

Eat well. Be active.
Avoid unhealthy substances.



 **PRESBYTERIAN**
Community Health

Community Health Needs Assessment

Presbyterian Central New Mexico

August 2013

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Executive Summary

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

Presbyterian Central New Mexico hospitals (PCNM) include Presbyterian Hospital, Presbyterian Kaseman Hospital and Presbyterian Rust Medical Center. The community PCNM serves is made up of Bernalillo, Sandoval, Torrance and Valencia counties. PCNM is part of a larger health system referred to as Presbyterian Healthcare Services (PHS) or Presbyterian. Presbyterian's overarching purpose is to improve the health of the patients, members and communities it serves. PCNM's role in achieving this purposes focuses on the patients, members and community of Bernalillo, Sandoval, Torrance and Valencia counties.

Presbyterian operates eight hospitals in the communities of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Socorro and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 9,500 employees and provides services to one in three New Mexicans.

Presbyterian Healthcare Services (PHS) developed and implemented a comprehensive process to identify significant health needs and subsequently prioritized them. PHS began by looking at the Healthy People 2020 indicators in order to align priorities with national priorities. Community-specific data, county health council priorities, and state of New Mexico priorities, aided PHS in narrowing down the health indicators to twelve significant health needs. These were then prioritized to **healthy eating, active living and the prevention of unhealthy substance use.**

As part of the community health needs assessment, community health forums were conducted to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

There are multiple existing measures and resources within the PCNM region available to support Presbyterian in meeting the identified community health needs. These resources are expanded on in the Community Health Implementation Plan (CHIP) that was developed from this CHNA. To access the CHNA and CHIP, visit the Presbyterian website at pchs.org.

Community Health Needs Assessment

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Description of the Community Served

For the purposes of the Community Health Needs Assessment, PHS has generally defined the "community" of each hospital as the county in which the hospital is located. Due to the geography and the overlapping service areas of the three hospitals in Central New Mexico, however, Presbyterian Central New Mexico (PCNM) hospitals have identified their community as Bernalillo, Sandoval, Torrance and Valencia counties¹.

The three hospitals operated by PHS in Central New Mexico are Presbyterian Hospital, Presbyterian Kaseman Hospital and Presbyterian Rust Medical Center. All three are general acute care hospitals that offer emergency services around-the-clock. PHS also operates urgent care centers, 10 primary care clinics and more than 20 specialty clinics, homecare and hospice care in Central New Mexico.

Presbyterian Hospital is the largest acute care hospital in New Mexico as well as the largest tertiary facility with over 500 beds, a full array of adult and pediatric services, and a full range of medical and surgical healthcare services. It operates in a mixed business and residential area at the geographic center of Albuquerque.

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

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

Presbyterian Rust Medical Center, located in Rio Rancho (Sandoval County), opened in October 2011 and is Presbyterian's newest facility. It is a full-service acute care hospital, offering emergency, surgical, obstetric and general medical inpatient care. A multi-specialty clinic is also located on the campus. Other services offered by PHS in Sandoval County include primary and urgent care clinics.

According to U.S. Census Bureau 2012 estimates, Bernalillo County has the largest population (673,460), followed by Sandoval (135,588), Valencia (76,631) and Torrance (16,021). Together this region contains 43.7 percent of the population of the state. The major ethnic groups include non-Hispanic Whites, Hispanics and Native Americans. Approximately 30 percent of households in the region speak a language other than English in the home. The median household income (2007-2011) varies from \$32,435 in Torrance County to \$57,651 in Sandoval County. The percentage of the population living below the federal poverty level (2007-2011) ranges from 12.4 percent in Sandoval County to 25.2 percent in Torrance County.

Albuquerque is the largest city in the four-county region, with an estimated population in 2012 of 555,417. The most common industries in the city are construction, professional, scientific, and technical services, and accommodation and food services.

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

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

Process and Methods for Conducting the Assessment

Presbyterian developed and implemented a comprehensive process to identify significant health needs and subsequently prioritized them. It first reviewed the Healthy People 2020 indicators to align PHS priorities with national priorities. Presbyterian then evaluated community-specific data, and county

Health Council and state of New Mexico priorities, which aided in narrowing the health indicators to 12 significant health needs.

In keeping with the Healthy People 2020 format, these 12 significant health needs are divided into overarching health issues, health related behaviors, and health outcomes.

Overarching Health Issues

1. Health Communications and Health Information Technology
2. Access to Health Services

Health Related Behaviors

3. Immunization
4. Injury and Violence Prevention
5. Nutrition, Weight Status and Physical Activity
6. Tobacco Use and Substance Abuse

Health Outcomes

7. Cancer
8. Diabetes
9. Heart Disease and Stroke
10. Respiratory Disease
11. Maternal, Infant, and Child Health
12. Mental Health and Mental Disorders

The priority-setting process used a best practice learned from Community Health Improvement Partners in San Diego, which was formed in 1995 to meet the California law that requires private, non-profit hospitals to conduct a triennial community needs assessment.

As part of the Presbyterian Community Health Needs Assessment process, input was solicited from PHS Board members. Presbyterian Health Plan is governed by a separate Board of Directors. Each regional hospital is also governed by a Community Board of Trustees. Board members are representative of the communities, patients, members, physicians and stakeholders served. They are active community members and do not receive compensation for their service on the boards. Each board includes physicians and physician leaders who have special knowledge of the health needs of their community.

Each board member was asked to determine areas of focus using the following criteria:

- Size of the issue
- Seriousness of the issue
- Importance to Presbyterian
- Alignment with the Presbyterian purpose, vision, values, strategy and goals, and services provided, plus the ability to have an impact
- Availability of community resources

Additionally, the health priorities of the State of New Mexico and each County Health Council were reviewed for alignment.

Based on input and the potential to impact significant health issues in New Mexico, Presbyterian selected ***Nutrition, Physical Activity and Tobacco Use*** as its community health priority areas.

Based on feedback from community partners, the tobacco use priority subsequently was expanded to ***Tobacco Use and Substance Abuse***.

PHS describes these priorities as **healthy eating, active living and prevention of unhealthy substance use**

As part of the Community Health Needs Assessment, Presbyterian hired New Mexico First to facilitate community health forums to gain insight into the barriers, opportunities and potential strategies for achieving the stated priorities. As outlined in the IRS requirements, the 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 community served by the hospital
- Business and economic development professionals and non-profit leaders

Forums were convened in the following communities as part of the Central New Mexico region:

- Rio Rancho – Sandoval County, April 3, 2012
- Albuquerque – Bernalillo County, April 5, 2012
- Los Lunas – Valencia County, April 11, 2012

Prior to the forums, participants could review a background brief that outlined information specific to each community regarding health behaviors.²

Afterward, participants engaged in a small group discussion in which they could suggest practical recommendations to support positive change in their community. In these discussions, forum participants addressed the following questions³:

- Knowing this community, what is preventing healthier lifestyles?
- What can members of this community do to support tobacco cessation, healthier eating, and more active lifestyles?
- Knowing this community, what are the three most viable ideas?

² The health issues brief document can be accessed at phs.org

³ The full forum report and list of participants can be found at phs.org

A follow-up forum was held in Albuquerque in December 2012 to seek additional input into the health priorities of *Eat Well, Be Active and Quit Tobacco*. Feedback spurred expansion of the tobacco cessation priority to *the prevention of unhealthy substance use*.

