

Presbyterian Healthcare Services
Community Health Needs Assessment (CHNA)

Socorro General Hospital 2016-2019



www.phs.org

Table of Contents

Executive Summary	3
Community Health Needs Assessment	
Description of Community Served	
Process and Methods for Conducting the Assessment	7
Significant Health Data	9
County Health Status	9
State Health Status	25
Potential Measures and Resources	27
Appendices	30
Appendix A: Health Priority Summary	
Appendix B: Community Forum Summary	

Executive Summary

In alignment with our purpose to improve the health of the communities we serve and in compliance with the IRS, Socorro General Hospital (SGH) will complete a Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) every three years. The CHNA describes the community served, Socorro 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, completed in 2016, in partnership with local community health councils. The health councils identified significant health needs and Presbyterian prioritized them.

Socorro General Hospital partnered with the Socorro County 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. Alcohol use and misuse in the teen population
- 2. Prescription drug misuse
- Diabetes
- 4. Lack of substance abuse rehabilitation or treatment facility
- 5. Inadequate mental health care

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 Socorro County, Socorro General Hospital will continue to focus on these existing priorities. In response to the assessment of particular and significant needs, Presbyterian will add behavioral health as a priority in Socorro County for the next three years.

For 2016-2019, the Socorro General Hospital community health priorities for Socorro 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. Socorro County is ranked 25th

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 Socorro General Hospital 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 Socorro General 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.

Socorro General Hospital (SGH) is a 24-bed acute care hospital located in the city of Socorro, New Mexico, approximately 80 miles south of Albuquerque. Socorro General Hospital is made possible through a partnership between Socorro County, a local Board of Trustees, and Presbyterian Healthcare Services (PHS, Presbyterian), which has owned and operated hospital operations since 1976. SGH offers a wide range of inpatient and outpatient services including 24 hour emergency services, family and internal medicine, general surgery, audiology, pediatrics, podiatry, women's health, physical therapy, occupational therapy, and speech therapy services. SGH also provides home healthcare, hospice, outpatient behavioral health services for older adults (ages 55+), the First Born home visiting program, diabetes education.

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 Socorro General Hospital to complete and report the Community Health Needs Assessment (CHNA) and the Community Health Implementation Plan (CHIP) for 2016-2019. Socorro General 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 Socorro 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.

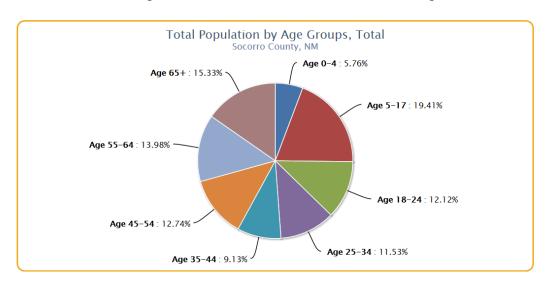
Description of Community Served

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. Socorro General Hospital is located in Socorro County.

Demographics

A total of 17,608 people live in the 6,647 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2010-14 five year estimates. The population density for this area, estimated at 2.65 persons per square mile, is less than the national average population density of 88.93 persons per square mile. Socorro County is classified as a medically underserved area by the federal government and a health professional shortage area for primary care, mental health, and dental providers. The major city in Socorro County is the city of Socorro, which in 2015 had an estimated population of 8,722. Socorro County is also home to the Alamo Navajo Reservation, a chapter of the Navajo Nation.

Socorro County has a slightly larger proportion of young residents ages 5-24 and a slightly larger proportion of older residents ages 55+ than the state or national average.¹



Socorro County is less diverse compared to the rest of New Mexico. The population is 78.78% White and 50.99% non-Hispanic or Latino. However, a relatively large proportion of the population, 12.58%, is Native American.

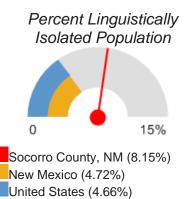
There is a large number of people living in limited English Households. Approximately 8.15% of the population age 5 and older live in limited English speaking households. A "limited English speaking household" is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks 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 Englishlanguage assistance.

¹ Community Commons (2016) Data Source: US Census Bureau, American Community Survey. 2010-14

² US Census Quickfacts. http://www.census.gov/quickfacts

Population	n in	Limitad	English	House	abolde
Population	1 11 1	LIIIIIILEU		nous	enoius

Report Area	Total Population Ages 5+	Linguistically Isolated Population	Percent Linguistically Isolated Population
Socorro County, NM	16,593	1,352	8.15%
New Mexico	1,940,063	91,496	4.72%
United States	294,133,376	13,692,809	4.66%



Note: This indicator is compared with the state average.

