

Presbyterian Healthcare Services
Community Health Needs Assessment (CHNA)

Lincoln County Medical Center 2016-2019



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 Lincoln County Medical Center will complete a Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) every three years. The CHNA describes the community served, Lincoln County, 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. Health councils identified significant health needs and Presbyterian prioritized them.

Lincoln County Medical Center partnered with the Lincoln County Health Council to complete a community health needs assessment and identify significant community health needs. The top five community health needs identified by the council are:

- Increase access to care
- 2. Reduce food insecurity
- 3. Reduce the number of deaths related to Chronic Obstructive Pulmonary Disease (COPD)
- 4. Increase smoking cessation among pregnant women
- 5. Reduce tobacco use by adolescents

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 Lincoln County community needs, PHS will continue to focus on these existing priorities.

For 2016-2019, the Lincoln County Medical Center community health priorities for Lincoln County will be:

- 1. Healthy eating
- Active living
- 3. Prevention of unhealthy substance use

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. Lincoln County is ranked 15th among 33 other counties in the state for overall health. 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 Lincoln County 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 community 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 Lincoln County Medical Center 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 and a general description of resources that exist in the community to meet the identified needs.

Presbyterian operates eight hospitals in the metro regions 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 is the second largest private employer in New Mexico with more than 10,000 employees and provides services to one in three New Mexicans.

Lincoln County Medical Center (LCMC) is a critical access hospital that has served the Lincoln County community since 1950, when the facility first opened as the Ruidoso-Hondo Valley General Hospital. LCMC is owned by the County of Lincoln, and since 1972 has been leased by Presbyterian Healthcare Services, which has aided its growth and advancement. Through its affiliation with PHS, LCMC is able to provide access to highly specialized care.

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 Lincoln County Medical Center to complete and report the Community Health Needs Assessment (CHNA) and the Community Health Implementation Plan (CHIP) for 2016-2019. Lincoln County Medical Center will continue to receive support for plan implementation and assessment and evaluation from the Center for Community Health.

There are multiple existing measures and resources within Lincoln County 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.

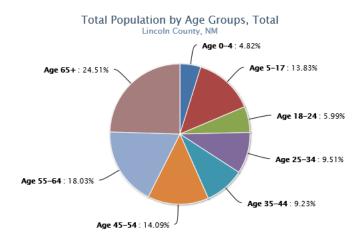
Description of Community Served

For the purposes of the Community Health Needs Assessment and the implementation plan, PHS has generally defined the "community" of each hospital as the county in which the hospital is located. Lincoln County Medical Center defines its community as Lincoln County, New Mexico.

The main industries in Ruidoso are accommodation and food services, construction, professional, scientific, and technological services. Lincoln County is also home to the Mescalero Apache Tribe.

Demographics

The U.S. Census estimates the 2015 population of Lincoln County to be 19,420¹. Lincoln is considered a rural county², a health professional shortage area and medically underserved area by the federal government³. The major village in Lincoln County is Ruidoso, which in 2015 had an estimated population of 7,739.¹



Lincoln County has a larger percentage of older adults aged 55-64 and 65+ than the average proportion in the state of New Mexico (approx. 13% and 14%, respectively). Lincoln County's population is made up of fewer children and young people and more older adults when compared to the rest of the state.⁴

There is less racial and ethnic diversity in Lincoln County compared to the rest of New Mexico. The population is 85.48% White and 69.21% non-Hispanic or Latino. Approximately five percent of the population aged 5 and older lives in 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 indicator is significant as it identifies households and populations that may need English-language assistance.

¹ U.S. Census Bureau Quick Facts http://quickfacts.census.gov/qfd/states/35/35027.html

² HRSA Office of Federal Rural Health Policy http://www.hrsa.gov/ruralhealth/aboutus/definition.html

³ HRSA Data Warehouse HPSA Find https://datawarehouse.hrsa.gov/Tools/Analyzers/hpsafind.aspx

⁴ Community Commons (2016) Data Source: US Census Bureau, American Community Survey. 2010-14

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Lincoln County, NM	85.48%	0.51%	0.17%	2.37%	0.05%	9.02%	2.4%
New Mexico	73.16%	2.04%	1.37%	9.15%	0.06%	11.08%	3.13%
United States	73.81%	12.6%	5%	0.82%	0.17%	4.7%	2.91%

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

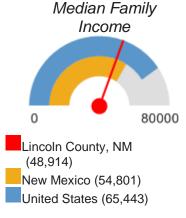
The median household income in Lincoln County is \$48,914.