Significant Health Data

Below is a summary of the state and county data that aided in prioritizing the significant health needs.

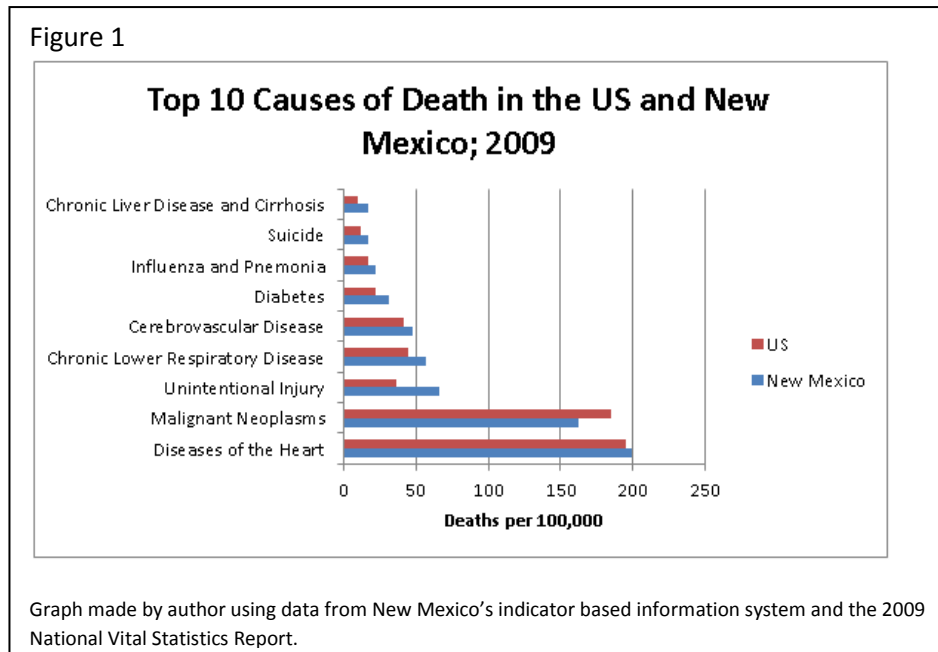
State Health Status

In 2010 New Mexico ranked 33rd in overall health, down two spots from 2009. America’s Health Rankings released a report ranking various indicators at the state level compared to the national average. Indicators for which New Mexico ranked poorly (a rank of 25th or less) are shown in Table 1. Some of the determinants for which New Mexico ranked poorly include occupational fatalities, lack of health insurance, number of primary care physicians, and geographic health disparities.

Table 1 Determinants and Health rankings for New Mexico compared to US 2009

Determinant/Outcome	NM Value	#1 State Value	Rank
High School Graduation (% of incoming 9 th graders)	59.1	88.6	48
Violent Crimes (Offenses per 100,000 people)	619	120	44
Occupational Fatalities (deaths per 100,000 workers)	5.4	2.8	32
Children in Poverty (% of children under 18)	29.2	10.0	48
Lack of Health Insurance (% without insurance)	22.7	5.0	49
Immunization Coverage (% of children ages 19-35 months)	87.5	94.1	40
Early Prenatal Care (% with visit during first trimester)	76.5	-	46
Primary Care Physicians (Number per 100,000 people)	113.5	191.3	27
Poor Mental Health Days (days in previous 30)	3.5	2.4	29
Poor Physical Health Days (days in previous 30)	3.8	2.7	37
Geographic Disparity (Relative Standard Deviation)	15.7	4.3	42
Premature Deaths (Years lost per 100,000 people)	8,656	5,382	41

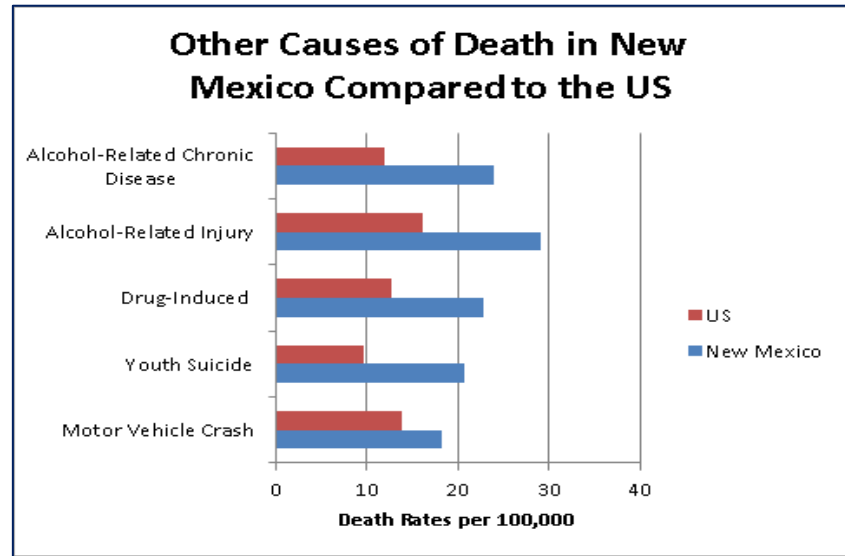
The New Mexico Department of Health released a report in 2007 documenting the top 10 causes of death among New Mexicans. Figure 1 compares percentage of deaths in New Mexico to percentage of deaths in the nation for each of the top 10 causes. Heart disease and cancer are the top two causes of death in New Mexico and the nation. Figure 2 shows rates for other causes of death that are common in the state. New Mexico has



higher rates of death than the national average for fatalities related to alcohol, suicide, drug use, motor vehicle crashes, and diabetes.

Health disparities are also common in New Mexico, with ethnic populations such as American Indians and Hispanics suffering disproportionately compared to their non-Hispanic White counterparts. Obesity is more prevalent among American Indians (33.1 percent) compared to Hispanics (30.7 percent) and non-Hispanic Whites (20.7 percent). Diabetes rates follow similar patterns, with 10.3 percent of American Indians diagnosed with the disease compared to 10.1 percent of Hispanics and 6.2 percent of non-Hispanic Whites. Other major health disparities between

Figure 2



Graph made by author using the New Mexico Indicator based information system. Motor Vehicle Crash and Youth Suicide death rates are from 2005-2009. The Drug and Alcohol death rates are from 2007-2009.

non-Hispanic Whites and ethnic populations include teen birth rates, low birth weight or premature births, HIV diagnosis, and homicide rates. (Table 2)

Table 2 Health Disparities in New Mexico

Indicator	Native American	African American	White	Asian American	Hispanic
Obesity among adults Rate per 100 2006-2008	33.6	34.8	20.3	13.0	28.6
Obesity among youth Rate per 100 2009	17.8	13.5	8.7	10.3	12.8
Death from Diabetes Rate per 100,000 2007-2009	73.2	50.3	22.2	33.4	45.6
Low/no prenatal care Rate per 100 2007-2009	50.7	40.5	27.1	27.0	37.2
Teen birth rates Rate per 1,000 2007-2009	30.4	20.3	12.5	9.1	47.2

Table was made by author using data from the Racial and Ethnic Health Disparities Report Card

County Health Status

Community Needs Index (CNI)

The community needs index is a tool created by Catholic Healthcare West that measures community need by ZIP code by analyzing the degree to which a community experiences the following healthcare barriers: income, educational, cultural, insurance and housing. Based on this analysis, a score of 1-5 is given for each barrier in a community, with a 1 indicating no barriers and a 5 indicating extreme barriers. The scores are then added together and an overall CNI score is calculated. A score of 1 indicates low socio-economic barriers and a score of 5 indicates high socio-economic barriers. CNI scores and analysis are used to create a profile of each county. Scores above 4 are considered problematic in overcoming socio-economic factors that contribute negatively to health. The CNI score map, the top five causes of death and health behaviors related to those causes are reported for each county in the PCNM region.

