



PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Presbyterian Central New Mexico - Presbyterian Hospital,
Presbyterian Kaseman Hospital, and Rust Medical Center

2023-2025

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DEAR COMMUNITY

Presbyterian is committed to fostering a culture of health for the patients, members and communities we serve. Improving health equity throughout the state of New Mexico is essential to achieving our organizational mission.

According to the Robert Wood Johnson Foundation, **health equity exists when every individual has a fair and just opportunity to be healthier**. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to gainful employment with fair pay; quality education and housing; safe environments and healthcare. In New Mexico, existing inequities in access to care, quality of life and rates of disease have been exacerbated by the pandemic, creating an even greater need for deliberate and intensive efforts to remove barriers to better health for individuals as we work toward big-picture, systemic change.

In pursuit of that goal, every three years we engage in a health assessment and implementation planning process to identify ways Presbyterian can leverage resources, provide funding and design and implement interventions in conjunction with our community partners.

Presbyterian's approach to creating our Community Health assessments, impact reports and plans involves listening to community voices, which provide the missing pieces we and our partners need to effectively address the most pressing health needs. Through a series of community forums in late 2021 and early 2022, we gathered a wealth of feedback. Community response to questions such as "Who is affected most?" "Where are the gaps and what is NOT working?" and "What should Presbyterian do specifically?" has helped us identify three priority areas for 2023-2025:

Social Health

Behavioral Health

Physical Health

While these are broad priority areas, they allow us to be more specific in our assessments and plans to meet the unique needs of each community, while leveraging our role as a health system to make far-reaching and systemic change.

We are excited to initiate the steps that will help us improve the health of New Mexicans in these areas and we hope you will take the time to read about the progress we've made as a system. Our assessments, plans and impact reports, along with much more, can be found at: www.phs.org/community/committed-to-community-health.

Thank you for your partnership and support as we work to improve the conditions we all need to thrive.

Sincerely,



Leigh Caswell, MPH

VP, Community Health

EXECUTIVE SUMMARY

Presbyterian Healthcare Services envisions a healthy New Mexico, and we exist to improve the health of the patients, members and communities we serve. We are committed to addressing health equity in our communities by creating opportunities for good health and well-being for residents state-wide. This means improving access to health care, behavioral health, health insurance coverage, community supports, healthy food, and opportunities for exercise, as well as working to eliminate barriers such as poverty and discrimination that contribute to health inequity.

To fulfill that commitment, every three years, Presbyterian Community Health completes an extensive Community Health Assessment (CHA) and Implementation Plan process that informs the identified health priorities in the communities we serve and Presbyterian's systemwide strategy. The 2023-2025 assessment represents the most comprehensive and complex to date, reflecting our efforts to seek deeper community and stakeholder engagement compared with previous iterations. We have also employed a diversity and inclusion mindset with an equity lens to ensure that diverse voices are represented. To minimize the burden of assessment on the community, Presbyterian Community Health made a conscious decision to collaborate and share data where appropriate with other organizations conducting community health assessments, including University of New Mexico, New Mexico Department of Health, Christus St. Vincent Hospital, and internal programs.

The following CHA provides an in-depth look at the Central New Mexico community, which includes Bernalillo, Torrance, Sandoval, and Valencia counties and is served by Presbyterian Hospital in Albuquerque, Presbyterian Kaseman Hospital in Albuquerque, and Rust Medical Center in Rio Rancho. We describe the process and methods used in conducting the assessment, share our findings, and outline our priorities for 2023-2025, which will inform the Central New Mexico Community Health Implementation Plan (CHIP).

Our Priorities

Presbyterian Community Health's 2020-2022 CHIPs addressed the following priorities in each of the four Central New Mexico counties.

1. Behavioral Health
2. Social Determinants of Health
3. Access to Care
4. Healthy Eating & Active Living

Informed by the gathering of data and feedback from our community partners, community-based organizations and stakeholders, our 2023-2025 Central New Mexico community health priorities are as follows:

1. Behavioral Health
2. Social Health
3. Physical Health

Access to healthcare and community-based resources and **Equity** - ensuring that everyone has a fair and just opportunity to be as healthy as possible -- will serve as lenses through which we implement programs and services over the next three years.

The Central New Mexico Community

Central New Mexico is comprised of a diverse set of counties that experience different social needs, disease burdens, and population complexities that both contribute to and create barriers to healthy communities. Each county and its sub communities within, including tribal areas, bring unique assets to improve the health of their communities. Bernalillo and Sandoval Counties are ranked among the healthiest counties in New Mexico, per the Robert Wood Johnson Foundation County Health Rankings and Roadmaps framework and have some of the most health and social services in the state. Torrance and Valencia Counties rank less healthy, with Torrance in the lower 25% of counties in

health outcomes, and neither have inpatient or urgent/emergency health service facilities located within county lines. All of these communities helped identify persistent community health gaps and needs, as well as community assets.

Like all communities, some areas of health are improving while other areas are declining. Survey respondents identified doctors' offices and parks, sidewalks, and walking trails as existing assets in their community that help people be healthy, followed by social services. Life expectancy is decreasing while deaths of despair, substance use, and drug overdose are on the rise. Unemployment remains higher than pre-pandemic levels and pockets within these counties experience lack of access to services and resources. More people appear to have some of the necessary resources to access health care (insurance, a primary care physician) and the percentage of people who forego care due to cost has decreased, but the ratio of population to providers remains too high to give our communities adequate access to health care resources. Indicators of chronic health issues continue to rise; the percentage of people with high blood pressure is high while key indicators for chronic disease prevention (healthy eating, active living) are declining in some populations and improving in others. Priority populations in Central New Mexico include LGBTQ+, youth, Native Americans, Hispanic/Latinx, men, pregnant and post-partum women, people living in poverty, and Black/African Americans.

Survey takers in Central New Mexico indicated three top Behavioral Health topics of: access to health care, substance use, and behavioral/mental health. Survey respondents provided feedback on the health care issues they are very concerned about, including healthy eating and vaccinations, followed by active living. When prompted about Social Determinants of Health as a priority area, forum participants concurred that transportation, housing and food insecurity are among the top needs in Central New Mexico. Survey respondents reported that they are very concerned about chronic health ailments and identified COVID-19, cancer, diabetes, and obesity as primary Physical Health concerns. Other responses included cost of care in New Mexico, respiratory diseases, and arthritis.

Survey respondents also provided input on needed resources that can help the community achieve better health. Mental health and substance use treatment resources were identified as a major gap or needed resource in the community, though in Torrance County, public transportation received the most votes among survey takers. Parks and sidewalks were important gaps for people across all counties, indicating that, while parks, sidewalks, and walking trails were identified as assets in our communities, more are needed.

Community Forum participants summarized challenges to Behavioral Health, including stress and isolation, lack of providers, stigma (small town gossip and equating behavioral health issues with weakness), provider turnover, inadequate resources for drug rehabilitation or substance use, limited internet access and lack of child care to attend appointments. Social Health challenges identified include lack of knowledge and access to resources for healthier food options, education, and community support networks, challenges that are heightened for Indigenous communities and people of color. Inflation, inequity and lack of job opportunities/income were also identified. Forum participants identified accessibility of care, shortage of healthcare workers, lack of funding for preventive health care and lack of transportation as barriers to better Physical Health. The concentration of health and social service resources, as well as coalitions, health councils and community-based organizations in the Central New Mexico area are just some of the many assets Presbyterian and the community can leverage to address these health priorities. This CHA is accompanied by a comprehensive CHIP developed by Presbyterian Community Health in alignment with the hospital and larger health system to address the health needs prioritized in the CHA. Please visit www.phs.org/community for intervention strategies, detailed goals, and resources Presbyterian Healthcare Services has committed for 2023-2025 to improve the health of the Quay County community.

ACKNOWLEDGEMENTS

The 2023-2025 Community Health Assessment and Implementation Planning process could not have been completed without the volunteer community leaders that make up each of Presbyterian's hospital Board of Directors, Presbyterian Health Plan, community organizations, numerous coalitions, community members, and representatives from the New Mexico Department of Health. In addition, Presbyterian would like to thank the Community Wellness Council, Sandoval County Health Council, Partnership for a Healthy Torrance Community, and the Health Equity Council, Healthy Here, Together for Brothers, Albuquerque Area Southwest Tribal Epidemiology Center, and the many individuals and organizations who participated in surveys and focus groups, and provided key informant interviews, document reviews, and verbal and written comments.

Special thanks to the volunteer public health and business leaders that make up the Community Health Advisory Board, for their valuable input and stewardship of this process. Presbyterian is grateful for the support of The New Mexico Alliance of Health Councils and tribal and county health councils, and their willingness to partner with us.

We would like to specifically thank and acknowledge our partners at UNM Hospitals and UNM Health Sciences, New Mexico Department of Health and New Mexico Human Services Department for their collaboration on community assessment planning and data sharing, counsel and communication on methods and priorities, and commitment to serving our shared communities with increased alignment. We are thrilled to be much closer to the goal of shared assessments, plans, and implementation to address our communities' health priorities.

Presbyterian, in close collaboration with community partners, hopes to continue sharing information like this for the purpose of solving complex problems so we can each be accountable in our roles for improving health and equity in New Mexico.

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ABOUT PRESBYTERIAN HEALTHCARE SERVICES

Presbyterian Healthcare Services (Presbyterian) exists to improve the health of the patients, members and communities we serve. We are a locally owned and operated not-for-profit healthcare system known nationally for our extensive experience in integrating healthcare financing and delivery.

We've grown from a small tuberculosis sanatorium founded in 1908, to a system of nine hospitals, a multi-specialty medical group with more than 900 providers and a statewide health plan. We serve one in three New Mexicans with healthcare or coverage.

Our regional hospitals provide both acute and preventive care: from surgical, ambulatory and emergency services to health fairs, fun runs, and prevention and screening programs. We seek to provide the most affordable and effective care possible. To help achieve this goal, we continue to look toward the future, making prudent investments in modern equipment and technology - such as MyChart and Video Visits - that make patient access and care management easier, more convenient and affordable.

We are governed by a volunteer Board of Trustees comprised of community leaders. These individuals have included members of the Navajo Nation, theologians, business leaders, educators, medical administrators and others. They donate their time and energy to ensure that we maintain superior caregiving, deliver high-quality healthcare and work tirelessly to create a healthy New Mexico, now and for years to come.

We are committed to caring for our community -- and have been for more than 100 years.

ABOUT PRESBYTERIAN COMMUNITY HEALTH

As part of Presbyterian's commitment to our charitable purpose and to our communities, Presbyterian Community Health oversees the Community Health Assessment and Implementation Plan process every three years, implements community health programming, and helps inform systemwide strategy in alignment with identified priorities.

Since its founding in 2013, Presbyterian Community Health has invested more than \$8.7 million in operational funds and leveraged \$19.8 million in federal and local grants, foundation funds, contracts, and awards.

Through the extensive community assessment process detailed here, Presbyterian Community Health has focused on the following priorities from 2020-2022: social determinants of health, behavioral health, access to care, and healthy eating/active living. Healthy eating, active living, and prevention of unhealthy substance use were the community health priorities from 2013-2019.

Community Health Promotion: In 2019, the Presbyterian Community Health Resource Center opened on the campus of Presbyterian Kaseman Hospital with support from Presbyterian Healthcare Foundation. The resource center, designed as a community hub, includes Presbyterian's first demonstration kitchen - now joined by two others at PMG Las Estancias and Presbyterian Plains Regional Medical Center, a community garden, and community meeting space. The resource center is the source of many Presbyterian Community Health programs, such as the Food Farmacy, which provides weekly produce and shelf-stable items for select patients in need, now with a second location at Presbyterian Medical Group on Las Estancias Dr. In the last two years, free class offerings have grown to include in-person and virtual cooking, nutrition, yoga and Zumba. Classes are now offered statewide in both English and Spanish for a variety of ages and special populations. Examples include the Cancer Survivorship Cooking Class and Yoga for Kids, Teens, and Families. Beginning in 2022, the registered dietitians teaching these classes will add virtual grocery store tours, weight management and heart-healthy cooking classes. These nutrition classes compliment a number of produce and food prescription programs, which provide patients and their families, community participants, and health plan members with prescriptions for fresh fruit and vegetables that can be obtained from farmer's markets, local growers, and clinic food distribution sites in Clovis, Española, Socorro and Albuquerque. Also available to patients by referral is

a free program called Diabetes Recharge, which is facilitated by a registered dietician and combines one-on-one and group education and skill-building for adults newly diagnosed with diabetes. Along with community-wide, free chronic disease self-management workshops in English and Spanish, Presbyterian helps increase access to critical preventive care for our communities.

Health Council and Local Government Collaboration: Presbyterian is proud to champion and support health councils and partner with them to best serve our communities. Since 2015, we have provided financial support to county and tribal health councils in communities where we have hospitals for their partnership in achieving mutual goals and to help them build capacity for their important work. Since 2015 we have also financially supported the New Mexico Alliance of Health Councils (NMAHC) to advocate for, build capacity, and sustain health councils across New Mexico. When combined this general support totals approximately \$1.2 million. As intended, the health councils and NMAHC have leveraged small, flexible investments like ours to attract additional funding to improve the health of their communities. In 2022 we are thrilled to see more recognition and support for the vital role health councils play in community health assessment, planning, and improvement has resulted in more funding from diverse sources. In 2020, health councils reached over 27,000 people with their programming, which includes distributing face masks, active living events, referrals to resources, food boxes, social media marketing, and more. As of July 2021, Health Councils have reached over 77,000 individuals.

Also, from 2018-2022, Presbyterian supported the Connecting Harvest to Health/Connectando Cosechas Con La Salud program. The program, funded with a four-year, \$400,000 grant from the United States Department of Agriculture (USDA) and a 100% cash match from Presbyterian, has connected 3,200 seniors with healthy meals through Meals on Wheels; supported 44 graduates from its home health aide training program with 1,044 internship hours completed; purchased 8,426 pounds of local food for senior meals; and purchased 1,591 pounds of local food for training workshops; and 100% of the home health aide graduates reported an increase of personal healthy eating behaviors. Presbyterian is partnering with Three Sisters Kitchen, Encuentro, and Meals on Wheels of Albuquerque on the project, which is focused on improving senior nutrition, reducing language access disparities, increasing local food access and consumption of nutritious foods, enhancing workforce development, and supporting entrepreneurship and local growers.

COVID-19 Community Response: Since 2020, Presbyterian Community Health has broadened existing initiatives to include COVID-19 pandemic related priorities including trusted messenger campaigns, community vaccination clinics, and distribution of face masks, hand sanitizer, and face shields. Hospitals emphasized the access to care priority by implementing emergency response plans for all levels of COVID care, standing up community testing and vaccine sites, rapidly adapting telemedicine and virtual care options, and a deepened institutional commitment to health equity by making it a strategic priority. In just three years Presbyterian improved implementation of best practices for serving LGBTQ+ populations (including employees) and was named a Leader in Healthcare by the Human Rights Campaign in their 2022 Healthcare Equality Index Report. Community Health has also expanded existing programming to address underlying social and behavioral determinants of health that have been exacerbated by the pandemic - partnering with food banks and pantries to address an increase in food insecurity throughout communities and increasing the distribution of free healthy meals for kids through the hospital cafeterias at the beginning of the pandemic to help fill gaps that school closures left. Presbyterian's ongoing partnership and support of tribal and community health councils also helped those local coalitions pivot to COVID-19 response, increasing hyper local resources for basic needs, violence and suicide prevention, and to facilitate virtual trainings to respond to persons in crisis including Mental Health First Aid and Question, Persuade, Respond (QPR).

Healthy Equity: According to the Robert Wood Johnson Foundation, health equity means that "everyone has a fair and just opportunity to be as healthy as possible." This means removing obstacles that contribute to health inequity, such as poverty and discrimination, as well as their consequences including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

Health equity is essential to Presbyterian's purpose to improve the health of the patients, members, and communities we serve.

In 2019, Presbyterian embarked on a formalized journey to address health equity in our communities and for our patients and members. We adopted a framework developed by the [Institute for Healthcare Improvement](#) for healthcare organizations to achieve health equity, which identifies five practices:

Make health equity a strategic priority.

Develop structure and processes to support health equity work.

Deploy specific strategies to address the multiple determinants of health on which healthcare organizations can have a direct impact.

Eliminate racism and other forms of oppression.

Develop partnerships with community organizations.

To achieve health equity, we seek to understand how our patients experience health inequities due to structural and social determinants of health (SDOH). We strive to remove barriers for individuals as we simultaneously seek big-picture, systemic change.

In just three years, Presbyterian improved implementation of best practices for serving LGBTQ+ populations (including employees) and was named a Leader in Healthcare by the Human Rights Campaign in their 2022 Healthcare Equality Index Report.

To view our Health Equity report, [click here](#).

Health Equity is at the Core of All Our Strategies

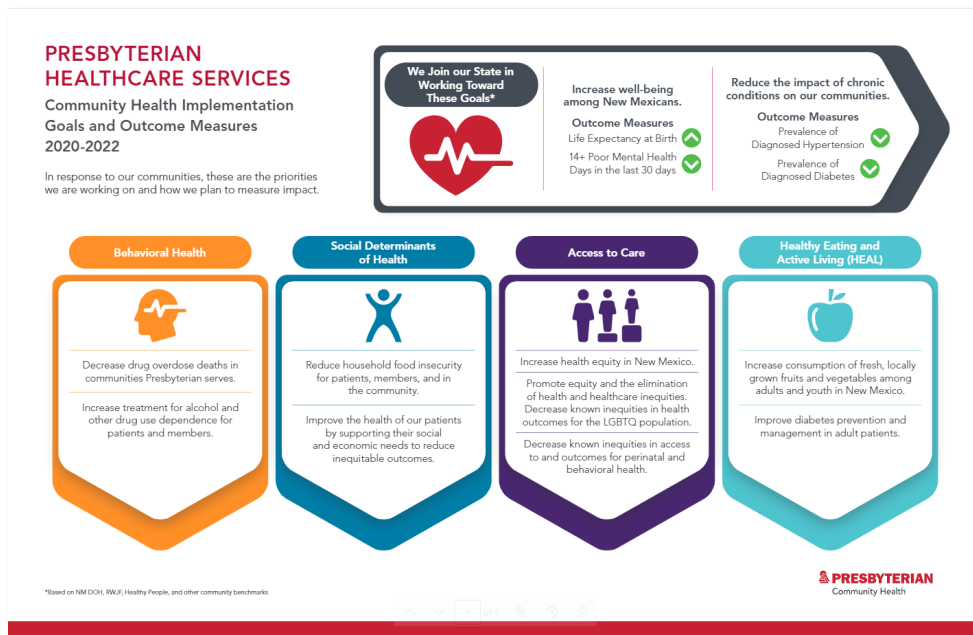


Addressing Health-Related Social Needs: In 2021, Presbyterian expanded work started during the five-year Accountable Health Communities project funded by The Centers for Medicare & Medicaid Services (CMS) for universal screening of every patient served for health-related social needs. Through identifying needs in food insecurity, transportation and housing, risky alcohol and substance use, mental health, and interpersonal violence, Presbyterian connects patients with community resources to address those needs. Community Health led Presbyterian's efforts to build a standardized and validated social determinants of health (SDOH) screening tool, integrate Presbyterian's electronic medical records system with a new technology platform to provide referrals to community resources, socialize and train the clinical workforce to ask sensitive questions with compassion and care, and implement a universal SDOH screening workflow across all Presbyterian hospitals, emergency departments, urgent cares, and clinics. Since implementation late last year, over one million screenings have been conducted and patients have been connected to community resources for over 115,000 identified needs. Increased understanding of the social factors that impact our patients' health and wellbeing continue to help drive planning for programs, investment, community partnerships, and services to help address social and behavioral health needs in our communities.

Community-Clinical Linkages Workforce: Since 2019, Presbyterian Community Health has provided workforce training and professional certification to community health workers employed by Presbyterian and in other organizations around the state. Presbyterian's community health workers are key members of care teams in emergency departments and clinics in Central New Mexico and northern New Mexico and help educate, navigate, and connect the most vulnerable patients to internal and external resources to remove barriers to better health and wellbeing. Community health workers work closely with another new member of the care team, peer support specialists. These specialists also embedded in emergency department locations to provide non-judgmental support, advocacy, and coaching for patients experiencing overdose or alcohol-related emergencies. Peer support specialists are trained and certified individuals with lived experiences who have been diagnosed with a substance use and or mental health disorder and successfully navigated treatment and recovery. Peer support specialists help provide education and navigation of harm reduction and/or recovery resources. Peer support has been so helpful to our care teams and patients, it has expanded to include a peer support specialist to support families with babies diagnosed with neonatal abstinence syndrome in Presbyterian Hospital's Neo-Natal Intensive Care Unit (NICU) and through virtual, 24-hour peer support services to all Presbyterian hospitals in the Regional Delivery System.

Addressing Polysubstance Use: In addition to offering direct service to address substance use and behavioral health, Presbyterian is participating in the five-year Partnerships for Success-PFS20 project funded by the Office of Substance Abuse Prevention (OSAP) in the New Mexico Human Services Department to implement prevention initiatives, in conjunction with harm reduction approaches, to address polysubstance use in Central New Mexico. The coalition includes the following counties and organizations: Bernalillo, Sandoval, Valencia (Presbyterian), Santa Fe (The Mountain Center), Doña Ana (Doña Ana County), and San Juan County (San Juan County Partnership). These counties have the highest burden of overdose death in the state, with 64% of all overdoses occurring within their borders. The project follows the Strategic Prevention Framework (SPF) to develop a dedicated infrastructure to reduce polysubstance misuse in our communities.

From the period of 2020 - 2022 Presbyterian has addressed the four priorities of Behavioral Health, Social Determinants of Health, Access to Care, and Healthy Eating and Active Living.



For more information, please visit phs.org/community.

ABOUT PRESBYTERIAN CENTRAL NEW MEXICO DELIVERY SYSTEM

The Presbyterian Central New Mexico delivery system includes the following hospitals: Presbyterian Hospital Albuquerque, NM), Presbyterian Kaseman Hospital (Albuquerque, NM), and Rust Medical Center (Rio Rancho, NM). These three hospitals serve the Albuquerque Metro Area and surrounding communities.

Presbyterian Hospital

Presbyterian Hospital is a 453-bed acute care hospital – the largest in New Mexico – and provides a full range of medical and surgical healthcare services. Located in the center of Albuquerque, it is part of the not-for-profit Presbyterian Healthcare Services, and is dedicated to the health of its patients, members and communities. Presbyterian Hospital services include a 24-hour emergency department, and intensive care, medical and surgical, labor and delivery, and operating room services. Clinical services include specialists, rehabilitation services, and more. Presbyterian Hospital has areas of specialty designed to provide complete care and education and affiliated centers include: The Women’s Center at Presbyterian, The Children’s Center at Presbyterian, Presbyterian Cancer Care, Presbyterian Heart and Vascular Care, and Surgical Services at Presbyterian. Presbyterian Hospital is Presbyterian’s flagship hospital.

To learn more about Presbyterian Hospital, visit <https://presbyterian-hospital.phs.org/Pages/default.aspx/>.

Presbyterian Kaseman Hospital

Located in Albuquerque, Presbyterian Kaseman Hospital serves the greater Albuquerque and the east mountain communities. Presbyterian Kaseman Hospital provides a limited range of inpatient services, including behavioral health and hospice care. Outpatient services include an emergency department, surgical care, sleep studies and a pain management clinic. Presbyterian Kaseman Hospital is also home to the Presbyterian MD Anderson Radiation Treatment Center. Kaseman’s behavioral health specialty center provides a full continuum of psychiatric and substance abuse services for adult, child, and geriatric patients. Individual and/or group therapy and medication management services can be accessed in a variety of settings including inpatient hospitals, outpatient psychiatric clinics, and primary and specialty care clinics. Presbyterian Kaseman Hospital is the site of Presbyterian’s first Community Health Resource

Center, which houses a kitchen classroom, a community garden, a mobile farmer’s market, and Presbyterian’s Food Farmacy. The Food Farmacy provides free, healthy food to qualifying patients.

To learn more about Presbyterian Kaseman Hospital, visit <https://kaseman-hospital.phs.org/Pages/default.aspx>.

Presbyterian Rust Medical Center

Presbyterian Rust Medical Center is in Rio Rancho in Sandoval County. Before opening of the facility in October 2011, Sandoval County was the largest county in the United States that did not have its own medical services. Rust Medical Center includes the Ted and Margaret Jorgensen Cancer Center, a multidisciplinary clinic that also includes gynecologic oncology, Presbyterian MD Anderson radiation oncology, surgical oncology and supportive care services. Other services at Rust Medical Center include an emergency department, an intensive care unit (ICU) that combines the latest technology with skilled physicians and nurses who are both onsite and connected 24/7. Presbyterian and our employees support many community program and projects in Sandoval County, including mobile farmers’ markets, a walking trail program in Cuba, cooking classes for people with diabetes, a backpack food program at a local elementary school, blood drives and A Park Above. Every week, Rust employees supply an average of 150 weekend backpacks filled with healthy snacks to low-income children Martin Luther King Jr. Elementary School.

To learn more about Presbyterian Rust Medical Center, visit <https://rust-medical-center.phs.org/Pages/default.aspx>.

OUR COMMUNITY

For the purposes of the Community Health Assessment and the Implementation Plan, Presbyterian Healthcare Services (Presbyterian) has generally defined the “community” of the Central New Mexico delivery system as the counties in which the hospitals are located and primarily serve: Bernalillo County, Sandoval County, Torrance County, and Valencia County.

Bernalillo County is the most populous county in New Mexico with an approximate land area of 1,167 square miles.¹ Sandoval County has approximately 3,714 square miles and has diverse geography, ranging from farmland to high desert, to mountainous forest. Sandoval County boundaries encompass or intersect with seven pueblos and six tribal entities.² Torrance County is named as one of the most productive agricultural counties in the US. Mostly made up of wide-open plains lands, Torrance County lies east of Valencia County and south of Santa Fe County.³ Valencia County lies south of Bernalillo County and has a total land area of 1,068 square miles, making it the second smallest county in New Mexico by land area. The largest town is Belen, and the county seat is Los Lunas. The northern edge of Valencia County is home to the Isleta Pueblo Reservation.⁴

Among all four counties, most people are white, followed by Hispanic/Latinx. Sandoval County has a higher percentage of Native Americans relative to other race categories than Bernalillo, Torrance, and Valencia Counties (12.2% of the population). The percent of Native Americans in Sandoval County is about double the percentage of Native Americans living in New Mexico overall. Bernalillo County has the highest percentage of Asian/Pacific Islanders and Black/African Americans (3% and 3.2%, respectively), and Torrance County has the highest percentage of Hispanic/Latinx people (50.3%).

¹ Bernalillo County. Retrieved from <https://www.nmcounties.org/counties/bernalillo-county/>

² Sandoval County. Retrieved from <https://www.nmcounties.org/counties/sandoval-county/>

³ Torrance County. Retrieved from <https://www.nmcounties.org/counties/torrance-county/>

⁴ Valencia County. Retrieved from <https://www.nmcounties.org/counties/valencia-county/>

Three of the four counties in Central New Mexico overlap parts of or entirely encompass the following Native American communities:

Bernalillo

- Pueblo of Isleta
- Laguna Pueblo
- Navajo Nation
- Sandia Pueblo

Sandoval

- Jemez Pueblo
- Kewa Pueblo (Santo Domingo)
- Laguna Pueblo
- Sandia Pueblo
- Santa Ana Pueblo
- Santa Clara Pueblo
- Zia Pueblo

Valencia

- Laguna Pueblo
- Pueblo of Isleta

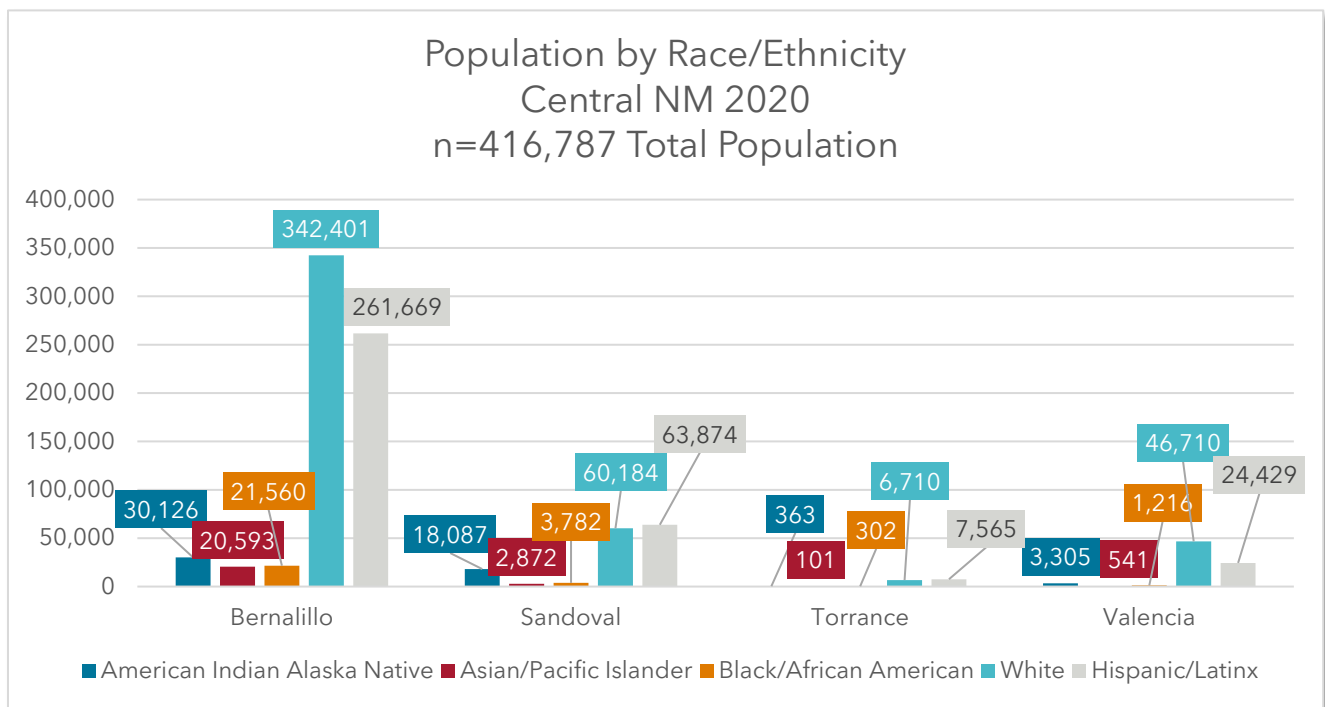


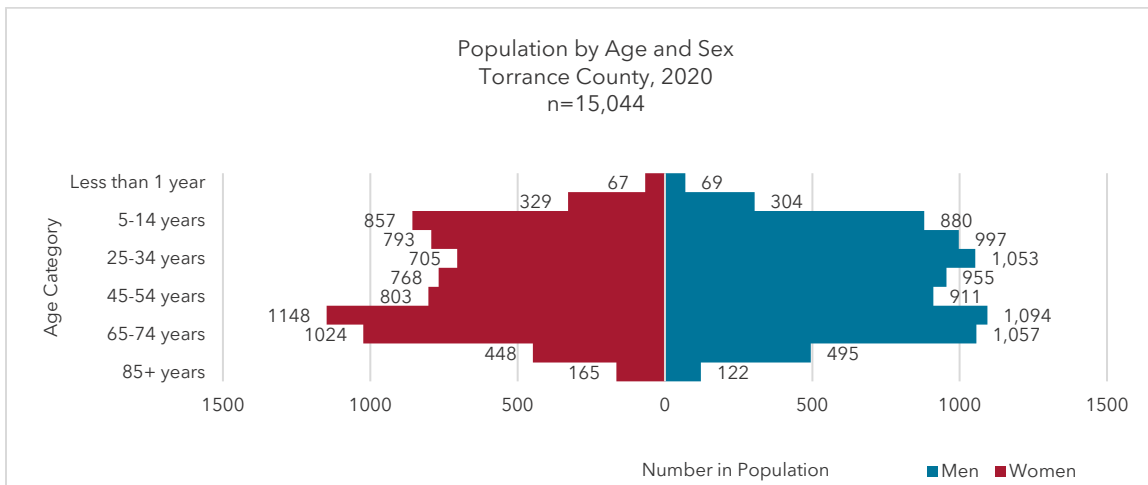
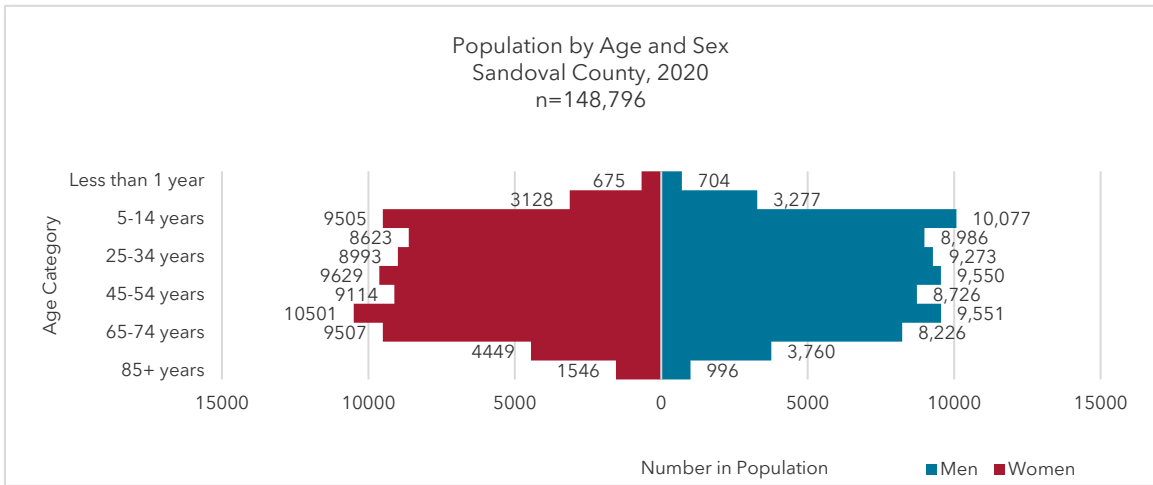
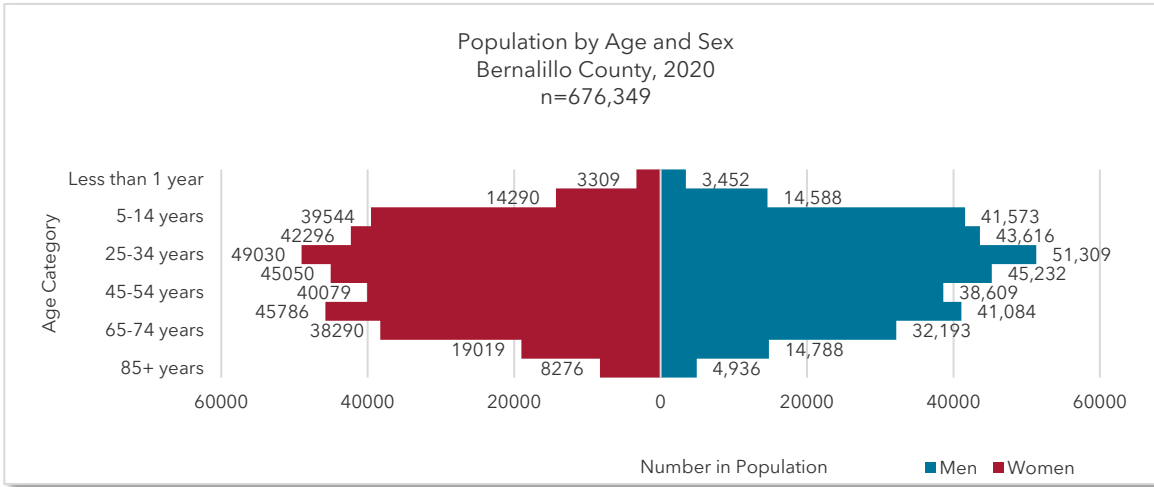
Figure 1. Source: UNM GPS Program, Population Estimates, 2020.

About 19% of the population in primarily speaks Spanish at home, with most being between the ages of 18 and 64. About 0.2% of people speak another Indo-European language, 0.5% speak an Asian or Pacific Island language, and 0.8% speak some other language.

English is the most-commonly spoken language in all four counties, though some counties have a significant Spanish-only speaking population. Valencia County has the highest percentage of people who primarily speak Spanish at home (26%), followed by Bernalillo (22%). Sandoval County has the highest percent of people who speak another language, beside English or Spanish, at home – 9%. Considering Sandoval County has the largest percent of population who are Native American, it is conceivable to consider that many of these “other” languages reported may be Native languages⁵.

⁵ US Census Bureau. American Community Survey 2016-2020 5-year estimates

Bernalillo and Sandoval Counties follow New Mexico’s population distribution by sex – slightly more women live in these counties than men. However, Torrance and Valencia Counties have slightly more men than women. These counties don’t have significantly older or younger populations, though populations are weighted differently. For example, there are nearly double the number of women living in Bernalillo County who are 85+ than there are men.⁶



⁶ New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program. 2020

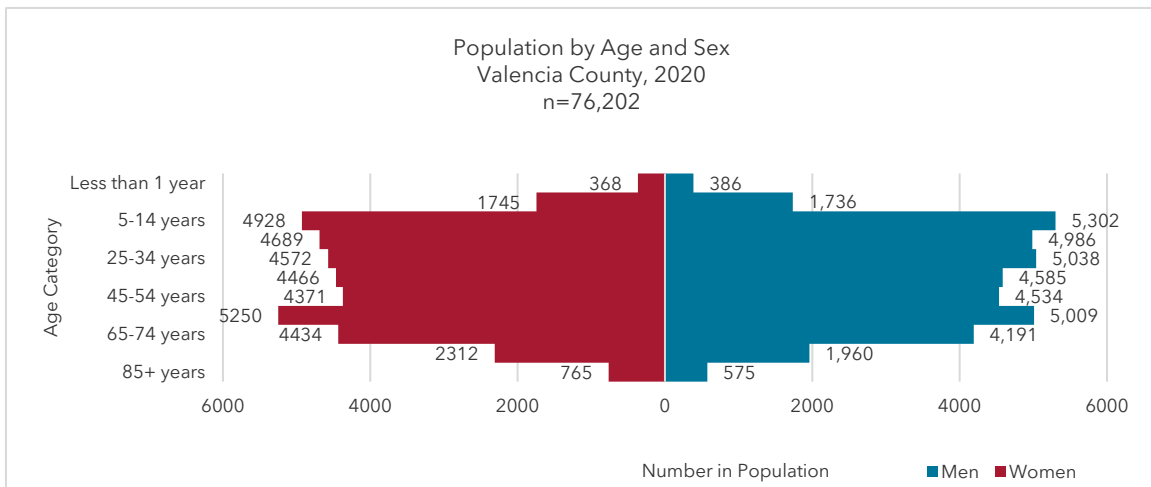


Figure 2. Source: UNM GPS Program, 2020.

