



Presbyterian Healthcare Services Community Health Needs Assessment (CHNA)

Presbyterian Española Hospital
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 Española Hospital (PEH) will complete a Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) every three years. The CHNA describes the community served, Rio Arriba 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, referred to as “PHS” or “Presbyterian”, completed in 2016, in partnership with local community health councils. The health councils identified significant health needs and Presbyterian prioritized them.

Presbyterian Española Hospital partnered with the Rio Arriba Community Health Council to complete a community health assessment and identify significant community health needs. The top community health needs identified by the council are:

1. Improve access to care
2. Reduce behavioral health risks
3. Enhance resources to older adults
4. Reduce violence, injuries, and accidents
5. Reduce the rates of major chronic diseases (with an emphasis on diabetes and stroke)
6. Support children at risk
7. Reduce the impact of respiratory illnesses
8. Increase access to healthy, fresh food
9. Increase access to affordable, reliable transportation
10. Develop and implement plans for expanded number of affordable housing units
11. Continue health care industry economic development and job creation

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 Rio Arriba County, Presbyterian Española Hospital will continue to focus on these existing priorities. In response to the assessment of particular and significant needs, Presbyterian will also focus on behavioral health in Rio Arriba County.

Section 1: Executive Summary

For 2016-2019, the Presbyterian Española Hospital community health priorities for Rio Arriba County will be:

1. Healthy eating
2. Active living
3. Prevention of unhealthy substance use
4. Behavioral health

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. Rio Arriba County is ranked 31st 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 Rio Arriba 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 Presbyterian Española Hospital 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.

Presbyterian Española Hospital (PEH) is an 80-bed acute care hospital located in Española, New Mexico. It is located in Rio Arriba County, approximately 90 miles north of Albuquerque.

PEH offers general acute inpatient care, surgical services, and emergency care. A variety of other services are available, including but not limited to: family medicine, internal medicine, pediatrics, a same day care clinic, obstetrics and gynecology, general surgery, orthopedic care, podiatry, pulmonary medicine, sleep disorders medicine, urology, nutritional counseling, a diabetes resource center, physical therapy, first time parent home visiting, home care, and radiology. The surrounding community offers primary care, behavioral health, substance abuse, and domestic violence programs.

Since it first opened in 1948, Presbyterian Española Hospital's goal has been to provide quality care to the community. Over the years, PEH has expanded to meet the growing needs of the Española valley, Rio Arriba County, and northern New Mexico. Recently, it has added many new services to provide state of the art treatment to patients in Rio Arriba County.

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 Española Hospital to complete and report the Community Health Needs Assessment (CHNA) and the Community Health Implementation Plan (CHIP) for 2016-2019. Presbyterian Española Hospital 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 Rio Arriba County to support Presbyterian in meeting the identified community health needs. These are expanded on in the Community Health Implementation Plan 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. Presbyterian Española Hospital is located in Rio Arriba County.

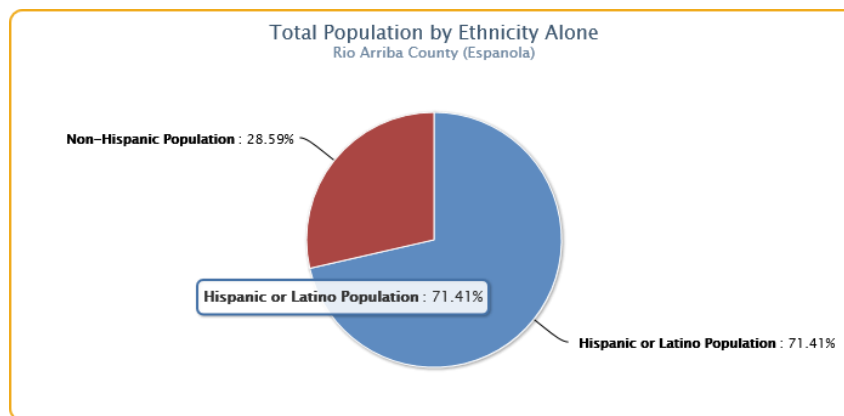
Demographics

The U.S. Census Bureau estimates the 2015 population of Rio Arriba County to be 39,465. Rio Arriba is mostly rural with clusters of the population near urban areas. Española is the major city in Rio Arriba; in 2015 the population was estimated at 10,066¹. The most common industries in Española are construction, professional, scientific and technical services, and retail trade. Rio Arriba County is also home to the Ohkay Owingeh and Santa Clara Pueblos and the Jicarilla Apache.

Rio Arriba County is very diverse compared to the rest of New Mexico. The population is 66.42% White and 28.59% non-Hispanic or Latino.

Population by Race, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Rio Arriba County (Española)	66.42%	0.41%	0.48%	15.19%	0%	15.52%	1.97%
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%



¹ U.S. Census Bureau Quick Facts, Rio Arriba County, New Mexico
<http://quickfacts.census.gov/qfd/states/35/35039.html>

Section 2: Community Health Needs Assessment

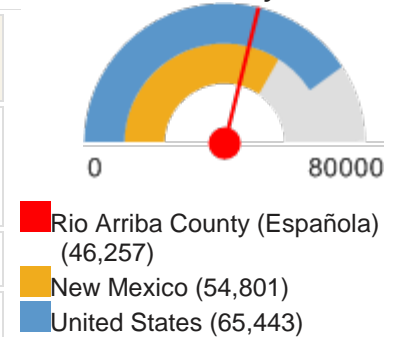
Approximately 2.88% of the population age 5 and older live in limited English speaking households. A “limited English speaking household” is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English “Very well.” This indicator is significant as it identifies households and populations that may need English-language assistance.

The median household income in Rio Arriba County is \$46,257. Family income includes the incomes of all family members age 15 and older.

Median Family Income

Report Area	Total Family Households	Average Family Income	Median Family Income
Rio Arriba County (Española)	9,240	\$59,301	\$46,257
New Mexico	498,137	\$71,580	\$54,801
United States	76,958,064	\$86,963	\$65,443

Median Family Income



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Process and Methods for Conducting the Assessment

In 2016, as part of the Community Health Needs Assessment (CHNA) process, Presbyterian Española Hospital and the Presbyterian Center for Community Health partnered with the Rio Arriba Community Health Council (RACHC) to conduct a community health assessment and identify significant community health needs in each county. The health council submitted a description of the identified 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 Rio Arriba Community Health Council with assistance from their community partners and member organizations. Publicly available epidemiologic data, the results of a survey, as well as health council and committee reports and discussions were used by the health council to determine significant health needs. The council reviewed state and national health priority areas for alignment. Additional details of how needs were determined as well as including individuals who provided input can be found in Appendix A.