New Mexico Department of Health County Indicators

The New Mexico Department of Health collects data on a number of indicators for each county and compares them to the average for the state and nation. To highlight health issues in each of the counties, a health indicator will be reported if it indicates worse health than the New Mexico or national average. This is done because New Mexico health indicators are usually worse than the national average.

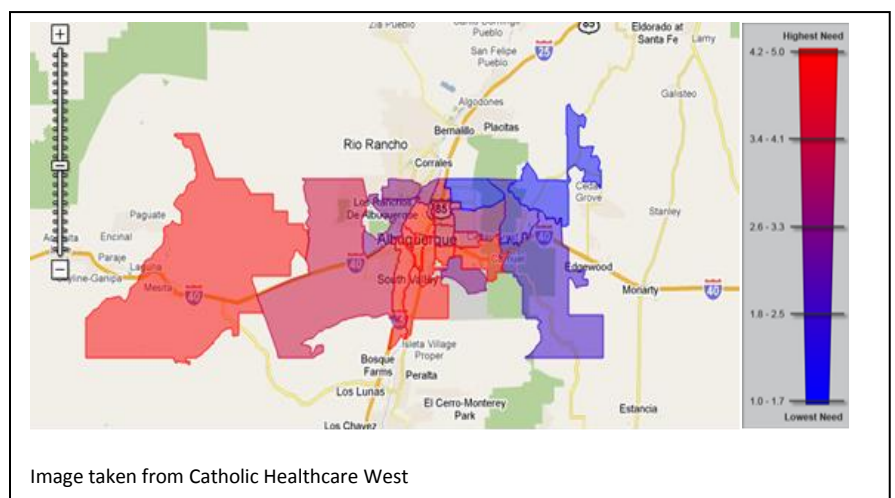
Many of the health indicators are recorded by “rate.” For example, the death rate for heart disease in New Mexico is 203.8 per 100,000. This means that for a group of 100,000 people, nearly 204 will die from heart disease. The population of New Mexico is over 2 million. Based on this estimate, 4,076 people in New Mexico die from heart disease each year. Other estimates such as teen birth rate and the rate of low birth weight babies are given based on 1,000 (teen birth rate is per 1,000 girls and low birth weight is per 1,000 live births).

Health Status

Bernalillo County

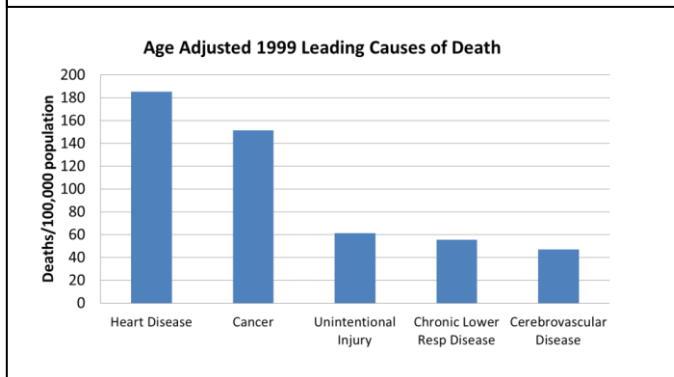
The mean CNI score for Bernalillo County is 3.4. As shown in the map, there are large differences in community need by ZIP code. Some areas, such as Sandia Park and the Far North East, have low scores (1.6), demonstrating low need and few socio-economic barriers to care. Other areas, such as Downtown or the Fairgrounds, have CNI scores of 5.0, demonstrating high need and extreme socio-economic barriers to care.

Figure 3 Bernalillo County CNI



The top five causes of death in Bernalillo County are heart disease, cancer, unintentional injury, chronic lower respiratory disease and cerebrovascular disease (Figure 4). Figure 5 shows the heart disease death rates for Bernalillo County compared to New Mexico and the U.S. To have an effect on death

Figure 4 Age Adjusted 1999 Leading Causes of Death

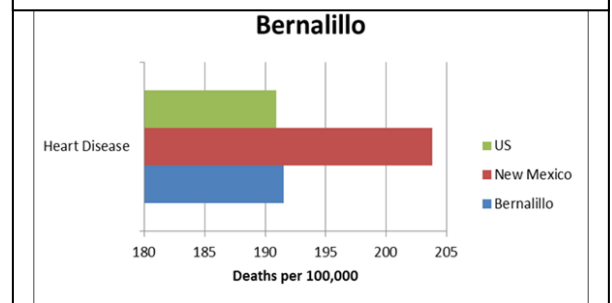


activity levels, and access to health care (for preventive treatment such as screenings).

According to county health rankings, Bernalillo County ranks 8th in adult smoking prevalence, 6th in diet and exercise, 6th for alcohol consumption and 3rd for health care access in comparison to the rest of the state (ranks are 1-32 with 1 indicating the best). Bernalillo County has a lower prevalence of adult (17.3 percent) and youth (20.9 percent) smokers than the state. 3.7 percent of adults report being heavy drinkers (defined as two or more drinks per day for males or one or more drinks a day for females). Obesity rates are also lower than the state average, with 21.9 percent of adults being obese and 8.9 percent of youths being obese. Access to health care is also slightly better than the state average with 76.2 percent of the population insured (Figure 6).

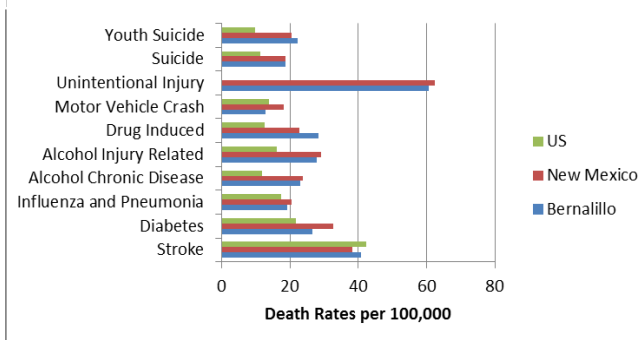
rates, improvement is needed in the negative health behaviors that lead to these diseases. The primary health behaviors that affect these causes of death are substance use (alcohol and tobacco), nutritional status, physical

Figure 5 Heart Disease Death Rates



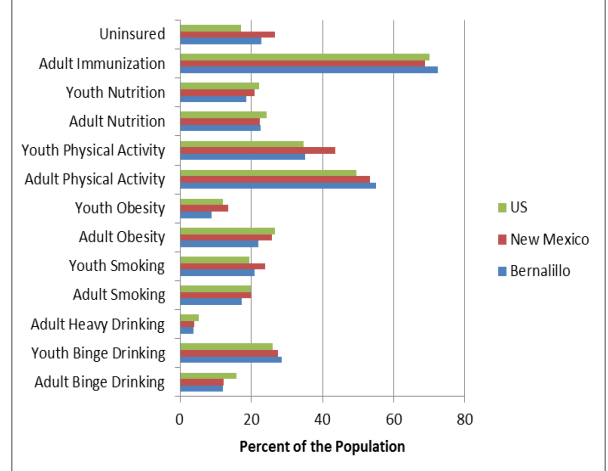
Graph made by author using data from New Mexico's indicator based information system. Death rates are for 2007-2009

Figure 7 Death Rates for Bernalillo



Graph was made by author using data from New Mexico's indicator based information system. Dates vary from 2006-2009.

