



# PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Plains Regional Medical Center

2023-2025

# CONTENTS

DEAR COMMUNITY .....	4
EXECUTIVE SUMMARY .....	5
ACKNOWLEDGEMENTS .....	7
ABOUT PRESBYTERIAN HEALTHCARE SERVICES .....	8
ABOUT PRESBYTERIAN COMMUNITY HEALTH .....	8
ABOUT Plains Regional Medical Center .....	12
Our COMMUNITY .....	12
Our Priorities .....	16
PROCESS AND METHODS FOR CONDUCTING THE ASSESSMENT .....	17
Conducting the Health Assessment .....	18
Data Collection .....	18
Quantitative Data .....	18
Qualitative Data .....	18
Community Forums and Surveys .....	18
Figure 5. Community Input and Themes .....	19
Limitations .....	19
Stakeholder Engagement .....	19
Community Engagement .....	19
Community Health Advisory Board .....	20
Health Council Engagement .....	20
Presbyterian Healthcare Services Leadership Engagement .....	20
Presbyterian Departmental Engagement .....	20
Additional Assessments .....	20
Prioritizing Needs .....	21
Figure 6. Source: PHS Community Health Mentimeter .....	22
Figure 7. Source: PHS Community Health Mentimeter .....	23
COMMUNITY HEALTH ASSESSMENT .....	23
Epidemiological Data .....	23
County Health Status .....	23
Figure 8. Source: PHS Community Health Mentimeter .....	24
Additional Community Definitions and Data Notes .....	25
Life Expectancy .....	25
Top 15 Leading Causes of Death .....	26
Behavioral Health .....	28
Social Determinants of Health .....	34
Access to Care .....	40
Physical Health .....	45

Conclusions..... 48

SOURCES OF SECONDARY DATA..... 49

    Sources of Secondary Data – Appendix A..... 49

APPENDIX A: PRIORITY AREA PROFILES..... 51

    Behavioral Health ..... 52

    Behavioral Health Resources ..... 53

    Social Health ..... 54

    Social Health Resources ..... 55

    Physical Health..... 56

    Physical Health Resources..... 57

APPENDIX B: PEOPLE WITH INPUT INTO THE COMMUNITY HEALTH ASSESSMENTS AND COMMUNITY HEALTH IMPLEMENTATION PLANS ..... 58

    Community Data Forums..... 58

    Community Survey ..... 59

APPENDIX C: MENTImeter SLIDES..... 61

APPENDIX D: JAMBOARD ..... 68

APPENDIX E: ASSESSMENT INVENTORY..... 70

APPENDIX F: SURVEY ..... 71

APPENDIX G: 2020-2022 EVALUATION and REPORT OUT ..... 74

# DEAR COMMUNITY

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](http://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.

The following CHA provides an in-depth look at the Curry County community, which has been served by Plains Regional Medical Center (PRMC) since 1975. PRMC is committed to the health and well-being of the people and communities of eastern New Mexico and west Texas. In addition to offering comprehensive medical care for every stage of life, PRMC works for the growth and development of each member of the community. The physicians, nurses, clinicians, support staff, board members, chaplains and auxiliaries of PRMC have a long tradition of delivering patient care, a wide range of general acute care and specialty services to residents and visitors.

Curry County, located along the eastern boarder of New Mexico, is largely a rural, frontier county adjacent to the state of Texas. One of the smallest counties in New Mexico by land area -- about 1,406 square miles -- it is home to Cannon Air Force Base outside of the county seat of Clovis. PRMC is located in Clovis, the most populous city. Approximately 48,533 people live in Curry County, almost half of whom identify as Hispanic/Latinx. More than half of the population identifies as a person of color, Hispanic/Latinx being the largest portion; Black/African Americans are the second largest, representing 6%. Approximately 44% of residents identify as White.

The health and well-being of Curry County's residents reflects a complex community with both assets and barriers to good health. In this report, 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 Curry County Community Health Implementation Plan (CHIP).

## Our Priorities

Presbyterian Community Health's 2020-2022 CHIPs addressed four priorities: Behavioral Health, Social Determinants of Health, Access to Care, and Health Eating and Active Living. Informed by the gathering of data and feedback from our community partners, community-based organizations and stakeholders, our priorities for 2023-2025 are as follows:

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

**Access** to health care 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 Curry County Community

Survey respondents identified doctors' offices as existing assets in the community, followed by parks, sidewalks and walking trails, and resources aimed at addressing social service issues (i.e., housing, food assistance, etc.). Survey respondents also provided input on needed resources that can help the community be the healthiest it can be. Most people identified the need for mental health and substance use treatment facilities and resources, followed by more parks and walking trails and more doctors' offices.

The Robert Wood Johnson Foundation ranks Curry County healthier than some other counties in New Mexico, but the community experiences persistent gaps and needs. Life expectancy is decreasing in the county while deaths of despair, substance use and drug overdose are on the rise. More work is needed to address the lack of access to

mental health services and the high rates of substance use. Unemployment remains higher than pre-pandemic levels and pockets of the county experience lack of access to services and resources. More people appear to have some of the necessary resources to access health insurance and primary care providers, the percentage of people who forego care due to cost has decreased, and the number of providers to population remains high. This indicates a need for providers to increase access to care, because these metrics alone do not ensure people are getting the care they need when they need it. Indicators of chronic health issues continue to rise: the percentage of people with high blood pressure has increased while key indicators for chronic disease prevention (healthy eating, active living) are worsening among some populations. This indicates a need for more healthy eating/active living and chronic disease self-management programs in Curry County, a specific request from forum participants.

Most forum participants noted that access to services was the primary driver of poor behavioral health in Curry County. Respondents noted substance use, overdose and specifically challenges related to access of behavioral health services. Substance use has increased among youth and adults in Curry County. Poor mental health declined in 2020, as did the suicide rate, though drug overdoses increased dramatically. The ratio of population to mental health providers is higher than in surrounding counties, possibly indicating that mental healthcare may be more available in Curry County. Deaths of despair, and especially the component of drug overdose deaths, are increasing across the county. Individuals between the ages of 23 and 64 years hold the highest burden of deaths of despair, with more men (75.9 deaths per 100,000) dying of deaths of despair than women (38.4). Survey respondents in Curry County indicated that access to healthcare, substance use, behavioral/mental health, and suicide were the top behavioral health areas of concern to them. In addition, forum participants identified trauma, lack of resources (providers/therapists, support), lack of resilience/coping among youth and teenagers, stigma around substance use, lack of familial support and resources to support familial guidance as challenges to behavioral health. This community input, in addition to epidemiological data, reaffirms the continuing priority of mental health and substance use, as well as improving access to healthcare providers in Curry County.

Severe housing cost burden is used to estimate housing insecurity risk and economic stability for households, an important metric to understand a community's social health. In Curry County, 14% of households spend 50% or more of their household income on housing alone and may be forced to forego other expenditures such as health care, healthy food or transportation. With about 4% of households without a vehicle and most of the county living at least 10 miles from a supermarket, access to healthy food is a considerable challenge. Forum participants identified stigma, lack of emergency or transitional housing, and knowledge of resources as the most significant barriers to social health. People of color, sexual and domestic violence survivors, elders, low income/low credit, unhoused and mentally ill/substance users are most affected.

When it comes to physical health, survey respondents said they were most concerned about heart disease, COVID-19, cancer, and diabetes. Heart disease is the leading cause of death in Curry County and New Mexico, and mortality rates in Curry County have increased over the years, with most heart disease deaths among white men and white women. Diabetes is more common among women in Curry County than men. A higher percentage (12.9%) of Hispanic/Latinx people have diabetes compared with white people and diabetes prevalence is highest among people whose household income is less than \$15,000 per year. Community forum participants noted limited access to convenient and affordable, nutritious food and cooking classes, followed by a lack of walking/running trails, as barriers to physical health.

Priority populations in Curry County include youth, people of color, sexual and domestic violence survivors, elders, low income/low credit, unhoused, mentally ill/substance users, white men, and Hispanic/Latinx people.

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](http://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 Curry County community.

# ACKNOWLEDGEMENTS

The 2023-2025 Community Health Assessment and Implementation Planning process could not have been completed without the county health councils, 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 many individuals and organizations who participated in surveys, 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 very grateful for the support of The New Mexico Alliance of Health Councils and tribal and county health councils, and their willingness to partner.

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 increased 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.

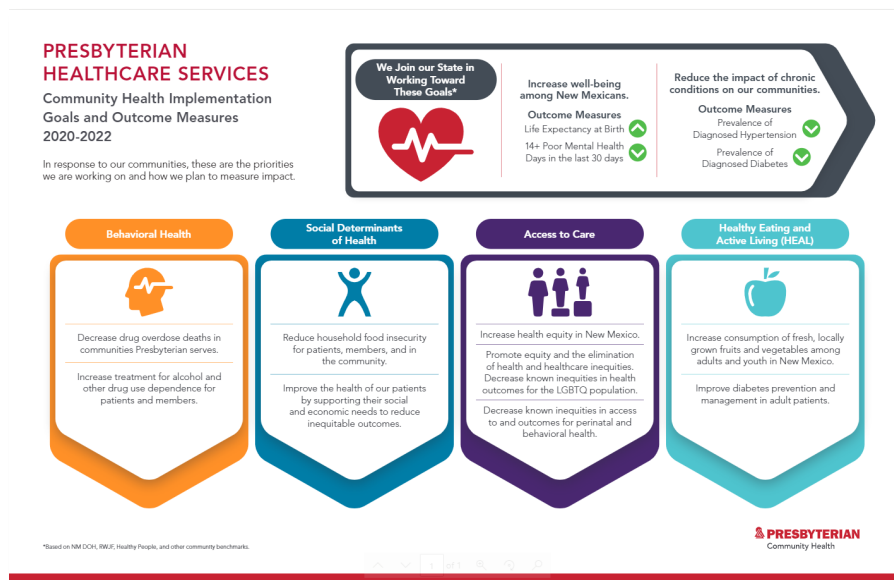
We are committed to caring for our community -- and have been for more than 100 years.

# 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 this 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. For more information, please visit [phs.org/community](https://phs.org/community).





**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 and commissions 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.

**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, vaccine equity focused Community Health Workers 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. 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).

**Health 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 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 Linkage 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 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 are also embedded in these 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 the 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 (SF 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.

# ABOUT PLAINS REGIONAL MEDICAL CENTER

Plains Regional Medical Center is committed to the health and well-being of the people and communities of eastern New Mexico and west Texas. In addition to offering comprehensive medical care for every stage of life, Plains Regional Medical Center works for the growth and development of each member of our community. Join us in our commitment to the community.

The people of Plains Regional Medical Center – physicians, nurses, clinicians, support staff, board members, chaplains, and auxiliaries – take great pride in a long tradition of delivering patient care, a wide range of general acute care, and specialty services to residents and visitors.

Plains Regional Medical Center's quality and values are made possible through a partnership between the County of Curry, a local Board of Trustees, and Presbyterian Healthcare Services, which has owned and managed hospital operations since 1975.

## OUR COMMUNITY

For the purposes of the Community Health Assessment and the Implementation Plan, Presbyterian Healthcare Services (Presbyterian) has generally defined the “community” of each hospital as the county in which the hospital is located. Plains Regional Medical Center defines its community as Curry County, New Mexico.

Curry County, located along the eastern border of New Mexico and is largely a rural, frontier county adjacent to the state of Texas. One of the smallest counties in New Mexico by land area (about 1406 square miles), it is home to Cannon Air Force Base outside of the county seat of Clovis.<sup>1</sup> Plains Regional Medical Center is located in Clovis, the most populous city.

There are about 48,533 people living in Curry County, almost half of whom identify as Hispanic/Latinx. Over half of the population identifies as a person of color, Hispanic/Latinx being the largest portion, and Black/African American the second largest, about 6%. About 44% identify as white.

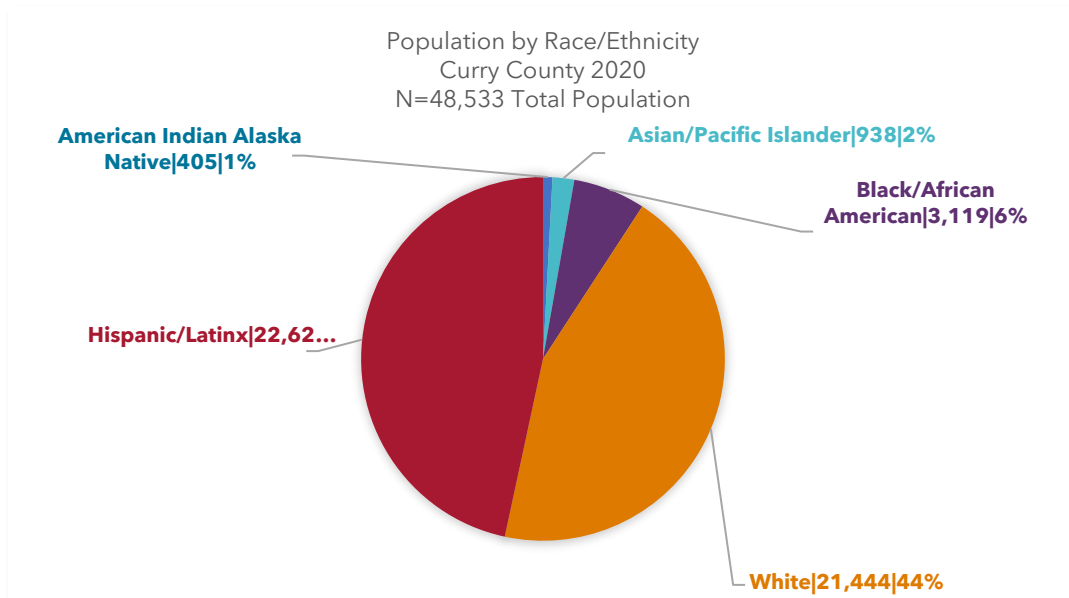
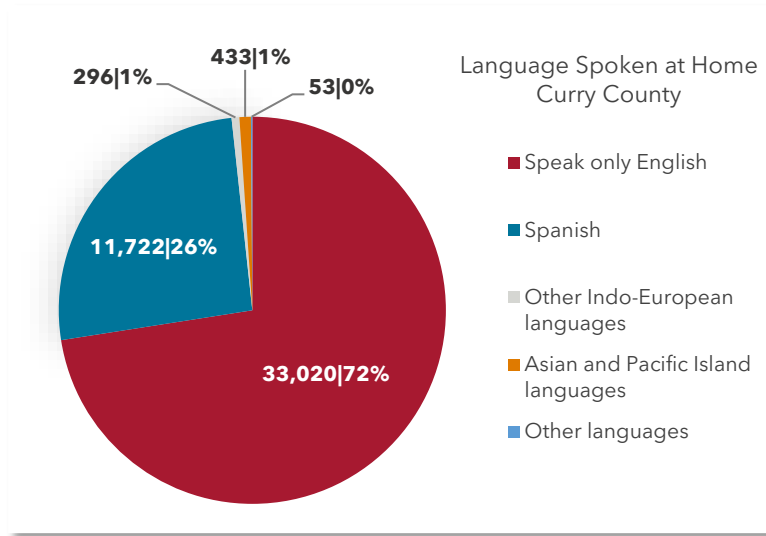


Figure 1. Source: UNM GPS Program, Population Estimates, 2020.

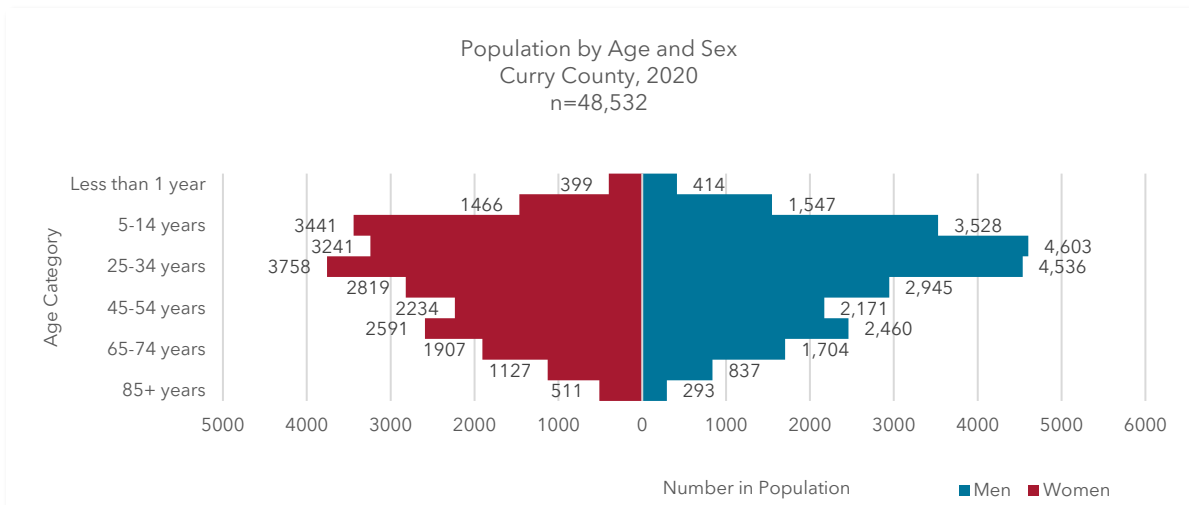
<sup>1</sup> Curry County. New Mexico Counties. Retrieved from [nmcounties.org/counties/curry-county](https://nmcounties.org/counties/curry-county) on 6/29/2022

Most people in Curry County speak English at home, but 27.5% of people do not. Most people who speak another language at home speak Spanish (n=11,722 of 12,504 people). Asian and Pacific Islander languages are the second most-commonly spoken languages other than English in Curry County (1% of people who speak a language other than English).



**Figure 2.** Source: US Census Bureau. American Community Survey 2016-2020 5-year estimates.

Slightly inconsistent with the rest of the state, Curry County has more men (51.6%) than women (48.4%) living in the county. About 50% of men in Curry County are between ages 5 and 34 years old. The high density of men in this age range could be due to the presence of the Air Force Base.<sup>2</sup>

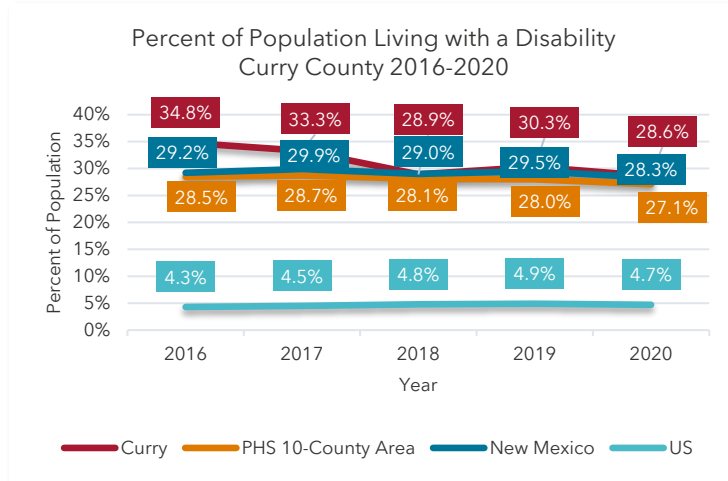


**Figure 3.** Source: UNM GPS Program, 2020.

Curry County has a slightly higher percent of the population living with a disability compared to New Mexico and the PHS 10-County Area and a much higher percentage than the US overall. A little more than a fourth of the county's population lives with a disability, which is about an 18% decrease from 2016. Among adults in Curry County who

<sup>2</sup> New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program. 2020

reported having at least one disability, most are over the age of 65 (51.8% of people over 65 have a disability). Thirty-two percent of women in Curry County have a disability and 29.4% of men have a disability.<sup>3</sup>



**Figure 4.** 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 Socorro General Hospital interacts.

The patient population at Plains Regional Medical Center, when compared to other patient populations within the PHS 10-County Area (counties Presbyterian serves), is proportionally more female, proportionally larger Black/African American population, and a proportionally larger Spanish-speaking population. Plains Regional Medical Center has a proportionally smaller population who identify as white or Native American.

<sup>3</sup> 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.

<b>Patient Population Demographics</b>		
<b>AGE</b>	<b>n</b>	<b>(%)</b>
0-2	1,692	4.89
3-12	4,380	12.67
13-18	2,277	6.59
19-24	3,020	8.73
25-34	4,931	14.26
35-44	4,029	11.65
45-54	3,288	9.51
55-64	4,010	11.60
65-74	3,478	10.06
75+	2,935	8.49
UNKNOWN*	536	1.55
<b>SEX</b>		
FEMALE	19,204	55.54
MALE	15,365	44.44
UNKNOWN	7	0.02
<b>RACE</b>		
WHITE	19,015	54.99
OTHER	12,021	34.77
AFRICAN AMERICAN OR BLACK	2,104	6.09
UNKNOWN	551	1.59
MULTIRACIAL	459	1.33
ASIAN	292	0.84
AMERICAN INDIAN OR ALASKA NATIVE	100	0.29
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	34	0.10
<b>ETHNICITY</b>		
NOT HISPANIC OR LATINX	18,925	54.73
HISPANIC OR LATINX	14,913	43.13
UNKNOWN	738	2.13
<b>PREFERRED LANGUAGE</b>		
ENGLISH	32,443	93.83
SPANISH	1,960	5.67
UNKNOWN	115	0.33
OTHER	58	0.17
<b>PAYOR</b>		
MEDICAID	12,935	37.41
COMMERCIAL	7,998	23.13
MEDICARE	6,849	19.81
OTHER	5,665	16.38
UNKNOWN	1,129	3.27
(*) A value of "UNKNOWN" could indicate that a value was not provided, collected, or recorded		
(**) Counts less than 10 were 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 Curry County in 2021.

