PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Presbyterian Lincoln County Medical Center

2023-2025

⚠ PRESBYTERIAN

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CONTENTS

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:

<div align="center">

Behavioral Health

Social Health

Physical Health

</div>

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

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

Sincerely,

Leigh Caswell

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 healthcare, 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 Lincoln County community, which has been served by Lincoln County Medical Center (LCMC) since 1950. LCMC has 28 licensed beds and is owned by the County of Lincoln. Since 1972, LCMC has been leased and managed by Presbyterian Healthcare Services, which has significantly contributed to the hospital's growth and advancement. In 2020, LCMC opened a new critical access hospital, enhancing the care that patients in Lincoln County and surrounding areas can obtain. New and expanded services include Women's and Intensive Care Units, cardiac and pulmonary rehab, an MRI suite with advanced imaging software, nuclear medicine scanner and a digital breast tomosynthesis scanner. In addition to LCMC, Presbyterian operates two hospital-based primary care clinics and a specialty clinic in Ruidoso, as well as primary care clinics in Capitan, Carrizozo, Corona and Hondo, and a county-wide ambulance service.

With a total area of about 4,831 square miles, Lincoln County is the eighth largest county in New Mexico. Carrizozo is the county seat but most of the population lives in the town of Ruidoso. About 3% of Lincoln County's population identifies as Native American. The Mescalero Apache reservation in Otero County lies just south of Lincoln County and is an important aspect of the regional culture and infrastructure. The health and well-being of Lincoln County's 20,251 residents, about 66% of whom are people of color, 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 Lincoln 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 healthcare and community-based resources and **Equity** – ensuring that everyone has a fair and just opportunity to be as healthy as possible -- will serve as lenses through which we implement programs and services over the next three years.

The Lincoln County Community
Survey respondents identified doctors' offices, parks, sidewalks and walking trails among the community assets already in place throughout Lincoln County. Mental health and substance use treatment resources were ranked lower. Survey participants noted that additional resources are needed in the following areas: mental health/substance use treatment resources, social services, parks, sidewalks and walking trails, public transportation, doctor's offices, and conveniently located grocery stores.

Lincoln County ranks in the top 75% of health factors and health outcomes according to the Robert Wood Johnson Foundation. Life expectancy is decreasing, though heart disease deaths are improving and cancer-related deaths remain steady. Residents of Lincoln County are at high risk for COVID-19 deaths, due to exceedingly low vaccination rates and the county's high percentage of people living with disabilities, co-occurring conditions, and older populations. Substance use (alcohol, heroin, methamphetamine, and tobacco) and the prevalence of sadness and hopelessness is increasing among youth. Alcohol use and poor mental health is decreasing among adults, which is reflected in a decline in drug overdose rates. However, suicide rates are higher in 2020 and overall deaths of despair are increasing. The prevalence of fruit and vegetable consumption among adults is decreasing and diabetes rates are increasing, indicating a need for healthy eating and chronic disease self-management programs and opportunities throughout Lincoln County.

Behavioral health metrics for youth have worsened in the last few years, reflecting a correlation between an increase in youth feeling sadness and hopelessness and an increase in substance use. Adult substance use and mental health are not on the rise like youth mental health and substance use and in some cases, improved substantially in 2020. Deaths of despair are increasing steadily among the population. Access to healthcare care, substance abuse, behavioral/mental health and suicide reaffirm the continuing priority of mental health and addressing substance use in Lincoln County. Survey respondents identified abuse, trauma, stigma, knowledge of resources, language barrier to resources, and lack of providers as challenges to behavioral health. These conditions are heightened in tribal communities, among adolescents and young adults, and in rural communities.

Environmental issues/climate change and housing are aspects of social health important to people in Lincoln County, followed by personal/interpersonal safety, food security and transportation. Forum participants noted that transportation to provider appointments presents a significant barrier to seeking care and accessing other resources to support the needs of their households. They also identified the high general cost of living, cost of fuel, higher rates of poverty, limited access to nutritious foods, lack of accessible and safe places to engage in physical activity, and lack of childcare as barriers to social health. In terms of equity, survey respondents identified an increased need for providers who speak Spanish, a sliding scale for people who are un- or under-insured, lack of pediatric care, lack of dental care for people on Medicaid, and the need for in-person diabetes classes. Survey respondents identified the effects of COVID-19 on youth and older populations, including isolation, disruption of routines, turnover of programs and staff, along with self-harm, as challenges to behavioral health.

When it comes to physical health, obesity, followed by COVID-19, cancer and heart disease ranked highest among survey respondents' concerns. Heart disease is a leading cause of death in Lincoln County, along with diabetes. Community forum participants noted the need for better access to healthy food, along with the need to better understand how to cook with healthy foods. In Lincoln County, more youth engaged in physical activity daily compared with the state and PHS 10-County area while slightly fewer adults get their recommended weekly physical activity when compared with the state and the PHS 10-county area. Survey respondents identified the following challenges to physical health: low income, high cost of healthcare, lack of transportation for older populations, and high turnover that contributes to lack of continuity within health initiatives as challenges to physical health.

Priority populations in Lincoln County include members of the LGBTQ+ community, Native Americans, the Latinx community, rural communities, working families, and adolescents and young adults.

This CHA is accompanied by a comprehensive CHIP developed by Presbyterian Community Health in alignment with the hospital and larger health system to address the health needs prioritized in the CHA. Please visit www.phs.org/community for intervention strategies, detailed goals, and resources Presbyterian Healthcare Services has committed for 2023-2025 to improve the health of the Lincoln County community.

ACKNOWLEDGEMENTS

ABOUT PRESBYTERIAN HEALTHCARE SERVICES

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

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

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

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

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

ABOUT PRESBYTERIAN COMMUNITY HEALTH

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

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

Through the extensive community assessment process detailed here, Presbyterian Community Health has focused on the following priorities from 2020-2022: social determinants of health, behavioral health, access to care, and healthy eating/active living. Healthy eating, active living, and prevention of unhealthy substance use were the community health priorities from 2013-2019. For more information, please visit phs.org/community.
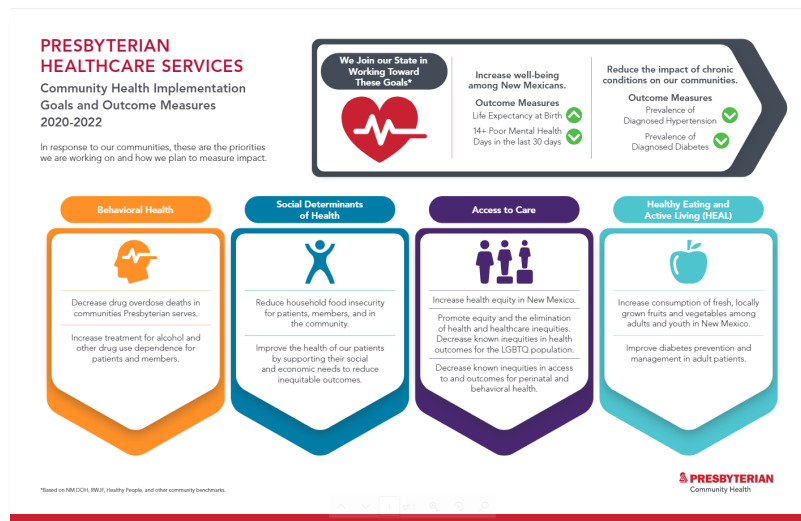
Health Council and Local Government Collaboration: Presbyterian is proud to champion and support health councils and partner with them to best serve our communities. Since 2015, we have provided financial support to county and tribal health councils and commissions in communities where we have hospitals 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 Linkages Workforce: Since 2019 Presbyterian Community Health has provided workforce training and professional certification to Community Health Workers employed by Presbyterian and in other organizations around the state. Presbyterian 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 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 LINCOLN COUNTY MEDICAL CENTER

Lincoln County Medical Center has served the Ruidoso and the Lincoln County community since 1950 when the facility first opened as the Ruidoso-Hondo Valley General Hospital. Lincoln County Medical Center is owned by the County of Lincoln, and, since 1972, Lincoln County Medical Center has been leased and managed by Presbyterian Healthcare Services, greatly aiding in its growth and advancement. LCMC has 28 licenses beds

In addition to LCMC, Presbyterian, through the hospital, operates two hospital-based primary care clinics and a specialty clinic in Ruidoso; primary care clinics in Capitan, Carrizozo, Corona, and Hondo; and a countywide ambulance service.

Lincoln County Medical Center in Ruidoso, New Mexico

In 2020, LCMC opened a new critical access hospital, enhancing the care that patients in Lincoln County and surrounding areas can obtain. The facility has 25 private patient rooms, expanded capacity for Women's and Intensive Care Units, the addition of cardiac and pulmonary rehab, and MRI suite with advanced imaging software, nuclear medicine scanner, and a digital breast tomosynthesis scanner.

LCMC was named a Baby-Friendly® designated hospital in recognition of our commitment to exceptional care for mothers and babies. Additional recognition for the great work at LCMC comes from the National Rural Health Resource Center and includes the Critical Access Hospital Recognition for innovative care coordination, and the NM Department of Health's Medicare Rural Hospital Flexibility recognition for data-driven projects aimed at reducing hospital readmissions for Medicare patients. Finally, LCMC earned the Quest for Excellence Critical Access-Rural Hospital Award from the New Mexico Hospital Association, which is the association's highest honor for rural hospitals, for a project using patient quality data to significantly reduce ED wait times.

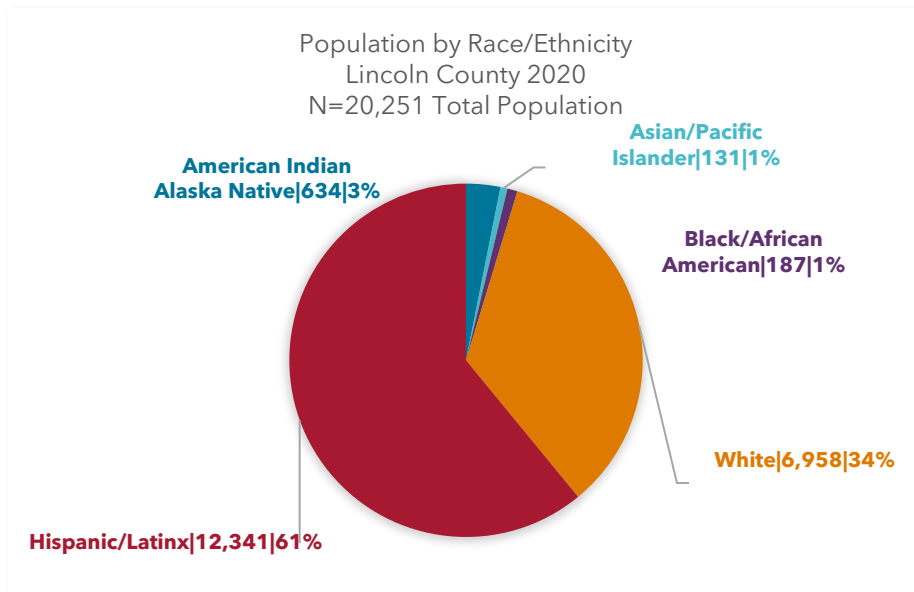To learn more about Lincoln County Medical Center, visit https://lincoln-county-medical-center.phs.org/about/Pages/default.aspx.

For the purposes of the Community Health Assessment and the Implementation Plan, Presbyterian has generally defined the "community" of each hospital as the county in which the hospital is located. Lincoln County Medical Center (LCMC) defines its community as Lincoln County, New Mexico.

Lincoln County is the 8th largest county in New Mexico by land area with a total area of about 4,831 square miles. [1] While most of the population live in the town of Ruidoso, the town of Carrizozo is the county seat. The Lincoln National Forest includes the Lincoln Forest Preserve, Gallinas Forest Preserve, and Guadalupe National Forest, making this mountainous area of New Mexico ideal for outdoor recreation. Lincoln County's claim to fame include the Lincoln County War where Billy the Kid was involved and killed, and the origin of Smokey the Bear (the US Forest Service mascot). [2]

In 2020, Lincoln County had a total population of 20,251 people. About 66% of the population in Lincoln County are people of color. Over half of the population is Hispanic/Latinx and about 34% of the population is white.

The Mescalero Apache Tribe's reservation lies just south of Lincoln County, in Otero County, and is an important part of the regional culture and infrastructure. About 3% of the population of Lincoln County identifies as Native American, which is slightly lower than in New Mexico, which is about 6%.

Population by Race/Ethnicity
Lincoln County 2020
N=20,251 Total Population

American Indian Alaska Native|634|3%
Asian/Pacific Islander|131|1%
Black/African American|187|1%
White|6,958|34%
Hispanic/Latinx|12,341|61%

EQUITY ALERT
20.8% of the population of Lincoln County speak a language other than English at home

ACS 2016-2020

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

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

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[1] Geography. Lincoln County. US Census Bureau. Retrieved from https://www.census.gov/quickfacts/lincolncountynewmexico
[2] Lincoln County. New Mexico Counties. Retrieved from https://www.nmcounties.org/counties/lincoln-county/
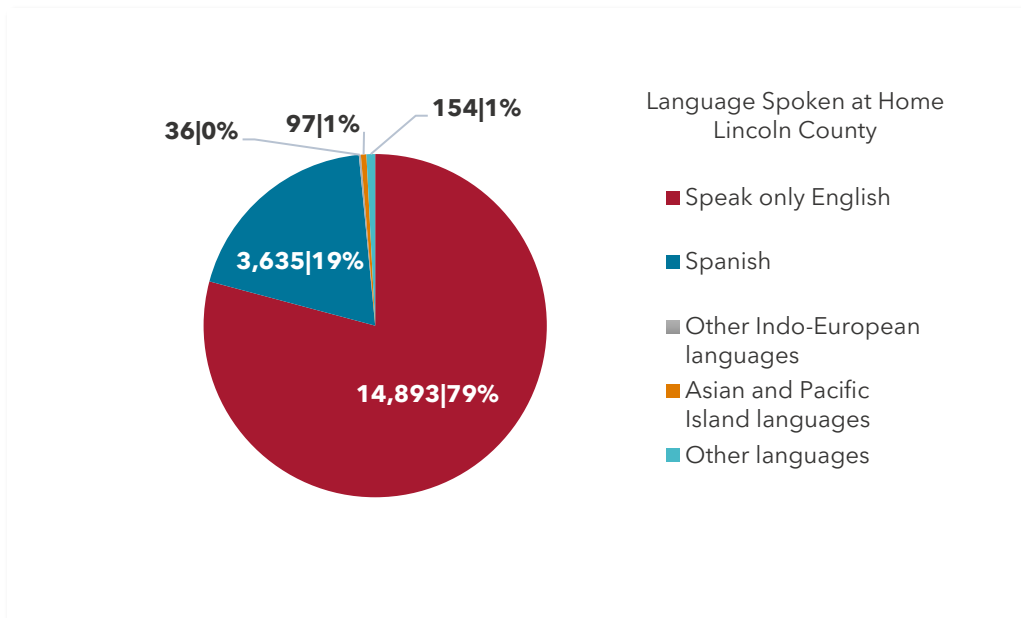
Figure 2. Source: US Census Bureau. American Community Survey 2016-2020 5-year estimates.

Over half (51.4%) of the population is female and 48.6% is male. Most of the population falls in the 55- to 74-years old age bracket, making Lincoln County's overall population older. Nearly 50% of the population of Lincoln County is over the age of 55.[3]
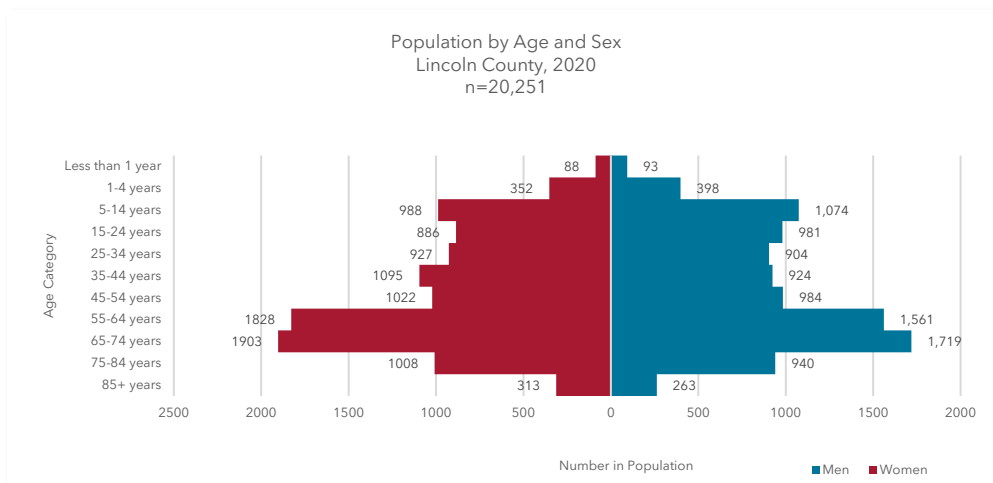
Figure 3. Source: UNM GPS Program, 2020.

About a fourth of the population of Lincoln County lives with a disability. Lincoln County had a higher percent of population living with a disability compared to New Mexico and the PHS 10-County Area until 2020, where there was a significant decrease of about 29%. Most people with a disability in Lincoln County are over the age of 65 (42.7%) and about 36% of people with a disability are between the ages of 50 and 64.[4]

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[3] New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program. 2020
[4] 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.

Percent of Population Living With a Disability
Lincoln County
2016-2020
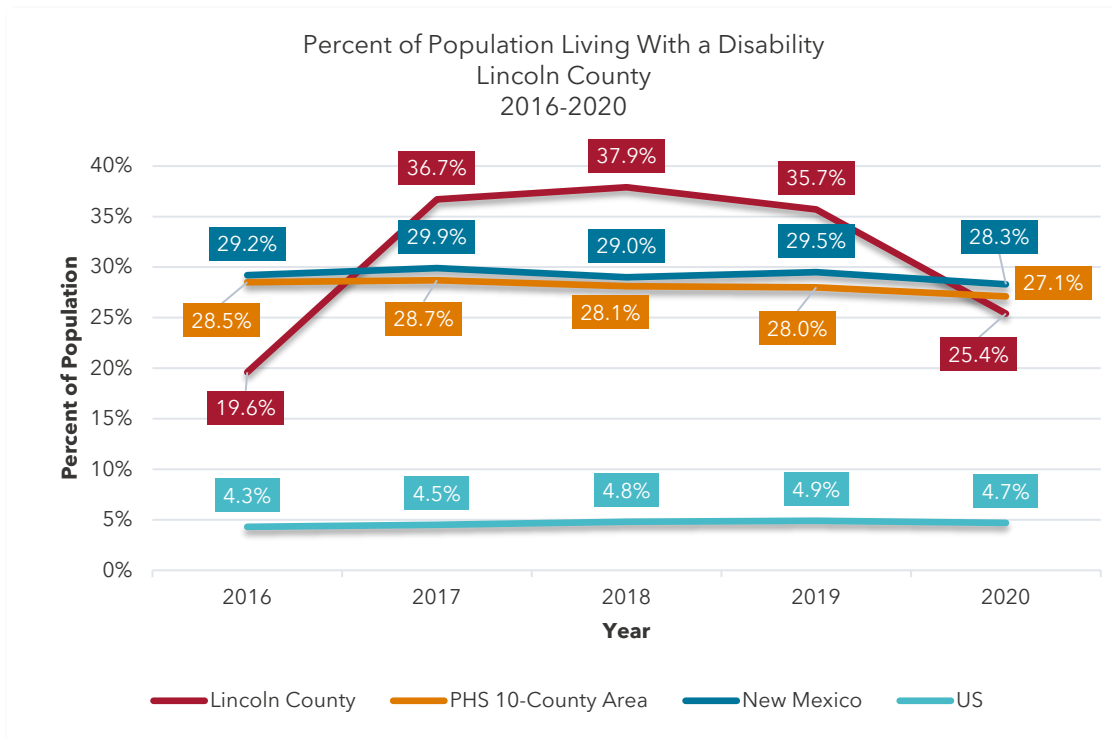
Figure 4. Source: 2016-2020 BRFSS.

