GILA REGIONAL MEDICAL CENTER

Community Health Needs Assessment

GILA REGIONAL
Medical Center

2024 COMMUNITY HEALTH NEEDS ASSESSMENT – SUBMITTED BY HOLLERAN

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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STUDY BACKGROUND

In 2024, Gila Regional Medical Center (GRMC) initiated a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in Grant County, New Mexico, their primary service area. The aim of the assessment is to emphasize the Medical Center's commitment to the health of county residents and align its health prevention efforts with the community's greatest needs. It's CEO, Robert Whitaker stated, "Community health improvement will always be at the forefront of all we do." The assessment examined a variety of health indicators, focusing on various health issues affecting the community's different population groups.

GRMC is located in Silver City, Grant County, New Mexico, on the edge of the Gila National Forest. The Medical Center is accessible from Interstate 10 from Tucson, Arizona and El Paso, Texas as well as local highways including U.S. Route 180 East and State Route 90.

GRMC has been caring for its community for nearly 140 years. GRMC is a county-owned, full service not-for-profit hospital and is currently licensed as a 25-bed critical access hospital. According to its Community Benefit Report 2022 to 2023, the Medical Center had almost 82,000 patient encounters including 2,783 admissions, 2,965 surgeries, 294 deliveries, 19,137 emergency room visits, 7,212 cancer center and infusion visits and 49,777 outpatient visits. The hospital also benefited from 7,630 volunteer hours through the auxiliary. It also provided $22,250 in sponsorships for the community.

The Medical Center is committed to compassionate and equitable patient-centered care which includes communication with patients and families as well as transparency of quality data. In addition to its multiple primary care and specialty service clinics, GRMC is home to the Cancer Center and the Surgical Center of the Southwest. The Medical Center's investment in people, equipment, facilities, and its community partners showcase its efforts to move health outcomes forward to a brighter future.

Gila Regional Medical Center's Mission Statement:

Gila Regional Medical Center is committed to providing exceptional quality, patient-centered care in healing environments.

Gila Regional Medical Center's Four Aims

- *Improve Patient Outcomes*
- *Enhance Patient Experience*
- *Care for the Caregiver*
- *Reduce the Cost of Care*

Figure 1. Map of Grant County (outlined in red) in New Mexico

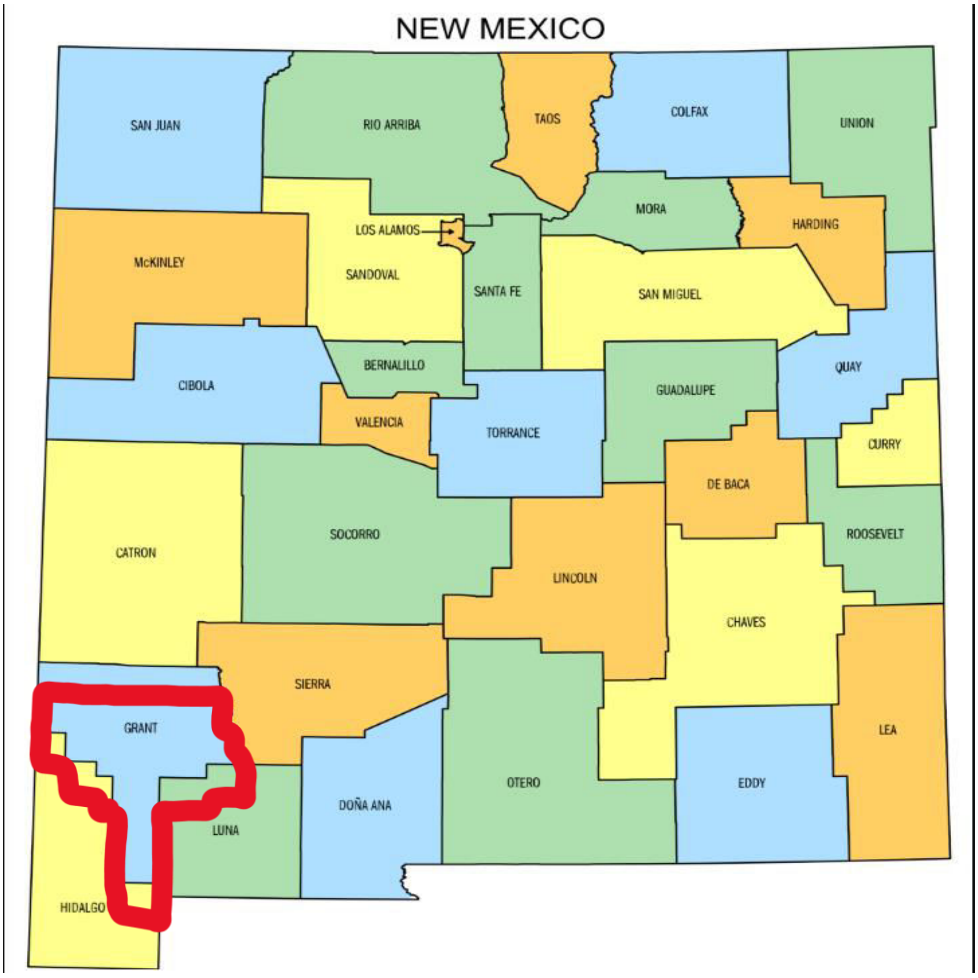
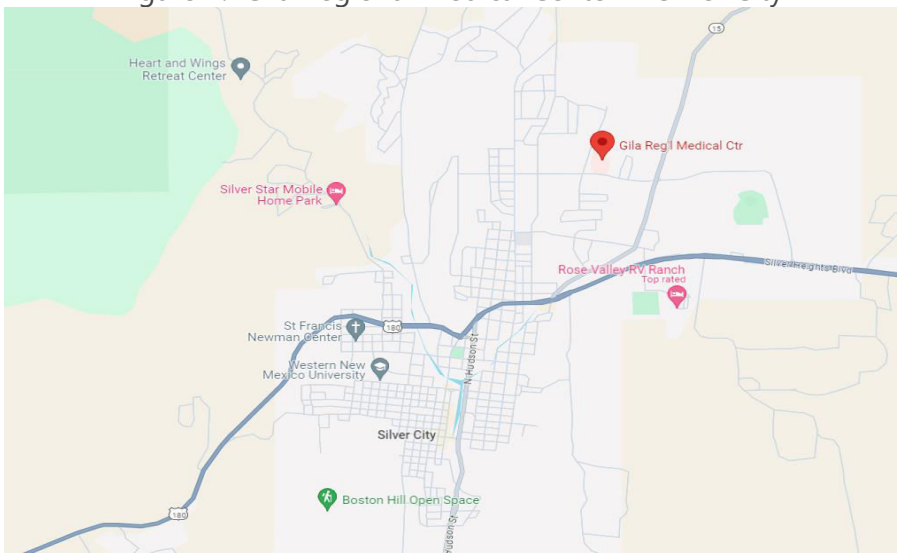


Figure 2. Gila Regional Medical Center in Silver City



CHNA Components

Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. The completion of the CHNA enabled Gila Regional Medical Center to take an in-depth look at how it can positively impact the health of its community during the next 3 years. The findings from the assessment were utilized by GRMC to prioritize public health issues and develop a strategic implementation plan focused on meeting community needs.

The CHNA consists of several components. The first is an assessment of Secondary Data related to social determinants of health, morbidity and mortality statistics and mental health indicators. The second component is a Key Informant Survey. A Community Survey conducted with residents living in its service area and focus groups with key stakeholders uncovered additional insights into the health of the community. This CHNA report is a compilation of the overall findings of each research component.

- Secondary Data Assessment Profile
- Key Informant Survey
- Community Survey
- Key Informant Focus Groups

Community Served

For purposes of this assessment, "community" is defined as the county in which the Medical Center is found and the locations it serves. This is Grant County, New Mexico.

Methodology/Reading the Results

The CHNA offers a broad, but rich overview of the current health status of the county and is a compilation of Secondary Data, Key Informant and community resident testimony. Demographic and health indicator statistics have been collated to portray the current health status of the community. When data for Grant County were not available, data for New Mexico were incorporated. For all of the statistics provided, the most recently published data at the county level are utilized. For example, if 2023 data are available at the national and state levels, but only 2021 data are available at the county level, 2021 data are utilized at all levels unless otherwise indicated. Secondary Data represent a point in time study using the most recent data possible.

Due to the availability of data, some of the health indicator statistics represent counts or crude rates only. Crude rates are generally defined as the total number of cases or deaths divided by the total population at risk. A crude rate is generally presented as per populations of 1,000, 10,000 or 100,000 (which will be noted on each table). It is based on raw data and does not account for characteristics such as age, race, and gender.

When available, state and national comparisons are provided as benchmarks for the county statistics. The comparison includes Healthy People 2030 data when available. The primary data sources used consist of data from the U.S. Census Bureau, Centers for Disease Control and Prevention, New Mexico Department of Health, National Cancer Institute, Substance Abuse Mental Health Services

Administration, and County Health Rankings among others. Sources for Secondary Data are included in Appendix A. In addition, definitions for statistical terms used in the report are included in Appendix B.

Community Representation

Community engagement and feedback were an integral part of the CHNA process. GRMC sought community input through Key Informant interviews with community leaders and partners and inclusion of community leaders in the prioritization and implementation process. It also sought input through the online and written Community Survey, available in English as well as Spanish to individuals in Grant County (including the underserved and vulnerable). Public health and health care professionals shared knowledge and expertise about health issues, and representatives of non-profit and community-based organizations provided insight into the community, including the medically underserved, low income, and minority populations.

Key Informant feedback was solicited from 150 individuals living or working in Grant County. Fifty responses were received for a substantial response rate of 33.3%. Their responses can be found under "Key Informant Survey Findings" within the report. The largest percentage of informants are affiliated with Health Care/Public Health Organizations (42.2%), followed by Community Member (26.7%). A smaller percentage (11.1%) were from other organizations (federal/state government, hospital auxiliary, museum, higher education and county commissioners) as well as from Government/Housing/Transportation (6.7%) and Education/Youth Services (4.4%). A full list of Key Informants and their affiliations can be found in Appendix D.

Holleran conducted Focus Groups with key stakeholders virtually and in person in August 2024. These individuals have specific knowledge and perspective on the health needs of the community and offered valuable insights into the services available to residents. Focus Group Research Guide questions were informed by the results of the secondary data and the Key Informant survey. These individuals represented the local community in a variety of health and human services. The full list of these individuals and the agencies they represent can be found in Appendix F. The Focus Group portion of the CHNA allowed the Gila Regional Medical Center to take a deeper look into issues that were identified by the Key Informants and ask for suggestions related how to improve the issues.

The Community Survey was completed by 283 individuals in Grant County. Silver City residents represent 66.1% of participants, followed by Arenas Valley (7.1%), Bayard (5.3%), Pinos Altos (2.5%) and others. All age groups (18 years and older) are represented with the greatest responses from those aged 65 to 80 (36.5%) and 55 to 64 (21.4%). A vast majority of participants are women (78.5%) and 21.1% are men and mostly married (52.1%). Almost one-quarter (24.7%) are Hispanic, Latino/a or Spanish in origin. A majority are high school educated and have higher degrees and most are either employed or retired. An almost equal percentage of respondents have annual incomes of $49,999 or less and $50,000 and above. Finally, a small percentage (4.6%) do not have health insurance coverage.

Research Partner

Gila Regional Medical Center contracted with Holleran Consulting (Holleran), an independent research and consulting firm located in Wrightsville, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 25 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted data from Secondary Data sources
- Collected, analyzed, and interpreted data from Key Informant and Community Survey results
- Conducted focus groups and synthesized findings
- Facilitated prioritization and implementation plan sessions with hospital and community leaders
- Prepared all reports

Prioritization of Needs

CHNA findings were presented on October 23, 2024 to the GRMC Board of Directors. Participants were also involved in a prioritization process to identify the important health issues and those which the Medical Center may impact the most. Following the completion of the CHNA research, GRMC and its community partners developed a Community Health Implementation Plan to address prioritized community needs which will be addressed during the upcoming 3-year cycle.

KEY HEALTH ISSUES

The following section provides key findings derived from data highlights found throughout the research phase of the CHNA as noted by the Holleran consulting team. While many opportunities exist throughout the report to improve the lives of those in the community, several key areas of need have risen to the forefront. An easy-to-read summary of the key findings can be found in the Community Health Report Card immediately following the Key Findings. The key health findings are grouped into the following overarching issues. Within these issues are specific areas of focus that were part of the prioritization process and discussed in the summary that follows.

- Access to Health Care, Support Services and Missing Resources
- Health Outcomes: Morbidity and Mortality
- Income, Workforce and Housing
- Mental/Behavioral Health and Substance Abuse

Access to Health Care, Support Services and Missing Resources

Healthy People 2030 describes barriers that prevent or limit access to needed health care services, which may increase the risk for poor health outcomes and health disparities. These include the lack of health insurance, poor access to transportation and limited health care resources. These barriers greatly impact vulnerable populations and communities. When Key Informants were asked to identify the Top 5 health issues in Grant County, 50% selected Access to Care/Uninsured, particularly for those age 40 to 70 years.

Barriers to Accessing Care

Key informants were specifically asked about the resources required and the impact of barriers to accessing care. Over half of Key Informants (53%) strongly disagreed or disagreed that transportation to medical appointments is available. Thirty-six percent (36%) of these respondents identified transportation as missing as a community resource. Fortunately, Safe Ride was mentioned as a transportation resource for those on Medicaid. Travel distances may also be impacting healthy outcomes for county residents, particularly the elderly.

In addition to transportation issues, Key Informants identified the availability of providers/appointments (58.0%), the inability to pay out of pocket expenses such as co-pays and prescriptions (50.0%) and a lack of health insurance coverage (34.0%) top the list of barriers to access. The Community Survey found that community members are delaying treatment for a variety of reasons including not being able to get an appointment soon enough, paying out of pocket expenses, not being able to get through on the phone and not having a physician or other provider. Community members (64.3%) chose the availability of providers and appointments as the most significant barrier to accessing health care, followed by the inability to pay out of pocket expenses (55.5%) and the lack of health insurance (48.8%)

For those with insurance, the co-pays are reported to be very high. Key informants identified free or low cost medical and dental care and prescription assistance as missing in the community. Other barriers that were rated as significant include time limitations (long waiting times, limited office hours, and time off work), homelessness and not having their basic needs met (food/shelter). Reportedly, mothers and fathers are using their benefits for their children rather than for themselves.

A higher percentage of male householders (17.2%) and female householders (20.4%) live alone than do in New Mexico and the U.S. Living alone may lead to social isolation and difficulty getting assistance when needed. One-quarter (24.0%) of the population in Grant County speak a language other than English and 11.0% speak English less than "very well" which may further isolate some individuals. However, only 16% of Key Informants find language/cultural barriers to be among the Top 5 Barriers to accessing care. A lack of trust and a lack of understanding of the health care system were also noted by 44% and 42% of respondents. This demonstrates that even when resources are available, individuals may not access services due to issues of trust as well as understanding how to navigate the system.

Additionally, limited access to broadband internet services may contribute to difficulty accessing health care. In Grant County and New Mexico, 83% and 82% of the population (respectively) are able to access the internet. A greater percentage overall in the U.S. has access (88%). Fourteen percent of Key Informants identified access to telehealth services as a top barrier to receiving care.

Uninsured and Underinsured

Positively, a higher percentage of the population has health insurance coverage in Grant County (94.9%) than in New Mexico (91.8%) and the U.S. (92.0%). However, more have public insurance (62.8%) than private insurance, unlike the state (51.2%) and the nation (37.2%). Almost 40% of Key Informants

strongly disagreed or disagreed with the statement that there are a sufficient number of providers accepting Medicaid and Medical Assistance. Although these residents are insured, this does not seem to guarantee them access to needed care.

Primary and Specialty Care Availability

In 2021, Grant County was redesignated as a Medically Underserved rural area by the U.S. Department of Health Resources and Services Administration for primary care, dental care and mental health. This designation indicates that there is a shortage of health care professionals in comparison to the population and its needs. County Health Rankings finds that in Grant County for each primary care provider and dentist, there are more people needing services than in the state and the nation. This may limit access to care.

Fifty-three percent (53.0%) of Key Informants strongly disagree or disagree that county residents can access a primary care provider such as a family doctor or pediatrician when needed. Forty-four percent (44%) of them selected primary care providers as a key missing resource. Over 66% of community members agreed that primary care providers are among the Top 5 missing community resources. Frequently, the lack of physicians leads to the inappropriate use of other health care resources.

Seventy-two percent (72%) of Key Informants emphasized that medical specialists are also missing in Grant County and 86.0% strongly disagreed or disagreed that county residents are able to access a medical specialist. One Key Informant spoke specifically of pediatric care. Others identified additional practitioners needed. Dentists and optometrists are also limited or missing altogether and cardiology, oncology, urology, nose and throat, dermatology, and orthopedics are needed. Currently, the distance that must be traveled to get the required healthcare is challenging.

Underserved/Vulnerable Populations

Hand in hand with limited access to health care are populations that are underserved. Key Informants chose from a list of 14 groups and identified individuals who are homeless (56.0%), uninsured/underinsured (48.0%), low-income/poor (44.0%), seniors/elderly (36.0%) children and youth (18.0%) and the disabled (18.0%) as the most inadequately served.

The Silver City Gospel Mission and the public-school systems have estimated that about 120 households comprised of 1 to 5 people were homeless in Grant County in 2023. A majority (56%) of Key Informants named the homeless as the top population that is inadequately serve in the county. A focus group participant pointed out that the SPIN homeless shelter has 30 beds but it cannot accommodate combative mental health issues. These individuals are brought to the emergency department where they may remain for more than 48 hours until they are transferred all over the state.

Nine Key Informants perceived that there are no inadequately served populations in Grant County. When selecting barriers to staying healthy, a large portion of Key Informants chose a lack of motivation (52%), lack of knowledge and skills (40%) and an inability to get to appointments on time as the reason that services are not accessed. These perceptions seem to put the responsibility for being underserved

on the individual rather than on health systems; yet limited resources including transportation to get to appointments, childcare, workforce obligations and other hinderances have been identified as significant barriers for vulnerable populations. It may be that services are thought to be available in the community, however, accessing them, particularly by these populations may be difficult.

Cultural and Systems Considerations

Focus group members discussed the issue of systemic change. The community is perceived to have a culture of which outsiders are not fully aware. Education is mentioned as lacking as well as basic social supports. A senior retirement population is moving into the area and these individuals are attempting to conduct a coordinated effort to improve the community. However, the current population is working and unavailable at the same time and therefore longstanding community members are not part of the effort.

Several community members expressed concern that the hospital is now a critical access hospital and their perception is that patients are seen for triage and then sent to other hospitals throughout New Mexico for care. This may be related to delayed treatment and affordability as well.

Positively, a recent grant awarded to Silver Schools is placing a mental health therapist in each school. The county has also identified the need for a mental health facility and homeless shelters and Grant County recently initiated a screening program with the state. Also, Western New Mexico University recently hired a mental health therapist to assist its students.

Health Outcomes: Morbidity and Mortality

The CHNA assessed multiple health conditions and outcomes (including morbidity and mortality) for all of Grant County and compared these to the state and nation. Key Informants were able to comment on the impact of social and behavioral factors that contribute to poor health outcomes as well as resources that are needed to combat disease.

Morbidity

Positively, 77.9% of community members rated their overall health as good, very good or excellent. Conversely, 22.1% rated their health as fair, poor (or don't know). This is consistent with secondary data from County Health Rankings that found the percentage of individuals who experience poor or fair health in the county is 19.0% , worse than the state (16.0%) and the nation (14.0%). Likewise, the number of poor physical days reported in the last month is higher in the county than in the state and the nation as well. Over one-quarter of community respondents experience poor physical health 5 or more days per month. 16.8% of community members stated that they were unable to work or do daily activities due to poor physical or mental health in the last 30 days. Twelve percent (12%) of individuals report frequent physical distress. As it relates to chronic conditions, the Top 5 Key Health Issues (substance abuse, behavioral and mental health, homelessness and access to care) are perceived to contribute to chronic physical, mental and emotional disease and co-morbidities, that are lifelong challenges.

Communicable diseases are typically spread through contact with others or may be airborne. These diseases disproportionally impact under-resourced communities and may be linked to social determinants of health such as safe water and sanitation, housing conditions, poverty and other sociocultural factors. Positively, the incident rate per 100,000 individuals for sexually transmitted illnesses is lower in Grant County than in New Mexico and the U.S as is the HIV prevalence per 100,000 (132). However, Grant County has a higher prevalence rate of tuberculosis (3.4 per 100,000) than the state (1.1) or the nation (2.4).

Obesity is defined as having a body mass index (BMI) of greater or equal to 30. Thirty-four percent (34.0%) of adults in the county are considered obese using this measure. This is similar to the state (35.0%) and the nation (34.0%). Thirty-four percent (34.0%) of Key Informants selected obesity as one of the Top 5 Key Health Issues in the county. According to the Centers for Disease Control and Prevention (CDC), obesity can lead to many serious health conditions including high blood pressure, high cholesterol, heart disease and stroke and Type 2 diabetes. It may also lead to asthma, sleep apnea, joint problems, some types of cancer and premature death. Among community members, almost half say that according to their health professional, they have high cholesterol, 41.1% have high blood pressure and 7.5% have heart disease. A slightly lower percentage have had a heart attack or stroke. A much larger percentage report being told they have arthritis, gout, lupus or fibromyalgia.

The county also has a high prevalence of adult asthma and diabetes. 11.9% of adults have a diagnosis of asthma as compared to 10.6% in New Mexico and 9.7% in the U.S. Diabetes prevalence is 12% in the county, similar to the state (12%), but higher than the nation (10%). A substantial proportion (21.4%) of community respondents said they have been told they have asthma and 14.5% report having diabetes. These are chronic conditions that adversely affect the individual's quality of life. Diabetes is costly in terms of medical expenses, lower productivity, disability and care-taking by family members. Thirty percent (30%) of Key Informants selected diabetes as among the Top 5 Key Health Issues facing individuals in the county.

Cancer

According to statistics from the National Cancer Institute, the age-adjusted cancer incidence rate in Grant County is falling. In the 5-year average 2016 to 2020, the rate was 305.9. This is lower than both New Mexico and the U.S. Yet almost 20% of community respondents report that they have been told they have cancer. The age-adjusted incidence rate for liver cancer (14.1 per 100,000) is higher than both the state (10.0) and the nation (8.6). The rate for melanoma of the skin (20.2 per 100,000) is higher than in New Mexico (16.7), but lower than in the U.S. (22.5). Both types of cancer may be prevented by lowering the risk of exposure (skin cancer) and following a healthy lifestyle of regular exercise, healthy diet with limited alcohol intake and avoidance of the hepatitis B and C viruses. About one-third of community members (32.8%) stated that they "rarely or never" use sunscreen and only one-third (31.9%) of community members say they have routine health screenings for skin cancer. Almost 40% of community members report not getting routine screenings for breast cancer, 44.6% say they do not routinely get screened for prostate cancer and for oral cancer, 76.6% are not screened and for colorectal cancer, 52.2% are not routinely screened.

Mortality

The crude death rate per 100,000 in Grant County (1,463.7) is substantially higher than in New Mexico (1,041.4) and the U.S. (952.5). This is true for both genders and for the White and Hispanic/Latino population as well. Specifically, the crude death rate is higher in Grant County for diseases of the heart, malignant neoplasm, accidents (unintentional injuries) and chronic lower respiratory disease. The death rate per 100,000 for diabetes in Grant County is 30.0 whereas, it is 26.9 in New Mexico and 22.6 in the U.S. About 65% of deaths in people with diabetes nationwide are due to cardiovascular disease and stroke.

Overall, the age adjusted cancer mortality rate is 146.2 in the county. This rate is higher than New Mexico (135.1), but lower than the U.S. (149.4). Colon and rectum and liver cancer mortality is higher than the state and nation and much higher than the HP 2030 target. Lung and bronchus cancer mortality is higher than in New Mexico, but similar to the U.S. Once again, mortality rates for the specific types of cancer may be reduced through prevention and/or early screening.

Premature death (defined as years of potential life lost before the age of 75 years per age-adjusted 100,000) is particularly high (11,700 years) and Grant County has gotten worse for this measure. For the Hispanic population (all races), the premature death rate is 13,100 per 100,000 and for non-Hispanic white it is 10,500. Length of life (premature death) can vary by social determinants of health such as race and ethnicity, place, income and education. Measuring premature mortality focuses attention on deaths that might have been prevented.

Prevention and Wellness Care

In terms of preventive care, 78.6% of community members report having a routine checkup in the last year, however, 13.5% have not seen a doctor for a checkup in more than 2 years and 5.0% have not seen a doctor in 5 or more years. Over half (50.7%) report having to travel outside of Grant County for their medical care.

Key preventative services (dentists, primary care providers, mammography screenings, pre-natal care and flu vaccinations) may either be less available in Grant County or the population is less aware of the need to use them. For example, female Medicare enrollees in the county are less likely to get a mammography screening than their peers in New Mexico and the U.S. For all individuals, 31.0% in Grant County received a flu vaccine compared to New Mexico (37.0%) and the U.S. (46.0%). Positively, 36.3% of community members reported that they received a flu vaccine in the past 12 months.

Limited pre-natal care may lead to consequences such as low birthweight infants (defined as under 2,500 grams) which in Grant County is higher than the state and the nation at 10.0%. Data for low birthweight infants by age of mother and race/ethnicity is available for New Mexico (rather than Grant County). The data demonstrate that females under the age of 15 and separately, black women of all ages receive the least amount of pre-natal care. Additionally, the teen birth rate (ages 15 to 19) in the county is 25 of 1,000 births. This rate is similar to New Mexico (24), but much higher than the nation

(17). Infant mortality in the county is the same as in New Mexico (4.8 per 1,000 births), however slightly higher than in the U.S. (4.5).

Income, Workforce and Housing

Adequate housing, income, education and recreation in a community can ensure positive health outcomes through proper nutrition, safe neighborhoods, full employment and a generally good standard of living. Poor health outcomes are more likely when these elements are missing in a community. Poverty, substandard housing including overcrowding, limited educational opportunities and unsafe neighborhoods may lead to increases in chronic diseases such as heart disease, hypertension, stroke, obesity, certain cancers, injury, infectious diseases and even a shorter life expectancy.

Affordable Housing

Housing cost burden is defined as households paying 30% or more on housing costs (rent/mortgage and utilities). While almost half of renters (48.9%) in the county experience a housing cost burden, fewer owner-occupied housing units have mortgages (60.2%) than in the state or nation. The median value of housing units in the county is $153,900, substantially lower than elsewhere in New Mexico and the U.S. For both renters and homeowners, 16% of households in the county are reported to have severe housing problems. This may include overcrowding and the lack of complete kitchen or plumbing facilities. Almost one-quarter (22.8%) of the total housing units in Grant County are vacant, much higher than the state (13.8%) and the nation (10.8%).

Workforce, Income and Poverty

In Grant County, a much smaller percentage of the population is in the labor force (45.4%) than in New Mexico (58.5%) and the U.S. (63.5%). The unemployment rate in the county (7.7%) exceeds that in the state and nation. Importantly a significant portion (8.5%) of county workers own their own small business, which is a larger percentage than in New Mexico (7.3%) and the U.S. (6.0%). Consequently, only 66.6% of workers are salaried by private companies (and may have health benefits) as compared to 68.6% in the state and 79.5% in the nation. Mean and median household income is substantially less in Grant County than the state and the nation. County median income is $44,895 with 14.8% earning $25,000 to $34,999 and 14.7% earning $35,000 to $49,999 or $50,000 to $74,999.

Educational level also impacts employability. 11.4% of adults 25 years or older have not graduated high school. Focus group members described a lack of vocational training and basic workforce education around work habits such as showing up on time or writing a letter. Reportedly, this impacts customer service and increases stress for the employer.

Sixty-two percent (62.0%) of Key Informants selected difficulty meeting basic needs as a barrier to getting and staying healthy. A larger percentage of households in Grant County (20.5%) or one-fifth of all people live below the poverty level. Of those, 7.8% receive supplemental security income, 3.3% receive cash public assistance and 18.7% participated in the food stamp/SNAP benefits program in the last 12 months. According to County Health Rankings for Grant County, 27% of children live in poverty,

substantially higher than in the state (23%) and the nation (16%). Twenty-four percent (24%) of children live in single-parent households, creating financial difficulties that may reduce the likelihood that county residents will received needed health care. Seventy-six percent (76%) of Key Informants selected the inability to pay out of pocket expenses (such as co-pays and prescriptions) as being among the Top 3 Significant Barriers to accessing care.

Food and Nutrition

Almost one-third of Key Informants selected the cost of healthy food and the cost of a gym membership as a key barrier to getting and staying healthy. In the county, 11% of individuals are reported to have limited access to healthy foods, making 16% of the population in the county food insecure. Food insecurity is defined as the condition of not having access to sufficient food, or food of an adequate quality, to meet one's basic needs. This may impact an individual's nutritional status, leading to poor health outcomes. Only 71.3% of community members said that they had enough of the types of food they wanted to eat in the past month. Almost one-quarter said that they had enough food, but not always the type they wanted and 4.3% said sometimes they did not have enough to eat. The Food Environment Index which measures food insecurity as well as proximity to grocery stores is 6.4 in the county, better than New Mexico, but worse than the U.S. (7.7).

Reportedly, Western New Mexico University has started a food security program on campus and delivers vegetables, fruits and breads to the local food pantry twice a month. Also, children are now getting food boxes and backpacks of food. Seniors are also reported to be going hungry.

One-quarter of adults age 20+ years are said to be physically inactive, perhaps due to limited access to exercise opportunities in the county. Only (69%) of Grant County residents have adequate access to locations for physical activity as compared to 75% in New Mexico and 84% in the U.S. Community residents (17.5%) reported that they did not do any moderate physical activity and 53.6% said they never do any vigorous physical activity. Inactivity may lead to numerous health issues including high blood pressure and cardiovascular disease, Type 2 diabetes and feelings of anxiety and depression.

Mental/Behavioral Health and Substance Abuse

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. Data collected in New Mexico are based on location within 6 Regions (New Mexico Regions 1 to 5b). Silver City is located in Region 5a.

Mental Health

According to SAMHSA, Region 5a has the highest percentage of serious mental illness in the past year, but lower percentages of serious thoughts of suicide and major depressive disorders. However, the suicide rate in Grant County (35.1 per 100,000) is much higher than the state, the nation and the Healthy People 2030 target of 12.8. According to County Health Rankings, in Grant County, the number of self-reported poor mental health days in the last 30 days is higher than in the state and the nation.

Seventeen percent (17.0%) of individuals report experiencing frequent mental distress. Community members (22.6%) reported that they experienced 5 or more days in the last month during which their mental health was poor. Almost 30.0% say that they have been told by a health professional that they have an anxiety disorder and 27.9% report being told they have a depressive disorder. In many of the comments provided by Key Informants, homelessness is linked to mental health and substance abuse issues. In all, about 13.4% of the population aged 18 and older received mental health services in the past year.

Behavioral health, mental health and suicide were identified by Key Informants as being among the Top 5 health issues in the county. Community members also selected behavioral and mental health as the most pressing health issue facing the community.

Provider Density

Provider density ratio measures the number of individuals that each provider in a specific location such as the county must serve. Positively, in Grant County, there are fewer people for each counselor (160:1) than in the state and the nation. Yet, a shortage of mental health counselors is reported by Key Informants, pointing to access to these providers as an issue. The waiting time to see a provider is detrimental. Reportedly, this results in disengaged patients who begin using substances again and patients with mental health issues begin self-medicating.

Substance Abuse

A higher percentage of individuals aged 12 years and older in Region 5a used marijuana and tobacco products and cocaine in the past month than the state and nation. Ten percent (10.0%) of community members reported using marijuana "always, most of the time or sometimes". Adult smoking (16.0%) is also higher in the county than the state and the nation. Forty-six percent (46.0%) of community members report having smoked at least 100 cigarettes in their lifetime, however only 9.8% report smoking cigarettes every day or some days.

Alcohol use disorder in the past year and underage drinking (aged 12 to 20) is reportedly less in the county than New Mexico and the U.S. This is confirmed in the County Health Rankings data which demonstrate that the percent of excess drinking (14%) is less than in the state (16%) and the nation (18%). However, one-quarter of community survey participants reported drinking 5 or more drinks (or 4 or more for women) on one occasion from once per month to 16 or more times per month. The Grant County rate of alcohol-related deaths (all causes) in the 5-year period 2016 to 2020 was 62.4 per 100,000 population. This is significantly lower than New Mexico rate (71.9), but also significantly higher than the U.S. (41.5). County Health Rankings indicates that the percentage of impaired driving deaths (24.0%) is lower than the U.S. (26.0%).

Key informants identify substance abuse/alcohol abuse as the number one health issue facing the community. Data specific to age groups was collected from these respondents. Unexpectedly, behavioral health and substance abuse/alcohol abuse were selected by 46% and 28% respectively as the top health issues for the age cohort 0 to 10 years. For individuals 11 to 21 years, and ages 70 and older,

mental health/suicide was also chosen as of importance. Homelessness is a key concern for those ages 21 to 40.

Missing Resources

Community members, when asked which resources are missing related to health and quality of life, included free/low cost dental and medical care and prescription assistance. This seems to reflect the expensive nature of the out of pocket costs that they are facing.

Familial and Generational Issues

Family system issues as well as trauma, even at a very young age are perceived by Key Informants to be the cause of continued substance use. The quality of life for family members including the very young is said to be impacted. Perinatal depression is also an issue.

Generational substance use is perceived to affect the physical, mental and emotional health of parents and this is passed on to the next generation. Also, over half (52%) selected a lack of motivation as a barrier to trying to get or stay healthy.

COMMUNITY HEALTH REPORT CARDS

This Community Health Report Card highlights statistics that vary between the Medical Center's service area (Grant County), New Mexico and the United States. To be classified as an area of strength, the local figure (either county or service area) must exceed the state and national figure. To be classified as an area of need, the local figure must be unfavorable compared to the state and national statistic. Depending on the database, a factor may only have a county-level comparison. Not all figures on the Community Health Report Card will have accompanying state and national comparisons. Some questions were only asked of the local Key Informants or community members. When a comparison is unavailable the cell is omitted.

GILA REGIONAL MEDICAL CENTER

Community Engagement Needs Assessment

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

DOMAIN	INDICATOR	MEASURE	GRANT COUNTY	NEW MEXICO	U.S.
SOCIO-ECONOMIC FACTORS	LANGUAGE	Population 5 Years and Older who speak English less than "very well"	11.0%	27.1%	37.9%
	INCOME	Population below 100% of the poverty level	20.5%	17.6%	12.6%
		Households with Food Stamp/SNAP benefits	18.7%	19.4%	12.4%
		% of unemployed civilian labor force	7.7%	4.8%	4.3%
	EDUCATION	% of bachelor's degree or higher in adults 25 years and over	26.4%	29.1%	34.3%
	AFFORDABLE HOUSING	Renter households spending more than 30% of their income on housing	48.9%	49.2%	49.9%
		Owner households spending more than 30% of their income on housing	26.6%	28.6%	27.3%
	SOCIAL SUPPORT	Male householder, no wife present	20.8%	20.5%	18.1%
		Female householder, no husband present	29.6%	29.1%	27.4%
		Lack of social support (family, friends, social network) as a key health barrier selected by key informants	36.0%		
		Presence of one or more 65 years of older in household	47.5%	33.8%	30.8%
		% of grandparents responsible for grandchildren	51.2%	43.9%	32.4%
	HEALTH CARE ACCESS	% of population without health insurance coverage	5.1%	8.2%	8.0%
		% of population with public health insurance	62.8%	51.2%	37.2%
		Primary care physicians to population ratio	1,550:1	1,340:1	1,330:1
		Mental health providers to population ratio	160:1	220:1	320:1
		Dentist to population ratio	1,730:1	1,440:1	1,360:1
		Most significant barrier to accessing care cited by key informants: availability of providers/appointments	76.0%		
		Most "missing" healthcare service in the community cited by key informants: mental health services	74.0%		
		Most significant barrier to accessing care cited by key informants: difficulty meeting basic needs	62.0%		
		Community members selecting mental health services among the Top 5 missing resources and services	48.8%		
		Community members reporting the inability to pay out of pocket expenses as the most significant barrier to accessing health care	55.5%		
		Community members reporting that they could not get a doctor's appointment and therefore delayed medical care	23.7%		
		Community members stating that primary care providers are missing from the service area	66.1%		
	BUILT ENVIRONMENT	Food environment index = food access and insecurity (ranking from 1 = worst to 10 = best)	6.4	4.5	7.7
		Community members who selected Overweight/Obesity as a Top 5 pressing health issue	38.2%		
		Access to exercise opportunities	69%	75%	84%

= Areas of Geatest Strength = Areas of Moderate Need = Areas of Greatest Need

GILA REGIONAL MEDICAL CENTER

Community Engagement Needs Assessment

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

DOMAIN	INDICATOR	MEASURE	GRANT COUNTY *NEW MEXICO REGION 5A	NEW MEXICO	U.S.
HEALTH BEHAVIORS	PHYSICAL AND MENTAL HEALTH	Population reporting "fair" or "poor" overall health	19%	16%	14%
		Poor physical health (average within past 30 days)	3.7	3.5	3.3
		Poor mental health (average within past 30 days)	4.8	4.9	5.3
		% of population with adult obesity (BMI ≥ 30)	34%	35%	34%
		Community members who reported experiencing 5 or more poor mental health days per month	22.6%		
		Community members who reported feeling stressed out or overwhelmed "always" or "most of the time"	24.7%		
		Community members who selected behavioral health/mental health as a Top 5 most pressing issue	68.6%		
		Community members who have ever been told by a doctor that they have an anxiety disorder	29.5%		
		Community members who have ever been told by a doctor that they have a depressive disorder	27.9%		
	TOBACCO USE/ SUBSTANCE USE	Adults who are current smokers	16%	14%	15%
		Excessive drinking in adults	14%	16%	18%
		Marijuana use in the past month aged 12 years and older	12.81%*	12.67%	9.52%
		Community members who reported using marijuana "sometimes", "most of the time" or "always"	10.4%		
	PREVENTION	Mammography screening among female Medicare enrollees, ages 65 to 74	33%	35%	43%
		Preventable hospital stays per 1,000 Medicare enrollees	1,510	1,905	2,681
		Flu vaccinations	31%	37%	46%
HEALTH OUTCOMES	CHRONIC CONDITIONS AND INFECTIOUS DISEASES	Overall cancer incidence rates per 100,000 adult population	305.9	369.0	442.3
		Incidence of Chlamydia per 100,000 population	415.4	528.6	495.0
		Incidence of Gonorrhea per 100,000 population	126.4	196.7	194.4
		HIV diagnosis per 100,000 population	0.0	8.3	12.7
		Prevalence of tuberculosis per 100,000 population	3.4	1.1	2.4
		Adult asthma diagnosis	11.9%	10.6%	9.7%
		Community members who have ever been told by a doctor that they have high blood pressure	41.4%		
		Community members who have ever been told by a doctor that they have high cholesterol	47.2%		
	PREMATURE DEATH	Years of potential life lost (death before age 75) per 100,000 people	11,700	8,900	8,000
	DEATH RATES	Overall cancer mortality rates per 100,000 in older adults (Age-adjusted)	146.2	135.1	149.4
		Diseases of the heart crude death rate per 100,000 population	325.1	216.9	203.3
		Chronic lower respiratory disease crude death rate per 100,000 population	90.3	48.6	43.5

= Areas of Geatest Strength = Areas of Moderate Need = Areas of Greatest Need

DOMAIN	INDICATOR	MEASURE	GRANT COUNTY *NEW MEXICO REGION 5A	NEW MEXICO	U.S.
HEALTH OUTCOMES	DEATH RATES	Deaths due to intentional self-harm (suicide) per 100,000 (Crude rate)	35.1	24.9	14.5
		Death by accidents (unintentional injury) per 100,000 (Age-adjusted)	72.2	50.4	47.5
		Rate of Age-adjusted Alcohol-Related Deaths per 100,000	62.4	71.9	41.5
		Infant mortality rate per 1,000 live births	4.8	4.8	4.5

= Areas of Geatest Strength = Areas of Moderate Need = Areas of Greatest Need

SECONDARY DATA PROFILE

Background

The data contained in this report is a compilation of existing demographic and health data also known as "secondary data." The specific data sources are listed throughout the report. It should be noted that in some cases, local-level data may be limited or dated. This is an inherent limitation with secondary data. The most recent data is used whenever possible. When available, state and national comparisons are also provided as benchmarks for the regional statistics. National comparisons include United States data and Healthy People 2030 (HP 2030) goals when available.

It is also important to note that social determinants of health such as income and education can significantly impact health status, health behaviors, and health outcomes. Research has shown that lower educational attainment, poverty, and race/ethnicity are risk factors for certain health conditions. For this reason, local demographic information is included in the report for reference.

Social Determinants of Health

An individual's health is influenced by numerous factors including a range of personal, social, economic, and environmental factors known as social determinants of health. These reach beyond the boundaries of traditional health care into public health sectors and can be important allies in improving population health. Addressing social determinants of health is important for improving health outcomes and reducing disparities. Research demonstrates that lower educational attainment, poverty, and race/ethnicity are risk factors for certain health conditions.

The U.S. Department of Health and Human Services, Healthy People 2030, addresses conditions in the environment in which people are born, live, learn, work, play, worship, and age. The conditions affect a wide range of health, function, and quality-of-life outcomes and risks. Healthy People 2030 groups these determinants into 5 domains; economic stability, education access and quality and healthcare.

Throughout this report, data related to the social determinants of health and their impact on county, region, state and national health are provided.

Social Determinants of Health
Education Access and Quality
Health Care Access and Quality
Economic Stability
Neighborhood and Built Environment
Social and Community Context
Social Determinants of Health
Copyright-free
Healthy People 2030

Demographic Statistics

Population Statistics

According to the U.S. Census Bureau, Grant County had 28,006 residents in 2022, with a slightly higher percentage of males than females, which is dissimilar to New Mexico and the U.S. which has a slightly higher female population. The median age in Grant County is 48.1 years, which is much higher than either the state (38.6) or the nation (38.5).

Table 1. Overall Population (2018 - 2022)

	U.S.	New Mexico	Grant County
Population (2018-2022)	331,097,593	2,112,463	28,006
Male population	49.6%	49.8%	50.3%
Female population	50.4%	50.2%	49.7%

Source: U.S. Census Bureau

Table 2. Population by Age (2018- 2022)

	U.S.	New Mexico	Grant County
Under 5 years	5.7%	5.5%	4.5%
5 to 9 years	6.0%	6.1%	5.3%
10 to 14 years	6.5%	6.8%	5.8%
15 to 19 years	6.6%	6.8%	5.9%
20 to 24 years	6.7%	6.9%	5.7%
25 to 34 years	13.7%	13.2%	8.6%
35 to 44 years	12.9%	12.5%	11.2%
45 to 54 years	12.4%	11.2%	10.3%
55 to 59 years	6.5%	6.2%	6.6%
60 to 64 years	6.4%	6.6%	7.8%
65 to 74 years	9.7%	10.9%	16.4%
75 to 84 years	4.8%	5.2%	8.6%
85 years and over	2.0%	2.0%	3.4%
Median Age (Years)	**38.5**	**38.6**	**48.1**

Source: U.S. Census Bureau

The population in Grant County is largely White (91.3%), much higher than New Mexico (75.0%) and the U.S. (74.0%). The percentage of Hispanic or Latino (of any race) is also much higher than in the nation, however it is similar to New Mexico. 32.6% of county residents speak a language other than English and 11% speak English "less than very well". In addition to English, the primary language spoken is Spanish (23.0%) which is somewhat similar to the state (25.4%) and much higher than the nation (13.3%).

Table 3. Race Alone or in Combination with One or More Other Races (2018 - 2022)

	U.S.	New Mexico	Grant County
White	74.0%	75.0%	91.3%
Black/African American	14.3%	3.2%	2.0%
American Indian/Alaska Native	2.0%	11.5%	3.3%
Asian or Pacific Islander	7.0%	2.5%	1.2%
Native Hawaiian and Pacific Islander	0.5%	0.3%	0.0%
Some Other Race	11.6%	24.9%	24.0%
Hispanic or Latino *(of any race)*[a]	18.7%	49.8%	50.1%

Source: U.S. Census Bureau

[a] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

Figure 3. Racial breakdown of the major races/ethnicity 2018 - 2022

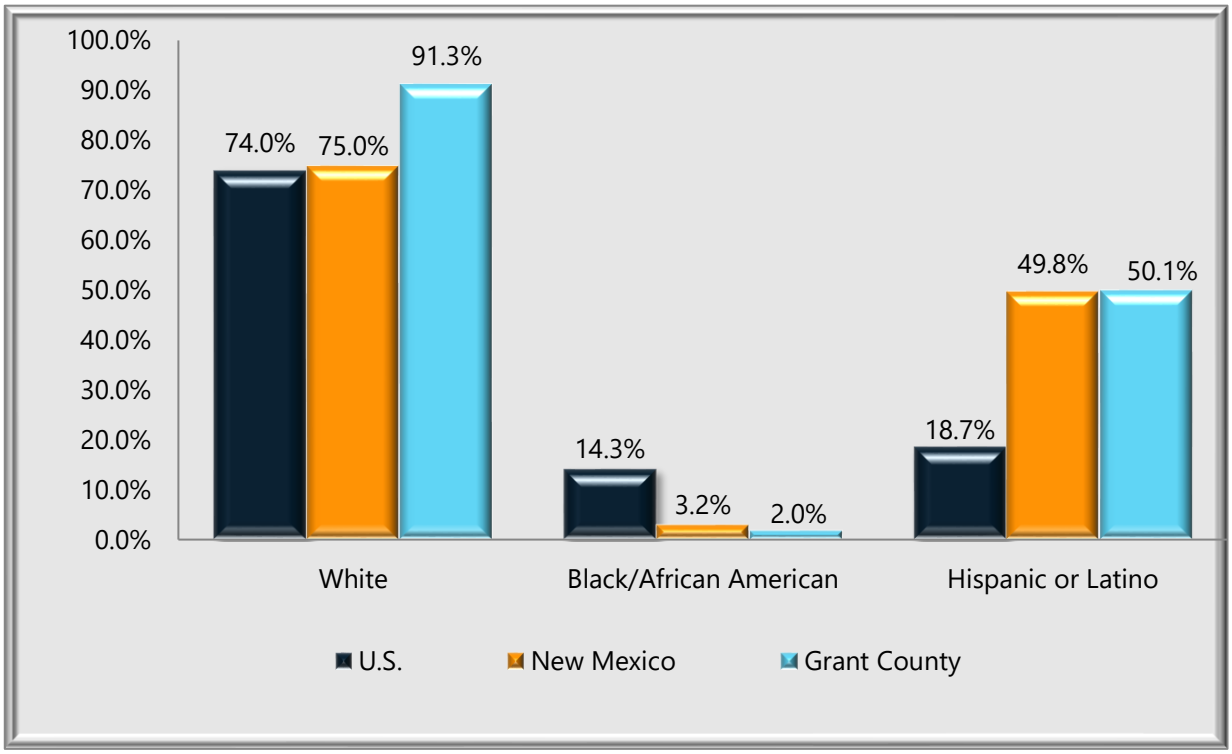
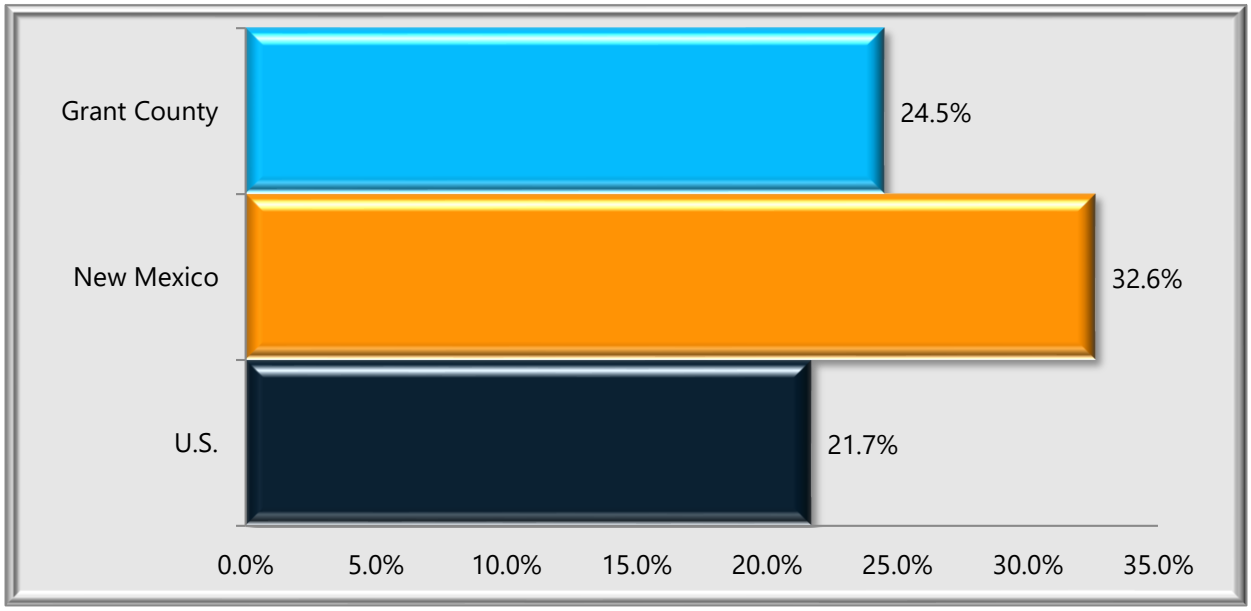


Table 4. Language Spoken at Home Population, 5 Years Old and Older (2018– 2022)

	U.S.	New Mexico	Grant County
English only	78.3%	67.4%	75.5%
Language other than English	21.7%	32.6%	24.5%
Speak English less than "very well"	37.9%	27.1%	11.0%
Spanish	13.3%	25.4%	23.0%
Speak English less than "very well"	39.0%	27.5%	11.1%
Other Indo-European languages	3.7%	1.0%	0.8%
Speak English less than "very well"	30.4%	17.9%	0.0%
Asian and Pacific Islander languages	3.5%	1.1%	0.4%
Speak English less than "very well"	44.3%	36.3%	39.6%
Other languages	1.2%	5.0%	0.3%
Speak English less than "very well"	29.6%	25.2%	0.0%

Source: U.S. Census Bureau

Figure 4. Percentage of population speaking a language other than English at home 2018– 2022



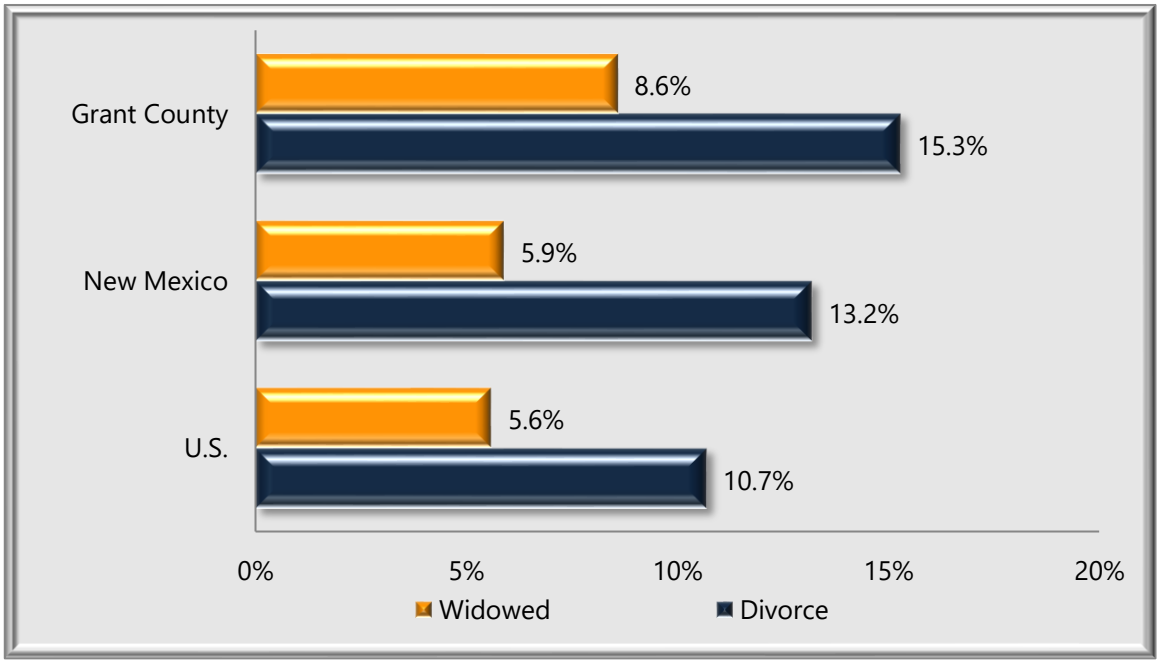
A lower percentage of individuals in Grant County are married (41.0%) in comparison to the state (43.1%) and the nation (47.8%). A higher percentage are widowed (8.6%) and divorced (15.3%) as well.

Table 5. Marital Status Population, 15 Years and Over (2018 – 2022)

	U.S.	New Mexico	Grant County
Now married, except separated	47.8%	43.1%	41.0%
Widowed	5.6%	5.9%	8.6%
Divorced	10.7%	13.2%	15.3%
Separated	1.7%	1.6%	1.7%
Never Married	34.1%	36.2%	33.4%

Source: U.S. Census Bureau

Figure 5. Divorce and Widowed Rate 2018 – 2022



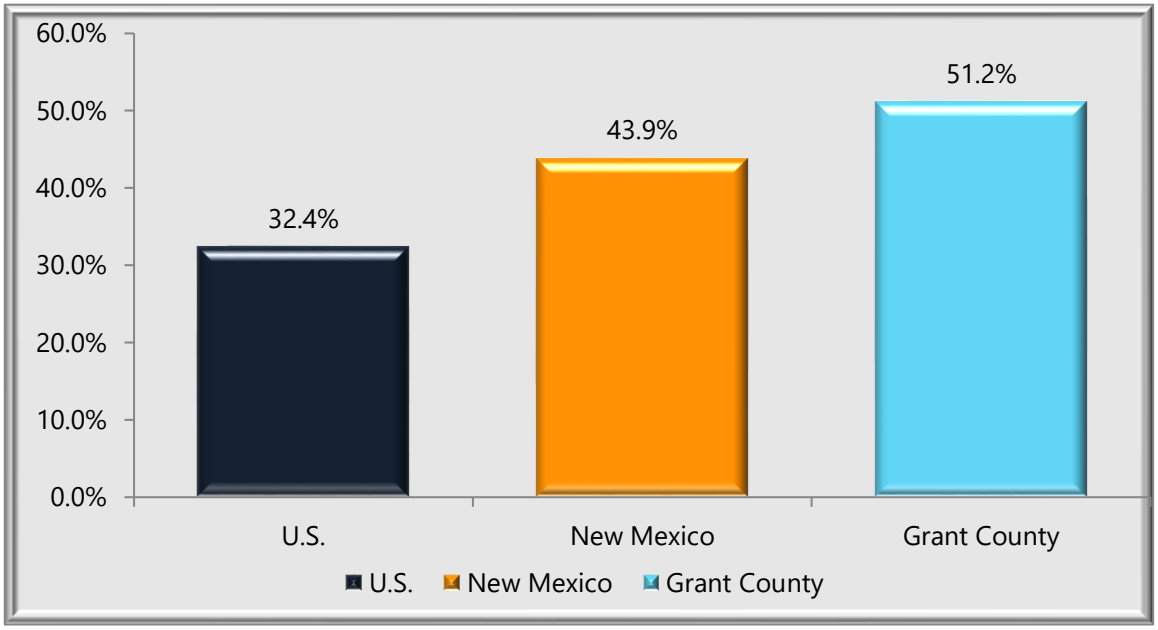
A total of 414 grandparents in Grant County are estimated to live with their grandchildren and of those 51.2% are responsible for them. This percentage is substantially higher than New Mexico and the nation.

Table 6. Grandparents Responsible for Grandchildren (2018 – 2022)

	U.S.	New Mexico	Grant County
Number of grandparents living with own grandchildren under 18 years	6,928,281	49,518	414
% of grandparents responsible for grandchildren	32.4%	43.9%	51.2%

Source: U.S. Census Bureau

Figure 6. Grandparents Responsible for Grandchildren 2018 – 2022



Household Statistics

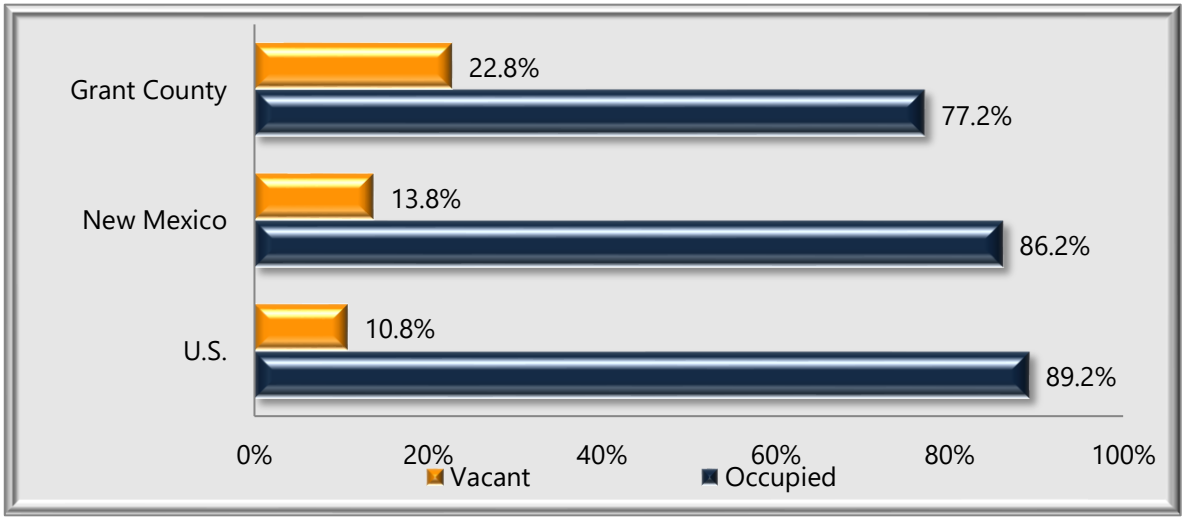
Data from the U.S. Census is frequently presented for households rather than for population (individuals). There are far fewer occupied housing units in Grant County than in New Mexico and the U.S. Of these, 71.5% are owner-occupied while 28.5% are renter occupied. In New Mexico and the U.S., there are slightly fewer owner-occupied than renter occupied housing units. Grant County has a larger percentage of vacant units (22.8%) than occupied units.

Table 7. Households by Occupancy (2018 – 2022)

	U.S.	New Mexico	Grant County
Total housing units	140,943,613	943,149	14,625
Occupied housing units	89.2%	86.2%	77.2%
Owner-occupied	64.8%	68.7%	71.5%
Renter-occupied	35.2%	31.3%	28.5%
Vacant units	10.8%	13.8%	22.8%

Source: U.S. Census Bureau

Figure 7. Percentage of occupied and vacant housing units 2018– 2022



Fewer owner-occupied housing units have mortgages (60.2%) than in the state or nation. The median value of the housing units in the county is $153,900, substantially lower than elsewhere in New Mexico and the U.S. The median monthly rent is also lower at $802. Housing cost burden is defined as households paying 30% or more on housing costs (rent/mortgage and utilities).

