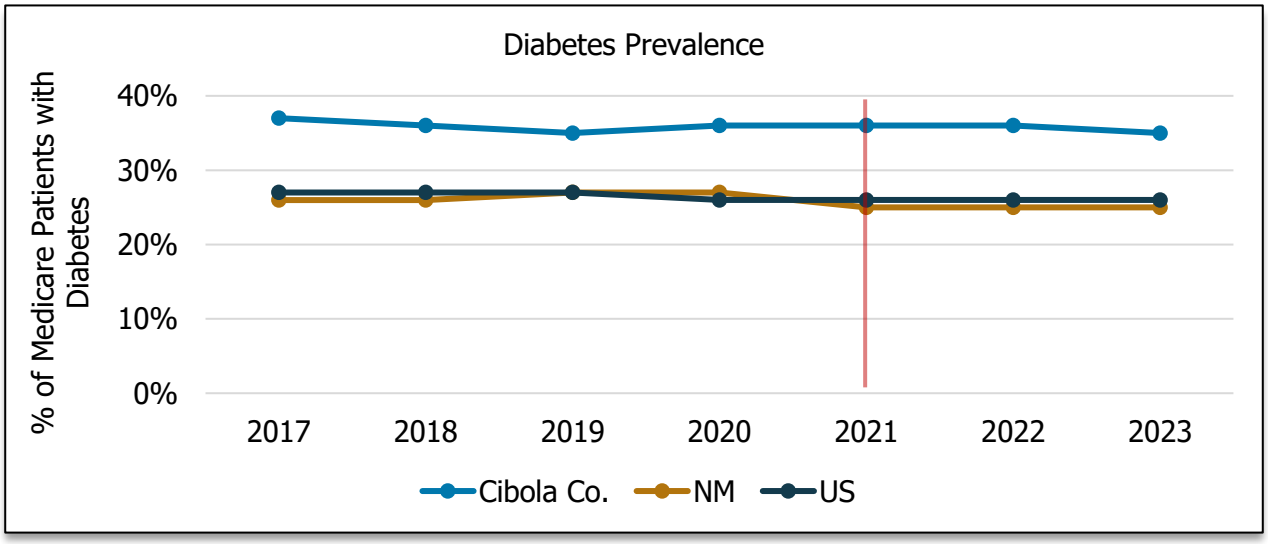
Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Cibola County is higher than in New Mexico and the county also sees a higher diabetes mortality rate than the state (CDC Final Deaths). When evaluating the Medicare population, Cibola County has a higher prevalence of diabetes compared to the state though rates have remained stable over the past decade.

	Cibola County	New Mexico
Diabetes Mortality Rate per 100,000 (2022)	55.2	31.0
Diabetes Prevalence (2022)	15%	12%

Source: CDC Final Deaths, County Health Rankings 2024 Report



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

Obesity and Unhealthy Eating

In Cibola County, adults have higher rates of obesity than in New Mexico on average. Additionally, the county sees higher rates of physical inactivity than the state, as well as limited access to healthy foods. This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Cibola County	New Mexico
Adult Obesity (2022)	38%	35%
Limited Access to Healthy Foods (2019)	22%	13%
Physical Inactivity (2022)	29%	22%
Access to Exercise Opportunities (2023)	53%	75%

Source: County Health Rankings 2024 Report

Healthcare Access

Access & Affordability

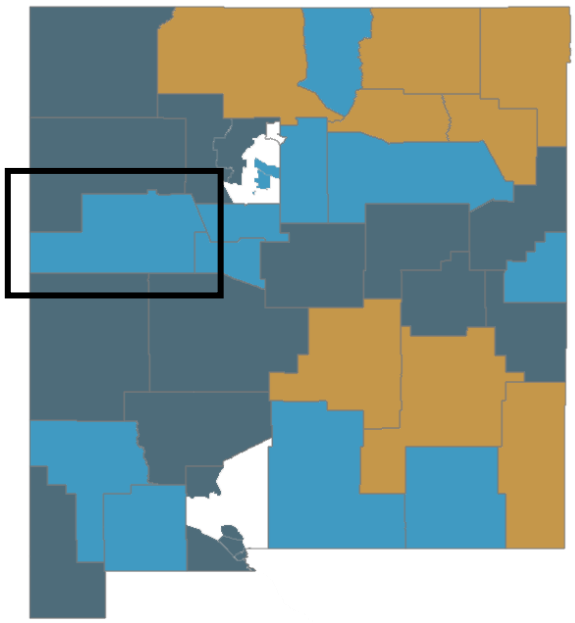
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Cibola County has a lower household income than the New Mexico average and also has a lower uninsured population than the state. Additionally, Cibola County has less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

	Cibola County	New Mexico
Uninsured Population (2022)	12%	13%
Median Household Income (2022)	$45,674	$59,842
Population per 1 Primary Care Physician (2022)	2,091:1	1,344:1
Population per 1 Dentist (2022)	1,497:1	1,436:1

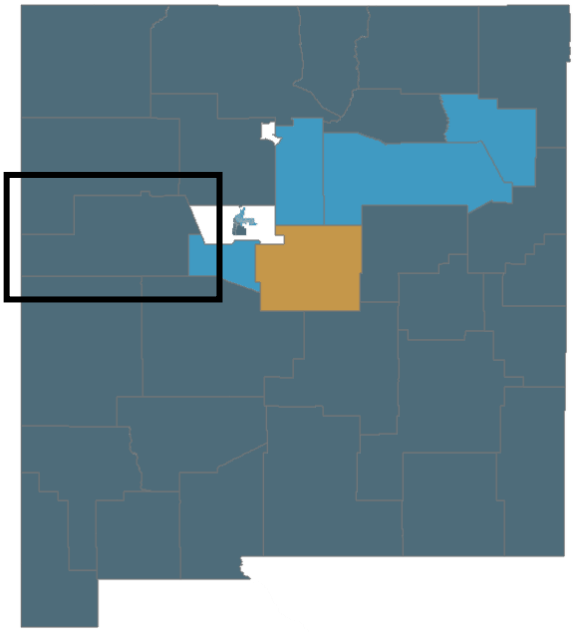
Source: County Health Rankings 2024 Report

