Presbyterian Healthcare Services
Community Health Needs Assessment (CHNA)

Presbyterian Central New Mexico – Presbyterian Hospital, Kaseman Hospital, Rust Medical Center and Santa Fe Medical Center (under development)

2016 - 2019

⚘ PRESBYTERIAN

www.phs.org

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Executive Summary

In alignment with our purpose to improve the health of the communities we serve and in compliance with the IRS, Presbyterian Central New Mexico will complete a Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) every three years. The CHNA describes the community served, the process for conducting the needs assessment, as well as a general description of the resources that exist in the community to meet the identified needs.

The CHNA is the final product that documents the process Presbyterian Healthcare Services (PHS) completed in 2016, in partnership with local community health councils, in which they identified significant health needs and Presbyterian prioritized them. Presbyterian Central New Mexico hospitals (PCNM) include Presbyterian Hospital, Presbyterian Kaseman Hospital and Presbyterian Rust Medical Center. A new hospital is under construction in Santa Fe and will be included in Central New Mexico in the 2016-2019 CHNA. The community PCNM serves includes the counties of Bernalillo, Sandoval, Santa Fe, Torrance and Valencia counties.

Given the Presbyterian investment in the community health priorities of healthy eating, active living, and prevention of unhealthy substance use, and the alignment of these priorities with the community needs of counties in Central New Mexico we will continue our focus on these existing priorities. In response to the assessment of particular and significant needs, Presbyterian will also focus on behavioral health in all counties except Santa Fe County, violence prevention in Bernalillo and Valencia counties, and economic development in Sandoval County.

For 2016-2019, the community health priorities for Central New Mexico will be:

1. Healthy eating

2. Active living

3. Prevention of unhealthy substance use

In Bernalillo, Sandoval, Torrance, and Valencia counties additional priorities include:

4. Behavioral health

In Bernalillo and Valencia counties additional priorities include:

5. Violence prevention

In Sandoval County additional priorities include:

6. Economic development

New Mexico is ranked 37th in the country for overall health and often has some of the worst rankings for social indicators of health, including child poverty. This CHNA presents significant health data to give an overview of the health status of the community served and provide context for the selection of health priority areas. Many of these indicators relate directly to health priorities

determined at national (www.Healthypeople.gov), state, and county levels, as well as to the PHS health priorities.

The Community Health Improvement Plan (CHIP) that accompanies this CHNA is a comprehensive plan that PHS developed with community partners to impact the prioritized health needs from the CHNA. Please see the Central New Mexico CHIP on our website www.phs.org for detailed goals, intervention strategies, and resources PHS has committed for 2016-2019 in order to improve the health of the communities we serve.

Acknowledgements

The 2016-2019 CHNA process could not have been completed without the help and input from the county health councils, the volunteer community leaders that make up each of PHS's hospital Boards of Directors, community organizations and community members and representatives from the New Mexico Department of Health. Presbyterian is very grateful for the support of each county health council and their willingness to partner. Through close and continued collaboration, PHS, with the help of community partners, hopes to have a lasting and meaningful impact on health and equity in New Mexico.

Community Health Needs Assessment

The purpose of this document is for Presbyterian Central New Mexico to meet the IRS requirements for Form 990 Schedule H related to the Community Health Needs Assessment (CHNA). The CHNA describes the community served, the process for conducting the needs assessment, as well as a general description of the resources that exist in the community to meet the identified needs.

PCNM is part of a larger health system referred to as Presbyterian Healthcare Services (PHS) or Presbyterian. Presbyterian's overarching purpose is to improve the health of the patients, members and communities it serves. PCNM's role in achieving this purposes focuses on the patients, members and communities of Bernalillo, Sandoval, Torrance and Valencia counties.

Presbyterian operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian Hospital is Presbyterian's flagship hospital. Presbyterian's metro area medical centers, including Presbyterian Hospital, are accountable to a board of committed community leaders. Presbyterian is the second largest private employer in New Mexico with more than 10,000 employees and provides services to one in three New Mexicans.

In addition to the expansion of community health priorities for the next three years, PHS designated a new Center for Community Health in 2016 with a focus on community health improvement. The Director, Leigh Caswell, MPH, has over 10 years of public health experience in New Mexico. The Center for Community Health is staffed by individuals with public health experience and expertise, including a Community Health Epidemiologist hired in 2016. The Presbyterian Center for Community health is committed to community health improvement through community engagement and sustainable collective impact.

The Presbyterian Center for Community Health assisted Presbyterian Central New Mexico to complete and report the Community Health Needs Assessment (CHNA) and the Community Health Implementation Plan (CHIP) for 2016-2019. Presbyterian Central New Mexico will continue to receive support for community health needs assessment and plan implementation and evaluation from the Center for Community Health.

There are multiple existing measures and resources within the Central New Mexico region to support Presbyterian in meeting the identified community health needs. These are expanded on in the Community Health Implementation Plan (CHIP) developed from this CHNA. To access the CHNA and CHIP, visit the Presbyterian website at phs.org or call (505) 559-6852 to request a paper copy.

Description of Community Served

For the purposes of the Community Health Needs Assessment, PHS has generally defined the "community" of each hospital as the county in which the hospital is located. Due to the geography and the overlapping service areas of the three hospitals in Central New Mexico, however, Presbyterian Central New Mexico (PCNM) hospitals have identified their community as Bernalillo, Sandoval, Santa Fe, Torrance and Valencia counties.[1]

The three hospitals currently operated by PHS in Central New Mexico are Presbyterian Hospital, Presbyterian Kaseman Hospital and Presbyterian Rust Medical Center. All three are general acute care hospitals that offer emergency services around-the-clock. PHS also operates 9 urgent care centers, 13 primary care clinics, care in over 50 medical specialties throughout the community, homecare, and hospice care in Central New Mexico.

Presbyterian Hospital is the largest acute care hospital in New Mexico as well as the largest tertiary facility with 453 beds, a full array of adult and pediatric services, and a full range of medical and surgical healthcare services. It operates in a mixed business and residential area at the geographic center of Albuquerque.

Presbyterian Kaseman Hospital was the first satellite hospital in the PHS system and is in Albuquerque's northeast heights, roughly six miles from Presbyterian Hospital. With170 beds, it provides skilled nursing, surgical and emergency services, and a variety of ambulatory services in the campus. It also houses the M.D. Anderson Cancer Center Radiation Treatment Center and Presbyterian Behavioral Health, which offers intensive inpatient services as well as partial hospitalization and outpatient treatment for psychiatric and chemical dependency patients. Other unique services offered at Presbyterian Kaseman Hospital include lithotripsy, inpatient hospice and the Sleep Disorders Center.

Presbyterian Rust Medical Center, located in Rio Rancho (Sandoval County), is a full-service acute care hospital, offering emergency, surgical, obstetric and general medical inpatient care. A multi-specialty clinic is also located on the campus. Other services offered by PHS in Sandoval County include primary and urgent care clinics.

The 30 bed Santa Fe Medical Center, currently under construction and slated to open in 2018, will provide 24-hour/seven days a week emergency services, urgent care, expanded behavioral health services, lab and imaging, surgery, and physical, occupational and speech therapies on an outpatient basis. This hospital will provide additional choice and increased access to care to meet the request of Santa Fe County residents. PHS intends to complement, not duplicate,

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[1]*All three hospitals participate in government programs under one provider number, i.e., one hospital with three campuses.*

existing services in the community in a way that will improve quality, decrease the total cost of care, enhance the customer experience and allow Presbyterian to further expand its skilled healthcare workforce.

Albuquerque is the largest city in the four-county region, with an estimated population in 2015 of 559,121. The most common industries in the city are construction, professional, scientific, and technical services, and accommodation and food services. The city of Santa Fe is the state capital.

The five county region is home to several Native American tribes and Pueblos. There are two reservations – one belonging to the Jicarilla Apache and the other Tohajiilee (part of the Navajo Nation), as well as thirteen Pueblos: Isleta, Laguna, Sandia, Santa Clara, Kewa, Cochiti, Jemez, Santa Ana, Zia, Nambe, Pojoaque, San Ildefonso, and Tesuque.

The Central New Mexico region contains hundreds of providers in all specialties. It is also the site of state headquarters for many national health non-profits including, the American Cancer Society, the American Red Cross, the American Heart Association, American Lung Association, the National Kidney Foundation, the American Liver Foundation, the Lupus Foundation of America, the National Alliance on Mental Illness and the American Diabetes Association. There are also many local organizations that address homelessness, youth development, substance abuse, cancer, senior health, family planning, domestic violence, sexual assault and child abuse.

Demographics

A total of 1,045,498 people live in the 11,191.79 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2010-14 5-year estimates. The population density for this area, estimated at 93.42 persons per square mile, is greater than the national average population density of 88.93 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Central New Mexico	1,045,498	11,191.79	93.42
Bernalillo County, NM	671,429	1,160.82	578.41
Sandoval County, NM	135,191	3,710.61	36.43
Santa Fe County, NM	146,361	1,909.43	76.65
Torrance County, NM	16,037	3,344.76	4.79
Valencia County, NM	76,480	1,066.17	71.73
New Mexico	2,080,085	121,298.4	17.15
United States	314,107,083	3,531,932.26	88.93

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract
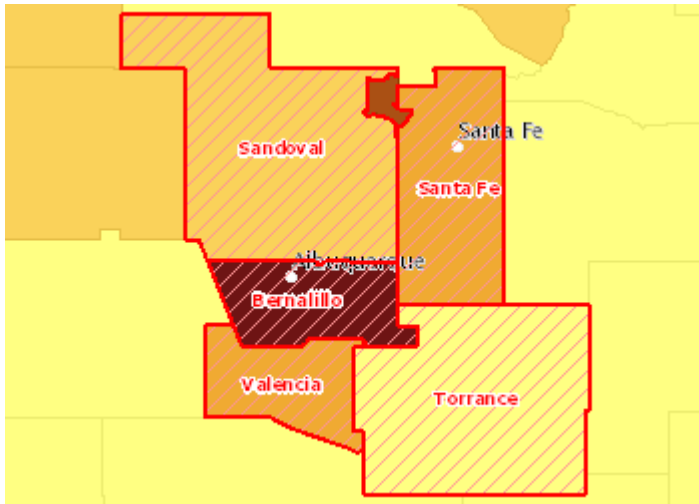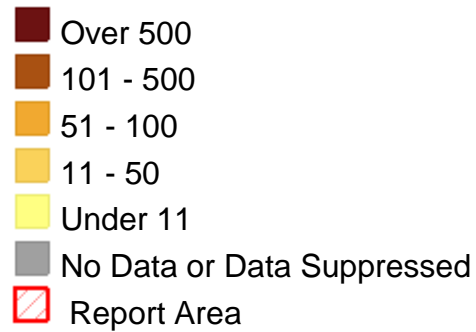
According to the same data source, Sandoval and Valencia counties have a larger percentage of younger residents aged 5-17 than the other counties. Torrance and Santa Fe counties have a larger percentage of older adults age 55+ than the other counties in Central New Mexico. The percentage of the population comprised of Native American/Alaska Natives is highest in Sandoval County than in any other county and compared to the state and national averages.
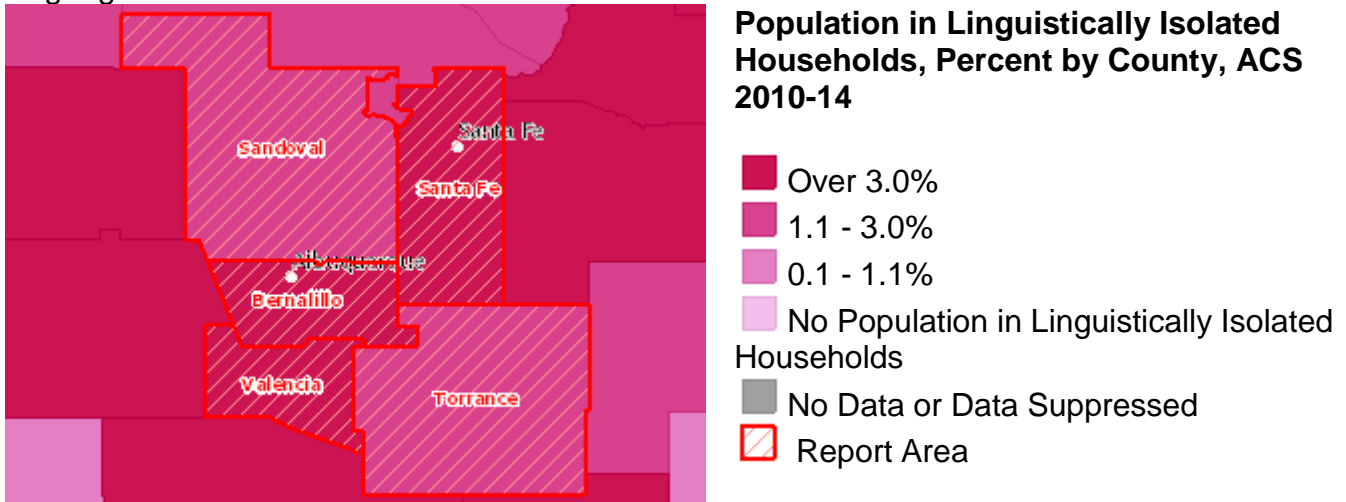
Report Area	White	Black	Asian	Native American/ Alaska Native	Native Hawaiian/ Pacific Islander
Central New Mexico	73.38%	2.4%	1.89%	5.19%	0.08%
Bernalillo County, NM	71.74%	2.88%	2.35%	4.42%	0.1%
Sandoval County, NM	71.55%	2.62%	1.43%	12.45%	0.05%
Santa Fe County, NM	83.39%	0.75%	1.14%	3.08%	0.05%
Torrance County, NM	87.01%	1.33%	0.04%	2.46%	0%
Valencia County, NM	69.11%	1.18%	0.48%	3.75%	0%
New Mexico	73.16%	2.04%	1.37%	9.15%	0.06%
United States	73.81%	12.6%	5%	0.82%	0.17%

