



PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENTS AND IMPLEMENTATION PLANS

Statewide Executive Summary

2023-2025

CONTENTS

BUILDING BRIDGES TO COMMUNITY HEALTH.....	3
Project Scope.....	3
Priorities	4
Health Equity Framework	4
Building on Previous Community Health Initiatives	5
COMMUNITY HEALTH ASSESSMENT HIGHLIGHTS.....	7
Major Findings Across Geographies	7
BEHAVIORAL HEALTH:	
Adult and Youth Mental Health.....	7
Deaths of Despair	9
Community Input on Behavioral Health.....	9
SOCIAL HEALTH:	
Severe Housing Cost Burden	10
Food Environment Index	10
Transportation.....	12
Community Input on Social Health.....	12
PHYSICAL HEALTH:	
Prevalence of Diabetes	13
Vaccinations.....	14
Hypertension and Heart Disease	16
Causes of Death.....	18
Healthy Eating.....	18
Healthcare Access	19
Community Input on Physical Health	19
IMPLEMENTATION PLANS	20
Behavioral Health: Goals, Strategies and Performance Measures	21
County-Specific Behavioral Health Strategies.....	22
Social Health: Goals, Strategies and Performance Measures	23
County-Specific Social Health Strategies.....	24
Physical Health: Goals, Strategies and Performance Measures.....	25
County-Specific Physical Health Strategies	26
CONCLUSION	27

BUILDING BRIDGES TO COMMUNITY HEALTH

In 2013, as part of our purpose to improve the health of the patients, members, and communities we serve and in alignment with the Patient Protection and Affordable Care Act, Presbyterian Healthcare Services (PHS) completed its first community health assessment. The assessment was updated again in 2016, 2019 and 2022. Conducting a community health assessment (CHA) every three years helps us identify the priority health issues facing each of our communities. Presbyterian also partners with local health councils and conducts forums as part of this process, which helps us better understand the key drivers behind some of the health issues our communities face.

It's been 10 years since Presbyterian's Community Health department launch and eight years since the Centers for Disease Control and Prevention (CDC) awarded the department a grant to reduce health inequities by changing policy, systems and environment to improve access to healthy food and physical activity. What began as a department of one now has more than 50 employees serving our communities, members and patients. As the department has grown, so has the breadth of programs we offer to New Mexicans.

Presbyterian is committed to improving the health of the communities we serve through community engagement, multi-sector partnerships and sustainable impact. Community Health Implementation Plans and their impact reports accompany each of the CHAs. These reports are available at phs.org/community/committed-to-community-health for review and comment.

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. To minimize the burden of assessment on the community, Presbyterian Community Health has made a conscious decision to collaborate and share data where appropriate with other organizations – both external and internal – conducting community health assessments.

Project Scope

Presbyterian's approach to creating our CHAs, 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. These health assessments are comprised of quantitative and qualitative data including secondary data analysis, community input, key informant interviews, community surveys and asset and gap identification.

For the purposes of the CHAs and implementation plans, PHS has generally defined the "community" of each hospital as the county in which the hospital is located.



Priorities

To identify the top community health priority areas, Presbyterian Community Health gathered feedback from a variety of sources in several different settings, and asked participants to identify their greatest challenges, barriers to health, existing community assets and resources, as well as proposed solutions. Informed by the gathering of data and feedback from our community partners, community-based organizations and stakeholders, our 2023-2025 community health priorities are as follows, in order of priority:

Behavioral Health Social Health Physical Health

As a result of this assessment, we have defined the three priority areas as follows:



Behavioral Health includes mental and psychological healthcare, mental well-being 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.



Social Health aligns with the Healthy People 2030 definition of social determinants of health, 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.” This priority area comprises health-related determinants including economic stability, housing, food access, transportation, built environment, safety/interpersonal violence, and environmental health.



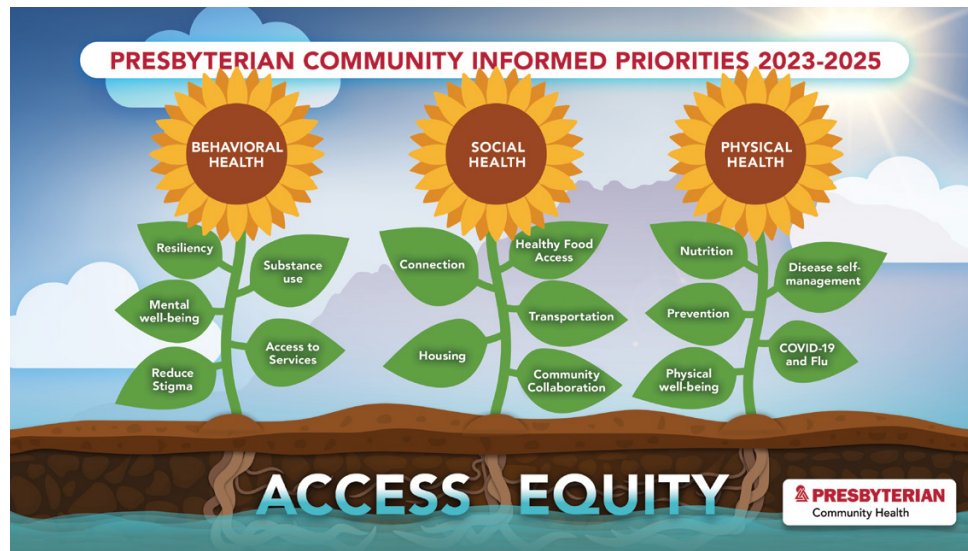
Physical Health includes chronic conditions and factors that contribute to the development of chronic conditions in addition to other factors that influence our physical health. Key examples include diabetes, hypertension, vaccination for flu, COVID-19 and pneumonia, healthy eating and active living.

Health Equity Framework

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.



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. 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, including how we address the biggest health needs in each county.



In 2019, Presbyterian adopted a framework developed by the Institute for Healthcare Improvement for healthcare organizations to achieve health equity, which identifies five practices:

1. Make health equity a strategic priority.
2. Develop structure and processes to support health equity work.
3. Deploy specific strategies to address the multiple determinants of health on which healthcare organizations can have a direct impact.
4. Eliminate racism and other forms of oppression.
5. 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. This work is carried out across the system and through interdisciplinary, enterprise-wide committees, including the Health Equity, LGBTQIA+, and Perinatal Health Equity Committees.

Building on Previous Community Health Initiatives

Previous work reflects Presbyterian’s health priorities for 2020-2022 and takes us out of the office and into the community. These projects, initiatives and programs are supported by various partners and grants that fall into our health priorities including Behavioral Health, Social Determinants of Health, Access to Healthcare, and Healthy Eating and Active Living.

Behavioral Health Initiatives address mental health and substance use, including prevention and treatment.

Social Determinants of Health Initiatives utilize multi-sector partnerships, policies and programs to address violence, poverty, education, economic development, built environment, equity, and the root causes of unmet social needs.

- **Food Farmacy** is a prescription-based food pantry for patients who have been determined by their healthcare provider as food insecure. The Food Farmacy is referral-based only and is not open to the public.

The **Access to Care Initiative** includes growing capacity to meet demand for healthcare services, promoting equity and eliminating health and healthcare inequities, and creating connections to appropriate assistance.

- **Equity of Care Initiative** - As the state's largest healthcare system, Presbyterian has a unique responsibility to achieve health equity in New Mexico. Health equity is also essential to Presbyterian's purpose to improve the health of the patients, members and communities we serve.
- Presbyterian is proud to be a **Health Equity Index (HEI) Survey 2019 Top Performer**. HEI is a national Lesbian, Gay, Bisexual, Transgender and Queer/Questing (LGBTQ) benchmark survey for equality and inclusivity in healthcare.
- **Healthy Eating and Active Living Initiatives** include a variety of projects designed to improve nutrition and support programs that encourage indoor and outdoor activities.
- **Healthy Eating and Active Living Classes** aim to improve prevention and management of chronic health conditions through healthy eating, cooking and physical activity while also supporting social and emotional well-being.
- Created by Presbyterian Community Health and managed by **Adelante Development Center**, the **Healthy Here Wellness Referral Center** (WRC) connects patients to classes and programs related to healthy eating, active living, chronic disease self-management and more. Healthcare providers submit referrals for patients to WRC. WRC then contacts each referred patient to explain the resources available, registering them in programs at a time, location and in a language most appropriate for their needs. WRC programs and classes are free to participants thanks to funding from Presbyterian Community Health, **Presbyterian Healthcare Foundation** and **CDC**.
- **Connecting Harvest to Health/Conectando Cosechas con la Salud** - Presbyterian Community Health is collaborating with Three Sisters Kitchen, Encuentro and Meals on Wheels Albuquerque to bring a comprehensive approach to community food projects by connecting older adults with local produce, nutritious meals and support in preparing and enjoying healthy foods.
- With help from a large network of partners, all of which have years of experience and expertise working in communities, the **Healthy Here** initiative is designed to change systems and environments to make it easier for Hispanic, Latino and Native American residents of the International District and South Valley to access healthy foods, be physically active and manage chronic disease.
- **Healthy Neighborhoods Albuquerque (HNA)** is a collaboration of anchor institutions that develop partnerships and collaborative projects for local procurement from institutions in Albuquerque and Central New Mexico. Partners include Albuquerque Community Foundation, Albuquerque Public Schools, Bernalillo County, Central New Mexico Community College, City of Albuquerque and Presbyterian Healthcare Services.

Our track record: Outcomes from 2020-2022 CHIPS

To view previous Community Health assessments, implementation plans and impact reports, please visit <https://www.phs.org/community/committed-to-community-health/reports>

COMMUNITY HEALTH ASSESSMENT HIGHLIGHTS

Major Findings Across Geographies

New Mexico is comprised of a diverse set of counties that experience different social needs, disease burdens and population complexities, all of which create and contribute to barriers to healthy communities. Even those counties that are ranked as healthy overall have persistent health gaps and needs. Across the board, New Mexico counties have areas that are improving and those that are in decline.