New Mexico Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health



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

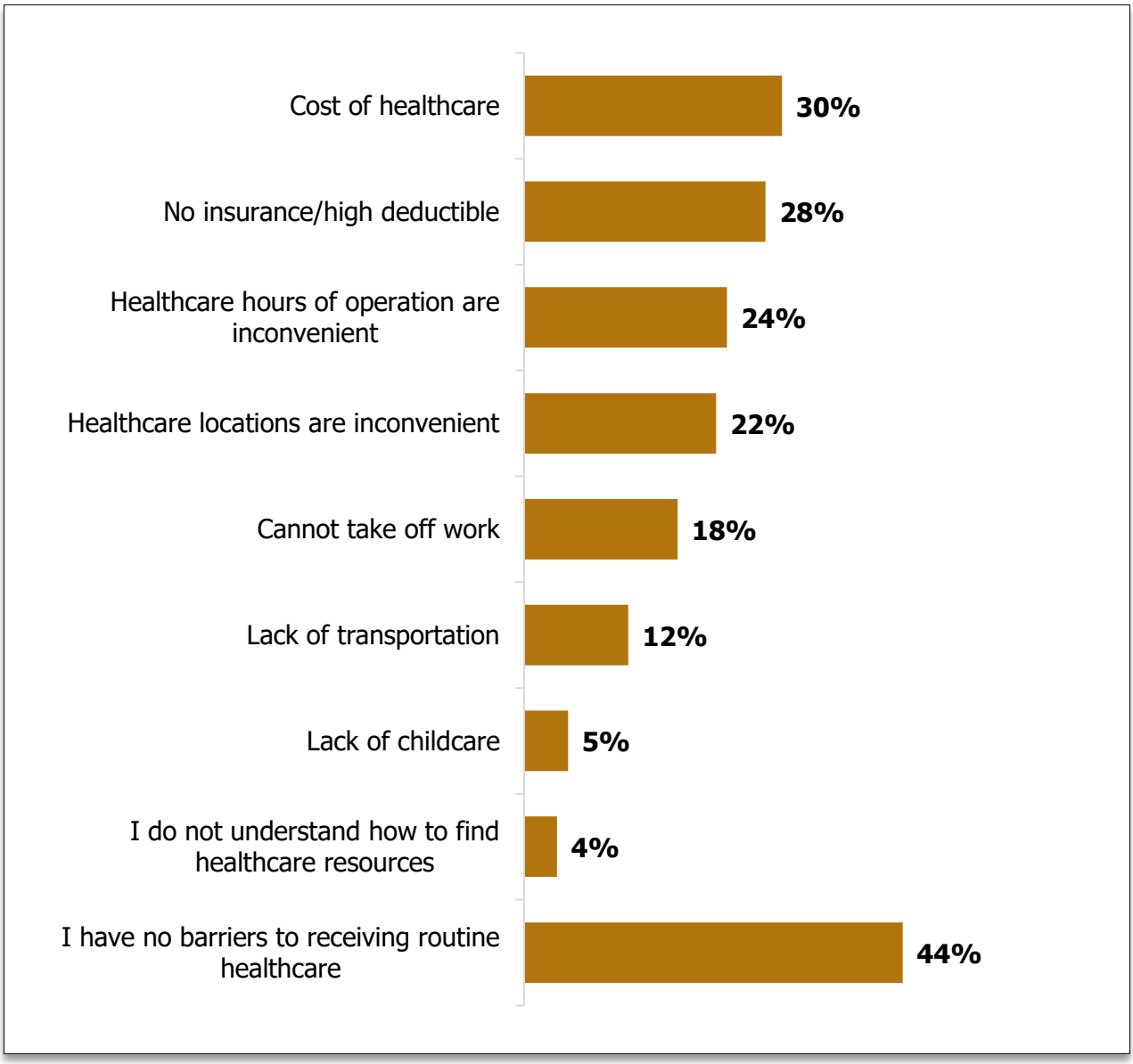
Source: data.hrsa.gov

In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Urgent care/walk-in/extended hours was the top identified service need with 67% of respondents saying they would like to see it available in Cibola County followed by mental health/substance abuse treatment (55%) and additional primary care availability (53%).

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

When survey respondents were asked about their barriers to care, the cost of healthcare was the top barrier identified by 30% of respondents, followed by no insurance/high deductible by 28% of respondents.

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



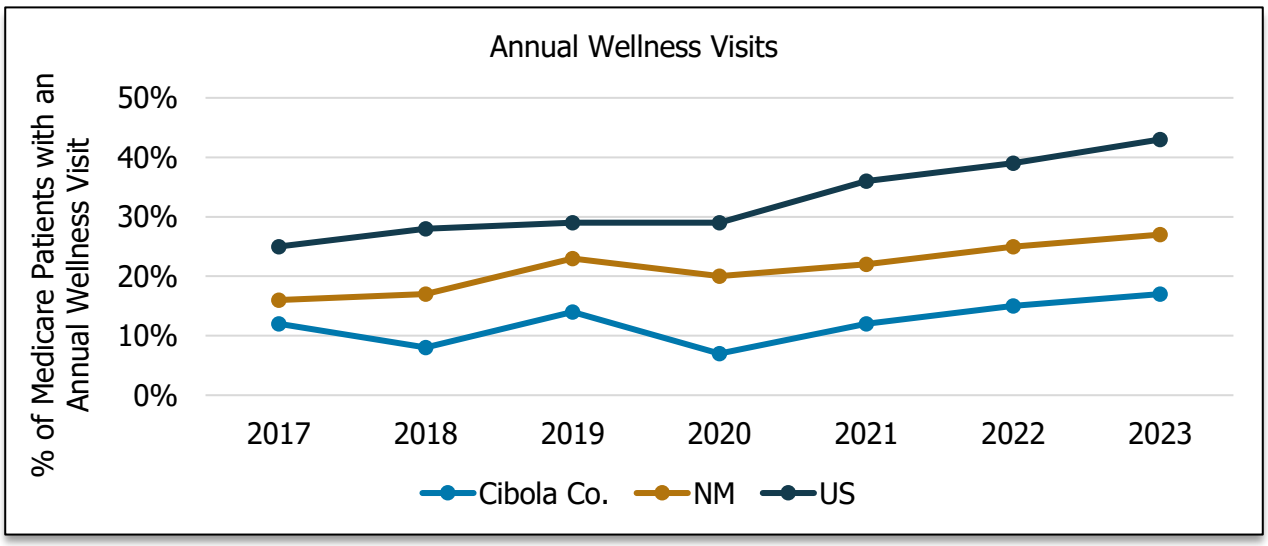
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 28% of respondents said they would like to see additional health prevention and education programs available in the community.

