



PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Presbyterian Lincoln County Medical Center

2020–2022

 **PRESBYTERIAN**

www.phs.org

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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 Center for 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 is 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, Lincoln County 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, Lincoln County, 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.

Lincoln County Medical Center partnered with the Lincoln County Community Health Council to complete a community health assessment and identify significant community health needs. Lincoln County has both barriers and facilitators to achieving good health. Some of the barriers to good health in Lincoln County include low prevalence of pneumococcal vaccination, low prevalence of breast cancer screening, low prevalence of fruit and vegetable consumption among adults, high prevalence of hypertension, and high prevalence of smoking and tobacco use. Lincoln County has similar rates of primary care providers to population, people who are uninsured, flu vaccination, homelessness among youth, fruit and vegetable consumption among youth, physical activity, obesity, heavy drinking and poor mental health as New Mexico in general. Lincoln County ranks well for number of mental health care providers to population, unemployment rate, poverty rate, cervical cancer screening, binge drinking and alcohol consumption among youth compared to other counties in New Mexico.

Assets in Lincoln County to improve health include food banks such as the Lincoln County Community Health Council’s Mobile Food Pantry, Capitan Mobile Food Pantry, and the Mescalero Mobile Food Pantry, which brings access to healthy food to people where they are. Additional food-related resources in the county include St. Eleanor’s Roman Catholic Church, Senior Centers throughout the county, Salvation Army Food Bank and several churches. There are a number of mental, behavioral health, and crisis resources in Lincoln County, including the free, 24 hour Lincoln Community Assistance Program open to all residents, the Lincoln County Medical Center Heritage Program, PMS Ruidoso Behavioral Health Center, Sierra Blanca Counseling, Juvenile Drug Court, COPE, the Nest, and Alianza of New Mexico. Specialty care clinics exist throughout the region and include organizations such as chiropractic clinics, the NM Brain Institute, New Mexico Bone and Joint Institute and Gerald Champion Medical.

The top four community health priorities identified for Lincoln County by the health council for 2020-2022, listed in **no order of priority** are:

1. Active Living
2. Behavioral Health
3. Access to Healthcare
4. Prevention of Unhealthy Substance Use

For 2020-2022, the Lincoln County Medical Center community health priorities for Lincoln County 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 Lincoln County CHIP on our website www.phs.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. Lincoln County Medical Center (LCMC) defines its community as Lincoln County, New Mexico.

LCMC is located in Ruidoso, New Mexico, which is adjacent to the Lincoln National Forest. LCMC has 25 licensed acute care and intensive care beds and six primary and specialty care clinics.

LCMC has served the Lincoln County since 1950 when the hospital first opened as the Ruidoso-Hondo Valley General Hospital. The hospital is owned by Lincoln County, and, since 1972, has been leased and managed by Presbyterian.

Lincoln County Medical Center earned the Hospital Improvement Innovation Network (HIIN) Award from the New Mexico Hospital Association in 2018 for two years of performance improvement evidenced by measurements of quality and patient safety. LCMC is one of fifteen New Mexico hospitals recognized for excellence during the 2016-2018 phase of the Hospital Improvement Innovation Network. The multi-year program supported by the Centers for Medicare and Medicaid Services aims to ensure better care for individuals and populations throughout the state. LCMC was recognized for significant improvement in decreasing the number of hospital readmissions and adverse drug reactions. In addition, LCMC was one of eight New Mexico hospitals to earn the 2018 HealthInsight Hospital Quality Award for high performance on quality of care outcome measures and patient satisfaction. In 2017, LCMC was one of only two hospitals in New Mexico to be recognized as a Five-Star Facility by the Centers for Medicare/Medicaid Services.



Lincoln County Medical Center in Ruidoso, New Mexico

In 2017, there were 267 people employed at the medical center. LCMC volunteers provided 12,213 hours of service and donated more than \$15,000 in scholarships, nurse education and prescription assistance. LCMC supports health initiatives such as the “Steppin’ into a Better You” health fair, the Race Track health fair and the Run for the Mountain 5K walk/run. Starting in 2017, the hospital held the first LCMC MASH Camp to introduce local youth to career opportunities in healthcare.

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, Socorro, Santa Fe and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the second largest private employer in New Mexico with more than 900 providers and Presbyterian provides services to one in three New Mexicans.

In 2013, Presbyterian designated a Community Health department (Community Health) to focus on community improvement. Community Health is staffed by individuals with public health experience, including expertise 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 (LCMC and Community Health), and the Lincoln County Community Health Council partnered to conduct the community health assessment and identify community health priorities.

The community forums were attended by representatives of the health council, LCMC, the Department of Health, and community members. See [Appendix A](#) for full list of participants.



Stakeholders at the Lincoln County Community Forum in Ruidoso, NM

Health Indicator Prioritization

The objectives of the Indicator Prioritization Meeting were to 1) review county health data and 2) determine Health Council priorities. 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 the [Appendix B](#) for Lincoln County's poster. 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:

1. **Active Living**
2. **Behavioral Health**
3. **Access to Healthcare**
4. **Prevention of Unhealthy Substance Use**

Community Forum

The Community Forum for Lincoln County was conducted at the Village of Ruidoso Community Center in Ruidoso, NM on April 18, 2019, to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities. A total of 29 community members participated and the director and project coordinator from Presbyterian Community Health facilitated. As outlined in IRS requirements, the forum participants included:

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

- 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 Lincoln County recognized several and often interrelated challenges that residents face when making choices about their lifestyle and health behaviors.

- **Behavioral Health:** Some barriers include social stigma, the “not in my backyard” attitude, funding and operations for a treatment facility, lack of community dissemination of information and lack of local media outlets. Other barriers brought up by the forum participants included lack of knowledge or awareness of services available, overall lack of providers, and access to psychiatry units. Forum participants identified that there are no inpatient mental health providers in the area, and most people who need acute or long-term mental health care in an inpatient setting must travel to Roswell, Las Cruces, or Albuquerque. Travel can be expensive and many lack access to transportation.
- **Social Determinants of Health:** Transportation continues to be an issue for Lincoln County. Residents see poverty as a barrier to health. Housing in Ruidoso is expensive and much of the population is considered seasonal, which makes it difficult for people to afford housing.
- **Access to Care:** Transportation to medical appointments is difficult and must be scheduled at least 24-hour in advance. Participants cited an overall lack of primary care providers and specialty care providers in the county. Patients must travel hundreds of miles to reach certain types of specialty care, including for mental health. Health literacy was identified as another barrier to health. Many residents who may need resources might not be able to find information on how to access them i.e., many resources are moving to online-only format.
- **Healthy Eating and Active Living:** High rates of hypertension in Lincoln County make healthy eating and active living important priorities for community health. Some major barriers include weather and adequate walking trails for people with different levels of mobility, lack of designated recreation facility, lack of knowledge, transportation, and political challenges.

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:** A number of assets were identified in the area of substance use disorders. The Lincoln Community Assistance Program provides free counseling services and is available to anyone in the community. Lincoln County has active AA and NA services and Eastern New Mexico University (ENMU) has a drug/alcohol certification program to train providers. The Communities Healing Addictions Through Network Guidance and Education or “CHANGE” initiative was identified as an asset to the community for their coalition style work to prevent overdoses and other unhealthy substance use. There is also an active harm reduction program and national take back day, lockboxes distributed by CHANGE to seniors, and others programming and events. The Health and Wellness Guide was identified as a resource to help connect people with resources in the community. Additionally, school-based health centers are located in seven districts around the county. A number of organizations were noted to be assets in the community include the Sky Center New Mexico Suicide Intervention Project and the Eastern New Mexico Medical Center Sunrise Mental Health unit that includes psychiatric emergency walk-in and inpatient services (located in neighboring Chaves County).
- Social Determinants of Health:** Forum participants identified a number of food pantries in the area that assist with emergency food insecurity. There are also organizations who provide transportation. Care Bearers provides volunteer transportation for people to medical, behavioral health, physical therapy appointments, pharmacy, and grocery stores.
- Access to Care:** Ruidoso and Ruidoso Downs have an “on-demand” public transit system. There is also a fixed route service in Ruidoso. Medicaid provides transportation throughout the county to medical appointments. Care Bearers provides transportation for folks ineligible for other ride services or who need to go to the grocery store via volunteers using their personal vehicles. The Health and Wellness Guide was identified as a community resource to help improve health literacy, utilization of benefits, and awareness of available resources.
- Healthy Eating and Active Living:** Lincoln County Medical Center provides free healthy meals to children and supports a local teen center with delivered food. Lincoln County has many wilderness trails throughout the county. A recent project saw the installation of a set of outdoor exercise equipment at the Links where people can engage in physical activity for free. Additionally, there is a prescription trail guide, senior center group activities, wellness guide, the community center, Cree Meadows pool, Alto Lakes, and Eastern New Mexico University, which hosts cognitive and physical fitness classes for the community.

POSSIBLE STRATEGIES

In meetings and interviews, stakeholders 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
Communication tools (Wellness Guide)	Lack of knowledge of available resources
Convening of Mental Health Providers	Integrated care system
Awareness Training for Community	Lack of knowledge of services and mental health issues
Social Media	Communications gap

SOCIAL DETERMINANTS OF HEALTH	
Interventions to Support and Expand	Gaps or Areas for Improvement
Food pantries	Food insecurity and healthy food access
Care Bearers	Transportation gaps
Connection to available resources and navigation	Health literacy and awareness of existing resources

ACCESS TO CARE	
Interventions to Support and Expand	Gaps or Areas for Improvement
Wellness Referral Center	Access and connection to community resources and assets
Diabetes support groups	Community connections
CHWs & other care team members to navigate to resources	Connection to social service resources and Medicaid benefits

HEALTHY EATING AND ACTIVE LIVING	
Interventions to Support and Expand	Gaps or Areas for Improvement
Free Healthy Meals for Kids	Access to healthy food
Wellness Guide Maps	Connecting people to trails
Active living classes @ ENMU	Increase opportunities for active living
Community/Neighborhood organized walks	Increase free opportunities for active living
Walking/fitness paths	Accessible recreation for people with different mobility needs

Incorporating Community Input into Presbyterian Plans

Community Health then assisted LCMC leadership with the final prioritization of community health needs for the hospital. Per IRS requirements, LCMC 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 four health priorities LCMC will address in Lincoln County.

