



PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Dr. Dan C. Trigg Memorial Hospital

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 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, Presbyterian Plains Regional 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, Quay 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.

Dan C. Trigg Memorial Hospital partnered with the Quay County Health Council to complete a community health assessment and identify significant community health needs. Quay County is a complex community that has many barriers and facilitators to achieving good health. Some of the barriers to good health in Quay County include low number of primary care providers to population, high rates of children living in poverty, high rates of childhood obesity, very high rates of smoking, and slightly high rates of binge drinking. Quay County has similar rates of flu vaccination, pneumococcal vaccination, mammography, poverty in general, physical activity, and mental health status as the state in general. Facilitators to good health in Quay County include high number of mental health care providers to the population, higher rates of insurance, low rates of unemployment, and high prevalence of resiliency among high school students.

Assets in Quay County to improve health include meaningful involvement from law enforcement, the district attorney’s office, EMS, health care providers, and patients in community health improvement and through the health council. The community hosts a number of free meal sites for children, has a community pool, a skatepark, community gardens, and resources for alternative housing.

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

1. Healthy Eating
2. Mental Health and Unhealthy Substance Use
3. Sexual Assault
4. Child Abuse
5. Physical Activity
6. Social Determinants of Health

For 2020-2022, the Dan C. Trigg Memorial Hospital community health priorities for Quay County listed **in order of priority** are:

1. Behavioral Health
2. Social Determinants of Health
3. Access to Care
4. Healthy Eating/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 Quay 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. Dr. Dan C. Trigg Memorial Hospital (DCT) defines its community as Quay County, New Mexico.

DCT is a general, acute care hospital located in Tucumcari, New Mexico, which is about 175 miles east of Albuquerque, New Mexico and 113 miles from Amarillo, Texas. As a not-for-profit hospital with 25 licensed beds, DCT exists to improve the health of the patients, members and communities it serves in Quay County.

The hospital offers a variety of health services including but not limited to a 24-hour emergency department; inpatient medical care; home healthcare and hospice; community-based programs; dietary counseling; primary care and specialty care clinics; swing bed services (skilled nursing care); radiology, lab, and ultrasound services; rehabilitation services; and surgical services. DCT employs 89 people and is the only emergency department in the nearly 300 miles between Amarillo and Albuquerque.

DCT is a county-owned facility that has been managed by Presbyterian Healthcare Services since 1978. DCT is governed and guided by community leaders including business owners, government and administrative officials, and medical professionals who serve on the Community Board of Trustees. The not-for-profit structure and community-based governance ensures healthcare resources are adapted to best meet the community’s healthcare needs.



Dr. Dan C. Trigg Memorial Hospital in Tucumcari, New Mexico

Process and Methods for Conducting the Assessment

Presbyterian operates nine not-for-profit hospitals in the metro regions of Albuquerque, Clovis, Española, Rio Rancho, Ruidoso, Santa Fe, Socorro, and Tucumcari; a statewide health plan; a growing multi-specialty medical group; and three community ambulance systems. Presbyterian is the largest private employer in New Mexico with more than more than 900 providers and Presbyterian provides services to one in three New Mexicans.

In 2016, Presbyterian designated a Community Health department (Community Health) with a focus on community improvement. The department is staffed by individuals with public health experience and 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 pre-existing 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.



Stakeholder Responses to a Vision for a Healthy Quay County

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

In 2019, Presbyterian (DCT and Community Health), and the Quay County Health Council partnered to conduct the community health assessment and identify community health priorities.

Health priorities and strategies were determined in two meetings of community stakeholders organized by the health council. In the first meeting, which we called the Health Indicator Prioritization meeting, stakeholders reviewed county health indicators (e.g., smoking, obesity, etc.) and shared local narratives. After this review, stakeholders voted on priorities using an indicator poster. During the second community meeting, which we called the Community Forum, priorities were affirmed, and stakeholders discussed community assets and barriers and discussed possible strategies for each priority.

The meetings were attended by representatives of the health council, the hospital, the New Mexico Department of Health, and community prevention and social service groups. See Appendix A for full list of participants.

Health Indicator Prioritization

The objectives of the Indicator Prioritization Meeting were to 1) review county health data and 2) determine Health Council priorities. At this meeting, stakeholders were first asked to envision what they thought a healthy Quay County would look like. Responses are pictured above. Then the group reviewed a poster of health factors (e.g., alcohol consumption, smoking and tobacco use, healthy eating, physical activity, asthma emergency department visits, etc.), and data cards with social determinants of health (e.g., poverty, employment, etc.) and end health outcomes (e.g., leading causes of death, drug overdose death rate). See the Appendix B for Quay 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 (e.g., stakeholders in Quay added transportation). 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 on priorities for 2020-2022:



Stakeholders reviewing public health data at the Indicator Prioritization, Quay County

- 1. Healthy Eating**
- 2. Mental Health and Unhealthy Substance Use**
- 3. Sexual Assault**
- 4. Child Abuse**
- 5. Physical Activity**
- 6. Social Determinants of Health**

Community Forum

As part of the Community Health Assessment, a community health forum for Quay County was conducted in at the Quay County Fairgrounds Barn in Tucumcari, NM on March 26, 2019 to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

The same stakeholders invited to participate in the prioritization activity were also invited to participate. Evaluations of the forums as well as additional or anonymous comments were collected and compiled. The majority of participants reported that they learned a great deal and found the discussions valuable and practical to their professional or personal life.

HEALTH CHALLENGES

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

- **Behavioral Health:** Forum participants felt that the community needs a detoxification unit to provide treatment for substance use or mental health. They felt that there is sufficient volume of individuals to sustain a facility that provides higher levels of treatment. Quay County needs wrap-around services and better transition of care from acute to long term treatment. There is no psychiatrist in Quay County and this is a barrier to receiving care. An increase in behavioral health services and prevention requires additional funding.
- **Social Determinants of Health:** There is a lot of poverty in Quay County. Forum participants felt that food security was an issue. While unemployment is low, there is a lack of jobs with adequate pay. There is a need to communicate and educate residents about existing resources for housing, food, and clothing. Participants feel more services that help residents get jobs would increase the number of households who are able to meet basic needs, such as shelter and food. Workforce services should include training on job skills and provide educational materials. Forum participants would like to see more education on sexual assault prevention. Especially on mandatory reporting, definition of sexual assault, and steps to take to connect individuals to help. Community members mentioned cyber-predation as a perceived threat to parents and childrens' safety. The community would like to see efforts to educate clinicians, teachers, workers and parents about child abuse through the schools, early childhood programming including family infant toddler early intervention programs and Head Start programs, among clinical providers, and in CYFD. They would also like to see an increase in routine screening for child abuse. The community would like to see life skills training provided in schools.
- **Access to Care:** Quay County prioritized access to care in the 2016 - 2019 community health assessment and in discussions during both the indicator prioritization and community forum themes related to access to care continued to emerge. As mentioned above, there is no psychiatrist in Quay County and this reduces access to higher level substance use and mental health treatment. Quay is a very rural county and transportation to other cities is often required, but access to transportation is limited. Residents feel there is little access to healthcare in Quay County, particularly to specialty care.
- **Healthy Eating and Active Living:** Community members would like to see more volunteers to help deliver programs and services to vulnerable populations. Barriers to healthy eating include limited access to free or cheap healthy food and lack of education about nutrition and cooking. Grocery store selection is limited and less expensive food is often the least healthy. While assets include food programs for children, there are fewer senior food programs to meet the need. Residents would like to see fitness and recreation facilities available to the community with increased physical activity options and accessibility.



Stakeholders at the Quay County Community Forum

COMMUNITY ASSETS

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

- **Behavioral Health:** There is true community involvement from law enforcement agencies, district attorneys, medical providers, EMS, and patients in Quay County in prioritizing behavioral health services and prevention efforts.

- **Social Determinants of Health:** Quay County has a number of alternative housing options (motels, shelters), food banks, and clothing banks. Forum participants also embraced a “food as medicine” philosophy and suggested increasing community garden and farmer’s market produce for healthy eating to prevent/manage chronic disease as well to improve mental health. Discussion was had that if social needs are met and met with quality services and goods (i.e. healthy food), mental and behavioral health conditions will vastly improve. New Mexico has many entities, including other health councils, agencies, etc. working to combat child abuse and increase family and youth resiliency. Quay County would like to bring in experts and others to help inform their strategies and interventions to combat violence.
- **Access to Care:** Major community assets include medical jobs and medical service workforce. The engagement and involvement in community and community health improvement by the medical service sector is seen as a major asset. Medical providers from a variety of clinics as well as emergency medical services are very involved in the community and with the local health council to work together to improve health conditions and outcomes. Providers are committed to collaboratively bridging gaps in care where possible. There are number of provider champions for prevention efforts and access to care initiatives in the community. The hospital and existing health clinics are valuable assets to the community.
- **Healthy Eating and Active Living:** An opportunity in Quay County would be to increase access to community gardens. Participants felt that in order to accomplish this, they would need to conduct a needs assessment, working on land procurement and getting water, and encouraging community involvement. There are a number of resources for free, outdoor physical activity, for example the community pool and a skatepark, but further engagement and collaboration is needed to fully utilize the potential for use and to engage different age groups, like older adults and teenagers.

POSSIBLE STRATEGIES

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

BEHAVIORAL HEALTH	
Interventions to Support and Expand	Gaps or Areas for Improvement
Potential funding opportunities/business partnerships for new facilities and services	Lack of psychiatrists and treatment center
Collaboration among law enforcement agencies, district attorneys, medical providers, EMS, and patients for Law Enforcement Assisted Diversion and other programming	Need for funding, leverage resources

SOCIAL DETERMINANTS OF HEALTH	
Interventions to Support and Expand	Gaps or Areas for Improvement
Alternative supportive housing (motels, shelters, etc.)	Emergency housing for families
Bring in experts on sexual assault prevention	Education and awareness of sexual assault prevention
Community gardens	Increase social cohesion, self-efficacy, and sense of accomplishment
Screening for social determinants of health, child abuse	

ACCESS TO CARE	
Interventions to Support and Expand	Gaps or Areas for Improvement
Recruit Psychiatrist	Reduced access to higher level substance use and mental health treatment
Medical transportation services	Travel time and access to transportation to areas with specialty and behavioral health services

HEALTHY EATING AND ACTIVE LIVING	
Interventions to Support and Expand	Gaps or Areas for Improvement
Community gardens	Connections to cooking/nutrition education
Free meals for children programs	Access to healthy food
Collaboration with and use of community pool and skatepark	Access to venues for physical activity

Incorporating Community Input into Presbyterian Plans

Community Health then assisted DCT leadership with the final prioritization of community health needs for the hospital. Per IRS requirements, DCT 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.

