



PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Presbyterian Dr. Dan C. Trigg Memorial Hospital

2023-2025

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DEAR COMMUNITY

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

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

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

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

Behavioral Health

Social Health


Physical Health

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

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

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

Sincerely,



Leigh Caswell, MPH

VP, Community Health

EXECUTIVE SUMMARY

Presbyterian Healthcare Services envisions a healthy New Mexico, and we exist to improve the health of the patients, members and communities we serve. We are committed to addressing health equity in our communities by creating opportunities for good health and well-being for residents state-wide. This means improving access to 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 hospital partnered with the Quay County Health Council to conduct this assessment and identify the community's highest priority health needs. The health and well-being of Quay County's nearly 9,000 residents reflects a complex community with both assets and barriers to good health.

The following CHA provides an in-depth look at the Quay County community, which is served by Presbyterian's Dr. Dan C. Trigg Memorial Hospital, an acute care hospital located in Tucumcari, New Mexico. 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 Quay County Community Health Implementation Plan (CHIP).

Our Priorities

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

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

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

The Quay County Community

Survey respondents identified existing doctors' offices, parks, and social services, as well as the County Health Council, Cooperative Extension Service programs, Dr. Dan C. Trigg Memorial Hospital, medical clinics, and greenhouses for growing vegetables as contributors to health. Survey participants noted that barriers to poor health include inadequate mental health and substance use treatment, access to grocery stores and public transportation, hospital access, clothing stores, nutrition counseling services, living and community participation, health care workers, specialist doctors, and access to fresh vegetables.

Life expectancy is decreasing in the county while deaths of despair, substance use and drug overdose are on the rise. Unemployment remains higher than pre-pandemic levels and pockets of the county experience lack of access to services and resources. More people appear to have some of the necessary resources to access healthcare (insurance, a primary care provider), and the percentage of people who forego care due to cost has decreased, while the ratio of providers to population remains one of the highest in the state. Indicators of chronic health issues continue to rise; the percentage of people with high blood pressure is high while key indicators for chronic disease prevention (healthy eating, active living) are getting worse in some populations. Priority populations include youth, women, Hispanic/Latinx and White residents, and people living in poverty in Quay County.

Community Forum participants summarized challenges to Behavioral Health resulting from delays in care, stigma (including small town gossip and equating behavioral health issues with weakness), lack of awareness of services and high acceptance of substance use for coping with distress. Challenges identified in Social Health include lack of access to both nutritious and affordable food and safe places to engage in physical activity. Forum participants identified poor internet access, lack of specialists, and transportation and distance to specialty care as barriers to better Physical Health.

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

ACKNOWLEDGEMENTS

The 2023-2025 Community Health Assessment and Implementation Planning process could not have been completed without the Quay County Health Council, the volunteer community leaders that make up each of Presbyterian's hospital Board of Directors, Presbyterian Health Plan, community organizations, numerous coalitions, community members and representatives from the New Mexico Department of Health. In addition, Presbyterian would like to thank the many individuals and organizations who participated in surveys and focus groups and provided key informant interviews, document reviews and verbal and written comments.

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

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

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

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ABOUT PRESBYTERIAN HEALTHCARE SERVICES

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

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

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

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

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

ABOUT PRESBYTERIAN COMMUNITY HEALTH

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

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

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

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

diabetes. Along with community-wide, free chronic disease self-management workshops in English and Spanish, Presbyterian helps increase access to critical preventive care for our communities.

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

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

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

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

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

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

- Make health equity a strategic priority.
- Develop structure and processes to support health equity work.
- Deploy specific strategies to address the multiple determinants of health on which healthcare organizations can have a direct impact.
- Eliminate racism and other forms of oppression.
- Develop partnerships with community organizations.

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

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

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

Health Equity is at the Core of All Our Strategies



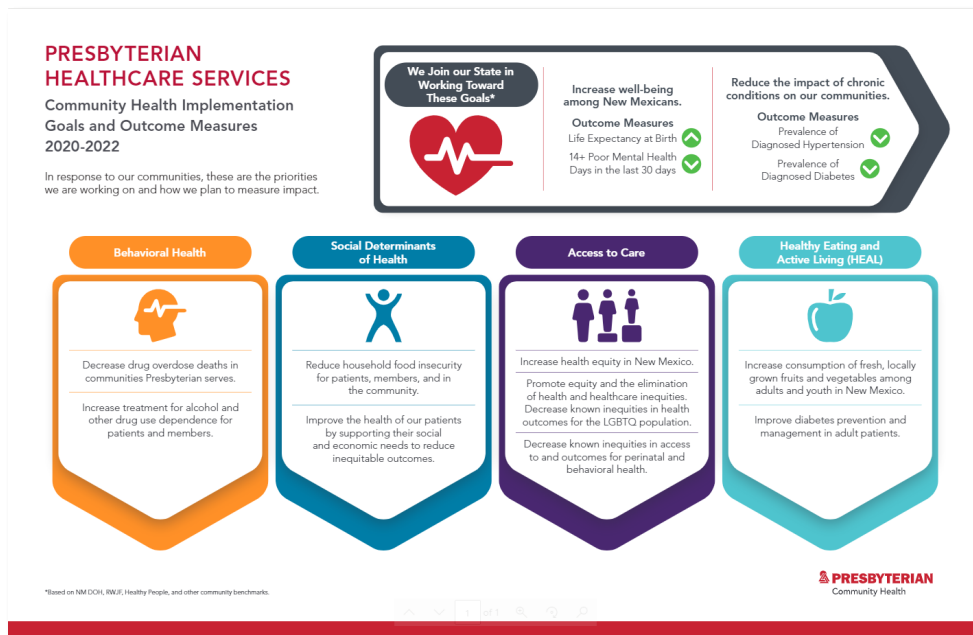
Addressing Health-Related Social Needs: In 2021, Presbyterian expanded work started during the five-year Accountable Health Communities project funded by The Centers for Medicare & Medicaid Services (CMS) for universal screening of every patient served for health-related social needs. Through identifying needs in food insecurity, transportation and housing, risky alcohol and substance use, mental health and interpersonal violence, Presbyterian connects patients with community resources to address those needs. Community Health led Presbyterian’s efforts to

build a standardized and validated social determinants of health (SDOH) screening tool, integrate Presbyterian's electronic medical record system with a new technology platform to provide referrals to community resources, socialize and train the clinical workforce to ask sensitive questions with compassion and care and implement a universal SDOH screening workflow across all Presbyterian hospitals, emergency departments, urgent cares and clinics. Since implementation late last year, over one million screenings have been conducted and patients have been connected to community resources for over 115,000 identified needs. Increased understanding of the social factors that impact our patients' health and wellbeing continue to help drive planning for programs, investment, community partnerships and services to help address social and behavioral health needs in our communities.

Community-Clinical Linkages Workforce: Since 2019, Presbyterian Community Health has provided workforce training and professional certification to community health workers employed by Presbyterian and in other organizations around the state. Presbyterian's community health workers are key members of care teams in emergency departments and clinics in central 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 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 that supports families with babies diagnosed with neonatal abstinence syndrome in Presbyterian Hospital's Neo-Natal Intensive Care Unit (NICU) and through virtual, 24-hour peer support services to all Presbyterian hospitals in the Regional Delivery System.

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

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



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

ABOUT D. DAN C. TRIGG MEMORIAL HOSPITAL

Dr. Dan C. Trigg Memorial Hospital is an acute care hospital located in Tucumcari, New Mexico. As a not-for-profit hospital with 25 licensed beds, Dr. Dan C. Trigg Memorial exists to improve the health of the patients, members and communities we serve in Quay County.

At Dr. Dan C. Trigg Memorial, our highly-skilled doctors, nurses and healthcare providers provide a wide range of services for our patient's healthcare needs, including emergency medicine, home healthcare and hospice, as well as primary care services.

Dr. Dan C. Trigg Memorial Hospital is committed to the health and well-being of the people and communities of the Tucumcari area. In addition to offering comprehensive medical care for various stages of life, Dr. Dan C. Trigg Memorial Hospital works to assist in the growth and development of each member of our community.



OUR COMMUNITY

For the purposes of the Community Health Assessment and the Implementation Plan, Presbyterian Healthcare Services (Presbyterian) has generally defined the "community" of each hospital as the county in which the hospital is located. Dr. Dan C. Trigg Memorial Hospital defines its community as Quay County, New Mexico.

Quay County is located along the eastern border of New Mexico and is largely a rural, frontier county adjacent to the state of Texas. With a total land area of 2,882 square miles, Quay County's largest city and county seat is Tucumcari.¹ Dr. Dan C. Trigg Memorial Hospital (DCT) is in Tucumcari.

¹ Quay County. New Mexico Counties. Retrieved from <https://www.nmcounties.org/counties/quay-county/> on 6/29/2022

There are about 8,727 people living in Quay County, almost half of whom identify as Hispanic/Latinx. Over half of the population identifies as a person of color, Hispanic/Latinx being the largest portion, and Black/African American the second largest, about 2%. About 47% identify as white.

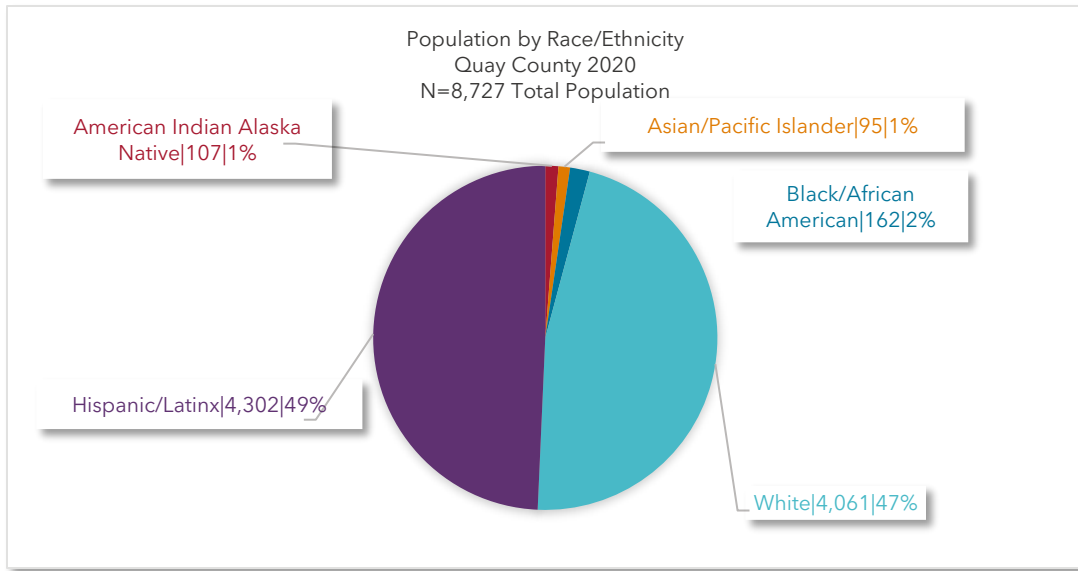


Figure 1. Population by Race/Ethnicity. Source: UNM GPS Program, Population Estimates, 2020.

Most people in Quay County speak English at home, but 21.4% of people do not. Most people who speak another language at home speak Spanish (n=1,567 of 1,664 people who speak another language at home). Indo-European languages are the second most-commonly spoken languages other than Spanish in Quay County (0.5% of people who speak a language other than English).

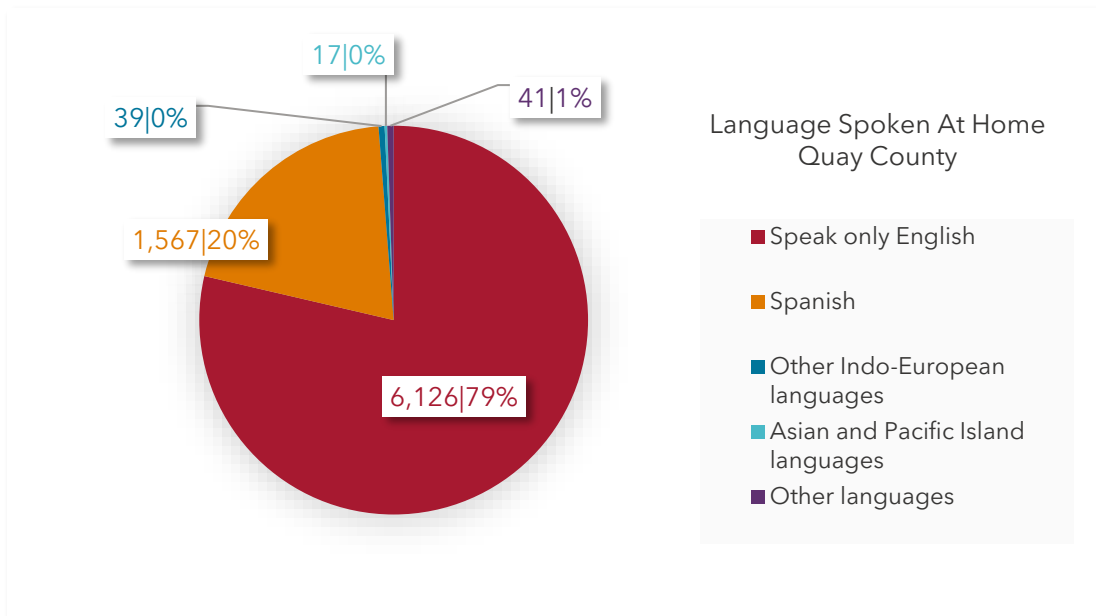


Figure 2. Spanish as a Primary Language. Source: US Census Bureau. American Community Survey 2016-2020 5-year estimates.

Consistent with the state as a whole, Quay County has more women (51.1%) than men (48.9%) living in the county. The two most populous age groups in the county are 55-64 and 65-74, indicating a slightly older population in the county.

This is consistent for both men and women, though the age ranges between 5 and 54 years old are more even among women than men.²

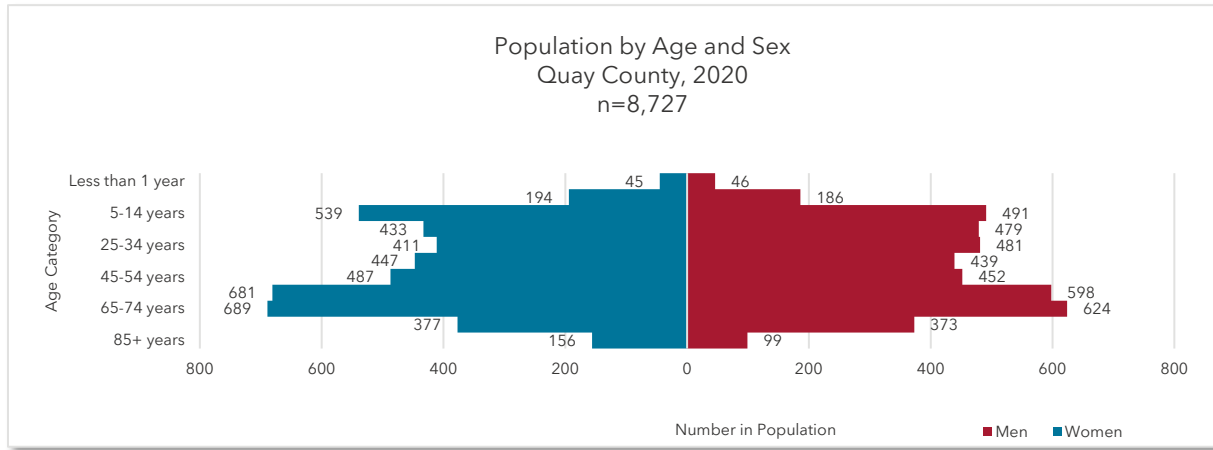


Figure 3. Population Pyramid. Source: UNM GPS Program, 2020.

Quay County has a higher percent of the population living with a disability compared to New Mexico and the Presbyterian 10-County Area. A little less than half of the county's population lives with a disability. Among adults in Quay County who reported having at least one disability, most are over the age of 65 (49 people over 65 have a disability), though a higher percentage of people aged 50-64 reported having a disability (44.2%). Almost 44% of women in Quay County have a disability and 39.4% of men have a disability.³

Percent of People Living with a Disability, 2016-2020	
GEOGRAPHY	PERCENT
Quay County	41.2%
PHS 10-County Area	28.1%
New Mexico	29.1%

Table 1. 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 Dr. Dan C. Trigg Memorial Hospital interacts with.

Demographic Data Insights*

- **AGE:** Quay County has a proportionally larger mid-to-late adult patient population (age 45 to 75+) compared to the average of other counties in the Presbyterian service area.
- **SEX:** Quay County has a majority female patient population. That majority is proportionally smaller compared to the average of other counties in the Presbyterian service area.
- **RACE:** Quay County has a proportionally larger white patient population and a proportionally smaller American Indian or Alaskan Native patient population compared to the average of other counties in the Presbyterian service area.
- **ETHNICITY:** Quay County has a proportionally smaller Hispanic or Latinx patient population compared to the average of other counties in the Presbyterian service area.
- **PRIMARY LANGUAGE:** Quay County has a proportionally smaller Spanish speaking patient population compared to other counties in the Presbyterian service area.
- **PAYOR:** Quay county has a proportionally larger Medicaid and Medicare patient population compared to the average of other counties in the Presbyterian service area.

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

³ Behavioral Risk Factor Surveillance System. US Department of Health and Human Services, Centers for Disease Control and Prevention and New Mexico Department of Health. 2016-2020.

- **SEXUAL ORIENTATION:** Quay County has a proportionally larger straight patient population compared to the average of other counties in the Presbyterian service area.⁴

(*) These insights compare Quay County’s demographic proportions to the average proportion of all other counties in the Presbyterian service area. Quay County’s patient population is relatively small compared to the population of other service areas like the Central Delivery System (CDS), so please note that “proportionally larger” and “proportionally smaller” are insights into percentages of Quay County’s population and that the patient counts behind those percentages may be smaller in comparison.