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

geography: Tract

The median household income in Socorro County is \$40,625. Family income includes the incomes of all family members ages 15 and older.

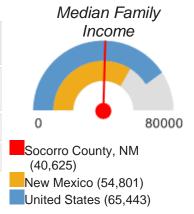
Median Family Income

Report Area	Total Family Households	Average Family Income	Median Family Income
Socorro County, NM	3,158	\$62,135	\$40,625
New Mexico	498,137	\$71,580	\$54,801
United States	76,958,064	\$86,963	\$65,443



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, Socorro General Hospital and the Presbyterian Center for Community Health partnered with the Socorro County health council, also known as the Socorro County Options, Prevention, and Education council (SCOPE) 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).

Publicly available epidemiologic data, the results of council surveys, as well as health council discussions 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 of how needs were determined 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. Alcohol use and misuse in the teen population
- 2. Prescription drug misuse
- 3. Diabetes
- 4. Lack of substance abuse rehabilitation or treatment facility
- 5. Inadequate mental health care

The Center for Community Health worked with Socorro General Hospital leadership to review and prioritize the significant health needs for 2016-2019 for this region. Per IRS requirements, SGH 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 the significant health needs Presbyterian will address in Socorro 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 2013-2016, 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 Socorro 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. Two forums were held in Socorro County, one in the city of Socorro and one on the Alamo Navajo Reservation. 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 held in Socorro 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

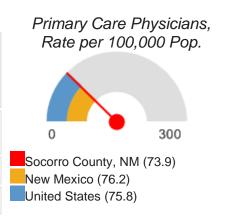
Residents in Socorro County have relatively good access to healthcare compared to the state average. Though Socorro General Hospital is the only hospital in the county, other healthcare services are available within the county and nearby in the city of Albuquerque. As of 2015, there are 4 Federally Qualified Health Centers in the county. The rate of FQHCS is 22.39 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.³ Consistent with the designation as a provider shortage area, Socorro County also has

³ Community Commons (2016). Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. Sept. 2015.

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 ages 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.

Primary Care Access

Report Area	Total Population, 2013 Primary Care Physicians, 2013		Primary Care Physicians, Rate per 100,000 Pop.
Socorro County, NM	17,584	13	73.9
New Mexico	2,085,287	1,588	76.2
United States	316,128,839	239,500	75.8



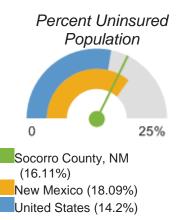
Note: This indicator is compared with the state average.

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 16.11% of the population in Socorro 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.

Uninsured Population

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Socorro County, NM	17,514	2,822	16.11%
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.

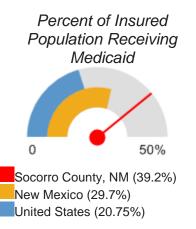
Data Source: US Census Bureau, American Community Survey. 2010-14. Source

geography: Tract

The percentage of the population in the community with insurance enrolled in Medicaid (or other means-tested public health insurance) is approximately 39.2%, 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.

Medicaid Recipients

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Socorro County, NM	17,514	14,692	5,759	39.2%
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

Socorro County also has less access to mental health care providers when compared to the state and national 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

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)
Socorro County, NM	17,310	21	824.3	121.3
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

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.

Prevental	ble H	ospital	Events
I I C V CI ILLA		OSPILAI	

To voltable Troopital Evento					
Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate		
Socorro County, NM	1,920	80	41.8		
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)

150

Socorro County, NM (41.8)

New Mexico (50.1)

United States (59.2)

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.

While resources exist in the city of Socorro and in nearby Albuquerque, residents of Socorro County may have additional barriers to accessing these resources.

Households with No Motor Vehicle

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Socorro County, NM	5,161	326	6.32%
New Mexico	764,684	43,800	5.73%
United States	116,211,088	10,594,153	9.12%
	,	,	

Percentage of
Households with No
Motor Vehicle

20%

Socorro County, NM (6.32%)
New Mexico (5.73%)
United States (9.12%)

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

Section 2: Community Health Needs Assessment

Total unemployment in the report area for May, 2016 was 6.8% of the civilian non-institutionalized population ages 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

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Socorro County, NM	6,382	5,950	432	6.8
New Mexico	915,803	860,728	55,075	6
United States	159,938,718	152,603,936	7,334,782	4.6



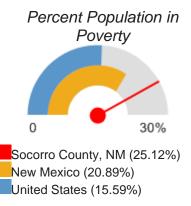
Note: This indicator is compared with the state average.