2020-2022 Health Council Priorities for Quay County

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

1. Healthy Eating
2. Mental Health and Unhealthy Substance Use
3. Sexual Assault
4. Child Abuse
5. Physical Activity
6. Social Determinants of Health



2020-2022 Presbyterian Priorities for Quay County

The top four community health priorities identified for Quay County by Presbyterian Healthcare Services and Plains Regional Medical Center 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 is rare. Some health indicators only tell part of the story and the community was unsure of their use. For example, the American Community Survey reports

the percent of the population utilizing Supplemental Nutrition Assistance Program (SNAP) benefits. But it is unclear if people who are not enrolled in SNAP do not need the benefits or if they qualified but did not apply because of barriers. A few communities expressed concern that their community members may not be applying for SNAP even if they qualify because of their immigration status and fear of deportation but that this was not measured. Lastly, some concepts that communities wanted to prioritize are difficult to quantify, such as racism and social justice, but are incorporated as part of rich discussion, where applicable.

State Health Status

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

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

The ranking is also based on the following strengths:

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

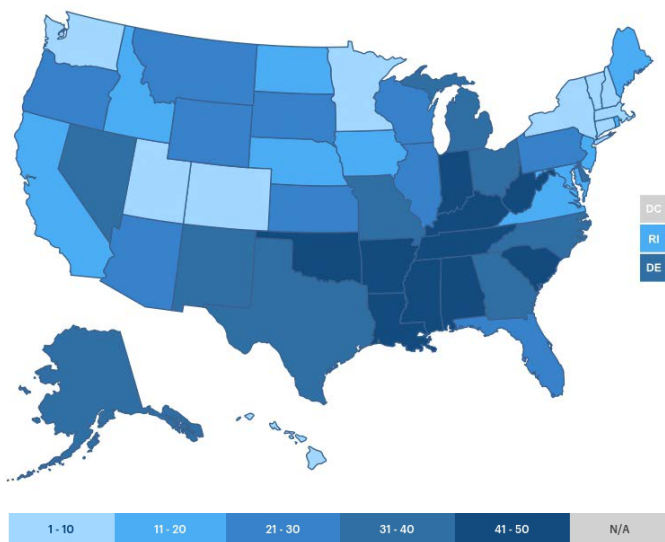


Figure 1. America's health rankings by state, United States, 2018

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.

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 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 is an important piece 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.

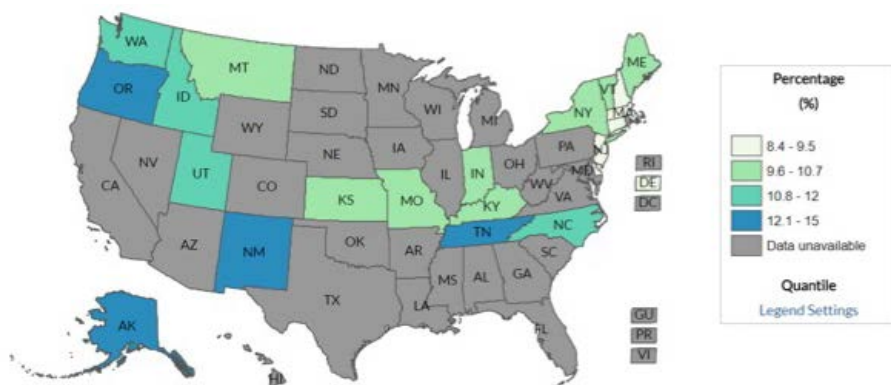


Figure 4. Percentage of older adults who reported subjective cognitive decline or memory loss that is happening more often or is getting worse in the preceding 12 months, United States, 2016.

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 30th 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

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..

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 3rd leading cause of death for both New Mexico and the United States. In their report, UIHI highlights that murder is the 3rd 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).

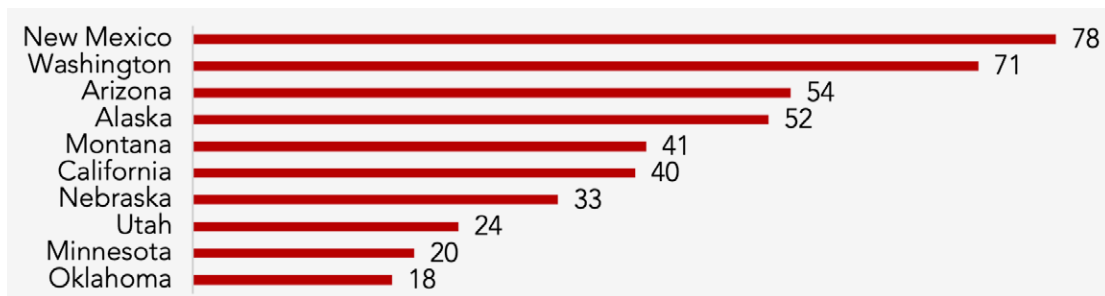


Figure 5. Number of Cases for the Top 10 States with Highest Number of Missing and Murdered Indigenous Women Cases

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.

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

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

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

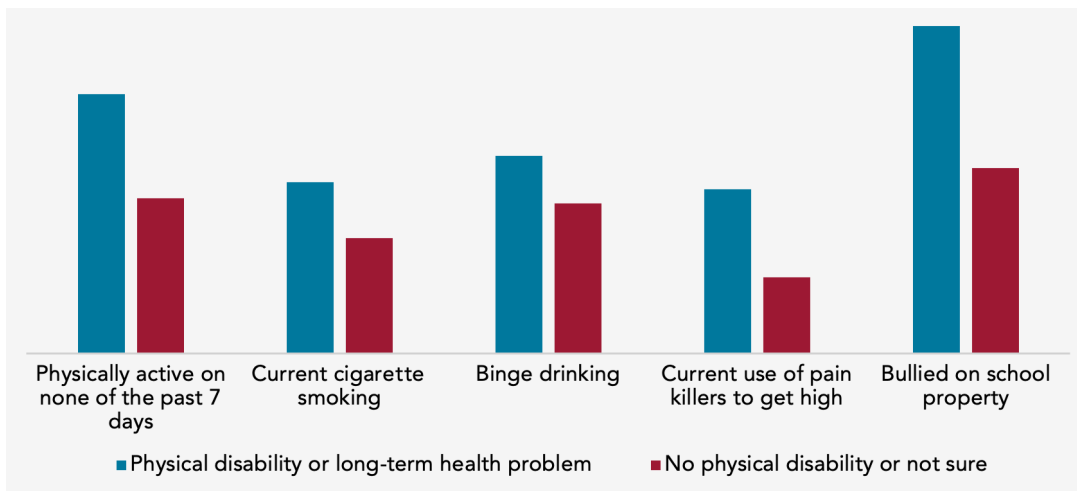


Figure 6. Risk behaviors by physical disabilities among high school students, New Mexico

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

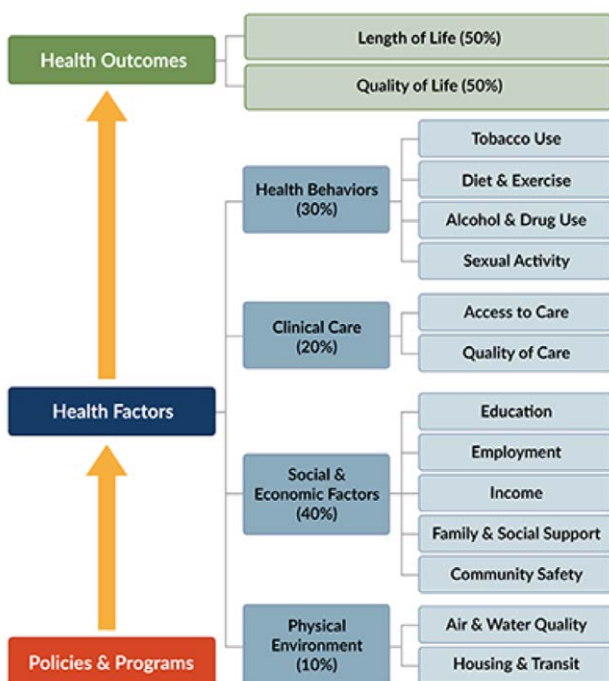


Figure 7. County Health Rankings Model

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. Systemwide 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 healthcare. 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.

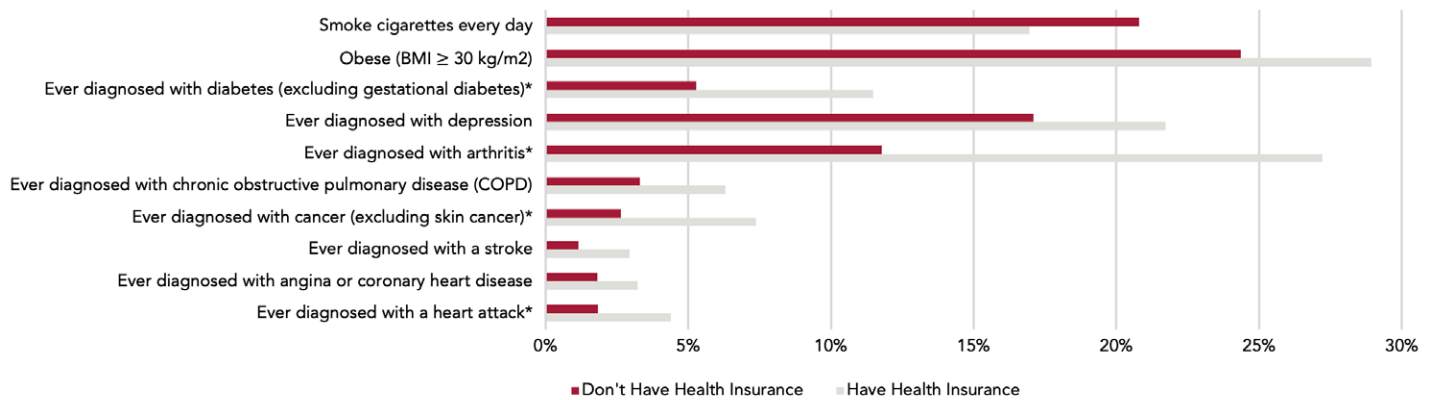


Figure 8. Health indicators by insurance status, New Mexico, 2017

*Statistically different (confidence intervals do not cross)

Source: 2017 NMBRFSS

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).