Throughout the state, several health topics have the greatest impact on the behavioral, social and physical health of our communities:

- Poor mental health among youth and adults
- Deaths of despair
- Severe housing cost burden
- Food insecurity and limited access to healthy foods
- Lack of access to transportation
- Prevalence of diabetes
- Vaccination status
- Hypertension and heart disease
- Causes of death: cancer mortality, suicide, drug overdose
- Inadequate fruit and vegetable consumption
- Access to healthcare



Behavioral Health

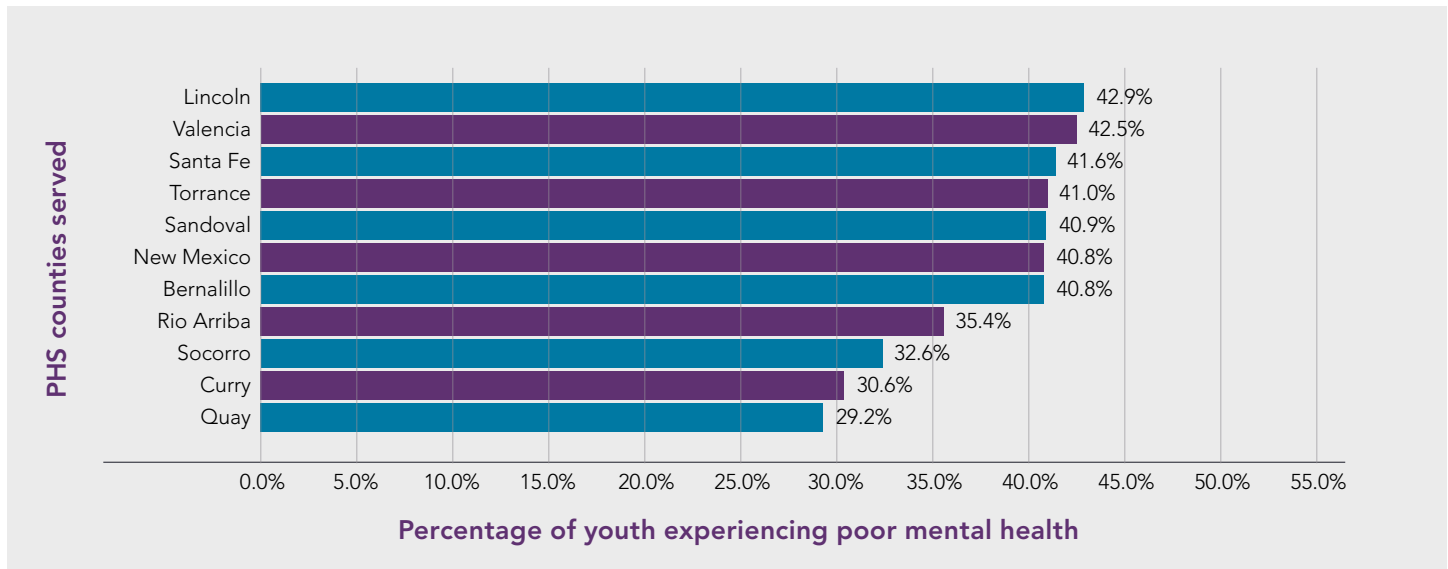
Adult and youth mental health

Mental health and well-being continue to be topics our communities talk about and want to address. Lincoln and Valencia counties have the highest percentage of youth experiencing poor mental health while Quay and Curry counties have the lowest percent of youth experiencing poor mental health. Lincoln, Valencia, Santa Fe, Torrance, Sandoval and Bernalillo counties – which account for 60% of the PHS 10-County Area – have youth prevalence of poor mental health higher or equal to statewide prevalence. Additionally, in 2019, a massive spike in youth substance use, especially heroin and methamphetamine, impacted most counties in the PHS 10-County Area.¹

Finding: Mental health resources should be increased in counties with the highest prevalence of poor mental health for youth and adults, especially Valencia, which appears in the top three counties for both metrics.

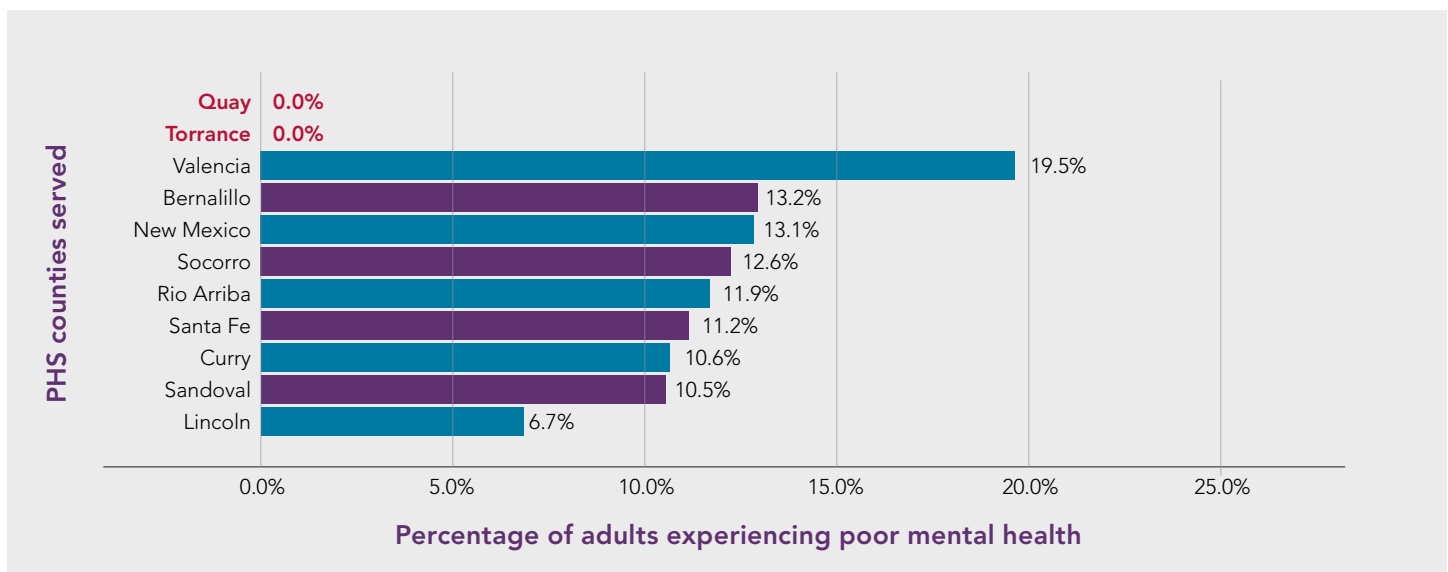
¹ NNM Youth Risk and Resiliency Survey, 2015-2019. NMDOH and UNM. Retrieved from NM IBIS

Prevalence of Poor Mental Health – Youth 2019



Overall, in New Mexico, about 41% of the youth population experiences poor mental health or frequent mental distress. Lincoln County saw by far the highest prevalence of poor mental health, at 42.9% of the population. Five counties in the PHS 10-County Area have a lower prevalence of poor mental health among youth than the state as a whole, with Quay County having the lowest prevalence, at 29.2%.

Prevalence of Poor Mental Health – Adults 2020

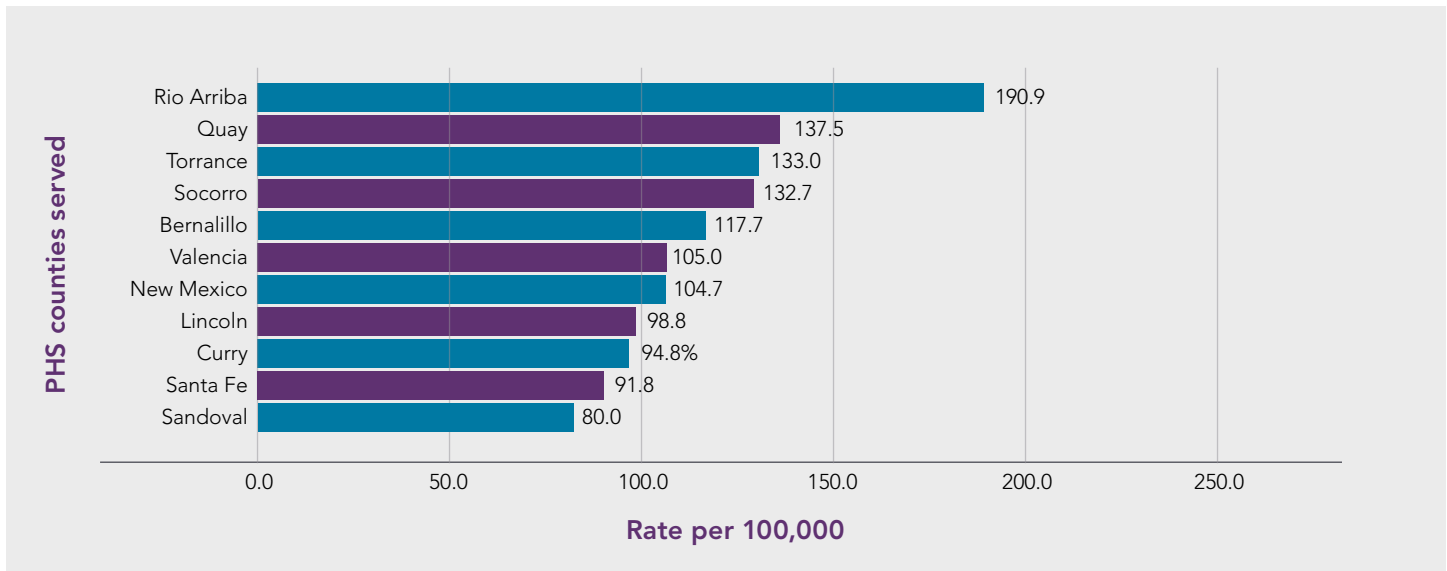


Among adults, Valencia County saw the highest prevalence of poor mental health, at 19.5% of the population. Overall, in New Mexico, about 13% of the population is experiencing poor mental health or frequent mental distress. Most geographies in the PHS 10-County Area have a lower prevalence of poor mental health among adults than the state as a whole, with Lincoln County reporting the lowest prevalence, at 6.7% of the population.