Sandoval County has had the highest percent of people living with a disability when compared to the other counties in Central New Mexico until 2020, when the percent dropped and the percent of people in Valencia County living with a disability increased, surpassing Sandoval's percent. New Mexico overall has a disproportionately high percent of population living with a disability when compared to the US.⁷

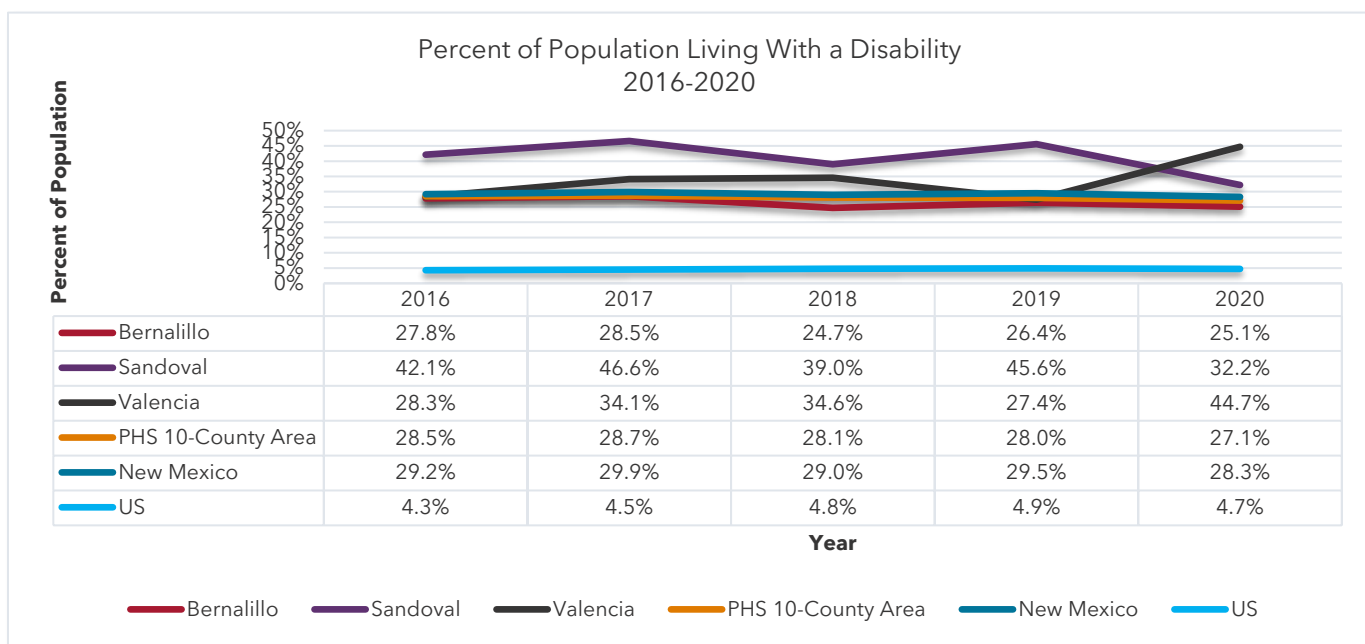


Figure 3. Source: 2016-2020 BRFSS.

In addition to describing our county's population, it is important to describe the Presbyterian patient population to further illustrate our reach and potential for impact. The metrics below should not be compared to the population demographics above as there is likely duplication, data collection methods are different, and many categories are different. The patient population demographics below are intended to illustrate the diversity of patients with whom Presbyterian Hospital, Presbyterian Kaseman Hospital, and Presbyterian Rust Medical Center interact.

⁷ Behavioral Risk Factor Surveillance System. US Department of Health and Human Services, Centers for Disease Control and Prevention and New Mexico Department of Health. 2016-2020.

Patient Population Demographics		
AGE	n	(%)
0-2	8,428	2.1
3-12	33,439	8.2
13-18	28,721	7.1
19-24	29,209	7.2
25-34	50,091	12.3
35-44	51,181	12.6
45-54	47,006	11.5
55-64	55,493	13.6
65-74	57,122	14.0
75+	44,480	10.9
UNKNOWN	2,213	0.5
SEX		
FEMALE	225,649	55.4
MALE	181,557	44.6
UNKNOWN	177	0.0
RACE		
WHITE	270,327	66.4
OTHER	53,167	13.1
UNKNOWN	41,810	10.3
AMERICAN INDIAN OR ALASKA NATIVE	20,751	5.1
AFRICAN AMERICAN OR BLACK	9,648	2.4
ASIAN	5,974	1.5
MULTIRACIAL	4,522	1.1
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	1,184	0.3
ETHNICITY		
NOT HISPANIC OR LATINO	193,846	47.6
HISPANIC OR LATINO	168,754	41.4
UNKNOWN	44,783	11.0
PREFERRED LANGUAGE		
ENGLISH	381,213	93.6
UNKNOWN	13,175	3.2
SPANISH	11,297	2.8
VIETNAMESE	339	0.1
NAVAJO	232	0.1
SIGN LANGUAGE	194	0.0
OTHER	933	0.2
PAYOR		
COMMERCIAL	155,339	38.1
MEDICAID	113,563	27.9
MEDICARE	96,251	23.6
OTHER	21,219	5.2
UNKNOWN	21,011	5.2
Data Notes: (*) A value of "UNKNOWN" could indicate that a value was not provided, collected, or recorded (**) Counts less than 10 are suppressed for patient confidentiality; low numbers may be due to recently-begun efforts to collect self-reported data		

Table 1. REAL (Race, Ethnicity, and Language) -- Demographic snapshot of patients who receive care in Bernalillo and Sandoval County in 2021.

Variables	n	(%)
GENDER IDENTITY		
UNKNOWN	200,831	49.3
FEMALE	122,071	30.0
MALE	83,876	20.6
OTHER	310	0.1
TRANSGENDER MALE / FEMALE-TO-MALE	180	0.0
TRANSGENDER FEMALE / MALE-TO-FEMALE	115	0.0
SEXUAL ORIENTATION		
UNKNOWN	250,691	61.5
STRAIGHT	149,525	36.7
BISEXUAL	2,334	0.6
LESBIAN	1,935	0.5
GAY	1,589	0.4
OTHER	1,309	0.3
<p>Data Notes: (*) A value of "UNKNOWN" could indicate that a value was not provided, collected, or recorded (**) Counts less than 10 are suppressed for patient confidentiality; low numbers may be due to recently-begun efforts to collect self-reported data Data Source:</p> <ul style="list-style-type: none"> Demographic, utilization, and SDOH data were collected from Presbyterian's EPIC Caboodle database. <p>Demographic Data Insights*</p> <ul style="list-style-type: none"> AGE: Bernalillo and Sandoval County have a proportionally larger adolescent, young adult, and middle age adult patient population (age 13 to 54) compared to the average of other counties in the Presbyterian service area. SEX: Bernalillo and Sandoval County have a majority FEMALE patient population. That majority is proportionally larger compared to the average of other counties in the Presbyterian service area. RACE: Bernalillo and Sandoval County have a proportionally smaller WHITE patient population and a proportionally larger patient population in all other race categories compared to the average of other counties in the Presbyterian service area ETHNICITY: Bernalillo and Sandoval County has a proportionally smaller HISPANIC OR LATINX and NOT HISPANIC OR LATINX patient population compared to the average of other counties in the Presbyterian service area. This can be explained by a proportionally larger UNKNOWN patient population compared to the average of other counties in the Presbyterian service area. PRIMARY LANGUAGE: Bernalillo and Sandoval County have a proportionally smaller ENGLISH and SPANISH speaking patient population compared to the average of other counties in the Presbyterian service area. PAYOR: Bernalillo and Sandoval County have a proportionally larger COMMERCIAL patient population compared to the average of other counties in the Presbyterian service area. SEXUAL ORIENTATION: Bernalillo and Sandoval County has a proportionally larger BISEXUAL, GAY, and LESBIAN patient population compared to the average of other counties in the Presbyterian service area. <p>(*) These insights compare Bernalillo and Sandoval Counties' demographic proportions to the average proportion of all other counties in the Presbyterian service area. Bernalillo and Sandoval Counties' patient population is relatively large compared to the population of other service areas like Quay County, so please note that "proportionally larger" and "proportionally smaller" are insights into percentages of Bernalillo and Sandoval Counties' population and that the patient counts behind those percentages may be larger in comparison.</p>		

Table 2. SOGI (Sexual Orientation and Gender Identity) -- Demographic snapshot of patients who receive care in Bernalillo and Sandoval County in 2021.

Presbyterian hospitals in Central New Mexico serve a proportionally larger adolescent, young adult, and middle age adult patient population (age 13 to 54) compared to the average of other counties in the Presbyterian service area. Patients are more female, less white, and all other race categories are proportionally more represented compared to the average of other counties in the Presbyterian service area. A larger proportion of patients are commercially insured compared to the average of other counties in the Presbyterian service area. These hospitals serve a proportionally larger bisexual, gay, and lesbian patient population compared to the average of other counties in the Presbyterian service area. (Data notes: These insights compare Central New Mexico patient demographic proportions to the average proportion of all other counties in the Presbyterian service area. This patient population is relatively large compared to the population of other service areas like Quay County, so please note that “proportionally larger” and “proportionally smaller” are insights into percentages of the population and that the patient counts behind those percentages may be larger in comparison.)

OUR PRIORITIES

Through this comprehensive community health assessment process, and in partnership with our community, community-based organizations, and stakeholders, we have identified the following areas as our priorities for 2023-2025

1. Behavioral Health
2. Social Health
3. Physical Health

These three priority areas are examined and will be implemented using the following lenses:

- Access
- Equity

For the purposes of this assessment, we have defined our **Behavioral Health** priority area as including mental and psychological healthcare, mental wellbeing, and substance use. This distinction allows us to address the complex and multi-faceted topics within this area including stigma, overdose, substance use, access to treatment, social supports, and mental health inequities.

Our definition of **Social Health** is aligned with the Healthy People 2030 definition of social determinants of health, which is defined as: the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect health, functioning, and quality of life outcomes and risks.⁸ This priority area comprises health-related determinants including economic stability, housing, food access, transportation, built environment, safety/interpersonal violence, and environmental health.

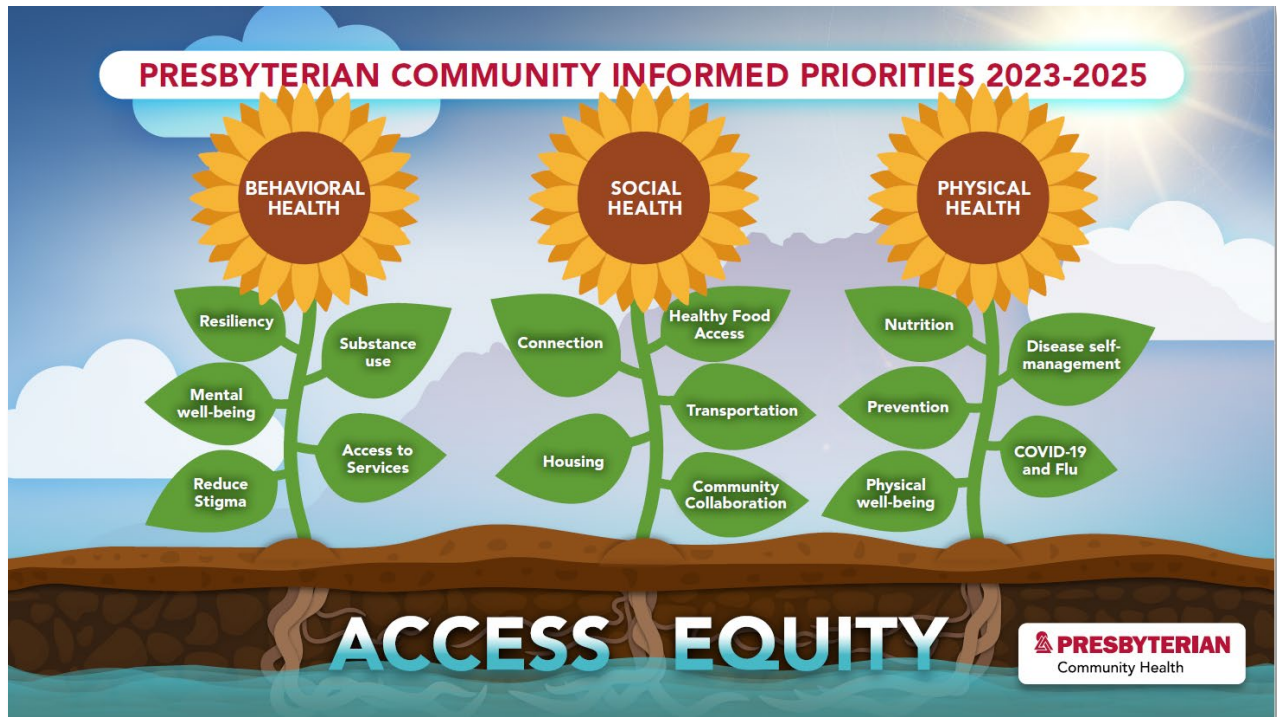
The **Physical Health** priority area includes chronic conditions and factors that contribute to the development of chronic conditions in addition to other factors that influence our physical health. Some key examples of this priority area include diabetes, hypertension, vaccination for flu, COVID and pneumonia, and healthy eating and active living.

Access and **Equity** are key lenses through which we conceptualize these priority areas, including how we address the biggest health needs in each county. ‘Access’ refers to access to healthcare and community-based resources, which is applied to each priority area in differing ways.

Equity is applicable to all priority areas. According to the Robert Wood Johnson Foundation, health equity means that “everyone has a fair and just opportunity to be as healthy as possible.” This means removing obstacles that contribute to health inequity such as poverty and discrimination and their consequences, including powerlessness, and a lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

⁸ Healthy People 2030. US DHHS Office of Disease Prevention and Health Promotion. Retrieved from: <https://health.gov/healthypeople/priority-areas/social-determinants-health> on 6/8/2022

Health equity is essential to Presbyterian's purpose to improve the health of the patients, members, and communities we serve. The following assessment includes key metrics framed with equity considerations to inform the Community Health Implementation Plan.



PROCESS AND METHODS FOR CONDUCTING THE ASSESSMENT

The 2023-2025 Community Health Assessment and Implementation Plan cycle incorporated successful practices and recommendations from prior cycles to expand on the work, scope, and comprehensiveness of the assessment and plan. The health assessment process illustrates broad health issues and community context identified through a combination of epidemiological data and community voices. Data included in this health assessment comprise quantitative and qualitative data including secondary data analysis, community input, key informant interviews, community survey, and asset and gap identification.

Conducting the Health Assessment

The Community Health Assessment paints a broad and comprehensive picture of the health of our community using a variety of sources. Secondary data collection, indicators from sources such as the BRFSS, YRRS, ACS, and more, were used to identify broad health topics that are of epidemiological importance and align with the New Mexico Department of Health's leading indicators, New Mexico's leading causes of death, and Healthy People 2030. The data were used in conjunction with community input to identify overarching priority areas in which Presbyterian can work to improve health at the community level. Once priorities were determined, we took a deeper dive in each of those areas to assess the following for each community and priority area: where are the health disparities (racial, geographic, etc.), what assets do communities have to address priority areas, what are the current programs/efforts underway to address those issues and what are the gaps in addressing the issues (programs, resources, system or policy-level gaps)? This information was integrated with the assessment to provide an equity lens and inform the development of the CHIP.

Data Collection

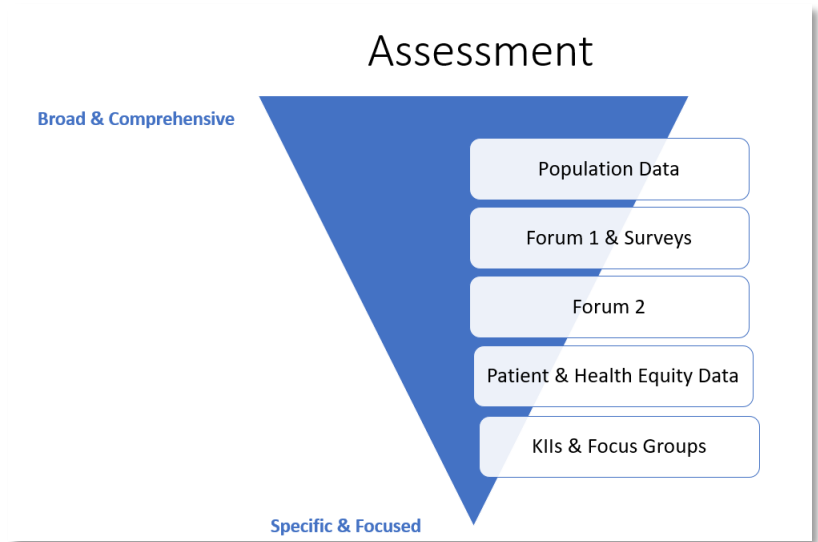
Quantitative Data

The data collected for the CHAs illustrate overall health status at the population level as well as disparities for leading causes of morbidity and mortality.

Presbyterian Community Health made a conscious decision to collaborate and share data where appropriate with other organizations conducting community health assessments to minimize the burden of assessment on the community. This included other health systems (University of New Mexico, NM Department of Health [NMDOH], and Christus St. Vincent Hospital) and internal programs.

Initial secondary data were pulled from a variety of sources and expanded data points to further broaden the scope of exploration to determine community priorities. See [Sources of Secondary Data](#) for the full indicator list with sources. Leading causes of death were pulled from NMDOH IBIS (Indicator-Based Information System).

Additional quantitative data came from a brief community survey ([Appendix G: KII/Focus Group Questionnaire](#)) administered to community members through Google survey algorithms and to community members via email from health councils (health council surveys were delivered electronically using Qualtrics software). Finally, forums were conducted virtually and included both quantitative and qualitative data collection.



Qualitative Data

While quantitative data were used as the basis of mapping major health needs and disparities, qualitative data were necessary to understand the context and community perceptions around those health outcomes. The qualitative data and feedback collected as part of the CHA process reflects attitudes, knowledge, and beliefs of community members and their proxies.

The community survey, while largely quantitative, included open-ended questions to gain additional input and perceptions of priorities. Community forums, focus groups, and key informant interviews were conversation-based with question prompts to facilitate the conversations. These events were facilitated by Community Health staff.

Community forums, key informant interviews, and focus groups provided most of the qualitative data collected. These data were hand-coded by multiple Community Health staff to identify trends and overarching categories and priority areas by county.

Community Forums and Surveys

Presbyterian engaged our community in three main ways: community data indicator forum, community survey, and community assets and gaps forum.

The community indicator forum summarized the epidemiological data that illustrated the state of health in the county and sought community input. Participants were asked to give their opinions on what the biggest needs were based on the data, their experiences, and what was reasonable to address, from their point of view.

The community assets and gaps forum started by reaffirming the proposed priority areas with participants. These priority areas were determined by epidemiological data, data forum input, and community surveys. See [Prioritizing Needs](#) section below for more information on that process. Participants discussed the assets, gaps, barriers, and populations affected to begin to develop strategies and implementation plans.

The community survey was first administered via Google Surveys, then administered via Qualtrics through partnership with the Health Councils. The survey consisted of ten questions asking participants to select all of the health topics they felt were important to address or were impacting their community. Themes (listed below, Figure 4) were grouped into the following categories: community issues, chronic ailments, healthcare issues, community assets, and gaps and needed resources. The survey also collected demographic information: age range, race, ethnicity, gender, and community sector (what the participant’s role in the community was). Survey results can be found as part of the Community Assessment.

Themes by Type of Community Input		
COMMUNITY DATA FORUM N= 25	ASSETS AND GAPS FORUM N= 19	COMMUNITY SURVEY N= 1,153
Leading Causes of Death	Nutrition education	Chronic ailments
Behavioral Health	Policy change	Environmental factors
Social Determinants of Health	Behavioral Health stigma reduction	Healthy lifestyle
Access to Care	COVID resources School to workforce pipeline	Mental/behavioral health
Healthy Eating/Active Living	Internet access	
Chronic Disease and Other Conditions	Provider access	

Figure 4. Community Input and Themes.

Focus Groups and Key Informant Interviews

We also conducted several focus groups with youth from Bernalillo County, a focus group with Spanish speakers from multiple counties including eight from Bernalillo County, two from Santa Fe County, one from Quay County, one from San Juan County and number of focus groups specifically about substance use. Focus groups about substance use were comprised of either: all service providers and frontline workforce or persons with lived experience with substance use, with participants from Bernalillo, Sandoval, and Valencia counties. Participants were compensated for their time and in most cases were recruited by community-based partner organizations, who were also compensated for their help.

Themes by Type of Focus Group		
YOUTH FOCUS GROUPS PARTICIPANTS N= 6	SPANISH SPEAKERS FOCUS GROUP PARTICIPANTS N=13	SUBSTANCE USE FOCUS GROUPS PARTICIPANTS N= 31
<p>Need more mental health and resilience resources for youth; including education on navigating mental health services.</p> <p>More activities and spaces to connect with each other and caring adults.</p> <p>Transportation and financial barriers to personal health goals, including education, economic stability, mental health, nutrition, and physical activity</p> <p>Overall, youth mental and physical health in sharp decline</p> <p>Fear of consequences of substance use on friends and family</p>	<p>Access to healthy food and nutrition education</p> <p>Culturally tailored communication about how to seek and navigate care</p> <p>Asset - Word of mouth health information, provider and services recommendations</p> <p>Need for improved doctor/patient interactions to ensure repeat visits, especially by adult men</p>	<p>Need support for families of people who use substances</p> <p>Support for basic social needs including transportation, housing, and income</p> <p>Treatment and harm reduction services accessible locally in multiple languages; include navigation and Medication Assisted Treatment (MAT)</p> <p>Trauma & culturally informed care; Peer Support; Emotional or Spiritual connection</p> <p>Reduction in Stigma for seeking services</p> <p>Primary intervention; easy access to prescription drugs</p>

Figure 5. Themes by type of focus group.

Additionally, key informant Interviews were conducted with professional partners working for community-based organizations. These key informant interviews (KII) generally touched on community needs, assets, gaps, and strategic approaches to improvement for various populations at a statewide level including LGBTQ+ New Mexicans, Native Americans, frontline workforce interfacing with people who use substances, other healthcare service providers, and various advocacy organizations. Insights from both focus groups and KIIs are woven throughout this assessment.

Limitations

While the 2023-2025 CHA process was the most comprehensive and complex process Presbyterian has conducted, there were still limitations to the data collected. There is possible duplication with the community survey - the two versions did not collect identifying information; therefore, the survey responses could not be deduplicated if any duplication happened. Secondly, the Google survey was administered through a paywall, largely through news organizations, so many participants entered random words into text entry slots just to get through to the article they wanted to read. Finally, the COVID-19 pandemic required community forums and focus groups to take place via Zoom, which likely created barriers in community participation: requiring strong internet connections, computers, and technical know-how.

Stakeholder Engagement

The 2023-2025 CHA/CHIP cycle engaged in deeper community and stakeholder engagement when compared to previous cycles. Employing a diversity and inclusion mindset, with an equity lens, Presbyterian Community Health has committed to being intentional about inclusivity to ensure diverse voices are present and heard.

Community Engagement

In previous years, Presbyterian Community Health has relied on minimal direct community engagement, relying heavily on community proxies – individuals who are paid by their employer to work with and represent communities' interests. The COVID-19 pandemic produces unique challenges in community engagement.

Once again, Presbyterian contracted with health councils to assist in community engagement. Health Councils were given a stipend of \$2,000 to engage in direct community engagement and forum advertising.

Community forums were held via Zoom and were advertised on Presbyterian's social media, listservs, and through health councils and other community partners.

In an effort to increase direct community input, Presbyterian Community Health developed a brief health needs survey and administered that to the community at large. Presbyterian Community Health used Google to ask random individuals about their perceptions on the most pressing health needs – see [Appendix G: KII/Focus Group Questionnaire](#) for the full tool. Additionally, the same tool was distributed through health councils to their non-random listservs and advertised on their social media to garner additional input. Additionally focus groups made up of patients, health plan members, and community members with lived experience provided insights.

Additional stakeholders engaged include:

Community Health Advisory Board

The Presbyterian Community Health Advisory Board is made up of public health, healthcare, and business leaders that represent communities statewide. These volunteer advisors are knowledgeable and connected to both public health best practice and current trends in education, healthcare, social service, and policy in New Mexico. Presbyterian Community Health replicated the assets and gaps forum, where preliminary conclusions about priority areas were shared, to get Advisory Board input in the issues, assets, gaps, and affirmation of the priority areas. Input was included in subsequent analyses.

Health Council Engagement

As in previous years, Community Health engaged Health Councils to assist in community convening and to act as community proxies as the de facto, on the ground local health departments. This year, health councils were asked to demonstrate how they will reach community members directly in innovative, COVID-safe ways. The health council helped facilitate the community convening piece and worked in conjunction with Presbyterian Community Health to identify times and days for community engagement forums. They also assisted in recruiting for the forums and distributed the community survey.

Presbyterian Healthcare Services Leadership Engagement

Presbyterian leadership was engaged prior to the finalization of the implementation plans. Presbyterian Community Health worked directly with leadership at each hospital/others within the system via the Community Health Steering Team to review community needs and identify additional areas, from the hospital point of view, that should be considered before finalizing the CHAs and CHIPs. Additionally, hospital leadership at various levels were engaged via key informant interviews and focus groups to dive deeper into the potential areas of impact that informed the CHIPs.

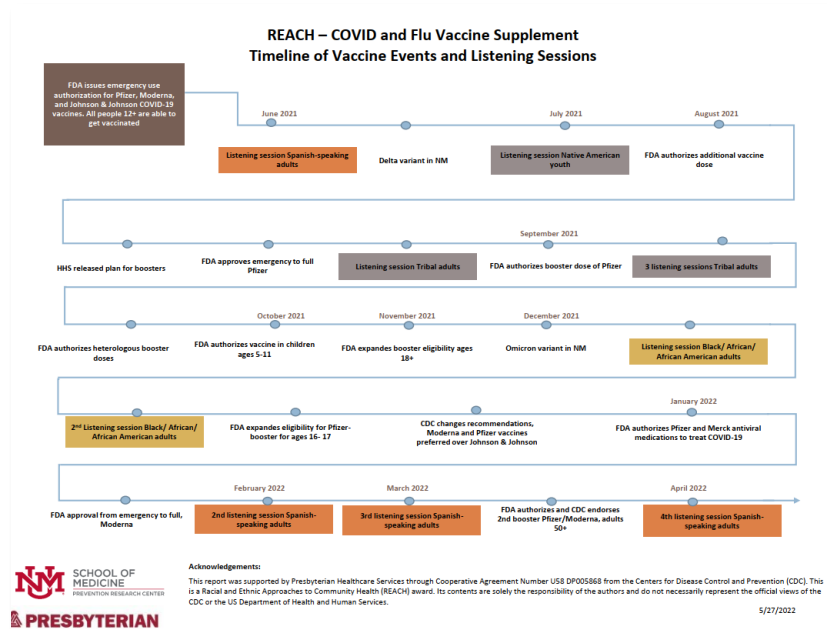
Presbyterian Departmental Engagement

Presbyterian Community Health partnered with the Presbyterian Analytics Organization to pull important patient demographic and social needs data for each community to conceptualize and differentiate between community statistics and hospital patient statistics/reach. Key stakeholders from population health management, strategy, quality, diversity/equity/inclusion, analytics, patient experience, and the Presbyterian Health Plan provided input, guidance, and expert review for the health assessments.

Additional Assessments

In addition to the assessment activities conducted specifically to inform this Community Health Assessment, we compiled information from a variety of additional sources and continues to conduct assessment activities to inform overall strategy and program implementation and improvement. These activities were in addition to consulting written assessments like the 2022 County and Tribal Health Council information sheets, 2021 New Mexico Primary Care Needs Assessment, 2020 New Mexico Affordable Housing Needs Assessment, and the State Epidemically and Outcomes Workgroup analysis on mental health of LGBTQ+ Youth and include:

- Perinatal Equity listening sessions to identify inequities in access to perinatal care.
- Research study in partnership with the Governor’s Commission on Disability examining the effects of the COVID-19 pandemic on individuals living with disabilities and their access to healthcare, education, and employment. This research study is in process and will be completed in late 2022.
- COVID-19 Vaccine Equity Listening Sessions: funded by the CDC, this project aims to identify community perceptions of and barriers to receiving the COVID vaccine with the ultimate goal of increasing access to the vaccine among Hispanic and Native American individuals in low-income neighborhoods.



As part of our commitment to stay current with changes, priorities, and needs within our community, we engage in continuous assessment activities in a variety of forms. We’ve committed to partnering with other organizations conducting assessments to share information where appropriate to ease the burden of assessment fatigue on our communities. Additionally, to inform program development and focus, and funding proposals, we engage in deeper population-specific assessment activities to hone and narrow the work to meet the needs of our communities.

Prioritizing Needs

Priority areas were developed from three sources: epidemiological data, community survey data, and community feedback via community forums. The top ten indicators and topics were selected for each source in different ways. Epidemiological data were ranked based on burden in the community (death rates, high ranking incidence and prevalence of disease, and upstream indicators). Community survey data were processed via SAS to identify top ten topics for each county as selected by survey takers (using the frequency procedure). Forum data (qualitative) were compiled and coded into larger categories. The top ten topic areas mentioned were listed by the frequency participants talked about said topic. These were synthesized by Community Health staff to develop the top three priority areas which were then presented to the community.

Community Health used the following criteria to synthesize data and make decisions about priorities:

- Importance to community (Forums + Survey)
- Size and severity of the need (Data)
- Health inequities (Data, Forums)
- Alignment with Presbyterian’s purpose, vision, values, and strategy
- Existing interventions and sustainability
- Resources potentially available to address significant health needs including community assets
- Potential for greatest impact
- Readiness for action

Community forum participants were then asked if the proposed priority areas reflected their voice and to rank them in order of importance.

Forum participants provided input on what they felt was the most pressing public health priority that should be addressed in their county. As depicted in the word clouds below, most people provided responses related to behavioral health (mental health/wellbeing and substance use) and social needs. Of the social needs, transportation was a more prominent need in the more rural communities than it was in Bernalillo County. Healthcare access was also a major theme in many communities, especially in rural communities like Torrance and Valencia Counties, which do not have hospitals within county boundaries, resulting in the need to travel to Albuquerque for healthcare services that extend beyond the capabilities of local clinics. Focus groups and forum respondents both reported the need for substance use prevention and treatment access on tribal land and in rural communities.⁹ Transportation needs extended beyond access to clinics but included access to healthy foods.

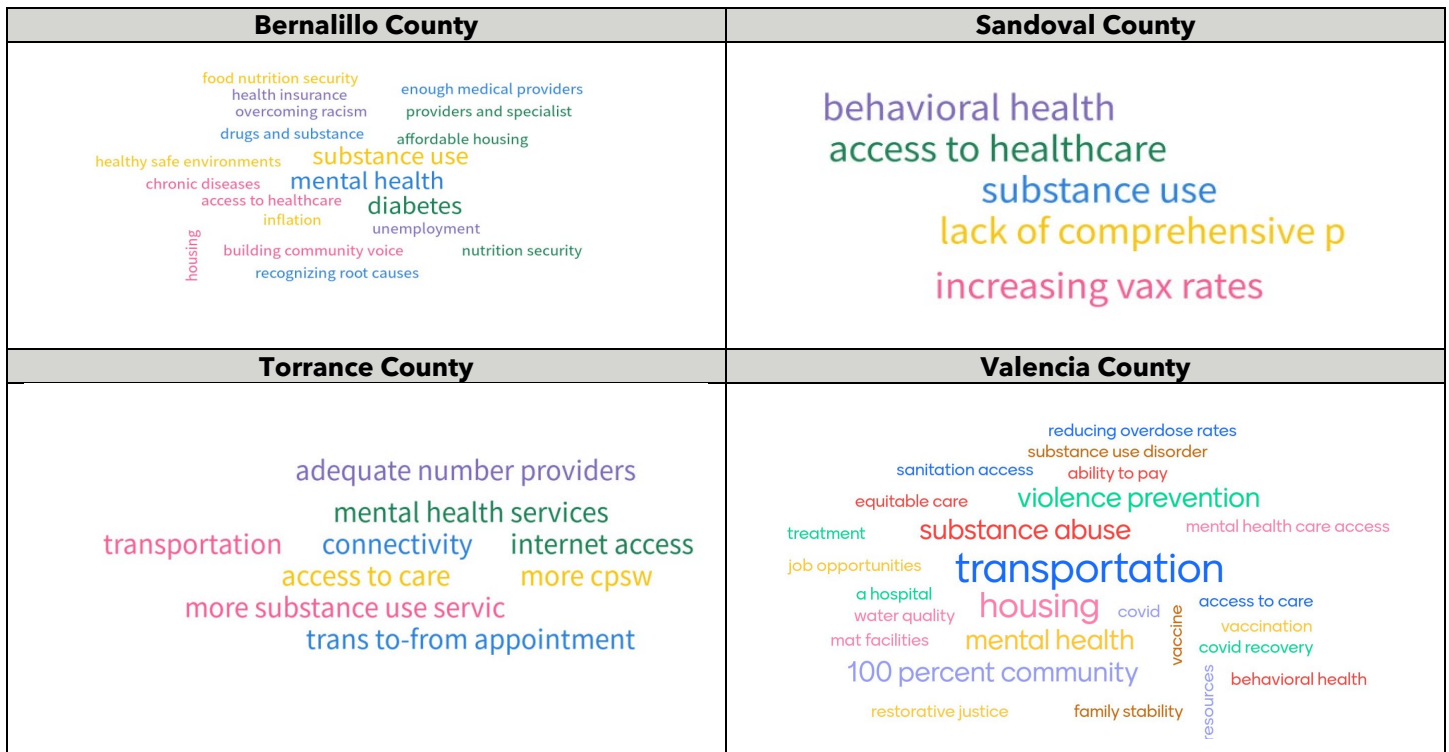


Figure 6. Community Priorities. Source: Presbyterian Community Health Mentimeter.

⁹ Partnerships for Success Substance Use Assessment. Presbyterian Community Health. 2021

Final considerations for health areas in which to prioritize for the 2023-2025 CHA cycle include access to healthcare services including providers, economic stability, substance use, services and support systems for youth and families, transportation, health literacy, mental/behavioral health, housing, and COVID-19.

The top topic areas forum participants talked about were listed by the frequency participants talked about said topic. These were synthesized by Community Health staff to develop the top three priority areas which were then presented to the community. Community forum participants were asked if the proposed priority areas reflected their voice, then they were asked to rank them in order of importance.

Top 10 Health Topics Bernalillo County		
POP LEVEL DATA	SURVEYS	FORUMS
1. COVID-19	1. COVID-19	1. SDOH: Income/Poverty
2. Heart Disease Mortality	2. Access to Healthcare	2. SDOH: Social Integrations and Support
3. Substance Use	3. Behavioral/Mental Health	3. BH: Mental Health
4. Behavioral/Mental Health	4. Personal/Interpersonal Safety	4. AC/BH: Access to Providers
5. Cancer	5. Climate Change	5. SDOH: Access to Food
6. Suicide	6. Vaccinations	6. SDOH: Safety
7. Food Insecurity	7. Substance Use	7. SDOH: Education
8. Poverty	8. Healthy Eating	8. SDOH: Isolation/Connectedness
9. Access to Healthcare	9. Access to Mental Healthcare	9. Resources
10. Access to Mental Healthcare	10. Housing	10. SDOH: Housing

Top 10 Health Topics in Sandoval County		
POP LEVEL DATA	SURVEYS	FORUMS
1. Adult Smoking	1. Access to Healthcare	1. Food Access
2. Youth Mental Health	2. COVID-19	2. Access to Care
3. COVID-19	3. Healthy Eating	3. Community Capacity Building
4. Adult Alcohol Use	4. Vaccinations	4. BH: Access to Treatment
5. Access to care - providers	5. Behavioral Health	5. Mental Health
6. Transportation	6. Substance Use	6. Housing
7. Access to Care - Cost	7. Access to Mental Healthcare	7. Provider Availability/Access
8. Access to Healthy Food	8. Cancer	8. AC: Technology/Broadband
9. Heart Disease	9. Active Living	9. COVID Misinformation
10. Homicide	10. Personal/Interpersonal Safety	10. Substance Use

Top 10 Health Topics in Torrance County		
Pop level data	Surveys	Forums
1. BH: Suicide	1. Access to Healthcare	1. Substance Use
2. Youth Tobacco Use	2. Active Living	2. Mental Health Services
3. Youth Heroin Use	3. COVID-19	3. Transportation
4. Youth Alcohol Use	4. Behavioral/Mental Health	4. Internet Access
5. Youth Mental Health	5. Personal/Interpersonal Safety	5. Access to care (providers)
6. Transportation	6. Substance Use	6. Community connectedness
7. Access to Care	7. Access to Mental Healthcare	7. Healthy eating
8. COVID-19	8. Heart Disease	8. Active Living
9. Diabetes	9. Vaccinations	9. Food Insecurity
10. Access to Healthy Food	10. Housing	10. Vaccines

Top 10 Health Topics in Valencia County		
POP LEVEL DATA	SURVEYS	FORUMS
1. Youth Mental Health	1. Access to Healthcare	1. SDOH: Transportation
2. Youth Tobacco Use	2. Personal/Interpersonal Safety	2. AC: Access to Healthcare
3. Drug Overdose	3. COVID-19	3. SDOH: Safety
4. Adult Mental Health	4. Healthy Eating	4. SDOH: Housing
5. COVID-19	5. Behavioral/Mental Health	5. BH: Access to Providers/Services
6. Access to Care/Providers	6. Substance Use	6. BH: Stigma and Trauma
7. Transportation	7. Access to Mental Healthcare	7. HEAL: Parks/Recreation
8. Access to Healthy Foods	8. Vaccinations	8. Access to Healthy Food
9. Heart Disease	9. Cancer	9. Education
Diabetes	10. Active Living	10. Transportation

Table 3. Top 10 topics. Presbyterian Community Health.

In the forums, participants ranked the top three priorities in order of importance and focus.

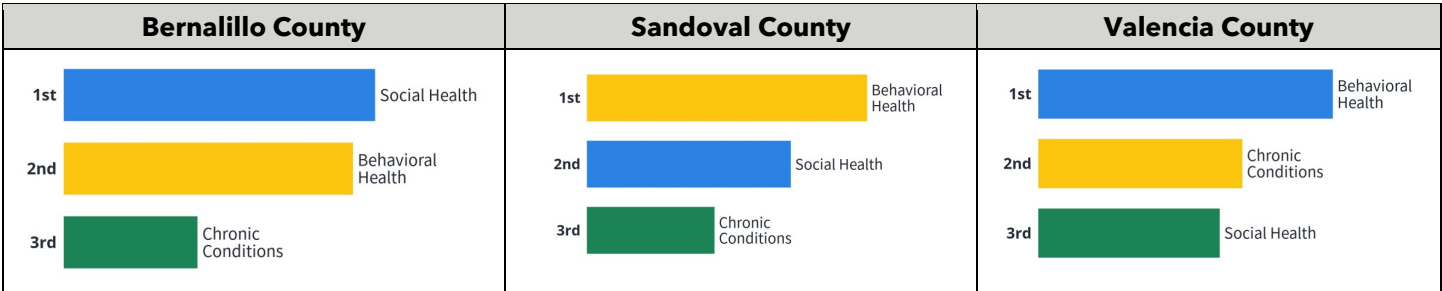


Figure 7. Ranked Priorities. Source: Presbyterian Community Health Mentimeter (no attendance at Torrance County’s 2nd forum).