Figure 6 Health Behaviors in Bernalillo



Graph made by author using data from New Mexico's indicator based information system and New Mexico Substance Abuse Epidemiology Profile. Dates vary from 2003-2009.

Figure 7 shows other causes of death. Of importance are the much higher rates of death in Bernalillo County for all fatalities caused by alcohol, drugs, and suicide. Table 3 shows the percent of low birth weight babies, teen birth rate, child abuse allegation rates, and the ratio of the population to primary care physicians. Figure 8 reflects the priorities developed by the Bernalillo County Health Council.



Table 3: Health Indicators for Bernalillo County

Indicator	Bernalillo	New Mexico	US
Low Birthweight Babies	8.70	8.4	-
Teen Birth Rate	28.2	31.6	20.1
Child Abuse Allegations	12	16.4	-
Ratio of Population to Primary Care Physicians	581	832	-

Teen Birth Rate is births per 1,000 girls. Low Birthweight is per 1,000 live births. Child abuse allegations are per 1,000 children. Table was made by author using data from New Mexico's indicator based information system. Dates for data vary from 2006-2009.

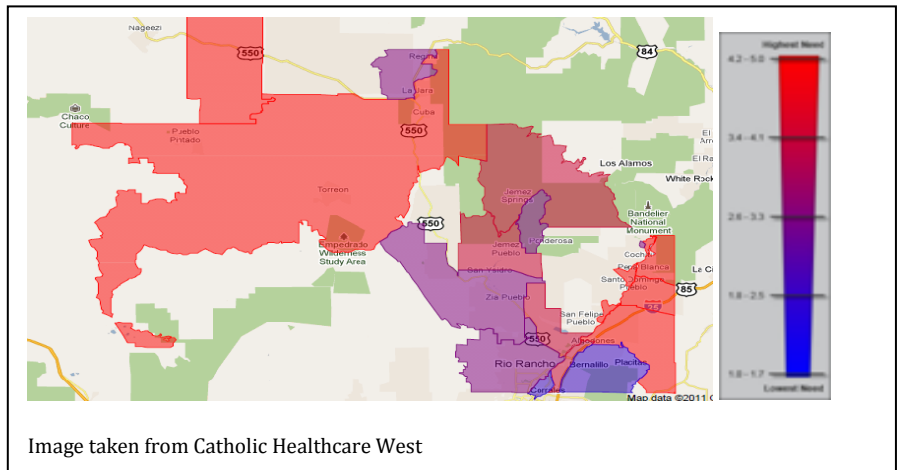
Sandoval County

Health Status

The mean CNI score for Sandoval County is 3.1. Some areas, such as Placitas, have a CNI of 2.2, indicating few barriers to healthcare, while others, such as Cuba, have a CNI of 4.6, indicating high barriers to healthcare.

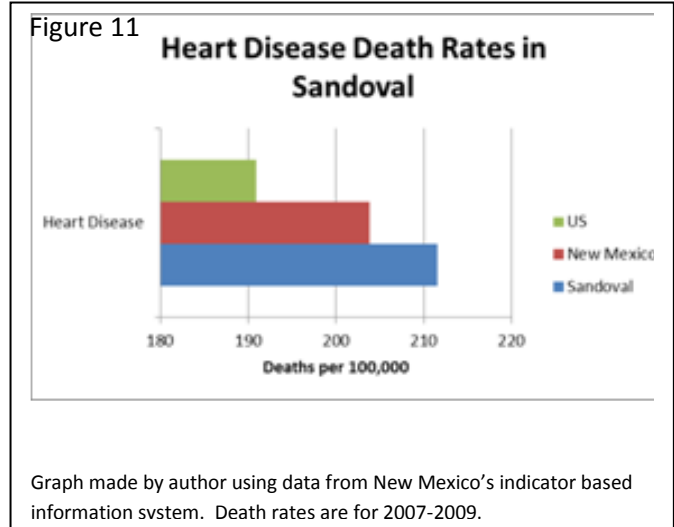
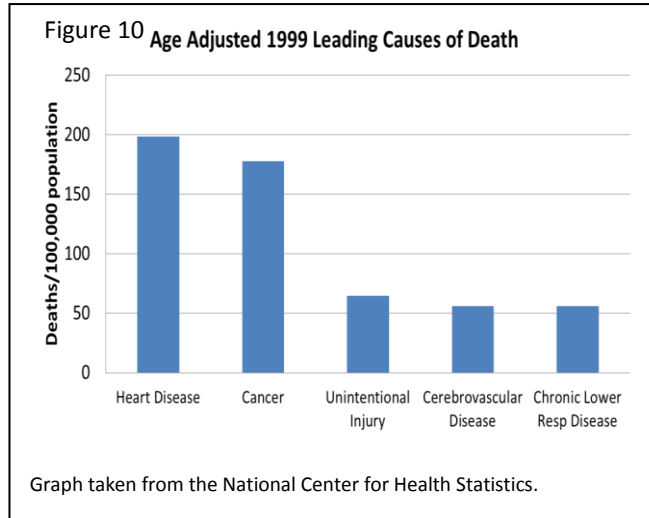
The top five causes of death in Sandoval County are heart disease, cancer, unintentional injury, cerebrovascular disease and chronic lower respiratory disease (Figure 10). Figure 11 shows the comparison of heart disease death rates in Sandoval County. The primary health behaviors that affect

Figure 9 Sandoval County CNI



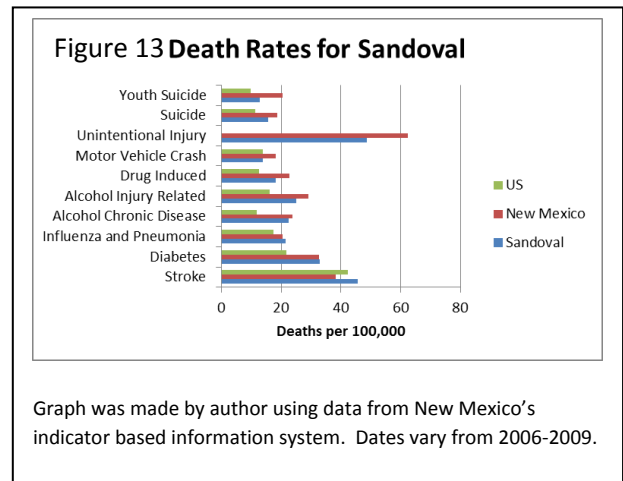
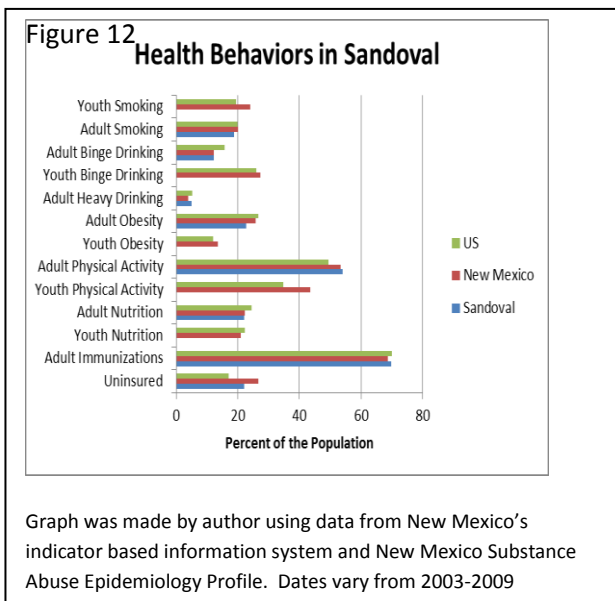
these causes of death are substance abuse (alcohol, tobacco and drugs), nutrition status and physical activity levels and access to healthcare.

