PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Presbyterian Santa Fe Medical Center

2023-2025

⚠ PRESBYTERIAN

phs.org

CONTENTS

DEAR COMMUNITY

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

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

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

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

Social Health

Behavioral Health

Physical Health

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

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

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

Sincerely,

Leigh Caswell

Leigh Caswell, MPH

VP, Community Health

EXECUTIVE SUMMARY

Presbyterian Healthcare Services envisions a healthy New Mexico, and we exist to improve the health of the patients, members and communities we serve. We are committed to addressing health equity in our communities by creating opportunities for good health and well-being for residents state-wide. This means improving access to health care, behavioral health, health insurance coverage, community supports, healthy food, and opportunities for exercise, as well as working to eliminate barriers such as poverty and discrimination that contribute to health inequity.

To fulfill that commitment, every three years, Presbyterian Community Health completes an extensive Community Health Assessment (CHA) and Implementation Plan process that informs the identified health priorities in the communities we serve and Presbyterian's systemwide strategy. The 2023-2025 assessment represents the most comprehensive and complex to date, reflecting our efforts to seek deeper community and stakeholder engagement compared with previous iterations. We have also employed a diversity and inclusion mindset with an equity lens to ensure that diverse voices are represented. Home to the state's capitol, Santa Fe County is the third most populous county in New Mexico with a total population of 154,754 people, 50% of whom are people of color. Six Native American Pueblos are located within the county.

The following CHA provides an in-depth look at the Santa Fe County community, which is served by Presbyterian's Santa Fe Medical Center, as well as affiliated clinics throughout Northern 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 Santa Fe 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. Social Health
2. Behavioral Health
3. Physical Health

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

The Santa Fe County Community
Survey respondents identified parks, sidewalks, walking trails and doctors' offices as existing community assets, followed by local churches and religious communities. Forum participants cited community assets including Santa Fe Connect (community referral network to address social needs) and increased collaboration among community leaders and organizations, especially during the COVID-19 pandemic.

When asked about needed resources that can help the community be healthier, survey respondents identified mental health and substance use treatment resources and social services, transportation, and lack of solar power, as well as siloed services, services for rural communities, community-informed programming, intergenerational programming and culturally appropriate care and services.

Like all communities, some areas of health are improving while other areas are declining. While Santa Fe is ranked among the healthiest counties in New Mexico per the Robert Wood Johnson Foundation County Health Rankings and Roadmaps framework, persistent gaps and needs exist, including disparities within areas of Santa Fe County, i.e., the Southside neighborhoods. Life expectancy is decreasing in the county while deaths of despair, drug overdose, and poor mental health are on the rise. Unemployment remains higher than pre-pandemic levels and pockets of the county experience lack of access to services and resources. More people appear to have some of the necessary resources to access health care (insurance, a primary care provider), and the percentage of people who forego care

due to cost has decreased, while the ratio of providers to population remains low. Indicators of chronic health issues continue to rise; the percentage of people with high blood sugar has increased and key indicators for chronic disease prevention (healthy eating, active living) are worsening.

Survey takers in Santa Fe County indicated three top Behavioral Health concerns: access to health care, substance use, and behavioral/mental health. Community input highlighted the connection between mental health and social needs, such as stable housing, cost of living and transportation, the increasing issue of fentanyl use, and the impact of COVID-19 on mental health.

Most people who took the community survey indicated that environmental health, including climate change, were the biggest Social Determinants of Health they were concerned about, followed by food insecurity and personal/interpersonal safety. When it comes to health care, survey respondents said they are very concerned healthy eating and active living, followed by vaccinations. In the category of Physical Health, most people cited concerns about COVID-19, cancer, and heart disease.

Community Forum participants summarized challenges to Behavioral Health resulting from stigma, trauma, generational substance use, lack of providers, limited access to providers, and resiliency. Challenges identified in Social Health include lack of support for intergenerational families, single parents, people living in low income/poverty, undocumented people, lack of stable transportation. Forum participants identified awareness of and access to resources, clinics and providers, all of which are heightened for low-income people. Being home-bound, transgender, living in poverty, being Indigenous, undocumented, living in rural areas and the criminal justice system were also cited as barriers to better Physical Health.

The presence of funded and coordinated health and social service resources, as well as coalitions, policy advocacy groups, and community-based organizations in the Santa Fe County area are just some of the many assets Presbyterian and the community can leverage to address these health priorities. 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 Santa Fe County community.

ACKNOWLEDGEMENTS

The 2023-2025 Community Health Assessment and Implementation Planning process could not have been completed without Presbyterian Santa Fe leadership and clinic teams, city and county local government, 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.

We would like to thank all of the **community members** who participated in focus groups and forums and shared your expertise and lived experience on some of the most pressing health issues facing Santa Fe, including the Santa Fe Health Policy and Planning Commission, the Santa Fe CONNECT navigators, the Presbyterian maternal and child health patient listening session and the Southside COVID listening session organized in partnership with Miguel Acosta, from Earth Care.

We appreciate the many **community partners** who informed this process through collaboration on community assessment, data sharing, counsel and commitment to serving our shared communities with reduced duplication and increased alignment. This includes the City of Santa Fe, specifically the Human Services Committee, the Santa Fe County Health Policy and Planning Commission, the Santa Fe Food Policy Council and healthcare organizations, specifically Christus St. Vincent Community Health. Presbyterian is very grateful for the support of The New Mexico Alliance of Health Councils and tribal and county health councils, and their willingness to partner.

We would like to acknowledge the expertise, guidance and partnership Aspen Solutions provided on the process and data collection, more specifically Natalie Skogerboe and Arianna Trott.

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.

Through an intentional way of working together, Presbyterian, in close collaboration with community partners, hopes to continue sharing information like this for the purpose of solving complex problems so we can each be accountable in our roles for turning the curve for improved health and equity in New Mexico.

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ABOUT PRESBYTERIAN HEALTHCARE SERVICES

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

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

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

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

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

ABOUT PRESBYTERIAN COMMUNITY HEALTH

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

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

Through the extensive community assessment process detailed here, Presbyterian Community Health has focused on the following priorities from 2020-2022: social determinants of health, behavioral health, access to care, and healthy eating/active living. Healthy eating, active living, and prevention of unhealthy substance use were the community health priorities from 2013-2019. For more information, please visit phs.org/community.
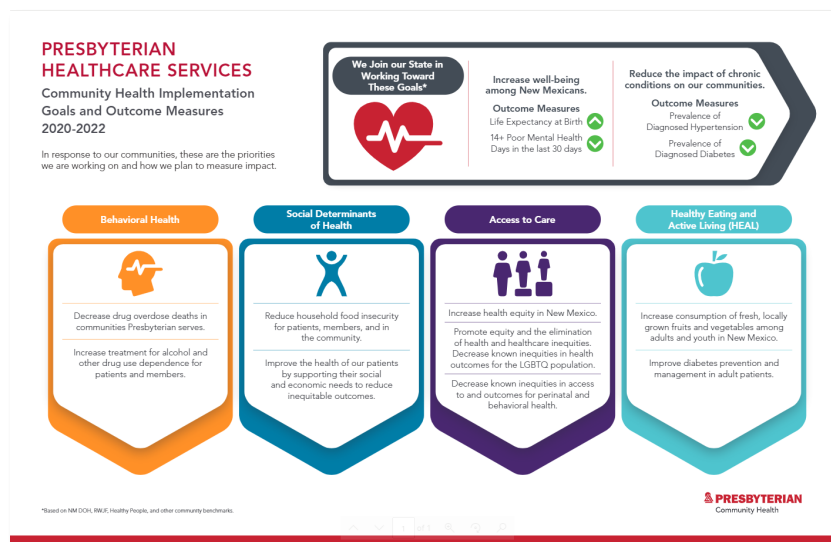
Community Health Promotion: In 2019, Presbyterian Community Health expanded programming to Northern New Mexico, with a focus on increasing access to affordable, healthy food, nutrition education, chronic disease, and cooking skills education. In response to community need, Community Health piloted a produce prescription program in rural, regional community sites in Northern New Mexico in collaboration with national hunger organization, Share our Strength No Kid Hungry. *Northern Roots: Where Families Eat, Learn and Grow,* is a community-informed, Community Supported Agriculture (CSA) produce prescription program that addresses early childhood nutrition security in Santa Fe and Española. The *Northern Roots* program offers participants: 1) 16 weeks of no-cost fruits, vegetables and pantry items distributed year-round at two hospital food distribution sites once/week, 2) nutrition education, skills-based training and resources specifically tailored to early childhood and 3) community resource navigation and nutrition assistance program enrollment. Additionally, Community Health supports the Fresh Rx program, in collaboration with the New Mexico Farmers' Market Association, to provide patients with vouchers to shop at the local farmers' market to address diet-related illness, such as diabetes. Presbyterian Santa Fe Medical Center, in partnership with the Santa Fe Farmers' Market and Santa Fe Farmers' Market Institute, hosts the Del Sur Farmers' Market from July-September. The Del Sur Market connect patients, employees, and community members to local produce in Santa Fe's southside community while supporting the local economy. Finally, Santa Fe Medical Center further supports access to local food by purchasing local food for the hospital's café.

Santa Fe Medical Center features a community demonstration kitchen that provides a community space for free health education and community meetings. Free class offerings have grown in the last two years including in-person cooking and virtual nutrition classes, yoga, and Zumba classes. Classes are now offered statewide in both English and Spanish for a variety of ages and special populations such as the Cancer Survivorship cooking class and Yoga for Kids, Teens, and Families. Beginning in 2022, the registered dietitians teaching these classes will also add virtual grocery store tours, weight management and heart health cooking classes. Also available to patients by referral is a new, free, program that started in 2020 called Diabetes Recharge, facilitated by a registered dietitian that combines one-on-one and group education and skill-building for adults newly diagnosed with Diabetes. Along with community-wide, free chronic disease self-management workshops in English and Spanish, Presbyterian helps increase access to critical preventive care for our communities.

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

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

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

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

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

Make health equity a strategic priority.

Develop structure and processes to support health equity work.

Deploy specific strategies to address the multiple determinants of health on which healthcare organizations can have a direct impact.

Eliminate racism and other forms of oppression.

Develop partnerships with community organizations.

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

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

To view our Health Equity report, click here.

Health Equity is at the Core of All Our Strategies

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

Community-Clinical Linkages Workforce: Since 2019 Presbyterian Community Health has provided workforce training and professional certification to community health workers employed by Presbyterian and in other organizations around the state. Presbyterian community health workers are key members of care teams in emergency departments and clinics in Central New Mexico and Northern New Mexico and help educate, navigate, and connect the most vulnerable patients to internal and external resources to remove barriers to better health and wellbeing. community health workers work closely with another new member of the care team, peer support specialists, 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 (SF Mountain Center), Doña Ana (DA County), and San Juan County (San Juan 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 SANTA FE MEDICAL CENTER

The spacious and welcoming Presbyterian Santa Fe Medical Center provides a range of services focused on improving quality, enhancing the patient experience and lowering the total cost of care. We are providing more choice and greater access to healthcare for Santa Fe and surrounding areas.

Presbyterian Santa Fe Medical Center is located near the intersection of I-25 and Cerrillos Road in Santa Fe. The 342,000-square-foot medical center offers all-private inpatient rooms, a range of outpatient medical services, surgery and procedure suites, inpatient and outpatient rehab services, and an emergency department

With hiking and biking trails, a healing pathway, a community teaching kitchen, a rooftop healing terrace and community meeting spaces, the medical center is much more than a hospital. It's designed to be a beautiful and inviting place where community members can gather to pursue their own health and wellness goals.

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. Santa Fe Medical Center defines its community as Santa Fe County, New Mexico.

Santa Fe County is the third most populous county in New Mexico and is the home of the state's capitol. The county seat is in the City of Santa Fe, located about 60 miles north of Albuquerque. The county is situated in north-central New Mexico and extends south along the eastern border of Bernalillo County to Interstate 40. Santa Fe County has a total area of 1,911 square miles.[1]

In 2020, Santa Fe County had a total population of 154,754 people. About 50% of the population of Santa Fe County are people of color. The largest demographic of people of color in Santa Fe is Hispanic/Latinx followed by Native Americans, which make up about 3% of the county's population (which is about a third of the state's overall percent of Native Americans). This is notable considering Santa Fe County encompasses or crosses borders with six Pueblos: Tesuque Pueblo, Nambe Pueblo, Pueblo of Pojoaque, San Ildefonso Pueblo and mostly-uninhabited pieces of Pueblo de Cochiti and Kewa Pueblo.
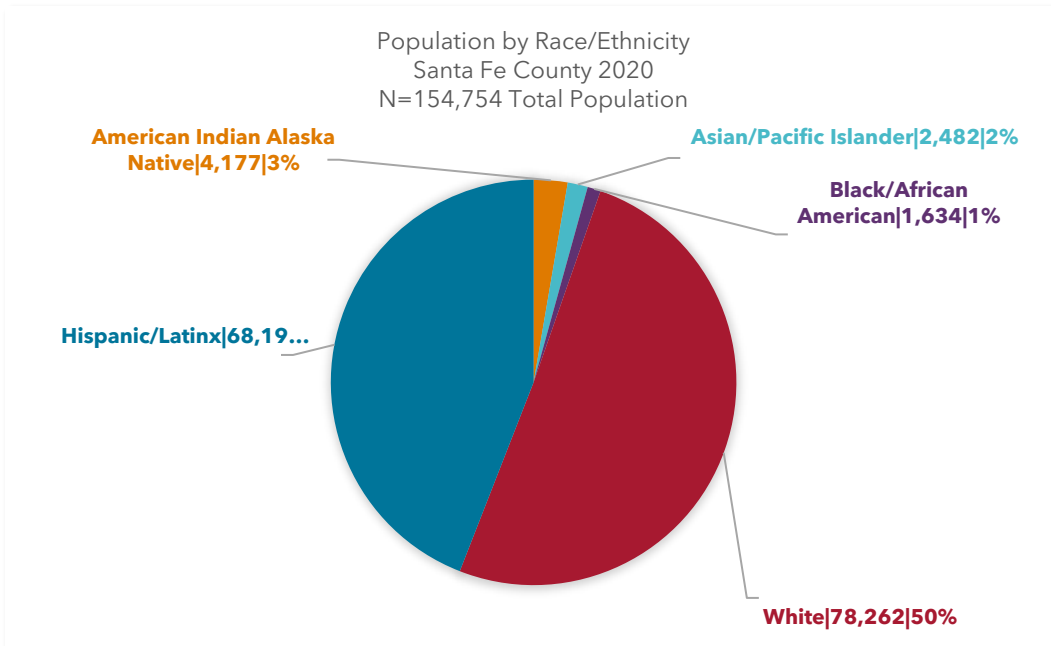

Population by Race/Ethnicity
Santa Fe County 2020
N=154,754 Total Population

American Indian Alaska Native|4,177|3%
Asian/Pacific Islander|2,482|2%
Black/African American|1,634|1%
Hispanic/Latinx|68,19...
White|78,262|50%

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

About 30% of the population of Santa Fe County primarily speaks Spanish at home, with most being between the ages of 18 and 64. About 2% of people speak another Indo-European language, 0.7% speak an Asian or Pacific Island language, and 1.4% speak some other language.

34% of the population of Santa Fe County speak a language other than English at home.

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[1] Introduction to Santa Fe County. Santa Fe County. Fiscal Year 2010 Budget report. Retrieved from https://www.santafecountynm.gov/userfiles/file/asd/FY2010/SectionII-IntroductiontoSantaFeCounty.pdf on 6/13/22
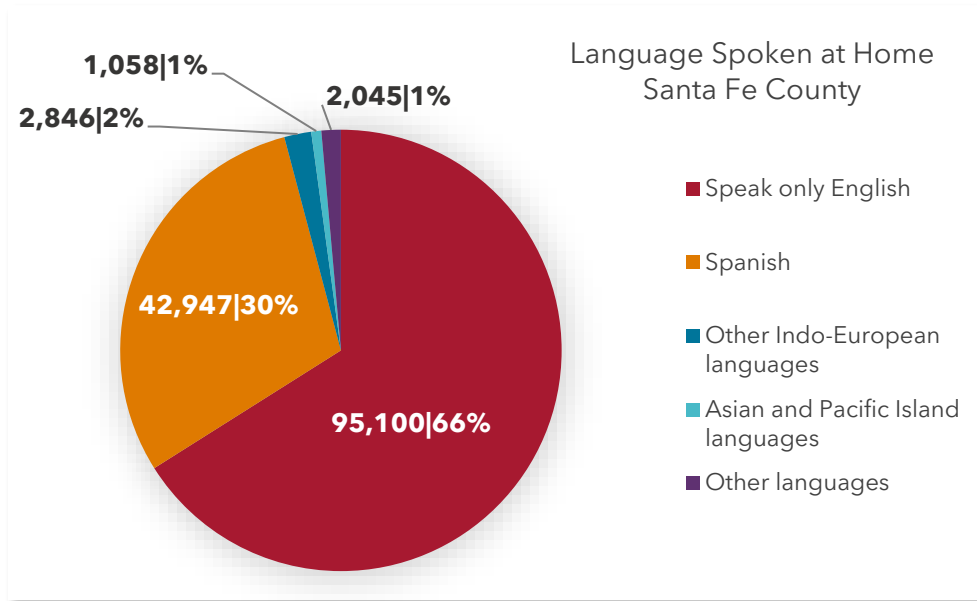
Figure 2. Source: US Census Bureau. American Community Survey 2016-2020 5-year estimates.

Over half (51.7%) of the population is female and 48.3% is male. The 55-64 and 65-74 age brackets have the highest number of people. Over half of the population is 45 years or older. [2]

33.9% of older adults live alone in Santa Fe.

Sources: SF data platform, US Census Bureau ACS 5-year 2016-2020 https://dashboards.mysidewalk.com/santa-fe-people-2020/residents

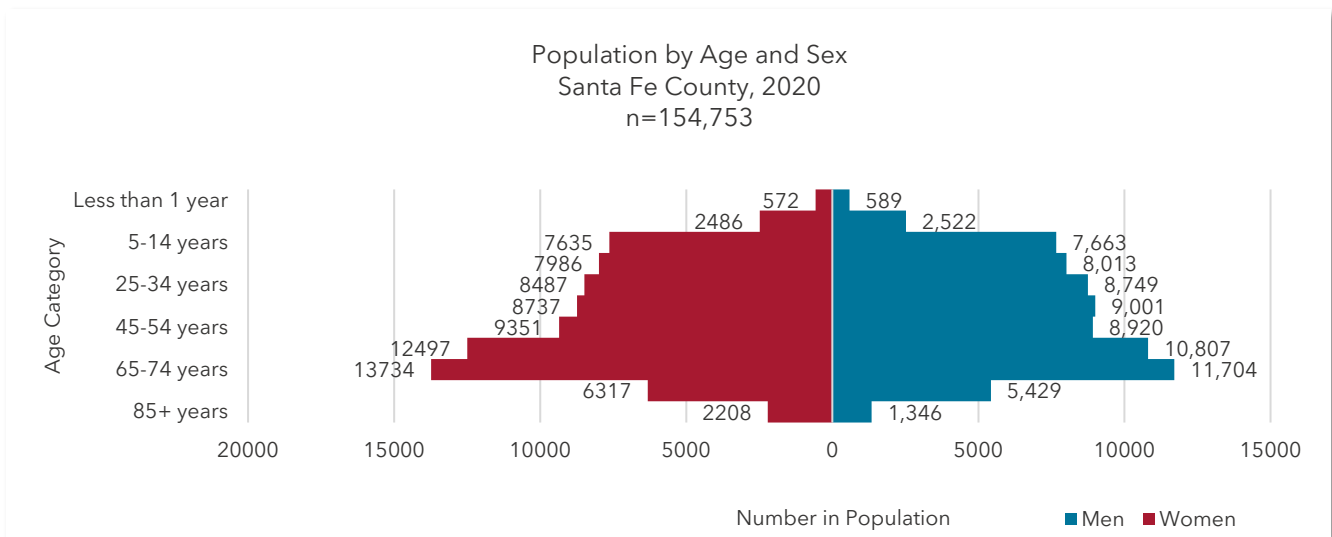
Figure 3. Source: UNM GPS Program, 2020.

About a fifth of the population of Santa Fe County lives with a disability. Santa Fe County has a lower percent of population living with a disability compared to New Mexico and the Presbyterian 10-County Area, but still a much

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

higher percentage when compared to the US. Among adults in Santa Fe County who reported having at least one disability, 31.5% were over age 65 and 27.2% were between the ages of 50 and 64.[3]
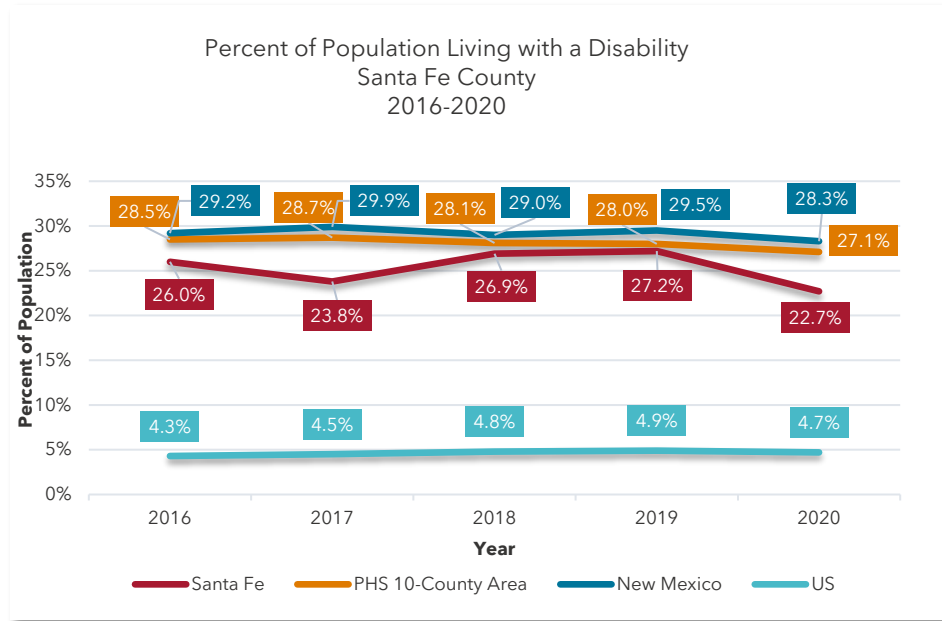

Figure 4. Source: 2016-2020 BRFSS.

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 which Santa Fe Medical Center interacts.

