



Rehoboth McKinley
Christian Health Care Services

Rehoboth McKinley Christian Health Care Services

Gallup, NM

2025

Community Health Needs Assessment

Approved by Board: *Dec. 3, 2025*

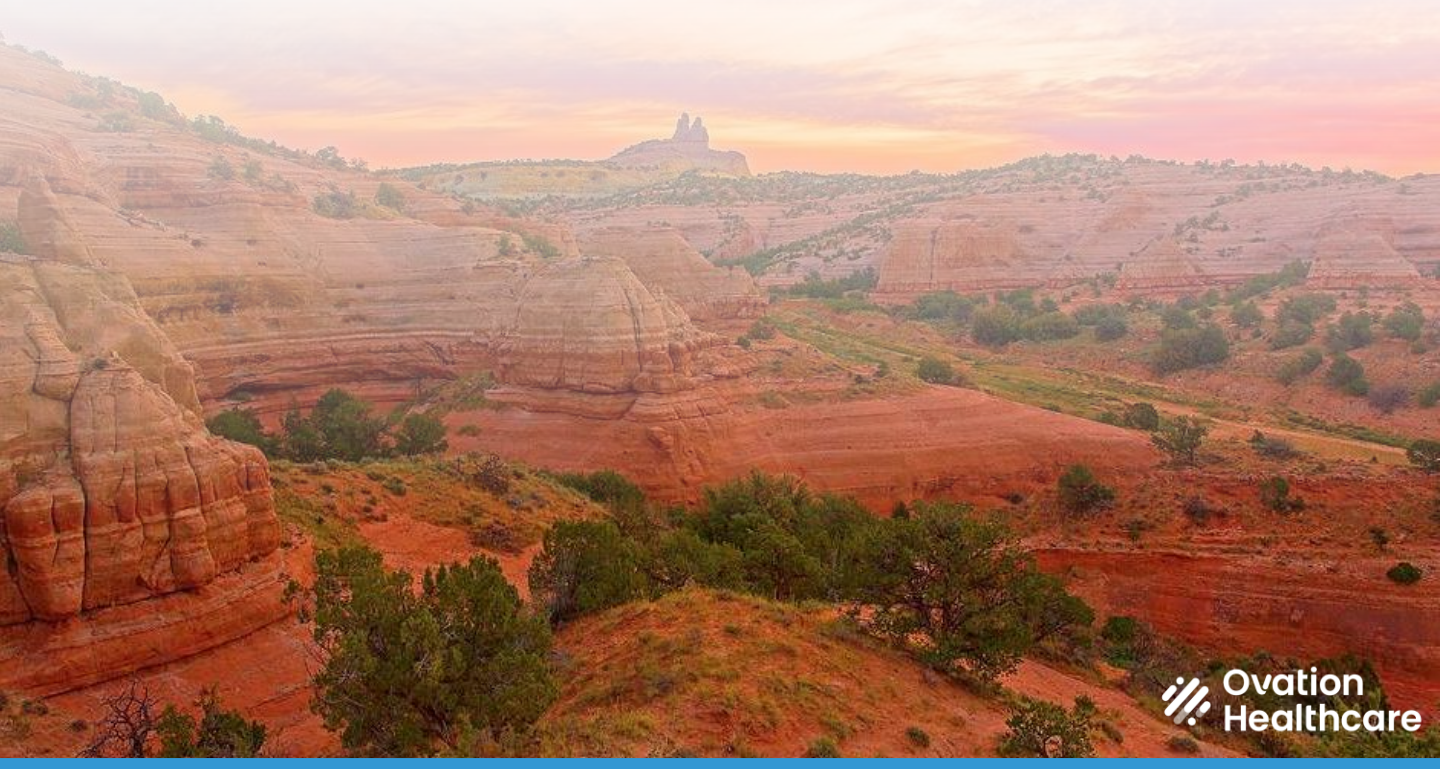


Table of Contents

Executive Summary.....	3
Overview of Community Health Needs Assessment	4
Process & Methods.....	5
Community Input.....	6
Input on Priority Populations.....	7
Input on 2022 CHNA.....	8
Community Served	9
Demographics of the Community.....	10
Methods of Identifying Health Needs.....	11
Prioritizing Significant Health Needs.....	12
Ranked Health Priorities.....	16
Community Health Characteristics	17
Evaluation & Selection Process.....	29
Implementation Plan.....	30
Mental Health/Substance Use Disorder.....	31
Prevention and Treatment of Chronic Diseases.....	33
Access to Healthcare Services.....	35
Appendix.....	37
Leading Causes of Death.....	39
County Health Rankings.....	40
Data and Inputs.....	41
Survey Results.....	45

Executive Summary

Rehoboth McKinley Christian Health Care Services (“RMCHCS” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Health Care (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;
- 5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

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

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

- Mental Health/Substance Use Disorder
- Prevention and Treatment of Chronic Diseases
- Access to Healthcare Services

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

Community Health Needs Assessment

Overview

CHNA Purpose

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

Organizational Benefits

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

CHNA Process

1 

Survey the Community

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

2 

Data Analysis

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

3 

Determine Top Health & Social Needs

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

4 

Implementation Planning

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

Process & Methods

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

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

Data Collection and Analysis

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

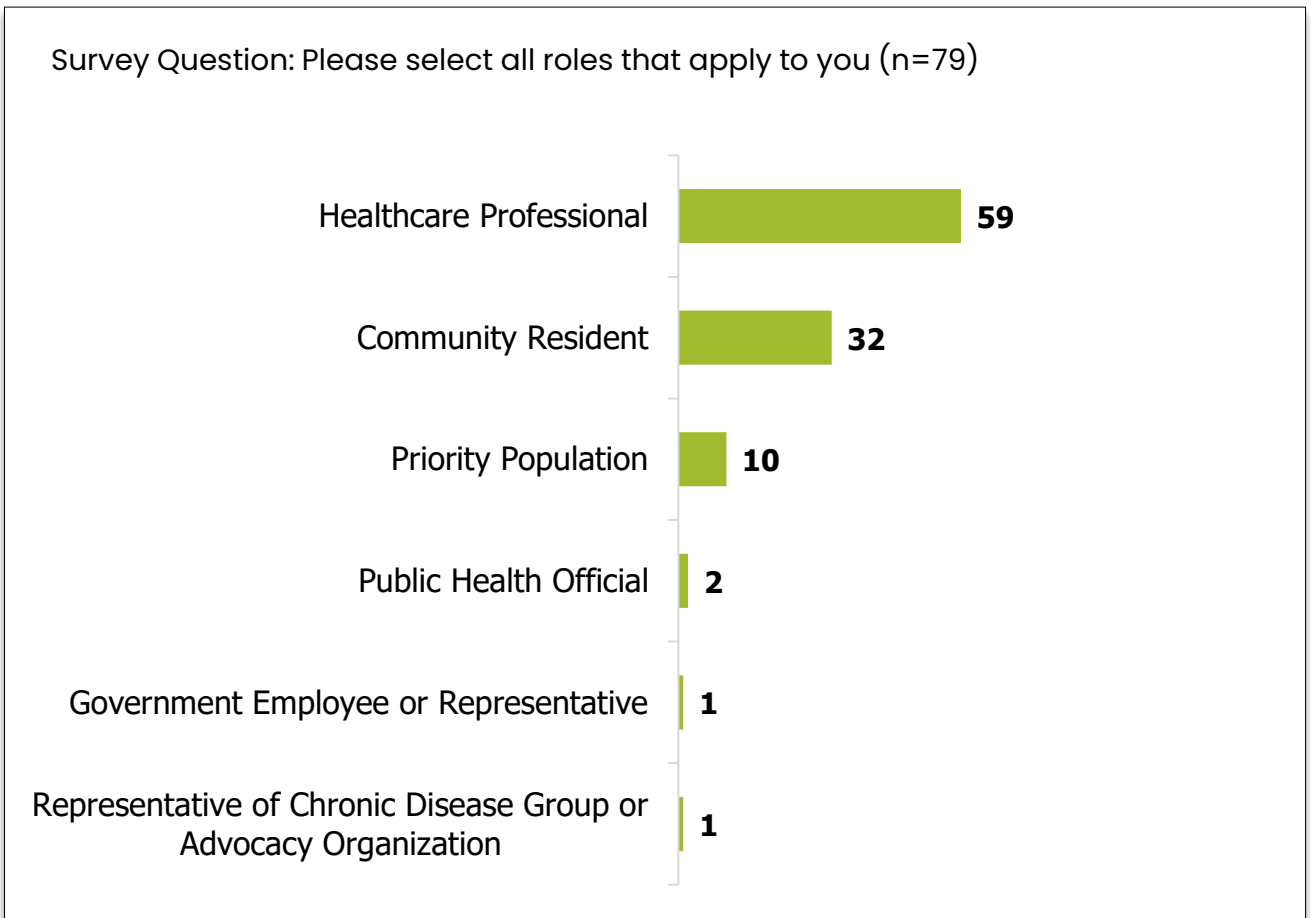
All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- County Health Rankings 2025 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's economic, racial, and geographically diverse population. Eighty (80) survey responses from community members were gathered from July to August 2025, a 186% increase in responses compared to the 2022 community survey.