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

Within the report area 25.12% 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.

Residents Living in Poverty

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Socorro County, NM	17,103	4,297	25.12%
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.

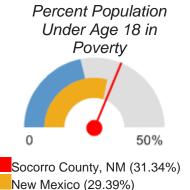
Data Source: US Census Bureau, American Community Survey. 2010-14. Source

geography: Tract

In Socorro County, 31.34% of children ages 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
Socorro County, NM	17,103	4,375	1,371	31.34%
New Mexico	2,039,574	504,947	148,427	29.39%
United States	306,226,400	72,637,888	15,907,395	21.9%



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 Socorro County are living in or near poverty. About 76.27% of children are living in households with income below 200% of the Federal Poverty Level (FPL). Three out of four public school students enrolled in Socorro County are eligible for Free/Reduced Price lunch, a considerably higher proportion compared to the state and national averages.

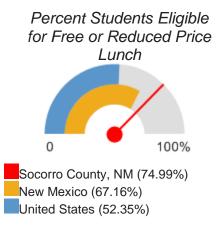
Students Eligible for Free or Reduced Price Lunch

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Socorro County, NM	2,439	1,829	74.99%
New Mexico	339,058	227,413	67.16%
United States	50,195,195	26,012,902	52.35%



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

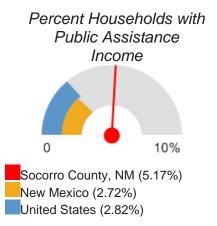
Data. 2013-14. Source geography: Address



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.

Residents Receiving Public Assistance Income

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Socorro County, NM	5,161	267	5.17%
New Mexico	764,684	20,777	2.72%
United States	116,211,088	3,274,407	2.82%

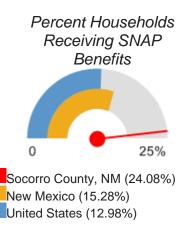


Data Source: US Census Bureau, American Community Survey. 2010-14.

Over twenty-four percent of Socorro County households receive SNAP food assistance benefits, commonly known as Food Stamps.

Households Receiving SNAP Benefits (Food Stamps)

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Socorro County, NM	5,161	1,243	24.08%
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 Socorro County also have trouble accessing fresh, healthy food due to environmental barriers. There are 11.19 grocery stores per 100,000 people in Socorro County compared to 12.2 per 100,000

people in New Mexico and 21.2 per 100,000 people in the US.⁴ A large proportion of residents have low access to food.

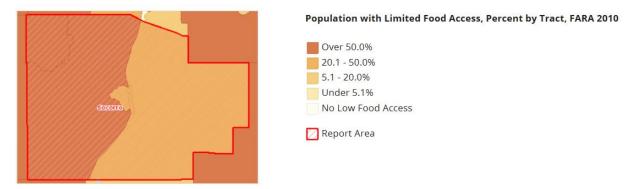
Low Food Access Percent Population with Low Food Access Percent Population with Population with **Total Population** Low Food Report Area Low Food Access Access Socorro County, 7,989 17,866 44.72% 50% NM Socorro County, NM (44.72%) New Mexico 2,059,179 694,947 33.75% New Mexico (33.75%) United States (23.61%) **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

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.

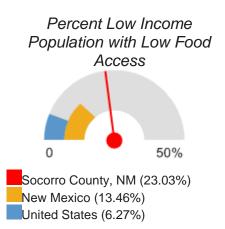


Many low income residents also have the least access to fresh, healthy, or affordable food.

⁴ Community Commons (2016). Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013

Low Income with Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food	
Socorro County, NM	17,866	4,115	Access 23.03%	
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 11 grocery stores per 100,000 Socorro County residents there are approximately 62 fast food establishments per 100,000 residents.⁵

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 79.6% 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 and Vegetable Consumption

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Socorro County, NM	13,675	10,885	79.6%
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, <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>. 2005-09. Source

geography: County

⁵ Community Commons (2016). Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.

Section 2: Community Health Needs Assessment

Twenty-three percent of adults ages 20 and older in Socorro 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 ages 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Socorro County, NM	12,734	3,069	23.3%
New Mexico	1,523,313	284,300	18.2%
United States	468,415,238	104,295,786	21.8%

Percent Population with no Leisure Time Physical Activity Socorro County, NM (23.3%) New Mexico (18.2%) United States (21.8%)

Note: This indicator is compared with the state average.

