



PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Socorro General 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

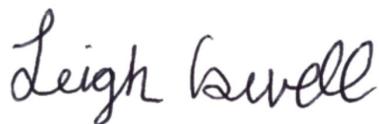
Physical Health

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

To fulfill that commitment, every three years, Presbyterian Community Health completes an extensive Community Health Assessment (CHA) and Implementation Plan process that informs the identified health priorities in the communities we serve and Presbyterian's systemwide strategy. The 2023-2025 assessment represents the most comprehensive and complex to date, reflecting our efforts to seek deeper community and stakeholder engagement compared with previous iterations. We have also employed a diversity and inclusion mindset with an equity lens to ensure that diverse voices are represented. The health and well-being of Socorro County's 16,575 residents reflects a complex community with both assets and barriers to good health.

The following CHA provides an in-depth look at the Socorro County community, which is served by Presbyterian's Socorro General Hospital, a not-for-profit hospital with 24 licensed beds located in Socorro, 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 Socorro 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 Socorro County Community

Survey respondents identified parks, sidewalks, walking trails and doctors' offices as existing Socorro County community assets that help people be healthy. Respondents also identified mental health and substance use treatment resources and social services as existing assets in the community. One unique asset to this community is that through community organizations, partnerships, and Presbyterian community programs, there are Behavioral Health services across the lifespan, from infant mental health through older adult mental health. Survey respondents identified public transportation, social services, and grocery stores near them as gaps or needed resources.

Socorro County is ranked in the lower middle range of counties in New Mexico for health outcomes and health factors by the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps. Life expectancy in Socorro County remains lower than in the rest of the state, the PHS 10-County Area, and the United States, with a sharp decrease in 2020. When compared with other New Mexico counties, in 2020, Socorro County experienced a similar drop in life expectancy, likely due to additional deaths caused by COVID-19 and a sharp increase in heart disease deaths.

Substance use among youth has gotten better while alcohol use continues to be an issue for adults, who have some of the highest use prevalence in the state. While youth substance use appears to be getting better, more youth are reporting feeling sadness or hopelessness compared with previous years. The percentage of adults experiencing frequent mental distress is similar to the state percentage and the overall percentage of the PHS 10-County Area. Specific to behavioral health, participants noted that lack of resources, unstable internet in rural parts of the county,

and a lack of healthcare providers all contribute to the prevalence of substance use and poor mental health in the community. Youth and older populations have been deeply affected by COVID, resulting in isolation, disruption of routines, turnover of programs and staff, and self-harm/coping. Food insecurity is rising and economic indicators like poverty and unemployment remain high. Lack of transitional housing, especially for unhoused people, as well as lack of resources in rural areas and lack of transportation create barriers to social health. When it comes to physical health, survey respondents noted that they are concerned about COVID-19, obesity, and heart disease, which align with the leading causes of death in Socorro County. Challenges to better physical health include the high cost of health care, combined with low income, lack of transportation for older people, and high turnover among providers, resulting in lack of continuity within health initiatives.

Socorro General Hospital is an important health care hub for surrounding communities outside of Socorro County, and while most people have the pieces in place to be able to see a physician, community feedback revealed that physician retention and physical access to care remain barriers. Nutrition and physical activity are improving among youth, and diabetes and hypertension prevalence are low. Physical access to care for people who are sick may be a contributing factor to seeking care when it is needed, while cost is not, which may present in decoupling of elevated vaccination rates and high COVID mortality.

Community Forum participants identified survival needs, mental health, substance use, and quality of life as the most pressing public health priorities in Socorro County. Survival needs were defined as “quality of life, rent, food/groceries, outdoor activity, and community connections.” Socorro County is noted as having exceptional outdoor recreation, but much of that requires people to drive to the activity. More accessible recreation activities in towns could also engage participants in more physical activity. Other topics of concern included unemployment and adverse childhood experiences. Socorro County has a robust, interdisciplinary, and active county health council, Socorro County Options, Prevention, and Education (SCOPE), with many organizations and members who are focusing on the identified priority needs. Work should continue to focus on building resources and assets to fill gaps left by providers, improve mental health, reduce substance use and drug overdose, and increase access to healthy foods and vaccinations. Priority populations include youth and girls, women, Native American, Hispanic/Latinx and White residents, people living in rural areas, and people living in poverty in Socorro County.

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 Socorro County community.

ACKNOWLEDGEMENTS

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

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

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

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

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ABOUT PRESBYTERIAN HEALTHCARE SERVICES

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

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

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

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

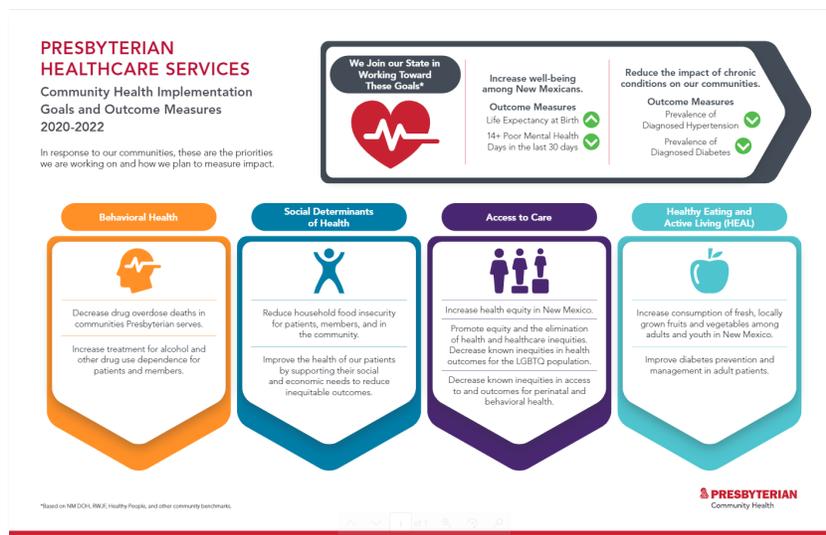
We are committed to caring for our community -- and have been for more than 100 years.

ABOUT PRESBYTERIAN COMMUNITY HEALTH

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

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

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



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

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

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

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

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

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

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

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

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

Health Equity is at the Core of Our Strategies



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

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

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

ABOUT PRESBYTERIAN SOCORRO GENERAL HOSPITAL

Socorro General Hospital is a not-for-profit hospital that has been managed by Presbyterian Healthcare Services since 1976. The hospital provides comprehensive inpatient and outpatient healthcare to the residents of Socorro and Catron counties. Socorro General Hospital and Presbyterian Healthcare Services operate the hospital and seven clinics. The hospital also houses an independent full-service laboratory, operated by TriCore. Additional services include emergency medicine and community outreach programs, as well as primary and specialty care services. Socorro General Hospital is one of nine hospitals managed by Presbyterian Healthcare Services, which also has a growing multispecialty group.

Socorro General Hospital is committed to the health and well-being of the people and communities of Socorro and Catron counties. In addition to offering comprehensive medical care for every stage of life, Socorro General Hospital works for the growth and development of each member of our community. Join us in our commitment to the community.

Socorro General Hospital's quality and values are made possible through a partnership between Socorro County, a local Board of Trustees, and Presbyterian Healthcare Services, which has owned and managed hospital operations since 1976. As a not-for-profit hospital with 24 licensed beds, Socorro General Hospital exists to improve the health of the patients, members and communities we serve in Socorro and Catron counties. At Socorro General Hospital, our doctors, nurses, and healthcare providers provide a wide range of services for our patient's healthcare needs, including emergency medicine and community outreach programs, as well as primary care and specialty services.

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. Socorro General Hospital defines its community as Socorro County, New Mexico.

Socorro County is located in south-central New Mexico. The county spans about 6,646 square miles and is a mostly rural county, with a population of 2.5 per square mile.¹ The county seat is Socorro, and the county is home to a number of tribal nations, including the Alamo Reservation, parts of the Acoma Reservation, and parts of the Navajo Nation. Socorro County is home to the Trinity Site, where the world's first atomic bomb was tested.²

There are approximately 16,575 people living in Socorro County, more than 50% of whom identify as white. About 49% of the population identifies as a person of color, Hispanic/Latinx being the largest portion (34%), and Native American being the second largest, about 12%.

¹ Geography. Socorro County. US Census Bureau. Retrieved from <https://www.census.gov/quickfacts/socorrocountynewmexico>

² Socorro County. New Mexico Counties. Retrieved from <https://www.nmcounties.org/counties/rio-arriba-county/> on 6/29/2022

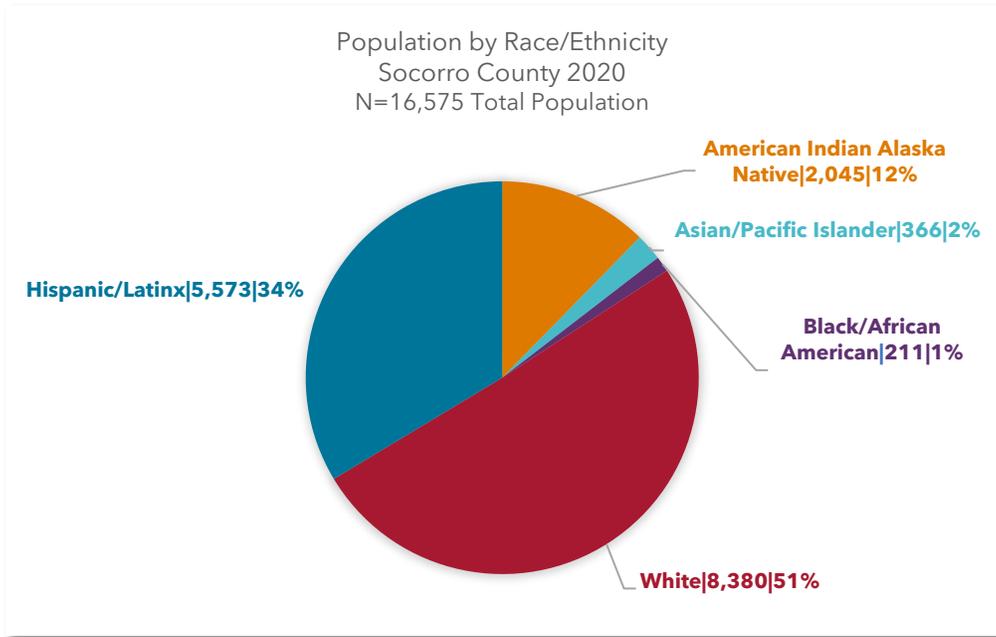


Figure 1. Source: UNM GPS Program, Population Estimates, 2020.

Most people in Socorro County speak only English at home (62%), and 38% of people speak a language other than English at home. Most people who speak another language at home speak Spanish (n=4,075). “Other Languages” is the category with the second most speakers of a language other than English (9% of people who speak a language other than English). Most people who speak Spanish at home are between the ages of 18 and 64.

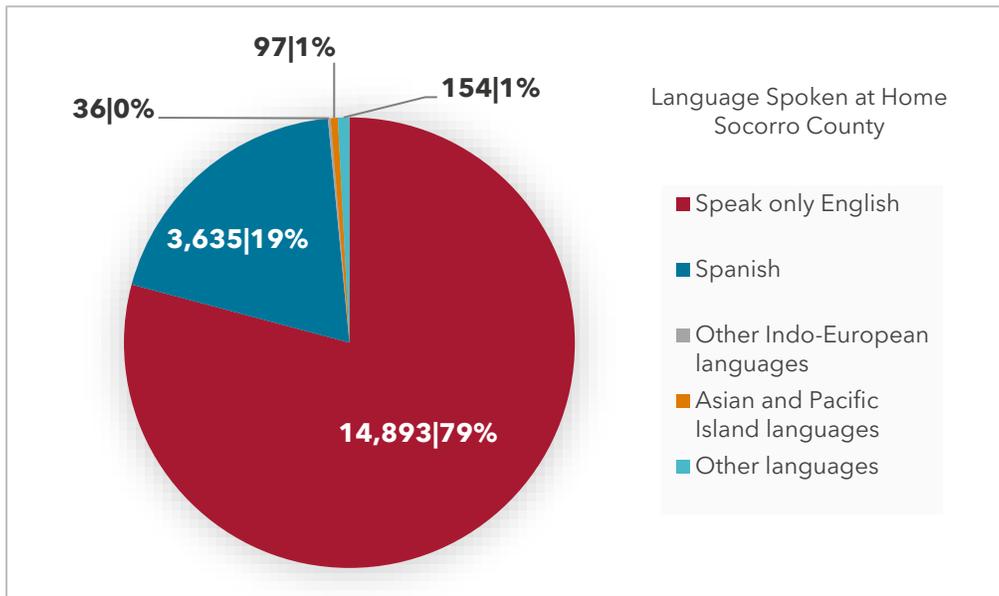


Figure 2. Source: US Census Bureau. American Community Survey 2016-2020 5-year estimates.

Inconsistent with the state, Socorro County has slightly more men (50.3%) than women (49.7%) living in the county. The two most populous age groups in the county are 15-24 years and 55-64, which may be a mixture of older populations in the rural areas and a large population of college students in Socorro attending New Mexico Tech.³

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

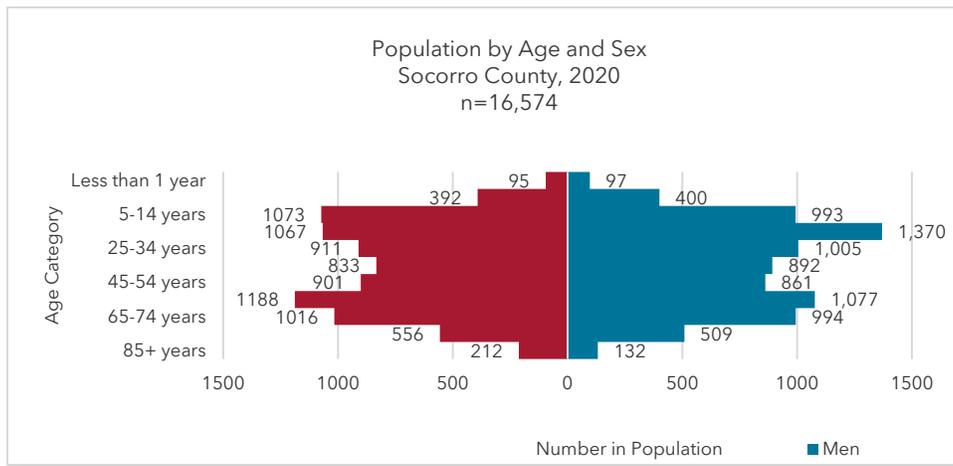


Figure 3. Source: UNM GPS Program, 2020.

Socorro County has had a higher percent of the population living with a disability compared to New Mexico and the PHS 10-County Area. A little less than half of the county's population lives with a disability. Among adults in Socorro County who reported having at least one disability. Almost 44% of women in Socorro County have a disability and 35% of men have a disability. More Hispanic/Latinx people have a disability compared to white people. People who are retired have the highest percentage of people who have a disability.⁴

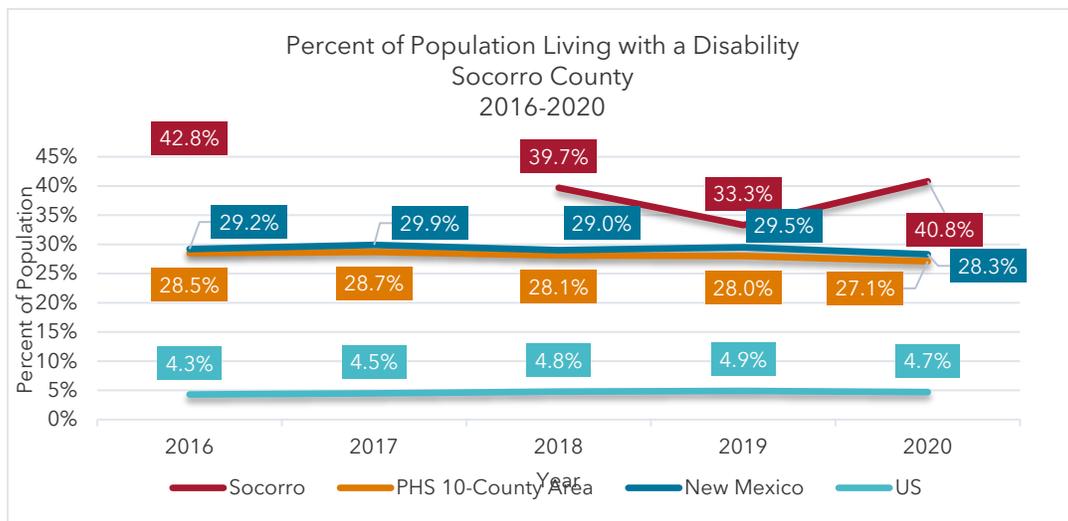


Figure 4. Source: 2016-2020 BRFSS.

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

The patient population at Socorro General Hospital, when compared to other patient populations within the PHS 10-County Area (counties Presbyterian serves), is proportionally more female, more Hispanic/Latinx, and a proportionally smaller Spanish-speaking population. Socorro General Hospital has a proportionally larger population who identify as white or Native American.

⁴ Behavioral Risk Factor Surveillance System. US Department of Health and Human Services, Centers for Disease Control and Prevention and New Mexico Department of Health. 2016-2020.