Counties in Central New Mexico are fairly racially and ethnically diverse. In Bernalillo County the population is Hispanic/Latino 48.5% Hispanic/Latino compared to 40.8% White alone. In Sandoval County the population is 36.4% Hispanic/Latino compared to 46.1% White alone. Santa Fe County's population is 51% Hispanic/Latino compared to 43.4% White alone. In Torrance County the population is 40.2% Hispanic/Latino compared to 54.5% white alone. Valencia County is the most diverse with 58.9% of the population identifying as Hispanic/Latino compared to 35.2% White alone.[2]

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[2] Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Approximately 4.28% of households are considered limited English speaking households. A "Limited English speaking household" is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English "Very well." This helps identify households and populations that may need English-language assistance.

Population in Linguistically Isolated Households, Percent by County, ACS 2010-14

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed
- Report Area

The median household income (2010-2014) varies from $45,711 in Torrance County to $64,923 in Sandoval County.

Process and Methods for Conducting the Assessment

In 2016, as part of the Community Health Needs Assessment (CHNA) process, Presbyterian Central New Mexico and the Presbyterian Center for Community Health contracted with the Bernalillo, Sandoval, Valencia and Torrance County Health Councils to conduct community health assessments and identify significant community health needs in each county. Each contracted county health council submitted a description of the prioritized needs, sources of supporting data, how the needs were determined, and the alignment of the needs with state and national health goals (Healthy People 2020 www.healthypeople.gov). The methods used by each health council to gather data and determine and prioritize health needs are briefly described below. More details on the community assessment and prioritization process undertaken by each health council, including data collection methods and entities who represent the broad interests of the community, including those with public health experience and expertise who contributed to this assessment can be found in Appendix A.

Bernalillo County
The Bernalillo County Community Health Council (BCCHC) conducted meetings and surveys, compiled and gathered data, and actively sought community input to develop a comprehensive community health needs assessment. Leading health outcome indicators were presented at a public meeting, where community members, Health Council participants, and others provided insights and thoughts about the data presented.

The top five community health needs for 2016-2019 identified by the Bernalillo County Community Health Council and submitted to PHS are:

1. Violence prevention – reduce rates of violent crime and child abuse

2. Reduce the percentage of residents living below the federal poverty line

3. Reduce opioid overdose death rate

4. Improve maternal, infant and early childhood outcomes

5. Reduce the obesity rate

Sandoval County

In addition to sociodemographic and geospatial data pertinent to Sandoval County health access and outcomes, input regarding health needs was obtained for this assessment from a range of individuals with expertise and experience in public health at the New Mexico State Department of Health, Sandoval County Health Council, providers directly involved with a variety of community and hospital based health care and prevention programs, and tribal and business community representatives. Prioritization was determined by baseline health outcomes data and recommendations made by interviewees, within the context of priorities established at the Federal (ACA and HealthyPeople 2020) and State of New Mexico levels.

The top six community health needs for 2016-2019 identified by the Sandoval County Health Council and submitted to PHS are:

1. Access to Health Care

2. Mental and Behavioral Health

3. Preventive Services/Chronic Care Management

4. Nutrition, Physical Activity and Obesity

5. Health Literacy and Wellness

6. Communities Collaborating around Health

Torrance County

The Torrance County Health Council regularly conducts a community assessment using both quantitative and qualitative data to develop a community profile, identify community health priorities and inform the strategic planning process. An updated assessment was conducted and submitted to PHS in 2016. This assessment utilized publicly available epidemiologic data as well as a survey intended to gather direct community input on the health and well-being of individuals, families and the community. In addition to the surveys, the health council incorporated findings from community focus groups and key person interviews with recognized community leaders related to youth and substance-related issues. Ongoing dialogue about problem identification and emerging issues continued through monthly council and work group meetings, annual community forums, semi-annual Youth Leadership Summits, and quarterly community-based trainings. Based on assessment outcomes, data supports, compatibility with existing programs, and community readiness and willingness to address these issues, the Torrance County Health Council identified and prioritized the most significant health needs in Torrance County.

The top five community health needs for 2016-2019 identified by the Torrance County Health Council and submitted to PHS are:

1. Teen Births
2. Substance Abuse
3. Community Violence
4. Abuse and Neglect
5. Access to Services

Valencia County

The Valencia County Health Council in partnership with the New Mexico Department of Health (NM DOH) and Presbyterian Healthcare Services (PHS) conducted a community health assessment for Valencia County. Dr. David Broudy from the New Mexico Department of Health compiled epidemiologic data to help the council assess needs in Valencia County. Significant health indicators were compared to HealthyPeople 2020 health priorities/concerns as well as the current DOH priorities. Needs were then reviewed and ranked by the health council as well as presented to the Community at: Community Town Halls, CRUNCHs (Community RUN down on Community Health), and through community trainings. The community was provided training and instruction to increase their knowledge of the health indicator data. The council's process recognized the importance of community capacity building when developing top health priorities for Valencia County. The community then provided input into the ranking of the health indicators that were supported by dataand voted on items recognized by the community to be the top (5) health priorities. The council then voted to elevate priorities.

The top five community health needs for 2016-2019 identified by the Valencia County Health Council and submitted to PHS are:

1. Reduce child abuse rates
2. Reduce drug overdose deaths
3. Reduce the proportion of adolescents who experience major depressive episodes
4. Reduce the use of alcohol or illicit drugs in adolescents
5. Increase vegetable consumption

Santa Fe County

The preliminary community health needs assessment for Santa Fe County was conducted by the Community Health Epidemiologist, Meredith Root-Bowman, MPH, MPA with input and data from the Department of Health Community Epidemiologist in the Health Promotion Program for the Northeast Region, Kelly Gallagher, Ph.D. This data was also provided to Christus St. Vincent Hospital in Santa Fe for the completion of their 2016 CHNA. The Santa Fe County health Policy and Planning Commission and Santa Fe County Community Services Department FY 2015-2017 Action Plan was reviewed for alignment. Significant health priorities for Santa Fe County were determined by Center for Community Health staff based on epidemiological data, consultation with public health experts, government and other healthcare organizations priorities, alignment with current PHS strategy and feasibility.

Presbyterian of Central New Mexico Process
The Center for Community Health worked with Presbyterian Central New Mexico (PCNM) leadership to review and prioritize the significant health needs for 2016-2019 for this region. Per IRS requirements, PCNM heavily weighted community input in identifying and prioritizing significant health needs. The importance to the community as well as consideration of size and severity of the need, community assets, alignment with PHS purpose, vision, and values, existing interventions, sustainability, resources, and potential for greatest impact informed the selection and prioritization of three significant health needs PCNM will address in Central New Mexico.

Based on community input, alignment with county priorities, the potential to impact significant health issues in New Mexico, and the substantial investment in these areas in 2016-2019, Presbyterian will continue to focus on the following areas in all five counties that make up the Central New Mexico region:

1. Healthy eating

2. Active living, and

3. Prevention of unhealthy substance use

In response to community needs and priorities, additional PHS priorities for 2016-2019 include:

4. Behavioral health in Bernalillo, Sandoval, Torrance, and Valencia counties

5. Violence prevention in Bernalillo and Valencia counties, and

6. Economic development in Sandoval County

As part of the Community Health Needs Assessment process, community health forums facilitated by the Director of the Presbyterian Center of Community Health and the Community Health Epidemiologist were held in each county to gain insight into the specific barriers, opportunities and potential strategies for achieving the stated priorities in each community. Input affirmed the health priority areas and provided valuable information on community assets and potential partners for community health improvement plans. As outlined in the IRS requirements, forum participants included:

- People with special knowledge of or expertise in public health

- Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility

- Leaders, representatives or members of medically underserved, low- income and minority populations and populations with chronic disease needs in the communities served by the hospitals

- Business and economic development professionals and non-profit leaders

A summary of the community health forums including a list of participants for each can be found at the end of this report (Appendix B). Community members, forum participants, and those unable to attend forums were encouraged to contact the Center for Community

Health with any additional comments and input. Additional input on the detailed implementation plans was gathered from the County Health Council Coordinators and NM DOH representatives.

Significant Health Data

Data Overview

This report relies heavily on the use of indicators of community health in the following categories: Clinical Care, Social & Economic Factors, Physical Environment, Health Behaviors, and Health Outcomes. Many of these indicators relate directly to health priorities determined at national (www.Healthypeople.gov), state, and county levels, as well as to the PHS health priorities. Most of the data presented in this report is from national data sets, prepared and presented specifically for use in CHNAs by non-profit hospitals, courtesy of Community Commons. Data, methods, and additional indicators can be found at www.communitycommons.org. These indicators and mode of presentation were chosen for ease of comparison and clear visualization of data by county, state, and nation. Because many indicators are compared to both state and national rates, and national data are often released several years late, the years of data may be older than available data for county or state specific indicators. Aggregate data over multiple years is also often reported to ensure more stable rates and keep health events unidentifiable. Several national and state surveys are not conducted on a yearly basis and indicators reflect the most recently available information. Indicators have been reviewed against data available from the New Mexico Department of Health (NMDOH) surveillance and indicator based information system for consistency of trends. Supplementary information available from the NM DOH and from other sources is used when necessary for a comprehensive assessment of health needs in each county.

To highlight health issues in each of the counties, health indicators that indicate worse health than the New Mexico or national average will be emphasized. New Mexico health indicators are often worse than the national average.

Many of the health indicators are recorded by "rate". Comparing defined rates across different subgroups helps reveal health concerns and the conditions which may lead to poor health. A rate for a health indicator can be calculated when the numerator is a subset of the total population of interest, the denominator. For example, the death rate for heart disease in New Mexico is 203.8 per 100,000. This means that for a group of 100,000 people, nearly 204 will die from heart disease. The population of New Mexico is over 2 million. Based on this estimate, 4,076 people in New Mexico die from heart disease each year.

# County Health Status

Clinical Care

Despite the fact that the Central New Mexico region has the largest population and metropolitan center in the state, access to healthcare remains a concern. A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention

indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Both Torrance and Valencia counties are geographic areas designated as a "Health Professional Shortage Area" (HPSA) in 2016 by the Health and Human Services Health Resources and Services Administration. HPSAs are defined as having a shortage of primary medical care, dental or mental health professionals. Over fifty percent of Santa Fe County residents live in geographic areas designated as a HPSA. A shortage of health professionals contributes to access and health status issues.
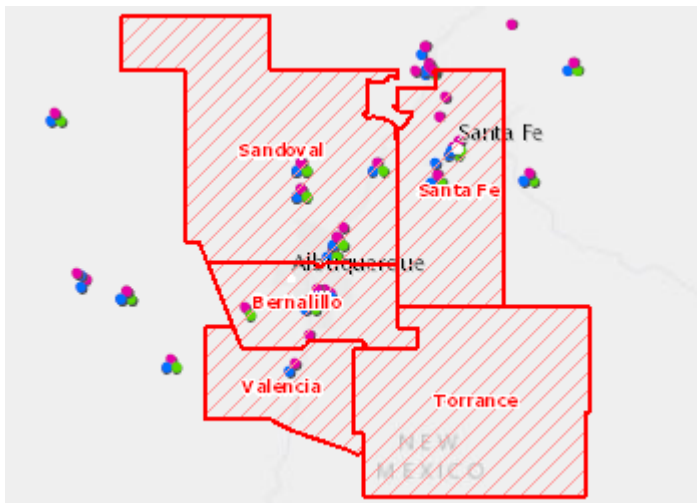

Facilities Designated as HPSAs , HRSA HPSA Database April 2016

- ● Primary Care
- ● Mental Health
- ● Dental Health
- ▨ Report Area

According to HRSA (2013), Torrance (6.4), Valencia (31.5) and Sandoval (60.8) counties have fewer Primary Care Physicians per 100,000 people compared to Bernalillo (102.5) and Santa Fe (106.5) counties and the average rate for the New Mexico (76.2).