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

	Cibola County	New Mexico
Preventable Hospital Stays per 100,000 (2022)	1,996	1,905
Mammography Screening (2022)	20%	35%
Flu Vaccination (2022)	31%	37%

Source: County Health Rankings 2024 Report



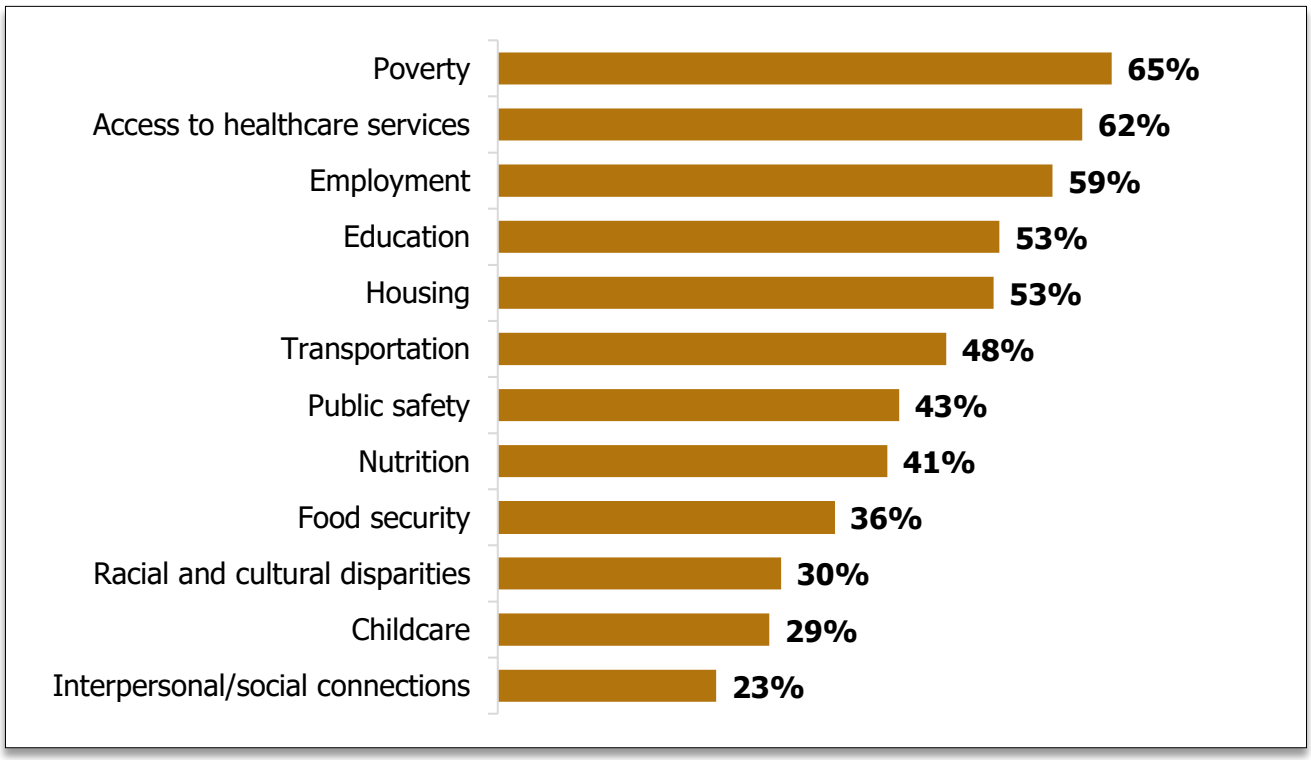
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Drivers of Health

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

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Cibola County. The top SDoH identified was poverty with 65% of survey respondents identifying it as negatively impacting the community's health followed by access to healthcare services, employment, and education.

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



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Cibola County residents experience a similar rate of severe housing problems (overcrowding, high housing costs, lack of plumbing) to the state average. Additionally, 10% of Cibola County residents spend 50% or more of their household income on housing.

	Cibola County	New Mexico
Severe Housing Problems (2016-2020)	17%	17%
Severe Housing Cost Burden (2018-2022)	10%	14%
Broadband Access (2018-2022)	68%	82%

