

# LISTENING TOGETHER

## TAOS COMMUNITY FOUNDATION 2025 COMMUNITY LISTENING REPORT

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# THANK YOU FOR THE GIFT OF YOUR TIME AND VOICE.

## “DE LA COMUNIDAD, PARA LA COMUNIDAD.”

This report would not have been possible without the invaluable contributions of community stakeholders who generously shared their time, insights, and thought partnership during the Listening Session. The richness and depth of these conversations are a direct result of the willingness of community members from diverse backgrounds and sectors to come together and engage in open, honest dialogue.

One of the clearest themes to emerge from the Listening Session is that community engagement is among Taos' greatest assets. This spirit of collaboration and shared responsibility is not only inspiring but, even more importantly, essential. Sustained, systemic, and transformational change is possible when it continues to be built upon a foundation of inclusive community participation. We deeply appreciate everyone who contributed their time and insight to this process and look forward to continuing our work together toward actionable solutions.

This gratitude extends to Taos Community Foundation staff who dedicated time to organizing and coordinating the session as well as collecting, analyzing, and synthesizing community input to shape the findings and recommendations presented in this report. Their behind-the-scenes efforts brought this work to life and reflect their commitment to our community.

*“Our social capital in this community is seen in these types of events. All these people just keep working to make changes and make things better. It’s a culture of caring for each other, our land and acequias, and a commitment to where we live.”*

**- Listening Session Participant**



# 1. INTRODUCTION

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## OVERVIEW

On March 27, 2025, the Taos Community Foundation, in partnership with Anchorum Health Foundation, co-facilitated a Community Listening Session with Stephanie Owens, Ph. D. of Imagine Education. The event, titled Listening Together: A Community Conversation Around Health & Wellness, was held at the UNM Taos Klauer Campus and aimed to foster dialogue, deepen community connections, elevate diverse perspectives, identify shared priorities, and explore how philanthropy can better support the health and wellness needs of Taos' communities. The community engagement session was intentionally structured to gather meaningful input from a broad cross-section of Taos County stakeholders. Through data-informed discussions, facilitated group dialogue, and participatory activities, the session aimed to surface community-identified needs, values, and priorities related to health and wellness. The insights generated through this process will directly inform and shape two major initiatives, ensuring that both are grounded in the lived experiences and voices of local residents.



The Anchorum Community Health Fund Program in Taos, by providing community-identified priorities and lived-experience insights that will help shape funding strategies, refine focus areas, and guide funding programs.



Taos Community Foundation's local grantmaking and strategic planning efforts. The session's input will serve as a resource for informing TCF's strategic planning process to contextualize local needs and priorities while strengthening partnerships with community and nonprofits in response to input.

## ANCHORUM COMMUNITY HEALTH FUND PROGRAM CONTEXT

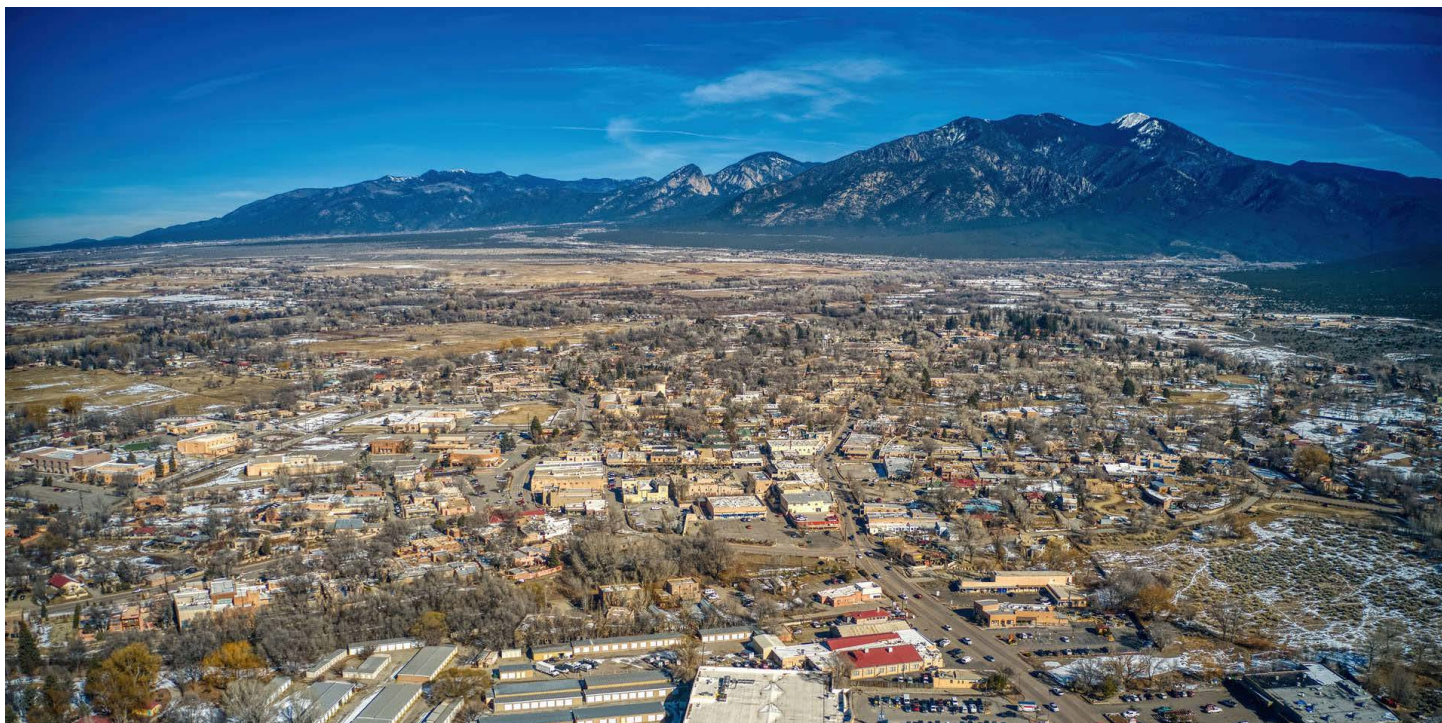
The Anchorum Health Foundation was established in October 2023, when it became independent from CHRISTUS St. Vincent Regional Medical Center in Santa Fe. Originally operating as Anchorum St. Vincent, the organization helped transform CSV into the state's best hospital. Despite this outcome, health outcomes in northern New Mexico were worsening. Thus, Anchorum shifted from a healthcare partner to a community partner, focusing their resources on the social determinants of health across northern New Mexico. Today, they serve all of New Mexico's Pueblos, Tribes, and Nations, along with thirteen northern counties.

The social determinants, or drivers, of health (SDoH) refer to the upstream factors that influence health outcomes and aim to reduce the burden on downstream healthcare systems. These include key areas such as economic stability, access to quality education and healthcare, built environment, and social and community support networks. In alignment with these priorities, the Anchorum Community Health Fund Program at Taos Community Foundation is designed to target these broader determinants of health which are often left unaddressed, to fill critical gaps which are forgotten in our predominantly reactive healthcare system.

## COMMUNITY CONTEXT

Taos is a multicultural and geographically dispersed rural region with a population of nearly 35,000 residents. The area's unique cultural heritage is shaped by Native American, Hispanic, Anglo, and immigrant communities, each contributing to the social fabric and identity of the region. The rural context presents distinct challenges that impact the health and wellbeing of its residents. Limited infrastructure, long travel distances, workforce shortages, and inconsistent access to transportation and broadband services all contribute to reduced accessibility to essential healthcare, social services, and educational opportunities.

Taos is a community with strong assets. Deep intergenerational ties, vibrant local traditions, community-based organizations, and a growing movement toward collaborative solutions offer a foundation for equitable progress. In the words of a community health practitioner, who has served Northern New Mexico for over 40 years, "Taos is a beautiful place with beautiful people and a beautiful culture. We're a strong community with long lasting traditions built out of self-sufficiency." Leveraging these strengths through inclusive planning and philanthropy is essential to supporting the long-term health, resilience, and vitality of the region.



# GUIDING QUESTIONS

The guiding questions were organized into four distinct categories, each tailored to the specific engagement methods used to gather input from participants.

## 1. Data Dive: Describing the Landscape

- From your experience, what are your community's most pressing needs? (What are the issues?)
- What strengths and resources exist within your community already to address these needs? (What resources do you have?)
- What role can local philanthropy play in meeting your community's unique needs? (What support is needed to elevate your work?)
- From your perspective and context, what needs in the community stand out? (What needs to be addressed first?)

## 2. Determining Priorities

- What do you see as the top priorities to address?
- Do these priorities intersect with other needs and collaborations?

## 3. Focus Group Conversations

- Lived experiences & needs: What stories would you like to share? (They can be your own anecdotes, or those of colleagues, family, clients and friends.)
- Strategic work: How can philanthropic organizations and community members work together to support local solutions?
- Local strengths & social capital: What are our communities' greatest assets? (These can be social, cultural, economic, community, etc.)

## 4. Exit Questions

- Is there anything that you want to share about your experience in this session?
- What is your hope or dream for our communities?

## PRIORITY NEEDS IDENTIFIED

These needs consistently emerged as top priorities across all data sources, including written comments, spoken input, and structured activities such as the Data Dive, Focus Groups, and Priority-Setting exercises. Participants repeatedly emphasized the same core concerns, particularly housing, behavioral health, and youth and family services, highlighting a strong alignment across different formats of engagement reinforcing the urgency and relevance of these issues across Taos' communities.

Please note, the priorities are not linear or hierarchical; all are pressing needs.

