



PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Presbyterian Central New Mexico – Presbyterian Hospital,
Presbyterian Kaseman Hospital, and Rust Medical Center

2020–2022

 **PRESBYTERIAN**

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DEAR COMMUNITY

Thank you for participating in the community health meetings Presbyterian Healthcare Services held throughout New Mexico in 2019, which helped us complete our Community Health Assessments and Implementation Plans in each of the counties where we serve the most patients. We appreciate your time and input - both were essential as we developed together strategies for our 2020-2022 implementation plans. Please read, continue to send feedback, and share our assessments and plans. We also hope you will take the time to read about the progress we've made as a system and collectively with our cross-sector and community partners as we continue to measure our collective efforts on tangible health outcomes and positive impact on the lives of our neighbors. Our assessments, plans, and impact reports along with much more can be found at our website www.phs.org/community/committed-to-community-health. We look forward to continuing the relationships we established before and during the planning process and are always eager to hear your questions or comments about Presbyterian's commitment to community health.

Sincerely,



Meredith Root-Bowman, MPH MPA

Director, Community Health

Presbyterian Community Health fosters a culture of health for individuals and systems in the communities we serve. Our approach is to listen to community needs and to respond through collaboration, promoting equity, leveraging resources, and innovation. Thank for affirming that Healthy Eating, Active Living, and Prevention of Unhealthy Substance Use are still key priorities for individuals and communities. We know it's important to you that we maintain the gains we've seen in the priority areas of Healthy Eating and Active Living, while continuing to innovate and scale interventions that work for communities and clinicians to address the other priorities. We heard from all over the state that Behavioral Health is a top priority at both the local and systemic level. I also look forward to continuing our dialogue around the Social Determinants of Health. You will see in our Community Health Implementation Plans that we are not only prioritizing the opportunities to better address health related social needs but also invest in the root causes of health and health inequities by impacting place and conditions we all need to thrive. We are excited to be initiating the steps for both our health system and community partnerships and investments outlined in the plans as we continue to work together toward improving the health of New Mexicans. Thank you for your partnership in affecting the conditions we all need to thrive.

Sincerely,



Leigh Caswell, MPH

VP, Community Health

EXECUTIVE SUMMARY

Presbyterian Healthcare Services (Presbyterian) exists to improve the health of the patients, members, and communities we serve. We are committed to improving the health of the communities in which we operate. To that end, and in compliance with Internal Revenue Services (IRS) regulations, Presbyterian Central New Mexico, including Presbyterian Hospital, Presbyterian Kaseman Hospital, and Rust Medical Center, completes a Community Health Assessment (CHA) and a Community Health Implementation Plan (CHIP) every three years. The CHA describes 1) the community served, (i.e., Bernalillo, Sandoval, Torrance, and Valencia Counties), 2) the process for conducting the assessment, as well as 3) a description of assets and resources that already exist in the community.

In this iteration of our assessments, Presbyterian has consciously chosen to remove the word “Needs” from the “Community Health Needs Assessment.” While statistics often focus on community deficits, and paint a picture of despair in New Mexico, we know from experiences, voices, stories, and asset mapping that our communities have so much to offer and to be proud of. This CHA 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, county, and neighborhood levels, as well as to the Presbyterian health priorities. Throughout you will also find information on features, services, and assets of this community, and the state of New Mexico. Additionally, Presbyterian partnered with health councils in Bernalillo, Sandoval, Torrance, and Valencia Counties to complete a community health assessment and identify significant community health needs.

For 2020-2022, the community health priorities identified by each community as a result of the indicator prioritization activity, in no order of priority, for Central New Mexico are below.

Bernalillo

1. Behavioral Health
2. Healthy Eating and Active Living
3. Social Determinants of Health

Sandoval

1. Behavioral Health
2. Healthy Eating and Active Living

Torrance

1. Behavioral Health
2. Healthy Eating and Active Living

Valencia

1. Behavioral Health
2. Healthy Eating and Active Living
3. Violence Prevention
4. Prevention of Substance Use

For 2020-2022, the Presbyterian community health priorities for central New Mexico listed in order of priority are:

1. Behavioral Health
2. Social Determinants of Health
3. Access to Care
4. Healthy Eating and Active Living

The CHIP that accompanies this CHA is a comprehensive plan that Presbyterian developed with community partners to impact the prioritized health needs from the CHA. Please see the Central New Mexico CHIP on our website www.Presbyterian.org for detailed goals, intervention strategies, and resources Presbyterian has committed for 2020-2022 in order to improve the health of the community we serve.

ACKNOWLEDGEMENTS

The 2020-2022 CHA process could not have been completed without the county health councils, the volunteer community leaders that make up each of Presbyterian's hospital Boards of Directors, community organizations, community members, and representatives from the New Mexico Department of Health. In addition, Presbyterian would like to thank the many individuals and organizations who provided key informant interviews, document reviews, and verbal and written comments, including the New Mexico Public Health Institute, NM Aging and Long Services, Fierce Pride, The Transgender Resource Center of New Mexico, EQNM, Dr. Janice Knoefel, and Tracy Wohl. Special thanks to the Community Health Advisory Board for their valuable input and stewardship of this process. Presbyterian is very grateful for the support of each county health council and their willingness to partner. Through close and continued collaboration, Presbyterian, with the help of community partners, hopes to have a lasting and meaningful impact on health and equity in New Mexico.

COMMUNITY HEALTH ASSESSMENT

For the purposes of the Community Health Assessment and the Implementation Plan, Presbyterian Healthcare Services (Presbyterian) has generally defined the “community” of each hospital as the county in which the hospital is located. However, Presbyterian Central New Mexico (i.e., Presbyterian Hospital, Presbyterian Kaseman Hospital, and Rust Medical Center) defines its community as Bernalillo, Sandoval, Torrance, and Valencia Counties in New Mexico. Neither Torrance nor Valencia counties have hospitals located within county lines and the majority of residents receive their care at hospitals located within Bernalillo County.

Presbyterian Hospital

Presbyterian Hospital is a 453-bed acute care hospital — the largest in New Mexico — and provides a full range of medical and surgical healthcare services. Located in the center of Albuquerque, it is part of the not-for-profit Presbyterian Healthcare Services, and is dedicated to the health of its patients, members and communities. Presbyterian Hospital services include a 24-hour emergency department, and intensive care, medical and surgical, labor and delivery, and operating room services. Clinical services include specialists, rehabilitation services, and more. Presbyterian Hospital has areas of specialty designed to provide complete care and education and affiliated centers include: The Women’s Center at Presbyterian, The Children’s Center at Presbyterian, Presbyterian Cancer Care, Presbyterian Heart and Vascular Care, and Surgical Services at Presbyterian. For its success with surgical patient care outcomes, Presbyterian Hospital was recognized by The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) as a “Meritorious Hospital” for 2017. Presbyterian Hospital is Presbyterian’s flagship hospital.



Presbyterian Hospital in Albuquerque, NM

Presbyterian Kaseman Hospital

Located in Albuquerque, Presbyterian Kaseman Hospital serves the greater Albuquerque and the east mountain communities. Presbyterian Kaseman Hospital provides a limited range of inpatient services, including behavioral health and hospice care. Outpatient services include an emergency department, surgical care, sleep studies and a pain management clinic. Presbyterian Kaseman Hospital is also home to the Presbyterian MD Anderson Radiation Treatment Center. Kaseman’s behavioral health specialty center provides a full continuum of psychiatric and substance abuse services for adult, child, and geriatric patients. Individual and/or group therapy and medication management services can be accessed in a variety of settings including inpatient hospitals, outpatient psychiatric clinics, and primary and specialty care clinics. Presbyterian Kaseman Hospital is the site of Presbyterian’s first Community Health Resource Center, which houses a kitchen classroom, a community garden, a mobile farmer’s market, and Presbyterian’s Food Farmacy. The Food Farmacy provides free, healthy food to qualifying patients.



Presbyterian Kaseman Hospital in Albuquerque, NM

Rust Medical Center

Presbyterian Rust Medical Center is in Rio Rancho in Sandoval County. Before opening of the facility in October 2011, Sandoval County was the largest county in the United States that did not have its own medical services. Rust Medical Center includes the Ted and Margaret Jorgensen Cancer Center, a multidisciplinary clinic that also includes gynecologic oncology, Presbyterian MD Anderson radiation oncology, surgical oncology and supportive care services. Other services at Rust Medical Center include an emergency department, an intensive care unit (ICU) that combines the latest technology with skilled physicians and nurses who are both onsite and connected 24/7. Presbyterian and our employees support many community program and projects in Sandoval County, including mobile farmers’ markets, a walking trail



Rust Medical Center in Rio Rancho, NM

program in Cuba, cooking classes for people with diabetes, a backpack food program at a local elementary school, blood drives and A Park Above. Every week, Rust employees supply an average of 150 weekend backpacks filled with healthy snacks to low-income children Martin Luther King Jr. Elementary School.

Process and Methods for Conducting the Assessment

Presbyterian operates nine not-for-profit hospitals in the metro regions of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Santa Fe, Socorro, and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems.

Presbyterian is the largest private employer in New Mexico with more than more than 950 providers. Presbyterian provides services to one in three New Mexicans.

In 2013, Presbyterian designated a Community Health department to focus on community improvement. Presbyterian Community Health (Community Health) is staffed by individuals with public health experience and expertise including in the field of epidemiology. Community Health supports the nine hospitals to complete, report, implement, and evaluate assessments and plans.

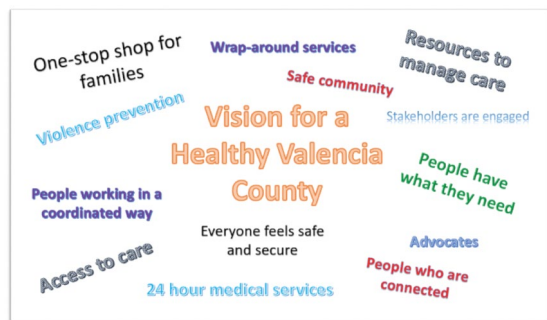
Community Health partners closely with local health councils to utilize preexisting mechanisms to incorporate community participation and representation, as well as collaborate with local public health efforts. New Mexico has a centralized public health system represented by the New Mexico Department of Health (NMDOH). New Mexico’s County and Tribal Health Councils were created by the New Mexico State Legislature in 1991 to fill gaps at the local level. Since then, the councils have played a key role in the state’s public health system by identifying local health needs, establishing community priorities and plans, and implementing local solutions. The health councils have also attracted millions of dollars in funding to support programs and services to improve the health of their communities¹. Health councils serve as a convener to bring together diverse stakeholders and community members to



impact health. In 2019, the passage of the County and Tribal Health Plan Act reinforces the recognition that these councils are an integral and essential part of New Mexico’s Public Health System.

In 2019, Presbyterian and the County Health Councils in Bernalillo, Sandoval, Torrance, and Valencia Counties partnered to conduct the community health assessments and identify community health priorities.

The four counties in the Central New Mexico service area used different methods to prioritize their health needs. In Bernalillo and Torrance Counties, health priorities and strategies were determined in two meetings of community stakeholders organized by the health council. In the first meeting, which we called the Health Indicator



Stakeholder Responses to a Vision for a Healthy Valencia County

Prioritization meeting, stakeholders reviewed county health indicators (e.g., smoking, obesity, etc.) and shared local narratives. After this review, stakeholders voted on priorities using an indicator poster. During the second community meeting, which we called the Community Forum, priorities were affirmed, and stakeholders discussed community

¹ New Mexico Alliance of Health Councils. Available at: <http://www.nmhealthcouncils.org/>. Accessed April 29, 2019.



assets and barriers and discussed possible strategies for each priority. In Sandoval County, the health council hired a contractor to conduct the county’s health assessment and then the council and Presbyterian hosted a community forum. In Valencia County, the Health Council (called the Community Wellness Council) created a similar poster to the poster used in the Bernalillo and Torrance Counties’ indicator prioritization. However instead of hosting a meeting to prioritize indicators, Valencia County Health Council brought the poster to health fairs, presentations, and other community events and gave community members across the county a chance to vote on priorities. After prioritizing the indicators, the Valencia County Health Council

and Presbyterian hosted a community forum. The meetings were attended by representatives of the health council, the hospital, the New Mexico Department of Health. See [Appendix A](#) for full list of participants.

Health Indicator Prioritization

Bernalillo and Torrance worked with Presbyterian Community Health to host a Health Indicator Prioritization meeting. The objectives of the Indicator Prioritization Meetings were to 1) review county health data and 2) determine Health Council priorities. At the meetings, stakeholders were first asked to envision what they thought a healthy county would look like. Then the group reviewed a poster of health factors (e.g., alcohol consumption, smoking and tobacco use, healthy eating, physical activity, asthma emergency department visits, etc.), and data cards with social determinants of health (e.g., poverty, employment, etc.) and end health outcomes (e.g. leading causes of death, drug overdose death rate). See [Appendix B](#) for Bernalillo and Torrance Counties’ posters. The poster also included Healthy People 2020 indicators and targets for comparison. Stakeholders were asked to discuss whether they felt like their data cards were social determinants of health or end health outcomes. The data cards were then taped next to the poster where stakeholders felt like the indicator best fit. Stakeholders were also encouraged to write any indicators they felt were missing on sticky notes and place them on the poster where they felt like they fit. After this review of the county’s data, stakeholders used stickers to vote on what should be the priorities for 2020-2022. Blue stickers were priorities based on data, yellow stickers were for priorities based on lived experience, and green stickers were for priorities based on what was feasible for the county to work on in three years. Each participant was given nine stickers (three of each color) to vote as they saw fit (See Appendix C for voting results). After this, the group discussed and came to consensus priorities for 2020-2022.



Stakeholder Responses to a Vision for a Healthy Bernalillo County

Priorities for Bernalillo County:

1. Behavioral Health
2. Healthy Eating and Active Living
3. Social Determinants of Health

Priorities for Torrance County:

1. Behavioral Health
2. Healthy Eating and Active Living

Sandoval County Council hired a contractor to conduct a community health assessment. Presbyterian, Sandoval County Health Council, and other community members reviewed and discussed potential priorities. After this discussion, Sandoval County Health Council came to a consensus on priorities for 2020-2022.

Priorities for Sandoval County:

1. Behavioral Health
2. Healthy Eating and Active Living

The Valencia County Community Wellness Council (CWC) started their assessment process in the fall of 2018 with a poster that utilized the indicators from Healthy People 2020. The poster was taken to events and meetings throughout Valencia County for approximately two months; including health fairs, a career fair at the community college, the County Commission meeting, and other public meetings and forums. Community members were given sticky dots and were able to vote on their three top priorities. At the December retreat, the CWC board tallied the votes and found five reoccurring themes around the indicators. Those five themes were identified as the five priorities. Since December, the results have been taken back to the community as a report out. At the “Fuel Your Family” event in March, the community was given an opportunity to rank the five priorities. The priorities were reported out scheduled on April 17, 2019 to the County Commission.

Priorities for Valencia County:

- 1. Substance Use**
- 2. Behavioral Health**
- 3. Violence Prevention**
- 4. Healthy Eating and Active Living**

Community Forums

FORUM DETAILS

As part of the community health needs assessment, community health forums for the four Central New Mexico counties were conducted to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities. See table below for details for forum locations. (For full forum details including names and affiliations of participants separated by county, see [Appendix D](#))

County	Date of Forum	Location
Bernalillo	April 23, 2019	First Presbyterian Church
Sandoval	April 25, 2019	Sandoval County Building
Torrance	May 1, 2019	DWI Memorial of Perpetual Tears
Valencia	May 17, 2019	Village of Los Lunas Wellness Center

Community Health staff facilitated. As outlined in IRS requirements, the forum invitees and participants included:

- Persons with special knowledge of or expertise in public health
- Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives, or members of medically underserved, low income and minority populations, and populations with chronic disease needs, in the community served by the hospital
- Business and economic development professionals, non-profit leaders, and other community representatives also participated in the forums.

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

HEALTH CHALLENGES

Forum participants from the four counties recognize several and often interrelated challenge that residents face when making choices about their lifestyle and health behaviors.

- **Behavioral Health:** Lack of resources was a common theme between the four counties in Central New Mexico. Most counties reported that the availability of medication assisted treatment (MAT) providers for opioid use disorder was poor. For the more rural counties, transportation was brought up as a challenge because most treatment facilities are too far to travel to regularly. Bernalillo County specifically identified stigma as a challenge in the area of substance use, and Sandoval County identified lack of proper medication disposal and education about substance use, something also present in Tarrant County. Lack of access to treatment resources was a challenge identified in each county. This appeared as either mental health treatment facilities or mental health providers that were accessible (transportation) and had openings on their panels. In Sandoval County, screen time (amount of time people - but specifically youth- spend on a device with a screen: cell phone, tablet, computer, etc.) was a major challenge the participants identified. Additionally, lack of knowledge of insurance benefits was identified as a challenge in Sandoval County, and lack of knowledge of available resources was identified in all counties. Bernalillo and Valencia County forum participants identified mental health stigma as a challenge, and Bernalillo identified a lack of culturally appropriate treatment modalities and systemic barriers as important challenges to consider.
- **Social Determinants of Health:** Overlapping with other priorities, transportation was the main health-related social need that was identified across all counties, especially as they relate to access to healthy food and access to healthcare and social services. Violence was also identified in several counties (Bernalillo and Valencia) and unequal availability to accessible, adequate, and affordable housing was identified in Bernalillo. Poverty was mentioned in two counties (Bernalillo and Valencia) and the intersections of violence, child abuse, stigmatizing and stereotyping victims and capacity to assist victims of interpersonal violence were identified as major challenges.
- **Access to Care:** Access to providers remains a challenge for many counties, especially the rural and frontier counties in New Mexico. Many participants in the counties surrounding the Albuquerque Metro Area report needing to drive to Albuquerque to see a provider, especially for specialty care, but transportation and timeliness in being able to schedule an appointment remain challenges. Stigma was again identified in some counties, and health literacy was identified in others. Understanding health insurance benefits and affordability of medications were challenges for access to care in Sandoval County. Cost of care was a major challenge in Bernalillo County.
- **Healthy Eating and Active Living:** Generally, access to healthy foods was the main theme among all counties in Central New Mexico. While some forum participants specifically identified food deserts as the reason for lack of access, others identified transportation and rurality of communities as the main challenge to eating healthily. Other similarities included lack of education/knowledge of healthy food and cooking. Forum participants in Valencia County specifically noted that the environment was an important factor, as well as poverty, which affects access to healthy food.

Access was again identified in the area of active living for many participants throughout the four-county area. In Bernalillo, the challenge was access to safe places for recreation and lack of resources –the built environment is not one that is suitable for physical activity, which would include lighting or bike paths (roadway planning), and lack of access to exercise equipment or bicycles for youth prevented people in engaging in more physical activity. Other challenges identified by forum participants was lack of knowledge of how to engage in more physical activity, safety and liability concerns, and lack of resources - especially for people living in poverty.

COMMUNITY ASSETS

As part of the assessment process, and preparing potential strategies, forum participants identified assets in the community that could be built upon or expanded to help address community health needs.

- **Behavioral Health:** While access to available facilities and services continues to be a challenge, the majority of substance use and psychiatric service facilities in NM are located in Albuquerque. Mental Health providers in Sandoval County, particularly in Rio Rancho and Bernalillo, were represented and discussed openings and efforts to do more outreach to fill available appointments for MAT and other behavioral health services. Collaboration for mental/behavioral health support and treatment was the main theme among all four counties as an asset that can be built up. Support systems, including community-based campaigns in Valencia, school-based health centers, peer support services, and collaboratives, such as the behavioral health collaborative in Sandoval and Mountainair Mental Health Committee in Torrance County. There are several organizations throughout the communities who provide mental health treatment services and two of the county health councils (Torrance and Valencia) actively promote and participate in Mental Health First Aid training.
- **Social Determinants of Health:** There are many organizations within Central New Mexico working to address social determinants of health and health-related social needs. These organizations are working to address housing, transportation, violence, equity, food access, and others. Among all counties, there is movement to align services and to encourage people to work together to address social determinants, including City government, Department of Health,
- **Access to Care:** Access to care was the priority area that had the fewest amount of resources identified as assets in the community. In Sandoval County, there are a number of organizations that provide assistance to facilitate care including educational centers, SRMC behavioral health specialists, general collaborations within the community, and new hospitals and urgent care clinics. Several communities have taken on creative approaches to access to care, specifically around mental/behavioral health care, including providing Mental Health First Aid training. Additionally, school-based health centers are points of access to initial care that can be augmented and supported.
- **Healthy Eating and Active Living:** There are many community assets in each community that contribute to improving conditions to increase healthy eating in Central New Mexico. Roadrunner Food Bank has a presence in each county and provides access to healthy foods, especially in some rural parts of the counties where it is needed. Partnerships between farmers' markets and WIC, among others, helps to increase access to healthy foods including mobile food pantries and mobile farmers' markets in food deserts, Double Up Food Bucks program, which allows SNAP beneficiaries to buy twice as many fruits and vegetables at farmers' markets and groceries, and Senior Farmers' Market coupons help to increase access. In Sandoval County, the 10X10, a publication by the Sandoval County Health Collaborative, helps kids and adults learn about healthy eating. Additionally, increasing availability of healthy cooking classes in the counties and expansion of farmers' markets are assets that help increase access and consumption of healthy food.

Built environment was mentioned as an asset in the community in an up-and-coming way. Two counties (Bernalillo and Valencia) identified improvements to the built environment, including walkability assessments, bicycle path lighting, and adopt-a-highway programs. Increases in child-friendly, affordable/free sports, re-stripping of bicycle lanes, the 10X10, and local programs such as Silver Sneakers and local events such as bicycle races and community runs/walks contribute to some of the community assets that can help improve conditions for physical activity.

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 as a large group. Below are the main ideas brainstormed by the forum participants for each priority area.

BEHAVIORAL HEALTH	
Interventions to Support and Expand	Gaps or Areas for Improvement
Education	Aligning systems
Policy Advocacy	Stigma
Building up continuum of care	Lack of culturally appropriate services
Community support workers/Peer support workers	Lack of awareness of resources
Community collaborations of care model	Few resources, lack of providers, lack of treatment for youth, Access to psychiatry
Anti-stigma campaign	Barriers to alternative medicine
Decreasing stigma, (e.g. through naloxone training	Support Groups
Increasing collaboration, incentives, CRUNCHes, sharing knowledge and expertise, sharing funding, DVRC/job coaches	Youth Oriented Services and Recreation
Increase education and outreach, social media, trainings, tax credits	Lack of collaboration across sub communities
Culturally appropriate prevention strategies involving parents and children and a non-shaming approach	Provider availability for various levels of service
Community collaboration with City, County, and community organizations	Screen time
Increase age limit to 21 for tobacco	
Increase availability of MAT	
Gather information and resources from current providers and updates quarterly (i.e. resource guide)	
Increase awareness through activities for youth and the community	
5 Sandoval Social Workers	
Behavioral Health Tax	
Jemez Federally Qualified Health Center	
Integrated system for treatment	

SOCIAL DETERMINANTS OF HEALTH	
Interventions to Support and Expand	Gaps or Areas for Improvement
Coordinate housing strategies	Oppression
Living wages	Wealth disparities
Community-based/centered economic development	Lack of access or knowledge of resources
Workplace democracy	Transportation
Bernalillo County Community Health Council Violence Prevention	Health insurance
Bernalillo County Accountable Health Communities	Indian Health Service
Increase education of recognizing and responding to abuse	Lack of awareness and understanding of resources
	Youth Oriented Services and Recreation
Leveraging on other resources and movements	Lack of awareness of violence prevention resources
Outreach to communities (e.g. schools) to reduce stigma	Stigma
Senior Centers	Food Access
Education system	Need for co-training between advocates and 1st responders.
10x10 Health Literacy Program	

HEALTHY EATING AND ACTIVE LIVING	
Interventions to Support and Expand	Gaps or Areas for Improvement
Free Healthy Meals for Kids	Subsidies for unhealthy food
Supporting locally grown food	School nutrition requirement gaps
Subsidies for healthy food – policy	Food deserts
Community gardens	Lack of Broadband
Community engagement	Availability of food
Students participating in school lunch meal planning	Sustainability of community programs
Community food hubs	Transportation
New Mexico State University (NMSU) Extension Service	Low access to healthy foods
After school programs incorporating health programming	Low awareness of current resources.
Incentives for youth to engage in health education	High rates poverty, access to food and opportunities for physical activity
Increase healthy eating by working with Farm to School, expanding access to senior centers, supporting community gardens, and increasing education on healthy eating.	Laws and policies
Increase promotion of healthy eating and physical activity events using a Community Spotlight program	Urban planning
Community awareness about resources and nutrition through events	Miseducation
Organized events i.e. CiQlovia	Lack of community engagement
Bicycle lane striping	Low access to opportunities to increase physical activity.
Community-involved urban planning	
Walking paths	
Bike programs for youth	
Increase physical activity through increasing access to Silver Sneakers classes in other areas of the county, increasing use of walking trails, and increasing events for both seniors and youth.	
Incentives for youth to engage in health education	
Increase participation for the beautification of the county by engaging youth, civic groups, schools, and businesses in events	

Incorporating Community Input into Presbyterian Plans

Community Health then assisted hospital leadership with the final prioritization of community health needs for the hospital. Per IRS requirements, Presbyterian used community input to prioritize health needs in order of priority. Factors taken into consideration include continuity of ongoing and successful efforts, community and health system assets, alignment with the Presbyterian vision, strategy, and brand, the impact of coordinated change at scale, and leading-edge knowledge about health system transformation. This resulted in the selection of six health priorities Presbyterian will address in central New Mexico.

2020-2022 Health Council Priorities for Central New Mexico

The top community health priorities identified for each county in Central New Mexico by the health councils for 2020-2022, listed **in no order of priority** are:

Priorities for Bernalillo County:

1. Behavioral Health
2. Healthy Eating and Active Living
3. Social Determinants of Health

Priorities for Torrance County:

1. Behavioral Health
2. Healthy Eating and Active Living

Priorities for Sandoval County:

1. Behavioral Health
2. Healthy Eating and Active Living

Priorities for Valencia County:

1. Substance Use
2. Behavioral Health
3. Violence Prevention
4. Healthy Eating and Active Living



2020-2022 Presbyterian Priorities for Central New Mexico

The top four community health priorities identified for Central New Mexico by Presbyterian Healthcare Services and local health councils listed **in order of priority** are:

1. Behavioral Health
2. Social Determinants of Health
3. Access to Care
4. Healthy Eating and Active Living

Data and Information Sources for Secondary Data

The secondary data for this assessment came from several standard sources listed below. All data was retrieved between January 2019 and April 2019. We made every attempt to retrieve the most recent data available from these agencies. However, data availability by county varies by source. Statistical significance, where applicable, was determined using confidence intervals, as recommended by the Centers for Disease Control and Prevention (CDC). Data sources were: Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, the New Mexico Department of Health (NMDOH) (Indicator Based Information System, Youth Risk and Resiliency Survey, and New Mexico Tracking), the CDC [Behavioral Risk Factor Surveillance System and Wide-ranging Online Data for Epidemiologic Research (WONDER)], the New Mexico Children, Youth, and Families Department (CYFD), the Environmental Protection Agency (EPA), The United States Census Bureau, the American Community Survey (ACS), and the United States Department of Agriculture Food Environment Atlas. Please note that for the Youth Risk and Resiliency Survey, New Mexico collects two samples: a CDC sample and a state sample. County estimates for high schoolers are drawn from the New Mexico sample, which is larger. State and National estimates are drawn from the CDC sample where possible so as to be consistent with national reporting. There are some state-added questions where we used data from the New Mexico sample for both the county and the state. The result of this is that some prevalence estimates in this report may differ slightly from estimates in other reports released by the NMDOH. For a list of links to data sources, please see [Appendix E](#).