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 Lincoln County Medical Center interacts.

The patient population at Lincoln County Medical Center, when compared to other counties within the PHS 10-County Area (counties Presbyterian serves), has a majority of female patients, has a proportionally larger white, Hispanic/Latin, and Native American population, and a proportionally larger English-speaking population.

Patient Population Demographics		
AGE	**n**	**(%)**
0-2	578	2.76
3-12	1,950	9.31
13-18	1,317	6.29
19-24	1,093	5.22
25-34	2,043	9.76
35-44	2,088	9.97
45-54	2,026	9.68
55-64	3,058	14.61
65-74	3,789	18.10
75+	2,856	13.64
UNKNOWN*	136	0.65
SEX		
FEMALE	11,583	55.33
MALE	9,346	44.65
UNKNOWN	5	0.02
RACE		
WHITE	15,985	76.36
AMERICAN INDIAN OR ALASKA NATIVE	2,206	10.54
OTHER	1,257	6.00
UNKNOWN	1,198	5.72
AFRICAN AMERICAN OR BLACK	133	0.64
ASIAN	76	0.36
MULTIRACIAL	59	0.28
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	20	0.10
ETHNICITY		
NOT HISPANIC OR LATINX	14,046	67.10
HISPANIC OR LATINX	5,343	25.52
UNKNOWN	1,545	7.38
PREFERRED LANGUAGE		
ENGLISH	20,212	96.55
SPANISH	595	2.84
UNKNOWN	112	0.54
OTHER	15	0.07
PAYOR		
MEDICAID	6,981	33.35
MEDICARE	6,209	29.66
COMMERCIAL	5,414	25.86
OTHER	1,232	5.89
UNKNOWN	1,098	5.25
(*) 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		

Table1. REAL (Race, Ethnicity, and Language) -- Demographic snapshot of patients who receive care in Lincoln County in 2021.

Lincoln County Medical Center has a proportionally larger patient population whose sexual orientation is unknown.

Patient Population Demographics		
GENDER IDENTITY	n	(%)
UNKNOWN*	9,996	47.75
FEMALE	6,451	30.82
MALE	4,479	21.40
TRANSGENDER	†**	†
OTHER	†	†
SEXUAL ORIENTATION		
UNKNOWN	15,835	75.64
STRAIGHT	4,960	23.69
BISEXUAL	43	0.21
LESBIAN	39	0.19
OTHER	29	0.14
GAY	28	0.13
(*) 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 Source: Demographic, utilization, and SDOH data were collected from Presbyterian's EPIC Caboodle database. (*) These insights compare Lincoln County's demographic proportions to the average proportion of all other counties in the Presbyterian service area. Lincoln County's patient population is relatively small compared to the population of service areas like the Central Delivery System (CDS) but relatively large compared to the population of service areas like Quay County, so please note that "proportionally larger" and "proportionally smaller" are insights into percentages of Lincoln County's population and that the patient counts behind those percentages may be smaller or larger in comparison to other individual counties		

Table 2. SOGI (Sexual Orientation and Gender Identity) -- Demographic snapshot of patients who receive care in Lincoln 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.[5] This priority area comprises health-related determinants including economic stability, housing, food access, transportation, built environment, safety/interpersonal violence, and environmental health.

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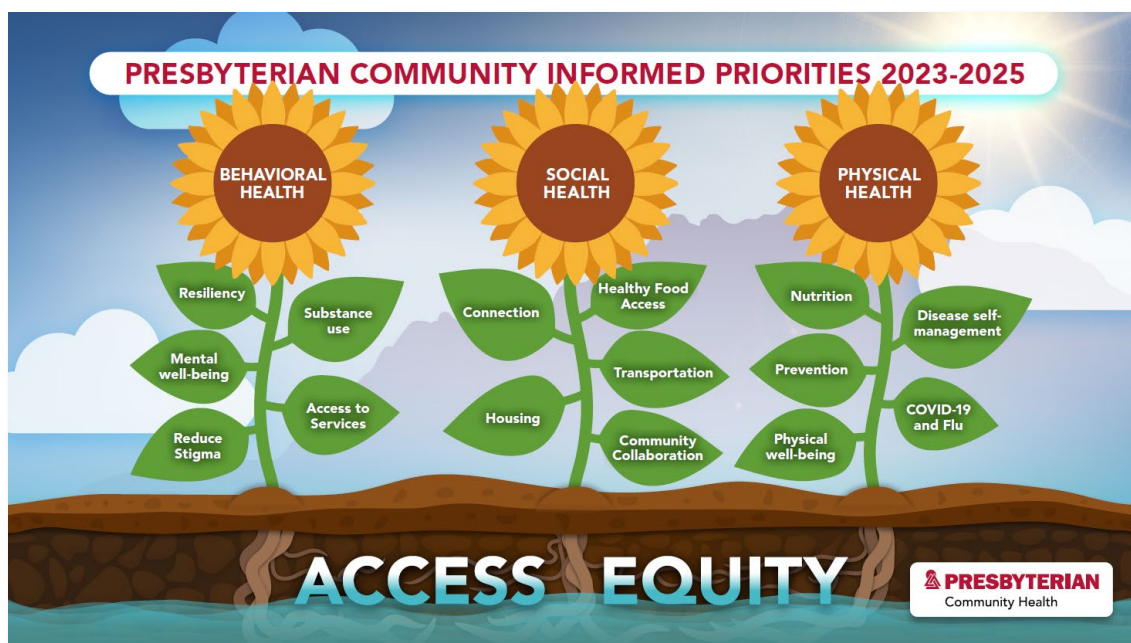
PROCESS AND METHODS FOR CONDUCTING THE ASSESSMENT

The Community Health Assessment paints a broad and comprehensive picture of the health of our community using a variety of sources. Secondary data collection, indicators from sources such as the BRFSS, YRRS, ACS, and more, were used to identify broad health topics that are of epidemiological importance and align with the New Mexico Department of Health's leading indicators, New Mexico's leading causes of death and Healthy People 2030. The data were used in conjunction with community input to identify overarching priority areas in which Presbyterian can work to improve health at the community level. Once priorities were determined, we took a deeper dive in each of those areas to assess the following for each community and priority area: Where are the health disparities (racial, geographic, etc.),

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[5] 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

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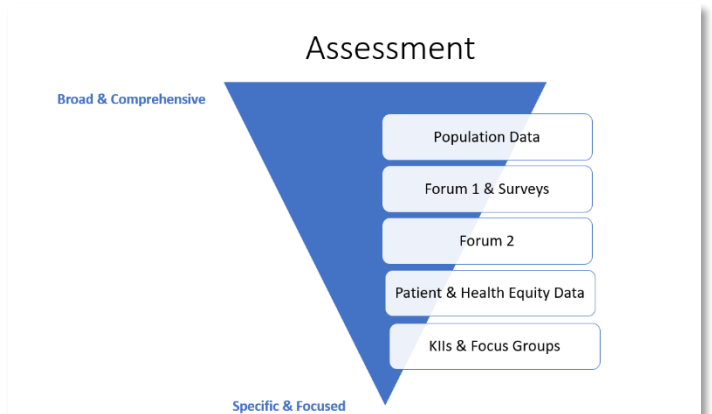
Initial secondary data were pulled from a variety of sources and expanded data points to further broaden the scope of exploration to determine community priorities. See Sources of Secondary Data for the full indicator list with sources. Leading causes of death were pulled from NMDOH IBIS (Indicator-Based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

Additional quantitative data came from a brief community survey (Appendix G) 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.

Themes by Type of Community Input		
COMMUNITY DATA FORUM N= 8	ASSETS AND GAPS FORUM N= 19	COMMUNITY SURVEY N= 181
Leading Causes of Death	Expand Behavioral Health services, especially in Spanish	Chronic ailments
Behavioral Health	Increase access to culturally relevant nutritious food	Environmental factors
Social Determinants of Health		Healthy lifestyle
Access to Care	Public transportation	Mental/behavioral health
Healthy Eating/Active Living	Knowledge of resources	
Chronic Disease and Other Conditions	Chronic disease self-management	

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.

REACH – COVID and Flu Vaccine Supplement
Timeline of Vaccine Events and Listening Sessions
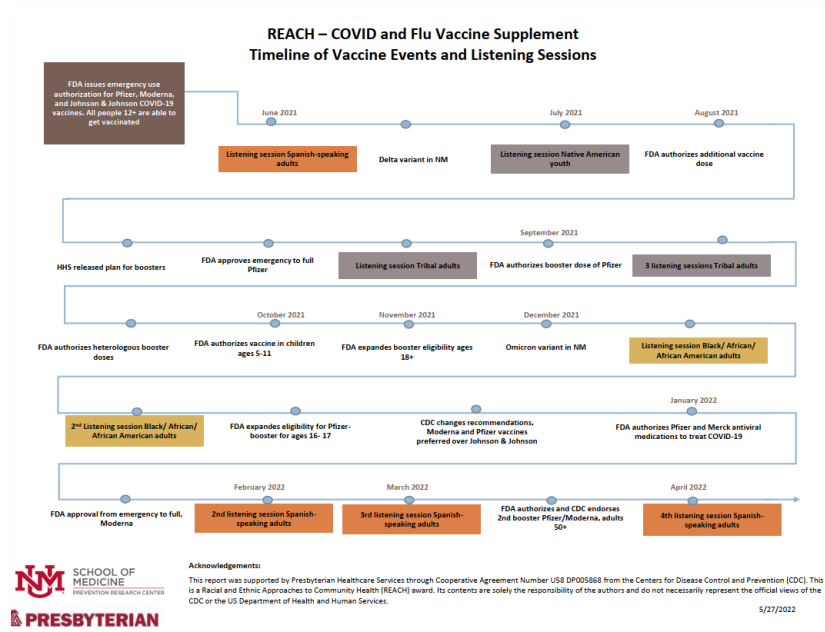
Prioritizing Needs

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

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

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

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

Forum participants provided input on what they believe is the most pressing public health priority that should be addressed in the next three years in Lincoln County. Ten participants indicated a behavioral health topic as the number one priority, of which three specifically identified suicide and four indicated substance use treatment. Other topics included access to services: equitable access to care, homelessness, caregiver support, COVID, specialist care, and more.

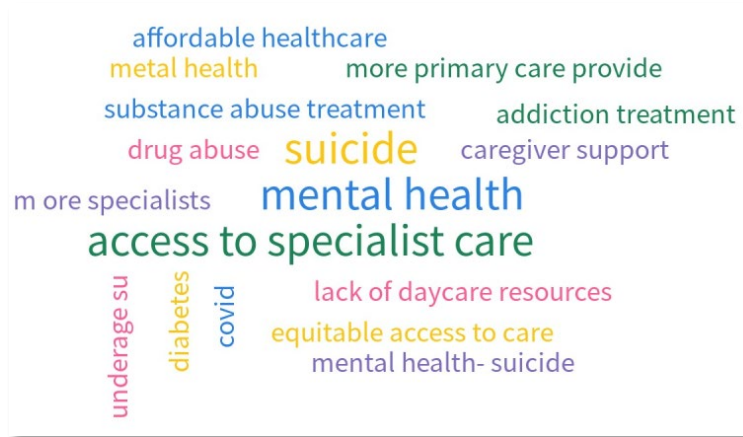**What is the top health priority now and in the next three years?**

Figure 6. Source: PHS Community Health Mentimeter.

Final considerations for health areas in which to prioritize for the 2023-2025 CHA cycle include youth mental health, recycling, addiction prevention, substance use prevention, climate-related topics including air pollution and wildfires, access to healthy foods in rural areas, caregiver support, and increasing the amount and variety of healthcare providers.

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 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 Lincoln County		
POP LEVEL DATA	**SURVEYS**	**FORUMS**
1. Mental Health (youth/adult)	1. Access to Healthcare	AC: Service Availability
2. Heart Disease	2. Substance Use	SDOH: Access to Healthy Food
3. Drug Overdose	3. Healthy Eating	SDOH: Parks/Playground/Sidewalks
4. COVID-19	4. Behavioral/Mental Health	BH: Substance Use
5. Suicide	5. Obesity	BH: Mental Health/BH
6. Alcohol Use	6. Environmental Health	AC: Provider Availability/Delay in Appointments
7. Youth Substance Use	7. Active Living	AC: Insurance/Underinsured/Cost
8. SVI	8. Housing	SDOH: Transportation
9. Access to Healthy Food	9. Climate Change	SDOH: Social Integration/Support Systems
10. Flu/Pneumonia Vaccination	10. COVID-19	BH: Access to Providers & Services

Table 3. Top 10 Topics. Presbyterian Community Health.

Ranking Presbyterian Community Health Priorities:

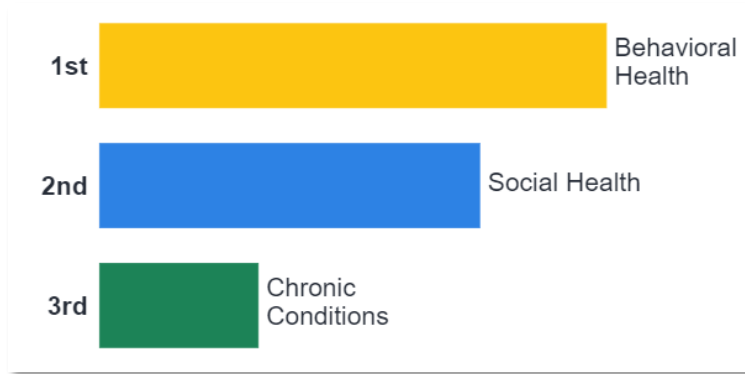|	
1st	Behavioral Health
2nd	Social Health
3rd	Chronic Conditions

**Figure 7.** Source: Presbyterian 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.[6]

Lincoln's overall health rankings for health outcomes, as determined by the Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, are in the upper third compared to other counties in New Mexico. The health outcome ranking for Lincoln County is 6 out of 32 (one county is not ranked). A ranking of "1" is awarded to the county with the best health. This is a significant increase from the last health assessment cycle, when Lincoln County ranked 19th. The county health outcome rankings are based off 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
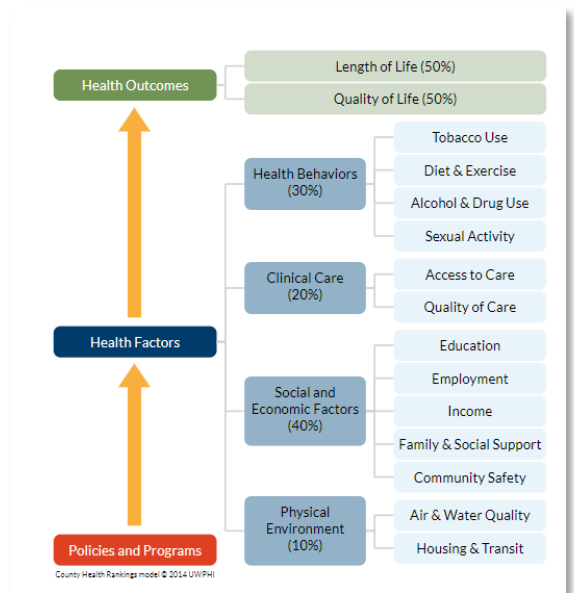

reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days and the percent of low-birth-weight newborns. [7]

Robert Wood Johnson Foundation's County Health Rankings & Roadmaps also summarizes and ranks county health factors. The health factor ranking measure is based off 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

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[6] County Health Rankings and Roadmaps (2022) County Health Ranking Model. Available at: http://www.countyhealthrankings.org/countyhealth-rankingsmodel Accessed: May 5th, 2022.
[7] Robert Wood Johnson. County Health Rankings. Available at: http://www.countyhealthrankings.org. Accessed April 27, 2022

and water quality, housing, and transit). Lincoln County ranks 9 out of 32 counties (one county is not ranked). This is similar to the ranking in 2018, which was 10.
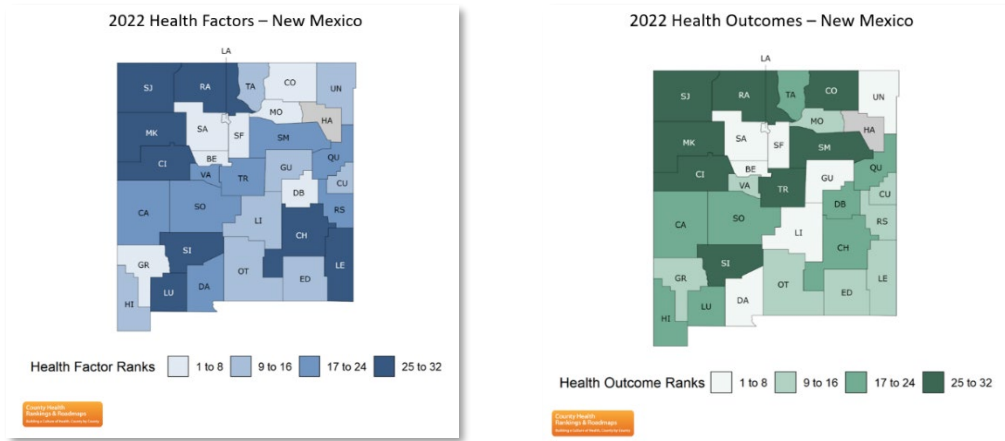
When asked what one word describes a healthy community, three of the 21 forum participants agreed that equity/equality was what would mark a healthy community. Other topics that received participant agreement were "accessible", "happy", "inclusive", "wellness" and more. See word cloud below.

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

Figure 8. Presbyterian Community Health. Mentimeter.

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

Community Assets and Gaps

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

Lincoln County – Survey Responses		
COMMUNITY ASSETS	**NUMBER**	**PERCENT**
Doctor's offices	39	30.5%
Parks/sidewalks/walking trails	37	28.9%
Social services (housing, food assistance)	27	21.1%
Mental health/substance use treatment	23	18.0%
Other	2	1.6%
Total	128	100.0%

Table 4. Community Survey. Presbyterian 2022.

Survey respondents provided input on needed resources that can help the community be the healthiest it can be. Mental health and substance use treatment and social services were identified by most people as being gaps in the community, consistent with the findings from the last question. This is followed by parks, public transportation, and doctors' offices. Other responses included health coaches and nutrition counselors.

Lincoln County – Survey Responses		
GAPS/NEEDED RESOURCES	**NUMBER**	**PERCENT**
Mental health/substance use treatment	31	19.7%
Social services (housing, food assistance)	29	18.5%
Parks/sidewalks/walking trails	27	17.2%
Public transportation	24	15.3%
Doctor's offices	22	14.0%
Grocery stores near you	21	13.4%
Missing	3	1.9%
Total	157	100.0%

Table 5. Community Survey. Presbyterian 2022.

Additional Community Definitions and Data Notes

The figures below include a metric labeled "PHS 10-County Area". This geographic area comprises the counties defined by each hospital's CHA, combined into one geographic area for comparison purposes. This geography consists of the following counties: Bernalillo, Curry, Lincoln, Quay, Rio Arriba, Sandoval, Santa Fe, Socorro, Torrance, and Valencia.