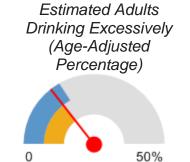
Data Source: Centers for Disease Control and Prevention, National Center for

Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

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 ages 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 Socorro County is 14.4%. 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

Report Area	Total Population ages 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age- Adjusted Percentage)
Socorro County, NM	13,453	1,776	13.2%	14.4%
New Mexico	1,521,911	208,502	13.7%	14.2%
United States	232,556,016	38,248,349	16.4%	16.9%



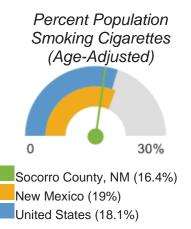
Socorro County, NM (14.4%) New Mexico (14.2%) United States (16.9%)

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 report area an estimated 2,274, or 16.4% of adults ages 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Adults Smoking Cigarettes Percent Percent **Total Adults** Population Total Population **Smoking** Regularly Report Area Population Smokina Smoking Cigarettes ages 18+ Cigarettes Cigarettes (Age-(Crude) Adjusted) Socorro 2,274 16.9% 16.4% 13,453 County, NM New Mexico 19% 1,521,911 284,597 18.7% **United States** 232,556,016 17.8% 18.1% 41,491,223



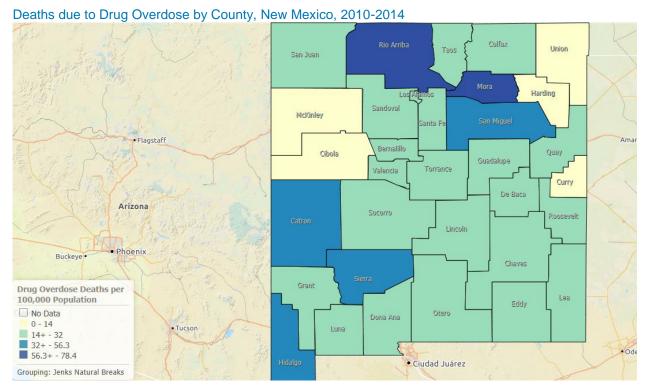
Note: This indicator is compared with the state average.

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

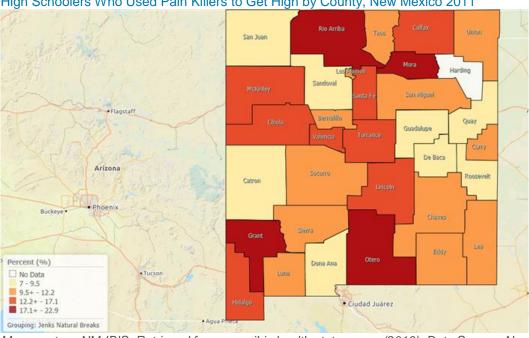
Illicit drug use in New Mexico is indicated by the number of deaths caused by drug overdoses. According to the New Mexico Department of Health, the state's drug overdose death rate is consistently one of the highest in the nation and has tripled since 1990. Prescription drug overdose deaths have increased 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. Socorro County has the highest rate of overdose deaths in the state with 22.5 deaths due to overdose per 100,000 people.⁶

⁶ Bureau of Vital Records and Health Statistics (BVRHS). 2010-2014. New Mexico Department of Health IBIS



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, 11.3% of Socorro County high school students reported using pain killers to get high, the second highest number in the state. Approximately 26.9% reported binge drinking alcohol in the past 30 days. The figure below illustrates pain killer misuse among youth in Socorro County in relation to other counties in New Mexico.



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 30.4% in Socorro 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 Socorro County are cancer, heart disease, and unintentional injuries.7

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.

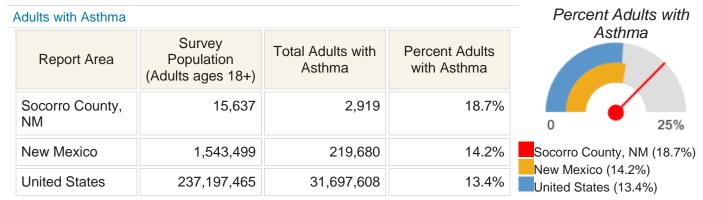
According to the New Mexico Department of Health, the rate of alcohol related deaths in Socorro County (78.57 deaths per 100,000 people), including alcohol related chronic disease deaths (46.5 deaths per 100,000 people), significantly exceeds the state rates (54 and 25.2 deaths per 100,000 people, respectively).

⁷ https://ibis.health.state.nm.us/community/highlight/report/GeoCnty/9.html

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.

Approximately 18.7% of adults aged 18 and older in Socorro County self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma.