## 2. PRIORITY NEEDS & KEY FINDINGS

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HOUSING ACCESS

BEHAVIORAL HEALTHCARE ACCESS

YOUTH & FAMILY SUPPORT SERVICES

FOOD SECURITY & BASIC NEEDS

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## KEY FINDINGS

The overarching themes illustrate not only what the community views as most pressing, but also how and why these concerns are deeply rooted in the lived experiences of participants. Together, they offer a more holistic understanding of the systemic challenges facing the Taos community.

## FINDING A: HOUSING ACCESS AND ECONOMIC STABILITY

Limited access to affordable and secure housing significantly restricts employment opportunities, undermines workforce retention, and impedes broader economic development across the region.

*“Fifteen years ago we were worried about affordable housing and we’re still worried about it now. I’m a Taoseña. When I moved back in 1986, I could not afford a house here. I was one of the lucky ones who had a family with land.”*

**-Listening Sessions Participant [1]**

Housing emerged as a recurring theme, with participants emphasizing its widespread impact on multiple aspects of community life in Taos. Rather than viewing housing as a stand-alone issue, participants repeatedly connected it to broader community challenges.

Many emphasized that addressing housing is critical, noting that, “Affordable and safe housing needs to be addressed first, (Taos) is losing employees and skilled teachers,” as well as other essential professionals.

Figure 1:

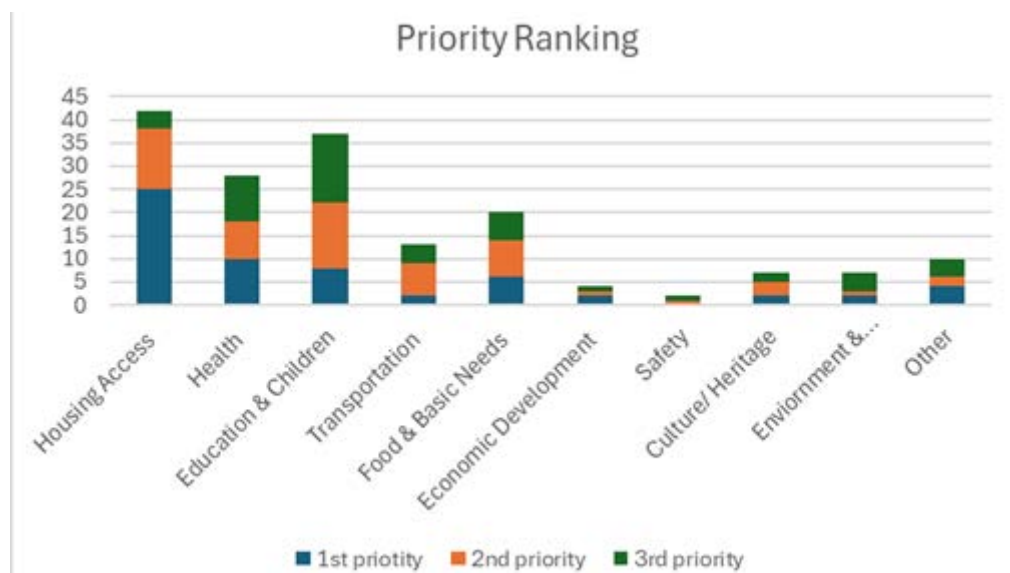


Figure 1 illustrates that Housing Access was viewed as the most urgent community need in the Priority Ranking exercise. 25 participants selected it as their top priority, more than twice the number who chose the next highest concern, health access, which was identified by 10 participants. Overall, Housing Access also received the highest total number of votes, with more than 40 participants ranking it as their first, second, or third priority.

The comments shared during the Priority Setting exercise further highlight the interconnected nature of housing access and its direct impact on economic resilience in Taos. Examples written on notes include:

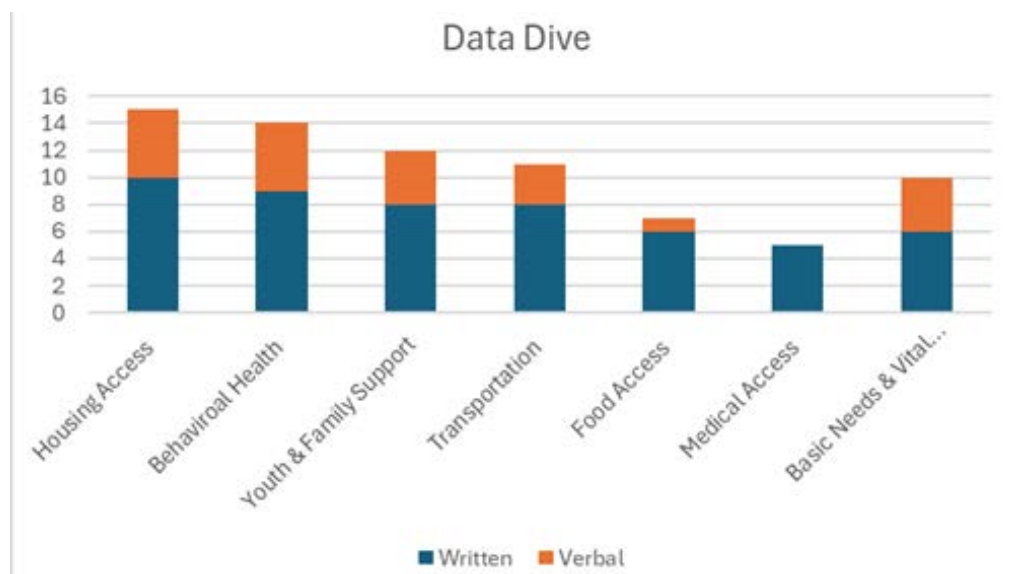
*“Housing services tie into employment issues. No housing, no job. Most employers require an actual physical address.”*

*“Affordable housing to support a (hopefully) growing workforce.”*

*“Connects to jobs, food insecurity, education, transportation, behavioral [health], and access to services.”*

These insights reflect how Housing Access underpins many aspects of community well-being and economic stability throughout the spectrum of Taos’ communities.

**Figure 2:**



As shown in *Figure 2*, housing access received more written and verbal mentions than any other topic discussed during the Data Dive section, underscoring its prominence in participants’ concerns.

Housing Access was a common throughline during the afternoon portion of the session as well. Although it did not dominate focus group conversations to the same extent, it still emerged in five of the six groups in conjunction with job opportunities suggesting that housing remains a pervasive and underlying concern that cuts across all other issues discussed in the community.

# FINDING B: BEHAVIORAL HEALTH AND COMMUNITY WELL-BEING

Persistent gaps in behavioral health services is a multicultural and multigenerational challenge. These gaps disproportionately affect youth and individuals with substance use disorders, particularly in underserved and multicultural communities.

*“There is so much generational trauma that everyone is impacted. Families need a lot of support. The young people who have grown up in this town are often in recovery. It is a fine line from being housed to not being housed, having a shelter or not.”*

**-Listening Session Participant [2]**

Behavioral Health Access was another core concern that emerged throughout all participant engagement methods. Some of the most striking takeaways from participants were that, “substance abuse is multicultural and multigenerational,” and concurrent with mental health issues throughout Taos. Discussions around behavioral health often centered on the significant and widespread impact of substance use disorders (SUDs), which continue to affect a disproportionate number of Taos County residents.

The other central topic throughout the day was the prevalence of behavioral health issues as they pertain to youth. In one participant’s words, “So many people are in a critical mental crisis. I know from my kids’ conversations with their friends, this is common conversation. All those kids have seen a lot of suicide.” This comment reflects the urgent need for youth-centered mental health support and the emotional toll being felt across younger generations in the community. The depth of this need was reflected in written and verbal formats throughout the course of the session. As indicated in Figure 2 (above), Behavioral Health was nearly tied with Housing Access in the data dive in written and verbal mentions and ranked third in overall priority ranking.

**Figure 3:**

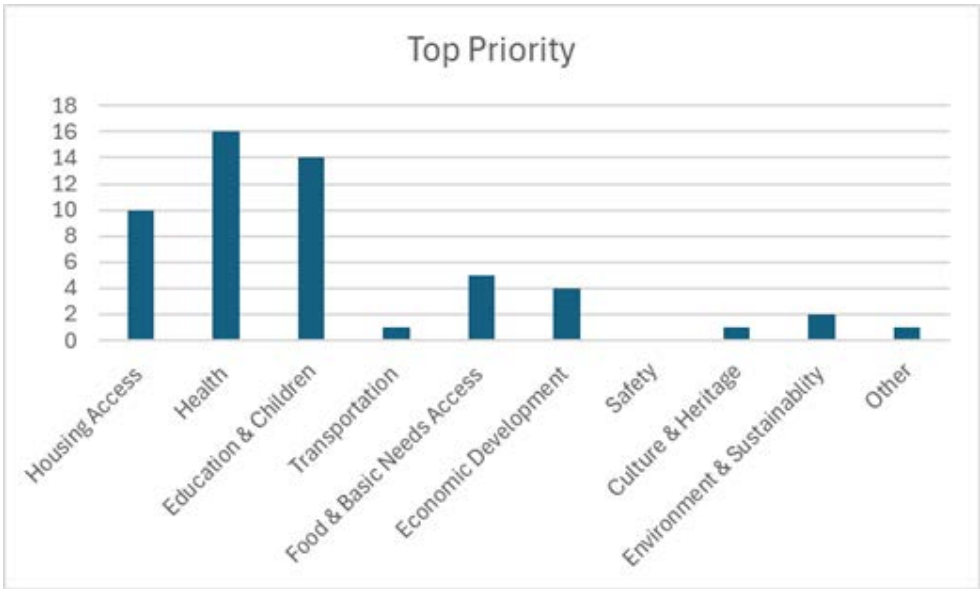


Figure 3 illustrates that healthcare was identified as the top priority by participants when asked to choose the most pressing issue in the Taos community. Mental health services and detox centers were specifically mentioned on over half of all sticky notes during the priority-setting activity.