Focus group data and stakeholder discussions helped characterize Social Health as more than just addressing basic needs, to include interpersonal, community, and spiritual connection. Youth and adults talk about positive connections with family members, service providers, and peers that help them maintain wellbeing and pursue health related goals. These, and a sense of inclusion and belonging deeply impact all aspects of health and success in health seeking behaviors.

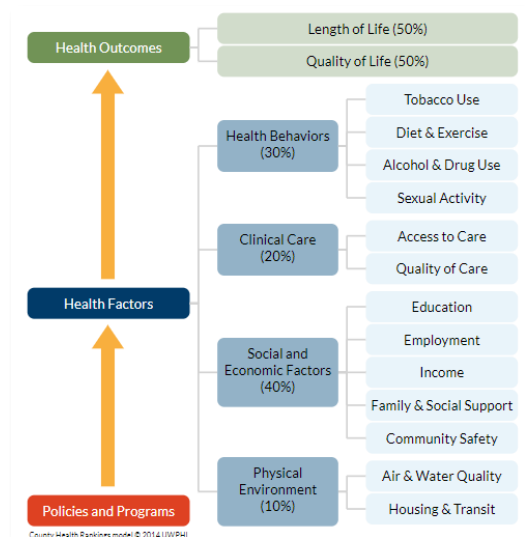
“It can go under social or behavioral health but the spiritual aspect of us being Native. I know that for me, I like to see my medicine man once a year, that’s my renewal. I think that’s important, being connected to ceremony way of life and being grounded in that way.”

“I would say for me, from day one of sobriety, it was my spirituality. If it wasn’t for a higher power, I wouldn’t have been able to do any of this, I wouldn’t be sober today.”

COMMUNITY HEALTH ASSESSMENT

Epidemiological Data

County Health Status



Many factors play into what affects peoples’ health, with healthcare (clinical care) being only 20% of what influences health. This is why a comprehensive approach to health, including public health, social needs, physical environment, and clinical care, are key to improving health at the population level. The County Health Rankings model accounts for more than 30 measures to help us understand how healthy communities are today and what may impact communities’ health in the future.¹⁰

Bernalillo County’s overall health rankings for health outcomes, as determined by the Robert Wood Johnson Foundation’s County Health Rankings & Roadmaps, are in the top range of counties (75%-100%), indicating that Bernalillo County is healthier than some other counties around the state. The health outcome ranking for Bernalillo County is 5 out of 32 (one county is not ranked). A ranking of “1” is given to the county with the best health. Sandoval County is also in the top 75th percentile and ranks 3rd healthiest in the state. Torrance County is

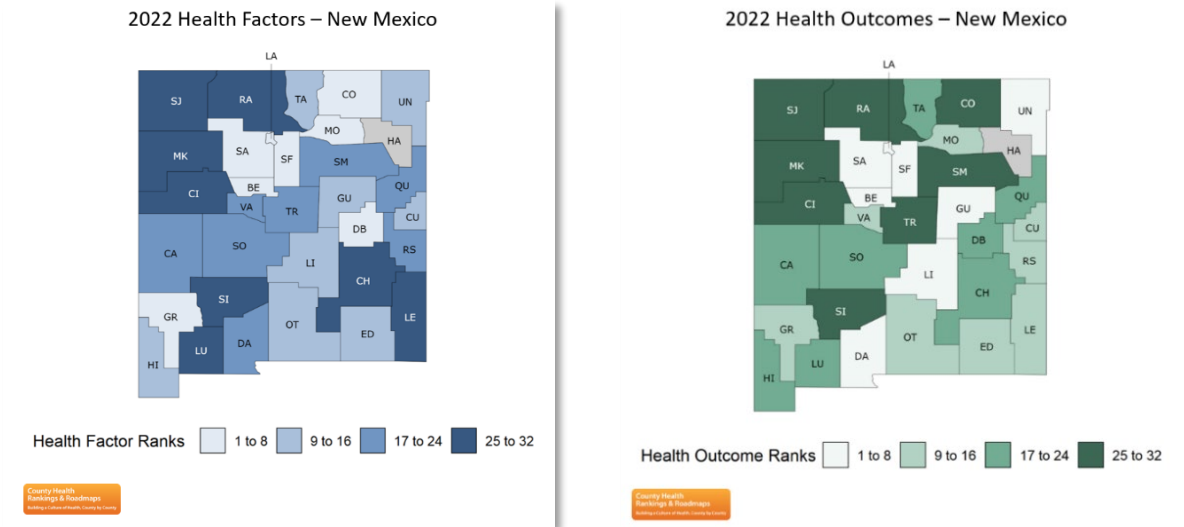
ranked 26th healthiest and Valencia is ranked 15th healthiest. Torrance County falls in the 25th percentile for health outcomes while Valencia County falls in the 50-75% bracket. The county health outcome rankings are based on how long people live and how healthy people feel. Length of life is measured by years of potential life lost before age 75 and quality of life is measured by the percent of people reporting poor or fair health, the number of physically and mentally unhealthy days within the last 30 days, and the percent of low-birth-weight newborns.¹¹

Robert Wood Johnson Foundation’s County Health Rankings & Roadmaps also summarizes and ranks county health factors. The health factor ranking measure is based on a county’s health factors (tobacco use, diet and exercise, alcohol use, drug use, and sexual activity), clinical care (access to care and quality of care), social and economic factors (education, employment, income, family and social support, and community safety), and the physical environment (air

¹⁰ County Health Rankings and Roadmaps (2022) County Health Ranking Model. Available at: <http://www.countyhealthrankings.org/countyhealth-rankingsmodel> Accessed: May 5th, 2022.

¹¹ Robert Wood Johnson. County Health Rankings. Available at: <http://www.countyhealthrankings.org>. Accessed April 27, 2022

and water quality, housing, and transit). Sandoval and Bernalillo are once again listed as some of the healthiest counties for health factors, scoring 3rd and 4th respectively. Torrance and Valencia are lower on the list, at 24 and 17, respectively.



When asked what one word describes a healthy community, many responses centered around safety, equity, mental health, and access to the services they need to be healthy. See word clouds below.

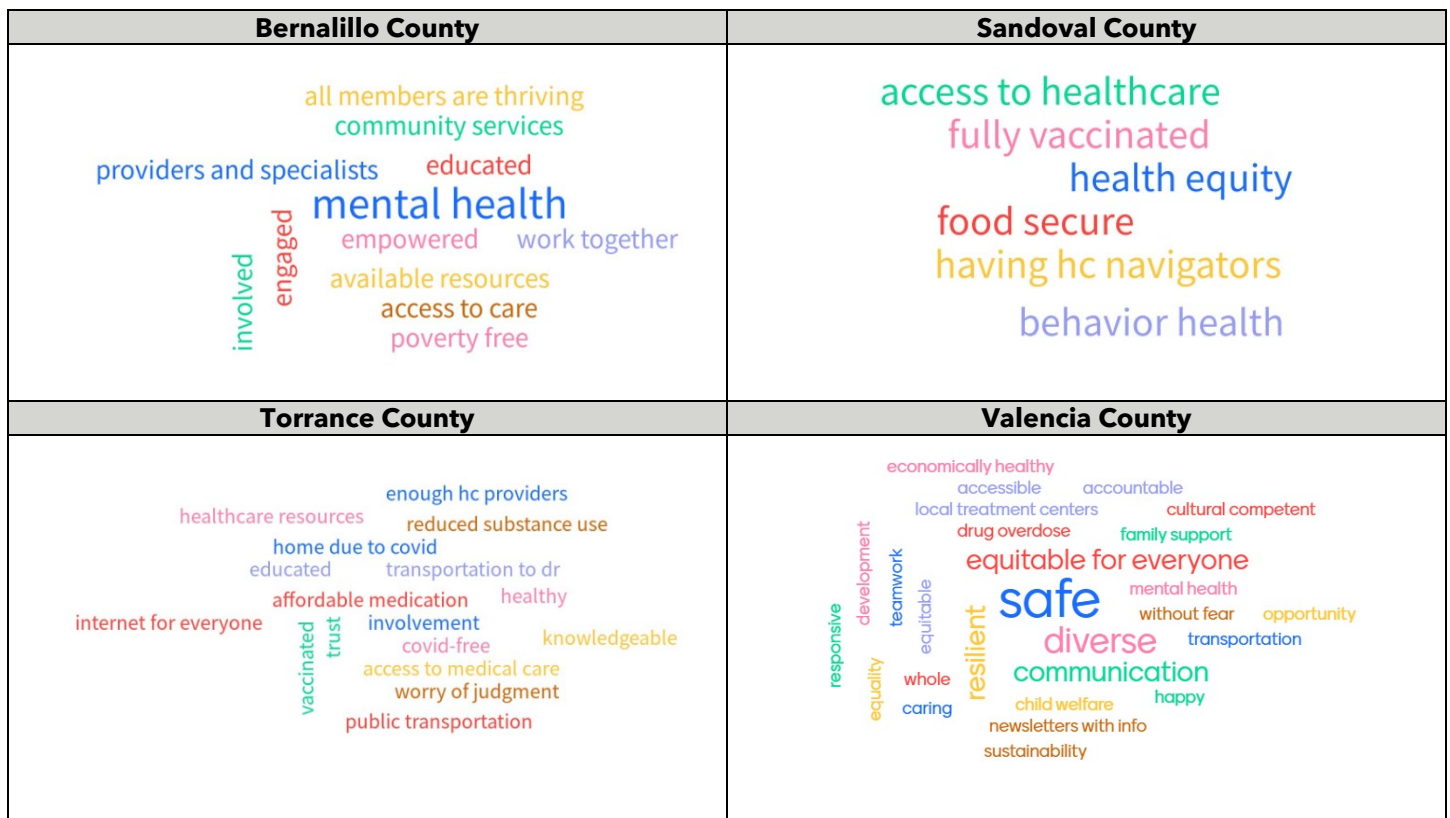


Figure 8. Presbyterian Community Health. Mentimeter.

Trust, confidence in making healthcare decisions, and health literacy were recurrent themes in the qualitative data.

We organized the epidemiological data in alignment with our current community health priorities and additional metrics to give an overall view of health in the county.

Community Assets and Gaps

Survey respondents provided perceived assets that exist in the community that help people be healthy. Doctors' offices and parks, sidewalks, and walking trails were identified by the most people as existing assets in the community, followed by social services. Fewer people reported mental health and substance use treatment resources and social services as being present in the community.

Central NM - Survey Responses								
ASSETS	BERNALILLO COUNTY		SANDOVAL COUNTY		TORRANCE COUNTY		VALENCIA COUNTY	
Doctor's offices	92	26.7%	76	28.8%	32	29.4%	99	31.1%
Parks/sidewalks/walking trails	114	33.1%	72	27.3%	29	26.6%	87	27.4%
Social services (housing, food assistance)	74	21.5%	58	22.0%	26	23.9%	65	20.4%
Mental health/substance use treatment	56	16.3%	50	18.9%	17	15.6%	57	17.9%
Other	8	2.3%	8	3.0%	5	4.6%	10	3.1%
Total	344	100.0%	264	100.0%	109	100.0%	318	100.0%

Table 4. Community Survey. Presbyterian 2022.

Survey respondents provided input on needed resources that can help the community be the healthiest it can be. Mental health and substance use treatment resources were identified as a major gap or needed resource in the community, though in Torrance County, public transportation received the most votes among survey takers. Parks and sidewalks were important gaps to highlight for people across all counties, which would indicate that, while parks, sidewalks, and walking trails were identified as assets in our communities, more are needed.

Central NM - Survey Responses								
GAPS/NEEDED RESOURCES	BERNALILLO COUNTY		SANDOVAL COUNTY		TORRANCE COUNTY		VALENCIA COUNTY	
Doctor's offices	50	12.7%	45	14.2%	24	15.0%	74	15.9%
Mental health/substance use treatment	89	22.6%	69	21.8%	30	18.8%	98	21.0%
Grocery stores near you	48	12.2%	43	13.6%	21	13.1%	57	12.2%
Parks/sidewalks/walking trails	58	14.8%	55	17.4%	27	16.9%	63	13.5%
Social services (housing, food assistance)	86	21.9%	60	19.0%	21	13.1%	86	18.5%
Public transportation	51	13.0%	39	12.3%	33	20.6%	78	16.7%
Missing	11	2.8%	5	1.6%	4	2.5%	10	2.1%
Total	393	100.0%	316	100.0%	160	100.0%	466	100.0%

Table 5. Community Survey. Presbyterian 2022.

Additional Community Definitions and Data Notes

The figures below include a metric labeled "PHS 10-County Area." This geographic area comprises the counties defined by each hospital's CHA, combined into one geographic area for comparison purposes. This geography

consists of the following counties: Bernalillo, Curry, Lincoln, Quay, Rio Arriba, Sandoval, Santa Fe, Socorro, Torrance, and Valencia.

Metrics for the US were included where available but was not included in every indicator.

YRRS data for the PHS 10-County Area is an average percentage among all ten counties and not a total percentage

Data are current at the time of developing this assessment. Due to lag in data availability, some data are several years old, which are not optimal for making current decisions. However, because these are the best data we have, decisions and interpretations should be made with current contexts in mind.

While the data presented paint an overarching picture of health in communities, not every indicator is indicative of the experiences of subsets of our communities, specifically racial/ethnic groups, specific age groups, zip code or neighborhood areas, or minority or otherwise marginalized groups. Additionally, due to data reporting standards put in place to protect anonymity, some metrics are unavailable at those subcommunity levels due to small numbers.

Life Expectancy

Life expectancy in Central New Mexico has decreased steadily from 2013-2020. Life expectancy dropped among all geographies in 2020, most likely attributable to an increase in suicide deaths, COVID-19 deaths, and deaths of despair. Valencia County has maintained lower life expectancy than NM and the US overall, as has Torrance County with some exceptions.

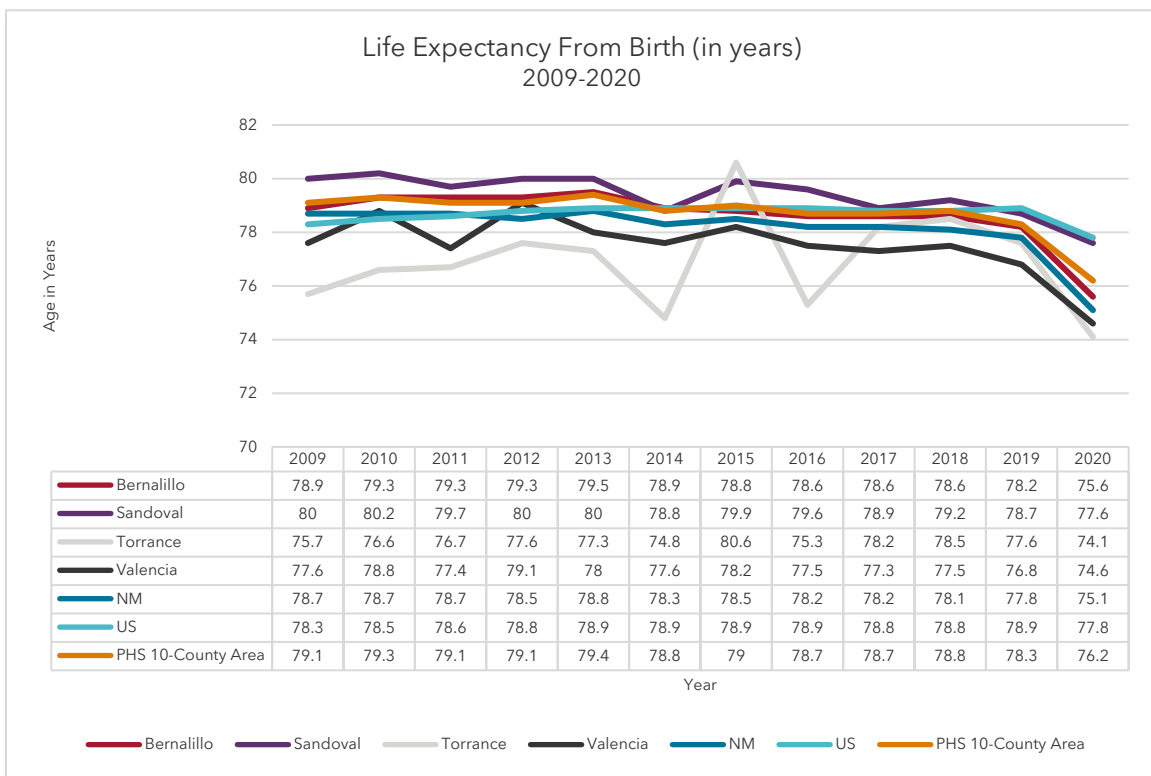


Figure 9. NMDOH BVRHS 2009-2020.

15 Leading Causes of Death

15 Leading Causes of Death in New Mexico - 2020				
Deaths per 100,000 Population (crude rate)				
	BERNALILLO COUNTY	SANDOVAL COUNTY	TORRANCE COUNTY	VALENCIA COUNTY
1. Heart disease	197.2	181.5	292.5	186.3
2. Cancer	162.2	170.0	246.0	175.8
3. Coronavirus disease 2019 (COVID-19)	88.9	103.5	66.5	95.8
4. Unintentional injuries	100.4	69.2	86.4	87.9
5. Chronic lower respiratory diseases	50.9	47.0	106.4	77.4
6. Cerebrovascular disease (stroke)	50.7	48.4	19.9	44.6
7. Diabetes mellitus	27.6	29.6	26.6	48.6
8. Chronic liver disease and cirrhosis	31.6	19.5	39.9	35.4
9. Alzheimer's disease	38.0	38.3	19.9	19.7
10. Suicide	24.1	22.8	26.6	24.9
11. Influenza and pneumonia	16.0	8.1	6.6	11.8
12. Kidney disease	12.9	8.7	6.6	9.2
13. Parkinson's disease	14.6	10.8	6.6	14.4
14. Septicemia	11.2	7.4	19.9	11.8
15. Homicide	12.0	10.8	0.0	14.4

Table 6. NMDOH BVRHS 2009-2020.

Heart disease is the leading cause of death in all four counties. Heart disease deaths are increasing across all geographies with Torrance County having higher rates than the other counties in Central New Mexico (though it should be noted that the population is much smaller in Torrance than most other counties). Heart disease deaths have been lower in Sandoval County consistently over time when compared to the other geographies and New Mexico overall.

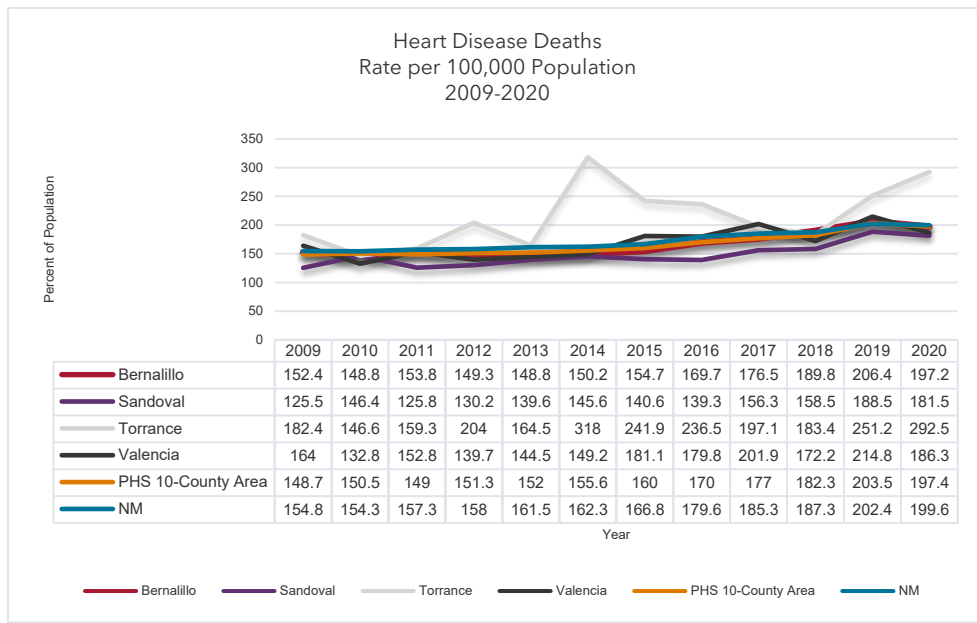


Figure 10. NMDOH BVRHS 2009-2020.

Cancer is the second leading cause of death in Central New Mexico. The most common types of cancer in Central New Mexico are breast (80.5 cases per 100,000 population), prostate (52.1), lung cancer (45.3), skin cancer (26) colon cancer (25.9) and thyroid (20.3).¹² The most common types of cancer-involved in cancer deaths include lung cancer (28.5 per 100,000 population), "other" and unspecified malignant neoplasms (22.4), colon cancer (14.8), breast cancer (13.5), and pancreas cancer (13.3).¹³

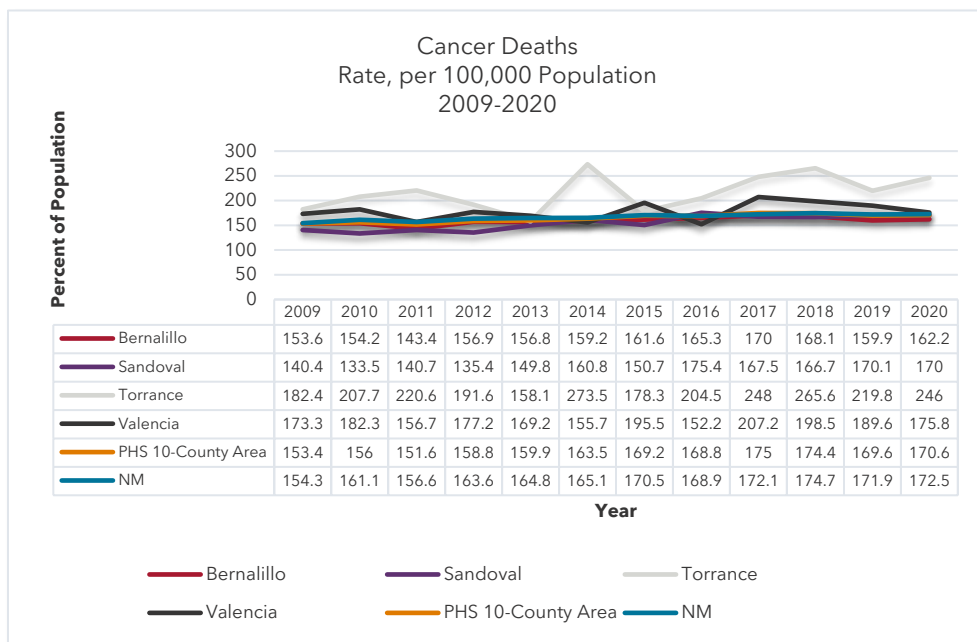


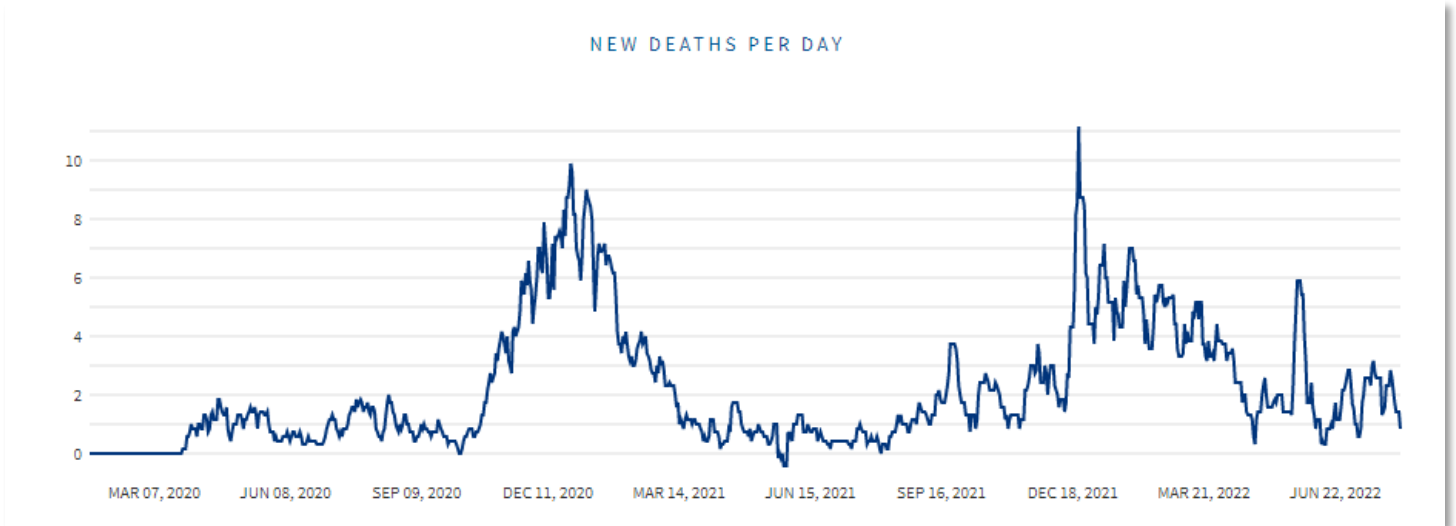
Figure 11. NMDOH BVRHS 2009-2020.

¹² New Mexico Tumor Registry. Cancer Incidence by County (2015-2019). Retrieved from <https://ibis.doh.nm.gov/query/result/cancer/CancerCnty/CrudeRate.html> on 5/19/2022

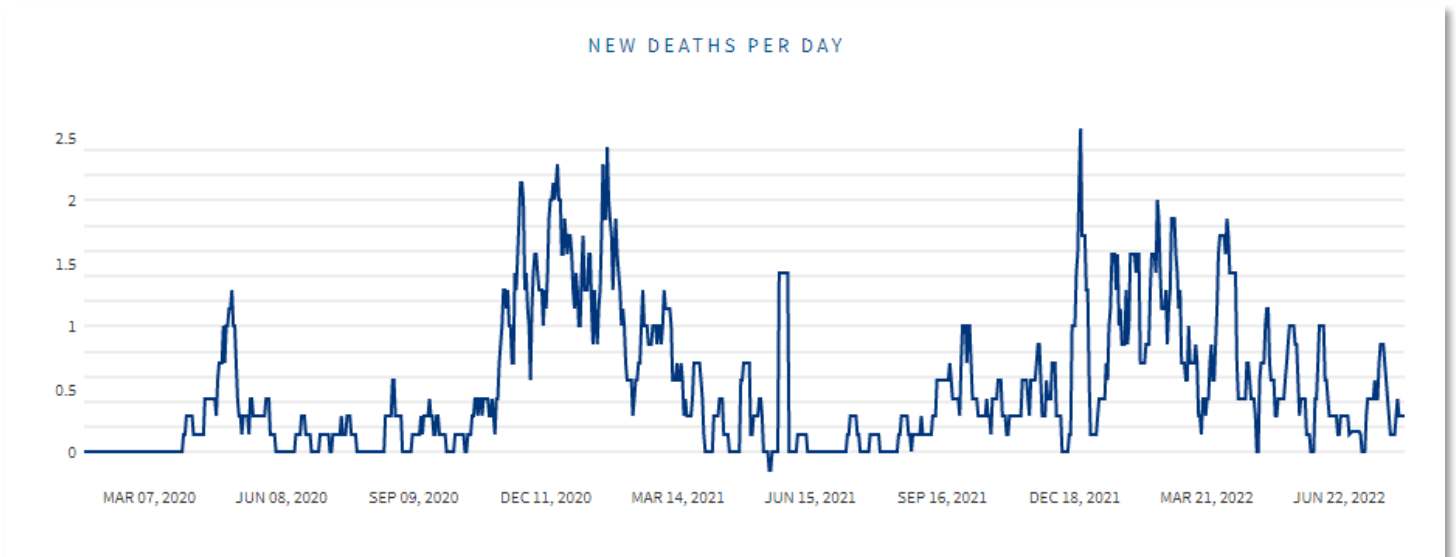
¹³ New Mexico Department of Health, Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division. Cancer Death Rate. (2016-2020). Retrieved from <https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html> on 5/19/2022

Coronavirus Disease (COVID-19) was the third leading cause of death in New Mexico in 2020. Across all four Central New Mexico geographies, there is a relationship between age and COVID-19 death rate, which is expected given what is known about the disease. In all four geographies, people aged 45+ have the highest death rates. Among all four counties, Sandoval County had the highest COVID-19 death rate at 103.5 deaths per 100,000 population in 2020. In comparison, the flu and pneumonia death rate in 2019 in Sandoval County was 11.6 deaths per 100,000 population and 8.1 in 2020, which illustrates a vast difference in the two communicable diseases on the 15 leading causes of death list for the state. In Torrance County, most deaths were among the Hispanic/Latinx population while Native Americans were disproportionately impacted by COVID deaths in the other geographies, with the highest Native American death rate in Sandoval County (447.8 deaths per 100,000 population).¹⁴ In 2021, deaths spiked with each wave of COVID, indicating a continued need for vaccination and prevention campaigns.

Bernalillo

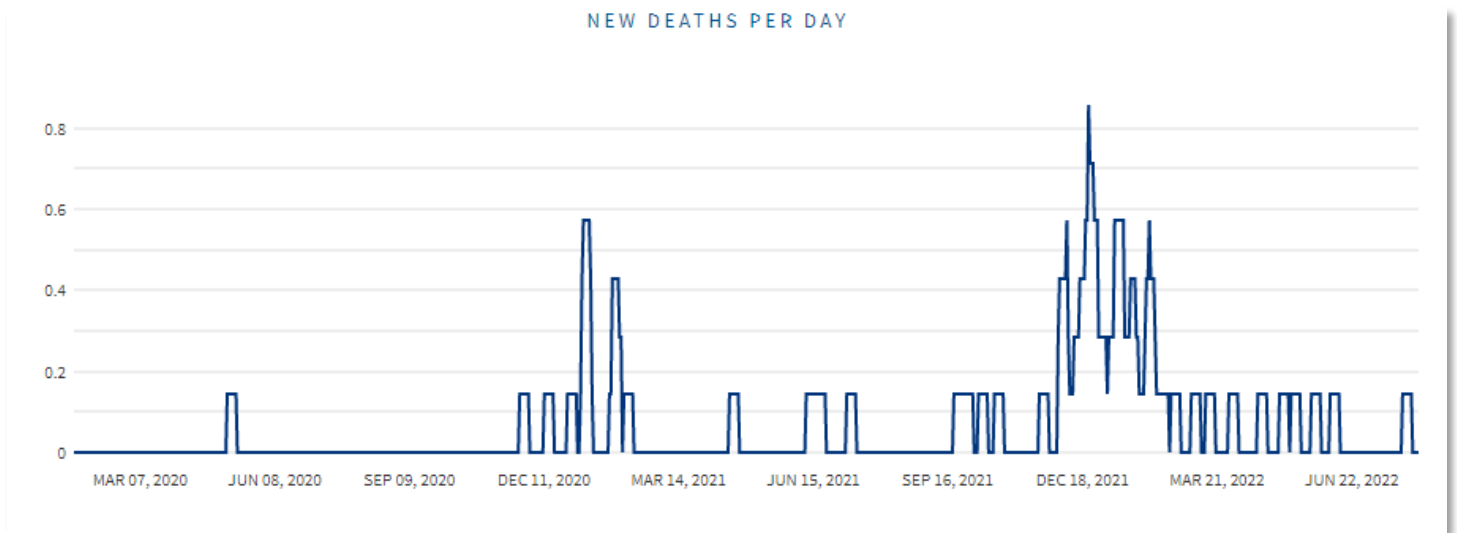


Sandoval



¹⁴ COVID and Flu Deaths. New Mexico Department of Health Bureau of Vital Records and Health Statistics. 2019 and 2020 data. Retrieved from NM IBIS.

Torrance



Valencia

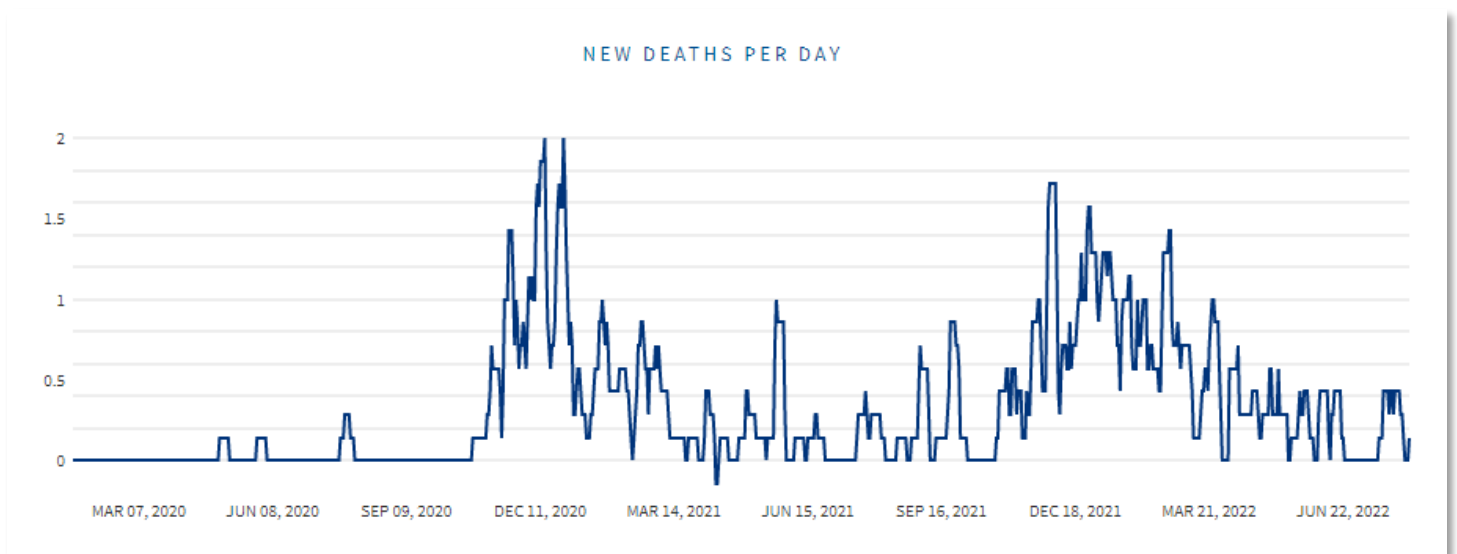


Figure 12. New COVID deaths, seven-day averages, USA Facts¹⁵

Behavioral Health

In our last community health assessment, the community identified behavioral and mental health as the highest priority topic area. This topic area encompasses mental health and substance use. Mental health includes wellbeing, emotions, psychological and social wellbeing. According to the CDC, mental health impacts our actions, thoughts, and feelings, determines how we handle stress, interact and relate to others and make healthy choices.¹⁶ Behavioral Health also encompasses mental illnesses and disorders, ranging from anxiety and depression to schizophrenia and other severe mental illnesses.

The key takeaway around behavioral health in Central New Mexico is that mental health appears to be getting worse for youth while getting slightly better for adults. This is reinforced by perceptions from youth and adult community members and service providers about the state of crisis for youth mental health. Drug overdose deaths have increased

¹⁵ UAS Facts. County Cases and Deaths. Retrieved from <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/new-mexico/county> on 6/7/2022

¹⁶ Centers for Disease Control and Prevention. Mental Health. Retrieved from <https://www.cdc.gov/mentalhealth/> on 5/16/2022

dramatically in 2020. Adult alcohol use is getting slightly worse, and much worse in Valencia County. Youth tobacco use is also getting worse and there is marginal movement in youth heroin and meth use. The sharp increase in the percent of youth who reported feeling sadness or hopelessness is concerning and should be a targeted focus in these communities.

Many forum participants noted that access to services was the primary driver of poor behavioral health in Central New Mexico, especially in counties with more rural (Sandoval County outside of Rio Rancho, Torrance and Valencia Counties). Forum participants in both Valencia and Torrance Counties noted the misconception that people in those counties can simply travel to Albuquerque for services, a sentiment that was echoed in Sandoval County in reference to rural populations north of Rio Rancho, the county’s largest city. Transportation to behavioral health services and availability of providers in counties were cited as significant health needs.

Highlighted populations included the LGBTQ+ community, Latinx community, Native American communities, and rural communities.

The top three topic areas survey-takers in Central New Mexico indicated were of concern to them pertaining to behavioral health were access to healthcare, substance use, and behavioral/mental health. Community input, in addition to epidemiological data below, reaffirms the continuing priority of mental health and substance use in Central New Mexico.

Central NM Survey Responses - Top Behavioral Health Areas of Concern								
BEHAVIORAL HEALTH TOPIC AREA	BERNALILLO COUNTY		SANDOVAL COUNTY		TORRANCE COUNTY		VALENCIA COUNTY	
Access to healthcare	202	42.3%	197	44.4%	96	46.2%	230	43.3%
Substance abuse	99	20.8%	88	19.8%	39	18.8%	113	21.3%
Behavioral/mental health	107	22.4%	90	20.3%	41	19.7%	113	21.3%
Suicide	64	13.4%	62	14.0%	29	13.9%	63	11.9%
Other	5	1.0%	7	1.6%	3	1.4%	12	2.3%
Total	477	100.0%	444	100.0%	208	100.0%	531	100.0%

Table 7. Source: Presbyterian Community Health Community Survey, 2021.

Access to Mental Healthcare

Access to mental health providers continues to be a challenge in Central New Mexico, even in the most populous county in the state. In 2020, mental health providers saw an average of 212 patients (patient provider ratio of 212:1). This ratio is lower than that of most surrounding counties and, as illustrated in the chart below, Torrance County has a high patient-to-mental-health-provider ratio, at 736:1.¹⁷

In addition to being available, mental health services must feel accessible and we need to reduce personal and societal stigma in accessing behavioral health services. In order to increase use of Behavioral Health services providers and care teams must also be culturally competent, trauma-informed, and culturally accessible. Some groups may prefer telehealth options for behavioral health to overcome barriers such as transportation, while some still seek a face to face connection to build trust with a provider, and see telehealth as a better option for easy to resolve, less acute concerns not requiring a pre-established relationship with a provider.

¹⁷ County Health Rankings and Roadmaps. Retrieved from <https://datausa.io/profile/geo/bernalillo-county-nm#health> on 5/23/22

"There was a time I was feeling low and I needed to see a psychiatrist. I was afraid maybe when I talk to the doctor about my situation, maybe he will judge me, so I was afraid of being judged. That maybe made me delay my visit to the doctor."

"In person [behavioral healthcare] would be better for sharing personal information. Online access is helpful, but there is a barrier to openness."

For populations with access to healthcare, Presbyterian estimates prevalence of key behavioral and mental health needs via our universal social need screening procedure, where patients are screened for social needs every six months. The table below illustrates the prevalence of social needs within the behavioral health sphere, to include mental health and substance use needs.

As detailed in the table below, mental health needs were prevalent among 15% of unique patients, and 9% of patients reported having a tobacco need. This indicates a need for more access to mental health services and tobacco cessation programs in Central New Mexico.

Patients' Self-Reported Health Related Behavioral Health Needs		
ALCOHOL NEED	N	%
Screenings Completed*	35,546*	
Unique Patients Screened	35,469	
Unique Patients Reporting Any Need	1,821	5.0%**
TOBACCO NEED		
Screenings Completed	31,990	
Unique Patients Screened	31,925	
Unique Patients Reporting Any Need	2,930	9.0%
OPIOID NEED		
Screenings Completed	36,232	
Unique Patients Screened	36,161	
Unique Patients Reporting Any Need	469	1.0%
MENTAL NEED		
Screenings Completed	259,136	
Unique Patients Screened	200,036	
Unique Patients Reporting Any Need	29,488	15.0%
(*) A maximum of one screening per six months per patients was recorded; only the first screening was counted if a patient received more than one screening per SDOH need within a six-month period (**) Denominator of percentage is "Unique Patients Screened"		

Table 8: Counts of Bernalillo and Sandoval County patients screened for behavioral health in 2021.