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, <u>Behavioral Risk Factor</u>

<u>Surveillance System</u>. Additional data analysis by <u>CARES</u>. 2011-12. Source geography:

County

Socorro County has a larger proportion of adult residents with diabetes than the state and is on par with the national average.

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
Socorro County, NM	12,760	1,327	10.4	9.1%
New Mexico	1,520,459	124,463	8.19	7.39%
United States	473,839,016	47,370,834	10	9.19%

Percent Adults with
Diagnosed Diabetes
(Age-Adjusted)

15%

Socorro County, NM (9.1%)
New Mexico (7.39%)
United States (9.19%)

Note: This indicator is compared with the state average.

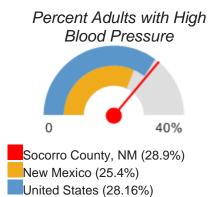
Data Source: Centers for Disease Control and Prevention, National Center for Chronic

<u>Disease Prevention and Health Promotion</u>. 2013. Source geography: County

In Socorro County 28.9% of adults ages 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

High Blood Pressure

riigit blood i ressure					
Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure		
Socorro County, NM	13,453	3,888	28.9%		
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, <u>Behavioral Risk Factor</u>

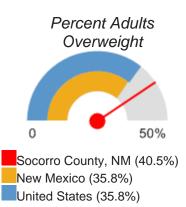
Surveillance System. Additional data analysis by CARES. 2006-12. Source

geography: County

The percentage of adult residents in the community who are overweight is above state and national averages. In Socorro County 40.5% of adults ages 18 and older self-report that they have a Body Mass Index (BMI) between 25 and 30 (overweight).

Overweight Adults (Ages 18 +)

Report Area	Survey Population (Adults Age 18+)	Total Adults Overweight	Percent Adults Overweight
Socorro County, NM	14,822	5,996	40.5%
New Mexico	1,474,996	527,781	35.8%
United States	224,991,207	80,499,532	35.8%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor

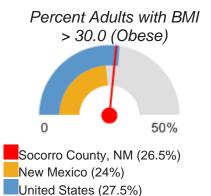
Surveillance System. Additional data analysis by CARES. 2011-12. Source geography:

County

Percentages of obese adults are on par with state and below national averages. Approximately 26.5% of residents ages 20 and older self-report that they have a Body Mass Index (BMI) greater than 30 (obese) in the community. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Obesity (Ages 20+)

obooky (rigod 201)			
Report Area	Total Population ages 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Socorro County, NM	12,745	3,352	26.5%
New Mexico	1,522,079	365,300	24%
United States	468,376,406	129,769,830	27.5%



Note: This indicator is compared with the state average.

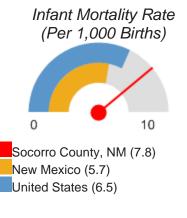
Data Source: Centers for Disease Control and Prevention, National Center for Chronic

Disease Prevention and Health Promotion. 2013. Source geography: County

Both the rate of infant mortality and the percentage of births that are low birth weight (under 2500g) are higher in Socorro County when compared to the state and nation.

Infant Mortality

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Socorro County, NM	1,270	10	7.8
New Mexico	147,195	839	5.7
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0



Note: This indicator is compared with the state average.

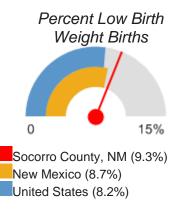
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10. Source geography:

County

High rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Low birth weight infants are at high risk for health problems. This indicator 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
Socorro County, NM	1,764	164	9.3%
New Mexico	204,764	17,814	8.7%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%



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 <u>CDC WONDER</u>. 2006-12. Source geography: County

There are 65.8 births to young women ages 15 – 19 per 1,000 young women in Socorro 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 ages 15 - 19	Teen Birth Rate (Per 1,000 Population)
Socorro County, NM	670	44	65.8
New Mexico	73,069	4,165	57
United States	10,736,677	392,962	36.6



Note: This indicator is compared with the state average.