Data for Quay and Torrance counties are suppressed due to low sample size for 2020.²

² Behavioral Risk Factor Surveillance System, 2020. Retrieved from NM IBIS

Deaths of Despair – Rate per 100,000 population – 2020



The rate of deaths of despair is highest in Rio Arriba County, with almost 191 people per 100,000 population dying from deaths attributable to alcohol, suicide, and/or drug overdose. This compares with Sandoval County, which has the lowest rate among the PHS 10 counties, at 80 deaths per 100,000 population. Overall, the PHS 10-County Area death rate is higher than the death rate throughout the state, and once again, deaths of despair in Valencia County are higher than in the state overall.³

Community Input on Behavioral Health

Through forums, surveys, and other methods, our communities were clear that trauma, stress, isolation, COVID-19, and generational substance use are seen as major contributors and urgent concerns related to poor behavioral and mental health in New Mexican communities. Universally a lack of providers and services, delays in care, and stigma are major barriers to treatment and improved quality of life for people across the lifespan and in every demographic. Lack of social support, transportation, childcare, and awareness compound Behavioral Health access problems.

The community suggests Presbyterian specifically consider the following actions to address Behavioral Health:

- Educate with public outreach and media campaigns to destigmatize behavioral health issues. Equate the importance of behavioral health care with physical health care.
- Workforce and community training – including trauma-informed care, mental health first aid, suicide awareness, cultural humility, resiliency from burnout for front line service providers
- Collaborate with government and advocate for policy change, including for housing and jail diversion
- Expand inpatient behavioral health services
- Focus on better integrated behavioral health in primary care, across networks and service providers

³ New Mexico Bureau of Vital Records and Health Statistics. 2020. Retrieved from NM IBIS

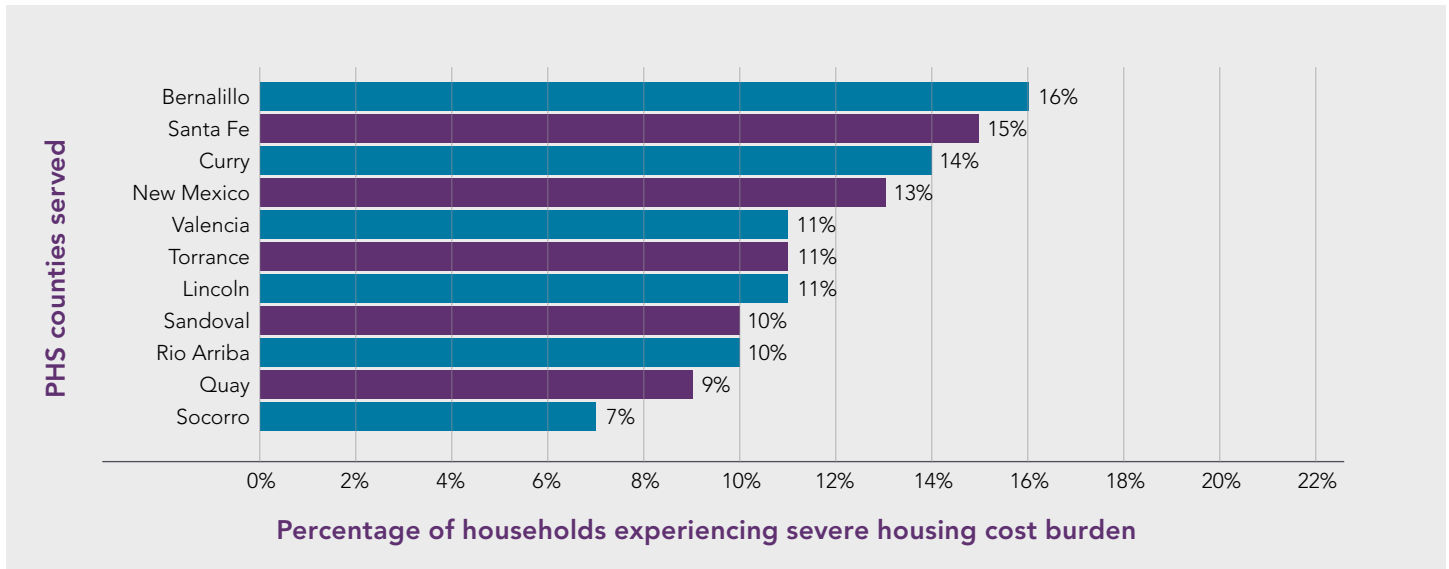


Social Health

Severe Housing Cost Burden

People experience a severe housing cost burden when they spend 50% or more of their income on rent alone. Many factors contribute to severe housing cost burden, including inflation, stagnant wages, rising housing markets and gentrification.⁴

Severe Housing Cost Burden – 2016-2020



In the PHS 10-County Area, Bernalillo, Santa Fe and Curry county households experience the highest severe housing cost burden. All three counties have rates higher than the percentage of households statewide (13%). Socorro and Quay have the fewest households experiencing severe housing cost burden, at 7% and 9%, respectively.

Social Health

Food Environment Index

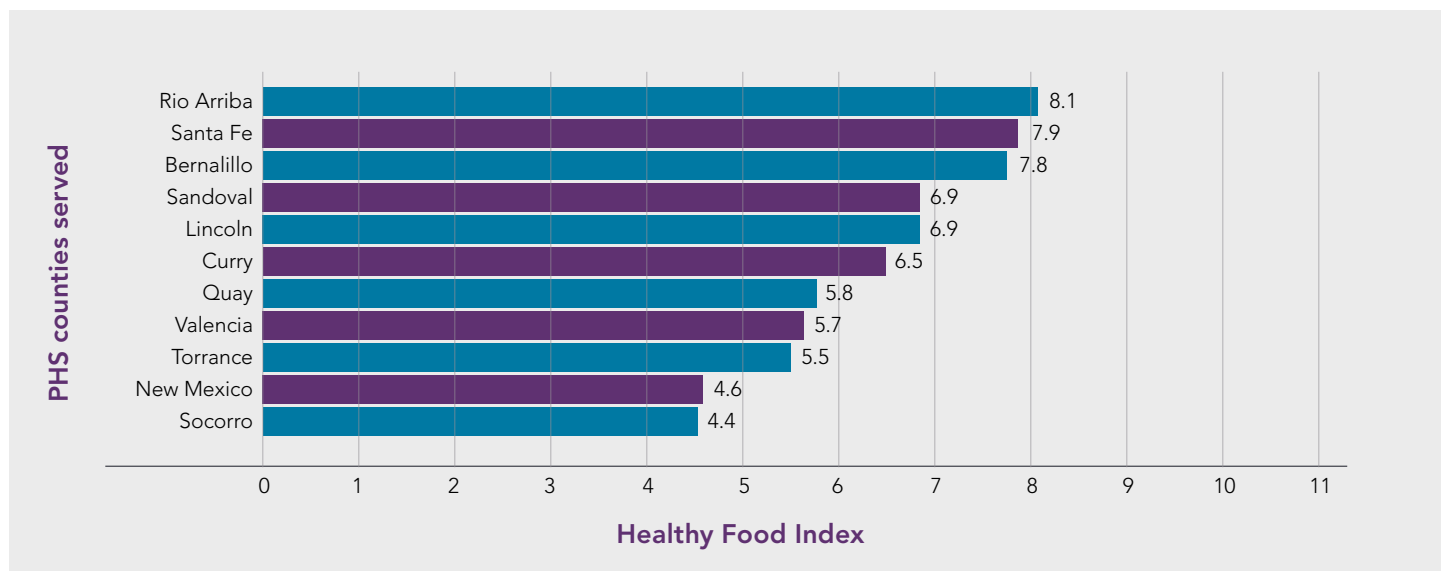
The food environment index is another composite metric that combines the food insecurity rate (percentage of households experiencing food insecurity) and the percentage of households with limited access to healthy foods. This index – a 10-point scale with 0 being the worst healthy food environment and 10 being the best healthy food environment – sheds light on the factors that contribute to a healthy food environment.

Many things contribute to a person’s access to healthy food, including food costs, poverty, employment, transportation, concentration of fast-food outlets and distance to the nearest food outlet. Many geographies in New Mexico are considered food deserts because of the proximity to grocery stores with healthy food options.

⁴ American Community Survey. 2016-2020

Finding: Efforts and resources should be directed to reducing food insecurity in Socorro, Torrance, Quay and Curry counties and increasing access to healthy food in Socorro, Torrance, Valencia and Quay counties.⁵

Food Environment Index – 2019



New Mexico's overall index score is 4.6. Santa Fe and Bernalillo counties have the highest healthy food environment scores within the PHS 10-County Area.

COUNTY	COUNTY VALUE	% LIMITED ACCESS TO HEALTHY FOODS	% FOOD INSECURITY
Socorro	4.4	27%	19%
Torrance	5.5	22%	16%
Valencia	5.7	27%	13%
Quay	5.8	18%	16%
Curry	6.5	13%	15%
Lincoln	6.9	15%	12%
Sandoval	6.9	18%	11%
Bernalillo	7.8	6%	13%
Santa Fe	7.9	9%	11%
Rio Arriba*	8.1	0%	14%

The table above shows the individual factors that make up the index, including the percentage of households experiencing food insecurity and the percentage of households with limited access to healthy foods. Socorro has the highest percentage of both, with Valencia and Torrance counties following closely behind. Santa Fe is considered to have the best healthy food environment in the PHS 10-County Area.