Information Gaps in Assessment

Although we made every attempt to incorporate indicators in the assessments that are meaningful to our communities and have been consistently used in state and national community health assessments, there are gaps in the information that we were not able to fill. A few communities in New Mexico are interested in social determinants of health, for example homelessness. We were able to present data on many determinants of health (e.g., employment, homelessness among youth), but there is limited information available publicly at the county level on other measures (e.g., homelessness among adults). Information on inequities in health (e.g., excessive alcohol use among people who are lesbian, gay, or bisexual) is publicly available at the state level but was not always available at the county level, especially for more rural and sparsely populated counties. Unfortunately, many public health surveys are not adequately funded to measure health outcomes among smaller populations (e.g., LGBTQ+) at the local level. Additionally, we set out to highlight community-level assets as well as needs, but standardized health asset data is rare. Some health indicators only tell part of the story and the community was unsure of their use. For example, the American Community Survey reports the percent of the population utilizing Supplemental Nutrition Assistance Program (SNAP) benefits. But it is unclear if people who are not enrolled in SNAP do not need the benefits or if they qualified but did not apply because of barriers. A few communities expressed concern that their community members may not be applying for SNAP even if they qualify because of their immigration status and fear of deportation but that this was not measured. Lastly, some concepts that communities wanted to prioritize are difficult to quantify, such as racism and social justice, but are incorporated as part of rich discussion, where applicable.

State Health Status

New Mexico ranks 35th for health in the United States (Figure 1), as calculated by the United Health Foundation². This ranking is based off the following challenges:

- Low percentage of high school graduation
- High percentage of children in poverty
- High violent crime rate

The ranking is also based on the following strengths:

- Low cancer death rate
- High rate of mental health providers
- Low levels of air pollution

² United Health Foundation. America's Health Rankings Annual Report 2018 (2018). Available at: https://assets.americashealthrankings.org/app/uploads/2018ahrannual_020419.pdf. Accessed April 29, 2019.

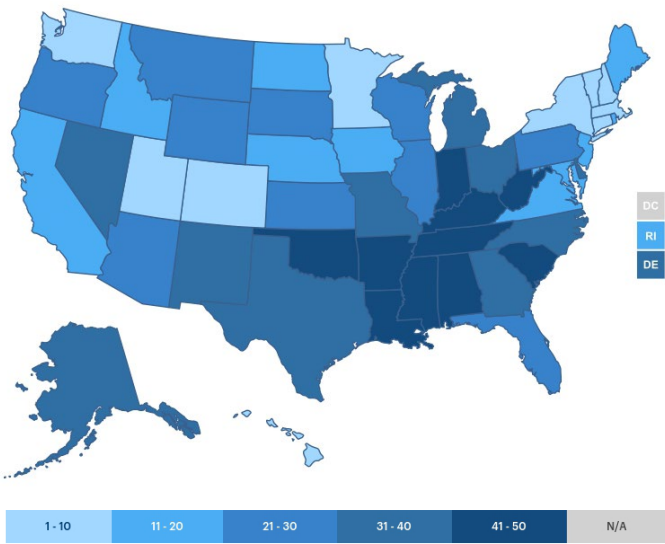
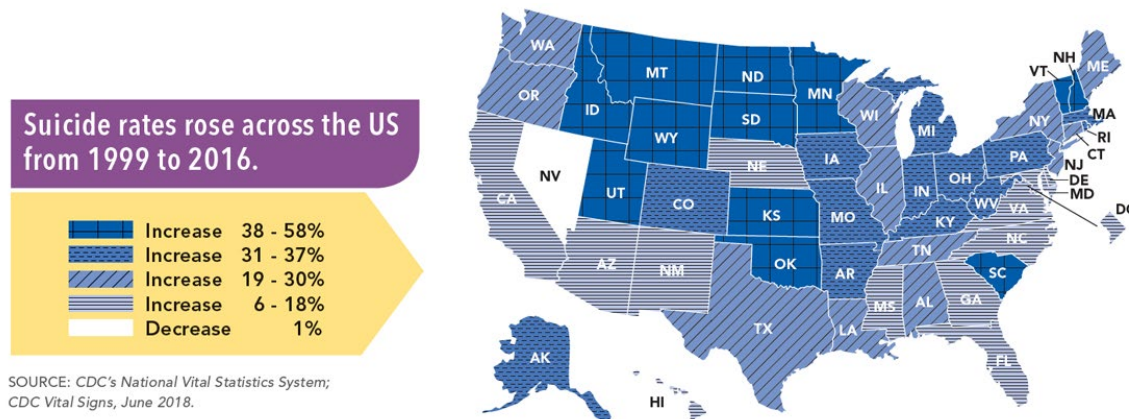


Figure 1. America’s health rankings by state, United States, 2018

Source: <https://www.americashealthrankings.org/api/v1/render/charts/usa-choropleth/report/2018-annual-report/measure/139/state/ALL/size/1200x600.jpg>

According to the NMDOH’s State of Health Report³, health status in New Mexico is complex, with many assets but also places for improvement. For the first time in many years, life expectancy in the United States has decreased over the last two years, mainly due to drug overdose, suicide and Alzheimer’s disease. New Mexico’s life expectancy has decreased even more precipitously than the United States (a decrease of 0.3 years) due to drug overdose, motor vehicle injuries, heart disease, and infant mortality. New Mexico has lower death rates than the United States for heart disease and cancer, but higher rates for unintentional injuries (e.g., drug overdose, motor vehicle injuries, and older adult falls). New Mexico also has substantially higher death rates than those of the United States for suicide and for cirrhosis and chronic liver disease, which is primarily due to alcohol use. Compared to other states, New Mexico has seen an increase in suicide rates between 1999-2016 (Figure 2).



SOURCE: CDC’s National Vital Statistics System; CDC Vital Signs, June 2018.

Figure 2. Changes in suicide rates by state, United States, 1999-2016

Source: <https://www.cdc.gov/vitalsigns/suicide/infographic.html#graphic1>

³ New Mexico Department of Health, the State of Health in New Mexico (2018). Available at: <https://nmhealth.org/publication/view/report/4442/>. Accessed April 29, 2019.

The State of Health Report also reports disability-adjusted life years for New Mexico. Disability-adjusted life years adds years lived with a disability to mortality measures and are measured using years of healthy life lost. Among the top 10 causes of years of healthy life lost are three for which New Mexico has significantly higher rates than the United States. These are drug use disorders, motor vehicle injuries, and suicide. Rural areas in New Mexico have poorer health than urban areas in the state and, overall, persons living there have a shorter life expectancy due in part to higher smoking rates and less access to care. New Mexico has a relatively lower prevalence of obesity among adults (Figure 3) and high school students than many other states.

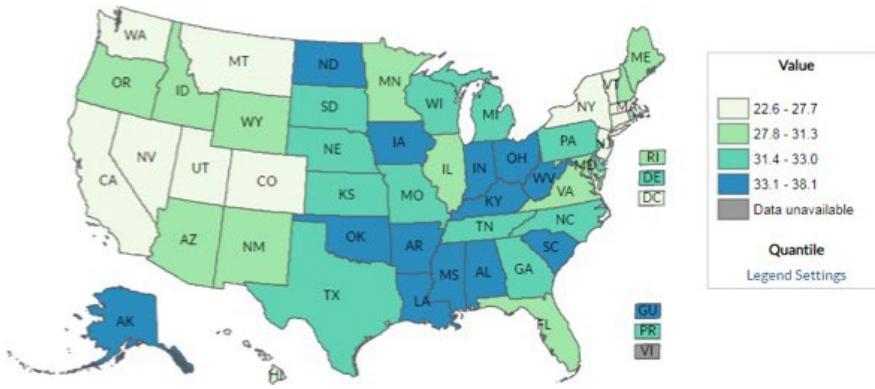


Figure 3. Percent of adults aged 18 years and older who have obesity by state, United States, 2017

Source: 2017 Behavioral Risk Factor Surveillance System

This picture of health in New Mexico suggests that progress for some health outcomes (e.g., obesity, heart disease, and cancer) has been good but that there is still more work to be done for injury, substance use (drug use and alcohol use) and psychological care.

In the NMDOH 2017-2019 Strategic Plan⁴, the state health department sets the following health priorities:

- Obesity
- Diabetes
- Substance Misuse
 - Drug Overdose
 - Excessive Alcohol Use
 - Tobacco Use
- Unintended Teen Pregnancy

Health Equity

Addressing equity in healthcare systems is a vital piece of community health. According to the Robert Wood Johnson Foundation, health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and the lack of access to good jobs with fair pay, quality education and housing, safe environment, and health care⁵. According to the Health Equity in New Mexico report⁶, the majority of New Mexico residents belong to at least one population group that is at high risk of experiencing health inequities, whether it's gender identity, sexual orientation, race, ethnicity, disability status, or primary language spoken at home, to name a few. To reduce health inequities, communities must understand the factors that lead to poorer health among various populations within our community and work with community to identify successful strategies for addressing those inequities and improve health outcomes.

⁴ New Mexico Department of Health, FY17-FY19 Strategic Plan (2019). Available at: nmhealth.org/publication/view/plan/2229/. Accessed April 29, 2019.

⁵ Robert Wood Johnson Foundation. What is Health Equity. Available at: www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html. Accessed May 1, 2019.

⁶ New Mexico Department of Health. Health Equity in New Mexico, 13th Edition. Available at: <https://nmhealth.org/publication/view/report/2045/>. Accessed May 1, 2019.

Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) Health in New Mexico

Sexual orientation and gender identity play an important role in health outcomes for New Mexicans. In New Mexico, approximately 3% of adults identify as lesbian, gay, or bisexual (LGB) with about half of all LGB adults living in a metropolitan designated county. Statewide, individuals who identify as LGBTQ+ experience a variety of health inequities. In New Mexico, bisexual and lesbian or gay adults had a higher prevalence of any form of cancer, higher rates of asthma, and were more likely to be disabled when compared to straight adults (self-report, NMBRFSS). However, LGB adults were less likely than straight adults to have been diagnosed with diabetes and had similar prevalence of cardiovascular disease and arthritis. LGB adults reported that they had been diagnosed with depressive disorders at a higher rate than straight adults. Additionally, LGB adults have higher rates of binge drinking, heavy drinking, and smoking than straight adults.⁷

Lesbian, gay, bisexual and not sure youth in New Mexico also experience health inequities that may be related to sexual orientation. In 2015, 15.1% of high school students identified as lesbian, gay, bisexual, or not sure of their sexual orientation. In 2015, students who identified as gay, bisexual, lesbian, or not sure were more likely than straight students to experience unstable housing, which can affect overall health outcomes. Similar to LGB adults, lesbian, gay, bisexual, and not sure youth were more likely to drink alcohol than straight youth and were 50% more likely to binge drink than straight students.

Additionally, mental health is a continuing area of focus for the LGBTQ+ community. In 2015, about half of lesbian, gay, bisexual, and not sure youth surveyed by the NM YRRS reported feeling sad or hopeless and had higher rates than their straight counterparts for non-suicidal self-harm and suicide attempts, with bisexual youth having the highest rates. Prevalence of heroin use, methamphetamine use, tobacco use, and use of painkillers to get high were significantly higher in lesbian, gay, bisexual, and not sure youth when compared to straight youth.⁸

People who are transgender, genderqueer, or genderfluid also experience health inequities. This may be due to history of violence and trauma, discrimination, and unequal access to resources and remains an important consideration in assessing and addressing health within the LGBTQ+ community. Because of this, a question about gender was added to the high school YRRS. Results showed that high school students who reported that they were transgender, genderqueer, genderfluid, or not sure of gender had significantly higher rates of unstable housing, suicide attempts, substance use, being the subject of bullying at school, and have ever been physically forced to have sexual intercourse when compared to students who identified as cisgender.⁹

There are many strategies for decreasing health inequities for LGBTQ+ New Mexicans, including offering training to increase cultural competency among providers for LGBTQ health, using inclusive language, establishing anti-harassment policies, and supporting the establishment of Gay-Straight Alliances and other supportive environments in schools. Presbyterian has taken steps to include these strategies in plans, for example, adding sexual orientation and gender identity to our electronic medical record system and providing “Transgender 101” trainings to employees.

Older Adults, Elders, and Aging New Mexicans

Healthy aging and elder health are important pieces of addressing equity in health in our communities. Older adults have specific public health needs such as vaccinations (e.g., pneumococcal vaccine), fall prevention, and prevention and management of dementia. As the population of the United States ages, these health needs will only become more important. In addition to the medical needs of older adults, there are quality of life considerations, such as preventing isolation and caring for caregivers.

⁷ Greene, N. (2017). Health Inequities by Sexual Orientation Among New Mexico Adults. 2011-2014. New Mexico Department of Health. Available at: <https://nmhealth.org/data/view/behavior/2242/>. Accessed August 13, 2019.

⁸ Tomedi L, Oglesbee S, Padilla J, Green D, Peñalosa L, Reed D, 2017. The Health and Well-Being of Lesbian, Gay, and Bisexual Youth in New Mexico: Data from the 2015 New Mexico Youth Risk & Resiliency Survey. New Mexico Department of Health; New Mexico Public Education Department; and University of New Mexico Prevention Research Center.

⁹ New Mexico Department of Health. 2017 NM-YRRS Results: Gender Identity. NM-YRRS Connections Report. September 2018. 5(4).

In 2016, 12.4% of adults aged 65+ reported that they were experiencing cognitive decline, which was relatively higher than other states participating in the survey module (Figure 4). This is likely an underestimate, as the survey only asks community-dwelling adults and the information is self-reported. For those with worsening memory problems, 58.2% say it has created functional difficulties (i.e. caused them to give up day-to-day activities and/or interfered with work or social activities).¹⁰

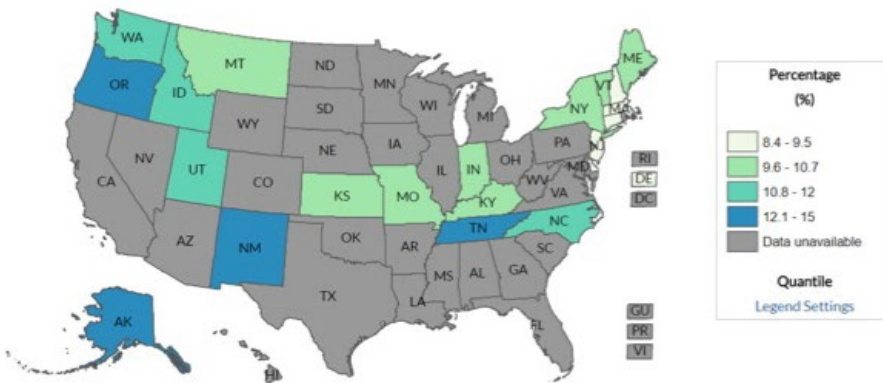


Figure 4. Percentage of older adults who reported subjective cognitive decline or memory loss that is happening more often or is getting worse in the preceding 12 months, United States, 2016.

Source: 2016 Behavioral Risk Factor Surveillance System

During the assessment process, it came to light that the health councils and Presbyterian were less familiar with state-level resources to promote healthy aging. Therefore, Community Health invited Dr. Janice Knoefel, from The University of New Mexico Memory and Aging Center, and Tracy Wohl, of the New Mexico Aging and Long-Term Services Department, to present a webinar to Community Health staff and interested health councils. The webinar was held on April 30, 2019 and was attended by at least four of the ten health councils Presbyterian works with as well as a number of Community Health staff and community health workers and New Mexico Department of Health Staff. The presentations were also sent out to health councils that could not attend. Dr. Knoefel presented on the increase in dementia among older adults; what dementia looks like; prevention measures for dementia, including increasing healthy eating (especially leafy greens, nuts, and fish), decreasing alcohol consumption, increasing sleep, and increasing physical activity; screening options for dementia; and treatment and management of dementia. Ms. Wohl then presented on community-level strategies that communities can incorporate into their plans to promote healthy aging, including the New Mexico State Dementia Plan 2017 Update; training for caregivers by the Alzheimer’s Association (“Savvy Caregiver Training”); the CDC’s Healthy Brain Initiative’s State and Local Public Health Partnerships to Address Dementia, The 2018- 2023 Road Map¹¹; the Administration for Community Living’s “Brain Health and Aging: The Basics”¹²; the National Council on Aging; and the “Dementia Friendly America” initiative¹³, which has toolkits for communities that want to prioritize dementia.

Race and Ethnicity in New Mexico

Race and ethnicity are important factors to consider when working to address health inequities in New Mexico. For example, babies born with low birth weight, which is the most important factor affecting infant mortality in the first 28 days of life, is most prevalent among Black/African American women, a prevalence that was rising in 2017. Likewise, infant mortality rates were highest among babies born to Black/African American women. Diabetes diagnoses, heart disease

¹⁰ New Mexico Aging and Long-Term Services Department. Cognitive Decline in New Mexico. Available at: <http://www.nmaging.state.nm.us/uploads/files/New%20Mexico%20-%202016%20Cog%20BRFSS%20Fact%20Sheet.pdf>. Accessed May 2, 2019.

¹¹ Centers for Disease Control and Prevention. Healthy Brain Initiative. Available at: <https://www.cdc.gov/aging/healthybrain/roadmap.htm>. Accessed May 2, 2019.

¹² Administration for Community Living. Brain Health: You can make a difference! Available at: <https://acl.gov/node/293>. Accessed May 2, 2019.

¹³ Dementia Friendly America. Available at: www.dfamerica.org. Accessed May 2, 2019.

and stroke, sexuality transmitted infections, motor vehicle deaths, homicide, and obesity are more prevalent among American Indian/Alaska Native populations and Black/African American populations in New Mexico. Influenza and pneumonia deaths are highest among American Indian/Alaska Native populations.¹⁴

The Urban Indian Health Institute (UIHI) recently summarized data on homicide and abduction to assess the crisis of missing and murdered indigenous women in 71 urban cities in the United States.¹⁵ As reported later in this report, unintentional injuries are the third leading cause of death for both New Mexico and the United States. In their report, UIHI highlights that murder is the third leading cause of death among American Indian/Alaska Native Women nationwide and that New Mexico has the highest number of cases of missing and murdered indigenous women of the states assessed (Figure 5).

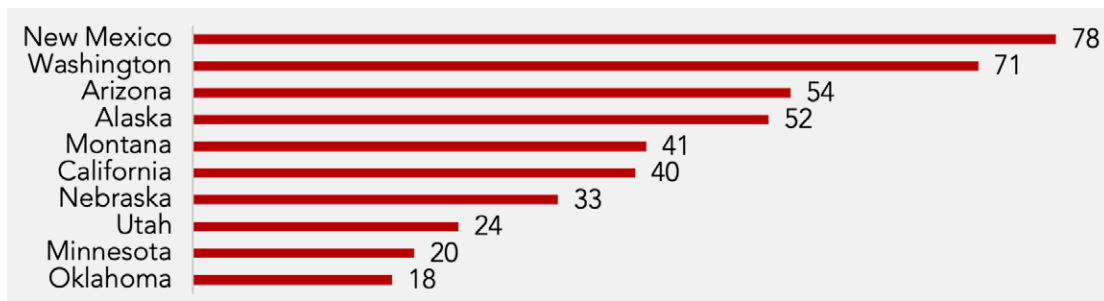


Figure 5. Number of Cases for the Top 10 States with Highest Number of Missing and Murdered Indigenous Women Cases

Source: Urban Indian Health Institute. Missing and Murdered Indigenous Women & Girls

New Mexicans Living with Disabilities

People with disabilities need health care and health programs for the same reasons anyone else does—to stay well, active, and a part of the community. According to the CDC, 24.5% of adults in New Mexico have some type of disability. In fact, adults with disabilities are more likely to be inactive (39.8% compared to 20.7% of adults in NM), have high blood pressure (38% vs 23.7% of adults without disabilities), smoke (23.8%), and be obese (38.8%).¹⁶ Prevalence of disability is highest among adults aged 65+ (46.0%) and are highest among Black, non-Hispanic adults. About 30% of veterans have a disability compared to 27.4% non-veterans.¹⁷

A total of 11.2% of high school students in New Mexico have a physical disability or long-term health problem (2017 YRRS). Students who are living with disabilities may sometimes have to cope with social and physical barriers that students without disabilities do not. For example, practical issues such as accessibility to buildings and activities and instructional coaching. The 1990 Americans with Disabilities Act has improved some of these barriers, but there is still work to be done. “504” plans can be created in order to ensure that students with disabilities can thrive and participate fully in their school. For example, 504 plans may include incorporation of assistive technology needs, such as a keyboard for taking notes or a wheelchair accessible environment. For children taking special education classes, an Individual Education Plan (IEP) is a legal document that outlines a school’s duties to a child with special needs.

¹⁴ New Mexico Department of Health. (2019) Health Equity in New Mexico. 13th Edition. Available at: <https://nmhealth.org/publication/view/report/2045/>. Accessed August 19, 2019.

¹⁵ Urban Indian Health Institute. Missing and Murdered Indigenous Women & Girls. Available at: <http://www.uihi.org/wp-content/uploads/2018/11Missing-and-Murdered-Indigenous-Women-and-Girls-Report.pdf>. Accessed May 6, 2019.

¹⁶ Centers for Disease Control and Prevention. Disability and Health. Data & Statistics. Disability & Health U.S. State Profile Data for New Mexico (Adults 18+ years of age). Available at: <https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/new-mexico.html>. Accessed: August 19, 2019.

¹⁷ Centers for Disease Control and Prevention, Disability and Health Data System (DHDS). New Mexico - 2017. Available at: https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fncbddd%2Fdisabilityandhealth%2Fdhs.html. Accessed: August 19, 2019.

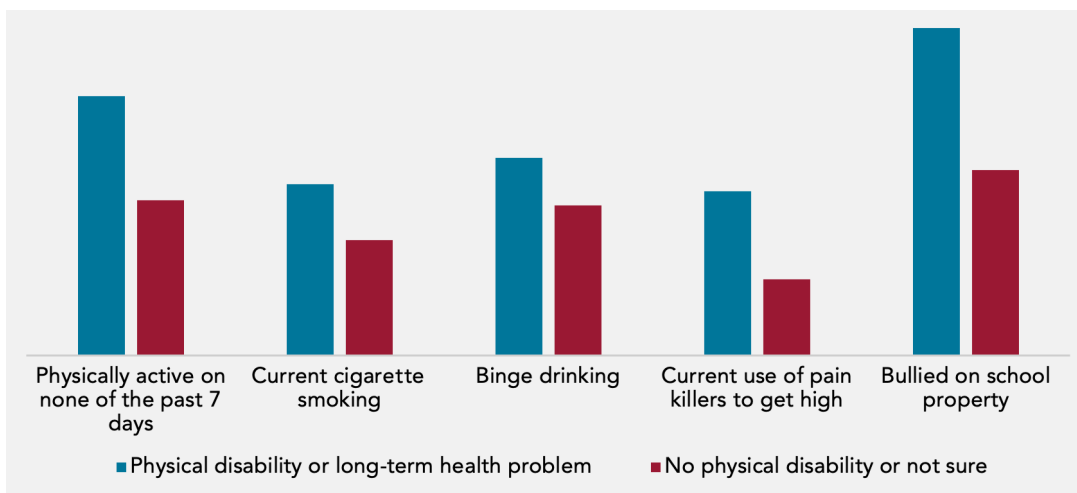


Figure 6. Risk behaviors by physical disabilities among high school students, New Mexico

Source: NMYRRS Connections: http://youthrisk.org/pdf/YRRS_Connections_March_2018.pdf

Social Determinants of Health

Clinical care (access and quality of healthcare) accounts for only 20% of the health outcomes for a given population. The other eighty percent of health outcomes (80%) are impacted by health behaviors, social and economic factors, as well as physical environment. Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work and age. They may enhance or impede the ability of individuals to attain their desired level of health.¹⁸

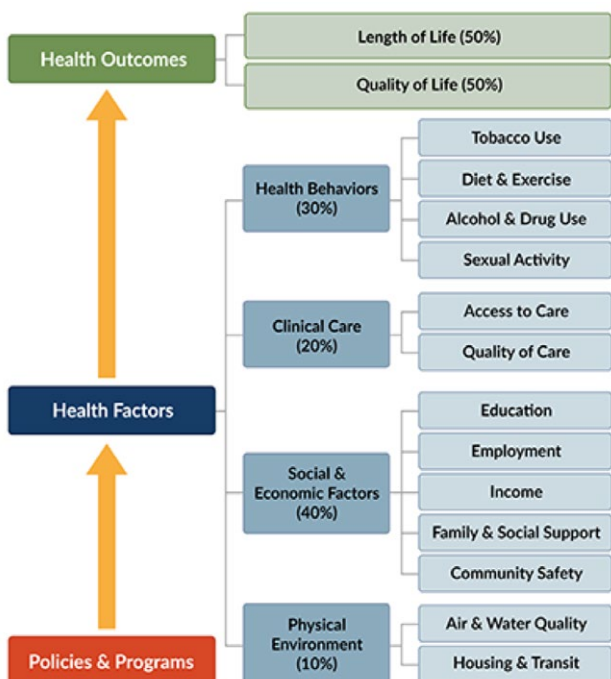


Figure 7. County Health Rankings Model

Source: County Health Ranking 2018

¹⁸ County Health Rankings and Roadmaps (2018) County Health Ranking Model. Available at: <http://www.countyhealthrankings.org/county-health-rankingsmodel>. Accessed: August 23, 2019.

As part of our assessment, we have heard from many in the clinic and the community that individuals and families are struggling to resolve health-related social needs. Health-related social needs are individual level needs that are manifestations of the broader social influences and factors of the SDOH. Health-related social needs may include insecure housing and homelessness, medical and non-medical transportation needs, help paying for utilities, experiences of interpersonal violence, child abuse, and/or sexual assault, and food insecurity. By identifying and addressing health-related social needs, overall health outcomes can improve. System-wide alignment of resources and assuring availability of resources to address social determinants of health is vital in improving health outcomes at the population level.

Health Inequities among People without Health Insurance

Health insurance coverage is an important determinant of access to health care. Adults who have health insurance are more likely to have been diagnosed with diabetes, arthritis, cancer, and a heart attack (Figure 8). This is likely because having health insurance increases a person’s ability to see a provider so that they can be diagnosed with a condition. This suggests that there are many New Mexicans who may have health conditions, such as diabetes, but if they are not insured, they are not being diagnosed. This may also be a reflection of age. Older adults are more likely to have a chronic health condition but are also more likely to be insured if they are over the age of 65 and qualify for Medicare.

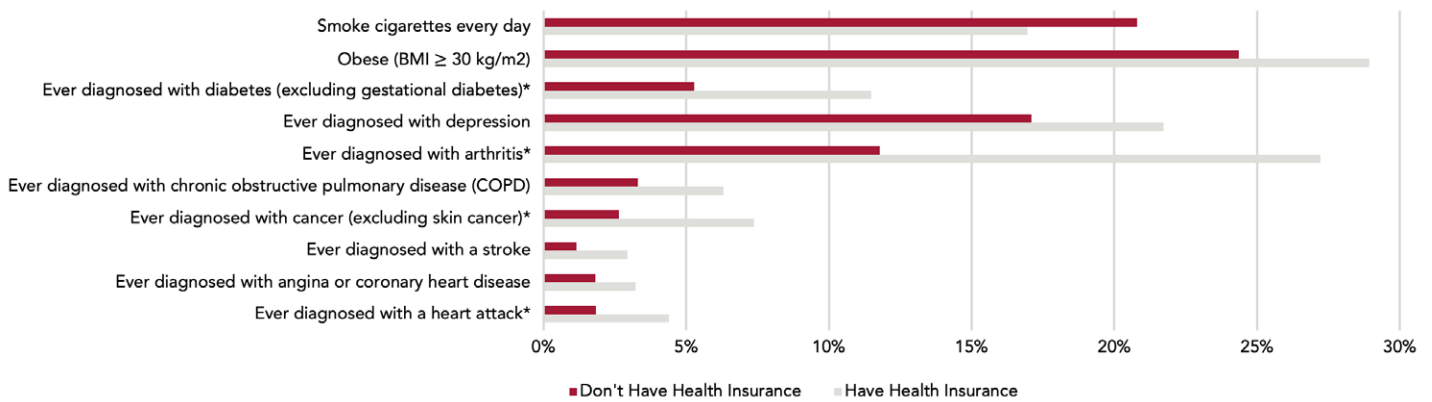


Figure 8. Health indicators by insurance status, New Mexico, 2017

*Statistically different (confidence intervals do not cross)

Source: 2017 New Mexico Behavioral Health Risk Factor Surveillance System

Health Inequities Among People Who Are Low-Income

Annual household income is also an important determinant of health. Even if a person is insured, costly medical bills can deter a patient from seeking needed care or preventive care. In New Mexico, people whose annual household income is < \$25,000 are more likely to smoke cigarettes every day and be diagnosed with diabetes, depression, arthritis, chronic obstructive pulmonary disease (COPD), stroke, angina or coronary heart disease, and heart attacks (Figure 9).