In the region there are a total of 28 Federally Qualified Health Centers (FQHC) that provide health care to vulnerable populations: 6 in Bernalillo County, 9 in Sandoval County, 9 in Santa Fe County, 2 in Torrance County, and 2 in Valencia County. FQHCs receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. Many FQHCs emphasize primary care and mental and behavioral health services.
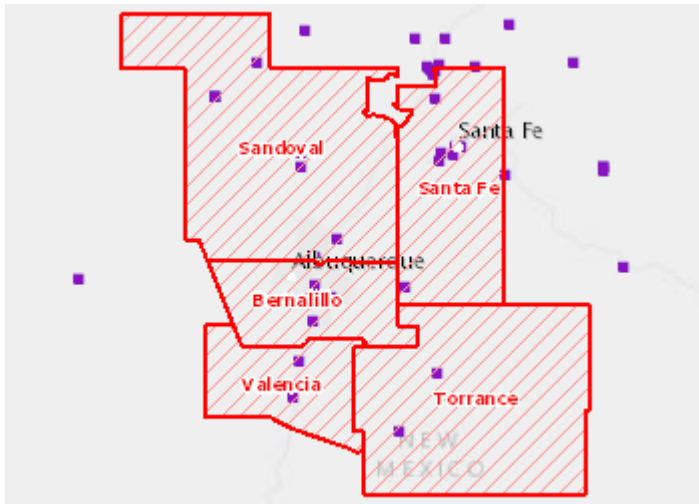
**Federally Qualified Health Centers, POS Sept. 2015**

Report Area

Data Source: US Department of Health Human Services, Center for Medicare Medicaid Services, Provider of Services File. Sept. 2015. Source geography: Address

According to the most recent data, almost 16% of the total civilian non-institutionalized population in the region is without health insurance coverage.

Total Population without Health Insurance

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Central New Mexico	1,033,307	163,855	15.86%
Bernalillo County, NM	664,382	104,941	**15.8%**
Sandoval County, NM	134,444	17,981	**13.37%**
Santa Fe County, NM	144,500	27,026	**18.7%**
Torrance County, NM	15,185	2,668	**17.57%**
Valencia County, NM	74,796	11,239	**15.03%**
New Mexico	2,046,051	370,133	18.09%
United States	309,082,272	43,878,140	14.2%

Percent Uninsured Population
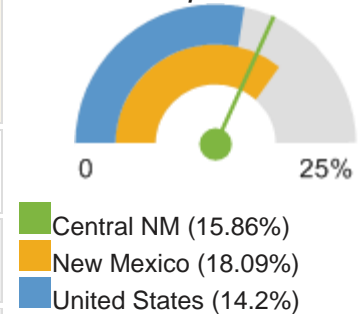
Central NM (15.86%)
New Mexico (18.09%)
United States (14.2%)

Note: This indicator is compared with the state average.
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

The percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance) in the area is almost 26%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Percent of Insured Population Receiving Medicaid

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Central New Mexico	1,033,307	869,452	225,470	**25.93%**
Bernalillo County, NM	664,382	559,441	148,111	**26.47%**
Sandoval County, NM	134,444	116,463	25,549	**21.94%**
Santa Fe County, NM	144,500	117,474	25,161	**21.42%**
Torrance County, NM	15,185	12,517	4,891	**39.07%**
Valencia County, NM	74,796	63,557	21,758	**34.23%**
New Mexico	2,046,051	1,675,918	497,830	29.7%
United States	309,082,272	265,204,128	55,035,660	20.75%
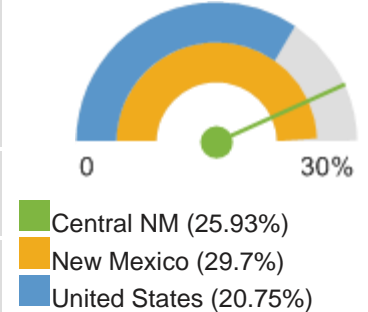
Note: This indicator is compared with the state average.
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percent of Insured Population Receiving Medicaid

■ Central NM (25.93%)
■ New Mexico (29.7%)
■ United States (20.75%)

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Access to Mental Health Providers

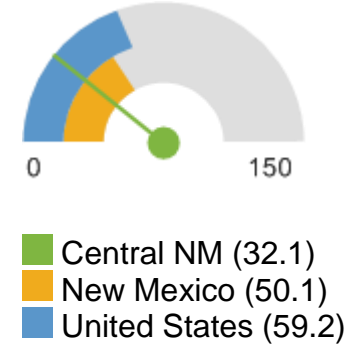| Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Central New Mexico	1,052,759	4,329	243.2	**411.2**
Bernalillo County, NM	675,557	2,776	243.4	**410.9**
Sandoval County, NM	137,610	399	344.9	**289.9**
Santa Fe County, NM	148,164	966	153.4	**651.9**
Torrance County, NM	15,611	24	650.4	**153.7**
Valencia County, NM	75,817	164	462.3	**216.3**
New Mexico	2,084,896	7,451	279.8	357.3
United States	317,105,555	643,219	493	202.8

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016. Source geography: County

Mental Health Care Provider Rate (Per 100,000 Population)

■ Central NM (411.2)
■ New Mexico (357.3)
■ United States (202.8)

Greater access to primary care could reduce hospital admissions. This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

Preventable Hospital Events

| Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Central New Mexico	68,729	2,209	**32.1**
Bernalillo County, NM	37,477	1,207	**32.2**
Sandoval County, NM	8,738	308	**35.3**
Santa Fe County, NM	17,159	515	**30**
Torrance County, NM	1,082	41	**37.9**
Valencia County, NM	4,273	137	**32.2**
New Mexico	184,599	9,250	50.1
United States	58,209,898	3,448,111	59.2

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)

Central NM (32.1)
New Mexico (50.1)
United States (59.2)

Social and Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

According to the latest 5-year American Community Survey estimates, many Bernalillo County residents lack access to a vehicle which may prevent them from traveling to receive health services, buy healthy food, or engage in other health promoting behaviors.
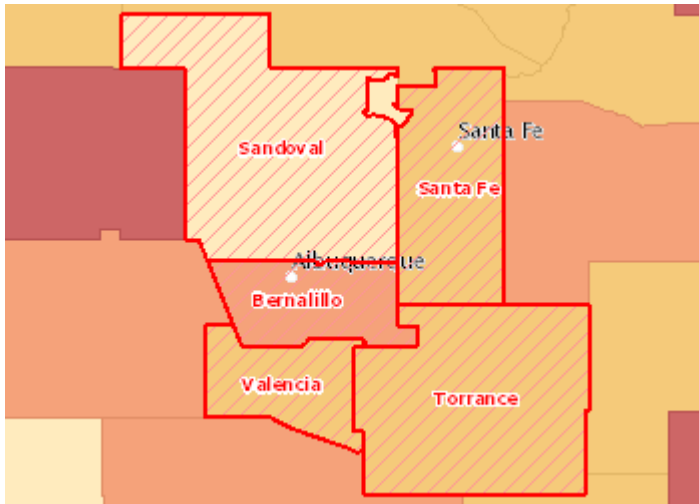
Households with No Vehicle, Percent by County, ACS 2010-14

- *Over 8.0%*
- *6.1 - 8.0%*
- *4.1 - 6.0%*
- *Under 4.1%*
- *No Data or Data Suppressed*
- *Report Area*

Unemployment in the Central New Mexico region affects 5% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Unemployment Rate

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Central New Mexico	486,490	461,979	24,511	5
Bernalillo County, NM	319,621	303,998	15,623	4.9
Sandoval County, NM	60,910	57,440	3,470	5.7
Santa Fe County, NM	71,194	68,005	3,189	4.5
Torrance County, NM	5,417	4,995	422	7.8
Valencia County, NM	29,348	27,541	1,807	6.2
New Mexico	916,249	863,168	53,081	5.8
United States	159,624,372	152,082,706	7,541,666	4.7

Unemployment Rate

Central NM (5)
New Mexico (5.8)
United States (4.7)
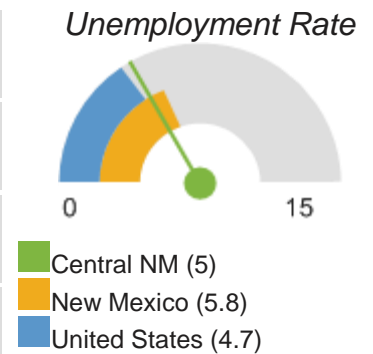
Note: This indicator is compared with the state average.
*Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - April. Source geography: County*

Within the report area 18.41% or 189,697 individuals are living in households with income below the Federal Poverty Level (FPL). Poverty is considered a *key driver* of health status.

Population in Poverty

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Central New Mexico	1,030,224	189,697	**18.41%**
Bernalillo County, NM	662,981	123,244	**18.59%**
Sandoval County, NM	134,284	19,702	**14.67%**
Santa Fe County, NM	143,457	23,896	**16.66%**
Torrance County, NM	15,036	4,391	**29.2%**
Valencia County, NM	74,466	18,464	**24.8%**
New Mexico	2,039,574	426,116	20.89%
United States	306,226,400	47,755,608	15.59%

Percent Population in Poverty
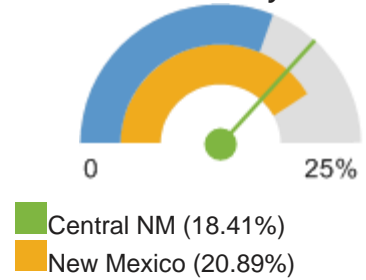
Central NM (18.41%)
New Mexico (20.89%)

Note: This indicator is compared with the state average.
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Population in Poverty Race Alone, Percent

Population in Poverty by Ethnicity Alone
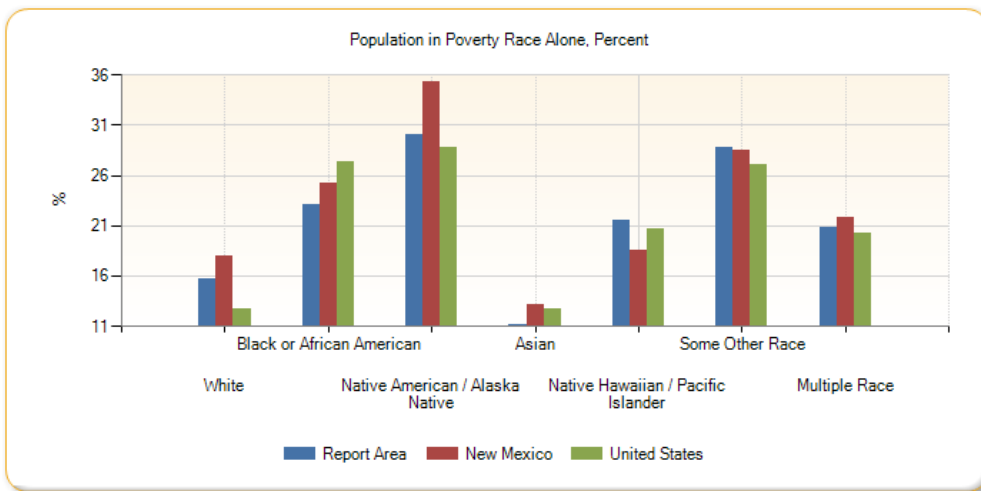
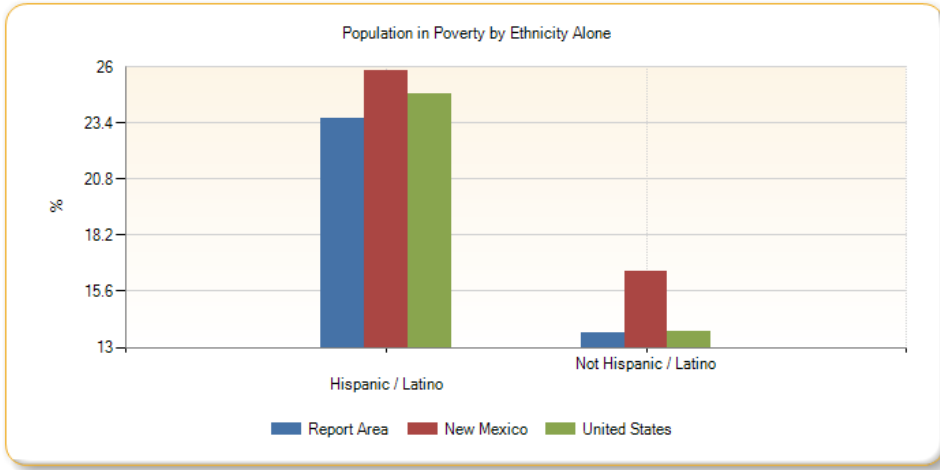In the report area 26.05% or 62,955 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Children in Poverty