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

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

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

Life Expectancy

Life expectancy in Lincoln County decreased steadily from 2013-2017 before increasing. Life expectancy dropped among all geographies in 2020, most likely attributable to an increase in suicide deaths, COVID-19 deaths, and deaths of despair.
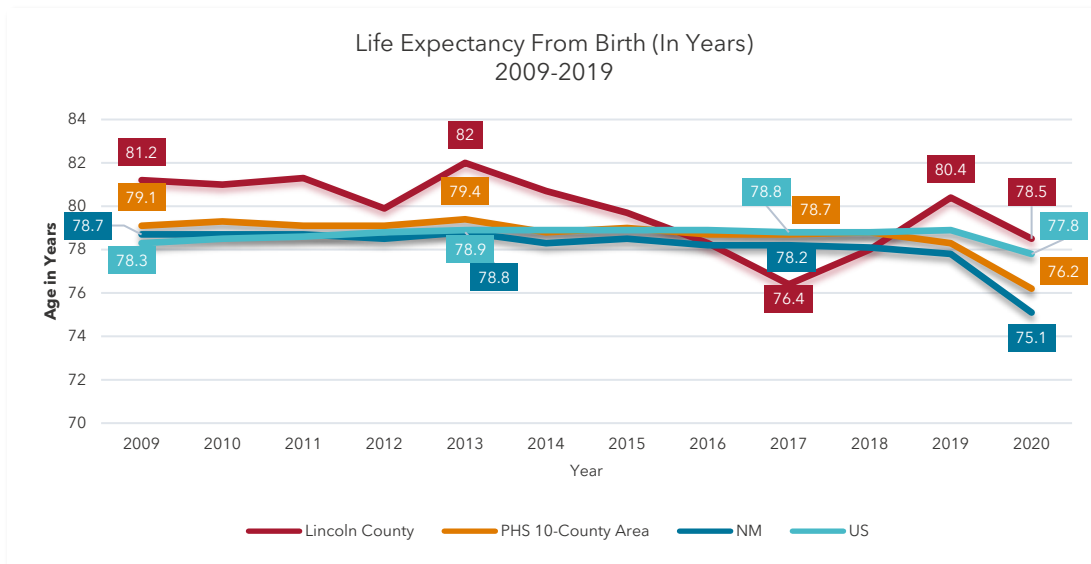

Figure 9. NMDOH BVRHS 2009-2020.

Top 15 Leading Causes of Death

15 Leading Causes of Death in New Mexico - 2020	Deaths per 100,000 Population Lincoln County (crude rate)
1. Heart Disease	212.3
2. Cancer	207.4
3. Coronavirus disease 2019	88.9
4. Unintentional injuries	59.3
5. Chronic lower respiratory diseases	98.8
6. Cerebrovascular disease (stroke)	79
7. Diabetes mellitus	44.4
8. Chronic liver disease and cirrhosis	29.6
9. Alzheimer's disease	29.6
10. Suicide	39.5
11. Influenza and pneumonia	14.8
12. Kidney disease	19.8
13. Parkinson's disease	9.9
14. Septicemia	9.9
15. Homicide	0

EQUITY ALERT:
Hispanic/Latinx people have the highest rate of influenza and pneumonia deaths in Lincoln County

Source: NMDOH BVRHS 2020

Table 6. NMDOH BVRHS 2009-2020.

Heart disease is the leading cause of death in Lincoln County with 212.3 deaths for every 100,000 population in 2020. Heart disease death trends in Lincoln County are higher than in New Mexico and the PHS 10-County Area. While the trend is overall increasing (there are more heart disease deaths in Lincoln County), there was a significant drop between 2019 and 2020.
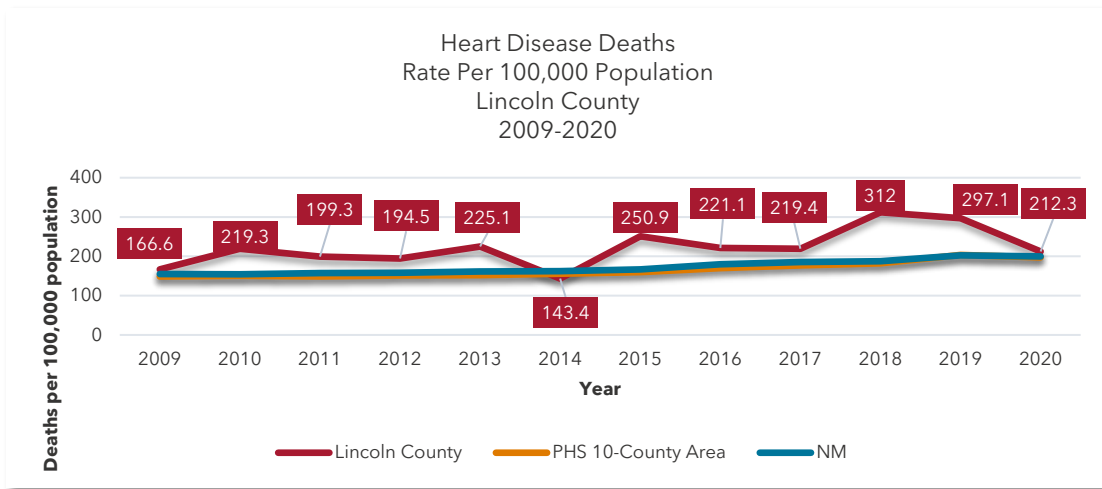

Figure 10. NMDOH BVRHS 2009-2020.

Cancer is the second leading cause of death in Lincoln County. The most common types of cancer in Lincoln County are breast cancer (95.1 cases per 100,000 population), lung and bronchus cancer (71.8), prostate cancer (70.8) and colon cancer (36.4).[8] The most common types of cancer involved in cancer deaths include lung cancer, urinary tract cancer, and prostate cancer. Most cancer deaths are classified as attributable to some other type of malignant neoplasm (72.8 deaths per 100,000 population).[9]
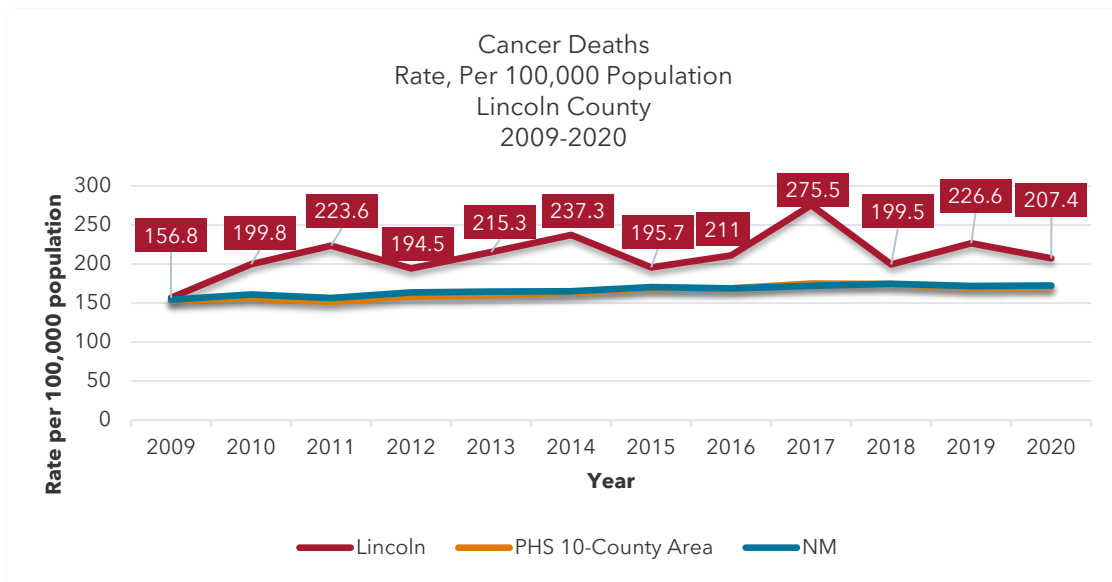
Figure 11. NMDOH BVRHS 2009-2020.

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[8] 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
[9] 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

Coronavirus Disease (COVID-19) was the third leading cause of death in Lincoln County in 2020 with a death rate of 88.9 deaths for every 100,000 people. In comparison, influenza and pneumonia ranked number 11 with a death rate of 14.8 deaths per 100,000 population in 2020 and 40.3 deaths per 100,000 population in 2019. The COVID death rate in 2020 was double the flu death rate in 2019 and there were more COVID deaths than deaths due to Diabetes and unintentional injuries (all types) combined. Nearly 78% of COVID deaths in Lincoln County in 2020 were people 65 years or older, which is significant considering nearly a third of the population of Lincoln County in 2020 was 65+.

> COVID deaths have more than tripled since 2020.
>
> Source: Johns Hopkins University COVID-19 Status Report
> https://bao.arcgis.com/covid-19/jhu/county/35027.html
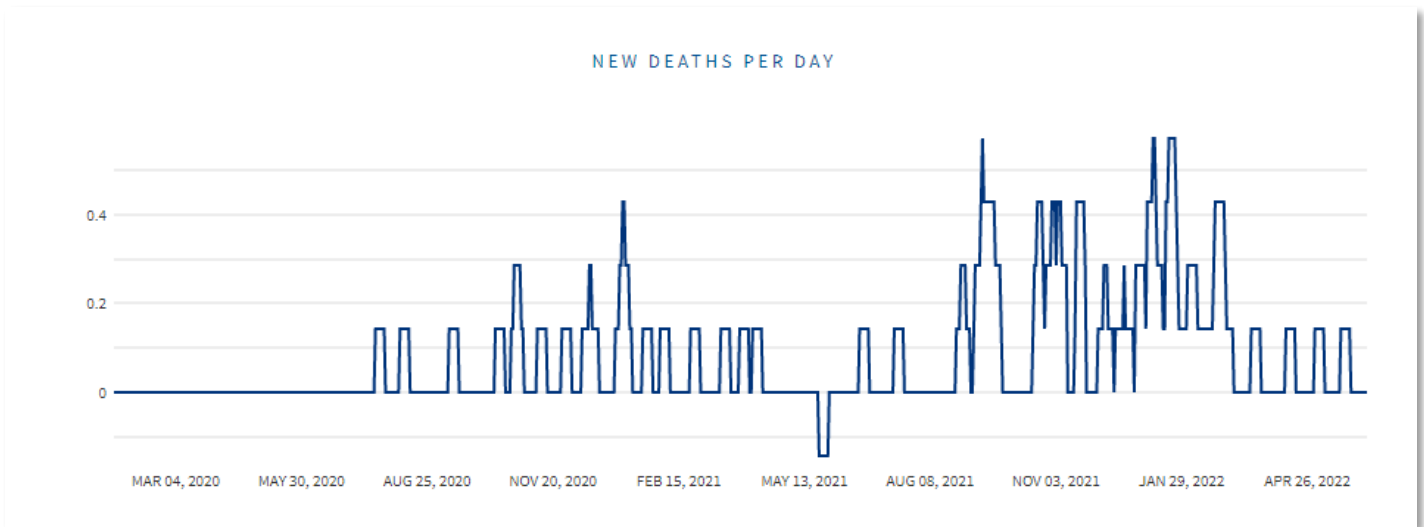
Figure 12. New COVID deaths, 7-day averages, USA Facts[10].

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.[11] Behavioral Health also encompasses mental illnesses and disorders, ranging from anxiety and depression to schizophrenia and other severe mental illnesses.

Overall, behavioral health metrics for youth have gotten worse over the last few years. There appears to be a correlation between the rise in youth feeling sadness and hopelessness and the rise in substance use (tobacco and alcohol). The trend for youth methamphetamine and youth heroin use don't quite follow the trend of steadily increasing youth sadness and hopelessness, but the two metrics do follow each other, suggesting a relationship between the patterns of heroin and methamphetamine use among youth.

Adult substance use and mental health are not increasing in the same way as youth mental health and substance use and, in some cases, has gotten substantially better in 2020. More data is needed to understand if these improvements are sustained into 2022 or if they are temporary dips as is the case in prior years. Deaths of despair are increasing steadily among the population.

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[10] UAS Facts. Lincoln County Cases and Deaths. Retrieved from https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/new-mexico/county/lincoln-county on 6/7/2022
[11] Centers for Disease Control and Prevention. Mental Health. Retrieved from https://www.cdc.gov/mentalhealth/ on 5/16/2022

The second highest rate of deaths of despair are among people aged 45-54 years (182.8 deaths per 100,000 population, 2016-2020 5-year estimates) and 25-34 (162.5, 2016-2020 5-year estimates) and Native Americans have the highest rate of deaths of despair (131.8 deaths per 100,000 population).[12]

For more details, see charts below. Because youth mental health indicators are worsening and adult mental health indicators are either stabilizing or improving, work in Lincoln County around behavioral health should focus on building youth resilience and improve overall quality of life for all populations with an emphasis on Native Americans and Hispanic/Latinx populations.

Many forum participants noted that access to services was the primary driver of poor behavioral health in Lincoln County. Stigma of mental health among the Latinx population was closely associated with coping skills. Several participants communicated work-life balance as a challenge, which in the age of COVID-19 contact restrictions, only intensified. Moreover, in hand with these responses were the following themes:

- lack of resilience,
- social isolation,
- lack of insurance coverage,
- fear of COVID-19 and its effects, and
- lack of mental health services in the area, notably more significant in rural areas.

Highlighted populations included the LGBTQ+ community, Latinx community, rural communities, and individuals with jobs that do not provide sick leave to attend medical appointments.

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

Lincoln County - Survey Responses		
BEHAVIORAL HEALTH TOPIC AREA	#	%
Access to healthcare	90	42.7%
Substance abuse	47	22.3%
Behavioral/mental health	43	20.4%
Suicide	29	13.7%
Other	2	0.9%
Total	211	100.0%

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

Access to Mental Healthcare

Access to mental health providers continues to be a challenge in Lincoln County. In 2020, there was one provider for every 190 people in the county (population to provider ratio of 190:1). This ratio is lower than that of counties of similar size in NM. [13]

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. Alcohol, tobacco, and mental health needs were most common among patients who were screened, and the tobacco need among patients screened at LCMC was higher than many other counties in the PHS 10-County Area.

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[12] NM BVRHS. Deaths of Despair 2016-2020. Retrieved from https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html
[13] County Health Rankings and Roadmaps. Retrieved from https://datausa.io/profile/geo/lincoln-county-nm#health on 5/23/22

Patients' Self-Reported Health-Related Behavioral Health Needs		
ALCOHOL NEED	**N**	**(%)**
Screenings Completed	2,319*	
Unique Patients Screened	2,317	
Unique Patients Reporting Any Need	256	11.0%**
TOBACCO NEED		
Screenings Completed	2,081	
Unique Patients Screened	2,081	
Unique Patients Reporting Any Need	502	24.0%
OPIOID NEED		
Screenings Completed	2,875	
Unique Patients Screened	2,875	
Unique Patients Reporting Any Need	29	1.0%
MENTAL HEALTH NEED		
Screenings Completed	12,392	
Unique Patients Screened	9,859	
Unique Patients Reporting Any Need	1,192	12.0%
(*) A maximum of one screening per six months per patients was recorded; only the first screening was counted if a patient received more than one screening per SDOH need within a six-month period (**) Denominator of percentage is "Unique Patients Screened"		

Table 8. Counts of Lincoln County patients screened for behavioral health in 2021.

Substance Use

Tobacco use (cigarettes, cigars, hookah, spit tobacco, or e-cigarettes) increased slightly among high school youth in Lincoln County in recent years, which follows a trend similar to the 10-County PHS service area and remains higher than high school students around the state. More adults in Lincoln County smoke when compared to NM, PHS 10-County Area, and the US overall, though the percent of adults who reported smoking cigarettes has declined. This metric only assesses cigarette smoking, and the decline is consistent with anecdotes from community about the increase in vaping among adults. Because the social needs screening tool used at Presbyterian screens for multiple forms of tobacco use.
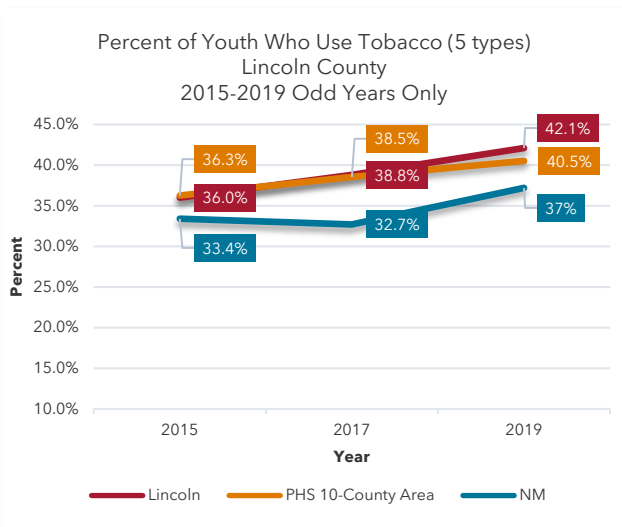
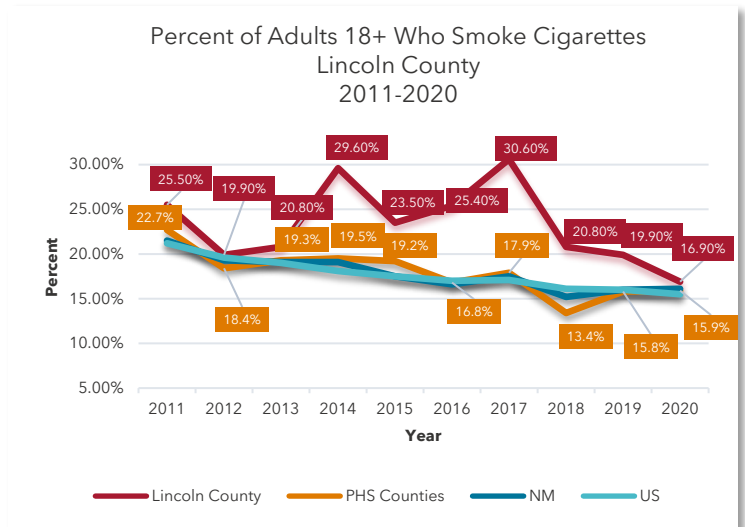**Figure 13.** Youth Tobacco Use. NM YRRS 2013-2019.