Compared to the averages for patient populations in other counties in the Presbyterian service area, Santa Fe Medical Center patients are:

- Older (24+)
- Proportionally more female
- Proportionally more white
- Proportionally less American Indian or Alaskan Native and Black
- More Hispanic/Latinx
- More Spanish-speaking
- More commercially insured
- Proportionally more bisexual, gay, and lesbian

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

Patient Population Demographics		
AGE	**n**	**(%)**
0-2	1,061	2.61
3-12	2,934	7.21
13-18	2,248	5.53
19-24	2,531	6.22
25-34	4,863	11.95
35-44	5,020	12.34
45-54	4,591	11.29
55-64	5,658	13.91
65-74	6,594	16.21
75+	4,950	12.17
UNKNOWN	229	0.56
SEX		
FEMALE	23,099	56.78
MALE	17,576	43.21
UNKNOWN	4	0.01
RACE		
WHITE	30,070	73.92
OTHER	4,803	11.81
UNKNOWN	2,864	7.04
AMERICAN INDIAN OR ALASKA NATIVE	1,198	2.95
MULTIRACIAL	1,005	2.47
AFRICAN AMERICAN OR BLACK	374	0.92
ASIAN	312	0.77
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	53	0.13
ETHNICITY		
HISPANIC OR LATINO	19,864	48.83
NOT HISPANIC OR LATINO	17,768	43.68
UNKNOWN	3,047	7.49
PREFERRED LANGUAGE		
ENGLISH	38,595	94.88
SPANISH	1,708	4.20
UNKNOWN	279	0.69
OTHER	59	0.15
SIGN LANGUAGE	38	0.09
PAYOR		
COMMERCIAL	15,030	36.95
MEDICAID	11,720	28.81
MEDICARE	10,926	26.86
UNKNOWN	1,709	4.20
OTHER	1,294	3.18
(*) A value of "UNKNOWN" could indicate that a value was not provided, collected, or recorded (**) Counts less than 10 are suppressed for patient confidentiality; low numbers may be due to recently-begun efforts to collect self-reported data		

Table 1: Race/Ethnicity and Language (REAL) -- Demographic snapshot of patients who receive care in Santa Fe County in 2021.

Data Source:
- Demographic, utilization, and SDOH data were collected from Presbyterian's EPIC Caboodle database.

Demographic Data Insights*
- AGE: Santa Fe County has a proportionally smaller adolescent and young adult patient population (age 0 to 24) compared to the average of other counties in the Presbyterian service area.
- SEX: Santa Fe county has a majority FEMALE patient population. That majority is proportionally larger compared to the average of other counties in the Presbyterian service area.

- RACE: Santa Fe County has a proportionally larger WHITE patient population and a proportionally smaller AMERICAN INDIAN OR ALASKAN NATIVE and BLACK patient population compared to the average of other counties in the Presbyterian service area
- ETHNICITY: Santa Fe County has a proportionally larger HISPANIC OR LATINX patient population compared to the average of other counties in the Presbyterian service area.
- PRIMARY LANGUAGE: Santa Fe County has a proportionally larger SPANISH speaking patient population compared to the average of other counties in the Presbyterian service area.
- PAYOR: Santa Fe county has a proportionally larger COMMERCIAL patient population compared to the average of other counties in the Presbyterian service area.
- SEXUAL ORIENTATION: Santa Fe County has a proportionally larger BISEXUAL, GAY, and LESBIAN patient population compared to the average of other counites in the Presbyterian service area.

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

Patient Population Demographics		
GENDER IDENTITY	**n**	**(%)**
UNKNOWN	18,847	46.33
FEMALE	12,907	31.73
MALE	8,870	21.80
OTHER	26	0.06
TRANSGENDER MALE / FEMALE-TO-MALE	18	0.04
TRANSGENDER FEMALE / MALE-TO-FEMALE	11	0.03
SEXUAL ORIENTATION		
UNKNOWN	25,946	63.78
STRAIGHT	13,891	34.15
GAY	267	0.66
BISEXUAL	250	0.61
LESBIAN	216	0.53
OTHER	109	0.27
(*) A value of "UNKNOWN" could indicate that a value was not provided, collected, or recorded (**) Counts less than 10 were suppressed for patient confidentiality; low numbers may be due to recently-begun efforts to collect self-reported data		

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

OUR PRIORITIES

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

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

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

- Access
- Equity

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

Our definition of Social Health is aligned with the Healthy People 2030 definition of social determinants of health, which is defined as: the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect health, functioning, and quality of life outcomes and risks.[4] This priority area comprises health-related determinants including economic stability, housing, food access, transportation, built environment, safety/interpersonal violence, and environmental health.

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

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

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

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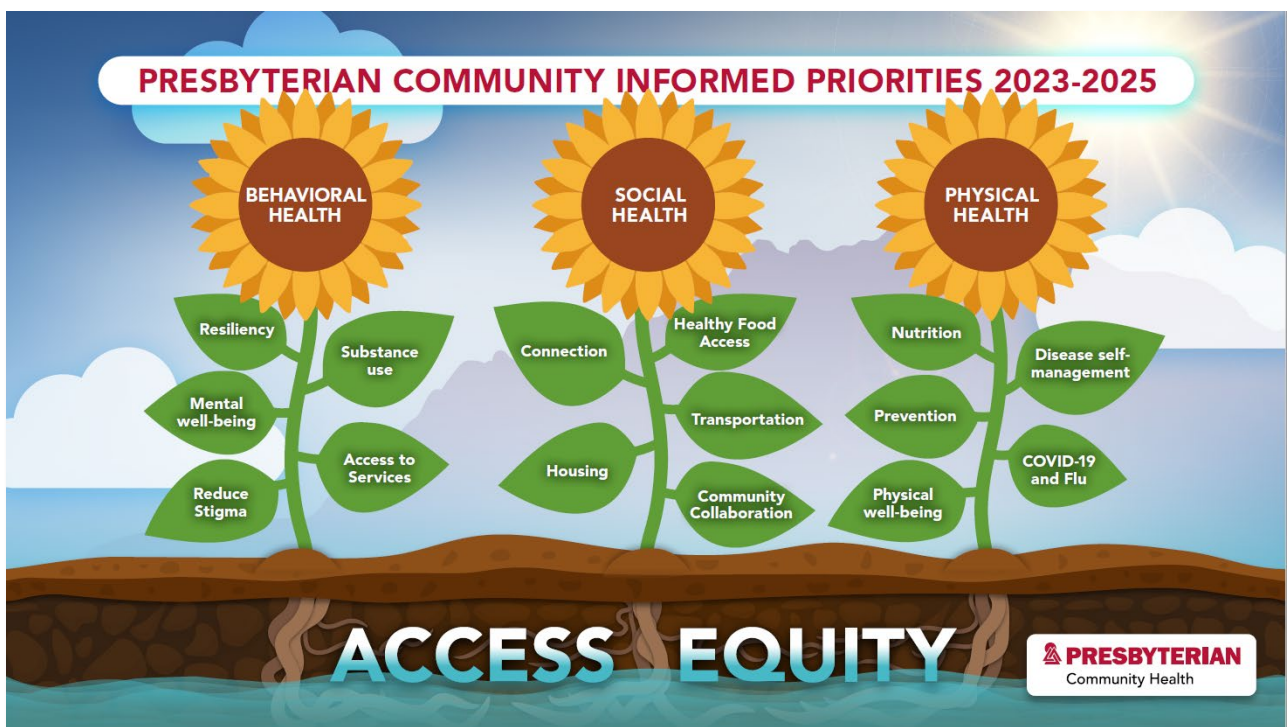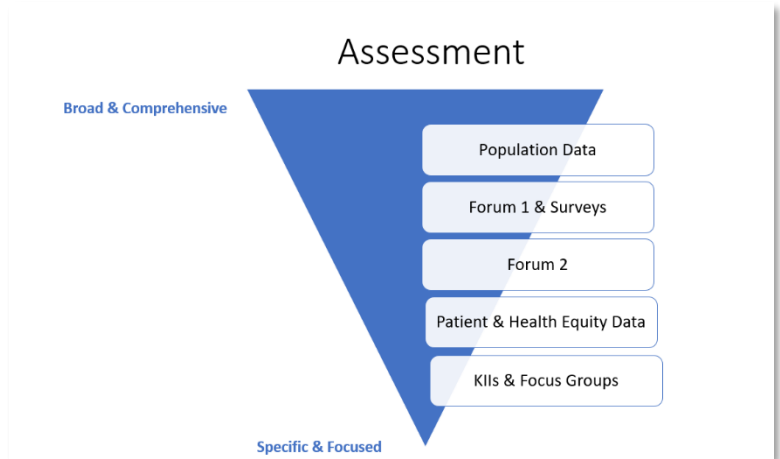

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[4] Healthy People 2030. US DHHS Office of Disease Prevention and Health Promotion. Retrieved from:
https://health.gov/healthypeople/priority-areas/social-determinants-health on 6/8/2022

PROCESS AND METHODS FOR CONDUCTING THE ASSESSMENT

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

Conducting the Health Assessment

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

Data Collection

Quantitative Data

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

Presbyterian Community Health made a conscious decision to partner where appropriate with other organizations conducting community health assessments to minimize the burden of assessment on the community as well as review existing health assessments and plans, where applicable.

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.

Community Forums, Focus Groups, Key Informant Interviews and Surveys

Presbyterian engaged our community in four main ways: community forums, topic specific focus groups, key informant interviews and a community survey.

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 focus groups and key informant interviews** dove into topic areas at a deeper-level with individuals and organizations that have lived experience and/or are on the front lines of the health issues identified in the community forums.

The **community survey** was first administered via Google Surveys, then administered via Qualtrics through partnership with the Health Councils. The survey consisted of ten questions asking participants to select all of the health topics they felt were important to address or were impacting their community. Themes (listed below - Figure 5) were grouped into the following categories: community issues, chronic ailments, healthcare issues, community assets, and gaps and needed resources. The survey also collected demographic information: age range, race, ethnicity, gender, and community sector (what the participant's role in the community was). Survey results can be found as part of the Community Assessment.

Themes by Type of Community Input			
COMMUNITY DATA FORUM N= 19	**ASSETS AND GAPS FORUM N= 12**	**COMMUNITY SURVEY N= 183**	**KEY INFORMANT INTERVIEWS/FOCUS GROUPS N= 73**
Leading Causes of Death Behavioral Health Social Determinants of Health Access to Care Healthy Eating/Active Living Chronic Disease and Other Conditions	Trauma-informed care Behavioral Health/Substance use disorder stigma reduction Community-based organization alignment and collaborations Improving accessibility of services	Chronic ailments Environmental factors Healthy lifestyle Mental/behavioral health	COVID-19/Flu Vaccine Confidence Maternal and child health Santa Fe CONNECT Navigators Santa Fe Health Policy and Planning Commission

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, while addressing data collection limitations during the COVID-19 pandemic.

Community Engagement

Community forums were held via Zoom and were advertised on PHS social media, listservs, and through health councils and other community partners. For a full list of organizations present at the forums, see Appendix B.

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

Additional stakeholders engaged include:

Community Health Advisory Board

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

Presbyterian Healthcare Services Leadership Engagement

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

Presbyterian Departmental Engagement

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

Additional Assessments

In addition to the assessment activities conducted specifically to inform this Community Health Assessment, we compiled information from a variety of additional sources and continue to conduct assessment activities to inform

overall strategy and program implementation and improvement. The existing Santa Fe health assessments reviewed during this process include: the City of Santa Fe Human Services Committee Strategic Plan, the Santa Fe Health Policy and Planning Commission's Santa Fe County Action Plan, the City of Santa Fe's American Rescue Plan (ARPA) Community Engagement Report, the Santa Fe County Behavioral Health Strategic Plan, Identifying Barriers to Vital Services Report: Santa Fe (Anna Age Eight) and the City of Santa Fe Children and Youth Commission Strategic Plan.

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.
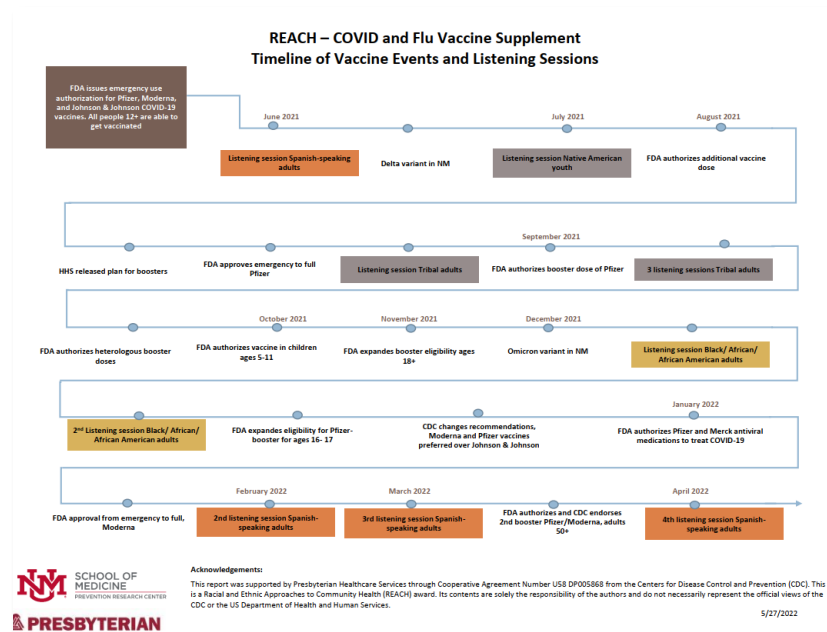
As part of our commitment to stay current with changes, priorities, and needs within our community, we engage in continuous assessment activities in a variety of forms. We've committed to partnering with other organizations conducting assessments to share information where appropriate to ease the burden 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 five sources: epidemiological data, community survey data, community feedback via community forums, focus groups, and key informant interviews. The top ten indicators and topics were selected for each source in different ways. Epidemiological data were ranked based on burden in the community (death rates, high ranking incidence and prevalence of disease, and upstream indicators). Community survey data were processed via SAS to identify top ten topics for each county as selected by survey takers. Forum data (qualitative) were compiled and coded into larger categories. The top ten topic areas mentioned were listed by the frequency participants talked about said topic. These were synthesized by Community Health staff to develop the top three priority areas which were then presented to the community.

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

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

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

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

Figure 6. Source: PHS Community Health Mentimeter.

Final considerations for health areas in which to prioritize for the 2023-2025 CHA cycle include economic stability, housing, food insecurity, access to behavioral health services and providers, health insurance/cost of care, broadband access, and culturally appropriate services and language access. Two priority populations were identified: older adults and youth and families.

The top ten topic areas mentioned were listed by the frequency participants talked about said topic. These were synthesized by Community Health staff to develop the top three priority areas which were then presented to the community. Community forum participants were asked if the proposed priority areas reflected their voice, then they were asked to rank them in order of importance. See Figure 7 for results.

Top 10 Health Topics Santa Fe County		
POP LEVEL DATA	**SURVEYS**	**FORUMS**
1. Adult mental health	1. Access to Healthcare	1. Economic Stability
2. Heart Disease Mortality	2. Environmental Health	2. Food Insecurity
3. Adults at healthy weight	3. Substance Use	3. Affordable Housing
4. Suicide (adults)	4. COVID-19	4. Lack of Insurance/Cost
5. Drug overdose death	5. Climate Change	5. Access to providers/health services
6. Fruit and Vegetable Consumption (youth)	6. Behavioral/Mental Health	6. Cultural Competency/Language Access
7. Fruit and Vegetable Consumption (adults)	7. Healthy Eating	7. Access to providers/delay in care
8. Youth sadness	8. Housing	8. Youth and Family Health
9. Youth tobacco use	9. Active Living	9. Substance Use
10. Alcohol-related deaths	10. Access to Mental Healthcare	10. Senior Health

Table 3. Top 10 topics. Presbyterian Community Health.
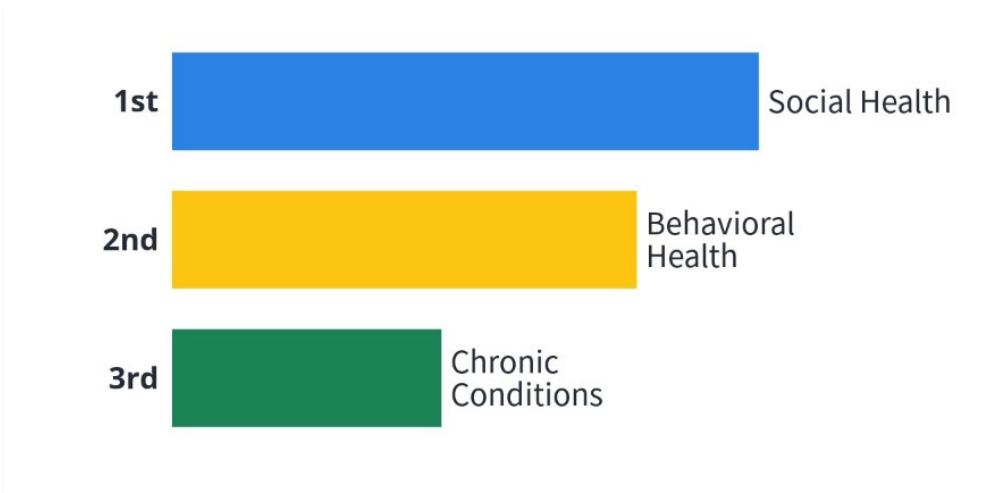
Ranking Presbyterian Community Health Priorities

Figure 7. Source: Presbyterian Community Health Mentimeter.
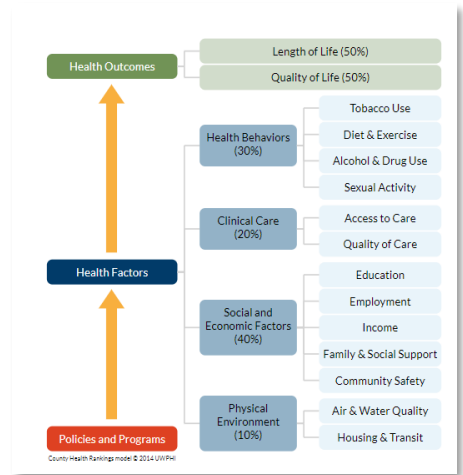
Epidemiological Data

County Health Status

Many factors play into what affects peoples' health, with healthcare (clinical care) being only 20% of what influences health. This is why a comprehensive approach to health, including public health, social needs, physical environment, and clinical care, are key to improving health at the population level. The County Health Rankings model accounts for more than 30 measures to help us understand how healthy communities are today and what may impact communities' health in the future.[5]
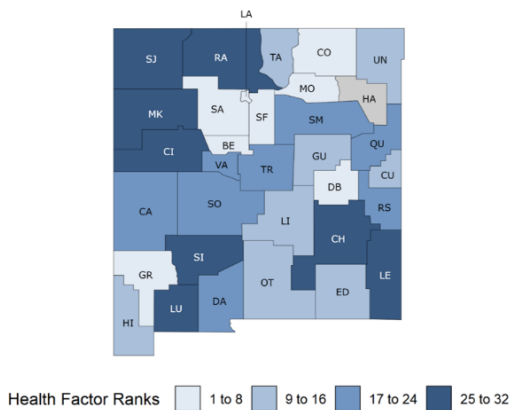

Santa Fe County's overall health rankings for health outcomes, as determined by the Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, are in the seventy-fifth percentile, indicating that Santa Fe is among the healthiest counties in New Mexico. The health outcome ranking for Santa Fe County is 2 out of 32 (one county is not ranked). A ranking of "1" is given to the county with the best health. The county health outcome rankings are based on how long people live and how healthy people feel. Length of life is measured by years of potential life lost before age 75 and quality of life is measured by the percent of people reporting poor or fair health, the number of physically and mentally unhealthy days within the last 30 days, and the percent of low-birth-weight newborns. [6]
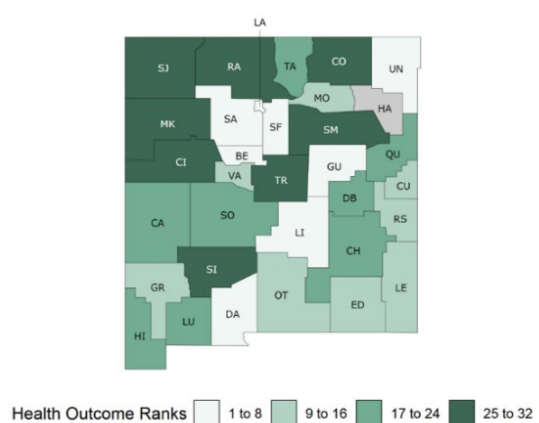
Robert Wood Johnson Foundation's County Health Rankings & Roadmaps also summarizes and ranks county health factors. The health factor ranking measure is based on a county's health factors (tobacco use, diet and exercise, alcohol use, drug use, and sexual activity), clinical care (access to care and quality 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). Santa Fe County ranks 2 out of 32 counties (one county is not ranked) in health factors, again in the top 75th percentile and is ranked one of the healthiest counties in New Mexico.

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

When asked what one word describes a healthy community, five of the 15 forum participants agreed that access/accessibility was what would mark a healthy community. Other topics that received participant agreement were "thriving", "diverse", "inclusive", "accepting" and more. See word cloud below.

In one word, how would you envision a healthy Santa Fe?

Figure 8. 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 are existing community assets, while fewer people identified mental health and substance use treatment as an asset. Other assets identified were local churches and religious communities.

Santa Fe County - Survey Responses		
COMMUNITY ASSETS	**NUMBER**	**PERCENT**
Parks/sidewalks/walking trails	61	29.6%
Doctor's offices	61	29.6%
Mental health/substance use treatment	38	18.4%
Social services (housing, food assistance)	43	20.9%
Other	3	1.5%
Total	206	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. Conversely to the above, people said that mental health and substance use treatment resources and social services were gaps or needed resources. Other gaps include transportation and lack of solar power.

Santa Fe County – Survey Responses		
GAPS/NEEDED RESOURCES	**NUMBER**	**PERCENT**
Parks/sidewalks/walking trails	41	16.5%
Doctor's offices	38	15.3%
Mental health/substance use treatment	53	21.3%
Social services (housing, food assistance)	53	21.3%
Public transportation	36	14.5%
Grocery stores near you	24	9.6%
Other	4	1.6%
Total	249	100.0%

Table 5. Community Survey. Presbyterian 2022.

Forum participants also were asked about community assets, which include Santa Fe Connect (community referral network to address social needs) and increased collaboration among community leaders and organizations, especially during the COVID-19 pandemic. Gaps cited include siloed services, services for rural communities, community-informed programming, intergenerational programming and culturally appropriate care and services.

