



PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Presbyterian Española Hospital

2023-2025

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DEAR COMMUNITY

Dear Community,

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

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

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

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

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 health care, behavioral health, health insurance coverage, community supports, healthy food, and opportunities for exercise, as well as working to eliminate barriers such as poverty and discrimination that contribute to health inequity.

To fulfill that commitment, every three years, Presbyterian Community Health completes an extensive Community Health Assessment (CHA) and Implementation Plan process that informs the identified health priorities in the communities we serve and Presbyterian's systemwide strategy. The 2023-2025 assessment represents the most comprehensive and complex to date, reflecting our efforts to seek deeper community and stakeholder engagement compared with previous iterations. We have also employed a diversity and inclusion mindset with an equity lens to ensure that diverse voices are represented. Rio Arriba County is located in North Central New Mexico, just north of the state capitol of Santa Fe. The fifth largest county in New Mexico by land area, Rio Arriba is home to several tribal nations, including the Jicarilla Apache Reservation, Ohkay Owingeh, and the Santa Clara Pueblo. The health and well-being of Rio Arriba County's 40,330 residents reflects a complex community with both assets and barriers to good health.

The following CHA provides an in-depth look at the Rio Arriba County community, which is served by Presbyterian Española Hospital, an acute care hospital with 80 licensed beds located in Española, 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 Rio Arriba 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 Rio Arriba County Community

Rio Arriba is ranked among the least healthy counties in New Mexico, according to the Robert Wood Johnson Foundation County Health Rankings and Roadmaps Framework. While factors such as education, employment, income, family and social support, and community safety, and the physical environment (air and water quality, housing, and transit) contribute to this low ranking, the county has also seen significant improvement in a number of areas. A high percentage of people say they have health insurance, and a regular primary care physician, and a low percentage of people report that they went without care due to cost. Physical activity is improving among adults, and fruit and vegetable consumption among both youth and adults is also improving. Mental health indicators are getting worse, specifically deaths of despair (drug overdose, suicide, and deaths 100% attributable to alcohol). The prevalence of high blood pressure is increasing, which may be contributing to the elevated heart disease death rate. Most of the county is vaccinated against COVID-19, which may contribute to less severe disease in the community, lower utilization of emergency and intensive health care services. There are many gaps in health care resources, creating opportunities for improvement.

Survey respondents identified social services, existing doctors' offices, and parks among the community assets already in place. Mental health resources were ranked lower, alongside the senior center, grocery stores, and conveniently located clinics. Survey participants noted that additional resources are needed in the following areas: doctors' offices, access to clean water, day care centers, parks, indoor weight rooms, cooking classes, and healthy food.

Access to **mental health** care outpaces other topic areas community members say they are concerned about. In identifying the top three areas of greatest concern, survey respondents listed access to health care, substance use, and behavioral/mental health. Community forum feedback indicates that the community has a prevention and upstream mindset; by addressing gaps in resources in mental health care for mental health (either by addressing current poor mental health and substance use or preventive work by increasing resources), some of the major downstream effects, like the high rate of drug overdose deaths and deaths of despair, can be prevented. While Rio Arriba County has more mental health providers than many other counties, and the percentage of people with health insurance has increased, outcomes related to mental health continue to decline. Survey respondents identified siloed efforts without continuity as challenges to behavioral health. Upcoming work should be multi-faceted, following the three tiers of prevention and working with community assets to address gaps.

Rio Arriba County's deaths of despair rate has been consistently higher than in the PHS 10-County Area and New Mexico and has seen a more drastic increase than in the other geographies. While suicide deaths in Rio Arriba County are at an 11-year low, drug overdose deaths increased significantly (about 45%) from 2019 to 2020. During the Community Data Forum, participants expressed concern about overdose death rates, citing personal and community-wide experiences. Rio Arriba has a long history of drug overdose and, at one time, had the highest opioid overdose death rate in the nation. Drug overdose death rates remain much higher in Rio Arriba County compared with New Mexico, the PHS 10-County Area, and the United States, indicating a need for more substance use prevention and harm reduction programming in Northern New Mexico.

Many community forum participants expressed concern around access to food. Food insecurity rates in Rio Arriba County are nearly equal to those in New Mexico and the PHS 10-County Area. While food insecurity is decreasing slightly across these geographies, Rio Arriba County has seen an increase since 2018. Most people also noted active living as an issue of concern, followed by healthy eating and vaccinations, maternal/child health and crime. Survey respondents identified lack of stable/transitional housing, low income and lack of child care during appointments as challenges to **social health**.

When it comes to **physical health**, life expectancy in Rio Arriba County remains lower than that of the state, the PHS 10-County Area, and the United States, with a sharp decrease in 2020 that is likely due to additional deaths caused by COVID-19. Heart disease is the leading cause of death in Rio Arriba County and heart disease death trends in Rio Arriba County are much higher than in New Mexico and the PHS 10-County Area. Elevated blood pressure is a leading indicator of heart disease and the percentage of adults diagnosed with high blood pressure is much higher than in the PHS 10-County Area, New Mexico, and the United States. Survey respondents noted that lack of funding and resource navigation, which is heightened among older populations and young families, presents a challenge to physical health.

In addition to housing, forum participants also identified behavioral health, including access to treatment, addiction services, and harm reduction, job access, healthy food access, assisted living, dementia and end of life care, access to water, environmental cleanup, and education as the most pressing public health priorities that should be addressed in Rio Arriba County. **Priority populations in Rio Arriba County include women, Hispanic/Latinx and white residents, and people living in poverty.**

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 Rio Arriba County community.

ACKNOWLEDGEMENTS

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

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

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

Through an intentional way of working together, 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 turning the curve for improved 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.

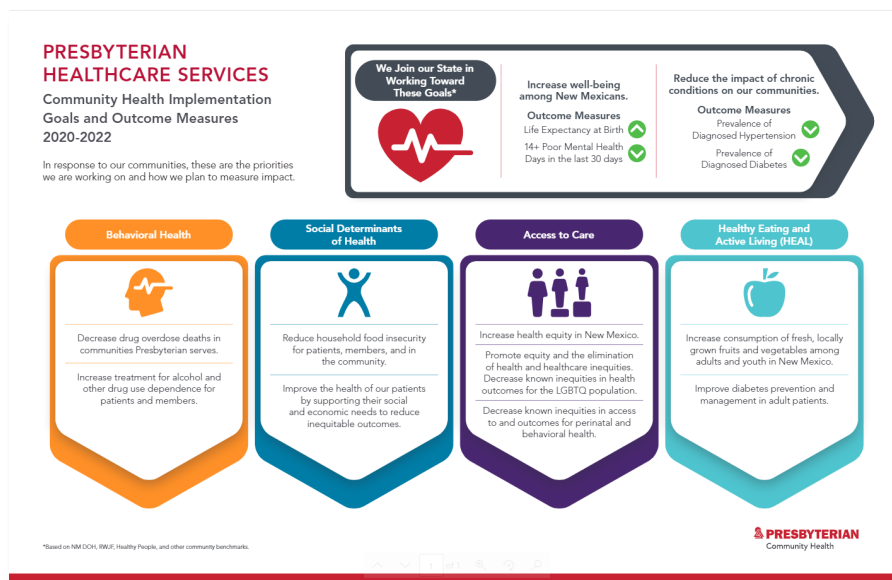
We are committed to caring for our community -- and have been for more than 100 years.

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



Community Health Promotion: In 2019, Presbyterian Community Health expanded programming to Northern New Mexico, with a focus on increasing access to affordable, healthy food, nutrition education, chronic disease, and cooking skills education. In response to community need, Community Health piloted a produce prescription program in rural, regional community sites in Northern New Mexico in collaboration with national hunger organization, Share our Strength No Kid Hungry. *Northern Roots: Where Families Eat, Learn and Grow*, is a community-informed, Community Supported Agriculture (CSA) produce prescription program that addresses early childhood nutrition security in Santa Fe and Española. The *Northern Roots* program offers participants: 1) 16 weeks of no-cost fruits, vegetables and pantry items distributed year-round at two hospital food distribution sites once a week, 2) nutrition education, skills-based training and resources specifically tailored to early childhood and 3) community resource navigation and nutrition assistance program enrollment. Additionally, Community Health supports the Fresh Rx program, in collaboration with the New Mexico Farmers' Market Association, to provide patients with vouchers to shop at the local farmers' market to address diet-related illness, such as diabetes.

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

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

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](#).



Addressing Health-Related Social Needs: In 2021, Presbyterian expanded work started during the five-year Accountable Health Communities project funded by The Centers for Medicare & Medicaid Services (CMS), for universal screening of every patient served for health-related social needs. Through identifying needs in food insecurity, transportation and housing, risky alcohol and substance use, mental health, and interpersonal violence, Presbyterian connects patients with community resources to address those needs. Community Health led Presbyterian's efforts to build a standardized and validated social determinants of health (SDOH) screening tool, integrate Presbyterian's electronic medical records system with a new technology platform to provide referrals to community resources, socialize and train the clinical workforce to ask sensitive questions with compassion and care, and implement a universal SDOH screening workflow across all Presbyterian hospitals, emergency departments,

urgent cares, and clinics. Since implementation late last year, over one million screenings have been conducted and patients have been connected to community resources for over 115,000 identified needs. Increased understanding of the social factors that impact our patients' health and wellbeing continue to help drive planning for programs, investment, community partnerships, and services to help address social and behavioral health needs in our communities.

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

ABOUT PRESBYTERIAN ESPAÑOLA HOSPITAL

Located in the beautiful Española Valley, Presbyterian Española Hospital is committed to the health of our patients, residents, and community. Each member of our healthcare team is dedicated to you and your health. We offer a wide range of healthcare services and are continually evolving to meet the growing needs of our community.

Where the Rio Grande, Rio Santa Cruz, and Rio Chama meet, we provide excellent healthcare in a neighborhood environment. This has been our commitment to you for more than 60 years.

OUR COMMUNITY

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

Rio Arriba County is located in north central New Mexico, just north of the state's capitol of Santa Fe. The county spans 5,896 square miles, making it the fifth largest county in New Mexico by land area. The county seat is Tierra Amarilla, and the county is home to a number of tribal nations, including the Jicarilla Apache Reservation, Ohkay Owingeh, and the Santa Clara Pueblo.¹

There are approximately 40,330 people living in Rio Arriba County, more than 70% of whom identify as white. About 29% of the population identifies as a person of color, Native American being the largest portion (14%), and Hispanic/Latinx being the second largest, about 13%.

¹ Rio Arriba County. New Mexico Counties. Retrieved from <https://www.nmcounties.org/counties/rio-arriba-county/> on 6/29/2022

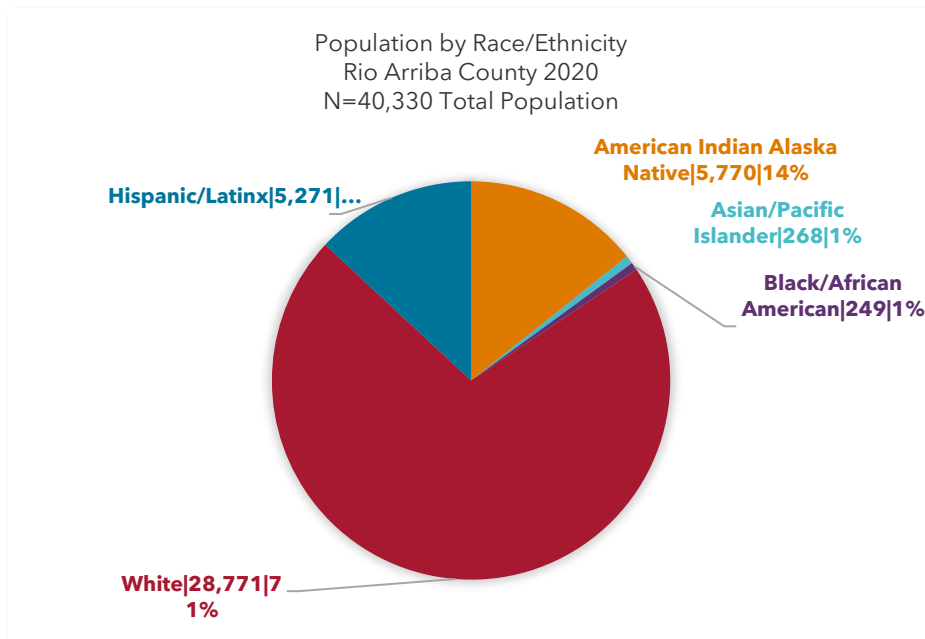


Figure 1. Source: UNM GPS Program, Population Estimates, 2020.

Most people in Rio Arriba County speak a language other than English at home (59.7%), and 40.3% of people speak English. Most people who speak another language at home speak Spanish (n=17,643 of 21,819 people who speak another language at home). "Other Languages" is the category with the second most speakers of a language other than English (10% of people who speak a language other than English, about 3,660 people). Most people who speak Spanish at home are between the ages of 18-64 with a somewhat large percentage (28%) of people who are 65+.

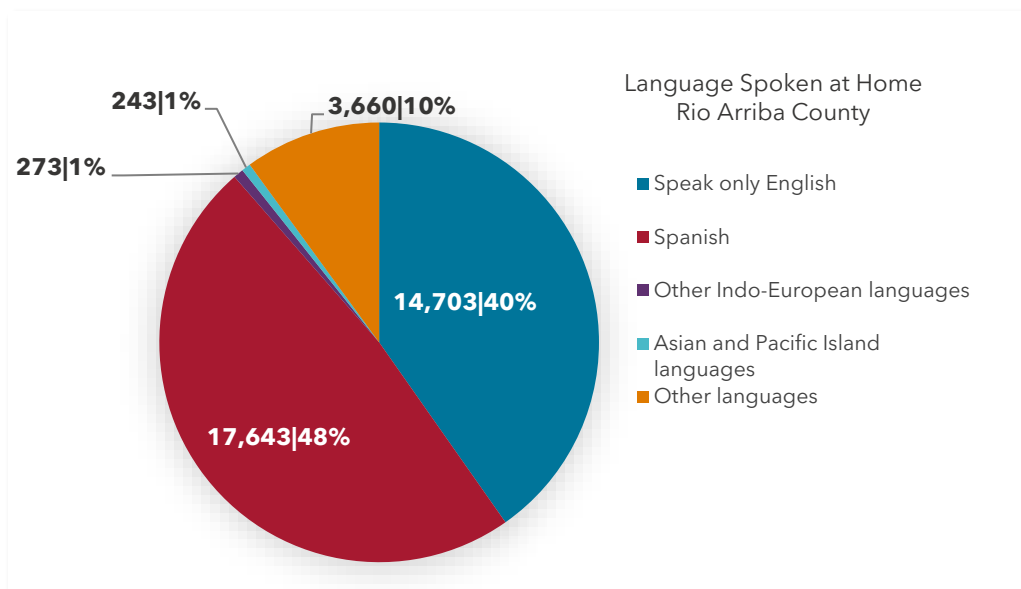


Figure 2. Source: US Census Bureau. American Community Survey 2016-2020 5-year estimates.

Consistent with the state, Rio Arriba County has slightly more women (50.9%) than men (49.1%) living in the county. The two most populous age groups in the county are 5-14 and 55-64, 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

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

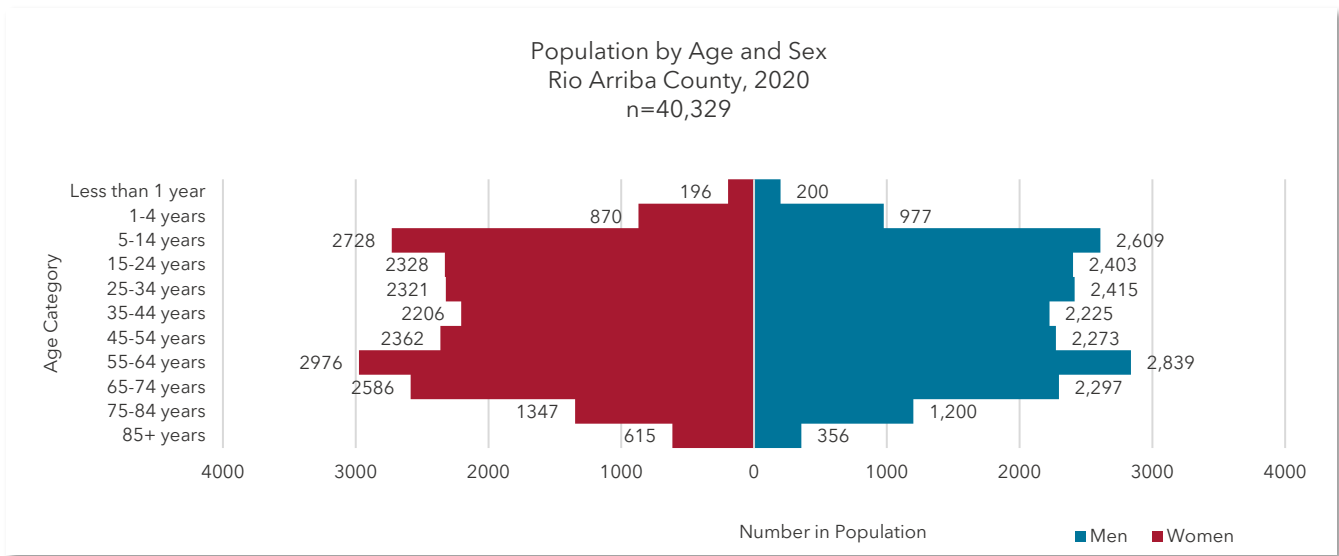


Figure 3. Source: UNM GPS Program, 2020.

Rio Arriba County has had a higher percent of the population living with a disability compared to New Mexico and the PHS 10-County Area up until 2020, when the percentage dropped to be near that of the other geographies. A little more than a quarter of the county's population lives with a disability. Among adults in Rio Arriba County who reported having at least one disability, most are over the age of 75 (51.6%). In Rio Arriba County, as age increases, so does the percent of people in that age bracket who report they have at least one disability, with the exception of the 35-44 age bracket, which has a slightly higher percent of people reporting having a disability than people in the 45-54 age bracket. More women in Rio Arriba County have a disability (36% compared to 34.3% of men) and slightly more Hispanic/Latinx people (36.6%) have a disability when compared to white people (32.2%).³

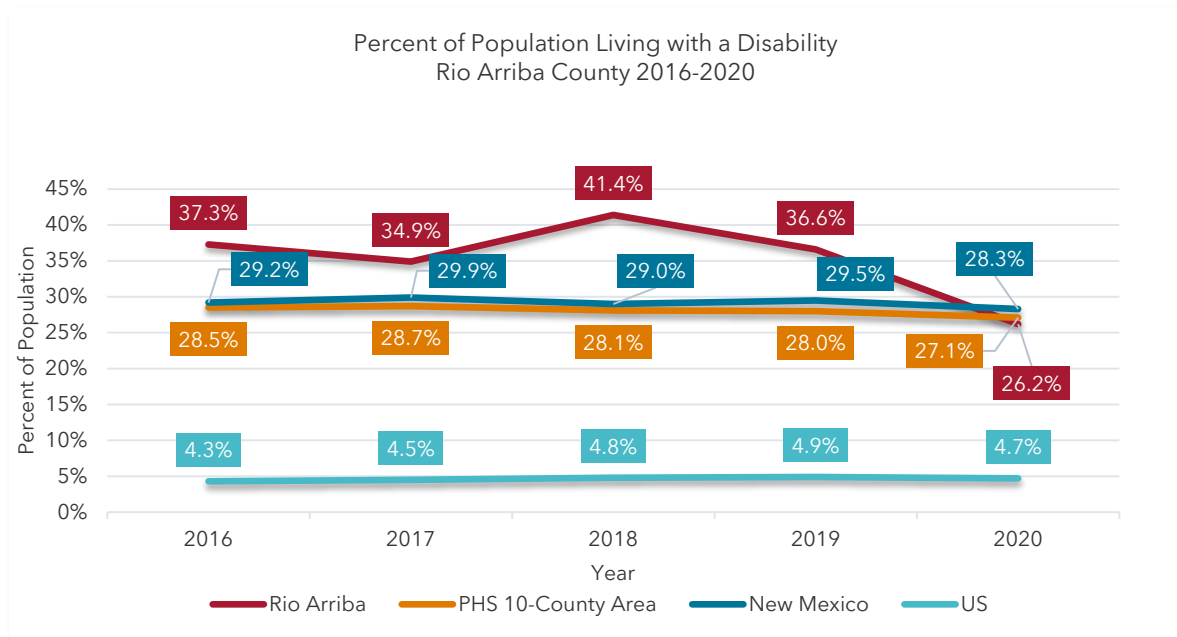


Figure 4. Source: 2016-2020 BRFSS.

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.

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

The patient population at Presbyterian Española Hospital, when compared to other counties within the PHS 10-County Area (counties Presbyterian serves), is proportionally more female, and more Hispanic/Latinx. A proportionally larger population of patients who seek care in Rio Arriba County identify as an “other” Race and “other” sexual orientation compared to other counties in the PHS 10-County Area.