Median Family Income

Wiedlan's army meeting					
Report Area	Total Family Households	Average Family Income	Median Family Income		
Lincoln County, NM	5,306	\$62,897	\$48,914		
New Mexico	498,137	\$71,580	\$54,801		
United States	76,958,064	\$86,963	\$65,443		



geography: Tract



Process and Methods for Conducting the Assessment

In 2016, as part of the Community Health Needs Assessment (CHNA) process, Lincoln County Medical Center and the Presbyterian Center for Community Health partnered with the Lincoln County Health Council to conduct a community health assessment to identify significant community health needs in each county. The 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).

Significant health priorities were determined by the Lincoln County Health Council with assistance from the New Mexico Department of Health. Publicly available epidemiologic data, the results of a community survey, as well as health council discussion and local narratives were used by the health council to determine significant health needs. The council reviewed state and national health priority areas for alignment. Additional details including individuals who provided input can be found in Appendix A.

The top five community health needs for 2016-2019 identified by the Council are:

- 1. Increase access to care
- 2. Reduce food insecurity
- 3. Reduce the number of deaths related to Chronic Obstructive Pulmonary Disease (COPD)
- 4. Increase smoking cessation among pregnant women
- 5. Reduce tobacco use by adolescents

The Center for Community Health worked with Lincoln County Medical Center leadership to review and prioritize the significant health needs for 2016-2019 for this region. Per IRS requirements, LCMC 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 Presbyterian will address in Lincoln County.

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 healthy eating, active living, and prevention of unhealthy substance use as its community health priorities in Lincoln County for the next three years.

As part of the Community Health Needs Assessment process, community health forums facilitated by the Community Health Epidemiologist and Community Engagement Specialist 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.

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.

County Health Status

Clinical Care

Residents in Lincoln County have limited access to healthcare. As of 2015, there is one Federally Qualified Health Center, located outside of the largest city, Ruidoso. LCMC, a critical access hospital, is the only hospital located in Lincoln County. Consistent with the designation as a provider shortage area, Lincoln County also has less access to primary care physicians than other areas in the state. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

⁵ Community Commons (2016). US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File: Sept. 2015

Access to Primary C	Primary Care Physicians,			
Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Pop.	Rate per 100,000 Pop.
Lincoln County, NM	20,105	11	54.7	0 300
New Mexico	2,085,287	1,588	76.2	Lincoln County, NM (54.7) New Mexico (76.2)
United States	316,128,839	239,500	75.8	United States (75.8)

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, <u>Area Health Resource File</u>. 2013. Source geography: County

According to the most recent national estimates, approximately 23.05% percent of the population in Lincoln County ages 18-64 are uninsured. The lack of health insurance is considered a key driver of health status because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services.

Percent Population Uninsured (18-64)								nt Population
	Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance		out Medical surance
	Lincoln County, NM	10,801	8,311	76.95%	2,490	23.05%	Lincoln County, NM (23.05%) New Mexico (21.03%) United States (16.37%)	50% unty, NM
	New Mexico	1,232,508	973,365	78.97%	259,143	21.03%		,
	United States	193,600,545	161,899,011	83.63%	31,701,534	16.37%		

Note: This indicator is compared with the state average.

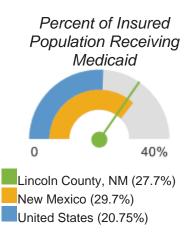
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2014. Source

geography: County

The percentage of the population in the community with insurance enrolled in Medicaid (or other means-tested public health insurance) is approximately 27.7%. 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.

Popul	ation	Receiv	/ina N	/ledicaid

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Lincoln County, NM	19,995	17,133	4,746	27.7%
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

Lincoln County has much better access to mental health care providers when compared to the state mental health care provider rate. The table below indicates the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors 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)
Lincoln County, NM	19,706	109	180.8	553.1
New Mexico	2,084,896	7,451	279.8	357.3
United States	317,105,555	643,219	493	202.8



Note: This indicator is compared with the state average.