*The percentage of households with limited access to healthy foods in Rio Arriba County is listed as 0% due to missing data and should not be considered.

⁵ Food Environment Index. USDA 2019

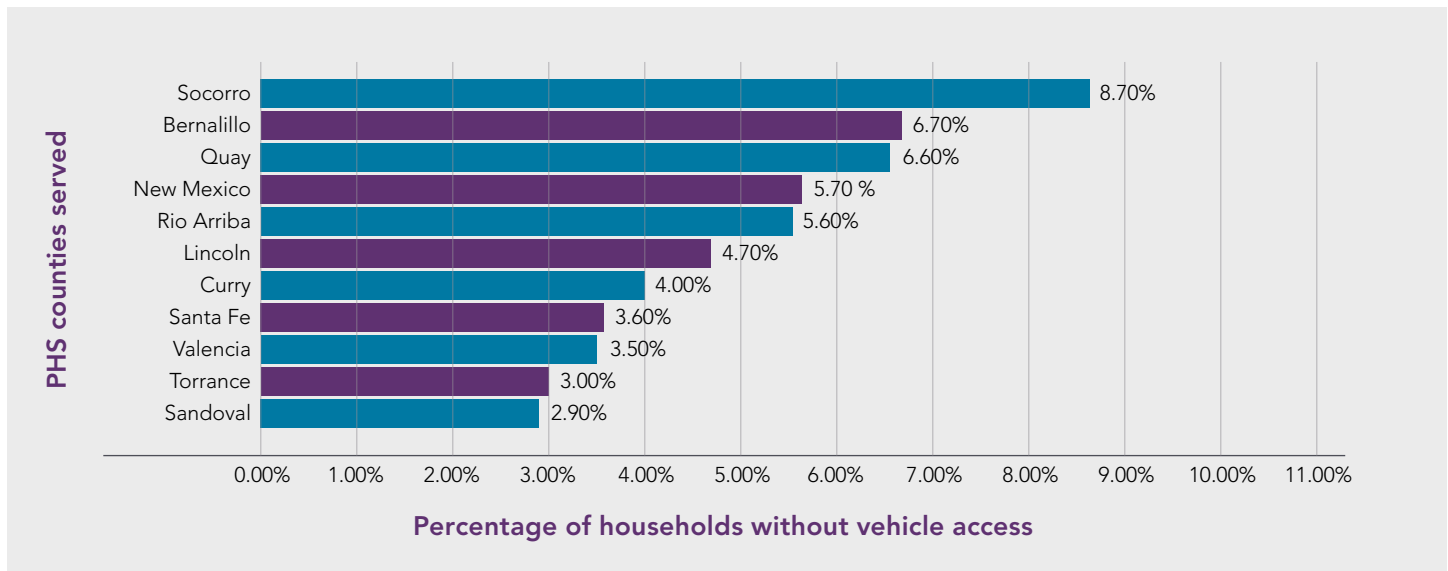
Social Health

Transportation

A person's access to transportation contributes to their ability to access healthy foods, seek medical care, engage in community events and vote, among many other activities. Because New Mexico's transportation system is heavily vehicle-based, it is important to look at whether households have access to a vehicle.

There are many limitations to this analysis, and other factors, including poverty, gas prices, maintenance and repair, and a vehicle's ability to travel long distances/at high speeds, contribute to whether someone is able to get where they need to go in their vehicle. It is important to consider Complete Streets policies and access to alternative forms of transportation to help communities get where they need to go.

Percentage of Households without a Vehicle



In New Mexico overall, about 5.7% of households do not have access to a vehicle. In the PHS 10-County Area, Socorro, Bernalillo and Quay counties have the highest percentage of households without a vehicle. Sandoval and Torrance counties have the lowest percentage of households without a vehicle, which would indicate that more people in those counties have the ability to travel to grocery stores, access medical care and more.

Community Input on Social Health

Input from community members via forums and surveys highlighted major gaps in social health due to low or no access to transportation, healthy affordable food, childcare, social services, housing, and other resources for healthy living and quality of life in rural and tribal communities.

The community suggests Presbyterian specifically do the following to impact Social Health:

- Invest in effective community organizations and services
- Invest in public/private community infrastructure efforts including housing development, green spaces, broadband internet expansion, and transportation
- Act as an anchor institution, community convener, and policy advocate on behalf of the community
- Expand and replicate Food Access and Nutrition Education interventions across the state
- Expand affordable gym membership/ discounts through insurance in rural and smaller communities
- Mobile and "pop-up" clinics, community para-medicine
- Create community gardens and "tiny forests" on Presbyterian property



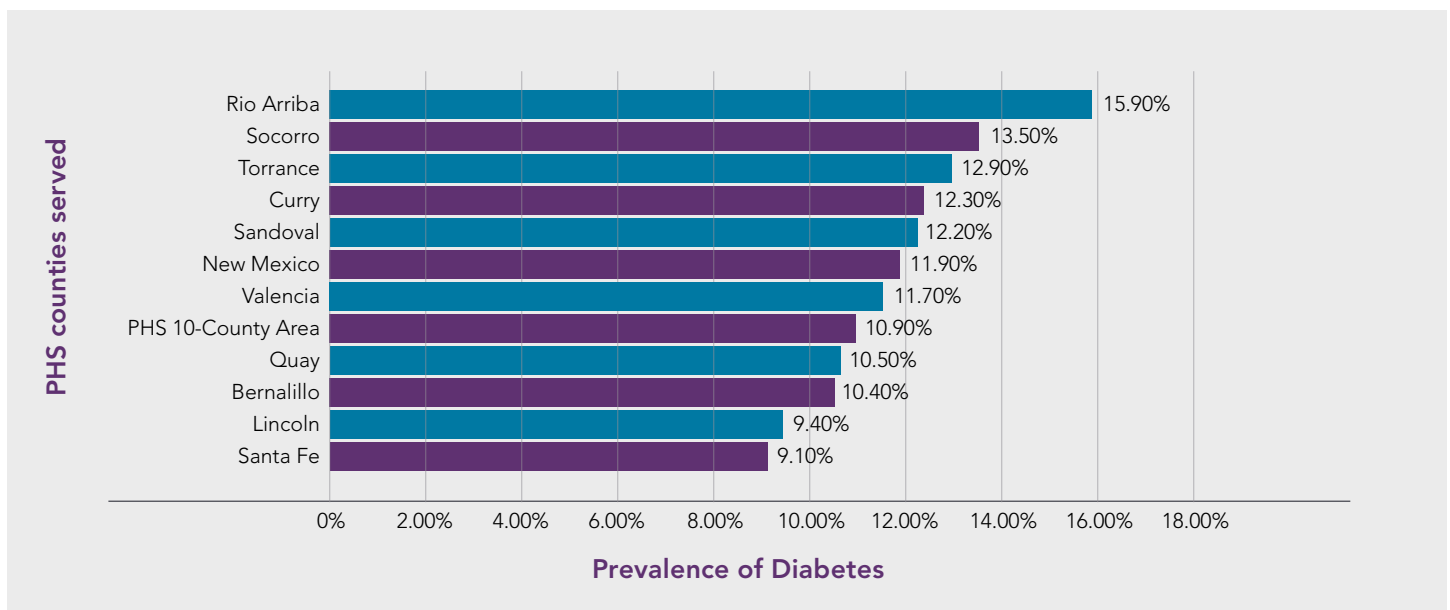
Physical Health

Prevalence of Diabetes

About 12% of New Mexico’s population reports they have been told by a doctor they have diabetes. The estimate is a percentage of people who said their doctor has told them at any point in their life that they have diabetes. This presumes access to a healthcare provider to make that diagnosis and therefore is dependent on healthcare access factors.

We can extrapolate some correlations from these data. We can see that Santa Fe has the lowest prevalence of diabetes, the best healthy food environment, and the lowest food insecurity rate in the PHS 10-County Area. When we look at healthcare access, almost 75% of the population of Santa Fe has a regular primary care provider (PCP) and Santa Fe ranks third in PCP to population ratio, meaning Santa Fe has more providers per person compared with other counties in New Mexico. Finally, Santa Fe ranks fourth in the state for percentage of adults who get the recommended exercise and fourth in the percentage of people who eat the recommended amounts of fruits and vegetables. This type of analysis, while incomplete, helps inform decisions about allocating resources from the Presbyterian system to communities.⁶

Prevalence of Diabetes 5-year estimates – 2016-2020



Compared with New Mexico overall, the PHS 10-County Area has a slightly lower prevalence of diabetes (11%). Within the 10-County Area, Rio Arriba County has the highest prevalence of diabetes, at about 16% of the population, followed by Socorro, Torrance, Curry and Sandoval counties. Santa Fe, Lincoln and Bernalillo counties have the lowest prevalence of diabetes.