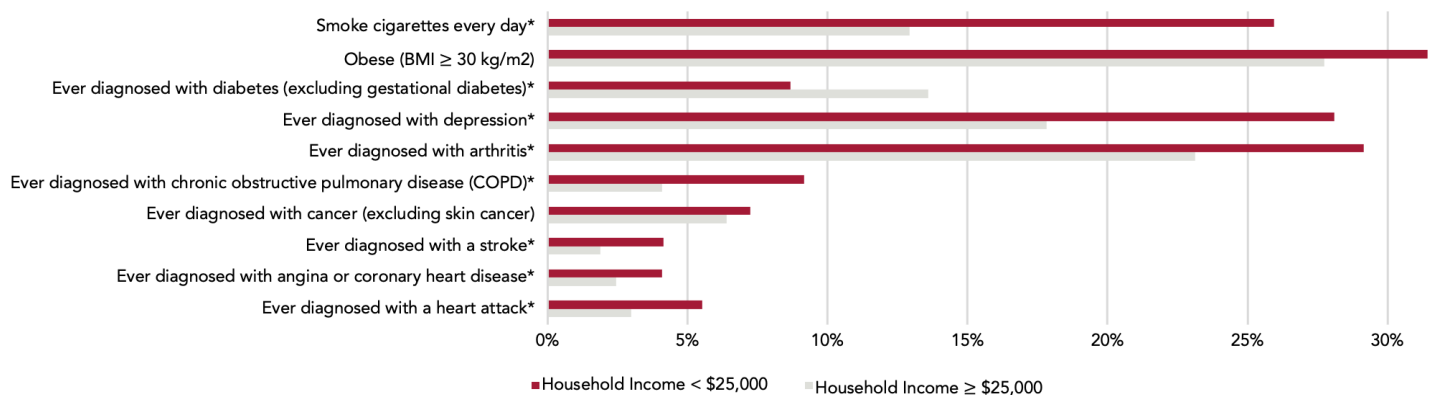


Figure 9. Health indicators by annual household income, New Mexico, 2017

*Statistically different (confidence intervals do not cross)

Source: 2017 NMBRFSS

Social Determinants of Health Initiatives in Healthcare

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

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

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

Source: Accountable Health Communities, Bernalillo County

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

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

Significant Policies and Events

The 2016 assessment highlighted significant policy and events that contributed to major disruption of behavioral health services and permanent closure of service providers around the state. The effects on access to behavioral health providers and services continue to be felt in every community. Recent actions and policies include newly elected Governor Lujan Grisham signing a 2019 law that would prevent a similar breakdown of the services network. In 2019, newly appointed cabinet secretaries for the New Mexico Department of Health, Human Services Department, Public Education Department, Public Safety, and Children Youth and Families Department (CYFD) are beginning to communicate their priorities and chosen strategies. In addition, the governor created the Early Childhood Education & Care department and appointed a Children's Cabinet secretary¹⁹. Effective Jan. 1, 2020 Statewide minimum wage will go from \$7.50 per hour to \$9.00 per hour and rise in subsequent years to reach \$12 beginning in January 2023²⁰. The multi-year federal grant that helped 11 New Mexico community colleges collaborate to train and place more than 4,000 healthcare students such as EMTs and nursing assistants ended in 2018. Efforts to secure permanent funding for the SUNPATH program failed in 2019²¹.

Description of Community Served – Quay County

According to U.S. Census 2018 estimates, there are 8,253 people living in Quay County. There are 3.1 people per square mile living in Quay County (2010 Census Summary File). The county seat of Quay is Tucumcari, which has a population of 5,004 (2017 ACS 5-year) and is a historic stop on Route 66. According to the U.S. Census, top industries include: restaurants and other eating places, gasoline stations, traveler accommodations, individual and family services, automotive repair and maintenance, and depository credit intermediation.²²

DEMOGRAPHICS

A total of 52.0% of the population of Quay County is female and 44.7% of the population is Hispanic (2017 ACS 5-year). The majority of people in Quay identify as white (Figure 9). However, 6.8% identify as some other race, 2.7% identify as black or African American, 1.9% of people identify as American Indian or Alaska Native, 1.3% identify as Asian, and 0.3% 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.

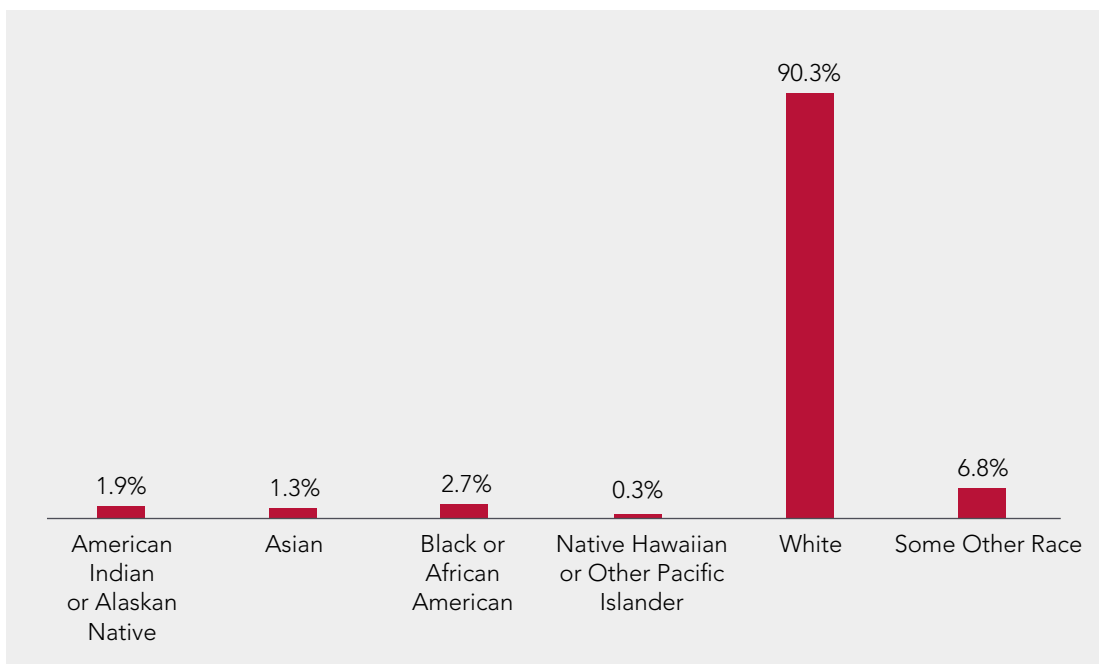


Figure 10. Race alone or in combination with one or more races, Quay County

Source: 2017 ACS 5-year estimates

Quay County has a larger percent of youth < 15 years of age than the United States (2017 ACS 5-year). Most people in Quay are working age 25-44 or 45-64 years of age (Figure 10). The percent of people over the age of 65 years is lower for the United States (14.9%) than for Quay (24.0%).

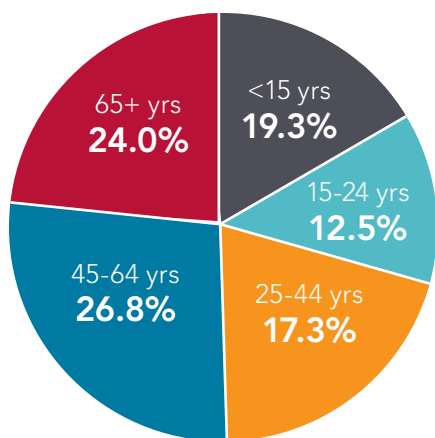


Figure 11. Percent of age group, Quay County

Source: 2017 ACS 5-year estimates

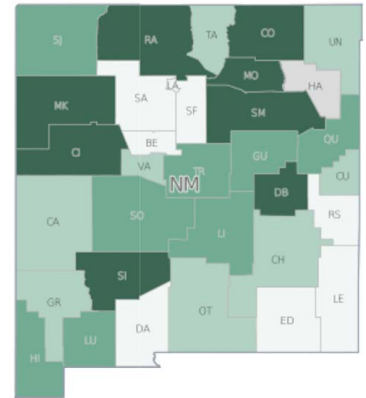
In Quay County, people are similarly likely to speak a language other than English at home (21.1%) compared to the United States (21.3%) (2017 ACS 5-year). The percentage of people living with a disability (e.g., hearing, vision, cognitive, ambulatory, self-care, or independent living difficulty) in the United States (12.6%) is lower by almost half than percentage of people living with a disability in Quay County (22.6%). The mean income in Quay County is \$26,663 (2017 ACS five-year).

County Health Status

Quay's overall health rankings for health outcomes and health factors, as determined by the Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, were relatively high compared to other counties in New Mexico. The health outcome ranking for Quay County is 22 out of 32 (one county is not ranked). A ranking of "1" was awarded to the county with the best health. The county health outcome rankings were based off how long people live and how healthy people feel. Length of life was measured by years of potential life lost before age 75 and quality of life is measured by the percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days and the percent of low birth weight newborns.²³

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

Source: 2019 County Health Rankings & Roadmaps

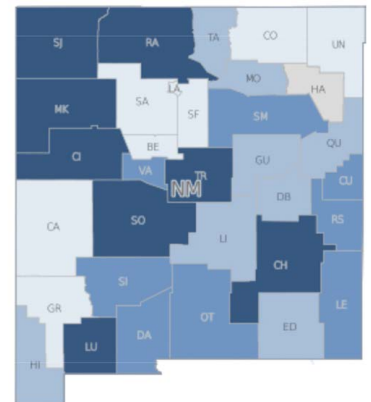


RANK 1-8 9-16 17-24 25-32 NOT RANKED (NR)

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). Quay County ranks 12 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>



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

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

	QUAY COUNTY		NEW MEXICO
	Number of Providers	Ratio of Population to Providers	Ratio of Population to Providers
Primary Care	3	2,790:1	1,340:1
Mental Health	118	70:1	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. People were more likely to be uninsured in Quay County than in New Mexico and the U.S. overall (Figure 14).

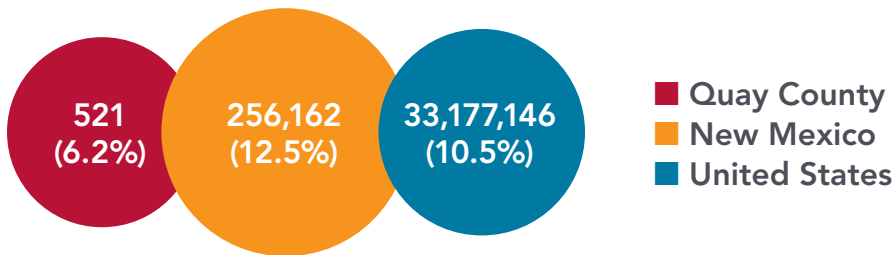


Figure 14. Number and Percent of the Population Who Do Not Have Health Insurance

Source: 2017 ACS 5-year estimates

Many people who have insurance may be underinsured or unable to pay large bills for hospitalization, behavioral health, specialty services, or pharmaceuticals even when they are insured. Therefore, it is also important to assess whether people in a county have gone without health care because of cost. Quay County has a slightly higher percent of adults who report that they needed to see a doctor but could not because of cost in the past 12 months than the United States (Figure 15).