Patient Population Demographics		
GENDER IDENTITY	n	(%)
UNKNOWN*	13,706	39.64
FEMALE	12,148	35.13
MALE	8,695	25.15
TRANSGENDER	†**	†
OTHER	†	†
SEXUAL ORIENTATION		
UNKNOWN	22,535	65.18
STRAIGHT	11,721	33.90
BISEXUAL	107	0.31
LESBIAN	98	0.28
OTHER	64	0.19
GAY	51	0.15
(*) A value of "UNKNOWN" could indicate that a value was not provided, collected, or recorded		
(**) Counts less than 10 were suppressed for patient confidentiality; low numbers may be due to recently-begun efforts to collect self-reported data		

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

## 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.<sup>4</sup> This priority area comprises health-related determinants including economic stability, housing, food access, transportation, built environment, safety/interpersonal violence, and environmental health.

<sup>4</sup> 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

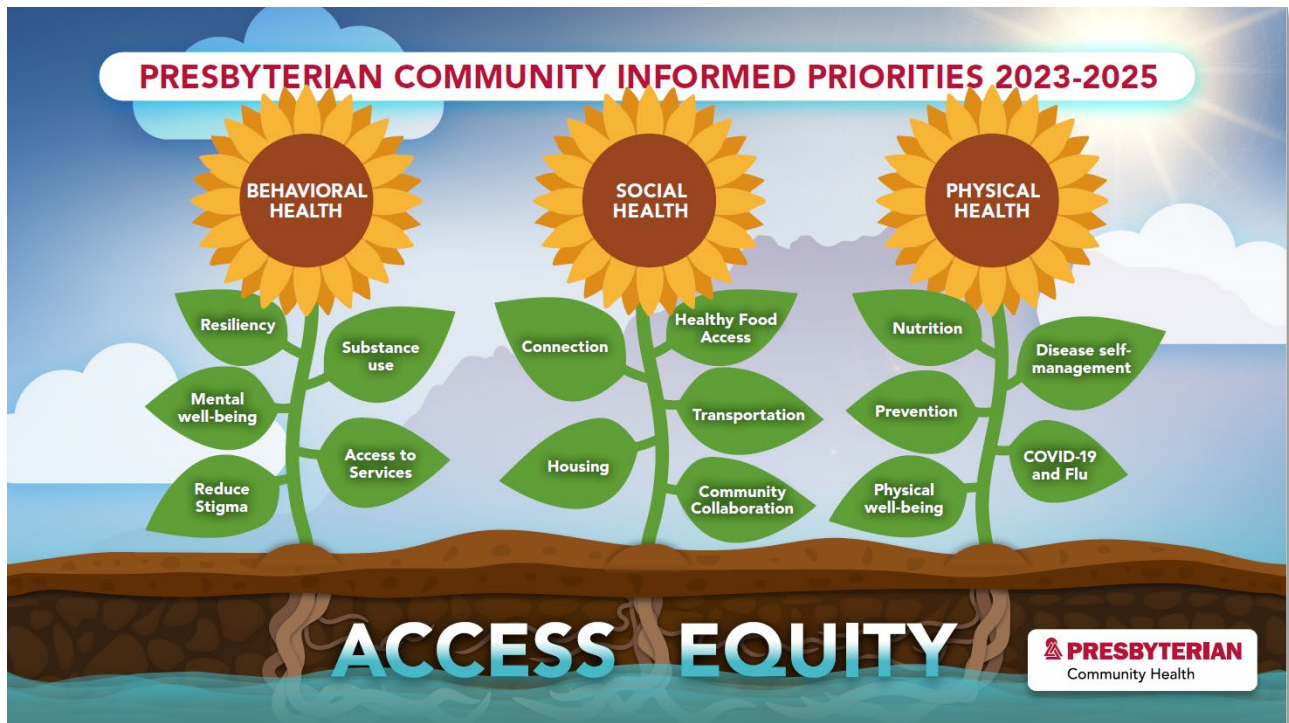


The **Physical Health** priority area includes chronic conditions and factors that contribute to the development of chronic conditions in addition to other factors that influence our physical health. Some key examples of this priority area include diabetes, hypertension, vaccination for flu, COVID, and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

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 NM Department of Health's leading indicators, New Mexico's leading causes of death, 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, 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 partner 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, New Mexico 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](#)) 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

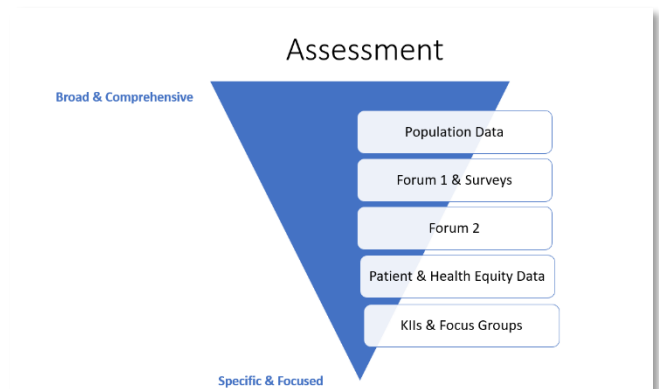
While quantitative data were used as the basis of mapping major health needs and disparities, qualitative data were necessary to understand the context and community perceptions around those health outcomes. The qualitative data and feedback collected as part of the CHA process reflects attitudes, knowledge,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

<b>Themes by Type of Community Input</b>		
<b>COMMUNITY DATA FORUM N= 26</b>	<b>ASSETS AND GAPS FORUM N= 13</b>	<b>COMMUNITY SURVEY N= 211</b>
Leading Causes of Death	Access to Mental Health providers	Chronic ailments
Behavioral Health	Nutrition education	Environmental factors
Social Determinants of Health	Nutritious food access	Healthy lifestyle
Access to Care	Transportation	Mental/behavioral health
Healthy Eating/Active Living	Knowledge of and access to resources	
Chronic Disease and Other Conditions		

**Figure 5.** Community Input and Themes.

### 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 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](#) 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.

### **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.

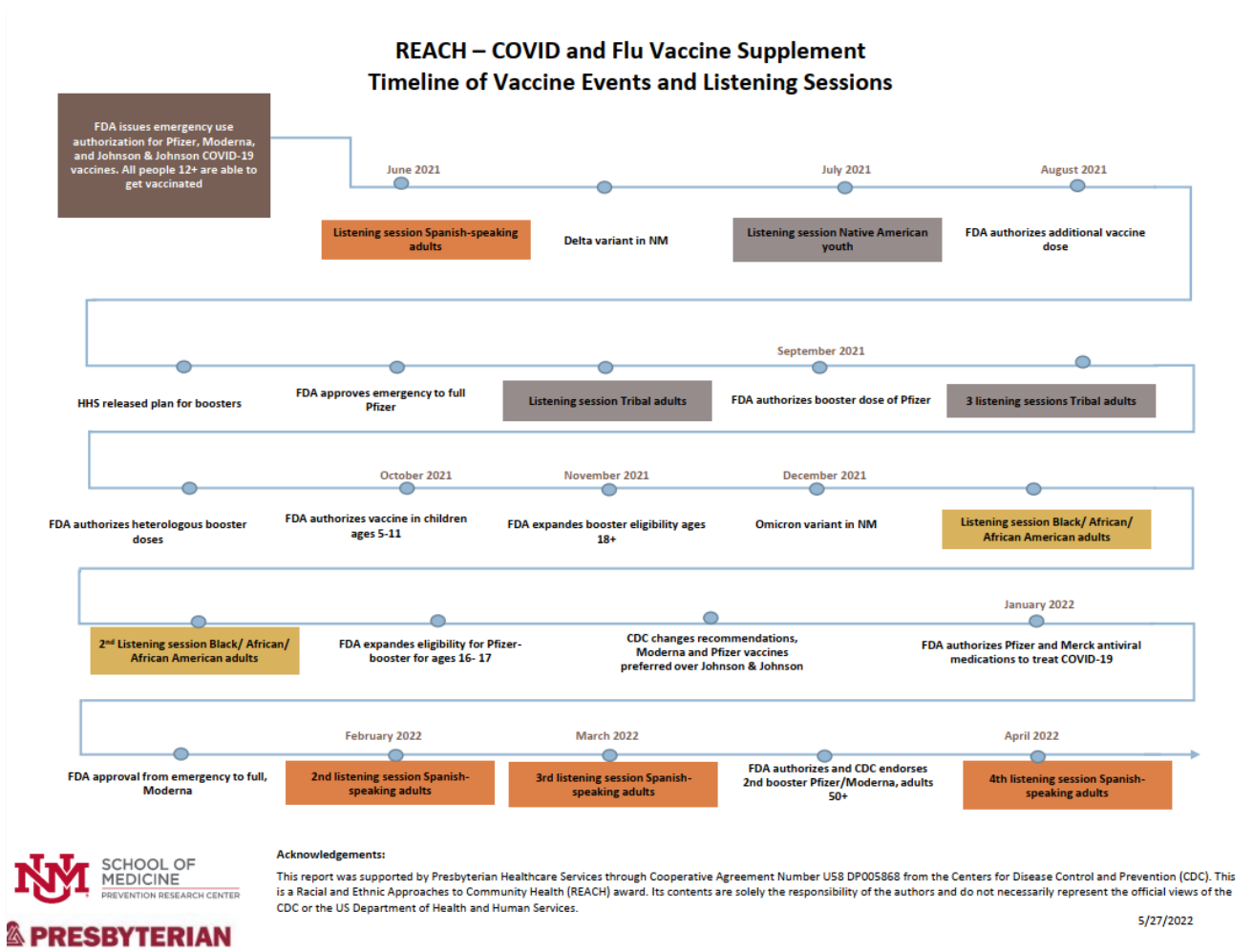
### **Additional Assessments**

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 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. 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 asked if the proposed priority areas reflected their voice, and to rank them in order of importance.

### What is the top health priority now and in the next three years?



**Figure 6.** Source: PHS Community Health Mentimeter.

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 Issues in Curry County		
POP LEVEL DATA	SURVEYS	FORUMS
1. Youth Meth Use	1. Access to Healthcare	1. Access to Healthcare Services
2. Youth Heroin Use	2. Personal/Interpersonal Safety	2. Access to Providers
3. Hypertension	3. Heart Disease	3. Economic Stability
4. Youth Alcohol Use	4. Active Living	4. Substance Use
5. Social Vulnerability Index	5. Substance Use	5. Services & Support for Youth/Families
6. Youth Obesity	6. Behavioral/Mental Health	6. Transportation
7. Youth Physical Activity	7. Healthy Eating	7. Health Literacy
8. Adult Fruit & Veggie Consumption	8. COVID-19	8. Mental Health
9. Diabetes	9. Cancer	9. Housing
10. Adult Mental Health	10. Vaccinations	10. Active Living/Built Environment

**Table 3.** Top 10 Topics. Presbyterian Community Health.

## Ranking Presbyterian Community Health Priorities

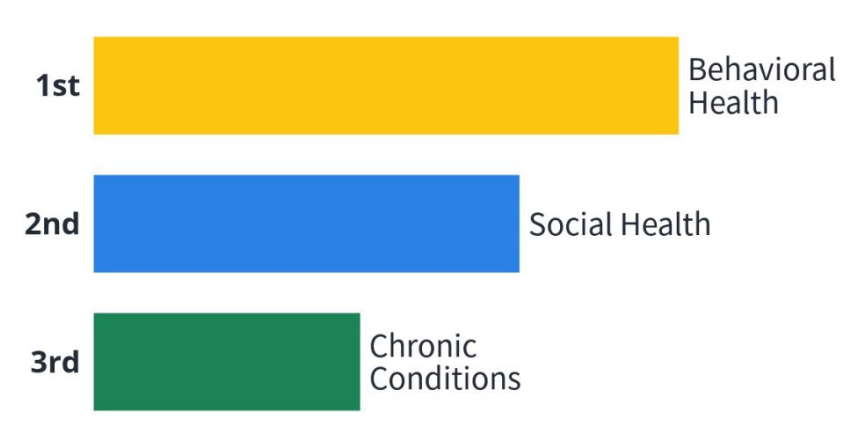


Figure 7. Source: PHS Community Health Mentimeter.

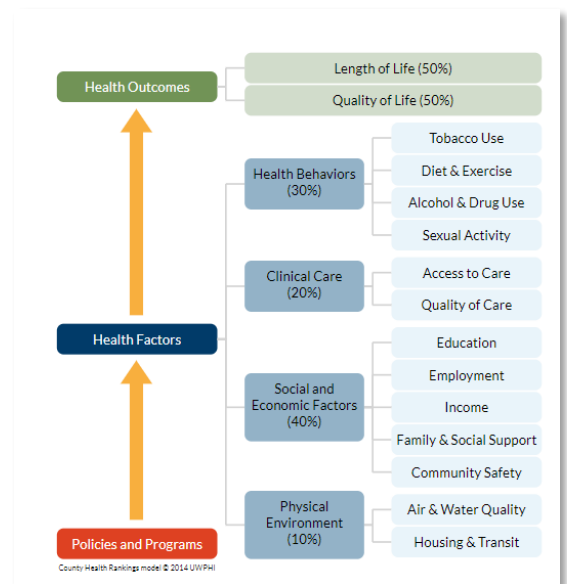
# COMMUNITY HEALTH ASSESSMENT

## 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.<sup>5</sup>

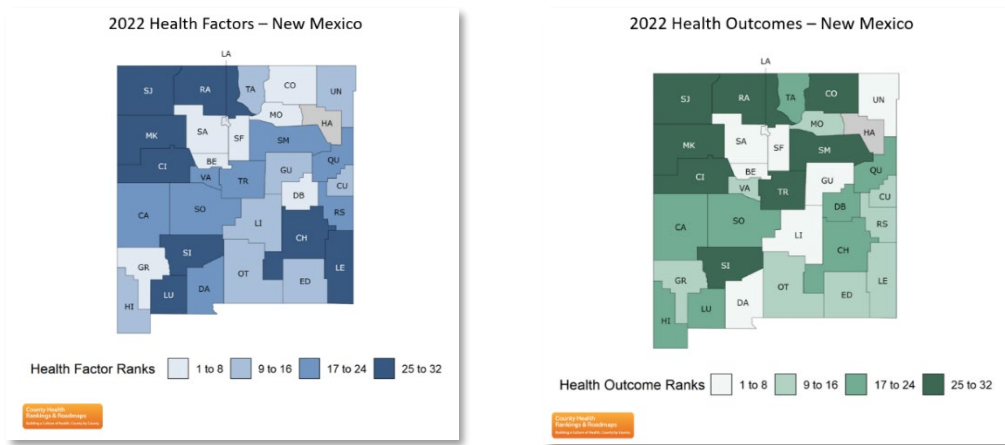
Curry County's overall health rankings for health outcomes, as determined by the Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, are in the higher middle range of counties (50%-75%), indicating that Curry County is healthier than some other counties around the state, but there is opportunity for improvement. The health outcome ranking for Curry County is 10 out of 32 (one county is not ranked). A ranking of "1" is given to the county with the best health. 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.<sup>6</sup>



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 and water quality, housing, and transit). Curry County ranks 14 out of 32 counties (one county is not ranked) in health factors, again in the upper middle percentile and is a county with areas of improvement.

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

<sup>6</sup> Robert Wood Johnson. County Health Rankings. Available at: <http://www.countyhealthrankings.org>. Accessed April 27, 2022



When asked what one word describes a healthy community, most people said “active” (n=3 of 7 responses). Other responses included proactive, motivated, fair, happy, healthy, and opportunity. See word cloud below.

**In one word, how would you envision a healthy Curry County?**



**Figure 8.** Source: PHS Community Health Mentimeter.

We organized the epidemiological data in alignment with our current (2020-2023) 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. The biggest asset people in Curry County identified was doctors’ offices, followed by parks, sidewalks and walking trails, and resources aimed at addressing social service issues (i.e. housing, food assistance, etc.).

Curry County - Survey Responses		
COMMUNITY ASSETS	NUMBER	PERCENT
Doctor's offices	56	31.8%
Parks/sidewalks/walking trails	43	24.4%
Social services (housing, food assistance)	41	23.3%
Mental health/substance use treatment	35	19.9%
Other	1	0.6%
Total	176	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. Most people said mental health and substance use treatment facilities or resources were needed, followed by more parks and walking trails and more doctors' offices.

Curry County - Survey Responses		
GAPS/NEEDED RESOURCES	NUMBER	PERCENT
Mental health/substance use treatment	50	23.4%
Social services (housing, food assistance)	40	18.7%
Parks/sidewalks/walking trails	40	18.7%
Public transportation	28	13.1%
Doctor's offices	28	13.1%
Grocery stores near you	26	12.1%
Missing	2	0.9%
Total	214	100.0%

### 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 Curry County remains lower than that of the state. The PHS 10-County Area and the US saw a drastic decrease in 2020. When compared to other counties, Curry County's drop in 2020 is consistent with other counties and the state overall. Life expectancy in 2020 likely dropped drastically due to additional deaths caused by COVID-19.

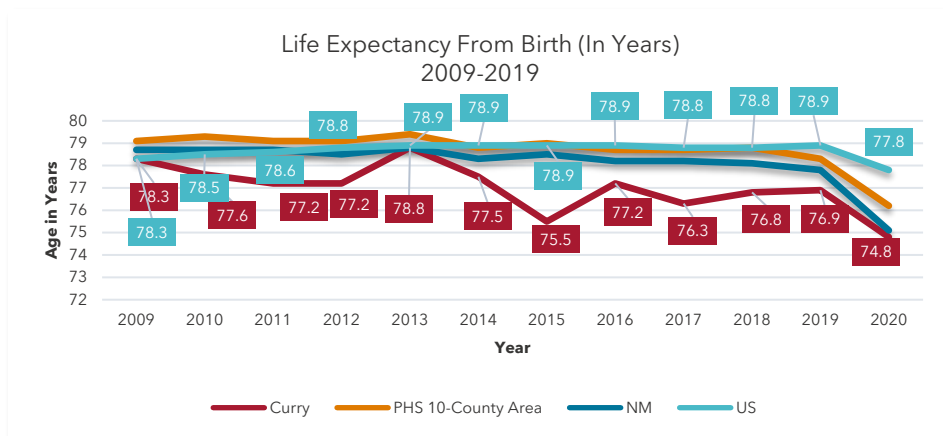


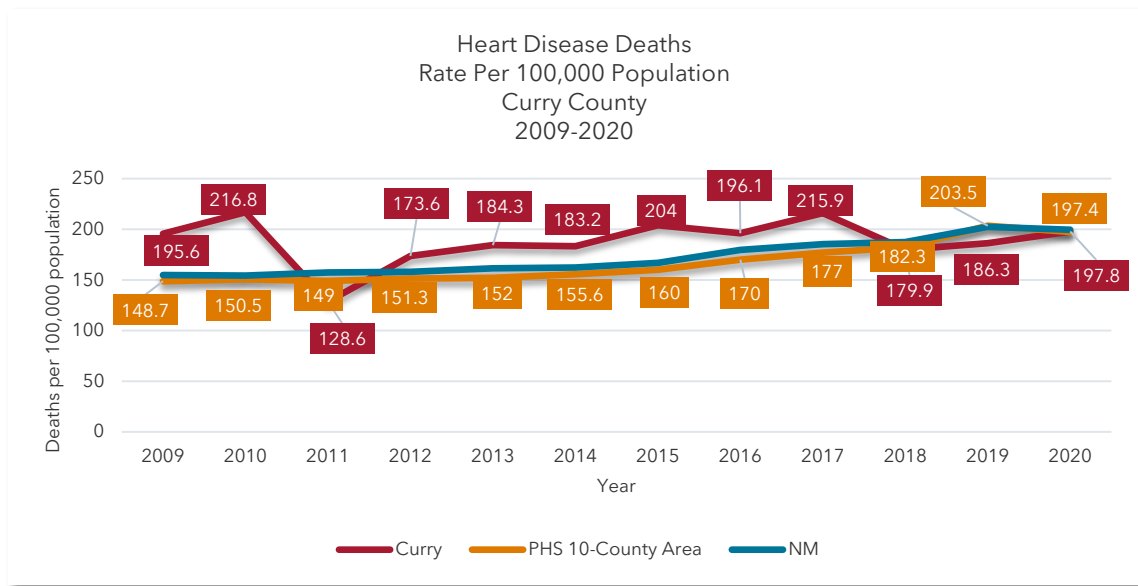
Figure 9. NMDOH BVRHS 2009-2020.