Data Source: University of Wisconsin Population Health Institute, County Health

Rankings. 2016. Source geography: County

Section 2: Community Health Needs Assessment

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 Hos	nital Events	(Medicare	Enrollees)
r levelilable i los	pilai Everilo i	(IVICUICAI C	LIII Olices)

	Treventable Floopital Events (Medicare Enrollees)					
Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate			
Lincoln County, NM	3,666	155	42.4			
New Mexico	184,599	9,250	50.1			
United States	58,209,898	3,448,111	59.2			

Discharge Rate
(Per 1,000 Medicare
Enrollees)

150

Lincoln County, NM (42.4)
New Mexico (50.1)

United States (59.2)

Preventable Hospital Events, Age-Adjusted

Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice,

Dartmouth Atlas of Health Care. 2012. Source geography: County

Access to health services is impacted by social and environmental factors such as poverty, rural location, and availability of supportive government or institutional infrastructure.

Social and Economic Factors

Economic and social insecurity are often 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.

Total unemployment in the report area for May, 2016 was 422, or 4.9% 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.

Section 2: Community Health Needs Assessment

Unemployment Rate

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Lincoln County, NM	8,562	8,140	422	4.9
New Mexico	915,803	860,728	55,075	6
United States	159,938,718	152,603,936	7,334,782	4.6



Note: This indicator is compared with the state average.

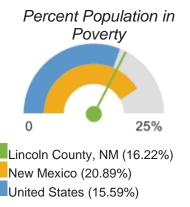
Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - May. Source

geography: County

Within the report area 16.22% or 3,243 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities, and contributes to poor health status.

Population in Poverty (Below 100% FPL)

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Lincoln County, NM	19,995	3,243	16.22%
New Mexico	2,039,574	426,116	20.89%
United States	306,226,400	47,755,608	15.59%



Note: This indicator is compared with the state average.

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

geography: Tract

In Lincoln County 24.67% or 923 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL).

Children in Pover	Percent Population				
Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty	Under Age 18 in Poverty
Lincoln County, NM	19,995	3,741	923	24.67%	0 50%
New Mexico	2,039,574	504,947	148,427	29.39%	Lincoln County, NM (24.67%)
United States	306,226,400	72,637,888	15,907,395	21.9%	New Mexico (29.39%) United States (21.9%)

Note: This indicator is compared with the state average.

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

geography: Tract

Many children in Lincoln County are living in or near poverty. About 61% of children are living in households with income below 200% of the Federal Poverty Level (FPL).

Children in or near Poverty (Below 200% FPL)						
Rep	port Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL		
Linco NM	In County,	3,741	2,292	61.27%		
New I	Mexico	504,947	277,831	55.02%		

Percent Population Under Age 18 at or Below 200% FPL



United States (44.21%)

44.21%

Note: This indicator is compared with the state average.

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

72,637,888

geography: Tract

United States

Almost three quarters (72.87%) of the total number of public school students enrolled in Lincoln County are eligible for Free/Reduced Price lunch.

32,116,426

Students Eligible for Free or Reduced Price Lunch

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Lincoln County, NM	2,897	2,111	72.87%
New Mexico	339,058	227,413	67.16%
United States	50,195,195	26,012,902	52.35%

Percent Students Eligible for Free or Reduced Price Lunch

100%

Lincoln County, NM (72.87%)

New Mexico (67.16%)

United States (52.35%)

Note: This indicator is compared with the state average.

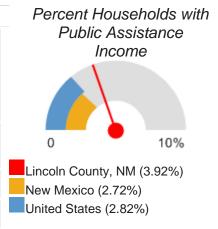
Data Source: National Center for Education Statistics, NCES - Common Core of

Data. 2013-14. Source geography: Address

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Public Assistance Income

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Lincoln County, NM	8,640	339	3.92%
New Mexico	764,684	20,777	2.72%
United States	116,211,088	3,274,407	2.82%



Note: This indicator is compared with the state average.

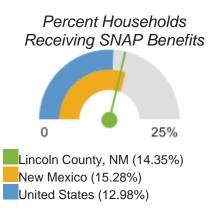
Data Source: US Census Bureau, American Community Survey. 2010-14. Source

geography: Tract

Fourteen percent of Lincoln County households receive SNAP food assistance benefits, commonly known as food stamps.

Households Receiving SNAP Benefits

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP
Lincoln County, NM	8,640	1,240	Benefits 14.35%
New Mexico	764,684	116,864	15.28%
United States	116,211,088	15,089,358	12.98%



Note: This indicator is compared with the state average.

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

geography: Tract

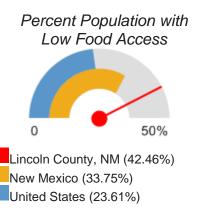
Environmental Indicators

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.