Patient Population Demographics		
AGE	n	(%)
0-2	686	2.37
3-12	2,317	8.00
13-18	1,645	5.68
19-24	1,726	5.96
25-34	3,341	11.54
35-44	3,361	11.61
45-54	3,210	11.09
55-64	4,242	14.65
65-74	4,402	15.21
75+	3,822	13.20
UNKNOWN*	199	0.69
SEX		
FEMALE	15,778	54.50
MALE	13,170	45.49
UNKNOWN	3	0.01
RACE		
WHITE	17,643	60.94
OTHER	8,568	29.59
AMERICAN INDIAN OR ALASKA NATIVE	1,293	4.47
UNKNOWN	1,071	3.70
AFRICAN AMERICAN OR BLACK	161	0.56
ASIAN	95	0.33
MULTIRACIAL	71	0.25
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	49	0.17
ETHNICITY		
HISPANIC OR LATINX	21,054	72.72
NOT HISPANIC OR LATINX	6,788	23.45
UNKNOWN	1,109	3.83
PREFERRED LANGUAGE		
ENGLISH	27,733	95.79
SPANISH	975	3.37
UNKNOWN	205	0.71
OTHER	38	0.13
PAYOR		
MEDICAID	10,242	35.38
COMMERCIAL	8,374	28.92
MEDICARE	8,196	28.31
OTHER	1,279	4.42
UNKNOWN	860	2.97
Data Notes: (*) 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 initiated efforts to collect self-reported data		

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

Patient Population Demographics		
GENDER IDENTITY	n	(%)
UNKNOWN*	14,967	51.70
FEMALE	8,034	27.75
MALE	5,936	20.50
OTHER	**	**
TRANSGENDER	**	**
SEXUAL ORIENTATION		
UNKNOWN	22,364	77.25
STRAIGHT	6,367	21.99
LESBIAN	72	0.25
BISEXUAL	66	0.23
GAY	53	0.18
OTHER	29	0.10
Data Notes: (*) 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 initiated efforts to collect self-reported data		

Table 2. SOGI (Sexual Orientation and Gender Identity) -- Demographic snapshot of patients who receive care in Rio Arriba 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.⁴ This priority area comprises health-related determinants including economic stability, housing, food access, transportation, built environment, safety/interpersonal violence, and environmental health.

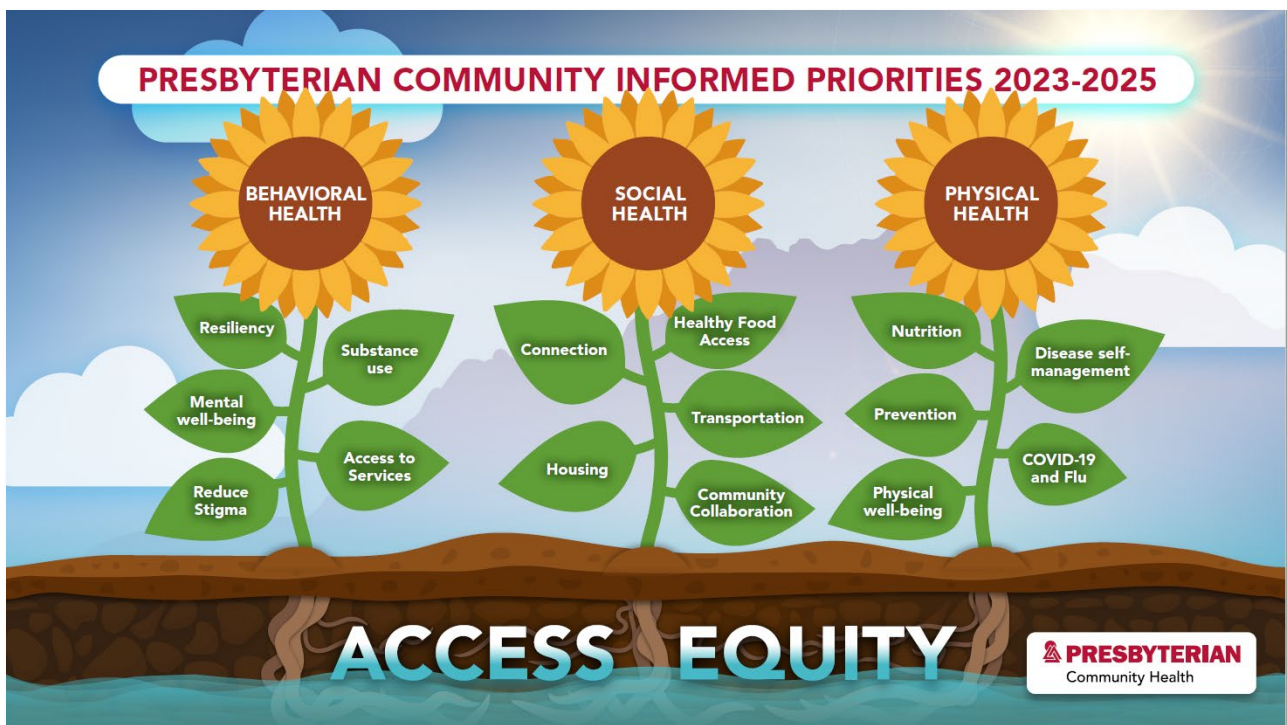
⁴ Healthy People 2030. US DHHS Office of Disease Prevention and Health Promotion. Retrieved from: <https://health.gov/healthypeople/priority-areas/social-determinants-health> on 6/8/2022

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

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

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

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



PROCESS AND METHODS FOR CONDUCTING THE ASSESSMENT

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

Conducting the Health Assessment

The Community Health Assessment paints a broad and comprehensive picture of the health of our community using a variety of sources. Secondary data collection, indicators from sources such as the BRFSS, YRRS, ACS, and more, were used to identify broad health topics that are of epidemiological importance and align with the 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, 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

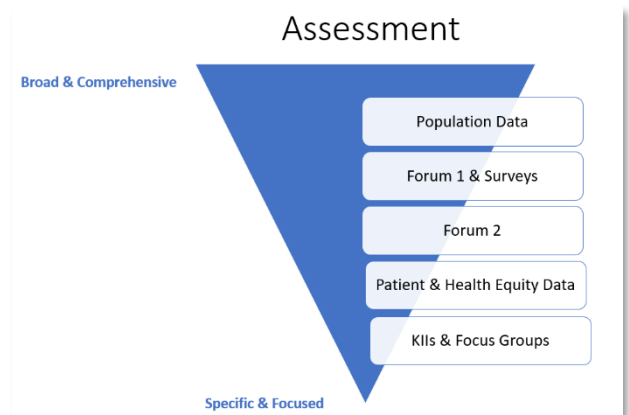
While quantitative data were used as the basis of mapping major health needs and disparities, qualitative data were necessary to understand the context and community perceptions around those health outcomes. The qualitative data and feedback collected as part of the CHA process reflects attitudes, knowledge, 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 four main ways: community data indicator forum, community survey, community assets and gaps forum and a focus group focusing on maternal and child health.



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 5) were grouped into the following categories: community issues, chronic ailments, healthcare issues, community assets, and gaps and needed resources. The survey also collected demographic information: age range, race, ethnicity, gender, and community sector (what the participant’s role in the community was). Survey results can be found as part of the community assessment.

Themes by Type of Community Input			
COMMUNITY DATA FORUM N= 11	ASSETS AND GAPS FORUM N= 50	COMMUNITY SURVEY N= 72	FOCUS GROUP N=6
Leading Causes of Death	Support cross-organization collaborations	Chronic ailments	Maternal and child health
Behavioral Health	Stigma reduction	Environmental factors	
Social Determinants of Health	Access to services	Healthy lifestyle	
Access to Care	Housing assistance	Mental/behavioral health	
Healthy Eating/Active Living	Public transportation		
Chronic Disease and Other Conditions	Rural healthcare		
	Improve community awareness of services		

Figure 5. Community Input and Themes.

Limitations

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

Stakeholder Engagement

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

Community Engagement

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

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

In an effort to increase direct community input, Presbyterian Community Health developed a brief health needs survey and administered that to the community at large. Presbyterian Community Health used Google to ask random individuals about their perceptions on the most pressing health needs – see [Appendix G](#) for the full tool. Additionally, the same tool was distributed through health councils to their non-random listservs and advertised on their social media to garner additional input.

Community Health Advisory Board

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

Health Council Engagement

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

Presbyterian Healthcare Services Leadership Engagement

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

Presbyterian Departmental Engagement

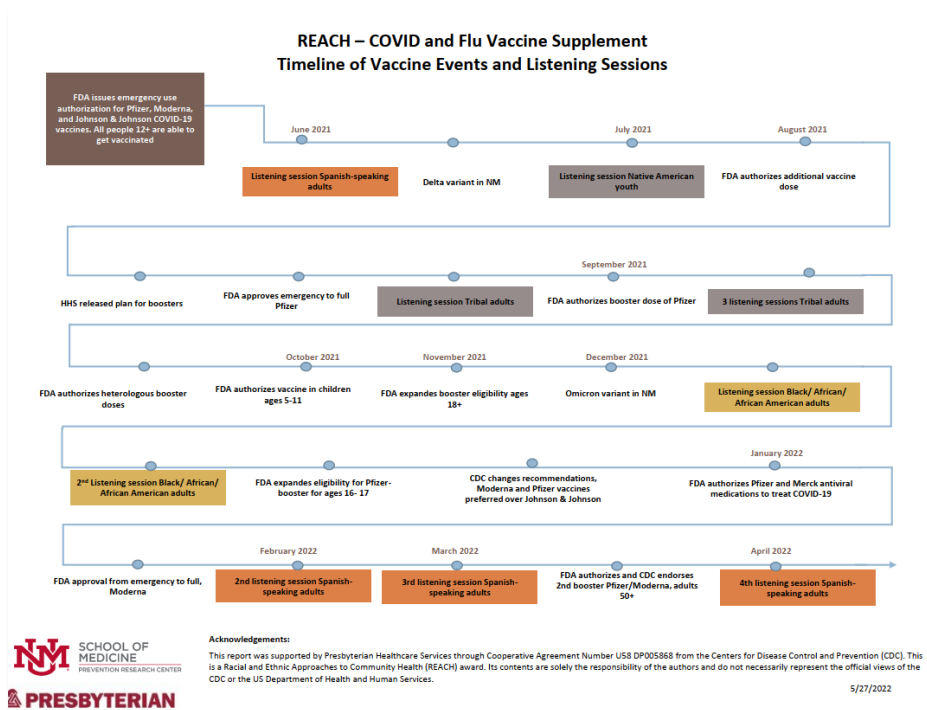
Presbyterian Community Health partnered with the Presbyterian Analytics Organization to pull important patient demographic and social needs data for each community to conceptualize and differentiate between community statistics and hospital patient statistics/reach. Key stakeholders from population health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

Additional Assessments

In addition to the assessment activities conducted specifically to inform this Community Health Assessment, we compiled information from a variety of additional sources and continues to conduct assessment activities to inform overall strategy and program implementation and improvement. In addition to consulting written assessments like the 2022 Rio Arriba Community Health Council information brochure, 2021 Rio Arriba County Health Profile created in partnership with the NM Data Collaborative, 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. These activities include:

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

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



Prioritizing Needs

Priority areas were developed from three sources: epidemiological data, community survey data, and community feedback via community forums. The top ten indicators and topics were selected for each source in different ways. Epidemiological data were ranked based on burden in the community (death rates, high ranking incidence and prevalence of disease, and upstream indicators). Community survey data were processed via SAS to identify top ten topics for each county as selected by survey takers (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 Rio Arriba County. Most participants indicated that housing was the top priority. Other areas of concern included behavioral health, including access to treatment, addiction services, and harm reduction, job access, healthy food access, assisted living, dementia and end of life care, access to water, environmental cleanup, and education.

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



Figure 6. Community Priorities. Source: Presbyterian 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.

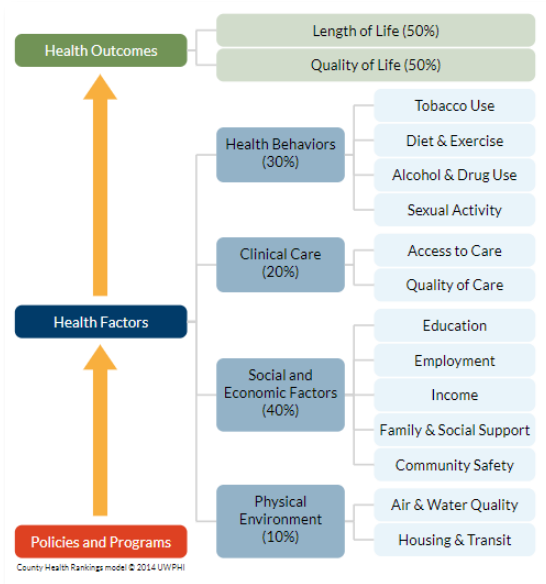
Top 10 Health Topics in Rio Arriba County		
POP LEVEL DATA	SURVEYS	FORUMS
1. Heart Disease	1. COVID-19	1. Parks/Playgrounds/Sidewalks (Built Environment)
2. Drug Overdose/Substance Use	2. Cancer	2. Access to Healthy Food
3. COVID-19	3. Diabetes	3. Housing
4. Diabetes	4. Active Living	4. Substance Use
5. Mental Health	5. Climate Change	5. Service Availability
6. Youth Substance Use (all types)	6. Access to Healthcare	6. Transportation
7. Youth Mental Health	7. Access to Mental Healthcare	7. Childcare/Eldercare
8. Transportation	8. Substance Use	8. Mental Health
9. Access to Healthy Foods	9. Healthy Eating	9. Access to Providers/Treatment/Services (BH)
10. Access to Care	10. Environmental Health	10. Provider Availability/Delay in Care (Access to Care)

Table 3. Top 10 topics. PHS Community Health.

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.⁵

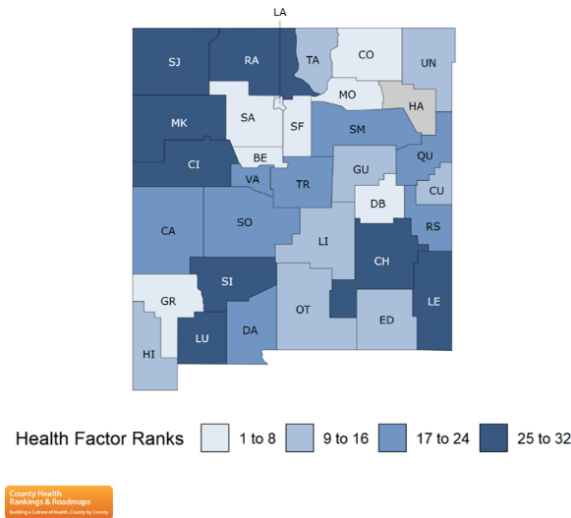
Rio Arriba County's overall health rankings for health outcomes, as determined by the Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, are in the lower 25th percentile (0%-25%), indicating that Rio Arriba County is among the least healthy counties in New Mexico. The health outcome ranking for Rio Arriba County is 31 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.⁶

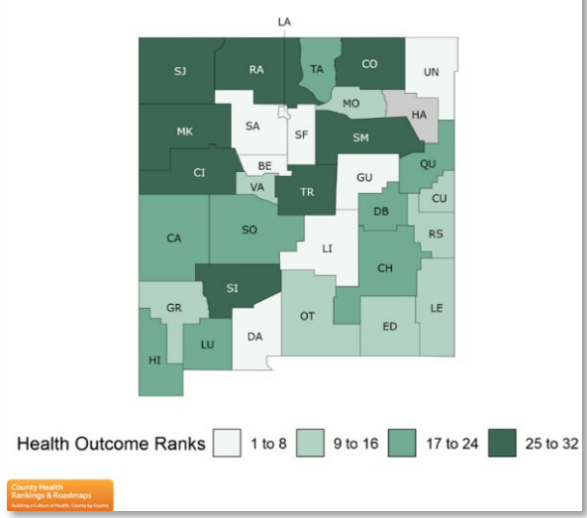
⁵ County Health Rankings and Roadmaps (2022) County Health Ranking Model. Available at: <http://www.countyhealthrankings.org/countyhealth-rankingsmodel>. Accessed: May 5th, 2022.

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

2022 Health Factors – New Mexico



2022 Health Outcomes – New Mexico



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). Rio Arriba County ranks 27 out of 32 counties (one county is not ranked) in health factors, again in the lowest 25th percentile, meaning it is one of the least healthy counties in New Mexico when it comes to health factors.

When asked what one word describes a healthy community, most people said thriving, healthy children, and “25.” Other responses included hunger-free, healthy food access, meaningful jobs, COVID-free, vital downtown community, substance use, healthy environment, inclusivity and connection, compassion and easy access to resources, and more – see word cloud below.

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



Figure 7. Source: Presbyterian Community Health Mentimeter.

We organized the epidemiological data in alignment with our current (2020-2023) community health priorities and additional metrics to give an overall view of health in the county.

Community Assets and Gaps

Survey respondents provided perceived assets that exist in the community that help people be healthy. Participants noted that social services, doctors' offices, and parks were community assets that exist. Mental health resources were ranked lower. Other assets include the senior center, grocery stores, and conveniently located clinics.

Rio Arriba County - Survey Responses		
COMMUNITY ASSETS	NUMBER	PERCENT
Doctor's offices	20	24.7%
Parks/sidewalks/walking trails	20	24.7%
Social services (housing, food assistance)	20	24.7%
Mental health/substance use treatment	15	18.5%
Other	6	7.4%
Total	81	100.0%

Table 4. Community Survey. Presbyterian 2022.

Survey respondents provided input on needed resources that can help the community be the healthiest it can be. Though doctors' offices were identified as an asset to the community, most people said there are also gaps or that doctors' offices are a needed resource. Additionally, about 16% of people said that having a grocery store near them was a gap or needed resource. Some other gaps and needed resources include access to clean water, daycare centers, parks, indoor weight room, cooking classes, and healthy food.

Rio Arriba County - Survey Responses		
GAPS/NEEDED RESOURCES	NUMBER	PERCENT
Doctor's offices	24	21.1%
Mental health/substance use treatment	19	16.7%
Grocery stores near you	18	15.8%
Parks/sidewalks/walking trails	16	14.0%
Social services (housing, food assistance)	16	14.0%
Public transportation	14	12.3%
Missing	7	6.1%
Total	114	100.0%

Table 5. Community Survey. Presbyterian 2022.

Additional Community Definitions and Data Notes

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

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

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

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

While the data presented paint an overarching picture of health in communities, not every indicator is indicative of the experiences of subsets of our communities, specifically racial/ethnic groups, specific age groups, zip code or

neighborhood areas, or minority or otherwise marginalized groups. Additionally, due to data reporting standards put in place to protect anonymity, some metrics are unavailable at those subcommunity levels due to small numbers.

Life Expectancy

Life expectancy in Rio Arriba County remains lower than that of the state, the PHS 10-County Area, and the US with a sharp decrease in 2020 that is consistent with other counties and the state. Life expectancy in 2020 likely dropped drastically due to additional deaths caused by COVID-19.

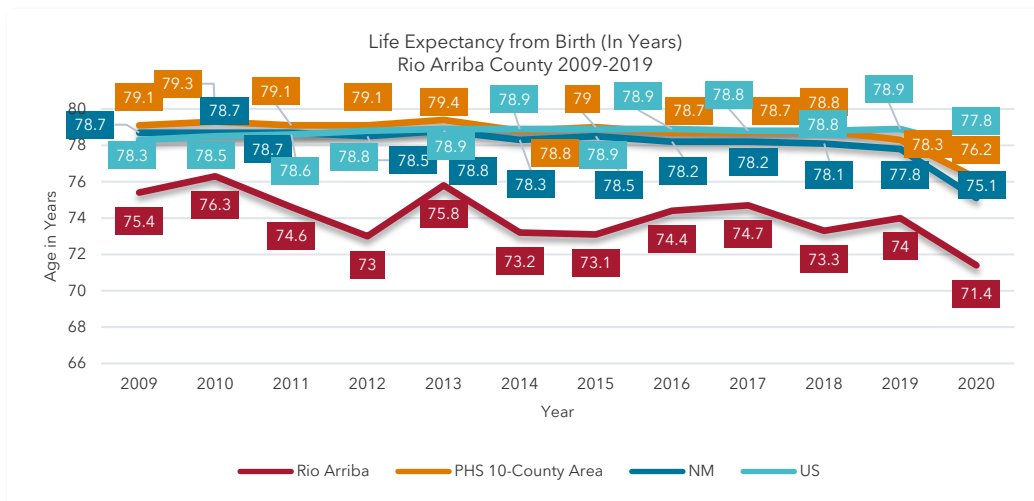


Figure 8. Life Expectancy at Birth. NMDOH BVRHS 2009-2020.

15 Leading Causes of Death

15 Leading Causes of Death in New Mexico - 2020	Deaths per 100,000 Population (crude rate) in Rio Arriba County
1. Heart disease	245.5
2. Cancer	171.1
3. Coronavirus disease 2019 (COVID-19)	111.6
4. Unintentional injuries	161.2
5. Chronic lower respiratory diseases	59.5
6. Cerebrovascular disease (stroke)	32.2
7. Diabetes mellitus	19.8
8. Chronic liver disease and cirrhosis	42.2
9. Alzheimer's disease	24.8
10. Suicide	12.4
11. Influenza and pneumonia	19.8
12. Kidney disease	32.2
13. Parkinson's disease	2.5
14. Septicemia	22.3
15. Homicide	9.9

Heart disease is the leading cause of death in Rio Arriba County with 245.5 deaths for every 100,000 population in 2020. Heart disease death trends in Rio Arriba County are much higher than New Mexico and the PHS 10-County Area. Heart disease deaths are increasing among all three geographies with a more drastic increase starting in 2019 in Rio Arriba County. Among all counties ranked in 2020 (32 counties ranked, one county has suppressed data), Rio Arriba County has the 14th highest heart disease death rate in the state.