## Top 15 Leading Causes of Death

15 Leading Causes of Death in New Mexico - 2020	Deaths per 100,000 Population Curry County (crude rate)
1. Heart disease	197.8
2. Cancer	152.5
3. Coronavirus disease 2019	117.4
4. Unintentional injuries	92.7
5. Chronic lower respiratory diseases	43.3
6. Cerebrovascular disease (stroke)	24.7
7. Diabetes mellitus	57.7
8. Chronic liver disease and cirrhosis	37.1
9. Alzheimer's disease	39.1
10. Suicide	16.5
11. Influenza and pneumonia	8.2
12. Kidney disease	14.4
13. Parkinson's disease	4.1
14. Septicemia	14.4
15. Homicide	4.1

**Table 5.** NMDOH BVRHS 2009-2020.

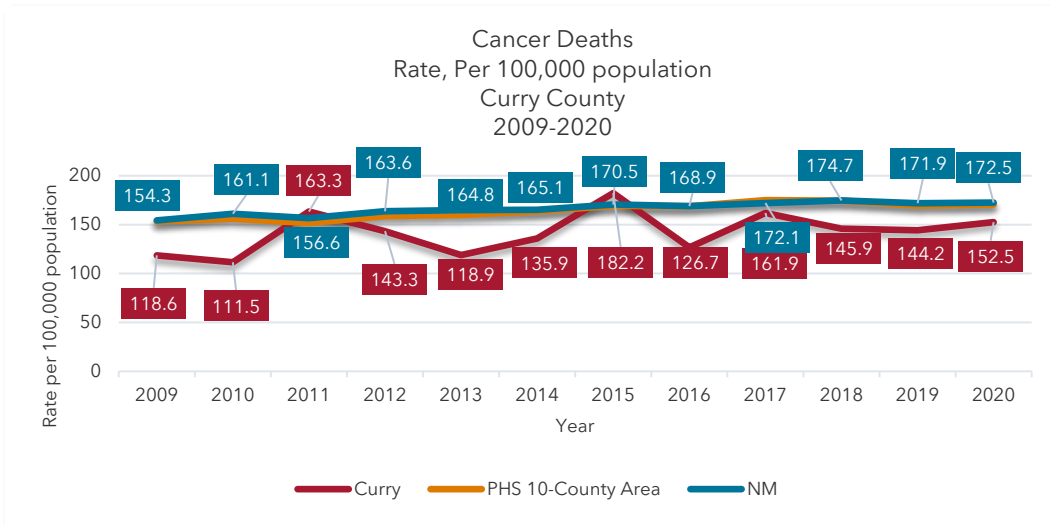
Heart disease is the leading cause of death in Curry County, with 197.8 deaths for every 100,00 population in 2020. Heart disease death trends in Curry County are similar to New Mexico and the PHS 10-County Area. Heart disease deaths are increasing among all three geographies, overall.



**Figure 10.** NMDOH BVRHS 2009-2020.

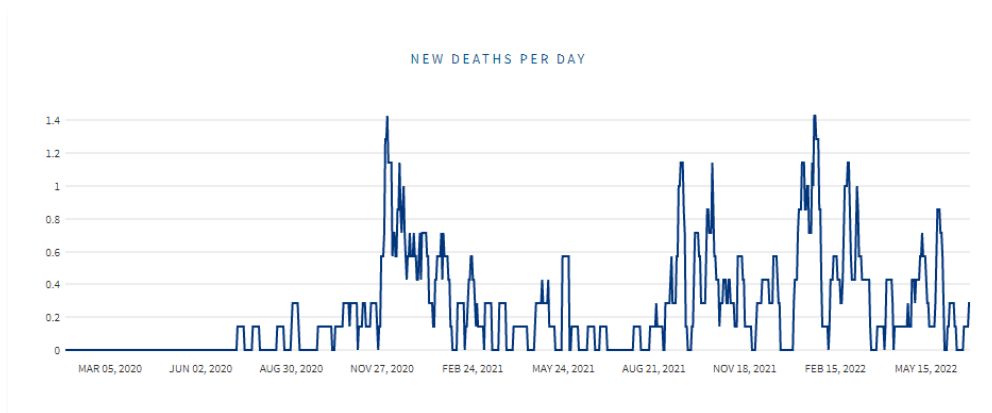
Cancer is the second leading cause of death in Curry County. The most common types of cancer in Curry County are lung cancer (48.6 cases per 100,000 population), prostate cancer (44.6), breast cancer (43.4), colon cancer (24.3) and

rectum (rectosigmoid junction) cancer (15.1).<sup>7</sup> The most common types of cancer involved in cancer deaths include lung cancer, breast cancer, pancreas cancer, colon cancer, and prostate cancer. Cancer deaths that are classified as attributable to some other type of malignant neoplasm are most common behind lung cancer (18.5 deaths per 100,000 population). Cancer rates in Curry County trend lower than the PHS 10-County Area and the state overall.<sup>8</sup>



**Figure 11.** NMDOH BVRHS 2009-2020.

Coronavirus Disease (COVID-19) was the third leading cause of death in Curry County in 2020 with a death rate of 117.4 deaths for every 100,000 people. In comparison, influenza and pneumonia, the only other respiratory infectious disease on the list, ranked number 11 with a death rate of 8.2 deaths per 100,000 population in 2020 and 22 deaths per 100,000 population in 2019. The COVID death rate in 2020 was more than five times the flu death rate in 2019 and there were the same number of COVID deaths as there were deaths due to diabetes and stroke combined. About 70% of COVID deaths in Curry County in 2020 were people 65 years or older. Most COVID deaths were among Hispanic/Latinx people.



**Figure 12.** New COVID deaths, 7-day averages, USA Facts<sup>9</sup>.

<sup>7</sup> 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

<sup>8</sup> New Mexico Department of Health, Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division. Cancer Death Rate. (2015-2020). Retrieved from <https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html> on 5/19/2022

<sup>9</sup> UAS Facts. Curry County Cases and Deaths. Retrieved from <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/new-mexico/county/curry-county> on 6/7/2022

## 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.<sup>10</sup> Behavioral Health also encompasses mental illnesses and disorders, ranging from anxiety and depression to schizophrenia and other severe mental illnesses.

Specific to behavioral health as a priority topic, most forum participants noted that access to services was the primary driver of poor behavioral health in Curry County. Specific substance use was identified during later discussion on the increase in drug use and overdose, especially related to fentanyl. Some comments included COVID barriers (i.e. services not being available in a COVID-safe way), distance of services proving to be too far for people to access, lack of providers, lack of knowledge of how to access services, and issues related to equity in the access to services. As a result of the community highlighting the challenges related to access of behavioral health services, it would be more appropriate to incorporate “access” as a theme for behavioral health work in place of independently designing these strategies within a separate priority area.

Substance use, with the exception of binge drinking, has increased among youth and adults in Curry County. Poor mental health declined in 2020, as did the suicide rate, though drug overdoses increased dramatically.

The ratio of population to mental health providers is higher than in surrounding counties, which may indicate that mental healthcare may be more available in Curry County. Decreases in suicide deaths and prevalence of poor mental health correlate with the improving ratio, which may indicate an increase in access to mental health services.

Deaths of despair, and especially the component of drug overdose deaths, are increasing across the county. In Curry County, individuals between the ages of 23 and 64 years hold the highest burden of deaths of despair, with more men dying of deaths of despair than women (75.9 deaths per 100,000 population, compared to women with a death rate of 38.4). Most deaths of despair are among white people.<sup>11</sup>

For more details, see charts below. Because substance use indicators are worsening across populations, work in Curry County around behavioral health should focus on substance use prevention, harm reduction, and improving overall quality of life for all populations.

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

<b>Curry County - Survey Responses</b>		
<b>BEHAVIORAL HEALTH TOPIC AREA</b>	<b>#</b>	<b>%</b>
Access to healthcare	112	41.2%
Substance abuse	56	20.6%
Behavioral/mental health	55	20.2%
Suicide	44	16.2%
Other	5	1.8%
Total	272	100.0%

**Table 6.** Community Survey. Presbyterian 2022.

<sup>10</sup> Centers for Disease Control and Prevention. Mental Health. Retrieved from <https://www.cdc.gov/mentalhealth/> on 5/16/2022

<sup>11</sup> NM BVRHS. Deaths of Despair 2016-2020. Retrieved from <https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html>

## Access to Mental Healthcare

Access to mental health providers continues to be a challenge in Curry County, though there are more providers per population than in surrounding counties. In 2020, mental health providers saw an average of 70 patients (patient provider ration of 70:1).<sup>12</sup>

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.

Tobacco needs far outpace other needs patients were screened for – of the patients screened for all social needs, tobacco was the most common among completed screenings followed by alcohol needs with relatively low prevalence of opioid needs. This indicates a need to expand access to and utilization of mental health resources as well as alcohol, tobacco and other drug prevention and treatment.

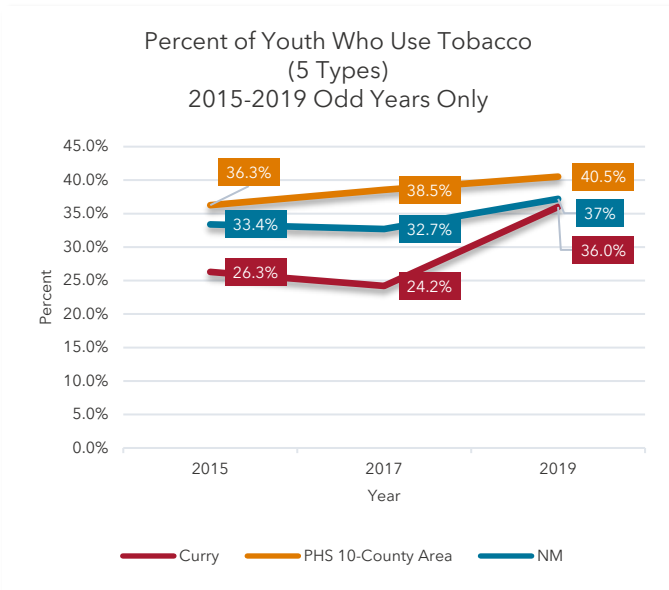
<b>Patients' Self-Reported Health-Related Behavioral Health Needs</b>		
<b>ALCOHOL NEED</b>	<b>N</b>	<b>(%)</b>
Screenings Completed	1,020*	
Unique Patients Screened	1,020	
Unique Patients Reporting Any Need	176	17.0%**
<b>TOBACCO NEED</b>		
Screenings Completed	894	
Unique Patients Screened	894	
Unique Patients Reporting Any Need	430	48.0%
<b>OPIOID NEED</b>		
Screenings Completed	1,133	
Unique Patients Screened	1,133	
Unique Patients Reporting Any Need	46	4.0%
<b>MENTAL HEALTH NEED</b>		
Screenings Completed	14,775	
Unique Patients Screened	11,921	
Unique Patients Reporting Any Need	998	8.0%
(*) 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 7.** Counts of Curry County patients screened for behavioral health in 2021.

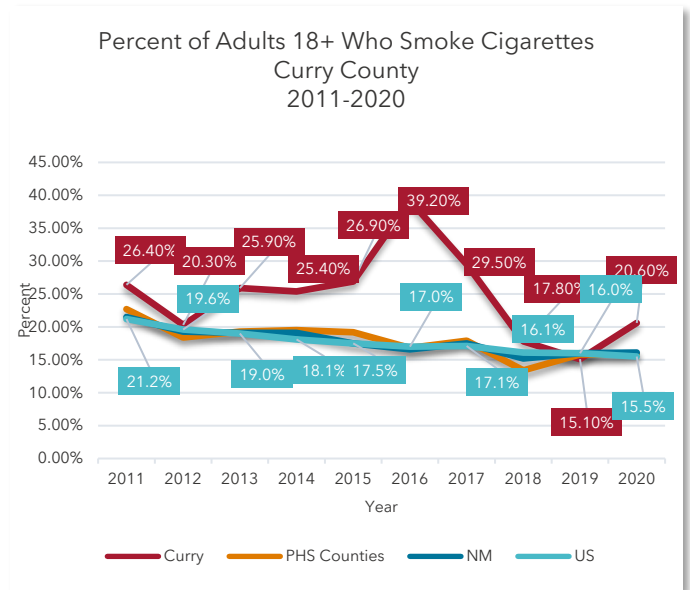
## Substance Use

Tobacco use (cigarettes, cigars, hookah, spit tobacco, or e-cigarettes) increased among high school youth in Curry County from 2017 to 2019. While tobacco use increased among all geographies, neither the PHS 10-County Area nor the state overall increased as much as Curry County, whose prevalence of youth who use tobacco is close to that of NM. More adults in Curry County smoke when compared to NM, PHS 10-County Area, and the US overall. After a recent decrease, cigarette use among adults is rising. During our last assessment, Curry County had the highest prevalence of adult cigarette use in the state. In 2020, Curry County dropped to 7<sup>th</sup> highest rate of cigarette use among adults.

<sup>12</sup> County Health Rankings and Roadmaps. Retrieved from <https://datausa.io/profile/geo/curry-county-nm#health> on 5/23/22

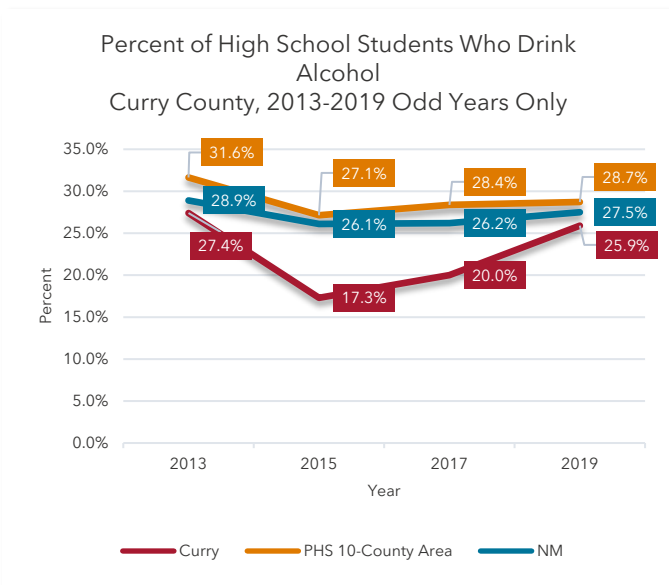


**Figure 13.** Youth Tobacco Use. NM YRRS 2013-2019.

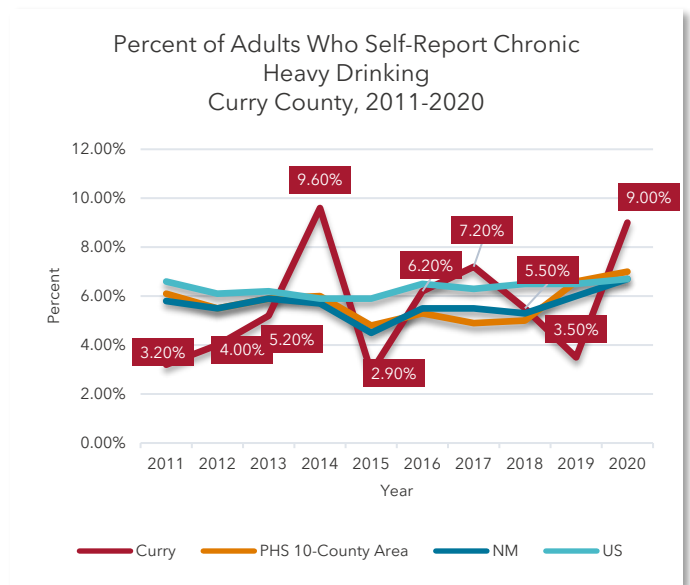


**Figure 14.** Adult cigarette use. BRFSS 2011-2020.

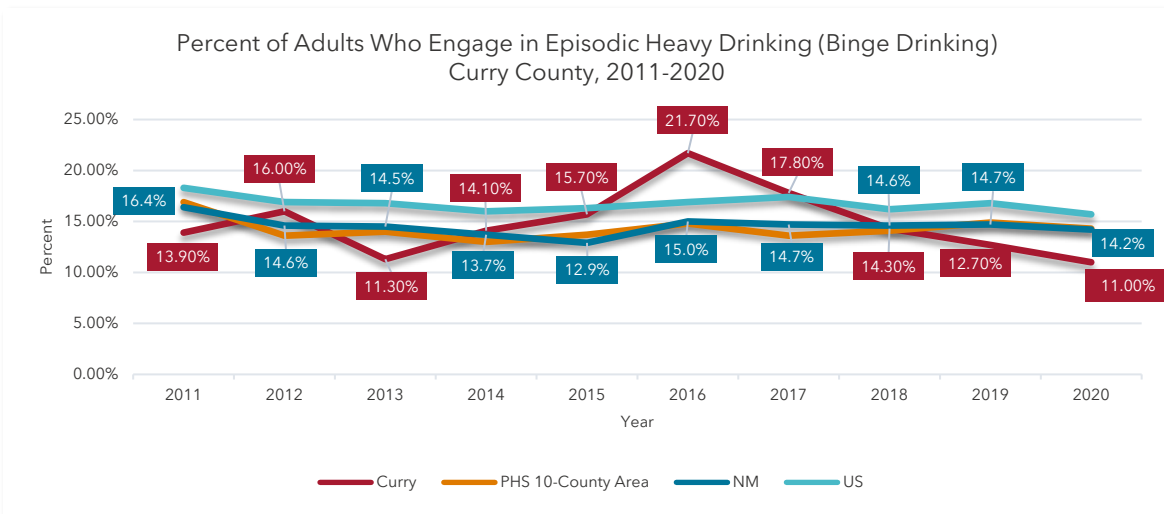
Alcohol use among youth has risen in previous years and is similar to the PHS 10-County area and NM overall. Curry County's youth alcohol use has been lower than the PHS 10-County Area and New Mexico, but in 2019, approached the rates of the two geographies. Chronic heavy drinking (defined as regularly consuming more than two drinks per day for men and more than one drink per day for women) among adults has increased statewide, among Presbyterian counties, and across the nation. After a drop in heavy drinking rates in 2019, the percent of people who reported drinking heavily nearly tripled in 2020, an increase reflected in the other geographies. Binge drinking (defined as a 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 has decreased in Curry County, which has a lower prevalence of binge drinking when compared to NM and the PHS 10-County Area. The increase in heavy drinking in 2020 may be related to the COVID-19 pandemic, which was a perception people in our communities reported during forums and community conversations.



**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.

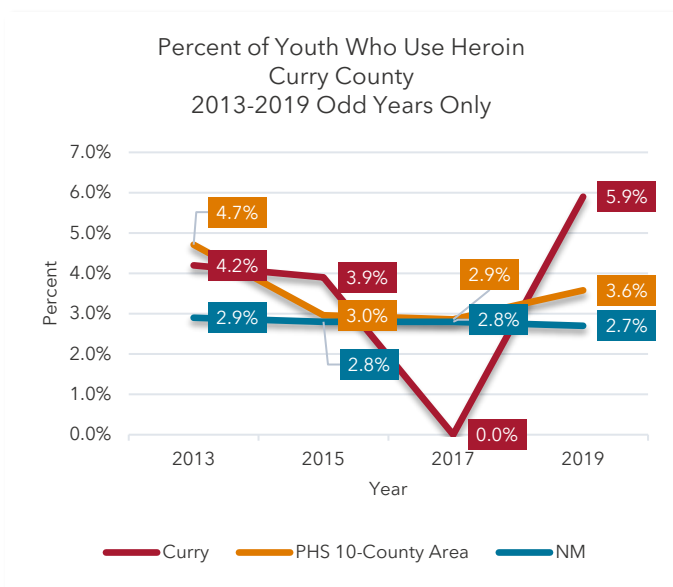
Heroin and methamphetamine use among high school students increased significantly in Curry County from 2017-2019. The initial drop in 2017 is similar to the heroin use pattern for all ten counties in the PHS 10-County Area. Youth heroin and meth use remain higher than the state prevalence. These increases in 2019 and the increases in tobacco and alcohol use point to an overarching issue of substance use in Curry County.