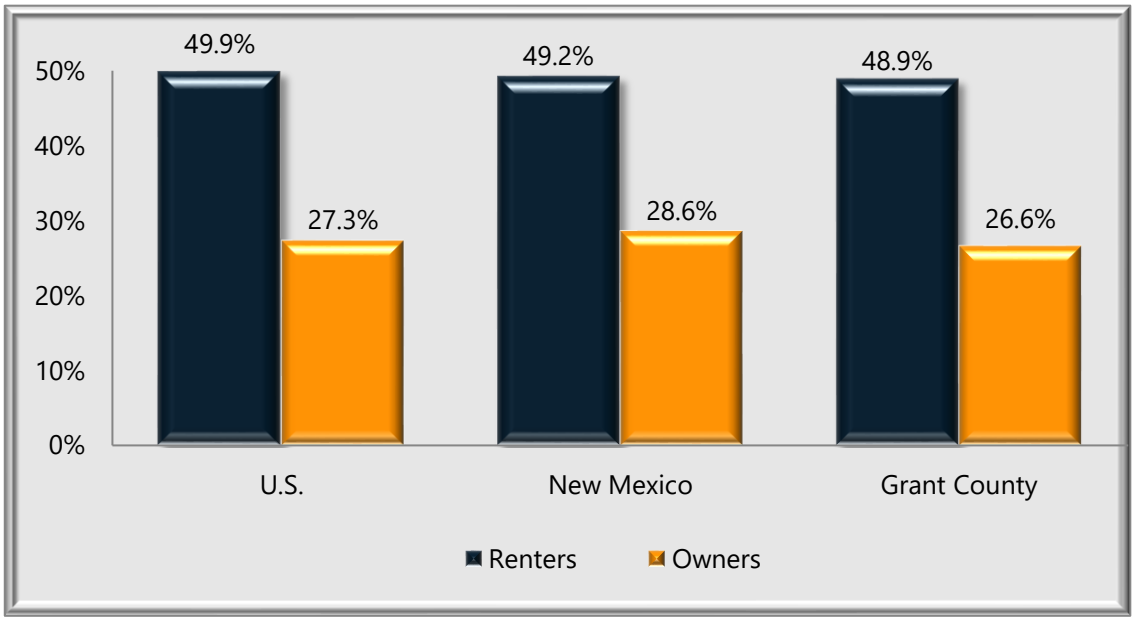
For owners and renters, a smaller percentage pay 30% or more of their gross household income for a mortgage or rent (and associated expenses) in comparison. Yet, almost half of renters (48.9%) in the county experience a housing cost burden.

Table 8. Housing Characteristics (2018 – 2022)

	U.S.	New Mexico	Grant County
Owner-Occupied Housing			
Owner-occupied units	81,497,760	558,179	8,072
Housing units with a mortgage	61.5%	52.6%	39.8%
Housing units without a mortgage	38.5%	47.4%	60.2%
Median value	**$281,900**	**$216,000**	**$153,900**
Households spending 30% or more of income on mortgage/Owner costs	**27.3%**	**28.6%**	**26.6%**
Renter-Occupied Housing			
Renter-Occupied Units	41,167,877	227,132	2,675
Median dollars	**$1,268**	**$966**	**$802**
Households spending 30% or more of income on rent	**49.9%**	**49.2%**	**48.9%**

Source: U.S. Census Bureau

Figure 8. Owner and renter households spending more than 30% of income on mortgage and rent 2018-2022



When assessing households, several key indicators stand out for Grant County. A higher percentage of male householders (17.2%) and female householders (20.4%) live alone than do in New Mexico and the U.S. Also, there are slightly fewer married couple households in the county and of those, substantially fewer have children under the age of 18 (8.7%) than in New Mexico (14.4%) and the U.S. (18.4%). Finally, a much higher percentage of households have the presence of one or more individuals who are 65 years and older (47.5%).

Table 9. Households by Type (2018 – 2022)

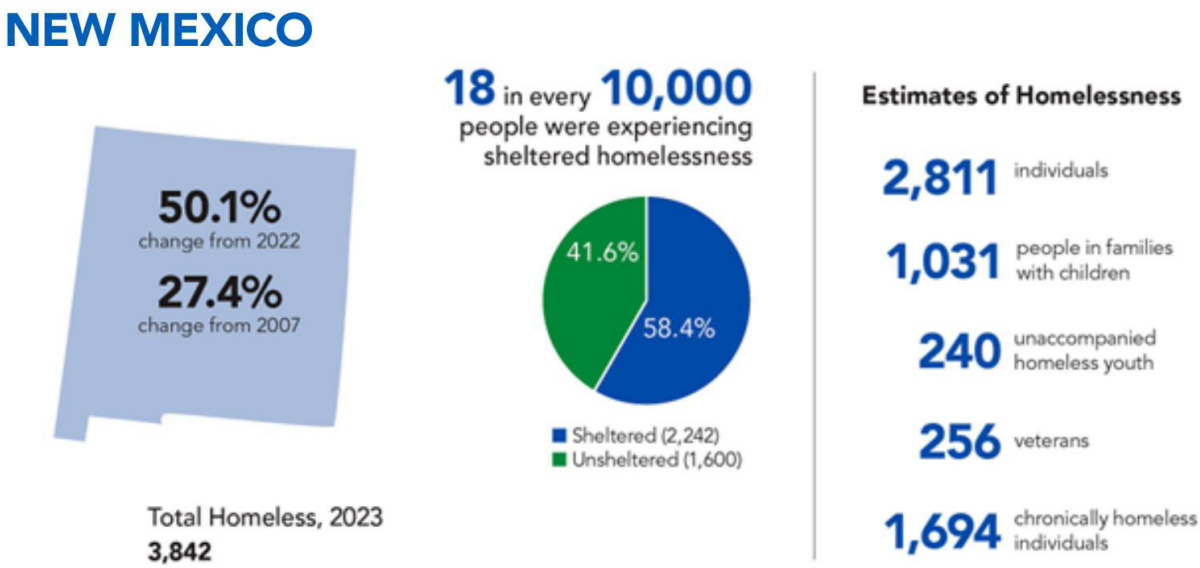
	U.S.	New Mexico	Grant County
Total households	125,736,353	812,852	11,292
Average household size	2.57	2.55	2.40
Average family size	3.18	3.24	3.30
Male householder, no wife present	18.1%	20.5%	20.8%
Householder living alone	12.8%	15.1%	17.2%
Female householder, no husband present	27.4%	29.1%	29.6%
Householder living alone	15.5%	16.5%	20.4%
Married-couple household	47.5%	42.0%	41.4%
With children under 18	18.4%	14.4%	8.7%
Presence of one or more 65 years and over	30.8%	33.8%	47.5%

Source: U.S. Census Bureau

Homelessness

Supporting People in Need (SPIN) in Silver City reports that the combined census-taking of area agencies, including SPIN, Kids in Need of Supportive Services, the Silver City Gospel Mission and the public-school systems, has estimated that about 120 households comprised of one to five people were homeless in Grant County in 2023. That number has not changed significantly since 2014. In New Mexico, the Department of Housing and Urban Development (HUD) estimates that 18 in every 10,000 people are experiencing sheltered homelessness (2,242 individuals). Another 1,600 are unsheltered in 2023.

Figure 9. Estimates of Homelessness in New Mexico (2023)



Source: Department of Housing and Urban Development (HUD)

Household Income Statistics

Mean and median household income is substantially less in Grant County than the other 2 geographies. County median income is $44,895 with 14.8% earning $25,000 to $34,999 and 14.7% earning $35,000 to $49,999 or $50,000 to $74,999. Median family income is higher in the county ($67,686).

Table 10. Household and Family Income (2018 – 2022)

	U.S.	New Mexico	Grant County
Household Income			
Less than $10,000	4.9%	6.8%	7.2%
$10,000 to $14,999	3.8%	5.5%	6.2%
$15,000 to $24,999	7.0%	9.7%	12.4%
$25,000 to $34,999	7.4%	9.2%	14.8%
$35,000 to $49,999	10.7%	12.0%	14.7%
$50,000 to $74,999	16.1%	17.3%	14.7%
$75,000 to $99,999	12.8%	12.1%	9.2%
$100,000 to $149,999	17.1%	14.6%	13.6%
$150,000 to $199,999	8.8%	6.6%	3.5%
$200,000 or more	11.4%	6.1%	3.7%
Median household income	$75,149	$58,722	$44,895
Mean household income	$105,833	$81,035	$67,689
Family Income			
Median family income	$92,646	$72,422	$67,686
Mean family income	$124,530	$95,066	$89,411
Individual Median Earnings			
Median earnings for workers	$42,542	$36,381	$25,297
Male full-time, year-round workers	$62,344	$53,356	$41,398
Female full-time, year-round workers	$51,275	$45,623	$46,765

Source: U.S. Census Bureau

Figure 10. Median household income 2018 – 2022

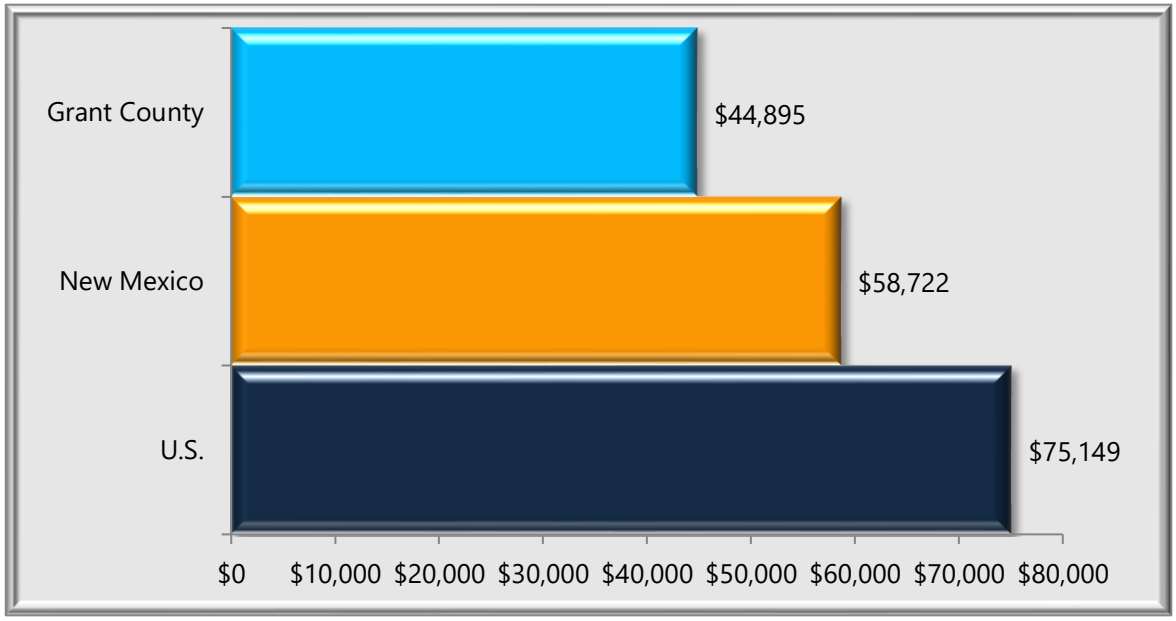
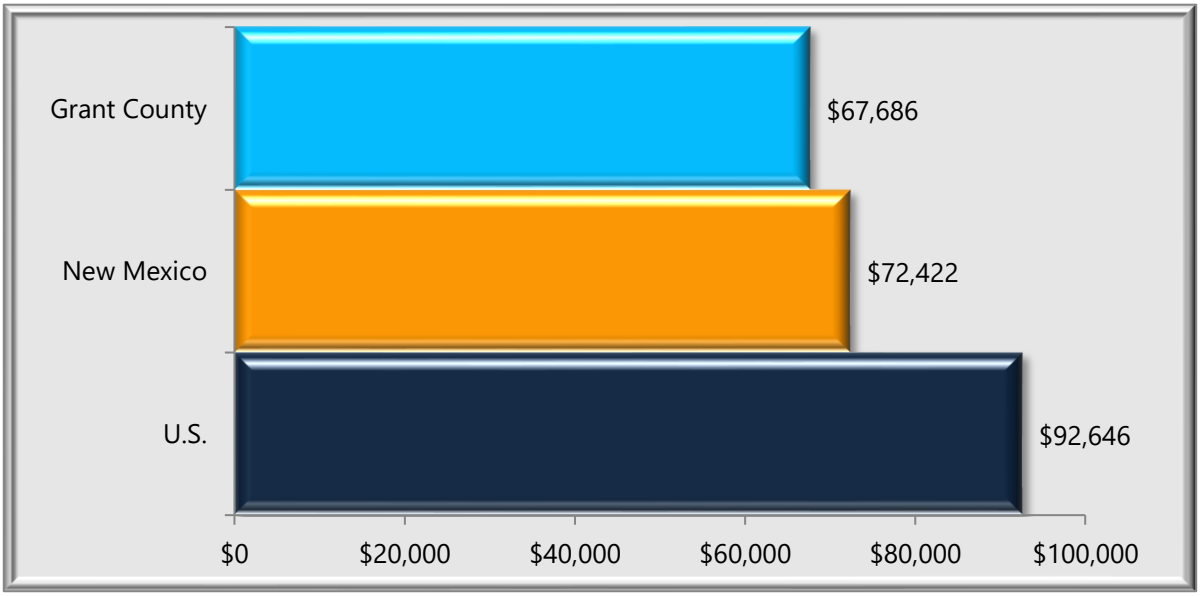


Figure 11. Median family income, 2018 – 2022



Poverty guidelines are dollar amounts set by the U.S. government to indicate the least amount of income a person or family needs to meet their basic needs. Table 12 displays the poverty guidelines for families/households by size for 2024.

Table 12. Health and Human Services Poverty Guidelines (2024)

Size of Family/ Household	48 Contiguous States and the District of Columbia 100% of Poverty Level
1	$15,060
2	$20,440
3	$25,820
4	$31,200
5	$36,580
6	$41,960
7	$47,340
8	$52,720
For families/households with more than 8 persons, add $5,380 for each additional person.	

Source: U.S. Department of Health and Human Services

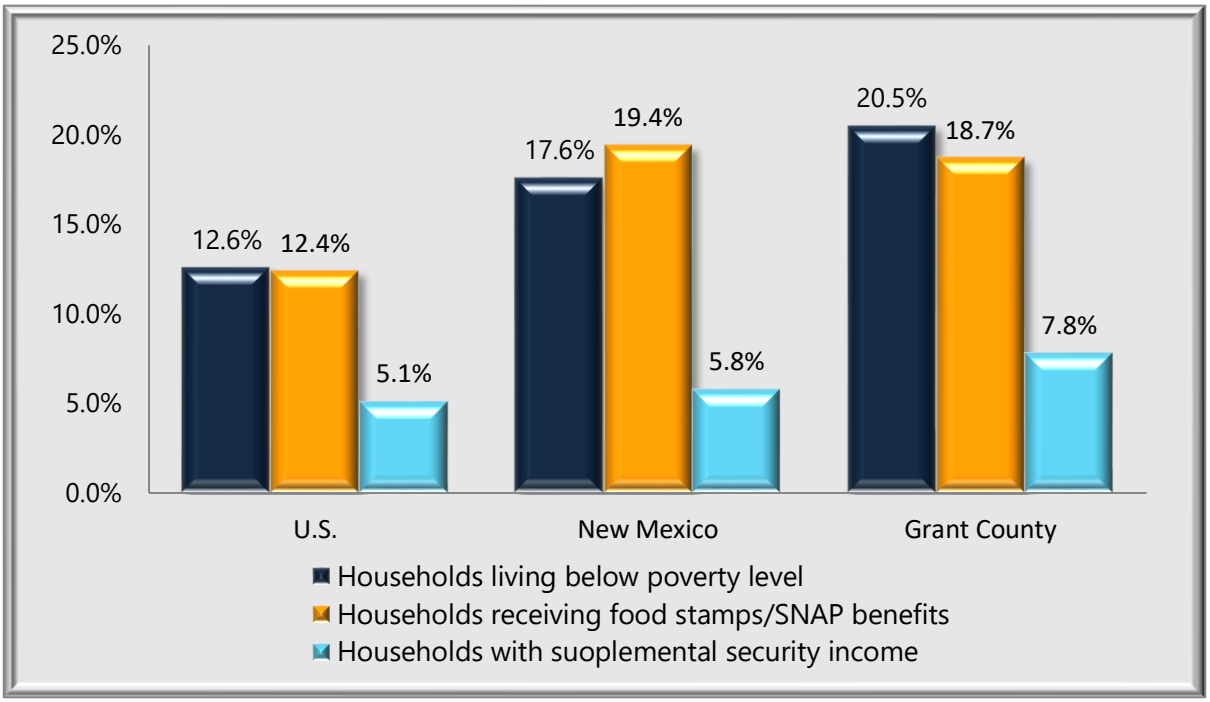
A larger percentage of households in Grant County (20.5%) or one-fifth of all people live below the poverty level. Of those 7.8% receive supplemental security income, 3.3% receive cash public assistance and 18.7% participated in the food stamp/SNAP benefits program in the last 12 months.

Table 12. Households with Supplemental Benefits in the Past 12 Months (2018 – 2022)

	U.S.	New Mexico	Grant County
Population below poverty level	12.6%	17.6%	20.5%
Households with supplemental security income	5.1%	5.8%	7.8%
Mean supplemental security income	$10,674	$10,404	$12,789
Households with cash public assistance income	2.5%	3.6%	3.3%
Mean cash public assistance income	$3,916	$2,993	$2,852
Households with food stamp/ SNAP benefits in the past 12 months	12.4%	19.4%	18.7%

Source: U.S. Census Bureau

Figure 12. Households living below poverty level and/or receiving food stamps/SNAP benefits, 2018 - 2022



Employment Statistics

In Grant County, a much smaller percentage of the population is in the labor force (45.4%) than in New Mexico (58.5%) and in the U.S. (63.5%). The unemployment rate in the county (7.7%) exceeds that in the state and nation. Most of the employed workforce (72.8%) drives alone to work while 13.0% work from home and a higher percentage than in the state and nation, carpool (12. 0%). Over one-third of the labor force in the county is employed in management, business, science and arts, somewhat less than the state and nation and most (32.2%) are in education, healthcare and social services. 8.5% of county workers own their own small business, which is a larger percentage than in New Mexico (7.3%) and the U.S. (6.0%).

Table 13. Employment Status, 16 Years Old and Older (2018– 2022)

	U.S.	New Mexico	Grant County
Population in labor force	269,555,318	1,710,459	23,358
% of population in labor force	63.5%	58.5%	45.4%
Civilian labor force	60.3%	54.8%	45.4%
Armed Forces	0.5%	1.0%	0.0%
% of population not in labor force	36.5%	41.5%	54.6%
Unemployed civilian labor force	4.3%	4.8%	7.7%

Sources: U.S. Census Bureau

Figure 13. Unemployment rate 2018-2022

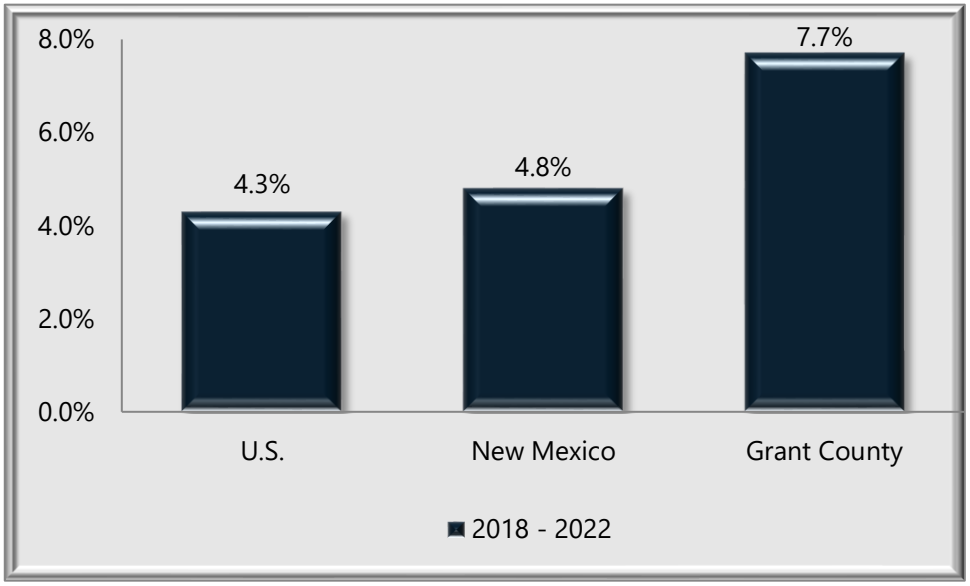


Table 14. Commuting To Work Status (2016 - 2020)

	U.S.	New Mexico	Grant County
Workers who drive alone to work	68.7%	73.3%	72.8%
Car, truck, or van -- carpooled	8.6%	10.1%	12.0%
Workers commuting by public transportation (excluding taxicab)	3.1%	0.7%	0.3%
Walked	2.4%	2.2%	1.9%
Other means	2.0%	1.8%	0.1%
Worked at home	15.2%	12.0%	13.0%

Source: U.S. Census Bureau

Table 15. Estimated Major Occupational Groups (2018 - 2022)

	U.S.	New Mexico	Grant County
Management, business, science, and arts	42.5%	40.2%	37.2%
Service	16.1%	19.1%	16.9%
Sales and office	19.8%	19.7%	17.6%
Natural resources, construction, and maintenance	8.5%	11.0%	15.3%
Production, transportation, and material moving	13.0%	10.0%	12.9%

Source: U.S. Census Bureau

Table 16. Class of Worker (2018 - 2022)

	U.S.	Mexico	Grant County
Private wage and salary workers	79.5%	68.6%	66.6%
Government workers	14.3%	23.8%	24.5%
Self-employed workers in own, not incorporated, business	6.0%	7.3%	8.5%
Unpaid family workers	0.2%	0.4%	0.3%

Source: U.S. Census Bureau

Figure 14. Percentage of workers employed privately, by government and self-employed 2018 – 2022

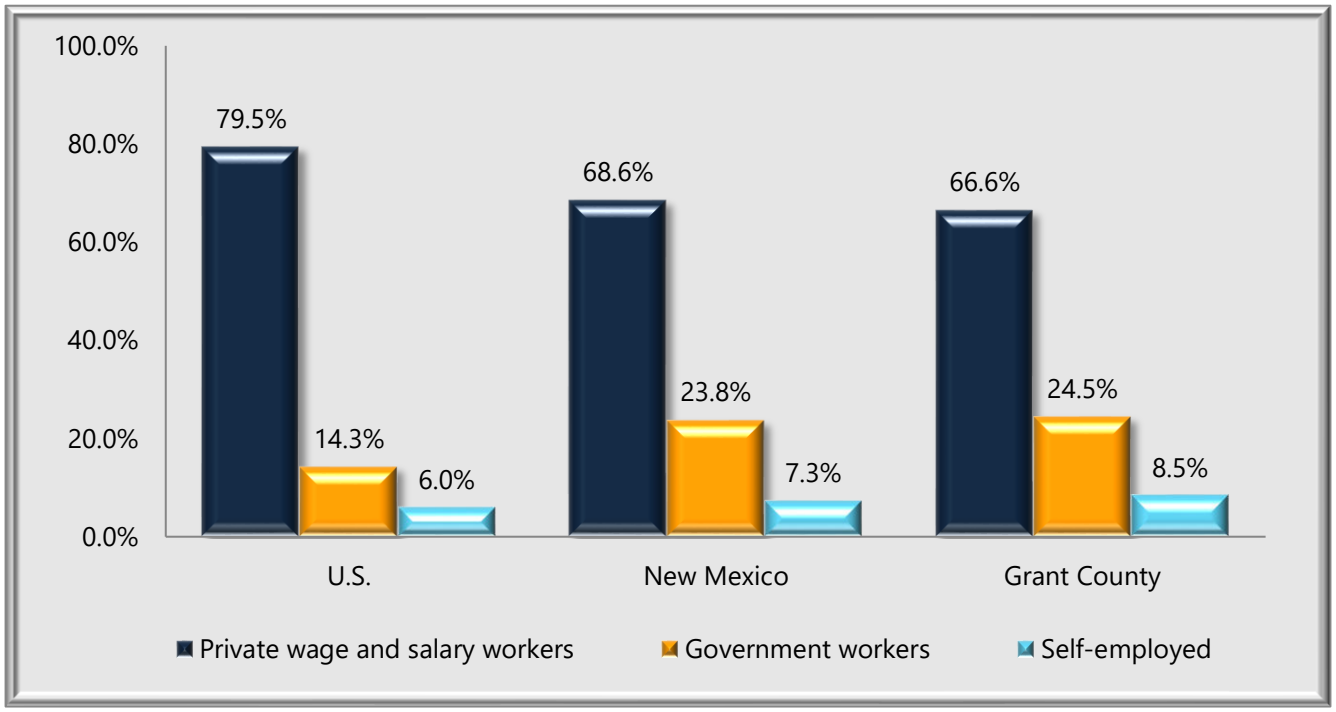


Table 17. Estimated Major Industrial Group Percentages (2018 - 2022)

	U.S.	New Mexico	Grant County
Agriculture, forestry, fishing, hunting, mining	1.6%	3.0%	10.2%
Construction	6.9%	7.6%	8.6%
Manufacturing	9.9%	4.4%	3.7%
Wholesale trade	2.2%	1.4%	0.6%
Retail trade	11.1%	11.0%	12.3%
Transportation and warehousing, and utilities	6.0%	5.1%	2.5%
Information	1.9%	1.8%	1.4%
Finance, insurance, real estate, rental and leasing	6.7%	5.1%	3.3%
Professional, scientific, management, administrative and waste management services	12.6%	12.5%	7.0%
Educational services, health care, social assistance	23.1%	25.7%	32.2%
Arts, entertainment, recreation, accommodation, and food services	8.7%	10.0%	10.1%
Other services, except public administration	4.7%	5.1%	4.1%
Public administration	4.6%	7.5%	4.1%

Source: U.S. Census Bureau

Education Statistics

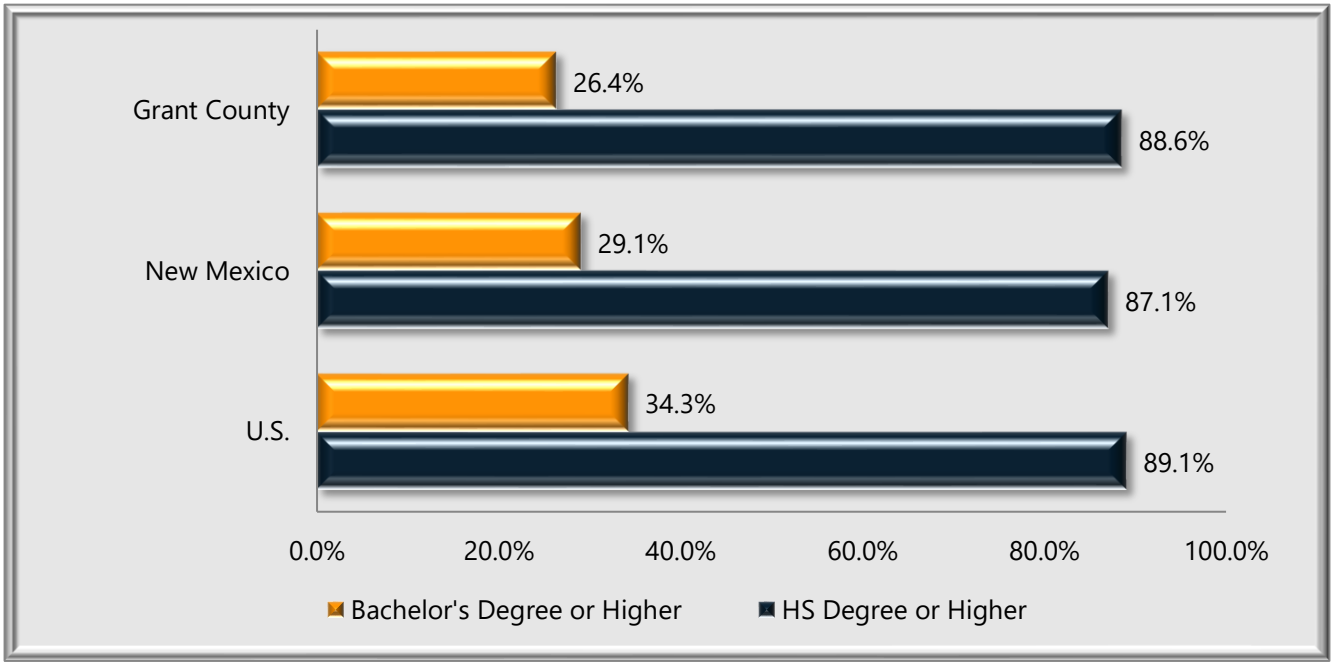
A slightly higher percentage of individuals 25 years and over graduated from high school in Grant County (88.6%) than in Mexico (87.1%). More individuals have some college education than in the state or the nation. However, a smaller percentage (26.4%) than New Mexico (29.1%) and the U.S. (34.3%) have completed a bachelor's degree or higher or have a graduate or professional degree.

Table 18. Educational Attainment, Population 25 Years and Over (2018 – 2022)

	U.S.	New Mexico	Grant County
Less than high school diploma	10.8%	12.9%	11.4%
High school graduate (includes equivalency) or higher	89.1%	87.1%	88.6%
Some college, no degree	19.7%	23.1%	26.2%
Associate degree	8.7%	9.0%	9.1%
Bachelor's degree or higher	34.3%	29.1%	26.4%
Graduate or professional degree	13.4%	13.0%	10.9%

Source: U.S. Census Bureau

Figure 15. Percentage of high school and bachelor's degree and higher 2018 – 2022



Health Statistics

Health Care Access

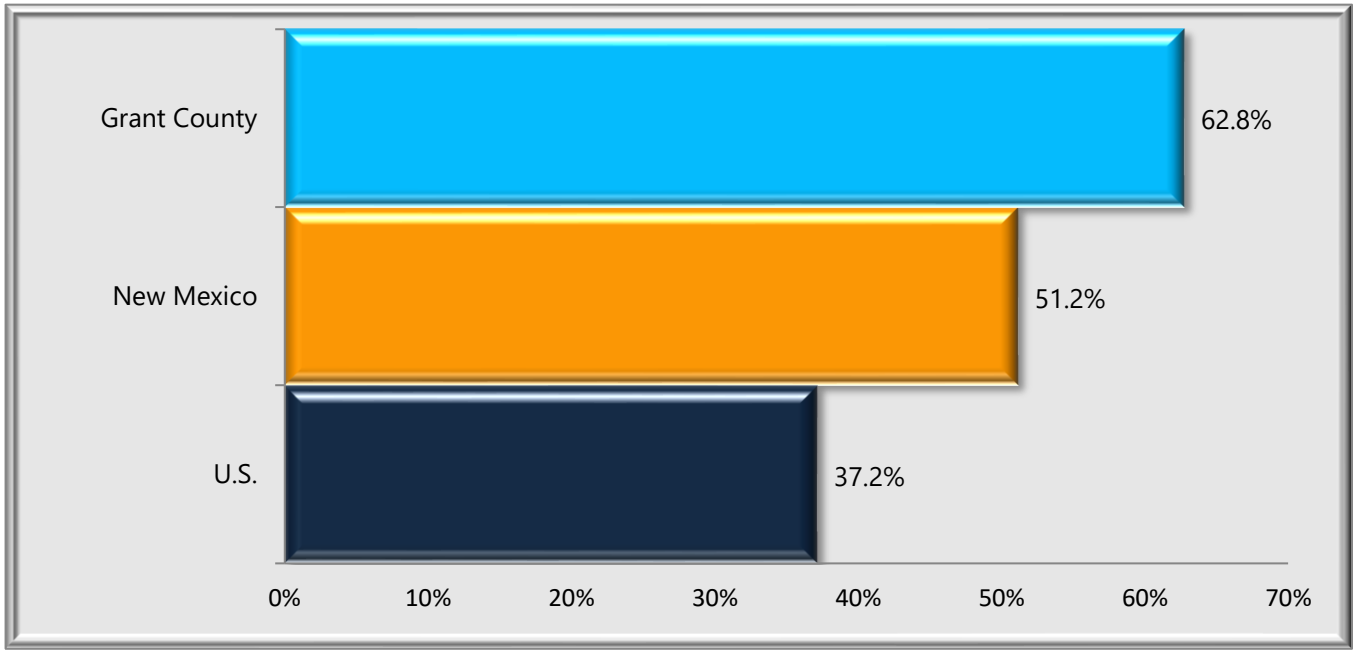
A higher percentage of population has health insurance coverage in Grant County (94.9%) than in New Mexico and the U.S. However, more have public insurance than private insurance coverage, unlike the state and the nation.

Table 19. Health Insurance Coverage (2018 – 2022)

	U.S.	New Mexico	Grant County
With health insurance coverage	328,309,810	2,074,351	27,488
% of population with health insurance coverage	92.0%	91.8%	94.9%
With private health insurance	67.2%	54.4%	49.8%
With public coverage	37.2%	51.2%	62.8%
% of population without health insurance	8.0%	8.2%	5.1%

Source: U.S. Census Bureau

Figure 16. Civilian non-institutionalized population with public health insurance 2018-2022

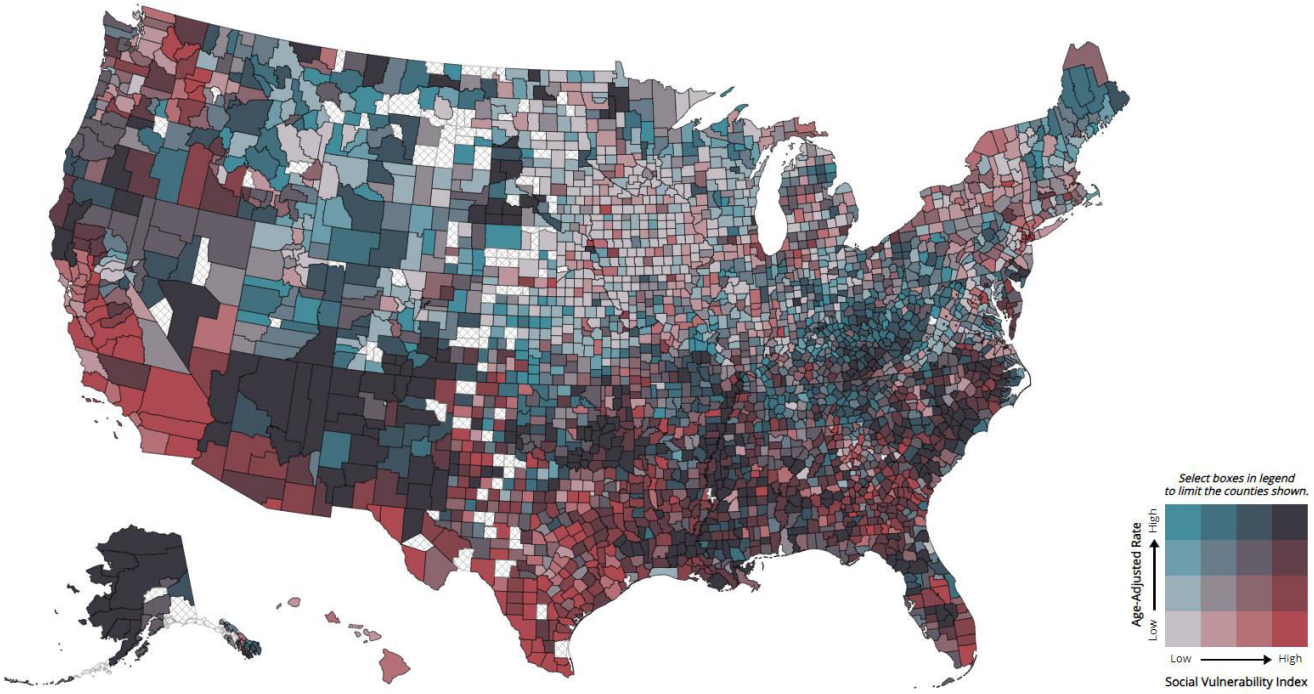


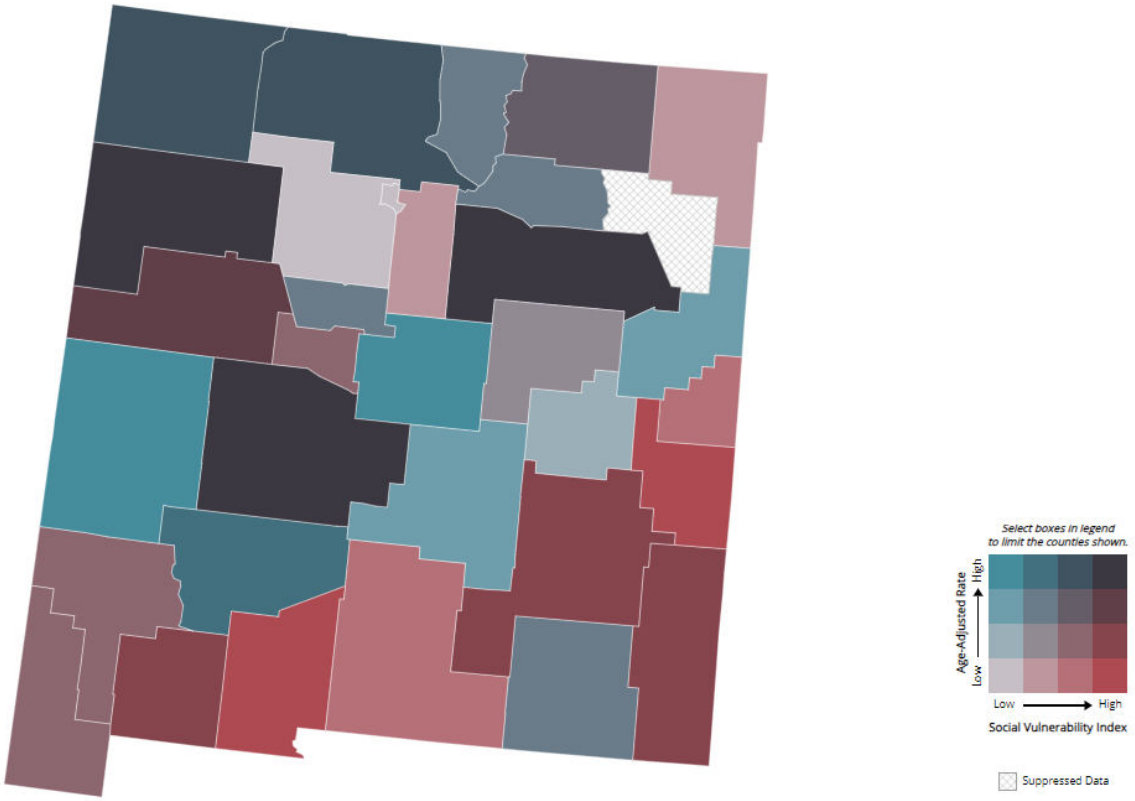
Social Vulnerability Index

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The Social Vulnerability Index (SVI) percentile ranking values are ranked from 0 to 1 in quartiles as low (0.0-0.2500), mid-low (0.2501-0.5000), mid-high (0.5001-0.7500), and high (0.7501-1.0). Higher SVI ranking values correspond to higher vulnerability. The SVI evaluates census tracts on 15 social factors, including unemployment, household composition and disability, minority status and language, and housing and transportation.

In this case, Grant County has a Social Determinants of Health Measure of 0.53, placing it on the Mid-High quartile in 2020.

Figure 17. Social Determinant of Health Measure: Social Vulnerability Index (2020), Social Vulnerability Index, United States, 2017 to 2021





Mortality Statistics

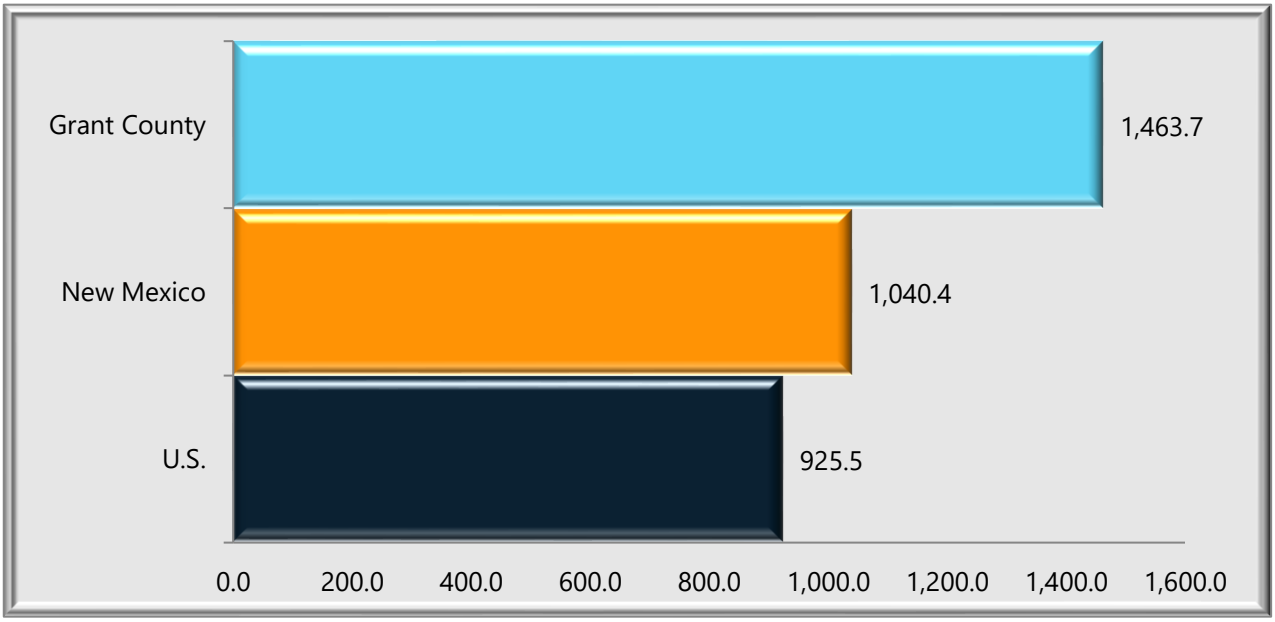
The crude death rate per 100,000 in Grant County (1,463.7) is substantially higher than in New Mexico (1,041.4) and the U.S. (952.5). This is true for both genders and for the White and Hispanic or Latino population as well.

Table 20. Mortality, All Ages per Crude Death Rate per 100,000 (2018-2021)

	U.S.	New Mexico	Grant County
Number of deaths	2,177,896	87,262	1,599
Death rate by Gender			
Male	1,007.1	1,153.1	1,666.0
Female	899.3	931.7	1,267.2
Death rate by Race			
White	1,039.9	1,103.7	1,549.4
Black	907.9	763.1	Suppressed
Hispanic or Latino	424.9	775.2	1,223.7
Death Rate	**952.5**	**1,041.4**	**1,463.7**

Source: Centers for Disease Control and Prevention WONDER

Figure 18. Crude death rate per 100,000 2018 - 2021



Although much of the crude death rate is unavailable by county, it is higher in Grant County for diseases of the heart, malignant neoplasm, accidents (unintentional injuries) and chronic lower respiratory disease.

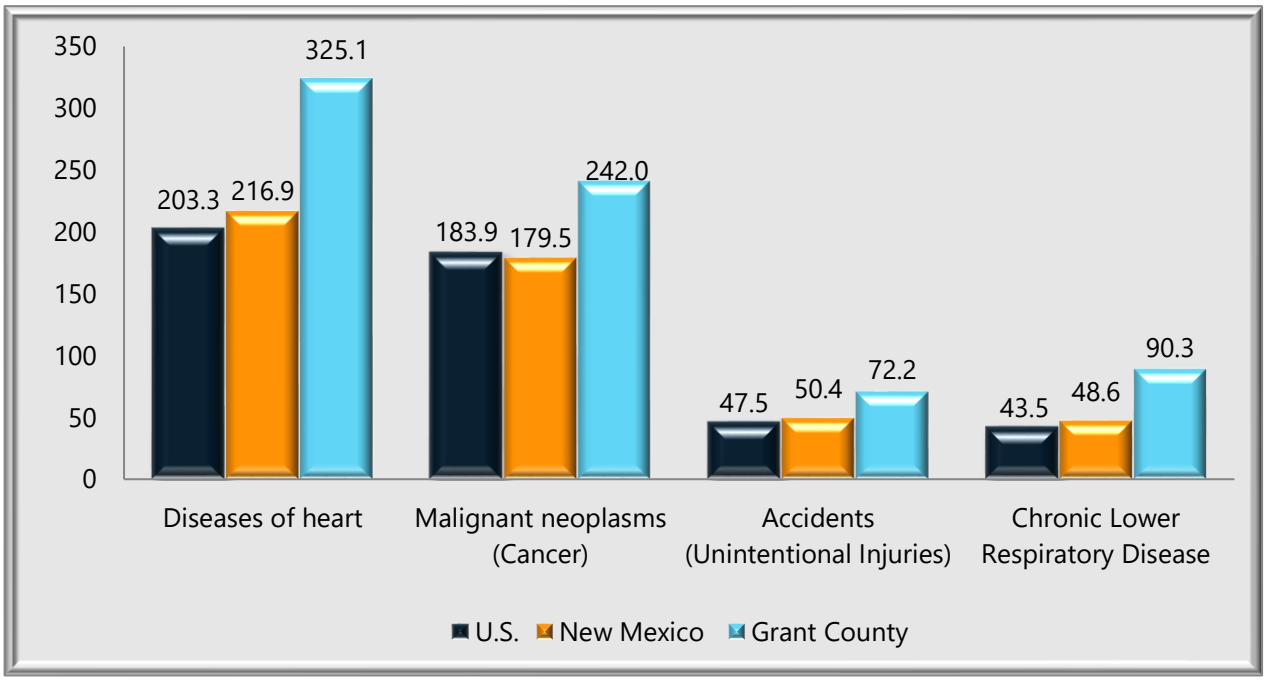
Table 21. Deaths by Selected Causes, All Ages Crude Death Rate per 100,000 (2023)

	HP 2030 Target	U.S.	New Mexico	Grant County
Diseases of heart	71.1	203.3	216.9	325.1
Malignant neoplasms (Cancer)	122.7	183.9	179.5	242.0
Cerebrovascular diseases (Stroke)	33.4	48.7	37.8	Unreliable
Accidents (Unintentional Injuries)	43.2	47.5	50.4	72.2
Chronic lower respiratory disease	107.2	43.5	48.6	90.3
Alzheimer's disease	N/A	34.2	36.7	Unavailable
Diabetes mellitus per 1,000	13.7	28.5	35.6	Unreliable
Nephritis, nephrotic syndrome and nephrosis (Kidney & Renal Pelvis)	N/A	16.6	29.9	Unavailable
Chronic Liver Disease	N/A	15.6	20.3	Unavailable
COVID-19	N/A	14.9	17.5	Unreliable
Influenza and pneumonia	N/A	13.5	16.6	Unavailable

Essential hypertension and hypertensive renal disease	N/A	12.7	15.8	Unavailable
Septicemia	N/A	12.5	15.3	Unavailable
Parkinson's Disease	N/A	12.1	14.0	Unavailable

Sources: Centers for Disease Control WONDER; New Mexico Department of Health

Figure 19. Deaths by Selected Causes, All Ages per Crude Death Rate 100,000 (2023)



Maternal & Child Health Statistics

Crude birth rate data is available for Grant County for 2019. The birth rate in the county is lower (8.7 per 1,000) than for New Mexico (10.9) and the U.S. (11.4). Of those births however, the percent of low birthweight infants (defined as under 2,500 grams) is higher than the state and the nation at 10.0%. The infant mortality rate per 1,000 births is also higher than the nation and the same as the state (4.8). Data for the leading cause of infant death by county is unavailable. Data for low birthweight by age of mother and race/ethnicity, available for New Mexico shows that women under the age of 15 receive the least pre-natal care and Black women have the highest percentage of low birthweight infants.

Table 22. Crude Live Birth Rate per 1,000 (2019)

	U.S.	New Mexico	Grant County
Number of live births (all races)	3,747,540	22,966	242
Crude Birth Rate	11.4	10.9	8.7
Fertility Rate	58.3	57.5	57.2
White	1,915,912	6,232	73
Hispanic	886,467	12,914	166

Source: New Mexico Department of Health

Table 23. Average Birthweight in Grams and Average Number of Prenatal Visits (2022)

	U.S.	New Mexico	Grant County
Average birthweight in grams	3,241.77	3,157.69	Not available
Average number of prenatal visits per birth	9.44	7.61	Not available

Source: CDC Wonder

Table 24. Percent of Low Birthweight Infants (2021)

	U.S.	New Mexico	Grant County
Percent of Low Birthweight Infants	8.3%	9.3%	10.0%

Source: CDC Wonder and New Mexico Department of Health
Low birthweight is defined as under 2,500 grams.

Table 25. Infant Death Rate per 1,000 Births (2021)

	U.S.	New Mexico	Grant County
Infant mortality	4.5	4.8	4.8

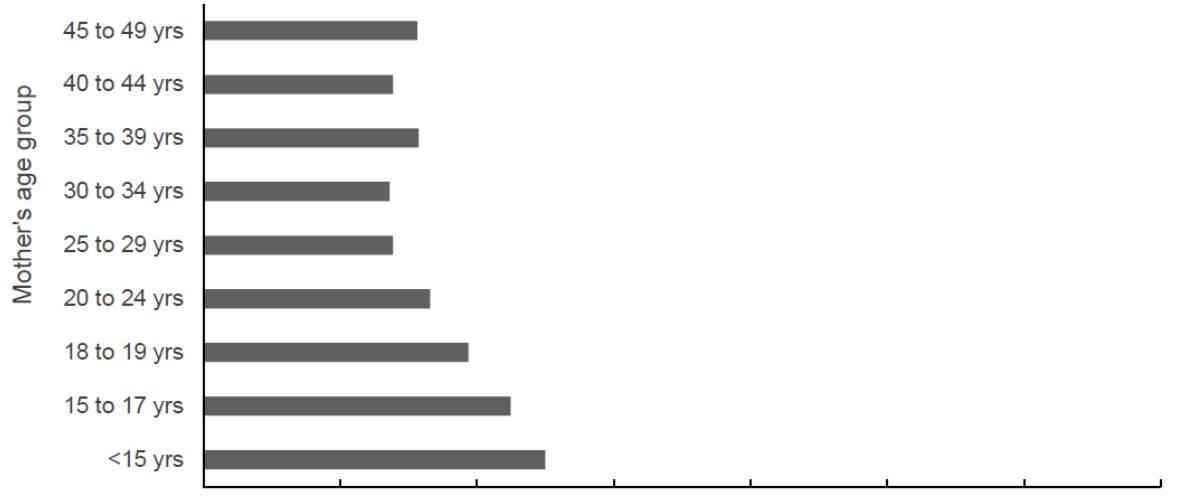
Source: CDC Wonder and New Mexico Department of Health
-U.S. data represent U.S. Census Region West

Table 26. Leading Causes of Infant Death per 1,000 Births (2022)

	U.S.	New Mexico	Grant County
Congenital malformation, deformations and chromosomal abnormalities	1.09	0.93	Unavailable
Accidents (unintentional injuries)	0.35	0.84*	Unavailable
Gestation and low birth weight	0.81	0.61*	Unavailable

Source: CDC Wonder

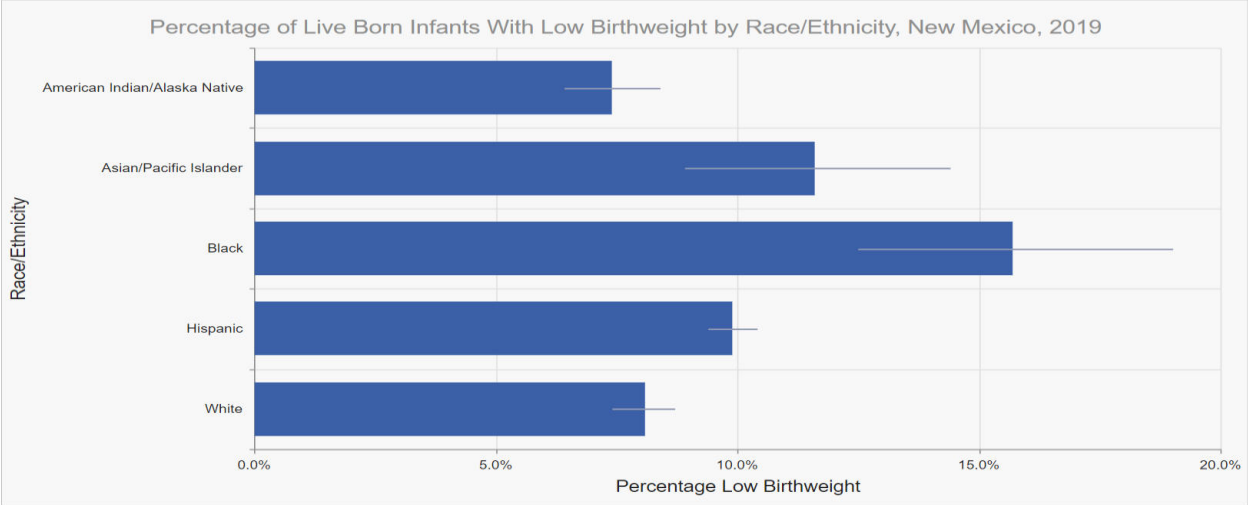
Figure 20. New Mexico Percentage of Births with Low or No Prenatal Care by Mother's Age, 2019



	<15 yrs	15 to 17 yrs	18 to 19 yrs	20 to 24 yrs	25 to 29 yrs	30 to 34 yrs	35 to 39 yrs	40 to 44 yrs	45 to 49 yrs
Percent of Births	25.0	22.4	19.4	16.6	13.9	13.6	15.7	13.9	15.6

Figure excludes births with other/unknown mother's age and mother's age of 50+ years.
See Technical Appendix for information on the Modified Kessner Index.

Figure 21. New Mexico Infant Mortality Rates by Race/Ethnicity, 2019



Communicable Diseases

The incident rate per 100,000 individuals for sexually transmitted illnesses is lower in Grant County than in New Mexico and the U.S. Grant County has a higher rate of tuberculosis than the state or the nation.

Table 27. Sexually Transmitted Illness Incidence Rates per 100,000 (2022)

	U.S.	New Mexico	Grant County
Chlamydia	495.0	528.6	415.4
Gonorrhea	194.4	196.7	126.4
Primary and Secondary Syphilis	17.7	36.0	14.4
Congenital Syphilis	102.5	355.3	Unavailable

Sources: Centers for Disease Control, State STI Surveillance

Figure 22. Sexually Transmitted Illness Incidence Rates per 100,000 (2022)

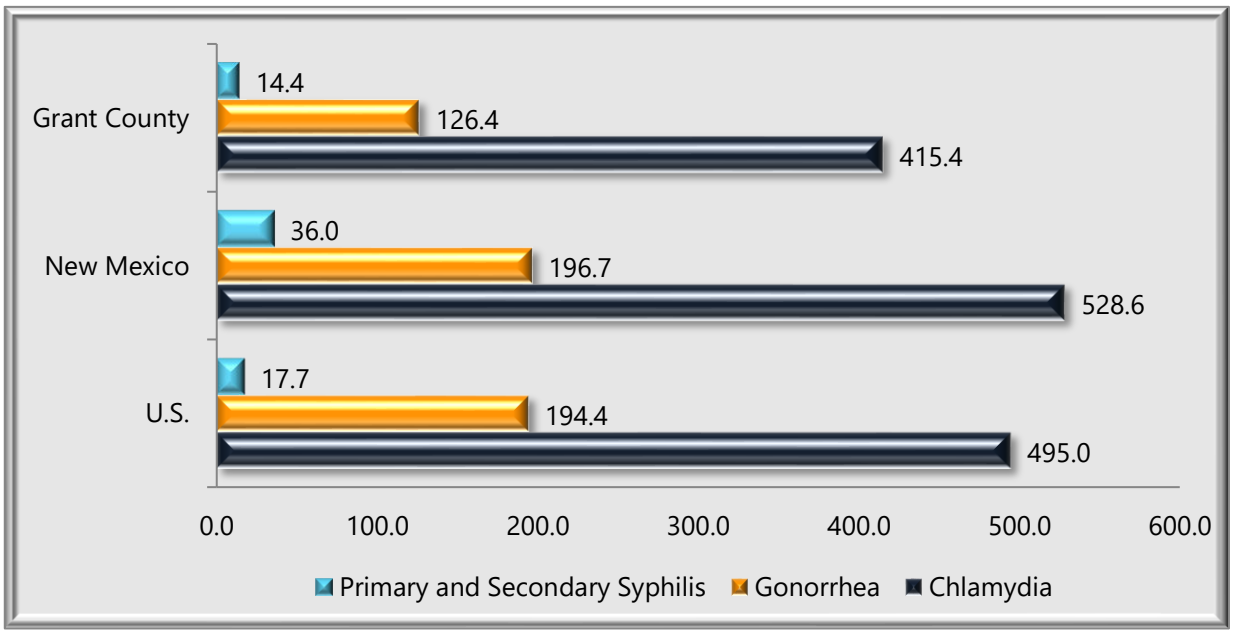


Table 28. HIV, Tuberculosis and Hepatitis B Prevalence per 100,000 (2021)

	U.S.	New Mexico	Grant County
HIV Diagnosis	12.7	8.3	0.0
HIV Prevalence	382.2	224.7	Unavailable
Tuberculosis	2.4	1.1	3.4
Hepatitis B (acute)	0.6	0.0	Unavailable

Sources: Centers for Disease Control and Prevention AtlasPlus

Asthma

A higher percentage of individuals in Grant County (11.9%) have a diagnosis of asthma than in the state and the nation.

Table 29. Adult Asthma Prevalence (2021)

	U.S.	New Mexico	Grant County
Diagnosis of Asthma	9.7%	10.6%	11.9%

Source: New Mexico Department of Health, Environmental Public Health Tracking

Diabetes

The death rate per 100,000 for diabetes in Grant County is 30.0. whereas it is 26.9 in New Mexico and 22.6 in the U.S.

Table 30. Diabetes Mortality Rate per 100,000 Population (2018 – 2020)

	U.S.	New Mexico	Grant County
Mortality Rate for Diabetes per 100,000	22.6	26.9	30.0

Source: New Mexico Department of Health

Mental Health Statistics

The Substance Use and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. Data collected in New Mexico are based on location within 6 Regions (New Mexico Regions 1 to 5b). Silver City is located in Region 5a and data for this region is presented in the tables below and compared to the United States, New Mexico, West (U.S.) and New Mexico 5a.

SAMHSA tracks several indicators related to mental illness, suicide and depression as well as alcohol, tobacco and drug use. Data is available for the period 2016 to 2018. More recent data is not available in this form of comparison due to issues with methodology as well as the pandemic. Statistics in bold are the worst performers.

New Mexico Region 5a has the highest percentage of serious mental illness in the past year, but lower percentages of serious thoughts of suicide and major depressive disorders. About 13.4% of the population aged 18 and older received mental health services in the past year. The suicide rate in Grant County (35.1 per 100,000) is much higher than the state, the nation and the Healthy People 2030 target of 12.8.