Substance Use

Tobacco use (cigarettes, cigars, hookah, spit tobacco, or e-cigarettes) increased among high school youth in Central New Mexico and the PHS 10-County Area, but remained steady in Sandoval County. Valencia County saw the steepest increase, from 37.6% to 51.7% of high school youth reporting using tobacco. Similarly, more adults in Valencia County smoke when compared to the other Central New Mexico geographies, the state overall, PHS 10-County Area, and the US overall, though fewer adults are smoking cigarettes over the years (among all geographies).

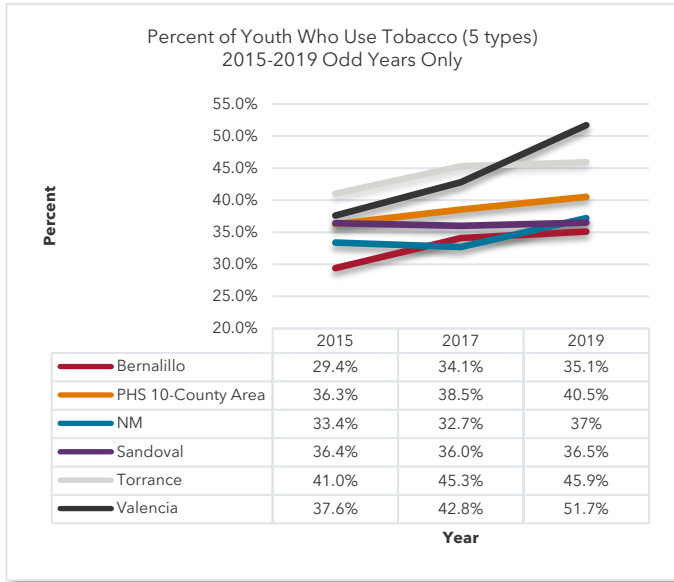


Figure 13. Youth Tobacco Use. NM YRRS 2013-2019.

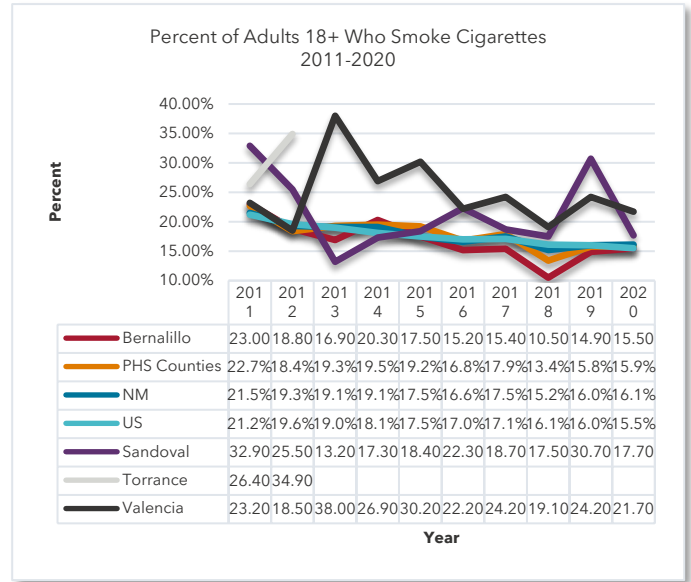


Figure 14. Adult cigarette use. BRFSS 2011-2020. Data suppressed for Torrance County 2013-2020.

Alcohol use among youth has remained steadily above 25% in previous years and in Sandoval, Torrance, and Valencia Counties, remains higher than NM overall. While most geographies remained steady or rose slightly, Valencia County's youth alcohol use patterns mimic the trend between 2013 and 2019 among other counties for youth heroin and meth use.

Among adults, chronic heavy drinking (defined as regularly consuming more than two drinks per day for men and more than one drink per day for women) has remained steady statewide with a slight increase. Sandoval and Valencia Counties had similar use trends among adults from 2018-2020, resulting in Valencia County having the highest chronic heavy drinking rate in 2020 among Central New Mexico counties, the PHS 10-County Area, and New Mexico. Binge drinking (defined as having five or more drinks on a single occasion for men or four or more drinks on a single occasion for women, generally within two hours) has remained steady across most geographies, and even decreased slightly across geographies with the exception of Valencia County, who saw a spike in binge drinking in 2020, indicating this as a significant need for this community.

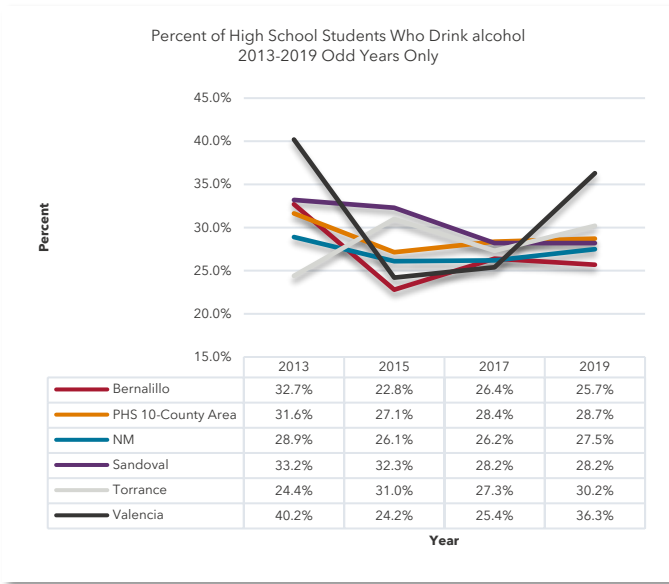


Figure 15. High school student alcohol use. NM YRRS 2013-2019.

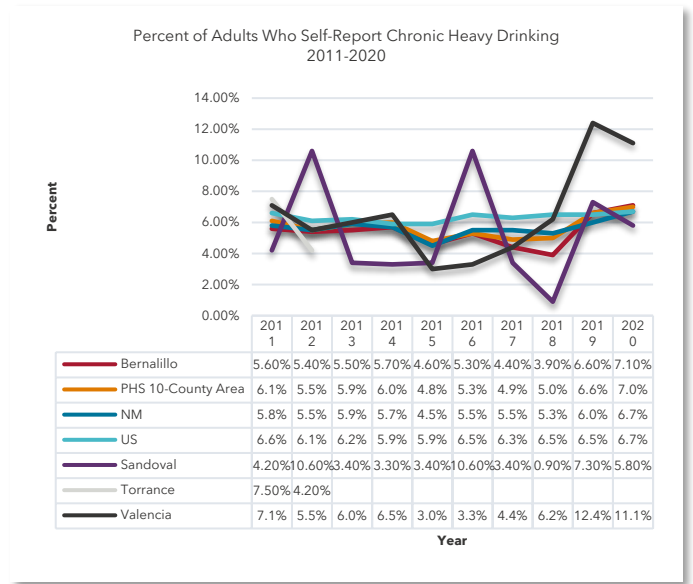


Figure 16. Adult chronic heavy drinking. BRFSS 2011-2020.

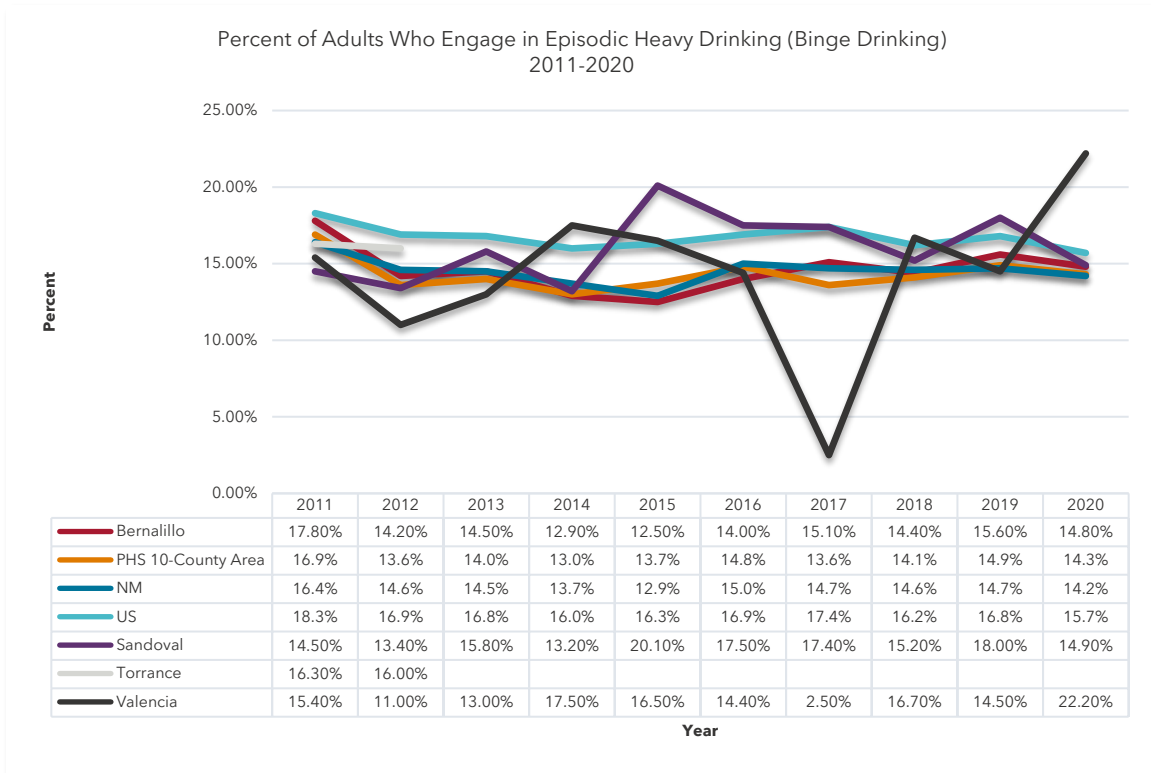


Figure 17. Adult Binge Drinking. BRFSS 2011-2020.

Heroin use among high school students has remained similar to previous years, with the exception of Torrance County, whose youth heroin use saw the most dramatic increase. Conversely, Valencia County saw the most drastic decrease in youth heroin use in 2019. Methamphetamine use among youth followed a similar trend as heroin use – a slight increase from 2017-2019 with Torrance seeing the highest increase and Valencia’s percent decreasing sharply.

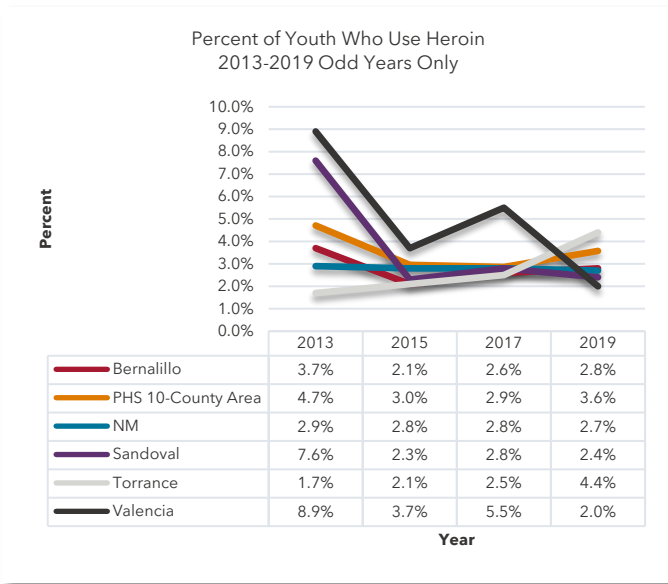


Figure 18. Youth Heroin Use. NM YRRS 2013-2019.

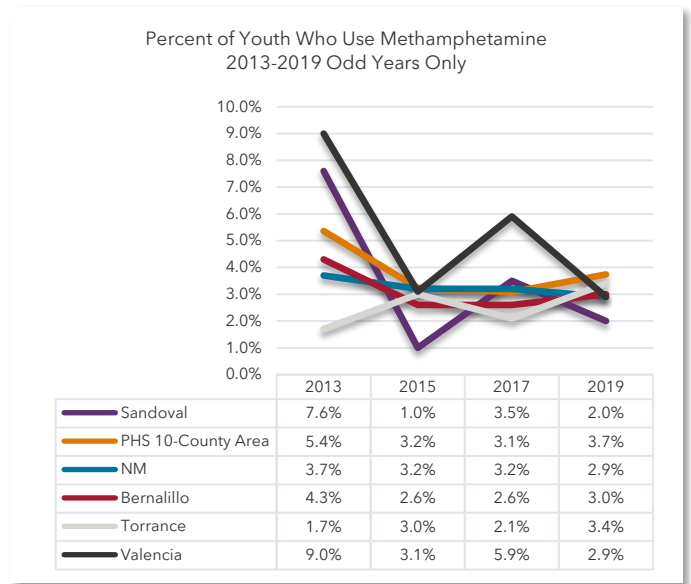


Figure 19. Youth Methamphetamine use. NM YRRS 2013-2019.

EQUITY ALERT: Bernalillo County has a higher percent of Asian/Pacific Islander youth who reported using heroin compared to other racial categories, and in Sandoval County, there is a higher percent of Black youth using heroin compared to other racial categories. Across all four counties, more boys use heroin than girls.

SOURCE: YRRS 2017-2019

In 2020, an estimated **47,103** people aged 18+ in the US reported using cannabis in the past year. In Central New Mexico, a larger proportion of Native Americans reported using cannabis when compared to other race categories.

Sources: 2020 National Survey on Drug Use and Health. SAMHSA. NM YRRS 2017.

Chronic mental health issues are important to understand risks for poor health outcomes. More high school students in Central New Mexico reported experiencing feeling sadness and hopelessness in 2019 compared to previous years. Just under half of high school students in Central New Mexico reported feeling sad and hopeless. Because the YRRS is administered on odd years, it is unclear at this time what impact the pandemic has had on youth mental health in Central New Mexico. Adults, on the other hand, saw a drop in reporting 14+ poor mental health days within a 30-day period (frequent mental distress) in 2020, but an increase from 2018 to 2019 that is consistent with the decrease in quality of mental health among youth for the same time period. Valencia County saw the greatest increase in poor mental health among adults - a 107% increase from 2019 to 2020.

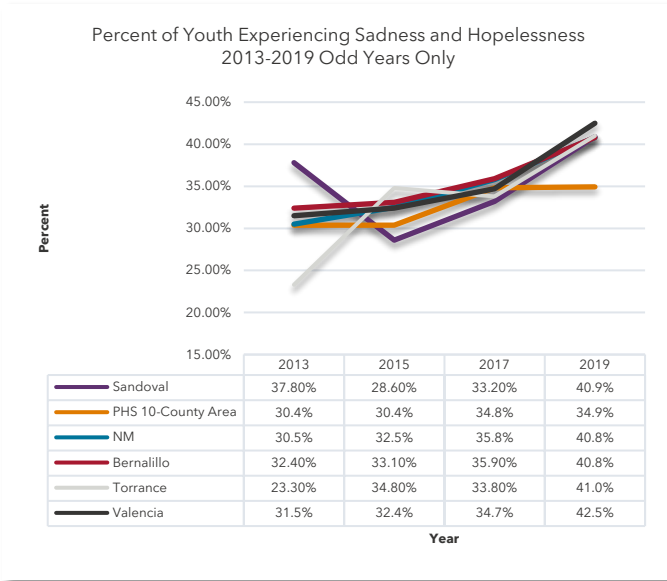


Figure 20. Youth Mental Health. NM YRRS 2013-2019.

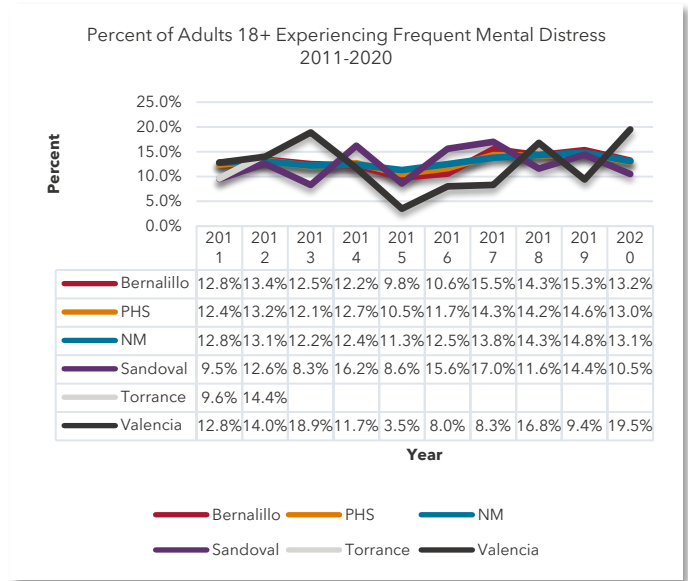


Figure 21. Frequent mental distress among adults. BRFSS 2011-2020 (data for Torrance County suppressed).

Understanding mortality due to mental health and substance use issues is an important part of improving health at the population level. The suicide death rate has increased slightly for most counties in Central New Mexico. Suicide deaths across NM and the PHS 10-County Area have also risen slightly since 2009. The drastic shifts in death rates from year to year for Torrance County are likely due to low population numbers and low numbers of deaths from year to year.

Bernalillo and Valencia Counties saw a slight increase in suicide deaths from 2019 to 2020.

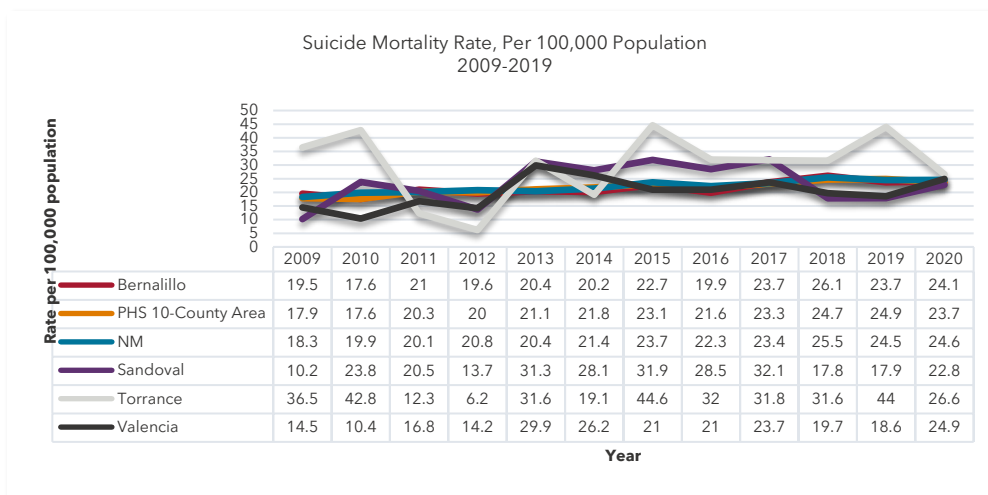


Figure 22. Suicide Death Rate. NM DVRHS 2009-2020.

EQUITY ALERT: Native Americans have the highest suicide death rate in Central New Mexico (32.8 deaths per 100,000 population) and white people have the highest number of suicide deaths (113).

Source: NMDOH BVRHS 2020

Drug overdose deaths have increased sharply from 2019 to 2020 in Central New Mexico, the PHS 10-County Area, and the US overall.

Communities expressed concern in overdose death rates during the Community Data Forum, citing personal experiences and community-wide experiences. Forum attendees talked about the impact of COVID on our communities, providing examples of lived experience in which people around them used more substances in 2020. Substance use focus group participants talked about the high prevalence of polysubstance use, especially alcohol in combination with prescription and illicit drugs. Alcohol is the most prevalent substance used in combination. Combining substances adds to and speeds up the desired effect, and participants reported that in their experience they were actively seeking out fentanyl 'shots' as opposed to using it accidentally in combination with other substances.

"Yea, I sought it out. The first time maybe I knew that it was paired with fentanyl in it and that's exactly what I wanted, and then once I did that I would try to get the patches myself so I can, you know, make them up in shots, so, yea, yea, I never got that given to me on accident."

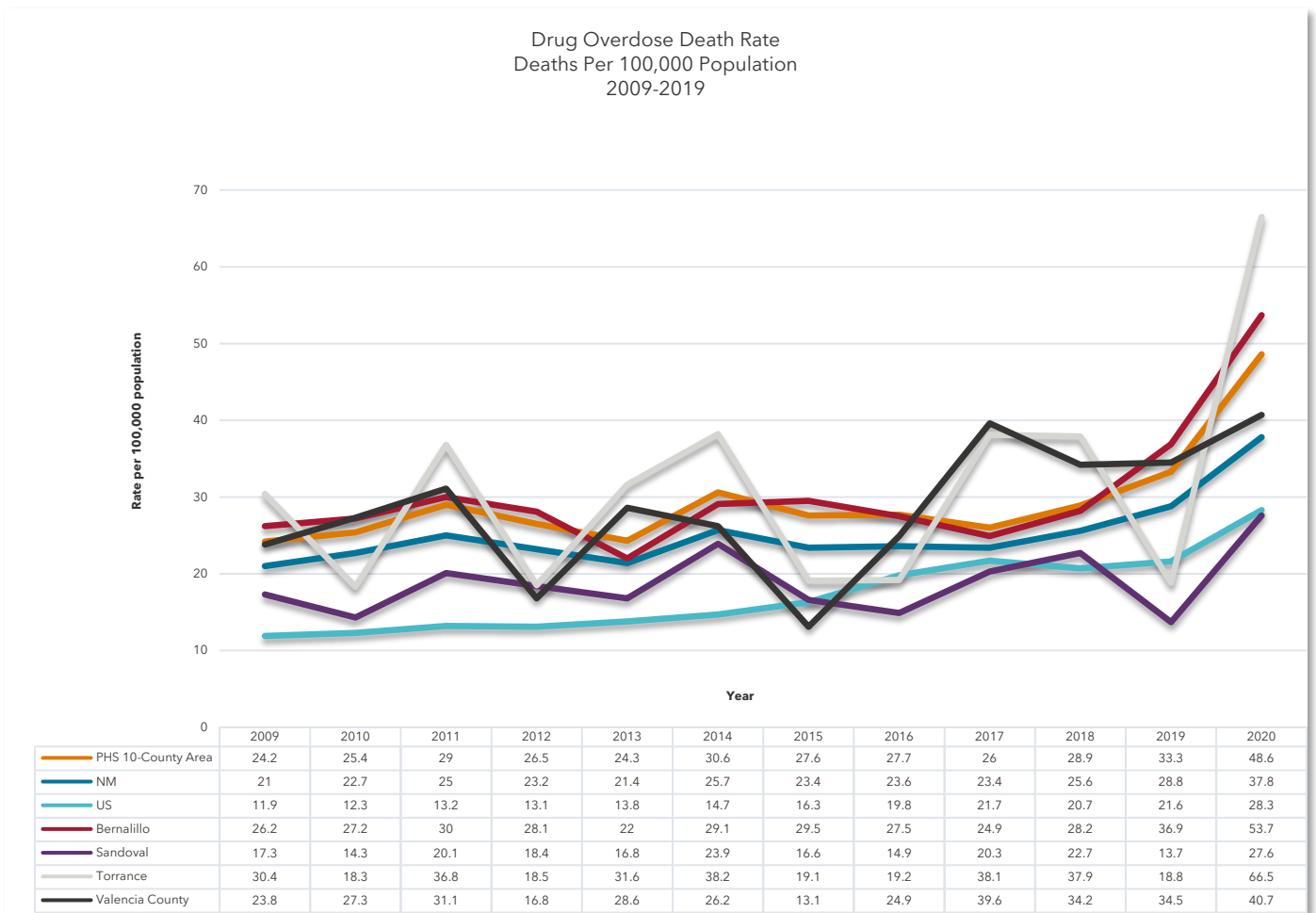


Figure 23. Drug Overdose Death Rate. NM DVRHS 2009-2020.

Deaths of despair is a combination metric which comprises suicide deaths, drug overdose deaths, and deaths 100% attributable to alcohol. While there has been some variability in these types of deaths in Central New Mexico, the death rate has overall increased since 2009 in all geographies. The death rates have increased sharply in 2020 across all geographies (except Sandoval County, which saw a slight increase), the largest increase being in Torrance County. However, it is important to note that small changes in the number of deaths (for all death metrics listed here) will greatly impact the change in death rate because the rate is a calculation of deaths relative to population, so smaller populations will see more dramatic increases in death rates even with a small increase in the burden (number of deaths). Deaths of despair is an important metric to examine, especially for communities with smaller populations, to help level the individual metrics and to understand the impact of sadness, hopelessness, poor mental health, and substance use in communities.

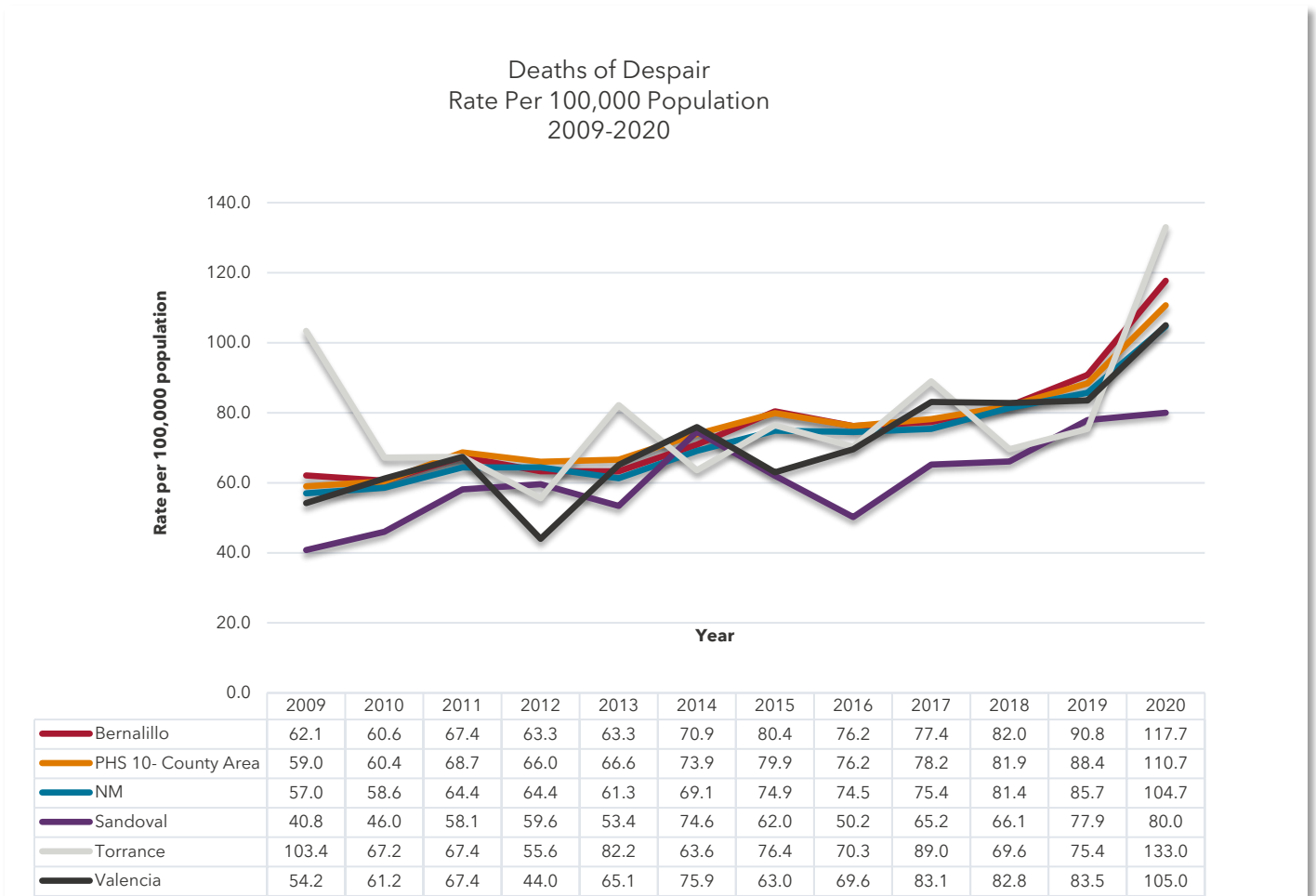


Figure 24. Deaths of Despair. NM DVRHS 2009-2020.

Social Determinants of Health

Social determinants of health (SDOH) comprise conditions in which people are born, where they live, learn, work and play. They have been connected to health outcomes, risks, and effects to quality of life.¹⁸

When prompted about Social Determinants of Health as a priority area, forum participants were in consensus in identifying transportation, housing, and food insecurity among the top needs in Central New Mexico.

Participants noted that transportation to providers served as a significant barrier to seeking care or accessing other resources to support the needs of their households. Moreover, accessibility of transportation is compounded by the high and increasing cost of living. These challenges alone are preventing community members from accessing services and having adequate and allotted time to focus on physical/mental health across all priority areas. These challenges were compounded by:



General Cost of Living



Cost of Fuel



Higher Rates of Poverty

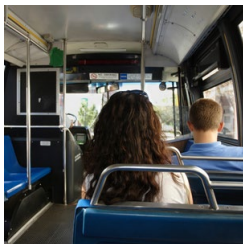


Limited Access to Nutritious Foods



Lack of Childcare

Barriers to Healthcare Access in Central New Mexico



Transportation



Providers



Cost of Care



Places to Get Care

¹⁸ Social Determinants of Health. CDC 2020. Retrieved from <https://www.cdc.gov/socialdeterminants/index.htm> on 5/9/22

Accessibility to transportation, especially transportation to forms of care, dominated the discussion regarding access. Forum participants expressed concern regarding the lack of providers, lack of transportation to providers, especially in rural areas of the county, lack of walk-in clinics and urgent cares, lack of specialists, clinics reducing intake of new patients, rising costs of healthcare, and lack of insurance. Some equity topics within access to care included an increased need for providers who speak Spanish, a sliding scale for people who are un-or under-insured, lack of pediatric care, lack of dental care of people on Medicaid, and the need for diabetes classes that are not only administered via Zoom. For rural communities, access to broadband internet was an important focus area, as rural areas of Central New Mexico do not have as reliable access to broadband internet as urban areas. Broadband access was cited as an important piece for people to access healthcare, information, and education.

Survey respondents provided feedback on the social determinants of health topic areas they are very concerned about. Other topics cited by survey takers included crime, education, film, inflation, youth growth and development, voting rights, border security, corporate corruption, and the economy. Qualitative data from Native American and tribal partners also highlighted environmental health as a primary concern, including the historical and current policies and government/corporate decisions that deliberately target certain communities for locally undesirable land uses, lax enforcement of environmental protections, disproportionate exposure to toxins and less access to and ability to safeguard natural resources.

EQUITY ALERT

Equity topics within access to care included:

- an increased need for Spanish-speaking providers
- a sliding scale for people who are un-or under-insured
- lack of pediatric care
- lack of dental care of people on Medicaid
- the need for diabetes classes that are not only administered via Zoom

“The physical environment that Native people live in, contribute to social health and chronic conditions. [It] goes back to the environmental structural and social economic factors that impact Native health...historical trauma, environmental racism are the root causes of those problems.”

Central NM Survey Responses - Top Social Determinants of Health Areas of Concern								
SOCIAL DETERMINANTS OF HEALTH	BERNALILLO COUNTY		SANDOVAL COUNTY		TORRANCE COUNTY		VALENCIA COUNTY	
Environmental Health (including climate change)	193	36.8%	155	36.6%	57	28.1%	170	31.5%
Food security	71	13.5%	59	13.9%	33	16.3%	73	13.5%
Housing	91	17.4%	68	16.1%	34	16.7%	93	17.3%
Transportation	54	10.3%	50	11.8%	34	16.7%	64	11.9%
Personal/interpersonal safety	105	20.0%	83	19.6%	40	19.7%	119	22.1%
Other	10	1.9%	8	1.9%	5	2.5%	20	3.7%
Total	524	100.0%	423	100.0%	203	100.0%	539	100.0%

Table 9. Community Survey. Presbyterian 2022.

Social Needs Screening at Presbyterian Clinical Locations

Every six months, every patient who interacts with Presbyterian’s healthcare delivery system is screened for a variety of health-related social needs. These include food insecurity, transportation and housing needs, risky alcohol and substance use, mental health, and interpersonal violence. Patients who screen positive for any need receive a customized resource list that links patients to community-based organizations to address identified needs.

Food needs were the most prevalent needs identified among patients in Central New Mexico, followed by housing and transportation needs. This indicates a complex system of social needs that interact with one-another. Given that access to food often relies on access to reliable transportation, by addressing transportation needs, we may be able to reduce food needs to some extent.

Patients' Self-Reported Health-Related Social Needs		
SOCIAL NEEDS	N	%
Food Need		
Screenings Completed*	39,247*	
Unique Patients Screened	38,908	
Unique Patients Reporting Any Need	1,194	3.0%**
Housing Need		
Screenings Completed	54,291	
Unique Patients Screened	53,229	
Unique Patients Reporting Any Need	996	2.0%
Transportation Need		
Screenings Completed	40,092	
Unique Patients Screened	39,720	
Unique Patients Reporting Any Need	899	2.0%
Safety Need		
Screenings Completed	267,078	
Unique Patients Screened	226,104	
Unique Patients Reporting Any Need	3,270	1.0%
(*) A maximum of one screening per six months per patients was recorded; only the first screening was counted if a patient received more than one screening per SDOH need within a six-month period (**) Denominator of percentage is "Unique Patients Screened"		

Table 10: Counts of Bernalillo and Sandoval County patients screened for social needs in 2021.

Many community members expressed concern in the forums around access to food. Food insecurity rates in Central New Mexico remain similar to those in the PHS 10-County Area and NM overall. However, food insecurity rates remain higher in Torrance County and slightly lower in Bernalillo, Sandoval, and Valencia Counties.¹⁹

¹⁹ Gundersen, C., Waxman, E., Engelhard, E., Brown, J. Map the Meal Gap 2011: Food Insecurity Estimates at the County Level. Feeding America, 2011.

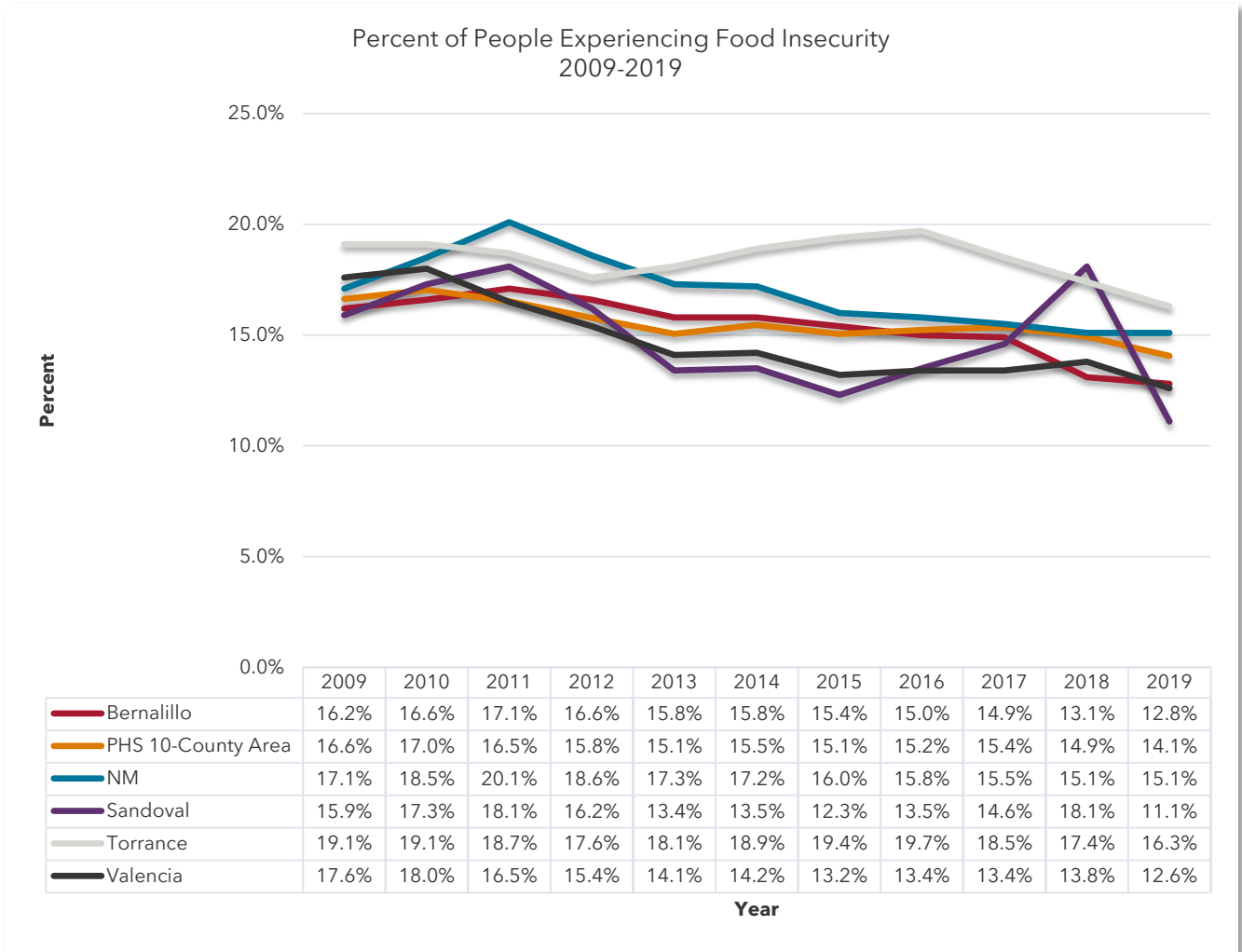


Figure 25. Food Insecurity Rate. Feeding America. 2009-2019.

Bernalillo and Sandoval Counties have a comparatively high percentage of families not receiving SNAP (Supplemental Nutrition Assistance Program) benefits, especially compared to New Mexico overall. The percent of families not receiving SNAP benefits in Sandoval County is similar to that of the US. Torrance and Valencia Counties have relatively low percentages of households not receiving SNAP when compared to the other counties. High percentages of families not receiving SNAP benefits may not definitively reflect the need for SNAP benefits in a community. Over the years, SNAP eligibility has changed, which may have led to fewer households being eligible for benefits. These data do not include changes to SNAP and TFP (Thrifty Food Plan) that were implemented as a response measure for the COVID-19 pandemic. As such, SNAP participation likely increased with this expansion in 2021.²⁰

Economic Indicators

More people in Central New Mexico live in poverty when compared to the US, with the exception of Sandoval County. However, it is important to understand that metrics like this may not be reflective of all communities within Sandoval County, because a large portion of the population (about 69%) live in the city of Rio Rancho, so while poverty rates may look better in Sandoval County than other counties, it is possible that this is mostly reflective of larger communities like Rio Rancho and not reflective of rural and tribal communities. In the map below, the areas in the southeastern portion of the county are the City of Rio Rancho, the Village of Bernalillo, and the village of Placitas, which border Bernalillo County and are part of the Albuquerque Metro Area.²¹ This is a good indication that the rural areas of

²⁰ Center on Budget and Policy Priorities. A Quick Guide to SNAP Eligibility and Benefits. Retrieved from <https://www.cbpp.org/research/food-assistance/a-quick-guide-to-snap-eligibility-and-benefits> on 5/22/2022
²¹ Data USA. Sandoval County, NM. Retrieved from <https://datausa.io/profile/geo/sandoval-county-nm#economy> on 5/22/22

Sandoval County likely experience higher rates of poverty than the areas that are part of the Albuquerque Metro Area, showing that county-wide data may be skewed unequitably.