**EQUITY ALERT:** More Hispanic/Latinx youth said they use methamphetamine, cannabis, and heroin than white youth.

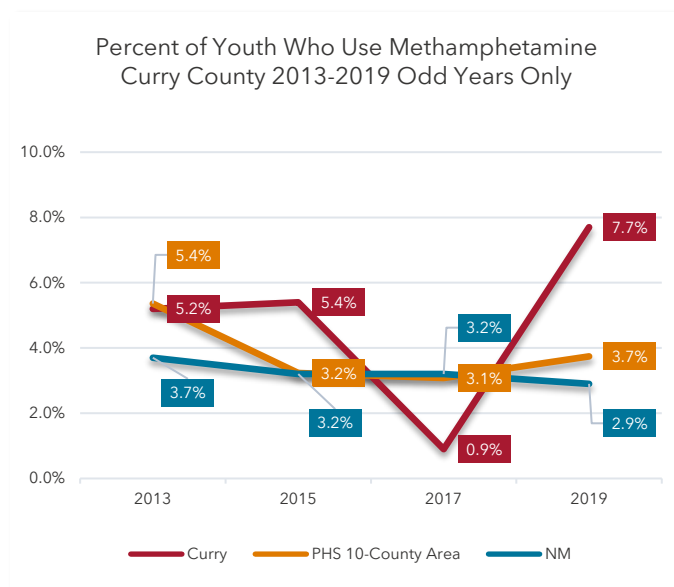
SOURCE: YRRS 2013-2017

In 2020, an estimated **47,103** people aged 18+ in the US reported using cannabis in the past year. In Curry County in 2017, about 14% of high school students reported using cannabis.

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



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



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

Chronic mental health issues are important to understand risks for poor health outcomes, especially when considering consistently high substance use, as is the case in Curry County. About the same amount of Curry County high school students reported experiencing feeling sadness and/or hopelessness in 2019 as in 2013. A little less than a third of Curry County high school students reported feeling sad or 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 Curry County.

Among adults, there was a slight decrease in reporting 14+ poor mental health days within a 30-day period (frequent mental distress) in 2020.

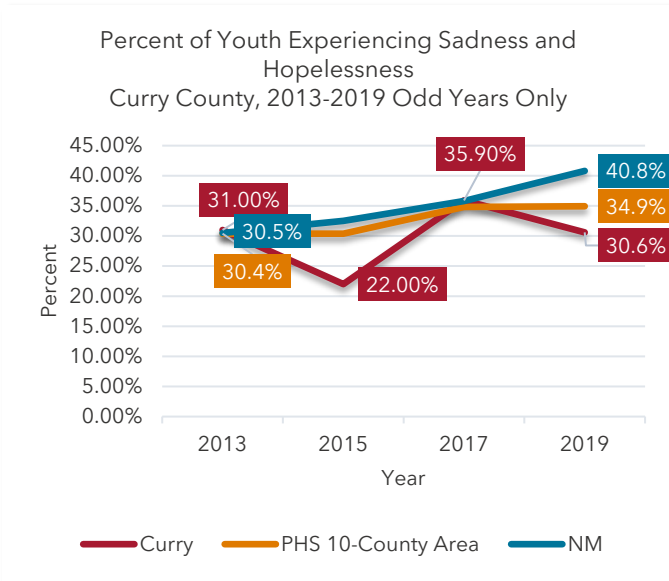


Figure 20. Youth Mental Health. NM YRRS 2013-2019.

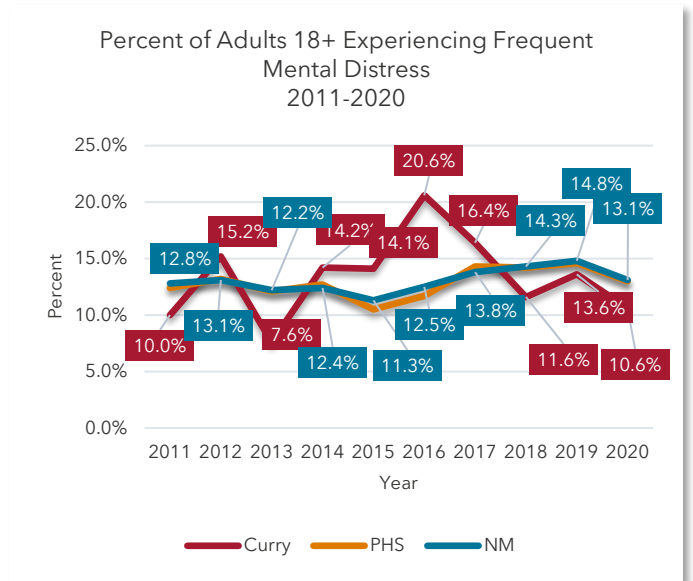


Figure 21. Frequent mental distress among adults. BRFSS 2011-2020.

Understanding mortality due to mental health and substance use issues is an important part of improving health at the population level. Suicide deaths shift from year to year in Curry County but decreased 31% from 2018 to 2020. Suicide deaths across NM and the PHS 10-County Area have risen slightly since 2009. After trending upward (more deaths), it appears the suicide death rate in Curry County is declining.

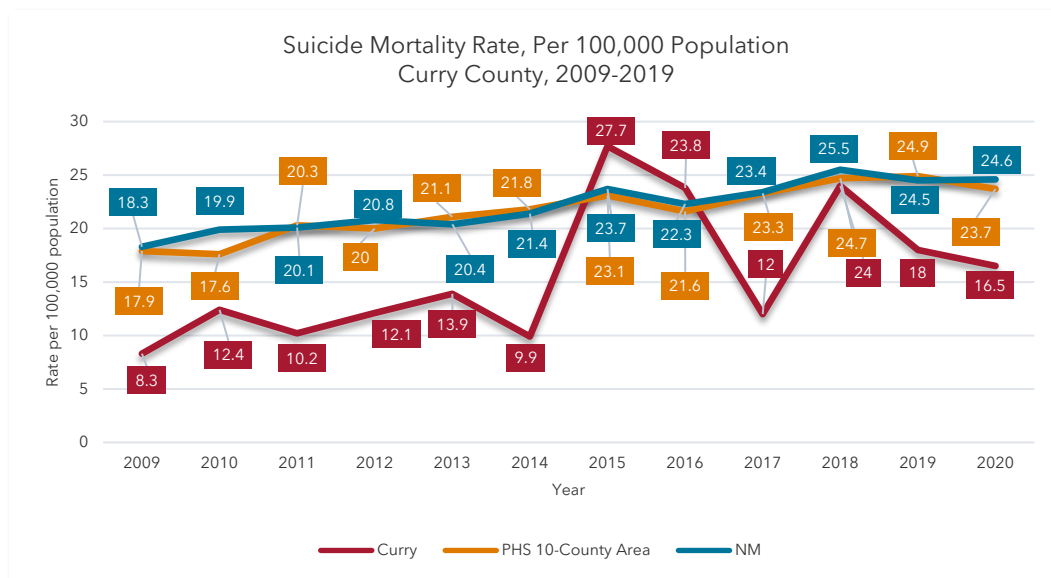
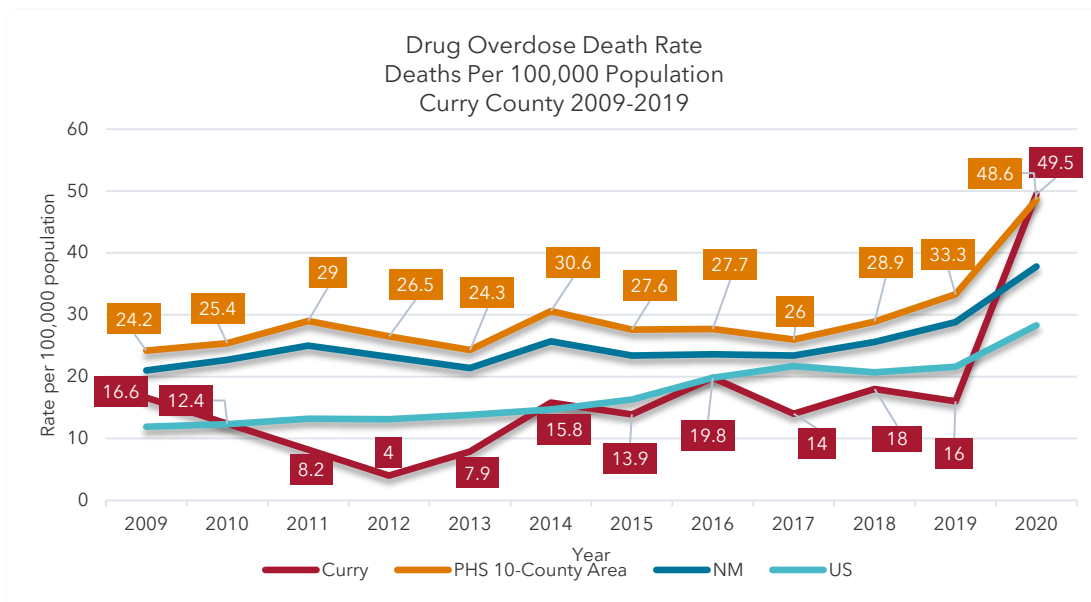


Figure 22. Suicide Death Rate. NM DVRHS 2009-2020.

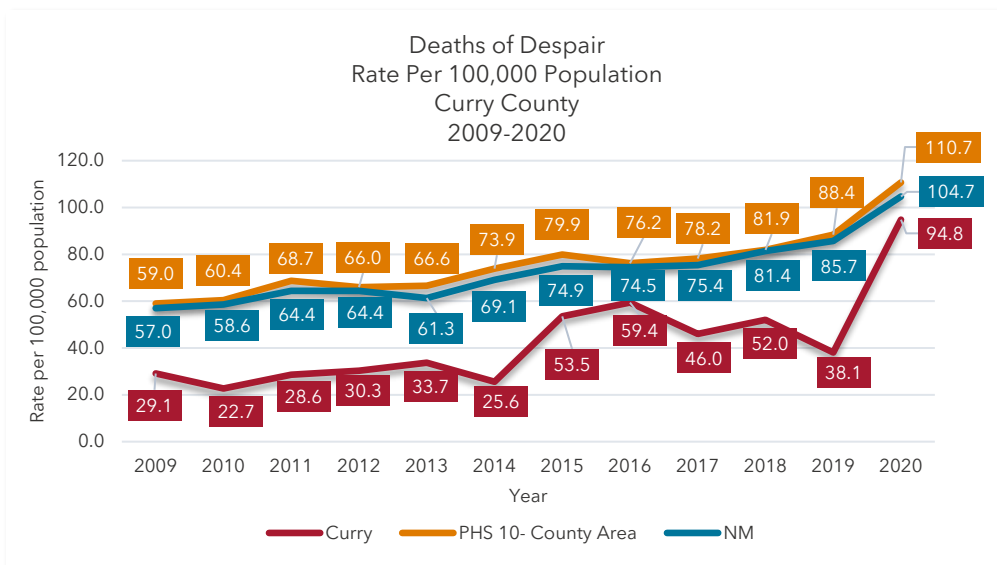


Drug overdose deaths have increased drastically (about 209%) from 2019 to 2020 in Curry County, consistent with an increase in drug overdose deaths in NM, the PHS 10-County Area, and steeper than the US overall. Community members expressed concern about overdose death rates during the Community Data Forum, citing personal and community-wide experiences.



**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 Curry County, the death rate has overall increased since 2010 in all geographies. This 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. Most deaths of despair were among Hispanic people. More Hispanic/Latino men died a death of despair when compared to white men, but more white women died a death of despair when compared to Hispanic/Latina women. There were 155.5 deaths per 100,000 population among Hispanic/Latino men and 91.9 deaths per 100,000 population among white women.



**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.<sup>13</sup>

When discussing the Social Determinants of Health priority area, forum participants agreed that transportation and housing were among the top needs. Participants expressed that transportation and telephonic access to providers were barriers to seeking care and therefore had an impact on health-related social needs. General cost of living, fuel costs, lack of transitional housing, and support services for Spanish-speaking clients were identified as areas in need of improvement.

Themes of access to transportation, especially to care, were highlighted throughout the session. Forum participants expressed concern related to the lack of providers, lack of transportation to providers, lack of referrals, long wait times, and lack of specialists. Notable was the clarification that Clovis is reportedly the only city in the county with providers.

Survey respondents provided feedback on the community issues they are very concerned about. Most people who took the community survey indicated that environmental health, including climate change, were the biggest social determinants of health that they were concerned about. Second came housing, then food security and personal/interpersonal safety. Other responses included misinformation and property crime.

<b>Curry County - Survey Responses</b>		
<b>SOCIAL DETERMINANTS OF HEALTH</b>	<b>#</b>	<b>%</b>
Environmental health (including climate change)	62	26.6%
Housing	55	23.6%
Personal/interpersonal safety	38	16.3%
Food security	36	15.5%
Transportation	36	15.5%
Other	6	2.6%
Total	233	100.0%

**Table 8.** Community Survey. Presbyterian 2022.

## Social Needs Screening at Presbyterian Clinical Locations

Every six months, every patient who interacts with the Presbyterian 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.

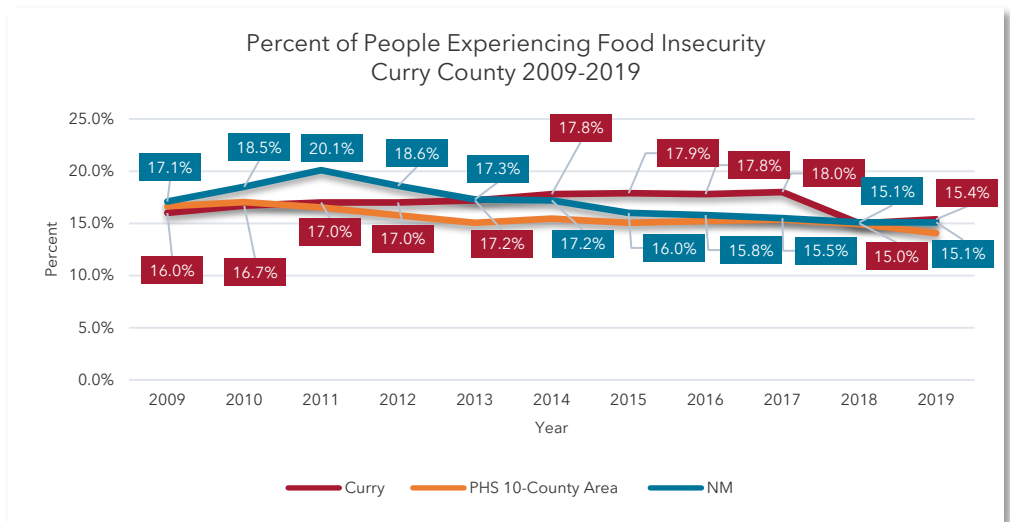
Of the patients screened for social needs in 2021 in Curry County, 5% of patients screened positive for food needs and 6% screened positive for transportation needs. These are consistent with community survey results and discussions in community forums, indicating these as key social need areas of focus for future community health improvement plans.

<sup>13</sup> Social Determinants of Health. CDC 2020. Retrieved from <https://www.cdc.gov/socialdeterminants/index.htm> on 5/9/22

<b>Patients' Self-Reported Health Related Social Needs</b>		
<b>FOOD NEED</b>	<b>n</b>	<b>(%)</b>
Screenings Completed	745*	
Unique Patients Screened	739	
Unique Patients Reporting Any Need	40	5.0%**
<b>HOUSING NEED</b>		
Screenings Completed	2,073	
Unique Patients Screened	2,051	
Unique Patients Reporting Any Need	34	2.0%
<b>TRANSPORTATION NEED</b>		
Screenings Completed	806	
Unique Patients Screened	799	
Unique Patients Reporting Any Need	47	6.0%
<b>SAFETY NEED</b>		
Screenings Completed	23,024	
Unique Patients Screened	19,968	
Unique Patients Reporting Any Need	116	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 9.** Counts of Curry County patients screened for social needs in 2021.

Many community members expressed concern in the forums around access to food. Food insecurity rates in Curry County are nearly equal to than those in New Mexico and slightly higher than in the PHS 10-County Area. Food insecurity is decreasing across all geographies. Curry County's rates were higher than the state rate and the PHS 10-County Area for several years until 2018, when it dropped.



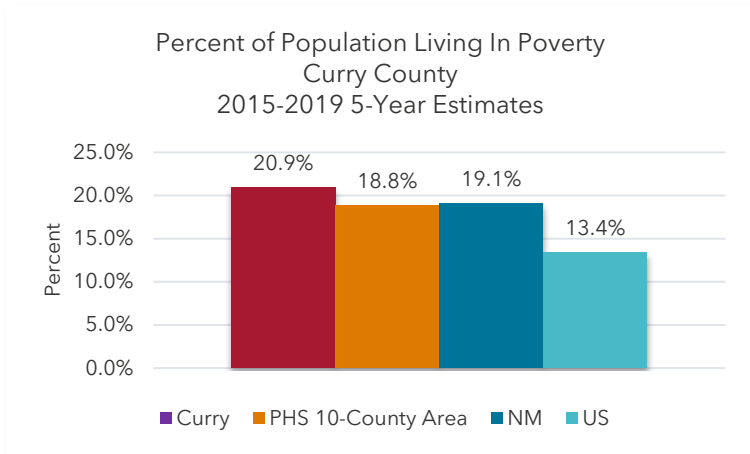
**Figure 25.** Food Insecurity Rate. Feeding America. 2009-2019.

Curry County has a comparatively high percentage of families not receiving SNAP (Supplemental Nutrition Assistance Program) benefits, compared to New Mexico. 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.<sup>14</sup>

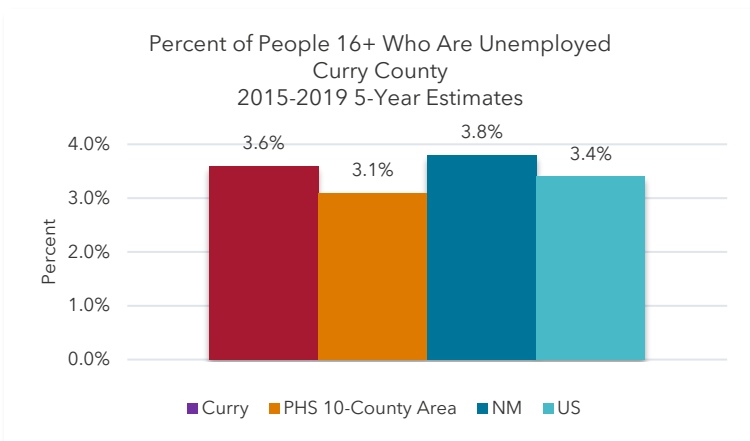
### Economic Indicators

More people in Curry County live in poverty when compared to the PHS 10-County Area, NM, and the US. Women aged 24-64 have the highest rates of poverty in Curry County, and the highest percent of people who live below the poverty level are white (54.7%) followed by Hispanic/Latinx people (27.7%). The median household income in Curry County is \$44,939, which is 2.76% lower than in 2019. There is a visible wage gap in New Mexico, with men making about 1.29 times as much money as women. The most common industries in Curry County are construction, retail trade, administrative support and waste management services.<sup>15</sup>



**Figure 26.** Poverty. ACS 2015-2019 5-year estimates.

Unemployment rates in Curry County are higher than the PHS 10-County Area and the US, but lower than in NM overall. Unemployment rose drastically statewide in 2020, likely due to the COVID-19 pandemic, though those rates are approaching pre-pandemic levels. Because county-level unemployment rates are not available for 2020, it is unclear how much the unemployment rate rose in each county.



**Figure 27.** Unemployment. ACS 2015-2019 5-year estimates.

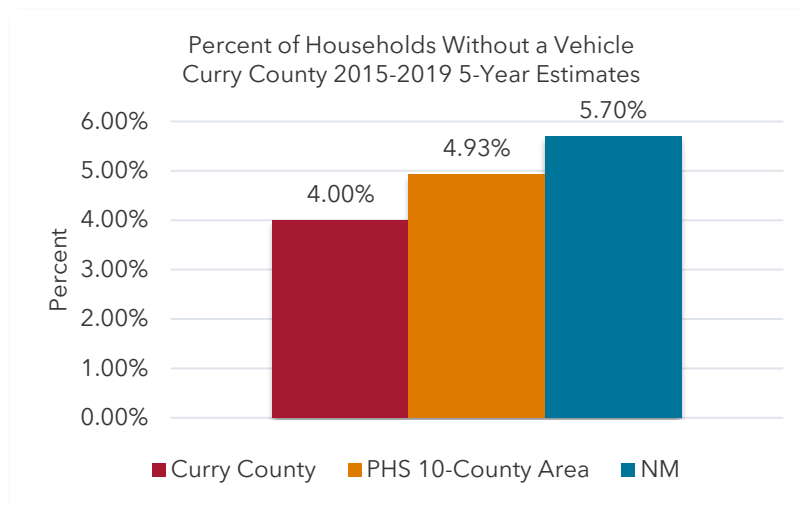
<sup>14</sup> Center on Budget and Policy Priorities. A Quick Guide to SNAP Eligibility and Benefits. Retrieved from <https://www.cbpp.org/research/food-assistance/a-quick-guide-to-snap-eligibility-and-benefits> on 5/22/2022

<sup>15</sup> Curry County, NM. Data USA. Retrieved from <https://datausa.io/profile/geo/curry-county-nm>



**Figure 28.** Unemployment Rate. Bureau of Labor Statistics 2012-2022.

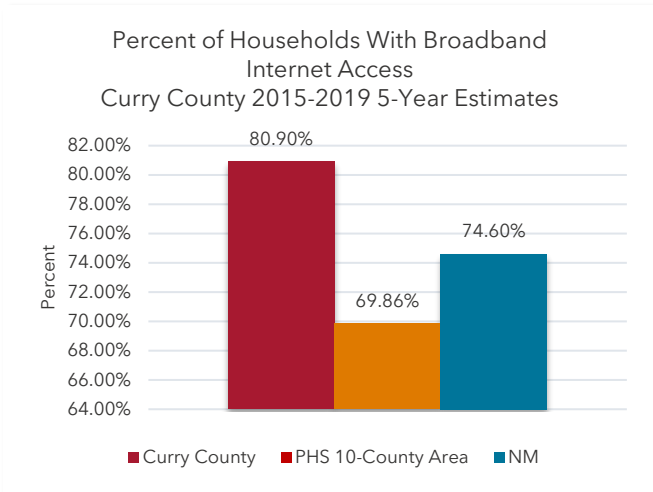
Access to a vehicle is an important metric for understanding access to services and resources. About 4% of households do not have a vehicle.<sup>16</sup> This is lower than the PHS 10-County Area and NM overall, meaning more households in Curry County have a vehicle than in the PHS 10-County Area and in New Mexico. The average number of cars per household is two<sup>15</sup>.