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Central New Mexico	1,030,224	241,672	62,955	**26.05%**
Bernalillo County, NM	662,981	155,793	41,258	**26.48%**
Sandoval County, NM	134,284	34,226	6,320	**18.47%**
Santa Fe County, NM	143,457	29,270	7,317	**25%**
Torrance County, NM	15,036	3,426	1,406	**41.04%**
Valencia County, NM	74,466	18,957	6,654	**35.1%**
New Mexico	2,039,574	504,947	148,427	29.39%
United States	306,226,400	72,637,888	15,907,395	21.9%

Percent Population Under Age 18 in Poverty

Central NM (26.05%)
New Mexico (29.39%)
United States (21.9%)

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

In Central New Mexico 100,522 public school students or 63.2% are eligible for Free/Reduced Price lunch out of 159,391 total students enrolled. Santa Fe, Torrance, and Valencia counties have higher percentages of eligible children (67.3% - 74.4%) than the
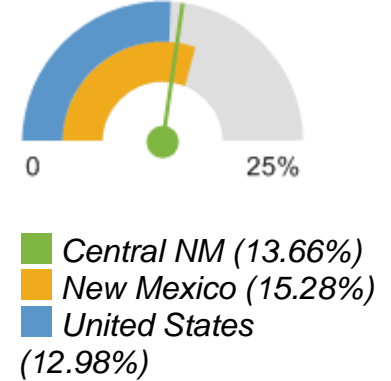
other counties, the state (67.2%) and the nation (52.4%). Additionally 13.66% of households in Central New Mexico receive SNAP benefits commonly known as food stamps or EBT.

Households Receiving SNAP Benefits

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Central New Mexico	405,481	55,403	**13.66%**
Bernalillo County, NM	263,719	36,891	**13.99%**
Sandoval County, NM	47,965	5,800	**12.09%**
Santa Fe County, NM	61,313	6,152	**10.03%**
Torrance County, NM	5,656	1,081	**19.11%**
Valencia County, NM	26,828	5,479	**20.42%**
New Mexico	764,684	116,864	15.28%
United States	116,211,088	15,089,358	12.98%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percent Households Receiving SNAP Benefits

■ *Central NM (13.66%)*
■ *New Mexico (15.28%)*
■ *United States (12.98%)*

Environmental Indicators

A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

In Central New Mexico approximately 30 percent of the population live in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents have low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Low Food Access

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Central New Mexico	1,031,247	313,008	**30.35%**
Bernalillo County, NM	662,564	151,448	**22.86%**
Sandoval County, NM	131,561	68,946	**52.41%**
Santa Fe County, NM	144,170	48,960	**33.96%**
Torrance County, NM	16,383	3,512	**21.44%**
Valencia County, NM	76,569	40,142	**52.43%**
New Mexico	2,059,179	694,947	33.75%
United States	308,745,538	72,905,540	23.61%

Percent Population with Low Food Access
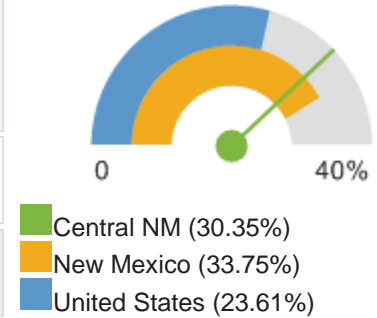
Central NM (30.35%)
New Mexico (33.75%)
United States (23.61%)

Note: This indicator is compared with the state average.
Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Many low income residents also have the least access to fresh, healthy, or affordable food.

Low Income and Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Central New Mexico	1,031,247	97,649	**9.47%**
Bernalillo County, NM	662,564	44,525	**6.72%**
Sandoval County, NM	131,561	19,603	**14.9%**
Santa Fe County, NM	144,170	14,448	**10.02%**
Torrance County, NM	16,383	1,585	**9.67%**
Valencia County, NM	76,569	17,488	**22.84%**
New Mexico	2,059,179	277,210	13.46%
United States	308,745,538	19,347,047	6.27%

Percent Low Income Population with Low Food Access

- Central NM (9.47%)
- New Mexico (13.46%)
- United States (6.27%)

Note: This indicator is compared with the state average.
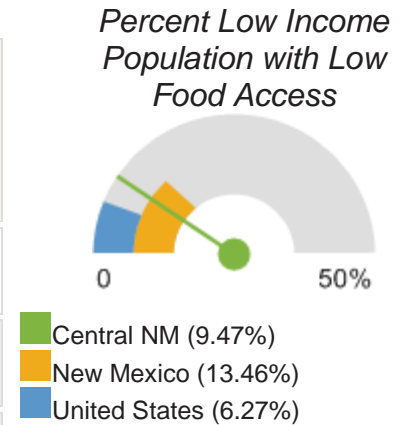*Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract*

There are 76 fast food restaurants per 100,000 residents and 12.5 grocery stores per 100,000 residents in the Central New Mexico areas, or approximately 6 fast food restaurants for every one grocery store.3 These indicators provide measures of healthy food access and environmental influences on dietary behaviors.

Health Behaviors

Health behaviors such as poor diet, a lack of physical exercise, and substance abuse contribute to poor health status.

In the report area an estimated 567,630 or 77% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. Current behaviors are determinants of future

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[3] *Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County*

health. These unhealthy eating habits may cause significant health issues such as obesity and diabetes.

Inadequate Fruit and Vegetable Consumption (Ages 18+)

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Central New Mexico	737,353	567,630	**77%**
Bernalillo County, NM	474,149	364,146	**76.8%**
Sandoval County, NM	85,893	66,739	**77.7%**
Santa Fe County, NM	112,864	84,987	**75.3%**
Torrance County, NM	12,424	10,088	**81.2%**
Valencia County, NM	52,023	41,670	**80.1%**
New Mexico	1,460,839	1,133,611	77.6%
United States	227,279,010	171,972,118	75.7%

Percent Adults with Inadequate Fruit / Vegetable Consumption
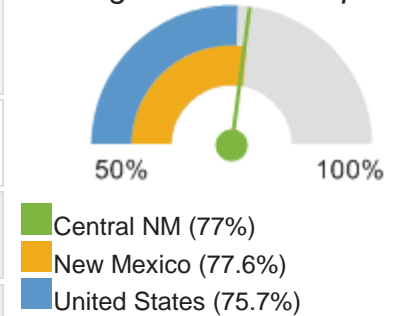
50%   100%

■ Central NM (77%)
■ New Mexico (77.6%)
■ United States (75.7%)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09. Source geography: County

In Central New Mexico 16.7% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

No Physical Activity (Ages 20+)

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Central New Mexico	773,627	131,426	**16.7%**
Bernalillo County, NM	495,858	83,800	**16.7%**
Sandoval County, NM	97,189	17,980	**18%**
Santa Fe County, NM	113,667	13,640	**11.5%**
Torrance County, NM	11,913	3,026	**24.3%**
Valencia County, NM	55,000	12,980	**23%**
New Mexico	1,510,916	304,908	19.7%
United States	231,341,061	53,415,737	22.6%

Percent Population with no Leisure Time Physical Activity
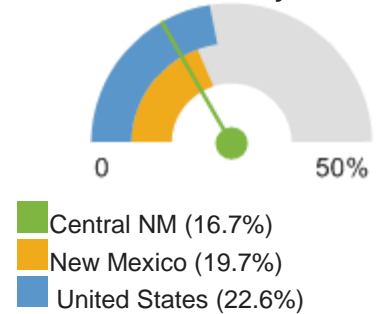
- Central NM (16.7%)
- New Mexico (19.7%)
- United States (22.6%)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

In addition to indicators of poor nutrition and low physical activity, Central New Mexico has a large proportion of adult residents who use legal and illicit substances.

While none of the counties comprising Central New Mexico have a higher proportion of residents who report heavy drinking (range 12.6% - 14.1%) than the state (14.2%) or nation (16.9%), there are still an estimated 100,453 adults who drink to excess in the region. This number makes up approximately half of the estimated adults who drink excessively in the state.4

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4 *Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County*

In the report area an estimated 136,736, or 17.7% of adults age 18 or older, self-report currently smoking cigarettes some days or every day. Tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Adults Smoking Cigarettes

Percent Population Smoking Cigarettes (Age-Adjusted)

- Central New Mexico (17.9%)
- New Mexico (19%)
- United States (18.1%)

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Central New Mexico	772,938	136,736	17.7%	**17.9%**
Bernalillo County, NM	498,135	87,174	17.5%	**17.6%**
Sandoval County, NM	94,001	14,570	15.5%	**15.3%**
Santa Fe County, NM	112,804	18,387	16.3%	**17.5%**
Torrance County, NM	12,431	4,102	33%	**32.9%**
Valencia County, NM	55,567	12,503	22.5%	**22.7%**
New Mexico	1,521,911	284,597	18.7%	19%
United States	232,556,016	41,491,223	17.8%	18.1%
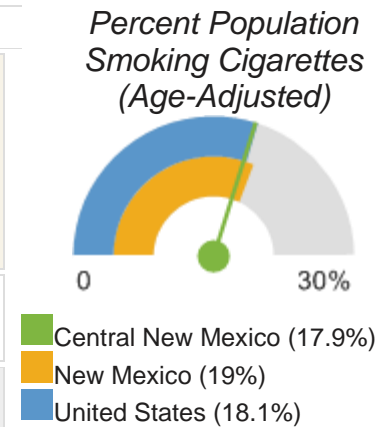
Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Illicit drug use in New Mexico is indicated by the mortality rate due to drug overdoses. According to the New Mexico Department of Health, the state's drug overdose death rate has been one of the highest in the nation and has tripled since 1990. Prescription drug overdose deaths have increased substantially while deaths due to illicit drug overdoses have remained about the same. In 2007, it was estimated that prescription opioid abuse, dependence, and misuse cost New Mexico $890 million. Of the five counties in Central New Mexico, Sandoval has the lowest overdose mortality rate (19.4 deaths due to overdose per 100,000 people) and Santa Fe has the highest overdose mortality rate (29.4 deaths due to overdose per 100,000 people).[5]
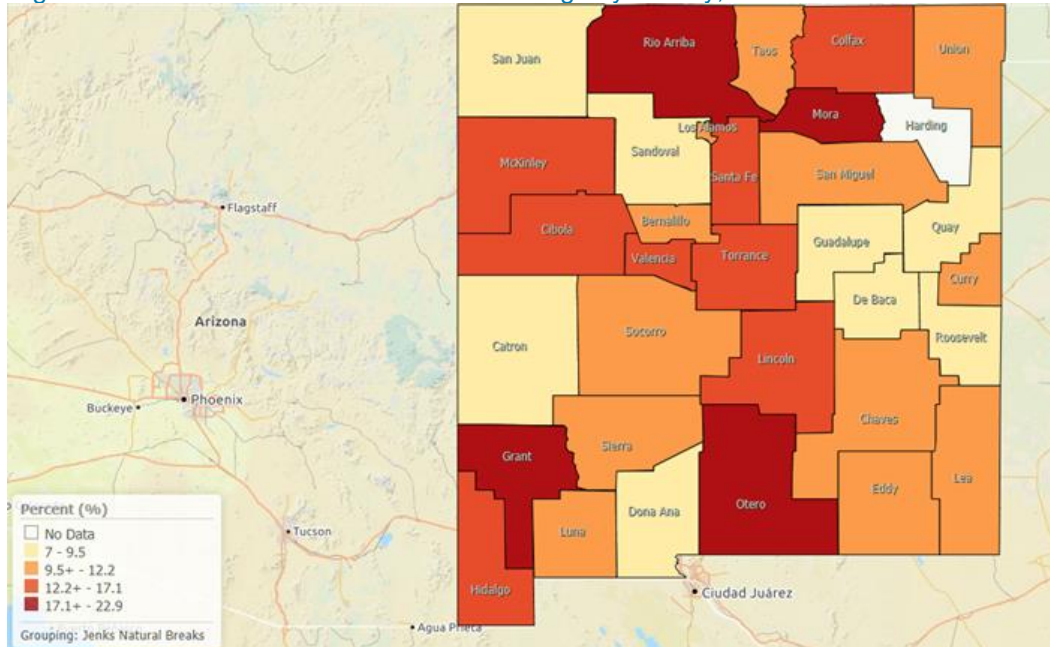
Youth Risk and Resiliency Survey data from 2001 – 2011 (collected in odd numbered years and aggregated for stability) helps indicate substance use and risky behaviors among young people

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[5] Bureau of Vital Records and Health Statistics (BVRHS). 2010-2014. New Mexico Department of Health IBIS

(grades 9-12). In 2011, Valencia County was in the top quartile for counties with youth reporting binge drinking alcohol in the past 30 days (26.2% of youth). Torrance was in the bottom quartile (13.5%) and Bernalillo, Sandoval and Santa Fe counties were in the second quartile. The figure below illustrates pain killer misuse among youth in Central New Mexico counties in relation to other counties in New Mexico.