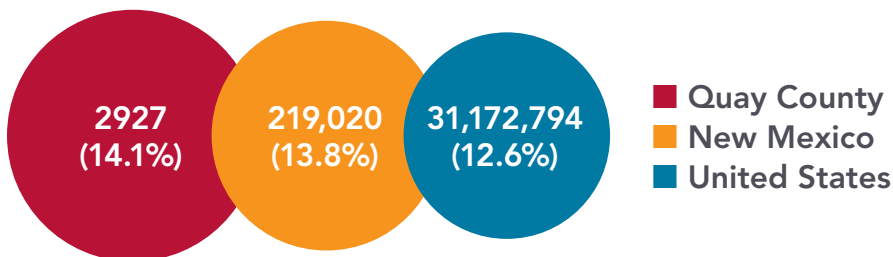


Figure 15. Number and Percent of Adults who Went Without Health Care Because of Cost

Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 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 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. Quay County has a higher percent of people on Medicaid than the U.S. and New Mexico (Figure 16).

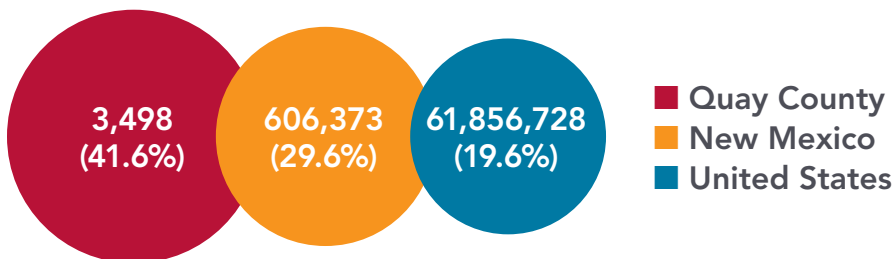


Figure 16. Number and Percent of Insured Population Receiving Medicaid

Source: Source: 2017 ACS 5-year estimates

58% OF MOTHERS INITIATED PRENATAL CARE IN THE 1ST TRIMESTER IN QUAY COUNTY

Quay has a lower rate of preventable hospitalizations among Medicare recipients than New Mexico. In Quay, there are 2,415 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 healthcare a person gets while pregnant. Healthcare 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 Quay County, 58.4% 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 Quay County was lower than New Mexico and the United States.

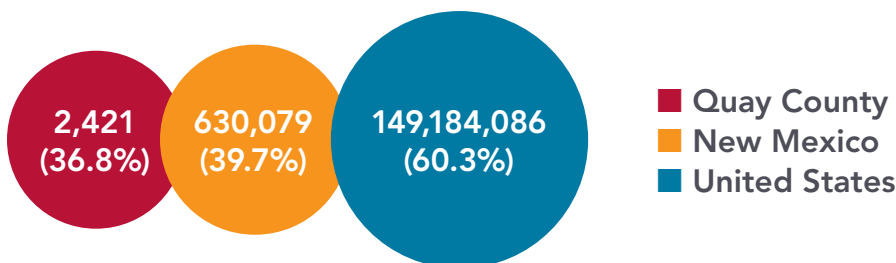


Figure 17. Number and Percent of Adults who Received a Flu Vaccine in the Past Year

Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 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 receiving the vaccine is lower in Quay County than New Mexico and the United States.

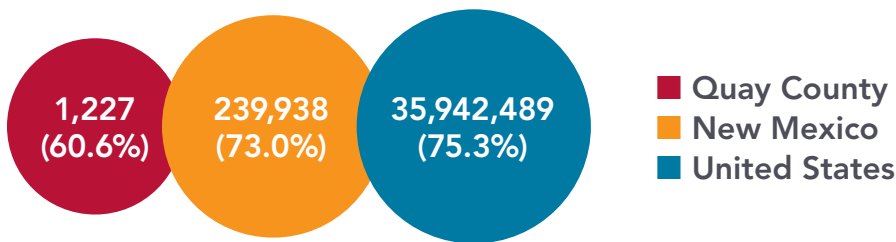


Figure 18. Number and Percent of Adults aged 65+ who Received a Pneumococcal Vaccine

Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 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 Quay County than in New Mexico and the United States (Figure 19).

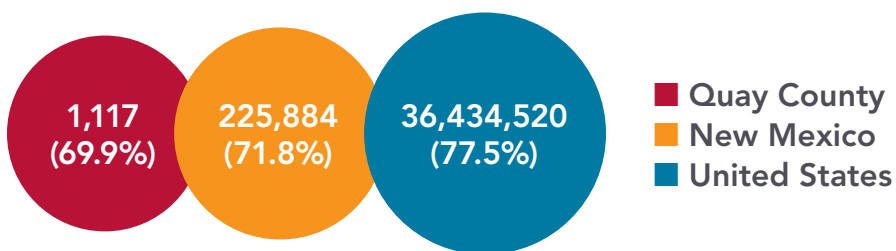


Figure 19. Number and Percent of Women aged 50-74 who have had a Mammogram in the Past Two Years

Source: NM-IBIS, 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 80.3% of women aged 21-65 have had a Pap smear in the past three years in New Mexico²⁷. Unfortunately, the sample size for the Behavioral Risk Factor Surveillance System for Quay County was too small to calculate an estimate.

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 48.6% of adults are up to date for colorectal cancer screening in Quay County compared to 60.9% 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 Quay County

From January 2018 to December 2018 Presbyterian served 2,801 patients through outpatient and primary care services, 123 through inpatient services, and 3,112 patients in the emergency department.

Patients living in neighboring counties accessed health services at Presbyterian facilities located within Quay County. This may demonstrate lack of access to particular services, lack of insurance coverage, or lack of consumer choice.

NUMBER OF PATIENTS BY COUNTY OF ORIGIN, ADJACENT COUNTIES ONLY					
Type of Service	Total # of Patients	Quay NM	Curry NM	Harding NM	San Miguel NM
Outpatient/Primary Care	2,801	2,402	77	49	45
Emergency Department	3,112	2354	41	24	31
Inpatient	123	106	4	2	3

Table 3. Patients Served at Presbyterian Healthcare Services Locations within Quay County, adjacent counties only

Source: 2018 Presbyterian Services Data for Quay County

In contrast, 1,190 patients seeking outpatient/primary care at neighboring Presbyterian facilities in Curry County were Quay County residents. In addition 226 Quay County residents received inpatient care at Plains Regional Medical Center in Curry County and 254 residents of Quay County were seen in the Plains Regional Medical Center Emergency Department³⁰.

In the last year (January 2018 – December 2018), 3,112 patients were seen at the Dan C. Trigg Memorial Hospital emergency department and approximately 921 of those patients utilized the ED two or more times that year. Twelve percent (12%) of patients utilizing the emergency room had five or more visits to the ER in the last year. Four patients visited the ER more than 20 times in one year (Table 10).

	TOTAL PATIENTS VISITING ER	2+ VISITS	5+ VISITS	20+ VISITS
Number	3,112	921	111	4
Percent	100%	30%	12%	3.6%

Table 4. Patient Utilization at Dr. Dan C. Trigg Memorial Hospital Emergency Department 2018

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

The top ten primary diagnoses for patients seen in the Dr. Dan C. Trigg Memorial Hospital Emergency Department in 2018 were:

1. Encounter for medical clearance examination for jail
2. Nausea and vomiting
3. Chest pain, not otherwise specified
4. Acute urinary tract infection
5. Viral syndrome
6. Abdominal pain, generalized
7. Headache
8. Chest wall pain
9. Atypical chest pain
10. Viral upper respiratory tract infection

³⁰ 2018 Presbyterian Services Data for Curry County, Number of Patients by County of Origin

Social Determinants of Health – Quay County

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

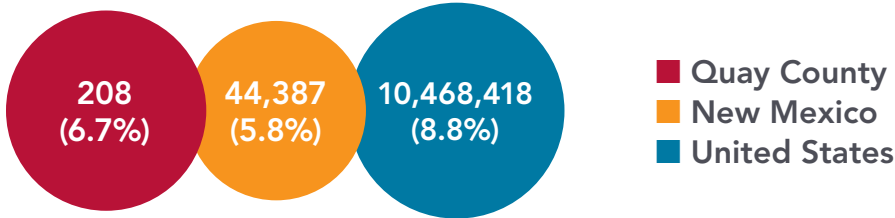


Figure 20. Number and Percent of Households with No Vehicle

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

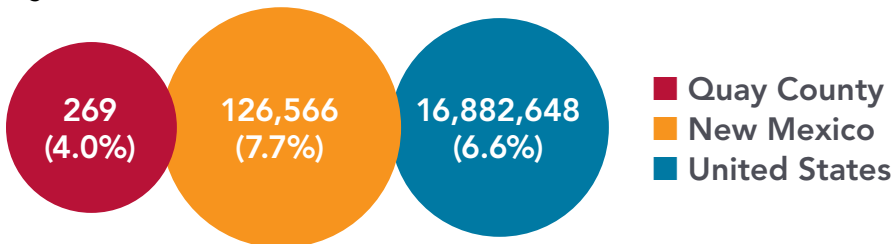
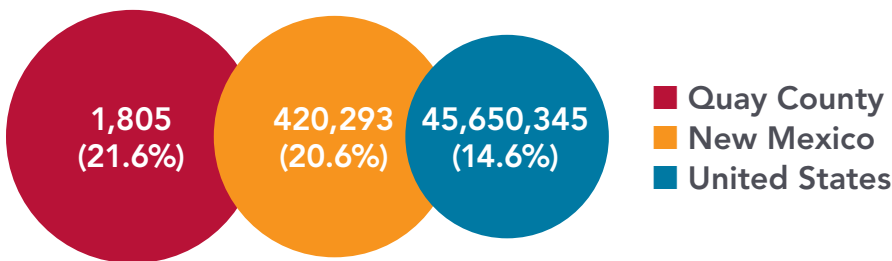


Figure 21. Number and Percent of People aged 16+ who are Unemployed

Source: 2017 ACS 5-year estimates

Quay County has a similar percent of people living in poverty compared to New Mexico and a higher percent than the United States (Figure 22).



“MORE THAN ONE IN THREE CHILDREN IN QUAY 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. Quay County has a higher percent of children living in poverty compared to people in New Mexico and the United States (Figure 23).