Patient Population Demographics		
AGE	N	(%)
0-2	89	1.5
3-12	485	8.1
13-18	367	6.1
19-24	334	5.6
25-34	553	9.2
35-44	677	11.3
45-54	691	11.5
55-64	930	15.5
65-74	1,007	16.8
75+	853	14.2
UNKNOWN*	9	0.2
SEX		
FEMALE	3,203	53.4
MALE	2,791	46.6
UNKNOWN	1	0.0
RACE		
WHITE	4,629	77.2
OTHER	1,024	17.1
AFRICAN AMERICAN OR BLACK	142	2.4
MULTIRACIAL	84	1.4
UNKNOWN	63	1.1
AMERICAN INDIAN OR ALASKA NATIVE	27	0.5
ASIAN	21	0.4
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	†**	**
ETHNICITY		
NOT HISPANIC OR LATINO	3,422	57.1
HISPANIC OR LATINO	2,433	40.6
UNKNOWN	140	2.3
PREFERRED LANGUAGE		
ENGLISH	5,868	97.9
SPANISH	100	1.7
OTHER	15	0.3
UNKNOWN	12	0.2
PAYOR		
MEDICAID	2,090	34.9
MEDICARE	1,914	31.9
COMMERCIAL	1,437	24.0
OTHER	289	4.8
UNKNOWN	265	4.4
(*) A value of “UNKNOWN” could indicate that a value was not provided, collected, or recorded (**) Counts less than 10 were suppressed for patient confidentiality; low numbers may be due to recently-begun efforts to collect self-reported data		

Table 2. Demographic snapshot of patients who received care in Quay County in 2021.

⁴ Demographic, utilization and SDOH data were collected from Presbyterian’s EPIC Caboodle database.

Patient Population Demographics		
GENDER IDENTITY	n	(%)
UNKNOWN*	2,695	45.0
FEMALE	1,819	30.3
MALE	1,476	24.6
TRANSGENDER	†**	**
SEXUAL ORIENTATION		
UNKNOWN	3,129	52.2
STRAIGHT	2,794	46.6
LESBIAN	22	0.4
BISEXUAL	20	0.3
OTHER	20	0.3
GAY	†**	**
(*) A value of "UNKNOWN" could indicate that a value was not provided, collected, or recorded (**) Counts less than 10 were suppressed for patient confidentiality; low numbers may be due to recently-begun efforts to collect self-reported data		

Table 3. SOGI -- Demographic snapshot of patients who receive care in Quay 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.

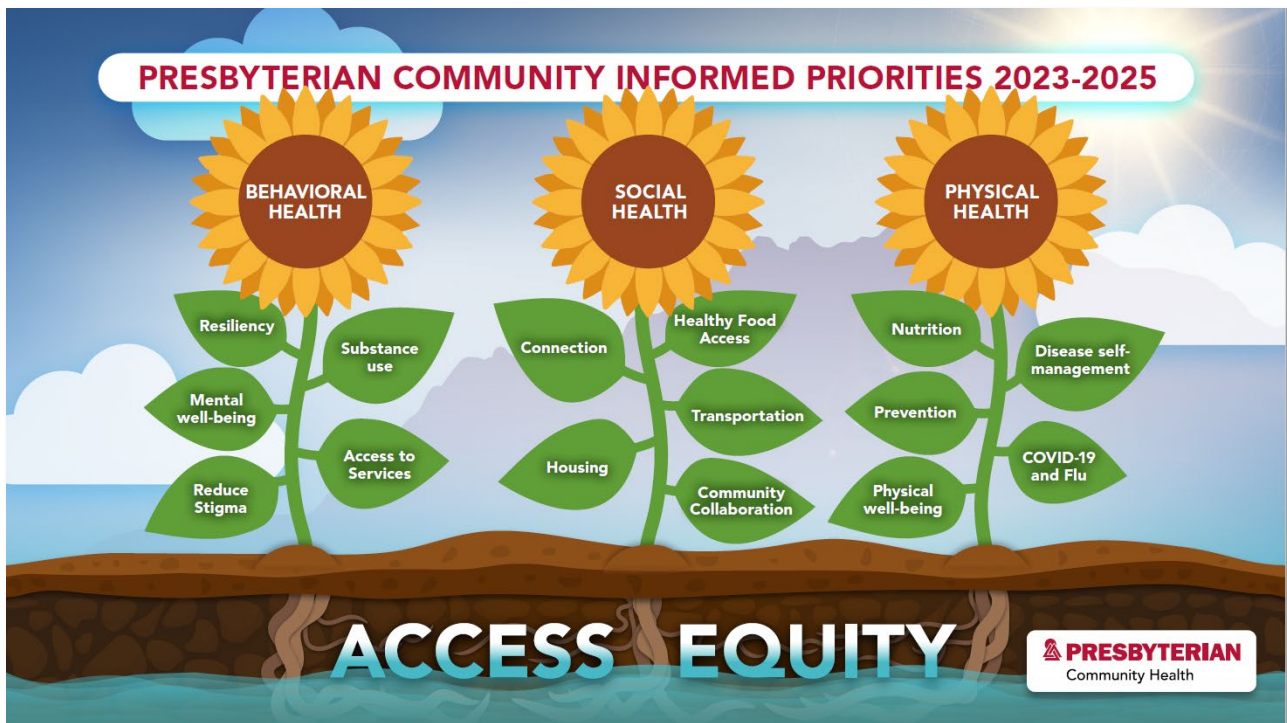
⁵ Healthy People 2030. US DHHS Office of Disease Prevention and Health Promotion. Retrieved from: <https://health.gov/healthypeople/priority-areas/social-determinants-health> on 6/8/2022

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

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

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

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



PROCESS AND METHODS FOR CONDUCTING THE ASSESSMENT

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

Conducting the Health Assessment

The Community Health Assessment paints a broad and comprehensive picture of the health of our community using a variety of sources. Secondary data collection, indicators from sources such as the BRFSS, YRRS, ACS and more, were

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

Data Collection

Quantitative Data

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

Presbyterian Community Health made a conscious decision to 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).

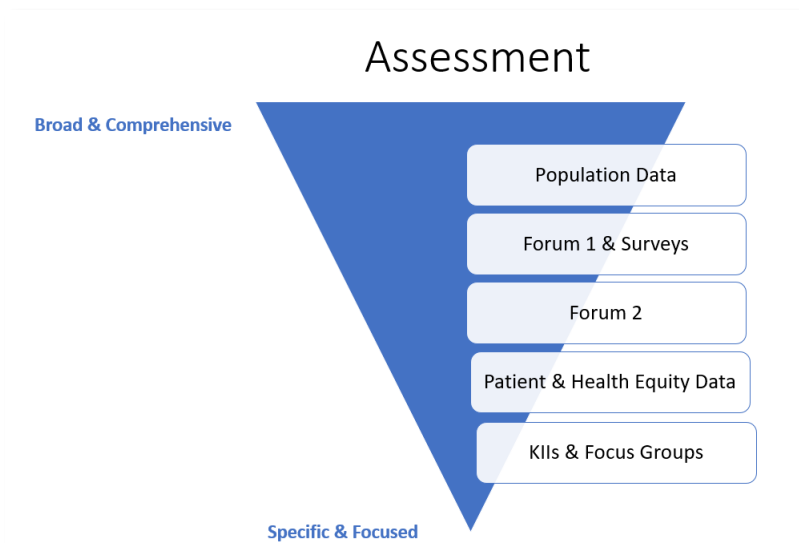
Additional quantitative data came from a brief community survey ([APPENDIX G](#)) administered to community members through Google survey algorithms and to community members via email from health councils (health council surveys were delivered electronically using Qualtrics software). Finally, forums 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 (listed below, Figure 4) were grouped into the following categories: community issues, chronic ailments, healthcare issues, community assets and gaps and needed resources. The survey also collected demographic information: age range, race, ethnicity, gender and community sector (what the participant's role in the community was). Survey results can be found as part of the Community Assessment.

Quay County Community Survey Input and Themes		
COMMUNITY DATA FORUM N= 17	ASSETS AND GAPS FORUM N= 14	COMMUNITY SURVEY N= 154
Leading Causes of Death	Inpatient Behavioral Health	Chronic ailments
Behavioral Health	Improve knowledge of resources	Environmental factors
Social Determinants of Health	Local food procurement	Healthy lifestyle
Access to Care	Transportation	Mental/behavioral health
Healthy Eating/Active Living	Chronic condition self-management	
Chronic Disease and Other Conditions		

Figure 4. 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.

Additional stakeholders engaged include:

Community Health Advisory Board

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

Health Council Engagement

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

Presbyterian Healthcare Services Leadership Engagement

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

Presbyterian Departmental Engagement

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

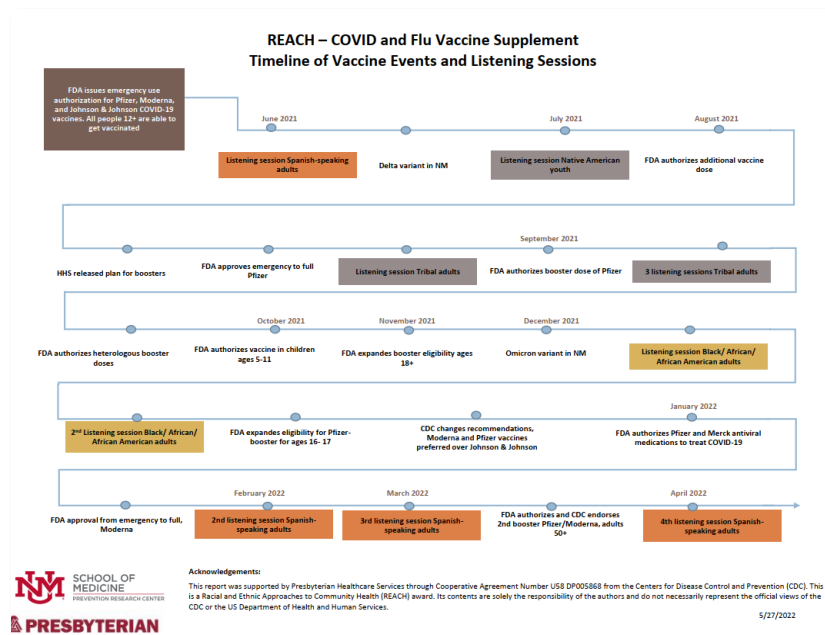
Additional Assessments

In addition to the assessment activities conducted specifically to inform this Community Health Assessment, we compiled information from a variety of additional sources and continue to conduct assessment activities to inform overall strategy and program implementation and improvement. These activities were in addition to consulting written

assessments like the 2022 Quay County Health Council Information Sheet, 2021 New Mexico Primary Care Needs Assessment, 2020 New Mexico Affordable Housing Needs Assessment and the State Epidemically and Outcomes Workgroup analysis on mental health of LGBTQ+ Youth and include:

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

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



Prioritizing Needs

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

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

- Importance to community (Forums, Survey)
- Size and severity of the need (Data)

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

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

Forum participants provided input on what they felt was the most pressing public health priority that should be addressed in Quay County. Four participants indicated substance use was the number one priority, three said that mental and behavioral health were the top priority, followed by two who said poverty was the top priority. Other topics included access to healthcare, healthcare providers, health literacy and housing. See word cloud below.

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

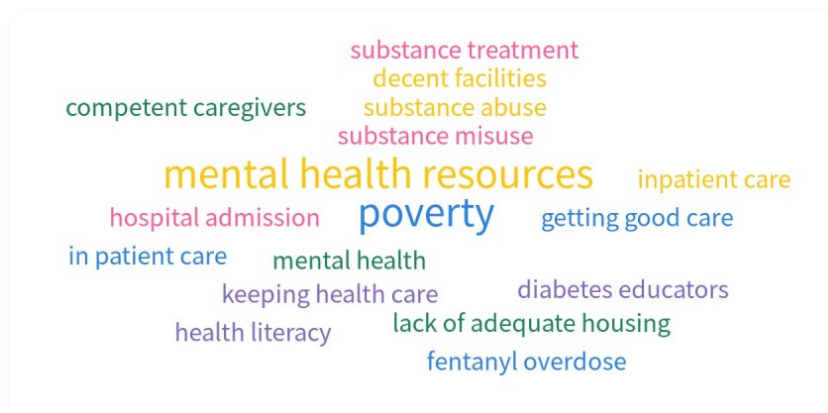


Figure 5. Community Priorities. Source: Prebsyterian Community Health Mentimeter.

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

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

Top 10 Health Topics in Quay County		
POP LEVEL DATA	SURVEYS	FORUMS
1. Mental health	1. Access to healthcare	1. AC: Service availability
2. Heart disease	2. Healthy eating	2. AC: Provider availability/delay in appts
3. Youth substance use	3. COVID-19	3. SDOH: Access to healthy foods
4. Access to care - providers	4. Substance use	4. BH: Mental/behavioral health
5. Access to mental healthcare	5. Cancer	5. BH: Substance abuse
6. SVI	6. Behavioral/mental health	6. SDOH: Education
7. Healthy food access	7. Obesity	7. SDOH: Transportation
8. COVID	8. Access to mental healthcare	8. SDOH: Parks/playground/sidewalks (built environment)
9. Diabetes	9. Vaccinations	9. AC: Insurance/underinsured/cost
10. Infant mortality	10. Active living	10. SDOH: Language/literacy

Table 4. Top 10 topics. PHS Community Health.

Ranking Presbyterian Community Health Priorities

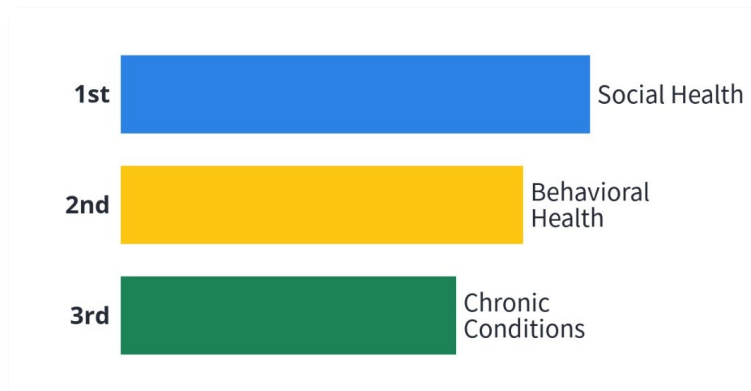
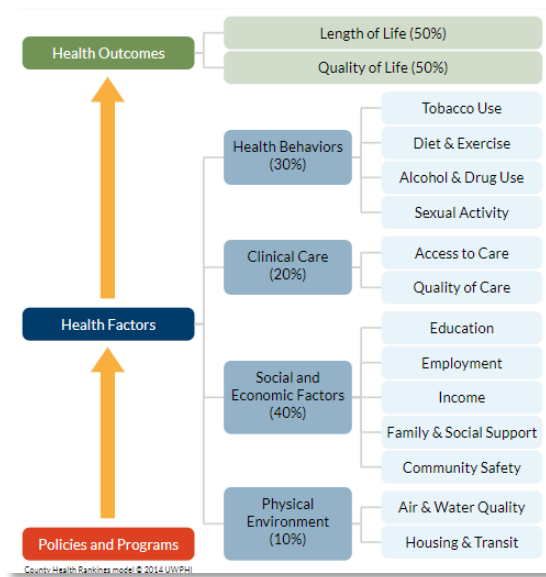


Figure 6. Ranked Priorities. Source: PHS Community Health Mentimeter.

COMMUNITY HEALTH ASSESSMENT

Epidemiological Data

County Health Status



Many factors play into what affects peoples' health, with healthcare (clinical care) being only 20% of what influences health. This is why a comprehensive approach to health, including public health, social needs, physical environment and clinical care, are key to improving health at the population level. The County Health Rankings model accounts for more than 30 measures to help us understand how healthy communities are today and what may impact communities' health in the future.⁶

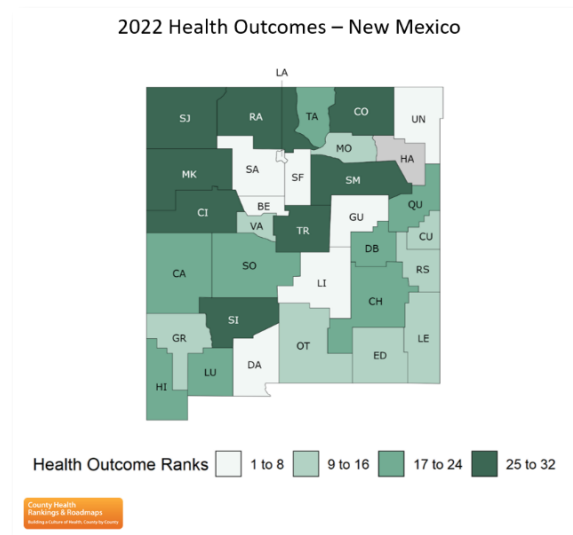
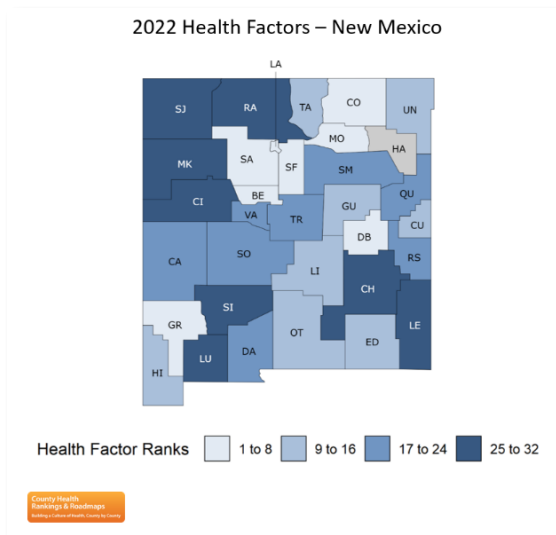
Quay County's overall health rankings for health outcomes, as determined by the Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, are in the lower middle range of counties (25%-50%), indicating that Quay County is less healthy than some other counties around the state. The health outcome ranking for Quay County is 20 out of 32 (one county is not ranked). A ranking of "1" is given to the county with the best health. The county health outcome rankings are based on how long people live and how healthy people feel. Length of life is measured by years of potential

life lost before age 75 and quality of life is measured by the percent of people reporting poor or fair health, the number of physically and mentally unhealthy days within the last 30 days and the percent of low-birth-weight newborns.⁷

Robert Wood Johnson Foundation's County Health Rankings & Roadmaps also summarizes and ranks county health factors. The health factor ranking measure is based on a county's health factors (tobacco use, diet and exercise, alcohol use, drug use and sexual activity), clinical care (access to care and quality of care), social and economic factors (education, employment, income, family and social support and community safety) and the physical environment (air and water quality, housing and transit). Quay County ranks 20 out of 32 counties (one county is not ranked) in health factors, again in the lower middle percentile and is a county with areas of improvement.