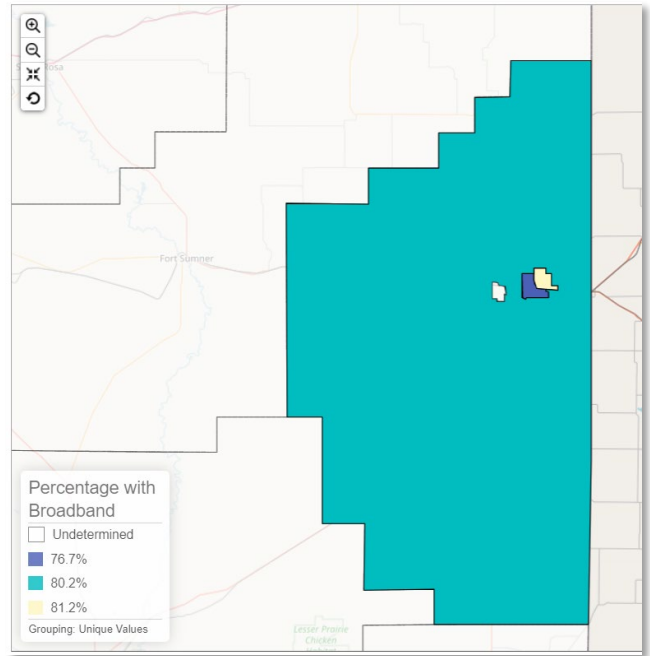
**Figure 29.** Vehicle access. ACS 2015-2019 5-year estimates.

Access to broadband internet is important for accessing healthcare and other resources. While healthcare systems improve and expand telehealth systems and other forms of virtual patient support, and community-based organizations shift toward an online presence, communities need reliable internet access to be able to use those systems. Curry County has a higher percentage of households with broadband internet access when compared to the PHS 10-County Area and New Mexico overall. However, this access varies geographically as rural parts of the county experience less reliable access to broadband internet. Interestingly, fewer households in the western part of Clovis have access to broadband internet - 76.7% of households have broadband whereas in the eastern part of Clovis, 81.2% of households have broadband internet access. See map below.

<sup>16</sup> American Community Survey, 2015-2019 5-year estimates.



**Figure 30.** Broadband access. ACS 2015-2019 5-year estimates.

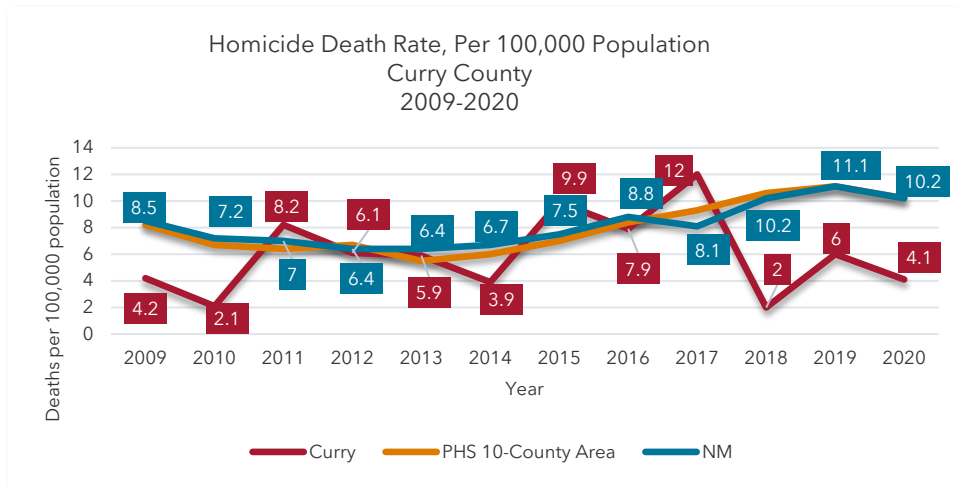


**Figure 31.** Broadband Access by zip code. ACS 2015-2019 5-year estimates.

### Violence/Injury

Interpersonal violence is difficult to quantify, especially in smaller, rural and frontier communities.

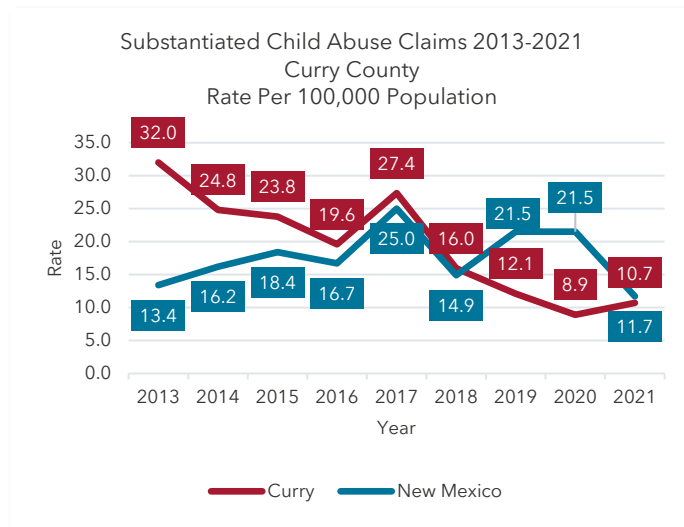
The homicide death rate in 2020 in the US was 7.5 deaths for every 100,000 people.<sup>17</sup> New Mexico's and the PHS 10-County Area's homicide death rate continues to be higher than the US rate. Homicide deaths in Curry County fluctuated around New Mexico and the PHS 10-County Area between 2011 and 2017. However, the homicide rate in Curry County dropped in recent years and remains lower than NM and the PHS 10-County Area.



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

<sup>17</sup> 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 in New Mexico fluctuated between 2013 and 2021. In Curry County, substantiated child abuse claims dropped from 2017 and overall, continued on a downward trend since 2013. All counties saw a spike in claims in 2017, which may be an indication of an increase in the amount of child abuse occurring in New Mexico or could be due to changes in reporting at the state level (additional resources to substantiate child abuse claims).



**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, transportation, and more. In 2020, about 57% of pregnant people in Curry County initiated prenatal care within their first trimester. This is lower than the percent in the PHS 10-County Area and slightly lower than in New Mexico overall. In 2020, about 22% fewer people reported initiating prenatal care in the first trimester when compared to 2019. Prenatal care decreased for six of the 10 counties within the PHS Service Area.

Infant mortality rates in Curry County remain low. Data show that there were 6.9 deaths per 1,000 live births between 2015 and 2019. This is higher than the NM death rate of 5.7 deaths for every 1,000 live births.<sup>18</sup>

Presbyterian Community Health conducted a series of key informant interviews around perinatal equity to gain insight into some of the biggest needs, barriers, resources, and opportunities to improve perinatal health equity.

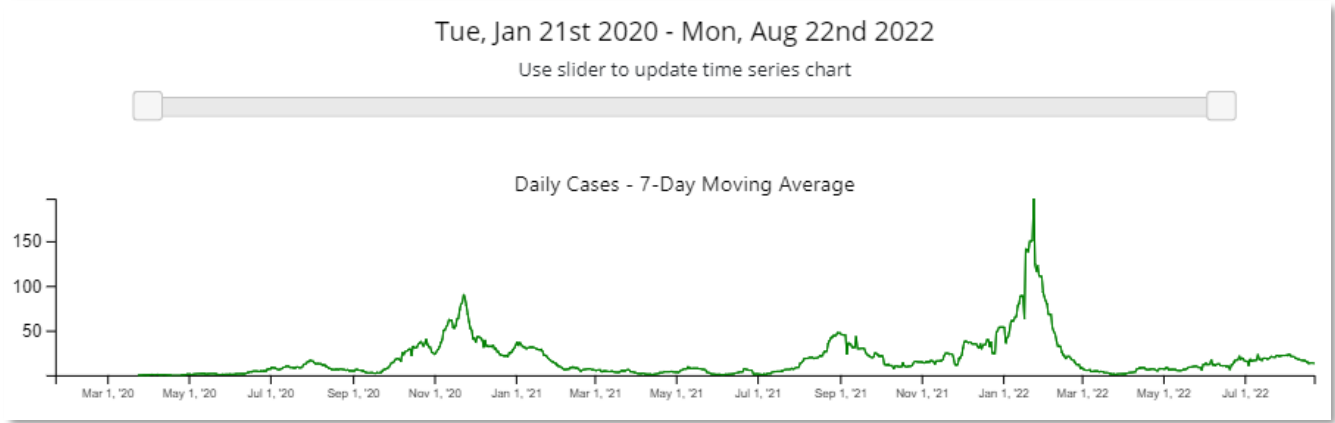
### COVID-19

While addressing the COVID-19 pandemic, participants highlighted that COVID-19 has impacted Curry County 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 most critical component to address.

### COVID-19 Incidence

COVID-19 continues to be a leading indicator of health in Curry County. COVID was the number three cause of death in Curry County in 2020, and in 2022, Curry County saw a much higher death rate (see COVID death data in sections above).

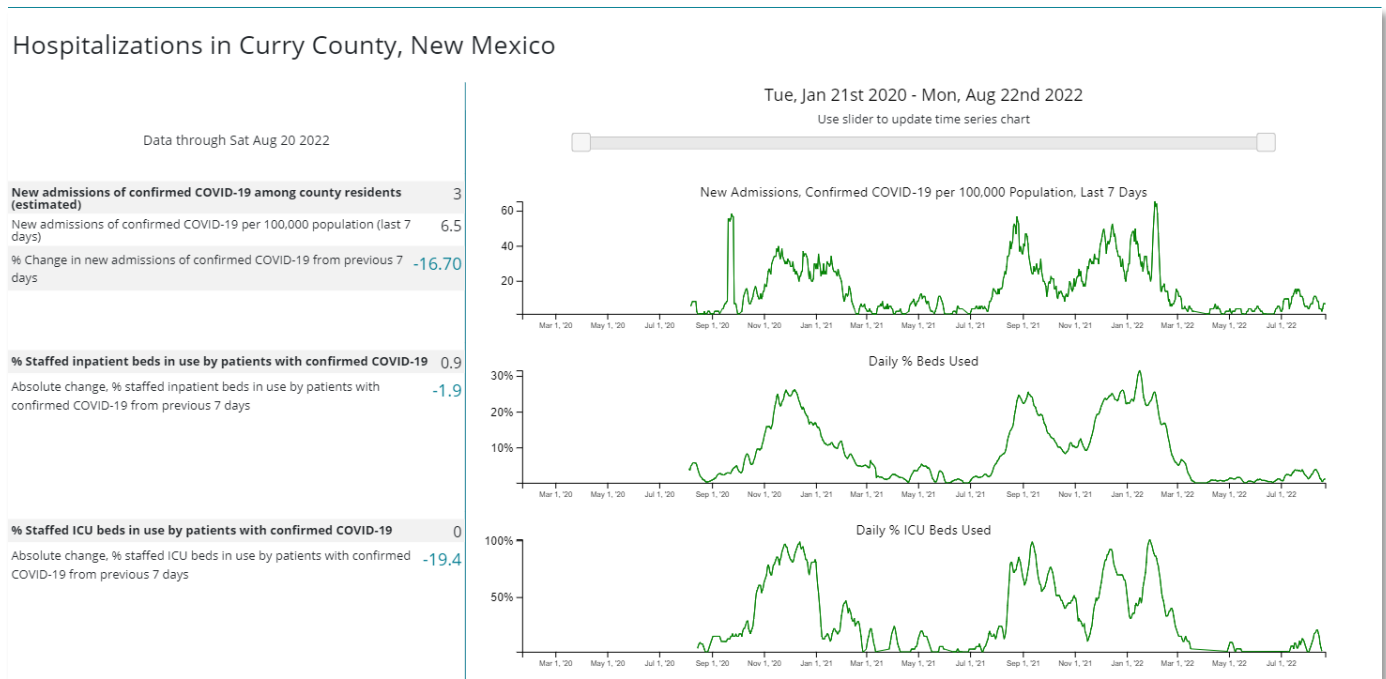
<sup>18</sup> NMDOH BVRHS 2015-2019 infant mortality rate. Retrieved from NM IBIS.



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

As of July 19, 2022, 77.9% of Curry County residents had at least one shot, and about 62.7% had completed their series.<sup>19</sup> Vaccines are an important factor in reducing preventable severe disease and death due to COVID-19.

There were several points during the pandemic in which the percent of ICU beds in Curry County occupied was higher than 50%. Daily hospitalizations with COVID remained high during waves, especially in 2021, indicating further need for wider vaccination campaigns and efforts.



**Figure 35.** COVID Hospitalizations. CDC Data Tracker 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.

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

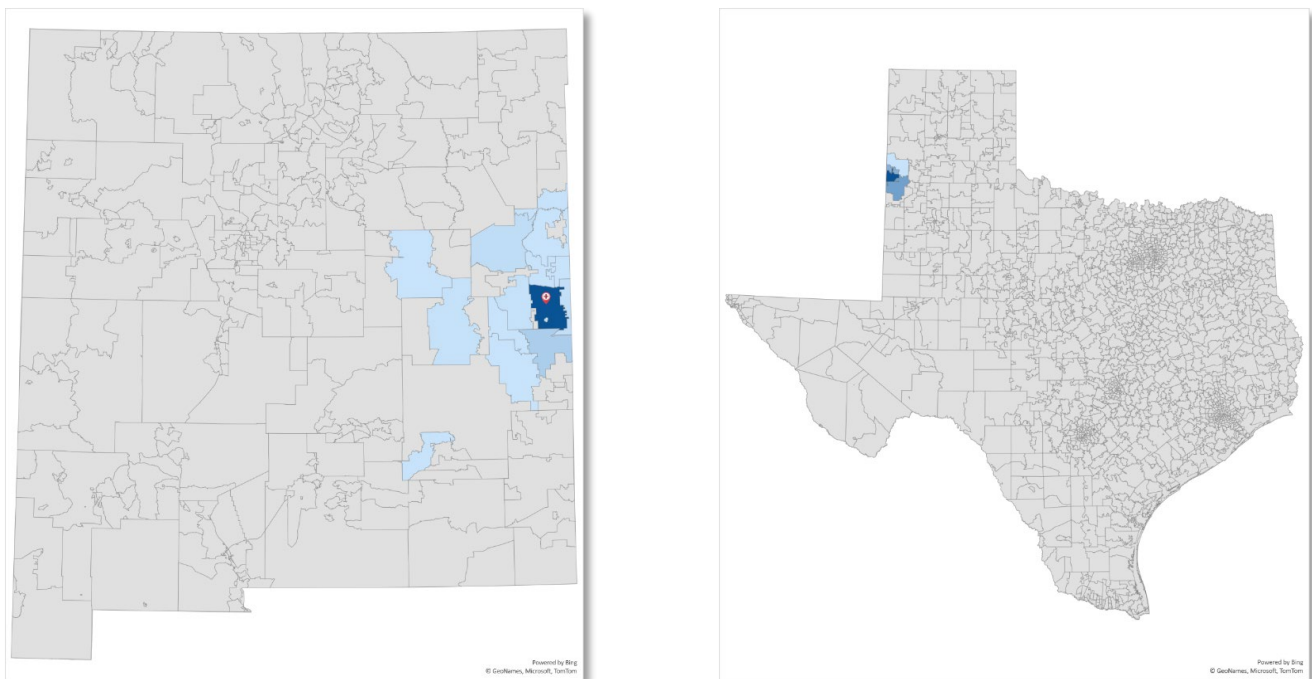


## Healthcare Access - Plains Regional Medical Center

Most patients who visited Plains Regional Medical Center came from zip codes surrounding the location of the hospital, but as illustrated in the map below, the hospital acts as a regional hub for healthcare, seeing patients from nearby counties such as Quay County, Roosevelt County around Portales, Parmer TX (Farwell and Bovina areas), and Bailey County TX (Muleshoe area).

Presbyterian Patients' Zip Code of Residence	
ZIP CODE	PATIENT COUNT
88101	24,944
88130	3,731
88401	1,147
88135	734
88119	431
88124	425
79325	350
88102	282
79347	193
88426	173
79009	161
88120	82
88116	67
79035	62
88434	56
88112	52
88435	44
88103	41
88118	40
88203	35

**Table 10.** Count of patients who receive care in Curry County in 2021 by 'Top 20' ZIP codes of residence.



**Figure 36.** New Mexico and Texas Heat map of patients receive care in Curry County in 2021 by ZIP code.

Annual Number of Patients by Encounter Type and County of Residence (2021)						
Encounter Type	CURRY	ROOSEVELT	QUAY	PARMER	DE BACA	BAILEY
Emergency Department or Urgent Care	13,996	1,162	247	246	193	100
Hospital Admission (IP)	2,662	524	198	62	65	15
Outpatient or Clinic Visit	19,109	3,125	1,246	361	321	124

**Table 11.** Count of patients who received care in Curry County in 2021 by county of residence and encounter type.

An important determinant of health is the number of repeat emergency department (ED) visits. Patients who have high ED utilization tend to have poorer health outcomes. Reducing repeat ED visits can help to improve patients' health outcomes, reduce ED costs, and lead to a healthier community. Most patients who visited Plains Regional Medical Center only had one visit while about 34% had more than one. This illustrates an area of improvement for communities and patients in the Curry County area.

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	16,806	11,061	5,745	680	6
PERCENT	100.0%	65.8%	34.2%	4.0%	0.0%

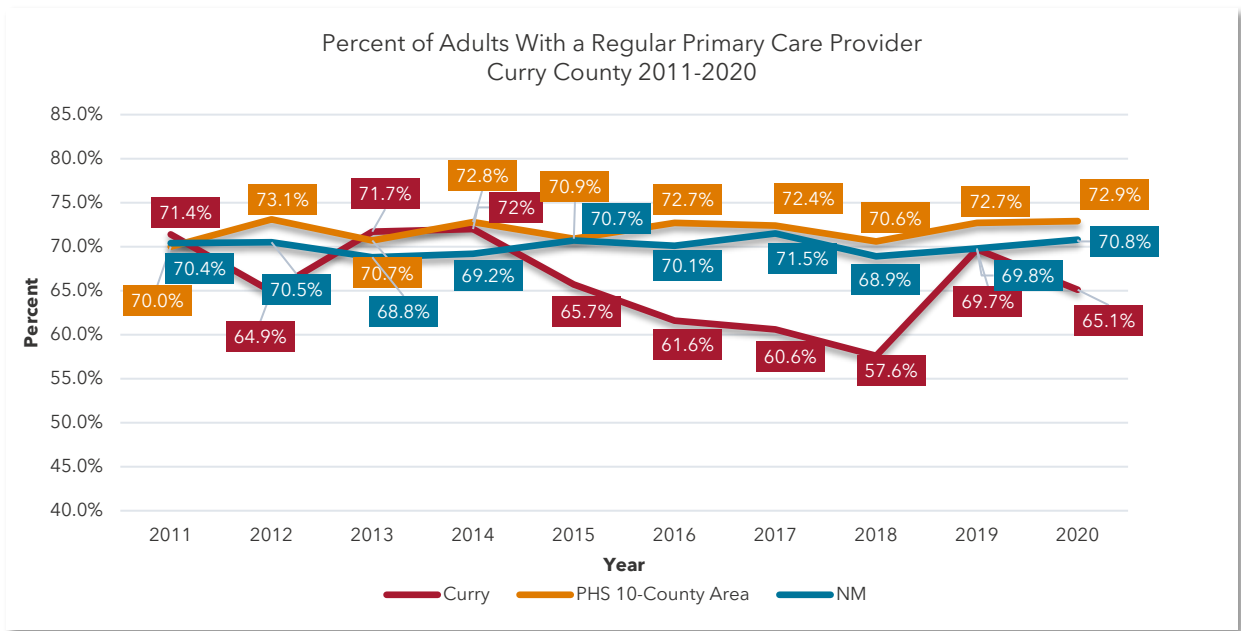
**Table 12.** Count of patients who received emergent and/or urgent care in Curry County in 2021 by number of repeat visits.