Community Input

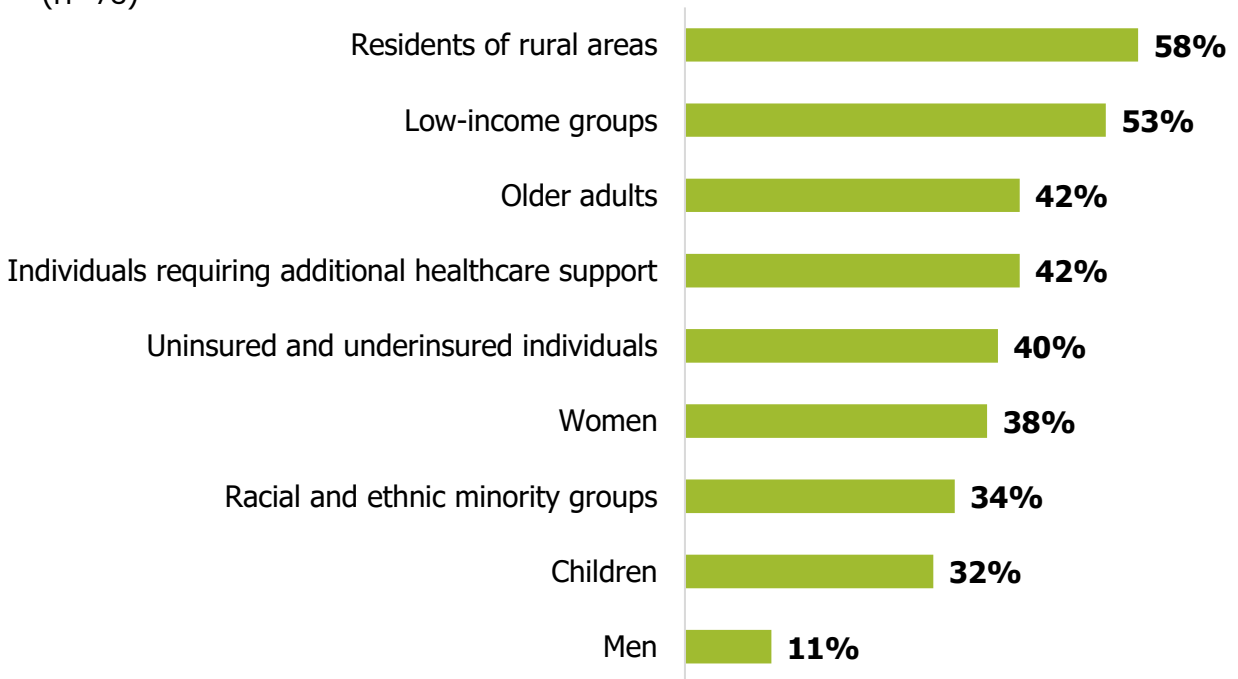
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are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



Priority Populations

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

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing health care, etc.) in your community? (n=73)



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

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

Affordable Health Care

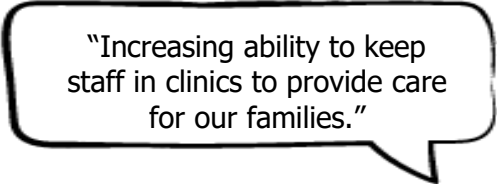
Eliminating Health Disparities

Access to Local Providers/Services

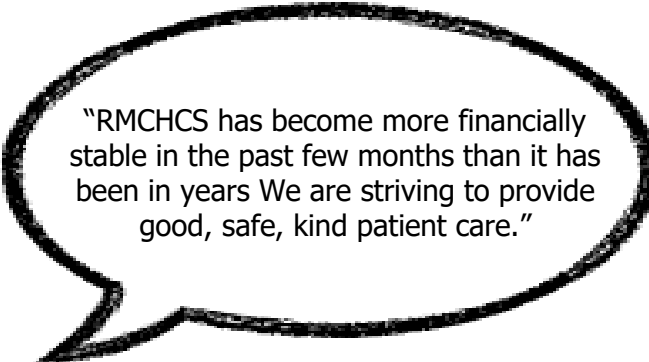
Input on 2022 CHNA

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

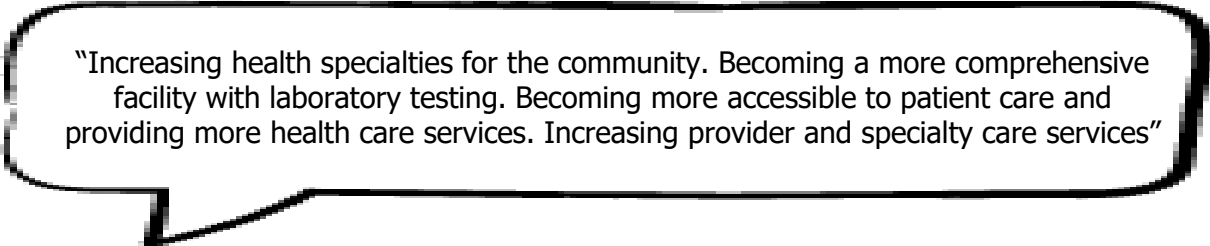
1. Continued Recruitment and Retention of Healthcare Workforce
2. Access to Mental and Behavioral Health Care Services and Providers
3. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
4. Prevention, Education, and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions, and Unhealthy Lifestyles
5. Access to Dental Care Services and Providers



"Increasing ability to keep staff in clinics to provide care for our families."



"RMCHCS has become more financially stable in the past few months than it has been in years We are striving to provide good, safe, kind patient care."



"Increasing health specialties for the community. Becoming a more comprehensive facility with laboratory testing. Becoming more accessible to patient care and providing more health care services. Increasing provider and specialty care services"

Impact of Actions to Address the 2022 Significant Health Needs

- RMCHCS has offered discounted rates and sliding scale fees for health care services to ensure patients experiencing financial hardship can still access the care they need
- Participated in McKinley County Health Fairs to educate the community on services offered and provide basic preventative/screening services to attendees.
- RMCHCS consistently evaluates recruitment of additional healthcare professionals to ensure local access to services for Gallup and McKinley County residents

Community Served

For the purpose of this study, the service area is defined as McKinley County in New Mexico. The data presented in this report uses this county-based service area to present population health data wherever possible. Geographically, RMCHCS is located on the western side of McKinley County and there are three other hospitals in the county.

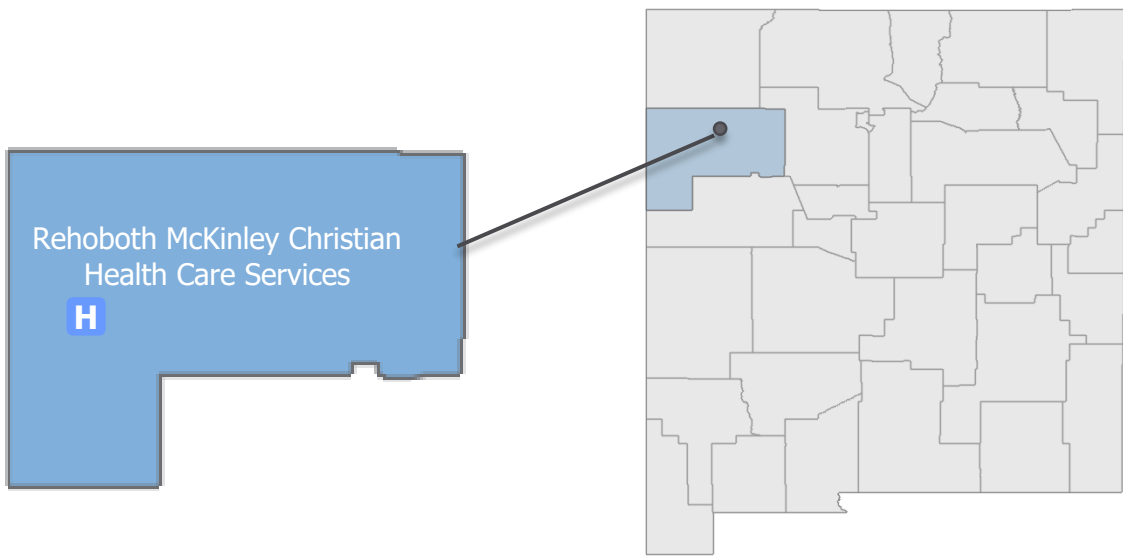
Service Area

McKinley, New Mexico

Total Population: **68,797**

ZIP Code	City
87045	Prewitt
87301	Gallup
87302	Gallup
87305	Gallup
87310	Brimhall
87311	Church Rock
87312	Continental Divide
87313	Crownpoint
87316	Fort Wingate
87317	Gamercio
87319	Mentmore

ZIP Code	City
87320	Mexican Springs
87321	Ramah
87322	Rehoboth
87323	Thoreau
87325	Tohatchi
87326	Vanderwagen
87327	Zuni
87328	Navajo
87347	Jamestown
87365	Smith Lake
87375	Yatahey



Source: County Health Rankings 2025 Report

Service Area Demographics

	McKinley County	New Mexico
Demographics		
Total Population	68,797	2,114,371
Age		
Below 18 Years of Age	27%	21%
Ages 19 to 64	59%	59%
65 and Older	14%	20%
Race & Ethnicity		
Non-Hispanic White	8%	37%
Non-Hispanic Black	1%	2%
American Indian or Alaska Native	81%	11%
Asian	1%	2%
Native Hawaiian or Other Pacific Islander	0%	0%
Hispanic	12%	49%
Gender		
Female	52%	50%
Male	48%	50%
Geography		
Rural	67%	26%
Urban*	33%	74%
Income		
Median Household Income	\$41,400	\$62,300

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units
Source: County Health Rankings 2025 Report*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



80 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



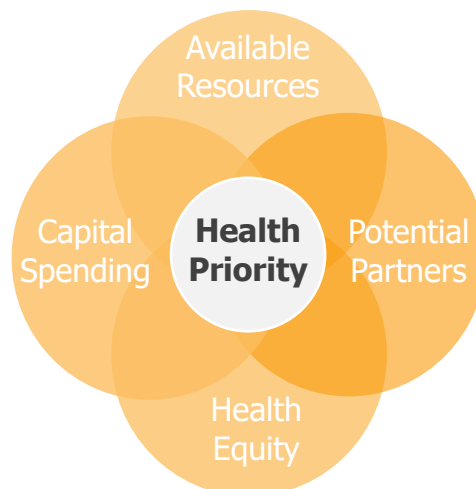
Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