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

1. Improve access to care
2. Reduce behavioral health risks
3. Enhance resources to older adults
4. Reduce violence, injuries, and accidents
5. Reduce the rates of major chronic diseases (with an emphasis on diabetes and stroke)
6. Support children at risk
7. Reduce the impact of respiratory illnesses
8. Increase access to healthy, fresh food
9. Increase access to affordable, reliable transportation
10. Develop and implement plans for expanded number of affordable housing units
11. Continue health care industry economic development and job creation

The Center for Community Health worked with Presbyterian Española Hospital leadership to review and prioritize the significant health needs for 2016-2019 for this region. Per IRS requirements, PEH 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 Rio Arriba 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 with an added focus on behavioral health as its community health priorities in Rio Arriba County for the next three years.

As part of the Community Health Needs Assessment process, community health forums facilitated by the Center for Community Health staff 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 forum held in Rio Arriba County including a list of participants 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 (NM DOH) 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

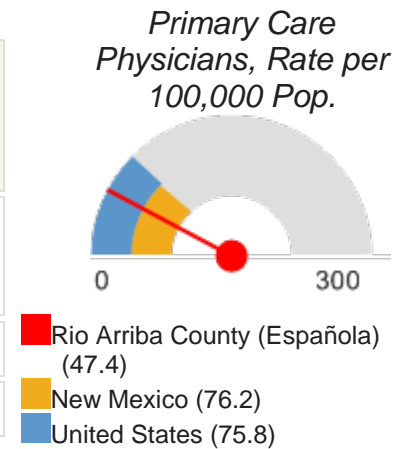
Residents in Rio Arriba County have relatively good access to healthcare compared to the state average. Though Presbyterian Española Hospital is the only hospital in the county, other healthcare services are available within the county and in nearby counties. As of 2015, there are

Section 2: Community Health Needs Assessment

12 Federally Qualified Health Centers in the county. The rate of FQHCS is 29.82 per 100,000 people compared to the state rate of 5.78 per 100,000 and a national rate of 2.15 per 100,000 people. Consistent with the designation as a provider shortage area, Rio Arriba 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.

Access to Primary Care

Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Pop.
Rio Arriba County (Española)	40,072	19	47.4
New Mexico	2,085,287	1,588	76.2
United States	316,128,839	239,500	75.8

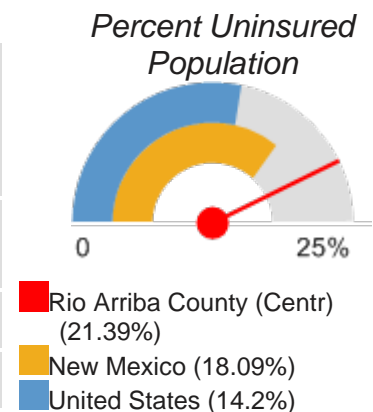


Note: This indicator is compared with the state average.
 Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#). 2013. Source geography: County

According to the most recent national estimates, approximately 21.39% of the population in Rio Arriba County ages 18-64 are uninsured, higher than the state and national averages. 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.

Uninsured Population

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Rio Arriba County (Española)	39,876	8,530	21.39%
New Mexico	2,046,051	370,133	18.09%
United States	309,082,272	43,878,140	14.2%



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

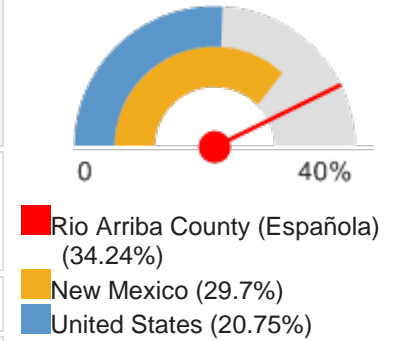
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The percentage of the population in the community with insurance enrolled in Medicaid (or other means-tested public health insurance) is approximately 34.24%, again higher than state and federal averages. This indicator helps assess vulnerable populations more likely to have multiple health access, health status, and social support needs.

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
Rio Arriba County (Española)	39,876	31,346	10,732	34.24%
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%

Percent of Insured Population Receiving Medicaid



Note: This indicator is compared with the state average.

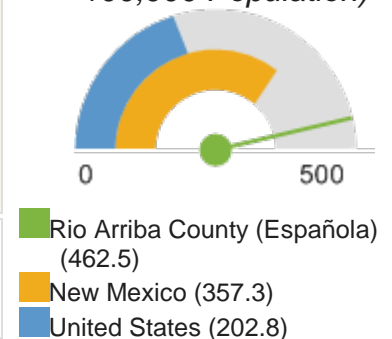
Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Rio Arriba County has 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)
Rio Arriba County (Española)	39,777	184	216.2	462.5
New Mexico	2,084,896	7,451	279.8	357.3
United States	317,105,555	643,219	493	202.8

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



Note: This indicator is compared with the state average.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2016. Source geography: County

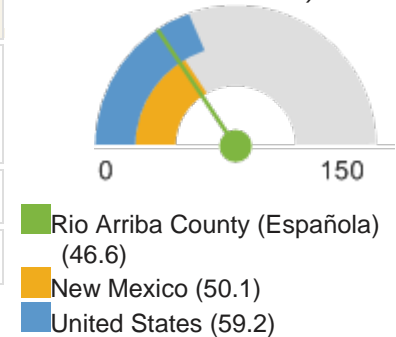
Section 2: Community Health Needs Assessment

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 Hospital Events

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Rio Arriba County (Española)	4,271	199	46.6
New Mexico	184,599	9,250	50.1
United States	58,209,898	3,448,111	59.2

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



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.