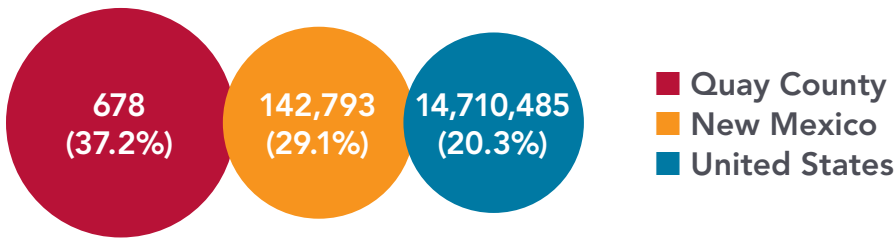


Figure 23. Number and Percent of Children (Aged <18 years) Living in Poverty

Source: 2017 ACS 5-year estimates

2.8% OF HIGH SCHOOL STUDENTS LIVE IN UNSTABLE HOUSING IN QUAY COUNTY

The New Mexico Department of Health defines unstable housing (e.g., homelessness) among youth as living 1) 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 Quay County, 2.8% of high school students (grades 9-12) live in unstable housing compared to 6.8% for the state³¹. 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 lower percent of households in Quay County than New Mexico access SNAP. More households in Quay County access SNAP than in the United States.

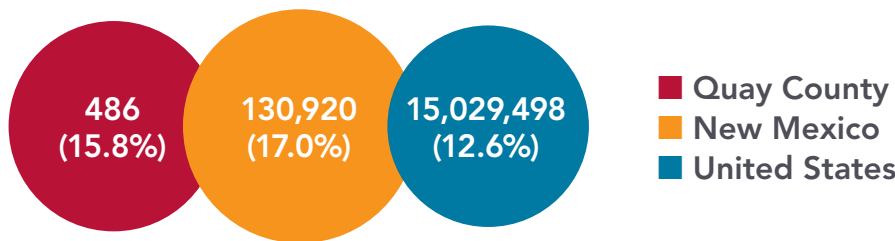


Figure 24. Number and Percent of Households Accessing SNAP

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 1,569 people, or 17.4% of the population in Quay County do not have access to healthy food in Quay County. Additionally, an estimated 668 people or 7.4% of the population in Quay County do not have access to healthy food and are considered to be low-income³².

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 environments³³. Higher values suggest worse environmental quality, and lower values suggest better environmental quality. The EQI for Quay County is -0.4006679 and ranks 18 out of 33 counties in New Mexico. This means that Quay County has better environmental quality than approximately half of the other counties in the state.

³¹ 2017 NM-YRRS

³² USDA: 2018 USDA Food Environment Atlas

³³ 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.

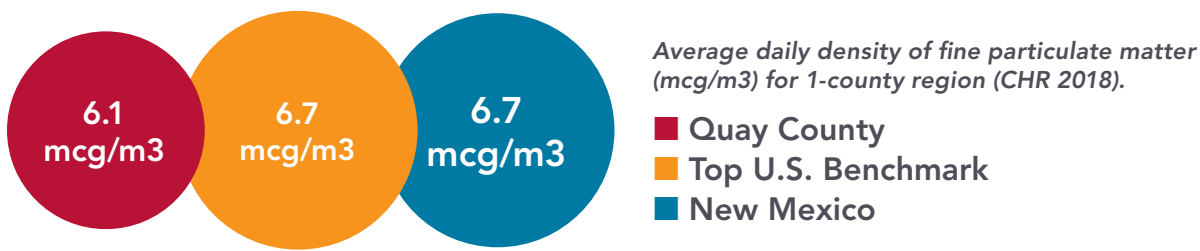


Figure 25. Air Pollution Fine Particulate Matter (PM 2.5)

Source: Community Commons.org

Health Factors

In Quay County, only about 1 in 10 (11.8%) high school students eat five or more servings of fruits and vegetables every day, compared to 19.9% for the state³⁴. Adults in Quay are also less likely to eat five or more fruits and vegetables per day (11.0%) compared to the rest of the state (16.2%)³⁵.

Eating healthier improves school learning and behavior. Only one in three high school students in Quay County eat breakfast every day. This is similar to the percent for the state in general and slightly lower than the percent for the United States (Figure 25). 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 memory³⁶.

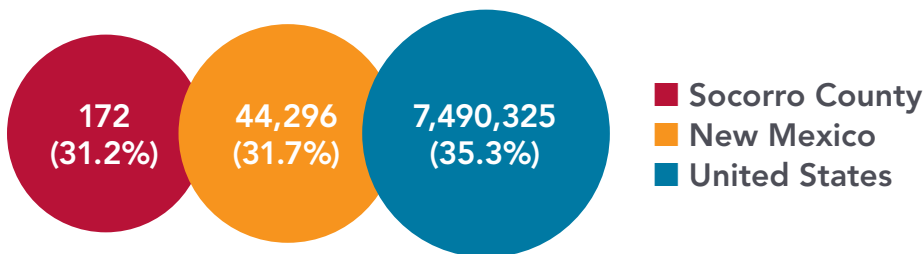


Figure 26. Number and Percent of High School Students Eating Breakfast Every Day

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

Physical activity is important for normal growth and development and reduces the risk of chronic diseases and conditions such as heart disease and cancer. Increasing physical activity can also improve mental health and wellbeing³⁷. 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 Quay County are slightly more likely to meet these physical activity recommendations than adults in New Mexico and the United States in general (Figure 27).

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

³⁴ 2017 NM YRRS

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.

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.

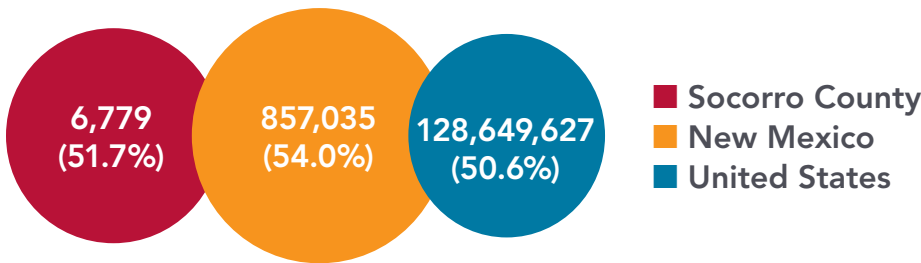


Figure 27. Number and Percent of Adults Meeting Physical Activity Recommendations

Source: NM-IBIS, 2017 Behavioral Risk Factor Surveillance System (2013-2017 for county and 2017 for NM and US) 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 day³⁸. Youth in Quay County are slightly more likely to be physically active than youth in the rest of the state and the United States. However, less than half of students are physically active every day, suggesting that there is still room for improvement.

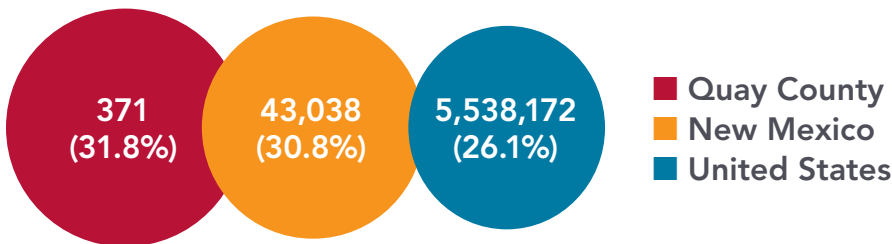


Figure 28. Number and Percent of High School Engaging in Physical Activity Every Day

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 risk³⁹. However, BMI can provide patients and communities with a starting point that help begin the 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 Quay County are slightly more likely to be at a healthy weight than adults in New Mexico or the United States (Figure 29).

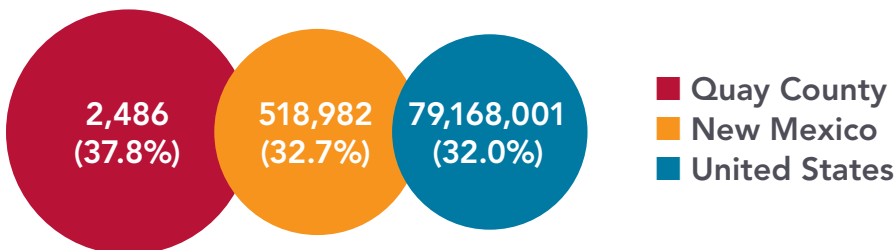


Figure 29. Number and Percent of Adults at a Healthy Weight

Source: NM-IBIS, 2017 Behavioral Risk Factor Surveillance System (2015-2017 for county, 2017 for NM and US) and 2017 ACS five-year estimates (18+ population)

The percent of adults who are a healthy weight in Quay County has increased (36%) from 27.5% in 2011-2013 to 37.5% in 2015-2017.

³⁸ 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.

³⁹ Centers for Disease Control and Prevention. Healthy Weight. Assessing Your Weight. Available at: www.cdc.gov/healthyweight/assessing/index.html. Accessed August 23, 2019.

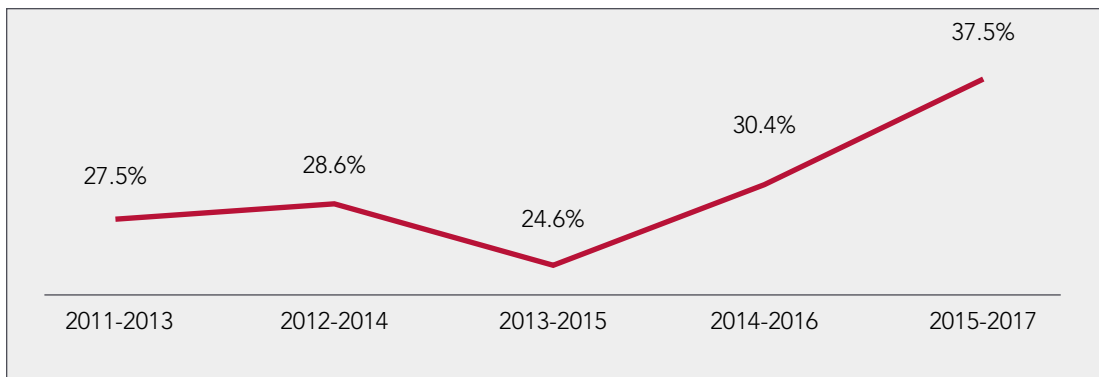


Figure 30. Percent of Adults Who Are at a Healthy Weight

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

In the United States, the number of children with obesity has continued to increase over the past twenty years⁴⁰. 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 charts⁴¹. Quay County’s childhood obesity prevalence is higher than the state and the United States (Figure 31).