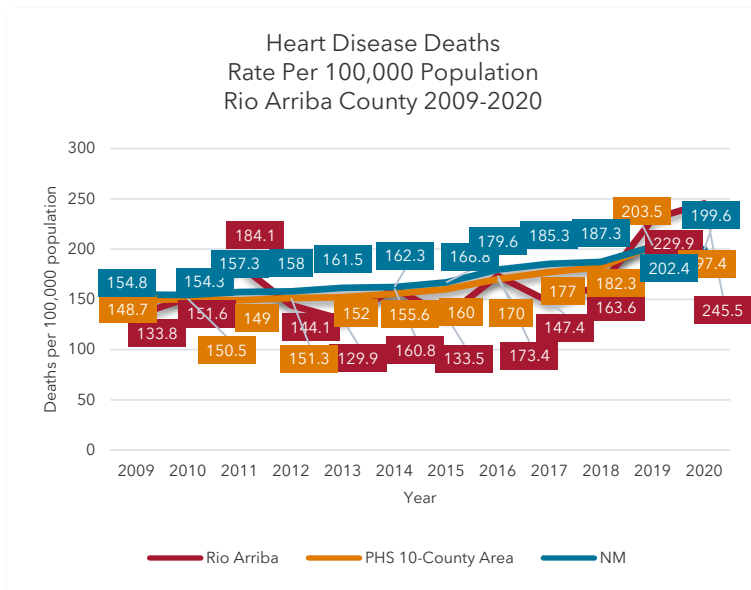


Figure 9. NMDOH BVRHS 2009-2020.

Cancer is the second leading cause of death in New Mexico and in Rio Arriba County. The most common types of cancer in Rio Arriba County are breast cancer (59 cases per 100,000 population), prostate cancer (51.9), colon cancer (excluding rectum, 35.1 deaths), lung cancer (34.6), and pancreas (18.3).⁷ The most common types of cancer involved in cancer deaths include lung cancer, colon cancer, malignant neoplasms in the liver and bile ducts, breast cancer, and prostate cancer. Cancer deaths that are classified as attributable to some other type of malignant neoplasm are most common (26.4 deaths per 100,000 population). Cancer rates in Rio Arriba County continue to be similar to the PHS 10-County Area and the state overall.⁸

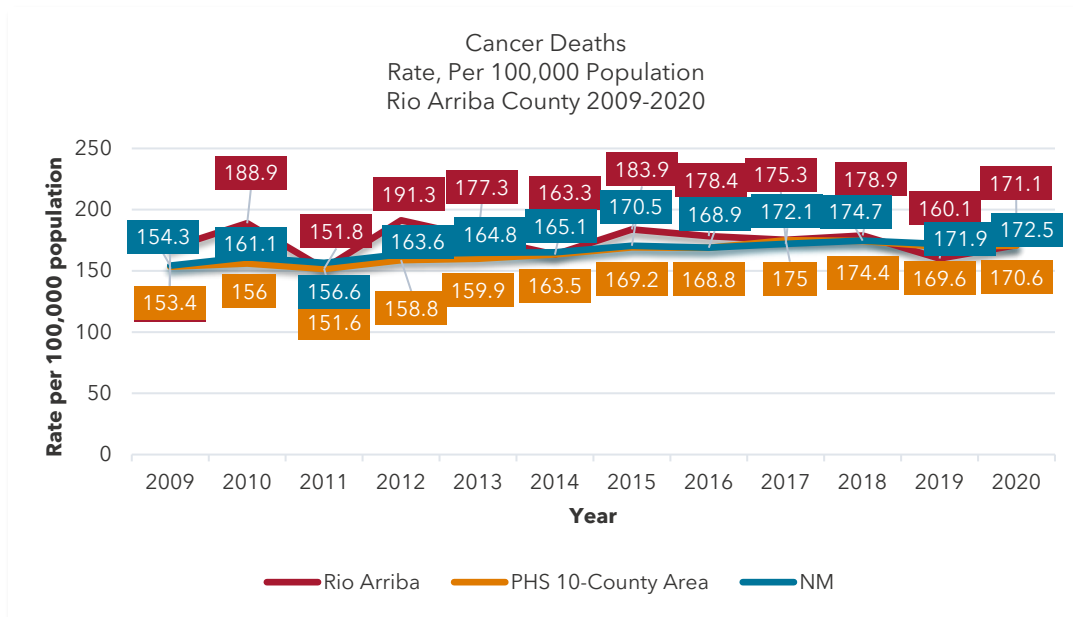


Figure 10. NMDOH BVRHS 2009-2020.

⁷ New Mexico Tumor Registry. Cancer Incidence by County (2015-2019). Retrieved from <https://ibis.doh.nm.gov/query/result/cancer/CancerCnty/CrudeRate.html> on 5/19/2022

⁸ New Mexico Department of Health, Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division. Cancer Death Rate. (2016-2020). Retrieved from <https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html> on 5/19/2022

Coronavirus Disease (COVID-19) was the third leading cause of death in New Mexico and has an important impact on health in Rio Arriba County with a death rate of 111.6 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 18.1 deaths per 100,000 population in 2019 and 19.8 deaths per 100,000 population in 2020. The COVID death rate in 2020 was about six times higher than the flu death rate in 2019. Native Americans in Rio Arriba County were disproportionately affected by COVID, with a death rate of 346.6.

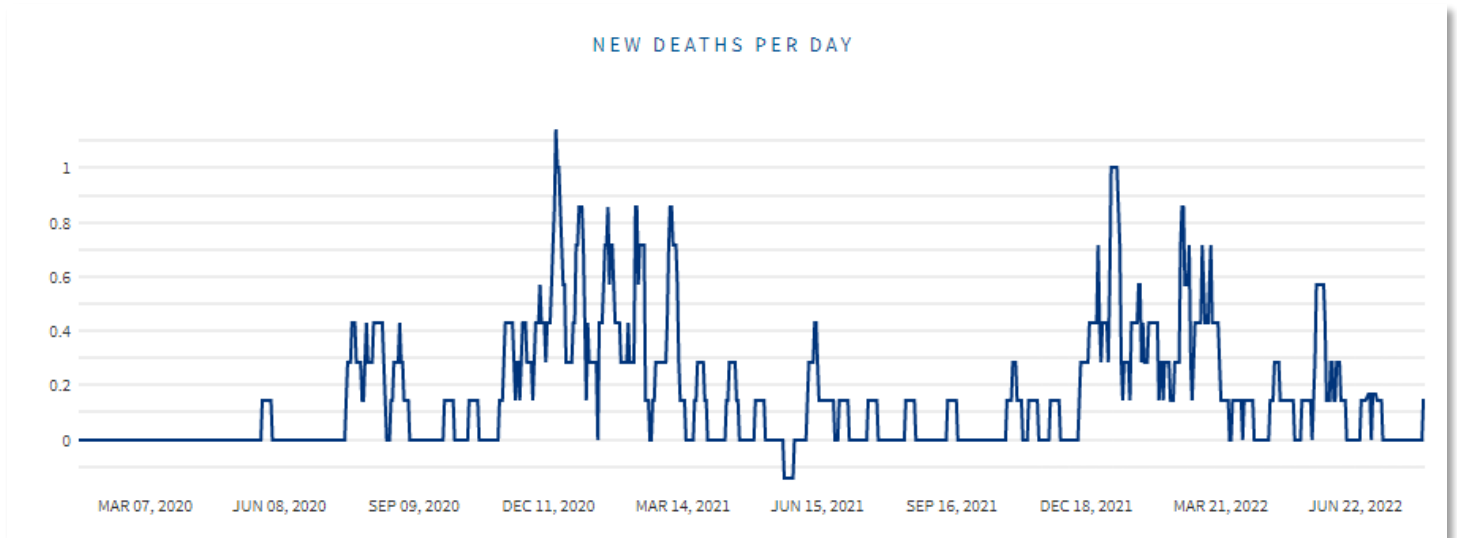


Figure 11. New COVID deaths, 7-day averages, USA Facts.⁹

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.¹⁰ Behavioral Health also encompasses mental illnesses and disorders, ranging from anxiety and depression to schizophrenia and other severe mental illnesses.

In Rio Arriba County, access to mental healthcare outpaces other topic areas of community concern. It is clear from community forums that the community has a prevention and upstream mindset - by addressing gaps in resources in attaining healthcare for mental health (either addressing current poor mental health and substance use or preventive work by increasing resources), some of the major downstream effects, like the high rate of drug overdose deaths and deaths of despair, can be prevented. While Rio Arriba County has more mental health providers than many other counties (and the state overall), and the percent of people with health insurance has increased, outcomes related to mental health are still declining. Upcoming work should be multi-faceted following the three tiers of prevention and working with community assets to address gaps.

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

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

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

Rio Arriba County - Survey Responses		
BEHAVIORAL HEALTH TOPIC AREA	#	%
Access to healthcare	56	45.9%
Substance abuse	27	22.1%
Behavioral/mental health	22	18.0%
Suicide	16	13.1%
Other	1	0.8%
Total	122	100.0%

Table 6. Community Survey. Presbyterian 2022.

Access to Mental Healthcare

Access to mental health providers continues to be a challenge in Rio Arriba County, though there are more providers per population than in surrounding counties and New Mexico overall. In 2020, there was one mental health provider for every 190 people in the county (patient provider ration of 190:1). Rio Arriba County has a lower population to provider ratio than the state (240:1), meaning mental healthcare theoretically should more accessible than the other counties without accounting for transportation, insurance, provider availability, and other social factors.¹¹

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

Tobacco needs far outpace other needs patients were screened for – of the patients screened for all social needs, tobacco was the most common among completed screenings. That being said, all behavioral health needs identified in Rio Arriba County are higher than other counties, indicating a need to expand alcohol, tobacco, and other drug prevention and treatment and access to mental health resources.

Patients' Self-Reported Behavioral Health Needs		
ALCOHOL NEED	N	(%)
Screenings Completed	1,523	
Unique Patients Screened	1,523	
Unique Patients Reporting Any Need	153	10.0%
TOBACCO NEED		
Screenings Completed	1,400	
Unique Patients Screened	1,400	
Unique Patients Reporting Any Need	444	32.0%
OPIOID NEED		
Screenings Completed	1,591	
Unique Patients Screened	1,591	
Unique Patients Reporting Any Need	180	11.0%
MENTAL HEALTH NEED		
Screenings Completed	14,727	
Unique Patients Screened	11,963	
Unique Patients Reporting Any Need	1,657	14.0%
Data Notes: A maximum of one screening per six months per patients was recorded; only the first screening was counted if a patient received more than one screening per SDOH need within a six-month period (**) Denominator of percentage is "Unique Patients Screened"		

Table 7. Counts of patients seeking care at Presbyterian locations in Rio Arriba County screened for behavioral health in 2021.

¹¹ 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) has trended higher than NM and the PHS 10-County Area in Rio Arriba County since 2015. There was a decrease of about 15% from 2017-2019 in youth tobacco use which was inconsistent with a slight increase in NM and the PHS 10-County Area during the same time period. About 17% of adults in Rio Arriba County smoke cigarettes compared to about 16% statewide (BRFSS 2016-2020). Overall, adult cigarette use has decreased since 2011 and is similar to the state rate. More research is needed to understand whether these changes correlate with e-cigarette use. For example, 35.7% of youth in Rio Arriba County reported using e-cigarettes in 2015 and in 2017, that percent increased to 48% of youth.¹²

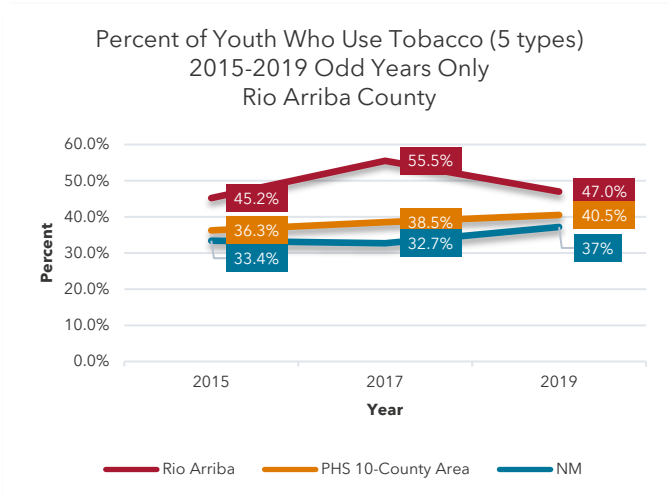


Figure 12. Youth Tobacco Use. NM YRRS 2013-2019.

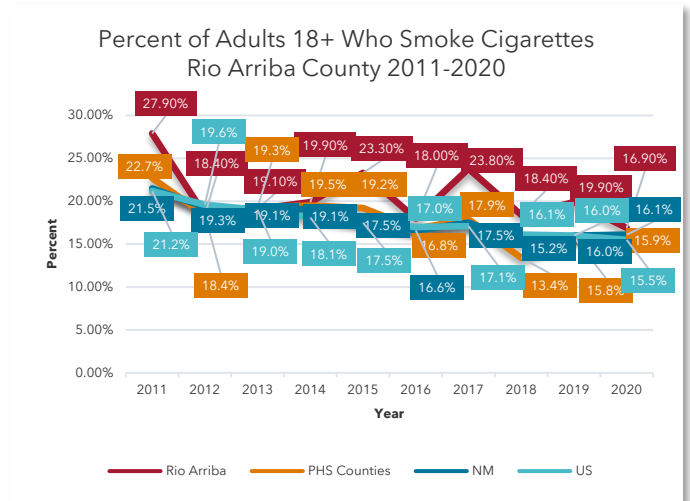


Figure 13. Adult Smoking. BRFSS 2011-2020.

Alcohol use among youth has decreased slightly since 2017 and is similar to the PHS 10-County area and NM overall. Chronic heavy drinking (defined as regularly consuming more than two drinks per day for men and more than one drink per day for women) among adults has increased statewide, among Presbyterian counties, and across the nation, but decreased in 2020 in Rio Arriba County after a four-year trend of overall increasing use rates.

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. The rate of binge drinking in Rio Arriba County has been lower than New Mexico and the PHS 10-County Area, but has slowly increased since 2017, bringing the current rate to just below New Mexico and the PHS 10-County Area.

¹² Current E-Cigarette Use. NM Youth Risk and Resiliency Survey. Retrieved from <https://ibis.doh.nm.gov/query/result/yrrs/TobVape30/TobVape30.html> on 8/15/2022

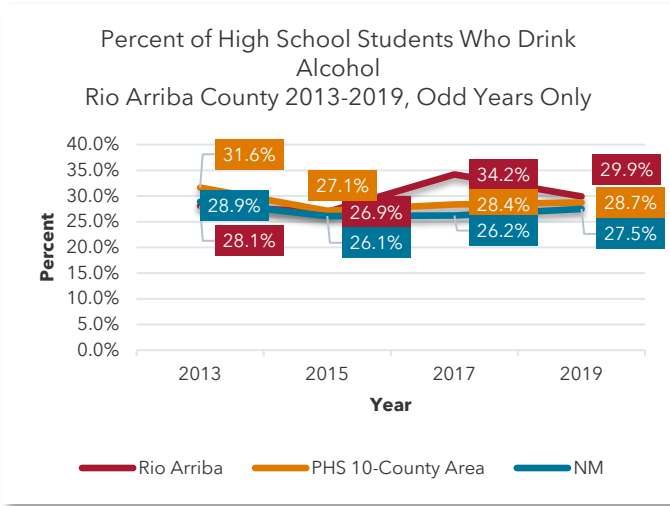


Figure 14. High school student alcohol use. NM YRRS 2013-2019.

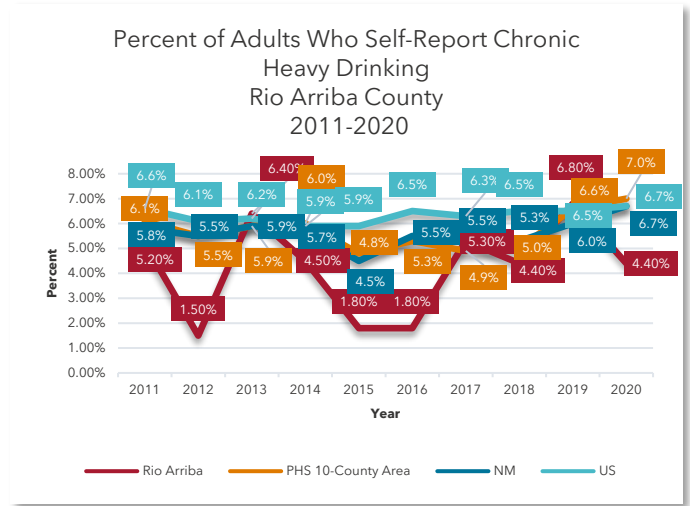


Figure 15. Adult chronic heavy drinking. BRFSS 2011-2020.

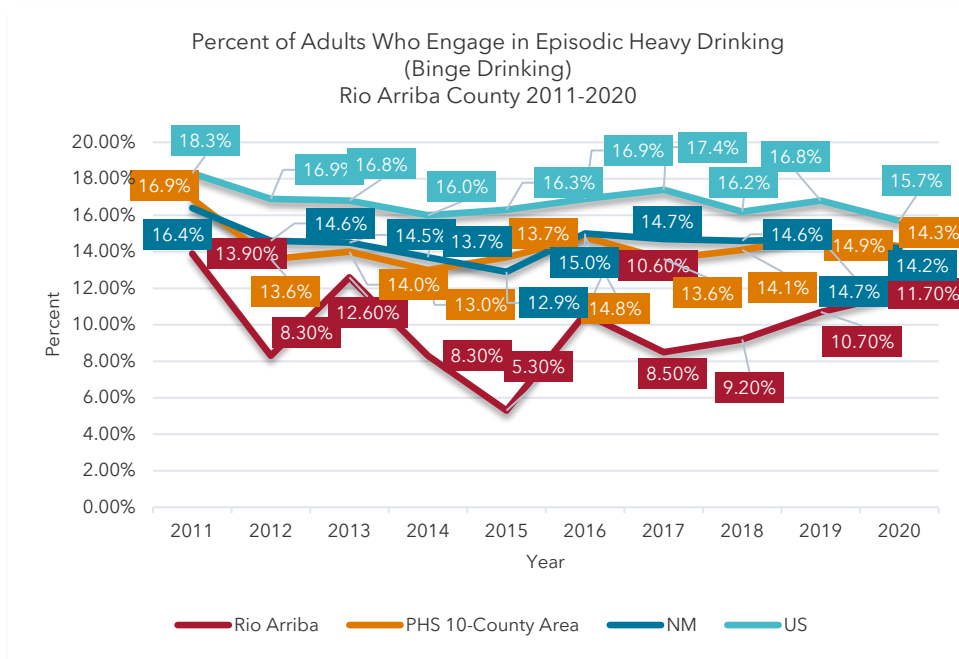


Figure 16. Adult Binge Drinking. BRFSS 2011-2020.

Heroin and methamphetamine use among high school students increased in Rio Arriba County from 2015 to 2019, contributing to the overall increase in New Mexico and the PHS 10-County Area. Youth heroin and meth use remain higher than the state and PHS 10-County Area prevalence.

EQUITY ALERT: More Hispanic/Latinx youth said they use methamphetamine and heroin, and more Native American youth said they use cannabis, when compared to white youth.
SOURCE: YRRS 2013-2017

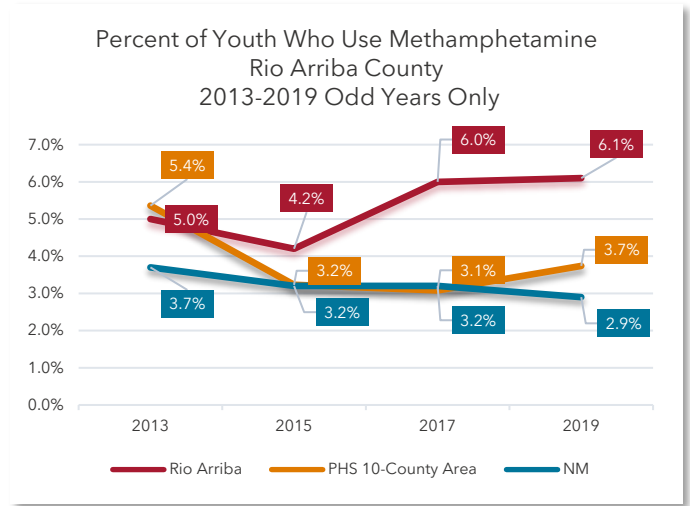
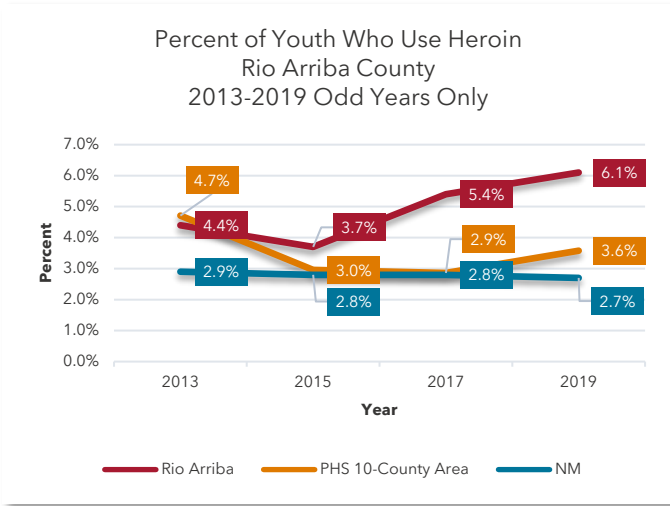


Figure 17. Youth Heroin and Methamphetamine Use. NM YRRS 2013-2019.