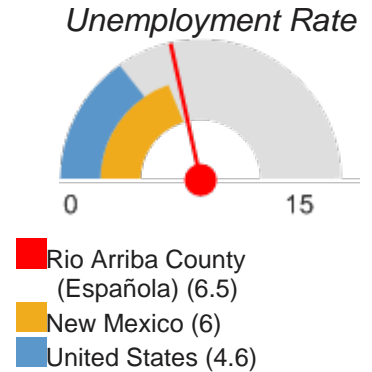
Social and Economic Factors

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 6.5% 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
Rio Arriba County (Española)	16,203	15,143	1,060	6.5
New Mexico	915,803	860,728	55,075	6
United States	159,938,718	152,603,936	7,334,782	4.6



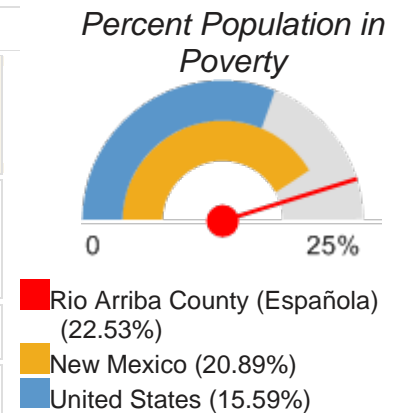
Note: This indicator is compared with the state average.

Data Source: US Department of Labor, [Bureau of Labor Statistics](#). 2016 - May. Source geography: County

Within the report area, 8,973 or 22.53% of individuals are living in households with income below the Federal Poverty Level (FPL). Poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Percent in Poverty

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Rio Arriba County (Española)	39,831	8,973	22.53%
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.

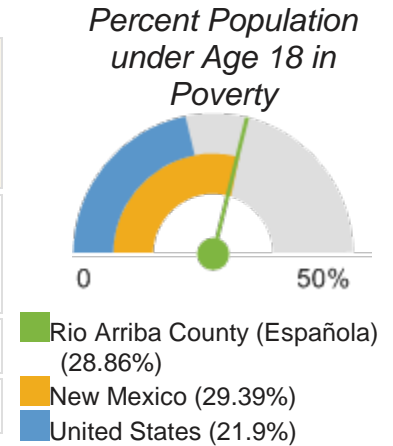
Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

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In Rio Arriba County, 2,823 or 28.86% of children age 0-17 are living in households with income below the Federal Poverty Level (FPL).

Children in Poverty

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Rio Arriba County (Española)	39,831	9,781	2,823	28.86%
New Mexico	2,039,574	504,947	148,427	29.39%
United States	306,226,400	72,637,888	15,907,395	21.9%



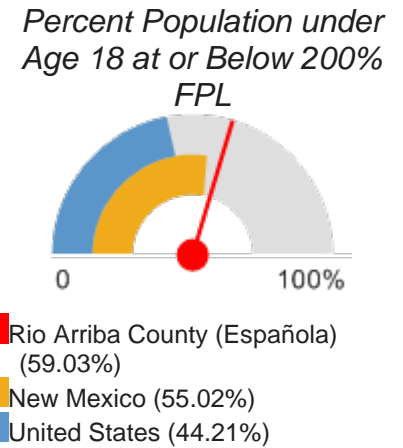
Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Many children in Rio Arriba County are living in or near poverty. About 59% of children are living in households with income below 200% of the Federal Poverty Level (FPL).

Children In or Near Poverty (under 200% FPL)

Report 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
Rio Arriba County (Española)	9,781	5,774	59.03%
New Mexico	504,947	277,831	55.02%
United States	72,637,888	32,116,426	44.21%



Note: This indicator is compared with the state average.

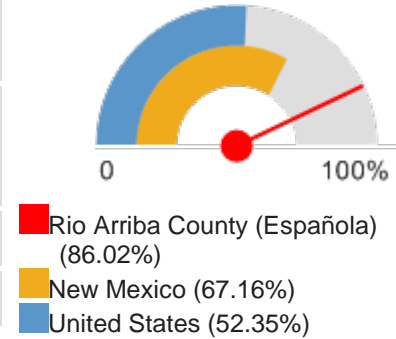
Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

Eighty-six percent of public school students enrolled in Rio Arriba County are eligible for Free/Reduced Price lunch, a considerably higher proportion compared to the state and national averages.

Students Eligible for Free or Reduced Price Lunch

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Rio Arriba County (Española)	5,421	4,663	86.02%
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



Note: This indicator is compared with the state average.

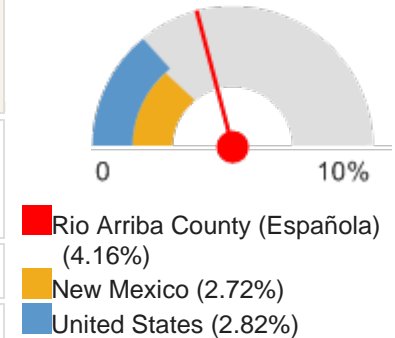
Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#). 2013-14. Source geography: Address

This indicator reports the percentage of 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
Rio Arriba County (Española)	14,245	593	4.16%
New Mexico	764,684	20,777	2.72%
United States	116,211,088	3,274,407	2.82%

Percent Households with Public Assistance Income



Note: This indicator is compared with the state average.

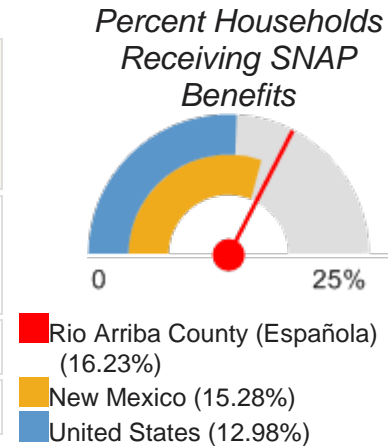
Data Source: US Census Bureau, [American Community Survey](#). 2010-14. Source geography: Tract

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Over sixteen percent of Rio Arriba County households receive SNAP food assistance benefits, commonly known as Food Stamps.

SNAP Food Assistance Benefits (Food Stamps)

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Rio Arriba County (Española)	14,245	2,312	16.23%
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

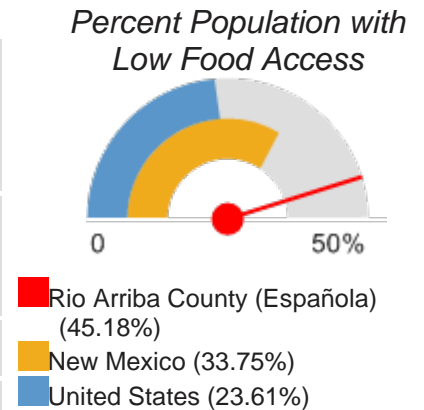
Environmental Indicators

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, residents of Rio Arriba County also have trouble accessing fresh, healthy food due to environmental barriers. There are 9.94 grocery stores per 100,000 people in Rio Arriba County compared to 12.2 per 100,000 people in New Mexico and 21.2 per 100,000 people in the US.² A large proportion of residents have low access to food.