2020-2022 Health Council Priorities for Lincoln County

The top community health priorities identified for Lincoln County by community stakeholders for 2020-2022, listed **in no order of priority** are:

1. Active Living
2. Behavioral Health
3. Access to Healthcare
4. Prevention of Unhealthy Substance Use



2020-2022 Presbyterian Priorities for Lincoln County

The top four community health priorities identified for Lincoln County by Presbyterian Healthcare Services and LCMC 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 D](#).

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 are 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 the assessment 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

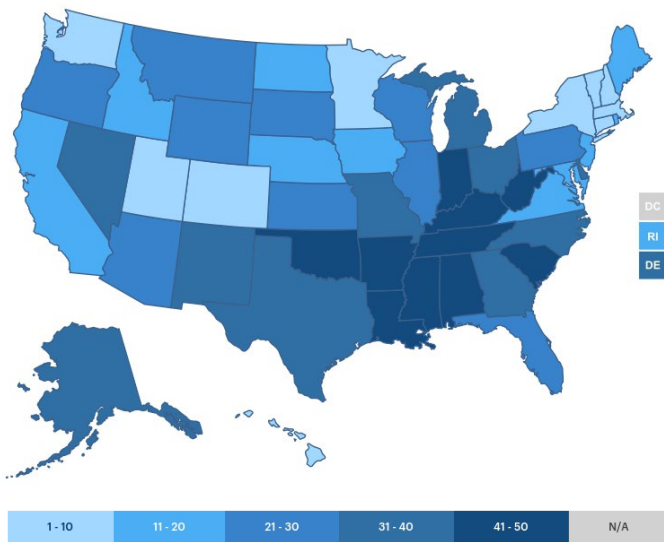


Figure 1. America's health rankings by state, United States, 2018

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

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.

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).

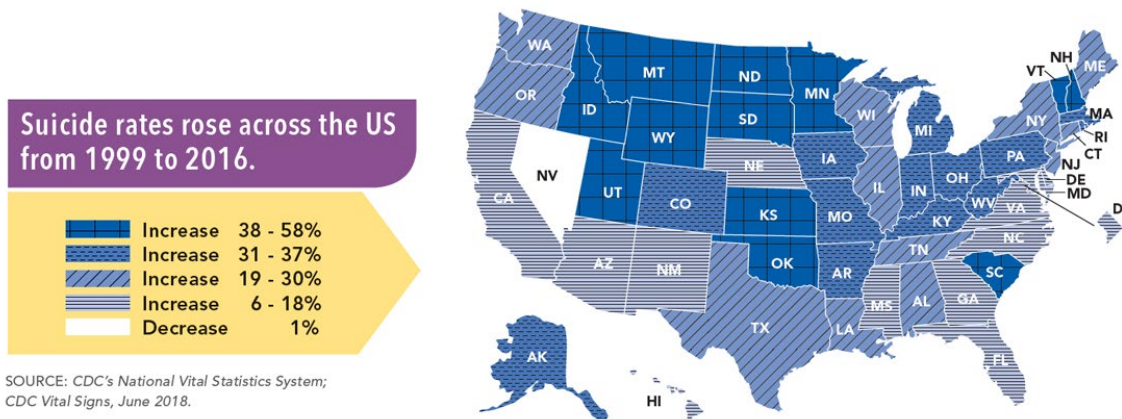


Figure 2. Changes in suicide rates by state, United States, 1999-2016

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

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.

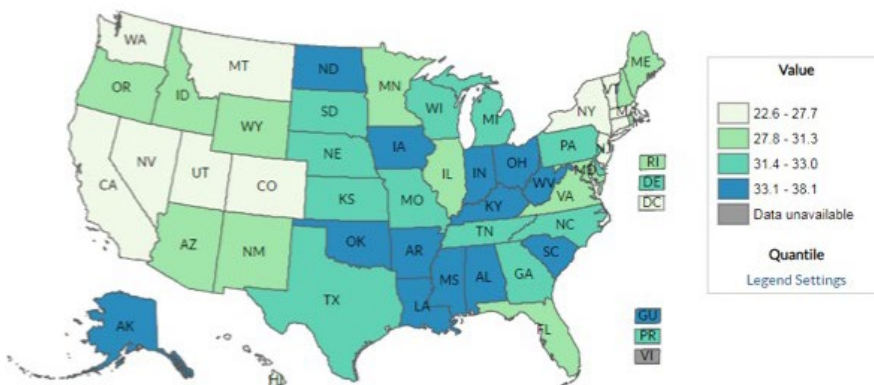


Figure 3. Percent of adults aged 18 years and older who have obesity by state, United States, 2017

Source: 2017 Behavioral Risk Factor Surveillance System

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.

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.

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.

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.

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.

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.

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

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).

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.

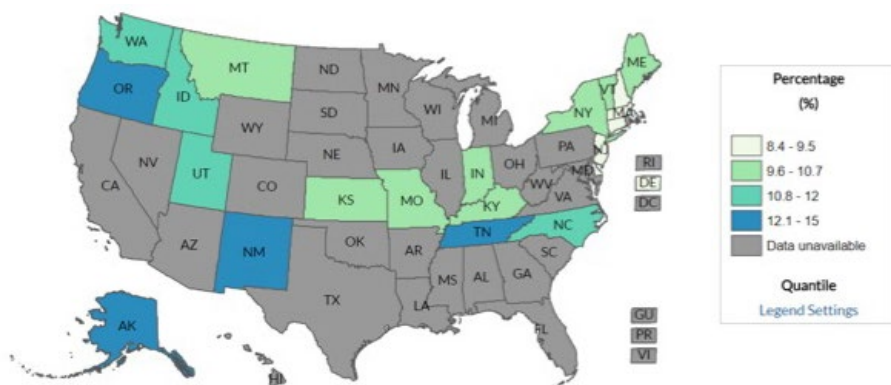


Figure 4. Percentage of older adults who reported subjective cognitive decline or memory loss that is happening more often or is getting worse in the preceding 12 months, United States, 2016.

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 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,

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.

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.

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).

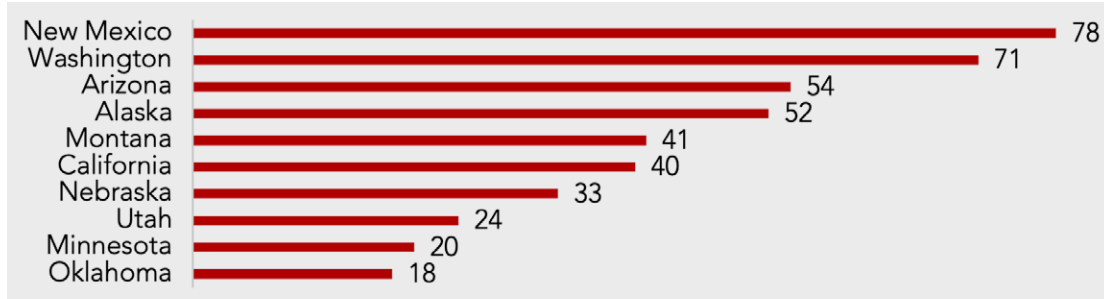


Figure 5. Number of Cases for the Top 10 States with Highest Number of Missing and Murdered Indigenous Women Cases

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.

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

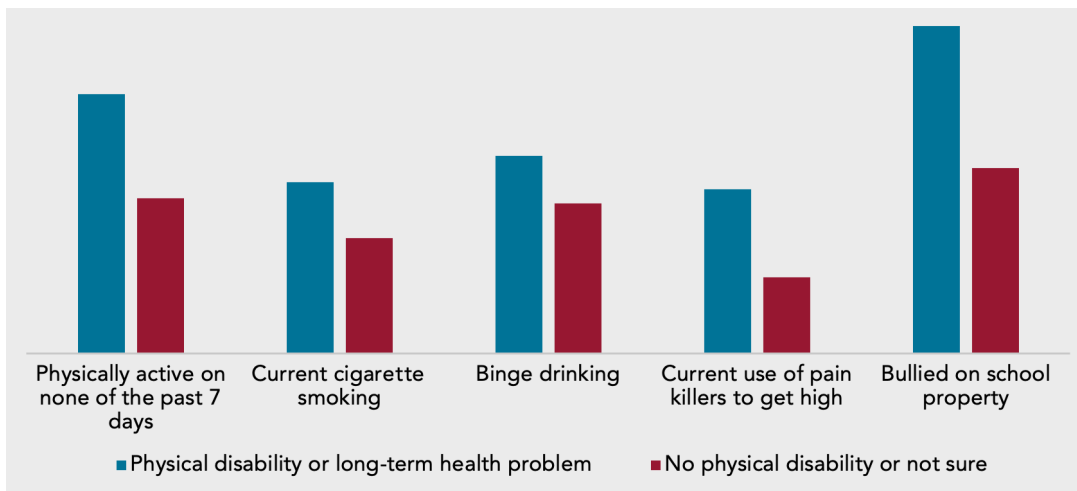


Figure 6. Risk behaviors by physical disabilities among high school students, New Mexico