Additional Community Definitions and Data Notes

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

Metrics for the US were included where available but were 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 Santa Fe County remains higher than that of the state, the PHS 10-County Area, and the US despite a slight decrease beginning in 2019. When compared to other counties, Santa Fe County did not see as drastic of a drop in life expectancy in 2020 as other counties did. Even though life expectancy is higher (80.2 in 2020) than other geographies included in the analysis, there are pockets where the life expectancy is at or below that of the other geographies. Specifically, the area south of the city of Santa Fe through the Turquoise Trail down to about interstate 40, the area around Airport Road, and the Bellamah/Stamm small areas all have life expectancy at birth less than 80 years. Additionally, the area north of the city of Santa Fe, home to most of the pueblos in the area, has a lower life expectancy at 80.1 years.
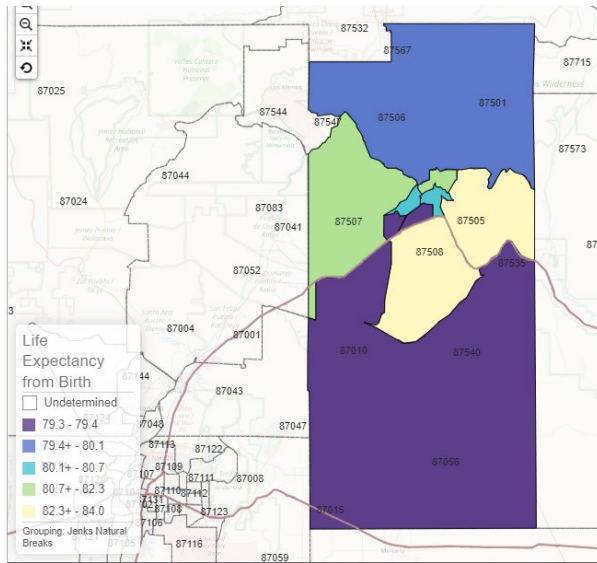
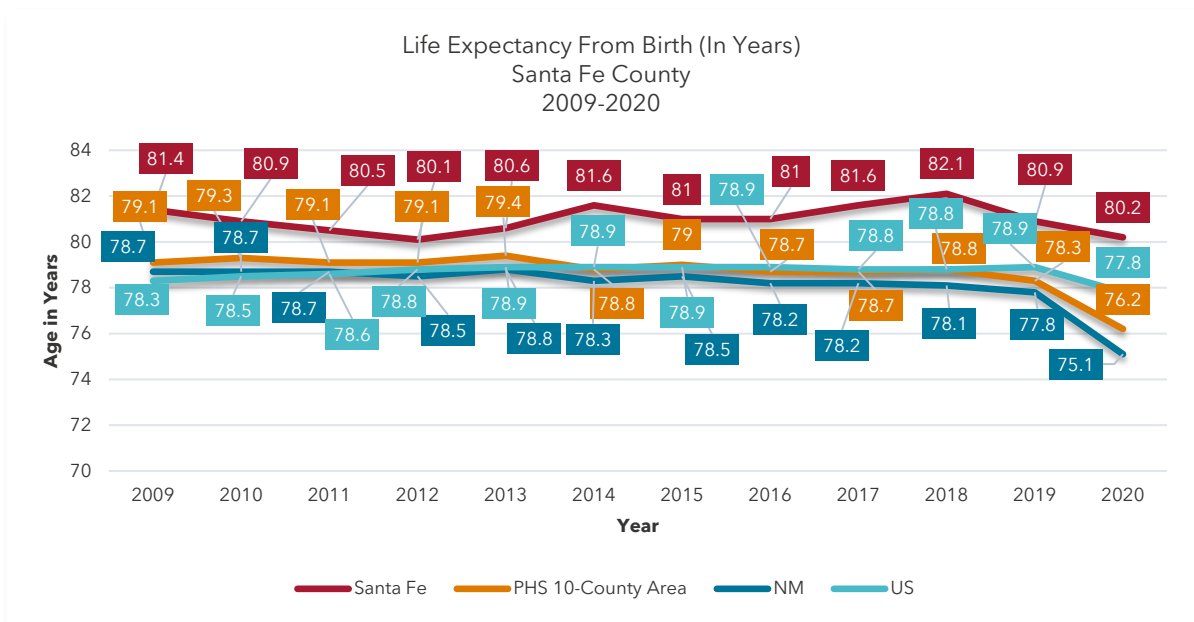**Source:** DOH 2020 Life Expectancy from birth (in years) by small area.

Life Expectancy From Birth (In Years)
Santa Fe County
2009-2020

Figure 9. NMDOH BVRHS 2009-2020.

15 Leading Causes of Death

15 Leading Causes of Death in New Mexico - 2020	Deaths per 100,000 Population (crude rate) in Santa Fe County
1. Heart disease	180.3
2. Cancer	186.1
3. Coronavirus disease 2019 (COVID-19)	56.9
4. Unintentional injuries	82.1
5. Chronic lower respiratory diseases	54.3
6. Cerebrovascular disease (stroke)	31.7
7. Diabetes mellitus	25.8
8. Chronic liver disease and cirrhosis	29.7
9. Alzheimer's disease	36.8
10. Suicide	20
11. Influenza and pneumonia	12.9
12. Kidney disease	10.3
13. Parkinson's disease	12.3
14. Septicemia	5.8
15. Homicide	4.5

Table 6. NMDOH BVRHS 2009-2020.

Heart disease is a leading cause of death in Santa Fe County with 180.3 deaths for every 100,00 population in 2020. Heart disease death trends in Santa Fe County are similar to New Mexico and the PHS 10-County Area, though slightly lower. Heart disease deaths are increasing among all three geographies, overall.
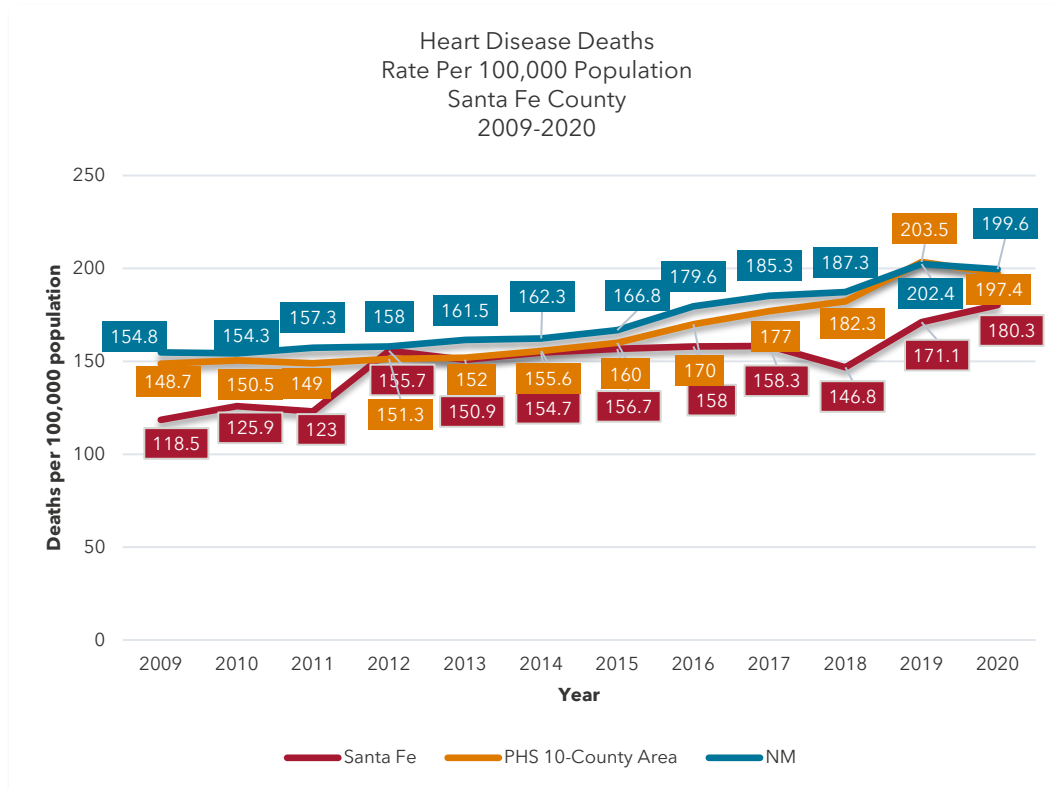

Figure 10. NMDOH BVRHS 2009-2020.

Cancer is the number one leading cause of death in Santa Fe County. The most common types of cancer in Santa Fe County are breast cancer (104.8 cases per 100,000 population), prostate (69.4), lung and bronchus cancer (44.1), skin cancer (29.1) and colon cancer (28).[7] The most common types of cancer involved in cancer deaths include lung cancer, breast cancer, pancreas cancer, colon cancer, and liver cancer. Cancer deaths that are classified as attributable to some other type of malignant neoplasm are most common behind lung cancer (22.7 deaths per 100,000 population).[8]
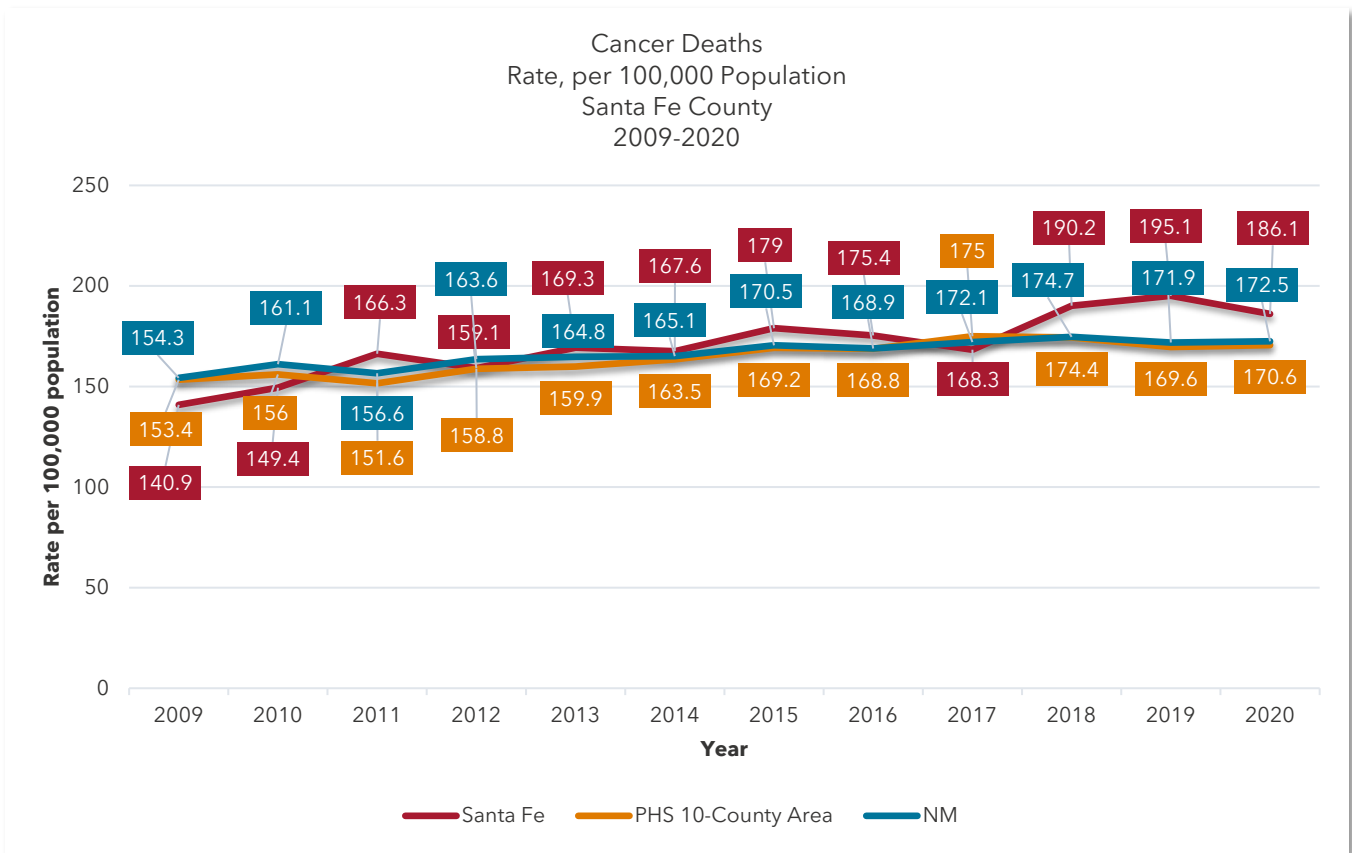

Figure 11. NMDOH BVRHS 2009-2020.

Coronavirus Disease (COVID-19) was the third leading cause of death in Santa Fe County in 2020 with a death rate of 56.9 deaths for every 100,000 people. In comparison, influenza and pneumonia ranked number 11 with a death rate of 12.9 deaths per 100,000 population in 2020 and 14 deaths per 100,000 population in 2019. The COVID death rate in 2020 was four times the flu death rate in 2019 and there were more COVID deaths than deaths due to Diabetes and unintentional injuries (all types) combined. Nearly 89% of COVID deaths in Santa Fe County in 2020 were people 65 years or older, which is significant considering a little more than a fourth of the population of Santa Fe County in 2020 was 65+. Most COVID deaths were among Hispanic/Latinx people.

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[7] New Mexico Tumor Registry. Cancer Incidence by County (2015-2019). Retrieved from https://ibis.doh.nm.gov/query/result/cancer/CancerCnty/CrudeRate.html on 5/19/2022
[8] New Mexico Department of Health, Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division. Cancer Death Rate. (2015-2020). Retrieved from https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html on 5/19/2022
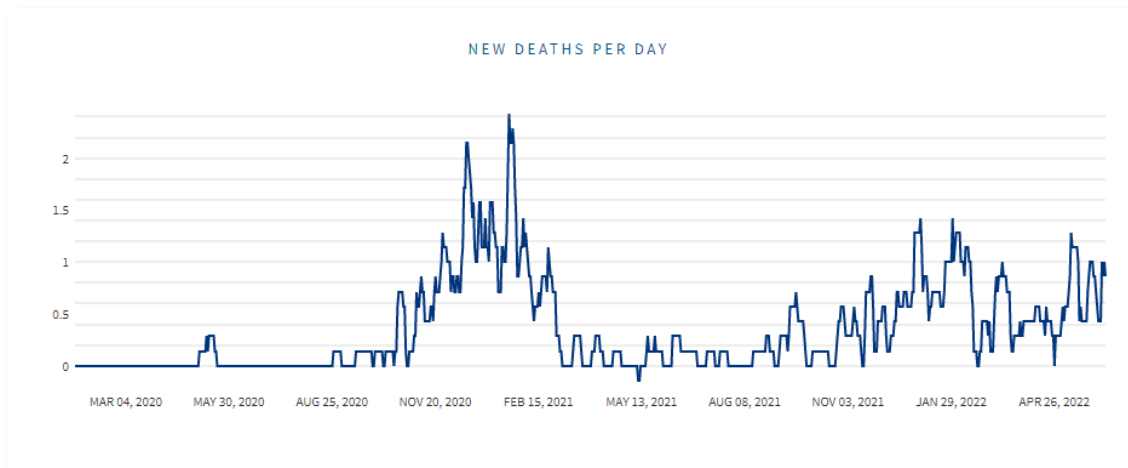
Figure 12. New COVID deaths, 7-day averages, USA Facts[9].

Behavioral Health

In our last community health assessment, the community identified behavioral and mental health as the highest priority topic area. This topic area encompasses mental health and substance use. Mental health includes wellbeing, emotions, psychological and social wellbeing. According to the CDC, mental health impacts our actions, thoughts, and feelings, determines how we handle stress, interact and relate to others and make healthy choices.[10] Behavioral Health also encompasses mental illnesses and disorders, ranging from anxiety and depression to schizophrenia and other severe mental illnesses.

Mental wellness indicators for youth have gotten worse over the years while some substance use metrics for youth have gotten better. Adult indicators for mental health and substance use are remaining higher than before, but steady.

The ratio of population to mental health providers is better than the ratio of population to primary care providers, indicating that mental healthcare may be more available in Santa Fe County than primary care, but is still lacking specific types of services such as culturally appropriate.

Deaths of despair, and especially the component of drug overdose deaths, are increasing across the county. In Santa Fe, individuals between the ages of 25 and 34 years hold the highest burden of deaths of despair, with men outpacing women (297.2 deaths per 100,000 population for men and 117.8 deaths per 100,000 population for women). Most deaths of despair are among Hispanic/Latino men.[11]

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

The top three topic areas survey-takers in Santa Fe 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 Santa Fe County. Additionally, community input highlighted the connection between mental health and social needs, such as stable housing, cost of living and transportation and the increasing issue of fentanyl use and impacts of COVID on mental health, such as isolation.

[9] UAS Facts. Santa Fe County Cases and Deaths. Retrieved from https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/new-mexico/county/Santa Fe-county on 6/7/2022
[10] Centers for Disease Control and Prevention. Mental Health. Retrieved from https://www.cdc.gov/mentalhealth/ on 5/16/2022
[11] NM BVRHS. Deaths of Despair 2016-2020. Retrieved from https://ibis.doh.nm.gov/query/result/mort/MortCnty/CrudeRate.html

Santa Fe County – Survey Responses		
BEHAVIORAL HEALTH TOPIC AREA	**#**	**%**
Access to healthcare	138	43.5%
Substance abuse	69	21.8%
Behavioral/mental health	66	20.8%
Suicide	40	12.6%
Other	4	1.3%
Total	317	100.0%

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

Access to Mental Healthcare

Access to mental health providers continues to be a challenge in Santa Fe County, though access to mental health providers is better than in surrounding counties. In 2020, mental health providers saw an average of 138 patients (patient provider ration of 138:1). This ratio has decreased slightly since 2014, indicating an improvement.[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.

About 15% of people reported having a mental health need, and 13% reported having a tobacco need and 8% of screened patients have alcohol needs. This indicates a need for more behavioral/mental healthcare and prevention resources, including substance use treatment, tobacco cessation, and therapy resources.

Patients' Self-Reported Health Related Behavioral Health Needs		
ALCOHOL NEED	**N**	**%**
Screenings Completed*	4,093*	
Unique Patients Screened	3,983	
Unique Patients Reporting Any Need	299	8.0%**
TOBACCO NEED		
Screenings Completed	3,034	
Unique Patients Screened	2,975	
Unique Patients Reporting Any Need	381	13.0%
OPIOID NEED		
Screenings Completed	4,104	
Unique Patients Screened	3,991	
Unique Patients Reporting Any Need	65	2.0%
MENTAL HEALTH NEED		
Screenings Completed	31,845	
Unique Patients Screened	21,320	
Unique Patients Reporting Any Need	3,126	15.0%
(*) A maximum of one screening per six months per patients was recorded; only the first screening was counted if a patient received more than one screening per SDOH need within a six-month period (**) Denominator of percentage is "Unique Patients Screened"		

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

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[12] County Health Rankings and Roadmaps. Retrieved from https://datausa.io/profile/geo/Santa Fe-county-nm#health on 5/23/22

Substance Use

Tobacco use (cigarettes, cigars, hookah, spit tobacco, or e-cigarettes) increased slightly among high school youth in Santa Fe County in recent years, which follows a trend similar to the 10-County PHS service area and remains higher than high school students around the state. Fewer adults in Santa Fe County smoke when compared to NM, PHS 10-County Area, and the US overall. The trend continues downward for all geographies, which may indicate an overall decrease in smoking but not a decrease in tobacco use.
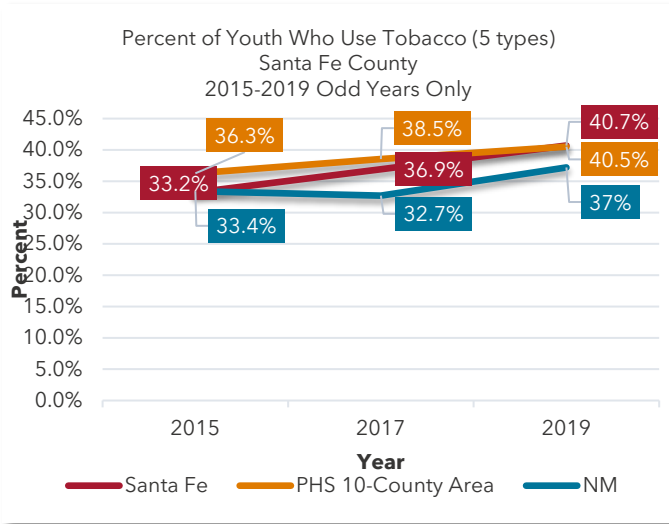

Figure 13. Youth Tobacco Use. NM YRRS 2013-2019.
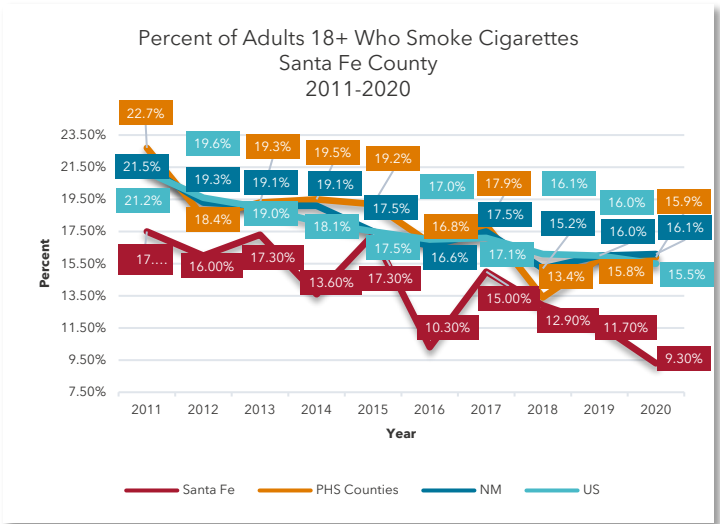

Figure 14. Adult cigarette use. BRFSS 2011-2020.

Alcohol use among youth has risen slightly in previous years and is similar to the PHS 10-County area and NM overall. Santa Fe's youth alcohol use has followed the overall trend over time with the other geographic areas. Among adults, chronic heavy drinking (defined as regularly consuming more than two drinks per day for men and more than one drink per day for women) has slightly increased statewide, among PHS counties, and across the nation. After a drop in heavy drinking rates in 2019, more people reported drinking heavily in 2020, an increase reflected in the other geographies. Binge drinking (defined as a having five or more drinks on a single occasion for men or four or more drinks on a single occasion for women, generally within two hours) has remained steady across most geographies and has decreased in Santa Fe County. Santa Fe County overall has lower prevalence of binge drinking when compared to NM and the PHS 10-County Area. The increase in heavy drinking in 2020 may be related to the pandemic.
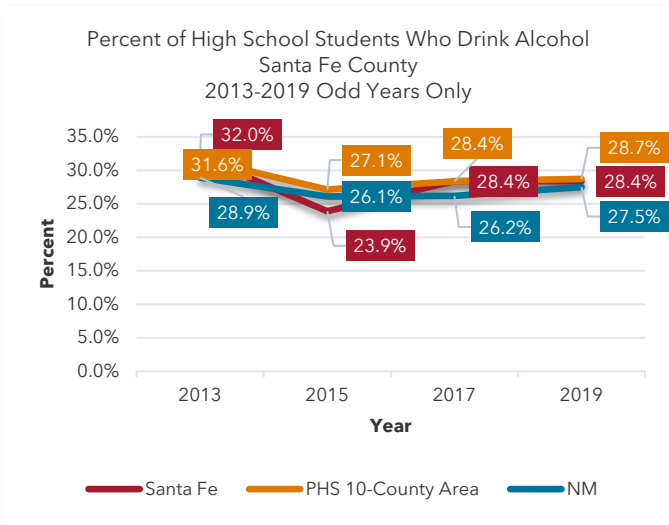

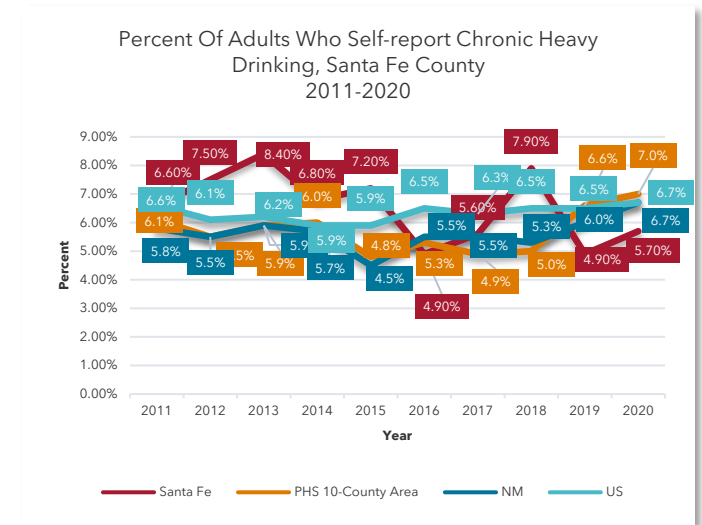**Figure 15.** High school student alcohol use. NM YRRS 2013-2019.