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

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

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

Ranked Health Priorities

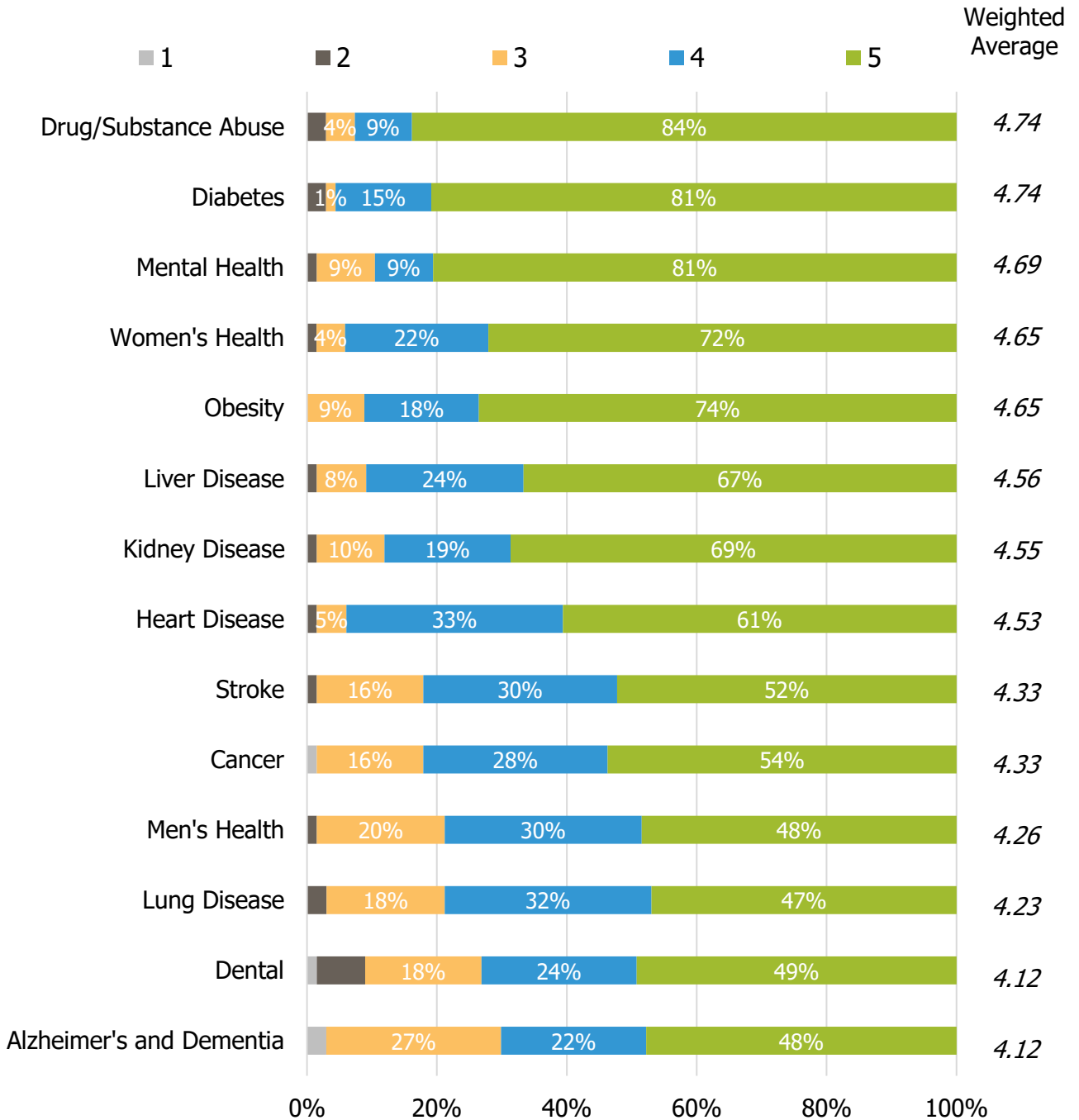
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

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

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

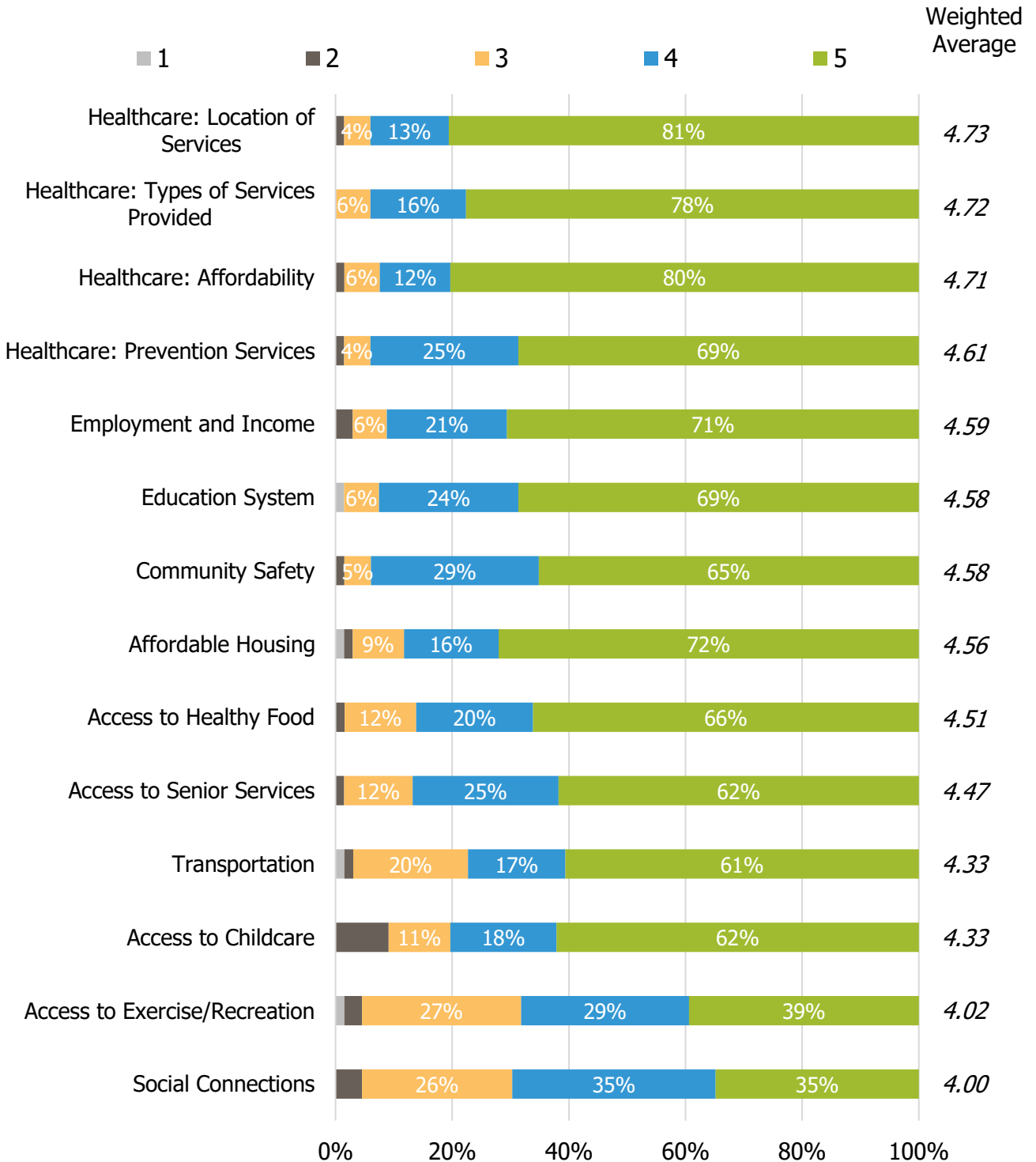
Health Factors

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



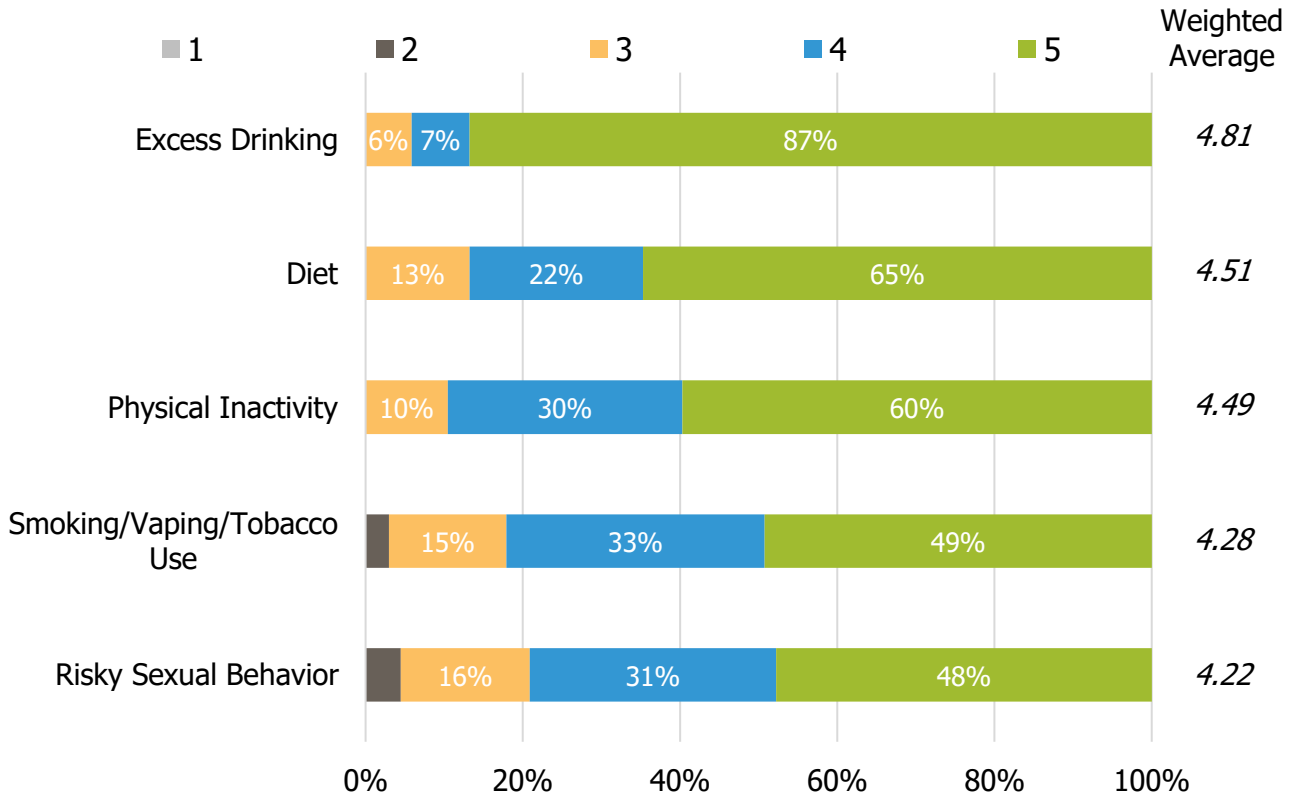
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Excess Drinking	4.81	94.1%
Diabetes	4.74	95.6%
Drug/Substance Abuse	4.74	92.6%
Healthcare: Location of Services	4.73	94.0%
Healthcare: Types of Services Provided	4.72	94.0%
Healthcare: Affordability	4.71	92.4%
Mental Health	4.69	89.6%
Obesity	4.65	91.2%
Women's Health	4.65	94.1%
Healthcare: Prevention Services	4.61	94.0%
Employment and Income	4.59	91.2%
Community Safety	4.58	93.9%
Education System	4.58	92.5%
Liver Disease	4.56	90.9%
Affordable Housing	4.56	88.2%
Kidney Disease	4.55	88.1%
Heart Disease	4.53	93.9%
Access to Healthy Food	4.51	86.2%
Diet	4.51	86.8%
Physical Inactivity	4.49	89.6%
Access to Senior Services	4.47	86.8%
Cancer	4.33	82.1%
Stroke	4.33	82.1%
Access to Childcare	4.33	80.3%
Transportation	4.33	77.3%
Smoking/Vaping/Tobacco Use	4.28	82.1%
Men's Health	4.26	78.8%
Lung Disease	4.23	78.8%
Risky Sexual Behavior	4.22	79.1%
Alzheimer's and Dementia	4.12	70.2%
Dental	4.12	73.1%
Access to Exercise/Recreation	4.02	68.2%
Social Connections	4.00	69.7%

Community Health Characteristics

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

Behavioral Health

Mental Health

Mental health was the #7 community-identified health priority with 90% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in McKinley County is 29.3 which is higher than the New Mexico average (CDC Final Deaths 2023).