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

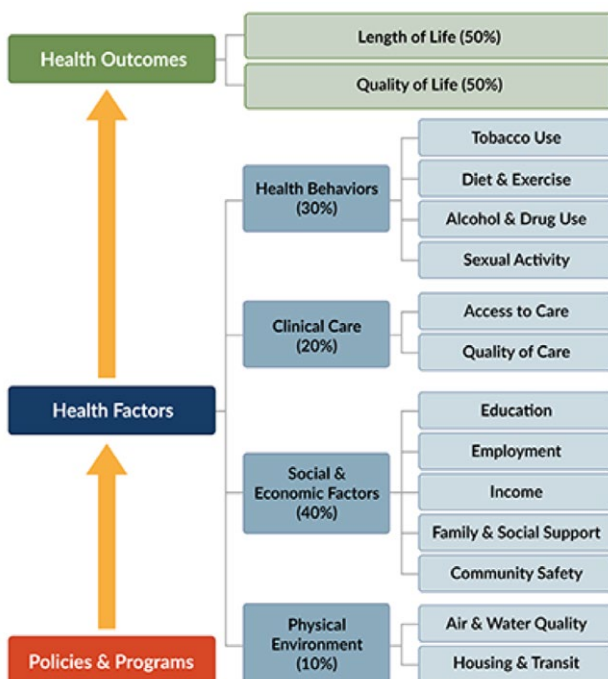


Figure 7. County Health Rankings Model

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.

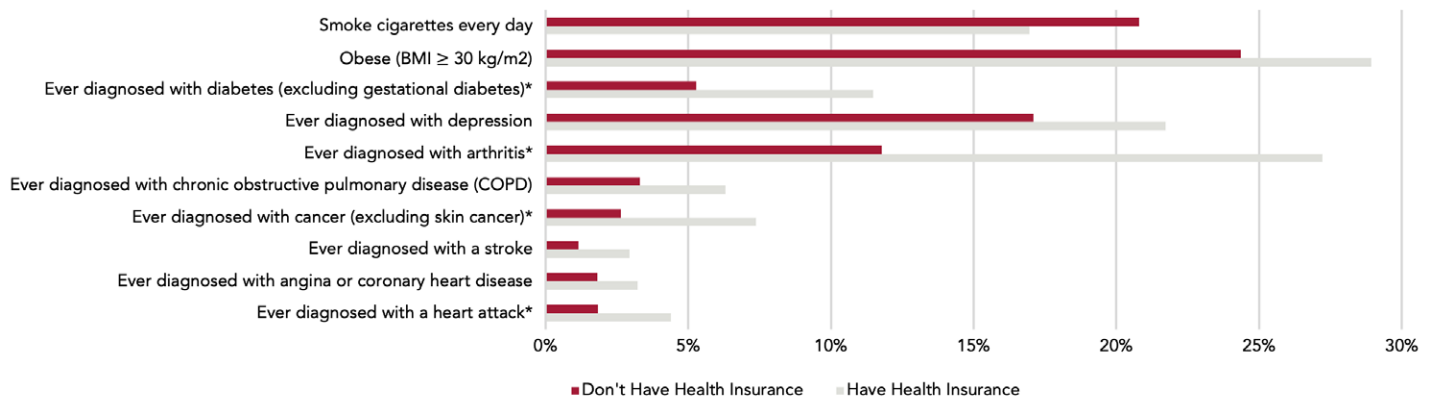


Figure 8. Health indicators by insurance status, New Mexico, 2017

*Statistically different (confidence intervals do not cross)

Source: 2017 New Mexico BRFSS

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).

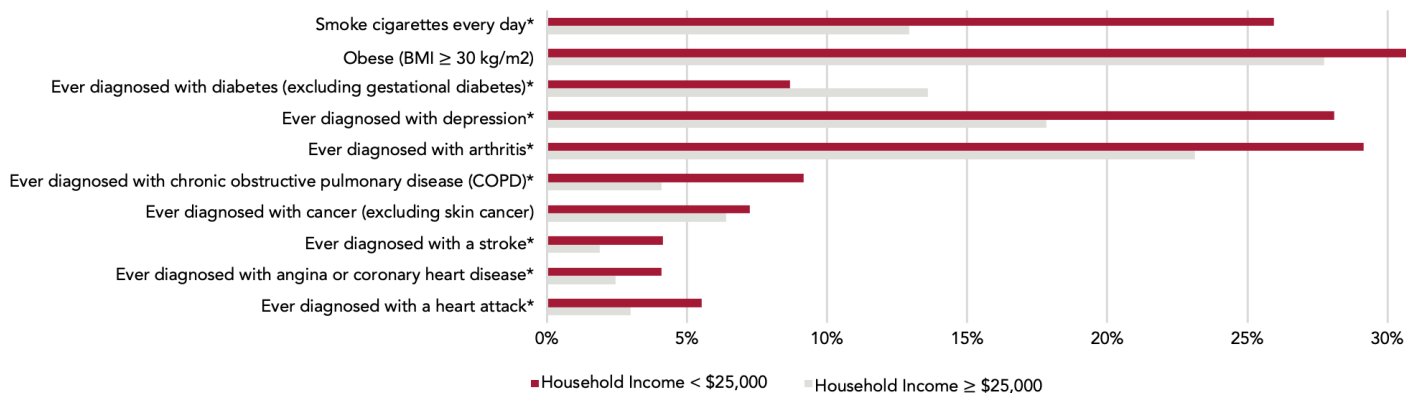


Figure 9. Health indicators by annual household income, New Mexico, 2017

*Statistically different (confidence intervals do not cross)

Source: 2017 New Mexico BRFSS

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, Bernalillo Accountable Health Communities, June 2018-April 2019

Source: Accountable Health Communities, Bernalillo County

In the first year of implementation of the project (2018), 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 - Lincoln County

According to U.S. Census 2018 estimates, there are 19,556 people living in Lincoln County. There are 4.2 people per square mile living in Lincoln County (2010 Census Summary File). The county seat of Lincoln is the town of Carrizozo, which has a population of 878 (2017 ACS 5-year). The largest city in Lincoln County is Ruidoso. According to the U.S. Census, the top industries in Lincoln County include: retail trade, accommodation and food services, food services and drinking places, restaurants and other eating places, restaurants and other eating places, full-service restaurants, health care and social assistance, arts, entertainment, and recreation, general merchandise stores, other general merchandise stores.²²

DEMOGRAPHICS

A total of 51.8% of the population of Lincoln County is female and 31.9% of the population is Hispanic (2017 ACS 5-year). The majority of people in Lincoln identify as white (Figure 10). A total of 3.8% of people identify as some other race, 3.4% identify as American Indian or Alaska Native, 0.9% identify as black or African American, 0.9% identify as Asian, and 0.2% of people identify as Native Hawaiian/Pacific Islander.

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 <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.

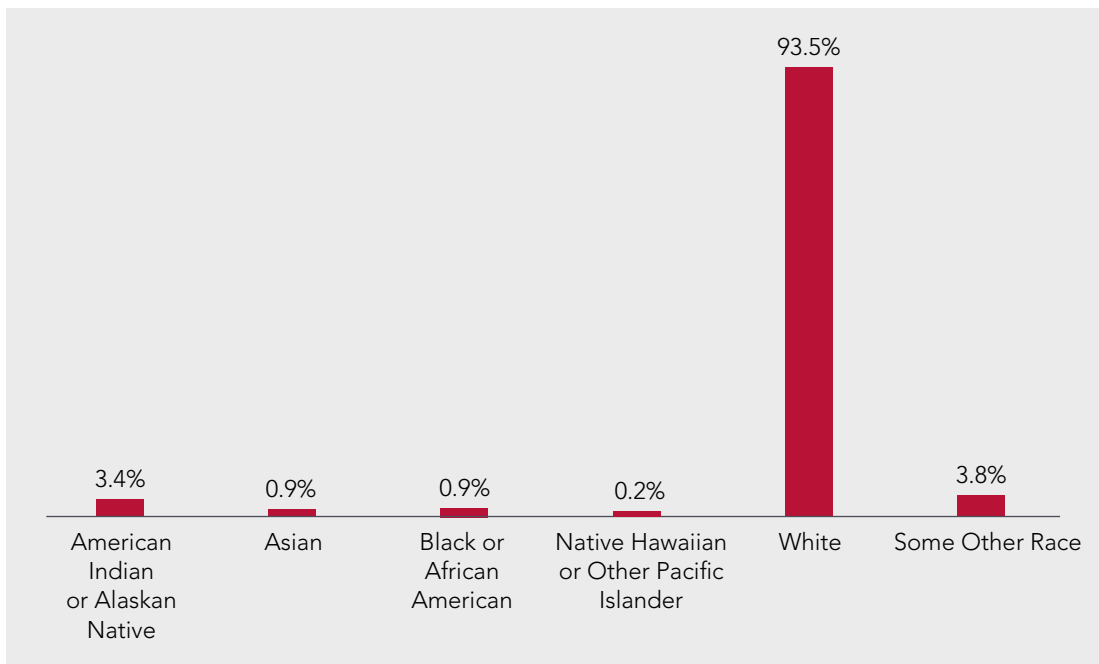


Figure 10. Race alone or in combination with one or more races, Lincoln County by percentage

Source: 2017 ACS 5-year estimates

Lincoln County has a lower percent of youth < 15 years of age than the United States (19.1%) (2017 ACS 5-year). Most people in Lincoln are working age 25-44 or 45-64 years of age (Figure 11). The percent of people over the age of 65 years is lower for the United States (14.9%) than for Lincoln (26.9%).