⁶ Behavioral Risk Factor Surveillance System. 2016-2020. Retrieved from NM IBIS

Physical Health

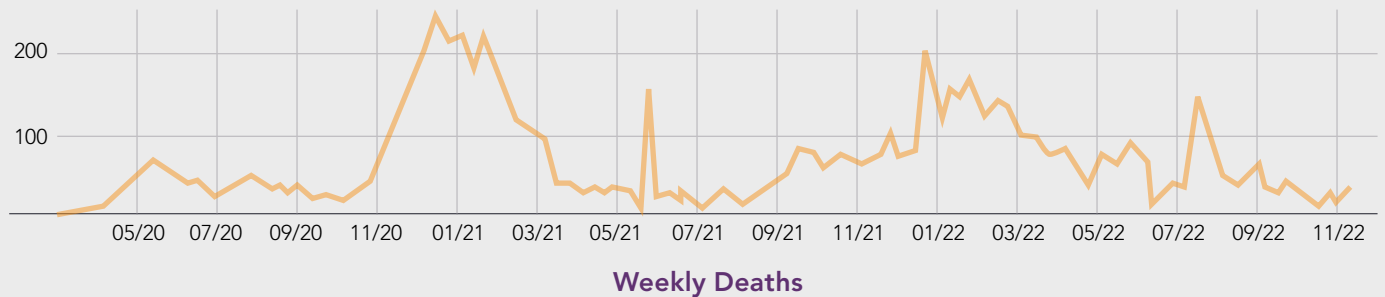
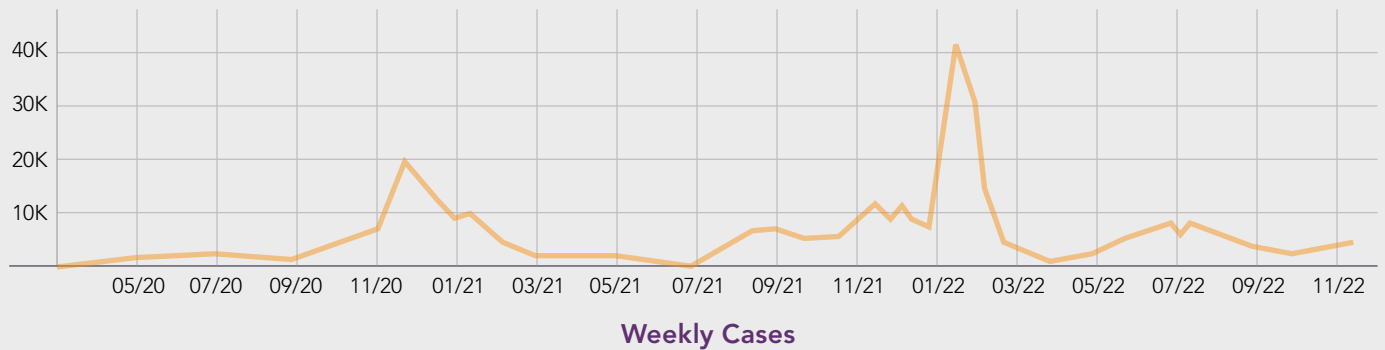
Vaccinations

Vaccines have been shown to reduce transmission and prevent severe disease. Data below include 2020, which saw a dramatic drop in flu vaccinations. Community input and feedback indicated a lack of understanding about the need to get vaccinated for flu because people were adhering to COVID-19 precautions including masking and social distancing. That being said, flu vaccinations have historically been low in Torrance, Curry, Socorro and Lincoln counties, which also saw the lowest percentage of people getting vaccinated for COVID-19. Efforts to increase vaccinations should be focused on these communities, especially when exploring and identifying community-wide barriers to vaccination.⁷

Cases and Deaths in New Mexico

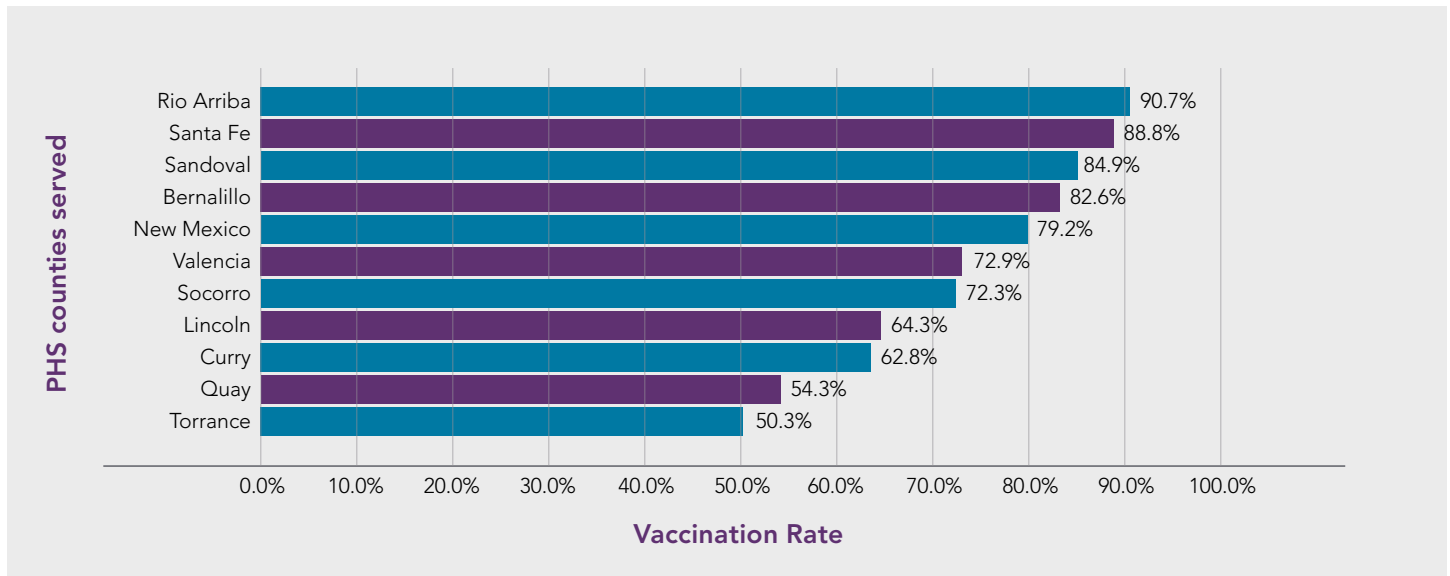
Data through Wed Nov 09 2022

Total Cases	4313	Total Deaths	30
Weekly Case rate per 100k	205.7	Weekly Death rate per 100k	1.4



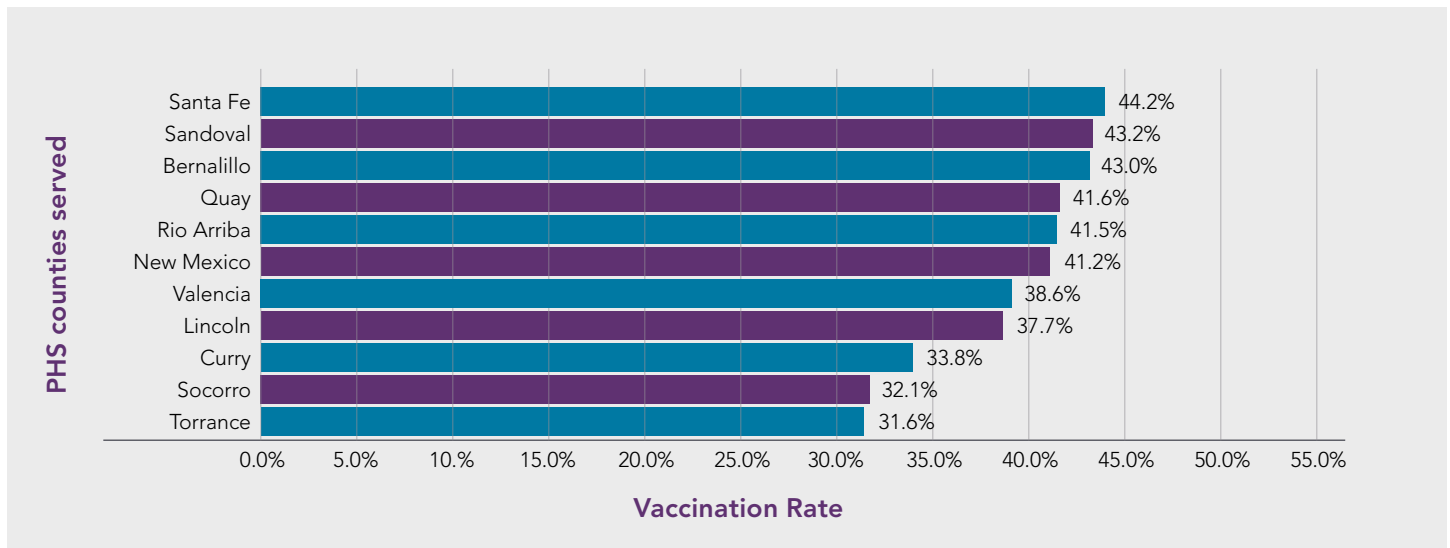
⁷ Flu Vaccination Percentages. Behavioral Risk Factor Surveillance System. 2018-2020. Retrieved from NM IBIS.

Percentage of Eligible Population Vaccinated Against COVID-19 COVID-19: All Time (2020 - Summer 2022)



* Note: the data pulled for individual counties was current through July 2022, but statewide counts are current as of November 2022. Vaccination events and efforts should be focused on those counties who have the lowest percent of the population vaccinated.

Percentage of Adults Vaccinated Against Flu – 3-year Estimates – 2018-2020



In individual counties, Torrance, Quay, Curry and Lincoln counties have the lowest vaccination coverage rates for COVID-19 and flu. Rio Arriba, Santa Fe, Sandoval and Bernalillo counties have the highest vaccination rates in the PHS 10-County Area and are higher than New Mexico overall. Throughout the state, vaccination coverage for flu is much lower than for COVID-19.