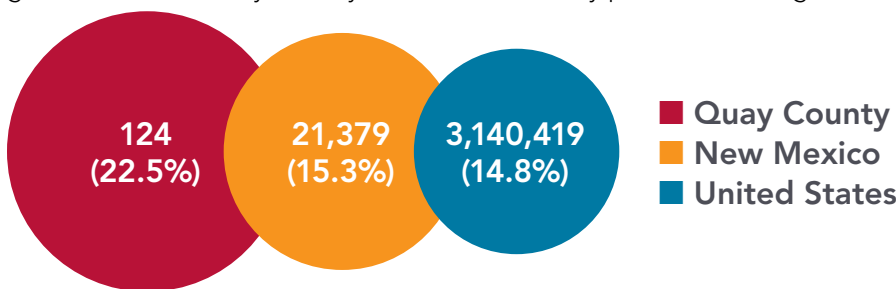


Figure 31. Number and Percent of High School Students who were Obese

Source: 2017 NM YRRS and 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 air⁴². In 2016, there were 30.7 emergency department visits for asthma per 10,000 population (age-adjusted) in Quay 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 Quay County is slightly higher than the prevalence in New Mexico in general (Figure 32).



⁴⁰ Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/healthyweight/children/index.html>. Accessed August 23, 2019.
⁴¹ 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.
⁴² Centers for Disease Control and Prevention. Asthma. Available at: <https://ephtracking.cdc.gov/showAsthmaAndEnv>. Accessed August 23, 2019.

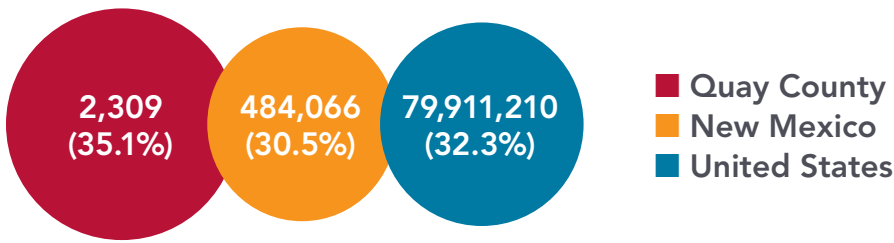


Figure 32. Number and Percent of Adults with Diagnosed High Blood Pressure

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for county, 2017 for NM and US) 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 asthma⁴³. 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 Quay 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

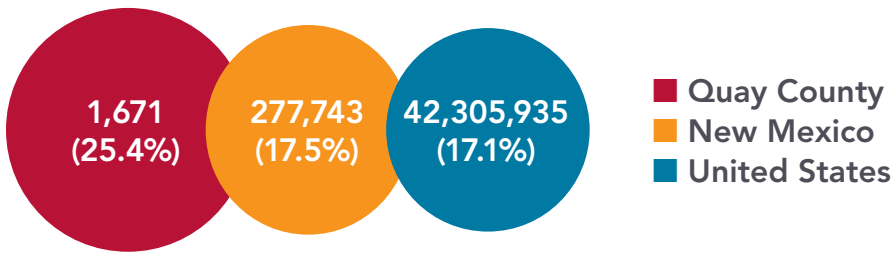


Figure 33. Number and Percent of Adults who Smoke Cigarettes

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for county, 2017 for NM and US) 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 18⁴⁴. The prevalence of tobacco use among high school students in Quay County (29.6%, which is approximately 163 total students) is slightly lower than the prevalence of tobacco use among high school students in the state (33.8%, which is approximately 47,230 high school students)⁴⁵.

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 cancer⁴⁶. The prevalence of binge drinking is higher in Quay County than in New Mexico (Figure 34).



⁴³ 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.

⁴⁴ 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.

⁴⁵ 2017 NM YRRS & 2017 ACS five-year (15-19 population)

⁴⁶ Centers for Disease Control and Prevention. Alcohol and Public Health. Available at: <https://www.cdc.gov/alcohol/index.htm>. Accessed August 23, 2019.

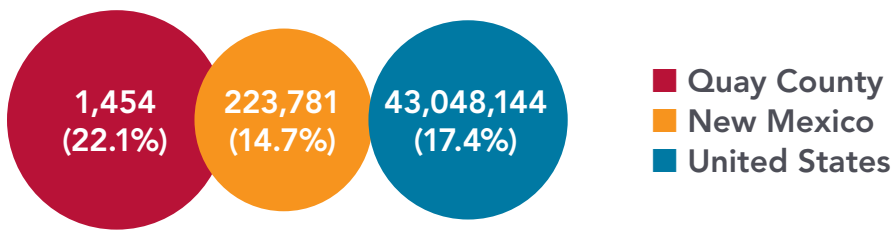


Figure 34. Number and Percent of Adults who Binge Drink

Source: NM-IBIS, 2017 Behavioral Risk Factor Surveillance System (2015-2017 for county, 2017 for NM and US) and 2017 ACS 5-year estimates (18+ population)

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

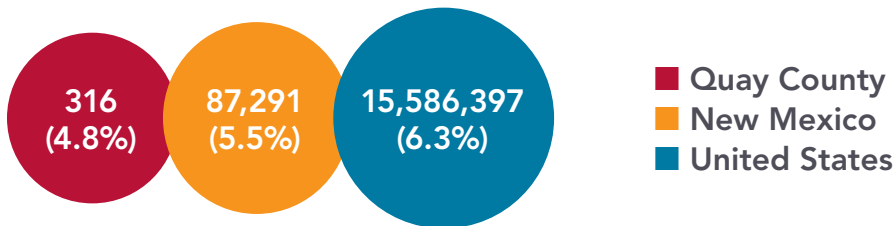


Figure 35. Number and Percent of Adults who Drink Heavily

Source: NNM-IBIS, 2017 Behavioral Risk Factor Surveillance System (2015-2017 for county, 2017 for NM and US) 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 Mexico⁴⁷. The prevalence of high school students who do not currently (past 30 days) drink is similar in Quay County than in New Mexico and the United States (Figure 36).

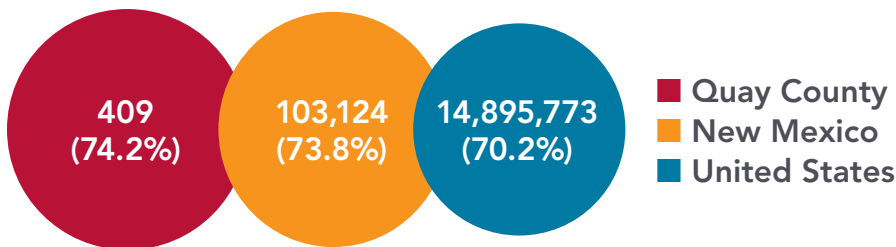


Figure 36. Number and Percent of High School Students Who Do Not Currently Drink

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

New Mexico has the highest alcohol-related death rate in the United States.⁴⁸ Unfortunately, the alcohol-related death rate (deaths per 100,000 population) in Quay county has increased in the past ten years. Alcohol-related death includes 54 causes of death determined by the CDC.⁴⁹ The most common cause of alcohol-related death in New Mexico is chronic liver disease. The rate has increased 5% between 2007-2009 and 2015-2017 from 77.1 to 80.7 in Quay 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.⁵⁰

⁴⁷ 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.

⁴⁸ 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.

⁴⁹ CDC. Alcohol-Related Disease Impact (ARDI) Application. Available at: https://nccd.cdc.gov/DPH_ARDI/default/default.aspx. Accessed May 6, 2019

⁵⁰ The Community Guide. Excessive Alcohol Consumption. Available at: <https://www.thecommunityguide.org/topic/excessive-alcohol-consumption>. Accessed May 6, 2019.

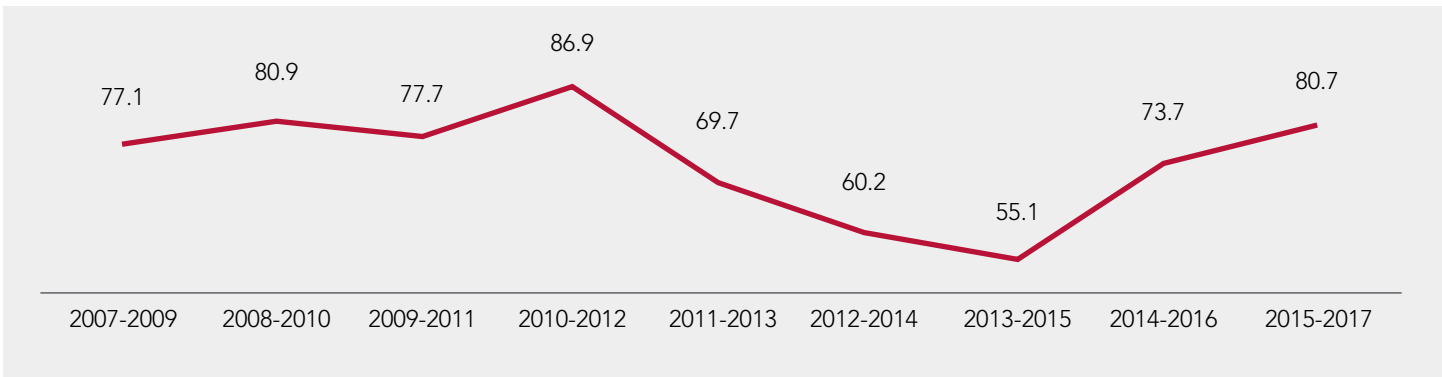


Figure 37. Age-Adjusted Alcohol-Related Deaths per 100,000 Population

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 Quay County is 0.6% (an estimated 3 high school students) and the prevalence of methamphetamine use among high school students is 0.6% (an estimated 3 high school students)⁵¹.

Deaths due to drug overdose are receiving increased national attention. In New Mexico, the drug overdose rate has plateaued after a sharp increase, largely due to prescription opioids. In Quay County, the rate of drug overdose deaths has bounced up and down but overall has increased 67% between 2007-2009 and 2015-2017 (Figure 38).