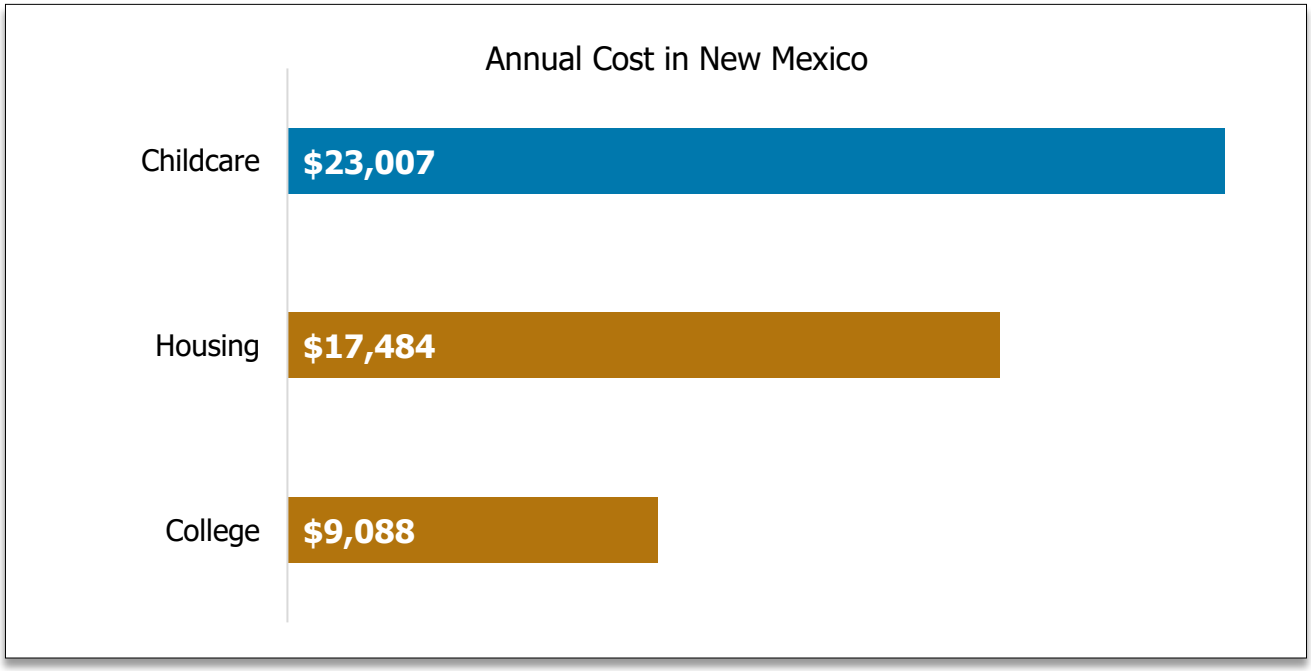
Source: County Health Rankings 2024 Report

Access to Childcare

The average yearly cost of infant care in New Mexico is $13,521. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Childcare Aware). In Cibola County, 30% of household income is required for childcare expenses and there are only 6 childcare centers for every 1,000 children under age 5 in the county compared to 11 in the state.

	Cibola County	New Mexico
Children in Single-Parent Households (2018-2022)	34%	30%
Child Care Cost Burden - % of HHI used for childcare (2023)	30%	30%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	6	11

Source: County Health Rankings 2024 Report



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

Income, Employment, and Education

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

	Cibola County	New Mexico
High School Completion (2018-2022)	84%	87%
Some College – includes those who had and had not attained degrees (2023)	56%	63%
Unemployment (2023)	5%	4%
Children in Poverty (2022)	38%	23%

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

Community Safety

Unsafe neighborhoods, characterized by high crime rates and violence, can lead to chronic stress, reduced physical activity, and limited social interactions, all of which contribute to adverse health outcomes. For example, residents in such areas may avoid outdoor activities due to safety concerns, increasing the risk of obesity and related chronic diseases. Additionally, exposure to violence can result in mental health issues, including anxiety and depression.

	Cibola County	New Mexico
Injury Deaths per 100,000 (2017-2021)	130.0	121.1
Firearm Fatalities per 100,000 (2017-2021)	18.7	22.5
Motor Vehicle Crash Deaths per 100,000 (2015-2021)	29.2	18.8

Source: County Health Rankings 2024 Report

Evaluation & Selection Process

Worse than Benchmark Measure

Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or U.S. averages

Identified by the Community

Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed

Growing health needs where interventions are feasible, and the Hospital could make an impact

Impact on Health Equity

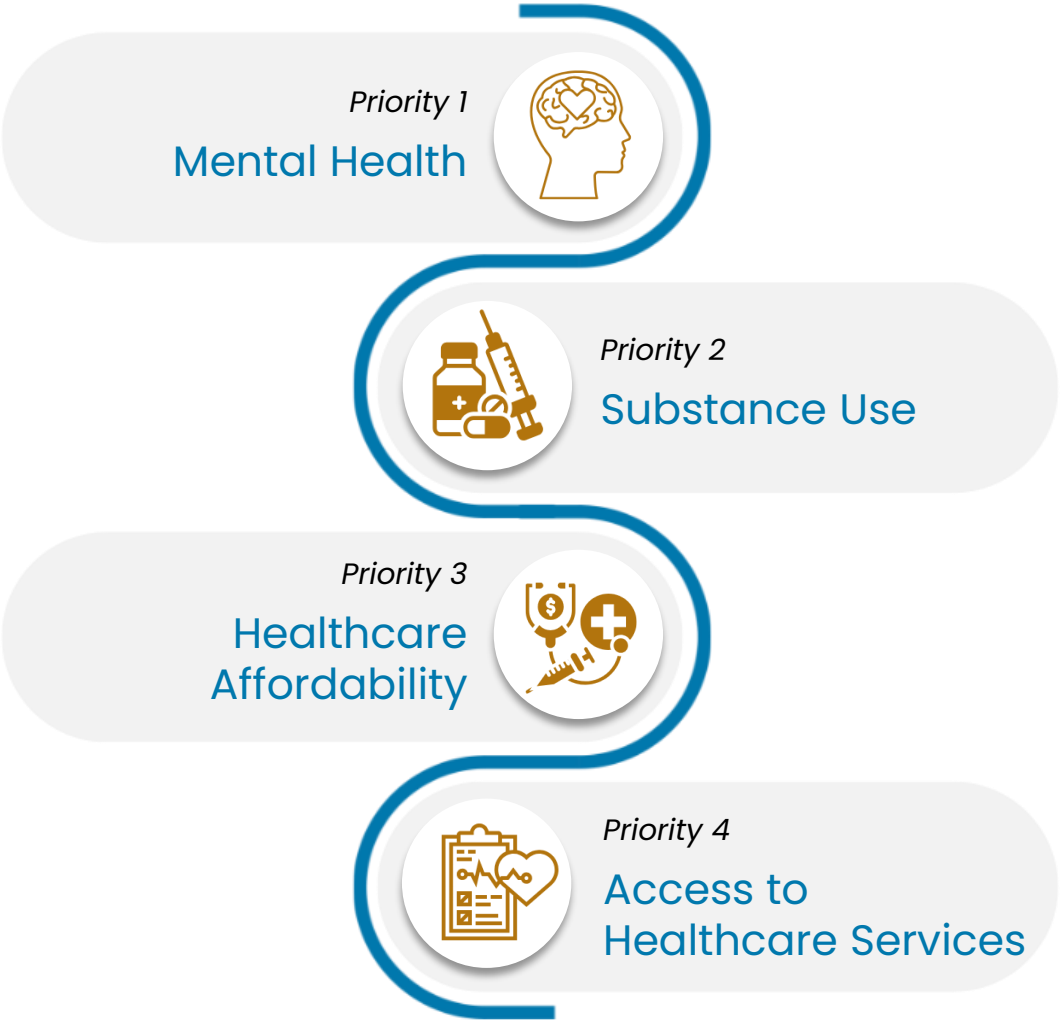
Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Healthcare: Affordability	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Drug/Substance Abuse		✓	✓	✓
Healthcare: Types of Services Provided	✓	✓	✓	✓
Education System	✓	✓		✓
Employment and Income	✓	✓		✓
Diabetes	✓	✓	✓	✓
Healthcare: Location of Services	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Community Safety	✓	✓		✓

