Cibola General Hospital

2022

Community Health Needs Assessment

Adopted by Board Resolution May 23, 2022

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A Message to Our Community

Dear Community Member:

At Cibola General Hospital, we have spent 63 years providing high-quality compassionate healthcare to Cibola County and the surrounding communities. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how General Hospital will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

General Hospital will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Should you have any questions, please feel free to contact Cynthia Tena, Marketing Director. Cynthia_Tena@cibolahospital.com

Thank You,

Thomas Whelan
Chief Executive Officer

Executive Summary

Cibola General Hospital (“CGH” or the "Hospital") performed a Community Health Needs Assessment in partnership with QHR Health (“QHR”) to determine the health needs of the local community and an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

1) A definition of the community served by the hospital facility 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 facility solicited and considered input received from persons who represent the broad interests of the community it serves;
4) Commentary on the 2019 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 were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the general community population was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2022 Significant Health Needs identified for Cibola County are:

- Behavioral Health: Mental Health & Drug/Substance Abuse
- Access to Healthcare Services: Affordability of Care, Presence of Healthcare Services
- Prevention/Chronic Disease Management: Diabetes/Obesity, Heart and Kidney Disease, Cancer

In the Implementation Strategy section of the report, CGH addresses these areas through identified programs, resources, and services provided by CGH, collaboration with local organizations, and provides measures to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It 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.

Strategic Benefits

- Identifies health disparities and social determinants to inform future outreach strategies
- Identifies key service delivery gaps
- Grows understanding of community member perceptions of healthcare in the region
- Targets community organizations for collaborations

The CHNA Process

1 Identification of Local Experts

Develop list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local expert advisors.

Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

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 Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- **www.countyhealthrankings.org**
- **Stratasan**
- **www.worldlifeexpectancy.com**
- **Bureau of Labor Statistics**
- **New Mexico's Indicator-Based Information System (NM-IBIS)**
- **NAMI**
- **Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population**
- **Centers for Disease Control and Prevention**

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community, through the Hospital social media and website, 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 geographically and ethnically diverse population. Community input from 74 identified Local Expert Advisors and 138 community members was received. Survey responses started January 2022 and ended in February 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of 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 introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

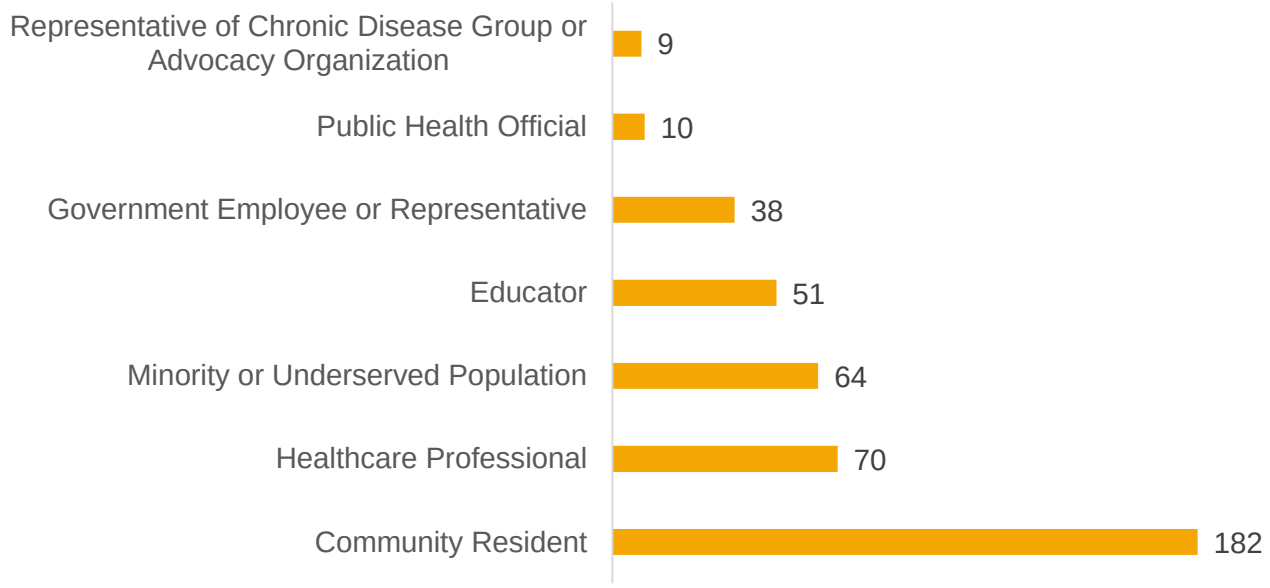
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues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

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

1) **Public Health Official**
2) **Government Employee or Representative**
3) **Minority or Underserved Population**
4) **Chronic Disease Groups**
5) **Community Resident**
6) **Educator**
7) **Healthcare Professional**
8) **Other** (please specify)

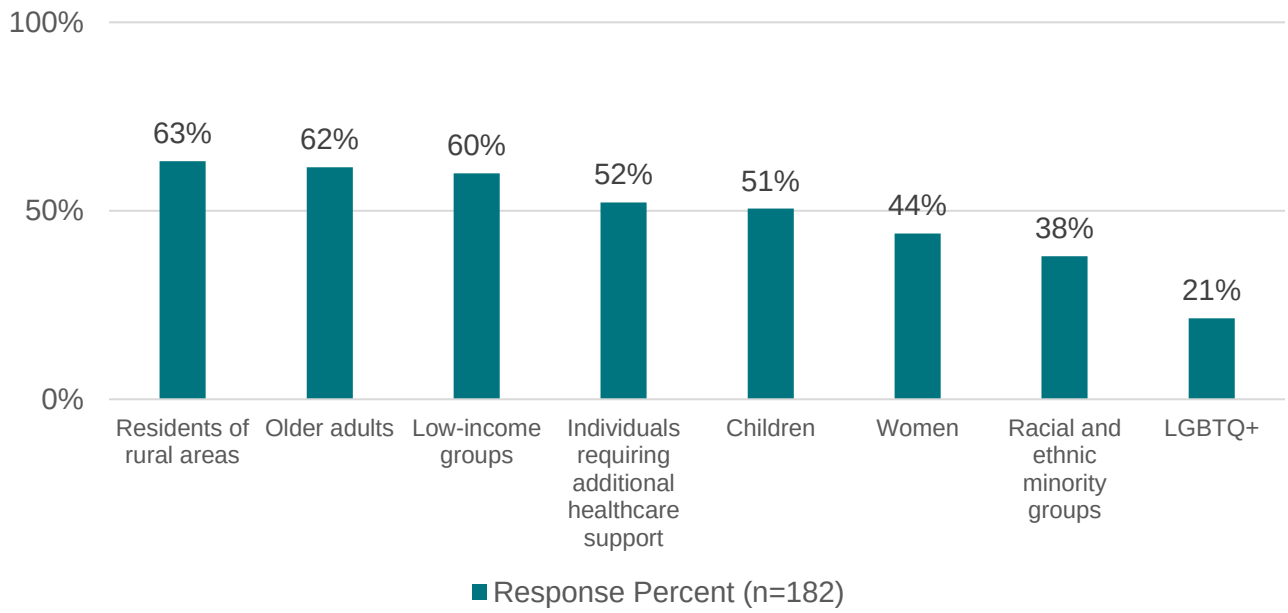
Survey Question: Please select which roles apply to you (n=211)



Input on Priority Populations

Information analysis augmented by local opinions showed how Cibola County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

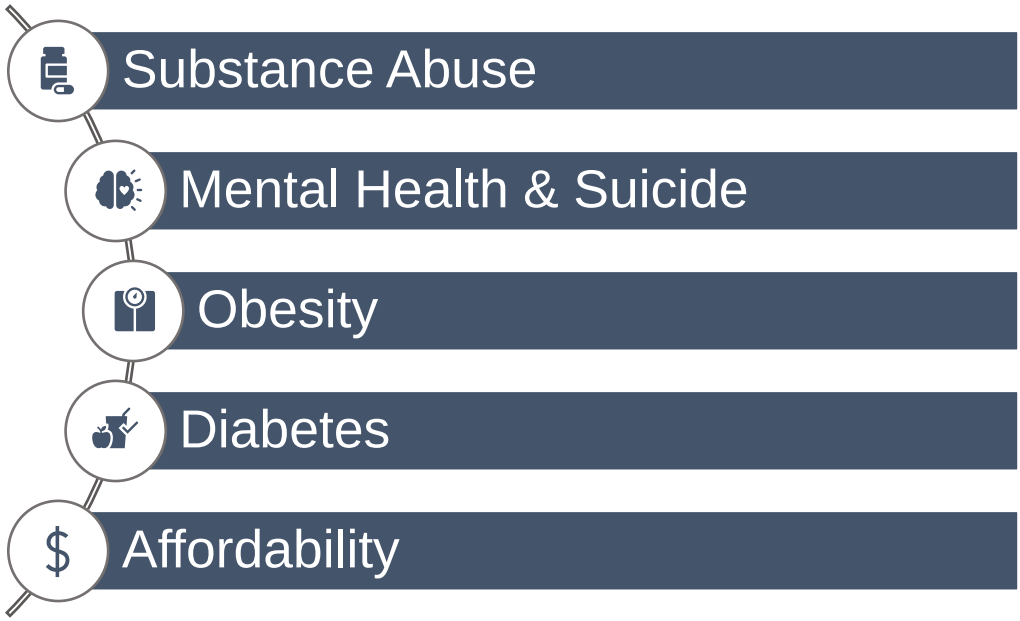
Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)



- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments:
  - The top three priority populations identified by the local experts were residents of rural areas, older adults, and low-income groups
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Transportation
    - Mental health services
    - Access to specialty services
    - Access to affordable healthcare

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regards to CGH's 2019 CHNA and Implementation Plan and are presented in the Appendix of this report. The health priorities identified in the 2019 CHNA are listed below:



Community Served

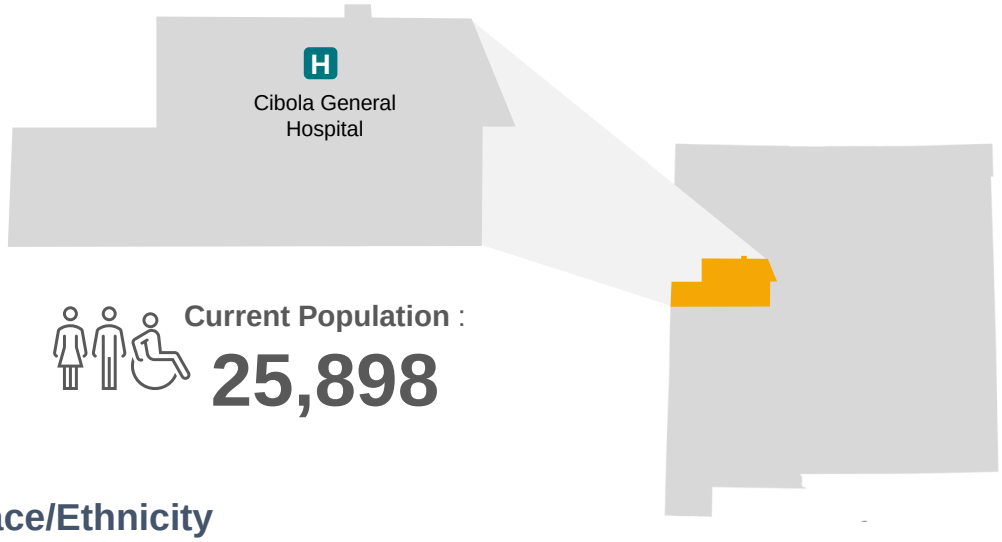
For the purpose of this study, Cibola General Hospital defines its service area as Cibola County in New Mexico which includes the follow Zip codes:

87005 – Bluewater 87007 – Casa Blanca 87014 – Cubero 87020 – Grants

87021 – Milan 87315 – Fence Lake

During 2021, CGH received 61% of its Medicare inpatients from this area.