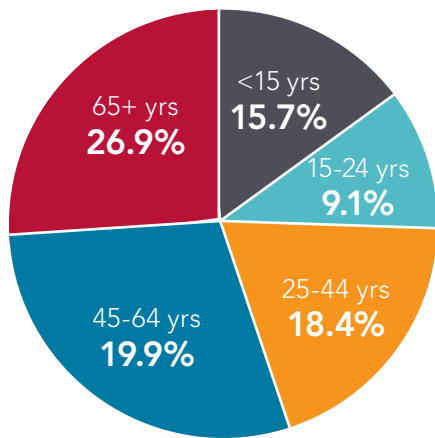


Figure 11. Percent of age group, Lincoln County

Source: 2017 ACS 5-year estimates

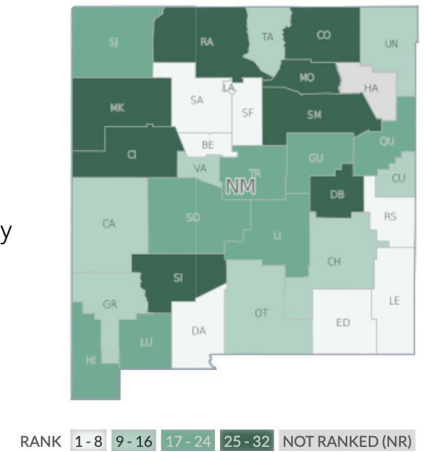
In Lincoln County, people are similarly likely to speak a language other than English at home (22.2%) compared to the United States (21.3%) (2017 ACS 5-year). A total of 12.6% of people in the United States have a disability (e.g., hearing, vision, cognitive, ambulatory, self-care, or independent living difficulty). This is lower the percent of people living with a disability in Lincoln (19.5%). The median household income in Lincoln County is \$42,145 (2017 ACS 5-year).

County Health Status

Lincoln’s overall health rankings for health outcomes and health factors, as determined by the Robert Wood Johnson Foundation’s County Health Rankings & Roadmaps, are in the middle of other counties in New Mexico. The health outcome ranking for Lincoln County is 19 out of 32 (one county is not ranked). A ranking of “1” is awarded to the county with the best health. The county health outcome rankings are based off how long people live and how healthy people feel. Length of life is 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

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

Source: 2019 County Health Rankings & Roadmaps

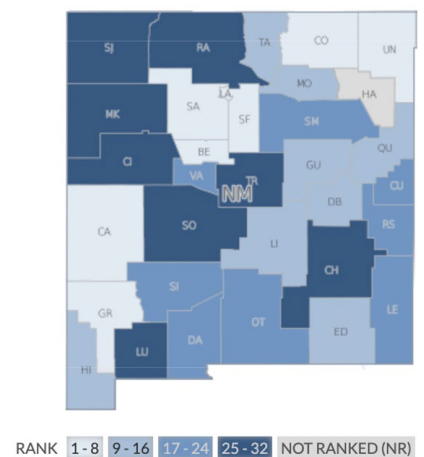


Robert Wood Johnson Foundation’s County Health Rankings & Roadmaps also summarizes and ranks county health factors. The health factor ranking measure is based off a county’s health factors (tobacco use, diet and exercise, alcohol use, drug use, and sexual activity), clinical care (access to care and 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). Lincoln County ranks 10 out of 32 counties (one county is not ranked).

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. Lincoln County has fewer primary care providers for their population size compared to the state, but more mental health providers to population compared to the state (Table 2).

		LINCOLN	NEW MEXICO
	Number of Providers	Ratio of Population to Providers	Ratio of Population to Providers
Primary Care	12	1,620:1	1,340:1
Mental Health	105	180:1	260:1

Table 2. Number and Ratio of Primary Care (2016) and Mental Health (2018) Care Providers

Source: 2019 County Health Rankings & Roadmaps

Health insurance is also an important measure of access to care. Lincoln County has a lower percent of people who are uninsured than New Mexico but a higher percent than the U.S. overall (Figure 14).

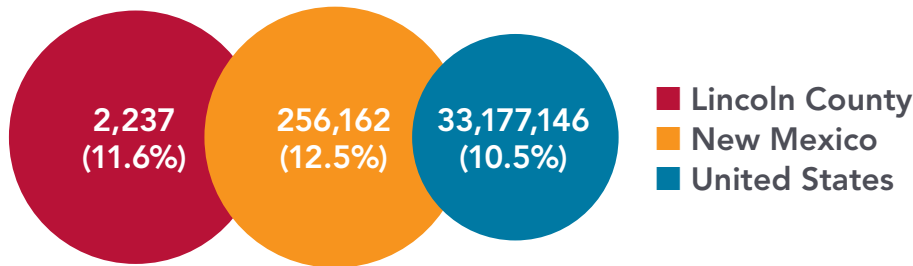


Figure 14. Number and Percent of the Population Who Do Not Have Health Insurance

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. Lincoln County has a lower percent of adults who report that they needed to see a doctor but could not because of cost in the past 12 months than New Mexico (Figure 15).

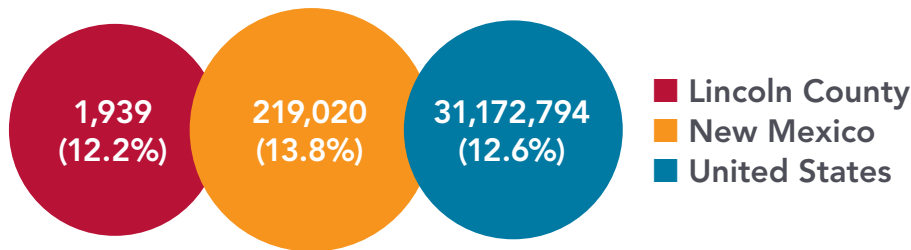


Figure 15. Number and Percent of Adults who Went Without Health Care Because of Cost

Source: 2017 BRFSS and 2017 ACS 5-year estimates (18+ population)

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

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. Lincoln County has a higher percent of people on Medicaid than the U.S. and New Mexico (Figure 16).

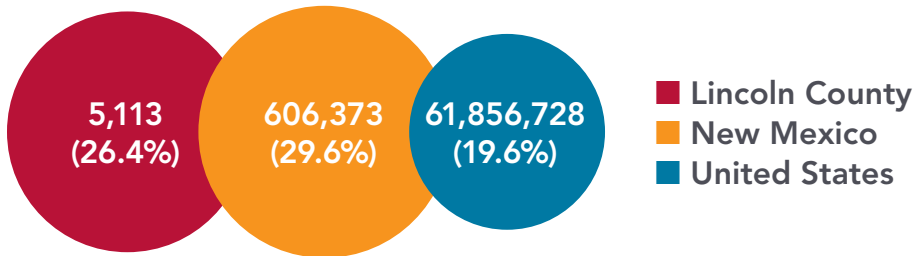


Figure 16. Number and Percent of Insured Population Receiving Medicaid

Source: 2017 ACS 5-year estimates

68% OF MOTHERS INITIATED PRENATAL CARE IN THE 1ST TRIMESTER IN LINCOLN COUNTY

Lincoln had a similar rate of preventable hospitalizations among Medicare recipients than New Mexico. In Lincoln, there are 3,346 hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees versus 3,212 in New Mexico (2019 Community Health Rankings & Roadmaps).

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 Lincoln County, 68.2% of mothers initiated prenatal care in the 1st trimester compared 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 Lincoln County is lower than in New Mexico and the United States.

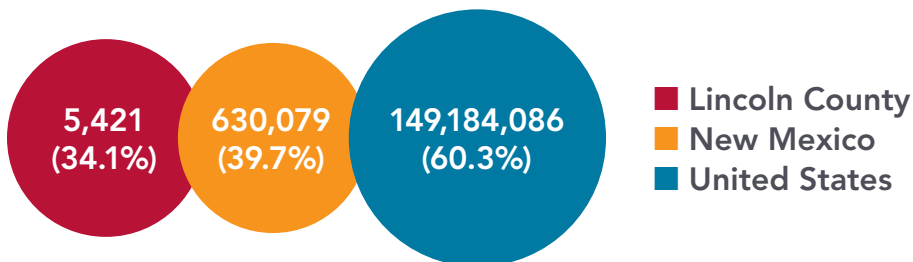


Figure 17. Number of Percent of Adults who Received a Flu Vaccine in the Past Year

Source: 2017 BRFSS; 2017 ACS 5-year estimates (18+ population)

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.

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. The percent of older adults who received the vaccine is lower in Lincoln County than New Mexico and the United States.

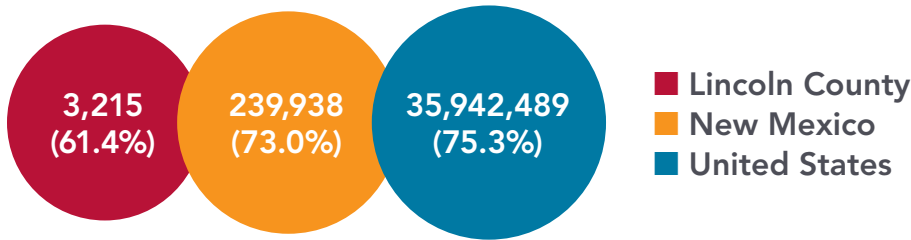


Figure 18. Number and Percent of Adults aged 65+ who Received a Pneumococcal Vaccine

Source: B2017 BRFSS; 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 lower in Lincoln than in New Mexico and the United States (Figure 19).