The top ten chief diagnoses in Curry County's emergency department/urgent care for 2021 were primarily encounters for COVID, nausea with vomiting, acute upper respiratory infection, chest pain and diarrhea. Knowing that COVID and heart disease were top causes of death in 2020, these diagnoses align with leading causes of morbidity and mortality in the county and are areas of needed focus in the community.

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

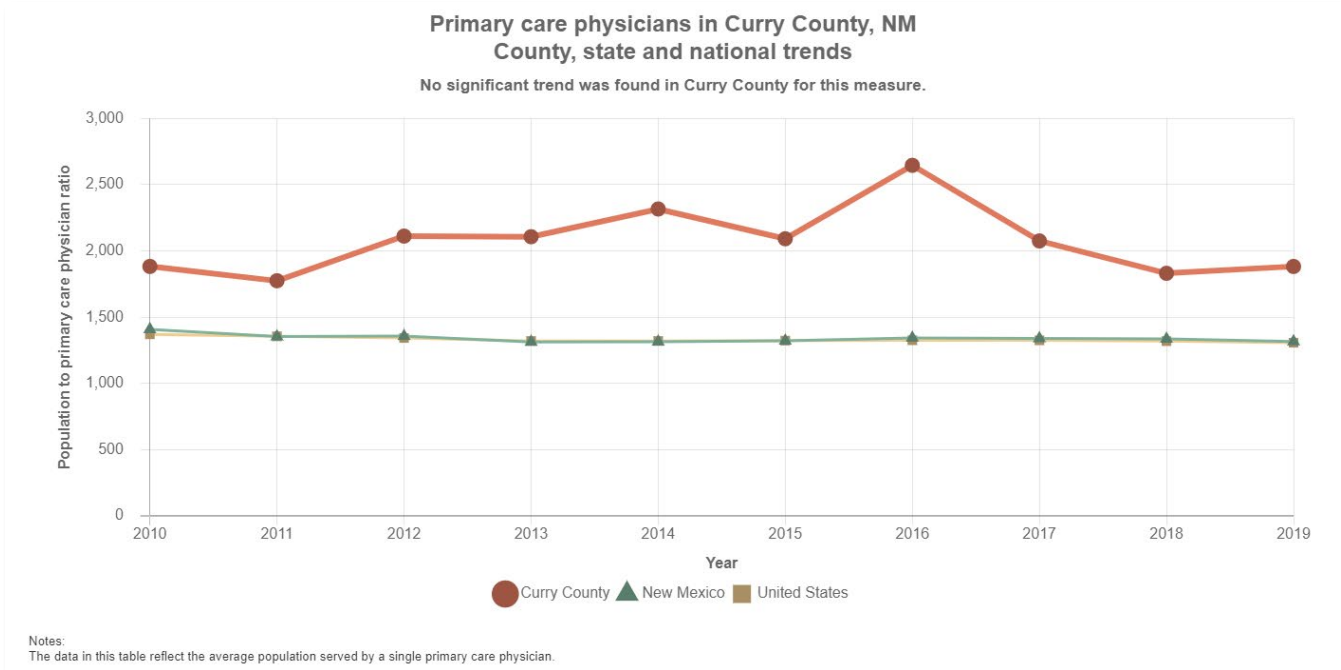
**Table 13.** Top 10 primary diagnoses from Curry County emergent and urgent care encounters.

Fewer people in Curry County had a primary care provider (PCP) than people in the PHS 10-County Area and NM overall. This is a metric of the percent of people who report having a regular PCP. This is not an indicator of whether they have access to that provider.



**Figure 37.** Adults with a Primary Care Provider. BRFSS 2011-2020.

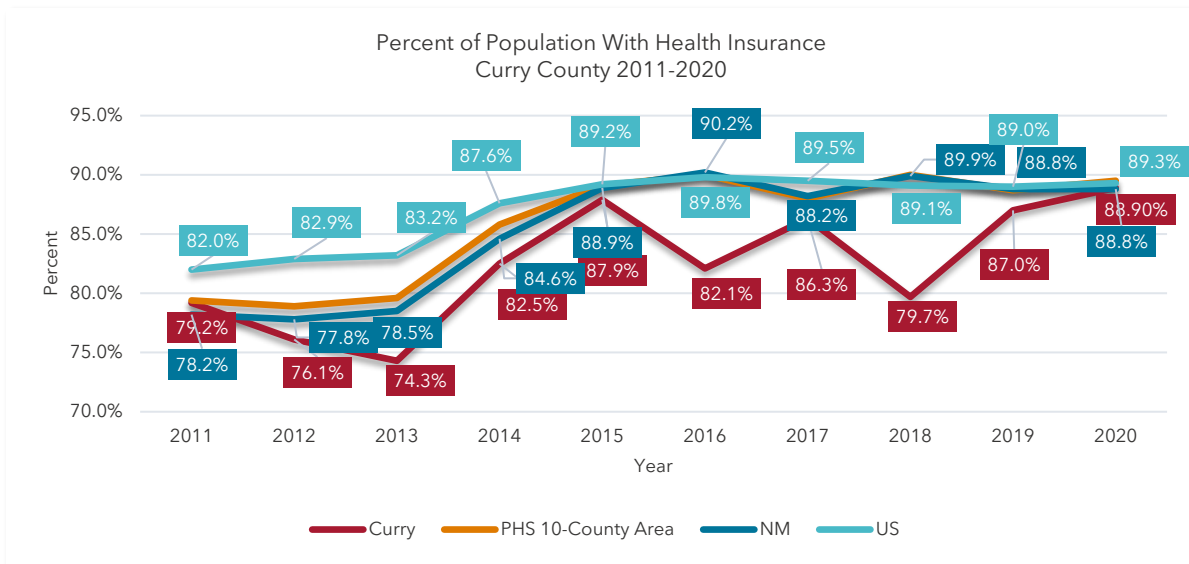
According to the Health Resources and Services Administration (HRSA), Curry County is a medically underserved rural county.<sup>20</sup> The ratio of patients to primary care physicians in Curry County is higher than other counties in New Mexico at one provider for every 1,880 people, and this trend is getting worse over time. High ratios of PCPs to population may impact the community's ability to seek care when they need it, 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 individuals may experience when attempting to seek care. Of the counties with providers, Curry County had the twelfth lowest ratio, indicating lower-to-mid-range ratios in the state.



**Figure 38.** Number of people for every one primary care provider. County Health Rankings and Roadmaps. 2022.

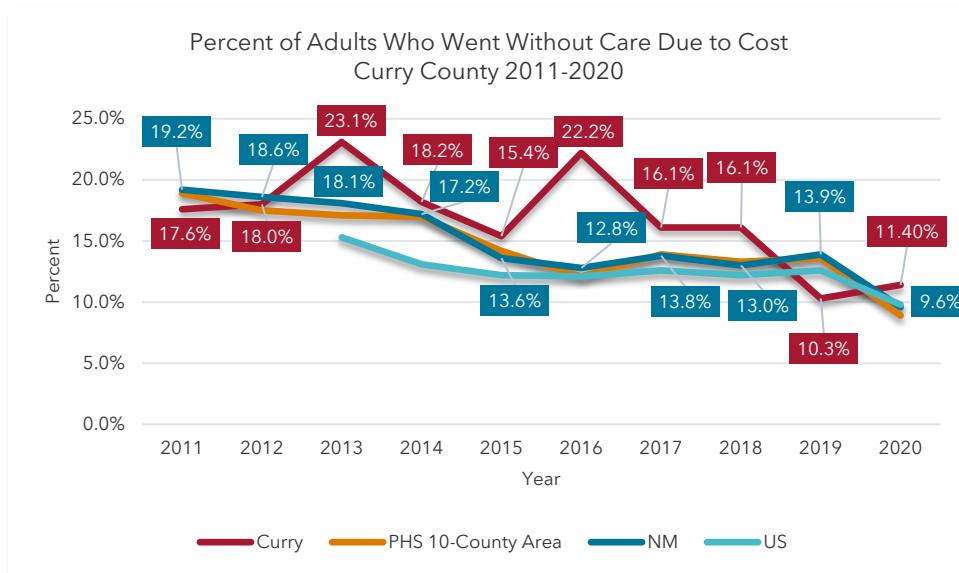
<sup>20</sup> Health Resources & Services Administration Data Warehouse. Accessed 6/9/2022

Since 2011, the percent of population with health insurance has overall risen across all populations including Curry County, despite a few years in which that percentage dropped. Once again, this metric is an indication of the ability for patients to get care but is not a reflection of whether community members can get care when they need it. Health insurance coverage has risen since 2018 to a ten-year high.<sup>21</sup>



**Figure 39.** Insurance Coverage. BRFSS 2011-2020.

With about 65% of the population of Curry County reporting they have an established primary care provider and almost 89% of people with health insurance, we would expect that the percent of people who went without care due to cost would decrease. That appears to have been the trend for Curry County, which is consistent with the trends for the 10-County PHS Area, New Mexico, and the US. The question in the ACS (American Community Survey) is worded such that participants are asked if they decided to not get care because they were worried about the cost. Though there was an overall movement of a decrease in the percent of people who went without care due to cost, there was a slight increase in 2020.



**Figure 40.** Foregoing Care due to cost. BRFSS 2011-2020.

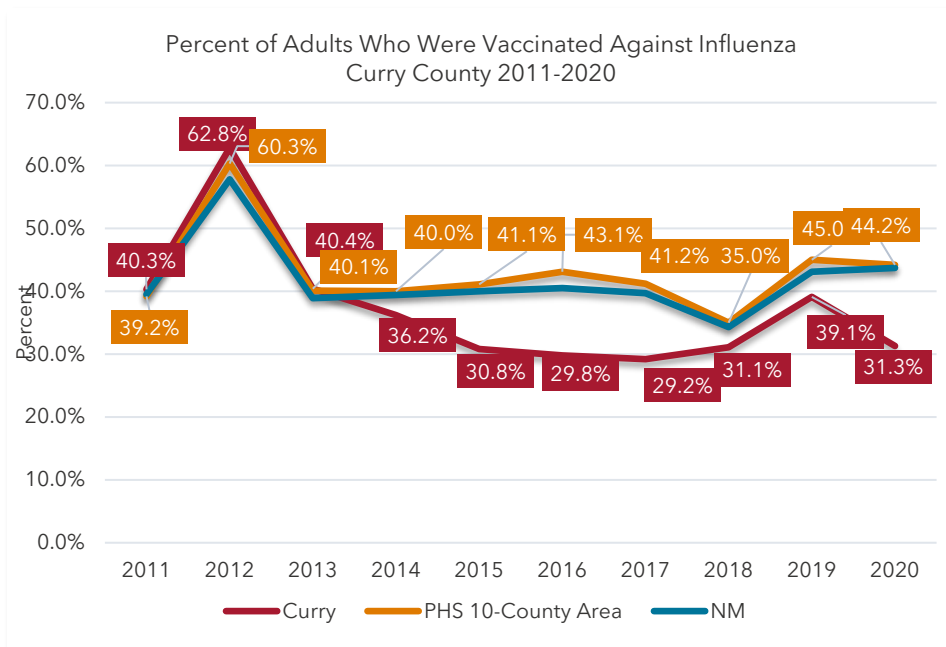
<sup>21</sup> Local Area Unemployment Statistics. US Bureau of Labor Statistics. Retrieved from <https://data.bls.gov/timeseries/LASST350000000000003> on 6/27/22

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

Curry County - Survey Responses		
HEALTHCARE ISSUES	#	%
Healthy eating	57	31.7%
Active living	51	28.3%
Vaccinations	48	26.7%
Maternal/child health (pregnancy, birth)	22	12.2%
Other	2	1.1%
Total	180	100.0%

**Table 14.** Community Survey. Presbyterian 2022.

The percent of adults who were vaccinated against influenza in 2020 decreased about 20% from 2019. This decrease may be related to anecdotes communities have mentioned about not getting the flu shot in 2020 because they were quarantining anyway and felt they didn't need it. However, vaccine trends in Curry County, while generally following the PHS 10-County Area and New Mexico, have consistently been lower since 2014. While vaccination rates for the state and PHS 10-County Area remained stable from 2019-2020, Curry County's rate dropped. However, Curry County has one of the highest percent of residents receiving the pneumococcal vaccination (74.8% of eligible adults in 2020).



**Figure 41.** Influenza vaccination. BRFSS 2011-2020.

### Physical Health

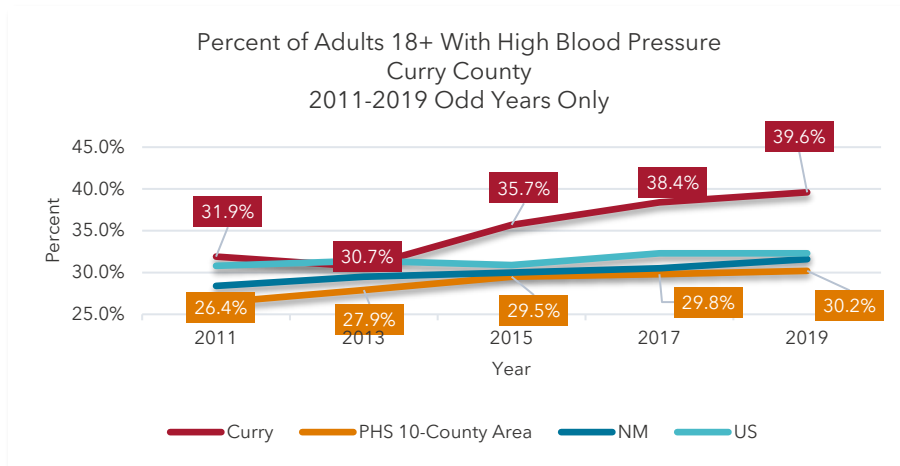
The broad area of Physical Health includes chronic conditions and ailments, vaccinations, and other factors that influence an individual's ability to be healthy. The Physical Health priority area focuses on primary and secondary prevention in public health.

Survey respondents provided feedback on the chronic ailments they are very concerned about. About the same percent of people said they were most concerned about heart disease, COVID-19, cancer, and diabetes, though heart disease had more votes. Fewer Curry County residents rated obesity and diabetes as very important when compared to other counties, who rated those higher on their lists of very important topics.

Curry County - Survey Responses		
CHRONIC AILMENTS	#	%
Obesity	59	24.2%
COVID 19	50	20.5%
Cancer	50	20.5%
Heart disease	46	18.9%
Diabetes	34	13.9%
Other	5	2.0%
Total	244	100.0%

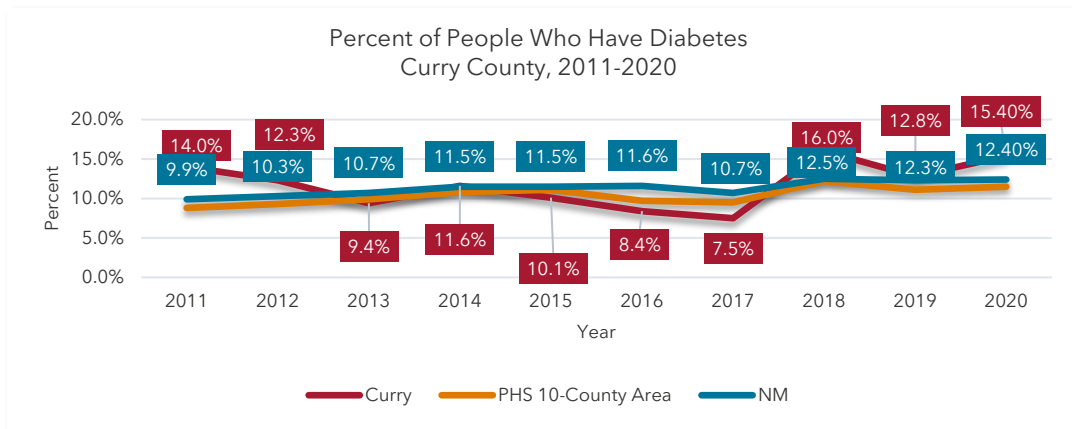
**Table 15.** Community Survey. Presbyterian 2022.

Heart disease is the leading cause of death in Curry County and New Mexico. 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 higher than the PHS 10-County Area, New Mexico, and the US. This percentage increased about 24% since 2011, which is a steeper increase than other geographies. This is an important metric for understanding indicators of future heart disease. 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 42.** 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 Curry County have increased in recent years and is currently higher than the prevalence in NM and the PHS 10-County Area. Because diabetes is one of the top ten leading causes of death in Curry County, chronic disease management programs are important for reducing further morbidity and mortality. This was reflected in community conversations as a need in Curry County.



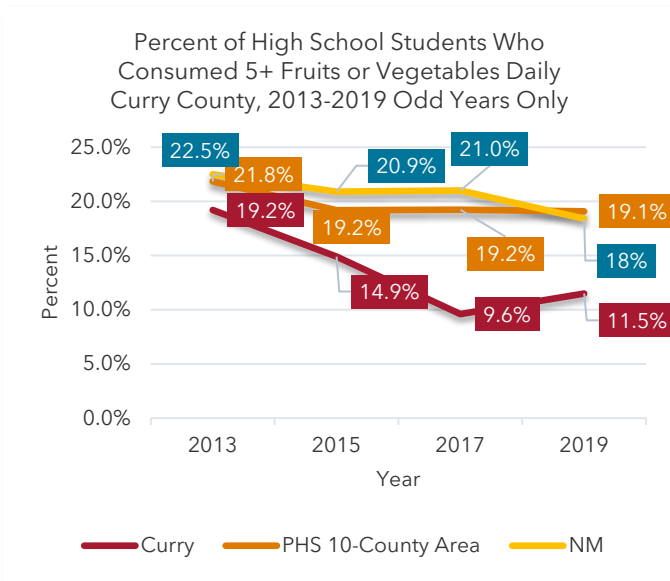
**Figure 43.** Adult Diabetes Prevalence. BRFSS 2011-2020.

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 to eventually prevent and help manage chronic disease.

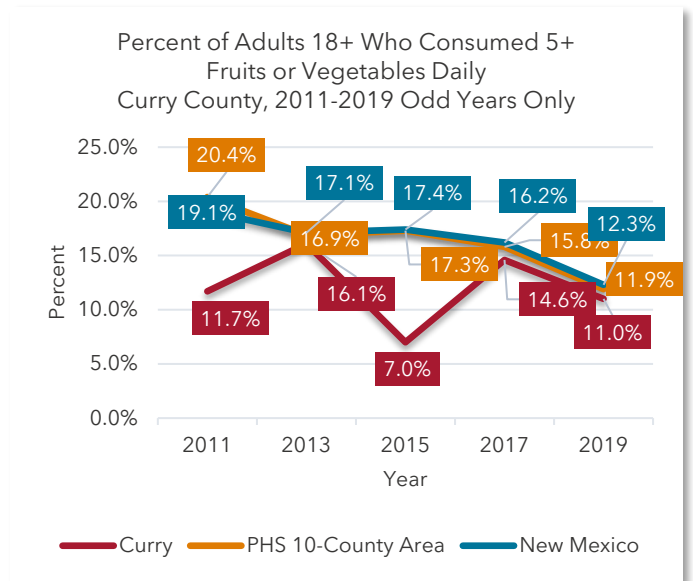
Healthy Eating and Active Living requires an expansion of its reach on some social determinants of health needs: lack of transportation to services and nutritious food, lack of walkability and bike lanes, need for additional parks and safe walking trails, reducing distance to grocery stores in a rural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

### Healthy Eating

Fewer Curry County youth are consuming the recommended amount of fruit and vegetables when compared to the PHS 10-County Area and statewide. Adults are consuming about the same as the PHS 10-County Area and New Mexico and is nearly the same as it was ten years ago. We see a slight decline in fruit and vegetable consumption among adults, and a slight increase among youth in 2019. Youth fruit and vegetable consumption continues to fall below the statewide and PHS 10-County Area rates. 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.