Cibola County Demographics



Race/Ethnicity

	Cibola County	New Mexico
White	*36.2%*	*65.4%*
Black	*1.5%*	*2.3%*
Asian & Pacific Islander	*0.7%*	*1.8%*
Native American	*44.6%*	*10.3%*
Other	*18.3%*	*20.9%*
Hispanic*	*37.3%*	*50.1%*

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Age

	Cibola County	New Mexico
0 – 17	*22.7%*	*22.8%*
18 – 44	*35.4%*	*35.1%*
45 – 64	*25.0%*	*24.4%*
65 +	*16.8%*	*17.6%*

Education and Income

	Cibola County	New Mexico
Median Household Income	*$42,911*	*$51,889*
Some High School or Less	*16.4%*	*13.9%*
High School Diploma/GED	*32.1%*	*26.4%*
Some College/ Associates Degree	*36.9%*	*31.8%*
Bachelor's Degree or Greater	*14.6%*	*27.8%*

Source: Stratasan, ESRI

Community Health Characteristics

The data below shows an overview of Cibola County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. All of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community.

Health Status Indicators

Health Behaviors

Teen Births per 1,000	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
41	**25%**	**29%**	**34%**	**29%**	**16%**
NM: 32	*NM: 16%*	*NM: 19%*	*NM: 27%*	*NM: 30%*	*NM: 17%*

Quality of Life

Suicide Rate: 27

Per 100,000
Compared to 24 in NM

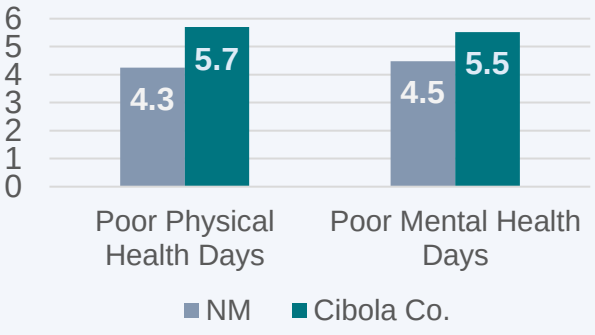
Poor or Fair Health: 29%

Compared to 20% in NM

Low Birthweight: 10%

Compared to 9% in NM

Average number of physically and mentally unhealthy days in the past 30 days



Source: County Health Rankings 2021 Report

Socioeconomic Factors

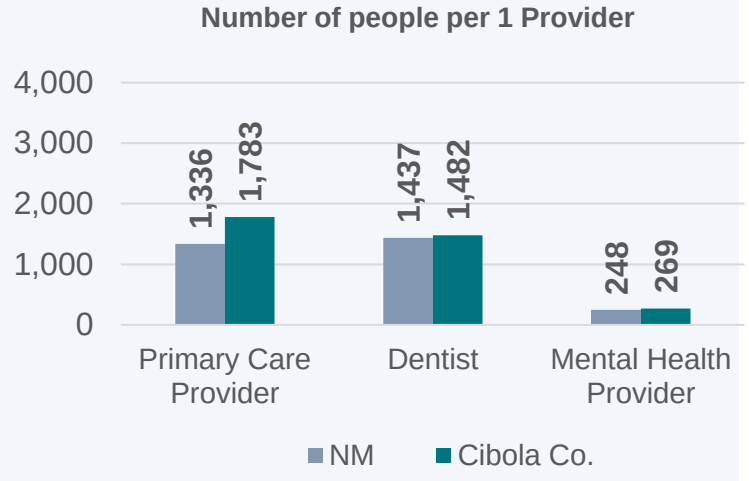
Income Inequality	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
5.7	**9.2%**	**42%**	**33%**	**543**	**121**
NM: 5.1	*NM: 8.1%*	*NM: 30%*	*NM: 24%*	*NM: 650*	*NM: 108*

Access to Health

Uninsured: 9%
Compared to 10% in NM

Preventable Hospital Stays: 2,938
Compared to 2,894 in NM

Access to Exercise Opportunities: 66%
Compared to 77% in NM



Physical Environment

Air Pollution (µg/m³)	Severe Housing Problems	Driving to Work Alone	Broadband Access
5.3	**20%**	**75%**	**58%**
NM: 5.6	*NM: 17%*	*NM: 80%*	*NM: 75%%*

Source: County Health Rankings 2021 Report, Bureau of Labor Statistics, Stratasan, ESRI

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

212 surveys completed by community members

50 local experts interviewed

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

Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all 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 external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

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

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	**4.57**
Diabetes	**4.51**
Heart Disease	**4.47**
Cancer	**4.33**
Kidney Disease	**4.28**
Obesity	**4.27**
Lung Disease	**4.21**
Liver Disease	**4.13**
Stroke	**4.13**
Women's Health	**4.13**
Alzheimer's and Dementia	**3.91**
Dental	**3.81**
Other (please specify)	See appendix

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

Answer Choices	Weighted Average of Votes (out of 5)
Education System	**4.5**
Healthcare Services: Physical Presence	**4.46**
Healthcare Services: Affordability	**4.43**
Healthcare Services: Prevention	**4.41**
Employment and Income	**4.38**
Community Safety	**4.37**
Access to Senior Services	**4.3**
Access to Healthy Food	**4.24**
Access to Childcare	**4.16**
Affordable Housing	**4.12**
Transportation	**4.08**
Social Support	**4.01**
Access to Exercise/Recreation	**3.95**
Social Isolation	**3.89**
Other (please specify)	See appendix

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

Answer Choices	Weighted Average of Votes (out of 5)
Drug/Substance Abuse	**4.48**
Excess Drinking	**4.32**
Livable Wage	**4.2**
Employment	**4.17**
Diet	**4.08**
Smoking/Vaping/Tobacco Use	**4.08**
Physical Inactivity	**4.07**
Risky Sexual Behavior	**3.79**
Other (please specify)	See appendix

Overall health priority ranking (highlighted top 10)

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	**4.57**
Diabetes	**4.51**
Education System	**4.5**
Drug/Substance Abuse	**4.48**
Heart Disease	**4.47**
Healthcare Services: Physical Presence	**4.46**
Healthcare Services: Affordability	**4.43**
Healthcare Services: Prevention	**4.41**
Employment and Income	**4.38**
Community Safety	**4.37**
Cancer	**4.33**
Excess Drinking	**4.32**
Access to Senior Services	**4.3**
Kidney Disease	**4.28**
Obesity	**4.27**
Access to Healthy Food	**4.24**
Lung Disease	**4.21**
Livable Wage	**4.2**
Employment	**4.17**
Access to Childcare	**4.16**
Liver Disease	**4.13**
Stroke	**4.13**
Women's Health	**4.13**
Affordable Housing	**4.12**
Transportation	**4.08**
Diet	**4.08**
Smoking/Vaping/Tobacco Use	**4.08**
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Social Support	**4.01**
Access to Exercise/Recreation	**3.95**
Alzheimer's and Dementia	**3.91**
Social Isolation	**3.89**
Dental	**3.81**
Risky Sexual Behavior	**3.79**

Evaluation & Selection Process

Based on the data analyses and examining the potential for hospital impact,

Worse than Benchmark Measure

Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US 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 by the hospital are feasible and could make an impact

Impact on Health Disparities

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

CGH Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Education System	✓	✓		✓
Drug/Substance Abuse		✓	✓	✓
Heart Disease		✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓
Healthcare Services: Prevention	✓	✓	✓	✓
Employment and Income	✓	✓		✓
Community Safety		✓		✓

Overview of Priorities

Mental Health

Mental health was the #1 community identified health priority with 77 respondents (n=104) ranking it as extremely important to be addressed in the community. Mental Health was ranked as the #2 health priority in the 2019, and #3 health priority in the 2016 CHNA reports. Suicide is the 8th leading cause of death in Cibola County and ranks 12 out of 33 counties (with 1 being the worst in the state) in New Mexico for suicide death rate (World Life Expectancy).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and 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 Co.	New Mexico
Adult Depression	**18.9%**	**9.8%**
Average number of mentally unhealthy days (past 30 days)	**5.5**	**4.5**
Number of people per 1 mental health provider	**269**	**248**
Suicide death rate	**21.4**	**24.0**

Source: New Mexico's Indicator-Based Information System (NM-IBIS), County Health Rankings, worldlifeexpectancy.com

Diabetes

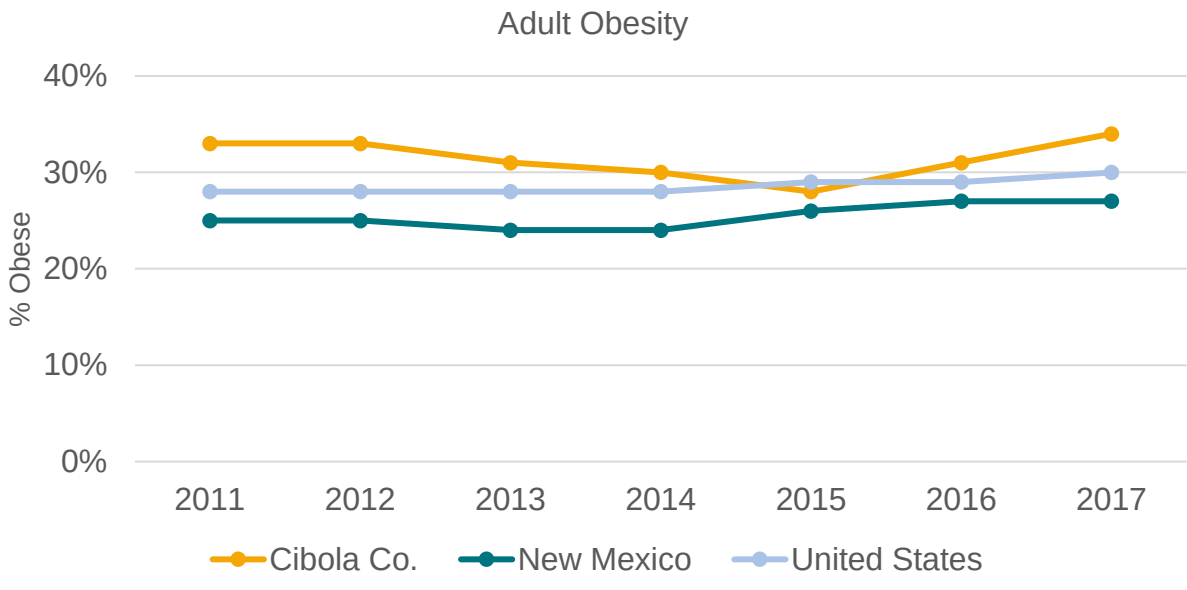
Diabetes was identified as the #2 health priority with 66 (n=105) respondents rating it as extremely important to address. Diabetes was identified as the #4 and #5 health priorities in the 2019 and 2016 CHNA reports, respectively. Diabetes is the 4th leading cause of death in Cibola County. Cibola county has higher rates of diabetes and diabetes mortality than New Mexico.

Obesity

Obesity was identified as the #15 health priority in the community wide survey but was identified as a top priority through interviews with local experts. Cibola county has higher rates of adult obesity and physical inactivity than New Mexico.

	Cibola Co.	New Mexico
Adult Obesity	**34%**	**27%**
Physical Inactivity	**29%**	**19%**
Access to Exercise Opportunities	**66%**	**77%**
Diabetes Mortality (*per 100,000*)	**55.5**	**25.4**

Source: County Health Rankings, worldhealthranking.com



Source: County Health Rankings
Notes: Each year represents a 3- year average around the middle year

Drug/Substance Abuse

Drug and substance abuse was identified as the #4 health priority with 63 (n=106) of survey respondents rating it as extremely important to be addressed. Substance abuse was identified as the #1 health priority in 2019 and 2016. Cibola County has lower rates of drug overdose deaths and drug overdose related ED visits than the state of New Mexico.