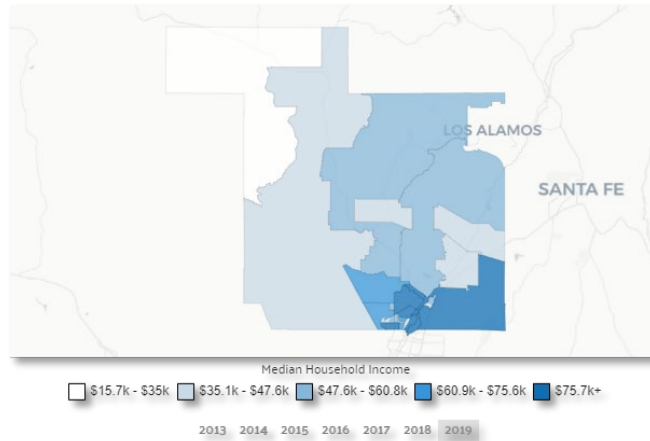


Figure 26. Income by Location. Data USA.

Torrance County has the highest percent of people living in poverty in the Central NM area, at 23.7% of the population.

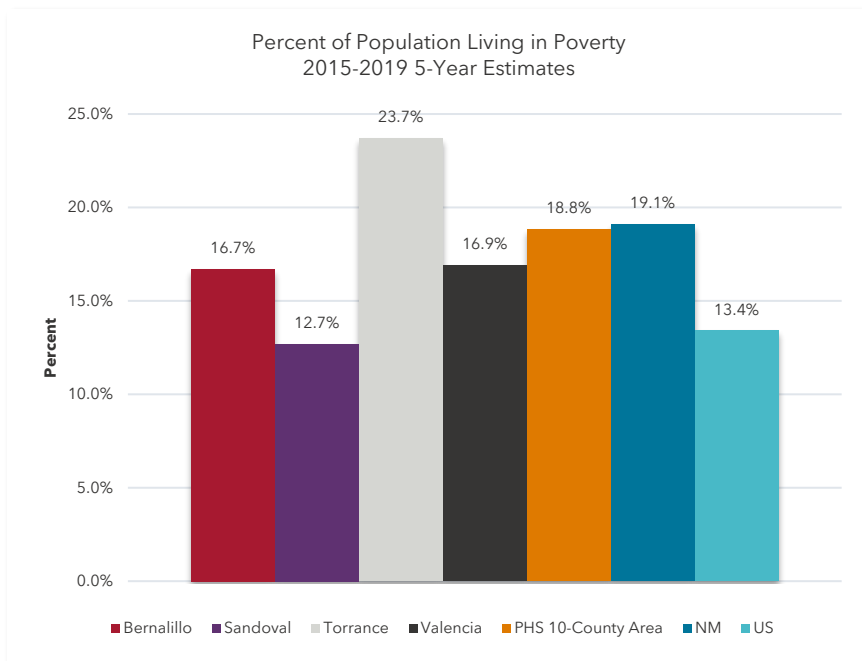


Figure 27. Poverty. ACS 2015-2019 5-year estimates.

Unemployment rates in Central New Mexico are similar to the PHS 10-County Area, NM and the US with Valencia County holding the highest unemployment rate.²² The median household income in 2019 is highest in Sandoval County, at \$63,802, which is slightly lower than the median household income of the US (\$65,712). Torrance County has the lowest median household income, at \$36,120. The highest wage earners in Central New Mexico are managers.²³

EQUITY ALERT:

Men in New Mexico made an average of \$91,028 in 2019 and Women earned an average of \$68,658 in the same job type category. [Source: Data USA](#)

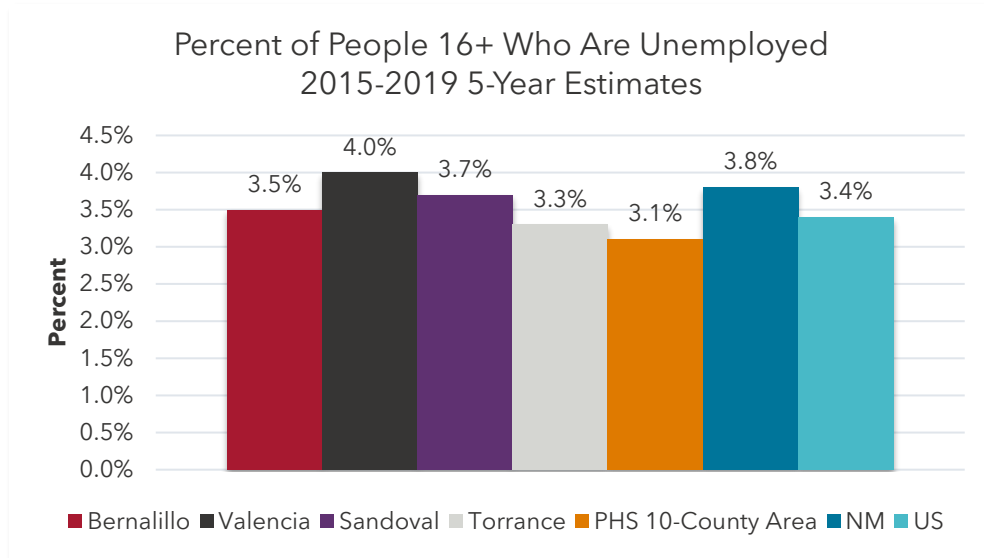


Figure 28. Unemployment. ACS2015-2019 5-year estimates.

Unemployment rose drastically statewide in 2020,²⁴ likely due to the COVID-19 pandemic but has returned to approximate pre-pandemic levels.

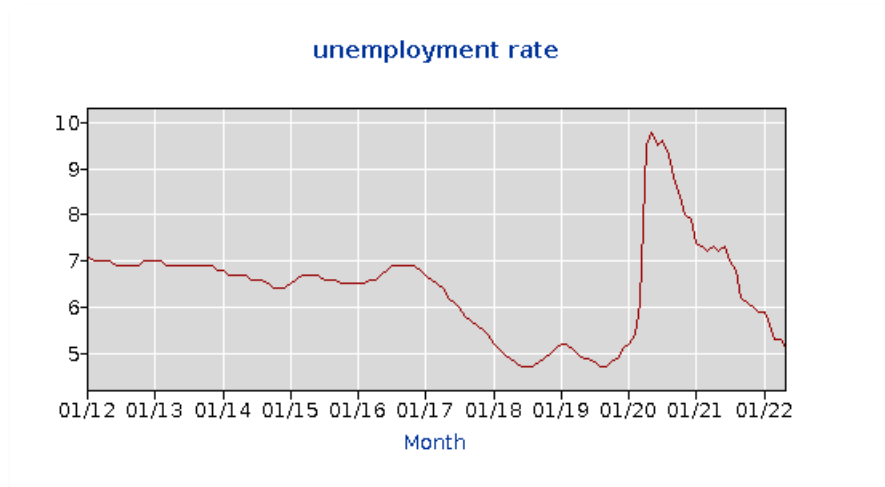


Figure 29. Unemployment Rate. Bureau of Labor Statistics 2012-2022.

²² American Community survey. US Census Bureau. 2015-2019 5-year estimates. Retrieved from NM IBIS

²³ Data USA. Retrieved from <https://datausa.io> on 5/22/2022.

²⁴ Local Area Unemployment Statistics. US Bureau of Labor Statistics. Retrieved from <https://data.bls.gov/timeseries/LASST350000000000003> on 6/27/22

Access to a vehicle is an important metric for understanding access to services and resources. Bernalillo County has the highest percent of households who do not have a vehicle, at 6.7% and Sandoval County has the lowest percent of households without a vehicle.²⁵ More analysis is needed to understand which census tracts have the highest percentage of households without a vehicle to know whether this high percent is a reflection of a lack of a need for a vehicle due to the urban nature of the county (i.e. needed services and resources are within a distance in which a car is not needed) or if it is a reflection of something else.

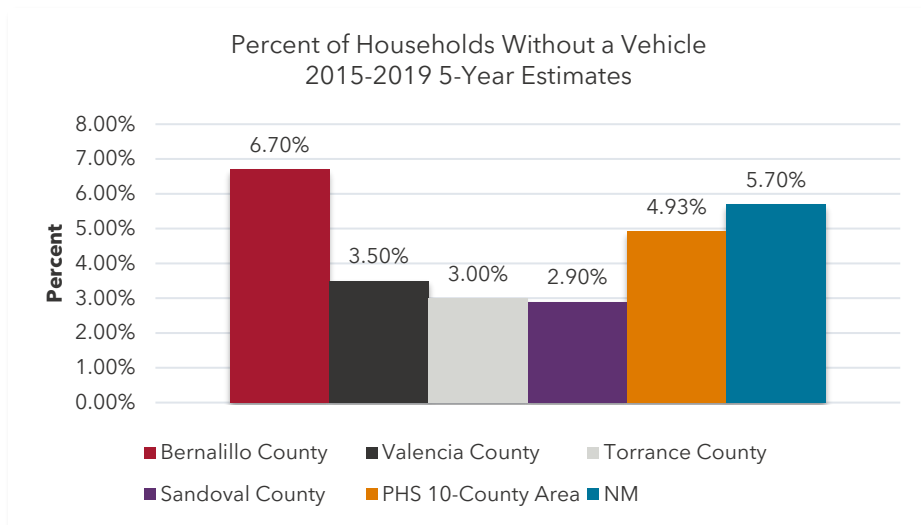


Figure 30. Vehicle access. ACS 2015-2019 5-year estimates.

Access to broadband internet is important for accessing healthcare and other resources. While systems improve and expand telehealth systems and other forms of virtual patient support and community-based organizations shift toward online presence, the community needs reliable internet access to be able to use those systems. Sandoval County has a higher percentage of households with broadband internet access when compared to the PHS 10-County Area and New Mexico, and the highest among counties in Central New Mexico. Torrance County is the most under-resourced county when it comes to broadband internet, with only 63% of households having internet.

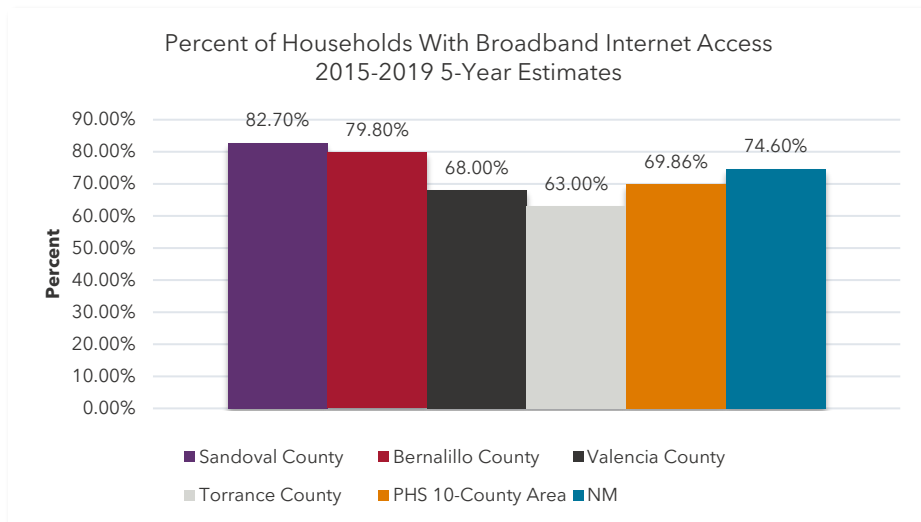


Figure 31. Broadband access. ACS 2015-2019 5-year estimates.

²⁵ American Community Survey, 2015-2019 5-year estimates.

Violence/Injury

Interpersonal violence is difficult to quantify, especially in smaller, rural and frontier communities. Key informants and focus group participants reinforced that they need to feel safe in their homes and neighborhoods, referencing violent interpersonal conflict as a threat. Partners also stressed that intimate partner violence and violence against native women are top, statewide priorities for Native American communities.

The homicide death rate in 2020 in the US was 7.5 deaths for every 100,000 people.²⁶ New Mexico's and the PHS 10-County Area's homicide death rate continues to be higher than the US rate. Homicide rates have been increasing steadily in Sandoval and Valencia Counties since 2017 while the rate decreased slightly in Bernalillo County, the PHS 10-County Area, and New Mexico.

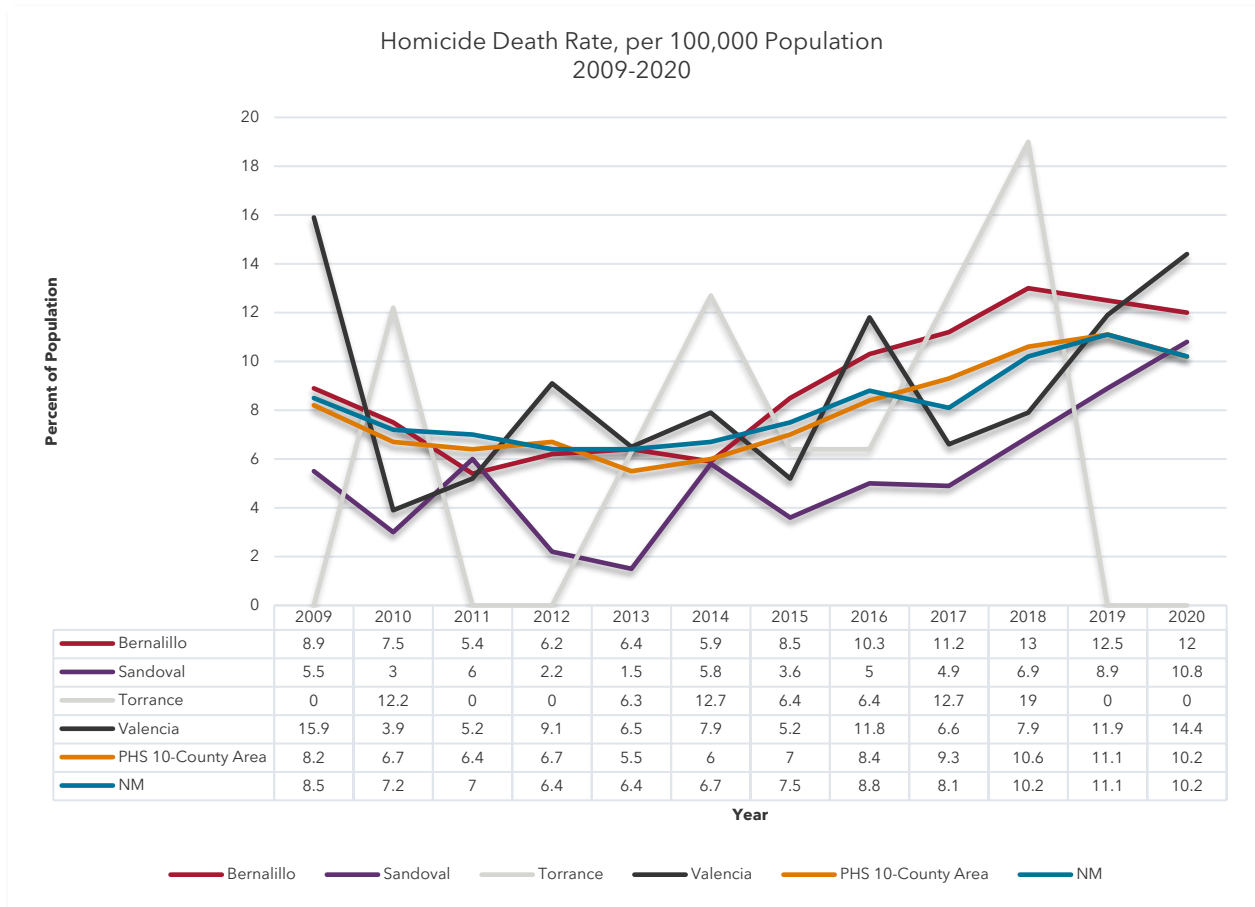


Figure 32. Homicide deaths. NM DVRHS 2009-2020.

²⁶ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on May 17, 2022 9:03:45 AM

Substantiated child abuse claims Central New Mexico New Mexico dropped in Valencia and Torrance Counties from 2013 to 2021 and remained similar in Sandoval and Bernalillo Counties.²⁷ A spike in 2017 is consistent across all geographies to some extent, which suggests this as an area to investigate further. Anecdotal feedback from community suggested the pandemic as a reason for the decrease in child abuse claim rates in 2020 due to lockdowns. The perception that we observed was that people were not comfortable reporting child abuse while in lockdown.

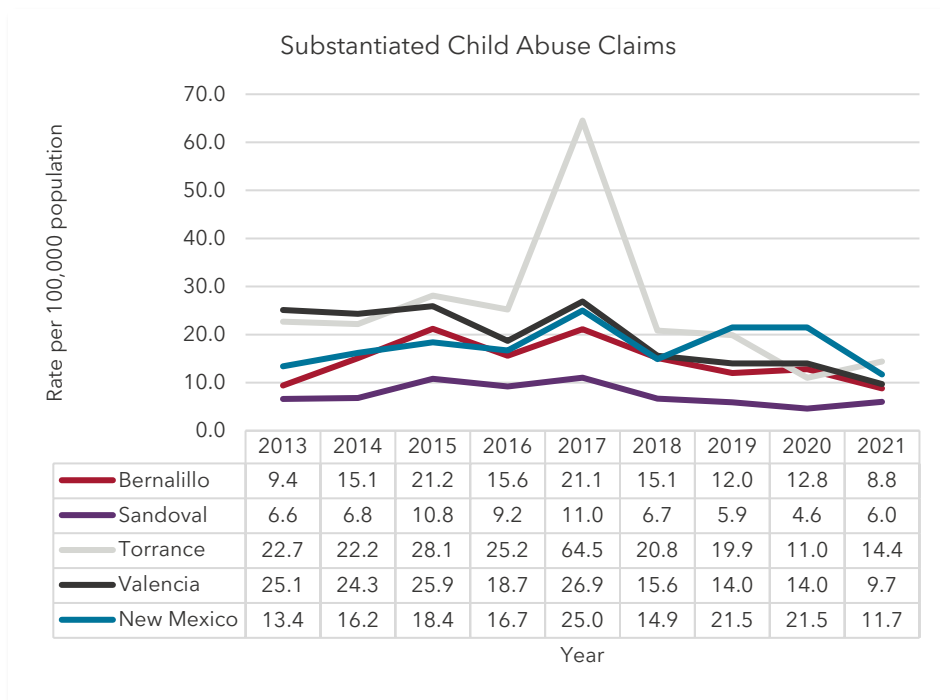


Figure 33. Substantiated Child Abuse Claims. CYFD 2013-2021.

Maternal and Child Health

Access to prenatal care is an important indicator of maternal and child health. There are many factors that influence whether someone can receive prenatal care within the first trimester, including insurance, access to OB/GYN in their community, cultural barriers, historical trauma, transportation, childcare, language access and more. In 2020, nearly 71% of pregnant people in Sandoval County initiated prenatal care within their first trimester - the highest percent of the four Central New Mexico Counties. While still below the percent at the national level, this is among the highest access in the state and higher than the state percentage of 65%. Torrance County had the lowest percent of people accessing prenatal care in the first trimester - only 60%.²⁸

Infant mortality rates in Central New Mexico remain low. Data show that there were only 5 deaths per 1,000 live births in 2020 in Bernalillo County, with the rest of the Central NM geographies having similar rates. Central New Mexico rates are similar to the NM death rate of 5.7 deaths for every 1,000 live births.

Key informant interviews and partners revealed that barriers to post-partum follow up are similar to that for prenatal care and also include lack of behavioral health/mental health services and follow up and lack of coordination between

²⁷ The Annie E. Casey Foundation. KIDS COUNT data center.

Retrieved from <https://datacenter.kidscount.org/data/tables/5162-child-abuse-rate?loc=33&loct=5#detailed/5/4815-4847/false/2048,574,1729,37,871,870,573,869,36/any/11625> on 5/20/22

New Mexico Children Youth and Families Department (CYFD) Protective Services Division, November, 2018.

Data for prior years retrieved from New Mexico Children Youth and Families Department (CYFD) Protective Services Publications referred to as "360 Yearly" Reports, for each state fiscal year: <https://cyfd.org/about-cyfd/publications-reports>. Data for years prior to SFY 2013 were published annually on a calendar year basis in "Fact Book": <https://cyfd.org/about-cyfd/publications-reports/protective-services-fact-book-archives>.

²⁸ New Mexico Birth Data. Percentage with Prenatal Care in the First Trimester. New Mexico Department of Health Bureau of Vital Records and Health Statistics. Retrieved from <https://ibis.doh.nm.gov/query/result/birth/BirthCntyPNC/PNCTri1.html> on 8/15/22

hospitals, providers, and insurance. Assets include home visiting, CHW, and text programs, as well as programs that offer basic needs and supplies like car seats, cribs, WIC/formula, and other baby supplies.

COVID-19

While addressing the COVID-19 pandemic, participants highlighted that COVID-19 has impacted Central New Mexico in many ways. Forum participants reported that COVID-19 has complicated community engagement and communication measures. Access to services, miscommunication regarding the severity of COVID, and limited options for testing were named directly. Most notable during this portion of the session was how participants stressed COVID misinformation as an outstanding barrier and the most critical component to address, specifically around vaccinations.

Listening sessions with primarily Central New Mexico based groups revealed specific themes and recommendations for each group. A theme from one listening session attended by mostly Albuquerque residents who emigrated from multiple African countries highlighted the importance of using an intersectionality framework to assess health priorities, behaviors, and needs. Refugees resented being told that, as immigrants, they needed to vaccinate when other prominent Americans were not getting the vaccine. Similarly, the bans restricting travel from Africa that were enacted in response to the Omicron variant increased disillusionment among these participants. This theme of disenfranchisement was also discussed in listening sessions with Native American adults and youth in a way unique to the fraught historical relationship between the tribes and the U.S. government. Both groups made suggestions for increasing confidence in vaccines including more representation in media and public discourse of people like them giving accurate information. They also recommended more trusted messengers from their communities providing honest and accurate information to each other.

Many Native American listening session participants and partners living and working in native communities expressed pride and strength in the way many Native American communities have handled COVID-19 and vaccinations.

"So, on one hand, you're telling us that we need to get this vaccination, but on the other hand, you don't belong here in the United States."

"...but it's not just about the data, it's just being represented in materials that are developed so you can see yourself as somebody in this whole scenario."

"I heard it [vaccine promotion] from a lot of white folks, and a lot of white doctors and non-indigenous doctors, and non-indigenous people. And just historically, I don't trust non-indigenous folks. Just generational trauma."

"A community member telling somebody about what's in the vaccine and explaining and answering questions. Or even like a video from our community that explains it...that's...what I think would make people in my community more accepting."

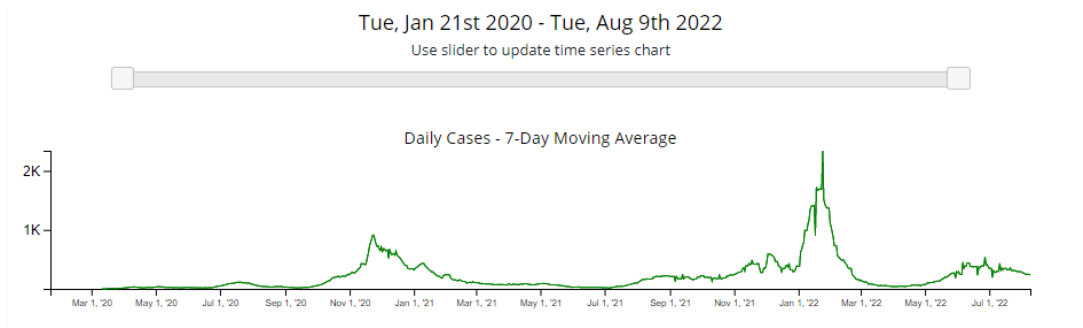
"[There is] caution with vaccination, but the big strength with tribal communities in terms of getting vaccinated really came down to them protecting each other and protecting their people."

"So, a lot of the youth were happy that they can get the vaccine, so they don't have to be putting others in danger."

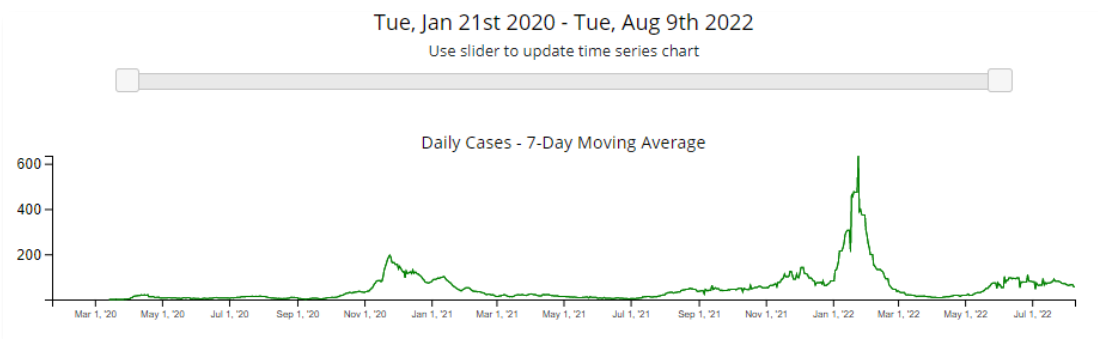
COVID-19 Incidence

COVID-19 continues to be a leading indicator of health in Central New Mexico. All communities in Central New Mexico had case increases consistent with each wave of COVID.

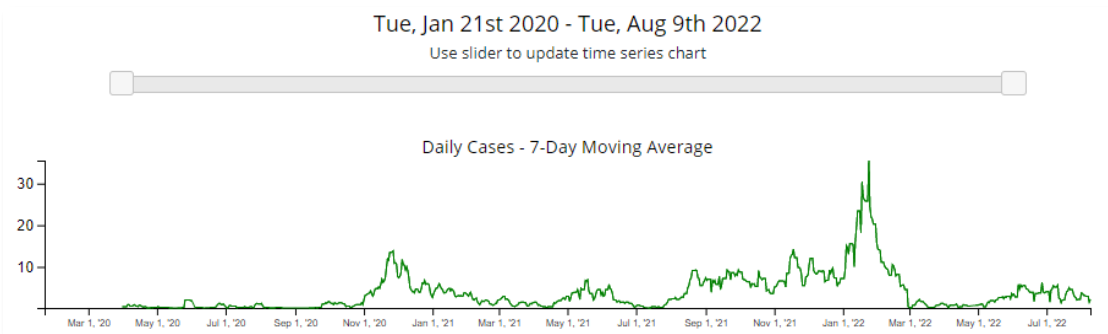
Bernalillo



Sandoval



Torrance



Valencia

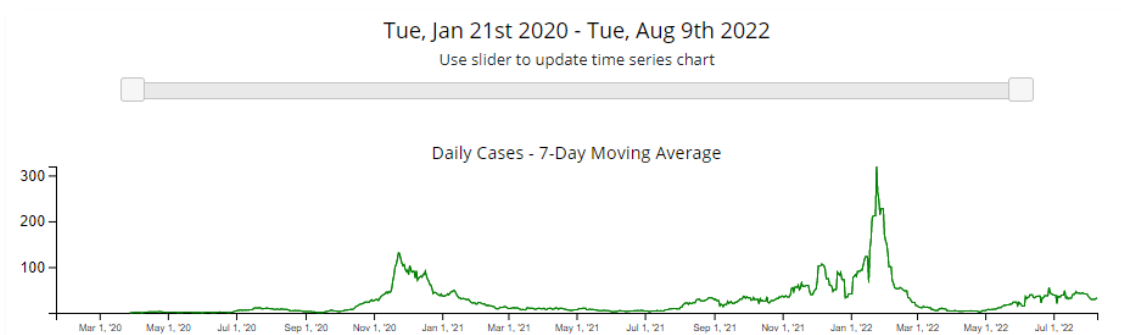


Figure 34. COVID Cases and Deaths. CDC Data Tracker, 2022.

Torrance County has the lowest vaccination rates in the Central New Mexico area, leaving residents at greater risk of complications from COVID-19. Sandoval County is the leader in vaccination coverage in Central New Mexico.²⁹ Vaccines are an important factor in reducing preventable severe disease and death due to COVID-19, so more emphasis is needed on this work in both Torrance and Valencia Counties.

COVID -19 Vaccination Rates - Central New Mexico		
COUNTY	PERCENT OF RESIDENTS WITH PRIMARY SERIES COMPLETED	PERCENT OF RESIDENTS WITH AT LEAST ONE DOSE
Bernalillo	82.80%	94.60%
Sandoval	85.20%	97.70%
Torrance	50.30%	55.80%
Valencia	73.30%	82.00%

Table 11. COVID-19 Vaccination Rate. NMDOH COVID Vaccine Dashboard.

Like in many of the listening sessions, the Valencia County participants discussed the theme of individual freedoms and rights to choose becoming politicized. Not vaccinating was seen by some as taking a political stand. Recommendations for improving confidence included highlighting the importance of talking about the vaccine as one of multiple ways of keeping healthy and rooting vaccination in a more holistic approach to health.

“So, it seemed like more of a political thing than it was about caring about your health.”

“The vaccine is not the only thing that would reduce your chances of serious hospitalization. Like if they talked about diet and exercise, and just other tenants of living a healthy life rather than making it so one dimensional and that the vaccine is the only thing that’s going to keep you safe.”

²⁹ New Mexico Department of Health COVID Vaccine Dashboard. Retrieved from <https://vaccinenm.org/public-dashboard.html> on 5/19/2022

Access to Care

Measuring key indicators in access to care settings (hospitals, clinics, behavioral health, and other forms of care) is important in understanding health equity in communities and how individuals obtain needed resources to be healthy.

Patients' Zip Code of Residence	
ZIP CODE	PATIENT COUNT
87121	31,259
87114	29,304
87120	28,426
87124	26,043
87111	23,560
87105	22,506
87144	19,037
87112	17,193
87109	17,191
87123	15,774
87110	15,375
87108	12,214
87031	11,808
87107	11,713
87106	8,329
87122	8,322
87113	6,893
87102	6,739
87002	6,143
87004	4,826
Data Notes: Only the top 20 zip codes were included. Patients residing in other zip codes, including from out of state, receive care at Presbyterian. Those are excluded for the purpose of this assessment.	

Table 12. Count of patients who receive care in Bernalillo and Sandoval County in 2021 by 'Top 20' ZIP codes of residence.

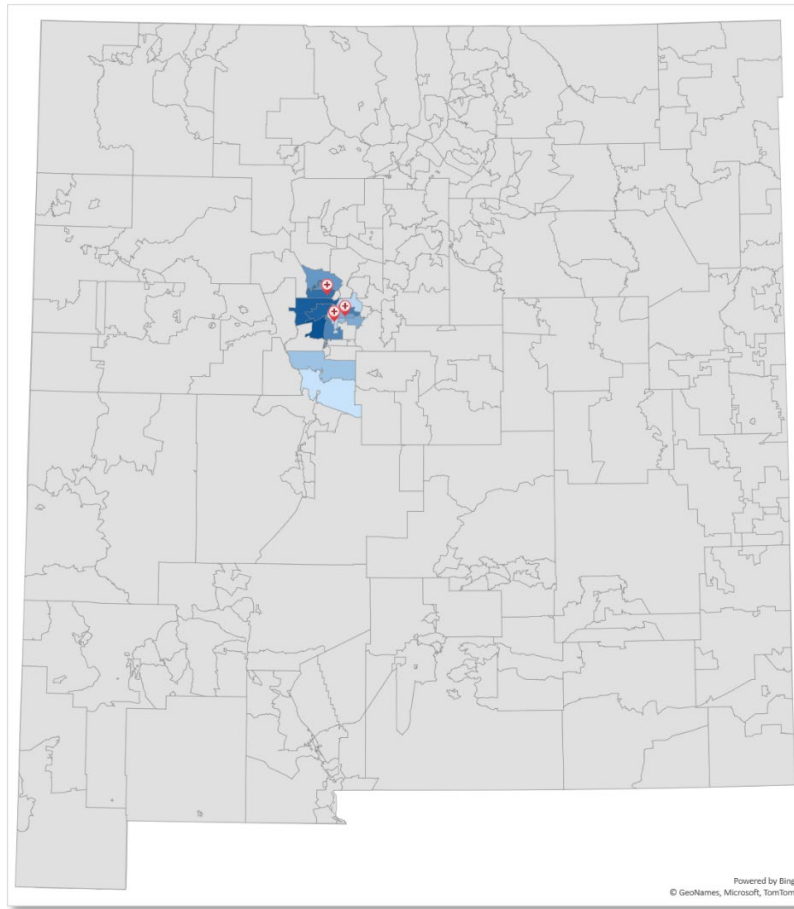


Figure 35. Heat map of patients who receive care in Bernalillo and Sandoval County in 2021 by ZIP code.

Data Notes: Only the top 20 zip codes were included. Patients residing in other zip codes, including from out of state, receive care at Presbyterian. Those are excluded for the purpose of this assessment.

Among all three hospitals located in Bernalillo and Sandoval Counties, system utilization was primarily focused in the counties in which the hospitals are located, though there is significant utilization by people who live in Valencia, Torrance, Santa Fe, and Cibola Counties. For breakdown by hospital, see table 13 below.

Annual Number of Patients by Encounter Type and County of Residence (2021)						
ENCOUNTER TYPE	BERNALILLO	SANDOVAL	VALENCIA	SANTA FE	TORRANCE	CIBOLA
Emergency Department or Urgent Care	101,374	18,014	8,092	2,409	1,738	1,352
Hospital Admission (IP)	20,773	4,733	2,711	1,332	557	558
Outpatient or Clinic Visit	233,588	57,323	17,749	11,994	2,615	2,763

Data Notes: Only the top, adjacent counties were included. Patients residing in other counties, including from out of state receive care at Presbyterian, those are excluded for the purpose of this assessment.

Table 13. Count of patients who received care in Bernalillo and Sandoval County in 2021 by county of residence and encounter type.

About 30% of patients who received urgent and/or emergent care at Presbyterian facilities in Bernalillo and Sandoval Counties had 2 or more visits. Decreasing repeat ED visits by engaging in public health prevention activities not only improves the health of our communities, but also decreases costs associated with repeat ED visits.

Annual Number of Patients Who Received Emergent or Urgent Care by Number of Repeat Visits (2021)					
METRIC	ANY # OF VISITS	1 VISIT	2+ VISITS	5+ VISITS	20+ VISITS
Count	142,379	99,408	42,971	4,504	118
Percent	100.0%	69.8%	30.2%	3.2%	0.1%

Table 14. Count of patients who received emergent and/or urgent care in Bernalillo and Sandoval County in 2021 by number of repeat visits.

Consistent with community-level prevalence and death data, the top diagnoses out of Presbyterian Rust Medical Center, Presbyterian Hospital, and Presbyterian Kaseman Hospital were COVID-19 and chest pain. This further illustrates the need for more community-based programming for COVID-19 prevention work (including but not limited to vaccination clinics) and chronic disease prevention and self-management to reduce the incidence of coronary heart disease.

Top 10 Emergency/Urgent Care Primary Diagnoses	
RANK	DIAGNOSES
1	COVID-19
2	CHEST PAIN
3	URINARY TRACT INFECTION
4	NAUSEA WITH VOMITING
5	ACUTE UPPER RESPIRATORY INFECTION
6	GENERALIZED ABDOMINAL PAIN
7	EPIGASTRIC PAIN
8	VIRAL INFECTION
9	ABDOMINAL PAIN
10	OTHER CHEST PAIN

Table 15. Top 10 primary diagnoses from Bernalillo and Sandoval County emergent and urgent care encounters.

Most people in Central New Mexico had access to a primary care provider (PCP), though at different levels. A smaller percent of Valencia County residents have a regular PCP, and that percent dropped in 2020. The percent of people who have a PCP in the other counties has risen in recent years. Access to primary care provider here means that people have an established primary care provider. This is not an indicator of whether or not they have access to that provider. More data is needed to understand whether people can access care when they need it, regardless of whether or not they have an established primary care provider. Data for Tarrant County was suppressed due to low numbers.

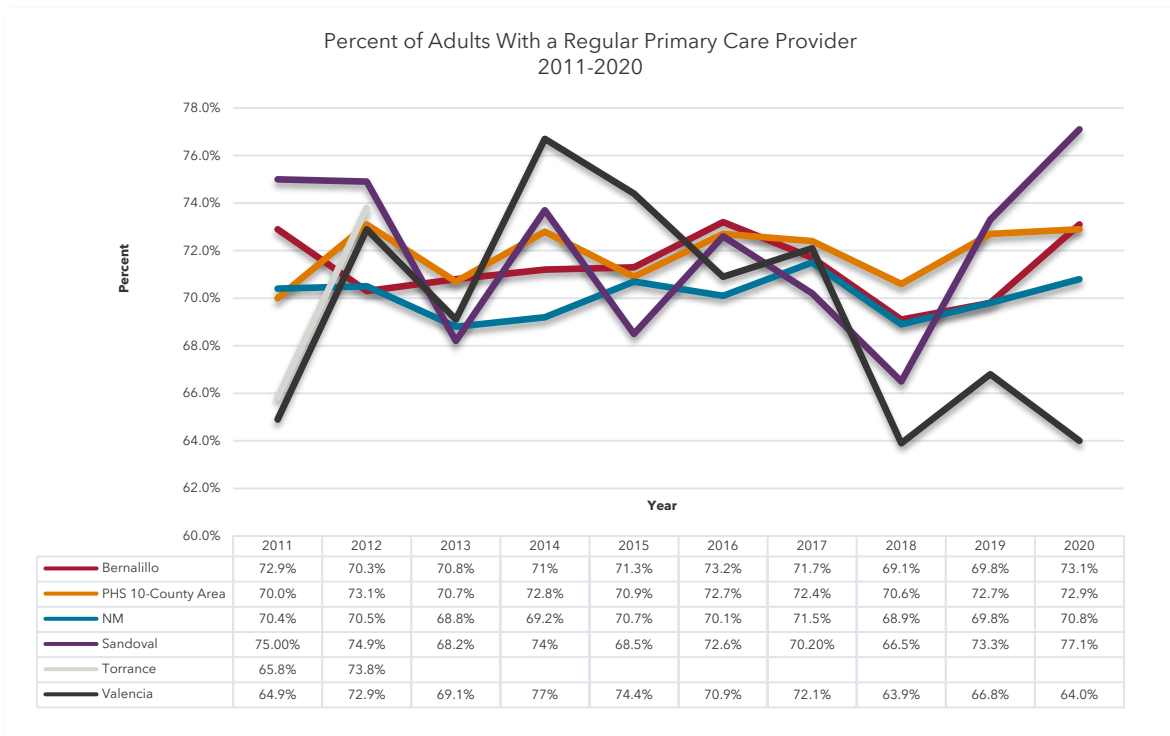


Figure 36. Adults with a Primary Care Provider. BRFSS 2011-2020.