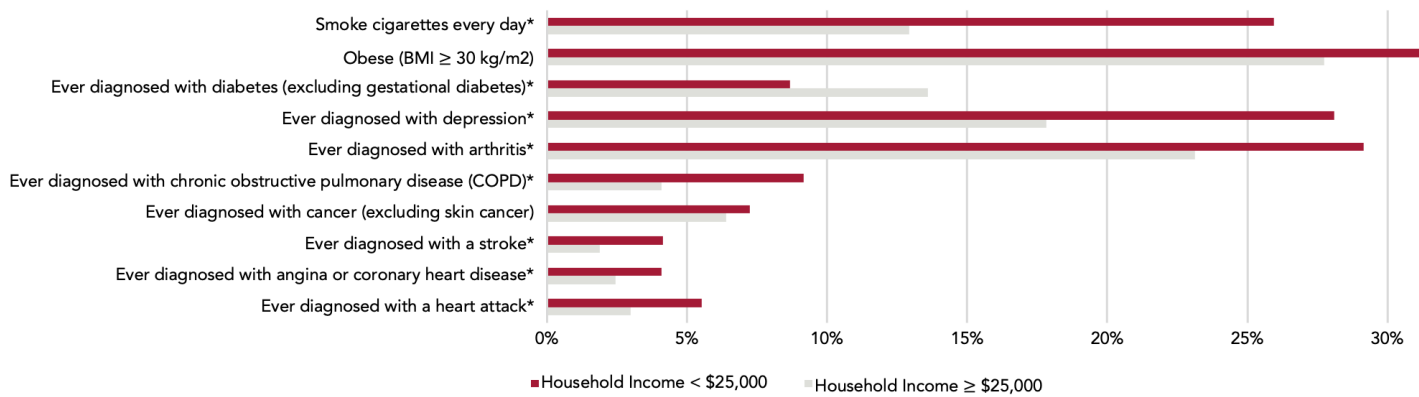


Figure 9. Health indicators by annual household income, New Mexico, 2017

*Statistically different (confidence intervals do not cross)

Source: 2017 New Mexico Behavioral Health Risk Factor Surveillance System

Social Determinants of Health Initiatives in Healthcare

Presbyterian, in partnership with The University of New Mexico Health Sciences Center, First Nations Community HealthSource, and the Bernalillo County Community Health Council, and with funding from the Centers for Medicare and Medicaid Services, is testing the Accountable Health Communities model in Bernalillo County to address social determinants of health. Community Health Workers are screening for the five core domains (food, transportation, safety, utilities, and housing) at seven community clinics.

	N	%
Screenings Completed	6,768	N/A
Unique Patients Screened	6,013	N/A
Unique Patients Reporting Any Need	2,749	45.7%
Unique Patients High Risk	831	13.8%
Unique Patients Accepting Navigation Services	289	13.2%

Table 1. Patients screened for social determinants of health, Accountable Health Communities, June 2018-April 2019

Source: Accountable Health Communities, Bernalillo County

In the first year of implementation of the project, 45.7% of Medicaid/Medicare community-dwelling beneficiaries who completed the AHC screening tool (screening for the five core social needs) reported having at least one need. Of the unique beneficiaries screened, 13.8% were stratified as high-risk (having at least one health-related social need and two or more emergency department visits in the past 12 months), thus qualifying for custom navigation to community resources by one of the Community Health Workers to help resolve their needs. Of those who were identified as high risk, 13.2% have accepted navigation services and are currently receiving personalized navigation by a Community Health Worker.

Significant Policies and Events

The 2016 assessment highlighted significant policy and events that contributed to major disruption of behavioral health services and permanent closure of service providers around the state. The effects on access to behavioral health providers and services continue to be felt in every community. Recent actions and policies include newly elected Governor Lujan Grisham signing a 2019 law that would prevent a similar breakdown of the services network. In 2019, newly appointed cabinet secretaries for the New Mexico Department of Health, Human Services Department, Public Education Department, Public Safety, and Children Youth and Families Department (CYFD) are beginning to communicate their priorities and chosen strategies. In addition, the governor created the Early Childhood Education & Care department and appointed a Children’s Cabinet Secretary¹⁹. Effective Jan. 1, 2020 Statewide minimum wage will go from \$7.50 per hour to \$9.00 per hour and rise in subsequent years to reach \$12 beginning in January 2023²⁰. The multi-year federal grant that helped 11 New Mexico community colleges collaborate to train and place more than 4,000 healthcare students such as EMTs and nursing assistants ended in 2018. Efforts to secure permanent funding for the SUNPATH program failed in 2019²¹.

Description of Community Served – Bernalillo, Sandoval, Torrance, and Valencia Counties

Bernalillo County is the most populous county in the state (population: 674,855). Of the other counties in Presbyterian’s Central New Mexico coverage area, Sandoval has the 2nd highest number of people (population: 138,815), followed by Valencia (population: 75,845), and then Torrance (population: 15,534)²². There are 570.8 people per square mile living in Bernalillo County, 71.8 people per square mile in Valencia County, 35.5 people per square mile in Sandoval County, and 4.9 people per square mile in Torrance County (2010 Census Summary File). The largest city in the area is Albuquerque in Bernalillo County (population: 556,718), followed by Rio Rancho in Sandoval County (population: 93,317) (2017 ACS 5-year). Large industries in the Central New Mexico service area include the retail trade, accommodation (i.e., hotel) and food services, and healthcare and social assistance (Table 2).

¹⁹ Office of the Governor, Michelle Lujan Grisham, Press Releases. Gov. Lujan Grisham signs Senate Bill 22, establishing Early Childhood Education and Care Department. Available at: <https://www.governor.state.nm.us/2019/03/14/gov-lujan-grisham-signs-senate-bill-22-establishing-early-childhood-education-and-care-department/>. Accessed May 6, 2019.

²⁰ Office of the Governor, Michelle Lujan Grisham, Press Releases. Gov. Lujan Grisham authorizes first statewide minimum wage increase since 2009. Available at: <https://www.governor.state.nm.us/2019/04/02/gov-lujan-grisham-authorizes-first-statewide-minimum-wage-increase-since-2009/ase-since-2009/>. Accessed May 6, 2019.

²¹ New Mexico First. New Mexico First Blog. 2019 Legislative Outcomes: New Mexico First Successfully Advances Consensus-Driven Legislative Priorities. Available at: http://nmfirst.org/legislative_updates/2019-legislative-outcomes. Accessed August 23, 2019.

²² United States Census. 2016 Business Patterns Survey. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=BP_2016_00A1&prodType=table. Accessed 7/9/19.

COUNTY	INDUSTRY	NUMBER OF PAID EMPLOYEES
Bernalillo County	Health care and social assistance	51,110
	Retail trade	36,656
	Accommodation and food services	35,035
	Professional, scientific, and technical services	31,486
	Construction	17,242
Sandoval County	Accommodation and food services	3,999
	Administrative, support, waste management and remediation services	3,953
	Health care and social assistance	3,910
	Retail trade	3,552
	Manufacturing	2,400
Torrance County	Retail trade	523
	Health care and social assistance	150
	Accommodation and food services	140
	Construction	110
	Manufacturing	88
Valencia County	Retail trade	2,400
	Accommodation and food services	2,259
	Health care and social assistance	1,835
	Transportation and warehousing	980
	Construction	822

Table 2. Top five industries by county, Central New Mexico, 2016

Source: US Census. 2016 County Business Patterns

DEMOGRAPHICS

A total of 51.0% of the population of Bernalillo County is female, 51.1% in Sandoval County, 47.7% in Torrance County, and 49.9% in Valencia. A total of 49.5% of the population is Hispanic in Bernalillo County, 37.9% in Sandoval County, 42.1% in Torrance, and 60.0% in Valencia (2017 ACS 5-year). The majority of people in the four counties identify as white (Figure 9). However, this includes people who identify as Hispanic and white. The four counties are very diverse with people of many different races calling the region home (Figure 10).

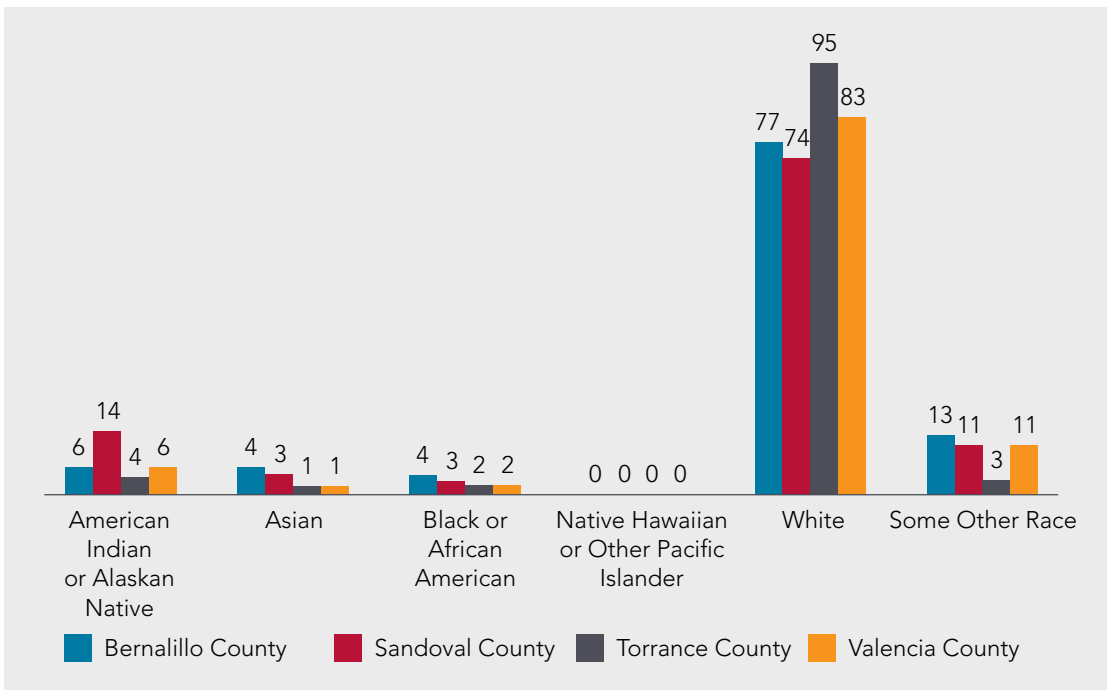


Figure 10. Race alone or in combination with one or more races, Central New Mexico Counties by percentage

Source: 2017 ACS 5-year estimates

There are slightly more seniors aged 65 and over in Torrance County compared to other counties in central New Mexico. There are slightly more youth in Sandoval and Valencia compared to Torrance County (Figure 11).

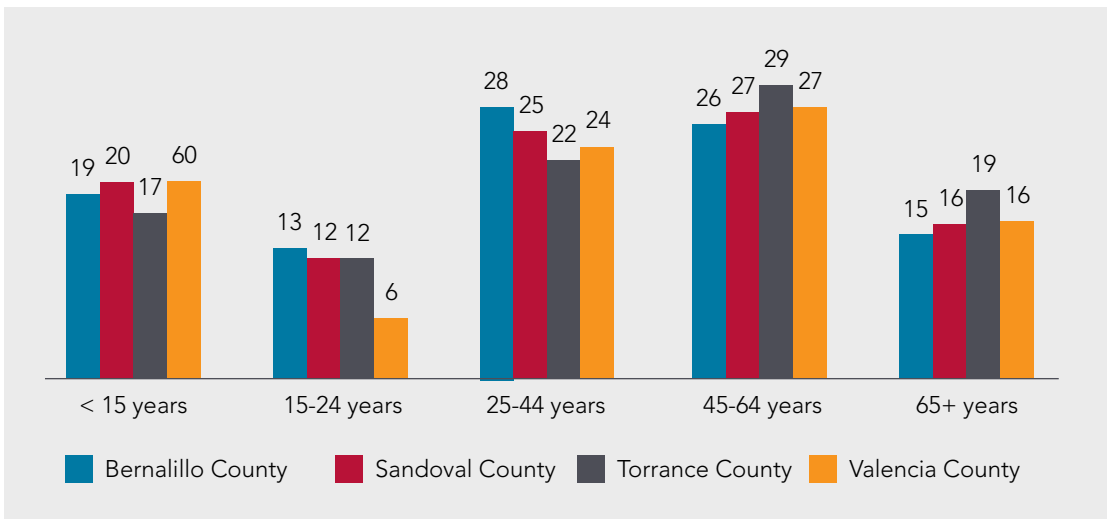


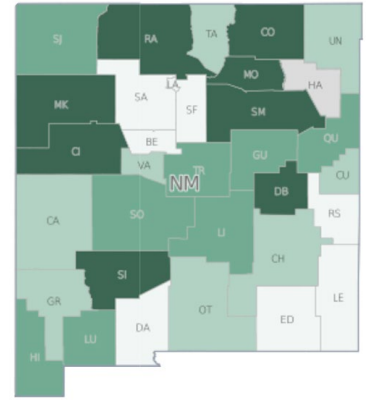
Figure 11. Percent of age group, Central New Mexico by percentage

Source: 2017 ACS 5-year estimates

In Central New Mexico, people are more likely to speak a language other than English at home (Bernalillo: 29.9%; Sandoval: 27.7%; Torrance: 23.4%; and Valencia: 32.9%) compared to the United States (21.3%) (2017 ACS 5-year). A total of 12.6% of people in the United States have a disability (e.g., hearing, vision, cognitive, ambulatory, self-care, or independent living difficulty). This is lower than the percent of people living with a disability in Central New Mexico (Bernalillo: 13.6%; Sandoval: 12.8%; Torrance: 15.8%; and Valencia: 19.8%). The mean annual household income in Central New Mexico ranges from \$35,543 in Torrance County to \$60,345 in Sandoval County. The mean household income in Bernalillo is \$50,386 and \$43,428 in Valencia County (2017 ACS 5-year).

County Health Status

Central New Mexico’s overall health rankings for health outcomes and health factors, as determined by the Robert Wood Johnson Foundation’s County Health Rankings & Roadmaps, were varied. The health outcome ranking for Bernalillo County is 5 out of 32 (one county is not ranked). This is compared to Sandoval County, which ranks 2nd, Torrance County, which ranks 18th, and Valencia, which ranks 12th in the state. A ranking of “1” was assigned to the county with the healthiest outcomes. The county health outcome rankings were based off how long people live and how healthy people feel. Length of life was measured by years of potential life lost before age 75 and quality of life is measured by the percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days and the percent of low birth weight newborns.²³

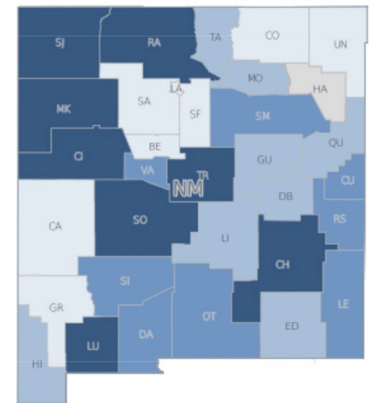


RANK 1 - 8 9 - 16 17 - 24 25 - 32 NOT RANKED (NR)

Figure 12. Overall Ranking in Health Outcomes by County, New Mexico

Source: 2019 County Health Rankings & Roadmaps

Robert Wood Johnson Foundation’s County Health Rankings & Roadmaps also summarizes and ranks county health factors. The health factor ranking measure is based off a county’s health factors (tobacco use, diet and exercise, alcohol use, drug use, and sexual activity), clinical care (access to care and quality of care), social and economic factors (education, employment, income, family and social support, and community safety), and the physical environment (air and water quality, housing, and transit). Bernalillo County ranks 6 out of 32 counties (one county is not ranked). Sandoval County ranks 5th, Torrance County ranks 28th, and Valencia County ranks 20th.



RANK 1 - 8 9 - 16 17 - 24 25 - 32 NOT RANKED (NR)

Figure 13. Overall Ranking in Health Factors by County, New Mexico

Source: 2019 County Health Rankings & Roadmaps
<http://www.countyhealthrankings.org/app/new-mexico/2019/overview>

²³ Robert Wood Johnson. County Health Rankings. Available at: <http://www.countyhealthrankings.org>. Accessed April 30, 2019

Access to Health Care



An important measure of access to health care is the ratio of people in the county to providers. This is calculated by County Health Rankings & Roadmaps using 2016 data²⁴. Torrance County has the fewest primary care providers to population compared to other counties in central New Mexico, followed by Valencia, then Sandoval, and Bernalillo Counties (Figure 14).

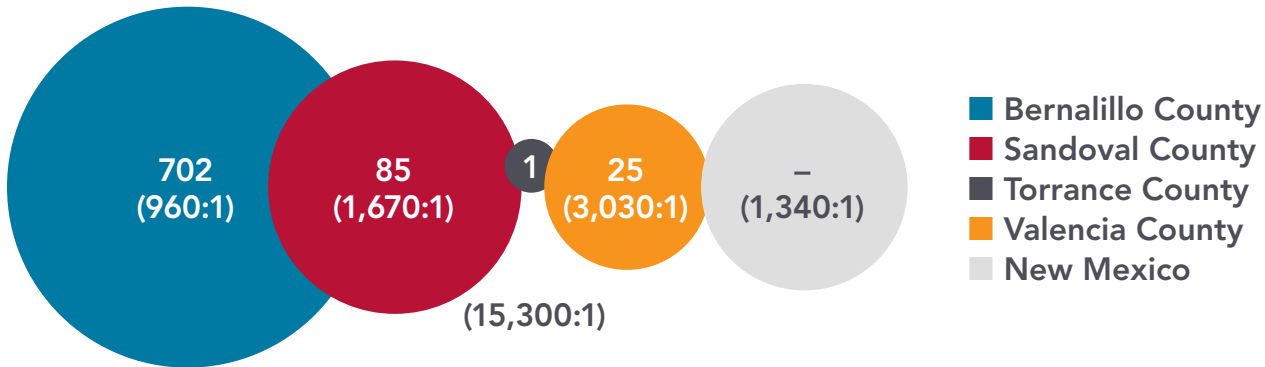


Figure 14. Number and Ratio of Primary Care (2016) Providers

Source: 2019 County Health Rankings & Roadmaps

Torrance County also has the fewest mental health care providers in central New Mexico, followed by Valencia, Sandoval and Bernalillo Counties (Figure 15).

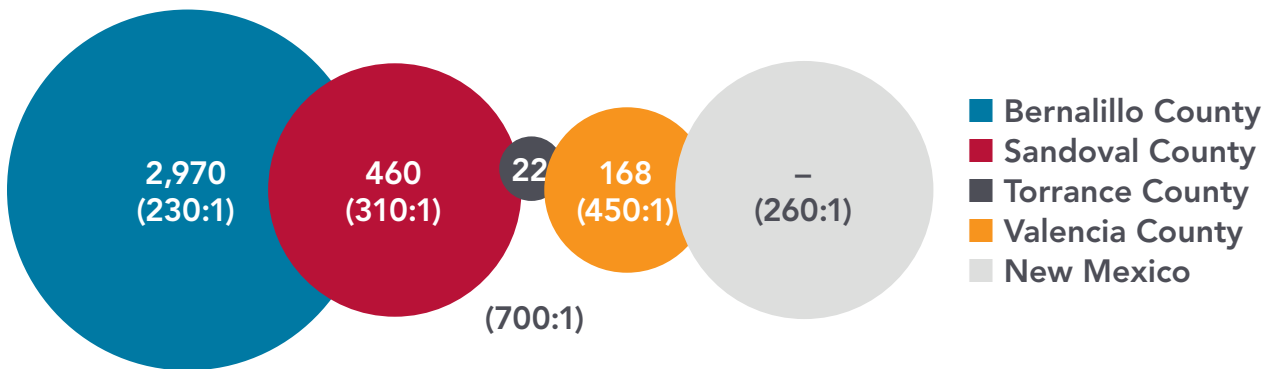


Figure 15. Number and Ratio of Mental Health Care (2018) Providers

Source: 2019 County Health Rankings & Roadmaps

²⁴ County Health Rankings. Ratio of population to primary care physicians. Available at: <http://www.countyhealthrankings.org>. Accessed May 6, 2019. Note: For primary care providers, data for the ratios were collected from American Medical Association, American Hospital Association, US Census Bureau, Centers for Medicare & Medicaid Services, Bureau of Labor Statistics, and National Center for Health Statistics. The American Medical Association maintains the Physician Masterfile, which contains information on nearly all the Doctors of Medicine and Doctors of Osteopathic Medicine in the nation. For mental health providers, the ratios were calculated using 2018 data from the NPI Registry

Health insurance is also an important measure of access to care. Central New Mexico has a slightly lower percent of people who are uninsured compared to New Mexico overall. People were equally to less likely to be uninsured in central New Mexico than in the U.S. overall (Figure 16).

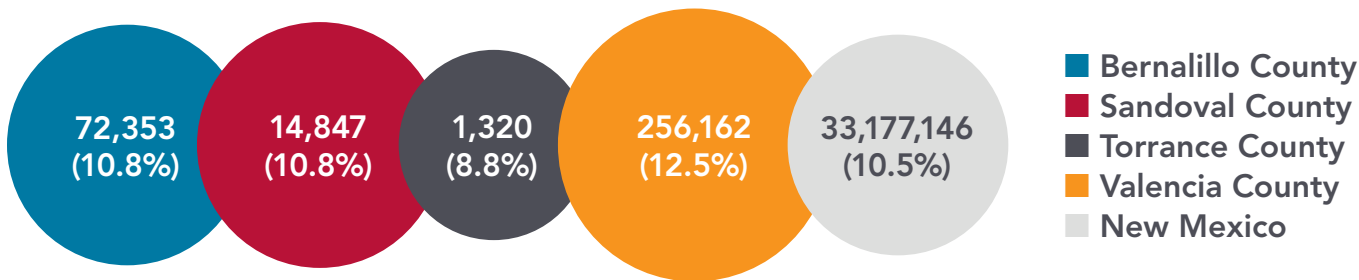


Figure 16. Number and Percent of the Population Who Do Not Have Health Insurance

Source: 2017 ACS 5-year estimates

Many people who have insurance may be underinsured or unable to pay large bills for hospitalization, behavioral health, specialty services, or pharmaceuticals even when they are insured. Therefore, it is also important to assess whether people in a county have gone without health care because of cost. In Bernalillo County, people were equally likely to report that they needed to see a doctor but could not because of cost in the past 12 months compared to New Mexico (Figure 17). Sandoval, Torrance, and Valencia have slightly lower percentages of people who could not afford care than New Mexico in general.

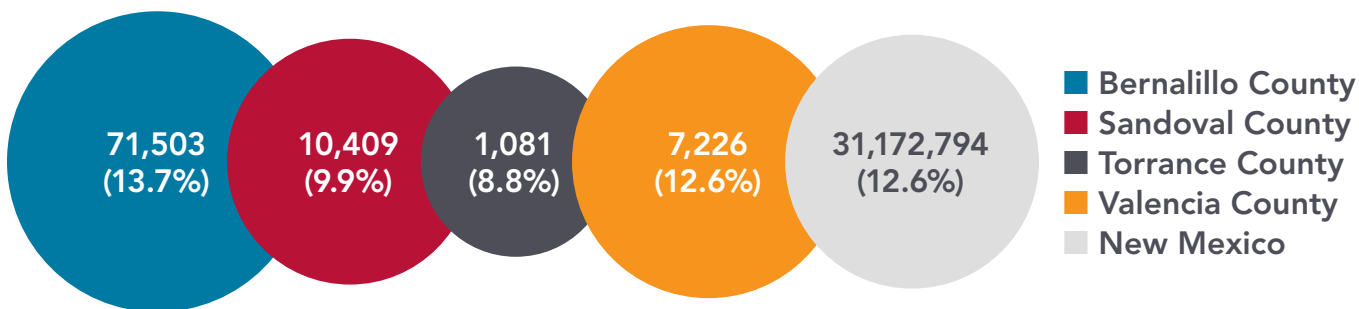


Figure 17. Number and Percent of Adults who Went Without Health Care Because of Cost

Source: NM-IBIS, Behavioral Risk Factor Surveillance System, 2015-2017 (County), 2017 (NM & US)

Medicaid is publicly funded medical insurance. Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by New Mexico and is funded by New Mexico and the federal government. New Mexico was one of 37 states that opted to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). After this change, the uninsured rate fell more than 50%, compared to 40% nationally²⁵. Central New Mexico had a higher percent of people on Medicaid than the U.S. (Figure 18).

²⁵ Healthinsurance.org, Medicaid, New Mexico. New Mexico and the ACA's Medicaid expansion. Available at: <https://www.healthinsurance.org/new-mexico-medicaid/>. Accessed May 5, 2019.

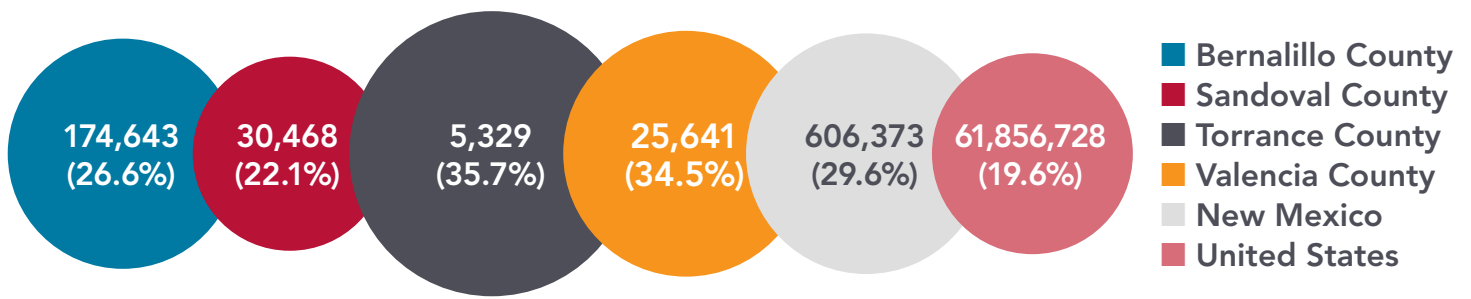


Figure 18. Number and Percent of Insured Population Receiving Medicaid

Source: 2017 ACS 5-year estimates

Central New Mexico has a lower rate of preventable hospitalizations among Medicare recipients than New Mexico. In Bernalillo County there are 2,485, in Sandoval County there are 2,396, in Torrance County there are 2,190, and in Valencia County there are 2,505 hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. This compares to 3,212 hospital stays per 100,000 in New Mexico (2019 Community Health Rankings & Roadmaps)."

65% AVERAGE PERCENT OF MOTHERS INITIATED PRENATAL CARE IN THE 1ST TRIMESTER

Prenatal care is the health care a person gets while pregnant. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy. Regular, recommended prenatal care reduces the risk of pregnancy-related complications for the mother and infant and increases a woman's chances of having a healthy baby at full term. In Central New Mexico, prenatal care that was initiated in the 1st trimester had a wide range (Bernalillo County: 67.4%; Sandoval County: 70.8%; Torrance County: 57.4%; and Valencia County: 64.6%) This compares to 63.8% in New Mexico and 77.3% in the United States (NM-IBIS: County, 2013-2017 NMDOH birth certificate; NM and US 2017 birth certificates).

Influenza (i.e. the flu) can be very serious and every year many people are hospitalized because of the flu. In New Mexico, influenza and pneumonia deaths are the 10th leading causes of death (NM-IBIS: 2017 death certificates). An annual seasonal flu vaccine is the best way to help protect against flu and the vaccine reduces the risk of flu illnesses, hospitalizations and even the risk of flu-related death in children. All persons aged six months and older are recommended for annual vaccination, with rare exceptions. The percent of adults who received a flu vaccine in the past year in central New Mexico is lower than in the United States.