Table 31. Mental Illness, Suicide, Depression and Utilization of Services Among Adults Aged 18 and Older (2016-2018)

	United States	West (U.S.)	New Mexico	New Mexico Region 5a
Serious Mental Illness in the Past Year	4.45%	4.56%	4.57%	4.63%
Had Serious Thoughts of Suicide in the Past Year	4.24%	4.58%	4.47%	4.22%
Major Depressive Episode in the Past Year	7.00%	7.21%	7.08%	6.53%
Received Mental Health Services in the Past Year	14.74%	13.58%	13.35%	13.39%

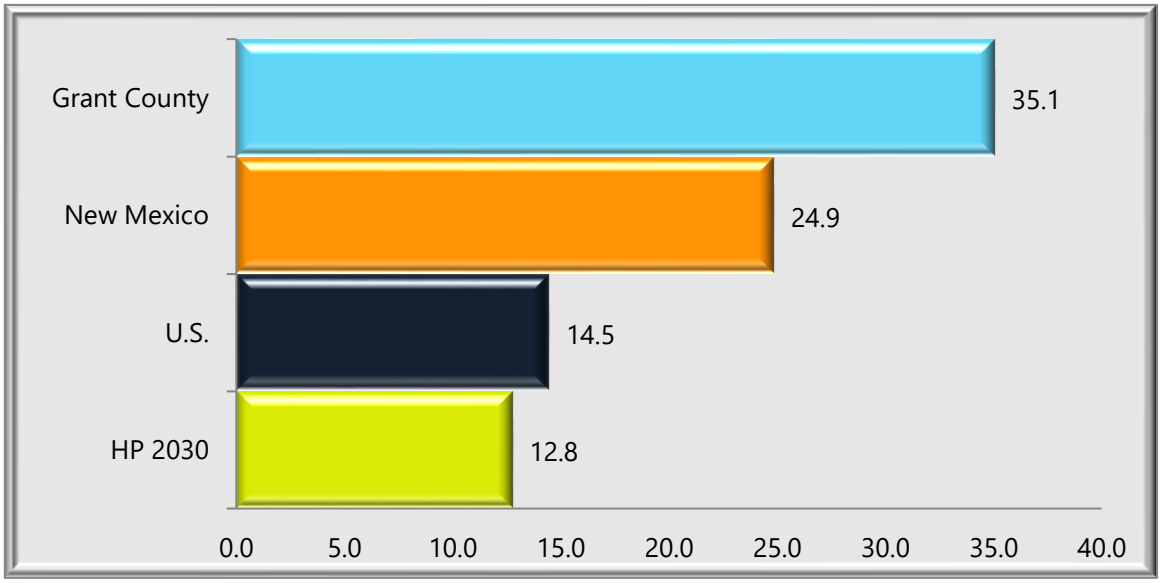
Source: SAMHSA Substate Data

Table 32. Intentional Self-harm (Suicide) Crude Death Rate per 100,000 (2018-2012)

	Healthy People 2030	United States	New Mexico	Grant County
Intentional Harm (Suicide)	12.8	14.5	24.9	35.1

Source: CDC Wonder

Figure 23. Intentional self-harm crude death rate per 100,000 (2018 -2022)



A higher percentage of individuals aged 12 years and older in Region 5a used marijuana and tobacco products in the past month and cocaine than the state and nation. Alcohol use disorder in the past year and underage drinking (aged 12 to 20) is less than New Mexico and the U.S. The Grant County rate of alcohol related deaths is significantly lower than in New Mexico, but also significantly higher than in the U.S.

Table 33. SAMHSA Substance Use Data Among Individuals Aged 12 Years and Older (2016 - 2018)

	United States	West (U.S.)	New Mexico	New Mexico Region 5a
Alcohol Use Disorder in the Past Year	5.44%	5.93%	5.82%	5.15%
Marijuana Use in the Past Month	9.52%	12.39%	12.67%	12.81%
Cocaine Use in the Past Year	2.03%	2.54%	2.10%	2.21%
Underage Alcohol Use in the Past Month Among Individuals Aged 12 to 20	19.27%	18.00%	18.62%	17.43%
Tobacco Product Use in the Past Month	22.48%	18.26%	25.42%	28.33%

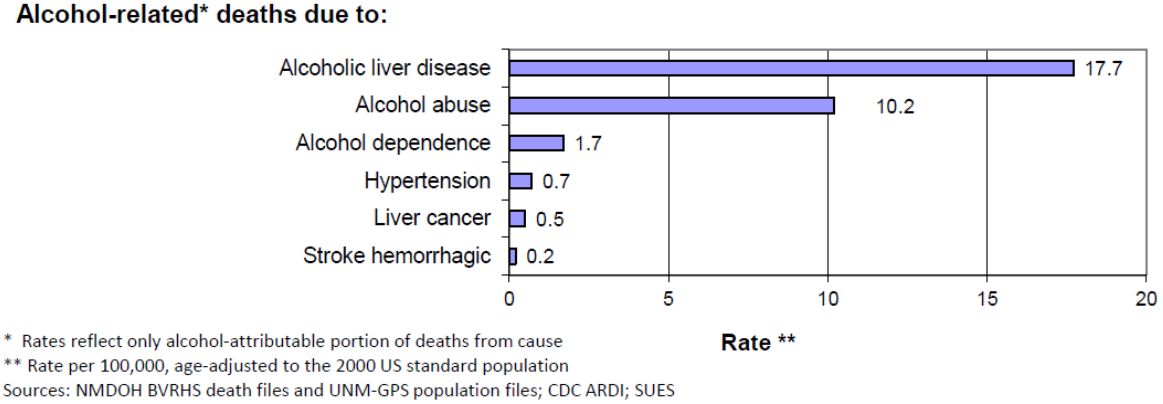
Source: SAMHSA Substate Data

Table 34. Rate of Age-Adjusted Alcohol-Related Deaths per 100,000 population (2016-2020)

	United States	New Mexico	Grant County
All Races	41.5	71.9	62.4

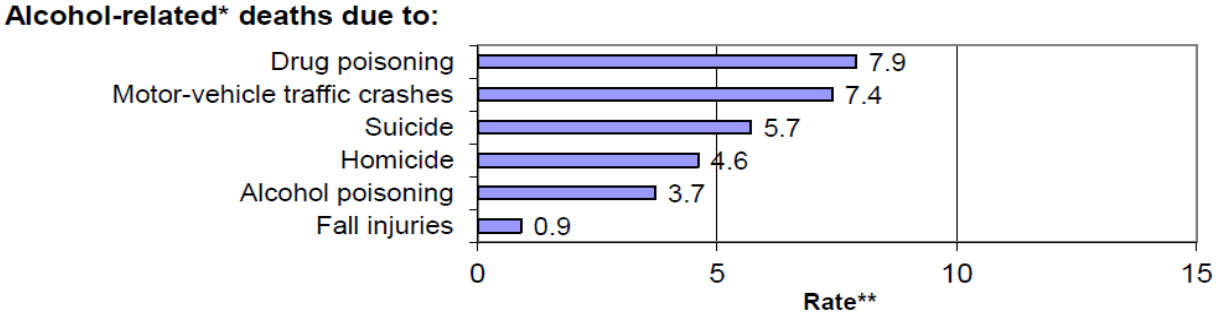
Source: CDC WONDER and New Mexico Department of Health

Figure 24. New Mexico cause of age-adjusted alcohol-related deaths 2016-2020



* Rates reflect only alcohol-attributable portion of deaths from cause
** Rate per 100,000, age-adjusted to the 2000 US standard population
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SUES

Figure 25. New Mexico age-adjusted alcohol-related injuries 2016 – 2020



Rates reflect only alcohol-attributable portion of deaths from cause

* Rates are rolling 5-year average per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SUES

Cancer

According to statistics from the National Cancer Institute, the age-adjusted cancer incidence rate for all sites in Grant County is falling. In the 5-year average 2016 to 2020, the rate was 305.9. This is lower than both New Mexico and the U.S. The age-adjusted incidence rate for liver cancer (14.1 per 100,000) is higher than both the state (10.0) and the nation (8.6). the rate for melanoma of the skin (20.2 per 100,000) is higher than in New Mexico (16.7), but lower than in the U.S. (22.5).

Table 35. Cancer Incidence by Site, per Age-Adjusted 100,000 (2016 – 2020)

	U.S.	New Mexico	Grant County
Breast (female)	127.0	113.8	56.4
Bladder	18.9	13.5	7.0
Colon & Rectum	36.5	33.0	30.1
Kidney	17.2	16.3	14.1
Liver	8.6	10.0	14.1
Lung & bronchus	54.0	33.7	33.8
Pancreas	13.2	11.6	10.3
Melanoma of the skin	22.5	16.7	20.2
Prostate (male)	110.5	85.6	69.3
Cervix (female)	7.5	8.3	--
Uterus (Corpus & Uterus, Nos)	27.4	24.2	17.0
All sites	**442.3**	**369.0**	**305.9**

Source: National Cancer Institute

--Data suppressed

Figure 26. Cancer incidence for all sites per age-adjusted 100,000 2018 - 2022

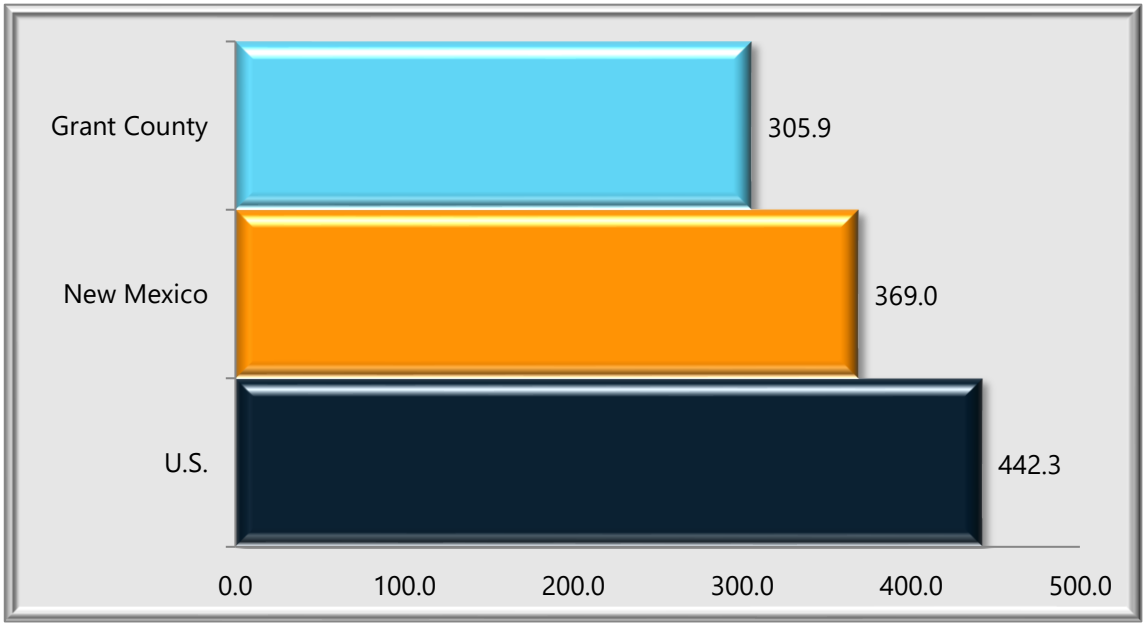
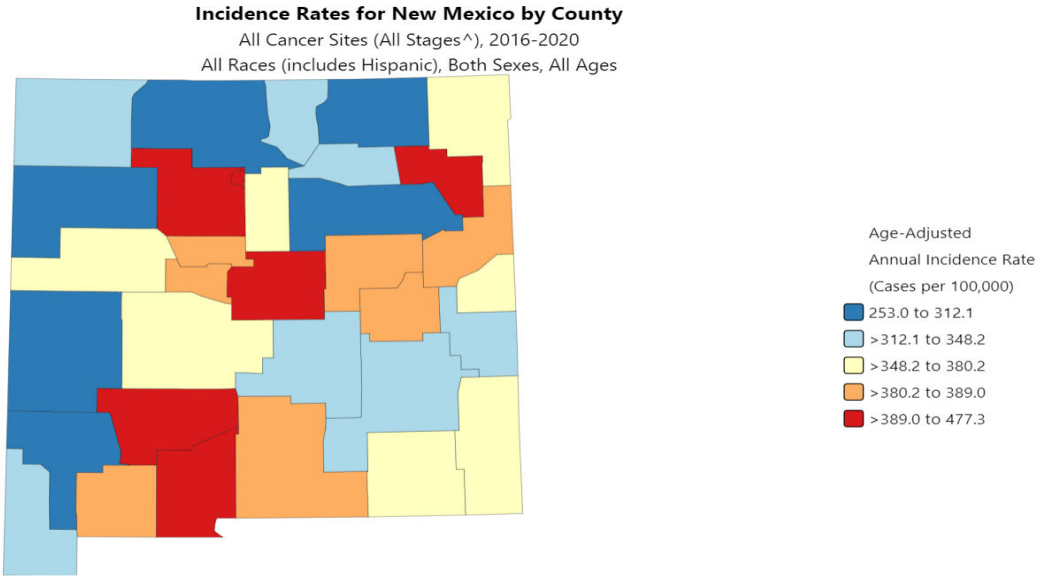


Figure 27. Incidence Rates for New Mexico by County 2016 – 2020



Source: State Cancer Profiles, 2016 - 2020

The age adjusted cancer mortality rate is 146.2 in the county. This rate is higher than New Mexico (135.1), but lower than the U.S. (149.4). Colon and rectum and liver cancer mortality is higher than the

state and nation and much higher than the HP 2030 target. Lung and bronchus cancer mortality is higher than in New Mexico, but similar to the U.S.

Table 36. Average Annual Cancer Mortality by Site, per Age-Adjusted 100,000 (2016 – 2020)

	HP 2030 Target	U.S.	New Mexico	Grant County
Breast (female)	15.3	19.6	19.9	13.6
Bladder	N/A	4.2	3.7	--
Colon & Rectum	8.9	13.1	12.6	13.8
Kidney	N/A	3.5	4.0	--
Liver	N/A	6.6	8.5	10.3
Lung & bronchus	25.1	35.0	23.6	26.1
Pancreas	N/A	11.1	9.7	11.0
Melanoma of the skin	N/A	2.0	2.0	--
Prostate (male)	16.9	18.8	19.3	18.0
Cervix (female)	N/A	2.2	2.4	--
Uterus (female)	N/A	5.1	4.2	--
All sites	**122.7**	**149.4**	**135.1**	**146.2**

Sources: National Cancer Institute & Healthy People 2030
--Data Suppressed

Figure 28. Average annual cancer mortality all sites age-adjusted per 100,000 population 2016 – 2022

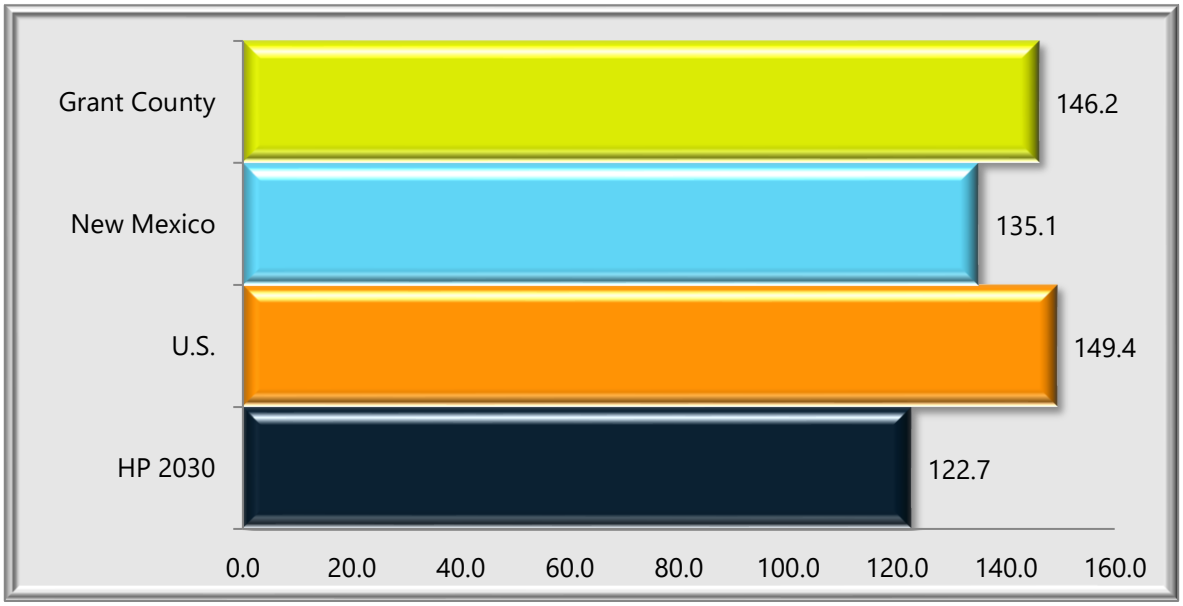
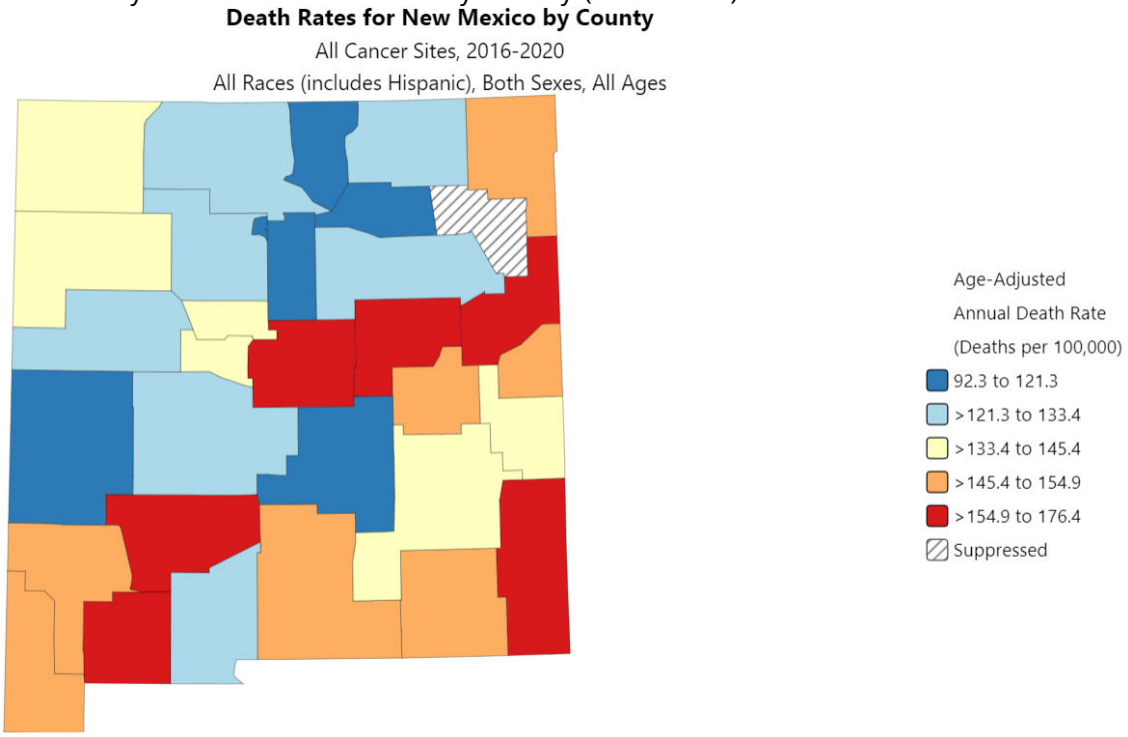


Figure 29. Mortality Rates for New Mexico by County (2016-2020)



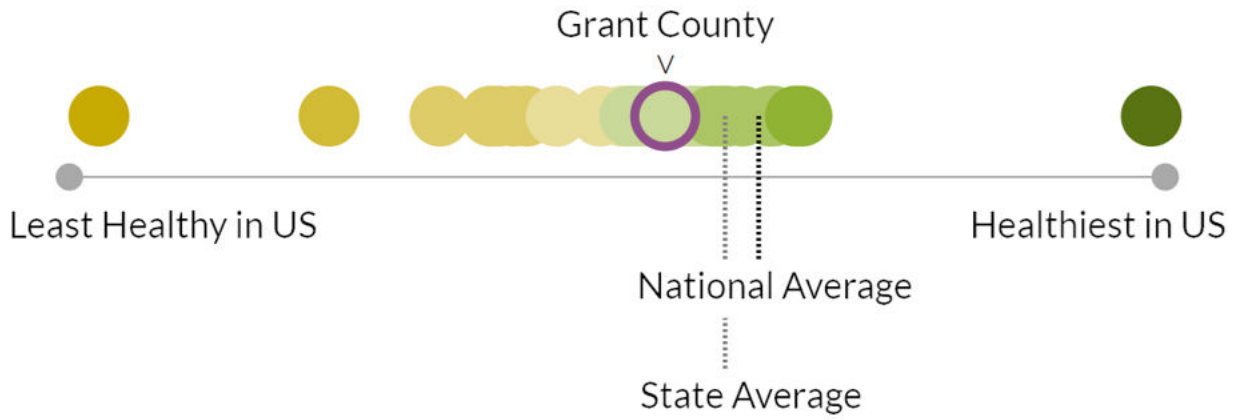
Source: State Cancer Profiles, 2016 - 2020

County Health Rankings[1]

Health Outcomes describe how long people live on average within a community and how much physical and mental health people experience while they are alive. Grant County is faring worse than the average county in New Mexico for Health Outcomes and worse than the average county in the nation.

[1] The County Health Rankings 2024 report representation of county health has changed significantly. Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.

Figure 30. County Health Rankings Health Outcomes Comparison



Percentages in bold in the following tables indicate a situation that is "worse" in Grant County than in New Mexico and the U.S. This includes Premature death, Poor or fair health, Poor physical health in the last 30 days, poor mental health in the past 30 days, Frequent physical distress, and Frequent mental distress. The number of poor physical and poor mental health in the last 30 days is higher in the county than in the state and the nation. 17% of individuals experience frequent mental distress and 12% have frequent physical distress. Premature death (defined as years of potential life lost before the age of 75 years per age-adjusted 100,000) is particularly high (11,700 years) and Grant County has gotten worse for this measure. According to County Health Rankings, for Hispanic (all races) the premature death rate is 13,100 per 100,000 and for non-Hispanic white it is 10,500.

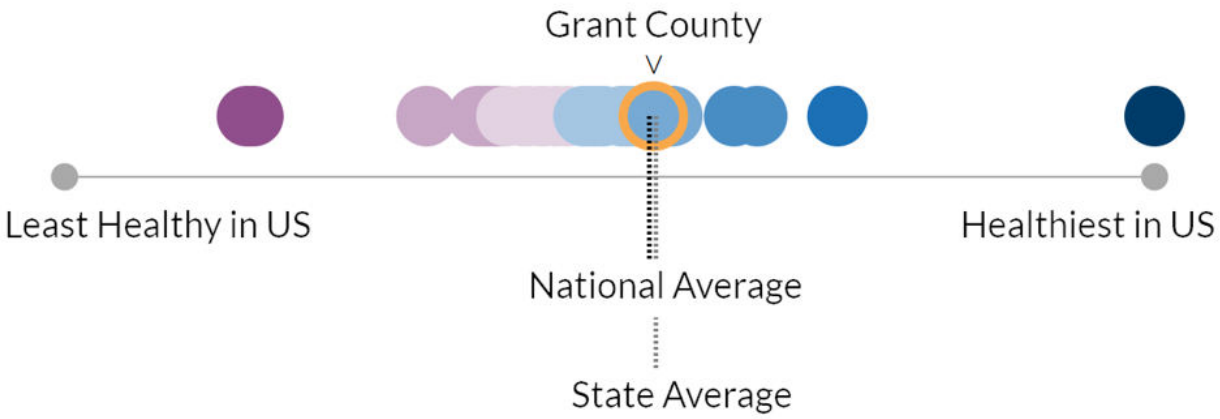
Table 37. Health Outcome Rankings (2024)

	United States	New Mexico	Grant County
Premature death (Years of potential life lost before age 75 per age-adjusted 100,000)	8,000	8,900	11,700
Life expectancy (years)	77.6	75.3	75.3
Poor or fair health	14%	16%	19%
Poor physical health in past 30 days (Average number of days)	3.3	3.5	3.7
Poor mental health in past 30 days (Average number of days)	4.8	4.9	5.3
Frequent Physical Distress	10%	11%	12%
Frequent Mental Distress	15%	15%	17%
Diabetes Prevalence	10%	12%	12%
HIV Prevalence of per 100,000 individuals	382	225	132

Source: County Health Rankings

Health Factors represent those things that can be improved to live longer and healthier lives. They are indicators of the future health of a community. According to County Health Rankings, Grant County is faring about the same as the average county in New Mexico for Health Factors and about the same as the average county in the nation.

Figure 31. County Health Rankings Health Factors Comparison



Percentages in bold in the following tables indicate a situation that is "worse" in Grant County than in New Mexico and the U.S. These include adult smoking, the food environment index[2], food insecurity[3], physical inactivity, access to exercise opportunities and teen birth rate (aged 15 to 19) and insufficient sleep.

[2] The Food Environment Index ranges from a scale of 0 (worst) to 10 (best) and equally weights two indicators of the food environment: 1) Limited Access to Healthy Foods estimates the percentage of the population that is low income and does not live close to a grocery store.

[3] The condition of not having access to sufficient food, or food of an adequate quality, to meet one's basic needs.

Table 38. Health Factors and Behaviors Rankings (2024)

	United States	New Mexico	Grant County
Adult smoking	15%	14%	16%
Adult obesity (BMI ≥ 30)	34%	35%	34%
Food environment index	7.7	4.5	6.4
Food insecurity	10%	14%	16%
Limited Access to Healthy Foods	6%	13%	11%
Physical inactivity (Adults aged 20 years+)	23%	22%	25%
Access to exercise opportunities	84%	75%	69%
Excessive drinking	18%	16%	14%
Alcohol-impaired driving deaths	26%	29%	24%
Teen birth rate per 1,000 (Ages 15–19)	17	24	25
Drug Overdose Deaths per 100,000 individuals	27	39	31
Insufficient sleep	33%	31%	35%

Source: County Health Rankings

In Grant County there are more people for each dentist and each primary care provider than in the state and the nation which may limit access to care. However, the picture for mental health providers is better, with fewer people for each counselor than in the state and the nation. Female Medicare enrollees are less likely to get a mammography screening than their peers in New Mexico and the U.S. For all individuals, 31% in Grant County received a flu vaccine compared to New Mexico (37%) and the U.S. (46%). These key preventative services (dentists, primary care providers, mammography screenings and flu vaccinations) may be less available in Grant County or the population is less aware of the need/existence of them.

Table 39. Clinical Care Rankings (2024)

	United States	New Mexico	Grant County
Primary care physician density	1,330:1	1,340:1	1,550:1
Dentist density	1,360:1	1,440:1	1,730:1
Mental health provider density	320:1	220:1	160:1
Preventable hospital stays per 1,000 Medicare enrollees	2,681	1,905	1,510
Mammography screening among females Medicare enrollees aged 65 - 74	43%	35%	33%
Flu vaccinations	46%	37%	31%

Source: County Health Rankings

In Grant County, there are more children in poverty, more firearm fatalities and injury deaths per 100,000. This is consistent with mortality rate data for accidents/unintentional injuries.

Table 40. Social and Economic Factors Rankings (2024)

	United States	New Mexico	Grant County
Children in poverty	16%	23%	27%
Income inequality (Ratio of household income at the 80th percentile to income at the 20th percentile)	4.9	5.2	4.8
Children in single-parent households	25%	30%	24%
Social associations per 10,000	9.1	8.0	9.7
Firearm fatalities	13	22	27
Injury deaths per 100,000	80	121	132

Source: County Health Rankings

Table 41. Physical Environment Rankings (2024)

	United States	New Mexico	Grant County
Air pollution – particulate matter	7.4	4.5	4.6
Severe housing problems	17%	17%	16%
Driving alone to work	72%	76%	73%
Long commute – driving alone	36%	28%	18%
Broadband Access	88%	82%	83%

Source: County Health Rankings

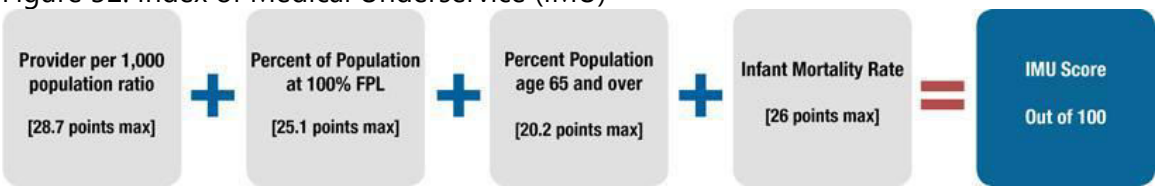
Medically Underserved

Medically Underserved Areas (MUAs), designated by the U.S. Health Resources Services Administration, detect geographic areas with a lack of access to primary care services. There is a shortage of primary care health services for residents within the specific geographic area. The designations are based on the Index of Medical Underservice (IMU), which is calculated based on four demographic and health indicators:

- Provider per 1,000 population ratio
- Percent of the population below the federal poverty level
- Percent of the population over age 65
- Infant mortality rate

The IMU scale can range from 0 to 100, where 0 represents the completely underserved. To qualify for a designation, the IMU score must be less than or equal to 62.0. Grant County was designated as a rural medically underserved area (MUA) in 2014 and remains so today.

Figure 32. Index of Medical Underservice (IMU)



Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	07958	Grant County	Medically Underserved Area	New Mexico	Grant County, NM	57.3	Designated	Rural	04/09/2014	04/09/2014

Component State Name	Component County Name	Component Name	Component Type	Component GEOID	Component Rural Status
New Mexico	Grant	Grant	Single County	35017	Rural

A Health Professional Shortage Area (HPSA) score is a federal designation used to identify areas, populations, and facilities that have a shortage of either primary care, dental, or mental health providers. The score is measured by the ratio of available discipline-specific providers to

- the population of the area;
- a specific population group; or
- the number of those served by the facility
- all federally qualified health centers and rural health clinics are automatically designated as having such a shortage.

The HPSA for primary care providers is scored as follows.

- Population-to-Provider Ratio [10 points max]
- Percent of population below 100% Federal Poverty Level (FPL) [5 points max]
- Infant Health Index (based on Infant Mortality Rate (IMR) or Low Birth Weight (LBW) Rate)* [5 points max]
- Travel time to Nearest Source of Care (NSC) outside the HPSA designation area [5 points max]

Figure 33. Index of HPSA Score

Primary Care HPSAs can receive a score between 0-25 where 0 is completely underserved. Dental Health and Mental Health are scored on various criteria and can receive a score of 0 to 25 where 0 is completely underserved as well. Grant County was designated as a primary care, dental and mental health rural underserved area in 2012, 1997 and 1979 respectively and remain so today. All were updated in 2021.

Figure 34. Health Provider Shortage Area scores for Primary Care, Dental Health and Mental Health in Grant County, NM

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1352807203	LI - Grant County	Low Income Population HPSA	New Mexico	Grant County, NM	4.16	20	17	Designated	Rural	08/21/2012	09/08/2021
	Component State Name	**Component County Name**	**Component Name**	**Component Type**		**Component GEOID**			**Component Rural Status**			
	New Mexico	Grant	Grant	Single County		35017			Rural			
Dental Health	6359873604	LI - Grant County	Low Income Population HPSA	New Mexico	Grant County, NM	3.12	19	NA	Designated	Rural	09/23/1997	09/08/2021
	Component State Name	**Component County Name**	**Component Name**	**Component Type**		**Component GEOID**			**Component Rural Status**			
	New Mexico	Grant	Grant	Single County		35017			Rural			
Mental Health	7359417731	Border Catchment Area	High Needs Geographic HPSA	New Mexico	Catron County, NM | Grant County, NM | Hidalgo County, NM | Luna County, NM	2.39	17	NA	Designated	Rural	08/24/1979	09/10/2021

Crime Statistics

Reported Offenses

Overall, violent crimes against persons and property crimes are higher in New Mexico than in the U.S. Grant County has much lower rates for both types of crime.

Table 42. Number and Rates of Violent Crimes Against Persons and Property Crimes Per 100,000 Population (2020)

	United Staes	New Mexico	Grant County
Violent Crimes	398.5	778.3	N/A
Homicide	6.8	12.9	0.0
Forcible rape	42.4	66.5	6.9
Aggravated assault	279.7	615.9	92.8
Property Crimes	1,832.3	2,841.9	N/A
Burglary	314.2	648.8	158.1
Robbery	73.9	99.0	6.9
Larceny	1,398	1,765.5	120.3
Motor vehicle theft	246	427.6	0.0

Sources: Federal Bureau of Investigation and New Mexico Department of Public Safety

Figure 35. Violent crimes per 100,000 population 2020

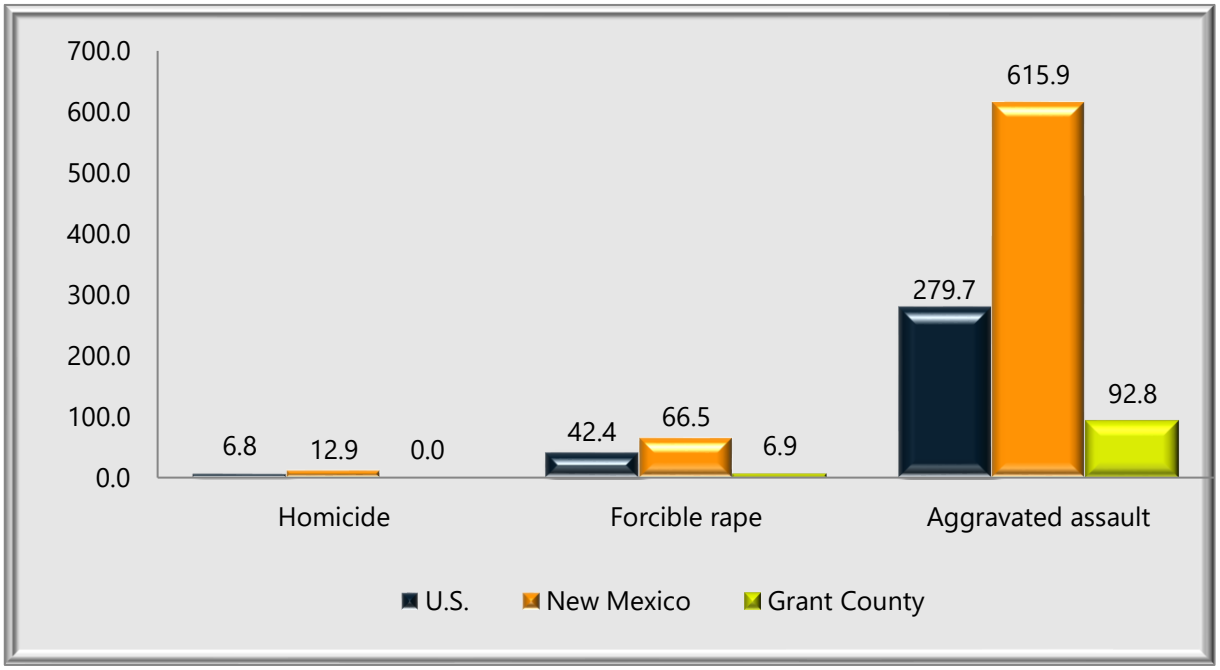
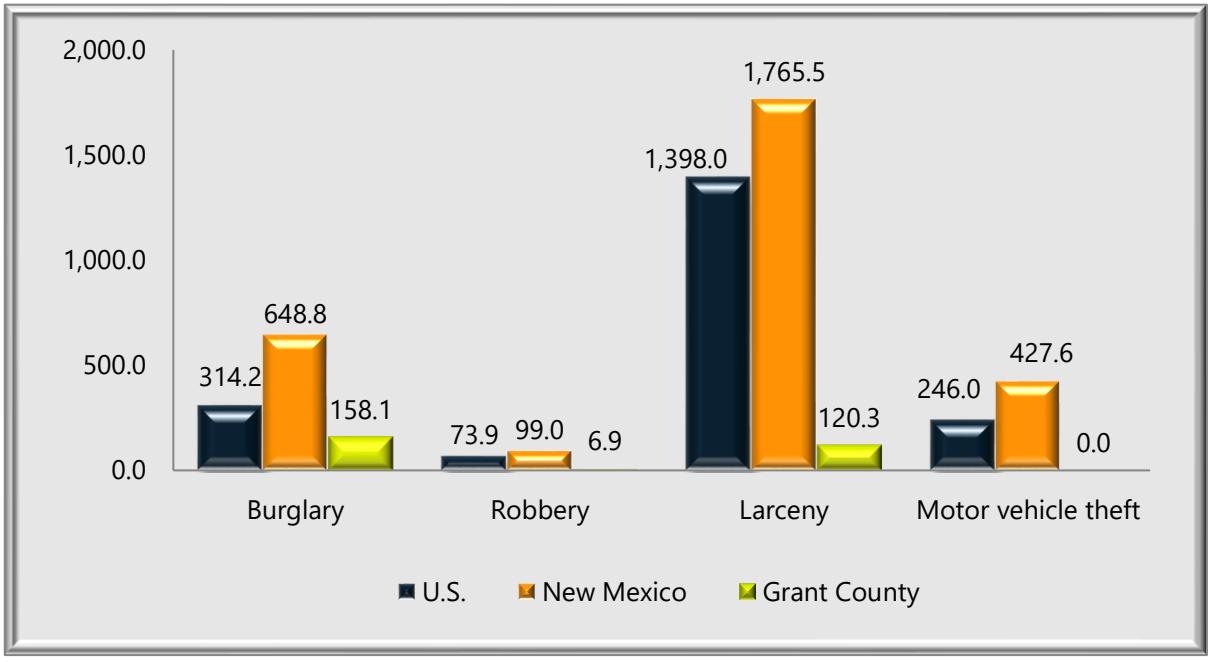


Figure 36. Property crimes per 100,000 population (2020)

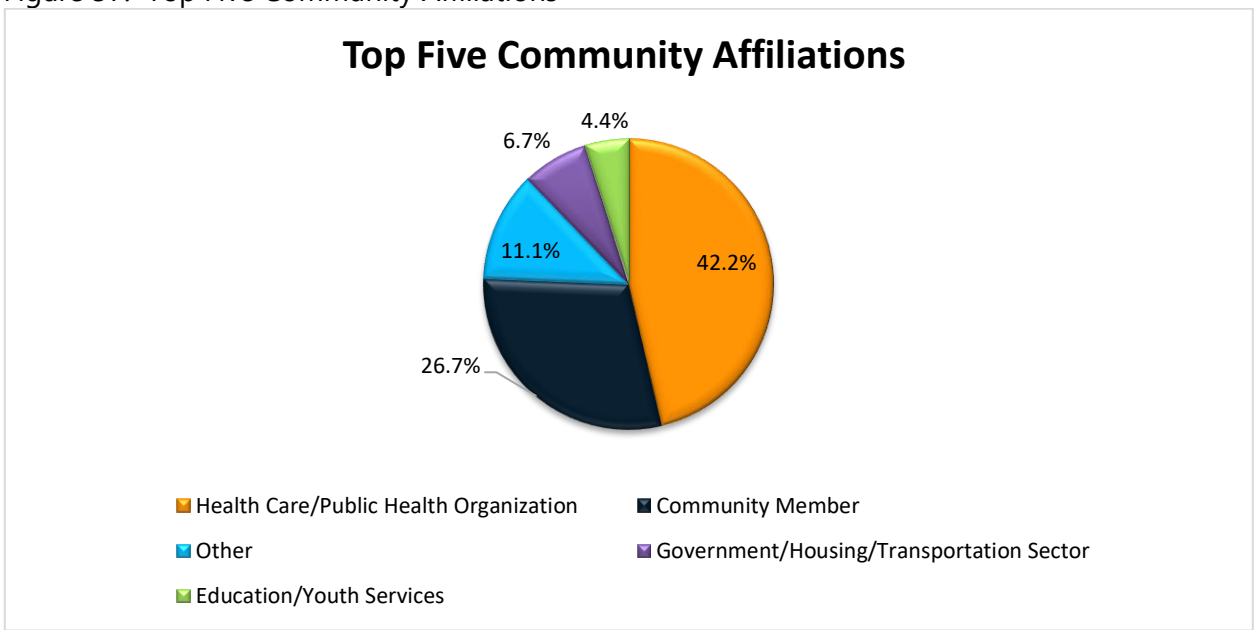


KEY INFORMANT SURVEY FINDINGS

Key informants (defined as community stakeholders with expert knowledge about the needs of individuals in the GRMC's service area) were invited to participate in a survey that gathers quantitative ratings and qualitative feedback through closed and open-ended questions. The survey included questions pertaining to overall key health issues impacting the community as well as focused questions on significant health issues for age groups, health care access, barriers to access and staying healthy, missing resources and service and inadequately served populations. Key informants included participants from social service providers, long-term care/aging service providers, public and private healthcare organizations and associations, educational institutions, non-profit organizations, and other community social and medical organizations.

GRMC identified 150 key informants who were asked to complete the survey. Holleran emailed a pre-communication letter to these informants, making them aware of the opportunity to complete the survey. In addition, 3 reminder emails during July 2024 were sent. A total of 50 individuals participated for a response rate of 33.3% was achieved. The largest percentage of informants were affiliated with Health Care/Public Health Organizations (42.2%), followed by Community Member (26.7%). A smaller percentage (11.1%) were from other organizations (federal/state government, hospital auxiliary, museum, higher education and county commissioners). Smaller percentages of respondents are from Government/Housing/Transportation (6.7%) and Education/Youth Services (4.4%). A full list of key informants and their affiliations can be found in Appendix D. It is important to note that the results reflect the perceptions of some community leaders but may not represent all community perspectives.

Figure 37. Top Five Community Affiliations



KEY HEALTH ISSUES & BARRIERS

Key Health Issues

The first set of questions asked Key informants to identify the most important health and social issues in the community and the ability to access health care providers services. Key informants were asked to determine the five most pressing health issues in their community from a list of 23 focus areas identified in the survey. The issues of substance abuse/alcohol abuse, behavioral health, homelessness, mental health/suicide and access to care/uninsured were the Top 5 chosen.

The following figure depicts the percentage of respondents who rank the five most common health issues as a concern in their community. In addition, Table 43 summarizes the number of times an issue is mentioned and the percentage of respondents who rate the issue as being one of the top five health issues in their community.

Figure 38. Top 5 health issues facing older adults in the community

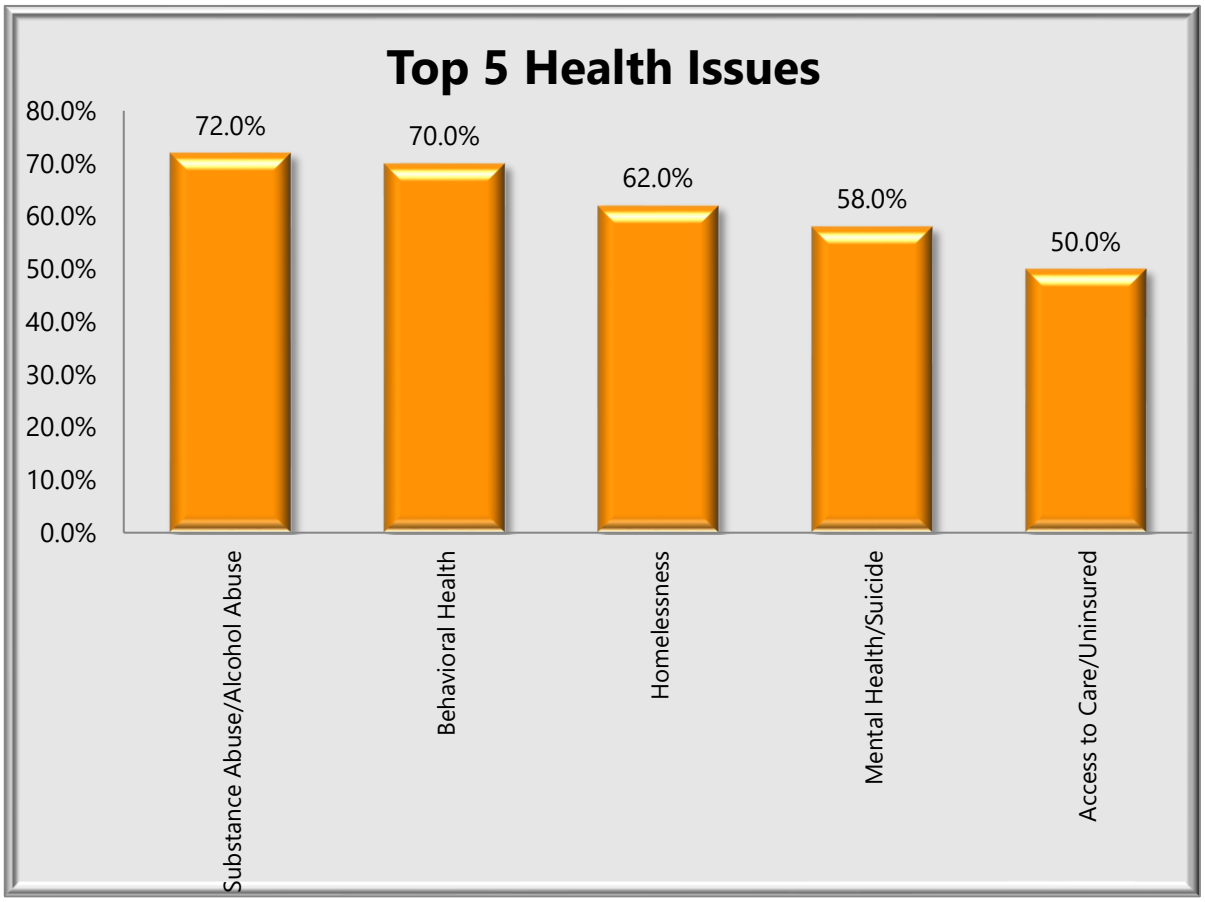


Table 43: Top 5 Key Health Issues

Key Health Issue	Count	Percent of respondents who selected the issue*
Substance Abuse/Alcohol Abuse	**36**	**72.0%**
Behavioral Health	**35**	**70.0%**
Homelessness	**31**	**62.0%**
Mental Health/Suicide	**29**	**58.0%**
Access to Care/Uninsured	**25**	**50.0%**
Overweight/Obesity	17	34.0%
Diabetes	15	30.0%
Violence	11	22.0%
Cancer	9	18.0%
Food Insecurity	5	10.0%
Heart Disease	5	10.0%
Cognitive Disorders/Alzheimer's	4	8.0%
Nutrition	4	8.0%
Other	4	8.0%
Dental Health	3	6.0%
Maternal/Infant Health	3	6.0%
Respiratory Disease	3	6.0%
Arthritis	2	4.0%
Vaccinations	2	4.0%
Vaping	2	4.0%
Infectious Diseases/COVID-19	1	2.0%
Stroke	1	2.0%
Sexually Transmitted Diseases	0	0.0%
Tobacco	0	0.0%
None/Not Applicable	0	0.0%

* Respondents could select more than one option therefore the percentages may sum to more than 100.0%.

Key informants were also asked to specifically identify key health issues facing various age cohorts. The following charts display their Top 3 responses for various ages. The Top 3 responses for the first 4 age cohorts include behavioral health and substance abuse. For the youngest age group, access to care/uninsured appears among the Top 3 with 42.0% of respondents including it. The next age cohort 11 to 21 years, mental health/suicide is of great concern (40.0%). For adults 21 to 40, homelessness replaces mental health/suicide in importance. For the age cohort 40 to 70, access to

healthcare/uninsured is once again an issue. Finally, for the eldest age group 70+, mental health/suicide is concerning.

Figure 39. Top Health Issues Ages 0 - 10

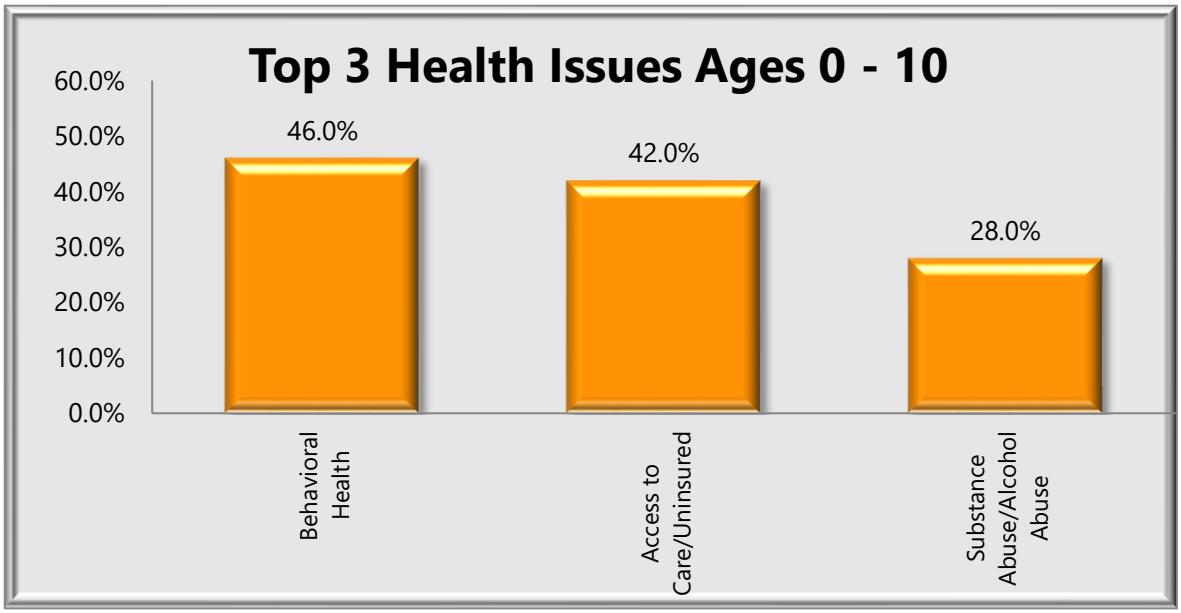


Figure 40. Top Health Issues Ages 11 - 21

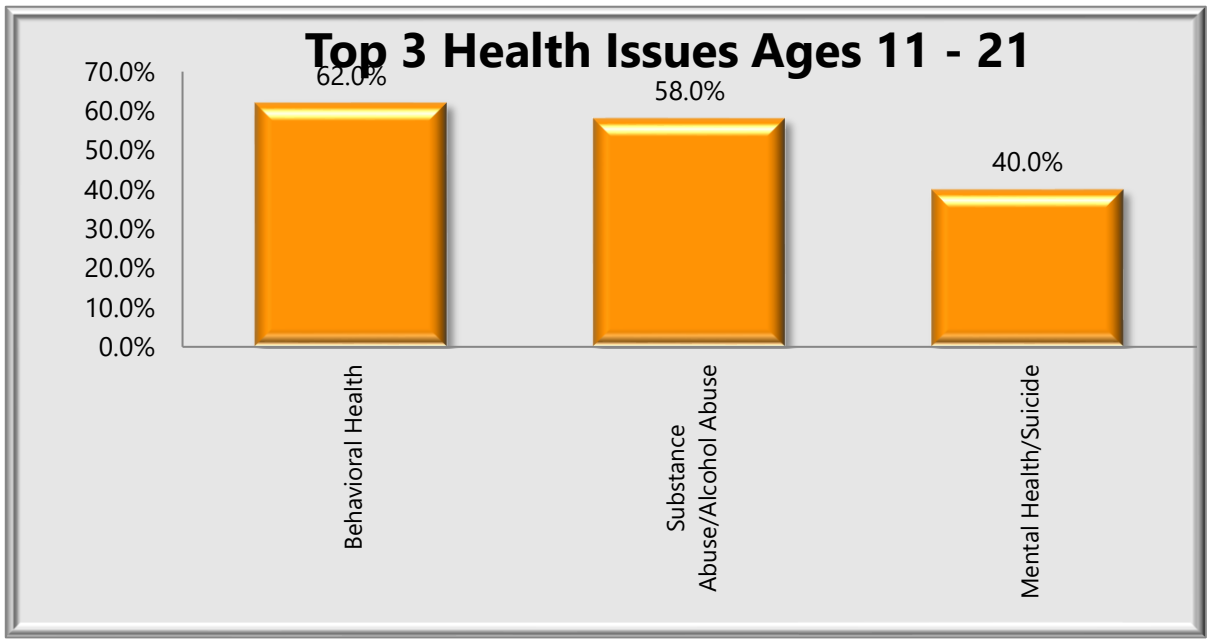


Figure 41. Top Health Issues Ages 21 – 40

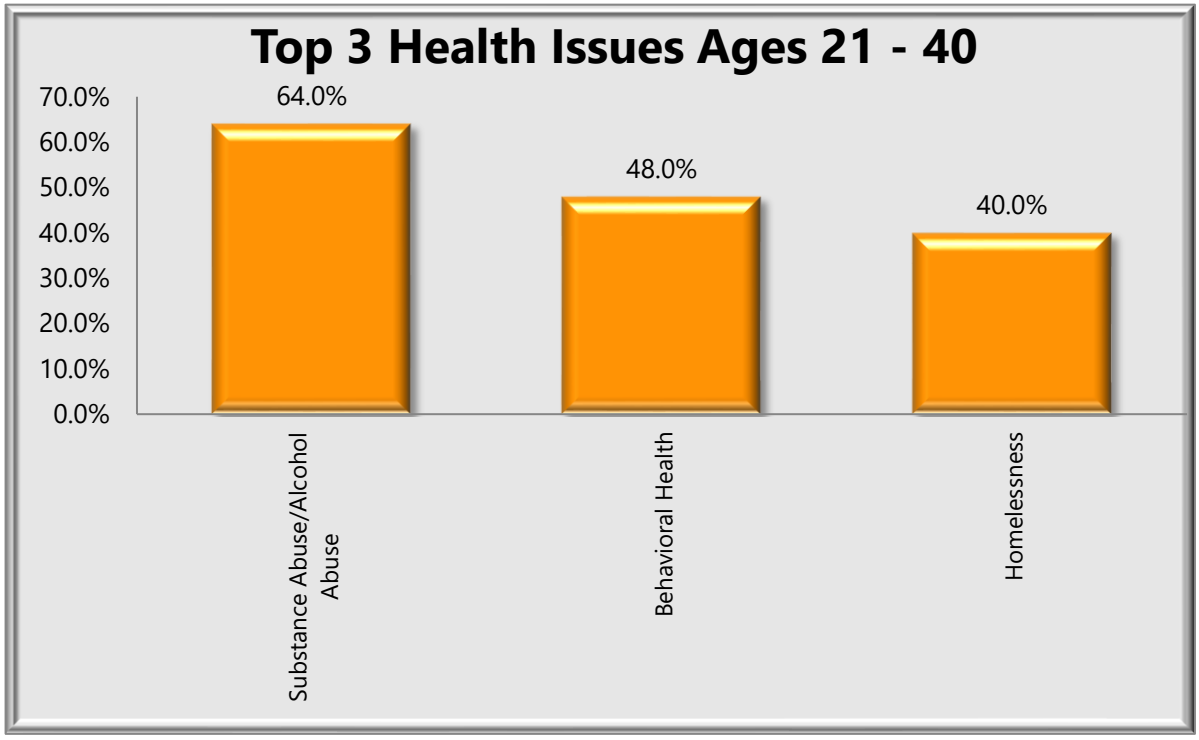


Figure 42. Top Health Issues Ages 40 - 70

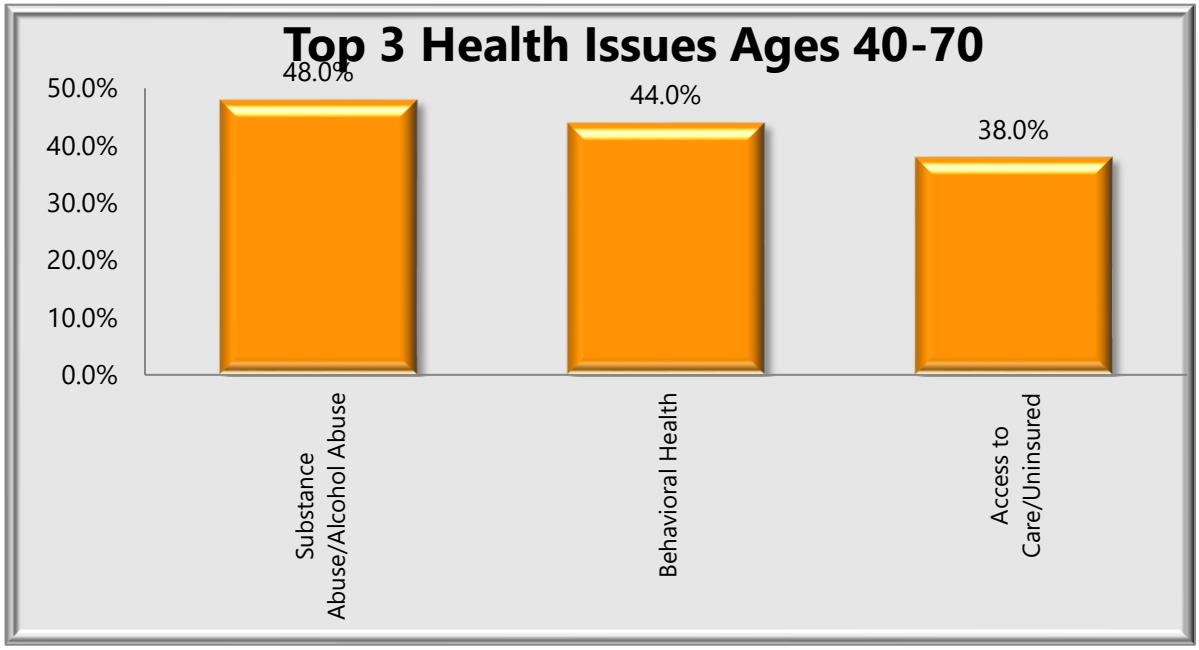
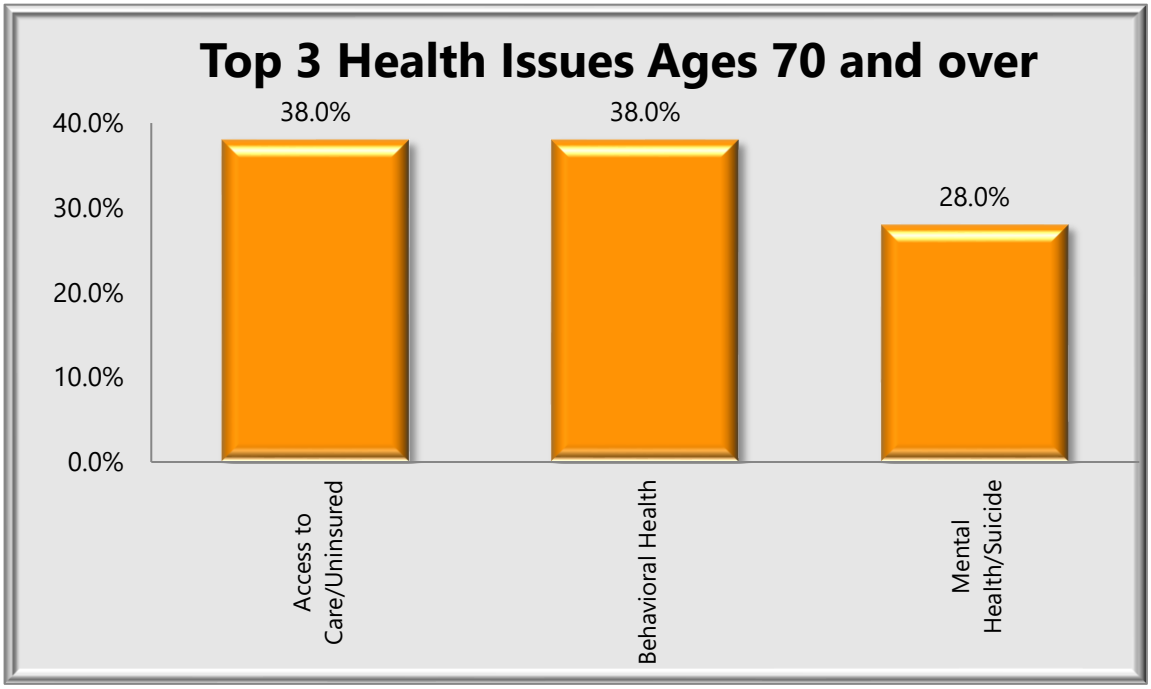


Figure 43. Top Health Issues Ages 70 and over

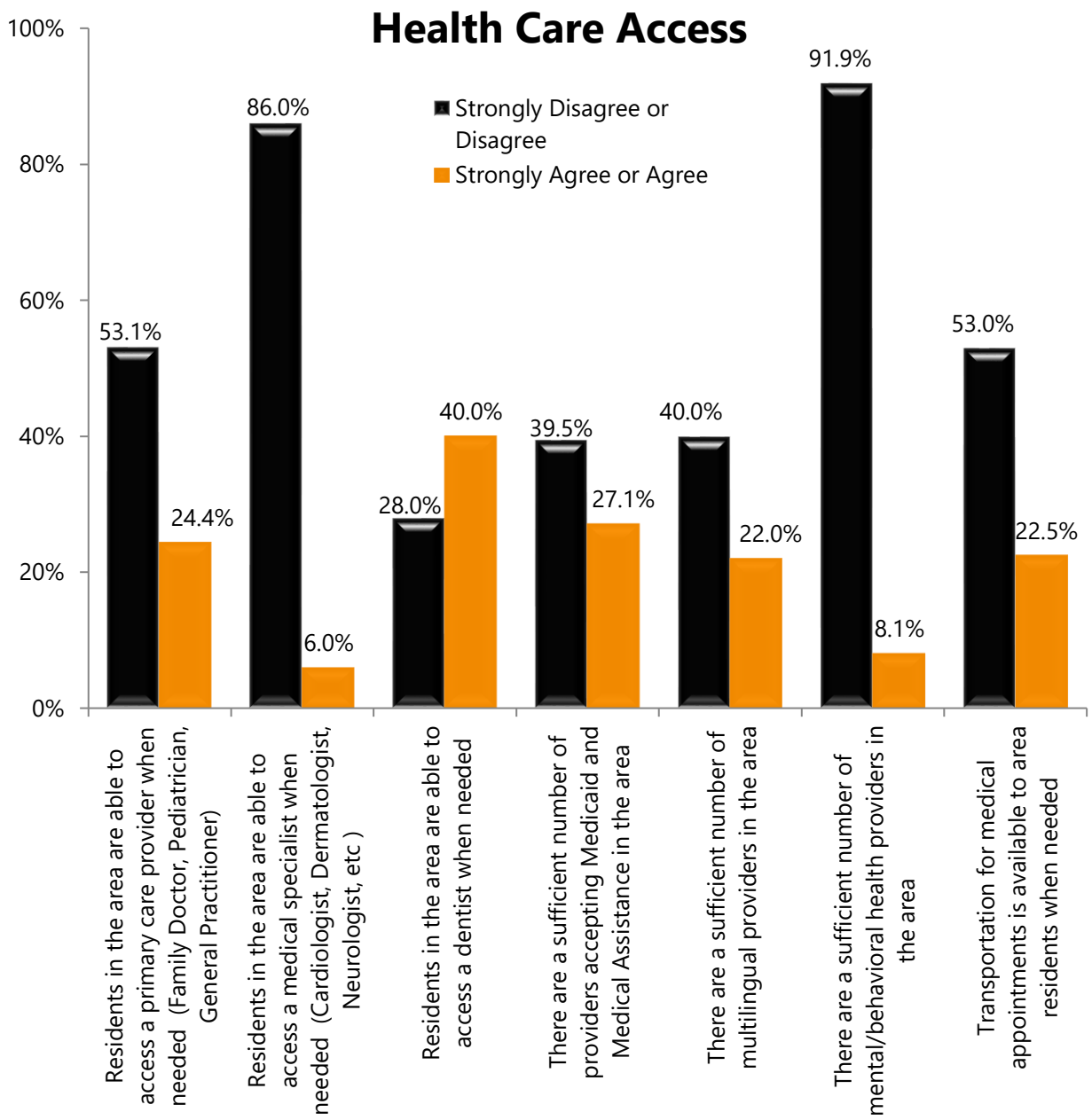


Health Care Access

Respondents were asked to rate statements about access to health care providers and services by strongly disagreeing to strongly agreeing with its ease of access. The questions were related to access to primary care providers, medical specialists, dentist, providers who accept Medicaid/Medical Assistance, multilingual providers, behavioral/mental health providers and the availability of transportation for local medical appointments.