Examples of participant comments include:

*“Preventative services for mental health, suicide awareness, stigma reduction.”*

*“Access to mental health services in schools & more education and training on trauma-informed care.”*

*“Complete continuum of care for substance misuse (like detox).”*

Additionally, Mental Health was a consistent throughline during the focus group interviews, particularly in relation to youth and substance use, and was discussed in four out of six groups.

## FINDING C: YOUTH AND FAMILY SUPPORT SYSTEMS

Robust youth and family social service systems, including navigation resources, are essential to community well-being. These services help address immediate needs, build long-term resilience, and disrupt intergenerational opportunity gaps.

*“We tell the kids that it's ok to cry, to have a bad day, to have emotions. My generation was taught to hide feelings. How do I change my generational trauma and teach children to express themselves?”*

**-Listening Session Participant [3]**

Perhaps the most unifying theme of the session was a deep care and concern for youth and families wellbeing. Whether a lack of behavioral health services, concerns of the school system, or the need for more family navigation resources, participants demonstrated a repeated desire to strengthen support services for Taos’ families and children. A recurring sentiment was that families are doing their best under difficult circumstances and need more support, not blame.

As one participant reflected,

*“In 30 years of education work in this community, I hear often that families aren’t doing enough or what they should be doing. We’ve had a lot of family engagement and collected a lot of data. Families want what’s best and want to learn but they are working multiple jobs. It’s not parents failing kids, it’s us failing families.”* Another participant felt that, “Some parents... don’t know how to help their children access these (basic) resources. But our tight community is the access.”

These perspectives underscore a shared commitment to elevating families and recognizing community support as a vital part of the solution. As shown in Figure 1 (above), Education and Children received the second most votes overall when compiling participants' first, second, and third priorities. The key themes that emerged from the priority ranking emphasized the need for more resources in this area.

For instance, participants wrote:

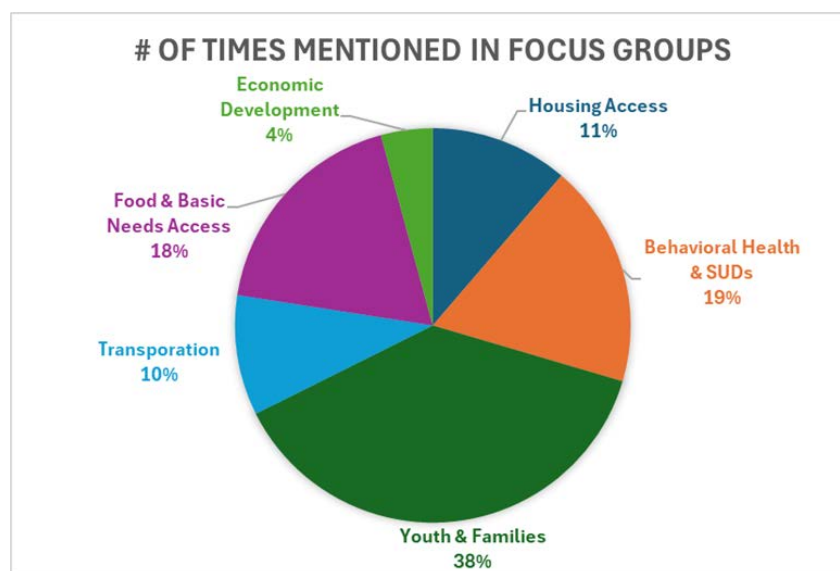
“Education support and access to improve family economics and health.”

“Access to safe, accessible, and affordable out-of-school programs (weekends and afterschool).”

“Community schools with full resource centers and enhanced community engagement and network information.”

Furthermore, *Figure 3* indicates that Education and Children ranked as the second highest priority for the day, receiving only two fewer votes than Health, which was identified as the top priority.

**Figure 4:**



The need for youth and family social support services emerged most prominently in the focus group sessions, where discussions centered on the challenges and needs of youth (Birth through 12th grade) and families. This theme was consistently addressed across all groups, highlighting the vital role that youth and families play in the community. The most consistent throughline from the focus groups was the recognition of youth and families as foundational to the strength and resilience of Taos' communities.

## FINDING D: ACCESS TO BASIC AND VITAL SERVICES

Ensuring reliable access to essential services, especially food security, is foundational to community health. These services contribute to greater social equity and support the broader infrastructure needed for long-term community resilience and prosperity.

*“If vital needs are not being provided, we can’t even begin to think about thriving”*

**-Listening Session Participant [4]**

Another key concern that surfaced throughout the day was the recognition that a “lack of resources and lack of access to resources is the major root cause” of many challenges facing Taos. Participants frequently pointed to access to basic needs as essential to the health and well-being of the community. While various programs and services do exist, many emphasized that community members, especially parents, struggle to navigate or connect with them. As one participant put it, “Parents (and community members) need help accessing the programs and opportunities that are available.” This highlights the need not just for more resources, but for stronger support systems to help people access what already exists.

As shown in *Figure 1*, Food and Basic Needs ranked as the fifth most pressing issue while Basic Needs ranked as the fourth in the priority setting exercise. Although only five participants identified it as their top priority, it remained the fourth most frequently selected issue when combining participants’ first, second, and third choices.

*Figure 4* illustrates how often each priority emerged during the focus group discussions. While Youth and Family Services dominated the conversation, Food Access was the second most frequently discussed topic and was the only issue, aside from Youth & Family, mentioned in every focus group session, underscoring its widespread relevance across the community.

### 3. COMMUNITY ASSETS

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#### COMMUNITY STRENGTHS, RESOURCES, AND ASSETS

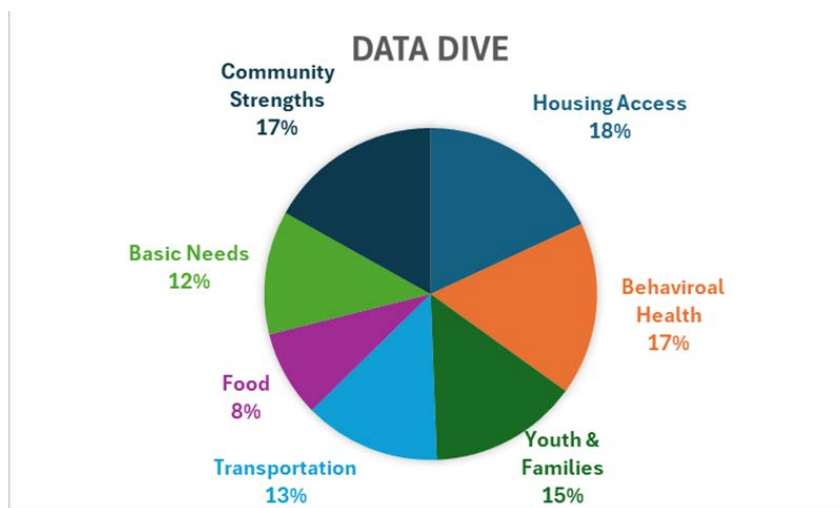
One of the most resounding takeaways was a strong awareness and appreciation for the many strengths already present in Taos, particularly the deep-rooted culture of collaboration between different sectors. Focus group participants consistently highlighted the value of existing partnerships, grassroots efforts, and the collective commitment to improving community well-being. The discussion revealed a shared sense that, despite significant challenges, Taos possesses a solid foundation that can be built upon to drive meaningful change.

Some sentiments expressed during the focus groups and course of the day are as follows:

“There is a reason why we have so many nonprofits in the county than others. We have people wanting to help.” **-Listening Session Participant**

“If we can create relationships within our networks then we can do great things. Everyone needs funding but creating trust-based relationships helps build capacity across the whole community.” **-Listening Session Participant**

**Figure 5:**



As illustrated in Figure 5, references to Community Strengths ranked second overall, tied with Behavioral Health, in terms of frequency of verbal and written mentions during the Data Dive section.

Throughout the Listening Session, participants repeatedly acknowledged the many assets that contribute to the resilience and vitality of Taos’ communities. Commonly cited strengths included a deeply passionate and engaged population, the presence of numerous nonprofit organizations delivering impactful services, and a strong spirit of collaboration across sectors. These attributes were seen not only as current assets but also as essential building blocks for addressing the broader systemic challenges facing the community. Participants emphasized that the existing networks of cooperation and shared purpose offer a powerful platform for advancing long-term solutions and need to be bolstered in order to achieve systems level change.

## COMMUNITY-DRIVEN SOLUTIONS

Participants shared a variety of grassroots and community-driven ideas to address the complex and evolving needs of Taos’ diverse populations. A key theme that emerged was the strength of Taos’ social capital, the strong relationships, trust, and community bonds that exist, and the importance of building on that foundation. Participants emphasized the need to continue fostering cross-sector collaboration among service providers, local and state government, and community stakeholders to create more coordinated, effective solutions.

A wide range of organizations engaged in meaningful community work and resource sharing have been, and continue to be, documented and asset-mapped by various groups aiming to centralize information and make local resources more accessible. Efforts like these help to create a clearer picture of the support systems available across the region.

Notable examples include the 100% Taos County Initiative, Rio Grande ATP, Taos Housing Partnership, and Community Schools which have developed comprehensive resource guides that highlight the breadth and diversity of services and support available in Taos. These guides serve as valuable tools for residents, service providers, and stakeholders working to strengthen community connections and ensure that resources are effectively utilized.