While there are clear economic barriers to accessing nutritional food, Lincoln County residents have better access to food retailers where fresh, healthy food is available. There are 19.52 grocery stores per 100,000 people in Lincoln County compared to 12.2 per 100,000 people in the state and 21.2 per 100,000 people in the US.⁶ However, there is still a large proportion of residents who live in areas designated as food desserts and have low food access (see below).

Low Food Access

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Lincoln County, NM	20,497	8,704	42.46%
New Mexico	2,059,179	694,947	33.75%
United States	308,745,538	72,905,540	23.61%



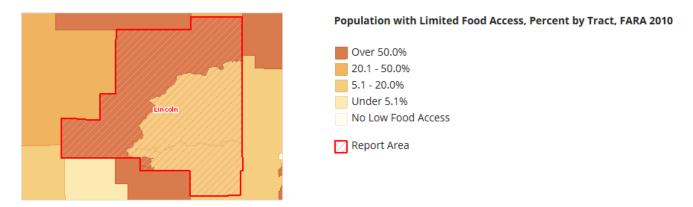
Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, <u>USDA</u> -

Food Access Research Atlas. 2010. Source geography: Tract

⁶ Community Commons (2016). Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013

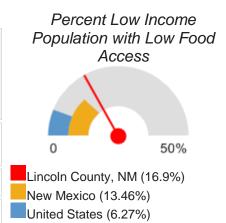
As previously stated, Lincoln County is considered a rural county, with many residents clustered around towns and villages. Proportions of the population living in census tracts designated as food deserts are depicted in the figure below (higher food insecurity is depicted by darker colors). A food desert is defined as a low-income census tract where a substantial number of residents have low access to a supermarket or large grocery store. This highlights populations and geographies within the community facing food insecurity.



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

Low Income with Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Lincoln County, NM	20,497	3,465	16.9%
New Mexico	2,059,179	277,210	13.46%
United States	308,745,538	19,347,047	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

While there are only 19.52 grocery stores per 100,000 Lincoln County residents there are 82.94 fast food establishments per 100,000 Lincoln County residents.

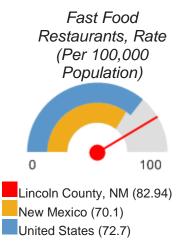
Fast Food Restaurant Access

Report Area	Total Population Number of Establishments		Establishments, Rate per 100,000 Population
Lincoln County, NM	20,497	17	82.94
New Mexico	2,059,179	1,444	70.1
United States	312,732,537	227,486	72.7

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by

CARES. 2013. Source geography: County



Percent Adults with Inadequate Fruit / Vegetable Consumption

50%

Lincoln County, NM (74.9%)

New Mexico (77.6%)

United States (75.7%)

These indicators provide measures of healthy food access and environmental influences on dietary behaviors.

Health Behaviors

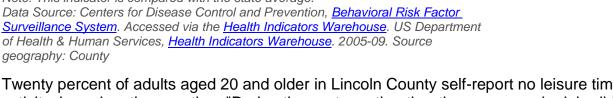
Health behaviors such as poor diet, a lack of exercise, and substance use contribute to poor health status.

In the report area, three quarters of all adults over the age of 18 are consuming less than the recommended 5 servings of fruits and vegetables each day. Current behaviors are determinants of future health, and unhealthy eating habits may cause significant health issues, such as obesity and diabetes.

Inadequate Fruit and Vegetable Consumption (Ages 18+)

Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
16,529	12,380	74.9%
1,460,839	1,133,611	77.6%
227,279,010	171,972,118	75.7%
	(Age 18+) 16,529 1,460,839	Total Population (Age 18+) Inadequate Fruit / Vegetable Consumption 16,529 1,460,839 1,133,611

Note: This indicator is compared with the state average.



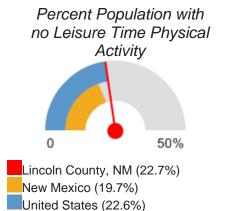
Twenty percent of adults aged 20 and older in Lincoln County self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening,

100%

or walking for exercise?" Low levels of activity are linked to significant health issues, such as obesity and poor cardiovascular health.