	Cibola Co.	New Mexico
Drug overdose deaths (*per 100,000*)	**16.8**	**24.6**
Drug overdose related ED visits (*per 100,000*)	**31.7**	**50.6**

Source: New Mexico's Indicator-Based Information System (NM-IBIS)

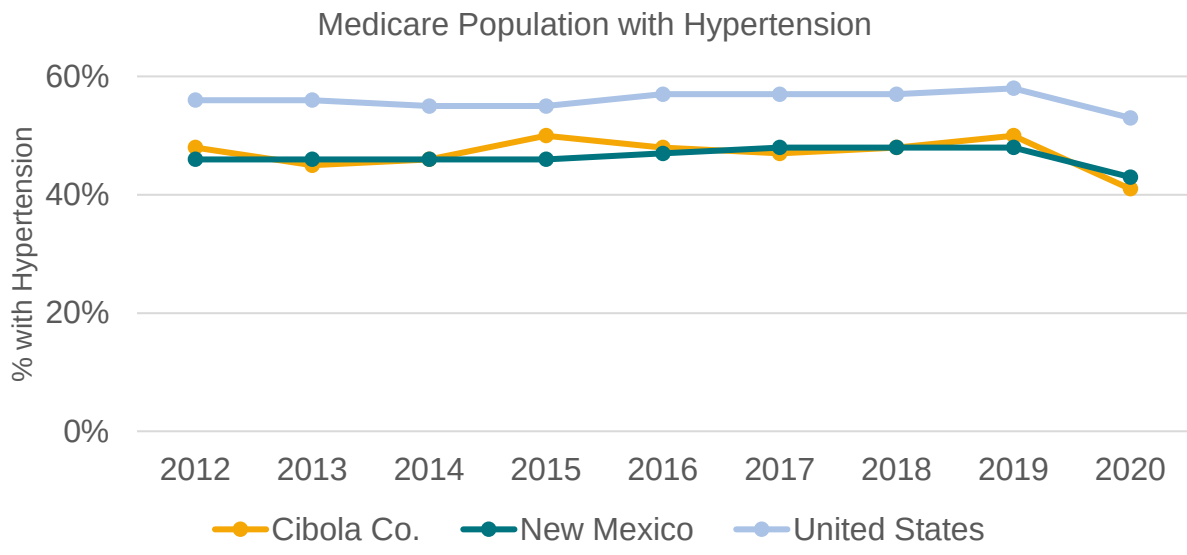
Heart Disease

In the community survey, Heart Disease was identified as the #5 health priority with 61 (n=103) respondents rating it as extremely important to address. Heart disease was not identified as a top health priority in the 2019 and 2016 CHNA reports.

Cibola County has a similar death rate from heart disease than New Mexico and a lower rate than the United States. In the Medicare population, Cibola County fairs similarly to New Mexico and better than the US when it comes to prevalence of hypertension. When it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts (CDC).

	Cibola Co.	New Mexico	United States
Heart Disease Death Rate (*per 100,000*)	**158.9**	**158.2**	**161.5**

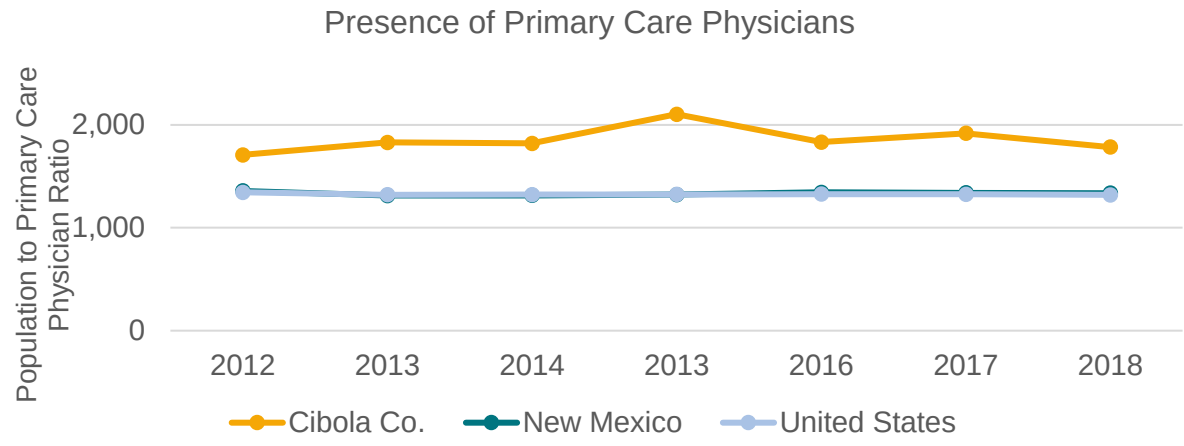
Source: worldlifeexpectancy.com

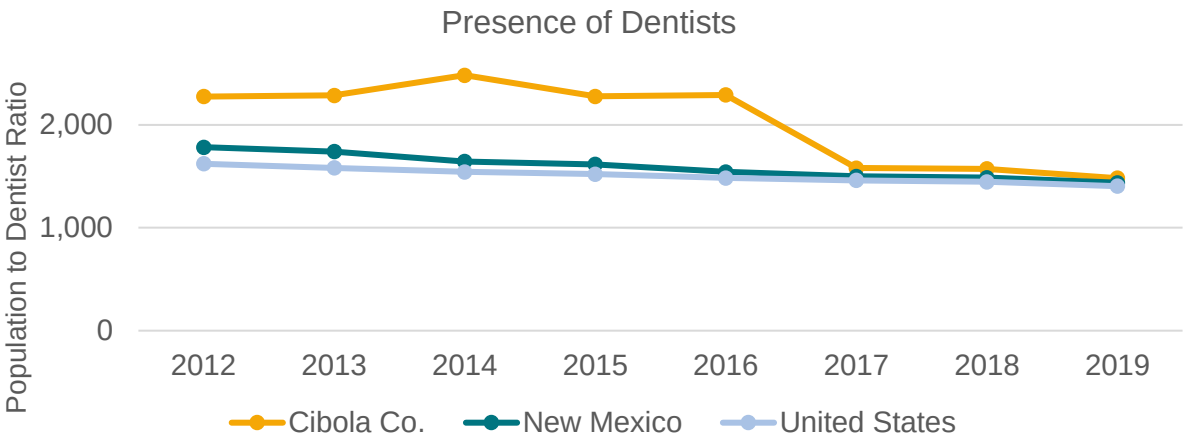


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Healthcare Services: Physical Presence

The physical presence of healthcare services was identified as the #6 health priority with 64 (n=105) respondents rating it as extremely important to address. Cibola County has a lower ratio of population per primary care provider (1,783:1) and per dentist (1,482:1) compared to the state of New Mexico (1,336:1 and 1,437:1 respectively). (Note that these ratios are based on 2018 data and include only M.D.s and D.O.s)





Source: County Health Rankings

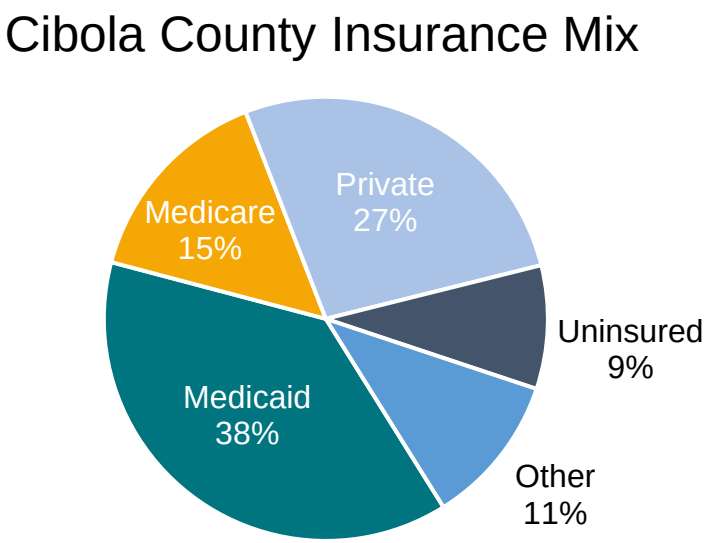
Healthcare Services: Affordability

Affordability of healthcare services was the #7 identified health need in the community with 66 respondents (n=105) ranking it as extremely important to be addressed. Affordability ranked #5 and #4 in the 2019 and 2016 CHNA reports respectively.

Cibola County is worse than the benchmark when it comes to children in poverty and median household income. Additionally, low-income populations were identified as the most prevalent priority population in the community making affordability of healthcare services a pressing need in the community.

	Cibola Co.	New Mexico
Uninsured	**9%**	**10%**
Unemployment	**9.2%**	**8.1%**
Children in poverty	**33%**	**24%**
Median household income	**$42,911**	**$51,889**

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan

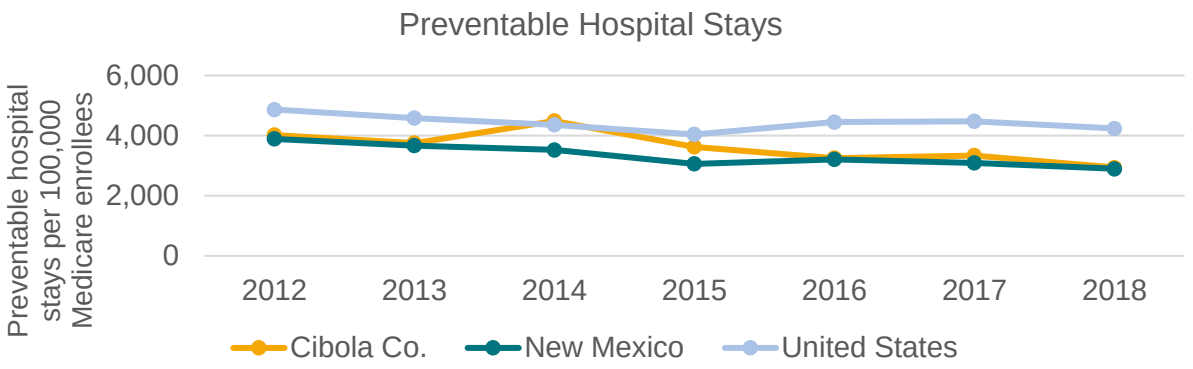


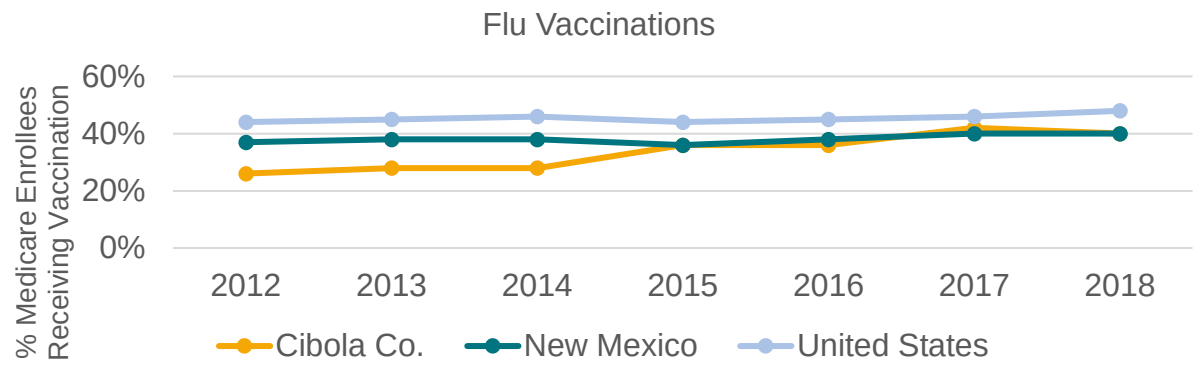
Source: Stratasan, ESRI

Healthcare Services: Prevention

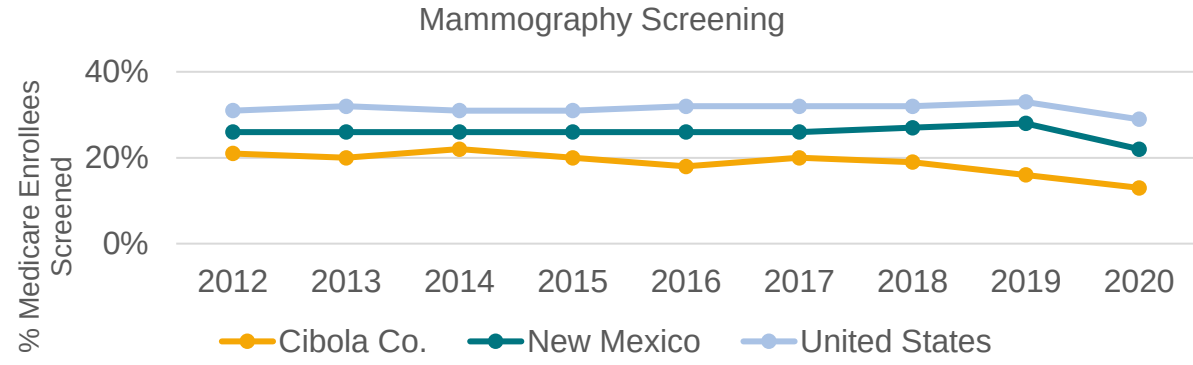
Preventative healthcare services was identified as the #8 health priority with 62 (n=104) respondents ranking it as extremely important to address in the community. Prevention was not identified as a top priority in previous CHNA reports.