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

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

	McKinley County	New Mexico
Suicide Mortality Rate per 100,000 (2023)	29.3	24.1
Poor Mental Health Days past 30 days (2022)	7.1	5.0
Population per 1 Mental Health Provider (2023)	520:1	220:1

Source: CDC Final Deaths, County Health Rankings 2025 Report

Drug, Substance, and Alcohol Use

Drug / substance abuse was identified as the #3 priority with 93% of survey respondents rating it as an important factor to address in the community. Additionally, 94% of respondents think excessive drinking and 82% think that smoking and tobacco use are major issues in the community.

McKinley County has a lower rate of drug overdose deaths compared to the state. The county's rate of excessive drinking is lower than New Mexico's (15% and 19% respectively) and its smoking rate is higher than the state's (31% and 16% respectively).

	McKinley County	New Mexico
Drug-Related Overdose Deaths per 100,000 (2020-2022)	31	45
Excessive Drinking (2022)	15%	19%
Alcohol-Impaired Driving Deaths (2017-2021)	28%	29%
Adult Smoking (2022)	31%	16%

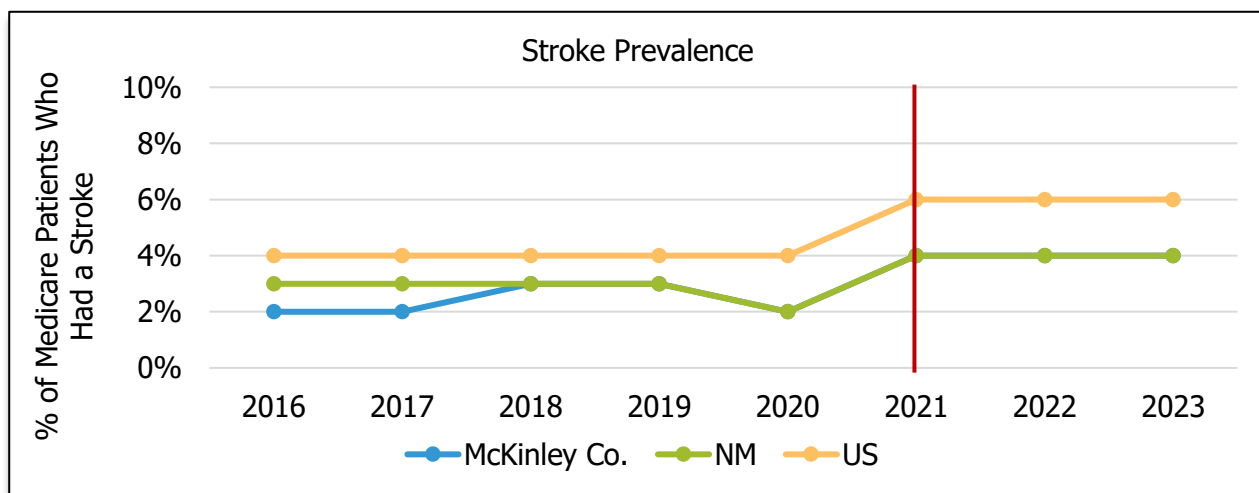
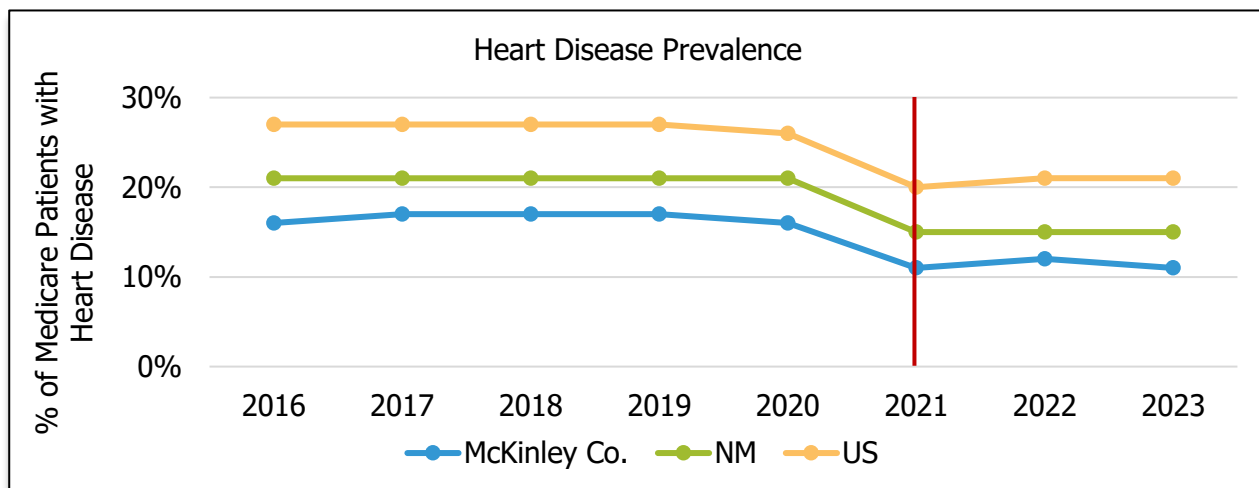
Source: County Health Rankings 2025 Report

Chronic Diseases

Cardiovascular Health

Heart disease is the 2nd leading cause of death in McKinley County, and the county has a lower mortality rate than the state (144.2 compared to 158.9 per 100,000 respectively). Stroke is the 6th leading cause of death in McKinley County and is associated with a mortality rate higher than the state (44.4 compared to 36.5 per 100,000 respectively) (CDC Final Deaths).

In the Medicare population, McKinley County has a lower prevalence of heart disease and a lower prevalence of stroke than the national average. Additionally, it is important to evaluate health disparities in the community for cardiovascular health outcomes, as racial and ethnic minority groups are more likely to die of heart disease than their white counterparts (CDC).



Note: There was a change in the algorithm of reported data in 2021

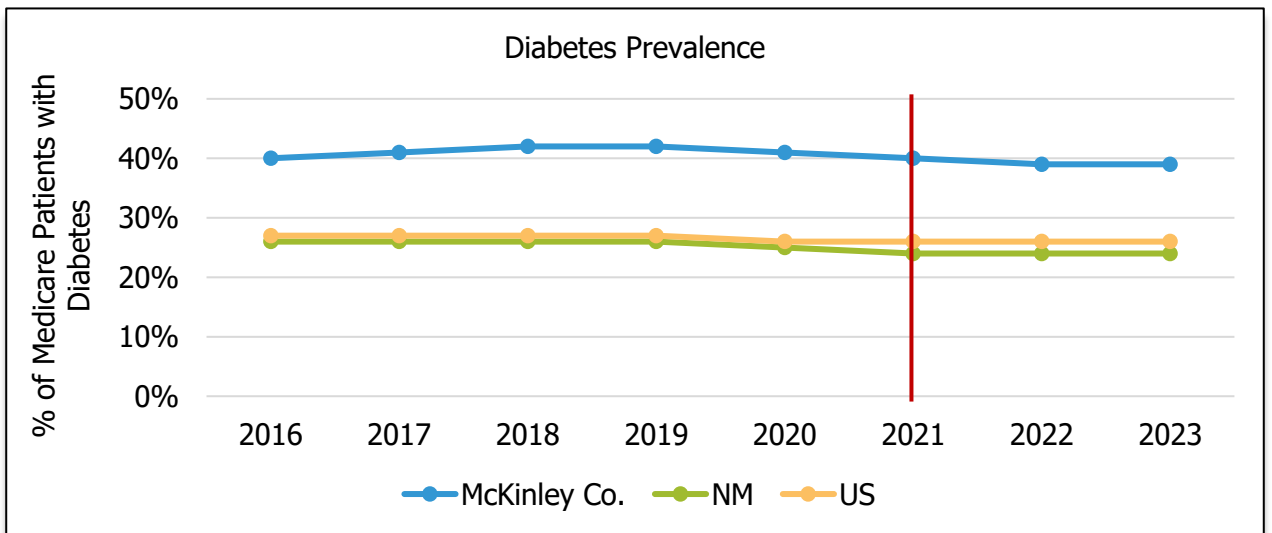
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

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

	McKinley County	New Mexico
Diabetes Mortality Rate per 100,000 (2023)	61.8	29.0
Diabetes Prevalence (2023)	39%	24%

Source: CDC Final Deaths, County Health Rankings 2025 Report



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

Obesity and Unhealthy Eating

In McKinley County, adults have higher rates of obesity than in New Mexico on average. Additionally, the county sees higher rates of physical inactivity than the state, as well as lower rates of access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases (American Diabetes Association).