No Physical Activity (Ages 20+)

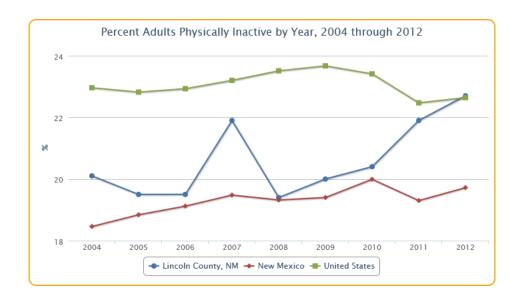
Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Lincoln County, NM	16,048	3,980	22.7%
New Mexico	1,510,916	304,908	19.7%
United States	231,341,061	53,415,737	22.6%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for

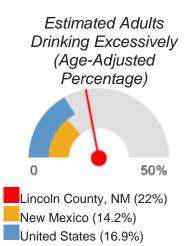
Chronic Disease Prevention and Health Promotion. 2012. Source geography: County



In addition to indicators of poor nutrition and low physical activity, Lincoln County has a large proportion of adult residents who use legal substances. The percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women) in Lincoln County is 22%. Current behaviors are determinants of future health and this may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

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Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age- Adjusted Percentage)
Lincoln County, NM	16,548	3,111	18.8%	22%
New Mexico	1,521,911	208,502	13.7%	14.2%
United States	232,556,016	38,248,349	16.4%	16.9%



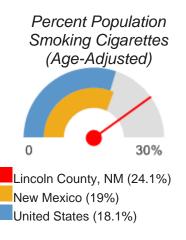
Note: This indicator is compared with the state average.

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

In the report area an estimated 3,657, or 24.1% 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

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age- Adjusted)
Lincoln County, NM	16,548	3,657	22.1%	24.1%
New Mexico	1,521,911	284,597	18.7%	19%
United States	232,556,016	41,491,223	17.8%	18.1%

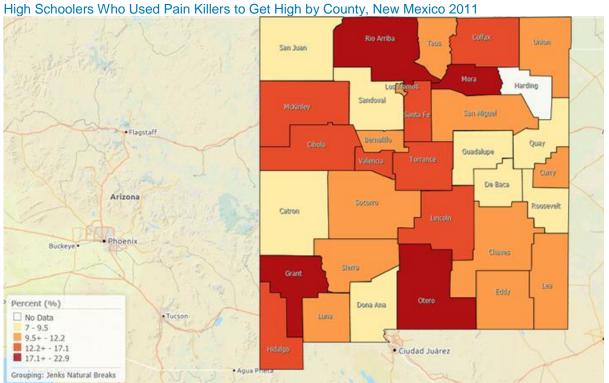


Note: This indicator is compared with the state average.

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

Illicit drug use in New Mexico is indicated by the number of deaths caused by 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. Lincoln County has an overdose mortality rate of 31.8 deaths due to overdose per 100,000 people.⁷

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 (grades 9-12). In 2011, 17.1% of Lincoln County high school students reported using pain killers to get high and 17.8% reported binge drinking alcohol in the past 30 days. The figure below illustrates pain killer misuse among youth in Lincoln County in relation to other counties in New Mexico.



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

Other indicators such as the number of students reporting being sold or given illicit drugs on school property may illustrate rates of substance use. The percentage of youth reporting being sold or given illicit drugs on school property is 38.4% in Lincoln County. Substance abuse among youth remains a major public health problem because it can increase the risk for injuries, violence, HIV infection, and other diseases.

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⁷ Bureau of Vital Records and Health Statistics (BVRHS). 2010-2014. New Mexico Department of Health IBIS

Substance use can be linked to other mental health concerns. In 2013, 5.2% of Lincoln County high school students (9-12 grades) reported being injured in a suicide attempt compared to 3.1% of New Mexico high school students.8

Health Outcomes

According to the New Mexico Indicator Based Information System run by the NM Department of Health, the three leading causes of death in Lincoln County are cancer, heart disease, and unintentional injuries.8

Measuring morbidity and mortality rates allows assessment of 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.

Fewer adults in Lincoln County aged 18 and older self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma compared to the state average.

Adults with Asthma				Percent Adults with
Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma	Asthma
Lincoln County, NM	19,361	1,628	8.4%	0 25%
New Mexico	1,543,499	219,680	14.2%	Lincoln County, NM (8.4%)
United States	237,197,465	31,697,608	13.4%	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:

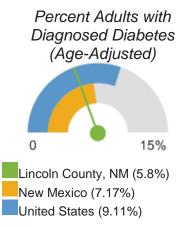
County

⁸ https://ibis.health.state.nm.us/community/highlight/report/GeoCnty/9.html

Lincoln County has a smaller proportion of adult residents with diabetes than either the state or the nation.