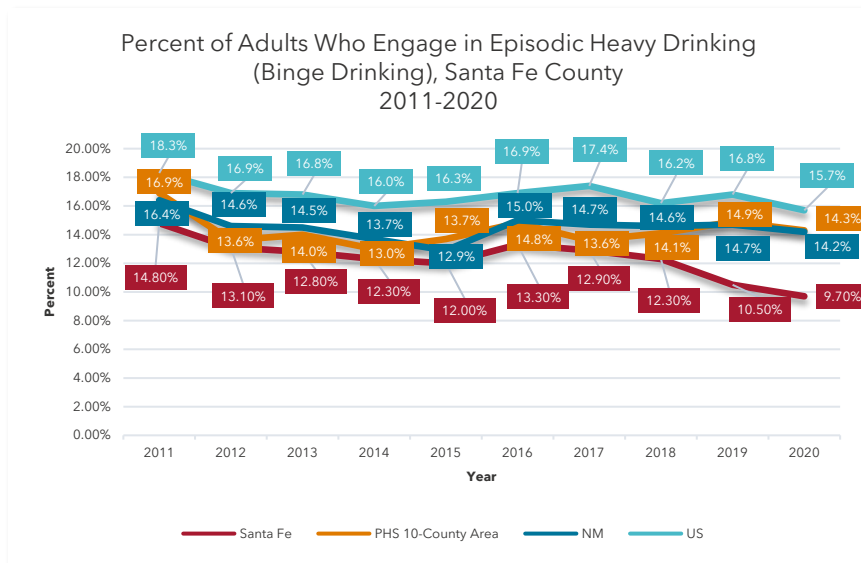**Figure 16.** Adult chronic heavy drinking. BRFSS 2011-2020.

Figure 17. Adult Binge Drinking. BRFSS 2011-2020.

Heroin use among high school students decreased in Santa Fe County from 2017-2019. The initial drop is similar to the heroin use pattern for all ten counties in the PHS 10-County Area. Youth heroin and meth use remain around the state prevalence. Methamphetamine use among youth followed a similar trend as heroin use.
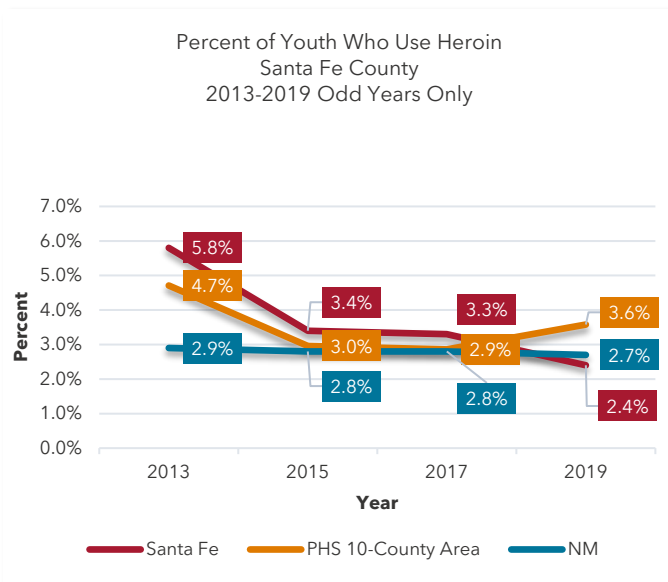

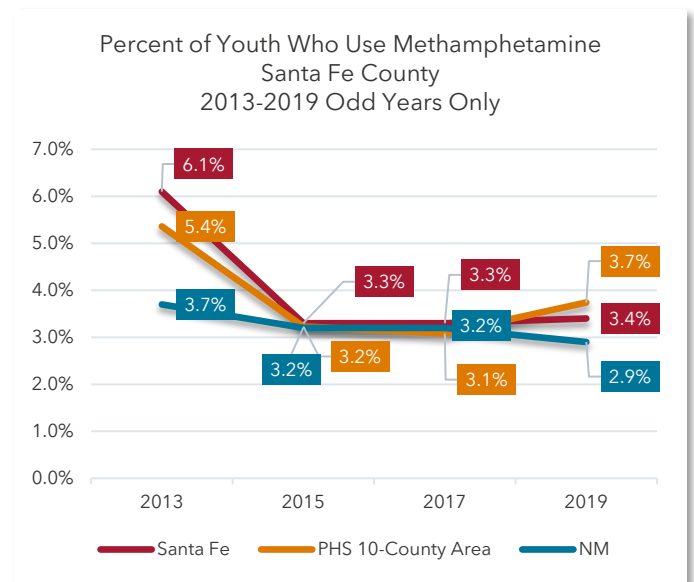**Figure 18.** Youth Heroin Use. NM YRRS 2013-2019.

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

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

EQUITY ALERT: More than half of Black/African American youth said they used cannabis. SOURCE: YRRS 2013-2017

Chronic mental health issues are important to understand risks for poor health outcomes. More Santa Fe County high school students reported experiencing feeling sadness and/or hopelessness – a 28% increase from 2013 to 2019. Nearly half of Santa Fe County high school students reported feeling sad or hopeless. Because the YRRS is administered on odd years, it is unclear at this time what impact the pandemic has had on youth mental health in Santa Fe County. On the other hand, there was a 20% decrease in adults reporting 14+ poor mental health days within a 30-day period (frequent mental distress) in 2020 compared to 2019.

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

2020 National Survey on Drug Use and Health. SAMHSA. NM YRRS 2017.
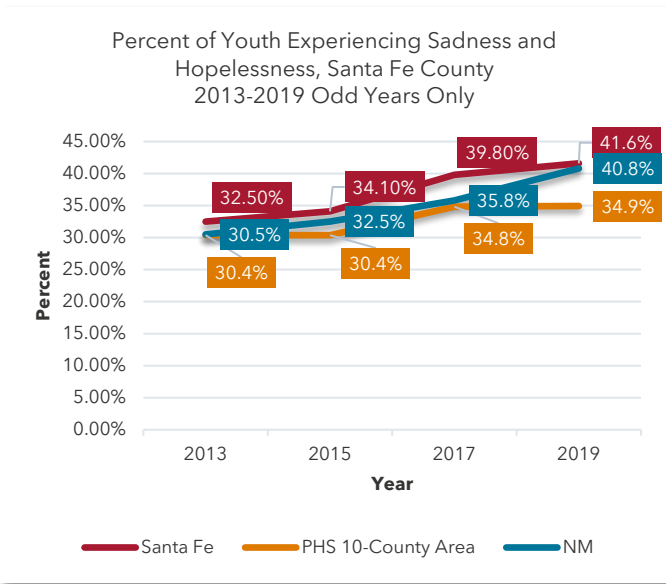
Figure 20. Youth Mental Health. NM YRRS 2013-2019.
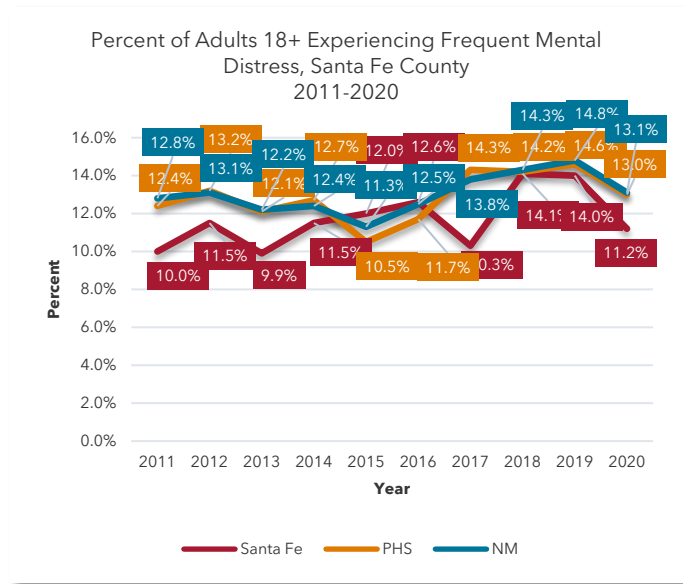
Figure 21. Frequent mental distress among adults. BRFSS 2011-2020.

Understanding mortality due to mental health and substance use issues is an important part of improving health at the population level. Suicide deaths shift from year to year in Santa Fe County but decreased almost 28% from 2019 to 2020. Suicide deaths across NM and the PHS 10-County Area have risen slightly since 2009. Overall, suicide deaths in Santa Fe County have seen a downward trend since the recent peak in 2016. In 2020, the suicide death rate was highest among people aged 25-34 years old.

EQUITY ALERT: 62% of the suicide deaths in Santa Fe County in 2020 were among white men aged 25-34.

NMDOH BVRHS 2020

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

Drug overdose deaths have increased substantially (about 70%) from 2017 to 2020 in Santa Fe County, consistent with an increase in drug overdose deaths in NM, the PHS 10-County Area, and the US overall. Communities expressed concern in overdose death rates during the Community Data Forum, citing personal experiences, community-wide experiences, and the overdose death rate in 2019. In 2020, the drug overdose deaths in Santa Fe County were similar to those in New Mexico, higher than the US, and lower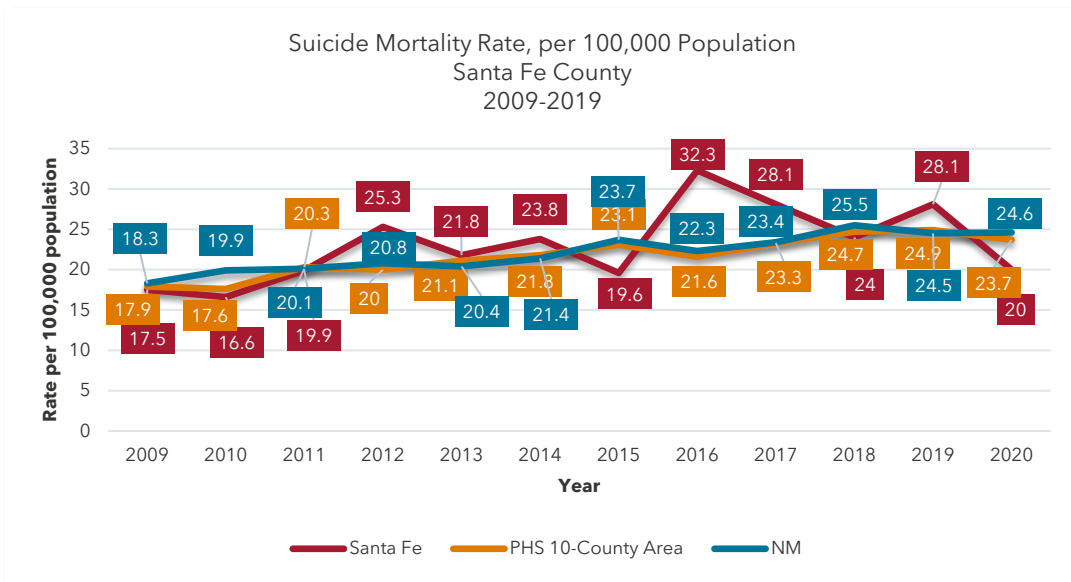 than the PHS 10-County Area. Most drug overdoses occurred among people aged 25-34, consistent with the age range for suicide deaths. In contrast, though, most drug overdose deaths were among Hispanic/Latino men.
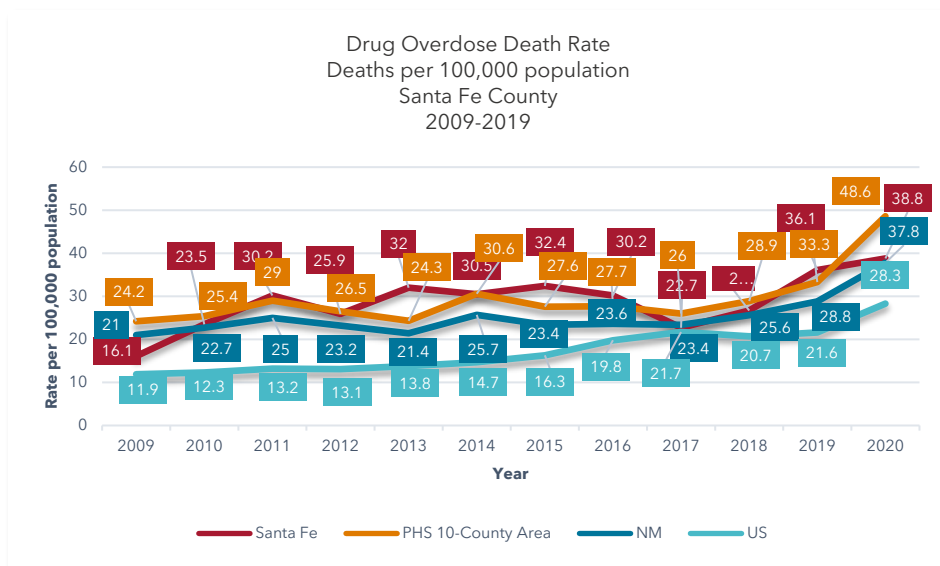
Figure 23. Drug Overdose Death Rate. NM DVRHS 2009-2020.

Deaths of despair is a combination metric which comprises suicide deaths, drug overdose deaths, and deaths 100% attributable to alcohol. While there has been some variability in these types of deaths in Santa Fe County, the death rate has overall increased since 2010 in all geographies. This is an important metric to examine, especially for communities with smaller populations, to help level the individual metrics and to understand the impact of sadness, hopelessness, poor mental health, and substance use in communities. Most deaths of despair happened among Hispanic people, 171.3 deaths per 100,000 population among Hispanic/Latino men and 65.4 deaths per 100,000 population among Hispanic/Latina women.
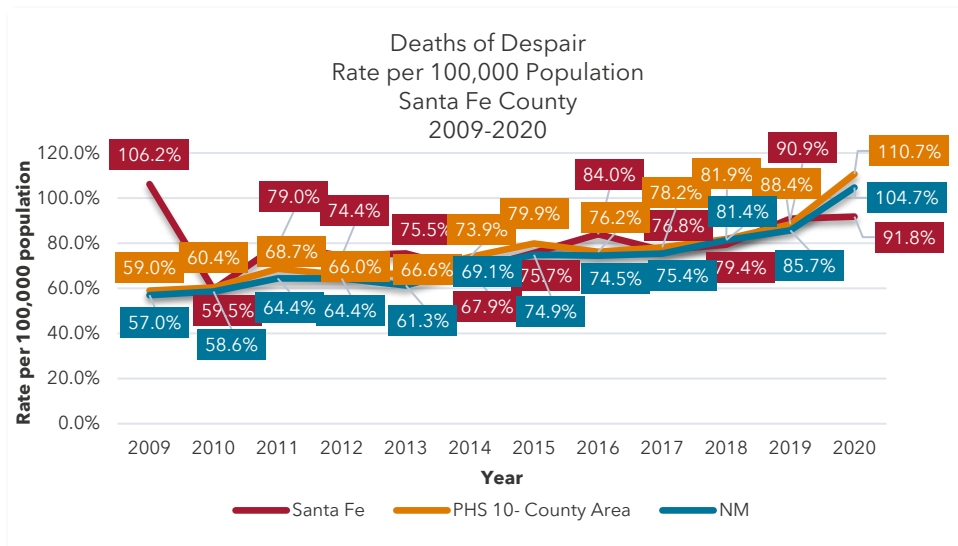
Figure 24. Deaths of Despair. NM DVRHS 2009-2020.

Social Determinants of Health

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

When prompted about Social Determinants of Health as a priority area, participants noted that economic stability is one of the most significant issues in Santa Fe and creates a trickle-down effect on housing, food insecurity, education and transportation, especially in communities that experience the greatest health disparities, such as the Southside community, rural communities, immigrants, older adults (including intergenerational family households) and children.

> Forum participants agreed **economic stability** and **housing** were top Social Determinants of Health needs in Santa Fe County.

In the Food Depot's "Ensuring Every Child in Santa Fe has Access to Sufficient and Nutritious Food" report (2022), it is estimated that the 2021 living wage for a family of three in Santa Fe is $57,583 a year and an estimated 42% of county residents earn less than $50,000/year. These challenges are preventing community members from accessing services and having adequate time to focus on physical/mental health across all priority areas. Contributors to economic stability raised in the forums include access to:

Affordable childcare

Access to healthy, affordable food

Affordable housing

Job training; education opportunities; living wage

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

Participants noted that transportation to providers served as a significant barrier to seeking care or accessing other resources to support the needs of their households. Understanding insurance benefits, including transportation, healthcare costs and navigating the healthcare system was noted.

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

Santa Fe County – Survey Responses		
SOCIAL DETERMINANTS OF HEALTH	**#**	**%**
Environmental health (including climate change)	137	42%
Housing	64	19%
Food security	44	13%
Personal/interpersonal safety	43	13%
Transportation	40	12%
Other	2	1%
Total	**199**	**100.0%**

Table 9. Community Survey. PHS 2022.

Social Needs Screening at Presbyterian Clinical Locations

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

While mental health and substance use were proportionally the highest needs among patients in Santa Fe, many patients also screened positive for food insecurity and safety needs.

Patients' Self-Reported Health Related Social Needs		
SOCIAL NEEDS	**N**	**%**
Food Need		
Screenings Completed*	4,322*	
Unique Patients Screened	4,195	
Unique Patients Reporting Any Need	139	3.0%**
Housing Need		
Screenings Completed	5,561	
Unique Patients Screened	5,335	
Unique Patients Reporting Any Need	103	2.0%
Transportation Need		
Screenings Completed	4,276	
Unique Patients Screened	4,151	
Unique Patients Reporting Any Need	103	2.0%
Safety Need		
Screenings Completed	37,472	
Unique Patients Screened	29,039	
Unique Patients Reporting Any Need	344	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 10. Counts of Santa Fe County patients screened for social needs in 2021.

Many community members expressed concern in the forums around access to food. Food insecurity rates in Santa Fe County remain lower than those in the PHS 10-County Area and NM overall. Though food insecurity is generally decreasing among all geographies, Santa Fe County's food insecurity rate is dropping faster than the PHS 10-County Area and NM overall, which could be an indication of success in the many programs that address food insecurity in the county.
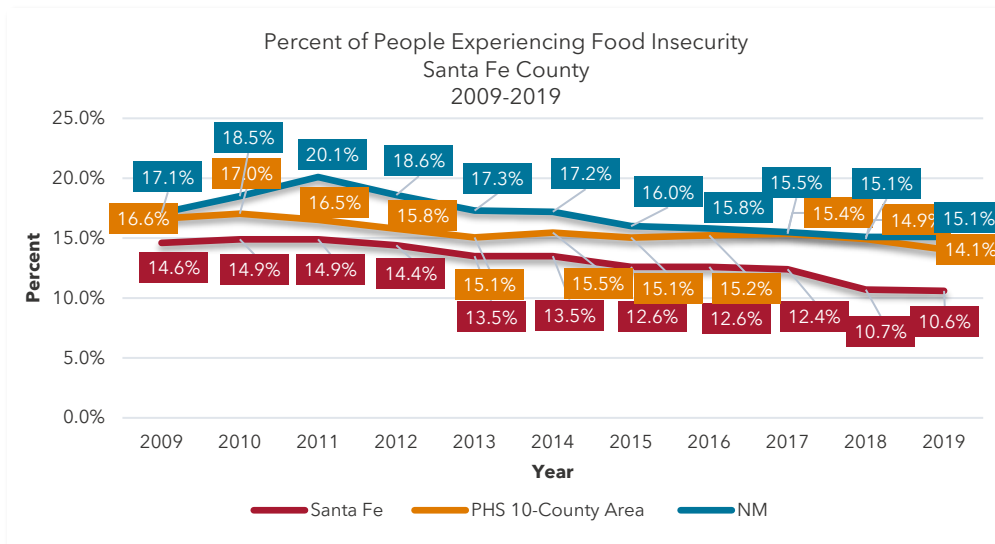

Figure 25. Food Insecurity Rate. Feeding America. 2009-2019.

Santa Fe County has a comparatively high percentage of families not receiving SNAP (Supplemental Nutrition Assistance Program) benefits, especially compared to New Mexico overall. In fact, the percent of families not receiving SNAP benefits is higher than that of the US. High percentages of families not receiving SNAP benefits may not definitively reflect the need for SNAP benefits in a community. Over the years, SNAP eligibility has changed, which may have led to fewer households being eligible for benefits. These data do not include changes to SNAP and TFP (Thrifty Food Plan) that were implemented as a response measure for the COVID-19 pandemic. As such, SNAP participation likely increased with this expansion in 2021.[14]

Economic Indicators

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, they may be forced to forego other costs, such as healthcare, healthy food, or transportation. In Santa Fe County, about 15% of households spend 50% or more of their income on housing, which is the second highest percent of households in the state.[15]

Fewer people in Santa Fe County live in poverty when compared to the PHS 10-County Area, NM, and the US (though the difference between Santa Fe County and the US is smaller). The median household income in Santa Fe County is about $60,000. More women live below the poverty level than men (995 vs 976 men) and the highest percent of people who live below the poverty level are Native Hawaiian or Pacific Islander (37.5%) followed by people of another race (22.6%), two or more races (21.2%), then Black/African Americans (20.5%).

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[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] Severe Housing Cost Burden. County Health Rankings. Retrieved from https://www.countyhealthrankings.org/app/new-mexico/2022/measure/factors/154/data on 7/25/2022
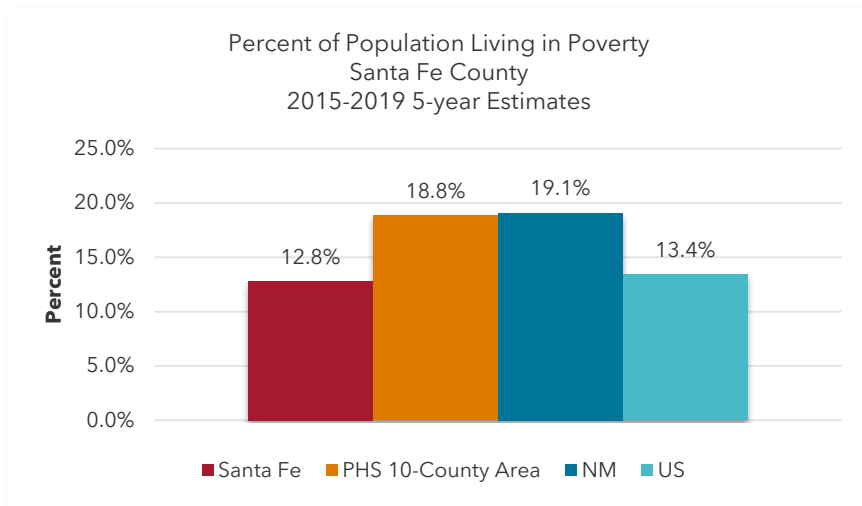
Figure 26. Poverty. ACS 2015-2019 5-year estimates.

Unemployment rates in Santa Fe County are lower than the PHS 10-County Area, NM, and the US. The median household income in 2019 was $61,200, which is lower than the median household income of the US ($65,712).[16] Unemployment rose drastically in 2020, likely due to the COVID-19 pandemic.