High Schoolers Who Used Pain Killer to Get High by County, New Mexico 2011

Map courtesy NM-IBIS. Retrieved from www.ibis.health.state.nm.us (2016). Data Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department 2011

Percentages of high schoolers who reported using pain killers to get high in the Central New Mexico region ranged from 7.1% in Sandoval to 14.5% in Torrance.

Other indicators such as the number of students reporting being sold or given illicit drugs on school property may illustrate rates of substance use.

Illicit Drugs – Youth

County	Offered, Sold, or Given an Illegal Drug on School Property
Bernalillo	39.2%
Sandoval	35.4%
Santa Fe	42.2%
Torrance	32.9%
Valencia	36.5%

New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department, with technical assistance and support from the U.S. Centers for Disease Control and Prevention.

Substance abuse among youth remains a major public health problem because it can increase the risk for injuries, violence, HIV infection, and other diseases.

Health Outcomes

According to the New Mexico Indicator Based Information System run by the NM Department of Health, the leading causes of death in Central New Mexico counties are heart disease, cancer, unintentional injury, and chronic lower respiratory disease. Other health indicators that are worse in Bernalillo County when compared to the state are: low birth weight births, drug overdose deaths, stroke deaths, rates of chlamydia infections, cases of pertussis, and hospitalizations due to unintentional injury among children ages 0-4. A concerning outcome when compared to the state in Sandoval County is high rates of Chlamydia infection. Outcomes in Santa Fe County that are worse than the state include: low birthweight births, drug overdose deaths, cases of pertussis, and mental health emergency department admissions for self-injury. Major health outcomes of concern in Torrance County include: deaths due to heart disease, rates of attempted suicide among youth, and rates of child abuse and neglect. Valencia County's rates of stroke deaths, lung cancer deaths, cases of pertussis, unintentional injury hospitalizations among children 0-4, and rates of child abuse and neglect are worse than state rates for the same health outcomes.[6]

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

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[6] https://ibis.health.state.nm.us/community/highlight/report

Approximately 14.3% of adults aged 18 and older in Central New Mexico self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma.

Adults with Asthma

Percent Adults with Asthma

Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Central New Mexico	779,180	111,530	**14.3%**
Bernalillo County, NM	500,219	74,472	**14.9%**
Sandoval County, NM	90,768	12,423	**13.7%**
Santa Fe County, NM	110,625	13,747	**12.4%**
Torrance County, NM	17,683	2,465	**13.9%**
Valencia County, NM	59,885	8,423	**14.1%**
New Mexico	1,543,499	219,680	14.2%
United States	237,197,465	31,697,608	13.4%
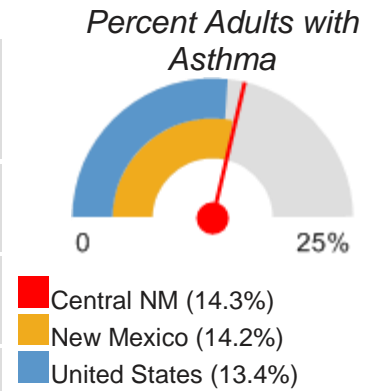
🟥 Central NM (14.3%)
🟧 New Mexico (14.2%)
🟦 United States (13.4%)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
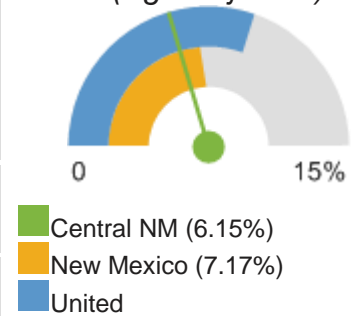
Approximately 6.5% of adults aged 20 and older in the region have ever been told by a doctor that they have diabetes. Diabetes is a prevalent problem and may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Adults with Diabetes

Percent Adults with Diagnosed Diabetes (Age-Adjusted)

- Central NM (6.15%)
- New Mexico (7.17%)
- United

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Central New Mexico	777,370	52,002	6.69	**6.15%**
Bernalillo County, NM	498,600	32,409	6.5	**6.2%**
Sandoval County, NM	97,000	7,857	8.1	**7.2%**
Santa Fe County, NM	114,510	5,611	4.9	**4.1%**
Torrance County, NM	11,938	1,146	9.6	**8.1%**
Valencia County, NM	55,322	4,979	9	**8%**
New Mexico	1,513,983	119,287	7.88	7.17%
United States	234,058,710	23,059,940	9.85	9.11%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

In the Central New Mexico region, 23.19% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Adults with High Blood Pressure

| Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Central New Mexico	772,938	179,249	**23.19%**
Bernalillo County, NM	498,135	116,065	**23.3%**
Sandoval County, NM	94,001	23,970	**25.5%**
Santa Fe County, NM	112,804	22,110	**19.6%**
Torrance County, NM	12,431	2,934	**23.6%**
Valencia County, NM	55,567	14,170	**25.5%**
New Mexico	1,521,911	386,565	25.4%
United States	232,556,016	65,476,522	28.16%
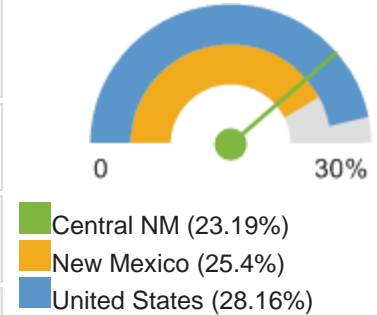
Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County

Percent Adults with High Blood Pressure

- Central NM (23.19%)
- New Mexico (25.4%)
- United States (28.16%)

While the percentage of adult residents who are obese in the region (20.3%) is below the state and national averages, obesity and overweight continues to be a concern. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Adult Obesity

Percent Adults with BMI > 30.0 (Obese)

Central NM (20.3%)
New Mexico (23.5%)
United States (27.1%)

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Central New Mexico	776,072	158,734	**20.3%**
Bernalillo County, NM	498,162	101,625	**20.3%**
Sandoval County, NM	97,469	23,490	**24%**
Santa Fe County, NM	113,457	15,657	**13.6%**
Torrance County, NM	11,910	3,037	**25.5%**
Valencia County, NM	55,074	14,925	**26.9%**
New Mexico	1,512,995	356,345	23.5%
United States	231,417,834	63,336,403	27.1%
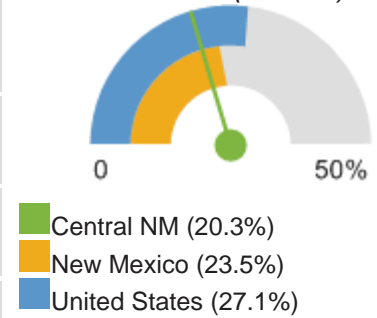
Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Additionally, the only county with a rate of infant mortality above that of the state (5.7 per 1,000 births) or nation (6.5 per 1,000 births) is Torrance County with 10.1 infant deaths per 1,000 births. High rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Teen birth rates in all five counties range from 35 – 50 births to teenagers per 1,000 births and are below the New Mexico rate (57 per 1,000 births) but above the average rate of the US (37 per 1,000 births). In many cases teen parents have unique social, economic, and health support service needs.

State Health Status

County Rankings

The Robert Wood Johnson Program, County Health Rankings and Roadmaps has ranked the overall health of each county in New Mexico. The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. The following figure provides a snapshot of overall state health by county. Central New Mexico counties are ranked 2nd (Santa Fe), 3rd (Sandoval), 5th (Bernalillo), 25th (Valencia), and 27th (Torrance) for overall health out of 33 counties in New Mexico.
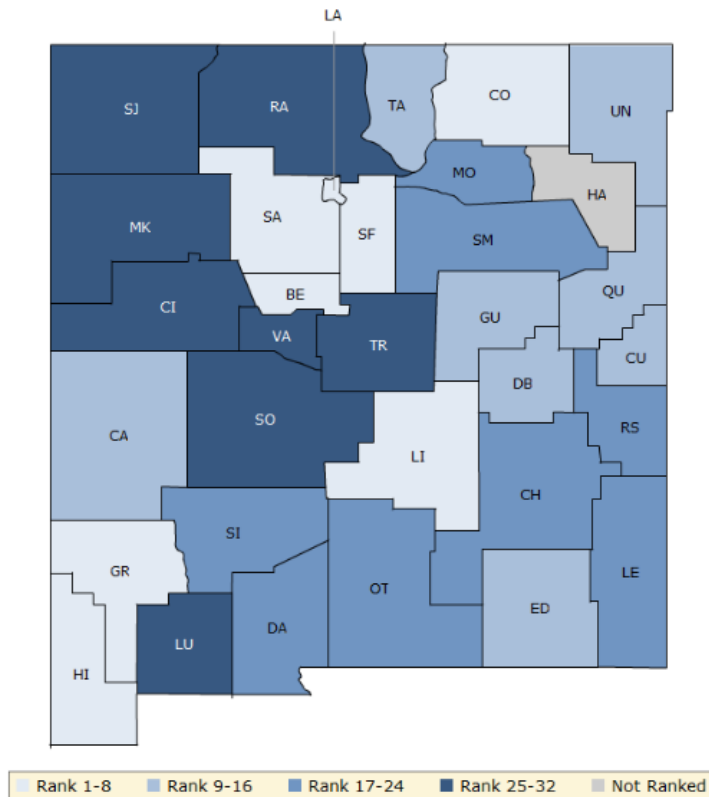
State Ranking

In 2016 United Health Foundation ranked New Mexico 37th in the nation for overall health. America's Health Rankings use key outcome, social, environmental, clinical, behavioral, and other indicators like those used in this report to rank overall health of each state in the United States. They list statewide strengths as: Low levels of air pollution, low rate of cancer deaths, and low prevalence of excessive drinking. Statewide challenges include: Low rate of high school graduation, high violent crime rate, and high rate of drug deaths.
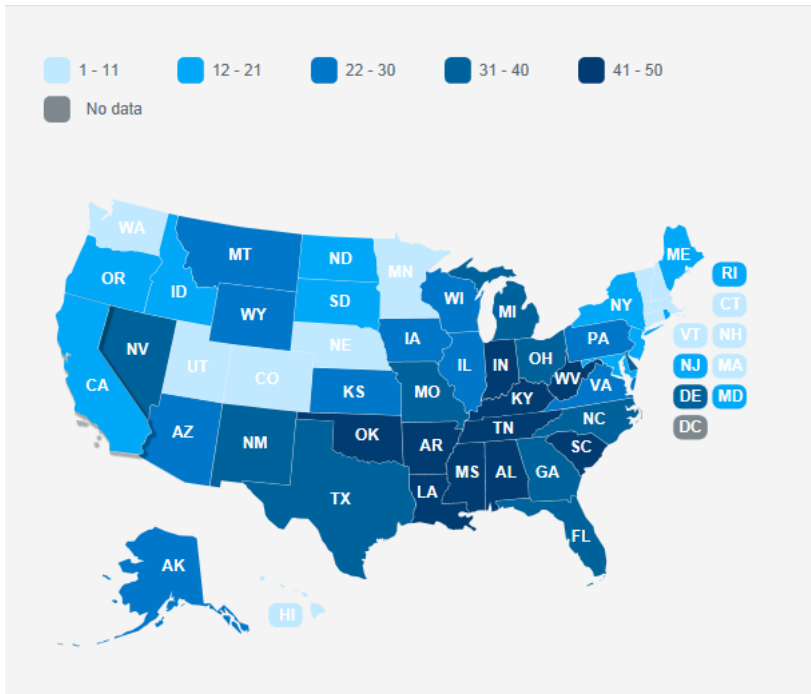
www.americashealthrankings.org

Significant Policies and Events

Statewide there have been several significant policy events that have impacted health and public health in New Mexico. Two circumstances in particular have been repeatedly highlighted at community forums and in other venues as major barriers to improving health in New Mexico.