Implementation Plan

Implementation Plan Framework

CGH developed action plans to address the following health priorities based on community feedback, population health data, and resources and services available at the hospital. CGH has focused this action plan on the healthcare needs of the community and relies on partner organizations in the community to lead action plans for other priority needs like education, poverty, and community safety.



Mental Health

CGH Services and Programs Committed to Respond to This Need

- Licensed Mental Health Professionals on Staff – Provide counseling, assessments, referrals, and therapy.
- Outpatient Clinic – Offers medication management and counseling services.
- Daily Mental Health Services – Available Monday–Friday in the hospital and clinic.
- Suicide Risk Assessment & Prevention
    - Screenings conducted on all patients presenting with suicidal ideation (SI).
    - Safety plans and crisis intervention strategies in place
        - Crisis Prevention & De-Escalation Training – Staff trained in Crisis Prevention Institute (CPI) techniques.
        - Patient Safety Alert System – Ensures rapid response to mental health crises.
        - Community Outreach & Education.
    - Suicide prevention awareness through health fairs, schools, and CHW programs.
    - Additional mental health education and awareness initiatives
        - Employee Assistance Program (EAP) – Offers counseling and suicide prevention support for employees and their families.
- Teamed with the HSC to provide Interfacility Behavioral Health Transport Network. Swiftlink is a first-of-its-kind behavioral health emergency transport that, once fully implemented, will connect all hospitals in our state with its much-needed service, while allowing local EMS services to continue supporting their local communities. Swiftlink grew out of repeated requests from hospital leaders across New Mexico for behavioral health transport options. Swiftlink is supported with a Rural Health Care Delivery Fund grant administered by the New Mexico Health Care Authority.
- 24/7 Emergency Mental Health & Substance Abuse Assessments – Available through the ER for crisis situations.
- Social Services Support –
    - Monday–Friday regular business hours.
    - On-call support Monday–Thursday (4 PM – 10 PM), Friday (4 PM – 12 AM), Saturday & Sunday (8 AM – 12 AM).

Future Actions to Address this Significant Health Need

- Host planning meetings with the Health Council and BH providers, other local BH Programs, CHWs and others to build a detailed implementation plan to expand access, reduce stigma, and coordinate care.

Metrics to Track the Impact of Actions and Access to Resources

1. Suicide mortality rate in Cibola County.
2. Number of behavioral health-related ED visits
    - Can show increased crises or potential gaps in preventive care.
3. Utilization of mental health services (number of visits seen).

Other Local Organizations Available to Respond to This Need

- Cibola County Community Health Council
- Grants Family Counseling
- New Mexico Department of Health – Cibola County

Substance Abuse

CGH Services and Programs Committed to Respond to This Need

- Limited Detox Services & Coordinated Referrals – CIWA protocol-based in-house detoxification. Facilitation of detox and rehab placements at external facilities.
- Crisis Intervention & Assessment –24/7 emergency services for evaluation, assessment, and transfer as needed. Psychiatric holds (Certificate of Evaluation) initiated when necessary. • Substance Use Screening & Intervention –SBIRT (Screening, Brief Intervention, and Referral to Treatment) implemented in the ED.
- Case Management & CHW Services – Full-time case manager on staff. Community Health Worker (CHW) services include case management and follow-up care.
- Discharge Planning – Ensures seamless transition to psychiatric placements, detox, rehab, and outpatient services.
- 24/7 Emergency Mental Health & Substance Abuse Assessments – Available through the ER for crisis situations.
- Social Services Support –
    - Monday–Friday regular business hours.
    - On-call support Monday–Thursday (4 PM – 10 PM), Friday (4 PM – 12 AM), Saturday & Sunday (8 AM – 12 AM).

Future Actions to Address this Significant Health Need

- Convene planning sessions with the Health Council and Dept. of Health, Cibola County Schools and others to evaluate MAT expansion and strengthen referral networks.

Metrics to Track the Impact of Actions and Access to Resources

1. Number of individuals receiving MAT (Suboxone/methadone).
2. Number of naloxone (Narcan) doses distributed/administered in the community
    - A good measure of outreach and prevention efforts.
3. Number of substance-related ED visits (age-stratified: <18 and 18+)
    - Tracks acute impact and age-specific trends in substance use.