Patient Population Demographics		
AGE	n	(%)
0-2	349	2.99
3-12	1,243	10.64
13-18	848	7.26
19-24	1,000	8.56
25-34	1,409	12.06
35-44	1,276	10.92
45-54	1,195	10.23
55-64	1,533	13.12
65-74	1,525	13.05
75+	1,245	10.66
UNKNOWN	61	0.52
SEX		
FEMALE	6,117	52.35
MALE	5,563	47.61
UNKNOWN	4	0.03
RACE		
WHITE	8,987	76.92
AMERICAN INDIAN OR ALASKA NATIVE	1,039	8.89
OTHER	1,006	8.61
UNKNOWN	317	2.71
AFRICAN AMERICAN OR BLACK	123	1.05
ASIAN	115	0.98
MULTIRACIAL	82	0.70
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	15	0.13
ETHNICITY		
NOT HISPANIC OR LATINX	5,882	50.34
HISPANIC OR LATINX	5,399	46.21
UNKNOWN	403	3.45
PREFERRED LANGUAGE		
ENGLISH	11,294	96.66
SPANISH	303	2.59
NAVAJO	31	0.27
OTHER	29	0.25
UNKNOWN	27	0.23
PAYOR		
MEDICAID	4,432	39.78
COMMERCIAL	3,104	27.86
MEDICARE	2,718	24.40
OTHER	538	4.83
UNKNOWN	348	3.12
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-begun efforts to collect self-reported data		

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

Patient Population Demographics		
GENDER IDENTITY	n	(%)
UNKNOWN	4,656	41.80
FEMALE	3,597	32.29
MALE	2,870	25.76
TRANSGENDER	**	**
OTHER	**	**
SEXUAL ORIENTATION		
UNKNOWN	6,717	60.30
STRAIGHT	4,210	37.79
OTHER	132	1.18
LESBIAN	34	0.31
BISEXUAL	33	0.30
GAY	14	0.13
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-begun efforts to collect self-reported data		

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

OUR PRIORITIES

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

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

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

- Access
- Equity

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

Our definition of **Social Health** is aligned with the Healthy People 2030 definition of social determinants of health, which is defined as: the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect health, functioning, and quality of life outcomes and risks.⁵ This priority area comprises health-related determinants including economic stability, housing, food access, transportation, built environment, safety/interpersonal violence, and environmental health.

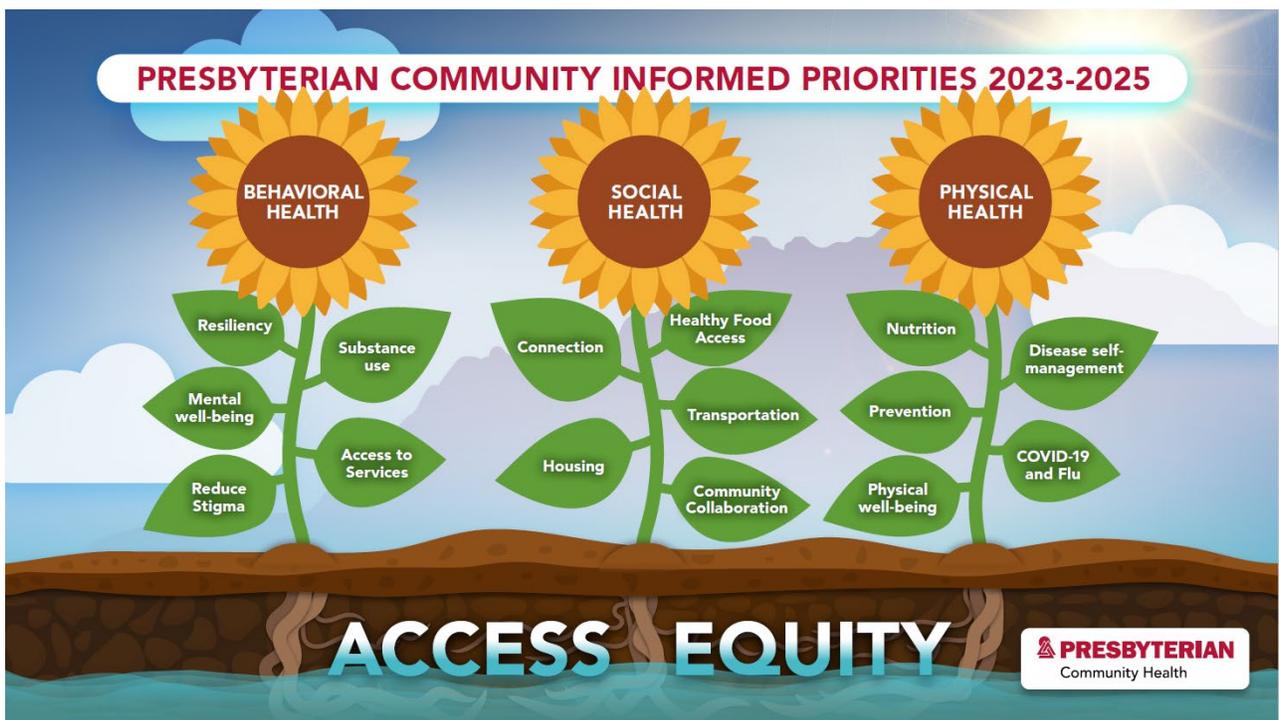
⁵ Healthy People 2030. US DHHS Office of Disease Prevention and Health Promotion. Retrieved from: <https://health.gov/healthypeople/priority-areas/social-determinants-health> on 6/8/2022

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

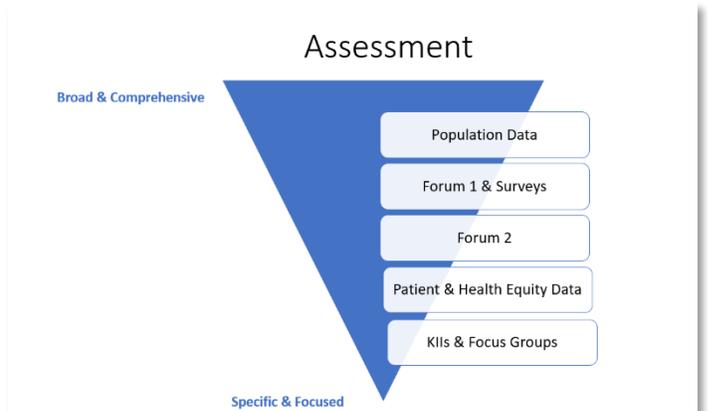
The community survey, while largely quantitative, included open-ended questions to gain additional input and perceptions of priorities. community forums, focus groups, and key informant interviews were conversation-based with question prompts to facilitate the conversations. These events were facilitated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

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

Community Forums and Surveys

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

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



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

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

Themes by Type of Community Input		
COMMUNITY DATA FORUM N= 8	ASSETS AND GAPS FORUM N= 19	COMMUNITY SURVEY N= 181
Leading Causes of Death	Behavioral Health resource development	Chronic ailments
Behavioral Health	Education, awareness, and stigma reduction	Environmental factors
Social Determinants of Health	Local collaborations	Healthy lifestyle
Access to Care	Housing	Mental/behavioral health
Healthy Eating/Active Living	Nutritious food access	
Chronic Disease and Other Conditions	Access to healthcare	

Figure 5. Community Input and Themes.

Limitations

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

Stakeholder Engagement

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

Community Engagement

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

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

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

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

Community Health Advisory Board

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

Health Council Engagement

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

Presbyterian Healthcare Services Leadership Engagement

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

Presbyterian Departmental Engagement

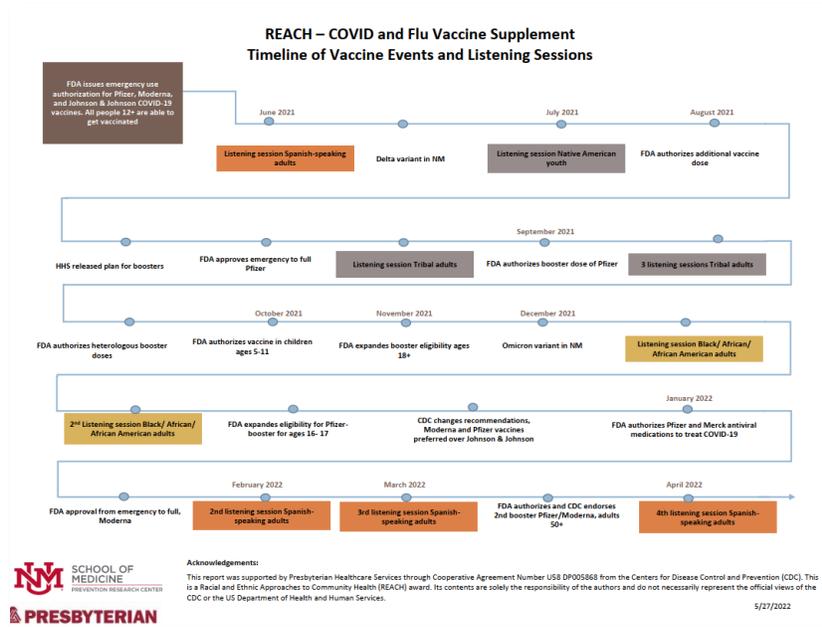
Presbyterian Community Health partnered with the Presbyterian Analytics Organization to pull important patient demographic and social needs data for each community to conceptualize and differentiate between community statistics and hospital patient statistics/reach. Key stakeholders from population health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

Additional Assessments

In addition to the assessment activities conducted specifically to inform this Community Health Assessment, We compiled information from a variety of additional sources and continues to conduct assessment activities to inform overall strategy and program implementation and improvement. These activities include:

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

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



Prioritizing Needs

Priority areas were developed from three sources: epidemiological data, community survey data, and community feedback via community forums. The top ten indicators and topics were selected for each source in different ways. Epidemiological data were ranked based on burden in the community (death rates, high ranking incidence and prevalence of disease, and upstream indicators). Community survey data were processed via SAS to identify top ten topics for each county as selected by survey takers (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 Socorro County in the next three years. Survival needs, mental health, and quality of life were the main topics here. Participants reported that mental health and substance use were among the top priorities. When defining survival needs, participants reported that quality of life, rent, food/groceries, outdoor activity, and community connections were important factors to address in the coming years. Socorro County is noted as having exceptional

outdoor recreation, but much of that requires people to drive there, which requires people to take time out of the day to plan it - more accessible recreation activities in towns is needed to engage participants in more physical activity without having to sacrifice livelihood (i.e. taking unpaid time off work). Other topics included unemployment and adverse childhood experiences.

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

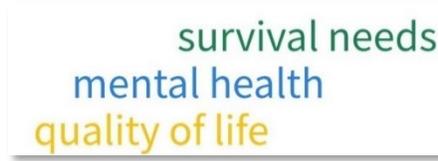


Figure 6. Source: Presbyterian Community Health Mentimeter.

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 Socorro County		
POP LEVEL DATA	SURVEYS	FORUMS
1. Mental Health	1. Healthy Eating	1. Mental Health
2. Heart Disease	2. Active Living	2. Suicide
3. Diabetes	3. Substance Use	3. Access to Healthy Food
4. Suicide	4. Access to Health care	4. Access to Care: BH/PCP Providers
5. Alcohol Use	5. COVID-19	5. Substance Use
6. Poverty	6. Personal/Interpersonal Safety	6. Transportation
7. Access to Healthy Foods	7. Access to Mental Healthcare	7. COVID-19
8. Transportation	8. Obesity	8. SDOH: Economy
9. Access to Care	9. Vaccinations	9. Establishing/Building Community
10. COVID-19	10. Housing	10. Walking/Biking Trails

Table 3. Top 10 Topics. Presbyterian Community Health.

Ranking Presbyterian Community Health Priorities:

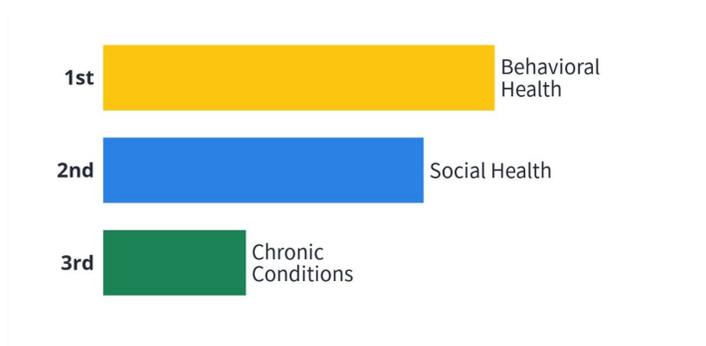


Figure 7. Source: Presbyterian Community Health Mentimeter.

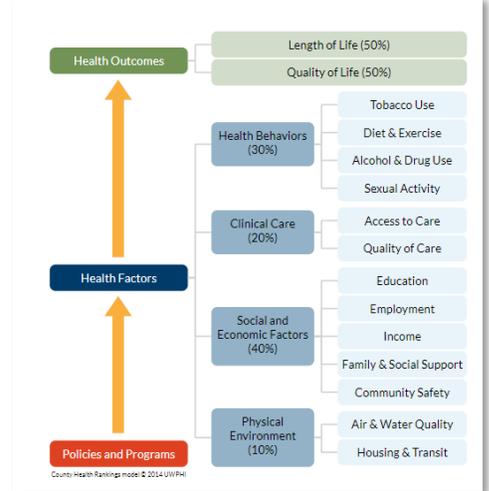
COMMUNITY HEALTH ASSESSMENT

Epidemiological Data

County Health Status

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

Socorro County's overall health rankings for health outcomes, as determined by the Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, are in the lower middle range of counties (25%-50%), indicating that Socorro County is less healthy than some other counties around the state, but healthier than others. The health outcome ranking for Socorro County is 24 out of 32 (one county is not ranked). A ranking of "1" is given to the county with the best health. The county health outcome rankings are based on how long people live and how healthy people feel. Length of life is measured by years of potential life lost before age 75 and quality of life is measured by the percent of people reporting poor or fair health, the number of physically and mentally unhealthy days within the last 30 days, and the percent of low-birth-weight newborns.⁷



Robert Wood Johnson Foundation's County Health Rankings & Roadmaps also summarizes and ranks county health factors. The health factor ranking measure is based on a county's health factors (tobacco use, diet and exercise, alcohol use, drug use, and sexual activity), clinical care (access to care and quality of care), social and economic factors (education, employment, income, family and social support, and community safety), and the physical environment (air and water quality, housing, and transit). Socorro County ranks 21 out of 32 counties (one county is not ranked) in health factors, again in the lower middle percentile and is a county with areas of improvement.



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

⁶ County Health Rankings and Roadmaps (2022) County Health Ranking Model. Available at: <http://www.countyhealthrankings.org/countyhealth-rankingsmodel> Accessed: May 5th, 2022.

⁷ Robert Wood Johnson. County Health Rankings. Available at: <http://www.countyhealthrankings.org>. Accessed April 27, 2022

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



Figure 8. 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. Most people said that parks, sidewalks, walking trails and doctors’ offices were known community assets. Fewer people said mental health and substance use treatment resources and social services were assets that exist in the community.

Socorro County - Survey Responses		
COMMUNITY ASSETS	NUMBER	PERCENT
Doctor's offices	40	28.8%
Parks/sidewalks/walking trails	40	28.8%
Social services (housing, food assistance)	31	22.3%
Mental health/substance use treatment	25	18.0%
Other	3	2.2%
Total	139	100.0%

Table 4. Community Survey. Presbyterian 2022.

Survey respondents provided input on needed resources that can help the community be the healthiest it can be. Most people identified public transportation, social services, and grocery stores near to them as gaps or needed resources.

Socorro County - Survey Responses		
GAPS/NEEDED RESOURCES	NUMBER	PERCENT
Social services (housing, food assistance)	32	18.0%
Grocery stores near you	31	17.4%
Public transportation	31	17.4%
Parks/sidewalks/walking trails	29	16.3%
Mental health/substance use treatment	26	14.6%
Doctor's offices	25	14.0%
Missing	4	2.2%
Total	178	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 Socorro County remains lower than that of the state, the PHS 10-County Area, and the US with a sharp decrease in 2020. When compared to other counties, Socorro County experienced a similar drop in life expectancy to other counties in 2020. Life expectancy in 2020 likely dropped drastically due to additional deaths caused by COVID-19 and a sharp increase in heart disease deaths.

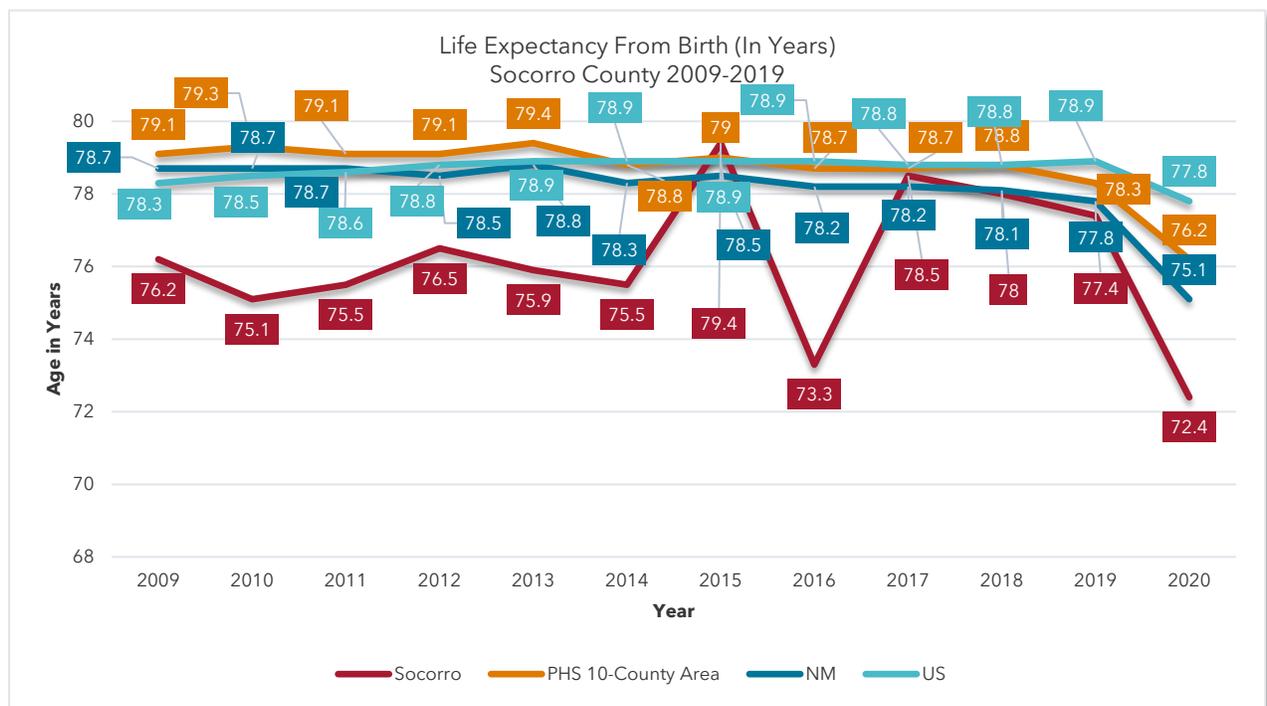


Figure 9. Life Expectancy at Birth. NMDOH BVRHS 2009-2020.