> **EQUITY ALERT:** Managers - Men in Santa Fe County made an average of $91,028 in 2019 and Women earned an average of $68,658 in the same job type category. Source DATA USA
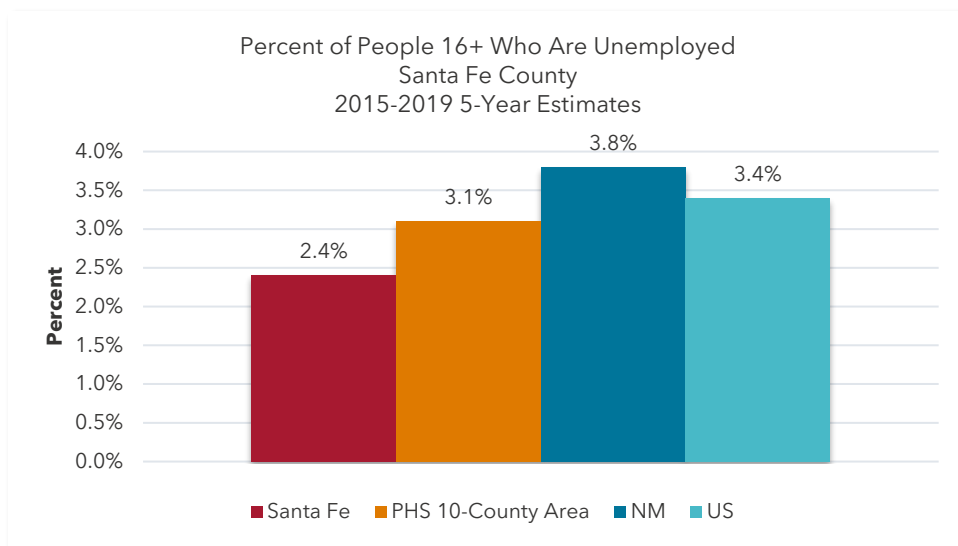
Figure 27. Unemployment. ACS 2015-2019 5-year estimates.

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[16] Data USA. Santa Fe County, NM. Retrieved from https://datausa.io/profile/geo/santa-fe-nm on 5/22/2022.

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

Access to a vehicle is an important metric for understanding access to services and resources. About 4% of households do not have a vehicle.[17] This is lower than the PHS 10-County Area and NM overall. The average number of cars per household is two.[15]
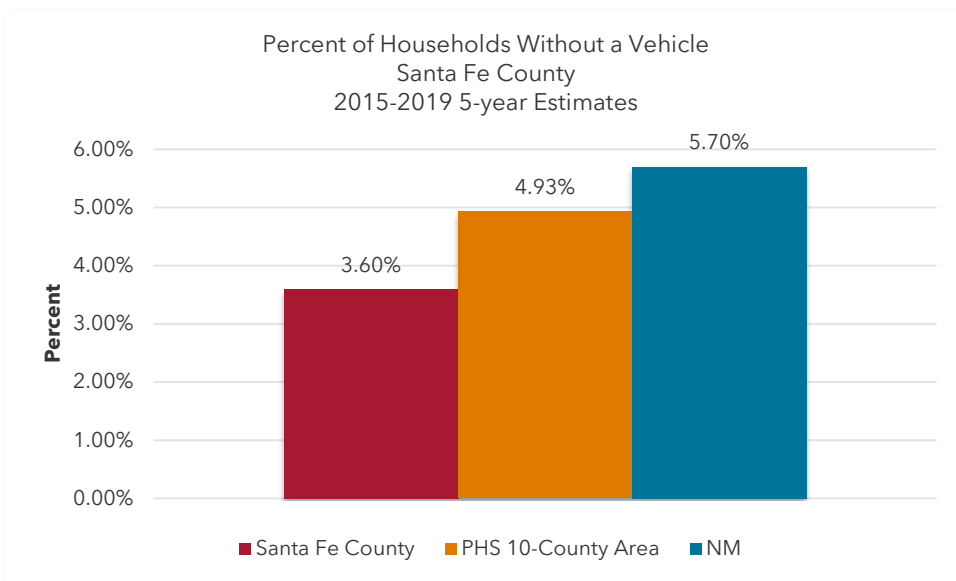
Figure 29. Vehicle access. ACS 2015-2019 5-year estimates.

Access to broadband internet is important for accessing healthcare and other resources. While healthcare systems improve and expand telehealth systems and other forms of virtual patient support and community-based organizations shift toward online presence, the community needs reliable internet access as well as access to a computer or device to be able to use those systems. Santa Fe County has a higher percentage of households with broadband internet access when compared to the PHS 10-County Area and New Mexico overall. However, this access varies geographically as rural parts of the county experience less access to broadband internet. The area north of the City of Santa Fe, which encompasses multiple tribal communities including Nambe, Tesuque, San Ildefonso, and Pojoaque, has the fewest percentage of households with broadband internet: 65.2%. Secondly, in the area of

> Community feedback included needing **access** to a device and technology literacy in addition to **broadband internet access**.

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

Agua Fria Village, only about 75% of households have broadband internet. Finally, the areas of downtown Santa Fe and the entire southern portion of the county that reaches south of the city of Santa Fe to Edgewood, just under 80% of households have access to broadband. See map below.
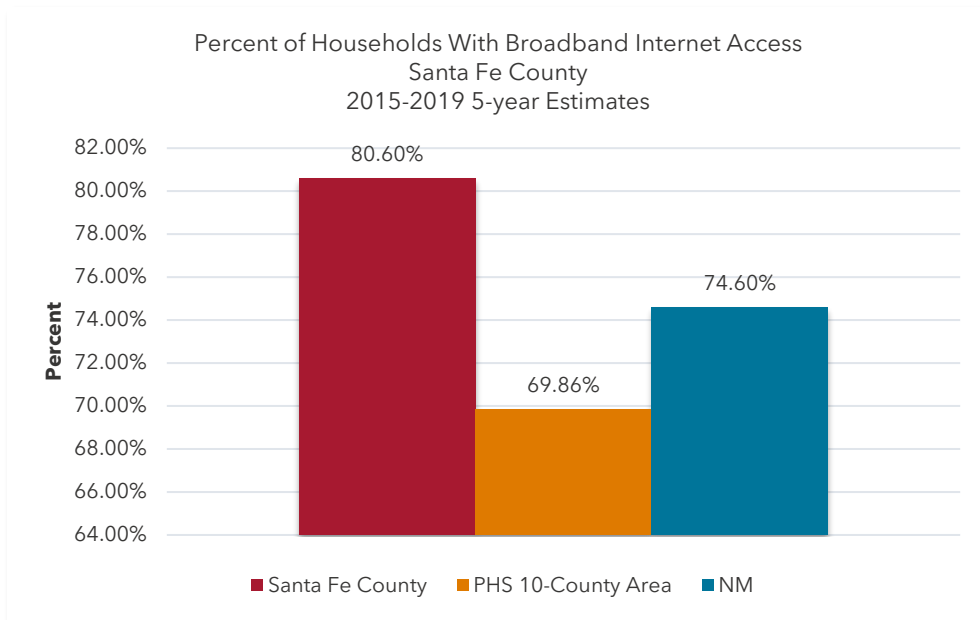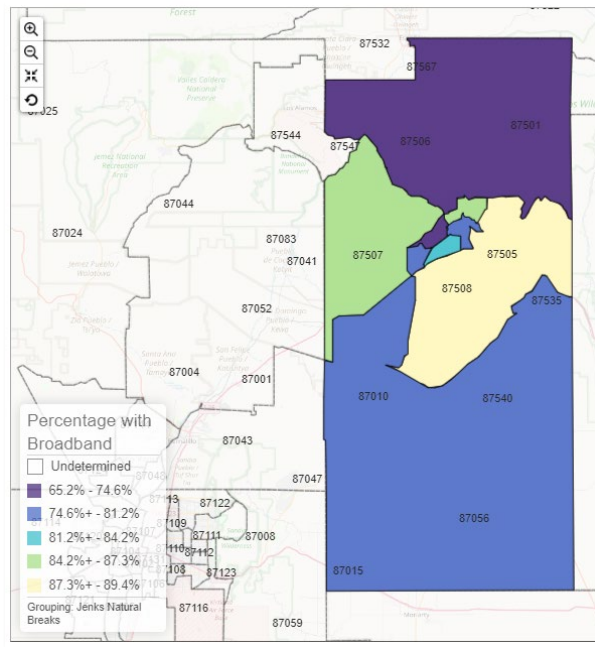
Figure 30. Broadband access. ACS 2015-2019 5-year estimates.

Violence/Injury

Interpersonal violence is difficult to quantify, especially in smaller, rural and frontier communities. In Santa Fe County in 2018, there were 9.1 domestic violence incidents for every 1,000 people, and only 23% of those incidents resulted in a suspect arrest. This percent is lower than the state's arrest rate, which is 38% of domestic violence incidents.[18]

The homicide death rate in 2020 in the US was 7.5 deaths for every 100,000 people.[19] New Mexico's and the PHS 10-County Area's homicide death rate continues to be higher than the US rate. Homicide deaths in Santa Fe have consistently been lower than New Mexico and the PHS 10-County Area since 2015. However, the homicide rate in Santa Fe County followed the pattern of deaths in the other geographies.

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

Substantiated child abuse claims in New Mexico dropped from 2013 to 2021. In Santa Fe County, substantiated child abuse claims remained similar to previous years.[20]

Figure 32. Substantiated Child Abuse Claims. CYFD 2013-2021.

Maternal and Child Health

Access to prenatal care is an important indicator of maternal and child health. There are many factors that influence whether someone can receive prenatal care within the first trimester, including insurance, access to OB/GYN in their community, transportation, and more. In 2020, about 60% of pregnant people in Santa Fe initiated prenatal care within their first trimester. This is lower than the percent in the PHS 10-County Area and slightly lower than in New Mexico overall. In 2020, almost 13% fewer people reported initiating prenatal care in the first trimester when compared to 2019.

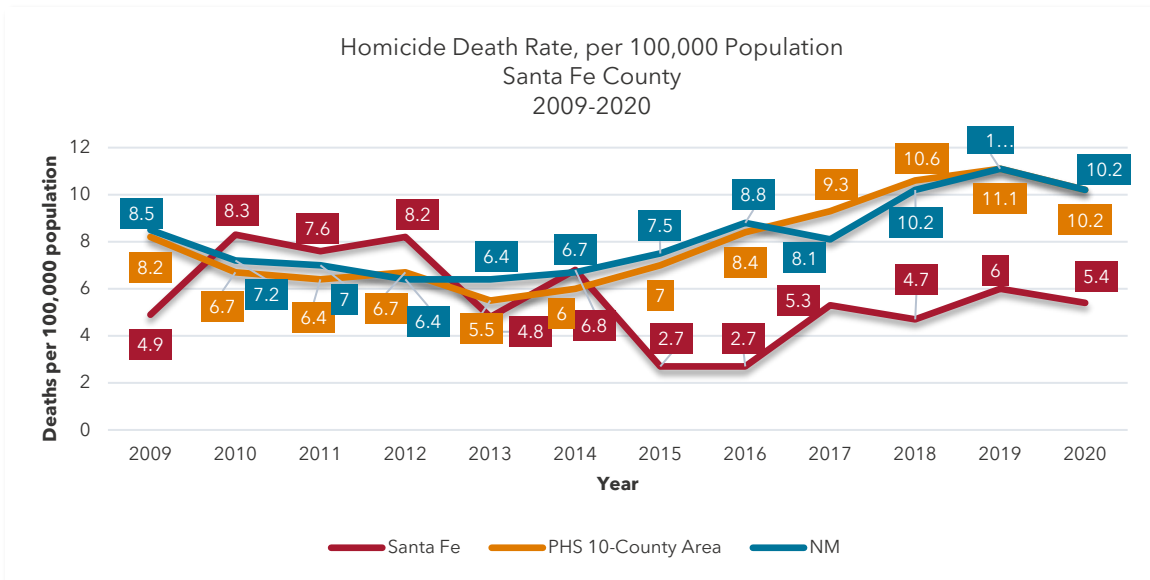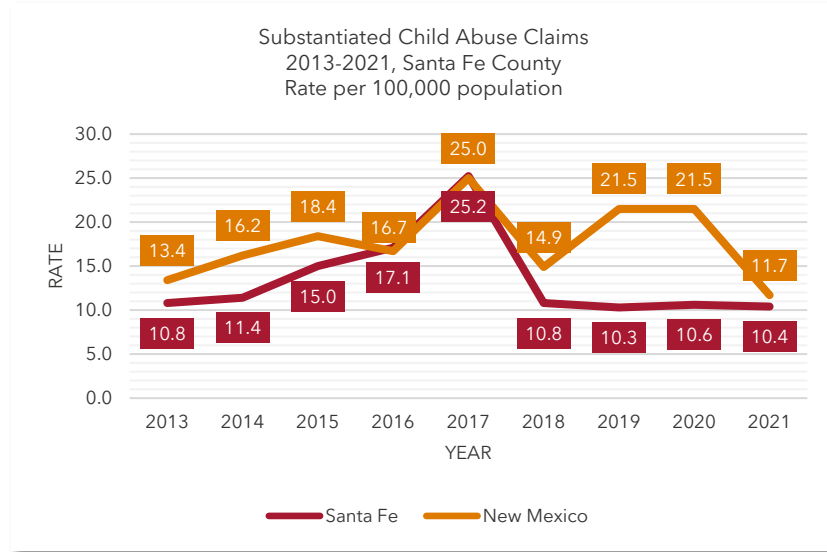Infant mortality rates in Santa Fe County remain low. Data show that there were only 3.3 deaths per 1,000 live births between 2015 and 2019. This is lower than the NM death rate of 5.7 deaths for every 1,000 live births.[21]

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

COVID-19

While addressing the COVID-19 pandemic, participants highlighted that COVID-19 has impacted Santa Fe County in many ways. A focus group was held in the Southside of Santa Fe with 12 Spanish-speaking adults, in collaboration with Earth Care, to better understand community perspectives about the COVID-19 and flu vaccines among those who are not vaccinated. Fear around the safety of vaccines and immigration status, the prevalence of misinformation, lack of

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[20]The Annie E. Casey Foundation. KIDS COUNT data center.
Retrieved from https://datacenter.kidscount.org/data/tables/5162-child-abuse-rate?loc=33&loct=5#detailed/5/4815-4847/false/2048,574,1729,37,871,870,573,869,36/any/11625 on 5/20/22
New Mexico Children Youth and Families Department (CYFD) Protective Services Division, November, 2018.
Data for prior years retrieved from New Mexico Children Youth and Families Department (CYFD) Protective Services Publications referred to as "360 Yearly" Reports, for each state fiscal year: https://cyfd.org/about-cyfd/publications-reports. Data for years prior to SFY 2013 were published annually on a calendar year basis in "Fact Book": cyfd.org/about-cyfd/publications-reports/protective-services-fact-book-archives.
[21] NMDOH BVRHS 2015-2019 infant mortality rate. Retrieved from NM IBIS.

health insurance and lack of Spanish-speaking physicians were mentioned as barriers to vaccine confidence and access. Factors that supported vaccine acceptance included risk of COVID-19 complications with those with pre-existing conditions, close friends and family members who got really sick, work mandates and protecting children.

COVID-19 Incidence

COVID-19 continues to be a leading indicator of health in Santa Fe County. COVID was the number three cause of death in Santa Fe County in 2020, and in 2022, Santa Fe County saw a much higher death rate (see COVID death data in sections above).
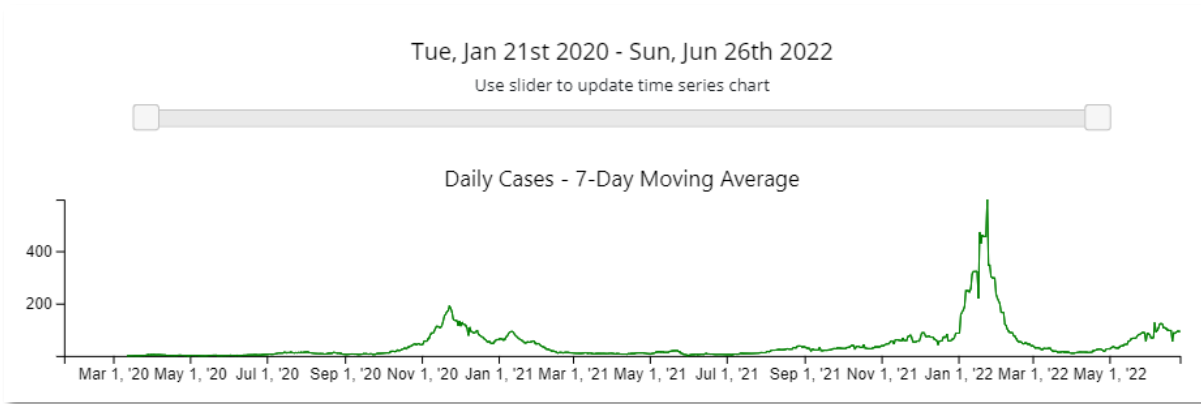
Figure 33. COVID Cases and Deaths. CDC Data Tracker, 2022.

As of 6/21/2022, 99% of Santa Fe County residents had at least one shot, and about 90.7% had completed their series.[22] Vaccines are an important factor in reducing preventable severe disease and death due to COVID-19.

There were several points during the pandemic in which the percent of ICU beds in Santa Fe County occupied was higher than 30%. Daily hospitalizations with COVID remained high during waves, especially in 2021, indicating further need for wider vaccination campaigns and efforts.
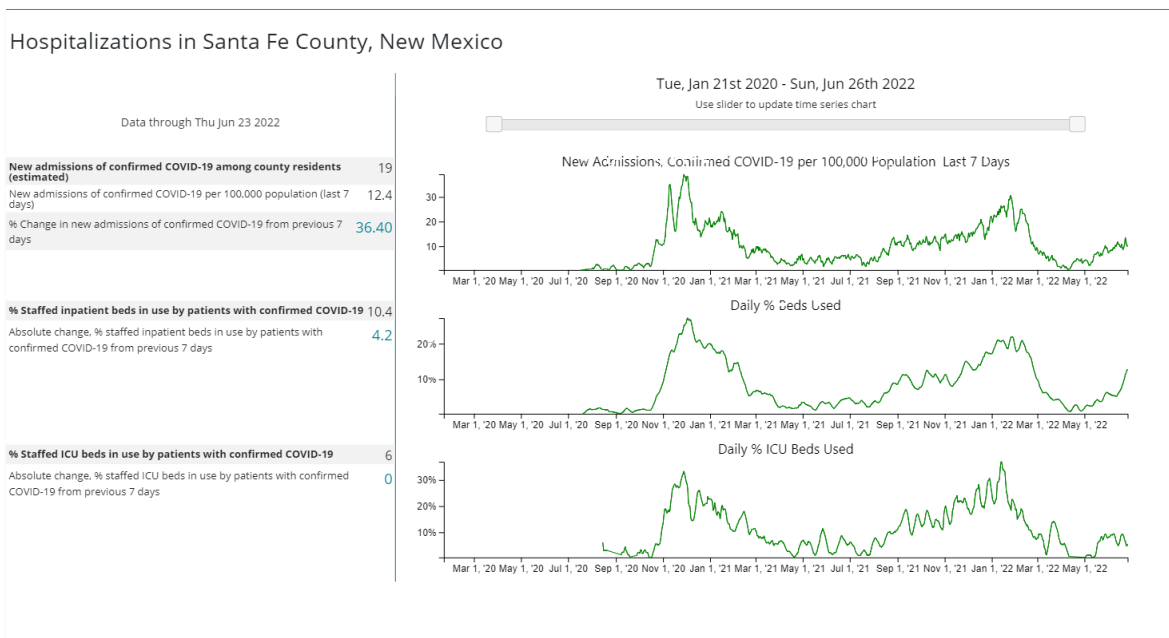
Figure 34. COVID Hospitalizations. CDC Data Tracker 2022.

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[22] New Mexico Department of Health COVID Vaccine Dashboard. Retrieved from https://vaccinenm.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 Santa Fe Medical Center

Most patients who visited Santa Fe Medical Center live in the zip code that encompass the city of Santa Fe, but come from surrounding communities, even in other counties, such as San Miguel County (largest city is Las Vegas), Bernalillo County, Sandoval County, and Rio Arriba County.

Presbyterian Patients' Zip Code of Residence	
ZIP CODE	PATIENT COUNT
87507	11,267
87505	6,414
87508	4,082
87501	2,614
87506	1,868
87701	1,189
87532	1,023
87552	658
87544	549
87502	521
87052	444
87567	377
87504	329
87144	291
87535	277
87124	251
87010	223
87522	217
87114	215
87547	214

Table 11. Count of patients who receive care in Santa Fe County in 2021 by 'Top 20' ZIP codes of residence.
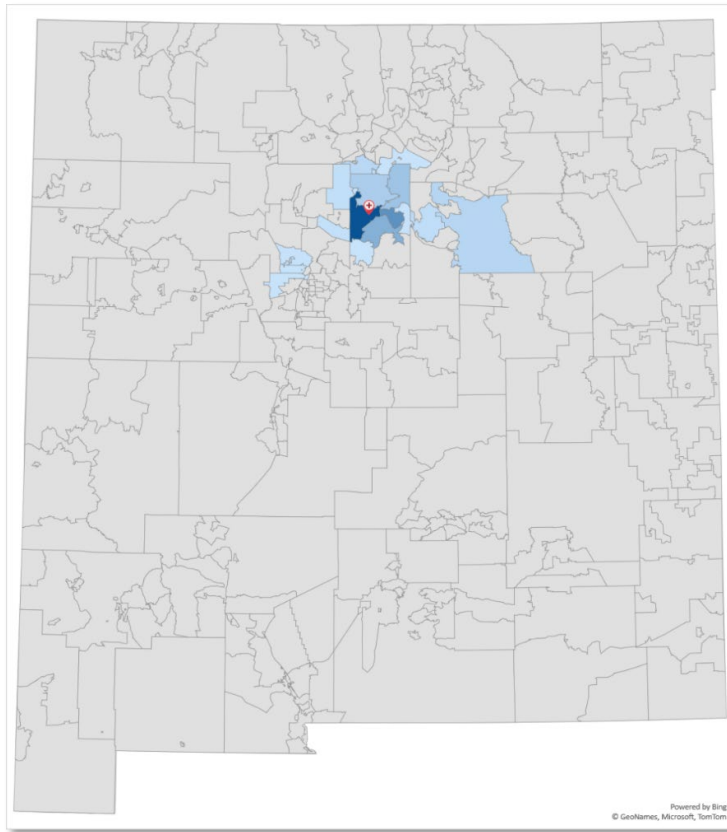
Figure 35. Heat map of patients receive care in Santa Fe County in 2021 by ZIP code.

Annual Number of Patients by Encounter Type and County of Residence (2021)						
SOURCE	SANTA FE	SAN MIGUEL	SANDOVAL	BERNALILLO	RIO ARRIBA	TAOS
Emergency Department or Urgent Care	14,042	1,117	926	775	688	144
Hospital Admission (IP)	1,327	192	113	71	182	29
Outpatient or Clinic Visit	19,850	1,655	861	1,260	1,749	414
Data Notes: Only top six counties are included.						

Table 12. Count of patients who received care in Santa Fe County in 2021 by county of residence and encounter type.

An important determinant of health is the number of repeat ED visits. Patients who have high ED utilization tend to have poorer health outcomes. Reducing repeat ED visits can help to improve patients' health outcomes, reduce ED costs, and lead to a healthier community. Only about 27% of patients visited the emergent or urgent care in Santa Fe (PHS facilities).