Among Medicare enrollees, Cibola County has similar rates of flu vaccinations, lower rates of mammography screening, and a higher rate of preventable hospital stays compared to the state of New Mexico.





Source: County Health Rankings



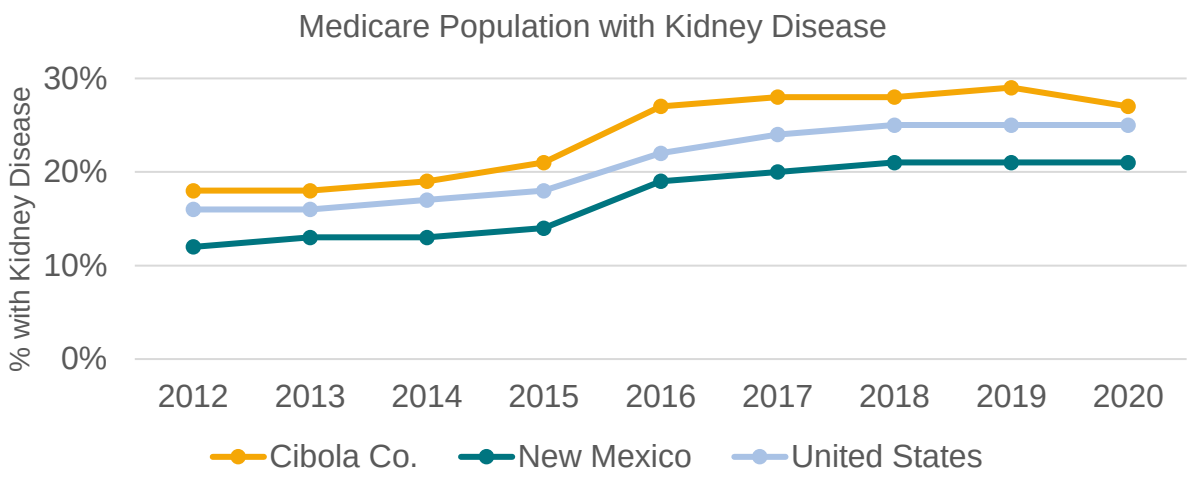
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Kidney Disease

In the community survey, kidney disease was identified as the #14 health priority but was identified as a top health priority through interviews with local experts. Cibola County has higher motility and prevalence rates of kidney disease than New Mexico.

	Cibola Co.	New Mexico	United States
Kidney Disease Death Rate (*per 100,000*)	**16.5**	**12.9**	**12.7**

Source: worldlifeexpectancy.com

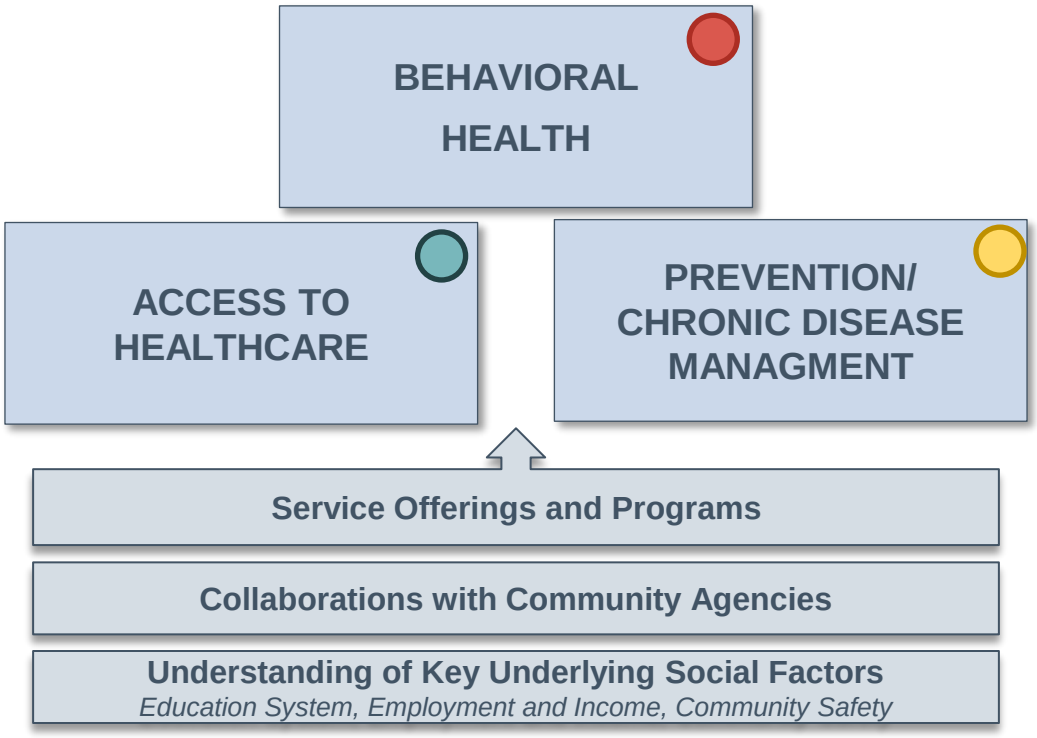


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.

- Mental Health
- Diabetes/Obesity
- Drug Substance Abuse
- Heart Disease
- Presence of Healthcare Services
- Affordability of Healthcare Services
- Preventative Care
- Cancer
- Kidney Disease



Implementation Plan Strategy

Behavioral Health

Mental Health, Drug/Substance Abuse

Goal:

Increase access to quality behavioral health services through community partnerships and coordinated care.

Statistics:

- Suicide is the 8th leading cause of death in Cibola County
- Adult Depression: 19% (NM: 10%)
- Drug overdose deaths*: 16.8 (NM: 24.6)
- Drug overdose related ED visits*: 31.7 (NM: 50.6)

*per 100,000

Hospital services, programs, and resources available to respond to this need include:

- Provide 24-hour access to emergency services to assess, evaluate, and transfer as necessary, 24/7 crisis care.
- Hospital employs licensed mental health professional who counsels on and sets up referrals, as well as an inpatient discharge planner.
- Provide limited detox care/services and organize placement at other facilities.
- Inpatient assessments and evaluations as appropriate. Suicide risk assessment is completed on all patients who present with suicidal ideations.
- Provide in-house detoxification using CIWA protocol
- Promotion of the sponsored prescription “Take Back” sites in Parkhurst pharmacy. (Community for the collection of unused and expired medications).
- Attempted to provide space for outpatient therapy groups such as AA. Due to low attendance District 9 AA leader asked to cancel the meetings on 2/22/17 until further notice. We are open to having these groups again for post-covid activities.
- Instituted a patient safety alert system for employees who encounter a situation that is likely to harm a patient to make an immediate report and to cease any activity that could further harm.
- Crisis Prevention Institute (CPI) de-escalation training is provided for employees during orientation.
- Employee assistance program is available to employees and families, including suicide prevention counseling.
- Offers tele-medicine visits for outpatient behavioral health
- Full time case manager on staff

Impact of actions taken since the immediately preceding CHNA:

- Our newly onboarding Psych NP will be prescribing suboxone treatment along with another FP who has the required training. XDEA NM license is no longer required.
- Started a behavioral health program, Feb. 2022. Hoping to grow the medication management with more counseling.
- Developed a Behavioral Health Task force, that expanded into a regional emergency management group. During COVID these meeting were expanded in various opacities, we currently attended the IHS/638 Southwest Regional Call biweekly, amongst others.
- FY21 Pharmacy Director reeducated Providers at Medical Staff of our process in regard to Opioid RX. A reporting system has been delineated through Med Management. A brochure was also created to assist in patient education from provider.
- Provide inpatient neonatal abstinence syndrome (NAS) treatment.
- Marketing and public relations resources

Additionally, The Hospital plans to take the following steps to address this need:

- Increase awareness of resources available and how to access them. Expand community education on overdose prevention and response
- Collaborate with Local Mental and Behavioral Health Providers to Reduce Barriers to Care.
- Improve screening for warning signs of suicide and provide immediate referrals for care.
- Incentivize parents to complete annual well child check for the sports physicals to screen students and provide them with education on mental health and substance abuse.
- Increase Emergency Room resources to be better equipped for Mental and Behavioral Health by providing safe rooms for securing patients in care when violent or unpredictable.
- Collaborate with schools to provide more mental health resources.
- Look in to providing suboxone training.

Identified measures and metrics to progress:

- Number of ED crisis visits
- Number of clinic outpatient behavioral health visits

Partnership organizations who can address this need:

For full list of community partners, see appendix page 41.

Access of Healthcare Services

Presence and Affordability of Healthcare Services

Goal:

To increase access to healthcare through making care convenient and affordable to all members of Cibola County.

Statistics:

- Uninsured rate: 9% (NM: 10%)
- Children in poverty: 33% (NM: 24%)
- Median Household Income: $42,911 (NM: $51,889)
- Unemployment rate: 9.2% (NM: 8.1%)

Hospital services, programs, and resources available to respond to this need include:

- 24/7 Emergency Care, diagnostic Imaging, outpatient services.- preventative tests for healthcare
- Free diabetic services/counseling (with physician referral) to Pam Gutierrez, Diabetes Educator
- Financial counselors available to patients as well as financial assistance policy available for all services
- Breast cancer/mammography fund – sponsor 5K run/walk to help provide these services at low cost
- The Sister Pam Account – available to help patients afford prescriptions
- "Community-wide Flu Pod – provide supplies (bags, gloves, vaccine etc.) and staff. o 2016 – 198 Shots, 2017 – 800 Shots, 2018 – 974 Shots, 2019 – 902 Shots, 2020 – 1167 Shots, 2021 – 1060 Shots"
- Cibola Family Health Center offers sliding-scale fee schedule
- Provide reduced-cost labs (e.g., A1C, lipid panel) at health fairs - and cash pricing available all year round
- Perform $1 sports physicals annually for local students
- Employee assistance program available to employees and families
- Price transparency on website along with discount program and financial assistance policy

Impact of actions taken since the immediately preceding CHNA:

- Participate in 340B program to provide low-cost prescriptions. 340B - In December 2021 we implemented the 340b program with $62k of savings as of 2/28/22
- Offered extended clinic walk-in hours for two weeks and based on weak volumes need to decide to make this option available in the future
- Mobile unit provider
- Marketing and public relations resources

Additionally, The Hospital plans to take the following steps to address this need:

- Plan to train additional clinic and hospital employees on Medicare/Medicaid applications
- Dependent on COVID - start the after-hours clinic back up again.
- Explore offering mobile telemedicine or other services to the outlying areas, once mobile unit is up and running.
- Increase awareness of resources available and how to access them.
- Explore community transportation resources and partnerships to increase patient follow-up with primary care providers. (transportation was mentioned extensively in the comments of CHNA)
- Explore collaboration with other critical access hospitals to provide 24/7 telemedicine services throughout the state

Identified measures and metrics to progress:

- Number of patients utilizing financial assistance program
- Utilization of after hour clinic

Partnership organizations who can address this need:

For full list of community partners, see appendix page 41.

Prevention/Chronic Disease Management

Diabetes/Obesity, Heart and Kidney Disease, Cancer

Goal:

To promote overall wellness and prevent the onset of chronic disease throughout our community.