15 Leading Causes of Death

15 Leading Causes of Death in New Mexico - 2020	Deaths per 100,000 Population (crude rate) Socorro County
1. Heart disease (ICD10: I00-I09, I11, I13, I20-I51)	247.4
2. Cancer (ICD10: C00-C97)	223.2
3. Coronavirus disease 2019 (COVID-19) (ICD10: U07.1)	289.6
4. Unintentional injuries (ICD10: V01-X59, Y85-Y86)	120.7
5. Chronic lower respiratory diseases (ICD10: J40-J47)	54.3
6. Cerebrovascular disease (stroke) (ICD10: I60-I69)	36.2
7. Diabetes mellitus (ICD10: E10-E14)	36.2
8. Chronic liver disease and cirrhosis (ICD10: K70, K73-K74)	24.1
9. Alzheimer's disease (ICD10: G30)	24.1
10. Suicide (ICD10: X60-X84, Y87.0, *U03)	42.2
11. Influenza and pneumonia (ICD10: J09-J18)	12.1
12. Kidney disease (ICD10: N00-N07, N17-N19, N25-N27)	12.1
13. Parkinson's disease (ICD10: G20-G21)	6
14. Septicemia (ICD10: A40-A41)	0
15. Homicide (ICD10: X85-Y09, Y87.1, *U01-*U02)	6

Heart disease is the leading cause of death in New Mexico, and in Socorro County, there were 247.4 deaths for every 100,000 population in 2020. Heart disease death trends in Socorro County are higher than New Mexico and the PHS 10-County Area. Heart disease deaths are increasing steadily among all three geographies, overall, but the increase in Socorro County in 2020 was much more drastic than the other counties.

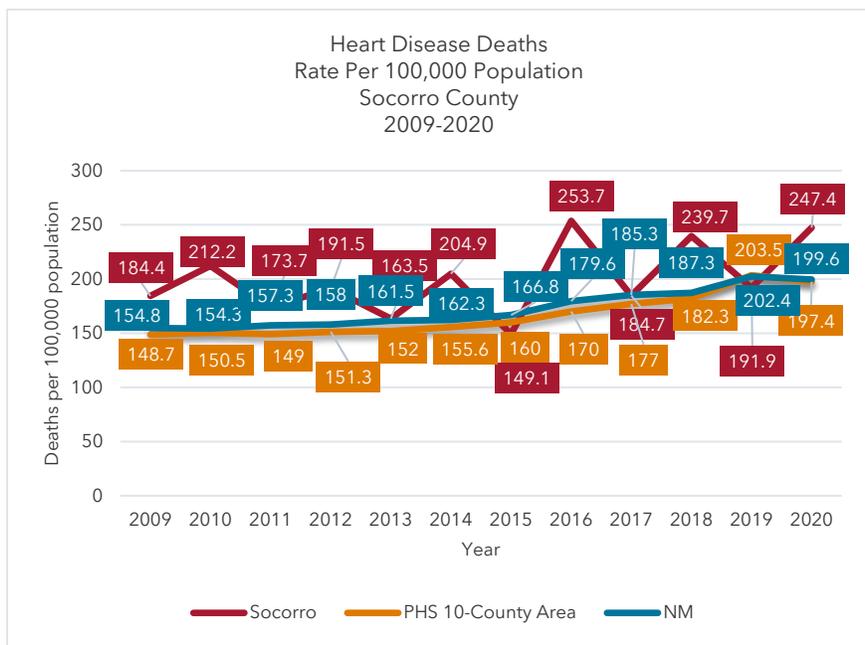


Figure 10. NMDOH BVRHS 2009-2020.

Cancer is the second leading cause of death in New Mexico. The most common types of cancer in Socorro County are breast cancer (69.4 cases per 100,000 population), lung cancer (49.8), prostate cancer (49.8), prostate cancer (42.8) colon cancer (28.9), and corpus and uterus cancer (27.8).⁸ The most common types of cancer involved in cancer deaths include lung cancer, colon cancer, liver cancer, pancreas cancer, and bladder cancer. Cancer deaths that are classified as attributable to some other type of malignant neoplasm are most common behind lung cancer (25.7 deaths per 100,000 population). Cancer rates in Socorro County are higher than the PHS 10-County Area and the state overall. Cancer deaths are rising in Socorro County.⁹

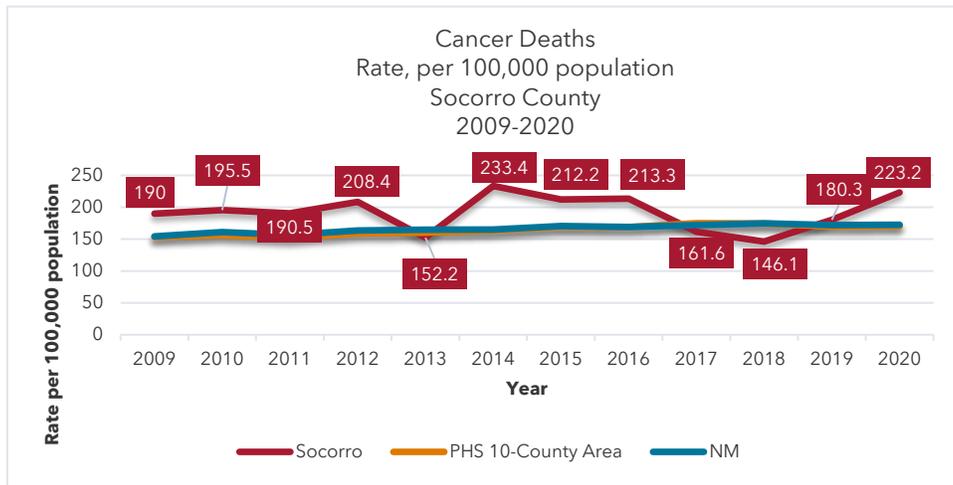


Figure 11. NMDOH BVRHS 2009-2020.

Coronavirus Disease (COVID-19) was the third leading cause of death in New Mexico and the number one leading cause of death in Socorro County. COVID-19 has had an important impact on health in Socorro County with a death rate of 289.6 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, with 17.4 deaths per 100,000 population in 2019 and 12.1 deaths per 100,000 population in 2020. The COVID death rate in 2020 was about sixteen times higher than the flu death rate in 2019. Most COVID deaths in Socorro County were among Native Americans with a death rate of 1,417.8 deaths per 100,000 population. This drastic difference in death rates suggests an inequity in the distribution of COVID deaths among racial and ethnic populations.

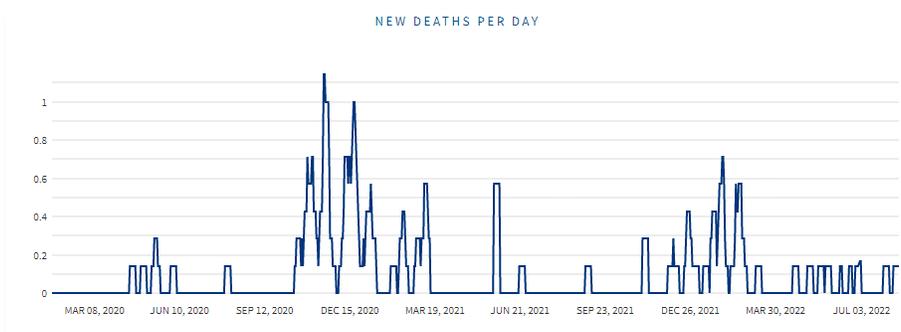


Figure 12. New COVID deaths, 7-day averages, USA Facts.¹⁰

⁸ New Mexico Tumor Registry. Cancer Incidence by County (2015-2019). Retrieved from <https://ibis.doh.nm.gov/query/result/cancer/CancerCnty/CrudeRate.html> on 5/19/2022

⁹ New Mexico Department of Health, Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division. Cancer Death Rate. (2015-2020). Retrieved from <https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html> on 5/19/2022

¹⁰ UAS Facts. Quay County Cases and Deaths. Retrieved from <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/new-mexico/county/quay-county> on 6/7/2022

Behavioral Health

In our last community health assessment, the community identified behavioral and mental health as the highest priority topic area. This topic area encompasses mental health and substance use. Mental health includes wellbeing, emotions, psychological and social wellbeing. According to the CDC, mental health impacts our actions, thoughts, and feelings, determines how we handle stress, interact and relate to others and make healthy choices.¹¹ Behavioral Health also encompasses mental illnesses and disorders, ranging from anxiety and depression to schizophrenia and other severe mental illnesses.

Specific to behavioral health as a priority topic, participants noted several issues contributing to the prevalence of substance use and access to mental healthcare in the community. These issues were consistent with themes such as a lack of resources, unstable internet in rural parts of the county, and a lack of providers; all of which contribute to poor mental health in Socorro County. Transportation to providers, even within the city of Socorro, is a barrier to accessing care. There is a high reported turnover rate of providers in Socorro. Many providers have been documented to leave the county; and in combination with the already very few clinics, patients are faced with long wait times when seeking care.

Moreover, existing stigma around behavioral health issues further perpetuates barriers to seeking care. For example, there are very few opportunities for people experiencing homelessness to access mental healthcare. There are also equity issues with transitional housing. Participants spoke of needing to change the culture of Socorro – change leadership perceptions of disparities and overlooked populations and reframing mental healthcare as something for everyone – eliminate stigma so that people can access the behavioral healthcare they need.

During the data discussion, participants noted the increasing suicide rate in Socorro County and compared it to the high rate of substance use. Participants spoke to the root of the problems – economy, wellness, opportunities, quality of life – and to the downstream solutions (more treatment). Establishing community was a major theme among participants both as a deterrent for substance use and as a facilitator for good mental health. Community gatherings have been important in the past in Socorro, and COVID-19's limitations on social gatherings have reportedly led to an increase in feelings of isolation and loneliness and have impacted other things like healthy eating and active living (children's sports programs, youth programs, etc.).

The top three topic areas that survey-takers in Socorro 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 Socorro County.

Socorro County - Survey Responses		
BEHAVIORAL HEALTH TOPIC AREA	#	%
Access to healthcare	91	45.7%
Substance abuse	48	24.1%
Behavioral/mental health	33	16.6%
Suicide	25	12.6%
Other	2	1.0%
Total	199	100.0%

Table 6. Community Survey. Presbyterian 2022.

Access to Mental Healthcare

Access to mental health providers continues to be a challenge in Socorro County, though there are more providers per population than in surrounding counties. In 2020, there was one mental health provider for every 570 people in the county (population to provider ratio of 570:1). Socorro County has one of the higher population-to-provider ratios

¹¹ Centers for Disease Control and Prevention. Mental Health. Retrieved from <https://www.cdc.gov/mentalhealth/> on 5/16/2022

in the state, making mental healthcare less accessible than other counties without accounting for transportation, insurance, provider availability, and other social factors.¹²

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

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

Patients' Self-Reported Health-Related Behavioral Health Needs		
ALCOHOL NEED	N	(%)
Screenings Completed	4,268*	
Unique Patients Screened	3,680	
Unique Patients Reporting Any Need	200	5.0%
TOBACCO NEED		
Screenings Completed	4,046	
Unique Patients Screened	3,515	
Unique Patients Reporting Any Need	479	14.0%
OPIOID NEED		
Screenings Completed	4,270	
Unique Patients Screened	3,691	
Unique Patients Reporting Any Need	63	2.0%
MENTAL HEALTH NEED		
Screenings Completed	6,248	
Unique Patients Screened	4,886	
Unique Patients Reporting Any Need	854	17.0%
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 Socorro County patients screened for behavioral health in 2021.

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

Substance Use

Tobacco use (cigarettes, cigars, hookah, spit tobacco, or e-cigarettes) remained about the same among high school youth in Socorro County from 2015 to 2019, staying higher than New Mexico and the PHS 10-County Area. About 21% of adults in Socorro County smoke cigarettes compared to 16.3% statewide (BRFSS 2016-2020 5-year averages).

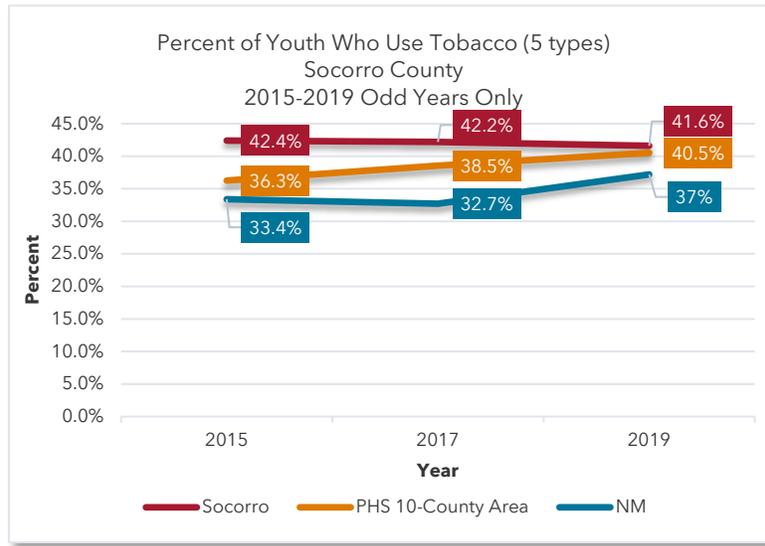


Figure 13. Youth Tobacco Use. NM YRRS 2013-2019.

Alcohol use among youth has decreased in previous years and is lower than the PHS 10-County area and NM overall. Socorro County's youth alcohol use dropped below the rates of New Mexico and the PHS 10-County Area, meaning a smaller percent of youth report drinking alcohol. 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. In the period of 2016-2020, about 5.8% of New Mexicans engaged in chronic heavy drinking, and about 11.6% of Socorro County residents drank heavily, indicating a prevalent need to address chronic heavy drinking.

Binge drinking (defined as a having five or more drinks on a single occasion for men or four or more drinks on a single occasion for women, generally within two hours) has remained steady across most geographies. About 15% of New Mexicans reported binge drinking in 2016-2020 and about 22% of adults in Socorro County binge drank, again pointing to the need to address chronic and acute alcohol use in Socorro County.

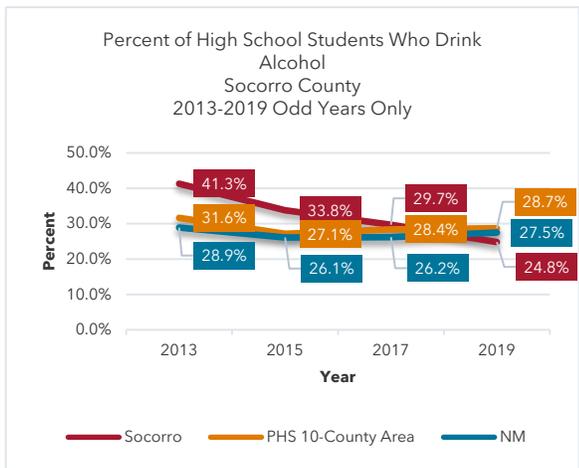


Figure 14. High school student alcohol use. NM YRRS 2013-2019.

Chronic Heavy Drinking and Binge Drinking Among Adults		
GEOGRAPHY	CHRONIC HEAVY DRINKING	BINGE DRINKING
Socorro County	11.6%	22%
PHS 10-County Area	5.7%	14.3%
New Mexico	5.8%	14.6%

Table 8. Adult Binge and Chronic Heavy Drinking. BRFSS 2016-2020 5-year estimates.

Heroin and methamphetamine use among high school students decreased in Socorro County from 2015 to 2019, which is a slight departure from other counties in the PHS 10-County Area. Youth meth and heroin use prevalence has fallen below the state and PHS 10-County Area prevalence, which may indicate success in current substance use prevention programming.

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

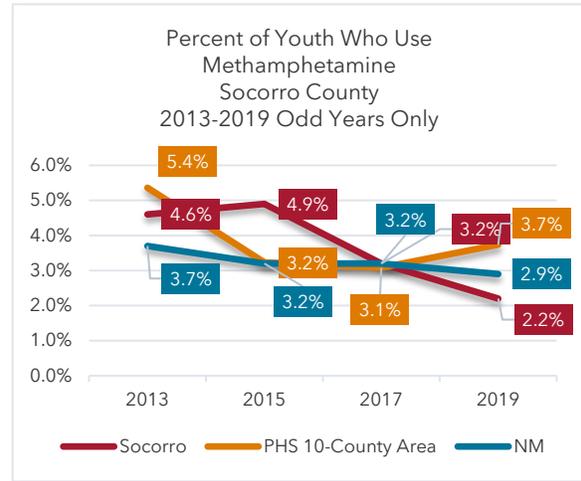
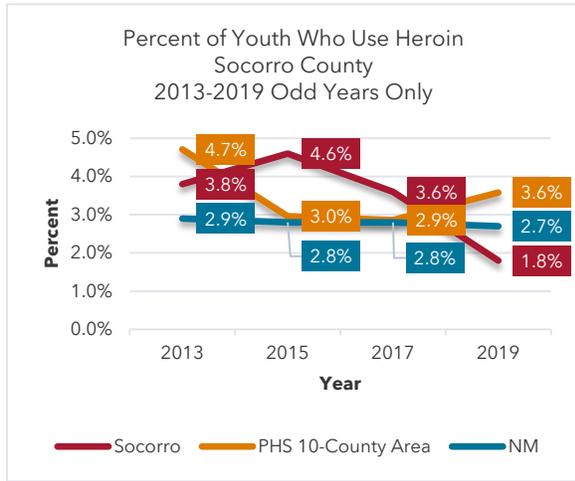


Figure 15. Youth Heroin and Methamphetamine Use. NM YRRS 2013-2019.