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



When asked what one word describes a healthy community, most people said active and safe. Other responses included encouraged, inclusive, involved, vaccinated, vibrant and more. See word cloud below.

In one word, how would you envision a healthy community?



Figure 7. Community Input on a Healthy Community. Source: PHS Community Health Mentimeter.

We organized the epidemiological data in alignment with our current (2020-2022) 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, parks and social services were all identified by most people as existing in the community. Other assets included the County Health Council, Cooperative Extension Service programs, Dr. Dan C. Trigg Memorial Hospital, medical clinics and greenhouses for growing vegetables.

Perceived Community Assets in Quay County		
ASSETS	NUMBER	PERCENT
Doctor's offices	57	30.5%
Parks/sidewalks/walking trails	51	27.3%
Social services (housing, food assistance)	47	25.1%
Mental health/substance use treatment	28	15.0%
Other	4	2.1%
Total	187	100.0%

Table 5. Community Assets. Presbyterian Community Health Community Survey 2021.

Survey respondents provided input on needed resources that can help the community be the healthiest it can be. Mental health and substance use treatment resources were identified as a major gap or needed resource in the community. Grocery stores near to people who took the survey was another gap identified by nearly one-fifth of the survey population. Public transportation was another gap that was identified in Quay County. Other gaps include limitations of hospital access, clothing stores, counseling services for healthy eating, living and community participation, healthcare workers, specialist doctors and access to fresh vegetables.

Perceived Resource Gaps in Quay County		
GAPS/NEEDED RESOURCES	NUMBER	PERCENT
Mental health/substance use treatment	52	20.5%
Grocery stores near you	47	18.5%
Doctor's offices	41	16.1%
Public transportation	39	15.4%
Parks/sidewalks/walking trails	33	13.0%
Social services (housing, food assistance)	30	11.8%
Missing	12	4.7%
Total	254	100.0%

Table 6. Community Gaps and Needed Resources. Presbyterian Community Health Community Survey 2021.

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 U.S. were included where available but was not included in every indicator.

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

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

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

Life Expectancy

Life expectancy in Quay County remains lower than that of the state, the PHS 10-County Area and the U.S., with a sharp decrease in 2020. When compared to other counties, Quay County experienced a similar drop in life expectancy as other counties in 2020. Life expectancy in 2020 likely dropped drastically due to additional deaths caused by COVID-19.

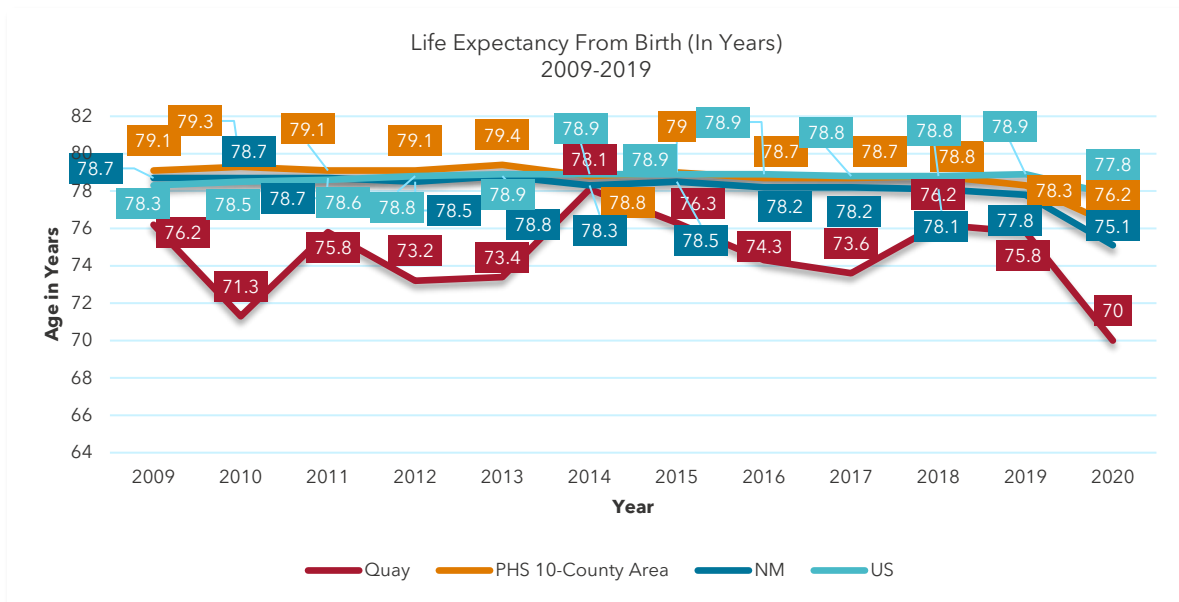


Figure 8. Life Expectancy from Birth. 2009-2019. NM BVRHS.

15 Leading Causes of Death

15 Leading Causes of Death in New Mexico 2020	Deaths per 100,000 Population (crude rate) in Quay County
1. Heart disease	366.7
2. Cancer	297.9
3. Coronavirus disease 2019 (COVID-19)	114.6
4. Unintentional injuries	149
5. Chronic lower respiratory diseases	103.1
6. Cerebrovascular disease (stroke)	126
7. Diabetes mellitus	80.2
8. Chronic liver disease and cirrhosis	22.9
9. Alzheimer's disease	114.6
10. Suicide	80.2
11. Influenza and pneumonia	0
12. Kidney disease	22.9
13. Parkinson's disease	11.5
14. Septicemia	45.8
15. Homicide	11.5

Table 7. Leading Causes of Death. NMDOH BVRHS. 2020.

Heart disease is the leading cause of death in Quay County with 366.7 deaths for every 100,000 population in 2020. Heart disease death trends in Quay County are much higher than New Mexico and the PHS 10-County Area. Heart disease deaths are increasing among all three geographies, overall, but slightly decreasing in recent years in Quay County. In fact, among all counties ranked in 2020 (32 counties ranked, one county has suppressed data), Quay County has the third highest heart disease death rate in the state.

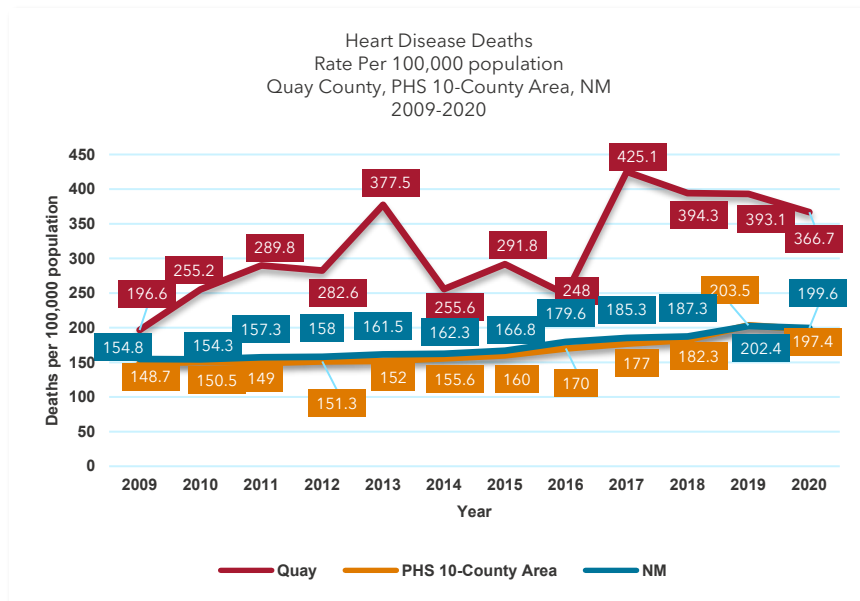


Figure 9. Heart Disease Deaths. NMDOH BVRHS 2009-2020.

Cancer is the second leading cause of death in New Mexico and in Quay County. The most common types of cancer in Quay County are breast cancer (123 cases per 100,000 population), lung cancer (106.5), prostate cancer (82.8), rectosigmoid junction (colon) cancer (37.9) and other colon cancer (28.4).⁸ The most common types of cancer involved in cancer deaths include lung cancer, breast cancer, pancreas cancer, colon cancer and prostate cancer. Cancer deaths that are classified as attributable to some other type of malignant neoplasm are most common behind lung cancer (42.4 deaths per 100,000 population). Cancer rates in Quay County continue to be much higher than the PHS 10-County Area and the state overall. Cancer deaths are rising in Quay County.⁹

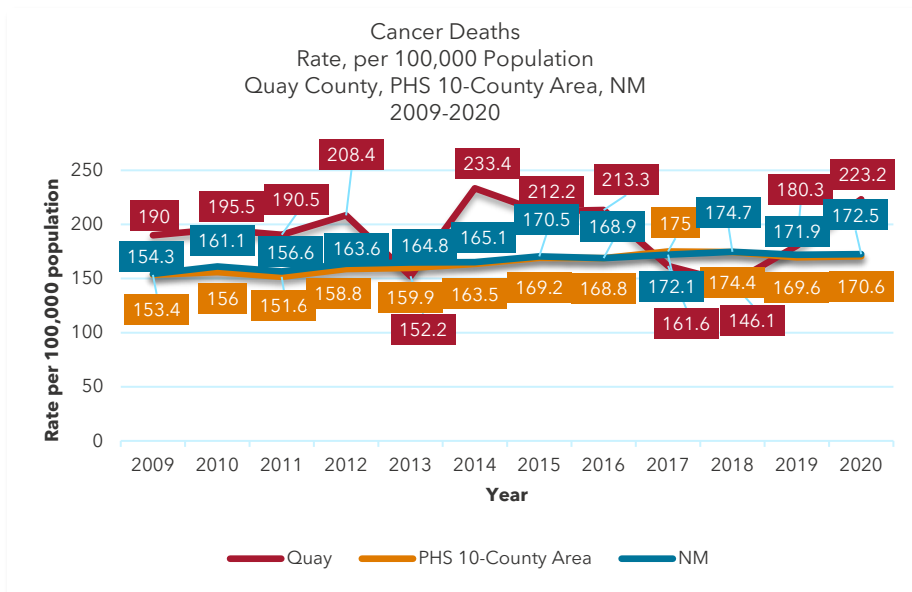


Figure 10. Cancer Deaths. NMDOH BVRHS 2009-2020.

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 New Mexico and has an important impact on health in Quay County with a death rate of 114.6 deaths for every 100,000 people. In comparison, influenza and pneumonia, the only other respiratory infectious disease on New Mexico's top 15 causes of deaths list, ranked number 11, there were 11.9 deaths per 100,000 population in 2019 (and no deaths in 2020, which is likely due to implementation of COVID precautions). The COVID death rate in 2020 was about nine times higher than the flu death rate in 2019. Most COVID deaths were among Hispanic/Latinx people.

COVID deaths have increased five-fold since 2020.

Source: Johns Hopkins University COVID-19 Status Report <https://bao.arcgis.com/covid-19/jhu/county/35037.html>

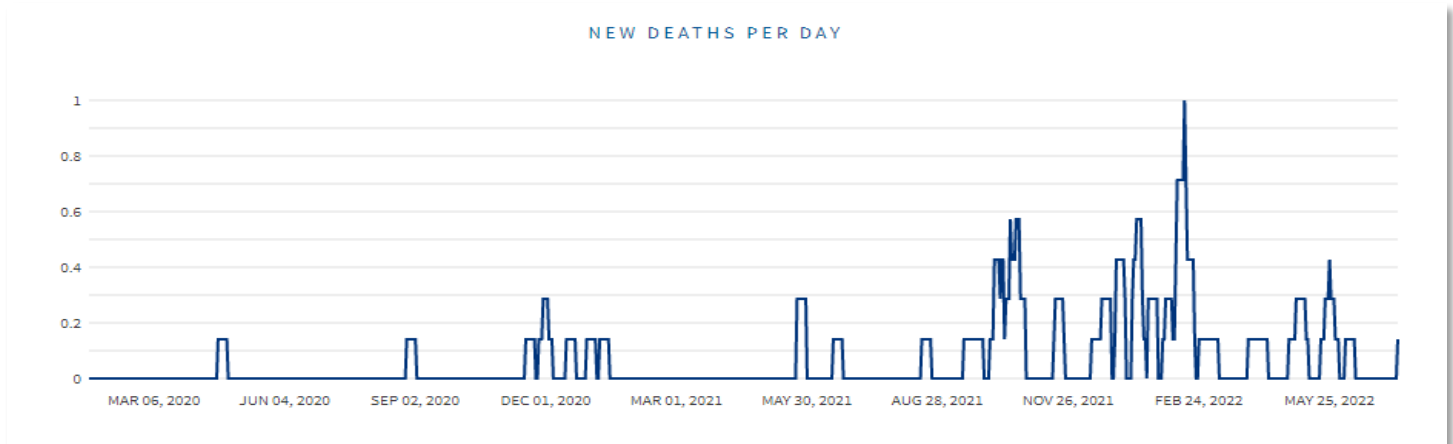


Figure 11. New COVID deaths, 7-day averages, USA Facts¹⁰.

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.

Mental health indicators appear to be getting slightly better in Quay County while substance use indicators appear to be getting worse in some cases. Specifically, youth heroin use is rising, and deaths of despair (suicide, drug overdose and alcohol deaths) are increasing dramatically. Though Quay County has one of the best population to mental health provider ratios in the state, it is still far from national averages.

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

¹⁰ UAS Facts. Quay County Cases and Deaths. Retrieved from <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/new-mexico/county/quay-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

Behavioral Health Topics of Concern in Quay County		
TOPIC AREA	#	%
Access to Healthcare	109	43.3%
Substance Abuse	53	21.0%
Behavioral/Mental Health	48	19.0%
Suicide	40	15.9%
Other	2	0.8%
Total	252	100.0%

Table 8. PHS Community Health Community Survey. 2021.

Access to Mental Healthcare

Access to mental health providers continues to be a challenge in Quay County, though there are more providers per population than in surrounding counties. In 2020, mental health providers saw an average of 70 patients (patient provider ratio of 70:1). Quay County has one of the lowest population-to-provider ratios in the state, making mental healthcare theoretically more accessible than the other states without accounting for transportation, insurance, provider availability and other social factors. When compared to counties around the nation, only 10% of counties have a better population to provider ratio.¹²

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.

SDOH: Behavioral Health		
Alcohol Need	n	%
Screenings Completed*	458*	
Unique Patients Screened	458	
Unique Patients Reporting Any Need	55	12.0%**
Tobacco Need		
Screenings Completed	428	
Unique Patients Screened	428	
Unique Patients Reporting Any Need	171	40.0%
Opioid Need		
Screenings Completed	489	
Unique Patients Screened	489	
Unique Patients Reporting Any Need	14	3.0%
Mental Need		
Screenings Completed	2,501	
Unique Patients Screened	1,966	
Unique Patients Reporting Any Need	168	9.0%
(*) A maximum of one screening per six months per patients was recorded; only the first screening was counted if a patient received more than one screening per SDOH need within a six-month period (**) Denominator of percentage is "Unique Patients Screened"		

Table 9. Counts of Quay County patients screened for behavioral health needs in 2021.

¹² County Health Rankings and Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/new-mexico/2022/rankings/quay/county/outcomes/overall/snapshot> on 5/23/22

Substance Use

Tobacco use (cigarettes, cigars, hookah, spit tobacco, or e-cigarettes) remained about the same among high school youth in Quay County from 2017 to 2019. About 21% of adults in Quay County smoke cigarettes compared to 16.3% statewide (BRFSS 2016-2020 5-year averages).

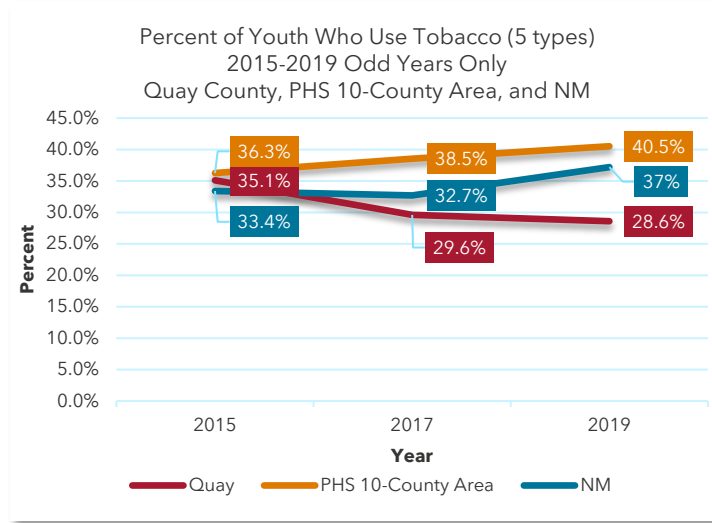


Figure 12. Youth Tobacco Use. NM YRRS 2013-2019.