Most respondents (91.9%) disagree or strongly disagree that there are enough behavioral/mental health providers. Eighty-six percent (86.0%) of respondents strongly disagree or disagree that county residents are able to access a medical specialist when needed. Over half of respondents (about 53.0%) strongly disagreed or disagreed that primary care providers are accessible and that transportation to medical appointments is available. Almost 40% strongly disagreed or disagreed with the statement that there are a sufficient number of providers accepting Medicaid and Medical Assistance. Positively, 40.0% agreed or strongly agreed that residents are able to access a dentist.

Figure 44. Responses to Strongly Disagree to Strongly Agree about access to providers



Most Significant Barriers

Respondents were asked to identify the most significant barriers that keep individuals in the service area from accessing healthcare when they need it. According to the responses, the availability of providers/appointments (58.0%), the inability to pay out of pocket expenses such as co-pays and prescriptions (50.0%) and a lack of health insurance coverage (34.0%) top the list. Other barriers that were rated as significant include time limitations (long wait times, limited office hours, time off work), homelessness, lack of transportation, basic needs not being met (food/shelter), lack of trust and lack of understanding the healthcare system.

The graph shows the Top 3 Most Significant Barriers. Table 44 displays all responses with the number that selected the barrier and the percentage that this represents.

Figure 45. Most significant barrier keeping individuals in the community from accessing healthcare

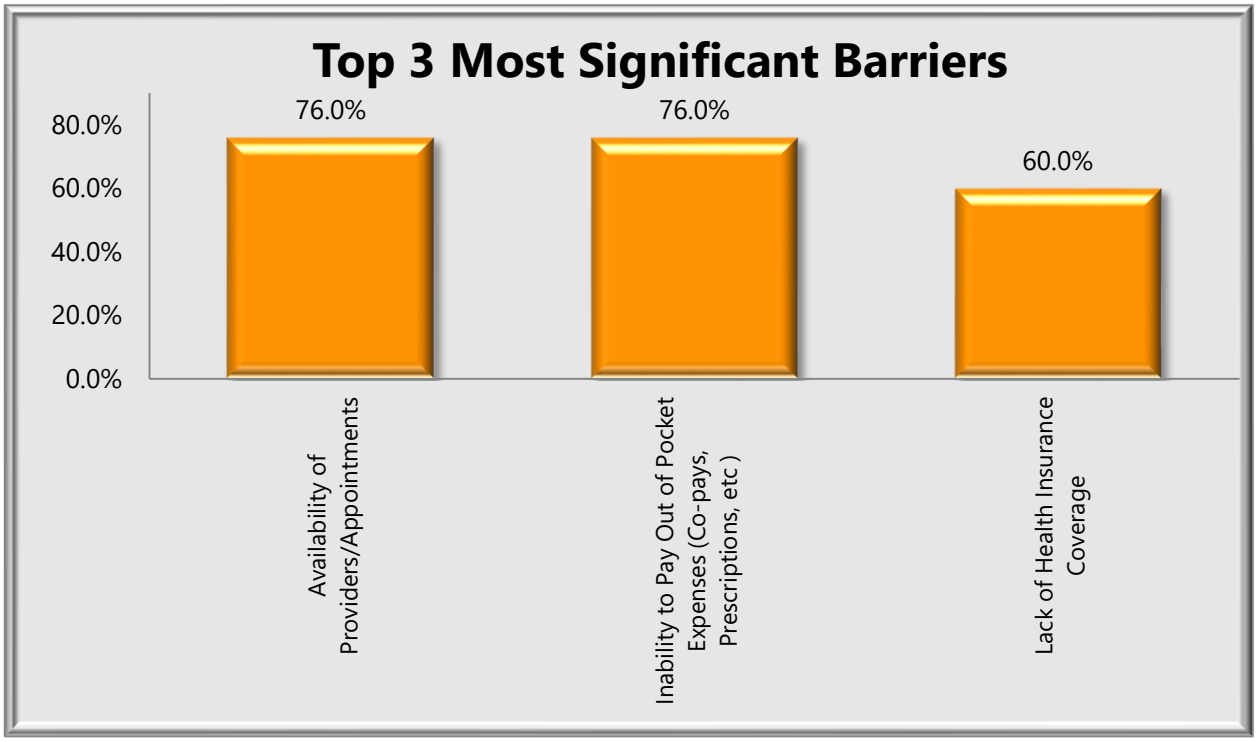


Table 44: Most Significant Barriers

Barrier	Number of respondents who selected the barrier as most significant	Percent of respondents who selected the barrier as most significant
Availability of Providers/Appointments	38	76.0%
Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	38	76.0%
Lack of Health Insurance Coverage	30	60.0%
Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	30	60.0%
Homelessness	26	52.0%
Lack of Transportation	26	52.0%
Basic Needs Not Met (Food/Shelter)	23	46.0%
Lack of Trust	22	44.0%
Lack of Understanding the Health Care System	21	42.0%
Ability to use Telehealth Services	16	32.0%
Lack of Child Care	13	26.0%
Language/Cultural Barriers	8	16.0%
Access to Telehealth Services	7	14.0%
None/No Barriers	1	2.0%
Other	0	0.0%

* Respondents could select more than one option therefore the percentages may add to more than 100.0%.

SUPPORT AND HEALTHCARE SERVICES

The next set of questions dealt with which resources and services are missing., populations inadequately served, and barriers to staying healthy . The results are summarized below.

Missing Resources/Services

The graph displays the services and resources identified as missing in the service area. The Top 5 missing services and resources echo the key health issues and barriers identified in the previous section. The top missing service is the mental health provider, identified by 74.0% of respondents. This is followed by medical specialists (72.0%). Sixty-six percent (66.0%) perceive substance abuse

services as missing and 44.0% chose primary care services. Free or low cost medical care is missing according 42.0%. Transportation, education and outreach, health screenings, prescription assistance and bilingual services were selected less frequently. Table 45 lists the top rated Missing Services and Resources.

Figure 46. Ranking of the Top 5 Missing Services and Resources

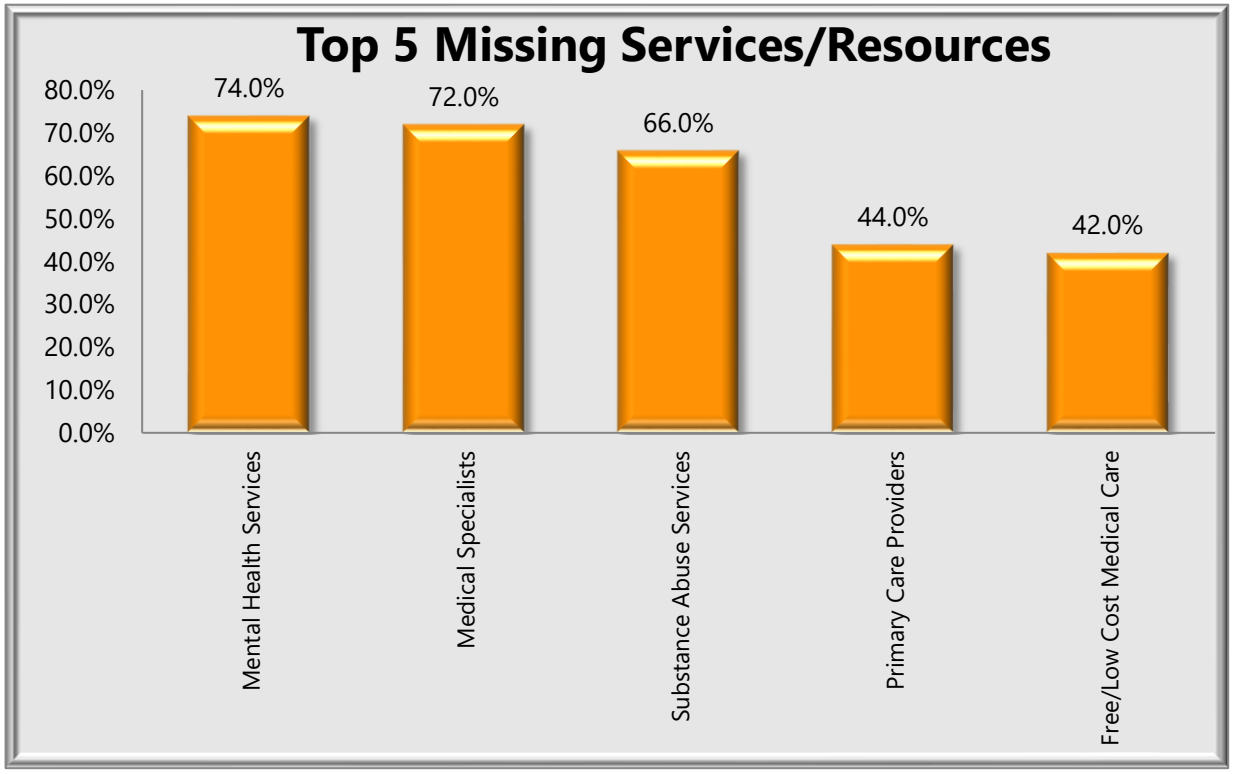


Table 45. Top Rated Missing Services and Resources

Service or Resource	Number of respondents who stated "Missing"	Percentage of respondents who stated "Missing:
Mental Health Services	37	74.0%
Medical Specialists	36	72.0%
Substance Abuse Services	33	66.0%
Primary Care Providers	22	44.0%
Free/Low Cost Medical Care	21	42.0%
Free/Low Cost Dental Care	20	40.0%
Transportation	18	36.0%

Service or Resource	Number of respondents who stated "Missing"	Percentage of respondents who stated "Missing:
Health Education/Information/Outreach	17	34.0%
Health Screenings	10	20.0%
Prescription Assistance	10	20.0%
Bilingual Services	4	8.0%
None	0	0.0%
Other	0	0.0%

Inadequately Served

Key informants were asked which, if any, populations in the service area are being inadequately served by local health services. Key Informants chose from a list of 14 factors and perceived that individuals who are homeless (56.0%), uninsured/underinsured (48.0%), low-income/poor (44.0%), seniors/elderly (36.0%) children and youth (18.0%) and the disabled (18.0%) are the most inadequately served. Nine (9) respondents selected none, indicating that no populations are inadequately served.

Figure 47. Top 5 population groups rated as inadequately served

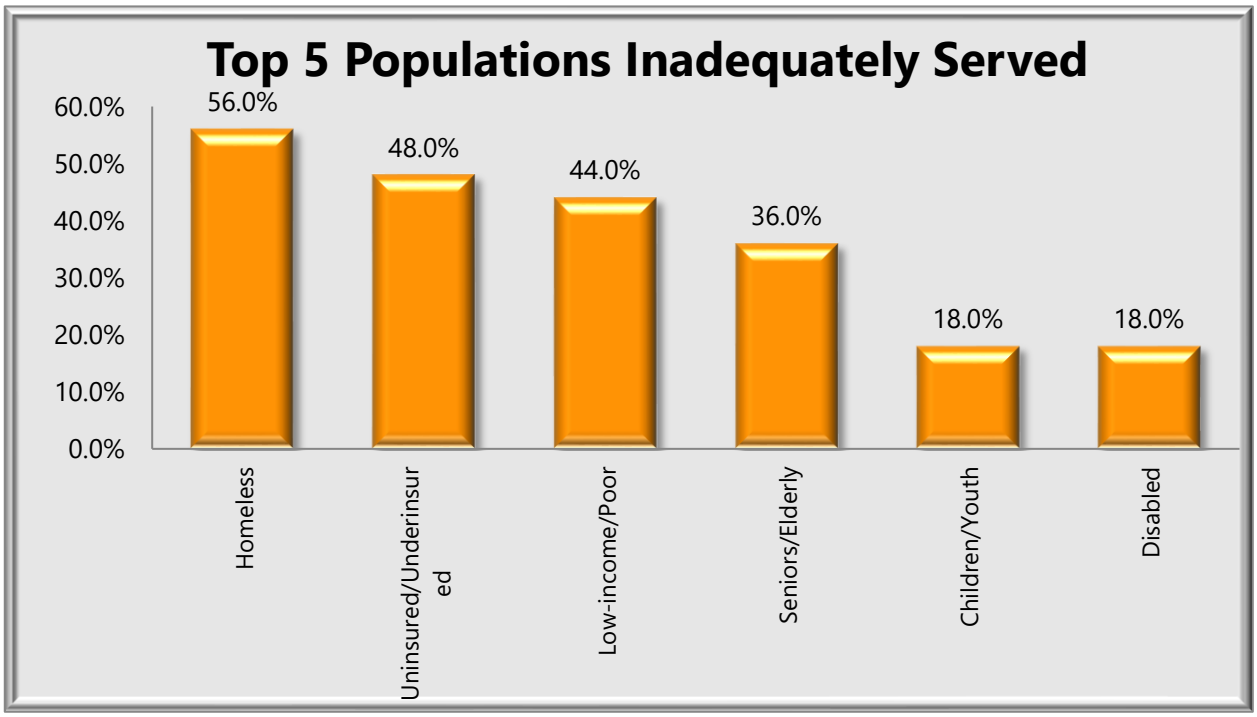


Table 46: Rating of populations that are inadequately served

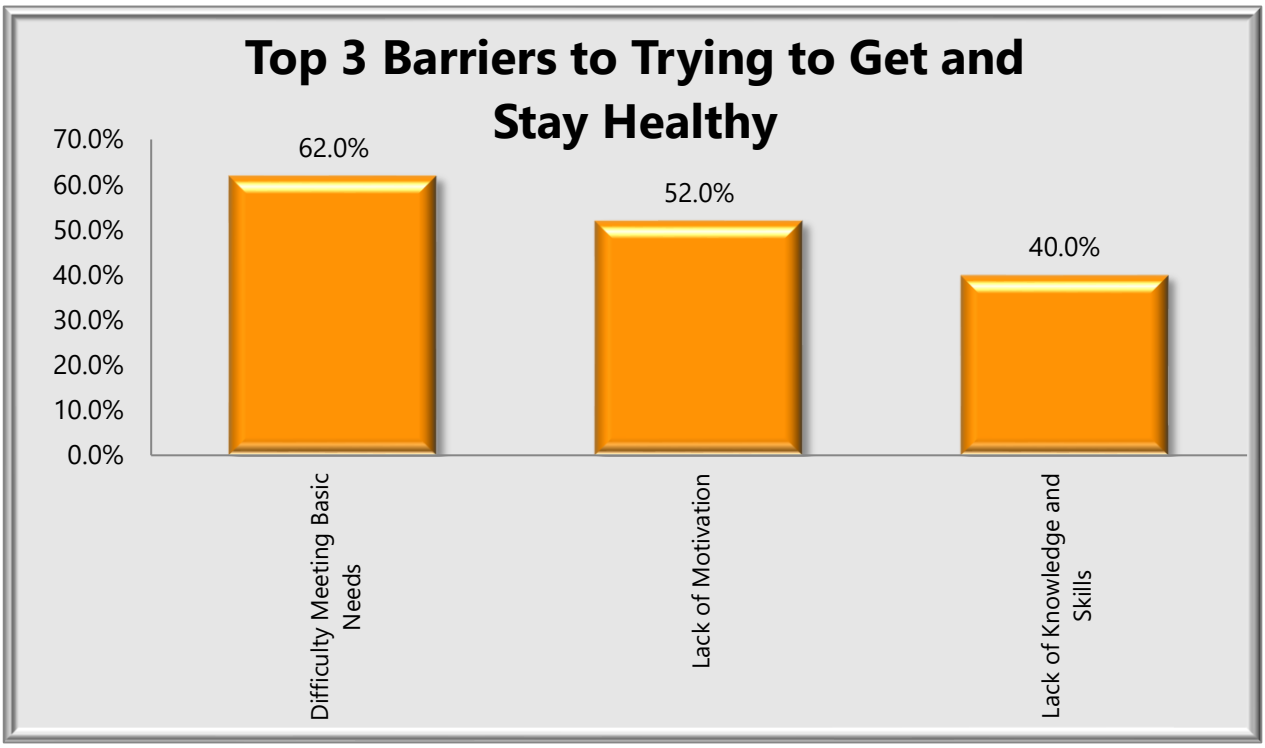
Population	Number of key informants who selected the population as inadequately served	Percent of key informants who selected the population as inadequately served
Homeless	28	56.0%
Uninsured/Underinsured	24	48.0%
Low-income/Poor	22	44.0%
Seniors/Elderly	18	36.0%
Children/Youth	9	18.0%
Disabled	9	18.0%
None	9	18.0%
Immigrant/Refugee	8	16.0%
Hispanic/Latino	7	14.0%
Young Adults	7	14.0%
Black/African American	3	6.0%
LGBTQ	3	6.0%
Arabic	1	2.0%
Other	0	0.0%

* Respondents could select more than one option therefore the percentages may add to more than 100.0%.

Barriers to Staying Healthy

Respondents were asked to identify the Top 3 barriers that individuals may or may not face in the community in trying to get and stay healthy. A list of 12 factors were selected from and the key informants listed as the top barrier, difficulty meeting basic needs (62.0%). This is followed by a lack of motivation (52.0%) and a lack of knowledge and skills (40.0%). The lack of support and the cost of healthy foods and gym memberships were also identified as a barrier to staying healthy. The graph displays the Top 3 barriers, while Table X lists the number and percentage of responses to all factors. Two key informants selected "other "and described this as getting to medical appointments in a timely manner and laziness and a third singled out the cost of healthy food, placing less importance on the cost of gym memberships.

Figure 48. Top 3 Barriers to Trying to Get and Stay Healthy



Barriers to Trying to Get or Stay Healthy	Number of key informants who selected the barrier	Percent of key informants who selected the barrier
Difficulty Meeting Basic Needs	31	62.0%
Lack of Motivation	26	52.0%
Lack of Knowledge and Skills	20	40.0%
Lack of Support	18	36.0%
Cost of Healthy Foods and/or Gym Memberships	16	32.0%
Lack of Access to Fresh Fruits and Vegetables	8	16.0%
Lack of Safe Opportunities for Physical Activity	7	14.0%
Lack of Available Information	6	12.0%
Lack of Time	4	8.0%
Other	3	6.0%

APPENDIX A: SECONDARY DATA REFERENCES

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APPENDIX B: SECONDARY DATA DEFINITIONS

Reading the Results

Demographic and health indicator statistics have been collated to portray the current health status of Grant County. For all of the statistics provided, the most recently published data at the county level are utilized. For example, if 2022 data are available at the national and state levels, but only 2020 data are available at the county level, 2020 data are utilized at all levels unless otherwise indicated.

Age-Adjusted Rate **-** Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes, which allows populations with different age structures to be compared.

Crude Rate **-** Expresses the frequency in which a disease or condition occurs in a defined population in a specified period of time, without regard to age or sex.

Determinants of Health **-** The personal, social, cultural, economic and environmental factors that influence the health status of individuals or populations.

Family - Defined as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.

Health **-** A state of complete physical, mental, and social well-being and not just the absence of disease or infirmity.

Health Disparities - Indicate the difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exists among specific population groups.

Health Outcomes **-** A medical condition or health status that directly affects the length or quality of a person's life. These are indicators of health status, risk reduction, and quality of life enhancement.

Housing Unit **-** A house, an apartment, a mobile home, a group of rooms, or a single room occupied (or if vacant, intended for occupancy) as separate living quarters.

Household - All the people who occupy a housing unit, including related family members and all the unrelated people who may be residing there. Examples include college students sharing an apartment or a single male living alone.

Householder - One person in each household is designated as the householder. In most cases, the householder is the person, or one of the people, in whose name the housing unit is owned or rented (maintained). The two major categories of householders are "family" and "nonfamily."

Incidence Rate - Refers to the number of individuals who develop a specific disease or experience a specific health-related event during a particular time period.

Infant Mortality Rate - Defined as the number of infant deaths per 1,000 live births per year. Infant is defined as being less than one year of age.

Low Birth Weight (LBW) – Indicates a birth weight less than 5 pounds 3 ounces (2,500 grams).

Morbidity **-** Refers to the state of being diseased or unhealthy within a population.

Mortality **-** Number of deaths occurring in a given period in a specified population.

Poverty Guidelines - A version of the federal poverty measure issued each year in the *Federal Register* by the Department of Health & Human Services. The guidelines are a simplification of the poverty thresholds used for administrative purposes (i.e. determining eligibility for certain federal programs).

Prevalence - The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Quality of Life - Degree to which individuals perceive themselves as able to function physically, emotionally, and socially.

Rate - A measure of the intensity of the occurrence or frequency with which an event occurs in a defined population. Rates are generally expressed using a standard denominator such as per populations of 1,000, 10,000 or 100,000.

Size of Household - Includes all the people occupying a housing unit.

Size of Family - Includes the family householder and all other people in the living quarters that are related to the householder by birth, marriage, or adoption.

Socioeconomic Status (SES) - A composite measure that typically incorporates economic, social, and work status. Examinations of socioeconomic status often reveal inequalities in access to resources.

Vital Statistics - Systematically tabulated data derived from certificates and reports of births, deaths, fetal deaths, marriages, and divorces, based on the registration of these vital events.

Years of Potential Life Lost (YPLL) - A measure of premature mortality or death on a population, calculated as deaths that occur before some predetermined minimum or desired life span (usually age 75, which is the average life span).

APPENDIX C: KEY INFORMANT SURVEY

Key Informant Online Questionnaire

INTRODUCTION: As part of its ongoing commitment to improving the health of the communities it serves, Gila Regional Medical Center is spearheading a comprehensive Community Health Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the questions, please consider the community and area of interest to Grant County.

KEY HEALTH ISSUES

1. What are the top **5** health issues you see in your community? (CHOOSE 5)

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

2. Of those health issues mentioned, which **3 are most significant for those ages 0-10?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases

☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

3. Of those health issues mentioned, which **3 are most significant for those ages 11-21?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

4. Of those health issues mentioned, which **3 are most significant for those ages 21 -40?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

5. Of those health issues mentioned, which **3 are most significant for those ages 40-70?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

6. Of those health issues mentioned, which **3 are most significant for those ages 70+?**

☐ Access to Care/Uninsured	☐ Nutrition
☐ Arthritis	☐ Overweight/Obesity
☐ Behavioral Health	☐ Respiratory Disease
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Cognitive Disorders/Alzheimer's	☐ Stroke
☐ Dental Health	☐ Substance Abuse/Alcohol Abuse
☐ Diabetes	☐ Tobacco
☐ Food Insecurity	☐ Vaccinations
☐ Heart Disease	☐ Vaping
☐ Homelessness	☐ Violence
☐ Infectious Diseases/COVID-19	☐ Other (specify):
☐ Maternal/Infant Health	☐ None/Not Applicable
☐ Mental Health/Suicide	

7. Please share any additional information regarding these health issues and your reasons for ranking them this way in the box below:

HEALTH CARE ACCESS

8. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

	Strongly Disagree←→Strongly Agree				
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐1	☐2	☐3	☐4	☐5
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐1	☐2	☐3	☐4	☐5
Residents in the area are able to access a dentist when needed.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of multilingual providers in the area.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of mental/behavioral health providers in the area.	☐1	☐2	☐3	☐4	☐5
Transportation for local medical appointments is available to area residents when needed.	☐1	☐2	☐3	☐4	☐5

9. What are the most significant barriers that keep people in the community from accessing health care when they need it? **(Select all that apply)**

☐ Access to Telehealth Services
☐ Ability to use Telehealth Services
☐ Availability of Providers/Appointments
☐ Basic Needs Not Met (Food/Shelter)
☐ Homelessness
☐ Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐ Lack of Child Care
☐ Lack of Health Insurance Coverage
☐ Lack of Transportation
☐ Lack of Trust
☐ Lack of Understanding the Health Care System
☐ Language/Cultural Barriers
☐ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐ Other (specify):
☐ None/No Barriers

10. Of those barriers selected, which **3** are the most significant? (CHOOSE 3)

☐	Access to Telehealth Services
☐	Ability to use Telehealth Services
☐	Availability of Providers/Appointments
☐	Basic Needs Not Met (Food/Shelter)
☐	Homelessness
☐	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐	Lack of Child Care
☐	Lack of Health Insurance Coverage
☐	Lack of Transportation
☐	Lack of Trust
☐	Lack of Understanding the Health Care System
☐	Language/Cultural Barriers
☐	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐	Other (specify):
☐	None/No Barriers

11. Related to health and quality of life, what resources or services do you think are missing in the community? (Check all that apply)

☐	Bilingual Services
☐	Free/Low Cost Dental Care
☐	Free/Low Cost Medical Care
☐	Health Education/Information/Outreach
☐	Health Screenings
☐	Medical Specialists
☐	Mental Health Services
☐	Prescription Assistance
☐	Primary Care Providers
☐	Substance Abuse Services
☐	Transportation
☐	None
☐	Other (specify):

12. Are there specific populations in this community that you think are not being adequately served by local health services? If yes, please identify: (Select all that apply)

☐	Arabic
☐	Black/African American
☐	Children/Youth
☐	Disabled
☐	Hispanic/Latino

☐ Homeless
☐ Immigrant/Refugee
☐ LGBTQ
☐ Low-income/Poor
☐ Seniors/Elderly
☐ Uninsured/Underinsured
☐ Young Adults
☐ Other (specify):
☐ None

13. What are the top 3 barriers people in the community face in trying to get and stay healthy? **(CHOOSE 3)**

☐ Cost of Healthy Foods and/or Gym Memberships	☐ Lack of Motivation
☐ Difficulty Meeting Basic Needs	☐ Lack of Safe Opportunities for Physical Activity
☐ Lack of Access to Fresh Fruits and Vegetables	☐ Lack of Support
☐ Lack of Available Information	☐ Lack of Time
☐ Lack of Knowledge and Skills	☐ Other (specify):

14. In your opinion, what is being done ***well*** in the community in terms of meeting the health needs of the community (Community Assets/Strengths/Successes)

15. What improvements can be made to better meet the health needs of the community and improve quality of life?

16. Please provide the name and contact information of anyone who would be an appropriate source for focus group interview.

CLOSING

1. Which one of these categories would you say BEST represents your community affiliation? (CHOOSE 1)

☐	Business Sector
☐	Community Member
☐	Education/Youth Services
☐	Faith-Based/Cultural Organization
☐	Government/Housing/Transportation Sector
☐	Health Care/Public Health Organization
☐	Mental/Behavioral Health Organization
☐	Non-Profit/Social Services/Aging Services
☐	State/Federal Legislator
☐	Other (specify):

2. Gila Regional Medical Center and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below. Your identity will not be associated with your comments.

Thank you! That concludes the survey.

APPENDIX D: KEY INFORMANT PARTICIPANTS

KEY INFORMANT	PARTICIPANTS/ORGANIZATIONS
Matthew Stephens	GRMC Admin Team
Priscilla Lucero	Prospector's Group
Linda Fischer	Auxiliary
Thomas Herr	MEC/Physicians
Ray Goellner	Rotary
Nick Dacus	Gila Rep
Denice Baird	GRMC Admin Team
Brittany Beers	Silver City Museum
Bart A. Roselli	Silver City Museum
Frank Gramer	Department/Clinical Leaders
Louis Alvarez	Silver Consol Asst Sup
Marion Call	LDS Hurley
Mary Alice	Grant County Beat
Jim Callendar	Rotary
Robert Whitaker	GRMC Admin Team
Marilyn Alcorn	The Women's Club
Brian Robinson	Southwest Bone & Joint
Stan Snider	City Council
Tom Sylvia	FBC Silver City Lead Pastor
Rexine Sierra	Department/Clinical Leaders
Mike Torres	Infusion/Cancer Center Manager
Rudy Bencomo	City Council
Cherry Lanchinbre	Department/Clinical Leaders
Jenny Ferranti	Department/Clinical Leaders
Vladimar G	Rotary
Hannah Wecks	Aldo School Leader
Ronald Green	GRMC Admin Team
Charlene Webb	County Manager
Todd Winder	Fort Bayard Medical Center
Martin Serna	GRMC Security Team
Jeremy Sanchez	GRMC Security Team
Milo Lambert	Fire Chief
Amanda Mondello	Department/Clinical Leaders
Ramona Wilson	GRMC Admin Team
Aimee Summers	Cliff Rep
Frank Steenport	GRMC Security Team

KEY INFORMANT PARTICIPANTS/ORGANIZATIONS	
Nicholas Prince	City Council
Pedro Iniguez	Iniguez Physical Therapy
Freddie Portillo	Silver City Police Chief
Rachel Sierra	El Refugio
Scott Noble	Western NM Univ. Athletics
Trish Brown	Department/Clinical Leaders
Valerie Zech	Grant County Health Council
Gearld "Billy" Billings	County Commissioner
Alicia Edwards	County Commissioner
Cathy De Marco	Western Regional Housing Authority
Victor Ruiz	GRMC Security Team
Harry Browne	County Commissioner
Patricia McIntire	GRMC Board
Dan Otero	HMS

APPENDIX E: FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS/ORGANIZATIONS	
Brittney Beers	Silver City Museum Public Relations, Marketing and Social Media
Jenny Ferranti	Director for Beginning Years, GRMC
Priscilla Lucero	Executive Director, Southwest New Mexico Council of Governments
Scott Noble	Western New Mexico University Athletic Director
Ramona Wilson	Director of Quality, GRMC

APPENDIX F: FOCUS GROUP DISCUSSION GUIDE

Gila Regional Medical Center Focus Group
August 28, 2024

Question #1 – . Our primary research with key informants shows that mental health and substance abuse continue to have a serious impact on individuals and families within the community. This seems especially related to the lack of services and the lack of providers for community residents facing these issues.

a.) What are you seeing in your position/organization? What resources are lacking that if available would have an impact on this issue? Which populations are particularly affected?

b.) Has there been a change in the last few years in the availability of resources? If so, why?

Questions 2 – Another area that has risen to the top is the limited availability of primary and specialty physicians. Additionally, key informants identified the lack of appointments, the inability to pay out of pocket expenses and the lack of health insurance coverage as the most significant barriers to accessing care.

a.) What is the impact to the community of limited access to medical care and are there specific groups that are most affected?

b.) In what ways could access to care be increased for these populations?

c.) Are there specific physician specialties that are lacking and if available would improve the health of community members greatly?

Question 3 – Issues related to food insecurity, the lack of education and understanding about the importance of good nutrition and a lack of exercise and recreational opportunities have been identified as critical and affecting the population's general health status.

a.) What have you seen regarding these issues? Have there been increases in these issues recently?

b.) What are some ways these issues could be addressed?

Question 4 – The rural nature of the county and the distance that individuals have to travel is perceived to reduce the timely utilization of medical care, leading to poor/declining health and seeking care only when in crisis.

a.) Is this largely an issue of the lack of transportation or are there other barriers to accessing care, such as the lack of education/understanding about the importance of prevention and regular checkups, child care or workforce/time off issues?

Question 5– Unfortunately, key informants spoke of the community as being "resistant to change", "clinging to the status quo", and on the part of community residents, "lacking motivation" and "not being willing to take responsibility for their actions and their consequences."

a.) Do you perceive this to be an accurate portrayal of the community and its residents?

b.) Is this a helpful or harmful way to look at the situation and can this be addressed in a way that can positively impact health outcomes for individuals?

Question 6 - Key informants identified the need for a coordinated community planning effort to address the public health issues facing individuals in Grant County rather than continual crisis management spawned by a traumatic community event.

a.) Do you agree with this approach?

b.) What needs to happen in the county for a coordinated effort to come about? Who or what organization(s) should lead this effort?

APPENDIX G: COMMUNITY SURVEY

Thank you for participating in the Gila Regional Medical Center Community Health Survey. All information gathered in this survey will be anonymous and confidential. The information will be used to help better understand the health issues and needs of our community. By completing this survey you are helping our efforts to make the Gila Regional community a healthier place to live and work.

The survey should take 15 minutes to complete and is only open to individuals 18 years of age and older.

If you have questions about the survey, please contact:

Julissa Alaniz
Manager of Marketing and Community Relations
jalaniz@grmc.org

If you are experiencing technical difficulties with the survey, please contact:

ldvoryak@holleranconsult.com at Holleran

1. In which community do you reside?

☐ Arenas Valley
☐ Bayard
☐ Buckhorn
☐ Casa Adobes
☐ Cliff
☐ Cobre
☐ Faywood
☐ Gila
☐ Gila Hot Springs
☐ Hachita
☐ Hanover
☐ Hurley
☐ Lake Roberts
☐ Lake Roberts Heights
☐ Mimbres
☐ North Hurley
☐ Pinos Altos
☐ Redrock
☐ Rosedale
☐ San Lorenzo
☐ Santa Clara
☐ Silver City
☐ Trout Valley
☐ Tyrone
☐ White Signal
☐ Other

2. How would you rate your overall health?
   - ❍ Excellent
   - ❍ Very good
   - ❍ Good
   - ❍ Fair
   - ❍ Poor
   - ❍ Don't know / not sure

3. In the past 30 days, how many days did you feel your physical health was poor (this includes physical illness and/or injury)?
   - ❍ None
   - ❍ 1 - 2 days
   - ❍ 3 - 4 days
   - ❍ 5 - 6 days
   - ❍ 7 - 10 days
   - ❍ 11 days or more

4. In the past 30 days, how many days did you feel your mental health was poor (this includes stress, depression, and/or emotional problems)?
   - ❍ None
   - ❍ 1 - 2 days
   - ❍ 3 - 4 days
   - ❍ 5 - 6 days
   - ❍ 7 - 10 days
   - ❍ 11 days or more

5. In the past 30 days, how many days were you unable to work or do daily activities because of poor physical or mental health?
   - ❍ None
   - ❍ 1 - 2 days
   - ❍ 3 - 4 days
   - ❍ 5 - 6 days
   - ❍ 7 - 10 days
   - ❍ 11 days or more

6. Is there one healthcare professional or healthcare provider you think of as your personal doctor?
   - ❍ Yes, only one
   - ❍ Yes, more than one
   - ❍ No
   - ❍ Don't know / not sure

7. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.
   - ❍ You couldn't afford the out-of-pocket costs
   - ❍ You couldn't get through on the telephone
   - ❍ You couldn't get an appointment soon enough
   - ❍ Once you got there, you had to wait too long to see the doctor
   - ❍ The clinic/doctor's office wasn't open when you went there
   - ❍ You didn't have transportation
   - ❍ You weren't sure who to contact
   - ❍ You did not have childcare
   - ❍ The provider would not take your insurance
   - ❍ I don't have a physician or a provider
   - ❍ I don't have health insurance
   - ❍ I need a translator to communicate
   - ❍ I don't have access to a computer for a telehealth appointment
   - ❍ No, I did not delay getting medical care/did not need medical care
   - ❍ Other (please specify) _____

8. About how long has it been since you last visited a doctor for a routine checkup? A routine exam is a general physical exam, not an exam for a specific injury, illness, or condition.
   - ❍ Within the past year (anytime less than 12 months ago)
   - ❍ Within the past 2 years (more than 1 year but less than 2 years ago)
   - ❍ Within the past 5 years (more than 2 years but less than 5 years ago)
   - ❍ 5 or more years ago
   - ❍ Don't know / not sure
   - ❍ Never had a routine physical or doctor's visit

9. Do you travel outside of your county for medical care?
   - ❍ Yes (please specify what kind of medical care) _____
   - ❍ No

10. Where do you get your health information? (Check all that apply)
    - ❍ Family/friends
    - ❍ Church
    - ❍ Public Library
    - ❍ Doctors, Nurses, Pharmacists
    - ❍ Hospital
    - ❍ Health Department
    - ❍ Schools
    - ❍ Employer
    - ❍ Internet/Websites
    - ❍ Community Clinic
    - ❍ Other (please specify) _____

11. On average, how many hours of sleep do you get in a 24-hour period?
    - ❍ 1 - 6 hours
    - ❍ 7 - 9 hours
    - ❍ 10 - 13 hours
    - ❍ 14 hours or more

12. How often do you do the following?

	Always	Most of the time	Sometimes	Rarely	Never	N/A
Wear a seatbelt when driving or riding in a car	❍	❍	❍	❍	❍	❍
Wear a helmet while riding a motorcycle, skateboard, bicycle, scooter, roller blading, etc.	❍	❍	❍	❍	❍	❍
Eat fast food more than once a week	❍	❍	❍	❍	❍	❍
Use electronic cigarettes, vape	❍	❍	❍	❍	❍	❍
Get exposed to second hand smoke or vaping mist at home or work	❍	❍	❍	❍	❍	❍
Use marijuana	❍	❍	❍	❍	❍	❍
Use opioids, heroin, or other illegal drugs	❍	❍	❍	❍	❍	❍
Use prescription drugs more than prescribed	❍	❍	❍	❍	❍	❍
Use sunscreen regularly	❍	❍	❍	❍	❍	❍
Practice safe sex i.e. use a condom, monogamous, get tested	❍	❍	❍	❍	❍	❍
Feel stressed out or overwhelmed	❍	❍	❍	❍	❍	❍
Drive responsibly, follow safe rules of the road, drive within the speed limit	❍	❍	❍	❍	❍	❍

13. Have you smoked at least 100 cigarettes in your entire life? Note: 5 packs = 100 cigarettes
    - ❍ Yes
    - ❍ No
    - ❍ Don't know / not sure

14. Do you currently smoke cigarettes every day, some days, or not at all?
    - ❍ Every day
    - ❍ Some days
    - ❍ Not at all
    - ❍ Don't know / not sure

15. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men) or 4 or more drinks (for women) on one occasion or in one sitting?
    - ❍ 1 - 2 times
    - ❍ 3 - 5 times
    - ❍ 6 - 10 times
    - ❍ 11 - 15 times
    - ❍ 16 or more times
    - ❍ Never
    - ❍ Don't know / not sure

16. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.
    - ❍ Less than once per week
    - ❍ 1 - 2 times per week
    - ❍ 3 - 4 times per week
    - ❍ 5 - 6 times per week
    - ❍ 7 - 14 times per week
    - ❍ More than 14 times per week
    - ❍ Never
    - ❍ Don't know / not sure

17. During the past month, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade) sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.
    - ❍ Less than once per week
    - ❍ 1 – 2 times per week
    - ❍ 3 – 4 times per week
    - ❍ 5 - 6 times per week
    - ❍ 7 – 14 times per week
    - ❍ More than 14 times per week
    - ❍ Never
    - ❍ Don't know / not sure

18. During the past month, how many times per day or week did you eat fruit? Count fresh, frozen, or canned fruit. Do not include jam, jelly, or fruit preserves, or juice.
    - ❍ 1 - 2 times per day
    - ❍ 3 - 4 times per day
    - ❍ 5 or more times per day
    - ❍ Less than once per week
    - ❍ Once per week
    - ❍ 2 - 4 times per week
    - ❍ 5 - 6 times per week
    - ❍ Never
    - ❍ Don't know / not sure

19. During the past month, how many times did you eat dark green vegetables, for example broccoli or dark leafy greens including romaine, chard, collard greens, spinach, or kale?
    - ❍ 1 - 2 times per day
    - ❍ 3 - 4 times per day
    - ❍ 5 or more times per day
    - ❍ Less than once per week
    - ❍ Once per week
    - ❍ 2 - 4 times per week
    - ❍ 5 - 6 times per week
    - ❍ Never
    - ❍ Don't know / not sure

20. Are you currently watching or reducing your sodium or salt intake?
    - ❍ Yes
    - ❍ No
    - ❍ Don't know / not sure

21. Which of these statements best describes access to food in your household during the past month?
    - ❍ We had enough of the types of food we wanted to eat
    - ❍ We had enough food but not always the types of food we wanted
    - ❍ Sometimes we did not have enough to eat
    - ❍ We often did not have enough to eat
    - ❍ Don't know / not sure

22. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking?
    - ❍ Yes
    - ❍ No
    - ❍ Don't know / not sure

23. How many times per week did you do moderate physical activities during the past month? Moderate physical activities make you breathe somewhat harder than normal and may include: brisk walking, hiking, snow shoveling, bicycling at a regular pace, playing tennis, calisthenics, or horseback riding.
    - ❍ 1 - 4 times per week
    - ❍ 5 - 10 times per week
    - ❍ 11 or more times per week
    - ❍ Never
    - ❍ Don’t know / not sure

24. And how much time did you usually spend doing moderate physical activities on each occasion during the past week?
    - ❍ Less than 30 minutes
    - ❍ Approximately 1 hour
    - ❍ Approximately 2 hours
    - ❍ Approximately 3 hours
    - ❍ Approximately 4 hours
    - ❍ 5 hours or more

25. How many times per week did you do vigorous physical activities during the past month? Vigorous physical activities make you breathe much harder than normal and may include: heavy lifting,

backpacking, mountain climbing, high impact aerobics, fast bicycling more than 10 mph, competitive baseball, football or soccer, race walking, or running.

- ❍ 1 - 4 times per week
- ❍ 5 - 10 times per week
- ❍ 11 or more times per week
- ❍ Never
- ❍ Don't know / not sure

26. And how much time did you usually spend doing vigorous physical activities on each occasion during the past week?
    - ❍ Less than 30 minutes
    - ❍ Approximately 1 hour
    - ❍ Approximately 2 hours
    - ❍ Approximately 3 hours
    - ❍ Approximately 4 hours
    - ❍ 5 hours or more

27. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in the nose?
    - ❍ Yes
    - ❍ No
    - ❍ Don't know / not sure

28. Have you ever been told by a doctor, nurse, or other health professional that you have: (check all that apply)

	Yes	No
Anxiety disorder	❍	❍
Depressive disorder	❍	❍
Asthma	❍	❍
Cancer	❍	❍
Angina or coronary disease	❍	❍
High cholesterol	❍	❍
Heart attack, also called myocardial infarction	❍	❍
Stroke	❍	❍
High blood pressure	❍	❍
Chronic obstructive pulmonary disease (COPD)	❍	❍
Diabetes	❍	❍
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	❍	❍
Other (please specify)	❍	❍

29. Do you have routine health screenings for:

	Yes	No	Not applicable
Skin Cancer	❍	❍	❍
Breast Cancer	❍	❍	❍
Prostate Cancer	❍	❍	❍
Oral/Throat Cancer	❍	❍	❍
Colorectal Cancer	❍	❍	❍

30. Have you ever had cancer?
- ❍ Yes
- ❍ No

31. If yes, please specify the type of cancer
- ❍ Breast
- ❍ Cervical
- ❍ Endometrial (uterus)
- ❍ Ovarian
- ❍ Head and neck
- ❍ Oral
- ❍ Pharyngeal (throat)
- ❍ Thyroid
- ❍ Colon (intestine)
- ❍ Esophageal/Esophagus
- ❍ Liver
- ❍ Pancreatic (pancreas)
- ❍ Rectal/Rectum
- ❍ Stomach
- ❍ Hodgkin's Lymphoma
- ❍ Leukemia (blood)
- ❍ Non-Hodgkin's Lymphoma
- ❍ Prostate
- ❍ Testicular
- ❍ Melanoma
- ❍ Other skin
- ❍ Heart
- ❍ Lung
- ❍ Bladder
- ❍ Renal (kidney)

32. What do you think are the top 5 most pressing health issues facing your community? (CHOOSE 5)

☐ Access to Care/Uninsured	☐ Infectious Diseases
☐ Accidents/Unintentional Injuries	☐ Maternal/Infant Health
☐ Arthritis	☐ Nutrition
☐ Behavioral Health/Mental Health (gambling addiction, eating disorder, suicide, depression, anxiety)	☐ Overweight/Obesity
☐ Cancer	☐ Respiratory Disease
☐ Cognitive Disorders/Alzheimer's	☐ Self-Care Disabilities

☐ COVID-19 / Long Term COVID Effects	☐ Sexually Transmitted Diseases
☐ Dental Health	☐ Stroke
☐ Diabetes	☐ Substance Abuse (alcohol, marijuana, or other drug abuse)
☐ Food Insecurity	☐ Tobacco
☐ Health Needs of Migrants /Refugees	☐ Vaccinations
☐ Hearing	☐ Vaping
☐ Heart Disease	☐ Violence
☐ Hoarding	☐ None/Not Applicable
☐ Homelessness	☐ Other (specify):

33. What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

☐ Access to Telehealth Services
☐ Ability to use Telehealth Services
☐ Availability of Providers/Appointments
☐ Basic Needs Not Met (food/shelter)
☐ Gender Identity / Sexual Orientation
☐ Hearing / Sight Loss
☐ Homelessness
☐ Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
☐ Immigration Status
☐ Lack of Child Care
☐ Lack of Health Insurance Coverage
☐ Lack of Transportation
☐ Lack of Trust
☐ Lack of Understanding the Health Care System
☐ Language/Cultural Barriers
☐ Mental Health
☐ Mobility Issues
☐ Race / Ethnicity
☐ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐ None/No Barriers
☐ Other (specify):

34. Related to health and quality of life, what resources or services do you think are missing in the community? (Select all that apply)

☐ Bilingual Services
☐ Community-led Grassroots Efforts
☐ Free/Low Cost Dental Care

☐ Free/Low Cost Medical Care
☐ Health Education/Information/Outreach
☐ Health Screenings
☐ Medical Specialists
☐ Mental Health Services
☐ Prescription Assistance
☐ Primary Care Providers
☐ Services Sensitive to Race/Ethnicity
☐ Services Sensitive to Gender Identity/Sexual Orientation
☐ Services Sensitive to Immigration Status
☐ Substance Abuse Services
☐ Telehealth Appointments
☐ Transportation
☐ None
☐ Other (specify):

35. What do you think is being done well in the community related to health?

36. What is the most important thing, positive or negative, impacting your personal health currently?

37. What suggestions do you have to improve health in the community?

38. Entities throughout Gila Regional Medical Center's service area will use the information from this survey to plan community health programs. Please share any additional comments you have below:

DEMOGRAPHIC QUESTIONS

39. What is your age?
- ❍ 18 - 24
- ❍ 25 - 34
- ❍ 35 - 44
- ❍ 45 - 54
- ❍ 55 - 64
- ❍ 65 - 80
- ❍ 81+

40. What is your gender?
- ❍ Female
- ❍ Male
- ❍ Not listed. My gender is _____

41. What is your marital status?
- ❍ Married
- ❍ Divorced
- ❍ Widowed
- ❍ Separated
- ❍ Never married
- ❍ Member of an unmarried couple

42. Are you Hispanic, Latino/a, or of Spanish origin?
- ❍ Yes
- ❍ No
- ❍ Don't know / not sure

43. Which one of these groups would you say best represents your race/ethnicity?

- ❍ White
- ❍ Black or African American
- ❍ Asian
- ❍ American Indian or Alaska Native
- ❍ Native Hawaiian or Pacific Islander
- ❍ Other (please specify): _____

44. What is the highest level of school you completed?
- ❍ Never attended school
- ❍ Grades 1-8 (elementary school)
- ❍ Grades 9-11 (Some high school, but no diploma)
- ❍ Grade 12 (High school diploma or GED)
- ❍ Some college (1 year to 3 years)
- ❍ Associate's degree
- ❍ Bachelor's degree
- ❍ Graduate / Master's degree
- ❍ Other (please specify) _____

45. Which of the following categories best describes your employment status?
- ❍ Employed full-time
- ❍ Employed part-time
- ❍ Unemployed, looking for work
- ❍ Unemployed, not looking for work
- ❍ Retired
- ❍ Disabled, not able to work
- ❍ Student
- ❍ Homemaker

46. What is your annual household income?
- ❍ Less than $10,000
- ❍ $10,000-$14,999
- ❍ $15,000-$19,999
- ❍ $20,000-$24,999
- ❍ $25,000-$34,999
- ❍ $35,000-$49,999
- ❍ $50,000-$74,999
- ❍ $75,000 and more

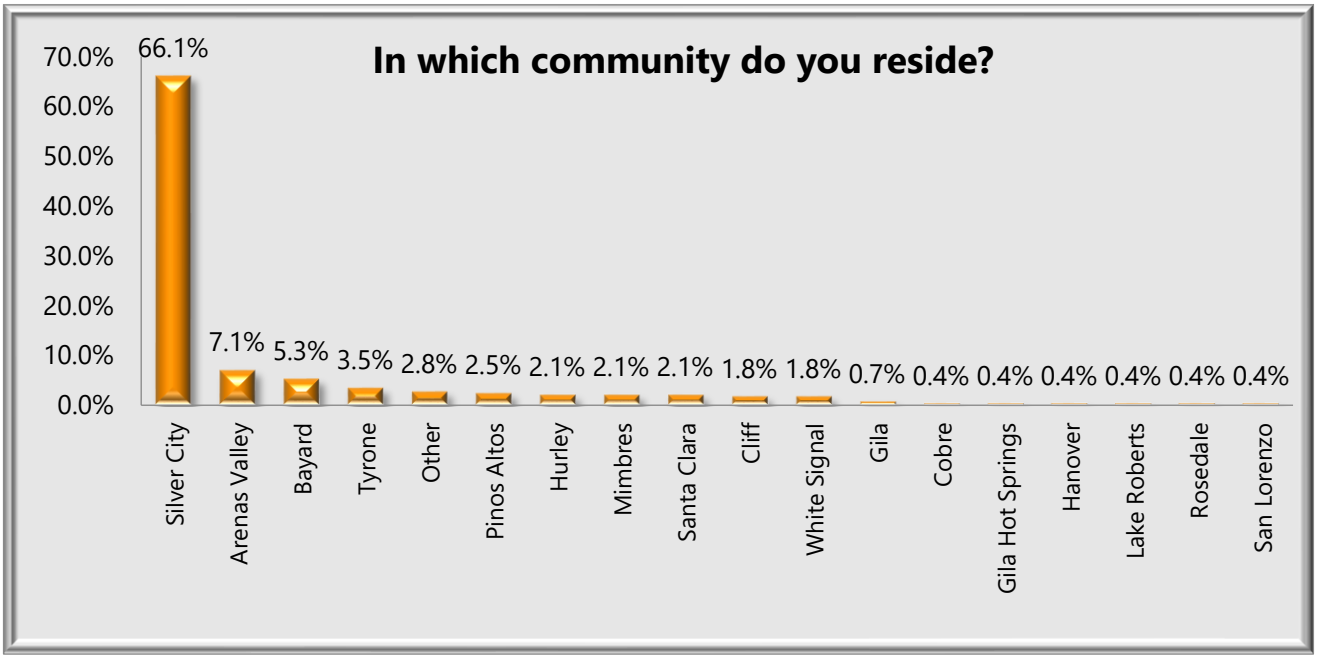
47. Are you currently covered by any of the following types of health insurance or health coverage plans? (Select all that apply)

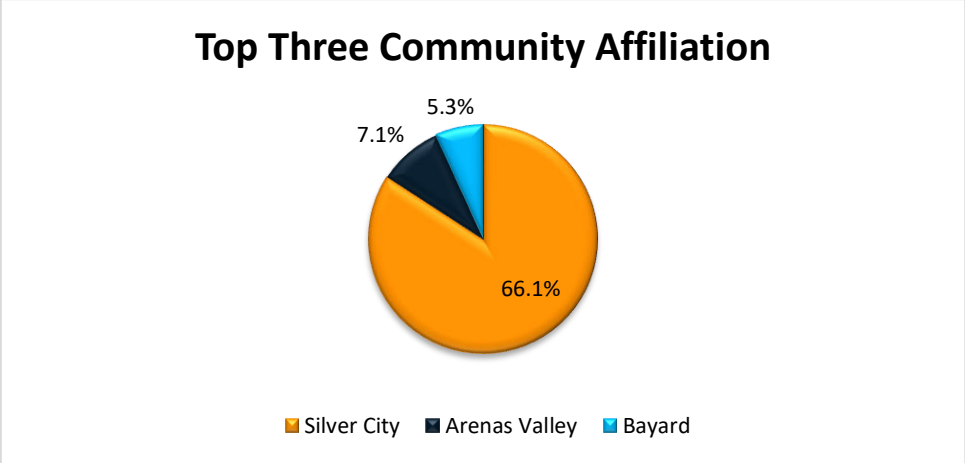
☐ Your employer
☐ Someone else's employer
☐ A plan that you or someone else buys on your own
☐ Medicaid or Medical Assistance
☐ The military, TRICARE, or the VA
☐ The Indian Health Service
☐ Medicare
☐ Some other source
☐ None
☐ Don't know / not sure

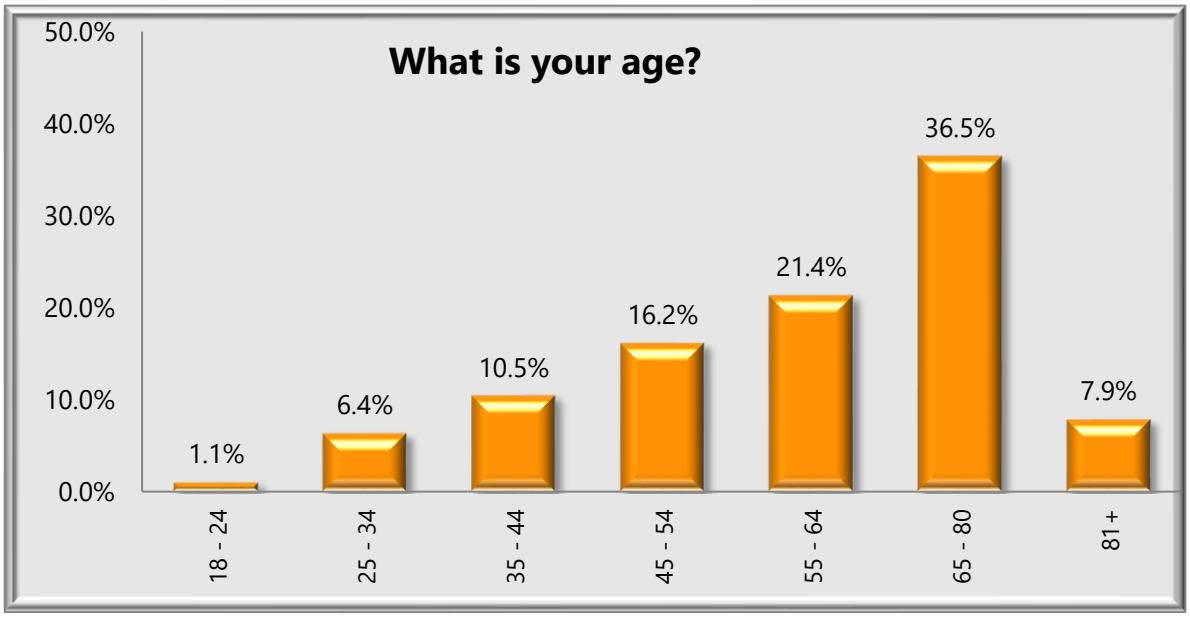
Thank you for your valuable input. Note that your answers will remain confidential and anonymous and will not be connected to your name, email address, and/or phone number. Your information will not be used for marketing purposes. When finished, please select the forward arrow button to submit your survey.