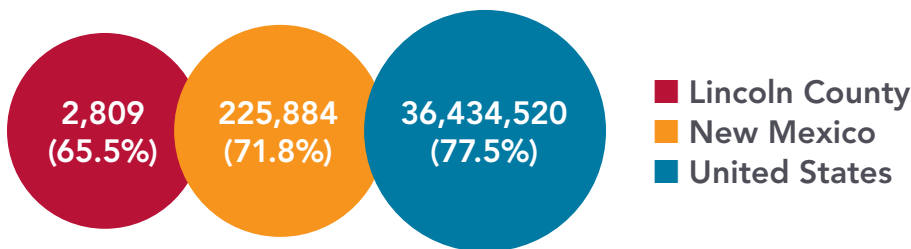


Figure 19. Number and Percent of Women aged 50-74 who have had a Mammogram in the Past Two Years

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

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. A total of 87.4% of women aged 21-65 have had a Pap smear in the past three years in Lincoln County compared to 78.0% in New Mexico²⁷.

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. A total of 60.9% of adults are up-to-date for colorectal cancer screening in Lincoln County compared to 60.8% in New Mexico²⁹.

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)

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 Utilization in Lincoln County

From January 2018 to December 2018 Presbyterian served 12,057 patients through outpatient and primary care services, 1,117 through inpatient services, and 9,706 patients in the emergency department.

Patients living in other counties accessed health services at Presbyterian facilities located within Lincoln County. This may demonstrate lack of access to particular services, lack of insurance coverage, or lack of consumer choice, or the temporary/transient nature of Lincoln County as a tourist destination (i.e. Ruidoso).

NUMBER OF PATIENTS BY COUNTY OF ORIGIN IN NEW MEXICO							
Type of Service	Total # of Patients	Lincoln	Otero	Bernalillo	Socorro	Sandoval	Chavez
Outpatient/ Primary Care	12,057	9,281	1,846	206	56	60	72
Emergency Department	9,706	5,537	1,978	89	21	17	90
Inpatient	1,117	708	332	5	1	1	11

Table 3. Patients Served at Presbyterian Healthcare Services Locations within Lincoln County

Source: 2018 Presbyterian Services Data for Lincoln County

In the last year (January 2018 to December 2018), 9,706 patients were seen at the Lincoln County Medical Center emergency department and approximately 2,815 of those patients utilized the emergency department two or more times that year. Ten percent (10%) of patients utilizing the emergency room had five or more visits to the emergency department in the last year. Two patients visited the emergency department 20 times or more in 2018 (Table 10).

	TOTAL PATIENTS VISITING ED	2+ VISITS	5+ VISITS	20-35 VISITS
Number	9,706	2,815	279	2
Percent	100%	29%	10%	0.7%

Table 4. Patient Utilization at Santa Fe Medical Center Emergency Department 2018

Source: 2018 Presbyterian Services Data for Lincoln County (5+ inclusive of 2+; 20+ inclusive of 2+, 5+, etc.)

The top ten primary diagnoses for patients seen in the LCMC emergency department in 2018 were:

1. Influenza
2. Chest pain
3. Viral upper respiratory tract infection
4. Acute urinary tract infection
5. Viral syndrome
6. Unspecified injury of head
7. Nausea, vomiting and diarrhea
8. Nausea and vomiting
9. Abdominal pain, epigastric
10. Acute bronchitis

Social Determinants of Health - Lincoln County

As a rural state, most counties in New Mexico do not have extensive public transportation systems. Therefore, assessing access to a vehicle is an important determinant to whether patients in Lincoln can get to health care appointments, the pharmacy, the grocery store, work and school, community centers, places of worship, and the hospital. Households in Lincoln are less likely to have access to a vehicle than households in the United States (Figure 20).

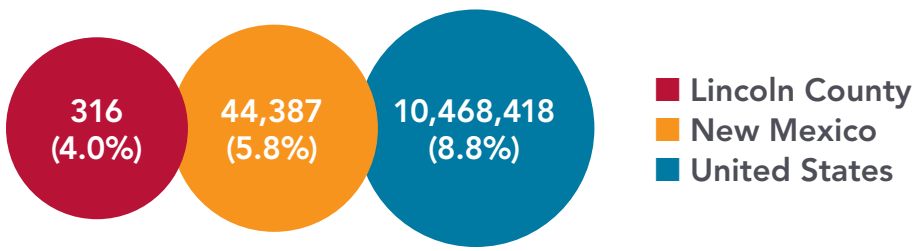


Figure 20. Number and Percent of Households with No Vehicle

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). Lincoln County has a lower unemployment rate among people aged 16 years or more than New Mexico and the United States (Figure 21).

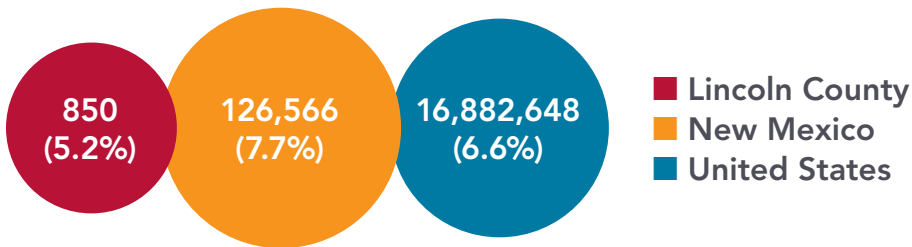
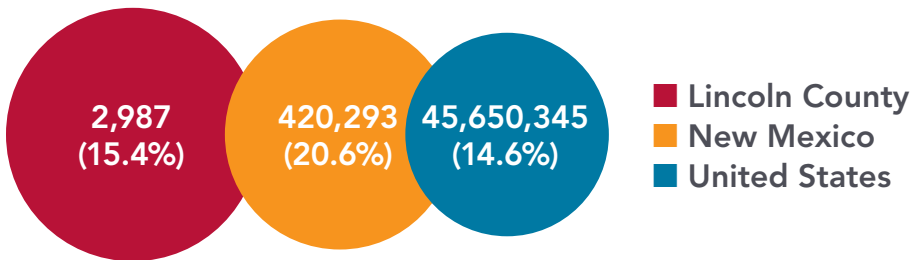


Figure 21. Number and Percent of People aged 16+ who are Unemployed

Source: 2017 ACS 5-year estimates

Lincoln County has a lower percent of people living in poverty compared to people in New Mexico but a slightly higher percent than the United States (Figure 22).



“MORE THAN ONE IN SIX CHILDREN IN LINCOLN COUNTY LIVE IN POVERTY.”

Figure 22. 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. Lincoln County has a lower percent of children living in poverty compared to children in New Mexico and the United States (Figure 23).

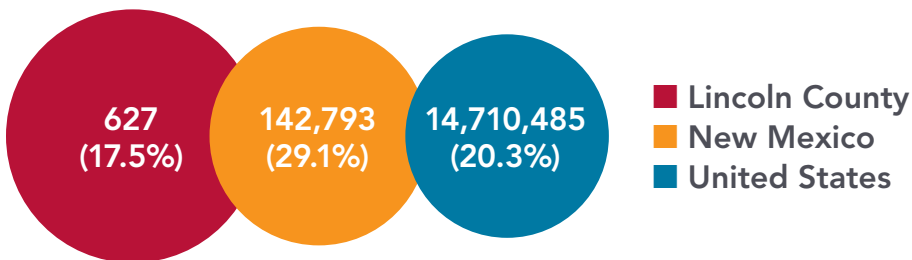


Figure 23. Number and Percent of Children (Aged <18 years) Living in Poverty

Source: 2017 ACS 5-year estimates

6.2% OF HIGH SCHOOL STUDENTS LIVE IN UNSTABLE HOUSING IN LINCOLN COUNTY

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 Lincoln County, 6.2% of high school students (grades 9-12) live in unstable housing 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. A larger percent of households in Lincoln County access SNAP than in the United States but the percent is smaller than in New Mexico.

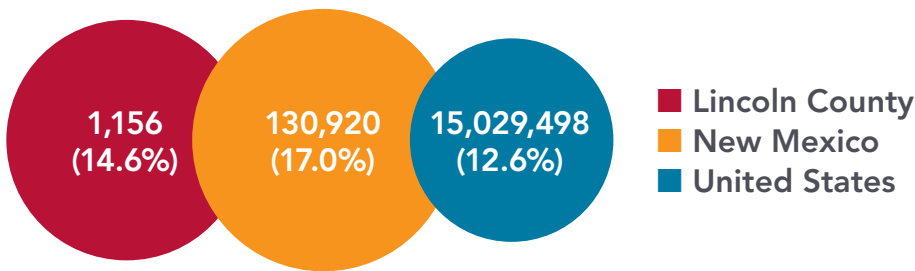


Figure 24. Number and Percent of Households Accessing SNAP

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 estimated 7,113 people, or 34.7% of the population in Lincoln County do not have access to healthy food. Additionally, an estimated 3,621 people or 17.7% of the population in Lincoln County do 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 Lincoln County is 0.045299. Lincoln county ranks 10th compared to other counties.

³⁰ 2017 NM-YRRS

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.