Other Local Organizations Available to Respond to This Need

- Cibola County Community Health Council
- Grants Family Counseling
- New Mexico Department of Health – Cibola County

Affordability

CGH Services and Programs Committed to Respond to This Need

- Financial Counselors Available – Assist patients with financial assistance applications, payment plans, and Medicaid registration.
- Sliding-Scale Fee Schedule – Available at Cibola Family Health Center, ensuring affordable care for low-income patients.
- Transparent Pricing & Discount Programs –
    - Price transparency tools on the CGH website.
    - Year-round cash pricing options for key services.
    - Financial assistance policy openly available for all services.
- Mammography Fund & 5K Fundraiser – Helps cover the cost of mammograms for uninsured or underinsured patients.
- The Sister Pam Account – Provides financial assistance for purchasing medications, medical equipment, and other essential healthcare items.
- Community-Wide Flu Pod – Free flu vaccinations to the community - provide supplies (bags, gloves, vaccine etc.) and staff.
- April Health Fair – Reduced-cost lab tests such as A1C and lipid panels available at health fairs.
- $1 Sports Physicals for Local Students – Ensures low-cost access to physical exams for student-athletes.
- Employee Assistance Program (EAP) – Available to employees and their families for financial, medical, and mental health support.

Future Actions to Address this Significant Health Need

- Launch targeted outreach with local partners to increase awareness of financial aid programs.
- Reapply for state breast/cervical screening funding and promote early detection efforts.
- Explore opportunities to provide mammograms and labs with public vouchers or certificates.

Metrics to Track the Impact of Actions and Access to Resources

1. Number of patients enrolled in financial assistance and uninsured patients served.
2. Percentage of patient accounts sent to collections.
3. Utilization of the NM Breast & Cervical Cancer Early Detection Program
    - Track number of women screened or referred through the program.

Other Local Organizations Available to Respond to This Need

- Presbyterian Medical Services - Grants Family Health Center

Access to Healthcare

CGH Services and Programs Committed to Respond to This Need

- Visiting Specialists Available
    - Podiatry
    - Women's Health
    - Cardiology
    - Orthopedics
    - Nephrology
- Cibola Family Health Center
    - Family Medicine
    - Obstetrics and Gynecology
    - General Surgery
    - Acute Clinic
- Acute Clinic for Urgent Care Needs
    - Available Monday, Tuesday, Thursday, Friday during business hours.
    - Provides immediate care to reduce ER usage for non-emergency cases.
- Screening Services
    - MRI
    - CT
    - Fluoroscopy
    - 3D Mammography
    - Ultrasound

Future Actions to Address this Significant Health Need

- Conduct provider needs assessment and explore extended hours for primary care; evaluate specialty expansion and capacity opportunities.

Metrics to Track the Impact of Actions and Access to Resources

1. Wait time for primary care appointments.
2. No-show rates for primary and specialty care visits.
    - May reflect barriers like transportation, scheduling, or communication.
3. Clinic hours utilization rate (e.g., after-hours appointment fill rate)
    - Helps determine if extended hours align with community demand.

Other Local Organizations Available to Respond to This Need

- Presbyterian Medical Services - Grants Family Health Center

Appendix

Community Data Tables

Leading Cause of Death

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

	Cibola County	New Mexico	U.S.
Heart Disease	162.7	156.5	173.8
Cancer	151.8	137.3	146.6
Accidents	80.5	101.4	64.7
Stroke	35.6	37.2	41.1
Lung	40.5	36.9	34.7
Alzheimer's	16.1	24.6	31.0
Diabetes	55.2	31.0	25.4
Liver	43.6	41.1	14.5
Suicide	22.3	25.0	14.1
Kidney	16.3	12.7	13.6
Hypertension	9.4	7.3	10.7
Flu - Pneumonia	20.2	11.5	10.5
Blood Poisoning	11.8	9.3	10.2
Parkinson's	8.0	9.4	9.8
Homicide	9.6	15.4	8.2

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

	Cibola	New Mexico	Top US Performers	US Overall
Length of Life				
Premature Death*	**15,504**	11,558	6,000	8,000
Life Expectancy*	**72**	75	81	79
Quality of Life				
Poor or Fair Health	**25%**	18%	13%	14%
Poor Physical Health Days	**4.6**	3.3	3.1	3.3
Poor Mental Health Days	**5.7**	4.7	4.4	4.8
Low Birthweight*	**11%**	9%	6%	8%
Health Behaviors				
Adult Smoking	**23%**	14%	14%	15%
Adult Obesity	**38%**	35%	32%	34%
Limited Access to Healthy Foods	**22%**	13%	17%	12%
Physical Inactivity	**29%**	22%	20%	23%
Access to Exercise Opportunities	**53%**	75%	90%	84%
Excessive Drinking	**15%**	16%	13%	18%
Alcohol-Impaired Driving Deaths	**28%**	29%	10%	26%
Drug Overdose Deaths*	**24.9**	38.5	42	23
Sexually Transmitted Infections*	**556**	588	152	496
Teen Births *(per 1,000 females ages 15-19)*	**30**	24	9	17
Clinical Care				
Uninsured	**12%**	13%	6%	10%
Primary Care Physicians	**2091:1**	1344:1	1,030:1	1,330:1
Dentists	**1497:1**	1436:1	1,180:1	1,360:1
Mental Health Providers	**270:1**	224:1	230:1	320:1
Preventable Hospital Stays*	**1,996**	1,905	1,558	2,681
Mammography Screening	**20%**	35%	52%	43%
Flu Vaccinations	**31%**	37%	53%	46%
Social & Economic Factors				
High School Completion	**84%**	87%	94%	89%
Some College	**56%**	63%	74%	68%
Unemployment	**5.5%**	4.0%	2.3%	3.7%
Children in Poverty	**38%**	23%	10%	16%
Children in Single-Parent Households	**34%**	30%	13%	25%
Injury Deaths*	**130.0**	121.1	64	80
Child Care Cost Burden *(% of HHI used for childcare)*	**30%**	30%	36%	27%
Child Care Centers *(per 1,000 under age 5)*	**6**	11	13	7
Physical Environment				
Severe Housing Problems	**17%**	17%	8%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	**28%**	28%	17%	36%
Severe Housing Cost Burden *(50% or more of HHI)*	**10%**	14%	15%	14%
Broadband Access	**68%**	82%	90%	87%

***Per 100,000 Population**

Key (Legend)

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

Source: County Health Rankings 2024 Report

Data and Inputs

Data Limitations

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

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

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

Local Expert Groups

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

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

Data Sources

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

Survey Results

Based on 204 survey responses gathered between January and February 2025.