Since 2011, the percent of population with health insurance has risen similarly to the PHS 10-County Area, NM, and the US overall. Once again, this metric is an indication of the ability for patients to get care but is not a reflection on whether community members can get care when they need it. The percent of people with health insurance dropped slightly in Valencia County in 2019 but rose again in 2020. Data for Torrance County were suppressed due to low numbers.

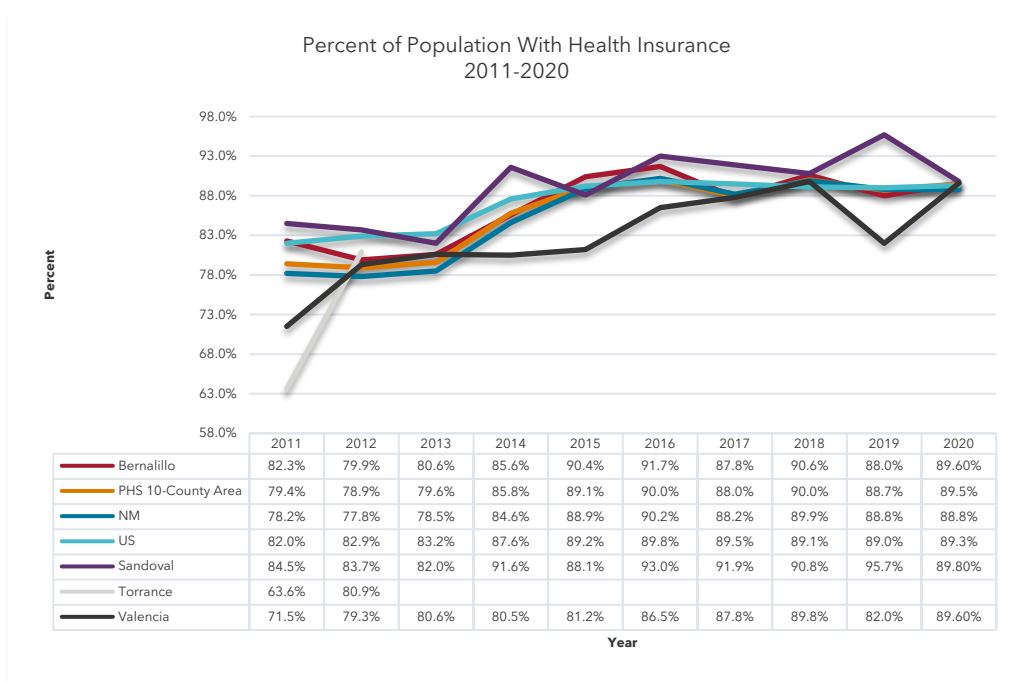


Figure 37. Insurance Coverage. BRFSS 2011-2020.

More individuals in Central New Mexico have health insurance and have an established primary care provider, which aligns with the percent of people who went without care due to cost decreasing during the same time period. This percentage dropped in 2020, which may be an indication of pandemic response to increase access to healthcare. The question in the ACS is worded such that participants are asked if they decided to not get care because they were worried about the cost. With New Mexico’s pandemic response plan, which included no-cost COVID care in 2020, this drastic drop may reflect that.

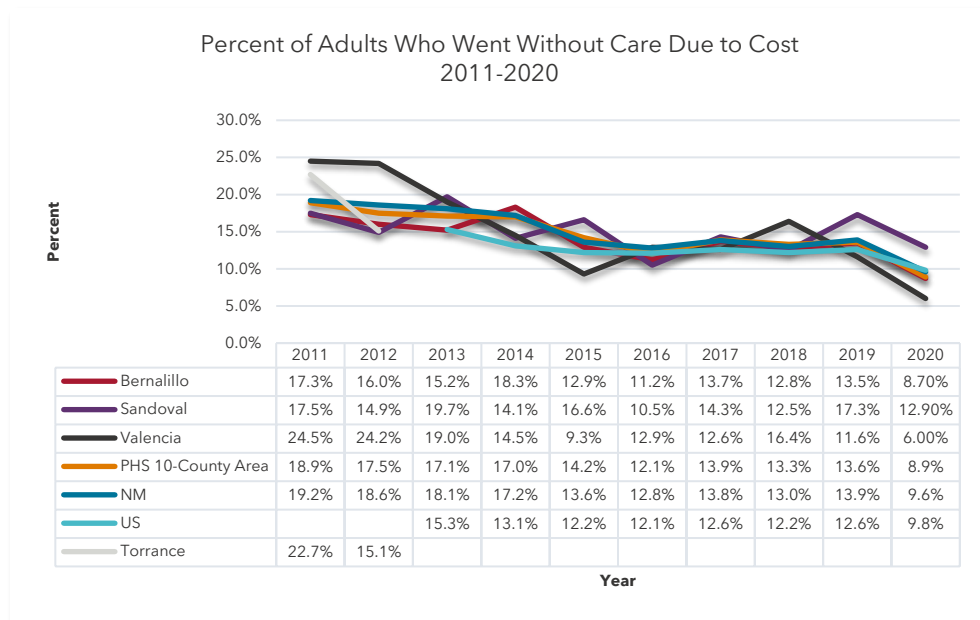


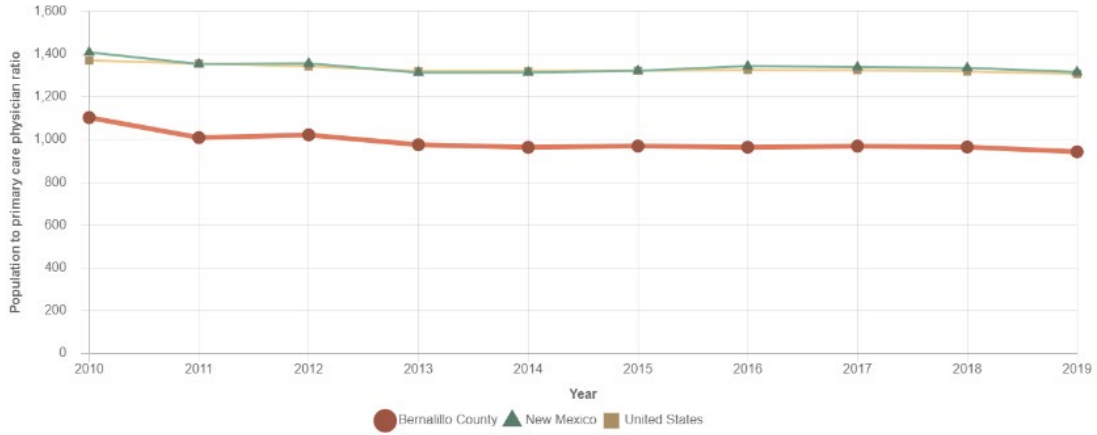
Figure 38. Foregoing Care due to cost. BRFSS 2011-2020.

According to the Health Resources and Services Administration (HRSA), all four counties in Central New Mexico are medically underserved areas.³⁰ The ratio of patients to primary care physicians in Central New Mexico counties is higher than the statewide ratio in all counties except for Bernalillo, which, while still a medically underserved area, has a better patient-to-provider ratio than many counties at 940:1. This indicates a need for additional primary care providers in all of Central New Mexico, but specifically in Torrance County, which has one of the highest ratios in the state. High ratios of patients to providers may impact the community’s ability to seek care when they need, even if they are established with a provider and have the insurance in place to be able to pay for a provider visit. This illustrates the multi-faceted issue of access to healthcare and some of the many barriers that individuals may experience when attempting to seek care.

³⁰ Health Resources & Services Administration Data Warehouse. Accessed 6/9/2022

Primary care physicians in Bernalillo County, NM County, state and national trends

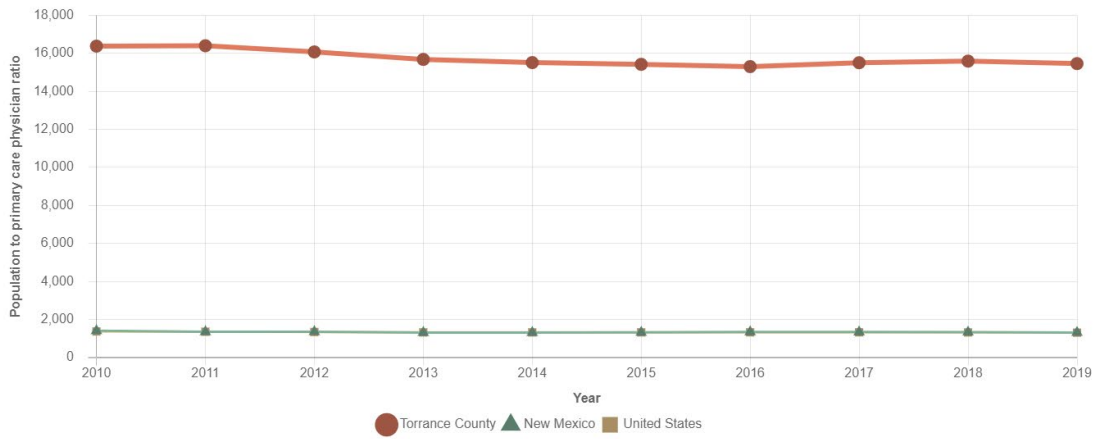
Bernalillo County is getting better for this measure.



Notes:
The data in this table reflect the average population served by a single primary care physician.

Primary care physicians in Torrance County, NM County, state and national trends

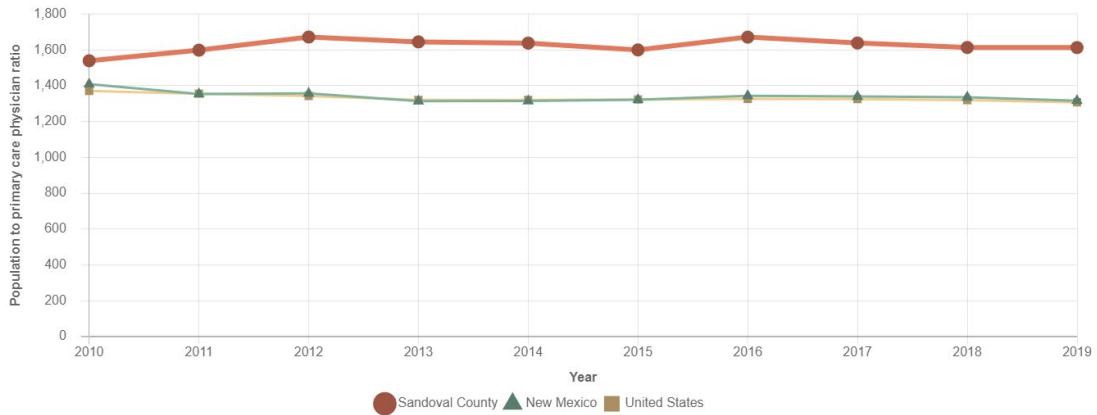
Torrance County is getting better for this measure.



Notes:
The data in this table reflect the average population served by a single primary care physician.

Primary care physicians in Sandoval County, NM County, state and national trends

Although no significant trend was found in Sandoval County for this measure, please note state and national trends.



Notes:
The data in this table reflect the average population served by a single primary care physician.

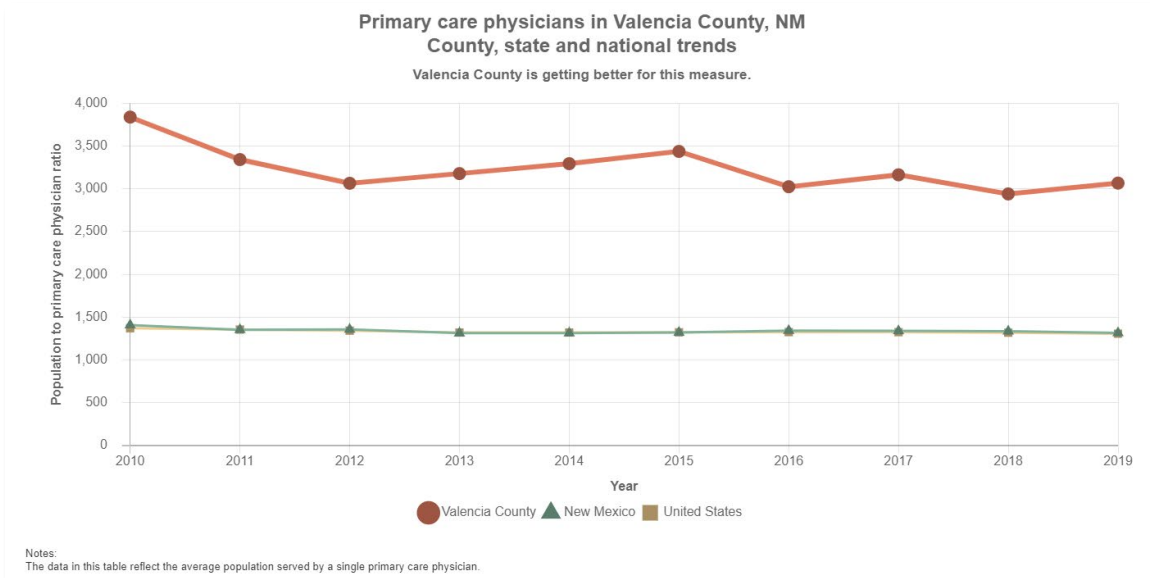


Figure 39. Number of people for every one primary care provider. County Health Rankings and Roadmaps. 2022.

Survey respondents provided feedback on the healthcare issues they are very concerned about. Most people said healthy eating and vaccinations were most important in this category, followed by active living.

Central NM Survey Responses - Top Areas of Concern for Healthcare									
HEALTHCARE ISSUES	BERNALILLO COUNTY		SANDOVAL COUNTY		TORRANCE COUNTY		VALENCIA COUNTY		
	Healthy eating	99	28.4%	95	29.7%	34	22.4%	117	30.2%
Vaccinations	100	28.7%	92	28.8%	35	23.0%	100	25.8%	
Active living	87	24.9%	84	26.3%	48	31.6%	95	24.5%	
Maternal/child health (pregnancy, birth)	53	15.2%	45	14.1%	31	20.4%	64	16.5%	
Other	10	2.9%	4	1.3%	4	2.6%	12	3.1%	
Total	349	100.0%	320	100.0%	152	100.0%	388	100.0%	

Table 16. Community Survey. Presbyterian 2022.

In fact, the community’s concern about vaccinations can be well placed and backed with data. The percent of adults who were vaccinated against influenza in 2020 decreased slightly from an increase in 2019. This decrease is potentially due to COVID and an overall perception that, as mentioned in community forums, flu shots weren’t needed in 2020 because so many people were locked down due to COVID. As illustrated above, COVID vaccine uptake is low in Torrance and Valencia Counties. Considering this and the overall low trend (more data are needed to analyze whether the decrease in 2020 is part of a trend or an outlier) of flu vaccinations (less than half the population), there may be significant vaccine mistrust in the community, which was a sentiment reflected in community conversations and vaccine confidence listening sessions.

Forum participants noted that circulation of misinformation about the COVID vaccine was an important factor in the low vaccine rates. Listening session participants also stressed that they got information from multiple sources and questioned the credibility or motives behind information they were exposed to and this generated distrust of the COVID vaccine information in general. The participants acknowledged being exposed to conflicting information on social media, which caused uncertainty and discouraged some from getting vaccinated. According to listening session participants, there may different reasons

“The moment you take the flu shot, it gets you more sick.”

communities in Central NM might or might not be likely to get annual flu vaccinations than those that affect their decisions to get vaccinated against COVID-19. While some participants rejected both vaccines, others might be inclined to get one but not the other. Flu shots are seen overall as optional, thoroughly tested, more accessible, less effective, less painful, and less necessary to prevent severe illness/risk when compared to the COVID-19 vaccine. There was also a common perception that flu vaccines almost always result in side effects and/or infection with the flu.

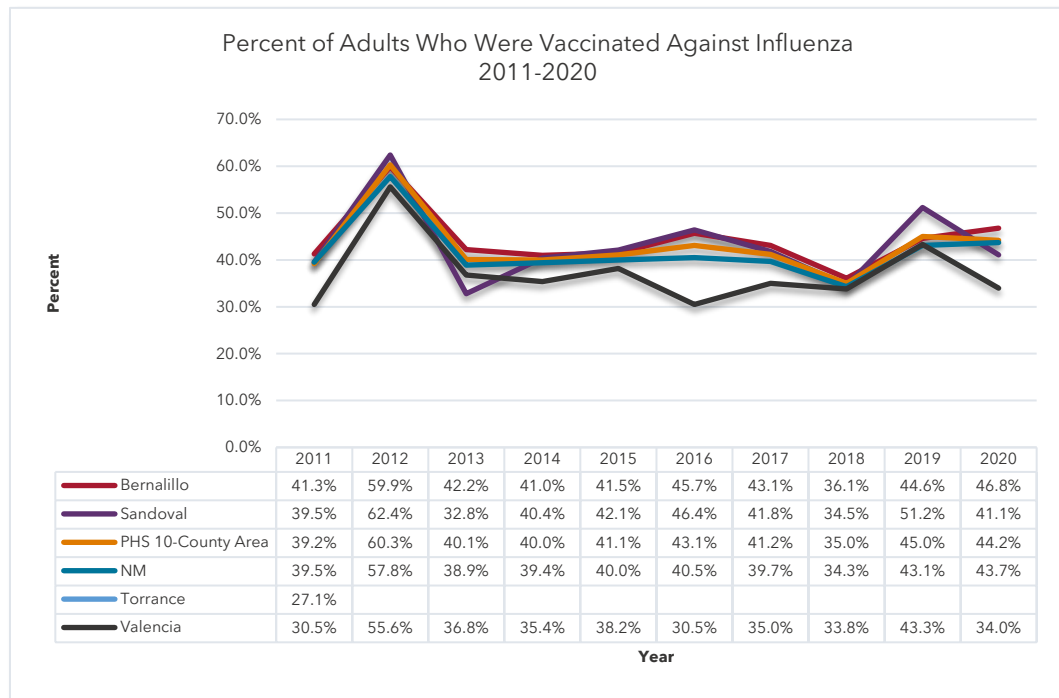


Figure 40. Influenza vaccination. BRFSS 2011-2020.

Physical Health

The broad area of Physical Health includes chronic conditions and ailments, vaccinations, and other factors that influence an individual’s ability to be healthy.

Survey respondents provided feedback on the chronic ailments and physical health conditions they are very concerned about. Most people indicated they were very concerned about COVID-19 followed by cancer, diabetes, and obesity. Other responses included cost of care in NM, respiratory diseases, and arthritis.

Central NM Survey Responses - Top Chronic and Physical Health Concerns								
	BERNALILLO COUNTY		SANDOVAL COUNTY		TORRANCE COUNTY		VALENCIA COUNTY	
COVID-19	111	25.7%	103	25.5%	43	24.4%	118	23.9%
Cancer	89	20.6%	85	21.0%	30	17.0%	95	19.3%
Obesity	75	17.4%	76	18.8%	34	19.3%	87	17.6%
Heart disease	72	16.7%	66	16.3%	35	19.9%	85	17.2%
Diabetes	78	18.1%	69	17.1%	29	16.5%	94	19.1%
Other	7	1.6%	5	1.2%	5	2.8%	14	2.8%
Total	432	100.0%	404	100.0%	176	100.0%	493	100.0%

Table 17. Community Survey. Presbyterian 2022.

Heart disease is a leading cause of death in Central New Mexico counties and statewide. One leading chronic condition that is a leading indicator of heart disease is elevated blood pressure. The percent of adults with high blood pressure (have been told by a doctor they have high blood pressure) is highest in Valencia County, which is the only one of the four Central New Mexico counties that is above the US prevalence and is showing a rising pattern. High blood pressure diagnoses are rising across New Mexico overall and in the PHS 10-County Area, including Bernalillo but appear to be decreasing in Sandoval County. Data were suppressed for Torrance County on a year-by-year basis, but for 2015-2019, Torrance County had a prevalence of high blood pressure of 41.3%, which is higher than the other counties in the same time period. This is an important metric for understanding indicators of future heart disease. However, because of the wording of this question in the BRFSS, this metric is dependent on access to a physician, so there may be some underreporting here.

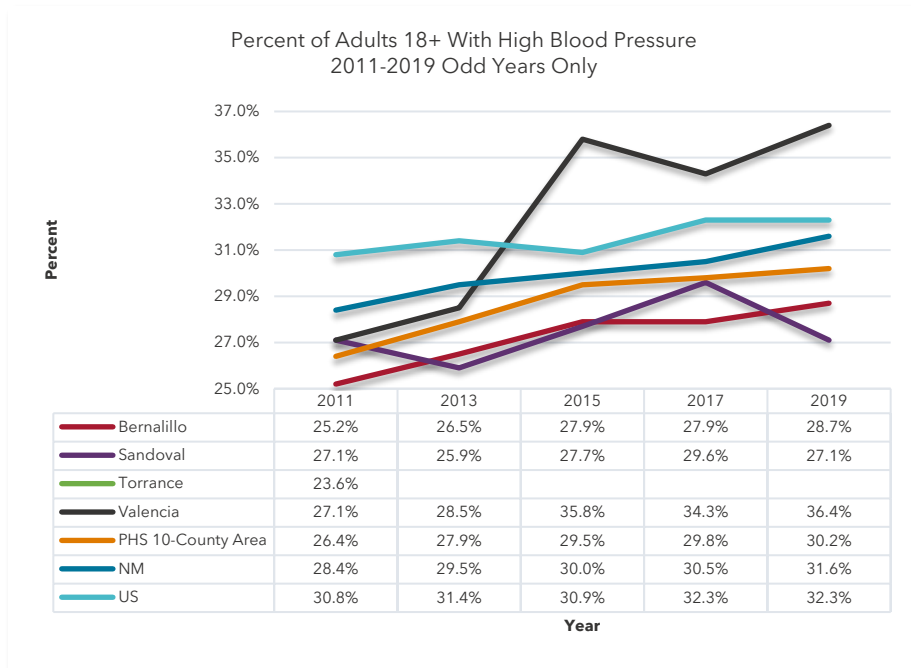


Figure 41. Adult High Blood Pressure. BRFSS 2011-2020 (odd years only).

Similarly, prevalence of diabetes is dependent on access to a physician for diagnosis. Diabetes rates in much of Central New Mexico have not changed significantly over the years. The diabetes prevalence in Sandoval County has been higher than other counties in Central New Mexico before coming back down around the prevalence statewide. The prevalence of diabetes in Valencia was on a downward trend from 2018-2020. Because diabetes is one of the top ten leading causes of death in New Mexico, chronic disease management programs are important for reducing further morbidity and mortality.

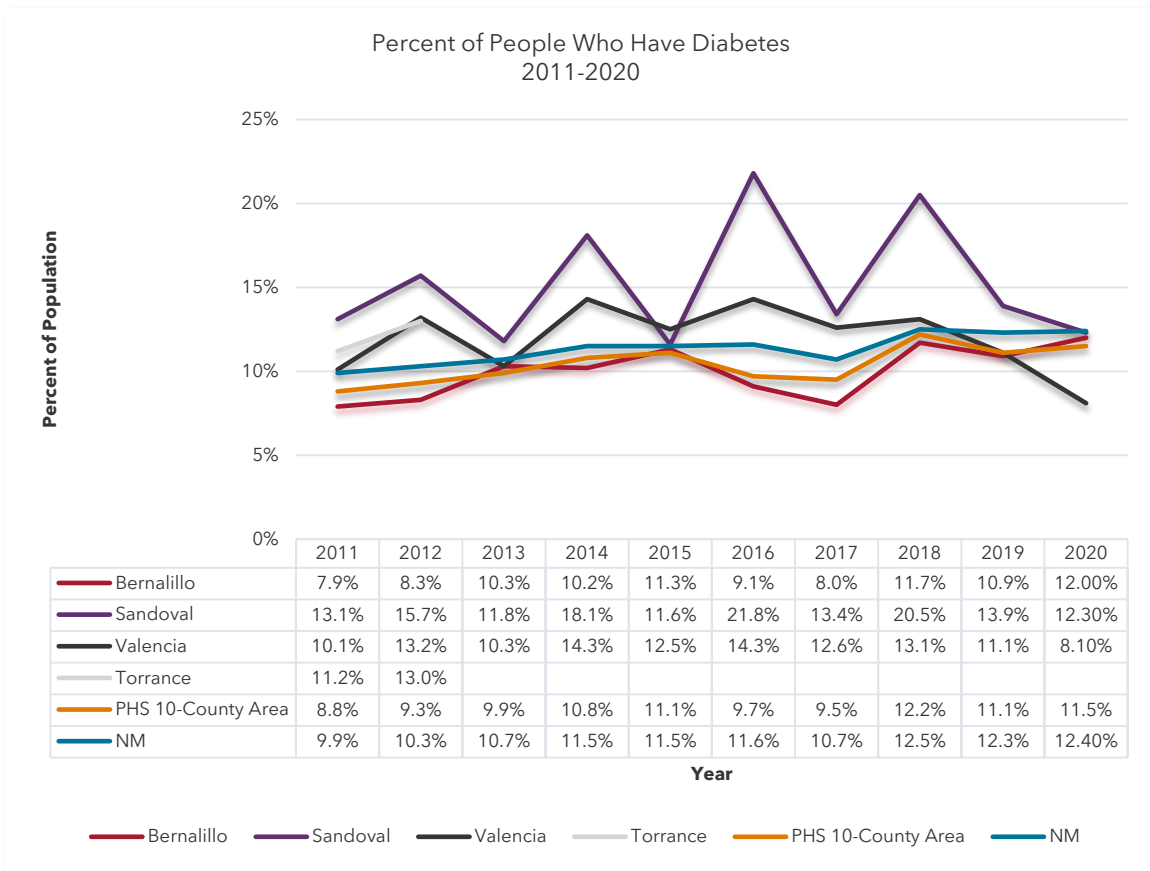


Figure 42. Adult Diabetes Prevalence. BRFSS 2011-220.

Patterns in healthy eating and living an active lifestyle can help us understand and predict prevalence and severity of some chronic diseases in communities. By understanding what areas of healthy eating and active living are lacking or trending unfavorably, we can design programs to increase opportunities for active living, nutrition education, and more.

Healthy eating and active living requires an expansion of its reach on some social determinants of health needs: lack of transportation to services and nutritious food, lack of walkability and bike lanes, need for additional parks and safe walking trails, reducing distance to grocery stores in a rural community, lack of access to nutritional food, need for affordable gyms, and the need for more community resources around healthy eating.

Healthy Eating

Overall, fewer youth in Central New Mexico counties are consuming the recommended amount of fruit and vegetables except for Torrance County, which saw a rise from 2017 to 2019. Across counties, fewer adults are reporting consuming the recommended amount of fruits and vegetables. One need that community members talked about in forums was the need to have better access to healthy food and the need to better understand how to use healthy foods in cooking.

Participants in both Youth and Spanish-speaking focus groups emphasized that access to healthy foods, nutrition education, and being able to cook for themselves and their families were top priorities for their health. Some expressed that a health-promoting asset is that their families and communities deeply value a holistic view of health, including nutrition as a vital component. Suggestions were made to design food education materials and programs specifically for women and mothers as they were typically responsible for shopping, cooking, and meal preparation and have the most influence over what the family eats. School-based nutrition education is valued and an asset that should be expanded.

Percent of High School Students Who Consumed 5+ Fruits or Vegetables Daily
2013-2019 Odd Years Only

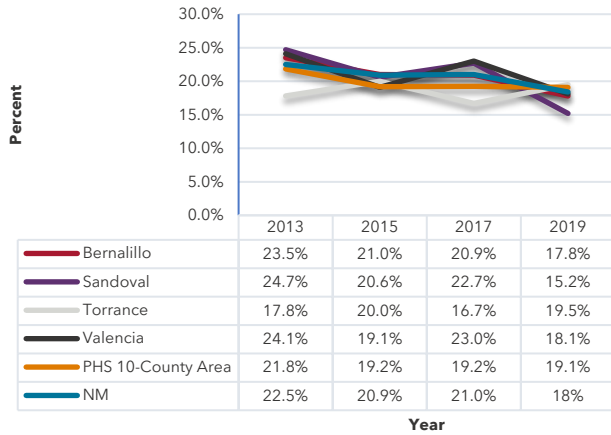


Figure 43. Youth fruit and vegetables consumption. NM YRRS 2005-2019.

Percent of Adults 18+ Who Consumed 5+ Fruits or Vegetables Daily
2011-2019 Odd Years Only

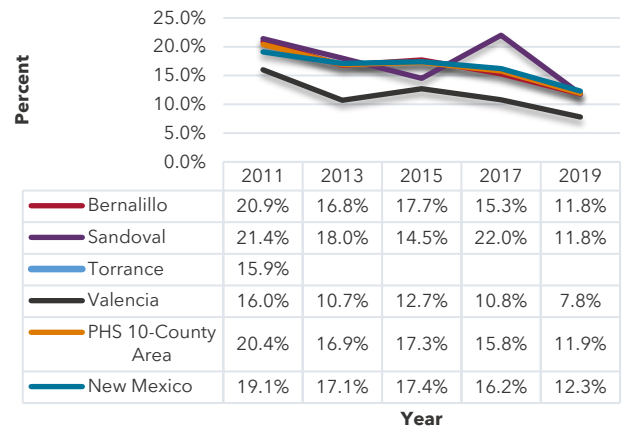


Figure 44. Adult fruit and vegetables consumption. BRFSS 2011-2019.

Active living

Physical activity has been linked to lower levels of chronic diseases such as uncontrolled diabetes, heart disease, and poor mental health.³¹ In Central New Mexico, fewer youth engaged in physical activity daily in 2019 compared to 2013. When compared to the PHS 10-County Area and New Mexico, slightly more youth are engaged in physical activity in Sandoval County. Young adult participants in our focus groups strongly linked opportunities for physical activity to mental health and social connection and felt barriers were not enough parks, gyms, and other safe spaces to gather with friends and be physically active.

Percent of Youth Who Engaged in Physical Activity Every Day
2013-2019 Odd Years Only

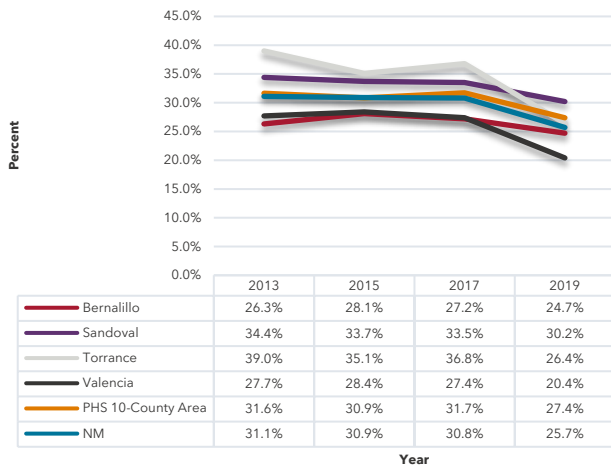


Figure 45. Youth Physical Activity. NM YRRS 2013-2019.

Percent of Adults 18+ Who Engaged in Recommended Physical Activity Weekly
2011-2019 Odd Years Only

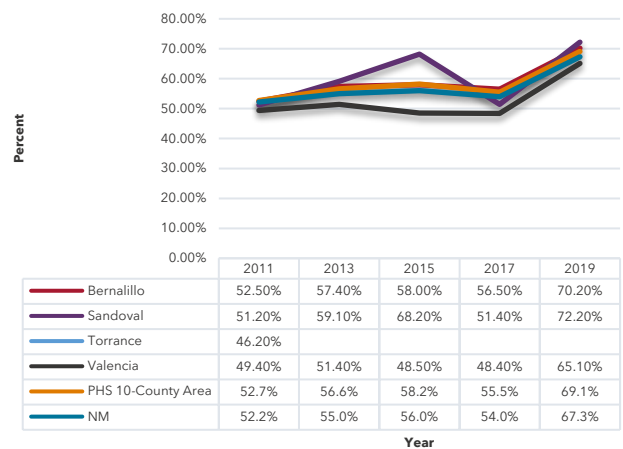


Figure 46. Adult Physical Activity. BRFSS 2011-2019 Odd Years Only.

³¹ Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics. <https://www.cdc.gov/physicalactivity/basics/index.htm>

In 2019, 67.3% of adults in New Mexico reported getting the recommended amount of physical activity. More people across all geographies in Central New Mexico, the PHS 10-County Area, and New Mexico were more physically active in 2019 compared to 2017.

Conclusions

Central New Mexico is a diverse set of counties that experience different social needs, disease burdens, and population complexities that contribute and create barriers to healthy communities. Bernalillo and Sandoval counties are ranked among the healthiest counties in New Mexico, per the RWJF County Health Rankings and Roadmaps framework, and Tarrant and Valencia Counties are less healthy, with Tarrant in the lower 25% of counties in health outcomes. Even though Bernalillo and Sandoval are ranked as healthy overall, there are persisting gaps and needs our communities experience. There are areas of health that are improving and areas that are getting worse. Life expectancy is decreasing while deaths of despair, substance use, and drug overdose are on the rise. Unemployment remains higher than pre-pandemic levels and pockets of the counties experience lack of access to services and resources. More people appear to have some of the necessary resources to access healthcare (insurance, a PCP), and the percent of people who forego care due to cost has decreased, but the number of providers to population remains too high to give our communities adequate access to healthcare resources. Indicators of chronic health issues continue to rise: the percent of people with high blood pressure is high while key indicators for chronic disease prevention (healthy eating, active living) are getting worse in some populations and better in others.

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Sources of Secondary Data - Appendix A

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2. Mental Health Status. BRFSS 2016-2020. Retrieved from <https://ibis.doh.nm.gov>
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APPENDIX A: PRIORITY AREA PROFILES

Community Health Assessment

Presbyterian Central New Mexico –
Presbyterian Hospital
Presbyterian Kaseman Hospital
Rust Medical Center

2023-2025

BEHAVIORAL HEALTH

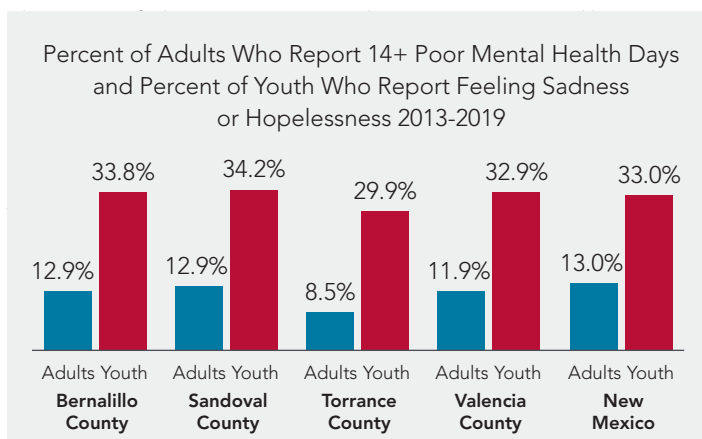


For the purposes of the 2023-2025 Community Health Assessment, Behavioral Health is defined as including individual behaviors and addressing mental health and wellness. This priority area encompasses a range of topics including substance use, anxiety, depression, mental well-being, suicide and others.

To help us keep track of our work and the impact of collective work in Behavioral Health, we have selected three key metrics that encapsulate the greatest health needs of our community: percent of adults who reported having 14 or more poor mental health days (BRFSS), percent of youth who report experiencing sadness and hopelessness (YRRS) and deaths of despair (NMDOH DVRHS).

Youth Sadness or Hopelessness Central New Mexico by Race and Sex	Female	Male
American Indian/Alaska Native	44.3%	30.2%
Asian/Pacific Islander	34.0%	32.0%
Black/African American	43.7%	24.2%
Hispanic	46.4%	23.9%
White	40.2%	24.6%

In Central New Mexico, more girls (n=3,068) reported feeling sadness and hopelessness when compared to boys (n=1,710). More 9th graders reported feeling sad or hopeless (n=1,338) but a higher percentage of 11th graders reported feeling sad and hopeless (35.6% compared to 33.9%). Seniors in Sandoval County high school had the highest percent reporting feeling sad or hopeless (41%). Native American youth reported feeling sadness and hopelessness at the highest rate (36.8%) when compared to other racial groups, but the largest count of all racial groups were Hispanic kids who felt sad or hopeless (n=2,453).¹



Men in Torrance County have a higher death rate for deaths of despair (drug overdose, suicide, and deaths 100% attributable to alcohol) with a death rate of 201.6 deaths for every 100,000 people, compared to women with a death rate of 56.3. Across all Central New Mexico counties and race/ethnicity categories, Native Americans in Bernalillo County had the highest rate of deaths of despair – 298.7, followed by Native Americans in Valencia County and Black/African Americans in Bernalillo County. Across all counties, the 35-44 age bracket has the highest death rate followed by 25-34 years in some counties and 45-54 years in other counties.³

Deaths of Despair, Rate Per 100,000 Population. Central New Mexico 2016-2020				
	Bernalillo	Sandoval	Torrance	Valencia
Male	172.9	110.8	201.6	135.8
Female	64.6	50.2	56.3	73.9

¹ New Mexico Youth Risk and Resiliency Survey. 2013-2017

² Mental Health Status. BRFSS 2016-2020. Retrieved from <https://ibis.doh.nm.gov>

³ NMDOH Bureau of Vital Records and Health Statistics. 2016-2020. Retrieved from <https://ibis.doh.nm.gov>

BEHAVIORAL HEALTH SERVICES AND RESOURCES



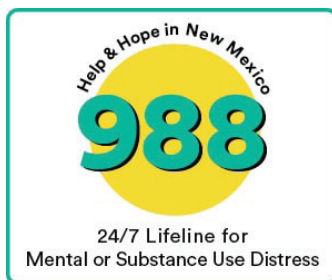
PRESBYTERIAN
Community Health

988

New Mexico Human Services Department, Behavioral Health Services Division

A 24/7 crisis support line for emotional, mental or substance misuse support. Call, text or chat to connect with a behavioral health professional.

- Dial 988
- Text "TALK" to 988
- Visit www.suicidepreventionlifeline.org/chat to chat online
- <https://988nm.org/>



CheckUp & Choices

A self-guided wellness program for alcohol and drug misuse.

- <https://checkupandchoices.com/>

Déjelo Ya

New Mexico Department of Health

Free help quitting all tobacco and vaping products for Spanish speakers. 24/7 support.

- Call 1-855-DEJELO-YA
- <https://dejeloya.org/>

Dose of Reality

New Mexico Human Services Department, Behavioral Health Services Division

A guide to treatment options and resources for opioid addiction.

- www.doseofreality.com/about-treatment

imi

Hopelab

imi is a free, digital, science-backed mental health web tool for queer teens to learn coping skills, hear stories from real LGBTQ+ teens, and explore resources that affirm queer identities and boost mental health.

- <https://imi.guide/>

Quit Now New Mexico

New Mexico Department of Health

Free help quitting all tobacco and vaping products. 24/7 support.

- Call 1-800-QUIT NOW
- <http://www.quitnownm.com/>

Rethinking Drinking

National Institutes of Health

Rethinking Drinking is designed for U.S. adults who drink alcohol.

Rethinking Drinking provides evidence-based information about alcohol and health along with tips, tools and resources for those who want to cut down on or quit drinking.