Chronic mental health issues are important to understand risks for poor health outcomes. A little less than a third of Socorro County high school students reported feeling sad or hopeless in 2019, which is about a 22% decrease. 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 Socorro County, but forum participants reported COVID restrictions having a strong negative impact on mental health among youth and adults.

Among adults, 13.9% reported having 14+ poor mental health days within a 30-day period (frequent mental distress). This is similar to the New Mexico and PHS 10-County Area prevalence.

In 2020, an estimated 47,103 people aged 18+ in the US reported using cannabis in the past year. In Socorro County in 2013-2017, **31.2%** of high school students reported using cannabis. Sources: 2020 National Survey on Drug Use and Health. SAMHSA. NM YRRS 2017.

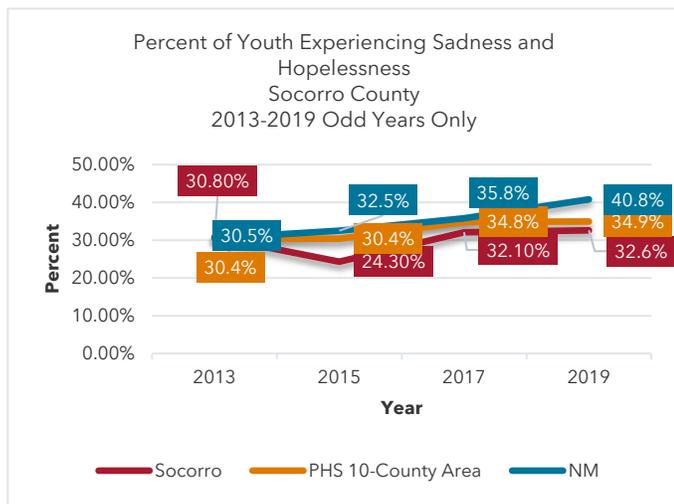


Figure 16. Youth Mental Health. NM YRRS 2013-2019.

Percent of Adults Experiencing Frequent Mental Distress 2016-2020	
GEOGRAPHY	PERCENT
Socorro County	13.9%
PHS 10-County Area	13.6%
NM	13.7%

Table 9. Frequent mental distress among adults. BRFSS 2016-2020 5-year estimates.

Understanding mortality due to mental health and substance use issues is an important part of improving health at the population level. Suicide deaths shift from year to year in Socorro County, likely due to low numbers and population size, but increased from 2018 to 2020. Suicide deaths across NM and the PHS 10-County Area have risen slightly since 2009.

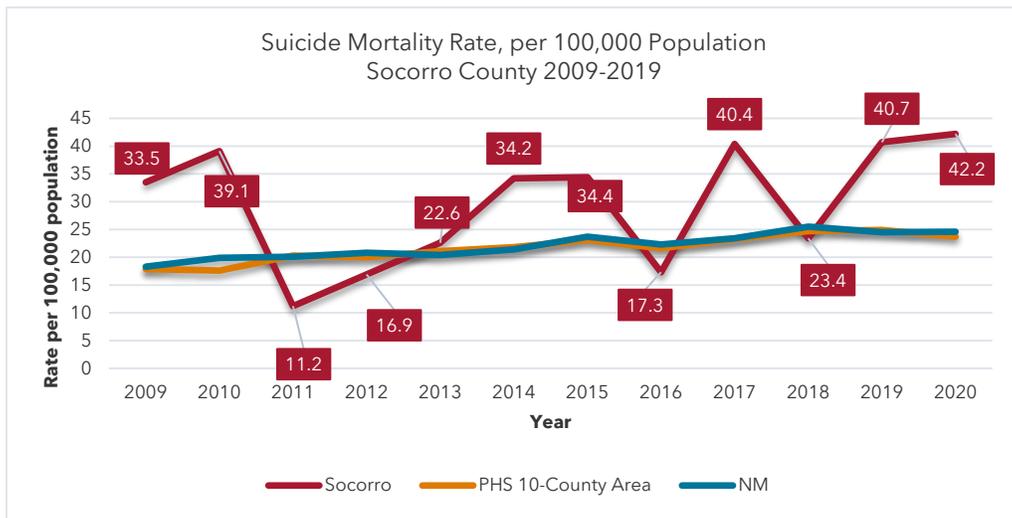


Figure 17. Suicide Death Rate. NM DVRHS 2009-2020.

Drug overdose deaths have increased drastically (about 185%) from 2019 to 2020 in Socorro County, contributing to the increase in drug overdose deaths statewide. Community members expressed concern about overdose death rates during the Community Data Forum, citing personal and community-wide experiences. This drastic increase, especially when coupled with the increase in and elevated rate of suicide deaths, indicate greater need for substance use prevention work.

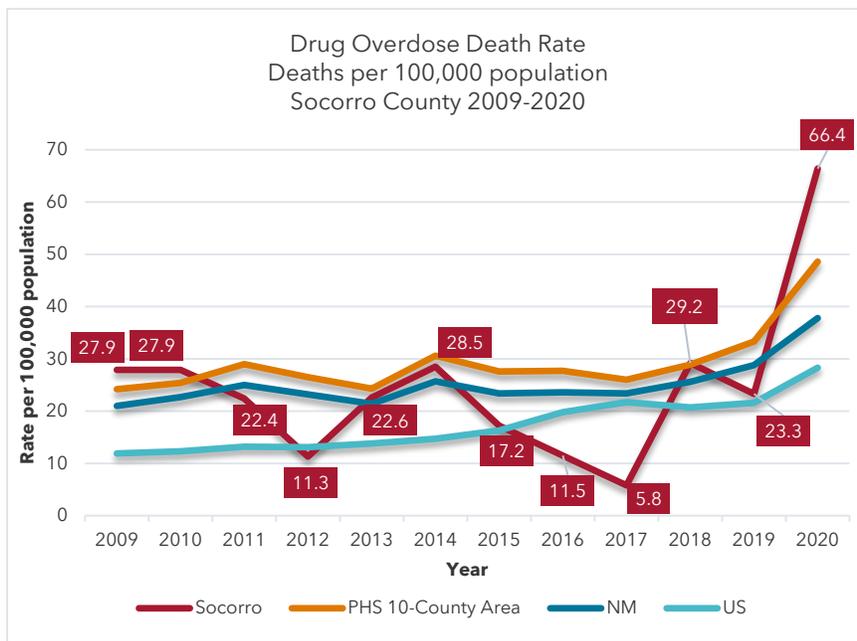


Figure 18. Drug Overdose Death Rate. NM DVRHS 2009-2020.

Deaths of despair is a combination metric which comprises suicide deaths, drug overdose deaths, and deaths 100% attributable to alcohol. While there has been some variability in these types of deaths in Socorro County, the death rate has overall increased since 2011 in all geographies. This is an important metric to examine, especially for communities with smaller populations, to help level the individual metrics and to understand the impact of sadness,

hopelessness, poor mental health, and substance use in communities. Socorro County's deaths of despair rate has risen in recent years and is currently higher than the PHS 10-County area and New Mexico. Forum participants expressed concern about deaths related to the three domains that make up this metric, citing community observations of increase in deaths and overall poor mental health that may lead to this type of outcome.

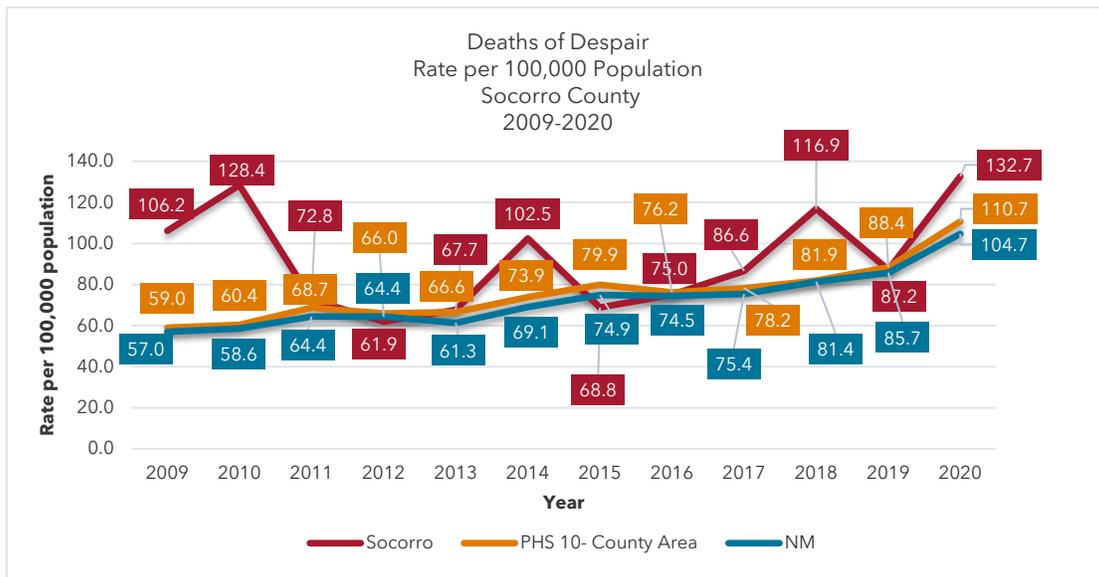


Figure 19. Deaths of Despair. NM DVRHS 2009-2020.

Social Determinants of Health

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

When prompted about Social Determinants of Health as a priority area, forum participants were in consensus that transportation, access to food, community building, and broadband internet access were among the top needs in Socorro County. Of significance were comments regarding food and entertainment: often, sources for either are more than one-hundred miles away, existing almost solely in the larger cities outside of Socorro County. Many smaller communities across the county do not house stores with grocery items. The community of Magdalena houses one store: Family Dollar. The tribal community of Alamo recently welcomed a gas station and a limited seasonal community garden.

Altogether, it is evident that in Socorro County, access to food is intrinsically tied to access to transportation. Though community gardens are well received, they are not utilized to their intended potential. Few community members have leveraged the gardens as growing space, which creates opportunities for community-based food education to be conducted in combination with community garden activities. SNAP/Food Bucks/EDG is limited in Socorro County, with only a few food outlets accepting them. Farmers' markets in the past accepted but went an entire season without a working SNAP machine.

In the city of Socorro, the Plaza has always been a large gathering place (consistent with the history of most New Mexico towns). This outdoor space can be leveraged to offer additional services (i.e. blood pressure screenings, cooking classes, etc.) to build community.

The theme of access to transportation continued into the discussion about access to care. Forum participants expressed concern about lack of providers in the area, especially related to quality of life issues throughout the county, lack of transportation to medical appointments, lack of broadband to access virtual appointments, and finally, information dissemination.

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

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

Socorro County - Survey Responses		
SOCIAL DETERMINANTS OF HEALTH	#	%
Environmental Health (including climate change)	63	31.0%
Food security	32	15.8%
Housing	37	18.2%
Transportation	23	11.3%
Personal/interpersonal safety	44	21.7%
Other	4	2.0%
Total	203	100.0%

Table 10. Community Survey. Presbyterian 2022.

Social Needs Screening at Presbyterian Clinical Locations

Every six months, every patient who interacts with Presbyterian’s healthcare delivery system is screened for a variety of health-related social needs. These include food insecurity, transportation, housing, 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 Socorro County, 3% of patients screened for food and transportation needs screened positive for those needs. These are consistent with community survey results and discussions in community forums, indicating these as key areas of focus for future community health improvement plans.

Patients’ Self-Reported Health Related Social Needs		
FOOD NEED	n	(%)
Screenings Completed	5,658*	
Unique Patients Screened	4,752	
Unique Patients Reporting Any Need	154	3.0%
HOUSING NEED		
Screenings Completed	5,968	
Unique Patients Screened	5,022	
Unique Patients Reporting Any Need	61	1.0%
TRANSPORTATION NEED		
Screenings Completed	5,682	
Unique Patients Screened	4,768	
Unique Patients Reporting Any Need	129	3.0%
SAFETY NEED		
Screenings Completed	8,691	
Unique Patients Screened	7,438	
Unique Patients Reporting Any Need	68	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 11. Counts of Socorro County patients screened for social needs in 2021.

Many community members expressed concern around access to food in the forums. Food insecurity rates in Socorro County are higher than those in New Mexico and the PHS 10-County Area. Food insecurity is decreasing across NM and the Presbyterian service area overall, but increasing in Socorro County.

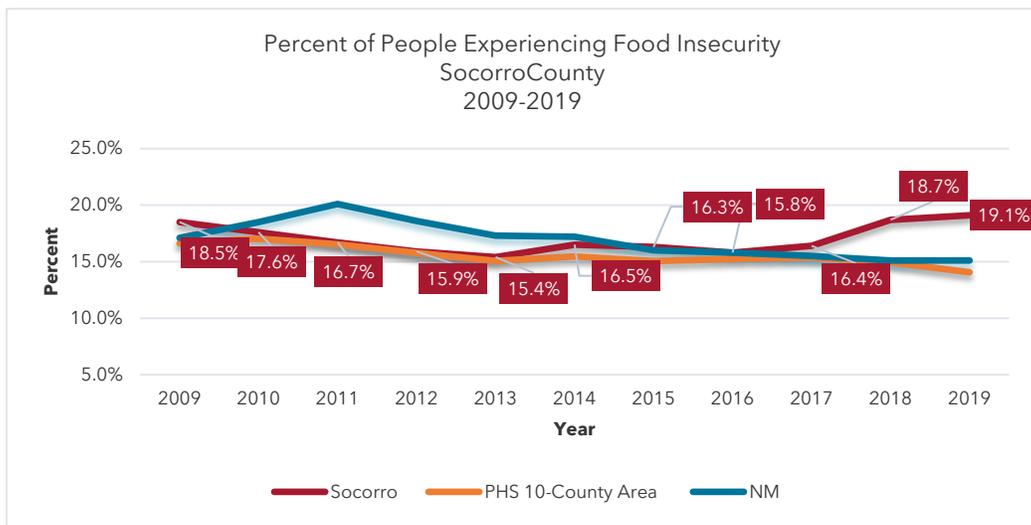


Figure 20. Food Insecurity Rate. Feeding America. 2009-2019.

Socorro County has a comparatively high percentage of families not receiving SNAP (Supplemental Nutrition Assistance Program) benefits (85.5%), compared to New Mexico, but a lower percentage than 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 2021.¹⁴

Economic Indicators

A higher percentage of people in Socorro County live in poverty when compared to the PHS 10-County Area, NM, and the US. The median household income in Socorro County is about \$42,083. The highest poverty rate in Socorro County is among men aged 18-24 years old followed by women aged 45-54 and women aged 18-24. The highest percent of people who live below the poverty level are white (45.2%) followed by Hispanic/Latinx people (32.4%). Nearly 30% of the population in Socorro County live below the poverty line.¹⁵

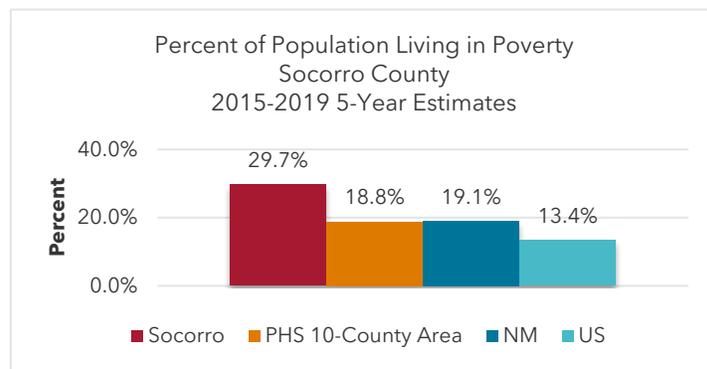


Figure 21. Poverty. ACS 2015-2019 5-year estimates.

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

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

Unemployment rates in Socorro County are lower than the PHS 10-County Area, NM, and the US (pre-COVID). Unemployment rose drastically statewide in 2020, likely due to the COVID-19 pandemic. most common industries in Socorro County are educational services and healthcare and social assistance. 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

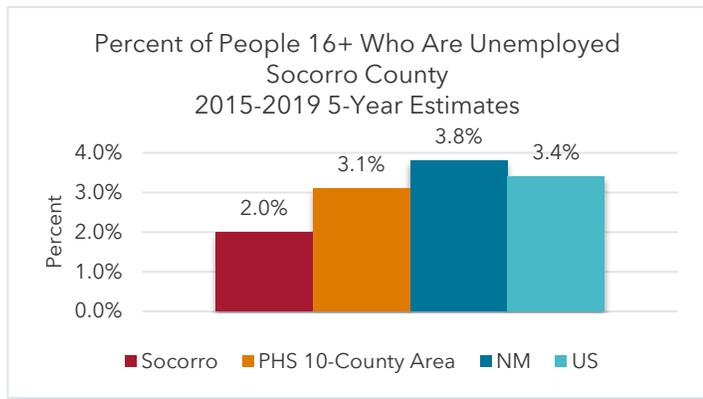


Figure 22. Unemployment. ACS 2015-2019 5-year estimates.



Figure 23. Unemployment Rate. Bureau of Labor Statistics 2012-2022.