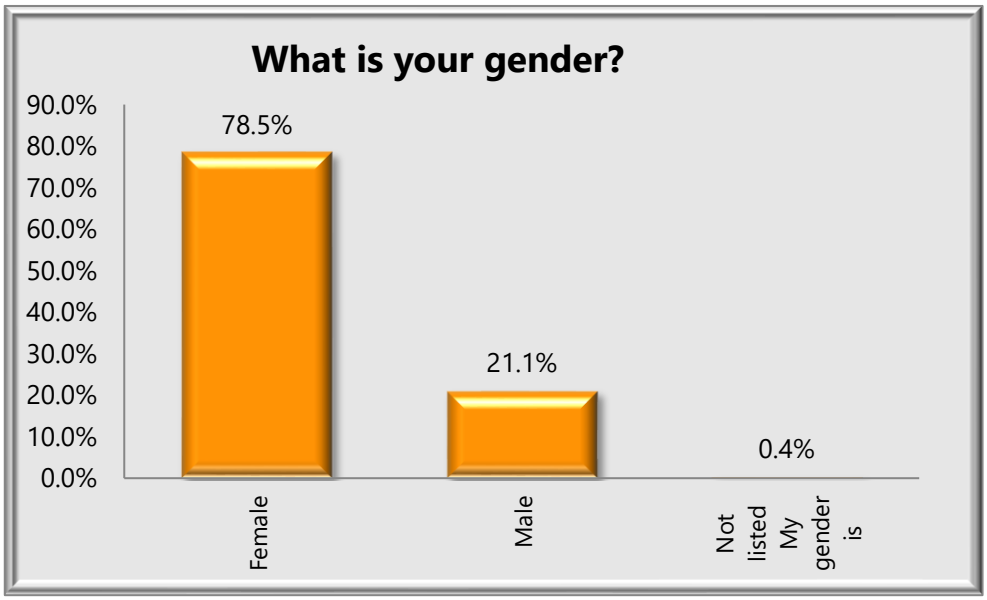
APPENDIX H: COMMUNITY SURVEY RESULTS

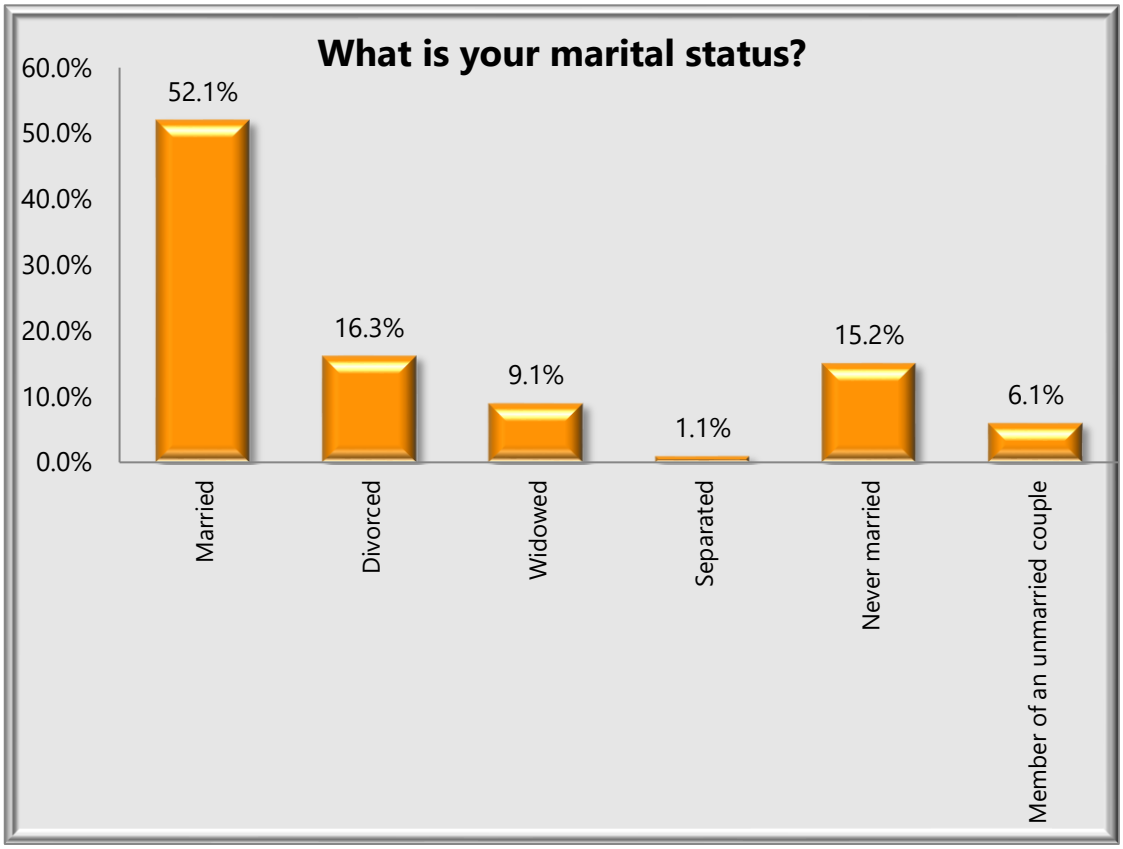
Demographics

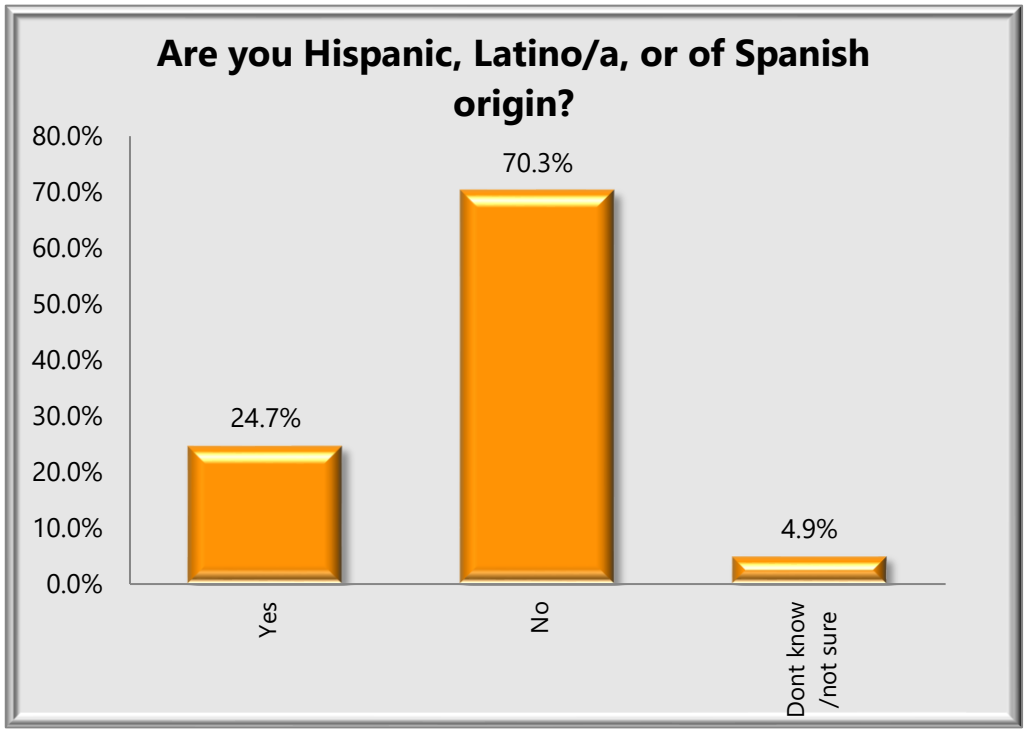


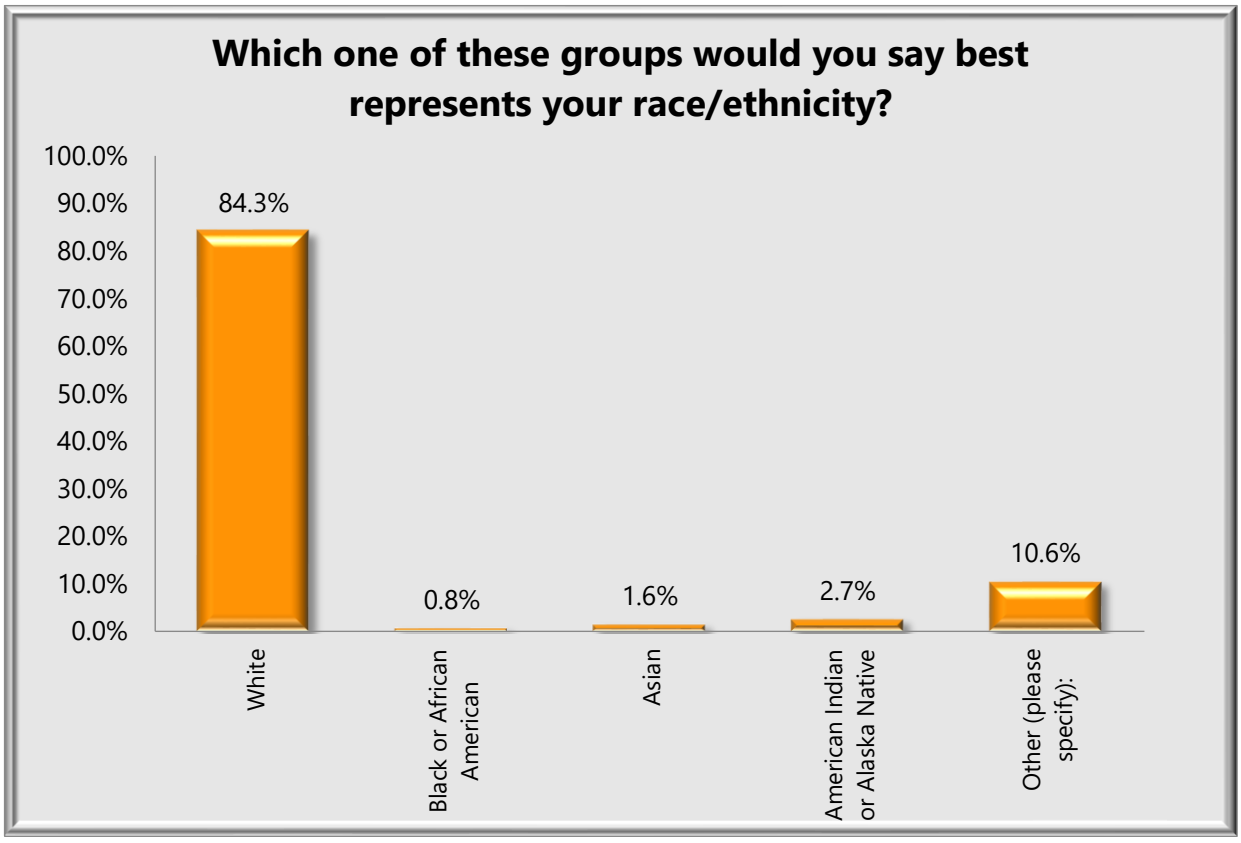


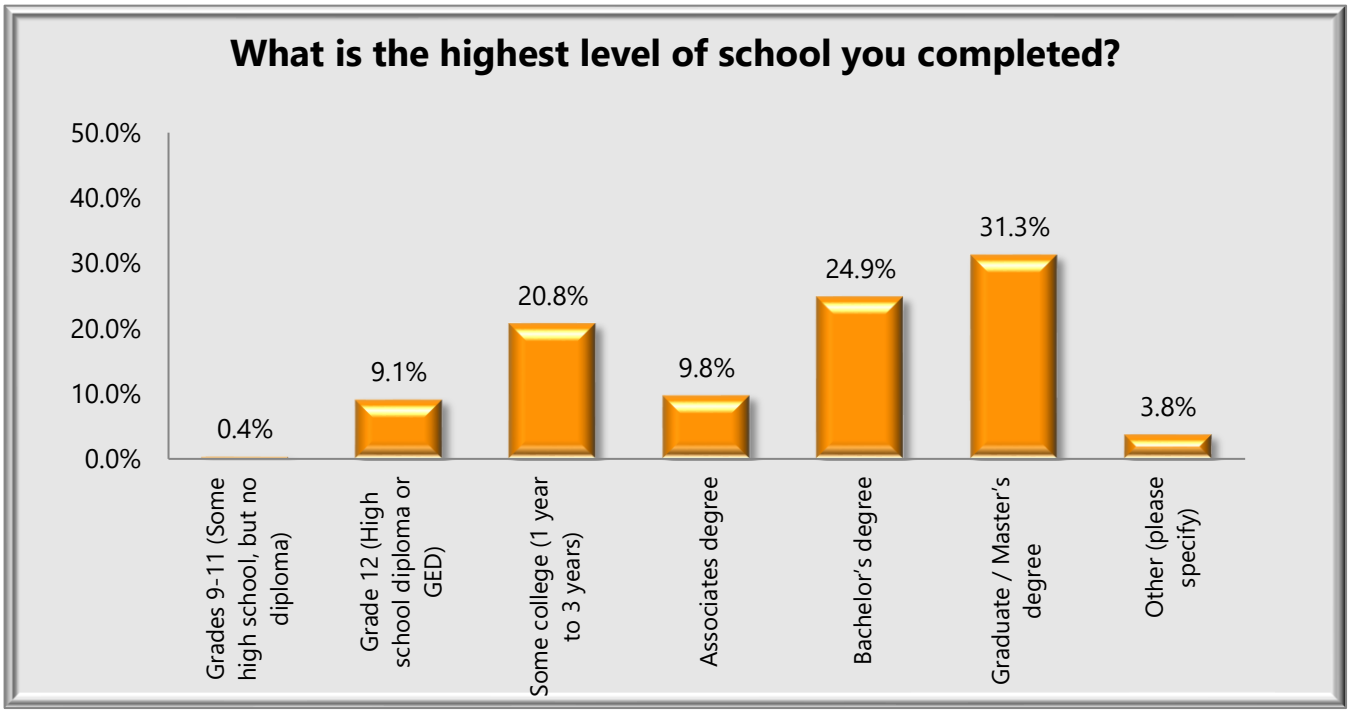

What is your age?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.1%
6.4%
10.5%
16.2%
21.4%
36.5%
7.9%
18 - 24
25 - 34
35 - 44
45 - 54
55 - 64
65 - 80
81+

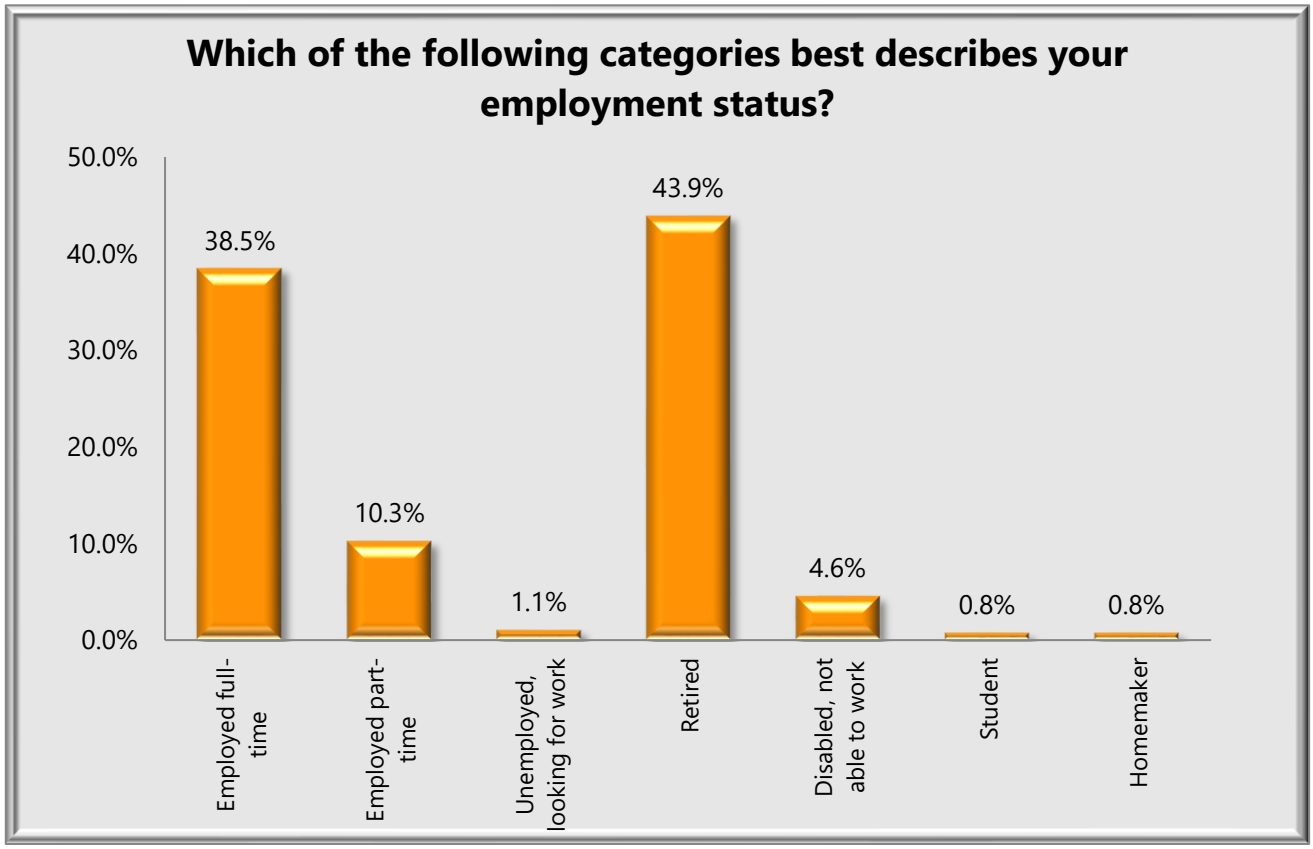

What is your gender?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
78.5%
21.1%
0.4%
Female
Male
Not listed My gender is

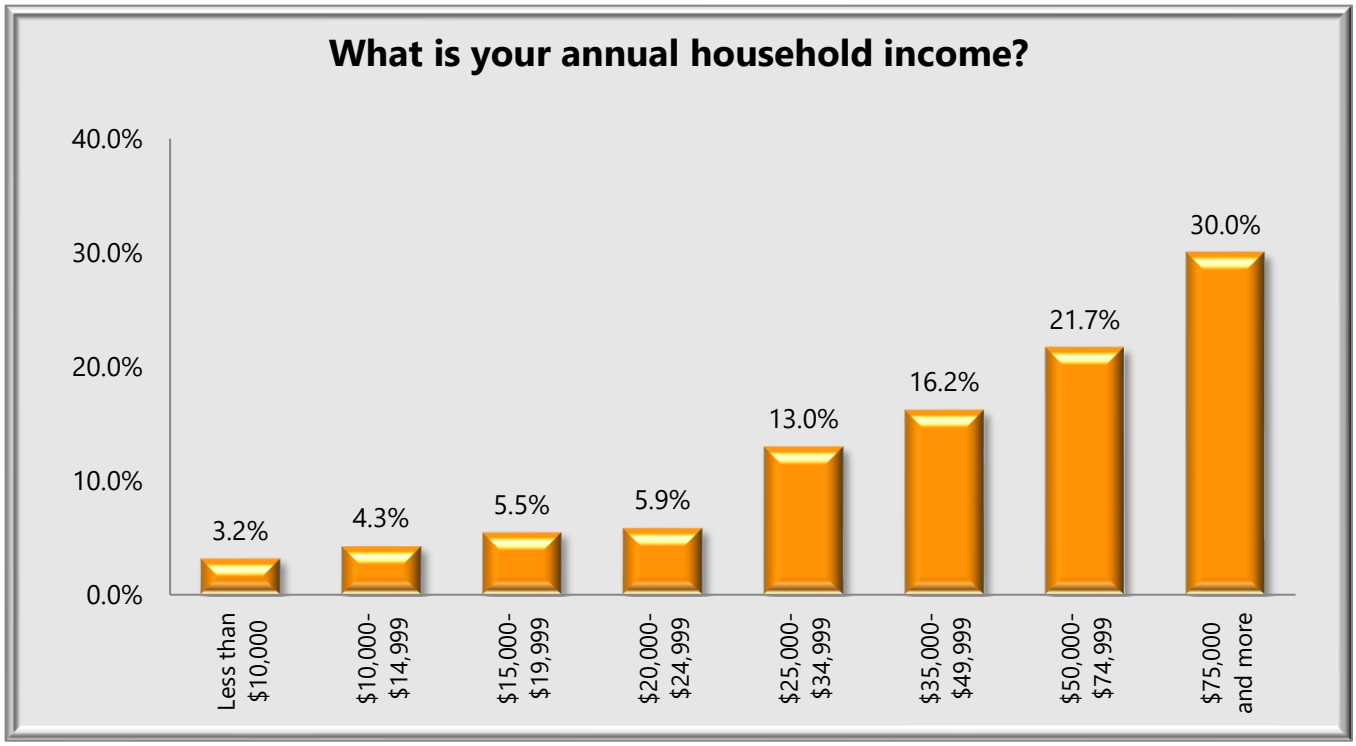

What is your marital status?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
52.1%
16.3%
9.1%
1.1%
15.2%
6.1%
Married
Divorced
Widowed
Separated
Never married
Member of an unmarried couple

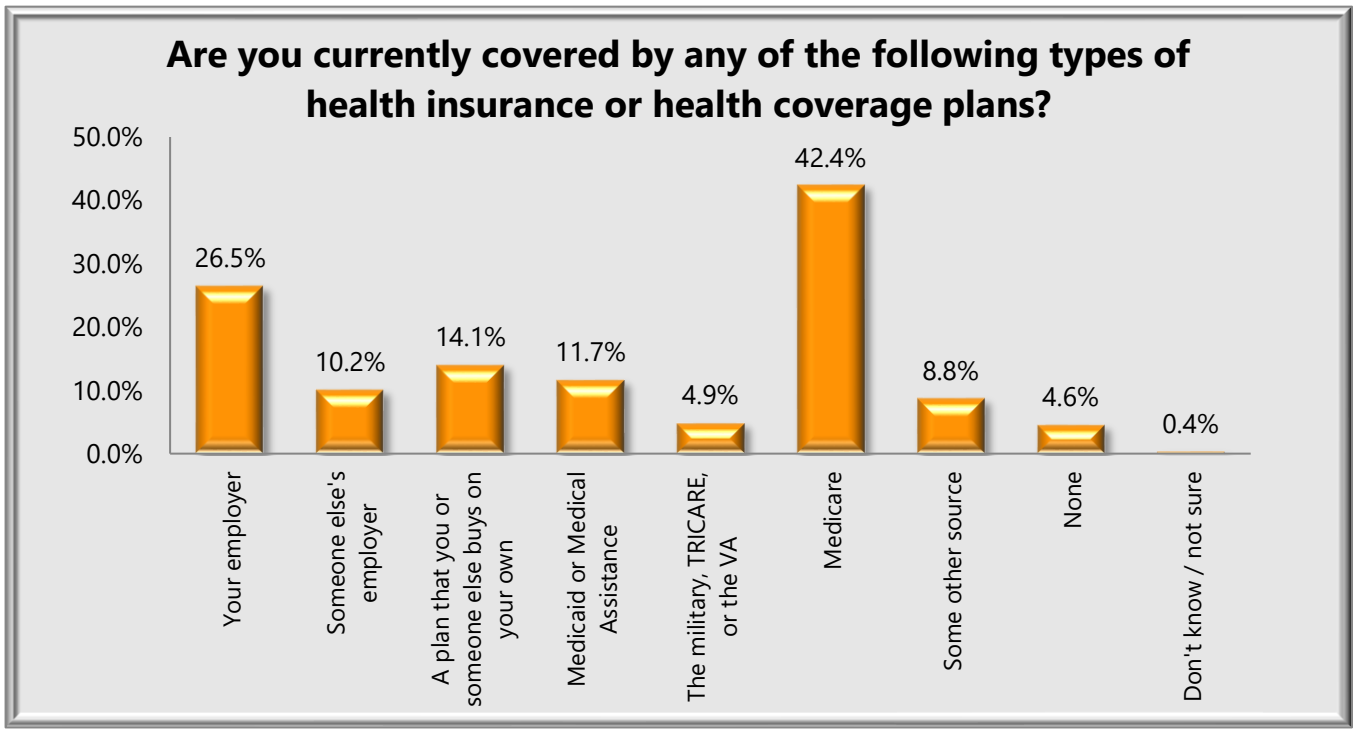

Are you Hispanic, Latino/a, or of Spanish origin?
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
24.7%
70.3%
4.9%
Yes
No
Dont know /not sure


Which one of these groups would you say best represents your race/ethnicity?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
84.3%
0.8%
1.6%
2.7%
10.6%
White
Black or African American
Asian
American Indian or Alaska Native
Other (please specify):

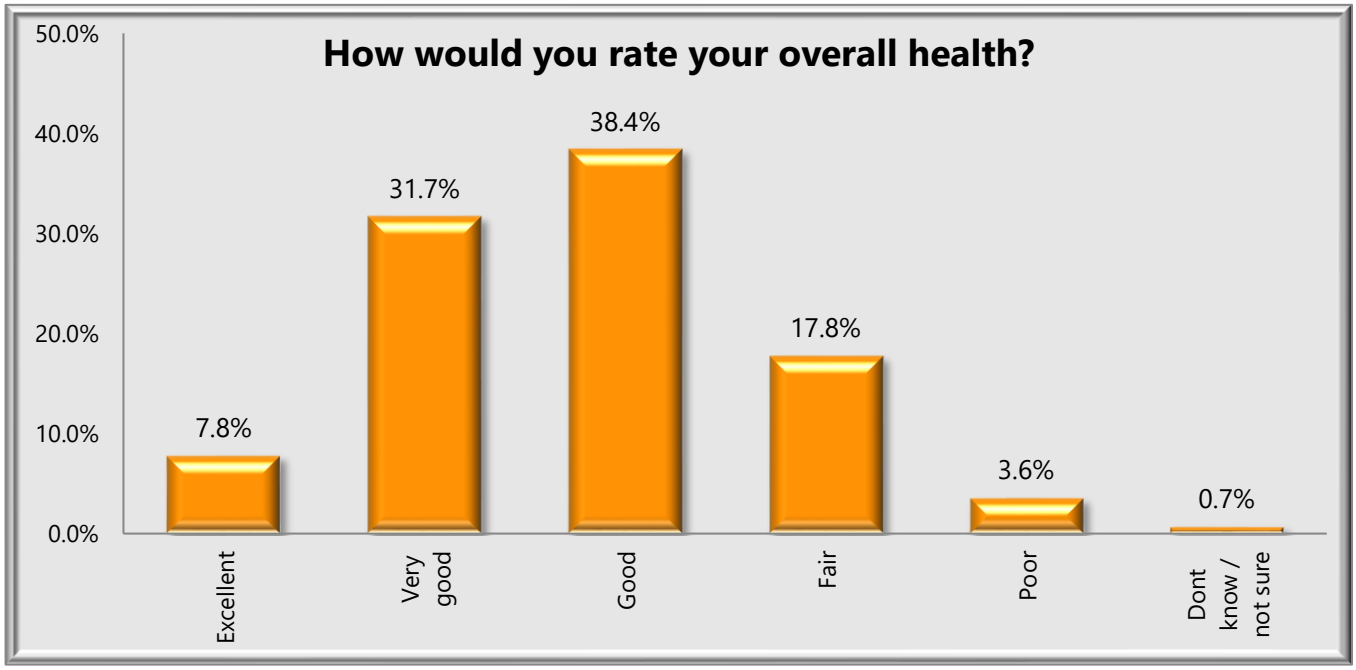

What is the highest level of school you completed?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.4%
9.1%
20.8%
9.8%
24.9%
31.3%
3.8%
Grades 9-11 (Some high school, but no diploma)
Grade 12 (High school diploma or GED)
Some college (1 year to 3 years)
Associates degree
Bachelor's degree
Graduate / Master's degree
Other (please specify)

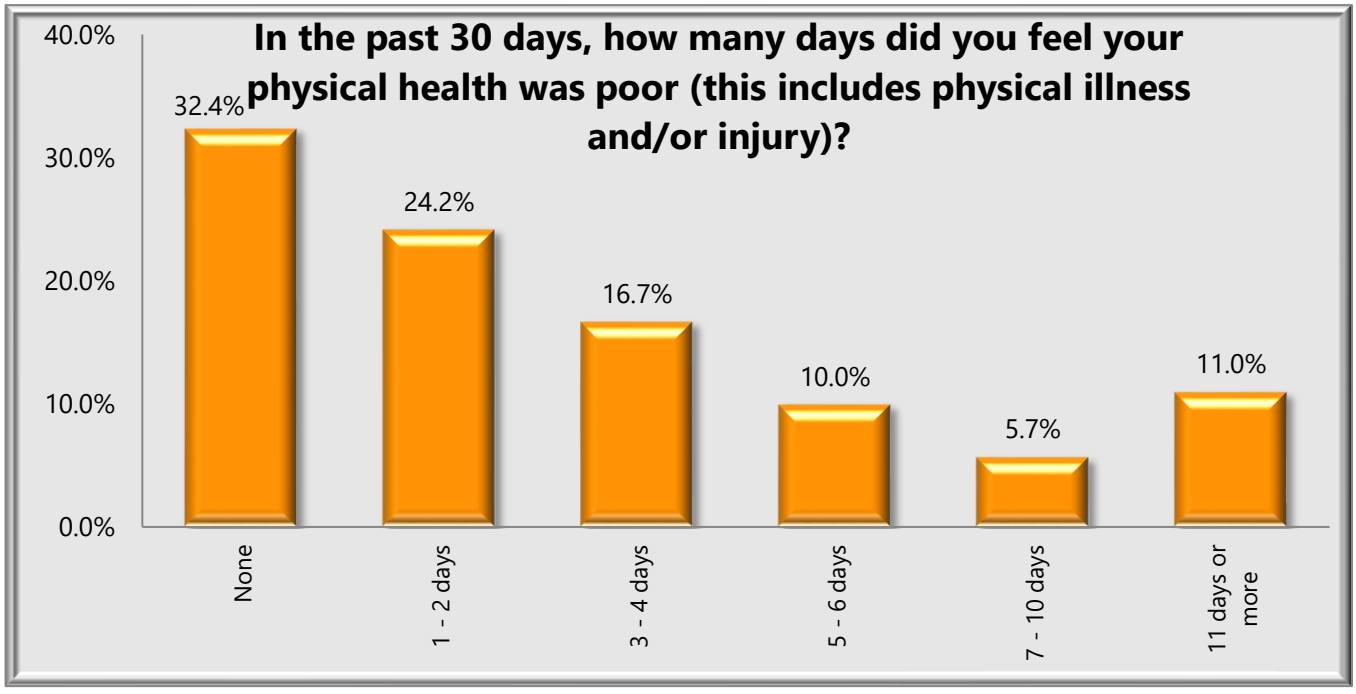

Which of the following categories best describes your employment status?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
38.5%
10.3%
1.1%
43.9%
4.6%
0.8%
0.8%
Employed full-time
Employed part-time
Unemployed, looking for work
Retired
Disabled, not able to work
Student
Homemaker

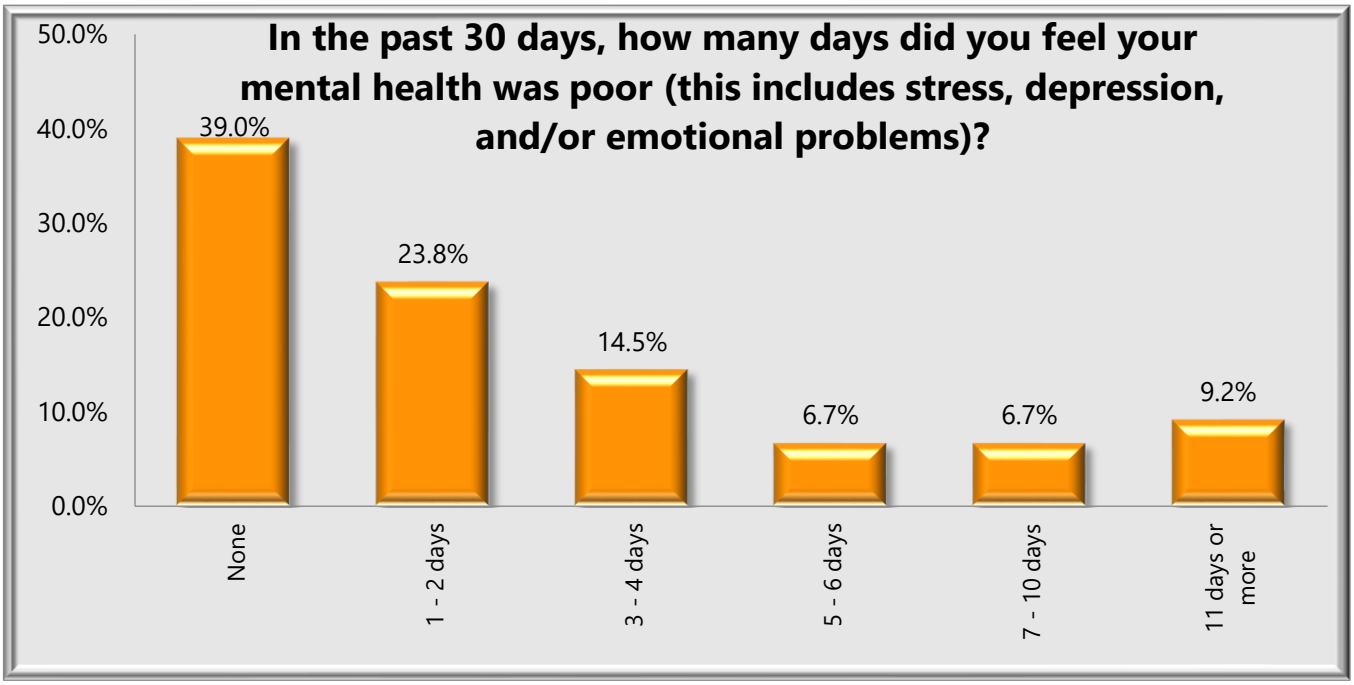

What is your annual household income?
40.0%
30.0%
20.0%
10.0%
0.0%
3.2%
4.3%
5.5%
5.9%
13.0%
16.2%
21.7%
30.0%
Less than $10,000
$10,000-$14,999
$15,000-$19,999
$20,000-$24,999
$25,000-$34,999
$35,000-$49,999
$50,000-$74,999
$75,000 and more

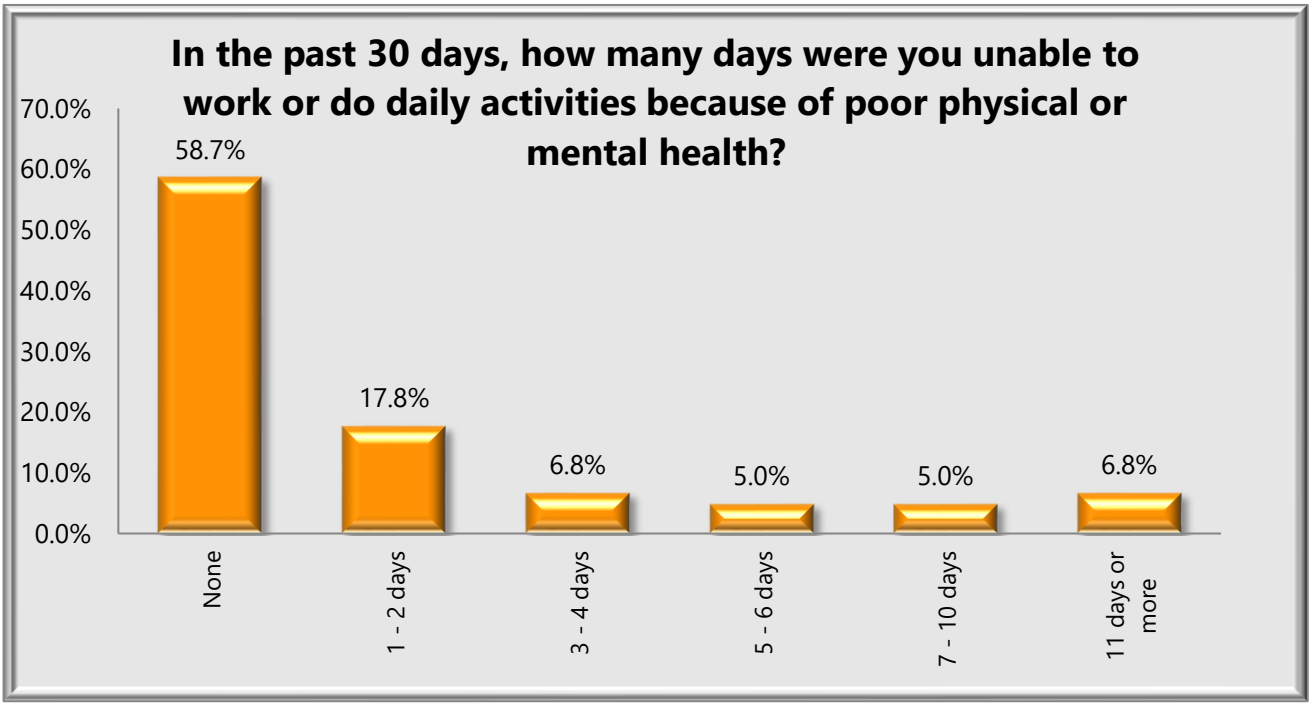

Are you currently covered by any of the following types of health insurance or health coverage plans?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
26.5%
10.2%
14.1%
11.7%
4.9%
42.4%
8.8%
4.6%
0.4%
Your employer
Someone else's employer
A plan that you or someone else buys on your own
Medicaid or Medical Assistance
The military, TRICARE, or the VA
Medicare
Some other source
None
Don't know / not sure

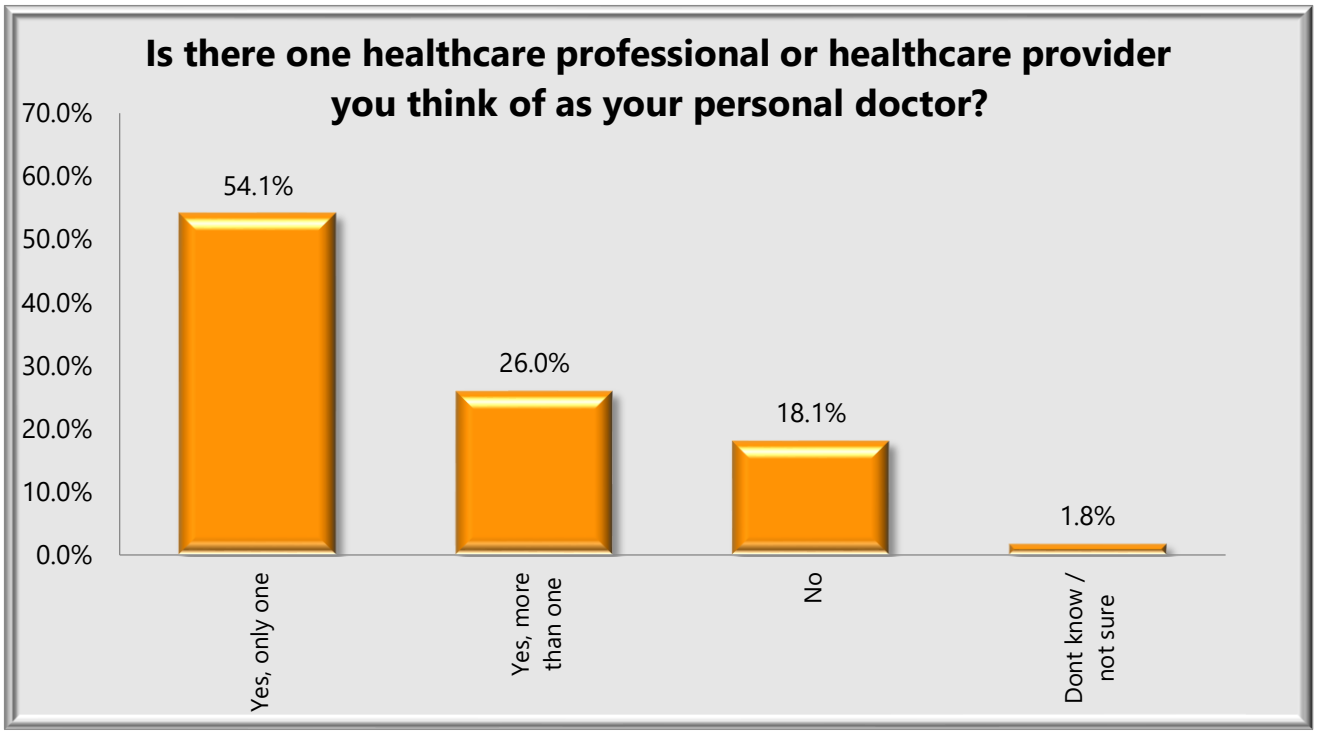
Health

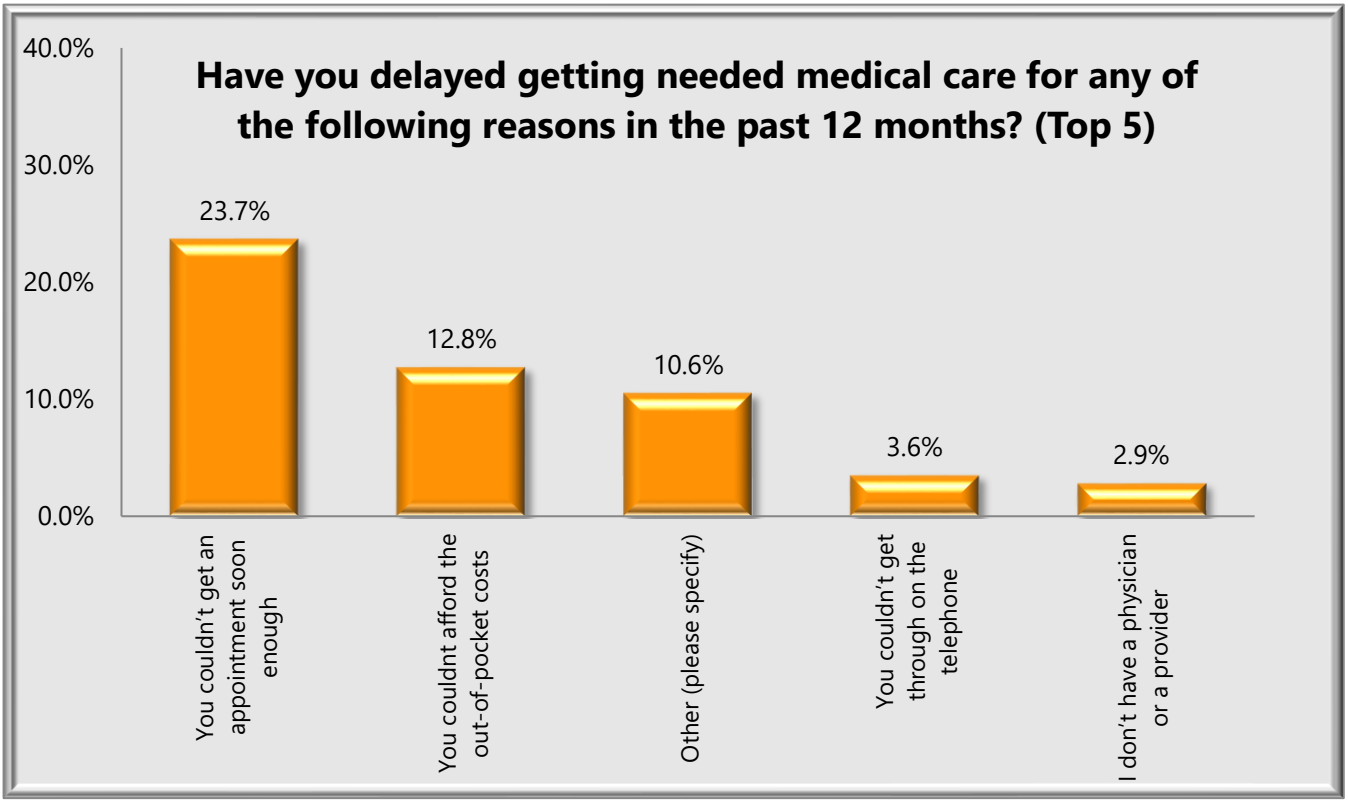

How would you rate your overall health?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
7.8%
31.7%
38.4%
17.8%
3.6%
0.7%
Excellent
Very good
Good
Fair
Poor
Dont know / not sure

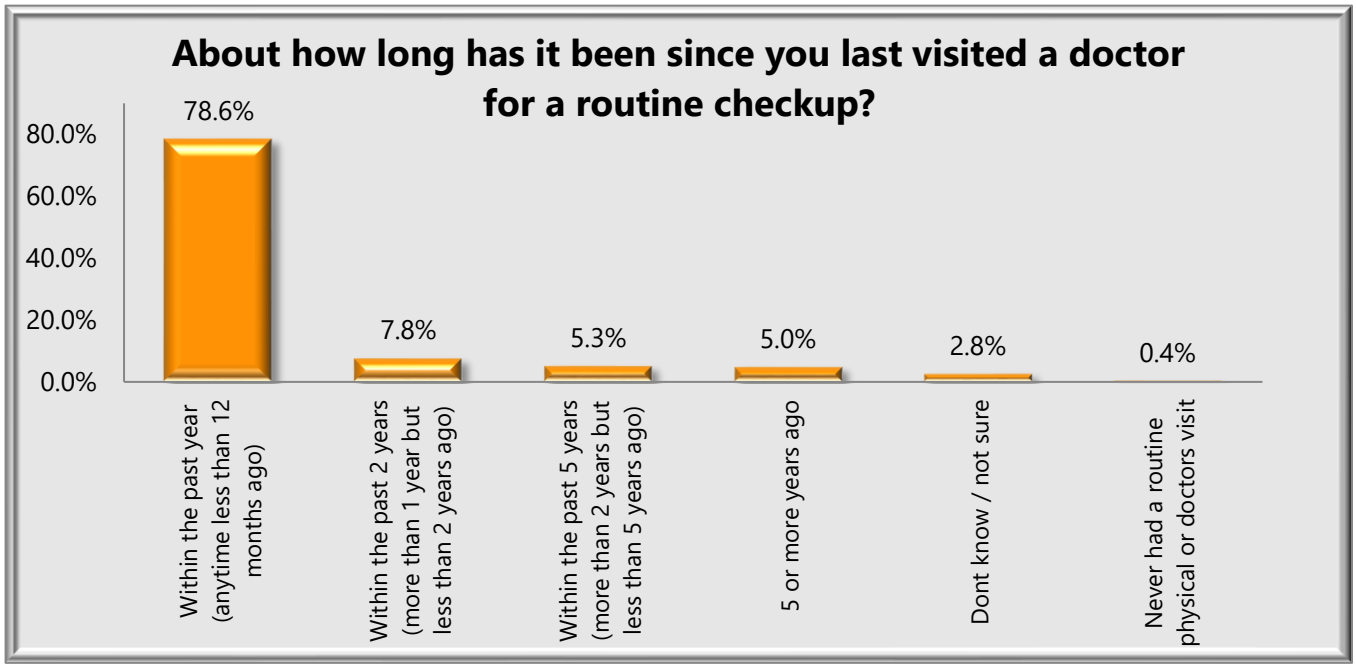

In the past 30 days, how many days did you feel your physical health was poor (this includes physical illness and/or injury)?
40.0%
30.0%
20.0%
10.0%
0.0%
32.4%
24.2%
16.7%
10.0%
5.7%
11.0%
None
1 - 2 days
3 - 4 days
5 - 6 days
7 - 10 days
11 days or more

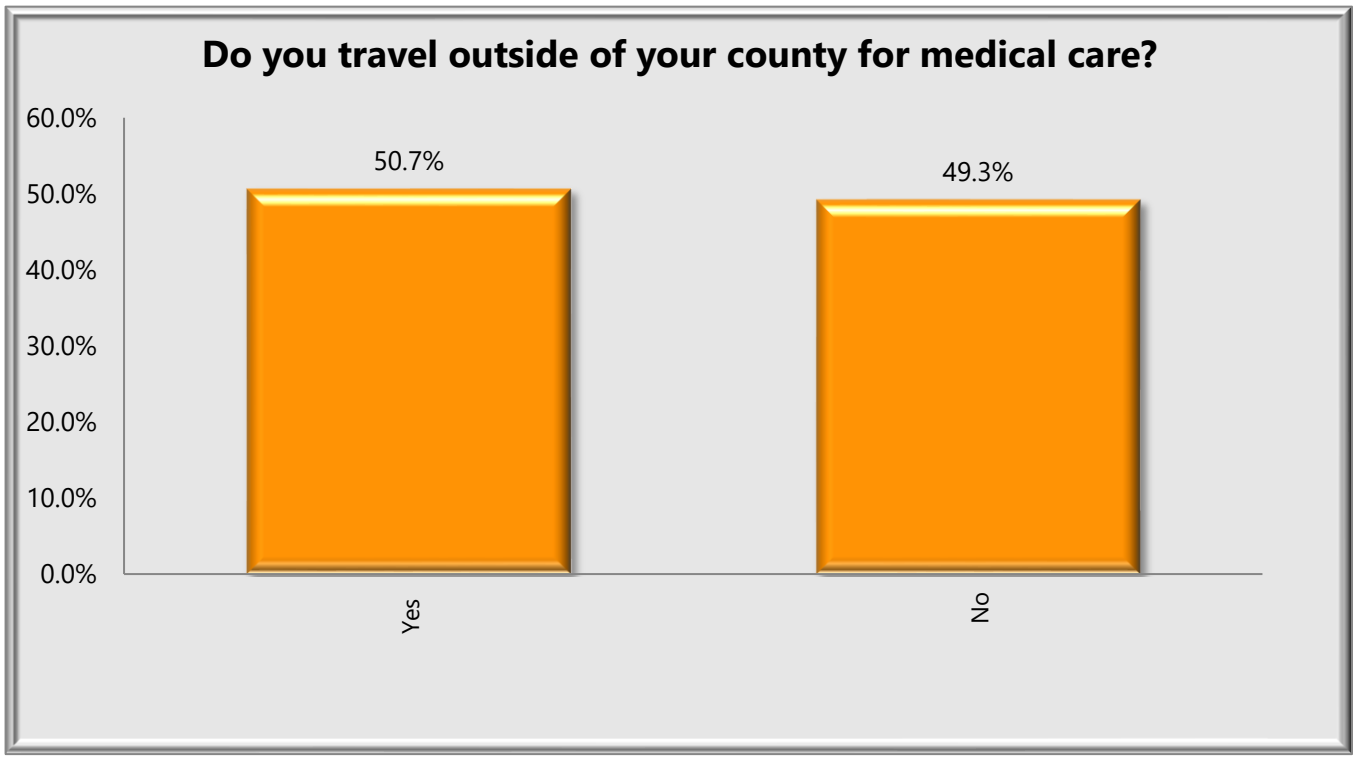

In the past 30 days, how many days did you feel your mental health was poor (this includes stress, depression, and/or emotional problems)?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
39.0%
23.8%
14.5%
6.7%
6.7%
9.2%
None
1 - 2 days
3 - 4 days
5 - 6 days
7 - 10 days
11 days or more

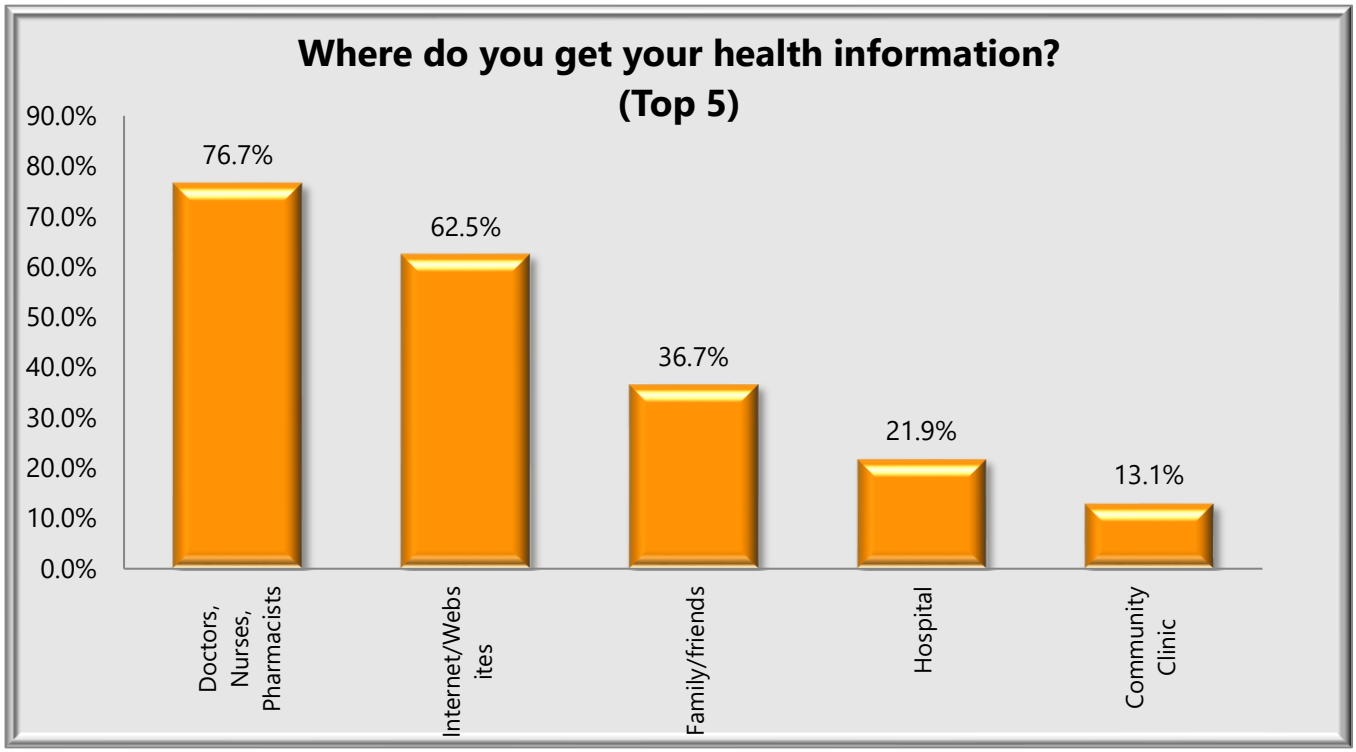

In the past 30 days, how many days were you unable to work or do daily activities because of poor physical or mental health?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
58.7%
17.8%
6.8%
5.0%
5.0%
6.8%
None
1 - 2 days
3 - 4 days
5 - 6 days
7 - 10 days
11 days or more

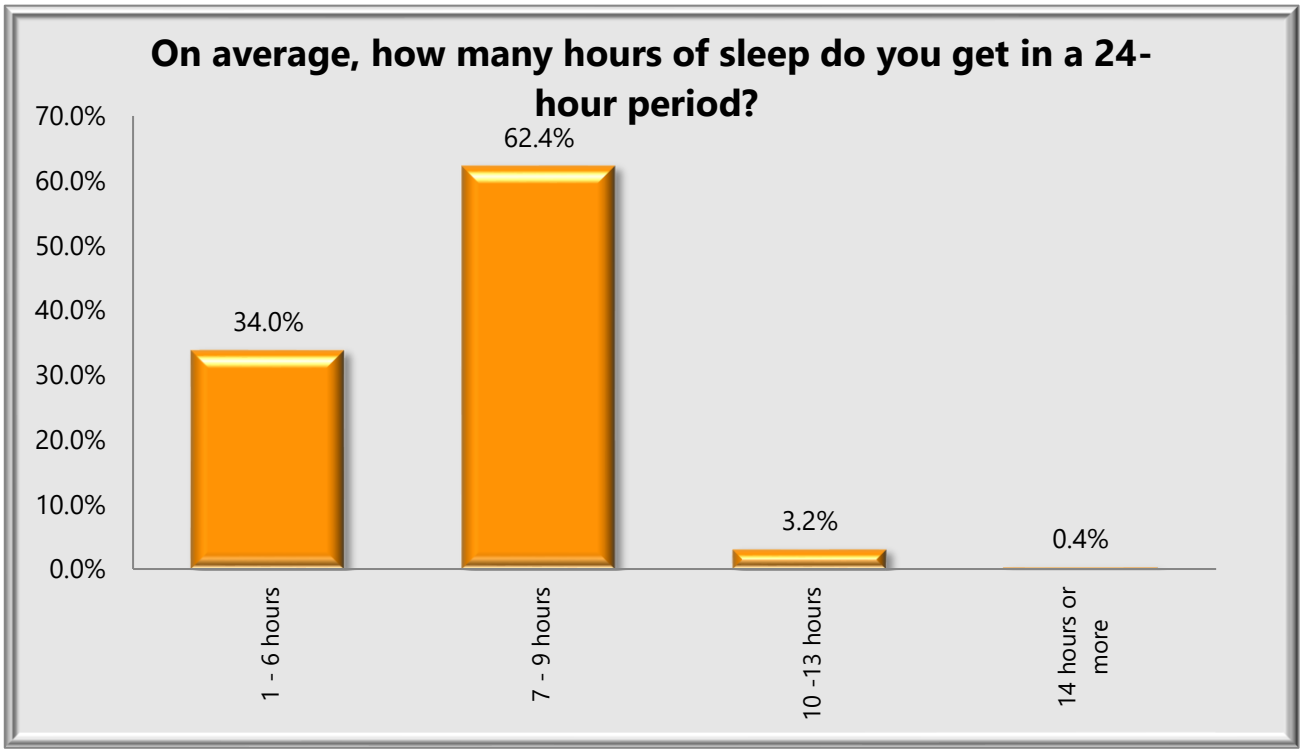

Is there one healthcare professional or healthcare provider you think of as your personal doctor?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
54.1%
26.0%
18.1%
1.8%
Yes, only one
Yes, more than one
No
Dont know / not sure


Have you delayed getting needed medical care for any of the following reasons in the past 12 months? (Top 5)
40.0%
30.0%
20.0%
10.0%
0.0%
23.7%
12.8%
10.6%
3.6%
2.9%
You couldn't get an appointment soon enough
You couldnt afford the out-of-pocket costs
Other (please specify)
You couldn't get through on the telephone
I don't have a physician or a provider

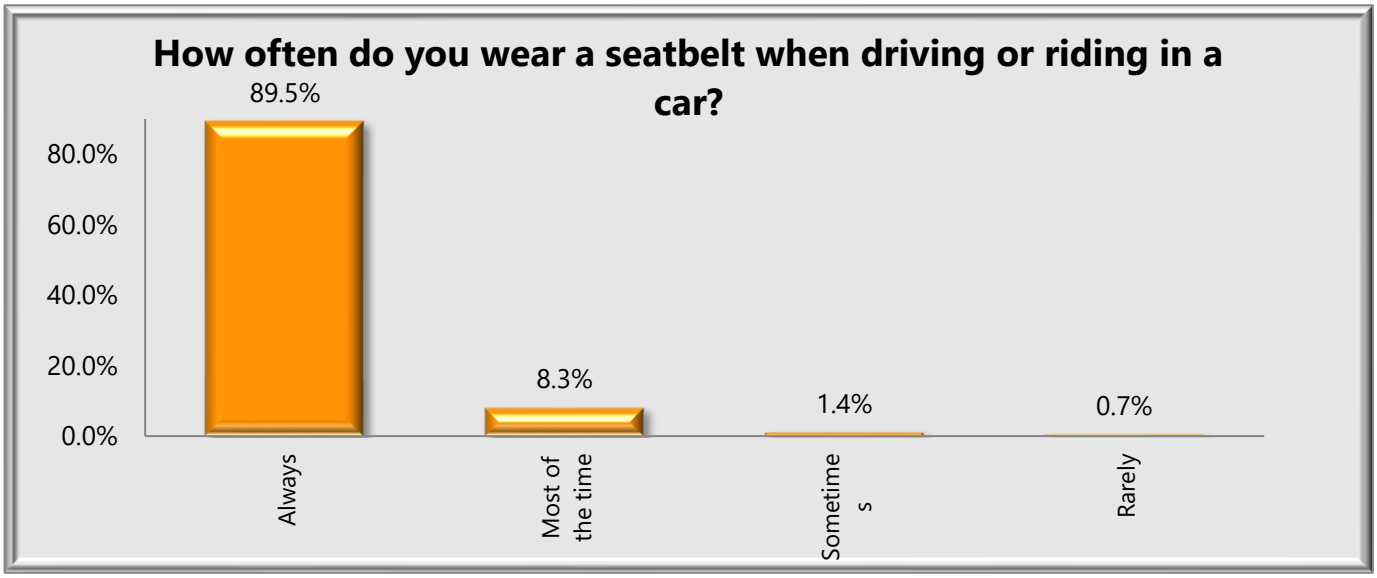

About how long has it been since you last visited a doctor for a routine checkup?
80.0%
60.0%
40.0%
20.0%
0.0%
78.6%
7.8%
5.3%
5.0%
2.8%
0.4%
Within the past year (anytime less than 12 months ago)
Within the past 2 years (more than 1 year but less than 2 years ago)
Within the past 5 years (more than 2 years but less than 5 years ago)
5 or more years ago
Dont know / not sure
Never had a routine physical or doctors visit