## 4. RECOMMENDATIONS FOR NEXT STEPS FOR ANCHORUM COMMUNITY HEALTH FUND

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It is recommended that strategic efforts will focus on two priority areas: Behavioral Healthcare Access and Youth & Family Support Services. While distinct, these areas are deeply interconnected, particularly around the shared concern of youth and families' access to mental health care. Many of the challenges faced by families, such as housing instability or economic stress, are compounded by unmet behavioral health needs. Similarly, the effectiveness of behavioral health interventions often depends on the stability and support systems surrounding individuals.

*In short, addressing one area effectively requires concurrent attention to the other.*

To guide this next phase, we propose the following model:

### HEARING BACK FROM THE COMMUNITY

By releasing the Listening Session findings to ensure that community voices have been accurately captured and reflected. This report served as a check-in to confirm that the insights gathered from both the in-person and virtual sessions are aligned with what participants intended to share.

### ONGOING COMMUNITY CONVERSATIONS

- In future outreach, prioritize smaller, more flexible gatherings that allow for meaningful connection.
- Continue conversations with communities including constituents at Taos and Picuris Pueblos.
- Amplify the voices of the public sector such as educators, law enforcement, healthcare professionals, childcare, and first responders, who may not be able to attend traditional listening sessions due to professional commitments.

## PARTNERSHIP OPPORTUNITIES

By engaging community-based partners, our community can create a more integrated, holistic, and responsive support network that addresses the complex, overlapping challenges faced by Taos' communities.

## TARGETED APPROACH

By concentrating efforts where the potential for impact is greatest, long-term benefits can be realized across multiple domains. Behavioral health, for example, has emerged as a cross-cutting priority that influences a range of social issues including housing stability, employment, food access, and healthcare access. Strategic investment in mental health programming and professional capacity-building in this area can reduce the downstream strain on already overburdened systems by addressing root causes before they escalate into more complex challenges.

## CONVENING WORKING GROUPS

Form two regional working groups to translate community insights into actionable solutions:

**Behavioral Healthcare Access Group:** Bring together key stakeholders and subject matter experts in healthcare, behavioral health, public health, and related service sectors to identify scalable, high-impact programs.

**Youth and Family Services Group:** Include representatives from youth-serving organizations, educators, and family support providers to identify similarly impactful programs focused on children and families.

These working groups will offer a systems-level perspective on structural barriers and regional policy challenges, making them well-positioned to propose solutions with the greatest potential for impact for the Anchorum Community Health Fund Program.

## 5. RECOMMENDATIONS FOR NEXT STEPS FOR TCF

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A theme that emerged in regard to TCF's role as a funder in the community was a desire for our grantmaking process to become more streamlined and accessible. Participants noted that TCF's grant applications feel lengthy in relation to the amount of funding received and that the reporting process can feel cumbersome.

There was also an interest in better understanding how grant applications are scored, how grant committees are selected, what criteria beyond scoring rubrics influences decisions, how organizations are represented to TCF's fundholders, and how Donor Directed grants are allocated.

Participants expressed a hope for TCF to act as an intermediary in helping to find and access other funding opportunities. This includes radiating awareness of private, state and federal opportunities as well as other local or regional grants specific to northern New Mexico.

## **FOCUSING ON TRANSPARENCY**

Taos Community Foundation is proud of its commitment to transparency and to centering community voice in our work. In response to community interest in better understanding our grantmaking process, we are developing resources about how Taos Community Foundation grants work.

These resources will address questions that emerged during the Listening Session and serve as a reference for anyone seeking to understand how TCF grant programs operate. For more information on TCF grantmaking, please see the “TCF Grants” section in the appendix.

## **STREAMLINING APPLICATIONS & REPORTING**

TCF is also simplifying grant application and reporting processes, with the goal of making its grantmaking more trust-based. Beginning in 2025-2026, TCF’s largest grant cycle, the Impact Grant, which receives applications from over 100 organizations, will feature a shorter application with fewer questions and reduced character limits. The goal is to streamline the process and make it less time-consuming for applicants. In response to feedback from the session, TCF has also restructured the reporting process with the intention of making it more meaningful in terms of sharing community impact stories and supporting nonprofits’ work.

## **ONGOING COMMUNITY DIALOGUE**

Given the dynamic and ever-evolving needs of our community, we will host additional opportunities for dialogue to stay connected with the lived experiences, ideas, and concerns of the communities we serve. These conversations will help guide our priorities, inform our grantmaking, and strengthen the alignment between our work and the community’s evolving needs. We believe that maintaining an open and continuous feedback loop is essential to building trust, fostering collaboration, and creating lasting impact across the region.

## **TAOS COMMUNITY FOUNDATION: WHERE WE ARE NOW**

Taos Community Foundation provides ways for individuals, families, and organizations who care deeply about their community to make a lasting impact. As a Community Foundation and 501(c)(3) public charity, We help donors give to the causes they care about, in the ways that matter most to them by connecting them with local nonprofits serving the needs of our community. Intentional, relationship-centered giving is at the core of Taos Community Foundation’s work. If a

donor has an idea for a gift, whether it's creating a scholarship, a planned gift of an appreciated asset, family-guided intergenerational grant making, or a legacy gift, TCF provides options that align donor intentions with the evolving needs of the community.

## **EXPANDING ACCESS AND INCLUSION IN TCF GRANTMAKING**

1. In 2024, TCF put out an open call for new volunteers to join our review committees, broadening and diversifying community and geographic representation. Committee members are selected based on their interests and are unified by a commitment to drive positive change for Taos' communities and surrounding areas. Welcoming new reviewers annually helps ensure a broader range of perspectives during the grant review process and brings fresh attention to the work of applicants and nonprofits.
2. The Community Foundation offers an orientation session ahead of each of our grant cycles. Sessions are open to the general public and designed to support prospective applicants by addressing key aspects of the application process. Topics covered include the grant's funding priorities, eligibility criteria, common restrictions, and guidance on how to submit a strong proposal. Orientations also provide an opportunity for participants to ask questions and receive answers, ensuring clarity and transparency.
3. In an effort to increase access and build capacity for our local nonprofit partners, TCF currently sponsors a summer granting writing class at UNM-Taos. The class is hybrid and free to participants.
4. In 2025, all eligible applicants for Impact Grants were included in the TCF Impact Grants catalog. The catalog was presented to TCF's fund holders, private foundations and various businesses in Taos. Applicants who might not be successful during the TCF grant review committee selections could have been identified by a donor and receive an additional contribution, creating more funding opportunities for nonprofit partners and an additional spotlight on the nonprofits work.

Joining the TCF eNews and social media (Instagram, Facebook, and/ or LinkedIn) are great ways to stay connected with our work, receive information about grant cycles, or learn more about how to give with TCF (email us at [info@taoscf.org](mailto:info@taoscf.org)).

## **AFTERTHOUGHTS**

The Listening Session was held in March of 2025. Shortly after we heard from community members about the critical needs in our community, changing priorities and volatility in funding landscapes began to impact our community and continues to unfold today. Diminishing resources funding nonprofits working on behalf of the community means that the need for collaboration and partnerships are even greater now. The resilience and resolve of our community to support wellbeing gives rise to optimism for what we can accomplish locally, as a community working together to focus on the needs that matter most while seeking to improve the conditions, access, and opportunity for Taoseños through innovation, advocacy, and creativity both locally and in our state.

## APPENDIX

### METHODOLOGY

#### Session Participation and Representation

To ensure the Listening Session fully captured the unique perspectives of individuals throughout the region, the event included broad representation from across the community including state, county, tribal, nonprofit, student, and grassroots voices. With over 150 participants invited, over 90 people attended in-person and an additional 40 registered for online participation.

Outreach included direct invitations by phone and email, announcements via multiple social media platforms, a press release in Taos's local newspaper, and multiple highlights in Taos Community Foundation's monthly newsletter. Local leaders and key individuals, organizations, and stakeholder groups were also personally invited directly through email or word of mouth such as tribal governments in Taos and Picuris, county commissioners, community school coordinators, and various regional nonprofits.

Recognizing that Taos County encompasses a range of distinct communities, each with its own history and cultural context, particular attention was given to encourage participation of all of the communities in Taos County.

**Figure 6:**

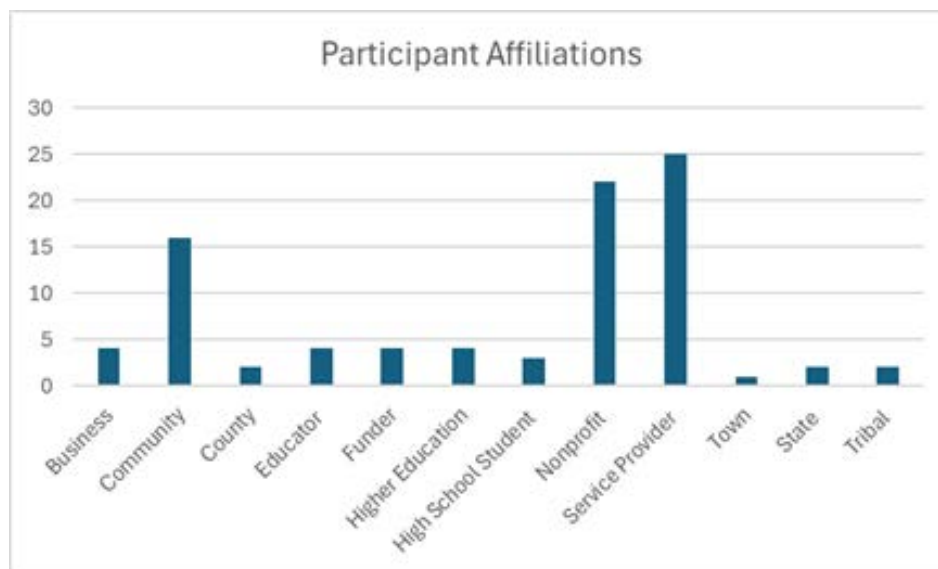


Figure 6 shows the breakdown of participant affiliations for those who attended the Listening Session in person. Of the 90 attendees, nearly one-third were service providers or representatives from non-profit organizations, followed closely by community members. The strong turnout from service providers highlights the depth of engagement and commitment within Taos's network of care and reflects the community's strength in coming together to discuss and improve access to essential services.