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

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

Answer Choices	Responses	
Community Resident	60.29%	123
Healthcare Professional	33.33%	68
Government Employee or Representative	12.75%	26
Target Population (medically underserved, low-income, racial and ethnic minority, or LGBTQ+)	8.33%	17
Public Health Official	4.41%	9
Representative of Chronic Disease Group or Advocacy Organization	0.49%	1
	Answered	204
	Skipped	0

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	52.74%	106
Hispanic or Latino	38.31%	77
American Indian or Alaska Native	10.95%	22
Black or African American	2.49%	5
Asian or Asian American	1.99%	4
Native Hawaiian or other Pacific Islander	1.49%	3
Other (please specify)	2.49%	5
	Answered	201
	Skipped	3

Q3: Age group

Answer Choices	Responses	
18-24	0.49%	1
25-34	10.78%	22
35-44	19.61%	40
45-54	21.08%	43
55-64	21.08%	43
65+	26.96%	55
	Answered	204
	Skipped	0

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
87020	59%	121
87021	12%	25
87005	4%	9
87051	4%	8
87321	3%	6
87034	1%	3
87045	1%	3
87020	1%	2
87038	1%	2
87107	1%	2
87313	1%	2
87323	1%	2
87401	1%	2
77479	0%	1
85715	0%	1
87014	0%	1
87026	0%	1
87040	0%	1
87102	0%	1
87104	0%	1
87110	0%	1
87111	0%	1
87114	0%	1
87120	0%	1
87121	0%	1
87124	0%	1
87321	0%	1
87327	0%	1
87701	0%	1
95324	0%	1
	Answered Skipped	204 0

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) In your community? (Please select your top 3 responses if possible)

Answer Choices	Responses	
Older adults (65+)	57.07%	109
Low-income groups	51.31%	98
Residents of rural areas	49.74%	95
Individuals requiring additional healthcare support	44.50%	85
Uninsured and underinsured individuals	43.46%	83
Racial and ethnic minority groups	26.18%	50
Children	21.99%	42
Women	18.32%	35
LGBTQ+	5.24%	10
	Answered	191
	Skipped	13

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

- Need access to more resources, affordable healthcare.
- Improve access to mental health services and more available PCPs.
- Awareness of health needs
- Accessibility to care; quality of care; information provided regarding care; follow up care
- Cost of coverage, lack of current medical understanding.
- Care coordination for elderly or those in rural areas
- It takes too long to get in to see a provider. Appointments for local providers can take weeks to get. Appointments for specialists can take months to get. There is not transportation available to Albuquerque for medical appointments unless you are on Medicaid.
- Need more specialized treatment, care, and physicians.
- Mental health, compliance with plan of care, importance of preventative care and visits.
- Access to care due to lack of transportation.
- Lack of knowledge for help in getting assistance with healthcare insurance and coverage

Q6: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Mental Health	1	5	18	30	124	178	4.52
Drug/Substance Abuse	3	3	22	30	120	178	4.47
Diabetes	0	6	16	61	95	178	4.38
Cancer	0	7	28	38	106	179	4.36
Women's Health	3	3	28	63	79	176	4.20
Heart Disease	0	4	29	75	69	177	4.18
Obesity	1	6	36	55	80	178	4.16
Stroke	0	6	35	62	72	175	4.14
Lung Disease	0	8	40	52	77	177	4.12
Kidney Disease	0	5	44	53	74	176	4.11
Liver Disease	0	7	43	55	72	177	4.08
Alzheimer's and Dementia	0	13	59	49	58	179	3.85
Dental	1	15	55	54	52	177	3.80
Other (please specify)						8	
						Answered Skipped	179 25

Comments:

- Mental Health/Psychiatry
- Neurology
- Men’s health issues
- Orthopedic surgeries
- Autism (early detection)
- Vision
- Children’s health
- Diseases of aging
- Arthritis

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

	1	2	3	4	5	Total	Weighted Average
Healthcare: Affordability	1	3	17	37	119	177	4.53
Healthcare: Types of Services Provided	1	2	22	42	111	178	4.46
Education System	2	3	19	43	111	178	4.45
Employment and Income	1	3	21	52	101	178	4.4
Healthcare: Location of Services	3	6	21	41	107	178	4.37
Community Safety	1	6	26	39	105	177	4.36
Access to Healthy Food	2	9	17	62	88	178	4.26
Healthcare Services: Prevention	1	7	28	53	88	177	4.24
Access to Childcare	3	11	29	40	94	177	4.19
Affordable Housing	3	5	34	50	87	179	4.19
Access to Senior Services	2	7	30	62	78	179	4.16
Transportation	1	10	35	59	73	178	4.08
Access to Exercise/Recreation	2	15	42	59	60	178	3.9
Social Connections	3	15	53	64	43	178	3.72
Other (please specify)						4	
						Answered Skipped	179 25

Comments:

- Community outreach and engagement
- Some of the parks could use some updating.
- My transportation only goes 60 miles one way
- Cultural competence of system

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

	1	2	3	4	5	Total	Weighted Average
Excess Drinking	4	2	27	41	104	178	4.34
Diet	1	5	42	59	72	179	4.09
Physical Inactivity	2	4	41	62	67	176	4.07
Smoking/Vaping/Tobacco Use	7	7	32	57	74	177	4.04
Risky Sexual Behavior	3	12	54	47	61	177	3.85
Other (please specify)						7	
						Answered Skipped	179 25

Comments:

- Youth and elder suicide prevention
- Illegal drugs
- Cannabis use – too prevalent
- Domestic violence
- Child abuse and neglect
- Smoking and vaping among school aged children

Q9: please provide feedback on any actions you've seen taken by CGH to address the 2022 significant health needs in your community and what additional actions you would like to see.