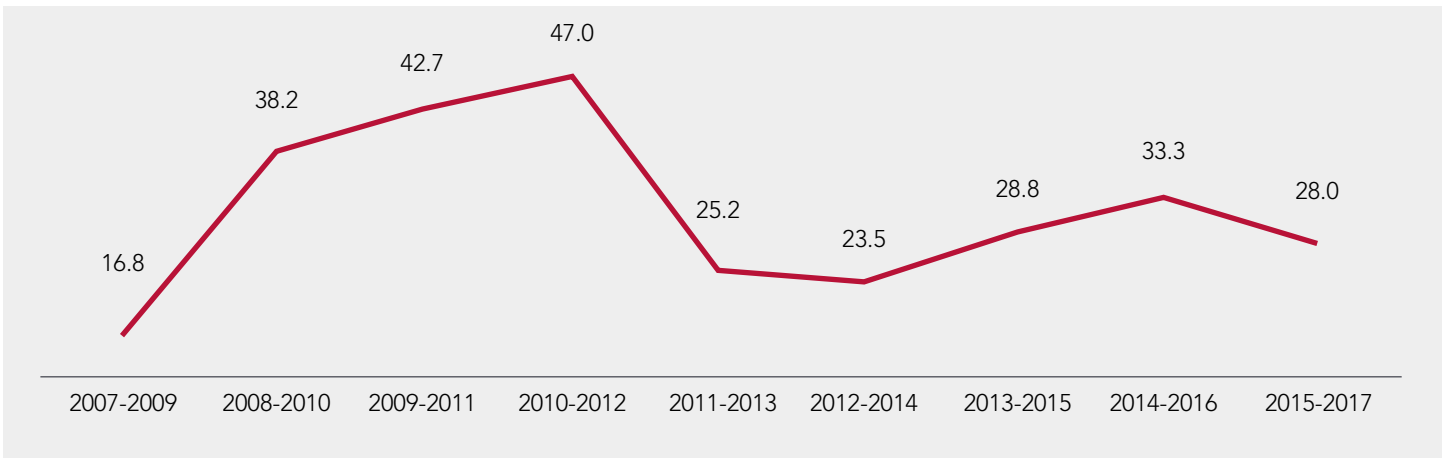


Figure 38. Age-Adjusted Drug Overdose Deaths per 100,000 Population

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 disease⁵². Quay County has a 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 38).



⁵¹ 2017 NM YRRS and 2017 ACS five-year (15-19 population)

⁵² 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.

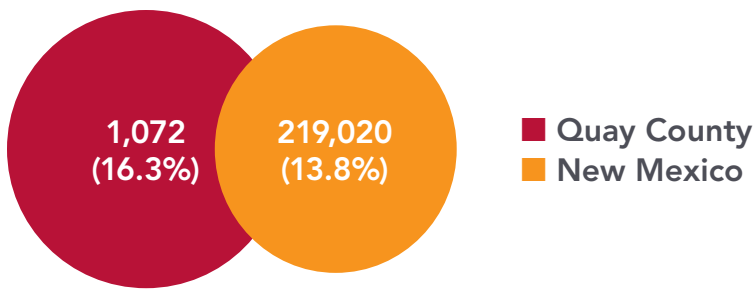


Figure 39. Number and Percent of Adults who had 14+ Poor Mental Health Days in the Past 30 Days

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2015-2017 for county, 2017 for NM and US) and 2017 ACS 5-year estimates (18+ population)

The prevalence of high school students (grades 9-12) reporting persistent feelings of sadness and hopelessness is slightly higher than the prevalence for New Mexico and the United States in general (Figure 40).

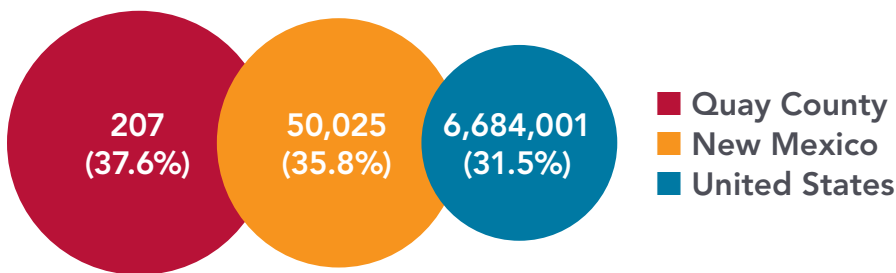


Figure 40. Number and Percent of High School Students Who Report Persistent Feelings of Sadness and Hopelessness

Source: 2017 NM YRRS and 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 violence⁵³. A total of 10.7% of high school students have been sexually assaulted in Quay 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 levels⁵⁴. In Quay County, there were 50 substantiated cases of child abuse from July 2017-June 2018 compared to 6,479 cases statewide⁵⁵.

High school students in Quay County generally report slightly higher 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.

⁵³ Centers for Disease Control and Prevention. Preventing Sexual Violence. Available at: <https://www.cdc.gov/features/sexualviolence/index.html>. Assessed August 23, 2019.

⁵⁴ Centers for Disease Control and Prevention. Violence Prevention. Child Abuse and Neglect Prevention. Available at: <https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>. Accessed August 23, 2019.

⁵⁵ CYFD FY2018. https://cyfd.org/docs/360ANNUAL_FY18_FINAL.PDF

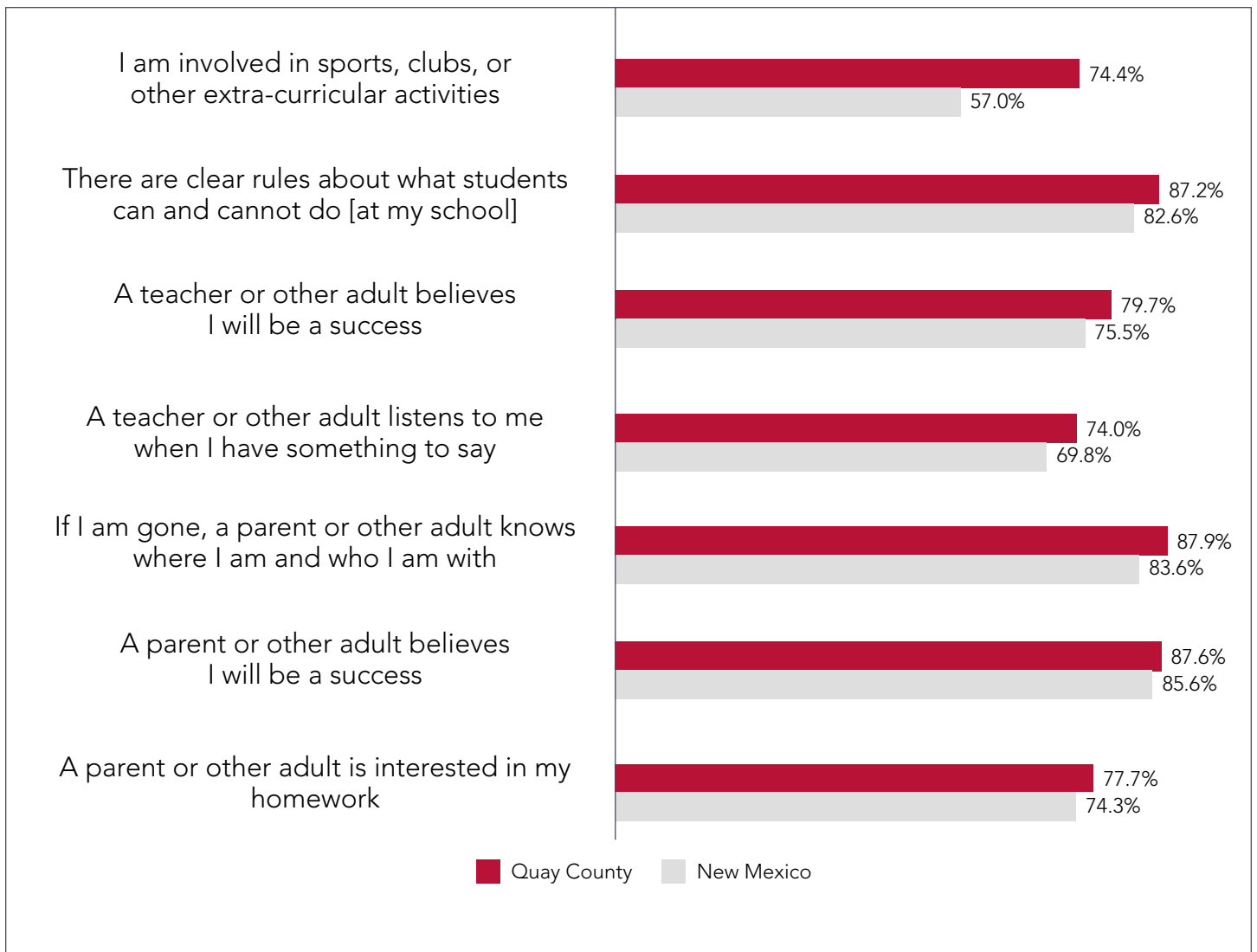


Figure 41. Resiliency/Protective Factors among High School Students (Responded "Very Much True" or "Pretty Much True" to the Following Statements), New Mexico and Quay County

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 in Quay County is so small that the number and rate are not shared by the Department of Health (Figure 42).

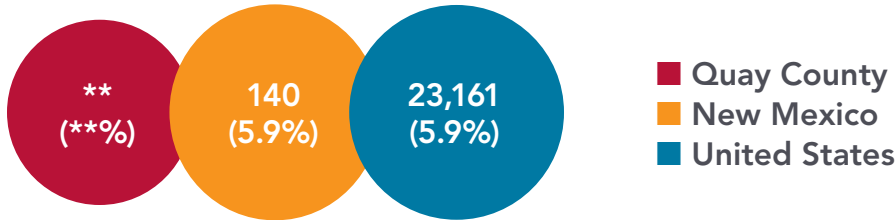


Figure 42. Infant Mortality Number and Rate (deaths per 1,000 births)

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

The five leading causes of death in Quay County for 2017 are listed in Table 5. The leading causes of death for Quay County are the same as those for New Mexico.

QUAY COUNTY	RANK	NEW MEXICO
Heart disease	1	Heart disease
Cancer	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

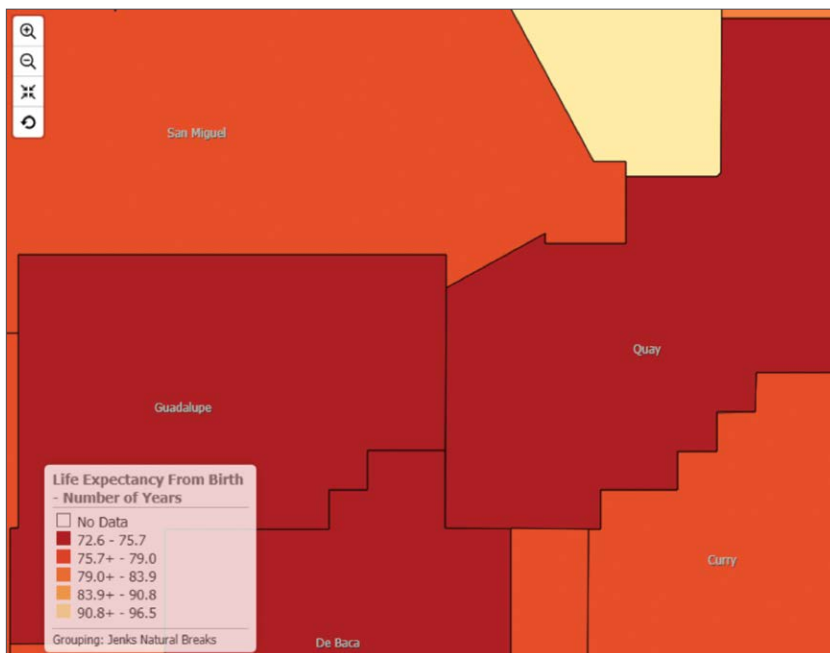
Source: NM-IBIS: 2017 Death Certificate Data

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 496 deaths from cancer in 2013-2017 in Quay County, an average of 99 deaths a year.