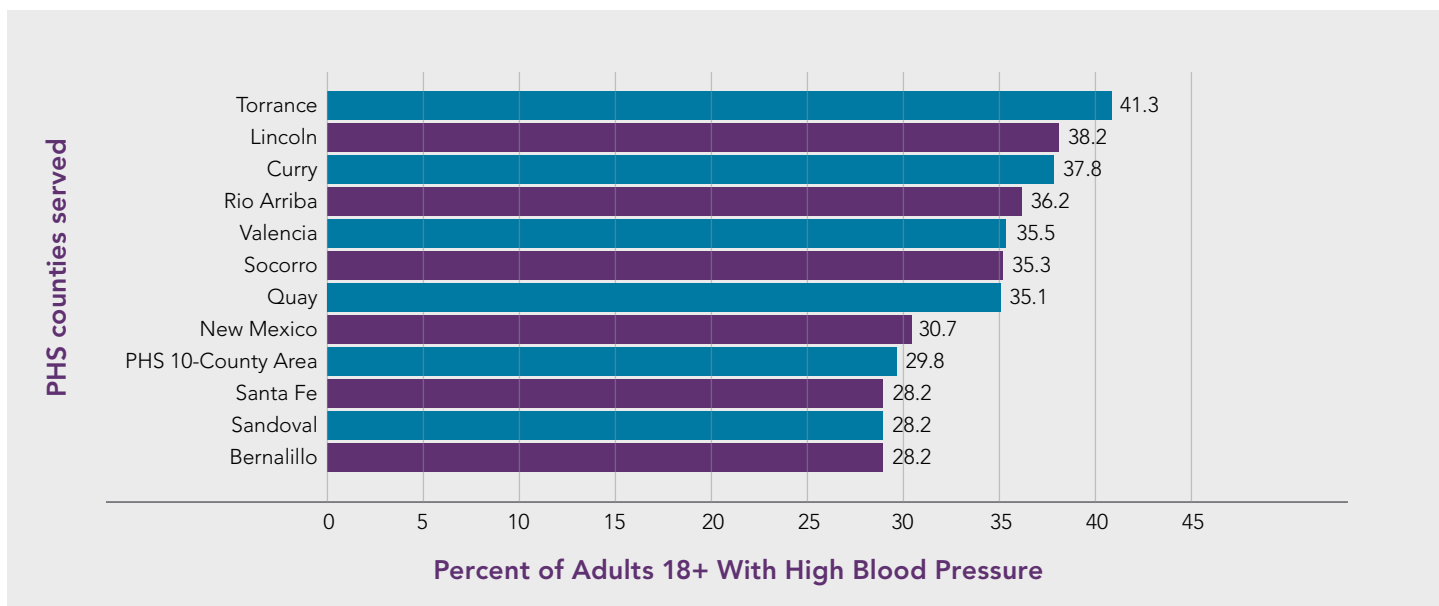
Physical Health

Hypertension and Heart Disease

High blood pressure, or hypertension, is an upstream cause of heart disease and heart disease deaths. By addressing factors that contribute to high blood pressure, like food and nutrition, physical activity, alcohol use and chronic stress, hypertension can be reversed, and heart disease can be prevented.

Similar to the previous diabetes prevalence metric, the prevalence of hypertension is taken from the Behavioral Risk Factor Surveillance System (BRFSS) in which the survey question asks whether or not the participant has been told by a doctor that they have high blood pressure.

Prevalence of High Blood Pressure 5-year Estimates – 2015-2019



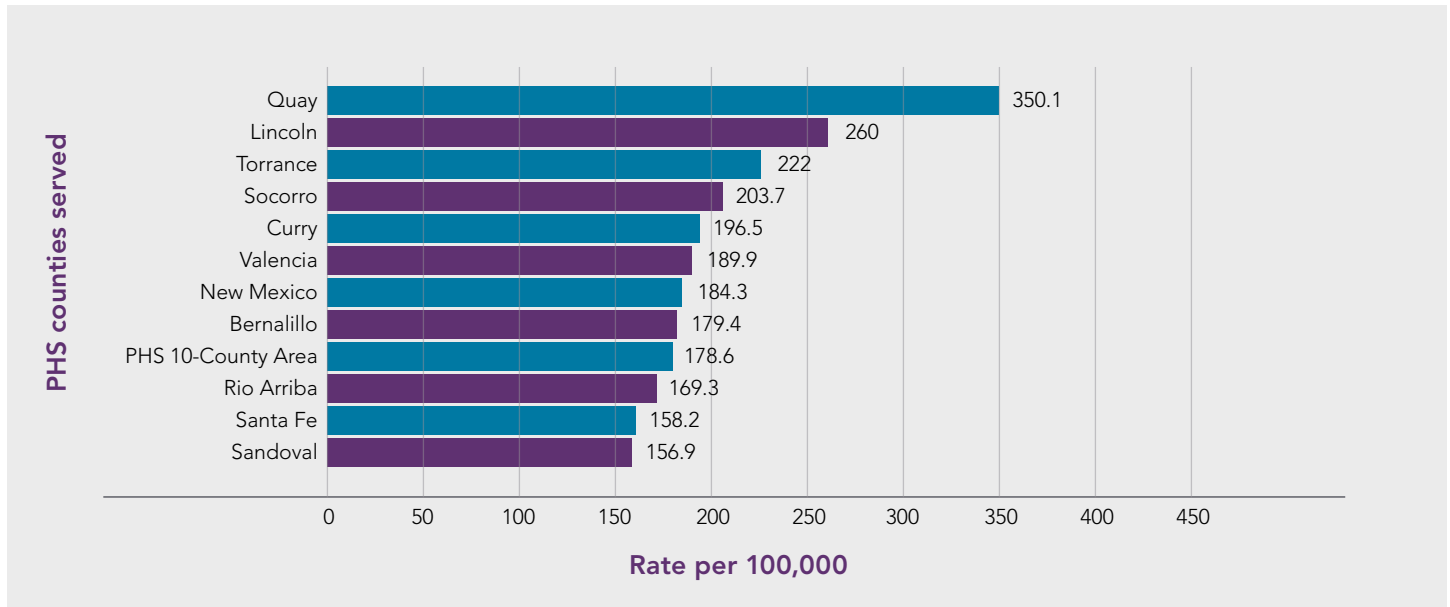
Three counties within the PHS 10-County Area have hypertension rates lower than the state as a whole: Bernalillo, Sandoval and Santa Fe. Counties with the highest rates of high blood pressure are Torrance, Lincoln and Curry.⁸

Finding: Efforts to increase chronic disease self-management and access to healthy foods and regular exercise, as well as reducing the effects of chronic stress, should be focused on counties with high rates of chronic diseases like hypertension, heart disease and diabetes.⁹

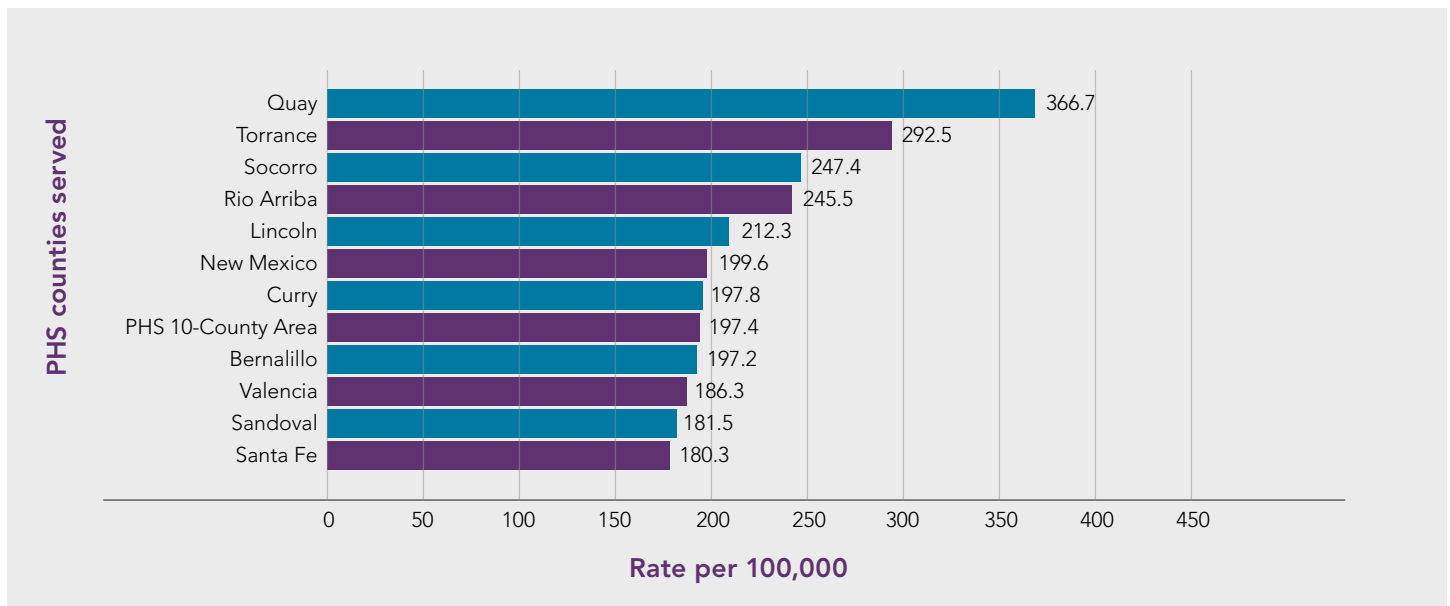
⁸ Physician-diagnosed High Blood Pressure. Behavioral Risk Factor Surveillance System. 2015-2019. Retrieved from NM IBIS.

⁹ Heart Disease Mortality Rate. New Mexico Bureau of Vital Records and Health Statistics. 2015-2019 and 2020. Retrieved from NM IBIS.

Heart Disease Deaths - Rate per 100,000 Population – 2015-2019



Heart Disease Deaths - Rate per 100,000 Population – 2020



In 2020, Quay County had the highest rate of death due to heart disease, followed by Torrance and Socorro counties. Data from the 2015-2019 five-year period (to match prevalence of hypertension) shows that Torrance and Lincoln counties, which had high prevalence of high blood pressure, also had among the highest death rates due to heart disease.