According to County Health Rankings, Sandoval County ranks 4th in adult smoking prevalence, 7th in diet and exercise, 7th for alcohol consumption and 9th in access to healthcare. The prevalence of smoking for



adults is 18.7 percent while 22.8 percent of adults are obese. 5.1 percent of adults are heavy drinkers and 12.3 percent of adults binge drink. Healthcare access is better in Sandoval with 77.9% of the population insured. There is no data on any of the youth health measures (Figure 12).

Figure 13 shows additional common causes of death in Sandoval County. Alcohol-related, drug-induced, suicide, unintentional injuries and motor vehicle crash have death rates higher than the national average. Table 4 shows the percent of low birth weight babies, teen birth rate, child abuse allegation rates and the ratio of the population to primary care physicians. Figure 14 reflects the priorities developed by the Sandoval County Health Council.



Health Council Priorities

- Access to Health Care
- Oral Health
- Healthy Lifestyles

Figure 14

Indicators	Sandoval	New Mexico	US
Low Birthweight Babies	7.3	8.4	-
Teen Birth Rate	16.8	31.6	20.1
Child Abuse Allegations	8.1	16.4	-
Ratio of population to primary care physicians	1093	832	-

Teen Birth Rate is births per 1,000 girls. Low Birthweight is per 1,000 live births. Child abuse allegations are per 1,000 children. Table was made by author using data from New Mexico's indicator based information system. Dates for data vary from 2006-2009

Torrance County

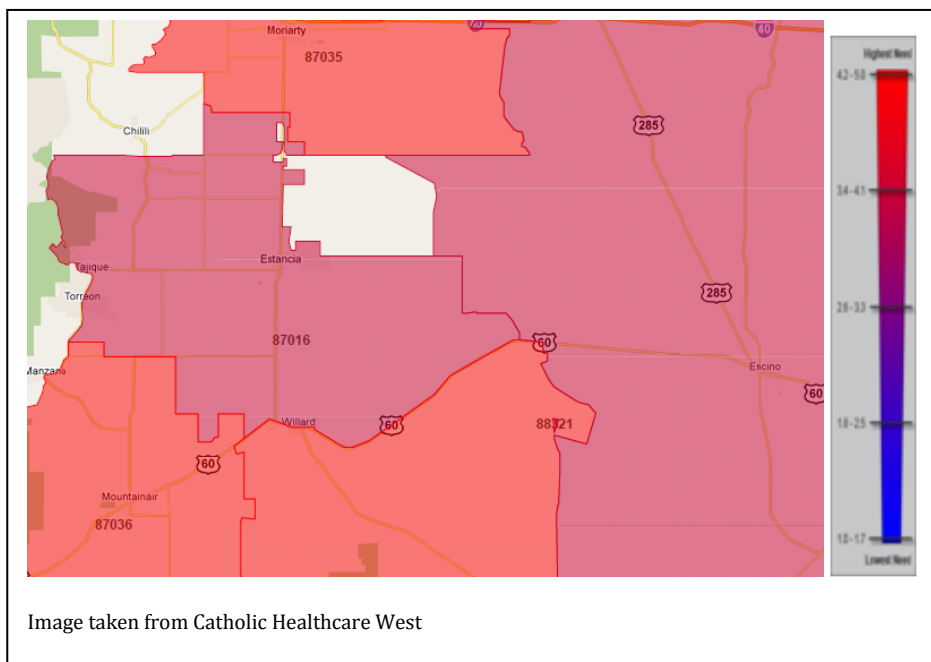
Health Status

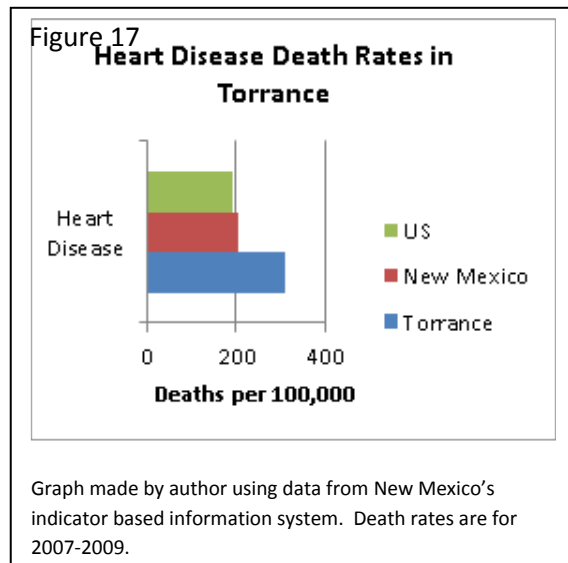
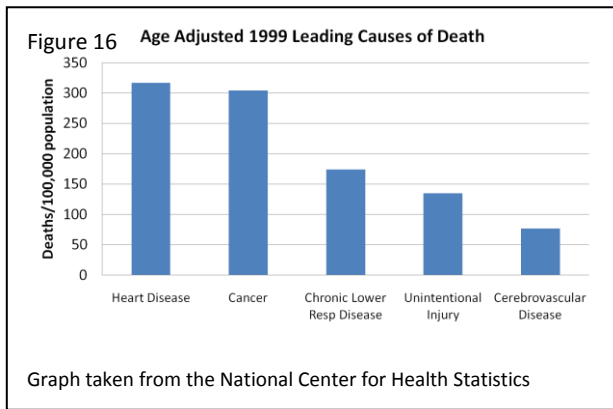
The mean CNI score for Torrance County is 4.1. The CNI values for the county range from 3.6 in Encino to 4.6 in Mountainair. All areas in the county have high CNI scores, demonstrating high community need.

The top five causes of death in Torrance County are heart disease, cancer, chronic lower respiratory disease, unintentional injury and

cerebrovascular disease. Figure 17 compares heart disease death rates in Torrance County to New Mexico and the U.S. The primary health behaviors that affect these causes of death include alcohol consumption, smoking prevalence, obesity, physical activity levels, nutrition status and healthcare coverage.

Figure 15 Torrance County CNI





According to County Health Rankings, Torrance County ranks 32nd in smoking prevalence, 16th in diet and exercise, 19th in alcohol consumption, and 28th in access to healthcare. Smoking prevalence is very high with 31.3 percent of adults and 19.8 percent of youths as current smokers. Obesity prevalence is lower than the New Mexico average with 18.6 percent of adults and 10.5 percent of youths obese. There is no data available on adult drinking habits. Torrance County has moderate levels of health care coverage with about 75.7 percent of the population with health insurance.