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	19,235	14,019	5,216	435	5
Percent	100%	72.9%	27.1%	2.3%	0%

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

The top ten chief diagnoses at Presbyterian facilities in Santa Fe County for 2021 were dominated by COVID-19, followed by viral infection, acute upper respiratory infection, then nausea with vomiting. These top diagnoses correspond with leading causes of death in Santa Fe County, further validating these are areas of focus in the coming years and suggesting even stronger work in communicable disease prevention work in the community to reduce ED visits related to preventable contagious illnesses.

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

Table 14. Top 10 primary diagnoses from Santa Fe County emergent and urgent care encounters
Data Notes: In 2021.

More people in Santa Fe County had a primary care provider than people in the PHS 10-County Area and NM overall. This is a metric of the percent of people who report having a regular PCP. This is not an indicator of whether they have access to that provider. More data are needed to understand whether people can access care when they need it, regardless of whether they have an established primary care provider.
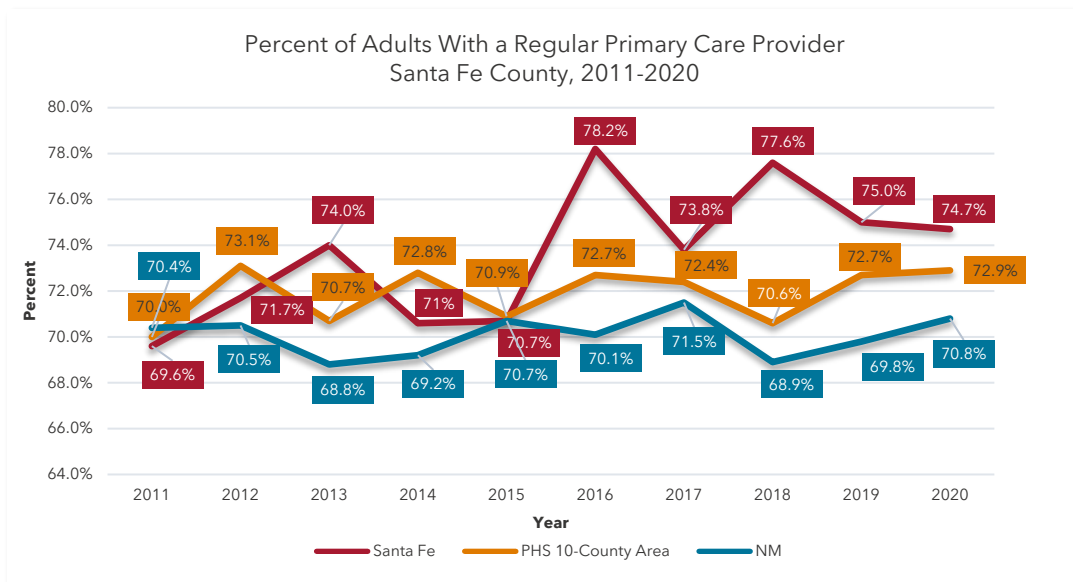
Figure 36. Adults with a Primary Care Provider. BRFSS 2011-2020.

Since 2011, the percent of population with health insurance has risen similarly to the PHS 10-County Area, NM, and the US overall. Once again, this metric is an indication of the ability for patients to get care but is not a reflection on whether community members can get care when they need it. The percent of people with health insurance dropped

slightly in 2020, which may reflect job loss due to the pandemic. Statewide unemployment rates over time showed a large increase in 2020 with a steady decline into 2022. [23]
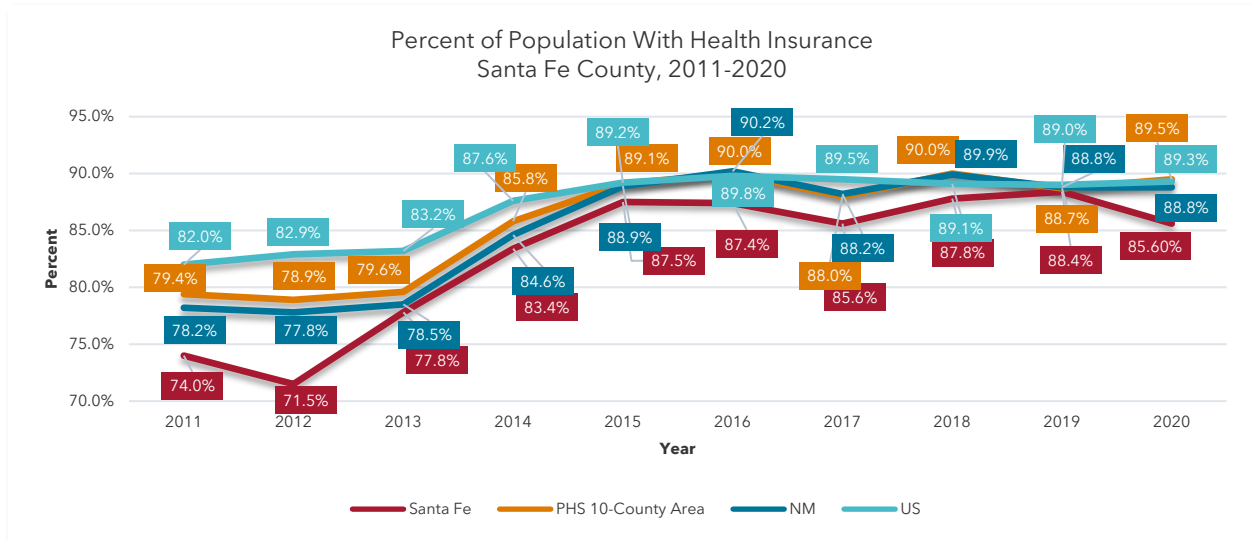
Figure 37. Insurance Coverage. BRFSS 2011-2020.

More people in Santa Fe County have an established primary care provider and more than 85% have health insurance. We would expect that the percent of people who went without care due to cost would decrease with these increases, and that appears to have been the trend for Santa Fe County, which is consistent with the trends for the PHS 10-County Area, New Mexico, and the US. The question in the ACS is worded such that participants are asked if they decided to not get care because they were worried about the cost. There was a 25.9% decrease in the percent of people who reported foregoing care due to cost in 2020. New Mexico's pandemic response plan included no-cost COVID care in 2020 and may have contributed to this decrease in addition to other efforts to increase access to healthcare.
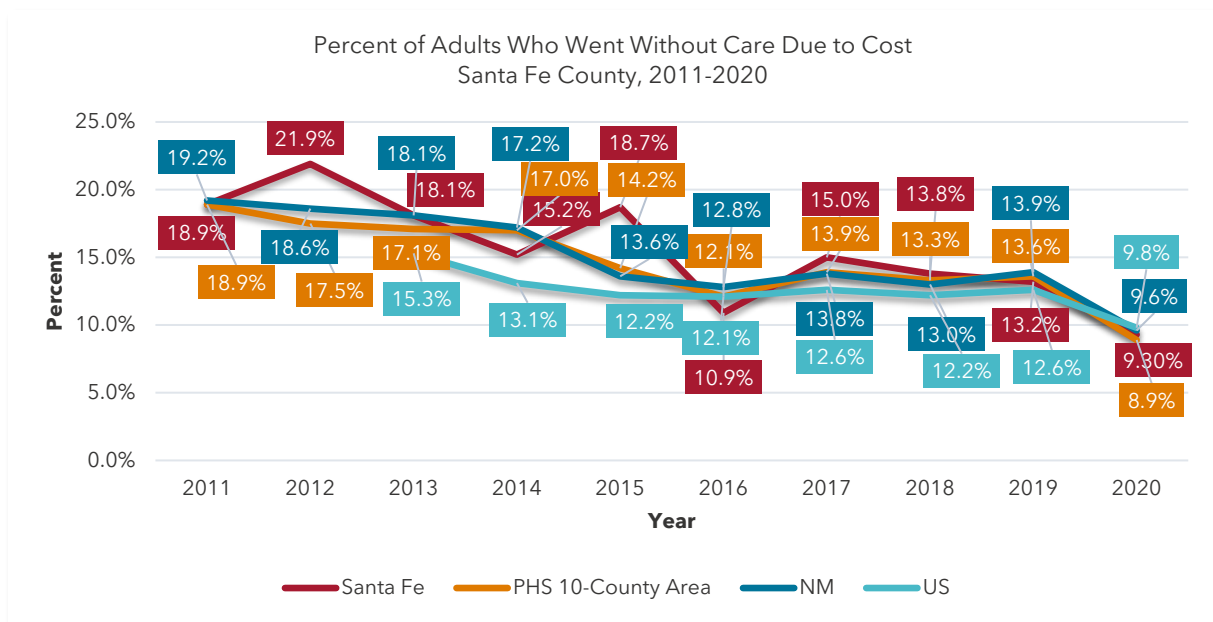
Figure 38. Foregoing Care due to cost. BRFSS 2011-2020.

[23] Local Area Unemployment Statistics. US Bureau of Labor Statistics. Retrieved from
https://data.bls.gov/timeseries/LASST350000000000003 on 6/27/22

According to the Heath Resources and Services Administration (HRSA), Santa Fe County is a medically underserved non-rural county.[24] The ratio of patients to primary care physicians in Santa Fe County is lower than other counties in New Mexico at one provider for every 840 people, and this trend is improving over time. High ratios of PCPs to population may impact the community's ability to seek care when they need it, even if they are established with a provider and have the insurance in place to be able to pay for a provider visit. This illustrates the multi-faceted issue of access to healthcare and some of the many barriers that individuals may experience when attempting to seek care. Of the counties with providers, Santa Fe County had the second lowest ratio, indicating one of the best population-to-provider ratios in the state.
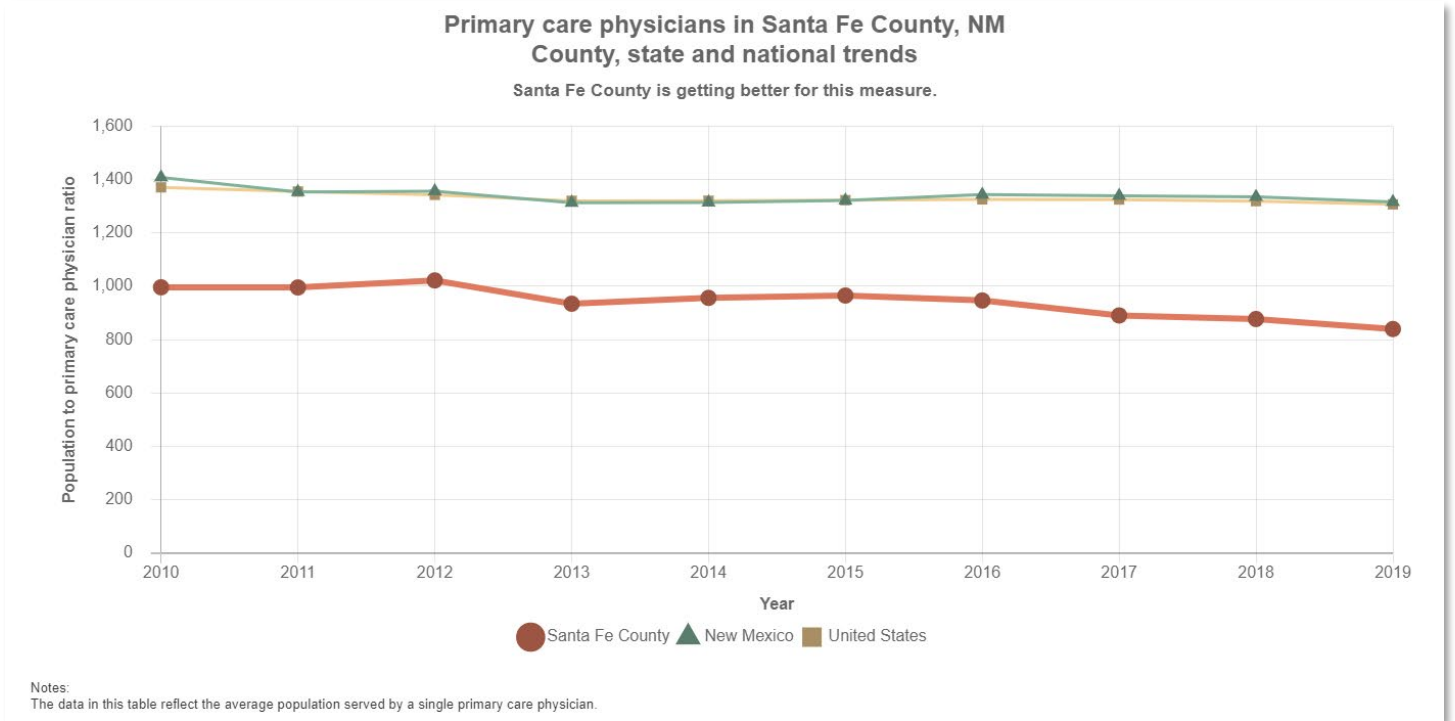
Figure 39. Number of people for every one primary care provider. County Health Rankings and Roadmaps. 2022.

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

Santa Fe County – Survey Responses		
HEALTHCARE ISSUES	**#**	**%**
Healthy eating	65	31.0%
Active living	61	29.0%
Vaccinations	45	21.4%
Maternal/child health (pregnancy, birth)	35	16.7%
Other	4	1.9%
Total	210	100.0%

Table 15. Community Survey. PHS 2022.

The percent of adults who were vaccinated against influenza in 2020 decreased slightly from 2019. This decrease may be related to anecdotes communities have mentioned about not getting the flu shot in 2020 because they were quarantining anyway and felt they didn't need it. That being said, Santa Fe's flu vaccine trends mirror that of the PHS

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

10-County Area and NM. Santa Fe County has a comparably higher percent of residents receiving pneumococcal vaccination (71.9% of eligible adults in 2020).
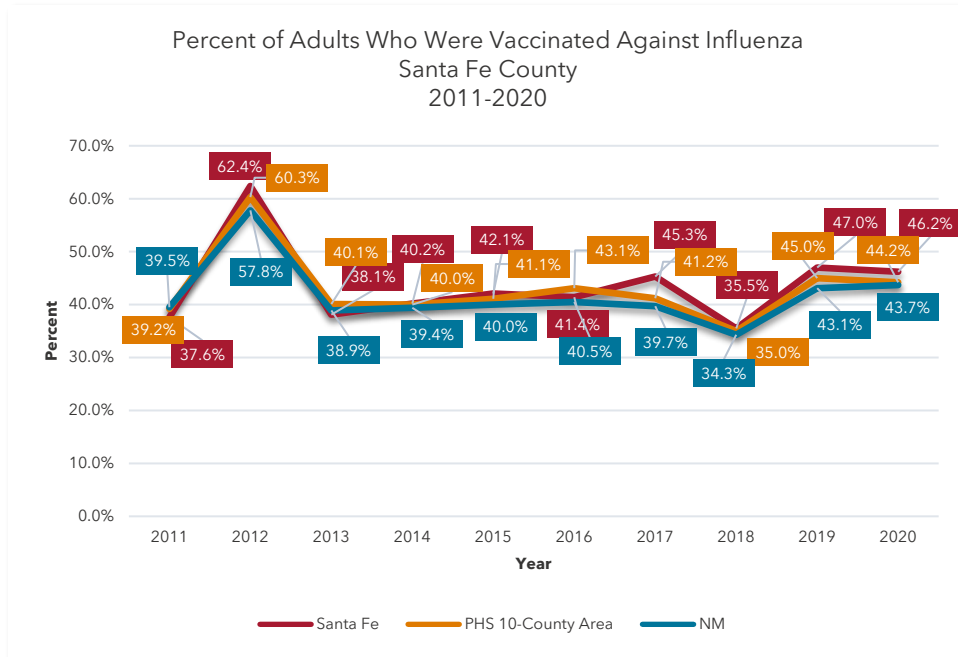
Figure 40. Influenza vaccination. BRFSS 2011-2020.

Physical Health

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

Survey respondents provided feedback on the chronic ailments and physical health conditions they are very concerned about. Most people indicated they were very concerned about COVID-19, cancer, and heart disease. Fewer Santa Feans rated obesity and diabetes as very important when compared to other counties, who rated those higher on their lists of very important topics.

Santa Fe County – Survey Responses		
CHRONIC AILMENTS	**#**	**%**
COVID-19	69	25.8%
Cancer	55	20.6%
Heart disease	49	18.4%
Obesity	47	17.6%
Diabetes	44	16.5%
Other	3	1.1%
Total	267	100%

Table 16. Community Survey. Presbyterian 2022.

Heart disease is a leading cause of death in Santa Fe County and New Mexico. One leading chronic condition that is a leading indicator of heart disease is elevated blood pressure. The percent of adults with high blood pressure (have been told by a doctor they have high blood pressure) is higher than the PHS 10-County Area, but lower than New Mexico and the US. This percentage increase about 18% since 2015, which is a steeper increase than other geographies, though the other geographies saw increases those years as well. This is an important metric for understanding indicators of future heart disease. However, because of the wording of this question in the BRFSS, this metric is dependent on access to a physician, so there may be some underreporting here.
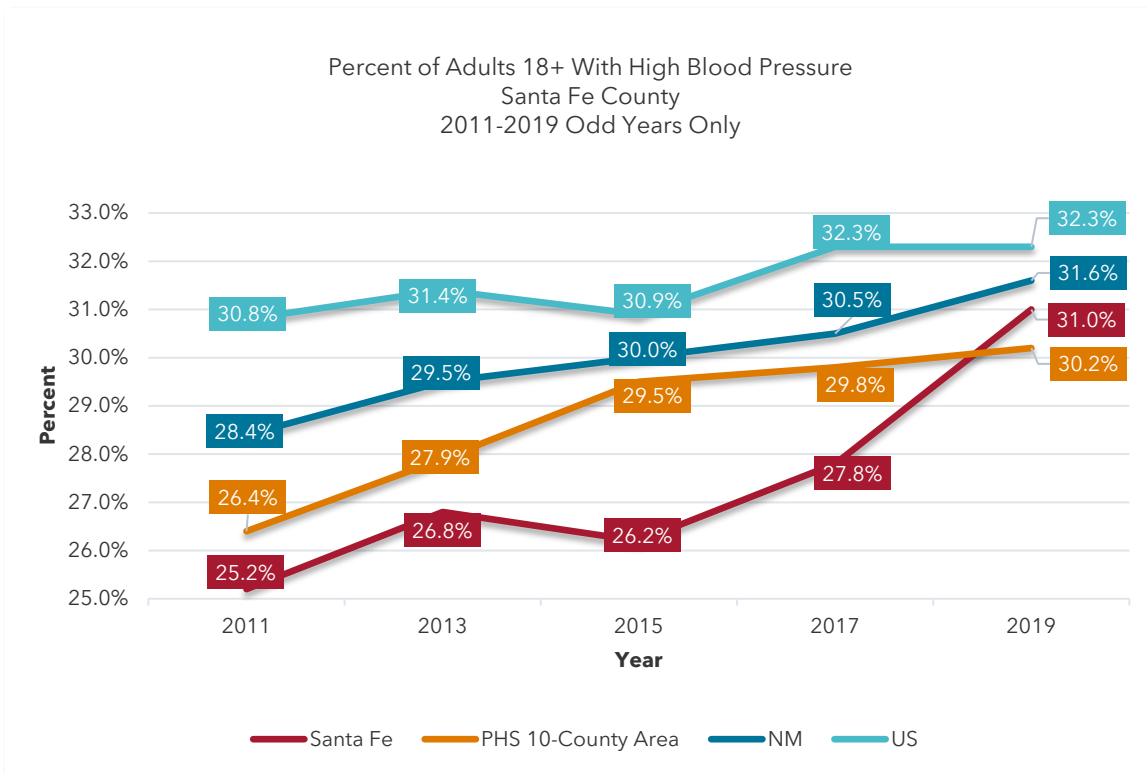
Figure 41. Adult High Blood Pressure. BRFSS 2011-2020 (odd years only).

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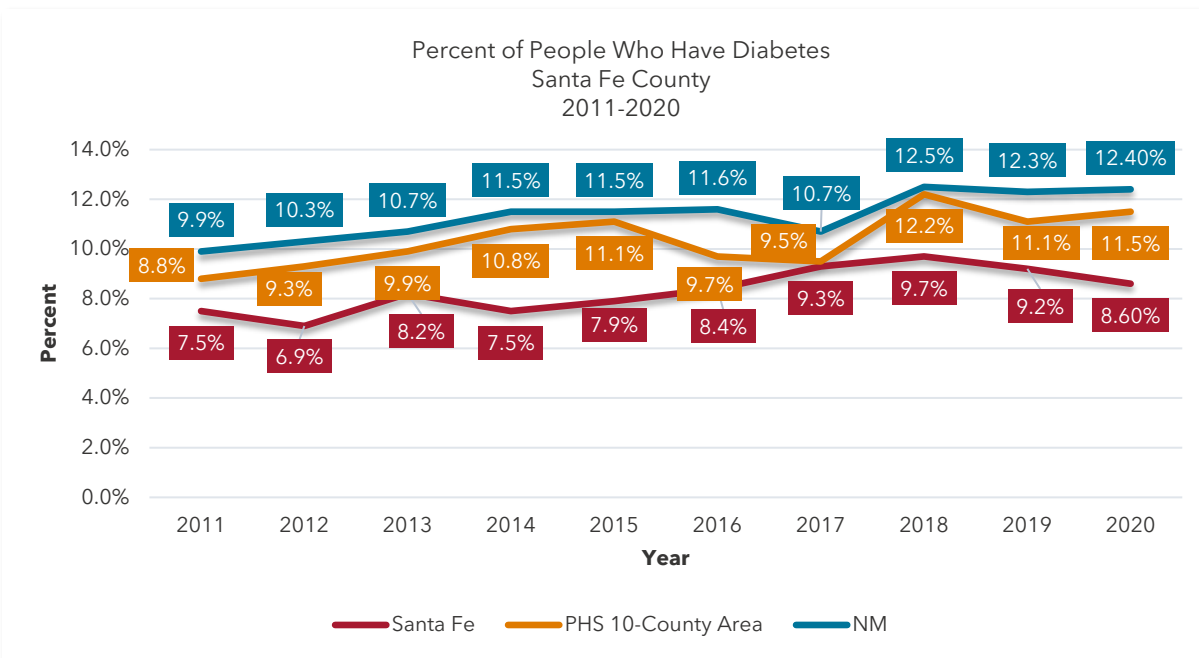
Figure 42. Adult Diabetes Prevalence. BRFSS 2011-220.