Alcohol use among youth has decreased in previous years and is lower than the PHS 10-County area and NM overall. Quay County's youth alcohol use has been about the same the PHS 10-County Area and New Mexico, but in 2019, dropped below the rates of the two geographies. Chronic heavy drinking (defined as regularly consuming more than two drinks per day for men and more than one drink per day for women) among adults has increased statewide, among PHS counties and across the nation. In the period of 2016-2020, about 5.8% of New Mexicans engaged in chronic heavy drinking, and about 3.3% of Quay County residents drank heavily.

Binge drinking (defined as a having five or more drinks on a single occasion for men or four or more drinks on a single occasion for women, generally within two hours) has remained steady across most geographies. About 15% of New Mexicans reported binge drinking in 2016-2020 and about 12.9% of adults in Quay County binge drank. Over time, where data are stable, heavy drinking has been lower than the PHS 10-County Area and NM while binge drinking was higher than both geographies in 2019.

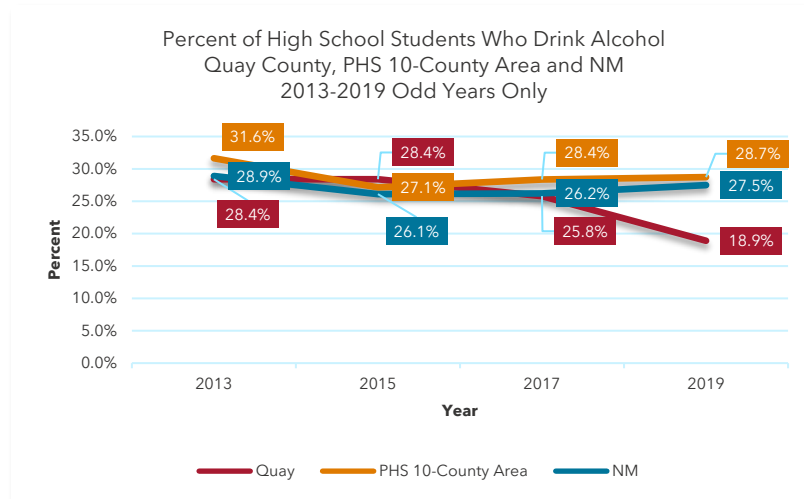


Figure 13. High school student alcohol use. NM YRRS 2013-2019.

Chronic Heavy Drinking and Binge Drinking Among Adults		
GEOGRAPHY	CHRONIC HEAVY DRINKING	BINGE DRINKING
Quay County	12.9%	3.3%
PHS 10-County Area	14.3%	5.7%
New Mexico	14.6%	5.8%

Table 10. Adult Binge and Chronic Heavy Drinking. BRFSS 2016-2020 5-year estimates.

Heroin and methamphetamine use among high school students increased at different rates in Quay County from 2017-2019, which is a slight departure than other counties in the PHS 10-County Area. The initial drop in 2017 is similar to the heroin use pattern for all ten counties in the PHS 10-County Area. Youth heroin and meth use remain lower than the state prevalence.

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

SOURCE: YRRS 2013-2017

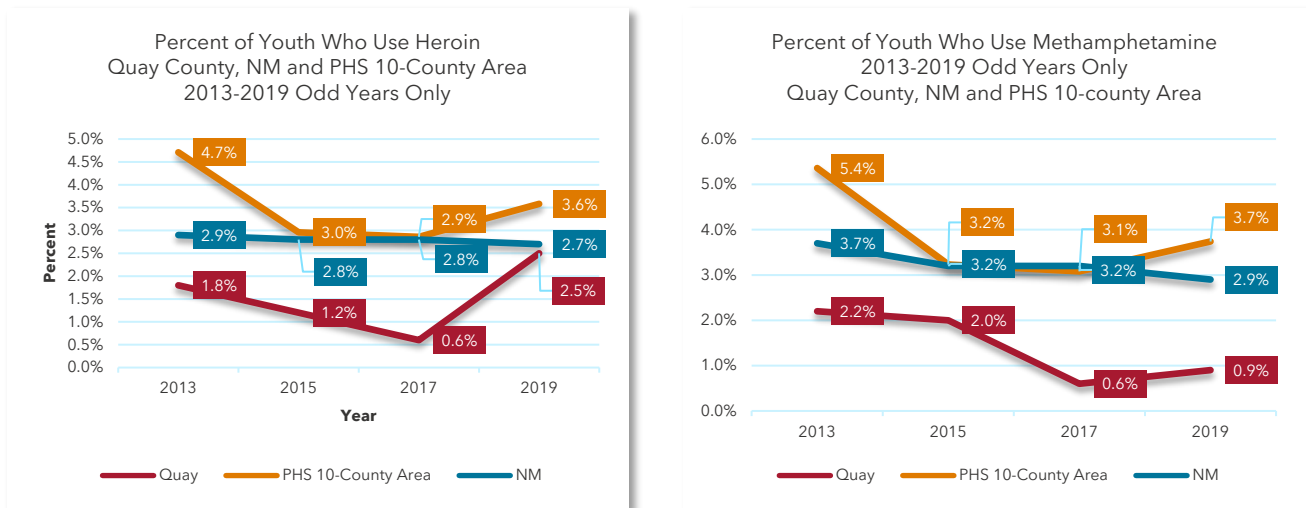


Figure 14. Youth Heroin and Methamphetamine Use. NM YRRS 2013-2019.

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

In 2020, an estimated **47,103** people aged 18+ in the U.S. reported using cannabis in the past year. In Quay County in 2013-2017, about **19%** of high school students reported using cannabis.

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

Among adults, data are unavailable for most years, but in the period of 2016-2020, 15.4% of adults reported having 14+ poor mental health days within a 30-day period (frequent mental distress).

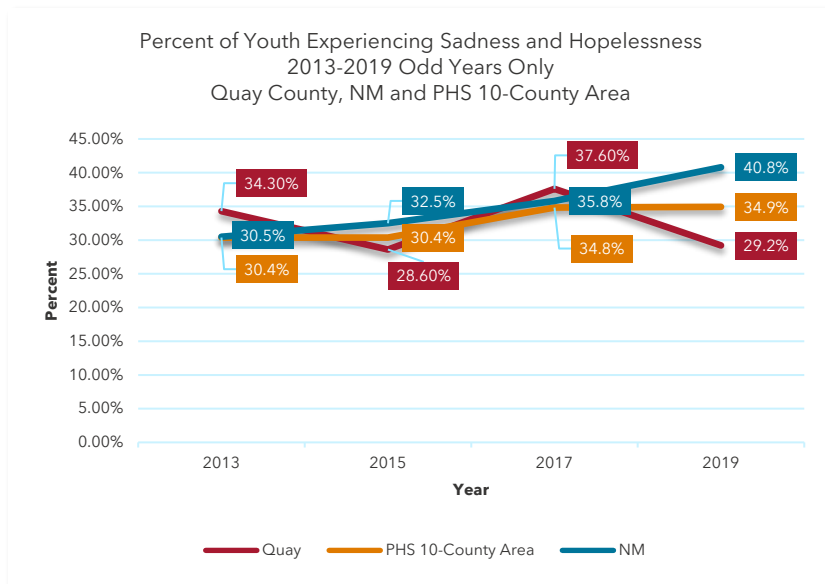


Figure 15. Youth Mental Health. NM YRRS 2013-2019.

Percent of Adults Experiencing Frequent Mental Distress 2016-2020	
GEOGRAPHY	PERCENT
Quay County	15.4%
PHS 10-County Area	13.6%
NM	13.7%

Table 11. Frequent mental distress among adults. BRFSS 2016-2020 5-year estimates.

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 Quay County but increased drastically 227% from 2019 to 2020. Suicide deaths across NM and the PHS 10-County Area have risen slightly since 2009. This drastic spike in suicide rate is indicative of two things: low population numbers (when a slightly higher number of deaths occur among small populations, rates will spike) and potentially increased need for suicide prevention efforts.

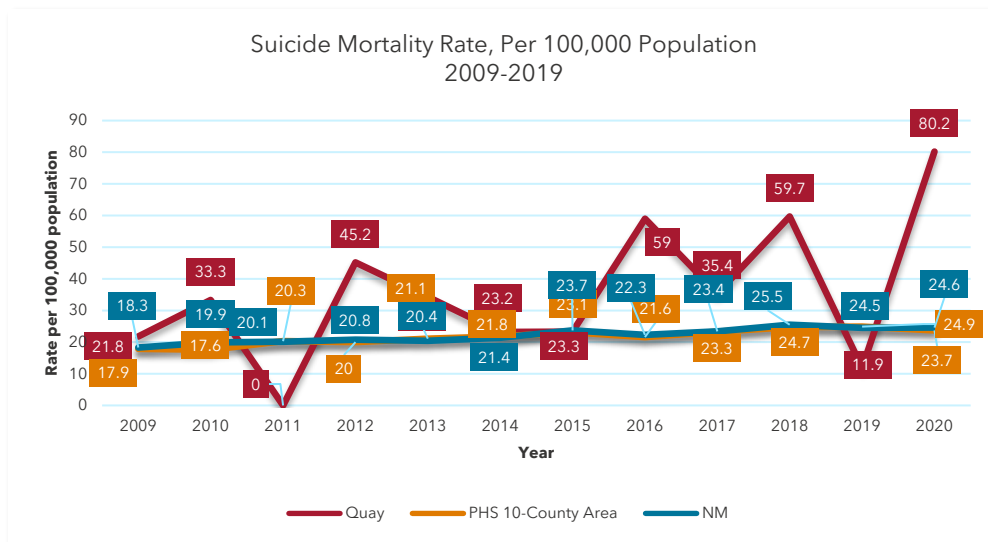


Figure 16. Suicide Death Rate. NM DVRHS 2009-2020.

Drug overdose deaths have increased drastically (about 420%) from 2019 to 2020 in Quay County, contributing to an increase in drug overdose deaths in NM, the PHS 10-County Area. Community members expressed concern about overdose death rates during the Community Data Forum, citing personal and community-wide experiences. This drastic increase, especially when coupled with the increase in suicide deaths, indicate greater need for substance use prevention work.

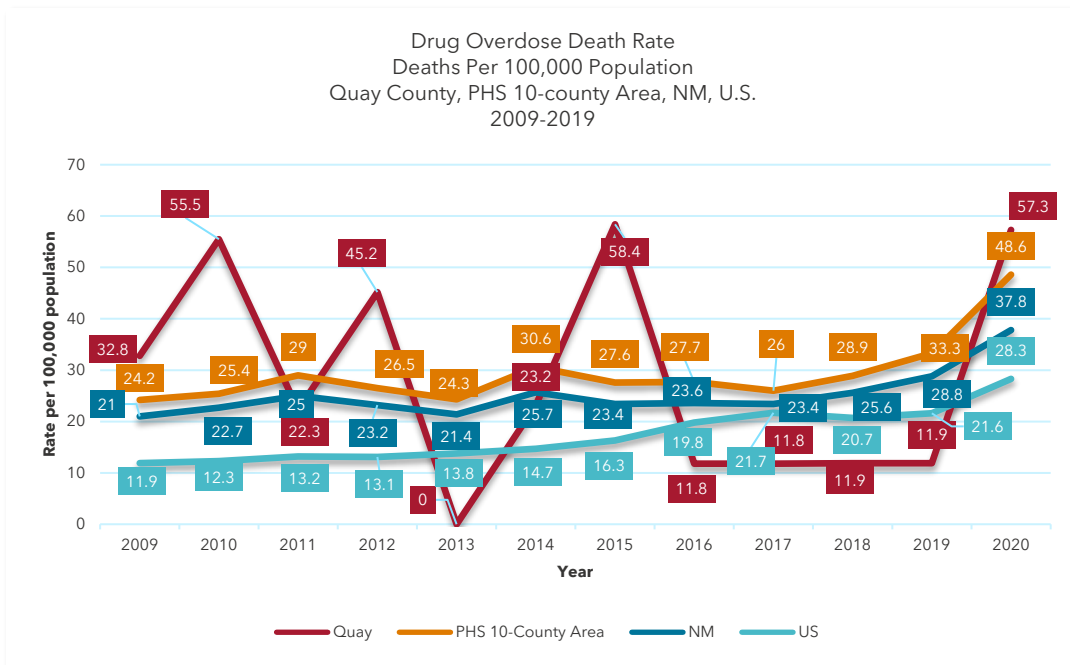


Figure 17. Drug Overdose Death Rate. NM DVRHS 2009-2020.

Deaths of despair is a combination metric which comprises suicide deaths, drug overdose deaths and deaths 100% attributable to alcohol. While there has been some variability in these types of deaths in Quay County, the death rate has overall increased since 2010 in all geographies. This is an important metric to examine, especially for communities with smaller populations, to help level the individual metrics and to understand the impact of sadness, hopelessness, poor mental health and substance use in communities. Quay County's deaths of despair rate has been consistently higher than the PHS 10-County Area and NM and has seen an increase consistent with that in the other geographies.

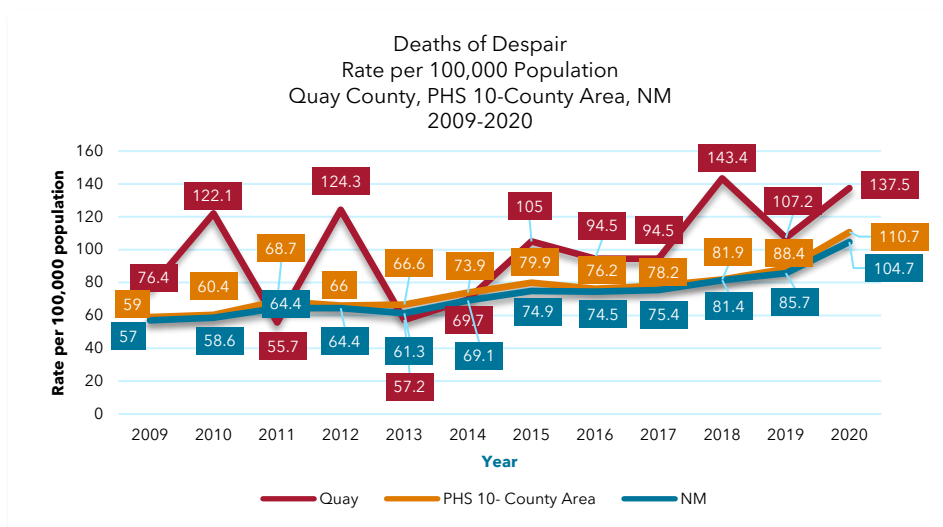


Figure 18. Deaths of Despair. NM DVRHS 2009-2020.

Social Determinants of Health

Social determinants of health (SDOH) comprise conditions in which people are born, where they live, learn, work and play. They have been connected to health outcomes, risks and effects to quality of life.¹³

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

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



General Cost of Living



Cost of Fuel



Higher Rates of Poverty

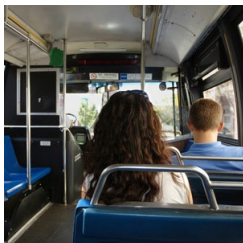


Limited Access to Nutritious Foods



Lack of Childcare

Barriers to Healthcare Access in Quay County



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 cares, lack of specialists, clinics reducing intake of new patients, rising costs of healthcare and lack of insurance. Some equity topics within access to care included an increased need for providers who speak Spanish, a sliding scale for people who are un-or under-insured, lack of pediatric care, lack of dental care of people on Medicaid and the need for diabetes classes that are not only administered via Zoom.

Survey respondents provided feedback on the community issues they are very concerned about. Most people said

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

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

they were very concerned about access to healthcare, followed by access to mental healthcare and behavioral/mental health. Food security and suicide were also identified by people as being an area of concern.

Community Issues of Concern in Quay County		
SOCIAL DETERMINANTS OF HEALTH	#	%
Environmental Health (including climate change)	64	33.5%
Food security	36	18.8%
Housing	35	18.3%
Transportation	33	17.3%
Personal/interpersonal safety	21	11.0%
Other	2	1.0%
Total	191	100.0%

Table 12. Community Survey. PHS 2022.

Social Needs Screening at Presbyterian Clinical Locations

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

Of the patients screened for social needs in 2021 in Quay County, 10% of patients screened for transportation needs reported having a transportation need and 8% of patients screened for a food need reported having a food need, indicating areas of focus for future community health improvement plans.

SDOH: Social Needs		
FOOD NEED	N	%
Screenings Completed*	84*	
Unique Patients Screened	84	
Unique Patients Reporting Any Need	7	8.0%**
HOUSING NEED		
Screenings Completed	199	
Unique Patients Screened	198	
Unique Patients Reporting Any Need	2	1.0%
TRANSPORTATION NEED		
Screenings Completed	94	
Unique Patients Screened	94	
Unique Patients Reporting Any Need	9	10.0%
SAFETY NEED		
Screenings Completed	4,158	
Unique Patients Screened	3,459	
Unique Patients Reporting Any Need	24	1.0%
Data Notes: (*) A maximum of one screening per six months per patient 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 13. Counts of Quay County patients screened for SDOH needs in 2021.

Many community members expressed concern in the forums around access to food. Food insecurity rates in Quay County are nearly equal to those in New Mexico and slightly higher than in the PHS 10-County Area. Food insecurity is decreasing slightly across all geographies. Quay County’s rates have been consistently higher than the state and the PHS 10-County Area since 2016.