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

Alcohol use among youth has risen in previous years and remains higher than the PHS 10-County area and NM overall. Among adults, chronic heavy drinking (defined as regularly consuming more than two drinks per day for men and more than one drink per day for women) has slightly increased statewide, among PHS counties, and across the nation. After a sizeable spike between 2016 and 2019, chronic heavy drinking decreased substantially in 2020. Binge drinking (defined as having five or more drinks on a single occasion for men or four or more drinks on a single occasion for women, generally within two hours) has remained steady across most geographies and has decreased slightly in Lincoln County.
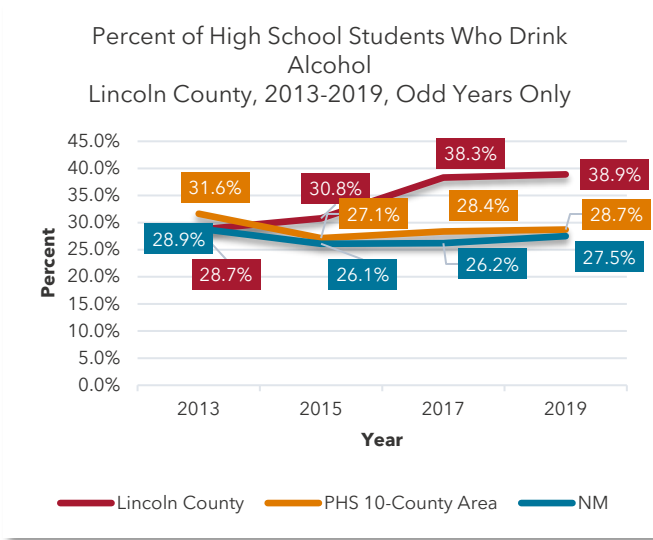
Figure 15. High school student alcohol use. NM YRRS 2013-2019.
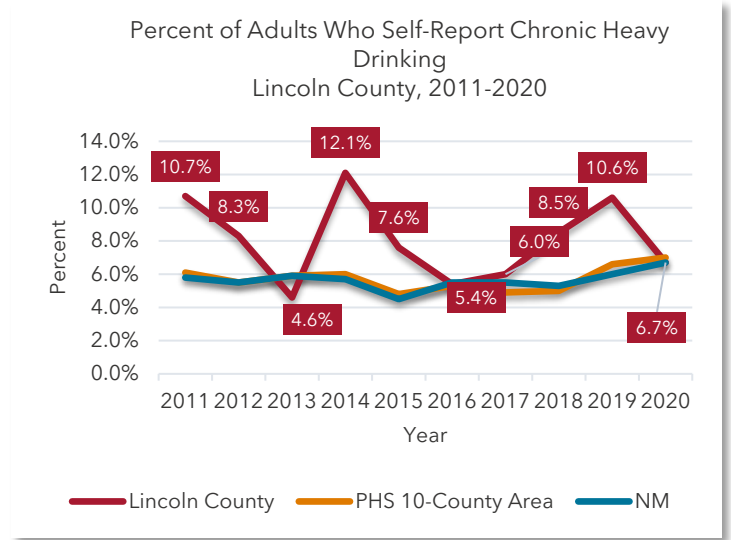
Figure 16. Adult chronic heavy drinking. BRFSS 2011-2020.
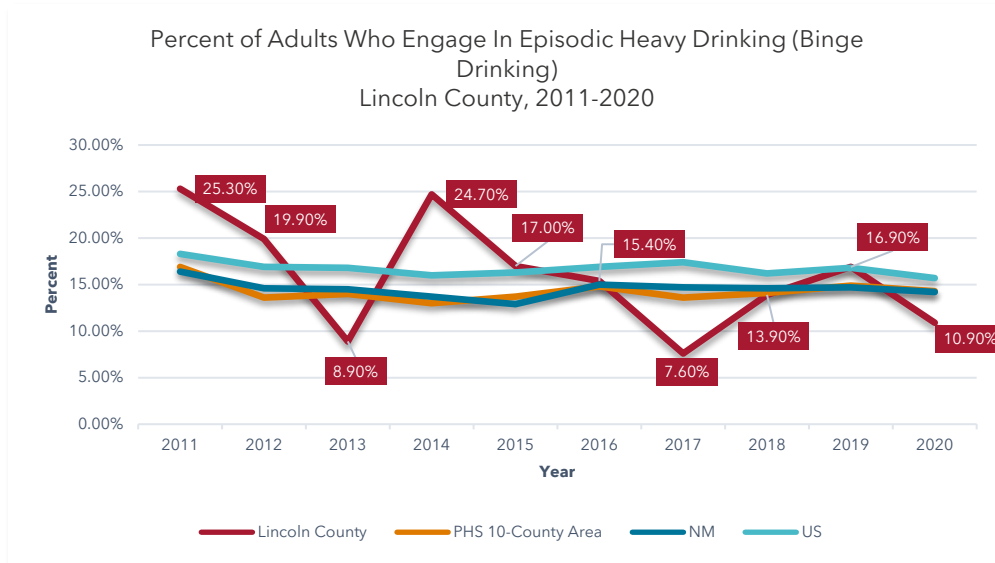
Figure 17. Adult Binge Drinking. BRFSS 2011-2020.

Heroin use among high school students has increased significantly in Lincoln County from 2017-2019 after a brief drop. This pattern is similar to the heroin use pattern for all ten counties in the PHS 10-County Area.
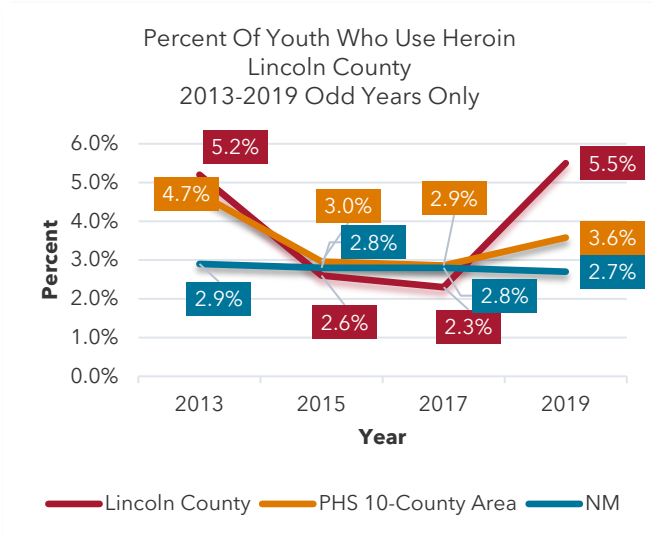
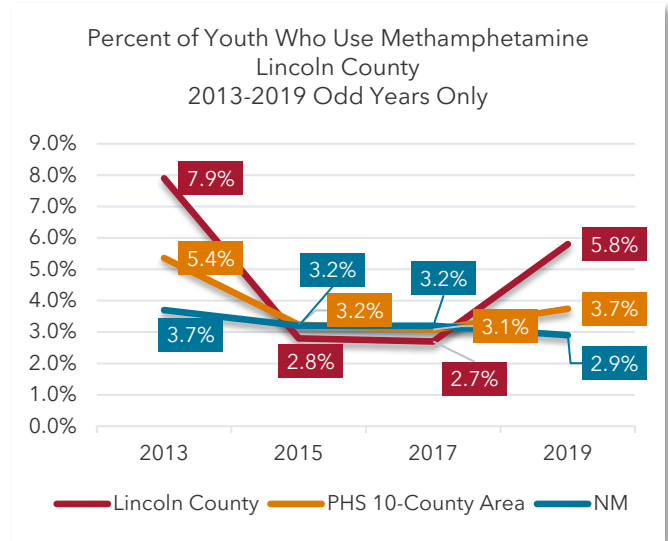**Figure 18.** Youth Heroin Use. NM YRRS 2013-2019.

Figure 19. Youth Methamphetamine use. NM YRRS 20113-2019.

EQUITY ALERT: More Hispanic and white boys said they use heroin, and more Hispanic and Native American boys said they use methamphetamine.

SOURCE: YRRS 2017-2019

In 2020, an estimated 47,103 people aged 18+ in the US reported using cannabis in the past year. In Lincoln County in 2017, 25% of high school students reported using cannabis.

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

Methamphetamine use among youth followed a similar trend as heroin use – a brief decline below NM and the PHS 10-County Area before a spike between 2017 and 2019 with a significant spike in 2019.

Chronic mental health issues are important to understanding risks for poor health outcomes. More Lincoln County high school students reported experiencing feeling sadness and/or hopelessness – a 41% increase from 2013 to 2019. Nearly half of Lincoln 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 Lincoln County. Adults, on the other hand, saw a dramatic drop in reporting 14+ poor mental health days within a 30-day period (frequent mental distress) in 2020.
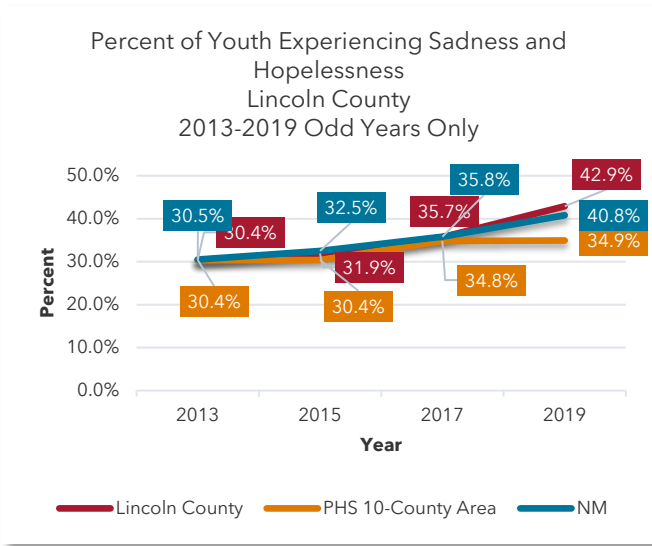
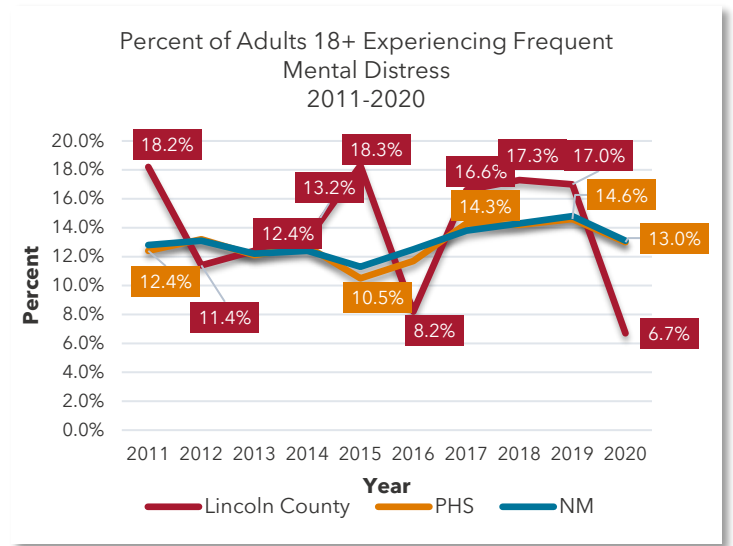**Figure 20.** Youth Mental Health. NM YRRS 2013-2019.

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 Lincoln County but rose almost 57% from 2019 to 2020. Suicide deaths across NM and the PHS 10-County Area have risen slightly since 2009. The drastic shifts in death rates from year to year is likely due to low population numbers and low numbers of deaths from year to year.
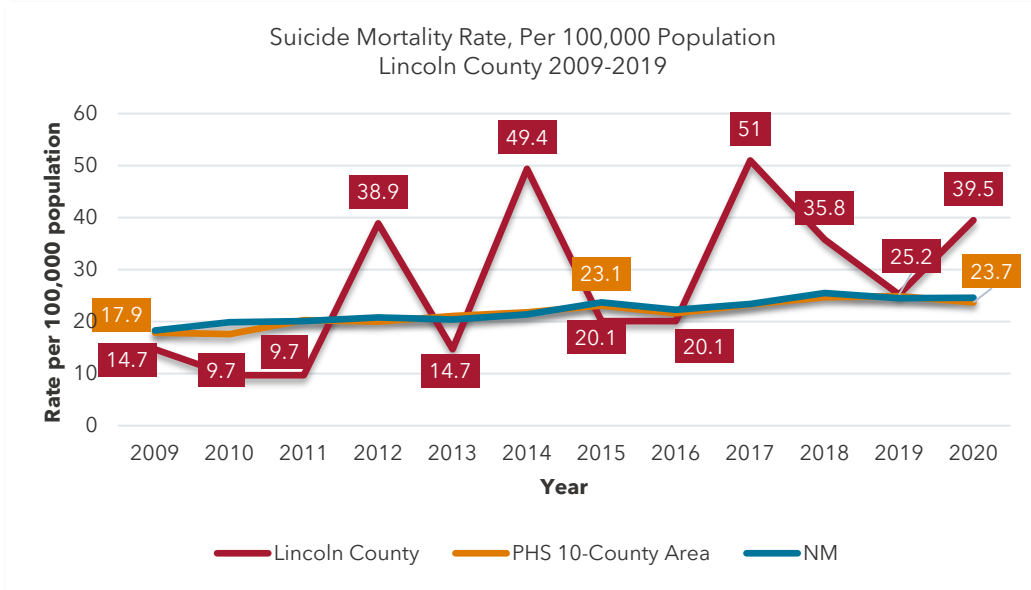
62% of the suicide deaths in Lincoln County in 2020 were among white men.

Source: NMDOH BVRHS 2020

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

Drug overdose deaths have decreased substantially from 2019 to 2020 in Lincoln County while deaths increased in NM, the PHS 10-County Area, and the US overall. Communities expressed concern about overdose death rates during the Community Data Forum, citing personal experiences, community-wide experiences, and the overdose death rate in 2019.
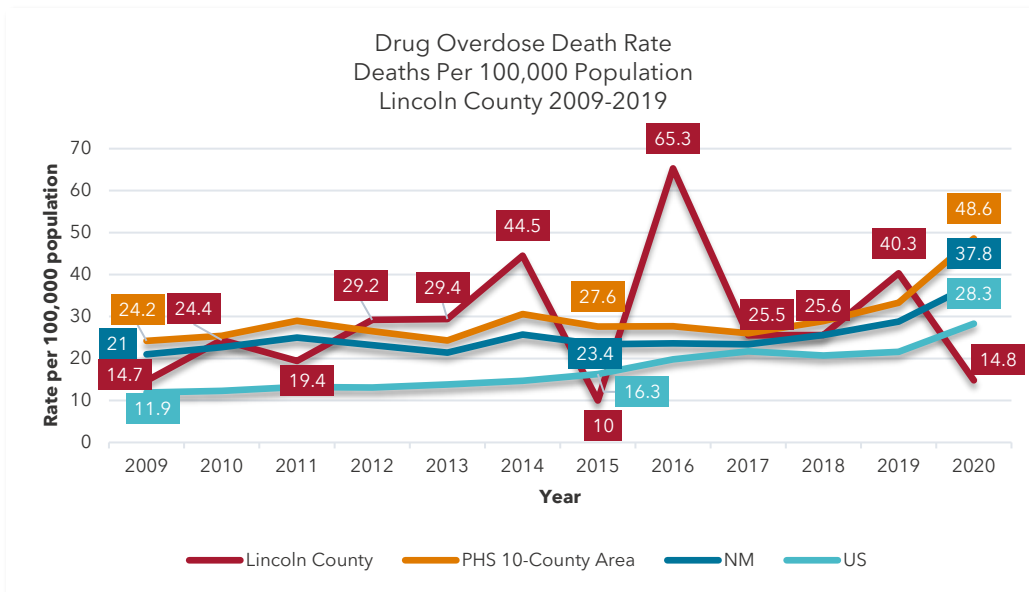
Figure 23. Drug Overdose Death Rate. NM DVRHS 2009-2020.

Deaths of despair is a combination metric that comprises suicide deaths, drug overdose deaths, and deaths 100% attributable to alcohol. While there has been some variability in these types of deaths in Lincoln County, the death rate has overall increased since 2009 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. The increase in deaths of despair is likely not as steep as in other counties because Lincoln County's overdose death rate dropped in 2020, though overall, deaths of despair rose in the county.
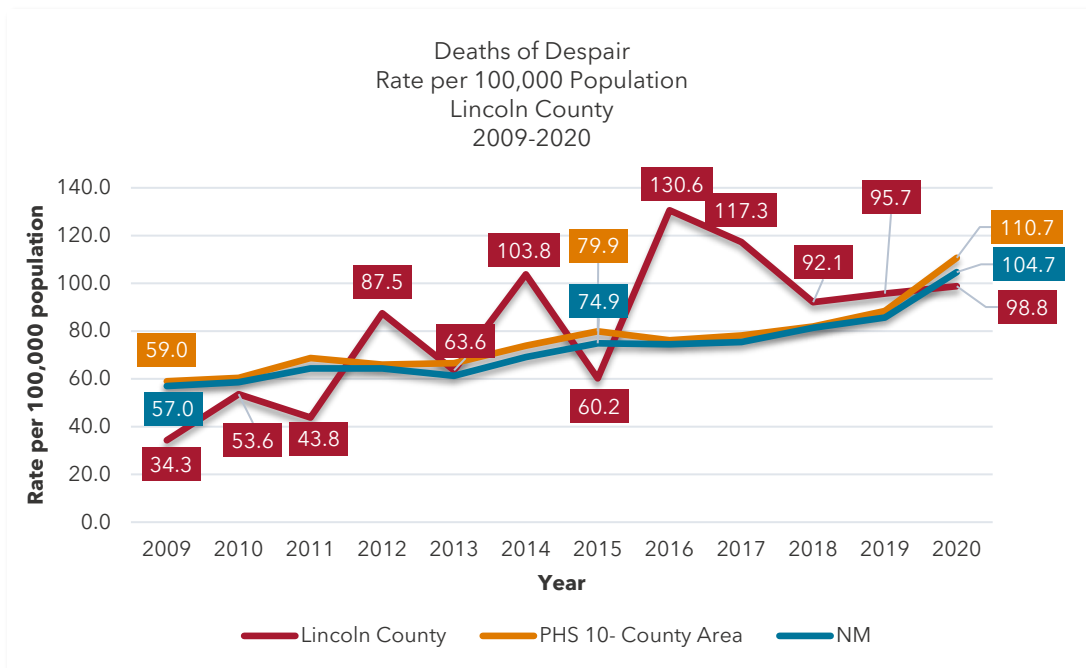

Figure 24. Deaths of Despair. NM DVRHS 2009-2020.

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 on the quality of life.[14]

When prompted about Social Determinants of Health as a priority area, forum participants were in consensus on identifying transportation and housing among the top needs of the Lincoln community.

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

 General Cost of Living

 Cost of Fuel

 Higher Rates of Poverty

 Limited Access to Nutritious Foods

 Lack of Childcare

EQUITY ALERT
Equity topics within access to care included:
- an increased need for Spanish-speaking providers
- a sliding scale for people who are un-or under-insured
- lack of pediatric care
- lack of dental care of people on Medicaid
- the need for diabetes classes that are not only administered via Zoom

Barriers to Healthcare Access in Central New Mexico
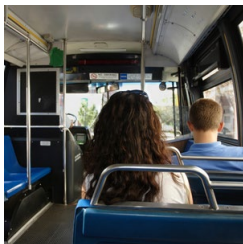
Transportation   Providers   Cost of Care   Places to Get Care

Accessibility to transportation, especially transportation to forms of care, dominated the discussion regarding access. Forum participants expressed concern regarding the lack of providers, lack of transportation to providers especially in rural areas of the county, lack of walk-in clinics and urgent care, lack of specialists, clinics reducing intake of new patients, rising costs of healthcare, and lack of insurance. Some equity topics within access to care included an increased need for providers who speak Spanish, a sliding scale for people who are un-or under-insured, lack of pediatric care, lack of dental care for people on Medicaid, and the need for diabetes classes that are not only administered via Zoom.

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[14] Social Determinants of Health. CDC 2020. Retrieved from https://www.cdc.gov/socialdeterminants/index.htm on 5/9/22

Survey respondents provided feedback on the community issues they are very concerned about. Distribution among the community issues presented were fairly even, with environmental health, housing, and climate rising to the top of the list [other responses included "nothing" and "lightning"].

Lincoln County - Survey Responses		
SOCIAL DETERMINANTS OF HEALTH	**#**	**%**
Environmental health (including climate change)	78	39%
Housing	38	19%
Personal/interpersonal safety	31	16%
Food security	29	15%
Transportation	19	9%
Other	4	2%
Total	199	100.0%

Table 9. 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 Lincoln County, food needs and transportation needs were the most common, followed by housing, then safety, indicating areas of focus for future community health improvement plans.

Patients' Self-Reported Health Related Social Needs		
FOOD NEED	**n**	**(%)**
Screenings Completed	619*	
Unique Patients Screened	619	
Unique Patients Reporting Any Need	21	3.0%**
HOUSING NEED		
Screenings Completed	1,437	
Unique Patients Screened	1,415	
Unique Patients Reporting Any Need	24	2.0%
TRANSPORTATION NEED		
Screenings Completed	695	
Unique Patients Screened	694	
Unique Patients Reporting Any Need	24	3.0%
SAFETY NEED		
Screenings Completed	16,613	
Unique Patients Screened	14,199	
Unique Patients Reporting Any Need	200	1.0%
(*) A maximum of one screening per six months per patients was recorded; only the first screening was counted if a patient received more than one screening per SDOH need within a six-month period (**) Denominator of percentage is "Unique Patients Screened"		

Table 10. Counts of Lincoln County patients screened for social needs in 2021.