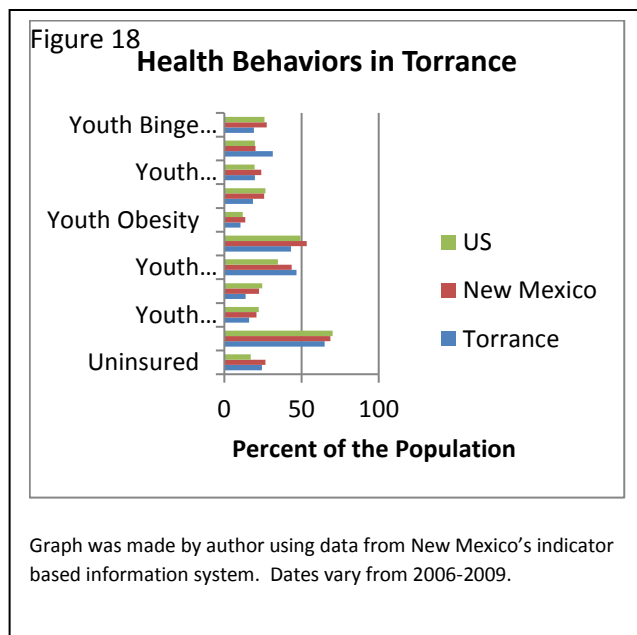
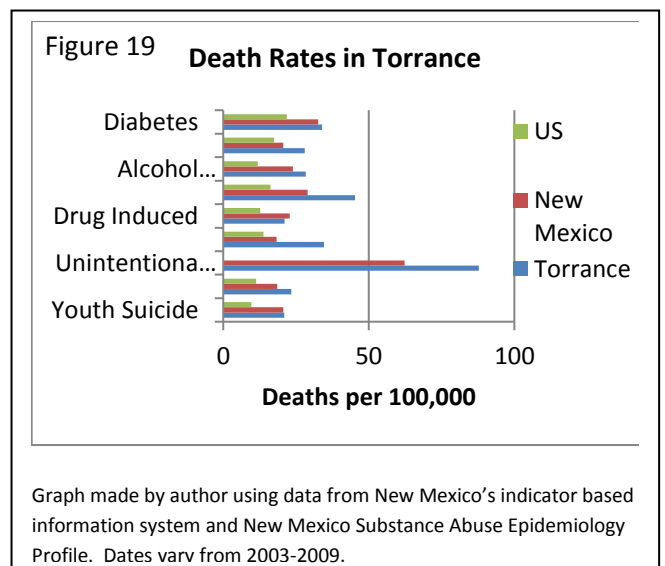


Figure 19 shows additional death rates for Torrance County. All death rates for Torrance County are much higher than the national averages. Table 5 shows the percent of low birth weight babies, teen birth rate, child abuse allegation rates, and the ratio of population to primary care physicians. Figure 20 reflects the priorities developed by the Torrance County Health Council.



- Figure 20 Health Council Priorities**
- Access to community based resources to reduce health disparities
 - Substance abuse prevention
 - Domestic and community violence
 - Teen pregnancy and births to single parents

Indicators	Torrance	New Mexico	US
Low Birthweight Babies	11.9	8.4	-
Teen Birth Rate	11.9	31.6	20.1
Child Abuse Allegations	29	16.4	-
Ratio of population to primary care physicians	8164	832	-

Teen Birth Rate is births per 1,000 girls. Low Birthweight is per 1,000 live births. Child abuse allegations are per 1,000 children. Table was made by author using data from New Mexico's indicator based information system. Dates for data vary from 2006-2009

Valencia County

Health Status

The mean CNI score for Valencia County is 3.9. CNI scores in the county range from 3.2 in Peralta to 4.40 in Belen. All areas in Valencia County indicate high need and extreme socio-economic barriers.

The top five causes of death in Valencia County are heart disease, cancer, unintentional injury, chronic lower respiratory disease and

cerebrovascular disease. Figure 23 compares heart disease death rates between Valencia County, New Mexico and the U.S. The primary health behaviors that affect these deaths are alcohol consumption, smoking prevalence, obesity, physical activity levels, nutrition status and healthcare coverage.

According to county health rankings, Valencia County ranks 27th in smoking prevalence, 25th in diet and exercise, 13th in alcohol consumption and 25th in access to health care. Smoking prevalence is high with 22.9 percent of adults and 27 percent of youths as current smokers. Among adults, obesity prevalence is high with 27 percent of adults obese. Youth obesity is similar to the US average with 12.8 percent of

Figure 21 Valencia County CNI

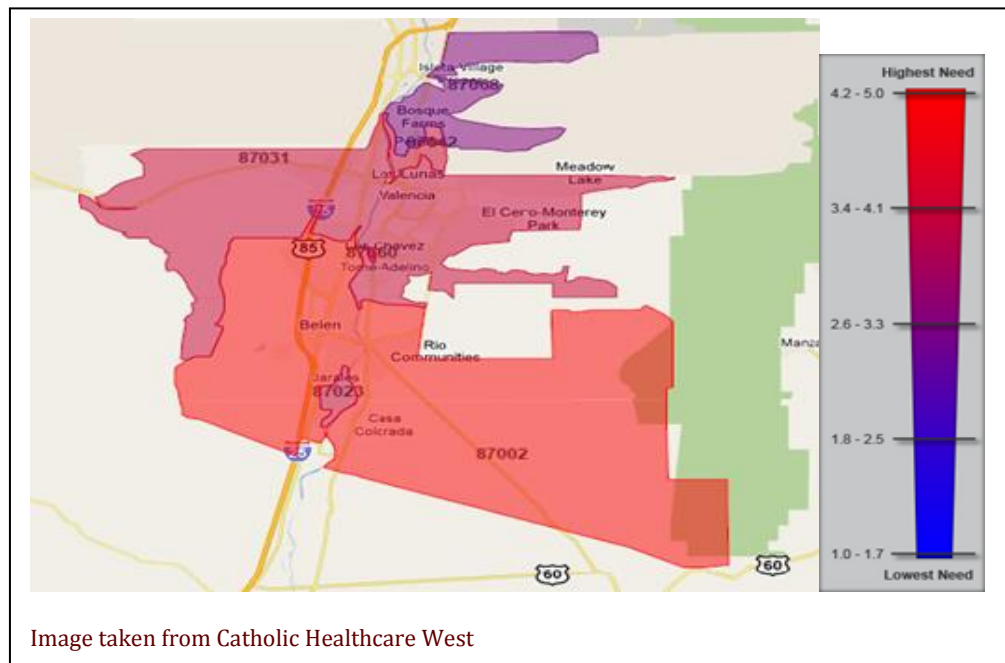
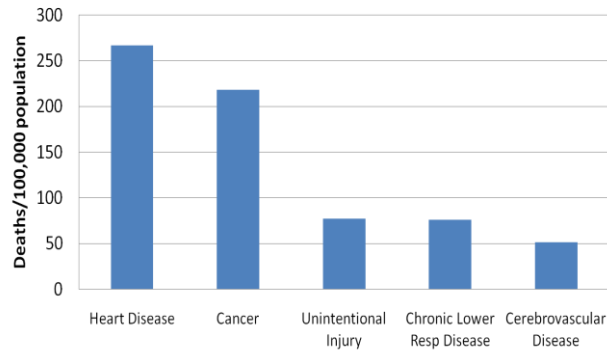


Image taken from Catholic Healthcare West

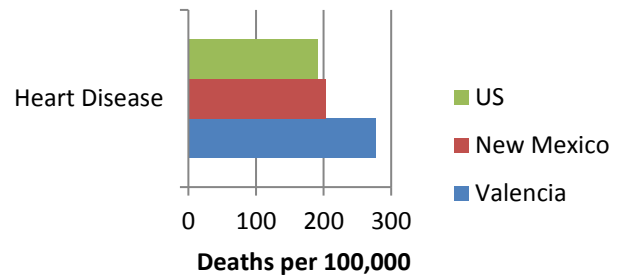
youths obese. Among adults, 3.4 percent report being heavy drinkers (defined as two or more drinks per day for males or one or more drinks a day among females). Valencia County also has moderate levels of healthcare coverage with 74.3 percent of the population with insurance.