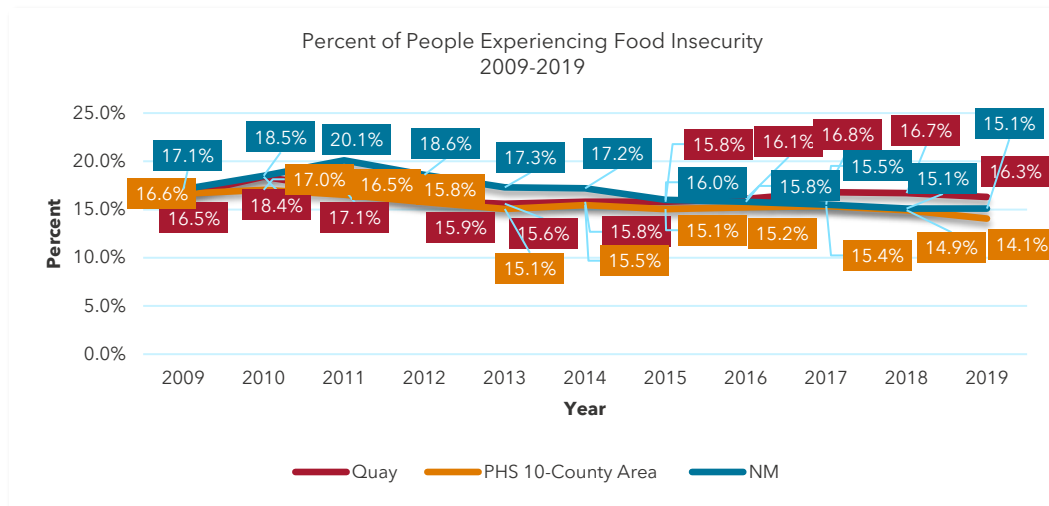


Figure 19. Food Insecurity Rate. Feeding America. 2009-2019.

Quay County has a comparatively high percentage of families not receiving SNAP (Supplemental Nutrition Assistance Program) benefits, compared to New Mexico, but a lower percentage than the U.S. and the PHS 10-County Area (84.6%). 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 2021.¹⁴

Economic Indicators

More people in Quay County live in poverty when compared to the PHS 10-County Area, NM and the U.S. The median household income in Quay County is about \$29,035. The highest poverty rate in Quay County is among boys aged 6-11 years old followed by girls aged 6-11 and girls less than 5 years, indicating a pressing issue of childhood poverty in Quay County. The highest percent of people who live below the poverty level are white (55%) followed by Hispanic/Latinx people (34.38%). Nearly 21% of the population in Quay County live below the poverty line.¹⁵

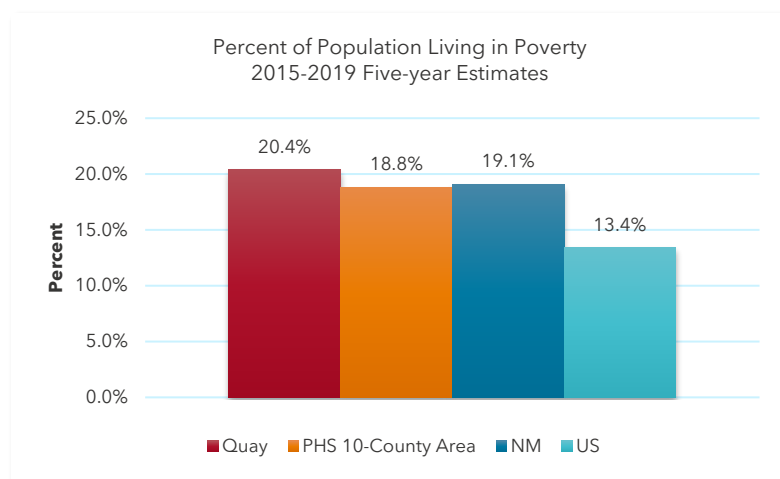


Figure 20. Poverty. ACS 2015-2019 5-year estimates.

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

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

Unemployment rates in Quay County are lower than the PHS 10-County Area, NM and the U.S. Unemployment rose drastically statewide in 2020, likely due to the COVID-19 pandemic. Most people experiencing poverty are white (55%) followed by Hispanic/Latinx people. Between 2018 and 2019, employment grew at a rate of 4.99%, and the most common industries in Quay County are accommodation and food services, followed by education services, healthcare and social assistance.¹⁶

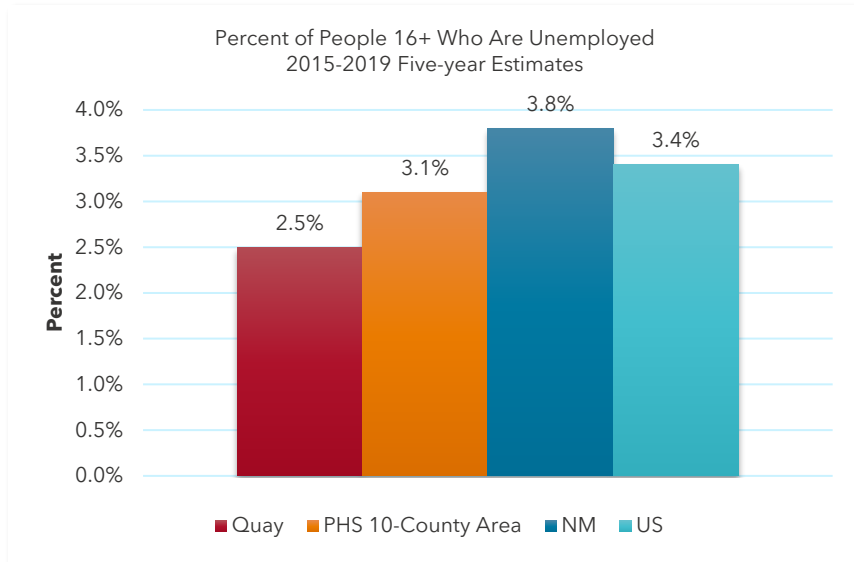


Figure 21. Unemployment. ACS 2015-2019 5-year estimates.



Figure 22. Unemployment Rate. Bureau of Labor Statistics 2012-2022¹⁷.

Access to a vehicle is an important metric for understanding access to services and resources. About 6.6% of households do not have a vehicle.¹⁸ This is higher than the PHS 10-County Area and NM overall, meaning fewer households in Quay County have a vehicle when compared to the PHS 10-County Area and in New Mexico. The average number of cars per household is two¹⁴.

¹⁶ Quay County, NM. Data USA. Retrieved from <https://datausa.io/profile/geo/quay-county-nm>

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.

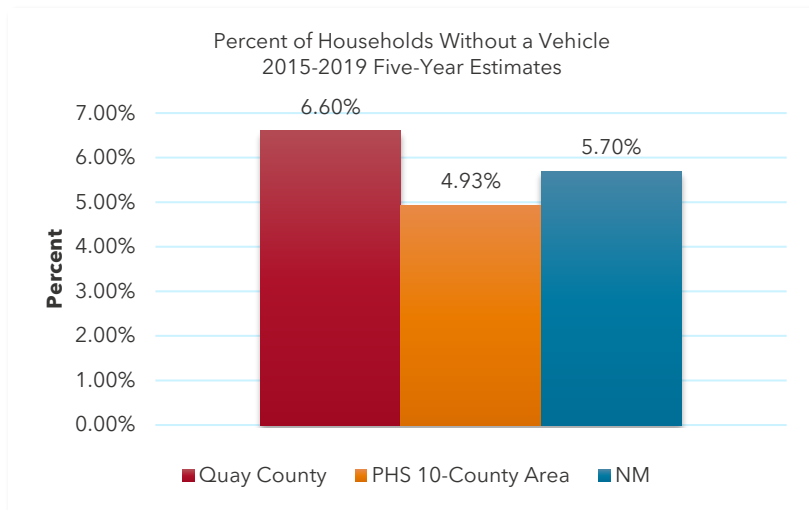


Figure 23. Vehicle access. ACS 2015-2019 5-year estimates.

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. Quay County has a lower percentage of households with broadband internet access when compared to the PHS 10-County Area and New Mexico overall. 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.

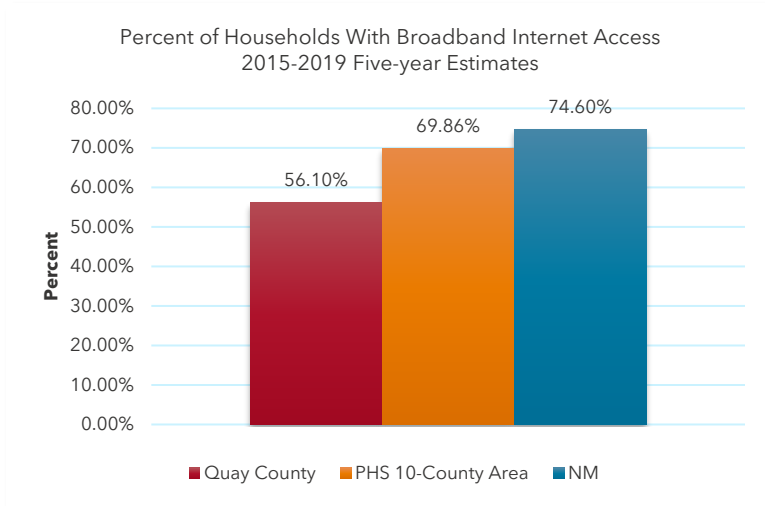


Figure 24. Broadband access. ACS 2015-2019 5-year estimates.

Violence/Injury

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

The homicide death rate in 2020 in the U.S. 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 U.S. rate. Homicide deaths in Quay County have fluctuated yearly, likely due to small population size. Many years either had no homicides or the data have been

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

suppressed due to low numbers. However, among the years where we do have data, the homicide rate in Quay County dropped from 35.7 deaths per 100,000 population to 11.5 deaths but remains higher than NM and the PHS 10-County Area.

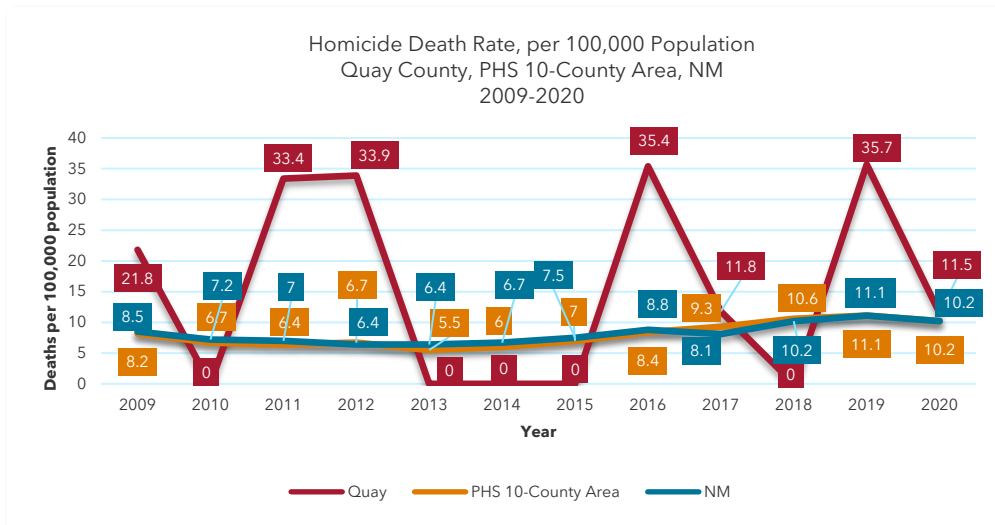


Figure 25. Homicide deaths. NM DVRHS 2009-2020.

Substantiated child abuse claims in New Mexico fluctuated between 2013 and 2021. In Quay County, substantiated child abuse claims have consistently decreased since 2017 and overall, continued in an overall downward trend since 2013. This trend is similar to that in the neighboring county of Curry County and other counties throughout the state.²⁰

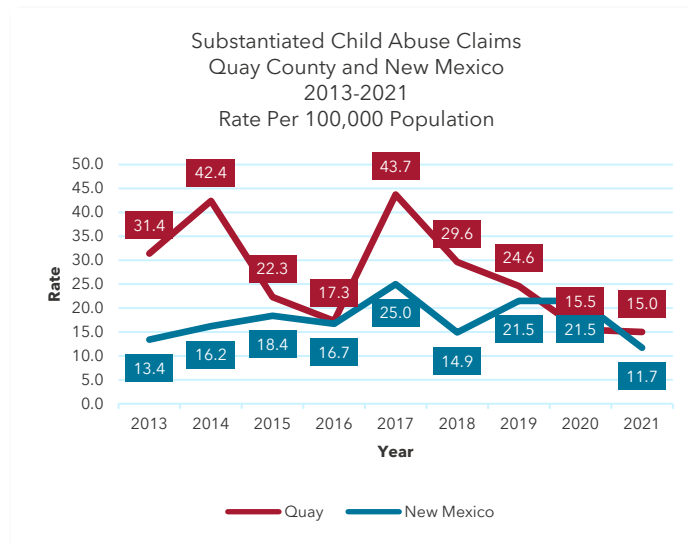


Figure 26. Substantiated Child Abuse Claims. CYFD 2013-2021.

²⁰The Annie E. Casey Foundation. KIDS COUNT data center.

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

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

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

Maternal and Child Health

Access to prenatal care is an important indicator of maternal and child health. There are many factors that influence whether someone can receive prenatal care within the first trimester, including insurance, access to OB/GYN in their community, transportation and more. In 2020, about 59% of pregnant people in Quay County initiated prenatal care within their first trimester. This is lower than the percent in the PHS 10-County Area and slightly lower than in New Mexico overall. In 2020, about 8% fewer people reported initiating prenatal care in the first trimester when compared to 2019. Prenatal care decreased for six of the 10 counties within the PHS Service Area.

Infant mortality rates in Quay County remain low. In fact, there were no deaths from 2014 to 2016, but data are suppressed for years since 2019 due to low numbers.²¹

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

COVID-19

While addressing the COVID-19 pandemic, participants highlighted that COVID-19 has impacted Quay 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 and vaccination 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. This is consistent with feedback we received about the services Dan C. Trigg offers, specifically around immunization. Community reported an inability to get vaccinated at DCT due to unavailability of the vaccine, small windows of time to get vaccinated and appointment barriers.

COVID-19 Incidence

COVID-19 continues to be a leading indicator of health in Quay County. COVID was the number three cause of death in New Mexico in 2020, and in 2022, Quay County saw a much higher death rate than in 2020 (see COVID death data in sections above). COVID incidence was highest in late 2021/early 2022 with the Omicron wave, and by July 2022, cases continued to rise to pre-Omicron highs.

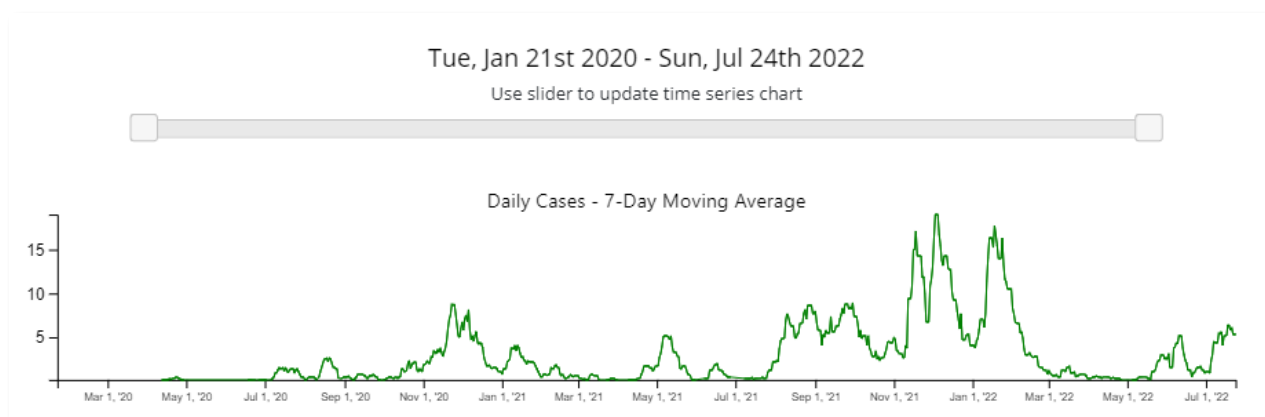


Figure 27. COVID Cases. CDC Data Tracker, 2022.

As of July 19, 2022 only 54.8% of Quay County residents had completed their primary series. And only 61.6% had at least one shot. Vaccines are an important factor in reducing preventable severe disease and death due to COVID-19

²¹ NMDOH BVRHS 2015-2019 infant mortality rate. Retrieved from NM IBIS.

and Quay County's vaccination coverage is lower than most counties, ranking in at 5th lowest primary series completion among all 33 counties.²²

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

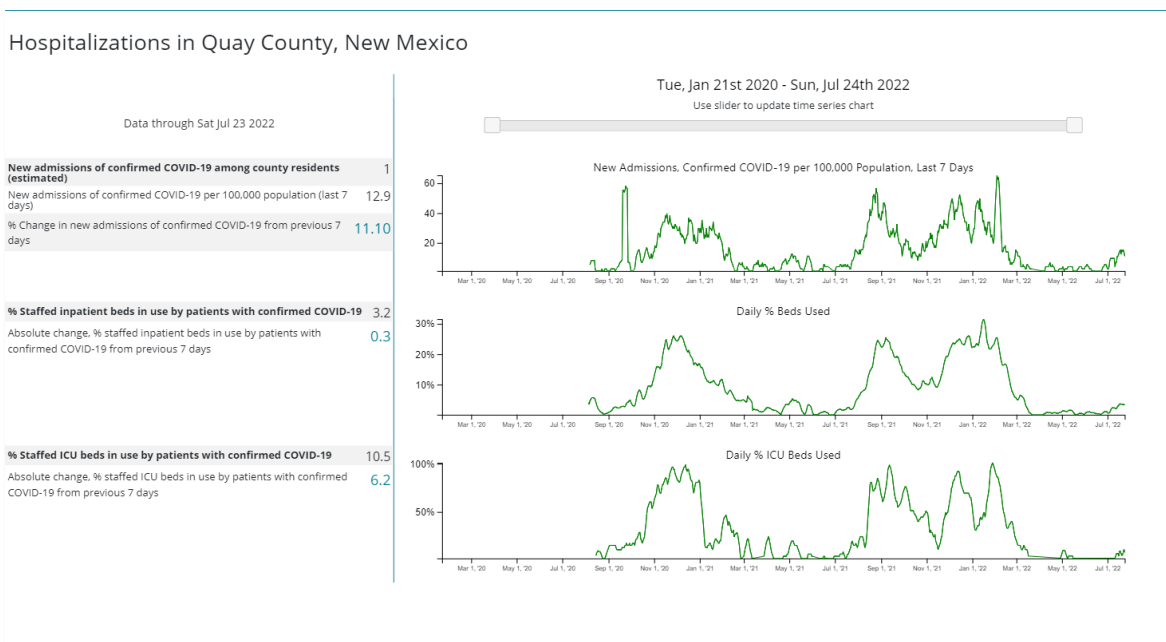


Figure 28. COVID Hospitalizations. CDC Data Tracker 2022.