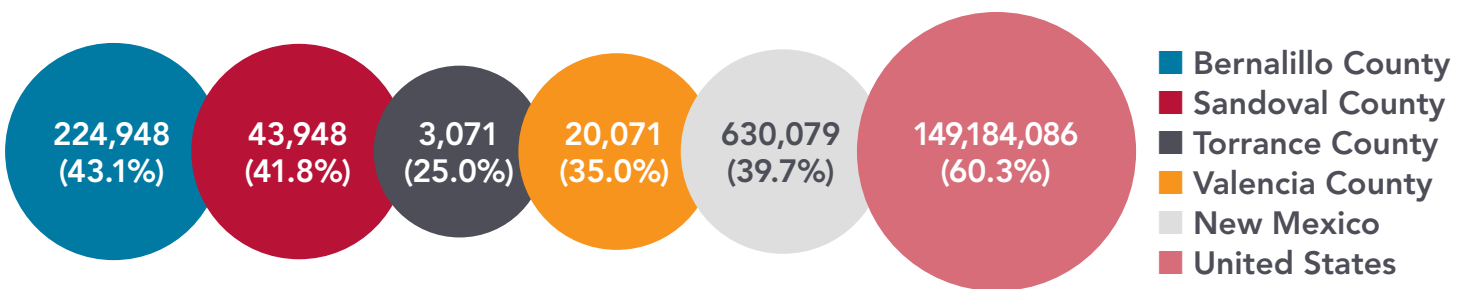


Figure 19. Number of Percent of Adults who Received a Flu Vaccine in the Past Year

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2017 for New Mexico, U.S., and Bernalillo, Sandoval, and Valencia Counties; 2015-2017 for Torrance County) and 2017 ACS 5-year estimates (18+ population)

Streptococcus pneumoniae, or pneumococcal disease, is a type of bacteria that causes ear and sinus infections to pneumonia and bloodstream infections. Pneumococcal disease is common in young children, but older adults are at greatest risk of serious illness and death. There are two kinds of vaccines that help prevent pneumococcal disease. The CDC recommends pneumococcal vaccination for all children younger than two years old and all adults 65 years or older. Apart from Bernalillo County, the percent of older adults who received the vaccine is slightly lower in central New Mexico than New Mexico and the United States.

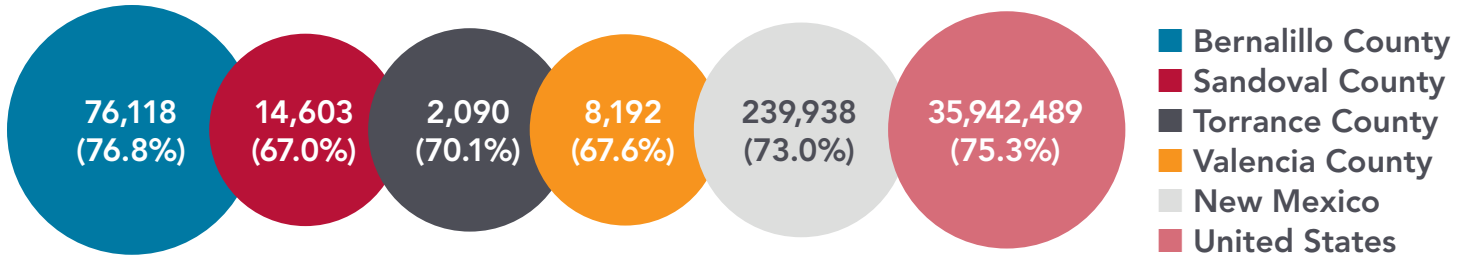


Figure 20. Number and Percent of Adults aged 65+ who Received a Pneumococcal Vaccine

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2017 for New Mexico, U.S., and Bernalillo and Valencia Counties; 2015-2017 for Torrance and Sandoval Counties) and 2017 (NM & US) and 2017 ACS 5-year estimates (65+ population)

Cancer is the second leading cause of death in New Mexico. Regular screening can prevent breast, cervical, and colorectal cancers early. “Screening” means checking for cancer before a person has symptoms. It is recommended that women age 50-74 get a mammogram every two years to screen for breast cancer. The prevalence of women who are up to date for this recommendation is similar in central New Mexico than in New Mexico and the United States (Figure 21).

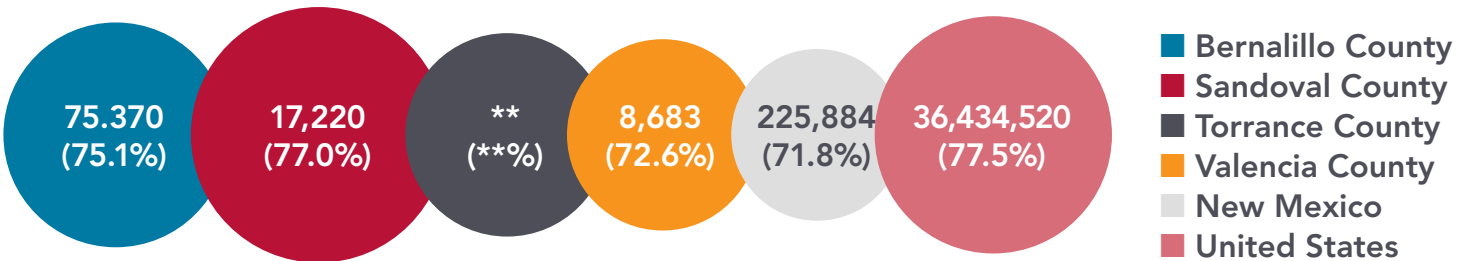


Figure 21. Number and Percent of Women aged 50-74 who have had a Mammogram in the Past Two Years

Source: NM-IBIS, Behavioral Risk Factor Surveillance System, 2012-2016 (County), 2016 (NM & US) and 2017 ACS 5-year estimates (50-74 women population).

*** The percent for Torrance County has been suppressed because of insufficient sample size*

There are two screening tests for cervical cancer. The Pap test (or Pap smear) looks for cell changes on the cervix that might become cancerous if they are not treated appropriately. The human papillomavirus (HPV) test looks for the virus that causes these cell changes. It is recommended that women aged 21-65 years be screened for cervical cancer. Frequency of screening depends on the type of test and the results of the screening²⁶. An average of 81.5% of women aged 21-65 have had a Pap smear in the past three years in central New Mexico (Bernalillo County: 82.8%; Sandoval County: 82.4%; and Valencia County: 79.3%; The percent of Torrance County has been suppressed due to low sample size) compared to 80.3% in New Mexico²⁷.

²⁶ Centers for Disease Control and Prevention. Cervical Cancer. What Should I Know About Screening? Available at: https://www.cdc.gov/cancer/cervical/basic_info/screening.htm. Accessed August 23, 2019.

²⁷ NM-IBIS, Behavioral Risk Factor Surveillance System, 2012-2016 (County), 2016 (NM)

Colorectal cancer screening is one of the most effective screening tools, but also under-utilized. Colorectal cancer can be screened using a stool test, a flexible sigmoidoscopy, or a colonoscopy²⁸. It is recommended that adults aged 50-75 should be screened for colorectal cancer. Duration of screening depends on the test. An average of 66.3% of adults aged 50-75 were up to date for colorectal cancer screening in central New Mexico (Bernalillo County: 68.9%; Sandoval County: 66.8%; Torrance County: 60.4%; and Valencia County: 69.2%) compared to 60.9% in New Mexico²⁹.

Presbyterian Utilization in Central New Mexico

From January 2018 to December 2018 Presbyterian facilities located in the four counties in Central New Mexico served 246,837 patients through outpatient and primary care services, 29,041 through inpatient services, and 93,550 patients in the emergency department.

NUMBER OF PATIENTS BY COUNTY OF ORIGIN, CENTRAL NM COUNTIES ONLY					
	Type of Service	Bernalillo, NM	Sandoval, NM	Torrance, NM	Valencia, NM
Presbyterian Hospital	Emergency Department	35,703	1,857	572	6,222
	Inpatient	13,625	1,372	342	2,293
Presbyterian Kaseman Hospital	Emergency Department	28,839	836	1,210	1,161
	Inpatient	3,199	230	155	208
Rust Medical Center	Emergency Department	16,631	13,692	61	444
	Inpatient	4,091	3,287	37	202
	Outpatient/ Primary Care	176,049	47,463	2,324	21,001

Table 3. Patients Served at Presbyterian Healthcare Services Locations within Central New Mexico

Source: 2018 Presbyterian Services Data for Facilities Located within Central New Mexico

In the last year (January to December 2018), 50,327 patients were seen at the Presbyterian Hospital emergency department and approximately 12,046 of those patients utilized the ED two or more times that year. Approximately two percent (2%) of patients utilizing the PH emergency room had five or more visits to the ER in the last year. Twenty-nine patients visited the ER between 20 and 35 times in one year. More information, including a breakdown of patients visiting the ER at Presbyterian Kaseman Hospital and Rust Medical Center can be found in Table 4.

²⁸ Centers for Disease Control and Prevention. Colorectal (Colon) Cancer. Colorectal Cancer Screening Tests. Available at: https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm. Accessed August 23, 2019.

²⁹ NM-IBIS, Behavioral Risk Factor Surveillance System, 2012-2016 (County), 2016 (NM & US)

PRESBYTERIAN HOSPITAL	TOTAL PATIENTS VISITING AN ER	2+ VISITS	5+ VISITS	20-35 VISITS
Number	50,327	12,046	1,372	29
Percent	100%	23%	2%	0.06%
PRESBYTERIAN KASEMAN	TOTAL PATIENTS VISITING AN ER	2+ VISITS	5+ VISITS	20-35 VISITS
Number	35,204	8,491	741	13
Percent	100%	24%	2%	0.04%
RUST MEDICAL CENTER	TOTAL PATIENTS VISITING AN ER	2+ VISITS	5+ VISITS	20-35 VISITS
Number	32,908	7,540	598	4
Percent	100%	22%	1.7%	0.01%

Table 4. Patient Utilization at Presbyterian Hospital, Presbyterian Kaseman Hospital and Rust Medical Center Emergency Departments 2018

Source: 2018 Presbyterian Services Data for Central New Mexico (5+ inclusive of 2+; 20+ inclusive of 2+, 5+, etc.)

The top ten primary diagnoses for patients seen in the Presbyterian Hospital Emergency Department in 2018 were:

1. Chest pain, not otherwise specified
2. Alcohol intoxication
3. Abdominal pain, generalized
4. Abdominal pain, epigastric
5. Headache
6. Acute urinary tract infection
7. Nausea and vomiting
8. Dizziness
9. Chest pain
10. Altered mental status

The top ten primary diagnoses for patients seen in the Presbyterian Kaseman Hospital Emergency Department in 2018 were:

1. Alcohol intoxication
2. Chest pain, not otherwise specified
3. Abdominal pain, generalized
4. Headache
5. Acute urinary tract infection
6. Abdominal pain, epigastric
7. Viral upper respiratory tract infection
8. Unspecified injury of head, initial encounter
9. Nausea and vomiting
10. Cough

The top ten primary diagnoses for patients seen in the Rust Medical Center Emergency Department in 2018 were:

1. Chest pain, not otherwise specified
2. Abdominal pain, generalized
3. Abdominal pain, epigastric
4. Acute urinary tract infection
5. Headache
6. Unspecified injury of head, initial encounter
7. Abdominal pain, right lower quadrant
8. Atypical chest pain
9. Nausea and vomiting
10. Dizziness

Social Determinants of Health – Central New Mexico

As a rural state, most counties in New Mexico do not have extensive public transportation systems. Even in urban and suburban areas, affordable housing is often far from public transportation and jobs, requiring a personal vehicle. Therefore, assessing access to a vehicle is an important determinant to whether patients in Central New Mexico can get to health care appointments, the pharmacy, the grocery store, work and school, community centers, places of worship, and the hospital. Households in Central New Mexico are less likely to have access to a vehicle than households in the United States (Figure 22).

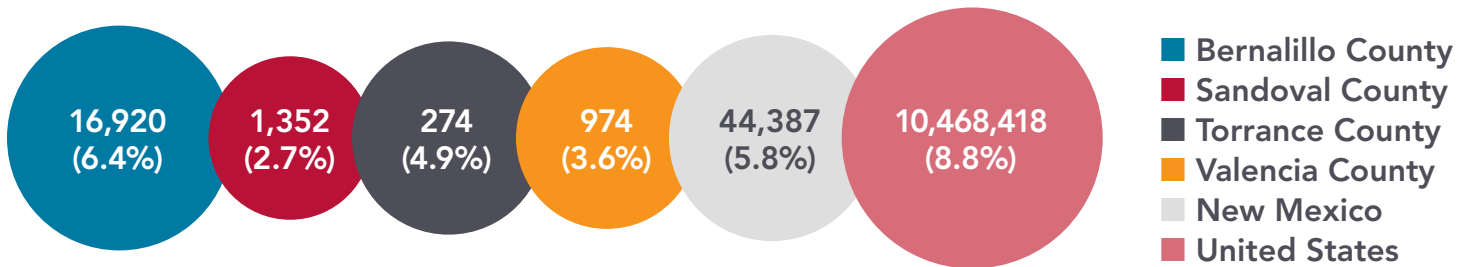


Figure 22. Number and Percent of Households with No Vehicle

Source: 2017 ACS 5-year estimates

Employment and poverty can have profound impacts on a person's health, both directly (e.g., access to work-based insurance, paying for health care bills) and indirectly (e.g., stress from financial strain, feelings of hopelessness). Bernalillo County has the lowest percent of people who are unemployed in Central New Mexico (Figure 23).

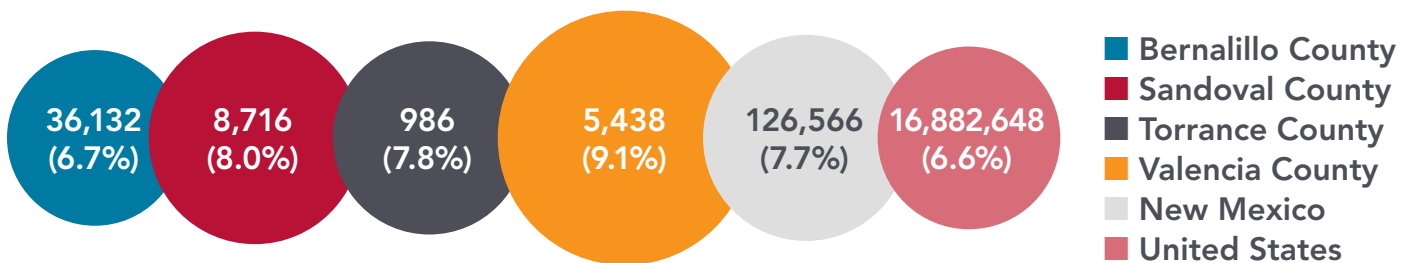


Figure 23. Number and Percent of People aged 16+ who are Unemployed

Source: 2017 ACS 5-year estimates

Sandoval County has the lowest percent of people living in poverty compared to people in Central New Mexico (Figure 24).

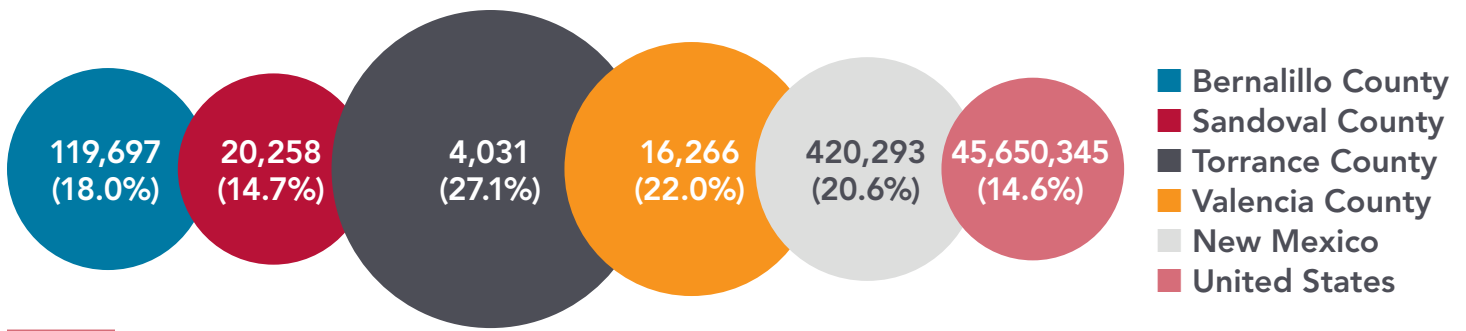


Figure 24. Number and Percent of People Living in Poverty

Source: 2017 ACS 5-year estimates

Children are more likely to be living in poverty than the general population. Torrance County has a highest percent of children living in poverty in Central New Mexico, closely followed by Valencia County and Bernalillo County (Figure 25).

“AN AVERAGE OF ONE IN FOUR CHILDREN IN CENTRAL NEW MEXICO LIVE IN POVERTY.”

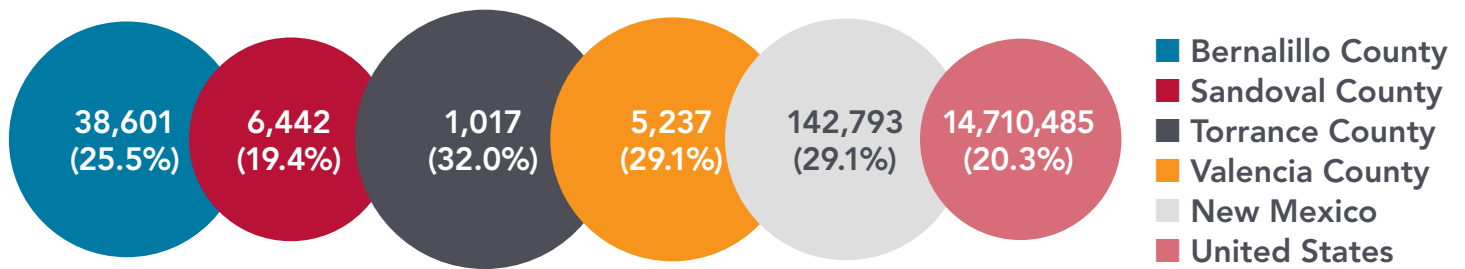


Figure 25. Number and Percent of Children (Aged <18 years) Living in Poverty

Source: 2017 ACS 5-year estimates

6% AVERAGE PERCENT OF HIGH SCHOOL STUDENTS LIVE IN UNSTABLE HOUSING

The New Mexico Department of Health defines unstable housing (e.g., homelessness) among youth as living 1) with a friend, family member, or other person because the student had to leave their home, or their parent or guardian cannot afford housing; 2) in a shelter or emergency housing; 3) in a motel or hotel; or 4) in a car, park, campground, or other public place. Students are also considered to be unstably housed if they stated that they did not have a usual place to sleep or any other option besides in a home with their parent or guardian. In Central New Mexico, an average of 6.4% of high school students (grades 9-12) lived in unstable housing (Bernalillo County: 6.4%; Sandoval County: 6.1%; Torrance County: 4.3%; and Valencia County 8.8%) compared to 6.8% for the state³⁰. This is likely to be an underestimate, as children living in unstable housing have also been shown to be less likely to be at school and therefore may have been more likely to not be at school on the day of the survey.

The Supplemental Nutrition Assistance Program (SNAP) program provides nutrition assistance to eligible, low-income individuals and families in communities. For many communities, SNAP is the largest program in the hunger safety net. Sandoval County has the lowest percent of households accessing SNAP benefits.

³⁰ 2017 NM-YRRS

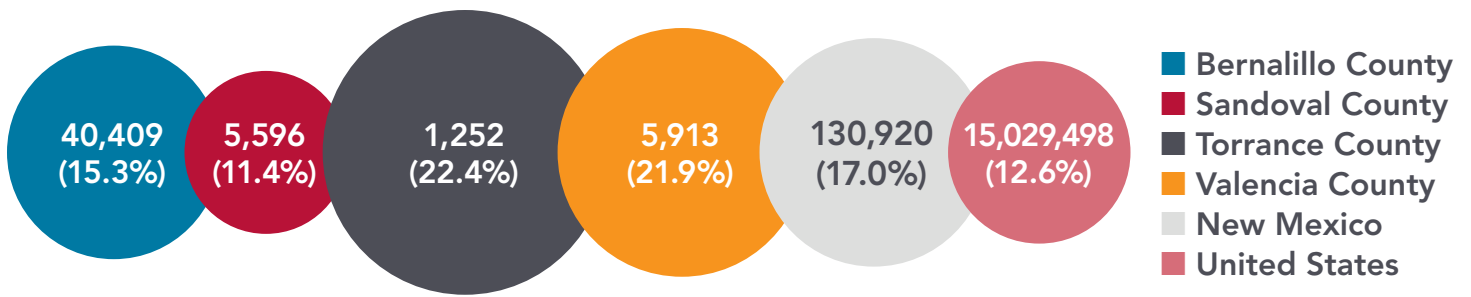


Figure 26. Number and Percent of Households Accessing SNAP

Source: 2017 ACS 5-year estimates

The United States Department of Agriculture (USDA) assesses access to healthy foods in communities. This is defined as the percent of population who do not live close (1 mile in urban areas or 10 miles in rural areas) to a grocery store. An average of 36.9% of people in Central New Mexico have low access to healthy food (Bernalillo County: 19.5%; Sandoval County: 35.8; Torrance County: 39.7%; and Valencia County: 52.5%). Additionally, an average of 15.8% of the population (Bernalillo County: 6.6%; Sandoval County: 13.2%, Torrance County: 19.2%, and Valencia County: 24.0%) did not have access to healthy food and are considered to be low-income³¹.



The environment (air, water, soil, food, and houses and buildings) all play a part in our community's health. The Environmental Protection Agency (EPA) created the Environmental Quality Index (EQI) to help describe environmental quality at the community level. The EQI uses data measuring the quality of the air, water, land, built environment, and sociodemographic environments³². Higher values suggest worse environmental quality, and lower values suggest better environmental quality. The EQI for Bernalillo County is 0.908, for Sandoval County it is 0.324, for Torrance County it is -0.800, and for Valencia County it is -0.169. This means that Torrance and Valencia Counties have better environmental quality than Bernalillo and Sandoval Counties.

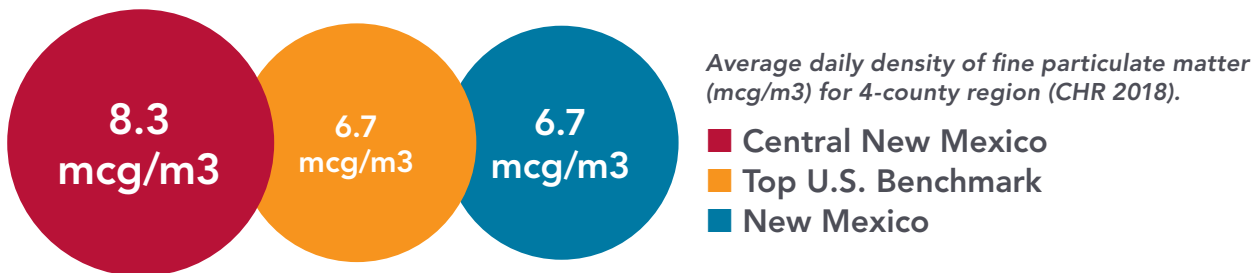


Figure 27. Air Pollution Fine Particulate Matter (PM 2.5)

Source: Community Commons.org

³¹ USDA: 2018 USDA Food Environment Atlas

³² Environmental Protection Agency. Health Research. EPA's Environmental Quality Index Supports Public Health. Available at: <https://www.epa.gov/healthresearch/epas-environmental-quality-index-supports-public-health>. Accessed August 23, 2019.

Health Factors

In Central New Mexico, an average of 20.1% of high school students ate five or more servings of fruits and vegetables every day (Bernalillo County: 17.8%; Sandoval County: 22.7%; Torrance County: 16.7%; and Valencia County: 19.9%), compared to 19.9% for the state³³. The percent of adults in Central New Mexico who eat five or more fruits and vegetables per day varies widely (Bernalillo County: 15.3%; Sandoval County: 22.0%; Torrance County: 8.2%; and Valencia County: 10.8%) compared to the rest of the state (16.2%)³⁴.

“ ONLY ONE-IN-THREE HIGH SCHOOL STUDENTS IN CENTRAL NEW MEXICO HAVE BREAKFAST EVERY DAY

Eating healthier improves school learning and behavior. Only one in three high school students in Central New Mexico had breakfast every day. This was similar to the percent for the state in general and slightly lower than the percent for the United States (Figure 28). Programs such as school breakfast programs can improve the percent of students eating breakfast every day. Student participation in the School Breakfast Program is associated with higher academic grades and standardized test scores, reduced absences, and improved memory³⁵.

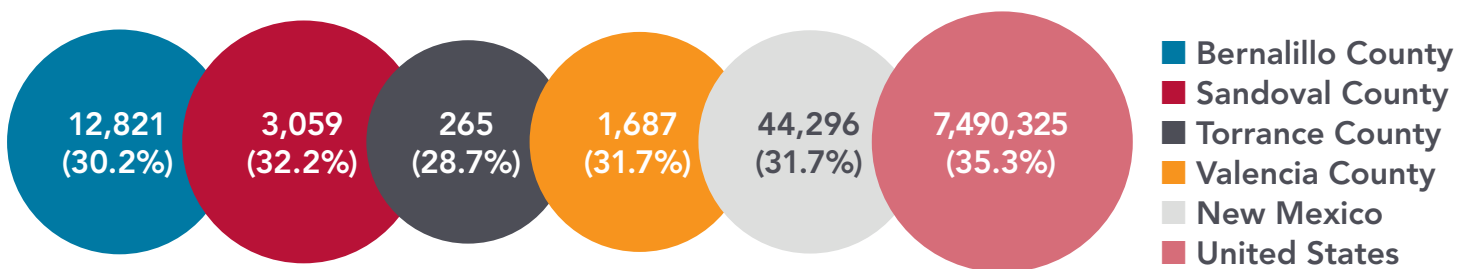


Figure 28. Number and Percent of High School Students Eating Breakfast Every Day

Source: 2017 NM YRRS & 2017 ACS 5-year (15-19 population)

Physical activity is important for normal growth and development and reduces the risk of chronic disease conditions such as heart disease and cancer. Increasing physical activity can also improve mental health and wellbeing³⁶. It is recommended that adults get 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week. Adults in Bernalillo County were most likely to meet these physical activity recommendations in central New Mexico (Figure 29).

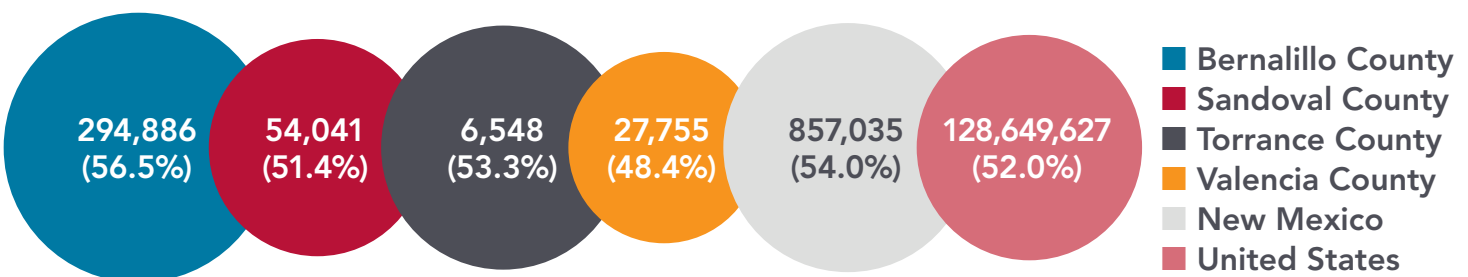


Figure 29. Number and Percent of Adults Meeting Physical Activity Recommendations

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for Torrance County, 2017 for state, national and Bernalillo, Sandoval, and Valencia Counties) and 2017 ACS 5-year estimates (18+ population)

³³ 2017 NM YRRS

³⁴ NM-IBIS: BRFSS (2017 for Bernalillo, Sandoval, and Valencia counties and NM, 2013-2017 for Torrance)

³⁵ Centers for Disease Control and Prevention. CDC Features. Healthy Living. Eating Healthier at School Improves Learning. Available at: <https://www.cdc.gov/features/school-lunch-week/index.html>. Accessed August 23, 2019.