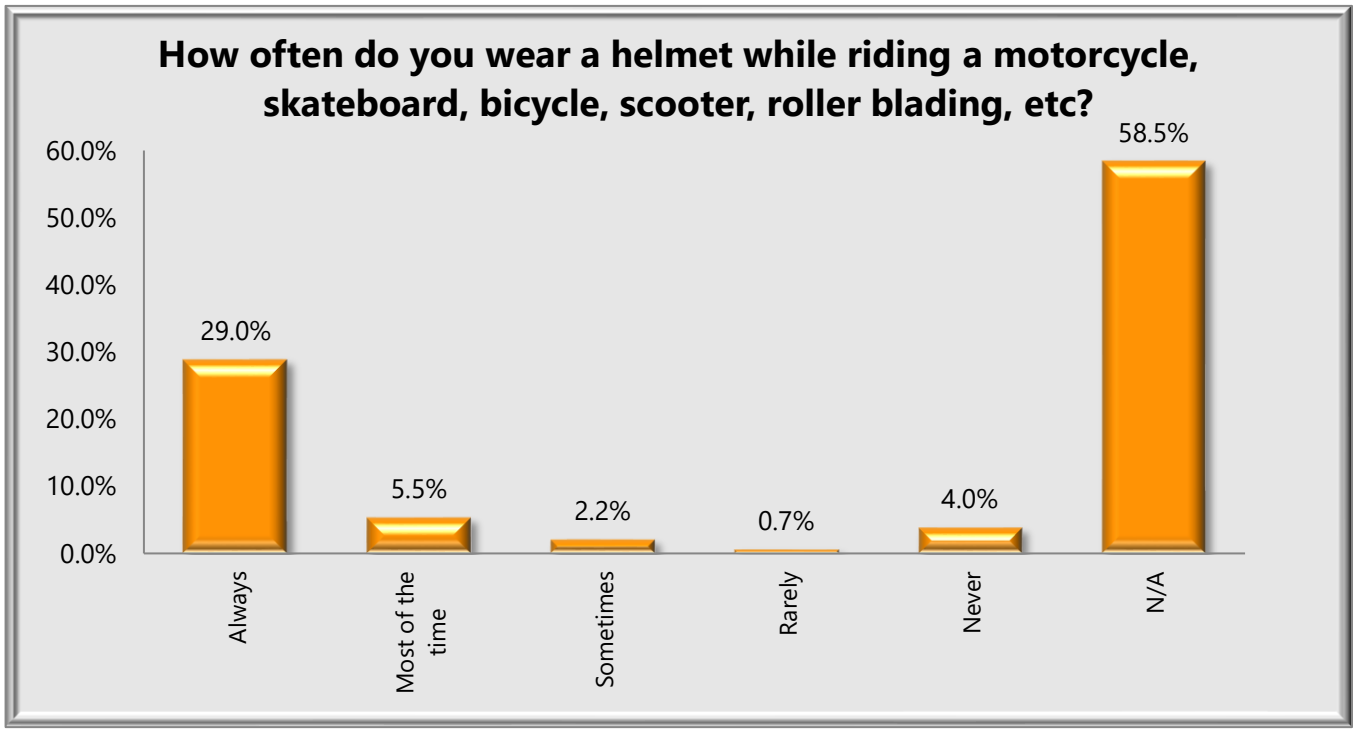

Do you travel outside of your county for medical care?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
50.7%
49.3%
Yes
No

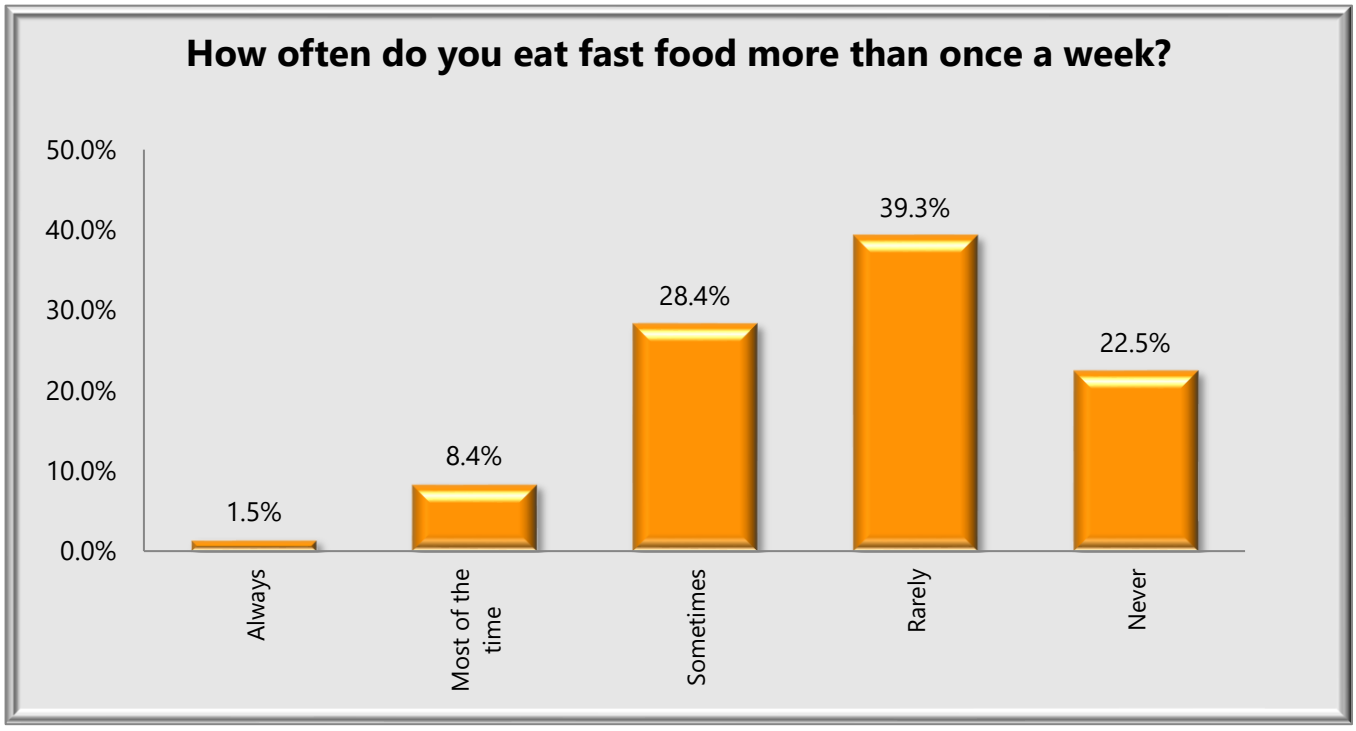

Where do you get your health information?
(Top 5)
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
76.7%
62.5%
36.7%
21.9%
13.1%
Doctors, Nurses, Pharmacists
Internet/Websites
Family/friends
Hospital
Community Clinic

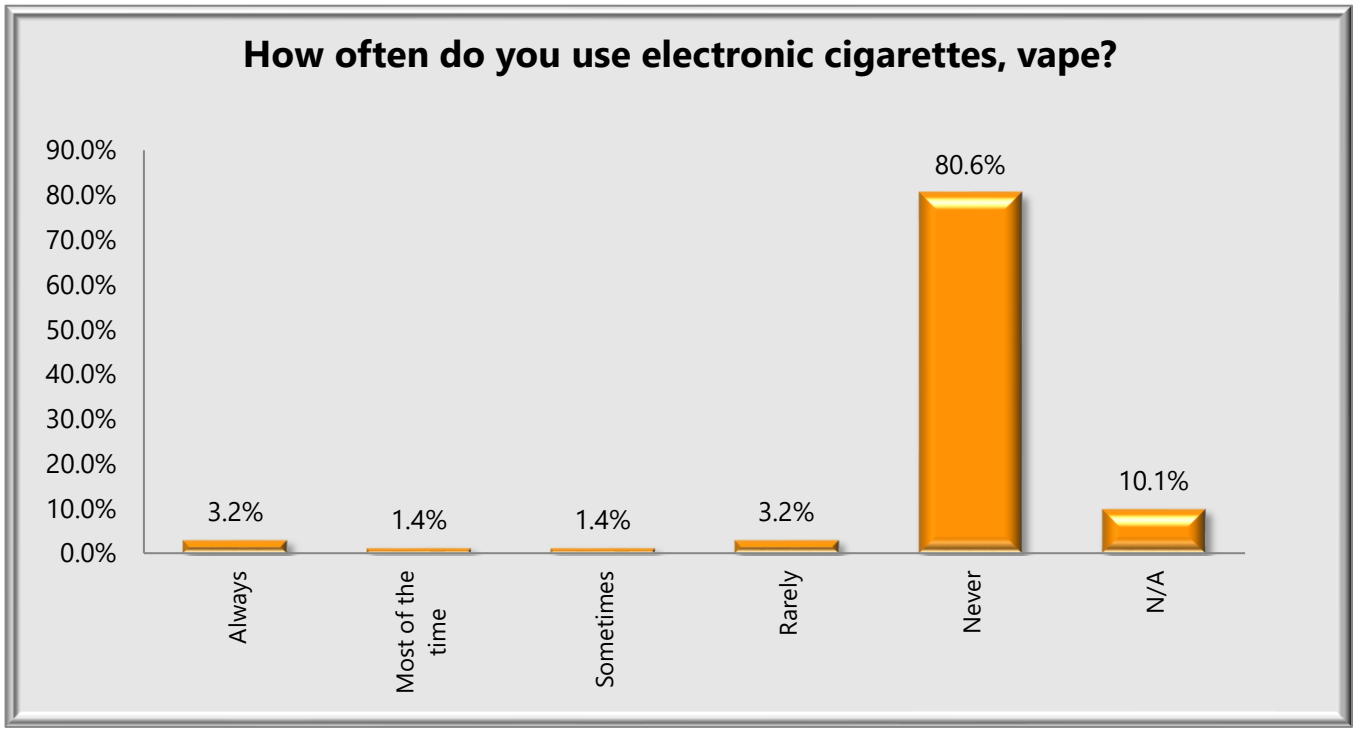

On average, how many hours of sleep do you get in a 24-hour period?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
34.0%
62.4%
3.2%
0.4%
1 - 6 hours
7 - 9 hours
10 -13 hours
14 hours or more

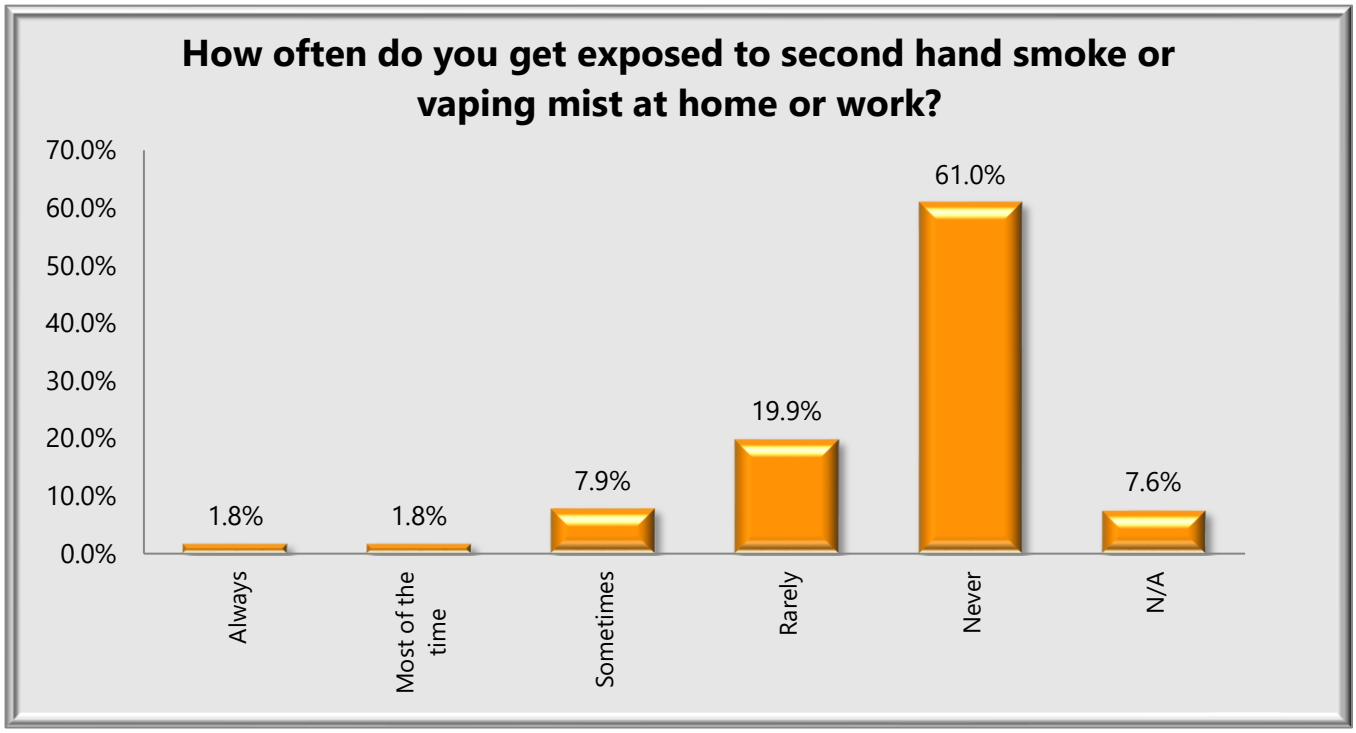
Safety and Risk Behaviors

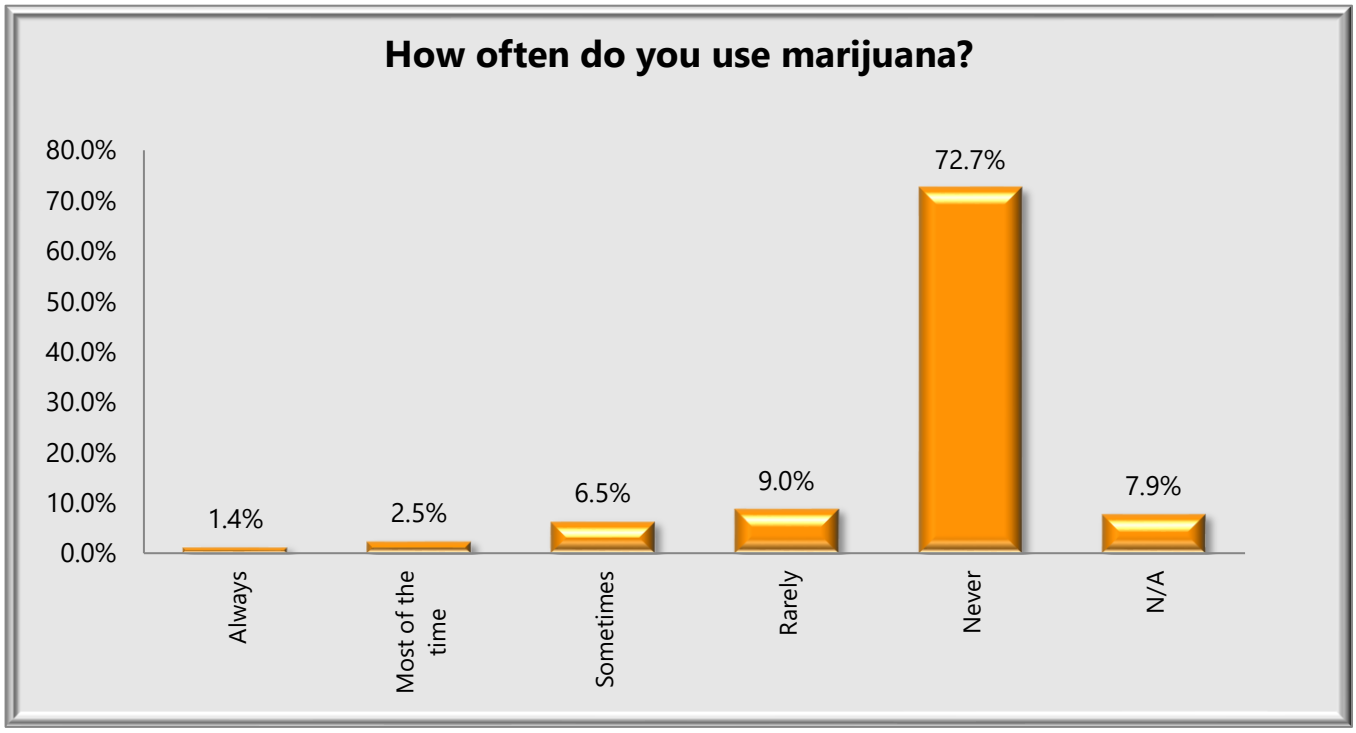


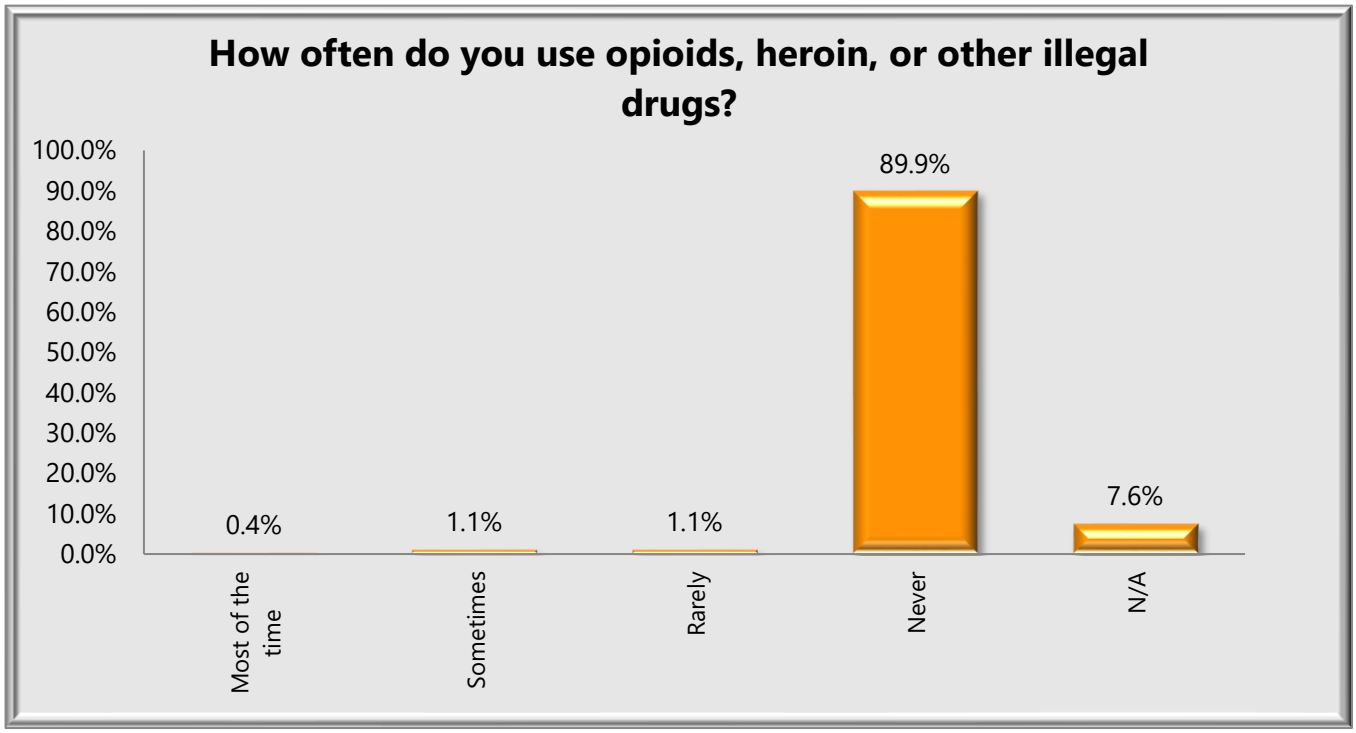


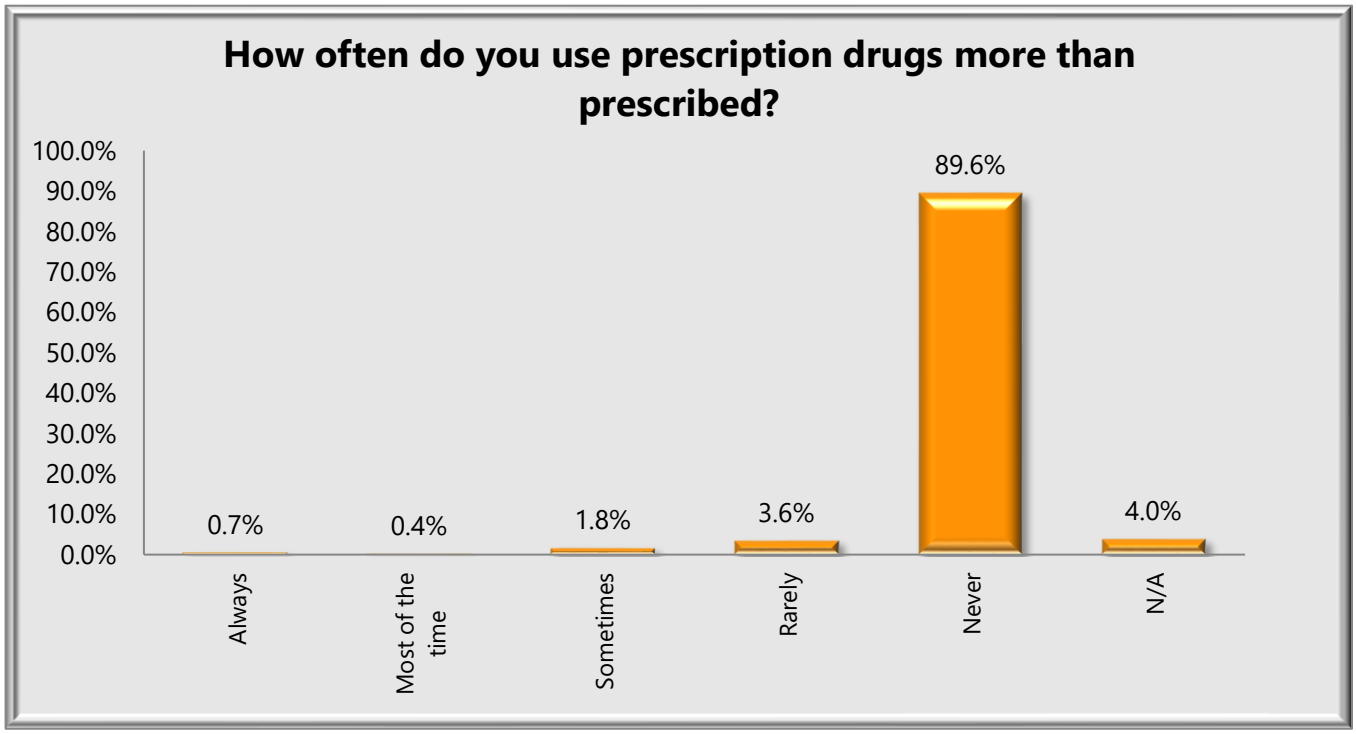

How often do you eat fast food more than once a week?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.5%
8.4%
28.4%
39.3%
22.5%
Always
Most of the time
Sometimes
Rarely
Never

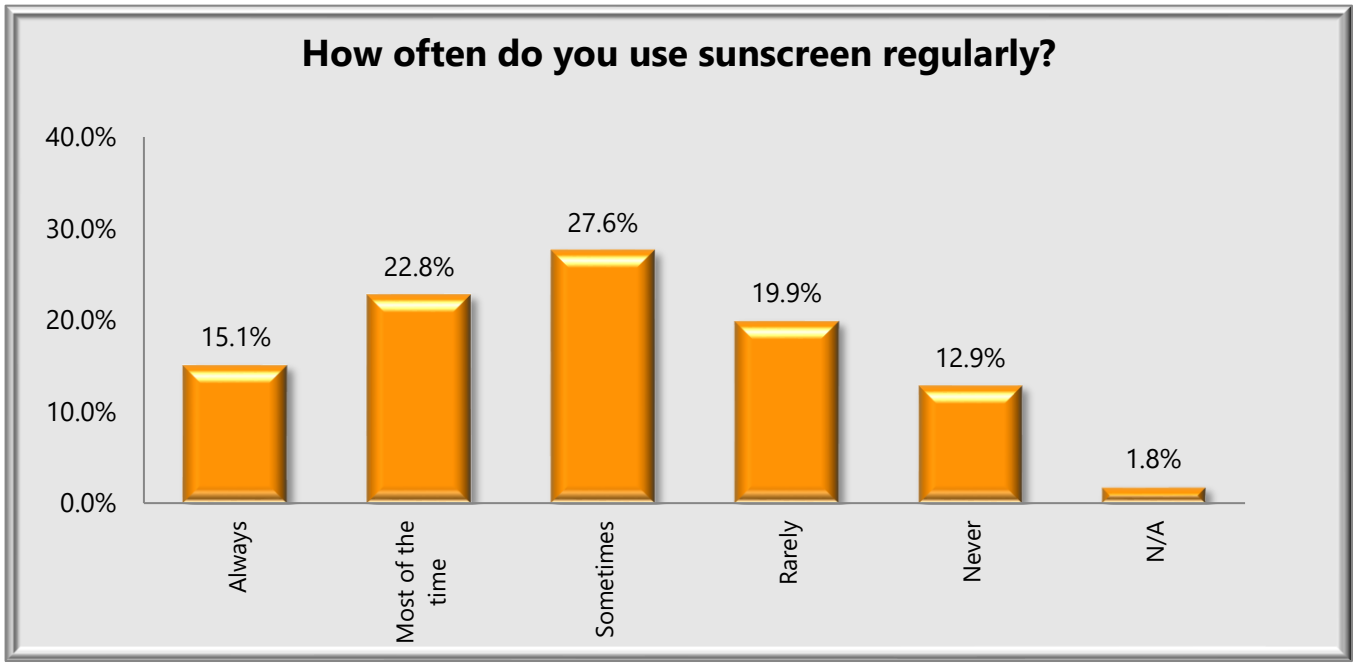

How often do you use electronic cigarettes, vape?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
3.2%
1.4%
1.4%
3.2%
80.6%
10.1%
Always
Most of the time
Sometimes
Rarely
Never
N/A

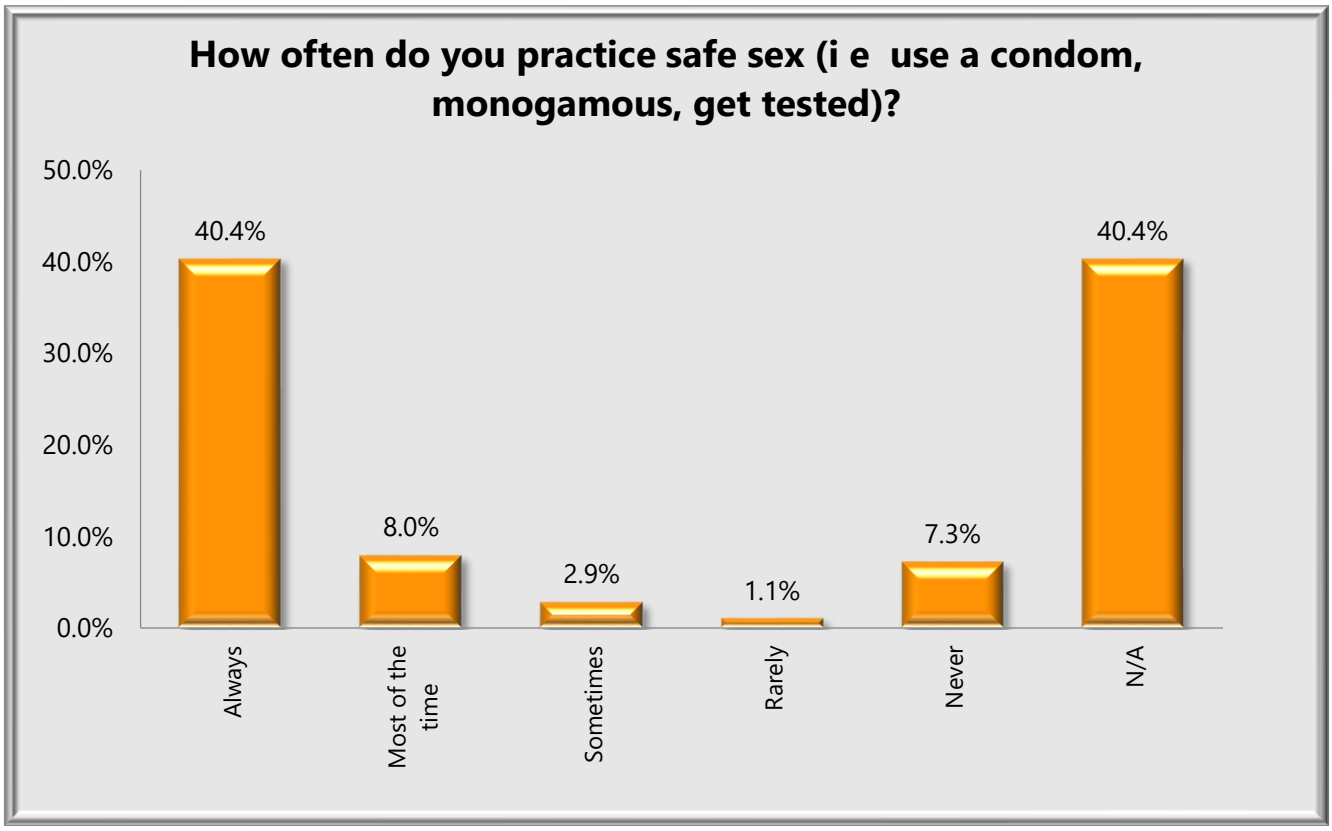

How often do you get exposed to second hand smoke or vaping mist at home or work?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.8%
1.8%
7.9%
19.9%
61.0%
7.6%
Always
Most of the time
Sometimes
Rarely
Never
N/A

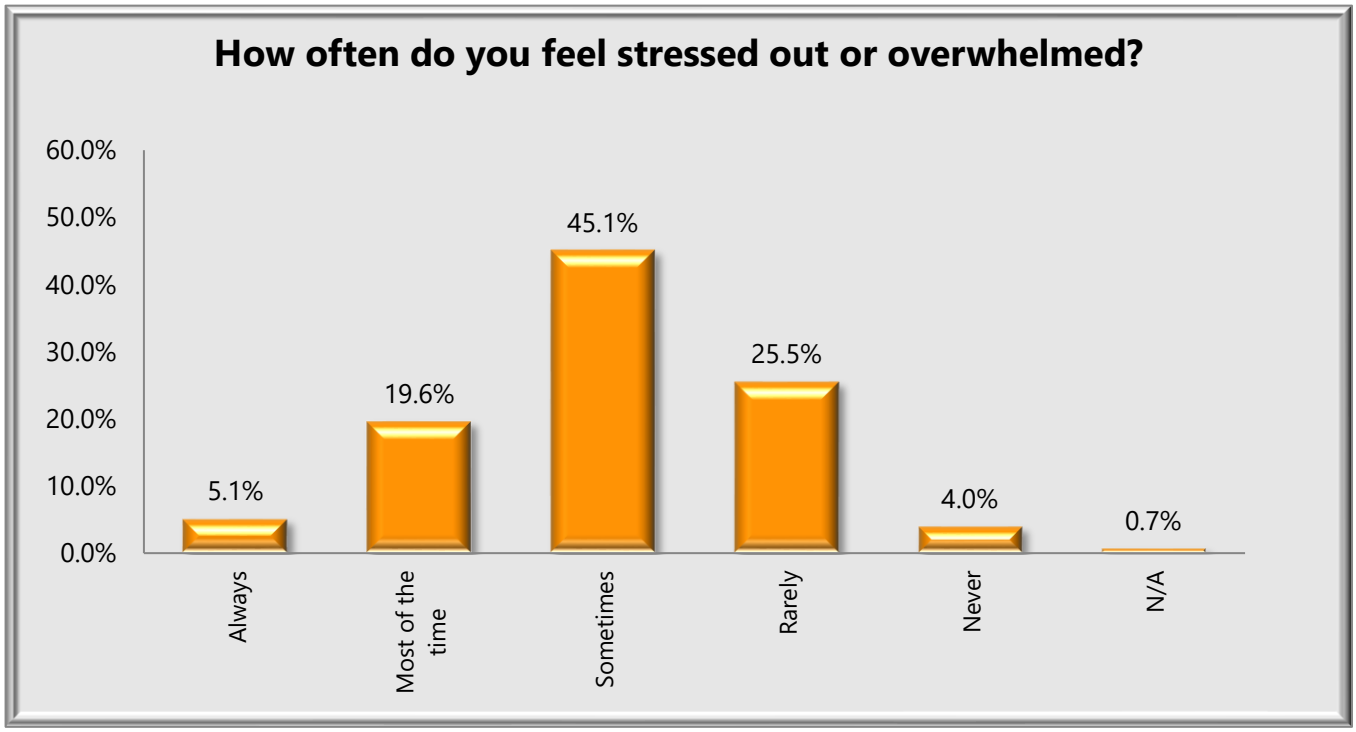

How often do you use marijuana?
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.4%
2.5%
6.5%
9.0%
72.7%
7.9%
Always
Most of the time
Sometimes
Rarely
Never
N/A

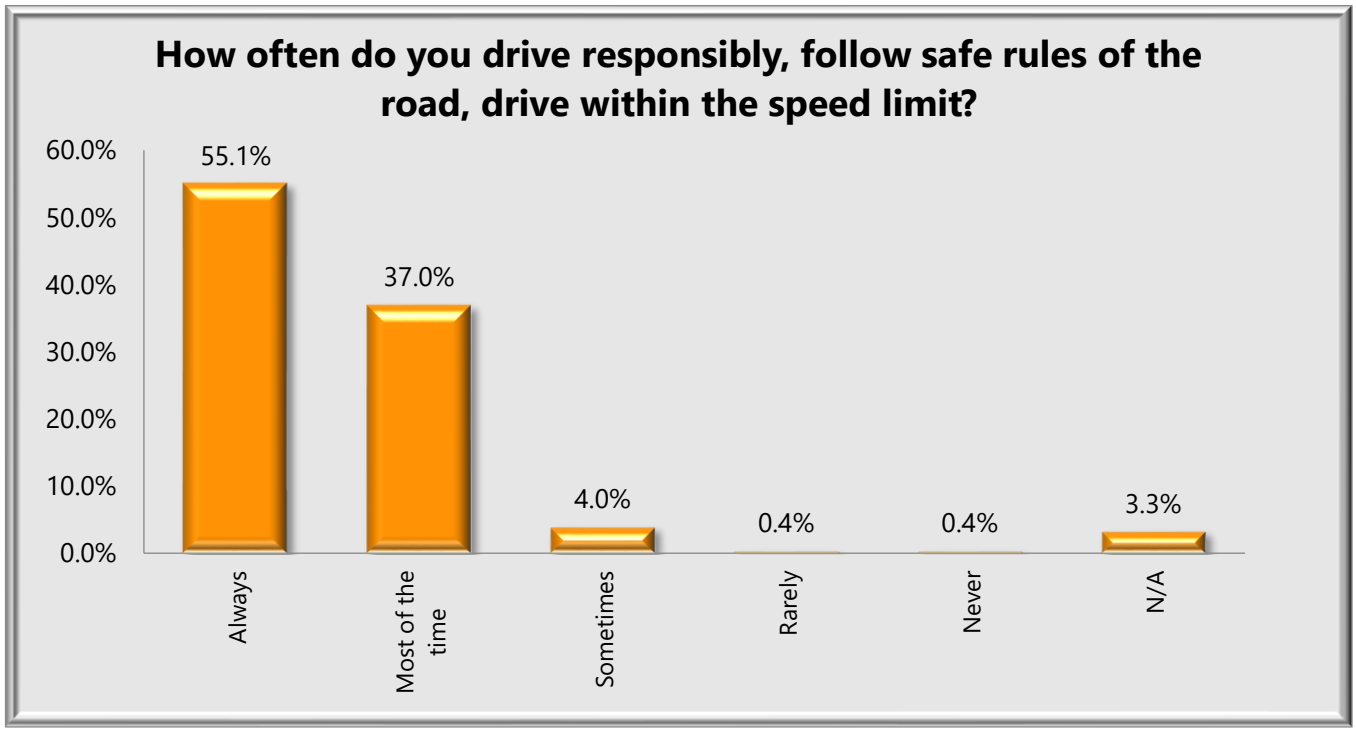

How often do you use opioids, heroin, or other illegal drugs?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.4%
1.1%
1.1%
89.9%
7.6%
Most of the time
Sometimes
Rarely
Never
N/A


How often do you use prescription drugs more than prescribed?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.7%
0.4%
1.8%
3.6%
89.6%
4.0%
Always
Most of the time
Sometimes
Rarely
Never
N/A

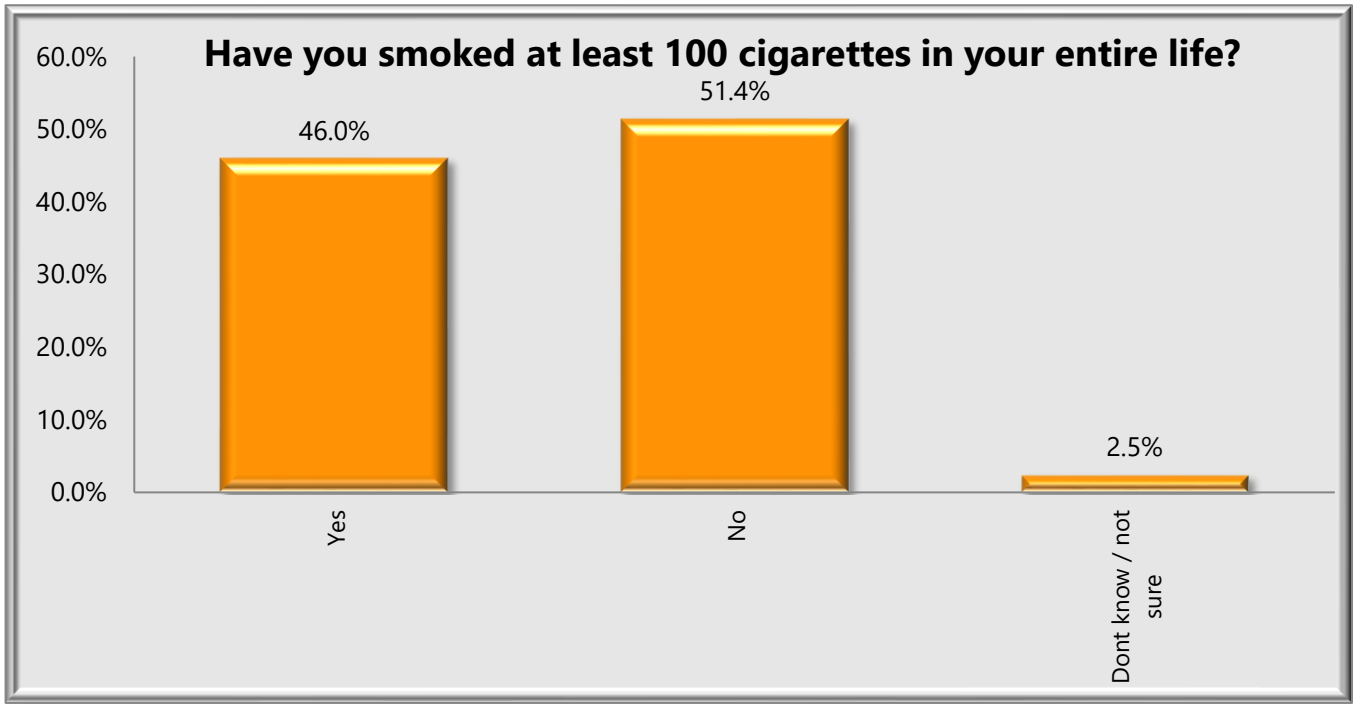

How often do you use sunscreen regularly?
40.0%
30.0%
20.0%
10.0%
0.0%
15.1%
22.8%
27.6%
19.9%
12.9%
1.8%
Always
Most of the time
Sometimes
Rarely
Never
N/A

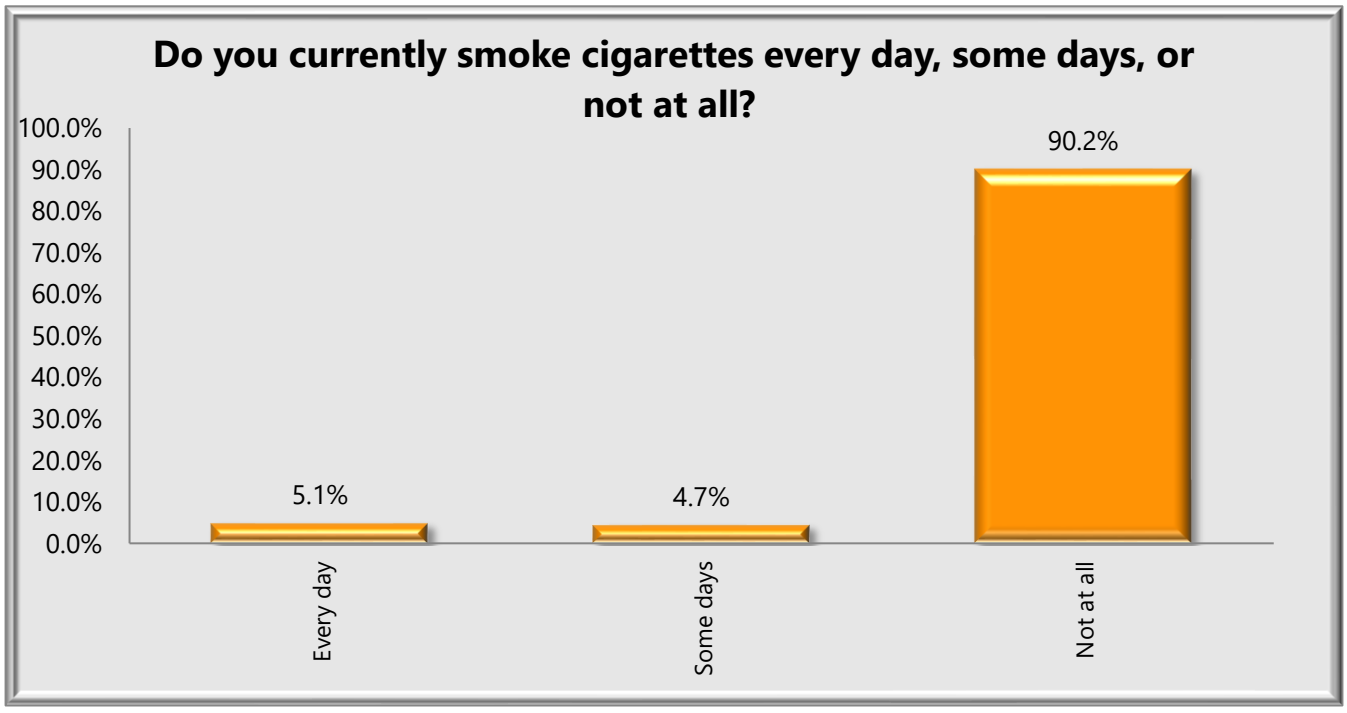

How often do you practice safe sex (i e use a condom, monogamous, get tested)?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
40.4%
8.0%
2.9%
1.1%
7.3%
40.4%
Always
Most of the time
Sometimes
Rarely
Never
N/A

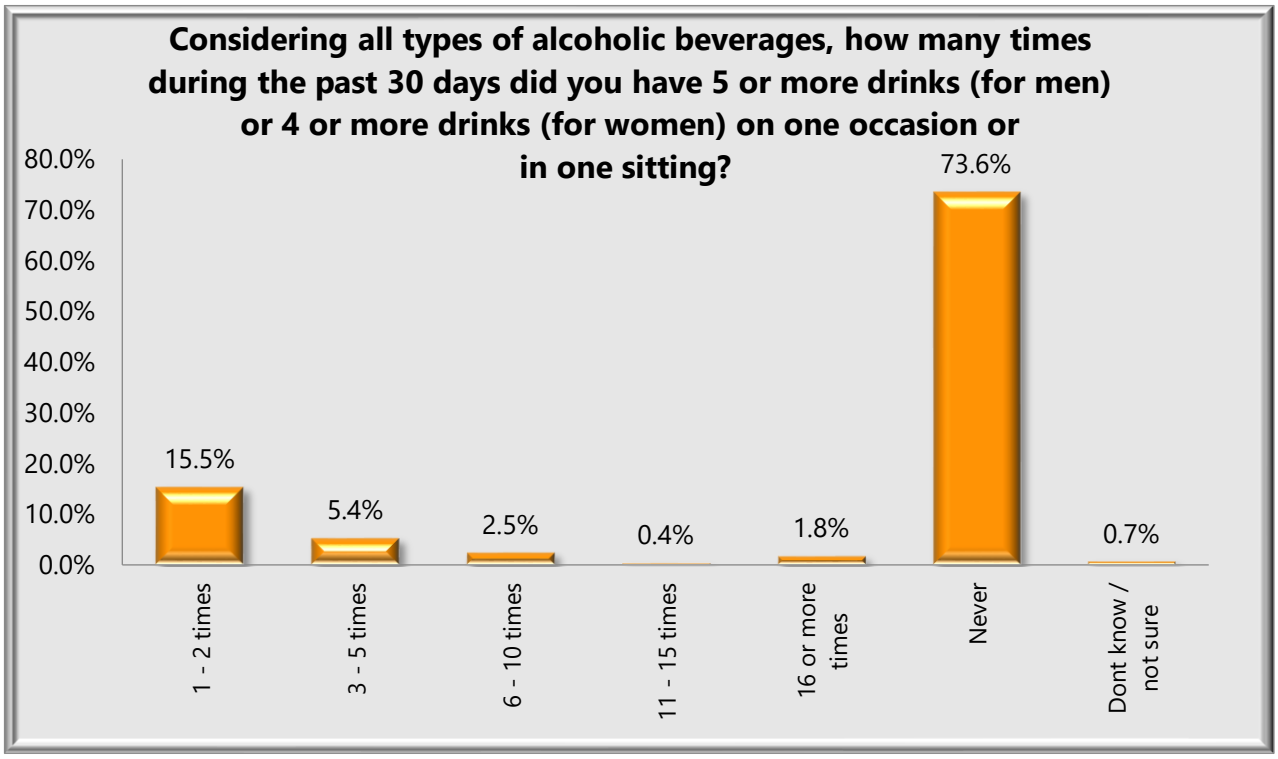

How often do you feel stressed out or overwhelmed?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
5.1%
19.6%
45.1%
25.5%
4.0%
0.7%
Always
Most of the time
Sometimes
Rarely
Never
N/A

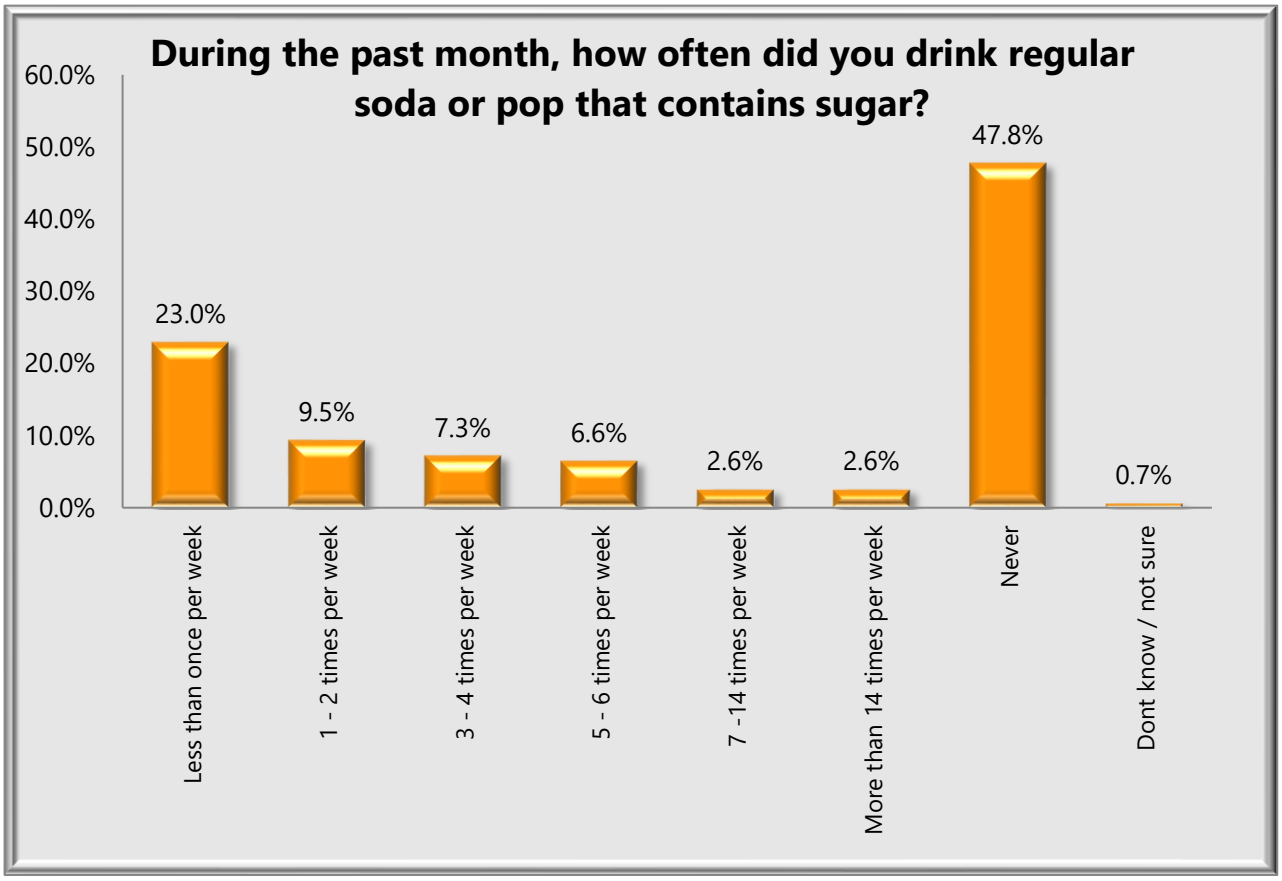

How often do you drive responsibly, follow safe rules of the road, drive within the speed limit?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
55.1%
37.0%
4.0%
0.4%
0.4%
3.3%
Always
Most of the time
Sometimes
Rarely
Never
N/A

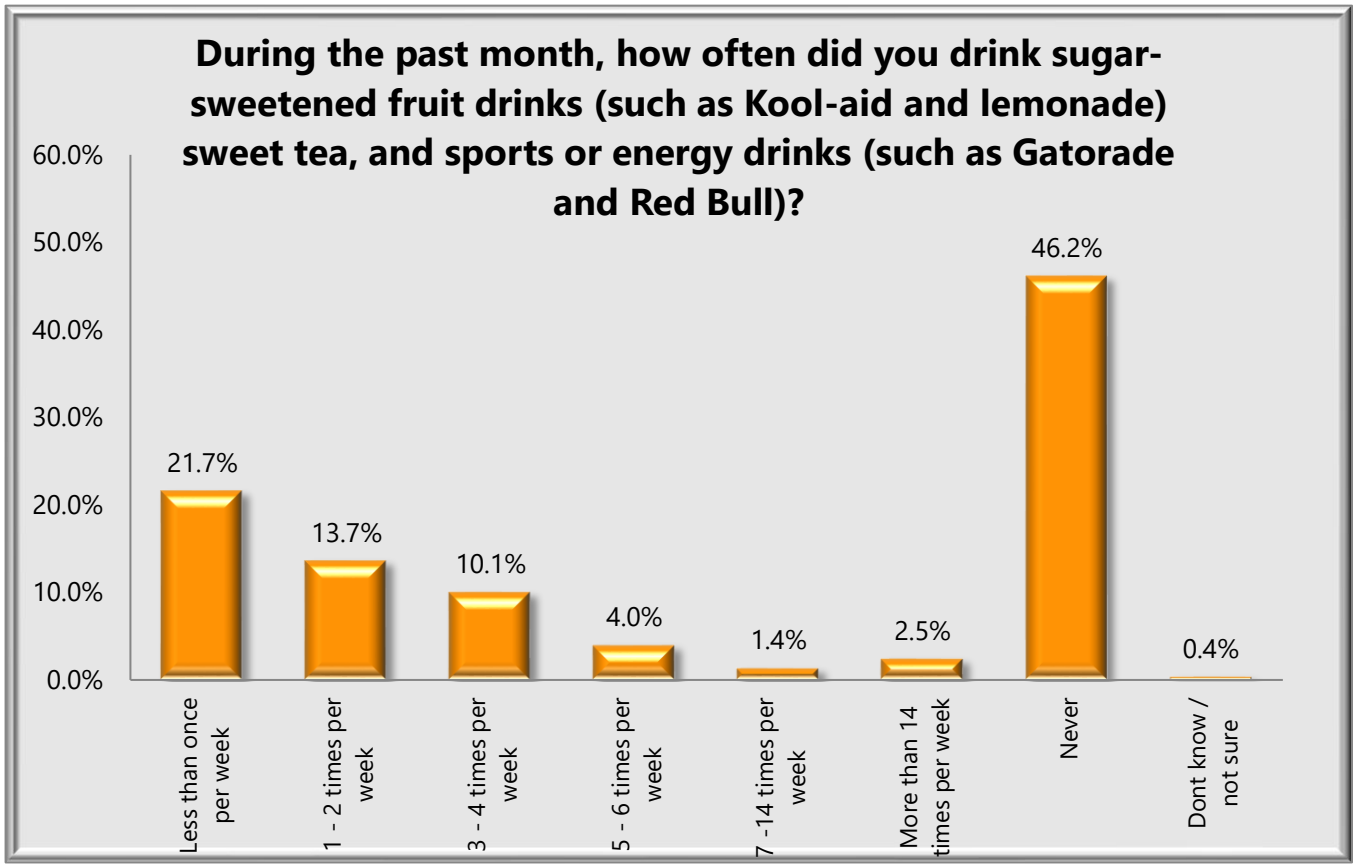
Substance Use



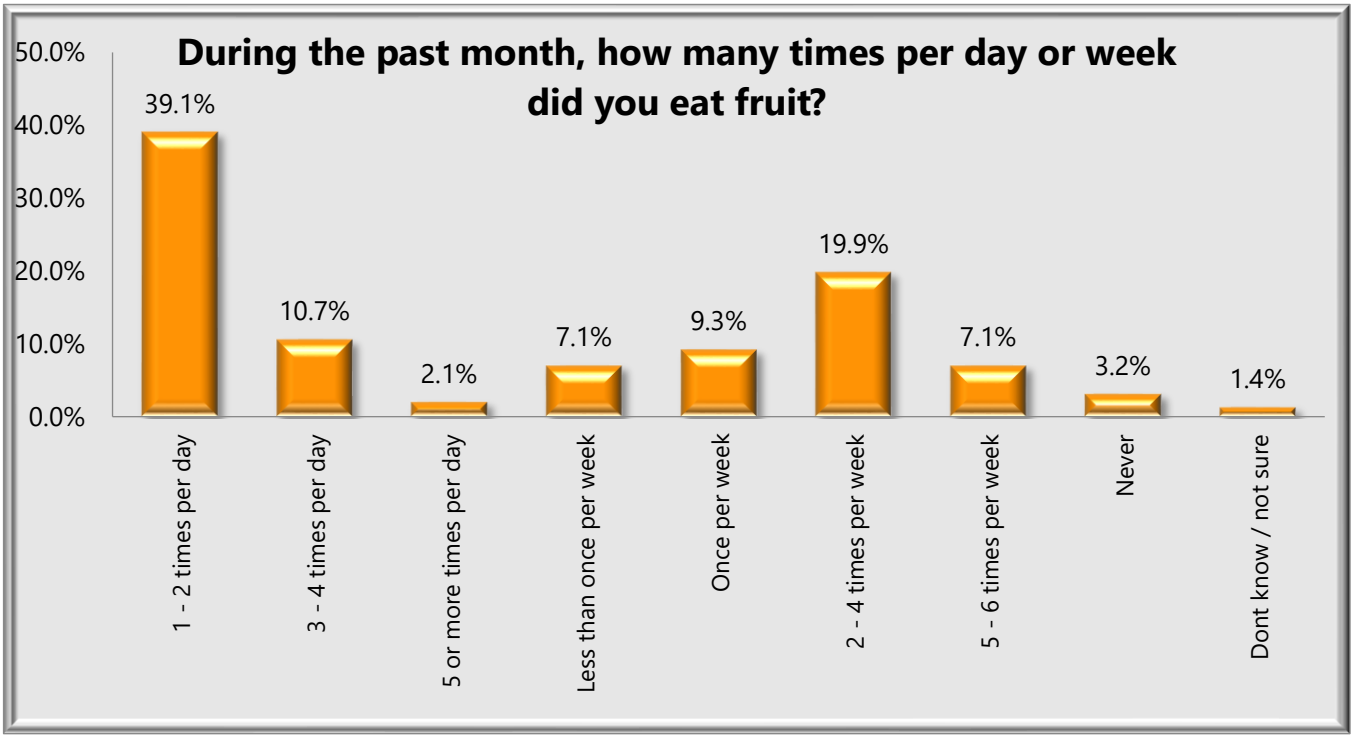


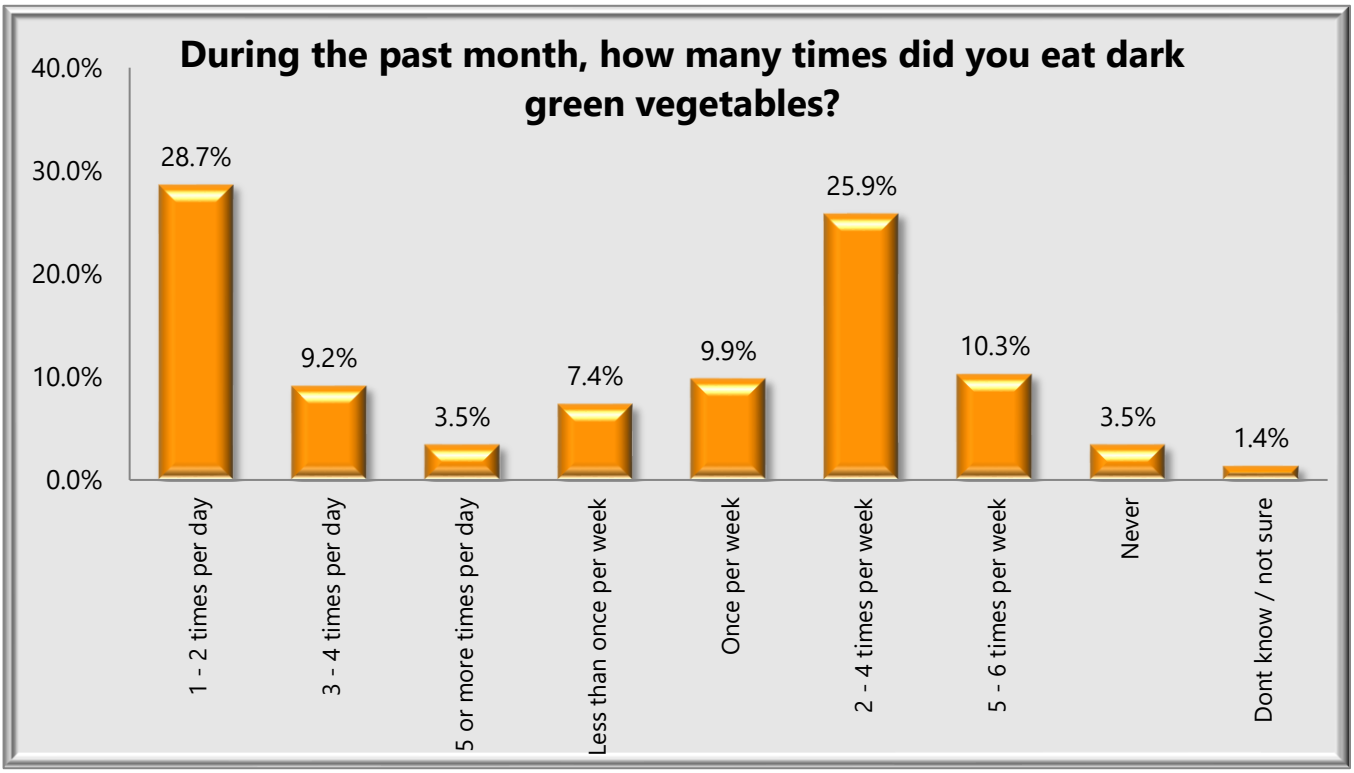

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men) or 4 or more drinks (for women) on one occasion or in one sitting?
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
15.5%
5.4%
2.5%
0.4%
1.8%
73.6%
0.7%
1 - 2 times
3 - 5 times
6 - 10 times
11 - 15 times
16 or more times
Never
Dont know / not sure