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 - Dr. Dan C. Trigg Memorial Hospital

Most patients who visited Dr. Dan C. Trigg Memorial Hospital came from the zip code that encompasses Tucumcari, but come from surrounding communities, even in other counties, such as the city of Santa Rosa, which is in Guadalupe County.

Patients Who Received Care in Quay County by ZIP Code, 2021	
ZIP CODE	PATIENT COUNT
88401	3,755
88426	801
88434	158
88416	87
88101	64
88430	47
88427	33
87733	32
88435	28
88411	22

Table 14. Count of patients who received care in Quay County in 2021 by 'Top 20' ZIP codes of residence.

²² New Mexico Department of Health COVID Vaccine Dashboard. Retrieved from <https://vaccinenm.org/public-dashboard.html> on 5/19/2022

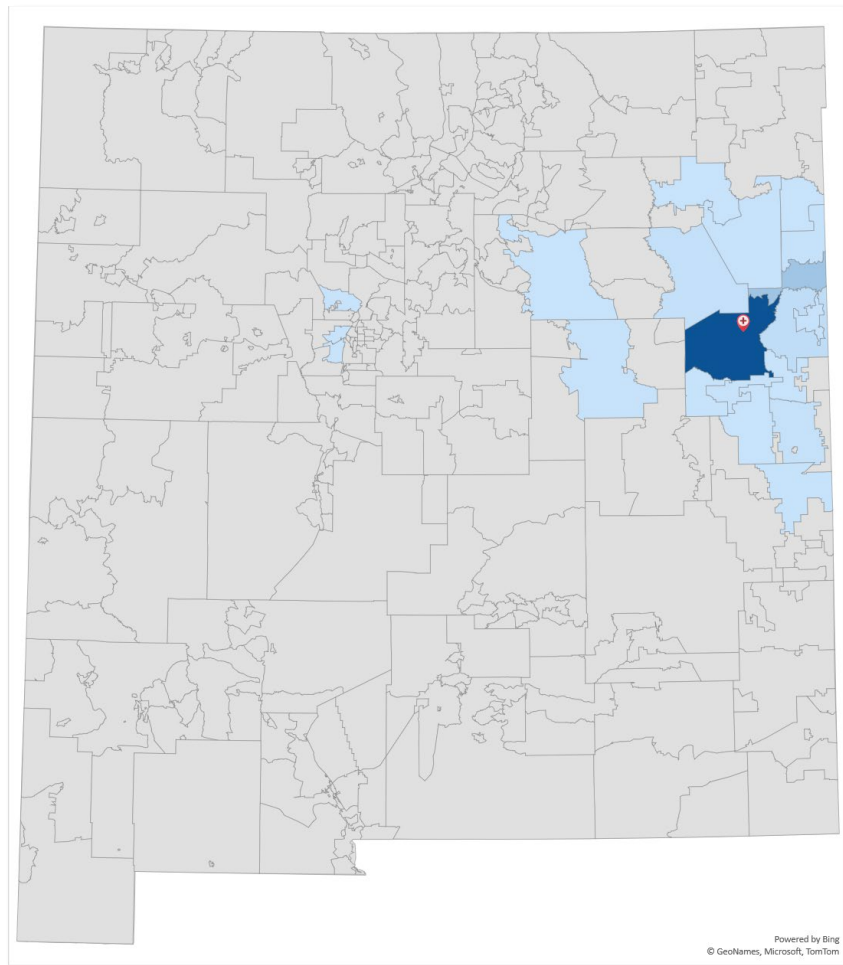


Figure 29. Heat map of patients who receive care in Quay County in 2021 by ZIP code.

While most patients came from Quay County, Dr. Dan C. Trigg Memorial Hospital also saw patients from surrounding counties in the emergency department (ED), urgent care (UC), inpatient wards (IP) and outpatient services (OP).

Patient Care in Quay County by County and Source 2021					
Source	QUAY	CURRY	SAN MIGUEL	HARDING	GUADALUPE
ED/UC*	2,198	59	36	19	12
IP	61	0	1	2	0
OP	3,804	52	77	48	31
Data Notes: (*) "ED" = emergency department; "UC" = urgent care					

Table 15. Count of patients who received care in Quay County in 2021 by county of residence and encounter type.

An important determinant of health is the number of repeat 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.

Patients Who Received Emergent Care in Quay County 2021					
Metric	ANY # OF VISITS	1 VISIT	2+ VISITS	5+ VISITS	20+ VISITS
Count	2,351	1,525	826	88	0
Percent	100.0%	64.9%	35.1%	3.7%	0.0%

Table 16. Count of patients who received emergent care in Quay County in 2021 by number of repeat visits.

The top ten chief diagnoses in Quay County’s emergency department at Dan C. Trigg Memorial Hospital for 2021 was dominated by COVID-19, followed by acute upper respiratory infection, nausea with vomiting and pneumonia due to COVID-19. These top diagnoses correspond with leading causes of death in Quay County, further validating these are areas of focus in the coming years.

Top 10 Diagnoses in Quay County Emergency Department(s) 2021	
RANK	DIAGNOSES
1	COVID-19
2	Acute Upper Respiratory Infection
3	Nausea With Vomiting
4	Pneumonia Due to Coronavirus Disease 2019
5	Urinary Tract Infection
6	Other Chest Pain
7	Generalized Abdominal Pain
8	Diarrhea
9	Chest Pain
10	Headache, Unspecified

Table 17. Top 10 diagnoses in Quay County emergency department(s).

Community Access to Care

In 2019, more people in Quay County had a primary care provider than people in the PHS 10-County Area and NM overall (data are suppressed for 2020). More than twice as many white people have a regular primary care provider when compared to Hispanic/Latinx people. 83.3% of white people have a regular PCP while only 67.9% of Hispanic/Latinx people reported having a regular PCP. This is a metric of the percent of people who report having a regular PCP. This is not an indicator of whether or not they have access to that provider.

Percent of Adults Who Have a Regular Primary Care Provider, 2016-2020	
GEOGRAPHY	PERCENT
Quay County	73.6%
PHS 10-County Area	71.7%
NM	70.2%

Table 18. Adults with a Primary Care Provider. BRFSS 2016-2020 5-year estimates.

According to the Health Resources and Services Administration (HRSA), Quay County is a medically underserved rural county.²³ The ratio of patients to primary care physicians in Quay County is higher than other counties in New Mexico at one provider for every 4,130 people, and this trend is getting worse over time.²⁴ High ratios of PCPs to population may impact the community's ability to seek care when they need, even if they are established with a provider and have the insurance in place to be able to pay for a provider visit. This illustrates the multi-faceted issue of access to healthcare and some of the many barriers that individuals may experience when attempting to seek care. Of the counties with providers, Quay County had the second highest ratio, indicating a need for more primary care physicians.

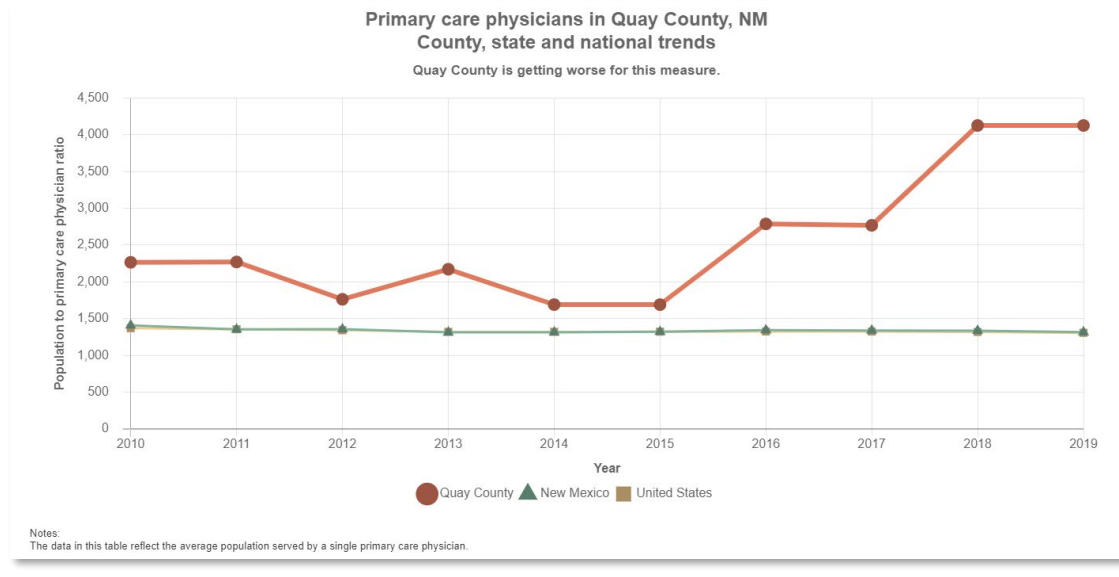


Figure 30. Number of people for every one primary care provider. County Health Rankings and Roadmaps. 2022.

Since 2011, the percent of population with health insurance has overall risen across all populations including Quay County. The last available data point for single years was 2019, in which 91% of the population of Quay County had health insurance. This is the highest since 2014 and is slightly higher than the PHS 10-County Area, New Mexico and the U.S. Looking at five-year estimates, Quay County has a slightly higher percentage of people with health insurance compared to other geographies. Once again, this metric is an indication of the ability for patients to get care but is not a reflection of whether community members can get care when they need it.

Percent of Adults Who Have Health Insurance, 2016-2020	
GEOGRAPHY	PERCENT
Quay County	90.9%
PHS 10-County Area	89.2%
NM	89.2%

Table 19. Insurance Coverage. BRFSS 2016-2020 5-year estimates.

With about 77% of the population of Quay County reporting they have an established primary care provider in 2019 and almost 91% of people reporting they have health insurance (2019), we would expect that the percent of people who went without care due to cost would decrease. That appears to have been the trend for Quay County, which is consistent with the trends for the 10-County PHS Area, New Mexico and the U.S. However, it is difficult to know because data were suppressed between 2015 and 2018 due to low numbers. The question in the ACS (American Community Survey) is worded such that participants are asked if they decided to not get care because they were

²³ Health Resources & Services Administration Data Warehouse. Accessed 6/9/2022

²⁴ County Health Rankings and Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/new-mexico/2022/measure/factors/4/data>

worried about the cost. Examining five-year estimates, Quay County has a lower percent of adults who reported going without care due to cost when compared to the PHS 10-County Area and New Mexico overall.

Percent of Adults Who Went Without Care Due to Cost, 2016-2020	
GEOGRAPHY	PERCENT
Quay County	9.3%
PHS 10-County Area	12.4%
NM	12.5%

Table 20. Foregoing Care due to cost. BRFSS 2011-2020.

Survey respondents provided feedback on the healthcare issues they are very concerned about. Most people said they were very concerned about healthy eating, followed by vaccinations and active living. Other responses included dental health, natural environment, chronic stress and safety.

Healthcare Issues of Concern in Quay County		
HEALTHCARE ISSUES	#	%
Healthy eating	61	32.3%
Vaccinations	47	24.9%
Active living	46	24.3%
Maternal/child health (pregnancy, birth)	30	15.9%
Other	5	2.6%
Total	189	100.0%

Table 21. Community Survey. PHS 2022.

Due to low population size, flu vaccination coverage is suppressed at the year-by-year level. However, for the period of 2016-2020, 40% of Quay County residents reported they had been vaccinated for flu. Due to this low vaccine coverage, more flu vaccination events are needed to fully protect our communities. However, Quay County has a higher percent of adults aged 65+ receiving the pneumococcal vaccination (68.5% of eligible adults in 2016-2020).

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 they are very concerned about. Most people said they were very concerned about COVID-19, followed by cancer and obesity. Responses in the “other” category included alcohol-related diseases, autoimmune disease, mental health, Parkinson’s Disease and starvation.

Chronic Ailments of Concern in Quay County		
CHRONIC AILMENTS	#	%
COVID 19	55	21.9%
Cancer	50	19.9%
Obesity	48	19.1%
Heart disease	45	17.9%
Diabetes	42	16.7%
Other	11	4.4%
Total	251	100.0%

Table 22. Community Survey. PHS 2022.

Heart disease is the leading cause of death in 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) in Quay County is higher than the PHS 10-County Area, New Mexico and the U.S. This percentage increased almost 10% since 2011, which is a steeper increase than other geographies. This is an important metric for understanding indicators of future heart disease. Because of the wording of this question in the BRFSS, this metric is dependent on access to a physician, so there may be some underreporting here.

Percent of Adults With High Blood Pressure, 2015-2019	
GEOGRAPHY	PERCENT
Quay County	36.5%
PHS 10-County Area	29.8%
NM	30.7%

Table 23. Adult High Blood Pressure. BRFSS 2015-2019 (odd years only) 5-year estimates.

Similarly, prevalence of diabetes is dependent on access to a physician for diagnosis. Diabetes prevalence in Quay County was higher than the prevalence in NM and the PHS 10-County Area in 2019 (2020 data were suppressed). Because diabetes is one of the top ten leading causes of death in Quay County, chronic disease management programs are important for reducing further morbidity and mortality. This was reflected in community conversations as a need in Quay County.

Percent of Adults With Diabetes, 2016-2020	
GEOGRAPHY	PERCENT
Quay County	11%
PHS 10-County Area	10.9%
NM	11.9%

Table 24. Adult Diabetes Prevalence. BRFSS 2016-2020 5-year estimates.

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

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

Healthy Eating

Fewer Quay County youth are consuming the recommended amount of fruit and vegetables when compared to the PHS 10-County Area and statewide. Adults are consuming about the same as the PHS 10-County Area and New Mexico. In 2015-2019, 13.7% of adults reported consuming the recommended amount of fruits and veggies daily. This is slightly lower than the prevalence for adults statewide, at 15.3%. Youth fruit and vegetable consumption continues to fall below the statewide and PHS 10-County Area rates. 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.

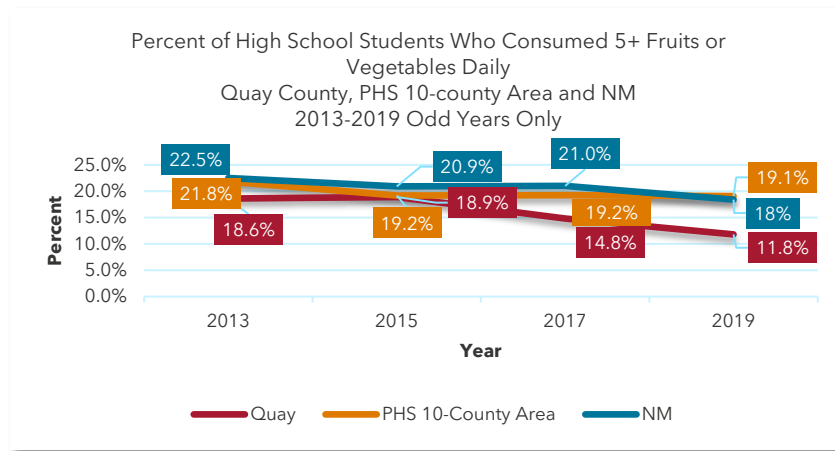


Figure 31. Youth fruit and vegetables consumption. NM YRRS 2013-2019.

Percent of Adults Who Consumed the Recommended Amount of Fruits and Vegetables Daily, 2015-2019	
GEOGRAPHY	PERCENT
Quay County	13.7%
PHS 10-County Area	15%
NM	15.3%

Table 25. Adult fruit and vegetables consumption. BRFSS 2015-2019 (odd years only).

Active Living

Physical activity has been linked to lower levels of chronic diseases such as uncontrolled diabetes, heart disease and poor mental health.²⁵ In Quay County, fewer youth engaged in physical activity daily in 2019 compared to 2015. When compared to the PHS 10-County Area and New Mexico, slightly more youth are engaged in physical activity. In 2015-2019, 58.5% of adults in New Mexico reported getting the recommended amount of physical activity, while 56.9% of Quay County adults engaged in regular physical activity.

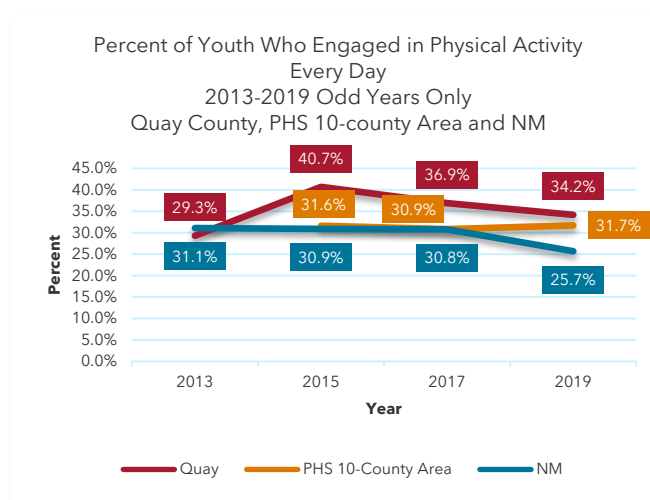


Figure 32. Youth Physical Activity. NM YRRS 2013-2019.

²⁵ Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics. <https://www.cdc.gov/physicalactivity/basics/index.htm>

Percent of Adults Who Engaged in Recommended Amount of Physical Activity, 2015-2019	
GEOGRAPHY	PERCENT
Quay County	56.9%
PHS 10-County Area	60.2%
NM	58.5%

Table 26. Adult Physical Activity. BRFSS 2011-2019 Odd Years Only.