	McKinley County	NM
Adult Obesity (2022)	37%	33%
Limited Access to Healthy Foods (2019)	34%	13%
Physical Inactivity (2022)	32%	24%
Access to Exercise Opportunities (2023)	41%	76%

Source: County Health Rankings 2025 Report

Health Care Access

Access & Affordability

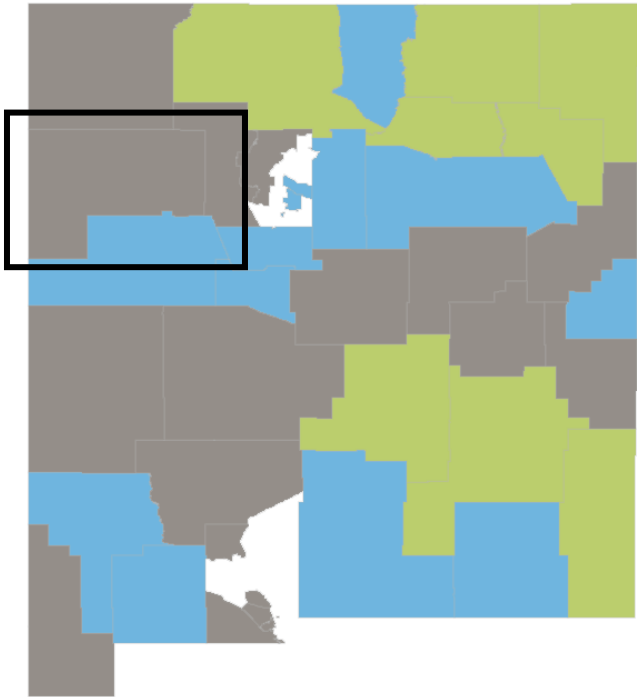
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. In the community survey, 92% of respondents rated affordability of healthcare services as either Extremely Important or Very Important to address in the local community. McKinley County has a lower household income than the New Mexico average and has a higher uninsured population than the state. Additionally, McKinley County has slightly more access to primary care physicians and dentists, but less access to Mental Health Providers as shown in the following provider ratios and health professional shortage areas (HPSA).

	McKinley County	NM
Uninsured Population (2022)	14%	11%
Median Household Income (2022)	\$41,400	\$62,300
Population per 1 Primary Care Physician (2022)	1,220:1	1,340:1
Population per 1 Mental Health Provider	520:1	220:1
Population per 1 Dentist (2022)	1,370:1	1,440:1

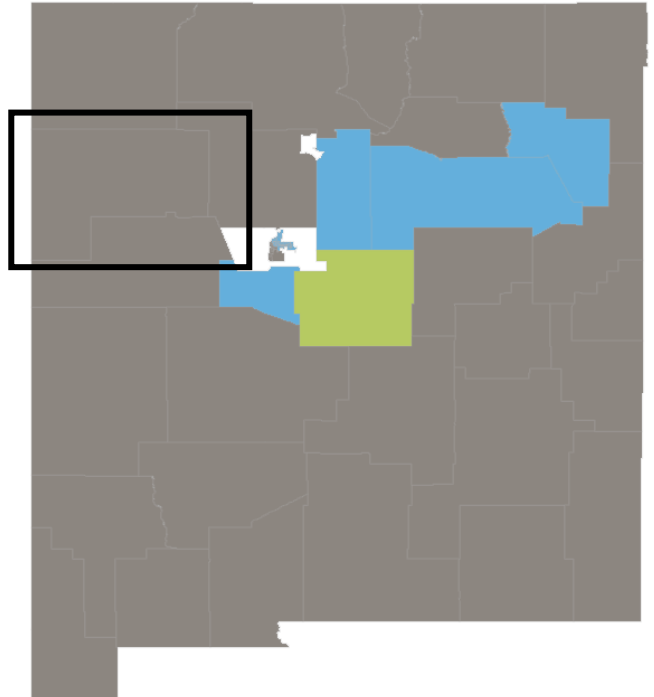
Source: County Health Rankings 2025 Report




New Mexico Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health



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

Source: data.hrsa.gov

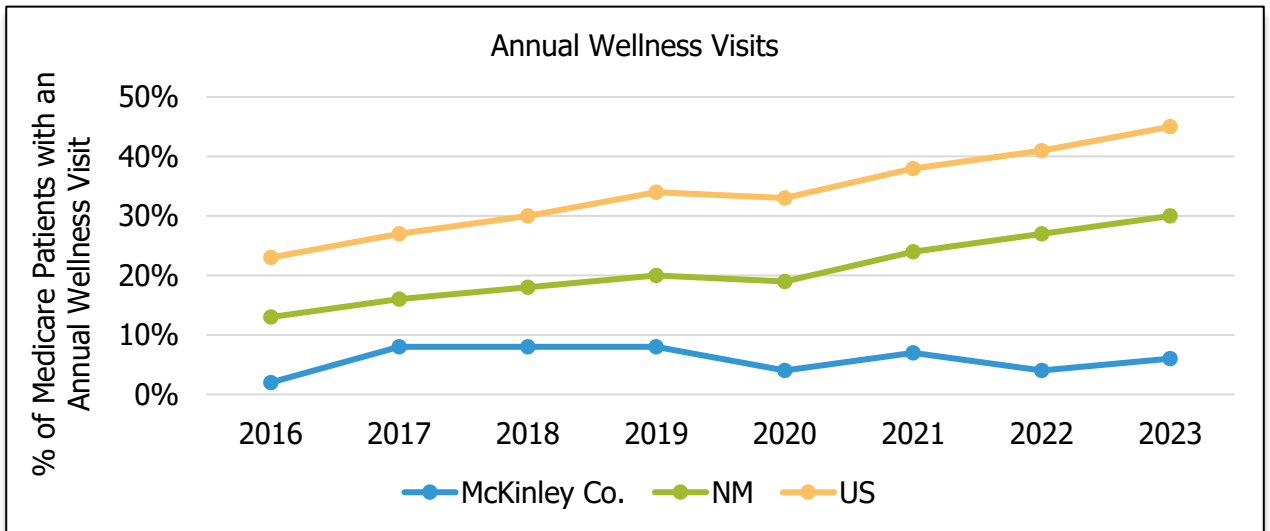
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventative care reduces the burden on health care systems by reducing unnecessary hospital stays and costly care.

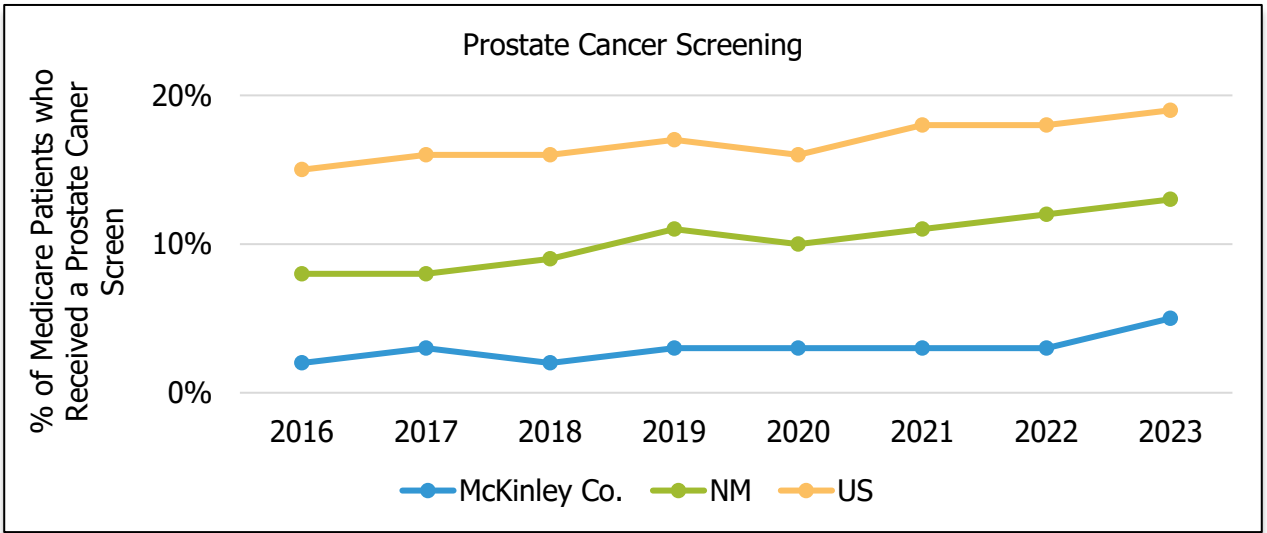
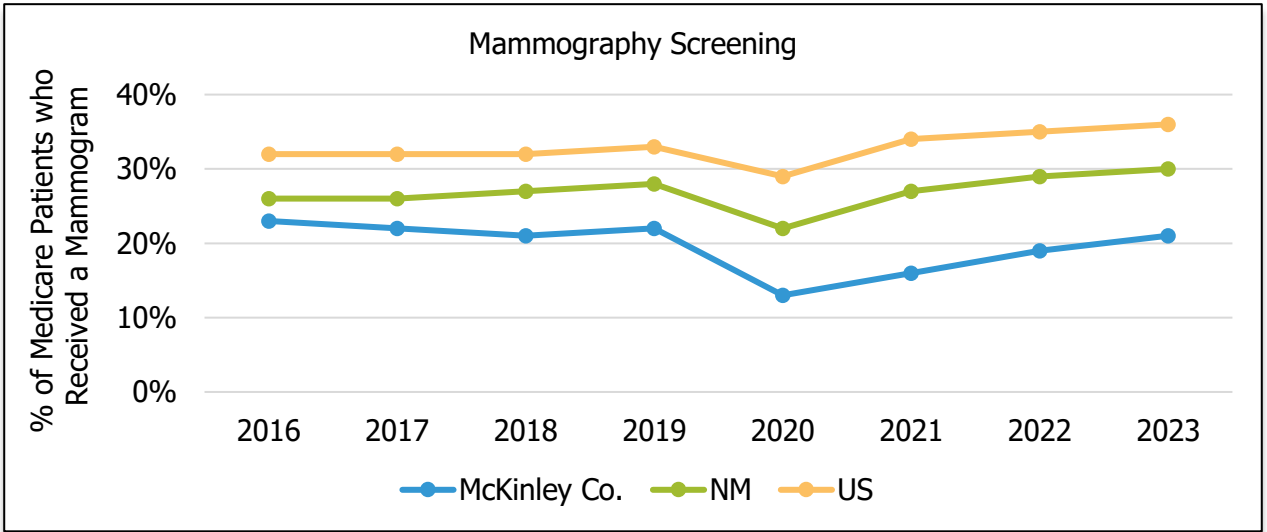
McKinley County has lower annual mammography screening and slightly higher flu vaccine adherence rates than the state. The county also sees higher rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). The rate of annual wellness visits in McKinley County has historically been lower than the state and the gap between the County's rate and the State's has widened over the last few years.