³⁶ Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics. <https://www.cdc.gov/physicalactivity/basics/index.htm>. Accessed August 23, 2019.



The U.S. Physical Activity Guidelines for Americans recommend that children should have 60 minutes (one hour) or more of physical activity each day³⁷. Youth in Torrance County had the highest percent of youth who were physically active. However, less than half of students were physically active every day, suggesting that there is still room for improvement.

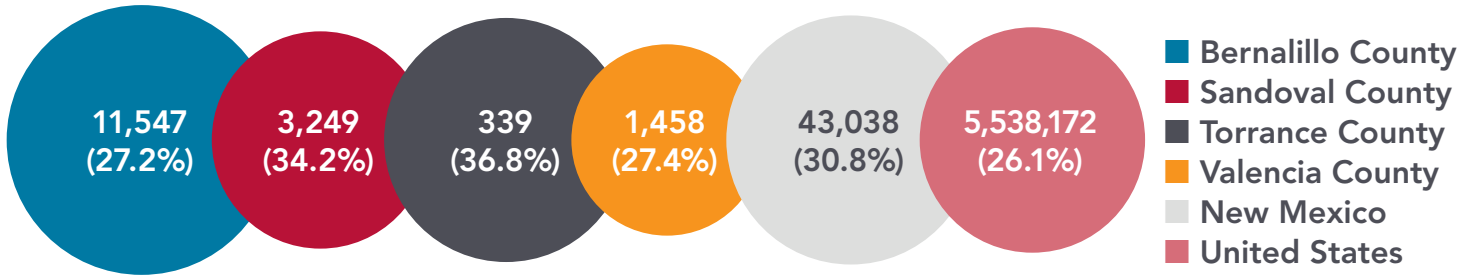


Figure 30. Number and Percent of High School Engaging in Physical Activity Every Day

Source: 2017 NM YRRS & 2017 ACS 5-year (15-19 population)

Achieving and maintaining a healthy weight is not only about lifestyle choices such as healthy eating and physical activity, but also about food environments and access to ways to be physically active. Healthy weight is frequently measured using body mass index (BMI). There are many limitations to using BMI as a measure of health. For example, BMI is not a diagnostic measure of health risk³⁸. However, BMI can provide patients and communities with a starting point with which to begin conversations about healthy eating and physical activity. BMI is a person’s weight in kilograms divided by the square of their height in meters. A BMI of 18.5 to 24.9 is generally considered to be a healthy weight range. Adults in central New Mexico were equally likely to be at a healthy weight than adults in New Mexico or the United States (Figure 31).

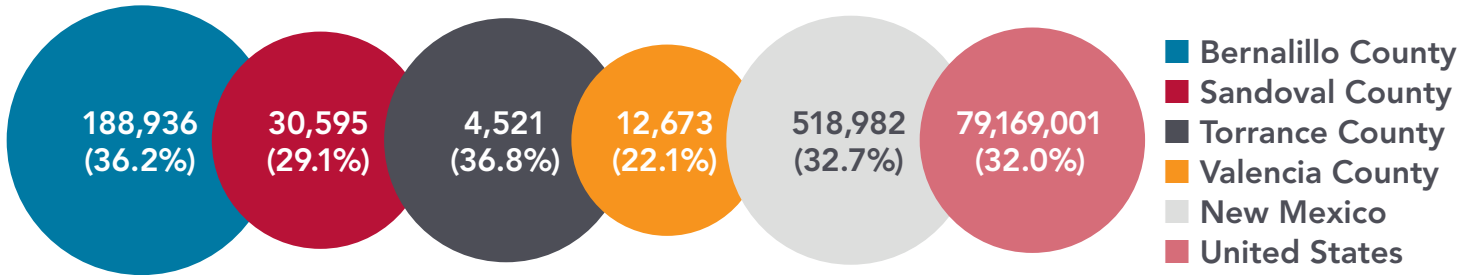


Figure 31. Number and Percent of Adults at a Healthy Weight

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for Torrance County, 2017 for state, national and Bernalillo, Sandoval, and Valencia Counties) and 2017 ACS 5-year estimates (18+ population)

The percent of adults who are a healthy weight has gone up and down for most counties in central New Mexico between 2013 and 2017 (Figure 32). Bernalillo County has seen a small decrease.

³⁷ Centers for Disease Control and Prevention. CDC Healthy Schools. Physical Education and Physical Activity. Available at: www.cdc.gov/healthyschools/physicalactivity/facts.htm. Accessed August 23, 2019.

³⁸ www.cdc.gov/healthyweight/assessing/index.html

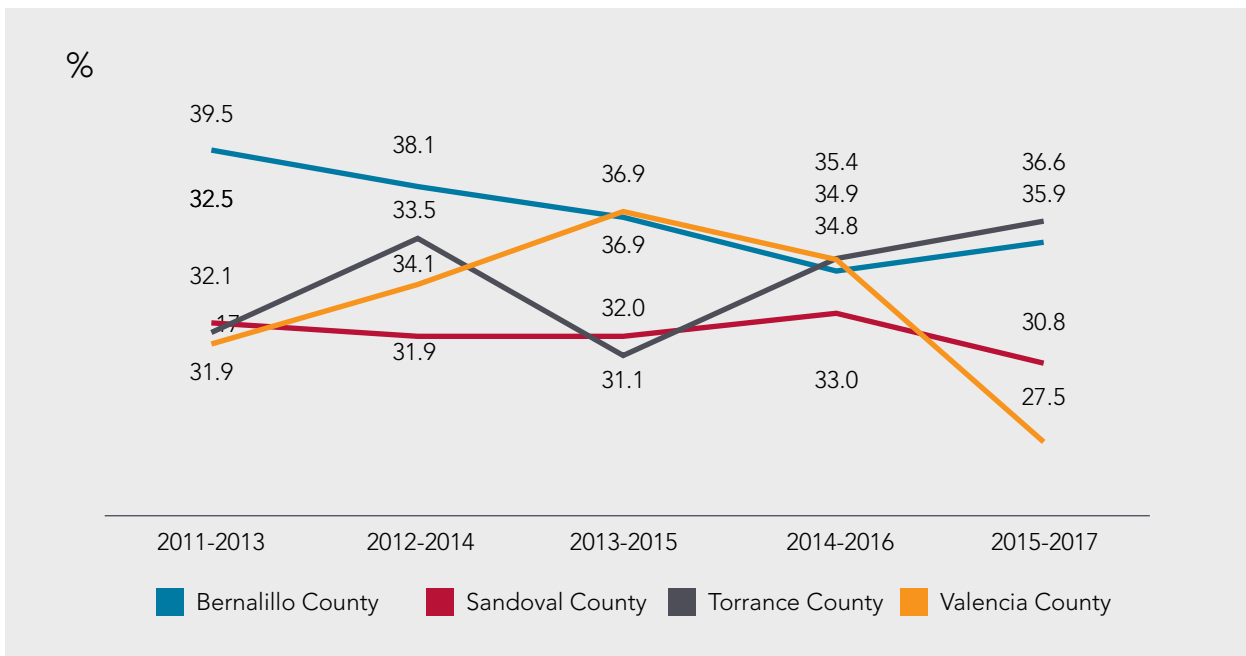


Figure 32. Percent of Adults Who Are at a Healthy Weight

Source: NM-IBIS, 2011-2017 Behavioral Risk Factor Surveillance System

In the United States, the number of children with obesity has continued to increase over the past twenty years³⁹. Childhood obesity can increase a child’s risk of asthma, sleep apnea, and Type 2 diabetes. BMI is measured differently for children and teens. For people two to 19 years old, BMI is calculated using BMI-for-age percentile based on CDC growth charts⁴⁰. Valencia County’s childhood obesity prevalence is highest in central New Mexico (Figure 33).

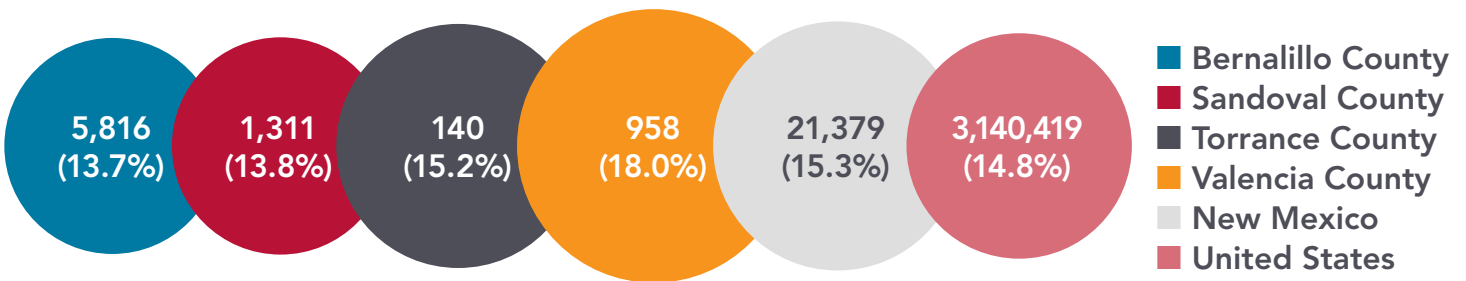


Figure 33. Number and Percent of High School Students who were Obese

Source: 2017 NM YRRS & 2017 ACS 5-year (15-19 population)

³⁹ Centers for Disease control and Prevention. Available at: <https://www.cdc.gov/healthyweight/children/index.html>. Accessed August 23, 2019.
⁴⁰ Centers for Disease Control and Prevention. Healthy Weight. Assessing your Weight. BMI Percentile Calculator for Child and Teen. <https://www.cdc.gov/healthyweight/bmi/calculator.html>. Accessed August 23, 2019.

Risk factors for asthma attacks include exercise, respiratory infections, and exposure to environmental factors such as allergens, tobacco smoke, and indoor and outdoor air pollution. Air pollution can make asthma symptoms worse and trigger asthma attacks. People with asthma are more likely to have symptoms when ozone and particle pollution (types of air pollution) are in the air⁴¹. In 2016, there were 26.7 emergency department visits for asthma per 10,000 population (age-adjusted) in Bernalillo County, 20.6 in Sandoval County, 16.0 in Torrance, 18.9 in Valencia County. This compares to 36.0 for New Mexico in general (NM Tracking: 2016 ED data).



High blood pressure (i.e., the force of blood pushing against the walls of your arteries is too high) raises the risk for heart disease and stroke, which are both leading causes of death in New Mexico. High blood pressure, also known as hypertension, frequently has no symptoms, so it is important for people to have their blood pressure measured regularly. Hypertension can be prevented and managed through healthy diet and physical activity. Also, smoking increases a person’s risk of hypertension. If a person is diagnosed with hypertension their provider may also prescribe medications to keep it under control. If a person’s blood pressure is 140/90 mmHg it is considered to be high. The prevalence of high blood pressure among adults is highest in Torrance County among the counties in central New Mexico (Figure 34).

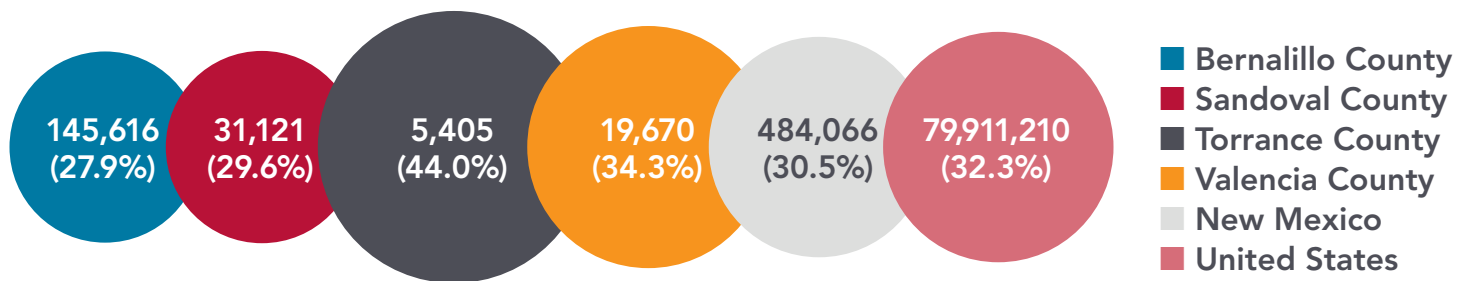


Figure 34. Number and Percent of Adults with Diagnosed High Blood Pressure

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for Torrance County, 2017 for state, national and Bernalillo, Sandoval, and Valencia Counties) and 2017 ACS 5-year estimates (18+ population)

Smoking is the leading cause of preventable death in the United States and is a risk factor for a number of diseases and conditions, including cancer, heart disease, and respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma⁴². In New Mexico, there are free resources to support community members who want to quit using tobacco (<http://nmtupac.com/>). The prevalence of smoking in central New Mexico is highest in Torrance County.

“SMOKING IS THE LEADING CAUSE OF PREVENTABLE DEATH IN THE UNITED STATES

⁴¹ Centers for Disease Control and Prevention. Asthma. Available at: <https://ephtracking.cdc.gov/showAsthmaAndEnv>. Accessed August 23, 2019.

⁴² Centers for Disease Control and Prevention. Smoking and Tobacco Use. Health Effects. Available at: www.cdc.gov/tobacco/basic_information/health_effects/index.htm. Accessed August 23, 2019.

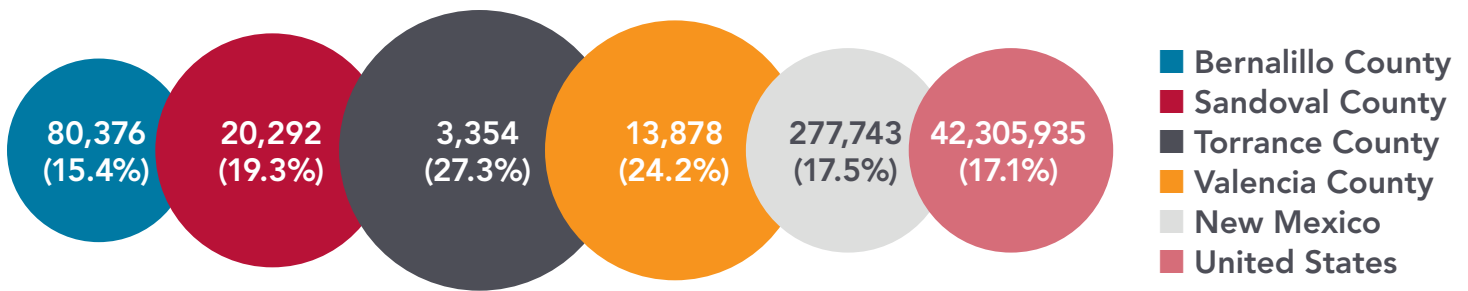


Figure 35. Number and Percent of Adults who Smoke Cigarettes

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for Torrance County, 2017 for state, national and Bernalillo, Sandoval, and Valencia Counties) and 2017 ACS 5-year estimates (18+ population)

Tobacco use includes not only smoking cigarettes but also e-cigarettes, hookah, smoking cigars, and using chewing tobacco. Tobacco product use is started and established primarily during adolescence and nearly 90% of smokers began smoking before the age of 18⁴³. The prevalence of tobacco use among high school students in Bernalillo County is 34.1%, compared to 36.6% in Sandoval County, 45.3% in Torrance County, and 42.8% in Valencia County. This compares to 33.8% of high school students in New Mexico in general⁴⁴.



Excessive alcohol use, including underage drinking (any alcohol consumption under the age of 21 years), binge drinking (drinking five or more drinks on an occasion for men or four or more drinks on an occasion for women), and heavy drinking (15 drinks or more per week for men and eight drinks or more per week for women) can lead to increased risk of health problems such as injuries, violence, liver diseases, and cancer⁴⁵. The prevalence of binge drinking was highest in Sandoval County among counties in central New Mexico (Figure 36).

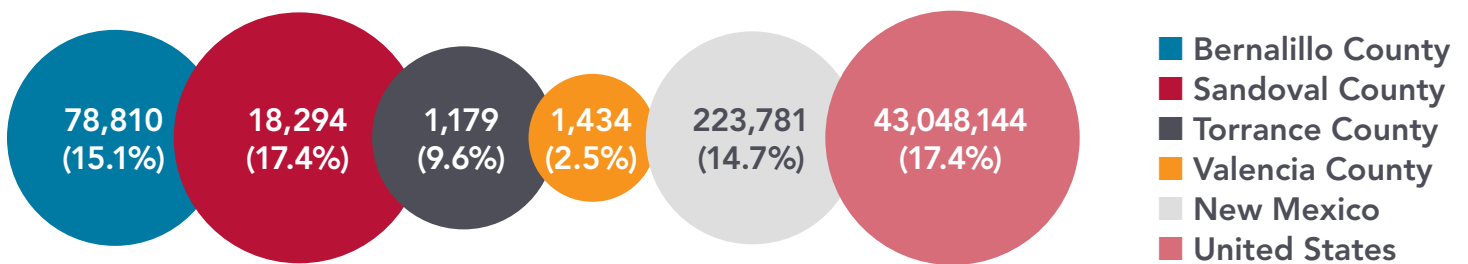


Figure 36. Number and Percent of Adults who Binge Drink

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for Torrance County, 2017 for state, national and Bernalillo, Sandoval, and Valencia Counties) and 2017 ACS 5-year estimates (18+ population)

The prevalence of heavy drinking was lowest in Torrance County among counties in central New Mexico (Figure 37).

⁴³ Centers for Disease Control and Prevention. Smoking and Tobacco Use. Youth and Tobacco Use. Available at: www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm. Accessed August 23, 2019.

⁴⁴ 2017 NM YRRS

⁴⁵ Centers for Disease Control and Prevention. Alcohol and Public Health. Available at: <https://www.cdc.gov/alcohol/index.htm>. Accessed August 23, 2019.

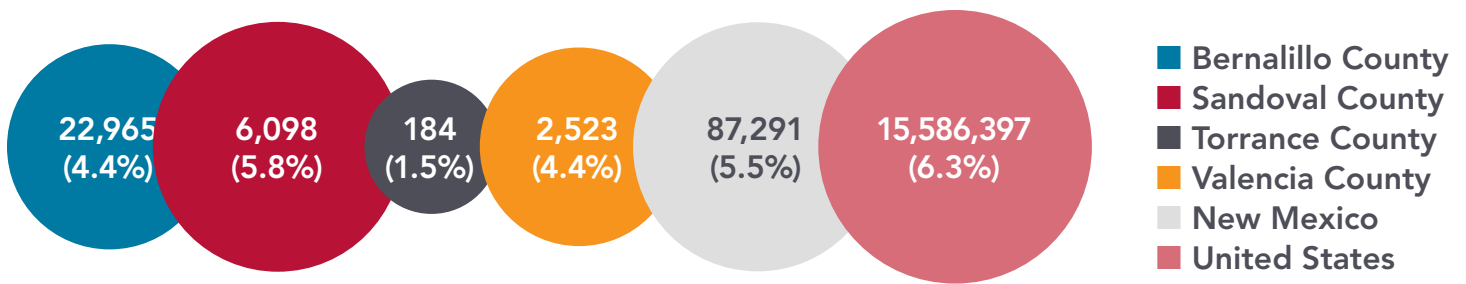


Figure 37. Number and Percent of Adults who Drink Heavily

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for Torrance County, 2017 for state, national and Bernalillo, Sandoval, and Valencia Counties) and 2017 ACS 5-year estimates (18+ population)

Youth who drink alcohol before age 15 are six times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at age 21 or older. Fortunately, underage drinking has been decreasing in New Mexico⁴⁶. The prevalence of high school students who do not currently (past 30 days) drink was similar in central New Mexico than in New Mexico and the United States (Figure 38).

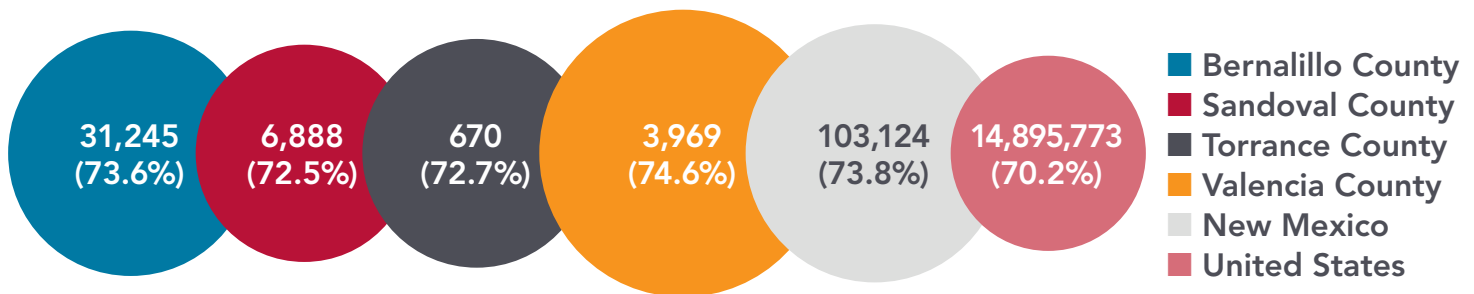


Figure 38. Number and Percent of High School Students Who Do Not Currently Drink

Source: 2017 NM YRRS & 2017 ACS 5-year (15-19 population)

New Mexico has the highest alcohol-related death rate in the United States⁴⁷. Alcohol-related death includes 54 causes of death determined by the CDC⁴⁸. The most common cause of alcohol-related death in New Mexico is chronic liver disease. Apart from Torrance County, the age-adjusted alcohol-related death rate (deaths per 100,000 population) is increasing in Central New Mexico. Fortunately, there are several proven strategies for communities to effectively reduce excessive drinking and alcohol-related death including increasing alcohol excise taxes, decreasing hours and days of sale, decreasing alcohol outlet density, increasing alcohol screening and brief intervention⁴⁹.

⁴⁶ New Mexico Department of Health. Data report from the 2015 New Mexico Youth Risk & Resiliency Survey. Alcohol and Related Behaviors. Available at: http://youthrisk.org/pdf/YRRS_Alcohol_Report_2015.pdf. Accessed August 23, 2019.

⁴⁷ Stahre M, Roeber J, Kanny D, Brewer RD, Zhang X. Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. *Prev Chronic Dis.* 2014 Jun 26;11:E109.

⁴⁸ CDC. Alcohol-Related Disease Impact (ARDI) Application. Available at: https://nccd.cdc.gov/DPH_ARDI/default/default.aspx. Accessed May 6, 2019

⁴⁹ The Community Guide. Excessive Alcohol Consumption. Available at: <https://www.thecommunityguide.org/topic/excessive-alcohol-consumption>. Accessed May 6, 2019.

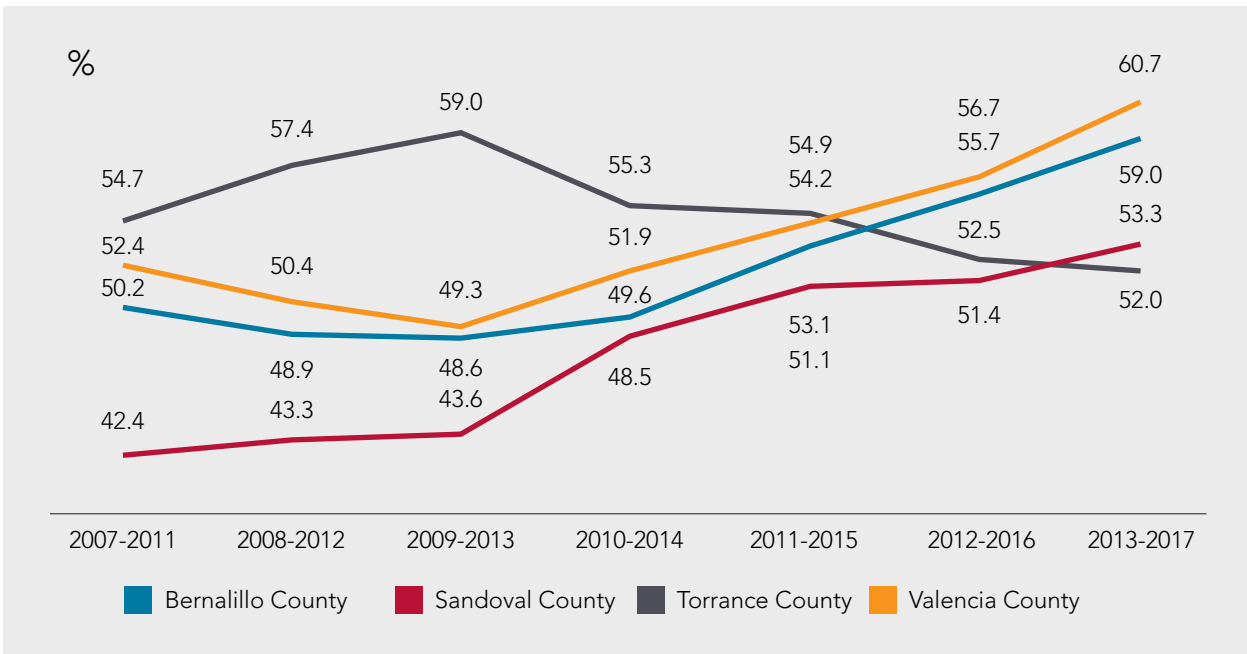


Figure 39. Age-Adjusted Alcohol-Related Deaths per 100,000 Population, 2007-2017

Source: NM-IBIS: 2007-2017 Death Certificate Data

Substance use is a major public health concern for New Mexico. The prevalence of heroin use among high school students in Central New Mexico varies by county (Bernalillo County: 2.6%; Sandoval County: 1.9%; Torrance County: 2.5%; Valencia County: 5.5%)⁵⁰. The situation is similar with the percent of high school students who use methamphetamine (Bernalillo County: 2.6%; Sandoval County: 2.0%; Torrance County: 2.1%; Valencia County: 5.9%). Deaths due to drug overdose have gathered increased attention nationally. In New Mexico, the drug overdose rate has plateaued after a sharp increase, largely due to prescription opioids. In central New Mexico, the rate of drug overdose deaths has bounced up and down for the past ten years (Figure 40).

⁵⁰ 2017 NM YRRS & 2017 ACS 5-year (15-19 population)

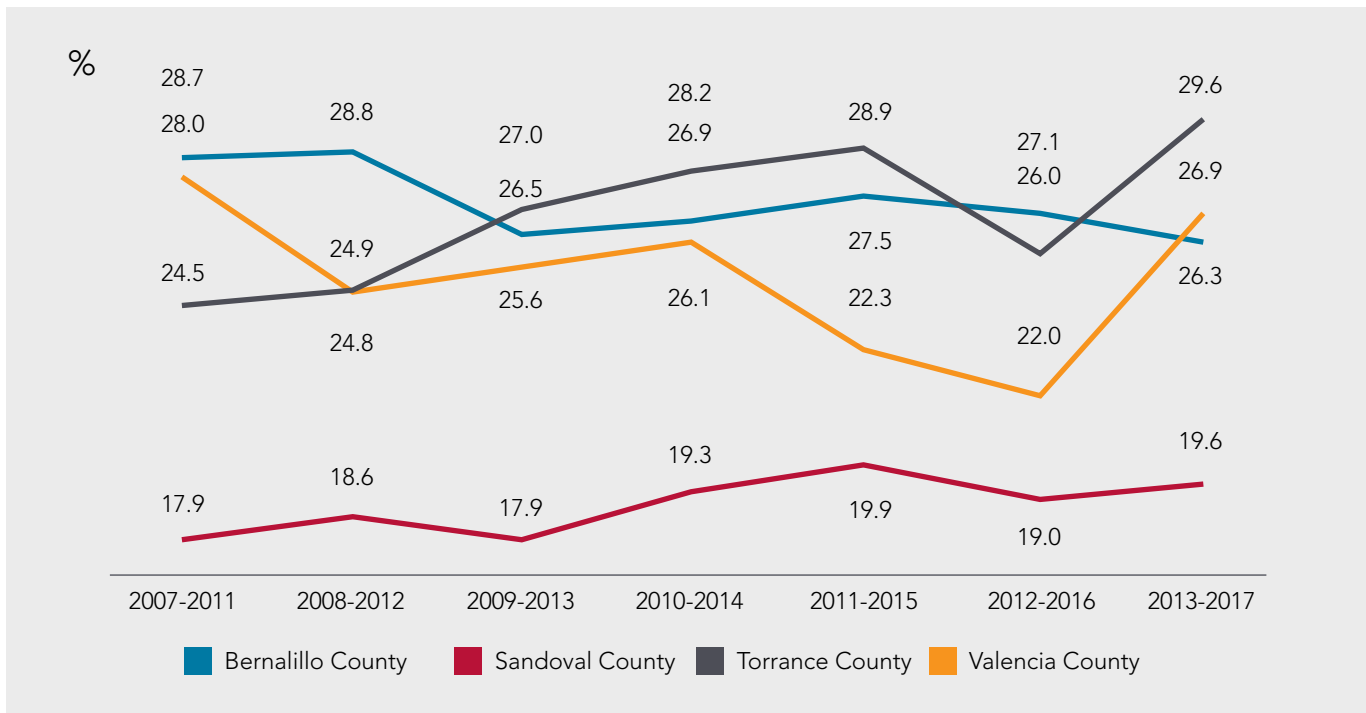


Figure 40. Age-Adjusted Drug Overdose Deaths per 100,000 Population, Central New Mexico, 2007-2017

Source: NM-IBIS: 2007-2017 Death Certificate Data

Mental health is an important part of a person’s overall health. Poor mental health and mental illness (e.g., depression and anxiety) are not the same. A person can have poor mental health and not have a mental illness diagnosis. Mental illness, especially depression, can increase a person’s risk for chronic conditions such as stroke, type 2 diabetes, and heart disease⁵¹. Sandoval County has the highest prevalence of adults who report that they had 14+ poor mental health days in the past 30 days in Central New Mexico (Figure 41).