Conclusions

Quay County is ranked less healthy than some other counties in New Mexico, per the RWJF County Health Rankings and Roadmaps framework, and there are persisting gaps and needs our community experiences. There are areas of health that are improving and areas that are getting worse. Life expectancy is decreasing in the county while deaths of despair, substance use and drug overdose are on the rise. Unemployment remains higher than pre-pandemic levels and pockets of the county experience lack of access to services and resources. More people appear to have some of the necessary resources to access healthcare (insurance, a PCP), and the percent of people who forego care due to cost has decreased, while the number of providers to population remains one of the highest in the state. Indicators of chronic health issues continue to rise: the percent of people with high blood pressure is high while key indicators for chronic disease prevention (healthy eating, active living) are getting worse in some populations.

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

Community Health Assessment

Dan C. Trigg Memorial Hospital

2023-2025

BEHAVIORAL HEALTH

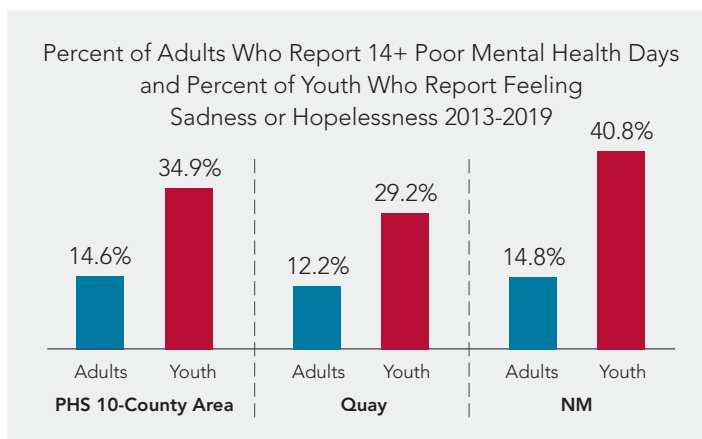


For the purposes of the 2023-2025 Community Health Assessment, Behavioral Health is defined as including individual behaviors and addressing mental health and wellness. This priority area encompasses a range of topics including substance use, anxiety, depression, mental well-being, suicide and others.

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

Quay County Youth Experiencing Sadness or Hopelessness (2013-2017)	% of youth
Female	42.8%
Male	23.4%

In Quay County, more girls (n=156) reported feeling sadness and hopelessness when compared to boys (n=76). More 9th graders reported feeling sad or hopeless (n=78) but a higher percentage of 10th and 11th graders reported feeling sad and hopeless (36.1% and 35.1, respectively). More Hispanic/Latinx youth reported feeling sadness and hopelessness (37.8% of Hispanic/Latinx youth) when compared to white youth (29.8%).¹



Almost 11% of white adults in Quay County reported having 14 or more days with poor mental health, and about 13% of Hispanic/Latinx adults said the same. Data are suppressed for other races. Additionally, drastically more women reported having poor mental health than men (20.8% vs 6.8%). Twenty-two percent of people who reported a household income between \$15k and \$25k per year reported having poor mental health.²

Deaths of Despair, Rate Per 100,000 Population. Quay County 2016-2020	
Gender	Rate
Male	174.2
Female	59.7

Deaths of Despair (2016-2020 5-year estimates) 115.5 deaths per 100,000

Men in Quay County have a higher death rate for deaths of despair (drug overdose, suicide and deaths 100% attributable to alcohol) with a death rate of 174.2 deaths for every 100,000 people, compared to women with a death rate of 59.7. Slightly more Hispanic/Latinx people died a death of despair compared to white people. Hispanic/Latinx people have the largest statistically stable death rate in Quay County – 118.4 deaths per 100,000 population, followed by white people (98.8). People aged 55-64 have the highest death rate at 174.7 deaths per 100,000 population, followed by men aged 35-44 years (147.9).³

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

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

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

BEHAVIORAL HEALTH SERVICES AND RESOURCES



PRESBYTERIAN
Community Health

988

New Mexico Human Services Department, Behavioral Health Services Division

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

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



CheckUp & Choices

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

- <https://checkupandchoices.com/>

Déjelo Ya

New Mexico Department of Health

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

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

Dose of Reality

New Mexico Human Services Department, Behavioral Health Services Division

A guide to treatment options and resources for opioid addiction.

- www.doseofreality.com/about-treatment

imi

Hopelab

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

- <https://imi.guide/>

Quit Now New Mexico

New Mexico Department of Health

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

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

Rethinking Drinking

National Institutes of Health

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

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

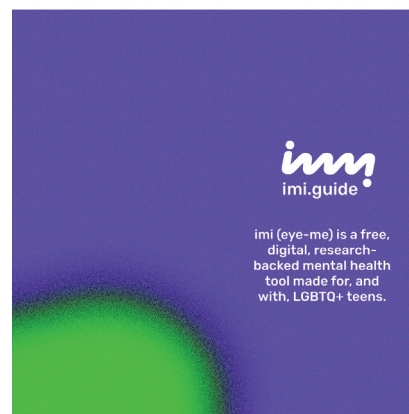
Share New Mexico

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



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

Equity Callout: LGBTQ+ Youth Mental Health Resource



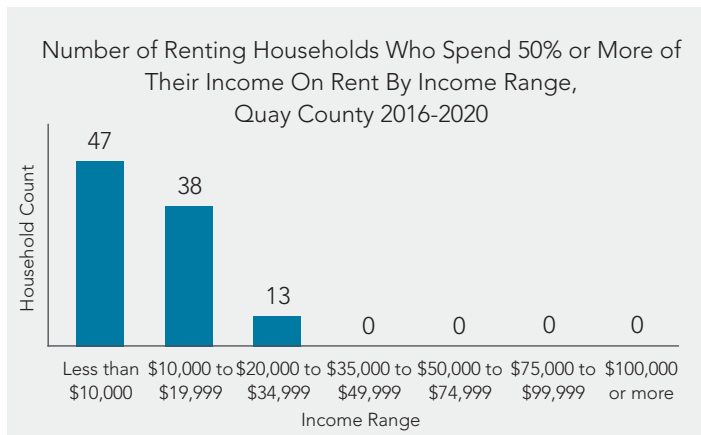
SOCIAL HEALTH



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

Severe Housing Cost Burden

Severe housing cost burden is used to estimate housing insecurity risk and economic stability for households by illustrating the percent of households who spend 50% or more of their household income on housing.⁵ 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 Quay County, about 10% of households spend 50% or more of their income on housing. About 86% of renters make less than \$20,000 per year and there appears to be an inverse relationship between income and percent of households who spend 50% or more of their income on housing – that is, as income rises in Quay County among renters, the percent of households who spend 50% or more of their income on housing decreases. About 48% of households who make less than \$10,000 spend 50% or more of their income on rent.⁶



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

10% of Quay County households spend 50% or more of their household income on housing.

where food deserts may exist, and because according to the Robert Wood Johnson Foundation, food deserts have been correlated with high prevalence of obesity, overweightness and premature deaths.⁷ Most of the city of Tucumcari is designated as an area of low income and low food

access at one mile for urban areas and 20 miles for rural areas (census tract 35037958602 and 35037958601). With about 6.6% of households without a vehicle (BRFSS 2015-2019), and most of the county living in an area that is at least 10 miles from a supermarket (Food Access Research Atlas, USDA 2019), access to healthy food is a considerable challenge in Quay County. This was echoed by community forum participants, who reported that the only grocery store in the county is in the city of Tucumcari, so other communities like Logan and San Jon do not have as much access to healthy food as those in Tucumcari.

6.6% of households do not have a vehicle (ACS 2016-2020) and most of the county lives in an area where the nearest supermarket is more than 20 miles away. (USDA Food Environment Atlas)

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

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

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

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



211 Helpline

United Way of Central New Mexico

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

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

Adult Protective Services

New Mexico Aging and Long-Term Services Department

Report adult abuse, neglect or exploitation.

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

BeWellNM

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

Health insurance education and enrollment assistance.

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



Coordinated Entry System

New Mexico Coalition to End Homelessness

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

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

Domestic Violence Resource Center

Free domestic violence education, prevention and resources.

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

GoodRx New Mexico

Drug prices and discount coupons at pharmacies in New Mexico.

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

NeedyMeds

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

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

NM Children, Youth and Families Department State of New Mexico

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

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

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

New Mexico Home Fund State of New Mexico

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

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

New Mexico Legal Aid

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

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

Presbyterian Healthcare Services Financial Assistance

Medical expense assistance at Presbyterian-owned facilities.

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

Rape Crisis Center of Central New Mexico

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

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

ReachNM

New Mexico Children Youth and Families Department

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

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

Roadrunner Food Bank of New Mexico

Statewide food assistance.

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

Share New Mexico

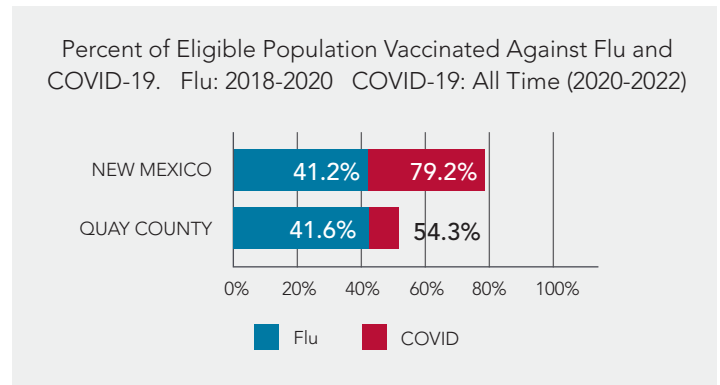
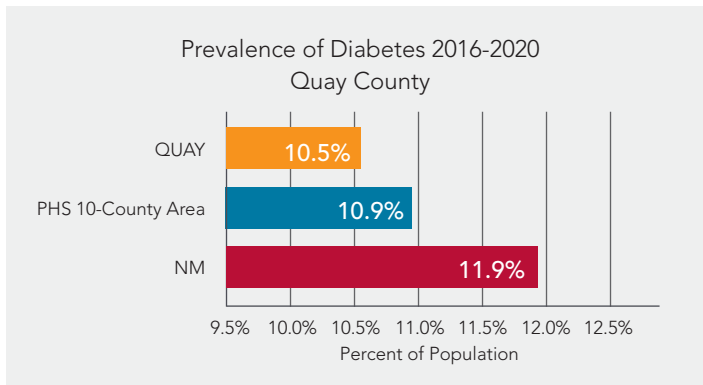
For more resources in your area, please visit <https://sharenm.org/>.



PHYSICAL HEALTH



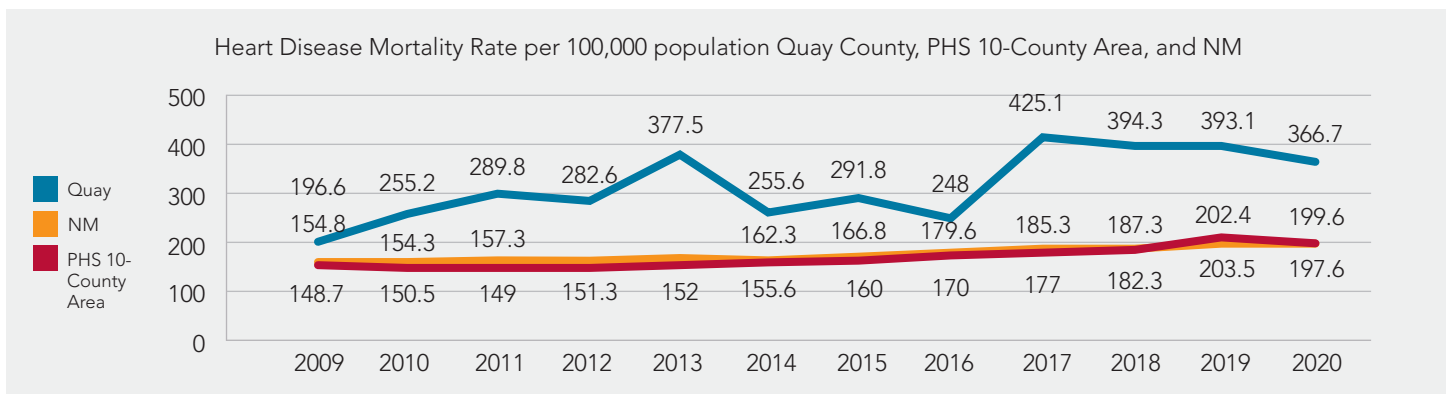
Communities and epidemiological data show the physical health people experience to be a primary area of community need. This priority area comprises chronic diseases, such as diabetes and heart disease, vaccinations and infectious diseases, as well as access to care issues and topics that contribute to or help to resolve chronic health issues. Physical health is defined as the conditions that contribute to an individual's overall, long-term health. To quantify physical health and work toward overall goals, we've elected the following metrics to track over time: prevalence of diabetes (BRFSS), influenza and COVID-19 vaccinations (BRFSS and NMDOH, respectively), and heart disease mortality rate (NMDOH BVRHS).



Diabetes is more common among women in Quay County than men, with 11.5% of women reporting they have been told by a doctor they have diabetes compared to 10.5% of men. Diabetes prevalence is highest among white people, and highest among people whose household income is \$15k-\$24k per year (16.8%).⁸

More men in Quay County were vaccinated against influenza than women, which is different from most other counties. About 38% of women got vaccinated and about 42% of men were vaccinated (2016-2020). A smaller percentage of white people (29.5%) were vaccinated when compared to Hispanic/Latinx people (44.4%). Flu vaccination rates are average in Quay County, though still low overall, and COVID-19 vaccination rates are lower in Quay than in the state overall.⁹

Only about 61.6% of adults have one dose of the COVID-19 vaccination series in Quay County, and only 54.8% have completed the primary series of vaccinations. COVID-19 deaths and hospitalizations continue to be high in Quay County. More work is needed to expand access to and combat misinformation of the COVID-19 vaccine.¹⁰ 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 Quay County have consistently been higher than in New Mexico overall. Most heart disease deaths were among white people (441.7 deaths per 100,000 population), than among Hispanic/Latinx people (295.5 deaths per 100,000 population). Women had a higher death rate (426.1) than men (304.6). People aged 85+ had the highest rate of heart disease deaths (39,238 per 100,000 population) (BRFSS 2016-2020).



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

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

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



Aging and Disability Resource Center

New Mexico Aging and Long-Term Services Department

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

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

COVID-19 Hotline

New Mexico Department of Health

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

New Mexico Kids

University of New Mexico, Early Childhood Services Center New Mexico

Early Childhood Education and Care Department

Early childhood resources, including child care programs and assistance.

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

Paths to Health New Mexico: Tools for Healthier Living

New Mexico Department of Health

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

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

Presbyterian Community Health

Presbyterian Healthcare Services

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

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

Families FIRST

New Mexico Early Childhood Education and Care Department

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

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

Share New Mexico

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



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

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

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

Forum 1 Participants Self-Reported Race and Community Sector Represented		Count of Participants
Albuquerque		2
	Nonprofit/community-based organization employee	1
	Public health worker	1
Anglo		1
	Community member	1
Caucasian		2
	Community Member	1
	Local or state government employee	1
Caucasian/Eastern European		1
	College/university employee/researcher	1
Española		1
	Public health worker	1
Melrose		1
	Local or state government employee	1
Tucumcari		2
	Healthcare provider/employee	1
	Local or state government employee	1
	Nonprofit/community-based organization employee	1
White		2
	Community member	1
	Local or state government employee	1
(Blank)		4
	Community member	1
	Healthcare consumer or consumer advocate	1
	Healthcare provider/employee	1
	Local or state government employee	1
Grand Total		17

Forum 2 Participants Self-Reported Race and Community Sector Represented		Count of Participants
Black/African American		1
	Local school district employee	1
Hispanic/Latinx		3
	Healthcare consumer	1

Healthcare provider/employee	1
Nonprofit or community-based organization employee	1
Native American	1
Nonprofit or community-based organization employee	1
White	9
Academic employee	1
Community member	1
Healthcare provider/employee	4
Local government official/employee	1
Nonprofit or community-based organization employee	2
Grand Total	14

Organizations represented in the Community Forums:

County Assessor	Healthy Kids Healthy Communities
Quay County CES	Santa Clara Pueblo
Presbyterian Healthcare Systems	NMPG
Logan School	Cross Arrow Medical Group LLC
Quay County Health Council	Quay County Commission
Quay County Government	Quay County Clerk
UNM Hospital	Mesalands Community College
Valencia County/Los Lunas DWI Program	Presbyterian Healthcare Services

Community Survey Participation

		Quay County	
Survey Completion		#	%
	Complete	91	59.1%
	Partial	63	40.9%
	Total	154	100.0%
Gender			
	Missing	43	27.9%
	Female	48	31.2%
	Male	63	40.9%
	Total	154	100.0%
Race/Ethnicity			
	American Indian/Alaska Native	7	4.5%
	Asian/Pacific Islander	0	0.0%
	Black/African American	9	5.8%
	Hispanic	26	16.9%
	White	63	40.9%
	Multiple	1	0.6%

	Other	3	1.9%
	Won't Say	25	16.2%
	Missing	20	13.0%
	Total	154	100.0%
Age			
	Missing	43	27.9%
	18-24	1	0.6%
	25-34	14	9.1%
	35-44	21	13.6%
	45-54	20	13.0%
	55-64	34	22.1%
	65+	21	13.6%
	Total	154	100.0%
Community Sector			
	Nonprofit/community-based employee	21	13.6%
	Education employee	18	11.7%
	Local government employee	24	15.6%
	Healthcare worker	23	14.9%
	Private business employee	15	9.7%
	Community member	44	28.6%
	Missing	9	5.8%
	Total	154	100.0%

APPENDIX C: MENTI SLIDES

Community Data Forum







Welcome to Community Health Assessment Forum!

We'll get started shortly!