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

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

Healthy Eating

Fewer Santa Fe County youth and adults are consuming the recommended amount of fruit and vegetables. Both populations show a decline in recent years. Youth consumption is similar now to that of NM and the PHS 10-County Area, while the adult population has rates higher than NM and the PHS 10-County Area. One need community members talked about in forums was the need to have better access to healthy food, especially in rural areas, and the need to better understand how to use healthy foods in cooking, as well as equipment and kitchen tools to prepare meals safely.
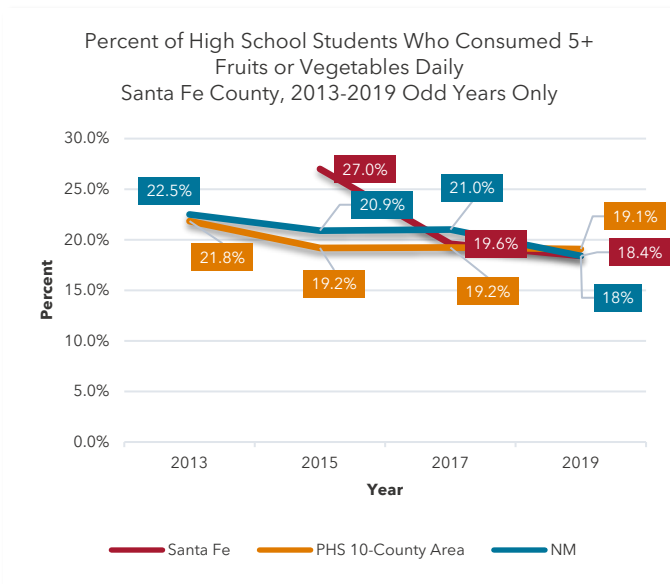
Figure 43. Youth fruit and vegetables consumption. NM YRRS 2005-2019.
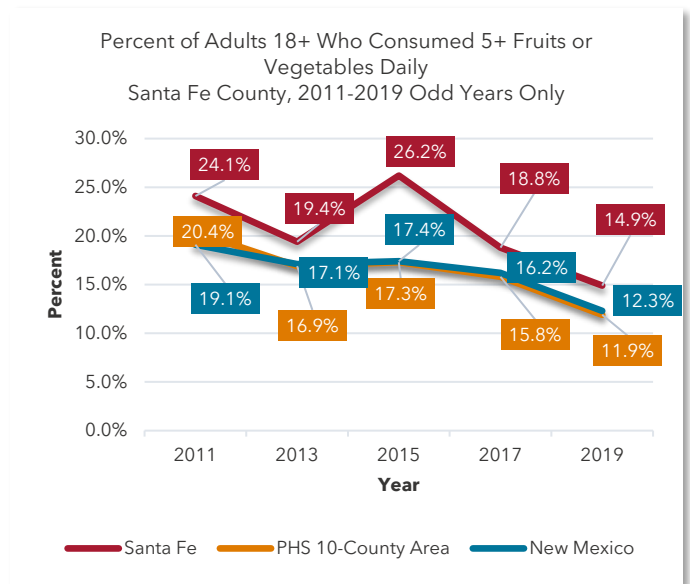
Figure 44. Adult fruit and vegetables consumption. BRFSS 2011-2019.

Active Living

Physical activity has been linked to lower levels of chronic diseases such as uncontrolled diabetes, heart disease, and poor mental health.[25] In Santa Fe County, fewer youth engaged in physical activity daily when compared to the PHS 10-County Area and New Mexico, though those percentages became similar in 2019 (decrease in the PHS 10-County Area and NM overall). More adults report getting their recommended weekly physical activity, consistent with patterns across the state. In Santa Fe, more adults get their recommended weekly physical activity than in the state and the PHS 10-County Area. Forum participants noted the need for more safe bike routes, access to trails and gyms in rural areas, and accessible and safe green spaces and parks.

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[25] Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics.
https://www.cdc.gov/physicalactivity/basics/index.htm
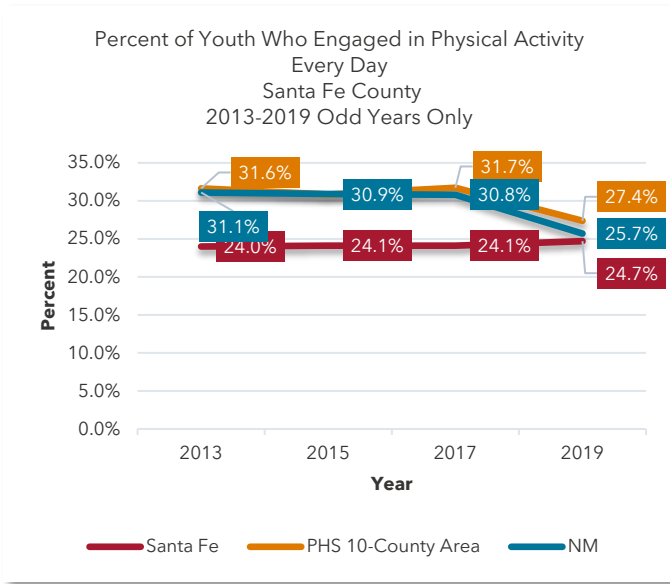
Figure 45. Youth Physical Activity. NM YRRS 2013-2019.
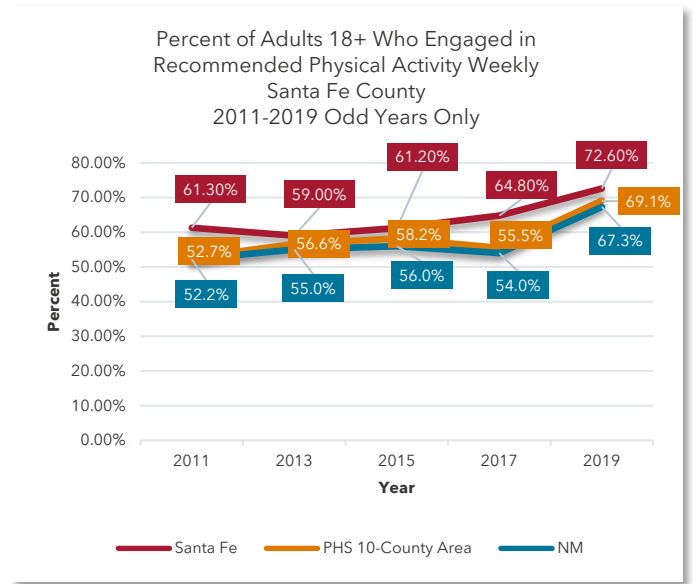
Figure 46. Adult Physical Activity. BRFSS 2011-2019 Odd Years Only.

Conclusions

While Santa Fe is ranked among the healthiest counties in New Mexico, per the RWJF County Health Rankings and Roadmaps framework, there are persisting gaps and needs experienced by community members, including disparities that exist within areas of Santa Fe County, including the Southside neighborhoods. There are areas of health that are improving, and areas that are getting worse. Life expectancy is decreasing in the county while deaths of despair, drug overdose, and poor mental health are on the rise. Unemployment remains higher than pre-pandemic levels and pockets of the county experience lack of access to services and resources. While more people appear to have some of the necessary resources to access healthcare (insurance, a PCP) and the percent of people who forego care due to cost has decreased, the number of providers to population remains high. Indicators of chronic health issues continue to rise: the percent of people with high blood sugar has increased while key indicators for chronic disease prevention (healthy eating, active living) are getting worse.

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

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

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Sources of Secondary Data - Appendix A

1. 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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APPENDIX A:
PRIORITY AREA PROFILES

Community Health Assessment

Presbyterian Santa Fe Medical Center

2023-2025

PRESBYTERIAN

phs.org

BEHAVIORAL HEALTH

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

To help us keep track 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).

unable to work reported that they had poorer mental health, and people who were out of work for less than a year (27.8%) also reported having poor mental health. This is compared to people who were employed for wages (10.7%) and self-employed individuals (6.8%). Among adults, 14.5% of adults aged 35-49 and 14.1% of adults aged 18-34 reported having poor mental health.

Santa Fe Youth experiencing sadness or hopelessness	% of youth
Female	43.8%
Male	26.8%
American Indian/Alaska Native	35.3%
Asian/Pacific Islander	34.1%
Black/African American	25.6%
Hispanic	35.2%
White	38.0%

Percent of Adults Who Report 14+ Poor Mental Health Days and Percent of Youth Who Report Feeling Sadness or Hopelessness 2013-2019
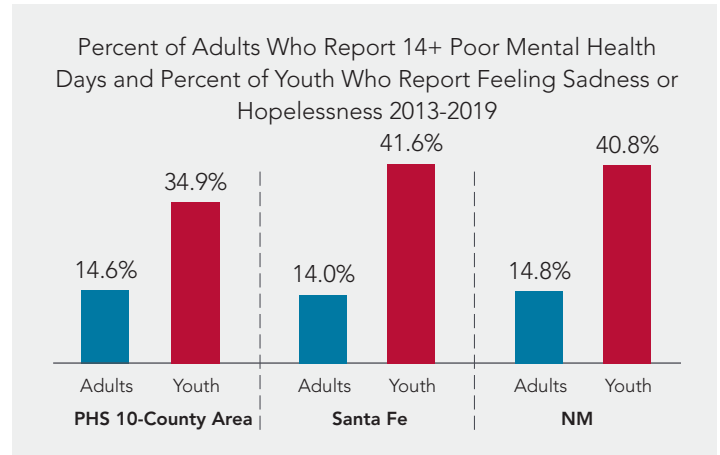
In Santa Fe County, more Hispanic/Latinx (n=1,250) and Native American (n=446) youth reported feeling sadness and hopelessness when compared to their white (n=320) classmates. The number of girls who reported feeling sadness and hopelessness was nearly double that of boys (n=1,340 girls and 754 boys). More 9th graders reported feeling sad or hopeless (n=611) but a higher percentage of 10th graders reported feeling sad and hopeless (38.8%). 57% of girls who said they felt sadness and hopelessness also said they did not have another adult outside of school who cared about them.

Adults who identified as Native American had higher rates of having 14+ poor mental health days (21.9%). Additionally, more women reported having poor mental health than men (14.3% vs 10.3%). More people who made less than $25k reported having poor mental health compared to people who made more than $25k. Nearly 44% of people who were

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

Men in Santa Fe County have a higher death rate for deaths of despair (drug overdose, suicide and deaths 100% attributable to alcohol) with a death rate of 123.1 for every 100,000 people, compared to women with a death rate of 48.5. Native American men have the highest death rate – 209.9 deaths per 100,000 population, followed by Hispanic/Latino men (144.4 deaths). Men aged 35-44 have the highest death rate, at 230.5 deaths per 100,000 population, followed by men aged 25-34 years (187.1). By number, more men die from deaths of despair in Santa Fe County then women. Nearly half of deaths of despair among men were among men aged 15-44 years old (47.4%).

Deaths of Despair
Rate per 100,000 population, Santa Fe County, NM 2009-2020
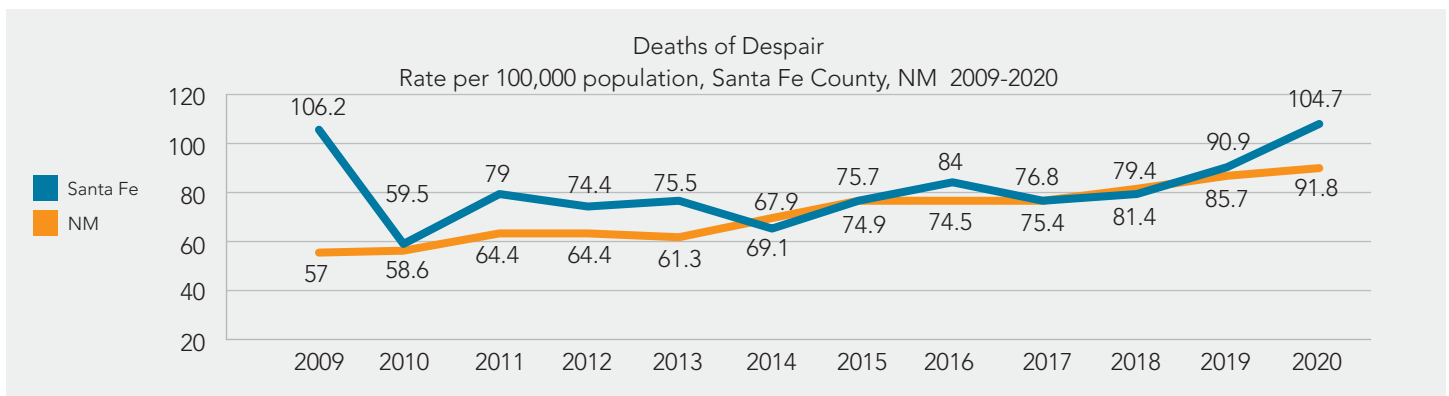
PRESBYTERIAN
Community Health

988

New Mexico Human Services Department, Behavioral Health Services Division

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

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

CheckUp & Choices

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

- https://checkupandchoices.com/

Déjelo Ya

New Mexico Department of Health

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

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

Dose of Reality

New Mexico Human Services Department, Behavioral Health Services Division

A guide to treatment options and resources for opioid addiction.

- www.doseofreality.com/about-treatment

imi

Hopelab

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

- https://imi.guide/

Quit Now New Mexico

New Mexico Department of Health

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

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

Rethinking Drinking

National Institutes of Health

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

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

Share New Mexico

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

Equity Callout: LGBTQ+ Youth Mental Health Resource
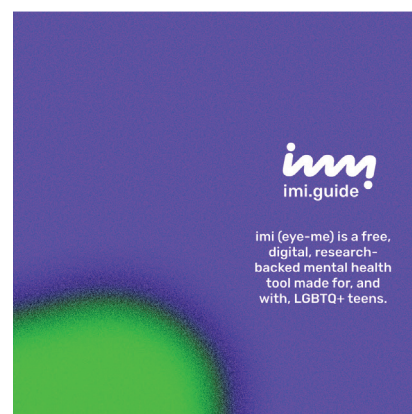
SOCIAL HEALTH

Social determinants of health (SDOH) are "conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[1] These determinants vary in impact by community, but overall include economic stability, educational access and quality, access to and quality of health care, neighborhood and built environment, social and community structures, racism and other forms of oppression, housing, transportation, access to nutritious food, pollution/environmental quality and more. SDOH contributes to one's ability to live a healthy life.

Severe Housing Cost Burden

Severe housing cost burden is used to estimate housing insecurity risk and economic stability for households by illustrating the percent

> **15%** of Santa Fe County households spend 50% or more of their household income on housing.

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 health care, healthy food, or transportation. In Santa Fe County, about 15% of households spend 50% or more of their income on housing, which is the second highest percent of households in the state.[2] About 84% of renters make less than $20,000 per year and there appears to be an inverse relationship between income and percent of households who spend 50% or more of their income on housing – that is, as income rises in Santa Fe County among renters, the percent of households who spend 50% or more of their income on housing decreases, with the exception of people making less than $10k. About 20% of households who make less than $10,000 spend 50% or more of their income on rent.[3]

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

> **3.6%** of households do not have a vehicle (ACS 2016-2020) and much of the county lives in an area where the nearest supermarket is more than 20 miles away.
> (USDA Food Environment Atlas)

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

Bar chart — Household Count by Income Range:
- Less than $10,000: 898
- $10,000 to $19,999: 1,399
- $20,000 to $34,999: 920
- $35,000 to $49,999: 288
- $50,000 to $74,999: 48
- $75,000 to $99,999: 0
- $100,000 or more: 0

(40.8% labeled near top)

1   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**

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

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4   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**

PRESBYTERIAN
Community Health

211 Helpline
United Way of Central New Mexico
Free connections to local services and resources. Free referrals to health and human services, government agencies and community-based organizations.
- Call 211 or (505) 245-1735
- https://nmaging.state.nm.us/protecting-adults

Adult Protective Services
New Mexico Aging and Long-Term Services Department
Report adult abuse, neglect or exploitation.
- (505) 476-4912 or toll-free 1-866-654-3219
- https://nmaging.state.nm.us/protecting-adults

BeWellNM
New Mexico Human Services Department
Office of Superintendent of Insurance of New Mexico
Health insurance education and enrollment assistance.
- 1-833-862-3935
- https://www.bewellnm.com/

be well nm®

Coordinated Entry System
New Mexico Coalition to End Homelessness
The Coordinated Entry System is a process through which people experiencing homelessness can access quick and streamlined services, have their needs promptly assessed, and can get connected to appropriate and situation-specific housing services.
- (505) 772-0547
- https://www.nmceh.org/aces

Domestic Violence Resource Center
Free domestic violence education, prevention and resources.
- (505) 248-3165
- https://www.dvrcnm.org/

GoodRx New Mexico
Drug prices and discount coupons at pharmacies in New Mexico.
- (505) 772-0547
- https://www.goodrx.com/pharmacy-near-me/all/nm

NeedyMeds
A national non-profit that connects people to programs that will help them afford their medications and other healthcare costs.
- 1-800-503-6897
- https://www.needymeds.org/

NM Children, Youth and Families Department
State of New Mexico
The New Mexico Children, Youth and Families Department provides an array of prevention, intervention, rehabilitative and after-care services to New Mexico children and their families.
To report child abuse or neglect (24/7 support):
- Call 1-855-333-SAFE [7233] or dial #SAFE from a cell phone
- https://cyfd.org/

New Mexico Home Fund
State of New Mexico
A program that helps renters and homeowners in New Mexico pay for their rent, mortgage and utility bills.
- 1-833-485-1334
- https://nmhomefund.org/

New Mexico Legal Aid
New Mexico Legal Aid provides free services to eligible low-income New Mexico residents with civil (non-criminal) matters.
- 1-833-LGL-HELP [545-4357]
- https://www.newmexicolegalaid.org/

Presbyterian Healthcare Services Financial Assistance
Medical expense assistance at Presbyterian-owned facilities.
- (505) 923-6600 or toll free 1-800-251-9292
- http://www.phs.org/doctors-services/Pages/covering-your-care.aspx

Rape Crisis Center of Central New Mexico
The Rape Crisis Center of Central New Mexico (RCCCNM) provides emotional support and advocacy to survivors of sexual assault and abuse throughout Central New Mexico and serves as a community resource on issues regarding prevention and awareness of sexual assault and abuse.
- (505) 266-7711 (24-hour hotline)
- https://rapecrisiscnm.org/

ReachNM
New Mexico Children Youth and Families Department
A text line for youth and teens to report abuse or neglect and get resources for food, housing, mental health concerns and social concerns like bullying or feelings of isolation.
- Text (505) 591-9444
- https://cyfd.org/reach-nm#reach

Roadrunner Food Bank of New Mexico
Statewide food assistance.
- (505) 349-5340
- https://www.rrfb.org/find-help/find-food/

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

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

PHYSICAL HEALTH

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

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

	Flu	COVID
SANTA FE COUNTY	44.2%	88.8%
NEW MEXICO	41.2%	79.2%
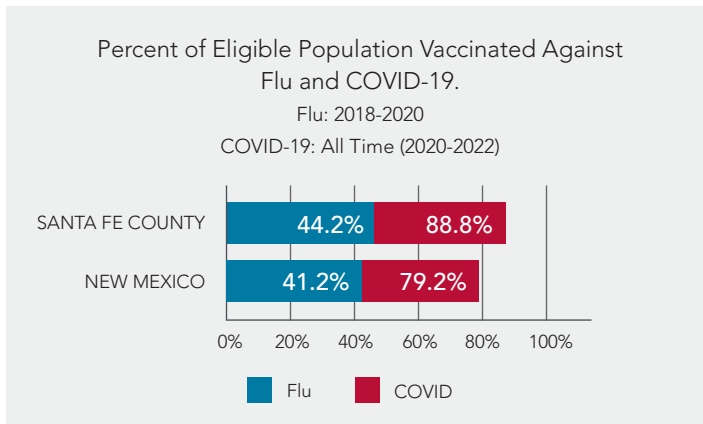
Diabetes is more common among men in Santa Fe County than women, with 10.3% of men reporting they have been told they have diabetes compared to 7.9% of women. A higher percentage (14.5%) of Native Americans have diabetes, followed by Hispanic/Latinx people (12.4%). Fewer white people have diabetes (5.3%). Diabetes prevalence is higher among people who make less than $25k per year and highest among people who make less than $15k per year (18.7%).

More women in Santa Fe County were vaccinated against influenza than men. About 47% of women got vaccinated and about 40% of men (2016-2020). A smaller percentage of Native Americans were vaccinated against flu (38.8%) than the share of Hispanic/Latinx people (41.9%) and white people (46.9%). White vaccination rates remain higher in Santa Fe County than the state overall, vaccination rates are still low, and influenza and pneumonia is still in the top 15 leading causes of death.

Nearly 90% of adults have completed the COVID vaccination series in Santa Fe County, and nearly everyone in the county (99%) has received at least one dose.

Heart Disease Death, Rate per 100,000 Population. Santa Fe County 2020

Gender	Rate
Male	206
Female	156.2

Heart disease deaths include deaths caused by hypertensive heart and renal disease, acute myocardial infarction, ischemic heart diseases, atherosclerotic cardiovascular disease, ischemic heart diseases, endocarditis, diseases of pericardium and acute myocarditis, heart failure and other heart-related causes. Heart disease death is the number two cause of death in Santa Fe County. As age increases, so does the heart disease death rate. More men die of heart disease in Santa Fe County than women, and more white people die of heart disease (217.8 deaths per 100,000 population) when compared to other racial/ethnic groups. Hispanic/Latinx people have the second highest death rate (123.6) followed by Native Americans (79.7). White men have the highest death rate (261.3), followed by White women (178.8), then Hispanic/Latino men (139.1).

Prevalence of Diabetes 2011-2020
Santa Fe County and NM

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Santa Fe	7.5%	6.9%	8.2%	7.5%	7.9%	8.4%	9.3%	9.7%	9.2%	8.6%
NM	9.9%	10.3%	10.7%	11.5%	11.5%	11.6%	10.7%	12.5%	12.3%	12.4%

PRESBYTERIAN
Community Health
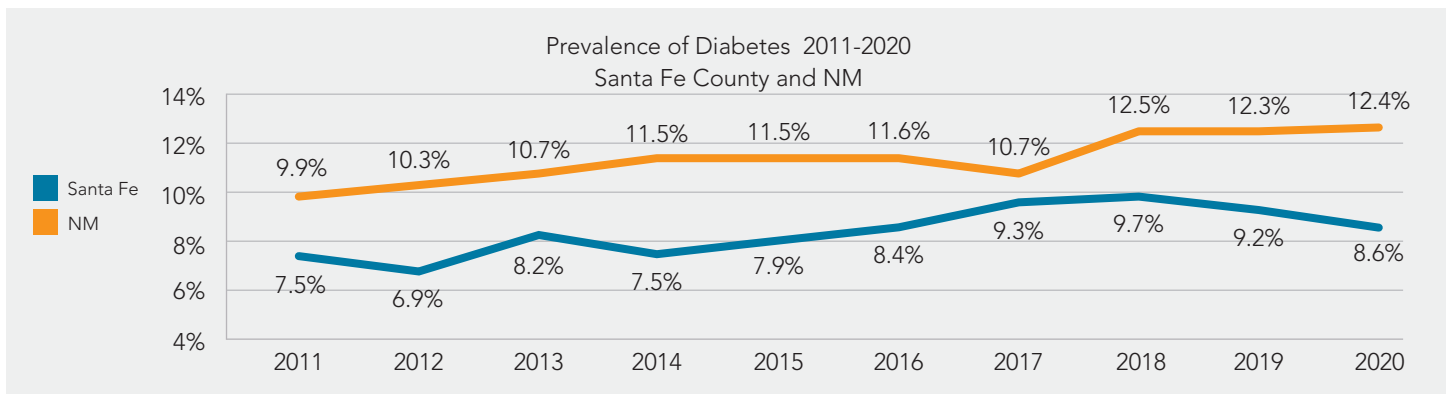
Aging and Disability Resource Center

New Mexico Aging and Long-Term Services Department

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

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

COVID-19 Hotline

New Mexico Department of Health

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

New Mexico Kids

University of New Mexico, Early Childhood Services Center New Mexico Early Childhood Education and Care Department

Early childhood resources, including child care programs and assistance.