Statistics:

- Adult obesity: 34% (NM: 27%
- Physical inactivity: 29% (NM: 19%)
- Diabetes Mortality*: 55.5 (NM: 25.4)
- Heart Disease Mortality*: 158.9 (NM: 158.2)
- Cancer Mortality*: 152.4 (NM: 131.9)

*per 100,000

Hospital services, programs, and resources available to respond to this need include:

- 24/7 Emergency Care, diagnostic Imaging, outpatient services, as well as diabetic wound care services.
- Nutritionist visits inpatients weekly for consultation and education; also available for outpatient visits.
- Provide free blood pressure checks and free use of the healthbot at CFHC, also provide educational materials.
- Free diabetic services/counseling (with physician referral) to Pam Gutierrez, Diabetes Educator.
- Perform $1 sports physicals annually for local students.
- Provide reduced-cost labs (e.g., A1C, lipid panel) at health fairs - and cash pricing available all year round.
- Supplying healthy recipes from Diabetes Organization with doctor biographies and/on pharmacy's drug description provided on discharge on the flip side. (Given out at health fair's, discharge folder, and are in waiting rooms at CGH and CFHC).
- Breast cancer/mammography fund – sponsor 5K run/walk to help provide these services at low cost.
- On our website, we have a Health Library it constantly updates with different safety tips, healthy eating, and exercising

Impact of actions taken since the immediately preceding CHNA:

- Grew Chronic Care Management program (ChartSpan) which provides support for patients with chronic disease.
- Marketing and public relations resources

Additionally, The Hospital plans to take the following steps to address this need:

- Provide support for the new Crawford County Recreational Center

Additionally, The Hospital plans to take the following steps to address this need:

- Dependent on COVID - Annually provided 10 mini health fairs performed this year including BMI screening, community fitness options (e.g., gyms), nutrition classes including healthy samples and recipes, and education on cholesterol. (These are done at the hospital, clinic, at employer's business, and at local events).
- Research offering inpatient dialysis (DCI) for diabetic patients with renal disease
- Increase awareness of resources available and how to access them.
- Incentivize parents to complete annual well child check for the sports physicals to screen students and provide them with education on diabetes and heart disease.
- Joining with community organizations, local school systems, etc. promoting, cancer prevention awareness, stressing the importance of early cancer screening, and detection, and knowledge of family history of cancer
- Produce and distribute health education materials to clinics to be given to, patients to assist in managing their chronic disease
- Research a plan to expand diabetic education program

Identified measures and metrics to progress:

- Annual wellness visit volumes
- Number of health fair encounters
- Number of ChartSpan enrollees

Partnership organizations who can address this need:

For full list of community partners, see appendix page 41.

Other Needs Identified During the CHNA Process

- Education System
- Employment and Income
- Community Safety
- Excess Drinking
- Access to Senior Services
- Access to Healthy Food
- Lung Disease
- Livable Wage
- Employment
- Access to Childcare
- Liver Disease
- Stroke
- Women's Health
- Affordable Housing
- Transportation
- Diet
- Smoking/Vaping/Tobacco Use
- Physical Inactivity
- Social Support
- Access to Exercise/Recreation
- Alzheimer's and Dementia
- Social Isolation
- Dental
- Risky Sexual Behavior

Appendix

Community Data

Community Demographics

Demographic Profile

	Cibola County				New Mexico				US AVG.	
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total	% Change	% of Total
Population										
Total Population	***25,898***	***25,688***	***-0.8%***	***100.0%***	***2,149,586***	***2,212,300***	***2.9%***	***100.0%***	***3.6%***	***100.0%***
By Age										
00 - 17	5,887	5,916	*0.5%*	*22.7%*	490,837	507,589	*3.4%*	*22.8%*	*2.4%*	*21.7%*
18 - 44	9,173	8,774	*-4.3%*	*35.4%*	755,502	767,455	*1.6%*	*35.1%*	*2.7%*	*36.0%*
45 - 64	6,481	6,116	*-5.6%*	*25.0%*	524,465	507,504	*-3.2%*	*24.4%*	*-2.2%*	*25.0%*
65+	4,357	4,882	*12.0%*	*16.8%*	378,782	429,752	*13.5%*	*17.6%*	*15.2%*	*17.3%*
Female Childbearing Age (15-44)	4,655	4,499	*-3.4%*	*18.0%*	408,174	414,970	*1.7%*	*19.0%*	*2.5%*	*19.5%*
By Race/Ethnicity										
White	9,381	8,908	*-5.0%*	*36.2%*	1,405,599	1,425,793	*1.4%*	*65.4%*	*1.4%*	*69.2%*
Black	388	423	*9.0%*	*1.5%*	49,137	52,641	*7.1%*	*2.3%*	*4.9%*	*13.0%*
Asian & Pacific Islander	174	180	*3.4%*	*0.7%*	38,077	42,622	*11.9%*	*1.8%*	*13.6%*	*6.1%*
Other	15,955	16,177	*1.4%*	*61.6%*	656,773	691,244	*5.2%*	*30.6%*	*10.0%*	*11.7%*
Hispanic*	9,669	9,806	*1.4%*	*37.3%*	1,076,220	1,142,827	*6.2%*	*50.1%*	*10.9%*	*18.9%*
Households										
Total Households	8,784	8,781	*0.0%*		833,469	859,854	*3.2%*			
Median Household Income	$ 42,911	$ 48,847			$ 51,889	$ 55,941			*US Avg. $64,730 | $72,932*	
Education Distribution										
Some High School or Less				*16.4%*				*13.9%*		*11.1%*
High School Diploma/GED				*32.1%*				*26.4%*		*26.8%*
Some College/Associates Degree				*36.9%*				*31.8%*		*28.5%*
Bachelor's Degree or Greater				*14.6%*				*27.8%*		*33.6%*

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

The Leading Causes of Death are determined by 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 was compared to all other New Mexico counties, New Mexico state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in NM (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Cibola County Compared to U.S.)
NM Rank	Cibola Rank	Condition		NM	Cibola	
1	1	Heart Disease	21 of 33	158.2	158.9	***As expected***
2	2	Cancer	17 of 33	131.9	152.4	***Higher than expected***
3	3	Accidents	11 of 33	77.8	79.2	***Higher than expected***
7	4	Diabetes	2 of 33	25.4	55.5	***Higher than expected***
4	5	Lung	22 of 33	40.1	43.2	***Higher than expected***
6	6	Liver	3 of 33	26.2	40.4	***Higher than expected***
5	7	Stroke	24 of 33	33.3	33.9	***As expected***
8	8	Suicide	21 of 33	24.0	21.4	***Higher than expected***
10	9	Flu - Pneumonia	7 of 33	13.2	20.5	***Higher than expected***
11	10	Kidney	5 of 33	12.9	16.5	***As expected***
9	11	Alzheimer's	16 of 33	21.3	16.2	***Lower than expected***
13	12	Blood Poisoning	6 of 33	9.3	12.1	***As expected***
15	13	Hypertension	2 of 33	5.2	9.6	***As expected***
12	14	Homicide	12 of 33	11.8	9.3	***As expected***
14	15	Parkinson's	14 of 33	8.1	7.6	***As expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

Source: worldlifeexpectancy.com

County Health Rankings

	Cibola	New Mexico	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank *(best being #1)*	***28/33***			
- Premature Death*	**11,182**	9,092	8,200	5,400
Quality of Life				
Overall Rank *(best being #1)*	***30/33***			
- Poor or Fair Health	**29%**	20%	17%	12%
- Poor Physical Health Days	**5.7**	4.3	3.9	3.1
- Poor Mental Health Days	**5.5**	4.5	4.2	3.4
- Low Birthweight	**10%**	9%	8%	6%
Health Behaviors				
Overall Rank *(best being #1)*	***31/33***			
- Adult Smoking	**25%**	16%	17%	14%
- Adult Obesity	**34%**	27%	33%	26%
- Physical Inactivity	**29%**	19%	27%	20%
- Access to Exercise Opportunities	**66%**	77%	66%	91%
- Excessive Drinking	**16%**	17%	18%	13%
- Alcohol-Impaired Driving Deaths	**29%**	30%	28%	11%
- Sexually Transmitted Infections*	**916.1**	670.5	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-*	**41**	32	28	13
Clinical Care				
Overall Rank *(best being #1)*	***22/33***			
- Uninsured	**12%**	12%	11%	6%
- Population per Primary Care Provider	**1,783**	1,336	2,070	1,030
- Population per Dentist	**1,482**	1,437	2,410	1,240
- Population per Mental Health Provider	**269**	248	890	290
- Preventable Hospital Stays	**2,938**	2,894	4,710	2,761
- Mammography Screening	**26%**	35%	41%	50%
- Flu vaccinations	**40%**	40%	43%	53%
Social & Economic Factors				
Overall Rank *(best being #1)*	***28/33***			
- High school graduation	**83%**	86%	90%	96%
- Unemployment	**6.3%**	4.9%	3.9%	2.6%
- Children in Poverty	**33%**	24%	20%	11%
- Income inequality**	**5.7**	5.1	4.4	3.7
- Children in Single-Parent Households	**42%**	30%	32%	20%
- Violent Crime*	**543**	650	205	63
- Injury Deaths*	**121**	108	84	58
- Median household income	**$40,436**	$52,021	$50,600	$69,000
- Food Insecurity	**19%**	15%		
- Suicides	**27**	24	17	11
Physical Environment				
Overall Rank *(best being #1)*	***15/33***			
- Air Pollution - Particulate Matter (µg/m³)	**5.3**	5.6	9.4	6.1
- Severe Housing Problems***	**20%**	17%	14%	9%
- Driving to work alone	**75%**	80%	81%	72%
- Long commute - driving alone	**26%**	27%	31%	16%

***Per 100,000 Population**

****Ratio of household income at the 80th percentile to income at the 20th percentile**

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities**

Key (Legend)

- Better than NM
- The same as NM
- Worse than NM

Source: County Health Rankings 2021 Report

Community Partners

Organization	Contact	Behavioral Health	Access to Healthcare	Prevention/ Chronic Disease Management
A to Z Children's Dental Clinic	(505) 285-9833		x	x
Abraham Ken DOS	(505) 285-4444		x	x
ACL Clinic	(505) 552-5300	x	x	x
ACL WIC PROGRAM	(505) 552-6068		x	
Acoma Behavioral Health	(505) 552-6651	x		
Acoma Elderly Nutrition Program	(505) 552-6316		x	x
Acoma Fitness Center	(505) 552-2134		x	x
Acoma Police Department	(505) 552-6601			x
Alcohol & Narcotics Help Line	888-206-7272 or 24 Hour Help Line, 877-479-9777		x	x
Alcohol and Drug Treatment Referral	(800) 454-8966		x	x
Alliance Hospice	(505) 615-8053		x	x
Anna Kaseman Hospital (Albuquerque, NM)	(505) 291-2000	x	x	x
Area 46, District 9 AA Fellowship	district9@nm-aa.org		x	x
Blue Cross Blue Shield	505-816-4000		x	
CHI St. Joseph Children	(505) 552-1023	x	x	x
Children, Youth and Families Department	505-240-0745	x	x	x
Chinle Outpatient Treatment Center	(928) 674-2589	x	x	
Ciboal Senior Center	(505) 285-3922		X	x
Cibola Family Health Center	(505) 287-6500	x	x	x

Organization	Contact	Behavioral Health	Access to Healthcare	Prevention/ Chronic Disease Management
Cibola Trail Alliance	(505) 290-0370		x	x
Compassus	(505) 332-0847		x	
Continental Divide Electric (Annual Health Fair)	(505) 285-6656			x
Crownpoint Outpatient Treatment Center	(505) 786-2111	x	x	
Deparment of Health - Grants	(505) 285-4601	x	x	x
Diamond G Home Center	diamondghomecenter@outlook.com			x
Dilkon Outpatient Treatment Center	(928) 657-8000	x	x	
El Mirador Home Care	(505) 271-2280		x	
Farm Bureau Financial Services	(505) 285-5547			x
Food Stamp Office	(505) 287-8836		x	
Future Foundations Family Center/Grants Recreation	(505) 285-3542		x	x
Gallup Indown Health Clinic	(505) 722-1000	x	x	x
Gallup Outpatient Treatment Center	(505) 772-9470	x	x	
Gallup-Mckinley County Schools	(505) 721-1431			x
Genesis	(505) 238-6865		x	
Global Nutrition Services	(505) 332-8070			x
Good Samaritan Society	(505) 287-8867	x	x	x
Goodwill Industries of New Mexico	(505) 863-6066			
Grants Family Health Center - Presbyterian Medical Services	(505) 285-3542	x	x	x

Organization	Contact	Behavioral Health	Access to Healthcare	Prevention/ Chronic Disease Management
Grants Family Counseling	(505) 876-1890	x	x	
Grants Family Health Center	(505) 287-2958	x	x	x
Grants Fire and Rescue	(505) 876-2245		x	x
Grants Police Department	(505) 287-4404			x
Grants-Cibola County School District	(505) 285-2600			x
Halton Orthodontics	(505) 285-9833		x	x
Hollywood Orthodontics	(505) 979-5600		x	x
JHM	(505) 287-2462		x	x
Klarus Home Care	(505) 717-1624		x	
La Vida Felicidad	(505) 287-5138		x	x
Laguna Behavioral Health	(505) 552-6513	x	x	
Laguna Police Department	(505) 552-6666			x
Laguna Pueblo Dep. Of Education	(505) 552-1013			x
Laguna Rainbow	(505) 552-6034	x	x	x
Mesilla Valley (Las Cruces, NM)	(505) 382-3500		x	x
Milan Fire	(505) 287-7366			x
Milan Police Department	(505) 285-3466			x
Milan Village Recreation Department	(505) 287-2200		x	x
Native American Professional Parent Resources	(505) 345-6289	x	x	
Navajo Nation Health Education	(928) 871-6562	x	x	x
New Hope Home Health	(505) 488-0115		x	