Many community members expressed concern in the forums around access to food. Food insecurity rates in Lincoln County remain similar to those in the PHS 10-County Area and NM overall. However, Lincoln County saw a slight drop in 2019.
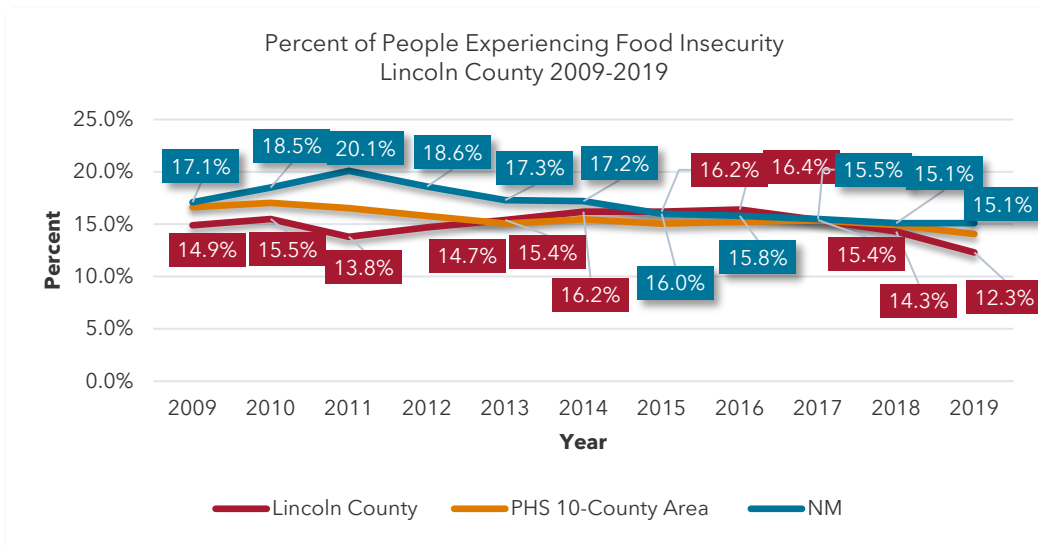
Figure 25. Food Insecurity Rate. Feeding America. 2009-2019.

Lincoln County has a comparatively high percentage of families not receiving SNAP (Supplemental Nutrition Assistance Program) benefits, especially compared to New Mexico overall. In fact, the percent of families not receiving SNAP benefits is similar to that of the US. 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.[15]

Economic Indicators

Fewer people in Lincoln County live in poverty when compared to the PHS 10-County Area, NM, and the US (though the difference between Lincoln County and the US is smaller). Community participants in the Community Data Forum indicated that this may not be reflective of what is truly happening in Lincoln County. The largest town in Lincoln County is Ruidoso, which is a resort town. Many individuals reported that the town's population is seasonally-dependent and that many residents are not permanent residents of Lincoln County, or even New Mexico. Communtiy members felt this percentage does not accurately represent the permanent residents in the county.
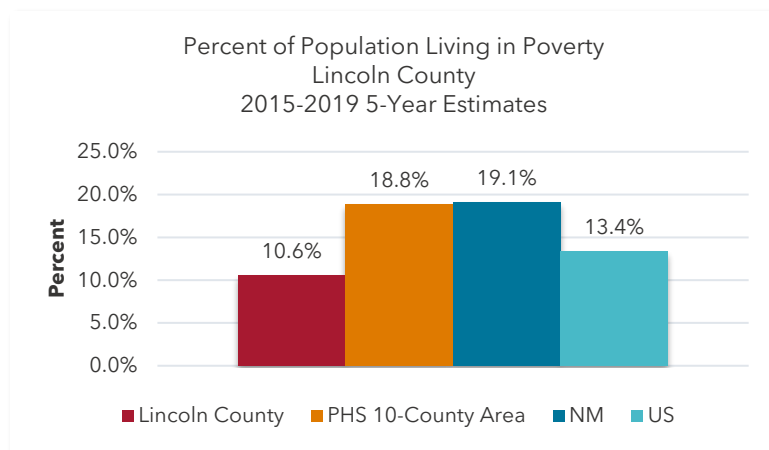

Figure 26. Poverty. ACS 2015-2019 5-year estimates.

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[15] 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

Unemployment rates in Lincoln County are lower than the PHS 10-County Area, NM, and the US. The median household income in 2019 was $46,216, which is lower than the median household income of the US ($65,712). The highest wage earners in Lincoln County are managers. [16]
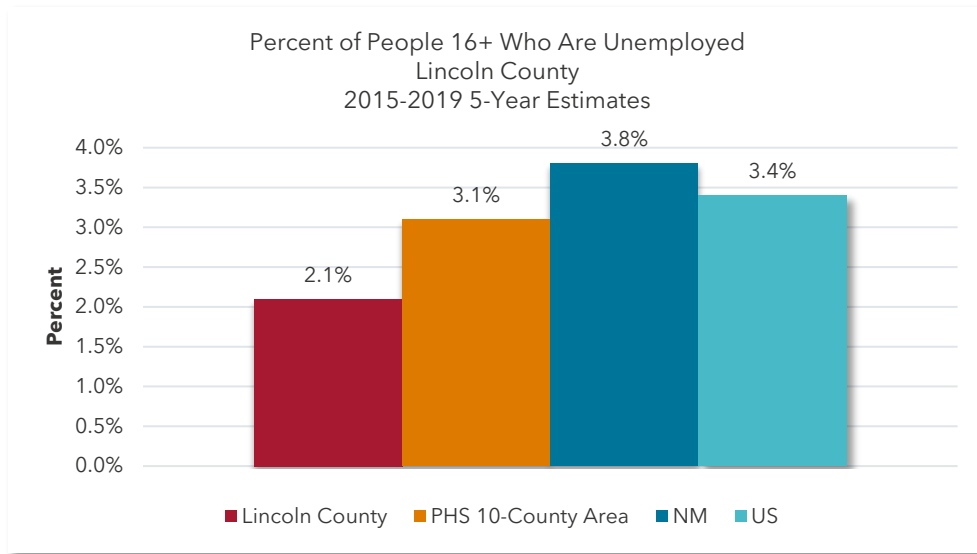

Figure 27. Unemployment. ACS 2015-2019 5-year estimates.

While unemployment rates remained low in Lincoln County, New Mexico saw a drastic increase in unemployment rates during the first two years of the COVID-19 pandemic. Statewide unemployment rates are reaching pre-pandemic levels, but more data are needed to understand the impact COVID-19 had on Lincoln County's unemployment rate.

Figure 28. Unemployment Rate. Bureau of Labor Statistics 2012-2022[17].

Access to a vehicle is an important metric for understanding access to services and resources. About 5% of households do not have a vehicle.[18] This is slightly lower than the PHS 10-County Area and NM overall. The average number of cars per household is two[10].

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[16] Data USA. Lincoln County, NM. Retrieved from https://datausa.io/profile/geo/lincoln-county-nm#about on 5/22/2022.
[17] Local Area Unemployment Statistics. US Bureau of Labor Statistics. Retrieved from https://data.bls.gov/timeseries/LASST350000000000003 on 6/27/22
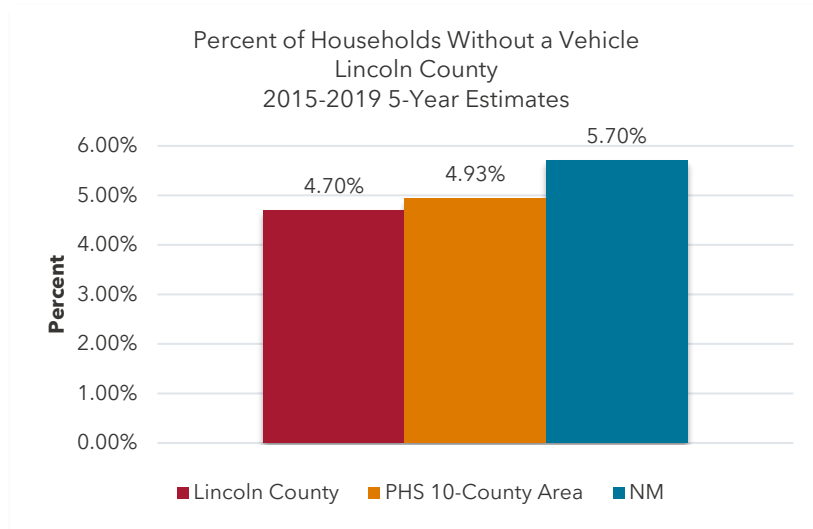[18] American Community Survey, 2015-2019 5-year estimates.

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, the community needs reliable internet access to be able to use those systems. Lincoln County has a higher percentage of households with broadband internet access when compared to the PHS 10-County Area. The percent of households in Lincoln County with broadband is the same as in New Mexico. Access to this vital resource varies geographically as rural parts of the county experience less reliable access to broadband internet, which was a concern expressed during the Community Data forums.
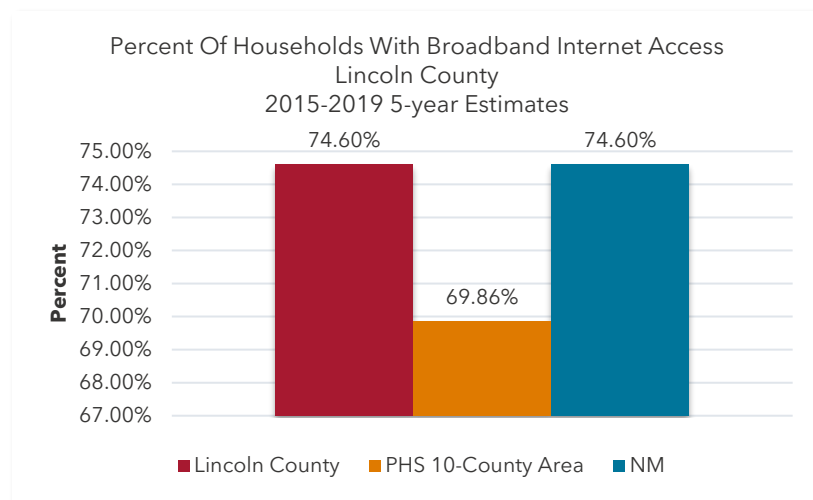
Figure 30. Broadband access. ACS 2015-2019 5-year estimates.

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.[19] New Mexico's and the PHS 10-County Area's homicide death rate continues to be higher than the US rate. At their peaks over the years, the Lincoln County homicide death rate spiked in 2018 and 2019 and dropped to 0 in 2020. One reason for drastic fluctuation is the low population and instability in the data.
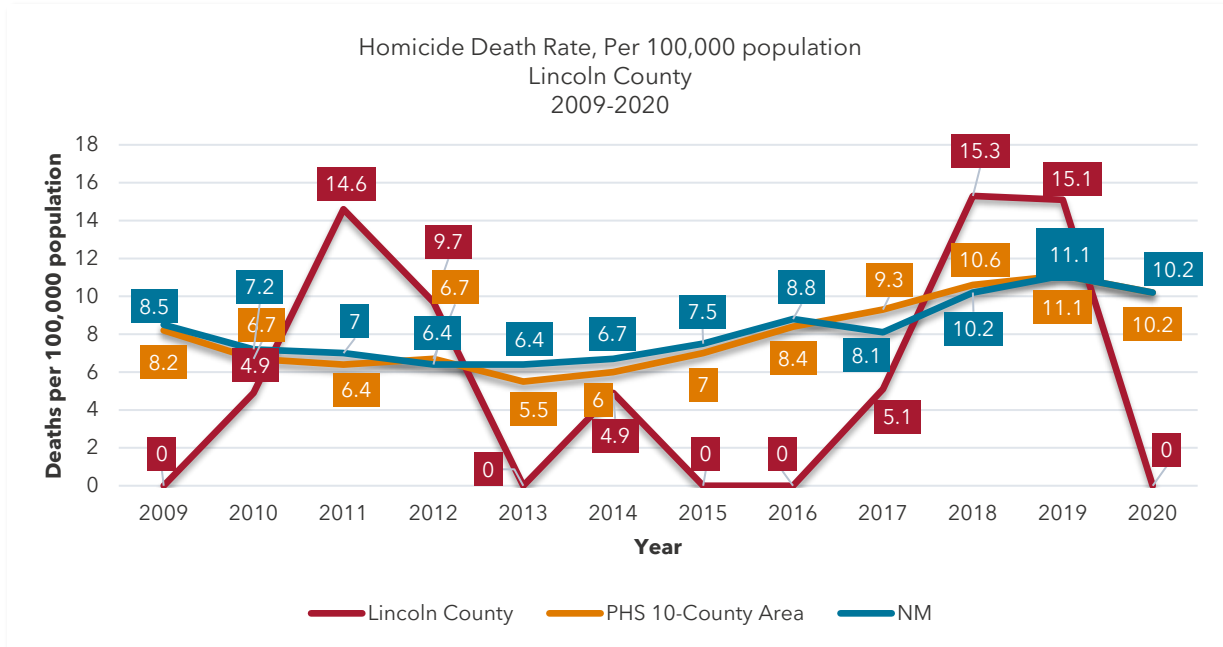

Figure 31. Homicide deaths. NM DVRHS 2009-2020.

Substantiated child abuse claims in Lincoln County and New Mexico dropped from 2013 to 2021. In Lincoln County, there has been an overall declining trend in substantiated child abuse claims since a spike in 2017. Most counties in the PHS 10-County Area (and many more around the state) saw a sharp increase in 2017, followed by a sharp decrease.[20] This could either be an indication of an increase in the amount of child abuse occurring in New Mexico in 2017 or changes in reporting at the state level (additional resources to substantiate child abuse claims that were subsequently lost). Anecdotal feedback from the community suggested the pandemic as a reason for the decrease in child abuse claim rates statewide in 2020 due to lockdowns. The perception that we observed was that people were not comfortable reporting child abuse while in lockdown.

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[19] 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

[20] The Annie E. Casey Foundation. KIDS COUNT data center. Retrieved from https://datacenter.kidscount.org/data/tables/5162-child-abuse-rate?loc=33&loct=5#detailed/5/4815-4847/false/2048,574,1729,37,871,870,573,869,36/any/11625 on 5/20/22 and New Mexico Children Youth and Families Department (CYFD) Protective Services Division, November, 2018.
Data for prior years retrieved from New Mexico Children Youth and Families Department (CYFD) Protective Services Publications referred to as "360 Yearly" Reports, for each state fiscal year: cyfd.org/about-cyfd/publications-reports. Data for years prior to SFY 2013 were published annually on a calendar year basis in "Fact Book": cyfd.org/about-cyfd/publications-reports/protective-services-fact-book-archives.
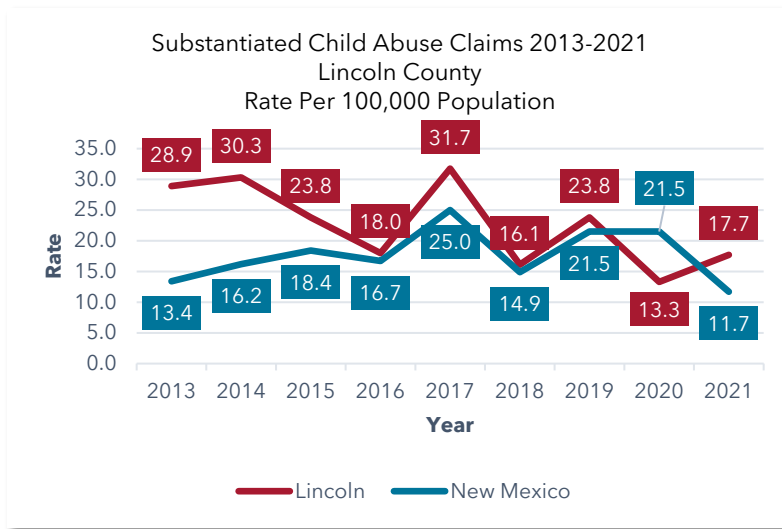
Figure 32. Substantiated Child Abuse Claims. CYFD 2013-2021.

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, nearly 68% of pregnant people initiated prenatal care within their first trimester. This is similar to the percent in the PHS 10-County Area and higher than in New Mexico overall.

Infant mortality rates in Lincoln County remain low. Data show that there were only 4.5 deaths per 1,000 live births between 2015 and 2019. This is lower than the NM death rate of 5.7 deaths for every 1,000 live births.

COVID-19

While addressing the COVID-19 pandemic, participants highlighted that COVID-19 has impacted Lincoln 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 Lincoln County. COVID was the number three cause of death in Lincoln County in 2020, and in 2022, Lincoln County saw a much higher death rate (see COVID death data in sections above).
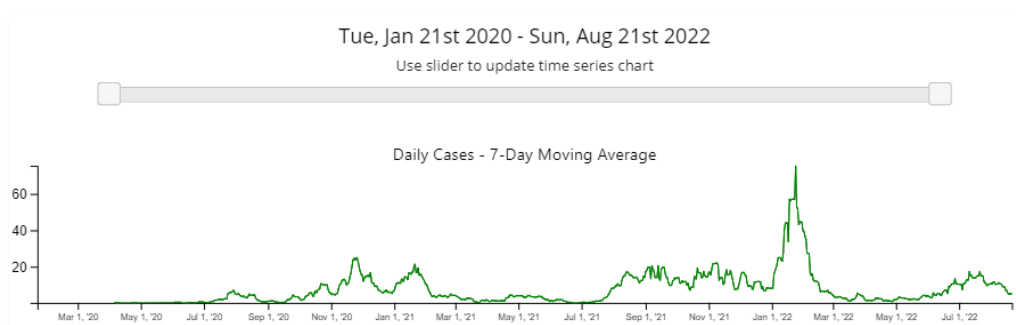

Figure 33. COVID Cases and Deaths. CDC Data Tracker, 2022.

As of July 19, 2022, 74% of Lincoln County residents had at least one shot, and only 64.5% had completed their series.[21] 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 Lincoln County occupied was higher than 75%. Daily hospitalizations with COVID remained high even between waves, especially in 2021, indicating further need for wider vaccination campaigns and efforts.
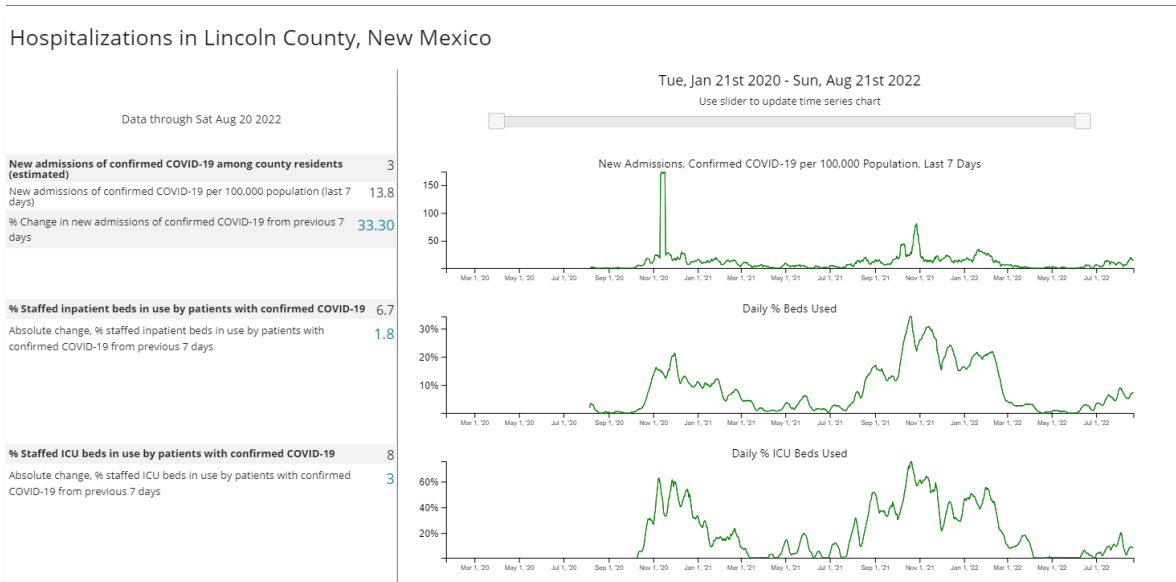

Figure 34. COVID Hospitalizations. CDC Data Tracker 2022.

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.

Healthcare Access – Lincoln County Medical Center

Most patients who visited Lincoln County 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 Otero County (including the Mescalero Apache Reservation) and Chaves County.