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

Paths to Health New Mexico: Tools for Healthier Living

New Mexico Department of Health

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

- https://www.pathstohealthnm.org/

Presbyterian Community Health

Presbyterian Healthcare Services

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

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

Families FIRST

New Mexico Early Childhood Education and Care Department

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

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

Share New Mexico

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

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

Community Data Forums

In addition to Presbyterian-led community forums, we collaborated with Christus St. Vincent Hospital and the City and County to hold meetings with both the Santa Fe County Connect navigators (CHWs, promotoras, etc.) and the Santa Fe Health Policy and Planning Commission (consisting of termed commissioners).

Community Data Forum (Forum 1) Participants - Information is presented as it was collected from community forum participants. Unusual or unexpected answers were self-reported and are reprinted here.

Forum 1 Participants Self-Reported Community Sector Represented and Race	Count of Participants
Community Member	**4**
Corrales	1
Hispanic	2
White	1
Department of Health	**1**
Espanola	1
Healthcare provider/employee	**9**
Albuquerque	1
Hispanic	2
Santa Fe	1
White	2
(blank)	3
Local or state government employee	**4**
Native American	1
Santa Fe	1
(blank)	2
Local school district employee	**1**
Hispanic	1
Nonprofit/community-based organization employee	**13**
Albuquerque	1
Anglo	1
Latina	1
Santa Fe	4
White	3
(blank)	3
Private business owner/employee	**1**
Santa Fe	1
Public Health Worker	**2**
(blank)	2
Grand Total	**35**

Community Assets and Gaps Forum (Forum 2) Participants

Forum 2 Participants Self-Reported Community Sector Represented and Race	Count of Participants
Row Labels	Count
Academic employee	**1**
White	1
Department of Health	**1**
White	1
Healthcare provider/employee	**3**
White	3
Local government official/employee	**1**
White	1
Nonprofit or community-based organization employee	**9**
Hispanic/Latinx	1
White	8
(blank)	**11**
White	2
(blank)	9
Grand Total	**26**

Organizations represented in the Community Forums:

Santa Clara Pueblo	The Food Depot	La Familia Medical Center
Presbyterian Santa Fe Medical Center	Santa Fe Community Foundation	NowPow
Presbyterian Community Health	Cooking with Kids	Growing Up New Mexico
Servicios Y Mas Inc	NM Farmers Marketing Association	CYFD Juvenile Probation
The Food Depot	Presbyterian Healthcare Foundation	City of Santa Fe
Santa Fe Farmers' Market Institute	Aspen Solutions	Santa Fe Community College
Santa Fe Food Policy Council	Corinne Shefner-Rogers Consulting	Esperanza Shelter
NMDOH	Big Brothers Big Sisters Mountain Region	Santa Fe County
United Way of Santa Fe		

Community Survey

The Qualtrics survey collected seven responses while the Google survey collected 176 responses. Of those responses, 86 were identified as complete and 97 were identified as partially complete.

See table below for a breakdown of publisher categories for the survey. News outlets (possible paywall) were the most common, though community members took the survey through reference, arts and entertainment, and other outlets. Due to the distribution of the Google surveys, there may be a sampling bias.

Community Survey		Santa Fe County	
Survey Completion		**#**	**%**
	Complete	86	47.0%

	Partial	97	53.0%
	Total	183	100.0%
Publisher Category			
	Arts & Entertainment	3	1.6%
	News	170	92.9%
	Other	1	0.5%
	Qualtrics	7	3.8%
	Reference	2	1.1%
	Total	183	100.0%
Gender			
	Missing	7	3.8%
	Female	77	42.1%
	Male	99	54.1%
	Total	183	100.0%
Race/Ethnicity			
	American Indian/Alaska Native	16	8.7%
	Asian/Pacific Islander	0	0.0%
	Black/African American	14	7.7%
	Hispanic	40	21.9%
	White	65	35.5%
	Multiple	3	1.6%
	Other	2	1.1%
	Won't Say	30	16.4%
	Missing	13	7.1%
	Total	183	100.0%
Age			
	Missing	7	3.8%
	18-24	6	3.3%
	25-34	20	10.9%
	35-44	19	10.4%
	45-54	29	15.8%
	55-64	60	32.8%
	65+	42	23.0%
	Total	183	100.0%
Community Sector			
	Nonprofit/community-based employee	8	4.4%
	Education employee	19	10.4%
	Local government employee	35	19.1%
	Healthcare worker	20	10.9%
	Private business employee	29	15.8%
	Community member	43	23.5%
	Missing	29	15.8%

APPENDIX C: MENTI SLIDES

Text

Behavioral Health

Measure	County	State	Direction	Rank
Suicide Mortality	28.1	33.9	↑	18 of 33
Drug Overdose Deaths	36.1	28.8	↑	8 of 33
Youth Tobacco Use	40.7%	37.2%	↑	12 of 31
Youth Sadness	41.6%	40.8%	↑	8 of 31
Youth Alcohol Use	28.4%	27.5%	↓	17 of 31
Adult Smoking	11.7%	15.8%	↓	20 of 31
Adult Binge Drinking	10.5%	14.7%	↓	19 of 31
Adult Heavy Drinking	4.9%	6%	↓	16 of 31
Youth Meth Use	3.4%	2.9%	=	10 of 31
Youth Heroin Use	2.4%	2.7%	↓	8 of 30

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

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

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

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

Cyber bullying	Access to providers	follow up care
Lack of available services	Community connections and success pathways improve behavioral health.	Transportation to providers
Height cost of living and expensive housing in SF	Behavioral health providers in common everyday settings	Lack of rehab access

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

COVID fears of accessing help, leaving home	Cost limitations	Poor nutrition and lack of food access directly affect brain development. Couple that with the stigma of poverty and it's a double-whammy
Fear of asking for help	still stigmatized to some extent	Not being able to live and work in our community
lack of bilingual and culturally appropriate services	Rejection fatigue. From jobs, service providers, etc	Lack of culturally competent providers for non English speaking community.

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

Delay between need and appt availability	Lack of knowledge about available help	coordinated care
Lack of tools like methadone	Bullying, intimidation, shaming and other tactics to belittle others, especially on apps and online	Poverty-related family stresses contribute to poor behavioral health. Addressing poverty issues alleviates stress.
Better harm reduction plan and practice	Lack of providers	Language

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

Funding gaps for those ineligible for insurance	intergenerational trauma	unemployment
Screen addiction in youth as it affects depression/exclusion/apathy		

Social Determinants of Health

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

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

Measure	County	State	Direction	Rank
SNAP Enrollment	10.4%	17.2%	⬌	3 of 33
Poverty*	12.8%	21%	⬇	30 of 33
Food Insecurity	10.6%	15.1%	⬇	32 of 33
Unemployment	2.4%	3.8%	⬇	21 of 33
Social Vulnerability Index	0.1613	NA	⬇	28 of 32
Households without a vehicle *	3.6%	5.7%	⬇	27 of 33
Broadband Internet Access*	80.6%	74.6%	⬆	4 of 33

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

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

Hourly jobs without benefits	Underemployment, unemployment, lack of a living wage	The cost of housing
Provision of sick time by employers	Low wage jobs + high cost of living	Public transportation that has limited hours
universal health insurance for all	unemployment	affordability

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

living wages	affordable health care	Income does not meet needs. The SFe "living wage" is barely above federal poverty levels for a single-income 3-person household.
Under-employment	childcare shortage for families	Inflation of food costs
Public transportation without direct routes to shopping.	Drug and alcohol addition programs, affordable	Vast food deserts, especially in the County and areas of the city with high population density but low income

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

Application barriers to employment	supportive employment options	Immigration status and employment/underemployment
increased rates of domestic violence	no additional support services such as child care or affordable health insurance	comprehensive harm reduction services
Community/Youth Violence	Easier to access fast food than healthy food, especially for those with limited time due to multiple jobs, balancing childcare, etc	elder services and workforce to support that

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

> The elephant in the room is that the type of employment available to the majority of our Latinx community. Hourly workers who do not have access to benefits

Access to Care

Measure	County	State	Direction	Rank
People Insured	88.4%	88.8%	⬆	12 of 23
Vaccinated against Pneumonia	71.3%	71.6%	⬇	6 of 27
Prenatal Care*	69.3%	65%	NA	2 of 33
Vaccinated against Flu	47%	43.1%	⬆	21 of 32
Went without care due to cost	13.2%	13.9%	⬇	12 of 23

⬇ 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

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

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

money to pay for meds and co-pays	paid sick leave	post-natal maternal care
provider shortage	Transportation	language barriers
Getting timely appointments with primary care physician is often difficult.	ability to afford deductibles, copays, medications	Delay in appointments

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

Fear amongst undocumented community of "getting on the radar" as well as stigma of not speaking English or having resources

"I'm the daughter", help via family members for language or health care term understanding

Affordability for families and for employers who cover health insurance premiums

Navigating the health care system.

quality of care and care that considers the whole person

Lack of knowledge of what is available other than ER care

help to navigate the health care system

lack of knowledge when and where to access care, associated costs, nervousness of falling into debt due to care or missing work

Language barriers

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

Paper v online registration for appointments or other supports

insurance access and gaps in payments

Language barriers

Not accessing care due to fear of contracting COVID at hospital, putting off care for this reason

Eye and dental care availability as well

knowing the parenting and pregnant resources

Lack of home and community based waivers from the state so more elders have caregivers at home instead of institutional care

Also with post natal care - stigma against breastfeeding in some cultures

navigating the system by uninsured patients is significant problem

---

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

transportation to care

Healthy Eating/Active Living

Measure	County	State	Direction	Rank
Adults at a Healthy Weight*	40.5%	34.7%	↓	4 of 32
Physical Activity				
Youth	24.7%	25.7%	=	21 of 31
Adult	72.6%	67.3%	↑	4 of 19
Fruit and Veggie Consumption				
Youth	15.2%	18.4%	↓	24 of 31
Adult	14.9%	12.3%	↓	4 of 31
Youth Obesity	13.6%	15.7%	↓	26 of 31

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

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

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

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

safe bike routes in town	Lack of knowledge about preparing healthy meals	SNAP benefits have increased! That's a plus.
In rural Santa Fe County there is less access to walking trails/gyms/access to grocery stores.	Time. Families not making a living wage are short on time as they piece together multiple jobs and raising children.	Lack of stove, oven, etc. needed to prepare nutritious meals
Depression can discourage healthy food choices. Nutrition v comfort	availability of healthy food for folks in rural parts of the county	accessible green spaces and trails

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

Healthy food is still more expensive	Getting kids involved in the preparation of healthy foods helps families eat them!	Free and accessible Trails, frisbee golf, par courses. See work of SF Conervation Trust
Seniors unable to eat fresh fruits and vegetables due to bad teeth	In Native communities, the FDIPR program has for generations injected processed garbage into Pueblos so they have become part of the daily diet. Hard to change the culture.	Consideration for traditional and culturally appropriate foods
Local agriculture needs support in order to provide healthy food	Access to culturally appropriate foods	time vs access vs comfort

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

Healthy eating in schools is limited to the inadequate budget available to provide fresh, nutritious foods as well as the education and marketing needed to get kids to eat them

affordable healthy food.

Food in general is more expensive.

Lack of infrastructure by hunger-relief organizations to provide fresh fruits and veggies (cold storage, for example)

Lack of intergenerational meals programs (eg. senior services) so kids and elders are being excluded since they can't eat together in the same program

Affordability of locally grown food - Love Double Up Food Bucks!

Pop up neighborhood food pantry's. Community support

The misconception that local food is only for wealthy people as well as that local, healthier food doesn't show up in more markets and spaces

Transportation to healthy food sources for people in rural areas in the county

29

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

culturally appropriate wellness education programs are needed. Not enough to have trails if not understood or part of the culture.

Trauma and Grief

29

COVID and Other Causes of Mortality

Measure	County	State	Direction	Rank
COVID Case rate – last 7 days	371.78 559 (total count)	496.5 2385 (total count)	↑	
COVID Deaths - Total	185	5,407	-	
COVID Vaccinations	83.6%	73.3%	-	5 of 33
Heart Disease Mortality	171.1	202.4	↑	28 of 32
Diabetes Mortality	29.4	32.1	↑	23 of 27
Homicide	6	11.1	↑	27 of 33
Infant Mortality	5.9	5.9	↑	21 of 33

⬇ Decrease over time
⬆ Increase over time
🟢 Change is good
🔴 Change is bad
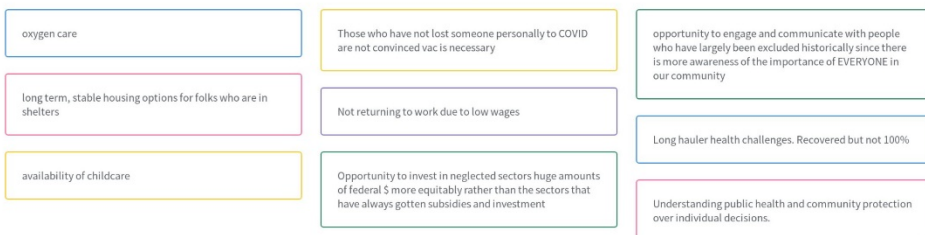
Source: NMDOH 11/15/2021, BVRHS 2019, CDC 2019
*5-year average to account for unstable data
Change over time = prior 5 years

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

Trauma and Grief	Burn out in hospital staff/first responders/ other frontline workers.	continued efforts to get to people who are unvaccinated
There's still vaccine hesitancy	opportunity that so many people are waking up to the instability and unsustainability of our food system and wanting to source more locally	Fear based decision making.
social isolation and it's affect on behavioral health		long-term economic impacts
	looming eviction moratorium decision	

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

oxygen care	Those who have not lost someone personally to COVID are not convinced vac is necessary	opportunity to engage and communicate with people who have largely been excluded historically since there is more awareness of the importance of EVERYONE in our community
long term, stable housing options for folks who are in shelters	Not returning to work due to low wages	Long hauler health challenges. Recovered but not 100%
availability of childcare	Opportunity to invest in neglected sectors huge amounts of federal $ more equitably rather than the sectors that have always gotten subsidies and investment	Understanding public health and community protection over individual decisions.

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

Lack of providers (not really COVID-specific) - lack of specialists in SF	Caregiver supports

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?

PRESBYTERIAN Community Health

homelessness and housing	Climate change	Home visiting programs
Caregivers of children and adults have different needs.	Guns as a response to anger and fear.	Access to clean water
supportive housing options	Senior hunger - high number of baby boomers are retiring with the expectation that social security benefits will cover all basic needs - will only provide enough funds for half of funds needed to meet basic needs.	child hunger

22

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?

PRESBYTERIAN Community Health

youth trauma	Staffing and support for home visits and regular follow up.	senior services for aging in place
To the earlier comment of screen addiction - we are losing a sense of identity as a community and losing engagement. It takes a village to thrive and without interpersonal connection, we lose our village	grandparents raising grandchildren	Growing households for caregiving and cost savings.
lack of infant mental health services/providers	Losing critical workers - nurses, teachers and others in the community that provide essential services directly in health care or tangential to it but are leaving the workforce or shifting careers.	environmental factors and beautification of low-income neighborhoods

22

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?

PRESBYTERIAN Community Health

child and elderly abuse	Dependence on volunteers for program effectiveness, throughout Santa Fe and across organizations.	financial literacy
Feeding seniors healthy prepared foods - they are afraid to cook because they may forget to turn off the stove, which could start a fire. Availability of prepared meals for seniors.		

22

SOCIAL HEALTH

Economic Stability

Food

Housing

Built Enviroment - Transportation/ Parks

Youth and Family Health

Senior Health

WHO IS AFFECTED THE MOST?

- southside
- single parents
- People without transportation
- People living in poverty
- folks without documentation

and WHAT IS NOT WORKING?

- We don't support intergenerational families with our programs. Eg. one program for kids another for elders and the rules say they can't mix
- rural communities
- siloed services even with insurance
- Developing programs w/o end user input
- Schools/education

WHAT SHOULD PRESBYTERIAN DO SPECIFICALLY?

- Prioritize community member movements re: support for transportation expansion rather than relying on community proxies
- Connect with CHWs who are boots-on-the-ground to better conceptualize the real life challenges to patients accessing care
- Care Coordinators education of local resources
- Think about integrating or strengthening interconnections to address complexities of clients
- Continue and increase support and advertising for local food efforts, especially on the Southside

WHY IS THIS HAPPENING ? WHAT ARE ROOT CAUSES?

- MIT living wage calculator; civic goes first
- People working too much, can't support families as best as they might want
- work with community being effected, need to leverage partners that can get feedback from community
- Determining communities becoming disconnected from each other. The opposite of "it take a village"
- We've all but eliminated our traditional food networks and adopted an inequitable, broken, extractive food supply chain
- Lack of funding to support additional programs in educators, so that it doesn't just fall on the teachers who are overtaxed.

ASSETS and WHAT IS WORKING

- community health centers
- strong political voices; leadership
- County Commissioner Hank Hughes - can ask him more about homeless efforts
- Powerful, present nonprofits working together
- Need for a March for Affordable Housing
- groups/community convening re: affordable housing?

Things to Consider
EQUITY
IS THERE MOTIVATION AND POLITICAL WILL TO ACT
WHAT LEVEL OF INTERVENTIONS ARE MISSING

Behavioral Health

Access to providers and services

Other Access Issues (transporation/ language)

Substance Use

WHO IS AFFECTED THE MOST

- People experiencing addiction or substance use disorder
- Elders
- People without PTO
- Indigenous communities
- Recently, kids experiencing trauma due to COVID
- LGBTQIA+ Population
- Youth

GAPS and WHAT IS NOT WORKING?

- Lack of providers
- cultural barriers to accessing MH and BH care
- Needing specific diagnosis for MH provider visit
- Cost of services
- affects willingness to seek help
- thinking about where that help should live
- Inappropriate use of medication, poor diagnoses

WHAT SHOULD PRESBYTERIAN DO SPECIFICALLY?

- Education and public outreach to destigmatize behavioral health issues
- SBIRT
- business/ employer support of BH and mental health of employees - what does this look like? are we prepared/ equipped? potential for training?
- You are allowed to access services and look out for yourself
- Use these conversations to inform intake and release interviews with patients in order to identify all health needs

WHY IS THIS HAPPENING ? WHAT ARE ROOT CAUSES?

- Environmental causes
- Lack of providers & access to providers
- The stigma around mental & behavioral health disorders discourage individuals from seeking help
- Active assessment programs
- Low/no coverage in health insurance plans
- Family Cyclical Addiction
- Stigma

ASSETS and WHAT IS WORKING?

- Training systems
- Peer Support Specialists in the ED
- Mental Health First Aid - PHS to expand
- Resiliency
- Trauma-informed care
- Recruit from UNM Counseling/SW, NMSU, Highlands
- SF Connect
- Integrated/wrap-around services for patients
- Programs that support school-to-BH programs pipeline?
- Strengthening leadership roles where people can transition into these fields at greater capacity?

Things to Consider:
EQUITY
IS THERE MOTIVATION AND POLITICAL WILL TO ACT
WHAT LEVEL OF INTERVENTIONS ARE MISSING

Chronic Conditions

Access to Providers

Delay in Care

Insurance/Cost of C

Youth and Family Health

Senior Health

WHO IS AFFECTED THE MOST?

- Shut-in or homebound individuals
- those in criminal justice system- group counseling, acupuncture, DUIs, holistic approaches, resources to address family effects/dynamics
- People who are uninsured
- Trans folks
- Undocumented people
- People in poverty
- Indigent people
- Rural communities and those who lack technology (especially for communication)
- Awareness of resources/clinics

GAPS and WHAT IS NOT WORKING?

- Lack of connections between multiple departments - siloing
- Lack of long-term relationships within health care: medical, mental health. Lack of provider retention capacity (quality care)
- Repetitive systems for seeking specialists - provider access
- Compounded by effects of covid-19 pandemic
- Cost of care
- Referral process

WHAT SHOULD PRESBYTERIAN DO SPECIFICALLY?

- Be a leader in creating and supporting intersections between and among service providers and community support networks
- Communication of resources/services/etc
- Advocate for social benefits systems that wrap services - health care, child care, mental health care, etc. NOTHING stands alone - someone with diabetes may need multiple support systems to help them access health care

WHY IS THIS HAPPENING ? WHAT ARE ROOT CAUSES?

- We are so individualistic of a society that we don't really care about "the others"
- Inequitable distribution of wealth and resources
- Accessibility
- Understanding and education around mistrust by indigenous and immigrant individuals (Assuming everyone looks at healthcare the same)
- COVID
- Zoom

ASSETS and WHAT IS WORKING?

- Espanola grocery store (Food Depot)
- Increase in collaborations
- SF CONNECT PROGRAM - especially the Navigators in non-profs
- Trauma-informed care and providers
- Community Health Center
- Reimbursing for patient outcome instead of ordering services

Things to Consider
EQUITY
IS THERE MOTIVATION AND POLITICAL WILL TO ACT
WHAT LEVEL OF INTERVENTIONS ARE MISSING

APPENDIX E: HEALTH COUNCIL ASSESSMENT

Santa Fe Tribal and County Health Council Priorities (2022)

Cochiti Pueblo Health Council: Cochiti Pueblo Health Council goal is to recruit a couple of members to join the Health Council to bring in new ideas and hear different views of what Cochiti Pueblo may need. To work with Tribal Programs or outside agencies to meet the same goals that we may share by collaborating with one another to get the information out to the community and to work toward having events together in the near future. To increase and encourage physical activities in the community to prevent obesity in youth and adults while encouraging them to maintain a healthy life style.

Taytsugeh Oweengeh Health Council (Tesuque Pueblo): COVID-19 Safety; Mental Health; Substance Abuse; Suicide; & Tewa Language.

Po' Who Geh Owingeh Health Council (San Il Defonso Pueblo): Blood Pressure – Hypertension continues to be a problem in the community. Many individuals do not have warning signs or symptoms. Raising awareness can help manage hypertension as well as educate on the risks of heart attack and stroke.

Santa Fe County Health Services Division: Increase enrollment of County residents in health insurance; Reduce alcohol abuse; Reduce drug abuse; Reduce low birth weight; Reduce suicides; Increase consumption of healthy food.

More information about these health councils can be found on NMHealthCouncils.org.

PRESBYTERIAN

Default Question Block

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

Bernalillo   Santa Fe

Curry   Socorro

Lincoln   Torrance

Quay   Valencia

Rio Arriba   Other Other (please define)

Sandoval

What is your Zip/Postal Code?

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

Hispanic

Anglo

Black/African-American

Native American

Won't say

Other Other (please define)

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

Nonprofit/community-based employee

Education employee

Local government employee

Health care worker

Private business employee

Community Member

Other (please define)

_____

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

Access to health care

Access to mental health care

Behavioral/mental health

Climate change

Environmental health (pollution, etc.)

Food security

Housing

Personal/interpersonal safety

Substance use

Suicide

Transportation

Other (please define)

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

COVID 19

Cancer

Obesity

Diabetes

Heart Disease

Other (please define)

_____

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

Maternal/child health (pregnancy, birth)   Active living

Vaccinations   Other (please define)

Healthy eating

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

Parks/sidewalks/walking trails   Public transportation

Doctor's offices   Grocery stores near you

Mental health/substance use treatment   Other (please define)

Social services (housing, food assistance)

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

Parks/sidewalks/walking trails   Public transportation

Doctor's offices   Grocery stores near you

Mental health/substance use treatment   Other (please define)

Social services (housing, food assistance)

What would a healthy community look like to you?

APPENDIX G: 2020-2022 EVALUATION AND REPORT OUT

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

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

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

Key

Did Not Improve	Improved	No Change
✗	✓	=

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

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

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