Chronic mental health issues are important to understand risks for poor health outcomes, especially when considering consistently high substance use. About the same amount of Rio Arriba County high school students reported experiencing feeling sadness and/or hopelessness in 2019 compared to those across the entire PHS 10-County Area. A little less than a third of Rio Arriba 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 Rio Arriba County.

In 2020, an estimated 47,103 people aged 18+ in the US reported using cannabis in the past year. In Rio Arriba County in 2013-2017, about **32.2%** of high school students reported using cannabis. Sources: 2020 National Survey on Drug Use and Health. SAMHSA. NM YRRS 2017.

The proportion of adults experiencing frequent mental distress has decreased since 2018 by about 34%. This brings the percent of adults experiencing frequent mental distress in Rio Arriba County in 2020 slightly lower than New Mexico and the PHS 10-County Area. This is an indication that mental health may be improving in Rio Arriba County.

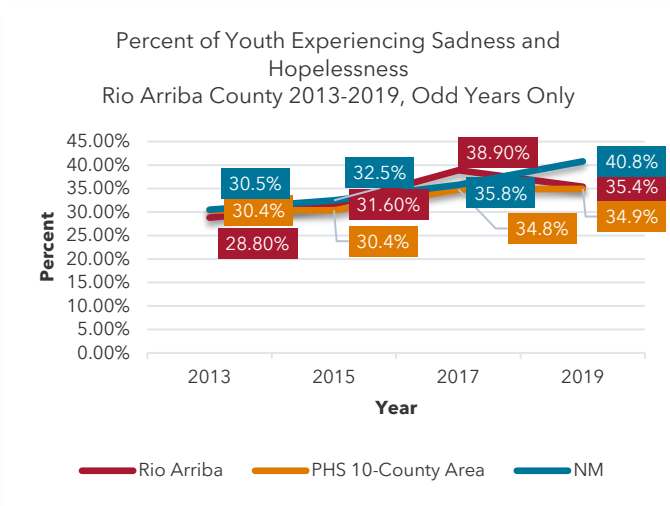


Figure 18. Youth Mental Health. NM YRRS 2013-2019.

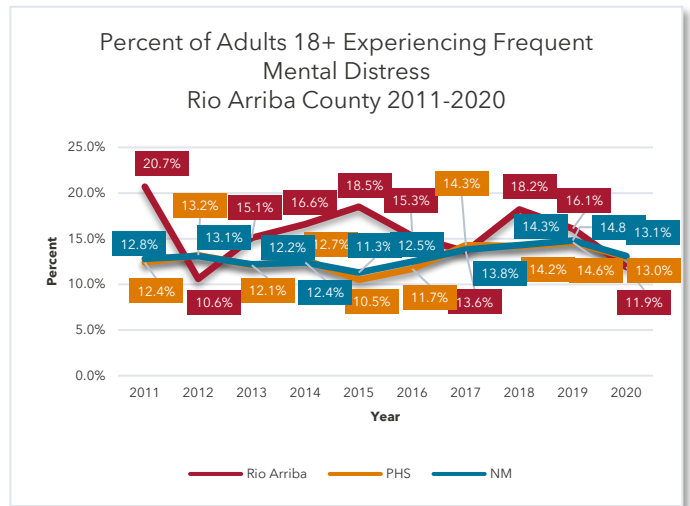


Figure 19. Frequent mental distress among adults. BRFSS 2011-2020.

Understanding mortality due to mental health and substance use issues is an important part of improving health at the population level. Suicide deaths in Rio Arriba County are at an eleven-year low – at 12.4 deaths per 100,000 population. This is consistent with the decline in feelings of sadness and hopelessness among youth and frequent mental distress among adults. Though suicide deaths have been fairly low since 2017 (compared to NM and the PHS 10-County Area), suicide deaths in NM and the PHS 10-County Area have risen slightly since 2009. There are similar patterns in adult frequent mental distress and suicide trends in Rio Arriba County – that is, some of the peaks and valleys, while not proportionally correlating, do appear in both frequent mental distress and suicide deaths. More context is needed to understand what was happening in 2015 to result in a large increase in suicide deaths, though a similar trend is present with other metrics related to substance use and mental health deaths.

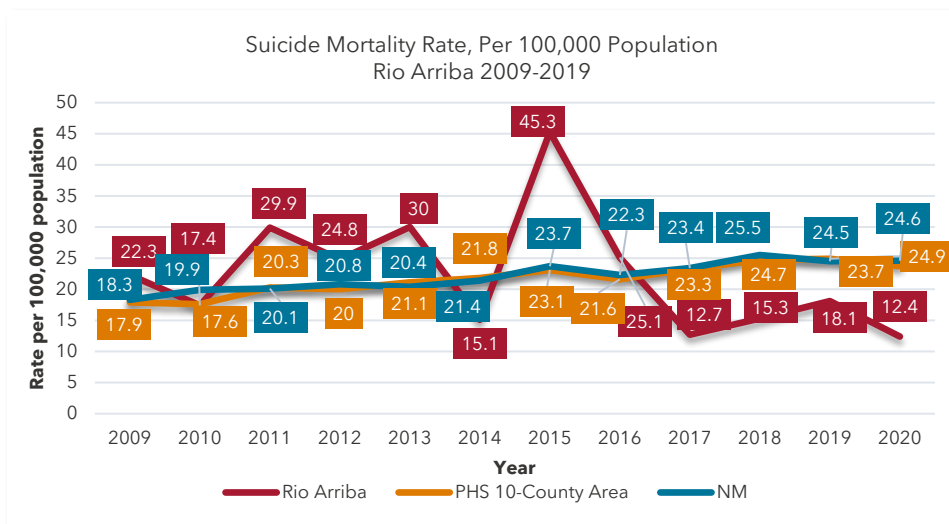


Figure 20. Suicide Death Rate. NM DVRHS 2009-2020.

Drug overdose deaths have increased significantly (about 45%) from 2019 to 2020 in Rio Arriba County, contributing to an increase in drug overdose deaths in NM and the PHS 10-County Area (in conjunction with other communities). Community members expressed concern about overdose death rates during the Community Data Forum, citing personal and community-wide experiences. Rio Arriba has a long history of drug overdose and, at one time, had the highest opioid overdose death rate in the nation. Drug overdose death rates remain much higher in Rio Arriba County compared to New Mexico, the PHS 10-County Area, and the US. The increase in overdose deaths is indicative of more need for substance use prevention and harm reduction programming in Northern New Mexico, which is supported by feedback from the community during community forums.

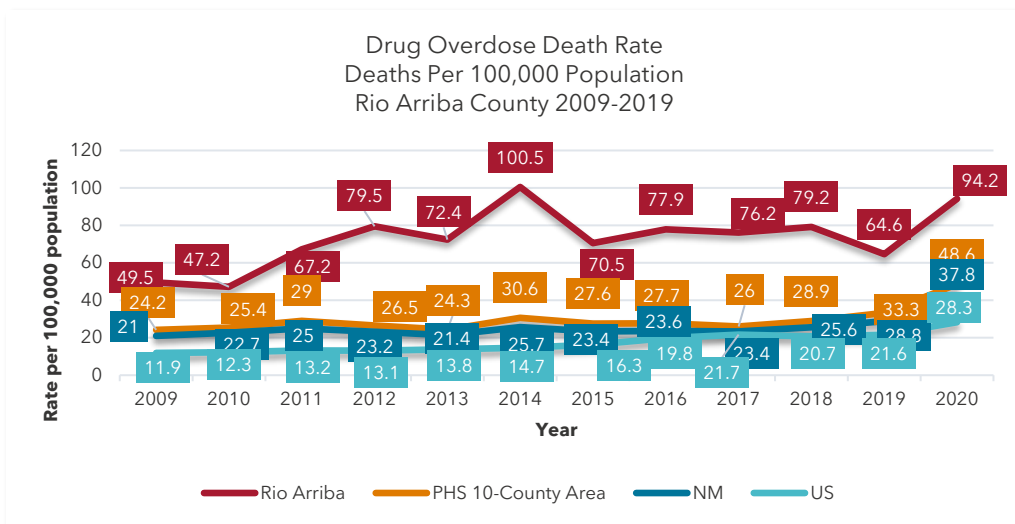


Figure 21. Drug Overdose Death Rate. NM DVRHS 2009-2020.

Deaths of despair is a combination metric which comprises suicide deaths, drug overdose deaths, and deaths 100% attributable to alcohol. This death rate has increased since 2010 in all geographies, but especially and more drastically in Rio Arriba County. 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. Rio Arriba County's deaths of despair rate has been consistently higher than the PHS 10-County Area and NM and has seen an increase more drastic than that in the other geographies.

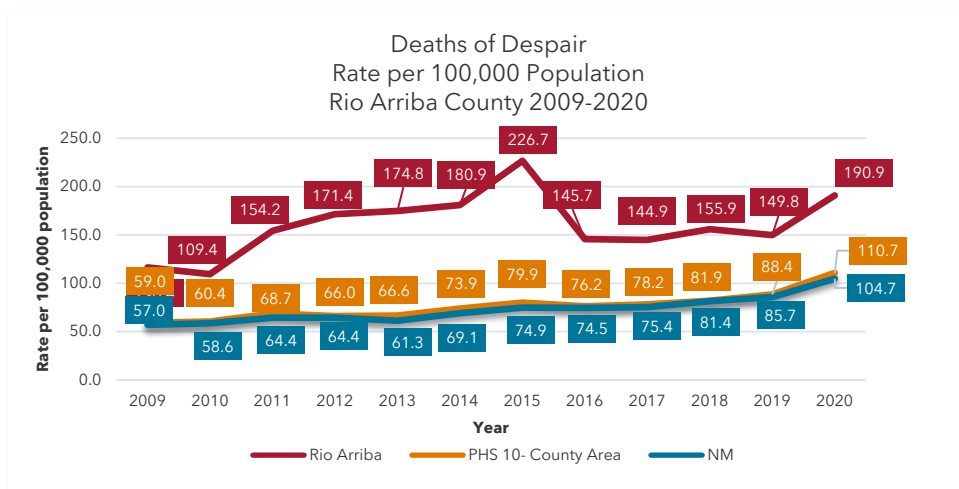


Figure 22. Deaths of Despair. NM DVRHS 2009-2020.

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 discussing the Social Determinants of Health priority area, forum participants agreed that housing, access to food, and transportation were among the top social determinants of health needs in the community. Food access is different in rural areas when compared to urban areas, which should be taken into consideration when designing hunger-relief and food access programs that serve the whole county (i.e. transportation from rural communities may be difficult to access these programs). Lack of broadband access in rural communities was noted as a complicating factor in accessing care and services, especially when related to education. Resources for schools was noted, including the lack of teachers and a reduction in enrollment due to COVID. Finally, lack of jobs, education, and rising cost of living are putting a strain on the community.

Survey respondents provided feedback on the community issues they are very concerned about. Most people said they were concerned about climate change, environmental health, food security, and housing.

Rio Arriba County - Survey Responses		
SOCIAL DETERMINANTS OF HEALTH	#	%
Environmental Health (including climate change)	54	47.0%
Food Security	17	14.8%
Housing	17	14.8%
Transportation	14	12.2%
Personal/Interpersonal Safety	13	11.3%
Other	0	0.0%
Total	115	100.0%

Table 8. Community Survey. Presbyterian 2022.

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

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, 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 Rio Arriba County, 5% of the patients screened for food needs screened positive for that need and 4% of patients screened for a transportation need reported having a need. These are consistent with community survey results and discussions in community forums, indicating these as key social need areas of focus for future community health improvement plans.

Patients’ Self-Reported Health Related Social Needs		
FOOD NEED	n	(%)
Screenings Completed	1,528	
Unique Patients Screened	1,518	
Unique Patients Reporting Any Need	73	5.0%
HOUSING NEED		
Screenings Completed	2,604	
Unique Patients Screened	2,565	
Unique Patients Reporting Any Need	53	2.0%
TRANSPORTATION NEED		
Screenings Completed	1,550	
Unique Patients Screened	1,539	
Unique Patients Reporting Any Need	54	4.0%
SAFETY NEED		
Screenings Completed	16,970	
Unique Patients Screened	15,141	
Unique Patients Reporting Any Need	125	1.0%
Data Notes: 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 patients seeking care at Presbyterian locations in Rio Arriba County screened for social needs in 2021.

Many community members expressed concern in the forums around access to food. Food insecurity rates in Rio Arriba County are nearly equal to than those in New Mexico and the PHS 10-County Area. Food insecurity is decreasing slightly across these geographies, with the exception of Rio Arriba County, which has seen an increase since 2018. Rio Arriba County’s food insecurity rates have been consistently lower than the state and the PHS 10-County Area.¹⁴ Because data are only available through 2019, it is difficult to say exactly what impact COVID-19 has had on food insecurity rates, though anecdotal evidence from our community forums suggest an increase in the number of families experiencing food insecurity because of the pandemic.

¹⁴ Gundersen, C., Waxman, E., Engelhard, E., Brown, J. Map the Meal Gap 2011: Food Insecurity Estimates at the County Level. Feeding America, 2011.

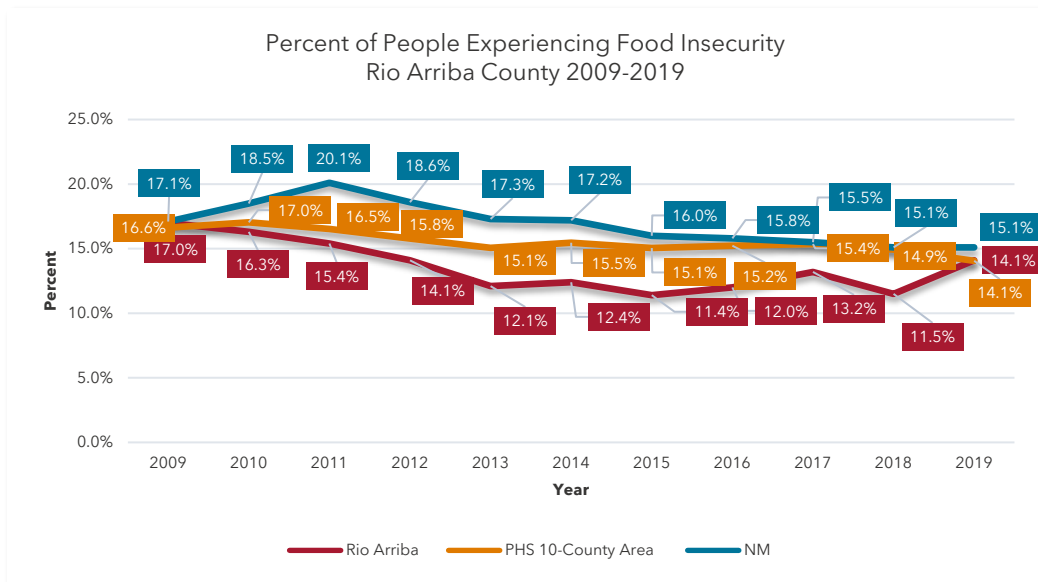


Figure 23. Food Insecurity Rate. Feeding America. 2009-2019.

Rio Arriba County has a comparatively high percentage of families not receiving SNAP (Supplemental Nutrition Assistance Program) benefits, compared to New Mexico, but a similar percentage as the PHS 10-County Area (84.9%). New Mexico has more households receiving SNAP benefits when compared to the US. High percentages of families not receiving SNAP benefits may not definitively reflect the need for SNAP benefits in a community. Over the years, SNAP eligibility has changed, which may have led to fewer households being eligible for benefits. These data do not include changes to SNAP and TFP (Thrifty Food Plan) that were implemented as a response measure for the COVID-19 pandemic. As such, SNAP participation likely increased with this expansion in 2021.¹⁵

Economic Indicators

Rio Arriba County has a higher percent of the population living in poverty when compared to the PHS 10-County Area, NM, and the US. The median household income in Rio Arriba County is about \$39,952. The highest poverty rate in Rio Arriba County is among women aged 55-64 years old followed by women aged 25-34. The highest percent of people who live below the poverty level are Hispanic/Latinx (41.7%) followed by white people (29.4%). Nearly 24% of the population in Rio Arriba County live below the poverty line.

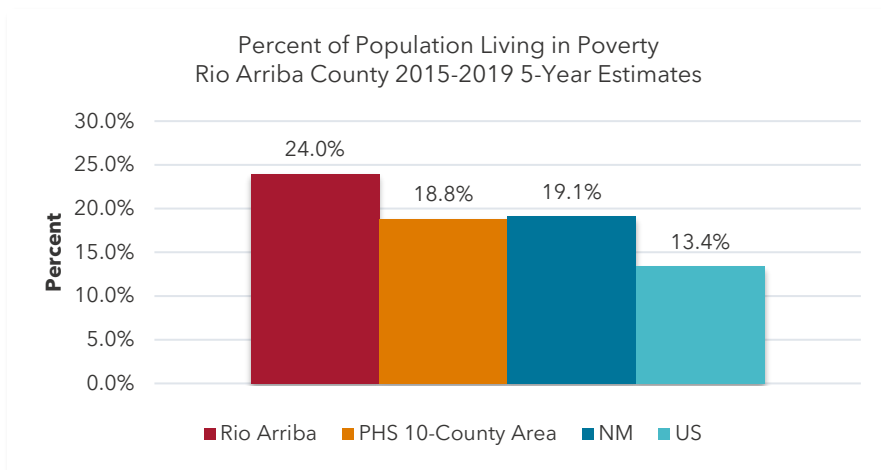


Figure 24. Poverty. ACS 2015-2019 5-year estimates.

¹⁵ Center on Budget and Policy Priorities. A Quick Guide to SNAP Eligibility and Benefits. Retrieved from <https://www.cbpp.org/research/food-assistance/a-quick-guide-to-snap-eligibility-and-benefits> on 5/22/2022

Unemployment rates in Rio Arriba County are slightly higher than the PHS 10-County Area and the US, and similar to that of New Mexico (BRFSS 2015-2019 5-year estimates). Unemployment rose drastically statewide in 2020, likely due to the COVID-19 pandemic. In 2019, the most common industries in Rio Arriba County were healthcare and social assistance, professional, scientific, and technical services, and public administration. In some industries, there is a clear disparity in pay between men and women in New Mexico. In the category of "other managers", men made an average annual salary of \$91,028 while women made an average annual salary of \$68,658.¹⁶

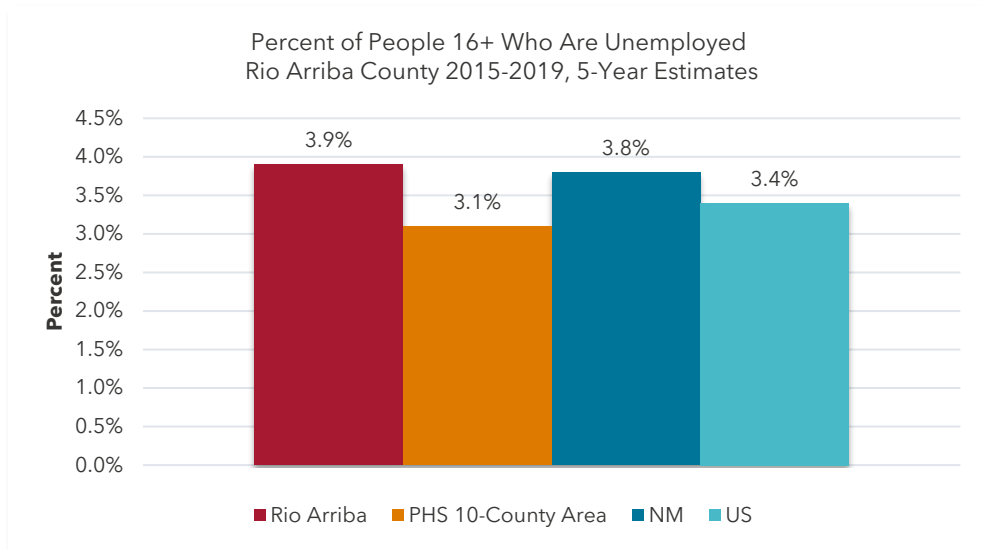


Figure 25. Unemployment. ACS 2015-2019 5-year estimates.



Figure 26. Unemployment Rate. Bureau of Labor Statistics 2012-2022.

Access to a vehicle is an important metric for understanding access to services and resources. About 5.6% of households in Rio Arriba County do not have a vehicle.¹⁷ This is higher than the PHS 10-County Area but lower than NM overall, meaning fewer households in Rio Arriba County have a vehicle when compared to the PHS 10-County Area, but more households in the county have a vehicle compared to the state. The average number of cars per household is two.¹⁸

¹⁶ Rio Arriba County, NM. Data USA. Retrieved from <https://datausa.io/profile/geo/rio-arriba-county-nm>

¹⁷ American Community Survey, 2015-2019 5-year estimates.