A fraud investigation begun in 2013 and concluded in 2016 by the New Mexico Human Services Department of 15 behavioral health agencies in New Mexico resulted in a major disruption of behavioral health services and permanent closure of service providers around the state. The New Mexico HSD froze Medicaid payments to providers and temporarily outsourced behavioral health services to out-of-state companies during this time resulting in disrupted service to an estimated 30,000 people and a disjointed mental health service infrastructure.[7,8] In contrast, NM HSD has released numbers that indicate a 75% increase in the number of New Mexicans receiving mental

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[7] http://www.thenationalcouncil.org/capitol-connector/2016/04/independent-commission-recommends-changes-medicare-part-d/

[8] http://www.fronterasdesk.org/content/9471/new-mexico-guilt-fraud-audits-and-behavioral-health

and behavioral health services from 2013 to 2015.[9]

Additionally, in 2016 state lawmakers are facing an unexpected budget crisis with approximately 10% less revenue than expected. Revenue shortfalls are attributed to lower oil and gas prices.[10] The budget crisis is expected to affect health in many ways including through cuts to education spending, other government programs and services, as well as consequences for the general economy. The budget shortfall has several specific and direct effects on health through cuts to the state department of health and reduction of spending for Medicaid. The detailed overview of the New Mexico Human Services Department's mandate to reduce Medicaid payments to providers can be found here: http://www.hsd.state.nm.us/uploads/files/Medicaid_Provider_Rate_Proposal_042616.pdf Public health officials and others are concerned about possible negative impacts on health in the state.

Potential Measures and Resources

There are multiple existing assets and resources within the PCNM region to support Presbyterian in meeting the identified community health needs.

Each contracted health council identified a number of strong community assets addressing significant health needs.

Bernalillo County has the largest number of health providers per capita in New Mexico, making for a high ratio of providers to residents. There are 11 hospitals in Bernalillo County. Among them is the University of New Mexico Hospital (UNMH), which is the public hospital in the county. In addition, several health clinics serve uninsured and underinsured residents by offering free, low-cost, or sliding fee scale services. These include primary care, reproductive health, school-based health centers, and dental clinics. To help residents connect to local services and resources, the New Mexico Resources Inventory (NMRI) is a bilingual online directory of local services related to health, social services, education, legal assistance, recreation services, and transportation. The Bernalillo County Public Safety Division operates a number of substance abuse treatment programs that are free and voluntary such as Metropolitan Assessment Treatment Services (MATS), a 45 bed, clinically managed detox program. In addition to direct service providers, many organizations in Bernalillo County advocate for improving residents' health and the community's health in general.

In addition to the healthcare facilities located in Albuquerque, there are three hospitals located on the west side of the Albuquerque metro area providing outpatient services to Sandoval County residents: Lovelace Westside hospital, Presbyterian Rust Medical Center and the University of New Mexico Sandoval Regional Hospital. Between the three hospitals they offer: 24-hour emergency and trauma services, labor and delivery, full surgical services including oral care sedated procedures, mental and behavioral evaluations, intensive care, cardiac services, cancer care, primary care, orthopedics and joint replacement, obesity management, DWI behavior modification, and inpatient geriatric psychiatry. There are two Federally Qualified Health Centers in the urban metropolitan area and three in rural areas of the county. Bernalillo High School and

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[9] http://www.hsd.state.nm.us/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/BH_increase.pdf

[10] http://www.abqjournal.com/795247/legislators-fear-additional-cuts-may-be-needed.html

Cuba High School have school-based health centers that provide primary care, mental and behavioral health services, and preventative care to adolescents in the county. Sandoval County offers a variety of countywide resources for seniors, people seeking substance abuse prevention and education, and mental health services. Resources include local and state government agencies, non-profit agencies, tribal services, faith-based agencies and local healthcare providers. The health council identified fewer resources in the less urban areas of Sandoval County.

The Torrance County Health Council Profile identifies a number of resources available to address significant health needs. Physical assets include several parks, a couple of swimming pools and three senior centers. Social assets include community churches, community centers, the Library adult literacy programs, 4-H, and civic and fraternal clubs. Faith based services make up a substantial portion of social support programs. The health council identified providers of medical, dental, and behavioral health services, including federally qualified health centers and school-based health centers, located in Torrance County.

These include the following services located in Edgewood:

- First Choice Community Healthcare

- Mcleod Medical Center

- Care Net East Mountain Pregnancy Center

And located in Moriarty:

- Mcleod Medical Center

- Public Health Office

Located in Mountainair:

- PMS Mountainair Family Health Center

- Mustang Health Center

And the Edgewood Pediatrics PMS Esperanza Medical Center located in Estancia.

In conjunction with the United Way of Central New Mexico, the Torrance Health Council has also published and made available a resource directory that is linked with New Mexico's 2-1-1 system. This can be accessed here: https://www.uwcnm.org/about-us/where-we-work/torrance-county Child and youth services, substance use and DWI programs, nutrition and food assistance programs, senior services, transportation services and more can be found in the directory.

The Valencia County Health Council Profile identified a number of strong community assets that

address significant health needs. An extensive faith-based community (specifically churches) offers a range of programs for youths and families, including food pantries, life skills education and financial assistance. Volunteer organizations also address health issues that range from immunizations to early childhood development to healthy eating. Community-based, non-profit organizations are also working to address a range of needs by providing services such as prevention education, youth development and supportive living for senior citizens. The Valencia County Health Council and other individuals providing input during the community forum identified school based health centers as vital providers of primary care, preventative services and mental and behavioral health services. Due to budget constraints, school based health services may cease in Valencia County.

Santa Fe County
The primary hospital currently serving Santa Fe County is Christus St. Vincent, a faith-based, non-profit hospital with 380 beds. There are also two other short term stay, small hospitals serving Santa Fe County, Physicians Medical Center (19 beds) and the Santa Fe Indian Hospital (4 beds). Christus St. Vincent is a level III trauma center, provides emergency services, numerous inpatient and outpatient services, cancer care, neurosurgery, and behavioral health services including adult inpatient psychiatry. Christus also provides non-medical detox and brief withdrawal, behavioral health case management services. Other behavioral health resources include a residential substance abuse treatment facility, Santa Fe Recovery Center, and two out-patient mental health centers, Life Link, Inc. and Presbyterian Medical Services Santa Fe Community Guidance Center. Additional resources include several faith-based counseling and homeless programs, La Familia Medical Center, Women's Health Services, and Santa Fe Indian Hospital. Additional primary care, dental, behavioral health, and other services are provided by three federally qualified health centers, four ambulatory surgical centers, and ten home health and hospice agencies. There are also a number of community-based, non-profit organizations and government entities working to address a range of needs including poverty, hunger, transportation, abuse and neglect and other community needs. Over one thousand community organizations and programs can be found in ShareNM's resource directory for Santa Fe County.

As part of the CHNA process, the measures and resources for each significant health need weren't specifically identified. However, in the development of the Community Health Implementation Plans (CHIP), Presbyterian will identify specific measures and resources associated with each intervention identified. Some of the potential community partners and intervention opportunities related to the priority areas can be found in the community forum summary in Appendix B. The CHIPs can be found on the Presbyterian website at phs.org or by calling (505) 559-6852 for a printed copy.

Appendix A: Health Priority Summary

Bernalillo County

In Bernalillo County, leading health outcome indicators were presented at a public meeting where community members, Health Council participants, and others provided insights and thoughts about the data presented. Indicators were selected based on meeting the following criteria:

- County rate higher than state or national

- Significant inequities within the county, geographically or by race/ethnicity, age, gender

- Magnitude of impact on multiple health indicators (e.g., obesity leads to multiple issues)

- Magnitude of impact on healthcare system costs

- Preventable through policies, systems, environmental changes (i.e., not just health care services)

Based on the feedback provided, a survey was developed which included a smaller subset of indicators. That online survey was distributed through the health council listserv, social media pages, and other venues. A total of 114 respondents ranked health indicators from most significant to least significant in four separate categories – chronic disease, injury, maternal child health, and social determinants of health. The results of this survey were presented to the Bernalillo County Community Health Council for further discussion and prioritization.

BCCHC staff compiled and analyzed data from multiple sources related to a number of health indicators - broadly defined to include social determinants of health as well as actual health status. In addition to population data at the county and sub-county level, this assessment includes data from the experiences of some of the most vulnerable people in our community who have been served by Pathways for a Healthy Bernalillo County. Pathways is a program developed to connect high-risk adults with Community Health Navigators who conduct an evaluation of risk factors with newly engaged participants. The aggregated data compiled from the risk score interviews of more than 3,400 respondents offer insights into the experiences of at-risk residents of neighborhoods with high rates of poverty and chronic disease.

The following individuals either provide access to current data relevant to health needs of medically-underserved, low-income, minority populations, and populations with chronic disease needs in the community served by PHS and/or work directly with or represent those populations. Additional input for this assessment was provided by multiple anonymous respondents to the online survey.

Primary individuals providing input:

- Ray Baca, BSW, Statewide Training Coordinator, NMDOH Office of Community Health Workers
- Mark Clark, Health Promotion Specialist, NMDOH Metro/NW Regions
- Matt Cross-Guillen, Education & Outreach Co- Coordinator, Healthy Places for NM
- Jeanne Forrester, EdD, Community member – retired, Former Wellness Manager for Albuquerque Public Schools

- Emma Gamelsky, Folic Acid Initiative Coordinator, March of Dimes
- Cynthia Grajeda, APS Student Wellness Coordinator, APS Student, Family & Community Supports Division
- Sarah Haynes, MS, ICAN Coordinator, NMSU Cooperative Extension Service
- Rashad Mahmood, MA, Program Coordinator/ Web Producer, KUNM - Public Health New Mexico
- Laurel McCloskey, MPH, Executive Director, NM Chronic Disease Planning Council
- Tracy McDaniel, BA, Coordinator, Bernalillo County Early Childhood Accountability Partnership (ECAP)
- Marsha McMurray-Avila, MCRP, Executive Director, Bernalillo County Community Health Council
- Claudia Medina, Director, Community Health Worker Initiatives, UNM/HSC, Office of Community Health
- Michelle Melendez, MPA, Development Director, First Choice Community Healthcare (FQHC)
- Mary Meyer, Executive Director, Kids Cook!
- Michelle Skrupskis, MPA, Regional Community Health Improvement Coordinator NMDOH Metro/NW Regions
- Angelica Solares, MCRP, Coordinator, South Valley Community Partnership, First Choice Community Healthcare (FQHC)
- Margaret White, RN, BSN, MSHA, Director, External Quality Review, HealthInsight NM
- William Wiese, MD, MPH, Senior Fellow - RWJF Center for Health Policy at UNM   Co-Chair, Bernalillo County Opioid Accountability Initiative
- Judy Baca de Arones, Health Promotion Specialist, NM Department of Health
- Enrique Cardiel, MPH, Health Promotion Specialist, Bernalillo County Office of Health & Social Services
- BJ Ciesielski, Executive Director, NM Community Health Workers Association
- Reynaluz Juarez, Community Schools Coordinator, La Mesa Elementary School
- Luigi Garcia Saavedra, Epidemiologist, NM Department of Health
- Sherri Gonzales, Medicaid Enroller, Centro Sávila - Works with low-income people in the South Valley at behavioral health clinic
- Louise Kahn, CFNP, Nurse Home Visitor, Nurse-Family Partnership, UNM/CDD
- Jerry Montoya, Health Promotion Manager, NM Department of Health
- Daryl Smith, MPH, Program Manager, Pathways to a Healthy Bernalillo County, UNM/HSC Office of Community Health
- Anjali Taneja, MD, Executive Director, Casa de Salud
- Joyce David- Wuam, Health Outreach Specialist, Office of African American Affairs

Sandoval County

This Sandoval County Health Care Needs Assessment was done within the context of priorities established by the ACA, HealthyPeople 2020, the New Mexico DOH and New Mexico Alliance of Health Councils. Sandoval County specific data is available on the New Mexico Department of Health, Indicator-Based Information System, (IBIS) as well as the New Mexico Community Data Collaborative (CDC) and the US Census Bureau Quick Facts and American Community Survey. Additional sources of data include: the 2015 New Mexico Workforce Development Committee Report and the 2015 Assessment Cuba, NM report by the University of New Mexico Prevention Research & Center and Step Into Cuba Alliance.