The strong turnout for the Listening Session was a significant achievement, bringing together a diverse group of individuals to share their voices and perspectives. The session was a successful beginning, a first step in a longer process of community engagement, with multiple opportunities for involvement planned for more targeted community engagement. The intention was to begin with broad outreach, welcoming as many community members and regional stakeholders as possible. As key priorities emerge from this initial input, more focused conversations will follow with individuals, groups, and communities who might not have been present or had more to share about their experience.

### **Planning for Inclusion**

Future sessions should be scheduled to accommodate the needs of participants with consideration for work schedules, childcare needs, or transportation. This will help to increase community voices and diverse representation.

Norm setting that establishes that not all voices or organizations will be in the same room and that this does not mean that they are left out will be important. Further, participants will have different priorities and lived experiences. This does not mean that someone else's priority is less important.

There are significant needs in our region. Nonprofits and community members give generously of their time and energy to make good things happen. As a community, we can pursue multiple priorities as additive versus deficit thinking where one priority is viewed as competing with and detracting from another.

Some community members who receive services from organizations may have felt hesitant to speak candidly in a shared space. Sessions can be structured to provide a culturally sensitive space for conversations.

The Listening Session was supplemented with an online survey for those who could not attend. Though the online session offered accessibility, the response rate was low highlighting the need to develop a space to meet different communities where they are located geographically and culturally.

### **Engagement Approach**

The engagement methods from the Listening Session were intentionally designed to surface a range of community priorities from multiple angles, allowing for the cross-verification of themes and the development of actionable insights. By approaching key issues through varied lenses, the engagement process enabled participants to express concerns, values, and ideas in different contexts.

## **Morning Session: Data-Driven Dialogue**

1. Data Dive – Using localized data from the 100% Taos County Initiative Survey and the Anchorum Data Dashboards (drawn from County Health Dashboard Data), participants were grouped in tables of eight to discuss critical health and wellness needs. This data-driven conversation laid the foundation for identifying patterns, gaps, and opportunities.
2. Priority Setting & Dot Voting – Participants categorized their top community needs ranking their first, second, and third priorities by posting sticky notes on different chart paper “buckets” with needs category headings. Each participant then identified their highest priority issue by placing a single dot on the chart that most reflected their top concern.

## **Afternoon Session: Community Conversations**

1. Focus Groups – Small groups of 8-10 participants explored deeper questions around:
  - Shared stories and experiences
  - Strengths within the community
  - Opportunities for philanthropic and collaborative solutions
2. Campfire – At the end of the session, participants completed an “exit ticket” by writing a final takeaway or insight on a sticky note and placing it on a “campfire” chart paper.

## **Data Collection Process**

Each engagement activity was structured to gather meaningful input in both written and verbal formats. In order to ensure that people were having an open and transparent dialogue, we encouraged participants to share freely without the use of recording devices.

- Data Dive – Participants were seated in small groups, with each table appointing a scribe, timekeeper, and presenter. The scribe was responsible for recording the table’s conversation via chart paper while a facilitator circulated to provide additional paper as needed. Once groups made their way through the questions, the table’s presenter stood up and gave a verbal summary of their discussion to the entire room. These additional verbal report-outs were transcribed in real-time by a member of TCF’s staff, ensuring key insights were preserved alongside the written notes.
- Priority Setting & Dot Voting – Participants identified their top three community priorities by placing color-coded sticky notes—representing their first, second, and third choices—onto chart paper “buckets” labeled with different needs categories (e.g., housing, transportation, health). To gather deeper insight, participants were encouraged to be specific when labeling their sticky notes. For example, rather than simply writing “housing,” a participant might write “housing for teachers who can’t afford to live in Taos.” This level of detail allowed for both the categorization of broad priorities and the identification of key sub-themes explaining why specific needs were elevated.

- Focus Groups– Each focus group table was assigned a dedicated scribe responsible for capturing the discussion as accurately and completely as possible. These notes served as a detailed record of the conversations and were later reviewed and synthesized for key themes and patterns.
- Exit Questions – As a closing activity, participants were invited to share a final thought, takeaway, or insight on a sticky note and place it on the “campfire” chart. This served as an informal but meaningful way to capture individual reflections at the conclusion of the session, highlighting what resonated most with attendees.

## **Analysis Methods**

The framework guiding the data analysis was grounded in two qualitative methods: thematic analysis and grounded theory. These approaches highlight a participant-centered interpretation of the data, honoring both the frequency and depth of the insights shared. This analysis incorporated input from the Data Dive, Priority Setting and Dot Voting, Focus Groups, Campfire Reflections, and online surveys to ensure a comprehensive and triangulated understanding of community perspectives. All participant input, written, verbal, or recorded by scribes was transcribed verbatim with no edits. This ensured that the specific language and intent of participants was not altered throughout the analysis.

Each section of data was initially coded independently of one another to ensure the emergent themes were not predetermined by previous data subgroups. The first step in the process was to read through the data and become familiar with the content, allowing themes to emerge organically from the voices of participants rather than being imposed by pre-existing assumptions. From there, color codes were generated to identify and label specific segments of the data that seemed meaningful or relevant such as key problems, solutions, values, or experiences. Once the data were coded, it was sorted into broader themes with subcategories in each section. For instance, behavioral health was a top priority discussed throughout the session. However, nearly every time behavioral health was mentioned, it was done so conjointly with substance use disorders, detox centers, and youth.

After the key themes were identified they were re-examined in relation to the full dataset to ensure they accurately reflected the data and were distinct from one another. The final step in the process was clearly defining the meaning and boundaries of each theme and giving each a clean, descriptive name. For instance, one bucket in the priority setting and dot voting section was labeled as “Youth & Education” but was changed in this report to “Youth & Family Support Services” to fully reflect the underscoring themes from the data. This layered approach provided a rich and nuanced understanding of community priorities.

# TCF GRANTMAKING

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## DONOR DIRECTED GRANTS

At TCF, donors can set up something called a Donor Advised Fund (DAF). This is a special charitable account that allows individuals or families to give to nonprofit organizations over time. Individual donors direct Donor-Advised Grants. These grants can be of any size and may occur at any time throughout the year.

## EVENT SUPPORT GRANTS

TCF also offers Nonprofit Event Support to fund free community gatherings that promote the good in the community. Nonprofits may receive Event Support of up to \$500 once during the year.

## COMPETITIVE AND RAPID RESPONSE GRANTS

Two different pathways for TCF grants include **competitive grant cycles** and **rapid response grants**. While rapid response grants are made in the face of urgent or emerging community needs, such as the COVID-19 pandemic or the Hermits Peak Calf Canyon fire, competitive grants are the most common pathway for granting at TCF.

Competitive grants are announced publicly, and nonprofits are invited to apply. Applications are reviewed and scored by a thoughtful, unbiased group of community members who consider current community needs, nonprofit capacity, existing efforts, sustainability of funding, and opportunities for collaboration. Decisions are difficult and we wish all grants could be funded.

Additionally, the TCF grantmaking program can provide operational support (vs. project specific funding) for nonprofits through our competitive grant cycles. Grounded in trust, we believe that local nonprofits know best how to serve and support our region. We're here to listen, respond, and partner with them in their work in the community.

# COMMUNITY LISTENING SESSION DATA & PARTICIPANT PACKET

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## LISTENING TOGETHER

### **Listening Together: A Community Conversation Around Health & Wellness**

Taos Community Foundation & Anchorum Health Foundation

Facilitated by Stephanie Owens Ph.D. ([imagine.education.inc@gmail.com](mailto:imagine.education.inc@gmail.com))

March 27, 2025

9:00 am - 3:00 pm MST

Padre Martinez Hall UNM-Taos Klauer Campus

1157 County Road 11 O Ranchos de Taos, NM 87557

### **Agenda:**

9:00 am     *Welcome, Introductions, Orientation + Brief Presentation*

9:45 am     *Data Dive: Describing the Landscape*

10:45 am     *Break*

11:00 am     *Determining Priorities*

11:45 pm     *Lunch provided by Tiwa Kitchen*

12:45 pm     *Focus Group Conversations*

2:30 pm     *Debrief + Survey*

3:00 pm     *Event Ends*

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### **Goals for this event:**

- Deepen and build community through relationships and dialogue.
- Listen to understand multiple perspectives.
- Understand priorities in our communities.
- Identify ways that philanthropic organizations can help our community.