¹⁸ Rio Arriba County, NM. Data USA. Retrieved from <https://datausa.io/profile/geo/rio-arriba-county-nm>

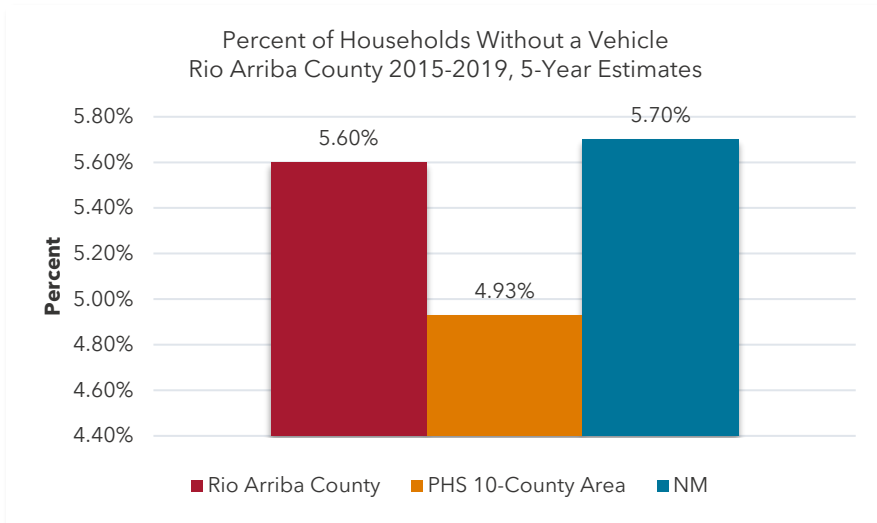


Figure 27. Vehicle access. ACS 2015-2019 5-year estimates.

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. Rio Arriba County has a lower percent 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.

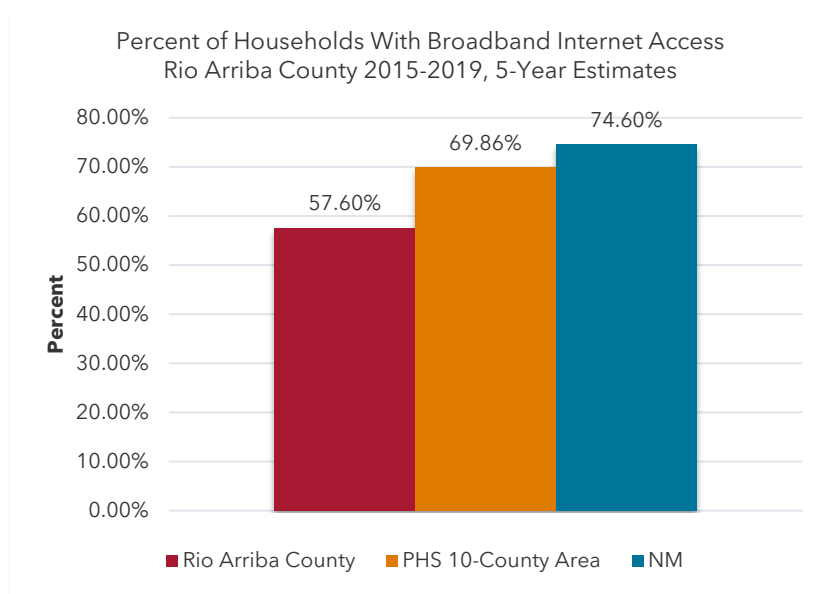


Figure 28. Broadband access. ACS 2015-2019 5-year estimates.

Violence/Injury

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

The homicide death rate in 2020 in the US was 7.5 deaths for every 100,000 people.¹⁹ New Mexico's and the PHS 10-County Area's homicide death rate continues to be higher than the US rate. Homicide deaths in Rio Arriba County have decreased since an 11-year peak in 2018, approaching the death rate across the state and the PHS 10-County Area. The death rate across the state has increased since 2013.

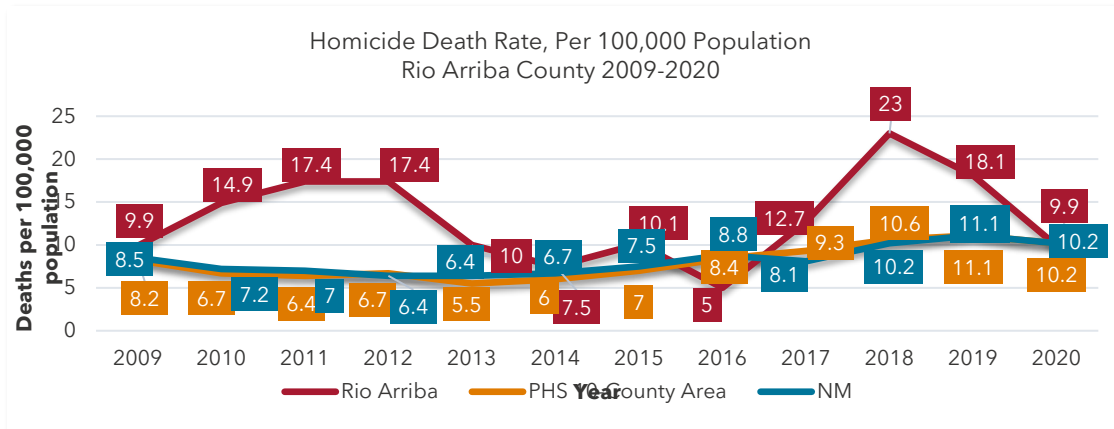


Figure 29. Homicide deaths. NM DVRHS 2009-2020.

Substantiated child abuse claims in New Mexico fluctuated between 2013 and 2021. In Rio Arriba County, substantiated child abuse claims have decreased since 2017 and overall, continued in a downward trend since a peak in 2017.²⁰ More research is needed to further understand the spike in substantiated child abuse claims in 2017. Most counties in the PHS 10-County Area (and many more around the state) saw a sharp increase in 2017 then a sharp decrease. This could either be an indication of an increase in the amount of child abuse occurring in New Mexico or changes in reporting at the state level (additional resources to substantiate child abuse claims).

¹⁹ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on May 17, 2022 9:03:45 AM

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

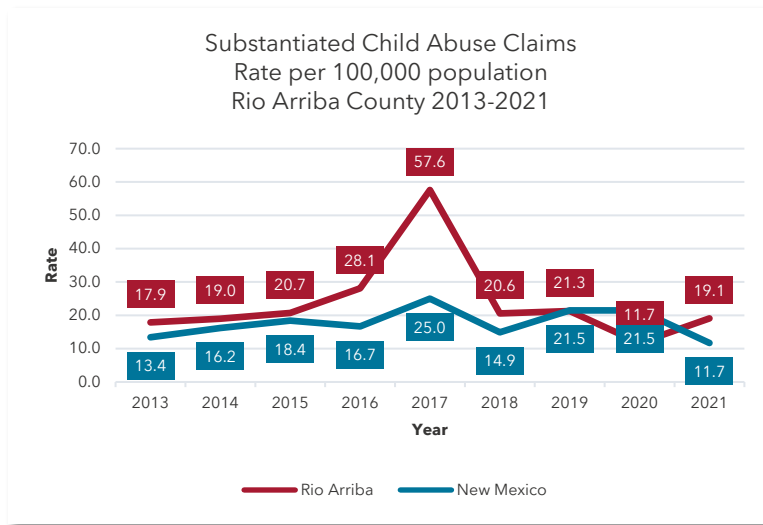


Figure 30. Substantiated Child Abuse Claims. CYFD 2013-2021.

Maternal and Child Health

Access to prenatal care is an important indicator of maternal and child health. There are many factors that influence whether someone can receive prenatal care within the first trimester, including insurance, access to OB/GYN in their community, transportation, and more. In 2020, about 64% of pregnant people in Rio Arriba County initiated prenatal care within their first trimester. This is about the same as the percent in New Mexico overall and lower than the percent in the PHS 10-County Area. In 2020, about 7% 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 Presbyterian service area.²¹

Infant mortality rates in Rio Arriba 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.²²

A focus group was held, in partnership with Aspen Solutions, to understand opportunities and gaps in perinatal care from patients who had a child under one year of age. Community assets and resources that helped patients in the perinatal period include Women Infants Children, home visiting programs, accessible child care, baby supply donation programs and friends and family. Patients discussed resources they would like to see more of which include, support groups and classes, navigation and connections to available programs and information on what to expect during pregnancy in different communication formats (e.g. phone apps, one-on-one with providers).

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

COVID-19

While addressing the COVID-19 pandemic, participants highlighted that COVID-19 has impacted Rio Arriba County in many ways. Forum participants report that COVID has complicated things like access to services, especially around access to healthy food and healthcare. The biggest concern for Rio Arriba County is the pervasiveness of misinformation, specifically around vaccination, but also about disease transmission and severity (underplaying severity of the disease).

COVID-19 Incidence

COVID-19 continues to be a leading indicator of health in Rio Arriba County. COVID was the number three cause of death in New Mexico in 2020, and in 2022, Rio Arriba County saw a much higher death rate than in 2020 (see COVID death data in sections above). COVID incidence was highest in early 2022 with the Omicron wave. With a focus on

²¹ New Mexico Birth Data. Percentage with Prenatal Care in the First Trimester. New Mexico Department of Health Bureau of Vital Records and Health Statistics. Retrieved from <https://ibis.doh.nm.gov/query/result/birth/BirthCntyPNC/PNCTri1.html> on 8/15/22

²² NMDOH BVRHS 2015-2019 infant mortality rate. Retrieved from NM IBIS.

reducing severe disease, it is important to understand the pandemic beyond case counts, especially since positive cases may be under reported due to ease of access to home tests.

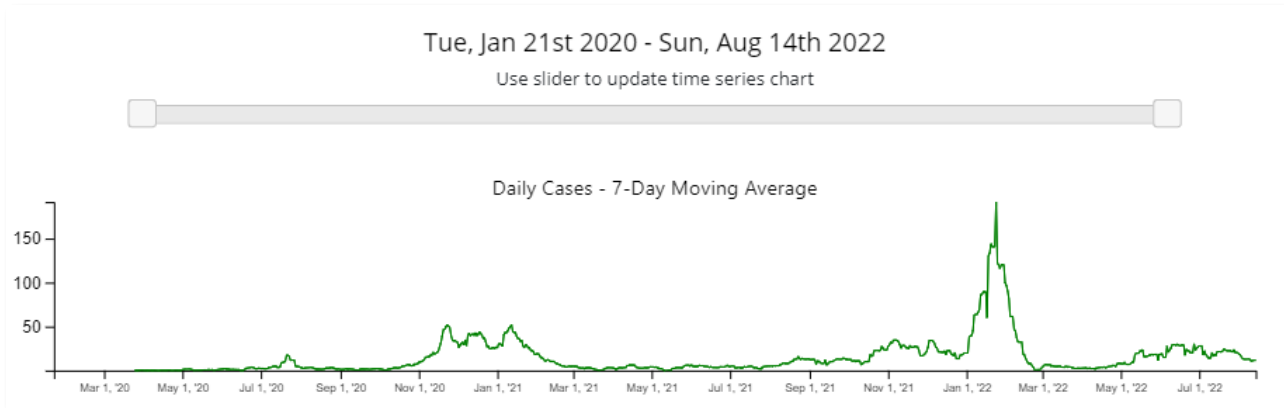


Figure 31. COVID Cases. CDC Data Tracker, 2022.

As of July 19, 2022, 99% of Rio Arriba County residents had at least one dose and 91.1% had completed the primary series. Vaccines are an important factor in reducing preventable severe disease and death due to COVID-19. Rio Arriba County’s vaccination coverage is higher than most counties, which may be one reason for a relatively flat fourth wave (compared to other counties in New Mexico).²³

The charts from the CDC below illustrate patterns in hospital admissions with confirmed COVID-19 (case rate per 100,000 population), percent of hospital beds used, and percent of ICU beds used across Rio Arriba County. Community utilization of hospitals in Rio Arriba County follow patterns of each wave of COVID, with significant spikes in each wave. Vaccinations are an important tool to help prevent hospitals from becoming overwhelmed with patients that would lead to capacity issues.

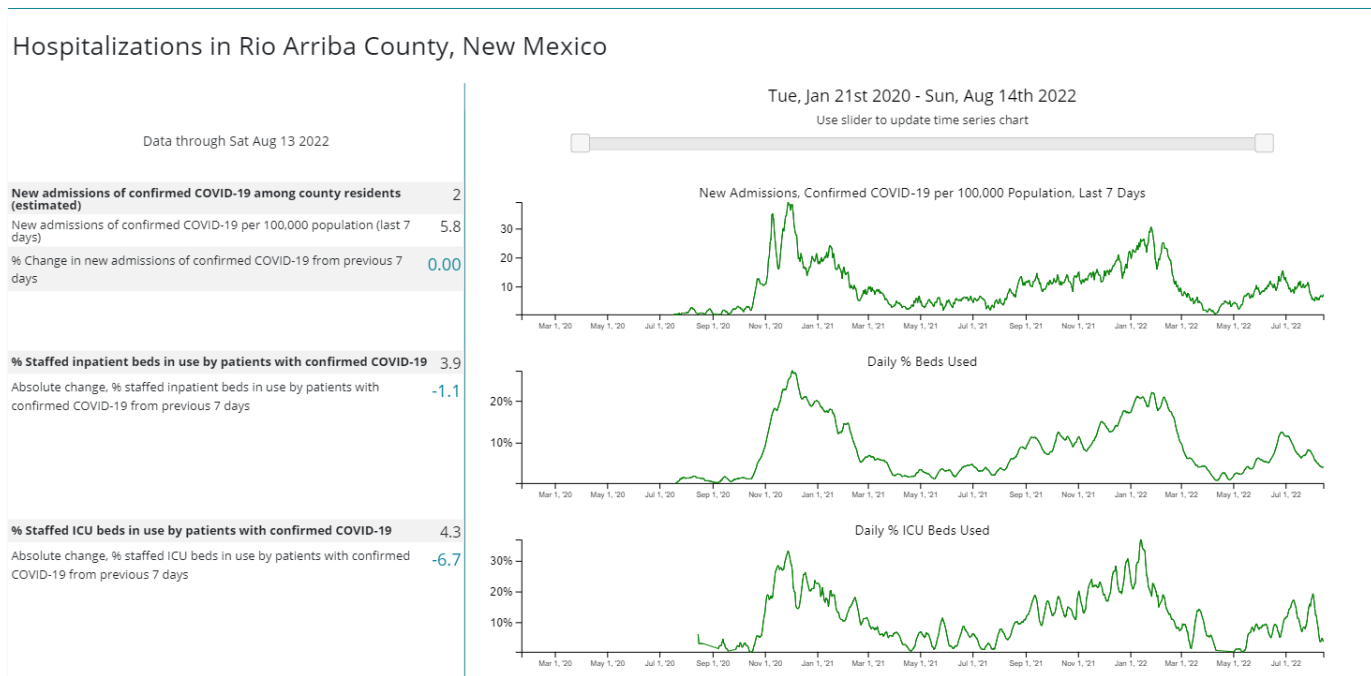


Figure 32. COVID Hospitalizations. CDC Data Tracker 2022.

²³ New Mexico Department of Health COVID Vaccine Dashboard. Retrieved from <https://vaccinemn.org/public-dashboard.html> on 5/19/2022

Access to Care

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

Healthcare Access - Presbyterian Española Hospital

Most patients who visited Presbyterian Española Hospital came from zip codes surrounding the location of the hospital. Rio Arriba County is large and extends to the northern border with Colorado. Patients from zip codes along the border to the north and into Santa Fe County to the south visited Presbyterian Española Hospital.

Presbyterian Patients' Zip Code of Residence	
ZIP CODE	PATIENT COUNT
87532	7,677
87567	2,556
87566	1,428
87533	1,309
87506	1,285
87522	1,277
87511	1,176
87544	859
87571	696
87537	581
87510	551
87557	548
87582	535
87507	487
87530	426
87548	415
87527	382
87505	357
87549	356
87547	328

Table 10. Count of patients who received care in Rio Arriba in 2021 by 'Top 20' ZIP codes of residence.

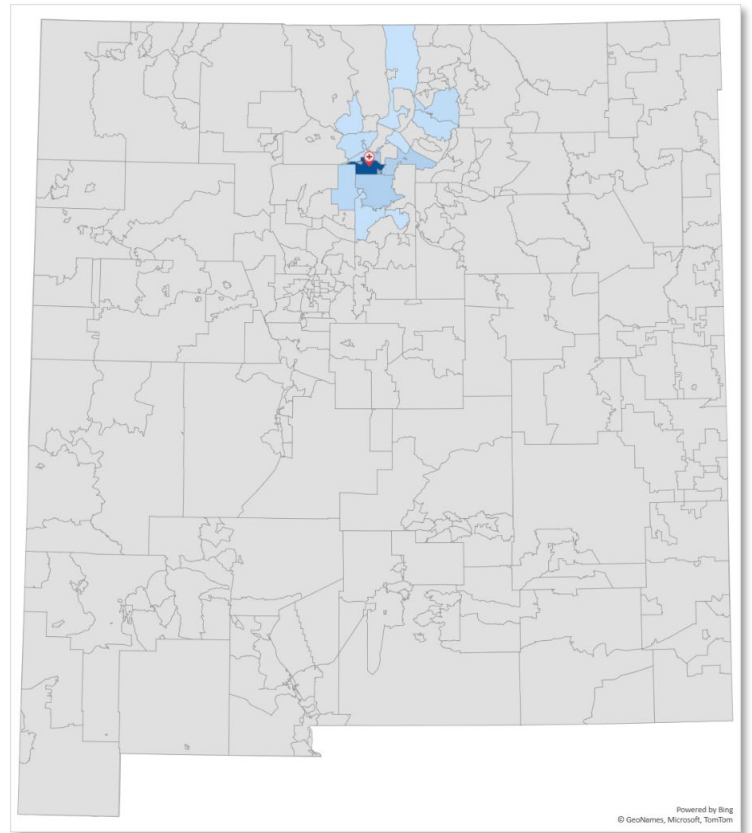


Figure 33. Heat map of patients who receive care in Lincoln County in 2021 by ZIP code.

While most patients came from Rio Arriba County, Presbyterian Española Hospital also saw patients from surrounding counties in the emergency department (ED), urgent care (UC), inpatient wards (IP), and outpatient services (OP). Most came from Santa Fe County, followed by Taos County and Los Alamos County.

Annual Number of Patients by Encounter Type and County of Residence (2021)						
Encounter Type	RIO ARRIBA	SANTA FE	TAOS	LOS ALAMOS	SANDOVAL	SAN MIGUEL
Emergency Department or Urgent Care	9,126	2,624	909	162	116	35
Hospital Admission (IP)	1,312	367	218	82	10	17
Outpatient or Clinic Visit	13,034	3,978	2,402	1,058	138	98

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

An important determinant of health is the number of repeat emergency department (ED) visits. Patients who have high ED utilization tend to have poorer health outcomes. Reducing repeat ED visits can help to improve patients' health outcomes, reduce ED costs, and lead to a healthier community. Most patients who visited Presbyterian Española Hospital only had one visit while about 34.5% had more than one. This illustrates an area of improvement for communities and patients in the Rio Arriba County area.

Annual Number of Patients Who Received Emergent or Urgent Care by Number of Repeat Visits (2021)					
METRIC	ANY # OF VISITS	1 VISIT	2+ VISITS	5+ VISITS	20+ VISITS
COUNT	13,883	9,095	4,788	615	9
PERCENT	100.0%	65.5%	34.5%	4.4%	0.1%

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

The top ten chief diagnoses in Rio Arriba County's emergency department for 2021 was primarily encounters for other general examinations-which is associated with clearance for incarceration, followed by COVID and acute upper respiratory infection, chest pain, and nausea with vomiting. These top diagnoses correspond with leading causes of death in Rio Arriba County, further validating these are areas of focus in the coming years.

Top 10 Emergency/Urgent Care Primary Diagnoses	
RANK	DIAGNOSES
1	ENCOUNTER FOR OTHER GENERAL EXAMINATION
2	COVID-19
3	ACUTE UPPER RESPIRATORY INFECTION
4	CHEST PAIN
5	NAUSEA WITH VOMITING
6	URINARY TRACT INFECTION
7	ALCOHOL ABUSE WITH INTOXICATION
8	VIRAL INFECTION
9	DIARRHEA
10	EPIGASTRIC PAIN

Table 13. Top 10 primary diagnoses from Rio Arriba County emergent and urgent care encounters.

In 2020, a smaller percent of people in Rio Arriba County had a primary care provider (PCP) than people in the PHS 10-County Area and NM overall. There was a consistent decline in the percent of people who had a PCP from 2016 to 2019 with a slight rise in 2020. This is a metric of the percent of people who report having a regular PCP. This is not an indicator of whether they have access to that provider.

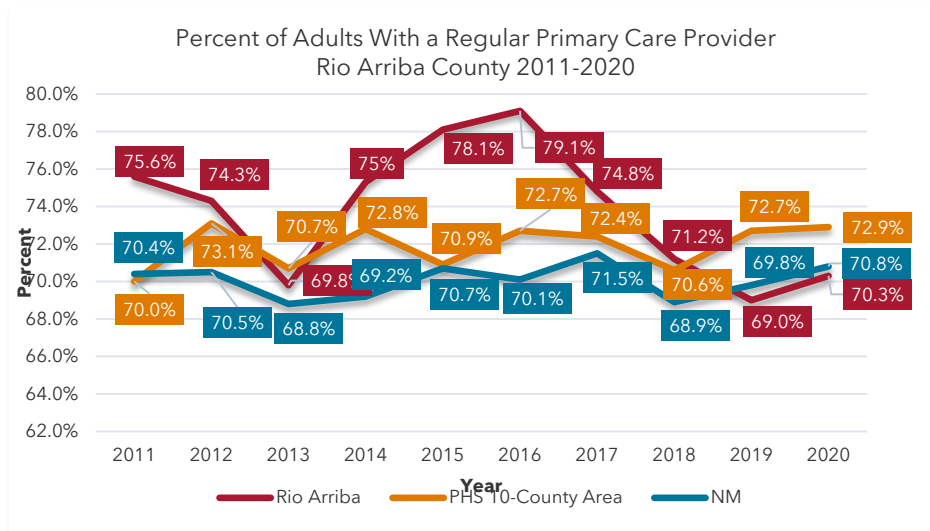


Figure 34. Adults with a Primary Care Provider. BRFSS 2011-2020.