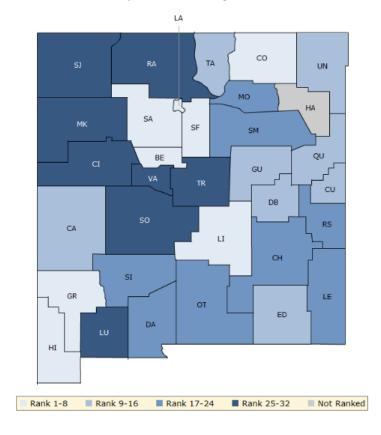
Data Source: US Department of Health & Human Services, <u>Health Indicators</u>
<u>Warehouse</u>. Centers for Disease Control and Prevention, <u>National Vital Statistics</u>
<u>System. Accessed via CDC WONDER.</u> 2006-12. Source geography: County

State Health Status

County Rankings

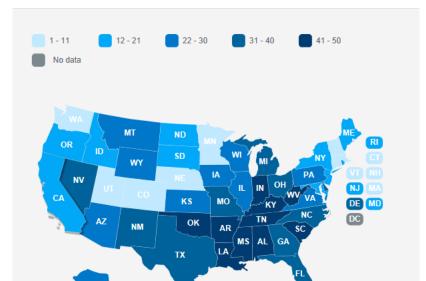
The Robert Wood Johnson Program, County Health Rankings and Roadmaps, has ranked the overall health of each county in New Mexico. The overall rankings represent factors that influence the health of a county. Ranks are an estimate of the future health of counties as compared to other counties within a 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. Socorro County is ranked 25th 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 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. ^{8,9} 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. ¹⁰

 $^{^{8}}$ http://www.thenationalcouncil.org/capitol-connector/2016/04/independent-commission-recommends-changes-medicare-part-d/

⁹ http://www.fronterasdesk.org/content/9471/new-mexico-guilt-fraud-audits-and-behavioral-health

¹⁰ http://www.hsd.state.nm.us/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/BH_increase.pdf

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 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. A few of the assets and resources are summarized here. An account of community assets can also be found in the Community Health Implementation Plan for Socorro General Hospital. As part of their community assessment, the Socorro County health council compiled the following list of existing healthcare facilities and resources.

Health Care Facilities and Resources in Socorro County

- Alamo Navajo School Board: Behavioral Health Program focusing on mental health, substance abuse, and DWI offenders. http://treatment-facilities.healthgrove.com/l/18735/Alamo-Navajo-School-Board
- Bhasker Medical Clinic, family medical clinic offering services including: behavioral and mental health, lab work, and physical health. Provider, Dr. Ravi Bhasker.
- Birthright is an organization that provides women with crisis pregnancies care and services. http://birthright.org/en/landingpage/lp-socorro
- ICAN -"Ideas for Cooking and Nutrition." ICAN is free, fun, hands-on nutrition education.
 Classes are at least one hour and include a physical activity. Recipes, an exercise DVD, and
 other helpful items are given out at every class. ICAN is funded by EFNEP and SNAP-Ed
 and reaches limited-resource audiences in New Mexico. Coordinator- Lupita Rincones,
 NMSU http://ican.nmsu.edu/index.html
- Positive Outcomes provides speech, occupational and physical therapy as well as
 educational diagnostics within the Public Schools and through the Department of Health, DD
 Waiver program. They are a provider for Personal Care Services for Socorro, Bernalillo,
 Catron, Dona Ana, Luna, Sierra, and Valencia counties. In home care, paired with the
 Durable Medical Equipment Supply division, allows individuals to remain in their home and
 receive care following illness. Alberta House Early Intervention services are offered within
 Socorro County and include the Alamo Navajo Indian Reservation. Owner- Tara Jaramillo
 http://www.positiveoutcomestherapy.com/

_

¹¹ http://www.abqjournal.com/795247/legislators-fear-additional-cuts-may-be-needed.html