Primary individuals providing input:
- Thomas N. Scharmen, M.A., M.P.H., Epidemiologist, Office of Community Assessment, Northwest Region, Public Health Division, New Mexico Department of Health
- Dawn Hunter, JD, Director Office of Policy and Accountability, New Mexico Department of Health
- Alejandro Ortega, BS, University of New Mexico Health Sciences Center, Community based Research Specialist, Prevention Research Center, Cuba NM
- Rick Adesso, president, Sandoval County Health Council

- Allison Kozeliski, Immediate past president, Sandoval County Health Council
- Richard Kozell, MD, MPH, Presbyterian Medical Services, Nacimiento Foundation, Cuba, Sandoval County Health Council
- Jan Martin, DNP, RN Assistant professor UNM College of Nursing, Sandoval County Health Council
- Beth Hamilton, Executive Director Nacimiento Community Foundation, Cuba, NM, Sandoval County Health Council
- Jaime Pino, BA, Keres Voter Rights, Sandoval County Health Council, Zia Pueblo
- Jamie Silva-Steele, Sandoval Rust Medical Center, President and CEO
- Angela Ward, UNM Sandoval Regional Medical Center, Administrator
- Richard Draper, Director, Sandoval Health Collaborative
- Ron Hale, Executive Director, New Mexico Alliance of Health Councils, State Innovation Model work with State Health Councils
- Mark Hatzenbuler, Mayor, Cuba, NM
- Father Terrance Brennan, JD, Board Chair, Sangre De Cristo House, Women's Rehabilitation Center, Pena Blanca, NM
- Lawrence Medina, MBA, Executive Director Sangre De Cristo House, Women's Rehabilitation Center, Pena Blanca, NM
- Jaime Pino, BA, Zia Pueblo, Sandoval County Health Council
- Karolyn Schaeffer RN, Nurse Manager, Cuba Public Health Office, Cuba, NM,
- Local Collaborative 16, representation from Pueblos of Santo Domingo, Cochiti, Jemez, Zia, Santa Ana, San Felipe, Sandia and the Navajo Nation

Torrance County

The current Torrance County Community Health Profile is an update to the profile and needs assessment developed in 2009. In addition to data accessed through the NMDOH New Mexico Indicator Based Information Service (NM-IBIS), data from the most recent US Census, and data from the 2013 report Kids Count Data Book from New Mexico Voices for Children, a community survey was utilized to gather residents' perceptions of the strengths and areas of concern for Torrance County. Over eight thousand (8,029) surveys were mailed out in the Electric Co-op Billings to residents in 8 zip codes. There was a 6% return and the 3 worst problems identified for area families were: employment opportunities, poverty, and substance abuse and lack of transportation (tied). In addition to the surveys, the health council incorporated findings from community focus groups and key person interviews with recognized community leaders related to youth and substance-related issues. Ongoing dialogue about problem identification and emerging issues continued through monthly council and work group meetings, annual community forums, semi-annual Youth Leadership Summits, and quarterly community-based trainings.

Primary individuals providing input:

- Debbie Ortiz Resource Coordinator UWCNM Torrance Rural Committee
- Linda Filippi, PhD – Regional Coordinator School Based Health Centers
- Daniel Herrera-Brummell, Gloria Zamora, Lenora Romero Pueblo La Merced de   Manzano
- Angie Coburn – Torrance County Clinic Director PMS
- Trish Daino, LISW, MSW – Stable Solutions
- 22 members of the Partnership for a Healthy Torrance Community

Valencia County

Through Presbyterian Healthcare Service's funding, the Valencia County Health Council conducted, complied, and gathered community input to provide a comprehensive

Community Health Needs Assessment that aligns with the health council's goal of updating and growing the current community assessments that have recently been conducted. The Community was polled following a brief presentation describing the data presented in the HP 2020 along with the added New Mexico and Valencia County data which they and/or their agency then prioritized as their top (5) health areas to focus on over the upcoming year(s). The results were as follows: (1) Reduce the substantiated child abuse rates, (2) Reduce Drug Overdose Deaths, (3-4 were tie votes) (3) Reduce the proportion of adolescents aged 12 to 17 who experienced major depressive episodes, (4) Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days, (5) Increase the contribution of total vegetables to the diets of the population age 2 years and older.

Presentations were given by the health council on a number of dates at a number of venues to include Community Wellness Council CRUNCH (Collaborative RUN down on Community Health) meetings, Health Fairs, and other community coalition meetings to present the (3) Priorities selected by the community along with the following Large Scale/Long-term and Smaller Scale/Short Term Evidence-based strategies. The Community CRUNCH events (2 held thus far) provide a promising avenue for the community to come together, share resources, identify gaps, seek collaborative relationships, work on areas of concern as identified by the community to include access to healthcare, and reduce duplication of services/efforts through on-going, community-wide quarterly meetings.

Primary individuals providing input:

- James Dudley, Agave Health
- Tom Miaz, MLPAA
- Bart Regelbrugge, Community Wellness Council (CWC)
- Diana Good, CWC, DOH
- Steve Stephens, Presbyterian Healthcare
- Jeff Gobal
- Ari Cervantes, Adult Protective Services
- Linda Montans, FCCH
- Stephanie Kozemacha, United Way
- Mark Clark, NMDOH
- J. Maiz
- Gunny Aoame, CWC, UL, UC DWI
- Carol Claus, CWC, UNM Valencia
- Marion Joyce, CWC
- Geri Rhodes
- Debbie Christensen
- Jerry Montoya, DOH
- Cassandra Noel
- Kuan Trkun, RCEDC
- Robert Mundy, President, Village of Los Lunas, Valencia County, St. Matthews'
- John R. Chavez, Vice President, Village of Los Lunas, Valencia County, Belen Magistrate
- Lisa Valenzuela, Secretary, Village of Los Lunas, Valencia County, Los Lunas Police Department
- Carol Claus, Village of Los Lunas, Valencia County, Community Health Council
- Ragon Espinoza, Village of Los Lunas, Valencia County, DWI/Drug Court
- Jesus Garay, Valencia County, Isleta Police Department
- Ryan Gary, Village of Los Lunas, Valencia County, Los Lunas Police Dept.
- Stephen Chavez, Valencia County, YDI,

- Violeta Lopez-Unzueta, Valencia County, Scoutreach Juvenile Division
- Jeff Gordon, Valencia County, District Attorney's Office
- Andrew M., Valencia County, District Attorney's Office
- Esther Padila, Valencia County, UMSP
- Alexandria Tayu, Valencia County, VSS
- Andrea Grossetete, Valencia County, MADD
- L. Garcia, Valencia County, Magistrate, NM Courts
- Diana Good, Valencia County, DOLT
- Valery Henderson, Valencia County, DFA
- Gunny Aoame, Valencia County, VLL/UC DWI
- Lori Kurtz, Valencia County, VLL/UC DWI
- Adrian S.B., Valencia County, VLL/UC DWI
- Rachel M., Valencia County, VLL/UC
- Diana Lara, Civitan
- Cyndi Vandi, Care Net Program, CTR VC
- Lea Pierce, Brain & Body Vitality
- Angela Ramirez, LL DWI Program
- Vicky Boyer
- Anne Jones
- Solomon G.
- Pauline Hernandez, VLL
- Liz H.

Appendix B: Community Forum Summary

Forum Details

As part of the community health needs assessment, community health forums for Bernalillo, Sandoval, Torrance and Valencia Counties were conducted in each county to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

Community members participated and the Director, Epidemiologist, and Community Engagement Specialist from PHS Center for Community Health facilitated. As outlined in IRS requirements, the forum participants included:

1. Persons with special knowledge of or expertise in public health

2. Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility

3. Leaders, representatives, or members of medically underserved, low income and minority populations, and populations with chronic disease needs, in the community served by the hospital

Business and economic development professionals, non-profit leaders, and other community representatives also participated in the forums.

Evaluations of the forums as well as additional or anonymous comments were collected and compiled. The majority of participants reported that they learned a great deal and found the discussions valuable and practical to their professional or personal life.

County	Date	Location	Number of Participants	Priorities Discussed
Bernalillo	June 7, 2016	La Mesa Presbyterian Church, Albuquerque	23	Healthy eating Active living Prevention of unhealthy substance use Behavioral Health Violence prevention
Sandoval	May 31, 2016	Rust Medical Center, Rio Rancho	27	Healthy eating Active living Prevention of unhealthy substance use Behavioral Health Economic development
Torrance	June 1, 2016	DWI Victim's Perpetual Tears Memorial Building, Moriarty	9	Healthy eating Active living Prevention of unhealthy substance use Behavioral Health

Valencia	May 26, 2016	Valencia County Wellness Center, Los Lunas	7	Healthy eating Active living Prevention of unhealthy substance use Behavioral Health Violence prevention

Health Challenges

Forum participants recognized several and often interrelated challenges that residents face when making choices about their lifestyle and health behaviors. Participants also gave input on barriers to health and potential root causes for each 2016-2019 PHS priority area for that county.

Healthy Eating: Despite a predominantly urban setting, Bernalillo County still contains areas considered food deserts due to lack of access to grocery stores, ease of access to fast food chains and a disproportionate amount of convenience stores in certain areas of the county. Community members feel there is price and quality inequity for grocery chains within the community and a lack of affordable produce that's readily accessible in less advantaged neighborhoods.

In Sandoval County the large and rural nature of the county and lack of transportation makes purchasing adequate quantities of fresh food more difficult. In Valencia and Torrance Counties some less urban communities lack access to grocery stores and fresh food and rely on convenience stores that sell only packaged food such as the Family Dollar. Transportation and economic viability of grocers is a major barrier in these communities. Lack of knowledge of growing produce, food preparation, and cultural eating traditions were additional factors contributing to local eating habits

Active Living: While Bernalillo County has many potential routes for walking and outdoor activities, a number of factors deter many people from walking outside unless it is their primary mode of transportation. In many places in Bernalillo, Sandoval, Torrance and Valencia counties the environment is not conducive to walking or biking due to lack of transit stops in the area, dangerous roads and intersections, and safety concerns regarding air quality and violence in some parts of the community. Further deterrents include lack of information on available safe recreation spaces and lack of information on exercise and diet.

Prevention of Unhealthy Substance Use: In every county in Central New Mexico substance use is seen as an unhealthy means to cope with unresolved mental and behavioral health issues. Factors contributing to unhealthy substance use include advertising of unhealthy substances through social media and excessive mainstream advertising of alcohol in the area, limited detox and treatment, high number of children experiencing adverse childhood experiences (ACES) placing children at greater risk of becoming dependent on unhealthy substances, and lack of information on healthy alternatives.

In Bernalillo County legal and illegal substances are readily available. Residents believe the visibility of illicit drug use in less advantaged neighborhoods perpetuates the image of poverty and criminalization within the community, while other neighborhoods experience similar rates of use with less visibility, stigma, and intervention.

In Torrance and Valencia counties youth use substances due to a lack of youth oriented programming including mental and behavioral health services and recreational alternatives. Lack of parental monitoring and permissiveness for underage drinking also contribute.

Behavioral Health: Root causes of behavioral and mental health concerns are linked closely with causes and effects of violence and substance use. The primary factor for significant behavioral health issues in every county in Central New Mexico is the lack of treatment resources and the recent disruption and decline of behavioral health services at the state level. Of particular concern throughout Central New Mexico is the lack of assisted outpatient treatment services, services for vulnerable populations such as children and adolescents, non-English speaking patients, the undocumented, and the uninsured. The few intensive treatment resources are costly, often have waiting lists, and are primarily located either in Albuquerque or out of state. Lack of resources, qualified providers, and stigma surrounding mental and behavioral health prevent community members from seeking treatment. Torrance suffered a significant loss of behavioral health providers due to the complicated process of licensing by the state board in New Mexico, forcing many to move out of state. Wages in Torrance County are low and economic incentives are not adequate to sustain an adequate number of mental health providers in the County.

Violence Prevention: Violence was a primary concern expressed by the forum participants for the International District of Bernalillo County. Violence has left lasting stigma in the area. Participants felt the main contributor is the perpetuation of poverty within the area. Forum participants discussed perceptions due to media coverage of negative incidents that the violent crime rate is rising when data indicate it has decreased in recent years. A lack of law enforcement training for violence de-escalation is a concern for Bernalillo County Residents. Additional contributors to community violence were identified as a lack of resources for families raising children, and lack of resources within the schools for children to deal with violence stemming from home, school, and other potentially unhealthy environments. With a lack of resources for after-school programs for children to escape violent conditions and to deal with emotions in a healthy manner, there is a higher chance of at-risk children cycling into the judicial system. Forum participants expressed a desire for changes in public perception and public conversations for the prevention of violence and criminalization.

In Valencia County, community members identified cycles of violence, behavioral and mental health issues, poverty and lack of support for families as contributing to violence. The cycle of violence that begins with adverse childhood experiences (often due to experiences of abuse or neglect, the incarceration of a parent, substance use in the home, etc.) is difficult to interrupt and can be seen cycling through numerous generations in the community. Lack of treatment and lack of community resources exacerbates violence problems in the community.