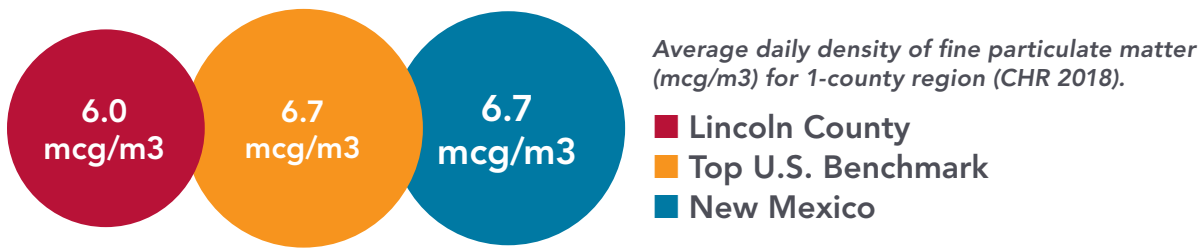


Figure 25. Air Pollution Fine Particulate Matter (PM 2.5)

Source: Community Commons.org

Health Factors

In Lincoln County, about 1 in 5 (21.6%) high school students eat five or more servings of fruits and vegetables every day, compared to 19.9% for the state³³. Adults in Lincoln are slightly less likely to eat five or more fruits and vegetables per day (11.3%) compared to the rest of the state (16.2%)³⁴.

Eating healthier improves school learning and behavior. Only one in three high school students in Lincoln County reported having breakfast every day. This was slightly higher than the percent for the state in general and similar to the percent for the United States (Figure 26). 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.

**“ONLY ONE-
IN-THREE
HIGH SCHOOL
STUDENTS IN
LINCOLN COUNTY
HAVE BREAKFAST
EVERY DAY**

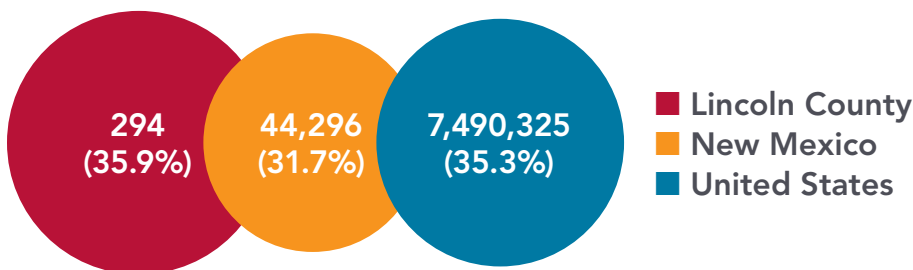


Figure 26. Number and Percent of High School Students Eating Breakfast Every Day

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 diseases 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 Lincoln County are slightly more likely to meet these physical activity recommendations than adults in New Mexico and the United States in general (Figure 27).

³³ 2017 NM YRRS

³⁴ NM-IBIS: 2017 BRFSS

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.

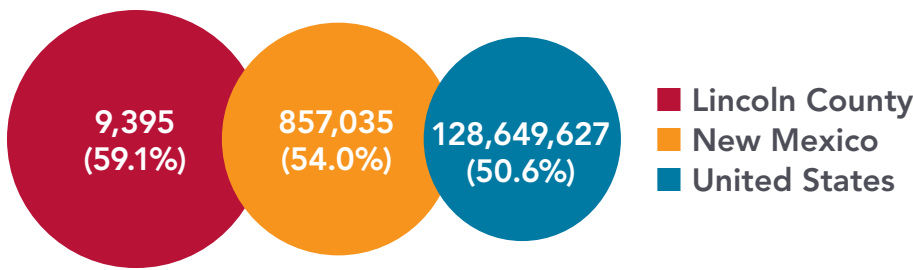


Figure 27. Number and Percent of Adults Meeting Physical Activity Recommendations

Source: 2017 BRFSS and 2017 ACS 5-year estimates (18+ population)



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 Lincoln County are slightly more likely to be physically active than youth in the rest of the state and slightly more likely than the United States. However, only a third of students are physically active every day, suggesting that there is still room for improvement.

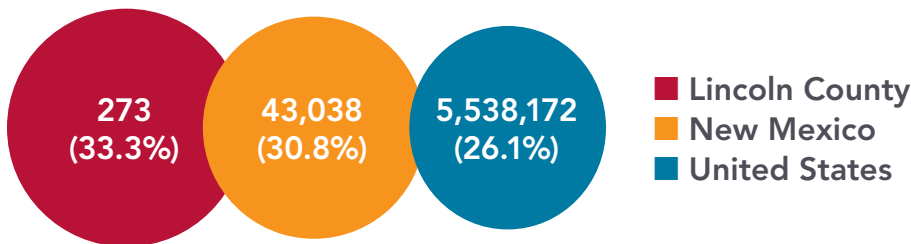


Figure 28. Number and Percent of High School Engaging in Physical Activity Every Day

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 Lincoln County are slightly more likely to be at a healthy weight than adults in New Mexico or the United States (Figure 29).

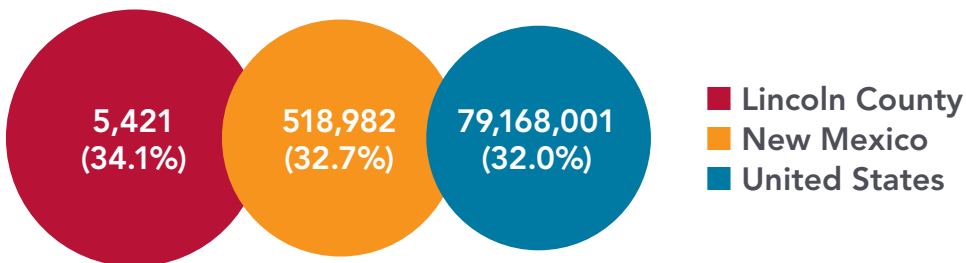


Figure 29. Number and Percent of Adults at a Healthy Weight

Source: 2017 BRFSS and 2017 ACS 5-year estimates (18+ population)

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 Centers for Disease Control and Prevention. Healthy Weight. Assessing Your Weight. Available at: www.cdc.gov/healthyweight/assessing/index.html. Accessed August 23, 2019.

The percent of adults who are a healthy weight in Lincoln County has decreased slightly (8%) from 37.1% in 2011 to 34.1% in 2017 (Figure 30).

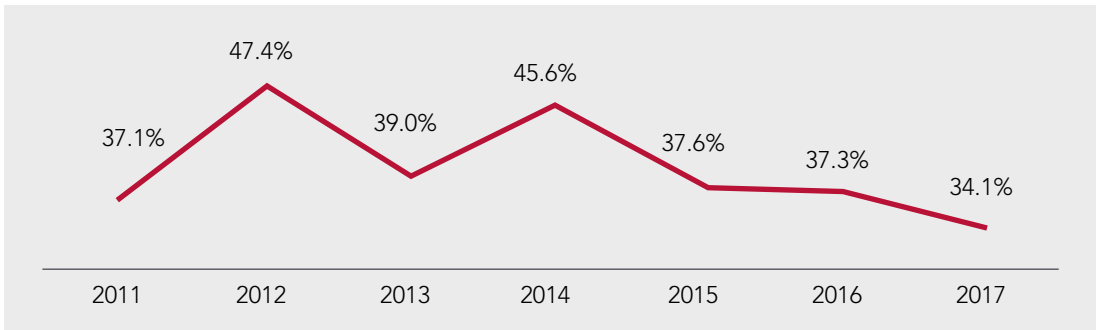


Figure 30. Percent of Adults Who Are at a Healthy Weight

Source: NM-IBIS, 2011-2017 BRFSS

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 of age, BMI is calculated using BMI-for-age percentile based on CDC growth charts⁴⁰. Lincoln County’s childhood obesity prevalence is slightly higher than the United States (Figure 31).

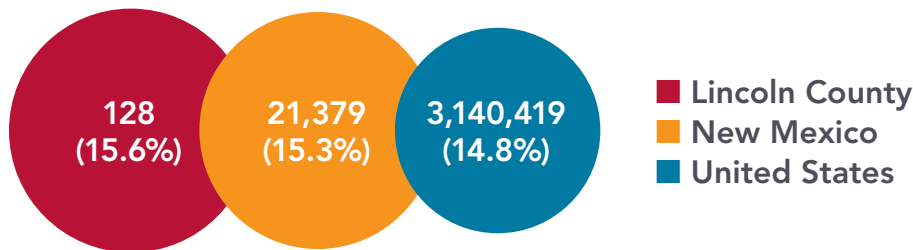


Figure 31. Number and Percent of High School Students who were Obese

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

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 46.7 emergency department visits for asthma per 10,000 population (age-adjusted) in Lincoln County compared 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 in Lincoln County is slightly higher than the prevalence in New Mexico in general (Figure 32).



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

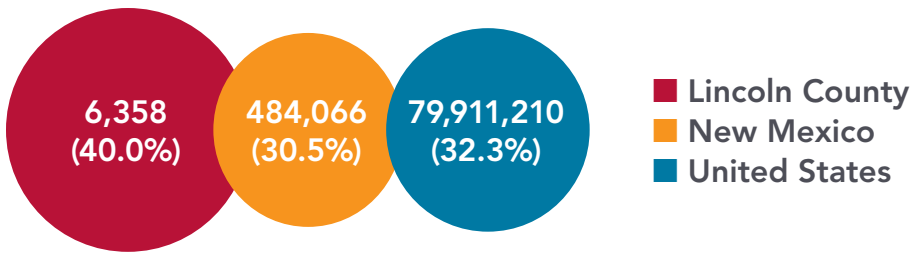


Figure 32. Number and Percent of Adults with Diagnosed High Blood Pressure

Source: 2017 BRFSS 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 Lincoln County is higher than the prevalence in New Mexico or the United States.