Adults with Diabetes

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Lincoln County, NM	16,012	1,297	8.1	5.8%
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.

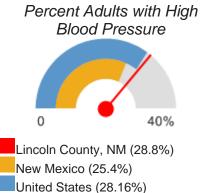
Data Source: Centers for Disease Control and Prevention, National Center for Chronic

Disease Prevention and Health Promotion. 2012. Source geography: County

In Lincoln County 28.8% 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
Lincoln County, NM	16,548	4,766	28.8%
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

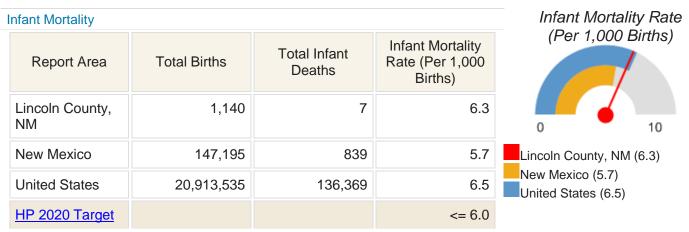
geography: County

The percentages of adult residents who are overweight and obese are on par with or below state and national averages. In Lincoln County 34.1% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25 and 30 (overweight). Twenty-two percent of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

⁹ Community Commons. (2016) Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12

¹⁰ Community Commons (2016) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012

This indicator reports the rate of deaths of infants less than one year of age per 1,000 births. This is a concern because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, <u>National Vital Statistics</u> <u>System</u>. Accessed via <u>CDC WONDER</u>. Centers for Disease Control and Prevention, <u>Wide-Ranging Online Data for Epidemiologic Research</u>. 2006-10. Source geography: County

Additionally, rates of child abuse and neglect are much higher in Lincoln County (31.2 cases of abuse or neglect per 1,000 children) compared to the state of New Mexico (16.7 cases of abuse or neglect per 1,000 children).

There are 61.2 births to young women ages 15 - 19 per 1,000 young women in Lincoln County. This is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Teen Birth Rate				Teen Birth Rate (Per
Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)	1,000 Population)
Lincoln County, NM	526	32	61.2	0 100
New Mexico	73,069	4,165	57	Lincoln County, NM (61.2)
United States	10,736,677	392,962	36.6	New Mexico (57) United States (36.6)

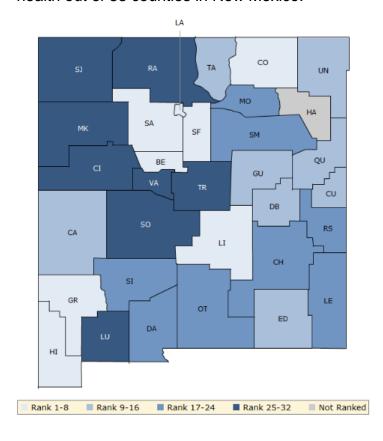
Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, <u>Health Indicators</u>
<u>Warehouse</u>. Centers for Disease Control and Prevention, <u>National Vital Statistics</u>
<u>System.</u> Accessed via CDC WONDER. 2006-12. Source geography: County

State Health Status

County Rankings

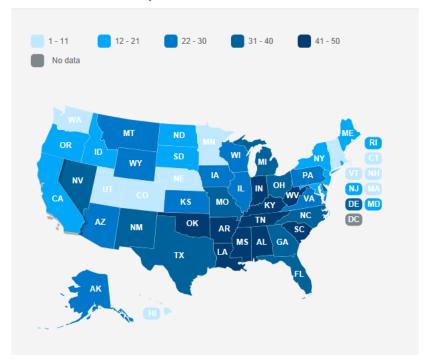
The Robert Wood Johnson Program, County Health Rankings and Roadmaps, has ranked the overall health of each county in New Mexico. The overall rankings represent factors that influence the health of a county. Ranks are an estimate of the future health of counties as compared to other counties within a 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. Lincoln County is ranked 15th for overall health out of 33 counties in New Mexico.



State Ranking

In 2016 United Health Foundation America's Health Rankings 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 New Mexico's statewide strengths as: low levels of air pollution, low rate of cancer deaths, and low prevalence of excessive drinking. Statewide challenges in New Mexico include: low rate of high school graduation, high violent crime rate, and high rate of drug-related deaths.