Access to a vehicle is an important metric for understanding access to services and resources. About 8.7% of households do not have a vehicle. This is the highest percent in the PHS 10-County Area, meaning fewer households in Socorro County have a vehicle when compared to other counties.¹⁷ The average number of cars per household is one, which is less than the other counties in the PHS 10-County Area, which have, on average, two cars per household.¹⁶

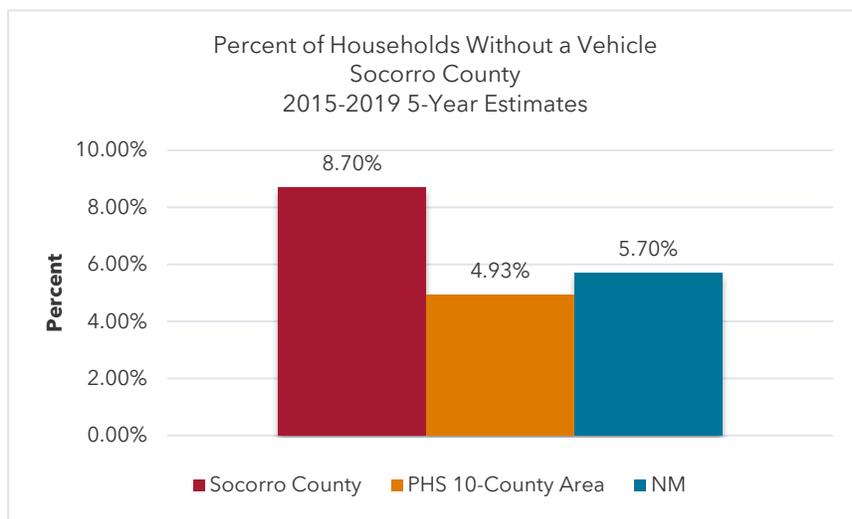


Figure 24. Vehicle access. ACS 2015-2019 5-year estimates.

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 and online presence, the community needs reliable internet access to be able to use those systems. Socorro County has a lower percentage of households with broadband internet access when compared to the PHS 10-County Area and New Mexico overall. Access to this vital resource varies geographically as rural parts of

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

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

the county experience less reliable access to broadband internet, which was a concern expressed during the Community Data forums. Specifically, forum participants discussed the lack of reliable internet on tribal land, which was a significant barrier in access to services and education during the lockdowns of the COVID-19 pandemic.

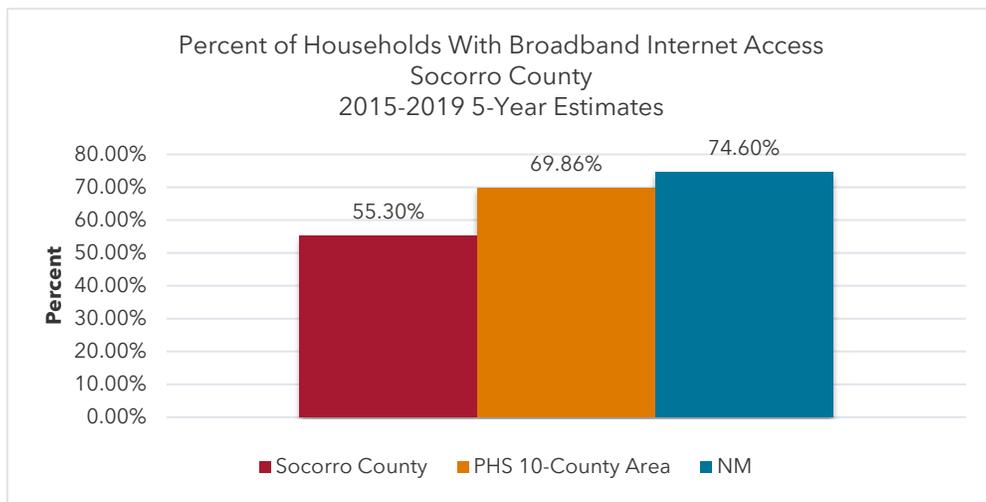


Figure 25. Broadband access. ACS 2015-2019 5-year estimates.

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.¹⁸ New Mexico's and the PHS 10-County Area's homicide death rate continues to be higher than the US rate. Homicide deaths in Socorro County have fluctuated yearly, likely due to small population size, but are relatively low. Many years had zero homicides.

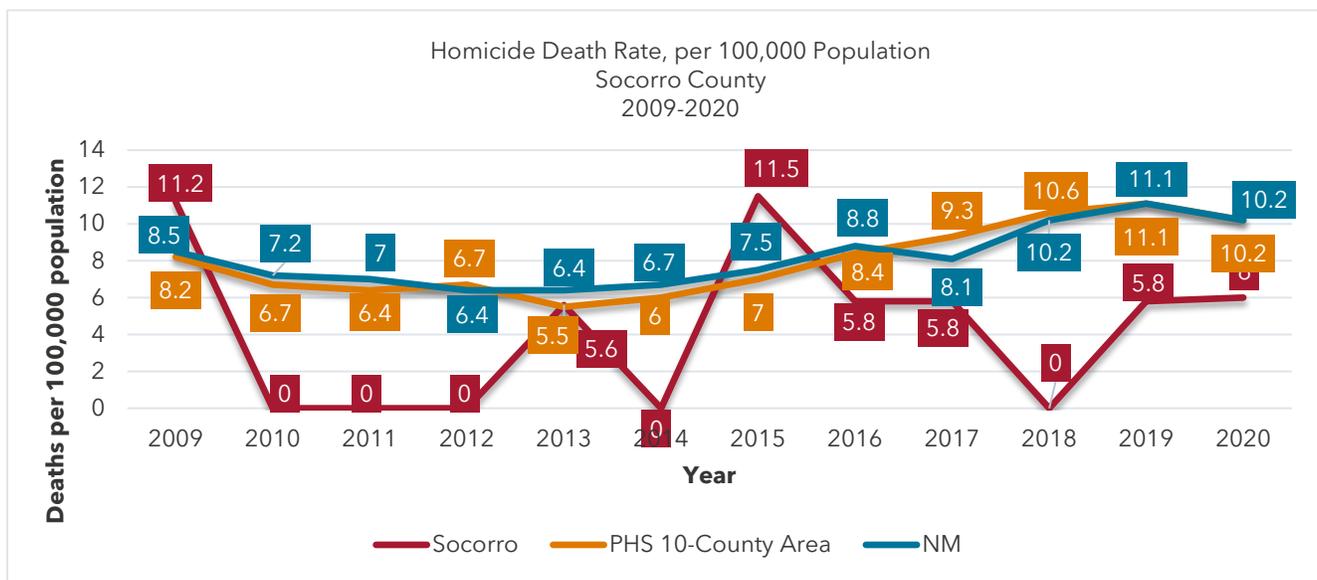


Figure 26. Homicide deaths. NM DVRHS 2009-2020.

¹⁸ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on May 17, 2022 9:03:45 AM

Substantiated child abuse claims in New Mexico fluctuated between 2013 and 2021. In Socorro County, substantiated child abuse claims have consistently decreased since 2017 and overall. Most counties in the PHS 10-County Area (and many more around the state) saw a sharp increase in 2017, then a sharp decrease.¹⁹ 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).

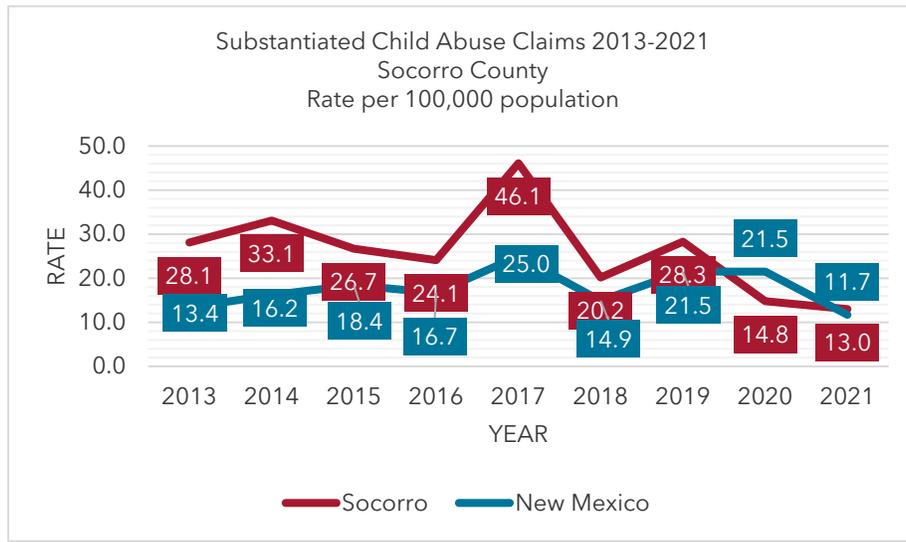


Figure 27. Substantiated Child Abuse Claims. CYFD 2013-2021.

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 71.7% of pregnant people in Socorro County initiated prenatal care within their first trimester. This is higher than the percent of people in the PHS 10-County Area and New Mexico overall. In 2020, about 1% fewer people reported initiating prenatal care in the first trimester when compared to 2019. Prenatal care decreased for six of the 10 counties within the PHS Service Area.²⁰

Infant mortality rates in Socorro County remain higher than most counties, and higher than the state rate of 5.8 deaths for every 1,000 live births. In 2016-2020, there were 7.4 deaths for every 1,000 live births.²¹

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

COVID-19

While addressing the COVID-19 pandemic, participants highlighted that COVID-19 has impacted Socorro County in many ways. The discussion around COVID centered on access to and public perceptions on vaccines. Continuing the theme of information dissemination, misinformation about COVID and vaccines is rampant and personal opinions are impacting successful vaccine strategies. Additionally, many people don't know where to get vaccinated or don't have transportation access to get to the city of Socorro to get vaccinated. Participants also brought up equity issues,

¹⁹ The Annie E. Casey Foundation. KIDS COUNT data center. Retrieved from <https://datacenter.kidscount.org/data/tables/5162-child-abuse-rate?loc=33&loct=5#detailed/5/4815-4847/false/2048,574,1729,37,871,870,573,869,36/any/11625> on 5/20/22 and New Mexico Children Youth and Families Department (CYFD) Protective Services Division, November, 2018. Data for prior years retrieved from New Mexico Children Youth and Families Department (CYFD) Protective Services Publications referred to as "360 Yearly" Reports, for each state fiscal year: cyfd.org/about-cyfd/publications-reports. Data for years prior to SFY 2013 were published annually on a calendar year basis in "Fact Book": cyfd.org/about-cyfd/publications-reports/protective-services-fact-book-archives.

²⁰ 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

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

specifically around access to internet and transportation: vaccine fairs have stopped, so the only way for people to get registered for a vaccine is to do so online and then drive into the city of Socorro. The only window for vaccines, at the time of the forum and according to forum participants, was a three-hour window, three days per week.

COVID-19 Incidence

COVID-19 continues to be a leading indicator of health in Socorro County. COVID was the number three cause of death in New Mexico and the leading cause of death in Socorro County for 2020. COVID incidence was highest in late 2021/early 2022 with the Omicron wave, and by July 2022, cases continued to rise to pre-Omicron highs.

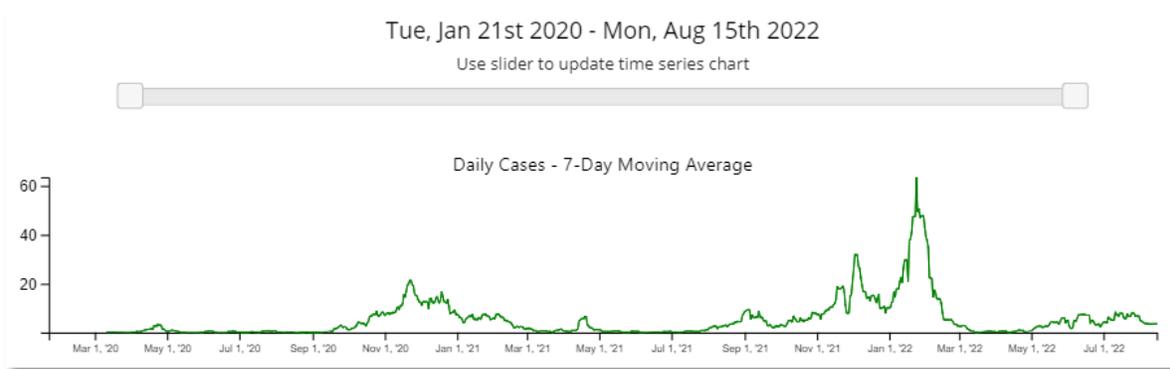


Figure 28. COVID Cases. CDC Data Tracker, 2022.

As of July 19, 2022, about 72.6% of Quay County residents had completed their primary series and 80.3% had at least one dose. Vaccines are an important factor in reducing preventable severe disease and death due to COVID-19 and Socorro County’s vaccination coverage is about equal to other geographies in New Mexico.²²

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

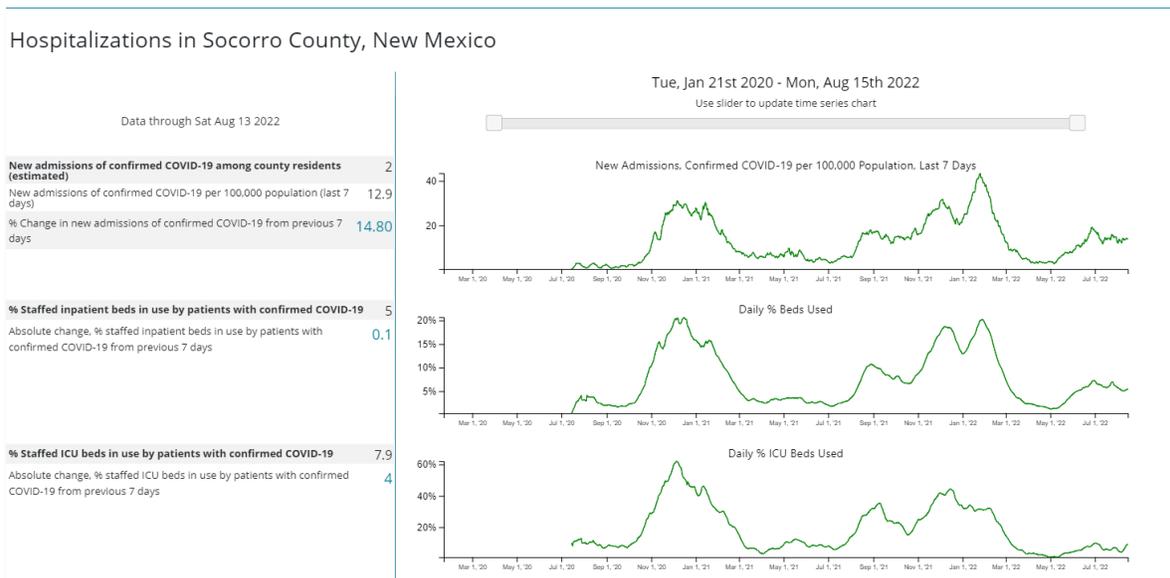


Figure 29. COVID Hospitalizations. CDC Data Tracker 2022.

²² 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 Socorro General Hospital

Most patients who visited Socorro General Hospital came from zip codes surrounding the location of the hospital, but as illustrated in the map below, the hospital acts as a regional hub for healthcare, seeing patients from Valencia, Catron, Sierra, Torrance, and other surrounding counties. Neither Valencia, Catron, nor Torrance County have hospitals, so often the closest point of healthcare for residents is either Socorro General, Presbyterian Hospital (for Valencia and Torrance counties) or White Mountain Regional Medical Center in Arizona (for Catron County).

Presbyterian Patients' Zip Code of Residence	
ZIP CODE	PATIENT COUNT
87801	6,109
87825	1,372
87832	482
87002	468
87823	457
87062	377
87821	245
87828	197
87031	173
87006	129
87036	118
87831	110
87901	93
87827	64
87829	59
87114	48
87121	44
87028	36
87935	36
87105	35

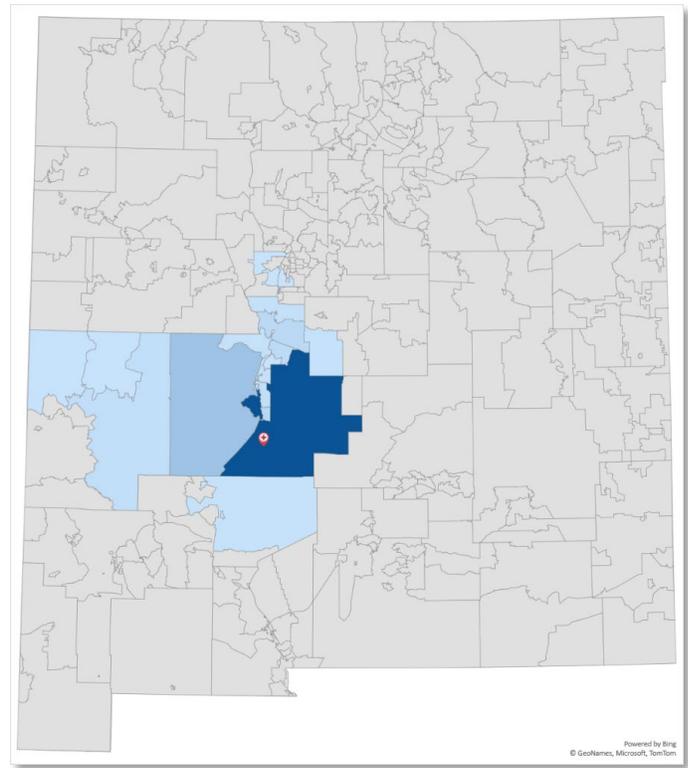


Table 12. Count of patients who receive care in Socorro County in 2021 by 'Top 20' ZIP codes of residence

Figure 30. Heat map of patients receive care in Socorro County in 2021 by ZIP code.

Annual Number of Patients by Encounter Type and County of Residence (2021)						
Encounter Type	SOCORRO	VALENCIA	BERNALILLO	CATRON	TORRANCE	SIERRA
Emergency Department or Urgent Care	4,199	560	276	192	109	48
Hospital Admission (IP)	360	21	13	21	6	15
Outpatient or Clinic Visit	7,317	313	198	296	27	116

Table 13. Count of patients who received care in Socorro 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 Socorro General Hospital only had one visit while about 31% had more than one. This illustrates an area of improvement for communities and patients in the Socorro 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	5,790	3,982	1,808	212	5
PERCENT	100.0%	68.8%	31.2%	3.7%	0.1%

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

The top ten chief diagnoses in Socorro County's emergency department for 2021 were primarily encounters for COVID, encounters for other general examinations, nausea with vomiting, and chest pain. Knowing that COVID was the number one cause of death in 2020 (and the number of deaths for COVID is higher in 2021 than in 2020), these diagnoses align with leading causes of morbidity and mortality in the county and are areas of needed focus in the community.