**Figure 44.** Youth fruit and vegetables consumption. NM YRRS 2005-2019

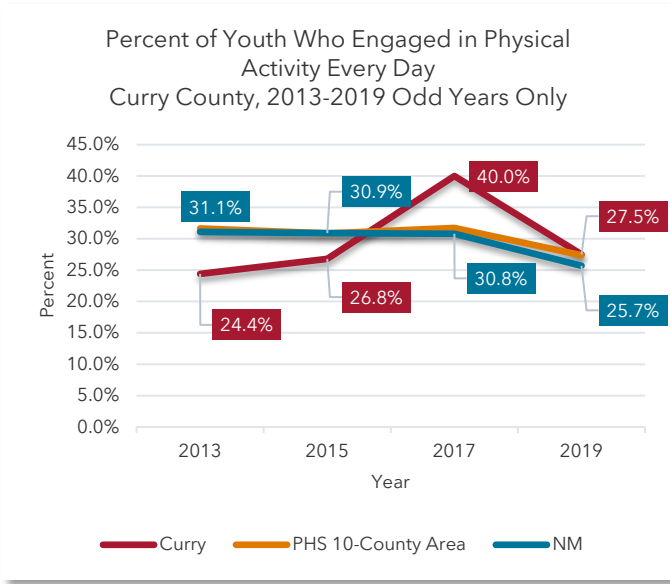


**Figure 45.** Adult fruit and vegetables consumption. BRFSS 2011-2019.

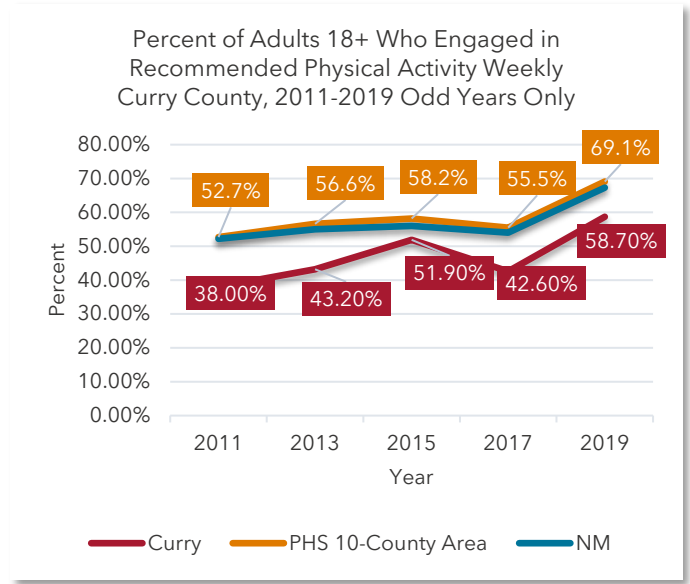
### Active Living

Physical activity has been linked to lower levels of chronic diseases such as uncontrolled diabetes, heart disease, and poor mental health.<sup>22</sup> In Curry County, fewer youth engaged in physical activity daily in 2019 compared to 2017 while more adults engaged in physical activity in 2019 compared to previous years. When compared to the PHS 10-County Area and New Mexico, about the same amount of youth and fewer adults engaged in physical activity.

<sup>22</sup> Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics. <https://www.cdc.gov/physicalactivity/basics/index.htm>



**Figure 46.** Youth Physical Activity. NM YRRS 2013-2019.



**Figure 47.** Adult Physical Activity. BRFSS 2011-2019 Odd Years Only.

## Conclusions

While Curry County is ranked healthier than some other counties in New Mexico, per the RWJF County Health Rankings and Roadmaps framework, there are persisting gaps and needs our community experiences. There are areas of health that are improving and areas that are getting worse. Life expectancy is decreasing in the county while deaths of despair, substance use, and drug overdose are on the rise. More work is needed to address the lack of access to mental health services and the high rates of substance use. Unemployment remains higher than pre-pandemic levels and pockets of the county 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, the number of providers to population remains high. This indicates a need for providers to increase access to care, because these metrics alone, while they may look good, do not ensure people are getting the care they need when they need it. Indicators of chronic health issues continue to rise: the percent of people with high blood pressure has increased while key indicators for chronic disease prevention (healthy eating, active living) are getting worse in some populations. This indicates a need for more healthy eating/active living and chronic disease self-management programs in Curry County, which was a specific request forum participants had in Curry County.



# SOURCES OF SECONDARY DATA

1. Curry County. New Mexico Counties. Retrieved from [nmcounties.org/counties/curry-county](https://nmcounties.org/counties/curry-county) on 6/29/2022
2. New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program. 2020
3. 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.
4. 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
5. County Health Rankings and Roadmaps (2022) County Health Ranking Model. Available at: <http://www.countyhealthrankings.org/countyhealth-rankingsmodel> Accessed: May 5<sup>th</sup>, 2022.
6. Robert Wood Johnson. County Health Rankings. Available at: <http://www.countyhealthrankings.org>. Accessed April 27, 2022
7. 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
8. New Mexico Department of Health, Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division. Cancer Death Rate. (2015-2020). Retrieved from <https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html> on 5/19/2022
9. UAS Facts. Curry County Cases and Deaths. Retrieved from <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/new-mexico/county/curry-county> on 6/7/2022
10. Centers for Disease Control and Prevention. Mental Health. Retrieved from <https://www.cdc.gov/mentalhealth/> on 5/16/2022
11. NM BVRHS. Deaths of Despair 2016-2020. Retrieved from <https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html>
12. County Health Rankings and Roadmaps. Retrieved from <https://datausa.io/profile/geo/curry-county-nm#health> on 5/23/22
13. Social Determinants of Health. CDC 2020. Retrieved from <https://www.cdc.gov/socialdeterminants/index.htm> on 5/9/22
14. 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
15. Curry County, NM. Data USA. Retrieved from <https://datausa.io/profile/geo/curry-county-nm>
16. American Community Survey, 2015-2019 5-year estimates.
17. 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
18. NMDOH BVRHS 2015-2019 infant mortality rate. Retrieved from NM IBIS.
19. New Mexico Department of Health COVID Vaccine Dashboard. Retrieved from <https://vaccinenm.org/public-dashboard.html> on 5/19/2022
20. Health Resources & Services Administration Data Warehouse. Accessed 6/9/2022
21. Local Area Unemployment Statistics. US Bureau of Labor Statistics. Retrieved from <https://data.bls.gov/timeseries/LASST350000000000003> on 6/27/22
22. Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics. <https://www.cdc.gov/physicalactivity/basics/index.htm>

## Sources of Secondary Data – Appendix A

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>

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. Dr. Diagnosed Diabetes. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS - <https://ibis.doh.nm.gov>
9. Influenza Vaccination Rates. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS - <https://ibis.doh.nm.gov>
10. NMDOH COVID-19 Vaccine Dashboard. Retrieved from <https://vaccinenm.org/public-dashboard.html> on 8/5/2022
11. Heart Disease Mortality. 2016-2020. NMDOH BVRHS. Retrieved from NM IBIS - <https://ibis.doh.nm.gov>

# APPENDIX A: PRIORITY AREA PROFILES

Community Health Assessment

Plains Regional Medical Center

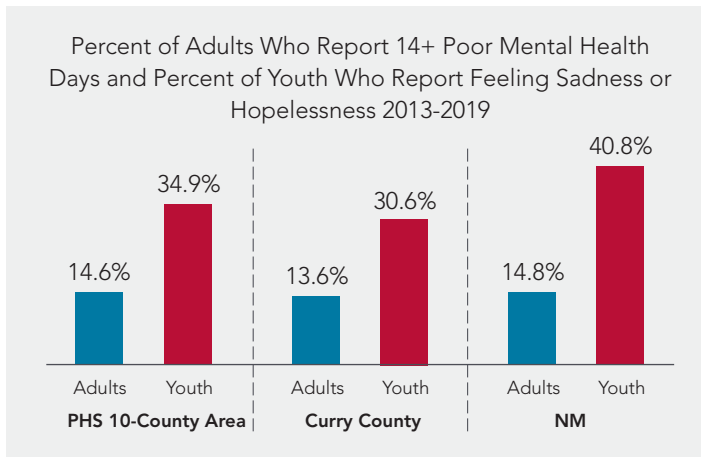
2023-2025

# 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 wellbeing, 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 or hopelessness (YRRS), and deaths of despair (NMDOH DVRHS).



In Curry County, more girls (n=147) reported feeling sadness and hopelessness when compared to boys (n=80). More 10th graders reported feeling sad or hopeless (n=82) but a higher percentage of 11th graders reported feeling sad and hopeless (37.8%).<sup>1</sup>

About 16% of white adults in Curry County reported having 14 or more days with poor mental health, and nearly 12% of Hispanic/Latinx adults said the same. Data are suppressed for other races. Additionally, more women reported having poor mental health than men (16.2% vs 12.4%). More people who made less than \$25k reported having poor mental health compared to people who made more than \$25k. About 29% of people whose household income was less than \$15k reporting having poor mental health days, the highest percentage across income brackets. About 30% of people who were unable to work reported that they had poorer mental health, and about 14% of homemakers reported having poor mental health. This is compared to people who were employed for wages (8.3%) and self-employed individuals (12.3%). Among adults, 17% aged 35-49 and 15.7% aged 18-34 reported having poor mental health.<sup>2</sup>

Curry County Youth Experiencing Sadness or Hopelessness (2013 – 2017)	% of Youth
Female	38.2%
Male	20.7%

## Deaths of Despair (2016-2020 5-year estimates):

57.8 deaths per 100,000 (144 deaths).

Men in Curry County have a higher death rate for deaths of despair (drug overdose, suicide and deaths 100% attributable to alcohol) with a death rate of 75.9 deaths for every 100,000 people, compared to women with a death rate of 38.4. Data are unstable for most race/ethnicity categories. White people have the largest statistically stable death rate in Curry County – 67.5 deaths per 100,000 population, followed by Hispanic/Latinx people (47.9 deaths). People aged 55-64 have the highest death rate, at 174.7 deaths per 100,000 population, followed by men aged 35-44 years (147.9).<sup>3</sup>

Deaths of Despair by Age and Gender Rate Per 100,000 Population Curry County 2016-2020		
Age	Male	Female
0-14 years	3.5	0
15-24 years	37.5	24.6
25-34 years	80.8	30.8
35-44 years	147.9	78.8
45-54 years	118.7	115.6
55-64 years	174.7	61.7
65-74 years	72.8	32.6
75-84 years	118.8	0
85+ years	0	0

<sup>1</sup> New Mexico Youth Risk and Resiliency Survey. 2013-2017

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

<sup>3</sup> 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](http://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](http://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/>

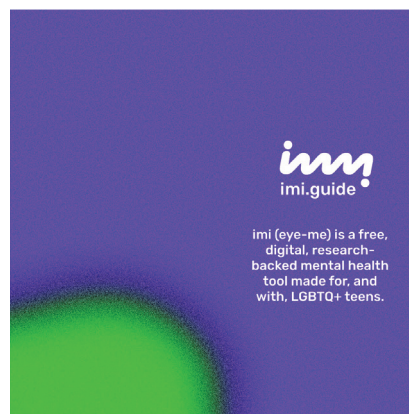
## Share New Mexico

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



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

## Equity Callout: LGBTQ+ Youth Mental Health Resource

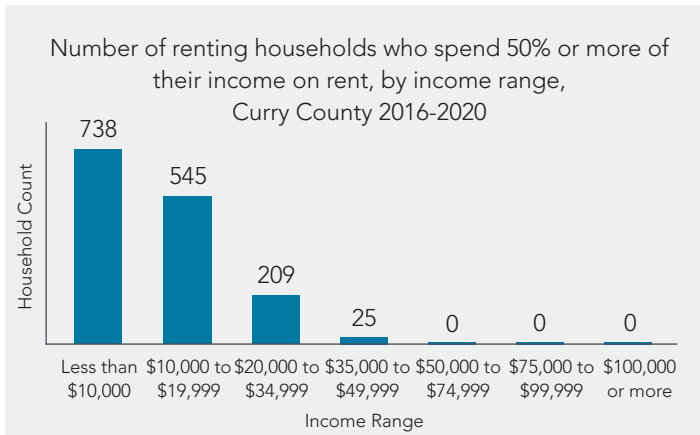


# SOCIAL HEALTH



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.”<sup>4</sup> These determinants vary in impact by community, but overall include economic stability, educational access and quality, access to and quality of health care, 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, communities may be forced to forego other costs, such as healthcare, healthy food or transportation. In Curry County, about 14% of households spend 50% or more of their income on housing.<sup>5</sup> Nearly 62% of renters make less than \$50,000 per year 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 in Curry County among renters, the percent of households who spend 50% or more of their income on housing decreases. About 70% of households who make less than \$10,000 spend 50% or more of their income on rent.<sup>6</sup>

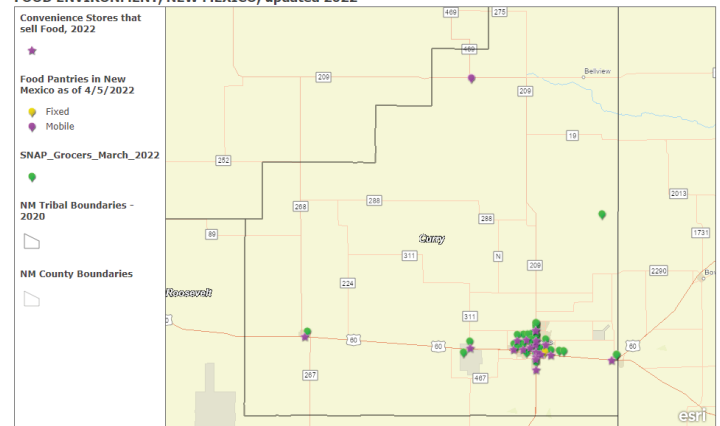
**14%** of Curry County households spend 50% or more of their household income on housing. (ACS 2016-2020 5-year estimates)

## 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 (i.e. is healthy food affordable and 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.<sup>7</sup> The southwest corner of Curry County (census tract 35009000601) is an area in which about 2.8% of the population do not have a vehicle and are more than one-half mile from a supermarket. With about 4% of households without a vehicle (BRFSS 2015-2019), and most of the county living in an area that is at least 10 miles from a supermarket (Food Access Research Atlas, USDA 2019), access to healthy food is a considerable challenge in Curry County.

**4%** of households do not have a vehicle (ACS 2016-2020) and most of the county is an area where the nearest supermarket is more than 1 mile away. (USDA Food Environment Atlas)

### FOOD ENVIRONMENT, NEW MEXICO, updated 2022



Web Map from New Mexico Community Data Collaborative managed by EMcRae\_NMCDC Created: Jun 26, 2012 Updated: July 12, 2022. Retrieved from [www.nmcdc.maps.arcgis.com](http://www.nmcdc.maps.arcgis.com) 11.7.22

<sup>4</sup> 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>

<sup>5</sup> 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

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

<sup>7</sup> 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>



## 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

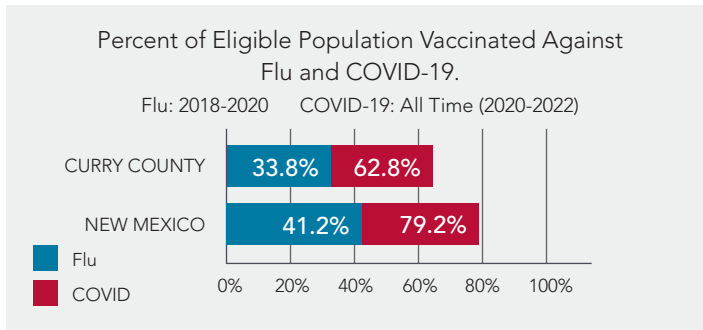
For more resources in your area, please visit <https://sharenm.org/>.



# 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), heart disease mortality rate (NMDOH BVRHS), and the percent of babies born with low birth weight.



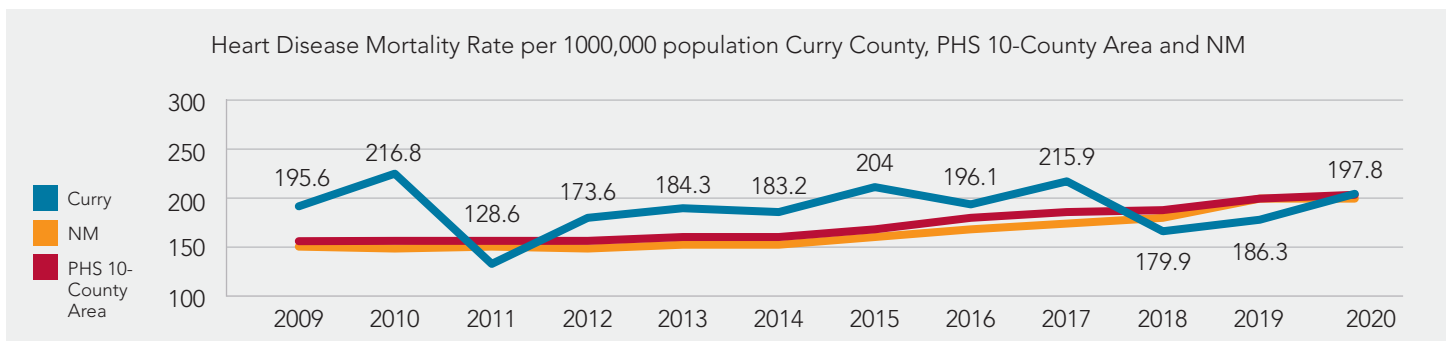
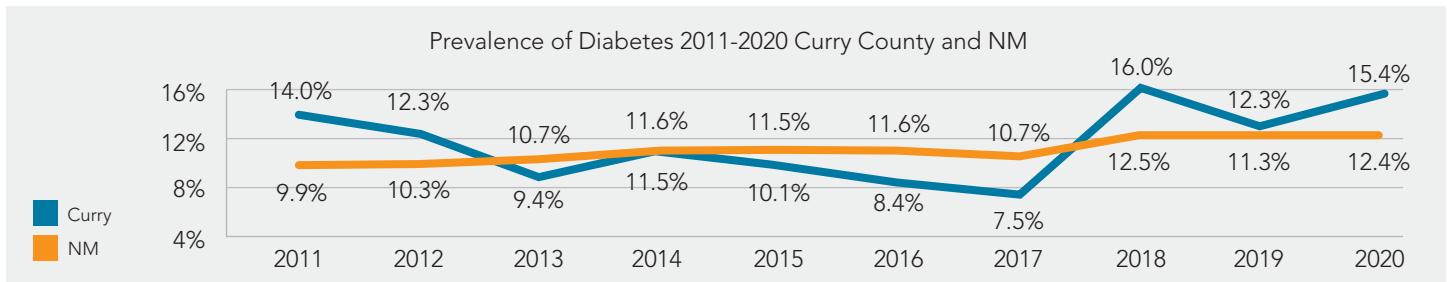
A smaller percentage of Hispanic/Latinx people (21.2%) were vaccinated when compared to white people (38.4%). Vaccination rates are extremely low in Curry County, where influenza and pneumonia are in the top 15 leading causes of death.<sup>9</sup>

Only about 77% of adults have one dose of the COVID vaccination series in Curry County, and only 62.4% have completed the primary series of vaccinations. COVID deaths and hospitalizations continue to be high in Curry County. More work is needed to expand access to and combat misinformation of the COVID vaccine.<sup>10</sup>

Diabetes is more common among women in Curry County than men, with 14.7% of women reporting they have been told they have diabetes compared to 10.5% of men. A higher percentage (12.9%) of Hispanic/Latinx people have diabetes compared to white people (11.1%). Diabetes prevalence is highest among people whose household income is less than \$15k per year (13.9%).<sup>8</sup>

Heart disease deaths include deaths caused by hypertensive heart and renal disease, acute myocardial infarction, ischemic heart diseases, atherosclerotic cardiovascular disease, endocarditis, diseases of pericardium and acute myocarditis, heart failure and other heart-related causes. Heart disease mortality rates in Curry County have generally increased over the years. Most heart disease deaths were among white men (300.3 deaths per 100,000 population) and white women (290.6 deaths per 100,000 population). Black/African American men had the next highest death rate (207 deaths per 100,000 population) followed by Black/African American women, with 170.4 deaths per 100,000 population.<sup>11</sup>

More women in Curry County were vaccinated against influenza than men. About 33% of women and 32% of men were vaccinated during the last recorded five year period. (2016-2020).



<sup>8</sup> Dr. Diagnosed Diabetes. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS – <https://ibis.doh.nm.gov>

<sup>9</sup> Influenza Vaccination Rates. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS – <https://ibis.doh.nm.gov>

<sup>10</sup> NMDOH COVID-19 Vaccine Dashboard. Retrieved from <https://vaccinenm.org/public-dashboard.html> on 8/5/2022

<sup>11</sup> Heart Disease Mortality. 2016-2020. NMDOH BVRHS. Retrieved from NM IBIS – <https://ibis.doh.nm.gov>





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

## Community Data Forums

Twenty individuals attended the Curry County health indicator prioritization meeting via Zoom. Twenty-six people registered. Attendees included community Members (3), healthcare consumers or consumer advocates (2), healthcare providers or employees (5), local or state government employees (2), nonprofit or community-based organization employees (11), private business owner/employee (1), and public health workers (2). Specifically, representation included individuals from local healthcare providers, mental healthcare providers, Plains Regional Medical Center, Curry County, and local media. Several entries may have been auto-filled by a web browser, inserting a city value instead of manually entering a race value.