According to the Health Resources and Services Administration (HRSA), Rio Arriba County is a medically underserved county.²⁴ The ratio of patients to primary care physicians in Rio Arriba County is higher than other counties in New Mexico at one provider for every 2,160 people, and this trend is not changing much over time.²⁵ High ratios of population to PCPs may impact the community's ability to seek care when they need it, even if they are established with a provider and have the insurance in place to be able to pay for a provider visit. This illustrates the multi-faceted issue of access to healthcare and some of the many barriers that individuals may experience when attempting to seek care.

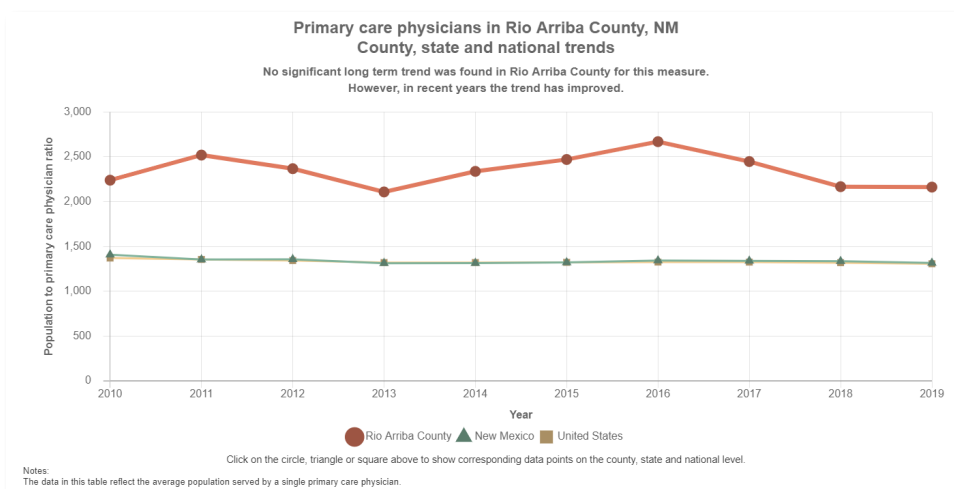


Figure 35. Number of people for every one primary care provider. County Health Rankings and Roadmaps. 2022.

²⁴ Health Resources & Services Administration Data Warehouse. Accessed 6/9/2022

²⁵ County Health Rankings and Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/new-mexico/2022/measure/factors/4/data>

Since 2011, the percent of population with health insurance has overall risen across all populations including Rio Arriba County. While the percent of population with health insurance was higher than the PHS 10-County Area, and the US from 2018-2019, that percentage dropped to be about the same as the other geographies in 2020. ²⁶ 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.

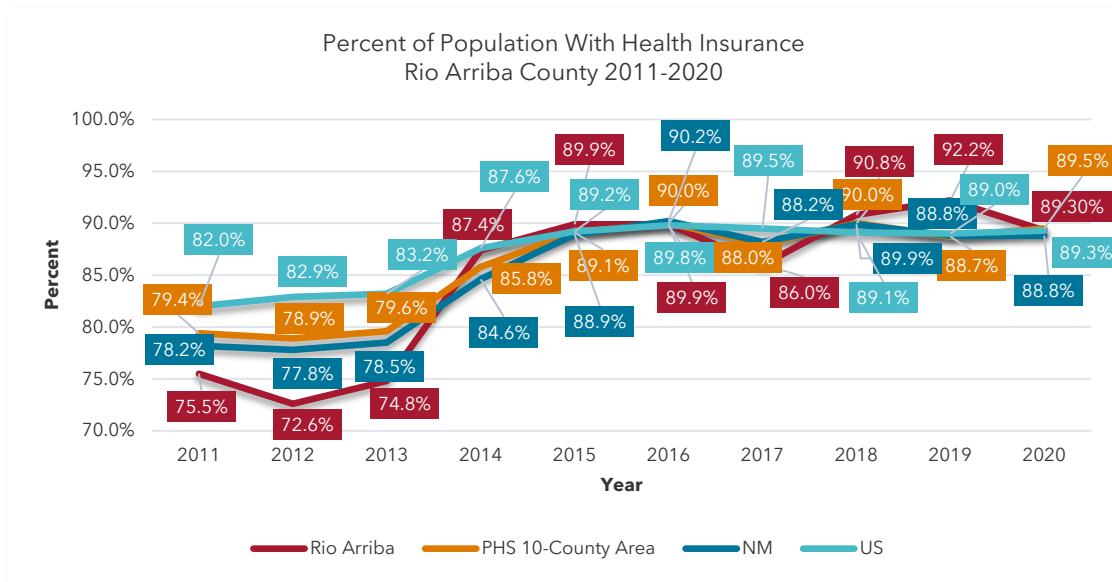


Figure 36. Insurance Coverage. BRFSS 2011-2020.

With about 70% of the population of Rio Arriba County reporting they have an established primary care provider in 2019 and almost 89% of people have health insurance, we would expect that the percent of people who went without care due to cost would be fairly low. That appears to have been the trend for Rio Arriba County, which is consistent with the trends for the 10-County PHS Area, New Mexico, and the US. The question in the ACS (American Community Survey) is worded such that participants are asked if they decided to not get care because they were worried about the cost. This percentage in 2020 could be skewed here in New Mexico because COVID hospitalizations were covered by the state.

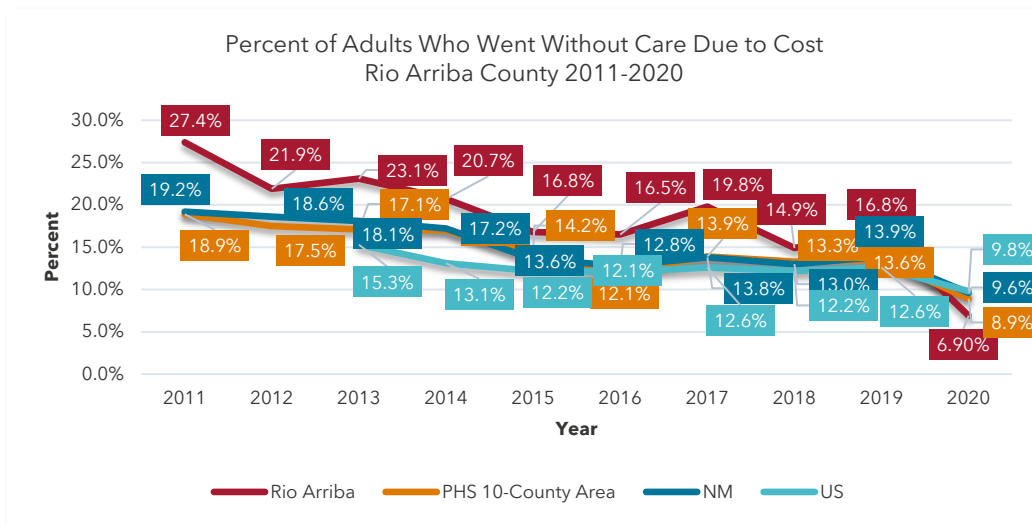


Figure 37. Foregoing care due to cost. BRFSS 2011-2020.

²⁶ Local Area Unemployment Statistics. US Bureau of Labor Statistics. Retrieved from <https://data.bls.gov/timeseries/LASST350000000000003> on 6/27/22

Survey respondents provided feedback on the healthcare issues they are very concerned about. Most people noted active living as an issue of concern, followed by healthy eating and vaccinations, with maternal/child health receiving about one-fifth of the votes. Crime was also noted here.

Rio Arriba County - Survey Responses		
HEALTHCARE ISSUES	#	%
Active living	29	29.6%
Healthy eating	27	27.6%
Vaccinations	21	21.4%
Maternal/child health (pregnancy, birth)	20	20.4%
Other	1	1.0%
Total	98	100.0%

Table 14. Community Survey. Presbyterian 2022.

In 2020, about 47% of Rio Arriba County residents reported they had been vaccinated for flu. While Rio Arriba’s flu vaccine coverage rate is higher than the PHS 10-County Area and New Mexico, it is still considered low for effective population-level immunity and protection. Due to this low vaccine coverage, more flu vaccination events are needed to fully protect our communities. Rio Arriba County has a higher percent of adults aged 65+ receiving the pneumococcal vaccination (73.3% of eligible adults in 2020).

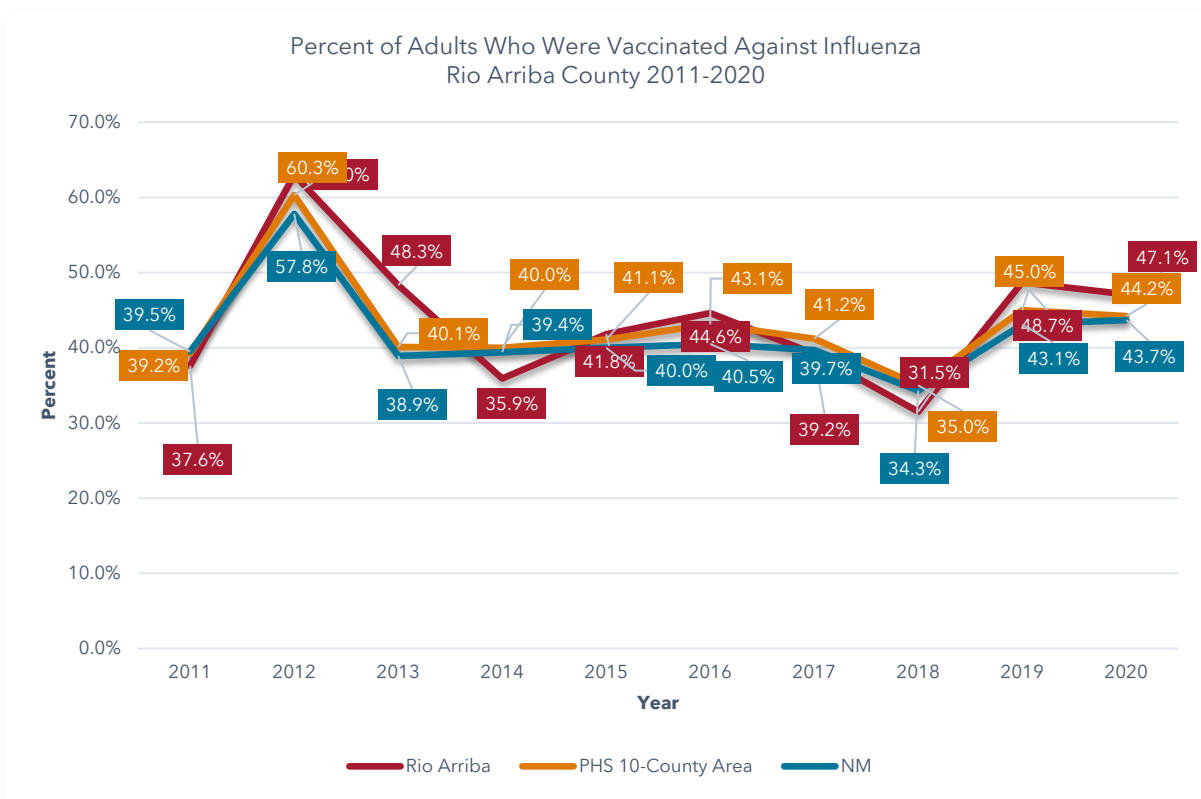


Figure 38. Adults vaccinated against influenza. BRFSS 2011-2020.

Physical Health

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

Survey respondents provided feedback on the chronic ailments they are very concerned about. About one-fourth of survey participants indicated that COVID-19 was an area of concern, followed by cancer and diabetes.

Rio Arriba County - Survey Responses		
CHRONIC AILMENTS	#	%
COVID 19	34	25.4%
Cancer	31	23.1%
Diabetes	29	21.6%
Heart disease	21	15.7%
Obesity	19	14.2%
Total	134	0.0%

Table 15. Community Survey. Presbyterian 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 Rio Arriba County is much higher than the PHS 10-County Area, New Mexico, and the US. This percentage increased about 11.5% since 2017, which is a steeper increase than other geographies. This is an important metric for understanding indicators of future heart disease. Because of the wording of this question in the BRFSS, this metric is dependent on access to a physician, so there may be some underreporting here.

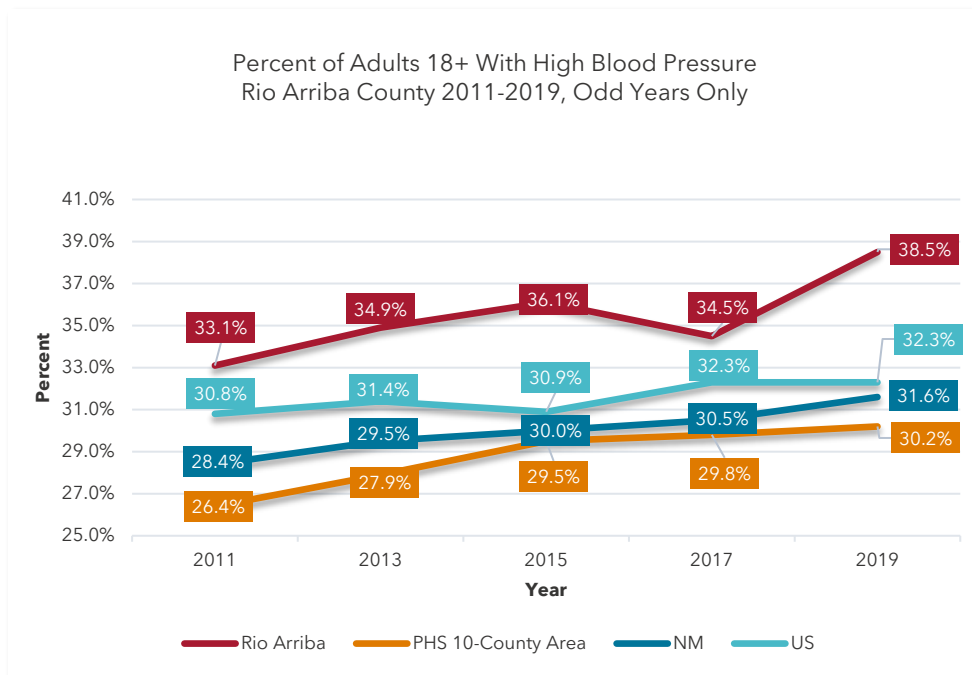


Figure 39. Adult High Blood Pressure. BRFSS 2011-2020 (odd years only).

Similarly, prevalence of diabetes is dependent on access to a physician for diagnosis. Diabetes prevalence in Rio Arriba County is similar to the prevalence in NM and the PHS 10-County Area in 2020. Because diabetes is one of the top ten leading causes of death in Rio Arriba County, chronic disease management programs are important for reducing further morbidity and mortality. This was a need discussed in community forums in Rio Arriba County.

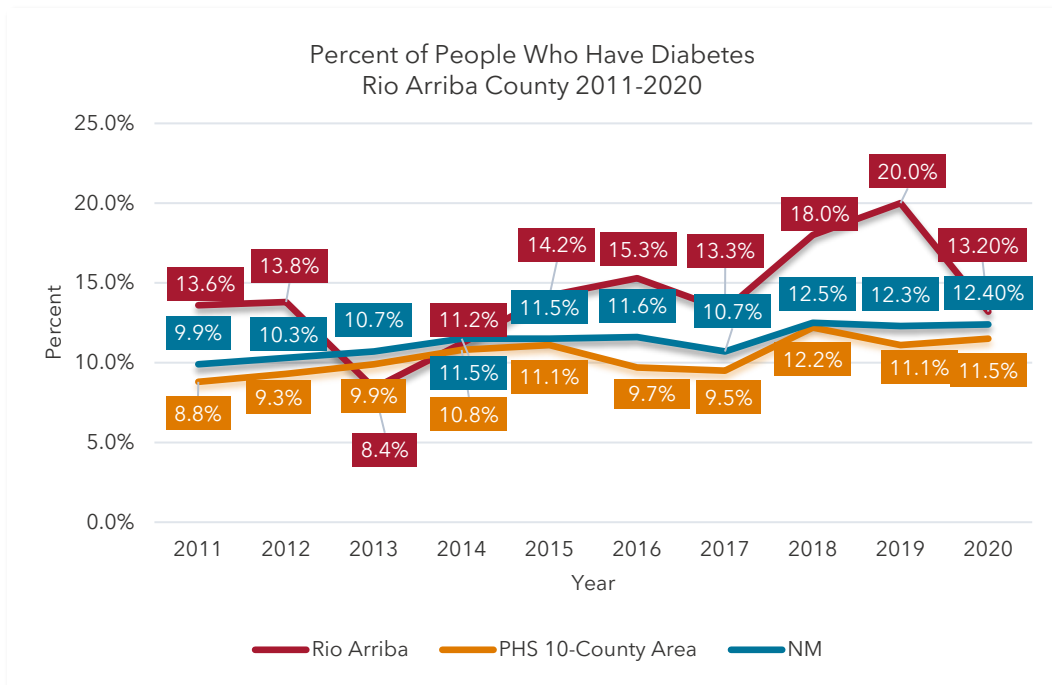


Figure 40. Adult Diabetes Prevalence. BRFSS 2011-220.

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

A higher percent of Rio Arriba County youth consumed the recommended amount of fruit and vegetables when compared to the PHS 10-County Area and statewide, an upward trend that has been growing since 2015. A slightly larger percent of adults said they consume the recommended servings of fruit and vegetables when compared to the PHS 10-County Area and New Mexico. In 2020, the percent of adults in Rio Arriba County increased while the percent in the PHS 10-County Area and New Mexico both decreased. One need community members talked about in forums was the need to have better access to healthy food, especially for rural populations where transportation is a barrier or healthy food outlet density is low but fast food restaurant density is high.

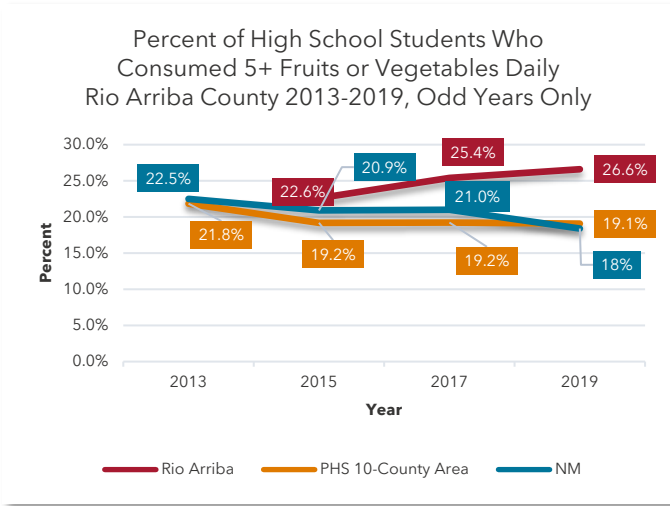


Figure 41. Youth fruit and vegetables consumption. NM YRRS 2005-2019.

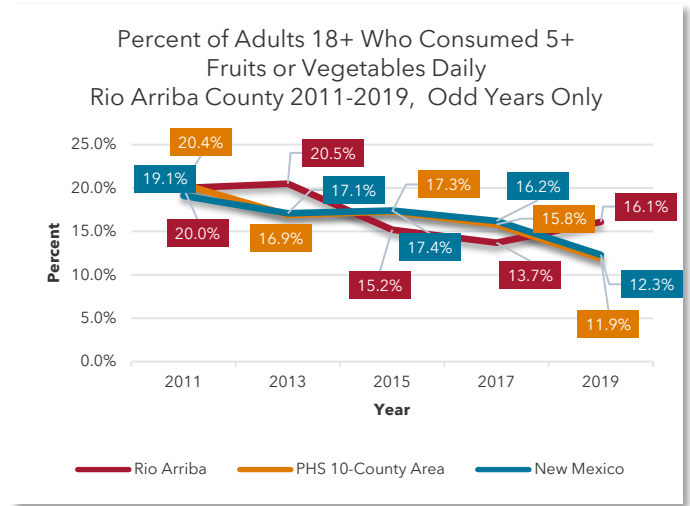


Figure 42. Adult fruit and vegetables consumption. BRFSS 2011-2019.

Active Living

Physical activity has been linked to lower levels of chronic diseases such as uncontrolled diabetes, heart disease, and poor mental health.²⁷ In Rio Arriba County, fewer youth engaged in physical activity daily in 2019 compared to previous years and when compared to the PHS 10-County Area and New Mexico. The percent of adults in Rio Arriba County who get the recommended amount of physical activity follows a similar trend as in New Mexico and the PHS 10-County Area. While the percent of adults is lower than that of New Mexico and the PHS 10-County Area, there have been some improvements across all geographies, and that percentage is increasing.