Presbyterian Patients' Zip Code of Residence	
ZIP CODE	**PATIENT COUNT**
88345	4,029
88346	2,310
88355	2,229
88340	1,910
88312	1,878
88316	1,678
88301	1,007
88310	567
88352	490
88341	387
88348	215
88336	205
88318	191
88203	126
88201	124
88317	112
88338	103
88337	101
88324	89
88351	84
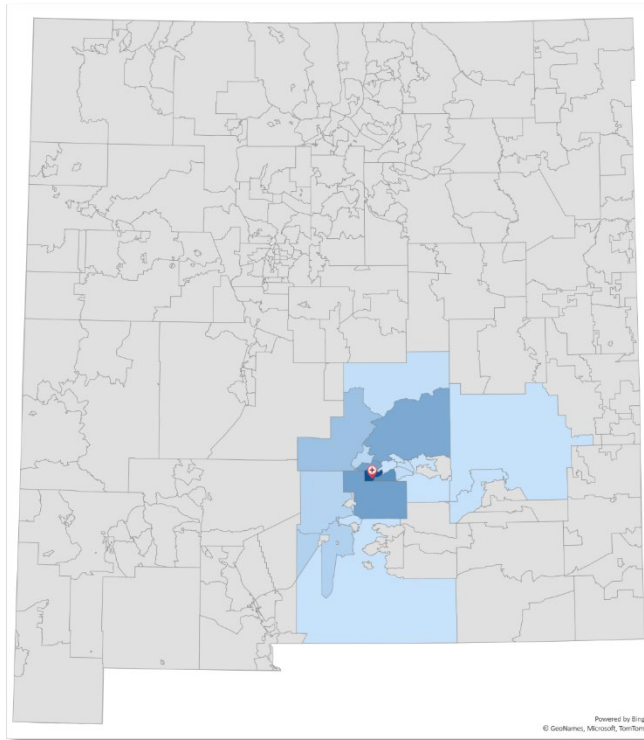
Table 11. *Count of patients who receive care in Lincoln County in 2021 by 'Top 20' ZIP codes of residence.*

Figure 35. Heat map of patients receiving care in Lincoln County in 2021 by ZIP code.

Annual Number of Patients by Encounter Type and County of Residence (2021)						
Encounter Type	**LINCOLN**	**OTERO**	**BERNALILLO**	**CHAVES**	**SANDOVAL**	**SOCORRO**
Emergency Department or Urgent Care	5,226	1,782	185	135	36	35
Hospital Admission (IP)	818	279	4	17	0	5
Outpatient or Clinic Visit	12,889	2,287	111	178	25	34

Table 12. Count of patients who received care in Lincoln 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 Lincoln County Medical Center only had one visit while about 29% had more than one. This illustrates an area of improvement for communities and patients in the Lincoln 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	9,276	6,599	2,677	291	3
PERCENT	100.0%	71.1%	28.9%	3.1%	0.0%

Table 13. Count of patients who received emergent and/or urgent care in Lincoln County in 2021 by number of repeat visits.

The top ten chief diagnoses in Lincoln County's emergency department and urgent cares for 2021 were primarily encounters for COVID, acute upper respiratory infection, urinary tract infection, nausea with vomiting, pneumonia due to COVID-19, and alcohol intoxication. Knowing that COVID is a top cause of death in 2020 (and the number of deaths for COVID is higher in 2021 than in 2020), these diagnoses align with leading causes of morbidity and mortality in the county and are areas of needed focus in the community and further validates the need to address access to healthcare, infectious disease prevention, and substance use prevention.

Top 10 Emergency/Urgent Care Primary Diagnoses	
RANK	DIAGNOSES
1	COVID-19
2	ACUTE UPPER RESPIRATORY INFECTION
3	URINARY TRACT INFECTION
4	NAUSEA WITH VOMITING
5	PNEUMONIA DUE TO CORONAVIRUS DISEASE 2019
6	ALCOHOL ABUSE WITH INTOXICATION
7	CHEST PAIN
8	DIARRHEA
9	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER
10	OTHER CHEST PAIN

Table 14. Top 10 primary diagnoses from Lincoln County emergent and urgent care encounters.

More people in Lincoln County had access to a primary care provider (PCP) than people in the PHS 10-County Area and NM overall. Access to primary care providers here means that people have an established primary care provider. This is not an indicator of whether they have access to that provider. More data is needed to understand whether people can access care when they need it, regardless of whether or not they have an established primary care provider.
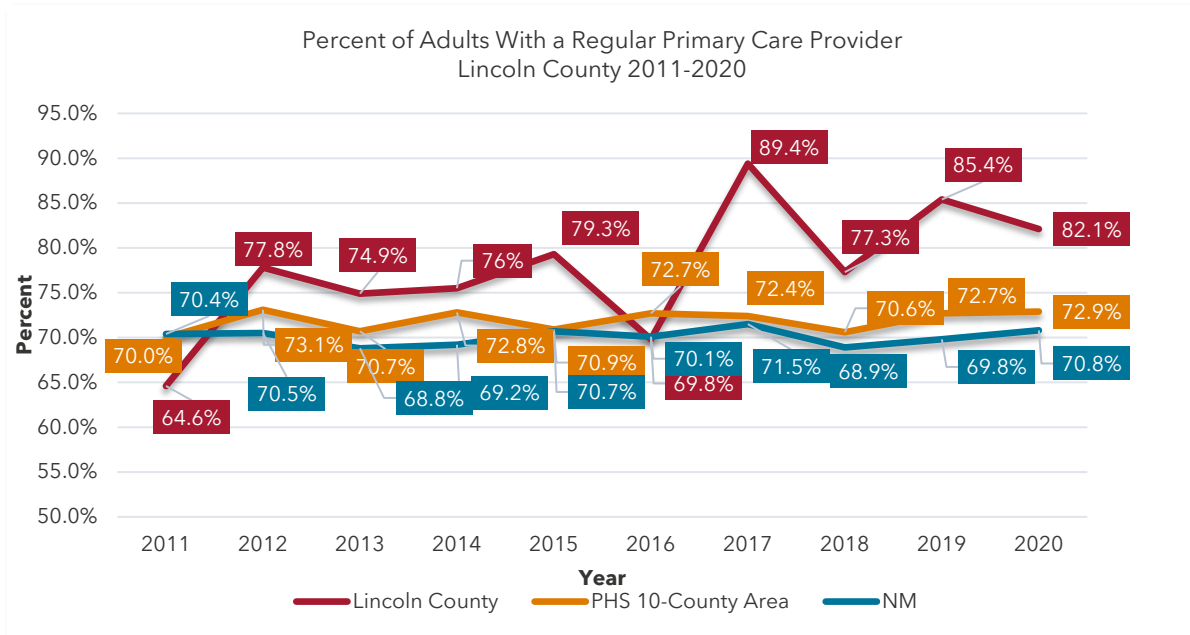

Figure 36. Adults with a Primary Care Provider. BRFSS 2011-2020.

According to the Heath Resources and Services Administration (HRSA), Lincoln County is a medically underserved rural county.[22] The ratio of population to primary care physicians in Lincoln County is lower than other counties in New

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[22] Health Resources & Services Administration Data Warehouse. Accessed 6/9/2022

Mexico at 2,170 people for every one provider, and this trend is getting worse over time.[23] High ratios of PCPs to population 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.
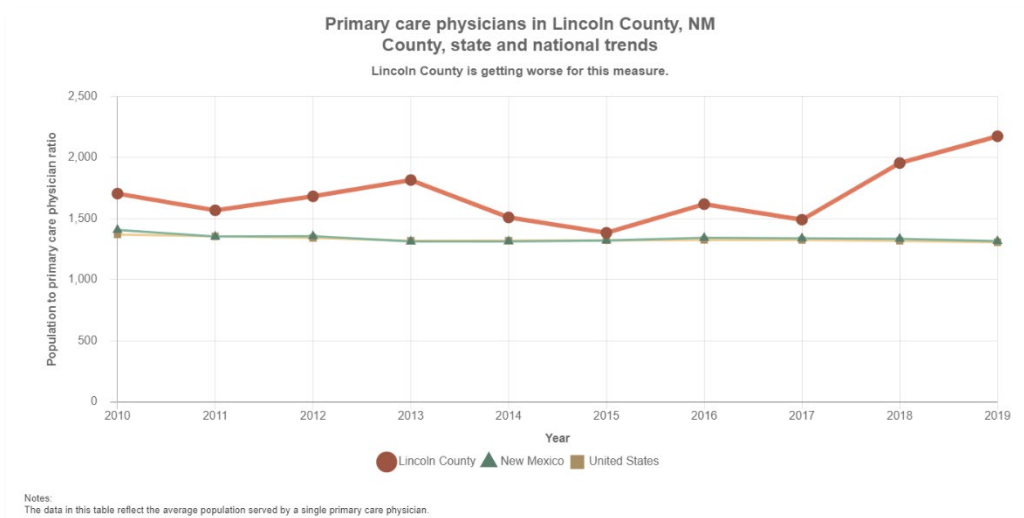

Figure 37. Number of people for every one primary care provider. County Health Rankings and Roadmaps. 2022.

Since 2011, the percent of population with health insurance has risen similarly to the PHS 10-County Area, NM, and the US overall. Once again, this metric is an indication of the ability for patients to get care but is not a reflection on whether community members can get care when they need it. The percent of people without health insurance dropped in 2016 but rose again in 2017 and 2018.
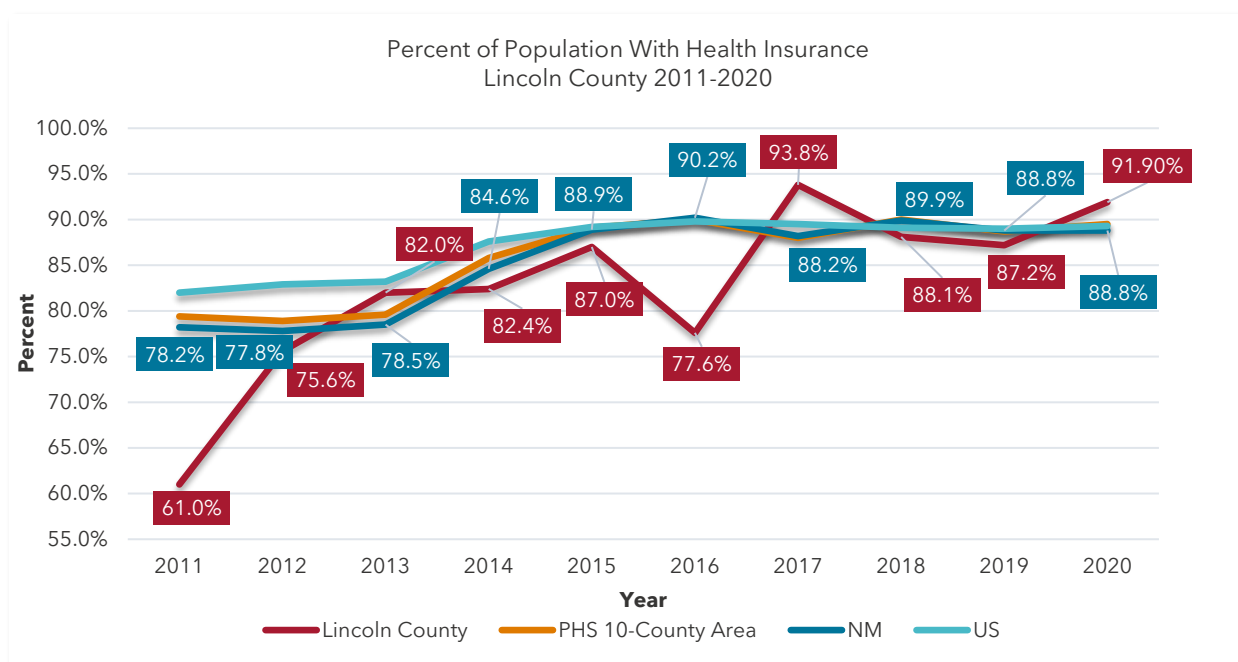

Figure 38. Insurance Coverage. BRFSS 2011-2020.

[23] County Health Rankings and Roadmaps. Retrieved from https://www.countyhealthrankings.org/app/new-mexico/2022/measure/factors/4/data

While more individuals in Lincoln County have health insurance and have an established primary care provider, there was a rise from 2017-2019 in the percent of people who said they went without care due to cost. That percentage dropped drastically in 2020, which may be an indication of the pandemic response to increasing access to healthcare. The question in the ACS is worded such that participants are asked if they decided to not get care because they were worried about the cost. With New Mexico's pandemic response plan, which included no-cost COVID care in 2020, this drastic drop may be a reflection of that.
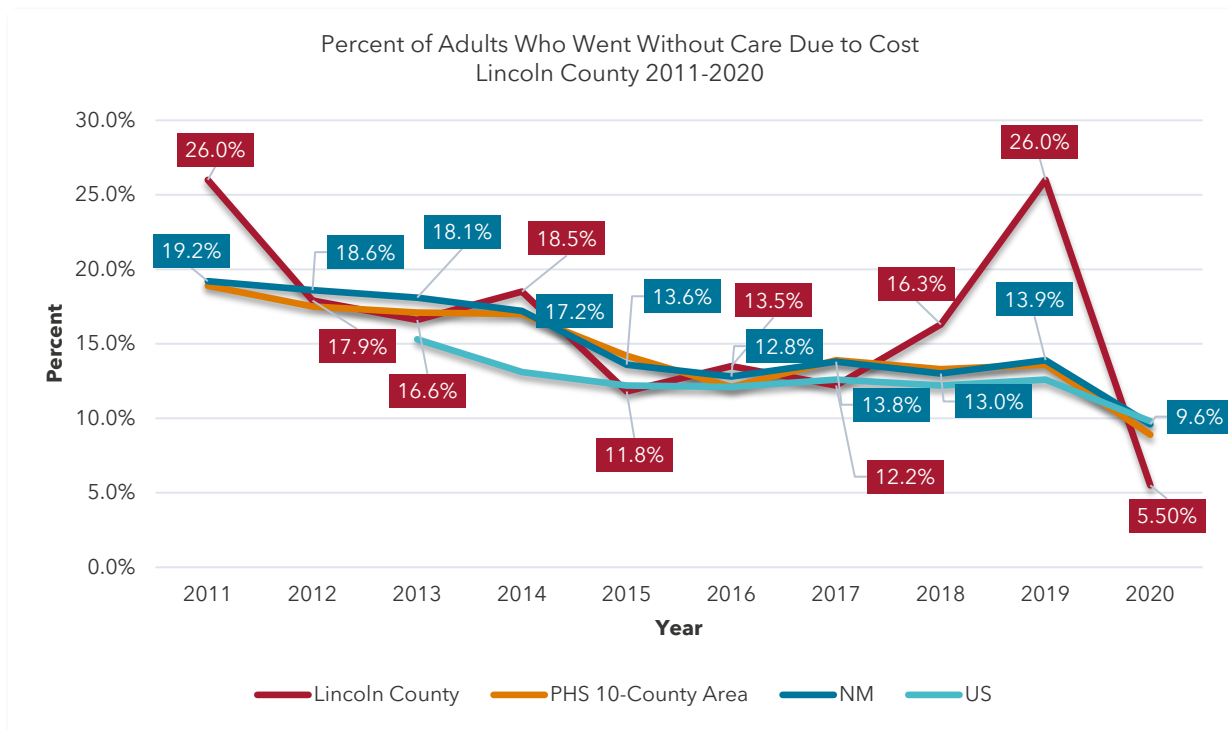
Figure 39. Foregoing Care due to cost. BRFSS 2011-2020.

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

Lincoln County – Survey Responses		
HEALTHCARE ISSUES	**#**	**%**
Healthy eating	47	32.2%
Active living	39	26.7%
Vaccinations	35	24.0%
Maternal/child health (pregnancy, birth)	23	15.8%
Other	2	1.4%
Total	146	100.0%

Table 15. Community Survey. Presbyterian 2022.

In fact, the community's concern about vaccinations can be well placed and backed with data. The percent of adults who were vaccinated against influenza in 2020 increased to the highest it's been in the last ten years. This increase is potentially due to COVID and successful increases to access and marketing for flu vaccines. Lincoln County has a comparably lower percent of residents receiving both doses of the COVID vaccine and the Pneumonia vaccine (59.4% of eligible adults in 2020). Considering this and the overall low trend (more data are needed to analyze whether the peak in 2020 is part of a trend or an outlier) of flu vaccinations, there may be significant vaccine mistrust in the community, which was a sentiment reflected in community conversations. Community members who participated in

the forums noted that circulation of misinformation about the COVID vaccine was an important factor in the low vaccine rates.
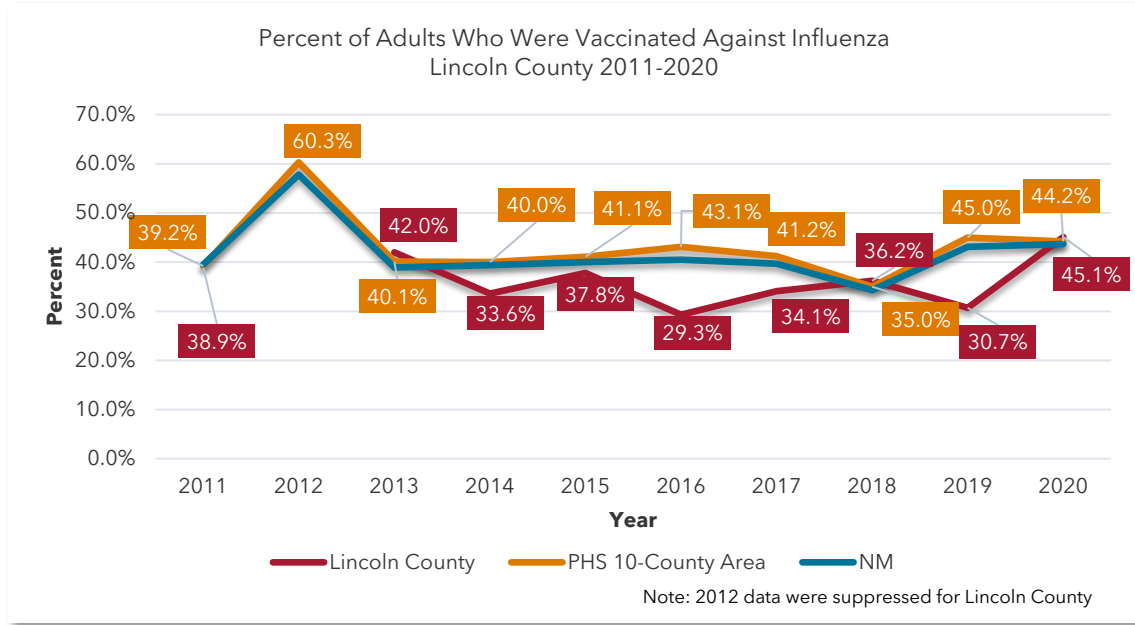

Figure 40. Influenza vaccination. BRFSS 2011-2020.

Physical Health

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

Survey respondents provided feedback on the chronic ailments and physical health conditions they are very concerned about. Most people indicated they were very concerned about obesity followed by COVID-19, cancer, and heart disease. Other responses included personal responsibility and systems that enable dependence.

Lincoln County – Survey Responses		
CHRONIC AILMENTS	#	%
Obesity	43	23.4%
COVID 19	35	19.0%
Cancer	35	19.0%
Heart disease	34	18.5%
Diabetes	32	17.4%
Other	5	2.7%
Total	184	100.0%

Table 16. Community Survey. Presbyterian 2022.