Organization	Contact	Behavioral Health	Access to Healthcare	Prevention/ Chronic Disease Management
New Mexico Corrections Department	(505) 876-8420			x
NMSU Grants	(505) 287-6628		x	x
Open Skies Healthcare	(505) 285-3672	x		
Outreach Center - Immanuel Baptist	(505) 287-8510		x	x
Paguate Community Center	(505) 552-9875		x	x
Parkhurst Pharmacy	(505) 287-4641	x	x	x
Pine Hill Health Center	(505) 775-3271	x	x	
PMS Home Visiting Program	(505) 285-3542	x	x	x
Prostate Cancer Support Association of New Mexico	(505) 254-7784		x	x
Pueblo of Acoma Health and Wellness/Special Diabetes Program	(505) 552-5145		x	x
Pueblo of Laguna Service Center (Alcohol Treatment)	(505) 552-5720		x	x
Pueblo of Zuni Wellness Center	(505) 782-2665			x
Red Mesa Outpatient Treatment Center	(928) 656-5000	x	x	
Roberta's Place, Inc.	(505) 287-7200		x	x
Rockin 66 Express	(505) 290-2469		x	
San Rafael Fire	(505) 287-3084			x
Search and Rescue	(505) 876-2040			x
Sheriff Department	(505) 876-2040			x
Shiprock Outpatient Treatment Center	(505) 368-1429	x	x	
Silver Lining Services LLC	(505) 285-3445		x	

Organization	Contact	Behavioral Health	Access to Healthcare	Prevention/ Chronic Disease Management
Snap Fitness	(505) 240-6009		x	x
Southwest Home Care	(505) 287-9211		x	
State Farm	(505) 287-4551			x
Sundance Dental Care of Grants	(505) 972-3000		x	x
Superior Ambulance Service	(505) 252-3446	x	x	x
T-Bones Gym	(505) 285-6758		x	x
Fusion Dance	(505) 290-7892			x
Thoreau Community Center	(505) 862-7590		x	x
TK Bank, SSB	(505) 240-0907		x	x
Tribal Home Visiting Program	(505) 345-6289	x	x	x
University of New Mexico Hospital (Albuquerque, NM)	(505) 925-2300		x	x
US Dept. Of Veteran Affairs, Vet Center	(505) 274-1747	x	x	x
WellsFargo	(505) 287-9482			x
Winds of Change	(505) 876-1890	x	x	
Youth Visions, Inc.	youthvisionsnm@gmail.com		x	
Zuni Home Health	(505) 782-5544		x	x
Zuni Services	(505) 782-7312	x	x	x

Detailed Approach

Cibola General Hospital (“CGH” or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital. Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

CGH partnered with QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

1) *At least one 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;*
2) *members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
3) *written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

1) *A definition of the community served by the hospital facility 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 facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
4) *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*
5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following 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 hospital facility
3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

   Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor and community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

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 survey respondents cooperating in this study are displayed in the CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	January 2021	2013-2019
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	January 2021	2021
Bureau of Labor Statistics	Unemployment rates	January 2022	2020
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	January 2021	2019
New Mexico's Indicator-Based Information System (NM-IBIS)	Health metrics around mental health, substance use, and cardiovascular disease	March 2022	2015-2017
NAMI	Statistics on mental health rates and services	March 2022	2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	March 2022	2020
Centers for Disease Control and Prevention	Adult heart disease statistics	March 2022	2019, 2021

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community through the Hospital social media page, 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 geographically and ethnically diverse population. Community input from 212 survey respondents was received. Survey responses started January 26th, 2022 and ended on February 21st , 2022.
- Information analysis augmented by local opinions showed how Cibola County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups. .

Having taken steps to identify potential community needs, the respondents then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of 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 CGH process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health needs importance from not at all (1 rating) to very (5 rating).

Survey Results

Q1: Please select which roles apply to you.

Answer Choices	Applies to Me	Does Not Apply to Me	Total
Community Resident	182	12	194
Healthcare Professional	70	113	183
Minority or Underserved Population	64	107	171
Educator	51	124	175
Government Employee or Representative	38	137	175
Public Health Official	10	157	167
Representative of Chronic Disease Group or Advocacy Organization	9	160	169
		Answered	211
		Skipped	1

Q3: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)

Answer Choices	Responses	
Low-income groups	70.75%	75
Older adults	63.21%	67
Residents of rural areas	49.06%	52
Children	34.91%	37
Individuals requiring additional healthcare support	33.96%	36
Women	33.02%	35
LGBTQ+	10.38%	11
Racial and ethnic minority groups	3.77%	4
Answered		106
Skipped		42

Unique or pressing needs of the above selected groups:

- Child abuse, child mental health issues
- Eye doctor is desperately needed in Cibola county
- Providers do not stay in Grants. We often must go to Albuquerque for additional Healthcare support.
- Everyone deserves Healthcare .....regardless of race or income.

- Improve the ability for these populations to easily access healthcare; on-ine visits are OK for non critical issues, but annual check ups/critical issues need to be done in person....it takes too long to get into their PCP and/or their ability to get transportation to the clinic is non existant. How about pop-up clinics in the unincorporated areas of the county.
- Emergent dialysis needs
- My grandmother just moved to town and unfortunately her experience at both the clinic and hospital have been tough since she is only Spanish speaking and they do not allow any one in with her to translate. At the hospital she had a great translator. But at the clinic it has just been a bad experience from scheduling to her de visits due to the language barrier
- It is very difficulty for elderly patients to travel to Albuquerque for specialist visits.
- "Mental struggles for the kids
- Functional movement for the older adults
- Actually every group needs addressing and focus considering we have all in our community and as a rural community more education on how to manage the systems of care that we have here.
- Single parent families--self care, parenting, inexpensive meals, info about sexual diseases and drugs
- Women tend not to take care of themselves while raising children - more outreach could be done to help them.
- Children need to be looked after as they are our future.
- Older adults have many needs that they may not be able to afford; we should take care of all our older adults!"
- Access and funding for preventive health care
- Testing
- Geriatric specialist
- Drug/alcohol abuse
- Older people gets health care when only on social security that has no one to help pay medical bills. Asking family or friends for how much they make so if they can't pay they go to the family. Some of these don't have that to help them, it should just be for the individual. I know a woman that has SS only but can't get help without family's info for backup.
- Access to specialty care not currently provided by the local hospital

- Public transportation for rural areas; urgent (not emergency room) care facility access; contact/follow-up with isolated persons not using social media.
- Being able to get to healthcare, being able to participate in telemed appointments
- Residents in rural areas may not have adequate transportation to access medical and other essential services. The condition of the road may also play a part if too muddy to drive and they cannot get out. These residents may live in housing that is inadequate.
- Women tend to care for others and put off their own health care. Young women are dying of breast cancer
- The COVID pandemic has taking it's toll physically and emotionally on women to had to stay home with their children and try to assist their children with virtual learning. The emotional toll on the children is very real.
- Older adults have also been emotionally affected and isolated. Causing loneliness. Older adults struggle to purchase and prepare nutritious food. for these older adults living in rural areas fresh fruits and vegetables are not available
- When you look at the physical issues listed in past years - diabetes Type II and obesity in many cases are preventable. More preventative programs for families and bringing community resources to bear recreation, groceries, WIC, SNAP, etc. to help address the needs.
- I feel the great majority of our community is underserved.
- With everything getting more expensive how will low income families afford health care?
- Inadequate housing; inadequate transportation; food insecurity; inadequate telecommunications; assistance applying for health insurance for newborns; assistance coordinating multi-disciplinary pediatric healthcare appointments; assistance maintaining regular-schedules of preventive healthcare for children; assistance ensuring timely delivery of durable medical equipment and enteral feeding supplies and infant/toddler formula; education on applying for medically fragile waiver program for infants, children, and young adults; assistance accessing applied behavioral analysis therapies for children with autism; assistance accessing head-start programming beginning at 3 years of age; assistance maintaining regular schedules of preventive healthcare for infants and children; unavailability of medication assisted therapies for substance-use disorders for parents; assistance accessing and maintaining mental healthcare services; assistance supporting foster care givers for childhood victims of sexual or physical abuse and neglect.
- Limited community support, decreased availability or adequate number of providers to get appointments and follow up timely

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- Customer service with case management. One Of the most unfriendly departments to try to work with.
- Racial and ethnic - access to h/c is mostly provided by Medicaid/Medicare.....
- Low income - most use healthcare when absolutely needed and in many cases may be too late
- Rural areas - access to broadband limits their ability to tele-health
- Older - our population is aging; we need to address their needs
- Additional - behavioral and mental health is desperately needed
- Access to care and medication. Substance abuse and safety.
- Needing to go to Albuquerque for specialist care. Not sure when the specialist will be here. Frequent turnover of specialist that come to Grants.
- Assistance with traveling. Speedy response to get a medical appointment. Staff speaking loud enough to be plainly heard and understood. A smile is a blessing to ease the pain and the fear of what the disease or diagnosis might be.
- Substance Abuse and suicide prevention
- More mental health and rehabilitation support services. Job opportunities and community support organizations
- Those in rural areas need easier access to affordable healthcare services.
- Homeless
- Veterans
- Not enough doctors. Emergency room waits are usually very long. (Even before COVID-19)
- Always being forced to get specialized care in ABQ and having to wait long periods just for an appointment.
- More care for children. Maybe more resources would be helpful. Most times I have noticed kids always have to be airlifted because we don’t have proper needs for children.
- Skilled health care available to all, including those who are unable to pay high healthcare costs.
- All of the above are challenged by health equity issues, which is the big, systemic issue that should be addressed.
- Access to healthcare and coordination of services. Cost of healthcare

- Not only serving low income families. Middle income families as well. Those of us that work, may carry health insurance, but its not always the best, but we have to take what is given by the employer. There are times when insurance does not cover all medical needs should an emergency arise. We get left still with a huge bill. Need some assistance in this area if possible.
- Often unable to have contact with health because of mobility problems or no vehicles,
- There is a need to focus on the comprehensive health of women, especially because women in rural areas and in native population may have a cultural barrier or language barrier to be able to discuss these topics. If you succeed in improving the health of women who often are the heads of household, you can improve the health of children, of men, of advocacy, of community.
- Both identified above have needs in line with the ongoing COVID-19 pandemic. Children are most at risk during this time, of contracting and spreading.
- I am constantly getting asked about home health care, and why it has been taking so long for set up when requested (probably not so much by the hospital but from providers). A lot of our resources are being used to assist those who require in home health care i.e. lift assists, falls, no transportation to check ups and hospital visits, along with required in home amenities like beds, toilet chairs, wheel chairs. A lot of times people are not wanting to go to the hospital due to cost or lack of insurance or medicare/medicaid. They often ask how long it will take to be seen by a physician, so wait time is a concern.
- With the general proximity to our rich blend of our communities, for the hospital to function it has to reach out the surrounding areas. By doing this it will address all the needs listed on the survey.
- Substance abuse has a strong hold on this community and it's root cause is poor mental health resources. Childhood trauma, including verbal and emotional abuse/neglect are pretty much ignored until it is too late and no one is really proactively trying to get to the root causes of emotional issues that later contribute almost exclusively to substance abuse.
- A lack of understanding and empathy are absent from many of these cases and it hits the LGBTQ+ community the hardest because no one is willing to understand them because of religious/political beliefs. We don't have to agree with them, we just have to help them."
- I feel like both these populations have the most needs medically with the least financial support
- Children-Neglect and abuse. Older Adults-Neglect and disorientation
- Orthopedic support. Chronic conditions ie. Allergist,

Q4: Please share comments or observations about the actions CGH has taken to address Substance Abuse.