	McKinley County	New Mexico
Preventable Hospital Stays per 100,000 (2022)	2,681	1,970
Mammography Screening (2022)	27%	36%
Flu Vaccination (2022)	41%	40%

Source: County Health Rankings 2025 Report



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



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

Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy).

A higher proportion of McKinley County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) compared to the state average. Additionally, 9% of McKinley County residents spend 50% or more of their household income on housing.

	McKinley County	New Mexico
Severe Housing Problems (2016-2020)	28%	17%
Severe Housing Cost Burden (2018-2022)	9%	14%
Broadband Access (2018-2022)	58%	84%

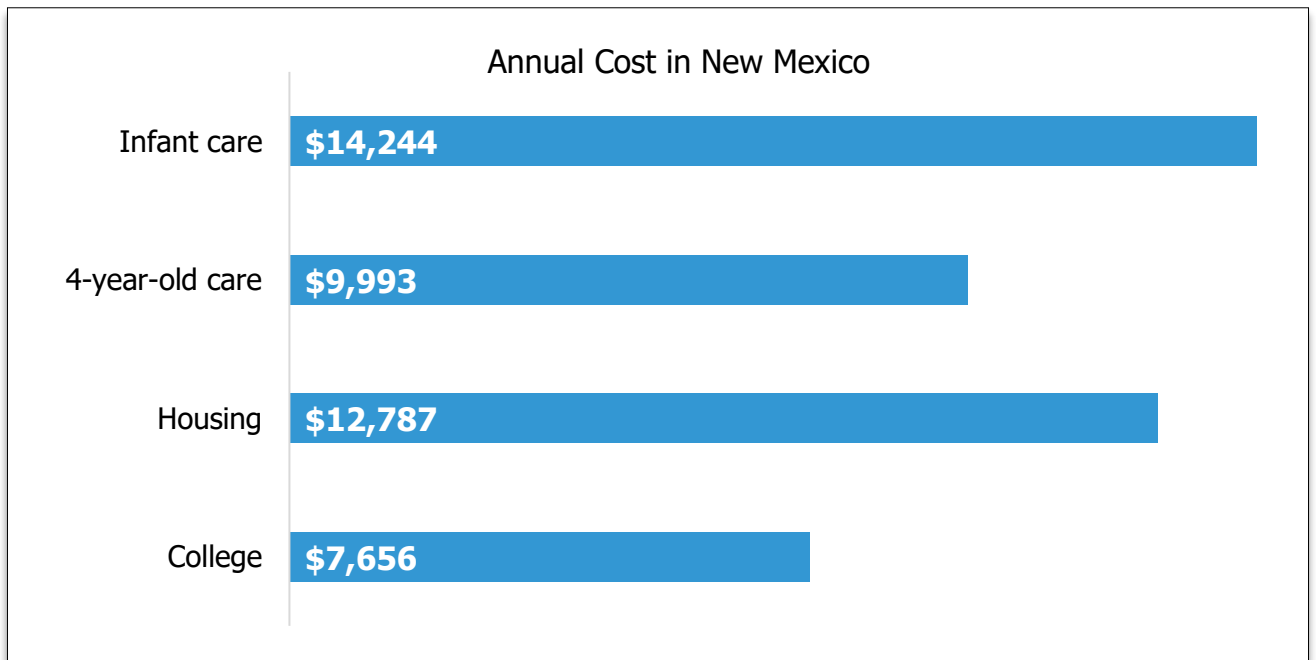
Source: County Health Rankings 2025 Report

Access to Childcare

The average yearly cost of infant care in New Mexico is \$14,244. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family’s income (Economic Policy Institute). In McKinley County, 43% of household income is required for childcare expenses and there are 10 childcare centers for every 1,000 children under age 5 in the county compared to an average of 11 in the state.

	McKinley County	NM
Children in Single-Parent Households (2018-2022)	48%	30%
Child Care Cost Burden - % of HHI used for Childcare (2023)	43%	37%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	10	11

Source: County Health Rankings 2024 Report



Source: Economic Policy Institute (2025)

Income, Employment, and Education

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

	McKinley County	New Mexico
High School Completion (2018-2022)	81%	88%
Some College – includes those who had and had not attained degrees (2023)	49%	64%
Unemployment (2023)	5%	3%
Children in Poverty (2022)	42%	23%

Source: County Health Rankings 2025 Report, U.S. Bureau of Labor Statistics

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Equity
			
Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or U.S. averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Hospital could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Excess Drinking		✓	✓	✓
Diabetes	✓	✓	✓	✓
Drug/Substance Abuse		✓	✓	✓
Healthcare: Location of Services	✓	✓	✓	✓
Healthcare: Types of Services Provided		✓	✓	✓
Healthcare: Affordability	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Women's Health	✓	✓	✓	✓
Healthcare: Prevention Services	✓	✓	✓	✓

Implementation Plan

Implementation Plan Framework

Based on the findings of the Community Health Needs Assessment, Rehoboth McKinley Christian Health Care Services identified three top community health priorities: (a) Mental Health/Substance Abuse Disorder, (b) Prevention and Treatment of Chronic Diseases, (c) Access to Healthcare Services. These priorities were determined through a combination of community input, health data analysis, and facilitated conversations with hospital stakeholders. This plan outlines goals and objectives, and summarizes existing programs that support each priority, ensuring continued alignment with the hospital's current work and a path forward to improving access and outcomes.



Mental Health/Substance Use Disorder

Goal: Reduce the impact of substance use disorders in McKinley County through expanded prevention, early intervention, and recovery services.



Prevention and Treatment of Chronic Diseases

Goal: Improve community health outcomes by promoting prevention, early detection, and effective management of chronic diseases.



Access to Healthcare Services

Goal: Ensure all McKinley County residents have access to quality, affordable healthcare services.

Mental Health/Substance Use Disorder

RMCHCS Services and Programs Committed to Respond to This Need

- RMCHCS employs a licensed practical counselor to respond to and manage the substance use/mental health needs of Gallup and McKinley County residents. This individual is on-call 5 days a week.
- Primary Care providers at RMCHCS engage in medication management practices to ensure patients are using prescribed medications appropriately and safely.
- Patients presenting to the ED in crisis are secured and arranged for transfer to appropriate level of care based on availability.
- RMCHCS has identified a telehealth solution for treatment of substance use/mental health disorders, launching in the Fall of 2025.
- Primary Care and Emergency Medicine providers follow standard patient screening protocols for Drug/Alcohol abuse and other mental health conditions
- RMCHCS employs multiple Community Health Workers that are trained in SBIRT processes (Screening, Brief Intervention, and Referral to Treatment).

Goals and Future Actions to Address this Significant Health Need

Goal: *Reduce the impact of substance use disorders in McKinley County through expanded prevention, early intervention, and recovery services.*

- Explore shifting to an integrated health model to further embed mental and behavioral health professionals in medical settings and further facilitate patient connection to treatment and recovery resources.
- Evaluate the feasibility and community impact of recruiting a Behavioral Health provider that can prescribe medications.
- Position RMCHCS to secure state grant dollars through greater alignment of organizational mental/behavioral health resources and approach with New Mexico goals.

Impact of Actions and Access to Resources

- Improved coordination between RMCHCS and local organizations focused on serving community members with substance use/mental health conditions.
- Expansion of on-site access to mental and behavioral health services at RMCHCS for patients with transportation barriers.

Mental Health/Substance Use Disorder

Other Local Organizations Available to Respond to This Need

- McKinley Community Health Alliance: <https://mckinleyhealthalliance.org/>
- Four Corners Detox Recovery: <https://www.sfrecovery.org/>
- Navajo Nation Division Behavioral Services: <https://www.nndbmhs.org/>
- N.O.V.A. III Behavioral Health: <https://business.thegallupchamber.com/list/member/nova-iii-behavioral-health-4582>

Prevention and Treatment of Chronic Diseases

RMCHCS Services and Programs Committed to Respond to This Need

- RMCHCS offers Family Medicine and Pediatrics services through their College Clinic to provide preventative care and chronic disease management to the local community.
- RMCHCS operates their Red Rock Specialty Clinic, which houses various medical specialties including Orthopedics, General Surgery, Urology, Women's Health, and Podiatry.
- Primary Care providers on RMCHCS medical staff are Board-Certified in Preventative Medicine.
- RMCHCS actively participates in an ACO to improve care coordination and reduce cost for patients requiring chronic disease management services.
- RMCHCS regularly attends McKinley County Health Fairs, offering free basic screening services for attendees.
- Members of the RMCHCS medical staff are held to value-based purchasing metrics, which place an emphasis on preventative services and screenings for every patient.
- RMCHCS works closely with partners in the community to promote public safety.

Goals and Future Actions to Address this Significant Health Need

Goal: *Improve community health outcomes by promoting prevention, early detection, and effective management of chronic diseases.*

- Continue to expand discounted screening rates into new services.
- Develop community education initiatives to promote healthy living and regular screenings and visits with primary care providers.
- Evaluate expansion of telemedicine offerings to meet demand for "a la carte" specialty services.
- Explore recruitment of additional physician/APRN for primary care.

Impact of Actions and Access to Resources

- Increased yearly annual wellness visit volume through College Clinic.
- Improved quality/value-based purchasing metrics (Hypertension, A1-C, mammogram screening rates, etc.).
- Reduction in Chronic Disease patients presenting to the ED.

Prevention and Treatment of Chronic Diseases

Other Local Organizations Available to Respond to This Need

- Gallup Indian Medical Center - <https://www.ihs.gov/navajo/healthcarefacilities/gallup/>
- McKinley Community Health Alliance - <https://mckinleyhealthalliance.org/>
- Presbyterian Medical Services - <https://www.pmsnm.org/>
- Zuni Comprehensive Health Center - <https://www.ihs.gov/Albuquerque/healthcarefacilities/zuniramah/>
- Patient-Led NM - <https://www.patientlednm.org/>

Access to Healthcare Services

RMCHCS Services and Programs Committed to Respond to This Need

- RMCHCS provides walk-in and urgent care services through its Rapid Care Clinic, open Monday through Friday from 7am to 7pm.
- RMCHCS offers primary care and various specialty care services through their local clinics, allowing patients to remain in their community for care.
- RMCHCS offers sliding scale billing to ensure that un/underinsured patients receive the care they need without delay.
- Patients seeking services at RMCHCS are offered a discount for out-of-pocket/cash payments for medical services.
- RMCHCS has increased access through telehealth offerings for select services and continues to evaluate opportunities for expansion of this platform.
- RMCHCS is actively recruiting additional primary care and specialty providers to expand local access to services for Gallup and McKinley County residents.
- RMCHCS provides indigent care for patients undergoing financial hardship.