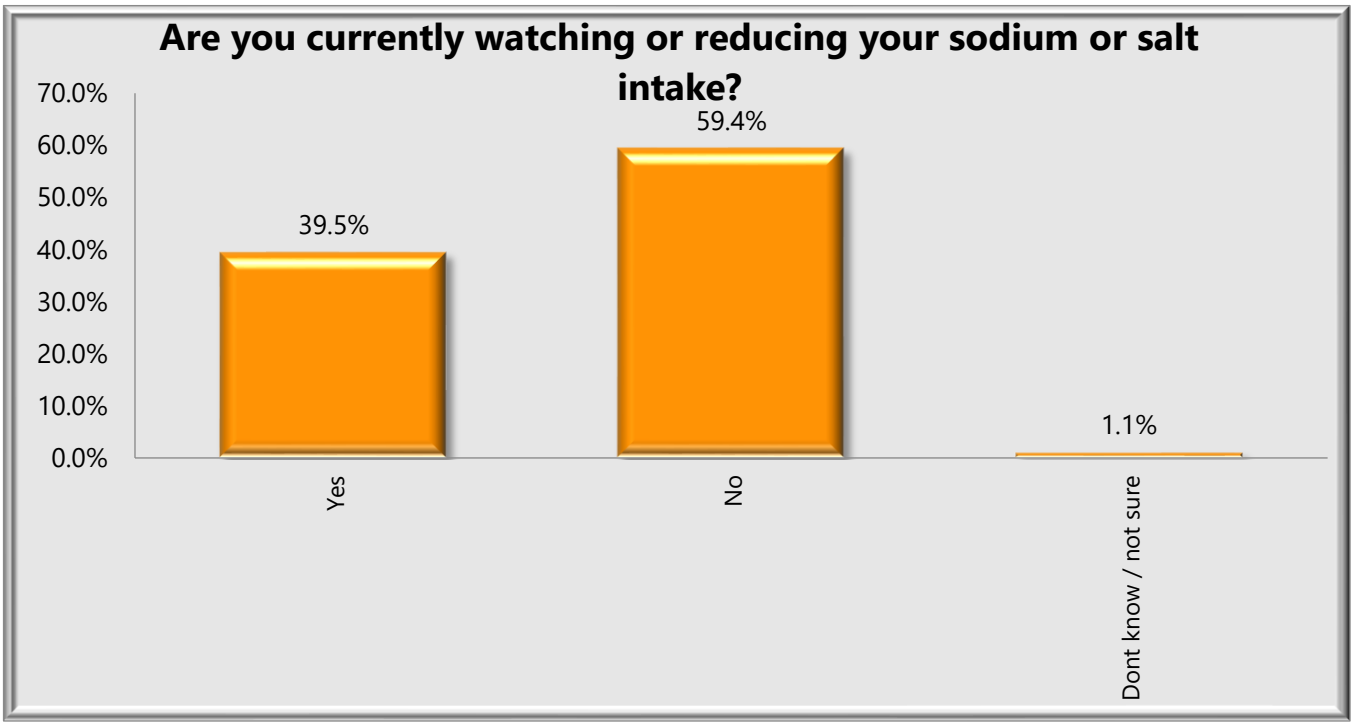

During the past month, how often did you drink regular soda or pop that contains sugar?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
23.0%
9.5%
7.3%
6.6%
2.6%
2.6%
47.8%
0.7%
Less than once per week
1 - 2 times per week
3 - 4 times per week
5 - 6 times per week
7 -14 times per week
More than 14 times per week
Never
Dont know / not sure

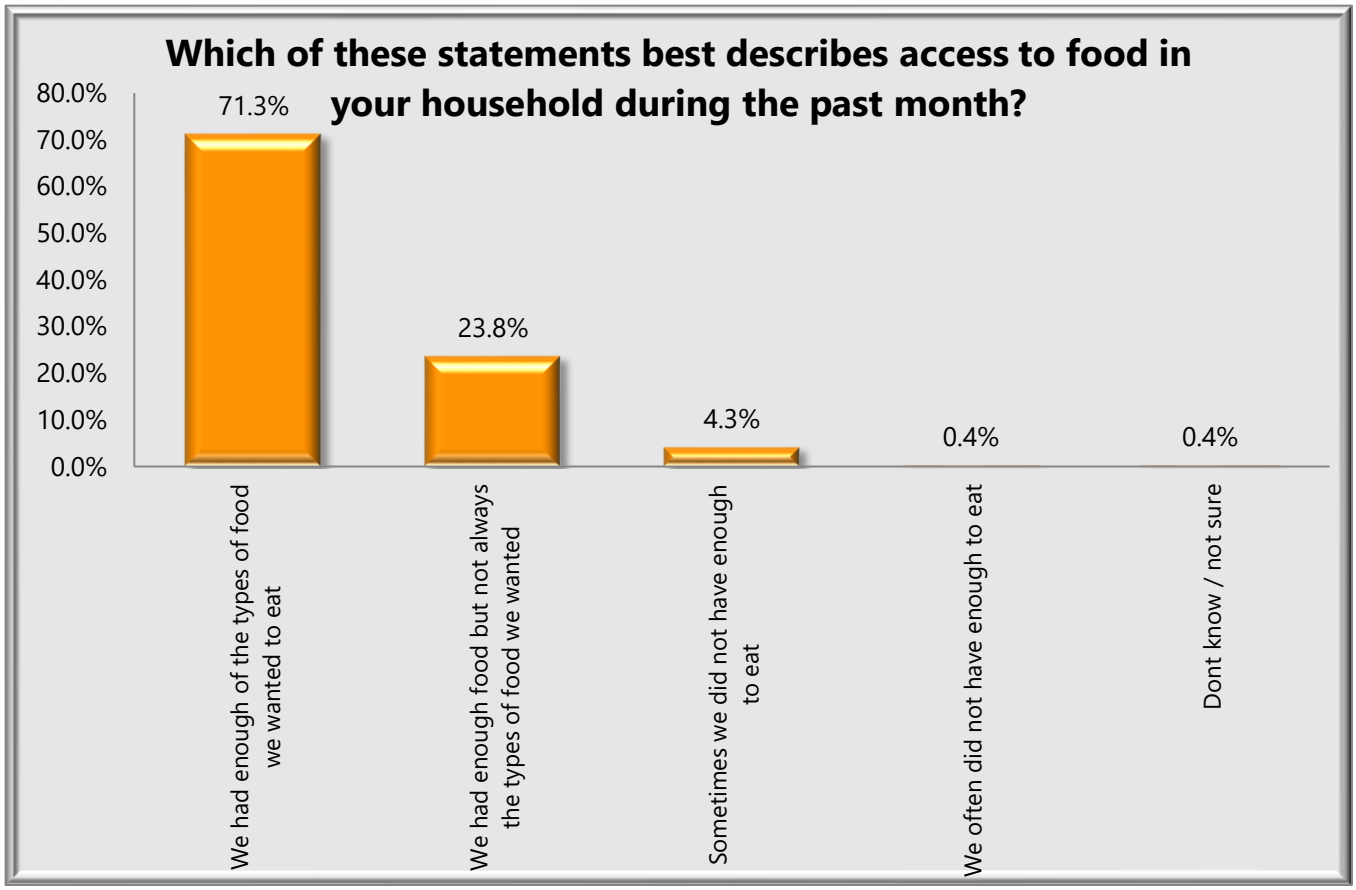

During the past month, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade) sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
21.7%
13.7%
10.1%
4.0%
1.4%
2.5%
46.2%
0.4%
Less than once per week
1 - 2 times per week
3 - 4 times per week
5 - 6 times per week
7 -14 times per week
More than 14 times per week
Never
Dont know / not sure

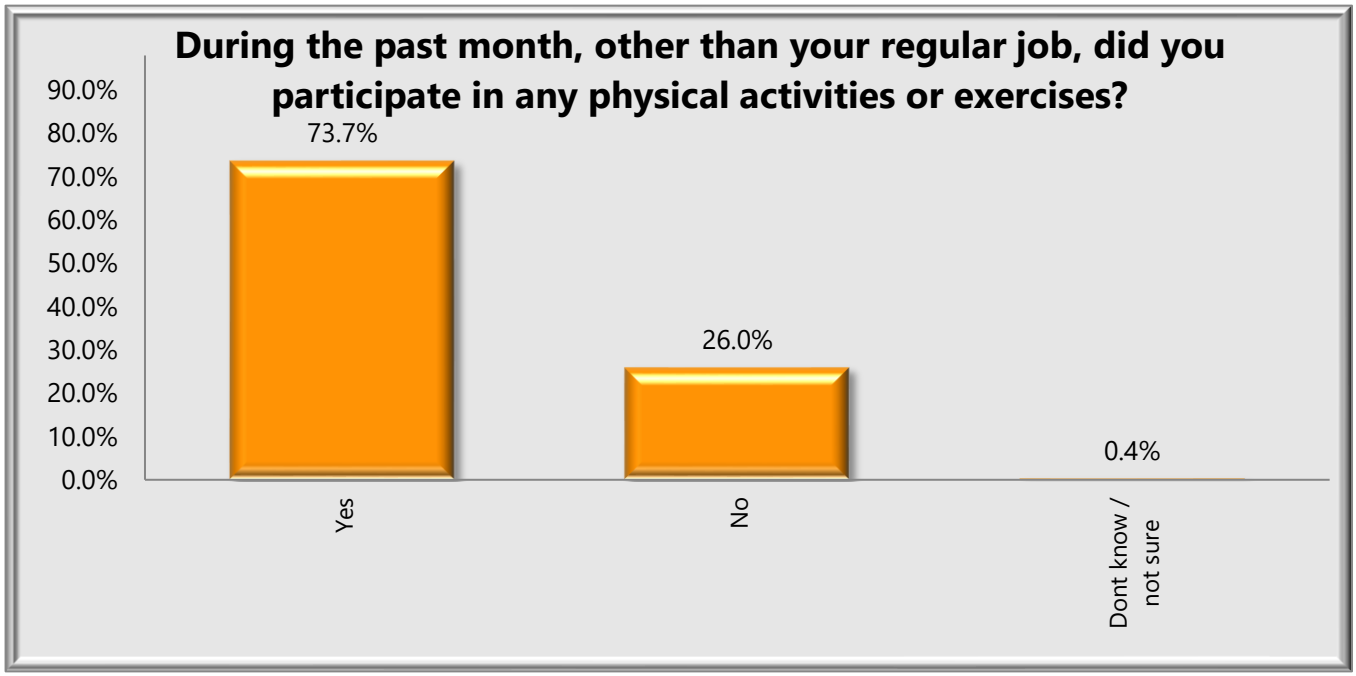
Diet and Exercise

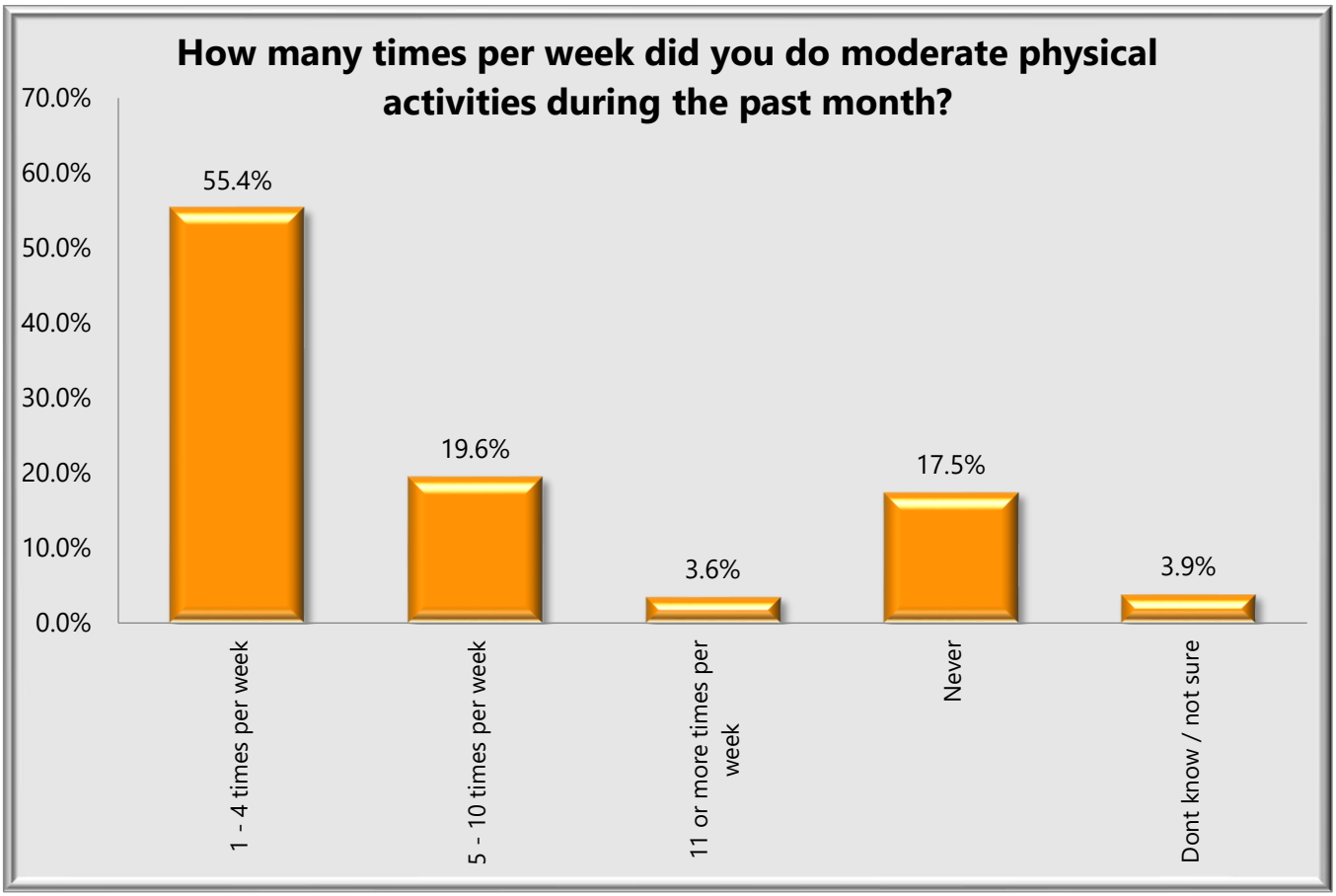


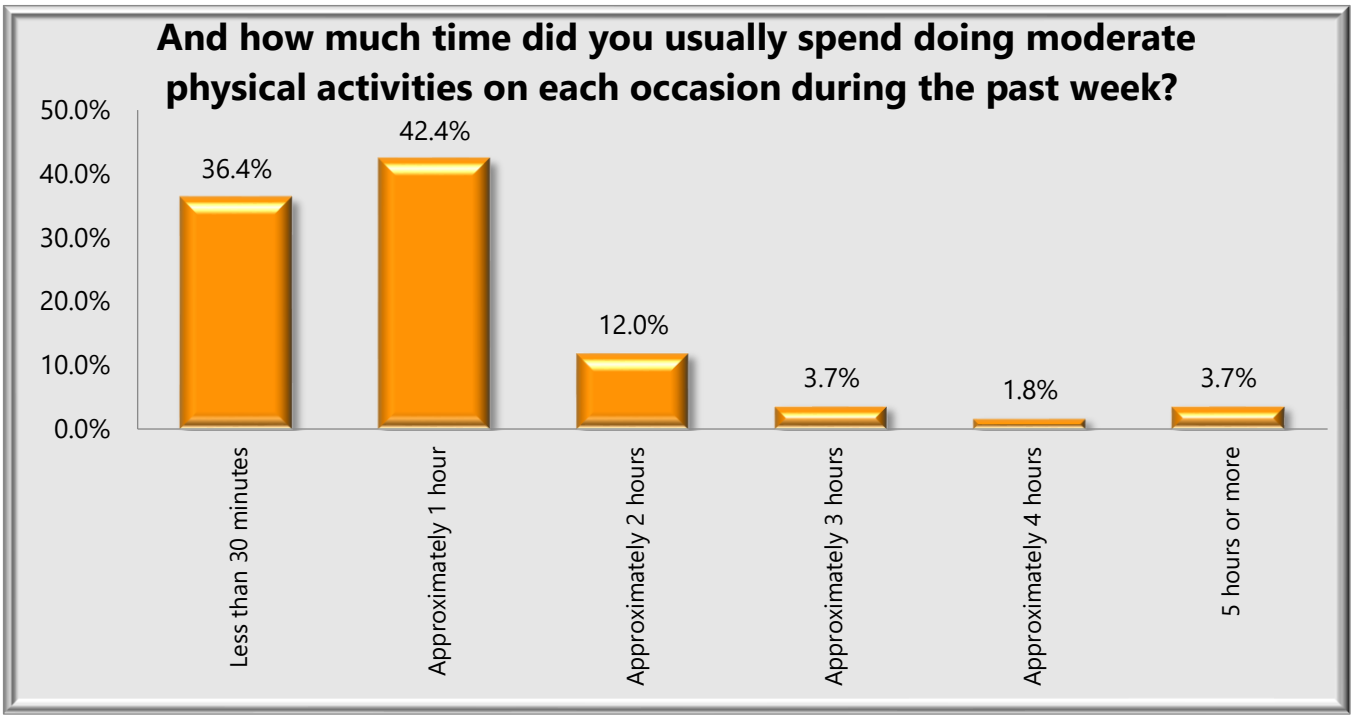


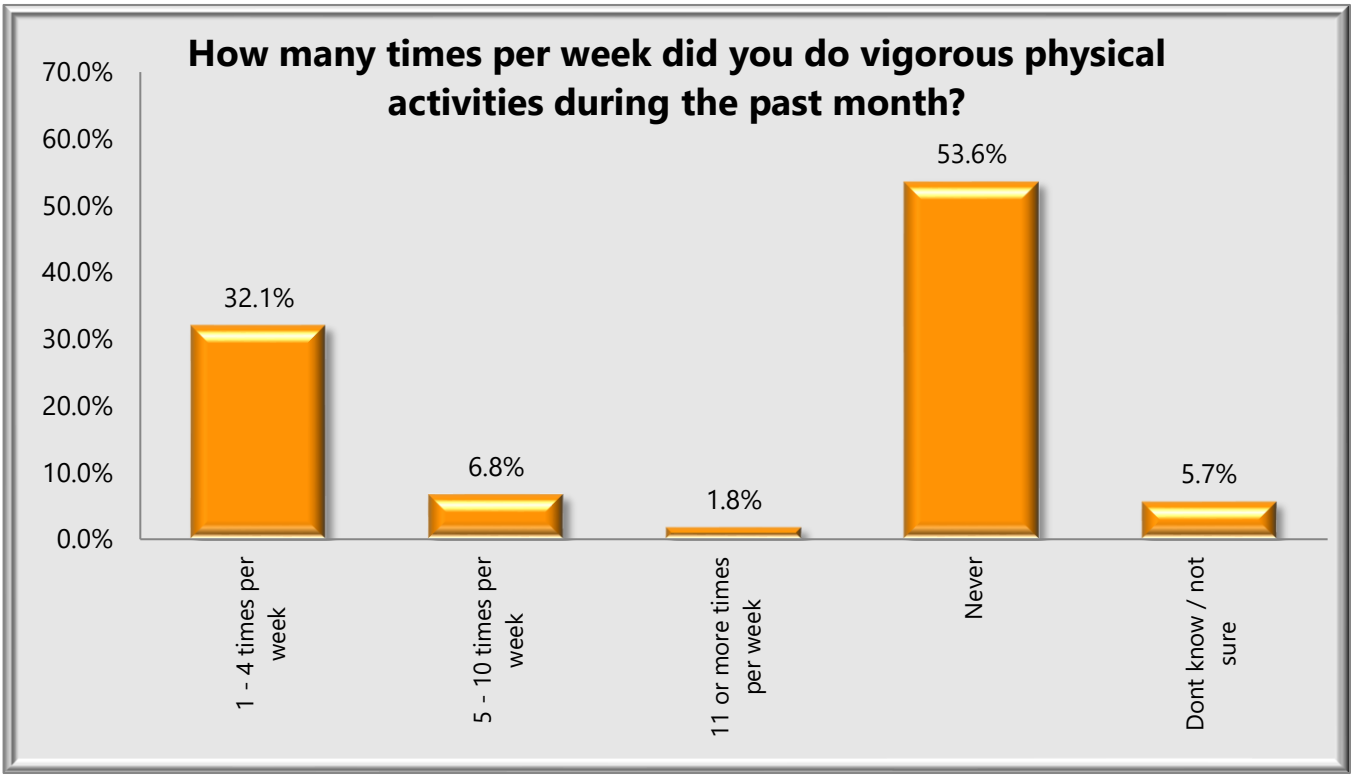

Are you currently watching or reducing your sodium or salt intake?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
39.5%
59.4%
1.1%
Yes
No
Dont know / not sure

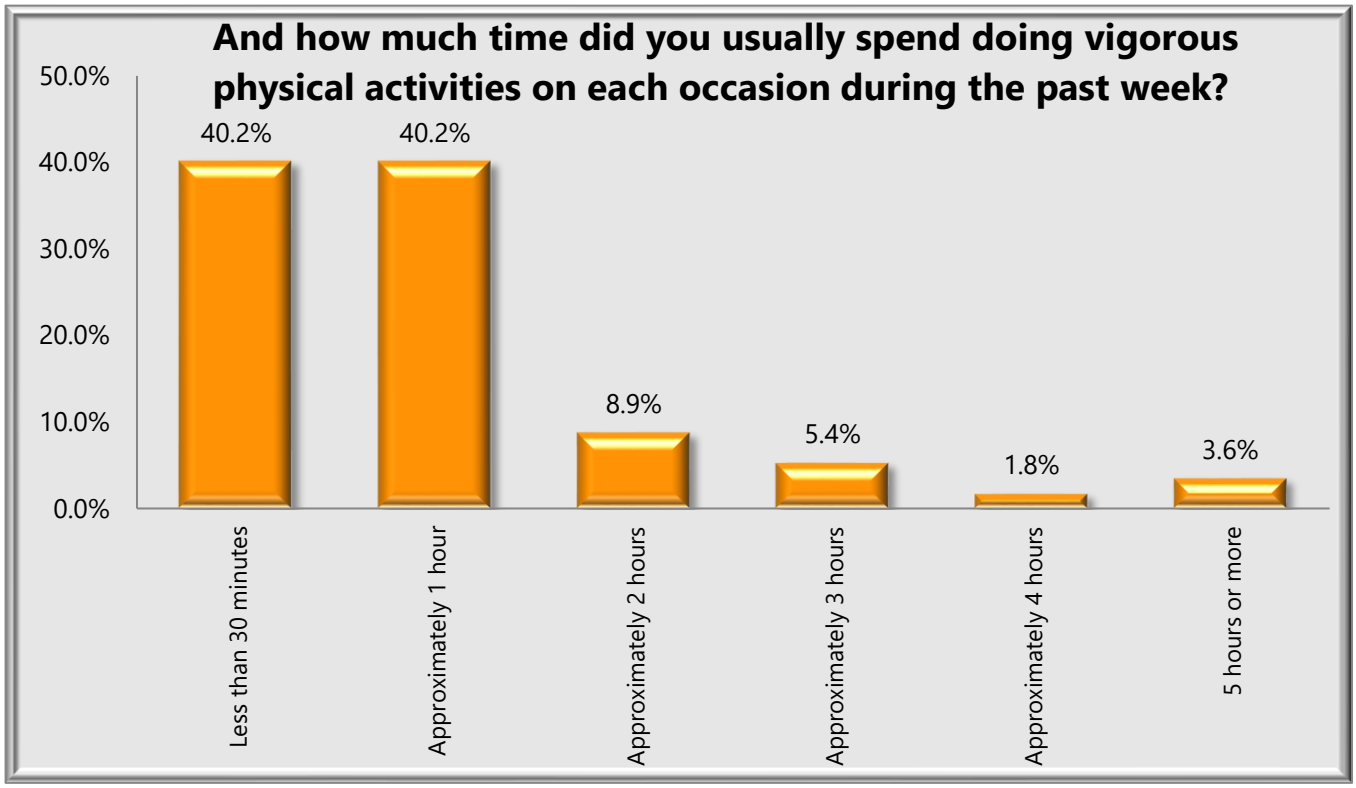

Which of these statements best describes access to food in your household during the past month?
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
71.3%
23.8%
4.3%
0.4%
0.4%
We had enough of the types of food we wanted to eat
We had enough food but not always the types of food we wanted
Sometimes we did not have enough to eat
We often did not have enough to eat
Dont know / not sure

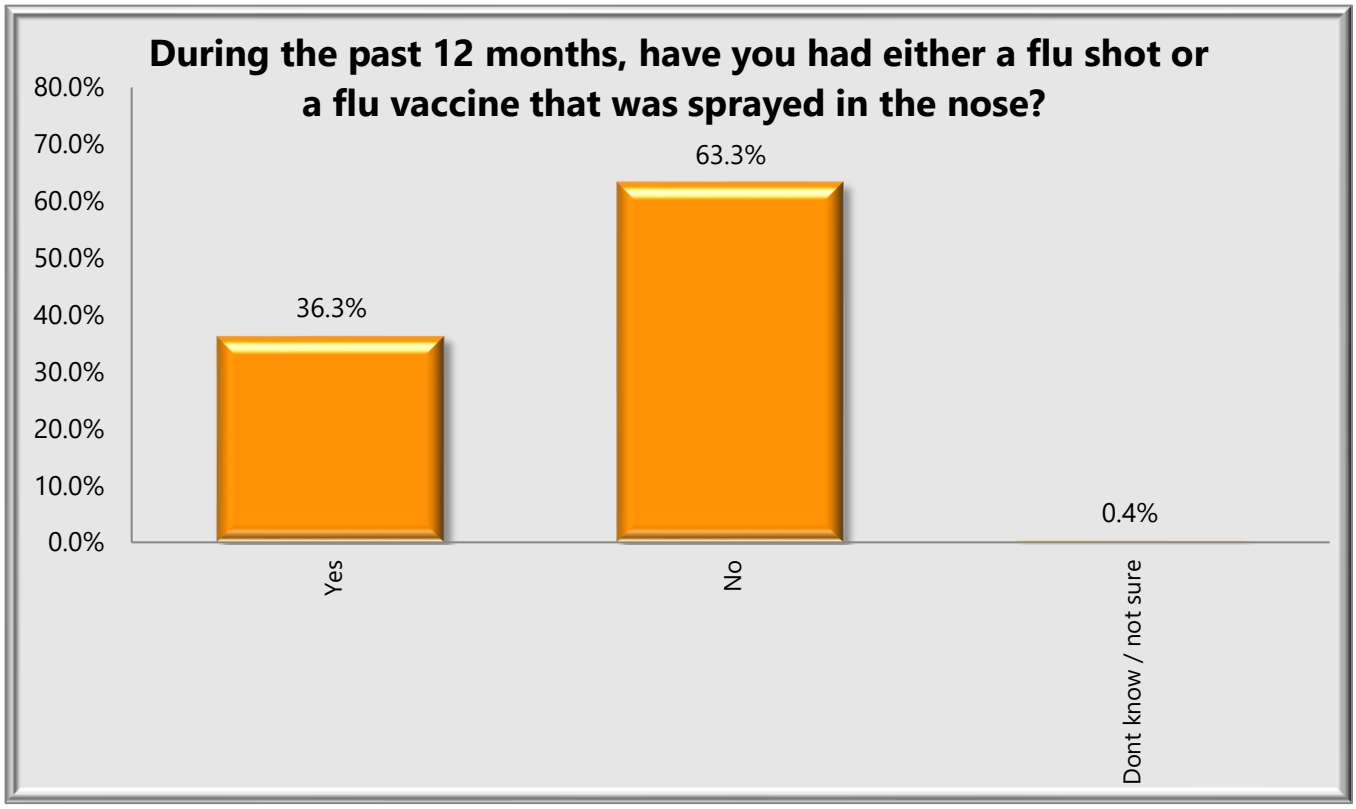

During the past month, other than your regular job, did you participate in any physical activities or exercises?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
73.7%
26.0%
0.4%
Yes
No
Dont know / not sure


How many times per week did you do moderate physical activities during the past month?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
55.4%
19.6%
3.6%
17.5%
3.9%
1 - 4 times per week
5 - 10 times per week
11 or more times per week
Never
Dont know / not sure

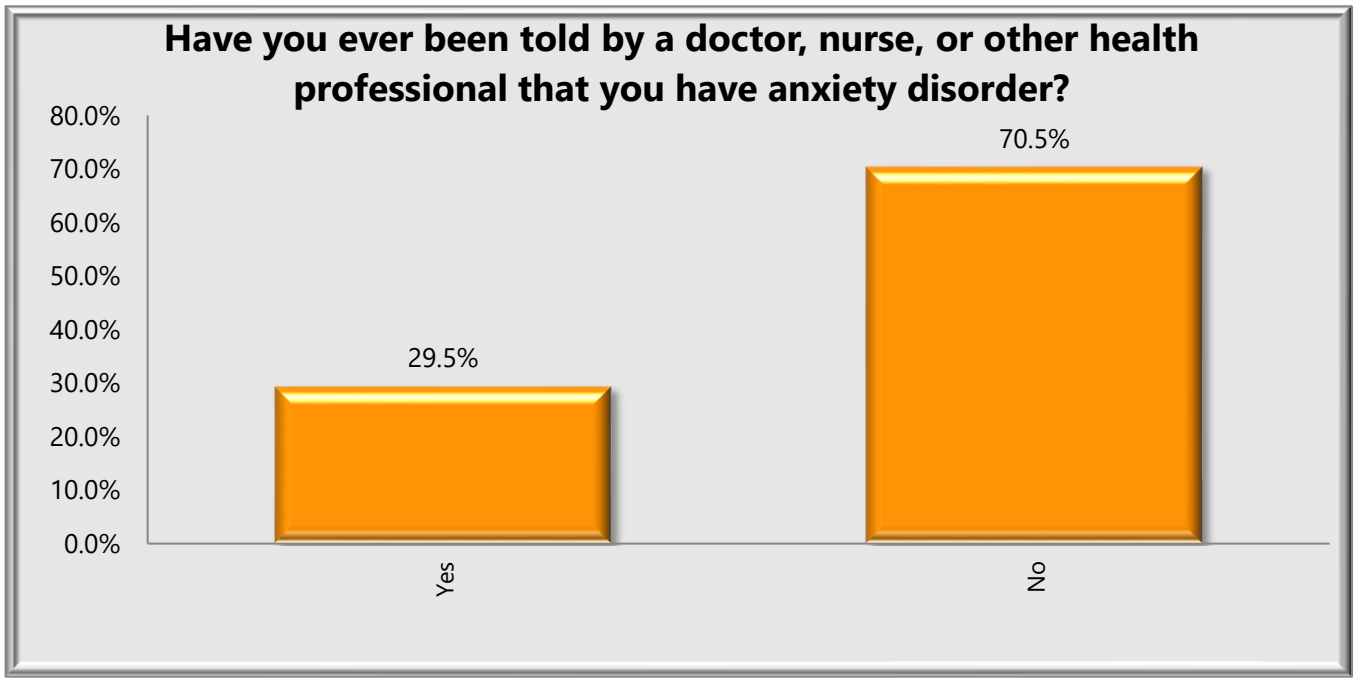

And how much time did you usually spend doing moderate physical activities on each occasion during the past week?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
36.4%
42.4%
12.0%
3.7%
1.8%
3.7%
Less than 30 minutes
Approximately 1 hour
Approximately 2 hours
Approximately 3 hours
Approximately 4 hours
5 hours or more

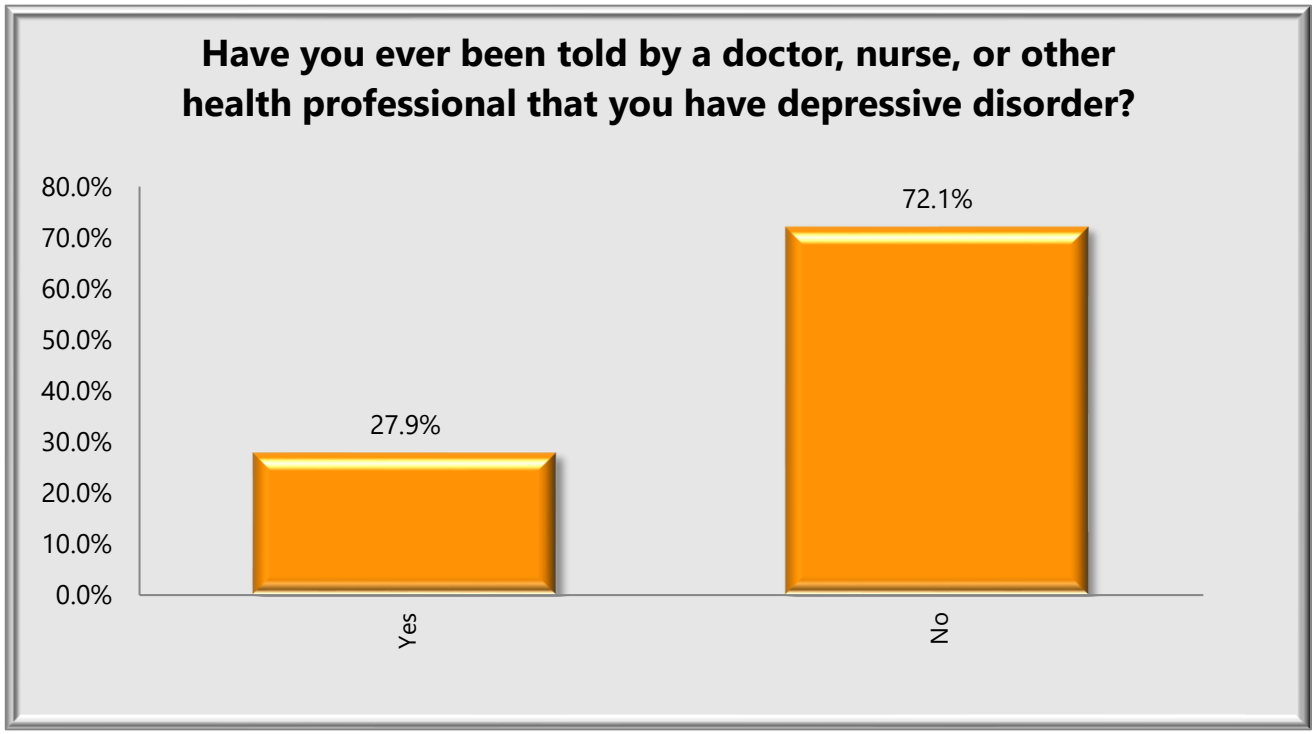

How many times per week did you do vigorous physical activities during the past month?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
32.1%
6.8%
1.8%
53.6%
5.7%
1 - 4 times per week
5 - 10 times per week
11 or more times per week
Never
Dont know / not sure

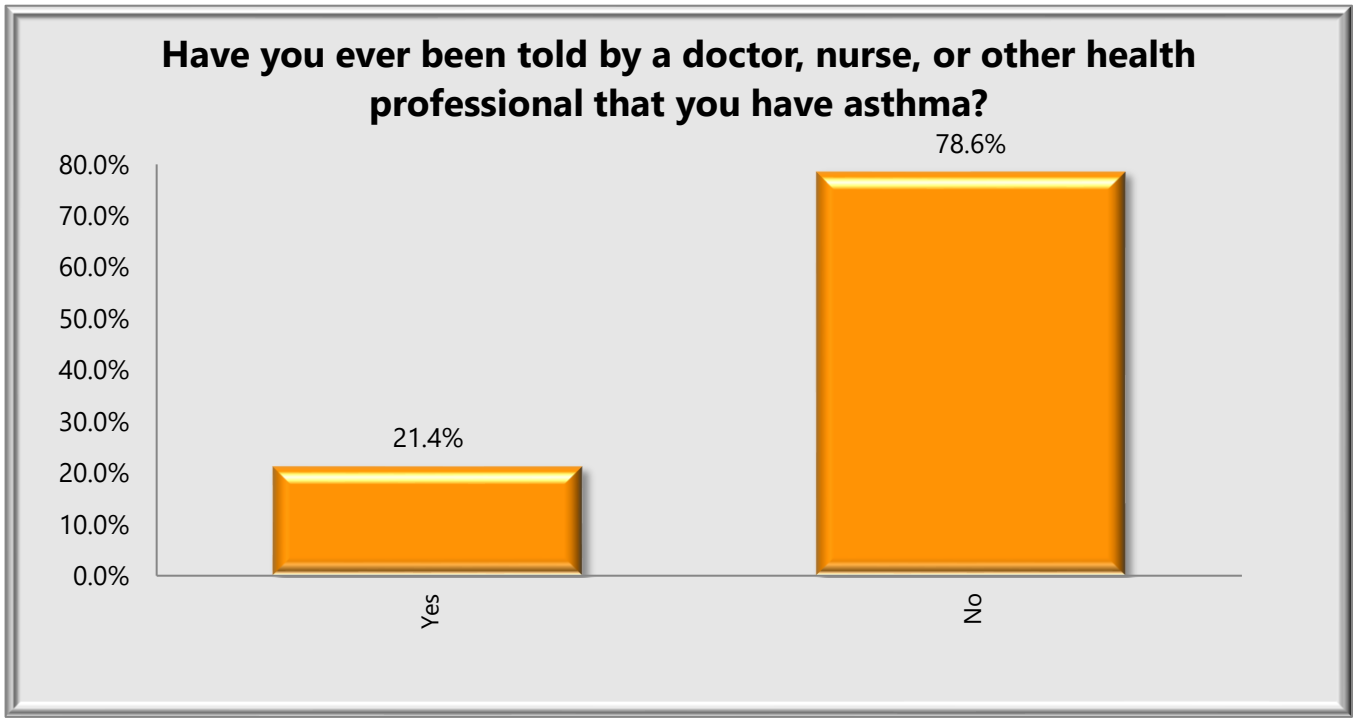

And how much time did you usually spend doing vigorous physical activities on each occasion during the past week?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
40.2%
40.2%
8.9%
5.4%
1.8%
3.6%
Less than 30 minutes
Approximately 1 hour
Approximately 2 hours
Approximately 3 hours
Approximately 4 hours
5 hours or more

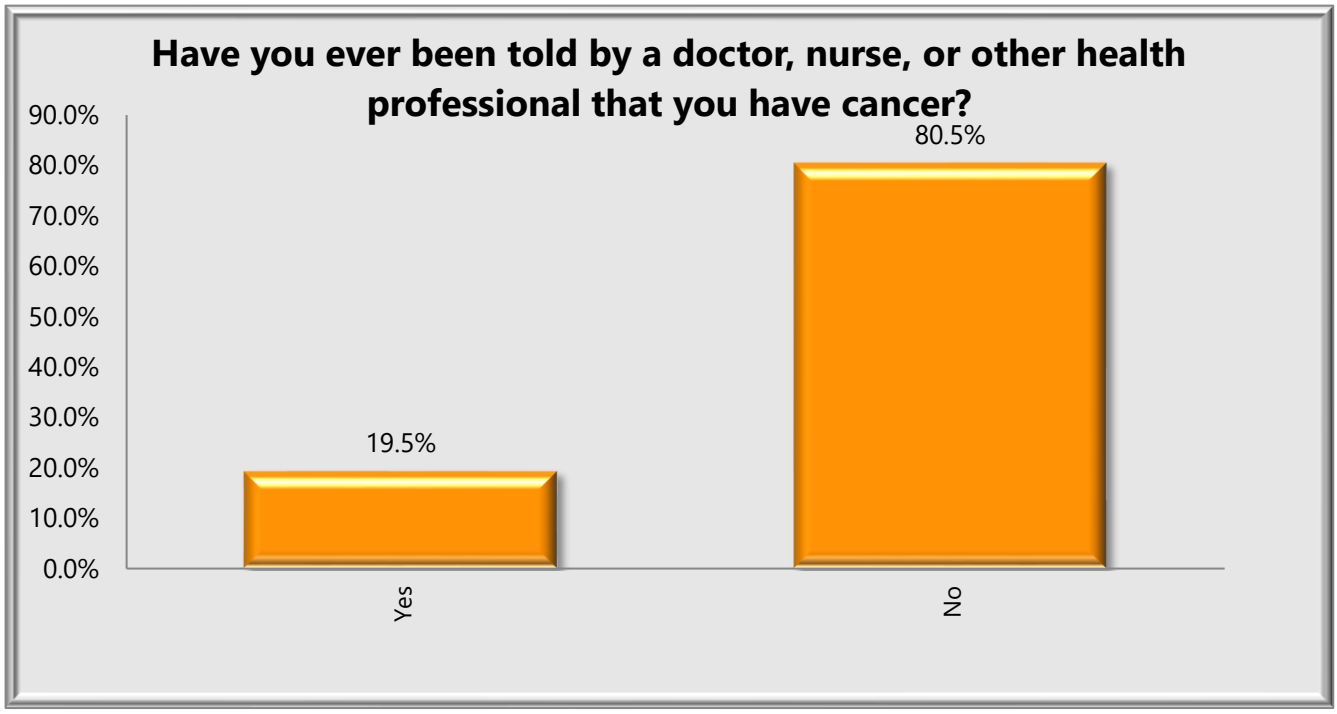


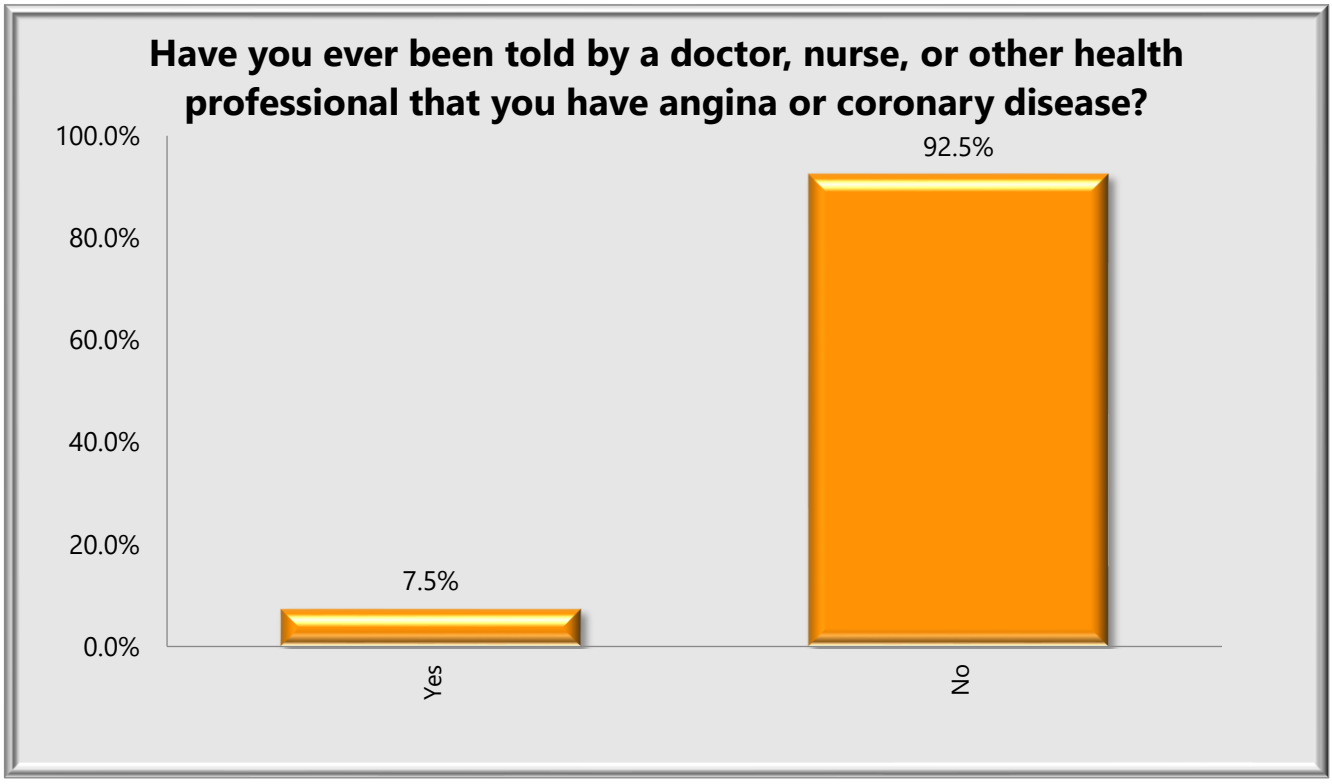
Disorders and Diseases

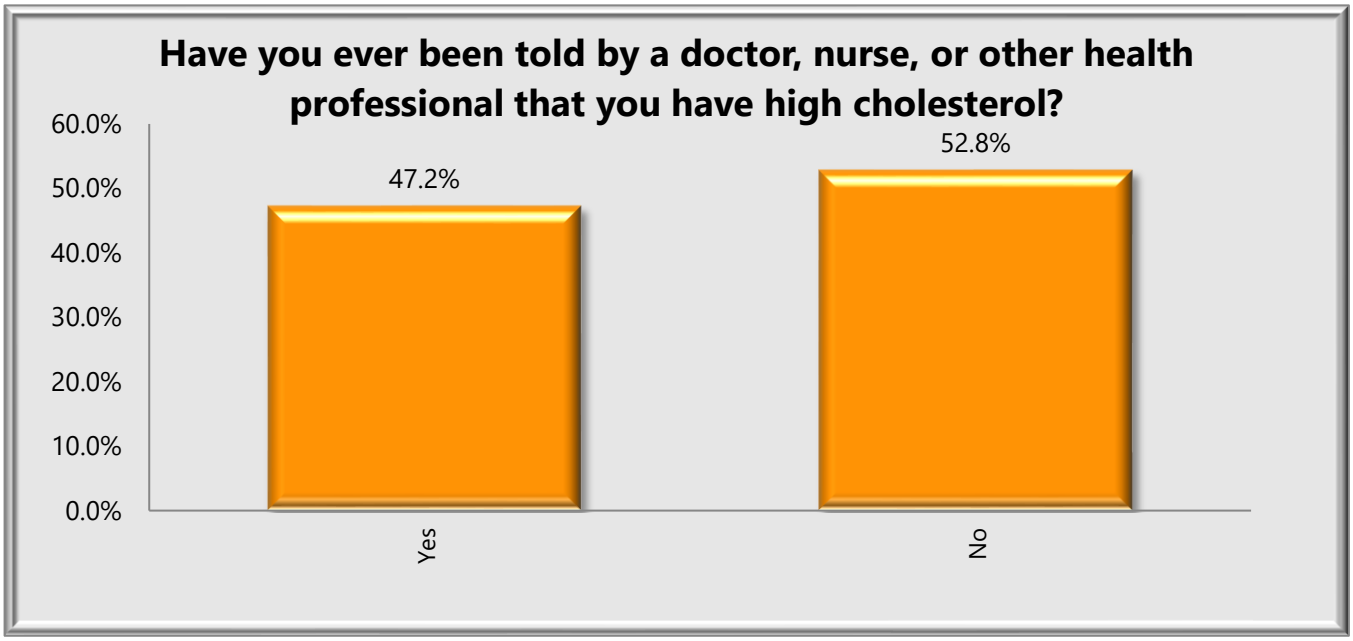


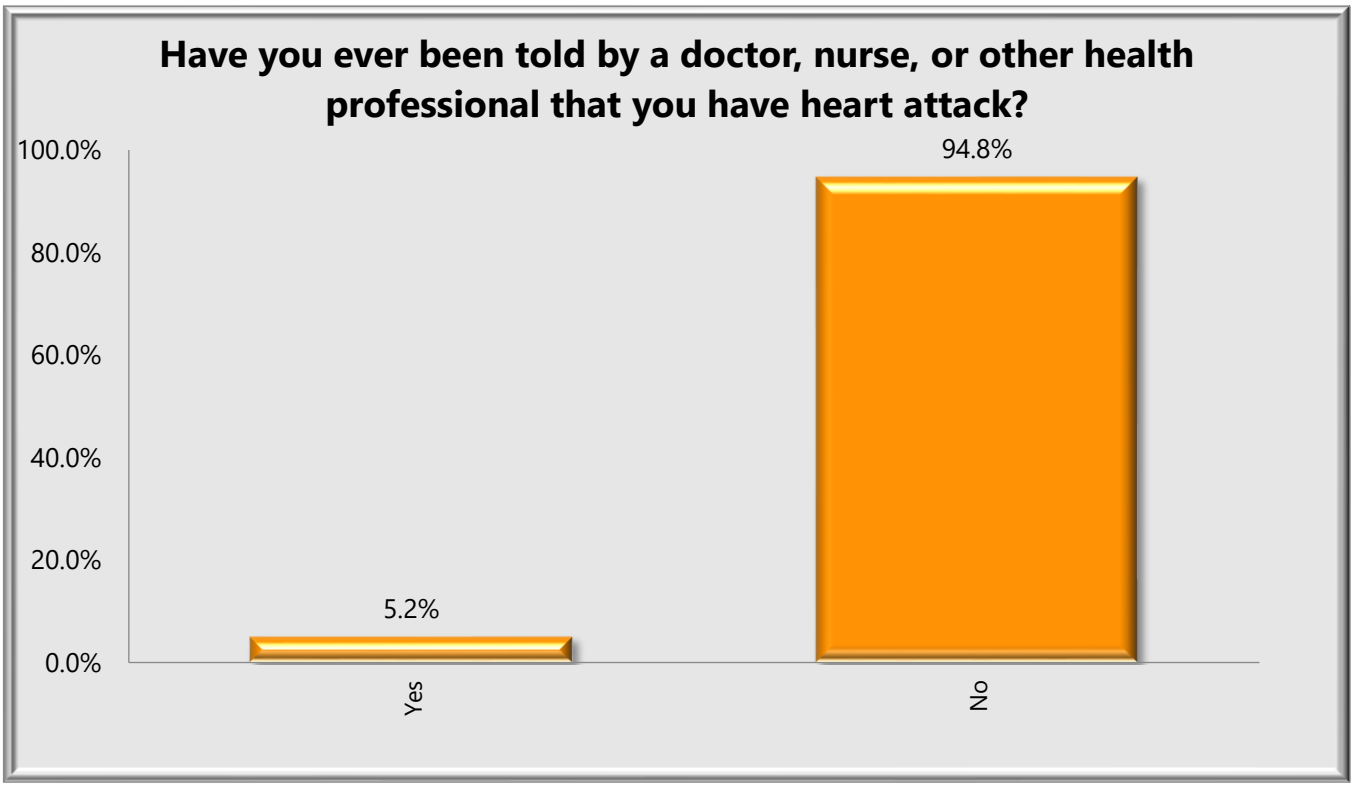

Have you ever been told by a doctor, nurse, or other health professional that you have depressive disorder?
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
27.9%
72.1%
Yes
No

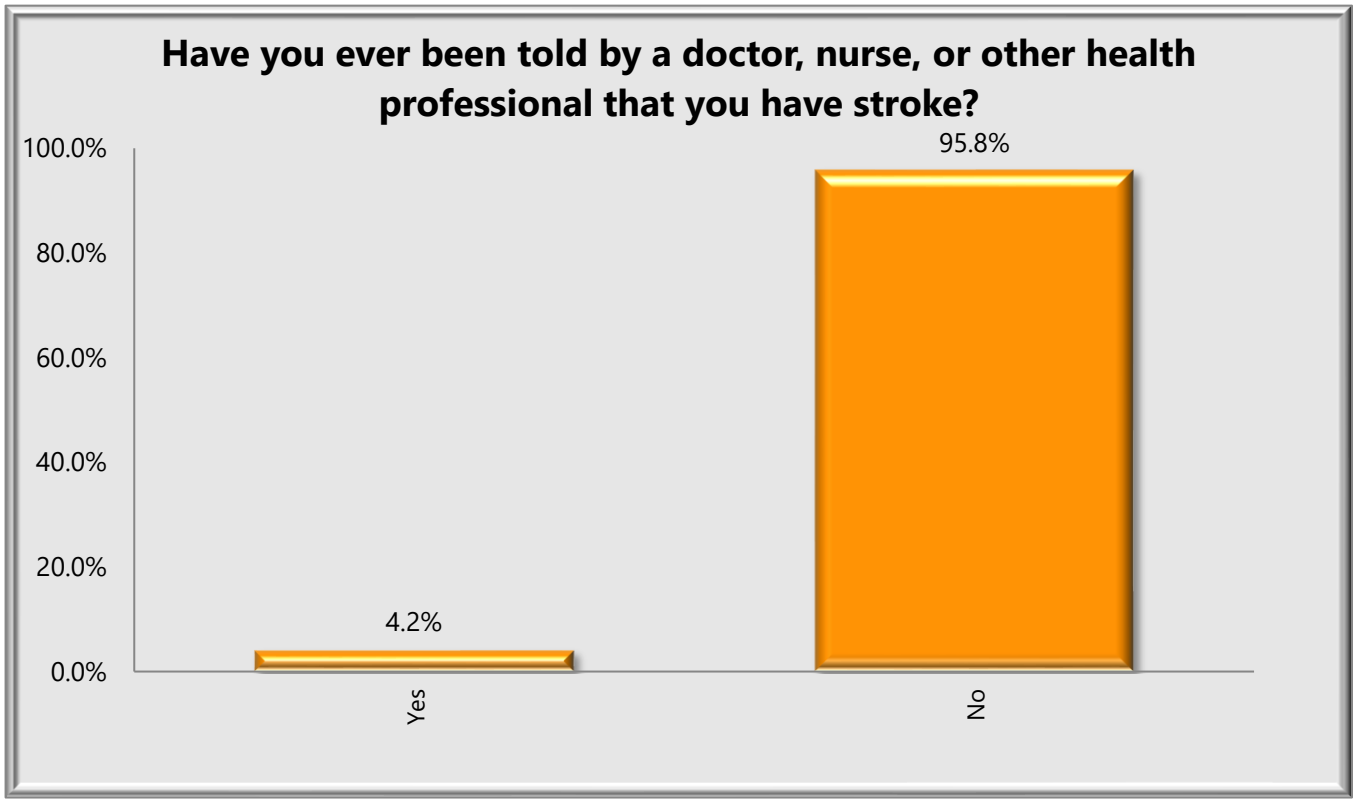

Have you ever been told by a doctor, nurse, or other health professional that you have asthma?
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
21.4%
78.6%
Yes
No

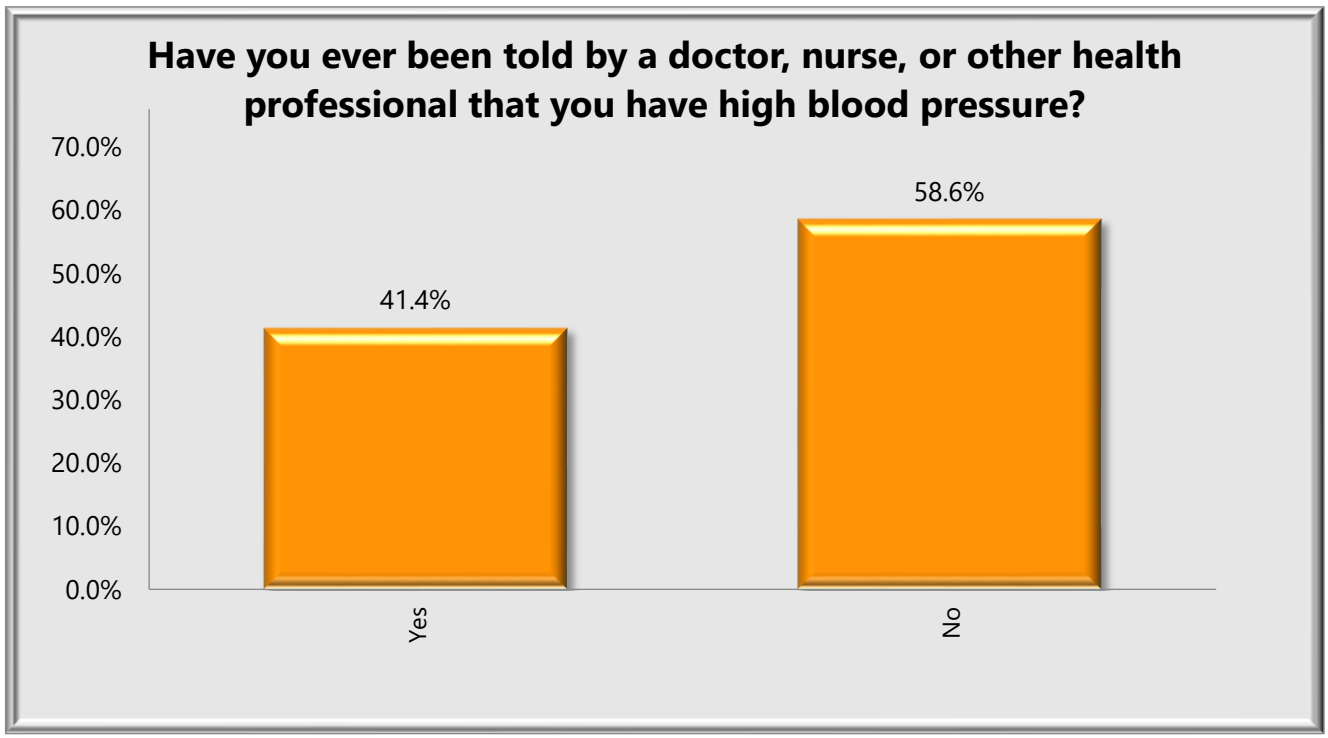

Have you ever been told by a doctor, nurse, or other health professional that you have cancer?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
19.5%
80.5%
Yes
No