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

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

In 2020, more people in Socorro County had a primary care provider (PCP) than people in the PHS 10-County Area and NM overall, though that percent has dropped 8% since 2019. 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.

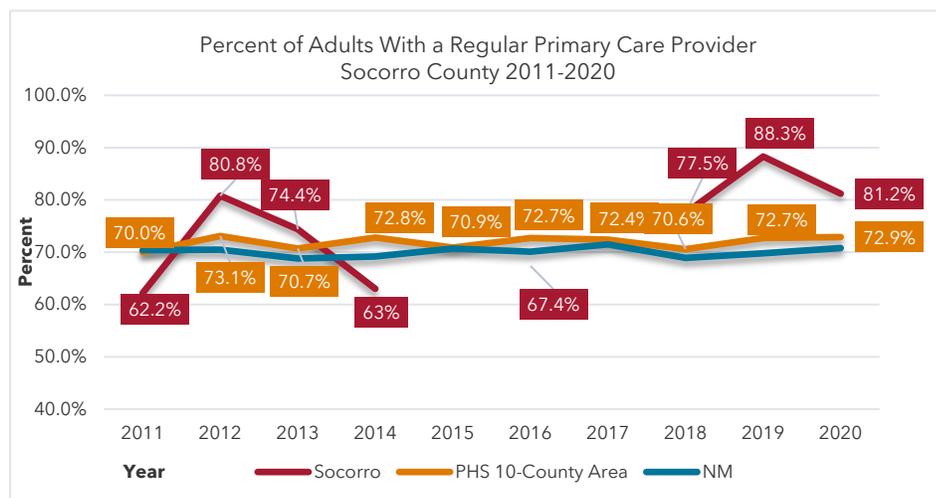


Figure 31. Adults with a Primary Care Provider. BRFSS 2011-2020 (2015 and 2017 suppressed).

According to the Health Resources and Services Administration (HRSA), Socorro County is a medically underserved rural county.²³ The ratio of population to primary care physicians in Socorro County is higher than other counties in New Mexico at 2,080 people for every one provider, and this trend is getting worse over time.²⁴ High ratios of PCPs to population impact the community's ability to seek care when they need it, even if they are established with a provider and have the insurance in place to be able to pay for a provider visit. This illustrates the multi-faceted issue of access to healthcare and some of the many barriers individuals may experience when attempting to seek care. Forum participants discussed difficulties in seeing a provider, even when they were established, and talked through issues in maintaining providers due to attrition and high provider turnover. Community members said providers go to Socorro and practice for a year or two before leaving for a bigger city, saying the county and city of Socorro do not have enough to offer providers to keep them there.

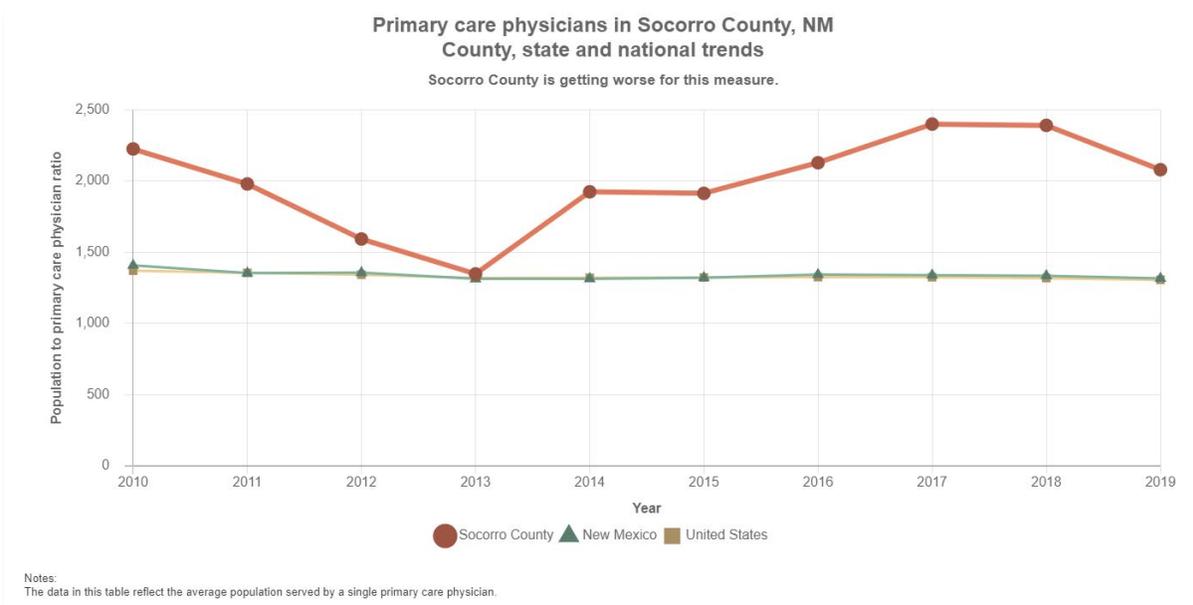


Figure 32. Number of people for every one primary care provider. County Health Rankings and Roadmaps. 2022.

Since 2011, the percent of population with health insurance has overall risen across all populations including Socorro County. In 2020, 98.4% of Socorro County's population had health insurance. This is the highest percent of people with insurance coverage in the past eleven years and is higher than the PHS 10-County Area, New Mexico, and the US.²⁵ 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.

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

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

²⁵ Local Area Unemployment Statistics. US Bureau of Labor Statistics. Retrieved from <https://data.bls.gov/timeseries/LASST350000000000003> on 6/27/22

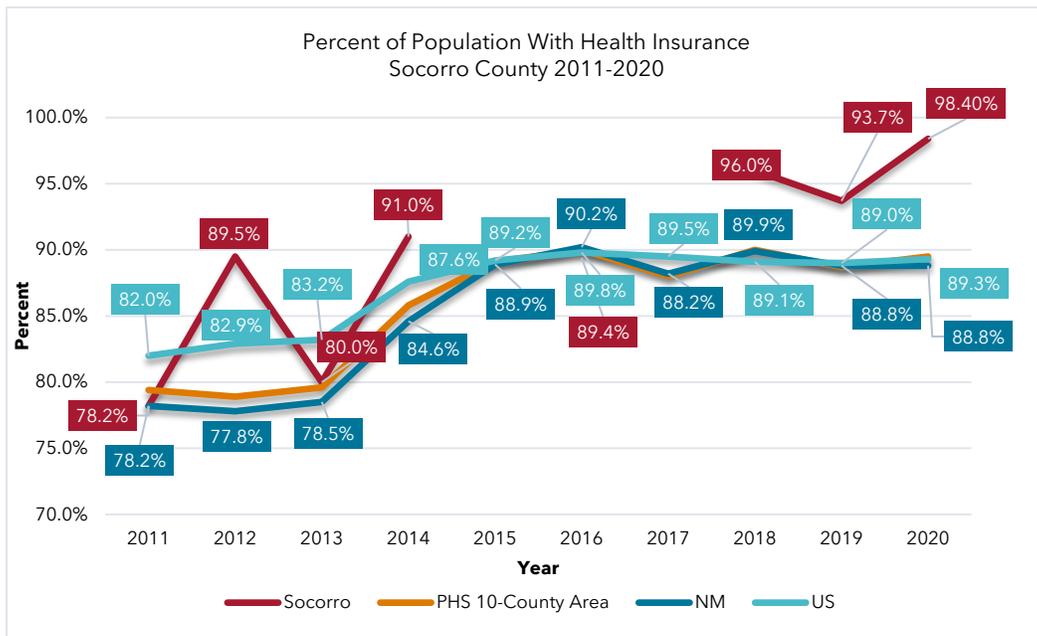


Figure 33. Insurance Coverage. BRFSS 2011-2020 (2015 and 2017 suppressed).

With about 81% of the population of Socorro County reporting they have an established primary care provider in 2020 and about 98% of people have health insurance, we would expect that the percent of people who went without care due to cost would be low. That appears to have been the trend for Socorro County, which is consistent with the overall declining trend for the 10-County PHS Area, New Mexico, and the US. About 11% of people reported foregoing care due to worries about how much it would cost. 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.

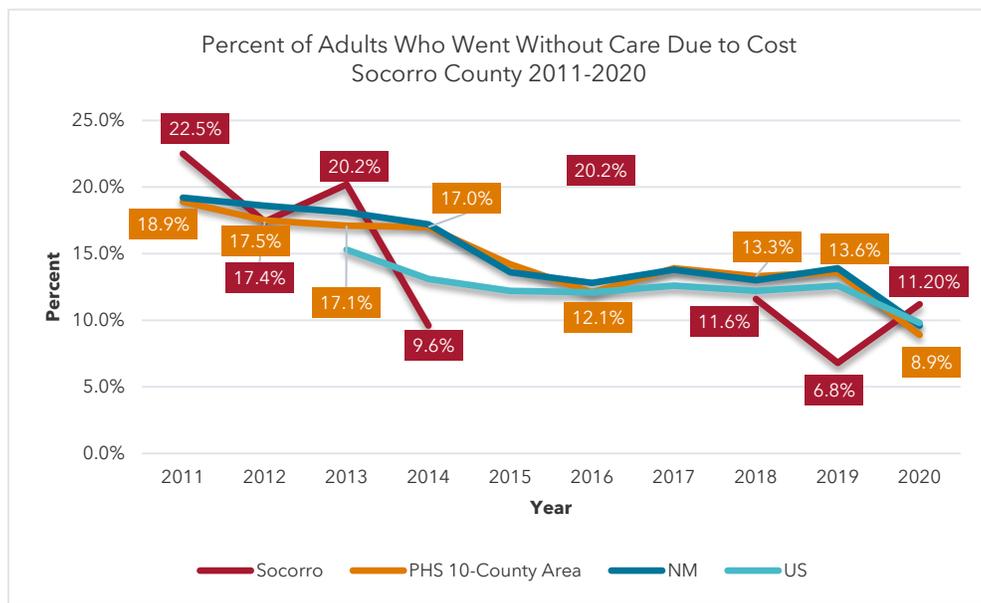


Figure 34. Foregoing Care due to cost. BRFSS 2011-2020. (2015 and 2017 suppressed).

Survey respondents provided feedback on the healthcare issues they are very concerned about. Most people said they were very concerned about healthy eating and active living, followed by vaccinations. Maternal and child health was indicated as an area of concern for fewer people.

Socorro County - Survey Responses		
HEALTHCARE ISSUES	#	%
Healthy eating	50	29.2%
Active living	49	28.7%
Vaccinations	44	25.7%
Maternal/child health (pregnancy, birth)	25	14.6%
Other	3	1.8%
Total	171	100.0%

Table 16. Community Survey. Presbyterian 2022.

Due to population size, flu vaccination coverage is suppressed for most years. However, for the period of 2016-2020, only 37.2% of Socorro County residents reported they had been vaccinated for flu. Due to this low vaccine coverage, more flu vaccination events are needed to fully protect our communities. Vaccination coverage was a topic in the Community Data Forum where participants expressed concern. Community members talked about the prevalence and pervasiveness of misinformation regarding vaccinations, especially the COVID vaccine, but also spoke of the transportation issues that prevented people from getting vaccinated. Community members spoke of a lack of access to services in rural parts of the county and even within the largest city of Socorro, access to vaccination clinics was a barrier. Some suggestions from communities regarding vaccination clinics and general preventive services (blood sugar testing, blood pressure testing) included bringing services to the people – specifically in the Plaza, which is a gathering place for people in Socorro and is easily accessible to people who live in town without a car.

Physical Health

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

Survey respondents provided feedback on the chronic ailments they are very concerned about. Most people said they were concerned about COVID-19, obesity, and heart disease, which align with the leading causes of death in Socorro County.

Socorro County - Survey Responses		
CHRONIC AILMENTS	#	%
COVID 19	45	23.1%
Obesity	44	22.6%
Heart disease	37	19.0%
Diabetes	33	16.9%
Cancer	33	16.9%
Other	3	1.5%
Total	195	100.0%

Table 17. Community Survey. Presbyterian 2022.

Heart disease is the leading cause of death in New Mexico. One 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 Socorro County is lower than the PHS 10-County Area, New Mexico, and the US, at 23.2% of the population. 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.

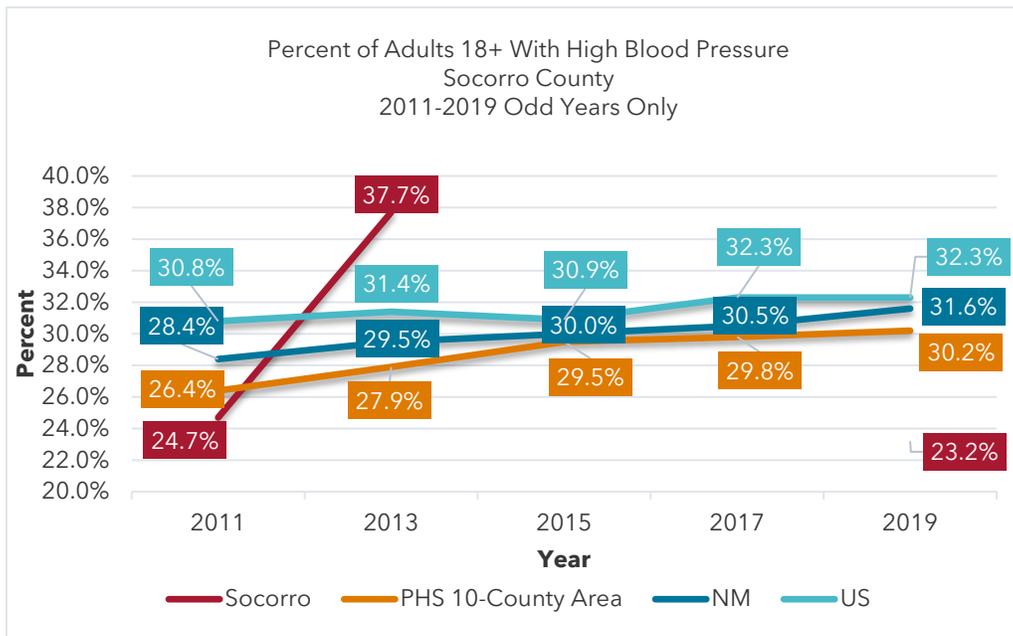


Figure 35. Adult High Blood Pressure. BRFSS 2011-2020 (odd years only, data suppressed for 2015 and 2017).

Similarly, prevalence of diabetes is dependent on access to a physician for diagnosis. Diabetes prevalence in Socorro County was lower than 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 Socorro County, chronic disease management programs are important for reducing further morbidity and mortality. This was reflected in community conversations as a need in Socorro County.

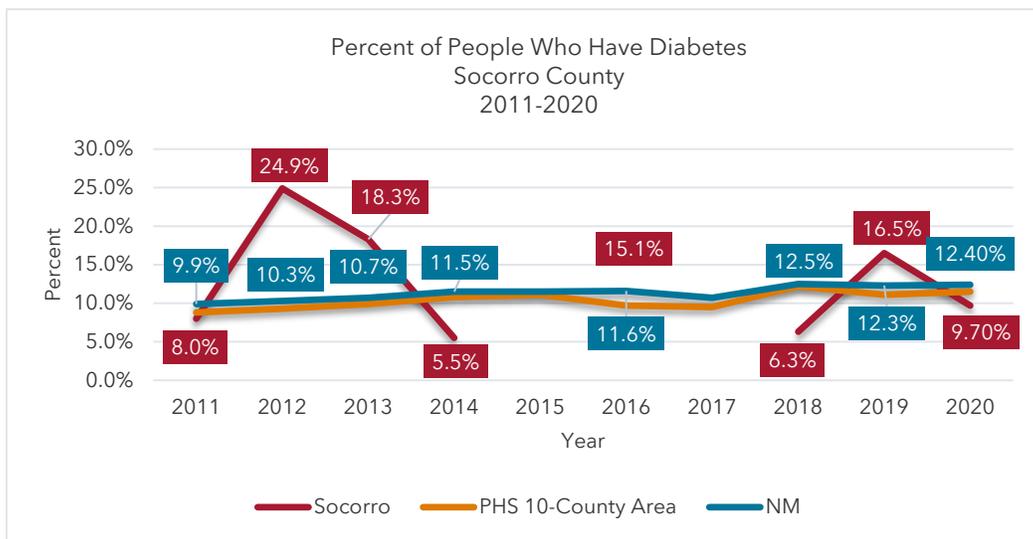


Figure 36. Adult Diabetes Prevalence. BRFSS 2011-220. (2015 and 2017 suppressed).

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, 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 larger percent of Socorro County youth are consuming the recommended amount of fruit and vegetables when compared to the PHS 10-County Area and statewide. Fewer adults consume the recommended amount of fruit and vegetables over time and compared to the PHS 10-County Area and New Mexico. In 2019, 8.4% of adults reported consuming the recommended amount of fruits and veggies daily. This is lower than the prevalence for adults statewide, at 12.3%. Youth fruit and vegetable consumption has increased in 2019 while decreasing statewide and in the PHS 10-County Area. One need community members talked about in forums was the need to have better access to healthy food and the need to better understand how to use healthy foods in cooking.

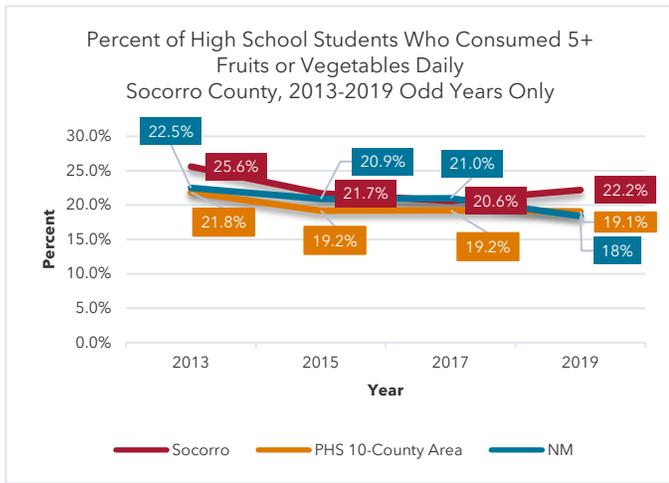


Figure 37. Youth fruit and vegetables consumption. NM YRRS 2005-2019.