Goals and Future Actions to Address this Significant Health Need

Goal: *Ensure all McKinley County residents have access to quality, affordable healthcare services.*

- Develop a new digital patient portal, which would offer online registration, appointment reminders, etc. in a user-friendly interface.
- Continue beta testing AI-scribe technology in clinics, aimed at increasing efficiency and expanding capacity for more patient appointments.

Impact of Actions and Access to Resources

- Increased clinic visit volume.
- Improved time to 3rd next available appointment.
- Reduced wait times in RMCHCS services

Access to Healthcare Services

Other Local Organizations Available to Respond to This Need

- McKinley Community Health Alliance <https://mckinleyhealthalliance.org/>
- Gallup Indian Medical Center - <https://www.ihs.gov/navajo/healthcarefacilities/gallup/>
- Presbyterian Medical Services - <https://www.pmsnm.org/>
- McKinley County - <https://www.co.mckinley.nm.us/>
- Zuni Comprehensive Health Center - <https://www.ihs.gov/Albuquerque/healthcarefacilities/zuniramah/>
- Patient-Led NM - <https://www.patientlednm.org/>
- Gallup Nursing and Rehabilitation - <https://gallupnursing.com/>
- Little Sisters of the Poor - <https://littlesistersofthepoorgallup.org/>
- Red Rocks Care Center - <https://www.genesishcc.com/redrocks>
- Cibola General Hospital - <https://cibolahospital.com/>
- Lovelace Medical Center - <https://lovelace.com/>

Appendix

Community Data Tables

Leading Cause of Death

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

	McKinley County	New Mexico	U.S.
Accidents and Adverse Effects	155.7	91.8	59.7
Heart Disease	144.2	158.9	168.9
Cancer	138.5	131.4	145.4
Chronic Liver Disease & Cirrhosis	131.0	33.7	13.1
Diabetes Mellitus	61.8	29.0	23.9
Cerebrovascular Diseases	44.4	36.5	39.8
Pneumonia	31.4	11.7	10.7
Suicide and Self-Inflicted Injury	29.3	24.1	13.9
Kidney Disease	26.9	12.7	13.4
Chronic Lower Respiratory Disease	23.5	39.0	35.9
Homicide & Legal Intervention	21.9	14.5	7.6
Septicemia	17.3	10.0	10.0
Alzheimer's Disease	14.0	25.1	30.8
Influenza	N/A	1.6	1.1

Source: CDC (2023)

County Health Rankings

	McKinley	New Mexico	US Overall
Length of Life			
Premature Death*	● 27,600	12,400	8,400
Life Expectancy*	● 64	74	77
Quality of Life			
Poor or Fair Health	● 32%	19%	17%
Poor Physical Health Days	● 6.3	4.2	3.9
Poor Mental Health Days	● 7.1	5.0	5.1
Low Birthweight*	● 9%	9%	8%
Health Behaviors			
Adult Smoking	● 31%	16%	13%
Adult Obesity	● 37%	33%	34%
Limited Access to Healthy Foods	● 34%	13%	6%
Physical Inactivity	● 32%	24%	23%
Access to Exercise Opportunities	● 41%	76%	84%
Excessive Drinking	● 15%	19%	19%
Alcohol-Impaired Driving Deaths	● 28%	29%	26%
Drug Overdose Deaths*	● 31	45	31
Sexually Transmitted Infections*	● 507	529	495
Teen Births (per 1,000 females ages 15-19)	● 22	22	16
Clinical Care			
Uninsured	● 18%	13%	11%
Primary Care Physicians (MDs & DOs)	1217:1	1344:1	1,330:1
Other Primary Care Providers (APPs)	1638:1	726:1	710:1
Dentists	1369:1	1436:1	1,360:1
Mental Health Providers	521:1	215:1	300:1
Preventable Hospital Stays*	● 2,681	1,970	2,666
Flu Vaccinations	● 41%	40%	48%
Social & Economic Factors			
High School Completion	● 81%	88%	89%
Some College	● 49%	64%	68%
Unemployment	● 5%	4%	3.6%
Children in Poverty	● 42%	23%	16%
Children in Single-Parent Households	● 48%	30%	25%
Injury Deaths*	● 201.4	128.8	84
Child Care Cost Burden (% of HHI used for childcare)	● 43%	37%	28%
Child Care Centers (per 1,000 under age 5)	● 10	5	7
Physical Environment			
Severe Housing Problems	● 28%	17%	17%
Long Commute - Driving Alone (> 30 min. commute)	● 36%	28%	37%
Severe Housing Cost Burden (50% or more of HHI)	● 9%	14%	15%
Broadband Access	● 58%	84%	90%

*Per 100,000 Population

Key (Legend)

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

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

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

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

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

Local Expert Groups

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

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

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	June 2025	2013-2024
CDC Final Deaths	15 top causes of death	July 2025	2023
Bureau of Labor Statistics	Unemployment rates	July 2025	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	June 2025	2022
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	July 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	July 2025	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	July 2025	2019
Human Resources & Services Administration – data.hrsa.gov	HPSA designated areas	July 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	July 2025	2015
Economic Policy Institute	Childcare costs	July 2025	2020
Health Affairs: Leigh, Du	Effects of low wages on health	July 2025	2022

Survey Results

Based on 80 survey responses gathered between July and August 2025.

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

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

Answer Choices	Responses	
Healthcare Professional	74.7%	59
Community Resident	40.5%	32
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	12.7%	10
Public Health Official	2.5%	2
Government Employee or Representative	1.3%	1
Representative of Chronic Disease Group or Advocacy Organization	1.3%	1
	Answered	79
	Skipped	1

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	44.3%	35
American Indian or Alaska Native	35.4%	28
Hispanic or Latino	20.3%	16
Asian or Asian American	5.1%	4
Black or African American	3.8%	3
Native Hawaiian or other Pacific Islander	1.3%	1
Choose to not disclose	1.3%	1
	Answered	79
	Skipped	1

Q3: Age group

Answer Choices	Responses	
18-24	0.0%	0
25-34	12.7%	10
35-44	19.0%	15
45-54	29.1%	23
55-64	19.0%	15
65+	19.0%	15
Choose to not disclose	1.3%	1
	Answered	79
	Skipped	1

Q4: How many people live in your household? (including yourself)

Answer Choices	Responses	
1	8.9%	7
2	35.4%	28
3	11.4%	9
4	17.7%	14
5	19.0%	15
6+	7.6%	6
	Answered	79
	Skipped	1

Q5: What is the primary language spoken in your household?

Answer Choices	Responses	
English	93.6%	73
Navajo	1.3%	1
Spanish	0.0%	0
Other (please specify)	5.1%	4
	Answered	78
	Skipped	1

Others:

- Both English and Navajo
- English and Spanish
- Tagalog

Q6: Are there any Veterans in your household?

Answer Choices	Responses	
Yes	5.1%	4
No	82.3%	65
	Answered	69
	Skipped	11

If "Yes", where do they receive healthcare services?

- VA clinic and Gallup Community Health
- VA and RMCHCS
- Zuni IHS facility
- Gallup Indian Medical Center

Q7: Do you have consistent utilities at home (electricity, water, etc.)?

Answer Choices	Responses	
Yes	100.0%	79
No	0.0%	0
	Answered	79
	Skipped	1

Q8: What ZIP code do you primarily live in?

Answer Choices	Responses	
87301	71.3%	57
87323	3.8%	3
87327	3.8%	3
87375	2.5%	2
87305	2.5%	2
87311	2.5%	2
87326	1.3%	1
87144	1.3%	1
87328	1.3%	1
87120	1.3%	1
87325	1.3%	1
76437	1.3%	1
86504	1.3%	1
87316	1.3%	1
87045	1.3%	1
87319	1.3%	1
87312	1.3%	1
	Answered	80
	Skipped	0

Q9: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing health care, etc.) In your community? (Please select your top 3 responses if possible)

Answer Choices	Responses	
Residents of rural areas	57.5%	42
Low-income groups	53.4%	39
Older adults	42.5%	31
Individuals requiring additional healthcare support	42.5%	31
Uninsured and underinsured individuals	39.7%	29
Women	38.4%	28
Racial and ethnic minority groups	34.3%	25
Children	31.5%	23
Men	11.0%	8
Other (please specify)	4.1%	3
	Answered	73
	Skipped	7

Q10: What do you believe to be some of the needs of the groups selected above?

- Women’s health providers & local specialists.
- General healthcare, OB/GYN, Addiction, Grief
- Home health care and education
- Lack of resources
- Women's health-labor and delivery in specific. Safe healthcare for undocumented people. People without access to safe and affordable housing .
- Access, equality, affordability
- Specialty providers
- More doctors and I think we need a birthing unit back in our town. I think its sad that women have to leave town to have a baby.
- Finance (unable to pay for health care needs) Transportation (Unable to get to health care facility) Cultural (prefer cultural methods of therapy)
- People are struggle on cost of living that is increasing and they cannot not afford insurance or get assistant.
- Pediatrics, OB, colonoscopies, urology, ENT, primary care, psicologists, psych,
- Access to doctors and appointments. In Gallup you have to wait months to been seen, or go out of town to see a doctor or specialist.
- Easier transportation to hospital settings. Many people can barely come to the hospital from surrounding reservations.
- Pediatric ER and women’s health for non-native individuals
- Intervention services, more therapies
- OB/GYN; Pediatric Care; Family Medicine; Specialty Care