Heart disease is a leading cause of death in Lincoln 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. However, that percentage saw a decrease in 2019. This is an important metric for understanding indicators of future heart disease. However, because of the wording of this question in the BRFSS, this metric is dependent on access to a physician, so there may be some underreporting here.
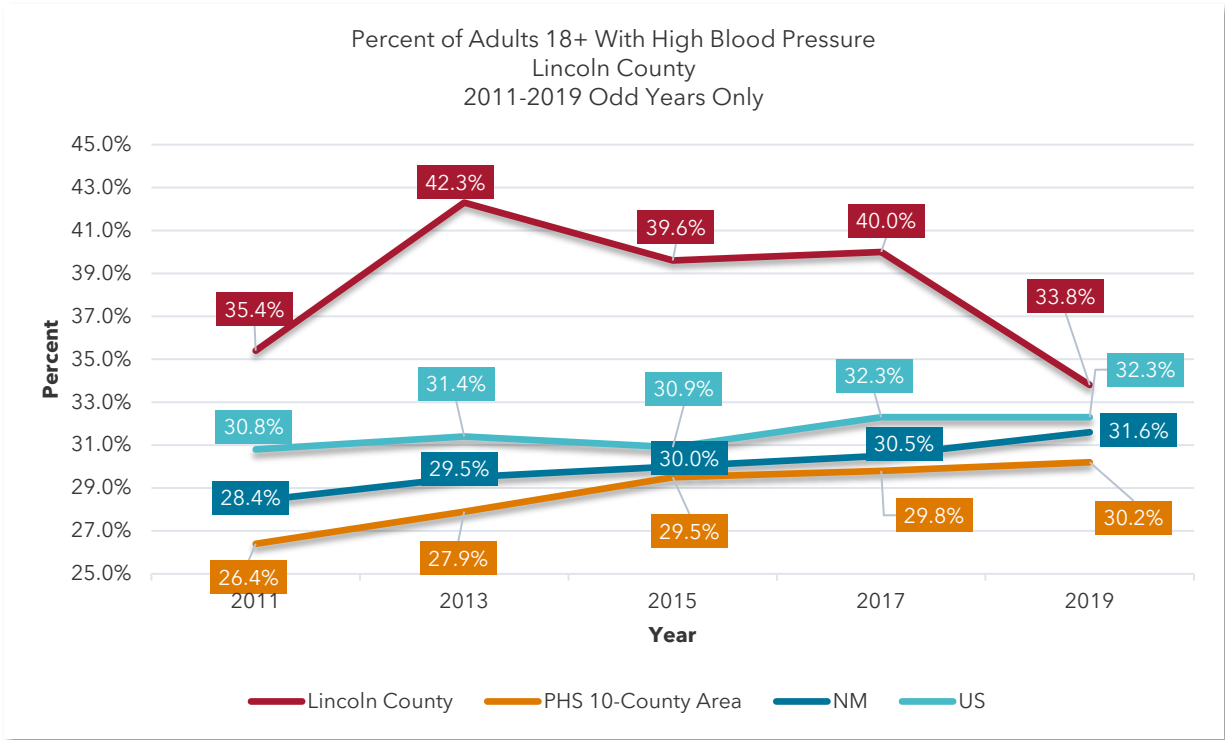
Figure 41. Adult High Blood Pressure. BRFSS 2011-2020 (odd years only).

Similarly, the prevalence of diabetes is dependent on access to a physician for diagnosis. Diabetes rates in Lincoln County have fluctuated over the years but averages out similar to the prevalence in NM and the PHS 10-County Area. Because diabetes is one of the top ten leading causes of death in Lincoln County, chronic disease management programs are important for reducing further morbidity and mortality. This was reflected in community conversations as a need in Lincoln County.
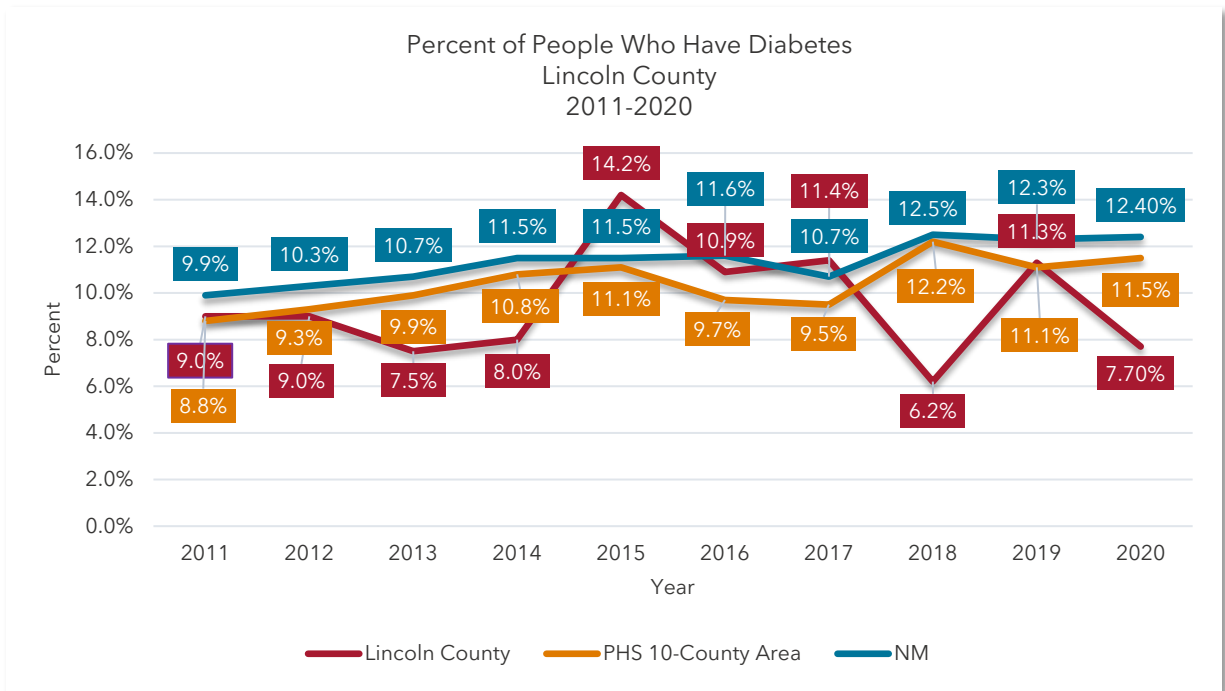
Figure 42. Adult Diabetes Prevalence. BRFSS 2011-220.

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

Healthy Eating and Active Living requires an expansion of its reach on some social determinants of health needs: lack of transportation to services and nutritious food, lack of walkability and bike lanes, need for additional parks and safe walking trails, reducing the 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

More Lincoln County youth are consuming the recommended amount of fruit and vegetables while fewer adults are reporting consuming the recommended amount of fruits and vegetables. Both populations show a decline in recent years, though the rates of youth consuming the recommended fruits and vegetables are higher than in NM and the PHS 10-County Area, while the adult population has rates lower than NM and the PHS 10-County Area. One need 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.
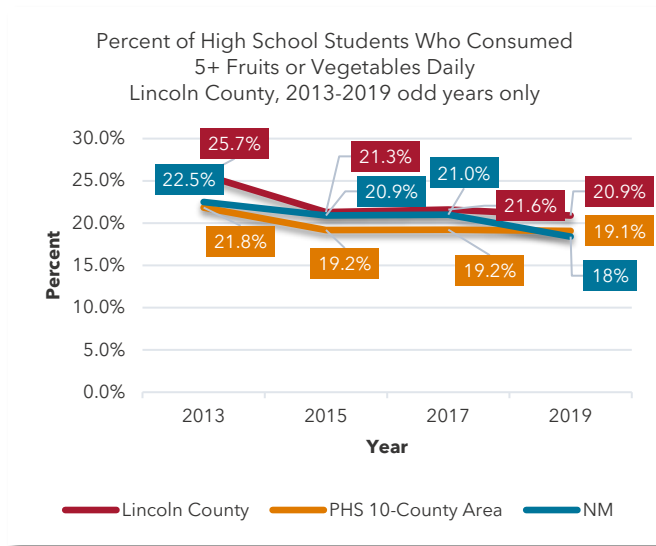

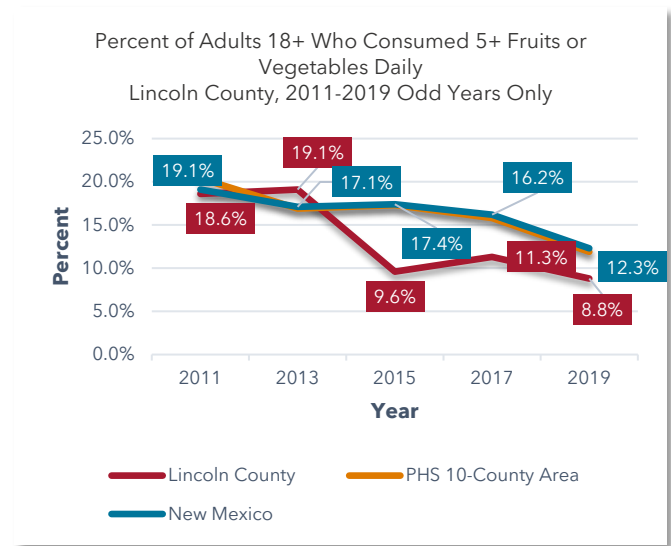**Figure 43.** Youth fruit and vegetables consumption. NM YRRS 2005-2019.

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

Active Living

Physical activity has been linked to lower levels of chronic diseases such as uncontrolled diabetes, heart disease, and poor mental health. [24] In Lincoln County, more youth engaged in physical activity daily when compared to the PHS 10-County Area and New Mexico. More adults are reporting getting recommended weekly physical activity, consistent with patterns across the state. In Lincoln County, slightly fewer adults get their recommended weekly physical activity when compared to the State and the PHS 10-County Area.
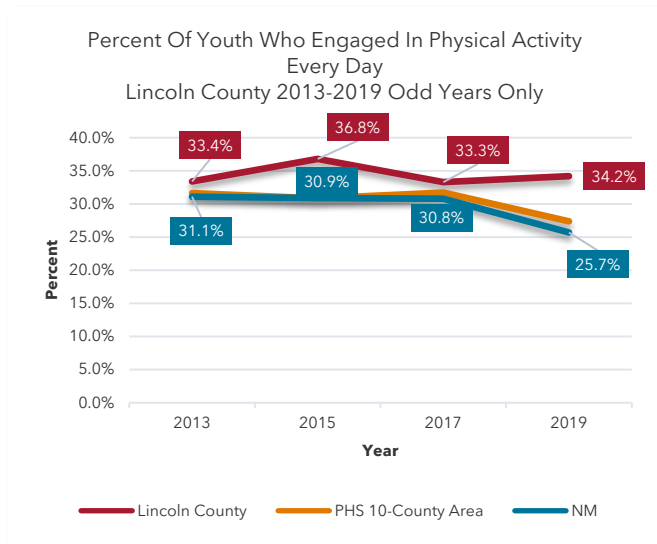
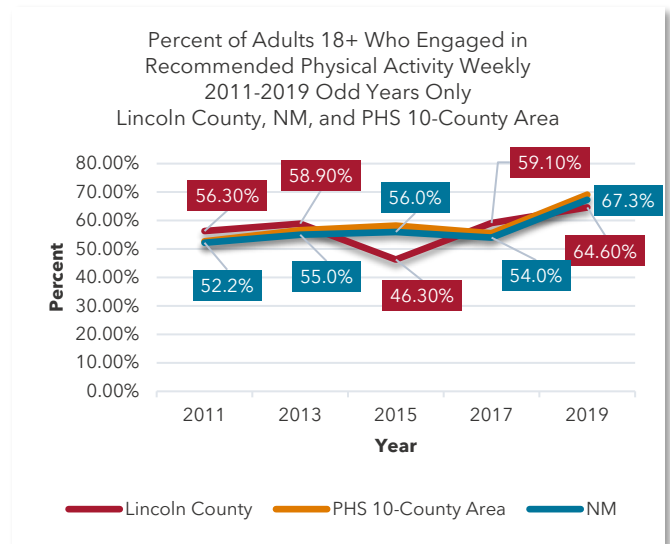**Figure 45.** Youth Physical Activity. NM YRRS 2013-2019.

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

Conclusions

Lincoln County ranks in the top 75% of health factors and health outcomes according to the RWFJ County Roadmaps and Rankings. The community envisioned healthy communities to be equitable, equal, inclusive, and accessible. Life expectancy is decreasing, though heart disease deaths are getting better and cancer-related deaths are remaining the same. Deaths due to COVID-19 have risen since 2020 and exceedingly low vaccination rates and the county's high percent of people living with disabilities, co-occurring conditions, and older populations all contribute to Lincoln County being a place of high risk for COVID-19 deaths. Substance use and behavioral/mental health, especially access to care, are important topic areas for our community, which is reflected in social needs screening data and epidemiologic data. Substance use (alcohol, heroin, methamphetamine, and tobacco) is increasing among youth, as is the prevalence of sadness and hopelessness among youth. Alcohol use and poor mental health is decreasing among adults, which is reflected in a decline in drug overdose rates. However, suicide rates are higher in 2020 and overall deaths of despair are increasing. Environmental issues/climate change and housing are aspects of social health important to people in Lincoln County. Prevalence of fruit and vegetable consumption among adults is decreasing and diabetes rates are increasing, indicating more need for healthy eating and chronic disease self-management programs and opportunities in Lincoln County.

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APPENDIX A:
PRIORITY AREA PROFILES

Community Health Assessment

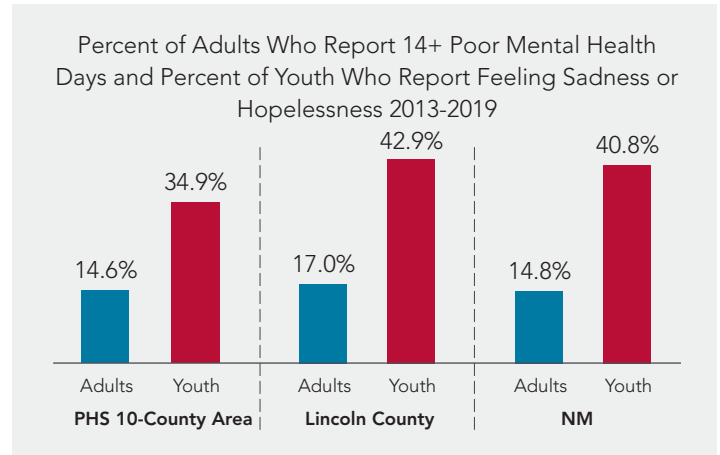Lincoln County Medical Center

2023-2025

PRESBYTERIAN

phs.org

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).

More high school girls than boys reported feeling sad or hopeless (44.4% of girls vs 24.7% of boys). Among those girls, more than half of white girls said they felt sad or hopeless (53.3%) and a little less than half of Hispanic/Latina girls felt sad or hopeless (42.9%). Among boys, 34.6% of Asian/Pacific Islanders felt sad or hopeless while 17.7% of Black/African American boys felt sad or hopeless.[2]

Percent of Lincoln County Youth Who Reported Feeling Sad or Hopeless by Gender and Race/Ethinicity.

Gender	Race/Ethnicity	Percent
Female	American Indian/Alaska Native	39.90%
	Asian/Pacific Islander	29.50%
	Black/African American	**
	Hispanic	42.90%
	White	53.30%
Male	American Indian/Alaska Native	28.90%
	Asian/Pacific Islander	34.60%
	Black/African American	17.70%
	Hispanic	24.60%
	White	23.40%
**Values are suppressed due to low numbers		

Percent of Adults Who Report 14+ Poor Mental Health Days and Percent of Youth Who Report Feeling Sadness or Hopelessness 2013-2019

About the same amount of men and women reported having 14+ days of poor mental health (13.2% and 13.0%, respectively). Among people who make less than $15k per year, 27.6% said they experienced poor mental health. Fewer people who make $75k or more said they experienced poor mental health (4.5%).[1]

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

The death rate for deaths of despair is more than triple for men when compared to women (see chart below). People aged 45-54 years old have the highest death rate – 182.8 deaths per 100,000 population – followed by people aged 25-34 years (162.5 deaths per 100,000 population). Native Americans had the highest rates of deaths of despair – 131.8 deaths per 100,000 population.[3]

Deaths of Despair per 100,000 population, Lincoln County, NM 2016-2020

Deaths of Despair by Race/Ethnicity per 100,000 population, Lincoln County, NM 2016-2020
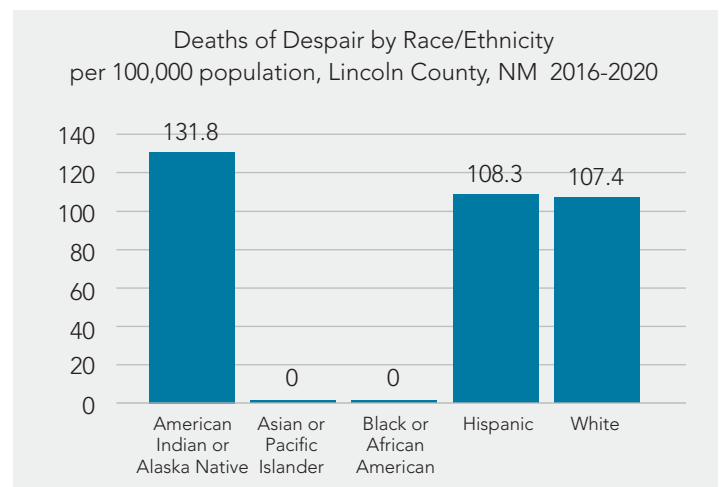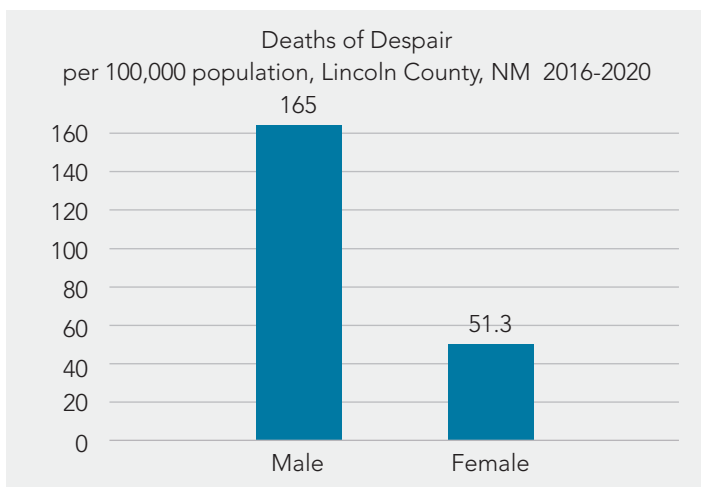
1   Mental Health Status. BRFSS 2016-2020. Retrieved from **https://ibis.doh.nm.gov**
2   New Mexico Youth Risk and Resiliency Survey. 2013-2017
3   NMDOH Bureau of Vital Records and Health Statistics. 2016-2020. Retrieved from **https://ibis.doh.nm.gov**

PRESBYTERIAN
Community Health

988

New Mexico Human Services Department, Behavioral Health Services Division

A 24/7 crisis support line for emotional, mental or substance misuse support. Call, text or chat to connect with a behavioral health professional.
- Dial 988
- Text "TALK" to 988
- Visit www.suicidepreventionlifeline.org/chat to chat online
- https://988nm.org/

CheckUp & Choices

A self-guided wellness program for alcohol and drug misuse.
- https://checkupandchoices.com/

Déjelo Ya

New Mexico Department of Health

Free help quitting all tobacco and vaping products for Spanish speakers. 24/7 support.
- Call 1-855-DEJELO-YA
- https://dejeloya.org/

Dose of Reality

New Mexico Human Services Department, Behavioral Health Services Division

A guide to treatment options and resources for opioid addiction.
- www.doseofreality.com/about-treatment

imi

Hopelab

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

- https://imi.guide/

Quit Now New Mexico

New Mexico Department of Health

Free help quitting all tobacco and vaping products. 24/7 support.
- Call 1-800-QUIT NOW
- http://www.quitnownm.com/

Rethinking Drinking

National Institutes of Health

Rethinking Drinking is designed for U.S. adults who drink alcohol. Rethinking Drinking provides evidence-based information about alcohol and health along with tips, tools and resources for those who want to cut down on or quit drinking.
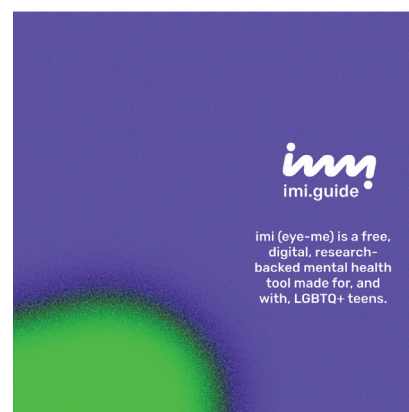- https://www.rethinkingdrinking.niaaa.nih.gov/

Share New Mexico

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

Equity Callout: LGBTQ+ Youth Mental Health Resource

SOCIAL HEALTH

Social Determinants of Health (SDOH) are "conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks."[4] These determinants vary in impact by community, but overall include economic stability, educational access and quality, access to and quality of healthcare, neighborhood and built environment, social and community structures, racism and other forms of oppression, housing, transportation, access to nutritious food, pollution/environmental quality and more. SDOH contributes to one's ability to live a healthy life. Additionally, community forum participants emphasized community building, social networks, and community interaction to combat loneliness from isolation as being important in Lincoln County.