Low Food Access

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Rio Arriba County (Española)	40,246	18,185	45.18%
New Mexico	2,059,179	694,947	33.75%
United States	308,745,538	72,905,540	23.61%

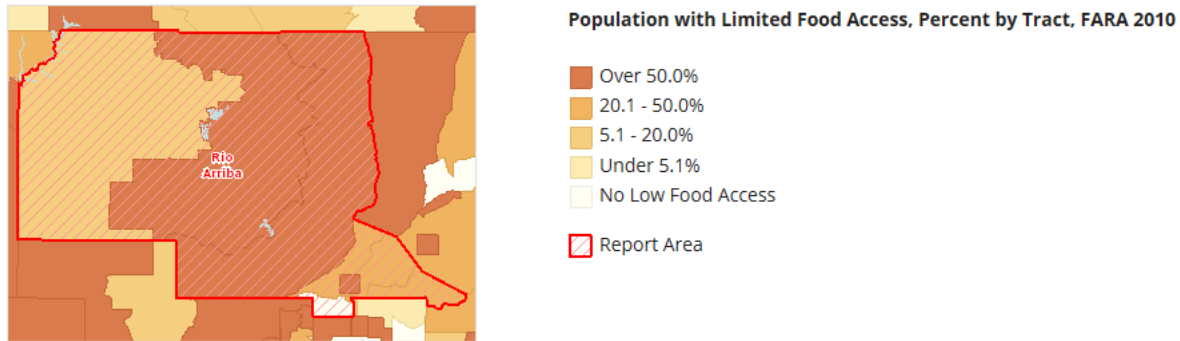


Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2010. Source geography: Tract

² Community Commons (2016). Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013

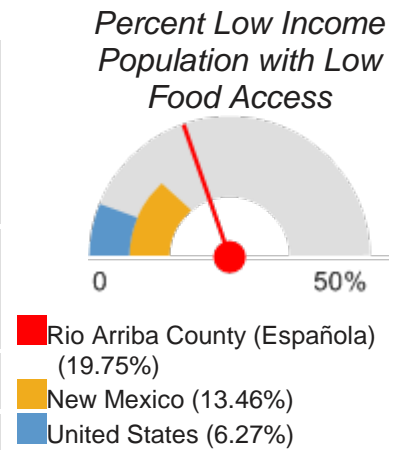
Proportions of the population living in census tracts designated as food deserts (low food access) are depicted in the figure below (higher food insecurity is depicted by darker colors). A food desert is defined as a low-income census tract where a substantial number of residents have low access to a 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 Population with Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Rio Arriba County (Española)	40,246	7,947	19.75%
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 about 10 grocery stores per 100,000 Rio Arriba County residents there are approximately 47 fast food establishments per 100,000 residents.

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

Health Behaviors

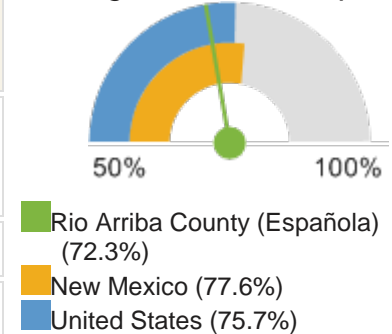
Health behaviors such as poor diet, a lack of exercise, and substance use contribute to poor health status.

In the report area an estimated 21,558 or 72.3% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. Unhealthy eating habits may cause significant health issues, such as obesity and diabetes.

Adults with Inadequate Fruit/Vegetable Consumption

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Rio Arriba County (Española)	29,818	21,558	72.3%
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



Note: This indicator is compared with the state average.

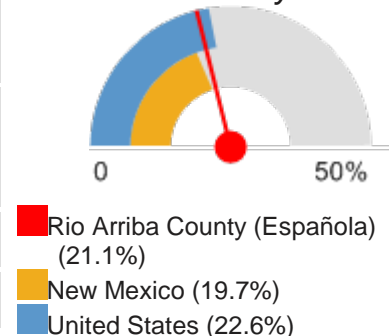
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2005-09. Source geography: County

Twenty-one percent of adults age 20 and older in Rio Arriba 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, or walking for exercise?" Low levels of activity are linked to significant health issues, such as obesity and poor cardiovascular health.

No Physical Activity

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Rio Arriba County (Española)	29,518	6,435	21.1%
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



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

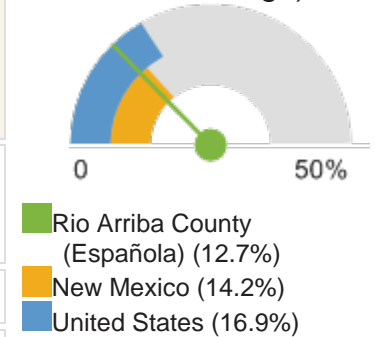
Section 2: Community Health Needs Assessment

In addition to indicators of poor nutrition and low physical activity, many adults use legal substances such as alcohol and tobacco. The percentage of adults age 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 Rio Arriba County is 12.7%. Current behaviors are determinants of future health and heavy alcohol use may lead to significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Alcohol Consumption (Age 18+)

Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Rio Arriba County (Española)	30,185	3,803	12.6%	12.7%
New Mexico	1,521,911	208,502	13.7%	14.2%
United States	232,556,016	38,248,349	16.4%	16.9%

Estimated Adults Drinking Excessively (Age-Adjusted Percentage)



Note: This indicator is compared with the state average.

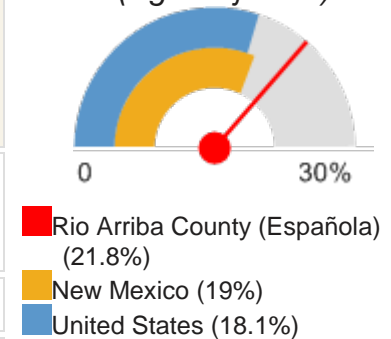
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

In the community an estimated 6,550 or 21.8% 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.