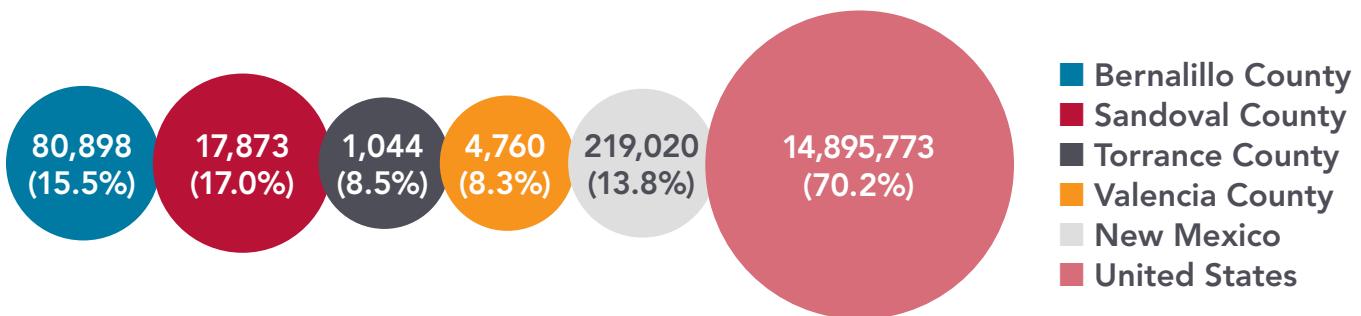


Figure 41. Number and Percent of Adults who had 14+ Poor Mental Health Days in the Past 30 Days

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for Torrance County, 2017 for state, national and Bernalillo, Sandoval, and Valencia Counties) and 2017 ACS 5-year estimates (18+ population)

The prevalence of high school students (grades 9-12) who reported persistent feelings of sadness and hopelessness in central New Mexico was similar to the prevalence for New Mexico and the United States (Figure 42).

⁵¹ Centers for Disease Control and Prevention. Mental Health. Learn About Mental Health. Available at: <https://www.cdc.gov/mentalhealth/learn/index.htm>. Accessed August 23, 2019.

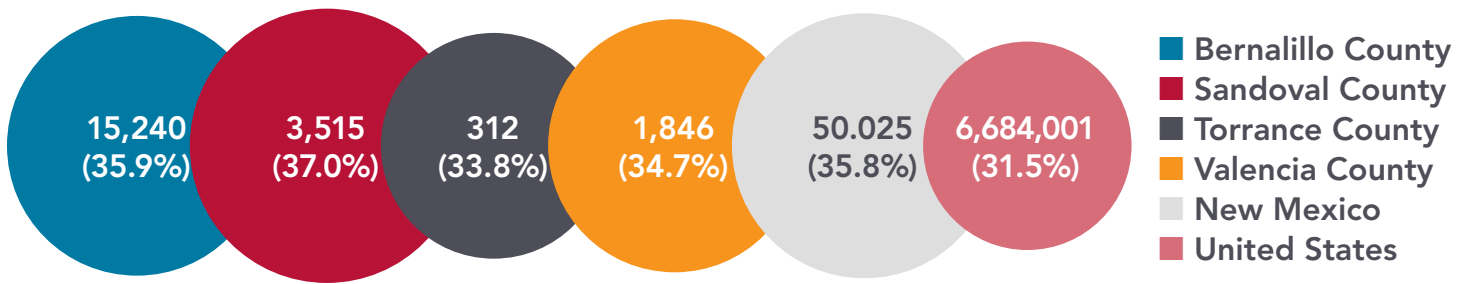


Figure 42. Number and Percent of High School Students Who Report Persistent Feelings of Sadness and Hopelessness

Source: 2017 NM YRRS & 2017 ACS 5-year (15-19 population)

Sexual violence is any sexual activity where consent is not freely given. Survivors may experience chronic pain, headaches, and sexually transmitted infections. They are often fearful or anxious and may have problems trusting others. Promoting healthy and respectful relationships can help reduce sexual violence⁵². A total of 10.1% of high school students have been sexually assaulted in Bernalillo County compared to 9.5% in Sandoval County, 7.2% in Torrance County, 9.7% in Valencia County, and 10.4% of high school students statewide (2017 NM YRRS).



Children may experience abuse and/or neglect by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of child abuse and neglect: physical abuse, sexual abuse, emotional abuse, and neglect. Preventing child abuse and neglect requires addressing relationship and environmental factors at the individual, relational, community, and societal levels⁵³. In Bernalillo County, there were 2,379 substantiated cases of child abuse from July 2017-June 2018 compared to 202 in Sandoval County, 63 in Torrance County, 272 in Valencia, and 6,479 cases statewide⁵⁴.

Resiliency factors can act as “protective” factors that may help prevent youth from engaging in risky sexual, drug, or violent behavior. They may also help reduce poor health outcomes and reduce likelihood or impacts of traumatic experiences (Figure 43).

⁵² Centers for Disease Control and Prevention. Preventing Sexual Violence. Available at:

<https://www.cdc.gov/features/sexualviolence/index.html>. Assessed August 23, 2019.

⁵³ Centers for Disease Control and Prevention. Violence Prevention. Child Abuse and Neglect Prevention. Available at:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>. Assessed August 23, 2019.

⁵⁴ CYFD FY2018. https://cyfd.org/docs/360ANNUAL_FY18_FINAL.PDF

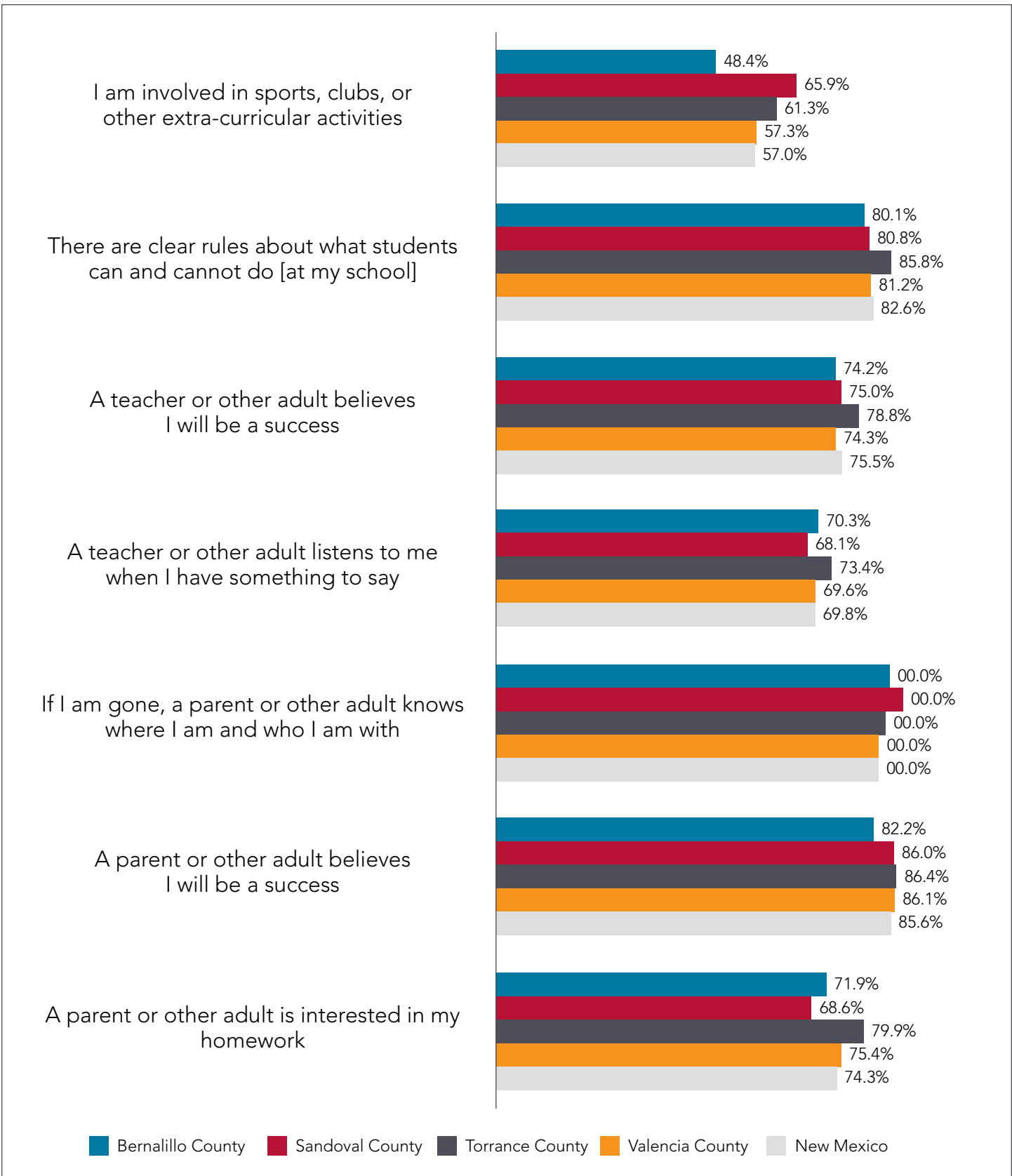


Figure 43. Resiliency/Protective Factors among High School Students (Responded “Very Much True” of “Pretty Much True” to the Following Statements), New Mexico and each of the four counties in Central New Mexico

Source: 2017 NM YRRS

Infant mortality is the death of an infant before his or her first birthday. Causes of infant mortality include birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome, and injuries. Infant mortality can be prevented by improving perinatal care, preventing sudden infant death syndrome, and building support to improve maternal and child health, preventing child abuse, and improving screening and care for birth defects and developmental disabilities. The infant mortality rate in Sandoval County was highest of counties in central New Mexico (Figure 44).

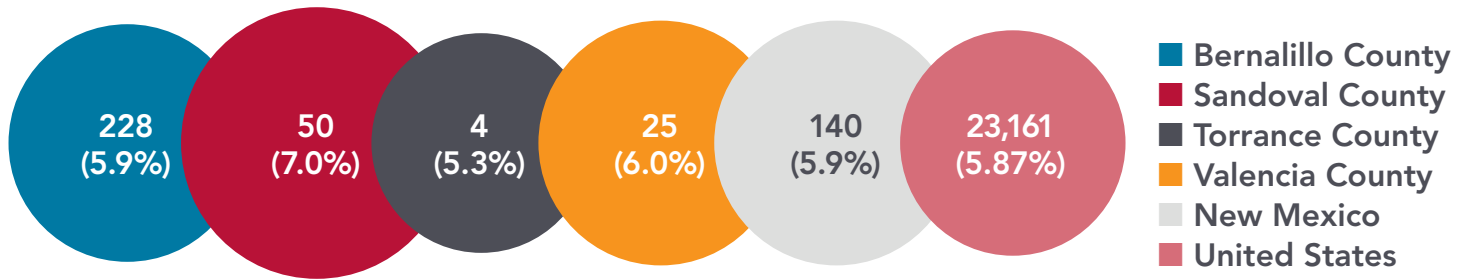


Figure 44. Infant Mortality Number and Rate (deaths per 1,000 births) and Hopelessness

Source: NM-IBIS: 2013-2017 Death Certificate Data (County), 2017 (State); 2016 CDC WONDER (US)

The five leading causes of death for central New Mexico for 2017 are listed in Table 5. The leading causes of death for central New Mexico are fairly similar across counties.

	1ST	2ND	3RD	4TH	5TH
Bernalillo County	Heart disease	Cancer	Unintentional injuries	Chronic lower respiratory disease (e.g., COPD, asthma)	Cerebrovascular disease (stroke)
Sandoval County	Cancer	Heart Disease	Unintentional injuries	Cerebrovascular disease (stroke)	Chronic lower respiratory disease (e.g., COPD, asthma)
Torrance County	Cancer	Heart Disease	Chronic lower respiratory disease (e.g., COPD, asthma)	Unintentional injuries	Cerebrovascular disease (stroke)
Valencia County	Cancer	Heart Disease	Unintentional injuries	Chronic lower respiratory disease (e.g., COPD, asthma)	Cerebrovascular disease (stroke)
New Mexico	Heart disease	Cancer	Unintentional injuries	Chronic lower respiratory disease (e.g., COPD, asthma)	Cerebrovascular disease (stroke)

Table 5. Leading Causes of Death by County

Source: NM-IBIS: 2017 Death Certificate Data

Table 6 summarizes the number of deaths in five years and deaths per 100,000 population (age-adjusted) for leading causes of death and substance use-related (alcohol and drug) causes of death. For example, there were 5,427 deaths from heart disease in 2013-2017 in Bernalillo County, an average of 1,085 deaths a year.

CAUSE OF DEATH	BERNALILLO		SANDOVAL		TORRANCE		VALENCIA	
	NUMBER (5-YEARS)	RATE	NUMBER (5-YEARS)	RATE	NUMBER (5-YEARS)	RATE	NUMBER (5-YEARS)	RATE
Heart Disease	5,427	140.8	1,007	132.4	182	182.8	653	151.1
Cancer	5,515	142.4	1,123	135.1	167	154.8	671	143.9
Unintentional Injuries	2,179	61.4	389	56.6	59	73.5	258	66.7
Alcohol-related death	2,139	59.0	386	53.3	47	52.0	244	60.7
Chronic lower respiratory diseases (asthma, COPD, etc.)	1,651	43.3	289	37.7	92	89.6	260	58.4
Diabetes	825	21.4	216	27.2	27	26.4	105	22.7
Cerebrovascular disease (stroke)	1,349	35.7	249	33.8	34	35.2	170	40.0
Suicide	725	20.8	129	18.7	25	30.1	93	24.7
Chronic liver disease	707	18.7	154	20.1	12	10.9	88	20.1
Alzheimer's disease	940	24.7	162	23.0	11	12.2	95	23.5
Influenza and pneumonia	491	12.9	112	15.3	16	15.9	59	14.2
Drug overdose	902	26.3	129	19.6	23	29.6	101	26.9
Homicide	287	8.5	29	4.3	7	9.0	29	8.3

Table 6. Five-Year Number and Rates (Age-Adjusted Deaths per 100,000 Population) of Selected Causes of Death

Source: NM-IBIS: 2013-2017 Death Certificate Data

For the first time in recorded history, life expectancy in the United States is decreasing, while countries around the world continue to see an increase in life expectancy. Life expectancy is defined as the average expected number of years of life remaining from a given age, within a given population, and is based on current mortality experience of people in the same population. The life expectancy from birth for central New Mexico by small area is shown in Figure 45.⁵⁵

⁵⁵ NM-IBIS: 2017 Life expectancy from birth, Death Certificate Data

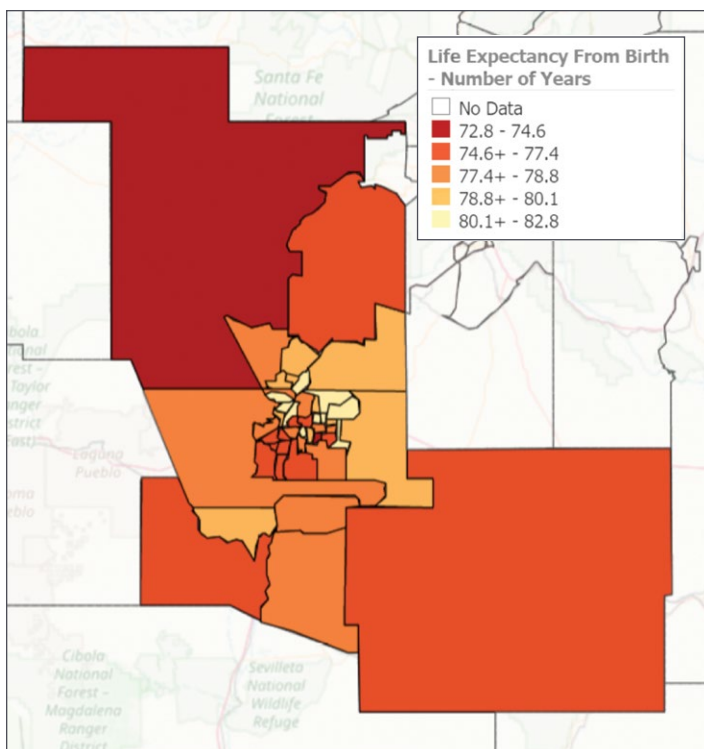


Figure 45. Life Expectancy from Birth by Small Area, Central New Mexico

Source: NM-IBIS: 2013-2017 Death Certificate Data

Impact

Beginning in 2016, Community Health prioritized sharing stories and results and began specifically evaluating the feasibility, process, and impact of implementation of the plans made in response to community health assessments. In addition to assessing the reach of programs, key interventions have been evaluated for impact on individual knowledge, behavior, and health outcomes. Impact reports can be found at www.phs.org/committed-to-community-health. See **Appendix F** for the 2016-2019 CHIP dashboard and progress. The long-term success and sustainability of many large-scale initiatives depend on the strength of the partnerships and network of organizations helping to make change. Evaluation of the strength and impact of our role in collective work is incredibly valuable because it can help us know how well we are working together to identify essential partners, gauge the level of partner involvement, how well we are leveraging resources, and strategizing for how to improve the work of the collaborative. The high degree of trust for Presbyterian as a backbone and convening body for collective work can be seen in the Healthy Here Collective Impact Report (2017). Additionally, the impact of our work thus far, the large number of partners, and our investment in healthy eating and active living by county and statewide can be explored through an interactive experience at www.Healthy-NM.org. Below is a sample of projects to explore on the interactive site.



Through the assessment process, our community is heartened to see some progress in previously identified program areas. It is important to Presbyterian and our community to maintain these gains and continue to sustain successful strategies as we add new areas of priority.

Potential and Continuing Resources

In addition to Presbyterian Hospital, Rust Medical Center and Presbyterian Kaseman Hospital, the majority of health service and social service resources in the state are present in Central New Mexico (see [Appendix G](#) for a resource list). Other health care resources in Central New Mexico include UNM Medical Group clinics, UNM Hospital, Lovelace Health System, Albuquerque Healthcare for the Homeless, and Federally Qualified Health Centers including: First Nations Community Health Source and First Choice Community Healthcare, which has locations in several of the surrounding counties. Available behavioral health care services include Children’s Psychiatric Hospital, Enchanted Mesa residential Treatment Center, Children’s Community Mental Health Clinic, and Abrazos Family Support Services. There are several school-based health centers including 14 in Bernalillo County and three in Sandoval County, and there are New Mexico Department of Health Public Health Offices throughout the region.

Resource directories like SHARE NM (www.sharenm.org) are important to highlight so that residents are aware of available resources that exist in the county to address each of the priority areas. While resources to support behavioral health are often at capacity, many of the services that provide statewide support are located in Central New Mexico including Presbyterian Kaseman Hospital, UNM Psychiatric Center, Turquoise Lodge, and Haven Behavioral Hospital of Albuquerque. Additionally, Albuquerque is home to the VA hospital and many services for veterans, elders, and the people living with disabilities.

Anchor institutions like Presbyterian, The University of New Mexico (UNM), Central New Mexico Community College (CNM), and Sandia National Labs, among others in the community, continue to be resources that bring federal dollars, jobs, and purchasing power to the region and the state. The Bernalillo County Community Health Council, Partnership for a Healthy Torrance County, Valencia County Community Wellness Council, and the Sandoval County Health Collaborative continue to be community-based organizations championing community health and wellness, prevention, and awareness. The health councils help strengthen the network of community partnerships, create seamless coordination of comprehensive resources and promote community health and wellness, prevention, and awareness.

APPENDIX A: PERSONS WITH INPUT INTO THE COMMUNITY HEALTH ASSESSMENTS AND COMMUNITY HEALTH IMPLEMENTATION PLANS

Health councils and Community Health staff worked together to identify, invite, engage, and facilitate feedback from:

- 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

Community members, forum participants, and those unable to attend forums were encouraged to contact Presbyterian Community Health with any additional comments and input. Additional input on the detailed implementation plans was gathered from the Health Council personnel and New Mexico Department of Health representatives.

See below for those who gave input into the assessment and plans.

PRESBYTERIAN COMMUNITY HEALTH STAFF

Meredith Root-Bowman, MPH, MPA

Director, Community Health

Sharz Weeks, MPH

Project Coordinator

Leigh Caswell, MPH

Vice President, Community Health

Laura Tomedi, PhD, MPH

Community Health Epidemiologist

Natahlia Enoah, MS

Project Coordinator

Elizabeth Holguin, PhD, MPH, MSN, FNP-BC

Medical Director, Community Health

COMMUNITY HEALTH ADVISORY BOARD MEMBERS

Karen Armitage, MD

Interim Dean, UNM College of Population Health

Barbara Balik Ed.D.

Faculty, Institute for Healthcare Improvement
Board Member, Presbyterian Healthcare Services

Sandra Begay, MS

Director
City of Albuquerque Environmental Health Department

Dawn Drumm, MD

Population Health Fellow
Presbyterian Healthcare Services

Matt Ennis, PhD

Entrepreneur in Residence
Presbyterian Healthcare Services

Elizabeth Holguin, PhD, MSN, MPH, FNP-BC

Robert Wood Johnson Nursing & Health Policy Fellow /
Jonas Nurse Leader Scholar

Jerry Montoya

Health Promotion Program Manager
New Mexico Department of Health

Richard Scott, CFRE

President
Presbyterian Healthcare Foundation

Corinne Shefner-Rogers, PhD

International Public Health Social and Behavior Change
Communication/C4D Consultant

William Wiese, MD, MPH

Associate Director and Senior Fellow for the Robert Wood
Johnson Foundation Center for Health Policy

Helen Wertheim

Board Member
Presbyterian Healthcare Services

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NEW MEXICO DEPARTMENT OF HEALTH REPRESENTATIVES

Jerry Montoya

Health Promotion Program Manager
NM Department of Health

Mark Clark

Health Promotion Program
New Mexico Department of Health

Tom Scharmen

Community Epidemiologist
New Mexico Department of Health

Diana Good

Health Promotion Program
New Mexico Department of Health

Diana Lopez

Health Promotion Program
New Mexico Department of Health

Jasmin Hendrickson,

Office of Primary Care Rural Health
New Mexico Department of Health

ADDITIONAL COMMUNITY MEETING PARTICIPANTS

Anne Jones

MCA-VC

Therese Flores

First Choice Community Healthcare Belen and Los Lunas

Noelle Chavez

Community Wellness Council, Valencia County
Ginny Adame, Valencia County DWI Program

Linda Mantano

OSAP

Kay Rayls

SANE

Soledad Rivera-Escarceya

CHI St. Joseph's Children, Sandoval

Gail Buckley Crane

LC16, Sandoval

Richard Draper

Sandoval Health Collaborative

Gene Johnstone

Sandoval County Health Collaborative

Rick Adesso

Sandoval County Health Collaborative

Peggy Osterfoss

Sandoval County Health Collaborative

Allison Kozeliski

Sandoval County Health Collaborative

Joelle Jacobs

Bernalillo County

Joan Appe

NM CDC

Norma Vasquez

BCCHC

Alison Fredericksen

Comagine Health

Xavier Barraza

Together4Brothers

Christopher Ramirez

Together4Brothers

Bonnie Murphy

Educating New Mexico

Tray Jiron

BCBS

Annette Looks Twice

BCCHC

Enrique Cardiel

BCCHC

Sheryl Boerger

Silver Sneakers

Sharalynn Lucero

Partnership for a Healthy Torrance County (PHTC)

Gail Falconer

PHTC

Angela Coburn

Presbyterian Medical Services

Art Falconer

PHTC

Tracey Master

Torrance DWI

Adrian Ortiz

Teen Court

Debbie Ortiz

PHTC

Art Swenka

KXNM Radio

APPENDIX B: BERNALILLO AND TORRANCE COUNTIES INDICATOR PRIORITIZATION POSTERS

Valencia County made their own poster and Sandoval County did not use their poster.