Section 2: Community Health Needs Assessment



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. In contrast, NM HSD has released numbers that indicate a 75% increase in the number of New Mexicans receiving mental and behavioral health services from 2013 to 2015.

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. The budget crisis is expected to affect health in many ways including through cuts to education spending and other government programs and services, as well as have 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

 $^{^{11}\,}http://www.thenational council.org/capitol-connector/2016/04/independent-commission-recommends-changes-medicare-part-d/$

¹² http://www.fronterasdesk.org/content/9471/new-mexico-guilt-fraud-audits-and-behavioral-health

¹³ http://www.hsd.state.nm.us/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/BH_increase.pdf

¹⁴ http://www.abqjournal.com/795247/legislators-fear-additional-cuts-may-be-needed.html

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 measures and resources within the community to support Presbyterian in meeting the identified community health needs. As part of the community forum, participants helped map assets of the community. There are many venues for outdoor physical activity such as fishing, mountain biking, and hiking. Other community assets that contribute to the health and well-being of Lincoln County residents include the Roadrunner Food Bank Mobile Food Pantry and the Lincoln County Hunger Coalition, the Creative Aging Advisory Committee, the Lincoln County senior centers, and the High Mesa Healing Center among others. A major asset is the Lincoln County Health Council's Health and Wellness Guide publication with the directory of medical, social, and wellness resources. An electronic version of the publication can be accessed here:

https://issuu.com/tkomediasolutions/docs/health n wellness guide 2016 web

Lincoln County Medical Center provides family medicine, internal medicine, obstetrics & gynecology, laboratory, and radiology services as well as general and orthopedic surgery. Lincoln County Medical Center also houses a comprehensive therapy center with physical, occupational, and speech therapies. Behavioral health services and counseling are also available at LCMC through the Lincoln County Community Assistance Program. The program is free and provides triaging 24 hours a day, seven days a week through a toll-free hotline.

In addition to these medical specialties and services, LCMC houses numerous programs to support emotional, financial, and general health and wellness needs in the community. These services include: coordinated care of medications and treatments for patients with multiple or complex conditions, disabilities, or injuries; nutrition and diabetes education; and the Heritage Program for Senior Adults, an outpatient, behavioral health treatment program that provides individualized intensive treatment to older adults, including conflict resolutions skills stress management, assertiveness training, and positive living skills.

In 2015 Lincoln County Medical Center employed 265 people. Through these jobs and employment at PMG clinics throughout the county, Presbyterian is a significant contributor to the local economy. Increased economic opportunity and employment are linked to better health.

As part of the CHNA process, the measures and resources for each significant health need weren't specifically identified. However, in the development and implementation of the Community Health Improvement Plans (CHIP), Presbyterian will identify specific measures and resources associated with each goal and plan for intervention. 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

As part of the needs assessment, the Lincoln County health council, with help from the New Mexico Department of Health, conducted an online community survey (using Survey Monkey) and received 530 responses. The infographic below was created to report survey findings.



Primary individuals providing input:

- Andrea Fernandez, Wellness
- Barbara Mader, High Mesa Healing Center
- Brad Treptow, LCMC
- Britta Magnusson, Cope
- Brenda Motley-Lopez, Region 9 School Based HC
- Bunny McDonald, 12th Judicial District
- Clara Farah, Psychologist
- Eva Montelvo, Health Promotions
- James Martin, Heritage Program f/Seniors
- James Pawlak, ENMU Librarian
- John Buffington, COPE
- Linda Hand, DWI Council
- Lydia Radosevich, Ruidoso Physical Therapy
- Lynn Shuler, Family Stability
- Maury St. John, Community member
- Melissa Gebhart, Prevention/Education
- Misty McArthur, LCCAP
- Rachel Whitehead, Sun Path Site
- Scott Annala, LC Indigent Health Care Admin
- Shannon Dictson, Responsible Gaming Coordinator
- William Hanson, DWI Program

Appendix B: Community Forum Summary

Forum Details

As part of the community health needs assessment, a community health forum for Lincoln County was conducted in at the Lincoln County Medical Center in Ruidoso, NM on May 25, 2016 to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities. Twelve community members participated and the Epidemiologist and Community Engagement Specialist from PHS Center for Community Health facilitated. As outlined in IRS requirements, the forum participants included:

- · Persons 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 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.