Cigarette Smoking (Age 18+)

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Rio Arriba County (Española)	30,185	6,550	21.7%	21.8%
New Mexico	1,521,911	284,597	18.7%	19%
United States	232,556,016	41,491,223	17.8%	18.1%

Percent Population Smoking Cigarettes (Age-Adjusted)



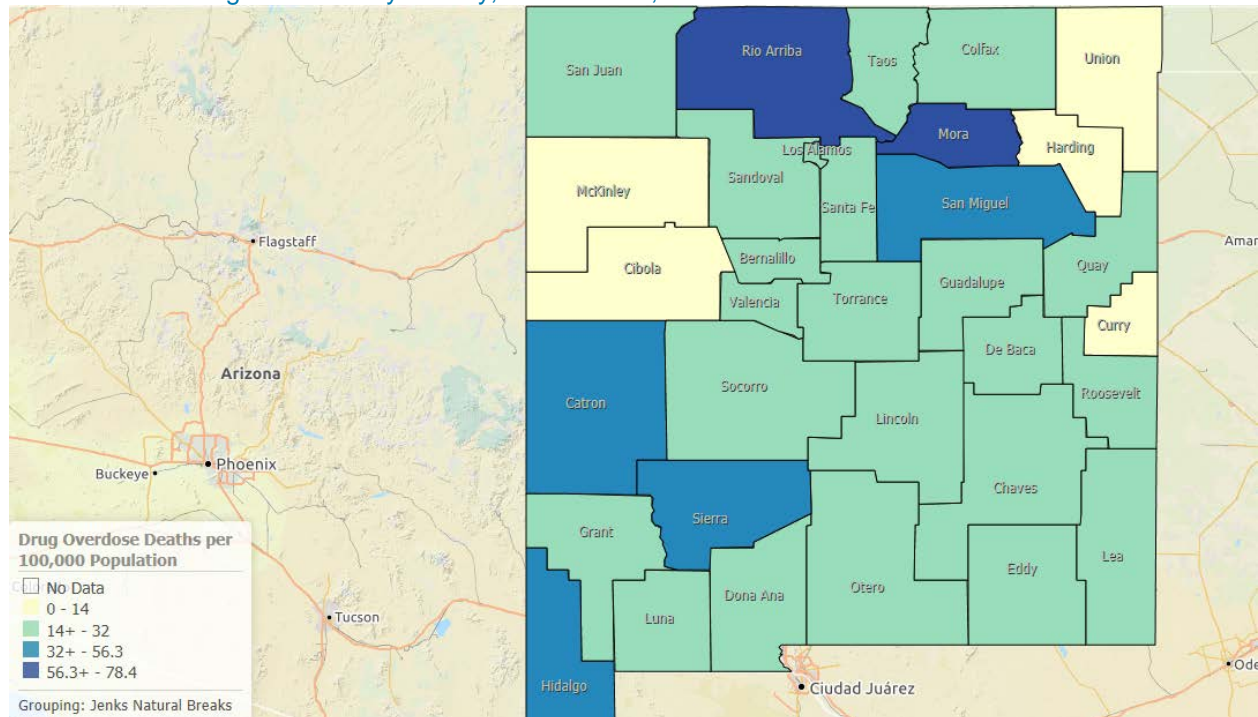
Note: This indicator is compared with the state average.

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.

Section 2: Community Health Needs Assessment

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 is consistently 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. Rio Arriba County has the highest rate of overdose deaths in the state with 78.4 deaths due to overdose per 100,000 people.³

Deaths due to Drug Overdose by County, New Mexico, 2010-2014

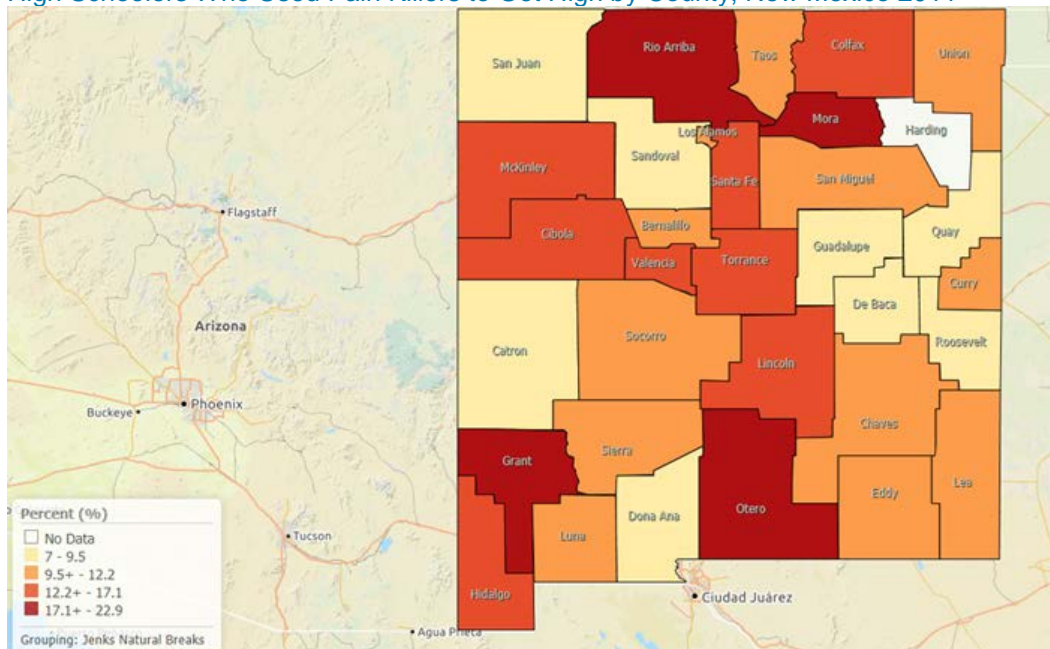


Map courtesy NM-IBIS. Retrieved from www.ibis.health.state.nm.us (2016). New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. Population Data Source: Geospatial and Population Studies Program, University of New Mexico. http://bber.unm.edu/bber_research_demPop.html.

Youth Risk and Resiliency Survey (YRRS) 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, 21% of Rio Arriba County high school students reported using pain killers to get high, the second highest number in the state. Almost one in five students (19.8%) reported binge drinking alcohol in the past 30 days. The figure below illustrates pain killer misuse among youth in Rio Arriba County in relation to other counties in New Mexico.

³ Bureau of Vital Records and Health Statistics (BVRHS). 2010-2014. New Mexico Department of Health IBIS

High Schoolers Who Used Pain Killers 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

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 41.9% in Rio Arriba 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.

Substance use can be linked to a number of negative physical health and mental health outcomes.