- <https://www.rethinkingdrinking.niaaa.nih.gov/>

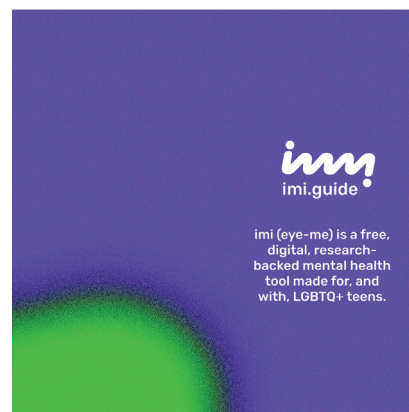
Share New Mexico

For more resources in your area, please visit <https://sharenm.org/>.



SHARE new mexico™
INFORMATION • IDEAS • PEOPLE • CHANGE
ShareNM.org

Equity Callout: LGBTQ+ Youth Mental Health Resource



SOCIAL HEALTH



Social determinants of health (SDOH) are “conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.”⁴ These determinants vary in impact by community, but overall include economic stability, educational access and quality, access to and quality of healthcare, neighborhood and built environment, social and community structures, racism and other forms of oppression, housing, transportation, access to nutritious food, pollution/environmental quality and more. SDOH contribute to one’s ability to live a healthy life.

Severe Housing Cost Burden

Severe housing cost burden is used to estimate housing insecurity risk and economic stability for households by illustrating the percent of households who spend 50% or more of their household income on

housing. This is an important metric to use to understand a community’s health because housing costs continue to rise while wages, in many areas, remain stagnant. When a household spends 50% or more of their income on housing alone, they may be forced to forego other costs, such as

16% of Bernalillo County households spend 50% or more of their household income on housing.

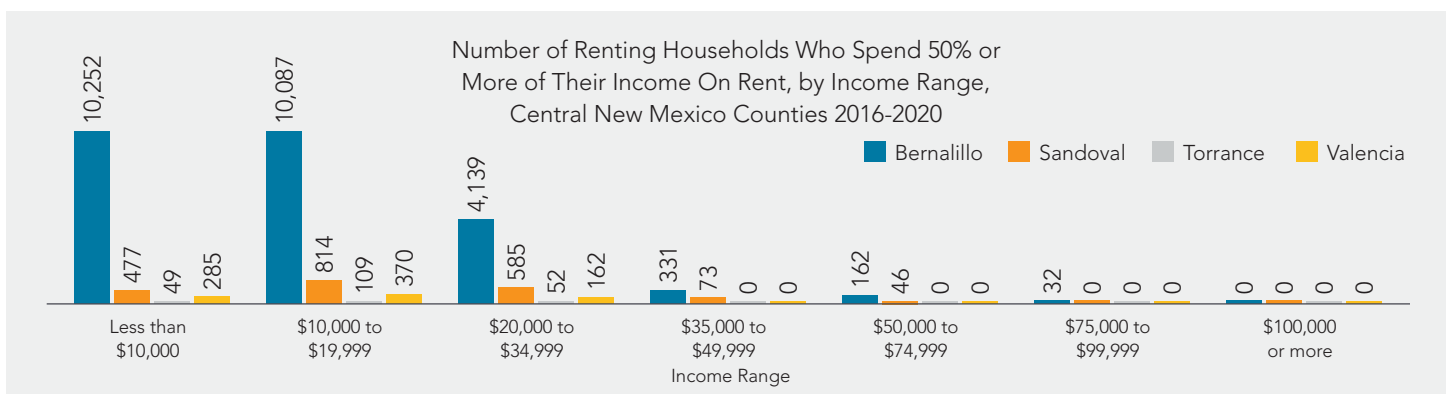
healthcare, healthy food or transportation. In Central New Mexico, a higher percentage of Bernalillo County residents spend 50% or more of their income on housing (16%), which is the highest in the PHS 10-County Area. About 11% of Valencia and Torrance County households and 10% of Sandoval County households spend 50% or more of their income on housing.⁵ About 80% of renters make less than \$20,000 per year across all counties and there appears to be an inverse relationship between income and percent of households who spend 50% or more of their income on housing – that is, as income rises among renters, the percent of households who spend 50% or more of their income on housing decreases, with the exception of people who make \$10-\$20k in Valencia, Torrance and Sandoval Counties.⁶

6.7% of households in Bernalillo County do not have a vehicle. (ACS 2016-2020) and **27%** of Valencia County has limited access to healthy foods. (USDA Food Environment Atlas)

Food Environment Index and Transportation

The Food Environment Index accounts for both distance to healthy foods (i.e. average distance to a supermarket) and income to assess how accessible healthy food is to communities (is healthy food affordable, is it accessible). We use this metric because it helps us understand where food deserts may exist, and because, according to the Robert Wood Johnson Foundation, food deserts have been correlated with high prevalence of obesity, overweightness, and premature deaths.⁷ Bernalillo County has the highest percent of households without a vehicle (6.7%) followed by Valencia, Torrance, then Sandoval Counties at 3.5%, 3% and 2.9% (BRFSS 2015-2019). Much of Torrance County is designated as an area with low income and low food access using a vehicle, as is parts of western Sandoval County. There are areas of Valencia and Bernalillo Counties (specifically the areas around Isleta Pueblo, the South Valley near Kirtland AFB and tribal areas in Sandoval County (Kewa and Jemez) where there is low income and low access at one and 20 miles for urban and rural areas.

Many parts of Albuquerque experience low income and low access at ½ mile – specifically the I-25 corridor, South Valley, and International District.⁸ (Food Access Research Atlas, USDA 2019). Given these complications, access to healthy food is a considerable challenge in our communities, even in urban areas like Albuquerque. This was echoed by community forum participants, who gave examples of personal experience in having to travel from their immediate community to get healthy food.



⁴ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 4/27/2022, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

⁵ Severe Housing Cost Burden. County Health Rankings. Retrieved from <https://www.countyhealthrankings.org/app/new-mexico/2022/measure/factors/154/data> on 7/25/2022

⁶ American Community Survey 2020 5-year estimates. US Census Bureau. Retrieved from <https://data.census.gov>

⁷ Robert Wood Johnson Foundation (RWJF). Food Environment Index. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/food-environment-index>

⁸ Food Access Research Atlas. USDA Economic Research Service. Retrieved from <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>



211 Helpline

United Way of Central New Mexico

Free connections to local services and resources. Free referrals to health and human services, government agencies and community-based organizations.

- Call 211 or (505) 245-1735
- <https://nmaging.state.nm.us/protecting-adults>

Adult Protective Services

New Mexico Aging and Long-Term Services Department

Report adult abuse, neglect or exploitation.

- (505) 476-4912 or toll-free 1-866-654-3219
- <https://nmaging.state.nm.us/protecting-adults>

BeWellNM

New Mexico Human Services Department Office of Superintendent of Insurance of New Mexico

Health insurance education and enrollment assistance.

- 1-833-862-3935
- <https://www.bewellnm.com/>



Coordinated Entry System

New Mexico Coalition to End Homelessness

The Coordinated Entry System is a process through which people experiencing homelessness can access quick and streamlined services, have their needs promptly assessed, and can get connected to appropriate and situation-specific housing services.

- (505) 772-0547
- <https://www.nmceh.org/aces>

Domestic Violence Resource Center

Free domestic violence education, prevention and resources.

- (505) 248-3165
- <https://www.dvrcnm.org/>

GoodRx New Mexico

Drug prices and discount coupons at pharmacies in New Mexico.

- (505) 772-0547
- <https://www.goodrx.com/pharmacy-near-me/all/nm>

NeedyMeds

A national non-profit that connects people to programs that will help them afford their medications and other healthcare costs.

- 1-800-503-6897
- <https://www.needymeds.org/>

NM Children, Youth and Families Department State of New Mexico

The New Mexico Children, Youth and Families Department provides an array of prevention, intervention, rehabilitative and after-care services to New Mexico children and their families.

To report child abuse or neglect (24/7 support):

- Call 1-855-333-SAFE [7233] or dial #SAFE from a cell phone
- <https://cyfd.org/>

New Mexico Home Fund

State of New Mexico

A program that helps renters and homeowners in New Mexico pay for their rent, mortgage and utility bills.

- 1-833-485-1334
- <https://nmhomefund.org/>

New Mexico Legal Aid

New Mexico Legal Aid provides free services to eligible low-income New Mexico residents with civil (non-criminal) matters.

- 1-833-LGL-HELP [545-4357]
- <https://www.newmexicolegalaid.org/>

Presbyterian Healthcare Services Financial Assistance

Medical expense assistance at Presbyterian-owned facilities.

- (505) 923-6600 or toll free 1-800-251-9292
- <http://www.phs.org/doctors-services/Pages/covering-your-care.aspx>

Rape Crisis Center of Central New Mexico

The Rape Crisis Center of Central New Mexico (RCCCNM) provides emotional support and advocacy to survivors of sexual assault and abuse throughout Central New Mexico and serves as a community resource on issues regarding prevention and awareness of sexual assault and abuse.

- (505) 266-7711 (24-hour hotline)
- <https://rapecrisiscnm.org/>

ReachNM

New Mexico Children Youth and Families Department

A text line for youth and teens to report abuse or neglect and get resources for food, housing, mental health concerns and social concerns like bullying or feelings of isolation.

- Text (505) 591-9444
- <https://cyfd.org/reach-nm#reach>

Roadrunner Food Bank of New Mexico

Statewide food assistance.

- (505) 349-5340
- <https://www.rffb.org/find-help/find-food/>

Share New Mexico

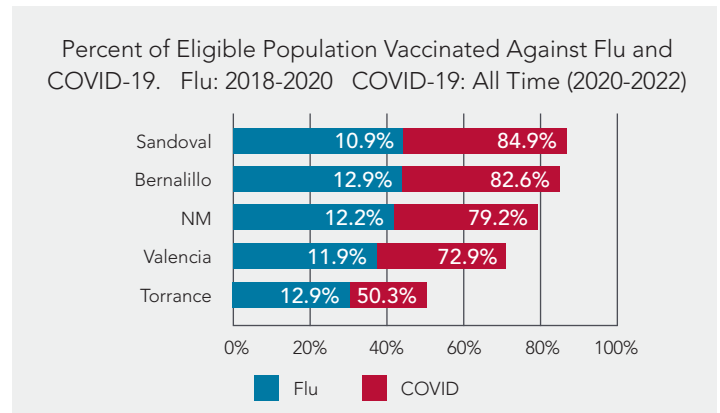
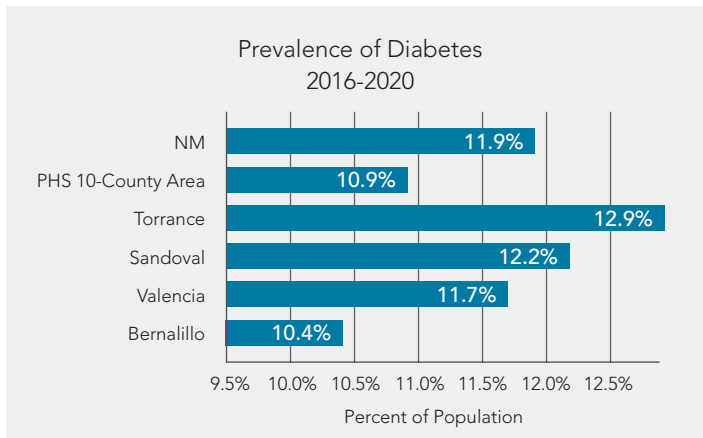
For more resources in your area, please visit <https://sharenm.org/>.



PHYSICAL HEALTH



Communities and epidemiological data show the physical health people experience to be a primary area of need in communities. This priority area comprises chronic diseases, such as diabetes and heart disease, vaccinations and infectious diseases, as well as access to care issues and topics that contribute to or help to resolve chronic health issues. Physical health is defined as the conditions that contribute to an individual's overall, long-term health. To quantify physical health and work toward overall goals, we've elected the following metrics to track over time: prevalence of diabetes (BRFSS), influenza and COVID vaccinations (BRFSS and NMDOH, respectively), and heart disease mortality rate (NMDOH BVRHS).



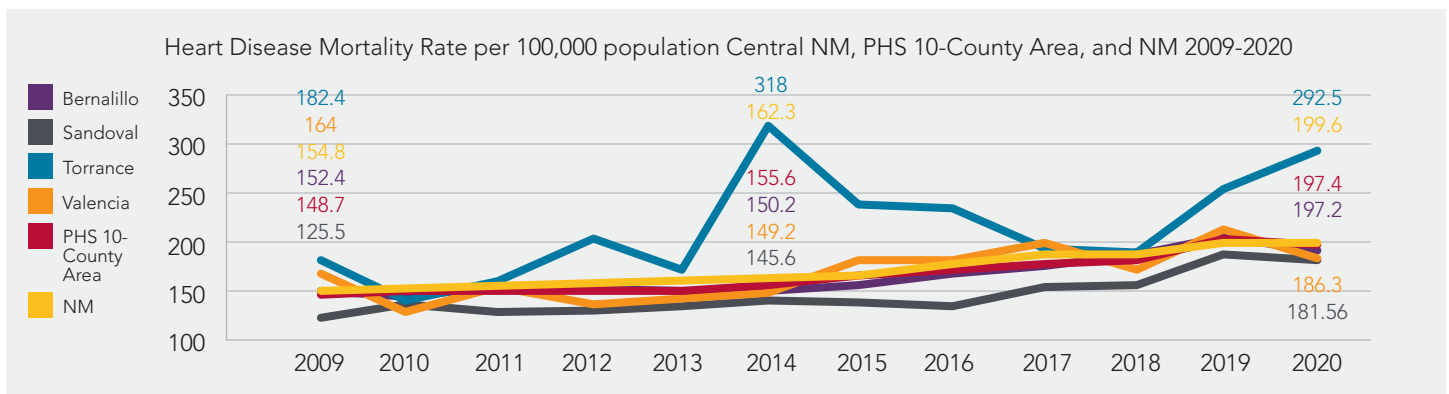
Diabetes is more common among Native American men and women in Central New Mexico Counties – 18.1% of Native American men and 15.1% of Native American women reported they have been told by a doctor they have diabetes. Diabetes prevalence is highest among Native Americans in Sandoval County when compared to other racial/ethnicity identities in the other counties at 28.2%. In Bernalillo County, diabetes is most prevalent among people with a household income of less than \$15k and for Sandoval and Valencia Counties, diabetes prevalence is highest among people who make between \$15k and \$25k per year.⁹

Bernalillo and Sandoval Counties have the highest vaccine coverage. Across all four counties, white women have the highest vaccination coverage – 51.9% of white women were vaccinated. This is followed by white men (45%) and Native American women (42.4%) (2016-2020). A higher percentage of white people (48.6%) were vaccinated when compared to Black/African American people (40.9%) and Hispanic/Latinx people (38%). Flu vaccination rates are low in Torrance and Valencia Counties, and

COVID-19 vaccination rates are lower in those counties than in the state overall.¹⁰

Torrance County has the lowest COVID vaccination coverage in Central New Mexico at 50.3% of the population having received both doses and only 55.8% have received one dose. COVID deaths and hospitalizations continue to be high in Central New Mexico. More work is needed to expand access to and combat misinformation of the COVID vaccine.¹¹

Heart disease deaths include deaths caused by hypertensive heart and renal disease, acute myocardial infarction, atherosclerotic cardiovascular disease, ischemic heart diseases, endocarditis, heart failure and other heart-related causes. Heart disease mortality rates in Torrance County have consistently been higher than in New Mexico overall. Most heart disease deaths were among white people (441.7 deaths per 1000,000 population), then among Hispanic/Latinx people (295.5 deaths per 100,000 population). Women had a higher death rate (426.1) than men (304.6). People aged 85+ had the highest rate of heart disease deaths (39,238 per 100,000 population). (BRFSS 2016-2020).



⁹ Dr. Diagnosed Diabetes. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS – <https://ibis.doh.nm.gov>

¹⁰ Influenza Vaccination Rates. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS – <https://ibis.doh.nm.gov>

¹¹ NMDOH COVID-19 Vaccine Dashboard. Retrieved from <https://vaccinenm.org/public-dashboard.html> on 8/5/2022



Aging and Disability Resource Center

New Mexico Aging and Long-Term Services Department

Assistance for elders, persons with disabilities and caregivers to find services and resources to help them live well and independently.

- 1-800-432-2080
- <https://nmaging.state.nm.us>

COVID-19 Hotline

New Mexico Department of Health

- 1-855-600-3453 (Toll Free)

New Mexico Kids

University of New Mexico, Early Childhood Services Center New Mexico

Early Childhood Education and Care Department

Early childhood resources, including child care programs and assistance.

- 1-800-691-9067
- <https://www.newmexicokids.org/>

Paths to Health New Mexico: Tools for Healthier Living

New Mexico Department of Health

Prevention and self-management programs designed to help adults manage or prevent chronic health conditions or injuries. Free in-person and virtual classes.

- <https://www.pathstohealthnm.org/>

Presbyterian Community Health

Presbyterian Healthcare Services

Presbyterian Partners with community-based organizations around the state to offer free in-person and virtual classes to the community.

- Fitness and Nutrition Classes: <https://phs.swoogo.com/commhealthclasses>
- Chronic Disease Self-Management Classes: <https://phs.swoogo.com/commhealthclasses/CDSM>

Families FIRST

New Mexico Early Childhood Education and Care Department

Families FIRST offers a go-to support system during pregnancy, infancy and throughout the first three years of a child's life for Medicaid-eligible families in New Mexico.

- 1-877-842-4152 (Toll Free)

Share New Mexico

For more resources in your area, please visit <https://sharenm.org/>.



SHARE new mexico™
INFORMATION • IDEAS • PEOPLE • CHANGE
[ShareNM.org](https://sharenm.org/)

APPENDIX B: HOSPITAL UTILIZATION BY HOSPITAL

Presbyterian Hospital (in Bernalillo County) Utilization

Source	Bernalillo	Sandoval	Valencia	Santa Fe	Cibola	Torrance
ED/UC*	76,715	7,657	7,141	1,415	1,059	799
IP	14,373	1,526	2,336	925	368	406
(*) "ED" = emergency department; "UC" = urgent care						

Table 18. Count of patients who received care at Presbyterian Hospital in 2021 by county of residence and encounter type.

Metric	Any # of Visits	1 Visit	2+ Visits	5+ Visits	20+ Visits
COUNT	101,676	75,124	26,552	2,165	46
PERCENT	100.0%	73.9%	26.1%	2.1%	0.0%

Table 19. Count of patients who received emergent and/or urgent care at Presbyterian Hospital in 2021 by number of repeat visits.

Rank	Diagnoses
1	COVID-19
2	CHEST PAIN
3	URINARY TRACT INFECTION
4	ACUTE UPPER RESPIRATORY INFECTION
5	NAUSEA WITH VOMITING
6	VIRAL INFECTION
7	GENERALIZED ABDOMINAL PAIN
8	EPIGASTRIC PAIN
9	STREPTOCOCCAL PHARYNGITIS
10	OTHER CHEST PAIN

Table 20. Top 10 primary diagnoses from Presbyterian Hospital emergent and urgent care encounters.

Presbyterian Kaseman Hospital (in Bernalillo County) Utilization

Source	Bernalillo	Torrance	Valencia	Santa Fe	Sandoval	Cibola
ED/UC*	23,266	1,085	944	891	764	168
IP	1,284	28	145	149	235	13
(*) "ED" = emergency department; "UC" = urgent care						

Table 21. Count of patients who received care at Presbyterian Kaseman Hospital in 2021 by county of residence and encounter type.

Metric	Any # of Visits	1 Visit	2+ Visits	5+ Visits	20+ Visits
COUNT	28,726	21,751	6,975	675	14
PERCENT	100.0%	75.7%	24.3%	2.3%	0.0%

Table 22. Count of patients who received emergent and/or urgent care at Presbyterian Kaseman Hospital in 2021 by number of repeat visits.

Rank	Diagnoses
1	COVID-19
2	CHEST PAIN
3	ALCOHOL ABUSE WITH INTOXICATION
4	NAUSEA WITH VOMITING
5	GENERALIZED ABDOMINAL PAIN
6	ABDOMINAL PAIN
7	EPIGASTRIC PAIN
8	URINARY TRACT INFECTION
9	OTHER CHEST PAIN
10	MAJOR DEPRESSIVE DISORDER WITH SINGLE EPISODE

Table 23. Top 10 primary diagnoses from Presbyterian Kaseman Hospital emergent and urgent care encounters.

Rust Medical Center (in Sandoval County) Utilization

Source	Bernalillo	Torrance	Valencia	Santa Fe	Sandoval	Cibola
ED/UC	12,805	11,363	540	322	297	138
IP	6,357	3,257	346	296	212	192
(*) "ED" = emergency department; "UC" = urgent care						

Table 24. Count of patients who received care at Rust Medical Center in 2021 by county of residence and encounter type.

Metric	Any # of Visits	1 Visit	2+ Visits	5+ Visits	20+ Visits
COUNT	26,814	21,024	5,790	434	2
PERCENT	100.0%	78.4%	21.6%	1.6%	0.0%

Table 25. Count of patients who received emergent and/or urgent care at Rust Medical Center in 2021 by number of repeat visits.

Rank	Diagnoses
1	COVID-19
2	CHEST PAIN
3	ABDOMINAL PAIN
4	NAUSEA WITH VOMITING
5	GENERALIZED ABDOMINAL PAIN
6	EPIGASTRIC PAIN
7	URINARY TRACT INFECTION
8	DIZZINESS AND GIDDINESS
9	HEADACHE, UNSPECIFIED
10	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019

Table 26. Top 10 primary diagnoses from Rust Medical Center emergent and urgent care encounters.

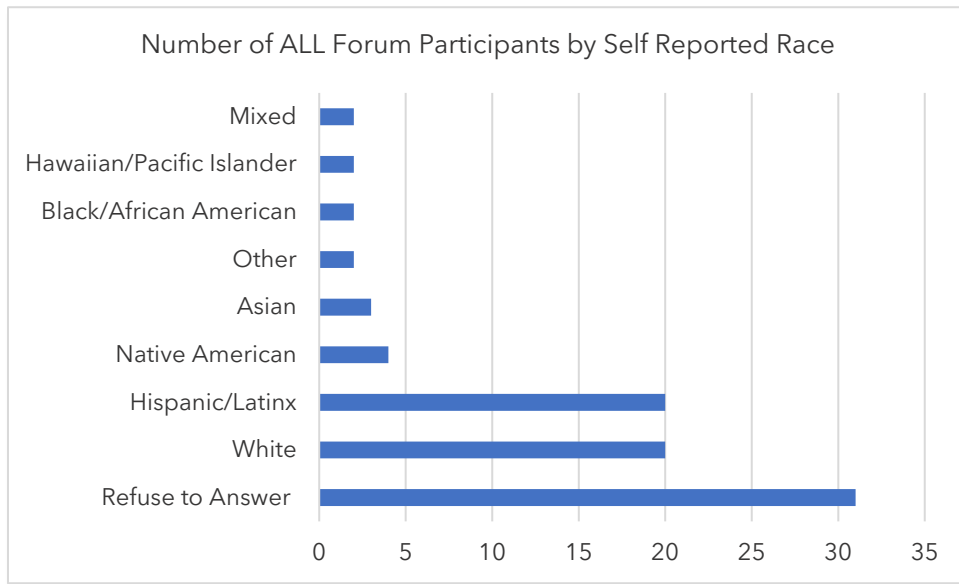
APPENDIX C: PEOPLE WITH INPUT INTO THE COMMUNITY HEALTH ASSESSMENTS AND COMMUNITY HEALTH IMPLEMENTATION PLANS

Community Forums

Information is presented as it was collected from community forum participants. Unusual or unexpected answers were self-reported and are reprinted here.

Community Forum Participation			
County	Community sector represented	# Forum 1	# Forum 2
Bernalillo County	Community member	5	0
	Healthcare provider/employee	2	11
	Local or state government employee	2	2
	Nonprofit/community- based organization employee	6	1
	Public health worker	2	1
	Private business employee	0	1
	Other	0	4
	Total	17	20
Sandoval County	College/university employee/researcher	1	1
	Community member	1	4
	Healthcare provider/employee	1	3
	Local or state government employee	2	3
	Nonprofit/community-based organization employee	4	5
	Public health worker	1	2
	Healthcare consumer	0	1
	Total	10	19
Torrance County (no attendance at second forum)	Community member	1	0
	Healthcare consumer or consumer advocate	1	0
	Local or state government employee	1	0
	Local school district employee	1	0
	Nonprofit/community-based organization employee	5	0
	Total	9	0
Valencia County	College/university employee/researcher	1	1
	Healthcare provider/employee	0	2
	Community member	5	3
	Local government employee	7	3
	Nonprofit/community-based organization employee	10	6
	Public health worker	2	4
	Total	25	19

All Forum Participants - Self-Reported Race



Organizations Represented in the Community Forums

Valencia Community Action Network	New Mexico Asian Family Center	Los Lunas Schools
NextNow Digital	Central New Mexico Community College – CNM	UNM Comprehensive Cancer Center
Quietly Inspired, LLC	Sandoval Health Collaborative	Assured Imaging
UNM Hospitals	Pueblo of Jemez Social Services	Community Wellness Council
Mexi	LC 16	New Mexico Department of Health
Tribal Liaison Program, County of Sandoval	Global IQ	New Mexico VA Medical Center
State of NM Economic Development Division	Village of Los Lunas	United Way of Central New Mexico
Sandoval County Health Council	Belen Police Department	Valencia County/Los Lunas DWI Program
Del Cielo Farm	Health Equity Council	XRANM
Servicios Y Mas Inc.	Roadrunner Food Bank of New Mexico, Inc.	International District Healthy Communities Coalition
Thom Allena Associates: Community and Organizational Psychologists	Presbyterian Community Health	ESTANCIA MUNICIPAL SCHOOLS
Torrance County JJB	Perpetual Tears Memorial Inc	

Community Survey

The Qualtrics survey collected five (5) responses while the Google survey collected 154 responses. Seventy-one (71) responses were identified as complete (survey submitted at the end of the survey) and 88 were identified as partially complete (survey started with some answers but not submitted).

Community Survey		Bernalillo County		Sandoval County		Torrance County		Valencia County	
Survey Completion		#	%	#	%	#	%	#	%
	Complete	136	47.9%	128	43.8%	83	45.9%	178	44.9%
	Partial	148	52.1%	164	56.2%	98	54.1%	218	55.1%
	Total	284	100.0%	292	100.0%	181	100.0%	396	100.0%
Gender									
	Missing	14	4.9%	4	1.4%	0	0.0%	5	1.3%
	Female	119	41.9%	133	45.5%	84	46.4%	184	46.5%
	Male	151	53.2%	155	53.1%	97	53.6%	207	52.3%
	Total	284	100.0%	292	100.0%	181	100.0%	396	100.0%
Race/Ethnicity									
	American Indian/Alaska Native	13	4.6%	27	9.2%	19	10.5%	21	5.3%
	Asian/Pacific Islander	5	1.8%	2	0.7%	0	0.0%	1	0.3%
	Black/African American	9	3.2%	16	5.5%	15	8.3%	11	2.8%
	Hispanic	62	21.8%	70	24.0%	41	22.7%	139	35.1%
	White	119	41.9%	111	38.0%	43	23.8%	95	24.0%
	Multiple	1	0.4%	1	0.3%	1	0.6%	5	1.3%
	Other	2	0.7%	3	1.0%	1	0.6%	1	0.3%
	Won't Say	47	16.5%	37	12.7%	47	26.0%	71	17.9%
	Missing	26	9.2%	25	8.6%	14	7.7%	52	13.1%
	Total	284	100.0%	292	100.0%	181	100.0%	396	100.0%
Age									
	Missing	14	4.9%	4	1.4%	0	0.0%	5	1.3%
	18-24	4	1.4%	10	3.4%	5	2.8%	12	3.0%
	25-34	19	6.7%	35	12.0%	26	14.4%	57	14.4%
	35-44	37	13.0%	45	15.4%	32	17.7%	89	22.5%
	45-54	55	19.4%	53	18.2%	40	22.1%	75	18.9%
	55-64	92	32.4%	75	25.7%	48	26.5%	106	26.8%
	65+	63	22.2%	70	24.0%	30	16.6%	52	13.1%
	Total	284	100.0%	292	100.0%	181	100.0%	396	100.0%
Community Sector									
	Nonprofit/community-based employee	21	7.4%	23	7.9%	17	9.4%	24	6.1%
	Education employee	21	7.4%	35	12.0%	29	16.0%	32	8.1%

	Local government employee	24	8.5%	32	11.0%	14	7.7%	32	8.1%
	Healthcare worker	30	10.6%	28	9.6%	28	15.5%	50	12.6%
	Private business employee	60	21.1%	58	19.9%	28	15.5%	81	20.5%
	Community member	61	21.5%	66	22.6%	36	19.9%	90	22.7%
	Missing	67	23.6%	50	17.1%	29	16.0%	87	22.0%
	Total	284	100.0%	292	100.0%	181	100.0%	396	100.0%



PRESBYTERIAN

Community Health



Welcome to Community Health Assessment Forum!



We'll get started shortly!

We Join our State in Working Toward These Goals*





Increase well-being among New Mexicans.



Outcome Measures



- Life Expectancy at Birth 
- 14+ Poor Mental Health Days in the last 30 days 

Reduce the impact of chronic conditions on our communities.

Outcome Measures

- Prevalence of Diagnosed Hypertension 
- Prevalence of Diagnosed Diabetes 

Measure	County	State	Direction
Life Expectancy	78.2	77.8	
Adult Mental Health – Not Good	15.3%	26.5%	

Measure	County	State	Direction
Dr. Diagnosed Hypertension	28.7%	31.6%	
Dr. Diagnosed Diabetes	10.9%	12.30%	

Top 10 Leading Causes of Death – Bernalillo County 2019

- Bernalillo County**
1. Heart Disease
 2. Cancer
 3. Unintentional Injuries
 4. Chronic Lower Respiratory Diseases
 5. Cerebrovascular Disease (stroke)
 6. Alzheimer's Disease
 7. Suicide
 8. Chronic Liver Disease and Cirrhosis
 9. Diabetes
 10. Homicide

- NM**
1. Heart Disease
 2. Cancer
 3. Unintentional Injuries
 4. Chronic Lower Respiratory Diseases
 5. Cerebrovascular Disease (stroke)
 6. Diabetes
 7. Chronic Liver Disease and Cirrhosis
 8. Alzheimer's Disease
 9. Suicide
 10. Influenza and Pneumonia



Behavioral Health

- ↓ Decrease over time
- ↑ Increase over time
- Change is good
- Change is bad

Source: BVRHS 2019, BRFS 2019, YRRS 2019
*5-year average to account for unstable data
Change over time = prior 5 years

Measure	County	State	Direction	Rank
Suicide Mortality	23.7	33.9	▬	21 of 33
Drug Overdose Deaths	36.9	28.8	↑	9 of 33
Youth Tobacco Use	35.1%	37.2%	↑	19 of 31
Youth Mental Health	40.8%	40.8%	↑	14 of 31
Youth Alcohol Use	25.7%	27.5%	↑	6 of 31
Adult Smoking	14.9%	15.8%	↓	16 of 31
Adult Binge Drinking	15.6%	14.7%	▬	10 of 31
Adult Heavy Drinking	6.6%	6%	↑	8 of 31
Youth Meth Use	3%	2.9%	↑	15 of 31
Youth Heroin Use	2.8%	2.7%	▬	15 of 30

COVID Considerations

Lack of Access to providers
Declining Mental Health
Increase in Substance Use

Health Equity Considerations

Stigma
Mental Health
Substance Use
Suicide/Homicide



What are some additional Behavioral Health considerations we should know about before we begin the planning phase?

How to overcome racism and other prejudices/negative attitudes that affect people's mental health

access to treatment vs incarceration.

Accessibility

Transportation issues

What resources are available, lack of awareness and education

How to provide most employees in the community with a living wage rather than a minimum wage

addressing stigma of experiencing behavioral health and encouraging support; working with employers and schools to provide better support to employees and students about Health and Wellness, Behavioral and Emotional Health, and Mindfulness

Living in rural area with limited services and access to care

providing housing for those with BH issues



What are some additional Behavioral Health considerations we should know about before we begin the planning phase?

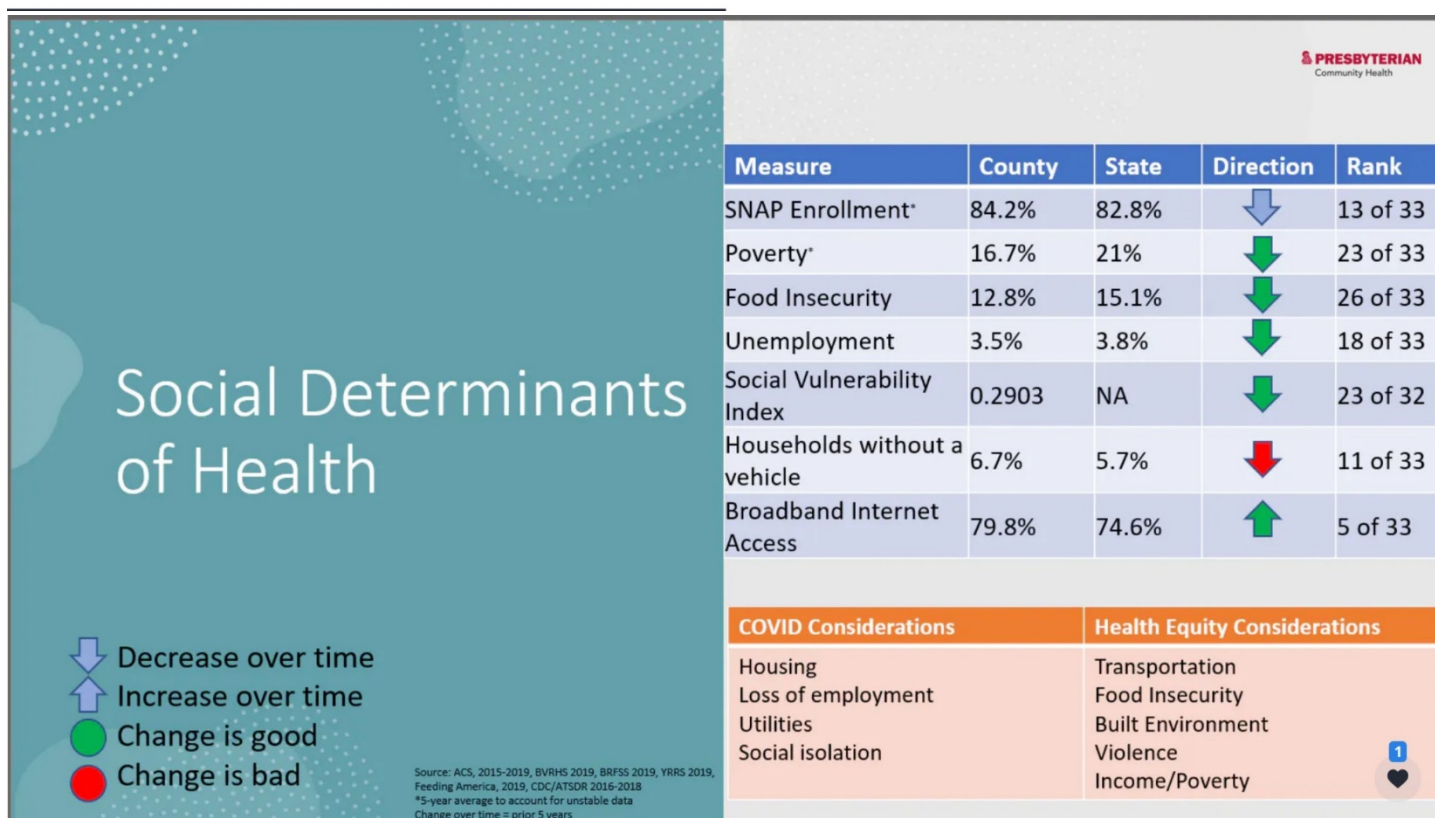
Behavior change coaching

How to find relevant, effective and "quicker" ways of training health care workers--especially community-oriented mental health helpers

Stigma

Consider how to define the negative impact on people's stress levels, and how to overcome this longer-term

13



What are some additional Social Determinants of Health considerations we should know about before we begin the planning phase?

High School graduation rates

Racism, discrimination, and violence

Commitment from more providers to consistently screen for SDOH

Education, job opportunities, and income

Safe, walkable & streets in neighborhoods that need it

Educational Level, Neighborhood Environment and Infrastructure, Level of Neighborhood-level Community Support and Programs, Community Infrastructure and Network

One--how to bring in different groups (economists, city planners, unions, etc.) to work on addressing the SoDs with the typical people (public health/community development)...

housing costs

Section 8 waitlists

15



What are some additional Social Determinants of Health considerations we should know about before we begin the planning phase?

Good paying jobs - living wages

Getting people to find ways to make the time for this--to recognize how important it is to work on these

Address health literacy as a SoD, and also as a cause of some SoDs

us of referral systems and types of referrals made





Learn how to analyze policies that promote negative SoDs

Lack of Funding





15



Access to Care

-  Decrease over time
-  Increase over time
-  Change is good
-  Change is bad

Source: ACS, 2015-2019, BVRHS 2019, BRFSS 2019
*5-year average to account for unstable data
Change over time = prior 5 years

Measure	County	State	Direction	Rank
People Insured	88%	88.8%		13 of 23
Vaccinated against Pneumonia	79.6%	71.6%		1 of 27
Prenatal Care	69.4%	65%	NA	7 of 33
Vaccinated against Flu	44.6%	43.1%		10 of 32
Went without care due to cost	13.5%	13.9%		11 of 23

COVID Considerations	Health Equity Considerations
<ul style="list-style-type: none"> Telehealth barriers Appointment Cancellations Vaccinations Treatment of other health needs 	<ul style="list-style-type: none"> Language Resources Accessibility Resources Health Outcomes based on Race/Ethnicity Health Insurance

What are some additional Access to Care considerations we should know about before we begin the planning phase?

Transportation

Lack of funding

lack of specialty care

For people who are poor (economically), they're poor because they lack power, not because they lack access to services.

Mistrust and misinformation

Cost of care

Cultural competency

32 out of the 33 counties are healthcare provider shortage areas and the pandemic has exacerbated not only the need for providers but the level of traveling practitioners, which could cost consumers of healthcare more for their services.