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 Lincoln County, about 14% of households spend 50% or more of their income on housing.[5] About 48% of households make less than $20,000 and of those, 25% spend 50% or more of their income on rent.[6]

> **14%** of Lincoln County households experience severe housing cost burden. (ACS 2016-2020 5-year estimates)

Number of Renting Households Who Spend 50% or More of Their Income on Rent, by Income Range, Lincoln County 2016-2020

| Income Range	Household Count
Less than $10,000	67
$10,000 to $19,999	186
$20,000 to $34,999	34
$35,000 to $49,999	0
$50,000 to $74,999	0
$75,000 to $99,999	0
$100,000 or more	0
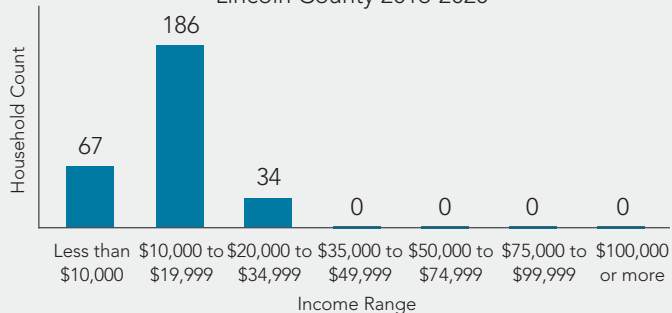
Food Environment Index and Transportation

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 a high prevalence of obesity, overweightness and premature deaths.[7] Lincoln County scores a little higher than midway on the Food Environment Index, with a score of 6.9 out of 10 (1-10 scale, 1 is worst, 10 is best). About 12% of households in Lincoln County experience food insecurity and about 15% of the population have limited access to healthy foods.

> **4.7%** 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 20 miles away. (USDA Food Environment Atlas)

FOOD ENVIRONMENT, NEW MEXICO, updated 2022
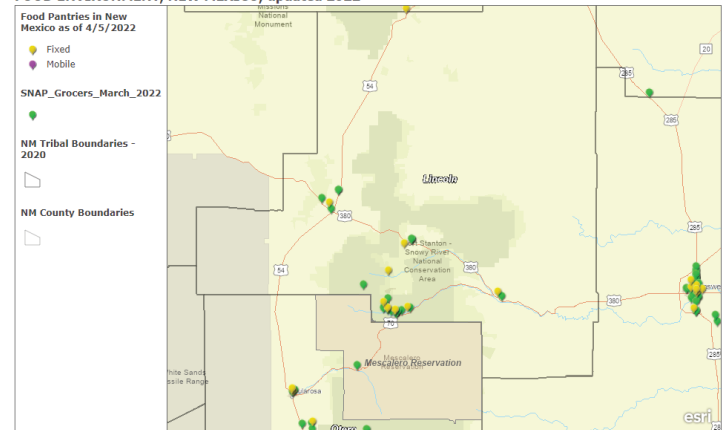
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4   Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 4/27/2022, from **https://health.gov/healthypeople/objectives-and-data/social-determinants-health**
5   Severe Housing Cost Burden. County Health Rankings. Retrieved from **https://www.countyhealthrankings.org/app/new-mexico/2022/measure/factors/154/dat**a on 7/25/2022
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8   Web Map from New Mexico Community Data Collaborative Managed by EMcRae_NMCDC Created: Jun 26, 2012 Updated: Jul 12, 2022. Retrieved from **nmcdc.maps.arcgis.com**

SOCIAL HEALTH SERVICES AND RESOURCES

PRESBYTERIAN
Community Health

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.rrfb.org/find-help/find-food/

Share New Mexico

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

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

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 selected the following metrics to track over time: prevalence of diabetes (BRFSS) and influenza and COVID vaccinations (BRFSS and NMDOH, respectively).

Percent of Eligible Population Vaccinated Against Flu and COVID-19.
Flu: 2018-2020   COVID-19: All Time (2020-2022)

	Flu	COVID
LINCOLN COUNTY	37.7%	64.3%
NEW MEXICO	41.2%	79.2%

Diabetes prevalence in Lincoln County has been lower than that of New Mexico for most of the past ten years, with a brief uptick between 2015 and 2017. More women than men reported having diabetes (10.3% of women vs 8.7% of men). A higher percent of Hispanic/Latinx people in Lincoln County have diabetes than white people (15.7% of Hispanic/Latinx people and 7.5% of white people). About 18% of people who make less than $15k per year have diabetes, compared to 7.4% of people who make $75k or more.[9]

Lincoln County has lower vaccination rates for both flu and COVID than the state overall, a trend observable over time.[10]

In order to prevent the burden of preventable disease, more focus should be placed on flu and COVID vaccinations.

For the period of 2016-2020, a higher percentage of women were vaccinated against flu than men – 42.1% of women were vaccinated and 28.4% of men were vaccinated. White people had a slightly higher percentage of vaccination when compared to Hispanic/Latinx (35.4% of white people and 33.5% of Hispanic/Latinx people). As educational attainment increases, so do vaccination rates. People who make between $25k and $49k had the lowest percent of people who were vaccinated against flu – 28.7%, while people who made $75k or more had the highest – 43.4%.[11]

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 Lincoln County have generally increased over the years with a recent decrease. Most heart disease deaths were among white people, with white men leading (459.5 deaths per 100,000 population) and white women with 246.6 deaths per 100,000 population. Hispanic/Latino men had the third highest death rate among racial/ethnic groups by sex, with a death rate of 109.1 deaths per 100,000 population.[12]

Prevalence of Diabetes 2011-2020 Lincoln County and NM

Lincoln: 9.0% (2011), 9.0% (2012), 7.5% (2013), 8.0% (2014), 14.2% (2015), 10.9% (2016), 11.4% (2017), 6.2% (2018), 11.3% (2019), 7.7% (2020)

NM: 9.9% (2011), 10.3% (2012), 10.7% (2013), 11.5% (2014), 11.5% (2015), 11.6% (2016), 10.7% (2017), 12.5% (2018), 12.3% (2019), 12.4% (2020)

Heart Disease Mortality Rate per 1000,000 population Lincoln County, PHS 10-County Area and NM

Lincoln: 166.6 (2009), 219.3 (2010), 199.3 (2011), 194.5 (2012), 225.1 (2013), 162.3 (2014), 250.9 (2015), 221.1 (2016), 219.4 (2017), 312 (2018), 297.1 (2019), 212.3 (2020)

NM: 154.8 (2009), 154.3 (2010), 157.3 (2011), 158 (2012), 161.5 (2013), 143.4 (2014), 166.8 (2015), 179.6 (2016), 185.3 (2017), 187.3 (2018), 202.4 (2019), 199.6 (2020)

PHS 10-County Area: 148.7 (2009), 150.5 (2010), 149 (2011), 151.3 (2012), 152 (2013), 155.6 (2014), 160 (2015), 170 (2016), 177 (2017), 182.3 (2018), 203.5 (2019), 197.4 (2020)

9   Dr. Diagnosed Diabetes. 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 Influenza Vaccination Rates. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS – **https://ibis.doh.nm.gov**
12 Heart Disease Mortality. 2016-2020. NMDOH BVRHS. Retrieved from NM IBIS – **https://ibis.doh.nm.gov**

PRESBYTERIAN
Community Health

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

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

Community Data Forums

Twenty-seven individuals registered for and attended the Lincoln County health indicator prioritization meeting via Zoom. Attendees included community members (12), healthcare consumers or consumer advocates (3), healthcare providers or employees (3), local or state government employees (4), nonprofit or community-based organization employees (4), and public health workers (1). More specifically, representation included local healthcare providers, Lincoln County Medical Center, the Lincoln County/Mesaclero Health Council, chamber of commerce, fire department, religious organizations, a local nonprofit, and the Department of Health.

Community Data Forum Participants

Row Labels	Count
Community Member	**12**
American Indian	1
Anglo	1
Caucasian/Non-Latino	1
Gringo	1
Missing	4
Santa Fe	1
White	3
Healthcare consumer or consumer advocate	**3**
Missing	2
Ruidoso	1
Healthcare provider/employee	**3**
Caucasian	1
Missing	1
Mixed	1
Local or state government employee	**4**
Capitan	1
HISPANIC	1
Latino	1
Ruidoso	1
Nonprofit/community-based organization employee	**4**
Native American/Hispanic	1
White	3
Public Health Worker	**1**
Missing	1
Grand Total	**27**

Assets and Gaps Forum Participants

Row Labels	Count
Community Member	**2**
White	1

(blank)		1
Healthcare consumer		**2**
Hispanic/Latinx		1
White		1
Healthcare provider/employee		**8**
White		3
(blank)		5
Local government official/employee		**2**
Hispanic/Latinx		1
White		1
Local school district employee		**1**
Hispanic/Latinx		1
Nonprofit or community-based organization employee		**3**
Native American		1
White		2
Private business employee		**1**
White		1
Grand Total		**19**

Community Survey

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

Lincoln County			
Survey Completion		**#**	**%**
	Complete	71	44.7%
	Partial	88	55.3%
	Total	159	100.0%
Gender			
	Missing	5	3.1%
	Female	56	35.2%
	Male	98	61.6%
	Total	159	100.0%
Race/Ethnicity			
	American Indian/Alaska Native	11	6.9%
	Asian/Pacific Islander	0	0.0%
	Black/African American	11	6.9%
	Hispanic	15	9.4%
	White	61	38.4%
	Multiple	0	0.0%
	Other	2	1.3%
	Won't Say	42	26.4%
	Missing	17	10.7%
	Total	159	100.0%

Age				
		Missing	5	3.1%
		18-24	5	3.1%
		25-34	17	10.7%
		35-44	29	18.2%
		45-54	34	21.4%
		55-64	41	25.8%
		65+	28	17.6%
	Total		159	100.0%
Community Sector				
		Nonprofit/community-based employee	25	15.7%
		Education employee	19	11.9%
		Local government employee	10	6.3%
		Healthcare worker	18	11.3%
		Private business employee	32	20.1%
		Community member	32	20.1%
		Missing	23	14.5%
	Total		159	100.0%

Measure	County	State	Direction
Life Expectancy	80.4	77.8	⬆
Adult Mental Health – Not Good	17%	26.5%	⬌

Measure	County	State	Direction
Dr. Diagnosed Hypertension	33.8%	31.6%	⬇
Dr. Diagnosed Diabetes	11.3%	12.3%	⬌

Top 10 Leading Causes of Death – Lincoln County 2019

Lincoln County

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

NM

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

Behavioral Health

Measure	County	State	Direction	Rank
Suicide Mortality	25.2	33.9	↑ (red)	10 of 33
Drug Overdose Deaths	40.3	28.8	↑ (red)	4 of 33
Youth Tobacco Use	42.1%	37.2%	↑ (red)	9 of 31
Youth Sadness	42.9%	40.8%	↑ (red)	5 of 31
Youth Alcohol Use	38.9%	27.5%	↑ (red)	3 of 31
Adult Smoking	19.9%	15.8%	↓ (green)	7 of 31
Adult Binge Drinking	16.9%	14.7%	↑ (red)	8 of 31
Adult Heavy Drinking	10.6%	6%	↑ (red)	2 of 31
Youth Meth Use	5.8%	2.9%	↑ (red)	3 of 31
Youth Heroin Use	5.5%	2.7%	↑ (red)	4 of 30

↓ Decrease over time
↑ Increase over time
🟢 Change is good
🔴 Change is bad

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

COVID Considerations	Health Equity Considerations
Lack of Access to providers Declining Mental Health Increase in Substance Use	Stigma Mental Health Substance Use Suicide/Homicide

Social Determinants of Health

Measure	County	State	Direction	Rank
SNAP Enrollment	18.4%	17.2%	⬆	19 of 33
Poverty*	20.9%	21%	⬇	15 of 33
Food Insecurity	15.4%	15.1%	⬇	19 of 33
Unemployment	3.6%	3.8%	⬇	16 of 33
Social Vulnerability Index	0.4194	NA	⬆	31 of 32
Households without a vehicle *	4%	5.7%	⬇	27 of 33
Broadband Internet Access*	80.9%	74.6%	⬆	3 of 33

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

⬇ Decrease over time
⬆ Increase over time
🟢 Change is good
🔴 Change is bad

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

Access to Care

Measure	County	State	Direction	Rank
People Insured	87.2%	88.8%	⬇	15 of 23
Vaccinated against Pneumonia*	61%	71.6%	⬇	-
Prenatal Care*	65.5	65%	NA	6 of 33
Vaccinated against Flu	30.7%	43.1%	⬇	21 of 32
Went without care due to cost	26%	13.9%	⬆	1 of 23

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

⬇ Decrease over time
⬆ Increase over time
🟢 Change is good
🔴 Change is bad

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

Healthy Eating/Active Living

Measure	County	State	Direction	Rank
Adults at a Healthy Weight*	34.7%	34.7%	↓	8 of 32
Physical Activity Youth Adult	34.2% 64.6%	25.7% 67.3%	↑ ↑	4 of 31 11 of 19
Fruit and Veggie Consumption Youth Adult	20.9% 8.3%	18.4% 12.3%	↓ ↓	9 of 31 18 of 31
Youth Obesity	14%	15.7%	↓	25 of 31

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

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

Source: BRFSS 2011-2019, YRRS 2019
*5-year average to account for unstable data
Change over time = prior 5 years

COVID and Other Causes of Mortality

Measure	County	State	Direction	Rank
COVID Case rate – last 7 days	546.7 3484 (total count)	496.5 2385 (total count)	↑	
COVID Deaths - Total	41	5,407	-	
COVID Vaccinations	61.3%	73.3%	-	21 of 33
Heart Disease Mortality	297.1	202.4	↑	7 of 32
Diabetes Mortality	40.3	32.1	↓	11 of 27
Homicide	15.1	11.1	↑	21 of 33
Infant Mortality	10.1	5.9	↑	7 of 33

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

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

BEHAVIORAL HEALTH

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

WHO IS AFFECTED THE MOST

Young children- under 5

residents of Ruidoso Downs

Spanish speaking

Adolsecents and young adults

Native American population

GAPS and WHAT IS NOT WORKING

access to treatment for SU, facilities nearby are full

wait lists/availability

Education in Spanish

translation

lack of providers and bridging the gaps in rural and tribal communities

more services provided in Spanish, counseling, providers

Older folks – may not be able to access technology for telemedicine

Tech class/Helper

cost of internet

specialists

Telemedicine – barrier to utilizing this. It's okay to use this. readiness.

ASSETS and WHAT IS WORKING

SBHC has a Spanish speaking counselor- but only work with children at the schools- parents/adults often need help as well

facebook

WHAT SHOULD PRESBYTERIAN DO SPECIFICALLY?

Opening a clinic where need exists

school based health center

Providers meeting together to address needs that they are seeing

WHY IS THIS HAPPENING ? WHAT ARE ROOT CAUSES

abuse and trauma

Rural

Stigma

Legal Marijuana. Impact??

CONVERSATION PROMPTS:
EQUITY? ACCESS?

SOCIAL HEALTH

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

WHO IS AFFECTED THE MOST?

low income families feel greatest impact

older adults/people with disabilities isolated

Communication strategies to reach populations with information (disability)

GAPS and WHAT IS NOT WORKING

provider availability

affordable gym membership/discounts through insurance doesn't apply to rural/smaller communities

bike lanes on roads

transportation – challenge to get into the city

affordability of healthy food alternatives

family early education on healthy eating

not as many farms

WIC & farmer's markets programs

Introducing just healthy food doesn't work – trash

WHAT SHOULD PRESBYTERIAN DO SPECIFICALLY?

Public access to therapy center pool/classes

providing fresh fruits & veggies to patients

Keep trying to get more providers

Prevention/Self Care focus for diabetic patients

Diabetes ReCharge Program (telehealth)

promoting personal agency over health

WHY IS THIS HAPPENING ? WHAT ARE ROOT CAUSES?

High cost of living– lack of low income housing

cultural groups & food habits

lack of information

cost of healthy foods

not a high demand for produce

transportation not reliable/accessible = cultural shift needed to trust in local transportation

transportation – stigma, independence promoted over local transportation

providers attracted to metro areas, new hosp. helps!

ASSETS and WHAT IS WORKING?

natural medicine/herb shops

expansion of Links walking trail

ENMU community classes

churches organizing food donations without ID requested

orchards – apples and fruits

new walk in clinic

Free meals at churches, food pantries

WIC at farmers market – fresh fruits and vegetables needed

community center

Lincoln County Med Center - success with recruiting providers & specialists

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

CHRONIC CONDITIONS

Access to Providers & Services
Heart Disease
Diabetes
Cancer
Obesity
Covid

WHO IS AFFECTED THE MOST?

- older populations
- **Hispanics**
- **Native Americans**

GAPS and WHAT IS NOT WORKING?

- **Affordability**
- challenges with technology and access for older adults
- subsidize gym memberships -insurance benefit (fitpass)- only in larger cities/brands

WHAT SHOULD PRESBYTERIAN DO SPECIFICALLY?

- Outreach to Spanish speaking populations for preventative screenings
- Public access bulletin board to share info with patients
- communication re: activities

- Coordinate outreach via herb stores

WHY IS THIS HAPPENING ? WHAT ARE ROOT CA[USES]

- not many indoor activities besides yoga & social dance classes

ASSETS and WHAT IS WORKING?

- fun and fit program
- Prescription trails booklets/maps
- new walking path (3 miles wraparound)
- Chronic Disease Self Management classes and Tomando De Salud (in spanish). Presbyterian has the state's master trainer in spanish
- Encompass Health
- **home health care**
- update/print/e-resource for more walking booklets

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

APPENDIX E: ASSESSMENT INVENTORY

Lincoln County/Mescalero Health Council Priorities

Lincoln County Community Health Council (LCCHC, 2021)

- Hunter Initiatives
- Youth Engagement
- Access to Care
- Suicide Prevention
- Health & Lifestyle
- Vaping Education Booths
- Substance Abuse Program: Community Health Addictions through Networking Guidance and Education (CHANGE)

Community Survey as distributed through Qualtrics.

PRESBYTERIAN

Default Question Block

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

Bernalillo	Santa Fe
Curry	Socorro
Lincoln	Torrance
Quay	Valencia
Rio Arriba	Other Other (please define)
Sandoval	

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)   Active living

Vaccinations   Other (please define)

Healthy eating

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

Parks/sidewalks/walking trails   Public transportation

Doctor's offices   Grocery stores near you

Mental health/substance use treatment   Other (please define)

Social services (housing, food assistance)

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

Parks/sidewalks/walking trails   Public transportation

Doctor's offices   Grocery stores near you

Mental health/substance use treatment   Other (please define)

Social services (housing, food assistance)

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 Lincoln 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

| Did Not Improve | Improved | No Change |

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	Reduce household food insecurity for patients, members, and in the community.	Increase health equity in New Mexico	Increase consumption of fresh, locally grown fruits and vegetables among adults and youth in New Mexico.
Drug Overdose Deaths 2017-2020	Food Insecurity 2017-2020	Adults who without care because of cost 2017-2020	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.