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 Rio Arriba County are unintentional injuries, cancer, and heart disease.⁴

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 relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

According to the New Mexico Department of Health, the rate of alcohol related deaths in Rio Arriba County (126.03 deaths per 100,000 people), including alcohol

⁴ <https://ibis.health.state.nm.us/community/highlight/report/GeoCnty/9.html>

Section 2: Community Health Needs Assessment

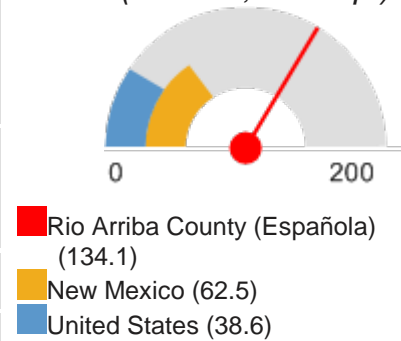
related chronic disease (65.2 deaths per 100,000 people) and alcohol related injury deaths (55 deaths per 100,000 people), significantly exceeds the state rates (54, 25.2, and 27 deaths per 100,000 people, respectively).

Rio Arriba has a very high rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates and as rates age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available.

Deaths Due to Unintentional Injury (Accidents)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Rio Arriba County (Española)	40,221	52	129.29	134.1
New Mexico	2,069,806	1,289	62.29	62.5
United States	311,430,373	124,733	40.05	38.6
HP 2020 Target				<= 36.0

Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2009-13. Source geography: County

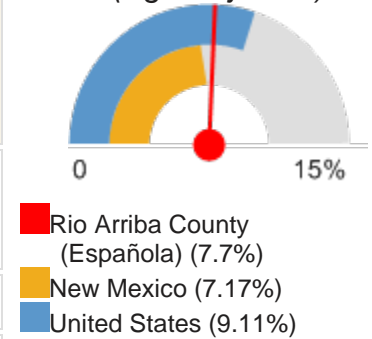
Section 2: Community Health Needs Assessment

Chronic diseases can also contribute to mortality, increase the likelihood of comorbidities, and contribute to a lower quality of life. Rio Arriba County has a larger proportion of adult residents with diabetes than the state but smaller than 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
Rio Arriba County (Española)	29,506	2,626	8.9	7.7%
New Mexico	1,513,983	119,287	7.88	7.17%
United States	234,058,710	23,059,940	9.85	9.11%

Percent Adults with Diagnosed Diabetes (Age-Adjusted)



Note: This indicator is compared with the state average.

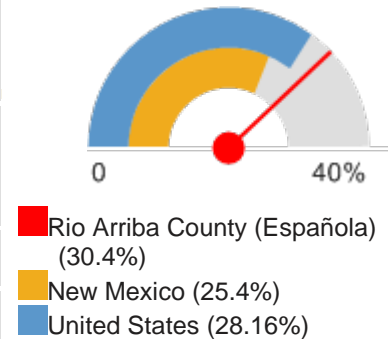
Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2012. Source geography: County

In Rio Arriba County 30.4% of adults ages 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
Rio Arriba County (Española)	30,185	9,176	30.4%
New Mexico	1,521,911	386,565	25.4%
United States	232,556,016	65,476,522	28.16%

Percent Adults with High Blood Pressure



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 percentage of adult residents who are overweight is below state and national averages. In Rio Arriba County 30.8% of adults age 18 and older self-report that they have a Body Mass Index (BMI) between 25 and 30 (overweight). Percentages of obese adults are on par with state and below national averages. Twenty-four

Section 2: Community Health Needs Assessment

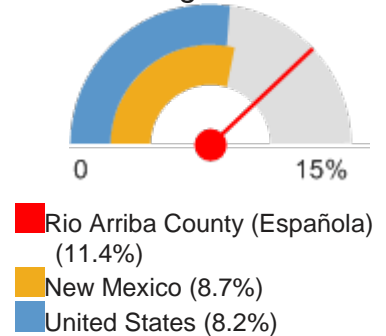
percent of adults age 20 and older self-report that they have a Body Mass Index (BMI) greater than 30 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

While the rate of infant mortality in Rio Arriba County is below state and national averages, the percentage of births that are low birth weight (under 2500g) is higher than the averages for both the state and the nation. Low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

Low Birth Weight

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Rio Arriba County (Española)	4,837	551	11.4%
New Mexico	204,764	17,814	8.7%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Percent Low Birth Weight Births



Note: This indicator is compared with the state average.

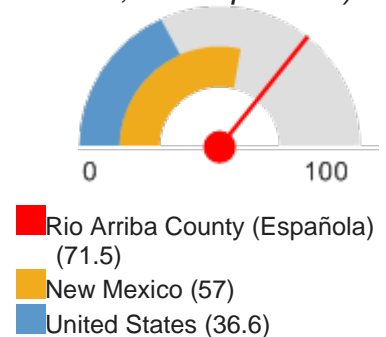
Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2006-12. Source geography: County

There are 71.5 births to young women ages 15 – 19 per 1,000 young women in Rio Arriba County. This is relevant because in many cases, teen parents have unique social, economic, and health support service needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Teen Birth Rate

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Rio Arriba County (Española)	1,352	97	71.5
New Mexico	73,069	4,165	57
United States	10,736,677	392,962	36.6

Teen Birth Rate (Per 1,000 Population)



Note: This indicator is compared with the state average.

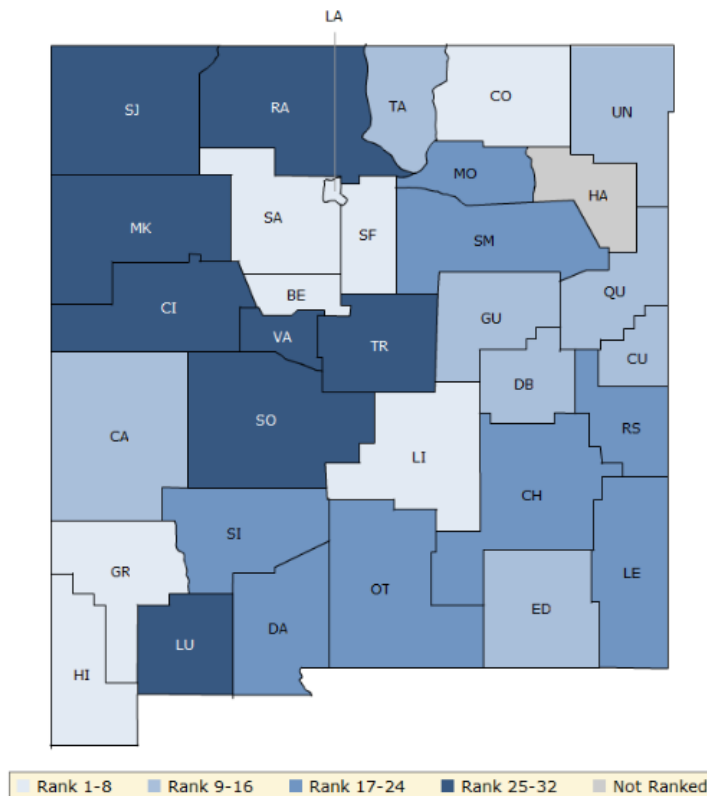
Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2006-12. Source geography: County

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. Rio Arriba County is ranked 31st for overall health out of 33 counties in New Mexico.