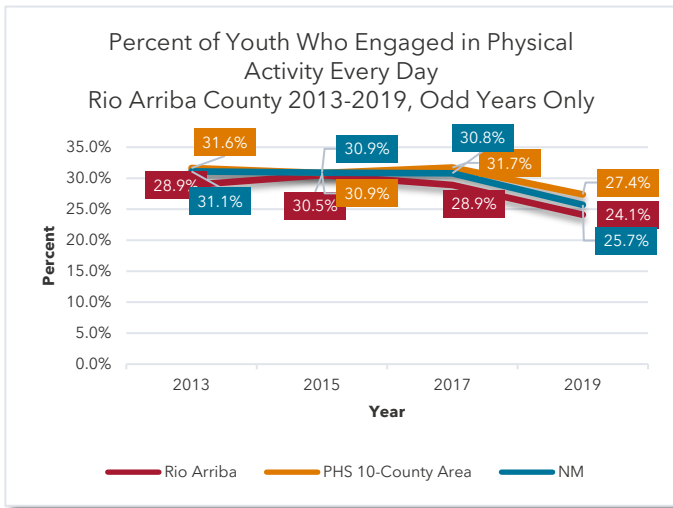


Figure 43. Youth Physical Activity. NM YRRS 2013-2019.

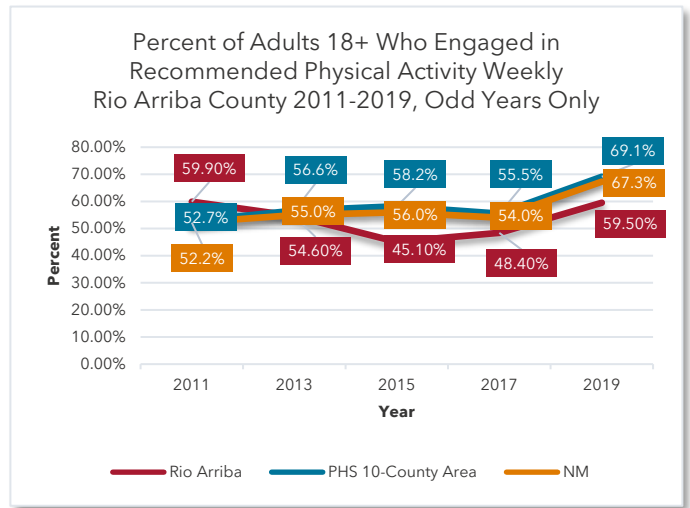


Figure 44. Adult Physical Activity. BRFSS 2011-2019 Odd Years Only.

²⁷ Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics. <https://www.cdc.gov/physicalactivity/basics/index.htm>

Conclusions

Rio Arriba is ranked among the least healthy counties in New Mexico, according to the RWJF County Health Rankings and Roadmaps Framework. This shows us that there are opportunities for significant changes in key leading health indicators that may improve the health of the community overall. The county has also seen significant improvement in a number of areas: a high percent of people who have health insurance, say they have a regular PCP, and a low percent of people who went without care due to cost. There has been improvement in these indicators over the last 10 years, with clear trends around the passage of the Affordable Care Act. Physical activity is getting better among adults, and fruit and vegetable consumption among adults and youth is also improving. Mental health indicators are getting worse, specifically deaths of despair (drug overdose, suicide, and deaths 100% attributable to alcohol). The prevalence of high blood pressure is increasing, which may be contributing to the elevated heart disease death rate. Most of the county is vaccinated against COVID-19, which may contribute to less severe disease in the community, and lower utilization of emergency and intensive healthcare services. While there are many gaps in healthcare resources, there are opportunities for improvement.

SOURCES OF SECONDARY DATA

1. Quay County. New Mexico Counties. Retrieved from <https://www.nmcounties.org/counties/rio-arriba-county/> on 6/29/2022
2. New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program. 2020
3. Behavioral Risk Factor Surveillance System. US Department of Health and Human Services, Centers for Disease Control and Prevention and New Mexico Department of Health. 2016-2020.
4. Healthy People 2030. US DHHS Office of Disease Prevention and Health Promotion. Retrieved from: <https://health.gov/healthypeople/priority-areas/social-determinants-health> on 6/8/2022
5. County Health Rankings and Roadmaps (2022) County Health Ranking Model. Available at: <http://www.countyhealthrankings.org/countyhealth-rankingsmodel> Accessed: May 5th, 2022.
6. Robert Wood Johnson. County Health Rankings. Available at: <http://www.countyhealthrankings.org>. Accessed April 27, 2022
7. New Mexico Tumor Registry. Cancer Incidence by County (2015-2019). Retrieved from <https://ibis.doh.nm.gov/query/result/cancer/CancerCnty/CrudeRate.html> on 5/19/2022
8. New Mexico Department of Health, Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division. Cancer Death Rate. (2016-2020). Retrieved from <https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html> on 5/19/2022
9. UAS Facts. Rio Arriba County Cases and Deaths. Retrieved from <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/new-mexico/county/rio-arriba-county> on 6/7/2022
10. Centers for Disease Control and Prevention. Mental Health. Retrieved from <https://www.cdc.gov/mentalhealth/> on 5/16/2022
11. 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
12. Current E-Cigarette Use. NM Youth Risk and Resiliency Survey. Retrieved from <https://ibis.doh.nm.gov/query/result/yrrs/TobVape30/TobVape30.html> on 8/15/2022
13. Social Determinants of Health. CDC 2020. Retrieved from <https://www.cdc.gov/socialdeterminants/index.htm> on 5/9/22
14. Gundersen, C., Waxman, E., Engelhard, E., Brown, J. Map the Meal Gap 2011: Food Insecurity Estimates at the County Level. Feeding America, 2011.
15. Center on Budget and Policy Priorities. A Quick Guide to SNAP Eligibility and Benefits. Retrieved from <https://www.cbpp.org/research/food-assistance/a-quick-guide-to-snap-eligibility-and-benefits> on 5/22/2022
16. Rio Arriba County, NM. Data USA. Retrieved from <https://datausa.io/profile/geo/rio-arriba-county-nm>
17. American Community Survey, 2015-2019 5-year estimates.
18. Rio Arriba County, NM. Data USA. Retrieved from <https://datausa.io/profile/geo/rio-arriba-county-nm>
19. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on May 17, 2022 9:03:45 AM
20. The Annie E. Casey Foundation. KIDS COUNT data center. Retrieved from <https://datacenter.kidscount.org/data/tables/5162-child-abuse-rate?loc=33&loct=5#detailed/5/4815-4847/false/2048,574,1729,37,871,870,573,869,36/any/11625> on 5/20/22 and New Mexico Children Youth and Families Department (CYFD) Protective Services Division, November, 2018.

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

21. New Mexico Birth Data. Percentage with Prenatal Care in the First Trimester. New Mexico Department of Health Bureau of Vital Records and Health Statistics. Retrieved from <https://ibis.doh.nm.gov/query/result/birth/BirthCntyPNC/PNCTri1.html> on 8/15/22
22. NMDOH BVRHS 2015-2019 infant mortality rate. Retrieved from NM IBIS.
23. New Mexico Department of Health COVID Vaccine Dashboard. Retrieved from <https://vaccinenm.org/public-dashboard.html> on 5/19/2022
24. Health Resources & Services Administration Data Warehouse. Accessed 6/9/2022
25. County Health Rankings and Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/new-mexico/2022/measure/factors/4/data>
26. Local Area Unemployment Statistics. US Bureau of Labor Statistics. Retrieved from <https://data.bls.gov/timeseries/LASST350000000000003> on 6/27/22
27. Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics. <https://www.cdc.gov/physicalactivity/basics/index.htm>

Sources of Secondary Data - Appendix A

1. New Mexico Youth Risk and Resiliency Survey. 2013-2017
2. Mental Health Status. BRFSS 2016-2020. Retrieved from <https://ibis.doh.nm.gov>
3. NMDOH Bureau of Vital Records and Health Statistics. 2016-2020. Retrieved from <https://ibis.doh.nm.gov>
4. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 4/27/2022, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
5. Severe Housing Cost Burden. County Health Rankings. Retrieved from <https://www.countyhealthrankings.org/app/new-mexico/2022/measure/factors/154/data> on 7/25/2022
6. American Community Survey 2020 5-year estimates. US Census Bureau. Retrieved from <https://data.census.gov>
7. Robert Wood Johnson Foundation (RWJF). Food Environment Index. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/food-environment-index>
8. Web Map from New Mexico Community Data Collaborative Managed by EMcRae_NMCDC Created: Jun 26, 2012 Updated: Jul 12, 2022. Retrieved from www.nmcdc.maps.arcgis.com
9. Dr. Diagnosed Diabetes. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS - <https://ibis.doh.nm.gov>
10. Influenza Vaccination Rates. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS - <https://ibis.doh.nm.gov>
11. NMDOH COVID-19 Vaccine Dashboard. Retrieved from <https://vaccinenm.org/public-dashboard.html> on 8/5/2022
12. Heart Disease Mortality. 2016-2020. NMDOH BVRHS. Retrieved from NM IBIS - <https://ibis.doh.nm.gov>

APPENDIX A: PRIORITY AREA PROFILES

Community Health Assessment

Presbyterian Española Hospital

2023-2025

BEHAVIORAL HEALTH



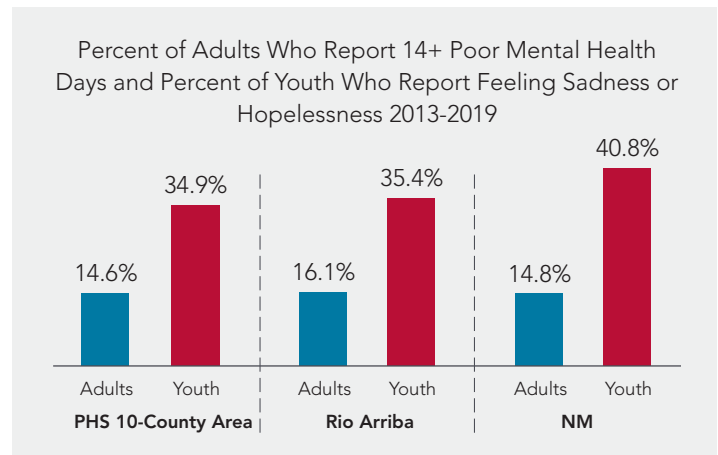
For the purposes of the 2023-2025 Community Health Assessment, Behavioral Health is defined as including individual behaviors and addressing mental health and wellness. This priority area encompasses a range of topics from substance use, anxiety, depression, mental wellbeing, suicide and more.

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).

Rio Arriba Youth Experiencing Sadness or Hopelessness (2013-2017)	% of youth
Female	42.2%
Male	21.7%

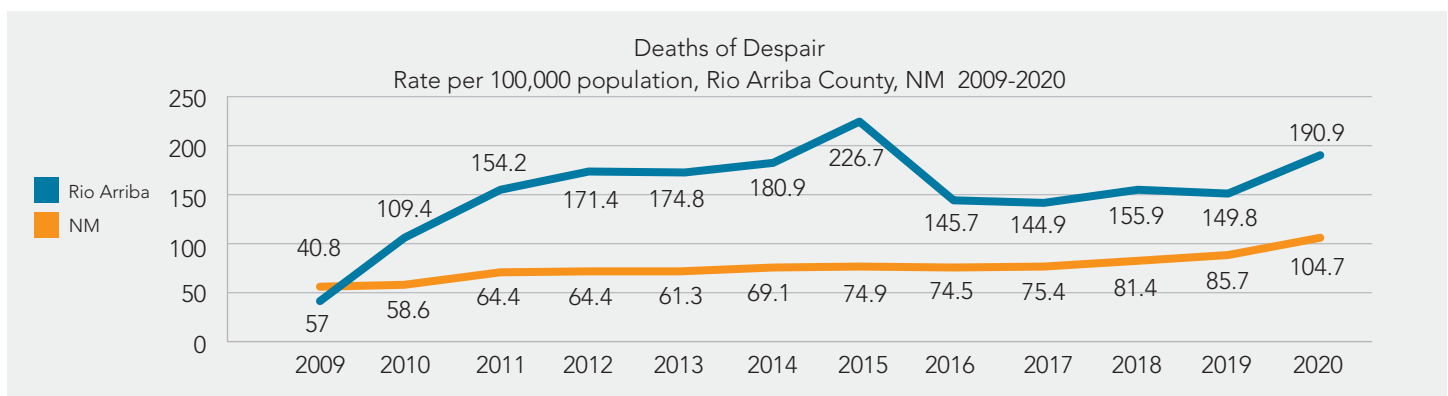
In Rio Arriba County, more girls reported feeling sadness or hopelessness (n=367) when compared to boys (n=200). More 10th graders reported feeling sad or hopeless (n=156), but a higher percentage of 11th graders reported feeling sad and hopeless (35.5%).¹

About 16.8% of white adults in Rio Arriba County reported having 14 or more days with poor mental health, and nearly 15% of Hispanic/Latinx adults said the same. Additionally, slightly more women reported having poor mental health than men (15.9% vs 14%). A larger proportion of people who make less than \$15k per year reported having poor mental health. There is an inverse relationship between income and percent of people with poor mental health: as income increases, a smaller percent of people in that income bracket have poor mental health. About 38% of people who were unable to work reported that they had poorer mental health, compared to 11.6% of people who work for wages. Among adults, 17.8% aged 50-64 reported having poor mental health, followed closely by people aged 18-34 (16.4%) and 35-69 (16%).²



Deaths of Despair

Deaths of despair are defined as deaths that are caused by drug overdose, suicide, and deaths that are 100% attributable to alcohol. This does not include all alcohol-related deaths like motor vehicle crashes and liver cirrhosis. Men in Rio Arriba County have a much higher death rate for deaths of despair (drug overdose, suicide, and deaths 100% attributable to alcohol) with a death rate of 232.4 deaths for every 100,000 people, compared to women with a death rate of 151. Native Americans are disproportionately affected by deaths of despair, with a death rate of 294.6 deaths per 100,000 population, followed by Hispanic/Latinx people (187.7 deaths). People aged 45-54 have the highest death rate, at 431.5 deaths per 100,000 population followed by people aged 35-44 years (428.9).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/>

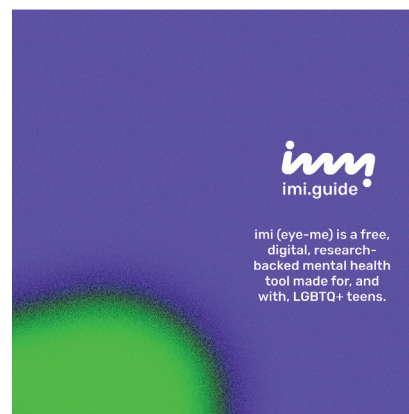
Share New Mexico

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



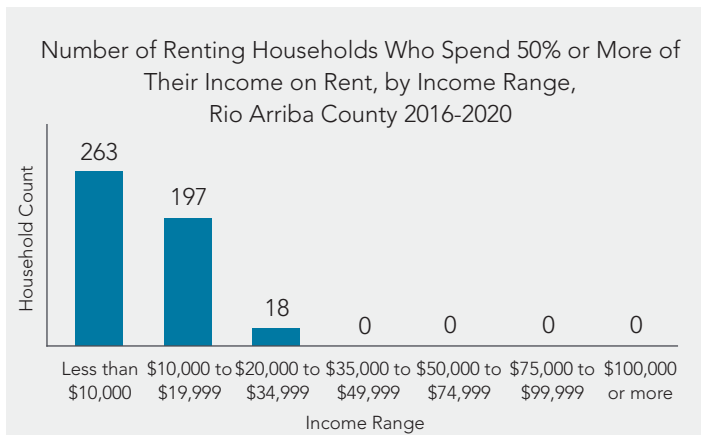
Social Determinants of Health (SDOH) are “conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.”⁴ These determinants vary in impact by community, but overall include economic 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 others. SDOH contribute to one’s ability to live a healthy life.

Severe Housing Cost Burden

Severe housing cost burden is used to estimate housing insecurity risk and economic stability for households by illustrating the percent of households who spend 50% or more of their household income on housing. This is an important metric to use to understand a community’s health because housing costs continue to rise while wages, in many areas, remain stagnant. When a household spends 50% or more of their income on housing alone, communities may be forced to forego other costs, such as healthcare, healthy food or transportation. In

10% of Rio Arriba County households experience severe housing cost burden. (ACS 2016-2020 5-year estimates)

Rio Arriba County, about 10% of households spend 50% or more of their income on housing.⁵ About 46% of renters make less than \$20,000 per year and there is 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 Rio Arriba County among renters, the percent of households who spend 50% or more of their income on housing decreases. About 38% of households who make less than \$10,000 spend 50% or more of their income on rent.⁶



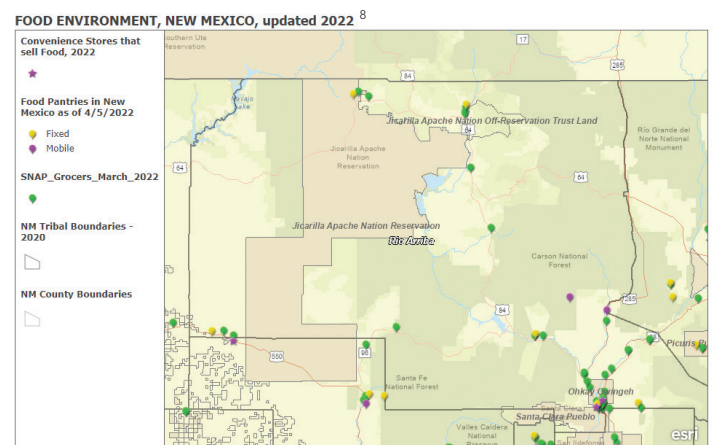
Food Environment Index and Transportation

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 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 There are several census tracts in Santa Fe County with low income and low access to healthy food at 1 mile (urban) and 20 miles (rural) areas: the eastern part of Española at the north edge of the county and in Santa Fe, Southside, Agua Fria Village, Airport Road Corridor, and Agua Fria Neighborhood. This suggests that there is room for improvement in increasing access to healthy food in these neighborhoods that have low income and low access.

5.6% of households do not have a vehicle* and most of the county lives in an area where the nearest supermarket is more than 20 miles away**.

* (ACS 2016-2020)

** (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>

⁸ Web Map from New Mexico Community Data Collaborative Managed by EMcRae_NMCCDC Created: Jun 26, 2012 Updated: Jul 12, 2022. Retrieved from www.nmcdc.maps.arcgis.com



211 Helpline

United Way of Central New Mexico

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

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

Adult Protective Services

New Mexico Aging and Long-Term Services Department

Report adult abuse, neglect or exploitation.

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

BeWellNM

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

Health insurance education and enrollment assistance.

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



Coordinated Entry System

New Mexico Coalition to End Homelessness

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

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

Domestic Violence Resource Center

Free domestic violence education, prevention and resources.

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

GoodRx New Mexico

Drug prices and discount coupons at pharmacies in New Mexico.

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

NeedyMeds

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

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

NM Children, Youth and Families Department State of New Mexico

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

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

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

New Mexico Home Fund

State of New Mexico

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

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

New Mexico Legal Aid

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

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

Presbyterian Healthcare Services Financial Assistance

Medical expense assistance at Presbyterian-owned facilities.

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

Rape Crisis Center of Central New Mexico

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

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

ReachNM

New Mexico Children Youth and Families Department

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

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

Roadrunner Food Bank of New Mexico

Statewide food assistance.

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

Share New Mexico

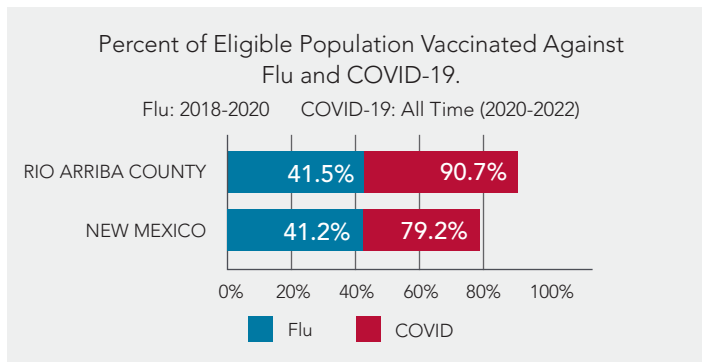
For more resources in your area, please visit <https://sharenm.org/>.