Physical Health

Causes of Death

- **Cancer – Incidence and Mortality**

Cancer continues to be a leading cause of death in New Mexico. Breast, prostate, lung/bronchus and colon (excluding rectum) cancers are the most commonly diagnosed in the state. The cancers involved in the most deaths include (in order of frequency) lung/bronchus, unspecified malignant neoplasms, colon rectum and anus, pancreas and breast. Quay has the highest rate of deaths due to all types of cancer in the PHS 10-County Area. Torrance, Socorro, Lincoln, Santa Fe and Valencia all have cancer mortality rates higher than the New Mexico overall rate.¹⁰

- **Suicide**

Suicide mortality increased dramatically in 2020. Quay County ranked highest in the PHS 10-County Area with nearly double the suicide death rate as Socorro County, which has the second highest rate in the geographical area.¹¹ Population size should be taken into consideration for this metric, as Quay County has one of the smallest populations in the PHS 10-County Area. While the burden of suicide mortality (crude count of deaths) may be lower than in other counties, the small population indicates that the rate is excessively high.

- **Drug Overdose**

Deaths due to drug overdose also skyrocketed in 2020. New Mexico has excessively high mortality due to drug overdose deaths, with an overall death rate of 37.8 deaths per 100,000 population compared with 28.3 deaths per 100,000 population nationwide. Rio Arriba has the highest drug overdose death rate in the PHS 10-County Area, followed by Torrance, Socorro and Quay counties. Lincoln, Sandoval and Santa Fe have the lowest death rates and only Lincoln and Sandoval counties have rates lower than the state rate. Lincoln County is the only county in which the death rate improved, and Santa Fe's death rate increased by just 7.5%. From 2019-2020, Quay County had the highest increase – 381.5% – followed by Torrance County with a 253.7% increase and Curry County at 209.4%.¹²

Physical Health

Healthy Eating

Overall, in the PHS 10-County Area and in New Mexico, a smaller percentage of adults report that they consume the recommended 5+ servings of fruits or vegetables daily. In 2019, Northern New Mexico had the highest percentages, with Rio Arriba leading the pack. Santa Fe and Rio Arriba are the only counties in the PHS 10-County Area that have higher prevalence than New Mexico overall. Valencia and Socorro counties have the lowest prevalence of adults who consume 5+ servings of fruits or vegetables daily. Resources for adult fruit and vegetable consumption should be focused on counties with low prevalence of fruit and vegetable consumption.¹³

As for youth, Northern New Mexico once again has a higher prevalence of fruit and vegetable consumption than the state and PHS 10-County Area overall. Socorro has the second highest prevalence, followed by Rio Arriba, Lincoln, Santa Fe and Torrance counties. Quay and Curry counties have the lowest prevalence, so strategies targeting youth fruit and vegetable consumption should prioritize those counties.¹⁴

¹⁰ Cancer Mortality and Incidence data queries. NM Indicator-Based Information System. Retrieved 11/16/2022

¹¹ Suicide Mortality. 2020. NM Indicator-Based Information System.

¹² Drug Overdose Death Rate. 2020. New Mexico Indicator-Based Information System.

¹³ Fruit and Vegetable Consumption. 2019. Behavioral Risk Factor Surveillance System. Retrieved from NM IBIS

¹⁴ Youth Fruit and Vegetable Consumption. 2019. NM Youth Risk and Resiliency Survey, NMDOH and UNM

Physical Health

Healthcare Access

Access to healthcare is complex and multiple factors should be taken into consideration when designing interventions to increase access. Some of those factors have been analyzed here.

All counties within the PHS 10-County Area have more than 85% of their populations covered by some type of health insurance, with Santa Fe and Lincoln County having the highest (Torrance and Quay counties are suppressed due to sample size). Overall, the percentage of adults who went without care due to cost has decreased steadily over time with new lows in 2020. While this is a good metric to understand, it does not mean people are getting the care they need when they need it. It does not include whether people forego care due to long wait times, transportation issues, or other systemic barriers (i.e., provider bias, racism, community stigma). The percentage of people who have a regular PCP also remains high for most counties, with some of the most rural counties falling below the state rate of 70.8% (Rio Arriba, Curry, Valencia).

These are indicators that, in most places, access to medical care is fairly high. However, access to a provider should also be taken into consideration. For example, most counties have a population to PCP ratio of more than 1,000 people per provider, with the exception of Bernalillo and Santa Fe counties. Of the counties ranked, Torrance County has the highest ratio of people to providers, at 15,490 people for every one provider.¹⁵

These high ratios of population to provider illustrate barriers to care that could be addressed by hiring more providers for these local areas. The expansion of telehealth may be contributing to the increase in people who say they have a regular PCP and contributing to the decrease in people who go without care due to cost but is not indicative of people getting care. Other barriers to using telehealth systems include internet capability, which can be an issue especially in rural and frontier communities, as community feedback reflected. The lack of specialist and mental healthcare, including inpatient substance use treatment, creates wide barriers to seeking care for people throughout the PHS 10-County Area.

Community Input on Physical Health

Direct input from community members indicated that language access to health services and health education for people who communicate in Spanish and other languages other than spoken English is a top barrier to physical health. Additionally, the high cost of healthcare, high turnover in providers, lack of available specialty care in both rural and metropolitan areas, access to nutritious food, nutrition education, and transportation were major barriers to opportunities to improve physical health.

The community suggests Presbyterian specifically do the following:

- Expand chronic disease self-management, diabetes self-management, and nutrition education programs—particularly in Spanish
- Increase the number of providers who are culturally aware, bilingual, and/or using trauma-informed practice
- Emphasize a holistic health approach and decrease stigma toward people living with chronic conditions, disability, and because of their weight and size
- Invest in opportunities and programs to promote more physical activity
- Community vaccination efforts

¹⁵ NM IBIS 2011-2020

IMPLEMENTATION PLANS

The community health implementation plans for each county describe goals and strategies developed by Presbyterian and its community partners to impact all the needs prioritized by the community in the CHA. Presbyterian combined all the significant health priorities into three categories – Behavioral, Social and Physical – and each is addressed by goals and strategies within the plan.

These goals and strategies are bold and comprehensive. Through yearly action planning with partners and stakeholders, yearly monitoring of progress, strategic investment, leveraging resources, capacity building, strong partnerships and quality improvement efforts, Presbyterian Community Health will assist each hospital, community health council, other partners, and our healthcare system in the implementation and evaluation of these strategies.

According to the CDC, the success of public health programs requires a broad approach to achieving health improvement, targeting the health behavior itself in the context of the environment in which it occurs. This framework acknowledges there are multiple, complex factors that influence health and are affected by the interaction between the individual, the community and the physical, social and political environments. Strategies were considered and selected using each socioecological level of influence to maximize resources and impact, while acknowledging Presbyterian’s sphere of influence, role as an anchor institution in the community, and collaboration with local, state and federal partners.



Behavioral Health Goals, Strategies and Performance Measures



Long-Term Goal	Strategic Goals	Strategies, Activities, Interventions	Population Level Outcomes Measures	Key Performance Measures
All New Mexicans have access to behavioral health services to improve overall well-being	<ol style="list-style-type: none"> 1. Improve prevention and treatment of unhealthy substance use including tobacco, alcohol, and illicit drugs for youth and adults. 2. Increase access to behavioral health services and reduce stigma associated with accessing those services for youth and adults. 	<ul style="list-style-type: none"> • Support delivery of behavioral health services by expanding the paraprofessional workforce (e.g., Peer Support), specializing in substance use and mental health. • Increase access to and awareness of available behavioral health services and resources through referrals, education and anti-stigma messaging campaigns. • Support and collaborate with care teams implementing evidence-based interventions that identify, treat and manage patients with substance use disorder (SUD) or behavioral health conditions. • Provide workforce and community training, presentations and educational opportunities to build skills in culturally responsive and inclusive support of individuals' mental health or SUD. • Support positive youth development to build increased resiliency and reduce toxic stress. • Support policies that remove barriers and increase access to services that support behavioral health. • Serve on boards and coalitions, identify strategic community investments, and partner with organizations and health councils working to improve behavioral health. 	<ul style="list-style-type: none"> • Prevalence of adult frequent mental distress • Deaths of despair • Youth sadness and hopelessness 	<ul style="list-style-type: none"> • # of patients engaged by Peer Support Program • % of people participating in Peer Support Services • # of referrals to community providers and organizations that support behavioral and social health • # of people trained in Mental Health First Aid and other behavioral health-related trainings • % county residents who said a provider talked with them about polysubstance use (New Mexico Community Survey) • % county residents reporting past 30-day, polysubstance use • # of community-based agencies trained on use of naloxone • increased initiation and engagement of treatment for alcohol and other drug dependence for patients and members

County-Specific Behavioral Health Strategies



Central New Mexico

- Continue to partner with Behavioral Health Human Services Department and the Office of Substance Abuse Prevention to implement the Substance Abuse and Mental Health Services Administration Strategic Prevention Framework, in partnership with communities to slow the onset and reduce the progression of substance use and its related problems while strengthening capacity and infrastructure.
- Prioritize polysubstance use (concurrent use) and harm reduction among men, Hispanic, Native American and LGBTQIA+ populations in Bernalillo, Sandoval and Valencia counties.
- Partner and align with community coalitions, service providers and local initiatives focused on behavioral health, including the Bernalillo County Behavioral Health Addiction Treatment Advisory Board; Albuquerque Celebrates Recovery Advisory Board; Women in Leadership, Sandoval County Behavioral Health Coalition; Native American Partnership; and Valencia County Community Wellness Council and DWI Council.
- Serve on boards and coalitions, identify strategic community investments, and partner with organizations and health councils working to improve behavioral health.

Socorro

- Implement Virtual Peer Support model at Presbyterian Socorro General Emergency Department.
- Continue Infant Mental Health Birth to Five dyadic relationship.
- Support Heritage Program for Senior Adults.