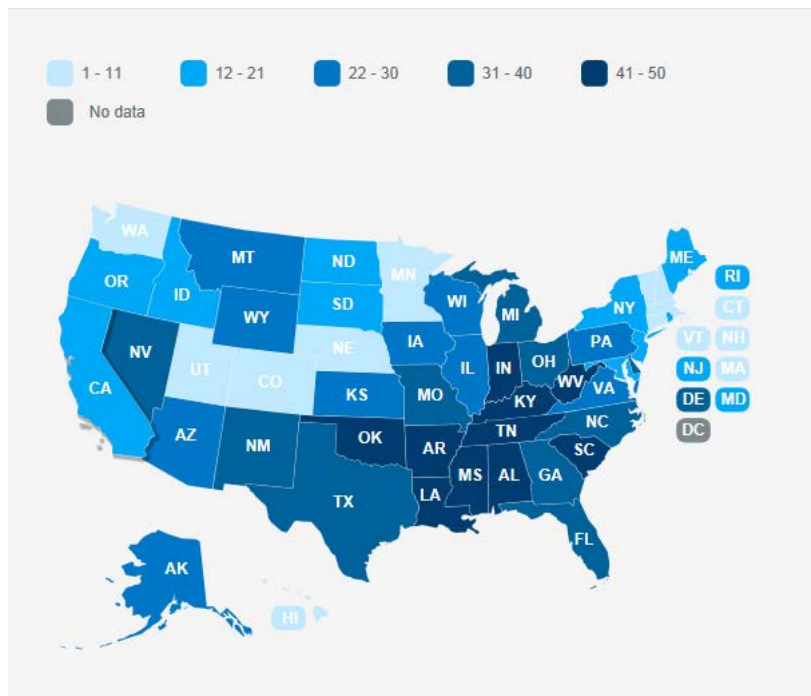
New Mexico County Health Rankings – Overall Health



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 deaths.

America's Health Rankings by State – Overall Health



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 (HSD) 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.^{5,6} 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 2015.⁷

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.⁸ The budget crisis is expected to affect health in many ways including through cuts to education

⁵ <http://www.thenationalcouncil.org/capitol-connector/2016/04/independent-commission-recommends-changes-medicare-part-d/>

⁶ <http://www.fronterasdesk.org/content/9471/new-mexico-guilt-fraud-audits-and-behavioral-health>

⁷ http://www.hsd.state.nm.us/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/BH_increase.pdf

⁸ <http://www.abqjournal.com/795247/legislators-fear-additional-cuts-may-be-needed.html>

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 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. The Rio Arriba Community Health Council (RAHC) engaged in comprehensive community asset mapping as part of their assessment process. A few of the assets and resources are summarized here. A more detailed account of community assets can be found in the Community Health Implementation Plan for Rio Arriba County.

In addition to the Presbyterian Española Hospital, the RAHC identified a number of health and social service providers in the community. The county's health care system also includes the Rio Arriba County Health Commons, three primary care Community Health Center (CHC/FQHC) providers with multiple sites (El Centro, Clinicas del Norte, and La Clinica del Pueblo), a Community Mental Health Center (Presbyterian Medical Services), a number of school-based health resources, Hoy Recovery Center for inpatient treatment, home health agencies, the Rio Arriba County Health and Human Services Department, the NM DOH local Public Health office, and a range of health and human service nonprofit organizations.

There are also a number of agencies providing additional services such as outreach and education, primary care, institutionalized care, and more (listed in the table on page 28).

Outreach and prevention services are provided by North Central Community Based Services (NCCBS), Inside Out, the Community Health Centers and Community Mental Health Center (El Centro Family Health, La Clinica del Pueblo, Las Clinicas del Norte, and Presbyterian Medical Services), Española Valley Fiber Arts, Ganados del Valle, Hands Across Cultures, and others.

Primary care, asset based, counseling/case management, and skill development services are provided by the CHC/CMHCs, Inside Out, Crisis Center, Agave, Del Corazon, Española Public Schools, LANL First Born, Life Link, Rio Arriba County Health and Human Services, Santa Fe Mountain Center, RACSTOP, and others. Intensive and institutional care is provided by Hoy Recovery Center, Dream Tree Project, Presbyterian Española Hospital, the jail, and others.

The Rio Arriba County Health Council effectively coordinates a large and diverse group of health service agencies and stakeholders for health assessment, planning, and health implementation activities. In addition to other activities and initiatives overseen by the health council, the NM Human Services Department, Behavioral Health Service Department has designated Rio Arriba County as one of two state Behavioral Health Investment Zones (BHIZ) and plans to invest \$500,000 per year for five years to support community-wide initiatives to address behavioral health, mental health, and substance use.

Section 2: Community Health Needs Assessment

Rio Arriba Community Resources		
Agave Behavioral Health	Four Bridges Traveling Permaculture Institute	New Mexico Alliance of Health Councils
Behavioral Health Council	Ganados del Valle	New Mexico Department of Health, Public Health Department
Big Brothers Big Sisters of Northern New Mexico	Habitat for Humanity	New Mexico Human Services Department Income Support Division (NM HSD ISD)
Blue Cross Blue Shield of NM	Hands Across Cultures	New Mexico Nurses Association
Congressman Ben Ray Lujan's Office	Health Action New Mexico	North Central Community Based Services
City of Española Community Services Department	Health Insight NM	NMSU County Extension
Crisis Center of Northern New Mexico	Hoy Recovery Program	Northern New Mexico College
CYFD Protective Services Division	Inside-Out	Northern New Mexico College School of Nursing
Del Corazon Hospice	Jazzercise Española	Presbyterian Española Hospital
Dream Tree Project	La Clinica del Pueblo	Presbyterian Medical Services
El Centro Family Health	La Tierra Montessori School	Rio Arriba County Senior Program
Energy Employees Compensation Resource Center	Las Clinicas del Norte	Rio Arriba County Youth Service Provider (RAYSP)
Española Community Market	Las Cumbres Community Services	Santa Fe Mountain Center
Española Farmers Market	La Tierra Montessori School	TEWA Women United
Española Public Schools	LANL Foundation First Born Program	The Life Link
Española Public School Board	Los Alamos Family Council	United Way of Northern New Mexico
Española Valley Fiber Arts Center	Magistrate Judge	Valle del Sol
Española Valley Humane Society	McCurdy School	YMCA Española Teen Center
Española Valley Women's Health	Moving Arts Española	

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

The Rio Arriba Community Health Council (RACHC) has been an independent nonprofit since 1997, formed in response to lack of health care infrastructure and provider requests. In addition to the RACHC the following entities emerged and together they comprise a coordinated and integrated health infrastructure in Rio Arriba County.