Figure 22 Age Adjusted 1999 Leading Causes of Death



Graph taken from the National Center for Health Statistics

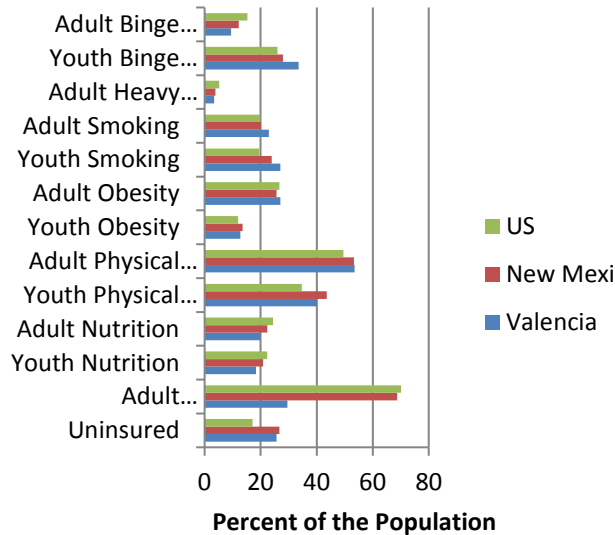
Figure 23 Heart Disease Death Rates in Valencia County



Graph made by author using data from New Mexico's indicator based information system. Death rates are for 2007-2009

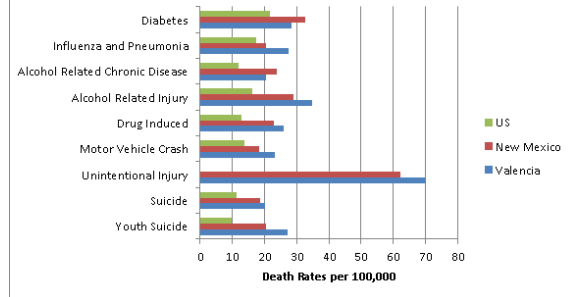
Figure 25 shows additional death rates for Valencia County. Alcohol-related deaths, drug-induced deaths, unintentional injuries and suicide death rates are much higher in Valencia County compared to the U.S. Table 6 shows the percent of low birth weight babies, teen birth rate, child abuse allegations and the ratio of the population to primary care physicians. Figure 26 reflects the priorities developed by the Torrance County Health Council.

Figure 24 Health Behaviors in Valencia County



Graph was made by author using data from New Mexico's indicator based information system and New Mexico Substance Abuse Epidemiology Profile. Dates vary from 2003-2009

Figure 25 Death Rates for Valencia



Graph was made by author using data from New Mexico's indicator based information system. Dates from 2006-2009.

Health Council Priorities

- Teen Pregnancy and Unplanned Pregnancy in young women
- Substance Abuse and Underage drinking
- Access to health care

Figure 26

Indicators	Valencia	New Mexico	US
Low Birthweight Babies	8.7	8.4	-
Teen Birth Rate	23.9	31.6	20.1
Child Abuse Allegations	28.4	16.4	-
Ratio of population to primary care providers	2679	832	-

Teen Birth Rate is births per 1,000 girls. Low Birthweight is per 1,000 live births. Child abuse allegations are per 1,000 children. Table was made by author using data from New Mexico's indicator based information system. Dates for data vary from 2006-2009.

Potential Measures and Resources

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

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

Sandoval County offers a variety of countywide resources for seniors, people seeking substance abuse prevention and education and mental health services. Resources include local and state government agencies, non-profit agencies, faith-based agencies and local healthcare providers.

The Valencia County Health Council Profile identified a number of strong community assets that address significant health needs. An extensive faith-based community (specifically churches) offers a range of programs for youths and families, including food pantries, life skills education and financial assistance. Volunteer organizations also address health issues that range from immunizations to early childhood development to healthy eating. Community-based, non-profit organizations are also working to address a range of needs by providing services such as prevention education, youth development and supportive living for senior citizens.

The Torrance County Health Council Profile identifies a number of resources available to address significant health needs. Physical assets include several parks, a couple of swimming pools and three senior centers. Care Net East Mountain Pregnancy Center in Edgewood is staffed by volunteers and provides free services.

As part of the CHNA process, the measures and resources for each significant health need weren't specifically identified. However, in the development of the Community Health Implementation Plans (CHIP), Presbyterian will identify specific measures and resources associated with each intervention identified. Some of the potential community partners and intervention opportunities related to the priority areas can be found in the community forum summary in Appendix B. The CHIPs can be found on the Presbyterian website at pchs.org or by calling (505) 923-5398 for a printed copy.

Appendix

Appendix A. Health Priority Summary

New Mexico Community Health Priorities

The New Mexico Department of Health has identified priorities placing them in one of two categories; Improving Individual Health and Improving Community Health. Priorities are listed in the following table.

Improving Individual Health	Improving Community Health
<ul style="list-style-type: none">• Increase Immunizations	<ul style="list-style-type: none">• Reduce health disparities
<ul style="list-style-type: none">• Reduce Teen Births	<ul style="list-style-type: none">• Prevent and control chronic disease
<ul style="list-style-type: none">• Increase prenatal/antenatal care• Decrease the transmission of infectious diseases and expand preventative services for those at risk	<ul style="list-style-type: none">• Reduce the prevalence of obesity and diabetes
<ul style="list-style-type: none">• Reduce suicide rates especially among adolescents	<ul style="list-style-type: none">• Reduce the prevalence of intentional/unintentional injury
<ul style="list-style-type: none">• Reduce the use of alcohol, tobacco, and drugs• Improve health outcomes for people with disabilities	<ul style="list-style-type: none">• Increase preparedness for health emergencies including pandemic influenza
	<ul style="list-style-type: none">• Identify and reduce environmental exposures that contribute to poor health

Appendix B. Community Forum Summary

The following is an excerpt from the New Mexico First community forum report and can be found at phs.org.

Forum Convener

Presbyterian Healthcare Services is a not-for-profit system of hospitals, a health plan, and a medical group. For more than 100 years, Presbyterian has been committed to a single purpose – improving the health of the patients, members, and communities they serve. Their hospitals, physicians, caregivers, and insurance plans serve more than 660,000 New Mexicans, caring for one in three New Mexicans. The Presbyterian Medical Group offers care at more than 30 different locations throughout the state. Each year, Presbyterian clinics handle more than 1,200,000 patient visits.

Forum Facilitator

New Mexico First engages people in important issues facing their state or community. Established in 1986, the public policy organization offers unique town halls and forums that bring people together to develop recommendations for policymakers and the public. New Mexico First also produces nonpartisan public policy reports on critical issues facing the state. These reports – on topics like water, education, and healthcare, the economy, and energy – are available at nmfirst.org.