PHYSICAL HEALTH



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

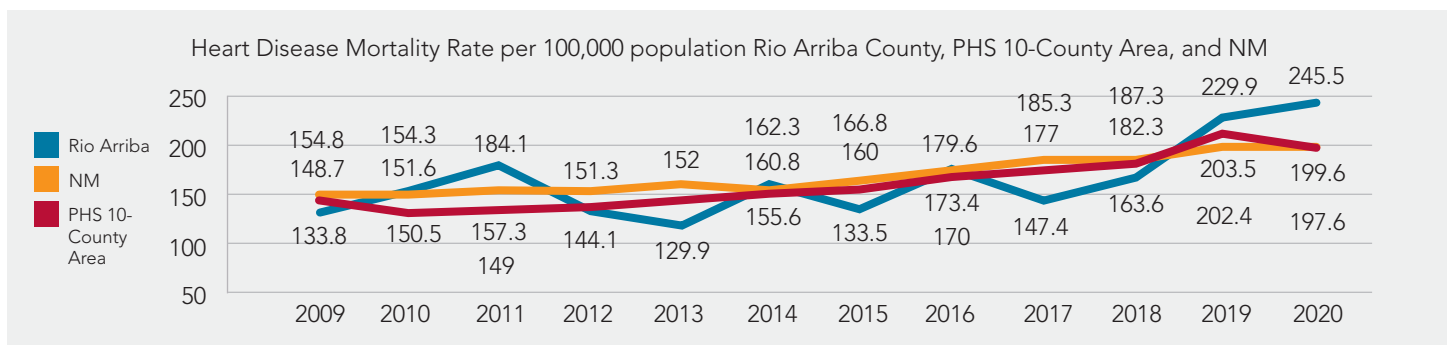
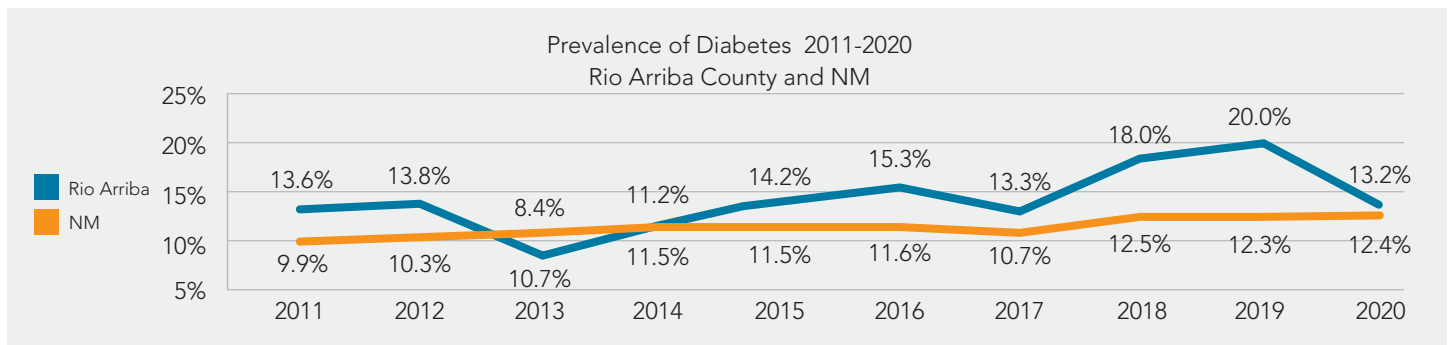


Slightly more women in Rio Arriba County were vaccinated against influenza than men – 42% of women and 41% of men were immunized. White people have the lowest rates of flu vaccination in Rio Arriba County, with 40.3% of white people receiving the vaccination while 52.8% of Native Americans were vaccinated.¹⁰

Rio Arriba County is a leader in COVID vaccinations in the state with greater than 90% of the population fully or partially vaccinated.¹¹ More work is needed to expand access to and combat misinformation of the COVID vaccine, especially as definitions of what being “up to date” on vaccinations means (i.e. booster) in our communities.

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 Rio Arriba County have increased and rose above the rates of New Mexico and the PHS 10-County Area. Most heart disease deaths were among white men (412.4 deaths per 100,000 population), then among Hispanic/Latino men (222.1 deaths per 100,000 population). Among women, white women and Native American women had the highest death rates.¹²

Diabetes is more common among men in Rio Arriba County than women, with 17% of men reporting they have been told they have diabetes compared to 14.7% of women. A higher percentage (29.8%) of Native Americans have diabetes compared to Hispanic/Latinx people (15.6%) and white people (10.2%). Diabetes prevalence is highest among people whose household income is less than \$15k per year (20.3%) compared to 8.7% of people who make \$75k or more per year.⁹



⁹ Dr. Diagnosed Diabetes. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS – <https://ibis.doh.nm.gov>
¹⁰ Influenza Vaccination Rates. BRFSS 2016-2020 5-year estimates. Retrieved from NM IBIS – <https://ibis.doh.nm.gov>
¹¹ DOH COVID-19 Vaccine Dashboard. Retrieved from <https://vaccinenm.org/public-dashboard.html> on 8/5/2022
¹² Heart Disease Mortality. 2016-2020. NMDOH BVRHS. Retrieved from NM IBIS – <https://ibis.doh.nm.gov>



PRESBYTERIAN

Community Health

Aging and Disability Resource Center

New Mexico Aging and Long-Term Services Department

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

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

COVID-19 Hotline

New Mexico Department of Health

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

New Mexico Kids

University of New Mexico, Early Childhood Services Center New Mexico

Early Childhood Education and Care Department

Early childhood resources, including child care programs and assistance.

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

Paths to Health New Mexico: Tools for Healthier Living

New Mexico Department of Health

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

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

Presbyterian Community Health

Presbyterian Healthcare Services

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

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

Families FIRST

New Mexico Early Childhood Education and Care Department

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

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

Share New Mexico

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



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

Community Data Forum

Race/Ethnicity and Community Sector	Number of People
Albuquerque	2
Community Member	1
Nonprofit/community-based organization employee	1
Espanola	1
Department of Health	1
Hispanic	2
Community Member	1
Healthcare provider/employee	1
Santa Fe	1
Nonprofit/community-based organization employee	1
White	3
Healthcare provider/employee	3
(blank)	2
Nonprofit/community-based organization employee	1
Public Health Worker	1
Grand Total	11

Organizations Represented in the Community Data Forum

Servicios Y Mas Inc
Presbyterian Community Health
Santa Clara Pueblo
Presbyterian Española Hospital
Presbyterian Healthcare Services
The Food Depot
Cooking with Kids

Community Gaps and Assets Forum

To ease the burden of over-assessment, Presbyterian Community Health conducted the Community Gaps and Asset Forum during the regularly scheduled monthly Rio Arriba County Health Council meeting, which is attended by people who work in the field of public health, community organizing, and healthcare. Community-based organizations, hospital staff, local and state government, and tribal partners were in attendance.

Community Survey

The community survey was distributed via Qualtrics and Google Surveys. See table below for breakdown of participation.

Community Survey

Rio Arriba County

Survey Completion		#	%
	Complete	45	62.5%
	Partial	27	37.5%
	Total	72	100.0%
Gender			
	Missing	22	30.6%
	Female	16	22.2%
	Male	34	47.2%
	Total	72	100.0%
Race/Ethnicity			
	American Indian/Alaska Native	23	31.9%
	Asian/Pacific Islander	0	0.0%
	Black/African American	3	4.2%
	Hispanic	21	29.2%
	White	13	18.1%
	Multiple	0	0.0%
	Other	1	1.4%
	Won't Say	9	12.5%
	Missing	2	2.8%
	Total	72	100.0%
Age			
	Missing	22	30.6%
	18-24	1	1.4%
	25-34	1	1.4%
	35-44	11	15.3%
	45-54	10	13.9%
	55-64	15	20.8%
	65+	12	16.7%
	Total	72	100.0%
Community Sector			
	Nonprofit/community-based employee	7	9.7%
	Education employee	10	13.9%
	Local government employee	18	25.0%
	Healthcare worker	11	15.3%
	Private business employee	9	12.5%
	Community member	16	22.2%
	Missing	1	1.4%
	Total	72	100.0%

APPENDIX C: MENTI SLIDES

Below are the slides presented to communities to facilitate conversations during the community forums and include data collected in the Mentimeter platform.

PRESBYTERIAN

Community Health

Welcome to Community Health Assessment Forum!

We'll get started shortly!

We Join our State in Working Toward These Goals*

Increase well-being among New Mexicans.

Outcome Measures

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

Reduce the impact of chronic conditions on our communities.

Outcome Measures

- Prevalence of Diagnosed Hypertension ✔
- Prevalence of Diagnosed Diabetes ✔

Measure	County	State	Direction
Life Expectancy	74	77.8	▬
Adult Mental Health – Not Good	16.1%	26.5%	▼

Measure	County	State	Direction
Dr. Diagnosed Hypertension	38.5%	31.6%	▲
Dr. Diagnosed Diabetes	20%	12.30%	▲

Top 10 Leading Causes of Death – Rio Arriba County 2019

Rio Arriba

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

NM

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



Behavioral Health

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

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

Measure	County	State	Direction	Rank
Suicide Mortality	18.1	33.9		20 of 33
Drug Overdose Deaths	64.6	28.8		1 of 33
Youth Tobacco Use	47%	37.2%		5 of 31
Youth Sadness	35.4%	40.8%		25 of 31
Youth Alcohol Use	29.9%	27.5%		13 of 31
Adult Smoking	19.9%	15.8%	flux	8 of 31
Adult Binge Drinking	10.7%	14.7%		18 of 31
Adult Heavy Drinking	6.8%	6%		5 of 31
Youth Meth Use	6.1%	2.9%		2 of 31
Youth Heroin Use	6.1%	2.7%		2 of 30

COVID Considerations

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

Health Equity Considerations

Stigma
Mental Health
Substance Use
Suicide/Homicide



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

co-occurring disorders

available resources

workforce building efforts by the state

Lack of housing prevents mental health services from succeeding.

caregiver burnout

the need for an interconnected network of service providers, similar to the CONNECT network in SF County, so that referrals can be made to connect people to services

Again I believe that the lack of support from not having any transitional housing available

EMRs don't communicate or do what we need

fast food as only affordable food choice



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

Lack of behavioral health practitioners; family oriented-treatment efforts needed; recovery housing and support services; youth mental health issues

Lack of affordable housing, transitional housing, transportation and casework management. Need for child care and home health care for elderly.

Need more houses





parents have little support

Transportation







Elderly, that have Medicare are not eligible for Addiction services



Social Determinants of Health

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

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

Measure	County	State	Direction	Rank
SNAP Enrollment	14.8%	17.2%		10 of 33
Poverty*	24	21%		11 of 33
Food Insecurity	14.1	15.1%		21 of 33
Unemployment	3.9%	3.8%		14 of 33
Households without a vehicle *	5.6%	5.7%		19 of 33
Broadband Internet Access*	57.6%	74.6%		25 of 33

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

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

Resources for the school system

Lack of understanding and stigma associated

Lack of broadband impacts schools severely.

grandparents raising grandchildren and the inability to access social services due to lack of legal custody

Caregiver support for families of people with dementia

Education of families with children

COVID demolished our schools which were already frayed. About 50% decrease in enrollment in some schools. 33% fewer teachers.

Transportation, insurance coverage

access to healthy food

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

Be nice if we had charging stations for electric vehicles

challenges in accessing food--different needs in rural v. urban areas

Social isolation

transportation

Inflation. Cost of living is on the rise.

education for healthy diet along with access to healthy food

Food access and security---increase SNAP participation, increase support of families around food access and literacy

designing hunger-relief systems that are accessible when people are able to get there

broadband



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





Training needed for adults to enter careers other than Walmart

lack of job opportunities; increase in supply of illegal drugs





Lack of trades leads to lack of housing



Access to Care

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

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

Measure	County	State	Direction	Rank
People Insured	92.2%	88.8%		6 of 23
Vaccinated against Pneumonia (65+)	75%	71.6%		3 of 27
Prenatal Care*	68.8%	65%	NA	16 of 33
Vaccinated against Flu	48.7%	43.1%		4 of 32
Went without care due to cost	16.8%	13.9%		5 of 23

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

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

Senior programs should be more robust and offer more services	transportation	transportation
confusion about different providers	There is zero access to housing even for those who can afford it.	Cost. Insurance eligibility.
Senior transportation	Transportation	Limited providers

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

language barriers	Culturally appropriate information, including language	equality
Rural areas have lower access	senior programs to help interpret health care information	system literacy--understanding how to navigate
healthy literacy focused on individual need	Cost of healthcare, criteria to access home health care, high cost of child care. need for more providers and more nurses in healthcare field.	equity concerns such as outreach for undocumented immigrant populations







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







Telehealth availability and limitations	kids can't pass northern entrance exams after graduation	Distance to receive care in rural areas.
Providers can't expand because they don't have physical infrastructure. Buildings.	More peer support for those in recovery and needed increase for trauma informed care providers.	Medicaid counter to best practices for SUDS care
reduce barriers and provide safe space	EVV doesn't work in parts of Rio Arriba limiting home care	Home gardening and planting of fruit trees and vegetable can be encouraged




Healthy Eating/Active Living

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

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

Measure	County	State	Direction	Rank
Adults at a Healthy Weight*	32%	34.7%		14 of 32
Physical Activity	Youth	24.1%		23 of 31
	Adult	59.5%		
Fruit and Veggie Consumption	Youth	25.6%		6 of 31
	Adult	16.1%		
Youth Obesity	16.5%	15.7%		17 of 31

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

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

Few safe sidewalks.

The critical importance of making traditional and culturally appropriate foods available.

healthy fast food

Wish we could build a river walk in Espanola.

Access

Easy community access to walking trails that are safe

Education and inspiration/motivation to make healthy changes in eating and home cooking

Almost no bike trails. Too dangerous to ride bikes.

walking and bike trail along the rio grande

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

City kicks kids off plaza and parks with bikes, skates, skateboards.

Food Deserts No Bike Trails Park Maintenance

Exercise programs

Love the idea of a riverwalk!

It's very expensive to eat healthy and most people here do not have the money. We need to be promoting gardening. Give free seeds out to the community.

Electric coop cuts down all the trees. Makes it uninviting.

school focus on physical activity not only sports

Would love "tiny forests" in town.

Need for locally grown food, farm to table and farm to school food. Universal food access for students. More recreation access, bike trails, river trails, community gardening. Improved water infrastructure and waste water facilities.

28



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

Plant and maintain trees!

work with Tewa women to bring the Oasis more publicity

Support of the farmer's market at hospital

<https://www.nationalgeographic.com/environment/article/why-tiny-forests-are-popping-up-in-big-cities>

Maybe an Activity Center for Families

work with churches to support outdoor activities

Why not put some tiny forests up at Hunter Ford?

Rio Grande walking trail

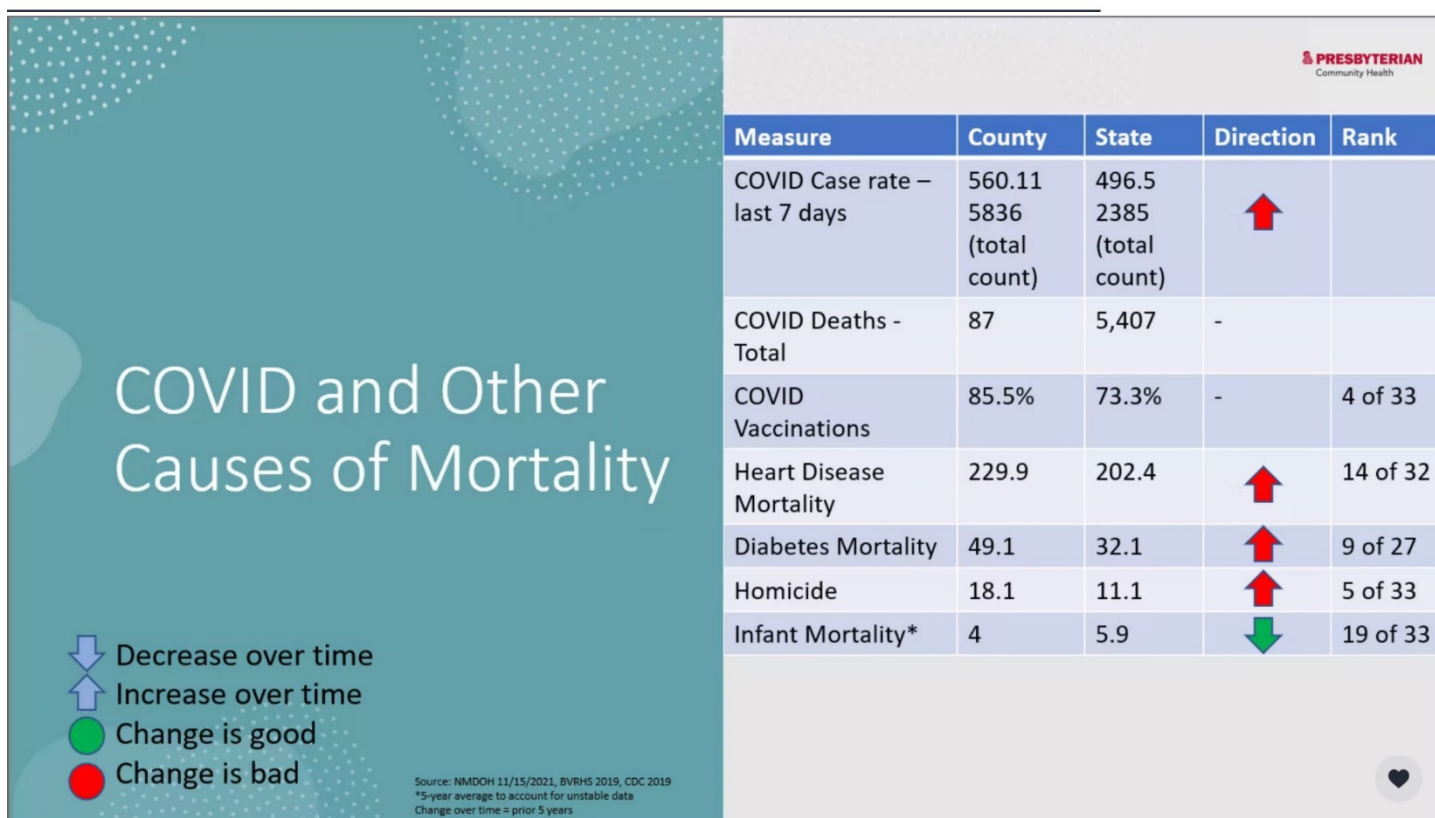
Churches could be access point for health of family

28



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

Landscaping that encourages playfulness and movement



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

Why is mortality rate high for us?

Misinformation is still rampant.

There is a study supporting the idea that people with BH conditions have higher mortality rates.

changes to hunger-relief approaches that are COVID-safe but offer less choice to people in what foods they get.

Media bias

Burnout rate for communities. Misinformation on vaccines. New covid variants that have impacted communities. Nursing shortages and burnout rate for hospital workers.

hospitalizations now high for unvaccinated

The best way to handle the variants we're seeing

You have covered it



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

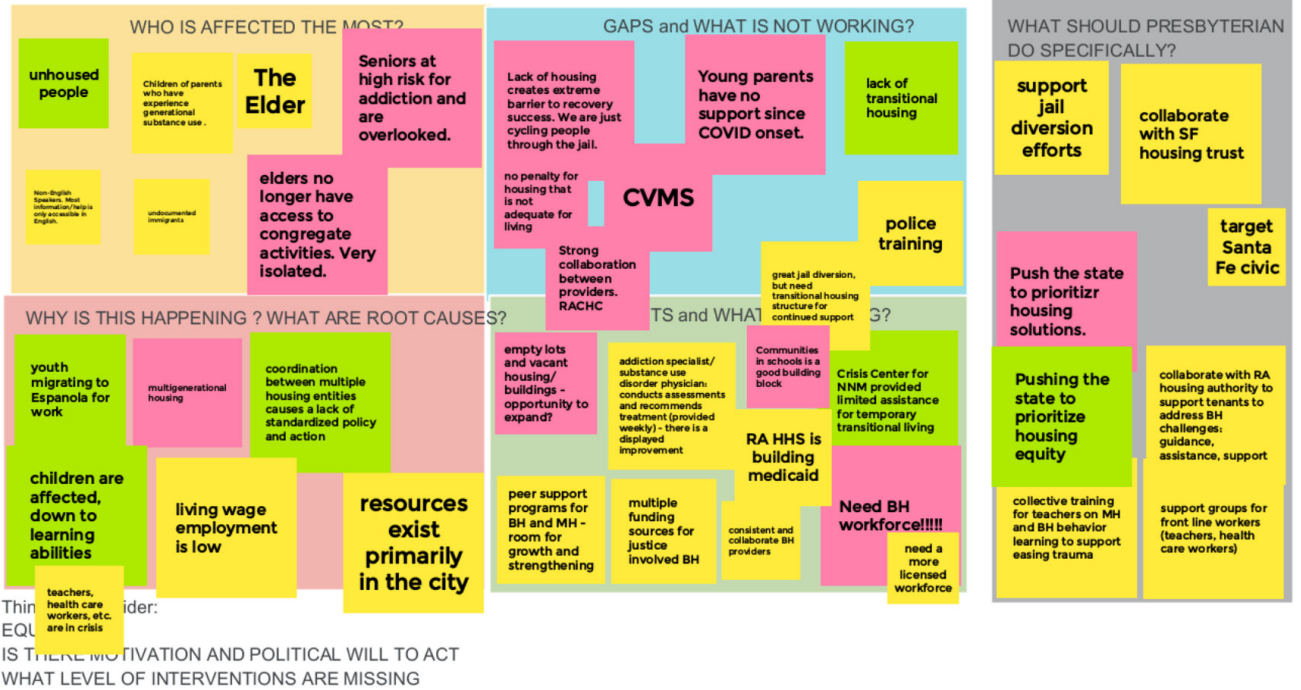
CIT training for law enforcement.

Need for crisis intervention team.



Behavioral Health

Substance Use
Mental Health
Access to Providers



Chronic Conditions

Access to Healthy Food
Access to Services
Provider Availability
Delay in Care



APPENDIX E: ASSESSMENT INVENTORY

Rio Arriba County Community Health Council (2022)

- Youth Suicide
- Teen Pregnancy Prevention
- Diabetes & Obesity Prevention
- Substance Abuse and Mental Health Issues
- Access to Primary Healthcare

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 Rio Arriba County.

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





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





Key


Did Not Improve


Improved


No Change

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

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

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