- Implement Regional Community Health model in Southeast New Mexico to assist patients, members and the community with access to healthcare services including behavioral health services and overall well-being.

Curry | Lincoln | Quay

Rio Arriba

- Sustain Peer Support Services in Presbyterian Española Hospital Emergency Department.
- Partner and align with community coalitions, service providers and local initiatives focused on behavioral health, including the Rio Arriba Health Council.

- Partner with the Integrated Addiction Medicine Consult Team in the development and implementation of Medication Assisted Treatment initiation programs and treatment of alcohol use disorder.
- Facilitate continuum of and transitions to care with Integrated Addiction Medicine Team.

- Continue to partner with Esperanza Shelter and other community-based organizations to provide workforce training.
- Partner and align with community coalitions, service providers and local initiatives focused on behavioral health, including the Santa Fe County Behavioral Leadership Team and the Criminal Justice Local Coordinating Council.

Santa Fe



Goals, Strategies and Performance Measures

Long-Term Goal	Strategic Goals	Strategies, Activities, Interventions	Population Level Outcomes Measures	Key Performance Measures
<p>All New Mexicans live in social conditions that promote attaining the full potential of health and well-being</p>	<ol style="list-style-type: none"> Increase patient and member connections to PHS, community, and government resources and services that address health-related social needs. Increase access to affordable, healthy food for households experiencing highest rates of food insecurity. 	<ul style="list-style-type: none"> Increase screening and referrals to services and interventions that address health-related social needs. Expand and sustain paraprofessional workforce (e.g., Community Health Workers (CHWs)) to address social barriers to care. Build cross-sector, coordinated statewide partnerships that connect individuals to health-related social need resources through closed loop referrals, community capacity building, and investment. Increase access to healthy, affordable food in low food access communities. Support anchor institution strategies to improve health, social conditions and economic opportunity inside and outside Presbyterian facilities. Support policies that remove barriers and increase access to services that support social health, including affordable housing, broadband access and local, state and federal benefit programs. Serve on boards and coalitions, identify strategic community investments, and partner with organizations and health councils working to improve social health. 	<ul style="list-style-type: none"> Severe Housing Cost Burden Food Environment Index Transportation 	<ul style="list-style-type: none"> # of patients screened for health-related social needs Increase statewide closed-loop referral partnerships for each social need domain # of patients referred to resources by CHW # of patients participating in food access programs (i.e., Northern Roots) Decrease in reported food insecurity Increase in access to care measures (i.e., well-child visits, preventative screenings) as a result of participation in produce prescription programs.

County-Specific Social Health Strategies

Central New Mexico

- Increase referrals to and participation in the Community Health Food Farmacy, including providing innovative transportation solutions with partners like Albuquerque Ambulance Community Paramedics, Presbyterian Health Plan and Uber.
- Sustain Community Garden project at the Community Health Resource center.
- Partner and align with community coalitions, service providers and local initiatives focused on local food systems and food access, including Meals on Wheels, New Mexico Farmers' Marketing Association, Three Sisters Kitchen, Rio Grande Food Project, Roadrunner Foodbank, Women, Infants and Children (WIC), and community and tribal health councils.
- Partner and align with community coalitions, service providers and local initiatives focused on positive youth and family development, resiliency, social support and prevention of violence and trauma, including the Valencia Community Wellness Council; Rising Together; Missing & Murdered Indigenous Women/Relatives task Force; Together4 Brothers; Native American Professional Parenting Resources; Bernalillo County Home Visiting Work Group; Enlace Comunitario and others.

- Support and sustain CHWs located at PMG to support patients in addressing health-related social needs.

- Expand and sustain the Northern Roots Produce Prescription Program, providing families with children comprehensive support for healthy food, nutrition education, and resource navigation tailored to pregnancy and childhood.

- Increase referral relationships to community programs and services that support healthy pregnancy, postpartum and early childhood, including home visiting programs, breastfeeding/nutrition, education/support groups, childcare/head start, and WIC. Partner with Rio Arriba County Early Childhood Collaborative on community initiatives.
- Explore expanding/adapting food access programs and navigation support tailored to older adults and grandparents raising grandkids.
- Continue to partner with local workforce pipeline and job training programs, including Española High School Health Pathways Program.
- Continue to partner with the Española YMCA Teen Center to provide food and snacks.

Rio Arriba

Socorro

- Continue to support produce prescription programs for early childhood in partnership with local food retailers and Socorro County Options, Prevention and Education health council.
- Implement the Child Safety Seat Program and support patient supply donation program.

- Implement Regional Community Health model in Southeast New Mexico to assist patients, members and the community with access to healthcare services including social needs resources.

Curry | Lincoln | Quay

- Increase referral relationships to community programs and services that support healthy pregnancy, postpartum and early childhood, including home visiting programs, breastfeeding/nutrition, education/support groups, childcare/head start and WIC.
- Explore expanding/adapting food access programs and navigation support tailored to older adults, grandparents raising grandkids, and the perinatal time period, as well as the Southside community of Santa Fe.
- Participate in Santa Fe Connect, a network of navigators at clinics, community organizations, and city and county programs.
- Continue to partner with local workforce pipeline and job training programs, including Future Focused Education, as well as identify new opportunities.
- Partner and align with community coalitions, service providers and local initiatives focused on Social Health, including but not limited to Santa Fe Food Policy Council, Food Depot, Santa Fe Connect, Early Childhood Collaboratives, Chamber of Commerce, and city and county committees.

Santa Fe



Physical Health



Goals, Strategies and Performance Measures

Long-Term Goal	Strategic Goals	Strategies, Activities, Interventions	Population Level Outcomes Measures	Key Performance Measures
All New Mexicans have access to healthcare and healthy environments that promote improved physical health	<ol style="list-style-type: none"> 1. Improve prevention and self-management of chronic disease. 2. Improve COVID-19 and Flu vaccination status among high-priority populations 	<ul style="list-style-type: none"> • Increase equitable access to healthy lifestyle opportunities that support the prevention and management of chronic disease. • Implement food as medicine interventions that support chronic disease management, pregnancy, early childhood and older adults. • Increase equitable access to COVID-19 and Flu vaccines among high-priority populations. • Implement enterprise-wide Health Equity strategies that address access to care barriers among populations that experience health disparities, including perinatal and LGBTQIA+ populations. • Improve ability for individuals to access care to manage their health and navigate healthcare systems. • Support policies that remove barriers to healthcare and improve the delivery of services. • Serve on boards and coalitions, identify strategic community investments, and partner with organizations and health councils working to improve physical health. 	<ul style="list-style-type: none"> • Diabetes Diagnosis • Heart Disease Mortality • % eligible vaccinated Flu/COVID-19 	<ul style="list-style-type: none"> • Patients referred and program completion, by priority population • Health goals met and well-being improvement (self-reported) • Blood sugar control and incremental improvement in A1C

County-Specific Physical Health Strategies



Central New Mexico

- Support and sustain CHWs located at PMG to support patients in the prevention and management of chronic disease.
- Utilize the Community Health Resource Center, PMG Las Estancias, and other community teaching kitchens to support healthy eating classes, emotional well-being, community connection, chronic disease self-management and other wellness offerings.
- Partner and align with community coalition service providers and local initiatives focused on place-based initiatives, healthy eating and active living, including but not limited to Healthy Here; Health Equity Council; Valencia County Community Wellness Council; Partnership for a Healthy Torrance County; Sandoval County Health Council; Agri-Cultura Network; International District Healthy Communities Coalition; T4B; Running Medicine; Albuquerque CiQlovia; Bike ABQ; CABQ Vision Zero; New Mexico Diabetes Advisory Council; Sprouting Kitchen; Cooking with Kids; Sunflowers for Change; and Kids Cook!

- Implement Fresh Rx produce prescription program to support patients with chronic disease in partnership with the New Mexico Farmers' Market Association.

- Collaborate with Community Health on county-specific access to care issues and appointment support, including technology, transportation and telehealth.
- Support and sustain CHWs located at PMG to support patients in the prevention and management of chronic disease.

- Implement the Fresh Rx produce prescription program to support patients with chronic disease in partnership with the New Mexico Farmers' Market Association and the Española Farmers' Market.

- Maintain Baby-Friendly Designation.

Rio Arriba

Socorro

- Support and sustain CHW role.
- Partner with Ideas for Cooking and Nutrition (ICAN) with New Mexico State University.
- Implement the Fresh Rx produce prescription program to support patients with chronic disease.
- Implement and support the First-Born Socorro and More Home Visiting Program.
- Partner with SCOPE health council on healthy eating, active living and chronic disease programming.

- Implement Regional Community Health model to assist patients, members and the community with access to healthcare services including access to physical activity, nutrition, chronic disease self-management and vaccinations.

Curry | Lincoln | Quay

- Increase access to primary care providers.
- Increase access to care and services through the development of a Wellness Park on the Santa Fe Medical Center (SFMC) Campus.
- Host the Del Sur Farmers' Market in partnership with Santa Fe Farmers' Market and Santa Fe Farmers' Market Institute and programming partners, including Cooking with Kids, WIC, Youthworks and more.
- Create a healthy hospital food environment through the purchase of locally sourced produce and food items.
- Utilize SFMC community teaching kitchen to support healthy eating classes, emotional well-being, community connection, chronic disease self-management, and other wellness offerings, as well as SFMC campus walking trails for physical activity.

Santa Fe

CONCLUSION

As noted in our community health plans, Presbyterian has strategies for all of the significant health needs identified in our Community Health Assessment. Presbyterian understands the issues identified are extensive and complex and require a long-term, comprehensive, multi-sector collaborative approach to address the many aspects of Behavioral, Social and Physical health needs in each county. In areas Presbyterian where has less direct influence, we will identify opportunities that impact change through policy, partnerships and community investment.





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