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

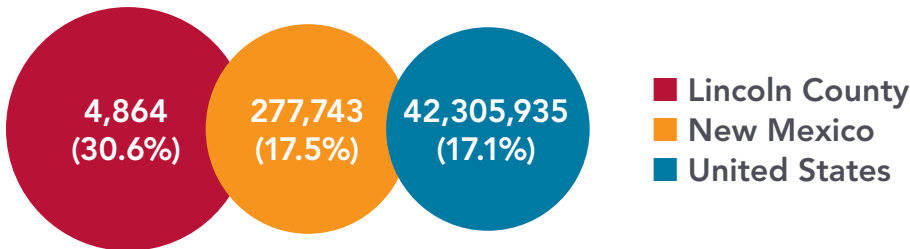


Figure 33. Number and Percent of Adults who Smoke Cigarettes

Source: 2017 BRFSS 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 Lincoln County (38.8%, which is approximately 318 total students) is higher than the prevalence of tobacco use among high school students in the state (33.8%, which is approximately 47,230 high school students)⁴⁴.

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 is lower in Lincoln County than in New Mexico (Figure 34).



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.

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 & 2017 ACS 5-year (15-19 population)

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

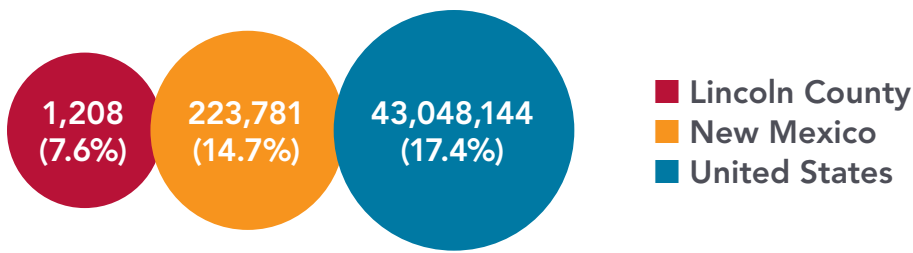


Figure 34. Number and Percent of Adults who Binge Drink

Source: 2017 BRFSS and 2017 ACS 5-year estimates (18+ population)

The prevalence of heavy drinking is similar in Lincoln County than in New Mexico and lower than the United States (Figure 35).

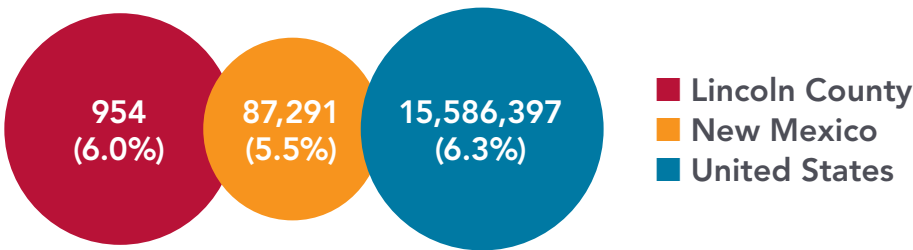


Figure 35. Number and Percent of Adults who Drink Heavily

Source: 2017 BRFSS 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 is lower in Lincoln County than in New Mexico and the United States (Figure 36).

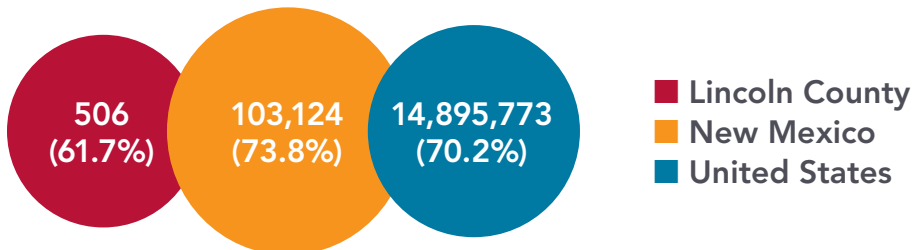


Figure 36. Number and Percent of High School Students Who Do Not Currently Drink

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

New Mexico has the highest alcohol-related death rate in the United States.⁴⁷ Alcohol-related death includes 54 causes of death determined by the CDC.⁴⁸ The most common cause of alcohol-related death in New Mexico is chronic liver disease. Lincoln County's alcohol-related death rate has increased. The rate has increased 63.6% between 2007 and 2017 from 55.0 to 90.0 in Lincoln County. Fortunately, there are a number of 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 intervention.⁴⁹

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 37. Age-Adjusted Alcohol-Related Deaths per 100,000 Population

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 Lincoln County is 2.3% (an estimated 19 high school students) and the prevalence of methamphetamine use among high school students is 2.7% (an estimated 22 high school students)⁵⁰. 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 Lincoln County, the rate of drug overdose deaths has increased and decreased from 30.9 deaths per 100,000 in 2007 to 26.0 in 2017 (Figure 38).



Figure 38. Age-Adjusted Drug Overdose Deaths per 100,000 Population

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. Lincoln County has a slightly higher prevalence of adults who report that they had 14+ poor mental health days in the past 30 days than New Mexico in general (Figure 39).



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

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.

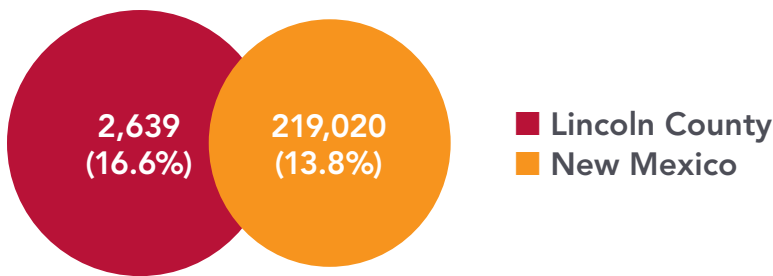


Figure 39. Number and Percent of Adults who had 14+ Poor Mental Health Days in the Past 30 Days

Source: 2017 BRFSS 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 Lincoln is similar to the prevalence for New Mexico but slightly higher than for United States (Figure 40).

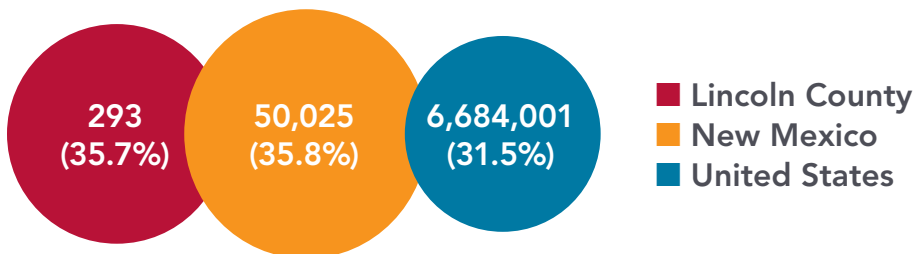


Figure 40.

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 diseases. 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 10.7% of high school students have been sexual assaulted in Lincoln County compared to 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 Lincoln County, there were 56 substantiated cases of child abuse from July 2017-June 2018 compared to 6,479 cases statewide.⁵⁴

High school students in Lincoln generally report slightly lower resiliency factors than students in New Mexico overall (Figure 41). Resiliency factors 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.

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

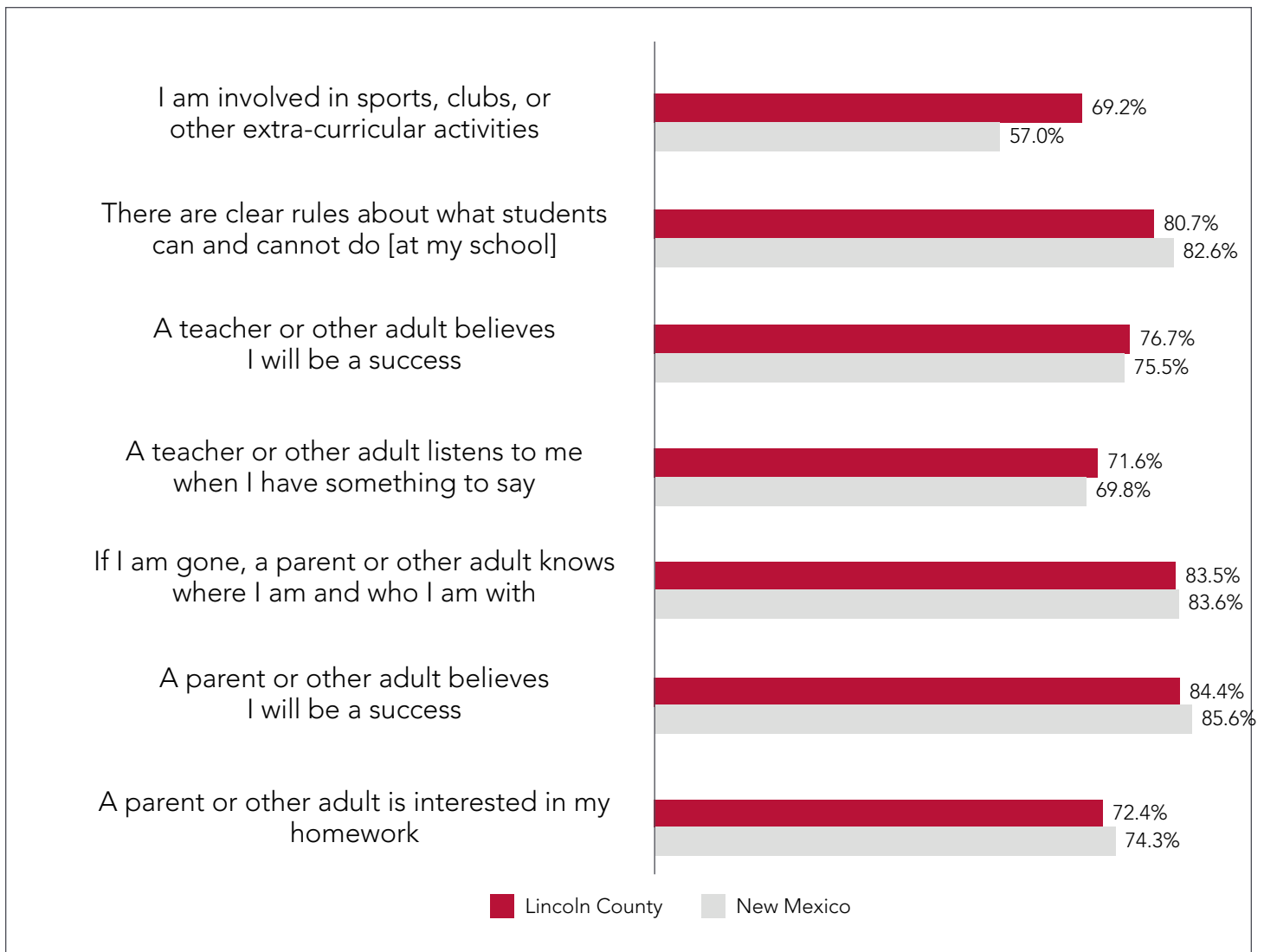


Figure 41. Resiliency/Protective Factors among High School Students (Responded “Very Much True” or “Pretty Much True” to the Following Statements), New Mexico and Lincoln County

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 for Lincoln County is not reported because of the small number of births.