(Posters start on the following page)

Bernalillo County Health Priorities for 2010-2022

Healthy People 2020 Leading Health Indicator	2010-2014 Progress	2015-2017 Progress	2018-2019 Progress	2020-2022 Progress	2020-2022 Target	2020-2022 Status
Healthy People 2020 Leading Health Indicator	100% of adults meet the target for 2010-2014	100% of adults meet the target for 2015-2017	100% of adults meet the target for 2018-2019	100% of adults meet the target for 2020-2022	100% of adults meet the target for 2020-2022	100% of adults meet the target for 2020-2022
National Baseline	9.7% of adults meet the target for 2010-2014	14.9% of adults meet the target for 2015-2017	14.9% of adults meet the target for 2018-2019	14.9% of adults meet the target for 2020-2022	14.9% of adults meet the target for 2020-2022	14.9% of adults meet the target for 2020-2022
National Target	1.16 cup equivalent per 1,000 calories	20.1%	33.9%	14.5%	61.2%	12.0%
NMI Measure	100% of adults meet the target for 2010-2014	100% of adults meet the target for 2015-2017	100% of adults meet the target for 2018-2019	100% of adults meet the target for 2020-2022	100% of adults meet the target for 2020-2022	100% of adults meet the target for 2020-2022
Bernalillo Measure	17.2% of adults meet the target for 2010-2014	30.2% of adults meet the target for 2015-2017	85.5% of adults meet the target for 2018-2019	87.2% of adults meet the target for 2020-2022	87.2% of adults meet the target for 2020-2022	87.2% of adults meet the target for 2020-2022
Bernalillo Ranking	Year 21 of 21	20 of 21	7 of 21	29 of 21	10 of 20	28 of 21
Bernalillo Change Over Time	Year 21 of 21	20 of 21	7 of 21	29 of 21	10 of 20	28 of 21
Write-In!	14.8% decrease in adults meeting the target for 2010-2014	14.8% decrease in adults meeting the target for 2015-2017	14.8% decrease in adults meeting the target for 2018-2019	14.8% decrease in adults meeting the target for 2020-2022	14.8% decrease in adults meeting the target for 2020-2022	14.8% decrease in adults meeting the target for 2020-2022

Torrance County Health Priorities for 2010-2022

Healthy People 2020 Leading Health Indicator	National Baseline	National 2020 Target	NM Measure	Torrance Measure	Torrance Ranking	Torrance Change Over Time	Place Sticky Dot Where You Feel the County Should Focus its Efforts for the Next 3 Years.
NWS-15.1 Increase the contribution of total vegetables to the diets of the population aged 2 years and older	0.76 cup equivalent of total vegetables per 1,000 calories was the mean daily intake by persons aged 2 years and older in 2005-08 (age adjusted to the year 2000 standard population)	1.18 cup equivalent per 1,000 calories	19.9% of high school students consumed 5+ fruits or vegetables daily in 2017 (NA-YRBS) 16.2% of adults consumed 5+ fruits or vegetables daily in 2017 (BRFSS) <small>(BRFSS) *Note: NHANES measure is not available at the state or county level</small>	16.7% of high school students consumed 5+ fruits or vegetables daily in 2017 (NA-YRBS) 8.2% of adults consumed 5+ fruits or vegetables daily in 2013-2017 (BRFSS)	Youth: 23 of 31 (2017 NA-YRBS) Adults: 30 of 31 (2013-2017 BRFSS)	Youth: 7.1% increase between 2005-2017 Adults: 31.1% decrease between 2011-2015 and 2013-2017	
PA-2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity	18.2% of adults met the objectives for aerobic physical activity and for muscle-strengthening activity in 2008	20.1%	54.0% of adults met physical activity recommendations in 2017 <small>*Engaged in aerobic activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination, and performed muscle-strengthening activities on at least 2 days/week (BRFSS)</small>	53.3% of adults met physical activity recommendations in 2013-2017 (BRFSS)	15 of 31 (2013-2017 BRFSS)	6.1% increase between 2011-2015 and 2013-2017	
NWS-8 Increase the proportion of adults who are at a healthy weight	30.8% of persons aged 20 years and over were at a healthy weight in 2005-08 (age adjusted to the year 2000 standard population)	33.9%	32.7% of adults were at a healthy weight* in 2017 <small>*BMI 18.5 to less than 25 (BRFSS)</small>	36.8% of adults were at a healthy weight in 2015-2017 (BRFSS)	22 of 29 (2015-2017 BRFSS)	20.3% increase between 2011-2013 and 2015-2017	
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	16.1% of children and adolescents aged 2 to 19 years were considered obese in 2005-08	14.5%	15.6% of high school students were obese in 2017 (NA-YRBS)	15.2% of high school students were obese in 2017 (NA-YRBS)	11 of 31 (2017 NA-YRBS)	117.1% increase between 2005-2017	
HDS-12 Increase the proportion of adults with hypertension whose blood pressure is under control	43.7% of adults aged 18 years and older with high blood pressure had it under control in 2005-08	61.2%	35.0% of adults had hypertension in 2017 (BRFSS)	43.7% of adults had hypertension in 2013-2017 (BRFSS)	3 of 31 (2013-2017 BRFSS)	17.5% increase between 2011-2015 and 2013-2017	
TU-1.1 Reduce cigarette smoking by adults	20.6% of adults aged 18 years and over were current cigarette smokers in 2008 (age adjusted to the year 2000 standard population)	12.0%	17.5% of adults smoked cigarettes in 2017 (BRFSS)	27.5% of adults smoked cigarettes in 2015-2017 (BRFSS)	2 of 29 (2015-2017 BRFSS)	9.8% decrease between 2011-2013 and 2015-2017	
TU-2.1 Reduce use of tobacco products by adolescents (past month)	26.0% of adolescents in grades 9 through 12 used cigarettes, chewing tobacco, snuff, or cigars in the past 30 days in 2009	21.0%	33.8% youth used tobacco (5 types) in 2017 (NA-YRBS)	45.3% youth used tobacco (9 types) in 2017 (NA-YRBS)	3 of 31 (2017 NA-YRBS)	93.6% increase between 2005-2017	
SA-14.3 Reduce the proportion of persons engaging in binge drinking during the past 30 days; adults aged 18 years and older	26.9% of adults aged 18 years and over reported that they engaged in binge drinking during the past 30 days in 2015	24.2%	14.7% of adults were binge drinkers in 2017 (BRFSS)	9.5% of adults were binge drinkers in 2015-2017 (BRFSS)	27 of 29 (2015-2017 BRFSS)	34.5% decrease between 2011-2013 and 2015-2017	
SA-2.1 Increase the proportion of at risk adolescents aged 12 to 17 years who, in the past year, refrained from using alcohol for the first time	85.6% of adolescents aged 12 to 17 years who had never used alcohol in their lives refrained from using alcohol for the first time in 2008	94.2%	72.5% of high school students were not current drinkers in 2017 (NA-YRBS) <small>(NA-YRBS) *Note: NSDUH measure is not available at the state or county level</small>	72.7% of high school students were not current drinkers in 2017 (NA-YRBS)	13 of 31 (2017 NA-YRBS)	22.4% increase between 2005-2017	
SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days	14.2% of adolescents aged 12 to 17 years reported use of alcohol or any illicit drugs during the past 30 days in 2015	12.8%	2.8% of high school students used heroin in 2017 (NA-YRBS) 3.0% of high school students used methamphetamine in 2017 (NA-YRBS) <small>(NA-YRBS) *Note: NSDUH measure is not available at the state or county level</small>	2.5% of high school students used heroin in 2017 (NA-YRBS) 2.1% of high school students used methamphetamine in 2017 (NA-YRBS)	Heroin use: 17 of 31 (2017 NA-YRBS) Methamphetamine use: 19 of 31 (2017 NA-YRBS)	25.0% increase in heroin use between 2005-2017 44.7% decrease in methamphetamine use between 2005-2017	
MHMD-4.2 Reduce the proportion of adults aged 18 years and older who experience major depressive episodes (MDEs)	6.5% of adults aged 18 years and over experienced a major depressive episode in 2008	5.8%	13.8% of adults experienced frequent* mental distress in 2017 (BRFSS) * 14 or more days of the past 30 days	8.6% of adults experienced frequent* mental distress in 2015-2017 (BRFSS) * 14 or more days of the past 30 days	28 of 29 (2015-2017 BRFSS)	28.3% decrease between 2011-2013 and 2015-2017	
MHMD-4.1 Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)	8.3% of adolescents aged 12 to 17 years experienced a major depressive episode in 2008	7.5%	72.5% of high school students experienced sadness and hopelessness in 2017 (NA-YRBS) <small>(NA-YRBS) *Note: NSDUH measure is not available at the state or county level</small>	72.7% of high school students experienced sadness and hopelessness in 2017 (NA-YRBS)	24 of 31 (2017 NA-YRBS)	46.3% increase between 2005-2017	
AHS-3 Increase the proportion of persons with a usual primary care provider	78.3% of persons had a usual primary care provider in 2007	83.9%	71.5% of adults had a primary care provider in 2017 (BRFSS)	72.9% of adults had a primary care provider in 2015-2017 (BRFSS)	11 of 29 (2015-2017 BRFSS)	9% increase between 2011-2013 and 2015-2017	
RD-3.2 Reduce emergency department (ED) visits for asthma among children and adults aged 5 to 64 years	57.0 ED visits per 10,000 children and adults aged 5 to 64 years occurred in 2005-07	49.6 ED visits per 10,000	37.0 ED visits for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2016 (NMDOH ED Visit Data & UNM GPS)	17.0 ED visits for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2016 (NMDOH ED Visit Data & UNM GPS)	30 of 31 (2015-2017 BRFSS)	47.4% decrease between 2012-2016	
Write-in							
Write-in							

APPENDIX C: INDICATOR PRIORITIZATION VOTING RESULTS

Bernalillo County Health Priorities for 2020-2022

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
17.8% of high school students consumed 5+ fruits or vegetables daily in 2017 (NM-YRRSS)	1	1	3	5
15.3% of adults consumed 5+ fruits or vegetables daily in 2017 (BRFSS)				
30.2% of high school students ate breakfast daily in 2017			1	1
56.5% of adults met physical activity recommendations in 2017*				0
27.2% of high school students engaged in daily physical activity in 2017				0
36.2% of adults were at a healthy weight in 2017	4	1	1	6
13.7% of high school students were obese in 2017	1			1
27.9% of adults had hypertension in 2017	1	1	2	4
15.4% of adults smoked cigarettes in 2017				0
34.1% youth used tobacco (5 types) in 2017				0
15.1% of adults were binge drinkers in 2017				0
73.6% of high school students were not current drinkers in 2017			1	1
2.6% of high school students used heroin in 2017	2			1
2.6% of high school students used methamphetamine in 2017				
15.5% of adults experienced frequent mental distress in 2017	4	4	1	9
35.9% of high school students experienced sadness and hopelessness in 2017	1	1		2
71.7% of adults had a primary care provider in 2017	1	1		2
26.7 ED visits for asthma per 10,000 people occurred in 2016 (age-adjusted)	2	1		3
Write-ins				
Housing/Homelessness		4		4
Key Health Paradigm Changes		1	2	3
Comprehensive Reproductive Healthcare/ Abortion Access	3	5	3	11
Increase CHW Integration Concepts & training				0
Increase Supportive Housing Stock				0
Rate of Pre-term births		1		1
Increase Awareness of City and County Community centers and programs		1	1	2
Increase Use of City and county Community Centers		2	1	3

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
Undocumented Legal Status of families	1	4	1	6
Reduce overdose Deaths	1		3	4
Increase Housed Low-income residents			1	1
Trauma Informed Care training	1			1
Decrease Poverty	2	1	2	5
Environmental Quality		2		2
Rate of chronic and new homelessness	1	1	1	3
Primary Care Providers				0
Mental Health Providers		3	2	5
Social Justice Approach to Health	2	4	6	12
Upstream Indicators				Total Votes
Ratio of Population to Mental Health Providers	1		5	6
Percent of Moms Receiving Prenatal Care in the 1st Trimester	1		2	3
Environmental Quality Index	2			2
Ratio of Population to Primary Health Care Physicians	1	1		2
Percent of Population with Limited Access to Healthy Foods				0
Substantiated Child Abuse Claims per Population <18 yrs				0
Sexual Assault (percent of High School Students)	2	1	2	5
Midstream Indicators				Total Votes
Percent of Adults who Received Influenza Vaccination in the Last Year	1			1
Percent of Households not Receiving SNAP				0
Percent of Adults Who Received Pneumococcal Vaccination Ever				0
% of population living in poverty				0
Unemployment rate				0
Substantiated Child Abuse Claims per Population <18 yrs				0

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
Downstream Indicators				Total Votes
Homicide Deaths per 100,000 population			1	1
5 Leading Causes of Death				0
Alcohol-Related Deaths per 10,000 Population				0
Percent of Adults who Went Without Care Because of Cost	1	1	1	3
Drug Overdose Deaths per 100,000 Population			1	1
Life Expectancy (years)				0
Suicide Deaths per 100,000 Population	4	2	1	7
Infant Mortality Rate per 1,000 Live Births				0
% of population with health insurance				0

Torrance County Health Priorities for 2020-2022

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
16.7% of high school students consumed 5+ fruits or vegetables daily in 2017 (NM-YRRSS)	7	7	7	21
8.2% of adults consumed 5+ fruits or vegetables daily in 2013-2017 (BRFSS)				
28.7% of high school students ate breakfast daily in 2017	2	1	1	4
53.3% of adults met physical activity recommendations in 2013-2017*	2	3	8	13
36.8% of high school students engaged in daily physical activity	1	2	1	4
36.8% of adults were at a healthy weight in 2015-2017	0	2	1	3
15.2% of high school students were obese	11	5	2	18
43.7% of adults had hypertension in 2013-2017	5	7	2	14
27.5% of adults smoked cigarettes in 2015-2017	0	0	4	4
45.3% youth used tobacco (5 types) in 2017	13	2	2	17
9.5% of adults were binge drinkers in 2015-2017	0	2	6	8
72.7% of high school students were not current drinkers	1	1	2	4
2.5% of high school students used heroin in 2017	2	2	2	6
2.1% of high school students used methamphetamine in 2017	1	1	5	7
8.6% of adults experienced frequent* mental distress in 2015-2017	2	4	3	9
72.7% of high school students experienced sadness and hopelessness in 2017	9	7	8	24
72.9% of adults had a primary care provider in 2015-2017	0	1	1	2
17.0 ED visits for asthma per 10,000 children and adults aged 5 to 64 years occurred in 2016	6	1	0	7

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
Write-ins				
Public Transportation	2	0	1	3
Improve EMS capabilities to respond, treat and transport i.e. people, equipment, training, vehicles, funding, etc...	0	4	1	5
65+ - 14.7% flu immunization and flu death rates 17/33 NM Counties	1	1	2	4
Employment- voc tech and training to retain people here. High School students included.	1	3	5	9
Education, access to healthcare and counseling. Economic development with good internet access	1	0	0	1
Indoor swimming pool for water aerobics	0	5	1	6
Walking and Bike paths	1	2	3	6
Mental Health suicide education and early intervention	0	1	0	1
Drug overdose death has high number increase is of great concern	0	0	0	0
Substance abuse and alcohol abuse services i.e. DETOX, ICPS, Sober Living, Rehab...	0	0	0	0
Upstream Indicators				Total Votes
5 Leading Causes of Death				
Ratio of Population to Mental Health Providers	1	1	0	2
Ratio of Population to Primary Care Physicians	2	0	0	2
Percent of Population with Limited Access to Healthy Foods	0	0	0	0
Percent of Population with Health Insurance	0	0	0	0
Percent of Households not Receiving SNAP	0	0	0	0
Percent of Adults who Went Without Care Because of Cost	0	0	0	0
Downstream Indicators				Total Votes
Percent of the Population Living in Poverty	1	5	1	7
Suicide Deaths per 100,000 Population	0	0	0	0
Percent of Moms Receiving Prenatal Care in the 1st Trimester	0	0	0	0
Life Expectancy (Years)	0	0	0	0
Alcohol-Related Deaths per 100,000 Population	0	0	0	0
Unemployment Rate	0	0	0	0
Drug Overdose Deaths per 100,000 Population	0	0	0	0
Homicide Deaths per 100,000 Population	0	0	0	0
Sexual Assault (Percent of High School Students	0	0	0	0
Substantiated Child Abuse Claims per Population <18 years	0	0	0	0

APPENDIX D: FORUM RESULTS BY COUNTY

Community Forums

FORUM DETAILS

As part of the community health needs assessment, a community health forum for Bernalillo County was conducted in at the First Presbyterian Church in Albuquerque, NM on April 23rd, 2019 to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

Community Health staff facilitated. As outlined in IRS requirements, the forum participants included:

- Persons with special knowledge of or expertise in public health
- Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives, or members of medically underserved, low income and minority populations, and populations with chronic disease needs, in the community served by the hospital

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

Evaluations of the forums as well as additional or anonymous comments were collected and compiled. The majority of participants reported that they learned quite a bit or a great deal and felt they learned quite a bit from the session.

Bernalillo County Community Forum Summary

HEALTH CHALLENGES

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

- **Healthy Eating:** This was identified as an area of continued importance in Bernalillo County. The group identified lack of access to be a major barrier to eating healthy food. Food deserts within Albuquerque were identified as a major contributor for lack of access to healthy foods. A lack of general health education, specifically health education standards in schools, was brought up as a barrier for communities to learn about preparing nutritious foods.
- **Active Living:** Participants identified several challenges to Active Living, including access to safe places for recreation and lack of resources for recreation. The built environment was specifically identified as having a major role in impacting recreation. Bike path and roadway planning has been a continuing issue to facilitating use of bicycles for recreation and as a main form of transportation. Lack of access to exercise equipment/facilities, specifically bicycles for youth, was also identified as a challenge.
- **Prevention of Unhealthy Substance Use:** Drug-related overdose deaths continue to be an area of concern in Bernalillo County. Additionally, alcohol-related injuries and deaths as well as tobacco use prevalence were areas of concern for forum participants. Stigma continues to be a barrier to care and access to a variety of treatment modalities, specifically for youth, contribute to continued unhealthy substance use in the community.
- **Mental/Behavioral Health:** Similar to prevention of unhealthy substance use, stigma and access to care continue to be barriers to treatment for mental/behavioral health. Additionally, forum participants reported that the community isn't aware of the resources they have access to. There is a lack of culturally-appropriate resources and services, systemic barriers, and prevailing stigma within the community and among providers.
- **Social Determinants of Health:** Forum participants identified many systemic issues that contribute to the effects of social determinants on health in Bernalillo County. Low wages and an overall wealth disparity was identified as an area of importance, along with oppression at the systemic level and an overall separation of wellness and work health. There has been little to no organized work in addressing health related social needs or studying the impacts

of such work until recently. Currently, there is not accessible, adequate, and affordable housing available equally to all. There is a lack of functional systems to address preventing child abuse and neglect, over-prevalence of classism, patriarchy, white supremacy, etc. that need to be addressed.

- **Access to Care:** As with many communities, provider access continues to be an issue. Insurance coverage and cost of care are additional barriers and challenges that were brought up in the forum. Stigma prevails in many care settings, specifically in the care of substance use disorders, but also for mental health.

COMMUNITY ASSETS

As part of the assessment process, and preparing potential strategies, forum participants identified assets in the community that could be built upon or expanded to help address community health needs.

- **Healthy Eating:** There are many programs throughout the county that are focused on addressing access to healthy eating. PHS currently offers free healthy meals to children at the Presbyterian Kaseman Hospital and Presbyterian Hospital in downtown Albuquerque. Additionally, Healthy Here's Mobile Farmers' Market brings locally-grown produce to communities in identified food deserts. There are current partnerships between WIC and the Farmers' Market Association to provide coupons for redemption at farmers' markets for WIC recipients. Additionally, Double Up Food Bucks and Senior Farmers' Market coupons help increase access to healthy foods. Small and local farm-to-school programs are currently operating and could be expanded. Lastly, participants suggested combining health education/nutrition education with the ability for students to participate in the design of school lunches so schools will serve healthier food and food that students will actually eat, reducing food waste.
- **Active Living:** There is currently some movement in addressing the built environment to address issues surrounding active living. MRCOG and Healthy Here have conducted walking assessments since the last round of Health Assessments and have worked to address the built environment and increase active living among the community by installing solar-powered lights in an ill-lit area of the International District to help facilitate physical activity and increase safety in the neighborhoods. Additionally, several stretches of road in Albuquerque have been re-striped to include bicycle lanes.
- **Prevention of Unhealthy Substance Use:** Many facilities and initiatives within the community are working to address SUD in the community. Serenity Mesa, a residential treatment facility, was identified as an asset in the community because they provide treatment to youth. Additional assets who provide treatment and navigation to resources include Duke City Recovery Toolbox, Bernalillo County Resource and Re-entry Center, Duran's drugs, syringe exchange services, New Day, Gen Rx (DOJ diversion program) and NM Crisis Access Line. Additionally, the Bernalillo County Community Health Council's Opioid Accountability Initiative is actively working at the systems level to address SUD.
- **Mental/Behavioral Health:** There is a general consensus that building collaborations among organizations working to address behavioral health is an opportunity that is slowly beginning to take form in the county. Organizations are beginning to break out of their silos and work more collaboratively, improving the continuity of care for individuals in the community. Peer support and safety net services provide potential opportunities for improving behavioral health in the community.
- **Social Determinants of Health:** There are many organizations that are now working to address health-related social needs to impact the social determinants of health. Bernalillo County Community Health Council, International District Healthy Communities Coalition, Together4Brothers, AFSC, Presbyterian Healthcare Services, Department of Health: Health Promotion and the City's Office of Equity and Inclusion are all working to address pieces of the puzzle. There is an increase in the understand of social determinants in healthcare systems that is contributing to a lot of the work being done to address these issues at a systematic level. School based health centers are another resource forum participants identified as having a positive role in addressing the social determinants of health.

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 as a large group. Below are the main ideas brainstormed by the forum participants for each priority area.

HEALTHY EATING	
Interventions to Support & Expand	Gaps or Areas for Improvement
Free Healthy Meals for Kids	Subsidies for unhealthy food
Supporting locally grown food	School nutrition requirement gaps
Subsidies for healthy food – policy	Food deserts
Community gardens	
Community engagement	
Students participating in school lunch meal planning	

ACTIVE LIVING	
Interventions to Support & Expand	Gaps or Areas for Improvement
Organized events i.e. CiQlovia	Special interest groups
Bicycle lane striping	Laws and policies
Community-involved urban planning	Urban planning
Walking paths	Miseducation
Bike programs for youth	

PREVENTION OF UNHEALTHY SUBSTANCE USE	
Interventions to Support & Expand	Gaps or Areas for Improvement
Culturally appropriate prevention strategies involving parents and children and a non-shaming approach	Barriers to alternative medicine
Anti-stigma	Stigma of addiction
Community collaboration with City, County, and community organizations	Lack of treatment for youth
Increase age limit to 21 for tobacco	

MENTAL/BEHAVIORAL HEALTH	
Interventions to Support & Expand	Gaps or Areas for Improvement
Education	Aligning systems
Policy Advocacy	Stigma
Building up continuum of care	Lack of culturally appropriate services
Community support workers/Peer support workers	Lack of awareness of resources
Community collaborations of care	
Anti-stigma campaign	

SOCIAL DETERMINANTS OF HEALTH	
Interventions to Support & Expand	Gaps or Areas for Improvement
Coordinate housing strategies	Oppression
Living wages	Wealth disparities
Community-based/centered economic development	Lack of access or knowledge of resources
Workplace democracy	
BCCHC Violence Prevention	
Accountable Health Communities at Presbyterian Healthcare Services	

Sandoval County Community Forum Summary

FORUM DETAILS

As part of the community health needs assessment, a community health forum for Curry County was conducted in at the Sandoval County building in Rio Rancho, NM on April 25, 2019 to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

Eight community members participated and the Director, Community Health Epidemiologist, and two Project Coordinators from PHS Community Health facilitated. As outlined in IRS requirements, the forum participants included:

- Persons with special knowledge of or expertise in public health
- Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives, or members of medically underserved, low income and minority populations, and populations with chronic disease needs, in the community served by the hospital

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

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

HEALTH CHALLENGES

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

- **Healthy Eating/Active Living (Healthy Behaviors):** Lack of time and knowledge continue to be seen as the major obstacles to healthy eating and active living in this community. There is not enough available information on how to identify and prepare nutritious foods. Lack of broadband in rural parts of the county was identified as a barrier to healthy eating and active living, as well as the general availability of healthy foods and transportation to those areas with access to healthy foods. There is a general lack of farmers markets in the county and programs that provide healthy food and produce to rural parts were identified as not being sustainable.
- **Prevention of Unhealthy Substance Use:** There is a general lack of resources for treatment and prevention of substance use in Sandoval County. Lack of medication management, education, and lack of proper medication disposal have contributed to prescription misuse and overdoses. Youth and adults have few treatment or mental health options and self-medicate with substances. There is a lack of MAT providers with openings, lack of access to medication and an issue with frequency of use limits with insurance. One major concern for the group was the lack of credibility for medical professionals among the community.

- **Mental/Behavioral Health:** Availability of resources continues to be an issue in this community. Screen time was identified as a significant health challenge to mental health among youth. School-based health centers have inadequate funding from NM Department of Health and need more resources to provide mental health services to children in schools. Adolescent treatment for MAT is a challenge, as there are not many resources available for that. Knowledge of insurance benefits and community resources is a challenge to accessing services, and general provider availability was identified as a challenge.
- **Social Determinants of Health:** Transportation continues to be an ongoing issue in Sandoval County. Access to healthy food and the transportation needed is a major SDOH issue. Much of the county is rural and many people do not have access to healthcare or social services.
- **Access to Care:** Health literacy was identified as a major health challenge in Sandoval County. Many people do not have health insurance, and of those who do, many people do not know or understand their benefits, which is a barrier to accessing care. Affordable prescriptions and the lack of capacity were also mentioned, along with institutional barriers for some of the federally-run programs located in the county.

COMMUNITY ASSETS

As part of the assessment process, and preparing potential strategies, forum participants identified assets in the community that could be built upon or expanded to help address community health needs.

- **Healthy Eating/Active Living (Healthy Behaviors):** Several assets were identified in Sandoval County related to healthy eating and active living. Roadrunner Food Bank increases access to healthy foods in the more rural parts. The 10X10, a publication by the Sandoval County health council, helps kids and adults learn about healthy eating and active living. Additionally, there are farms in Corrales and school gardens and a community garden at Sandoval Regional Medical Center. There is an opportunity to focus on healthy food prep and nutrition, including expanding farmers markets, working with faith-based groups, and local youth organizations.
- **Prevention of Unhealthy Substance Use:** There is significant opportunity to engage in schools, libraries, emergency services, and senior citizen centers to provide education and substance use prevention activities. There are several NA programs throughout the county and a few treatment providers who are considered credible – SRMC and Five Nations RTC. The Boys and Girls Club, Boy Scouts, and Camp Fire were identified as organizations that act as resources for youth to help prevent misuse of unhealthy substances.
- **Mental/Behavioral Health:** Forum participants identified several organizations and opportunities in the county. School-based health centers can be expanded to increase access for youth for mental health services. There is a behavioral health collaborative in the county that is working on many of these topics. El Pueblo and Presbyterian Medical Services were identified as assets that provide medication assisted treatment (MAT), and there is the beginnings of an integrated system in the county.
- **Social Determinants of Health:** Housing was a main focus of discussion for the participants at the forum. There are many organizations that assist those experiencing homelessness including a number of shelters, rapid housing programs, Goodwill's military housing programs, and re-entry programs for those exiting incarceration. There are additional organizations who provide food, clothes, resources, rental assistance, utilities, home repairs, etc. to people who need them, including MATT25, Habitat for Humanity, Hartley House, and food banks.
- **Access to Care:** There are a number of organizations that provide assistance and help to facilitate care that were identified as assets in the community, including Educational centers, SRMC behavioral health specialists, general collaborations, and new hospitals/urgent care clinics.

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 as a large group. Below are the main ideas brainstormed by the forum participants for each priority area.

HEALTHY EATING/ ACTIVE LIVING	
Interventions to Support & Expand	Gaps or Areas for Improvement
Community gardens	Lack of broadband
Community food hubs	Availability of food
NMSU Extension Service	Sustainability of community programs
After school programs incorporating health programming	Transportation
Incentives for youth to engage in health education	

PREVENTION OF UNHEALTHY SUBSTANCE USE	
Interventions to Support & Expand	Gaps or Areas for Improvement
Schools	Lack of treatment or rehab resources
Libraries	Youth Oriented Services and Recreation
Emergency Services	Mental health and behavioral health services
Increase availability of MAT	Support Groups

MENTAL/BEHAVIORAL HEALTH	
Interventions to Support & Expand	Gaps or Areas for Improvement
5 Sandoval Social Workers	Collaboration across sub communities
Behavioral Health Tax	Knowledge and awareness of existing resources
Jemez FQHC	Provider availability for various levels of service
Integrated system for treatment	Access to psychiatry
	Screen time

SOCIAL DETERMINANTS OF HEALTH	
Interventions to Support & Expand	Gaps or Areas for Improvement
Senior Centers	Food Access
Education system	Transportation
10x10	Health insurance
	IHS

Torrance County Community Forum

The Community Forum for Torrance County was conducted at the DWI Memorial of Perpetual Tears in Moriarty, NM on May 1, 2019 to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

Ten community members participated and the Epidemiologist from PHS Community Health facilitated with help from the New Mexico Department of Health. As outlined in IRS requirements, the forum participants included:

- Persons with special knowledge of or expertise in public health
- Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives, or members of medically underserved, low income and minority populations, and populations with chronic disease needs, in the community served by the hospital

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

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

HEALTH CHALLENGES

Forum participants from Torrance County recognize several and often interrelated challenges that residents face when making choices about their lifestyle and health behaviors. Forum participants felt that social determinants of health were not a priority but that they impacted all other health outcomes. Torrance County forum participants also felt that the rural/frontier nature of the county and life course health (i.e., differences in health needs for different age groups) were also not a priority per se, but important factors to consider when addressing all health priorities.

- **Behavioral Health:** A major barrier to addressing substance use and mental health in Torrance County is the rural/frontier nature of the county. This leads to low access to services and transportation to services is an issue. There is a lack of a common curriculum on mental health in schools in the county. There is also a lack of unity in the county around addressing mental health and substance use.
- **Healthy Eating and Active Living:** Transportation is a major barrier to healthy eating and active living in Torrance County. The county is very rural, and it is hard to get to places that sell fruits and vegetables and places where people can be physically active. The forum participants also cited liability concerns as a barrier to increasing physical activity. There is a local pool in the area, but it has remained closed because the community is having trouble finding someone who would be willing to re-open it and taking on the liability is usually the reason given. There is a lack of awareness of available resources in the community. There is also a lack of understanding in the community about what increasing physical activity means. For example, forum participants felt that many seniors are concerned about engaging in physical activity because they are concerned about hurting themselves.