In one word, how would you envision a healthy community?

healthy safe inclusive
vibrant involved
safe suicide
clean active vaccinated
encouraged more resources
good care
alive




What is the top health priority in the community now and in the next 3 years?

substance treatment
decent facilities
substance abuse
substance misuse
competent caregivers
mental health resources
inpatient care
hospital admission
poverty
getting good care
in patient care
mental health
keeping health care
diabetes educators
health literacy
lack of adequate housing
fentanyl overdose





Presbyterian Community Health



We Join our State in Working Toward These Goals*







Increase well-being among New Mexicans.

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

Reduce the impact of chronic conditions on our communities.

Outcome Measures
 Prevalence of Diagnosed Hypertension 
 Prevalence of Diagnosed Diabetes 

Measure	County	State	Direction
Life Expectancy	75.8	77.8	
Adult Mental Health – Not Good	12.2%	26.5%	

Measure	County	State	Direction
Dr. Diagnosed Hypertension	50.7%	31.6%	
Dr. Diagnosed Diabetes	19%	12.3%	

Source: BRFSS 2018, BVRHS 2019

Top 10 Leading Causes of Death – Curry County 2019

Curry County





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

NM

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











Source: BVRHS 2019

Behavioral Health

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

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

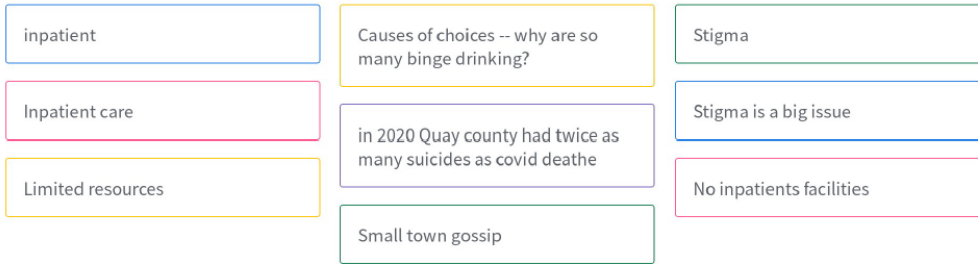
Presbyterian Community Health

Measure	County	State	Direction	Rank
Suicide Mortality*	11.9	33.9		4 of 33
Drug Overdose Deaths	11.9	28.8		16 of 33
Youth Tobacco Use	28.6%	37.2%		29 of 31
Youth Mental Health	29.2%	40.8%		29 of 31
Youth Alcohol Use	18.9%	27.5%		29 of 31
Adult Smoking	11.7%	15.8%		19 of 31
Adult Binge Drinking	20.3%	14.7%		2 of 31
Adult Heavy Drinking	4.9%	6%0		15 of 31
Youth Meth Use	0.9%	2.9%		11 of 31
Youth Heroin Use	2.5	2.7%		16 of 30

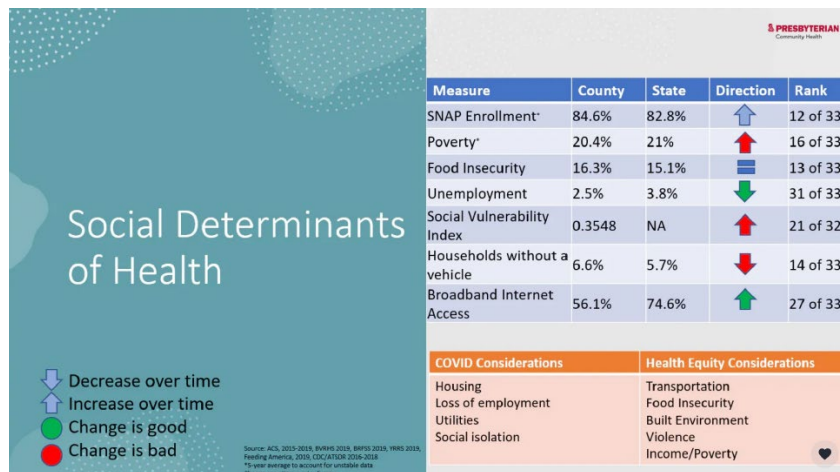
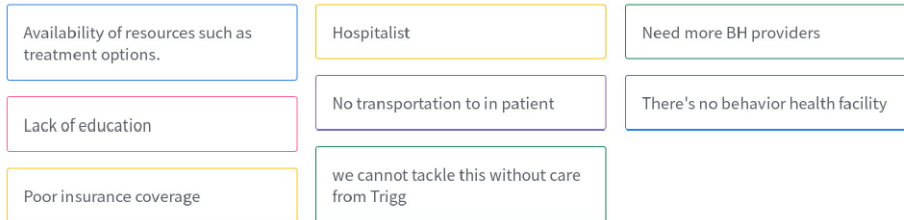
COVID Considerations	Health Equity Considerations
Lack of Access to providers Declining Mental Health Increase in Substance Use	Stigma Mental Health Substance Use Suicide/Homicide

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

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



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



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

No public transportation	Lack of housing	Health care is expensive. People must have insurance.
Geography	Few food stores	Transportation lacking
Increasing numbers of homeless	There is no prenatal care or OB/GYN	Transportation to get to care needed



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


Insurance limiting mileage on transportation to 90 miles in rural NM	Few clothing stores	Few providers.
Availability of life-supporting jobs	Challenge to find and afford food	Only one grocery store in Tucumcari with limited selection of healthy food
Jobs needed that provide enough to support household	No higher level of care available	Socioeconomic conditions are not conducive for people to be sent out of Quay County for care



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

No dietitian	Limited providers	Lack of Doctors
Will be down to one dentist	Education of public of what is available	





Access to Care

Measure	County	State	Direction	Rank
People Insured	91%	88.8%	↑	8 of 23
Vaccinated against Pneumonia*	71.2%	71.6%	↑	-
Prenatal Care	64%	65%	NA	25 of 33
Vaccinated against Flu*	36.1%	43.1%	↓	5 of 32
Went without care due to cost	7.1%	13.9%	↓	21 of 23

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

Source: ACS, 2019-2019, 01/01/2019, 09/10/2019
 *Year average to account for variable data
 Change over time = prior 5 years

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

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



Language barriers

Lack of education

Telehealth needed for specialty care

Basically, nothing outside of Tucumcari or Logan

Investment in local staff to provide care at Dan C. Trigg

Services and monies are available to people that are having emergency

Health Literacy

Limited access to specialist. Because of Covid wait time to get into seeing specialist.

Politics



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



Education

Need local ER docs

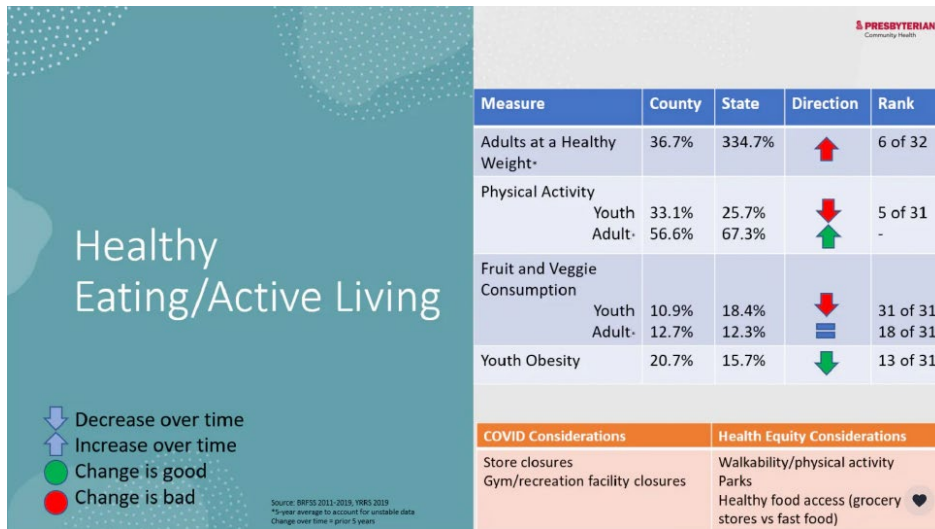
We have a hard time drawing medical professionals

Increase qualify staffing DCT we can support in patient admission instead of shipping

Food desert

There are few basic services such as sidewalks or street lights



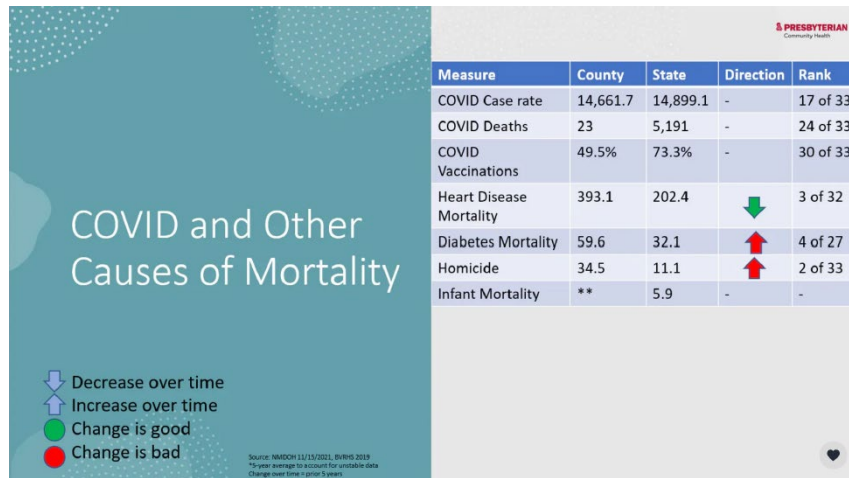


What are some additional Healthy Eating/Active Living considerations we should know about before we begin the planning phase?

- Only 1 grocery store in town so limited selection and variety
- Lack of access
- Limited quality of food sources
- City Parks have no lights
- Because of low household incomes, cost of more healthier food choices prohibitive.
- Healthy foods are not available in several areas of community
- Limitation with only one grocery store.
- People who live in the rural areas are aware of the limitations, and plan ahead. Everyone is able to get outside and walk if they are physically able
- Few basic amenities like sidewalks or streetlights

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

- San Jon does not have a grocery store 25 miles from Tucumcari
- Logan has a small grocery store
- Limited community participation
- Education about active living needed
- Covid school closures in San Jon and Logan, lack of nutrition not having school cafeteria
- The food pantry has way more food than they can give away
- We have large numbers of people access food help from ministry in Tuc
- Limited gym access due to pandemic
- Only place to get vaccinated is booked through Dec



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

Politics

Lack of buy-in on vaccines from local providers

Education level

Because people who have recovered from the virus do not need the vaccine.

Politics

Bad information

Misinformation in community

Politics

Fear

Four day wait to get a COVID test in Tuc right now

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

Health and science illiteracy

Information

No options for testing or vaccination outside of Tucumcari

Dan C. Trigg is not currently providing vaccinations

Time for testing, limited same day access

drawing medical professionals to our community and our hospital

Drawing medical professionals to our community and hospital.

Lack of inpatient care at Trigg.

Drawing health care professionals to our community

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

Suicide	Response to change in climate	Hospital have inpatient care
Need a mental health in care facility	Inpatient care at Dan C. Trigg	



Community Assets and Gaps Forum

PRESBYTERIAN Community Health

**Welcome to Community Health
Planning & Asset-Mapping Forum!**

We'll get started shortly!

Last time on CHA Community Forum...

- We looked at data and engaged in a discussion about the following:
 - Top causes of mortality
 - Key metrics to describe health
 - Participants' experiences/perceptions/views on what's happening in key health areas in the community
- This resulted in the following Community Health Priorities:
 - Social Health
 - Behavioral Health
 - Chronic Conditions



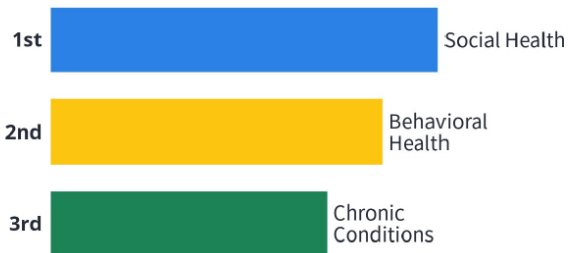
Forum Purpose

- Discussion on Communities' Health Priorities
 - What assets or resources exist to help us address community health priorities over the next three years?
 - What barriers exist that we should anticipate?
 - Who is affected the most?
 - What's working? What's not?
 - Why is this happening? What are the root causes?

Forum Purpose



Ranking Presbyterian Community Health Priorities



APPENDIX D: JAMBOARD

Results from community-based brainstorming.

BEHAVIORAL HEALTH

Access to Providers & Services
Substance Use
Mental Health



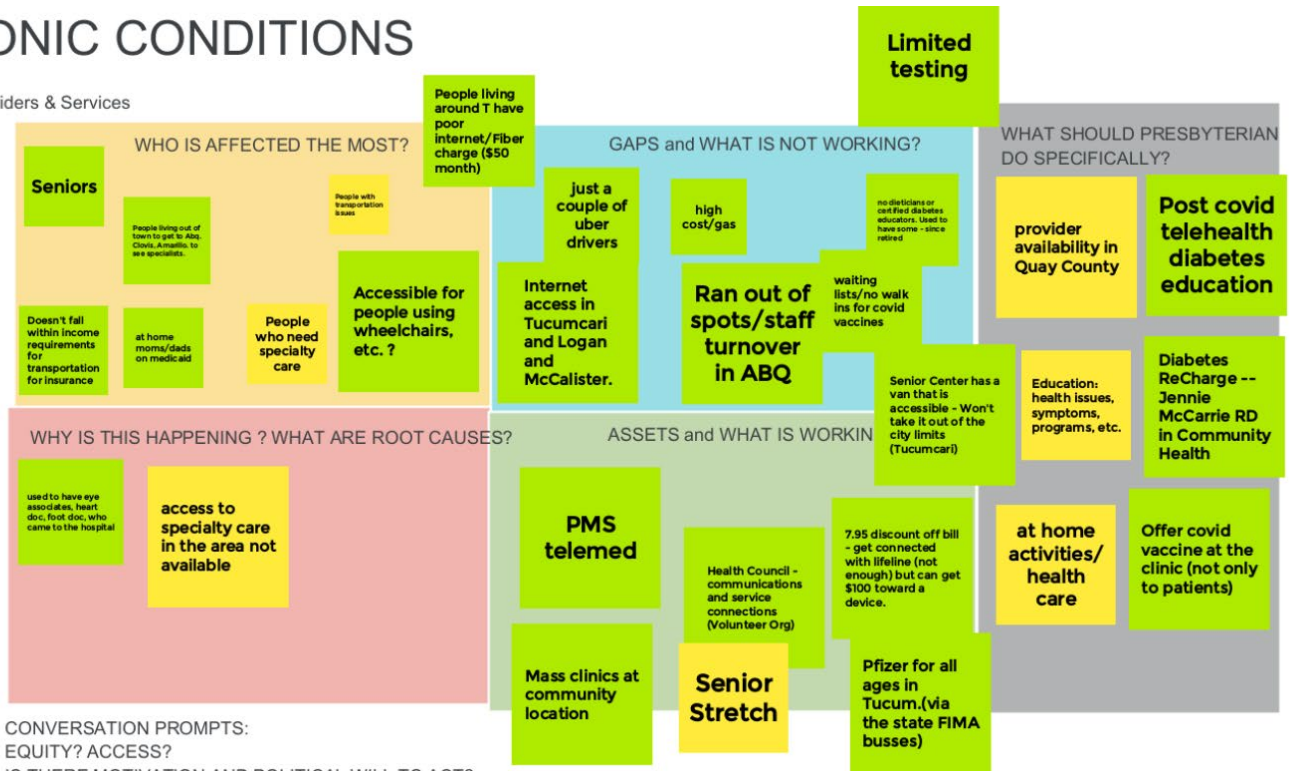
SOCIAL HEALTH

Access to Healthy Foods
Education
Transportation
Sidewalks, playgrounds, & parks
Insurance
Language
Literacy



CHRONIC CONDITIONS

Access to Providers & Services
 Heart Disease
 Diabetes
 Cancer
 Obesity
 Covid



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

APPENDIX E: HEALTH COUNCIL ASSESSMENT

Health Council Priorities Established with Community Input (2022).

1. Obesity Prevention and Access to Healthcare Services
2. Reduce Substance and Alcohol Misuse and Related Deaths
3. Increase Local Access to Specialty Healthcare
4. Increased Local Prenatal Care Access
5. Increase Local Access to Oral Healthcare
6. Increase Consumer Health Literacy

More information can found on [this fact sheet](#) and via the New Mexico Alliance of Health Councils

APPENDIX F: SURVEY

Community Survey as distributed through Qualtrics.



Default Question Block

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

Bernalillo

Curry

Lincoln

Quay

Rio Arriba

Sandoval

Santa Fe

Socorro

Torrance

Valencia

Other Other (please define)

What is your Zip/Postal Code?

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

Hispanic

Anglo

Black/African-American

Native American

Won't say

Other Other (please define)

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

Nonprofit/community-based employee

Private business employee

Education employee

Community Member

Local government employee

Other (please define)

Health care worker

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

Access to health care

Housing

Access to mental health care

Personal/interpersonal safety

Behavioral/mental health

Substance use

Climate change

Suicide

Environmental health (pollution, etc.)

Transportation

Food security

Other (please define)

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

COVID 19

Diabetes

Cancer

Heart Disease

Obesity

Other (please define)

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

Maternal/child health (pregnancy, birth)

Vaccinations

Healthy eating

Active living

Other (please define)

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

Parks/sidewalks/walking trails

Doctor's offices

Mental health/substance use treatment

Social services (housing, food assistance)

Public transportation

Grocery stores near you

Other (please define)

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

Parks/sidewalks/walking trails

Doctor's offices

Mental health/substance use treatment

Social services (housing, food assistance)

Public transportation

Grocery stores near you

Other (please define)

What would a healthy community look like to you?

APPENDIX G: 2020-2022 EVALUATION AND REPORT OUT


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



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

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

Key



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

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

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>.