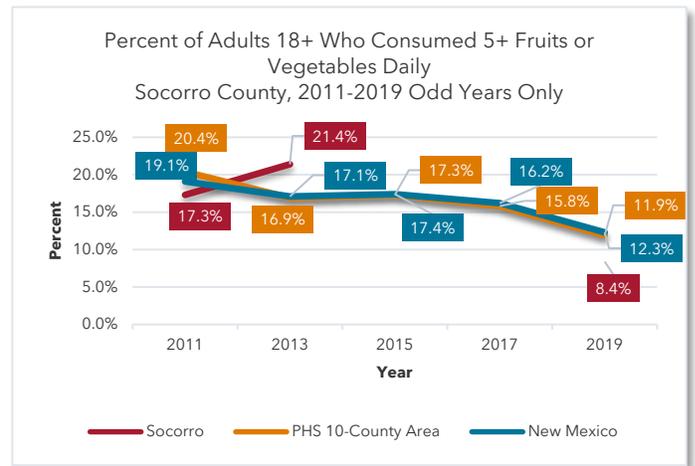


Figure 38. Adult fruit and vegetables consumption. BRFSS 2011-2019 (2015 and 2017 suppressed).

Active Living

Physical activity has been linked to lower levels of chronic diseases such as uncontrolled diabetes, heart disease, and poor mental health.²⁶ In Socorro County, a larger proportion of youth engaged in physical activity daily in 2019 compared to 2017. When compared to the PHS 10-County Area and New Mexico, more youth engaged in physical activity. In 2015-2019, 58.5% of adults in New Mexico reported getting the recommended amount of physical activity, while 58.6% of Socorro County adults engaged in regular physical activity. Forum participants discussed barriers to engaging in physical activity, which include unsafe walking areas, lack of sidewalks in some communities, lack of bike lanes, and lack of gyms.

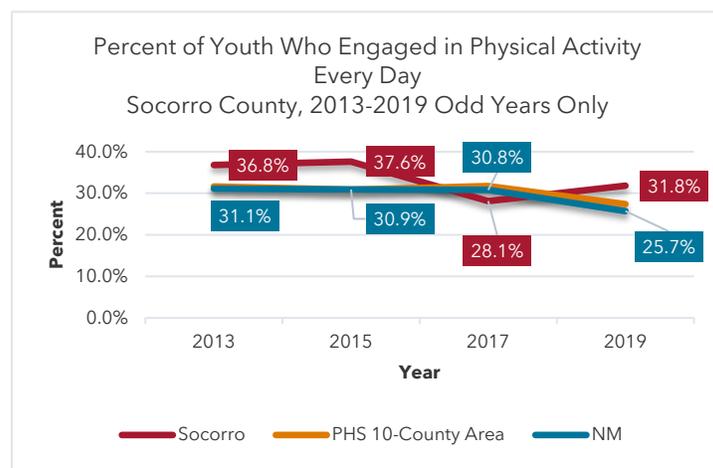


Figure 39. Youth Physical Activity. NM YRRS 2013-2019.

²⁶ Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics. <https://www.cdc.gov/physicalactivity/basics/index.htm>

Conclusions

Socorro County is ranked in the lower middle range of counties in New Mexico for health outcomes and health factors by the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps. Community feedback and epidemiological and Presbyterian system data align with this measurement and present Presbyterian and community partners opportunities to improve the health of our communities. Substance use among youth has gotten better while alcohol use continues to be an issue for adults, who have some of the highest use prevalence in the state. While youth substance use appears to be getting better, more youth are reporting feeling sadness or hopelessness compared to previous years. The percent of adults experiencing frequent mental distress is similar to the state percent and the overall percent of the PHS 10-County Area. Food insecurity is rising and economic indicators like poverty and unemployment remain high. Access to a vehicle is particularly low in Socorro County, especially compared to other counties around the state. Socorro General Hospital is an important hub for surrounding communities outside of Socorro County for healthcare, and most people have the pieces in place to be able to see a physician, though community feedback, bringing nuance of the issues to light, reveals that physician retention and physical access to care remain barriers. Nutrition and physical activity are improving among youth, and diabetes and hypertension prevalence are low. COVID-19 was the number one cause of death in Socorro County and COVID vaccination rates could be improved. Physical access to care for people who are sick may be a contributing factor to seeking care when it is needed, while cost is not, which may present in decoupling of elevated vaccination rates and high COVID mortality. Work in Socorro County should focus on building resources and assets to fill gaps left by providers, improve mental health, reduce substance use, and increase access to healthy foods and vaccinations.

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Sources of Secondary Data – Appendix A

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APPENDIX A: PRIORITY AREA PROFILES

Community Health Assessment

Socorro General Hospital

2023-2025

BEHAVIORAL HEALTH



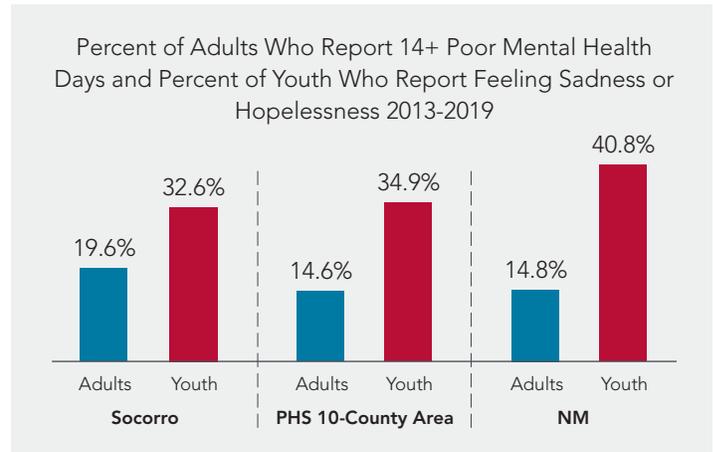
For the purposes of the 2023-2025 Community Health Assessment, Behavioral Health is defined as including individual behaviors and addressing mental health and wellness. This priority area encompasses a range of topics from substance use, anxiety, depression, mental wellbeing, suicide and others. Survey and forum respondents identified substance use treatment and a range of mental health services as assets in the community, while still identifying the need for 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).

Socorro County Youth Experiencing Sadness or Hopelessness (2013-2017)	% of youth
Female	36.3%
Male	22.7%

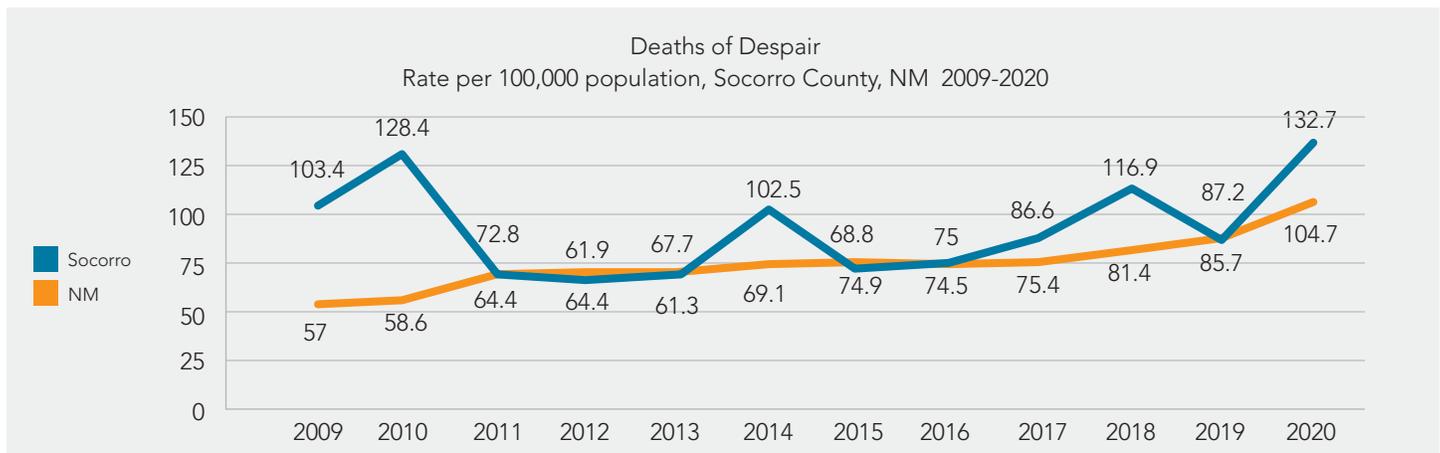
In Socorro County, more girls reported feeling sadness or hopelessness (n=127) when compared to boys (n=78). More 9th graders reported feeling sad or hopeless (n=71, 35.7% of freshmen). A larger proportion of Hispanic/Latinx kids had poor mental health (30.4%), followed by Native American kids (29.9%).¹

About 17.6% of Hispanic/Latinx adults in Socorro County reported having 14 or more days with poor mental health, while nearly 9.9% of white adults said the same. Additionally, slightly more women reported having poor mental health than men (14.3% vs 13.3%). 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 Socorro County have a much higher death rate for deaths of despair with a death rate of 136.7 deaths for every 100,000 people, compared to women with a death rate of 61.3. Native Americans are disproportionately affected by deaths of despair, with a death rate of 159.7 deaths per 100,000 population, followed by white people (104.5 deaths). People aged 45-54 have the highest death rate at 203.3 deaths per 100,000 population, followed by people aged 35-44 years (167.9).³



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

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

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

BEHAVIORAL HEALTH SERVICES AND RESOURCES



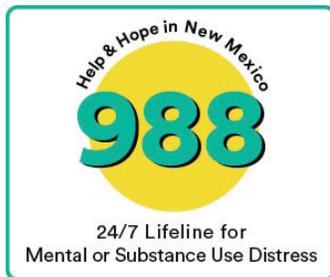
PRESBYTERIAN
Community Health

988

New Mexico Human Services Department, Behavioral Health Services Division

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

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



CheckUp & Choices

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

- <https://checkupandchoices.com/>

Déjelo Ya

New Mexico Department of Health

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

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

Dose of Reality

New Mexico Human Services Department, Behavioral Health Services Division

A guide to treatment options and resources for opioid addiction.

- www.doseofreality.com/about-treatment

imi

Hopelab

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

- <https://imi.guide/>

Quit Now New Mexico

New Mexico Department of Health

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

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

Rethinking Drinking

National Institutes of Health

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

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

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

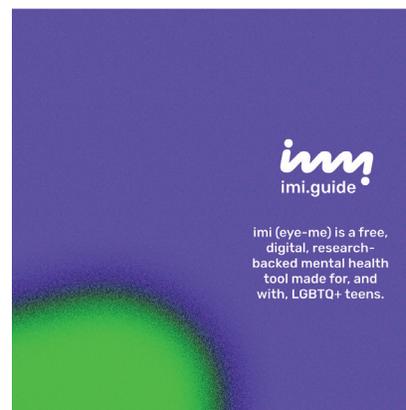
Share New Mexico

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



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

Equity Callout: LGBTQ+ Youth Mental Health Resource



SOCIAL HEALTH



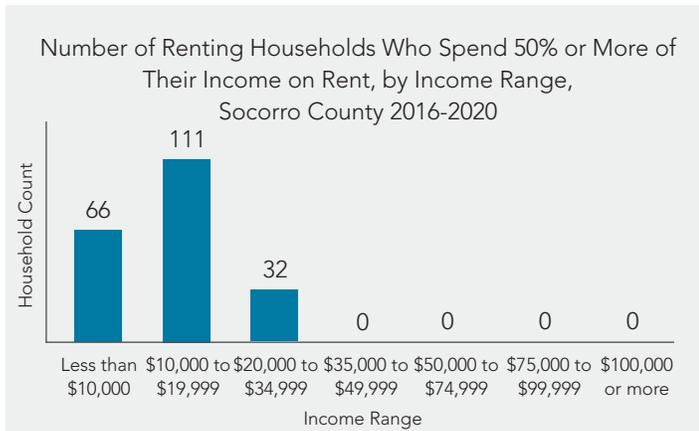
Social Determinants of Health (SDOH) are “conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.”⁴ These determinants vary in impact by community, but overall include economic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

Severe Housing Cost Burden

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

be forced to forego other costs, such as healthcare, healthy food or transportation. In Socorro County, about 7% of households spend 50% or more of their income on housing.⁵ About 38% of households make less than \$20,000 and of those, 40% spend 50% or more of their income on rent.⁶

7% of Socorro County households experience severe housing cost burden. (ACS 2016-2020 5-year estimates)



Food Environment Index and Transportation

The Food Environment Index accounts for both distance to healthy foods (i.e. average distance to a supermarket) and income to assess how accessible healthy food is to communities (i.e. is healthy food affordable and is it accessible). We use this metric because it helps us understand where food deserts may exist, and because, according to the Robert Wood Johnson Foundation, food deserts have been correlated with high prevalence of obesity, overweightness and premature deaths.⁷ Socorro County scores the lowest on the Food Environment Index among counties within the Presbyterian service area, with a score of 4.4 out of 10 (1-10 scale, 1 is worst, 10 is best). Socorro County has one of the highest percentages of households with food insecurity (19%) when compared to other counties in the Presbyterian service area and is rated as having 27% of the population with limited access to healthy food.

8.7% 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>

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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



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/>.



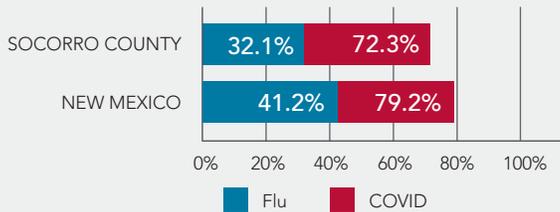
PHYSICAL HEALTH



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 to resolve chronic health issues. Physical health is defined as the conditions that contribute to an individual's overall, long-term health. To quantify physical health and work toward overall goals, we've elected the following metrics to track over time: prevalence of diabetes (BRFSS), influenza and COVID vaccinations (BRFSS and NMDOH, respectively) and heart disease mortality rate (NMDOH BVRHS).

Percent of Eligible Population Vaccinated Against Flu and COVID-19.

Flu: 2018-2020 COVID-19: All Time (2020-2022)



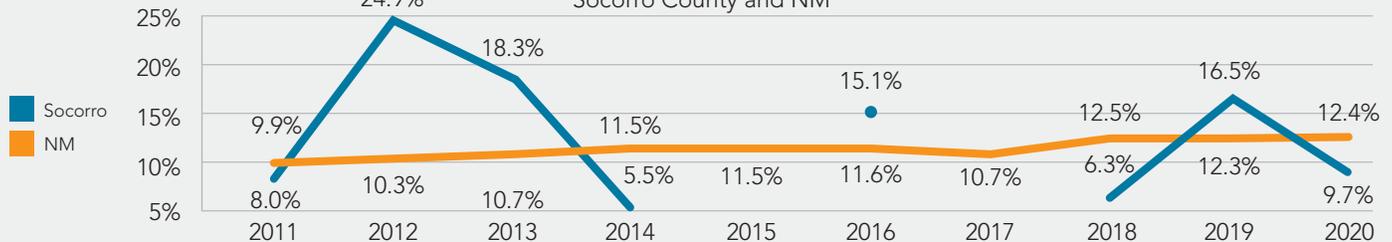
More women in Socorro County were vaccinated against influenza than men – 46.2% of women were vaccinated whereas only 25.8% of men were immunized. White people have the lowest rates of flu vaccination in Socorro County, with 27.4% of white people receiving the vaccination while 40.2% of Hispanic/Latinx people were vaccinated.¹⁰

A smaller percent of people in Socorro County were vaccinated for COVID when compared to the state overall.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 Socorro County have generally increased over the years. Most heart disease deaths were among white people, with white men leading (338.3 deaths per 100,000 population) and white women with 273 deaths per 100,000 population. Native American men had the second highest death rate among racial/ethnic groups by sex, with a death rate of 295.4 deaths per 100,000 population.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

Prevalence of Diabetes 2011-2020 Socorro County and NM



Heart Disease Mortality Rate per 100,000 population Socorro County, PHS 10-County Area, and NM



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>



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	1
Nonprofit/community-based organization employee	1
Caucasian	1
Community Member	1
Polvadera	1
Nonprofit/community-based organization employee	1
Santa Fe	1
Healthcare consumer or consumer advocate	1
Socorro	1
Private business owner/employee	1
White	1
Healthcare provider/employee	1
(blank)	2
Nonprofit/community-based organization employee	1
Public Health Worker	1
Grand Total	8

Community Gaps and Assets Forum

Race/Ethnicity by Community Sector	Number of People
Hispanic/Latinx	1
Healthcare provider/employee	1
Native American	2
Healthcare provider/employee	1
Nonprofit or community-based organization employee	1
Other	1
Local school district employee	1
White	10
Healthcare consumer	1
Healthcare provider/employee	2
Local government official/employee	1
Nonprofit or community-based organization employee	5
Public Health Worker	1
(blank)	5
Healthcare provider/employee	1
(blank)	4
Grand Total	19

Community Survey

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

Community Survey		Socorro County	
Survey Completion		#	%
	Complete	82	45.3%
	Partial	99	54.7%
	Total	181	100.0%
Gender			
	Missing	0	0.0%
	Female	74	40.9%
	Male	107	59.1%
	Total	181	100.0%
Race/Ethnicity			
	American Indian/Alaska Native	6	3.3%
	Asian/Pacific Islander	0	0.0%
	Black/African American	12	6.6%
	Hispanic	37	20.4%
	White	43	23.8%
	Multiple	0	0.0%
	Other	3	1.7%
	Won't Say	49	27.1%
	Missing	31	17.1%
	Total	181	100.0%
Age			
	Missing	0	0.0%
	18-24	8	4.4%
	25-34	27	14.9%
	35-44	35	19.3%
	45-54	41	22.7%
	55-64	43	23.8%
	65+	27	14.9%
	Total	181	100.0%
Community Sector			
	Nonprofit/community-based employee	18	9.9%
	Education employee	19	10.5%
	Local government employee	24	13.3%
	Healthcare worker	21	11.6%
	Private business employee	26	14.4%
	Community member	38	21.0%

	Missing	35	19.3%
Total		181	100.0%



PRESBYTERIAN

Community Health



Socorro County Options, Prevention,
and Education
A Comprehensive Health Council
www.scopehealthcouncil.com

Welcome to Community Health Assessment Forum!