- Presbyterian Medical Services (PMS): providing primary care in Socorro, Magdalena and the School Based Health Center at Socorro High, Suboxone replacement therapy for clients of Socorro County and soon to be completed primary care center in Veguita; Northern Socorro County. PMS now also provides Behavioral Health services through Socorro Mental Health. A dialysis center will be opening soon. http://www.pmsnm.org/locations/socorro-community-health-center
- Puerto Seguro Safe Harbor offers homemade meals 3 days a week, clothing, counseling, and assists in finding emergency housing and addiction recovery centers. http://www.psisafeharbor.org/
- Socorro County DWI Compliance Office: providing both compliance services and counseling to adjudicated adults. The program also provides Intensive Outpatient Services for Substance Abuse and provides services to the Adult Drug Court Program. Manager, Theresa Rosales. http://www.socorrocounty.net/departments/dwi
- Socorro Consolidated Schools: All elementary schools participate in 5.2.1.O., two participate
 in Bike to School and three have school gardens. In addition SCOPE assists SCS in the
 implementation and development of School Wellness Policy. Superintendent, Randal
 Earwood, www.socorro.k12.nm.us
- Socorro General Hospital is a Presbyterian Hospital that offers services in: Audiology, Family Medicine, General Surgery, Internal Medicine, full service laboratory, Pediatrics, Podiatry, Outpatient Rehab, Behavioral Health and OBGYN.
 https://socorro-general-hospital.phs.org/Pages/default.aspx
- Socorro General Hospital Community Based Programs, which does one-on-one diabetes
 consults, Circle of Security parenting classes, home visitations for expecting familieshrough
 when the age of 3, early intervention for children from birth to the age of 3, and also runs
 Heritage an intensive outpatient mental health service for senior adults.
 https://socorro-general-hospital.phs.org/services/Pages/patient-support-services.aspx
- Senior Hunger Initiative: a mobile food pantry that serves 50lbs of fresh produce, dry goods, dairy, meat and bread to 100 seniors. The Roadrunner Foodbank delivers 5000lbs of food on the 3rd Tuesday of every month to the City Youth Center. Volunteers assist seniors in selecting, bagging and boxing, and loading the food. SHI will soon be working with local health care facilities to provide optional health screening (blood pressure, glucose levels).
- Socorro High School Teen Health Center is located at SHS and provides services in behavioral health as well as primary care.
 http://www.pmsnm.org/locations/socorro-high-school-teen-health-center
- Socorro Mental Health provides support for a wide range of behavioral health conditions.
 Service include crisis intervention, comprehensive assessments, individual and family counseling, psychiatric consultation and medications, substance abuse programs, educational groups for a variety of problems, and additional community support programs for those with serious, chronic mental health conditions.
 http://www.pmsnm.org/locations/socorro-mental-health

Section 2: Community Health Needs Assessment

 Socorro Storehouse: a food pantry for residents of Socorro County providing both commodities and emergency food packages. The Storehouse partnered with the Socorro Farmers Market to create the state's first Senior Farmers Market Voucher Program. President-Susie Welch http://www.socorrostorehouse.org/Socorro Storehouse/Welcome.html

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 SCOPE council used publicly available epidemiologic data as well as results from local surveys. Significant health needs were also determined with and community input during SCOPE meetings and Health Systems Innovations (HSI) sessions.

Surveys and input from health council partners and members were collected on community health needs from July to September of 2015. Input was requested on the following questions: Needs: What are the major health-related needs in your community, and potential barriers to meeting those needs? Strengths and resources: What is currently working in your community? What resources are there? Priorities: What are the top health priorities in your community? Twenty community members gave their input, which guided the selection of the significant health needs.

The health council collected information via survey from residents in Socorro County. Data collection was not allowed on the Alamo Navajo Reservation so this population was captured in Magdalena and the City of Socorro on the 1st day of the month when many reservation members go to either or both locations to shop for food and other necessities. In the community, surveys were distributed at 15 sites including the flea market and farmer's market, as well as online through Survey Monkey. A total of 486 surveys were completed and collected.

Analysis of public data, survey data, meeting discussions, and local narratives helped the council determine the significant health needs detailed at the beginning of this report.

Primary Individuals Providing Input:

- Athena Gassoumis, Alamo
- Susann Mikkelson, Chamber of Commerce
- Ernest Pargas, City of Socorro
- Jill Bratton, Community Partner
- Delilah Walsh, County Managers Office
- Pauline Jaramillo, County Managers Office
- Aimee Bennett, Department of Health
- Dawn Sanchez, Department of Health
- Jazmine Saenz, Department of Health
- Annabelle Quintana, District Attorney
- Theresa Rosalas, DWI Compliance
- James McNeil, Healthy Kids
- Maryann Chavez-Lopez, Housing Authority
- Susan Dehart, Human Services/Income Support
- Lupita Rincones, ICAN
- Kirsten Keller, Juvenile Justice Board
- Melissa Begay, NMT Recreation
- Annine Gabaldon, NMT Recreation
- Victoria Salazar, PMS-Teen Center
- Kathleen Ocampo, Positive Outcomes
- Josh Kerns, Recreation and Tourism

Section 3: Appendix

- Felipe Romero, Recreation and Tourism
- Stephanie O'Toole, SCOPE
- Savannah Morris, SCPC
- Anton Salome, Socorro Consolidated Schools
- Beth Beers, Socorro General Hospital
- Jackie Muncy, Socorro Mental Health
- Lynette Naiper, Socorro Striders and Riders
- Brian Borchers, Socorro Striders and Riders
- Susie Welch, Storehouse
- Erika Baxter, Teen Center