- I've seen tremendous growth in services in our community. We have providers and specialists that provide the needs of everyone. The nurses are great and truly serve everyone!
- CGH has done a good job at getting providers for behavioral health, even if it's hard to keep those providers. It takes a long time to get an appointment with providers, and there's a high turnover over rate. I haven't seen much its prevention.
- Glad to see the MRI is permanent. Thank you for providing Cardiologist, Orthopedic.
- I have seen more attention paid to increased access to behavioral and mental health care. Providers for these services given a space initially at the family clinic. Then attention paid to the privacy of the individual. By moving the check-in and waiting area for these services away from the main lobby. Later I observed these services were moved to a separate location with its own designated access.
- I'd like to see access made available for affordable or no cost preventative measures. ie: Bi-monthly Farmer's Market in conjunction with Double Up Food Bucks NM. And a dietician in attendance. Weekly beginning exercise classes; Tai Chi, Yoga.
- CGH has added providers and specialists to the community. CGH has added social services to the community. Continue to focus on the biggest needs and to partner with the community to address them.
- CGH has hosted prevention activities in the schools, distribute resource guide, hosted health fairs and job fairs. Legislative advocacy to hire more clinicians. I would like to see a partnership to create school-based health clinics.
- Implementation of Behavioral Health/Mental Health, Drug/Substance Abuse Services
- Availability of service line for Orthopedic care
- Increased Cardiology Services in the community
- Added Nephrology services including OP Clinic every 2 weeks
- All preventative services are offered locally. Frequent cancer screenings. Hospital services are well advertised
- Need more access to primary care docs for people that are uninsured
- Access to a Dermatology department
- I would like to see more specially doctors and more different types like ENT, hearing , and more surgery doctors

Q10: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Poverty	65.00%	104
Access to healthcare services	61.88%	99
Employment	58.75%	94
Education	53.13%	85
Housing	52.50%	84
Transportation	47.50%	76
Public safety	42.50%	68
Nutrition	41.25%	66
Food security	35.63%	57
Racial and cultural disparities	30.00%	48
Childcare	28.75%	46
Interpersonal/social connections	23.13%	37
Other (please specify)	8.75%	14
	Answered Skipped	160 44

Comments:

- Education is poor here and services are limited
- Changing political administration of public healthcare services.
- Local food vendors selling unhealthy food items
- A place for treating addictions. Drug fentanyl misuse, substance abuse, alcoholism.
- Cost of care
- Low healthy literacy
- Local food vendors selling unhealthy food items

Q11: what barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
I have no barriers to receiving routine healthcare	44.23%	69
Cost of healthcare	30.13%	47
No insurance/high deductible	28.21%	44
Healthcare hours of operation are inconvenient	23.72%	37
Healthcare locations are inconvenient	22.44%	35
Cannot take off work	17.95%	28
Lack of transportation	12.18%	19
Lack of childcare	5.13%	8
I do not understand how to find healthcare resources	3.85%	6
Other (please specify)	12.82%	20
	Answered	156
	Skipped	48

Comments

- Availability of healthcare professionals in the region and a willingness to accept new patients.
- Distance to services
- Unable to get appointment to be seen in a timely manner
- Always having to leave town, always specialist
- Urgent care
- Having to travel out of town for specialist like eye doctor
- Location of the exam rooms is too far from the entrance of the hospital.
- Provider doesn't have follow-up appointments available

Q12: What additional services / offerings would you like to see available in Cibola County? (select all that apply)

Answer Choices	Responses	
Urgent Care / Walk-In / Extended Hours	67.09%	106
Mental Health / Substance Abuse Treatment	55.06%	87
Additional Primary Care Availability	52.53%	83
Ophthalmology (Eye)	44.94%	71
Endocrinology (Hormone and Diabetes)	43.04%	68
Dermatology (Skin)	37.97%	60
Cancer Care	36.71%	58
Pediatrics (Children's Doctor)	34.18%	54
Pulmonology (Lung and Breathing)	31.65%	50
Women's Health	31.01%	49
Cardiology (Heart)	30.38%	48
Rheumatology (Arthritis and Autoimmune Disease)	29.11%	46
Gastroenterology (Digestive System/Stomach)	28.48%	45
Health Prevention / Education Programs	27.85%	44
Bariatric (Weight Loss)	25.95%	41
Orthopedics (Bone and Joint)	23.42%	37
Audiology (Hearing Specialist)	22.15%	35
Nephrology (Kidney)	22.15%	35
Neurology (Brain and Nervous System)	20.25%	32
Telehealth / Virtual Care	18.99%	30
Urology (Urinary System and Male Reproductive)	16.46%	26
General Surgery	15.19%	24
Reproductive Health	13.92%	22
Plastic Surgery	5.06%	8
Other (please specify)	6.96%	11
	Answered	158
	Skipped	46

Comments

- Mobile clinic services in remote rural areas.
- Urgent care
- Hospice
- Gerontology
- Optometrist and Chiropractor
- Eye Doctor

Q13: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	82.50%	132
Website/Internet	53.75%	86
Hospital	27.50%	44
Family or Friends	23.75%	38
Workplace	19.38%	31
Social Media	13.75%	22
Word of Mouth	12.50%	20
Newspaper/Magazine	8.13%	13
School/College	6.25%	10
Television	4.38%	7
Radio	0.63%	1
Other (please specify)	8.13%	13
	Answered	160
	Skipped	44

Comments:

- Doctor
- Online articles
- Medical literature
- Public Health Education Program/Public Health Nursing
- Medical societies
- Research
- UNM ECHO Program
- Research
- Professional journals
- Medical journals
- Continuing education courses
- References