COMMUNITY ASSETS

As part of the assessment process, and preparing potential strategies, forum participants identified assets in the community that could be built upon or expanded to help address community health needs.

- **Behavioral Health:** Torrance County forum participants felt that although there were barriers to addressing poor mental health and unhealthy substance use, there were also opportunities. There is currently a quarterly meeting of providers and there are mental health and substance use health classes. Torrance County also participates in Mental Health First Aid trainings and there are youth and community awareness activities. There are also a number of resources that could be leveraged, including New Mexico Crisis and Access Line (NMCAL) and the Mountainair Mental Health Committee. Through a Office of Substance Use Prevention grant, Torrance County collects data on adverse childhood experiences (ACEs) on the local community survey. Also, there is a local radio station (KXNM) that is involved in the health council and the radio station has a space for public service announcements.
- **Healthy Eating and Active Living:** While one community pool is closed, there is another pool in Mountainair, a village in Torrance County. There is a fruit stand that has started that sells fresh produce, although it runs out quickly. There are Prescription Trails in Torrance County. These are trails that have been mapped and are accessible that local providers can “prescribe” to their patients. There is a good partnership between Presbyterian Medical Services (not affiliated with Presbyterian Healthcare Services) and Silver Sneakers. There are bike races in the county and a skate park. There are food boxes available for people who need them, and the local radio station is also a resource for doing public service announcements for healthy eating and increasing physical activity. Torrance County has a strong Silver Sneakers program. There is a physician who is trying to continue the prescription trails program. There is also a farm to school program.

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 as a large group. Below are the main ideas brainstormed by the forum participants for each priority area.

BEHAVIORAL HEALTH	
Interventions to Support & Expand	Gaps or Areas for Improvement
Decreasing stigma through education and awareness, especially among youth	Stigma, lack of education
Gather information and resources from current providers and updates quarterly (i.e. resource guide)	Few resources, lack of awareness of current resources
Increase awareness through activities for youth and the community	Lack of awareness of mental health and substance use as public health issues

HEALTHY EATING AND ACTIVE LIVING	
Interventions to Support & Expand	Gaps or Areas for Improvement
Increase physical activity through increasing access to Silver Sneakers classes in other areas of the county, increasing use of walking trails, and increasing events for both seniors and youth.	Low access to opportunities to increase physical activity.
Increase healthy eating by working with Farm to School, expanding access to senior centers, supporting community gardens, and increasing education on healthy eating.	Low access to healthy foods
Increase promotion of healthy eating and physical activity events using a Community Spotlight program	Low awareness of current resources.
After school programs incorporating health programming	Transportation

Valencia County Community Forum

The Community Forum for Valencia County was conducted at The Village of Los Lunas Wellness Center in Los Lunas, NM on May 17, 2019 to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

Eight community members participated and the Epidemiologist and Project Coordinator from PHS Community Health facilitated. As outlined in IRS requirements, the forum participants included:

- Persons with special knowledge of or expertise in public health
- Federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives, or members of medically underserved, low income and minority populations, and populations with chronic disease needs, in the community served by the hospital

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

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

HEALTH CHALLENGES

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

- **Behavioral Health:** Availability of resources continues to be an issue in this community. There is limited transportation in the county to substance use and mental health services. There is a lot of stigma around substance use and mental health issues. Additionally, there is a lack of knowledge of current resources. The county struggles with a lack of substance use and mental health providers. There are also few economic opportunities in the county.
- **Social Determinants of Health:** Specific to violence prevention, forum participants identified political barriers as a challenge. They felt that political barriers made it easier for others to be threatening. There is community discomfort about discussion of violence. Other determinants of health, including poverty and the cost of housing, have an impact on violence prevention. There is stigma around violence in the community. There is stereotyping of victims. There is also a limited capacity to serve.
- **Healthy Eating and Active Living:** This was identified as an area of importance in Valencia County. Forum participants felt that care for the environment was both a challenge and an opportunity. Valencia County has high levels of poverty, which decreases residents' ability to purchase healthy food and access opportunities to be physically active. Forum participants were concerned about low participation and the people in the community are not always willing to volunteer for community events to increase healthy eating and physical activity.

COMMUNITY ASSETS

As part of the assessment process, and preparing potential strategies, forum participants identified assets in the community that could be built upon or expanded to help address community health needs.

- **Behavioral Health:** Support systems exist in the community and can be supported to build capacity, which include the Community Wellness Council. The county has started to use telehealth to address issues of rurality and access to care. The community has begun a campaign called "Anna, Age 8", which focuses on child safety and wellness. There is a request for proposals out to build a hospital in Valencia County. Valencia County partners with the Middle Rio Grande Economic Development Association, which provides funding for community projects. There is education and outreach for patients with substance use and mental health issues and the community. Valencia County engages in Collaborative RUN-down on Community Health (CRUNCHes), where they bring together community members to work on a specific topic, such as behavioral health. The council works with the Chamber of Commerce and has a grant through the Office of Substance Use Prevention. Lastly, the council conducts Mental Health First Aid trainings. Naloxone is being distributed by the health council, 1st Choice, and the Department of Health. Valencia County has also been doing "Action Labs" to make mini-plans to implement strategies.
- **Social Determinants of Health:** The health council has prioritized violence, a social determinant of health. The Anna, Age 8 program has been working well in Valencia County. The council has a successful partnership with Valencia County Shelter Services. There are also good partnerships with law enforcement in the County. In Valencia County, provider screenings and response for violence are going well. Forensic interviews are now being conducted locally instead of victims having to travel out of town. The CRUNCHes are a way to bring the community together to discuss violence prevention. Valencia County has a multi-disciplinary services program and rack cards for the hotline number to report abuse.
- **Healthy Eating and Active Living:** One of the community assets identified around healthy eating is the Double Up Food Bucks Program, which allows SNAP beneficiaries to buy twice as many fruits and vegetables at farmer's markets and grocers. Valencia County has urban community gardens and a 314-bike path lighting program to encourage physical activity. There is grocery pick-up for residents who are home-bound. Valencia County has food pantries

for residents who are food insecure. There is a baseball field that can be used by the community. Valencia County has easy, affordable, healthy cooking classes and is doing work to address food deserts. There is an increase in child-friendly, affordable/free sports. Valencia County has an adopt-a-highway program. The Council has discussed creating an event around health events to clean up, etc. This will teach community stewardship. There is business involvement in Valencia County.

POSSIBLE STRATEGIES

Forum participants discussed existing community-based interventions they feel are working and should continue to be supported or expanded. Also discussed were gaps in community-based interventions. These ideas were discussed as a large group. Below are the main ideas brainstormed by the forum participants for each priority area.

BEHAVIORAL HEALTH	
Interventions to Support & Expand	Gaps or Areas for Improvement
Decreasing stigma, (e.g. through naloxone training	Stigma, lack of education
Increasing collaboration, incentives, CRUNCHes, sharing knowledge and expertise, sharing funding, DVRC/ job coaches	Few resources, lack of providers
Increase education and outreach, social media, trainings, tax credits	Lack of education/outreach

SOCIAL DETERMINANTS OF HEALTH	
Interventions to Support & Expand	Gaps or Areas for Improvement
Increase education of recognizing and responding to abuse	Lack of awareness and understanding of resources Need for co-training between advocates and 1st responders.
Leveraging on other resources and movements	Lack of awareness of violence prevention resources
Outreach to communities (e.g. schools) to reduce stigma	Stigma

HEALTHY EATING AND ACTIVE LIVING	
Interventions to Support & Expand	Gaps or Areas for Improvement
Community awareness about resources and nutrition through events	High rates poverty, access to food and opportunities for physical activity
Increase participation for the beautification of the county by engaging youth, civic groups, schools, and businesses in events	Low community participation

APPENDIX E: SECONDARY DATA LINKS

Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, available at <http://www.countyhealthrankings.org/>, accessed April 2019

New Mexico Department of Health (NMDOH) Indicator Based Information System for Public Health Data Resource, available at <https://ibis.health.state.nm.us/>, accessed April 2019

New Mexico Department of Health, Youth Risk and Resiliency Survey, available at <http://youthrisk.org/>, accessed April 2019

New Mexico Department of Health (NMDOH) New Mexico Tracking, available at <https://nmtracking.org/>, accessed April 2019

Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, available at <https://www.cdc.gov/brfss/index.html>, accessed April 2019

Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (WONDER), Underlying Cause of Death, Detailed Mortality, available at <https://wonder.cdc.gov/>, accessed April 2019

New Mexico Children, Youth, and Families Department (CYFD), Fiscal Year 2018 Report, available at https://cyfd.org/docs/360ANNUAL_FY18_FINAL.PDF, accessed April 2019

Environmental Protection Agency (EPA), Environmental Quality Index, available at <https://www.epa.gov/healthresearch/epas-environmental-quality-index-supports-public-health>, accessed April 2019

American Fact Finder, The United States Census Bureau, the American Community Survey (ACS), available at <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>, accessed April 2019

United States Department of Agriculture Food Environment Atlas, available at <https://www.ers.usda.gov/data-products/food-access-research-atlas/>, accessed April 2019

APPENDIX F: 2016 – 2019 COMMUNITY IMPLEMENTATION PLAN DASHBOARD

Bernalillo County Health Priorities for 2020-2022

Bernalillo County Community Health Plan 2016-2019 Community Health Implementation Evaluation	
Strategy or Intervention	Status
Healthy eating – increase access to and consumption of healthy foods for Bernalillo County residents	
Increase access to healthy food for youth and families in Bernalillo County <ul style="list-style-type: none"> ■ Offer CYFD at-risk and summer feeding programs at PH Hospital ■ Assess the feasibility of offering CYFD at-risk and summer feeding programs at Presbyterian Kaseman Hospital ■ Support local procurement efforts for Presbyterian operations ■ Implement FreshRx program at selected Presbyterian Medical Group clinics to connect patients and their families with fresh produce and nutrition education 	G
Increase use of Bernalillo County Farmers’ Markets <ul style="list-style-type: none"> ■ Incentivize more farmers to increase produce availability ■ Increase awareness through coordination, signage, and outreach 	G
Support cooking and nutrition education to Bernalillo County residents for youth and adults	G
Active Living - Increase physical activity for County residents	
Support evidence based or theory driven chronic disease and/or diabetes management and prevention initiatives <ul style="list-style-type: none"> ■ Support integration of Community Health Workers into care teams for prevention activities and connection to wellness opportunities 	G
Support increased physical activity through access to safe places to exercise <ul style="list-style-type: none"> ■ Develop, map, and publicize trails ■ Engage providers in referring patients to utilize wellness trails ■ Provide rewards for participating in active living opportunities 	G
Prevention of Unhealthy Substance Use – Prevent the unhealthy use of substances, including tobacco, prescription medication, alcohol and illicit substances	
Encourage statewide dissemination of SAMSHA-HRSA Mental Health First Aid Training for first responders, medical personnel, and other interested community members	G
Support the Bernalillo County Opioid Accountability Initiative	G
Support positive youth development	G

Bernalillo County Community Health Plan 2016-2019 Community Health Implementation Evaluation

Strategy or Intervention	Status
Behavioral Health	
Support Health Council priorities and initiatives for behavioral health <ul style="list-style-type: none"> ■ Bring greater awareness to existing mental and behavioral health resources, particularly for families and adolescents ■ Help reduce stigma of mental and behavioral health conditions and treatment 	G
Encourage statewide dissemination of SAMSHA-HRSA Mental Health First Aid Training for first responders, medical personnel, and other interested community members <ul style="list-style-type: none"> ■ Work with Health Council to determine training priorities ■ Investigate training corrections and local government personnel ■ Investigate training school personnel and youth leadership groups 	Y
Investigate and support long term strategy for the prevention of unhealthy substance use throughout the system	G
Violence Prevention	
Support Health Council priorities and initiatives to prevent violence <ul style="list-style-type: none"> ■ Increase information and awareness of existing resources for prevention of and services for adverse childhood experiences and domestic violence 	G
Support positive youth development <ul style="list-style-type: none"> ■ Support home visiting and parental support programs 	G
Support early childhood interventions for violence prevention	G
System-wide Strategies and Interventions	
Support coordinated strategy to inform residents about available resources for healthy eating, active living, and prevention of unhealthy substance use	G
Develop and implement social marketing campaign to influence behavior change related to healthy eating, active living, and prevention of unhealthy substance use	G
Support evidence based or theory driven chronic disease and/or diabetes management and prevention initiatives	G
Partner with Bernalillo County Health Council to support healthy eating, active living, and prevention of unhealthy substance use, behavioral health activities, violence prevention, and other health council priorities identified in the CHNA and unaddressed directly by this plan	G
Advance local community health leadership development and support community capacity building efforts in Bernalillo County	G

Bernalillo County Community Health Plan 2016-2019 Community Health Implementation Evaluation

Strategy or Intervention	Status
Promote equity and the elimination of health and healthcare disparities <ul style="list-style-type: none"> ■ Investigate and promote cultural relevancy and language accessibility for community health improvement activities ■ Broaden coalition of stakeholders and partners to better facilitate services and programs that address needs of medically underserved, low-income, or minority populations 	G
Evaluation Key	
G = Successful strategies & activities.	
Y = Partially successful strategies. Ideas good but either funding or staffing prohibited proper execution.	
R = Unsuccessful strategies and activities. Were unable to implement.	

Sandoval County Community Health Plan 2016-2019 Community Health Implementation Evaluation

Strategy or Intervention	Status
Healthy eating – increase access to and consumption of healthy foods for Sandoval County residents	
Increase access to healthy food for youth and families in Sandoval County <ul style="list-style-type: none"> ■ Assess the feasibility of offering CYFD at-risk and summer feeding programs at Rust Medical Center ■ Support local procurement efforts for hospital operations ■ Support food recovery and food waste elimination efforts in Sandoval County 	G
Support cooking and nutrition education to Sandoval County residents for youth and adults <ul style="list-style-type: none"> ■ Encourage and increase utilization of available community demonstration kitchens 	Y
Support innovative food access models through MoGro and the Cuba Mobile Market	G
Active Living - Increase physical activity for County residents	
Support evidence based or theory driven chronic disease and/or diabetes management and prevention initiatives	G
Support increased physical activity through access to trails <ul style="list-style-type: none"> ■ Develop, map and publicize trails ■ Engage providers in referring patients to utilize wellness trails ■ Provide rewards for participating in active living opportunities 	Y
Support organized groups in Sandoval County that encourage and educate about active living and health <ul style="list-style-type: none"> ■ Provide education about active living ■ Encourage businesses and other entities to develop and disseminate messaging to promote wellness ■ Encourage and support increased physical activity for youth ■ Provide resources and education to seniors, residents with low mobility, or those who are beginning to be more active to encourage active living ■ Provide incentives or rewards for participating in active living opportunities 	G
Prevention of Unhealthy Substance Use – Prevent the unhealthy use of substances, including tobacco, prescription medication, alcohol and illicit substances	
Support positive youth development in Sandoval County	G
Encourage statewide dissemination of SAMSHA-HRSA Mental Health First Aid Training for first responders, medical personnel, and other interested community members	G

Sandoval County Community Health Plan 2016-2019 Community Health Implementation Evaluation

Strategy or Intervention	Status
Behavioral Health	
Support Health Council priorities and initiatives for behavioral health <ul style="list-style-type: none"> ■ Support the Sandoval County Behavioral Health Coalition ■ Bring greater awareness to existing mental and behavioral health resources, particularly for families and adolescents ■ Help reduce stigma of mental and behavioral health conditions and treatment ■ Support culturally appropriate prevention and treatment initiatives ■ Support initiatives to increase access to behavioral and mental health care for school aged youth ■ Encourage integration with SAMSHA-HRSA Mental Health First Aid Training 	G
Economic Development	
Support the Sandoval Economic Alliance <ul style="list-style-type: none"> ■ Support health workforce development ■ Consider opportunities for synergistic business growth near Rust Medical Center ■ Support campaign to 'buy local' with support of small, local business 	G
System-wide Strategies and Interventions	
Support coordinated strategy to inform residents about available resources for healthy eating, active living, and prevention of unhealthy substance use	G
Develop and implement social marketing campaign to influence behavior change related to healthy eating, active living, and prevention of unhealthy substance use	G
Support evidence based or theory driven chronic disease and/or diabetes management and prevention initiatives	G
Evaluation Key	
G = Successful strategies & activities.	
Y = Partially successful strategies. Ideas good but either funding or staffing prohibited proper execution.	
R = Unsuccessful strategies and activities. Were unable to implement.	

Torrance County Community Health Plan 2016-2019 Community Health Implementation Evaluation

Strategy or Intervention	Status
Healthy eating – increase access to and consumption of healthy foods for Torrance County residents	
Increase access to healthy food for youth and families in Torrance County <ul style="list-style-type: none"> ■ Investigate increased availability of fresh produce and healthy staples to non-urban communities in Torrance County ■ Explore feasible expansion of CYFD summer feeding in Torrance County ■ Support community gardening activities and education ■ Increase number of local farmers and local food businesses sponsoring or otherwise participating in healthy eating initiatives 	G
Increase use of Torrance County Farmers’ Markets <ul style="list-style-type: none"> ■ SNAP 2 for 1 and other incentives ■ Incentivize more farmers to increase produce availability ■ Increase awareness through coordination, signage, and outreach 	G
Support cooking and nutrition education to Torrance County residents for youth and adults <ul style="list-style-type: none"> ■ Identify and increase utilization of available public or demonstration kitchen facilities ■ Support organized events in Torrance County that encourage and educate about healthy eating and nutrition 	G
Active Living - Increase physical activity for County residents	
Support evidence based or theory driven chronic disease and/or diabetes management and prevention initiatives	G
Support increased physical activity through access to safe places to exercise <ul style="list-style-type: none"> ■ Engage providers in referring patients to utilize wellness trails ■ Encourage increased use of trails through signage and incentives ■ Explore the expansion of school facility joint use agreements ■ Support long term planning for improvement of built environment to increase safety for bicyclists and pedestrians in Torrance County 	G
Prevention of Unhealthy Substance Use – Prevent the unhealthy use of substances, including tobacco, prescription medication, alcohol and illicit substances	
Support positive youth development <ul style="list-style-type: none"> ■ Support prevention efforts in schools ■ Provide technical assistance to the Torrance County Health Council for evaluation of DWI prevention efforts ■ Support youth oriented community programs 	G

Torrance County Community Health Plan 2016-2019 Community Health Implementation Evaluation

Strategy or Intervention	Status
Behavioral Health	
Support Health Council priorities and initiatives for mental and behavioral health <ul style="list-style-type: none"> ■ Bring greater awareness to existing mental and behavioral health resources, particularly for families and adolescents ■ Help reduce stigma of mental and behavioral health conditions and treatment 	G
Encourage statewide dissemination of SAMSHA-HRSA Mental Health First Aid Training for first responders, medical personnel, and other interested community members <ul style="list-style-type: none"> ■ Work with Health Council to determine training priorities ■ Investigate training corrections and local government ■ Investigate training school personnel and youth leadership groups 	G
System-wide Strategies and Interventions	
Support coordinated strategy to inform residents about available resources for healthy eating, active living, and prevention of unhealthy substance use	G
Develop and implement social marketing campaign to influence behavior change related to healthy eating, active living, and prevention of unhealthy substance use	G
Support evidence based or theory driven chronic disease and/or diabetes management and prevention initiatives	G
Partner with Torrance County Health Council to support healthy eating, active living, and prevention of unhealthy substance use, behavioral health activities, violence prevention, and other health council priorities identified in the CHNA and unaddressed directly by this plan <ul style="list-style-type: none"> ■ Support health council efforts to build relationships with local businesses and improve health in less urban areas of Torrance County 	G
Advance local community health leadership development and support community capacity building efforts in Torrance County	G
Promote equity and the elimination of health and healthcare disparities <ul style="list-style-type: none"> ■ Investigate and promote cultural relevancy and language accessibility for community health improvement activities ■ Broaden coalition of stakeholders and partners to better facilitate services and programs that address needs of medically underserved, low-income, or minority populations 	G
Evaluation Key	
G = Successful strategies & activities.	
Y = Partially successful strategies. Ideas good but either funding or staffing prohibited proper execution.	
R = Unsuccessful strategies and activities. Were unable to implement.	

Valencia County Community Health Plan 2016-2019 Community Health Implementation Evaluation

Strategy or Intervention	Status
Healthy eating – increase access to and consumption of healthy foods for Torrance County residents	
Increase access to healthy food for youth and families in Valencia County <ul style="list-style-type: none"> ■ Support local procurement for school meals ■ Investigate increased availability of fresh produce to non-urban communities in Valencia County 	Y
Increase use of Valencia County Farmers' Markets <ul style="list-style-type: none"> ■ SNAP 2 for 1 and other incentives ■ Incentivize more farmers to increase produce availability ■ Increase awareness through coordination, signage, and outreach 	G
Support cooking and nutrition education to Valencia County residents for youth and adults <ul style="list-style-type: none"> ■ Identify and increase utilization of available public or demonstration kitchen facilities ■ Support organized events in Valencia County that encourage and educate about healthy eating and nutrition 	G
Active Living - Increase physical activity for County residents	
Support increased physical activity through access to safe places to exercise <ul style="list-style-type: none"> ■ Support increased physical activity through increased access to safe, walkable areas ■ Coordinate with the Valencia County Health Council and government entities for utilization of the recent walkability study 	Y
Support organized events in Valencia County that encourage and educate about active living and health <ul style="list-style-type: none"> ■ Provide education about active living ■ Provide rewards for participating in active living opportunities 	G
Prevention of Unhealthy Substance Use – Prevent the unhealthy use of substances, including tobacco, prescription medication, alcohol and illicit substances	
Support positive youth development <ul style="list-style-type: none"> ■ Support home visiting programs for parents and families ■ Support youth oriented recreation programs 	G

Valencia County Community Health Plan 2016-2019 Community Health Implementation Evaluation

Strategy or Intervention	Status
Behavioral Health	
Support Health Council priorities and initiatives for behavioral health <ul style="list-style-type: none"> ■ Bring greater awareness to existing mental and behavioral health resources, particularly for families and adolescents ■ Help reduce stigma of mental and behavioral health conditions and treatment 	G
Encourage statewide dissemination of SAMSHA-HRSA Mental Health First Aid Training for first responders, medical personnel, and other interested community members <ul style="list-style-type: none"> ■ Work with Health Council to determine training priorities ■ Investigate training corrections and local government ■ Investigate training school personnel and youth leadership groups 	G
Support School Based Health Centers in Valencia County	G
Violence Prevention	
Support Health Council priorities and initiatives to reduce violence <ul style="list-style-type: none"> ■ Increase information and awareness of existing resources for prevention of and services for adverse childhood experiences and domestic violence ■ Support home visiting and parental support programs 	G
System-wide Strategies and Interventions	
Support coordinated strategy to inform residents about available resources for healthy eating, active living, and prevention of unhealthy substance use	G
Develop and implement social marketing campaign to influence behavior change related to healthy eating, active living, and prevention of unhealthy substance use	G
Support evidence based or theory driven chronic disease and/or diabetes management and prevention initiatives	G
Partner with Valencia County Health Council to support healthy eating, active living, and prevention of unhealthy substance use, behavioral health activities, violence prevention, and other health council priorities identified in the CHNA and unaddressed directly by this plan Support health council efforts to build relationships with local government and improve health in less urban areas of Valencia County	G
Advance local community health leadership development and support community capacity building efforts in Valencia County	G

Torrance County Community Health Plan 2016-2019 Community Health Implementation Evaluation

Strategy or Intervention	Status
Promote equity and the elimination of health and healthcare disparities <ul style="list-style-type: none"> ■ Investigate and promote cultural relevancy and language accessibility for community health improvement activities ■ Broaden coalition of stakeholders and partners to better facilitate services and programs that address needs of medically underserved, low-income, or minority populations 	G
Evaluation Key	
G = Successful strategies & activities.	
Y = Partially successful strategies. Ideas good but either funding or staffing prohibited proper execution.	
R = Unsuccessful strategies and activities. Were unable to implement.	

APPENDIX G: OTHER SOURCES OF HEALTH SERVICES

ORGANIZATION NAME	PROGRAM NAME	CITY
NM Commission for Deaf and Hard of Hearing Persons	NM Commission for Deaf and Hard of Hearing Persons	Albuquerque
NM Office of School & Adolescent Health - PED	Office of School and Adolescent Health	Albuquerque
University of New Mexico	UNM: New Mexico Cares Health Disparities Center	Albuquerque
Partnership for A Healthy Torrance Community	Partnership for A Healthy Torrance Community	Moriarty
Sandoval County Health Council	Sandoval County Health Council	Bernalillo
Abrazos Family Support Services	Family Infant Toddler Program (FIT)	Bernalillo
Alta Mira Specialized Family Services	Family Infant Toddler Program (FIT)	Albuquerque
La Vida Felicidad	Early Intervention Program	Los Lunas
Native American Parent Professional Resources (NAPPR)	Family Infant Toddler Program (FIT)	Albuquerque
New Mexico School for the Blind and Visually Impaired Foundation	Family Infant Toddler Program (Fit)	Albuquerque
Presbyterian Ear Institute	Family Infant Toddler Program (FIT)	Albuquerque
Family Infant Toddler Programs (FIT)	Family Infant Toddler Programs (FIT)	Albuquerque
Bernalillo County Youth Services Center	Bernalillo County Youth Services Center	Albuquerque
Santo Domingo Pueblo Library	Kewa Family Wellness Center	Santo Domingo Pueblo
New Mexico Family Education Center	New Mexico Family Education Center	Albuquerque
Enchanted Mesa Residential Treatment Center	Enchanted Mesa Residential Treatment Center	Belen
New Mexico GRADS	New Mexico GRADS	Belen
New Mexico GRADS	New Mexico GRADS	Los Lunas
Community Health Representatives	Isleta Pueblo Community Health Representatives	Isleta Pueblo
Kirtland Family Support Center	Kirtland Family Support Center	Kirtland Afb
VA Medical Center	VA Medical Center	Albuquerque
YDI - 4th Street Outreach	Teatro Consejo	Albuquerque
Mesa Club	Mesa Club	Rio Rancho
City of Albuquerque Dept. of Family and Community Services	City of Albuquerque Dept. of Family and Community Services	Albuquerque
Boyd Clinic-Abortion Counseling	Boyd Clinic-Abortion Counseling	Albuquerque
Kickin It W/ the YMCA	Kickin It W/ the YMCA	Albuquerque
A.W.A.R.E. Inc.	A.W.A.R.E. Inc.	Rio Rancho
Children's Psychiatric Hospital	Children's Psychiatric Hospital	Albuquerque
Parents for Behaviorally Different Children	Parents for Behaviorally Different Children	Albuquerque
Raindancer Youth Services	Headquarters	Albuquerque
Los Lunas Community Program	Los Lunas Community Program	Los Lunas
Jewish Community Center of Greater Albuquerque	Jewish Community Center of Greater Albuquerque	Albuquerque
New Mexico Job Corps	New Mexico Job Corps	Albuquerque

ORGANIZATION NAME	PROGRAM NAME	CITY
The Children's Community Mental Health Clinic	The Children's Community Mental Health Clinic	Albuquerque
American Red Cross	American Red Cross - Military Services	Albuquerque
Naral Pro-Choice New Mexico	Naral Pro-Choice New Mexico	Albuquerque
Arthritis Foundation Greater Southwest Chapter	Arthritis Foundation Greater Southwest Chapter	Albuquerque
Abrazos Family Support Services	Education for Parents of Indian Children With Special Needs	Bernalillo
Ted R. Montoya Hemophilia Program	Ted R. Montoya Hemophilia Program	Albuquerque
Carrie Tingley Hospital	Carrie Tingley Hospital	Albuquerque
Alzheimers' Association Helpline	Alzheimers' Association Helpline	Albuquerque
Center for Development and Disability (CDD) Information Network	Center for Development and Disability (CDD) Information Network	Albuquerque
Indian Health Service	Indian Health Service - Albuquerque	Albuquerque