Providing services "where people are," and "at times people can come"

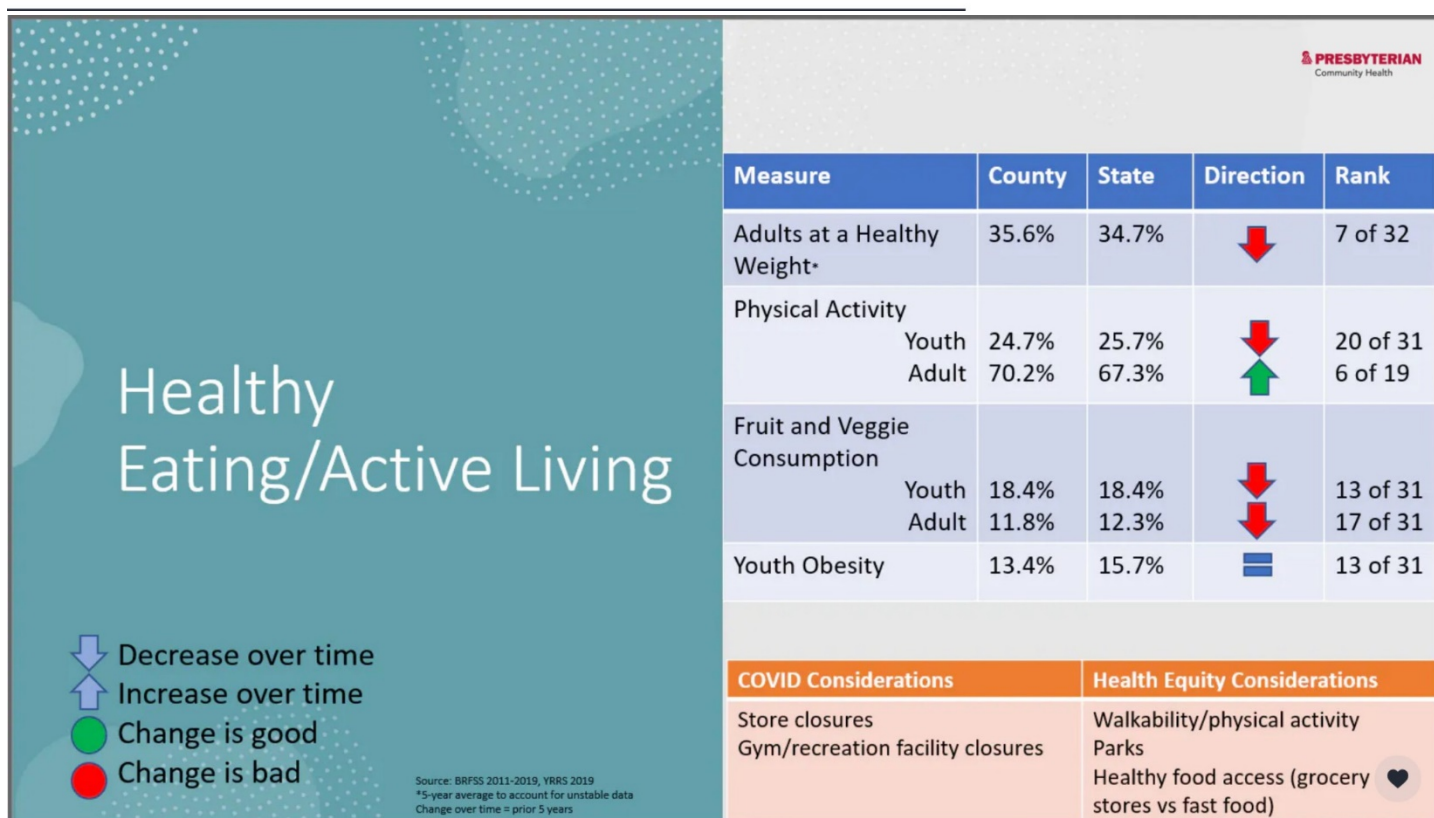
What are some additional Access to Care considerations we should know about before we begin the planning phase?

Family or advocate to help understand treatment options and DX

“Meeting people where they are at”

access to food

12



What are some additional Healthy Eating/Active Living considerations we should know about before we begin the planning phase?

Cost of healthy food	food deserts	Cost of healthy foods
Looking at zoning issues (or other policies/regulations) that may be keeping groceries with nutritional foods	Looking at opening spaces in urban areas to grow gardens (vegetables), etc.	Access to food
To many fast-food outlets	Regarding Physical Activity, safety of neighborhoods is a consideration as well as factoring in other forms of physical activity such as housework and childcare. Regarding Healthy Foods, inability to afford healthy local foods	Food apartheid







What are some additional Healthy Eating/Active Living considerations we should know about before we begin the planning phase?





Shortening work loads/times so families have time to cook more nutritional meals instead of being so tired they stop for dinner at fast-food places	Exploring individual barriers to nutrition and exercise behavior change at appointments (behavior change coaching)	Physical determinants such as access, education, skills (e.g. cooking) and time.
Social determinants such as culture, family, peers and meal patterns.	learning to cook healthy meals	



COVID and Other Causes of Mortality

-  Decrease over time
-  Increase over time
-  Change is good
-  Change is bad

Source: NMDOH 11/15/2021, BVRHS 2019
*5-year average to account for unstable data
Change over time = prior 5 years

Measure	County	State	Direction	Rank
COVID Case rate	12,480	14,899.1	-	22 of 33
COVID Deaths	1,148	5,191	-	1 of 33
COVID Vaccinations	77%	73.3%	-	9 of 33
Heart Disease Mortality	206.4	202.4		21 of 32
Diabetes Mortality	20.7	32.1		26 of 27
Homicide	12.5	11.1		9 of 33
Infant Mortality	5.1	5.9		13



What are some COVID-specific considerations we have not talked about yet?

Access in rural areas

Equity to get the vaccines and testing

How can we start planning for handling Long-term COVID problems...especially as we continue to lose medical personnel

Long-term and intergenerational affects of the trauma sustained by each individual and communities by the experience of this pandemic

Doubled up families

How to handle people's overall depression and fatigue over new variants, uncertainty in the vaccinations, in never seeing an "end" to all this

Impact on youth mental health

How to deal with the fact that we will not be going back "to normal"

Educational, income, and wealth gaps

12



What are some COVID-specific considerations we have not talked about yet?

COVID brought up inequities...but will we actually try to change and address the causes of these to improve the quality of life for those facing disparities

lack of child care

Cultural differences between patients and providers



Is there a public health topic that you feel is pressing enough to be included in our priority areas that we have not talked about today?

Violence happening within the community

Really learning to collaborate and work with each other in a multicultural, diverse, anti-racist, anti-class, etc. way to solve community problems

incarceration and why

Alignment of each healthcare organization's CNA with one another and with the State Health Improvement Plan; involving communities and partners with the alignment work and implementing solutions.

Including "critical thinking" into educational sphere-- into classrooms; teaching curriculum that doesn't "lie" to children

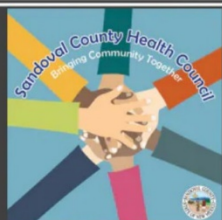
Involving more community members more often

Healthy Aging



PRESBYTERIAN

Community Health



Welcome to Community Health Assessment Forum!

We'll get started shortly!

We Join our State in Working Toward These Goals*



Increase well-being among New Mexicans.

Outcome Measures

Life Expectancy at Birth

14+ Poor Mental Health Days in the last 30 days

Reduce the impact of chronic conditions on our communities.

Outcome Measures

Prevalence of Diagnosed Hypertension

Prevalence of Diagnosed Diabetes

Measure	County	State	Direction
Life Expectancy	78.7	77.8	
Adult Mental Health – Not Good	14.4%	26.50%	

Measure	County	State	Direction
Dr. Diagnosed Hypertension	32.3%	31.60%	
Dr. Diagnosed Diabetes	13.9%	12.30%	

Top 10 Leading Causes of Death – Sandoval County 2019





Sandoval County

1. Heart Disease
2. Cancer
3. Unintentional Injuries
4. Chronic Lower Respiratory Disease
5. Cerebrovascular Disease (stroke)
6. Diabetes Mellitus
7. Chronic Liver Disease and Cirrhosis
8. Alzheimer’s Disease
9. Suicide
10. Influenza and Pneumonia










NM

1. Heart Disease
2. Cancer
3. Unintentional Injuries
4. Chronic Lower Respiratory Diseases
5. Cerebrovascular Disease (stroke)
6. Diabetes
7. Chronic Liver Disease and Cirrhosis
8. Alzheimer’s Disease
9. Suicide
10. Influenza and Pneumonia

Behavioral Health

-  Decrease over time
-  Increase over time
-  Change is good
-  Change is bad

Source: BVRHS 2019, BRFSS 2019, YRRS 2019
*5-year average to account for unstable data
Change over time = prior 5 years

Measure	County	State	Direction	Rank
Suicide Mortality	17.9	33.9		26 of 33
Drug Overdose Deaths	13.7	28.8		23 of 33
Youth Tobacco Use	36.5%	37.2%		16 of 31
Youth Mental Health	40.9%	40.8%		13 of 31
Youth Alcohol Use	28.2%	27.5%		18 of 31
Adult Smoking	30.7%	15.8%		1 of 31
Adult Binge Drinking	18%	14.7%		6 of 31
Adult Heavy Drinking	7.3%	6%		4 of 31
Youth Meth Use	2%	2.9%	flux	10 of 31
Youth Heroin Use	2.4%	2.7%		17 of 30

COVID Considerations

Lack of Access to providers
Declining Mental Health
Increase in Substance Use

Health Equity Considerations

Stigma
Mental Health
Substance Use
Suicide/Homicide

What are some additional Behavioral Health considerations we should know about before we begin the planning phase?

Lack of providers	Lack of access on tribal land	Culturally and linguistically humble and sensitive services
Increase in BH diagnoses as a result of Covid stressors	Community's lack of awareness of existing services	Gatekeepers



Social Determinants of Health

- Decrease over time
- Increase over time
- Change is good
- Change is bad

Source: ACS, 2015-2019; BVRHS 2019; BRFSS 2019, YRRS 2019, Feeding America, 2019, CDC/ATSDR 2016-2018
*5-year average to account for unstable data
Change over time = prior 5 years

PRESBYTERIAN
Community Health

Measure	County	State	Direction	Rank
SNAP Enrollment*	88.9%	82.8%		5 of 33
Poverty*	12.7%	21%		31 of 33
Food Insecurity	11.1%	15.1%		29 of 33
Unemployment	3.7%	3.8%		17 of 33
Social Vulnerability Index	0.0323	NA		31 of 32
Households without a vehicle *	2.9%	5.7%		32 of 33
Broadband Internet Access*	82.7%	74.6%		2 of 33

COVID Considerations	Health Equity Considerations
Housing Loss of employment Utilities Social isolation	Transportation Food Insecurity Built Environment Violence Income/Poverty

What are some additional Social Determinants of Health considerations we should know about before we begin the planning phase?

Analyze data by census tracts instead of zip codes

increase in living cost

unemployment rate

?How to evaluate degree of homelessness in Sandoval County?

Lack of even a conversation/awareness about homelessness in the county

public assistance- availability and criteria

Changes in grocery buying habits as a result of covid

Misinformation regarding Covid vaccinations



Access to Care

↓ Decrease over time

↑ Increase over time

● Change is good

● Change is bad

Source: ACS, 2015-2019, BVRHS 2019, BRFSS 2019
*5-year average to account for unstable data
Change over time = prior 5 years

PRESBYTERIAN
Community Health

Measure	County	State	Direction	Rank
People Insured	95.7%	88.8%	↑	20 of 23
Vaccinated against Pneumonia	76%	71.6%	↑	-
Prenatal Care	71.6%	65%	NA	4 of 33
Vaccinated against Flu	51.2%	43.1%	↑	18 of 32
Went without care due to cost	17.3%	13.9%	↑	6 of 23

COVID Considerations

Telehealth barriers
Appointment Cancellations
Vaccinations
Treatment of other health needs

Health Equity Considerations

Language Resources
Accessibility Resources
Health Outcomes based on
Race/Ethnicity
Health Insurance

What are some additional Access to Care considerations we should know about before we begin the planning phase?

waiting lists for some services

affordability of copayments

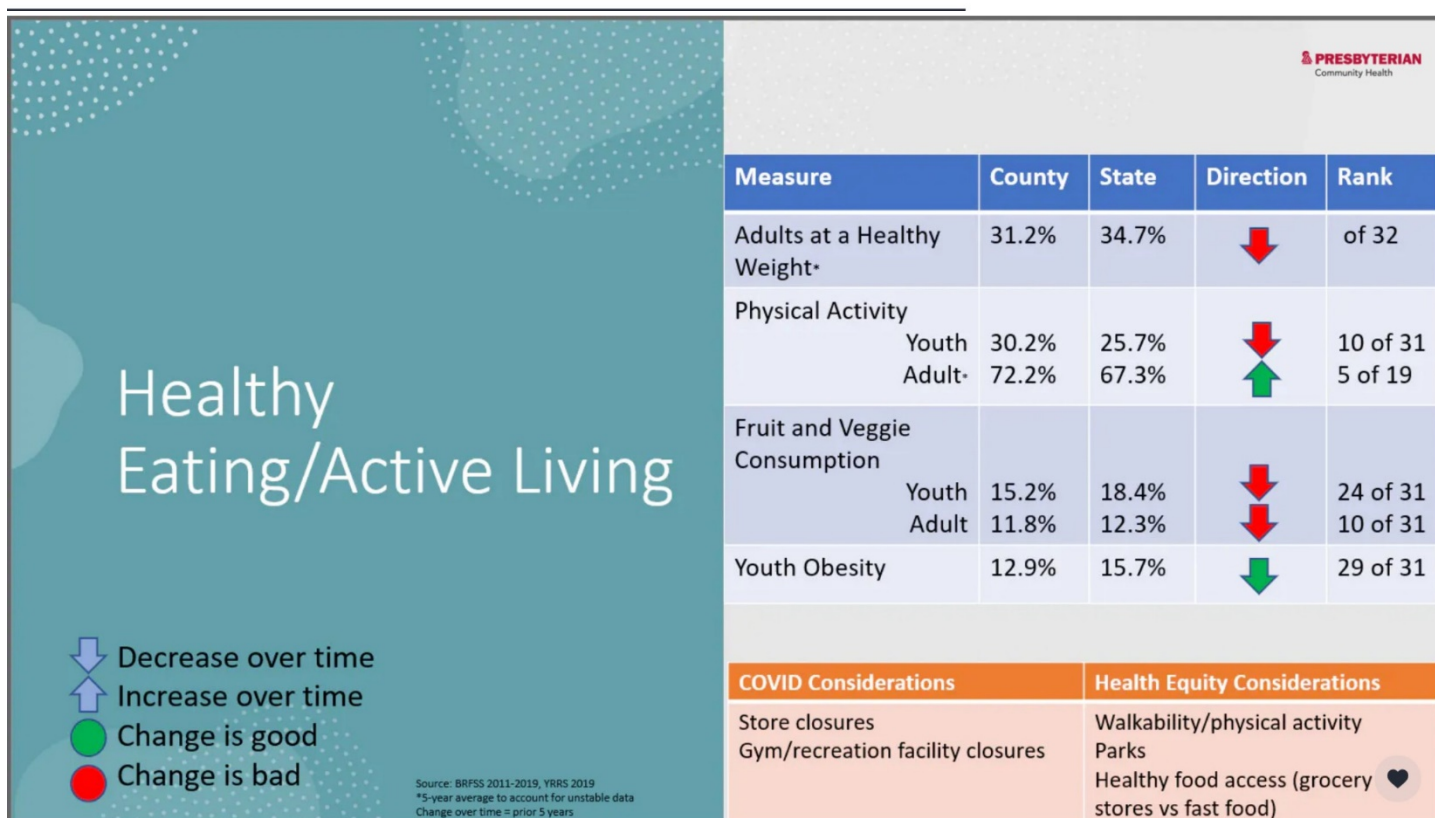
Lack of technology to access telehealth

lack of providers

level of comfort using technology

transportation-cost of gas

Lack of healthy choices in some communities



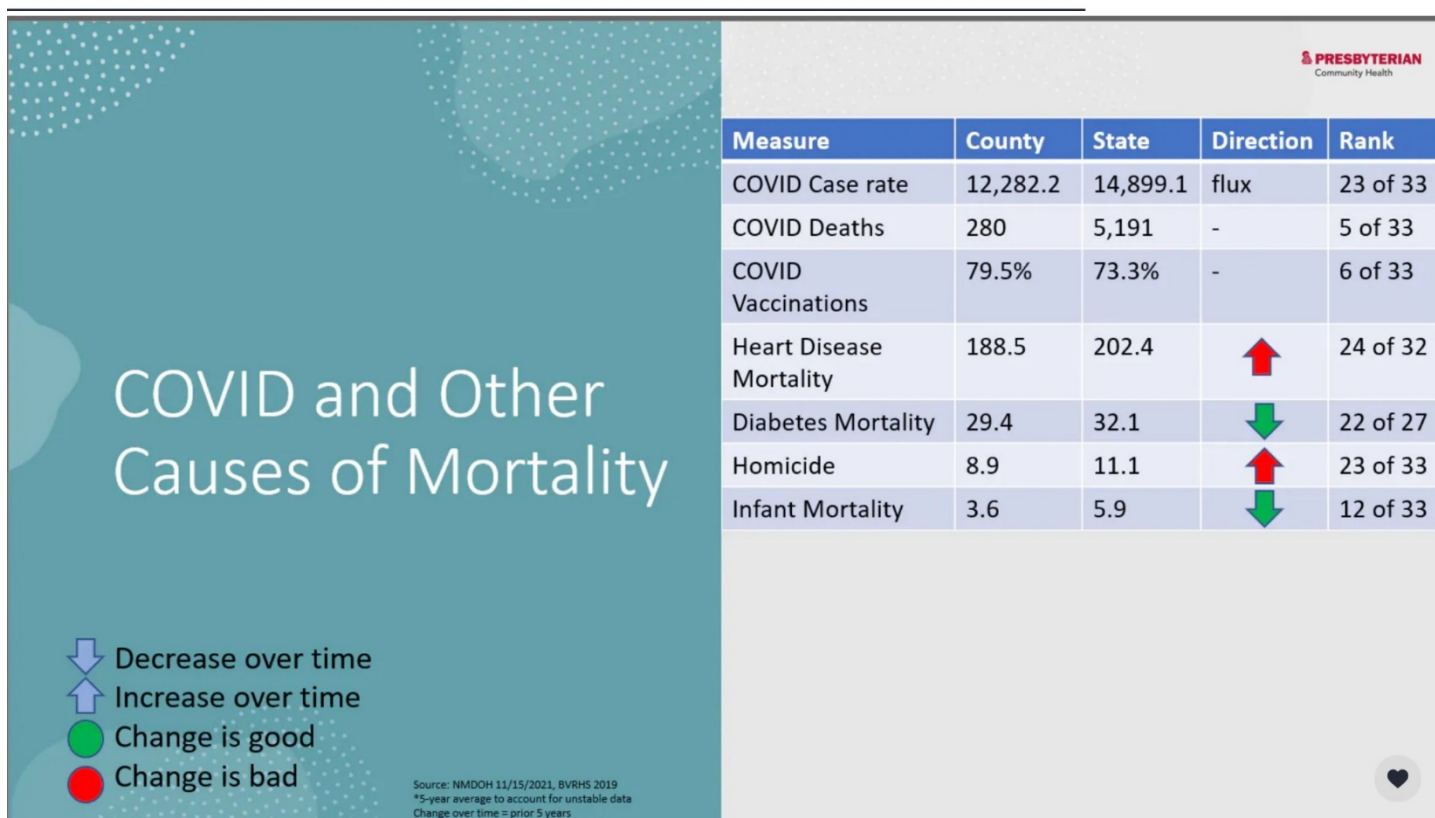
What are some additional Healthy Eating/Active Living considerations we should know about before we begin the planning phase?

high cost of healthy food v. "junk" food

Lack of healthy choices and access to healthy foods in smaller communities

accelerating food costs

time management



What are some COVID-specific considerations we have not talked about yet?

Rethinking how we build capacity



Is there a public health topic that you feel is pressing enough to be included in our priority areas that we have not talked about today?

domestic violence

Misinformation regarding Covid

Rethinking how we rebuild capacity

ER access/services

Broadband access



PRESBYTERIAN

Community Health



Welcome to Community Health Assessment Forum!
We'll get started shortly!

We Join our State in Working Toward These Goals*



Increase well-being among New Mexicans.

- Outcome Measures**
- Life Expectancy at Birth
 - 14+ Poor Mental Health Days in the last 30 days

Reduce the impact of chronic conditions on our communities.

- Outcome Measures**
- Prevalence of Diagnosed Hypertension
 - Prevalence of Diagnosed Diabetes

Measure	County	State	Direction
Life Expectancy	77.6	77.8	
Adult Mental Health – Not Good	7.1%	26.5%	

Measure	County	State	Direction
Dr. Diagnosed Hypertension	41.3%	31.6%	
Dr. Diagnosed Diabetes	7.7%	12.3%	

Top 10 Leading Causes of Death - Torrance

Torrance County

1. Heart Disease
2. Cancer
3. Chronic Lower Respiratory Diseases
4. Unintentional Injuries
5. Cerebrovascular Disease (stroke)
6. Suicide
7. Diabetes
8. Chronic Liver Disease and Cirrhosis
9. Kidney Disease
10. Septicemia

NM

1. Heart Disease
2. Cancer
3. Unintentional Injuries
4. Chronic Lower Respiratory Diseases
5. Cerebrovascular Disease (stroke)
6. Diabetes
7. Chronic Liver Disease and Cirrhosis
8. Alzheimer's Disease
9. Suicide
10. Influenza and Pneumonia



Behavioral Health

- Decrease over time
- Increase over time
- Change is good
- Change is bad

Measure	County	State	Direction	Rank
Suicide Mortality	44	33.9		6 of 33
Drug Overdose Deaths	18.8	28.8		13 of 33
Youth Tobacco Use	45.9%	37.2%		7 of 31
Adult Mental Health - Poor	7.1%	26.5%		Not ranked
Youth Mental Health	41%	40.8%		12 of 31
Youth Alcohol Use	30.2%	27.5%		11 of 31
Adult Smoking	20.4%	15.8%		Not ranked
Adult Binge Drinking	4.5%	14.7%		Not ranked
Adult Heavy Drinking	1.3%	6%0		Not ranked
Youth Meth Use	3.4%	2.9%		11 of 31
Youth Heroin Use	4.4%	2.7%		5 of 30

COVID Considerations

Lack of Access to providers
Declining Mental Health
Increase in Substance Use

Health Equity Considerations

Stigma
Mental Health
Substance Use
Suicide/Homicide



What are some additional Behavioral Health considerations we should know about before we begin the planning phase?

Covid

Realistic plan based on services we have in Torrance

We need a better picture of what is actually out here. There ARE a few providers, but we often don't know who they are.

One MH provider has a wait list of over 40 people. That is 40 people who are not receiving necessary services.



Social Determinants of Health

Decrease over time

Increase over time

Change is good

Change is bad

PRESBYTERIAN
Community Health

Measure	County	State	Direction	Rank
SNAP Enrollment*	80.9%	82.8%		21 of 33
Poverty	23.7%	21%		12 of 33
Food Insecurity	16.3%	15.1%		14 of 33
Unemployment	3.3%	3.8%		13 of 33
Social Vulnerability Index	0.3226	NA		22 of 32
Households without a vehicle	3%	5.7%		31 of 33
Broadband Internet Access	63%	74.6%		16 of 33

COVID Considerations	Health Equity Considerations
Housing Loss of employment Utilities Social isolation	Transportation Food Insecurity Built Environment Violence Income/Poverty

What are some additional Social Determinants of Health considerations we should know about before we begin the planning phase?

Some people are afraid of the stigma associated with receiving social assistance

Work environment and opportunities

Location of services like SNAP, is far away from other parts of the county. They are asking that they apply online but no connectivity.

Social/community context

Food security, access to grocery stores

Social isolations has increased stress and anxiety

Afraid of judgment.

There are only two grocery stores in Torrance County - one in Moriarty and one in Mountainair. People in the eastern and southeastern parts of the county have few options.

Maybe some healthy choices. Estancia only has gas stations and dollar stores.







What are some additional Social Determinants of Health considerations we should know about before we begin the planning phase?





Senior Citizen need more help with Food Security

Quality of food available



Access to Care

-  Decrease over time
-  Increase over time
-  Change is good
-  Change is bad

Measure	County	State	Direction	Rank
People Insured	94%	88.8%		-
Vaccinated against Pneumonia	71.2%	71.6%		-
Prenatal Care	60%	65%	NA	26 of 33
Vaccinated against Flu	27.8%	43.1%		31 of 32
Went without care due to cost	3.4%	13.9%		-

COVID Considerations	Health Equity Considerations
Telehealth barriers Appointment Cancellations Vaccinations Treatment of other health needs	Language Resources Accessibility Resources Health Outcomes based on Race/Ethnicity Health Insurance

What are some additional Access to Care considerations we should know about before we begin the planning phase?

Availability of care

Information - some people don't know what is available.

More providers

Providers are at capacity or retiring

Trust in health care providers. Maybe by explanation of confidentiality that their upheld to for patients.





Diverse providers







Dental Care


Repeating what others are saying, but not enough access to groceries



Healthy Eating/Active Living

-  Decrease over time
-  Increase over time
-  Change is good
-  Change is bad

Measure	County	State	Direction	Rank
Adults at a Healthy Weight	38.1%	33.9%		-
Physical Activity	Youth 26.4%	25.7%		16 of 31
	Adult 52.8%	67.3%		-
Fruit and Veggie Consumption	Youth 19.5%	18.4%		12 of 31
	Adult 7.4%	12.3%		-
Youth Obesity	14.7%	15.7%		24 of 31

COVID Considerations	Health Equity Considerations
Store closures Gym/recreation facility closures	Walkability/physical activity Parks Healthy food access (grocery stores vs fast food) 

What are some additional Healthy Eating/Active Living considerations we should know about before we begin the planning phase?

Access to healthy foods.

Only stores in smaller towns sell boxed food or junk food

People are afraid of personal infractions, recently. So whereas physical activity with friends is almost diminished in adults. Schools still allow for sports.

Interaction not infraction

Not many summer rec programs

More education in schools and allow kids to be outside more.

Same thing others are saying - little access to groceries



COVID and Other Causes of Mortality

Measure	County	State	Direction	Rank
COVID Case rate	10,230.5	287,016	-	27 of 33
COVID Deaths	20	5,191	-	25 of 33
COVID Vaccinations	45%	73.3%	-	31 of 33
Heart Disease Mortality	251.2	202.4	↓	10 of 32
Diabetes Mortality	25.1	32.1	↑	25 of 27
Homicide	0	11.1	-	-
Infant Mortality	6.3	5.9	↓	-

- ↓ Decrease over time
- ↑ Increase over time
- Change is good
- Change is bad

Data current through 2019

What are some COVID-specific considerations we have not talked about yet?

Trust

CHW will be detrimental to covid vaccines

Dental Care

Suicide in general. Rates are going up up up



Is there a public health topic that you feel is pressing enough to be included in our priority areas that we have not talked about today?

Teen suicide

Culture and language

Dental Care

Depression as our communities face another possible shut down.

Senior citizens mental health



APPENDIX E: JAMBOARD

BEHAVIORAL HEALTH

Access to Providers & Services
Substance Use
Mental Health
Suicide
Alcohol Use
Overdose

WHO IS AFFECTED THE MOST?

Young children-under 5
Spanish speaking
Adolsecents and young adults
residents of Ruidoso Downs
Native American population

GAPS and WHAT IS NOT WORKING

wait lists/availability
Education in Spanish
translation
Telemedicine - barrier to utilizing this. It's okay to use this. readiness.
more services provided in Spanish, counseling, providers
lack of providers and bridging the gaps in rural and tribal communities
Older folks - may not be able to access technology for telemedicine
access to treatment for SU, facilities nearby are full
Tech class/helper
cost of internet
specialists
school based health center

WHAT SHOULD PRESBYTERIAN DO SPECIFICALLY?

Opening a clinic where need exists

WHY IS THIS HAPPENING ? WHAT ARE ROOT CAUSE

abuse and trauma
Rural
Legal Marijuana. Impact??
Stigma

ASSETS and WHAT IS WORKING

SBHC has a Spanish speaking counselor-but only work with children at the schools- parents/adults often need help as well
facebook
Providers meeting together to address needs that they are seeing

CONVERSATION PROMPTS:
EQUITY? ACCESS?

SOCIAL HEALTH

Access to Healthy Foods
Sidewalks, playgrounds, & parks
Insurance
Cost of care
Transportation
Social support/cohesiveness
Housing

WHO IS AFFECTED THE MOST?

low income families feel greatest impact
older adults/people with disabilities isolated

GAPS and WHAT IS NOT WORKING

Communication strategies to reach populations with information (disability)
affordable gym membership/discount s through insurance doesn't apply to rural/smaller communities
bike lanes on roads
transportation - challenge to get into the city
provider availability
affordability of healthy food alternatives
family early education on healthy eating
not as many farms
WIC & farmer's markets programs
Introducing just healthy food doesn't work - trash

WHAT SHOULD PRESBYTERIAN DO SPECIFICALLY?

Public access to therapy center pool/classes
providing fresh fruits & veggies to patients

WHY IS THIS HAPPENING ? WHAT ARE ROOT CAUSES?

High cost of living- lack of low income housing
cultural groups & food habits
lack of information
cost of healthy foods
not a high demand for produce
transportation not reliable/accessible = cultural shift needed to trust in local transportation
transportation - stigma, independence promoted over local transportation
providers attracted to metro areas, need help- help!

ASSETS and WHAT IS WORKING?

natural medicine/herb shops
expansion of Links walking trail
churches organizing food donations without ID requested
ENMU community classes
orchards - apples and fruits
new walk in clinic
Free meals at churches, food pantries
WIC at farmers market - fresh fruits and vegetables needed
community center
Lincoln County Med Center - success with recruiting providers & specialists

WHAT SHOULD PRESBYTERIAN DO SPECIFICALLY?

Keep trying to get more providers
Prevention/Self Care focus for diabetic patients
Diabetes ReCharge Program (telehealth)
promoting personal agency over health

CONVERSATION PROMPTS:
EQUITY? ACCESS?
IS THERE MOTIVATION AND POLITICAL WILL TO ACT?
WHAT LEVEL OF INTERVENTIONS ARE MISSING?

CHRONIC CONDITIONS

Access to Providers & Services
 Heart Disease
 Diabetes
 Cancer
 Obesity
 Covid



APPENDIX F: HEALTH COUNCIL ASSESSMENT

Central NM Tribal and County Health Council Priorities (2022)

Community Wellness Council (Valencia County): Violence Prevention; Behavioral Health; Substance Use; Healthy Eating; and Active Living.

Partnership for a Healthy Torrance County: Promote Healthy Eating & Active Living; Reduce Unhealthy Substance Misuse & Behavioral Health Issues; Food Security; and Health Equity.

Pueblo of Acoma Health Council: The Pueblo of Acoma Health Council will build on and learn new skills and ways to engage a broader and more diverse network of people in the Acoma community through a process that will be developed collectively. The Pueblo of Acoma Health Council will: 1) increase community engagement, 2) use a community-based research approach, 3) inform policy level decision making at local and state levels, 4) have additional tools and resources to decrease community health disparities and inequities, and 5) to advocate for sustainable change and increased health equity.

Santo Domingo Pueblo: Capacity building and health council engagement; COVID-19; and Injuries.

Sandoval County Health Council: Connection & Collaboration; Equity and Stakeholder Engagement; Incorporate and communicate accurate data and community voices in planning and decision making

Cochiti Pueblo Health Council: Cochiti Pueblo Health Council goal is to recruit a couple of members to join the Health Council to bring in new ideas and hear different views of what Cochiti Pueblo may need. To work with Tribal Programs or outside agencies to meet the same goals that we may share by collaborating with one another to get the information out to the community and to work toward having events together in the near future. To increase and encourage physical activities in the community to prevent obesity in youth and adults while encouraging them to maintain a healthy life style.

Health Equity Council (Bernalillo County and Albuquerque Metro): Healthy & Sustainable Communities; Improved Health & Education Outcomes; Improved Healthcare Access and Quality of Service; Health Equity; Health Promotion

More information about these health councils can be found on [NMHealthCouncils.org](https://www.nmhealthcouncils.org)

APPENDIX G: KII/FOCUS GROUP QUESTIONNAIRE

NATIVE AMERICAN COMMUNITY - KII QUESTIONNAIRE

What is your tribal affiliation?

What is your idea of “healthy”?

What words would you use to describe what being healthy looks like or means to you?

What resources help you achieve it?

Based on the three priority areas on the slide, do you think these accurately reflect priorities in the Native American community? Is there anything that we may have missed?

Which one of these issues do you consider to be the most important concern in your community?

What resources are in the community that focuses on finances or housing?

How do environmental, structural, or socioeconomic factors impact the health for Native American communities?

How do you access or where do you go for specialty services? What is the availability of a specific health service in the tribal and rural area?

What do you like best about your community?

In our community forums, nutrition, well-being, structural determinants, and COVID-19 were identified as priorities. What do you think are the causes of these health problems?

In your opinion, how should these problems be reduced or addressed?

What approaches do you think might work best?

What approaches do you know of that have been tried in the past? How successful were they?

What do you see as major community resources?

What do you see as major obstacles?

What resources can you or your organization bring to assist with community health projects?

Is there anything else you would like to add?

APPENDIX H: SURVEY

Community Survey as distributed through Qualtrics.



Default Question Block

In which county do you spend most of your time? (choose one)

Bernalillo

Curry

Lincoln

Quay

Rio Arriba

Sandoval

Santa Fe

Socorro

Torrance

Valencia

Other Other (please define)

What is your Zip/Postal Code?

Which ethnicity do you most closely associate with? (choose one)

Hispanic

Anglo

Black/African-American

Native American

Won't say

Other Other (please define)

Select all answers that best describe you. (select all that apply)

Nonprofit/community-based employee

Private business employee

Education employee

Community Member

Local government employee

Other (please define)

Health care worker

Please select all the community issues that you are **very concerned** about. (select all that apply)

Access to health care

Housing

Access to mental health care

Personal/interpersonal safety

Behavioral/mental health

Substance use

Climate change

Suicide

Environmental health (pollution, etc.)

Transportation

Food security

Other (please define)

Please select all the chronic ailments issues that you are **very concerned** about. (select all that apply)

COVID 19

Diabetes

Cancer

Heart Disease

Obesity

Other (please define)

Please select all the healthcare issues that you are **very concerned** about. (select all that apply)

Maternal/child health (pregnancy, birth)

Vaccinations

Healthy eating

Active living

Other (please define)

What resources or assets exist in your community that help people be healthy? (select all that apply)

Parks/sidewalks/walking trails

Doctor's offices

Mental health/substance use treatment

Social services (housing, food assistance)

Public transportation

Grocery stores near you

Other (please define)

What resources does your community need more of to become the healthiest it can be? (select all that apply)

Parks/sidewalks/walking trails

Doctor's offices

Mental health/substance use treatment

Social services (housing, food assistance)

Public transportation

Grocery stores near you

Other (please define)

What would a healthy community look like to you?

APPENDIX I: 2020-2022 EVALUATION AND REPORT OUT

Bernalillo





The following table summarizes key indicators for the 2020-2022 CHIP Goals and Outcome Measures. In response to our communities, this is how we measured impact for Bernalillo County.





Presbyterian Healthcare Services selected the following priority areas for the CHA 2020-2022 cycle:

- Behavioral Health
- Social Determinants of Health
- Access to Healthcare
- Healthy Eating and Active Living

Key



Increase well-being among New Mexicans.	Reduce the impact of chronic conditions on our communities
Increase Life Expectancy at Birth 	Decrease Prevalence of Diagnosed Hypertension 
Decrease 14+ Poor Mental Health Days in the last 30 days 	Decrease Prevalence of Diagnosed Diabetes 





Behavioral Health	Social Determinants of Health	Access to Healthcare	Healthy Eating and Active Living
Decrease drug overdose deaths in communities Presbyterian serves Drug Overdose Deaths 2017-2020 	Reduce household food insecurity for patients, members, and in the community. Food Insecurity 2017-2020 	Increase health equity in New Mexico Adults who without care because of cost 2017-2020 	Increase consumption of fresh, locally grown fruits and vegetables among adults and youth in New Mexico. Fruit and Vegetable consumption 2017-2020 





Sandoval

The following table summarizes key indicators for the 2020-2022 CHIP Goals and Outcome Measures. In response to our communities, this is how we measured impact for Sandoval County.

Presbyterian Healthcare Services selected the following priority areas for the CHA 2020-2022 cycle:

- Behavioral Health
- Social Determinants of Health
- Access to Healthcare
- Healthy Eating and Active Living

Increase well-being among New Mexicans.	Reduce the impact of chronic conditions on our communities
Increase Life Expectancy at Birth 	Decrease Prevalence of Diagnosed Hypertension 
Decrease 14+ Poor Mental Health Days in the last 30 days 	Decrease Prevalence of Diagnosed Diabetes 


Behavioral Health	Social Determinants of Health	Access to Healthcare	Healthy Eating and Active Living
Decrease drug overdose deaths in communities Presbyterian serves Drug Overdose Deaths 2017-2020 	Reduce household food insecurity for patients, members, and in the community. Food Insecurity 2017-2020 	Increase health equity in New Mexico Adults who without care because of cost 2017-2020 	Increase consumption of fresh, locally grown fruits and vegetables among adults and youth in New Mexico. Fruit and Vegetable consumption 2017-2020 



Torrance

The following table summarizes key indicators for the 2020-2022 CHIP Goals and Outcome Measures. In response to our communities, this is how we measured impact for Torrance County.

Presbyterian Healthcare Services selected the following priority areas for the CHA 2020-2022 cycle:

- Behavioral Health
- Social Determinants of Health
- Access to Healthcare
- Healthy Eating and Active Living

Increase well-being among New Mexicans.	Reduce the impact of chronic conditions on our communities
Increase Life Expectancy at Birth 	Decrease Prevalence of Diagnosed Hypertension ** Multiple years of data suppressed
Decrease 14+ Poor Mental Health Days in the last 30 days ** Multiple years of data suppressed	Decrease Prevalence of Diagnosed Diabetes ** Multiple years of data suppressed




Behavioral Health	Social Determinants of Health	Access to Healthcare	Healthy Eating and Active Living
Decrease drug overdose deaths in communities Presbyterian serves Drug Overdose Deaths 2017-2020 	Reduce household food insecurity for patients, members, and in the community. Food Insecurity 2017-2020 	Increase health equity in New Mexico Adults who without care because of cost 2017-2020 ** Multiple years of data suppressed	Increase consumption of fresh, locally grown fruits and vegetables among adults and youth in New Mexico. Fruit and Vegetable consumption 2017-2020 ** Multiple years of data suppressed





Valencia

The following table summarizes key indicators for the 2020-2022 CHIP Goals and Outcome Measures. In response to our communities, this is how we measured impact for Valencia County.

Presbyterian Healthcare Services selected the following priority areas for the CHA 2020-2022 cycle:

- Behavioral Health
- Social Determinants of Health
- Access to Healthcare
- Healthy Eating and Active Living

Increase well-being among New Mexicans.	Reduce the impact of chronic conditions on our communities
Increase Life Expectancy at Birth 	Decrease Prevalence of Diagnosed Hypertension 
Decrease 14+ Poor Mental Health Days in the last 30 days 	Decrease Prevalence of Diagnosed Diabetes ** Multiple years of data suppressed

Behavioral Health	Social Determinants of Health	Access to Healthcare	Healthy Eating and Active Living
Decrease drug overdose deaths in communities Presbyterian serves Drug Overdose Deaths 2017-2020 	Reduce household food insecurity for patients, members, and in the community. Food Insecurity 2017-2020 	Increase health equity in New Mexico Adults who without care because of cost 2017-2020 	Increase consumption of fresh, locally grown fruits and vegetables among adults and youth in New Mexico. Fruit and Vegetable consumption 2017-2020 

To honor our commitment to transparency and accountability with our communities, Presbyterian Community Health engages in a yearly impact reporting process to illustrate the impact of the work our system, hospitals, and our funded partners do within the community. These impact reports focus on our identified communities' health priorities and align with our Community Health Implementation Plans. To view outcomes of our work during the 2020-2022 Implementation Cycle, please visit <https://www.phs.org/community/committed-to-community-health/Pages/reports.aspx>.