CAUSE OF DEATH	NUMBER OF DEATHS (5-YEARS)	DEATHS PER 100,000 POPULATION (AGE-ADJUSTED)
Heart Disease	137	196.9
Cancer	128	177.8
Chronic lower respiratory diseases (asthma, COPD, etc.)	57	75.2
Alcohol-related death	32	68.1
Unintentional Injuries	28	60.2
Suicide	15	33.2
Cerebrovascular disease (stroke)	21	30.8
Chronic liver disease	15	29.6
Diabetes	20	26.8
Alzheimer's disease	16	22.5
Drug overdose	9	21.2
Influenza and pneumonia	12	15.7
Homicide	4	11.6

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

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



Source: NM-IBIS: 2017 Life Expectancy

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 Quay County is 73.6 years, and Quay County is currently ranked 31 out of 33 counties.⁵⁶

⁵⁶ NM-IBIS: 2017 Life expectancy from birth, Death Certificate Data

Impact

Beginning in 2016, Community Health prioritized sharing stories and results and began specifically evaluating the feasibility, process, and impact of implementation of the plans made in response to community health assessments. In addition to assessing the reach of programs, key interventions have been evaluated for impact on individual knowledge, behavior, and health outcomes. Impact reports can be found at www.phs.org/committed-to-community-health. See **Appendix 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.



Through the assessment process our community is heartened to see some progress in indicator areas, including some positive increases from the last CHA time period in Quay County. 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 Quay County – see **Appendix F** for a resource guide/list – there are few assets and resources available in the county. The attached list from SHARE NM is important to highlight because one need surfaced by stakeholder feedback is that residents are not aware of and have a hard time accessing available resources that exist in the county to address each of the priority areas.

There are few resources in the community directed at physical and mental health, which indicates a need for more access to healthcare services. There are two main organizations serving Quay County that address violence and offer shelter and other services: Tucumcari Domestic Violence and Arise Sexual Assault Services, which is based out of Clovis. Additionally, Raintancer Youth Services and Mental Health Resources Inc. are two organizations established to address mental health. There is also a home healthcare organization called Community homecare in Tucumcari.

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 the Presbyterian Community Health with any additional comments and input. Additional input on the detailed implementation plans was gathered from the Quay County Health Council Coordinator and New Mexico Department of Health representatives.

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

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DR. DAN C. TRIGG MEMORIAL HOSPITAL BOARD OF TRUSTEES

Craig Cosner, Chair

Andrea (Andi) Baum

Karen Birch

Yvonne Braziel

Brad Bryant

Lynda Cain

Will Cantrell

Richard Smith

Darrell Willis, MD

To view the board members' full bios visit this link:

<https://danctrigg-memorial-hospital.phs.org/about/Pages/board-of-trustees.aspx>

NEW MEXICO DEPARTMENT OF HEALTH REPRESENTATIVES

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ADDITIONAL COMMUNITY MEETING PARTICIPANTS

Bea Laredo

LAMB Ministry

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Quay County Sun

Haily Wallace

Sun Rise Medical

Tom Morris

Mesalands Community College

Dorothy Ross

EPCAA Head Start

Pagie Evans

Eastern Plains Head Start

Sue Dowell

Quay County Commission

Jaime Jought

Community Member

Crystell Terry

Community Member

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Extension Office

Tara Singleterry

ENMRSH, Inc.

Carmen Runyan

Chamber of Commerce

APPENDIX C: QUAY COUNTY INDICATOR PRIORITIZATION VOTING RESULTS

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
11.8% of high school students consumed 5+ fruits or vegetables daily in 2017 (NM-YRRSS)	-	1	5	6
11.0% of adults consumed 5+ fruits or vegetables daily in 2013-2017 (BRFSS)				
31.2% of high school students ate breakfast daily in 2017	-	-	-	0
56.4% of adults met physical activity recommendations in 2013-2017	-	-	-	0
34.2% of high school students engaged in daily physical activity in 2017	-	1	-	1
37.8% of adults were at a healthy weight in 2015-2017	-	-	-	0
22.5% of high school students were obese in 2017	2	-	2	4
35.1% of adults had hypertension in 2013-2017	-	-	-	0
25.4% of adults smoked cigarettes in 2015-2017	-	-	-	0
29.6% youth used tobacco (5 types) in 2017	-	-	1	1
22.1% of adults were binge drinkers in 2017	3	-	-	3
74.2% of high school students were not current drinkers in 2017	1	-	-	1
0.6% of high school students used heroin in 2017	-	-	-	0
0.6% of high school students used methamphetamine in 2017	-	-	-	0
16.3% of adults experienced frequent* mental distress in 2015-2017	3	2	-	5
37.6% of high school students experienced sadness and hopelessness in 2017	1	2	-	3
61.4% of adults had a primary care provider in 2015-2017	-	-	-	0
30.7 ED visits for asthma per 10,000 people occurred in 2016 (age-adjusted)	-	-	-	0
Write-ins				
Access to Mental Health for Children and Teens	-	-	-	0
Lack of Options for people with concurrent substance and mental health issues and in conjunction with legal issues	-	1	1	2
Access to Transportation in & out of Town	-	1	1	2

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
Upstream Indicators				Total Votes
5 Leading Causes of Death	-	-	1	1
Ratio of Population to Mental Health Providers	5	4	-	9
Ratio of Population to Primary Care Physicians	-	-	-	0
Percent of Population with Limited Access to Healthy Foods	-	7	7	14
Percent of Population with Health Insurance	-	-	-	0
Percent of Households not Receiving SNAP	-	-	-	0
Percent of Adults who Went Without Care Because of Cost	-	2	-	2
Downstream Indicators				Total Votes
Percent of the Population Living in Poverty	-	-	1	1
Suicide Deaths per 100,000 Population	-	1	-	1
Percent of Moms Receiving Prenatal Care in the 1st Trimester	-	-	-	0
Life Expectancy (Years)	-	-	-	0
Alcohol-Related Deaths per 100,000 Population	-	1	-	1
Unemployment Rate	1	-	1	2
Drug Overdose Deaths per 100,000 Population	1	1	7	9
Homicide Deaths per 100,000 Population	-	-	1	1
Sexual Assault (Percent of High School Students)	-	5	-	5
Substantiated Child Abuse Claims per Population <18 years	12	-	1	13

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

Quay 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 Quay County residents	
Assess the feasibility of offering CYFD At-Risk and Summer feeding program through the DCT hospital cafeteria	G
Support cooking and nutrition education to Quay County residents for youth and adults <ul style="list-style-type: none"> ■ Support Healthy Kids nutrition education projects ■ Partner with Quay County schools to increase nutrition education 	G
Increase use of and produce at Quay 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 	Y
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 	G
Support organized events in Quay County that encourage and educate about active living and health <ul style="list-style-type: none"> ■ Provide education about active living ■ Provide rewards for participating in active living opportunities 	G
Encourage youth activity in Quay County <ul style="list-style-type: none"> ■ Work with Healthy Kids coordinator to identify ways to increase physical activity with youth in Quay County ■ Provide financial assistance for youth sports leagues and youth recreation costs for Quay families who cannot afford it 	Y

Quay 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	
<p>Encourage statewide dissemination of SAMSHA-HRSA Mental Health First Aid Training for first responders, medical personnel, and other interested community members</p> <ul style="list-style-type: none"> ■ Work with Health Council to determine training priorities ■ Investigate training corrections personnel and local government personnel ■ Investigate training school personnel and youth leadership groups 	Y
<p>Support positive youth development</p> <ul style="list-style-type: none"> ■ Work with Healthy Kids coordinator to identify and support youth development initiatives like 4H, scouting, VFW, in schools, etc. ■ Provide financial assistance for youth sports leagues and youth recreation costs for Quay families who cannot afford it ■ Support continuation of existing prevention efforts in two schools and expand prevention efforts to two more schools 	Y
Access to Care – Increase access to care for residents of Quay County	
<p>Encourage statewide dissemination of SAMSHA-HRSA Mental Health First Aid Training for first responders, medical personnel, and other interested community members</p> <ul style="list-style-type: none"> ■ Work with Health Council to determine training priorities ■ Investigate training corrections personnel and local government personnel ■ Investigate training school personnel and youth leadership groups 	Y
<p>Participate in local and regional collaboration identify existing resources and discuss priorities for increasing access to behavioral and mental healthcare</p> <ul style="list-style-type: none"> ■ Partner with other regional healthcare service providers to assess needs and innovation solutions for access to specialty care ■ Support health literacy in the community ■ Bring greater awareness to existing health service resources ■ Work with local government, business, educational institutions, and the health council to support economic development and health workforce development 	G

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

Strategy or Intervention	Status
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 Quay County Health Council to support healthy eating, active living, and prevention of unhealthy substance use, behavioral health activities, violence prevention, and other health council priorities identified in the CHNA and unaddressed directly by this plan	G
Advance local community health leadership development and support community capacity building efforts in Quay 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

MEDICAL

Sunrise Medical Clinic

Cross Arrow Medical Clinic

PMS-Quay County Family Health Center

PMG Clinic - Tucumcari

PMG Clinic - Logan

Dan C Trigg Hospital

MENTAL AND BEHAVIORAL HEALTH

Mental Health Resources, Inc

Mesa Counseling

Sunrise Medical Clinic

Professional Counseling Associates

PHARMACIES

Welborn Pharmacy

Best Care Pharmacy

HOME HEALTH

Community Homecare Inc.

DENTAL

Dr. Gary Balzano DDS

FOOD RESOURCES

Ministry of Hope

Senior Commodities

Commodities

Tucumcari Senior Center

House Senior Center

Logan Senior Center

OTHER SOCIAL/COMMUNITY SERVICES

Eastern Plains Community Action Agency

St Vincent De Paul

ENMRSH, Inc.

MECA Therapies LLC

Tucumcari Domestic Violence

Tucumcari Chamber of Commerce

Mesa Technical College

Tucumcari Housing Authority

Quay County Indigent Program

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