### Community Data Forum Participants

Race/Ethnicity	Number of people registered
<b>Albuquerque</b>	<b>2</b>
Nonprofit/community-based organization employee	1
Public Health Worker	1
<b>Anglo/Spanish/and other</b>	<b>1</b>
Private business owner/employee	1
<b>Clovis</b>	<b>3</b>
Healthcare provider/employee	2
Nonprofit/community-based organization employee	1
<b>Hispanic</b>	<b>1</b>
Nonprofit/community-based organization employee	1
<b>HISPANIC/WHITE, ITALIAN</b>	<b>1</b>
Healthcare provider/employee	1
<b>Roswell</b>	<b>1</b>
Nonprofit/community-based organization employee	1
<b>White</b>	<b>7</b>
Community Member	2
Healthcare consumer or consumer advocate	1
Local or state government employee	1
Nonprofit/community-based organization employee	3
<b>White/Non-Hispanic</b>	<b>1</b>
Community Member	1
<b>(blank)</b>	<b>9</b>
Healthcare consumer or consumer advocate	1
Healthcare provider/employee	2
Local or state government employee	1
Nonprofit/community-based organization employee	4
Public Health Worker	1
<b>Grand Total</b>	<b>26</b>

Race/Ethnicity	Number of people registered
<b>Hispanic/Latinx</b>	<b>3</b>
Healthcare provider/employee	1
Health insurance/managed care organization (MCO) employee	1
Nonprofit or community-based organization employee	1
<b>White</b>	<b>5</b>
Healthcare provider/employee	1
Local government official/employee	1
Nonprofit or community-based organization employee	3
<b>(blank)</b>	<b>5</b>
Nonprofit or community-based organization employee	1
(blank)	4
<b>Grand Total</b>	<b>13</b>

**Community Survey**

The Qualtrics survey collected 0 responses while the Google survey collected 211 responses. Seventy-five responses were identified as complete and 136 responses were identified as partially complete (survey started with some answers but was not submitted).

Community Survey		Curry County	
Survey Completion		#	%
	<b>Complete</b>	75	35.5%
	<b>Partial</b>	136	64.5%
	<b>Total</b>	211	100.0%
Publisher Category			
	<b>Arts &amp; Entertainment</b>	0	0.0%
	<b>News</b>	208	98.6%
	<b>Other</b>	1	0.5%
	<b>Qualtrics</b>	0	0.0%
	<b>Reference</b>	2	0.9%
	<b>Total</b>	211	100.0%
Gender			
	<b>Missing</b>	0	0.0%
	<b>Female</b>	97	46.0%
	<b>Male</b>	114	54.0%
	<b>Total</b>	211	100.0%
Race/Ethnicity			
	<b>American Indian/Alaska Native</b>	8	3.8%
	<b>Asian/Pacific Islander</b>	0	0.0%

	<b>Black/African American</b>	11	5.2%
	<b>Hispanic</b>	38	18.0%
	<b>White</b>	68	32.2%
	<b>Multiple</b>	2	0.9%
	<b>Other</b>	0	0.0%
	<b>Won't Say</b>	60	28.4%
	<b>Missing</b>	24	11.4%
	<b>Total</b>	211	100.0%
<b>Age</b>			
	<b>Missing</b>	0	0.0%
	<b>18-24</b>	6	2.8%
	<b>25-34</b>	23	10.9%
	<b>35-44</b>	45	21.3%
	<b>45-54</b>	34	16.1%
	<b>55-64</b>	66	31.3%
	<b>65+</b>	37	17.5%
	<b>Total</b>	211	100.0%
<b>Community Sector</b>			
	<b>Nonprofit/community-based employee</b>	17	8.1%
	<b>Education employee</b>	26	12.3%
	<b>Local government employee</b>	15	7.1%
	<b>Healthcare worker</b>	27	12.8%
	<b>Private business employee</b>	48	22.7%
	<b>Community member</b>	46	21.8%
	<b>Missing</b>	32	15.2%
	<b>Total</b>	211	100.0%

# APPENDIX C: MENTIMETER SLIDES

# PRESBYTERIAN Community Health



Curry County  
Health Council

## 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	76.9	77.8	
Adult Mental Health – Not Good	13.6%	26.5%	

Measure	County	State	Direction
Dr. Diagnosed Hypertension	39.6%	31.6%	
Dr. Diagnosed Diabetes	12.8%	12.3%	

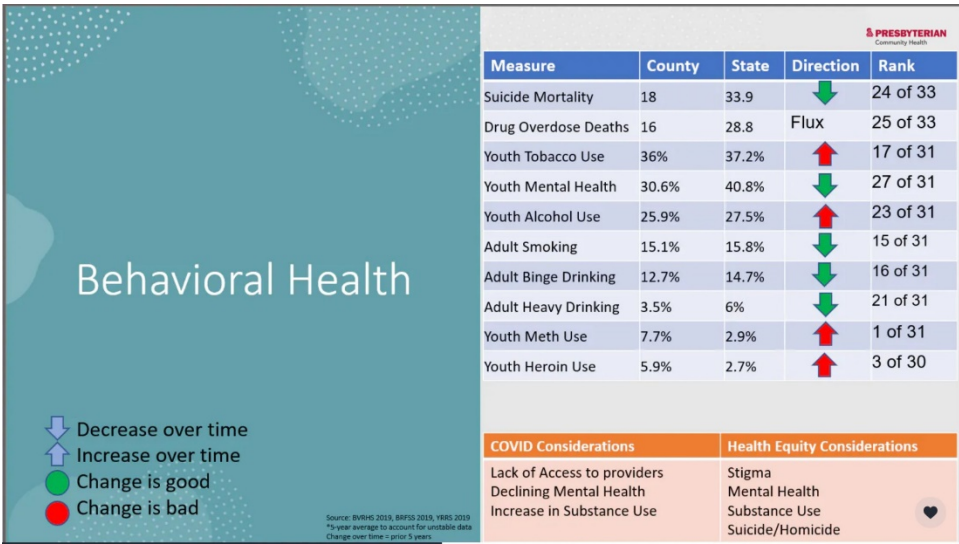
## Top 10 Leading Causes of Death – Curry County 2019

### Curry County

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



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

Access to provider/doctor support

Equity and Access.

no access to services, services are far away

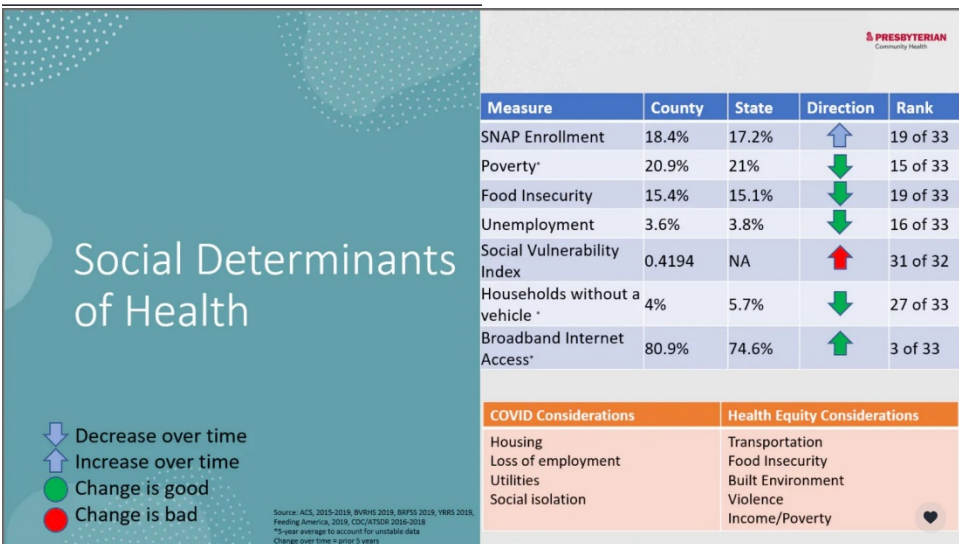
Community is in denial about some health issues

medication management

Being able to provide EI services due to COVID

Knowing how to access Behavioral Health and when you need to

lack of providers (low number of providers to hire in area)

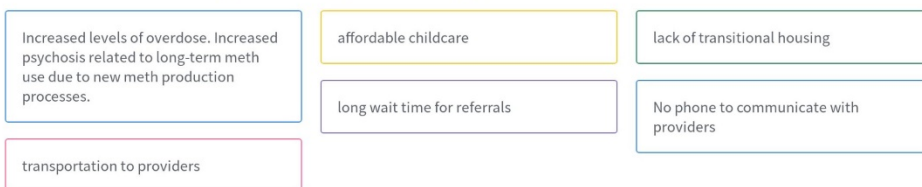


## What are some additional Social Determinants of Health considerations we should know about before we begin the planning phase?







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



# Access to Care

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

Source: ACS, 2015-2019; BWHHS 2019, BRPSS 2019  
\*5-year average to account for unstable data  
Change over time = prior 5 years

Measure	County	State	Direction	Rank
People Insured	87%	88.8%	↑	16 of 23
Vaccinated against Pneumonia	64%	71.6%	↑	13 of 23
Prenatal Care	72.9%	65%	NA	8 of 33
Vaccinated against Flu	39.1%	43.1%	↑	15 of 32
Went without care due to cost	10.3%	13.9%	↓	15 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?

Lack of transportation to care.	wait list	no in-patient clinics available in area
Lack of number of quality providers available in area.	Lack of Referrals	Long wait times to access care
Lack of specialist in the area	out of town specialists makes transportation critical	Cost of specialist and not being able to travel to get that care due to cost even when you have insurance



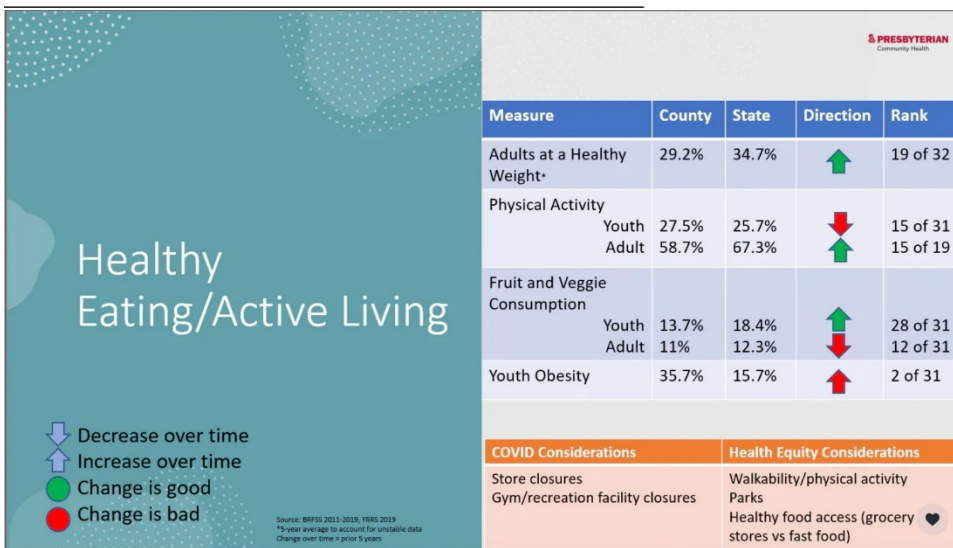
## What are some additional Access to Care considerations we should know about before we begin the planning phase?

Clovis as the only city with providers in the county, no clinics in smaller towns.

Need for more walking trails, especially that are kid friendly or family friendly.

Families who do not "qualify" for certain programs have very limited resources

12



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

difficulty getting food help from distribution sources

lack of transportation

town has low walkability

Look at expanding the program, Paths to Health (NMDOH)

lack of personal ownership to your own issues

Lack of information about farmers markets

Living a busy life, it is sometime easier/less expensive to eat fast food, unhealthy foods

not a lot of active areas - parks, trails, etc. Parks we do have are not necessarily active living friendly (walking, running, biking)

limited food assistance available and lack of transportation to get to it, especially form those outside of Clovis that are homebound

14

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

Need for additional walking trails that are centrally located and are kid/family friendly

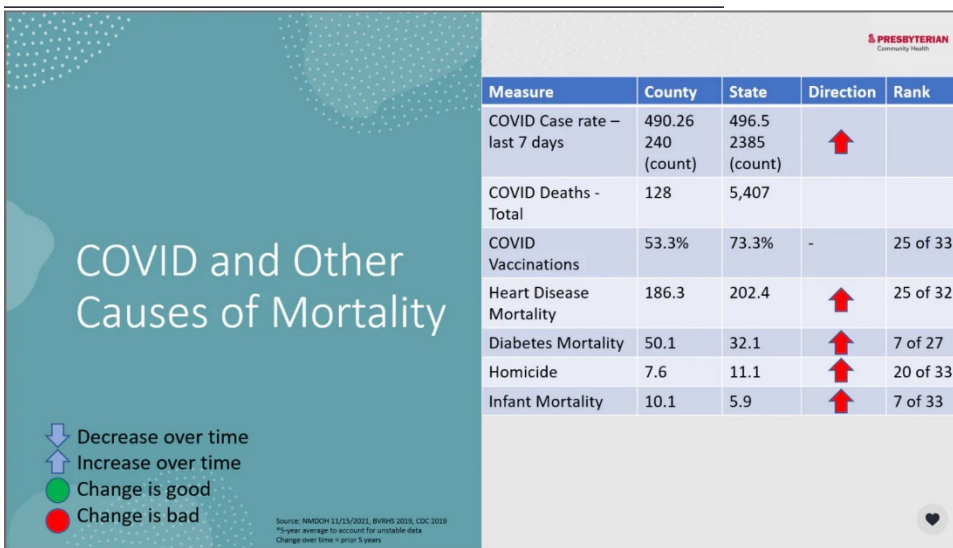
cost of groceries increased and have become more expensive

not a lot of lighting at all. not safe at all in the dark

Walking trails and even many streets not well lit. And current walking trails not safe.

lots of excuses

14



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

High demand for food causing food insecurities

Mental Health, Substance Use, Domestic Violence, have all increased as a result of COVID

Impacting on behavioral health

job insecurities

go back to work...

low vaccination rate keeping people isolated and avoiding public still

People not taking it serious and not getting medical assistance until it is too late

Long waits for testing

Mental health days

13

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

when job is insecure then income is insecure and then eviction is problem

Checking in on employees making sure they are mentally stable.

testing is limited and only done on specific days - people go to work sick when they are unable to be tested and have to provide for their family

Testing only on Monday at DOH and often out a few weeks



## 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?

Substance Use (legal and illegal substances)

Access to more optometrist

substance use - youth and adults

rise in number of homeless and less help available

Importance of Early Intervention

Substance use is very bad and unreported

aces drives substance use

ACES... Yes !!!

People not wanting BH diagnosis lable



## 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?

Need for increased funding/grants to increase number of providers and pay for providers in the area. Behavioral Health especially.

Less resources to help with homelessness

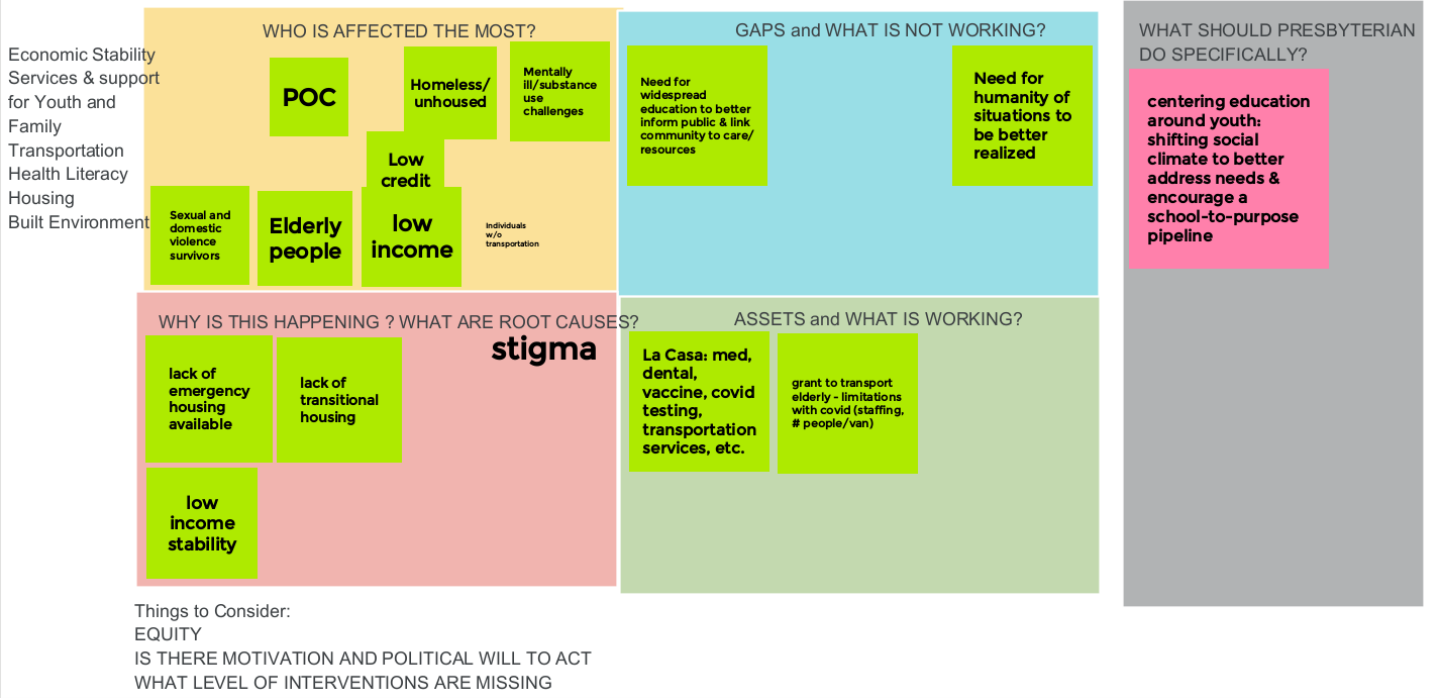
Full understanding of what "being developmental delayed" means

need messages of hope that mental health treatment/intervention h



# APPENDIX D: JAMBOARD

## SOCIAL HEALTH

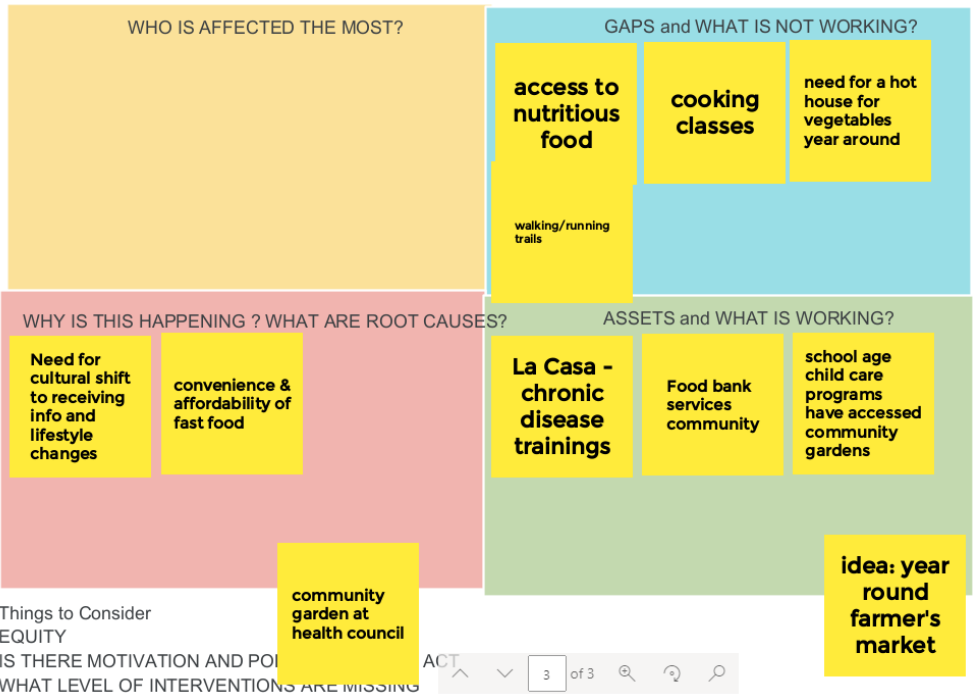


## Behavioral Health



# Chronic Conditions

Access to  
Healthcare  
Services  
Health  
Literacy  
Active Living



# APPENDIX E: ASSESSMENT INVENTORY

Curry County Health Council Priorities

## **Curry County Health Council (CCHC, 2022)**

- Monthly Health Proclamations and Wellness Events
- Mental Health
- Community Health Awareness
- Substance Use Prevention
- Suicide Awareness and Prevention

## **Curry Council Health Council (CCHC, 2021)**

- Mental and Behavioral Health
- Healthcare Access
- Food
- Built Environment

# APPENDIX F: 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 G: 2020-2022 EVALUATION AND REPORT OUT





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 Curry 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  

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>.