Health Challenges

Forum participants from Lincoln County recognize several and often interrelated challenges that residents face when making choices about their lifestyle and health behaviors.

- Healthy Eating: Lack of finances, time and knowledge are seen as the major obstacles to healthy eating in this community. The speed and convenience of ready-made and convenience foods results in lower quality nutrition. There is not enough available information on how to identify and prepare nutritious foods. The community identified poverty as a major barrier to proper nutrition. Additional vulnerable populations for food insecurity are senior residents, children, and transient populations. Policies are needed to increase access to nutrient dense foods available from institutions and food assistance programs. Food waste in Lincoln County is also a concern.
- Active Living: There is a strong perception that community assets include plentiful and scenic outdoor venues for exercise. Despite these assets there was consensus that residents who are already active continue to utilize these resources and less active residents do not. This is due to lack of awareness of resources, lack of messaging around active living and community assets, and fewer resources for residents with mixed abilities and people who may be just be starting to increase their activity levels. More education and support for people who may be starting to increase activity level and consider lifestyle changes would contribute to the utilization of existing resources by a larger proportion of the population.
- Prevention of Unhealthy Substance Use: There is a lack of resources for treatment and prevention of substance use in Lincoln County. Lincoln County Medical Center sees a high

demand for detox and intensive treatment for both alcohol and illicit substance use. Adolescents are drinking alcohol at younger ages than in other parts of the state (13 years old according to the YRRS). Media and the popularity of 'Hookah bars' makes smoking attractive to young people. Ruidoso, in particular, is a vacation destination where 'people come to play' which contributes to availability and culture of drug and alcohol use.

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.

Interventions to	Gaps or Areas for Improvement			
Support & Expand	Areas for improvement			
Healthy Eating				
Dood Dunney Food Dook makile food north	Nood ware dishatia advection			
Road Runner Food Bank mobile food pantry	Need more diabetic education			
Hunger Collaborative	Need more places to cook, demonstration kitchens			
Technology	There is little awareness of existing resources, incentives			
School Food Backpack Program	Need more food for children in the summer			
Work with homeless high school students	Want more classes, they are full or sparsely scheduled			
Double SNAP \$				
Boys and Girls Clubs				
Kitchen Creations Classes				
Race Track Chapel				
Mescalero and Downs Famers Market				
Community Gardens (2)				
Active Living				
Wellness Guide	Activity guides tailored to seniors and teens			
Activity Booklets	Handicap accessible trails and activity spaces			
Prescription Trails	Continuity across agencies			
Boys and Girls Club	Club activities for all ages (adults)			
Kids Clubs	Bike shop, Bike strategy			
Carrizozo Walking Trails	Coordinated recreation			
Senior Centers and classes offered: Tai Chi,	Safe routes to school			

Section 3: Appendix

Dance, EnhanceFitness		
Clinics as a gathering place, events in the parking lots	Safety	
Gym at the High School	Walking district	
Prevention of Unhealthy Substance Use		

Prevention of Unhealthy Substance Use				
Access to Recovery	Access to treatment, recovery, services			
Lincoln County Community Assistance Program	Outreach			
Natural Helpers youth outreach program (DWI prevention in 3 schools)	Rehab Centers			
Light the Fire (Youth)	Adult Homeless Shelter			
Maze of Life (Youth)				
Health Fair				
High Mountain Youth Project – Shelter				
Juvenile Justice Program (Detention Alternatives)				
Economic Development Committee				

Forum Participants

Maury St. John Member

Lincoln County Community Health Council

Martha Ordorica

Nurse Mgr. Ruidoso Public Health DOH/PHO Ruidoso Health Office

Jimmy Masters

Manager, NM DOH Public Health Promotion

NM Department of Health

Andrea Fernandez Wellness Mentor

Civic

Shannon Dictson

Chair

Lincoln County Community Health Council

Britta Magnuson Victim Advocate-COPE

Cope Inc.

Troy Clark Administrator

Lincoln County Medical Center

Megan Sanders

NM DOH Tobacco Prevention NM Department of Health

Clara Farah

ENMU Creative Aging Psychologist Eastern New Mexico University

Brad Treptow

Business Office Manager-LCMC Lincoln County Medical Center

Paula Tipton Retired RN Creative Aging

Eastern New Mexico University

Terry Riehl

Pract. Admin PMG

Lincoln County Medical Center