Economic Development: As a 'bedroom' community of Albuquerque, Rio Rancho, the largest city within Sandoval County struggles to establish its economic independence from Albuquerque. Several large employers have recently left or downsized their operations in Sandoval County contributing to less economic growth than government officials had planned for. Economic development is seen as necessary to keep jobs, services, and infrastructure in place for residents of Rio Rancho and the rest of Sandoval County.

Possible Strategies

Forum participants discussed existing community-based interventions they feel are working and should continue to be supported or expanded. Also discussed were gaps in community based interventions. These ideas were discussed in small groups and reported back to the larger community for discussion. Below are the main ideas brainstormed by the forum participants for each priority area.

Healthy Eating	
Interventions to Support & Expand	**Gaps or Areas for Improvement**
Bernalillo County	
Communal Eating /Meal Preparation	School Food
Public spaces to cook together	Food related activities in all things
Edible Landscapes	Edible landscapes on PHS Property
Patient Education on Nutrition	Cooking shows available in PHS waiting rooms & recipe cards
Food App	Better/ Higher quality food at hospital. The hospital should have the best local restaurant in the community.
Nutrition education in schools	Clinical Providers educated on nutrition
Sandoval County	
Expand access points for healthy eating programs	How do we get buy-in/engage people to eat healthy?
County Collaboration & networking	How do we measure outcomes & effectiveness of programs?
	Education on how to prepare healthy food
	Communication & access/transportation
Torrance County	
Summer Feeding Programs (Group in Edgewood)	Community garden coordination
Tomatoes, Chickens, & Bees radio show	Access for outlying/needy areas
Gardening Classes (seed library, library, Bethel)	Access to SNAP & WIC
SNAP & WIC	School facility as community hub - joint use policies
Co-op extension gardening and food classes	Kitchens for public use or demonstrations
Valencia County	
Large school nutrition education program w/ partners & events	Not enough demonstration kitchens
School meals (breakfast, lunch, & dinner)	2 week CYFD meals gaps
School local procurement effort	Messaging: Community Based education
Road Runner Food Bank at Senior Center	Staffing, utilization, transportation
Food Pantries w/ Healthy Food	
NMSU Healthy eating education at Kathryn Gallegos summer program	
NMSU I Can Class, MyCD	
Kitchen in treatment center on 314	
Community Gardens in Belen	

Active Living	
Interventions to Support & Expand	**Gaps or Areas for Improvement**
Bernalillo County	
Sponsor runs & walks	Prescriptions for policies, civic engagement, advocacy around parks

Health plan Rewards	Family packs to waterparks, trampoline place, climbing gym etc. as incentives
Walking School Busses	Youth scholarships for sports or recreation
Promote trails & evening walks	Have one PHS Message around active living. Promote this message on billboards @ PHS Spread passion/Advocate
Closed Streets/Family Friendly events on central	Stronger partnership with UNMH & other large organizations
Sandoval County	
Youth and after school programs	Transportation
Senior Programs	Lack of awareness (e.g. no mapped trails, no ads/media publications)
Existing outdoor clubs	Need for mapped trails
Programs at pueblos, "Active Natives" campaign	Organizational incentives & community (e.g. fit bits)
"Step Up" in Cuba	
Commitment to wellness from planning & business	
Trails	
Torrance County	
Estancia Schools joint use agreements	Expand joint use to other schools
Walking Trail & Signage (Estancia Bear Tracks)	Utilization of trails - incentives
Estancia Pool	Fewer summer sports in outlying regions
Summer baseball,school sports, rodeo & 4H/FFA horse shows	Sidewalks & crosswalks in Moriarty
Valencia County	
Rio Abajo Event	Walkability of Los Lunas
Belen Walkability Study-Resiliency Program City	Infrastructure in neighborhoods
Transforming Transportation Hub 5 acres	Safe parks, walkways
Belen Community Center	Heat: Shade, water, sun-screen
Pool at Belen HS	No coordinator for HC priorities /No full time coordinator
Hired a contractor to write grants	Centennial Rewards is underutilized - lack of understanding/education

Prevention of Unhealthy Substance Use	
Interventions to Support & Expand	**Gaps or Areas for Improvement**
Bernalillo County	
Support positives in schools -music, art, etc.	PHS more involved in Opioid Accountability Initiative
Use maps and data to identify high rates	Role in planning & sustainability
Early Childhood services-prevention of ACES	Anti-stigma for mental health/illness
Mental Health First Aid	Messaging & Media countering stigma
Partner w/ alternative therapies	Policy -decriminalization, transition services, Medicaid policies, Corrections
Screening & services for maternal depression	Services in jails
	Talk about systemic racism and equity
Sandoval County	
Extensive education programs in the schools	Problem(s) exceed the availability of resources
Sandoval County DWI Taskforce; multiple youth Pow Wows	Lack of awareness of community programs & resources

Torrance County	
Prevention programs in schools	Church support & consistency of faith based programs
Awareness Campaigns	Coeducation for Parents & families
OSAP-Environmental & community based change	Grant Funded sustainability
DWI prevention efforts	Impact measurement
Teen Court	Interruption/ Staff Turnover
Adult Drug Court	Cycle breaking, Reintegration services
	Policy/ government willingness (enforcement & adoption)
	Law Enforcement Capacity
Valencia County	
Parenting classes	Not enough funding, locations or transportation for parenting classes
School based Health Center services and programming (Belen was the only 1)	Funding has been cut to the School Based Health Center – unclear if operation can continue
Community school before & after school	Need home visiting for older kids, multiple children
Head Start and Family Advocates - connection to services, skills, health literacy, language services	No after-hours transportation (Rio Metro)
St. Vincent Home Visiting -until 2yrs. First child	No subsidized housing available
Parents as Teachers-no requirements 35 slots	No transitional housing in the county
Access to Current Resources – Council directory and ShareNM	

Behavioral Health	
Interventions to Support & Expand	**Gaps or Areas for Improvement**
Bernalillo County	
Support positives in schools -music, art, etc.	PHS more involved in Opioid Accountability Initiative
Use maps and data to identify high rates	Role in planning & sustainability
Early Childhood services-prevention of ACES	Anti-stigma for mental health/illness
Mental Health First Aid	Messaging & Media countering stigma
Partner w/ alternative therapies	Policy -decriminalization, transition services, Medicaid policies, Corrections
Screening & services for maternal depression	Services in jails
	Talk about systemic racism and equity
Sandoval County	
Sandoval County Behavioral Health Coalition initiatives	Access to outpatient services - Adolescent & Adult
Education - integration & awareness of what is behavioral health at all levels in all communities/cultures	Education and confronting stigma
Torrance County	
Mental health first aid	Condensed, tailored versions of mental health first aid in schools
School based providers	School based health centers closing and lack of providers – lack of sustainable relationships, consistency and trust.
Receiving & assessment Center	The Receiving and Assessment Center is

	Underutilized - Need to connect to parents
Juvenile Justice Program	Lack of Providers
	Crisis identification for older adults
	Transportation
Valencia County	
Parenting classes	Not enough funding, locations or transportation for parenting classes
School based Health Center services and programming (Belen was the only 1)	Funding has been cut to the School Based Health Center – unclear if operation can continue
Community school before & after school	Need home visiting for older kids, multiple children
Head Start and Family Advocates - connection to services, skills, health literacy, language services	No after-hours transportation (Rio Metro)
St. Vincent Home Visiting -until 2yrs. First child	No subsidized housing available
Parents as Teachers-no requirements 35 slots	No transitional housing in the county
Access to Current Resources – Council directory and ShareNM	

Violence Prevention

Interventions to Support & Expand	Gaps or Areas for Improvement
Bernalillo County	
Expand home visiting & parenting programs and services for the whole family	Cure Violence program
Expand Counseling-Family	Play soothing music in hospitals, clinics, stress reduction,
Circle of Security program (HIV+)	Research & modify strategies that are working
APD Forward (ACLU, HFH)	Parenting classes rewards and incentives
Sponsorship of anti-bullying programs in schools	Push messaging/media for positive messaging
Juvenile Justice Programs	
Restorative Justice Programs	
Valencia County	
Sexual Assault Response Team and the Domestic Violence Shelter	Domestic Violence programs are not well funded
Child Advocacy Center	No programs or shelters for homeless adults or youth
High school sports youth sports-some free	Need youth recreation and sports in outlying communities outside of Los Lunas
Clubs & activities at school: 4H, FFA, NMSU	Before & after school programs
Faith based community- youth programming	Summer programs
Healthy Transitions (SAMSHA)	Summer lunch from CYFD
School of Dreams, TNT Boxing	Transportation to recreation and after school programs for youth
School programs that include transportation	Need programs like head start for older youth

Head Star Wonderful	
Rio Grande Educational Collaborative	

Economic Development	
Interventions to Support & Expand	**Gaps or Areas for Improvement**
Sandoval County	
Higher education -Sandoval Health Collaboration	Information for building & teaching
Sandoval economic alliance (SEA)	Coordination & Collaboration
Hospital - Ancillary services & vendors	Internships & opportunities for jobs (hospitality & health careers)
Workforce development - healthcare jobs	Education about shopping locally

Forum Participants

Bernalillo County

Marsha McMurry-Avila Executive Director *BCCHC*	Carolyn Salazar RN Nurse Manager *UNM CDD, Nurse Family Partnership*	Leora Jaeger Public Health Consultant *Kids's Cook*
David Vigil Project Coordinator *Health Insight NM*	Caroline Monie Retired RNC *UNM MHC*	Grace Escamilla-Valdez Social Worker *NM Dept. Veteran Services*
Sharz Weeks Admin Asst. *BCCHC*	Tom Scharmen Community Health Epidemiologist *NMCDC NMDOH*	Stefanie Vigil NMHC *Division of Community Health*
Matt Cross-Guillen Education *Health Matters, NM*	Mark Clark Health Promotion *Department of Health*	Dee Ivy Community Member
Daryl T. Smith Program Manager *UNM HSC*	Margonita Gabers CHW *Pathways*	Barbara Vinika Owner Landscape Contractor *Eastgate Church Community Outreach*
Mary Spichs RN MSN *Carenet Pregnancy Center*	Michelle Melendez FCCH Development *First Choice Community Health*	Christopher Ramirez Junots (CVNMEF) Director *Juntos/CVNMEFtT4B*
Charles Ivy Community Member	Kelly Morantes CHW *Care NM, UNM*	Sylvia Ledesma Promotora Tradicional *Kalpulli Izkalli*

Sandoval County

Beth Hamilton *Nacimiento Community Foundation*	Joanna Boothe *State Farm Insurance*	Erin Johnson-Kruft *CNM Community College*
Allison Kozeliski *PMS/Sandoval County H.C.*	Dianne Maes *Sandoval County*	Paul Medina *Worth Hearing Center*
Anala Inremut *Worth Hearing Center*	Melissa Romine *UNM Sandoval Regional Medical Center*	Jim Easley *US Bank*

Edward Corbin *Rust Medical Center Quality Management*	Andy Strebe *Don Chalmers Ford*	Ann Knight *Neighborhood Senior Living*
Alexis Jimenez Community Member	Peggy Cote *Sandoval County*	Joe Sierrit *Century Bank*
Wes Bassett *Advisory Board*	Kelly Wainwright *NM Bank and Trust*	Sean Haverson *CNM Community College*
Gary Honsley *Don Chalmers Ford*	Lorraine Ruggles *State of NM DWS*	Burton, Laura *UNM West*
Keith Riesbery *City of Rio Rancho*		

Torrance County

Billie Clark *DFL Associates INC, DFC, OSAP, SAPTF*	Angie Coburn *PMS Esperanza Family Health*	Art Swenka *KXNM Community Foundation, EBRA*
Michael Stogner Member-At-Large (Estancia)	Pat Lincoln DFL Associates INC, NMHCA, DFC, EUDL, OSAP	Rhoda Geduld Member-At-large (Moriarty), *KXNM, RWAL*
Bill Hines *NM Department of Vocational Rehabilitation*	Mark Clark *DOH Region 1-3*	Debbie Ortiz *Perpetual Tears Inc., Moriarty Chamber of Commerce*
Susan Acosta Public Health *NM DOH*		

Valencia County

Diana Good Health Promotion Specialist *DOH/Community Wellness Center*	Peggy Gutsahr CWC Treasurer/RC City Council *CWC*	Montano, Linda Pt. Eligibility Specialist *FCCH First Choice Community Healthcare*
Teresa D'Anta Director *Albuquerque SAVE*	Max Perez Superintendent-Belen Schools *Belen Consolidated Schools*	Ginny Adam CWC President *CWC/DWI Program*
Terry Schleder CWC Grants Consultant *Pivot Evaluation/CWC*		