Los Lunas – Valencia County

Health Behavior Challenges

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

- **Healthy Eating:** In this community, there may be a perception that healthy eating is less tasty, more expensive, and time-consuming. Families with complex lives often spend a lot of time in a car, so it is more convenient to stop for fast food than shop for and prepare healthy food. Tired parents may lack enthusiasm for teaching children an appreciation of healthy foods or for preparing healthy food in creative ways. Cooking classes and fresh produce are often not readily available.
- **Active Living:** This community lacks recreational facilities and there are budgetary and political barriers to changing this. There are no designated trails for walking or biking, parks, or year-round pools. Some people do not feel safe outdoors because dogs are allowed to run loose. For many, especially youth, physical activity is not seen as important and technology-based entertainment has become a substitute for physical activity. Some youth do not have the opportunity for physical exercise in their schools due to education policy that limits these classes and programs.
- **Tobacco Cessation:** Young people are influenced by social pressure and social norms and have misperceptions about the consequences of tobacco use. Tobacco use may be inadvertently encouraged by certain groups and celebrities (e.g., major league baseball). Tobacco products are readily available and there is limited protection from smoking in some business environments (e.g., casinos). Social traditions such as the ceremonial use of tobacco also impact cessation.

Health Behavior Priorities

Forum participants agreed upon the following community-based interventions that would be most feasible and have the greatest impact on health behaviors. They also suggested that Presbyterian Healthcare Services use their *Patient-Centered Medical Home teams as resources to help address these issues especially in roles as health coaches, community resource facilitators, and community health assessors.*

Healthy Eating

1. **Provide Easy, Useful Information:** Provide information regarding places to purchase healthy foods (e.g., farmers markets) that could be distributed in central locations (e.g., healthcare organizations). Support, promote, and endorse farmers markets. Potential community partners include: healthcare providers, community health workers, promotoras, and school districts.
2. **Provide Healthy Meals in Schools:** Provide healthy meals in the schools. Potential community partners include: schools, federal funders, farmers markets.
3. **Publicize Healthy Living:** Create easy-to-find information and announcements on health and wellness in the local newspaper and post in various locations (e.g., business offices). Potential community partners include: local newspaper, businesses.

Active Living

1. **Form Community Action Groups:** Form community action groups to establish or extend bike and walking trails. Potential community partners include: residents, bike and hiking groups, city/county elected officials, Mid Region Council of Government, Middle Rio Grande Conservancy District.
2. **Create Bike Lanes:** Create bike lanes on streets and roads. Potential community partners include: city/county elected officials.
3. **Promote Running/Walking Trails:** Create and distribute a map of trails and parking locations. Potential community partners include: Open Space Rangers, Prescription Trails Program.

Tobacco Cessation

1. **Coordinate Tobacco Cessation School Programs:** Coordinate and advertise tobacco cessation programs in the schools. Potential community partners include: school district, schools.
2. **Enforce Tobacco Regulations:** Increase tobacco sting operations in retail stores and focus on clerks, managers, and owners. Potential community partners include: legislators, law enforcement, advocacy groups, Youth Development Inc., Substance Abuse and Mental Health Services Administration which oversees implementation of the Synar Amendment that requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under 18 and to enforce those laws effectively.
3. **Support Service-learning Projects:** Get youth involved in creating advertisements for tobacco cessation as a service-learning project. Potential community partners include: service-learning programs, non-profit organizations, Eagle Scouts, School Health Advisory Council.

Rio Rancho – Sandoval County

Health Behavior Challenges

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

- **Healthy Eating:** In this community, busy lifestyles and the economy lead people to make convenient and less expensive food choices. There is limited access to farmers markets, few grocers offer nutritious, affordable food, and school lunches provide limited healthy choices. The local environment, climate, soil quality, and lack of water are not conducive to gardening. People who live on the reservation have limited access to healthy foods and transportation to go elsewhere for better selections is expensive. Traditional foods (e.g., fry bread) are inexpensive, but are high in carbohydrates and saturated fats. There are no comprehensive education programs and often confusing health information, both on and off the reservation, regarding healthy foods and supplements. In addition, lack of government regulations has contributed to food safety issues.
- **Active Living:** A fast-paced society and car-centric culture, in combination with urban sprawl and limited public transportation, leads to a less physically active lifestyle. Some neighborhoods lack good sidewalks and lighting which deters people from walking because they do not feel safe. There is no public mandate for active living programs or facilities (e.g., affordable family-oriented programs in the community, health and physical education classes in the schools, exercise facilities in the workplace). Technology-based entertainment has become the norm rather than going outside for recreation. There is lack of education about the consequences and benefits of lifestyle choices. Many people engage in “It’ll never happen to me” thinking.
- **Tobacco Cessation:** This community feels that although tobacco is a recognized addictive drug, public policy and marketing still facilitates tobacco use. For example, designated smoking areas are allowed in public and business locations, marketing can target young adults in the 18-26 age group, funding for intervention programs at schools has decreased, and warnings lack robustness as deterrents. Some parents passively condone tobacco use as a better alternative to smoking marijuana or using stronger addictive substances.

Health Behavior Priorities

Forum participants agreed upon the following community-based interventions that would be most feasible and have the greatest impact on health behaviors. They also recommended that any intervention would be more successful if community volunteers, youth, tribal leaders, and well-known community and celebrity figures are involved.

Healthy Eating

1. **Promote Food Gardens:** Create, support, and promote vertical garden and community garden programs that also provide information and workshops about nutrition, gardening, and cooking. Potential community partners include: neighborhood associations, local businesses, county extension offices, school district, tribal/city governments, and community colleges.

2. **Support Healthy and Affordable Growers:** Create partnerships that incorporate inter-generational involvement to grow and sell healthy food at an affordable cost. Potential community partners include: food cooperatives, neighborhood associations, economic development associations, senior citizen organizations, South Valley Economic Development Group, AARP.
3. **Create Family-oriented Programs:** Create family-oriented education programs that focus on exercise and food preparation techniques that are healthy, easy, and save time. For example, shop for fresh foods and prepare meals in advance twice a week (i.e., Shop, Chop, and Pack Day). Potential community partners include: sports and wellness centers, farmers markets, food cooperatives, grocers, corporate and community sponsors.

Active Living

1. **Create Walkable Communities:** Create livable communities where services are accessible within walking distance. Potential community partners include: elected officials, planning and zoning professionals, NM Department of Health, International District.
2. **Consider Health Impacts in Policy Change:** Request lawmakers consider health issues when making policy changes for schools and communities. Potential community partners include; elected officials, school board.
3. **Create Active Lifestyle Education:** Create community education programs about the benefits of an active lifestyle and easy ways to incorporate these activities in everyday life. Potential community partners include: YMCA, exercise fairs.

Tobacco Cessation

1. **Increase Tobacco Taxes:** Increase the tax on tobacco products and invest these revenues in tobacco cessation programs. Potential community partners include: city/county elected officials.
2. **Create Parent Awareness:** Create a parent-focused awareness campaign about the dangers of all tobacco products and strategies for helping youth avoid use of these products. Potential community partners include: school district, schools, Parent Teacher Associations, 4-H clubs, sports teams, neighborhood groups, health clinics, hospitals, and media.
3. **Prioritize Prevention Programs:** Regain lost funding for prevention programs. Potential community partners include: NM Governor, NM Secretary of Health.