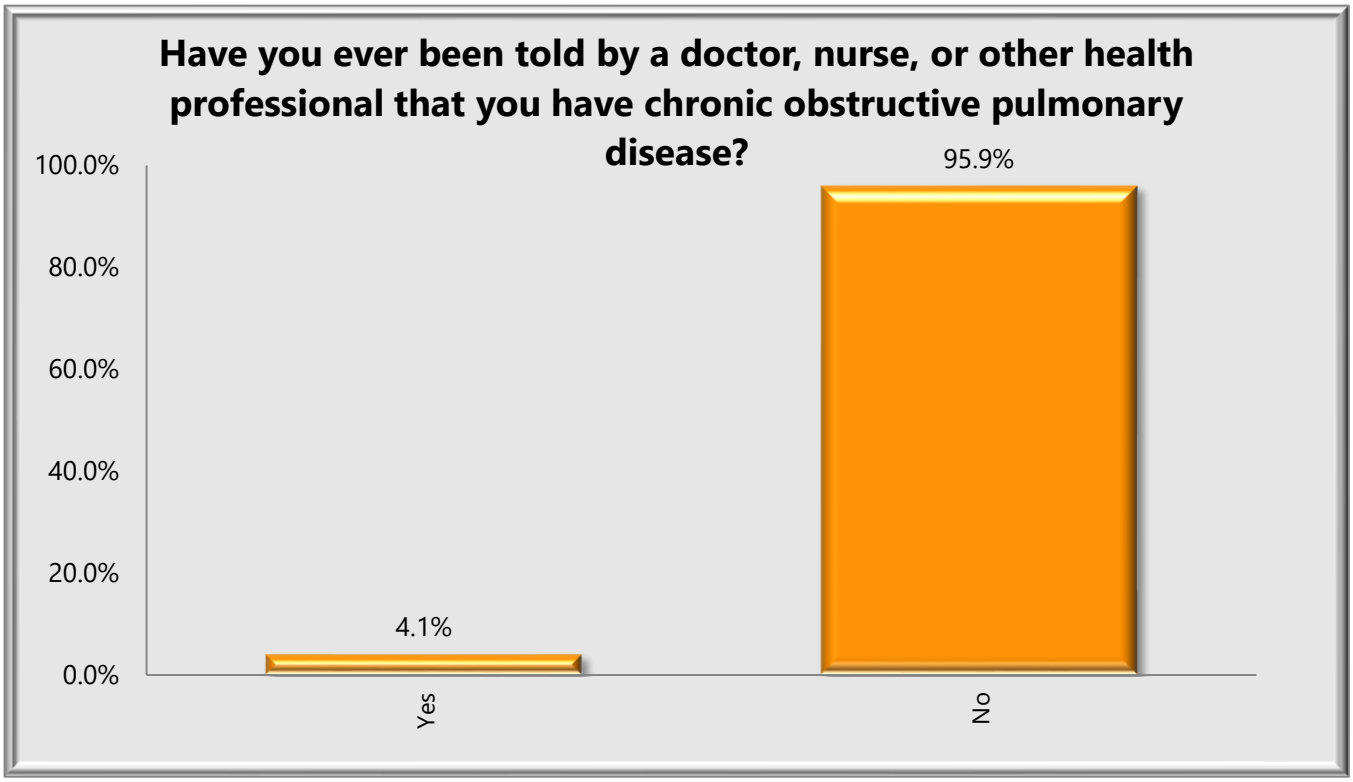

Have you ever been told by a doctor, nurse, or other health professional that you have angina or coronary disease?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
7.5%
92.5%
Yes
No

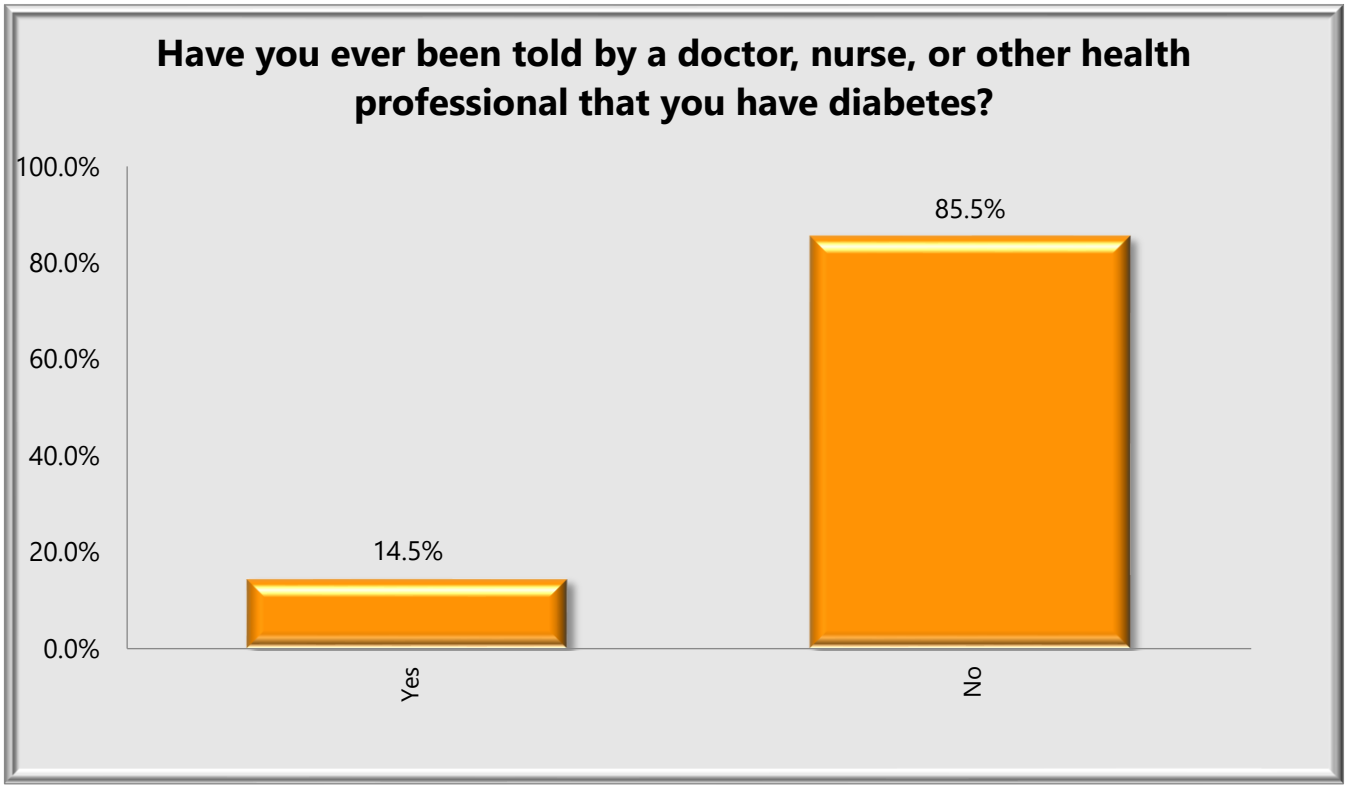

Have you ever been told by a doctor, nurse, or other health professional that you have high cholesterol?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
47.2%
52.8%
Yes
No

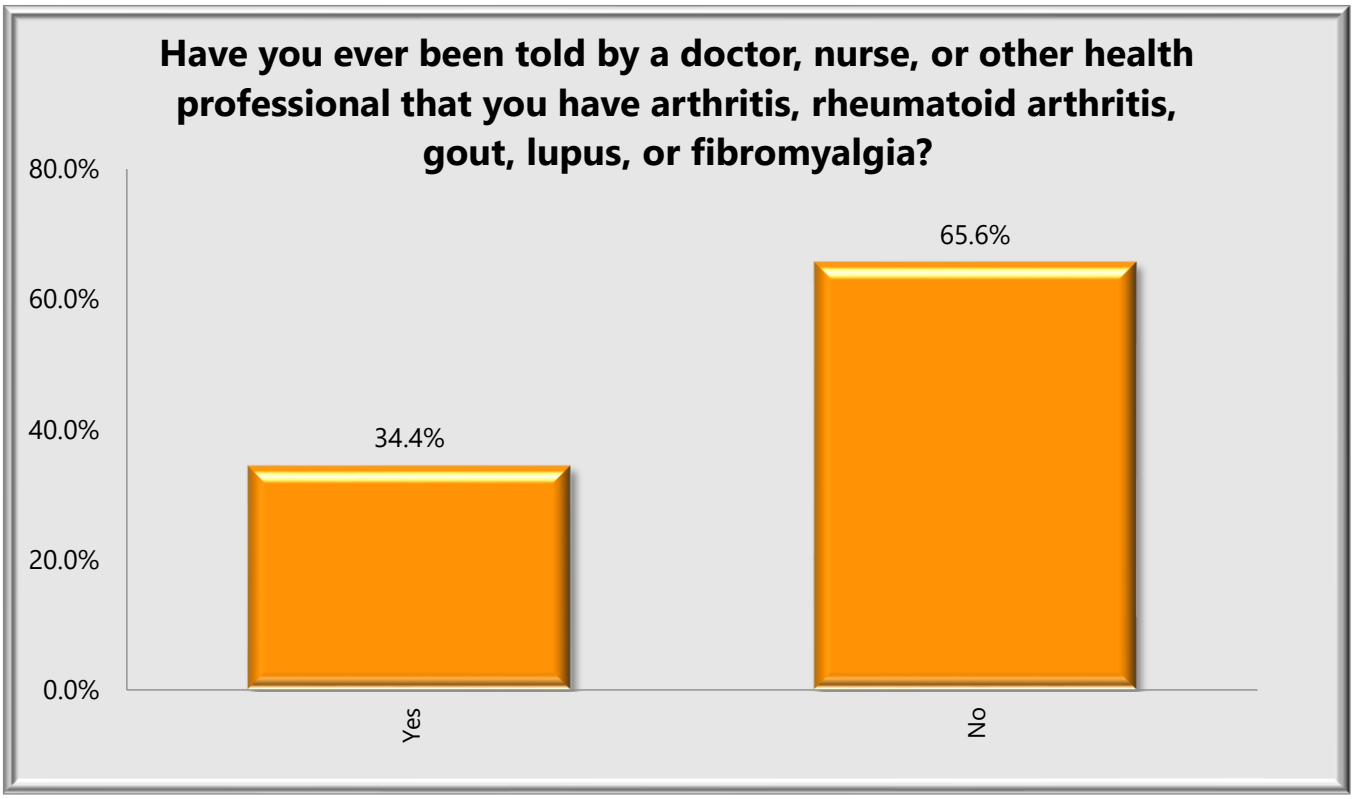

Have you ever been told by a doctor, nurse, or other health professional that you have heart attack?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
5.2%
94.8%
Yes
No

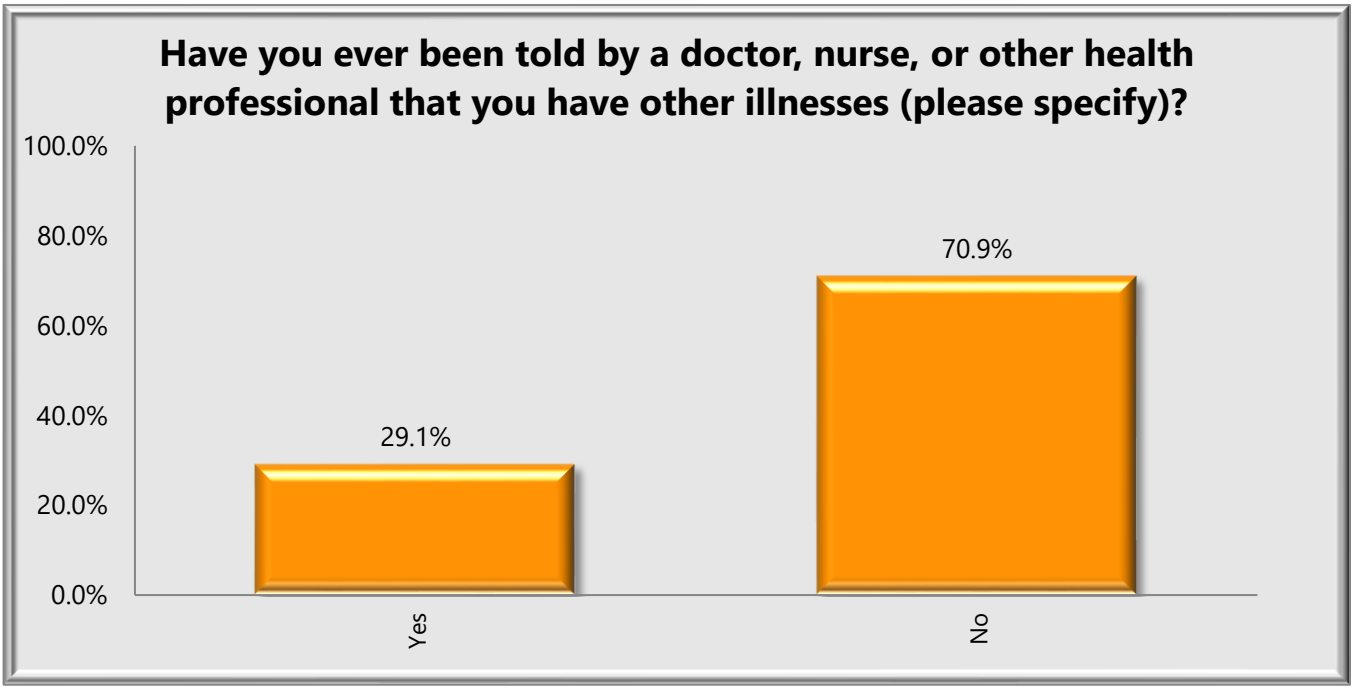

Have you ever been told by a doctor, nurse, or other health professional that you have stroke?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
4.2%
95.8%
Yes
No


Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
41.4%
58.6%
Yes
No


Have you ever been told by a doctor, nurse, or other health professional that you have chronic obstructive pulmonary disease?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
4.1%
95.9%
Yes
No

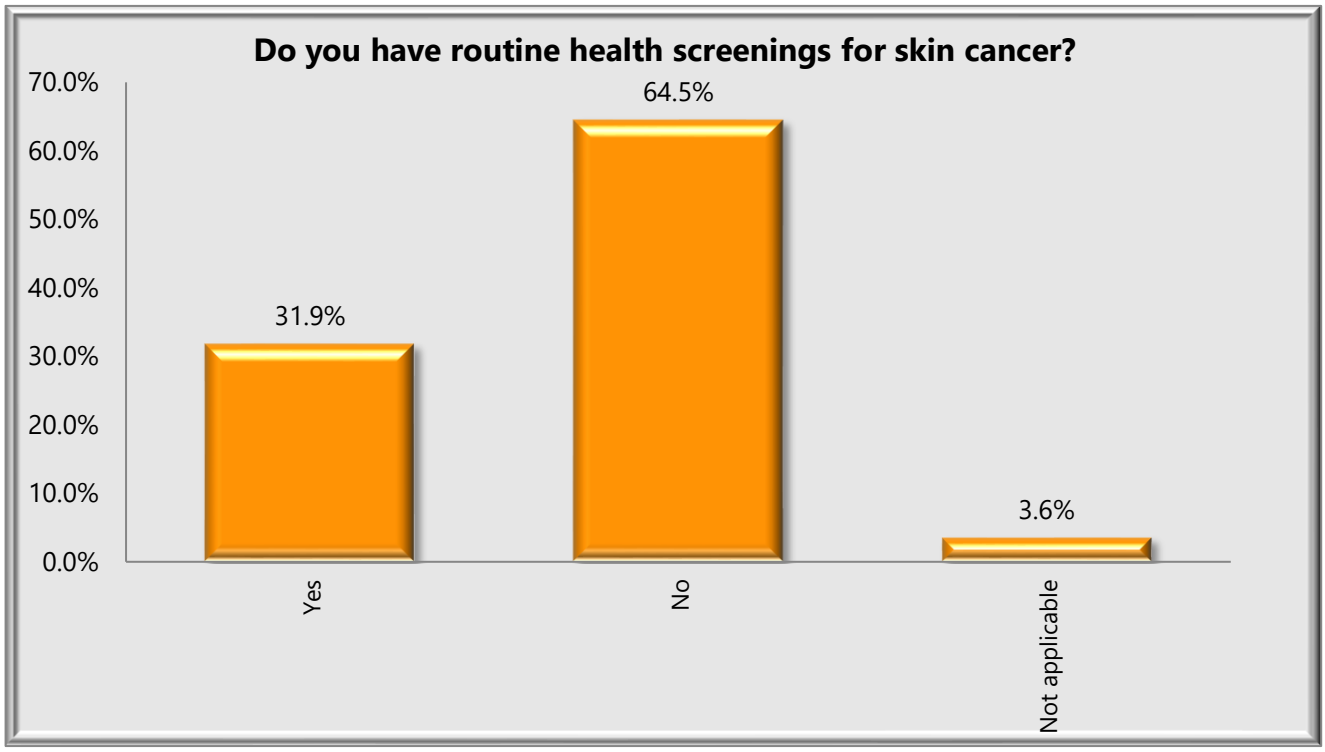

Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
14.5%
85.5%
Yes
No

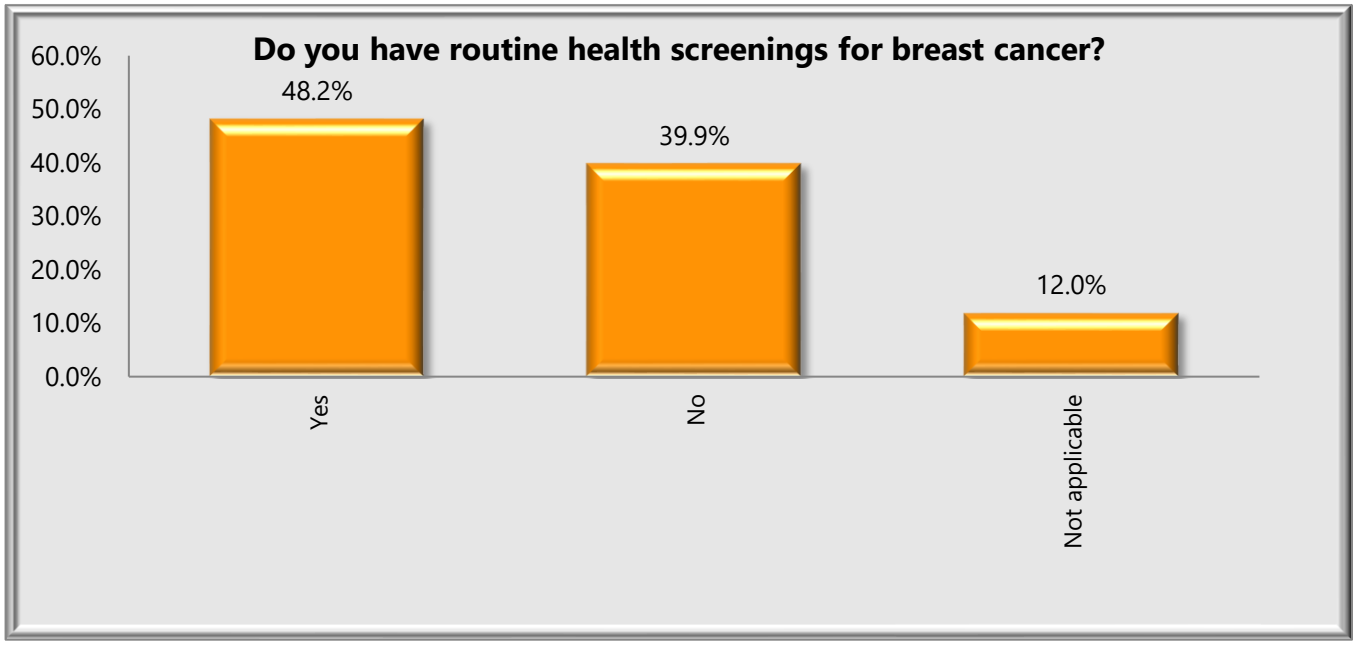

Have you ever been told by a doctor, nurse, or other health professional that you have arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
80.0%
60.0%
40.0%
20.0%
0.0%
34.4%
65.6%
Yes
No

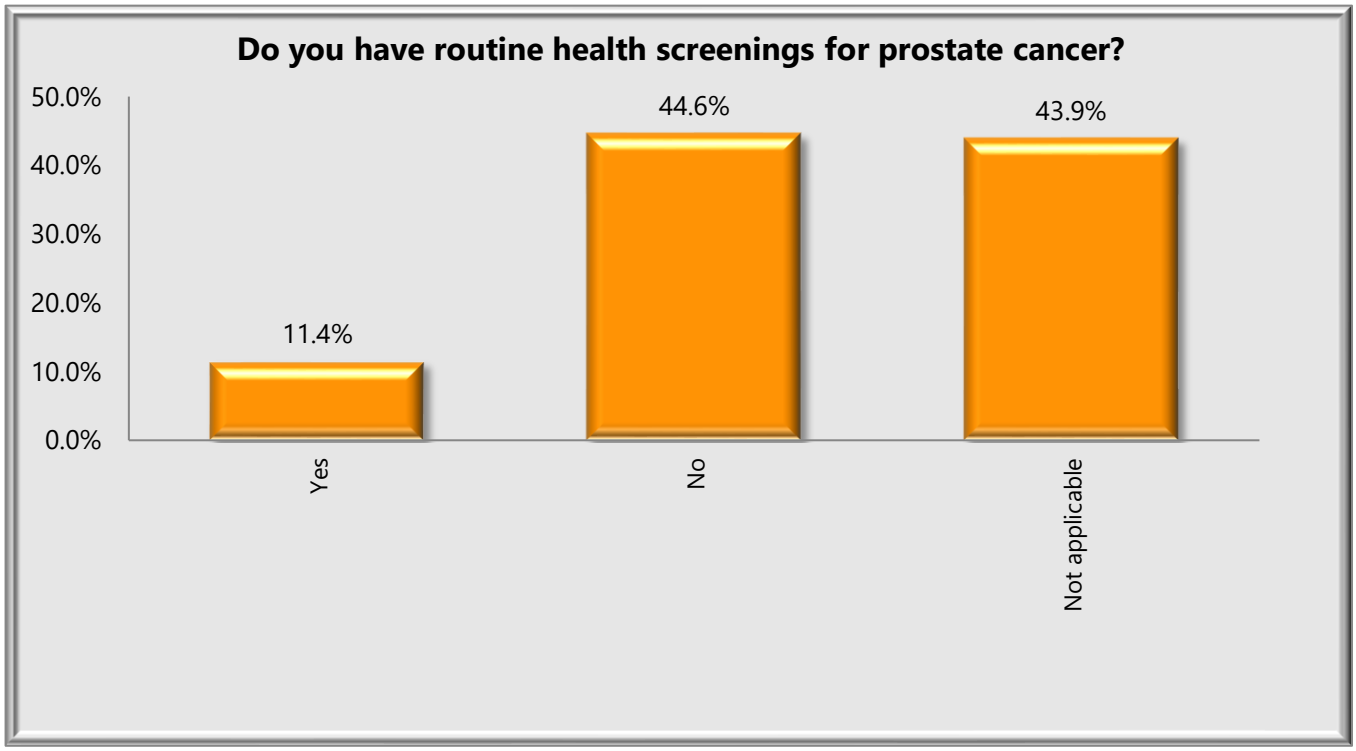

Have you ever been told by a doctor, nurse, or other health professional that you have other illnesses (please specify)?
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
29.1%
70.9%
Yes
No

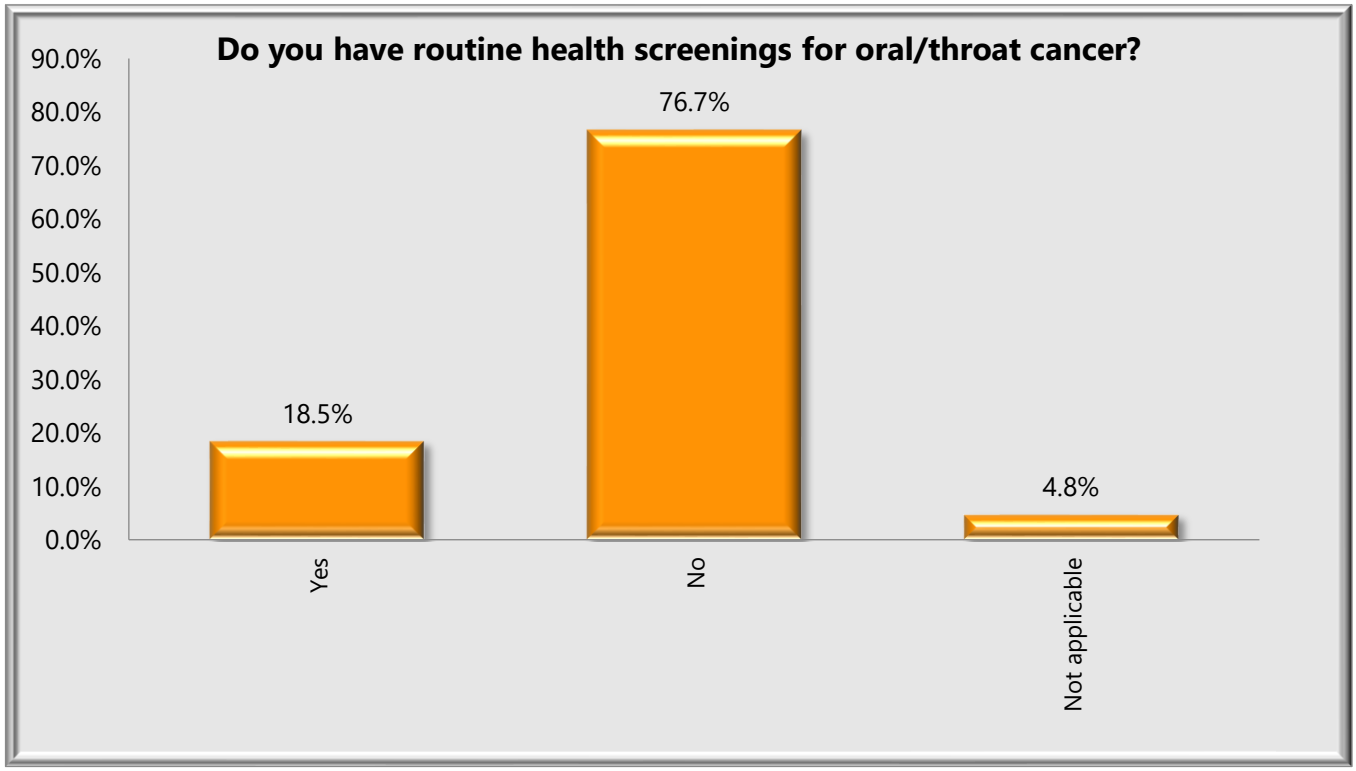
Other Illnesses Specified			
Venous *i*nsufficiency	Diverticulitis, UTI	Kidney Disease	Arrhythmia
Diverticulosis	Primary Thrombocythemia	Thyroid Disease	Graves' Disease
MS, Mitral Valve Regurgitation, Detached Retina, osteopenia	Spinal Stenosis, Hydrocephalus	Fibromuscular Dysplasia	Autoimmune
Degenerative arthritis	Hypothyroidism, Osteoporosis, Periodontal Disease	Heart Arrhythmia, Carpal Tunnel, Spine Arthritis, Bowel Issues	Osteoporosis
Benign prolactinoma	A Fib	Kidney Disease- Sleep Apnea-Osteoporosis	Microscopic Colitis
Overactive Bladder	Bechet's, EDS Hyper-mobility Spectrum Disorder	Sjogren's	Varicose Veins, Bunions, Hammer Toes, Sleep Apnea
Osteoporosis	Gerd, Kidney Stones	Polycythemia Vera	Osteoporosis, Early Parkinson's
Polycystic Kidney Disease	Hypothyroidism	Bladder Stones, Bladder Diverticuli, BPH, Hernias	Hemorrhoids/Skin, Etc.
Peripheral Neuropathy	Fatty Liver High Cholesterol	ARMD Hearing Loss	Raynaud's Scleroderma
Graves Disease	Breast Cancer Stage IV	Brain Aneurysm, Diverticulosis	Chronic Inflammatory Demyelinating Polyneuropathy
Post Polio Syndrome	A fib	Thyroid	Hypothyroidism and Low Blood Pressure
Atrial Fibrillation/Bradycardia	Chronic Fatigue Syndrome	COPD, Emphysema	Valley Fever
Chronic Inflammatory Response Syndrome	Mixed Connective Tissue Disease	Allergies	Internal Hemorrhage
Hypothyroidism	Allergies	Heart Failure and A fib	Celiac Disease
Ulcer	Long Covid	Back Problem	Interstitial Cystitis, Pinched Nerve, Cervical Nerves Pinched, TN
Gum Disease, Eye Diseases	Spinal Stenosis, Arthritis,	Acute Kidney Disease.	Cerebral Palsy
Glaucoma	Alcoholism, Drug Addiction, Chronic Pancreatitis		

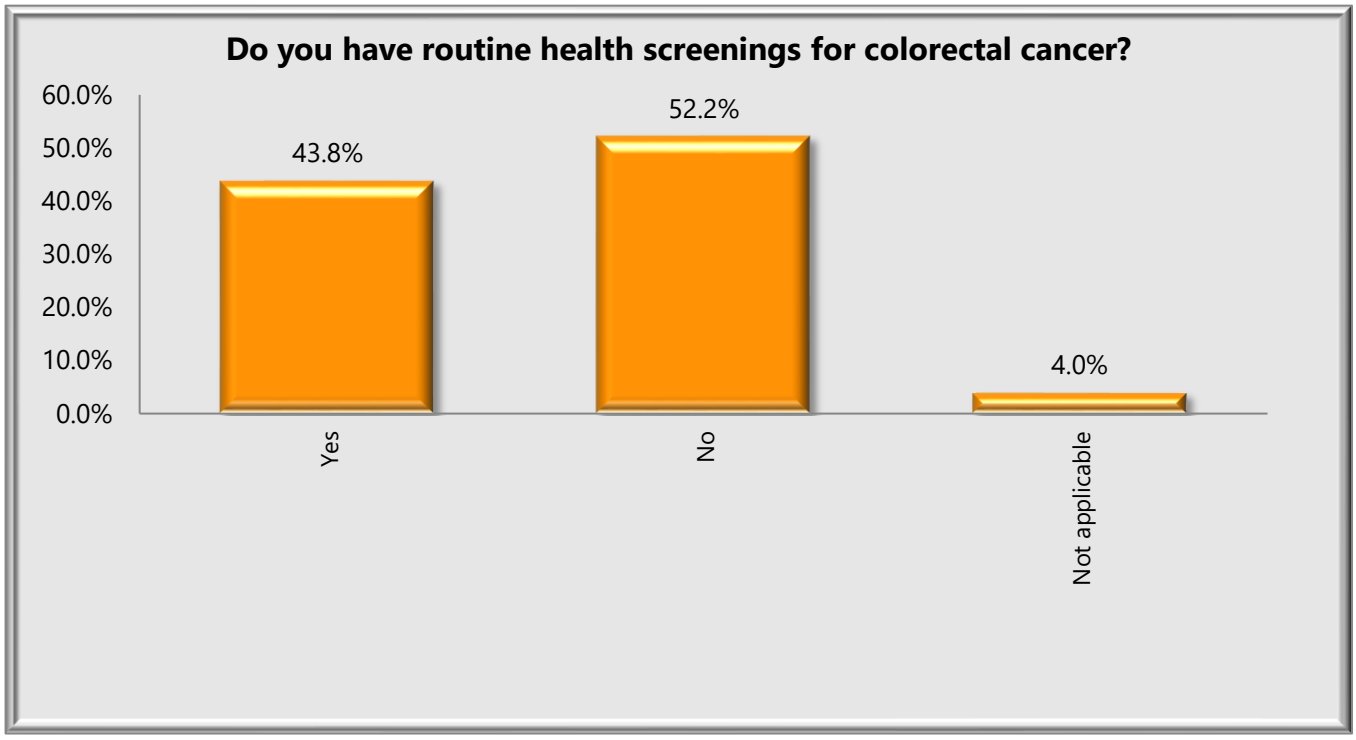
Cancer

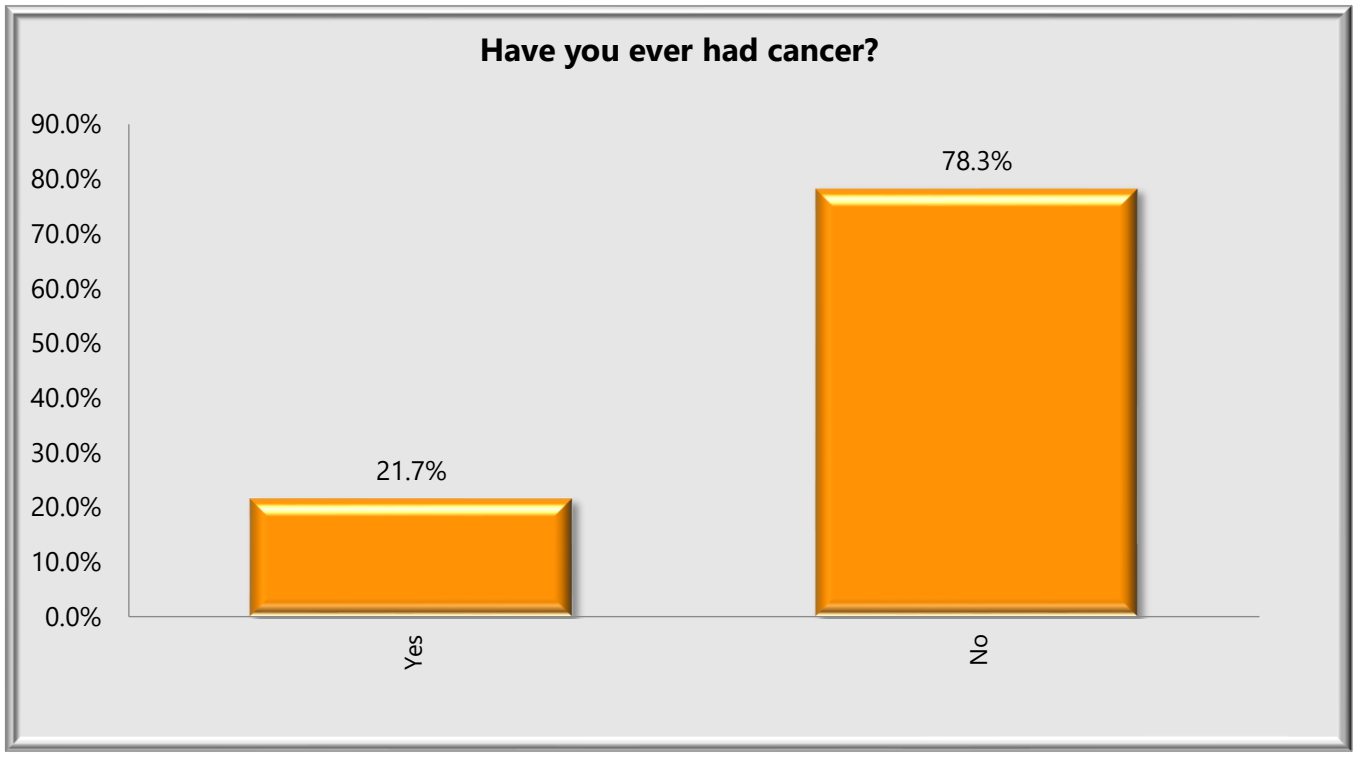

Do you have routine health screenings for skin cancer?
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
31.9%
64.5%
3.6%
Yes
No
Not applicable

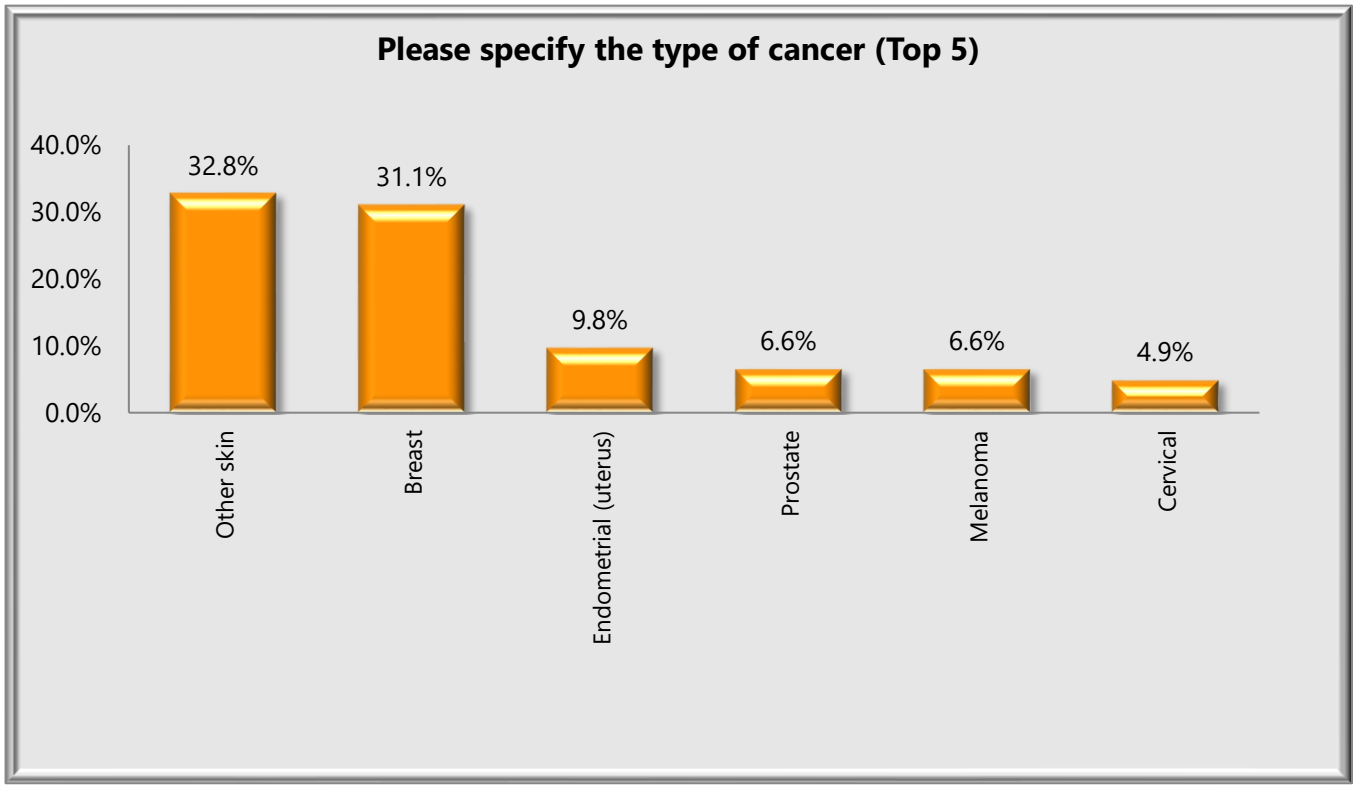

Do you have routine health screenings for breast cancer?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
48.2%
39.9%
12.0%
Yes
No
Not applicable


Do you have routine health screenings for prostate cancer?
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
11.4%
44.6%
43.9%
Yes
No
Not applicable


Do you have routine health screenings for oral/throat cancer?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
18.5%
76.7%
4.8%
Yes
No
Not applicable


Do you have routine health screenings for colorectal cancer?
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
43.8%
52.2%
4.0%
Yes
No
Not applicable

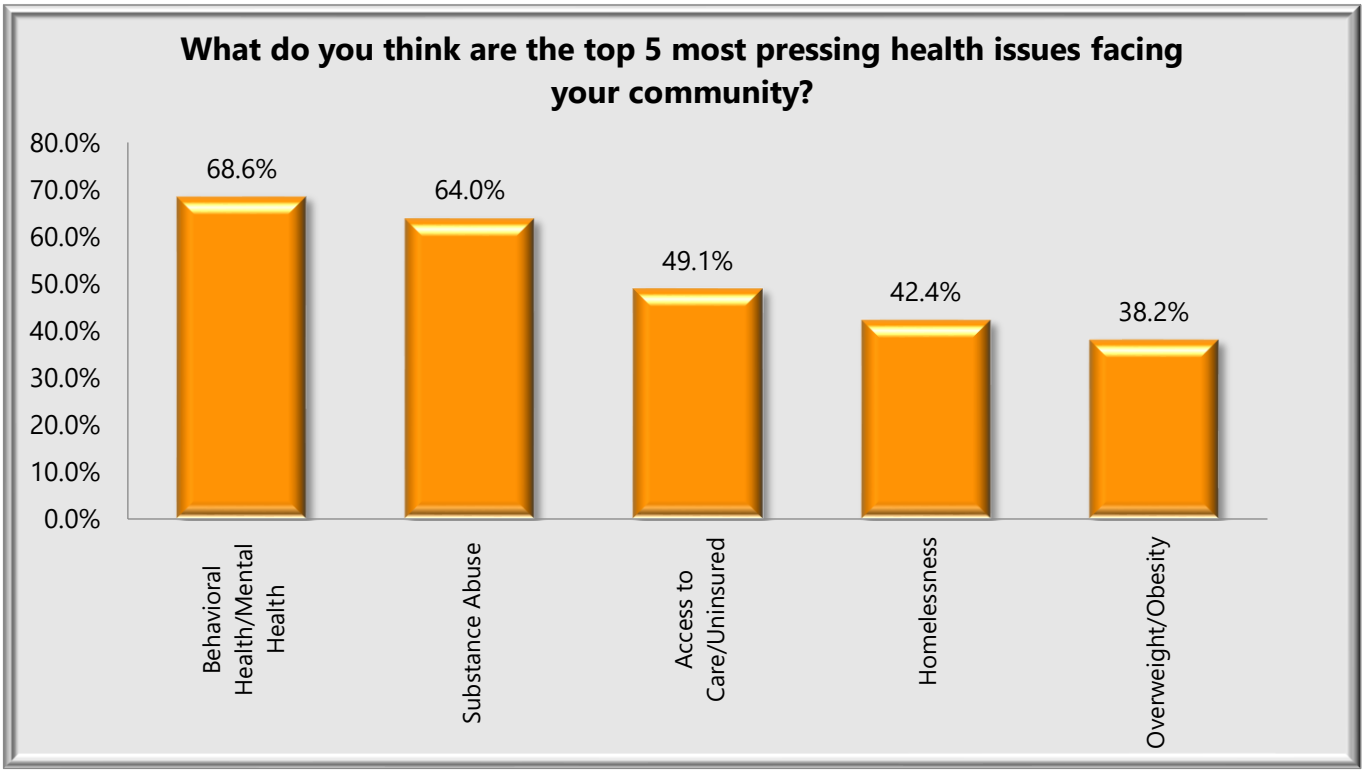

Have you ever had cancer?
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
21.7%
78.3%
Yes
No

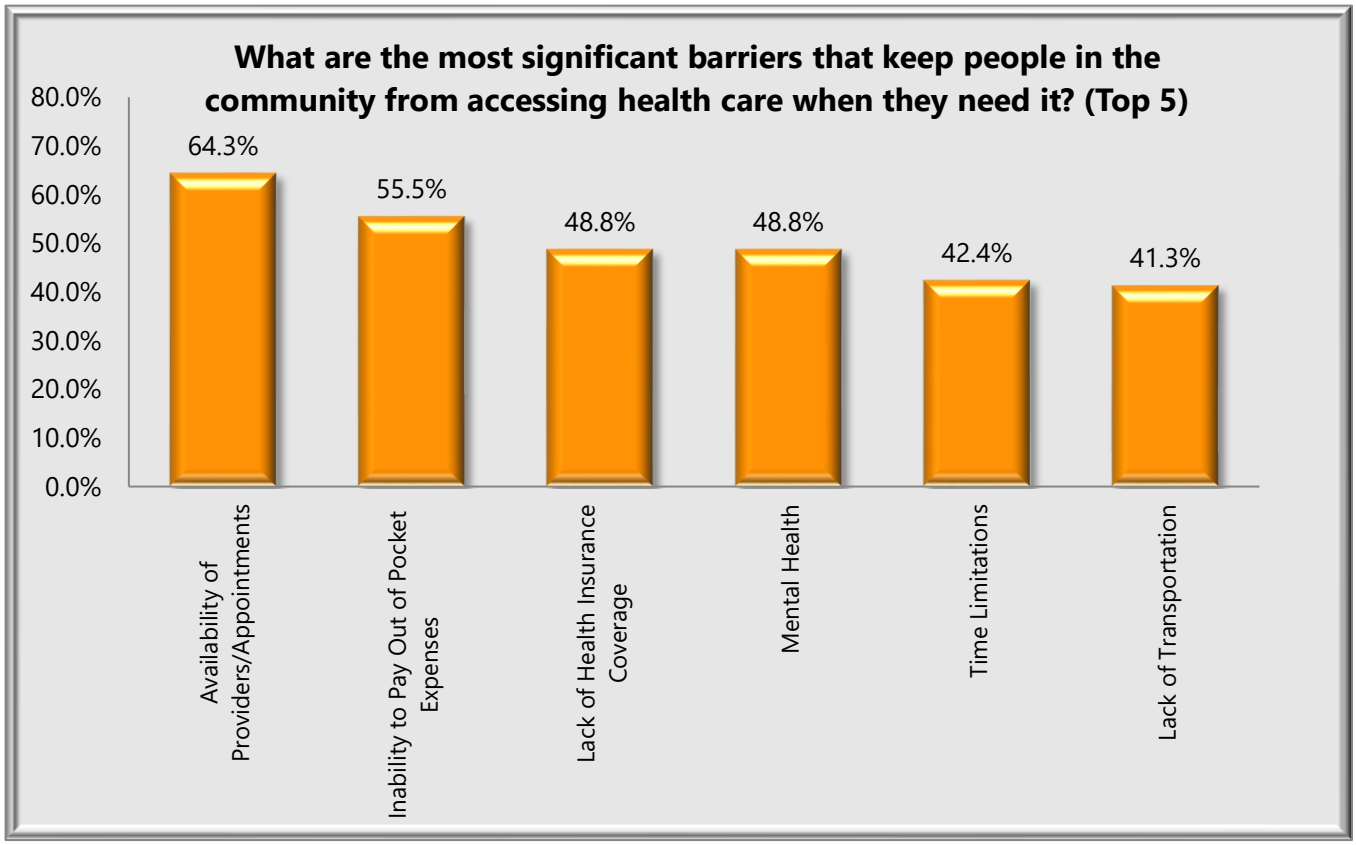


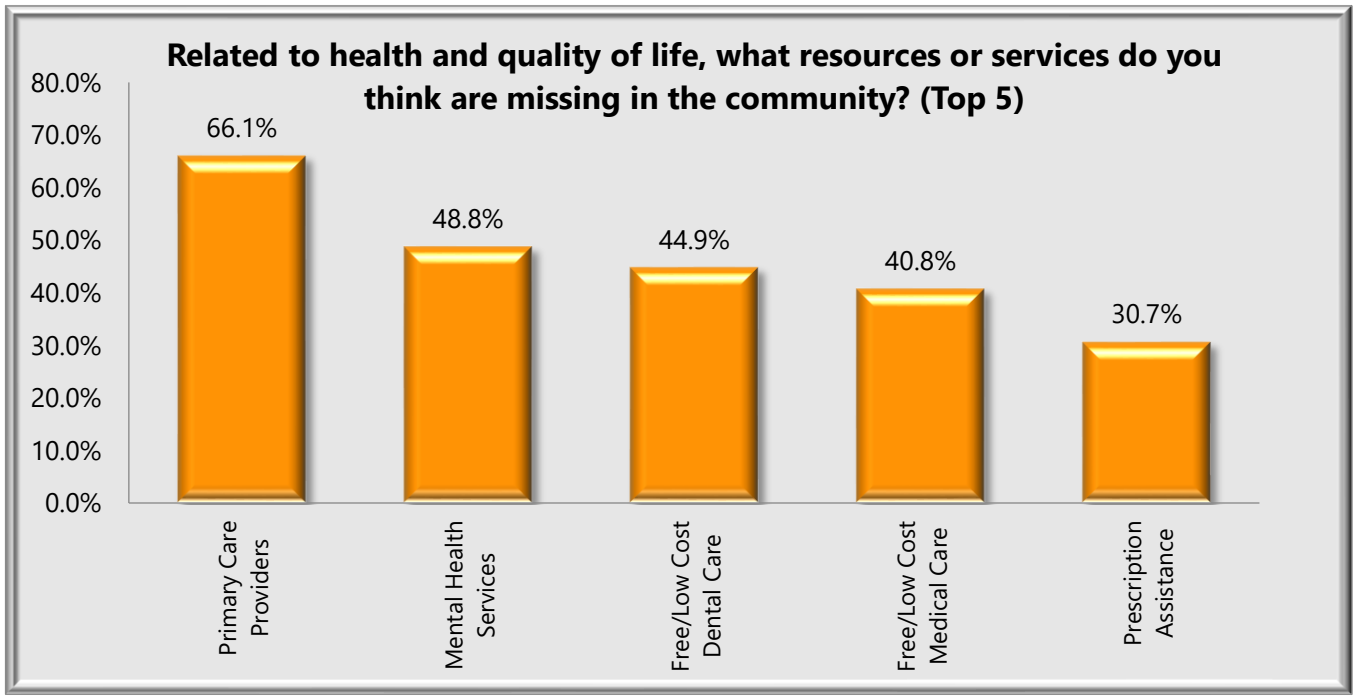
Other Specified:		
	Count	Column Valid N %
Other skin	20	32.8%
Breast	19	31.1%
Endometrial (uterus)	6	9.8%
Prostate	4	6.6%
Melanoma	4	6.6%
Cervical	3	4.9%
Ovarian	2	3.3%
Thyroid	2	3.3%
Rectal/Rectum	2	3.3%
Head and neck	1	1.6%
Oral	1	1.6%
Colon (intestine)	1	1.6%
Stomach	1	1.6%

Other Specified:		
	Count	Column Valid N %
Hodgkin's Lymphoma	1	1.6%
Leukemia (blood)	1	1.6%
Lung	1	1.6%
Pharyngeal (throat)	0	0.0%
Esophageal/Esophagus	0	0.0%
Liver	0	0.0%
Pancreatic (pancreas)	0	0.0%
Non-Hodgkin's Lymphoma	0	0.0%
Testicular	0	0.0%
Heart	0	0.0%
Bladder	0	0.0%
Renal (kidney)	0	0.0%

Pressing Issues and Barriers




What are the most significant barriers that keep people in the community from accessing health care when they need it? (Top 5)
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
64.3%
55.5%
48.8%
48.8%
42.4%
41.3%
Availability of Providers/Appointments
Inability to Pay Out of Pocket Expenses
Lack of Health Insurance Coverage
Mental Health
Time Limitations
Lack of Transportation


Related to health and quality of life, what resources or services do you think are missing in the community? (Top 5)
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
66.1%
48.8%
44.9%
40.8%
30.7%
Primary Care Providers
Mental Health Services
Free/Low Cost Dental Care
Free/Low Cost Medical Care
Prescription Assistance

APPENDIX I: PRIORITIZATION OF KEY HEALTH ISSUES

Prioritization Session

Gila Regional Medical Center held Prioritization and Implementation sessions on October 23 and 24, 2024 that included representatives GRMC Board members and partners from community organizations to review the results of the 2024 Community Health Needs Assessment. The goal of the meetings was to discuss and prioritize the health needs identified in the CHNA and to set the stage for community health improvement initiatives.

Process

The meetings were held on site at GRMC and were facilitated by Holleran Consulting. The presentation began with an abbreviated research overview. The overview entailed the highlighted results of the secondary data research, key findings from the online key informant survey, the focus groups and community survey. The Board of Directors participated in the meeting by asking questions and then vote for the priorities which they perceived the Medical Center, together with its community partners could impact the most and the key health issues which were most serious.

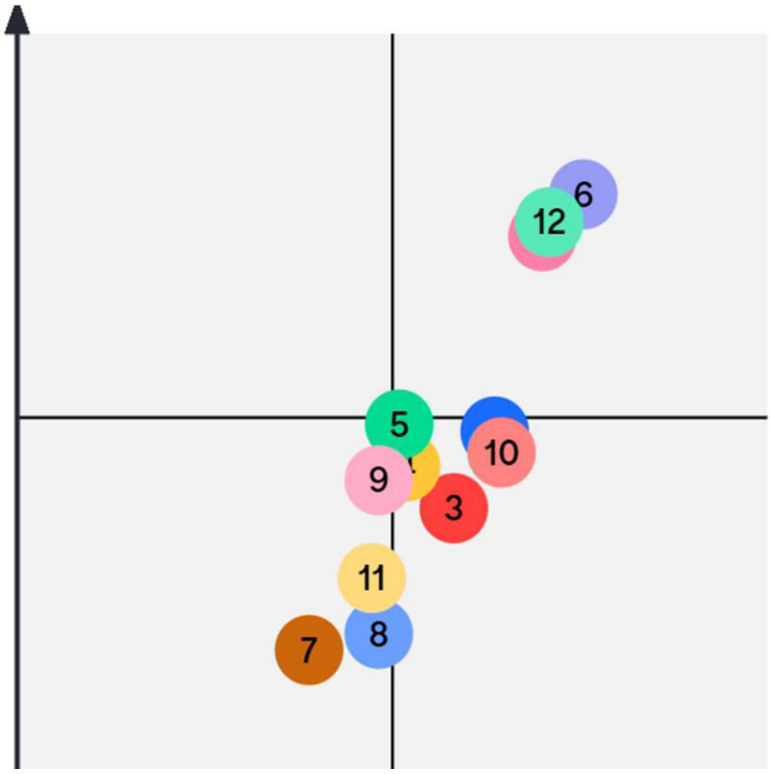
Key Community Health Issues

Gila Regional Medical Center Board of Directors selected the following priorities for the 2024 – 2027 CHNA cycle:

- Access to Health Care, Support Services and Missing Resources: Primary and Specialist Availability
- Health Outcomes: Morbidity and Mortality: Prevention and Wellness
- Mental/Behavioral Health and Substance Abuse: Provider and Service Availability

Rationale for needs not address

Issues related to Income, Workforce and Housing are believed to be beyond the Medical's Centers ability to impact and therefore have not been selected as priorities. The Scattergram presented here which resulted from the vote taken with the Board of Directors demonstrates this rationale. The 3 priorities selected with identified as the most serious and having the greatest impact if addressed are found in the upper right hand quadrant (#2, 6, and 12).



1 Barriers to Accessing Care (transportation, internet, out of pocket expenses, lack of health insurance)
2 Primary and Specialty Availability
3 Vulnerable Populations
4 Disease Prevalence Rates
5 Mortality Rates
6 Prevention and Wellness Care
7 Affordable Housing
8 Income/ Poverty
9 Food and Nutrition
10 Mental Health Issues
11 Substance Abuse Issues
12 Provider and Service Availability

APPENDIX J: PRIORITIZATION SESSION PARTICIPANTS

PRIORITIZATION PARTICIPANTS/TITLE	
Robert Whitaker	CEO
Matthew Stephens	Associate Administrator
Leonard Binkley	Chief Financial Officer
Fred Fox, M.D.	Chair of the Board
Betty Vega	Vice Chair of the Board
Patricia McIntire, N.P.	Board Secretary/Treasurer
Seth Traeger	Board Member
William Hawkins	Board Member
Gail Staimer	Board Member
Javier Salas	Board Member
Scott Manis	Regional V.P., Health Tech

APPENDIX K: GRMC COMMUNITY HEALTH IMPLEMENTATION PLAN - 2024

Strategies to Address Community Health Needs

Gila Regional Medical Center developed an Implementation Strategy to illustrate the hospital's on-going specific goals, objectives, community partners, strategies and outcome measures to address the identified community health priorities. This work is supported by community-wide efforts and leadership from the Board of Directors. The goal and objective statements, community partners, suggested strategies, and outcome measures for each of the priority areas are listed in the grid below. Session participants can be found in Appendix M.

Priority Area #1: ACCESS TO HEALTH CARE AND MISSING RESOURCES

Goal: Reduce existing barriers to accessing health care and reduce the amount of missing resources especially for vulnerable/underserved populations.

Priority #1: Primary and Specialty Availability			
Objective	Community Partners	Strategy	Outcome Measure
Increase the number of primary care providers and APP's to reduce appointment wait time (with a senior care and middle age focus).	HMS GRMC Silver Health Care Independent Practitioners Universities (UNM/WNMU/UMSO) NM Legislature/Legislators HMS Residency Program NM Primary Care Consortium Grant County Prospectors Grant County/Silver City Chamber of Commerce NM Economic Development Department	1. Attend Recruitment events (4 per year)	Meet physician per capita state averages over the next 3 years.
	HMS GRMC Silver Health Care Local Dental Providers Western University Athletic Department Freeport McMoRan	2. Develop Outreach Plan for Specialty Medical Services (include specialty with primary care).	Key Specialty service lines identified and recruiting plan implemented as per the "Medical Staff Development Plan"

Priority Area #2: HEALTH OUTCOMES: MORBIDITY AND MORTALITY

Goal: Improve community health outcomes and lower morbidity and mortality rates.

Priority #2: Prevention and Wellness Care			
Objective	Community Partners	Strategy	Outcome Measure
Reduce the percentage of individuals who have not seen a doctor in more than 2 years.	HMS Cassie Health GRMC Southwest Bone & Joint Dentists Silver Care VA Medicare Eyecare Chamber of Commerce WNMU Nursing Program Other insurers Silver City	We will host an annual health fair in Silver City with all community members to hold health screenings and other free and low cost medical care provided by GRMC physicians as well as local physician practices/clinics. Social service agencies will participate and offer education and referral services during the fair.	The number of individuals in Grant County who have not seen doctor in more than 2 years will be reduced by the end of 2025 from 5.0% (as reported in the CHNA report) to 3.5%.

Priority Area #3: MENTAL HEALTH AND SUBSTANCE ABUSE

Goal: Improve the mental health and reduce the abuse of substances of and in the community.

Priority #3: MH/SA Provider and Service Availability			
#1 Objective	Community Partners	Strategy	Outcome Measure
To provide Screening, Brief Intervention and Referral to Treatment (SBIRT) offering appropriate and effective access to services for those patients in the Emergency Department (ED) with substance use disorders (SUD).	Hildalgo Medical Services • Tu Casa • Tranquil Skies Border Area Mental Health Recovery Management Center Catron County Medical Services The Consolidated Scholl Districts Grant County Community Health Council	1. Identify appropriate staff to provide SBIRT services 2. Provide continuous training and support to ED staff on SBIRT program to include screening, brief intervention, and referral protocols. 3. Integration of SBIRT interventions as a standard of practice in the ED admission process and workflow. 4. Collaboration with community partners to ensure seamless referrals and ensure continuity of care. 5. Implement strategies to engage patients in the SBIRT process, brief intervention, resources and or referrals 6. Establish regulatory and quality assurance processes including data collection and monthly reporting to evaluate the fidelity of the SBIRT program 7. Raise awareness about the SBIRT program among the communities emphasizing the benefits of early intervention and destigmatizing substance use disorders	1. 100% of qualifying patients seeking care in the ED will receive a healthy lifestyle questionnaire and 100% of those patient with a qualifying SUD will receive a brief intervention and offered a referral to treatment. 2. Track and trend encounter claims for brief intervention provided and referrals.

Priority #3: MH/SA Provider and Service Availability			
#2 Objective	Community Partners	Strategy	Outcome Measure
To provide access to Managed Care Organizations (MCO) care coordination services for those patients in the Emergency Department (ED) requiring mental health support and services.	Managed Care Organizations (MCO) • BlueCross BlueShield of New Mexico • Molina Healthcare of New Mexico • Presbyterian Health Plan • United Healthcare Community Plan of New Mexico Hildalgo Medical Services • Tu Casa • Tranquil Skies Border Area Mental Health Recovery Management Center Catron County Medical Services The Consolidated Scholl Districts Grant County Community Health Council	1. Identify appropriate staff to provide mental health (MH) care coordination services 2. Provide continuous training and support to ED staff to ensure compliance with MH care coordination services 3. Integration of MH care coordination interventions as a standard of practice in the ED admission process and workflow. 4. Collaboration with MCOs and/or community partners to ensure seamless care coordination and continuity of care. 5. Implement strategies to engage patients in the MH care coordination and referral process 6. Establish regulatory and quality assurance processes including data collection and monthly reporting to evaluate the fidelity of the MH care coordination program 7. Raise awareness about the MH care coordination program among the communities emphasizing the benefits of services provided in the ED.	100% of qualifying patients seeking mental health care in the ED will be offered access to Managed Care Organizations (MCO) care coordination services and/or offered a referral to their preferred mental health community resource.

APPENDIX L: COMMUNITY HEALTH IMPLEMENTATION PLAN PARTICIPANTS

IMPLEMENTATION PLAN PARTICIPANTS/TITLE	
Robert Whitaker	GRMC CEO
Matthew Stephens	GRMC Associate Administrator
Fred Fox, M.D.	GRMC Chair of the Board
Betty Vega	GRMC Vice Chair of the Board
Ronald Green	GRMC Chief Nursing Officer
Romeo Cruz	Director of Chamber of Commerce
Priscilla Lucero	Executive Director, Southwest New Mexico Council of Governments
Aimee Summers	GRMC Director of Human Resources
Ramona Wilson	GRMC Director of Quality
Julissa Alaniz	GRMC Manager of Marketing