- Not having the assistance and information to apply for insurance online for unemployed individuals, homeless individuals and Older adults.
- Older individuals may not have transportation or the means to pay as balance after Medicare
- Pediatric, pediatric specialties, cardio, sleep lab, neuro, OBGYN, mental health access, health education, the need for childcare, transportation services for these groups to easily get to and from off of the reservation.
- Easy access to care ...transportation to care, understanding of terms, and the need for specialites
- There are very few doctors other than PCPs.
- No place to deliver if not a beneficiary of IHS. Not enough providers to see patients. Not enough specialty services
- Access to health care specialties due to distance and transportation needs.
- Women's Health/Labor & Delivery; Mental Health Needs; Cardiology
- Transportation, food, access or support to help with application for insurance options; and accessing transportation if they have no cell phone or electronic means of applying
- Lack of supportive resources; Lack of medical providers; Affordable medical care and medications
- Access to care due to availability of doctors and the length of time for an available appointment as well as the medical specialty not being offered in our area.
- We are running out of providers in the area. We have no specialty doctors, few pediatricians, and few family health
- Affordable health insurance. But never will happen because health care is too expensive and insurance companies need to make money.
- Women's Health needs (OB/GYN), shortage of pediatricians although many children are seen by family medicine providers, distance to health care facilities causing delay in seeking care or not keeping follow-up appointments due to transportation limitations.
- More programs to help fund medicines
- Additional respiratory support services, trauma services and cardiovascular services.
- The long wait in getting scheduled just to be seen
- The people in my community hop around from hospital to hospital for care. So consistent healthcare is a problem.
- Intervention vs prevention we need to be taught early how to take care of our health and wellness
- Specialty care, general surgical services
- In rural areas we lack specialty doctors
- More resources in the public such as psychiatric
- Hospital care, women's health services for non-native. RMCH keeps providing less services making it difficult to stay in Gallup. The community also antagonizes the hospital instead of supporting making it difficult to bring in healthcare providers and services if you are not able to use GIMC

Q11: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Diabetes	0	2	1	10	55	68	4.74
Drug/Substance Abuse	0	2	3	6	57	68	4.74
Mental Health	0	1	6	6	54	67	4.69
Obesity	0	0	6	12	50	68	4.65
Women's Health	0	1	3	15	49	68	4.65
Liver Disease	0	1	5	16	44	66	4.56
Kidney Disease	0	1	7	13	46	67	4.55
Heart Disease	0	1	3	22	40	66	4.53
Cancer	1	0	11	19	36	67	4.33
Stroke	0	1	11	20	35	67	4.33
Men's Health	0	1	13	20	32	66	4.26
Lung Disease	0	2	12	21	31	66	4.23
Alzheimer's and Dementia	2	0	18	15	32	67	4.12
Dental	1	5	12	16	33	67	4.12
Other (please specify)						4	
						Answered	68
						Skipped	12

Comments:

- Dietary for all ages, and exercise, vaping/smoking
- OB/GYN
- Pediatrics and pediatric specialties
- COPD

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

	1	2	3	4	5	Total	Weighted Average
Healthcare: Location of Services	0	1	3	9	54	67	4.73
Healthcare: Types of Services Provided	0	0	4	11	52	67	4.72
Healthcare: Affordability	0	1	4	8	53	66	4.71
Healthcare: Prevention Services	0	1	3	17	46	67	4.61
Employment and Income	0	2	4	14	48	68	4.59
Community Safety	0	1	3	19	43	66	4.58
Education System	1	0	4	16	46	67	4.58
Affordable Housing	1	1	6	11	49	68	4.56
Access to Healthy Food	0	1	8	13	43	65	4.51
Access to Senior Services	0	1	8	17	42	68	4.47
Access to Childcare	0	6	7	12	41	66	4.33
Transportation	1	1	13	11	40	66	4.33
Access to Exercise/Recreation	1	2	18	19	26	66	4.02
Social Connections	0	3	17	23	23	66	4.00
Other (please specify)						1	
						Answered	68
						Skipped	12

Comments:

- Again, health and wellness early includes, social, education, access to learning, knowing how to make a living

Q13: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Excess Drinking	0	0	4	5	59	68	4.81
Diet	0	0	9	15	44	68	4.51
Physical Inactivity	0	0	7	20	40	67	4.49
Smoking/Vaping/Tobacco Use	0	2	10	22	33	67	4.28
Risky Sexual Behavior	0	3	11	21	32	67	4.22
Other (please specify)						1	
						Answered	68
						Skipped	12

Comments:

- These 2 lead you down such a bad road in life

Q14: Please provide feedback on any actions you've seen taken by RMCHCS to address the 2022 significant health needs in your community and what additional actions you would like to see.

- RMCH hired a primary care provider that is capable of doing addiction medicine. That's about it. Reducing health disparities includes offering labor and delivery so women aren't made to drive 1-2 hours in labor just to give birth in a town that isn't theirs. You think all women have the resources, transportation, finances to just up and drive to Albuquerque? Refusing to offer labor and delivery is adding to the health disparities and putting women at a much higher rate of postpartum depression and anxiety, adding to the already epidemic levels of behavioral health needs. Want to fix the way the community views Rmch? Open labor and delivery so our future community members and future patients have a safe place to come into the world at.
- -Increasing health specialties for the community. -Becoming a more comprehensive facility with laboratory testing. -Becoming more accessible to patient care and providing more health care services. -Increasing provider and specialty care services.
- I have not seen to many ways the issues have been addressed, but I would like to see more available ways for patients to be transported, not with ambulance, to and from the hospital.
- Additional actions needed: OB/GYN services, Address healthy diet, Specialty care, Cardiac care
- Additional physicians, OB physicians, Orthopedic and more reliable leaders in our community. Leaders that are local not out of town leaders that we pay for them to travel back and forth to see their families plus their salary. Include the people that actually do the work not just the supervisor or director that has no clue what is going on.
- Cash-based prices when patients do not have insurance or exhaust their benefits with insurance
- We need to deliver babies! Open back up women's health services
- Improvement in quality of care and access to practitioners in a timely manner. Need to do more to promote community education, wellness and prevention.
- RMCHCS has become more financially stable in the past few months than it has been in years. We are striving to provide good, safe, kind, patient care.
- Continue working on the above and prevention is key.
- Increasing ability to keep staff in clinics to provide care for our families. Losing Doctors hurts our community greatly
- It is difficult to recruit a healthcare workforce because of the rural area. Wages need to be increased.

- Strategic recruitment, especially for hard to fill positions. Incentives and staff support to encourage retention. RMCHCS has no control over state and community factors for recruitment and retention such as medical malpractice laws, cost of living and available housing, the education system, etc. There is a substance abuse specialty provider on staff at RMCHCS as well as a behavior health provider. RMCHCS staff in general provides screening of patients for mental and behavioral health needs. They then direct patients to services needed but not offered at RMCHCS. Uncertain about affordable care. With the IHS facility having services available to the Native American population, there will be disparities for non-Native community members who do not have access to IHS services. They often have specialty care providers who only provide services to Native American patients. This creates a need for the non-Native population to seek healthcare outside of the city, which creates a burden financially. There are many organizations, including RMCHCS, who provide education for healthy lifestyle maintenance, suicide prevention, and preventive health choices to decrease the prevalence of chronic conditions, which many community members/patients suffer from. RMCHCS does not offer dental care services but there are adequate services within the community.
- RMCHCS struggles to recruit & retain Healthcare workers. Because of the state's lack of support when it comes to capping the medical malpractice insurance in NM, our hospital is continuing to battle this state's poor decision. Recently our hospital has lost two community doctors because of the governor's decision. All of the community health needs are driven by the lack of healthcare workers, in my opinion.
- HR has been following through with college recruitment and online services. RMCHCS has EAP and Tuition Reimbursement to help with Education. EAP offers help with mental and physical help not mention Wellness program.
- Our current administration is working to reduce debt, grow a working relationship with the county and keeping us as employees informed and updated on its progresses. The hospital needs exterior repair, landscaping improvements and crosswalk signage across a city road. The hospital first floor needs to be updated and look more professional.
- Need to build strong nursing services. Work on employee satisfaction. Identify gaps in leadership that have led to employee dissatisfaction and mass exodus.
- I would like to see services grow and not be critical access. We need Women's Health Care, pediatrics, cardiology and endocrinology and to be able to care for patients in our community more often.

Q15: What does Rehoboth McKinley Christian Healthcare Services do well as a healthcare provider in the community?

- RMCH is a great hospital with great staffing that care about patients and their community
- Urological services
- It's nice to have a functional radiology department.
- The doctors they do have are great providers and provide excellent care.
- Treats emergent and chronic issues promptly and appropriately
- Being here for the community for those not IHS recipients.
- Provides healthcare to the community so they don't have to travel to Albuquerque.
- RMCHCS does a lot of things well being the second biggest health care provider in the community. RMCHCS is quick and efficient.
- We have had 2 ER visits recently and were seen in a very timely manner and nurses and docs had great bedside manner
- We are open to new patient care. We try our very best to having available openings for patients that are needing last minute appointments.
- Provides immediate, accessible and responsive quality of care.
- RMCHCS is a great pillar in providing the highest care to our community.
- Provides care for PCP, Physical therapy
- We strive every day to provide great care, customer service while utilizing the tools we have.
- Provide excellent surgical services

Q16: What could Rehoboth McKinley Christian Health Care Services do better to serve the needs of the community?

- Add providers so we don't have to travel out of Gallup for care
- Better quality of ED providers. More collaboration with community partners/non-profits. Easier access to radiology.
- Have a birthing center and also urgent care should be open 7 days a week its sad that parents have to take there kids to the emergency room for a simple ear infection because the urgent care is closed.
- Add pediatrics, OB, psych, ENT, speech increase preventive care with fam practice providers. Retain staff by increasing moral, belonging, spread/share the mission, bring a residency. Do partnerships with UNM school or NMSU.
- Be caring and empathetic to each patient that walks in the door
- Have more doctors, and access to those doctors. Shouldn't have to wait weeks or months to be seen, or do tests. Shouldn't have to travel out of town to be seen by a doctor.
- We can make it better by trying to get more providers in clinic as such as pediatric and family medicine.
- Provide information on what Dr services we provide at our clinic.
- Address the spiritual aspect of health care. More consistent, transparent community information and involvement.
- Promote community wellness and disease prevention. More strategic collaboration with other health care organizations to address need for comprehensive health care services.
- More specialties, even in telehealth. More providers doing prevention.
- Be more culturally competent, understand the community better, increase the customer service and attract quality providers who truly care about improving healthcare of the underserved communities
- Having support from the state would help make it possible to recruit Providers who can care for people in the community. RMCHCS needs more Family and Internal Medicine Providers to manage the population of people in need of services.
- Be more proactive in the community; reach out and educate. Increase people's awareness to new news about what we are doing. Maybe a talk show, training or a lectures series or podcast
- Doctors need better training on bed side manners, and they need to show more compassion for patients. Before more mindful of patients being flown out too far away locations when the patient will still have to be put in a stressful situation to travel home from afar.