- As a principal we do not get any support from CGH at Laguna Acoma High School. I know it is assumed there are trial resources but we have students that are not tribal and also need support.
- I am not familiar with what CGH has to offer on the subject to Substance Abuse. As a first responder, we treat symptoms in the field and or transport. Once they are admitted, I have no idea what treatment, rehab, or help is offered from CGH.
- I have not seen any improvement in this area. Cibola needs a treatment center. Folk are traveling either to Gallup or Albuquerque for these services.
- I have not seen any actions. One of our nurse practitioners who had an interest in substance abuse left the clinic to take a job in Gallup.
- Lots of good ideas and strategies. Not sure how many were actually out into place.
- Still a reactive issue addressed as needed instead of prevention
- None apparent
- Bring in a mental health professional
- The need is overwhelming; no single entity can address the needs of the entire community
- I have not seen any actions addressing substance abuse
- Case by case basis as far as I have seen.
- I am unaware of local healthcare services or providers for patients requiring treatment for substance use disorders.
- Hired a physician that has Suboxone experience. Need NARCAN education and experience.
- Not familiar but problems persist
- Have not seen any. Patients are being turned away
- There's too many substances abuse n mental health issues with in all the community.
- Our community needs a hospital based detox center and a hospital-based SA program. Purchasing the former Gutierrez medical office building would meet the facility needs nicely!
- Has program
- CGH staff refer individuals out to other hospitals for additional treatment not offered at CGH.

- This is still a serious area of need that is only rising due to the pandemic. I have not witnessed any serious attempt to address this issue.
- Working on the tribal side and making referrals for drug related issues, it seems as if though nothing is ever addressed. the individual is always referred to another location
- Started the behavioral health program
- I think CGH needs to do more outreach to surrounding communities and their own health departments to help address these issues, to cross cultural barriers, or help with language.
- More attention needs to be focus on marketing the abuse of illegal substances.
- Not enough assistance
- The growing need out paces the programs in our communities.
- Although I believe the intention to do better is there, little to no action has been taken to address this seriously on the level that it demands.
- I see material and speakers at health fairs presenting on this topic and know we have an active supportive social workers and healthcare workers.
- I feel CGH has been responsive and proactive in addressing Substance Abuse challenges in our community.
- Hired a psychiatric nurse practitioner - a huge asset to our community

Q5: Please share comments or observations about the actions CGH has taken to address Mental Health & Suicide.

- Having on call responders
- As a principal we do not get any support from CGH at Laguna Acoma High School. I know it is assumed there are trial resources but we have students that are not tribal and also need support.
- I have talked to some patients about what was performed by CGH who had been seen by CGH for the subject. All feedback I have gotten was that they were admitted and put on a 72 hr watch.
- Would like to see more community outreach on this.
- Limited support staff
- I think CGH has done the best they can to have mental health social workers on staff

- Many communities are contracting with mental health professionals to provide tele visits. I am not aware that we are providing any services.
- Again good strategies. Just not sure when it says “working” if things are actually moving forward.
- Adding mental health resources in hospital
- Bring in a mental health professional
- The need is overwhelming; no single entity can address the needs of the entire community
- We have added a mental health provider.
- Local (non-CGH) mental-/behavioral-health services are consistently available via PMS and coordinate care well for completed referrals with ongoing follow-up. Incomplete referrals for mental health remain tenuous. Emergency services for mental health crises remain intact. Coordination of care following (non-CGH) inpatient hospitalization for mental health remains exceedingly difficult for children. Coordinating primary-care follow-up following emergency services access via CGH is inconsistent and unclear (e.g., documentation for ''follow-up PCP at (some number of) days,'' is typically unsubstantiated without scheduled follow-up or documented telephonic follow-up). Medical care and documentation for suspected - or discovered - childhood victims of sexual abuse or inappropriate sexual exposures is inconsistent. Education for accessing sexual assault nurse examiner (''SANE'') - or similar - services is lacking or non-existent across clinic and hospital. Awareness of mandatory status for reporting concerns for childhood mistreatment or neglect by healthcare workers and support staff is lacking or non-existent in some areas. CFHC should provide Reach out and Read, or similar programming, with free books to infants/children at well-child checks for parents to read with children and promote child/parent bonding and social-/cognitive-development.
- Hired a MH staff. We may need to invest in more staff to address the demand.
- If CGH has not already done so, a consortium of small, rural hospitals, and mental health care delivery facilities should work with common cause to increase the very inadequate number of acute inpatient mental health beds in our state. A person in mental health crisis should not have to wait days in the ER for transfer, especially in this time of large ER demand! CGH could take the lead on this and work with the consortium toward more effective lobbying for our needs.
- Improved mental health access with addition of psych np and LCSW in place
- Social workers done a good job, contacting other Agencies to send a patient to Rehabilitation.

- Need more focus on these with mental health issues
- Mental health & suicidal ideation are still not recognized as health issues. The providers and leadership consider them to be more of a nuisance than a health care problem.
- I have no knowledge of what CGH has done to address Mental Health & Suicide.
- Started the behavioral health program
- I think CGH needs to do more outreach to surrounding communities and their own health departments to help address these issues, to cross cultural barriers, or help with language. I myself did not know what CGH was doing to address this issue.
- Not aware of actions or ongoing campaign in this matter. Received a flyer in the mail, an ad that services are provided.
- More attention needs to be focus on inmates at the correctional facilities.
- I'm not aware of any actions that have been taken by CGH.
- There has not been enough education or help
- The Covid situation has amplified the need to address Mental Health. We need services that are designed for Suicide which can react very quickly.
- It may not be feasible, but in all reality, this community needs a 24/7 Mental Health/Suicide/Substance Abuse facility, separate from the hospital.
- We need more support with the schools regarding this issue
- I feel CGH has been responsive and proactive in addressing Mental Health and Suicide challenges in our community.
- Hired a psychiatric nurse practitioner - a huge asset to our community

Q6: Please share comments or observations about the actions CGH has taken to address Obesity.

- Good ideas and intent. Might treat this more like substance abuse. Unhealthy eating habits are usually formed because of high stress.
- Promoting physical activities involving family i.e. fun runs and kids quad
- Pam does an outstanding job working with not only the hospital clinic patients but other facilities as well. We could use a couple more Pam’s
- When you look at the physical issues listed in past years - diabetes Type II and obesity in many cases are preventable. More preventative programs for families and bringing community resources to bear: recreation, groceries, WIC, SNAP, etc. to help address the needs.

- It is unclear whether CGH or CFHC maintains healthcare informatics on childhood obesity. $1 Sports Physicals arguably promote participation in school-based competitive physical activities and cardiovascular health - but it remains unclear whether these unintentionally circumvent primary care services in the eyes of patients and parents.
- CGH provides education, mailings, etc. Obesity is a cultural problem in our region.
- The Gutierrez building could also provide space for the hospital to develop an outpatient Eating Disorders program, addressing not only Obesity (Compulsive Overeating), but also Bulimia and Anorexia Nervosa.
- Obesity continues to be so difficult to address. I really see no improvement, even though healthy eating is addressed, along with exercise and continued movement in the elderly population. The ease of eating fast foods compared against time to prep and eat more healthy meals continues to win in all populations, I think.
- Sponsoring sports events in the community
- I think CGH needs to do more outreach to surrounding communities and their own health departments to help address these issues, to cross cultural barriers, or help with language. It could work with community planning to provided data that could be used to justify funds for parks, sports, pathways, events.
- Have not been made aware of any actions or ongoing campaign in this matter.
- Health providers must continue to assist clients with education and the means to assist the client.
- Not as much education due to COVID.
- I have received many referrals as an Educator at CFHC to educate children, parents, Ohs, and patients on Obesity.
- I feel CGH has been responsive and proactive in addressing Obesity challenges in our community.

Q7: Please share comments or observations about the actions CGH has taken to address Diabetes.

- I understand that CGH is only taking on diabetic patients on a case by case. Otherwise, they are transported to another facility.
- They have a great diabetes educator Pam Gutierrrez
- Pamela Gutierrez is great
- One Diabetes Nurse Educator with limited hours

- We should recruit a diabetes nurse educator to assist with patient education. We have one in the community who works part time. This is not enough.
- Maybe Educate more on developing healthy habits instead of just offering “meal plans” or recipes.
- The community educators and workshops to help with diet and blood sugar issues has been good
- Pam goes everywhere bringing awareness
- My PCP takes excellent care of diabetes.
- Pam does an outstanding job working with not only the hospital clinic patients but other facilities as well. We could use a couple more Pam's
- When you look at the physical issues listed in past years - diabetes Type II and obesity in many cases are preventable. More preventative programs for families and bringing community resources to bear: recreation, groceries, WIC, SNAP, etc. to help address the needs.
- Not sure. I think we have a DM educator.
- Pediatric diabetic education services and materials are lacking, underpowered or non-existent. The pathway to accessing or requesting these services as a healthcare provider remains unclear.
- CGH provides classes to teach about eating, blood sugar, monitoring, etc.
- Diabetic educator but need more availability
- No observations on this subject other than I have not seen the statistics that might show improvement over the last two years.
- They treat the symptoms but not the root cause.
- A while back there were classes that were held for healthier cooking. COVID hit and it all stopped.
- Providing routine medical care, having a diabetes educator available, having podiatry in town
- I think CGH needs to do more outreach to surrounding communities and their own health departments to help address these issues, to cross cultural barriers, or help with language. We need help to address nutrition, a return to farming, to better health as a county.
- Have not been made aware of any actions or ongoing campaign in this matter.
- Diabetes is a very prominent disease in our area. Our communities must be made aware of how this disease occurs and how to control it. More ads to depict problem.
- Cibola has a great Diabetic educator

- Early education is the key to Diabetes. It is on the raise in our communities.
- I work as a Diabetic Nurse Educator through the clinic educating hospital, MS, and CFHC patients.
- I feel CGH has been responsive and proactive in addressing Diabetes challenges in our community.

Q8: Please share comments or observations about the actions CGH has taken to address Affordability.

- Pleased w cash pricing for CGH services.
- I have heard comments on CGH's high priced billing and collections are out the roof.
- From community talk prices could be lower but cannot confirm or deny truth to that.
- I am concerned about the quality of care since the new billing system was implemented. There seems to be a shift in creating more billable visits.
- Not very affordable. Lab work is outrageous!! Even with insurance will drive out of town and still save money
- Provides pricing of services
- I know that you can pay a cash price for some radiology services.
- Maybe Educate patients on taking care of themselves through nutrition, sleep, stress, and sleep that way they could carry lower premiums that would only be used in energy situations.
- Offer discount self pay prices, $1 physicals, free vaccine clinics
- Self pay pricing discounts that are competitive with those in larger areas
- The hospital is very expensive. I have had many labs at Cibola General with insurance and because of the price I go to Albuquerque because even with the gas, it less expensive.
- I seems that most of the patients are on Medicaid which I think is affordable.
- $1 Sports Physicals are a great example of a well-intentioned program that continues without evidence-based guidance - i.e.,: 1 - families or patients may view them as substitute for "well-child check" or other annual preventive health visit; 2 - inconsistent screenings are conducted, e.g., urinalysis, which may incur additional expense for follow-up; 3 - new or incidental findings are not coded (e.g., added to problem list) and adequate primary care follow-up is not coordinated. Childhood dental caries and cavities are among the most common and preventable diseases of childhood and the CFHC/CGH does not provide fluoride treatments for primary care visits.

- Cash pricing is now being offered. Posted on website for transparency.
- This is of great concern in our area. Many people do not get medical care because they can't afford it. There is a gap between people who qualify for Medicaid and those who have sufficient income to pay for their care. These people fall thru the cracks.
- They have done a cash pricing which does help
- Rural care costs more
- I like that CGH takes monthly payments and works with individuals who cannot afford to make lump sum or immediate payments. Thank you
- Cash pricing availability
- Affordability begins with Doctors, nurses, medical staff and providers to control their costs. Medications prescribed to patients should be based on affordability and not on medical staff supporting the big pharma marketing programs.
- Everything is increasing, but they work well with payments
- I am isolated with this issue as I have had good insurance for years. It is pricey.
- I can only speak to my circumstances, and the hospital has worked with me on making payments. I don't have anything to compare the affordability to, as I use CGH for 99% of my needs
- Affordability has been addressed by cash pricing, employee discounts, pharmacy discounts at Parkhurst for employees.
- The cost to get service here at CGH is too high for residents. It is cheaper to go and get care in ABQ or Rio Rancho.
- I feel CGH has been responsive and proactive in addressing Affordability challenges in our community.