Appendix B: Community Forum Summary

Forum Details

As part of the community health needs assessment, two community health forums were conducted in Socorro County. Presbyterian was invited to conduct their first community forum as part of the Alamo Navajo Regular Chapter Meeting in Alamo, New Mexico on April 20, 2016. The second forum was conducted in conjunction with the Socorro County health council (SCOPE) meeting on April 21, 2016, in the city of Socorro. Both forums were held to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

A total of thirty-four community members participated in both forums and the PHS Director of Community Health and SGH Director of Community Based Programs 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 Alamo discussed physical activity, healthy eating, and prevention and treatment of substance use as being integral to health and wellness in their community. Substance use, particularly alcohol abuse, is prevalent in the community and is linked to other poor health outcomes. More access to treatment is needed and prevention with youth, families, and the community is necessary. Alamo residents and officials discussed the remote location as the major barrier to seeking healthcare, substance use treatment, and for purchasing healthy food. Alamo does not have law enforcement and this is seen as a barrier to prevention of unhealthy substance use. Community members and government officials requested more communication and relationship building between Alamo and SGH. Participants emphasized both individual and collective responsibility for improving health behaviors and the need to celebrate the courage needed to confront health issues and make a change. Alamo has a brand new, state of the art wellness center but few community members utilize it. There is also recognition that healthy eating, including drinking more water, can be integrated into more community activities.

Participants of the forum held in the city of Socorro affirmed the priorities of healthy eating, active living, prevention of unhealthy substance use, and behavioral health. Behavioral health and

substance use were seen as being linked in Socorro County. There are not enough treatment facilities available and with recent political events and many behavioral health agencies closing there are few options for treatment of adolescents. Forum participants primarily focused on existing community assets, programs, and resources.

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			
Alamo Wellness Center	Healthy food served at health fairs/walks or runs		
Collaboration between Alamo Wellness Care Coordinator, SGH, and SCOPE	Alamo board member on SGH board		
Healthy food options at the market in Alamo	Diabetes Educator – issues with retention and implementation		
Farmer's market incentives	Utilization and awareness of community gardens		
Food Corp			
Local procurement efforts			
Community gardens			
Healthy Kids NM			
Kitchen Creations and other cooking classes			
Active Living			
Alamo Wellness Center	Would like the SGH to be connected via walking trail to other trails		
health fairs and community sponsored walks/runs	Incentives for participation in active living opportunities		
Trails			
Safe Routes to School			
Healthy Kids NM			
Walking groups at NM Tech			
Prevention of Unhea	althy Substance Use		
Alamo Teen Court	Law enforcement in Alamo		
Youth programs	Treatment and rehab centers		
Maze of Life and Family Fun Fest	Treatment for adolescents		
Healthy Kids NM	Resources for parenting		
Behavioral Health			
Telehealth at SGH	Treatment and rehab centers		
Existing SGH programs for seniors, new families, etc.	Treatment for adolescents		
	After hours/emergency mental health care		

Forum Participants

Theresa Kappel Harry Garcia Norman M. Begay **Substance Abuse Education** Alamo Community Member Council Delegate NM Tech Alamo Navajo Chapter Janet Ward **Buddy Mexicano** Stanley Herrera Director, Counseling & Alamo Community Member President **Disability Services** Alamo Navajo Chapter NM Tech Lupita Rincónes Herald Peralto Earl Apachito I Can Program Alamo Community Member Vice President NMSU Socorro Extension Alamo Navajo Chapter Office James McNeil Miranda Apachito Yvette Betone **HKHC** Court Clerk - Alamo Court Secretary/Treasurer Alamo Navajo Chapter Alamo Navajo Chapter **Earnest Pargas** Raymond Apachito Sr. Steve Apachito President Alamo Community Member Land Board City of Socorro Alamo Navajo Chapter Melissa Salazar Yvonne Yazzie Olson Monto Sr. **Scope Coordinator** Alamo Community Member Navajo Housing Authority Scope Health Council Jamie Mike **Bertha Shorty** Aimee Bennett **NMDOT** Peacemaking Program Realty Office Alamo Navajo Chapter **Barbie Monto** Dorothy Waisanen Jerry DeGroat Alamo Community Member Healing to Wellness Care Realty Office Alamo District Court Lester Tsosie **Eve Shenale Bob Apachito** Eastern Navajo Agency Alamo Community Member Healing to Wellness/Teen Court Ben Shelly Rick Secatero **Betty Cline** State Representative Alamo Community Member Presbyterian Healthcare Candidate Services Betty Saavedra Areida Vicente Salina Rosas Lopez Socorro County Clerk Alamo Community Member Socorro County Clerk

Dale Secatero

Alamo Community Member