# LISTENING TOGETHER

| Health Outcomes                  |  | Poor mental health days         | Life expectancy              | Premature age-adjusted mortality | Child mortality                    |
|----------------------------------|--|---------------------------------|------------------------------|----------------------------------|------------------------------------|
| Premature deaths                 |  | 5                               | 77.9                         | 470.1                            | 74.6                               |
| U.S. Average 8k                  |  | U.S. Average 4.8                | U.S. Average 77.6            | U.S. Average 390.1               | U.S. Average 50.6                  |
| Health Behaviors                 |  | Alcohol-impaired driving deaths | Food insecurity              | Limited access to healthy food   | Drug overdose deaths               |
| Access to exercise opportunities |  | 53%                             | 13%                          | 14%                              | 37                                 |
| U.S. Average 84%                 |  | U.S. Average 26%                | U.S. Average 10%             | U.S. Average 6%                  | U.S. Average 27.2                  |
| Clinical Care                    |  | Mental health providers         | Other primary care providers | Mammography screening            |                                    |
| Primary care physicians          |  | 1:821.3                         | 42                           | 33%                              |                                    |
| U.S. Average 1:74.9              |  | U.S. Average 1:313.9            | U.S. Total 437.9k            | U.S. Average 43%                 |                                    |
| Social & Economic                |  | Children in poverty             | Median household income      | Free lunch eligible              | Child care cost burden             |
| High school completion           |  | 27%                             | 48.5k                        | 90%                              | 37%                                |
| U.S. Average 89%                 |  | U.S. Average 16%                | U.S. Average 74.8k           | U.S. Average 51%                 | U.S. Average 27%                   |
| Physical                         |  | Broadband access                | Demographic                  | % Rural                          | % American Indian or Alaska Native |
| Severe housing problems          |  | 82%                             | Population                   | 59%                              | 5%                                 |
| U.S. Average 17%                 |  | U.S. Average 88%                | U.S. Total 337.5M            | U.S. Average 21%                 | U.S. Average 1%                    |
| U.S. Average 13.9                |  |                                 |                              | % Hispanic                       | % Non-Hispanic White               |
| U.S. Average 57%                 |  |                                 |                              | 51%                              | 39%                                |

US Comparison

New Mexico Comparison

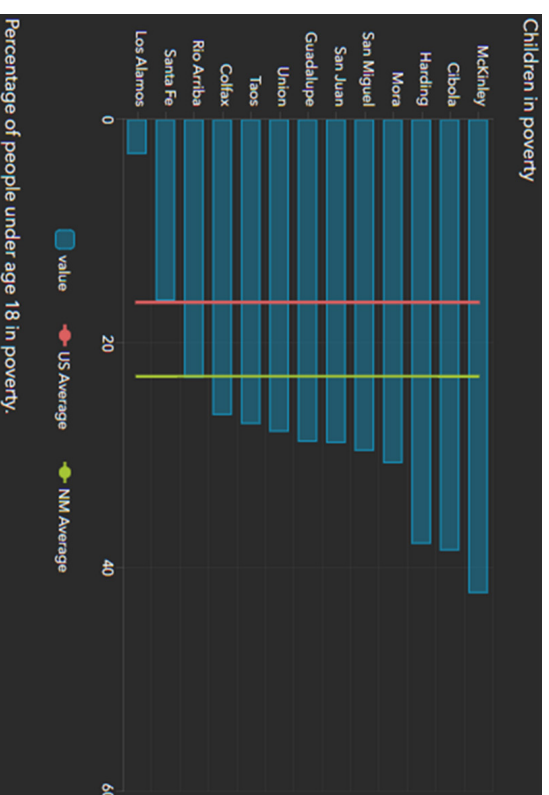
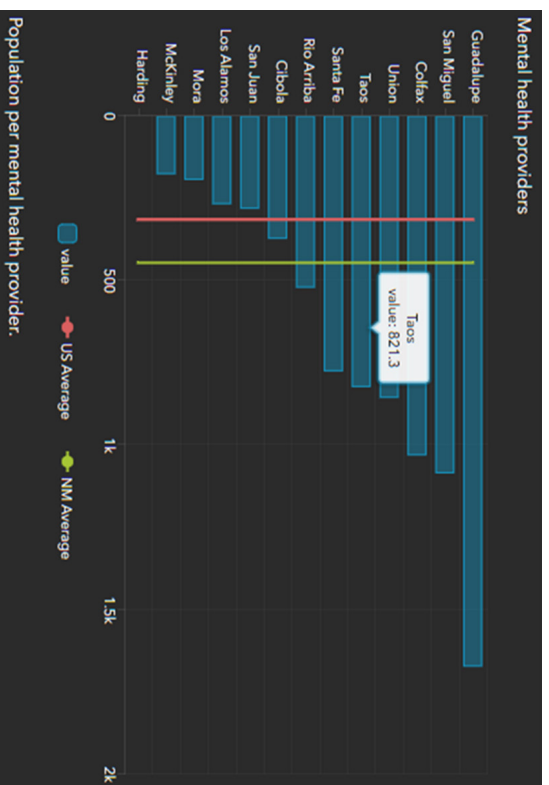
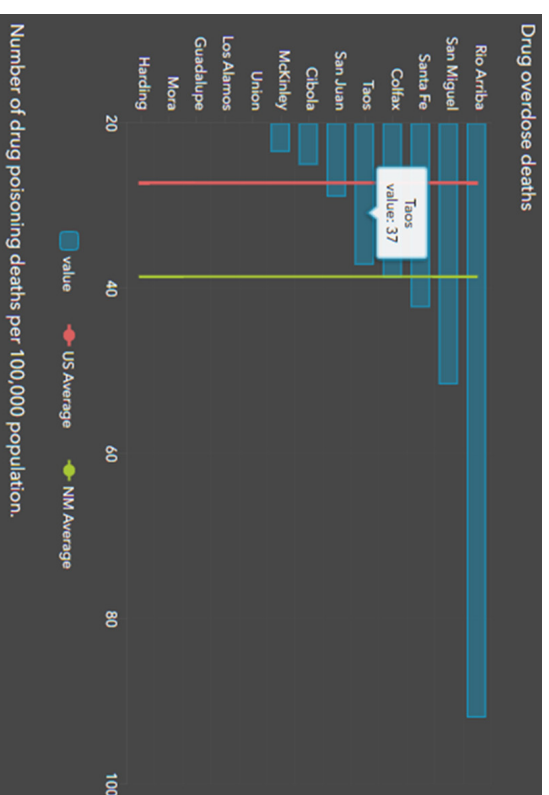
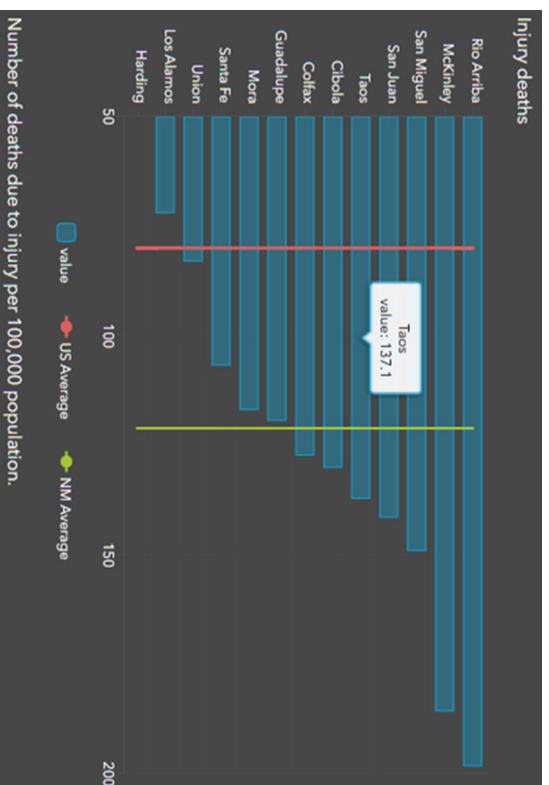
1. Listening Together: A Community Conversation Around Health & Wellness