- The Rio Arriba Maternal and Child Health Council
- Rio Arriba Works
- The Rio Arriba Forest Resource Round Table
- Los Valles Transit (now a regional public transit entity)
- Sangre de Cristo Community Health Partnership (a statewide organization providing brief treatment for Substance Abuse in the primary care setting)
- I-LEAP (inter-faith organization developed through a RAFCN effort to train our faith community in organizing)
- Rio Arriba Case Management and Outreach Services

The RACHC has a reputation in the community for a focus on capacity building and fairness in its funding practices. Fragmentation of the delivery system has been reduced and many providers collaborate on health improvement initiatives.

The RACHC utilized this community health capacity and these close partnerships to assess the needs of the community. Significant health needs were determined using numerous sources of data including analysis of secondary, publicly available data as well as of primary sources of data collected by the health council, its member organizations and partners. The council took the following steps in assessing the significant health needs in their community:

1. Review of the 2012 Health Profile;
2. Review of other documents, including the 2014-2019 Housing Plan;
3. Gathering secondary data from the NM Department of Health IBIS, Robert Wood Johnson “County Rankings and Roadmap”, U.S. Census Department, Bureau of Labor, NN Bureau of Business and Economic Research (NM BBER), Healthy People 2020, YRRS, and other sources;
4. Gathering of primary data regarding health care services through contact with area providers, service initiatives, and collaboratives;
5. Summary and analysis of all data sources;
6. Prioritization of health needs and issues;
7. Survey data collection and analysis;
8. Distribution of the needs to stakeholders for review and comment.

Twenty-two members of the health council completed a short survey about their organization’s work, barriers their clients/patients face, and what they think are the most pressing needs in the community. Input from the survey aligned with other data analysis and was used to gain detailed community input into significant health needs.

Primary individuals providing input:

- Lore Pease, President, Rio Arriba Community Health Council (RACHC) and CEO of El Centro Family Health (ECFH)
- Brenda Romero, Vice President, RACHC and CEO of Presbyterian Española Hospital
- Lauren M. Reichelt, RACHC Coordinator and Director of Rio Arriba County Health & Human Services Department
- Clarissa Duran, Rio Arriba County Health and Human Services Department staff and staff to the RACHC
- Anne Hays Egan, RACHC Health Planning, New Ventures Consulting

Appendix B: Community Forum Summary

Forum Details

As part of the community health needs assessment, a community health forum for Rio Arriba County was conducted in conjunction with the Rio Arriba Community Health Council Meeting on June 8, 2016, in Española, NM to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

Twenty community members participated and the Epidemiologist from PHS Center for Community Health and Anne Hays Egan, of the RACHC 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

Healthcare providers, non-profit leaders, and other community representatives also participated in the forum.

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 Rio Arriba County recognize several and often interrelated challenges that residents face when making choices about their lifestyle, health behaviors, and when they seek care. Council members had mixed feelings about the county's health rankings, clear disparities and poor health indicators relative the rest of New Mexico. One benefit they saw was an interest and investment of funds and political will to address the numerous significant health needs. Because of some urgency and much needed funding Rio Arriba has more health services and health infrastructure support than other counties. Consequences of the salience of the many significant health needs are the prevalence of problem focused approaches rather than asset based and asset building approaches to address needs in the community. Despite numerous behavioral health services, access to treatment and mental health services needs to be improved. There has been disruption in continuity of provider organizations and provider attrition. State licensing regulations made it difficult to recruit and retain outside qualified mental health professionals. The competing job market with more lucrative prospects for mental health providers in larger cities was another reason for a lack of providers. In a rural setting transportation is needed to seek behavioral health care, preventative health services, and purchase healthy food. Health initiatives targeting healthy eating, active living, prevention and treatment of unhealthy substance use, and behavioral health already exist in the community but may not be successfully reaching residents that live in the less urban areas of the 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.

Interventions to Support & Expand	Gaps or Areas for Improvement
Healthy Eating	
Seed Sovereignty Conference	Access – rural geography
Española Community Market	Fresh foods are not available and/or affordable
TEWA Women United Food Oasis	Access to food for elderly population
Food Council	
Pueblo Food Experience - cooking program with traditional foods	
Food Hub	
Breast Feeding Task Force	
Tewa Women United Programming	
Active Living	
Hospital Health Plex	Safe walking trails
Health Commons	Bicycle Access
Schools	Transportation
Park and Ride	
Prevention of Unhealthy Substance Use	
Open Space Project– focuses on youth suicide, youth development, mentorship, honoring elders, grandparents raising grandchildren, stress, treatment and recovery and other related issues.	Insurance does not cover alternative treatments for pain/wellness like acupuncture, etc.
Environmental Justice Mobilization	Access to different levels of treatment
Multi-organization/hospital partnership for organized response and continuum of care for people seeking treatment or in crisis	Lack of participation in and awareness of existing programs
	Information/data sharing
	Lack of evaluation of existing programs
	Positive Youth Development and Resiliency
	Jobs and job training
	More detox and medical assisted treatment providers – to decrease length of wait lists

Behavioral Health	
AGAVE Programs (PMS) and staff	Lack of allied health training, need a health occupations high school or community college to grow local health workforce
Con Alma	Lack of trained professionals on the ground
Behavioral Health Collaborative	Stigma
Strong Peer to Peer Programs and Training	Lack of community behavioral health education
La Clinica del Pueblo services in the northern part of the county	Need more peer specialists and community health workers specializing in work with adults, youth, and families
AGAVE Programs (PMS) and staff	Behavioral health facility at Presbyterian Española Hospital
Tewa Women United Sexual Abuse Prevention Education	

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