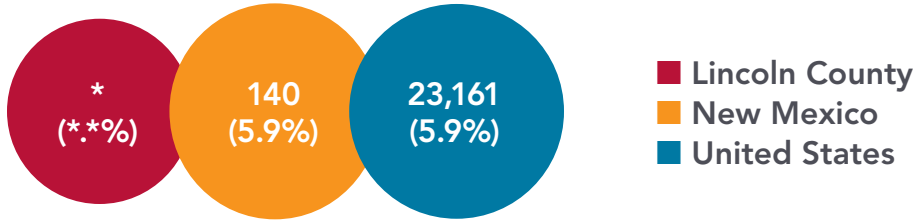


Figure 42. Infant Mortality Number and Rate (deaths per 1,000 births)

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

The five leading causes of death in Lincoln County for 2017 are listed in Table 5. The leading causes of death for Lincoln County are similar to those for New Mexico.

LINCOLN COUNTY	RANK	NEW MEXICO
Cancer	1	Heart disease
Heart Disease	2	Cancer
Chronic Lower Respiratory Diseases (Asthma, COPD, etc.)	3	Unintentional injuries
Unintentional Injuries	4	Chronic lower respiratory diseases (asthma, COPD, etc.)
Diabetes	5	Cerebrovascular disease (stroke)

Table 5. Leading Causes of Death

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 227 deaths from cancer in 2013-2017 in Lincoln County, an average of 45 deaths a year.

CAUSE OF DEATH	NUMBER OF DEATHS (5-YEARS)	DEATHS PER 100,000 POPULATION (AGE-ADJUSTED)
Cancer	227	124.9
Heart Disease	212	123.7
Unintentional Injuries	87	86.9
Alcohol-related death	76	68.2
Chronic lower respiratory diseases (asthma, COPD, etc.)	86	47.1
Drug overdose	35	42.7
Cerebrovascular disease (stroke)	53	31.2
Diabetes	47	26.8
Suicide	31	26.5
Chronic liver disease	32	20.7
Alzheimer's disease	26	15.4
Influenza and pneumonia	19	11.8
Homicide	2	2.0

Table 6. Number and Rates of Selected Causes of Death, Lincoln County

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 Lincoln County is 76 years, and Lincoln County is currently ranked 23 out of 33 counties. Life expectancy is lower in Lincoln County than in neighboring Torrance County, Otero County, and Socorro County but higher than in neighboring Guadalupe County, De Baca County, and Chaves County⁵⁵.

Impact

Beginning in 2016, the Center for 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 <https://www.phs.org/community/committed-to-community-health/Pages/default.aspx>. See **Appendix E** 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.

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



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 the many health service and social service resources present in Lincoln County – see [Appendix F](#) for a resource guide/list – there are a number of assets and resources available in the county to address health needs. Some of these resources and community-based organizations are in positions to augment local efforts to improve health. Some of these resources and organizations include food banks such as the Lincoln County Community Health Council’s Mobile Food Pantry, Capitan Mobile Food Pantry, and the Mescalero Mobile Food Pantry. Additional food-related resources in the county include St. Eleanor’s Roman Catholic Church, Senior Centers throughout the county, Salvation Army Food Bank and several churches. There are a number of mental, behavioral health, and crisis resources in Lincoln County, including free crisis triage and counseling available 24/7. There is some access to specialty care and alternative wellness practices throughout the county. Additional resources can be found in the SHARE New Mexico online resource directory and the LCCHC Directory, which can be found online at https://issuu.com/todd_fuqua/docs/2018_h_w_guide.

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.

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

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To view the board members' full bios visit this link

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APPENDIX C: LINCOLN COUNTY INDICATOR PRIORITIZATION VOTING RESULTS

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
21.6% of high school students consumed 5+ fruits or vegetables daily in 2017 (NM-YRRSS)	1		1	2
11.3% of adults consumed 5+ fruits or vegetables daily in 2017 (BRFSS)				
14% of high school students ate breakfast daily in 2017	3			3
59.1% of adults met physical activity recommendations in 2017*	2	8	3	13
33.3% of high school students engaged in daily physical activity in 2017				0
34.1% of adults were at a healthy weight in 2017	4	1		5
15.6% of high school students were obese in 2017	2	4	5	11
40.0% of adults had hypertension in 2017	4			4
30.6% of adults smoked cigarettes in 2017	2	1	1	4
38.8% youth used tobacco (5 types) in 2017	9	2	7	18
7.6% of adults were binge drinkers in 2017		2	2	4
61.7% of high school students were not current drinkers in 2017				0
2.3% of high school students used heroin in 2017	3		7	11
2.7% of high school students used methamphetamine in 2017		1		
16.6% of adults experienced frequent mental distress in 2017	4	5	1	10
35.7% of high school students experienced sadness and hopelessness in 2017	6	5	4	15
89.4% of adults had a primary care provider in 2017				0
46.7 ED visits for asthma per 10,000 people occurred in 2016 (age-adjusted)				0
Write-ins				
Learning how to shop for healthy meals and healthy food preparation				0
Health Inequities		1		1
LGBTQ Service/Awareness health	1	1	2	4
Social Justice/Police use of force		1	1	2
Financial Management		1	1	2

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
Upstream Indicators				Total Votes
Drug Overdose Deaths per 100,000 Population		2		2
Percent of Population Living in Poverty		2	2	4
Environmental Quality Index				0
Sexual Assault (percent of High School Students)	1	1	2	4
5 Leading Causes of Death				0
Percent of Adults who Went Without Care Because of Cost				0
Infant Mortality Rate per 1,000 Live Births				0
Percent of Moms Receiving Prenatal Care in the 1st Trimester		1		1
Midstream Indicators				Total Votes
Substantiated Child Abuse Claims per Population <18 years	2	1	3	6
% Adults who received Influenza Vaccine				0
Unemployment Rate				0
Percent of Households not Receiving SNAP				0
Ratio of Population to Primary Health Care Physicians			1	1
Downstream Indicators				Total Votes
Homicide Deaths per 100,000 population		1		1
% Population with Health Insurance				0
Life Expectancy (years)				0
Alcohol-Related Deaths per 10,000 Population			1	1
% Population with limited access to healthy foods			1	1
Ratio Population to Mental Health Providers		1		1
Suicide Deaths per 100,000 Population		1		1

APPENDIX D: 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 E: 2016 – 2019 COMMUNITY IMPLEMENTATION PLAN DASHBOARD

Lincoln 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 Santa Fe County residents	
Assess the feasibility of offering CYFD At-Risk and Summer feeding program through the LCMC hospital cafeteria	G
Support cooking and nutrition education to Lincoln County residents for youth and adults <ul style="list-style-type: none"> ■ Increase availability and awareness of classes ■ Provide incentives or rewards for participating in healthy eating and educational opportunities 	G
Increase use of and produce at Lincoln 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 Lincoln County Hunger collaborative and their hunger reduction initiatives for older adults, school aged children, and residents living in poverty and/or transient housing	G
Active Living - Increase physical activity for County residents	
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 ■ Explore efforts to designate a walking district for mixed abilities 	G
Support organized groups in Lincoln County that encourage and educate about active living and health <ul style="list-style-type: none"> ■ Provide education about active living. Support local publications and activity guides that inform residents about opportunities for active living ■ 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

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

Strategy or Intervention	Status
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 ■ Support continued health council collaboration with youth oriented programming i.e. Juvenile Justice program, High Mountain Youth Project 	G
Support the Lincoln County Community Assistance program and their provision of free behavioral and mental health to county residents	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	Y
Partner with Lincoln County Community Health Council to support healthy eating, active living, and prevention of unhealthy substance use activities and other health council priorities identified in the CHA and unaddressed directly by this plan <ul style="list-style-type: none"> ■ Support health council efforts to build relationships and increase activities outside of the city of Ruidoso and improve health in rural and other areas of Lincoln County 	G
Advance local community health leadership development and support community capacity building efforts in Lincoln County	G
Promote equity and the elimination of health and healthcare inequities <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 F: OTHER SOURCES OF HEALTH SERVICES

The 2019 Health and Wellness Guide of Lincoln County & Mescalero. This guide is updated and maintained by the Lincoln County Community Health Council.

The guide is available at: https://issuu.com/todd_fuqua/docs/2019_h_w_guide.