# LISTENING TOGETHER

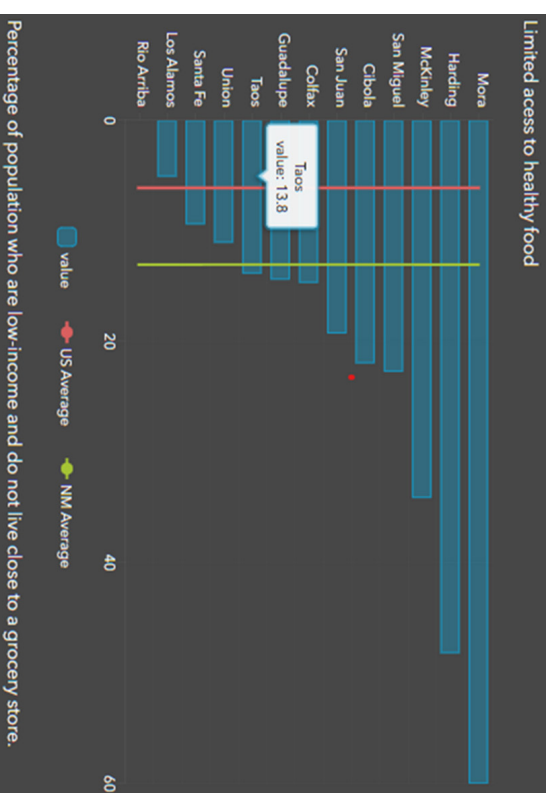
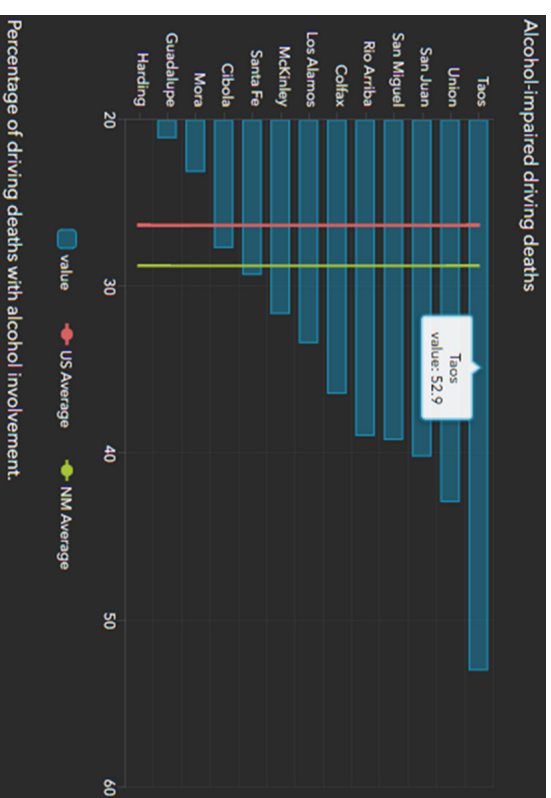
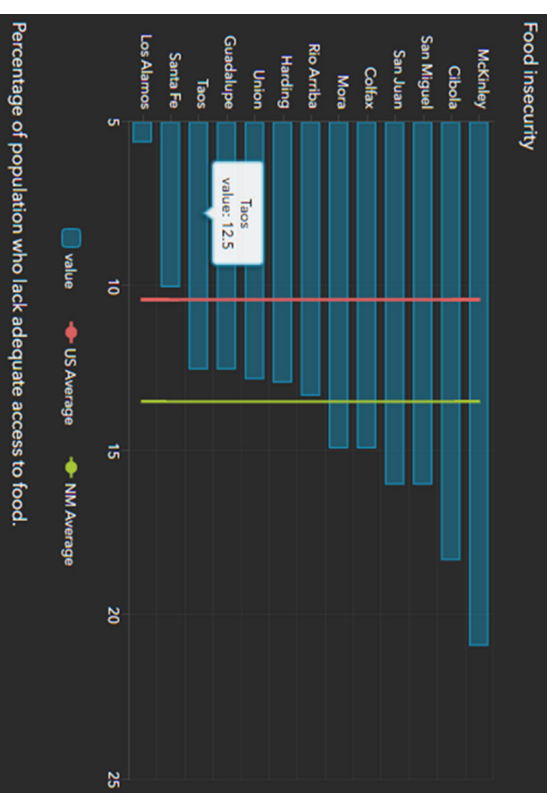
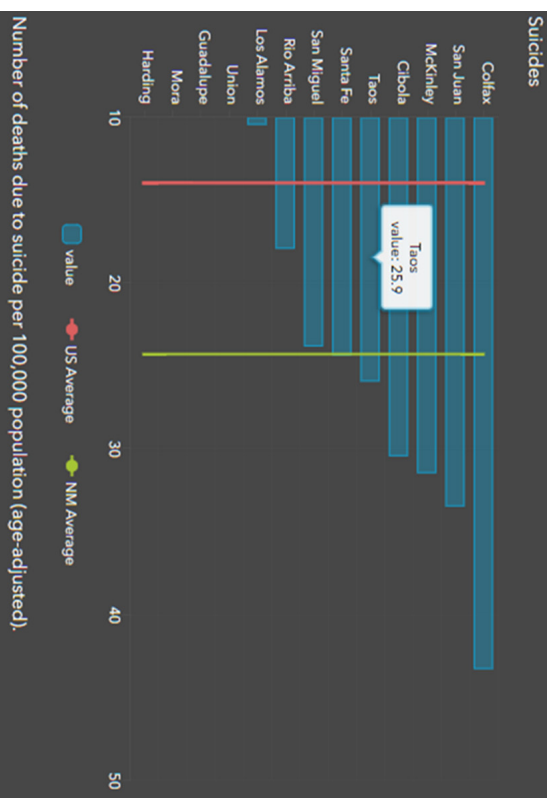
| Health Outcomes                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Premature death:</b> Years of potential life lost before age 75 per 100,000 population (age-adjusted). Source: National Center for Health Statistics - Mortality and Morbidity Files; Census Population Estimates Program, Year(s): 2019-2021.</p>                                                                            | <p><b>Poor mental health days:</b> Average number of days in the past 30 days (age-adjusted). Source: Behavioral Risk Factor Surveillance System, Year(s): 2021.</p>                                                                                            |
| <p><b>Life Expectancy:</b> Average number of years people are expected to live (age-adjusted). National Health and Medical Expenditure Survey, Year(s): 2019-2021.</p>                                                                                                                                                              | <p><b>Premature Age-Adjusted Mortality:</b> Number of deaths among residents age 18 and older, per 100,000 population, by race/ethnicity. Source: National Center for Health Statistics; Census Population Estimates Program, Year(s): 2019-2021.</p>           |
| <p><b>Child Mortality:</b> Number of deaths among residents under age 18 per 100,000 population (age-adjusted). Source: National Center for Health Statistics; Census Population Estimates Program, Year(s): 2018-2021.</p>                                                                                                         |                                                                                                                                                                                                                                                                 |
| Health Behaviors                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |
| <p><b>Access to exercise opportunities:</b> Percentage of population with access to facilities for physical activity. Source: Small Area Health and Injury Files, YHCA &amp; US Census Longform Files, Year(s): 2023 &amp; 2020.</p>                                                                                                | <p><b>Alcohol-impaired driving deaths:</b> Percentage of driving deaths with alcohol involvement. Source: Fatality Analysis Reporting System, Year(s): 2017-2021.</p>                                                                                           |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>Food Insecurity:</b> Percentage of population who lack adequate access to food. Source: Map the Meal Gap, Year(s): 2021.</p>                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>Limited Access to Healthy Food:</b> Percentage of population who are low-income and do not live close to a grocery store. Source: USDA Food Environment Atlas, Year(s): 2019.</p>                                                                         |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>Drug Overdose Deaths:</b> Number of drug poisoning deaths per 100,000 population. Source: National Center for Health Statistics - Mortality Files; Census Population Estimates Program, Year(s): 2019-2021.</p>                                           |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>Injury deaths:</b> Number of deaths due to injury per 100,000 population. Source: National Center for Health Statistics - Mortality Files; Census Population Estimates Program, Year(s): 2017-2021.</p>                                                   |
| Clinical Care                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |
| <p><b>Primary care physicians:</b> Rate of primary care physicians per 100,000 population. Source: Area Health Resource File/American Medical Association, Year(s): 2021.</p>                                                                                                                                                       | <p><b>Mental health providers:</b> Rate of mental health providers per 100,000 population. Source: CMS National Provider Identification, Year(s): 2023.</p>                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>Other Primary Care Providers:</b> The number of other primary care providers in a county. Source: CMS National Provider Identification, Year(s): 2023.</p>                                                                                                |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>Mammography screening:</b> Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. Source: Mapping Medicare Disparities Tool, Year(s): 2021.</p>                                                                 |
| Social & Economic                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |
| <p><b>Children in poverty:</b> Percentage of people under age 18 in poverty. Source: Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates, Year(s): 2022 &amp; 2018-2022.</p>                                                                                                                       | <p><b>Median Household Income:</b> The income where half of households in a county earn more and half of households earn less. Source: Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates, Year(s): 2022 &amp; 2018-2022.</p> |
| <p><b>High school completion:</b> Percentage of adults ages 25 and over with a high school diploma or equivalent. Source: American Community Survey, 5-year estimates, Year(s): 2018-2022.</p>                                                                                                                                      | <p><b>Children Eligible for Free or Reduced Price Lunch:</b> Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch. Source: National Center for Education Statistics, Year(s): 2021-2022.</p>                     |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>Child Care Cost Burden:</b> Child care costs for a household with two children as a percent of median household income. Source: The Living Wage Calculator; Small Area Income and Poverty Estimates, Year(s): 2023 &amp; 2022.</p>                        |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>Suicides:</b> Number of deaths due to suicide per 100,000 population (age-adjusted). Source: National Center for Health Statistics - Mortality Files; Census Population Estimates Program, Year(s): 2017-2021.</p>                                        |
| Physical                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                 |
| <p><b>Severe housing problems:</b> Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Source: Department of Housing and Urban Development (HUD) Survey of Housing Mobility Strategy (CHAS) data, Year(s): 2016-2020.</p> | <p><b>Broadband Access:</b> Percentage of households with broadband internet connection. Source: American Community Survey, 5-year estimates, Year(s): 2018-2022.</p>                                                                                           |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>Population:</b> Total Population. Source: Enri Updated Demographics Variables 2023</p>                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>% Rural:</b> Percentage of population living in rural areas. Source: USA 2020 Census Housing Characteristics</p>                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>% American Indian or Alaska Native:</b> Percentage of population identifying as Indian or Alaska Native. Source: Enri Updated Demographics Variables 2023</p>                                                                                             |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>% Hispanic:</b> Percentage of population identifying as Hispanic. Source: Enri Updated Demographics Variables 2023</p>                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                     | <p><b>% Non-Hispanic White:</b> Percentage of population identifying as Non-Hispanic White. Source: Enri Updated Demographics Variables 2023</p>                                                                                                                |

## 2. Listening Together: A Community Conversation Around Health & Wellness

# LISTENING TOGETHER



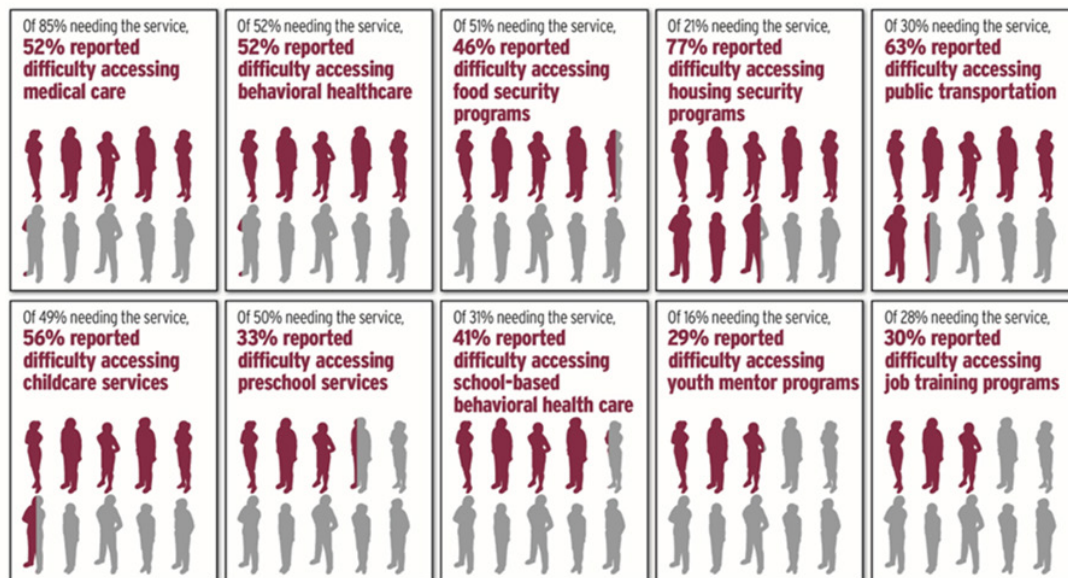
## 3. Listening Together: A Community Conversation Around Health & Wellness



## 4. Listening Together: A Community Conversation Around Health & Wellness

## 100% Taos County Survey Report: Identifying Barriers to Vital Services, 2024

This survey asked residents about their access to the ten vital services for surviving and thriving—including timely health care. This report serves to identify barriers to the services that keep residents healthy, safe, self-sufficient and empowered to thrive.