Q9: Do you believe the above data accurately reflects your community today?

Answer Choices	Responses	
Yes, the data accurately reflects my community today	79.61%	82
No, the data does not reflect my community today	20.39%	21
Answered		103
Skipped		109

Comments:

- Drug use among younger people increasing, education is low in this community

- Health care access in Cibola county is hard. It seems as though only locals with the right connections get president over those that just moved here or have no relatives to get them appointments
- Education would improve all of these factors. Our county is one of the poorest in the state. A well educated population would reduce some of these numbers. Our citizens do not value an education. A high school graduation and college course work is not promoted by our parents.
- I think this data does reflect that our community is overall under served compared to NM as a whole.
- Less smokers, less mental health providers
- We need jobs in the area to provide more and better opportunities for our youth and young adults. Education plays a big part. CGH should interface with local schools about health issues, how to avoid, what to eat to prevent future health issues
- I'm concerned that COVID-19 has impacted most of these categories in a negative way
- Food insecurity is a critical problem in our communities, which affects the growth and health of our residents, especially children.
- Children living in poverty is also a critical problem - food insecurity, minimal health care, medical issues such as diabetes and behavioral health....
- Unemployment rate higher on the rez
- I am skeptical about the median income
- The hospital could certainly increase it's role in the area of Health Behaviors especially by partnering with GCCS to address the vexing problem of teen births!
- Do not have adequate provider to patient ratio or mental health providers. Unemployment rates are higher
- More care and concern for seniors and their needs...also for their families as they care for their seniors.
- We need more doctors.
- Think some figures should be higher. May not be accurate
- Although not hands on, I think the data does currently reflect the community in Ciboa County based on my travels in and around the county, and the continued poverty that is apparent in most areas.

- On the reservation the numbers would seem to be a lot higher. Where does alcohol fit in?
- I appreciate the data provided. This helps give a ‘picture’ of the people that CGH serves, their mental and physical well-being.
- Yes, because I have had to drive 2 miles to find healthcare beyond Grants.
- Its hard to believe but for the most part very believable. Healthcare Access is unbelievable.
- I believe it reflects it however, one change that needs to happen is lumping all tribes into a "Native American" category. Navajo, Laguna and Acoma Pueblos are the primary tribes represented in Cibola County and all three have different needs and are very different in culture and social structure, as well as beliefs and how they deal with those outside the tribe.
- I also work with our school system with a homeless program and youth diabetes program. I feel these stats reflect our community's risks accurately.

Q10: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	0	4	10	13	77	104	4.57
Diabetes	0	0	12	27	66	105	4.51
Heart Disease	0	0	13	29	61	103	4.47
Cancer	0	1	17	33	53	104	4.33
Kidney Disease	0	0	20	35	49	104	4.28
Obesity	0	5	14	34	52	105	4.27
Lung Disease	0	3	17	39	45	104	4.21
Liver Disease	1	4	21	32	45	103	4.13
Stroke	1	3	22	32	44	102	4.13
Women's Health	0	2	26	33	43	104	4.13
Alzheimer's and Dementia	1	5	33	29	37	105	3.91
Dental	1	8	32	28	32	101	3.81
Other (please specify)						7	
						Answered	105
						Skipped	107

- Mental health
- Eye/vision health
- Substance Abuse
- Arthritis
- More Prevention
- Substance abuse is a 5.

Q11: 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
Education System	0	5	11	15	74	105	4.5
Healthcare Services: Physical Presence	0	3	10	28	64	105	4.46
Healthcare Services: Affordability	1	2	14	22	66	105	4.43
Healthcare Services: Prevention	1	3	10	28	62	104	4.41
Employment and Income	1	2	16	23	63	105	4.38
Community Safety	0	5	10	31	59	105	4.37
Access to Senior Services	0	1	18	34	52	105	4.3
Access to Healthy Food	2	4	10	40	49	105	4.24
Access to Childcare	2	3	20	31	49	105	4.16
Affordable Housing	2	5	22	25	51	105	4.12
Transportation	1	4	29	22	48	104	4.08
Social Support	1	9	19	35	41	105	4.01
Access to Exercise/Recreation	2	6	23	37	36	104	3.95
Social Isolation	3	8	26	29	39	105	3.89
Other (please specify)						2	
						Answered	105
						Skipped	107

Comments:

- Alternative health services, e.g. acupuncture

Q12: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Drug/Substance Abuse	1	0	9	33	63	106	4.48
Excess Drinking	3	1	13	31	58	106	4.32
Livable Wage	3	1	19	31	51	105	4.2
Employment	2	4	21	26	53	106	4.17
Diet	0	4	28	29	44	105	4.08
Smoking/Vaping/Tobacco Use	3	2	26	27	47	105	4.08
Physical Inactivity	3	4	22	31	46	106	4.07
Risky Sexual Behavior	3	8	31	28	34	104	3.79
Other (please specify)						2	
						Answered	106
						Skipped	106

Comments:

- Ethics, religion

Q13: How do you learn about the health services available in your community?

Answer Choices	Responses	
Word of Mouth	28.30%	30
Referral from Physician	23.58%	25
Social media	19.81%	21
Direct Mail	8.49%	9
Website/Internet	7.55%	8
Newspaper	2.83%	3
Radio	0.00%	0
Television	0.00%	0
Other (please specify)	9.43%	10
Answered		106
Skipped		106

Comments:

- Called around or went in physically

- Providers in the community
- Newspaper; Direct Mail; Social Media; Referral
- Cynthia Tena
- Word of mouth, direct mail, social media
- My job as project coordinator for the county
- Word from friends
- Word of mouth and radio
- Work experience
- I'm a locum's provider. Real time knowledge from clinical situations

Q14: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Significant daily disruption, reduced access	36.63%	37
Noticeable impact, planning for changes to daily behavior	30.69%	31
Some impact, does not change daily behavior	26.73%	27
Severe daily disruption, immediate needs unmet	3.96%	4
No impact, no change	1.98%	2
	Answered	101
	Skipped	111

Q15: Social determinants of health 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 determinants that have been negatively impacted by the COVID-19 pandemic in your community. (please select all that apply):

Answer Choices	Responses	
Access to healthcare services	70.00%	70
Education	67.00%	67
Employment	66.00%	66
Social support systems	62.00%	62
Childcare	43.00%	43
Food security	40.00%	40
Public safety	38.00%	38
Poverty	36.00%	36
Nutrition	33.00%	33
Transportation	32.00%	32
Racial and cultural disparties	26.00%	26
Housing	22.00%	22
Other (please specify)	2.00%	2
	Answered	100
	Skipped	112

Comments:

- Masks and isolation affecting interpersonal relationships
- Social isolation and mental health care

Q16: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	43.56%	44
Specialty care (care and treatment of a specific health condition that require a specialist)	35.64%	36
Elective care (planned in advance opposed to emergency treatment)	30.69%	31
Urgent care/Walk-in clinics	25.74%	26
None of the above	23.76%	24
All types of healthcare services	22.77%	23
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	14.85%	15
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	10.89%	11
Other (please specify)	7.92%	8
	Answered	101
	Skipped	111

Comments:

- Dental
- Caring for family while admitted in the hospital
- Dental care
- Dental
- Non-emergency access to the hospital, such as overnight sleep studies, etc...

Q17: How can healthcare providers, including Cibola General Hospital, continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	79.38%	77
Offering alternatives to in-person healthcare visits via telehealth or virtual care	61.86%	60
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	56.70%	55
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	54.64%	53
Sharing local patient and healthcare providers stories and successes with the community	22.68%	22
Other (please specify)	12.37%	12
	Answered	97
	Skipped	115

Comments:

- Eye/vision
- Increased wages not only for providers but for ALL employees
- Allow visitors to be with their family during medical visits and hospitalizations
- Provide more resources on improving health through nutrition, sleep, stress, fitness so people do not have to rely on hospitals.
- stop covid mandates for isolation and vaccinations
- CGH can do a better job hammering home the necessity of preventive measures (esp. vaccines and masks) to a reluctant, uninformed citizenry!
- Using online services to pay. To access records. I'm told by staff that they don't know how I can access services electronically for records. Etc. Not likely to return phone calls have to micro manage my health through repeated calls and messages.
- Data on local cases (Grants specific)
- Address the lack of mask use in our community, especially businesses violating the mask mandate

Q18: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	65.31%	64
Patient portal feature of your electronic medical record to communicate with a healthcare provder	57.14%	56
Smartphone app to communicate with a healthcare provider	52.04%	51
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	48.98%	48
Telephone visits with a healthcare provider	46.94%	46
Virtual triage/screening option before coming to clinic/hospital	44.90%	44
Other (please specify)	8.16%	8
	Answered	98
	Skipped	114

Comments:

- Gain access to those who do not have internet or are elderly and not tech wise on such
- Face to face assessment
- Socioeconomic barriers significantly bar this type of delivery
- See patients in person
- The patient portal is very difficult to use
- In person only
- No sub for in person doctor

Q19: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	77.23%	78
Urgent care/Walk-in clinics	68.32%	69
Mental health	63.37%	64
Elder/senior care	60.40%	61
Specialty care	59.41%	60
Substance abuse services	55.45%	56
Pediatrics/children's health	46.53%	47
Emergency care	45.54%	46
Chronic disease management programming	44.55%	45
Women's health	36.63%	37
EMS/Paramedic Service	34.65%	35
Other (please specify)	7.92%	8
	Answered	101
	Skipped	111

Comments:

- Dermatologist
- Eye/vision
- ALL, everybody needs help
- Provide mobile unit to go to remote areas of the county
- All the above will apply to prevent serious illness.
- Preventative services for all ages
- We are in desperate need of an Urgent Care facility and have been for years.

Q20: Please share resources and solutions that would help you and the community navigate the effects of the COVID-19 pandemic now and in the future.

Comments:

- Would be nice to have access to a dermatologist and optometrist
- Masks. Separate hallways/check in/ waiting rooms for those that are sick or exhibiting cold flu or Covid symptoms
- CGH is a critical care facility. If you are having to divert patients to another facility and take away valuable resources from the community. CGH needs to step up and create and or find the resources to care for those that need their services locally and for the critical patients.
- Teach people to start taking care of themselves right away through nutrition, sleep, stress management, and fitness that way we don't have to rely on doctors, and hospitals and medication. (I know it's not good for business but it's what we need). That way it doesn't matter if it's COVID or any other virus or chronic disease chance of survival and speedy recovery are much greater.
- Delivery services better advertised also educational workshops regularly to gain confidence from community
- Centralized resource guide listing all available community support services.
- A well-formulated focal location that can be readily contacted (without long delays, incoherent recordings, put-offs, broken connections etc.) when outside help or information is needed.
- Encourage local officials to actively recruit/retain small and large businesses in an effort to raise the county's household income as this will increase access to care, health literacy as well as healthcare outcomes.
- The pandemic has stressed the capacity of the health care system. I hope we have learned ways to flex and grow from this experience.
- Dental
- It has been very hard to find out what is available. Where to get help and what help is available. I feel alone trying to figure out how to get help for my spouse.
- Get rid of the guy in the big green suit at Cibola hospital. He is very sexist and only treats women good.
- Actual access to medical care. I don't want to do virtual. I'm always passed off to a nurse practitioner even though I have great insurance.

- I just comply with rules, laws and public health orders and tired of watching those that don’t cause the rest of us problems.
- I believe one of the most devastating effects of Covid has been the isolation of seniors and low income who have little or no socialization. Mental health contacts on a regular basis, even by phone, could be very helpful.
- Daily stats by zip code.
- I would like CGH to connect with what our local communities are doing so that they can point and refer people to resources. I'd like to find information on how/where to test, how/where to find N95 masks, how to care for our health as a preventative measure.
- Overall accessibility of all health care areas for those in need virtually. Aware this is very broad but we all have phones,and makes this very possible.
- Providing data (Grants specific) on # of active cases, the vaccination rates, # of children/student cases and vaccinations. Help school and parents know what to do.
- Making sure all employees are vaccinated at Cibola hospital and Clinic
- I believe that we are turning the corner on this Covid-19 thing.
- Grant programs, relief funding: SAMHSA, NCJRS, NIDA
- Mass education from trusted sources
- Community happenings newsletter, radio adds, postings