We'll get started shortly!

We Join our State in Working Toward These Goals*



Increase well-being among New Mexicans.

Outcome Measures

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

Reduce the impact of chronic conditions on our communities.

Outcome Measures

- Prevalence of Diagnosed Hypertension 
- Prevalence of Diagnosed Diabetes 

Measure	County	State	Direction
Life Expectancy	77.4	77.8	
Adult Mental Health – Not Good	19.6%	26.50%	

Measure	County	State	Direction
Dr. Diagnosed Hypertension	23.2%	31.60%	
Dr. Diagnosed Diabetes	16.5%	12.30%	

Top 10 Leading Causes of Death – Socorro County 2019

Socorro County

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

NM

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



Behavioral Health

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

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

Measure	County	State	Direction	Rank
Suicide Mortality	40.7	33.9		8 of 33
Drug Overdose Deaths	23.3	28.8		24 of 33
Youth Tobacco Use	41.6%	37.2%		10 of 31
Youth Mental Health	32.6%	40.8%		26 of 31
Youth Alcohol Use	24.8%	27.5%		26 of 31
Adult Smoking	30.3%	15.8%		16 of 31
Adult Binge Drinking	19.7%	14.7%		3 of 31
Adult Heavy Drinking	5.3%	6%		13 of 31
Youth Meth Use	2.2%	2.9%		22 of 31
Youth Heroin Use	1.8%	2.7%		24 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?



Social Determinants of Health

Decrease over time

Increase over time

Change is good

Change is bad

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

PRESBYTERIAN
Community Health

Measure	County	State	Direction	Rank
SNAP Enrollment*	85.5%	82.8%		9 of 33
Poverty*	29.7%	21%		2 of 33
Food Insecurity	19.1%	15.1%		5 of 33
Unemployment	2.0%	3.8%		25 of 33
Social Vulnerability Index	0.871	NA		5 of 32
Households without a vehicle *	8.7%	5.7%		3 of 33
Broadband Internet Access*	55.3%	74.6%		28 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?



Access to Care

Decrease over time

Increase over time

Change is good

Change is bad

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

PRESBYTERIAN
Community Health

Measure	County	State	Direction	Rank
People Insured	93.7%	88.8%		4 of 23
Vaccinated against Pneumonia*	67.5%	71.6%		-
Prenatal Care	72.8%	65%	NA	7 of 33
Vaccinated against Flu	38.3%	43.1%		16 of 32
Went without care due to cost	6.8%	13.9%		22 of 23

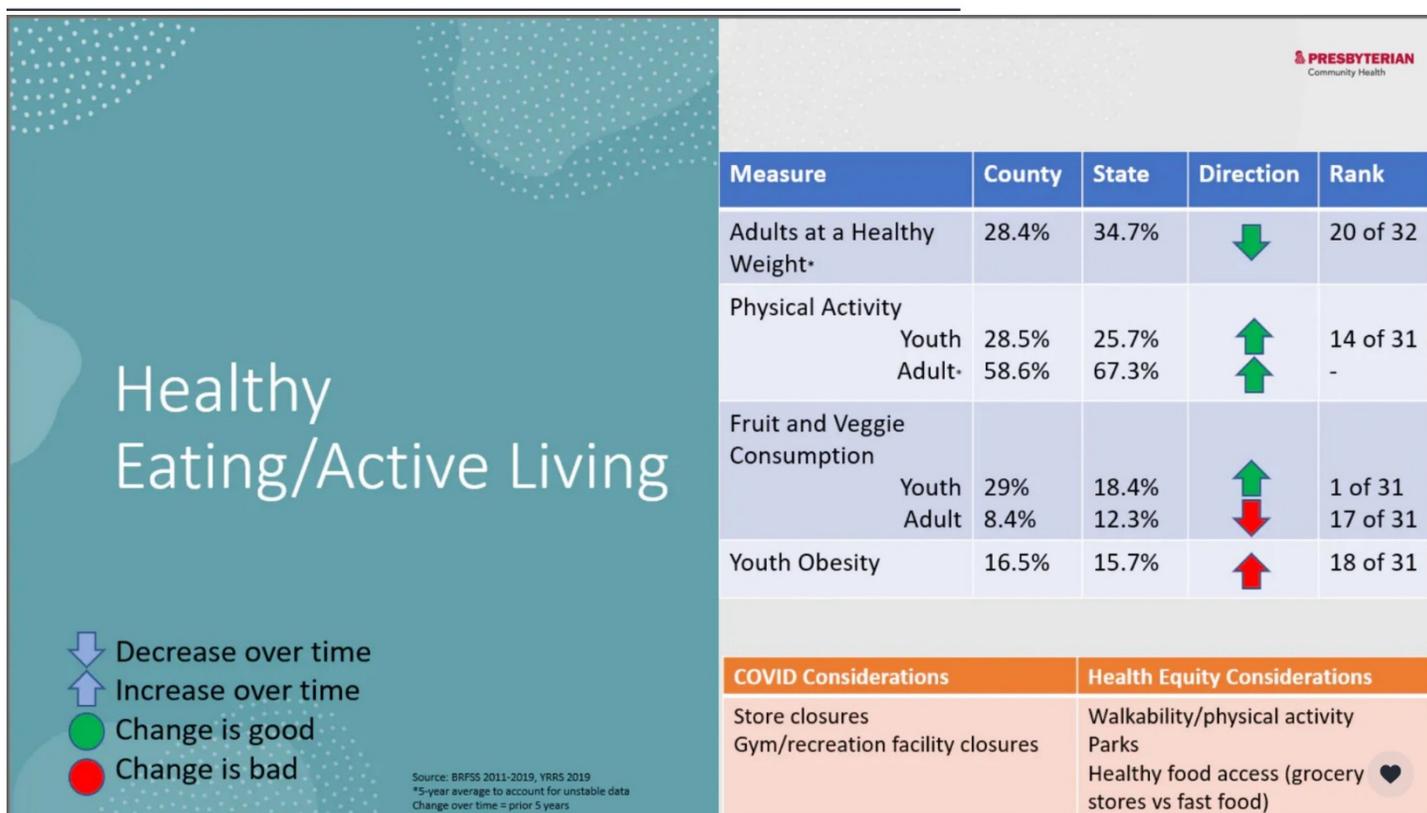
COVID Considerations

- Telehealth barriers
- Appointment Cancellations
- Vaccinations
- Treatment of other health needs

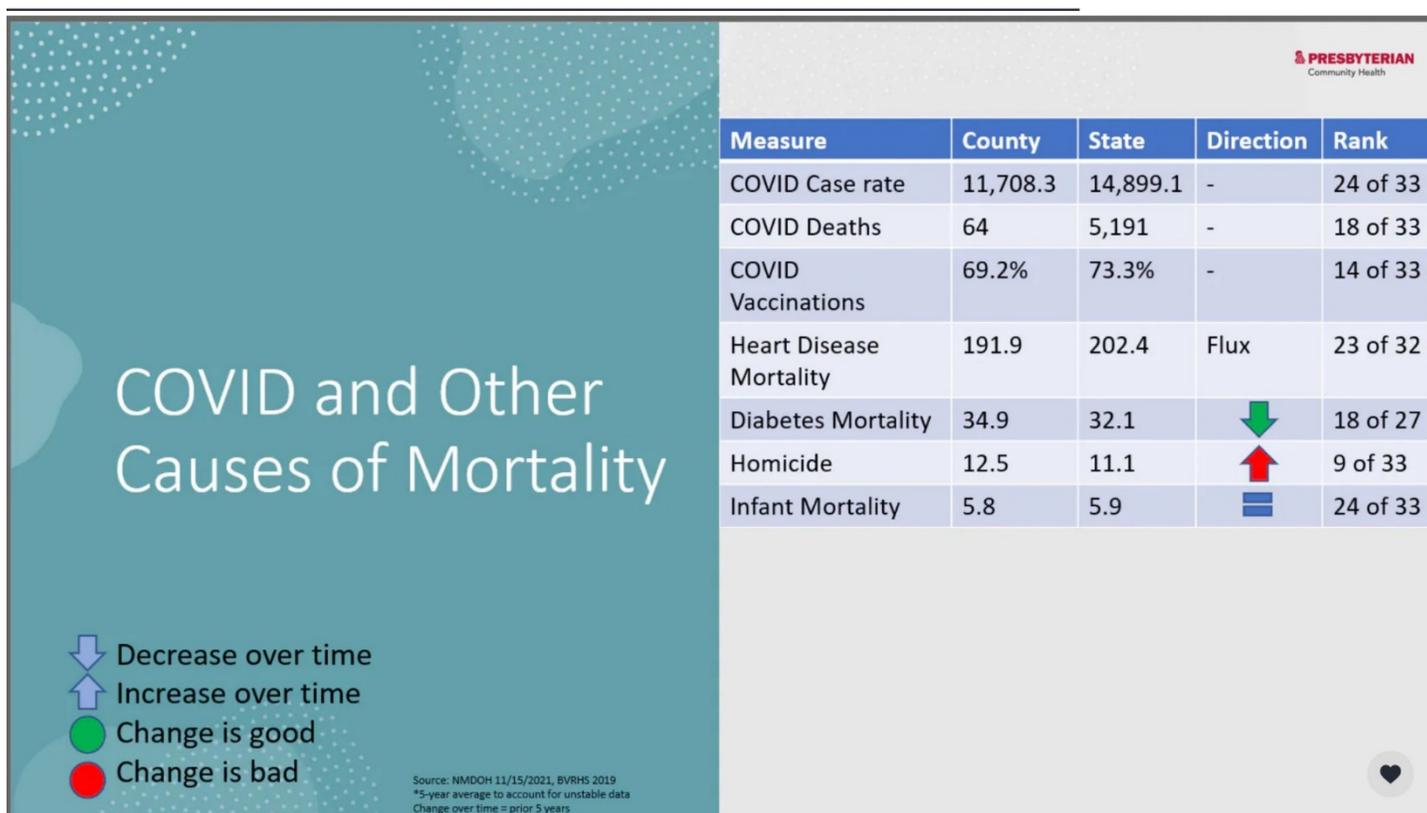
Health Equity Considerations

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

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



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



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



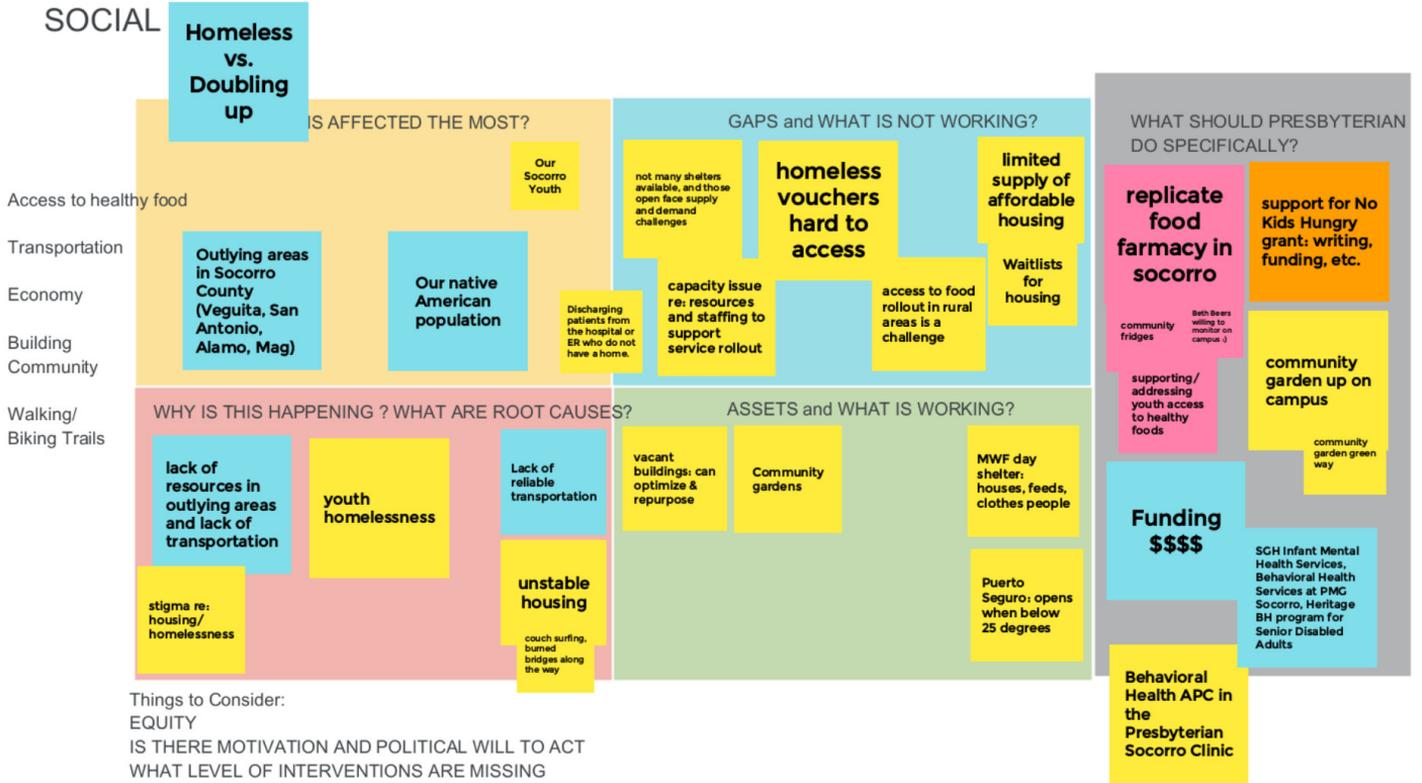
Is there a public health topic that you feel is pressing enough to be included in our priority areas that we have not talked about today?



APPENDIX D: JAMBOARD

Text

SOCIAL

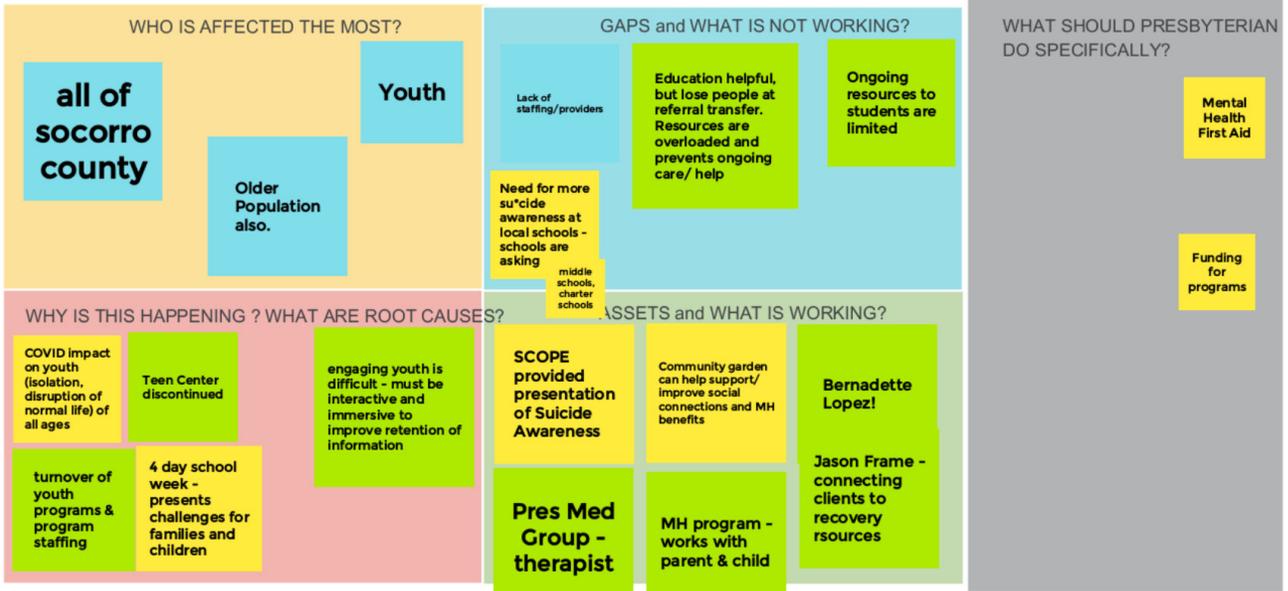


Behavioral Health

Mental Health

Suicide

Substance Use



Things to Consider:

EQUITY

IS THERE MOTIVATION AND POLITICAL WILL TO ACT

WHAT LEVEL OF INTERVENTIONS ARE MISSING

Chronic Diseases

Access to Care/Providers

COVID-19

Heart Disease

Diabetes



Things to Consider

EQUITY

IS THERE MOTIVATION AND POLITICAL WILL TO ACT

WHAT LEVEL OF INTERVENTIONS ARE MISSING

APPENDIX E: ASSESSMENT INVENTORY

Socorro County Health Council Priorities (2022)

Socorro County Options, Prevention, and Education (SCOPE):

- Behavioral Health
- Access to Care
- Healthy Eating & Active Living
- Food Insecurity
- Substance Misuse

More information about the health council can be found on <https://www.nmhealthcouncils.org/>

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 Socorro County.

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

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

Key



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

To honor our commitment to transparency and accountability with our communities, Presbyterian Community Health engages in a yearly impact reporting process to illustrate the impact of the work our system, hospitals, and our funded partners do within the community. These impact reports focus on our identified communities' health priorities and align with our Community Health Implementation Plans. To view 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>.