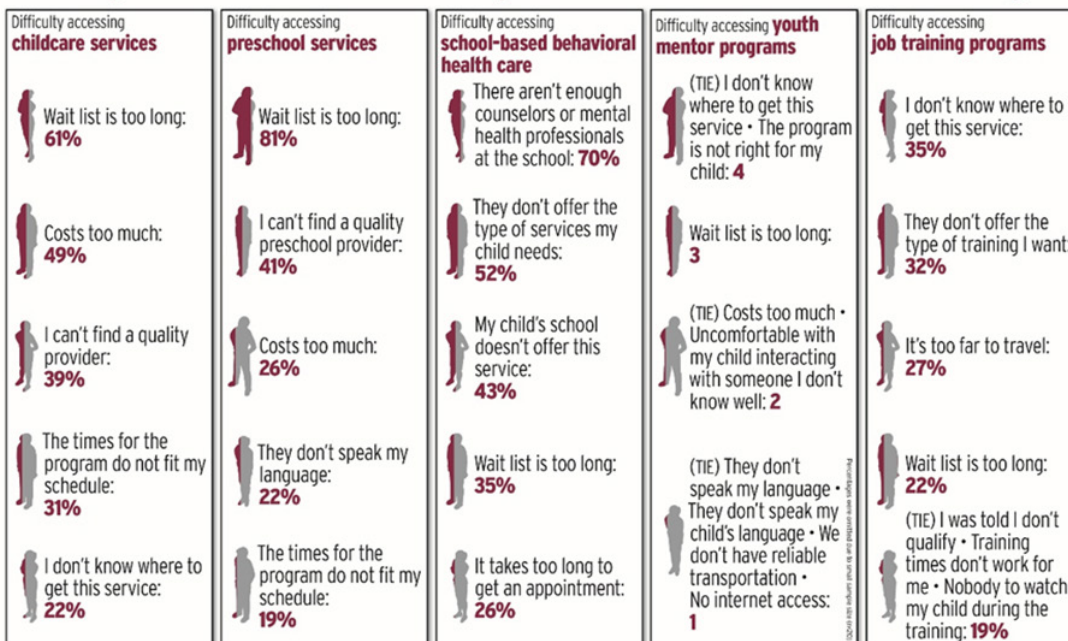
### The 100% New Mexico Initiative's Vision and Mission

Our mission is to ensure that 100% of our county's children, students and families can access the ten vital services for surviving and thriving. To achieve this goal, we use the 100% Community model to identify service barriers and build local organization's capacity to address needs and promote health, safety, resilience and self-sufficiency.



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## The 100% Taos County Initiative's survey identifies the top barriers to accessing 10 vital services for thriving.



The services for thriving strengthen the health, safety, education, and quality of life of children, students and families. Today, those services may be out of reach.



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Extension Family and Consumer Sciences

# The 100% Taos County Initiative's survey identifies the top barriers to accessing 10 vital services for surviving.

| Difficulty accessing <b>medical care</b>                                                                      | Difficulty accessing <b>behavioral healthcare</b>          | Difficulty accessing <b>food security programs</b>                              | Difficulty accessing <b>housing security programs</b> | Difficulty accessing <b>public transportation</b>          |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|
| It takes too long to get an appointment: <b>67%</b>                                                           | It takes too long to get an appointment: <b>53%</b>        | I was told I don't qualify: <b>60%</b>                                          | Wait list is too long: <b>68%</b>                     | It is too far to walk to the bus stop: <b>68%</b>          |
| (TIE) Costs too much • I can't find a provider accepting new patients: <b>38%</b>                             | I can't find a provider accepting new patients: <b>50%</b> | I don't qualify: <b>40%</b>                                                     | I don't qualify: <b>41%</b>                           | It doesn't run during the times I need it: <b>59%</b>      |
| (TIE) I can't find a quality provider • I can't find a specialist near me: <b>36%</b>                         | Costs too much: <b>42%</b>                                 | (TIE) I don't have reliable transportation • I feel bad about going: <b>22%</b> | It takes too long to get an appointment: <b>38%</b>   | It doesn't go where I need to go: <b>50%</b>               |
| They don't accept my insurance: <b>29%</b>                                                                    | I can't find a quality provider: <b>38%</b>                | It is too far to travel: <b>21%</b>                                             | I don't have reliable transportation: <b>32%</b>      | It doesn't come to where I live: <b>48%</b>                |
| (TIE) I do not have insurance • I don't have enough insurance coverage • The co-pays are too high: <b>22%</b> | They don't accept my insurance: <b>31%</b>                 | It takes too long to get an appointment • Wait list is too long: <b>19%</b>     | I was told I don't qualify: <b>30%</b>                | It takes too long to use public transportation: <b>42%</b> |

Services for survival can literally mean the difference between quality of life or trauma, illness, injury, and fatalities. Today, families face barriers to services.



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## How the 100% Taos County Initiative Survey was conducted.

The 100% Taos Team launched the survey between May 2023 and December 2023. The surveys were available in Spanish and English, online and on paper. The county organizers promoted the survey through personal contacts, community events, and locations providing services, such as medical and behavioral health centers and food distribution sites. The survey was also distributed through schools, city, and county outreach methods. An initial sample of 603 survey responses was collected. After eliminating responses from those who did not consent, did not answer any service-related questions, or reported living in another county, the final sample consists of (N=546) valid respondents (356 online and 190 on paper). The survey aims to understand the level of need and access to basic surviving and thriving services. We hope the results serve as a jumping-off point, providing insight into areas that may merit further exploration.

### Respondents' Neighborhood of Residence

| Neighborhood                      | N  | Percent | Neighborhood                        | N | Percent |
|-----------------------------------|----|---------|-------------------------------------|---|---------|
| Ranchos de Taos                   | 93 | 17.3%   | Vadito                              | 6 | 1.1%    |
| Taos City Limits                  | 83 | 15.4%   | Amalia                              | 5 | 0.9%    |
| Taos (Outside of the City Limits) | 56 | 10.4%   | Questa (Outside of the City Limits) | 5 | 0.9%    |
| Talpa                             | 24 | 4.5%    | Picuris Pueblo                      | 5 | 0.9%    |
| Penasco                           | 23 | 4.3%    | Des Montes                          | 5 | 0.9%    |
| Arroyo Seco                       | 22 | 4.1%    | Rio Lucio                           | 5 | 0.9%    |
| El Prado                          | 22 | 4.1%    | Canon                               | 4 | 0.7%    |
| Questa Village Limits             | 22 | 4.1%    | San Cristobal                       | 4 | 0.7%    |
| Arroyo Hondo                      | 20 | 3.7%    | Pilar                               | 3 | 0.6%    |
| Taos Pueblo                       | 19 | 3.5%    | Cordillera                          | 3 | 0.6%    |
| Other, please specify:            | 14 | 2.6%    | Llano Largo                         | 3 | 0.6%    |
| Las Colonias                      | 15 | 2.8%    | Trampas                             | 3 | 0.6%    |
| Chamisal                          | 13 | 2.4%    | La Llama                            | 2 | 0.4%    |
| Los Cordovas                      | 11 | 2.0%    | Red River Village Limits            | 2 | 0.4%    |
| Llano De San Juan                 | 10 | 1.9%    | Taos Ski Valley Village Limits      | 2 | 0.4%    |
| Rodarte                           | 9  | 1.7%    | El Valle                            | 1 | 0.2%    |
| Ranchitos                         | 8  | 1.5%    | Cerro                               | 1 | 0.2%    |
| Valdez                            | 8  | 1.5%    | Tres Piedras                        | 1 | 0.2%    |
| Carson                            | 6  | 1.1%    |                                     |   |         |

## 100% of Taos County's residents can thrive.

The groundbreaking 100% Taos County initiative is working to ensure that all families in the county have access to the 10 vital services for surviving and thriving:

- Medical/Dental Care
- Behavioral Healthcare
- Food Security Programs
- Housing Security Programs
- Transportation
- Parent Supports
- Early Childhood Learning Programs
- Community Schools with family services
- Youth Mentor Programs
- Job Training

100% Taos is showing our commitment to 100% of our families by building 10 action teams around the 10 vital services that determine the quality of life for residents. We are making a system-wide change, creating a seamless system of family services where 10 service sectors are working in alignment with local networks of organizations. We are transforming the adverse social determinants of health into the positive determinants by ensuring vital services.

For more information about the 100% Taos initiative and the survey results, visit [www.100nm.org/taos](http://www.100nm.org/taos)



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